



While every year brings accomplishments large and small – and we’ve highlighted some of ours in this report – for so many working to improve maternal and newborn health, 2015 was a year of agenda setting. With the launch of the Sustainable Development Goals we saw global, national and local leaders come together with a shared vision. Here at White Ribbon Alliance, we laid out a bold new agenda of our own to ensure that meaningful citizen engagement is shaping that vision and achieving the results that matter most for women and children.

In addition to historic citizens’ hearings across the world that culminated with the first-ever Global Citizens Dialogue on reproductive, maternal, newborn, child and adolescent health held during the World Health Assembly, WRA laid the ground work for important work to take place throughout our National Alliances. Plans were finalized for global campaigns around the advancement of respectful maternity care, the promotion of self-care as means to vital gains in MNCH and increased support for midwives at all levels of health care. We formed new partnerships and strengthened our engagement from Afghanistan to Pakistan, Malawi to Zimbabwe.

I hope you enjoy reading highlights from the year. As you do, know that none of it would be possible without your support. Together, we are creating a world where all women can enjoy their right to be safe and healthy before, during and after childbirth.

With Gratitude,

Betsy McCallon

CEO, White Ribbon Alliance

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

More than 24 women and 144 newborns die each day in Tanzania due to labor complications and lack of quality care. Many of these deaths can be prevented with adequate investment in Comprehensive Emergency Obstetric and Newborn Care (CEmONC).

In 2008, the Government of Tanzania committed to ensuring that 50% of health centers provide CEmONC by 2015¹. However, the government has failed to operationalize this commitment and has made insufficient progress in improving maternal and newborn health.

THE EVIDENCE

Official government data on the availability of CEmONC and progress on the government's commitment is not available because this information is not tracked through official channels. However, WRA Tanzania decided to conduct health facility assessments in one of Tanzania's 30 administrative regions, Rukwa region, serving a population of more than one million citizens. In the initial assessment in 2013, WRA Tanzania found that **none of the health centers were providing CEmONC**.

¹This commitment was originally included in *The National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn, and Child Deaths in Tanzania 2008-2015*, better known as the 'One Plan' and reaffirmed in the government's commitment to Every Woman Every Child in 2010.

Health centers lacked critical infrastructure, equipment, and supplies, and most health centers did not have the health workers necessary to provide emergency services. Only one health center was equipped to provide blood transfusion and only two were providing cesarean section. When women faced complications, they were referred to the regional referral hospital located an average of 94.5 kilometers (59 miles) from the local health centers.

After speaking with community members, health workers, health facility leaders and district, regional, and national officials, WRA Tanzania identified three major barriers impeding the delivery of the government's commitment:

- A lack of reliable baseline information on the availability of CEmONC at all levels;
- Lack of plans and budget allocated to operationalizing the commitment at the regional and district levels;
- Weak social accountability, with citizens unaware of commitments and lacking opportunities to engage in planning and monitoring.

THE CAMPAIGN

WRA Tanzania's campaign, "Be Accountable so Mothers Can Live," set out to address these barriers by building on the work of member organizations (JHPIEGO, PLAN, and Africare) and accelerating progress in Rukwa region. This approach allowed WRA Tanzania to demonstrate that the impact of their activities that could be replicated in other regions and also provided evidence and an entry point for national advocacy.

Focus on Rukwa

WRA Tanzania's campaign in Rukwa began by addressing the lack of reliable information on the availability of CEmONC. WRA Tanzania's National Coordinator, the Rukwa Regional Health Management Team, and WRA Tanzania's Rukwa Regional Focal

Person, who also serves as a Medical Officer in charge of the Regional Hospital, joined forces to conduct assessments at every health center in the region. They also interviewed citizens, health workers, and policymakers to gather information on the availability of CEmONC. This baseline information was not previously available to officials at any level, and therefore neither Rukwa region nor any of the four districts had specifically planned or allocated funds to fulfill the government's commitment to CEmONC.



Photo ©Katy Woods 2013

Mobilizing citizens & amplifying the demand for accountability

Equipped with information from the assessments, WRA Tanzania set out to address the lack of citizen engagement and accountability and advocate for district and regional plans. WRA Tanzania worked with member organizations, religious leaders, and village health teams to raise awareness amongst citizens of the gap between what had been promised and what was available. WRA Tanzania then mobilized more than 16,500 citizens to advocate for what was needed via petitions to their district and regional officials asking for the government commitment to be upheld. WRA Tanzania also played an essential role ensuring that citizens' frustrations were channeled into constructive advocacy efforts. In December 2013, citizens began demonstrating after a woman died in childbirth due to a lack of blood stock at one of the health facilities in Rukwa. WRA Tanzania worked with citizens to ensure that their experience was heard and responded to by the regional and national policymakers. Throughout the campaign, WRA Tanzania focused on providing platforms for citizens to engage in monitoring the

government's responses and for their voices to continue to be heard. Through media partnerships, WRA Tanzania was able to ensure that health officials and other government leaders heard the stories and evidence collected from mothers and their families and that community demands were discussed and addressed. With the help of the media, the gap between what had been promised and what was available became evident and policy makers were forced to respond to their constituents.

Supporting Policymakers to respond to citizen demand

While supporting citizens in advocating to district and regional policy makers, WRA Tanzania also worked to support district and regional policy makers and planners to respond and act on the citizens' demands. WRA convened meetings in conjunction with the Regional Administrative Secretary and Regional Medical Officer to present its assessment findings and recommendations to Rukwa officials. With buy-in from regional officials, WRA Tanzania moved to each district and convened technical meetings with each council health management teams to review the assessment findings, identify priorities and set plans and budgets to address the gaps.

WRA Tanzania worked with these officials to use evidence from the health facility assessments to plan the immediate upgrades needed at each facility and to budget for future upgrades that could not be completed with available funds. Once budgets were prepared, WRA Tanzania convened a meeting with all the district health officials from Rukwa to compare each district's budget with the findings from each health facility assessments to ensure all gaps were covered and reflected in the budget. Throughout the campaign, WRA Tanzania continued to support district councils in monitoring CEmONC spending and advocating at the national level when funds were not disbursed on time and in full.

Campaigning at the National Level

While advocating for the fulfillment of the government's commitment in Rukwa, WRA Tanzania knew that national level advocacy was essential to accelerating progress. The first order of business was to persuade the Prime Minister to require districts to

include a specific line item for CEmONC in their annual budgets, so that allocation and spending on CEmONC would be transparent and could be monitored. In fact, Rukwa councils would not be able to budget for CEmONC until this directive was included in the budgeting guidance. In order to persuade the Prime Minister, WRA Tanzania built on the 16,500 signature petition from Rukwa and persuaded 96 Members of Parliament to join the citizens of Rukwa in calling for a specific budget line for CEmONC.

Once again, WRA Tanzania played an important role as convener, liaising between citizens and government. They invited the Prime Minister to serve as the guest of honor at the annual White Ribbon Day, which provided a platform for the Prime Minister, who was responding to the citizens' and the parliamentarians' call for action.



Throughout the campaign, WRA Tanzania ensured that citizens were consulted, shared their stories, suggested improvements, and engaged with their leaders. Photo ©WRA Tanzania

WRA's strategic partnership with Tanzania's most popular radio and television stations (IPP Media's ITV and Radio One) played a critical role in building the pressure on government officials to respond to citizens' needs. WRA Tanzania involved several national media channels that promoted their campaign messages. The partnership between the Alliance and its media partners helped generate interactive programming to showcase the challenges within health centers, and placed issues related to maternal health at the heart of news programming. Each year WRA Tanzania organize a White Ribbon Day to commemorate all women who have died in childbirth, and to publicly discuss how to prevent other deaths. This year, the event was widely covered

by the media, resulting in 4 TV appearances, 2 radio talks, and 9 articles that reached 90% of people countrywide. The media partnerships forged by WRA over many years allowed them to report on the outcomes of meetings with government representatives and on any further commitments that were made as a result of WRA advocacy.

GOVERNMENT'S RESPONSE

The government responded to WRA Tanzania's campaign at various levels, reflecting the shared responsibility for operationalizing the government's commitment to CEmONC.

In Rukwa, WRA Tanzania addressed all three major barriers to the government's commitment. Citizens, health facilities, district and regional planners were equipped with necessary information and they planned and budgeted to fulfill the government's commitment. As of April 2015, Rukwa region has succeeded in ensuring that 50% of health centers provide CEmONC. Thanks to the work of WRA Tanzania, member organizations, advocates and supporters, women in each district of Rukwa now have access to life saving care. Moreover, citizens remain engaged and are working with health facility managers and officials to monitor progress and improvements in CEmONC.

The results and influence of WRA Tanzania's campaign reached beyond the borders of Rukwa. As a result of the campaign, Prime Minister Mizengo Pinda directed all district councils to "allocate an adequate budget for CEmONC, including operating facilities, a safe blood supply, and adequate equipment and human resources." In response to this directive, all 169 districts of Tanzania included a specific budget for CEmONC in their 2015 Comprehensive Council Health Plans. WRA regional teams and member organizations are now scaling up the work from Rukwa, conducting health facility assessments and supporting district health and management teams to plan and budget appropriately.

"As the government, we have to ensure that there is a special budget that will enable the majority of poor women to access comprehensive emergency obstetric and newborn care near their homes."

- Prime Minister Pinda (March 2014)

At the national level, WRA built such strong support for CEmONC amongst Members of Parliament that they were able to influence key priorities, such as adding maternal health to the Government's *Big Results Now* strategy and securing an additional 82 billion Tanzanian Shillings (48 million US Dollars) for maternal health supplies despite a significant reduction to the annual health budget.

WRA Tanzania's campaign has addressed the barriers to the implementation of CEmONC in Rukwa and demonstrated that progress can be accelerated in a short period of time with concentrated effort, community engagement and political will.

"We are not ready to see women die while President Jakaya Kiwete says maternal mortality is decreasing. We have yet to implement the Abuja Declaration. Are you saying this is optional?"
- Zaynabu Vullu, Member of Parliament

availability of CEmONC has affected the broader community, as health centers are better equipped to provide for their needs - surgical theaters are now operational, health facilities are better staffed, and equipment, drugs and supplies are more widely available. A community member whose wife suffered severe burns was recently treated at one of the upgraded health centers and her husband expressed his gratitude and explained that without such services, his wife would not have survived.

Underlying the ultimate impact is a stronger health delivery system. Citizens are aware of their rights and the government's commitments and policy makers are listening and responding to citizens' needs.

The impact in Rukwa is clear and with the support of civil society organizations and political champions this impact can be scaled countrywide.

THE IMPACT

The ultimate impact of this campaign is that women and newborns have access to life saving services that were previously unavailable. Once CEmONC was in place in Rukwa, 59 women received Caesarean sections and blood transfusions at health facilities that in the previous two months could not provide CEmONC. In addition to the impact on mothers and newborns, the



The voice of community members has been at the center of the WRA campaign in Tanzania, and is central to achieving lasting change and impact. Photo ©WRA Tanzania



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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, as a result of White Ribbon Alliance (WRA) advocacy, the Government of Uganda pledged to improve maternal and newborn health, and made a commitment to the Every Woman, Every Child movement.

Following that, WRA Uganda campaigned to hold the government accountable to its commitment to ensure that all sub-county and county health centers provide basic emergency obstetric and newborn care (BEmONC), and that half of county health centers provide comprehensive emergency obstetric and newborn care (CEmONC).

THE EVIDENCE

In 2013, despite the government's commitment, health centers remained understaffed and ill equipped, making the jobs of health workers nearly impossible and putting women and their babies at risk. For example, during deliveries and while caring for newborns, health workers used the lights from mobile phones and motorcycles, pregnant women continued to travel many miles and hours to receive lifesaving care. Members of WRA Uganda agreed that immediate action was needed to accelerate progress on maternal and newborn health, but that further evidence was needed to understand the barriers to the provision of quality maternal and newborn care.

After learning that the government lacked current and reliable data on the provision of emergency obstetric and newborn care (EmONC), WRA Uganda united community members, health workers, journalists, and district leaders to form community based advocacy and monitoring

teams. These teams led the assessment of 43 government-funded health centers in the districts of Kabale (Western Region), Lira (Northern Region), and Mityana (Central Region), and developed critical evidence to inform district level planning and advocacy.

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 handheld 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 of 43 health centers (none in Lira) had running water;
- Frequent lack of electricity.

THE CAMPAIGN

Equipped with evidence from the three districts, WRA Uganda members launched Act Now to Save Mothers, a campaign calling on the Government of Uganda to deliver on its commitments. WRA employed an integrated approach focused on mobilizing citizens to demand their rights, amplifying citizens' call for accountability, and supporting policymakers to respond to citizens' 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, and convening meetings to discuss their rights to EmONC and gaps in the government commitment in their local facilities. WRA Uganda supported citizens to influence the planning and budgeting processes at district level, petition district and national decision makers, and national policy makers. WRA Uganda also trained citizen journalists 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 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 used its strong relationships with the media, maternal health champions, and civil-society coalitions, as well as access to national and global forums. Over a period of 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, representatives from the Ministry of Health, and one of Uganda's leading singers spoke out on behalf of the campaign.

The campaign was also featured at the 2014 United Nations General Assembly, where WRA Uganda 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.

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. We Care Solar, for example, donated and installed solar lighting, laptops, charging devices, and headlamps 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.



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

GOVERNMENT'S RESPONSE

WRA Uganda has achieved significant results at facility, district and national levels, because the government addressed a number of barriers that WRA identified during its initial assessment:

Lack of lifesaving commodities

White Ribbon Alliance supported District Medicine Managers and strengthened relationships with National Medical Stores in order to improve the procurement of life-saving commodities and supplies. Through this process, districts procured an additional 13 instrument sets, four delivery beds, one examination bed, 11 blood pressure machines, nine newborn resuscitation devices, and vital medicines to better meet the needs of each district. As of 2015, an evaluation of WRA Uganda's campaign found that essential medicines are available at unprecedented levels in all sub-country and county health centers (Figure 1).

As part of the result of this campaign, the national government developed new policies and standards, and budgeted \$10.5 million for the procurement of newborn resuscitation devices.

Figure 1: Availability of Essential Medicines in 2015

Medicine/Supply	Kabale	Lira	Mityana
Injectable oxytocin	100%	100%	100%
Injectable antibiotics	100%	100%	92%
Injectable magnesium sulfate	100%	89%	100%
Safe delivery kit	100%	100%	92%

Lack of skilled health workers

District officials invested in the recruitment and placement of health workers. In response to White Ribbon Alliance Uganda's advocacy, 133 additional health workers were recruited and placed across the three districts (Figure 2).

The government also increased salaries by 18% for enrolled midwives and nurses, and by 13% for registered midwives, medical officers and registered nurses.

Poor infrastructure at health centers

In Kabale, Lira, and Mityana, in less than three years, 13 staff houses were constructed to ensure the availability of staff, especially midwives, at all hours. A mother of four from Bulera sub-county explained the impact that this has had in her community, "The quality of care has greatly improved. Before, midwives never used to stay at

the facility and we were forced to go to distant health centers. But now, every time you come, you find a midwife and they are caring, which has attracted more women to come for antenatal care and delivery."

Improvements in infrastructure, health worker recruitment, and the availability of essential medicines resulted in significant progress on the government's commitment to provide BEmONC at sub-county health centers and CEmONC at county health centers across the three districts. By 2015, White Ribbon Alliance had worked with the government to ensure the availability of emergency obstetric and newborn care in all three districts (Figure 3).

Figure 2: Additional health workers in target districts

	Kabale	Lira	Mityana
Medical Officer	7		
Anesthetic Officer	1	1	
Theater Assistant	1	2	1
Enrolled Midwives	39	1	2
Registered Midwives	1		
Enrolled Nurses	15	3	7
Registered Nurses	6	1	4
Laboratory Technician	4	3	
Laboratory Assistant	11		3
Senior Clinical Officer	11		
Clinical Officer	5		4

Figure 3: Availability of EmONC

	Function	HC III (sub-county)		HC IV (county)	
		2013	2015	2013	2015
1	Parenteral treatment of infections	81%	97%	75%	100%
2	Parenteral treatment of postpartum hemorrhage (oxytocin)	90%	97%	92%	100%
3	Parenteral treatment of pre-eclampsia and eclampsia (magnesium sulfate)	10%	94%	0%	100%
4	Manual vacuum aspiration of retained products	6%	65%	25%	100%
5	Vacuum assisted delivery	-	-	-	-
6	Manual removal of the placenta	32%	87%	42%	100%
7	Newborn resuscitation	42%	77%	75%	92%
8	Surgery capability (cesarean section)	-	-	17%	25%
9	Blood transfusion	-	-	0%	25%

Dr. Lwassampijja Fred, District Health Officer from Mityana, shared: "In Mityana, we have experienced a lot of challenges. There was shortage of space to conduct deliveries, shortage of resuscitation devices for newborns, and shortage of vital supplies. But working with White Ribbon Alliance, we have successfully advocated to improve the quality of care and human resources in health facilities. We have created community-based monitoring that led to tremendous improvements in service delivery, and helped the government better budget to improve maternal health services across the country."

THE IMPACT

Two external evaluations, including one conducted by the International Budget Partnership, assessed the impact of the White Ribbon Alliance campaign to improve the availability of EmONC in Uganda. They found that the work of the Alliance produced historic achievements at the national level and dramatic improvements in local health systems in the three target districts.

White Ribbon Alliance established and supported community based advocacy and monitoring teams in three target districts, which strengthened the relationship between communities and policy makers and increased the responsiveness of local health systems. These efforts resulted in significant improvements in infrastructure, health worker recruitment, and the availability of lifesaving commodities in 31 sub-county health centers and 12 county health centers. As a result, women have reported improved access to life-saving services closer to their homes and district officials have commended White Ribbon Alliance for bridging the gap between citizens and policy makers and strengthening the health system to better respond to community needs.



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

Dr. Mulindwa Alex, a medical officer, explained, "It is very painful if you see someone who requires an intervention that you are trained to do, but due to shortages you are unable to help. It's really given me a lot of satisfaction that I am able to do what I am trained to." As a result of increased availability of services, Dr. Alex reported that the number of women attending antenatal visits doubled and the average number of monthly deliveries increased from 30 to 50. Women have also reported an improvement in the quality and availability of services. As the first woman to deliver by C-Section at Muko Health Centre IV, Kabale District, since 2013 told WRA Uganda, "Before, they have been referring us to Kabale Regional Referral Hospital and some do not reach there (they died). We are very happy about this service at our health center and also to see our doctor coming to our village."



Mityana District Health Officer, Kyazike Deborah Kinobe, explained, "I am happy that through our combined efforts, our theatre here at Mwera HC IV has started doing operations."

In the external evaluation of the campaign, 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, WRA Uganda will continue to employ campaign strategies and approaches that heavily involve ordinary citizens from across the country, which will lead to greater progress towards ending maternal and newborn mortality and improving the health and wellbeing of women and their families.

MISSION

In Afghanistan, decades of war, civil strife and a weakened economy, coupled with repressive attitudes towards women had led to a tragically high number of maternal and newborn deaths. In the mid-90s, women's access to health services dropped drastically, and the number of birth related fatalities spiked. By 2006, according to UNFPA, for every 100,000 live births in the country, 1,600 women died from causes related to pregnancy and childbirth. Considerable progress has been made with many international aid organizations investing in and supporting the development of the country's health system. By 2014, this resulted in a four-fold decline in the maternal mortality ratio, but Afghanistan still remains a very dangerous place to give birth.



In 2013, the Afghan Midwives Association brought together policymakers, civil society organizations, and community members to celebrate progress that was made to improve maternal health in the country, and to give women an opportunity to talk about the standards of maternity care that they have received in Afghanistan.

While these women decided to remain anonymous, their stories are powerful.

"Wherever we go, healthcare providers ask for money. Without it they don't provide better services. I appeal to the responsible authorities to please improve the quality of services so the poor can also get them."

"I went to a hospital with labour pains and the healthcare providers did not even provide basic care. I had severe pain and no doctor came to attend me. I delivered by myself, but my baby was in very bad condition."

SUPPORTING MIDWIVES

To reverse this trend, a group of passionate maternal health advocates came together in Kabul to discuss viable solutions to the multitude of issues affecting the health of mothers and newborns. In early 2014, they met with White Ribbon Alliance founder Theresa Shaver. This group of health workers, maternal health advocates, government employees and general community members joined forces to discuss the formation of White Ribbon Alliance Afghanistan (WRA Afghanistan).

In early 2015, WRA members in Afghanistan invited representatives from USAID, World Health Organization, CARE International, Swedish Committee for Afghanistan, Cordaid, Afghan Midwives Association, Marie Stopes International, Save the Children, BRAC International, Terre des Hommes, and governmental bodies to learn more about WRA's approach to citizen engagement. During this workshop, members identified that the country's health system lacks a Nursing and Midwifery Council, which protects the health and safety of the public by ensuring that midwives and nurses are competent and fit to practice their profession.

WRA members in Afghanistan believe that this has had a negative impact on the quality and safety of maternal and newborn health services, leading to higher rates of maternal mortality. To address this issue, WRA Afghanistan is working to ensure the government changes the existing health law and creates a Nursing and Midwifery Council that operates effectively throughout the country.



THE WHITE
RIBBON
ALLIANCE
HEALTHY MOTHERS
HEALTHY WORLD

WRA INDIA

Linking Moms Through Mobile
Improving Quality of Care in India

VOICE OF THE VILLAGE



Imagine using a service like Trip Advisor or Amazon Reviews, but for life-saving health care. Now imagine the users come from one of the poorest, most underserved regions in Rural India.

This was the innovative idea that led WRA India, with support from MSD for Mothers, and in partnership with local technology partner, *Gram Vanni* ("voice of the village"), to develop the **Mobile Monitor for Quality of Maternal Care (MoM-QC)**.

The MoM-QC model experimented with using a toll-free number and basic mobile phone technology to both **inform expecting mothers** of existing health services and allow them to **provide feedback** on the quality of those services.

For five months during 2013-2014, The MoM-QC team led a pilot study during which expectant mothers and those who had newly given birth were provided access to information regarding the quality of care they could and should expect from both government-run and private hospitals in the area. After learning about their options, women gave feedback on this care and suggestions for long-term improvement.

The lessons learned from this pilot suggest a large scale-up would not only benefit the population in India, but provide a sustainable model for real-time feedback and improved quality of services.

ABOUT THE TEAM

The **White Ribbon Alliance (WRA)** was 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 ensure that commitments made to maternal and newborn health are met.

MSD for Mothers (also known as Merck for Mothers) is a 10-year, \$500 million initiative focused on creating a world where no woman has to die from complications of pregnancy and childbirth. Drawing on the company's history of discovering innovative, life-saving medicines and vaccines, MSD for Mothers is applying MSD's scientific and business expertise – as well as its financial resources and experience in taking on tough global healthcare challenges – to reduce maternal mortality around the world.

Gram Vaani (“voice of the village”), is a leader in promoting simple and low-cost solutions to enable voice-platform based forms of social media in rural India. Its ongoing service, Jharkhand Mobile Vaani, is currently available to anyone in Jharkhand with access to a mobile phone and receives an average of 3,000 to 5,000 calls daily, with callers providing feedback on a variety of public and private initiatives.

THE CHALLENGE

Nearly 17 percent of maternal deaths around the world occur in India. Although India has made progress in reducing maternal deaths and increasing access to health care, this progress has not been consistent across the country. The state of Jharkhand (see map) has a high maternal mortality ratio of 208 deaths

per 100,000 live births, much higher than the national average of 167 deaths.

Over the last few years, India has witnessed a dramatic increase in the proportion of births in health facilities, and the high demand for care at selected hospitals has resulted in massive overcrowding and posed a challenge for the provision of quality of care.

Quality of care has an impact on **where and when** women seek care. Quality of care is critical to women's decisions to use formal health services; women are willing to travel further to reach a clinic that provides better quality care.



THE MOM-QC MODEL

To establish whether rural women can use a mobile Interactive Voice Response (IVR) platform to provide feedback on the quality of care received at facilities, and to assess if IVR can raise rural women's knowledge and awareness of care, WRA India launched a pilot, **Mobile Monitor for Quality of Maternal Care (MoM-QC)**, with support from MSD for Mothers.

Gram Vaani's ongoing service was leveraged to create a dedicated platform to reach out to 494 pregnant women and lactating mothers across 20 villages in Jharkhand. WRA India collaborated with the local government and nonprofit organizations to promote the toll-free number, and due to the resulting interest the final test audience grew to almost 11,000 women. The MoM-QC pilot project was launched in November 2013 (known locally as Swasthya Vaani) and continued for five months.

The pilot results show that MoM-QC has huge potential to be scaled up as a free phone service that uses interactive voice response technology to educate women on the quality of care they should expect from health providers, inform women about available health programs and services, enable women to anonymously rate the quality of care they received, and empower women to make more informed decisions about their health and health care.

THE MOBILE PHONE: EXPANDING ITS USE

Approximately 64 percent of Indians nationwide own an inexpensive mobile phone and a coverage plan. In Jharkhand, that population is only 35 percent, but its numbers are growing. The MoM-QC platform was designed to use IVR rather than a more complicated SMS/text messaging model in order to effectively reach out to the rural, poor, and illiterate women in Jharkhand. The quality of care feedback received from these women can then be used to encourage providers and health officials (both public and private) who want to be responsive to women's needs to improve care in response to quality ratings.

The MoM-QC pilot provided a scalable and low-cost means to educate pregnant women, new mothers, and their families on quality of care and maternal health entitlements. By providing information on existing services and a means to give customer feedback, the IVR conveyed valuable information to both service providers and their clients, with potential to improve quality of care over time.

The data analyses clearly shows that this model has the potential to lead to a large body of objective, balanced and direct feedback that can be used to address quality of care improvements over time within the public and private healthcare system.



Khushi's Mom: Now She Will Ask More Questions

Sunita Devi is 22 years old. Married just before her 18th birthday, her first child died in 2012 due to complications. She was part of WRA India's base line study and enjoyed being part of the MoM-QC project, because she learned a lot about quality of care.

"I learned to look for clean sheets and food for me," she noted. Sunita also learned about how to be looked after properly by staff.

Her husband was supportive of the MoM-QC project and allowed her to use the family's mobile phone to call in and listen to messages. Pregnant with her second child, Sunita gave feedback about quality of care through the IVR system both before and after she gave birth.

Based on what she learned during the project, Sunita planned to give birth in a private hospital, but the baby came early. Sunita has high hopes for her newborn daughter, including to give her a quality education. She will allow her to get married but only after finishing her schooling.

Asked about the most valuable thing she learned during the project, Sunita says, "I learnt a lot about my rights. When my first child died, I didn't even ask the doctor why it happened. Now I would ask more questions."



Women's perception of the quality of care they receive influences their decision whether or not to seek facility-based health care, thereby affecting maternal mortality. In the health system "quality of care" broadly encompasses clinical effectiveness, safety, and a positive experience for the patient. The MoM-QC pilot project hypothesized that collecting patient experiences could be a means by which to eventually influence longer-term efforts to improve national maternal health care, quality of service, and client expectations.

Prior to launching the MoM-QC pilot, WRA India conducted an analysis to better understand women's perspectives on the health care system in Jharkhand, its services, and its providers. This was followed by a desk review on quality of care which included an analysis of information highlighting the need to focus on quality of care issues. Global and national guidelines and protocols on quality of care were reviewed along with technical standards and documents, and a checklist on quality of care was created. Finally, a series of workshops were held with health personnel and local Jharkhand government officials, private providers, and community women.

The outcome was an agreement on nine indicators:

1. **Accessibility:** including factors such as distance, availability of transportation
2. **Cleanliness and hygiene:** including clean hospital, clean toilets, safe drinking water
3. **Human resources:** availability of trained doctors, nurses and other health personnel
4. **Medicines, supplies, equipment:** pain management, preparedness for complications
5. **Interpersonal behavior:** how well the providers treated the patients and the absence of abuse
6. **Privacy and confidentiality:** family

members allowed to stay with the patient; absence of unnecessary male staff

7. **Emotional support:** ability to have desired birth companion and whether chosen family members were present during delivery
8. **Financial cost of care:** can create immense anxiety especially if patient belongs to low socio-economic status
9. **Perception of better pregnancy outcome:** this was one of the most important factors on the patient side regarding quality of care and this concern went beyond even costs or other factors.

WRA India further refined these indicators down to four in an effort to provide initial focus for the MoM-QC pilot project. The final four indicators were shortlisted through conversations with different stakeholders and by a committee comprising of experts on communication, advocacy and medical doctors.

The final quality of care indicators for the MoM-QC pilot were:

1. **Timeliness:** Waiting time before receiving services
2. **Service Guarantee:** Adequate availability of staff, medicines, supplies, equipment especially for complication and pain management
3. **Respectful care:** Maintaining comfort, privacy and confidentiality; absence of abuse
4. **Cleanliness of the facility:** Toilets, hygiene, housekeeping services, and sanitation

A key factor emerged from the analysis that for platforms like MoM-QC to be successful, a very important aspect was awareness creation among both providers and the community regarding quality of care, followed by advocacy to create and enforce mechanisms to involve both public and private providers in continuous quality assurance and quality improvement mechanisms.



Bikky's Mom: Quality of Life is Important

When Sita Devi's mother died and her father re-married, he wanted all 3 of his children (all girls) to be married before he died. She was married when she was 17 years old.

Sita qualified in fashion design at the Technical Institute in Ranchi, and had been offered a job in Delhi, but her family would not let her go. She now wants to find a job locally. Her husband works in the post office.

Sita enjoyed being part of the MoM-QC project, listening to the information and feeding back about services twice. "It was easy to use and now there are many more projects giving information," she said.

Sita learned about what services should have been at the hospital during the delivery of her son, Bikky. Many were not, so she gave feedback on lack of quality of care.

A few months ago, when Sita's sister-in-law was about to deliver her child, Sita went with her and her mother-in-law to the local hospital for the delivery. When they arrived, no one was there to attend to them. Another woman in pain was not being looked after. Sita and her family decided to leave and the next day went to a private hospital, where they were satisfied with the service.

Sita noted, "We know that it is expensive but life is important and quality is important."

Findings from WRAI's earlier research suggested that educating women on their entitlements was an opportunity to test how the MoM-QC model could be used to enhance awareness and change behavior. Messages on quality of care and maternal health entitlements, and feedback survey questions were developed by WRAI and field tested in the community. The prototype was first field tested in two public and one private facility of Ranchi district of Jharkhand, and the dedicated call-in toll free number went live on 23rd November, 2013.

Women would call the dedicated number and disconnect, thus ensuring they were not charged for minutes on the mobile phone. The MoM-QC platform automatically called back the users with a welcome message. The listener was led through a series of options to either learn more information, or provide feedback on their health care experience.

When callers chose to listen to the information channels, they were provided with a menu of options including an educational recording on quality of care, information about the maternal health entitlements like the conditional cash transfer program for women who delivered in government facilities, free ambulance facilities, or audio-dramas illustrating various aspects of quality of care.

Callers who chose to select the feedback channel were guided through different questions which they then could respond to by selecting a number on their phone dial pad. This simple, low-tech initiative leveraged the ease of cell phone use while giving each caller the power to "give voice" and rate the services they received.

The callers were also given an option to record a message. At any time, callers could return to main message page to listen to information, skip and navigate from one channel to the

other, or listen to all the channels. The user could end the call anytime during navigation.

Using mobile phones for multiple purposes (such as browsing online and taking pictures) is not currently conventional practice in rural India. A key concept for this project was to transform a device formally used to make and receive calls into a powerful tool for communication. Through a simple automated navigation system, users were able to learn more about important maternal health care and then, armed with new knowledge, provide their own feedback on the services they had received.

Although similar to other review services like Trip Advisor or Amazon Customer Reviews, the MoM-QC model is innovative in that it targets underserved populations. Early findings from this project found that the participants were able to easily adapt their behavior to learn and provide information via their cell phones; the platform could in time facilitate a large scale outreach to rural populations and lead to an accurate database of direct feedback that could be used to address improvements in quality of health care.



THE RESULTS

MoM-QC's Ability to Educate Women: Awareness of Quality of Care Indicators

After the five-month pilot project, almost all participants had increased knowledge of what constitutes quality care (Figure 1).

Seventy-six percent of women were most likely to consider facility cleanliness as an indicator of quality care (an increase of 14 percentage points).

MoM-QC's Ability to Educate Women: Awareness of Government Services and Entitlements

Awareness of government services for maternal health also increased (Figure 2).

Prior to the launch of the project, 76 percent of women said that they were aware of government programs for pregnant and lactating mothers at baseline. This increased to 98 percent of women by the project's end.

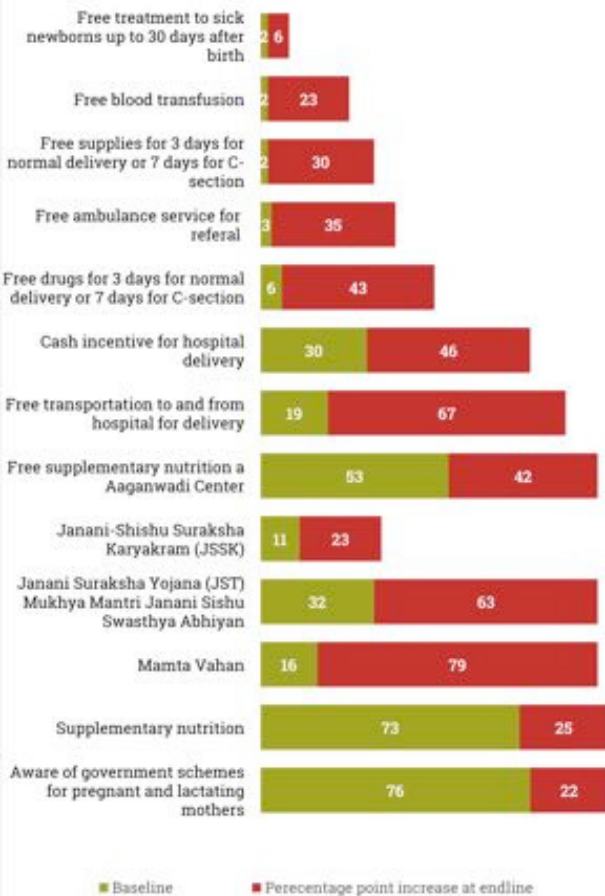


Figure 2. Awareness of government and maternal health entitlements

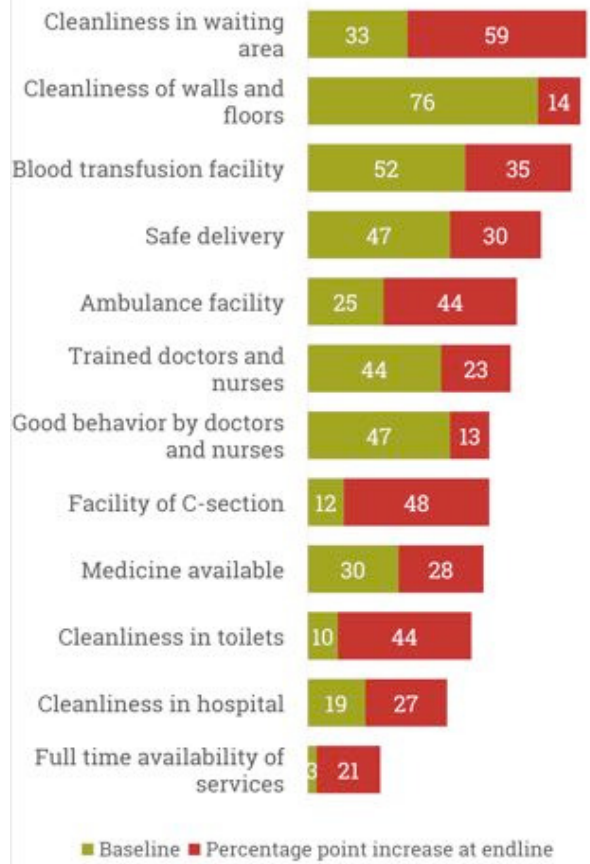


Figure 1. Awareness of quality of care indicators

MoM-QC's Ability to Influence Women: Deciding to Seek a High-Quality Health Facility

After learning about the definition of quality of care and existing options in their community, women in the project were asked if that knowledge would affect future behavior.

Again the ease of use of the mobile phone and the popularity of the interactive voice system proved significant: 83 percent said that the health care ratings would influence their choice when recommending a facility, 77 percent said feedback on quality of care available in a facility would influence their future choice of going to the facility for their next delivery, 87 percent said that the information they received had empowered them to make better decision for themselves and their family members, and 68 percent felt they were able to better access current health services after being informed of their entitlements via MoM-QC.

Prince's Mom: Her Brain is Exploding With Information

After delivering her first child, Sunita Devi and her husband were worried: the baby did not seem to be suckling and getting enough to eat. They expressed their concerns to the doctors, but they were discharged from the hospital. The baby died later that night.

Sunita was happy for the opportunity to be a part of the MoM-QC project: "I learned a lot about what to expect. My 'brain is exploding' because I now know about so many programs for new mothers and newborns, such as vaccinations. I would like to continue to listen to the information."

Sunita's husband was very supportive of the MoM-QC project and together they prepared for her second pregnancy. They learned the baby was in a breach position and so decided to go to a private facility. She delivered a daughter, Prince, by cesarean section, and was allowed to stay at the facility for seven days free of cost.

Sunita and her family feel that learning about different options and available services helped her during this birth, and she wants to tell everyone she knows about the project.



During the pilot study, it was crucial to be able to verify that callers actually understood the questions being asked during the feedback process and were able to provide consistent answers. WRA India randomly selected and manually called back 30 percent of the participants, both in the cohort and non-cohort group. A live operator spoke with the women, validated their quality of care responses, and asked whether anyone had assisted them in giving feedback. A large proportion of the polled cohort users (80 percent) received assistance from community health workers or family members to complete the survey, whereas only 26 percent of the polled non-cohort users received assistance.

In addition, 76 percent of the answers given by the cohort tallied exactly with the answers they gave to a live human operator, and 87 percent of the responses given by the non-cohort group tallied with answers given to the live human operator. Both sets of data scores showed that the non-cohort users are possibly higher skilled than cohort.

The Response to Feedback: Health Facilities and the Local Government

The MoM-QC feedback was well received by the representatives of each participating health

care facility, and they all expressed a keen interest to use the feedback to improve and/or upgrade the facilities and services.

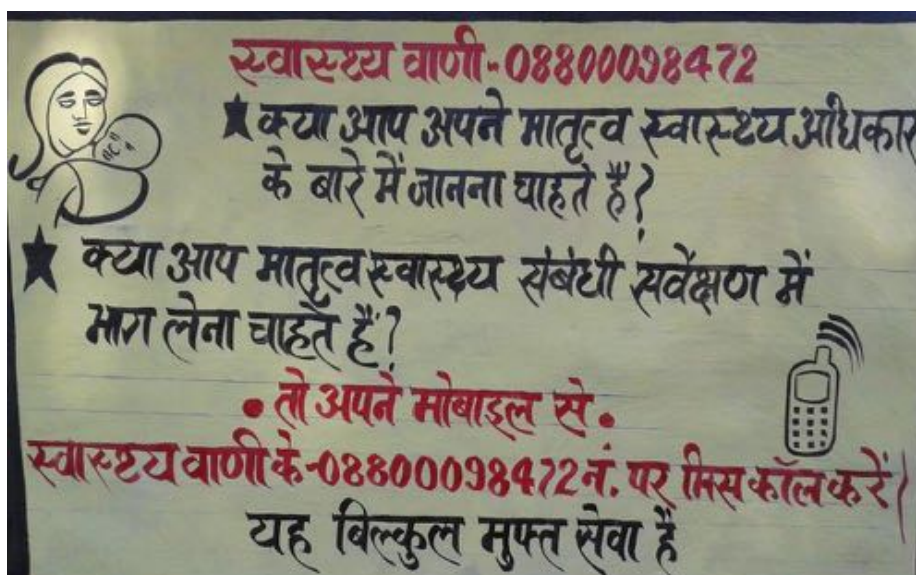
The representatives also expressed their desire to receive feedback on the following indicators:

- Antenatal care coverage
- Number of services provided during antenatal care
- Motivation level of service providers
- Who motivated the woman to go for antenatal care services
- Why did the woman choose a certain facility for antenatal care services
- Service provision after hospitalization

The providers considered the MoM-QC model to be useful for receiving feedback from the community. They noted that the model can be used by them for monitoring purposes of both public and private facilities.

They also mentioned inclusion of below indicators in future feedback surveys:

- Counseling facility
- What time the patient was registered and what time the patient left the facility





LIABILITIES AND NET ASSETS

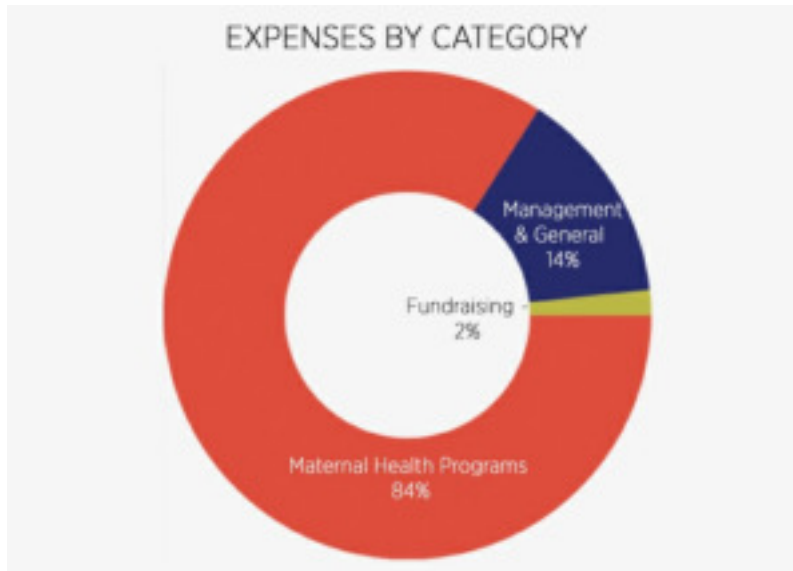
CURRENT LIABILITIES

Line of Credit \$78,533
Accounts payable \$72,514
Accrued employee benefits \$79,389
TOTAL LIABILITIES \$230,436

NET ASSETS

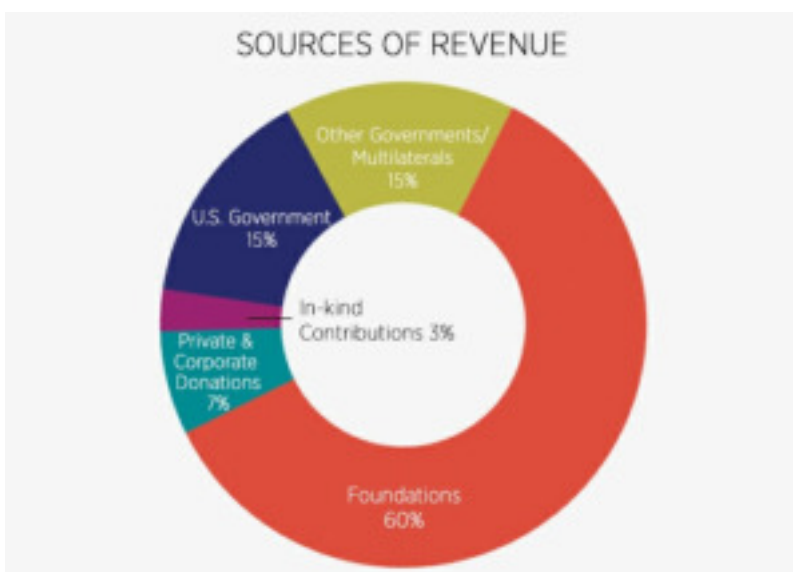
Unrestricted (\$549,089)
Temporarily restricted \$5,848,758
TOTAL NET ASSETS \$5,299,669

TOTAL LIABILITIES & NET ASSETS \$5,530,104



ASSETS

Category	Amount
CURRENT ASSETS	
Cash and cash equivalents	\$2,155,627
Grants & contracts receivable, current portion	\$3,310,343
Other assets	\$6,090
Prepaid expenses	\$29,717
Program center advances	\$27,477
TOTAL CURRENT ASSETS	\$5,529,254
OTHER ASSETS	
Security deposits	\$850
TOTAL OTHER ASSETS	\$850
TOTAL ASSETS	\$5,530,104



Governance

The National Alliance Council and the Global Board of Directors govern and shape the work of White Ribbon Alliance, and offer the organization guidance to achieve its mission and strategy. Both groups meet separately twice a year, and informally throughout the year to help advance the performance of the Alliance.

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Thank you.

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