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Advancing Commitments to Reproductive and Maternal Health: Country Caucuses and Policy Dialogue

Women Deliver Conference

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Introduction

The 2013 Women Deliver Conference in Kuala Lumpur, Malaysia, presented a unique opportunity to bring together civil society advocates, program implementers, and policymakers to discuss critical policy and resource issues relative to reproductive, maternal, newborn and child health (RMNCH) and to jointly identify opportunities to harness the momentum generated by the global convening to accelerate change in their individual countries. A committee of representatives from international health and development organizations coordinated a series of country and state caucuses to provide a platform where national or state advocacy priorities were addressed in a collaborative manner by civil society delegates and government representatives. The organizations—led by PATH—were CARE, Family Care International, Management Sciences for Health, Population Action International, Population Services International, White Ribbon Alliance, Women Deliver, and World Vision International. Each caucus was led by a local facilitator nominated by the committee.

Several caucuses included participation of the national ministers of health and finance/or elected members of parliament. Overall, the caucus meetings gathered 260 participants in dialogue and collective planning to address key issues for improving RMNCH in their own countries and states.

Each facilitator, in consultation with the committee and country participants, identified a unique topic, format, and goal for their discussions that reflected their country's current priorities and agendas, and the report summaries here express that individuality. However, each shared an enthusiasm and determination to continue the conversation with the participants from their caucus and additional stakeholders upon returning to their countries, as expressed by the facilitator of the Nigeria caucus:

> *"The caucus meetings were a valuable forum where country participants came together to discuss country-specific issues on RMNCH and synthesize solutions. The caucus created an avenue for the participants to exercise autonomy in airing their ideas and views about issues. Because they are designed to continue after the conference, more support can be galvanized in-country to yield solutions. I hope that by the next Women Deliver conference, we will share the critical outcomes that emerged from the advocacy actions identified during the caucus." —Bridget Nwagbara*

Highlights

Ethiopia

A broader segment of development partners were made aware of the draft *UN Commission on Lifesaving Commodities for Women and Children* plan for Ethiopia. Upon return to their country, these partners engaged in collaborative discussions with the Ministry of Health (MOH) to help prioritize the commodities to be focused on as part of the plan. They also identified implementing opportunities and mechanisms to address gaps in access and use of the priority commodities.

India/Uttar Pradesh

As a result of the India/Uttar Pradesh State Caucus, a multi-stakeholder, civil society group identified a set of advocacy goals and accountability mechanisms for helping to ensure the effective roll-out and implementation of the National Rural Health Mission's new policy for reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) in Uttar Pradesh.

Indonesia

A call to action will be presented to the Indonesian MOH on delivering on three key reproductive, maternal, and newborn health commitments by the Government of Indonesia. Collective engagement of civil society with the MOH to support efforts to deliver on these commitments will continue.

Nigeria

The Honorable Dr. Muhammad Ali Pate, Minister of State for Health for Nigeria made a verbal commitment to take immediate action to make maternal deaths notifiable in Nigeria through mobile reporting. Further, a multi-stakeholder group, convened by White Ribbon Alliance for Safe Motherhood Nigeria with support from PATH, will continue to collaborate to support the Minister in implementing this commitment and to mobilize civil society organizations and government to generate data on the core maternal and child health indicators recommended by the United Nations Commission on Information and Accountability for Women and Children.

Rwanda

Civil society dialogue on collaborating with the new, incoming minister of health and joint advocacy messages on accountability for reproductive, maternal, and newborn health commitments has been initiated.

South Africa

An action plan has been drafted for collaborative civil society engagement to ensure the finalization and implementation of the draft *Adolescent and Youth Friendly Policy* for reproductive health services.

Tanzania

The objectives of the White Ribbon Alliance for Safe Motherhood Tanzania-led *Wajibika Mama Aishi* campaign for comprehensive emergency obstetric and newborn care will be updated with refined advocacy asks for the Ministry of Health and Social Welfare, focused on specific policies to be influenced and development of performance standards.

Uganda

The Honorable Sarah Aceng Opendi, Minister of State for Primary Health Care of the MOH made commitments regarding coordination of efforts among health care implementing partners, improving family planning services, and improving conditions for midwives. The members of parliament agreed to advocate for funding for maternal health and to support recruitment of an additional 10,000 health care workers.

Country Summary Reports

Ethiopia Country Caucus

Overview

The Ethiopia Country Caucus at Women Deliver convened to address the following objectives:

- **Provide a structured space for sharing and mapping programmatic priorities and policies related to the UN Commission on Life-Saving Commodities for Women and Children (UNCoLSC) in Ethiopia.**
- **Identify opportunities and avenues for on-going dialogue and consultation between policymakers and relevant development partners regarding UNCoLSC plans and programming.**

Twenty-two representatives of government and civil society—including representatives from Ethiopian nongovernmental organizations (NGOs), international nongovernmental organizations (INGOs), academia, private foundations and international organizations—came together for discussion and collective planning. **This dialogue was facilitated by Dr. Atnafu Getachew, World Health Organization Ethiopia, Maternal and Child Health Cluster**.

The Federal Ministry of Health's (MOH) draft *Proposal on Procurement of Life-Saving Commodities for Women and Children* to the UNCoLSC was shared with attendees. This was the first opportunity for most participants to review and respond to this document. The discussion centered on how to best support the MOH in ensuring that the final document is an implementation plan that applies the UNCoLSC's 10 global recommendations and 13 priority commodities according to the specific Ethiopian context and identifies stakeholders that can support carrying this work forward. The participants agreed that it will be important to create a national group of advisors to engage with the MOH on Ethiopia's role as one of eight UNCoLSC pathfinding countries beyond Women Deliver.

Outcomes

A broader segment of development partners were made aware of the draft *UN Commission on Lifesaving Commodities for Women and Children* plan for Ethiopia. Upon return to their country, these partners engaged in collaborative discussions with the Ministry of Health to help prioritize the commodities to be focused on as part of the plan. They also identified implementing opportunities and mechanisms to address gaps in access and use of the priority commodities.

Participant List*

	Name	Organization
1.	Dr. Addis Tamire Woldemariam	Office of the Minister, Ministry of Health, Ethiopia
2.	Abdurehman Eid	Haoyow
3.	Alemnesh H. Mirkuzie	Addis Ababa University
4.	Aster Berhe	United Nations Population Fund
5.	Belkis Giorgis	Management Sciences for Health
6.	Dr. Bizunesh Tesfaye	IntraHealth International
7.	Bonnie Keith	John Snow, Inc.
8.	Dorothy Lazaro	United Nations Population Fund
9.	Feven Tassew	CARE Ethiopia
10.	Hannah Gibson	Jhpiego
11.	Helen Abelle	Justice Organs Professionals Training and Legal Research
12.	Kristy Kade	PATH
13.	Liya Solomon	Ethiopian Center for Disability and Development
14.	Dr. Mengistu Asnake	Pathfinder International Ethiopia
15.	Nebreed Fesseha	John Snow, Inc.//L10K
16.	Roba Fantalle	Labata Fantalle Organization
17.	Sabine Beckmann	United Nations Population Fund
18.	Sahlu Haile	Packard Foundation
19.	Suzanne Fournier	Children's Investment Fund Foundation
20.	Worknesh Kereta	Pathfinder International Ethiopia
21.	Wuleta Betemariam	John Snow, Inc.//L10K
22.	Yetnayet Asfaw	Engender Ethiopa

*Includes all who responded to the invitation to attend the caucus.

India/Uttar Pradesh State Caucus

Overview

The India/Uttar Pradesh State Caucus at Women Deliver convened to address the following objective:

- **Provide a structured space for sharing and mapping programmatic and advocacy priorities in Uttar Pradesh to engender future collaboration, spur complementary action, and develop synergies among various groups with ongoing efforts.**

Thirty representatives of civil society—including representatives from Indian NGOs, INGOs, academia, media, private foundations, and international organizations—came together for discussion and collective planning. **This dialogue was facilitated by Anuj Kumar, family health advocacy advisor, PATH India, and Sita Shankar Wunnava, director of maternal and child health, PATH India.**

A shared priority of the group was to ensure that commitments made in the National Rural Health Mission's (NRHM) new policy for reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) in Uttar Pradesh are achieved, with a high priority placed on reducing maternal and infant mortality rates. The state roll-outs of this new policy have begun throughout the country and include Uttar Pradesh.

The group agreed on the following s key actions that should be jointly advocated for to ensure the effective roll-out and implementation of the new RMNCH+A policy:

- Community monitoring should be available to concerned communities.
- By 2014, in every district, a quality assurance committee should be established and functional (i.e., should have visited at least 20 percent of the health facilities in the district).
- Village Health and Sanitation Committees (VHSCs) should be formed in each village of Uttar Pradesh.
- Public-private partnerships (PPPs), including NGOs, should be engaged to ensure broad dissemination of information on rights and entitlements for women and their families, and where and how to access services. This may include, but should not be limited to, a toll-free helpline.

The discussion focused primarily on the establishment and implementation of community quality assurance committees. Recommendations resulting from the discussion were the following:

- Enable diverse representation on these committees beyond clinicians to ensure broad experience and perspective. Committees should also include the following:
  - Community members.
  - Local-level political representatives on the committees (note: this model has delivered positive results).
- Achieve broader accountability by implementing changes such as the following:
  - Submission of reports to higher level for review and supportive supervision.
  - Establishment of a register where meeting minutes are typed, printed, and shared with the chief medical and health officer (CMHO) and medical colleges.
  - Clearly defined and written roles and responsibilities for these committees.
  - Engagement of civil society organizations (CSOs) to ensure and report on whether meetings occur.
- Shift the focus away from "policing" to be more supportive and encouraging of these committees. Suggestions included the following:
  - Rewards/incentives for high-performing committees as well as for individual members of the committees.
  - Quality indicators broken into three categories (minimum, desirable, and ideal) to help with monitoring and taking action.

Outcomes

As a result of the India/Uttar Pradesh State Caucus, a multi-stakeholder, civil society group identified a set of advocacy goals and accountability mechanisms for helping to ensure the effective roll-out and implementation of the National Rural Health Mission's new policy for reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) in Uttar Pradesh.

Participant List*

Name	Organization
1. Aarti Dhar	*The Hindu*
2. Anita Jain	BMJ Group
3. Ari DeLorenzi	PATH
4. Dr. Aruna Narayan	Director State Institute of Health and Family Welfare, Karnataka
5. Deepti Pande	Micronutrient Initiative
6. Dinesh Baswal	Health and Family Welfare India
7. Dipa Nag Chowdhury	MacArthur Foundation
8. Dr. Ara June	Court of K India
9. Dr. Prof Dr. Dalal	BMC Sagar India
10. Jashodhara Dasgupta	SAHAYOG
11. Kanan Desai	Surat Municipal Institute of Medical Education and Research
12. Madhavi Rajahyaksha	The Times of India
13. Maithili Bhagavatula	Himalayan Institute Hospital Trust
14. Manisha Khale	Institute of Health Management Pachod
15. Mohammed Shafkat Alam	Tiljala Society for Human and Educational Development
16. Nilesh Dalal	BMC SAGAR
17. Nitya Nand Deepak	PATH India
18. Nomita Chandhiok	Indian Council of Medical Research
19. Pankaj Sharma	Institute for Reproductive Health Georgetown University
20. Poang Sen	CIRF
21. Prachi Aggarwal	Ipas India
22. Priti Dave Sen	Children's Investment Fund Foundation
23. Ritu Agrawal	UNICEF India Country Office
24. Saira Mehnaz	Jawaharlalnehru Medical College
25. Savita Singal	CCS Haryana Agricultural University
26. Seema Redkar	Municipal Corporation Of Greater Mumbair (Triratan Prerana Mandal)
27. Shweta Krishnan	Asia Safe Abortion Partnership
28. Suman Mittal	SMS Medical College, Jaipur
29. Suniti Neogy	CARE India
30. Suzanne Fournier	CIRF
31. Svita Singal	CCS Haryana Agricultural University

*Includes all who responded to the invitation to attend the caucus.

Indonesia Country Caucus

Overview

The Indonesia Country Caucus at Women Deliver convened to address the following objective:

- **Develop and issue a call to action to the MOH regarding acceleration of three key reproductive, maternal, and newborn health commitments by the Government of Indonesia:**
  - **Quality of care**
  - **Universal health coverage**
  - **Family Planning 2020**

Fifty-two representatives of government and civil society—including representatives from Indonesian NGOs, CSOs, INGOs, academia, media, professional associations, private foundations, and international organizations and donors—came together for discussion and collective planning. **This dialogue was facilitated by Asteria T. Aritonang, Child Health Now campaign director, World Vision Indonesia. Dr. Gita Maya Koemara Sakti, the director for maternal health of the Indonesia MOH and Julianto Witjaksono, the deputy for family planning and reproductive health from the National Family Planning Coordination Board formally represented the ministry for this caucus.**

Representatives from the National Family Planning Coordination Board, World Health Organization (WHO), and the United Nations Population Fund (UNFPA) Indonesia country offices presented general overviews of three commitments from the Government of Indonesia concerning quality of care, universal health coverage (UHC), and Family Planning 2020. Following these presentations a series of discussions identified key issues, suggested areas needing change, drafted actions to be taken, and identified areas of potential contribution from CSOs for each of the commitments (see Indonesia key commitments matrix below). The caucus participants then collaborated to identify shared priorities and develop a call to action to be presented to the minister of health, focused on expectations of CSOs on these government commitments and how civil society can support the MOH's implementation (see Indonesia's "Call to Action from Women Deliver," below). Finally, the caucus members agreed upon a plan to carry forward the call to action and continue the collective engagement beyond the Women Deliver conference.

Outcomes

A call to action will be presented to the Indonesian MOH on delivering on three key reproductive, maternal, and newborn health commitments by the Government of Indonesia. Collective engagement of civil society with the MOH to support efforts to deliver on these commitments will continue.

Indonesia Key Commitments Matrix			
	Family Planning 2020	**Quality of Care**	**Universal Health Coverage**
KEY ISSUES	1. Policy • Laws on population (No. 52/2009) and health (No. 36/2009) have not been translated into regulation → four years delayed. • Unclear structure of family planning (FP) institution at districts. • Lack of capacity/advocacy at district → in many cases, FP is not in the district's development agenda. • Existing policy prevents midwives from providing FP services. 2. Skewed method mix • While long-acting reversible contraception (LARC) should be promoted, need to be cautious of the risk of coercion. • Competencies of providers. • FP mostly seen/designed using '"population" arguments.	1. Completeness of facilities. 2. Enforcement of standards and norms.	1. Chronic underfunding for health. 2. Service provision for underserved populations: the marginalized, vulnerable, living in rural, remote areas, poorest of the poor (e.g., those who are unable to obtain ID cards). 3. Buy-in from subnational level on UHC agenda. 4. Lack of clarity on the regulatory framework for service-delivery provision. 5. How preventive/public health efforts will be funded. 6. Persistently low quality of health services.
CHANGES TO BE MADE	1. Strong and systematic advocacy strategy to include FP as part of development agenda at all levels. 2. Include "health" arguments to promote FP. 3. Strategy should be designed based on human rights concepts. 4. Promote "choices" instead of promoting LARC only. 5. Do not repeat the same approaches, which would be associated with or exposed to risk of coercion.	1. Establish performance indicators that capture process for standard compliance and monitor the quality of care.	1. Government needs to engage and communicate better with all stakeholders from subnational government, CSOs, etc. about UHC plan. 2. Government should make financial commitments and policy decisions (e.g., reallocating fuel subsidy to UHC).

Indonesia Key Commitments Matrix			
	Family Planning 2020	**Quality of Care**	**Universal Health Coverage**
ACTION POINTS	1. Prepare government regulations as mandated by the laws. 2. Establish structured and systematic capacity-building program of staff (BKKBN central, provinces, districts); and health providers. 3. Prepare advocacy strategy → with strong implementation, monitoring and evaluation of the strategy. 4. Lead regular dialogue with different partners and stakeholders with clear agenda and follow-up.	1. Ensure completeness of facilities that meet people expectation → budget increase for quality. 2. Make monitoring and evaluation activities part of standard enforcement (medical record, partograph, pocket book). 3. Monitor the quality of pre-service training or set regulation to ensure competency of newly-graduated midwives; competency test.	1. Stakeholder engagement. 2. Regulatory framework.
CSO's POSSIBLE CONTRIBUTION	1. Prepare academic papers for the government regulations (No. 52 and No. 36). 2. Driving force for advocacy at district level. 3. Watch dog for program design and implementation at all levels. 4. CSO's forum → consolidated inputs/dialogue with government.	1. Advocacy of the commitment to community so they can claim these rights to government. 2. Involve in various capacity building activity that ensure competency of health provider. 3. Socialize the need of standard implementation to health facilities network (private and government).	1. Provide constructive inputs to government from CSO perspective and what kind of services they need, particularly those that reflect the need of marginalised people, people with disabilities that need special care. 2. Advocacy to parliamentarians and decision-makers to make the right decisions (e.g. more allocation for health spending/UHC rather than continue fuel subsidy).

Indonesia's Call to Action from Women Deliver

Policy Enforcement

1. Government to complete the government regulation as the follow-up of population and health law.
   CSO can support the preparation of academic papers and consolidate inputs for government.
2. Government to establish the clear structure of Family Planning Agency from national to district.
   CSO can consolidate inputs for government.
3. Government to apply the standard and norms to improve quality of care.
   CSO can empower communities to be able to claim their rights.
4. Government to clarify the regulatory framework of UHC, such as on service-delivery provision.
   CSO can provide constructive inputs to reflect the needs of various conditions, particularly the need of marginalized people and people with different abilities/disabilities, and advocate to parliamentarians to make the right decisions on budget allocation, etc.

Improved Quality of Service Provision

1. Government to establish performance indicator that captures the process for standard compliance and monitor the quality of care.
   CSO can endorse the importance of monitoring standard.
2. Government to establish systematic capacity-building program for Family Planning Agency's staff and to monitor the quality of pre-service training or set regulation to ensure competency of freshly trained staff and health providers.
   CSO can be involved in various capacity-building to ensure the competency of Family Planning Agency's staff and health providers.

Improved Communication and Coordination amongst and within Ministries/Institutions (including Professional Associations)

1. Optimize the stakeholders' mapping completed by USAID.
2. Prepare advocacy strategy to include FP as part of development agenda at all levels with strong implementation, monitoring, and evaluation of the strategy.
3. Government to have regular dialogue with different partners and stakeholders (including CSOs) with clear agenda and follow-up.

Targets

1. Parliamentarians
2. Coordinating Ministry of People's Welfare
3. Ministry of Education and Culture
4. Ministry of Health
5. Professional associations
6. Ministry of Home Affairs

Participant List*

Name	Organization
1. Allen Doumit	Bayer Indonesia
2. Anh Dang	Marie Stopes Vietnam
3. Arlinda Fety Roviana	Yayasan Insan Sembada
4. Atashendartini Habsjah	International Planned Parenthood Federation, East and South East and Oceania Region
5. Danielle Sever	AusAID
6. Dr. Dinan S Bratakusuma	HASAN SADIKIN HOSPITAL
7. Emmi Nurjasmi	Indonesian Midwives Association
8. Erna Mulah	MOH
9. Dr. Endy Moegni, SpOG	
10. Dwiana Ocviyanti	Indonesian Society of Obstetrics and Gynecology
11. Elesha Kingshott	PATH
12. Allie Doody	Population Action International
13. Fase Badriah, MPH, PhD	UIN Jakarta
14. Dr. Gita Maya Koemara Sakti	MOH
15. Hannah Derwent	AusAID
16. Helda Sibagariang	Pesawaran District Health Department, Lampung Province Indonesia
17. Julianto Witjaksono	Government National Family Planning Agency
18. Dr. Karina Widowati	UNICEF
19. Kim Davis	Globally Aware
20. Loveria Sekarrini	Aliansi Remaja Independen-Independen Young People Alliance
21. Lovely Daisy	MOH
22. Lukus CH	MOH Ri
23. Maria Hartiningsih	Konpas Daily (Harian Pagi Kompas)
24. Maria J Adrijanti Ekaratni	World Vision Indonesia
25. Melania Hidayat	UNFPA - Indonesia
26. Mita Anindita	ADGVI, Postgraduate Diponegoro University on Reporductive Health and HIV/AIDS
27. Novia Handayani	Diponegoro University
28. Nurual Saadah Andriani	SAPDA
29. Rachel Cinron	USAID
30. Ratih Indriyani Rakhmawati	EMAS/JHPIEGO
31. Rita Widiadana	The Jakarta Post English Daily
32. Rob Yates	WHO Headquarters
33. Robin Nandy	UNICEF
34. Rosalina Sutadi	Bayer Indonesia
35. Rumi Sidabutar	Compassion Indonesia
36. Rustini Floranita	WHO Indonesia
37. Safia Shukri Hilowle	Semesta
38. Siti Masyitah Rahma	Muhammadiyah

39. Dr. Sunitri Luh Putu	White Ribbon Alliance Indonesia
40. Dr. Tini Setiawan	WHO
41. Tjiong Roy	National Board of Indonesian Planned Parenthood Association
42. Trisnawaty Gandawidjaja	Save the Children
43. Tri Hastuti NUR R	PP Aisyiyah
44. Ufara Zuwastii	OSE MDGs
45. Wahdini Hakim	Save the Children
46. Widya Setyowati	AusAID
47. Wilson Wang	Save/EMAS
48. Yulia Dwi Andriyanti	Youth Interfaith Forum on Sexuality
49. Zulkamal Hidayat Zakaria	Samsara

*Includes all who responded to the invitation to attend the caucus.

Nigeria Country Caucus

Overview

The Nigeria Country Caucus at Women Deliver convened to address the following objective in dialogue with the Honorable Dr. Muhammad Ali Pate, Minister of State for Health:

- **Develop and present a call to action on civil society engagement and accountability for reproductive, maternal, newborn, and child health (RMNCH) in Nigeria.**

Sixty-five representatives of government and civil society—including representatives from Nigerian NGOs, CSOs, INGOs, academia, media, private foundations, and international organizations—came together for discussion and collective planning. **This dialogue was facilitated by Bridget Nwagbara of the Nigerian Branch of the South African Cochrane Centre on behalf of the White Ribbon Alliance for Safe Motherhood, Nigeria. The Honorable Dr. Muhammad Ali Pate, Minister of State for Health, attended the second day of the caucus to directly engage with key civil society organizations and development partners.**

A series of stakeholders presented updates on the RMNCH situation in Nigeria with a focus on civil society engagement on government accountability. This was followed by the development of a joint call to action as part of a collaborative and constructive dialogue on how civil society can support the Health Ministry's significant efforts to address the health challenges in Nigeria. (See "Nigeria's Call to Action at Women Deliver," below.) In addition to developing the call to action, caucus participants identified future priorities for joint advocacy, including the need to strengthen the legislative framework for accountability in RMNCH through the National Health Bill; strengthen the virtual forum/website of the Saving One Million Lives Initiative (SOMLI) to improve exchange of information with the public; and create a mechanism to cascade successful pilots of RMNCH projects and initiatives to the state and local government areas.

Outcomes

The Honorable Dr. Muhammad Ali Pate, Minister of State for Health for Nigeria made a verbal commitment to take immediate action to make maternal deaths notifiable in Nigeria through mobile reporting. Further, a multi-stakeholder group, convened by White Ribbon Alliance for Safe Motherhood Nigeria with support from PATH, will continue to collaborate to support the Minister in implementing this commitment and to mobilize civil society organizations and government to generate data on the core maternal and child health indicators recommended by the United Nations Commission on Information and Accountability for Women and Children.

Nigeria's Call to Action at Women Deliver

The Nigerian delegates at the Women Deliver Conference have recognized that laudable commitments have been made by the Federal Government of Nigeria on reproductive, maternal, newborn, and child health (RMNCH) but they need to be monitored more adequately to track progress and resource flows. Consequently, there is inadequate translation of these commitments into implementable actions at the state and local government levels. The overall result is that efforts continue to be fragmented; quality of care for women is still inadequate; and piloted best practices are not adequately institutionalized and scaled-up at the state and local levels.

While we recognize that much progress has been made, it is our firm conviction that every woman in Nigeria should survive pregnancy and childbirth, and any maternal death is unacceptable.

Therefore Dr. Ali Pate, the Minister of State for Health calls on civil society delegates at the Women Deliver Conference to ensure a bidirectional accountability mechanism with the following recommendations:

- Generate data and information on RMNCH through transparent and replicable methods to facilitate evidence-based responses from the government on those issues.
- Engage non-health sector stakeholders like the Ministry of Water Resources on maternal, newborn, and child health issues.
- Engage with the coordinating mechanism of the steering group of the Saving One Million Lives Initiative to promote accountability in RMNCH.

In turn, civil society delegates calls on the Honorable Minister of State for Health to:

- Make maternal deaths notifiable occurrences.

Through a vibrant and stimulating interactive discussion, the following commitments were made:

- The Minister of State for Health made a commitment to make maternal deaths notifiable through mobile reporting.
- Civil society delegates made a commitment to generate and disseminate adequate data on RMNCH.

A consensus was reached to maintain the momentum generated at Women Deliver Conference on return to Nigeria. Therefore the next actionable step is:

- National CSOs coalition/Nigeria Independent Accountability Mechanism for MNCH in collaboration with the Office of the Minister of State for Health will be convening a forum with the government, CSOs, and media to share useful information, updates on various commitments, projects, and activities in line with the Saving One Million Lives Initiative and national road map on the Commission on Information and Accountability for Women and Children.

—Issued Thursday, May 30, 2013, Kuala Lumpur, Malaysia

Participant List*

Name	Organization
1. Abigail Ogwezzy-Ndisika	Nigerian Compass
2. Adesola Eunice Ayo-Aderele	Punch Nigeria Limited
3. Adesoba Tairo Peter	Centre for Knowledge, Learning, & Evaluaiton
4. Adeyemo Austine	EGA
5. Ajileybi Emmu Bebatimde	Examples Herut Right Inihave
6. Amalumilo Michael	Voice of Children International
7. Aminu Magashi Garba	E4A
8. Ayo Ajayi	PATH
9. Bola Kusemiju	NURH
10. Bibiam Amah	IPAS
11. Bridget Chukwudera Okeke	Center for the Right to Health
12. Celina Johnson	NURHI
13. Charles Ognidpe	Vanguard Media Ltd.
14. Cynthia Okoro	Federal University of Technology, MINNA
15. Donald Boyo	Global Peace Foundation
16. Dr. Ejike Oji	IPAS
17. Erika Mercer-Epps	PATH
18. Dr. Esther Agbarakwe	White Ribbon Alliance for Safe Motherhood Nigeria
19. Dr. Farouk M. Jega	Pathfinder International
20. Folashade Adebayo	Tell Magazine
21. Fatima Bunza	NURHI
22. Foluso Ishola	Brown Button Foundation
23. Helen C. Odega	Center for Women's Health and Adolescents' Development (CWHAD)
24. Isaac Eranga	Bendel Newspaper Company of Nigeria Harvesters Team Communications
25. Isibor Phillips	Global Educator
26. J.I.B. Adinma	South-East Post Abortion Care Network
27. Jake Okechukwu Effoduh	BBC Media Action/Legal Action for Gender Equality and Minority Protection (LAGEMP)
28. Prof. Josephine Alumanah	University of Nigeria Nukika
29. Joshua Lozeman	The Bill & Melinda Gates Foundation
30. John Akpeji	NTA
31. John Olco	Global Peace foundation
32. Kenneth Chudi Ene	IPAS Nigeria
33. Lara Odebiyi	Lydia Hearts Initiative
34. Majaro Elizabeth Adeteju	University
35. Dr. Matthews Mathai	WHO, Department of Maternal, Newborn, Child & Adolescent Health
36. Michael Amelumilo	Voice of Children Intl
37. Michael Iyanro	Rainbow Gate Foundation
38. Miles Kemplay	Children's Investment Fund Foundation

39. Mojisola Odeku	Nigeria Urban Reproductive Health Initiative (NURHI)
40. Dr. Murtala Mai	Pathfinder/E2A
41. Dr. Nnenna Ihbeinzor	NPHCDA, Nigeria
42. Dr. Nnenna Urom	National Malaria Control Programme
43. Nike Adedesi	UNFPA
44. Nosa Orobaton	USAID/Targeted States High Impact Project
45. Obialunamma Onoh	Management Sciences for Health
46. Ugo Ukoli	Surepmch/NPHCDA
47. Ojo Omobola	Lagos University Teaching Hospital
48. Oladayo Afolabi	University of Maiduguri
49. Dr. Olawale Lawal Oyeneyin	Committee on Confidential Enquiry into Maternal Deaths in Ondo State
50. Oluwaseven Oyemade	Livewell Initative
51. Omisore Olu Busayo	Univeresity
52. Owodunni Adebola	The Federal Medical Centre, Gusau, Zamfara State
53. Rachel Wilson	PATH
54. Raphael Ono	Global Educators
55. Robyn Sneeringer	Bill & Melinda Gates Foundation
56. Sara Bandaili	Options Consultancy Services
57. Seun Oti	Magical Books
58. Tobore Ovuorie	National Mirror Newspaper
59. Dr. Tumnde Segrum	Endence for Adion
60. Tolulope Mumuni	Oyo State Ministry of Health
61. Tunde Ajidagba	Campus Health & Rights Initiative
62. Tunde Segun	Evidence for Action
63. Umar Gegu	Global Educators

*Includes all who responded to the invitation to attend the caucus.

Rwanda Country Caucus

Overview

The Rwanda Country Caucus at Women Deliver convened to address the following objective:

- **Foster civil society dialogue regarding the changing MOH and identify joint advocacy priorities on reproductive, maternal, and newborn health (RMNH) to bring forward to the incoming minister upon return from the conference.**

Seventeen representatives of government and civil society—including representatives from Rwandan NGOs, CSOs, INGOs, academia, media, private foundations, and international organizations—came together for discussion and collective planning. **This dialogue was facilitated by Cassien Havugimana of the Health Development Initiative (HDI) Rwanda.**

A robust dialogue ensued on the role of civil society in improving RMNH and on engaging with the new, incoming minister of health. The discussion included how a change in the ministry might impact RMNH in Rwanda and participants suggested priorities for the incoming minister.

The following needs were identified, with this multi-sectoral group committing to engage collectively on these issues upon return to Rwanda, and in collaboration with the new minister of health:

- Strengthen coordination for all stakeholders working on issues of RMNH.
- Build capacity for key advocacy groups working in the area of RMNH.
- Provide a stronger voice for advocates on the National Technical Working Groups (TWGs) that focus on issues of RMNH in Rwanda.
- Develop an advocacy action plan addressing all of the Government of Rwanda's commitments for RMNH.
- Create a national stakeholder committee to champion the advancement of the identified committees.

Outcomes

Civil society dialogue on collaborating with the new, incoming minister of health and joint advocacy messages on accountability for RMNH commitments has been initiated.

Participant List*

Name	Organization
1. Afrika Mukaneto	Ni Nyampinga Creative Editor
2. Agnes Mukamana	CARE Rwanda
3. Bumwe Ritha M Clarissa	Ninyampinga
4. Cecile Musanase	Ni Nyampinga Radio
5. Charlotte Hord Smith	Ipas
6. Daphrise Nyrasafale	UNFPA/Rwanda
7. Grace Tsuni Uwase	Generation Rwanda
8. Innocent Habimana	
9. Lauren Russell	Nike Foundation
10. Methode Nezerwa	National University of Rwanda/ Rwanda Village Concept Project
11. Muzpenzi Feri Jacklinoe	Sustainable Health Enterprises
12. Nasisola Likimani	Ipas Africa Alliance
13. Nsengiyumva Thomas	MOH
14. O'Brien Mashinkila	PATH
15. Rianne Buter	Nike Foundation
16. Ritha M. Clarisse Bumwe	Ni Nyampinga Magazine
17. Umutesi Doreen	The New Times Publication

*Includes all who responded to the invitation to attend the caucus.

South Africa Country Caucus

Overview

The South Africa Country Caucus at Women Deliver convened to address the following objective:

- **Engage civil-society stakeholders and advocates in order to foster collaboration on government accountability for the fulfillment of maternal, newborn, and reproductive health commitments.**

Fifty-two representatives of civil society—including representatives from South African NGOs, CSOs, INGOs, academia, and media—came together for discussion and collective planning. **This dialogue was facilitated by Remmy Shawa from Sonke Gender Justice.**

The discussion focused on the need to revive the *Adolescent and Youth Friendly Policy* for reproductive health services, which has languished in draft form for five years. The group identified a series of collective actions that would guide this policy to finalization and implementation. (See "Collaborative Action Plan for South Africa's *Adolescent and Youth Friendly Policy*" below.)

Outcomes

An action plan has been drafted for collaborative civil society engagement to ensure the finalization and implementation of the draft *Adolescent and Youth Friendly Policy* for reproductive health services.

Collaborative Action Plan for South Africa's Adolescent and Youth Friendly Policy

Objective: Revive the ***Adolescent and Youth Friendly Policy***, which has been in draft form for five years, for finalization and implementation.

ACTIVITY 1.1—Fully understand the status of the policy and obtain seed funding for activities.

Action	Responsibility	Time Frame
Obtain the policy to determine current status/stage and share with group via email.	Pathfinder/Sonke	One week
Get feedback from the group: thoughts on the policy and relevance, processes/advocacy opportunities that each group can provide, groups that are working on it already.	Sonke	TBD
If not publically available, determine why it is not and means to gain access/reach out to UNFPA for access.	Pathfinder/Sonke	One week

ACTIVITY 1.2—Develop narratives of young people to get their perspectives on accessing services to ensure policy reflects their needs as well as advocacy landscape status.

Action	Responsibility	Time Frame
Reach out to David Johnson (Too Much, Too Many) regarding doing the narratives on youth services.	Pathfinder	One week
Identify specific individual narratives that showcase the need of young people to support the advocacy on the advancement of the policy.	In Coordination with David Johnson	TBD
Connect with young people at the South Africa AIDS conference to determine relevance.	TBD	End of June
Determine other organizations who are working/have worked on youth policy.	TBD	TBD
Engage other organizations directly for support of advocacy work.	All	TBD

ACTIVITY 1.3—Based on current status and knowledge from young people, advocate for finalization of policy and midterm review.

Action	Responsibility	Time frame
Develop advocacy plan to advance policy including roles of key partners.	TBD	TBD
Advocate for the finalization of the policy including key departments such as the Youth Department and the Health Department.	TBD	TBD
Advocate for midterm review of the policy.	TBD	TBD

Participant List*

Name	Organization
1. Anso Thom	Health-e News Service
2. Bernedette Muthien	Engender
3. Bibi-Aisha Wadvalla	
4. Bob Mwiinga Munyati	AIDS Accountability International
5. Charlene May	Legal Resources Centre
6. Georgina Caswell	
7. Hellen Kotlolo-Technau	Netcare
8. Kefentse Mojaki-Moremogolo	Gauteng Department of Health
9. Kemone Brown	GLOScput
10. Kim Whipkey	PATH
11. Madipoane Masenya	University of South Africa
12. Malestabisa Molapo	Women in Technology Lesotho
13. Maya Gokul	Support Worldwide
14. Mercedes Fredericks	Pathfinder International, South Africa
15. Mtinkheni Agness Munthali	African Men for Sexual Health and Rights
16. Nachilala Nkombo	ONE
17. Nejla Liias	Global Health Visions
18. Nelisiwe Ohajunwa	Sonke Gender Justice Network
19. Ntombizehlile Mcube	
20. Sophia Ladha	Pathfinder International, South Africa
21. The Rev Phumzile Mabizela	INERELA+
22. Wessel van den Berg	Sonke Gender Justice Network

*Includes all who responded to the invitation to attend the caucus.

Tanzania Country Caucus

Overview

The Tanzania Country Caucus at Women Deliver convened to address the following objective:

- **Facilitate discussion on accelerating the delivery of the Government of Tanzania's commitment to upgrade 50 percent of health centers to provide comprehensive emergency obstetric and newborn care (CEmONC) by 2015.**

Seventeen representatives of government and civil society—including representatives from Tanzania NGOs, CSOs, health service delivery centers, INGOs, academia, media, professional associations, and international organizations—came together for discussion and collective planning. **This dialogue was facilitated by Maryjane Lacoste and Gaudiosa Tibaijuka, representing the White Ribbon Alliance for Safe Motherhood Tanzania and Jhpeigo.**

The White Ribbon Alliance for Safe Motherhood Tanzania introduced the participants to their newly-launched Wajibika Mama Aishi Campaign, which seeks to hold the government accountable to the following commitments for CEmONC:

- Establish a health centre in every ward by 2017 (per the Primary Health Services Development Programme: 2007–2017).
- Upgrade 50 percent of health centres to provide CEmONC by 2015 (as per the National Road Map Strategic Plan to Accelerate Reduction in Maternal, Newborn and Child Deaths in Tanzania: 2008–2015).
- "Tanzania will…expand coverage of health facilities; and provide basic and comprehensive emergency obstetric and newborn care" (Every Woman Every Child: 2010–2015).

The dialogue focused on identifying specific and timely actions to advance commitments to the provision of CEmONC in the wake of the Women Deliver Conference. Additional goals identified by participants were: partnership opportunities, links with adolescent friendly services, and integration with HIV, TB, fistula, and FP goals.

The participants discussed the following gaps in delivery on the government's commitment to:

- Standards
- Up-to-date training
- Trained providers
- Drugs, supplies, and equipment
- Infrastructure
- Transport for referral
- Neonatal facilities and skills
- Coordination of existing efforts to upgrade facilities and training
- Record keeping at most facilities
- Awareness among women and families of what is supposed to be available

It was also noted that while the government has demonstrated political commitment, partners are implementing most initiatives and donors are providing funding.

Examples of potential partnerships and collaboration opportunities, as well as commitments from participating organizations include the following:

- The Tanzanian Medical Students' Association could be involved in the health education component. With some support, they could go to the Rukwa Region. There is also potential ask to medical schools to incorporate the CEmONC advocacy campaign content into the community health practicum component of pre-service medical education.
- Advance Family Planning agreed to lend advocacy experiences and learning, particularly on district versus national and budget advocacy to accelerate progress.
- Jhpiego is to work with the Ministry of Health and Social Welfare (MoHSW) on the development of performance standards, updates to curricula, and training.
- Vodocom will use mobile technology for providers in Rukwa to strengthen provider skills.

The caucus discussion generated recommendations to be incorporated into the *Wajibika Mama Aishi* campaign objectives, including:

- Clarity on performance standards and what is needed to be in place at health centers to support CEmONC service delivery. This needs to be explicit in the campaign objectives or there is a risk of health centers without enough emphasize on functionality.
- Clear campaign messaging on what CEmONC entails—i.e., "what does success look like?"
- It has been shown that a budget line does not necessarily result in budget allocation. Focus on push for allocation. Develop a proposal of what percentage of funds the government should be allocating specific to the Rukwa region.
- Clarity on how much of the campaign is focused on the demand side versus on influencing decision-makers.
- While the Rukwa Region is a focus, much of the advocacy will still need to be targeted to national-level decision-makers, including budget ceilings set at national level and procurement and staff recruitment driven from the national level.
- *Wazazi na Mwana* project—helping to upgrade two health centers in Rukwa need local government buy-in for sustainability.
- Influencing government's new plan to address human resources shortage with a priority on Rukwa.

Outcomes

The objectives of the White Ribbon Alliance for Safe Motherhood Tanzania-led *Wajibika Mama Aishi* campaign for comprehensive emergency obstetric and newborn care will be updated with refined advocacy asks for the MoHSW, focused on specific policies to be influenced and development of performance standards.

Participant List*

Name	Organization
1. Albert Magohe	Dar Health Clinic
2. Betsy McCallon	White Ribbon Alliance
3. Betty Muze	World Vision Tanzania
4. Edward Kinabo	Advance Family Planning Project John Hopkins University CCP Tanzania Limited
5. Florence Mwitwa	Tanzania Medical Student Association (TAMSA)
6. JoAnitah Muruve Aigi	Aga Khan Health Services
7. Maureen Oduor	Africa Peace Ambassadors Tanzania (APAT)
8. Molly Canty	RMNH Alliance
9. Omari Muhani	Vodacom
10. Robert Karam	John Hopkins University CCP Tanzania Limited
11. Stanley Binagi	Kilimanjaro Christian Medical University College
12. Dr. Theopista John	WHO Tanzania
13. Tibaijuka Gaudiosa	Jhpiego

*Includes all who responded to the invitation to attend the caucus.

Uganda Country Caucus

Overview

The Uganda Country Caucus at Women Deliver convened to address the following objective:

- **Facilitate discussion on accelerating the delivery of the Government of Uganda's commitment to ensure that provision of basic care and CEmONC increases at health centers III and IV from 17 percent to 50 percent, respectively, by 2015.**

Thirty-five representatives of government—including representatives from various ministries and elected members of parliament, and civil society—including representatives from Ugandan NGOs, CSOs, INGOs, academia, media, student and youth associations, private foundations, and international organizations and donors—came together for discussion and collective planning. **This dialogue was facilitated by Elman Nsinda on behalf of the White Ribbon Alliance for Safe Motherhood Uganda.**

The White Ribbon Alliance for Safe Motherhood Uganda convened the country caucus to engage stakeholders in its newly launched Act Now to Save Mothers campaign that focuses on the Government of Uganda's commitment to Every Woman Every Child, which aims to increase basic emergency obstetric and newborn care (BEmONC) in health centers III and CEmONC in health centers IV from 17 percent to 5 percent by 2015. The dialogue focused on identifying specific and timely actions to advance commitments to provide BEmONC following the Women Deliver Conference.

This caucus provided a rare opportunity for civil society delegates to have an open dialogue with both the Honorable Matia Kasaija, Minister of State for Planning, Uganda Ministry of Finance, Planning and Economic Development (MOFPED), and the Honorable Sarah Aceng Opendi, Minister of State for Primary Health Care, MOH.

The caucus discussion highlighted that system reform must be pursued so that there is better investment in the health sector. The Government of Uganda has a target of recruiting 10,000 health care workers, including 2,000 midwives. Some health center III facilities have not been able to attract enough workers and they are recruiting again. The MOH has faced challenges getting proper allocation from the MOFPED in order to hire workers. Uganda currently trains nurses to have multiple skills, and consequently, there is a need to conduct an additional six months of midwifery training. There is a clear need for policy and administrative reform in this sector to support improvements in maternal health.

As a result of the Uganda Country Caucus, the Honorable Sarah Aceng Opendi, Minister of State for Primary Health Care made the following commitments:

- Include midwives in ongoing recruitment.
- Scale up FP programming and services.
- Improve coordination among health implementing partners and engage members of parliament and other sectors. This will start with calling a meeting for the participants of the Women Deliver Conference 2013, then build into regular meetings (e.g., on a monthly basis).
- Advocate for better wages for midwives, as has been achieved for physicians.

Further, the Honorable Minister called on civil society and members of parliament to advocate for centralization of recruitment and management of healthcare workers so that they can be distributed equitably across the country, ensuring that districts with challenges in attracting health care workers can be adequately staffed.

The members of parliament in attendance committed to the following:

- Work with the Parliamentary Health Committee and civil society partners to advocate for establishing a maternal health fund based on the model of the road fund that comes out of taxes levied on fuel. This will require significant effort but will contribute to improving maternal health.
- Follow up with the MOFPED on the increase of excise duty on cigarettes to finance crucial maternal health services.
- Support the MOH in ensuring that the commitment to recruit an additional 10,000 heath care workers is achieved.

Below are some notable quotes from this caucus:

> *"Health should be prioritized first. Even before prioritizing roads, electricity, and other things. Even if we build roads and women are dying, it is not right. We must prioritize health." —Hon. Samuel Lyomoki, Member of Parliament*

> *"Putting target for service delivery is like saying a country wants some women to die. Really, Uganda should be more committed and aim for provision of BEmONC in all health centers III." — Hon. Charles Baryomunsi, Member of Parliament*

Outcomes

The Honorable Minister of State for Primary Health Care of the MOH made commitments regarding coordination of efforts among health care implementing partners, improving family planning services, and improving conditions for midwives. The members of parliament agreed to advocate for funding for maternal health and to support recruitment of an additional 10,000 health care workers.

Participant List*

Name	Organization
1. Agnes Nabukeera	Uganda National Student's Association
2. Akol Rosemary Okullu	Member of Parliament, Uganda
3. Alan Anne	DSW
4. Alex Craig Kiwanuka	Reproductive Health Uganda
5. Bayigga Micheal P. Lulume	Member of Parliament, Uganda
6. Bintu Jalia	Member of Parliament, Uganda
7. Catherine Mwesigwa Kizza	New Vision Newspaper
8. Charity Birungi	Partners in Population and Development Africa Regional Office
9. Dr. Chris Baryomunsi	Member of Parliament, Uganda
10. David Rupiny	Uganda Radito Network/Rainbow Radio
11. Doreen Tukezibwa	Care International Uganda
12. Faith KN	Marie Stopes Uganda
13. Hope Mafaranga	Key Correspondents Programme
14. James Kityo	Keycorrespondents.org
15. Joy Asasira	Center for Health, Human Rights & Development
16. Katy Woods	White Ribbon Alliance
17. Kaviri Ali	Forum for Women in Democracy (FOWODE) Young Leaders
18. Lillian Nabatanzi	Staff of Parliament, Uganda
19. Lyomoki Samuel	Member of Parliament, Uganda
20. Magezi Bashir	Wakiso Muslim Youth Foundation
21. Martha Nambuyaga	SRHR Alliance Uganda
22. Matti Navellou (Observer)	Global Poverty Project
23. Muwuma Milton	Member of Parliament, Uganda
24. Nargis Shirazi	UNOPS/MVP
25. Nvumentta Ruth Kavuma	Mama Alive Initatives
26. Patrick Okwir	Makerere University School of Public Health
27. Pauline Irungu	PATH
28. Racheal Kyalimpa	AfriYan
29. Ruth Katono	Makerere University Hospital
30. Sandra Komuhimbo	Uganda Women's Network
31. Sempala Fred	DSW, Uganda
32. Sylvia Ssinabulya	Member of Parliament, Uganda
33. William Lubega	Woman to Woman Foundation
34. Yvette Ampaire	Eastern and Souther Africa Small Scalle Farmer's Forum (ESAFF Uganda)
35. Zaituni Nabateregga	Straight Talk Foundation

*Includes all who responded to the invitation to attend the caucus.