NOTHING ABOUT US, WITHOUT US: CITIZENS’ VOICES FOR WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH

#CitizensPost
The Citizens’ Hearings on women’s, children’s and adolescents’ health are open and constructive dialogues that give community members the chance to share recommendations for improved health services with local and national leaders. This form of social accountability serves the double purpose of empowering citizens to know their rights and to hold their leaders to account on commitments made to end the preventable deaths of women, newborn, children and adolescents.

The International Planned Parenthood Foundation, Save the Children, White Ribbon Alliance and World Vision International would like to thank all the citizens and decision makers across the world who have taken part in the Citizens’ Hearings.

The views, quotes and recommendations featured in this report are based on the outcomes of the Citizens’ Hearings in 19 countries and do not necessarily represent the views of the supporting organisations.

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Cover photo: Citizens at the Lira District Citizens’ Hearing, Uganda © White Ribbon Alliance Uganda 2015
We are witnessing the dawn of a new era of accountability for health care.

This year, I stood with my fellow citizens at the National Citizens’ Hearing for Women’s, Children’s and Adolescents’ health in Uganda. We demanded that maternal, child and adolescent health become a greater priority in order to end all preventable deaths and to promote health and well-being.

As a health worker, I have seen first-hand, that investing in health services saves lives. But too often, promises are not kept, and health systems remain bare. Emergency obstetric and newborn care services must be available in every community; high quality health workers must be scaled up; and health systems must be stocked with life-saving medicines and supplies.

By standing with citizens in Uganda, I stood in solidarity with citizens holding hearings across the world, to demand our say in how decisions are made for women’s, children’s and adolescents’ health and to realise our right to hold leaders to account on their promises.

As governments implement new international health frameworks and targets, they must ask citizens what needs to be done, and ensure that citizens can participate in the monitoring and review of these actions in the future.

Leaders, hear our call: We, the citizens, must be at the heart of the women’s, children’s and adolescents’ health agenda. Nothing about us, without us.

Philomena Okello
Nursing Officer, Lira Hospital
Civil society representative at the Uganda National Citizens’ Hearing for Women’s, Children’s and Adolescents’ Health, March 2015.
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EXECUTIVE SUMMARY

2015 marks the start of a historic, global movement of Citizens’ Hearings for women’s, children’s and adolescents’ health. In over 100 hearings, in villages, districts and capital cities, through to the World Health Assembly, citizens have united to demand, ‘Nothing about us, without us.’ Governments must be accountable to citizens in the health-care agenda.

Leaders promise many things, ranging from water and roads to provision of health services, but do not deliver. We need to continue demanding results from them...

Mr Muhumuza, citizen at the Kabale District Citizens’ Hearing, Uganda

The hearings underscore the fundamental rights of all citizens – of all ages, genders and social groups – to raise their voices and hold leaders to account. Now is the time for an inclusive approach to women’s, children’s and adolescents’ health that elevates citizens’ voices in setting priorities, reviewing commitments, and monitoring and reforming service delivery.

These hearings are unique in breaking down the barriers between citizens and decision makers. The hearings have brought citizens, community groups (including children’s, youth and women’s rights groups), and faith leaders together with local councillors and chiefs, district leaders, prime ministers, parliamentarians, ministers, policy officials and health professionals. These diverse groups have united in a single aim: to work together in a partnership for action to achieve a step change for women’s, children’s and adolescents’ health.

Strengthening leaders’ accountability will ultimately help save the lives of millions of women, children and adolescents. This is critical in the context of the new development agenda, with the implementation of the Sustainable Development Goals (SDGs) and the launch of the updated UN Secretary-General’s Global Strategy for Women’s,

Children’s and Adolescents’ Health (updated Global Strategy). It is by strengthening the connection between citizens, governments and frontline health service providers that these new frameworks can become anchored in local challenges and realities in reproductive, maternal, newborn, child and adolescent health (RMNCAH) and provide a means to hold leaders to account for their commitments.

Health should be at the centre of sustainable development. With sustained and increased investments and a focus on equity and human rights, a world with zero preventable maternal and child deaths can be achieved within a generation. It is our duty not only to ensure survival but to enable these women and children to thrive.

UN Secretary-General Ban Ki Moon, Every Woman Every Child Summit, May 2014

The Citizens’ Hearings held to date have provided a critical input in identifying priorities for the SDGs and updated Global Strategy and urged governments to establish accountability frameworks. Together, citizens and government officials have identified policy and implementation priorities that should be addressed in their contexts and proposed participatory accountability mechanisms that include citizens’ voices.

Engaging citizens is what will take us from setting goals to actually meeting them.

Aparajita Gogoi, National Coordinator, White Ribbon Alliance India at the National Citizens’ Hearing, India

The hearings are already catalysing change, with political leaders pledging action. In the district-level hearings in Tanzania, health officials pledged to deliver ambulances the very next day, while
the hearings in Uganda led the Prime Minister to pledge increased funding for health centres. The hearings held to date in 2015 must now be institutionalised through inclusive participatory accountability mechanisms in order to ensure pledges such as these are realised, and citizens’ voices are systematically incorporated into health-care delivery, review and reform.

For leaders to be accountable, health policies should be coming from us, citizens, and then submitted to government leaders and not otherwise.

Msagati, citizen on the live ITV and Radio One National Citizens’ Hearing, Tanzania

We can’t hold leaders responsible for what we don’t know; knowledge dissemination should be a strong component of accountability mechanisms.

Recommendation from the National Citizens’ Hearing, Nigeria

I would like to express my sincere gratitude to all partners who have very effectively integrated the Citizens’ Hearings into their respective annual campaigns calling for accelerated progress on maternal and child health.

Hon. Ousmane Konè, Minister of Health and public Hygiene, at the National Citizens’ Hearing, Mali
“ON BEHALF OF CHILDREN WE RECOMMEND THAT HEALTH WORKERS ARE GIVEN HOMES NEAR THE HEALTH CENTRES.”

Khalidi Mohamedi Mngulu, Child Council of Tanzania, at the Tanga Citizens’ Hearing, Tanzania
CALL TO ACTION

As governments implement the RMNCAH targets in the SDG framework and commitments to the updated Global Strategy, they must:

- **Reflect citizens’ voices on the priority policies and actions needed for progress on RMNCAH**, including the recommendations from the Citizens’ Hearings.
- **Establish robust, participatory accountability mechanisms at local and national levels** that strengthen citizens’ voices in the setting of priorities, reviewing commitments, and monitoring and reforming the delivery of the RMNCAH agenda.
- **Support the call for independent, participatory accountability mechanisms at the global level** to monitor the implementation of SDG targets on RMNCAH and the updated Global Strategy with citizens’ voices at their core.

Specifically:

Across the hearings, citizens and decision makers have called on (i) frontline health service providers, (ii) local authorities, (iii) district-level governance structures, (iv) governments, including and beyond ministries of health, and (v) the international community, including donors to:

1. **Build stronger and more accessible health systems to deliver RMNCAH**, through skilled health workers and quality health systems for all, providing the full range of RMNCAH services, removing financial barriers to health care, increasing access for children, youth and marginalised groups and better regulation of the private health sector.
2. **Create better linkages across sectors, programmes and ministries in order to build an enabling environment for RMNCAH**, for example across education, food and nutrition security, and women’s rights.
3. **Drive forward the implementation of the RMNCAH agenda** through domestic resources and international development aid for health, better data systems and greater transparency for citizen oversight, and effective coordination among different stakeholders.
4. **Establish mechanisms for inclusive, participatory accountability systems for RMNCAH at local, national and global levels that are driven by citizens’ voices and citizen-led evidence**. This must include institutionalising the process of Citizens’ Hearings at local and national levels, supporting social accountability initiatives on health-care delivery, guaranteeing a space for a global dialogue at the World Health Assembly and other RMNCAH global policy-making spaces, and ensuring citizens’ voices are integrated into the global-level accountability mechanisms for the SDGs and updated Global Strategy.
INTRODUCTION

Since the beginning of 2015, a movement of Citizens’ Hearings for women’s, children’s and adolescents’ health has spread across the world. So far, the hearings have engaged tens of thousands of citizens in Africa and Asia – in Mauritania, Mali, Sierra Leone, Ghana, Nigeria, Niger, Uganda, Kenya, Tanzania, Malawi, Zambia, Lesotho, South Africa, India, Nepal, Bangladesh, Cambodia, Pakistan and Indonesia. They carry a clear message: ‘Nothing about us, without us.’ Now is the time for an inclusive approach to the delivery of the RMNCAH agenda, which involves citizens in the setting of priorities, reviewing commitments, and monitoring and reforming service provision. The recommendations from the hearings at district and national levels were taken to the 2015 World Health Assembly where citizens, non-governmental organisations (NGOs), health ministers, government delegations and UN agencies met for the first ever Global Citizens’ Dialogue on accountability for RMNCAH. As such, the hearings have formed a critical input to the development of the SDGs and consultations for the updated Global Strategy.

The overall objectives of the Citizens’ Hearings held this year were to achieve the following at local, national and global levels:

1. Create space for citizens to discuss the key gaps and priorities in access to quality RMNCAH services.
2. Highlight the need for citizens’ voices to be strongly incorporated into RMNCAH healthcare accountability structures, and to strengthen the feedback loop between global processes and local and national decision-making processes.
3. Develop proposals for inclusive participatory accountability mechanisms that include citizens’ voices.

We need transparency regarding the budget for nutrition and maternal and child health. This information needs to be accessible to the public. Until now, only a few people have had this information.

Neneng Julaeha, citizen at the Bogor District Citizens’ Hearing, Indonesia

The hearings have been unique in bringing together an impressive and diverse set of stakeholders. Citizens and civil society – including women’s groups, children’s and youth groups, religious groups, and communities – have joined together with journalists, parliamentarians, health professionals, faith leaders, civil servants and administrators, local leaders, health ministers, education ministers, foreign ministers and prime ministers, to strategise together through a collaborative and open process on the way forward for RMNCAH.

The citizens hold the most powerful office in the country “the office of the citizens” and should use that office to hold the government to account.

Dr Francis Ohanyido, White Ribbon Alliance Ni...
With the conclusion of the MDGs, and launch of the new development agenda, transformative change is needed to realise new targets to ensure universal access to reproductive health and rights, reduce maternal mortality, and to end preventable child deaths once and for all. While the MDGs provided welcome visibility and focus on the need for action on women’s and children’s health, they failed to adequately incorporate or galvanise strong accountability frameworks to hold leaders to account at national and global levels. This has led to large disparities in progress both between and within countries.¹ The targets for RMNCAH in the SDGs and commitments to the updated Global Strategy will only be met for all women, children and adolescents – in every continent, country and community – if local-, national- and global-level accountability structures elevate citizens’ voices from the start.

This call for inclusive, participatory accountability mechanisms is not new. One of the recommendations of the UN Commission on Information and Accountability for Women’s and Children’s Health, which was established as an accountability mechanism for the Global Strategy in 2010, was that ‘by 2012, all countries have established national accountability mechanisms that are transparent, that are inclusive of all stakeholders, and that recommend remedial action, as required.’² Yet in many contexts such participatory systems are still not in place, and accountability to the commitments made by governments to the Global Strategy remains weak. Moving forward, national implementation plans for the SDGs and commitments to the updated Global Strategy must champion inclusive, participatory accountability mechanisms.

“We have good policies but they are not implemented. For example, the government policy says that there should be a dispensary in each village and a health centre in every ward.”

Peter Katuka, Chairperson for Ruling Party, Kisanga Ward, Kilindi District Citizens’ Hearing, Tanzania

“It is important to involve citizens when addressing their needs, and when implementing plans. They are the ones who know exactly what they need. Involve them.”

Senior Chief Somba at the Blantyre District Citizens’ Hearing, Malawi
RMNCAH-related targets in the SDG framework

SDG Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

2.2. By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and children.

SDG Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

SDG Goal 5. Achieve gender equality and empower all women and girls

5.1 End all forms of discrimination against all women and girls everywhere.

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

The Independent Expert Review Group, also established to support implementation of the Global Strategy, echoed this call for greater accountability at the global level, specifically highlighting the need ‘to hold the intergovernmental process accountable to the citizens of countries, and to facilitate and coordinate action by non-government actors.’ As such, citizens’ voices must be integrated into global policy-making spaces on RMNCAH, including the World Health Assembly, as well as into the global-level accountability mechanisms for the SDGs and updated Global Strategy.

There is no platform where civil society can hold the government to account for commitments. This should be a priority in the SDGs and updated Global Strategy.

Citizen, at the National Citizens’ Hearing, Nigeria
The High-level Political Forum, which will play a central role in overseeing the follow-up and review of the SDGs at the global level, must include this principle at its core.

In hearing after hearing, citizens have called for more hospitals, skilled health workers, and comprehensive linkages to other sectors such as education, nutrition, water and sanitation (WASH), and agriculture. They have highlighted that more outreach is needed to work with communities in order to help citizens understand their right to health care, and what services should be in place. Moreover, the hearings themselves are proving to be a key example of community outreach, working with communities to highlight the importance of accessing RMNCAH services and sharing good nutritional practices.

The very nature of Citizens’ Hearings in calling leaders into dialogue has affirmed the fundamental right of citizens to organise and voice their concerns in realising their right to health. The hearings have developed specific proposals for future participatory mechanisms from high-level councils through to community councils, and highlighted the importance of transparency in facilitating them.

The hearings are already catalysing change, with political leaders pledging action. As a result of the hearings in Uganda, the Prime Minister announced that ‘the government has made a decision to review primary health-care (PHC) funds that are being disbursed to health centres...What they are getting is inadequate.’ He confirmed that ‘discussions are going on to ensure primary health-care funds are increased in the budget for FY 2015/16.’ A member of parliament for Kasungu East Constituency in Malawi, Hon. Madalitso Kazombo, announced at a district-level hearing in Malawi: ‘A health facility will be constructed in these five years – if not, never vote for me again.’
We want to move from a parliamentary democracy to a participatory democracy. By creating accountability structures, and engaging citizens in policy making, the Aam Aadmi Party government is working to include citizens through the Mohalla Sabhas and the newly developed Delhi Dialogue Council.

Raghav Chadha, Spokesperson, Aam Aadmi Party government, at the National Citizens’ Hearing, India

We will incorporate all these suggestions from the Citizens’ Hearing: the Ministry of Foreign Affairs is committed to taking these forward.

Mahendra Pandey, Minister for Foreign Affairs at the National Citizens’ Hearing, Nepal
The Citizens’ Hearings Process

“This Citizens’ Hearing is needful at this point in time and I am happy to be part of it. Citizens are becoming well informed so that they can hold their leaders accountable and become part of decision-making processes.”

H.E. Hon. Justice Mary Odili, Justice of the Supreme Court of Nigeria, National Citizens’ Hearing, Nigeria

International Planned Parenthood Federation (IPPF), Save the Children, White Ribbon Alliance and World Vision have been working with local and national partners to organise the Citizens’ Hearings across the world. The principles guiding the hearings are to have evidence-based, solution-oriented discussions between citizens – including children – health professionals and decision makers as part of an open and collaborative dialogue between different stakeholders.

The media have played an important role in reporting the hearings themselves, and in committing to holding governments to account on their RMNCAH commitments over the years to come. The National Citizens’ Hearings in Tanzania, Uganda, Nepal and Mauritania were aired on national television. Local and national press coverage was achieved in almost all countries where Citizens’ Hearings took place.

Some of the areas discussed in each of the hearings included:

- Effective accountability mechanisms in country, or best practice examples from other countries.
- Commitments made to date on RMNCAH – highlighting successes and outstanding challenges.
- Proposed global targets for RMNCAH in the SDGs and how these can be addressed nationally.
- The impact of participatory accountability mechanisms on government commitments.
- Citizens’ direct experiences of health issues and services, including in emergency settings, both in terms of access and quality.

At the end of the hearings, stakeholders discussed plans for the next steps, ensuring that these conversations moved beyond one-time consultations, into ongoing accountability mechanisms. For example, in Malawi, members of parliament and chiefs committed to promoting citizen-led accountability by providing guidance to citizens on how to engage the government and track promises and commitments. In addition, local leaders promised to establish, strengthen and empower citizens to engage in accountability structures such as citizens’ health centre advisory committees, in order to effectively engage the governments and to have a voice in setting RMNCAH policies.

Fundamentally, the hearings have provided a mechanism for citizens to take ownership of the RMNCAH agenda. They have translated various international frameworks and processes alongside various national commitments and policies into relevant, tangible, measurable actions. And they have endorsed the principle of citizens’ experiences as a fundamental part of the evidence base in which to assess progress.
In Uganda, Citizens’ Hearings (organised by White Ribbon Alliance and World Vision) were held in 11 districts including Lira, Kabale, Busia, Oyam, Kole, Amuru, Kampala, Butaleja, Kiboga, Kitgum and Pader. Each of the hearings brought together more than 400 citizens, including women and children, members of parliament, and local leaders in each district to share views on accountability and delivering government commitments for women’s, children’s and adolescents’ health.

Citizens discussed the impact of recent citizen-led accountability that has achieved strong results, with the government accelerating the delivery of its commitment to the Global Strategy to provide emergency care for pregnant women nearer their homes in health centres.

Citizens made clear recommendations on immediate priorities such as the need to strengthen social accountability, improve emergency services as part of the package of care, and improve access to health services for children and adolescents. They called on the leaders to ensure citizens are engaged in priority setting in the future, as well as budget tracking and monitoring of the services. These recommendations were taken to the Prime Minister on International Women’s Day (8 March 2015). The National Citizens’ Hearing took place on a national television programme named ‘The People’s Parliament’ where findings were presented from the Citizens’ Hearings at district level to parliamentarians and the general public.

“The methodology of the Citizens’ Hearing is very effective. Giving citizens an opportunity to speak should spread across the country and other countries to ensure citizens speak out on their priorities to be included in SDGs, and later demand delivery from their leaders.”

Hon. Twinomuhangi Pastoli, Kabale District Council Speaker, Kabale District Citizens’ Hearing, Uganda
CITIZENS’ VOICES AT THE GLOBAL LEVEL

A key objective of the Citizens’ Hearing movement is to strengthen the feedback loop between global processes and local and national decision-making processes. In May 2015, Faridah Mwanje Luyiga, a maternal health advocate from Uganda, presented the voices from the hearings to the United Nations Secretary-General Ban Ki-moon in a joint letter of recommendations for the updated Global Strategy.

Citizen’s voices from the hearings were also heard at the global level at the 68th World Health Assembly where citizens, NGOs, health ministers, and government delegates came together for a historic side event – the Assembly’s first ever Global Citizens’ Dialogue. The dialogue provided a global platform for citizens to share the lessons and recommendations of the Citizens’ Hearings held at national and local levels with health ministers and government delegates, and called for these lessons to be integrated into the SDGs and updated Global Strategy frameworks.

"We hope that what is taking place this evening is going to be the beginning of a very different World Health Assembly in the future. Now that this has happened it cannot stop. We cannot now turn back the tide of strengthening accountability for what takes place in this building every year, and you [the participants] are the beginning of that change, that historic, ground-breaking change."

Richard Horton, Chair of the May 2015 Global Citizens’ Dialogue, and Editor-in-Chief of The Lancet

The Global Citizens’ Dialogue recognised that the Citizens’ Hearings mark the emergence and intensification of a movement of social accountability; holding feet to the fire of the people that have the power to make a high standard of women’s, children’s and adolescents’ health a reality. It noted that accountability is not a one-off event, but something constant; these processes are opening and strengthening chains of accountability to address barriers, identify solutions, and drive progress.

Representatives from the Citizens’ Hearings in Tanzania and Indonesia shared messages from the district- and national-level discussions, alongside ministers of health. A ward councillor who had participated at the Citizens’ Hearing in Tanzania, Mwajuma Hatibu Sempule, recounted that many issues were discussed in the hearings, including long distances to access health services, lack of staff, and the lack of transport to higher-level health facilities. She noted, ‘We realised that citizens’ voices were important to reach solutions so we have to make sure that citizens are involved in solving the problems facing the people. We realised that everyone had a role to play’.

A key focus of the Citizens’ Hearings process has been to provide feedback on global activities to citizens who have taken part in the hearings. For example, in Uganda, information on the discussions from the hand-over to the United Nations Secretary-General and the Global Citizens’ Dialogue has been shared with participants of the district hearings through face-to-face meetings and radio broadcasts. Citizen leaders have also met with politicians who made commitments at the hearings to follow up on their progress.

The hearings held to date in 2015 must now be institutionalised through inclusive, participatory accountability mechanisms in order to ensure citizens’ voices are systematically incorporated into health-care delivery, review and reform.
The vast majority of Tanzanian children are rarely asked about their opinions in decisions that affect them at home, at school, or in their communities. Children understand their rights, and through our work at existing children’s councils we had a chance to participate in a Citizens’ Hearing in Tanzania at district level. In Handeni, where I live, there is a children’s council and I’ve been a member for three years now. Apart from other key activities that we work on such as the new Tanzania constitution and advocacy with parliamentarians to allocate more resources for children at the national level, this is the first time that we as children have been given a chance to discuss health issues at different levels, from district to national and global.

Children have the right to participate in all the issues that concern their life and development. In Handeni, the organisers of the Citizens’ Hearing approached us to explain how the Citizens’ Hearing works and how important it was for us to participate. After that, they organised a consultative meeting, explained the issues around maternal, newborn and child health and asked children to give their opinion. Later on, we had the chance to participate in the Tanga Citizens’ Hearing, Tanzania together with adults – community representatives, health workers and government officials. We could then bring our issues on behalf of children in Tanzania. The process went on with the National Citizens’ Hearing that was aired live on TV and finally the Global Citizens’ Dialogue at the World Health Assembly in Geneva, where I represented children from Tanzania.

In Geneva, I spoke about the health of mothers and children in my country and about the Citizens’ Hearings we had held in Tanzania. I highlighted that the lack of health education available to children was an important issue in our hearing. I also spoke about the Tanzania Marriage Act of 1971, which allows 15-year-old girls to marry if they have the consent of their parents, preventing girls from accessing their full education and causing many other problems including health as the girls are not ready to be mothers.
RECOMMENDATIONS FROM THE CITIZENS’ HEARINGS

The recommendations made by citizens across the Citizens’ Hearings reflected the challenges and opportunities of each context, in line with the extensive knowledge and experiences of citizens. However, many common areas of recommendations emerged across these different contexts and can be grouped into four areas for action. These areas for action highlight policy priorities, both in terms of improving health systems as well as the establishment of a broader enabling environment for RMNCAH. In addition, the areas for action underscore the importance of accelerated implementation of government policy on the ground and, most crucially, the mechanisms of citizen participation necessary to transform the delivery of the RMNCAH agenda.

1. **Build stronger and more accessible health systems to deliver RMNCAH**

1.1 *Increase the provision of skilled health workers through recruitment, training and incentives*

The importance of having a sufficient number of trained health workers was raised as a key priority across the hearings in Tanzania, India, Cambodia, Nepal, Bangladesh, Mali, Kenya, Malawi, Sierra Leone and Mauritania. As noted in India, the role of midwives and nurses is ‘critical in preventing maternal deaths and therefore it is vital to improve their competence and skill sets’. Recruitment, training, motivation and retention of health workers is ‘critical to the provision of quality care’ (Uganda). Citizens at the hearings in Nepal, Mali and Mauritania stressed the importance of increasing the number of health personnel at community level, including through the provision of incentives.

*The government needs to provide important services like health as no one can do anything in this world unless they are healthy. We can’t afford to see our loved ones dying when these deaths can be avoided. We need a health centre nearby.*

Cephas Mwansa of Ngoma village, Citizens’ Hearing, Zambia
1.2 Ensure that health systems provide the full range of RMNCAH services, with functioning facilities and integrated health services

The hearings broadly identified three areas in which health systems need to be strengthened in order to deliver for women, children and adolescents.

The first area is focused on the need to scale up the full range of RMNCAH services (Uganda, Indonesia), particularly universal access to sexual and reproductive health services (Tanzania), including family planning (Nigeria, Nepal) and safe abortion (Nepal), antenatal, postnatal care and immunisations (Nepal, India), and emergency obstetric care (India, Tanzania). The hearing in India recommended the comprehensive implementation of the government’s commitment to roll out ‘Birth Preparedness, Complication Readiness’ mechanisms, to ensure guidelines on paper are used on the ground.

Secondly, the hearings identified the importance of properly functioning health facilities, including blood banks (Tanzania), medicines and supplies (Tanzania, Sierra Leone, Uganda), a secure stock of drugs (Lesotho, Sierra Leone), reproductive health commodities (Sierra Leone), modern equipment and materials (Cambodia, Uganda), piped water and electricity (Uganda, Sierra Leone), ambulances (Tanzania and Malawi) and transportation (Cambodia), waiting rooms and food for carers (Cambodia), as well as breastfeeding areas (Bangladesh).

Finally, further integration of health services was raised as an important way to strengthen health systems, such as the provision of free, treated mosquito nets during antenatal care visits and after delivery (Mali), and linkages to other services such as for HIV and AIDS (Uganda) and non-communicable diseases such as cancer (Cambodia, Uganda). Citizens also highlighted the importance of improvements in the referral system (Uganda).

"If citizens are not given an opportunity to speak, as is being done here at the Citizens’ Hearing, leaders will not be able to identify the actual problems facing citizens."

Dr Juma Mfangwa, District Medical Officer, Muheza District Citizens’ Hearing, Tanzania
Ebola: Delivering RMNCAH services in emergency settings

Prioritising social services, such as health and education, must be part of any crisis response in order to ensure the continued availability of essential services and to build resilience. The inclusion of citizens in decision-making structures should not stop in an emergency, when elevating citizens’ voices is vital to ensure response efforts are effective. Citizens must be integrated into response planning, coordination and accountability processes in order to improve service provision.

In contexts such as Sierra Leone, still recovering from the Ebola outbreak, the Citizens’ Hearings provided an important forum for government representatives to listen to the communities’ – including children’s – recommendations and to act upon the remaining challenges. Citizens have been on the front line of the emergency response, working in communities to promote safe behaviours to prevent transmission. At the hearing, citizens recommended training for health workers in specialised health emergencies, full access to safe water and improved sanitation, the provision of adequate medical supplies, increases in school enrolment rates, and the inclusion of information on diseases such as Ebola in curricula. Specifically, they called for the development of a scheme to ensure citizens directly affected by Ebola are protected and cared for. In addition, citizens highlighted the importance of involving citizens in the monitoring of health services and building robust social accountability systems to increase feedback loops.

1.3 Ensure access for all by removing financial barriers to health care.

The hearings identified that more must be done to enable citizens from lower socio-economic groups to access RMNCAH services without discrimination. All women and children should be able to access such services and effectively benefit from social protection (South Africa). In Cambodia, citizens highlighted the importance of the Health Equity Fund in this regard, and the need to ensure it is accessible. Similarly, in Indonesia, citizens urged that universal health coverage must include access for marginalised groups, including those on low incomes.

The removal of financial barriers, such as user fees for some or all services, was demanded in Bangladesh, Niger, Mali, Mauritania, Nigeria and Sierra Leone, including through the implementation of existing initiatives for free care (Sierra Leone and Niger). In Cambodia, citizens highlighted the importance of transparency around the user fees that are in operation, urging ‘user fee rates at public health facilities must be posted and visible to the clients, their families and the community to avoid staff overcharging patients.’

Now people bear 64 per cent of the expense for health services, which often pushes people down below poverty level.

Dr Arefin Omar Islam, Chair to the Executive Committee of White Ribbon Alliance at the National Citizens’ Hearing, Bangladesh

1.4 Increase access for children and youth and other marginalised groups.

Involving children and youth in the hearings was paramount to bringing their voices to the attention of all the other participants, including government representatives.

A call for improvements in child and youth-friendly health services was highlighted in a number of the hearings, particularly by young participants themselves (Tanzania, South Africa, Cambodia, Uganda), by providing information on puberty, advice and access to reproductive health services and quality counselling services (Cambodia).
The services available for adolescents at health centres are limited. Even the term “adolescent” is not included in the existing community network.

Governor of Bakan District, at the Pursat Province Citizens’ Hearing, Cambodia.

Critical to achieving this end is the greater involvement of children and youth in participatory accountability mechanisms, whether at health facilities or in setting the global development agenda (Nigeria). This should be supported by policies to enable adolescents and children to enjoy their fundamental rights, particularly to health (Bangladesh, Mauritania, Lesotho, Sierra Leone, Nepal, South Africa). Services should include children, including the most marginalised, through effective targeting (Niger) and education programmes (Nepal).

My advice to all government leaders is that they should involve the community in the planning and construction of all health centres.

Sharon Ngowi, schoolgirl at the Muheza District Citizens’ Hearing, Tanzania.

Involving children and youth in the Citizens’ Hearings: Citizens’ Hearing in Koeneng, Lesotho

The district-level hearing in Koeneng, Lesotho took an intergenerational approach through the Children’s Parliament. This parliament allows children to lead on advocacy activities on a variety of issues such as education, health and disaster risk reduction. Local representatives of the ministries of health and education were invited to receive information on the children’s needs and recommendations on health and nutrition.

Over 250 children attended the hearing. The main objective was to engage ministry representatives, village chiefs, councillors, health practitioners, faith leaders, community-based organisations, children and their families in a dialogue about issues that directly affect children and their community.

The children and their parents made the following recommendations to the local governing bodies present:

- Organise regular community meetings to sensitis people to the importance of giving birth at a clinic, eating well and washing hands before handling food.
- Ensure regular outreach to remote communities for the households who cannot afford to travel to a clinic to immunise their children.
- Avoid drug stock outs in health facilities and increase the number of qualified health personnel.
- Rehabilitate the roads to make health services more accessible to communities.

The citizens’ recommendations were heard by the ministry of health representative, who committed to establishing a tracking tool to avoid future drug shortages, and to improving the road infrastructure to give communities better access to health facilities. The children have pledged to follow up on their recommendations and the leaders’ commitments with the relevant ministries.

Local initiatives are taking place for children to participate in decision-making processes, but much more needs to be done to leverage their voices and bring their recommendations to the national level. Children-generated data should be used to inform decisions taken at both the local and national levels.
If you are pregnant and you happen to experience complications on the day when the mobile clinic is not there, it is highly likely that you might lose your baby especially if you cannot hire a car to take you to the nearest hospital.

Women’s Group citizen representative at the National Citizens’ Hearing, South Africa

The most important thing is to improve our infrastructure, it takes a lot of time for mothers to reach health centres.

Seif Saidi, child at the Handeni District Citizens’ Hearing, Tanzania

1.5 Ensure access to RMNACH services for rural communities

Increasing the accessibility of health-care services for rural populations was a significant issue raised at the hearings in Cambodia, Indonesia, Ghana, Malawi, Mali, Bangladesh, Kenya and Zambia. To aid this effort, citizens called for more health facilities closer to communities (Kenya), including increasing the availability of community-level emergency obstetric and newborn care services at health centres (Uganda). Citizens at the Zambia hearing called for more rural health centres for childbirth, as well as antenatal, postnatal and immunisation services. Improvements in road infrastructure (Malawi) and provision of transportation (Cambodia) were also recommended. The citizens at the hearing in Indonesia highlighted the importance of realising universal health access for mothers, children and adolescents living in remote borders and islands. Citizens at the hearing in Bangladesh suggested the use of E-health services for those living in remote areas.

1.6 Effectively regulate private health providers and companies that have an impact on women’s, children’s and adolescents’ health

The Citizens’ Hearing and focus group discussions in Cambodia raised issues of malpractice in the private sector, urging the government to enforce better regulation to ensure quality of RMNCAH service provision for patients. The role of the private sector more broadly was raised in Indonesia, in relation to the importance of positive environments in the workplace to support nutrition, maternal and child health. For example, citizens recommended that companies should provide special rooms for lactating female workers and ensure the fulfilment of women’s reproductive rights. The role of companies in promoting RMNCAH amongst consumers was also raised, in particular when it comes to abiding by the code of marketing breast milk substitutes (Indonesia).

“Maternal, child and adolescent health is our shared responsibility. We need reliable regulations from central government to district government, and to villages. The private sector should also demonstrate greater responsibility in health, through government regulation.”

Rini, citizen at the Asahan District Citizens’ Hearing, Indonesia
2. Create better linkages across sectors, programmes and ministries in order to build an enabling environment for RMNCAH

2.1 Increase community awareness and outreach to promote access to RMNCAH services and good nutrition and hygiene practices

Once health systems and services are in place, it is vital to work with communities to ensure they are utilised, including increasing the number of births at health facilities. The hearings recommended the use of outreach services to refer pregnant women to clinics and provide health education (Tanzania, Bangladesh and Lesotho) on a regular basis. At the hearing in Zambia, traditional leaders agreed to play a role in supporting the uptake of health services in communities. Citizens also highlighted the importance of behaviour change, particularly in rural areas (Niger). The hearing in Lesotho itself was acknowledged by citizens as an example of the kind of community outreach that provides a critical forum to discuss the importance of accessing RMNCAH services and the importance of good nutrition and hygiene practices.

I will table a request before council meetings to ensure that we come with a strategy which will aim at informing citizens on safe motherhood and establish bylaws and plans which aim to educating citizens through our community meetings.

Hamisi Joseph, Councillor, Kwagunda Ward, Korogwe District Citizen’s Hearing, Tanzania

Citizens at the hearing in Mali pointed to the role of awareness-raising activities to change attitudes and behaviours and promote essential practices to fight malnutrition, promote family planning and encourage women to attend community health centres for delivery.

Citizens in Nepal, Nigeria and Uganda called for rights education on RMNCAH to enable communities, including women and children, to understand their rights to quality health services and to lay the foundation for citizens to demand greater accountability.

2.2 Achieve gender equality and realise women’s rights in order to enable women to demand access to health care

Citizens spoke of both the importance of further strengthening women’s rights to quality maternal and reproductive health care (Nigeria), for example by including a woman’s right to safe motherhood in the constitution (Tanzania), and the need to strengthen women’s rights more broadly (Nepal). Elevating the position of women in society through the realisation of their rights is both a critical end in itself and an important means by which to improve women’s health outcomes through greater autonomy over access to health-care services for themselves and their children.

The hearing in India urged greater efforts to make gender equality an integral component of the national political agenda, including through the adoption of gender budgeting. The need for action and legislation to end child, early and forced marriage was also identified (Indonesia and Bangladesh), as well as the need to galvanise male champions to support pregnant women to seek health care in time (Uganda, Malawi).

It is important to ask whether women’s voices have been heard. The gender agenda has to have a political voice.

Yamini Mishra, UN Women, at the National Citizens’ Hearing, India
2.3 Ensure linkages with other relevant areas such as education and agriculture

Reflecting on the importance of increasing child and youth access to RMNCAH services, citizens noted the need for a multi-sector focus through links to education (Nepal) as well as nutrition (India, Zambia). Examples included integrating information into school activities and curricula in order to improve students’ awareness and understanding of health issues (Cambodia and Bangladesh). The importance of education was also highlighted at the hearing in Sierra Leone – from building new schools to training more teachers and monitoring the school environment.

The hearings also called for improved cleanliness and sanitation practices, for example, with vendors observing safe food practices (Cambodia), action to end sexual abuse (Cambodia) and the realisation of the right to safe water (Sierra Leone). Cross-sector collaboration with other ministries and departments such as public works and industry was also identified (Indonesia).

There is a need for hygienic latrines for all households, especially among poor families and in schools. Access to clean drinking water is very important to reduce diarrhoea, especially among children.

Mariam Omari, citizen at the Handeni District Citizens’ Hearing, Tanzania

3. Drive forward the implementation of the RMNCAH agenda

3.1 Commit to, and deliver, more financial resources for women’s, children’s and adolescents’ health, and make spending levels transparent and accessible for all citizens through citizen oversight

The Citizens’ Hearings in Tanzania, Mali and Uganda all highlighted the importance of financial resources for RMNCAH. This is critical in order to meet health budget targets such as the Abuja target for AU countries to spend at least 15 per cent of the annual government budget on health as highlighted at the hearings in Mali and Mauritania. Alongside domestic financing, more predictable international aid flows are also critical to ensure long-term investment and planning for RMNCAH (Tanzania, Indonesia).

Although I am on my village health committee, I didn’t know there was a budget for mothers at our dispensary. I will now ask questions of those in charge.

Mariam Omari, citizen at the Handeni District Citizens’ Hearing, Tanzania

To support this, increased transparency and space for civil society is necessary in order to monitor spending levels (Tanzania, Nepal). Beyond the national level, transparency is also critical at the local level, where, for example, council income and expenditures should be placed on health facility notice boards for citizens to track performance (Tanzania).

There should be an open and participatory budgetary process, in order to be clear about everyone’s roles and ensure accountability. There should also be a report to citizens about the revenues and expenditure of every health budget.

Citizen at the Handeni District Citizen’s Hearing in Tanzania.
3.2 Invest in measures to support better data collection to measure progress on policies for RMNCAH and to ensure this data is transparent and accessible for all citizens

The hearings highlighted that further information is needed to monitor health and mortality rates so that health systems are able to respond to local health needs (Nigeria). Making information available to all citizens is an essential part of strengthening transparency and accountability for RMNCAH (Tanzania). It is critical that this data is made available to citizens in a timely and transparent manner, for example through monitoring reports (Mauritania) in order to ensure citizens are able to take stock of progress and challenges and identify bottlenecks. In addition, the hearing in Bangladesh raised the importance of registering births as a means of preventing child marriage.

Government should analyse and publish the available data so more people know the limited number of health facilities and workers. The district department of health in my area is not good enough, and any existing online data is hard to find. The results of the government’s work should be made available.

Carolus Hera, Timor Tengah Utara District Citizens’ Hearing, Indonesia

3.3 Facilitate effective coordination of all actors engaged in RMNCAH at local, national and global levels through structures and work plans

Citizens demanded better coordination of the actors engaged in RMNCAH in the hearings in Tanzania, Niger, Nepal, Sierra Leone, Bangladesh and Mauritania. Structures such as coordination committees across sectors, led by the ministry of health (Mauritania) were proposed, in addition to the elaboration of a concrete plan outlining government commitments for RMNCAH across departments (Niger). Citizens at the hearings in Tanzania highlighted that councils need to strengthen their supervisory role in making sure all health policies, regulations and guidelines are properly translated into action, and that leaders in local and central government should work together to improve RMNCAH services. Citizens called for the decentralisation of power to regional (Mauritania), district and local levels (India) to ensure that RMNCAH plans address the needs of the community and include the voices of citizens (Niger, Nepal).

4. Establish mechanisms for inclusive, participatory accountability systems for RMNCAH at local, national and global levels that are driven by citizens’ voices and citizen-led evidence

4.1 Institutionalise the citizens’ hearing process for RMNCAH

Across all the hearings, citizens united on the critical importance of participatory accountability systems that include the voices of citizens and civil society from the village level through to the global level. This is the basis for a human rights-based approach to health, where governments as duty bearers have the full responsibility to ensure the rights of citizens to receive health services and information, and citizens are entitled to demand the fulfilment of their rights (Indonesia). Such systems should be open for the participation of all groups, including minority groups (India).

Specifically, this was highlighted as a fundamental principle to be included within the updated Global Strategy accountability mechanisms and SDGs (Uganda, Nigeria) both at global and national levels ‘to allow citizens to participate in country implementation of the SDGs’ (Nigeria). The Sierra Leone hearing also called on international development partners to involve civil society in decision-making processes in programme planning, coordination and implementation at national, regional and global levels. This is key to ensuring national and international policies of RMNCAH are informed by citizens’ priorities (Tanzania).
We need to empower citizens to demand fulfilment of entitlements and quality health services.

Dr Rakesh Kumar, Joint Secretary, Ministry of Health and Family Welfare, at the National Citizens’ Hearing, India

Proposals for national-level participatory accountability platforms included high-level councils for maternal, newborn and child mortality (Mali), a National Human Rights Commission holding periodic meetings (Nigeria), and the use of monitoring reports (Mauritania). At the local level, the formation of small ‘follow-up’ committees were proposed at village and ward levels (Tanzania) in addition to engaging with local leaders (Malawi), district assemblies (Malawi), commune councils (Cambodia) and ward development committees (Nigeria) to allocate funds for RMNCAH. It is essential that these bodies have a strong supervisory and monitoring function to translate policy into action (Tanzania).

Citizens play an important role in guaranteeing the sustainability of development efforts by holding governments to account in financing the policies and implementing promises in ensuring access to quality nutrition and health services for mothers, children and adolescents.

Citizen at the National Citizens’ Hearing, Indonesia

The hearings in Sierra Leone, Nigeria and Bangladesh recommended that resources must be made available for organisational capacity building to support participatory monitoring, while the hearing in India noted the important role the media can play in providing a platform for civil society to hold leaders to account to deliver on promises for RMNCAH.

Citizens, you need to organise yourselves to form a health centre advisory committee that will engage my office on maternal and newborn health issues.

Dr Matchaya, Blantyre District Health Office, National Citizens’ Hearing, Malawi
4.2 Support social accountability initiatives at health-care delivery level

Citizen participation in assessing the quality of services at health facility-level was also recommended by citizens across the hearings. It is essential to ensure citizens know what is available at health facilities (Uganda) and to ensure gaps or grievances in health service delivery can be addressed (India, Sierra Leone) through the establishment of feedback mechanisms (South Africa) and monitoring systems (Bangladesh).

“There needs to be greater investment in strengthening and empowering citizens.”

Smita Bajpai, White Ribbon Alliance Rajasthan, at the National Citizens’ Hearing, India

“Reporting and complaint flows are confusing... Communities cannot find the channel to deliver their complaints.”

Citizen at the National Citizens’ Hearing, Indonesia

Citizens recommended that user-friendly, simple, quality assurance tools should be developed for communities to track service delivery in their areas (India, Nigeria), for example through the use of scorecards (Tanzania) and questionnaires (Nigeria). Citizens in Malawi also recommended that elected health advisory committees be established and strengthened to oversee health facility operations. Such committees are present in many countries but often inactive.
The Citizens’ Hearings mark the start of a ground-breaking movement that underscores the rights of citizens to participate in the agenda for women’s, children’s and adolescents’ health – from setting priorities and reviewing commitments to monitoring and reforming service delivery for RMNCAH. They have confirmed that greater support is needed from all stakeholders to achieve a step change in RMNCAH by bringing together all groups of citizens, NGOs, leaders and journalists with political leaders, parliamentarians, councillors, health professionals and policy experts.

But they must not end here.

As governments implement the RMNCAH targets in the SDG framework and commitments to the updated Global Strategy, they must:

- Reflect citizens’ voices on the priority policies and actions needed for progress on RMNCAH, including the recommendations from the Citizens’ Hearings.

- Establish robust, participatory accountability mechanisms at local and national levels that strengthen citizens’ voices in the setting of priorities, reviewing commitments, and monitoring and reforming the delivery of the RMNCAH agenda.

- Support the call for independent, participatory accountability mechanisms at the global level to monitor the implementation of SDG targets on RMNCAH and the updated Global Strategy with citizens’ voices at their core.

Specifically:

Across the hearings, citizens and decision makers have called on (i) frontline health service providers, (ii) local authorities, (iii) district-level governance structures, (iv) governments, including and beyond ministries of health, (v) and the international community, including donors, to:

1. Build stronger and more accessible health systems to deliver RMNCAH by:

- increasing the provision of skilled health workers through recruitment, training and incentives;

- ensuring that health systems provide the full range of RMNCAH services, with functioning facilities and integrated health services;

- ensuring access for all by removing financial barriers to health care;

- increasing access to health care for children and youth and other marginalised groups;

- ensuring access to RMNCAH services for rural communities;

- effectively regulating private health providers and companies that have an impact on women’s, children’s and adolescents’ health.

2. Create better linkages across sectors, programmes and ministries in order to build an enabling environment for RMNCAH by:

- increasing community awareness and outreach to promote access to RMNCAH services and good nutrition and hygiene practices;

- achieving gender equality and realising women’s rights to enable women to demand access to quality health care;

- ensuring linkages with other relevant areas such as education and agriculture.
3. Drive forward the implementation of the RMNCAH agenda by:

- committing to, and delivering, more financial resources for women’s, children’s and adolescents’ health, and make spending levels transparent and accessible for all citizens through citizen oversight and participatory budgeting;
- investing in measures to support better data collection to measure progress on policies for RMNCAH and to ensure this data is transparent and accessible for all citizens;
- facilitating effective coordination of all actors engaged in RMNCAH at local, national and global levels through structures and work plans.

4. Establish mechanisms for inclusive, participatory accountability systems for RMNCAH at local, national and global levels that are driven by citizens’ voices and citizen-led evidence by:

- institutionalising the Citizens’ Hearings process for RMNCAH at local and national levels, such as through village committees, commune councils, district assemblies and national accountability structures, and providing resources to support civil society and citizen participation;
- ensuring citizens’ voices are integrated into the global-level accountability mechanisms for the SDGs and updated Global Strategy so that the citizen-led evidence and recommendations raised at Citizens’ Hearings and other local and national participatory accountability processes forms an essential part of the global accountability process. Citizens’ voices should be strongly integrated into the review processes of the UN High-level Political Forum;
- supporting social accountability initiatives at health-care delivery level by supporting the capacity of local groups to use social accountability tools (such as community scorecards, citizen report cards, social audits, citizens’ charters, participatory budgeting, citizens’ juries, community radio) alongside the establishment of grievance mechanisms in health centres;
- guaranteeing space for a global dialogue on RMNCAH at the World Health Assembly and other RMNCAH global policy-making spaces as a formal part of the agenda every year and providing financial resources to enable citizen participation.

Now is the time for an inclusive approach to the delivery of the RMNCAH agenda, which involves citizens in the setting of priorities, reviewing commitments, and monitoring and reforming service provision.

ENDNOTES


CITIZENS’ HEARINGS: BANGLADESH

A total of six Citizens’ Hearings were organised by White Ribbon Alliance and World Vision in Bangladesh in April 2015, in Khulna, Mymensingh, Joypurhat, Cox’s Bazar, Bhandaria and Dhaka. Various groups, from NGOs and civil society, child forum leaders, teachers, local government representatives and community leaders through to government officials, academics, journalists, and religious leaders all took part in the hearings.

The issues discussed at Citizens Hearings’ included the need for action on child marriage, the current lack of resources at health facilities, the scarcity of physicians, the lack of awareness of RMNCAH in rural areas, poor accountability of health service providers, and the role of the media.

RECOMMENDATIONS

• There should be a strict monitoring system in place to watch over the functioning of community clinics. Lack of resources and the poor accountability of community clinics sometimes discourage people from attending them. There should be a qualified doctor at every community clinic at least once per week. The government should focus on improving existing clinics and community groups should be activated and strengthened to increase the accountability of health-care facilities.
• Enhance the accountability of health officials.
• Take action to increase institutional delivery through community skilled birth attendants and the establishment of child-friendly and breastfeeding spaces and establish a severe acute malnutrition corner in every regional and district-level hospital (Mymensingh).
• Special day-care programmes should be introduced in the garment sector where a large number of women work in close proximity.
• Nutrition, child and maternal health issues need to be included in curricula of schools and madrasas because teachers play an important role by teaching students about healthy living and proper nutrition.
• Special programmes should be provided for indigenous people and those who live in hilly areas, the coastal belt and char areas.
• The poor should be provided with a health card to enable them to get free treatment while those with money should bear the expense for their treatment.
• Every woman and every child should receive free access to treatment, health, nutrition and other needs.
• Increase coordination between ministries and with NGOs around child and maternal health issues (Bhandaria hearing) for example through accountability mechanisms comprised of health service users, physicians, researchers, government, and civil society representatives, including media personnel and public representatives (Dhaka hearing).
• Ensure better responsiveness to irregularities in health service provision.
• Comparative studies should be conducted to estimate a fair budget allocation for the health sector. Citizens will need to gather information and findings from across society and disseminate this.
• Parliament will be the central force driving the implementation of the SDG targets in the health sector. The parliamentary standing committee on health can make the government and the health ministry accountable by conducting similar hearings in the parliament.
• Lawmakers should pursue the need for an increased budget allocation for the health sector.
• Qualitative analysis of the budget expenditure should be prioritised to assess the progress of government programmes.
• We must ensure accountability of the NGOs in the health sector.
• Child marriage has a direct bearing on women’s and children’s health. Therefore greater efforts are required to reduce the child marriage rate, including introducing a national database for birth registration.
• Ensure discussion about child and maternal health in every faith-based institution so that people become aware of these issues
• Ensure health insurance for every citizen (Joypurhat hearing).
• Launch E-health services (skype, other forms of telemedicine)
• Ensure food safety and security. Strengthen measures to control foods that threaten child and maternal health
• The media should help create public awareness on women’s and children’s health.
• Increase accessibility of health services and increase human resources for health services.
• Increase budget allocation (10-15%) on health issues, especially women’s and children’s health issues.
• Strengthen community groups and support groups for ensuring the availability of health services at primary level.
• Ensure well-functioning community clinics with doctors.
Citizens’ Hearings in Cambodia were organised by the Reproductive and Child Health Alliance Cambodia (RACHA). On 20 March 2015, RACHA conducted a hearing involving 33 representatives from 28 local and international health NGOs in the capital, Phnom Penh. This was followed by two consultations on 29 and 30 April 2015 in Pursat Province: one in Boeung Bath Kandol Health Center in Bakan Operational District (OD); and one in Sampov Meas OD of Pursat Province. RACHA involved citizens from diverse contexts in order to gather a representative sample of perspectives.

Participants included members of the National Parliament Assembly for Pursat Province, the Department Director for the Ministry of Health, the Bakan District Governor, the Deputy Director of Provincial Education, Youth and Sports Department, representatives from various provincial government departments, the Bakan Operational District (OD) Chief, the Sampov Meas OD Chief, community and town leaders and village chiefs, members of the Commune Council for Women and Children (CCWC), Achars (clergy/Buddhist Pagoda Manager), Village Health Support Groups (VHSGs), teachers, citizens, students and youth groups, and representatives from lesbian, gay, bisexual, and transgender (LGBT) groups.

There is a need for multi-sectorial collaboration among public, private and civil society to work together to support the health of women and adolescents by improving working conditions, regulations, and compliance to national and international standards in export garment factories and in other workplaces. Access to health information and services among the workers must be looked into and child labour must not be allowed.

Representative from the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation
**RECOMMENDATIONS**

- Commune Councils should allocate funds for maternal, newborn, child, and adolescent health within annual commune investment plans. They should include members of the community to implement priority areas and monitor progress.
- Functioning health facilities are needed with an adequate number of trained staff, waiting rooms, rooms for post-delivery patients and food for family members. Modern equipment and materials are needed to encourage women to come to health facilities and diagnose and check for non-communicable diseases such as cancer so that patients will no longer be required to go to multiple facilities.
- More transport vehicles are needed to get pregnant women and other emergency cases from the village to the health centre or referral hospitals.
- Health care should be: available, acceptable, and affordable to the majority of people, and of good quality. Quality healthcare should include: positive interpersonal aspects such as attitude of care providers toward the patients; comfortable, clean, and private amenities; appropriate technical aspects of care including effective counselling and a sufficient number of health staff; and an adequate supply of clean water. This should be supported by the provision of health information to communities. To improve the services of public health facilities, the government must increase the salaries of health staff to motivate them to work efficiently and stop them from engaging in private practice during working hours.
- Information on clients’ and providers’ rights should be disseminated to everyone in Cambodia - health providers must respect clients’ rights and people must respect providers’ rights.
- Health care providers in the private sector need to be regulated by the government to reduce medical malpractice that causes harm to patients.
- User fee rates at public health facilities must be posted and made visible to the clients, their families and the community to avoid staff overcharging patients.
- Public health facilities must be managed like private ones: with shorter waiting times, welcoming and cheerful staff, and quality health services.
- Information about maternal, child, and adolescent health must be integrated into school activities to improve students’ awareness and understanding of general health and health issues. People (both men and women) need more information about health to improve their health-seeking behaviour.
- Poor patients should be able to access health services without discrimination, especially among those living in remote areas. A Health Equity Fund is needed for the poor with outreach on how to access financial support.
- People must be educated on environmental cleanliness and sanitation. Food vendors and other companies must observe good-hygiene practices and sell only safe foods. Organic farming should be promoted and people should be informed about the harmful effects of using insecticides on consumers’ health.
- More must be done to strengthen the implementation of traffic laws, drug-related laws, and to prosecute perpetrators of sexual abuse.

Youth groups identified the following priorities:

- More information is needed on women’s and adolescents’ health, especially about physical changes among girls going through puberty as well as information on how to access services when confronted with reproductive health problems.
- Health centres should provide youth-friendly counselling services in private rooms with confidentiality procedures in place. Services should be available for girl survivors of rape or sexual violence, such as therapy, confidential counselling, and advice on the use of emergency contraceptives as well as accessing legal assistance.
Citizens’ Hearings for women’s, children’s and adolescents’ health took place at the local and national level in Ghana in June and July 2015.

A local hearing, organised by World Vision in the Ejura district (Ashanti region), brought together around 350 participants – including children, youth, civil society organisations (CSOs), faith leaders, journalists and decision makers. Community members raised the issue of access to health facilities, having to travel to the district capital to reach services, with only irregular visits from health workers to local communities. Citizens also raised the issue of low immunisation coverage. Provincial representatives highlighted the high rate of teenage pregnancies, the inaccessibility of health facilities, poor implementation of the free maternal health policy and the inadequate supply of essential drugs.

The National Citizens’ Hearing in Ghana was hosted by World Vision and the Alliance for Reproductive Health Rights, and brought together citizens and CSOs with the Minister of Health, the Chairperson of the Parliamentary Select Committee on Health, the Director General of the Ghana Health Service, the Deputy Directors in Health, the Policy Planning Director, and other key policy and decision-makers. At the hearing, citizens discussed health barriers and inequalities in the country, assessed Ghana’s performance in relation to the health targets of the MDGs and discussed strategies to enhance women’s, children’s and adolescents’ health.

At the National Citizens’ Hearing, Alex Segbefia, the Minister of Health, confirmed that Ghana will contextualise and roll over all unmet health-related MDGs into national planning for the new SDGs that will come into effect in September 2015. He said there has been some progress to reduce infant and under-five mortality in Ghana, building on the National Health Insurance Scheme (NHIS), high vaccination coverage, increased access to effective malaria treatment and prevention, eradication of guinea worm and improved treatment for tuberculosis (TB). He noted, however, that much still remains to be done to achieve this goal in the MDGs.
Dr Afisa Zakaria, the Ministry of Health’s Director for Policy, Planning, Monitoring and Evaluation, highlighted the three delays that often affect maternal and child health: community and cultural practices, financial constraints and transportation to health facilities. She noted that a number of interventions being pursued, including a programme created to bring health care closer to communities, monitor pregnant women, providing women with the requisite knowledge for delivery, and support deliveries when necessary as well as expanding ambulance services.

At the National Citizens’ Hearing, the Policy Planning Director and Health Minister committed to implement activities to meet targets in the SDGs.

**RECOMMENDATIONS**

- Establish local health clinics, with skilled health workers.
- Provide adolescent sexual health interventions to reduce teenage pregnancies.
- Implement free antenatal and delivery services in line with existing policy.
- Establish more community-based health planning and services centres with adequate numbers of health professionals.
Each year as many as 44,000 Indian women die needlessly during pregnancy and childbirth. Official estimates place India’s Maternal Maternity Ratio (MMR) at 167 maternal deaths per 100,000 live births. White Ribbon Alliance India (WRAI) along with Centre for Catalyzing Change, the International Planned Parenthood Foundation, the Family Planning Association of India (FPA India), Plan India, Save the Children, and World Vision India, organised a National Citizens’ Hearing in order to call on citizens and government to develop an action plan to address women’s and children’s health in India.

The National Citizens’ Hearing in India took place in New Delhi on 10 April 2015, and was attended by more than 150 representatives, including civil society, journalists, government officials and citizens. Participants stressed that citizens must be empowered to demand their entitlements, and be engaged in matters that are important to their health and well-being. Accountability mechanisms must be set up to enable citizens to track commitments.

Aparajita Gogoi, National Coordinator for White Ribbon Alliance India and Executive Director of Centre for Catalyzing Change, said at the hearing, “Engaging citizens is what will take us from setting goals to actually meeting them.”

The Citizens’ Hearing highlighted the gaps in RMNCAH services, the importance of quality of care to ensure access for hard-to-reach populations, and the importance of citizens’ voices in holding health services to account as well as in planning and budgeting processes.
RECOMMENDATIONS

The following recommendations were made by citizens and civil society:

• Decentralisation of powers to local levels is essential, especially in planning and monitoring, to ensure that all plans are drawn up and implemented, meeting the needs of the community.
• Community awareness and empowerment programmes can be used to enable the community to claim their entitlements to health care and expect a better standard of quality from health services. User-friendly, low cost and simple tools should be developed for the community to track service delivery.
• It is important that marginalised and minority sections of society, including youth, are empowered and encouraged to contribute fully to development plans and schemes.
• There is a shortage of comprehensive emergency obstetric care and referrals remain inadequate at public health care facilities in India, despite positive policies in this area. This needs to be urgently addressed by the government.
• The public health system must ensure an effective citizen engagement process, for example through client feedback, to address grievances related to entitlements and public health services.
• Greater effort is needed to make gender an integral component of the national political agenda, including the adoption of gender budgeting.
• Linkages to other sectors is important: the high prevalence of anaemia amongst Indian adolescent girls and women is indicative of the poor status of the girl child. It is important that the issue of good nutrition for girls and women is highlighted.
• The role of midwives, auxiliary nurse midwives and nurses is critical in preventing maternal deaths and therefore it is vital to improve their competence and skill sets.
• The public health care system should be strengthened at the grassroots level, by increasing the number of trained health workers (including men where there are shortages in female health workers), providing quality antenatal care and postnatal care mechanisms and promoting preventive health care services such as immunisations.
• Comprehensive implementation of the commitment to ‘Birth-Preparedness, Complication Readiness’ mechanisms is necessary to ensure guidelines are used on the ground.
• Greater support is needed from elected representatives for women’s and children’s health, including for the facilities and funds needed to make services available.
• The media have an important role to play to influence public health policies and to act as a platform for civil society to make their voices heard.

"People need to be more responsive and demanding so that no mothers die in India. We need to empower citizens to demand fulfilment of entitlements and quality health services."

Dr Rakesh Kumar, Joint Secretary, Ministry of Health and Family Welfare, at the National Citizens’ Hearing, India
Focus group discussions took place in 42 Indonesian districts in February and March 2015. Positively, it was identified that in many districts and cities in Sumatra, Jawa and Sulawesi, the causes of maternal deaths and newborn mortality are starting to be addressed, alongside improved health service quality and an increased responsiveness in regional government funding. However, despite commitments for public services to include accountability mechanisms, it was found that these often still need to be implemented. The public services should build on the good examples of accountability mechanisms that have been built and managed by civil society in several districts.

The outcomes from these focus group discussions set the agenda for the National Citizens’ Hearing on 13 March 2015 in Jakarta, which was organised by a civil society coalition including Save the Children, World Vision Indonesia, White Ribbon Alliance Indonesia (Aliansi Pita Putih Indonesia), Indonesian Planned Parenthood Association (Member Association of IPPF), Muhammadiyah, and Plan Indonesia. It brought together representatives from 40 of the districts as well as government officials and civil society. Representatives from the National Development Planning Agency were invited to the national hearing to share the five-year development plan on health and nutrition. The recommendations from the National Citizens’ Hearing were then shared with the Ministry of Health, Ministry of Foreign Affairs, parliamentarians, the National Development Planning Agency and the National Family Planning Agency amongst others, to ensure a wider reach in the run up to the 2015 World Health Assembly.

“We are really grateful for the coalition’s hard work. This is a great example of civil society’s active participation.”

Ministry of Health Representative at the National Citizens’ Hearing, Jakarta
• Health services should be provided as part of a comprehensive service package across the continuum of care. Cross-sector collaboration with other ministries/departments such as education, public works, industry, creative economy, citizenship, the family planning coordination body, etc, is necessary to improve maternal and adolescent health and address the social and economic determinants of health. Action should be taken to end early marriage.

• Universal Health Coverage must include access for marginal groups, including those with limited access to health facilities and health workers such as mothers, children, and adolescents who live in remote geographical areas (borders and islands), with special needs (such as in slum areas) and with low incomes.

• While the government has acted well in preparing norms, standards, regulations and policies related to maternal and child health, this has not always translated into implementation in villages that stand on the front line of service provision. Strong political leadership alongside citizen education on their rights is essential for change.

• Development of the health sector should be seen within the human rights framework. Governments bear full responsibility for ensuring the rights of its citizens to live, to receive health services, and to receive appropriate health information. On the other hand, the citizens are also entitled to demand the fulfilment of their rights. Therefore, the participation of citizens in development planning processes is important to ensure that development programmes are designed and implemented in their interests.

• The international community can also play their part through health financing and supporting good governance, with collective support given to global development objectives.

• The role of the private sector is important in ensuring the achievement of development goals by fulfilling rights through the company’s environment and marketing. For example, companies should provide special rooms for female workers who are breastfeeding, to ensure the fulfilment of female reproductive rights and to support nutrition and child health. It is important that companies abide by the marketing code of conduct of breast milk substitutes.

• Citizens play an important role in guaranteeing the sustainability of development efforts by holding governments to account in financing the policies and implementing promises ensuring access to quality nutrition and health services for mothers, children and adolescents.
In Kenya, Citizens’ Hearings brought the community and government leaders together to listen to, and act on, the views of citizens on women’s, children’s and newborn health in two districts: Bungoma County and Tukana County.

The hearing in Bungoma County on 11 May 2015, was organised by Action 2015 Kenya and Save the Children’s EVERYONE campaign. Participants included First Lady of Bungoma County Dr Margaret Makello, Women’s Representative and Hon. Dr Reginalda Nakhumicha Wanyonyi MP, and members of Bungoma’s County Assembly (MCAs). The forum was led by children from the Bungoma Children’s Network who addressed the various county officials present on issues relating to children’s health and nutrition. The children used this forum to voice their concerns and questions on behalf of the community.

The 12-year-old Governor of the Bungoma Chapter of the Junior Assembly, Peter Kariuki, highlighted the need to have legislation on feeding programmes in the county to incentivise children to attend school. He also challenged the County Assembly members by saying “…it is not time for talk, it is time for action.” Dr Reginalda Nakhumicha Wanyonyi said “there is a difference between politics and development,” in clear reference to the need for renewed and increased efforts to tackle inequality, especially among the children of Bungoma County.

Dr Margaret Makello, representing the Governor of Bungoma County, called for child-friendly and child-focused services to support child development work. She said “there must be prioritisation in the budgeting process for education, health and nutrition of children and mothers.” She reiterated that it was a priority of the County Governor to ensure mothers’ and children’s interests are heard and addressed.

The hearing culminated in the signing of a memorandum by the participants. The memorandum contained a number of demands including child protection, legislation on nutrition, and action on the ‘Jigger Menace.’ Peter Kariuki, Governor of the Junior Assembly, presented the memorandum to county representatives, who pledged to ensure the issues raised in the memorandum would be addressed.
The second hearing was hosted by Save the Children in partnership with World Vision in Lodwar Mixed Primary School in Turkana County on 12 June 2015. Faith-based organisations, civil society organisations, and also some chiefs and sub-chiefs joined the discussions, alongside children. In the forum, the issues raised were addressed by the various officials present from the ministries of health and education.

Terry Epakan, a member of the Turkana Children’s Assembly, raised the issue of child nutrition in the area with regard to the school feeding programme. “We would like the government to consider changing the diet, as it is mostly comprised of grains which makes it hard for the health of the children in this area to remain at an optimum level.”

Eric Oyoo, the Area Manager for Save the Children in Turkana, said “We are glad that we have had fruitful deliberations and we hope that the issues that have been raised will be acted on for the good of the community and the county as a whole.” The hearing culminated with the signing of a petition listing all the issues that the citizens had raised, which was handed over to the county officials for signing.

**RECOMMENDATIONS**

- Increase the number of health workers.
- Provide health facilities that are closer to communities.
- Action should be taken to improve child nutrition, including through legislation.
- Action is needed to address public health issues such as the ‘Jigger Menace.’
Citizens’ Hearings were held in Leribe and Koeneng districts in June 2015, organised by World Vision.

The Citizens’ Hearing on 25 June in Koeneng took the form of a Children’s Parliament, enabling over 250 children to lead on advocacy activities on a variety of issues including education, health and disaster risk reduction. The main objective was to engage ministry representatives, village chiefs, councillors, health practitioners, faith leaders, community-based organisations, children and their families in a dialogue about issues that directly affect children and their community.

The child participants recognised the importance of eating three food groups and the dangers of drinking contaminated water in terms of contracting diarrhoea. During the speeches, the health personnel stressed the importance of vaccinations and also urged children to wash their hands with soap and water before preparing food and after visiting the toilet. The chief told his people that the messages they received today were of great importance and that they should pass them on to those that were not there. He further stated that pregnant women and their partners should go to the clinic and also make use of the services and advice offered.

The hearing in Leribe on 1 June brought together around 50 participants to engage children, parents and citizens on child health issues. Local decision-making bodies (chiefs and councillors), religious leaders and health facility staff participated in the hearings. The community discussed problems in accessing health facilities, drug stock outs, and the need for more health workers and improvements to the road network.

The citizens’ recommendations from the hearings were taken by the Ministry of Health representative who committed to establishing a tracking tool to avoid future drug shortages, and to improving the road infrastructure so that communities can better access health facilities. The children are following up on the recommendations made at the hearing and the leaders’ commitments with the relevant ministries.
The children and their parents made the following recommendations at the hearings:

- Organise regular community meetings to make people aware of the importance of giving birth at a clinic, eating well and washing hands before handling food.
- Ensure regular outreach to remote communities for the households who cannot afford to travel to a clinic to immunise their children.
- Avoid drug stock outs in health facilities and increase the number of qualified health personnel.
- Rehabilitate the roads to make health services more accessible to communities.
The Citizens’ Hearings in Malawi were organised by White Ribbon Alliance and World Vision, bringing together a total of 3,000 participants. The hearings built on existing structures in which communities work with members of parliament and councillors to present their health care needs, including those relating to maternal health care.

The first hearing was held in Kasungu District on 24 April 2015, in collaboration with the Ministry of Health, Kasungu District Health Office, and the National Initiative for Civic Education (NICE). The member of parliament for the area, Chief Wimbe, the Kasungu District Health Officer, and the ward councillor all participated alongside citizens at the hearing. The second hearing was held at the national level in Blantyre on 30 April at Senior Chief Somba’s headquarters and was supported by the Blantyre District Health Office. Participants at the Blantyre hearing included the Blantyre District Health Officer, the ward councillor, and Senior Chief Somba. It was broadcast live on Zodiak Broadcasting Station (Radio), enabling listeners from all over the country to participate in the hearing through text messages.

At both hearings, citizens expressed dissatisfaction with the lack of fulfilment of promises and commitments, including those that were made the previous year during election campaigns. At the Kasungu hearing, citizens engaged the member of parliament to track progress on promises he had made to build a health centre in the area. Citizens also raised their concerns with the District Health Officers in both districts, including poor services provided by health workers (mainly due to understaffing), lack and misuse of supplies, lack of infrastructure and the long distances people travel to access medical care, including basic care and emergency obstetric care.

“A health facility will be constructed in these five years - if not never vote for me again.”

Signed Hon. Madalitso Kazombo, Member of Parliament for Kasungu East Constituency
RECOMMENDATIONS

• Citizens will engage the government to make sure it prioritises their needs, including construction of health facilities and improving the road network.
• Citizens will engage local authorities (District Assembly and District Health Office) to make sure that action plans developed in conjunction with citizens are implemented.
• Political leaders (members of parliament) and local leaders (chiefs) will promote citizen-led accountability by providing guidance to citizens on how to engage government and track promises and commitments.
• At the hearing, local leaders promised to establish, strengthen, and empower accountability structures (citizens’ forums, and hospital/health centre advisory committees) to effectively engage government and be involved in maternal and newborn health policies and plans that are targeted at them.

Kasungu Citizens’ Hearing:

• The hospital should be constructed in the area as soon as possible.
• The member of parliament (MP), councillor, chiefs and District Health Office should follow up and engage the district chief’s office.
• The MP and councillor should frequently come to this area so they can discuss their campaign promises with the community.
• The MP said enough is enough; the area needs a health facility. He said he will make sure that the health facility is constructed in the area in his tenure of office, and that if he fails, people should not vote for him as a MP of the area again. The MP signed for his statement in presence of the community and stakeholders at the hearing.

Blantyre Citizens’ Hearing:

• Mpemba Health Centre should have an ambulance and adequate resources.
• Health workers should start working at stipulated civil service working hours.
• The District Health Office should deploy adequate staff to the health centre and there should be a staff on call during weekend or public holidays.
• A health centre advisory committee should be elected as soon as possible to follow up on all activities at the facility.
• The district health management team should conduct supervisory visits to the health centre.
• Every community should take part in safe motherhood issues; we should all support pregnant mothers to seek health care in time.

Jeromy Nkhambule, Kasungu District Health Officer (DHO) at the Kasungu District Citizens’ Hearing
The National Citizens’ Hearing in Mali was held on 4 May 2015 at the Centre International de Conférence de Bamako. Participants included civil society, the Minister of Health and his chief of staff, the National Directorate of Health, a representative of the mayor of the district of Bamako, the chief of staff of the Minister of Solidarity, Social Protection Services (Social Action and North Reconstruction), Save the Children, World Health Organisation, AMM (Association de Municipalités du Mali), FENASCOM (Fédération Nationales des Associations de Santé Communautaire), RECOTRADE (Réseau des Communicateurs Traditionnelles pour le Développement), National Parliament of Children, BDM (Banque de Développement du Mali), Mali Orange Foundation and RENIBE (Reseau National pour le Bien Être des Enfants).

Another Citizens’ Hearing was held on 8 May at the sub-national level in San City including the governor of Segou and local communities. In addition, 15 local citizens’ hearings were held at the community level throughout April.

During the National Citizens’ Hearing, participants were divided into different groups. Each group developed key recommendations, which were presented in plenary for adoption. Prior to these discussions, citizens discussed Mali’s progress towards MDGs 4 and 5, and the remaining challenges. In addition, during the hearing, one woman shared the difficulties she had faced during pregnancy, having to cross flooded roads during the rainy season to reach health facilities.
RECOMMENDATIONS

- Distribute free insecticide-sprayed mosquito nets and raise awareness for their use during antenatal care and after delivery.
- Make antenatal care, delivery and postnatal care services free of charge to the beneficiaries (with third-party co-payer).
- Ensure continuous training and recruitment of qualified health personnel (midwives, paediatricians, etc), including through incentives for placement in rural areas.
- Increase behaviour change communication activities and promote essential habits/practices to fight against malnutrition and preventable maternal and child deaths: including kangaroo mother care, exclusive breastfeeding, mosquito nets, family planning, skilled birth attendants in community health centres, etc.
- Facilitate the creation of revenue-generating activities.
- Inform communities and raise awareness around the benefits of health insurance.
- Create a high-level national council that fights against maternal, newborn and child mortality and mobilises the government.
- Increase the health budget to 15% by 2017.
The National Citizens’ Hearing in Mauritania took place on 4 May 2015 as part of World Vision’s Global Week of Action on ending preventable maternal, child and newborn deaths, in partnership with the United Nations Fund for Population Activities (UNFPA) and the television channel El Wataniya. The week of action was officially launched by the Secretary-General representing the Minister of Health of the Islamic Republic of Mauritania. Participants at the hearing discussed the need to accelerate progress on reducing maternal, child and newborn deaths and to promote reproductive health for adolescents.

The hearing enabled participants to:

• Discuss the maternal and child health-related global goals under negotiation, and the way these will be addressed at the national level.
• Inform the process that aims at developing national accountability mechanisms for maternal and child health in the SDGs.
• Establish a clear action plan for citizens’ participation in global and national accountability mechanisms.
• Feed into the Global Citizens’ Dialogue that took place in the margins of the 2015 World Health Assembly.

RECOMMENDATIONS

• Ensure the effective implementation of the national health development plan to accelerate progress towards reducing maternal, newborn and child deaths.
• Ensure free access to emergency obstetric care for the most vulnerable.
• Accelerate progress towards reducing maternal, child and newborn deaths in line with the Abuja Declaration (minimum 15% budget line), intersectoral coordination, and decentralisation at regional level.
• Improve coverage of essential health care and ensure equitable access by addressing socioeconomic barriers and effectively implementing subsidies for maternal care.
• Increase the number of health personnel across the country.
• Use monitoring reports to assess the implementation of government commitments.
• Create a coordination committee, led by the Ministry of Health, for all actors engaged in maternal and child health issues including communications.
• Develop a six-month common action plan with the Mauritania Scaling Up Nutrition movement with the objective of increasing the budget allocated to community nutrition.
The National Citizens’ Hearing in Nepal, held on 30 March 2015, was organised by the Safe Motherhood Network Federation (SMNF). The hearing brought together citizens with key national players such as the Parliamentary Secretariat of Nepal, Minister of Foreign Affairs and other parliamentarians to reach a common understanding on women’s and children’s health concerns. Participants discussed the SDGs and necessary accountability frameworks, resources, policy frameworks and priority programmes and projections for the government. Citizens called on the government to take the recommendations from the hearing to the SDG discussions at the UN.

The key programme objectives were to:

- Discuss the new global goals and targets for women’s rights, including reproductive rights, and women’s and children’s health and how these will be addressed nationally.
- Set out the process for agreeing national accountability mechanisms for women’s and children’s health in the SDGs.
- Develop a clear pathway for citizen engagement in accountability mechanisms at national and global levels.

Since the hearing, Nepal has suffered a devastating earthquake that has exacerbated the issues raised here and raised many more pressing concerns for women’s, children’s and adolescents’ health, including:

- Limited skilled health personnel and limited services.
- Social marginalisation and discrimination affecting access to health care.
- Unpredictable international aid flows.
- Lack of implementation of RMNCAH commitments.
- The need to address the perception that women, laws and health are separate.
- The need for parliamentarians to champion action on RMNCAH.
...we will incorporate all these suggestions and the Ministry of Foreign Affairs is committed to taking these forward.

Minister Mahendra Pandey, Minister for Foreign Affairs

RECOMMENDATIONS

- Take a multi-sector approach – e.g. links to education and age-appropriate comprehensive education.
- Introduce ways to coordinate with the National Planning Commission (NPC).
- Family planning services should be effective, through the development of district plans.
- Incorporate views of women, children and adolescents into health planning.
- Ensure an adequate provision of skilled birth attendants at sub-health centres.
- Introduce a focus on antenatal care.
- Ensure safe abortion and the reproductive health rights of adolescents is addressed within the SDGs.
- It is critical to know how to address the needs of youth – therefore their voices must be elevated in Nepal.
- Implement education programmes particularly for marginalised groups; a lack of education (on health issues and beyond) is a barrier to accessing services.
- In order to realise sexual and reproductive health and rights, it is important to inform communities on their rights and to empower women and marginalised people.
- The government needs to address discriminatory laws, particularly those affecting vulnerable groups and women.
- Reproductive health rights are challenging when there is no equality. There is a strong need to look into our social and religious contexts, and our attitudes and beliefs.
- It is important to address the rights of the child through prevention of sex-selective abortion, legal provisions, and scientific development, along with ensuring women-friendly environments.

Mr Dhana Bahadur Tamang, Secretary, Ministry of Women, Children and Social Welfare, speaking about past efforts for gender equality, stopping violence against women and improving women’s health said,

There is need for coordination amongst all stakeholders; I would like to express my commitment to this end.
The Citizens’ Hearing in Niger took place on 9 May 2015. The hearing, organised by World Vision and the Tillabery government, brought together political leaders, civil society, women parliamentarians from the Niger National Assembly, musicians, village and community heads, journalists and religious groups. The Citizens’ Hearing mobilised around 600 participants of all ages to discuss maternal and child health. Participants mobilised for a picture by making a zero with their hands: a symbol of achieving zero preventable maternal and child deaths.

In the discussion, participants raised the need for increased access to essential health services through the effective implementation of the free health-care initiative for pregnant women and children under five, for the roll out of the Integrated Management of Childhood Illness (IMCI) programme and to intensify the fight against malnutrition in Niger. The hearing was broadcast on national television and radio stations.
The government of Niger must deliver its commitment to take action to end preventable maternal, newborn and child deaths as a priority, by:

- Identifying the most vulnerable children and better targeting resources towards them.
- Increasing access to essential health services by effective implementation of the free health-care initiative and the roll out of IMCI.
- Intensifying and diversifying activities to prevent chronic malnutrition, including education and behaviour change and scaling up treatment of acute malnutrition, particularly in rural areas.
- Strengthening accountability systems that include citizen participation in monitoring and review.
- Publishing progress achieved on MDGs 4 and 5, and developing and implementing a commitment to the updated Global Strategy and the SDGs in collaboration with civil society.

Recommendations to the representatives of Niger at the 2015 World Health Assembly:

- Call for the elaboration of a concrete plan that defines the government’s commitment to maternal, newborn and child health.
- Enable participation of health service users and civil society in the implementation of this plan.
- Affirm a clear commitment of the Ministry of Foreign Affairs in favour of maternal, newborn and child health in Niger, in collaboration with the Ministry of Public Health.

During the hearing, religious leaders handed the complaints and recommendations in the form of a declaration to the political authorities present who committed to take action.
CITIZENS’ HEARINGS: NIGERIA

White Ribbon Alliance for Safe Motherhood Nigeria in partnership with Save the Children and the Population Reference Bureau held a National Citizens’ Hearing in Nigeria on 19 March 2015 to review and develop a pathway for citizens and civil society engagement in accountability mechanisms and national priority setting around the updated Global Strategy and SDGs.

The hearing brought together 125 citizens, representatives from government, the private sector, donors and women’s and children’s health professionals to develop citizen-led recommendations for national health priorities and improved accountability to RMNCAH in Nigeria. There was a strong call for an increased focus on how citizens can meaningfully engage with these issues. The next steps will be to ensure the newly elected government listen to these recommendations.

“\nThis Citizens’ Hearing is needful at this point in time and I am happy to be a part of it. Citizens are becoming well informed to hold their leaders accountable and become part of decision-making processes.\n
H.E. Hon. Justice Mary Odili, Justice of the Supreme Court of Nigeria
The following recommendations were made by citizens:

- Strengthen community-based maternal deaths surveillance and response mechanisms so that every woman who dies during pregnancy and childbirth within the community can be accounted for and the cause of her death can be identified and addressed.
- Strengthen accountability in maternal health-care delivery through the use of quality assurance/quality improvement tools.
- Establish a clear accountability framework for the updated Global Strategy. This framework should incorporate social accountability and budget tracking.
- Implement legislative policies that will ensure respectful maternity care, to uphold the dignity and rights of women during pregnancy and childbirth.
- Remove financial barriers to maternal and child health care encountered at service delivery points. Such barriers include user fees and purchase of consumables for childbirth.
- Scale up rights education in RMNCAH to enable women to understand their rights and demand them.
- Ensure effective service delivery at health centres.
- Educate citizens on the tools and strategies that will enable them to engage the government in RMNCAH social accountability and budget tracking.
- Provide platforms where citizens can engage with the government, advocate for better quality care and channel concerns about the quality of care received in both public and private health care facilities.
- The government should hold a Citizens’ Hearing in collaboration with civil society on a quarterly basis. Ward development committees should be strengthened to monitor progress at the community level and address gaps identified in government-led interventions.
- Civil society and the National Human Rights Commission should have periodic meetings to share government commitments to citizens and educate them on their rights and entitlements.
- Civil questionnaires should be created in hospitals for citizens to document their experiences and be collated by citizens and forwarded to appropriate channels (parallel to a government mechanism).
- Ensure universal access to family planning.

Specifically on SDGs:

- Incorporate accountability as one of the SDGs to emphasise civic participation in governance and accountability.
- Institute mechanisms that will allow citizens to participate in the country-level implementation of the SDGs.
- Incorporate mainstream environmental sustainability into the SDGs.
- Ensure youth involvement is an important part of the process in reproductive health in the updated Global Strategy and SDGs.
- Establish an accountability framework alongside every commitment made.
- Ensure a strong link between civil society representatives and parliamentarians for continuous dialogue.
- A good communication structure should be created in the new SDGs where citizens can voice their complaints and experiences.
- We can’t hold leaders responsible for what we don’t know; knowledge dissemination should be a strong component of accountability mechanisms.
- Include a goal to curb issues affecting adolescents globally especially in Africa which has the largest youth population in the world relative to other regions.
Civil society organisations (CSOs) including World Vision, Save the Children, Health for All Coalition, Health Alert, and WASHNET convened more than 800 participants across Sierra Leone in 12 district hearings and a National Citizens’ Hearing. Citizens, trade unions, market associations, drivers associations, women’s groups, children’s forums, faith communities, and state actors at both the district and national levels, met with government representatives to assess the progress made by the government towards the MDGs. Citizens shared their visions and recommendations for women’s, children’s and adolescents’ health with government officials.

An assessment of the progress made towards MDGs 2 (education), 4 (child health), 5 (maternal health) and 7 (environment) in Sierra Leone was developed by citizens – including children - and presented at the National Citizens’ Hearing as background to the discussion. Civil society participants pledged to engage with the government and hold leaders to account on commitments made to expand access to health, water and sanitation. In advance of the hearings, CSOs worked with the government and other stakeholders to galvanise support for the hearings, including from the Deputy Minister of Social Welfare, Gender and Children’s Affairs, the finance and health ministries and other ministries, departments and agencies, who each shared information on how their respective agency had contributed to the MDGs.

At the hearings, government representatives listened to citizens’ recommendations, acknowledging the challenges that remain, and highlighted the government’s post-Ebola recovery plan as a first step towards stabilising key sectors, including health and education, after the Ebola outbreak.

As a follow-up, the citizens’ recommendations will be printed in the newspapers, presented to the Health Committee in parliament and accompanied by a jingle.
The citizens of Sierra Leone recommend that the government should invest in its citizens’ equitable access to healthcare, education, social protection and support livelihoods during the Ebola recovery and the Agenda for Prosperity by:

- Involving ordinary citizens in development planning, coordination and decision-making processes to improve service delivery in the health, education and environment sectors.
- Developing a framework to ensure citizens’ participation in health, education, child protection and livelihood implementation for improved service delivery and accountability.
- Developing a scheme to ensure citizens directly affected by Ebola are protected and cared for, especially orphaned children, providing free education, health care, shelter and livelihoods.
- Ensuring transparent and mutual accountability for quality, accessible and equitable service delivery in the education, health and environmental sectors.

In addition, citizens call on the government to:

- Deepen engagement with citizens and civil society as active partners in the national and international development planning, coordination, and decision-making process.
- Ensure that the Free Health-Care Initiative is effectively implemented, maintained and sustained beyond 2015 by making sure it is included in the revised national constitution.
- Ensure the right to safe water and improved sanitation for all is enshrined in the new constitution.
- Provide scholarships for less privileged children, especially those affected by Ebola. Make primary, junior and secondary school education a priority for all its citizens.
- Build and furnish more schools, train and motivate more teachers across Sierra Leone, and ensure learning materials are adequate and available to each and every school all over the country.
- Improve the monitoring and supervision of school activities (school fees subsidies, learning and teaching environment).
- Ensure reproductive health commodity security in government health facilities.
- Increase the human resources capacity of health staff (doctors and Peripheral Health Unit staff) and build more health facilities in remote communities and equip them.
- Provide water and sanitation facilities and electricity at Peripheral Health Units (PHUs) and hospitals (solar energy).
- Ensure adequate and timely distribution of drug and medical supplies (including for the Free Health-Care Initiative).
- Improve monitoring and supervision of health service delivery at district and community levels.
- Provide resources to build capacity for accountability and strengthen institutional mechanisms.
- Implement efficient, effective and transparent accountability mechanisms for all forms of development resources available to government and country partners.

Citizens call on international development partners to:

- Ensure that commitments made to expand access to health, water and sanitation are honoured, deliver results to the intended beneficiaries, and ensure transparent and mutual accountability systems are established.
- Strengthen partnerships with civil society at district and national levels to maintain and sustain resources to global health development, and ensure development projects are aligned with national development plans.
- Involve civil society in decision-making processes including programme planning, coordination and implementation at national, regional and global levels.
- Institute and formalise processes to integrate and collaborate with civil society representatives across various development partners.
The Citizens’ Hearing in South Africa was held in Nseleni in Umvoti Municipality on 9 June 2015. It was the first time that an event of this scale on RMNCAH outcomes had taken place in the community. Government, members of civil society, local pastors, men, women and children came together in Nseleni, Umvoti Municipality to learn and talk about neonatal, child, adolescent, and maternal health. A total of 138 participants attended the hearing and discussed the current problems with the health system and the urgent actions required.

During the hearing a range of different stakeholders – activists, children, youth, women and men, ward committee members, community care-givers, church leaders, crèche teachers, health-care professionals, Intsika Yethu Support Group members, students from Hermannsburg School, World Vision South Africa staff, Umvoti Area Development Programme (ADP) committee members, and education specialists joined together with officials from the Umvoti Local Municipality, Umvoti AIDS centre, South African Social Security Agency and the departments of Health, Education, Social Development, Justice, and Cooperative Governance and Traditional Affairs. Participants jointly discussed the challenges the Nseleni community faces in accessing health services, water quality and the difficulties faced by low-income families trying to access even the minimum nutrition their children need.

Participants were split into different stakeholder groups: children’s, youth, women’s and men’s groups. Youth representatives identified the use of unprescribed medication as a major issue in the community, noting that with the mobile clinic only available on certain days, many resort to other forms of medication or traditional medication. The women’s group highlighted the problems of poor transport. One participant said, “If you are pregnant and you happen to experience complications on the day when the mobile clinic is not there, it is highly likely that you might lose your baby, especially if you cannot hire a car to take you to the nearest hospital.” The men’s group shared that engagement or collaborative problem-solving between citizens and duty bearers was lacking. They noted that information dissemination from both the government and civil society was absent; even information meant for communities often fails to trickle down to those who need it.
The following recommendations were reached between citizens and government officials, focused on the implementation of existing policies and improving RMNCAH services:

- Ensure that the most vulnerable groups are entitled to and are effectively provided with equitable access to health care, including sexual and reproductive health, health prevention and mental health.
- Ensure that all pregnant women and children, irrespective of their status, are entitled to and effectively benefit from social protection.
- Promote policies allowing all adolescents and women including children to fully enjoy their fundamental rights, in particular their right to health.
- Strengthen information sharing and a feedback mechanism for citizens to know what is available at health facilities and what their entitlements are.
- Improve access to health services for adolescents with a specific focus on youth-friendly services at all health facilities.
Citizens’ Hearings were held from 6 – 15 March 2015 across five districts of Tanga Region (Muheza, Kilindi, Handeni, Korogwe and Tanga). A national-level hearing was also held on 26 March, engaging over 2,000 citizens and members of children’s groups, women’s groups and men’s groups, health associations, medical and nursing officers, regional commissioners, councillors, journalists, district directors, faith-based organisations, community based organisations and influential people. Participants shared problems they faced in accessing RMNCAH health services including issues such as cost and quality. District leaders and citizens worked together in developing strong joint recommendations on priorities for the updated Global Strategy. District leaders spoke out to strengthen the call for increased accountability and transparency in decision-making processes and service delivery.

The hearing at national level was broadcast on national TV and radio and the findings from the district hearings were also submitted to the Minister of Health, the Prime Minister’s Office, and the Ministry of External Affairs.

At the hearings, Councillor for Mgamba Ward Ms Fatume Seifu promised to ensure all the challenges raised in the Citizens’ Hearing would be discussed in the council meetings and the district councillor for Kilindi, Tanga Region, Mwajuma Hatibu, promised to conduct feedback meetings with citizens before and after regular council meetings.

“As I am sitting in this meeting, I have already sent an SMS to start the follow-up for some of the commitments.”

Mwajuma Hatibu Sempule, Ward Councillor, Kwediboma Ward, Kilindi District at the Kilindi District Citizens’ Hearing
RECOMMENDATIONS

The following recommendations were made jointly by citizens and politicians:

- **Strengthen transparency and accountability in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services** by making all information available to citizens.

- **Establish district- and national-level mechanisms for citizens to be able to monitor implementation of maternal and newborn health policies,** e.g. district political leaders to provide feedback and communicate to citizens about all issues discussed in the last council meetings including the budget for maternal and newborn health services.

- **Councils to increase and strengthen their supervisory role** in making sure that all health policies, regulations and guidelines are properly translated into actions.

- **Leaders at both local and central government to work together to improve RMNCAH services.**

- **Establish small ‘follow-up’ committees** for maternal and newborn health services at village, division and ward levels.

- **Place council income and expenditures on health facility notice boards for citizens to track performance.**

- **Establish citizens’ scorecards** to assess availability and quality of services.

- **Ensure national and international policies on maternal and newborn health are informed by citizens’ priorities and submitted to leaders.**

- **Strengthen health systems by ensuring comprehensive emergency obstetric and newborn care services in health centres in every district, and the provision of blood banks and ambulances in all areas (including citizen support in building health infrastructure).**

- **Improve access** to affordable, quality health services including sexual and reproductive health services.

- **Improve youth access to services** and ensure all social groups in the society are informed about safe motherhood.

- **Support women’s access to services** including women’s right to safe motherhood within the new constitution and increases in outreach services (including promoting support among men for women’s access to health facilities).

- **Increase resources for women’s and children’s health** through more predictable international aid flows and domestic spending, alongside increased transparency and space for civil society sectors to monitor financing for RMNCAH.

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“I have understood that maternal death is an emergency. Tomorrow I am going to work on it by calling an emergency meeting with citizens.”

Uzia Juma Komba, Pongwe Ward Councillor, Muheza District Citizens’ Hearing
In Uganda, Citizens’ Hearings (organised by White Ribbon Alliance and World Vision) were held in 11 districts: Lira, Kabale, Busia, Oyam, Kole, Amuru, Kampala, Butaleja, Kiboga, Kitgum and Pader. Each of the hearings brought together over 400 citizens, including women and children, members of parliament (MPs) and local leaders in each district to share views on accountability and delivering government commitments for women’s, children’s and adolescents’ health.

Citizens discussed the impact of recent citizen-led accountability that has had strong results, with the government accelerating the delivery of its commitment to the Global Strategy for Women’s and Children’s Health to provide emergency care for pregnant women in health centres nearer to their homes.

Citizens made clear recommendations on immediate priorities such as the need to strengthen social accountability, improve emergency services as part of the package of care and improve access to health services for children and adolescents. They called on the leaders to ensure citizens are engaged in priority setting in the future, as well as budget tracking and monitoring of services. These recommendations were taken to the Prime Minister on International Women’s Day (8 March 2015). A National Citizens’ Hearing took place on a national television programme named ‘The People’s Parliament’ where findings were presented from the Citizens’ Hearings at district level to parliament.

An example of the importance of citizen activism was shared at the Lira hearing, where a petition by residents to their MP, Hon. Joy Atim Ongom, was taken to parliament. The parliamentary health committee subsequently came to visit the district to listen to citizen concerns on health care for women and newborns, the results of which were shared on a community radio programme. The MPs were shocked at the state of health facilities in the district. Since the visit of the health committee, there has been significant improvement in health service delivery in the district.

The Minister of Health and the Prime Minister welcomed the recommendations and both made commitments to supporting citizen participation. The Prime Minister agreed that “funding for health centres is inadequate,” and promised: “We will review funds to ensure these are increased in the budget for Financial Year 2015/16.”
**RECOMMENDATIONS**

- **Strengthen social accountability**: by integrating social accountability in the new health goal framework so that citizens are empowered to monitor implementation and progress on health service delivery.
- **Improve emergency services as part of the package of care**: by improving and increasing the availability of emergency obstetric and newborn care services, especially at health centres at county and sub-county levels, which are nearer to the community. This should be supported by increased availability of piped water and electricity at the health facilities, and improvement of the referral system, adequate medicines, supplies and equipment.
- **Invest in increasing the number of high quality health workers**: by prioritising training, recruitment, equitable deployment, motivation and retention of health workers to enable provision of quality health care (and emphasising the importance of this in delivering the health goal in the SDGs).
- **Realise women's rights in the delivery of services**: by integrating a rights-based approach to health service delivery. Rights of both patients and health-care providers should also be upheld through respectful maternity care. Both health workers and citizens need to know their rights and obligations.
- **Increase accountability in quality health-care provision**: by strengthening information sharing and introducing a feedback mechanism for citizens to know what is available at the health facilities and what their entitlements are.
- **Improve access to health services for children and adolescents** with a specific focus on child and youth-friendly services at all health facilities.
- **Provide services across the continuum of care for RMNCAH**, including family planning and universal access to lifesaving medicines and supplies, and ensure integration with other health services including HIV and AIDS and non-communicable diseases
- **Strengthen health infrastructure**: by reviewing the procurement system of goods and services for health infrastructure development to facilitate faster procurement and delivery of services.
- **Galvanise male champions** for RMNCAH.
- **Ensure adequate financial support** to deliver on these critical areas for RMNACH.

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**Ms Betty Akullu, Deputy Speaker of Lira District**

*We need to involve citizens in our work. We are going to sit together as a committee and prioritise the issues raised by citizens... I encourage reporting from the community. I will ensure we have dialogue meetings and talk shows to get the citizens’ views.*
The Citizens’ Hearings in Zambia, organised by World Vision, took the form of focus group discussions in two districts: Mbala and Kasama. These hearings were held in March 2015 and included members of the community senior nursing officers. A total of 48 participants attended the discussions in Mbala District and 85 participants joined the discussions in Kasama District.

Communities shared the challenges they face in accessing quality RMNCAH services. This was illustrated by Mr Mwansa, one of the citizens at the Kasama hearing, whose wife and baby died shortly after childbirth. At the hearing he recalled, “My wife delivered the child successfully with the help of neighbours but unfortunately my child died a few seconds later. While mourning the loss of our child, the placenta was stuck in my wife’s womb and eventually she died after five hours of trying so hard to remove it.”

He shared with participants the knowledge that his wife’s and child’s deaths could have been prevented if there had been a rural health centre (RHC) nearby, with certified health workers. Many people, especially pregnant mothers, are still dying because of long distances entailed in reaching the nearest RHC.

Participants acknowledged that the government has been implementing a range of reforms over the past 20 years in an effort to reduce both under-five and maternal mortality. However, much remains to be done. High levels of under-five malnutrition was also raised as a key challenge at the community discussion in Mbala.

“The government needs to provide important services like health as no one can do anything in this world unless they are healthy... We are dying when something can be done by our government... We need a health centre nearby, nothing else. We can’t afford to see our loved ones dying when these deaths can be avoided. I still cry now when I think of my wife and child.”

Cephas Mwansa, citizen at the Kasama District Citizens’ Hearing, Zambia
RECOMMENDATIONS

- Ensure access to health facilities, particularly for those living in rural areas, by increasing the number of RHCs. This is critical to help women access health facilities for childbirth as well as antenatal care and postnatal care visits, and immunisation.
- Improve under-five nutrition.
- Traditional leaders agreed to support improvements in the uptake of health services by community members by encouraging women to deliver at health centres.