

SAFE DELIVERY

How one organization is using the law to improve maternal and child health in Uganda

POSTED BY NIKI WILSON ON DECEMBER 18, 2015

Having successfully delivered her baby at a public health facility in Mityana, a city just west of Uganda's capital, Kampala, in 2009, Sylvia Nalubowa was surprised to learn that her labour wasn't over — she was having twins. But there was a problem. Try as Nalubowa might, her second child was stubbornly resisting entry into the world.

She was referred to a district hospital in another part of the city, where more experienced staff could help her. Her mother-in-law paid a Good Samaritan fuel costs to drive Nalubowa there, as Nalubowa had no access to an ambulance. But when she arrived she was refused care. The reason? She wasn't able to provide a "Mama Kit," which contains items such as rubber gloves, plastic sheets, cotton wool, soap, cord ties, antibiotic drops for the baby's eyes and surgical blades.

All women in Uganda who are about to give birth in a government health facility like the hospital in Mityana are required to produce a Mama Kit to ensure sterile conditions, but Nalubowa had already used hers at the birth of her first child earlier that day. The kits are distributed by the National Medical Stores, a government corporation, and are meant to be free of charge, but hospital attendants demanded Nalubowa pay for a second kit, a cost she could not afford. Despite eventually negotiating to pay for the kit after the delivery by selling some of her domestic animals, Nalubowa and her unborn child died hours later from blood loss.

Nalubowa's story is tragically all-too familiar in a country that has had systemic problems when it comes to maternal health, says Moses Mulumba, a lawyer and the executive director of the Centre for Health, Human Rights and Development, a Kampala-based organization that works to ensure law and public policy are used to promote and protect health and human rights in East Africa.

"Every day you would read in the newspaper that a woman has died," he says. Often the death is as a result of a doctor or other health-care provider not being available. The World Health Organization and UNICEF report that 360 women die per 100,000 live births in Uganda, with about 5,900 women dying from maternal health issues every year.

Mama Kits have been transformative in helping lower the risk of death and infection during birth. But there are still places where kits aren't available to, or affordable for, women living in poverty. Even if a woman in labour takes a kit to the hospital, there is no guarantee she will get help from a doctor or health-care worker, the most corrupt of whom try to turn crisis into profit. In addition, if the health-care facility has been unable to pay utility bills, there may be no running water and electricity when the expectant mother arrives.



Protestors in Kampala march to court in 2012 to deliver a complaint following the court's delay in delivering judgment on the CEHURD case involving Sylvia Nalubowa and Jennifer Anguko, two women who died in childbirth. (Photo : Courtesy of CEHURD)

It's better than it once was, says Dr. Olive Sentumbwe of the WHO, who works with Mulumba on maternal health issues. There is good quality health care available in many regions for a small fee, she says, "But depending on the wealth of the house, women are exposed to different conditions." With 1.4 million mothers-to-be in the country annually, she says health supplies and providers often fall short.

With the help of funding from Canada's International Development Research Centre, Mulumba's organization is working to change this. In 2011, the organization filed a lawsuit against the government of Uganda with the family of Nalubowa and Jennifer Anguko, a woman who died from blood loss in 2010 after enduring obstructed labour for more than eight hours without the aid of a health-care professional. In 2012, a lower court refused to hear the case — a decision the country's Supreme Court overruled last October, ordering the lower court to determine whether the government has taken all practical measures to ensure basic maternal health services are provided.

Regardless of the outcome, says Mulumba, the lawsuit is already making a difference. The highly publicized case has sparked an important discussion among Ugandans, brought international scrutiny to the issue and garnered the attention of the country's Parliament, which in December 2011 passed a resolution directing the government to develop laws that adequately deal with issues around maternal and newborn health. The case has spurred multiple changes, says Mulumba, "Not just within the government, but also within our own thinking on how the government can be engaged."

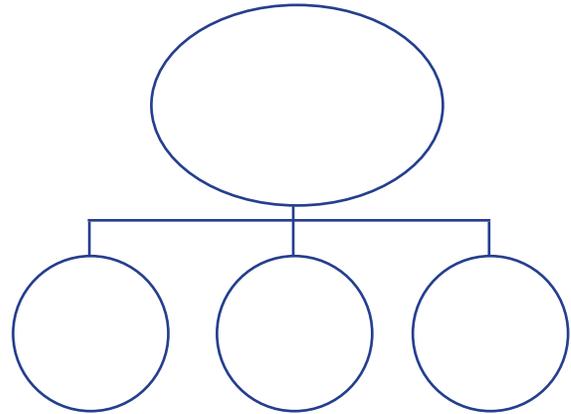
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READING AS THINKING

Answer the following in complete sentences.

1. Identify the main idea of the article and place it in the large circle. Write three supporting details in the smaller circles.



2. How many women die from maternal health problems every year in Uganda?

3. Evaluate the importance of a “Mama Kit.”

4. Why are organizations like the Centre for Health, Human Rights and Development critical for the improvement of maternal health?

5. The article states that Uganda is a country that has had systemic problems when it comes to maternal health. Provide evidence from the article to support this statement.

6. According to the United Nations, human rights are inherent to all human beings.
 - a) In your opinion, how were Sylvia Nalubowa’s rights denied?

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b) Should improving maternal and child health in Uganda be important to Canadians? Provide reasons defending your answer.

7. In the article, Moses Mulumba states that regardless of the outcome, the lawsuit is already making a difference. Evaluate this claim.

Think-Pair-Share

8. *Think* Propose the next steps for improving maternal and child health in Uganda. Consider what is already being implemented.

What is already being done?

What are the next steps?	Who is involved and affected?
Where will the steps occur?	Why are the next steps important?

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PAIR

Share and discuss your next steps in a small group. As a group, come to a consensus on which steps should come next.

SHARE

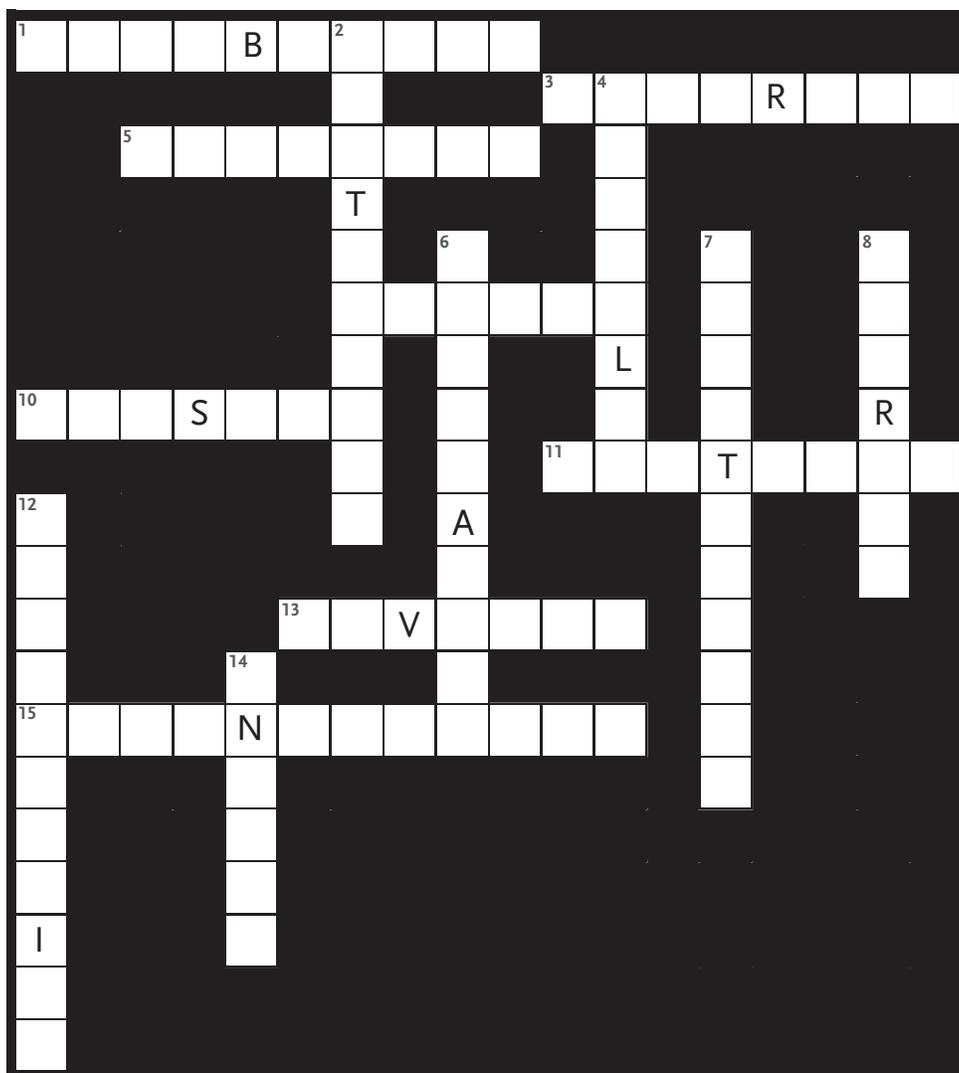
As a group, share your next steps during a classroom discussion.

ONLINE

1. Find out more about [maternal and child health in developing countries and the role of the Canadian government](#). There are videos to view if you click on “Photos and stories”.
2. Visit TEDxTalks and view the video “[Saving Mothers and Babies – a win, win solution: Christina Marchand at TEDxUW](#).”
3. Explore Mityana and Kampala on [Google Maps](#). Find where Uganda is located on the continent of Africa.
4. Learn more about [human rights](#).
5. Visit the Centre for Health, Human Rights and Development website and read about [the decision of the Supreme Court in this case](#).
6. Find out more about the [International Development Research Centre](#).

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CROSSWORD:

Across

1. Destroys harmful bacteria
3. Relating to a woman who is having a baby
5. Tame animals
9. Country in East Africa
10. Filed against the government of Uganda
11. Maternal health problems
13. Lack of money
15. Centre for Health, Human Rights and Development

Down

2. Blocked
4. Yearly
6. Responsible for making laws
7. Discussions to reach an agreement
8. Germ-free
12. National Medical Stores
14. The United Nations Children's Fund