



THE WHITE
RIBBON
ALLIANCE

HEALTHY MOTHERS
HEALTHY WORLD



2014
ANNUAL REPORT

White Ribbon Alliance is a 501 (c)(3) organization

UK Charity Number 1143376

OUR MISSION IS TO INSPIRE AND
CONVENE ADVOCATES WHO CAMPAIGN
TO UPHOLD THE RIGHT OF ALL WOMEN
TO BE SAFE AND HEALTHY BEFORE,
DURING AND AFTER CHILDBIRTH.



Dear Friends,

We had a great year. Together, we built a bridge between citizens and their governments to improve maternal and newborn health. Supporters and Alliance members have made great strides, while recognizing there is still much to be done. Looking back, there are so many examples that inspire me; here are a few:

In August 2013, women in Rukwa, the second largest region of Tanzania, had to travel five hours by boat, or 60 miles by foot to find life-saving care when they suffered pregnancy complications. This all changed in 2014, as White Ribbon Alliance members effectively campaigned to ensure health facilities offered comprehensive emergency obstetric and newborn care.

In Nigeria, White Ribbon Alliance members successfully advocated for the inclusion of the Respectful Maternity Care Charter into state policy,

making Nigeria the first country to institutionalize its commitment to offering quality maternal care free of disrespect and abuse.

In Uganda, Alliance members successfully campaigned for a salary increase for health care providers across the country. Not only has this improved motivation for healthcare staff and improved retention rates, more staff are now available to provide emergency services to women in childbirth.

In India, White Ribbon Alliance partnered with Merck for Mothers to enable women in the Jharkhand Province to score health services via their mobile phones. This campaign allowed women's voice to be heard and to directly contribute to improving the quality of health services.

In 2014, White Ribbon Alliance focused not only on raising women's concerns, but also on providing a platform for women's experience and voice to be directly heard. One of the most exciting moments of the year was the mark that we made at the UN General Assembly. We noticed that the same group of high-level speakers were present every year, and citizen leaders that were making change were never asked to speak. White Ribbon decided it was time for a change. We asked 'the usual suspects'—those that were always present—to give up their speaking slots to ordinary citizens to take center stage. Many speakers listened to our call, and citizen representatives of local communities from South America, Africa and Asia were given a chance to speak up. This marked one of many events where White Ribbon Alliance brought together citizens to voice their experiences and demands to government leaders, and to form a force that cannot be ignored.

In addition to these efforts, the White Ribbon Global Secretariat collaborated with all 14 National Alliances and many partners to give recommendations around specific targets for reducing maternal and newborn mortality, as

Well as promoting sexual and reproductive rights and gender equality in the upcoming Sustainable Development Goals. These Goals will succeed the Millennium Development Goals and will frame the next fifteen years of the global development agenda.

To share the lessons we've learned over the last several years advocating for and empowering citizens to hold their governments to account, we have compiled a list of four case studies. A brief summary of these practices can be found in this report.

While I am truly proud of what our Alliance has achieved last year, I am deeply aware of all that remains to be done to end preventable maternal and newborn deaths and for every woman, everywhere to realize her right to safe pregnancy and childbirth. I am looking forward to exploring new partnerships and strengthening our efforts for transformative change; I know that we can do even more this year.

Sincerely,

Betsy McCallon | Executive Director
White Ribbon Alliance Global

NIGERIA

A woman's risk of dying from pregnancy and childbirth in Nigeria is one in 13, and 62% of births take place at home, where women's lives are at greater risk. Fear of disrespect and abuse plays a significant role in a woman's decision to give birth at home.



In 2013, White Ribbon Alliance Nigeria (WRA Nigeria) learned that while there were many cases of disrespect and abuse in health centers across the country, the government was not tracking and addressing the problem. WRA members agreed that immediate action was needed, and organized town hall meetings to gather testimonies from health workers, citizens and policymakers. In this process, four major barriers emerged: community members and health workers did not have an understanding of respectful care; there was little recorded evidence of disrespect and abuse in healthcare; there was no policy supporting respectful maternity care (RMC); and many health centers lacked the basic amenities to support RMC.

CAMPAIGN

Until 2014, there was no explicit policy protecting the rights of childbearing women in Nigeria. Therefore, WRA worked to establish a clear national standard of practice for RMC and to embed it into all levels of the health system.

WRA Nigeria's initial focus was on building support for RMC, so that the National Council on Health would establish RMC as a standard of medical practice. WRA Nigeria convened RMC meetings with policymakers, professional associations, regulatory bodies and civil society organizations. Everyone ultimately agreed to call on the Federal Ministry of Health to officially establish RMC as a standard of practice in Nigeria.

Throughout the campaign, WRA Nigeria worked with

the media and key champions to build political pressure for RMC so that the policy would be passed and promoted.

To date, RMC has been incorporated in the revised Lifesaving Skills Manual for health workers. WRA Nigeria has worked with the Federal Ministry of Health and professional organizations to develop national RMC promotional materials, and led efforts to monitor progress on the government's commitment to embed RMC at all levels of the health system.

IMPACT

In response to WRA's campaign, Nigeria became the first country to officially establish RMC as a standard of practice. The Government of Kwara State developed a plan to include RMC at every level of the state's health system and has already established a working group that is actively monitoring improvements at six health facilities. These health facilities have implemented RMC, by rearranging delivery beds, adding separation curtains, and securing personal medical files to provide patients with privacy. Health workers are actively educating community members about RMC and ensuring that expectant women understand the level of care and respect they should receive in the delivery room. Although these changes were primarily directed at improving the experience of expectant mothers, everyone using the health centers has benefited from the improved respect to patients.

UGANDA

In Uganda, 17 mothers and 106 newborns die every day due in part to inadequate government investment in life-saving emergency obstetric and newborn care.



By 2013, despite the government's commitment, health centers across Uganda remained understaffed and ill-equipped, with women continuing to travel many miles to receive lifesaving care. WRA members and civil society organizations agreed that immediate action was needed to accelerate progress on maternal and newborn health, but that further evidence would be needed to identify the main barriers to providing care.

After learning that the government lacked current and reliable data on the provision of emergency obstetric and newborn care, White Ribbon Alliance Uganda (WRA Uganda) brought together district leaders, community members, midwives, and district health officers. They conducted interviews with health workers and citizens in 43 government-funded health centers in three districts in the central, western, and northern parts of the country.

The assessment uncovered shocking gaps and shortfalls in the provision and availability of the most basic emergency obstetric and newborn care services across all three districts. Three common barriers emerged: lack of lifesaving commodities (e.g. blood banks and antibiotics), lack of skilled health workers, and poor infrastructure at health centers.

Equipped with this evidence, WRA Uganda united its members to strategize and launch "Act Now to Save Mothers", a campaign calling on the government to deliver on its commitment. WRA mobilized citizens to demand their rights, and supported policymakers to respond to these demands.

CAMPAIGN

In each district, WRA Uganda engaged citizens in health facility assessments, supported them to influence the planning and budgeting process through petitions, and trained citizen reporters to monitor progress and budget allocations.

To ensure that local and national leaders heard the

demands of the citizens, and to create awareness, WRA Uganda used its strong relationships with the media, local organizations and maternal health champions. In only 18 months, WRA Uganda was featured on 40 radio programs, 30 news articles, 18 blogs, and 14 television programs, reaching approximately nine million people across the country.

Throughout the campaign, WRA Uganda avoided blaming government leaders and instead maintained strong relationships with district officials, members of parliament and government ministries. After mobilizing citizens in each district to help conduct health facility assessments, WRA Uganda supported district health officers to utilize the evidence to prepare annual health plans and budgets. They also identified partner projects to help meet district needs, such as We Care Solar, who donated and installed solar lighting, laptops, charging devices, and head lamps in maternity wards.

At the national level, WRA Uganda worked with policymakers to ensure that petitions signed by thousands of citizens were delivered and acted upon by the parliament.

IMPACT

As a result of this campaign, the Government of Uganda accelerated progress on its commitment and more women now have access to lifesaving emergency obstetric and newborn care.

One of the top health officials at Kebisoni Health Center said: "As an approach, social accountability has helped us a lot. We now have an additional two midwives, and the number of women seeking maternal services has increased."

In an external analysis, parliamentarians reported that WRA Uganda helped link them to their constituents and provided them with significant assistance in analyzing budgets, conducting research and gathering data for policymaking.

MALAWI

In Malawi, an overall shortage of midwives, coupled with poor working conditions and status, are affecting the provision of high-quality maternity care for women.



In 2012, despite the government's commitment, the available midwifery care workforce in Malawi could only cover 20% of the estimated need. The Government of Malawi lacked data on the total number of practicing midwives in the country, which posed a challenge to advocates and policymakers alike.

White Ribbon Alliance Malawi (WRA Malawi) convened civil society organizations, midwives, other health workers and community representatives to share their experiences and to better understand the state of midwifery in Malawi. They agreed that immediate action was needed to reduce maternal and newborn mortality through increased advocacy to promote midwifery.

CAMPAIGN

WRA Malawi launched "Happy Midwives for Happy and Healthy Mothers", a campaign to draw attention to the poor status and working conditions of midwives, and the impact these have on the provision of high-quality care. They focused on addressing the gap in the number of midwives, improving working conditions for midwives, creating a clear career path for the midwifery profession, and advocating for a government budget line for midwifery training.

Mobilizing citizens to demand their rights

WRA Malawi met with families, religious and community leaders, midwives and the media to discuss the key role midwives play in maternity care. Together, they drafted a petition that gathered over 4,000 signatures calling on the government to deliver on its commitments by investing in the midwifery profession.

Amplifying citizens' demand for accountability

WRA Malawi used the insights recorded during community meetings to draft a policy brief that called for the Government of Malawi to bolster midwifery. They engaged the media in this campaign and during the vice presidential debate that was aired live on national television and radio, WRA Malawi asked the political candidates how they were planning on improving maternal health nationwide. The Vice President of Malawi stated that the government needed to be devoted to training and incentivizing more midwives, and changing the infrastructure and environment in which they practice. WRA Malawi used this commitment to advocate with the Members of Parliament to prioritize midwifery.

To amplify the voices of women from rural areas of the country, WRA Malawi organized a journalism contest that involved correspondents interviewing new-mothers about their experiences during childbirth and the critical role that midwives played. WRA gave awards to the best journalists, many of whom continued to cover the WRA campaign throughout the year.

IMPACT

The Minister of Health has committed to develop, by July 2015, a strategy for increasing the number of professional midwives; to work with Malawi's directorate of human resources to develop a career path for midwives and to give national funding for research to determine the number of midwives in the country.

As a result of WRA Malawi's work, the government recognized the need for a clear career path for the midwifery profession and urged that direct-entry career paths for midwives be created across all educational institutions.

PAKISTAN

Although the annual number of maternal deaths dropped from 18,000 in 1990 to 7,900 in 2013, not enough progress was made to achieve Millennium Development Goal 5—a reduction in the maternal mortality ratio by three quarters.



For many years, White Ribbon Alliance Pakistan (WRA Pakistan) has sought to influence the government and advance improvements in maternal and newborn health. The Alliance has worked with all fourteen provincial and federal ministries of health and population welfare to scale up best practices around maternal health, advocating for the inclusion of magnesium sulfate (to reduce risk of eclampsia) in the provincial drug lists and the standardization of protocols for administering the drug.

In 2014, WRA Pakistan recognized that the disrespect and abuse experienced by so many pregnant women was not recognized by the government as a barrier to improving maternal care. This was a critical challenge, as maternal healthcare strategies, protocols and education curricula did not mention respectful maternity care (RMC). Citizens were also not aware of their right to RMC and there was no accountability for disrespect and abuse. Therefore, WRA Pakistan brought together community members, health workers, government representatives, and the research community to generate evidence on RMC and use it to drive a campaign that persuades policymakers to include respectful care in the legislation and training curricula for health workers.

CAMPAIGN

To foster change, WRA Pakistan relied on gathering evidence, developing partnerships, cultivating champions for the cause within the policy community, and participating in health networks.

For its campaign on RMC, WRA Pakistan has collected

evidence via interviews and surveys with mothers and health workers. Citizens have testified to the abysmal state of maternity care. “Because of the way we are treated, we pray to never be sent to the hospital again,” admitted a survey participant in Sindh province.

The next step will be to target policymakers to advocate for the inclusion of RMC in service delivery protocols.

WRA Pakistan is already engaging with a number of key organizations and projects associated with improving maternal health and newborn care across the country to include RMC as an important component of their work. For example, WRA’s work with the USAID-led Maternal and Child Health Integrated Program (MCHIP) will generate more support for RMC at the National Policy Seminar. A partnership with high-level partners, such as Jhpiego, will allow the Alliance to leverage their technical capacity to include RMC into the standards of quality of care. With UK Department for International Development and Futures Group, WRA Pakistan will work on including an RMC module into a community based monitoring process, which will allow citizens to report on instances of disrespect and abuse. This effort will ultimately reach 24 million people.

Once the research and data-collection is complete, a national consultation will be organized on the findings, to build consensus and fine-tune the policy recommendations that will be presented to policymakers.

2014 Financials

Year ended December 31, 2014 | Audited

ASSETS

CURRENT ASSETS

Cash and cash equivalents	\$958,403
Grants and contracts receivable, current portion	\$110,484
Other assets	\$81,661
Prepaid expenses	\$29,358
TOTAL CURRENT ASSETS	\$1,180,861

OTHER ASSETS

Security deposits	\$850
TOTAL OTHER ASSETS	\$850

TOTAL ASSETS **\$1,181,711**

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Line of credit	\$290,000
Accounts payable	\$49,537
Accrued employee benefits	\$91,152
Deferred contract revenue	\$8,602
TOTAL LIABILITIES	\$439,291

NET ASSETS

Unrestricted	\$(716,893)
Temporarily restricted	\$1,459,313
TOTAL NET ASSETS	\$742,420

TOTAL LIABILITIES & NET ASSETS **\$1,181,711**

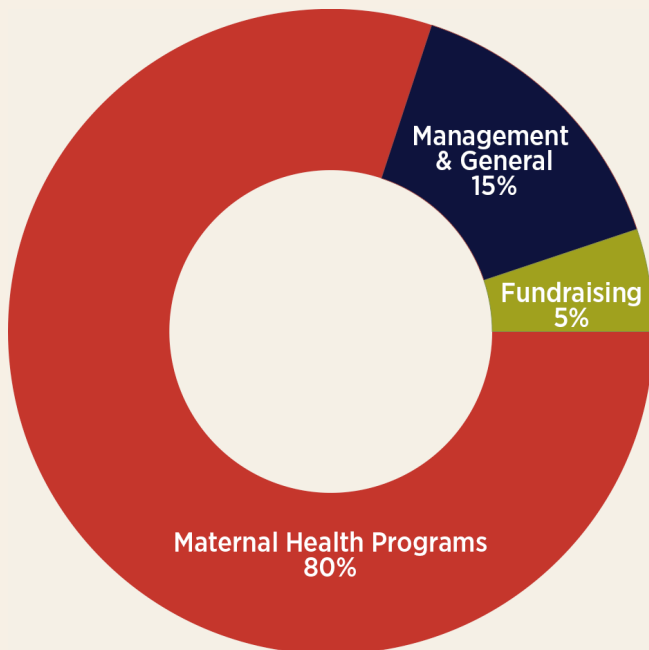
2014 TURNOVER

Total revenue \$3,371,201

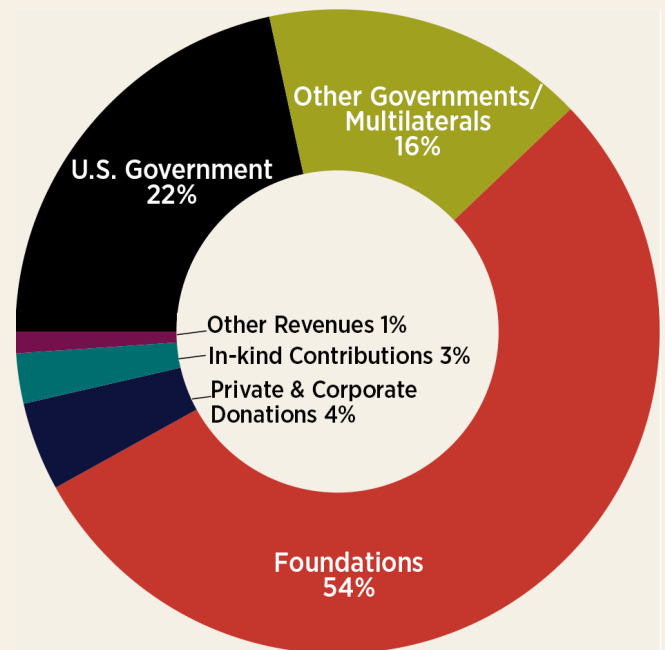
Total expenses \$3,359,470

Net surplus \$11,730

EXPENSES BY CATEGORY



SOURCES OF REVENUE



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

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Jo Vestey

CHAMPIONS

White Ribbon Alliance has an extensive network of global supporters. We are also lucky to have some incredibly inspirational Champions, who represent the Alliance, helping to spread its message and advocate for change.

Sarah Brown - Global Champion
Arzu Rana Deuba - Global Champion
Larry Liza - Global Champion
Theresa Shaver - Global Champion
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