

Awareness, Mobilization, and Action for Safe Motherhood: A Field Guide

*The White Ribbon Alliance
for Safe Motherhood*



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The White Ribbon Alliance

The White Ribbon

The white ribbon is dedicated to the memory of all women who have died in pregnancy and childbirth. It is a symbol that unites the individuals, organizations, and communities who are working together to make pregnancy and childbirth safe for all women.



The White Ribbon Alliance for Safe Motherhood is a coalition of international organizations formed in 1999 to raise awareness of the need to make pregnancy and childbirth safe for all women in both developed and developing countries. The Alliance envisions broad-based, collaborative efforts among international nongovernmental organizations (NGOs), government agencies, and NGOs and community-based organizations in developing countries to decrease maternal mortality through shared resources and experiences.

NGO Networks for Health, a worldwide project to improve health services by building or strengthening partnerships at the community level between organizations that are already working there, serves as the secretariat for the White Ribbon Alliance.

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White Ribbon Alliance for Safe Motherhood

Dear Friends,

The White Ribbon Alliance for Safe Motherhood invites you and your organization to join us in a worldwide movement to raise awareness of the need to make pregnancy and childbirth safe for all women—in both developing and developed countries. We believe that sustained grassroots efforts are essential to make the tragedy of 585,000 maternal deaths each year from mostly preventable causes a priority issue for international organizations and governments.

The Safe Motherhood Initiative (SMI), launched at an international conference in Nairobi, Kenya in 1987, brought international attention to the dimensions and consequences of poor maternal health and mobilized actions to address the high rates of death and disability caused by the complications of pregnancy and childbirth. The White Ribbon Alliance aims to build on and reinforce the work of the SMI by encouraging the formation of multisectoral partnerships that increase the public visibility of this needless loss of life.

The enthusiasm and momentum generated since the White Ribbon Alliance was launched in 1999 have been enormous and gratifying. In a short period, a number of countries have joined us to start their own White Ribbon Alliances, in partnership with the global Alliance. In many others, partners have undertaken community, regional, and national-level activities that promote awareness of safe motherhood.

Safe motherhood cannot be achieved without the active participation and commitment of international and developing country nongovernmental organizations (NGOs). We look forward to working with you and hope this Field Guide will serve as a useful tool for guiding the development of a White Ribbon Alliance in your country and community.

If you have any comments or questions, please contact the White Ribbon Alliance secretariat at NGO Networks.

With regards,

Theresa Shaver
for the Secretariat, White Ribbon Alliance

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PURPOSE OF THIS FIELD GUIDE

This Field Guide is intended to provide organizations working in developing countries with practical guidance on how they can be active and involved in the Safe Motherhood Initiative and participate in the White Ribbon Alliance. Both international NGOs with worldwide affiliates and indigenous NGOs in developing countries will find information on how they can contribute to this global effort on the national and local levels. Readers are encouraged to obtain and read the *Safe Motherhood Fact Sheets* to learn more about safe motherhood issues. The Field Guide does not include technical information on how to design, implement, and evaluate safe motherhood program interventions; it does offer suggestions for bringing a wide range of people and organizations together for awareness and action around the theme of safe motherhood.

Organizations should adapt the strategies and activities in this guidebook to the specific social, cultural, and economic contexts in which they work. Readers are encouraged to adapt, reproduce, translate, and use parts or all of *Awareness, Mobilization, and Action for Safe Motherhood* without permission, provided the parts are distributed free or at cost (not for profit) and credit is given to the White Ribbon Alliance for Safe Motherhood, NGO Networks for Health, the American Association for World Health, and FCI/IAG.

Users of the Field Guide should assist their partner organizations to replicate White Ribbon Alliance activities in their communities. Simplified guidelines can be prepared and translated for use at a grassroots level.

Following an overview of safe motherhood and its key issues, the Field Guide suggests specific ways in which organizations can carry out White Ribbon Alliance activities in their countries. Information on how to adapt the *Safe Motherhood Fact Sheets* to specific country contexts is also provided.

MEMBERS OF THE WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD

American Association of World Health
American College of Nurse Midwives
Association of Women's Health, Obstetric, and Neonatal Nurses
Cambodian Midwives Association
CARE
Centre for Development and Population Activities (CEDPA)
Center for Reproductive Law and Policy
Child Survival Collaborations and Resources (CORE) Group
Family Care International
George Washington University, School of Public Health
Global Health Council
Hope Humana (Zambia)
International Confederation of Midwives
Ipas
Johns Hopkins University, School of Public Health
La Leche League International
Linkages Project/Academy for Educational Development
Loma Linda School of Public Health
MAMTA Health Institute for Mother and Child (India)
Maternal and Neonatal Health (MNH) Program/JHPIEGO Corporation
MotherCare™/John Snow, Inc.
NGO Networks for Health
Pacific Institute for Women's Health
Pan American Health Organization
Pita Putih (Indonesia)
Population Reference Bureau
Project HOPE
Save the Children
Safe Motherhood Initiatives—USA
Safe Motherhood Action Group (Nigeria)
San Bernardino Coalition for Safe Motherhood
United Nations Population Fund
United States Agency for International Development (USAID)
White Ribbon Alliance, India
World Bank

Please note that this list is a growing list. Please contact NGO Networks for Health, the secretariat of the White Ribbon Alliance, to become a member.

ACKNOWLEDGMENTS

Many individuals and organizations have contributed support, ideas, expertise, insight, and time to the development of the White Ribbon Alliance and the preparation of this Field Guide. Special thanks for the help, guidance, and comments of Theresa Shaver, Manjiri Sonawane, and Rita Feinberg, staff at NGO Networks for Health, the secretariat of the White Ribbon Alliance. Debbie Armbruster and her colleagues of the American College of Nurse Midwives (ACNM), Nancy Russell, Social Mobilization Director of the Maternal and Neonatal Health (MNH) Program of JHPIEGO Corporation, seconded by the Centre for Development and Population Activities (CEDPA), Patricia Sears of CEDPA, Carol Miller and Efua Orleans-Lindsay of the Global Health Council, and Poso Ngalande of Hope Humana, Zambia, reviewed the drafts and provided valuable suggestions. Nancy Russell and Nazo Kureshy of MotherCare™ wrote the first drafts of the Field Guide. Mary Beth Powers of Save the Children USA and Elizabeth Ransom of the Population Reference Bureau (PRB) provided assistance. Thanks also go to Nancy Newton, NGO Networks for Health consultant, who prepared this Field Guide.

The American Association for World Health (AAWH) kindly allowed us to adapt its publication *Invest in the Future: Support Safe Motherhood*. The *Safe Motherhood Fact Sheets*, produced by Family Care International (FCI) and the Safe Motherhood Inter-Agency Group (IAG), were also an important source of information for this Field Guide. The cover design was adapted from the White Ribbon Alliance postcard prepared by PRB.

We also acknowledge the support of the United States Agency for International Development (USAID), the MNH Program for publication of the Field Guide.

Above all, we appreciate the time, dedication, and commitment of colleagues and counterparts who have worked so hard to make the White Ribbon Alliance a global effort. The experience and ideas of the organizations that submitted entries to the global contest for activities to raise awareness about the White Ribbon Alliance were a source of inspiration and admiration.

LIST OF ACRONYMS AND ABBREVIATIONS

CEDPA	Centre for Development and Population Activities
FCI	Family Care International
IAG	Inter-Agency Group (of the Safe Motherhood Initiative)
IPPF	International Planned Parenthood Federation
M/MC	Media/Materials Clearinghouse
MNH	Maternal and Neonatal Health [Program]
Networks	NGO Networks for Health
NGO	Nongovernmental organization
PRB	Population Reference Bureau
PSA	Public service announcement
TBA	Traditional birth attendant
SMI	Safe Motherhood Initiative
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
YMCA	Young Men's Christian Association
YWCA	Young Women's Christian Association
WHO	World Health Organization

WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD: OVERVIEW

What is the White Ribbon Alliance?

Worldwide, one woman dies every minute from the complications of pregnancy and childbirth. Millions more suffer permanent damage to their health. Most of these complications are preventable.

The White Ribbon Alliance represents an opportunity for new partnerships that can advance women’s health and women’s rights everywhere.

The White Ribbon Alliance for Safe Motherhood is an international coalition of organizations formed to promote increased public awareness of the need to make pregnancy and childbirth safe for all women—in developing as well as developed countries.

The White Ribbon Alliance complements the work of the international Safe Motherhood Initiative

The Safe Motherhood Initiative (SMI) is a global movement, launched in 1987 and led by a partnership of international organizations, including the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the World Bank, Family Care International (FCI), and others. The SMI encourages input from a wide range of groups and individuals to mobilize support for safe motherhood. The White Ribbon Alliance aims to foster grassroots efforts that complement the work of the SMI. Many members of the Alliance are also part of the Safe Motherhood Inter-Agency Group (IAG), which supports and promotes the SMI.

The significance of the white ribbon

The white ribbon is dedicated to the memory of all women who have died in pregnancy and childbirth. It is a symbol that unites the individuals, organizations, and communities who are working together to make pregnancy and childbirth safe for all women.

Below are a few comments by Alliance participants about the meaning of the white ribbon:

- The white ribbon is a statement, an eye-catching symbol that signifies the health and well-being of women.
- It sensitizes others about women dying in childbirth.
- It symbolizes a collective approach to decreasing maternal mortality.
- The color white symbolizes grief or death, but also hope.
- The white ribbon places the issue in the spotlight.
- The white ribbon is a statement saying, “Unsafe motherhood is unacceptable!”

Goals of the White Ribbon Alliance

- **To raise awareness of safe motherhood** among citizens, international nongovernmental organizations (NGOs), government agencies, and NGOs and community-based organizations in developing countries.
- **To build alliances to save women’s lives** through broad-based partnerships among organizations and individuals representing a range of sectors such as health, education, human rights, religion, and government.
- **To act as a catalyst for action** to address the tragedy of maternal deaths and expand current safe motherhood efforts.

The White Ribbon Alliance hopes to build alliances within countries and across nations and regions—partnerships that involve both international organizations and those in developing countries.

“It is very difficult to get people to organize if they do not have a sense of the critical issue and why it needs attention. They also need to believe that they can make a difference.”¹

History of the White Ribbon Alliance

The founders of the White Ribbon Alliance recognized that a large, united, and multisectoral effort was essential to ensure that no woman dies needlessly. In 1999, a group of international NGOs agreed to work together and with their partners throughout the world to make or keep safe motherhood a priority for international organizations and governments. In its first year, the Alliance aims to build awareness and form coalitions, which will lead to further action-oriented initiatives in subsequent years.

Since the launch of the White Ribbon Alliance, many countries have initiated their own White Ribbon Alliance activities in collaboration with international and local NGOs and government. The Alliance also sponsored a global contest of local and national initiatives to raise awareness using the white ribbon. Groups from Armenia, Cambodia, Ghana, India, Indonesia, Kiribati, Malawi, Mongolia, Nepal, Nigeria, Togo, and the United States submitted entries, and the three winners participated in the Global Health Council Conference and at a United States Congressional briefing in Washington, DC, USA in June 2000.

Who can be part of the White Ribbon Alliance?

Individuals and organizations with a commitment to the health and well-being of women and their families are welcome to participate. To find out how to get involved and if the White Ribbon Alliance is active in a specific country, contact the international secretariat at NGO Networks. If there is no White Ribbon Alliance, use this Field Guide to start one.

¹ Participant at workshop “Effective Strategies to Promote Quality Maternal and Newborn Care.” Nairobi, Kenya, May 2000.

The Power of Networks²

The advantages of organizations working together as a network are many. Networks:

- Are cost-effective, making limited resources go further.
- Build team spirit and develop trust among organizations that have not worked together previously.
- Encourage different sectors to recognize their inter-relationships in working towards shared goals.
- Foster new leadership.
- Create new communities.
- Can function as effective advocacy and lobbying bodies.
- Can be developed at municipal, district, and national levels.

Benefits of joining the White Ribbon Alliance

Organizations and individuals benefit from sponsoring and participating in the White Ribbon Alliance because they:

- Are part of a global effort to make safe motherhood a more visible issue locally and internationally.
- Build partnerships with governments and NGOs.
- Develop a network of groups with common interests and goals.
- Have access to technical and programmatic resources of the Alliance, including technical resource packages and a database of Alliance members, events, and activities.

² Levitt, M. et al. "Getting Messages Out: Partnerships and Innovative Community Mobilization in Nepal." Presentation at conference of National Council for International Health, Arlington, VA, June 1997.

WHAT IS SAFE MOTHERHOOD?

Safe motherhood means preventing maternal and infant death and disability through access to basic health care

Essential Services for Safe Motherhood

Safe motherhood means ensuring that all women have access to the information and care they need to go safely through pregnancy and childbirth. Services for safe motherhood should be readily available through a network of linked community health care providers, clinics, and hospitals. These services include:

- Community education on safe motherhood
- Antenatal care and counseling, including the promotion of maternal nutrition
- Skilled assistance during childbirth
- Care for obstetric complications, including life-threatening emergencies
- Postpartum care
- Services to prevent and manage the complications of unsafe abortion
- Family planning counseling, information, and services
- Reproductive health education and services for adolescents

Maternal mortality (death of a woman while pregnant, during delivery or within 42 days of the end of pregnancy from a cause related to or made worse by pregnancy) and morbidity (illness and health complications) affect women of all ages and nationalities. But women in developing countries are disproportionately affected. While there are 27 maternal deaths for every 100,000 live births in developed countries, in developing countries the figure is 480 maternal deaths for every 100,000 live births.³

In addition to maternal deaths, each year more than 50 million women experience pregnancy-related complications, many of which lead to long-term illness or disability.⁴

Safe motherhood is also a matter of infant survival. Each year, there are almost 8 million perinatal deaths (stillbirths and deaths within the first week)⁵ that are largely the result of the same factors that cause the death and disability of their mothers as well as lack of newborn care.⁶

The means to prevent most maternal deaths, millions of cases of disease and disability, and the deaths of at least 1.5 million infants each year are known—basic health services and information⁶ (see box).

Such care can cost about US\$3 per person per year in low-income countries. Basic antenatal, delivery, and postpartum care alone can cost as little as US\$2 per person.⁷

³ “Revised 1990 Estimates of Maternal Mortality: A New Approach by WHO and UNICEF.” WHO, Geneva, 1996.

⁴ Tsui, O. et al, eds. *Reproductive Health in Developing Countries*. National Academy of Sciences, Washington, DC, 1997.

⁵ “Perinatal Mortality: A Listing of Available Information.” WHO, Geneva, 1996.

⁶ *Mother-Baby Package: Implementing Safe Motherhood in Countries*. WHO, Geneva, 1994.

⁷ “Mother-Baby Package Costing Spreadsheet” (unpublished). WHO, Geneva, 1997.

The single most critical intervention for safe motherhood is to ensure that a skilled attendant is present at every birth.

The single most critical intervention for safe motherhood is to ensure that a skilled attendant is present at every birth. The term “skilled attendant” refers exclusively to people with midwifery skills (for example, doctors, midwives, nurses) who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose or refer complications to a higher level of care.

Safe motherhood is a matter of social justice and women’s human rights⁸

Throughout the world women face poverty, discrimination, and gender inequalities. These factors contribute to poor reproductive health and unsafe motherhood even before a pregnancy occurs, and make it worse once pregnancy and childbearing have begun. High levels of maternal mortality are a symptom of a neglect of women’s most fundamental human rights. Such neglect affects most acutely the poor, the disadvantaged, and the powerless.⁹

Protecting and promoting women’s rights, empowering women to make informed choices, and reducing social and economic inequalities are key to safe motherhood.

Safe motherhood is an important social and economic investment

Complications of pregnancy and childbirth are the leading cause of death and disability for women in developing countries aged 15 to 49.¹⁰

Clearly safe motherhood benefits individuals—the woman, the child, and family members. Safe motherhood also has important social and economic benefits.

When a mother dies or is disabled, her children’s health, well-being, and survival are threatened. Her family loses her contribution to household management and the care she provides for children and other family members. The economy loses her productive contributions to the work force.

Investments in safe motherhood reduce household poverty, save families and governments the costs of treatment and other services, and strengthen the health system. An investment in safe motherhood is an investment in the emotional, physical, social, and economic well-being of women, their children, their families, and their communities. Safe motherhood is an investment in the future of millions of women and their families. This has important consequences for all nations of the world.

⁸ Cook, R.J. “Advancing Safe Motherhood through Human Rights.” Presentation at Safe Motherhood Technical Consultation, Sri Lanka, October 1997.

⁹ *Reduction of Maternal Mortality: A Joint WHO/UNFAP/UNICEF/World Bank Statement*. WHO, Geneva, 1999.

¹⁰ *World Development Report 1993: Investing in Health*. World Bank, Washington, DC, 1993.

Safe motherhood is a call to action

Safe motherhood begins long before a woman becomes pregnant and requires collaborative actions on the part of the woman, her family, her community, NGOs, the health care system, the government, and other partners.

Safe motherhood will become a reality for all the world's women only when women are respected members of their societies and when the maintenance of their lives and productivity are of value to decision-makers, at the national level and within families. Women's health and status will improve where there are opportunities for full participation in social and economic development, support for their education and skill development, and community-based actions to ensure access to health care, among the many actions needed.

The tragedy of maternal death for individual women, their families, their communities, and their countries—and the knowledge that most of these deaths could be prevented—has led to numerous international agreements that incorporate calls for action to ensure safe motherhood. These include the SMI and:

- Convention on the Rights of the Child (1990)
- Convention on the Elimination of All Forms of Discrimination Against Women (1992)
- World Conference on Human Rights Programme of Action (1993)
- The International Conference on Population and Development Programme of Action (1994)
- Fourth World Conference on Women Platform for Action (1995)
- World Summit on Social Development Programme of Action (1995)
- The Joint WHO/UNFPA/UNICEF/World Bank Statement on Reduction of Maternal Mortality (1999)

10 Action Messages for Safe Motherhood

The SMI has defined 10 key action messages for safe motherhood. The White Ribbon Alliance can help create partnerships that will raise awareness about and foster these actions on many levels, in many settings, and by many groups.

1. **Advance safe motherhood through human rights.**
2. **Empower women: Ensure choices.**
3. **Make a vital economic and social investment in safe motherhood.**
4. **Delay marriage and first birth.**
5. **Recognize that every pregnancy faces risks.**
6. **Ensure skilled attendance at delivery.**
7. **Improve access to quality reproductive health services.**
8. **Prevent unwanted pregnancy and address unsafe abortion.**
9. **Measure progress.**
10. **Utilize the power of partnerships.**

The White Ribbon Alliance aims to amplify these calls to action, giving them a public and enduring voice through new coalitions of international and local groups working toward safe motherhood. The challenge facing the Alliance is to mobilize and sustain the energy and commitment necessary to make safe motherhood a top priority and ensure that the necessary resources are dedicated to this effort.

“Making major improvements in maternal health in order to save the lives and reduce the effects of maternal illness in millions of women and children is a goal that is well within our reach.”¹¹

¹¹ Participant at workshop “Effective Strategies to Promote Quality Maternal and Newborn Care.” Nairobi, Kenya, May 2000.

WHY IS SAFE MOTHERHOOD A SERIOUS ISSUE?

The medical causes of maternal deaths are similar throughout the world—hemorrhage (severe bleeding), sepsis (infections), hypertensive disorders of pregnancy (eclampsia or convulsions), prolonged or obstructed labor, and complications of unsafe abortions.¹²

Underlying the medical causes of death is a range of factors that interact and exacerbate each other. These include women's poor health before pregnancy; inadequate, inaccessible, or unaffordable health care; and poor hygiene and care during childbirth.¹³ Socioeconomic and cultural realities also contribute—illiteracy, poverty, women's unequal access to resources, and their lack of decision-making power in families and societies.¹⁴

Complications of pregnancy and childbirth are a leading cause of death among women in developing countries

Of all the health statistics monitored by WHO, maternal mortality is the one with the largest discrepancy between developed and developing countries. While infant mortality (death to infants under one year), for example, is almost seven times higher in the developing world,¹⁵ maternal mortality is on average 18 times higher.¹⁶ A woman's lifetime risk of maternal death, which is affected by the total number of children a woman bears, is much higher—almost 40 times higher—in the developing than in the developed world.¹⁶

Women's Lifetime Risk of Dying From Pregnancy¹⁶

REGION	RISK OF DYING
Africa	1 in 16
Asia	1 in 65
Latin America and the Caribbean	1 in 130
Europe	1 in 1,400
North America	1 in 3,700
All developing countries	1 in 48
All developed countries	1 in 1,800

¹² *Reduction of Maternal Mortality: A Joint WHO/UNFPA/UNICEF/World Bank Statement*. WHO, Geneva, 1999.

¹³ "Perinatal Mortality: A Listing of Available Information." WHO, Geneva, 1996.

¹⁴ Jejeebhoy, S.J. "Empower Women, Ensure Choices: Key to Enhancing Reproductive Health." Presentation at the Safe Motherhood Technical Consultation, Sri Lanka, October 1997.

¹⁵ UNICEF. *The State of the World's Children 1997*. Oxford University Press, Oxford, 1997.

¹⁶ "Revised 1990 Estimates of Maternal Mortality: A New Approach by WHO and UNICEF." WHO, Geneva, 1996.

Not only are the disparities between developed and developing countries great, there are also large differences in maternal mortality among developing countries. The majority of maternal deaths—almost 90 percent—occur in Asia and sub-Saharan Africa, approximately 10 percent in other developing regions, and less than 1 percent in the developed world.^{17,18}

In addition to maternal deaths, as many as 300 million women—more than one quarter of all adult women now living in the developing world—suffer from short- or long-term illness related to pregnancy and childbirth.¹⁸

Poor maternal health also reduces a newborn's chances of survival. An estimated 75 percent of perinatal deaths, almost 8 million each year in developing countries, could be avoided with improved maternal health, adequate nutrition during pregnancy, and appropriate management of deliveries.¹⁹

Young women are more likely to die

Adolescent pregnancy is alarmingly common in many countries. Every year, young women under the age of 20 give birth to 15 million infants.²⁰ These girls face considerable health risks during pregnancy and childbirth. Girls aged 15 to 19 are twice as likely to die from childbirth as women in their twenties; those under age 15 are five times as likely to die.²¹ Because early childbearing is so frequent, and carries so many health risks, pregnancy-related complications are the main cause of death for 15- to 19-year-old girls worldwide.²²

Deaths from unsafe abortion are the most easily prevented

Each year, women around the world experience 75 million unwanted pregnancies.²³ Approximately 50 million unwanted pregnancies are terminated, and some 20 million of these abortions are unsafe—performed either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both. About 95 percent of unsafe abortions take place in developing countries, causing the deaths of more than 200 women daily.²⁴ Deaths from unsafe abortion are the most easily preventable form of maternal death.

Although nearly 60 percent of women and men around the world now use modern contraceptive methods, an estimated 350 million couples lack information about contraceptives and access to a full range of methods and services. Between 120 and 150 million married women who want to limit or space future pregnancies are not using a contraceptive method.²³

¹⁷ “Revised 1990 Estimates of Maternal Mortality: A New Approach by WHO and UNICEF.” WHO, Geneva, 1996.

¹⁸ *Progress of Nations*. UNICEF, New York, 1996.

¹⁹ “Perinatal Mortality: A Listing of Available Information.” WHO, Geneva, 1997.

²⁰ “Issues in Brief: Risks and Realities of Early Childbearing Worldwide.” Alan Guttmacher Institute, New York, 1997.

²¹ *The World's Women: Trends and Statistics 1970-90*. United Nations, New York, 1991.

²² “Too Old for Toys, Too Young for Motherhood.” UNICEF, New York, 1994.

²³ Sadik, N. *The State of the World Population 1997*. UNFPA, New York, 1997.

²⁴ *Abortion: A Tabulation of Available Data on the Frequency and Mortality of Unsafe Abortion*. 3rd Edition. WHO, Geneva, 1998.

Many women do not receive the care they need

Many women in developing countries receive no antenatal care, almost half give birth without a skilled attendant, and the vast majority receive no postpartum care.²⁵ Poor, rural women in sub-Saharan Africa and South Asia are the least likely to receive antenatal, delivery, or postpartum care.²⁶

Distance from health services, lack of transport, and the cost of services keep millions of women from seeking care, even when complications arise. In addition, health workers often treat women in an insensitive manner, do not pay attention to their concerns, and are rude. These negative interactions with health care providers are also barriers to care.

The majority of maternal deaths occur either during or shortly after delivery. Good quality health care during the critical period of labor and delivery is the single most important intervention for preventing maternal and newborn mortality and morbidity. Yet, only 53 percent of deliveries in developing countries take place with the assistance of a skilled birth attendant—compared to 99 percent in developed countries.²⁶

Care during the postpartum period enables health workers to check that mother and baby are doing well and to detect and manage any problems early. Only a small proportion of women in developing countries—less than 30 percent—receive postpartum care. In very poor countries, as few as 5 percent of women receive such care. In developed countries, 90 percent of new mothers receive postpartum care.²⁶

Generally, many more women receive antenatal care than skilled care during delivery, although care is most needed during labor, delivery, and the immediate postpartum period. Still, millions of women in developing countries lack access to pregnancy care that can detect and manage existing disease, recognize and treat complications early, and recommend where to seek treatment if complications arise.



Source: UNICEF/0560/Giacomo Pirozzi

Kadiatu Samu, who has had no prenatal care and whose child was stillborn, is examined by a maternity ward nurse in Bo, Sierra Leone. From 13 pregnancies, she has five surviving children. Sierra Leone has one of the world's highest maternal mortality rates (1,800 deaths per 100,000). Worldwide there has been little progress in reducing risk.

²⁵ AbouZahr, C. "Improve Access to Quality Maternal Health Services." Presentation at Safe Motherhood Consultation, Sri Lanka, October 1997.

²⁶ "Coverage of Maternal Care: A Listing of Available Information, 4th Edition." WHO, Geneva, 1997.

GETTING STARTED

Raising public awareness about the need to make pregnancy and childbirth safe for all women calls for interaction, cooperation, and coordination among the public and private sectors, NGOs, associations, and individuals.

The White Ribbon Alliance hopes to build alliances and partnerships within countries—both developing and developed—and across nations and regions.

This section suggests steps that NGOs can take to become involved in the global White Ribbon Alliance. Subsequent sections outline general concepts for partners from various sectors and describe specific events and activities that partners can carry out.

What can international NGOs do?

International NGOs are organizations with operations and representatives in several countries. Often, an international NGO has its headquarters in a developed country. International NGOs have a key role to play in stimulating their own staff and their affiliates and partner organizations worldwide to be part of the White Ribbon Alliance. International NGOs also support and join with partners in developing countries who wish to launch their own national Alliance.

Suggestions for involving the staff and partners of international NGOs at the headquarters level include:

- Discuss the White Ribbon Alliance with key members of the organization.
- Educate leaders and staff about safe motherhood.
- Enlist staff involvement.
- Collect ideas on how the organization can become involved, both in the headquarters country and internationally.
- Share and discuss the ideas with all staff.
- Identify an individual or committee within the organization that will be responsible for coordinating Alliance efforts, including data collection and participation in meetings at the secretariat of the global White Ribbon Alliance in Washington, DC.
- Develop a plan of action and distribute it.
- Adapt this Field Guide to the organization's mission and goals.
- Share information about the Alliance with affiliates and partners worldwide and encourage their participation.
- Coordinate the distribution of white ribbons to partners—or aid partners in making their own.

- Reach out to other potential partners inside and outside the international NGO community, including professional associations, universities, religious organizations, and businesses.
- Work with developing country NGOs and partners to produce materials to promote the Alliance.
- Seek sponsorship and request contributions from businesses and industries, especially those with operations in the countries in which the international organization works.

When the staff of international NGOs visits their offices and partners in developing countries, they can:

- Take advantage of appropriate meetings to distribute white ribbons and this Field Guide. Translate information if needed.
- Encourage individuals and organizations to contact the White Ribbon Alliance to learn more about it and participate in its activities.
- Identify, with local colleagues, organizations, groups, and individuals interested in safe motherhood and the White Ribbon Alliance.
- Hold meetings of interested persons and assist them in developing a plan of action for their organization or for a joint effort of groups and individuals.
- When there is a joint effort, identify at least one organization to take the lead as well as individuals who will serve as coordinators.
- Before leaving, ensure that a plan is in place and next steps and a next meeting is scheduled.
- Agree to serve as point person—or identify the appropriate person(s) at headquarters—who can provide information, feedback, and support to staff in developing countries.

What can NGOs in developing countries do?

Developing country NGOs include the affiliates and partner organizations of international NGOs and local or indigenous NGOs and community-based organizations in developing countries. Because they work directly with communities affected by unsafe motherhood, they can help identify specific issues affecting maternal health and bring these issues to public attention. There is strength in a number of NGOs uniting in support of safe motherhood and working together to promote the goals of the White Ribbon Alliance.

There is strength in NGOs uniting in support of safe motherhood and working together to promote the goals of the White Ribbon Alliance.

The impetus for organizing a White Ribbon Alliance effort does not need to come from the headquarters or outside a country. The global White Ribbon Alliance encourages developing country organizations to take the lead in launching and maintaining a national White Ribbon Alliance.

Following are suggestions for ways that developing country NGOs can become part of the global White Ribbon Alliance:

- Share information about the White Ribbon Alliance with many groups. Discuss common interests, current safe motherhood activities, and the benefits of joining the Alliance.
- Call a meeting of local NGOs and other interested groups and individuals and decide how to work together.
- Start with an issue that all agree is a priority and develop an action plan. Each organization may wish to prepare its own action plan, or all can make a joint action plan.
- Choose an organization that will serve as the secretariat—calling meetings, distributing minutes, and coordinating communication among organizations.
- Adapt and distribute educational material and information on safe motherhood, including this Field Guide and White Ribbon Alliance technical packages.
- Carry out a series of events to raise awareness about and mobilize action for safe motherhood.
- Inform other organizations, national policy-makers, and the international secretariat about the Alliance activities.

KEY PARTNERS AND WHAT THEY CAN DO

Partnerships among families, community-based organizations, NGOs, schools, religious organizations, employers, government agencies, health care providers, local and national authorities, the media, international organizations, and individuals are critical to the success of the White Ribbon Alliance. Because safe motherhood is not only a matter of health, but also a matter of social justice and national development, partners in health, religion, agriculture, education, development, human rights, and other sectors all have a role to play in promoting safe motherhood.

Partners in health, religion, agriculture, education, development, human rights, and other sectors all have a role to play in promoting safe motherhood.

Partners can have several roles in the White Ribbon Alliance. They can be:

- Audiences for awareness-raising activities.
- Educators about safe motherhood.
- Participants in and supporters of Alliance events and activities in their country and communities.
- Implementers of actions and programs to support safe motherhood.

When asked to participate in White Ribbon Alliance activities, potential partners may ask, “But what can we do?” Below are some ideas that partners can take to support safe motherhood in general and contribute to goals of the White Ribbon Alliance. Although the ideas are grouped by sectors, many different organizations or individuals can carry out most of them.

Schools and educational institutions

Primary and secondary schools, vocational and technical training institutes, universities, and adult education and literacy programs can contribute to the White Ribbon Alliance in many ways. Students in medical colleges and schools of nursing, midwifery, public health, and other health sciences also have knowledge and talents to offer. Educational institutions can:

- Sponsor awareness campaigns and essay, poetry, or debating contests.
- Invite local health experts to speak to students, parents, adult learners, and teachers about safe motherhood issues.
- Encourage students, learners, and teachers to share safe motherhood messages with their families and communities.
- Include safe motherhood themes in the curriculum of both health-related professions and non-health related professions, such as agronomy, social sciences, and international relations.
- Train educators in and offering age-appropriate family life education and life-skills development to students.

- Establish links with local health services and help students and learners who need information and services to get them.
- Create “youth-friendly” counseling centers and clinics, where feasible.
- Make school gardens.
- Promote good nutrition and address anemia, particularly for adolescent girls moving into their childbearing years.
- Provide meals or nutritional supplements to children and adolescents.
- Ensure that girls and women have the same educational opportunities as boys and men.
- Give girls as well as boys opportunities to participate in sports.
- Allow pregnant students to continue schooling.

Creative Writing for Safe Motherhood

The Thunga Community Day Secondary School Girls Club in Brumbwe, Malawi, sponsored a safe motherhood creative writing corner in its newspaper, after hearing nurses from local clinics speak on the topic. The Girls Club also sold biscuits and raised about US\$3.00 to purchase material to make white ribbons. The Club held a White Ribbon Day, where the girls performed songs and drama and read stories and poems focused on safe motherhood themes.

Religious organizations

Religious leaders and members of their temples, mosques, churches, and other forms of religious community can promote the Alliance by these actions:

- Identify passages in their faith’s sacred writings that support safe motherhood and share them with members of their community.
- Incorporate safe motherhood and other health education messages into religious education classes for children and adolescents.
- Inform members about signs of danger during pregnancy and childbirth and establish plans for emergency transport to hospitals or health centers.
- Encourage special support and feeding for pregnant and breastfeeding women.
- Hold safe motherhood fairs and workshops.
- Reinforce and support men and their responsibilities in pregnancy and parenting.
- Promote good nutrition for women, especially adolescent, pregnant, and postpartum women.

Songs about Mothers in Church

Children in the Sunday school of St. Nicholas Anglican Church, Aluu, Port-Harcourt, Rivers State, Nigeria gave a song presentation highlighting the role of mothers and their importance. On Mother’s Day, health professionals from the antenatal department of the University of Port Harcourt Teaching Hospital spoke to the congregation about the White Ribbon Alliance and danger signs during pregnancy and childbirth.

Businesses and workplaces

By investing in the well-being of their workers and workers' families, businesses, industries, and other employers are ultimately conserving vital economic and human resources. As partners in the White Ribbon Alliance, employers can:

- Ensure access to family planning services as well as adequate antenatal, labor and delivery, and postpartum care for women workers and wives of workers.
- Implement educational programs on safe motherhood topics, either by incorporating them into existing employee health education activities in the workplace or by instituting new ones.
- Institute family-friendly policies and practices regarding maternity and parental leave and breastfeeding.
- Provide emergency transportation to hospitals or health centers for women who need it during childbirth.
- Sponsor or contribute to local and national White Ribbon Alliance activities and events.

Small businesses, shopkeepers, market stallholders, and others selling goods and services such as seamstresses, mechanics, and carpenters can:

- Display safe motherhood slogans, posters, and banners.
- Produce and contribute or sell at cost materials that support the White Ribbon Alliance.
- Distribute white ribbons to their customers and explain their significance.

Business associations and service clubs such as Rotary International, the Lions Club, and the Chamber of Commerce can also contribute and advocate for safe motherhood.

NGOs and community-based organizations

The specific contributions and activities of NGOs depend on the organization's mission, goals, and scope of action. Examples are listed below.

Organizations concerned with women's rights and human rights can:

- Incorporate safe motherhood topics and themes into their ongoing work to allow women greater freedom of choice and greater opportunities.
- Help men understand their role and responsibility in expanding choices for women.
- Use international human rights treaties to advance safe motherhood.

Youth organizations such as Girl and Boy Scouts and Guides, the Young Men's Christian Association (YMCA), and the Young Women's Christian Association (YWCA) can:

- Organize youth parliaments and sponsor contests around safe motherhood themes.

- Carry out community service activities such as participating in safe motherhood community education campaigns.

Community and rural development groups such as village improvement associations, agricultural cooperatives, and microcredit programs have particularly key roles to play because they often operate in the most remote and poorest communities—where women are most likely to die. They can:

- Encourage and support the formation of local safe motherhood committees and action groups.
- Organize and fund community-level schemes such as loan funds to support emergency transportation and the costs of care.
- Identify and “map” existing resources for safe motherhood.
- Produce and distribute low-cost and simple delivery kits for home births and deliveries in primary health care facilities.

Government, elected, and appointed officials

The primary role that elected and appointed officials—members of Parliament, government ministers, and other key policy-makers—can play is to ensure that the political, health, and legal systems address the multiple causes of poor maternal health. They therefore need accurate information about maternal health, which they can use to formulate laws, establish policies, and provide financial support for essential safe motherhood services.

Open Door Days²⁷

While politicians often visit hospitals or clinics, how often are citizens invited to visit local authorities and their staff to discuss health priorities? In Senegal, mayoral districts of Dakar held “Reproductive Health Open Door Days,” leading to discussions and political awareness of community priorities. Often followed by community activities (theater, traditional ceremonies, or sports events with health education discussions), “Open Door Days” made a direct link between locally elected officials and their staff, the community, and health service providers within their neighborhoods, sometimes for the first time.

Important actions for policy-makers include:

- Invest in cost-effective safe motherhood programs.
- Promote legal reform and community mobilization to address gender inequalities and discrimination.
- Establish policies and plans to train a sufficient number of health workers with midwifery skills, provide them with essential supplies and equipment, and ensure that they are accessible to poor and rural communities.
- Guarantee that every pregnant woman has access to high quality, integrated safe motherhood services.

²⁷ Rossi, E. *Meeting the Growing Demand for Quality Reproductive Health Services in Urban Africa: Partnerships with Municipal Governments*. John Snow, Inc., Arlington, VA, 2000.

- Ensure that the coverage and use of maternal health services is monitored and the findings are used to strengthen future activities.
- Ratify international treaties supporting safe motherhood.
- Encourage other countries to invest in cost-effective safe motherhood programs.

District and community-level government bodies such as town councils are taking on increasing responsibility for health care and other services as countries implement decentralization policies. These regional and municipal governments also need to learn more about safe motherhood and provide resources to support appropriate education and services in their communities. For example, municipal governments can sponsor town meetings on safe motherhood and other forums for citizens to discuss safe motherhood with officials.

Health care system

The health care system, including both public- and private-sector services, is a focal point for stimulating and coordinating partnerships to help reduce maternal morbidity and mortality. The more efficient and successful the health care system is, the greater the benefit to women, their families, their communities, and their countries. Health care systems have the primary responsibility to:

- Offer a comprehensive package of services for safe motherhood, including antenatal care and counseling during pregnancy, skilled care during labor and delivery, postpartum care, family planning before and after pregnancy, and postabortion care.
- Ensure that health facilities are located close to where women live.
- Update health provider training curricula to reflect new research findings on midwifery skills and the working conditions in the country.
- Work with and train traditional birth attendants (TBAs) to provide education to women before childbirth.
- Deploy an adequate number of trained staff.
- Provide a continuous supply of drugs and equipment.
- Link community services to hospitals by an emergency communication, transport, and referral system.
- Enforce standards and protocols for service delivery, management, and supervision.
- Respect the needs and concerns of women seeking care.
- Monitor and evaluate the quality of services.
- Conduct surveillance and routine data collection for diseases and conditions contributing to maternal death and illness.
- Investigate causes of maternal death and address those problems related to the health system.
- Provide free or affordable maternal and infant health services.

In partnership with others such as NGOs and community groups, health care systems also:

- Educate women, their families, husbands, community leaders, and policy-makers about the importance of maternal health and appropriate services.
- Provide reproductive health education and services for adolescents.
- Identify and implement strategies for improving maternal health care.
- Involve service clients in defining problems, identifying solutions, and implementing actions.

“Preferences for home births will not change until health care facilities change. It is absolutely essential that communities and providers work together to change facilities so that they are not places of death, but rather places of life, and where each party has mutual trust and respect.”²⁸

Media

The mass media can be critical to creating public awareness about the need to make pregnancy and childbirth safe for all women. It can target policy-makers and others with information about safe motherhood.

Print media, including newspapers and magazines: As literacy levels increase, the print media gain greater importance in informing people. Articles written by authorities, letters to the editor, and editorials can influence many readers.

Broadcast media: Radio and television have a large reach and can play a direct role in raising awareness among the general public as well as policy-makers. For example, televising the involvement of the head of state or other dignitaries in a White Ribbon Alliance event can emphasize the national importance of safe motherhood.²⁹ A radio or TV station can co-sponsor an Alliance event.

The content of mass media information should center on:

- Reminders that there are individual, community, social, legal, and health care system approaches to prevent maternal and newborn morbidity and mortality.
- Public debate and the decisions of public officials on resource allocation for maternal health.
- Reports on successful community collaborations and White Ribbon Alliance events.
- Education to dispel myths and promote safe practices.
- Awareness of safe motherhood issues.
- Importance of recognizing danger signs and avoiding delay in seeking help, as well as healthy behaviors.

²⁸ Participant at workshop “Effective Strategies to Promote Quality Maternal and Newborn Care.” Nairobi, Kenya, May 2000.

²⁹ Adapted from *Policy and Advocacy in HIV/AIDS Prevention: Strategies for Enhancing Prevention Interventions*. AIDSCAP, Arlington, VA, n.d.

Women, their families, and their communities

Many of the actions needed to ensure safe motherhood take place at the community level and in the household. These can expand women's decision-making power and access to information, education, and other resources and encourage them to receive proper care during pregnancy and childbirth. These actions include:

- Allow women greater freedom to make their own health and life choices.
- Support education and opportunities for girls and women.
- Encourage delayed marriage and childbearing.



Source: PIACT Bangladesh

A man in Bangladesh helps his pregnant wife with household chores.



Source: *Organizando El Parto* (Getting Organized for Childbirth), a booklet by Manuela Ramos and the ReproSalud Project, Peru

A Peruvian woman and her spouse make plans for emergency transportation in case of complications during childbirth. The plan includes financial support from family members and help from the community.

- Help men and other influentials such as elderly female family members understand their role in expanding choices for women and in ensuring responsible sexual and family life.
- Learn how to recognize, prevent, or treat pregnancy complications, and when and where to seek medical help.
- Understand that pain, suffering, and humiliation are not an inevitable part of childbirth and demand appropriate and respectful medical care.
- Help girls and women prepare for successful pregnancy and childbirth by supporting adequate nutrition.
- Inform children and adolescents about sexuality, contraception, reproductive health, and other healthy behaviors.
- Urge the establishment of and participate in local safe motherhood committees.
- Establish action groups and community loan funds for emergency transport, cost of care, and facilitating referral.

- Collaborate with the health care system to report and investigate the causes of maternal deaths.
- Contact local elected officials and media to demonstrate support for safe motherhood.
- Be part of community White Ribbon Alliance activities and wear the white ribbon.

Health care providers

Doctors, midwives, nurses, nurse-aides, and community health workers such as TBAs, community-based distribution agents, village health promoters, and others, regardless of the level of care in which they operate, are a fundamental part of the White Ribbon Alliance and efforts to achieve safe motherhood. They can:

- Educate women about how to stay healthy during pregnancy.
- Help women and families prepare for childbirth.
- Raise awareness about possible pregnancy complications and how to recognize and treat them.
- Provide advice and support for breastfeeding.
- Counsel women and men on family planning and contraceptive choices.
- Learn more about women’s beliefs and concerns regarding pregnancy, childbirth, and motherhood and incorporate these into education and services.
- Provide good quality care to all women in a culturally appropriate and sensitive manner.
- Support and contribute to family life education in schools.
- Establish links with other community organizations working to promote safe motherhood and support collaborative activities.
- Work with community groups to establish emergency transport and referral systems.

Health professional associations

Organizations of health professionals such as midwifery and medical associations can:

- Support and join the White Ribbon Alliance.
- Conduct continuing education sessions on safe motherhood and emergency obstetric care.
- Develop quality assurance guidelines on safe motherhood issues.



Source: Cambodian Midwives Association

Midwives Association Celebrates Safe Motherhood

The Cambodian Midwives Association translated White Ribbon Alliance materials into Khmer and distributed them with white ribbons during a celebration on International Women’s Day.

- Advocate for including safe motherhood in pre-service and in-service training of health professionals.
- Organize a roster of spokespersons for safe motherhood issues and seek out opportunities for spokespersons to promote these issues at appropriate public events.
- Provide prompt, credible responses to media inquiries about safe motherhood.
- Hold training sessions for spokespersons on how to work with the media.
- Offer clinical expertise to government and others on complications that are the main causes of maternal suffering and death.

Donors and international organizations

International organizations such as WHO, UNICEF, UNFPA, the World Bank, and the International Planned Parenthood Federation (IPPF), bilateral donors such as USAID, Department for International Development of Great Britain, and the Japanese International Cooperation Agency as well as private foundations can do many things, including:

- Support the White Ribbon Alliance.
- Increase funding for safe motherhood programs.
- Promote safe motherhood within their organizations and international agencies.
- Encourage governments to invest in safe motherhood programs.

PLANNING ACTIVITIES AND EVENTS

Activities and events of the White Ribbon Alliance in a specific country aim to:

- Increase awareness of safe motherhood
- Build alliances among organizations
- Ignite action at the community, health service delivery, and policy levels

Carrying out these activities also builds organizational capacities by creating new partnerships and strengthening staff skills.

1. Choose the event or activities

Use the suggestions for activities in the next section to help decide how to increase public awareness and mobilize action for the selected priority safe motherhood issue. Order or request any existing materials such as posters or brochures as soon as possible. Be realistic about how much can be done, given the resources and time available. Set objectives to be evaluated at the end of the events.

2. Select locations and timing

Decide on the locations and sequencing of the activities. For example, several small ones in districts or throughout the country may follow one centralized event with many activities in a capital city. Or, different activities can be held every market day during one month.

Events may coincide with established days such as International Women's Day on March 8 or Mother's Day, which varies from country to country. Taking advantage of existing gatherings such as market days, holiday celebrations, or community events may help attract large numbers of people. But, try to avoid scheduling activities at a time or place where important audiences may be absent or distracted from the theme of safe motherhood.

Obtain needed permission to use the location(s) and check that there is adequate space for activities.

Planning Tips for White Ribbon Alliance Events

- Link the activities to a larger organizational or coalition goal.
- Include as many organizations and community groups as possible.
- Select activities that appeal to many different people.
- Think about how the white ribbon can be the most visible on a single day or during a single week.
- Use local custom and tradition to promote the white ribbon and the Alliance.
- Involve service clients in planning and implementation.
- Be creative! Adapt or modify suggested activities. Develop new ones.
- Seek opportunities to build new leadership capabilities.
- Have fun! Having fun motivates people to stay involved and work on future events.

3. **Create a planning schedule**

Assign duties to individuals or committees and schedule dates and deadlines.

4. **Identify community resources and sources of talent**

- Within partner organizations.
- Local or national personalities such as political, religious, or business leaders, sports personalities, film, television, or radio celebrities.
- Local entertainers (musicians, singers, poets, drama troupes, puppeteers, visual artists).
- Local businesses to donate materials for making white ribbons or prizes for a raffle or other competitions.
- Advertising, public relations, or communication agencies to provide expertise in message and material design.

Contact people early to allow ample time for preparation. Review messages, scripts, and other materials for appropriate and accurate content.

5. **Seek sponsorship and support as needed**

Activities and events are intended to be low cost to facilitate participation by as many groups as possible. However, limited funds may be needed. Approach international organizations and associations and their local offices for support. Request contributions of goods or funds from local industries and distributors as well as international corporations.

6. **Prepare staff and participants**

Staff and event organizers need to understand their specific tasks as well as the messages that will be conveyed. Because activities and events aim to bring together a wide range of participants, all involved should be committed to working collaboratively and should recognize that compromise is often essential in the creation of successful coalitions. Brief or train performers such as drama troupes, singers, and others in safe motherhood issues.

7. **Publicize the event or activities**

Encourage planning committee and coalition members to spread the word to colleagues and friends as appropriate. Use press conferences, radio, TV, posters, flyers, banners, and the Internet.

8. **Evaluate the event or activities**

Evaluating events and activities throughout the planning stages, as well as after they have taken place, gives opportunities to make corrections during preparations and to improve future activities. Use a checklist during preparations to help keep activities on track.

Sample questions to evaluate preparations include:

- Are we on schedule? Are guest speakers/performers confirmed?
- Are we within the budget? If not, what do we need to do in order to make sure that everything gets done?
- What has worked well so far? Which organizations, individuals, businesses have been helpful?
- Is everyone working on tasks that complement the individual and organizational strengths?
- What difficulties have arisen so far? How could we do things differently to avoid these difficulties in the future?

After the event or activities have taken place, reflect upon what worked and what could have worked better. Ask members of partner organizations as well as participants about their opinions and experiences. Look at the process and outcomes of forming an alliance by asking how working together has contributed to increased collaboration among groups, greater commitment to safe motherhood issues, and a willingness to compromise. The section White Ribbon Alliance Events and Activities Report form contains questions to assist in evaluation.

The secretariat of the global White Ribbon Alliance requests that organizations complete and return the White Ribbon Alliance Events and Activities Report form to it. This will link local and national initiatives to a larger global community, thereby inspiring others and helping to expand the movement.

9. **Look ahead**

There are numerous opportunities throughout the year to further the momentum set in motion by the first White Ribbon Alliance activities and events. Building activities and actions that are important to the community into a year-long calendar can sustain and expand the movement for safe motherhood.

EVENTS AND ACTIVITIES TO PROMOTE SAFE MOTHERHOOD

The suggested activities and events to advance the goals of the White Ribbon Alliance should be adapted or modified to fit the local situation. Additional activities are also possible.

White ribbon promotion and distribution

The white ribbon should have a strong and visible presence at all events and activities. Performances, speeches, and other forms of communication should explain the meaning of the white ribbon. Information cards or brochures describing the White Ribbon Alliance and the symbolism of the ribbon can be distributed along with the ribbon.

White ribbons can be made of locally available materials and fabrics, and adapted to social customs in a country.

Inauguration activities

A brief opening ceremony can launch the day's or week's activities. Cutting a string of white ribbon can mark the official opening. Participants or presenters can include health care providers, celebrities, and government officials. Invite the press to cover the ceremony.



Source: White Ribbon Alliance/Indonesia

Pita Putih organized a safe motherhood march in Jakarta, Indonesia, which raised awareness about the issue among community members.

White Balloons for Safe Motherhood

Trafalgar Square in London is a major intersection and gathering point. Passers-by, invited guests, and the press learned the global significance and magnitude of maternal deaths when the IPPF, Population Concern International, and Marie Stopes International released 6,000 white balloons there on October 12, 1999—one for every 100 women who die each year of complications of pregnancy and childbirth.

Rallies

A rally can be held in a public place such as a market place, a town square, or near a key government building, depending on the audience to be reached. Rally organizers should wear white ribbons and pass them out to others, along with information on the White Ribbon Alliance and actions for safe motherhood. They can carry banners and placards with key messages on safe motherhood. A table or booth, staffed by rally organizers and supplied with informational materials, can be available to respond to inquiries. Organizers can also circulate throughout the crowd answering questions. The rally may end with a safe motherhood fair. Be sure to obtain needed permission to hold a rally.

Information sessions and discussion groups

Meetings that bring together groups of people offer an opportunity to promote dialogue and address concerns. Such sessions usually aim to reach a specific audience such as village residents or professional association members and may take the form of town meetings, professional seminars, or community discussion groups. Facilitators should be knowledgeable about safe motherhood and skilled in promoting dialogue and interaction.

Marketplace Discussion Groups

During one week, the village health volunteers of seven communities in the cantons of Solla and Boufale, in Togo, held educational discussions at five local market days at hours of peak attendance. Together, they reached almost 2,000 men and women with information on healthy pregnancy, safe childbirth, and danger signs and complications of pregnancy and childbirth.



Source: Community Life Project

Members of the Community Life Project pin the Chief of the Isolo community during an informational gathering on International Women's Day in Lagos, Nigeria.

Film, video, and slide shows

Films, videos, and slide shows that convey key safe motherhood messages and concepts through drama and stories can entertain as well as educate. Many countries, including Bangladesh, Eritrea, India, Morocco, Nigeria, Pakistan, and Togo, have produced films, videos, and slides on safe motherhood for general audiences. Other countries as well as international organizations have prepared documentaries, outlining key issues and action steps for policy-makers and program managers. Many of these films and videos can be ordered from international organizations (see box "Finding Materials on Safe Motherhood"). Hold discussion groups following a film show.

Posters, pamphlets, other print materials

Posters, pamphlets, flyers, fact sheets, and other print materials reinforce and support the key messages being conveyed during events and activities. They can also be used for publicity. Posters should be placed in clearly visible sites where people gather such as the market, health clinics, factories, and bus stations. Request businesses to display posters.

Creating new print materials may not be necessary. Many organizations already have print materials and may be willing to donate copies. Or, funding to support reprinting can be sought.

Theater

Live drama gives audiences a chance to experience real and hypothetical situations in a personal, non-threatening way. There are many forms of theater that engage the audience in the action. Discussions in which audience members talk about what happened and propose actions to solve problems presented can follow theater presentations.

In addition to formal stages, open space beneath a tree, a market street, and the back of a truck can be used as stages.³⁰



Source: JHU/CCP Photoshare

Audience watching a family planning (FP) drama in the center of a clearing in Ghana; a health worker talks to a pregnant woman before a table full of FP materials.

Puppet Show Helps Children Understand Anger and Violence

Violence against women, particularly pregnant women, is a critical issue for safe motherhood. The San Bernardino Coalition for Safe Motherhood in the United States sponsored a Mother's Day event to increase awareness of domestic violence against pregnant women. A puppet show and dramatic activities for children focused on the topics of anger and violence, and a mother's program educated women about domestic violence, its relationship to safe motherhood, and strategies for emergency situations.

Puppetry

Puppetry also provides an opportunity for people to explore health and social problems and potential solutions. Puppets can attract people of all ages, but because they look like dolls, they may be especially appealing to children.

Storytelling and proverbs

Stories and proverbs easily adapt to local situations. They can have specific lessons or they can help people think about local problems. Usually stories are told by one person, but they can be also be done by groups.³⁰

³⁰ Janzen, S. "Traditional Media." *Health Technology Directions*, Vol. 7, No. 2, 1987.

Song and dance

Music, an integral part of every culture, inspires both song and dance. It also allows message repetition, which can aid recollection of specific information. Music easily attracts crowds; songs and dancing can be used to draw people to theater or puppetry performances, rallies, and fairs.³¹ When broadcast, songs can reach even greater numbers of people.

Useful and novelty items

Almost anything can be used to convey safe motherhood messages: household goods such as carrying bags, cups, bowls, and pencils; clothing, including t-shirts, aprons, caps, and traditional wraps; and novelty items such as key chains, stickers, and buttons. Although these items are often long-lasting, providing enduring reminders, they can also be expensive. Local businesses and manufacturers may donate these items. Items that appear to be selling a particular commercial product, service, or company should be avoided. However, it is appropriate to acknowledge the source of the contribution.

The Joy of Pregnancy: A Song

For many women in Mali, pregnancy is a forbidden subject of discussion with spouses. To promote better communication between couples about pregnancy, the international NGO Africare worked with community *griots*—singing storytellers—to create a song presenting pregnancy as a happy, rather than shameful occasion. The lyrics urge men to support their wives during pregnancy and delivery by showering them with attention and affection, providing them with healthy foods, and encouraging them to obtain antenatal care.

Games and competitions

Contests inspire creativity and action. National White Ribbon Alliance members can encourage and sponsor competitions among partner organizations for the “best” activity or event in different settings or at different levels, such as at the community level or for health services. Contests can be simple such as awarding a prize to the person who distributes the most white ribbons or who makes the most creative white ribbon. Winners should receive public recognition and appropriate, low-cost prizes. The criteria for evaluating winning entries need to be established and clearly communicated to all potential contestants.

Raffles for prizes related to safe motherhood (safe delivery kits, nutritional supplements for pregnant women, etc.), games, and sporting events are also popular ways to engage people.

Safe motherhood fair

A fair with performances, games, and food and refreshments can be held in a central location, such as near the market or close to a main road. Partner organizations can set up information booths, describing how they and others can contribute to safe motherhood. Fairs can include activities for all ages.

³¹ Janzen, S. “Traditional Media.” *Health Technology Directions*, Vol. 7, No. 2, 1987.

Internet

The resources and reach of the Internet and the World Wide Web increase daily, although many people and organizations have not yet benefited from these communication technologies. The Internet can help create and strengthen the global alliances that are so necessary to achieve safe motherhood.

E-mail and listservs can reach many people, including elected and appointed officials and the press, with important information about the White Ribbon Alliance and its activities.

Partner organizations with websites can announce White Ribbon Alliance events and activities. They can post information on safe motherhood and establish links to other websites, particularly those of national and international partners, including the global White Ribbon Alliance at www.geocities.com/white_ribbonalliance.

Proclamations and petitions

Partner organizations can prepare a statement outlining the maternal health situation in their country, describing the impact of maternal death on families, communities, and the country, and recommending actions to achieve safe motherhood. The statement should list the names of all supporting organizations and individuals. It can be presented to policy-makers, requesting that they adopt a proclamation in support of the White Ribbon Alliance. Such a statement can also be circulated among the public as a petition, asking people to sign their names as a show of popular support for it.

Finding Materials on Safe Motherhood

Several international resources can help find pamphlets, brochures, films, videos, and other materials on safe motherhood. These include:

- The Media/Materials Clearinghouse (M/MC), an international resource for health professionals seeking media/materials on family planning, reproductive health, and related issues such as safe motherhood. The M/MC provides sample materials, bibliographies, and annotated lists of media/materials.

Media/Materials Clearinghouse
Johns Hopkins University Center for Communication Programs
111 Market Place, Suite 310
Baltimore, MD 21202-4024
E-mail: mmc@jhuccp.org
Website: www.jhuccp.org/mmc

- Family Care International (FCI), the secretariat of the SMI, has a variety of media and materials on safe motherhood, including the *Safe Motherhood Fact Sheets*.

Family Care International
588 Broadway, Suite 503
New York, NY 10012, USA
E-mail: smi10@familycareintl.org
Website: www.safemotherhood.org

- *List of Free Materials in Reproductive Health*, produced by INTRAH, is an annotated bibliography of more than 1,200 items available free to developing countries. Order the catalogue or search the online List.

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THE WHITE RIBBON ALLIANCE IN ACTION: COUNTRY EXAMPLES

This section describes how various countries have joined in the global White Ribbon Alliance—how they have adopted the call to raise public awareness about safe motherhood and adapted the suggestions in the Field Guide to the situation and resources in their countries. The rapid pace at which alliances have been formed and events and activities carried out demonstrate the urgency for and relevance of the Alliance. By April 2000, 30 organizations or coalitions of groups had submitted descriptions of their safe motherhood awareness-raising campaigns to the global White Ribbon Alliance contest. The three winners are included in the description below.

MAMTA Health Institute for Mother and Child, India

The MAMTA Health Institute for Mother and Child of New Delhi, India, incorporated the white ribbon symbol into its maternal and child health programs by linking it to the cultural tradition of *Raksha Bandhan*. In *Raksha Bandhan*, a sister ties a sacred band around her brother's wrist; the brother then promises to protect her life. In MAMTA's program, husbands tie a white ribbon around their wives' wrists, promising to protect them during pregnancy. MAMTA works to build knowledge about maternal and child health through street dramas, puppet shows, and thematic demonstrations. Special discussion groups give difficult-to-reach segments of society, such as men and adolescents, the opportunity to voice their concerns about reproductive health. MAMTA also encourages sustainability by emphasizing the use of governmental health resources and by building linkages with other maternal health initiatives in the community. MAMTA was one of three winners of the global contest of local and national initiatives to raise awareness using the white ribbon.

White Ribbon Alliance, India

An informal introduction to the global White Ribbon Alliance, sponsored by CEDPA/India, brought together a wide range of United Nations agencies, private foundations, and Indian NGOs and voluntary agencies in late 1999. After learning about the Alliance, 37 organizations, including the All India Women's Conference, the Family Planning Association of India, the Trained Nurses Association of India, and the YWCA agreed to work together as the White Ribbon Alliance/India.

The White Ribbon Alliance/India selected the theme "Maternal death is an avoidable tragedy" for the year 2000. The first major event focused on the week of March 10, 2000 to coincide with **International Women's Day** (March 8) and **Mother's Remembrance Day**, which occurs on the 10th day of each month. Leading up to the week of events, Alliance subcommittees worked on several fronts: media and celebrities, elected leaders, family and communities, and sharing information and best practices. The YWCA translated into Hindi and disseminated at the grassroots level information on the Alliance and the global contest for safe motherhood awareness-raising activities. Within its grassroots network, groups sponsored art contests, micro-loan funds for women, seminar camps, rallies, and film shows focusing on safe motherhood. The White Ribbon Alliance/India also prepared media advocacy kits on maternal mortality and produced polished brass white ribbon pins for use throughout the world. TV spots on safe motherhood, supported by UNFPA and featuring a well known film star, were extensively aired.

On March 7, more than 200 representatives of the press attended a **media conference**. A panel of distinguished representatives from the Ministry of Health and Family Welfare, WHO, UNICEF, UNFPA, the Federation of Obstetricians and Gynecologists, and others presented information on key actions to achieve safe motherhood. The White Ribbon Alliance/India continues to popularize the white ribbon through distribution of pins and use of its White Ribbon Alliance letterhead. The White Ribbon Alliance/India was one of three winners of the global contest of local and national initiatives to raise awareness using the white ribbon.

Safe Motherhood Action Group, Nigeria

The Safe Motherhood Action Group in Oyo State, Nigeria, is a coalition of 14 organizations in support of the White Ribbon Alliance. The Action Group chose the theme “Safety of mother and baby: Family and national progress” for its White Ribbon Alliance day celebration on April 6, 2000. At the celebration, dignitaries and health professionals spoke on the importance of safe motherhood. A local theater group gave a dramatic presentation on maternal mortality, and health professionals, students, and others read poetry to the more than 500 participants. Follow-up meetings in secondary schools and community centers reinforced the safe motherhood message. The Ministry of Health of Oyo State expressed support for the Safe Motherhood Action Group and interest in future collaboration. The Safe Motherhood Action Group was one of three winners of the first global contest of local and national initiatives to raise awareness using the white ribbon.

Pita Putih, Indonesia

In late 1999, Indonesian NGOs and others, with the support and encouragement of the Centre for Development and Population Activities (CEDPA), the Johns Hopkins University/Center for Communication Programs, and the Program for Appropriate Technology in Health/Indonesia, met and formed the White Ribbon Alliance/Indonesia. Participants included the Midwives Association of Indonesia, the Budi Kemulyann Maternity Hospital, Foundation for the Promotion of Breastfeeding, and Aisyiah Muslim Organization. They adopted *Pita Putih*, white ribbon in Bahasa Indonesian, as the official name of the group. The slogan “Mother is safe, baby is healthy, and the family is happy” was developed to promulgate the safe motherhood theme. Since its formation, the *Pita Putih* network has grown to include more than 45 individuals, organizations, and private companies.



Source: Manjiri Sonawane

Members of the Pita Putih Alliance/Indonesia Secretariat.

- **White Ribbon Month**—December 8, 1999 to January 8, 2000. *Pita Putih* members carried out smaller special events leading up to Indonesian Mother’s Day on December 22. On that day, the Minister of Health expressed her Ministry’s formal support of *Pita Putih* and urged everyone to wear a white ribbon. In her speech, she appealed to the President, Vice President,

and others in the audience to support this campaign as she read the facts about maternal mortality in Indonesia. *Pita Putih* members passed out white ribbons to the attendees.

- **International Women's Day**—March 8, 2000. *Pita Putih* was introduced to more than 200 attendees at an international luncheon. The keynote speaker, the Bureau Chief of Cable News Network International pledged to wear the white ribbon on air during April's *Pita Putih* week.
- ***Pita Putih* Week**—April 21–28, 2000. The week began with Kartini Day, the birthday of a woman who died in childbirth, which is celebrated annually. *Pita Putih* supported a media campaign to promote safe motherhood, held lectures for hospital staff, and participated in radio talk shows.

MEDIA OUTREACH GUIDE

This section provides information on how to reach and use three primary mass media channels: television, radio, and print. It discusses how to understand and work directly with the media.

Understanding the media

Media relations, also called public relations, can be an effective way to reach key groups. Before coordinating a media relations effort, ask:

- What are the goals and objectives of the White Ribbon Alliance and its events and activities?
- Who are the key audiences we are trying to reach?
- What messages must be developed and conveyed to influence these audiences?
- What is the role of the community at large or general public?
- What types of media outreach would be efficient and cost-effective to accomplish the above?

The nature of the media and its relationships with community organizations vary from country to country. Learn about and keep a list of the different media outlets, their staff (reporters and editors), their deadlines, copy and photo specifications, and other requirements.

Getting media interest requires two things:

- Understanding what the media want in a story.
- Providing information in a clear and timely manner.

If several partner organizations are planning their own activities and events, competition for media coverage may occur, causing tension among organizations and confusion among the media. To avoid this media confusion, develop a collaborative media relations effort among the partners. If possible, form an intermediary group or committee that will coordinate the names, places, dates, etc. of each organization's events to be covered.

Think Action!

The three most important elements in a good story from the media's point of view are action, people, and substance. Match the media's need with the messages of the White Ribbon Alliance. Reporters and producers all seek similar story elements: audience appeal; issues that stimulate debate, controversy, and even conflict; stories that generate high ratings and increased readers, listeners, or viewers; and fresh perspectives on an issue that will sustain public interest. They try to avoid familiar stories that have been duplicated by a competitor or are inaccurate or incomplete, as well as people who are overly persistent when a story has been rejected.

Issuing a news release

A news release is a “ready-to-print” story about an issue, event, or activity, which the organization that wants news coverage prepares and provides to the media. A good news release can win wide coverage for a story. A news release is most likely to obtain media coverage if:

- It reports an event or situation that significantly affects or involves many people.
- It draws attention to the situation through dramatic, well-documented new data or estimates.
- It involves or quotes a well-known person.
- It reports an amusing or unusual event or occurrence.³²

Suggestions for news releases include:

- A profile on the White Ribbon Alliance and what it has done and why.
- Special activities and events carried out by Alliance partners in support of safe motherhood.
- Personal stories of women with complications of pregnancy or childbirth.
- Programs to address the causes of maternal death.
- An exceptional safe motherhood program or activity at a house of worship, school, or community organization.
- A profile of an outstanding maternal health caregiver such as a midwife.

Media kits

The media kit is a collection of information prepared especially for the media. Media kits can serve as an introduction to the White Ribbon Alliance and be used on a routine basis in response to media inquiries. For special Alliance events, the standard kit should be supplemented with current information relating to the event and released on the day of the event.

Checklist for Issuing a News Release³²

- State what is new and newsworthy clearly and put it in the first paragraph.
- Cover who, what, when, where, why, and how near the beginning.
- Clearly identify the source of the news release, including name of organization, address, contact person, and telephone numbers (home and work).
- Specify the time of release or state “For Immediate Release”.
- Use simple language.
- Include usable quotes from key people.
- Raise local issues which relate to the topic.
- Make it no more than three pages.
- Deliver on time for deadlines.
- Call key media people to be sure they received the news release and encourage them to do a story.
- Keep records of who used the news release and who did not.
- Save press clippings or notes on broadcast programs.

³² *Working with the Media*. Packet Series 6, Johns Hopkins University/Population Communication Services, Baltimore, Maryland, 1986.

Examples of materials that might be included in a media kit are:

- Facts sheets with data on the prevalence of maternal morbidity and mortality in the specific country and other relevant statistics.
- Information on the White Ribbon Alliance, both nationally and worldwide.
- Information on the Alliance partners and what they do.
- Business card for the media to contact the White Ribbon Alliance about safe motherhood issues.
- Brief biographies of key spokespersons.
- Photographs (most newspapers prefer black and white) and camera-ready graphics, such as charts and logos.
- White ribbons as well as stickers, buttons, pamphlets, brochures, and other materials used by the Alliance.

Supplements for the basic kit for a special event may include the following:

- News release(s) on the event.
- Biographies of people (speakers, panel members, performers, etc.) relevant to the event.
- Copies of relevant print materials, such as statements to be given at a news conference, speeches, etc.

Media coverage of a White Ribbon Alliance event

Once the time and location of a White Ribbon Alliance event is set, to plan for media coverage:

- Request the media to announce the event in community calendars.
- Contact reporters who cover community events and pitch the event as a future story.
- Prepare a “news alert” or invitation that clearly states the theme, date, time, place, and other relevant details.
- Send or hand deliver invitations to the event several days in advance.
- A day or two before the event, call key media outlets and contacts to remind them of the event.
- Prepare sufficient media kits to distribute.

The day of the event:

- Set up a media sign-in table with media kits to distribute.
- When reporters arrive, set up interviews with the right people and escort media people to the appropriate spokesperson.

- Issue name badges to promote better communication between media and the White Ribbon Alliance event organizers and participants.
- Take black and white photos to accompany articles and other publications.
- Start on time.

After the event:

- Send an immediate news release to any reporters who could not attend.
- Send follow-up letters to the editors of newspapers, thanking the community and informing them of the success.

Radio and TV public service announcements

Radio and TV stations often need short pieces to fill broadcast time between music, programs, and commercials. Some stations invite individuals to read a story over the air. Others welcome ready-to-air recorded public service announcements (PSAs) and/or written announcements. It is important to meet with the program producer of each station to determine the appropriate length and format for PSAs.

A written PSA should:

- Be timed to run from between 10 seconds (25 words) to 60 seconds (150 words) and should be submitted to stations in varying lengths.
- Include the name and telephone numbers of a contact person.
- Carry a release date (either “For Immediate Release” or “For Release: [date]”).
- Have the heading “Public Service Announcement.”
- Feature the title and length of the PSA on the center of the page.
- Be triple-spaced, using short paragraphs.
- Use only one side of the paper.
- Be clearly legible.

If PSAs are broadcast, be sure to thank the station. Continue to submit new PSAs on a regular basis.³³

Responding to media requests for information

Media representatives may call the White Ribbon Alliance secretariat or its partner organizations to seek background information, specific facts and data, a colorful quote to liven up a story, a different perspective, or other information. Handling the requests professionally helps establish

³³ *Working with the Media*. Packet Series 6, Johns Hopkins University/Population Communication Services, Baltimore, Maryland, 1986.

Alliance organizations as reliable, responsible sources of information. To handle media requests effectively:

- Designate an individual and an alternate to take all calls from media representatives.
- Determine whether the information requested is within the organization's area of expertise. If not, refer the reporter to appropriate sources.
- Determine exactly what information is needed. Summarize the request to ensure that it was understood completely.
- Find out when the information is needed and, if necessary, discuss how it will be provided to the media (over the phone, by messenger, etc.).
- Fill all media requests promptly and as accurately and completely as possible.
- Avoid casual or hasty remarks. If needed, state that additional time is needed to make a statement or develop a response.
- Provide only information the organization wishes to see broadcast or printed.³⁴

Tracking media relations

Track media contacts by recording information (name of the media person and organization, time, date, and topics discussed) on a simple form. Examining the media contact forms can provide answers to questions such as how many media inquiries do we receive in a week, a month, a year? Are they increasing or decreasing? Documentation of the number of people attending an event, the amount of media coverage, etc. is useful for internal evaluation and for post-event news releases.

³⁴ *Working with the Media*. Packet Series 6, Johns Hopkins University/Population Communication Services, Baltimore, Maryland, 1986.

FACT SHEETS

The Secretariat of the White Ribbon Alliance encourages readers to obtain and read the *Safe Motherhood Fact Sheets* for more detailed information on specific themes of safe motherhood.

Fact sheets are also an important part of White Ribbon Alliance activities in a particular country.

Obtaining the Safe Motherhood Fact Sheets

FCI and the Safe Motherhood IAG have prepared 12 fact sheets for general audiences.³⁵ The fact sheets are:

- The Safe Motherhood Initiative
- Maternal Mortality
- Safe Motherhood: A Matter of Human Rights and Social Justice
- Maternal Health: A Vital Social and Economic Investment
- Adolescent Sexuality and Childbearing
- Every Pregnancy Faces Risks
- Skilled Care During Childbirth
- Good Quality Maternal Health Services
- Unwanted Pregnancy
- Unsafe Abortion
- Measuring Progress
- Action Messages for Safe Motherhood

Readers can request them free of charge from:

Family Care International
588 Broadway, Suite 503
New York, NY 10012, USA
Tel: 212-941-5300
Fax: 212-941-5563
E-mail: smi10@familycareintl.org
World wide web: www.safemotherhood.org

³⁵ More detailed fact sheets for technical audiences are also available from FCI and the IAG.

Adapting the fact sheets for a specific country

These fact sheets summarize the key global evidence and lessons learned in support of safe motherhood. To be effective in a specific country, they should be adapted and modified to include data, case studies, research results, and other evidence from that country. The section Data for Raising Awareness about Safe Motherhood contains country-specific statistics that can be used to adapt fact sheets and complement existing international data. Many readers will also be interested in comparing the situation in their country with that in other countries and with global data.

To make it easier to adapt, modify, and create country-specific fact sheets, the 12 IAG fact sheets can be obtained and downloaded from the World Wide Web at:
http://www.safemotherhood.org/facts_and_figures

Using fact sheets

Even after adapting the fact sheets, they may not be appropriate for all audiences. The following groups will find them most useful:

- Policy-makers and elected and appointed officials
- Health program managers
- Health care providers
- International and national NGOs
- International organizations
- The media

Fact sheets can be distributed at meetings, seminars, and conferences. They can serve as the basis for presentations at panel discussions and other forums. They can be included in media kits and distributed at press conferences; they can also be used to respond to press inquiries.

Fact sheets usually do not provide information that individual women and their families can use to experience safe motherhood. For that purpose simpler brochures, flyers, posters, flip charts, and other media that reinforce interpersonal and mass media messages are required.

DATA FOR RAISING AWARENESS ABOUT SAFE MOTHERHOOD

Lifetime risk of maternal death: The risk of an individual woman dying from pregnancy or childbirth during her lifetime. Calculations are based on maternal mortality and fertility rates in a country. A lifetime risk of 1 in 3,000 represents a low risk of dying from pregnancy and childbirth, while 1 in 100 is a high risk.

Skilled attendant at delivery: Percentage of deliveries attended by a skilled person (doctor, midwife, nurse proficient in midwifery).

Perinatal deaths per 1,000 births: Stillbirths and deaths in the first week of life.

Married women using modern contraception: Percentage of married or “in-union” women of reproductive age who are currently using clinic and supply methods such as the pill, IUD, condom, and sterilization.

Women 20–24 giving birth by age 20: Percentage of women who are now 20–24 years old and who gave birth before age 20.

Females enrolled in secondary school: Ratio of the total number enrolled in secondary school to the applicable age group, or the gross enrollment ratio.

Country	Lifetime Risk of Maternal Death ³⁶ 1 Woman in:	Skilled Attendant at Delivery ³⁶ (%)	Perinatal Deaths per 1,000 Births ³⁶	Married Women Using Modern Contraception ³⁷ (%)	Women Currently 20–24 Giving Birth by Age 20 ³⁸ (%)	Female Enrollment in Secondary School ³⁸
Afghanistan	7	8	120	(n/a)	(n/a)	8
Albania	430	99	15	(n/a)	(n/a)	72
Algeria	120	77	25	43	(n/a)	55
Angola	8	17	90	(n/a)	(n/a)	(n/a)
Argentina	290	96	30	(n/a)	(n/a)	75
Armenia	640	95	25	(n/a)	(n/a)	90
Austria	5600	100	5	53	(n/a)	104
Australia	4900	100	10	63	(n/a)	86
Azerbaijan	1400	95	30	(n/a)	(n/a)	88
Bahamas	400	100	25	63	(n/a)	(n/a)
Bahrain	360	97	20	31	49	101
Bangladesh	21	14	85	42	66	13

³⁶ Source: *Maternal Health Around the World*. WHO and the World Bank, 1997.

³⁷ Source: *1999 World Population Data Sheet*. Population Reference Bureau, Washington, DC, 1999.

³⁸ Source: *The World's Youth 1996*. Population Reference Bureau, Washington, DC, 1996.

Country	Lifetime Risk of Maternal Death³⁶ 1 Woman in:	Skilled Attendant at Delivery³⁶ (%)	Perinatal Deaths per 1,000 Births³⁶	Married Women Using Modern Contraception³⁷ (%)	Women Currently 20–24 Giving Birth by Age 20³⁸ (%)	Female Enrollment in Secondary School³⁸
Barbados	1100	98	20	53	(n/a)	(n/a)
Belarus	1300	100	15	42	(n/a)	96
Belgium	5200	100	10	74	(n/a)	104
Belize	(n/a)	77	20	42	(n/a)	(n/a)
Benin	12	38	75	3	(n/a)	7
Bhutan	9	12	100	(n/a)	(n/a)	2
Bolivia	26	46	55	25	38	34
Bosnia and Herzegovina	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
Botswana	65	77	25	32	55	55
Brazil	130	81	45	70	31	(n/a)
Brunei Darussalam	430	98	15	(n/a)	(n/a)	(n/a)
Bulgaria	1800	100	15	(n/a)	(n/a)	70
Burkina Faso	14	43	80	4	62	6
Burundi	9	24	60	1	27	5
Cambodia	17	21	65	(n/a)	(n/a)	(n/a)
Cameroon	26	62	75	7	67	23
Canada	7700	100	10	66	(n/a)	103
Cape Verde	(n/a)	(n/a)	35	(n/a)	(n/a)	(n/a)
Central African Republic	21	50	80	3	(n/a)	6
Chad	9	15	90	1	(n/a)	2
Chile	490	98	15	(n/a)	(n/a)	70
China	400	85	45	81	8	51
Colombia	300	85	25	59	31	68
Comoros	12	24	60	11	(n/a)	17
Congo	15	50	80	(n/a)	(n/a)	(n/a)
Costa Rica	420	98	20	65	(n/a)	49
Cote d'Ivoire	14	45	55	4	(n/a)	17
Croatia	(n/a)	(n/a)	5	(n/a)	(n/a)	86
Cuba	490	99	15	68	81	(n/a)
Cyprus	6900	98	10	(n/a)	(n/a)	96
Czech Republic	2900	99	10	45	24	88

Country	Lifetime Risk of Maternal Death³⁶ 1 Woman in:	Skilled Attendant at Delivery³⁶ (%)	Perinatal Deaths per 1,000 Births³⁶	Married Women Using Modern Contraception³⁷ (%)	Women Currently 20–24 Giving Birth by Age 20³⁸ (%)	Female Enrollment in Secondary School³⁸
Democratic People's Republic of Korea	500	100	20	(n/a)	(n/a)	(n/a)
Denmark	5800	100	10	71	(n/a)	115
Djibouti	24	79	75	(n/a)	(n/a)	10
Dominican Republic	230	90	35	59	33	43
East Timor	(n/a)	(n/a)	75	(n/a)	(n/a)	(n/a)
Ecuador	150	64	45	46	35	56
Egypt	120	46	45	52	29	69
El Salvador	65	87	35	54	46	30
Equatorial Guinea	17	5	85	(n/a)	(n/a)	(n/a)
Eritrea	10	6	75	4	(n/a)	13
Estonia	1100	95	15	(n/a)	(n/a)	96
Ethiopia	9	8	100	3	(n/a)	11
Fiji	300	100	10	(n/a)	(n/a)	65
Finland	4200	100	5	57	(n/a)	130
France	3100	99	10	68	7	107
French Polynesia	(n/a)	98	20	(n/a)	(n/a)	(n/a)
Gabon	32	80	75	(n/a)	(n/a)	(n/a)
Gambia	13	44	110	7	(n/a)	13
Georgia	1100	95	15	(n/a)	(n/a)	(n/a)
Germany	2700	100	5	79	(n/a)	100
Ghana	18	44	90	10	49	28
Greece	5600	99	15	(n/a)	(n/a)	98
Guadeloupe	(n/a)	(n/a)	25	63	(n/a)	(n/a)
Guam	(n/a)	100	10	(n/a)	(n/a)	(n/a)
Guatemala	75	35	45	27	50	23
Guinea	7	31	130	1	(n/a)	6
Guinea-Bissau	16	(n/a)	85	(n/a)	(n/a)	4
Guyana	(n/a)	93	40	(n/a)	(n/a)	59
Haiti	17	20	95	14	(n/a)	21
Honduras	75	47	40	41	(n/a)	37
Hong Kong	9200	100	5	75	(n/a)	73

Country	Lifetime Risk of Maternal Death³⁶ 1 Woman in:	Skilled Attendant at Delivery³⁶ (%)	Perinatal Deaths per 1,000 Births³⁶	Married Women Using Modern Contraception³⁷ (%)	Women Currently 20–24 Giving Birth by Age 20³⁸ (%)	Female Enrollment in Secondary School³⁸
Hungary	1500	99	10	68	(n/a)	82
Iceland	0	100	5	(n/a)	(n/a)	(n/a)
India	37	35	65	36	49	38
Indonesia	41	36	45	55	31	39
Iran (Islamic Rep. of)	130	74	30	56	(n/a)	58
Iraq	46	54	40	10	(n/a)	34
Ireland	3800	99	10	(n/a)	(n/a)	110
Israel	4,000	99	10	(n/a)	(n/a)	91
Italy	5300	100	10	56	(n/a)	82
Jamaica	280	92	40	63	(n/a)	70
Japan	2900	100	5	57	2	97
Jordan	95	87	30	38	21	54
Kazakhstan	370	99	30	46	(n/a)	91
Kenya	20	45	45	31	52	23
Kuwait	820	99	30	32	54	60
Kyrgyzstan	190	95	40	49	(n/a)	(n/a)
Lao People's Democratic Republic	19	30	90	21	(n/a)	19
Latvia	1100	95	20	51	(n/a)	90
Lebanon	85	45	25	(n/a)	(n/a)	78
Lesotho	26	50	65	19	(n/a)	31
Liberia	22	58	130	(n/a)	64	(n/a)
Libyan Arab Jamahiriya	55	76	50	26	(n/a)	95
Lithuania	1200	95	15	25	(n/a)	79
Luxembourg	0	100	5	(n/a)	(n/a)	(n/a)
Madagascar	27	57	65	10	53	14
Malawi	20	55	70	14	63	3
Malaysia	270	98	20	31	(n/a)	61
Maldives	(n/a)	90	45	5	(n/a)	(n/a)
Mali	10	24	100	(n/a)	67	6
Malta	0	98	10	43	(n/a)	(n/a)
Martinique	(n/a)	(n/a)	15	(n/a)	(n/a)	(n/a)
Mauritania	16	40	95	1	84	11
Mauritius	300	97	35	60	(n/a)	60

Country	Lifetime Risk of Maternal Death³⁶ 1 Woman in:	Skilled Attendant at Delivery³⁶ (%)	Perinatal Deaths per 1,000 Births³⁶	Married Women Using Modern Contraception³⁷ (%)	Women Currently 20–24 Giving Birth by Age 20³⁸ (%)	Female Enrollment in Secondary School³⁸
Mexico	220	69	40	56	35	58
Mongolia	310	97	35	41	(n/a)	(n/a)
Morocco	33	40	45	(n/a)	19	29
Mozambique	9	30	105	5	(n/a)	6
Myanmar	33	52	55	14	(n/a)	23
Namibia	42	68	60	26	42	61
Nepal	10	8	75	26	(n/a)	23
Netherlands	4300	100	10	71	(n/a)	120
Netherlands Antilles	(n/a)	98	15	68	(n/a)	(n/a)
New Caledonia	(n/a)	98	15	(n/a)	(n/a)	(n/a)
New Zealand	1600	95	5	(n/a)	(n/a)	103
Nicaragua	100	61	35	57	48	44
Niger	9	16	100	5	75	4
Nigeria	13	31	90	7	54	27
Norway	7300	100	5	50	(n/a)	114
Oman	60	92	30	18	61	57
Pakistan	38	18	70	13	31	13
Panama	510	84	25	(n/a)	(n/a)	65
Papua New Guinea	17	33	55	20	(n/a)	10
Paraguay	120	66	40	41	37	38
Peru	85	53	35	41	27	60
Philippines	75	53	25	28	22	75
Poland	2200	99	20	12	(n/a)	87
Portugal	3500	98	10	(n/a)	(n/a)	74
Puerto Rico	(n/a)	99	20	(n/a)	(n/a)	(n/a)
Qatar	(n/a)	97	20	18	48	84
Republic of Korea	380	95	15	66	(n/a)	96
Republic of Moldova	580	95	30	(n/a)	(n/a)	(n/a)
Reunion	(n/a)	97	15	67	(n/a)	(n/a)
Romania	340	99	15	14	20	82
Russian Federation	620	95	20	49	(n/a)	91
Rwanda	9	26	65	13	37	9

Country	Lifetime Risk of Maternal Death³⁶ 1 Woman in:	Skilled Attendant at Delivery³⁶ (%)	Perinatal Deaths per 1,000 Births³⁶	Married Women Using Modern Contraception³⁷ (%)	Women Currently 20–24 Giving Birth by Age 20³⁸ (%)	Female Enrollment in Secondary School³⁸
Samoa	500	52	20	(n/a)	(n/a)	(n/a)
Saudi Arabia	95	90	30	24	(n/a)	43
Senegal	11	47	80	8	52	11
Sierra Leone	7	25	80	(n/a)	(n/a)	12
Singapore	4900	100	5	(n/a)	(n/a)	71
Slovakia	(n/a)	95	15	42	(n/a)	90
Slovenia	4,000	100	10	54	(n/a)	90
Solomon Islands	(n/a)	85	40	(n/a)	(n/a)	(n/a)
Somalia	7	2	120	(n/a)	(n/a)	(n/a)
South Africa	85	82	55	52	(n/a)	71
Spain	9200	96	5	43	(n/a)	120
Sri Lanka	230	94	25	44	16	78
Sudan	21	86	55	7	26	19
Suriname	(n/a)	91	20	(n/a)	(n/a)	(n/a)
Swaziland	29	56	55	19	(n/a)	51
Sweden	6,000	100	5	(n/a)	(n/a)	100
Switzerland	8700	99	5	(n/a)	(n/a)	89
Syrian Arab Republic	75	67	45	28	(n/a)	42
Tajikistan	120	92	30	(n/a)	(n/a)	101
TFYR Macedonia	(n/a)	93	15	(n/a)	(n/a)	(n/a)
Thailand	180	71	20	70	24	37
Togo	20	32	90	7	56	12
Trinidad and Tobago	360	98	25	44	30	27
Tunisia	140	90	40	49	13	49
Turkey	130	76	50	38	48	25
Turkmenistan	350	90	60	(n/a)	(n/a)	97
Uganda	10	38	70	8	46	8
Ukraine	930	100	15	(n/a)	(n/a)	95
United Arab Emirates	730	96	20	24	(n/a)	84
United Kingdom	5100	98	10	65	(n/a)	94
United Republic of Tanzania	18	53	65	13	57	5

Country	Lifetime Risk of Maternal Death³⁶ 1 Woman in:	Skilled Attendant at Delivery³⁶ (%)	Perinatal Deaths per 1,000 Births³⁶	Married Women Using Modern Contraception³⁷ (%)	Women Currently 20–24 Giving Birth by Age 20³⁸ (%)	Female Enrollment in Secondary School³⁸
United States of America	3500	99	10	71	19	97
Uruguay	410	96	25	(n/a)	(n/a)	(n/a)
Uzbekistan	370	90	45	65	(n/a)	92
Vanuatu	60	79	50	(n/a)	(n/a)	(n/a)
Venezuela	200	97	35	(n/a)	(n/a)	41
Viet Nam	130	79	25	56	16	(n/a)
Yemen	8	16	70	10	41	7
Yugoslavia	(n/a)	(n/a)	10	(n/a)	(n/a)	65
Zaire	14	(n/a)	80	3	(n/a)	15
Zambia	14	51	70	14	51	14
Zimbabwe	28	69	40	42	47	40

WHITE RIBBON ALLIANCE EVENTS AND ACTIVITIES REPORT

Please complete and return this form after carrying out any White Ribbon Alliance activities or events, no matter how small or large. Your ideas and comments will be used to improve future Field Guides and inspire others. The information will be entered into the White Ribbon Alliance database. Thank you.

Name of person completing form _____

Organization (or secretariat of White Ribbon Alliance)

Mailing address _____

Country _____ Telephone _____

Fax _____ E-mail _____

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1. Describe the event or activities organized by the White Ribbon Alliance in your country or community. Please attach copies of materials from the events (posters, flyers, newspaper clippings, photographs, audio or video recordings, etc.). Continue on another sheet of paper if needed.
 2. List the partner organizations that helped organize and/or sponsor the events or activities. Continue on another sheet of paper if needed.
 3. In what city or cities (towns, districts, municipalities) were the events and activities held? In what settings?
 4. How were the events and activities publicized? How effective was the publicity strategy?
 5. Is this the first White Ribbon Alliance activity in your country or community? If not, how many others have been held?

6. Approximately how many people participated or attended? Describe the participants (adults, children, adolescents, staff members of organizations or associations, etc.).
7. If this is not the first White Ribbon Alliance activity or event, did participation change from previous events or activities? Why?
8. What was or were the most useful part(s) of this Field Guide?
9. What was the least useful part of this Field Guide?
10. What suggestions do you have for improving the Guide? What can we change in the next Field Guide?
11. Please tell how you received this Field Guide.
12. Any other comments or suggestions?

Please make two photocopies of the complete form: one for your records and one to send to the secretariat of the global White Ribbon Alliance. You may also send your form by E-mail.

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