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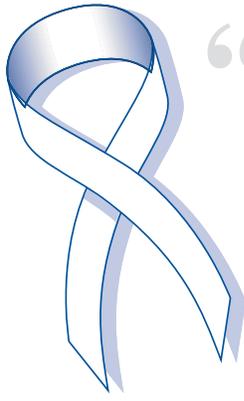
**HEALTH POLICY  
INITIATIVE**

# Promoting Accountability for Safe Motherhood

THE WHITE RIBBON ALLIANCE'S SOCIAL WATCH APPROACH

*A woman testifies  
that maternal  
healthcare is not  
living up to  
government  
standards at a  
public hearing in  
Orissa state, India.*





“Government has the plans and policies to prevent [maternal and child] deaths, but what we need is their proper implementation.”

— Aparajita Gogoi, National Coordinator  
White Ribbon Alliance for Safe Motherhood India

In recent years, global leaders have made significant international commitments to women’s health, such as through Millennium Development Goal 5—to reduce maternal mortality and improve maternal health. Similarly, global health experts have reached consensus on what must be done to achieve these goals. However, even with the knowledge and commitments in place to save the lives of mothers and children, progress is falling significantly behind targets.<sup>i</sup>

The Consensus for Maternal, Newborn and Child Health includes five areas for action to significantly reduce maternal and newborn mortality and morbidity: (1) gaining political will and community engagement, (2) supporting effective health systems and key interventions, (3) removing barriers to accessing care, (4) gathering the necessary human and physical resources, and (5) focusing on accountability for credible results at all levels (see Box 1).<sup>ii</sup> Many donors and groups that have

focused their energies on improving maternal, newborn and child health (MNCH) have had success in the first four areas for action. What is missing is a focus on government accountability. Although many governments have made formal commitments and signed policies that would save the lives of mothers and children, these policies are not always implemented and thus the expected results have not been achieved. Focused strategies are needed to improve accountability to commitments and proper implementation of policies.

This brief outlines social watch techniques that civil society groups can use to hold governments accountable to commitments. It also provides examples of how the White Ribbon Alliance for Safe Motherhood (WRA) has used these techniques in India and Tanzania.

## BOX 1: CONSENSUS FOR MATERNAL, NEWBORN AND CHILD HEALTH

**Our Aim:** “Every pregnancy wanted, every birth safe, every newborn and child healthy”

**Saving the lives of over 10 million women and children by 2015**

**Our Timeline:** 2009 — 2015

How we can make it happen:

1. **Political leadership** and community engagement and mobilization
2. **Effective health systems** that deliver a package of high quality interventions in key areas along the continuum of care:
  - Comprehensive family planning—advice, services, and supplies
  - Skilled care for women and newborns during and after pregnancy and childbirth, including antenatal care, quality delivery care in a health facility, emergency care for complications, postnatal care, and essential newborn care
  - Safe abortion services (when abortion is legal)
  - Improved child nutrition and prevention and treatment of major childhood diseases
3. **Removal of barriers to access**, with services for women and children being free at the point of use where countries choose
4. **Skilled and motivated health workers** in the right place at the right time, with the necessary infrastructure, drugs, equipment, and regulations
5. **Accountability** at all levels for credible results

— *The Partnership for Maternal, Newborn & Child Health, November 2009*



*P. Guravamma,  
submitted by  
Serve Train  
Educate  
People's  
Society for  
WRA's Stories  
of Mothers  
Saved*

## Social Watch Techniques

systematically track policy implementation and MNCH budgeting. When members of civil society have access to and are trained in the use of these mechanisms, such as checklists or surveys, the information collected can be used in social watch

studies to assess the quality of services provided at various facilities, document progress on the implementation of key policies, and provide a picture of the current MNCH situation. Sharing data gathered during social watch activities with state governments and health officials is an important way to demonstrate support for local and national advocacy efforts and the ongoing collection of evidence.

Social watch techniques mobilize citizens to hold governments accountable for translating maternal and newborn health commitments and policies into improved access to services. Each social watch campaign must involve three elements:

- > **Gather information.** Develop and share tools to monitor the maternal health situation and progress on policy implementation.
- > **Spread awareness.** Ensure that civil society has the necessary information about the maternal health situation, a woman's right to high-quality healthcare, and government policies.<sup>iii</sup>
- > **Speak out.** Give citizen groups opportunities to disseminate their findings, share their stories, and demand change from decision makers.

Four social watch techniques, involving these three elements, have been successfully implemented: tracking policy implementation, verbal autopsies, national campaigns, and public hearings.

### I. Tracking Policy Implementation

An important way to gather information about the health situation and to measure change is to design and implement mechanisms to

### 2. Verbal Autopsies

Verbal autopsy is a strategy approved by the World Health Organization to provide information about the causes of maternal death. The verbal autopsy process is a tool to understand the factors leading to maternal death and to address household, community and health systems changes that would have prevented this maternal death. WRA-Orissa in India has adapted the Verbal Autopsy process to more effectively hold health providers, communities and government officials accountable to their commitments to save mothers' lives.

Social Watch —  
A 'people-centered' strategy that mobilizes civil society to hold governments accountable to their commitments.



*(Left) Maternal health advocates march during a rally organized by WRA India. (Right) A woman testifies at a district-level public hearing on maternal and child health issues in Orissa, India.*



An important component of a comprehensive verbal autopsy process is to gather all available information on the maternal death from the relevant health personnel and community members. The team of investigators should include medical personnel, government officials, advocacy groups, and members of the media. Team members also visit the family of the deceased and conduct interviews with family members, particularly with those who were present at the time of death. The team writes a report on the individual maternal death and disseminates it to the community, family members, and government officials. Data from the autopsies are then summarized in a report and disseminated widely for sensitization of different stakeholders, including policymakers, to encourage relevant policy changes. Media personnel are engaged in the dissemination whenever possible to ensure public awareness and encourage public dialogue on the issues identified during the verbal autopsy process.

### 3. National Campaigns

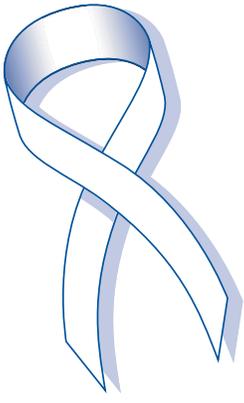
A key social watch strategy involves sharing information through national campaigns and informing the public of their entitlements. Once civil society has been engaged in monitoring policy and program implementation, the broader public needs to be made aware of the

findings and issues identified to strengthen the call for accountability.

Sustained national campaigns include many elements, such as launch rallies, marches, local events, and other activities to attract media attention. Often, at an annual rally to gather all stakeholders and to build momentum for the rest of the year, participants are presented with an advocacy kit or package that outlines key issues the campaign will focus on and what individuals can do to make a difference. Local meetings, workshops, and other community-mobilization activities take place throughout the year to spread awareness and build support.

### 4. Public Hearings

Public hearings are designed to influence service providers, policymakers, the media, and women and their families. The objectives of these hearings are for women to become aware of their rights, share their stories, and demand change from decision makers. During hearings, community members, elected government officials, and media and NGO representatives stand up to call for action to improve women's health. These events often follow a rally in which community members show support for improving MNCH.



## Employing Social Watch Strategies in India and Tanzania

### The White Ribbon Alliance for Safe Motherhood

The White Ribbon Alliance for Safe Motherhood (WRA) is an international coalition with the goal of making pregnancy and childbirth safer for women and newborns across the globe. WRA focuses on global advocacy and local activities through a diverse membership from nearly 150 countries and National Alliances in 15 countries. WRA members and National Alliances use targeted advocacy efforts to influence national decision makers and mobilize civil society to improve maternal and newborn health in their countries and throughout the world. In addition to coordinating WRA's global efforts, the WRA Global Secretariat facilitates the dissemination of key strategies, best practices, and lessons learned to WRA's membership and the greater maternal health community.

The White Ribbon Alliance for Safe Motherhood India (WRAI) and the White Ribbon Alliance for Safe Motherhood in Tanzania (WRATZ) have been effective in their use of social watch strategies to mobilize citizens to effect change.<sup>ivv</sup> These WRA National Alliances have employed all four social watch techniques in their efforts to facilitate accountability for MNCH commitments.



President Jakaya Kikwete of Tanzania participates in the launch event for WRA in Tanzania's 2008 national campaign, Stop Needless Maternal, Newborn and Child Deaths, It is Possible, Play Your Part!

### Tracking Policy Implementation in Tanzania and India

WRATZ and WRAI have used the social watch technique of tracking policy implementation in campaigns to increase the number of skilled medical personnel, uphold government policies, increase the availability of equipment and medications, and increase the number of women who take advantage of government health programs (see Boxes 2 and 3).

#### BOX 2: SURVEYING STAFFING LEVELS IN TANZANIA

In 2005, WRATZ members conducted a survey to count the number of skilled medical personnel available at facilities in the Sumbawanga and Monduli districts compared with the 1999 Ministry of Health and Social Welfare Manning Level Guidelines. They found huge discrepancies, with facilities severely lacking qualified staff. WRATZ presented these data to government officials as part of a 2006 national advocacy campaign.

**Key results:** Following the dissemination of the findings, the President's office issued a letter of permission to hire all graduates of health institutions effective immediately. For 2007, the Ministry of Health and Social Welfare was instructed to employ 3,890 workers and deploy them to areas with critical shortages. This translated into a 33 percent increase in staffing levels within eight months at the 24 facilities surveyed by WRATZ.

### BOX 3: TRACKING POLICY IMPLEMENTATION IN INDIA

In 2005, WRAI designed checklists to measure the progress of specific MNCH policies. The checklists were intended for use by elected local government and NGO representatives in the rapid assessment of the maternal health services and situations in local health facilities.

From 2006–2008, WRAI implemented four social watch studies using the checklists in Rajasthan (2007), Maharashtra (2008), and 12 districts in Orissa (2006, 2008–2009). The checklists tracked implementation of key policies and programs—such as the National Rural Health Mission (NRHM), Reproductive and Child Health-II (RCH), and Janani Suraksha Yojana (JSY)—focused on improving access to high-quality healthcare for women and children. The tracked policies included provisions for making payments to women who deliver in facilities and paying transport costs for getting pregnant women to facilities, free antenatal care, and commitments to upgrade existing primary health centers (PHC) and first referral units (FRU) to comply with Indian Public Health (IPH) standards.

In 2009, WRA-Orissa used the checklists as part of the *Deliver Now for Women and Children* campaign supported by the Partnership for Maternal, Newborn & Child Health to assess whether WRAI's advocacy and mobilization efforts had contributed to increases in community awareness and whether the social watch efforts had contributed to improvements in service delivery. The quality of services provided at the various facility levels was assessed using the checklists and individual interviews with women. Key findings included a lack of necessary infrastructure (i.e., labor rooms, electricity, blood storage facilities), low community knowledge, and a lack of qualified health workers. WRA-Orissa used the findings to begin advocating for the proper use of untied funds as directed by current policies, accessible transport for pregnant women, upgrading of PHCs and FRUs to IPH standards, and skilled birth attendant training for auxiliary nurse midwives (ANMs) with quality assurances. Untied funds are provided to health professionals at many levels. Funds may be used for purchasing medical instruments such as stethoscopes, baby trays, and weighing scales for infants; disinfectants for maintaining hygiene in medical centers; and for providing transport during emergency referrals.<sup>1</sup>

**Key results:** Of the 204 sub-centers and 102 PHCs assessed under the *Deliver Now* campaign, some key findings were:

- Skilled birth attendant training was expedited, and the post-project assessment revealed that there was already a slight increase in the number of ANMs trained for skilled delivery care, rising from 46 to 48 percent of all ANMs.
- The government took steps to upgrade the FRUs to IPH standards, including appropriate availability of equipment. After the campaign, ANMs reported increased availability of scales, blood pressure instruments, and stethoscopes, rising from 48 to 57 percent, 45 to 60 percent, and 8 to 24 percent, respectively.
- The proportion of ANMs involved in the provision of life-saving drugs and obstetric first aid rose from 30 to 38 percent, and promotion of referral transportation for routine delivery and obstetric care rose from 56 to 63 percent.
- Postnatal visits by ANMs to new mothers and their babies rose from 15 to 25 percent.
- There was a significant increase in community awareness of current MNCH policies and appropriate care, according to the checklist results based on responses from community leaders and women. Prior to the campaign, the checklists showed that 64 percent of respondent were aware of JSY and entitlements; this awareness rose to 88 percent following the campaign.

<sup>1</sup> Ministry of Health and Family Welfare, Government of India, *Guidelines for Village Health and Sanitation Committees, Sub centres, PHCs and CHCs*, [http://www.mohfw.nic.in/NRHM/Documents/Guidelines\\_of\\_untied\\_funds\\_NRHM.pdf](http://www.mohfw.nic.in/NRHM/Documents/Guidelines_of_untied_funds_NRHM.pdf)



“The verbal autopsy conducted by WRA–Orissa is not only an eye opener to all of us, but it helps in identifying gaps that need to be addressed properly so that the lives of mothers can be saved.”

— Dr. Seba Mohapatra, MD, Former Director of Health Services, Orissa

### Using Verbal Autopsies in India

WRA–Orissa used verbal autopsies as an advocacy tool to activate the health service delivery system and identify causes and loopholes in particular maternal deaths, thereby educating community members on birth planning and available entitlements and sensitizing stakeholders to their roles and responsibilities in preventing similar causes of death in the future (see Box 4).

### National Campaigns in Tanzania and India

WRA National Alliances use national campaigns to spread public awareness about issues surrounding MNCH, government commitments, and the realities of MNCH in the local context. Participants in national campaigns conducted by WRATZ and WRAI include representatives from government, national and international NGOs, civil society organizations, media outlets, and the community at large (see Boxes 5 and 6).

### Public Hearings in India

Public hearings hosted by WRA–Orissa allowed more than 30,000 women to interface with decision makers on the issue of maternal health services, leading to increased accountability in the health sector (see Box 7).

#### BOX 4: USING VERBAL AUTOPSIES TO DOCUMENT MATERNAL DEATHS IN INDIA'S ORISSA STATE

With the support of a grant from the USAID | Health Policy Initiative, WRA–Orissa conducted verbal autopsies of maternal deaths in Orissa State's 30 districts between January and August 2008. The results were incorporated into advocacy materials for use with elected representatives, the media, and state health department employees. Through this documentation, WRA–Orissa engaged many members and other partners who were working together to ensure that the findings from the verbal autopsies had an impact on policymaking and service delivery.

Building on this initial work, the United Nations Children's Fund (UNICEF) and the government of Orissa partnered to support WRA-Orissa to conduct further verbal autopsies (Maternal and Perinatal Death Inquiry and Response) on 1,941 maternal deaths occurring from April 2006 to December 2009 in eight districts of Orissa.

**Key results:** The findings were used to educate the community and media through large-scale dissemination. The findings from the Maternal and Perinatal Death Inquiry and Response were also disseminated at the state level, which helped bring about policy directives such as retention of women after delivery in the facility for 24 hours, acceleration of antenatal care, facility upgrades, and other improvements.



(Left) Maternal health advocates participate in a rally to launch a national campaign during Tanzania's White Ribbon Day. (Below) On National Safe Motherhood Day 2010, India's leading TV news channel, CNN IBN, displays factoids about maternal health.

## BOX 5: LAUNCHING A NATIONAL CAMPAIGN AT TANZANIA'S WHITE RIBBON DAY

Since 2006, WRATZ has used White Ribbon Day (held annually each spring) to launch the annual national campaign. Because the shortage of health workers is a major challenge for Tanzania in reducing maternal and newborn deaths, both the 2006 and 2008 campaigns were focused on attaining adequate numbers of qualified health workers and increasing facility deliveries. These campaigns were aimed at motivating community members to demand qualified health staff at their facilities, holding government officials accountable to their staffing policies and encouraging women to deliver in health facilities.

**Key results:** As a result of the 2006 and 2008 campaigns, the Ministry of Health and Social Welfare received permission to employ and deploy all graduates from health institutions. This reversed a hiring freeze in effect since 1994. For 2007, the Ministry employed 3,890 health workers and deployed them in areas of critical shortages. Results included a 33 percent increase in staffing levels and a 50 percent increase in facility deliveries in selected dispensaries (these health facilities were part of a 2005 staffing level survey conducted by WRATZ). After the launch of the 2008 campaign, the community members in Mbuluma village, for example, were empowered to demand a clinical officer with midwifery skills be assigned to their dispensary. Six months later, when WRATZ checked on the progress, the appropriate officer had been assigned by the Ministry and was working in the dispensary.



## BOX 6: HOSTING MEDIA SENSITIZATION WORKSHOPS IN INDIA

In 2008 and 2009, 462 media representatives participated in 32 District Media Sensitization workshops held by WRAI as part of its national advocacy initiative. These representatives were given information about safe motherhood in general and the situation for mothers in India. Fourteen of these media representatives were taken on field visits, where they were able to see what women were experiencing firsthand.

**Key results:** As a result of the sensitization workshops and further engaging the media in the WRAI campaigns, there was an increase in overall media coverage, as well as in accuracy and relevance of information reported. A 2009 media analysis showed that media reports discussed the need for greater government accountability and strategic interventions. Published stories were also increasingly focused on individual women's experiences, significant cultural issues such as early marriage, important health factors for women and children such as nutrition, and a woman's right to high-quality healthcare.

“When a maternal death occurs, our family is ruined. You never feel the sorrow and the pain that our families feel. You are meant to provide us with a quality service, but we are not getting it. So whom do we hold accountable for maternal deaths?”

— A woman speaks out at a public hearing in Balangir, Orissa (June 25, 2008)

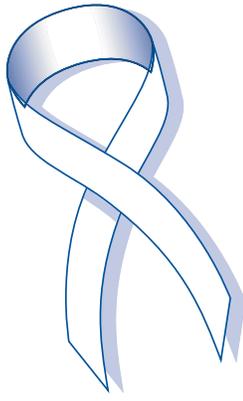


## BOX 7: LETTING WOMEN'S VOICES BE HEARD—PUBLIC HEARINGS IN ORISSA STATE, INDIA

Since 2006, 30 public hearings have been organized by WRA–Orissa. With 500–1,300 women taking part in each event, this resulted in more than 30,000 women participating in these hearings. Participants learned about their rights and had the opportunity to present their grievances directly to decision makers. They also presented information about local maternal deaths, gathered using verbal autopsies, during these events. Local media covered the hearings, which generated excitement and debate in communities. Issues raised at the public hearings included the lack of adequate health providers, the need for improving the quality of care, irregularities in government-issued benefits to women and their families, and the need for improving the attitudes of reproductive and child health service providers.

**Key results:** During the hearings in the 30 districts in Orissa State, elected local government representatives were responsive to community members and asked questions on the concerns raised. As a result of the hearings, media outlets in the 30 districts had a continuous flow of news on maternal health problems and continued to report on maternal health issues long after the hearings ceased. Citizens in the area became more aware of the issues around safe motherhood. The health service delivery system became more responsive and accountable, as demonstrated by the following actions:

- The government of Orissa has started a new process for the disbursement of payments through checks, rather than cash, to avoid the misappropriation of funds intended for pregnant women and to better enforce government policies.
- The state health department gave instructions to ensure the presence of auxiliary nurse midwives at the specified facilities.
- The Chief Minister of Orissa declared that women's self-help groups would be involved in the monitoring of maternal health programs. In some districts, female self-help group members were assigned the responsibility of forming a committee to track bribes taken by maternal healthcare providers.
- In Koraput District, authorities pledged to take action against doctors who were found demanding bribes for institutional deliveries. These authorities also committed to ensuring the proper implementation of the Janani Suraksha Yojana scheme and issued a circular to all service providers calling for health facilities to remain open 24 hours a day.
- Grievance cells have been opened in six district hospitals.



## The Way Forward: Practical Tips for Implementation

### Best Practices: Conclusions from the Experiences of WRATZ and WRAI

- > Mobilize alliance members, partners, and existing networks to collaborate in the planning and execution of social watch activities. The broader the coalition involved in challenging the status quo, the less individual members feel that they are taking a risk by speaking out.
- > Bring leaders in front of their own communities and constituencies to engage in a dialogue with citizens who can provide personal stories and make problems with the health system more difficult to ignore. It is the role of WRA (or other convener of these meetings) to work to ensure that the leaders are then held accountable to any commitments made to their communities during this dialogue and to report back to the communities any progress made as proof that their voices were heard...and listened to.



- > Explore multiple, creative outlets (e.g., film, radio, art installations) for community members (especially mothers and fathers) and health workers to voice their experiences and depict the reality of the situation at the facility level.
- > Work closely with the Ministry of Health as a partner in improving MNCH—it is important not to lay blame or point fingers in the process of holding decision makers accountable. These partnerships create more buy-in on activities and actions, as well as improved access to information.
- > Use mass media outlets to spread awareness to policymakers and community members.

Media coverage can inform citizens about their healthcare entitlements and provide policymakers with testimonials from community members that highlight the issues.

- > As important as it is to hold governments accountable to fulfilling their commitments, it is equally important to recognize and highlight the positive outcomes of steps they take toward implementation. When social watch strategies are successful in engaging community leaders and governments in enacting change, these steps should be publicized and applauded, especially when there are measurable positive outcomes. Highlighting success stories can be as beneficial as using negative experiences to focus on a need for change.

### Challenges

- > **Communication:** While national campaigns tend to be coordinated from the capital or other major city, it is critical that social watch engagement reach—or rather be generated from—the grassroots level. With limited resources, it can be difficult to ensure consistent communication with community members who do not have regular access to phones or internet. This issue must be realistically addressed in the initial planning of the social watch activity with mechanisms for communication built into the campaign. These costs can easily be the largest component of the social watch activity budget.
- > **Access to information:** It is often a struggle to access current and accurate information about maternal deaths to back up advocacy campaigns. One reason is that this information is often sensitive. It is essential to work closely with government health officials



to reduce this sensitivity. Conducting methodologically-sound studies and surveys to validate, complement, or contradict available information is a key component to the effective use of social watch techniques.

- > **Timeliness:** Sustaining support is often difficult in the face of slow implementation of policies. While it is important to push for appropriate solutions, government must be given time to gather necessary resources to fulfill commitments. When informing civil society members of their rights and entitlements, it is important to give a realistic time frame for expected results.
- > **Presentation:** It is challenging to decide on the best way to present the information gathered. With many and varied audiences, appropriate presentation can have a significant effect on how the information is received and can often determine how quickly and effectively it is acted on. It is necessary to use different communication strategies for different audiences; often a campaign will have a number of primary and secondary target audiences.
- > **Sustainability:** It is important to consider the sustainability of proposed actions or implementation strategies. Given that resources are limited and there are often negative effects when short-lived solutions are implemented, it is critical to develop a long-term plan for implementation of policies. Often, it may be necessary to start

small and move forward in manageable steps, instead of pushing for full implementation immediately. It is important to make these steps clear to civil society participants to keep them engaged.

## Key Questions to Consider in Implementing Social Watch Activities

When determining how best to engage civil society, it is important to think about key questions related to the objectives of social watch activities. These guiding questions can also help to determine how best to target activities.

**Objective One:** Design and share tools to monitor whether policies are being implemented at the local level.

- What methodologies can be used to track policy implementation?
- Who should engage in tracking policy implementation?
- How can the information gathered be used to improve advocacy efforts?

**Objective Two:** Keep civil society informed of women's right to high-quality healthcare.

- What does this mean in the context of the individual country, community, and policy environment?
- What health entitlements should citizens be made aware of?
- How can citizens' voices be heard, and where can they go when they feel that their right to health is being threatened?

**Objective Three:** Give members of civil society an opportunity to speak out about their findings.

- What is an appropriate venue?
- Who is the audience?
- How can community members be engaged?

# Conclusion

Improving maternal, newborn and child health is an important issue for many countries as they struggle to reach international targets. Though many governments have made commitments to improving MNCH, holding them accountable to full implementation of key policies has been a challenge. The White Ribbon Alliance for Safe Motherhood Global Secretariat supports National Alliances in developing strategies that work in individual country contexts and shares best practices.

Social watch and government accountability techniques such as tracking policy implementation, verbal autopsies, national campaigns, and public hearings have achieved desired results in both India and Tanzania. These techniques engage members of civil society at a grassroots level, providing them with increased knowledge and outlets to voice their grievances and influence change. Through social watch activities, citizens are empowered to demand the high-quality healthcare to which they are entitled and hold governments accountable for full implementation of MNCH policies.

## ENDNOTES

- <sup>i</sup> Starrs, A. 2006. *Safe Motherhood Initiative: 20 Years and Counting*. The Lancet, Maternal Survival Series.
- <sup>ii</sup> For more information on the Partnership for Maternal Newborn and Child Health and the Consensus for Maternal Newborn and Child Health go to: <http://www.who.int/pmnch/en/>
- <sup>iii</sup> Hunt, P. and J. Bueno De Mesquita. 2010. *Reducing Maternal Mortality: The Contribution of the Right to the Highest Attainable Standard of Health*. Colchester, Essex: University of Essex Human Rights Center.
- <sup>iv</sup> Information and examples regarding WRAI are taken from:
- *Catalyzing Collective Action for Saving Women's Lives: The White Ribbon Alliance for Safe Motherhood – India (WRAI): 1999-2009*. New Delhi: WRAI.
  - Personal communication (May 2010), Aparajita Gogoi, national coordinator, WRAI.
  - WRA Orissa and Partnership for Maternal, Newborn, and Child Health. 2009. *Media Analysis Report of Deliver Now for Women and Children; Advocacy for Maternal and Child Health in India*.
- <sup>v</sup> Information and examples regarding WRATZ are taken from:
- Personal communication (May 2010), Rose Mlay, national coordinator, WRATZ.
  - WRATZ. 2009. *Annual General Meeting Report: White Ribbon Alliance for Safe Motherhood in Tanzania*. Dar es Salaam: WRATZ.
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Futures Group  
Health Policy Initiative  
One Thomas Circle, NW, Suite 200  
Washington, DC 20005 USA  
Tel: (202) 775-9680  
Email: [policyinfo@futuresgroup.com](mailto:policyinfo@futuresgroup.com)  
Web: [www.healthpolicyinitiative.com](http://www.healthpolicyinitiative.com)