



**Strengthening Safe Motherhood
Programs to Reduce Maternal and
Infant Mortality through Family
Planning Initiatives in Bangladesh:**

**Building Coalitions and Alliances
for Advocating Change**

Target of Opportunity Final Report

June 2006

Strengthening Safe Motherhood Programs to Reduce Maternal and Infant Mortality through Family Planning Initiatives in Bangladesh: Building Coalitions and Alliances for Advocating Change

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CONTENTS

| | |
|--|-----|
| ABBREVIATIONS..... | iii |
| EXECUTIVE SUMMARY..... | iv |
| I. INTRODUCTION..... | 1 |
| II. PHASE ONE: STUDY OF OPERATIONAL BARRIERS TO ACCESSING POSTPARTUM FAMILY PLANNING SERVICES | 2 |
| Survey Findings: Revision of Phase One and Identification of Priority Issues | 3 |
| III. PHASE TWO: FORMATION OF THE WHITE RIBBON ALLIANCE IN BANGLADESH | 4 |
| Stakeholder Workshop | 4 |
| Start-up Activities | 5 |
| Development of a Vision, Mission, and Objectives..... | 6 |
| Recruitment of a National Coordinator and Selection of an Institutional Home | 6 |
| Preparation of the Advocacy and Strategy Concept Papers | 7 |
| IV. PHASE THREE: OPERATIONALIZATION OF THE WRA/B..... | 8 |
| Refinement and Implementation of the Advocacy and Strategy Concept Papers..... | 8 |
| Formal Launch of the WRA/B..... | 8 |
| V. ACHIEVEMENTS AND RESULTS | 8 |
| Advocacy and Awareness Raising through Media and Events..... | 9 |
| Collaboration and Capacity Building..... | 11 |
| VI. CHALLENGES..... | 13 |
| Operational Challenges | 13 |
| Funding Challenges..... | 14 |
| VII. LESSONS LEARNED..... | 14 |
| VIII. CONCLUSION | 16 |
| IX. REFERENCES..... | 17 |

ABBREVIATIONS

| | |
|----------|---|
| CEDPA | Centre for Development and Population Activities |
| DFID | Department for International Development |
| ICDDR, B | International Center for Diarrheal Disease Research, Bangladesh |
| MNPI | Maternal and Neonatal Program Effort Index |
| MOH | Ministry of Health |
| NGO | nongovernmental organization |
| NSDP | National Service Delivery Program |
| ob-gyn | obstetrician-gynecologist |
| PMNCH | Partnership for Maternal, Neonatal, and Child Health |
| TOO | target of opportunity |
| TOT | training-of-trainers |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |
| WRA | White Ribbon Alliance for Safe Motherhood |
| WRA/B | White Ribbon Alliance/Bangladesh |

EXECUTIVE SUMMARY

The target of opportunity (TOO) in Bangladesh sought to strengthen women's reproductive health using an innovative approach—repositioning family planning as a key component of safe motherhood programs. Family planning in the postpartum period not only allows couples to prevent unintended pregnancies, it enables women to plan and space births, which helps the mothers' bodies recover before having another child. This limits the total number of pregnancies per woman and reduces the potential for higher-risk pregnancies. Promoting family planning in the postpartum is a critical strategy for Bangladesh because it has an estimated maternal mortality rate of 380—and, given the country's population size, this places Bangladesh among the 10 countries with the highest number of maternal deaths in the world. Other priority action areas included promotion of safe motherhood practices for young couples, especially given early marriages in Bangladesh, and implementation of the Ministry of Health (MOH) draft National Maternal Health Strategy.

To bring about a greater understanding of the need for integrated family planning and maternal health approaches, through the TOO, the POLICY Project provided technical and financial assistance to form a Bangladesh chapter of the White Ribbon Alliance for Safe Motherhood (WRA) in mid-2005. The WRA/Bangladesh (WRA/B) provides a mechanism for multisectoral partners to speak with a strong, unified voice on the issue of safe motherhood. One of the notable achievements of the alliance has been its ability to bring together various sectors, including government, women's groups, NGOs, healthcare providers, the media, research institutions, legal advocates, and other community-based groups. Over the initial six-month period, the WRA/B members articulated the network's mission, vision, and objectives; participated in awareness-raising events as part of World Population Day; hired and trained a national coordinator; prepared draft advocacy and strategy concept papers; and established an institutional home and administrative systems within the office of CONCERN International, one of the alliance members.

From October 2005 to June 2006, the WRA/B set out to implement its advocacy plan. To begin with, capacity development was a critical step toward the sustainability and success of the alliance. POLICY provided training on topics such as networking, advocacy, contraceptive security, and working with the private sector, including training participants as trainers. Expanding broad-based support was also an important endeavor during this period, with membership growing from an initial core group of 29 organizations to now more than 100 members. Next, WRA/B carried out a series of awareness-raising and advocacy activities that significantly increased attention given to safe motherhood and family planning issues. In doing so, the alliance garnered free media coverage in newspapers and on television and received high-profile celebrity endorsements (e.g., from Bangladesh's most popular male pop singer and a fashion designer). The alliance's successes have resulted in it being recognized as a leader on maternal health issues in the country. As such, the MOH called on the WRA/B to review the draft National Maternal Health Strategy, and the Partnership for Maternal, Neonatal, and Child Health awarded the alliance funds to design and implement a pilot advocacy plan to roll out the partnership's program in Bangladesh. The alliance also continues to explore partnerships with private companies to promote safe motherhood messages. For example, the alliance is in talks with the Social Marketing Company to include the WRA/B logo for free on family planning products to further highlight the link between family planning and safe motherhood.

In a little over one year, the WRA/B has been established as a network and tripled its size; has become a nationally recognized leader on safe motherhood issues; has collaborated with both the government and private sector groups; has secured non-POLICY funds to help carry out future activities; and has successfully raised awareness of family planning and maternal health issues in Bangladesh.

I. INTRODUCTION

Bangladesh has an estimated maternal mortality ratio of 380 maternal deaths per 100,000 live births (AbouZahr and Wardlaw, 2002). This ratio, combined with the country's population size, places Bangladesh among the top 10 countries with the highest number of maternal deaths in the world. In addition, reports such as the Maternal and Neonatal Program Effort Index (MNPI), reveal a grim picture of poor health-seeking behavior—especially among adolescents and young, newly married couples—and a consistent disparity between urban and rural access to maternal and neonatal healthcare services. The number of women seeking antenatal care is approximately 50 percent, and fewer than 10 percent of women deliver with a skilled attendant or seek qualified postpartum care (AbouZahr and Wardlaw, 2002). Internationally, high rates of maternal mortality and morbidity are also caused, in part, by women's lack of access to care and family planning services in the postpartum period. The 1999, 2002, and 2005 MNPI studies found continued low rates of access to postpartum care and family planning services in Bangladesh, especially in the rural areas (POLICY Project, 2000, 2005, and 2006).

BOX 1. WHAT IS A TARGET OF OPPORTUNITY?

A “target of opportunity” is a mechanism created under the POLICY Project to advance USAID's and its partners' technical knowledge, demonstrate or test new innovative approaches in the field, or provide additional resources to shed light on a global policy issue. The approach focuses on areas of central interest for USAID/Washington and applies a substantial effort and resources over a short time period in an effort to achieve high-level policy results.

In response, the POLICY Project's Safe Motherhood Working Group selected Bangladesh as a country to test innovative approaches to improving maternal health through its “target of opportunity” (TOO) funding mechanism (see Box 1). Based on an assessment of priority issues in the country, the TOO was designed to focus on strengthening safe motherhood programs through family planning initiatives to reduce maternal and infant mortality. Family planning is an essential safe motherhood intervention because it helps couples avoid unintended pregnancies and space births, allowing the mother's body and health to recover between births. Other priority issues identified included promotion of safe motherhood practices for young couples, especially given early marriages in Bangladesh, and assistance in the development and implementation of the Ministry of Health (MOH) draft National Maternal Health Strategy.

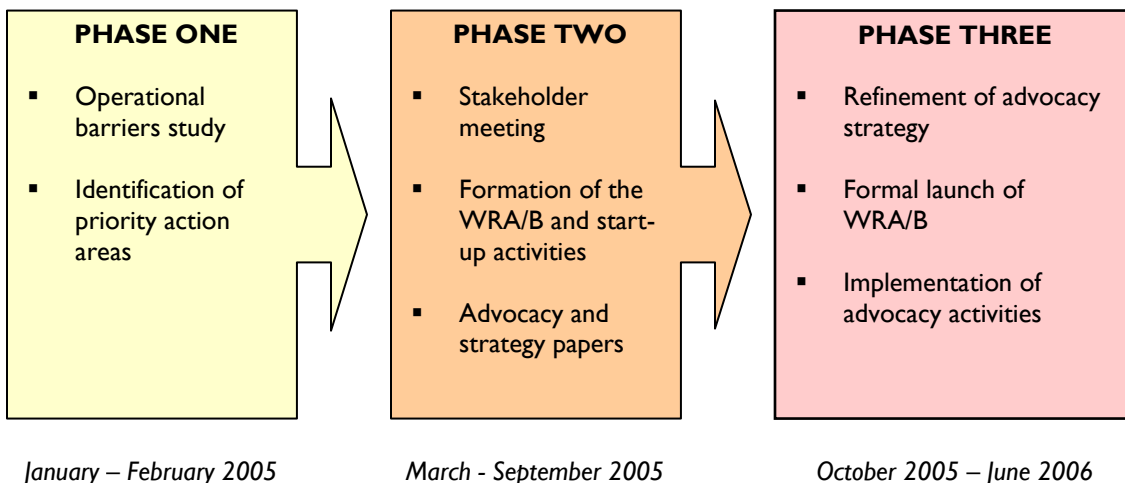
The TOO supported two primary activities: 1) research and dissemination of an operational barrier study on postpartum care and family planning to identify barriers to service access and use; and 2) formation of a Bangladesh chapter of the White Ribbon Alliance for Safe Motherhood (WRA) as a way to assist in-country stakeholders to design and implement advocacy strategies to increase access to postpartum family planning services. The WRA is recognized internationally for its multisectoral, participatory approach to maternal health issues that brings stakeholders together from grassroots organizations, civil society, service delivery providers, government and nongovernmental bodies, research and academic institutions, media, and other national and international groups working in the maternal and child health fields.

The TOO was implemented in three phases: (1) study of operational barriers to accessing postpartum care and family planning services by Bangladeshi women; (2) preparation for the launch of the White Ribbon Alliance/Bangladesh (WRA/B); and (3) operationalization of the organization, including capacity development and implementation of activities to increase awareness of maternal health and improve health-seeking behavior in the postpartum period. This report presents the overall objectives of the TOO (see Box 2) and a detailed description of the phases leading up to the launch of the WRA/Bangladesh (WRA/B) (see Figure 1), the alliance's achievements to date, challenges and lessons learned in operationalizing the alliance, and concluding remarks.

BOX 2. OBJECTIVES AND EXPECTED OUTCOMES

1. Identification of priority issues for improving maternal health by conducting an operational barriers study and convening a national, multisectoral stakeholders meeting
2. Formation, launch, and capacity building of the WRA/B as a sustainable mechanism for raising awareness of and mobilizing partners around priority issues
3. Creation of a broad-based community—through the WRA/B—that can foster increased commitment and leverage additional resources for promoting safe motherhood and that includes NGOs, civil society groups, midwives and other healthcare providers, government institutions, faith-based organizations, media, women’s groups, and the private sector as members
4. Creation of an enabling policy environment in which safe motherhood is a national priority; multisectoral partners participate in maternal health advocacy, policymaking, and program implementation; and the MOH collaborates with the WRA/B on issues such as the National Maternal Health Strategy, integration of family planning and safe motherhood, and resource mobilization

FIGURE I. TIMELINE OF KEY ACTIVITIES



II. PHASE ONE: STUDY OF OPERATIONAL BARRIERS TO ACCESSING POSTPARTUM FAMILY PLANNING SERVICES

In January–February 2005, POLICY/Washington and POLICY/Bangladesh initiated the field work for an operational barriers study to determine why women were not seeking or accessing postpartum care and family planning services in the postpartum period. POLICY conducted expert interviews in Dhaka (urban) and Tangail (rural) districts to determine the key reasons for the low use of postpartum care and to assess the main barriers to improving the integration of family planning into postpartum services.

Qualitative interviews with more than 25 field experts were conducted, including experts knowledgeable about policies and programs for safe motherhood and neonatal health and service providers at the hospital, clinic, and community levels.

While initially considering the issues of improved postpartum care and postpartum family planning, during the course of the data gathering process, the POLICY team decided to “re-focus” the TOO based on input from the key experts in maternal health in Bangladesh. A major reason for the recommendation to re-focus advocacy issues was the recent formation of a South Asian regional initiative—the Network for Postpartum Care—that was well underway in addressing the issue of general postpartum care and was to be based in Dhaka, Bangladesh. Numerous studies on postpartum care in Bangladesh had recently been undertaken by the core members of the nascent network, including one on operational barriers and a multitude of other issues relating to postpartum care. The surveyed participants, therefore, suggested that the issue of postpartum care could be addressed by this network.

Survey Findings: Revision of Phase One and Identification of Priority Issues

The interview process identified three key areas that an organization such as the WRA/B could focus on:

1. National-level awareness raising on the positive contributions that access to high-quality family planning services and commodities can have on the reduction of maternal and neonatal mortality and morbidity;
2. Implementation of safe motherhood best practices, activities, and programs that address not only postpartum care, but also the issue of early marriage among adolescents; and
3. Advocacy and implementation support for the National Maternal Health Strategy, a MOH draft strategy that outlined effective approaches to reduce maternal mortality and morbidity in Bangladesh. Several expert interviewees suggested the WRA/B could assist the ministry in the forthcoming implementation of the strategy and undertake national advocacy and awareness campaigns to introduce it to healthcare professionals and institutions, the media, and donor and private sector organizations.

As a result of the recommendations of maternal health experts and the formation of the Network for Postpartum Care, the original objectives and activities for the TOO were revised. The process of revision was done in coordination with and approved by USAID. The final project activities are outlined below:

1. Conduct a national stakeholders meeting to explore the maternal health policy and advocacy environment in Bangladesh.
2. Mobilize maternal health experts and activists to advocate for family planning as a safe motherhood intervention, promote youth-friendly family planning and safe motherhood interventions, and collaborate with the MOH to operationalize and disseminate the National Maternal Health Strategy.
3. Create a WRA chapter in Bangladesh that can mobilize multisectoral resources for and provide technical assistance, advocacy, and awareness raising on the above issues.
4. Outline the role of individual member organizations and their responsibilities in achieving the objectives of the alliance’s advocacy and strategy concept papers.

5. Create an enabling policy and advocacy environment and leverage resources to engage in a much broader national effort to raise awareness, build commitment, and design effective guidelines for maternal health and for family planning and safe motherhood integration.

III. PHASE TWO: FORMATION OF THE WHITE RIBBON ALLIANCE IN BANGLADESH

Phase Two, implemented from March–September 2005, began with follow-up action in response to the study findings. POLICY asked 10 of the expert interviewees to recommend key stakeholders to be included in a two-day meeting to explore the rationale, possibility, and need for a WRA in Bangladesh and areas of possible collaboration, resource sharing, and issue identification. The experts provided a list of 84 individuals and organizations. Participants were stakeholders working in the areas of maternal, neonatal, and child health, and represented healthcare providers, national and international groups, government institutions, NGOs, the media, community mobilization groups, academic and research organizations, and legal and social activists, among others.

Stakeholder Workshop

POLICY/Washington and POLICY/Bangladesh assisted the global WRA and WRA/India in preparing the agenda, organizing the venue, and inviting the participants. The stakeholder meeting was held in March 2005 in collaboration with USAID/Bangladesh, WRA/India, POLICY, and the previously identified key individuals and organizations within the maternal and child health fields. Several participants, including the representative from USAID, had previous experience with the WRA in other countries; for others, the concept of the alliance was introduced, including recent successes and approaches developed and implemented by WRA/India.

During the various sessions, the number of participants ranged from 45 to 84, including representatives of the government; USAID; the United Kingdom's Department for International Development (DFID); EngenderHealth; International Center for Diarrheal Disease Research, Bangladesh (ICDDR, B); JHPIEGO; National Service Delivery Program (NSDP); ob-gyn, midwifery, and nursing associations; private sector and social marketing organizations; Save the Children; United Nations Children's Fund (UNICEF); United Nations Population Fund (UNFPA); and World Health Organization (WHO). This multisectoral approach to bring together a wide variety of experts is the cornerstone of the WRA approach.

Three sessions during the workshop focused on the links between family planning and safe motherhood. Other key objectives of the workshop were to:

- Introduce the purpose, goals, and activities of the global WRA;
- Discuss potential membership opportunities for workshop participants and their organizations;
- Discuss the initial findings and observations relating to postpartum care in Bangladesh from the operational barriers study;
- Reach stakeholder consensus and commitment for collective action on potential focus areas for a WRA in Bangladesh;
- Plan next steps toward the establishment of a WRA in Bangladesh;
- Build capacity of workshop participants to explain the current realities of safe motherhood, family planning, and postpartum care services in Bangladesh; and
- Enable workshop participants to explain the goals and activities of the WRA to others.

The stakeholder workshop achieved its objectives, as the participants came to a unanimous decision to move forward with the formation of a WRA in Bangladesh. Individuals and organizational representatives from more than 29 organizations volunteered to form the “core group.”

Start-up Activities

A week after the stakeholder workshop, core group members at the NSDP—a national umbrella NGO active in maternal health—hosted the first meeting of the newly formed WRA/B. Representatives from the initial 29 organizations attended, along with about 15 new individuals and organizations that had heard about the alliance and wanted to join the movement.

The nascent WRA/B core group shared the key maternal health issues identified during the stakeholder meeting with the global WRA, which recommended forming three separate subcommittees to design a formal structure to identify the way forward for the WRA/B. POLICY/Washington and POLICY/Bangladesh, with assistance from the national coordinator from WRA/India, strengthened the capacity of core members to understand the WRA approach and function as an alliance built on equal ownership among all members.

During closing remarks at the stakeholder workshop, the Director General for Family Planning invited the participants to prepare materials about the WRA and key advocacy messages for Bangladesh to be distributed by them at the upcoming rally on National Population Day. POLICY/Bangladesh organized volunteers and devised a plan of action for participation in the rally. Participation in the rally, just two months after the stakeholder meeting, enabled the WRA/B to become a recognized symbol of safe motherhood early in the alliance’s formation and helped it to draw attention to family planning and safe motherhood issues as well as garner interest from additional members. One of the flyers that WRA/B members distributed at the event is presented below.

হোয়াইট রিবন এ্যালায়েন্স ফর সেফ মাদারহুড, বাংলাদেশ

বিশ্বজুড়ে প্রতি মিনিটে : ৩৮০ ৩৮০ জন মহিলা গর্ভধারণ করেন।

১৯০ জন মহিলা অপরিণত বা অনাকাঙ্ক্ষিত গর্ভধারণ করেন।

১১০ জন মহিলা গর্ভধারণ সর্বোত্তম জটিলতায় আক্রান্ত হন।

৪০ জন মহিলা ষ্ট্রিকিউর গর্ভপাতের শিকার হন।

১ জন মহিলা মারা যান।

গর্ভবতী অবস্থায় বা সন্তান প্রসবের সময়ে যে সব মহিলা মারা গেছেন তাদের স্মৃতির প্রতি এই হোয়াইট রিবন উপসর্গ করা হলো।

Maternal and neonatal mortality statistics are presented in this Bangla language awareness-raising flyer that WRA/B core members prepared and distributed at the National Population Day Rally in Dhaka in May 2005.

Members volunteered their time, services, technical knowledge, and offices to serve in the core group and on subcommittees, with the vision of creating a WRA/B that would truly reflect the needs and situation of Bangladesh. The first subcommittee was tasked to outline the vision, mission, and objectives for the WRA/B based on the format created by the global WRA and other national alliances—the WRA/India, in particular. The second subcommittee was tasked with drafting the terms of reference and job description for a national coordinator, in addition to identifying and gaining approval for an institutional home for the WRA/B. The third subcommittee was responsible for drafting the advocacy and strategy concept papers. All subcommittees agreed to the principle of reporting back to the larger group for comments and approval, in line with the WRA values of transparency and group ownership.

Development of a Vision, Mission, and Objectives

The first subcommittee drafted the vision, mission, and objectives for the WRA/B based on priorities set by the global WRA in May 2005. They were sent to all members for comment and ratification, and the WRA/B core members approved them in July 2005.

Vision. The WRA/B seeks a Bangladesh where safe motherhood for all women is achieved as a basic right through a multisectoral approach and grassroots-level movement involving all relevant stakeholders that will strengthen capacity, influence policies, harness resources, and inspire appropriate actions.

Mission. The WRA/B, guided by the aspirations of Bangladesh’s National Maternal Health Strategy document, works at the grassroots and community levels to ignite a movement for safe motherhood as well as build collaboration among member organizations and other networks in the field of maternal nutrition, family planning, and maternal and newborn care to reduce maternal and neonatal mortality.

Objectives. The WRA/B’s objectives are to:

- Facilitate greater awareness on reducing maternal and neonatal mortality and morbidity by promoting safe motherhood practices in Bangladesh.
- Generate information, awareness, and best practices that support integration of family planning and safe motherhood initiatives, activities, and clinical approaches, including with regard to adolescent reproductive health.
- Provide advocacy and leadership among maternal and neonatal health stakeholders, implementing bodies, and government officials with a view to creating an enabling policy environment for the implementation of the National Maternal Health Strategy.

Recruitment of a National Coordinator and Selection of an Institutional Home

In May 2005, with the guidance of the global WRA and WRA/India, POLICY/Bangladesh, POLICY/Washington, and the core group subcommittee met and interviewed five qualified Bengali nationals for the position of national coordinator. An advertisement for the position was placed in three major English language dailies in Bangladesh.

The successful candidate, Dr. Farhana Ahmed, MD, was selected because of her experience in running a national alliance that raises awareness of issues surrounding victims of acid burning in Bangladesh, her vast experience as a fundraiser, and her training as a medical doctor specializing in ob-gyn and reproductive health. The TOO was to pay the salary of the coordinator and support the start-up activities of the WRA/B until the end of the POLICY Project.

Occurring simultaneously with the recruitment process, the team had the task of identifying and securing an institutional home for the new WRA/B among the core member organizations. Based on examples from other WRA national alliances, the core member organizations offer space and basic administrative support in their offices for the coordinator to carry out her duties. In this case, two member organizations offered to house the coordinator as part of their contribution to the new alliance: CONCERN International and NSDP. Again, using a matrix format designed by the subcommittee, CONCERN International was chosen as the institutional home because it offered numerous benefits in addition to private office space, including occasional transportation, administrative support, telephone and secretarial services, and meeting space at no cost to the WRA/B. The coordinator moved into the offices of CONCERN in September 2005 and remains there now. At the completion of the POLICY Project, CONCERN made arrangements to act as the accounts manager for the WRA/B.

As part of the technical support to establish the WRA/B, TOO funds were used to bring the WRA/India coordinator to Dhaka to assist with on-the-job orientation. This constituted a successful south-to-south collaboration and built the regional capacity of the global WRA. The WRA/India coordinator spent five days with the new WRA/B coordinator, helping her become familiar with her role and responsibilities. After her initial orientation, the coordinator immediately began collaborating with the global WRA on all operational and technical matters. POLICY/Washington staff continued to provide technical, programmatic, and reporting support. POLICY/Bangladesh continued to assist the WRA/B by serving as a core group member, acting as initial accounts manager until the end of POLICY, and providing limited administrative support.

Preparation of the Advocacy and Strategy Concept Papers

The coordinator's first priority was to develop, operationalize, and implement the alliance's advocacy and strategy concept papers. The core group had prepared draft documents for the coordinator to finalize when he or she came on board. The strategy papers dealt with issues such as family planning services for young married couples. The core group decided that the advocacy and strategy concept papers would not only provide the foundation of their activities, but that they would also be used strategically to help open doors for future funding negotiations and considerations among the donor community as part of the long-term sustainability plan. Final approval of the concept papers is pending within the core group and awaiting donor support and buy-in.

The coordinator also felt that it was important to design a sustainability plan for the WRA/B, as POLICY TOO funds were available only until the end of project. The coordinator, with the approval and guidance of the core group, concentrated the initial start-up efforts on organizing large-scale fundraising and awareness-raising events as the entry point for the WRA/B to become a nationally recognized leader and coordinator for safe motherhood in Bangladesh. The approach of using the "one voice" of the WRA/B—as opposed to that of an individual member organization—to raise awareness around safe motherhood is new in most countries, including Bangladesh. However, the core group members received support from their organizations to unite around the WRA/B rather than emphasize their individual contributions.

USAID/Bangladesh staff offered vital support to the new WRA/B, including serving as active members and participating in the original core group. The Mission asked to be kept informed of the progress and the constraints faced by the WRA/B, especially regarding the potential funding gap at the end of POLICY. The Mission also provided invaluable support and suggestions on sustainability issues and provided information about other potential donors and sources of funding.

IV. PHASE THREE: OPERATIONALIZATION OF THE WRA/B

Phase Three activities, implemented from October 2005 to June 2006, were designed to support finalization of the WRA/B the advocacy and strategy concept papers and to facilitate collaboration with partners and government officials to operationalize the advocacy initiatives.

Refinement and Implementation of the Advocacy and Strategy Concept Papers

To help the WRA/B to implement its advocacy and strategy plans, POLICY invited 12 core group members, including the national coordinator, to participate in a training-of-trainers (TOT) workshop, titled “Advocacy Workshop for the White Ribbon Alliance and the Private Sector,” held from November 13–17, 2005, in Bangladesh. The workshop focused on strengthening the skills of the WRA/B and representatives from the private sector to effectively coordinate and lead advocacy efforts to influence policies and strategies on the integration of family planning and safe motherhood programs at national, district, and community levels. This event provided an opportunity for the WRA/B to build relationships with private sector entities and identify entry points for including the alliance in private sector initiatives that were aligned with safe motherhood objectives. The workshop also provided the opportunity for Theresa Shaver, President of the global WRA, to share experiences and lessons learned from the other national WRA alliances.

Formal Launch of the WRA/B

The White Ribbon Alliance for Safe Motherhood was formally launched at a ceremony on November 28, 2005, eight months after initial introduction of the alliance concept in Bangladesh. Lynn Gorton, Director of Population Health and Nutrition, USAID, and Akmal Hossain Azad, Director General, Directorate of Family Planning in Bangladesh, were present to mark the occasion. Government officials, media representatives, international and national donor organizations, healthcare providers, and NGOs were among the invited participants.



V. ACHIEVEMENTS AND RESULTS

The WRA/B initiated an innovative advocacy approach for maternal health, providing the alliance members an opportunity to network on this issue through the WRA/B. Since the formal launch of the WRA/B in November 2005, the alliance’s membership base expanded to include over 100 institutional

and organizational members—representing a truly multisectoral base. Following below are highlights of the WRA/B’s achievements and results in terms of 1) advocacy and awareness raising, and 2) collaboration and capacity development.

Advocacy and Awareness Raising through Media and Events

The WRA/B organized several successful high-level, community, and media-related events to advocate for and raise awareness of maternal mortality and sustainable safe motherhood efforts. As a result of media attention and involvement in key maternal health and related events, the national coordinator has become a permanent member of the national Safe Motherhood Advisory Committee and is able to speak on behalf of the WRA/B and the alliance members to wider audiences and raise national awareness on safe motherhood issues.

Increased Public Awareness through Media

WRA/B activities mobilized space and visibility about safe motherhood and maternal and neonatal mortality in the mainstream media, including print, electronic, radio, and television media free of charge. These activities helped sustain the interest and commitment of the WRA/B core group members, as they are able to see that their collective advocacy efforts for safe motherhood with the WRA/B also gives them an opportunity to share and disseminate their individual and organizational work with a wider audience.

- The WRA/B organized a “meet the press” event on January 30, 2006, with the theme, “Let’s join hands for safe motherhood.” The event included a panel discussion with the WRA/B coordinator, core group members, and other maternal health experts. *The Daily Independent* featured an article on the event and included a photograph of several panel members (see right). Representatives from the press exchanged views with the panelists on the safe motherhood situation in Bangladesh. A press release was sent to most of the major dailies, weeklies, and magazines and a total of 12 ran stories.



- *Poddorag*, a magazine program for women, featured the WRA/B in a segment produced on safe motherhood for a private television channel, Channel-1.

- *The Bangladesh Today*, an English language daily, volunteered to provide free space to the WRA/B and individual core group members to increase public awareness and knowledge about maternal health, family planning, safe motherhood, and the reproductive health needs of adolescents as a mechanism to prevent future maternal and neonatal deaths and disabilities.
- A WRA/B representative served as a keynote speaker on safe motherhood at a roundtable on “Working Together for Health” sponsored by *The Bangladesh Today*. The roundtable resulted in articles on the need to reduce maternal and neonatal mortality.
- As a result from the media coverage and national attention, the WRA/B received support and celebrity endorsements. For example, Bangladesh’s most popular male pop singer donated his band’s services for the WRA/B launch, which contributed greatly to its success. Many high-profile Bangladeshis also volunteered to participate in the WRA/B event, “Shuvo Nabobarsho—Celebrities Speak on Safe Motherhood.” A full-page supplement ran in *The Bangladesh Today* on the event held on April 14, 2006 (see picture below).



Given their new status as “safe motherhood champions,” the WRA/B motivated several of the celebrities to participate in highly visible events. For example, Ms. Chandona Dewan, fashion designer, has been an active member of the WRA/B from the beginning and designed a number of sarees, tops, and dupattas with the white ribbon logo at no charge to the WRA/B. Proceeds from sales provide revenue to the WRA/B in addition to helping create public recognition of the white ribbon as the symbol for safe motherhood.

Increased Public Awareness through National and Community-level Events

National- and community-level events provided early opportunities to introduce the WRA/B and allowed alliance members to interact directly with the general public and key stakeholders. These events helped the alliance generate increased attention on safe motherhood as an important issue in its own right as well as integrate maternal health issues into wider discussions on health in Bangladesh.

- As discussed above, the National Population Day Rally, held on May 17, 2005, provided the WRA/B its first national-level opportunity to introduce the alliance and disseminate key maternal health statistics as a way to raise awareness about the link between family planning and safe motherhood. The WRA/B also disseminated information on World Population Day on July 11, 2005 (see flyer).
- On April 7, 2006, the WRA/B disseminated information, education, and communication materials at World Health Day, organized by the World Health Organization and the Government of Bangladesh.
- The WRA/B prepared and presented a participatory drama on safe motherhood and family planning with faculty members and former and present students of the Department of Drama and Music of the University of Dhaka. The national coordinator was successful in leveraging local resources to participate in this event. Nationally recognized actors and local drama students donated their talent and time to carry out this presentation.
- At the invitation of *The Bangladesh Today*, the WRA/B participated in an art competition at a local school and later facilitated an awareness-raising session on safe motherhood with parents and teachers.



Collaboration and Capacity Building

WRA members and the national coordinator disseminate maternal health best practices through their professional employment and affiliations and represent the WRA/B on committees, workshops, and meetings at all levels in Bangladesh and in neighboring countries. For example, the WRA/B invites research organizations (e.g., JiVita, Johns Hopkins University) to disseminate their findings through the alliance. Regular sharing of lessons learned on safe motherhood among different organizations enables the design of appropriate programs in Bangladesh through effective collaborations. Collaboration can also serve as a catalyst to strengthen ties with government stakeholders and donors and as a mechanism to build capacity for effectively responding to family planning and safe motherhood issues. The following are examples of the WRA/B's efforts in the areas of collaboration and capacity building.

- In May 2005, POLICY/Washington hosted an advocacy TOT workshop on “Networking for Policy Change: Contraceptive Security” in Dhaka for the WRA/B and other South and Southeast Asian participants. Five core WRA/B members participated in addition to advocates from the region and POLICY/Bangladesh staff. The workshop strengthened the skills of WRA/B members to effectively coordinate and implement advocacy efforts to influence policies and strategies on the integration of family planning and safe motherhood at national, district, and community levels.
- In recognition of the WRA/B’s strengthened capacity, following the successful May TOT workshop, trained members of the alliance served as trainers and co-facilitators of a workshop hosted by POLICY/Washington, CEDPA, and POLICY/Bangladesh on the topic of building public-private sector partnerships in family planning and reproductive health. This collaboration established strong relationships between the WRA/B and select private sector organizations working in the field of reproductive health. The TOT was held in Cox’s Bazaar, Bangladesh, in November 2005.
- A significant outcome of these new public-private sector partnerships is the discussion taking place between the Social Marketing Company and the WRA/B regarding placing the WRA logo free of charge on the company’s family planning products as a way of endorsing and raising national awareness regarding the WRA/B and the links between family planning and safe motherhood.
- WRA members continue to participate in the review and approval process of the National Maternal Health Strategy with the MOH and DFID, with a view to identify policy and coverage gaps and advocate for increased access and integration of services. Family planning is recognized in the strategy as a pillar of safe motherhood. The Director General for Family Planning served as a key author of the maternal health strategy and had invited the WRA/B’s participation in helping to review and finalize the document.
- WRA/B and WRA/India have received funding from the newly formed international Partnership for Maternal, Neonatal, and Child Health (PMNCH) to design and implement a pilot country-based advocacy plans for rolling out the partnership’s activities in these two countries. PMNCH will use results from the pilots as a model in other countries as it roll out its country activities in 2006 and 2007.
- To enable broader collaboration, mobilize members and resources quickly, and share best practices, the WRA/B prepared a database containing contact information for alliance members, relevant stakeholders in the field of maternal health, and influential media.
- The chairwoman for the Network for Postpartum Care is an active core member of the WRA/B, served on the subcommittee for recruiting the national coordinator, and participates in devising the alliance’s strategy and workplans. The relationship between the network and WRA/B is highly collaborative, and they often represent and speak on behalf of each other’s work and focus areas in local, regional, and international meetings.
- Select WRA/B members participated in the “Capacity Building Workshop for WRA Secretariats” in Agra, India, in December 2005. The workshop focused on technical updates, advocacy, social mobilization, resource leveraging, communications and the media, and monitoring and evaluation.
- Select WRA/B members participated in the WRA/Indonesia’s “Strengthening Regional Partnership for Safe Motherhood Workshop” in Bali, Indonesia, with a specific focus on maternal health in times of crisis.

- The WRA/B national coordinator met with female ambassadors of the embassies from Canada, India, Norway, Sweden, and Switzerland to sensitize them and advocate for keeping safe motherhood a priority in their programs.

VI. CHALLENGES

Due to the relatively short time frame of this TOO and the limited number of months that the national coordinator was in place, together with the high aspirations of the nascent WRA/B, the alliance quickly encountered several operational and financial challenges. Effectively implementing awareness-raising and advocacy activities around three focus areas proved to be overly ambitious for a young organization with little experience working as an alliance. Critical time was lost due to the programmatic change in the TOO since its conception and initial field work. The nature of the original TOO was based on operational research, analysis, and advocacy. The new focus on programmatic—rather than research—activities created a series of challenges for the WRA/B.

Operational Challenges

A separate volunteer subcommittee devised the original draft advocacy and strategy concept papers, including activities, focus areas, and operational plans, during the early period of the WRA/B from March–June 2005. That subcommittee membership consisted of senior maternal health experts, several of whom were the key informants for the original operational barrier study. Unfortunately, due to scheduling conflicts, the WRA/B participants at the TOT were more junior members who were then asked to finalize the papers as part of the exercise during the TOT on behalf of the subcommittee and wider WRA/B membership. Many members voiced considerable reservations and had detailed comments about the changes made as a result of the TOT to the original drafts. This began a lengthy series of meetings within the advocacy and strategic workplan subcommittee to reach resolution and consensus, which still continues today.

Because of the relatively short time period before POLICY TOO funding would end, the second challenge related to mounting financial pressure felt by the national coordinator to produce TOO results and secure funding beyond the end of POLICY Project. The coordinator spent the majority of her time organizing and launching awareness-raising and fundraising events and chairing core and subcommittee group meetings, rather than focusing on finalizing and obtaining member approval of the advocacy and strategy concept papers.

The third major challenge came from the MOH, who, in December 2005, withdrew the National Maternal Health Strategy from the table due to a new nationwide study that DFID was scheduled to undertake starting in September 2005. The study would, among other things, look at operational barriers to implementation, which had been identified as a priority undertaking for the WRA/B. The WRA/B has been in dialogue with DFID on the study process and, in particular, the findings. Negotiations are being held between DFID and WRA/B regarding how the alliance can be instrumental in the operationalization of the strategy after the study's results have been disseminated. Fortunately, the WRA/B is well positioned in the field of safe motherhood in Bangladesh and has been informed that it will be a crucial partner in this process as it unfolds in the future.

The fourth challenge has its roots in the manner and funding mechanism under which the WRA/B was conceived and established. As a background, the start-up process for the WRA/B was relatively unusual in the history of the global WRA. Traditionally, forming and launching a national WRA originates from stakeholder mobilization built on consensus among key maternal health stakeholders around a critical

local issue as identified by them. In the case of the WRA/B, an issue was identified on their behalf to mobilize around and resources were given by an external organization, the POLICY Project, to bring stakeholders together and launch a WRA. Several of the WRA/B members were well informed of the activities, mission, vision, and principles of the global WRA as being a grassroots organization based on the concept of self-ownership and transparency. Some raised questions about the extent of the WRA/B's autonomy and self-ownership. The issue of being a donor-driven alliance surfaced on several occasions. This may have contributed to the fact that the core organizational documents have not yet been finalized.

Funding Challenges

At the first stakeholder meeting when a national alliance is formed, it is emphasized to the membership that they must immediately start thinking and planning for long-term sustainability. Meeting organizers share examples with the participants on how other national alliances and their members have been able to leverage new funds and resources, prepare and write joint proposals, and contribute financially or in-kind to the national alliance.

Being a new organization with very little programmatic experience in Bangladesh demanded that the WRA/B and national coordinator work tirelessly to develop convincing funding proposals for the various local donors, without the leverage of having any concrete results to show yet. As funding cycles and priorities vary among the donors, much time was required to tailor the proposals to the interests and needs of different donor organizations. The WRA/B quickly learned that few organizations were willing to bear the operational costs of an alliance.

Delays in filling the national coordinator position gave the alliance even less time to form and establish a structure, mission, vision, and principles in which to operate with the endorsement of the larger membership in-country. Moreover, maternal health was not a strong technical area of the coordinator. Support and technical assistance are essential for establishing an alliance as it is necessary to mentor and transfer needed skills to the national coordinator and alliance members. Funding to support technical assistance, however, was not allocated in the budget. If additional technical assistance could have been secured from the global WRA, there may have been a different scenario.

VII. LESSONS LEARNED

The following lessons learned are intended to provide guidance for donors and projects considering funding start-up activities of a national WRA, as well as in-country groups considering launching a national WRA in their own countries.

- **Formation of a national WRA should evolve from expressed needs based in the country and should be moved forward by local maternal health organizations and activists.** Forming a national WRA is a positive contribution toward increasing national and international awareness of and resources for maternal, newborn, and child health issues. New alliances require critical support during the first two years and it is in everyone's interest that national alliances succeed operationally, thematically, and financially. National WRAs benefit from interactions with the global WRA, which provides technical assistance on all aspects of the establishment and functioning of alliances. Each WRA national alliance, however, is unique and needs to identify its own focus areas and priorities for advocacy and action so that members feel a true sense of ownership. Various factors—membership composition, the maternal health issues facing the particular country, the nature of the healthcare delivery system, the interest of host governments and donors in safe motherhood, and human resource issues—will influence the advocacy issues and priorities adopted by each national WRA.

- **Working together allows multisectoral groups to achieve strength in numbers while also advocating for their organizations’ issues.** At the national level, bringing together safe motherhood experts and activists and building a national movement—based on local needs, existing and potential resources, and the WRA model of transparency, equity, and resource and information sharing—greatly increases the possibility of achieving national maternal and child health goals through the power of numbers. Members can also advocate for maternal and neonatal health through their own channels and increase public knowledge about key maternal health issues, thereby helping each member organization achieve its goals through involvement with the WRA. Creating an alliance out of diverse members—who traditionally work in a vertical management environment—can be aided by involvement from the global WRA and commitment from the member organizations.
- **Launching a national alliance takes commitment and front-end investments.** Start-up money for forming a national WRA is a crucial component as is a core group of committed maternal health organizations and activists. The time frame for start-up activities for the WRA/B was about nine months. In retrospect, this length of time proved inadequate for enabling the coordinator to build and sustain financial and in-kind commitments from the members—resulting in falling short in achieving the results of TOO. Committed funding from members and donors for a period of 12–24 months is recommended to successfully carry out start-up activities, create national awareness about the WRA, gain donor buy-in, and leverage resources for long-term organizational sustainability.
- **The challenges of working as an alliance are numerous, especially when members are new to the concept. Capacity development to support successful, sustainable alliances requires substantial and sustained investment of time, financial resources, and technical assistance from many sources.** Initial enthusiasm about the benefits and possibilities of what alliance members can achieve by working together present new opportunities as well as new challenges for members. WRA members and coordinators new to the challenges of working in an alliance and to the advocacy process will need support beyond the initial training period to successfully become program implementers. In the case of the WRA/B, for example, lack of coordination between participants of the TOT workshop and the original subcommittee formed to prepare the advocacy and strategy concept papers resulted in a lack of clarity over key issues and implementation delays. Training in advocacy was offered on two occasions to the membership in an attempt to provide these skills to the broader membership, to inspire a sense of ownership, and to offer a step-by-step proven process in which to move forward. The global WRA, WRA/India, and POLICY/Washington continued to provide ongoing mentoring to the WRA/B to help strengthen its organizational development and implementation of advocacy activities. The global WRA provided examples of how to leverage resources among the donor community based on experiences from other national alliances. Regular teleconferences were held between POLICY/Washington, the global WRA, and WRA/B to provide support and guidance around issues of sustainability. WRA/B participants suggested that future technical assistance efforts be based on a longer term strategy to help members achieve their goals as well as understand and create strategies to overcome challenges.
- **Enthusiasm, dedication, and leadership among key alliance members can translate into results in a short time frame.** The national WRA/B coordinator has been exceptionally successful in quickly getting the WRA/B and safe motherhood in the national spotlight and gaining a seat at high-level maternal health advisory boards. This was primarily due to the enthusiasm of the national coordinator and the commitment of the initial core members, who donated their time to the development of the WRA/B and its mission, vision, and principles. The national coordinator and members of WRA/B have successfully positioned themselves as key informants and experts in maternal health working groups and committees.

VIII. CONCLUSION

This TOO has provided valuable insights regarding the process and requirements for building and sustaining a national WRA. The lessons learned can help guide the global WRA and aspiring national WRAs in the future to carefully consider how they move forward. Although the original intention of the TOO was to establish a WRA/B around a specific research issue, the ensuing reformulation of activity goals has potentially had a broader impact on raising awareness on maternal health in Bangladesh and for future national WRAs because of the successes and challenges of this activity.

Critical lessons were learned regarding how a national WRA can mobilize to identify key maternal health issues; how to use POLICY tools and experience in the design of advocacy plans; how alliances can overcome challenges in designing and implementing advocacy strategies; how much time is needed to lay the foundation for an effective national WRA; how to use the media for awareness raising; and how to address the challenges involved in leveraging resources for sustainability. Future activities of this nature will need to recognize and plan for close collaboration and coordination between the funding organization and the global WRA. This issue deserves to be highlighted to stress the necessity of early and close involvement at the earliest stage possible in the development of a national WRA.

In its mandate to form a new alliance of maternal health experts and activists in Bangladesh to increase awareness of the relationship between family planning and safe motherhood, the WRA/B has achieved a degree of success. The alliance started its journey as a loosely connected group of committed individuals and organizations to become a nationally recognized, respected, and united voice for safe motherhood. Because of the limited time frame of this activity, the national coordinator, with the support of the members, opted to focus initial activities on promoting national awareness about the need and potential for a WRA in Bangladesh. In the nine-month period that the national alliance has been operational, awareness of safe motherhood issues in Bangladesh has increased, as indicated by the expanded membership of the WRA/B and the general recognition of the white ribbon as a symbol for safe motherhood in Bangladesh. With TOO funding available only until the end of the POLICY Project, the time frame also necessitated that the coordinator focus on identification and confirmation of funds to support the WRA/B and its future activities.

The WRA/B has formed a critical mass of maternal health experts and advocates among individuals and organizations who previously had only the success and results of their own individual organizations in their sights. In a short period of time, the alliance has raised the profile of safe motherhood through a multisectoral approach that is recognized nationally by the government, international and national organizations, and donors. The national coordinator and many core group members are recognized as high-profile spokespersons, advocates, and champions who continue to keep the issue of safe motherhood a priority at all levels.

The objective of strengthening advocacy for evidence-based adolescent reproductive health programs is still being pursued by the members who remain committed to collectively addressing this need in Bangladesh. The WRA/B continues to be involved in the process of updating and providing technical assistance to the MOH in the development and restructuring of the National Maternal Health Strategy, and will be called upon to disseminate and operationalize the strategy through its membership.

POLICY funds ended on June 30, 2006, and the national coordinator has leveraged resources from the host institution, CONCERN International, to continue providing offices and administrative support for the alliance. Other core members have agreed to provide bridge funding and other resources for a three-month period to cover the salary of the coordinator and the WRA/B activities. The WRA/B continues to

pursue funding and remains hopeful about leveraging funds for its sustainability and operational costs from diverse local and international donors in Bangladesh—in particular, DFID. The global WRA and POLICY/Washington provided technical assistance in the drafting of documents and proposals. The WRA/B has received funds for a pilot project from PMNCH—which recognizes the WRA/B as its direct link to the NGO community—to help guide the partnership in establishing its role in Bangladesh. Future collaboration with the PMNCH remains a real possibility as it rolls out activities in the country.

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