

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

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

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NATIONAL ALLIANCES - 2016 FOCUS



WRA AfghanistanPromotion of Midwifery



WRA Pakistan
Respectful Maternity Care
Campaign to End Maternal
Anemia



WRA Bangladesh Self-Care for Maternal & Newborn Health



WRA Sweden
Promotion of Midwifery
Migrant and Minority
Women's Health & Rights



WRA India
Social Accountability
Respectful Maternity Care
Quality of Care



WRA Tanzania
Respectful Maternity Care
Campaign for CEmONC
Funding



WRA Indonesia
Self-Care for Maternal
& Newborn Health
Birth Preparedness



WRA Uganda
Social Accountability
Campaign to End Teenage
Pregnancy



WRA MalawiPromotion of Midwifery
Respectful Maternity Care



WRA Yemen *No current activities due to ongoing conflict*



WRA Nepal
Respectful Maternity Care
Advocacy for Sexual and
Reproductive Health and
Rights



WRA Zimbabwe
Social Accountability
Respectful Maternity Care
Self-Care for Maternal
& Newborn Health



WRA Nigeria Social Accountability Respectful Maternity Care Quality of Care

MESSAGE FROM THE CEO

Dear White Ribbon Alliance Supporters,

The year 2016 was an eventful one for White Ribbon Alliance and I am honored to be able to share the highlights with you.

Our approach of catalyzing and equipping citizens to lead change in their communities is working. From citizen hearings in Afghanistan, petition drives in Uganda and citizen journalist trainings with midwives in Malawi, we grew and strengthened citizen participation efforts for women's, children's and adolescents' health.



Betsy McCallon

Our efforts put women at the center of their own care across the full spectrum of maternal and newborn health with the launch of self-care projects in Bangladesh and Zimbabwe. Synergies with this work were seen in Pakistan and Nepal, where those National Alliances focused on improving nutrition for pregnant women and newborns.

On the global level, we supported citizen representatives to attend and speak at important venues including the Women Deliver conference in Copenhagen, the 69th World Health Assembly in Geneva, the High Level Political Forum and the UN General Assembly in New York. We also saw significant progress around global and national efforts to strengthen midwifery as a vital pathway toward improving maternal and newborn health with the launch of "Midwives' Voices, Midwives' Realities: Findings from a Global Consultation on Providing Quality Midwifery Care," a report we co-authored with World Health Organization and the International Confederation of Midwives.

None of this would have been possible without supporters like you. You ran marathons for us, celebrated us alongside your own mothers and made contributions in memory of WRA champions, our friends and former colleagues Jo Cox and Donna Vivio, whose lives were lost but whose spirits carry on in our collective commitment to improve the health and lives of women and children.

We know that women must be trusted to direct care for themselves and their families, and that the health of all women and children must be valued as a human right if we are to achieve global, national and local goals.

Thank you for believing in our approach and for your continued support.

Betsy McCallon

White Ribbon Alliance, CEO

Jog McCalle

HEALTHY MOTHERS, HEALTHY WORLD

White Ribbon Alliance is a powerful network of advocates working for maternal, newborn health and rights at the local, national and global levels. We help citizens recognize and seize their power to demand that all women are safe and healthy before, during and after pregnancy.



CITIZEN-LED ACCOUNTABILITY

When citizens are directly involved, challenges are revealed and solutions are identified to accelerate progress. That is why advancing citizen engagement and citizen-led accountability for Reproductive, Maternal, Newborn, Child and Adolescent Health at local, national and global levels is at the heart of everything White Ribbon Alliance does.



WOMEN-CENTERED CARE

One of the biggest barriers to women and children receiving quality care is about who holds the power. WRA is investing in programs and approaches that change the power dynamic so that women direct their own health care. When empowered with knowledge and confidence, women make the best health decisions for themselves and their families, including increasing demand for quality services.



QUALITY, EQUITY & DIGNITY

Part of our approach to improve maternal and newborn health is to promote quality, equitable and dignified care as vital components of any comprehensive maternal and newborn healthcare strategy. Access to services is not enough: it must meet the needs of every woman, everywhere to bring an end to preventable maternal and newborn deaths so that women and children can survive, thrive and transform.



HEALTH AS A HUMAN RIGHT

Health must be valued as a human right for everyone – especially the world's most vulnerable women and children. White Ribbon Alliance understands the synergies between sexual, reproductive, maternal, child, adolescent and newborn health policies and services and employs a human rights approach to bring these efforts together for holistic, sustainable change.



CITIZEN-LED ACCOUNTABILITY

When citizens know their rights and are actively involved in monitoring health services, progress accelerates. White Ribbon Alliance is leading the way, changing the way national governments and global policy leaders think about the relationship between citizens and those who determine health policies and services.



Citizens' Hearings

One way that White Ribbon Alliance advances accountability for maternal and newborn health is through citizens' hearings, which bring people and governments together for vital and productive dialogue.

To ensure that discussions between citizens and members of the government were open, WRA AFGHANISTAN encouraged and supported citizens to raise their concerns about any aspect of maternal and newborn care in Afghanistan at a Citizens' Hearing in

June 2016. Citizens — including community leaders, midwives, nurses, doctors, policy makers, and donor agencies — were empowered to have open discussions and raise concerns about the state of maternal and newborn care in Afghanistan. Their demands that the government commit to establishing a Midwifery and Nursing Council were heard and there was a renewed promise to create this important maternal health office.

WRA BANGLADESH and partners held two Citizens' Hearings in Cox's Bazar and Mymensign. A talk show was held in August 2016 where recommendations from the citizens' hearings were shared and policymakers' commitments were reinforced.

As part of their ongoing citizen-led accountability campaign, WRA MALAWI held 10 Citizens' Hearings (in the districts of Chitipa, Mzimba, Lilongwe, Dowa, Dedza, Salima, Mangochi, Zomba, Blantyre, and Mulanje), each involving 100 to 800 participants, including traditional authority chiefs, village headmen, religious leaders, political leaders, hospital staff, media and WRA Malawi members.

WRA NIGERIA engaged thousands of citizens in Niger State through Citizens' Hearings and Community Dialogues focusing on Citizenled Accountability for RMNCAH services. More than 3,000 citizens signed a petition asking the Niger State government to involve them in public decision-making and monitoring government resources and performance.

At the global level, several WRA National Alliances shared recommendations from district and national hearings at the World Health Assembly and at the UN General Assembly, ensuring they were reflected in the continuing implementation of the United Nations' Sustainable Development Goals (SDGs).

Citizen Journalism

In July, **WRA MALAWI** recruited 30 midwives representing 19 districts to participate in a Citizen Journalist training. The training used participatory methods to equip midwives with the skills and confidence to

communicate their experiences – and the experiences of those in their care, when appropriate – with the goal to make their voices heard, elevate midwifery as a profession and position midwives as vital to maternal and newborn health outcomes.

Fifty-six media pieces (including newspaper stories, television reports, and in-depth radio documentaries) were secured with WRA Malawi's citizen-led accountability campaign, raising awareness and inspiring action for maternal health throughout the country.



In December 2016, **WRA NIGERIA** trained 25 Citizen Journalists from Minna in Niger State, where they have focused efforts of their citizen accountability campaign.

Professional journalists were paired with midwives and concerned citizens to create long-term relationships and to provide hands-on mentoring. Health Ministers and other officials participated as special guest speakers and gave Citizen Journalists the opportunity to ask questions and demand improvements in maternal health policy in their community.

SPOTLIGHT: UGANDA

1 in 4 girls in Uganda aged 15-19 is already a mother or pregnant with her first child. The teenage pregnancy rate is 25%. A young girl is twice as likely to die during pregnancy or childbirth compared to a mature woman in her 20s, and babies born to adolescent mothers face a 50% higher risk of being stillborn or dying in the first few weeks than those born to mothers aged 20 to 24 years old.



WRA UGANDA's "Act Now to End Teenage Pregnancy" campaign united voices of key stakeholders in reproductive, maternal, newborn, child and adolescent health at national and sub-national levels. The youth-driven campaign was powered by youth engaging, advocating and demanding that decision makers be held accountable for improved adolescent sexual and reproductive health.

Through a series of diverse collection methods, including U-Report, an online petition system, and hard copy signature collection forms, more than 120,000 citizens signed a petition asking the Prime Minister to coordinate and implement government policies across ministries, departments and other public institutions to work together and actively involve young people to reduce teen pregnancy — a request that was accepted. WRA Uganda's next steps are to ensure that the government keeps its promise to the youth of Uganda through ongoing citizen engagement activities.



WOMEN-CENTERED CARE

At White Ribbon Alliance, we envision a world where the right of all women to be safe and healthy before, during and after childbirth is upheld. Part of our approach to improve maternal and newborn health is to put women at the center of their own health care needs. In 2016 we launched two self-care programs that directly support our efforts to promote women-centered care.



Self-Care for Maternal & Newborn Health

We know that when women are equipped with information and resources, they make the best health decisions for themselves and their families. Self-care supports individuals, families, and communities to improve and restore their own health, prevent disease, and limit illness. Self-care also contributes to reducing the burden on health care systems that we are advocating to improve.

In 2016, WRA, in partnership with **BAYER CONSUMER CARE**, launched several self-care initiatives focused on improving maternal

and newborn health. This included the release of a policy paper with key recommendations about self-care as a cost-effective approach to improving maternal and newborn health and the launch of programs in Zimbabwe and Bangladesh.

WRA ZIMBABWE is addressing the high maternal mortality rate in Midlands Province by supporting effective birth preparedness for emergency situations, raising awareness of birth complications and informing community members of their rights to

receive quality, respectful care. WRA is working closely with provincial and district health authorities and the Ministry of Health to integrate self-care policies. WRA Zimbabwe is also equipping health workers, community leaders and women's groups to monitor the delivery of respectful maternity care.

WRA BANGLADESH is targeting the most vulnerable communities in the Patuakhali District. Facing severe natural disasters and

infrastructure challenges, many women living in this area do not have access to skilled birth attendants, quality health services, or emergency care. WRA Bangladesh will build the knowledge and skills of health workers so they can provide consistent, quality and respectful care. This will allow them to more effectively support pregnant women and their families in planning and preparing for a healthy pregnancy and childbirth, ultimately setting a national standard.

WHAT IS SELF-CARE?

- Birth preparation and complication readiness
 - Choosing preferred birth place and attendant at birth
 - Being informed of danger signs
 - Pre-arranging for transportation for birth
- Breastfeeding
- Having confidence and freedom to ask questions during visits with health providers
- Home-based life-saving skills
- Kangaroo Mother Care
- Mothers' groups to learn and share best practices
- Understanding and seeking proper nutrition, such as iron supplements during pregnancy





QUALITY, EQUITY & DIGNITY

While access to care has increased and maternal mortality improved, quality of services for women and newborns remain poor. More than 300,000 women still die while giving birth and 2.7 million newborns die during the first 28 days of life, the majority from preventable causes. Midwifery plays a vital role in preventing maternal deaths and ensuring newborns survive and thrive, but care must be provided by educated midwives who are valued and respected.



Midwives' Voices

The first global survey of midwifery personnel led by WHO, the INTERNATIONAL CONFEDERATION OF MIDWIVES (ICM) and White Ribbon Alliance, "Midwives' Voices, Midwives' Realities: Findings from a global consultation on providing quality midwifery care," reports findings from 2,470 midwives in 93 countries and was funded by the UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID).

This groundbreaking report describes, from the perspective of midwives, the barriers they experience to providing quality, respectful care for women, newborns and their families. The findings highlight that hierarchies of power and gender discrimination hinder progress, but also demonstrate the great potential for improvements in quality of care when the voices of midwives are heard.

One-fifth of midwives who answered the online survey depend on another source of

income to survive, which adds to the pressure and exhaustion that they experience. Many combine the roles of work, motherhood and caring for others in their communities. The midwives reported that long and stressful hours badly affected their families, with over one-third stating they had no choice but to leave children under 14 years alone while they work.

Though most feel they are treated with respect, many midwives reported harassment at work, a lack of security and fear of violence. Disrespect in the workplace negatively affects midwives' self-esteem and their ability to provide quality care to mothers and babies worldwide.

Professionally, many midwives are neither provided with adequate education, nor regulatory and legal support. Few national midwifery associations get the support they need to develop leadership skills. This lack of investment reinforces gender inequality and unequal power relations within the health system.

Based on the findings of the survey, WHO, ICM, WRA, USAID, UNFPA and other partners are developing a **GLOBAL MIDWIFERY ADVOCACY STRATEGY** aimed at addressing the barriers midwifery personnel face to improve quality of care.

The strategy will urge global decision makers to value the evidence on the positive impact of quality midwifery care. It will encourage policy makers to draw on the expertise of midwives when making policy and strategy decisions that affect maternal and newborn care.



Malawi Midwife Crisis

With a population of 17 million people, every 2 out of 3 people in Malawi is under age 25 and more than 20% of adolescent girls have begun bearing children by age 17. Malawi's maternal mortality ratio is still very high, with 460 women dying for every 100,000 live births. Midwives are vital to reducing maternal and newborn deaths but are severely undervalued and underutilized in Malawi.

WRA MALAWI's 2016 nationwide, census-based survey revealed that 20,217 additional midwives are needed to reach the WHO recommended "population to midwife ratio" of 175:1. There are only 3,420 individuals working as midwives for a minimum of 75% of the time in the entire country, contributing to its maternal, newborn health crisis.

An increase in midwives will have a positive impact on service delivery and will reduce the burden on existing midwives, thereby improving working conditions. With the numbers in hand of how many midwives are needed, WRA Malawi is currently working with the government to create a national strategy to scale up midwifery in the country.

HEALTH AS A HUMAN RIGHT

White Ribbon Alliance is committed to promoting health as a human right for everyone - specifically the world's most vulnerable women and children. Throughout 2016 we amplified this value at global events, with citizen representatives nominated from across WRA National Alliances. Citizens must be heard in the halls of United Nations, World Health Organization and other global venues, so that their rights are upheld at every level.



Citizen Representatives

To engage citizens at the global level, WRA BANGLADESH, together with WRA Global, World Vision, Save the Children and the International Planned Parenthood Federation, organized the 2ND ANNUAL GLOBAL CITIZENS' DIALOGUE at the 2016 WORLD HEALTH ASSEMBLY to highlight the importance of citizens' voices and for citizenled accountability mechanisms. This event was a huge success and was hosted by the

Governments of Bangladesh, Sweden and Zambia.

Representatives from WRA MALAWI, WRA UGANDA, and WRA ZIMBABWE spoke at the 71ST UNITED NATIONS GENERAL ASSEMBLY in New York City. The international stage given to the Citizen Representatives amplified and brought international attention to their National Alliance campaigns focusing on midwifery, ending teenage pregnancy, and self-care for maternal and newborn health.



THANK YOU TO OUR DONORS

Our donors and supporters make it possible for WRA to advocate for a world where the right of all women to be safe and healthy before, during and after childbirth is upheld. 2016 saw increased support for our approach of bringing citizens and their governments together for sustainable change, lasting generations. Thank you!

2016 Individual Donors



- Individual Donors
 - o 16.6% increase from 2015
- Recurring Donors
 - o 10.5% increase from 2015
- Unique Donors
 - o 22.4% increase from 2015
- Thank you for the many unique, creative and heartfelt ways our supporters raised awareness for safe motherhood for WRA:
 - Amazon Smiles program
 - Donations for Mother's Day and Father's Day
 - Gifts honoring birthdays and celebrations
 - Remembrance gifts for Jo Cox and Donna Vivio

Running for Safe Motherhood

Thank you to Japanese Organization for International Cooperation in Family Planning (JOICFP) for hosting a Virtual Run in six countries for global safe motherhood. Other donors fundraised for maternal health through marathons, Tough Mudders. and **WRA INDONESIA's** "Healthy Mothers, Healthy World" Fun Walk, which united more than 2.800 maternal health advocates.



IN MEMORIAM

Jo Cox

Jo joined WRA in May 2009 as the Director of the Maternal Mortality campaign and quickly became instrumental in bringing global political attention to the need to elevate maternal, newborn health as a means to lift the status of women worldwide. She worked closely with Sarah Brown, a tireless maternal health advocate married to then British Prime Minister Gordon Brown, to build a strong base of supporters for our work. Together they were getting maternal, newborn health on the agenda at the G8, African Union and other influential global bodies.



Jo was a huge champion for women and social justice in general. She was an incredible strategist and deeply believed

in the political process as an agent of change. Jo understood first hand that if you support people in the way that they need, they will succeed. In addition to her significant career accomplishments, Jo will be remembered for her positivity, joyfulness and sarcastic wit. She was hugely admired across the WRA team. Always quick to support and mentor colleagues, she continued to contribute to WRA after she left the organization in September 2012, following the birth of her second child. As a principle architect of our current strategy to support and grow our Alliance globally, her legacy will continue to be felt for years to come.

Donna Vivio.



Donna Vivio dedicated her life to supporting women. She believed strongly in the role and value of midwives in ensuring all women and newborns have the right to quality, equity, and dignity in their health care. She understood that uniting health care professionals with researchers, educators, policy makers and civil society makes change happen, and she made a meaningful contribution every day.

Donna was an active supporter of White Ribbon Alliance since its inception, at the global and national level. We are honored that she would want to be remembered by those who love her with a gift to WRA. We will do our part to honor Donna's life work. We thank her for her commitment, dedication, and open heart. She will be greatly missed.



2016 FINANCIALS

Year ended December 31, 2016 | Audited

ASSETS

CURRENT ASSETS

Cash and cash equivalents	\$282,434.00
Grants and contracts receivable, current portion	\$2,178,455.00
Other receivables	\$14,951.00
Prepaid expenses	\$35,959.00
Subgrantees advances	\$124,059.00
Travel advances	\$2,875.00
TOTAL CURRENT ASSETS	\$2,638,733.00

NONCURRENT ASSETS

Grants, contracts and contributions receivable

Net of current portion and PV discount
Security deposits

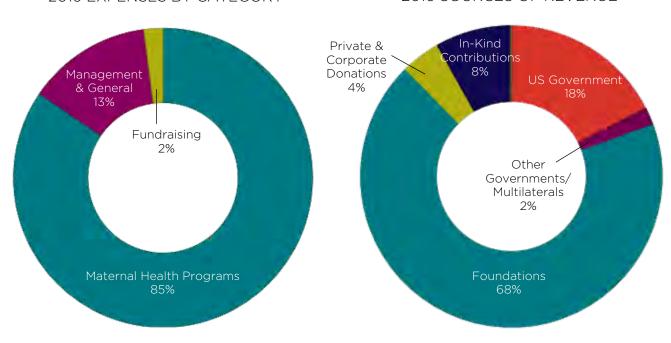
TOTAL NONCURRENT ASSETS

\$1,384,798.00
\$14,694.00
\$1,399,492.00

TOTAL ASSETS \$4,038,225.00

2016 EXPENSES BY CATEGORY

2016 SOURCES OF REVENUE



LIABILITIES & NET ASSETS

CURRENT LIABILITIES

Accounts payable \$55,736.85
Accrued employee benefits \$109,194.04
Deferred rent \$4,881.00

TOTAL CURRENT LIABILITIES \$169,811.89

NONCURRENT LIABILITIES

Deferred rent, net of current portion \$21,070.00 **TOTAL NONCURRENT LIABILITIES** \$21,070.00

TOTAL LIABILITIES \$190,881.89

NET ASSETS

 Unrestricted
 -\$397,310.20

 Temporarily restricted
 \$4,244,653.00

 TOTAL NET ASSETS
 \$3,847,342.80

TOTAL LIABILITIES AND NET ASSETS

\$4,038,225.00



GOVERNANCE

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



National Alliance Council

Farhana Ahmad Dr. Nanna Chidi–Emmanuel Betsy McCallon Rose Mlay Giwo Rubianto Wiyogo

Global Secretariat Board of Directors

Lynn Altman
Jacob B. Bernstein
Steve Crom
Ronald Geary
Valerie Gurtler-Doyle
Betsy McCallon
Yasmina Zaidman

PLEDGE FORM

Childbirth is the biggest killer of young women in many countries; 800 still die every day. Almost all of these deaths are preventable.

By donating to White Ribbon Alliance, you are joining a global community that empowers and educates women of their right to health care and quality services. An investment in White Ribbon Alliance can lead to 10x the amount in long-term, country-level maternal, newborn health improvements. And, a monthly donation will give more women regular access to improved services and health care facilities.

Donate by check or online at http://bit.ly/DonateWRA.

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Name	
Billing address	
City, ST Zip Code	
Contact Number	
Email	
Pledge Information	
I (we) pledge a total of \$	to be paid: \square now \square monthly \square yearly.
I (we) plan to make this contribution in the fo	orm of: \square cash \square check \square credit card \square other.
\square form enclosed \square form will be forwarded	
Acknowledgement Information	
Please use the following name(s) in all acknowledges	owledgements:
\square I (we) wish to have our gift remain anonyr	nous.
Signature(s)	Date
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