

ANNUAL REPORT

2008



NOTE FROM OUR PRESIDENT



Dear Friends,

During 2008, as we have for more than two decades, Family Care International worked to shed light on a seldom-spoken shame: that every single minute a woman dies, needlessly, from complications of pregnancy and childbirth. We have drawn world attention to this vast injustice, and created networks of activists to make governments acknowledge their obligation to take action; we've identified practical steps to end maternal mortality in even the poorest communities, and established programs to make sure that these steps can be effectively put in place.

In May of this year, I was proud to accept the prestigious United Nations Population Award — presented to FCI in recognition of our contributions in the struggle to save women's lives, protect reproductive rights, and improve maternal health around the world.

It was my great privilege to accept this honor on behalf of the people who have given so much to further our important work: First, FCI's founding President, Jill Sheffield, whose energy, commitment, and vision launched and nurtured a global movement to end maternal mortality. Second, all of FCI's staff around the world, whose tireless work has done so much to raise awareness, to empower women and their communities, and to strengthen health systems to provide desperately-needed services. Third, the partners and colleagues who work side by side with us with such courage, determination, and insight. And finally, our donors — foundations, governments,

international agencies, and many caring families and individuals — whose passion and generosity have brought us this far, and will take us the rest of the way.

This award was, I believe, a clear recognition by the United Nations community that the time has come, as Secretary General Ban Ki-Moon has said, “to put a stop to these senseless deaths... and make the process of giving birth safe for mothers.” The world has yet to deliver on the promise that it owes to women everywhere — to value their lives and enable them to deliver on their potential, for the sake of their children, for their communities, and most of all for themselves. Our work will continue until it does.

Warm regards,

Ann Starrs

President

FCI'S VISION AND MISSION

Our Vision: A world where no woman suffers preventable injury or death from pregnancy or childbirth related causes and in which all people are able to enjoy their sexual and reproductive health and rights.

Our Mission: FCI is dedicated to making pregnancy and childbirth safer around the world. We work to:

- Ensure access to quality maternal and newborn health care;
- Help women and girls to prevent and manage unintended pregnancy;
- Promote the sexual and reproductive health of young people and other underserved groups; and
- Reduce the spread of HIV, especially among women and young people.

ABOUT FCI

In 1987, the world was paying little attention to the hundreds of thousands of women dying in pregnancy and childbirth each year. Jill Sheffield and Ann Starrs founded FCI, the first international organization dedicated to maternal health, out of their determination to remedy this neglect. They were outraged by the injustice of women dying while trying to give life. FCI has been working ever since — collaboratively, innovatively, and effectively — to make pregnancy and childbirth safer around the world.

This work has required FCI to become expert in the various causes of maternal mortality in all the settings where it persists; to find solutions that work even in low-resource settings; and then to advocate for the investment and interventions that can make sure those solutions are available where they are most needed. FCI works creatively and flexibly with partners at every conceivable level: with mothers, midwives, and caregivers in remote and impoverished areas; with community councils and local health providers; with legislators and ministries of health and finance; and with international NGOs, research groups, donor governments, and United Nations agencies.

With programs now in 18 countries and activities and materials that span the world, FCI continues to pursue its vision of a world where no woman suffers preventable injury or death from pregnancy or childbirth-related causes and in which all people are able to enjoy their sexual and reproductive health and rights. We work to ensure access to quality maternal and newborn health care; to help women and girls prevent and manage unintended pregnancy; to promote the sexual and reproductive health and rights of young people and other underserved groups; and to reduce the spread of HIV and AIDS.

FCI's Strategic Framework: To ensure that FCI continues to effectively pursue its urgent mission, staff and board members participated in 2008 in a strategic review and planning process, which included a careful consideration of FCI's institutional strengths as well as an assessment of developments at global, regional, and national levels. This process resulted in an institutional decision to renew our commitment to our founding issue — making pregnancy and childbirth safer around the world.

THEIR LIVES, OUR FUTURE

Not long ago, the *Washington Post* reported about an 18-year old girl from Sierra Leone named Fatmata. Her uterus began to bleed shortly after she gave birth in the hut of a traditional birth attendant, whose treatment was a cup of tea. "I don't do complications here," the attendant explained later. Fatmata, faint and bleeding, was rushed to a nearby hospital, where a pint of black-market blood arrived too late: she died, leaving a motherless son and a devastated family. "This is what happens to women here," said a saddened but unsurprised neighbor, pregnant with her fifth child.

A woman dies in pregnancy or childbirth every single minute, more than half a million a year, in the villages and slums of the developing world. They die from causes — hemorrhage, infection, low blood pressure, obstructed labor, unsafe abortion — that are almost always preventable or treatable. In some countries, more than one in ten young women will not make it out of her child-bearing years alive. In a globalized world, these young women are our future.

This is the world's disgrace, and a vast injustice. In wealthy countries, maternal death has been virtually eradicated, and in some villages women can now give birth in clean, safe clinics, where skilled health workers manage complications and send mothers home to raise their babies. The difference between Fatmata and them couldn't be simpler: access to effective care.

We know what to do to end the epidemic of maternal mortality: provide every woman, everywhere, with family planning and comprehensive reproductive health services, skilled care during pregnancy and childbirth, emergency obstetric care for complications, and reliable follow-up care for mothers and their newborns.

This requires global attention, political will, and investment in women's lives. It also requires hard, smart work — by government officials, health workers and educators, and professionals like the dedicated, highly-skilled members of FCI's advocacy and capacity-building teams in Africa, Latin America, and the U.S. Our staff and dedicated partners work every day to build and strengthen the essential services that save women's lives and secure a just and healthy future.

FCI'S WORK

Across our more than two decades of existence Family Care International has always worked both globally and locally to save women's lives.

One of our partner organizations recently praised FCI for being “one of few organizations that do both programs and advocacy, and do both well.” At the highest levels of global policy discussion, FCI is a leading advocate for strengthening governments' commitment to maternal health, and for translating these commitments into improved policies and increased funding. At the same time, FCI helps our local partners — public health officials, clinic managers and boards, health workers, community members — to demand, design, deliver, evaluate, and replicate programs and services that improve maternal and reproductive health outcomes in the communities where women are still dying every day.

These two approaches — building capacity locally while advocating globally — inform each other, translating “big picture” thinking into on-the-ground reality, and vice versa. We build smart partnerships with the people who really know and understand local conditions and cultures, and work together to provide women with the services that they desperately need. We can then muster the case histories, testimonies, and research data we need to be persuasive in national and international debate. When the discussions are serious and the stakes are high, FCI is there at the table, bringing political savvy, technical expertise, and years of experience to the search for practical and principled solutions. Integral to all our work is an insistence that effective programs and persuasive advocacy must both be built on a foundation of hard evidence. “If FCI says it,” according to one of our partners, “it's verified.”

2008 IN REVIEW

FCI president Ann Starrs, accepting the UN Population Award on FCI's behalf in May 2008, said, “I believe we will be able to mark 2008 as the year we stepped on the road to victory, the year that the fifth Millennium Development Goal — *Improve maternal health* — began to receive the attention it so urgently needs.” During 2008, FCI focused our efforts on creating the political will for making maternal health a global health priority, and on building national and local capacity to develop and expand programs that save women's lives. In the following pages, we'll outline some of the areas in which FCI, and our many generous supporters, made a difference during 2008.

SPEAKING OUT FOR WOMEN'S LIVES

As a leader in the struggle to improve maternal health in developing countries, FCI works to enlist, strengthen, and sustain the political commitment and financial investment that is needed to prevent millions of women and babies from dying needlessly in pregnancy and childbirth, from causes that are routinely prevented or treated in wealthy countries. We helped to establish, and work to promote, the core healthcare services that are the key to ending this slow-motion catastrophe. And — because universally available family planning and reproductive health services are critical to improving maternal health — we are a strong and persistent voice reminding the world of the close and inextricable ties connecting maternal survival and reproductive health.

FCI actively participates in dialogues with governments of both developed and developing nations; speaks out both publicly and privately at the United Nations, at global summit meetings, and at other international events; collaborates and strategizes with advocates for HIV/AIDS, child survival, and other important global health causes to develop policies that strengthen health systems and provide effective, accessible health care to all; and develops publications and academic articles that stimulate awareness and action among decision-makers, policymakers, medical researchers, and opinion leaders. In 2008, as in previous years, FCI's impact was expanded and strengthened by our participation in a range of international initiatives and partnerships, where we helped to ensure that maternal health remains high on the international development agenda, that the voices of communities and of civil society are heard loud and clear, and that controversial but crucial topics — unsafe abortion, postabortion care, emergency contraception, adolescent sexuality — are not ignored. FCI's leadership roles in 2008 included:

- ***Women Deliver***: After a groundbreaking conference in late 2007, the following year was dedicated to evolving *Women Deliver* into an ongoing global advocacy initiative that will build on the promise, partnerships, and networks mobilized at the conference to generate new momentum behind the fulfillment of Millennium Development Goal (MDG) 5 — *Improve maternal health*. More than 8,000 individuals and institutions from 115 countries — including policymakers, parliamentarians, community health workers, women's groups, and many others — are stakeholders in Women Deliver, which in 2009 FCI will spin off into a dynamic, separately-constituted advocacy organization.

- **The Partnership for Maternal, Newborn and Child Health (PMNCH):** Building on our long history at the heart of the international Safe Motherhood Initiative, FCI now plays a key role in this global partnership, which brings together the child, newborn, and maternal health communities behind an integrated approach to improving health outcomes for women and children. FCI serves as co-chair of PMNCH's 22-member Board, takes a lead role in key policy and strategic decisions, and is co-lead partner (along with the government of Norway) for global advocacy.
- **Countdown to 2015:** The Countdown is a collaborative effort to track progress in maternal, newborn and child survival in developing countries. FCI sits on Countdown's Coordinating Committee, actively participated in the planning for Countdown's 2008 report and conference, and is co-chair of its Advocacy Sub-Committee.
- **International Initiative on Maternal Mortality and Human Rights (IIMMHR):** IIMMHR is a network launched in October 2007 that works to bring international attention to maternal mortality as a violation of women's fundamental human rights. FCI sits on its Steering Committee, as well as its Communications and Institutional Development and Advocacy sub-committees.
- **International Consortium on Emergency Contraception (ICEC):** FCI continues to serve as host organization for ICEC, a network that works to make emergency contraception (EC) more widely available in developing countries. In 2008, ICEC monitored opposition to EC; issued policy statements with the potential to make an important impact a legislative and policy battles in several countries, particularly in Latin America; organized conference discussions focusing on EC within crisis situations and refugee communities, and served as an educational resource on EC for policymakers and health providers.
- **Post Abortion Care (PAC) Consortium:** In 2008, FCI became host organization of the PAC Consortium, a network of US-based organizations working to inform the reproductive and maternal health communities about complications related to miscarriage and incomplete abortion, and to promote postabortion care as an effective strategy for reducing abortion-related morbidity and mortality.

- **ICPD at 15:** 2009 will mark 15 years since the International Conference on Population and Development (ICPD) in Cairo. During 2008 FCI played a key role in convening a group of non-governmental organizations (NGOs) that focus on Sexual Reproductive Health and Rights (SRHR) to develop plans to mark this important anniversary by promoting the inextricable link between SRHR and achievement of the MDGs.
- **Regional and national networks:** FCI is a founding member of the Regional Inter-Agency Task Force for the Reduction of Maternal Mortality in Latin America and the Caribbean, working closely with partners including UNFPA, UNICEF, the Pan American Health Organization, the Inter-American Development Bank, and USAID. FCI assists UNFPA, as a regional strategic partner, in coordination of the Regional Task Force.

IMPROVING KNOWLEDGE OF OUR NATIONAL AND LOCAL PARTNERS

Our years of work in the villages of Africa and Latin America have taught us that, while crucial, policy change and advocacy alone will not solve the problem. Change needs to happen locally, because all health care is local. So FCI works on the ground—in countries where maternal health services are often inaccessible, understaffed, inappropriate, or of poor quality—to help build the skills, expertise, and resources of our national and local partners, so that they can provide maternal health services that are essential to saving the lives of women and babies during pregnancy and childbirth. Our goal is to help poor nations build health systems that can provide skilled care, emergency treatment, post-partum care, and family planning for every woman, everywhere. We seek to create a solid, sustainable foundation for maternal and reproductive health services, ensuring that they remain in place long after our participation has ended.

But clean, accessible, professionally staffed, high quality health centers can only save the lives of women who use them. And in many villages, in many countries, social and cultural barriers—traditional health practices, gender inequities, taboos and other beliefs, insensitive medical practices—keep women away from clinics. After all, in the places where women are dying, women have always died from complications of pregnancy, unsafe abortion, and childbirth: women and their communities must come to understand, as a start, that these deaths are preventable, and that they have a right to lifesaving maternal health services. That’s why many of FCI’s programs focus on what we call “community engagement,” a strategy that approaches communities—often through traditional leaders, grassroots groups, and community-based clinic oversight committees—as active partners in efforts to improve the availability, quality, and utilization of maternal and reproductive health services, rather than as mere client populations or as targets for “behavior change” information.

Building the capacity of partners and communities requires time, commitment, and mutual trust. It also requires a disciplined process, which includes thorough assessments, materials development, training, monitoring, and evaluation. Much of FCI’s capacity building is conducted out of our field offices, staffed by nationals, in Bolivia, Burkina Faso, Ecuador, Kenya, Mali, Niger, and Tanzania; we also implement programs in collaboration with local partners in many other countries.

Making motherhood safer

Access to skilled care during and immediately after pregnancy and childbirth is a crucial strategy for achieving MDG 5 – *Improve maternal health*. FCI's groundbreaking *Skilled Care Initiative* (2000-2007, supported by funding from the Bill & Melinda Gates Foundation) developed, tested, and evaluated approaches for improving maternity services and increasing skilled attendance in low-resource settings in Burkina Faso, Kenya, and Tanzania, with results showing substantial improvement in provider skills and facilities' capabilities and highlighting the important role of community leadership. In Burkina Faso, where maternity care-seeking during delivery more than doubled in the project district, engaging community leaders in actively promoting the use of skilled maternity care among women in their villages was critical to the project's success; in Kenya, educating and motivating community-based members of health facility management committees was a key to improving the quality, utilization, and accountability of maternal health services. These findings were consistent with observations from FCI's programs in the Andean regions of South America, where a focus on ensuring that maternal care was delivered with sensitivity to community concerns and indigenous culture and on empowering rural clinics' "users' committees" had proven critical to improving service quality and utilization.

Building on these successes, FCI's maternal health programs in 2008 included the following:

- Introducing quality improvement methodologies at 21 health facilities in five districts in **Tanzania**. This program, involving 250 health facility staff and community members, also trained maternity care providers in core midwifery skills, provided management skills training to community members of health facility governing committees, and helped district health officials and managers to integrate skilled care strategies into annual plans and budgets.
- Working with local partners in **Kenya** and **Tanzania** to develop and fine-tune a set of skills assessment and training tools for health facility management committees. Tailored for each country and focused on the specific roles and responsibilities of these committees according to Ministry of Health guidelines, the tools are designed both to sensitize committee members about key maternal health issues and to equip them with the skills needed to fulfill their management functions.
- Mobilizing community leaders and civil society to combat obstetric fistula in the Sahel region of **Burkina Faso**, where high rates of early marriage and low use of maternal health services make

fistula common. In a three-year project, FCI will train 1,000 community outreach agents to heighten awareness about maternal health and fistula, engage 400 community leaders in efforts to reduce early marriage and early pregnancy and promote skilled maternity care, and strengthen the capacity of four grassroots associations to provide counseling and support to fistula survivors.

- Initiating a project in **Bolivia** (building on a similar 2007 project in **Ecuador**) to identify and address cultural barriers that prevent indigenous women from seeking maternal health services, and to train doctors and nurses to build cultural sensitivity into patient care.
- Bolstering the skills of women leaders of the Continental Network of Indigenous Women in Ecuador, Bolivia and Peru to advocate for improved maternal health, reproductive health, and gender equity, and greater participation by indigenous women in political and policy-making processes.
- Engaging civil society in **Kenya** in approaching maternal survival as a human rights issue and addressing the barriers that limit women's access to life-saving maternal health care — including women's lack of autonomy and decision-making about health care, unavailability of transport, and lack of financial resources — by conducting community-level sensitization sessions and engaging local leaders and organizations (such as women's groups and self-help groups).
- Identifying and encouraging best practices in adolescent pregnancy prevention in **Ecuador, Bolivia, Peru, Chile, Venezuela and Colombia**, by evaluating programs, assisting Ministry of Health and civil society partners in documenting best practices, and creating a regional inventory of best practices. FCI is responsible for identifying successful strategies for promoting youth participation in pregnancy prevention programs in this initiative in the Andean region.
- Filling information gaps in maternal health by preparing and disseminating publications (pocket cards, factsheets, research reports, all in multiple languages) on evaluations of the drug misoprostol as a therapy to prevent and treat post-partum hemorrhage, the most common cause of maternal death.

Promoting sexual and reproductive health and rights

The Millennium Development Goals — the international framework for eradicating extreme poverty and its effects — were marred, when first adopted, by one major omission: there was no reference to the goal of universal access to reproductive health. In October 2007 the United Nations General Assembly — as a result of a concerted campaign by global advocates for maternal and reproductive health, including FCI — corrected this flaw, adopting universal access to reproductive health as a target under MDG 5 (*Improve maternal health*).

The integral connection between maternal health and reproductive health (including family planning) is sometimes be ignored by policy makers, but it has always been central to FCI's mission and work. Our programs to promote reproductive health and rights, provide essential information to young people and marginalized women, reduce gender-based violence, and halt the spread of HIV and AIDS are closely tied to FCI's fundamental maternal health mission. In 2008, FCI's programs included the following:

- Strengthening the ability of indigenous groups in **Ecuador** and **Bolivia** to address violence against women, by working with a team of indigenous health promoters to heighten awareness about the causes of violence against women and its impact on individuals and families in 60 rural indigenous communities.
- Creating advocacy tools to raise awareness of existing government policies and commitments related to young people's sexual and reproductive health and rights, which are little understood even by local government officials charged with implementing them. To address this gap in **Anglophone Africa**, FCI produced *Mobilising Communities on Young People's Health and Rights: An Advocacy Toolkit for Programme Managers*, which helps civil society partners design, conduct, and evaluate advocacy campaigns to hold governments accountable for implementing existing policies. More than 1000 copies have been downloaded from FCI's website since its publication in 2008.
- Highlighting how investments in young people's sexual and reproductive health and rights can help countries reach the MDGs. In **Latin America**, FCI and the Youth Coalition for Sexual and Reproductive Rights (YCSRR) issued *Los Objetivos de Desarrollo del Milenio y la salud sexual y reproductiva: Perspectiva desde la gente joven de Latinoamérica y el Caribe* [*The Millennium Development Goals and Sexual and Reproductive Health: The Perspective of Latin America and Caribbean Youth*], a tool has

been shared broadly throughout the region.

- Targeting out-of-school youth with essential information about sexual and reproductive health and rights in **Francophone Africa**. FCI completed *Responsible Choices, Healthy Youth*, a curriculum for low literate youth in Mali and Niger.
- Working in the lowlands of **Bolivia** to strengthen the capacity of indigenous networks and organizations to reduce HIV risks and combat stigma. Through a pilot project, FCI and key stakeholders in five indigenous communities developed materials and messages, trained health volunteers about HIV and other reproductive health issues, and linked HIV and AIDS programs to existing sexual and reproductive health services. In 2009, there are plans to expand this work to the neighboring districts of Madre de Dios in Peru and Acre in Brazil.
- Promoting a rights-based approach to Prevention of Mother-to-Child Transmission (PMTCT) of HIV. “From PMTCT to a More Comprehensive Aids Response for Women: A Much-Needed Shift,” an article by FCI staff, was published in the April 2008 issue of *Developing World Bioethics*.
- Targeting young workers in **Mali** — who are out of school and beyond the reach of school-based sexuality education programs —with important information on HIV/STI prevention and reproductive health. Working with the largest association of youth workers in Mali, FCI trained 120 peer educators, distributed thousands of condoms, and reached almost 22,000 young people through peer education.
- Beginning in English-speaking Africa and working closely with youth groups and national civil society partners, FCI has produced a set of innovative and comprehensive sexual education materials which have since been translated into five languages and are being used in more than 30 countries around the world. In 2008, FCI produced a Spanish version of *You, Your Life, Your Dreams* that has been endorsed and published by national partners in Nicaragua, Paraguay, and Colombia, and an adaptation for use in the English-speaking Caribbean, which was launched in Belize, Jamaica, Guyana, St. Lucia, and Trinidad & Tobago.

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FCI'S ARTICLES AND PUBLICATIONS

Articles

- **Brazier E, Bassane B, Diallo D, Themmen, E.** Increasing access to and increasing use of skilled maternity care during childbirth, Journal of Obstetricians & Gynaecologists of Canada's International Women's Health Special Report 2008.
- **Eyakuze C, Jones D, Starrs A, Sorkin, N.** From PMTCT to a more comprehensive aids response for women: a much-needed shift. *Developing World Bioethics* 2008; 1: 33-42.
- **Kane, F.** Addressing the sexual and reproductive health needs of young people in the informal sector in Mali, *Exchange on HIV/AIDS, Sexuality, and Gender*, 2008;1: 12-13.
- P. Salama, J. Lawn, J. Bryce, F. Bustreo, V. Fauveau, **A. Starrs**, E. Mason, Wardlaw T. Making the Countdown count. *Lancet* 2008; 371: 1219–21.
- **Starrs A.** Human rights and women's health: global goals in small places. *Lancet* 2008; 371: 1237–38.
- Bryce J, Daelmans B, Dwivedi A, Fauveau V, Lawn J, Mason E, Newby H, Requejo J, Salama P, Shankar A, **Starrs A**, Wardlaw T. Countdown to 2015 for maternal, newborn, and child survival: the 2008 on tracking coverage of interventions. *Lancet* 2008; 371: 1247–58.
- **Starrs A.** Half a Million Reasons, Public Service Review: International Development [http://www.publicservice.co.uk/article.asp?publication=International Development&id=370&content_name=MDG 5: Improve maternal health&article=10952](http://www.publicservice.co.uk/article.asp?publication=InternationalDevelopment&id=370&content_name=MDG 5: Improve maternal health&article=10952)

Publications

- FCI and the Youth Coalition for Sexual and Reproductive Rights (YCSRR) issued a new publication in Spanish: “*The Millennium Development Goals and Sexual and Reproductive Health: The perspective of Latin America and Caribbean Youth*”.
- FCI and UNFPA launched the French version of the fistula publication *Living Testimony: Obstetric Fistula and Inequities in Maternal Health*.
- FCI, UNFPA, and the Bolivian institution Mesa de Maternidad y Nacimiento Seguros, developed *Por una Maternidad y Nacimiento Seguros*, a publication that presents recent data about maternal health in Bolivia.
- The Spanish version of *You, Your Life, Your Dreams* was published in Colombia, with the support of the Secretariat for Women of the Municipality of Medellin. 3,000 copies of the manual were printed locally.
- FCI and UNFPA-Jamaica co-published *You, Your Life, Your Dreams - A Book for Caribbean Adolescents* in four Caribbean nations.
- FCI launched *Responsible Choices, Healthy Youth* a comprehensive curriculum which includes comprehensive information on issues of sexuality and reproductive health specially targeted at adolescents in Niger.
- FCI published *Mobilising Communities on Young People’s Health and Rights: An Advocacy Toolkit for Programme Managers* to enable users to plan and launch an advocacy campaign that encourages governments to translate policies into practice. The CD-ROM includes a training guide and sample materials.
- FCI printed the second edition of the CD-ROM Safe Abortion Presentation Package, adding French and Russian material to the previous three languages (English, Spanish, and Portuguese).
- The following pieces on postpartum hemorrhage were printed for and disseminated at conferences in Vietnam (in Vietnamese), Burkina Faso (in French), Ecuador (in Spanish), Egypt (in Arabic), and Turkey (in Turkish):

- “Fever occurring after treatment administration for primary postpartum hemorrhage”
- “Blood loss after vaginal delivery: What do objective measurements tell us about postpartum hemorrhage?”
- Country fact sheets (one for each country listed above, in appropriate language)
- Misoprostol for Postpartum Hemorrhage pocket card
- Qualitative assessment of misoprostol for postpartum hemorrhage in three developing countries (Ecuador, Pakistan, Vietnam)

