

Accountability in Maternal and Reproductive Health: Experiences from Civil Society from India, Mexico, and Nigeria

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Overview

This report summarizes presentations made and conclusions reached at a meeting convened by Semillas (Sociedad Mexicana Pro Derechos de la Mujer), a grantee of the John D. and Catherine T. MacArthur Foundation, with representatives of leading maternal and reproductive health organizations from India, Mexico, and Nigeria to share strategies for improving maternal and reproductive health through transparency and accountability. The two day meeting was held in the City of Oaxaca, Mexico in April 2012. Participants discussed their experiences in a range of initiatives that seek improved accountability for reproductive health, including budget analysis, community mobilization, legal approaches and maternal death audits. The meeting resulted in a rich exchange of information on needs and lessons learned, and the creation of international linkages.



Semillas (Sociedad Mexicana Pro Derechos de la Mujer A.C.) is an organization based in Mexico City that provides financial resources, training and general support to women leaders and small women's organizations acting in favor of the rights of women in various states throughout Mexico.



What is accountability?

Proposed definition of accountability: “the exercise of power constrained by external means or internal norms.”

Accountability can come either from external constraints (such as laws, regulations, and outside observers), or from internal norms (such as professionalism) that function as constraints.

Efforts can be reactive (to abuses identified) or proactive (to prevent problems and promote compliance).

Maternal death “audits”

There are two types of reviews of maternal death: “criterion-based audits,” using pre-set criteria with a quantitative focus, and “critical incident audits,” which include maternal death reviews and confidential enquiries.

Each category has pros and cons, related to availability of experts, confidentiality, and degree of participation.

Participants debated the issues of “sanctions” if findings from such audits were clear, with some believing that change requires punishment and others holding the view that institutional change is more easily encouraged with positive reinforcement.

Legal approaches

The State has an obligation to protect women’s lives during pregnancy and childbirth.

Legal strategies for holding governments accountable include a range of activities, from case documentation to strategic litigation in national and international courts, writing shadow reports that complement official State reports on progress toward international human rights treaties, drafting policy briefs, accessing information through access to information laws, and – in the case of India – the use of Public Interest Litigation.

Dissemination of cases by media is essential to raising awareness among the public and key stakeholders such as health system and judicial branches.

Legal strategies seek redress and systemic changes to prevent future abuses.

Budget analysis

Tracking budgets is a tool used in many areas; this meeting described examples in maternal health.

In Nigeria, Community Health and Research Initiative carries out activities aimed at ensuring that the policy on free maternal health care is implemented. It reviews state-level expenditures on maternal health in a few states, including Kano; and promotes compliance with guidelines for paying midwives who have been placed in selected communities.

In Mexico, Fundar and Kinal Antzetik are two organizations that have partnered to track budget allocations for maternal health programs, providing complementary data at the federal and local levels.

Challenges include the lack of earmarking for all maternal health costs, and government reluctance or inability to release budget data.

Social mobilization

Social mobilization strategies center on empowering community members to participate in accountability.

Examples (from White Ribbon Alliance/India) include public hearings and rallies, engaging elected officials in monitoring visits to health facilities, use of checklists at distinct points in time to review supplies and personnel affecting quality at facilities.

Other examples (from ILSB/Mexico) include strategies that focus on indigenous women who represent a minority with specific needs. For example, engaging community members in presenting their own demands to government officials and using intermediary organizations such as Mexico’s Institute for Women to amplify their voices.

Challenges include protecting individuals who speak up with messages that are critical of current practices.

A combination of work with community members and decision makers was seen as the ideal, rather than working exclusively with one or the other.



Introduction

Two international accords central to reproductive health will soon reach their “expiration” dates and countries around the world will be required to report progress on specific indicators, including maternal mortality ratios, coverage of reproductive health services, and access to family planning. The accords – the 1994 International Conference on Population and Development (ICPD) Program of Action, and the Millennium Development Goals (MDGs) – will be reviewed by the UN system and country governments in 2014 and 2015 respectively. Consequently, civil society organizations (CSOs) have been developing innovative strategies to hold their governments accountable to these agreements. The creation of a framework to track results and resources has been high on the agenda of the UN Secretary-General since 2011, when he called for the establishment of the WHO *Commission on Information and Accountability for Women's and Children's Health*¹.

In recent years, civil society organizations (CSOs) have played a key role in developing innovative programs for building accountability in maternal and reproductive health. Interventions have strengthened CSO capacities to monitor government programs and policies to ensure that health needs are being addressed and to improve government transparency in their actions and use of funds, among other advances.

In April 2012, Semillas convened a meeting to share experiences and highlight the need for accountability strategies in improving maternal and reproductive health in three countries: India, Mexico and Nigeria. The MacArthur Foundation supports a number of organizations in India and Mexico for accountability related work that ranges from initiatives that prioritize grassroots involvement and community innovation to highly technical approaches such as strategic litigation and budget analysis. In Nigeria, budget analysis has been done in specific states, and some legal initiatives have also been tried. A total of 32 participants attended, including international experts, CSO representatives from all three countries and MacArthur staff from India, Nigeria, Mexico and Chicago.²

The range of professions and perspectives represented at the meeting prompted discussion on issues that appear to be controversial to stakeholders creating new strategies for holding government accountable for maternal and reproductive health. One example of this was an inconclusive debate regarding penal sanctions on health sector personnel involved in cases of maternal death. For some in the group the concept of accountability was strongly centered on the

¹ The UN Secretary General has emphasized accountability related to his “Global Strategy for Women’s and Children’s Health” (called “Every Woman Every Child”) – an initiative launched in September 2010 – by creating a Commission on Information and Accountability for Women’s and Children’s Health. One of the recommendations of that Commission was that an independent Expert Review Group (iERG) report regularly to the Secretary General on progress towards the Strategy’s fulfillment. The iERG’s first report, published in 2012, may be accessed at http://www.who.int/woman_child_accountability/iERG/reports/2012/IERG_report_low_resolution.pdf

² See participant biographies in appendix A.



placing of blame, using sanctions for substandard performance, and seeking remedies for violations. Others felt that sanctions could cause greater problems, including the deterioration of the health system and reduced access to services for women, if health professionals feared repercussions and became reluctant to offer care in situations where their ability to perform may not be optimal. This discussion led to further analysis of the type of sanctions, from administrative sanctions within an institution to external accountability and sanctions administered by public agencies – which may belong to the executive or judiciary branches.

Exchanges highlighted the differences among the participating countries as well as common challenges such as corruption, a real barrier to transparency and accountability. All three countries have an “access to information” law, and civil society organizations are devising ways to make use of the tools available to them. Examples of this are included below.

Meeting structure

The meeting was structured along a classification of different types of accountability efforts: an overview, budget analysis, maternal death audits, social mobilization, and legal approaches. (See Agenda in appendix B.)

I. Defining accountability work

An overview of accountability from the Averting Maternal Death and Disability (AMDD) project enabled participants to think about accountability in the context of maternal and reproductive health. A proposed definition was “the exercise of power constrained by external means or internal norms.” This working definition is explicit about the importance of power and reflects the fact that accountability can come either from external constraints (such as laws, regulations, and outsider observers), or from internal norms (such as professionalism) that function as constraints. Given that accountability is value-neutral, discussion centered on the human rights values that underlie accountability in reproductive health work.

The discussion also focused on the challenges of evaluating accountability strategies. Instead of experimental approaches (such as randomized controlled trials) in public health, alternative methodological tools are needed to understand how, and under which circumstances, accountability works. Evaluations should aim to capture whether accountability actually exists, how it works, and how it is generated. Finally, the discussion recognized the widespread assumption that if citizen empowerment and participation are facilitated, accountability will automatically follow and that this connection has not yet been supported by evidence.

The introductory session also entailed a presentation on social accountability in Mexico from the Center for Social Accountability. Social accountability strategies and methodologies are being developed by Mexican civil society organizations (CSOs), thanks to the notable progress in the broader legal framework and improvements in institutional oversight within the government.

Using Mexico as an example, recommendations were made for CSO participation in social accountability. For instance, Mexican CSOs have tended to follow reactive strategies in response to government action or inaction, yet conditions could favor more proactive efforts. Traditionally confrontational strategies could have better results if they were changed into proactive, collaborative enterprises between CSOs and government. Initiatives in Mexico have primarily focused on the performance of the executive branch (for example, the Ministry of Health) and should be expanded to hold other government branches more accountable as well. However, the difficulty of identifying the impact of monitoring exercises and the scarcity of experiences in shared public decision-making strongly influence what strategies CSOs might design and implement.

These and other more general recommendations are relevant to implementing accountability strategies in other contexts, including the need for clarity on the context of accountability and on CSO positions and objectives. Groups working on accountability tend to invest much of their effort in gathering evidence about government activity and investment, but there is a need to further invest in results-oriented strategies, like examining what health outcomes are achieved with the inputs.

Comments on the introductory presentations raised questions about current readiness for accountability work in health systems, how to determine when a health system is ready for it, and whether it should be pursued before a system is ready. Discussion emerged around the context-sensitivity of accountability strategies and the recognition that an approach may work in a transformative way in one context, but not in another.





II. Budget analysis for accountability

Maternal and reproductive health CSOs have only recently started working on budget analysis as a strategy to hold governments accountable for their actions.³ The maternal health community is making notable efforts to implement this tool and experiences from Mexico and Nigeria illustrated how public funds have been analyzed at the state level.

Community Health and Research Initiative has conducted two analytical projects in the Kano, Bauchi, and Sokoto states of northern Nigeria where maternal mortality rates are high (>1000 maternal deaths per 100,000 live births). The first entails an analysis of state-level budgets to compare allocations to health in relation to other development sectors. The findings show that the health budget in Kano is less than those of the Ministries of Education and Agriculture. It is also below the 15% commitment made by African governments in the regional Abuja Health Declaration. A second project, the National Midwifery Service Scheme (MSS) Budget Analysis in Kano, compared financial commitments made by different levels of government to actual monthly allowances for midwives. Information is being gathered through interviews with midwives to understand if they received the money and, if so, where it came from. This project also includes a comparison of budget allocations and service provision within health facilities where MSS is being implemented. Both activities are aimed at promoting efficient and transparent use of the limited amount of existing funds according to regulations under the new Free Maternal and Child Health Policy.

The session continued with an example of how two CSOs have partnered for budget tracking in Mexico. *Kinal Antzetik*, a grassroots CSO with a strong health promoter and indigenous network committed to strengthening indigenous organizations, detailed its collaboration with *Fundar*, an organization experienced in budget analysis and federal-level advocacy. Using national maternal health policy as a reference, their joint work focuses on tracking government budgets, specifically monitoring how federal allocations are used at the local level. Allocations and expenditures are tracked to the state and municipal levels by identifying a “budget route.” Budget tracking relies on data provided by government institutions, which the organizations obtain through written requests for information submitted to the government agency. The mechanisms for obtaining this information are outlined in the Federal Access to Information Law. *Fundar* and *Kinal* compile and compare information they obtain and then complement it with interviews and field observations to determine whether and how the allocated funds were actually spent to improve local services. This information is then fed into *Fundar*’s analysis, reported back to the federal level, and used by *Kinal* for advocacy at the state level for improved tracking and transparency.

³ See Kimberli Keith-Brown, “[Investing for Life: Making the Link Between Public Spending and the Reduction of Maternal Mortality](#),” November 2004.



Despite the complexities of implementing budget tracking in Mexico, the resulting information has addressed a need for compelling evidence that can influence decision-making in the executive and legislative branches of government. In addition, the evidence has strengthened CSO networks' ability to influence public policy while contributing substance to public debate through media collaboration. Knowledge of earmarked federal budgets has become a tool to demand service provision at the community level.

Among the group, there was shared concern that even when budget increases occur, the additional monies often go to secondary or tertiary health services rather than primary level services in rural or indigenous settings where the need may be greater. In addition, research has shown that some public agencies and states do not use all the resources allocated to them and end the fiscal year with a surplus of funds that must be returned— leaving health systems without supplies or health centers understaffed unnecessarily. Ideas for sanctioning public agencies using formal mechanisms were discussed. Some participants proposed that there cannot be accountability without a system of sanctions.

Government reluctance to share financial information, especially at local levels, was an obstacle recognized during the discussion on budget tracking. Another barrier is resistance from local-level providers to share information that they feel may be used against them. Finally, the fact that high proportions of resources have not been earmarked makes tracking a challenge.

III. Maternal death audits

Maternal death audits have been used as a tool to measure and improve quality of care in a variety of contexts. The audit cycle includes a process of case identification, data collection, and analysis of findings and action. It can be adapted to suit particular needs and situations. Three contrasting presentations gave insights to the challenges for implementing this tool.

The session began with a detailed framework of maternal death auditing and an explanation of the two main types of audits: criterion-based audits, founded on the use of pre-set criteria and resulting in quantitative evaluations, and critical incident audits, which are not normally assessed against set indicators and include maternal death reviews and enquiries. In the latter, a group of experts analyzes the cause of death and produces a report with recommendations. Confidential enquiries have been adapted to a new methodology called TRACE⁴, considering that there is something to be learned from the adverse circumstances of a death. This methodology also includes the analysis of near miss cases. TRACE has been tested in Ghana and Indonesia, where

⁴ TRACE is a tool that can be used to investigate why maternal deaths or near misses occur and how clinical practice might be improved. It consists of a modified version of the method of reviewing individual deaths in Confidential Enquiry into Maternal Deaths (CEMD) that also includes analysis of favorable factors and near misses.



one of the lessons learned is that in-depth interviews provide enough information to conduct maternal death auditing.

A challenge when conducting audits is that data needs to be collected in a way that is meaningful to those who will use it. Participatory approaches may facilitate this. Perceptions of accountability need to change: audits should move away from blame-placing and towards an emphasis on making a difference and contributing to results. The issue of anonymity in conducting maternal death reviews at the local level, where it may be hard to maintain, was also discussed. Confidential enquiries can be made anonymous by pooling cases when the objective is framed by shared responsibility.

The presentation was followed by an illustrative example from Mexico's Federal Ministry of Health on how the Mexican government has implemented maternal death auditing. The strategy that was presented includes the analysis of clinical performance based on a list of pre-set criteria, hospital referrals and continuum of care, and hospital triage of obstetric emergencies. Government has faced several challenges, such as provider resistance to audits, low quality medical records, and a lack of recommendation uptake, in its efforts to strengthen audit procedures. Despite the difficulties, the analysis of treatment delays that result in death has strongly shaped national health policies for maternal mortality reduction. Current strategies, for example, are focused on providing quality obstetric emergency care in secondary and tertiary hospitals.

A new project aimed at building grassroots women's groups' capacity for monitoring the quality of maternal care and maternal death reviews was presented by India's SAHAJ-Society for Health Alternatives. Since 2010, the National Rural Health Mission in India has introduced guidelines making community and/or facility maternal death reviews in India obligatory. However, that policy has not been implemented consistently. Limitations on existing death reviews include: (a) only health system staff are part of the review process, and (b) only clinical indicators are considered, thus omitting gender perspectives and social determinants. In addition, there is a need to engage with health systems to fill in gaps related to community perspectives on quality of maternal health care. Several MacArthur Foundation grantees besides SAHAJ, including CEDPA, Sahayog, and others, are trying to improve the degree of implementation with this NRHM mandate.

The aim of the project is to create pressure from the grassroots level to promote accountability and to fill the gap in community perspective. Implementation involves coordination between CSO partners in charge of building grassroots capacity while establishing dialogues with maternal death review committees to promote formal inclusion of community participants. To date, project strategies have begun to promote a quality of care view, as evaluated by communities and women.



IV. Social mobilization for accountability

This session centered on emerging initiatives that engage local stakeholders in devising and conducting accountability strategies, with presentations from India and Mexico.

The first presentation, from the White Ribbon Alliance for Safe Motherhood (WRA) India, centered on implementation of the National Rural Health Mission Guidelines (2005) that outline the components for delivery of maternal health services. WRA-India's social accountability work focuses on three strategies: 1) maternal death auditing through verbal autopsies, 2) using health facility checklists to monitor service delivery, and 3) public hearings and rallies to bring women together with government officials and maternal health service providers to voice their needs and opinions.

The presentation focused on how health facility checklists are used to identify systemic gaps in the delivery of quality maternal health services. Checklists are specifically used to measure availability of resources and infrastructure. After six months, they are applied again in order to assess change. The information is then taken to public hearings to share findings with communities and engage decision makers. Results are also shared with the media for dissemination.

There are several difficulties faced in accountability work in India. One barrier is financing activities when donors are not visibly supporting accountability in maternal health. In addition, ensuring protection for individuals who testify at public hearings must be considered, since they may become vulnerable after such exposure. Finally, measuring the impact of accountability strategies is a challenge.

The session continued with a presentation from the Simone de Beauvoir Leadership Institute in Mexico, on their work with indigenous women's groups. A variety of strategies are used to empower women to exercise their right to health care, free from violence and discrimination, and



to voice their needs in public. One such strategy involves training women in municipalities to voice community needs while linking them to a Federal Government program, Institute for Women, as maternal and sexual and reproductive health advocates. The strategies used in indigenous communities also included increasing the visibility of local organizations and leaders, establishing mechanisms to voice community needs in international institutions, including traditional birth attendants and health promoters in advocacy networks, such as national and state Safe Motherhood Committees, and engaging with media.

The session concluded with a summary of the different social accountability experiences implemented by the Centre for Health and Social Justice (CHSJ) in India. In addition to working on the accountability of public systems, CHSJ works on male responsibility and accountability for gender equality and women's health and empowerment. More specifically, a current project is attempting to look at a common accountability framework to compare public health system accountability and men's own accountability.

The presentation illustrated a successful public accountability initiative and detailed how community mobilization becomes key in creating awareness of a problem.

Participants emphasized the importance of sensitizing decision makers, as well, while focusing on community work. Working with health officials may reduce tension and open channels of dialogue to facilitate government response to new community empowerment. Building rapport with decision makers and working with religious leaders were both mentioned as key factors for success in some community mobilization initiatives.

V. Accountability through legal approaches

As the maternal and reproductive health field integrates human rights perspectives and tools, an increase in case documentation and litigation has been seen in countries around the world. This session addressed some current approaches from India, Mexico and Nigeria using the legal system to hold governments accountable for reproductive and maternal health.

The session opened with a presentation of Women Advocates Research and Documentation Center (WARDC) providing examples of a variety of legal strategies that have been used to advance maternal mortality accountability in Nigeria. Many of them were designed based on the document "'Broken Promises': Human Rights, Accountability and Maternal Death in Nigeria" (Center for Reproductive Rights, 2008). WARDC's strategy is to contribute to the development of jurisprudence with regards to the state obligations to protect women from maternal death and to hold government accountable for commitments to respect women's right to life.



Their work has included:

- Influence on health policy: using qualitative data and legal arguments, WARDC accomplished the adoption of a blood donation policy in Nigeria
- Shadow reports to CEDAW Committee and the African Commission on Human and People's Rights: WARDC raised the issues of maternal mortality to the treaty monitoring bodies in order to ensure observations are reported to the Nigerian government to enforce its obligation to protect women's health
- Identification of precedent-setting cases: three cases with the potential to generate legal decisions that can support government's need to reassess its responsibility to protect women's health have been identified to date
- Public Interest Litigation: WARDC is working with the Center for Reproductive Rights (CRR) and the Socio-Economic Rights and Accountability Project (SERAP) to institute legal action before the Economic Community of West African States (ECOWAS) Court of Justice and the African Commission on Human and People's Rights on cases focused on poverty and obligations to a woman's right to life, access to prenatal care as part of the right to health, rights to information on government spending to reduce maternal deaths, and accountability of government bodies to victims in maternal death cases.
- Policy briefs: WARDC has produced documents directed at both State and National Assemblies on government's obligation to avert maternal mortality.

The session continued with a detailed presentation of Public Interest Litigation (PIL) work from the Socio Legal Information Centre (SLIC), India. PIL is a constitutionally provided mechanism in India to enforce existing laws and policies through Supreme Court and state High Court orders. Any organization can file a PIL on behalf of the general public. This legal resource is inexpensive, relatively fast-paced, and has the potential for broad and meaningful impact.

SLIC collaborates with other CSOs to support their work through the different stages of the PIL process. Before filing a PIL, SLIC may provide trainings. Once a violation is identified, SLIC gathers information and later, during litigation, provides support through drafting responses and advocacy. Finally, after a court order is issued, it helps disseminate the judgment, conducts meetings on implementation, and issues reports on compliance.

In addition, SLIC is experienced in legal trainings and publishing materials on rights. For instance, the High Court of the state of Madhya Pradesh passed a landmark judgment in a case filed by SLIC, recognizing that a woman's right to survive pregnancy and childbirth is fundamental and protected under the Indian Constitution. The case was filed in 2008 as part of a national effort to use strategic litigation as a means of addressing India's high maternal mortality and morbidity; it sought accountability for the government's failure to respect, protect, and fulfill the rights of pregnant women. The Court ordered the immediate implementation of the National Rural Health Mission with a focus on strengthening infrastructure, providing access to timely maternal health services and skilled personnel, effective referral, and grievance redress mechanisms. The Court

order is applicable in Madhya Pradesh, whose 73 million residents make it India's third most populous state.

Finally, Mexico's Information Group on Reproductive Choice (GIRE), presented strategies that have helped to promote access to justice and to guarantee women's human rights to life, health, reproductive liberty, personal integrity and due process as established by the Mexican constitution, as well as international treaties. In 2008, a Supreme Court ruling validated the decriminalization of abortion in Mexico City. This resulted in a legal backlash at the state level, as a result of which several state constitutions were altered to protect life from conception, effectively outlawing abortions. GIRE has used documentation and litigation to analyze and report the effects of these changes. In addition, it has analyzed cases of women accused of abortion and whose rights have been violated either as a result. GIRE is currently documenting cases in which legal abortion services are denied or inadequately provided for, as well as cases of medical malpractice in maternal deaths. The presentation also entailed an overview of the current challenges in litigation in Mexico, resulting in a limited number of successful experiences with the strategy. GIRE is in the process of expanding its strategic portfolio by including case documentation and litigation on maternal mortality.

One of the common concerns expressed during this session was collaboration with local lawyers in order to promote human rights. The need for additional forums for regional and international exchanges to discuss and agree on legal strategies aimed at accountability was also identified. An avenue of opportunity to address these goals and concerns may be to make connections between attorneys and grassroots CSOs.





Meeting results

The meeting resulted in the new connections between key players in sexual and reproductive health accountability work. Participants gained skills, ideas and knowledge from sharing best practices. Women and their families in India, Mexico, and Nigeria will ultimately benefit from the accountable implementation of sexual and reproductive health and rights programs and policies in their communities.

Over the past decade, maternal health policies and indicators around the world have improved significantly. Even so, a broad range of stakeholders, from international experts to grassroots community leaders, increasingly express their concern over the challenges of implementing those policies. Civil society efforts to increase transparency, facilitate community ownership of public programs, develop social accountability strategies, track budgets, fight corruption, litigate specific cases, and audit maternal deaths are just some of the innovations that have advanced maternal health. As this meeting demonstrated, bringing together frontline implementers to share experiences in various aspects of maternal health promotion can facilitate the speedier adoption of new strategies. From budget analysis-based advocacy to the introduction of delivery checklists, and from community mobilization to systematic audits, the promise that accountability holds for maternal health is being demonstrated and shared globally. We hope this report adds to the documentation of such approaches and encourages others to use the tools in their own settings.

India

Accountability is an important new direction for the reproductive health field in India. Community accountability of health services is a key strategy for India's National Rural Health Mission (NRHM) to ensure that health services reach underserved populations, such as the rural poor, women and children. Adopting a comprehensive framework for community-based monitoring and planning places people at the center of assessing whether community health needs are being met. As such, projects on the issue advance national goals for improving the community's oversight of public health services. It is also expected that the work will lead to improvements in the quality of public services, thereby strengthening maternal and reproductive health programs.

Nigeria

The Mexico meeting provided an opportunity for the Nigerian delegation to further explore its work on budget tracking and public interest litigation and to consider new areas of work on accountability. Upon return to Nigeria, they convened a meeting of like-minded groups to discuss accountability for maternal and newborn health and to report on their trip. They also presented at a meeting of MacArthur Foundation grantees in July 2012, to which one of the Indian experts was invited. In November a small group of Nigerians traveled to India to learn more about community-based accountability approaches. The Nigerians who participated in these trips and meetings, as well as a larger circle who were exposed to the reports, will further explore social and community-based accountability and maternal audits and confidential enquiries in order to contribute to improvement of the quality of lives of ordinary Nigerian women and girls.

Mexico

Civil society organizations in Mexico have been able to actively use the 2002 enactment of the Federal Access to Information Law to press for transparency and accountability in Federal and state level funding for maternal health. Generally speaking, transparency and accountability efforts are most successfully applied to national policies and programs, but encounter some challenges at the state level, and the most challenges at the local level. Examples from India of grassroots engagement and community involvement calling for access to quality maternal health offer ideas for similar local action in Mexico. The discussion regarding the costs and benefits of sanctions and incentives is also pertinent to the Mexican situation and provides analytical insight for future initiatives.



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Appendix A

PARTICIPANT BIOGRAPHIES

India

Abhijit Das is an obstetrician by training and the Director of The Centre for Health and Social Justice (CHSJ). He received a MacArthur grant under the Fellowship in Population Innovations (1995-98) and the University of Washington's Packard-Gates Fellowship for the Population Leadership (2002). Abhijit is also a Clinical Assistant Professor at the School of Public Health and Community Medicine, University of Washington, Seattle (USA).

Aparajita Gogoi is the Country Director of the Centre for Development and Population Activities (CEDPA/India). Aparajita has a PhD in International Politics from Jawaharlal Nehru University, New Delhi. She served as an elected member of the Board of the Global White Ribbon Alliance for Safe Motherhood until 2009 and is recognized as an advocate for maternal health in India and the region. For the past nine years, she has worked with civil society representatives, policy makers, Indian government officials, media, and elected representatives in sensitizing them to the issue of maternal health in India and advocating for action to reduce maternal deaths and disabilities. She has also been actively involved in safe motherhood advocacy globally, particularly in Bangladesh, Indonesia and the Philippines.

Colin Gonsalves is the Executive Director of the Socio Legal Information Centre and Founder Director of the Human Rights Law Network, India's leading public interest law group. A graduate of the Indian Institute of Technology, Bombay, he later got involved in the field through his work with unions in Bombay, attaining his law degree in 1983. He is an active litigator in the Supreme Court of India, as well as several state High Courts, and has brought numerous precedent-setting cases to the Supreme Court in the spheres of civil, political, social, cultural, and economic rights.. Mr. Gonsalves has written, edited and co-edited numerous articles and books on a range of human rights law issues. He was presented with the International Human Rights Award by the American Bar Association in 2005 and on July 5, 2010 was awarded an honorable doctorate degree, *honoris causa*, by the University of Middlesex, UK. He was also given the Mother Teresa Memorial Award for Social Justice, "in recognition of remarkable contribution in legal services addressing human rights," in 2010.

Renu Khanna is a founder trustee of Society for Health Alternatives (SAHAJ), an NGO based in Vadodara. She is a well-known expert in gender, reproductive, and maternal health issues. Renu is a Steering Committee Member of CommonHealth – a Coalition for Maternal-Neonatal Health and Safe Abortion. She is also a member of the government's National Technical Resource Group on Maternal Health.

Dipa Nag Chowdhury is currently Deputy Director of the MacArthur Foundation's India office. Ms. Nag Chowdhury has been with the MacArthur Foundation for the past 14 years and is currently responsible for the Foundation's Population and Reproductive Health grant-making in India. Prior to joining the Foundation in 1998, Ms Nag Chowdhury worked with the International Food Policy Research Institute in Washington D.C., an international NGO, researching issues of food security and nutrition. She was also involved in a study of adolescents and young-adults on health, substance abuse, and the onset of HIV/AIDS at the Mailman School of Public Health at Columbia



University. Ms. Nag Chowdhury has worked with Naz Foundation Trust in India, a leading NGO focused on sexual health and HIV/AIDS prevention. She has taught courses in Political Science and International Relations at the University of Bombay, India. Ms Nag Chowdhury has Masters Degrees in Political Science from Bombay University, India, and Public Administration from Syracuse University, USA.

Mexico

Hilda Arguello represented the Mexico Maternal Mortality Observatory.

Alma Beltran is a lawyer from the Instituto Tecnológico Autónomo de México (ITAM) with a Master in Law (LLM) from Columbia University (New York). She currently is the Legal Coordinator of the Information Group on Reproductive Choice (GIRE), an NGO committed to the defense of reproductive rights in Mexico and a Member of the College of Bioethics and professor of Family Law in ITAM. Last year, she was a visiting scholar at the Center of Human Rights of the University Diego Portales, in Santiago, Chile, where she taught and conducted research on gender studies and human rights. She was awarded the fellowship “Romulo Gallegos” (2009-2010) to support the Rights of Women of the Inter-American Commission of Human Rights (IACHR). Alma has been a legal consultant in the Office of the High Commissioner of Human Rights (OHCHR) in Mexico to advance human rights standards in the jurisprudence of the Supreme Court of Justice of Mexico, and worked in the Supreme Court as assistant to a clerk.

Karla Berdichevsky has worked for five years as an independent consultant for a range of international NGOs and UN agencies on research and advocacy projects focused on maternal health, including emergency obstetric care, prevention of maternal mortality, and unsafe abortion. Karla has written and published on these topics and recently coordinated a Mexico City campaign to promote adolescent sexual and reproductive health. Previously, she held a reproductive health research position at the Population Council’s Mexico City Office and since then has been consistently involved in all aspects of research from methodological design to conducting fieldwork to analysis and publication. Karla trained as a medical doctor at the National Autonomous University of Mexico and holds a Masters degree in Public Health in Developing Countries from the London School of Hygiene and Tropical Medicine.

Lina Berrio is a social communicator and anthropologist with a Masters Degree in Latin American Studies from the National Autonomous University of Mexico (UNAM). She is currently working on her PhD in anthropology, researching maternal health practices among indigenous women in the Costa Chica area of the State of Guerrero. Lina has been a university professor with publications and presentations on issues related to gender, sexual and reproductive health and indigenous women. She is a member of the Board of the Committee for the Promotion of Safe Motherhood in Mexico and the public policy monitoring group at the Maternal Mortality Observatory. Lina has coordinated research and intervention projects on maternal health and indigenous peoples, funded by Indesol, Indigenous Population, the MacArthur Foundation, and the Fund Primate of the Anglican Church, among others. A specialist in maternal health, gender and indigenous peoples’ issues, Lina has worked for over ten years to form and strengthen indigenous women’s organizations in Mexico. She has been a consultant and an advisor to various government agencies working with indigenous populations and health, including the National Commission for the Development of Indigenous Peoples, where she participated in the construction and



implementation of the model of care for sexual and reproductive health and prevention of gender violence, "Houses of Indigenous Women," in 2007. She specializes in educational communication and has authored teaching materials specifically aimed at indigenous people. She is also a member of the intercultural health network of Latin American Social Medicine Association and the Coalition for the Health of Women.

Sharon Bissell is Director of the MacArthur Foundation's Mexico Office, which provides grants to civil society organizations in Population and Reproductive Health, Human Rights, and Migration. She was Program Officer for Population and Reproductive Health grant-making from 2001 to 2011. Sharon works with organizations in maternal mortality prevention and youth reproductive health promotion. Much of this work centers on indigenous and rural populations in Mexico, and seeks to improve access to and quality of reproductive and sexual health services for women and young people. She is currently the Board Chair of the Funders Network for Population and Reproductive Health, a network that facilitates the exchange of information strategies and analysis for grant makers that focus on these issues. Prior to joining MacArthur in 2001, she worked at the Information Group on Reproductive Choice (GIRE), a leading reproductive rights organization in Mexico, as a consultant for numerous Mexican civil society organizations and networks, and at the University of Puerto Rico at Mayaguez. She holds a Masters degree from Tulane University and diplomas in gender, reproductive health and human rights from El Colegio de México and the Universidad Tecnológica de Monterrey in Mexico.

Daniela Díaz has a Masters degree in Latin American Studies from the National Autonomous University of Mexico (UNAM). Since 2000, she has worked as a researcher at Fundar, Center for Analysis and Research, and has coordinated the Maternal Mortality and Public Budget activities since 2002. She has numerous publications on issues related to maternal health and is an advocate in public debate. She is a member of the Safe Motherhood Committee, the Maternal Mortality Observatory and the Coalition for Women's Health.

Araceli Gil is a midwife and therapist from Mexico City, currently living in Oaxaca. She has studied Chinese medicine and floral therapy. Araceli has participated in a range of workshops on homeopathic medicine and massage and has an international certification in herbal medicine. She has worked as a midwife, as well as on the implementation of education programs on midwifery, human rights and sexual and reproductive health. Since 2005, Araceli has worked actively to put the humanization of labor and delivery on the public agenda and has been a champion for the formation of the Mexican Association of Midwives. She directs the civil society organization "Nueve Lunas" and attends home births.

Liliane Loya is a Program Officer at the MacArthur Foundation's Mexico Office, working on Migration and Human Mobility, Human Rights and Justice, and Population and Reproductive Health. Liliane has worked in the areas of regional migration, development, and human rights. Her professional experience includes work with government, the UN system, and civil society organizations in Mexico and the United States, including Sin Fronteras, a leading migration advocacy organization in Mexico. Liliane holds a MA degree in Social Change and Development from Johns Hopkins University's School of Advanced International Studies, and a BA in International Relations from Instituto Tecnológico Autonomo de Mexico (ITAM).

Liliana Monroy is Program Administrator to the MacArthur Foundation's Mexico Office. Liliana previously worked for six years with the Korean Embassy in Mexico, where she was the personal



assistant to the Ambassador. Prior to that, she was with the Mexico City office of the UN Environmental Program, the UN Population Fund, and in an independent agency working to strengthen the capacity and institutionalization of civil society organizations.

Rosa Maria Nuñez was trained as a medical doctor and is Director of Maternal and Perinatal Health at the National Center for Gender Equity and Reproductive Health at the Mexico Ministry of Health. Rosa Maria has ample experience in maternal death analysis and has promoted the implementation of a methodology for maternal death reviews that has been widely adopted by federal and state ministries of health. She has previously worked as a researcher and professor at the National Institute of Public Health and has held positions as maternal health advisor to the Ministry of Health.

Almudena Ocejo has been the General Coordinator of the Social Accountability Center (CCS CIESAS) since 2007. She is a doctor of Social Science and Policy from the National Autonomous University of Mexico (UNAM) and has a Master's in Administration and Public Policy from New York University (NYU). She worked in Washington, DC as the Director of Research at the National Committee for Responsive Philanthropy from 1999 to 2003. Her professional experience also includes consulting on topics such as institutional strengthening and political advocacy for civil society organizations.

Matthias Sachse has an MD from the Autonomous University of Guadalajara, Mexico (2000), with a Master in Medical Emergencies from the University of Barcelona, Spain (2003) and an MPH from the Regional University of the Southwest, Oaxaca, Mexico (2012). His areas of expertise include the coordination of international public health projects focusing on maternal and child health. Before arriving in Oaxaca in 2009, his previous position was on the Northwestern border of Thailand and Myanmar, coordinating two Karen refugee camps with the NGO Aid Medical International (AMI) (2008-2009). Previously, he worked in Barcelona as the Health Program Manager at the NGO Intervida Foundation, providing technical support in 11 countries, mainly in the areas of child and maternal health, early childhood development, nutrition, food security and emergencies (2005-2008). Dr. Sachse also worked in establishing health centers for children and women in situations of great vulnerability in Ghana with the NGO Orphan Aid (2003-2005). At present, he works as a research associate to Dr. Sesia in the Center for Research and Advanced Studies in Social Anthropology (CIESAS), collaborating in several research projects on maternal health, maternal mortality and morbidity, quality of health care, women's rights in health care and maternal care in multicultural settings. Dr. Sachse is the general coordinator of the Oaxaca State Safe Motherhood Committee for the period 2010-2012.

Martha Sanchez is an indigenous female leader who has worked at the local and global levels as an advocate for indigenous rights and gender equity. Born in Xochistlahuaca, Guerrero, Mexico, she has been a committed activist and pillar of community action. Martha coordinates the Indigenous Women's Alliance for Mexico and Central America, made up of 60 organizations from seven countries, as well as indigenous women's projects at the Simone de Beauvoir Leadership Institute. She has led the creation and consolidation of maternity homes for indigenous women, with a focus on two in the state of Guerrero.

Raffaella Schiavon is Country Leader of Ipas Mexico. On February 2012, she was appointed head of the Technical Secretariat of the Committee to promote Safe Motherhood in Mexico. After receiving her medical degree from the University of Padua, Italy, she specialized in obstetrics and gynecology at the University of Trieste, Italy. She practiced medicine in Italy for approximately six



years before moving to Mexico, where she worked at the “Hospital General de Mexico” as a specialist in reproductive biology, the National Pediatrics Institute as Director of the Gynecology and Family Planning Clinic, and at the National Pediatrics Institute as Chief of Reproductive Health Services. Immediately before joining Ipas, she was Deputy Director of Reproductive Health at the National Center for Gender Equity and Reproductive Health of the Ministry of Health. She has also served as a professor at the medical school of the National Autonomous University of Mexico (UNAM), the National Institute of Public Health, and the Autonomous University of Queretaro. She is a strong advocate for reproductive health and has been instrumental in getting emergency contraception included in national family planning norms and making the medication available in all public facilities.

Paola Sesia holds a MPH from the University of California, Berkeley (where she also completed her BA in History) and a PhD in socio-cultural anthropology from the University of Arizona, Tucson. She is a medical anthropologist and works as a professor-researcher at the Center for Research and Advanced Studies in Social Anthropology (CIESAS) in Oaxaca, Mexico. Her areas of expertise include social, cultural and public health problems in Mexico and Latin America around maternal health, reproductive health and child health; food security and nutrition; social policy and public health policy; gender and social equity and inequities; and children’s rights; focusing specifically on indigenous regions and populations and/or on other social groups in situation of vulnerability or social disadvantage. She has published six books as author, co-author or editor and over twenty articles and book chapters. She has coordinated research projects focused on maternal health, maternal mortality and reproductive health; most recently, an evaluation of emergency obstetric care at the largest hospital in Oaxaca. She has taught several graduate courses in social and medical anthropology in CIESAS, as well as in the Master’s program in Community Nutrition in UABJO, Oaxaca, organized by the National Institute of Nutrition in 1997-2000.

Nigeria

Abiola Akiyode-Afolabi is a human rights activist/feminist and the Executive Director of Women Advocates Research and Documentation Center (WARDC), an NGO that has consultative/observer status with the United Nations ECOSOC. She has a law degree from the Obafemi Awolowo University, Ile Ife (OAU, Ife) with a Master’s degree in International and Comparative Human Rights Law from the University of Notre Dame (USA) and is presently a doctoral candidate at the School of Oriental and African Studies (SOAS), University of London. In recognition of her commitment and efforts on behalf of her fellow citizens, the International League for Human Rights, named her a recipient of the 1999 Defenders’ Day Awards. She is a seasoned trainer, researcher, and expert in policy advocacy and has worked as a consultant to several local and international organizations on issues relating to health, gender and development. Abiola has written widely on gender, health, human rights and development for fifteen years.

James Akuse is the Chief Medical Director of SEFA Specialist Hospital, Kaduna State. He was a former head of the Department of Obstetrics and Gynecology at the Ahmadu Bello University and also the former chairman of SOGON. He is the chair of the safe motherhood committee of SOGON.

Wilson Imongan, medical practitioner, graduated with MBBS from the University of Ibadan in 1982 and had additional training in Dermatology from the University of Wales, Cardiff, UK where he obtained a post graduate diploma in Dermatological Sciences. He has working experience as



health coordinator in the Edo State Ministry of Health, handling STI/HIV/AIDS, gender, and safe motherhood components of RH from 2002 to 2007. He was also the state coordinator of NGO activities in the State MoH. Between 2005 and 2007, he ran HIV/AIDS and STI VCT services for sex workers in collaboration with an Italy-based NGO PIAM ON LUS with support from Amedeo Savoia Hospital for infectious diseases (STI unit) in Turin. Wilson has been involved in the prevention, care, and management of HIV/AIDS, as well as training health workers on HIV/AIDS. He is trained and has experience in development of media materials on maternal health, has attended several UNFPA, UNIFEM USAID and FMOH organized workshops on gender, STI/HIV/AIDS, M & E, Family Planning and contraceptives logistic management in primary health care. He was subsequently appointed the Honourable Commissioner for Health in Edo State, a position he held between July 2007 and November 2008. At present, Wilson is the Deputy Executive Director of Maternal Health at the Women's Health and Action Research Centre (WHARC), Benin City.

Aminu Magashi Garba graduated from University of Maiduguri, Nigeria in 2001 with Bachelor of Medicine, Bachelor of Surgery (MBBS) and obtained a Masters Degree in Public Health from the London School of Hygiene and Tropical Medicine in 2006/7. He held the position of Executive Director of the Community Health and Research Initiative, an NGO based in Kano, Nigeria (April 2002- Dec 2009). He was the coordinator of the CHR project 'Repositioning the Commitment of State Government' and 10 LGAs in Kano State to improve budgetary allocation and services towards addressing maternal morbidity and mortality from 2008- 2010 funded by the MacArthur Foundation, which through its advocacy effort and budget tracking raised budgetary allocation to health sector as well as maternal health budget in Kano as well as improved maternal health services. At the end of the project, CHR got additional funds from MacArthur Foundation to work in Kano, Sokoto and Bauchi States in a project title 'Advocacy and Budget Tracking on Improved Maternal Morbidity and Mortality in Kano, Sokoto and Bauchi States of Nigeria' with overall goal of improving maternal health budgetary allocation and service delivery through the active participation of CSOs that will result to reduction of Maternal Morbidity and Mortality. He was awarded with the 2003 Fund for Leadership Development from the MacArthur Foundation, the 2005 Sexuality Leadership Development Programme, Africa Regional Sexuality Resource Centre, Lagos, Nigeria, the 2006/7 British Chevening Scholarship. He was part of the national team that worked with the National Agency for the Control of HIV/AIDS in Nigeria as Thematic Consultant (Policy, Advocacy, Legislation and Human Rights) for the development of HIV/AIDS 2010-2015 National Strategic Framework and Plan. He contributes a weekly health column in a Nigerian Newspaper 'Daily Trust' that answers readers' questions on health, particularly sexual and reproductive health, as well as a weekly health column that engages policy makers and development partners with evidence for action and change in maternal and child health.

Auwal Ibrahim Musa has a B.SC in Political Science from Bayero University Kano-Nigeria. Born in Kano City in 1968, he is currently the Executive Director of Civil Society Legislative Advocacy Centre (CISLAC) and the National Coordinator of the Zero Corruption Coalition (ZCC), a coalition of civil society organizations and government oversight agencies committed to the fight against corruption. Auwal is a founding executive member of PWYP-Nigeria and an associate of Transparency International, with many years of experience in the areas of extractive revenue transparency, anti-corruption, human rights, gender, environment, and budget activism, as well as rich legislative advocacy capacity. In 2005, Auwal led a group of activists to carry democracy forward in Nigeria and this culminated in the formation of the Civil Society Legislative Advocacy Centre (CISLAC), aimed at bridging the gaps between the legislature and the electorate; enhancing lobby strategies; engagement of bills before their passage into law; capacity building for



lawmakers, legislative aides, and politicians and civil society, as well as civic education on the vagaries of democracy.

Kole Shettima is the Director of the MacArthur Foundation's Africa Office in Abuja, Nigeria. He is responsible for grantmaking in the Population and Reproductive Health area, Human Rights and International Justice, and the Partnership for Higher Education in Africa. Prior to joining the Foundation in 1999, Shettima taught at the University of Maiduguri (Nigeria), the University of Toronto, and at Ohio University. He was State Coordinator, and National Education Coordinator of Women in Nigeria; Coordinator of the Working Group on Nigeria, Toronto; and Co-chair of the Economic Justice Working Group of the Inter-Church Coalition on Africa, Toronto. Shettima is on the board of several organizations including the Center for Democracy and Development. He has been published in several academic journals including *Africa Development*, *Review of African Political Economy*, *African Studies Review* and *Journal of Asian and African Studies*. Shettima has a Ph.D. from the University of Toronto, a Masters Degree from Ahmadu Bello University in Zaria and his undergraduate degree is from the University of Maiduguri, where he has also been a faculty member.

Bilkisu Yusuf is a political scientist by training and a journalist by profession. She studied and graduated with a B.Sc. at Ahmadu Bello University Zaria, and also earned a Masters in Political Science from the University of Wisconsin-Madison, USA. She got an Advanced Diploma in Journalism from the Moscow Institute of Journalism and International Relations, Moscow. She is the Executive Director of Advocacy Nigeria, a movement working for the reduction of maternal and child mortality. Bilkisu is a founding member of several NGOs, including two of the country's most vibrant and pace setting national women's organizations – Women In Nigeria (WIN) the Federation of Muslim Women's Associations in Nigeria (FOMWAN) -- where she served as a National President. She is currently the Chairperson of the FOMWAN Project Committee and the federation is providing integrated maternal health in five hospitals. She served on the pioneer Board of Trustees of the Health Reform Foundation of Nigeria and the Federal Working Group of the Partnership for Transforming Health Systems (PATHS I). She has written and published on subjects ranging from women's rights, media, gender, Islam, politics and maternal and child health.

UK

Julia Hussein trained as an obstetrician and gynecologist in Ireland and the UK. She worked in Afghanistan as a clinician and then in public health obstetrics, implementing maternal mortality reduction programs for UNICEF and the UK government in several countries in Asia and sub Saharan Africa. Currently at the University of Aberdeen, she is a senior researcher with interests in program implementation, monitoring and evaluation, quality of maternity care and capacity strengthening.

USA

Lynn Freedman is the director of the Averting Maternal Death and Disability (AMDD) Program and of the Law and Policy Project, both in the Mailman School's Heilbrunn Department of Population



and Family Health. Before joining the faculty at Columbia University in 1990, she worked as a practicing attorney in New York City. Professor Freedman has been a leading figure in the field of health and human rights, working extensively with women's groups and human rights NGOs internationally. She has published widely on issues of health and human rights, with a particular focus on gender and women's health. She is currently serving as a senior adviser to the UN Millennium Project Task Force on Child Health and Maternal Health and is the lead author of the Task Force's Final Report "Who's Got the Power: Transforming Health Systems for Women and Children."

Judith F. Helzner is the Director of Population & Reproductive Health in the MacArthur Foundation's International Programs. Helzner joined the Foundation in July, 2002 and serves as a strategic advisor to staff members in the Mexico, Nigeria and India offices on grantmaking related to population issues. She is also responsible for grants made to international organizations in the population field. Prior to joining the Foundation, Helzner was with the International Planned Parenthood Federation, Western Hemisphere Region, where she first served as Director of Program Coordination starting in 1987 and was later named Director of Sexual and Reproductive Health, a position she held from 1997 to 2002. Helzner has also worked with the International Women's Health Coalition (1985-1987), with Private Agencies Collaborating Together (1982-1984), and with Pathfinder Fund in Boston (1977-1982). She has been a consultant to several organizations, including the World Health Organization and USAID, where she co-chaired its Interagency Gender Working Group Subcommittee on Men & Reproductive Health. Helzner has published articles and book reviews in journals such as *Studies in Family Planning* and *International Family Planning Perspectives*. She graduated from Tufts University with a bachelor's degree in French and received master's degrees in both Demography and International Relations from the University of Pennsylvania.

Stephanie Platz is Chief of Staff and Director of Strategic Planning for the International Program at the John D. and Catherine T. MacArthur Foundation. She returned to the Foundation in this role in 2010; she had previously been a program officer in the Program on Peace and International Cooperation, overseeing the program's research and training grantmaking. Platz has served as a program officer or senior program officer for the Spencer Foundation, the International Research and Exchanges Board, and the Russell Sage Foundation. She has held the Alex Manoogian Chair of Modern Armenian History at the University of Michigan, where she was also Associate Director of the joint degree program in Anthropology and History. Before returning to MacArthur, she was the Executive Director of The American Academic Research Institute in Iraq. Platz holds a BA in Linguistics, and both an MA and PhD in Anthropology from the University of Chicago.

Erin Sines is a Program Officer in Population and Reproductive Health in the MacArthur Foundation's International Programs. Prior to joining the Foundation, Erin worked at the Population Reference Bureau, a Washington, D.C.-based NGO, where she provided strategic guidance, technical assistance, and capacity building in the use of data for reproductive health policy and program development. She worked closely with policymakers and researchers in Ethiopia, India, Kenya, and Mongolia. Earlier in her career, she worked on adolescent sexual and reproductive health in Latin America and conducted research on domestic maternal and child health issues. Ms. Sines has an MPH from Columbia University and received her BA in Spanish and International Politics from St. Mary's College of Maryland.



Appendix B:
**2012 Population and Reproductive Health Retreat:
 Accountability in Maternal and Reproductive Health
 AGENDA**

Thursday, 26 April 2012 – Friday, 27 April 2012, Yagul Room, Hotel Victoria, Oaxaca, Mexico

MEETING OBJECTIVES

MacArthur Foundation: Learn about latest accountability practices to inform future grant-making strategy

India: Prepare for universal coverage of health care and budget increases for the National Rural Health Mission

Mexico: Assess impact of accountability strategies for maternal mortality reduction to date and propose a plan to move forward

Nigeria: Develop a strategy for further advancing the accountability field in Nigeria

DAY 1: 26 April

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| 8:15 - 12:30 | Site visit hosted by the Safe Motherhood Committee, Oaxaca (<i>meet at hotel lobby</i>) |
| 12:30 - 14:00 | <i>Break and independent lunch at Hotel Victoria</i> |
| 14:00 - 14:15 | <u>Opening Remarks and Meeting Objectives:</u>
Stephanie Platz , MacArthur Foundation, USA
Judith Helzner , MacArthur Foundation, USA |
| 14:15 - 15:00 | <u>Overview on Accountability Strategies:</u>
Presenters: Lynn Freedman , Columbia University, USA
Almudena Ocejo , Center for Social Accountability, Mexico
Facilitator: Judith Helzner |
| 15:00 - 15:30 | Q & A |
| 15:30 - 16:30 | Group sessions by country I

Coordinator: Almudena Ocejo
Moderators: India- Erin Sines, Dipa Nag Chowdhury
Mexico- Sharon Bissell
Nigeria- Judith Helzner, Lynn Freedman and Julia Hussein |
| 16:30 - 16:45 | <i>Coffee break</i> |
| 16:45 - 17:30 | <u>Accountability strategies I: Budget analysis</u>
Presenters: Aminu Magashi Garba , Community Health and Research Initiative, Nigeria

Daniela Diaz , Fundar: Center for Analysis and Research, Mexico

Lina Berrio , Kinal Antzetik, Mexico |



17:30 - 18:00 Facilitator: **Sharon Bissell**, MacArthur Foundation, Mexico
Q & A

19:15 *Dinner at Fuego y Sazon Restaurant (meet at hotel lobby)*

DAY 2: 27 April

9:00 - 10:00 Accountability strategies II: Maternal death audits
Presenters: **Julia Hussein**, University of Aberdeen, UK
Rosa Maria Nuñez, Ministry of Health, Mexico
Renu Khanna, Society for Health Alternatives, India
Facilitator: **Erin Sines**, MacArthur Foundation, USA
10:00 - 10:30 Q & A

10:30 - 11:30 Accountability strategies III: Social mobilization for accountability
Presenters: **Aparajita Gogoi**, Centre for Development and Population Activities, India
Martha Sanchez, Simone de Beauvoir Leadership Institute, Mexico
Abhijit Das, Centre for Health and Social Justice, India
Facilitator: **Dipa Nag Chowdhury**, MacArthur Foundation, India
11:30 - 12:00 Q & A

12:00 - 12:15 *Coffee break*

12:15 - 13:15 Accountability strategies IV: Legal approaches
Presenters: **Abiola Akiyode**, Women Advocates' Research and Documentation Center, Nigeria
Colin Gonsalves, Socio Legal Information Centre, India
Alma Beltran, Information Group on Reproductive Choice, Mexico
Facilitator: **Kole Shettima**, MacArthur Foundation, Nigeria
13:15 - 13:45 Q & A

13:45 - 15:00 *Lunch at Hotel Victoria garden*

15:00 - 16:30 Group sessions by country II
Coordinator: **Almudena Ocejo**
Moderators: India- **Erin Sines, Dipa Nag Chowdhury**
Mexico- **Sharon Bissell, Liliane Loya**
Nigeria- **Judith Helzner and Lynn Freedman**

16:30 - 17:00 Conclusions and Closure
Facilitator: **Judith Helzner**