



Strategic Framework 2008 – 2011

Background

Women and Children First (UK) is a UK based international development agency set up in 2000 to address the unacceptably high levels of maternal and newborn mortality and morbidity in poor communities in the developing world. Since then we have established country programmes, in partnership with local and national agencies and governments, in Bangladesh, India, Malawi and Nepal.

More than nine million deaths occur before or just after birth each year, 98 per cent of these in developing countries. The World Bank estimates that perinatal¹ deaths account for 7.3 per cent of the global burden of disease, a figure that exceeds the combined global burden of disease from malaria and all vaccine preventable infections. It is estimated that over 750,000 women die annually from complications during pregnancy and childbirth and many millions more suffer disabilities.²

Most maternal and perinatal deaths are avoidable; the majority of deaths occur due to poor service provision as well as lack of access to and use of these services. Tried and tested interventions can be made available in resource poor settings to prevent maternal and perinatal deaths from the most common causes such as obstructed labour or post-partum haemorrhage. These interventions include focusing on adequate care for mothers and newborns at household level, assuring quality services are close to where women live, systematically detecting and managing complications at an early stage.

Vision, Mission and Values

Vision

Our Vision is an equitable world where all women understand and exercise their right to health, and they and their newborns enjoy optimal wellbeing.

Mission

Women and Children First's Mission is to improve the health and wellbeing of women, girls and children in poor and marginalised communities with an emphasis on pregnant women and the first 28 days of the newborn's life.

¹ From 22 weeks pregnancy to 7 days after birth

² WHO (2006) *Strategic Approach to Improving Maternal and Newborn Survival and Health*

In pursuit of our Mission, we work in partnership with key stakeholders including communities, health care providers and policy makers to develop and deliver effective interventions and influence national and international policies to reduce maternal and newborn mortality.

Values

- A Southern partner-led approach to international programmes
- International programmes build on research and evidence-based work and incorporate a rights-based approach
- Equity in partnerships
- Equitable access to health information and services
- Transparency and accountability
- Providing value for money
- Ethical funding.

Strategic aims

Good health underpins the achievement of the UN Millennium Development Goals that aim to reduce world poverty by half between 2000 and 2015. Women's health and empowerment constitute both an important contribution to the MDGs and significant gains for individual women.

Women and Children First ensures that women have a say in the decisions that influence their health.

In line with our Mission, our strategic aims are to:

1. Secure funding to assist Southern partners to deliver programmes of activities that empower women and girls and their wider communities to press for and use local health services.
2. Increase the scale and impact of our work and provide evidence for what works well.
3. Advocate locally and internationally for robust policies and finance to provide affordable, accessible, quality health services for all women, girls and newborns.
4. Provide quality Technical Assistance in support of our advocacy and programme aims.

Activities

Women and Children First works in partnership with NGOs, governments and academic institutions to promote innovative, low cost solutions designed to reduce maternal and newborn mortality and increase wellbeing for women, girls and newborns. We develop and share best practice through extensive monitoring and evaluation of our work and disseminating lessons learned to health officials, policymakers, parliamentarians, other practitioners and advocates to ensure research findings are applied to policy and practice.

To achieve our aims and objectives, our programmes will focus on the following activities:

1. Community mobilisation

Community mobilisation stimulates improvements to the health and wellbeing of communities by empowering community members to identify and address important needs. Our approach to community mobilisation adopts women's groups as a key intervention, an approach that has been demonstrated to be an effective component in reducing maternal and newborn mortality, but also recognises the important roles played by men as husbands, partners, fathers, brothers and sons.

- *Action: We will build on our current programme work focusing on women's groups and evaluating the solutions they have tested for improved health. We will assess how these can be sustained, scaled up in new locations and adopted and supported by policy makers.*
- *We will also assess, adapt and adopt other existing and innovative community based approaches to achieve our aims.*

2. Health system strengthening

Health system strengthening aims to develop the capacity of low income countries to plan, manage and deliver high quality healthcare equally within communities. The World Health Organisation (WHO) states that a health system comprises all organisations, institutions and resources devoted to producing actions the primary intent of which is to improve health. The four essential functions of a health system have been defined as service provision, resource generation, financing and stewardship. The system has to provide services which are responsive and equitable.

- *Action: We will continue to support training and other capacity development initiatives in support of improving the scope and quality of services and equitable access to these services.*

3. Policy, advocacy and dissemination

Policy analysis and advocacy initiatives can influence those in positions of power to bring about changes that make a real difference to people's health and welfare

- *Action: Within each country programme we will encourage our partners to engage in local and national advocacy and represent their programme users' concerns about safe motherhood and newborn health. This includes supporting partners to become members of key networks and maximising effective links and wider dissemination of lessons learned from research and evaluation.*
- *Our UK-based policy and advocacy work will engage with key policy and decision makers to communicate the concerns of Southern partners and the communities they work with. We will influence the UK leadership and engage in wider international policy forums to ensure that maternal, newborn and child health is a high priority on the political agenda.*

4. Capacity building

We believe in building and strengthening the existing capacity of qualified indigenous personnel working in our partner organisations. Capacity building also assists in strengthening the capacity of communities to organise and demand appropriate services, and to assist in developing the skills and knowledge of the health care workers who provide maternal and newborn health care.

- *Action: We will secure funding, work in collaboration with and provide Technical Assistance to support the continued capacity building of our Southern partners.*

Cross cutting themes

Our programmes are designed to ensure sustainability in terms of local management and coordination with the maternal and newborn health policies and strategic goals of governments at district and national level.

In all areas of our programme work, women and girls are significantly disadvantaged by poor levels of education and access to healthcare. Our focus is on working with women in communities and, where there is scope, to expand this work to reach larger numbers including reaching out to younger and the most marginalised women.

Maternal health cannot be achieved without access to affordable high quality sexual and reproductive health services. Sexual and reproductive health services encompass three main areas: contraceptive services, maternal health services (including safe abortion and treatment for incomplete and botched abortion), and services related to the diagnosis and treatment of sexually transmitted infections (including HIV).

Malnutrition poses a variety of threats to women and children. It weakens women's ability to survive childbirth, makes them more susceptible to infections, and leaves them with fewer reserves to recover from illness. HIV-infected mothers who are malnourished may be more likely to transmit the virus to their infants and to experience a more rapid transition from HIV to AIDS. Malnutrition undermines women's productivity, capacity to generate income, and ability to care for their families. A pregnant woman's nutrition directly influences the course of her pregnancy and normal foetal development. Children of malnourished women are more likely to face cognitive impairments, short stature, lower resistance to infections and a higher risk of disease and death throughout their lives.

We will continue to address these issues in our international programmes and advocacy activities.

Beneficiary groups

We work in poor and marginalised communities which have some of the highest rates of maternal and newborn mortality worldwide. Our programmes are designed with local

partners and key stakeholders to ensure key government targets reducing MMR³ and NMR⁴ are reached.

Direct beneficiaries include women of child-bearing age, girls, pregnant women and their newborns.

Indirect beneficiaries include family members (fathers, siblings), community members (village and religious leaders) and health care staff.

Monitoring and Evaluation

Monitoring and evaluation is built in to all our programmes and we will continue to receive additional technical inputs from UCL's Centre for International Health and Development at the Institute of Child Health to ensure our programme outcomes can be satisfactorily measured using a combination of quantitative and qualitative information.

Funding sources and planned expenditure

By 2011 we aim to have trebled our income.

In order to do this, we will develop a fundraising and communications strategy, designed to diversify our funding sources to encompass institutional doors and develop a portfolio of private, trust and corporate funds.

³ Maternal mortality ratio: number of women who die during pregnancy or within 42 days postpartum per 100,000 live births

⁴ Number of neonatal deaths per 1,000 live births