

Maternity Worldwide

Strategic Plan 2011 to 2014

Deaths in childbirth in developing countries

Every year around 356,000 women die as a result of childbirth¹. Of these, 99% live in developing countries. For every woman who dies in childbirth around 20 more suffer injury, infection or disease, a total of around 7 million women each year. Despite some improvement in recent years, a United Nations 2011 progress report² shows that there is still an average of 290 maternal deaths per 100,000 live births. In Sub Saharan Africa this figure rises to 640 per 100,000 live births, a stark contrast with a figure of just 17 in developed regions. In addition the death and injury of mothers has devastating consequences for the lives of babies and children. Each year an estimated one million young children die as a result of the death of their mothers³.

The magnitude of the problem is recognised internationally. World leaders met in 2000 to set the eight Millennium Development Goals (MDGs) which aim to free humanity from extreme poverty. In recognition of the devastating effects of deaths in childbirth, MDG 5 is 'To improve maternal health' with a target of reducing the mortality ratio by $\frac{3}{4}$ between 1990 and 2015. Despite improvements in some areas this target still remains distant particularly in Sub Saharan Africa where the MDG target is still a long way from being met. A major contributing factor is that in Sub Saharan Africa only 46% of women deliver in the presence of a trained health care worker compared with 99% in the developed world. Alongside this lack of health infrastructure and trained personnel, low awareness among families of when to seek care contributes to the high level of maternal deaths in the poorest countries and among the poorest women within countries.⁴ Other contributing factors are that families may be unable to pay for maternal health services or the cost of transportation to get there. In addition some societies may place a lower value on women's health than on men's making the perceived cost of care too high.

The likelihood of maternal death increases among women who have many children, who live in rural areas, are poorly educated and who are discriminated against because of their gender. In addition very early childbearing brings with it heightened risks of complications and even death. The adolescent birth rate (the number of births per 1000 women aged 15-19) is at its highest in Sub Saharan Africa at 122, having hardly changed from the figure of 124 in 1990.

The vast majority of deaths are preventable. Both the World Health Organisation (WHO) and World Bank recognise the wide ranging and lasting effects of improved maternal health. Saving the lives of mothers has been shown to have a major positive impact on the long term health and prosperity of children, families and communities.

¹ World Health Organisation (WHO) Trends in Maternal Mortality 1990 to 2008, Geneva WHO, 2010

² The Millennium Development Goals Progress Report 2011, United Nations

³ WHO (2003), The World Health Report 2003: shaping the Future.

⁴ UNPFA, Adding it Up: the costs and Benefits of Investing in Family Planning and Newborn Health, 2009.

Our vision and mission

Maternity Worldwide exists to help reduce the number of women dying or injured in childbirth.

Our vision is of a world in which all women and their babies are able to access safe and appropriate childbirth regardless of where they live.

Our mission is to work with communities and our partners to:

- Identify and develop appropriate and effective ways to reduce maternal and newborn mortality and morbidity
- Facilitate communities to access quality skilled maternity care
- Support the provision of quality skilled care

We are committed to delivering programmes which are community based and led, which deliver effective and high quality care and which are sustainable. Through this approach we aim to make lasting change to the lives of women and babies and to the communities where we work..

How our work saves lives

International research and practical experience has shown that the most effective way of reducing deaths of mothers and babies at childbirth is to address each of the factors identified in the 'Three Delays' model⁵ which forms the basis of the World Health Organisation's 'Making Pregnancy Safer' framework.

These are:

1. Delay in seeking care – caused by the low status of women, lack of finance and control of assets, poor understanding of maternal health problems
2. Delay in reaching care – due to local geography and infrastructure such as poor roads, mountains and lack of transport and ability to pay for it.
3. Delay in receiving adequate treatment – arising from lack of trained staff, poorly equipped facilities and inadequate referral pathways.

Maternity Worldwide's focus is on empowering and enabling local people so that they can bring about lasting changes to their health and wellbeing. We are unique in that we are the only UK based charity which operates an integrated community and health facility based approach to maternal health which directly addresses each of the three delays. We do this by including each of the following elements in our programme:

- The women's income generation scheme provides micro finance, support and advice so that women can set up their own small businesses. This helps to increase their status and financial independence, enabling them to use savings, for example, to pay for transport to a health centre.
- The health promotion initiative teaches women about maternal health so that they understand when they need to access specialist maternal health services. It also includes family planning so that women are better able to delay and space their pregnancies which also has a positive impact on their health.
- Our training programme enables staff to provide high quality maternal health care. It includes training to become Skilled Birth Attendants; training clinical staff; providing management and procedural training. This is a key factor in ensuring the long term sustainability of the work.
- Depending on local circumstances, providing equipment and upgrading facilities. This might include supplying clinical equipment, medical supplies or transport such as motor bike ambulances.

⁵ Thaddeus, S., and Maine, D. (1994). "Too Far to Walk: Maternal Mortality in Context."

In each of the elements of our work the priority is to ensure sustainability by increasing local capacity. For example we equip local managers and staff with the skills and tools to enable them to train up additional members of the community.

A unique strength of Maternity Worldwide is that we are able to bring on board highly qualified and experienced clinicians, midwives and managers to work as volunteers on our overseas projects. These professionals provide training to local staff and also support the direct delivery of maternal health services where necessary. The Maternity Worldwide volunteers provide their services free of charge enabling us to provide local partners with the very highest quality of support.

Monitoring, evaluation and dissemination of best practice is central to our work. Our projects add to the evidence base of information on interventions to reduce maternal mortality. Our aim is that our integrated approach will become an exemplar of work in this area and be the model which will be adopted widely by governments in developing countries.

The Charity and our achievements

Maternity Worldwide was set up in 2002 by two London based doctors working in obstetrics, Dr Adrian Brown and Dr Shane Duffy. Having completed their medical, obstetrics and gynaecology training they were aware of the unacceptably high level of maternal deaths in developing countries and that there were no organisations which existed solely to address this issue. They set up Maternity Worldwide to fill this gap.

Maternity Worldwide's first project, centred on Gimbie in the West Wollega District of Ethiopia, began on a small scale in 2002. We were able to expand thanks to our partnership with the Gimbie Adventist Hospital and then by securing a grant from the Big Lottery Fund which supported the work from 2006 to 2009. The independent evaluation in 2009 showed just how effective the programme had been in saving lives⁶.

- Over 3 years the number of deaths in childbirth at Gimbie Adventist Hospital and the linked supporting clinics fell from 6.2% to 0.6%
- The number of women having their babies at these health centres increased by 51%.
- The health promotion programme was successfully delivered in each of the 40 villages covered by the project.
- Sixteen staff were trained as Skilled Birth Assistants along with 11 assistants.
- 1200 women participated in the income generating scheme and set up their own businesses enabling them to save money to access maternal health services. Within two years 90% of the women had made profits.
- Both the income generating and health promotion elements of the work have been successfully transferred to local agencies.

The West Wollega project is currently expanding to include other maternal health services in the community. In addition the core work is being extended to a further four districts, covering four more health centres and 60 villages.

Other major achievements of Maternity Worldwide include:

- Providing a model for the establishment of Maternity Worldwide sister organisations in Denmark and Germany. The professional volunteer obstetricians and midwives recruited by Maternity Worldwide to carry out training included a number from Denmark. They were so inspired by the work that they set up Maternity Worldwide Denmark, which is now making a major contribution to fundraising and developing the programme. Similarly there is now also Maternity Worldwide Germany which raises funds for the work.
- Arranging the UK's biggest advocacy event for women and children as part of the response to the World Health Organisation report in 2005, 'Make Every Mother Count'.

⁶ Saving lives in childbirth, West Wollega, Ethiopia. Mimi Khan, 2009

- Taking a lead role in organising and participating in fistula camps run on three occasions in Ethiopia and twice in Uganda to treat women suffering from this debilitating condition following complications of childbirth.

Where we work

Our work is targeted at developing countries where the level of need is the highest. We have a stringent set of inclusion criteria against which potential projects are assessed. These include factors such as the level of lifetime risk of maternal death, that there is unmet need for maternal health services and that there are suitable partners available. We also carry out a PLEEST assessment (an analysis of the political, legal, economic, enabling, socio-cultural and religious environments) to ensure our projects are located in areas where they can operate safely, effectively and on a sustainable basis.

Our focus is to ensure sustainability of the work and the achievement of outcomes through increasing the capacity of local communities. For this reason we do not at present work in areas of conflict or disaster.

The next three years

Maternity Worldwide's aim will continue to be to reduce the number of women and babies dying or injured in childbirth in developing countries by increasing the number of beneficiaries we can reach.

We have decided that this Strategic Plan will cover the next three years. This recognises that this period will be pivotal in the implementation of our ambitious programme to develop and extend our work. We will be continually monitoring and evaluating our progress and will use our learning to inform the future development of our work overseas and to adapt our infrastructure to ensure we can deliver our outcomes.

Key objectives

Delivery of our aim will be guided by three key objectives:

1. To work with our partners to deliver effective, efficient and sustainable maternal health programmes.
2. To identify and participate in innovative research opportunities which complement the integrated maternal health approach.
3. To further evaluate the efficacy of the integrated maternal health approach and to disseminate best practice where applicable.

This work will be underpinned by a fourth supporting objective which will be:

4. To have in place the organisational structure and capacity to enable us to deliver our key objectives.

How we will meet our objectives

Objective 1: To work with our partners in local communities to deliver effective, efficient and sustainable maternal health programmes.

We know that our integrated approach saves lives and we will work with our local partners to enable them to implement sustainable maternal health programmes in their communities. We want to continuously learn from our experiences so we can improve the effectiveness of our work and feed this in to the design of new programmes.

We will increase the number of programmes we operate to so that the work can reach more people in developing countries and particularly in sub Saharan Africa where maternal mortality rates are at their highest.

To achieve this objective we will:

Programme A: West Wollega, Ethiopia

- 1.1. Work with local partners and Maternity Worldwide Denmark to continue and extend the scope of the integrated maternal health programme in West Wollega, Ethiopia and to ensure sustainability when major funding ends in 2014.
- 1.2. Develop, implement and obtain funding for the three year pilot of mobile Women's Health Clinics and support networks, focusing particularly on the more remote rural areas.
- 1.3. Provide motorbike ambulances to enable women to more easily reach local clinics and hospitals.
- 1.4. Develop and implement a plan to support a midwifery school to train midwives in West Wollega, Ethiopia.

Programme B: Zomba District, Malawi

- 1.5. Begin work on the integrated maternal health approach in the Chikowi and Mwambo localities of Zomba District from autumn 2011 with the full scale programme taking place between 2012 and 2015.
- 1.6. Secure sustainable funding for the work from a major trust or foundation and supplement this with contributions from other sources as necessary.
- 1.7. Raise awareness of the Maternity Worldwide programme objectives among local partners and develop positive relationships so that Maternity Worldwide becomes recognised as a delivery partner.

Programme C: Hoima District, Uganda

- 1.8. Complete the needs assessment and secure funding for the integrated maternal health programme in Hoima, Uganda.
- 1.9. Implement the integrated maternal health approach in Hoima over a four year period.

Programme D: Additional Programme

- 1.10. Identify and carry out a needs assessment for one additional new programme,
- 1.11. Obtain funding for the programme and aim to begin work in country by 2014.

For each of the programmes we will:

- 1.12. Work at local, national and regional level to disseminate information on the successes of our programmes and encourage their wider adoption within the country.
- 1.13. Monitor, evaluate and disseminate learning from the overall integrated maternal health programme and the separate elements to inform the design and development of future work by Maternity Worldwide, our partners and any other interested agencies.

Objective 2: To identify and participate in innovative research opportunities which complement the integrated maternal health approach.

We want to constantly improve our work and to do this we recognise that we need to be aware of and participate in research opportunities which will help us to do this.

To achieve this objective we will:

- 2.1 Establish an ethical policy for working with potential research partners
- 2.2 Work in partnership with King's College in the delivery of the CRADLE research project assessing the impact on maternal health in rural areas of a cheap automated blood pressure monitor. The pilot will take place in Ethiopia, Zimbabwe, Tanzania and Zambia.
- 2.3 Work with academic partners to identify proposed research projects which impact on or complement our integrated maternal health approach and devise a set of criteria for assessing whether to participate.

- 2.4 Establish a panel of independent experts to ensure our programme work is aligned to best national and international practice.
- 2.5 Establish a system for monitoring the work of other organisations to identify similar programmatic activity overseas and incorporate best practice into the design of future projects.

Objective 3: To further evaluate the efficacy of the integrated maternal health approach and to disseminate best practice where applicable.

We are committed to learning from and sharing best practice emerging from our work so that this can be used both in our own future projects and by others who want to carry out similar work. Findings from our work will contribute to the evidence base on interventions to reduce maternal mortality. By reporting on, evaluating and disseminating our work we hope to encourage adoption of the integrated maternal health approach more widely within developing countries.

To achieve this objective we will:

- 3.1 Put in place a robust monitoring and evaluation system for use across all Maternity Worldwide programmes to provide evidence of the impact of our integrated approach.
- 3.2 Produce evaluations on each of our programmes.
- 3.3 Develop models of best practice based on our project work and make these publicly available.
- 3.4 Establish a framework and reporting timetable for the dissemination of evaluation and best practice reports to relevant academic, professional and statutory networks and use this to encourage the wider adoption of the integrated maternal health model in developing countries.
- 3.5 Use learning from current programmes to feed in to and improve future work.
- 3.6 Promote the issue of safe motherhood and our work by arranging at least one major information and fundraising event each year.

Objective 4: To have in place the organisational structure and capacity to enable us to deliver our key objectives.

We will aim to operate in an efficient, professional and ethical manner. We value our staff, volunteers and Board of Trustees and will seek to enable them to work to their full potential. We want to achieve a sustainable funding base so that we can continue our work of saving lives in childbirth.

To achieve this objective we will:

- 4.1 Establish a sustainable funding plan to secure the continuation of our project work and of the charity.
- 4.2 Have in place a budget and Business Plan, monitor these on a quarterly basis and with a year end review.
- 4.3 Identify the staffing structure needed to deliver our work effectively and make changes as necessary, taking into account any financial constraints.
- 4.4 Review the branding and presentation of the charity – this will include marketing and communications approaches and updating the website.
- 4.5 Put in place a framework for identifying possible future partners for research and programme activities and procedures to govern how we work with them.
- 4.6 Review the membership, organisation and effectiveness of the Board of Trustees on an annual basis.
- 4.7 Identify training and development needs of staff and Board members and put in place an action plan to ensure these are met.
- 4.8 Monitor financial and other key factors which will impact upon our work and ensure there are procedures in place to enable us to adapt to major changes.

How we deliver our work

All of our work is underpinned by our values which support our project work, our relationships with partners and supporters and the operation of our UK office. These are that all of our work should be governed by:

- Ethics and integrity
- Making a difference and being effective
- Creating opportunities and chances
- Ensuring quality in everything we do
- Equality and empowerment
- Grass roots approaches
- Transparency

The work of Maternity Worldwide is guided by our Board which is chaired by Dr Adrian Brown, one of the founding members, and seven other trustees who bring in expertise in a number of fields including women's health and obstetrics, health promotion, international development, research, project planning, finance, fundraising, monitoring and evaluation and disseminating learning. The work of the Board is aided by additional professional volunteers who provide other specialist advice and input as necessary.

The full Board meets every two months to cover issues of strategic importance. Four Sub Groups of the Board oversee and monitor progress of the work at an operational level. These are Strategy and Communications, Programmes and Research, Foundations and Trusts (covering major fundraising applications) and Unrestricted Funding.

Fundraising is essential to us and we will be putting in place a sustainable funding strategy for 2012-2014 to support this Strategic Plan. We benefit greatly from the energetic and tireless efforts of our committed supporters who contribute so much time and resources to our cause. Maternity Worldwide has fundraising groups based in London, Brighton and the Shires who organise concerts and other events and challenges. A major event which we run every other year is our Ethiopian Bike Ride which ends at our project in Gimbie so participants can see first-hand how the sponsorship money they have raised contributes to our work. We also benefit from the involvement of individual supporters who provide us with the regular monthly and one off donations which are so vital in providing a stable financial basis for us to be able to continue our work.

We recognise the value of obtaining funding from a wide range of sources. During this period we will be applying to major funders such as Comic Relief and the Big Lottery Fund as well as to other trusts and foundations. We also recognise the important contribution which corporate donors can make, not only in providing funding but also in terms of valuable professional expertise and opportunities to publicise the work of the charity. This is an area of support we will be actively pursuing over the next three years.

In the longer term

By the end of this three year period we will have worked in partnership with local communities to have made a significant contribution towards saving lives in childbirth in developing countries and to have established a stable and sustainable basis upon which to continue our work in subsequent years.

If you would like to help us to continue with this valuable work then please make a donation via our website <http://www.maternityworldwide.org/pages/donate.html>

or through JustTextGiving, text MWMW00 £2/£5/£10 to 70070 e.g. MWMW00 £5