Working together to improve women’s health
Who we are

Women and Health Alliance (WAHA) International is an international non-profit, non-governmental organization undertaking a wide range of activities to improve maternal and child health in disadvantaged communities throughout the world.

Since its foundation in 2009, WAHA International has carried out activities in 43 countries, grown to over 200 staff members – mainly health workers in Africa – and has extended its partnerships and collaborations to work with over 50 key institutions and individuals with expertise in maternal and child health.

Our aim

Our overall aim is to reduce maternal and child mortality and morbidity by improving access to, and uptake of, essential healthcare services for women and children in humanitarian and development settings.
Where we work

We work in settings where maternal and child health needs are the greatest – often among some of the most disadvantaged and underserved communities in the world.

**Crisis Settings**
Many of our programs are undertaken in crisis settings, including countries affected by natural disasters or conflicts, some of which have limited government support to provide even the most basic health services. In particular, we work with refugee and internally displaced populations, also taking into account the needs of the host populations who often lack basic health services as well.

**Rural Communities**
We work in rural communities where access to healthcare is limited by a range of barriers, including lack of transportation, poorly trained health workers and misconceptions or taboos around the use of health services.

**Informal settlements**
We work in informal settlements or “slums”, which continue to rapidly expand in cities across Africa and Asia as a result of rural migration and urbanization. These settings are often characterized by overcrowding, poor hygiene and sanitation and a lack of essential services, including healthcare for women and children.

**Longer term and periodic interventions**
Many of our projects involve a continuous presence until the local authorities and communities can sustain the activities themselves. However, we also provide periodic services in settings where the needs are intermittent or focused. In other contexts, we intervene on a short-term basis to address specific gaps, such as a lack of emergency transport, by providing our motorbike ambulances.
What we do

**Maternal health**
Our maternal health projects focus on ensuring a continuum of care for women throughout pregnancy, childbirth and in the postpartum period. We strongly promote skilled attendance at delivery in health facilities and high quality postpartum care including access to family planning. Furthermore, we target the three key delays that patients often face in accessing emergency obstetric care, including delays in the decision to seek care, delays in reaching a health facility, and delays in receiving quality care once at a health facility.

Our interventions include information, education and communication (IEC) activities, implementation and strengthening of referral systems, structural improvements to health facilities, provision of supplies and equipment, training and provision of health workers including midwives and clinicians in obstetric care, development of policies to retain health workers, and research around new and innovative service delivery strategies.

**Obstetric fistula**
We provide care and treatment for postpartum complications including obstetric fistula and other pelvic floor disorders, carrying out surgical repair for thousands of women each year. We also develop innovative non-surgical approaches to treat simple cases of fistula, as well as inoperable and recurrent cases. We work in partnership with local organizations and health facilities to strengthen their technical capacity by providing on-the-job training from fistula surgeons.

**Neonatal health**
There is a wealth of evidence demonstrating the link between healthy mothers and healthy babies, which is why we integrate neonatal interventions within our maternal health projects whenever possible. Our neonatal health activities focus on ensuring that newborns receive essential, life-saving interventions from skilled personnel shortly after delivery. These include resuscitation, infection control, and feeding interventions.

**Child health**
We undertake a variety of activities to improve children’s health including developing systems to improve the delivery and uptake of key childhood vaccines and treating childhood illnesses such as malaria, pneumonia and diarrhoea.

**Response to acute epidemics including Ebola**
WAHA International aims to ensure that women receive the essential medical care they need in order to live healthy lives. This includes ensuring emergency health services during outbreaks of epidemics such as the Ebola virus disease. In our response we take an inclusive approach and thus target women and men, girls and boys. WAHA International places a special emphasis on the importance of transfer of skills so that communities are empowered and able to respond to and contain the epidemic. We incorporate community mobilization activities into our projects to help to empower communities to identify their needs and to implement culturally-appropriate responses.

As part of our Ebola programming, WAHA International developed a rapid response strategy using innovative equipment and approaches. These include using individual isolation tents and custom-made motorcycle ambulances while aiming to reinforce local initiatives and community sensitization on Ebola.
Cross Cutting Strategies

Innovation
We strive to develop innovative solutions to address the challenges involved in delivering health services in developing countries. For example:
• The expanding mobile telephone coverage in developing countries enables us to use mobile technologies to improve a range of health outcomes - an approach referred to as mHealth.
• We also develop and test new medical equipment and treatment approaches to address the existing gaps in providing effective care, particularly for obstetric fistula.

Strengthening Health Systems
We believe that strengthening health systems to deliver better services is an integral part of improving maternal and child health outcomes in developing countries. This is why our projects address each of the six key building blocks of a health system: service delivery, human resources, medicines and technology, financing, information and community networks, whilst also recognizing the importance of leadership and governance.
For example:
• We assess the health facilities where we work and carry out repairs, renovations and reorganization of clinical work spaces. We also deliver essential equipment, medicines and medical supplies in order to better deliver health services for mothers and children.
• We strengthen information and community networks by improving the linkages between health workers and patients and by reinforcing referral systems.

Capacity building
We recognize that building the capacity of local health workers to deliver high quality maternal and child health services is essential to achieving our goals, and to ensuring the long-lasting impact and sustainability of our programs.
For example:
• We believe that well-trained midwives have an essential role to play in dramatically improving maternal and neonatal health outcomes. We have been able to increase the number of skilled midwives, particularly in rural areas, by supporting midwifery schools, developing and implementing training sessions and workshops, and strengthening networks of midwives working in rural settings.
• We partner with local university teaching hospitals to incorporate training for fistula care providers into the medical school curricula, thereby ensuring a future generation of trained surgeons to operate fistula cases. We also provide on-the-job training for fistula care teams in partnership with local institutions.
• To increase health coverage in the most rural and isolated areas, we organize training sessions for community health workers and equip them with supplies that enable them to provide basic services and refer patients to health facilities.

Community mobilization
Our projects prioritize community engagement and community-based participatory approaches to bring about lasting improvements in maternal and child health outcomes. We incorporate community mobilization activities into our projects to empower communities to identify their needs and to implement culturally-appropriate and gender-sensitive responses.
For example:
• We work closely with community representatives to develop and distribute information to raise awareness around a variety of maternal and child health issues. We also work with community members to advocate for skilled attendance at birth and to address the stigma surrounding fistula patients which can prevent them coming forward to use treatment services.
• We have established community committees to manage the use and maintenance of motorbike ambulances to ensure that they are available for pregnant women during obstetric emergencies.

Cross Cutting Strategies

Innovation
We strive to develop innovative solutions to address the challenges involved in delivering health services in developing countries. For example:
• The expanding mobile telephone coverage in developing countries enables us to use mobile technologies to improve a range of health outcomes - an approach referred to as mHealth.
• We also develop and test new medical equipment and treatment approaches to address the existing gaps in providing effective care, particularly for obstetric fistula.

Strengthening Health Systems
We believe that strengthening health systems to deliver better services is an integral part of improving maternal and child health outcomes in developing countries. This is why our projects address each of the six key building blocks of a health system: service delivery, human resources, medicines and technology, financing, information and community networks, whilst also recognizing the importance of leadership and governance.
For example:
• We assess the health facilities where we work and carry out repairs, renovations and reorganization of clinical work spaces. We also deliver essential equipment, medicines and medical supplies in order to better deliver health services for mothers and children.
• We strengthen information and community networks by improving the linkages between health workers and patients and by reinforcing referral systems.

Capacity building
We recognize that building the capacity of local health workers to deliver high quality maternal and child health services is essential to achieving our goals, and to ensuring the long-lasting impact and sustainability of our programs.
For example:
• We believe that well-trained midwives have an essential role to play in dramatically improving maternal and neonatal health outcomes. We have been able to increase the number of skilled midwives, particularly in rural areas, by supporting midwifery schools, developing and implementing training sessions and workshops, and strengthening networks of midwives working in rural settings.
• We partner with local university teaching hospitals to incorporate training for fistula care providers into the medical school curricula, thereby ensuring a future generation of trained surgeons to operate fistula cases. We also provide on-the-job training for fistula care teams in partnership with local institutions.
• To increase health coverage in the most rural and isolated areas, we organize training sessions for community health workers and equip them with supplies that enable them to provide basic services and refer patients to health facilities.

Community mobilization
Our projects prioritize community engagement and community-based participatory approaches to bring about lasting improvements in maternal and child health outcomes. We incorporate community mobilization activities into our projects to empower communities to identify their needs and to implement culturally-appropriate and gender-sensitive responses.
For example:
• We work closely with community representatives to develop and distribute information to raise awareness around a variety of maternal and child health issues. We also work with community members to advocate for skilled attendance at birth and to address the stigma surrounding fistula patients which can prevent them coming forward to use treatment services.
• We have established community committees to manage the use and maintenance of motorbike ambulances to ensure that they are available for pregnant women during obstetric emergencies.
**mHealth strategy**

Our mHealth projects include the use of mobile phones and text messages to provide health information and education to the communities where we work, and to strengthen referral systems by linking women in rural settings with community health workers, ambulance drivers and health facilities.

For example:

- We have also designed and piloted a motorcycle ambulance to improve access to health services for women and children, particularly in rural areas where limited transport is a key factor in explaining low service uptake. Other recent medical developments include new treatment approaches for inoperable cases of obstetric fistula.
- In addition, we are developing tablet-based applications to support midwives to monitor the health of newborns, to track outbreaks of infectious diseases and to improve electronic health information systems to store patients’ medical data in a confidential manner.

**Gender equality and women’s rights approach**

WAHA International’s programs are grounded in an approach that aims to advance gender equality and women’s rights. We believe that access to maternal and child health services is a basic human right. Our programs are also designed with a gender lens and consider the gender, social and cultural norms influencing the health and well being of women and families in the communities we serve.

**Monitoring, evaluation and learning**

WAHA International prioritizes monitoring of program activities, outputs, and outcomes and embraces various research methodologies for data collection and analysis to inform program evaluation and learning. WAHA International is currently engaged in multi-disciplinary collaborations with academic and research institutions to advance learning from its health programs and strategies.
Project examples

**Maternal and child health > Kenya**
WAHA International is working to increase access to and uptake of quality maternal and child health services within the informal settlement of Machafuko in Mombasa, Kenya. Our project aims to improve access to mother and child health care, reduce the burden of key maternal morbidities, support youth-friendly family planning services, increase nutrition outcomes and implement a cell-phone based health information system. This project will be conducted from 2015 to 2019 and received core funding from the European Union.

**Mogadishu > Somalia**
From 2011 to 2013, WAHA International ensured the provision of quality maternal and reproductive health services for the host and refugee population of Mogadishu, Somalia including the treatment of post partum complications such as obstetric fistula. This included supporting local human resources and strengthening local health worker’s capacity in reproductive maternal and child healthcare. We worked in existing secondary health facilities and equally set up primary health care within camps for Internally Displaced Persons as well as a school for midwife education. This project was supported by the UNFPA as well as the Red Crescent Society of the United Arab Emirates.

**Ebola virus disease > Liberia and Guinea**
As a sub-grantee of GOAL International we are currently implementing an OFDA-USAID funded project in which we are leading the clinical management of the Voinjama’s Ebola Treatment Unit (ETU) in Lofa County. WAHA has also conducted training at Cross Border checkpoints on Infection Prevention Control (IPC). We are equally supporting public health infrastructure to ensure save triage and case management. As part of Guinea’s National Ebola Response Coordination, WAHA is managing the Beyla Ebola Treatment Centre (ETC): one of the four centres supported by the French Foreign Ministry. We are equally increasing capacities to effectively identify, manage and refer Ebola Virus Disease patients and address health needs of vulnerable groups by supporting primary and secondary health facilities on triage and infection prevention control throughout the country.

**Refugees**

**Dolo Ado, Ethiopia**
Since 2013 WAHA International has established and ensured comprehensive emergency obstetric care services as well as general reproductive health services for the Somalian refugee population of Dolo Ado refugee camps Ethiopia. WAHA International operates in three of the five camps located at the Ethiopian-Somalia border, including Melkadida, Bokolmayo and Buuramo. The program activities included building health center infrastructure, training local health staff and establishing a network of community outreach volunteers to promote skilled attendance at birth in a health facility.

**Dadaab, Kenya**
Between 2011 and 2013 WAHA improved the quality and accessibility of maternal and child health services in Dadaab hospital and within the primary health centres of Garissa district. We also established a tricycle-based referral system to link refugees and host population to primary and secondary health facilities.

**Refugees from Syria, Iraq, Eritrea and Afghanistan to Europe**
In response to the large number of refugees in Turkey and on their way to the European Union, WAHA International is providing medical services to women and children in multiple countries along the key points of the main refugee routes through a networked series of mobile clinics and collaboration with several local associations. From Izmir in Turkey, from where most of the refugees take to the sea, to the Greek islands of Lesbos and Samos and the Balkan countries of Macedonia, Serbia and Croatia, WAHA International is ensuring that women and children are provided with essential medical care as well as nutritional and hygiene support for their children.
WAHA International carries out its activities thanks to the generous support of private and public donors. Among our key donors are:

- UNFPA
- UNHCR
- World Bank
- European Union – EuropeAid and ECHO
- U.S. State Department’s Bureau for Population, Refugees and Migration
- U.S. Office for Disaster Response Assistance – OFDA
- French Foreign Ministry
- Sanofi Foundation
- Fistula Foundation
WAHA International is a non-profit, non-governmental organization, working to ensure that women and newborns can access the healthcare services they need to live their lives fully and in dignity.