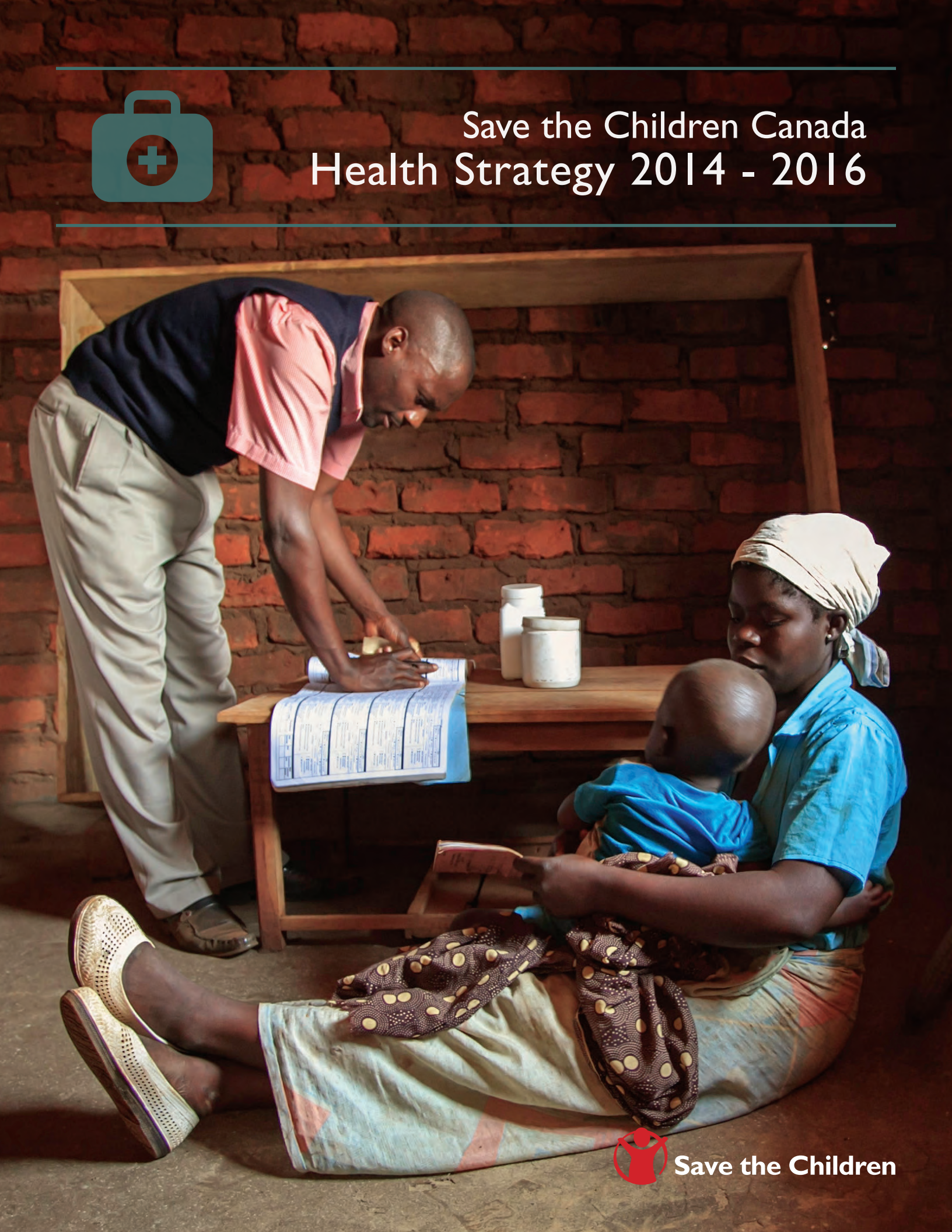
Save the Children Canada
Health Strategy 2014 - 2016



Save the Children

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INTRODUCTION

Inspired by our mission where every child attains their right to survival, protection, development and participation, Save the Children Canada's Health Strategy aims to ensure that all children are able to realize their right to the highest possible standard of health and have access to health services. In our efforts to achieve this aim we recognize the inextricable link between the well-being of women of reproductive age and the well-being of their children, and thus the life-cycle approach forms the foundation of our health initiatives.

As social inclusion and meaningful participation are strong determinants of health, Save the Children Canada's health programs will continue to prioritize the integration of gender and community involvement through innovative and evidence-based approaches. With a focus on both gender equity and community mobilization, Save the Children Canada has an opportunity to be a strong contributor in addressing the health inequities that put the lives of thousands of newborn, children and women at risk.

Preterm birth is the leading cause of death in newborns. Over 1 million children die each year due to complications of preterm births.

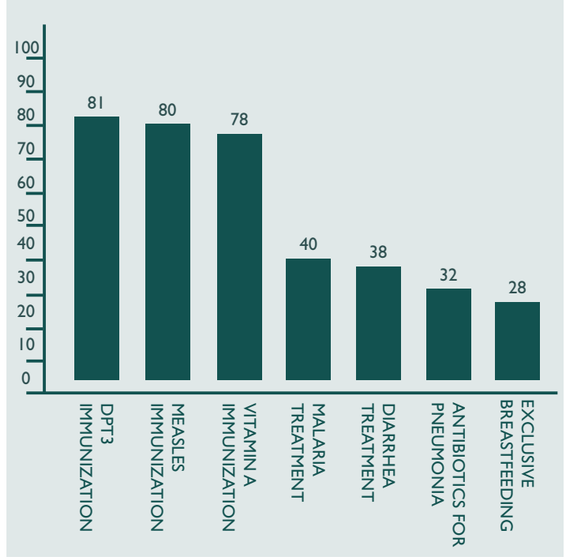
BACKGROUND

Newborn and Child Health

It is well documented that many children in the developing world are not able to realize their right to the highest possible standard of health. In 2012 alone, 6.6 million children died before reaching their fifth birthday. Children in low-income countries are more likely to die before the age of five, than children in high-income countries. For example, children in sub-Saharan Africa are over 16 times more likely to die before the age of five than children in developed regions[1]. Additionally, child mortality is often higher in rural areas, particularly among poor and less educated families. Inequality in health care and nutrition also contributes to this high mortality.

FIGURE 1:

COVERAGE OF KEY INTERVENTIONS



Source: Countdown to 2015, The 2008 Report

A child's risk of dying is highest in the first 28 days of life. In 2011, 3 million babies died in their first month of life, which is more than 40% of all deaths of children under age 5 worldwide. Three quarters of these newborns died in the first week of their lives, and one-third did not survive their first day of life. Virtually all (98%) newborn deaths occur in developing countries, and within many of these countries, babies born to the poorest families have a much higher risk of death compared to babies from rich families[2]. Preterm birth, birth asphyxia and infections are responsible for most neonatal deaths. Immediate causes of neonatal deaths are lack of quality health services during pregnancy, delivery and immediately following birth. An investment is needed in maternal health, including family planning services, ante natal care, safe delivery by trained personnel, immunization against tetanus; and effective neonatal care at the time of delivery as well as within 48 hours of birth to prevent and reduce neonatal mortality.

Malnutrition is the underlying cause of more than 2.6 million child deaths each year.

171 million children – 27% of all children globally – are stunted, meaning their bodies and minds have suffered permanent, irreversible damage due to malnutrition.

Adults who were malnourished as children can earn an estimated 20% less on average than those who weren't.

Source: Nutrition in the First 1,000 Days State of the World's Mothers 2012; Save the Children

More than half of under-five child deaths are due to diseases that are preventable and treatable through simple, affordable interventions. Immunization, exclusive breast feeding, adequate nutrition, safe water and food, adequate sanitation and hygiene as well as timely treatment of the three fatal childhood diseases (pneumonia, diarrhea and malaria), and timely referral to a health facility can all contribute towards reducing child mortality (Figure 1). Fortunately, these interventions are simple and can be made available at the community level. Strengthening health systems to provide such interventions to all children will save many young lives.

Although coverage for DPT (diphtheria, pertussis and tetanus) and measles immunization and Vitamin A supplementation is satisfactory, coverage for key lifesaving interventions such as: exclusive breast feeding and treatment of

1. Children: reducing mortality, Fact sheet N°178, September 2013: WHO Website dated 25 October 2013

2. Surviving the first day: State of the World's Mothers 2013; Save the Children

malaria, diarrhea and pneumonia are all very low. Malnutrition is the underlying contributing factor in over one third of all child deaths. Nutrition-related factors contribute to about 45% of deaths in children under the age of five years[3]. Malnutrition also affects overall growth and development of children. By not getting the right nutrition, their development is irreversibly stunted[4]. Lack of access to nutritious foods and poor feeding practices, such as inadequate breastfeeding, offering the wrong foods, and not ensuring that the child gets enough nutritious food, contribute to malnutrition. Community based management of acute malnutrition with Ready-to-use Therapeutic Food (RUTF) has significantly contributed in reducing malnutrition in children[5].

In Canada, the infant mortality rate among First Nations with status is nearly twice that in Inuit people and four times higher than the general Canadian population. The limited prenatal and post natal health care has contributed significantly to this infant mortality. Similarly, one in three Inuit children suffers from a chronic health condition, such as respiratory infections. The challenges faced by Indigenous communities stem from multiple factors, such as geographic remoteness; availability of appropriately trained and culturally sensitive and linguistically appropriate health care providers, and severe weather conditions, to name a few. A focused intervention is necessary to ensure that children are able realize their right to the highest attainable health.

Women in developing countries have on average many more pregnancies than women in developed countries, and their lifetime risk of death due to pregnancy is higher. A woman's lifetime risk of maternal death – the probability that a 15 year old woman will eventually die from a maternal cause – is 1 in 3800 in developed countries, versus 1 in 150 in developing countries.

Maternal Health

Every day, 800 women die from preventable causes related to pregnancy and childbirth. In 2010, 287,000 women died during and following pregnancy and childbirth, of which 99% were in developing countries and more than half of these deaths occurred in sub-Saharan Africa, and one third in South Asia[6]. Large disparities also exist within countries, between people with high and low income and between people living in rural and urban areas.

Women die as a result of complications during and following pregnancy and childbirth. Most of these complications develop during pregnancy, while some may exist before pregnancy, but are worsened during pregnancy. Major complications that account for 80% of all maternal deaths are post partum haemorrhage, infections, pre-eclampsia, eclampsia and unsafe abortion[7].

Most maternal deaths are avoidable, as the health-care solutions to prevent or manage complications are well known. All pregnant women need access to antenatal care during pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death. To avoid maternal deaths, it is also vital to prevent unwanted and early pregnancies. All women of reproductive age need access to family planning and safe abortion services to the full extent of the law, and quality post-abortion care.

Poor women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such as sub-Saharan Africa and South Asia. While levels of antenatal care have increased in many parts of the world during the past decade, only 46% of women in low-income countries benefit from skilled care during childbirth. This means that millions of births are not assisted by a midwife, doctor or trained nurse.

Elissa Bogos / Save the Children

Roshan Gul, 30 holds her daughter Naweeda, who is severely undernourished. She was 9 months old and weighed 4,5 kilogram when the Save the Children Community Mobilizers weighed her for the first time.

Gender and maternal, newborn, and child health are inextricably linked, whereby

3. Countdown to 2015: Tracking Maternal, Newborn and Child Survival, Unicef, 2008
4. www.who.int/maternal_child_adolescent/topics/child/malnutrition/en/
5. Maternal Mortality: Fact sheet N°348, WHO, May 2012
6. Adolescent pregnancy: Fact sheet N°364, May 2012-WHO Website dated 7 August 2012
7. R Levine and M Temin (2009) 'Start with a Girl: a New Agenda for Global Health', Center for Global Development, pp. 23, <http://www.cgdev.org/content/publications/detail/1422899>; G Patton et al. (2009) 'Global Patterns of Mortality in Young People.' The Lancet 374.9693: 881-892, http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673609607418.pdf?id=e-16241398b8eb460:61453979:12f087a24d6:-1471130152058219 6>.

gender acts as a social determinant of health. In particular, gender inequalities often fuel health inequalities and thus significantly impact health outcomes. Across cultures and communities, there are three common gender inequalities which lead to poor health outcomes for women and children in particular. They include inequitable opportunities to influence decision making, inequitable access to and control over resources, and inequitable access to information. In order to improve MNCH, we must work to support environments which promote gender equality and the equal status of women and girls.

Adolescent Health

Adolescent girls between the ages of 10-19 years are twice as likely to die during pregnancy or child birth due to pregnancy related complications and other illnesses that are either preventable or treatable.

Adolescent pregnancy is a major contributor to maternal and child mortality, and to the vicious cycle of ill-health and poverty. The leading cause of death among girls age 15-19 is medical complications relating to pregnancy and childbirth. Worldwide, one in five girls gives birth by the age of 18. In the poorest regions of the world, this figure rises to over one in three girls. An estimated three million girls aged 15-19 undergo unsafe abortions every year. Stillbirths

Almost all adolescent births – about 95% – occur in low- and middle-income countries. About 16 million girls aged 15 to 19 years and two million girls under the age of 15 give birth every year- most in low- and middle-income countries

and newborn deaths are 50% higher among infants of adolescent mothers than among infants of women aged 20-29 years. Infants of adolescent mothers are also more likely to have low birth weight.

Poor nutritional status during adolescence is an important determinant of health outcome. Many boys and girls in developing countries enter adolescence undernourished, making them more vulnerable to disease and early death. Adequate nutrition at this age is a foundation for good health in adulthood. Chronic energy deficiency in adolescents results in short stature and lean body mass and is associated with deficiencies in muscular strength and working capacities. In girls, nutritional deficiencies increase the risk of adverse reproductive outcomes[8, 9]. Similarly, overweight and obesity during this period are associated with obesity related diseases in adulthood[10]. Indigenous adolescents also face mental health issues which require attention.

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Amerti Lemma/Save the Children

ELEMENTS OF SAVE THE CHILDREN CANADA'S HEALTH STRATEGY

Improving the health of women and adolescent girls is intimately linked to the health of their own children and future generations. Because of their roles in child-rearing, women play a crucial role in providing access to health services and health-related knowledge for their families and communities. Ensuring women's access to information and services is fundamental their health, and to the health of their babies, older children and other family members.

When a woman dies in childbirth, the survival of her baby and her other children is threatened. Delaying marriage or using family planning methods, reduces the risk of death from pregnancy-related complications among adolescent girls, it will also improve child survival rates among children under five.

In addition the nutritional health of adolescent girls and women will impact their health during pregnancy, delivery and post delivery. Save the Children Canada's Health Strategy will use the life cycle approach, which promotes care for mothers and children from pregnancy to delivery, the immediate postnatal period, and childhood as well as care during the adolescence period.

To achieve maximum impact, Save the Children Canada will focus primarily on improving maternal, newborn, and child health (MNCH) in underprivileged areas irrespective of their race, religion, political persuasion or gender. Recognizing the significance of the adolescent age group and its impact on maternal, newborn and child health, Save the Children Canada will also address the health and nutrition related issues of this group. Save the Children Canada will ensure that children, adolescents, and women of reproductive age, in its program areas, have access to and use high quality, evidence-based health and nutrition services, care and information, and adopt healthy behaviors, in both development and emergency situations.

Save the Children Canada is committed to improving maternal and child health and nutrition in the areas in which it works, contributing to the global reduction of under five and maternal mortality. Save the Children Canada will continue to support global implementation of maternal and child-focused, community-based initiatives, with local and international agencies and Ministries of Health. Save the Children Canada measures its success by whether

8. Thame M, Wilks RJ, McFarlane-Anderson N, Bennett FI, Forrester TE. Relationship between maternal nutritional status and infant's weight and body proportions at birth. Eur J Clin Nutr. 1997;51:134-8.
9. Kirchengast S, Winkler EM. Nutritional status as indicator for reproductive success in Kung San and Kavango females from Namibia. Anthropol Anz. 1996;54:267-76.
10 . WHO (World Health Organization). Physical status: The use and interpretation of anthropometry. 1995. Technical report series, Geneva. Report No;854

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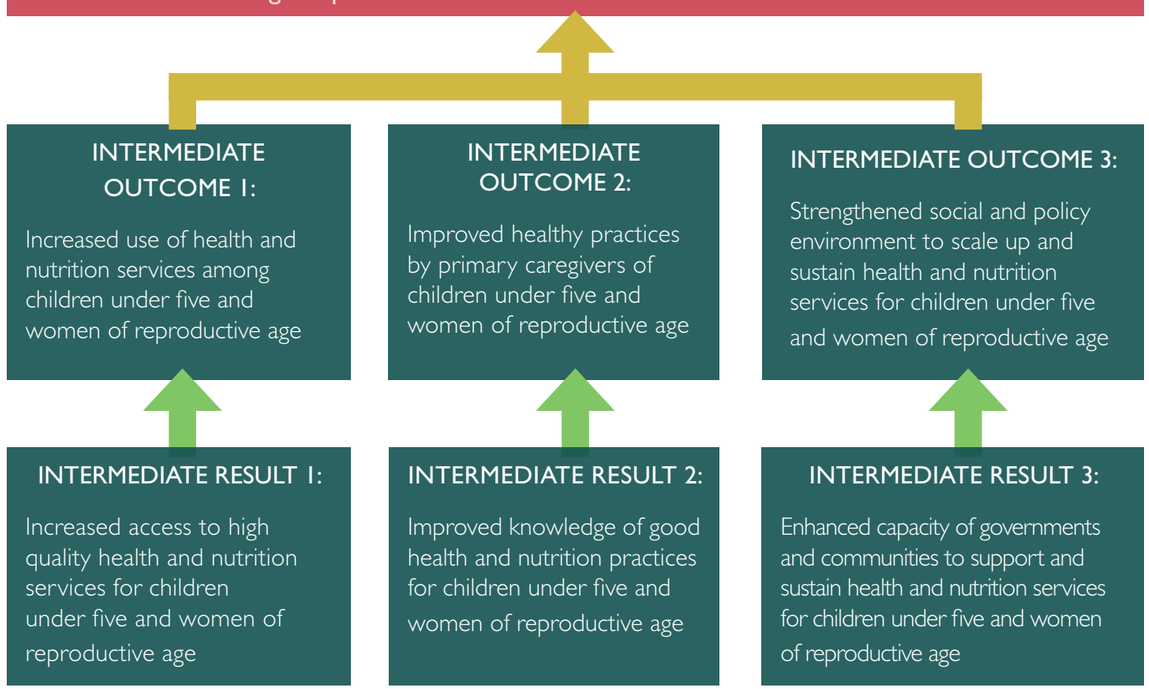
women of reproductive age and children are well-nourished, protected from infection and disease, and have access to essential health services. As one of the larger and well-positioned development and humanitarian relief organizations, Save the Children Canada has the potential to make a significant contribution towards improving MNCH and nutrition.

Save the Children Canada's strategic priorities and actions will evolve and new priorities will be identified as new evidence, funding and opportunities become available.

Health Strategy Results Framework



Colin Crowley / Save the Children

Four year old Lochebe was diagnosed with pneumonia by Community Based Distributor Regina in South Sudan. Regina was trained by Save the Children to diagnose and treat the three main killers of children in South Sudan; malaria, diarrhoea and pneumonia. Before women like Regina were trained to provide this vital service, mothers would have to walk for many hours to the nearest health clinic when their children were ill and many died on the way.

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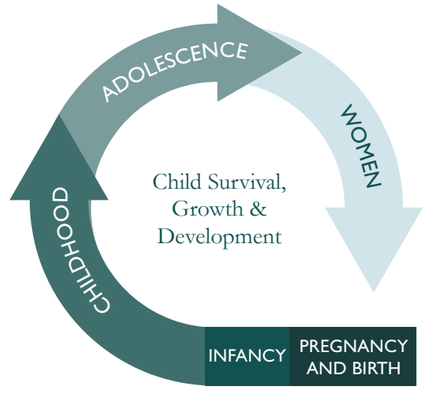
GUIDING PRINCIPLES

Our Health Strategy is guided by Save the Global Children's Theory of Change which is founded on working in partnership with others to develop innovative programs, support the voice of children and young people and use evidence that generates knowledge and achieves impact at scale. Gender is a fundamental component of this approach.

FIGURE 2:

LIFE-CYCLE APPROACH OF INTERVENTIONS



Critical Physiological Stage of Health and Nutrition (prenatal - 3 years)

Source: Joint Health and Nutrition Strategy, Unicef

Save the Children Canada will implement small as well as large scale projects in order to generate evidence for policy dialogue and leverage funds to scale up its operation.

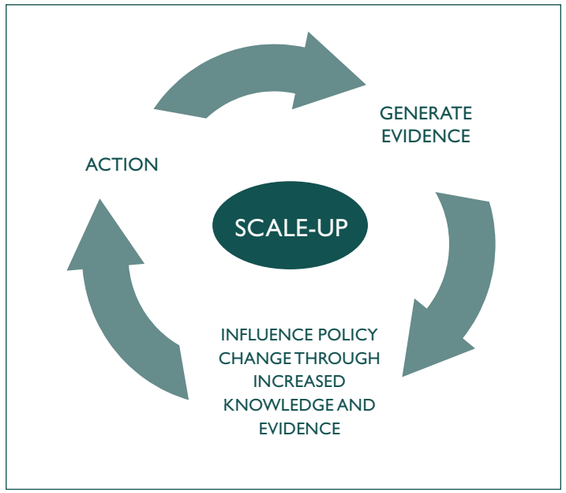
The **guiding principles** below inform Save the Children Canada's Health programs:

- Equality as a right: Provide equitable access to high quality and gender-sensitive essential health services, care and information
- Meaningful Participation/Holistic Community Approaches: Involve communities, with equitable representation by women and men, in program planning and implementation
- Addressing Root Causes: Identify and address the social determinants of health, giving special focus to gendered barriers to health services, care and information
- Collaboration and Learning: Increase impact through:
  - strategic partnerships and collaboration between all stakeholders including academic and research institutions
  - complementing and strengthening government health systems
  - research and innovation
- Accountability to donors and the communities with whom we partner

Save the Children Canada will use an integrated approach in its MNCH programs with emphasis on:

- Multiple community-based programmatic approaches, targeted at women and men, girls and boys, such as behavior change communication, community mobilization, advocacy, and engagement of community leaders to improve health for women and children
- Capacity building of women as health care providers, caregivers and decision-makers
- Improvements in health policies, financing mechanisms and basic services
- Quality health care and nutrition services delivery at community level (e.g. promote and provide immunization services; community case management of diarrhea, pneumonia, malaria and malnutrition; promote and provide contraception and reproductive health care services including antenatal, childbirth and postnatal care)
- Promoting practices and policies to improve health and/or increase access to services
- Promoting policy dialogue and mechanisms to develop and sustain health systems and services

FIGURE 3:
Theory of Change



- Addressing social determinants of health (e.g., harmful traditional practices and child marriage, access to education, etc)
- Strengthening capacity of organizations that work in the area of MNCH, including governments (national, state and district level) and community-based organizations, to improve health outcomes for women and girls
- Documenting and disseminating best practices

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The criteria for selecting Save the Children Canada partners for health program will include:

- Complementary objectives and mutually shared goals and values
- Focus on at least one of the following areas: maternal, newborn, and child health; family planning; nutrition; pneumonia; diarrhea; malaria; and adolescent health
- Commitment to strengthen health systems
- Magnitude and severity of the health problems to be addressed
- Regional diversity to maximize learning opportunities

Save the Children Canada also recognizes the critical need to advocate for change at all levels, particularly on an international scale, to make a difference in MNCH. Save the Children Canada will continue to participate in forums and coalitions to raise awareness and secure increased funding for MNCH programs.

Krister Jay Bonja / Save the Children

Chisomo, a Save the Children Community Health Worker in Malawi checks on 3 year old Vekelani. Vekelani has been suffering from malnutrition.

Monika Gutestam / Save the Children

Volunteer Female Community Health Worker Radha Acharya leads an informational session.

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CAPACITY IN HEALTH AND NUTRITION PROGRAMMING

Since 2008, Save the Children Canada has been implementing community based management of acute malnutrition (CMAM) programs in the Centre Nord region of Burkina Faso. Support to the CMAM approach included training over 600 community volunteers to conduct nutrition screening and referral of children for further treatment in nearly 300 villages.

Save the Children Canada's health portfolio grew in 2009 through a four year $20M Department of Foreign Affairs, Trade and Development (DFATD) funded integrated community case management (iCCM) grant in Malawi, Mozambique and South Sudan. This program was designed to provide community based treatments for malaria and pneumonia by training, equipping, supporting and supervising existing cadres of community health workers to assess, classify, and treat children with signs of infection.

The iCCM program reached a total population of 2,937,540 of which, 556,187 were children under five. The program trained 2,798 Community Health Worker's (CHW) and 743 supervisors and treated 1,427,189 cases of malaria, 633,517 cases of pneumonia and 373,474 cases of diarrhea between 2010-2012. This program will continue in Malawi and Mozambique through DFATD/World Health Organization (WHO) funding through the Rapid Access Expansion (RAcE) 2015 program.

Through the Canadian Government's grant under its Muskoka Initiative, Save the Children Canada expanded programming of iCCM of malaria, pneumonia, diarrhea and acute malnutrition to Mali and Pakistan in 2011 reaching 161,000 women of reproductive age and 330,750 children under five. Under the same grant, Save the Children Canada is also providing family planning and post-natal care to approximately 144,000 women in Mali.

Recognizing the need for Knowledge Management, Save the Children Canada has become a part of Knowledge Management Consortium with three other NGOs, namely Care Canada, Plan Canada, World Vision Canada. This provides a platform to demonstrate impact of investment under the Muskoka Initiative and learning from project interventions. The Consortium is partnering with Hospital for SickKids and the Munk School of Global Affairs, University of Toronto to ensure quality and effectiveness of this component.

With support from DFATD, Save the Children Canada delivered quality, comprehensive primary health care and nutrition services in Leogane, Haiti, with a focus on children under 5 years of age,

pregnant and lactating women and women of child bearing age.

Through the Partnership with Canadians Branch at DFATD, Save the Children Canada is implementing a five year program Children Lead the Way in Bolivia, Burkina Faso, Kenya, Nicaragua, and Peru. The program goal is 'to secure the rights of girls and boys to protection, education, survival and health'. One component of this program supports breastfeeding in Burkina Faso. More specifically, the program places an emphasis on increasing the rate of exclusive breastfeeding for infants aged 0-6 months in efforts to reduce the risk of child morbidity and mortality.

Save the Children Canada continued to grow its programming with funding from the DFATD Afghanistan, bilateral desk to improve nutrition for mothers and children in Afghanistan commencing in 2013.

Save the Children Canada programming aligns closely with Save the Children International's global EVERY ONE campaign priorities to contribute towards Millennium Development Goal (MDG) 4 – a two thirds reduction in child mortality rates by 2015. EVERY ONE is Save the Children's biggest ever global campaign. The overall aim for the campaign is to help achieve MDG 4 on newborn and child survival, as well as accelerating progress

Jonathan Hyams / Save the Children

Awa waits at a health post with her son Modiba, two, for medication to treat severe malnutrition and malaria in Sakasso Region, Mali.

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towards MDG 5 by addressing the health and wellbeing of mothers. This would save the lives of 16 million children and mothers by 2015. Its ambitious aims need action on all fronts. Save the Children is campaigning to make ending maternal and child mortality a political priority globally. Our vision is that no child under the age of five will die from preventable causes and that public attitudes will not tolerate a return to high levels of child deaths.

Save the Children Canada's programs complement that of other Save the Children International members in health and nutrition by addressing needs at the community level. In communities where access to health care is limited, expanding the coverage of much needed, high impact, lifesaving interventions, we aim to significantly decrease maternal and child mortality. Save the Children Canada currently participates on the Steering Group for the Health and Nutrition Global Initiative which support the core program functions under the EVERY ONE campaign, by:

- Addressing factors that affect the use of high impact services and practices in the settings where we work
- Ensuring clarity and coherence in our health and nutrition program strategic framework, interventions, approaches, and metrics
- Convening a process to identify signature programs in health and nutrition that exemplify the full theory of change
- Capturing, disseminating, and applying learning across our programs
- Ensuring that technical staff has access to state-of-the art information for improved health and nutrition.
- Supporting efforts to mobilize resources to support improved and expanded programs.
- Developing and applying metrics for assessing the quality and impact of our health and nutrition programs.

Brent Stirton / Save the Children

Nurse Sangario gives a vaccination to Erwin Luna, a 10-month-old boy. Erwin lives in a remote farming community. In this community, volunteer health workers trained by Save the Children organize families to bring their children to vaccination sessions by visiting nurses from the Ministry of Health.

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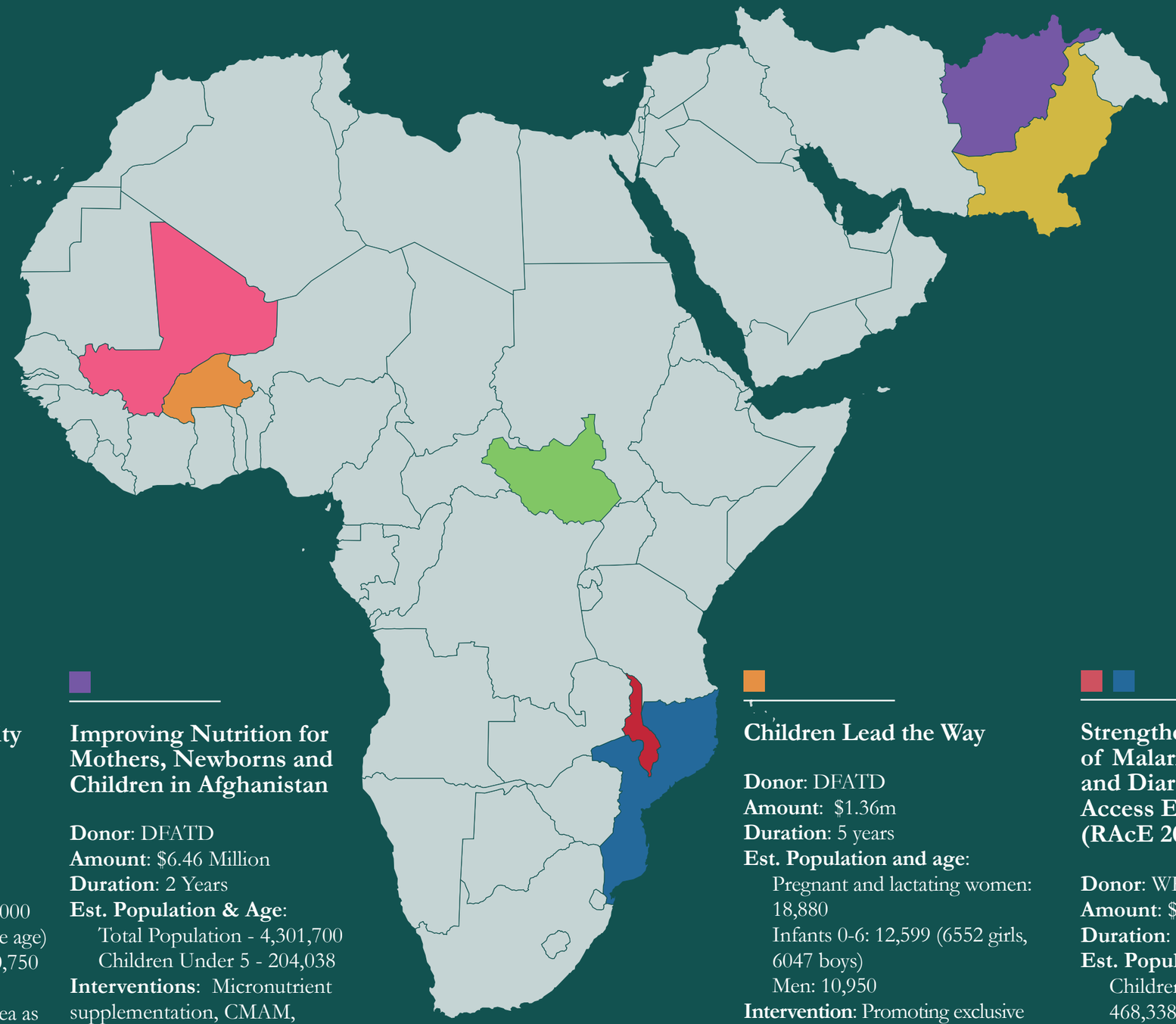
Save the Children Canada's Health and Nutrition Portfolio

- **MALAWI**
- **MOZAMBIQUE**
- **SOUTH SUDAN**
- **MALI**
- **PAKISTAN**
- **AFGHANISTAN**
- **BURKINA FASO**



Presumptive Treatment of Fever

Donor: DFATD
Amount: $20 Million
Duration: 4 Years
Est. Population & Age:
Total Population - 2,937,540
Children Under 5 - 556.187
Interventions: iCCM of malaria, pneumonia, diarrhea

Improving Community Health (ICH)

Donor: DFATD
Amount: $6.5 Million
Duration: 3 Years
Est. Population & Age:
Total Population - 161,000 (women of reproductive age)
Children Under 5 - 330,750
Interventions: iCCM of malaria, pneumonia, diarrhea as well as essential newborn care and family planning in Mali only and CMAM in Pakistan only.

Improving Nutrition for Mothers, Newborns and Children in Afghanistan

Donor: DFATD
Amount: $6.46 Million
Duration: 2 Years
Est. Population & Age:
Total Population - 4,301,700
Children Under 5 - 204,038
Interventions: Micronutrient supplementation, CMAM, promotion of Infant Young Child Feeding and maternal nutrition, and pilot integration of iCCM with CMAM services.

Children Lead the Way

Donor: DFATD
Amount: $1.36m
Duration: 5 years
Est. Population and age:
Pregnant and lactating women: 18,880
Infants 0-6: 12,599 (6552 girls, 6047 boys)
Men: 10,950
Intervention: Promoting exclusive breastfeeding and infant young child feeding practices through trained community health volunteers to reduce the risk of child morbidity and mortality

Strengthening (iCCM) of Malaria, Pneumonia and Diarrhea - Rapid Access Expansion (RAcE 2015)

Donor: WHO/DFATD
Amount: $2 Million
Duration: 1 Year up to 5
Est. Population & Age:
Children Under 5 - 468,338
Interventions: iCCM of malaria, pneumonia, diarrhea

VALUE ADD TO MATERNAL AND CHILD HEALTH

Over the past two decades, there has been substantial declines in maternal and child mortality, however, as progress has been made, concerning health inequities associated with geography, gender, and income have become more and more visible[11]. This not only highlights the need to scale up interventions that work, but to also consider the approaches used to deliver these interventions to ensure that the most marginalized women and children also have access to life-saving health and nutrition services.

Save the Children is recognized globally for advancing integrated iCCM and CMAM to ensure that children in hard to reach areas are able to access basic health services for malaria, pneumonia, diarrhea and malnutrition. Over the past five years, Save the Children Canada, benefiting from Canadian Government funding, has supported the expansion of these approaches to more geographically isolated communities, thus increasing our own internal capacities to support Save the Children Country Offices in delivering these programs. Taking into consideration the need for the continued scale up of community based health interventions to meet MDG 4 and 5, Save the Children Canada's internal capacity to support these programs, and the likelihood of continued financial support from the Government of Canada, a clear strategic direction for Save the Children Canada is to continue pursuing this approach.

In alignment with Save the Children Canada's strategic focus on gender as a niche area, the Improving Community Health (ICH) in Mali and Pakistan project built a strong gender strategy that works in concert with community based health interventions. In developing and implementing the strategy, it has generated strong support from within Save the Children and in the MNCH community, as the strategy focuses on concrete actions at the community level by Community Health Workers and community members. Recognizing how gender is a strong determinant of health, Save the Children Canada is dedicated to pursuing the integration of strong gender strategies within the health portfolio.

Additionally, recognizing that social inclusion and meaningful participation are strong determinants of health, Save the Children Canada's health portfolio has typically included the involvement of community groups in the oversight of health programming. However, with the involvement of community groups, there is an opportunity, with additional financing and training, to empower communities to support and identify underlying causes of poor health in their communities, develop health action plans and then implement the interventions. Given Save the Children Canada's organizational capacity in community mobilization, there may be an opportunity to pursue greater community participation within our health program.

11. http://www.countdown2015mnch.org/documents/2013Report/Countdown_2013-Update_withprofiles.pdf

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Caroline Trutmann / Save the Children

Shahnaz Gul, a Lady Health Worker (LHW), visits six-day-old Naveed and his mother at their home in Pakistan. LHWs provide health advice and services to local communities. Save the Children has trained a number of LHWs to be able to identify, screen and refer malnourished children.

CORE PROGRAMMING

Save the Children Canada's progamming targets communities, in developing countries, Indigenous communities and populations affected by disasters. Core programming entails:

- Making quality health and nutrition services accessible and available to children under five and women of reproductive age by supporting the deployment and training of health workers.
- Informing and educating both men and women in program areas about healthy practices and health services for children and women of reproductive age through appropriate Behavior Change Communication strategies.
- Increasing community engagement in health service delivery through formation and/or revitalization of community groups (both men and women – preferably joint wherever feasible) and building their capacity to support program planning, implementation, monitoring and evaluation.
- Strengthening government health system by building the capacity of various levels of Ministry of Health staff to plan, implement, monitor and evaluate MNCH programs.
- Strengthening the social and policy environment to sustain and scale-up health and nutrition interventions for children and women of reproductive age by working closely with key stakeholders (including civil society organisations and communities), generating evidence to inform and influence policy; and policy dialogue.
- Supporting (i) Humanitarian and Emergency Response Unit on developing emergency health and nutrition proposals, standards and tools; and providing technical support to Save the Children country offices during emergencies; and (ii) Canadian Program Team on designing appropriate interventions focusing on maternal, newborn and child health.

LINKAGES WITH SAVE THE CHILDREN CANADA'S STRATEGIC PLAN

Save the Children Canada's Strategic Plan has three strategic objectives:

- Implement high quality thematic programming that embraces opportunities and displays a focused niche
- Increase reach and quality in Canadian programs
- Advocate effectively to influence policy

Save the Children Canada's Health Strategy will contribute towards achieving it's three objectives (see Figure 4) by strategically embracing current opportunities within the health sector.

It is widely recognized that vulnerable populations within Canada, such as Indigenous populations, continue to suffer from poor maternal, newborn and child health. By pursuing a niche area within MNCH there may be opportunities for Save the Children Canada to work with Indigenous organizations in providing quality health interventions for vulnerable populations.

As MNCH programming is developed, implemented and evaluated, it is critical to document and share lessons learned with stakeholders at the national and international levels in efforts to advocate for advances in policies to support the improvement of maternal, newborn and child health in Canada and around the world.

FIGURE 4: How the Health Strategy will support the 2012-2015 Strategic Plan

OUR MISSION is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

OUR VISION is a world where every child attains the right to survival, protection, development and participation.

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