

MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH



PHOTO: RUI PIRES

The world loses 300,000 women and nearly 5 million children to preventable causes each year. Millions of women in low-resource settings lack proper antenatal care, give birth without a skilled attendant, and don't receive postpartum care. Their children often become malnourished or are not properly diagnosed with and treated for common childhood illnesses.

Providing quality health care to a woman, child, or adolescent requires a complex web of organizations, individuals, processes, and actions that, together, make up a health system. Management Sciences for Health (MSH) recognizes that when a country's health system is dysfunctional, women, children, and adolescents often suffer the most. When the health system doesn't work well, women and their families have nowhere to turn. When it does work well, more women and children survive and thrive.

For almost 50 years in 150 countries, MSH has worked closely with our partners to strengthen health systems, improve quality of care, and ensure that all people—even the poorest and most vulnerable—have the opportunity for a healthy life. MSH collaborates with countries and communities to develop resilient, sustainable health systems that support universal health coverage: equitable, affordable access to high-quality health services for every woman and child who needs them. Building sustainable systems to safeguard women's, children's, and adolescents' health—ensuring care for women before conception, in pregnancy and childbirth, and postpartum; for newborns, children, and young people; and in response to sexual and gender-based violence—is core to our work at MSH.

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MANAGEMENT SCIENCES FOR HEALTH

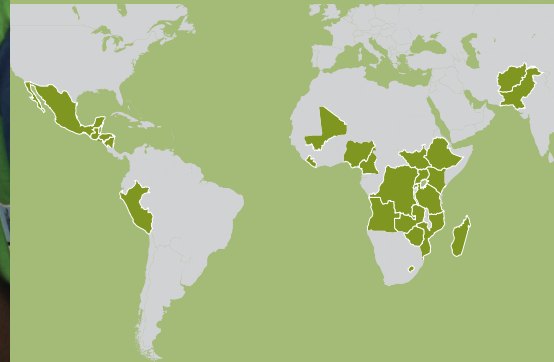
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Each year, the world loses

300,000 mothers

and nearly 5 million children die
as a result of preventable causes.



WHERE MSH WORKS TO IMPROVE
MATERNAL, NEWBORN, CHILD,
AND ADOLESCENT HEALTH

In recent years, MSH has strengthened national and local health systems to improve the health of mothers and their children in **Afghanistan, Angola, Bangladesh, Belize, Burkina Faso, Cameroon, Costa Rica, Democratic Republic of the Congo, El Salvador, Ethiopia, Guatemala, Honduras, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mexico, Mozambique, Myanmar, Nicaragua, Nigeria, Pakistan, Panama, Peru, Rwanda, South Sudan, Tanzania, Uganda, Zambia, and Zimbabwe.**

Impact at scale

Through USAID's Organized Network of Services for Everyone's (ONSE) Health Activity in Malawi, MSH supports the Ministry of Health to reach **50%** of the country's population with quality maternal, newborn, child, and adolescent health and family planning services.



Stronger health systems. Greater health impact.

Enhanced access to essential services

MSH strengthens the capacity of community health actors to diagnose and treat common childhood illnesses and promote childhood nutrition.

Through the USAID Mikolo Project in Madagascar,

109,083 children under five with diarrhea

were treated with oral rehydration therapy,

316,471 children under five with pneumonia

received appropriate care, and **2,757,099**

children under five received growth monitoring

and promotion interventions.

Quality standards in child health

MSH helped systematize and institutionalize continuous quality improvement at **52 health**

facilities in El Salvador, Guatemala, Honduras,

Mexico, Nicaragua, and Panama under the Salud

Mesoamérica Initiative. Documented quality

improvements included increases of **17% to**

61% in management of obstetric complications

in Belize, Honduras, and Nicaragua and a **24%**

increase in antenatal care quality in El Salvador.

Lifesaving innovations brought to scale

MSH helped health ministries in Honduras, Panama, and Mexico (Chiapas State) update and scale national guidelines for improved maternal and newborn care.

MSH scaled Helping Babies Breathe techniques using hands-on methods to teach birth attendants to

resuscitate newborns who are not breathing. In just

one three-month period, birth attendants trained in

Helping Babies Breathe resuscitated **632 babies**

born with neonatal asphyxia.

Peer support during pregnancy

Our new person-centered model of group antenatal care implemented in Guatemala, Kenya, and Uganda invites pregnant women to join pregnancy clubs that offer peer support, accurate health information, and close patient-midwife bonds that can carry through to safer childbirth and essential newborn care. The group care model is designed to make women active participants in their own prenatal care.

*MSH brings a unique **systems perspective** to sustainably improve the health of women and children. Working at every level of the health system and across the public and private sectors, we support national and local partners in developing integrated, equitable, people-centered health systems that work.*

Expanding access to comprehensive care packages that address factors influencing health

Achieving universal health coverage requires increasing effective coverage of evidence-based, quality, and culturally acceptable high-impact services through contextualized interventions that respond to the specific needs of different populations, with special attention paid to marginalized groups (e.g., hard-to-reach people, youth, displaced persons, disabled persons). MSH provides technical assistance to ensure the equitable delivery of evidence-based, high-impact, quality interventions in reproductive, maternal, newborn, child, and adolescent health and family planning through essential **packages of care** that span the **continuum of care** from communities to facilities and that ensure good health throughout the **life course**.

Providing a higher quality of care

MSH's approach balances population-based needs with care that is effective, efficient, accessible, patient-centered, equitable, and safe. MSH's holistic approach to strengthening services fosters a continuous quality improvement process that ensures that the **provision of care** consistently meets evidence-based global best practices and that women, children, and adolescents **experience care** that is respectful, dignified, and of high quality. MSH supports governments in designing evidence-based policies, norms, and guidelines that reflect up-to-date standards of high-quality care for women and newborns.

Introducing and taking innovations to scale

Innovations and system reforms are essential for continuous quality improvement, but they can only reach their full potential when they are institutionalized at **scale** across all levels of the health system. We adapt innovations proven in other settings, introduce new interventions or technologies, and document our methods for bringing proven interventions to scale.

Encouraging active and meaningful participation of women, children, and adolescents

Underlying our approaches for responsive health systems is the **active engagement** of women, children, and adolescents in each step along the way, from designing interventions to evaluating their effectiveness. We employ patient engagement methods and human-centered design approaches across our programs and interventions, which range from large-scale facility redesign to the introduction of self-administered care approaches. We empower communities by building the capacity of civil society and using effective social accountability mechanisms, such as patient satisfaction surveys and intercultural dialogues.

For more information about MSH's work in maternal and newborn health, contact communications@msb.org.