

CAPABILITIES AND EXPERIENCE IN MATERNAL AND CHILD HEALTH AND FAMILY PLANNING



PHOTO: RUI PIRES

For nearly 50 years in 150 countries, MSH has worked with and through local health actors to strengthen health systems, improve the quality of health care, and ensure that all people, even the poorest and most vulnerable, have the opportunity for a healthy life. At the heart of MSH's work is our core commitment, inspired by Lao Tzu's 3,500-year-old Tao (Way) of Leadership, to empowering local partners and colleagues to define, achieve, and sustain success. This approach has enabled us to collaborate effectively with the broadest possible range of partners and stakeholders to safeguard women's, children's, and adolescents' health in a range of diverse settings. At MSH, our systems perspective helps build strong, resilient, sustainable local health systems that not only provide lifesaving services and medicines in maternal, child, and adolescent health, but also build the necessary foundation to make sure that those services are available in the right place at the right time to every woman, child, and adolescent who needs them.

Overview of recent portfolio. MSH currently receives \$200 million for maternal, child, and family planning programming from seven different entities, which include the Bill and Melinda Gates Foundation, MacArthur Foundation, Margaret A. Cargill Philanthropies, Global Fund, UNFPA, US Agency for International Development (USAID), and World Bank. We have more than 430 technical experts globally, with 400 staff on the ground in 24 countries. MSH implements innovative activities in maternal and child health and family planning in Burkina Faso, Guatemala, Haiti, Mali, and Mexico, and multi-year integrated projects in those areas in Benin, Madagascar, Malawi, and Nigeria. We also deploy experts in health systems areas such as healthcare costing and financing, and supply chain management for maternal child and family planning services and commodities to provide short-term assistance.

The Tao of Leadership

Go to the people
Live with them
Love them
Learn from them
Start with what they have
Build on what they know.

But of the best leaders
When their task is accomplished
The work is done
The people will all say
We have done it ourselves.

*In 2019, MSH supported services in over **2,500** health facilities, helping to ensure that:*

over **350,000** women giving birth received preventive treatment for postpartum hemorrhage

over **15,000** newborns not breathing at birth were resuscitated

over **1,300,000** children were diagnosed and treated for diarrhea, pneumonia and malaria

over **500,000** children received their third dose of DPT3 vaccine by **12** months

nearly **500,000** children under five were reached with nutrition programs

over **1,000,000** couple years protection



Stronger health systems. Greater health impact.

What we do.

In all of our programming, MSH strives to:

- **Expand access to comprehensive care packages that address factors influencing health.**

Increasing effective coverage of evidence-based, quality, and culturally acceptable high-impact interventions to reach universal health coverage requires 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.

- **Transform systems for high 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 high quality. We build and support management systems that promote a culture of continuous quality improvement. 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.

- **Introduce and take 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 work with local stakeholders to adapt innovations proven in other settings, introduce new interventions or technologies, and document our methods for bringing proven interventions to scale.

- **Promote 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 various 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 capacities of civil society and using effective social accountability mechanisms, such as patient satisfaction surveys and intercultural dialogues.

How we do it.

We achieve strong results by:

- Partnering with governments (local, regional, national), non-government organizations, and communities to expand access to comprehensive package of care
- Helping countries to integrate health services and institutionalize data quality and use to better target services and meeting emerging needs
- Expanding new models of care and taking innovations to scale
- Strengthening the provision and experience of care by aligning guidelines and standards, improving the competencies of health care workers, employing positive youth development approaches, and managing pharmaceutical systems
- Promoting active and meaningful participation by strengthening gender transformative approaches, using various patient engagement and human-centered design methods, empowering communities through capacity building with civil society and effective social accountability mechanisms, and advocating for supportive policies

Integrated Maternal, Newborn, and Child Health, Family Planning, and Immunization Activities

Recent and current examples demonstrate our integrated approach to improve health care.

Benin

In 2019, MSH initiated the five-year Integrated Health Service Activity in Benin. The project expands the delivery of high-impact malaria, family planning, maternal and child health, and gender-based violence services, with the goal of reducing maternal, newborn, child, and adolescent girls' morbidity and mortality. During the first year of the project, MSH focused on building the foundation for sustainable improvements in quality of care, focusing on government and citizen engagement in the health sector. MSH partners with the Ministry of Health at the central, departmental, and health zone levels as well as civil society and community-based organizations to jointly assess, plan, and align strategies to strengthen health systems; improve service delivery quality; transform gender relations; increase demand for high-impact services; and reduce barriers to better health and health-seeking behaviors.

Our project teams are working with district and health zones to overcome impediments to improved performance. MSH uses highly effective simulation-based trainings—drawing on our experience with smart capacity building in the Democratic Republic of Congo (DRC), Malawi, and Madagascar—to strengthen the capacities of front-line health workers and their supervisors to provide quality maternal and child health, family planning, malaria, and gender-based violence services.

The project engages with community members, such as religious leaders, adolescents, and youth, to close the gap between facility and community-based services. Our work in Benin builds on previous success in Mali to change norms and attitudes about women's and girls' sexual and reproductive health and rights, including promoting family planning. In our first year of implementation, MSH is strengthening the supervisory and management capacity of district health teams to use data to support the continuum of care between health facilities and community health services.

Malawi

In Malawi, MSH implements the five-year Organized Network of Services for Everyone's (ONSE) Health Activity to increase access, improve quality, strengthen performance, and increase demand for services in family planning and reproductive health; maternal, newborn, and child health; malaria; and water, sanitation, and hygiene. By ONSE's fourth year, MSH has scaled activities to over 400 health facilities in 16 districts to provide essential health care services to more than half of Malawi's population.

MSH uses a district-focused approach and collaborates with district health teams, health facilities, and community groups to strengthen the continuum of maternal, newborn and child health services. Our process uses customized data dashboards to guide targeted, context-specific technical assistance to improve service delivery. This streamlined, data-driven approach has allowed MSH to work through bottlenecks and systematically address gaps in the system to transform systems for quality care. For example, a structured analysis of basic emergency obstetric care (BEmONC) enabled MSH and district health teams to examine the seven services that identify a fully functional BEmONC service facility. This analysis showed that the service functions vary in their levels of complexity and requirements for decision-



FIRST-YEAR PROJECT RESULTS

More than 40,000 children under five with suspected malaria received treatment

Over 40,000 pregnant women attended at least four antenatal visits with a skilled provider



ONSE'S ACHIEVEMENTS

over 2 million couple years of protection

over 1.5 million children under five with suspected pneumonia treated

Over 500,000 children received a third dose of DPT3 vaccine by 12 months

making: for instance, providing antibiotics postpartum is an easier intervention to implement than provide anticonvulsants to prevent or treat eclampsia. Understanding these nuances enabled MSH and our local partners to tackle gaps at facilities in a more targeted fashion.

With systems and processes in place, ONSI is able to introduce and scale innovations for greater project impact. As one example, MSH is supporting Malawi's Ministry of Health and Population to expedite the scale-up of Sayana Press, a new model of long-acting contraceptive protection and safe care for women and youth, to all districts. Using supportive supervision in 19 facilities, MSH provided on-the-job mentorship, joint problem solving, and communication to build the competencies of health workers to provide Sayana Press in communities, helping to ensure the availability and accessibility of quality family planning services in hard-to-reach areas.



Madagascar

Since its launch in October 2018, the Accessible Continuum of Care and Essential Services Sustained Activity (ACCESS), a five-year integrated health project, has built on the successes of the previous MSH-led Madagascar Primary Health Care project (Mikolo). Both projects supported the Ministry of Public Health and communities to strengthen the continuum of care for improved maternal, newborn, and child health and family planning.

ACCESS has scaled activities started under Mikolo to increase the availability of quality health services, improve health infrastructure, strengthen the capacity of the health system, and promote healthy behaviors among Malagasy communities to achieve sustained reductions in maternal and child mortality and morbidity to reach 1,761 health centers and 63 hospitals in 13 regions. MSH is rolling out a whole-site service improvement approach using our own standards-based, person-centered methodology for assessing service readiness and processes that we have implemented successfully in over 10 countries. This improvement process ensures health services meet criteria for respectful, dignified, quality care and focus on reaching the most vulnerable populations.

Under Mikolo, MSH reached over 500 communes, established health action plans, and certified more than 134,000 Household Champions. We increased couple years of protection from about 12,300 to over 165,100 and oversaw a decrease in stock-outs of oral rehydration salts from 49% to 4%.

EARLY ACCESS RESULTS

Child health:

92% of children under 5 with pneumonia were treated with antibiotics;

79% of children under 5 with diarrhea were treated with ORS/zinc;

93% of children under 12 months are covered by DPT3

Maternal health:

66% of pregnant women attended at least one ANC visit;

92% of women received post-natal care within 6 hours of delivery

Neonatal health:

85% of newborns were breastfed within one hour of birth



CENTRAL AMERICA

Central America

The MSH-led Salud Mesoamerica Initiative was an innovative public-private partnership that sought to improve the quality of maternal, newborn, and child health services and reduce equity gaps for the poorest populations in seven Central American countries – Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama – and the southern state of Chiapas, Mexico. The project brought together strategic investments from the Bill and Melinda Gates Foundation, Carlos Slim Foundation, Government of Spain, Inter-American Development Bank, regional bodies, national governments, and local stakeholders in an innovative partnership that rewarded equity and quality. The initiative used results-based funding on a large scale, allocating funds at the national level based on measurable improvements in coverage and quality of maternal, newborn, and child health services.

The implementation of quality improvement coupled with a unique model of technical assistance accelerated performance towards agreed health targets. MSH's unique approach to technical assistance involved placing technical advisors within targeted hospitals for a period of weeks or months in order to work directly beside teams to implement a continuous quality improvement process using practical tools that are easy to use and produce measurable results. Through the project, MSH helped systematize and institutionalize continuous quality improvement at 52 health facilities in El Salvador, Guatemala, Honduras, Mexico, Nicaragua, and Panama. Documented improvements in quality of care included an increase from 17% to 61% in management of obstetric complications in Belize, Honduras, and Nicaragua, and 24% increase in antenatal care quality in El Salvador.

Democratic Republic of the Congo (DRC)

Through a six-year Integrated Health Program (IHP) in the DRC, MSH engaged every level of society—individuals, families, communities, and local, provincial, and national government—to strengthen an integrated, people-centered health system for better maternal and child health outcomes. MSH understands clients will only use health services if they trust and perceive care to be respectful and responsive to their preferences, needs, and values. MSH worked with the central Ministry of Health to create effective policies, norms, and protocols while simultaneously contributed to community empowerment and resilience through bottom-up approaches.

Over six years of implementation, MSH's comprehensive community- and facility-based support reached vulnerable populations, enhanced an environment of dignity and respect, and increased the availability and use of high-impact services for family planning; maternal, newborn, and child health; nutrition; and malaria services in health zones that covered about 17 percent of the Congolese population. We supported evidence-based planning throughout 78 health zones, laying the foundation for sustained impact. We built competencies of health sector leaders and facility- and community-based health care workers to strengthen the provision of and experience in care. We supported communities and individuals to choose healthy behaviors by strengthening the capacity of health development committees to become a core organizing structure of the health system at the local level.

By the end of the project, MSH ensured the provision of essential newborn care to more than 1.9 million newborns, fully vaccinated more than 2 million children under twelve months in targeted zones, counseled more than 1.7 million mothers of children under two about proper nutrition, and distributed 2.2 million long-lasting insecticide-treated bed nets to pregnant women and caregivers of children under twelve months.



DRC

IHP'S FINAL RESULTS

Contributed to
over **178,000** *child*
and **14,000** *newborn*
lives saved

Prevented **224,000**
unwanted pregnancies
and **157,000** *unplanned*
births, in turn preventing
700 *maternal deaths* and
28,000 *unsafe abortions*

Provided access to
a skilled birth attendant
for approximately
2.2 *million women*

Afghanistan

MSH began working in Afghanistan in 1973. Following a hiatus due to the Soviet invasion in 1979, MSH was again able to contribute to public health in Afghanistan. Beginning in the mid-1980s and working from Peshawar in Pakistan, MSH provided training, support, and monitoring for more than 300 health facilities across the border in Afghanistan. After the fall of the Taliban in 2001, MSH led the Rural Expansion of Afghanistan's Community-based Healthcare (REACH) Program and demonstrated that progress in a relatively short time is possible, even in fragile settings.

A strong partnership between MSH, the Government of Afghanistan and its Ministry of Public Health (MoPH), and local and international nongovernmental organizations (NGOs) helped to achieve REACH's objective, which was to increase the use of basic health services by women of reproductive age and children under five living in rural areas. Together, MSH and MoPH designed a health service delivery system with comprehensive care packages that still exist today. Services were designed with the MoPH to target the major health problems, reach rural and urban populations, and be cost effective.

MSH fortified the MoPH's stewardship capacity at the central and provincial levels and helped to bring provincial health planning authorities into alignment with the national strategy, so that all levels of the system were organized around the same priorities, targets, and indicators. MSH worked to extend health services to one-third of the Afghan population by providing grants worth \$68 million to NGOs to deliver maternal, newborn, and child health and family planning services.

Access to a basic package of health services increased from just over 500,000 Afghans in 2003 to 7.5 million in 2006. From 2004 to 2006, in the 13 project provinces, rates of skilled birth attendance rose from 12% to 23%; full immunization of children aged 1-2 years increased from 15% to 37%; and the contraceptive prevalence rate rose from 16% to 26%. These achievements were made possible in part through gender transformative approach that trained nearly 6,300 community health workers (more than half of whom were female) and more than 800 midwives, and educated more than 8,500 women in health-oriented basic literacy.



MAJOR ACHIEVEMENTS OF REACH

Assisted the MoPH to revise and institute a decentralized health service structure with a Basic Package of Health Services and the Essential Package of Hospital Services, both still in use today

Supported the MoPH to develop and implement nearly **100 policies** to ensure equitable, accessible, high-quality health care

Other Examples of our Recent Programming

- Through the Community-based Support for Orphans and Vulnerable Children in **Nigeria** (CUBS) project, MSH strengthened the capacity of federal and state government agencies to plan, coordinate, and monitor activities to support orphans and vulnerable children (OVC). CUBS also provided technical support to 92 voluntary savings and loans associations (VSLAs) across 11 project states to improve the economic conditions of OVC caregivers, reaching over 17,500 caregivers and 53,000 vulnerable children.
- To improve the quality of the health services young women receive during pregnancy and after delivery, MSH used human-centered group model of antenatal care—or pregnancy club—in **Uganda, Kenya and Guatemala**. Pregnancy clubs offer a safe space for young pregnant women to share experiences, receive essential health information from a midwife or other skilled provider, and track the progress of their pregnancies. MSH found that young women embraced the model: they received more and better information about pregnancy and delivery, and built a more trusting bond with the pregnancy club midwives.

- The First-Time Parents Program in **Malawi** helps first-time mothers and their male partners—whose needs are often overlooked as they navigate their first experiences with pregnancy, childbirth, and childcare—to access to a wide range of reproductive, maternal, newborn, and child health information and services.
- In **Mexico**, MSH is helping indigenous women to access trained pregnancy and delivery care by expanding the availability of midwifery services through improving their advocacy capacities and building the evidence base to support their work. Similarly, our work with midwives in **Burkina Faso** strengthened their skills to provide more effective services while promoting supportive supervision of service providers, including midwives.
- Our jointly-led Debbo Alafia consortium changed norms and attitudes about women's and girls' sexual and reproductive health and rights, including promoting family planning and ending female genital mutilation, in 47 communes and 1,023 villages of **Mali's** Mopti region by engaging community members such as religious leaders, adolescents, and youth in social and behavior change activities.
- In **Rwanda**, MSH worked with the Ministry of Health to implement a national accreditation program, based on a set of defined quality standards, at 42 provincial and referral hospitals. At Bushenge Provincial Hospital in western Rwanda, cesarean sections account for approximately 48% of annual births. After implementing new standards, Bushenge Hospital reduced post-surgery among women delivering by cesarean from 8% to 1.8% in three years.
- Research in **Cameroon** showed that hospital teams receiving clinical training and participating in MSH's signature Leadership Development Program Plus—a customizable, experiential improvement process that facilitates the development of high-performing teams and equips them to overcome challenges—outperformed those getting clinical training alone, increasing antenatal counseling by 49% and postnatal counseling by 59%.
- To better target adolescents and youth in **Malawi**, MSH is incorporating positive youth development approaches to enable young people to understand and articulate their health needs and to demand relevant services. Since making good health choices is an important element of life skills, the ONSE project is building life skills approaches into its youth-oriented health promotion activities.



PHOTO: RUDI THETARD

**STRONGER HEALTH SYSTEMS.
GREATER HEALTH IMPACT.**

msh.org

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WHO WE ARE

Management Sciences for Health is a global health nonprofit.

We make foundational changes to health systems to protect people from disease and improve their health.

We do not replace or run parallel systems in a country — we collaborate with our partners, from Ministries of Health to community health workers and the local private sector, to strengthen and complement existing health systems.

Management Sciences for Health

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