



# MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH

PHOTO: MSH STAFF

Despite significant progress, many women, newborns, children, and adolescents across the globe still do not receive quality, respectful, and responsive care. **Each year, there are an estimated 4.5 million maternal and newborn deaths and stillbirths globally due to preventable causes.** Most maternal and child deaths and disability occur in low- and middle-income countries (LMICs), particularly in sub-Saharan Africa and South Asia. Early pregnancies and childbirth are common among adolescents in LMICs, and associated complications are among the leading causes of death for girls aged 15–19 years.

Providing quality health care requires a complex web of organizations, individuals, processes, and actions that make up a health system. **Expanding access to and use of integrated, equitable, high-quality, and people-centered health services at all levels of the health system is core to our work at MSH.**

For over 50 years in more than 150 countries, MSH has been committed to strengthening health systems and empowering individuals, households, communities, and organizations to prioritize gaps and find sustainable local solutions. Working at every level of the health system and across the public and private sectors, we support national and local partners to develop resilient health systems and cross-sectoral partnerships that improve health outcomes. We are committed to 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—through partnering with individuals, communities, health care professionals, and policy makers to address the unique challenges they face.



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

In recent years, MSH has worked to improve the health of women, children, and adolescents in **sub-Saharan Africa** (Benin, Burkina Faso, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, The Gambia, Guinea, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, South Africa, South Sudan, Uganda); **South Asia** (Afghanistan, Bangladesh, Nepal); and **Latin America and the Caribbean** (El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Peru).

## IMPACT AT SCALE



The **USAID-funded Accessible Continuum of Care and Essential Services Sustained (ACCESS)** program works alongside the Ministry of Public Health and other stakeholders in Madagascar to identify and address root causes of maternal mortality. From strengthening the supply chain and health workforce to improving community awareness of quality maternal and newborn care services, our work has contributed to notable decreases in maternal deaths from **82.5** deaths per 100,000 deliveries in 2019 to **59.5** in 2022 in 11 regions.

Scan the code below to view our Women's, Children's, and Adolescents' Health page.



## ENHANCED ACCESS TO AND USE OF ESSENTIAL SERVICES



Through the **USAID Organized Network of Services for Everyone's Health Activity**, MSH targeted 67% of Malawi's population through RMNCAH services. MSH worked with the Ministry of Health to improve the availability of kangaroo mother care in health facilities from 63% of facilities at baseline (2017) to **67%** at endline (2021) and scaled Helping Babies Breathe techniques using hands-on methods to teach birth attendants to resuscitate newborns. This resulted in **49,861** newborns being resuscitated—a three-fold increase from baseline.

## IMPROVED QUALITY OF CARE



The **USAID ACCESS** program piloted a quality improvement (QI) approach in four health facilities in Madagascar, focused on strengthening health worker competencies and QI processes for managing maternal health complications, which led to increased early detection of post-partum hemorrhage in these facilities—from 0.2% in 2021 to **3.8%** in 2022.

## INNOVATIONS BROUGHT TO SCALE



In Benin, under the **USAID Integrated Health Services Activity**, MSH supported the Ministry of Health to develop and institutionalize a modified model of gender-based violence (GBV) care that engages health centers, social promotion centers, and judicial services in communities in 4 departments to provide comprehensive GBV care. This has helped more than **10,000 GBV survivors** connect to the services they need and empowered them with income-generating activities.

## PEER SUPPORT DURING PREGNANCY



Our person-centered model of group antenatal care in **Afghanistan, Bangladesh, Guatemala, Kenya, and Uganda** invites pregnant women to join pregnancy clubs that offer peer support, health information, and 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.*

## Enhancing access to essential services

MSH supports national health systems to provide person-centered integrated primary health care designed around individuals' health care needs over their lifetimes and builds the capacity of those systems—from health services in communities to the policy level—to provide them. Our assistance includes redesigning health services to provide care closer to communities and integrating high-impact services in reproductive, maternal, newborn, child, and adolescent health (RMNCAH); nutrition; and water, sanitation, and hygiene. We also improve delivery of these services through task shifting and task sharing; improve referral networks; and bring self-care practices to scale.

## Increasing quality of care

MSH's holistic approach to strengthening the quality of health services pairs system-wide efforts on quality planning, assurance, and improvement at the central and subnational levels with continuous, data-informed, and locally driven quality improvement processes at the health facility and community levels. Working with health care professionals, MSH teams help to ensure that the provision of care consistently meets evidence-based best practices and that women, newborns, children, and adolescents receive respectful, equitable, dignified, and high-quality care every time, while also addressing providers' needs and care experiences.

## 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

An important part of MSH's approach to health systems strengthening is ensuring the active engagement of women, children, and adolescents in shaping health services that are responsive to their needs, 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 health service redesign to the introduction of self-administered care approaches. **We empower women and communities to hold health systems accountable for quality, respectful RMNCAH services and to participate in policy dialogues for responsive health programming.**

For more information about MSH's work in maternal and newborn health, visit [www.msh.org](http://www.msh.org) or email us at [communications@msh.org](mailto:communications@msh.org)