Maternal, Newborn, and Child Health and Child Survival



Abt Associates' programs are helping to end maternal and child deaths by supporting delivery of lifesaving health care services.

They include immunizations, diarrhea and pneumonia treatment, support for optimal nutrition, malaria control, and tools to improve care for newborns and mothers during pregnancy and delivery.

Additionally, Abt is improving access to and quality of care for women and children by working to strengthen health systems.

A Challenge with Real Solutions

Each year an estimated 300,000 mothers die from pregnancy- and childbirth-related complications.

Meanwhile, more than six million children die before their fifth birthday from preventable causes, and 44 percent of those deaths are among newborns within the first month of life. The 2016 Lancet series on maternal health describes a 44 percent reduction in maternal mortality globally since 1990. However, Millennium Development Goal 5 fell short of reaching its goal, so the challenge for the Sustainable Development Goals (SDGs) remains.

Evidence shows that progress requires gains towards universal health coverage, improvements in health systems, sustainable financing, and better data, advocacy, and accountability.

Factors determining the health of women and children include the youth bulge, new epidemiological patterns (including the increasing importance of chronic diseases and indirect causes of mortality), socio-economic changes, and the environment. Other factors that reduce child deaths include formal education for girls, female representation in governance, and non-health sector interventions that improve a child's living environment, such as water, sanitation, and energy. Abt supports international initiatives to address these issues, including *Acting on the Call* and *Every Woman Every Child*. Through our cross-divisional and multi-specialty approach, we are committed to contributing to the SDGs, in particular reducing global maternal and neonatal mortality and ending preventable child deaths.



Addressing Maternal, Newborn, and Child Health (MNCH) Issues Around the Globe.

Abt implements numerous projects that address access and quality of MNCH through strengthening the systems that enable quality service delivery and increasing healthy behaviors and demand for services. The United States Agency for International Development (USAID), U.K. Department for International Development, The Bill and Melinda Gates Foundation, and private sector donors fund these programs, which we implement worldwide. Abt's interventions are in line with the Lancet recommendations for ensuring "quality care for every woman and newborn everywhere." We will continue to make strides to help improve MNCH outcomes by focusing on the vulnerable and underserved through the private sector or last mile efforts. We also will support country counterparts in taking high impact health services and innovations to scale. And we will improve the enabling environment through social behavior change (SBC) and policy and advocacy activities.

Examples of the ways in which Abt is addressing bottlenecks to coverage and increasing access to quality services include:

Capacity Building for Planning and Financing
MNCH programs. Since 2012, USAID's Abt-led Health
Financing and Governance (HFG) project has helped
Angola, Barbados, Benin, Botswana, Burundi, Ethiopia,
Haiti, Malawi, Nigeria, and St. Vincent and Grenadines
complete health accounts to inform policy and
planning. They include separate MNCH expenditures.



- Improving Infrastructure. The Health Systems
 Strengthening II project in Jordan upgraded neonatal intensive care units and delivery rooms in nine hospitals, which reported neonatal survival rates exceeding 90%.
- Improving Quality of MNCH Services. In the 12 poorest oblasts of Khatlon, the Tajikistan Health and Nutrition Program is helping the Ministry of Health (MOH) update antenatal care and essential perinatal care curricula, implement refresher training emphasizing evidence-based practices, help facilities achieve Baby Friendly certification, and develop supportive supervision to improve MNCH care and counseling for nutrition, and water, sanitation, and hygiene. In Haiti, following the 2010 earthquake and subsequent cholera epidemic, the HFG project worked with the MOH to improve the quality of prequalification training of nurses and expand access to health services. Success of the program led to inclusion of medical and pharmacy schools.
- Building Capacity to Prevent and Treat Malaria in Women and Children. The Zimbabwe Assistance Program in Malaria (ZAPIM) develops evidence-based interventions to help providers identify and address patient barriers to intermittent preventive treatment in pregnancy. ZAPIM also trains providers in malaria case management and prevention during pregnancy.

- Supporting Private Sector Providers. Strengthening
 Health Outcomes through the Private Sector Ghana
 deployed a short message service platform to reach
 477 licensed chemical sellers with messages to
 reinforce training about appropriate treatment for
 management of pediatric diarrhea. The messaging
 resulted in increased zinc sales.
- Mobilizing Communities. To ensure mothers-to-be can get timely care in obstetric emergencies, the Partnership for Transforming Health Systems 2 Project in Nigeria established the Emergency Transport Scheme (ETS). It trained nearly 900 drivers as ETS volunteers, which ensured timely referral of 2,157 emergency obstetric care cases, which received treatment at basic emergency obstetric care facilities.
- Increasing Demand. The Jordan Communication, Advocacy, and Policy project's national campaign, "Plan Your Pregnancies, Ease Your Burden," reached more than 2.8 million people with messages about the benefits of planned pregnancy. The innovative approach proved particularly effective at reaching men. Also in Jordan, the Health Services Delivery Project used Community Health Committees to promote reproductive MNCH+ behaviors and services among target populations, including Syrian refugees.
- Improving Access to Nutrition. Tuboreshe Chakula in Tanzania sought to increase the supply of and demand for safe, high-quality, and nutritious foods among vulnerable populations. Through social marketing initiatives, the project increased by 30% the number of families with children under five who use the Virutubishi nutritional supplement.

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