



GLOBAL HEALTH MATERNAL & REPRODUCTIVE HEALTH

Every day, more than 800 women die from preventable causes related to pregnancy or childbirth, such as postpartum hemorrhage, hypertension, infection and obstructed labor. Ninety-nine percent of these deaths occur in low-resource settings where women and girls are unable to access adequate health services.¹ Getting pregnant too young or in rapid succession is a key risk factor for complications in pregnancy and childbirth.

Access to family planning is essential to reducing maternal deaths and improving the lives of women and their families by allowing women to space births and girls to avoid pregnancy and stay in school. Overall, an estimated **214 million women and girls in the developing world have an unmet need for family planning**, leading to 67 million unintended pregnancies.²

Increasing access to modern methods of contraception and quality maternal care, creating supportive health care systems and policies, and building supportive community environments for safer pregnancies could **prevent 1 in 3 maternal deaths and 1 in 5 child deaths**.³ Our maternal and reproductive health (MRH) programs aim to reduce maternal and child deaths and improve the health of women and adolescents to contribute to long-term benefits for their families and communities. We partner with governments and other stakeholders to train and support health care providers, community health workers, and others to deliver quality, respectful and integrated MRH services to underserved populations.

ACCESS TO FAMILY PLANNING AND HEALTHY TIMING AND SPACING OF PREGNANCIES

To reduce the risk of adverse maternal and child health outcomes, we help women and their partners delay, space or limit pregnancies by improving the quality and accessibility of family planning services, expanding availability of different contraceptive methods and increasing community awareness of, demand for and use of modern family planning methods. We also strengthen postpartum family planning services and integrate family planning into other health and non-health services (such as immunization and livelihoods programs) to increase opportunities for women to access care.

KEY FACTS

- 31 million women give birth annually without a skilled health professional (UNICEF).
- 303,000 women die each year due to complications from pregnancy and childbirth (WHO).
- Motherless children are up to 15 times more likely to die (various sources).
- 25 million unsafe abortions occurred each year between 2010 and 2014, leading to between 8 and 18% of all maternal deaths (Guttmacher).

¹ WHO, UNICEF, UNFPA, The World Bank and the UN Population Division (2016). *Trends in Maternal Mortality: 1990-2015*.

² Guttmacher (2017). *Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017*.

³ Ahmed, S et al. (2012). Maternal Deaths Averted by Contraceptive Use: An Analysis of 172 Countries. *The Lancet*. and Starbird, E., et al. 2016. Investing in Family Planning: Key to Achieving the Sustainable Development Goals. *Global Health Science and Practice*. doi: 10.9745/GHSP-D-15-00374.

QUALITY AND RESPECTFUL PREGNANCY CARE

Quality antenatal, or prenatal, care (ANC) and postnatal care (PNC) services provide better health outcomes for both mother and infant through preventive care, and identification and treatment of complications. However, data shows that most women in developing countries do not have enough contacts with health providers. ANC services help mothers and their families prepare for birth and learn about pregnancy risk factors, newborn care and breastfeeding. Improving access to safe deliveries helps improve maternal survival rates and reduces the risk of stillbirth and neonatal deaths. Our integrated programs improve the quality of intrapartum care to ensure that pregnant women access and receive respectful and quality care, and deliver in clean, safe spaces. We build the capacity of health providers, and equip and support them to identify, manage and/or refer complications in mothers and newborns, and work in communities to build support among families to ensure women seek timely care during pregnancy and labor to avoid preventable deaths.

Our comprehensive maternal and newborn health programs create demand by mobilizing women and families at the community level to seek ANC, delivery and PNC services, while also strengthening the provision of respectful and quality services by trained health providers that maintain mothers' dignity and privacy, and ensure freedom from harm and mistreatment throughout their pregnancy.

PREVENTION OF PRETERM BIRTHS

Prematurity is the leading cause of newborn deaths, yet many preterm births can be prevented or managed with feasible, cost-effective solutions. Health interventions throughout a **woman's life**, from preconception through labor and in

RH IN HUMANITARIAN AND FRAGILE SETTINGS

Reproductive health is a necessary component of humanitarian health responses. Thirty-five million women of reproductive age are in need of humanitarian assistance.

Their needs do not disappear in crisis. Women who are pregnant still need access to care, and others may want to postpone pregnancy. We train and mentor frontline health providers, provide commodities and supplies, strengthen supply chains, and support communities to work together to increase awareness and use of reproductive health services in humanitarian and fragile settings.

Commitment to Data Utilization and Learning

Monitoring, evaluation, research and learning are integral to our work across the project cycle. We collaborate with local and global partners to strengthen capacity and routine data quality at every system level. With an eye to evidence-based decision-making and innovation, we explore and document promising interventions, adapt our strategies, and disseminate learning in user-friendly ways for diverse stakeholders. We are laser-focused on achieving results by exploring innovative partnerships, monitoring and research methodologies, and dissemination fora that grow our expertise and network.

between pregnancies, can help prevent early births, such as improving the nutritional and health status of mothers, promoting healthy timing and spacing of pregnancies, and identifying and preventing risk factors before and during pregnancy. Our integrated programs also work to improve care to preterm babies in order to minimize any long-term developmental disabilities associated with being born too soon.

SUPPORT TO YOUNG AND FIRST-TIME PARENTS

Our MRH and adolescent sexual and reproductive health (ASRH) programs focus on supporting married and parenting adolescents to ensure that they and their children receive adequate health and social support to enhance their quality of life. Approximately 21 million adolescent girls (ages 15–19) become pregnant every year, affecting their education and long-term economic opportunities. We work at individual, community and systems levels to address the unique needs of young and first-time parents to prepare for childbirth, childcare and parenthood; support young mothers in their transition back to school; and promote use of contraception to prevent rapid-repeat pregnancies.

ENGAGING MEN AND COMMUNITIES

Partners and families play an important role in MRH as they can provide a supportive environment for women and girls seeking care. We use a gender transformative approach to change attitudes and gender norms among men and communities to empower women and girls to use MRH services. This encourages the adoption of healthy behaviors and norms, and generates demand for family planning and maternal health services, particularly in underserved populations and among adolescents.

MATERNAL AND REPRODUCTIVE HEALTH PROGRAM HIGHLIGHTS

SERVICES DE SANTE A GRAND IMPACT (SSGI)

The USAID *Services de Santé à Grand Impact (SSGI)* project (2014-2020) works in partnership with the Government of **Mali**, local and international non-governmental organizations, and communities in five target regions to improve health-related behaviors and systems, as well as increase the use of quality, high-impact health services along the household-to-hospital continuum of care from the community to the district health facility levels. The intervention areas of the project include maternal, newborn and child health; malaria; reproductive health and family planning; HIV and AIDS; nutrition; water, sanitation and hygiene; and health systems strengthening.



A mother with twins who benefitted from the Services de Santé à Grand Impact project in Mali.

MAMONI—MATERNAL NEWBORN CARE STRENGTHENING PROJECT (MAMONI MNCSP)

MaMoni MNCSP is a five-year (2018-2023) USAID project that supports the government of **Bangladesh**'s vision of no preventable deaths of newborns and stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential. MaMoni MNCSP works in 10 priority districts, with the aim of reaching approximately 22 million people, prioritizing hard-to-reach areas and equitable access to health services, especially for the poor and marginalized for whom the risk of dying is greatest. The project also works to expand the evidence base and test new health innovations, and facilitate systems improvements and policy changes for sustained impact nationally. Save the Children leads a team of partners to implement MaMoni MNCSP that includes Institute for Healthcare Improvement (IHI), Jhpiego and Dnet.

CONTRACEPTION WITHOUT BORDERS

To align with Save the Children's **commitment** to reach the most marginalized and hard-to-reach populations, this 2017-2021 Bill & Melinda Gates Foundation-funded project in Wajir and Mandera Counties in Northeast **Kenya** is working to develop a scalable approach to increase the use of quality family planning services among nomadic and semi-nomadic populations, enabling women of reproductive age to use modern contraception to time, space and limit their pregnancies. The project collaborates closely with other stakeholders that work with nomadic and semi-nomadic populations in the region, the Horn of Africa and across the Sahel to generate learning and wider adoption and adaptation of the model.



A health surveillance assistant counsels mothers on family planning during an integrated family planning and immunization outreach in Malawi.

FAMILY PLANNING AND IMMUNIZATION INTEGRATION PROJECT

The **Family Planning and Immunization Integration Project**, funded by the Pfizer Foundation since 2016, integrates family planning into monthly child immunization outreach clinics in three districts of **Malawi** (Blantyre, Mwanza and Thyolo). Initially in 24 routine outreach clinics located in areas categorized as hard-to-reach, in 2018, the project expanded to cover 91 outreach clinics in the three districts. A promising high-impact practice in family planning, this integration provides an opportunity to reach women in the postpartum period with family planning counseling and services. Working closely with District Health Management Teams, the project is testing an approach that uses peer learning to improve the frequency and quality of supervision of community health workers, known locally as health surveillance assistants (HSAs).

HEALTHY TRANSITIONS FOR NEPALI YOUTH

This 2018-2021 project in **Nepal** builds on the work of My First Baby, a guide first developed in Bolivia and piloted in Nepal in 2012 to provide social support to young mothers, and aims to improve the reproductive and maternal health and well-being of Nepali young women aged 15-24 during some of the most vulnerable periods of their lives—the transitions to marriage and parenthood. Funded by Margaret A. Cargill Philanthropies, the program employs a socio-ecological approach with interventions targeting young women before and after these transitions, husbands of young women, and families and community members. Healthy Transitions also includes a significant emphasis on improving the quality of reproductive, maternal and newborn health services for adolescents and youth at the facility and community levels. Healthy Transitions reaches four districts of Nepal—Kalikot, Jajarkot, Dailkeh, and Surkhet—and a total of 40 health facilities.

SPONSORSHIP-FUNDED INTEGRATED MATERNAL, NEWBORN, REPRODUCTIVE HEALTH AND NUTRITION (IMNRHN)

The Integrated Maternal, Newborn, Reproductive Health and Nutrition Project, funded by the Save the Children Sponsorship Program since 2016, is implemented in 55 health facilities in five districts in Central Tigray, **Ethiopia**. The project ensures delivery of high-impact, evidence-based interventions for pregnant women and newborns during antenatal care, labor and delivery, and immediate postnatal care, through strengthening health facility services and community-based interventions for improved demand creation and accountability. In addition, the project integrates family planning services during antenatal and postnatal care to ensure healthy timing and spacing of pregnancies. Also through this project, we collaborate with local health facility managers and community members to build and support the use of maternity waiting homes for women who may not have access to timely health facility delivery due to various challenges accessing services. Other countries implementing different components of the IMNRHN program under Sponsorship include **Bangladesh, Egypt, El Salvador, Nepal, the Philippines** and **Zambia**.

Save the Children believes every child deserves a future. In the United States and around the world, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children - every day and in times of crisis - transforming their lives and the future we share.