



MATERNAL, NEWBORN, & CHILD HEALTH

For 40 years, IntraHealth International has been a leader in innovative, effective strategies to improve the health and well-being of women and children and reduce preventable deaths related to pregnancy and childbirth. We partner with governments, civil society, and the private sector to strengthen the health workforce and health systems to deliver high-quality maternal, newborn, & child health (MNCH) services. Our competencies and approaches include:

- Developing scalable service-integration models that better serve clients' needs in geographies that lag in key MNCH, family planning (FP), and nutrition indicators.
- Helping health workers scale up evidence-based MNCH practices and continue reducing preventable causes of mortality and morbidity.
- Applying contextualized digital learning technologies and platforms to provide health workers—from communities to hospitals—with tools to increase the knowledge and skills they need on the job.
- Strengthening MNCH and other services for survivors of gender-based violence (GBV).
- Maintaining access to critical MNCH services and information during the COVID-19 pandemic.

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OUR APPROACHES IN ACTION

Scalable service-integration models

Through the **INSPIRE project**, IntraHealth is working in **9 countries in francophone West Africa** to develop and scale up an **integration model** for MNCH, FP, & nutrition services. The project has established three centers of excellence to generate evidence from different levels of health facilities implementing the INSPIRE model, a regional integration community of practice, and national working groups that offer technical assistance to governments for implementation. In the past year, the project has seen dramatic increases in the three centers of excellence in women seeking services (188% increase in antenatal care services in Niger and 41% in Burkina Faso) and in acceptance of postpartum FP (404% in Niger, 37% in Burkina Faso, and 96% for the three centers combined).

IntraHealth leads a regional integrated services program (**RHITES-E**) operating in 25 districts in eastern **Uganda**. The program has improved uptake of FP services among postpartum women through postnatal care services and through integration with immunization interventions in 181 health facilities. RHITES-E also supports district ambulance services for prompt referrals for emergency obstetric and newborn care between communities and facilities, contributing to a 50% reduction in maternal deaths within one year.

In **Rwanda**, our **Ingobyi** project collaborates with the Ministry of Health to reduce preventable infant and maternal deaths, reduce the incidence of malaria, and bring high-quality, integrated health services to more mothers, children, and adolescents. By the end of project year 2, Ingobyi efforts had contributed to a substantial decrease in project-calculated institutional maternal mortality for the geography served—from 161 maternal deaths per 100,000 live births at baseline to 99 maternal deaths per 100,000 live births. Supporting this achievement were improvements in antenatal care attendance in the first trimester and reductions in caesarian section sepsis rates, alongside increases in successful resuscitation of asphyxiated newborns and uptake of postpartum family planning.



Stronger health workforce

Our program in Eastern **Uganda** is helping districts assess and plan their health workforce needs and improve health workers' abilities to provide the essential newborn care service package, including kangaroo mother care, clean cord care, resuscitation, and exclusive breastfeeding. In addition to newborn care, data-driven mentorship for health workers and community engagement activities focus on the quality of antenatal, postnatal, labor, and delivery services, and on maternal and perinatal death surveillance reviews.

In **Mali** IntraHealth helped seven hospitals apply our **Optimizing Performance and Quality (OPQ)** methodology to strengthen hospital management and infection prevention and control. Sikasso Hospital achieved a 75% waste management compliance rate in 2017 and 2018 (compared to the national average of 38%), earning it an excellence award from the National Hospital Evaluation Agency. We continue to help hospitals build on this foundation to ensure the continuity of essential and safe MNCH, FP, GBV, and nutrition services during COVID-19. The OPQ approach also anchors *Tutorat*, a "whole facility, whole system" performance improvement approach being used by 3,000+ health workers in 1,200 health facilities in **Senegal** to provide integrated services. The approach combines facility-based training and problem-solving using supportive coaching.

Digital learning tools for health workforce development

In **Senegal**, we developed audio job aids to promote postpartum FP during newborn vaccination visits. Health workers receive weekly mobile phone messages refreshing them on the main health topics to discuss with clients and use interactive voice response to take practice quizzes. In 2020, in the midst of the COVID-19 pandemic, 162,000+ text messages were sent to 13,600 health workers focusing on infection prevention measures; service organization; protective measures for personnel and their families; and valorization and appreciation of health workers' contribution to the COVID-19 response.

IntraHealth is now developing and testing a community-based maternal and newborn health eLearning course for community health workers in **Rwanda**. The content includes integrated community case management and a community-based FP and nutrition program. eLearning will be made available to community health workers via government-distributed smartphones and will deliver key messages for each learning outcome, as well as quizzes to evaluate learners' knowledge on each topic.

Integrated services for gender-based violence

Since October 2019, our program in Eastern **Uganda** has provided 9,425+ GBV survivors with services and adapted its GBV scope of work after the emergence of COVID-19 to ensure it continues to reach clients in need. This includes collaborating with district COVID-19 taskforces, volunteer health teams, community stakeholders, and police to allow flexibility in the country's transportation restrictions so that survivors of GBV can access the clinical services they need. Technical support and guidance for high-quality services is being provided to facilities through social media platforms and by adapting facility mentorship sessions to smaller groups of participants and social distancing.

Strong partnerships

We are committed to helping governments achieve their national goals so we partner with ministries of health to develop policies that help frontline health workers offer high-quality health care. We also partner with other local and international stakeholders to deliver high-quality care, including:

- We Care Solar
- Communication for Development Foundation Uganda
- Society of Gynaecologists and Obstetricians of Burkina Faso
- Malian Society of Gynecologists and Obstetricians
- Rwanda Society of Obstetricians and Gynecologists
- Rwanda Association of Midwives
- Rwanda Pediatric Association
- Empower School of Health
- West African Health Organization

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