

# Maternal, Newborn, & Child Health And Nutrition



## INTRODUCTION

The past two decades have brought significant global gains in ending preventable maternal and child deaths, largely due to increased access to and utilization of antenatal care and skilled attendance at birth, improvements in the prevention, testing, and treatment of malaria, and increased global vaccination coverage. Yet progress has been uneven across geographies and socio-economic strata. Sub-populations of women, adolescents, and children continue to be disproportionately affected by the indirect and underlying causes of poor maternal, newborn, and child health (MNCH) outcomes. These determinants become complex barriers to the adoption of healthy MNCH practices and to accessing the services and resources necessary not just for survival but for well-being along the continuum of care and life-course.

Ending preventable maternal, newborn, and child deaths and improving individual and family well-being is core to PCI's development approach and a priority focus of the organization's 2020 Strategic Plan. In close alignment with PCI's organizational commitments to equity, non-discrimination, and social inclusion, PCI's integrated and innovative community-based approaches empower individuals, families, households, and communities to adopt healthy MNCH and nutrition practices and appropriate and timely care-seeking practices along the continuum of care. In addition, PCI strengthens the enabling environment by working with local government structures to strengthen community health systems along the community to facility continuum, and by addressing harmful gender norms and societal conceptions of masculinity. PCI's community-driven and family- and person-centered approaches to MNCH are grounded in and continue to evolve alongside evidence of best practices and the needs and assets of the communities that we serve.

### The core and cross-cutting pillars of PCI's approach to MNCH and Nutrition include:

- Integrated Community Health Systems Strengthening and Service Delivery
- Continuum of Care for Mothers, Newborns, and Children
- Social and Community Mobilization
- Integrated Social and Behavior Change
- Adolescent Girls' Sexual and Reproductive Health
- Engaging Men as Partners and Fathers

## SPOTLIGHT ON GUATEMALA

**Casa Materna:** In partnership with a local association of midwives and the Ministry of Health (MoH), PCI created the *Casa Materna* (Mother's House) Program in 2000. *Casa Materna* fills a critical health systems gap by providing high quality and respectful life-saving services to high risk pregnancies through its maternal waiting home, post-partum in-patient facility, out-patient services, community outreach, and its teen-friendly space, which provides confidential sexual and reproductive health (SRH) counseling and services to adolescents. PCI's community engagement and mobilization over the years have been critical to the success of *Casa Materna* and to PCI's adolescent SRH programming, and this is the only program and facility of its kind in the department of over one million inhabitants. Highlights include:

- Provision of culturally-sensitive and high quality reproductive health care to more than 100,000 indigenous Mayan women.
- Inpatient services to about 1,245 women each year, of which ~30% are minors, and enabling over 13,000 safe deliveries.
- Provision of counseling and care in the Kangaroo Mother Care (KMC) unit for women with premature and low birth weight babies to support their transition from home to hospital.
- Training of 300 traditional birth attendants who monitor pregnant women throughout the region's remote communities and make referrals when early warning signs of serious conditions are detected.

**PAISANO:** As a core component of USAID's Office of Food for Peace-funded PAISANO project, PCI runs nutrition schools, conducts growth monitoring and promotion and home-based counseling sessions, and engages fathers in gender transformative dialogues to reduce chronic malnutrition among pregnant and lactating women and children under five, with a focus on the first 1,000 days. PAISANO also provides mentorship and training to youth on nutrition, gender equity, SRH, and life skills.

**EDUCAMOS:** As part of the USDA-funded Food for Education school feeding program, PCI provides training to parents, teachers, and students on the importance of good hygiene practices, proper nutrition, and clean water. School gardens teach children about the importance of consuming nutrient rich fruits and vegetables.

**ACCION:** As part of a USAID-funded emergency food security program, PCI pays special attention to ensuring that all children with acute malnutrition are detected and referred for proper treatment and care. Activities in the project's target areas have been as personalized as possible and include health brigades and Mothers in Action groups, which are critical for identifying malnourished children and mobilizing families to seek appropriate services.

**Barrio Mio:** With funding from USAID's Office of Foreign Disaster Assistance, *Barrio Mio* is a collaboration between the Government of Guatemala, municipalities, the private sector, universities, local organizations, and local communities to develop scalable methodologies for upgrading high risk informal urban settlements into safer, healthier, and more resilient neighborhoods.



PCI (Project Concern International) is an international nonprofit on a mission to enhance health, end hunger and overcome hardship worldwide. Founded in 1961, PCI impacted the lives of more than 10 million people last year alone through programs in 16 countries spanning Asia, Africa and the Americas.



### **Integrated Community Health Systems Strengthening and Service Delivery:**

During implementation of **Saving Mothers, Giving Life Phases I&II** across seven districts of Zambia, PCI strengthened the capacity of Zambia Defense Force sites to deliver high quality facility and community-based MNH services such as antenatal care, emergency obstetric care, and newborn resuscitation, and KMC for stable preterm birth and low birthweight babies. PCI also trained 160 community-based Safe Motherhood Action Groups in demand creation, assessment of maternal and newborn danger signs, referral protocols, and family planning counseling, reaching a cumulative total of 9,323 beneficiaries.

### **Continuum of Care for Mothers, Newborns, and Children:**

Globally, PCI is implementing the 5-year USAID-funded **Every Premie SCALE (Scaling, Catalyzing, Advocating, Learning, Evidence-Driven)** project, which is designed to support practical, catalytic, and scalable approaches to expand the uptake of preterm birth (PTB) and low-birth weight (LBW) interventions in 23 USAID priority countries. In Malawi, the Family-Led Care model was developed to improve facility- and home-based care of preterm/LBW newborns, including enhancements to improve the quality of KMC provided to inpatient preterm and low birth weight (LBW) newborns; strengthen post-discharge follow-up care; and extend care of the preterm/LBW newborn to the community and household levels primarily via community health workers and peer groups implemented under PCI's *Njira* project. In less than 12 months of implementing the Family-Led-Care model in six health facilities in the Balaka District, preliminary findings show a 43% increase in KMC initiation rates for preterm/low birth weight babies and a 19% increase in the survival rate of babies initiated on KMC. The Ministry of Health recognizes the promise of the model in addressing preterm/low birth weight care and has requested its scale-up to other districts in Malawi.

### **Social and Community Mobilization:**

Emerging from PCI's successful Bill and Melinda Gates-funded community mobilization project *Parivartan* in India, PCI is implementing the **JEEViKA Technical Support Program** (2015-2020) within the large-scale Government of Bihar JEEViKA livelihoods project. With over 700,000 JEEViKA Self-Help Groups, PCI is reaching nearly two million vulnerable women with evidence-based, participatory, and community-driven MNCH and nutrition social and behavior change and empowerment programming. Core strategies include building capacity of local structures and cadres and building social cohesion, collective efficacy, and collective action among group members to transform the systems that surround them. PCI also reaches individuals, families, and communities at multiple levels and with multiple levers that accelerate behavior change. PCI is standardizing a comprehensive Family Planning behavior change community strategy that transforms social norms by reaching 5,000 young, married couples with interpersonal counseling, adult learning games and videos, couple-to-couple communication and counseling, and counseling of opinion leaders in the community.

### **Integrated Social and Behavior Change:**

Since 2014, PCI has led the **Njira "Pathways" project**, a 5-year \$30 million USAID/Office of Food for Peace-funded development project designed to address the underlying causes of food insecurity in the Balaka and Machinga districts of Malawi. Through integrated and custom-tailored pathways that address the specific needs and opportunities facing food insecure populations, *Njira* empowers participants with interventions and activities designed to improve the health and nutritional status of pregnant and lactating women and children under age five, with emphasis on the first 1,000 days. Through a peer group-based participatory behavior change platform grounded in social support and interpersonal communication, PCI has reached 70,668 women of reproductive age with integrated sanitation and hygiene, MNCH, and maternal and child nutrition behavior change counseling and support. PCI also works with participants to construct backyard gardens for improved access to nutrient dense foods, provides skill-based training on processing, preservation, storage, and utilization of nutritious foods through the Community Complementary Feeding & Learning Sessions (CCFLS), facilitates growth monitoring and promotion sessions and refers malnourished women and children to available services, and works with 80 Father Groups to transform gender norms and engage fathers in more equitable household decision-making and increased support for household health, nutrition and WASH.

### **PCI IS MAKING A DIFFERENCE**

Comparing PCI's Self-Help Groups that received a MNCH and empowerment intervention (SHG+Health) with SHGs that did not receive the MNCH and empowerment intervention (SHG-only), PCI/India's *Parivartan* endline evaluation (2011-2016) found:

- Significant (positive) treatment by time effect on IFA tablet consumption for 100+ days as well as birth preparedness among the SHG+Health groups.
- Significant (positive) treatment by time effect for almost all the critical newborn and child health practices, including exclusive breastfeeding, initiation of skin-to-skin care, and clean cord care.
- Significantly less diarrhoea episodes and significantly more treatment seeking at public facility among SHG+Health groups.
- Significant treatment by time effect for almost all the indicators related to social cohesion.
- Significant increase in self-efficacy and collective efficacy and action, as well as key empowerment indicators over time among SHG+Health groups vs. SHG-only groups.



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