URC—as a leader, a partner, and a technical advisor—helps countries across the world provide better health care and people to live longer, healthier, and more productive lives.

Ensuring that every woman and child has access to health care is fundamental to ending poverty, building robust economies, and achieving universal health care. URC is committed to high-impact reproductive, maternal, newborn, child, and adolescent health (RMNCAH) practices. We envision a world where healthy mothers deliver healthy babies and receive quality, respectful care from skilled and equipped health care workers.

URC’s proven quality improvement (QI) and health systems strengthening activities emphasize evidence-based solutions to improve health outcomes for mothers and their children. We work with policymakers, national health systems, facilities, community health workers, local leaders, and families to improve access and quality of services.

CHALLENGES
While maternal deaths worldwide declined by 44 percent between 1990 and 2015, approximately 800 women still die daily from preventable causes related to pregnancy and childbirth. Maternal health is closely linked to newborn survival, as vulnerabilities to illness can pass from mother to child. More than one-fourth of girls and women in Sub-Saharan Africa cannot access family planning services, leading to unplanned pregnancies and maternal mortality and morbidity. Lack of empowerment in sexual and reproductive rights makes women vulnerable to HIV and other sexually transmitted infections.

TAKING ACTION
To reduce preventable maternal and child death and help every mother and child thrive, URC and partners support strengthening resilient health systems to improve integrated RMNCAH care across the lifecycle. URC builds institutional and individual capacity to develop and...
implement evidence-based interventions to improve the access to and quality of antenatal care (ANC), childbirth and postpartum care, reproductive care, and nutrition services.

GETTING RESULTS

URC leads projects globally, regionally, and nationally to improve RMNCAH services and leave a lasting impact.

- **USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project**: ASSIST has worked with governments of 44 countries, over 200 partners, and 4,000 facility and community teams, to foster quality improvements in health service delivery resulting in measurable impact on newborn and maternal survival at scale. Currently, ASSIST is strengthening the capacity of Zika-related health services to deliver evidence-based, respectful, person-centered, quality care with a focus on pregnant women, newborns, and children in 12 countries in Latin America and the Caribbean.

- **Health Evaluation and Applied Research Development (HEARD) Project**: Leads implementation science efforts related to postpartum hemorrhage, respectful maternity care, and urban health and nutrition in Tanzania, Uganda, Kenya, Malawi, and Madagascar. The goal is to identify key implementation barriers, generate evidence that is relevant and timely for implementers and policymakers, and accelerate the use of evidence for improved policy and practice.

- **USAID Regional Health Integration to Enhance Services in East Central Uganda (RHITES-EC)**: Supports district health care facilities scale up high-impact, life-saving interventions by strengthening on-the-job training of service providers; improving facility-community linkages and referral systems; ensuring provision of essential equipment, tools, and guidelines; and regular use of data to monitor performance.

- **USAID Regional Health Integration to Enhance Services in North, Acholi (RHITES-N, Acholi)**: Focuses on strengthening the health system to increase access and utilization of quality health services. Family planning work resulted in more than 74,000 people accessing services between April 2018 and September 2018.

- **Timor-Leste Reduce Impaired Child Growth and Development/Stunting Program**: The Millennium Challenge Corporation and URC staff worked to identify the main drivers of the high prevalence of stunting in children 0-59 months of age. A rapid rise in stunting between birth and two years provides evidence that this group is the most vulnerable and should be the target of interventions.

- **Improve Maternal and Child Health – Guyana**: Works closely with the MOH to strengthen systems and improve RMNH by developing and supporting implementation of a national quality of care strategy and an integrated health benefit package, while building clinical and improvement capacity at all levels of the health system.

SUCCESS SNAPSHOT

**USAID Systems for Health** has collaborated closely with the Ghana Health Service to carry out core, evidence-based interventions, including essential newborn care, integrated management of neonatal and childhood illnesses, lifesaving skills, emergency triage, and provision of long-acting reversible contraceptives. Interventions emphasize knowledge and skills development integrated with leadership and QI methods through training, post-training follow-up visits, integrated on-site coaching visits, and QI collaboratives. These efforts have led to:

- More than 1,500 midwives trained in IUD and implant insertion and removal;
- Nearly 70 percent of Community-Based Health Planning and Services clinics offering at least four modern family planning methods, a 50 percent increase since 2015;
- More than double the number of new IUD and implant users, from 44,783 in 2015 to 91,831 in 2018;
- A 22 percent decline in the neonatal mortality rate in six districts participating in QI collaboratives in the Volta Region; and
- A 38 percent decrease in institutional maternal mortality ratio in 19 districts in three regions participating in QI collaboratives.

Learn more about URC’s work with RMNCAH at [www.urc-chs.com](http://www.urc-chs.com)