



REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH



Antenatal care supported by the USAID RHITES-EC Activity in Uganda has achieved 98% attendance.

URC—as a leader, a partner, and a technical advisor—assists countries to ensure that every woman, child, and adolescent has access to health care. We envision a world where healthy women deliver healthy babies, where both mother and child receive quality, respectful care from skilled and equipped health care workers, and where children, adolescents, and caregivers are supported to practice healthy behaviors.

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. We assist governments roll out international quality guidelines by supporting context-specific adaptations and strengthening government capacity to implement standards at all levels of the health system. And in conjunction with the World Health Organization’s Quality of Care Network, we unequivocally support the core values of quality, equity, and dignity in our work.

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 maternal malnutrition, illness, and lack of access to care increase the risk of disease or death for the newborn. 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.

GETTING RESULTS

To reduce preventable maternal and child death and help every mother and child thrive, URC and our partners support strengthening resilient health systems to improve integrated RMNCAH care across the lifecycle. URC builds institutional, community, and individual capacity to develop and implement evidence-based interventions to improve the access to and quality of care.

◆ **Health Evaluation and Applied Research Development (HEARD) Project** leverages partnerships to lead implementation science research and evaluation activities spanning areas such as postpartum hemorrhage, respectful maternity care, violence against children, mental health and psychosocial support, and urban nutrition/WASH and nutrition in countries across Sub-Saharan Africa, Asia, and Latin America.

◆ **USAID Regional Health Integration to Enhance Services in East Central Uganda Activity (RHITES-EC)** mentors providers to improve emergency obstetric and newborn care. At baseline in 2016, the institutional maternal mortality ratio was 368 deaths per 100,000 live births. By 2021 as district and facility level teams became more successful at identifying and responding to causes of maternal deaths, the maternal mortality ratio was reduced to 84 deaths per 100,000 live births. In 2016, only 13.9% of maternal deaths were reviewed, compared to 98.2% in 2021. The Activity's routine targeted onsite and virtual technical support during the COVID-19 pandemic improved nutrition assessment counseling and support for children under 5 to 54%; at post-natal care to 76%; and in ART clinics to 92%.

◆ **USAID Regional Health Integration to Enhance Services in Northern Uganda Activity (RHITES-N, Acholi)** strengthens the capacity of care facilities to deliver quality maternal and newborn health services. The Activity uses quality improvement (QI) approaches to address service delivery performance gaps, strengthening RMNCAH leadership and referral networks for emergency obstetric and newborn care, improving standards and experience of quality care for mothers and newborns, and improving access to quality services in hard-to-reach areas.

RHITES-N, Acholi's work with the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) partnership resulted in the proportion of adolescent girls experiencing sexual and other forms of gender-based violence decreasing from 49% at baseline to 19.5% and an HIV incidence rate well below the national rate.

◆ **USAID Bangsamoro Autonomous Region in Muslim Mindanao for Health (BARMMHealth) – Philippines** seeks to bolster the capacity of the Ministry of Health-BARMM in facilitating local health solutions in family planning,

adolescent and youth reproductive health, and maternal and child health, towards self-reliance and sustainability. BARMMHealth has equipped more than 400 health workers with skills and competencies in family planning, contributing to the resilience of the region even at the height of the COVID-19 pandemic.

SUCCESS SNAPSHOTS

Baby Friendly Certification: URC developed a successful process for facilities to achieve Baby Friendly certification through internal assessments, learning sessions, and QI methods. In the Acholi sub-region of Uganda, initial assessments identified gaps in 22 facilities. District health management teams strengthened linkages to institutionalized initiatives, such as the Expanded Programme on Immunization (EPI).

Respectful Maternal Care: Since 2009, URC's implementation science projects have collected, synthesized, and enabled evidence on respectful maternal care (RMC) to be utilized at the global, regional, and country levels to advance respectful care. Based on URC's 2010 seminal landscape analysis of disrespect and abuse in facility deliveries, URC was invited to engage in WHO stakeholder consultations that informed the Quality MNH Care Framework. At the regional level, URC's evidence-based engagement with the East, Central Southern Africa Health Community resulted in a resolution on the need to address RMC being passed in 2018. In tandem with local partners in Tanzania, URC informs national stakeholder groups on how to advance respectful and compassionate care, which resulted in amendments to the national policy on RMNCAH care to include RMC.

National Maternal Mortality Report: National Maternal Mortality Report: In Jordan, the USAID Health Services Quality Accelerator Activity led the process to develop the third National Maternal Mortality Report. Among key findings: an increase in Jordan's maternal mortality ratio from 32.4 per 100,000 live births in 2019 to 38.5 women per 100,000 live births in 2020, with COVID-19 as the leading cause of maternal death in 2020. The Activity is working with the Ministry of Health to strengthen Jordan's Maternal Mortality Surveillance and Response System by training users to collect and analyze verifiable data and implement high-impact and evidence-based strategies to prevent maternal deaths and improve maternal health services.