



COMMUNITY
ACTION
FOR PREGNANT
WOMEN

AFRICA

Strengthening access to nutrition and health care services for pregnant women and newborns in Africa

MAKING A DIFFERENCE

Community-based demonstration projects proved how to increase the quality, access and uptake of antenatal care (ANC), birth care, and postnatal care (PNC) in hard-to-reach populations in: **Afar, Ethiopia; Kakamega, Kenya; Kolda, Senegal; and Zinder, Niger.**

Sustainable Development Goal 3 aims to ensure healthy lives and promote well-being for all. Targets for this goal include achieving universal health coverage; accessing to quality essential health care services; and accessing to safe, effective, quality, and affordable essential medicines.

CHALLENGE

In 2015, approximately 300,000 women around the world died due to pregnancy related causes. In the same year, almost 3 million newborns died in their first 28 days of life. Many of these causes are preventable and have affordable and proven solutions.

The World Health Organization estimates up to two-thirds of newborn deaths could be prevented if skilled health workers performed effective health measures at birth and during the first week of life¹, yet 18 million births in sub-Saharan Africa were not attended by a skilled health professional².

Women living in low income countries in sub-Saharan Africa and who do not have the resources available or needed for a healthy pregnancy and birth experience are at particular risk. With inadequate information and access to maternal nutrition and vital health services, many of these women are ill-equipped to meet the special nutritional needs of pregnancy.

To address this gap, the Micronutrient Initiative (MI), in partnership with key stakeholders, undertook a community-based maternal and newborn health and nutrition project.

MI is focused on improving nutrition for the world's most vulnerable, including the unique health and nutrition needs of pregnant women and their newborns.

We work with national governments and their partners to help more pregnant women and newborns access to essential health care services, medicines and other commodities, including vitamins and minerals. We work for, and with, communities to make sure antenatal (ANC), birth care and postnatal care (PNC) are accessible.

PROJECT DESIGN

The five-year project (2011-2015) brought together global experts and partners to create a multi-country project model focused on improving access to health services for pregnant women and their newborns. These pilot projects included a strong evaluation component and dissemination plan to support national program scale-up.



PRIORITY ACTIVITIES

- Reduce iron-deficiency anaemia through iron-folic acid supplementation and malaria prevention.
- Reduce hypertensive disorders.
- Integrate maternal health and nutrition services at community level.
- Nutrition counseling for women throughout pregnancy.
- Optimally-timed cord-clamping.
- Timely initiation and exclusive breastfeeding.
- Reduce maternal and neonatal mortality.

ACHIEVEMENTS FOR BETTER HEALTH

Governments took an active role throughout the project implementation, as well as for dissemination of project results to other government staff and partners.

Nearly **200,000** pregnant women and newborns reached, doubling the project's initial goal of 100,000.

Over **8,000** community- and facility-based health personnel trained, more than tripling the project's initial goal.

Formative research informed project design in each country to respond to population needs.

Program impact evaluation revealed significant increases in health service utilization:

- In Ethiopia, **18%** more pregnant women attended 4 or more ANC visits.
- In Kenya, **32%** more women delivered with a skilled birth attendant.
- In Senegal, **22%** more women received PNC from a skilled attendant.

ACTIONS FOR SUSTAINABILITY

More women and newborns were reached to support healthier pregnancies and birth outcomes. This resulted in country governments committed to sustainability activities.

Kolda, Senegal

95,685 WOMEN & NEWBORNS REACHED.

Based on the project outcomes, the Ministry of Health is scaling up the Community Watch (CVAC) groups across the country.

Kakamega, Kenya

73,766 WOMEN & NEWBORNS REACHED.

The government has already adopted the project model to transition former TBAs into Birth Companions and the Kakamega County Government is continuing the community personnel incentives.

Afar, Ethiopia

27,090 WOMEN & NEWBORNS REACHED.

The whole package of interventions will be scaled-up to other areas in Afar and to Benishangul region. In addition, the facility and community QITs will be scaled up across areas in six regions of Ethiopia.

Zinder, Niger

2,305 WOMEN REACHED THROUGH AN IN-DEPTH RESEARCH STUDY.

Niger's Ministry of Health is currently working on a five-year strategic plan for nutrition. The findings of the research study should guide the development of this plan.

1. <http://www.who.int/mediacentre/factsheets/fs333/en/> (accessed 11 March 2016).

2. <http://data.unicef.org/maternal-health/delivery-care.html> (accessed 11 March 2016).