Saving the lives of mothers and children
The global challenge

Almost 800 women die every day due to complications during pregnancy and childbirth, and every year, 6.3 million children do not survive past their fifth birthday. Most maternal and child deaths occur in developing countries, where there is often limited access to basic health services.

Out of the eight Millennium Development Goals set to be achieved by 2015, Goals 4 and 5, which aim to reduce maternal and child mortality, are least likely to be reached. Although maternal and child mortality rates have declined by approximately 50% since the 1990s, only half of the women in developing countries receive the recommended health care during pregnancy, and millions of children lose their lives from preventable illnesses.

Plan Canada’s strategy for maternal, newborn and child health (MNCH)

The overall goal of Plan’s MNCH program is to work with local partners and governments to reduce maternal, newborn and child mortality amongst women and children in remote, disadvantaged communities. To achieve this goal, Plan has adopted a two-pronged approach that addresses the demand and supply of MNCH services.

On the demand side, Plan’s projects are increasing the awareness of women, men and children on the importance of accessing quality health care. Men are being educated on the need to support their partners before, during and after child birth, while women are being mobilized to get involved in health decision-making and management. On the supply side, Plan’s projects are strengthening government health systems by renovating and equipping health facilities, training health care providers, and improving referral systems.

Plan is also collaborating with three international non-governmental organizations (CARE Canada, Save the Children Canada and World Vision Canada), The Hospital for Sick Children’s Centre for Global Child Health, and the University of Toronto’s Munk Centre of Global Affairs to communicate our collective results on MNCH. In addition, research is being conducted on key topics such as adolescent use of MNCH services and exclusive breastfeeding.

Focus on gender equality

Recognizing that gender inequality and gender-related barriers are lead causes of poor MNCH outcomes, Plan’s MNCH projects include comprehensive gender equality action plans. These plans focus on promoting male engagement in MNCH; increasing women’s MNCH knowledge and decision-making power; and supporting health centres to better address the specific needs of women and their male partners.
Results achieved

Plan’s MNCH programs have robust monitoring and evaluation mechanisms to capture the progress and outcomes of our MNCH work across seven countries: Bangladesh, Bolivia, Ethiopia, Ghana, Mali, Tanzania and Zimbabwe. Rigorous measurement and data tracking within each program ensure greater accountability to donors, governments, and the beneficiaries themselves. To date, Plan and its partners have achieved significant results in providing health care to mothers, babies and children in 2,753 hard-to-reach communities.

Across all Plan projects, more than:
(from January 2013 to March 2014)

• 63,000 health workers have been trained in gender-sensitive maternal, newborn and child health care
• 256,000 women have received essential health care before, during or after their child birth
• 640,000 infants and children have received vaccinations, medications and treatment to keep them alive

Across a multi-country project in Bangladesh, Ethiopia, Ghana, Mali and Zimbabwe:
(as of March 2014; project ends in 2015*)

• 64% of women (approx. 64,796) received at least four antenatal care check-ups from a skilled health provider (an increase from 46%)
• 59% of births (approx. 69,749) were attended by a skilled health provider (an increase from 48%)
• 62% of mothers and babies (approx. 70,929) received postnatal care within three days of child birth (an increase from 39%)
• 69% of children (approx. 87,159) were vaccinated against measles (an increase from 41%)
*baseline data from June 2013 in Mali, and October 2012 in the other four countries

In Tanzania project communities:
(as of March 2014; project ends in 2015)

• 72% of births took place at a health facility (an increase from 55% in June 2012)
• 78% of mothers and babies received postnatal care within two days of child birth (an increase from 33% in June 2012)
• Four obstetric and newborn health centres have been provided with new operating theatres and ambulances
• 5,160 Community Health Workers and 383 health professionals (nurses, midwives, medical attendants) were trained

In Bolivia project communities:
(as of November 2013; project ends in 2017*)

• 79% of births (approx. 4,295) were attended by a skilled health provider (an increase from 74%)
• 81% of children (approx. 9,749) with pneumonia were treated at a health facility (an increase from 72%)
• The proportion of children under five who did not survive prevalent childhood illnesses decreased from 26% to 19%
• The proportion of children under two who experienced chronic malnutrition decreased from 25% to 21%
*baseline data from December 2011

In Bangladesh project communities*:
(as of March 2014; project ends in 2017)

• 595 female community birth attendants completed a six-month training program
• Trained community birth attendants conducted 3,885 home-based deliveries and provided 5,696 postnatal care consultations
• 56 community groups were trained on best practices for referrals

*supported by a program to improve human resources in health care
Innovations in MNCH

Maternal, newborn and child health cannot be improved without support and participation from community members (women, men and children) who require knowledge and care. Therefore, Plan’s MNCH programs include innovative, community-driven approaches to effectively improve health behaviours and results. For example, in Zimbabwe, Care Groups comprise dedicated women and men, who meet twice a month to gain essential knowledge on health and gender equality. They then share key messages with other families in their communities, encouraging healthy practices for safe motherhood and child development. Similar peer-support initiatives in other countries include Daddies’ Clubs and Mother Support Groups in Ghana, Self Help Groups in Bangladesh, and Health Savings Groups in Mali.

Another innovation involves the use of technology to collect health information within communities. Plan is training health workers in Bangladesh to record health data with PC Tablets, which then gets uploaded to a national online platform in real time. This initiative supports the Ministry of Health’s efforts to gather and analyze essential health information from remote areas.