



MCDI

MEDICAL CARE DEVELOPMENT INTERNATIONAL

Maternal, Newborn and Child Health



Women and children in the developing world suffer poor health and premature death from common illnesses that elsewhere would be preventable and easily treatable. For 30 years, across three continents, MCDI has built strong, sustainable health systems that save the lives of mothers and their children.

MCDI's approach to improving maternal and child health hinges on partnerships with local organizations. MCDI works to build these groups' capacity as together they train local health care providers, disseminate information through community organizations, support community-based distributors of essential supplies, and find sustainable financing methods to ensure improvements will last once projects end.

Pioneering lifesaving interventions

Nearly two thirds of the children under five who die in developing countries succumb to pneumonia, diarrhea and malaria—ailments that could be easily treated. Trained community health workers who have the right supervision, support and a reliable

supply of medicines and equipment can identify and correctly treat these children before it is too late.

In South Africa, MCDI piloted the introduction of zinc adjunct therapy, which reduces fatalities among children suffering from severe pneumonia, and expanded Vitamin A supplementation coverage—one of the most cost-effective interventions known for improving child survival.

More than 20 years of work in South Africa have allowed MCDI, with support from USAID and UNICEF, to improve the health status of children under five and women of reproductive age by introducing Integrated Management of Childhood Illness protocols and a package of maternal and child health interventions including immunizations, control of diarrheal diseases, pneu-

monia case management, and maternal and newborn care.

For those tiniest of patients, MCDI also brings experience implementing Helping Babies Breathe and Helping Babies Survive— neonatal resuscitation curricula for resource-limited areas. The approach, which was developed by the American Academy of Pediatrics in collaboration with the WHO, USAID, Saving Newborn Lives and the National Institute of Child Health and Development, can save the lives of babies who are struggling to breathe and survive.

Projects with communities at the heart

Projects are strongest when they are fully owned and sustained by the communities

that rely on them. To build strong community investment in maternal, newborn and child health initiatives, MCDI facilitates the formation of community health committees and engages local organizations to deliver essential health information and messages.

Through integrated community case management, MCDI puts responding to children's health needs in the hands of many frontline workers instead of limiting interventions to health facilities.

In Benin, where the World Bank estimates households spend approximately one-quarter of their annual income on preventing and treating malaria, the Palu-Alafia Malaria Program expanded community-based activities to reduce the number of malaria-related deaths among children under the age of five.

With funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, MCDI worked as part of a consortium to strengthen the government's capacity to prevent and treat malaria at home and in the community. The approach worked: By the end of the program, 80 percent of children under five were being properly treated at home within 24 hours of the onset of symptoms.

By supporting community-based distributors, MCDI ensures the availability of anti-malarial drugs, contraceptives, and water purification tablets. Innovative community-based financing schemes help remove financial barriers to health care access and promote the financial sustainability of maternal and child health and family planning interventions.

The USAID-funded Accelerating the Reduction of Malaria Morbidity and Mortality (ARM3) program educated health workers in Benin on this approach and, in one year, trained more than 1,200 of them on managing malaria, pneumonia and diarrhea.

To further empower and supply community health workers and facilities, the project



Over the course of one year, MCDI's Accelerating the Reduction of Malaria Morbidity and Mortality Program in Benin trained more than 1,200 community health workers on managing malaria, pneumonia, and diarrhea.

also implemented an mHealth Pilot Project that using real-time data sharing on Integrated Management of Childhood Illnesses and Drug Stocks.

MCDI's work was similarly rooted in communities in Madagascar: The Toliara Region Expanded Impact Project paired pregnant women and mothers with community health volunteers who provided information, support and referral services, and implemented a child-to-child approach in improving hygiene behaviors and knowledge in schools.

A foundation for national change

While community-level change is paramount for project success, MCDI is proud of its achievements creating sustainable progress in health services at the national level.

In partnership with ministries of health, MCDI has successfully piloted the introduction of the Integrated Management of Childhood Illness (IMCI) strategy in South

Africa, Benin, Bolivia and Madagascar. In Madagascar, the National IMCI Program ultimately adopted the Community Case Management training manual that MCDI developed for community health agents.

Under USAID's flagship project Improving Malaria Diagnostics (IMaD) Program, MCDI strengthened the malaria diagnosis capacity of the National Malaria Control Programs in 14 sub-Saharan African countries. At the state level, the program addressed major gaps in resources, training and quality assurance, helped create national plans on introducing and scaling rapid diagnostic tests, and worked with Ministries of Health on developing curricula on diagnosis, treatment and support.



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