REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

Towards safe and healthy living
Significant progress has been made in reducing maternal and child mortality since 1990, with a 47 per cent reduction in maternal mortality and a 49 per cent decline in child mortality. Yet, an estimated 800 women die every day during pregnancy and childbirth mainly due to poor access to effective interventions. Among children under-five years, the estimated annual number of deaths is 6.3 million, including 2.8 million in the first month of life. Pneumonia, diarrhoea and malaria account for 29 per cent of these deaths and malnutrition is an underlying cause of death in 45 per cent of all under-five deaths. Achievements have been uneven across regions and countries with children in sub-Saharan Africa at 15 times greater risk of death before the age of five than children in developed countries. Nearly half of all under-five deaths occur in five countries: China, Democratic Republic of Congo, India, Nigeria and Pakistan.

As we move towards adopting and rolling-out the Sustainable Development Goals, it is critical to harness the momentum from gains achieved thus far and align future actions to ensure effectiveness and efficiency in programming.

The International Federation of Red Cross and Red Crescent Societies (IFRC) recognizes that holistic, people-centred approaches are a cornerstone for building resilient communities and addressing health inequities. Our comparative advantage is the presence of our volunteers in communities. Through our network of National Red Cross and Red Crescent Societies and strategic partnerships, we invest in high-impact health interventions, such as immunization; skilled attendance at birth; access to contraception; prevention, diagnosis and treatment of HIV, malaria and tuberculosis; access to clean water and sanitation; and nutrition.

At the global level
The IFRC participates in key decision-making forums and advocates for a continuum of reproductive, maternal, newborn, child and adolescent health (RMNCAH). In addition, IFRC strives to be a knowledge powerhouse that aims to understand what works for whom and in what context to better address the health priorities of vulnerable communities. IFRC advocates and promotes addressing the needs of women, children, and adolescents in both developmental and humanitarian contexts through seamless integration of services and people’s empowerment.
At the national and community levels

National Red Cross and Red Crescent Societies support the achievement of national health priorities on child survival and maternal health. In line with the Global Strategy for Women, Children and Adolescent Health, we recognize the need to focus on critical population groups such as newborns, adolescents and those living in fragile settings. National Societies aim to build community resilience by strengthening health systems, striving towards universal access, and working with health-enhancing sectors on issues such as gender-based violence, nutrition, and water, sanitation and hygiene promotion (WASH).

Programmes in National Red Cross and Red Crescent Societies range from comprehensive RMNCAH efforts on both the demand and supply sides of primary health care, such as the network of clinics run by the Afghan Red Crescent Society, the home management of malaria initiative in Kenya and the community-based activities that focus mainly on promoting improved health practices and care-seeking behaviour. In hard-to-reach communities in Pakistan, for example, trained volunteers go from house-to-house to inform people about immunization campaigns. Overall, National Societies are increasingly involved in integrated community case management initiatives to improve population access to key interventions for child survival.

In the coming years, National Societies will prioritize innovative, demand-driven, community-led interventions for addressing RMNCAH issues with a focus on learning about what works, in what context, and for whom.

At least 48 National Red Cross and Red Crescent Societies are conducting RMNCAH activities and many more continue to get involved. We reach the most vulnerable adolescents, mothers, children and their families in humanitarian and development contexts. Through our advocacy and strategic partnerships we influence the global RMNCAH agenda.

Red Cross and Red Crescent volunteers play an essential role in contributing to the global RMNCAH effort. In their auxiliary role to governments, National Societies provide high-quality RMNCAH programmes across continua of lifespan, place of care, and resilience.

In line with our core values of human rights, equity and sustainability, our global presence enables us to achieve: Reducing preventable deaths, improving living conditions and ensuring universal access to quality health services for the most vulnerable adolescents, mothers, children and their families.
Case studies

Honduran Red Cross

Since 2006, the Honduran Red Cross has been implementing the REDES (Spanish for networks) project, aimed at strengthening community networks to improve RMNCAH. REDES puts special emphasis on the importance of men’s participation during pregnancy, birth and post-partum care and sharing the responsibility for birth spaces and practicing safe sex. Promoting the right to health and facilitating social accountability structures has resulted in empowered local communities who take charge of their own health and that of their community, demand quality public service provision, and reduce access barriers in order to create sustainable health systems.

Afghan Red Crescent Society

To overcome cultural barriers and address the unique challenges of RMNCAH in remote areas, the Afghan Red Crescent Society has engaged with the local health committees in Balkh province to establish Grandmother’s Committees. Grandmothers are considered influential figures and thus play an important role in encouraging health-seeking behaviour, guiding young women on health issues, and convincing husbands and fathers to let their wives and daughters seek health services and undergo medical treatment in health facilities. The National Society is training grandmothers on key reproductive health issues including safe motherhood, antenatal, postnatal, safe delivery, tetanus toxoid vaccines, hygiene promotion and behaviour change. Grandmothers have conducted household visits and reproductive health sessions with around 3,744 women and referred 1,170 mothers to health facilities for antenatal services.

Liberian Red Cross Society

The Liberian Red Cross Society, in collaboration with the ministries of gender, health and social welfare and agriculture, is implementing a community-based health and disaster management programme to build the capacities and improve resilience for better health outcomes among 30 vulnerable communities in north-central Liberia. One aspect of the programme is gender schools, run by male and female community members who have been trained in gender concepts and sexual and reproductive rights that facilitate peer group discussions and life skills training. Men and women with increased knowledge adopt attitudes and behaviours conducive to promoting gender equality and sexual and reproductive rights.
Reproductive, maternal, newborn, child and adolescent health
Bridging the health gap and strengthening resilience

ISSUE

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<th>2 minutes</th>
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<tr>
<td>1 woman dies every 2 minutes during pregnancy and childbirth mainly due to poor access to effective interventions.</td>
<td>1h = 30</td>
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<tr>
<td>10 newborns (up to 1 month of age) die every 2 minutes, the majority from preterm birth complications or delivery related events</td>
<td>1h = 300</td>
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<tr>
<td>25 children under the age of five, die every two minutes, from pneumonia, diarrhoea, delivery related complications and malaria</td>
<td>1h = 750</td>
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HOW WE HELP

Red Cross and Red Crescent RMNCAH programmes include:

- Community-based activities to promote improved health practices and care-seeking behaviour
- Task shifting and health system strengthening
- Access to services and essential interventions
- Delivering services in both development and humanitarian contexts

RED CROSS RED CRESCENT RMNCAH MODEL

3 Continua of care:

- Resilience
- Lifespan
- Healthcare
Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.