1,000 CRITICAL DAYS
MATERNAL, NEWBORN
AND CHILD HEALTH

Towards safe and healthy living
Maternal, newborn and child health
Addressing health inequities and strengthening resilience

**ISSUE**

1. Across life time

2. Across places of care

3. From crises to recovery and development

**HOW WE HELP**

Red Cross Red Crescent MNCH programmes are:

- **primary health care**
- **community-based activities to promote improved health practices and care-seeking behaviour**
- **immunization campaigns, including door-to-door communication activities in hard-to-reach communities**
- **integrated community case management**

**RED CROSS RED CRESCENT MNCH MODEL**

1. Across life time

2. Across places of care

3. From crises to recovery and development

- 1 hour = 30 minutes
- 1 hour = 300 minutes
- 1 hour = 780 minutes

- 1 woman dies every 2 minutes during pregnancy and childbirth mainly due to poor access to effective interventions.

- 10 newborns (up to 1 month of age) die every 2 minutes, the majority from preterm birth complications or delivery related events.

- 26 children under the age of five, die every two minutes, from pneumonia, diarrhoea, delivery related complications and malaria.
Maternal and child mortality has declined dramatically in recent years, but not enough to achieve the Millennium Development Goals of reducing child mortality and improving maternal health. An estimated 800 women die every day during pregnancy and childbirth mainly due to poor access to effective interventions. Among children younger than 5 years, the estimated annual number of deaths is almost 7 million, including 3 million in the first month of life. Pneumonia, diarrhoea and malaria account for 36 per cent of these deaths; 14 per cent are due to prematurity.

Achievements have been uneven across regions and countries. The country disparities are stark especially in sub-Saharan Africa and South Asia, where the burden of disease and undernutrition are concentrated in the most deprived populations. Children from the poorest households are twice as likely to be stunted and underweight.

The International Federation of Red Cross and Red Crescent Societies (IFRC) has long recognized that the health of women and children is the cornerstone for building resilient communities and addressing health inequities. Our comparative advantage is the presence of our volunteers in both the ‘last mile’ and the most remote communities around the globe. Through our network of National Red Cross and Red Crescent Societies and strategic alliances, the IFRC has supported maternal and child health initiatives for more than 20 years.

At the global level
The IFRC participates in key decision-making forums and advocates for a continuum of maternal, newborn and child health (MNCH) care. We recommend putting this care into operation by integrating service delivery for women and children throughout their life cycle and ensuring MNCH care is available in all places of care-giving, from household to health facility. In addition, specific to the IFRC approach is addressing the needs of women and children from crises to recovery and development.

As part of its global advocacy and convening role, the IFRC provides leadership to the Global Alliance for Vaccines and Immunization (GAVI) Civil Society Organization Constituency and is a partner in the implementation of the Global Vaccine Action Plan.
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 with a focus on ensuring that the poorest and most disadvantaged children and mothers are able to access life-saving interventions.

Programmes range from comprehensive MNCH efforts on both demand and supply sides of primary health care, such as the network of clinics run by the Afghanistan Red Crescent, 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 inhabitants 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 addition, the coming years will focus on integrated community-based interventions addressing ante- and postnatal care, with special attention to the so-called ‘three delays’ in pregnancy and delivery, prematurity and undernutrition.

In the Democratic Republic of the Congo, the Red Cross has made inroads in increasing routine immunization and improving child health outcomes. More than 1,300 locally trained volunteers in five provinces explain the benefits of being immunized against vaccine-preventable diseases and help to dispel misconceptions or myths about vaccines. By reaching out to every family in their local languages, they aim to ensure that children are fully immunized.

In Afghanistan, with the help of more than 25,000 volunteers, the Red Crescent delivers first aid, health promotion and health education through community-based health programming. By placing women at the centre of the planning process and programming at the local level, the Afghanistan Red Crescent encourages and educates mothers to seek medical care in order to reduce maternal and newborn mortality and improve child health.

The Cameroon Red Cross Society helps to reduce barriers to maternal health among refugees from Central African Republic, who do not have access to formal health services. Through more than 700 home visits, conducted by 35 reproductive health volunteers every month, the Red Cross contributes to substantially improving the health of refugee mothers and children.

“Building resilience and achieving improved maternal and child health need the involvement of elders, community leaders (both men and women) and, more specifically, men and boys given their familial and social roles in communities.”

Bekele Geleta,
Secretary General, IFRC
Case study
The Honduran Red Cross promotes men’s participation in MNCH

In Honduras, like many other countries, family health is mainly seen as the sole responsibility of women. However, in the areas of Copan and Santa Barbara, many men have started taking on new roles as active and engaged participants and advocates of MNCH. Don Ramon is one of them.

In his rural village in Copan, Don Ramon works as a community health monitor and a traditional birth attendant. After his sister died giving birth, he raised her daughter as his own. When his own wife gave birth to their children, the option of giving birth in a clinic was not available and he learned to assist her during the home deliveries. Don Ramon is defying the views on gender roles held by most people in his community.

Don Ramon and other male members of his community have benefited from the Honduran Red Cross’s REDES (‘Networks’) project which has been implemented since 2006 with support from the Canadian Red Cross and in partnership with the Honduran Ministry of Health, municipal organizations and local communities. The project aims to strengthen community networks to improve MNCH and emphasizes the importance of men participating during pregnancy, birth and post-partum care and sharing the responsibility for birth spacing and practising safe sex.

By the end of 2011, the project had benefited some 80,000 men, women and children. The number of children registered increased from zero in 2006 to more than 11,000 in November 2011. And with an attendance rate of 92 per cent of pregnant women at community health centres, the number of infant deaths has decreased by 62 per cent in the project area.

This initiative is a prime example of Red Cross Red Crescent commitment to tackling health inequities and ensuring the health and well-being of men, women, girls and boys.
THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

**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.