

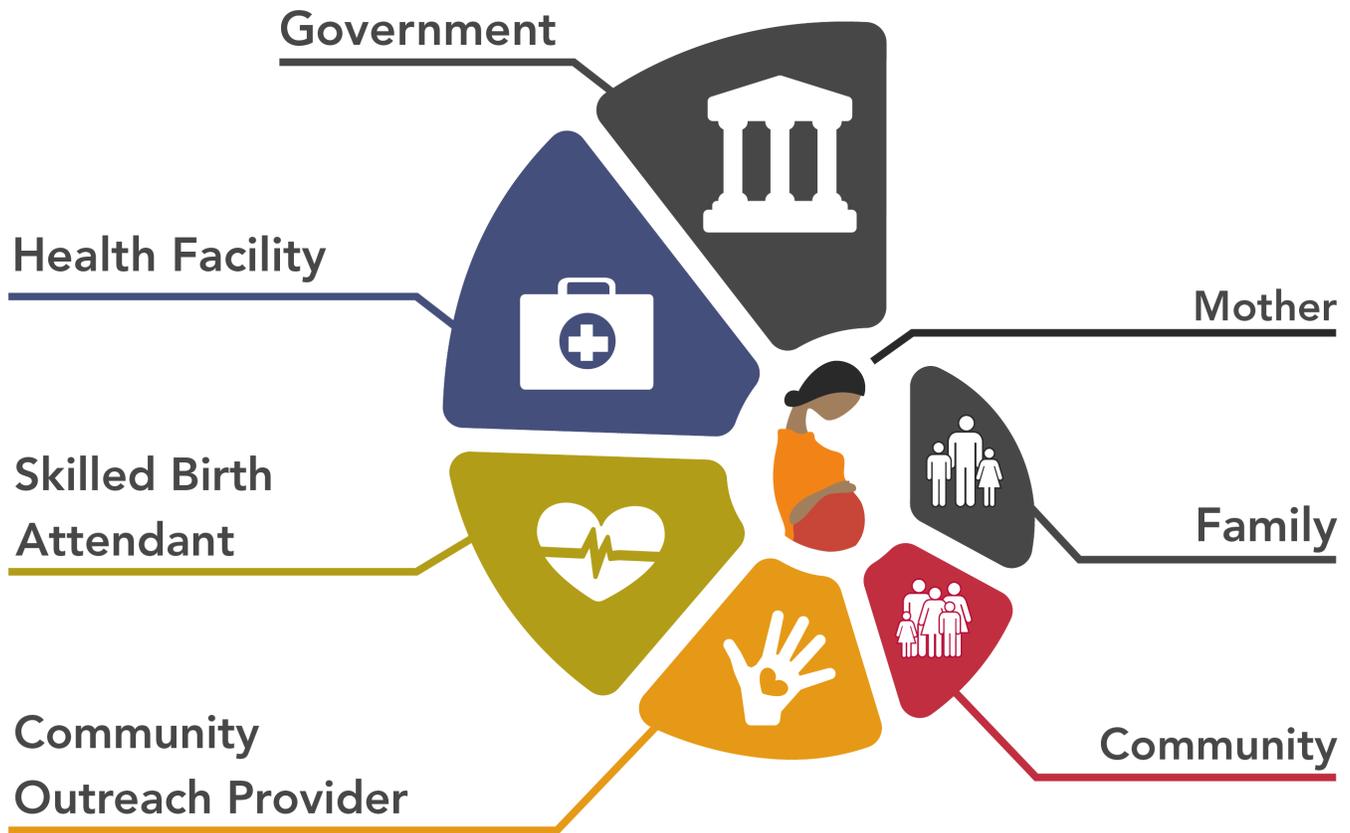


One Heart

WORLDWIDE

Key Players in the Network of Safety

Network of Safety



The central tenet of the Network of Safety is partnerships. A mother and newborn's survival and happiness do not depend on any one individual. Rather, their improved health outcomes depend on the cumulative success of a variety of factors and stakeholders. OHW's model identifies *six key players* of a mother's "Network" who together have the ability to save her life and the life of her baby: the government, the health facilities, the skilled birth attendants, the community outreach providers, the community, her family, and of course, the mother herself. Here is why we believe each role is so important:





At the most macro-level, a functioning and thoughtful **government** system has the ability to significantly affect the health outcomes of mothers and babies, mostly through intentional investment of resources, policies favoring mothers and newborn infants, infrastructure development, and so much more. Many governments suffer from a lack of resources and in some cases a lack of administrative/oversight capacity. However, the government has the potential to make far-reaching changes and maintain these changes long-term and therefore is a key ally in OHW's fight to end maternal and neonatal mortality.

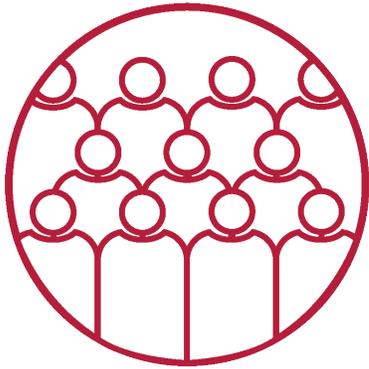
The day-to-day experience of mothers and newborns is deeply impacted by accessibility to and quality of the **health facilities** they encounter. Many studies show that delivery in a health facility (or at home with skilled assistance and supplies) has an enormous impact on the health outcomes of both mother and child. Most health posts, even in remote environments, have government-imposed regulations to ensure they have the supplies to treat common birth-related complications and identify complications that demonstrate a need for referral to a larger treatment center. Furthermore, these facilities often provide essential ANC and PNC services. Yet, nearly 53 million women across the globe, mostly in resource-poor settings, receive no skilled care during delivery, and many do not access perinatal care. Significant efforts have been aimed at closing the gap in accessing skilled care, often focusing on improving health education. However, recent research has demonstrated that often, the problem is not that women do not see the benefit of delivering at a health post, but rather that the health posts do not offer quality, respectful services. The 2016 Lancet series on Maternal Health emphasizes that as access to services expands with urbanization, emphasis must shift from getting women to facilities to improving quality and timeliness of services offered in facilities.



Within these health facilities, and regardless of whether a woman seeks care at a facility, skilled birth attendance at delivery has been shown to improve health outcomes. The **Skilled Birth Attendant's (SBA)**'s role is significant, in large part because she knows her community well, and can therefore provide quality care suited to her context. She is able to address most complications as they arise, or refer them to the nearest hospital in a timely manner if she is unable to manage the complication on her own. Ensuring that SBA's have quality training and ongoing support is paramount.

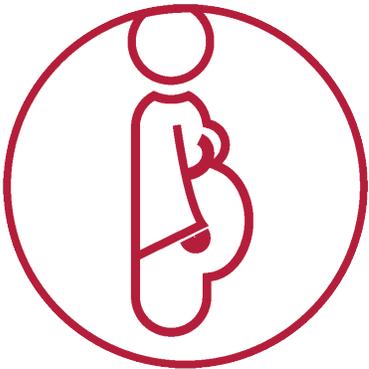


To support SBA's, Nepal has a fully established network of Female Community Health Volunteers (FCHVs) who serve as **Community Outreach Providers** and disseminate accurate information about maternal and neonatal health within their communities. FCHVs are members of the communities where they work, and therefore well-suited to address gaps in knowledge in a culturally appropriate manner, either through group discussions or by responding directly to specific questions from pregnant women, their families, and other community members. They are also important liaisons for Monitoring and Evaluation programs, since they have special access to community-based data through their personal relationships and local knowledge.



A **community's** support of maternal and neonatal health care efforts is vital to successful and sustainable reductions in rates of maternal and neonatal mortality. Often, norms are established at the community level, so changes in health-seeking behavior must occur within the community at large. Programming to ensure awareness of maternal & neonatal health concerns and resources are an important aspect of ensuring a mother's safety.

In many cases, so much emphasis is placed on the mother that we forget about the significant role of her **family**. In many cultures, a woman's husband and her in-laws hugely impact her care-seeking behavior. This should be viewed as an opportunity to expand the support for a mother by including the family's decision-makers in the perinatal and delivery process. Families are greatly affected by the death of a mother or her baby, and should be encouraged to be a part of the process of ensuring a safe delivery. In our experience, engaging family members and other perhaps non-traditional influencers, has mobilized tremendous community support for our programs.



Finally, and most importantly, the mother is at the center of the Network of Safety model. Ultimately, she will seek life-saving care for herself and her newborn. Each member of her network is bound to provide infrastructure, programs, and services with her needs in mind.





Why the Network of Safety?

The Network of Safety responds to a global need to eliminate preventable maternal and neonatal mortality once and for all. Every day, 800 women and over 7,000 newborns die from largely preventable pregnancy and childbirth complications (WHO, 2018), with 99% of these deaths occurring in developing countries. In addition, 45% of deaths of children under 5 were newborns in 2015, suggesting that targeting newborns in maternal child health programs is an effective way to minimize unnecessary and tragic child death.

The Network of Safety in particular provides a structure for NGOs to implement aid programs responsibly and effectively. The role and impact of NGOs has long been debated in the global health world. On the one hand, NGOs provide a useful perspective on health programs, especially in countries with unstable governments. In addition, they often supply much-needed resources in developing settings by connecting local needs to donors and foundation grants available in the private sector. However, NGOs' dependence on donations and grants make them susceptible to being influenced by donor priorities, and they run the risk of diverting resources away from more sustainable change originating in the public sector.

Many NGOs and even INGOs in the field of maternal and newborn health tend to focus their interventions only on one specific initiative, whether it be training of health workers, building new health facilities, or distributing essential equipment and supplies. This is problematic because focusing on one specific issue is simply not enough in locations where every aspect of the health infrastructure needs strengthening. An organization focusing solely on training may result in extremely qualified health workers but without proper equipment, they are unable to perform their work. A health facility with state-of-the-art equipment but lacking properly trained staff will result in a lot of unused equipment. By addressing healthcare service provision from the community level to the referral hospital level and by doing this in a culturally appropriate participatory manner, OHW creates a continuum of care and ensures that there are no gaps in the system that result in the lack of quality healthcare services for pregnant women and their newborn infants. This is what truly characterizes the success of our programs in some of the most remote areas of the world.

