



## Safer Birth Starts with Community:

Insights from the  
Strengthening Systems  
for Safer Childbirth Initiative

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# Acronyms

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<b>AI</b>	Artificial Intelligence
<b>ASHA</b>	Accredited Social Health Activist
<b>CHWs</b>	Community Health Workers
<b>CoP</b>	Community of Practice
<b>EMS</b>	Emergency Medical Services
<b>FOR M(om)</b>	Financing and Operational Revitalization for Maternal Care
<b>KQE</b>	Kenya Quality Ecosystem
<b>PHC</b>	Primary Health Center
<b>SMS</b>	Short Message Service
<b>TBA</b> s	Traditional Birth Attendants



# A Message From Our Company

*MSD for Mothers is our company's global initiative to help create a world where no woman has to die while giving life. Applying MSD's business and scientific resources, we work with grantees and collaborators to improve the health and well-being of women during pregnancy, childbirth and the months after. MSD for Mothers is an initiative of Merck & Co., Inc., Rahway, NJ, USA. For more information, visit [www.MSDforMothers.com](http://www.MSDforMothers.com).*



**For nearly fifteen years, MSD for Mothers has championed collaboration, investment and innovation to transform care for women and accelerate progress toward ending preventable maternal mortality.**

Strengthening Systems for Safer Childbirth is one of our most ambitious initiatives to save women's lives in low- and middle-income countries. Over the past three years, we have experimented with a creative model—local coalition building—to disrupt the status quo and promote solutions that uplift ingenuity to meet the needs of women from diverse communities.

Working across India, Kenya, Nigeria and Sierra Leone, six dynamic coalitions have leveraged local expertise from multiple stakeholders, including trusted nonprofit organizations, health care entrepreneurs, technology companies and advocacy groups, to design innovations in maternal health care. The coalitions have been intentional about developing strong relationships with national, state and county governments and, as a result, the innovations they have conceived and tested are scaling and are poised for sustainability.

Strengthening health systems to support women with high-quality care before, during and after childbirth requires a multifaceted approach that starts with the

community. This report highlights how these coalitions have succeeded in mobilizing grassroots, cross-sector partnerships with women at the center of their work. The stories featured reveal their transformative impact in improving women's health.

At MSD, we remain committed to unlocking creativity and resourcefulness in communities, especially as health systems face complex challenges. We hope the progress and lessons captured in this report will inspire continued collective action to help end preventable maternal mortality.

We extend our deepest gratitude to our grantees and collaborators for their dedication and passion. It has been an honor to support your work. We also thank the entire MSD for Mothers team, especially Iyadunni Olubode and Pompy Sridhar, for their stewardship of Strengthening Systems for Safer Childbirth. Together, we can build stronger health systems and expand access to quality health services so women get the care they deserve.

With appreciation,

**Jacquelyn Caglia**  
Head of MSD for Mothers



# Introduction

In 2022, MSD for Mothers launched Strengthening Systems for Safer Childbirth, a community-led, coalition-based model to improve access to high-quality, respectful maternal health care in India, Kenya, Nigeria and Sierra Leone. The initiative was designed to improve maternal health outcomes in countries with high rates of women dying from complications of pregnancy and childbirth by addressing the challenges that health systems often confront.

**During its three years, Strengthening Systems for Safer Childbirth expanded access to quality care for more than 2.7 million people by training nearly 8,000 health care providers and strengthening 475 health facilities. These efforts have contributed to an increase in prenatal care visits, stronger referral systems and declines in maternal mortality.\***

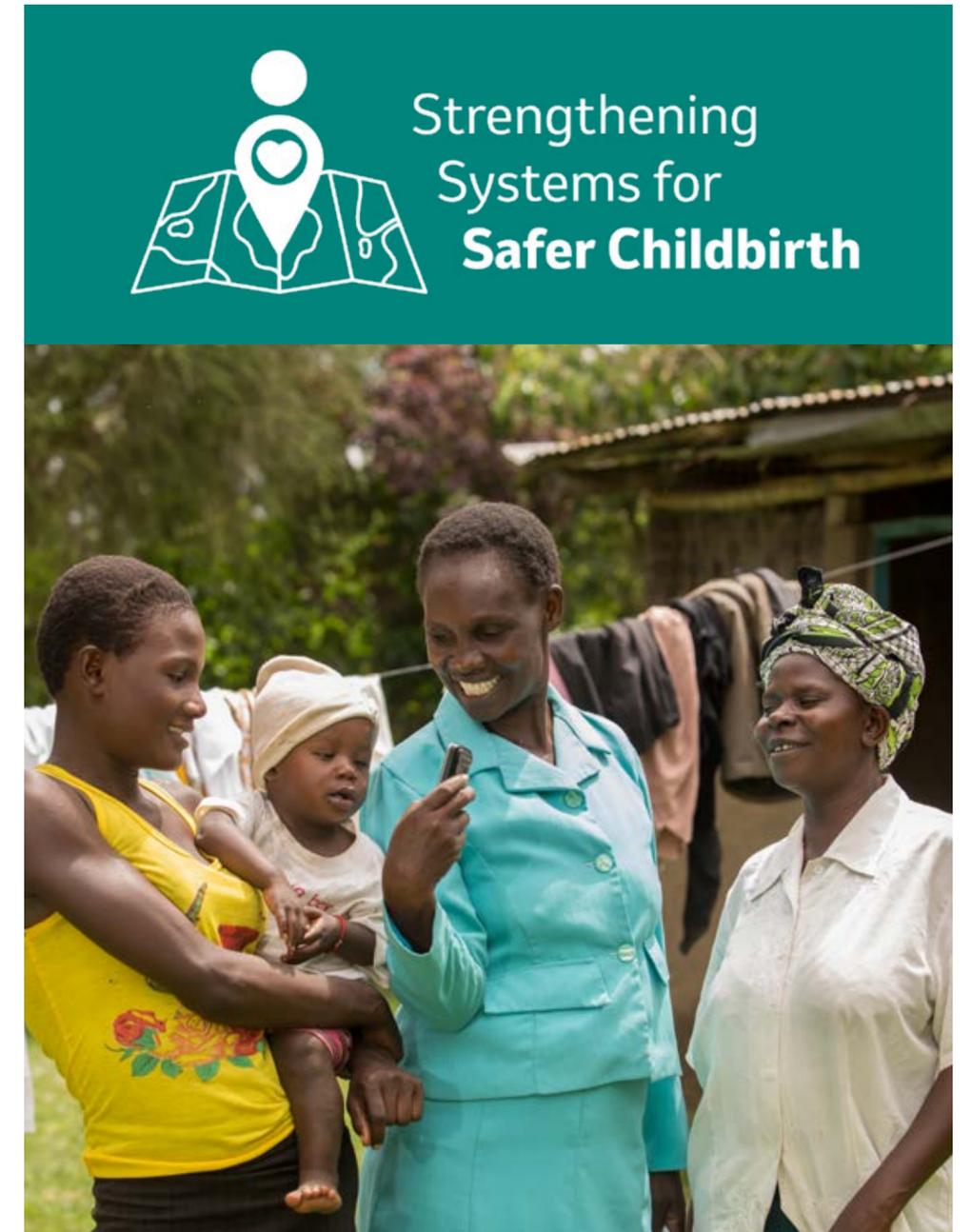
Collaboration at the subnational and national levels has been key in helping to scale and sustain improvements in the quality of maternal health services. New programs to finance care, innovative digital tools and improved data collection approaches are bolstering critical health infrastructure and enabling health leaders to pinpoint gaps in care and make more strategic decisions about allocating limited resources for the greatest impact on saving women's lives.

Strengthening Systems for Safer Childbirth has demonstrated that forging collaboration among local leaders across government, civil society, health care systems and the private sector can lead to success in improving maternal health in different contexts.

From the outset, the initiative has focused on contributing to Sustainability Development Goal Target 3.1: reducing the global maternal mortality ratio to less than 70 per 100,000 live births. The four participating countries have distinct challenges in reaching the ambitious goal.<sup>1</sup>

For example, the number of maternal deaths each year in Nigeria is greater than in any other country in the world and accounts for 28% of these deaths globally. Kenya and Sierra Leone rank among the countries with the highest ratios of maternal mortality globally. India, which has made notable overall progress in reducing maternal deaths, still confronts considerable disparities across states.<sup>3,4</sup>

Local cross-sector coalitions are the cornerstone of Strengthening Systems for Safer Childbirth and the engine for driving change in maternal health. Coalition members from diverse organizations—public and private—have been working



\*Efforts from the Kenya Quality Ecosystem coalition have contributed to a 29% reduction in facility-based maternal mortality across Kisii and Makeni counties (30% and 27% respectively) from FY 22/23 to FY23/24.

<sup>1</sup>[https://files.who.int/afahobckpcontainer/production/files/iAHO\\_Maternal\\_Mortality\\_Regional\\_Factsheet.pdf](https://files.who.int/afahobckpcontainer/production/files/iAHO_Maternal_Mortality_Regional_Factsheet.pdf)

<sup>2</sup><https://annalsofglobalhealth.org/articles/4710/files/67e2a9b0b95ee.pdf>

<sup>3</sup><https://data.unicef.org/topic/maternal-health/maternal-mortality/>

<sup>4</sup><https://www.pib.gov.in/PressReleasePage.aspx?PRID=1697441>

collaboratively and are breaking down siloes to address the multifaceted contributors to poor maternal health in their communities.

Six locally-formed coalitions have each co-created and implemented solutions tailored to their communities' particular needs—with a focus on sustained improvement in the quality of maternal health care.

A community of practice provides a platform for peer-to-peer exchange and joint problem-solving on issues of priority interest among the six coalitions.

This report describes how each coalition is tackling maternal health challenges in its community. While their approaches differ, common themes and lessons have emerged for supporting the scale and sustainability of these maternal health programs globally.

**Strengthening Systems for Safer Childbirth aims to ensure that women not only survive childbirth, but have access to stronger, more responsive health systems—and this report highlights how passionate local leaders have collectively made progress toward this vision.**

## Hearing directly from women and health care providers

**60 Decibels**, a social impact measurement company, collected feedback from pregnant women and health care providers about their experience as participants in the Strengthening Systems for Safer Childbirth initiative. The company surveyed over 1,400 women and nearly 600 health care providers to better understand changes in health behaviors and practices, and identified the following findings:

### Impact on women's health seeking behavior

Since engaging with the coalitions, most women report that they are more likely to seek professional health advice and visit health facilities.

“

*“Since engaging with services [through Strengthening Systems for Safer Childbirth], I trust more in doctors and take consultations from them if I face any issue during my pregnancy.”*

– Woman in India

### Impact on women's health practices

Women report improved hygiene and nutrition, and increased reliance on professional health services as the key changes they've made to their health practices.

“

*“I now choose healthier foods for myself and my family. I feel very happy and proud because our health has really improved.”*

– Woman in Nigeria

### Impact on health care providers

Nearly all health care providers report improvements in their ways of work, with many providers reporting “very much improved.”

“

*“I am now able to train and mentor colleagues by sharing knowledge. I have also gained greater confidence and skill in managing complications such as postpartum hemorrhage, which has enhanced the quality and safety of care for mothers and babies.”*

– Health care provider in Kenya

# Overview of the Coalitions

The six coalitions that are part of Strengthening Systems for Safer Childbirth created innovative programs and partnerships based on an assessment of why women were dying in their communities. Each coalition focused on systems-level changes for greater impact and more sustainable solutions.

## Kenya



**Kenya Quality Ecosystem** is engaging county governments (Kisii, Makueni and Mombasa) to utilize data-driven strategies for targeted improvements in maternal and newborn health services, accelerating equitable resource allocation.



**MamaLink** is providing timely, free emergency transport for mothers and newborns in Nairobi and Siaya counties.

**rescue.co**

## India



**e-SAATHI** is developing a digital decision support system in Assam, Madhya Pradesh and Uttar Pradesh states to provide pregnant women with reproductive health information, self-care tools and access to quality maternal health services.



## Nigeria



**FOR M(om) - Financing and Operational Revitalization for Maternal Care** - is improving maternal health outcomes in Delta, Kano and Lagos states by expanding access to financing and supporting digital transformation of health facilities.



**Helium Health**

**Project Aisha** is advancing respectful maternal health care in Kaduna and Lagos states through quality improvement, community education and digital solutions.



## Sierra Leone



**Wellbody** is improving maternal health services in Kono district by integrating formal and informal health care systems through a hub-and-spoke model that prioritizes engagement with community members and government stakeholders.



# Core Principles

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**Strengthening Systems for Safer Childbirth is grounded in five core principles that shape how coalitions design, implement and sustain their work.**

These principles reflect the initiative's commitment to community leadership, equity, innovation and collaboration.

## **3** **Meaningfully Integrate Women's Voices**

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Coalition solutions are informed by local women's needs and preferences, which are solicited through ongoing feedback sessions and then incorporated into program design, implementation and evaluation.

## **1** **Amplify Local Innovations**

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Coalitions scale new or existing locally-tailored solutions that augment government capacity, increase efficiencies and address local maternal health challenges—especially equitable access to care—in their specific contexts.

## **4** **Leverage the Private Sector**

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Coalitions benefit from the resources, expertise and patient/customer focus of the local private sector—from independent maternity care providers to homegrown entrepreneurs who bring innovation to service delivery.

## **2** **Learn Together for Collective Impact**

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A community of practice, facilitated by Accenture Development Partnerships, brings coalitions together to share experiences, solve problems and disseminate learnings. Rabin Martin, a global health consultancy, provides strategic guidance and technical support to all six coalitions.

## **5** **Plan for Sustainability**

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Coalition members work collectively to define a plan for their solutions' financial and operational sustainability, ensuring communities have long-term access to high-quality maternal health care.

# Community of Practice

## The initiative's community of practice (CoP) brings coalitions together to learn from one another and accelerate progress in improving maternal health care.

The CoP set a bold vision of cross-pollination and created a forum where innovators grow together, supported by a network of experts, partners and resources. This approach redefined the traditional relationship between funder and grantees to one of collaboration.

## Key Objectives

- **Connect:** Enable peer-to-peer learning through global and regional summits, bilateral meetings and expert networks.
- **Support:** Provide business and technical guidance on financial sustainability, effective use of digital tools, agile operations and strategic partnerships.
- **Amplify:** Promote coalitions' work and advocacy efforts by coordinating and securing speaking engagements, producing publications and connecting the coalitions to expert coaches.

## Achievements

- **Promoted meaningful collaboration to drive the exchange of best practices.** Over a three-year period, the six coalitions participated in more than 25 cross-learning sessions on topics such as data-driven storytelling, advocacy, financial sustainability, monitoring, evaluation and learning, utilizing digital platforms and data analytics.
- **Strengthened skills to advance maternal health goals.** Coalitions participated in more than 20 expert-led sessions with leaders from peer organizations on coalition-identified topics such as “Branding and Marketing for Impact” and “Building Agile Operating Models”.
- **Enhanced operational capacity.** Coalitions received intensive, tailored one-on-one coaching to strengthen the business acumen and technical skills required to sustain their long-term impact.
- **Elevated the visibility of the coalitions' innovative work and influence.** The CoP supported the development and dissemination of 30+ thought leadership articles that showcased the coalitions' achievements and this initiative's contribution to the maternal health field ([Appendix](#)).



## Coalition members report a positive experience participating in the CoP

- **97%** note that the CoP has contributed meaningfully to their growth and impact
- **96%** are satisfied or highly satisfied with the CoP's support for strengthening the sustainability of their programs
- **93%** are directly applying CoP insights into their work
- **97%** believe the CoP fosters collaboration over competition



**“Being part of the Strengthening Systems for Safer Childbirth initiative allowed us to share and see how other coalitions were doing, allowing us all to grow and see how we could improve our approaches. When we went to Nigeria at the beginning of the initiative, we saw FOR M(om) and Project Aisha for the first time, which informed how we planned to implement our approach and we stayed in contact about how to implement our programs.”**

— Wellbody coalition

# Community-Driven Solutions to Improve the Quality of Maternal Health Care

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Resilient health systems that can reliably provide high-quality maternal health care are essential for reducing maternal mortality and improving the health and wellbeing of women during pregnancy, childbirth and the postpartum months that follow. Many women, however, still face life-threatening risks due to inadequate care, delayed referral for emergency obstetric services and weak health infrastructure, especially in under-resourced settings.

**The six coalitions that are part of Strengthening Systems for Safer Childbirth have identified common barriers to quality care in their communities and created practical solutions to address them.**

- 1. Deploying digital tools**
- 2. Increasing access to emergency transportation**
- 3. Strengthening referral systems**
- 4. Financing health care**



# Deploying Digital Tools

**Digital technologies—including telemedicine and mobile health (mHealth)—can be effective tools to address gaps in maternal health care, especially when powered by Artificial Intelligence (AI) and data analytics. Health system managers who have access to real-time data on women’s pregnancies, such as attendance at prenatal care visits, can make more strategic and timely decisions about improving the quality of services provided—and save more lives.**

## Kenya Quality Ecosystem: Adopting mHealth tools to support women’s pregnancy journey

In Kenya, limited data from both women and health providers has hindered the government’s ability to direct limited resources where they are needed most. Kenya Quality Ecosystem (KQE) is collaborating with county governments in Kisii, Makueni and Mombasa to use feedback from women and their health providers—gathered through mHealth tools—to inform improvements in maternal and newborn health services.

As part of the coalition, Jacaranda Health launched PROMPTS, an AI-powered two-way short message service (SMS) that guides women through pregnancy, nudges them to seek timely care, answers their questions and captures their feedback on the quality of care received. An AI-enabled help desk triages incoming messages so that high-risk concerns, such as alarming

symptoms like bleeding, are immediately referred to a health care provider, while routine questions receive automated responses. PROMPTS data is anonymized and aggregated, making it easier for health system managers to rely on it for decision making.

Jacaranda Health is also strengthening frontline health workers’ capacity by using a WhatsApp-based training tool and in-person mentorship to build skills in managing emergencies such as postpartum hemorrhage and pre-eclampsia. Data captured through this tool is aggregated to highlight facility-level and provider-level gaps, guiding targeted training.

A real-time dashboard that turns this feedback from women and providers into actionable insights helps counties identify gaps quickly and allocate resources more effectively.



*“The dashboard highlights how mothers are treated in various facilities through the quality-of-care data collected via PROMPTS. We can call the facility and the patient to meet and understand what happened. We can use the data from the dashboard to counteract false social media reports about the facilities and share real information with the community.”*

— Christine Mutindi, County Reproductive Health Coordinator, Makueni county

## Impact by the Numbers

**90,000**

women reached

**12,000+**

providers reached

**20%**

increase in women attending four or more prenatal care visits

**90%**

of women flagged as high-risk received follow-up care at a hospital

*Kenya Quality Ecosystem cont.*

## Care in the palm of her hand throughout her pregnancy journey

*When she was pregnant, Mary\* signed up for Jacaranda’s phone-based SMS called PROMPTS during a routine visit at a hospital in Makueni county. Since this was her first pregnancy, she was relieved to start receiving messages to guide her through her pregnancy journey—such as eating a balanced diet and, importantly, reminders for when to visit a facility for her prenatal care check-ups. When her baby boy was born, PROMPTS carried her through the daunting stages of newborn care and breastfeeding and helped her navigate family planning—something no one had spoken with her about.*

*\*Name changed for illustrative purposes*

*A community health promoter in Makueni county visits a mother who used PROMPTS during her pregnancy.*



## e-SAATHI: Using a chatbot to deliver critical health information to women

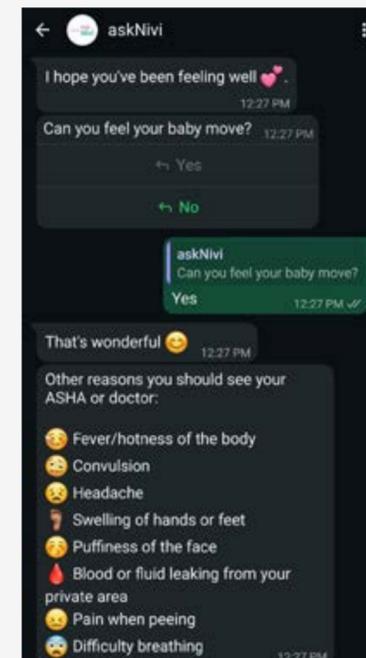
Despite significant progress in maternal health in India, disparities persist. Strained local health systems and women’s lack of agency in their own care contribute to poor outcomes in underserved communities.

In Madhya Pradesh and Assam—which have the first and second highest maternal mortality ratios in the country—e-SAATHI deployed an AI-enabled chatbot called askNivi to complement the role of health workers in providing women with information about their maternal health journey.

Through this WhatsApp-based system, e-SAATHI bridges gaps in care. The chatbot delivers health information and reminders for prenatal care visits and prompts women to provide feedback on their experience of care. The messages are personalized based on a woman’s stage of pregnancy—for example, guidance on self-care, nutrition and perinatal exercise.

The platform has been important in optimizing an overstretched workforce and helping to ensure that women have access to accurate and timely health information.

Real-time insights from askNivi—including self-reported health-seeking patterns, feedback on facility visits and interactions with the platform’s wellness content—have been incorporated into a digital dashboard that is helping strengthen quality improvement efforts across local health systems.



e-SAATHI in action (English) — week 24 of pregnancy



e-SAATHI in action (Hindi) — week 24 of pregnancy

## Building new mothers’ confidence

*“Before e-SAATHI, I relied on ASHA Baideu\* for reminders. Now, I get messages directly on WhatsApp, telling me when my checkup is due and what to eat. I feel more confident and take better care of myself and my baby. Sometimes, when I am worried, I send a message back and get advice. It feels like someone is always looking out for me.”*

— A mother in Assam

\*“Eldest sister” in Assamese

## Impact by the Numbers

80%

felt very confident and empowered to make health care decisions

>100,000

users

16%

increase in women attending four or more prenatal visits

40%

increase in early ultrasounds

22%

increase in first trimester prenatal checkups

# Increasing Access to Emergency Medical Services

**Most maternal deaths are preventable with timely access to quality care. A woman experiencing a life-threatening pregnancy or childbirth complication requires immediate care at a health facility that is equipped to manage her condition. Emergency medical services (EMS) are crucial for saving women's lives. A robust EMS system includes emergency communication systems, referral and transportation mechanisms and well-trained first responders.**

## MamaLink: Coordinating emergency transport for timely maternal care

Kenya has a limited number of ambulances, especially public ones, contributing to long wait times for emergency medical services and delays in urgent transfers to higher-level facilities.

To address this challenge, MamaLink established a 24/7 emergency transport and coordination system that connects pregnant women to public and private ambulances through a cloud-based platform. The system locates and deploys the nearest available ambulances in real time. Once on the scene, MamaLink's emergency medical technicians provide immediate support and communicate key updates to the referring and receiving facilities, facilitating smooth coordination and

## Impact by the Numbers

**17,000**

pregnant women received emergency ambulance services

**94%**

transported to the right facility on the first attempt

**>90%**

average reduction in EMS response time in Nairobi, from 2.5 hours to 12.8 minutes



## Speed and coordination saves lives

A critical transfer was initiated when the Nairobi Emergency Operations Center requested an advanced cardiovascular life support ambulance for a woman experiencing severe blood clotting complications after a caesarean section.

Her unstable condition required urgent specialized care and the transfer to the hospital demanded careful coordination. The ambulance needed to be equipped with a ventilator and staffed with an anesthetist and ICU nurse.

Despite these challenges, the transfer was completed safely in just 23 minutes, demonstrating the coalition's capacity to support and manage high-risk emergencies and ensure women receive the care they need.

confirmation of the transfer. This approach strengthens linkages between facilities and ensures that patients reach the appropriate level of care more quickly.

MamaLink also collects and analyzes data from every point of care to identify operational trends, inform service improvements and advocate for the resources needed to make emergency transport consistently accessible and reliable. This data-driven and collaborative model has supported integration of emergency transport into Kenya's maternal health system and improved outcomes for women and newborns.

## Wellbody: Ensuring access to ambulance services

In Sierra Leone, up to 98% of maternal deaths have been attributed to delays in women receiving appropriate health care. To increase access to quality care, Wellbody partnered with the National Emergency Medical Services to strengthen Kono district's emergency referral and transport system.

Women who need higher-level care are now routinely transported from community facilities to Koidu Government Hospital, where Wellbody has trained providers to recognize and respond immediately to obstetric emergencies.

The coalition collects and reports data on both emergency transports and subsequent care at this hospital to identify opportunities to further strengthen the quality of urgent maternal health care.

*The National Emergency Medical Services ambulance arrives at Koidu Government Hospital in Kono district, transporting a patient to access specialized care.  
Photo by AbuBakarr Tappiah Sesay/PIH*

## Impact by the Numbers

# 750

referrals and emergency response services

## From crisis to care

*“My belly started swelling abnormally. My condition didn't improve and I needed several blood transfusions. At Koidu Government Hospital (KGH), doctors operated to find the cause and had to remove my uterus to save my life. If I had not been brought to KGH I might not have survived. The doctors, nurses and everyone cared for me like family.”*

— A student nurse referred to care due to severe complications from an infection after a C-section



# Strengthening Referral Systems

**Many women—particularly in certain countries and in remote or rural communities—give birth with traditional birth attendants (TBAs), a large cadre of community-based birth workers operating outside the formal health system. While TBAs are often well known and respected within their communities, their education and skill levels vary, and they are not usually regulated by established systems. Nonetheless, when TBAs are engaged effectively, they can play an important role in promoting safe motherhood by linking women with skilled care.**

## Project Aisha: Training TBAs to increase access to comprehensive maternal health care

In the Ifako-Ijaiye district of Lagos, Nigeria, Project Aisha determined that TBAs were taking too long to refer women to health facilities and that these delays were a leading cause of maternal death. The coalition brought together a group of TBAs and public and private health facilities to co-design an innovative model that encourages timely referrals, improves access to quality maternal health care services and preserves community trust in TBAs.

As a first step, the coalition trained TBAs to recognize the warning signs of pregnancy complications and refer women quickly to health facilities. New “silent” ambulances began discreetly transporting women from a TBA’s home to a health facility to avoid associating her with a health emergency. The project also addressed negative attitudes among hospital staff toward TBAs by affirming their critical role as “trust-brokers” within the community.

These efforts have been successful and formally integrating TBAs into the health system is becoming a state-level solution to improve maternal health. Project Aisha is advising the governments in Kaduna and Lagos states on upskilling TBAs and building their capacity to make appropriate referrals. In Lagos, this guidance is shaping a regulatory framework that strengthens training for TBAs, embeds them into primary health centers, increases performance oversight, establishes referral links to facilities, promotes deliveries by skilled birth attendants, registers TBAs and updates the training curriculum with Project Aisha’s input.

In Kaduna, there is now a state-validated policy requiring registration of all TBAs and mandating that TBAs report on their services to the government.



*“Community feedback—particularly from women and community-based providers such as TBAs—was used to identify service delivery gaps and develop context-specific solutions using quality improvement tools developed by health care workers at the facility.”*

— Dr. Olasunbo Makinde, Health Strategy and Delivery Foundation

## Impact by the Numbers

**13% → 77%**

change in proportion of pregnant women with complications who received prompt referrals for expert care

**50%**

reduction in stillbirths

**31%**

average rise in prenatal care visits

*Project Aisha cont.*

## **A skilled and safe delivery thanks to a traditional birth attendant**

*A TBA brought a 35-year-old pregnant mother of four to a primary health center (PHC) in Zaria where she safely delivered her baby. “It was my first time giving birth in a facility. I felt well cared for and received proper postnatal counselling. It was a big difference from my previous, difficult home births.”*

*Engaged and trained TBAs in Kaduna state now promptly refer and accompany pregnant women to PHCs, following state guidelines.*

*A male traditional birth attendant examines a pregnant woman in Lagos.*



## Wellbody: Integrating TBAs into the formal health system

Although Sierra Leone has prohibited TBAs from conducting home births, many women continue to turn to them because of fear, mistrust and limited confidence in formal health services. Acknowledging their strong community influence, Wellbody chose to work with TBAs rather than against them—transforming a challenge into an opportunity. Health teams now engage TBAs as trusted partners to build community members' confidence in health facilities and promote safe deliveries with skilled providers.

This collaborative approach is helping bridge the gap between communities and the health system, boosting utilization of health services and ultimately improving maternal and newborn outcomes. For example, through the Wellbody Clinic in Kono district, the coalition trained TBAs to encourage women who are pregnant or breastfeeding to deliver in a health facility and link them to the nearest site where they can receive quality prenatal, labor and delivery and postpartum care.

Wellbody also worked closely with staff at health clinics to change their perceptions about TBAs and advocate for the vital role they can play in ending preventable deaths.

TBAs now frequently accompany women in stable condition to clinics, increasing the likelihood that they will receive timely, high-quality care. TBAs have become formally integrated into the care team at Koidu Government Hospital in addition to other primary health units.

### Providing trusted support throughout pregnancy

Aminata, a dedicated TBA in Tankoro Chiefdom, met a woman who had suffered the loss of nine pregnancies. Without a stable husband and little support, the woman had relied on home deliveries and avoided prenatal care out of fear. Aminata patiently counseled her, gained her trust and personally escorted her to the prenatal clinic.

Throughout the pregnancy, she supported the woman, ensuring she received proper check-ups which led to a referral to Koidu Government Hospital (KGH) due to her high-risk status.

At KGH, skilled health workers managed her labor through a cesarean section and, for the first time, she delivered a healthy baby boy. For Aminata, this was a moment of pride and joy—proof that her dedication could save lives. Aminata's compassion and commitment highlight the pivotal role TBAs play in linking communities to safe maternal health services.



### Impact by the Numbers

**21,000+**

TBA referrals to health facilities, including 1,740 for labor and delivery

# Financing Health Care

**Inadequate funding and inefficient financing systems continue to thwart progress in reducing maternal mortality in many low- and middle-income countries. Innovative approaches are needed to unlock new streams of funding and optimize how resources are allocated for maternal health services. Financing strategies that are responsive to the local context and leverage data for decision making are critical to help ensure that women receive quality care.**

## FOR M(om): Securing financing and operational support to improve maternal health care

Across Nigeria, health facilities' limited funding and poor infrastructure are major barriers to delivering quality maternal health services. FOR M(om) is addressing these challenges by providing health facilities with collateral-backed loans to strengthen their operations and enhance the quality of care they offer.

Helium Health—a health tech provider in Africa and the lead of FOR M(om)—offers a suite of financial products to improve health care, including HeliumCredit, which provides health facilities with fast, flexible financing and repayment plans they can manage. This access to capital has enabled maternal health clinics to upgrade their infrastructure,

including diagnostic equipment, medical supplies and digital systems—a significant step toward greater efficiency.

These investments have helped strengthen service delivery and helped ensure the availability of essential maternal health commodities, ultimately improving and sustaining the quality of care these clinics provide in their communities.

## Funding for new equipment to better manage childbirth complications

A health clinic located in Delta state received a loan from HeliumCredit to help the clinic expand to a new location, build a new labor ward and outfit it with essential equipment.

These upgrades have significantly improved the clinic's ability to care for pregnant women, enhancing both the quality and efficiency of their services.

## Impact by the Numbers

**\$731,000+**  
total loaned

**19**  
facilities  
received loans

**150**  
digitized  
facilities



FOR M(om) engagement in Delta state

## Kenya Quality Ecosystem: Supporting effective budgeting for maternal health

Kenya recently made significant shifts in how the country finances health care, including establishing new requirements for how local governments can access national funds. As a result, many counties have not yet unlocked available resources to address health challenges—including improving maternal health services, a major need given that 55% of maternal deaths in Kenya’s health facilities are the result of poor quality care.

KQE is building the capacity of health facility administrators and county health leaders to access available funds and help ensure that these resources are allocated where they are needed most. For example, KQE is providing training on how to enroll pregnant women in the country’s Social Health Insurance Fund and process digital claims for reimbursement of maternal health services.

KQE also developed a data dashboard that captures millions of women’s and thousands of providers’ experience of care. The dashboard is incorporated into health decision-makers’ routine meetings with private and public health facilities and government leaders to identify gaps in services, inform the efficient allocation of resources and monitor performance improvement.

## Results-based financing improves quality care

Makueni county committed KES 4.5 million toward incentivizing facilities to strengthen the quality of maternal health care across KQE-supported facilities as part of the county’s broader pledge to increase resources for maternal health.

Thirty KQE facilities were eligible to receive a financial reward if they met five key service delivery metrics: referral response and handover time for emergency maternal cases, blood availability, quality prenatal care, quality postnatal care, and quality maternal & perinatal mortality audits.

**The proportion of women receiving eight prenatal visits rose to 24%, compared to the county average of 16%, and 91% of mothers received postnatal care within 48 hours of delivery, surpassing the target of 80%.\***

\*Statistics are from the Kenyan Government Financial Year 2024 to 2025 (baseline: July 2024; endline assessment: June 2025)



## Impact by the Numbers

**45%**

increase in Makueni’s maternal, newborn and child health budget

**83%**

increase in Kisii’s spending on maternal, newborn and child health services

**89%**

of facilities participating in the Social Health Insurance Fund across Kisii, Makueni and Mombasa counties

**1**

newly funded newborn unit in Mombasa, the second in the entire county

# Lessons Learned

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Many valuable lessons have emerged from the Strengthening Systems for Safer Childbirth initiative. We identified five key considerations to help make sure that community-led efforts to improve maternal health are responsive to the cultural context, integrate women's voices, generate data for decision making and sustained impact, and benefit from the learnings and experiences of peers—including those working in different settings.

## **Governments are eager for data, but this information must be clear, simple and actionable.**

Data-driven insights enabled governments to identify gaps in maternal care services, track progress and adapt interventions for maximum impact. Designing and co-creating data dashboards that are user-friendly and seamlessly integrated within existing management systems is essential to help ensure that governments—as well as private health providers—can easily access and use the insights for decision making.

## **Collecting and incorporating feedback from women—either in person or digitally—is critical to guide quality improvement efforts.**

All coalitions were intentional about soliciting women's perspectives on the care they need and want. Some hosted in-person sessions and others collected feedback digitally. The information that the coalitions captured, aggregated and synthesized was vital in both designing and refining women-centered programs and in communicating gaps in maternal care to health care providers, government officials and other key stakeholders.

## **Embedding sustainability as a core program element facilitates scale and long-term impact.**

Throughout the three-year initiative, coalitions pursued partnerships and funding from government and private sector stakeholders to expand and sustain programs within and beyond their communities. Planning from the start about how to integrate new interventions into existing health systems and services—and training health care professionals and other stakeholders on their value in improving maternal health care—paves the way for an enhanced standard of care.

## **Well-trained community health workers and traditional birth attendants can advance efforts to improve maternal health.**

Early on, many coalitions recognized the value of CHWs and TBAs in improving women's access to quality care and, therefore, invested in building trust with them. By upskilling CHWs and training TBAs, the coalitions equipped these health workers—who have deep roots in their communities—to become key partners in referring women for care, leading to significant increases in the number of women seeking care with skilled birth attendants.

## **A community of practice among innovators is a powerful accelerator for cross-learning, collaboration and impact.**

The initiative's community of practice has been a useful platform for coalitions to seek support from each other in addressing common challenges and building capacity in critical skills, such as government engagement, branding and marketing for advocacy, and planning for financial sustainability.

# Recommendations

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We hope the lessons, evidence and impact from Strengthening Systems for Safer Childbirth will inspire continued innovation in maternal health, accelerate the uptake of effective interventions and contribute to saving more women's lives.

We invite health leaders to consider the following recommendations in their own work.

## Implementers

- **Partner for systems change:** Build partnerships with other organizations—rather than work independently or in silos—to leverage broader expertise and networks in advocating collectively for systemic changes that will improve maternal health.
- **Solicit and act on women's feedback:** Gather input from women routinely to understand their experiences of care and their wants, needs and preferences. Women's insights are invaluable and should be integrated into all quality improvement efforts.
- **Invest in community health influencers:** Equip community health workers and traditional birth attendants with the knowledge and tools to recognize maternal health warning signs and take appropriate action. Engage these trusted individuals as part of the care team to help ensure that more women are referred to health facilities that can manage their care.

## Funders and Investors

- **Incentivize innovative approaches:** Encourage experimentation to drive breakthroughs in sustainably delivering high-quality, respectful maternal health care.
- **Invest in grassroots organizations and leaders:** Give preference to organizations based in the communities they are serving to help ensure that solutions respond to what women truly need and want and are aligned with government priorities—key for sustainability.
- **Support collaborative networks:** Foster integrated, holistic approaches to address maternal mortality as a multifaceted public health challenge, including communities of practice that build local capacity and promote learning exchange.

## Policy Makers

- **Leverage data for strategic decision making:** Capitalize on technology advances to capture real-time data from women and health providers and use the information to guide policy change and efficient resource allocation, helping to ensure that funding is directed where it is needed most.
- **Integrate community health workers and traditional birth attendants:** Invest in training grassroots health influencers, such as CHWs and TBAs, and integrate them as part of a community's maternal health team to increase referrals for skilled care. Create formal registration systems for those who meet performance standards.
- **Prioritize maternal health in health budgets:** Maternal health is a vital sign of a functioning health system. Invest in maternal health to save women's lives and realize the associated health system benefits, such as emergency transportation, timely access to blood products, insights on delivering high-quality, respectful care and so much more.

# Conclusion

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With less than five years to go to meet the Sustainable Development Goals, innovation and collaboration are critical to accelerate progress in reaching the global targets for reducing maternal mortality. We hope that this report, which highlights a creative approach to cross-sector collaboration, will encourage more rapid improvements in maternal health by activating local communities.

We have learned important lessons from forging a model of community-led coalitions and we are eager to share these with governments, health providers, implementers, funders and advocates who are also working to advance high-quality, respectful maternal health care for all.

It is not easy for organizations to work together—and it is even more challenging if they are aiming to bridge the longstanding divide between the public and private sectors. Building these new partnerships in India, Kenya, Nigeria and

Sierra Leone required taking risks and often a leap of faith that the whole would produce something greater than the sum of its parts. We are grateful to the many groups behind the six coalitions participating in Strengthening Systems for Safer Childbirth for their commitment, openness and patience. Indeed, these attributes are what enabled them to achieve impressive results.

We are inspired by their tenacity and their progress in shifting norms, systems and policies to improve women's health. From integrating TBAs into health systems and providing efficient emergency medical services to creating digital dashboards for decision making and unlocking financial resources—these coalitions have set a foundation for lasting impact in their communities and beyond.

**We look forward to their future success as they catalyze sustainable change to save more women's lives.**



# Acknowledgements

We are grateful for the opportunity to improve maternal health through MSD for Mothers alongside so many organizations doing meaningful work. We are especially thankful to those leading the six coalitions spotlighted in this report for their contributions. We are pleased to highlight their expanding efforts to address maternal health challenges in their own communities through partnerships and collaboration.

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*MSD for Mothers is our company's global initiative to help create a world where no woman has to die while giving life. Applying MSD's business and scientific resources, we work with grantees and collaborators to improve the health and well-being of women during pregnancy, childbirth and the months after. MSD for Mothers is an initiative of Merck & Co., Inc., Rahway, NJ, USA. For more information, visit [www.MSDforMothers.com](http://www.MSDforMothers.com)*

# Appendix: List of Relevant Articles and Publications

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## e-SAATHI

- [Leveraging digital financing and self-care to strengthen maternal health journals in India: Perspectives from Assam](#). Frontiers Maternal Health. April 9, 2025.
- [Healthcare provider's perspective on digital interventions for maternal health in Assam](#). Population Council Consulting. May 14, 2024.
- [Nivi, Inc., a digital health chatbot, is changing how family planning and other healthcare services get delivered in India](#). Devex. January 24, 2024.
- [Strengthening Systems for Safer Childbirth | A word from e-SAATHI](#). Video. December 11, 2023.

## FOR M(om)

- [How FOR M\(om\) is rewiring maternal health systems in Nigeria](#). Helium Health. September 2, 2025
- [Helium Health](#). Devex. June 19, 2024.
- [Strengthening health systems to improve maternal health care – The FOR M\(om\) Programme](#). Nigeria Health Watch. October 18, 2023

## Kenya Quality Ecosystem

- [How counties are using PULSE dashboards to identify gaps in care and implement solutions](#). Jacaranda Health. November 4, 2025.
- [Kenya's transition to social health insurance: The risk of losing progress in maternal health](#). ThinkWell. October 1, 2025.
- [Financing primary care through primary care networks in Kenya – Considerations for policy makers](#). ThinkWell. April 14, 2025.
- [Fostering collaboration and Innovation: Highlights from the 2025 Kenya Quality Ecosystem cross county learning event](#). Jacaranda Health. March 21, 2025.
- [How PROMPTS helped save my child: A mother's journey with our digital health service](#). Jacaranda Health. March 6, 2025.
- [A Digital companion in my pocket through pregnancy and motherhood](#). Jacaranda Health. March 6, 2025.
- [Can we develop predictive models that provide insight on maternal risk from conversational patterns?](#). Jacaranda Health. June 13, 2024.

- [Protecting early lives: Enhanced support for small and at-risk newborns](#). Jacaranda Health. June 4, 2024.
- [Climate change and health: What PROMPTS tells us about how millions of Kenyan mothers experience extreme heat](#). Jacaranda Health. March 14, 2024.
- [Proactive risk screening: How do we capture and use the health history of mothers via SMS?](#). Jacaranda Health. February 29, 2024
- [Empowering government stakeholders to leverage data for decision-making: A behavioral perspective](#). Jacaranda Health. February 23, 2024.
- [Advancing maternal care: Makueni county's health care system transformation](#). Youtube. February 23, 2024.
- [10 Step toolkit to improve messy conversational data for AI chatbots](#). Jacaranda Health. February 22, 2024.
- [Harnessing 'messy' conversational data](#). ICT Works. February 8, 2024
- [Opinion: 3 ways to amplify women's voices for improved maternal health](#). Devex. October 4, 2023.

## MamaLink

- [Leveraging innovative technology and health data to enhance access to emergency care and referral services in Kenya.](#) Oxford Academic. August 22, 2025.
- [Strengthening Systems for Safer Childbirth | A word from MamaLink.](#) Video. May 31, 2024.
- [How to get pregnant women to hospitals when ambulances can't reach them.](#) Devex. November 24, 2023.

## Project Aisha

- [A how-to-guide change package for improving quality of care and reducing maternal deaths.](#) Health Strategy and Delivery Foundation. July 2025
- [Nigeria ranks second globally in maternal and child deaths. Learn how Project Aisha is working to change that by addressing delays in seeking and receiving care.](#) Devex. February 4, 2024.

## Wellbody

- [The innovative Wellbody Hub-and-Spoke Model works with traditional birth attendants to improve maternal health care in Sierra Leone.](#) Devex. March 25, 2024.
- [Integrating traditional birth attendants for improved maternal healthcare in Sierra Leone.](#) Nigeria Health Watch. February 12, 2024

- [How LifeBank is tackling maternal mortality by improving supply chains.](#) Devex. July 31, 2023.

## Strengthening Systems for Safer Childbirth Initiative

- [Strengthening maternal health through sustainable investment.](#) Devex. October 20, 2025.
- [Harnessing data and digital solutions to improve maternal health.](#) AlignMNH. September 23, 2025.
- [Evolving the role of traditional birth attendants in reducing maternal mortality.](#) AlignMNH. July 27, 2025.
- [Women's experience accessing essential maternal health commodities needed during childbirth: Kenya and Nigeria.](#) 60 Decibels. March 2025.
- [Access to emergency medical services \(EMS\): A critical factor in reducing maternal deaths.](#) AlignMNH. February 17, 2025.
- [Opinion: Improving health systems through private sector engagement.](#) Nigeria Health Watch. February 12, 2024.

