Our Approach

Global Communities has worked to save mothers’ and children’s lives and improve their health and well-being since 1961. We implement integrated maternal, newborn, child health and nutrition (MNCHN) programs at the individual, family, community and institutional levels. On the supply side, we partner with governments, civil society, and frontline health workers to strengthen health systems, focusing on enhancing the accessibility, quality and equity of MNCHN services. On the demand side, we work with individuals, families and communities to increase uptake of these services; adopt improved health, nutrition and hygiene behaviors; and increase citizens’ participation in decision-making processes that shape MNCHN service delivery. We promote evidence-based interventions such as kangaroo mother care (KMC) for preterm and low birthweight babies, optimal breastfeeding and complementary feeding practices, community-based management of acute malnutrition (CMAM), growth monitoring, multiple micronutrient supplementation and anemia screening. Our solutions are community-driven, people-centered, and grounded in the principles of gender equality, universal access and accountability.

Strengthening Health Systems

Fostering Responsive Health Governance

Global Communities strengthens the capacity of local governments and community structures to realize more equitable and resilient health systems that meet the diverse needs of mothers, children and their families. We use a proven approach to local capacity development to improve MNCHN policy frameworks and service delivery, supporting more participatory and gender-responsive planning, budgeting and monitoring processes. We also work to increase citizen engagement in health governance and government accountability for effective MNCHN service delivery. This includes understanding citizens’ MNCHN rights and effectively incorporating community input into MNCHN decision-making.

Promoting Equitable Service Delivery

Increasing Access to Integrated MNCHN Services

Global Communities believes MNCHN services are most effective when integrated across the care continuum for mothers, newborns and children. We work with local health structures to bundle services within existing platforms, including primary healthcare, to improve access and cost-efficiency. We also strengthen the capacity of frontline workers to deliver comprehensive MNCHN outreach services. This includes the implementation of CMAM—a proven approach to reducing wasting and stunting in children under five.

Improving Quality of MNCHN Services

One of the hallmarks of Global Communities’ approach is training and mentoring health facility staff and community health workers to deliver high-quality MNCHN services, which are respectful and tailored to the diverse needs of women, newborns and children. We ensure that frontline health workers are motivated, competent and equipped with knowledge and skills to employ global best practices, such as KMC, CMAM, and emergency obstetric and newborn care (EmONC). We also develop bi-directional referral systems and regularly measure the quality of services.
Championing Adoption of Optimal Health and Nutrition Behaviors

Employing Family-Centered Social and Behavior Change Strategies

Global Communities implements state-of-the-art social and behavior change (SBC) and community mobilization strategies that empower mothers, engage fathers and support families to adopt improved health practices. For example, we encourage families to embrace KMC, which reduces preterm complications and ensures that every preemie gets the warmth, food and care they need to survive and thrive. We also work with families to promote breastfeeding and optimal infant and young child feeding (IYCF) practices. In addition, we employ a Nutrition and WASH (NuWASH) methodology to reduce stunting and diarrhea in children under five. Our SBC strategies include adaptations of a care group model, which utilizes peer groups, especially mothers’, fathers’ and grandmothers’ groups. In addition, we implement household visits and community events, including cooking and feeding demonstrations. We seek to scale our SBC interventions where feasible through existing government and community structures, such as self-help and savings groups.

Engaging Men and Advancing Gender Equality

Empirical evidence demonstrates that advancing gender equality and engaging men improves MNCHN outcomes. Global Communities integrates gender-transformative approaches to its MNCHN work to promote positive fatherhood and more equitable intimate partner relationships. We do this through couples’ sessions, counseling, community dialogues and men’s peer groups. We also implement our signature Women Empowered savings group initiative to advance women’s social and economic security.

Program Highlights

• Over the past 20 years, our Casa Materna (Mother’s House) program in Guatemala has provided reproductive healthcare services to more than 100,000 indigenous women with high-risk pregnancies, enabling more than 13,000 safe deliveries.

• In Ethiopia, the Resilience in Pastoral Areas (RIPA) South program promotes improved nutrition and hygiene behaviors through Family Health Approach (FHA) involving mothers’, men’s, and grandmothers’ support groups facilitated by trained health extension workers.

• In close partnership with Kirk Humanitarian, Global Communities has delivered over 400,000 bottles of prenatal vitamins to our project participants in Botswana, Guatemala, Haiti, Liberia, Malawi and Zambia.

• In the U.S., Global Communities’ Healthy Start project engages Perinatal Navigators to provide free prenatal and childbirth education and postpartum and breastfeeding support, focusing on Black families and immigrants in San Diego County.

• Engaging Fathers for Effective Child Nutrition and Development in Tanzania (EFFECTS) was a randomized controlled trial implemented by Global Communities and research partners Harvard University, Purdue University, and the Africa Academy of Public Health. The study investigated the benefits of engaging fathers and bundling nutrition and parenting interventions. EFFECTS found improvements across multiple outcomes, including dietary diversity, child development and women’s empowerment. The outcomes are reflected in a series of peer-reviewed manuscripts, including a paper on gender equality published in the Journal of Social Science and Medicine.

• Our global Every Preemie—Scaling, Catalyzing, Advocating, Learning, Evidence-driven (SCALE) program catalyzed action to reduce preterm birth and low birthweight complications in 24 countries. In Malawi, our Family-Led Care intervention led to a 43% increase in KMC initiation rates and a 19% increase in the survival rate of babies in project-supported KMC units. Research and recommendations generated by the program are reflected in the report Survive and Thrive: Transforming Care for Every Small and Sick Newborn.

• Around the world, Global Communities implements a wide range of multisectoral programs that are also likely to contribute to better MNCHN outcomes. These include, e.g., water, sanitation, and hygiene (WASH); HIV prevention, treatment and care; and food assistance programming.