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Maternal and Child
Survival Program



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GENDER

Gender inequality inhibits women and girls from effectively understanding and utilizing reproductive, maternal, neonatal, child and adolescent health (RMNCAH) services. This includes the use of family planning methods to control if, when and how often to become pregnant; the ability to deliver safely in a facility or with a skilled birth attendant or take her child to health services; and access to services that are sensitive to her holistic needs, including care for gender-based violence (GBV).

When women are empowered to make decisions about their bodies and their families, studies show they are healthier, happier and more prosperous. USAID's flagship Maternal and Child Survival Program (MCSP) works to mitigate the inequalities that act as barriers to optimal health outcomes for women and girls: lack of women's knowledge, choice and decision-making power; GBV and other discriminatory treatment; limited male engagement in RMNCAH; and mistreatment during services; and gender discrimination faced by health workers themselves that mitigates quality services.

The Program works with providers and facilities to ensure that women and men can avail of health care facilities that guarantee equal access to respectful care for clients of any gender, ensuring accessibility, privacy and confidentiality, cordial and informative provider-client interaction, and appropriate infrastructure and commodities.

We are improving and assuring quality of care by:

- Conducting quality assurance and improvement on gender-sensitive service delivery in facilities using a standards-based supervision tool in a participatory process with providers;
- Addressing gender-based discrimination leading to mistreatment of health workers and clients, through sensitization, skills-building and mentorship of health providers;
- Mitigating RMNCH risks posed by GBV through the provision of high-quality post-GBV care; and

KEY FACTS

- Girls ages 15-19 account for 11% of all births and about 14% of all maternal deaths, with 50,000 girls dying annually from maternal causes (WHO)
- **Women experiencing gender-based violence:**
 - Have higher rates of partners prohibiting their use of family planning; (WHO)
 - Are more likely to become pregnant in adolescence; (WHO)
 - Are more likely to delay prenatal care when pregnant; (IIBID)
 - Have a 16% greater chance of having a low birth weight or small-for-gestational age baby (WHO)

- Building family planning services that are non-stigmatizing or gender-discriminatory to adolescents.

Men play a key part in RMNCH, yet they are often neglected in outreach and service delivery. In many countries, men make most household decisions about sexual behavior, the use of family planning, family size, whether to give birth in a facility or at home, whether a sick child will be brought to a health facility, the allocation of household assets, and the division of household labor and caregiving. Additionally, men themselves are sexual beings and have their own needs and right to services.

MCSP is currently engaging men through:

- Encouraging facility improvements (such as screens for privacy) and orientation of providers to allow women to bring their partners into the delivery room;
- Facilitating couple and community dialogues to transform traditional gender norms that act as a barrier to RMNCAH; and
- Building skills and providing on-going support to providers and health promoters to engage men in birth preparedness planning and complication readiness both in health facilities and in community dialogues.

Studies across multiple global regions have consistently demonstrated that GBV is associated with poor reproductive and maternal and child health outcomes. Violence during pregnancy has been associated with: miscarriage; late entry into prenatal care; stillbirth; hemorrhage; low-birth-weight or small-for-gestational age infants; fetal injury; unsafe abortion; premature labor and birth; sexually transmitted infections, including HIV; obstetric complications; depression, substance abuse during pregnancy; suicide; and homicide.

The Program is working to prevent GBV, to identify survivors and link them to care, and to strengthen post-GBV services in facilities through:

- Skills-building, monitoring quality of services, and mentorship;
- Integrating GBV screening into antenatal care and family planning services, and examining the impact of screening on care for women; and
- Raising community awareness and dialogue about GBV to increase demand for services and prevent its occurrence.

The Program recognizes that female health workers also face unique challenges, including fewer opportunities for hiring, training and promotion; sexual harassment; pressure by families to manage both work and household duties; and unequal pay. We work to empower female health workers by revising effective teaching skills training for clinical mentors to improve gender-sensitivity of teaching methods. MCSP also integrates gender and leadership sessions in pre-service training for health providers to both empower themselves as well as help them to be more gender-sensitive to clients.

ABOUT MCSP

The Maternal and Child Survival Program (MCSP) is a global, USAID Cooperative Agreement to introduce and support high-impact health interventions with a focus on 25 high-priority countries with the ultimate goal of ending preventable child and maternal deaths within a generation. The Program is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives.

MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

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