

STRONG SYSTEMS SUSTAIN RMNCH OUTCOMES



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

USAID's flagship Maternal and Child Survival Program (MCSP) has worked in over **40 countries** to improve coverage and quality of high impact interventions in 10 technical areas. To support the Program's reproductive, maternal, newborn, and child health mandate, **MCSP's approach to health systems strengthening focuses on addressing barriers most connected to service delivery to scale-up and sustain high-impact interventions.**

MCSP **moves beyond providing system inputs to driving system performance improvements** by purposely managing interactions between different parts of the system and changing policies, organizational structures, and behaviors that drive performance to improve equity, coverage, quality and efficiency.

MCSP strengthens health systems in all country programs.

As defined by USAID's 2017 Acting on the Call report, MCSP's HSS activities fall across all health system functions:



Workforce
50%



Service Delivery
25%



Information
17%



Financing
3%



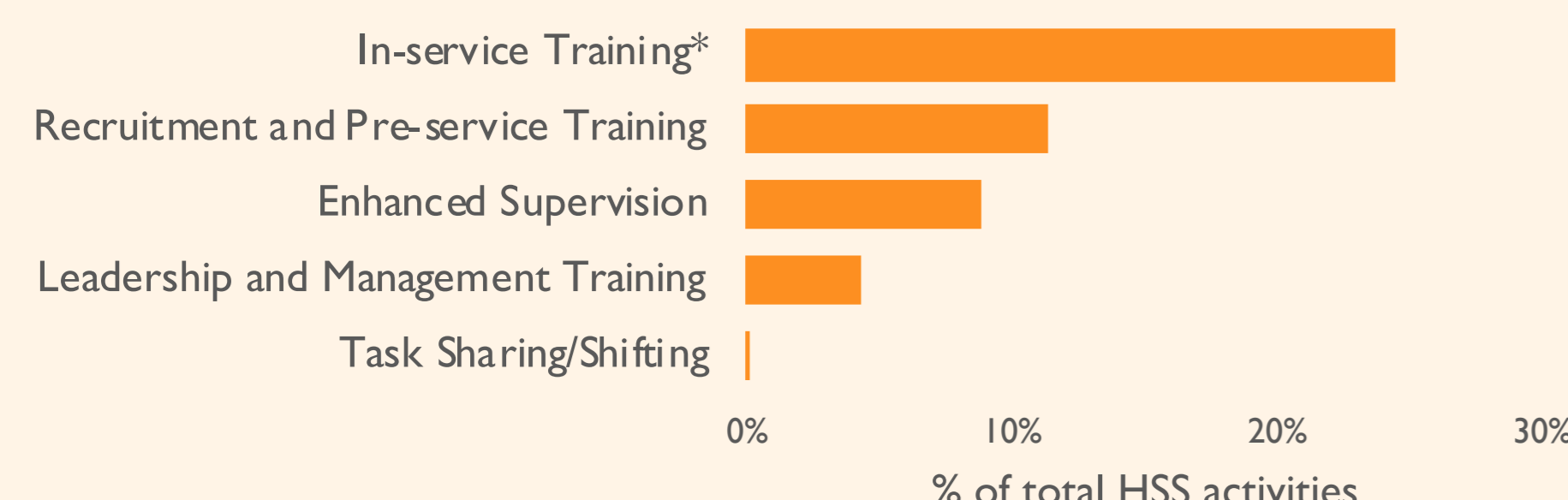
Governance
3%



Medical Products
2%

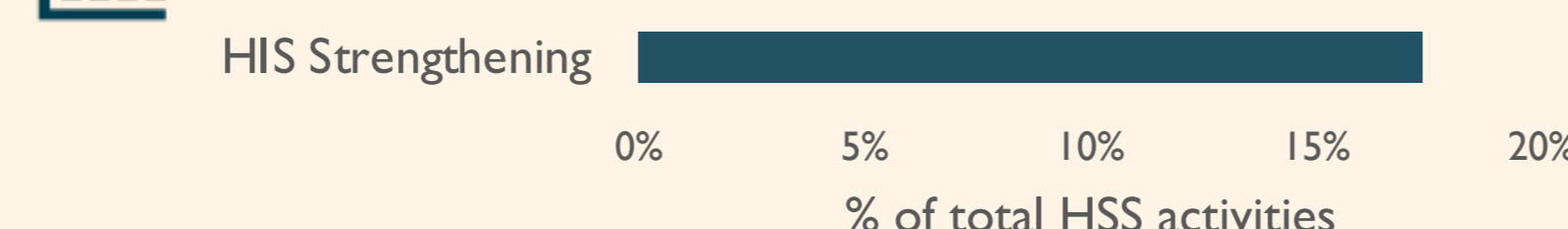
Breakdown of MCSP HSS Activities by USAID's Acting on the Call HSS Strategies

Workforce (50%)

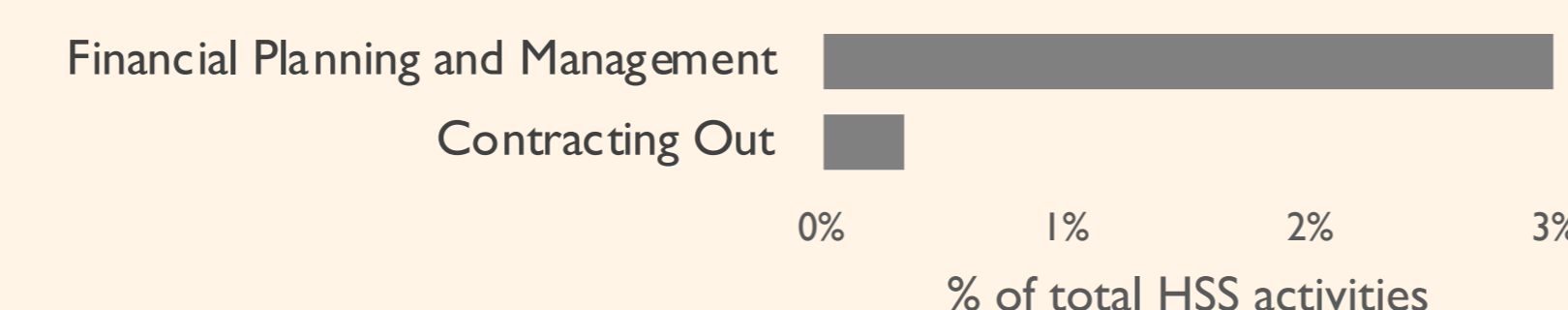


*MCSP's approach to in-service training emphasizes practice and simulation through modular and facility-based training, enhanced by mentoring and supportive supervision.

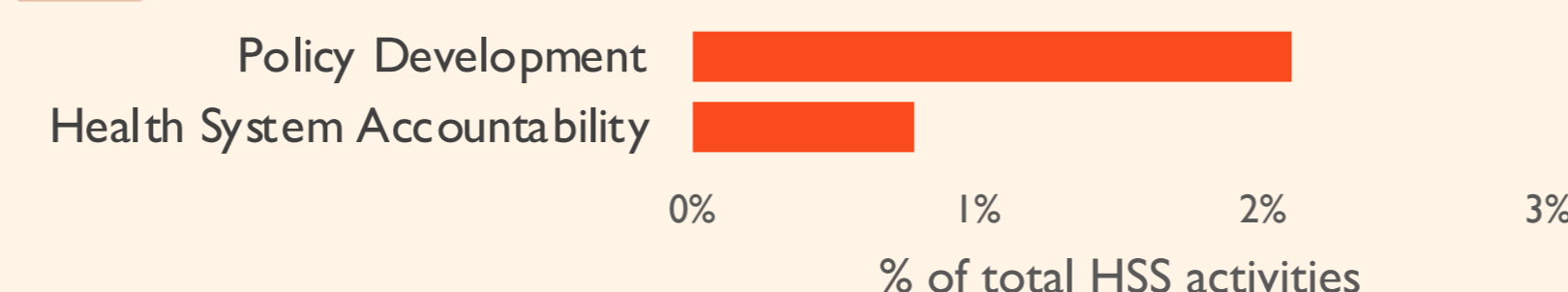
Information (17%)



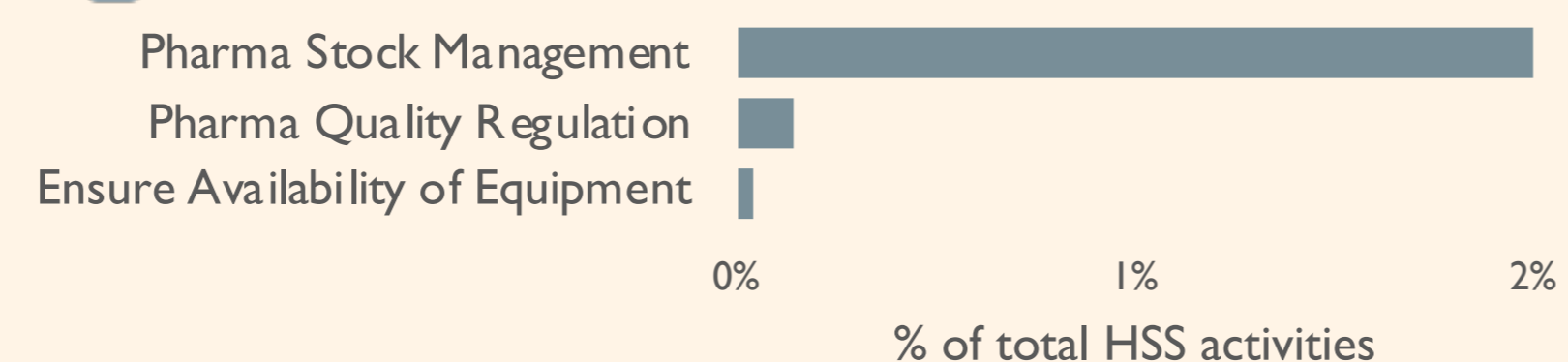
Financing (3%)



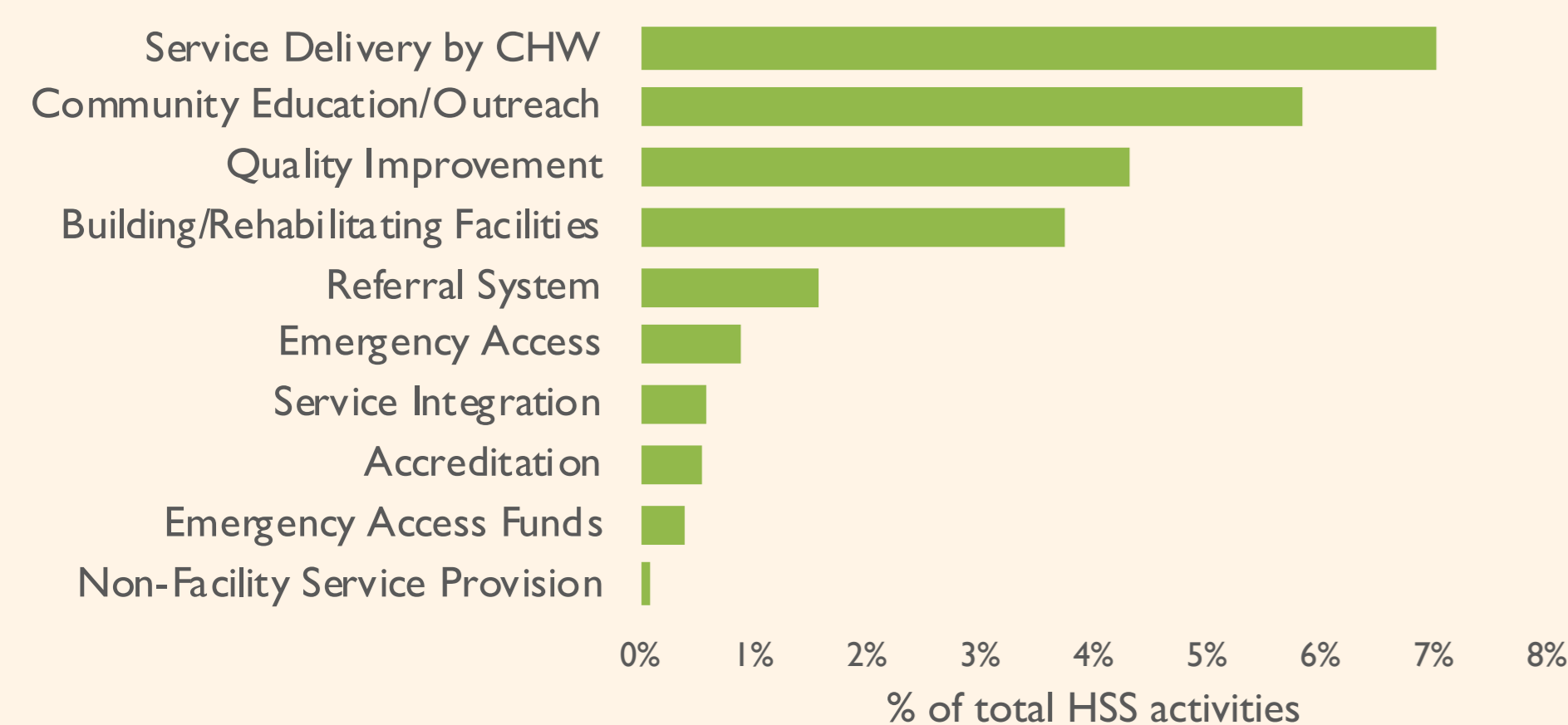
Governance (3%)



Medical Products (2%)



Service Delivery (25%)



1 Half of a typical MCSP country program's workplan/activities **incorporate health systems strengthening strategies** identified in USAID's Acting on the Call 2017

MCSP **sustains** health outcomes by linking critical health system *inputs* with comprehensive strengthening of health system **performance drivers**

3 One-third of MCSP's activities across country programs **strengthen health system performance drivers**

To illustrate the difference between inputs and performance drivers for pharmaceutical supplies – a critical *input* might be providing essential RMNCH medicines, while strengthening *performance drivers* might include improving forecasting and budgeting for pharmaceuticals or reducing supply chain inefficiencies.

HEALTH SYSTEMS STRENGTHENING **IN ACTION** IN MCSP-SUPPORTED COUNTRIES



Workforce

MCSP strengthens health worker performance through health professions regulation, **pre-service education systems**, and innovative approaches for capacity development for the existing health workforce, focusing on cadres most essential for RMNCH services. MCSP strengthens pre-service education systems in Ghana, Kenya, Liberia, Madagascar, and Tanzania. MCSP develops the capacity of the existing workforce through a combination of **in-service training, mentoring, and supportive supervision**. MCSP uses evidence-based in-service training approaches, including low-dose, high-frequency training, modular, facility-based and integrated trainings to emphasize practical experience and minimize disruption of service.



Governance

MCSP strengthens governance structures for RMNCH services to make countries' health systems **more transparent and responsive**. MCSP increases community-level accountability through data use to improve the quality of RMNCH services. MCSP also works with subnational health managers to develop **accountability mechanisms** within district health management teams to improve health outcomes. MCSP's RMNCH policy work spans costing to **support advocacy** (e.g. Madagascar, Rwanda, Ghana, DRC), **strategic planning** (Tanzania, India, Nigeria, Rwanda, Mozambique, Kenya, Egypt) and **integrating new and updated RMNCH evidence into global and national policy** (Nigeria, Burma, Guinea, Liberia).



Financing

MCSP's financing work focuses on **generating practical cost estimates** to empower decision makers to better analyze and advocate for their programs **to achieve financial sustainability and scale-up**. Once disseminated, this information can be used to compare costs of alternative approaches and inform future donor and governments investments in RMNCH. MCSP incorporates financial analysis to support long-term planning for primary health services in Ghana, Essential Newborn Care and post-partum family planning in Rwanda, and the roll-out of an essential package of child health services in Uganda.



Medical Products

Across the globe, MCSP empowers health workers and district managers to monitor drug and vaccine availability, address stockouts when they occur, and prevent future stockouts through **training in stock management and use of logistics data**. In Nigeria, Liberia, Mozambique and elsewhere MCSP successfully advocates for the inclusion of evidence-based products (i.e., Chlorhexidine, Amoxicillin DT, LARCs) **on national essential drug lists and in sufficient quantities in government and donor budgets**. In Nigeria, MCSP links private medicine vendors to pharmaceutical distributors to improve their access to low cost, high quality products for the treatment of childhood illness.



Service Delivery

MCSP **strengthens service delivery** by improving RMNCH services across the continuum of care. MCSP has supported 17 countries to increase coverage of high-impact RMNCH interventions at household and community levels by **task shifting service delivery** to community health workers and supporting **community education and outreach**. MCSP also works in 13 countries to institutionalize quality improvement (QI) approaches for RMNCH services, tailoring a core set of QI principles to a country's context, needs, and systems. Additionally, MCSP strengthens vertical referral, integrated service delivery, and patient tracking to increase access to emergency services and utilization of routine services to reduce maternal and child mortality in eight countries.



Information Systems

Together with MOH partners, MCSP strengthens the content of national HMIS and **collection, analysis, and utilization of data** at all levels of the health system to support decision-making and continuity of care for RMNCH services. In Tanzania, MCSP is developing the Health Information Mediator, which allows multiple HIS systems to communicate with each other and share data about individual clients, regardless of when and where care is received. In countries such as Rwanda, Nigeria, DRC, and Namibia, MCSP supports the implementation of DHIS2, strengthening the capacity of facility, district, and national managers to utilize and analyze health data, and adding community-level indicators and community-based data entry for **more complete RMNCH data**.