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**Maternal and Child
Survival Program**



Photo: Jnpięgo



NUTRITION

Maternal anemia, even moderate cases, increases the risk of dying during childbirth. Iron deficiency also contributes to poor birth outcomes and can reduce iron stores at birth, jeopardizing cognitive development and increasing the risk of child mortality. Moreover, stunting—a complex process that occurs from conception until a child's second birthday—is due to inadequate infant and young child feeding and recurrent/chronic illness, and compromises adult height attainment, ability to learn, grade completion in school, productivity, and income.

USAID's flagship Maternal and Child Survival Program (MCSP) focuses on evidence-based interventions to prevent and reduce malnutrition in the first 1,000 days of life — during pregnancy through the child's second birthday — by integrating nutrition into reproductive health, maternal, newborn and child health (RMNCH) platforms. Through the integration of cost-effective solutions, we aim to increase the reach of nutrition interventions through different sectors, influential community members (such as men and grandmothers), and new approaches within countries. In this way, the Program provides nutrition expertise to USAID and priority countries to improve nutrition programming.

We advocate for greater attention to major and neglected barriers to optimal maternal and young child nutrition. These include identifying obstacles to exclusive breastfeeding, improving dietary intake and weight gain during pregnancy, global learning on community-based distribution of maternal iron-folic acid (IFA) supplementation to increase coverage, and assessing the problem of "junk food"

KEY FACTS

- 45% of child deaths are caused by undernutrition—including fetal growth restriction, suboptimal breastfeeding practices, stunting, wasting, and micronutrient deficiencies due to inadequate dietary intake and infections (The Lancet)
- Globally, only 37% of children less than six months of age are exclusively breastfed (The Lancet)
- An estimated 20% of maternal deaths are due to maternal iron deficiency anemia and stunting in women (The Lancet)

consumption through integration of nutrition into the RMNCH platform in Ending Preventable Child and Maternal Deaths (EPCMD) countries. Taking a “learning by doing” approach, MCSP integrates current evidence and lessons learned from countries to address these barriers via program implementation.

The Program also continues work begun under USAID’s predecessor Maternal and Child Health Integrated Program to support maternal anemia prevention and control using an integrated package of interventions to address the major causes of anemia: nutritional deficiencies and parasitic infections due to malaria and soil-transmitted helminth infections. Maternal

anemia, even moderate cases, increases the risk of dying during childbirth. Iron deficiency also contributes to poor birth outcomes and can reduce iron stores at birth, jeopardizing cognitive development and increasing the risk of child mortality. New to MCSP will be updated versions of the K4H Integrated Anemia Prevention and Control Toolkit, with an emphasis on providing guidance and best practices on program implementation.



Photo: A child in Kenya looks on during a food and nutrition demonstration (MCHIP)

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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