



USAID
FROM THE AMERICAN PEOPLE

 Maternal and Child
Survival Program

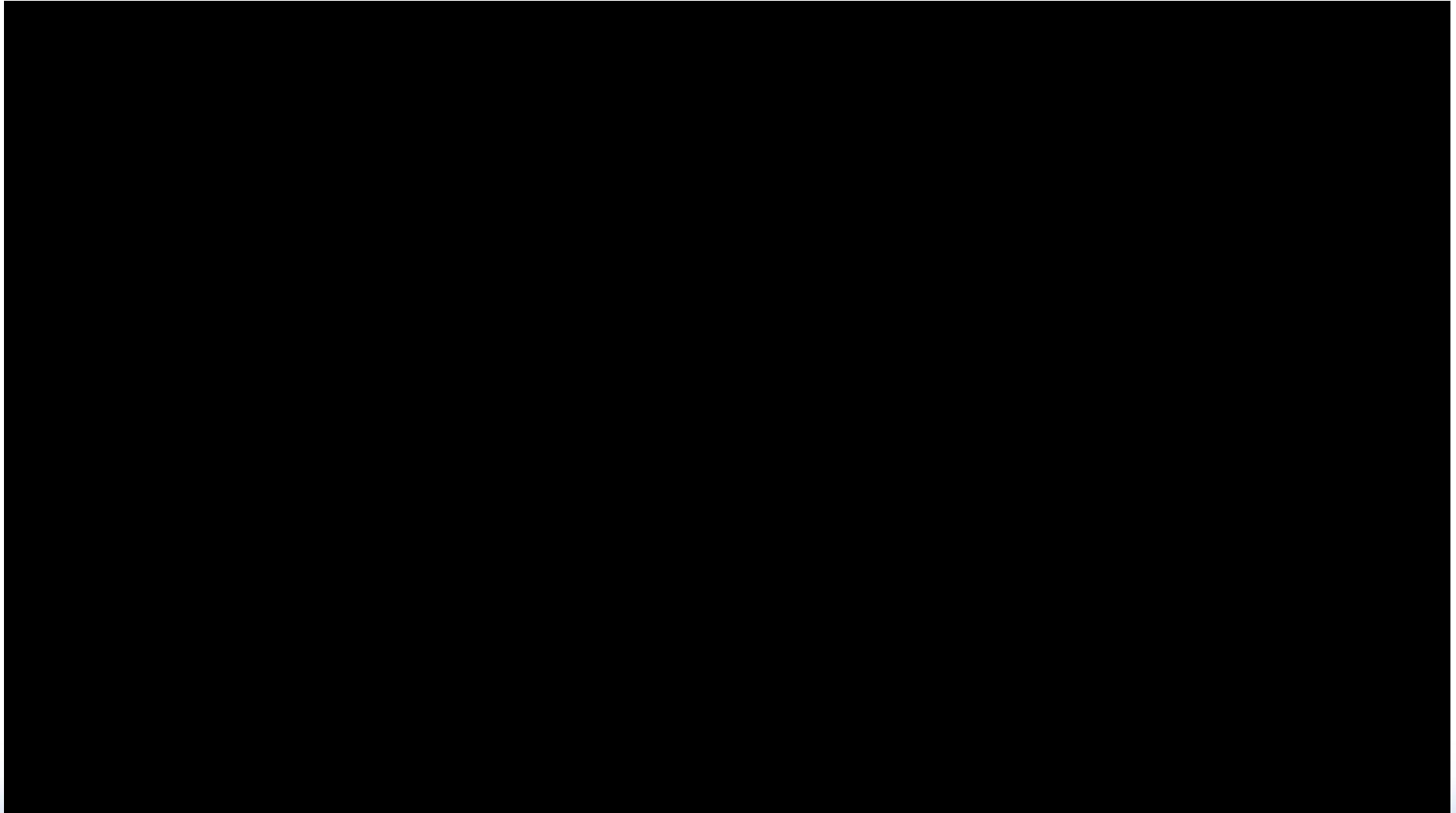
March 2014 – December 2019

www.mcsprogram.org

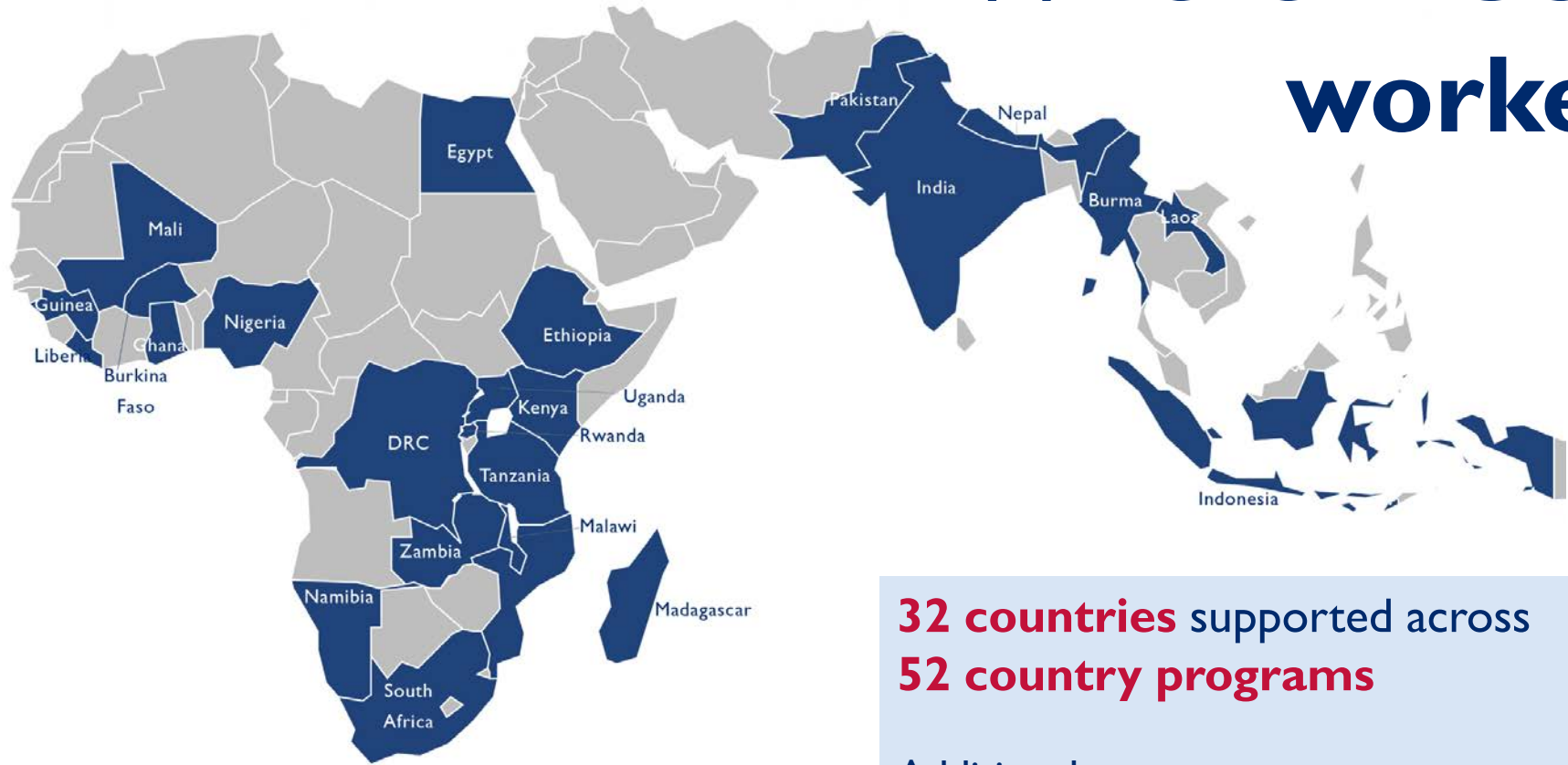


Welcome

The Journey to Self-Reliance: Saving the Lives of Mothers, Newborns, and Children



Where MCSP worked



32 countries supported across
52 country programs

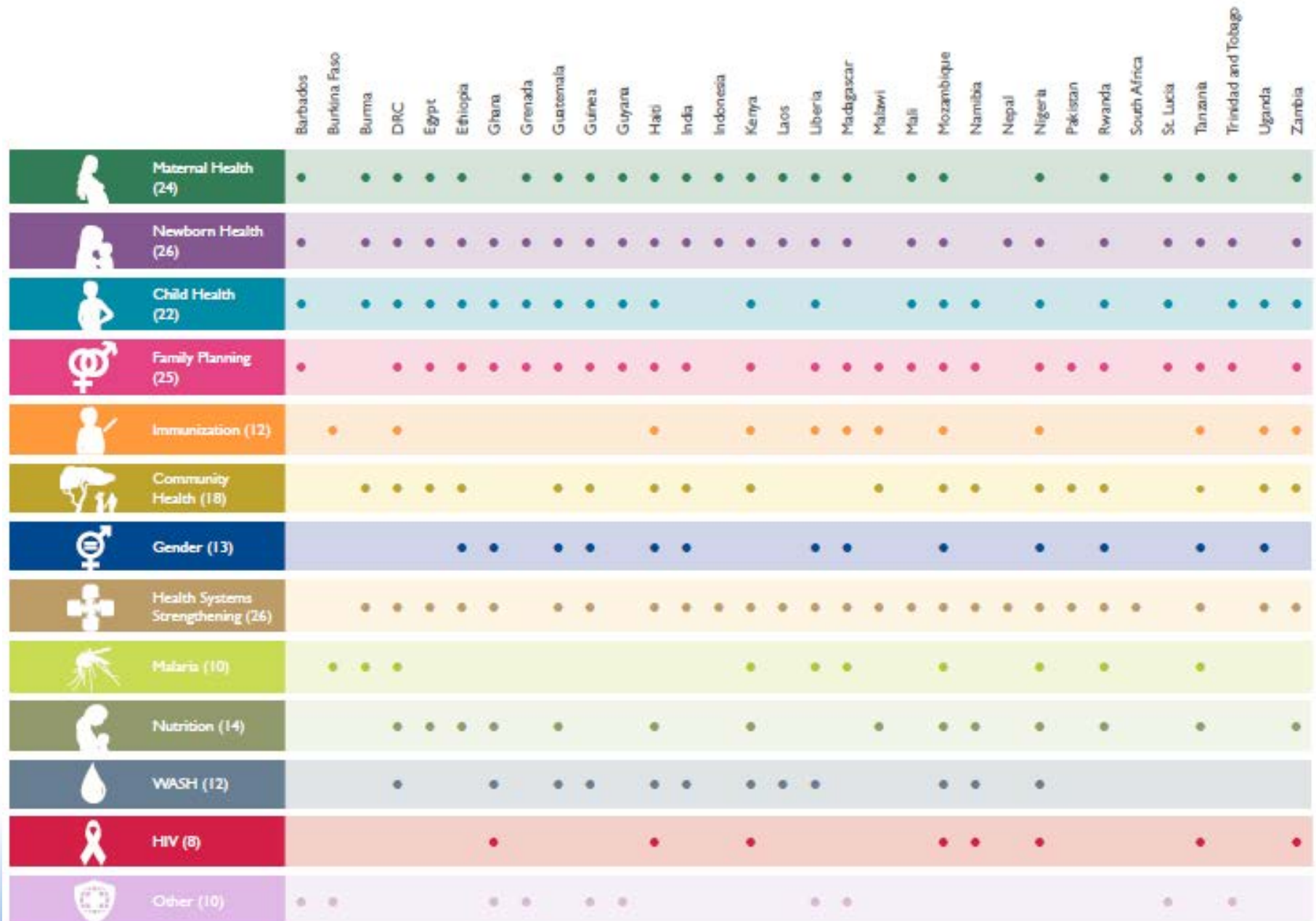
Additional areas:

- Zika: Barbados, St. Lucia, Guyana, Trinidad, Grenada
- Ebola: Guinea, Ghana, Liberia
- Plague: Madagascar
- Urban health: India, Kenya
- Early childhood development: Barbados, St. Lucia, Guyana, Trinidad, Grenada, Ghana

Central America and Caribbean Region

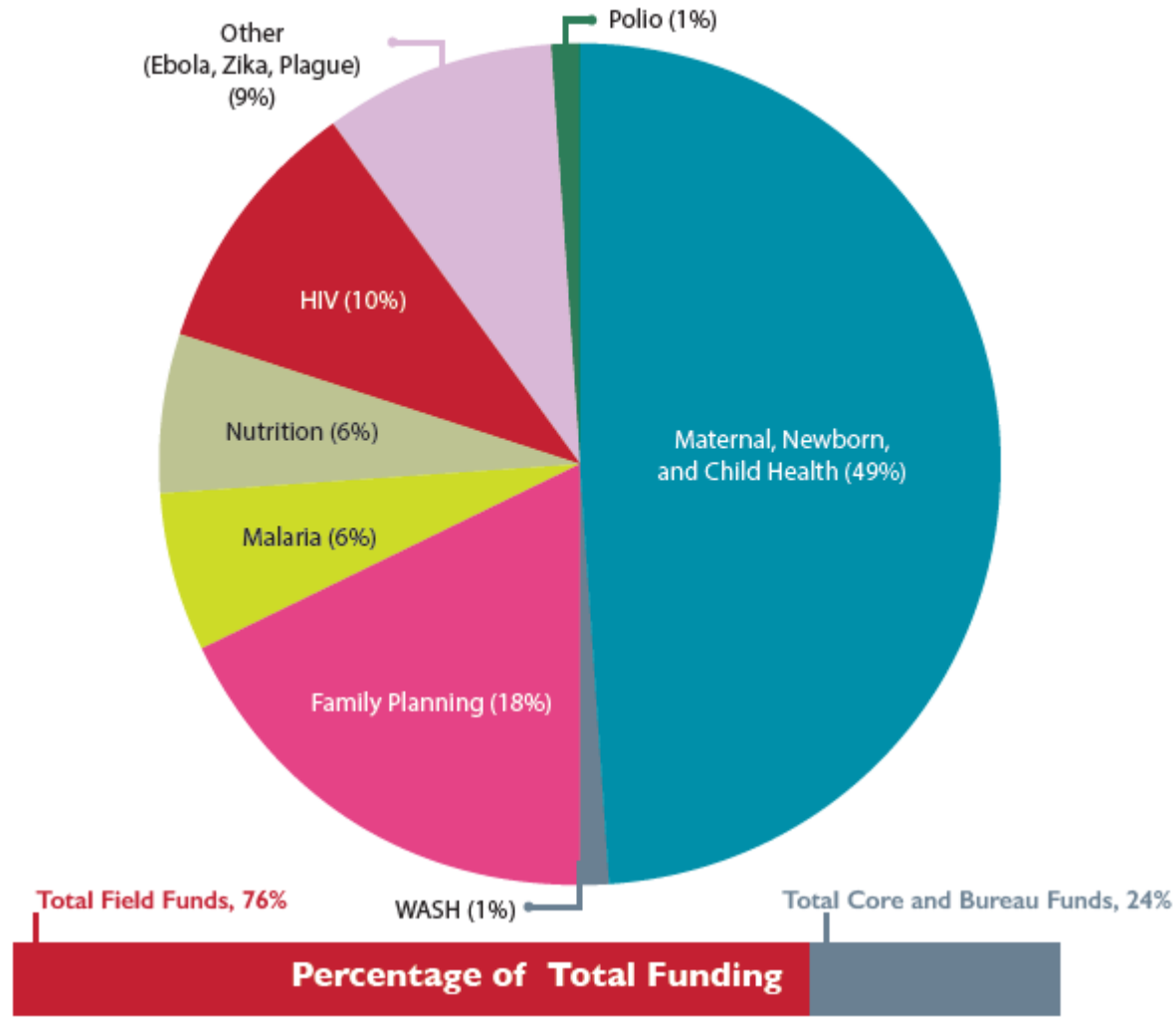


Coverage of technical areas in MCSP- supported countries



Total Funding

MCSP was a five-year program with a \$560M ceiling.



SELECTED CUMULATIVE RESULTS



Over **37,000** babies who weren't breathing or crying at birth were resuscitated



Over **1,838,000** women received a uterotonic immediately after birth to prevent postpartum hemorrhage



Over **546,000** women voluntarily chose a family planning method during a MNCH service visit



Over **3,918,000** children received the third and final dose of the diphtheria, pertussis, and tetanus (DPT) vaccine



Over **5,191,000** children under five reached by nutrition programs



Over **495,000** health workers were trained with skills and knowledge to improve quality of RMNCH services



Over **10,000** health facilities actively implemented a quality improvement approach



Over **681,000** children under five with diarrhea were treated

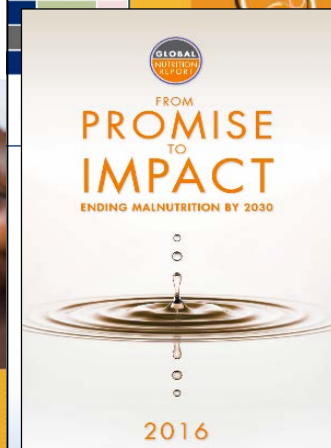
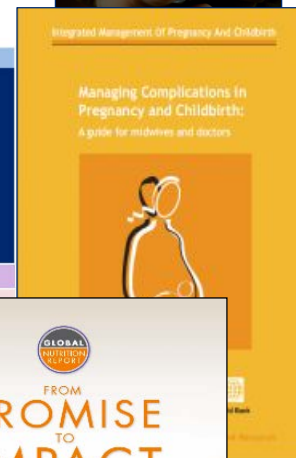
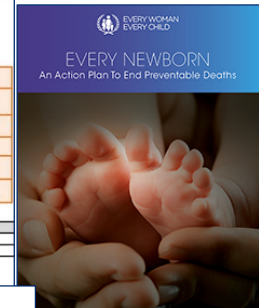
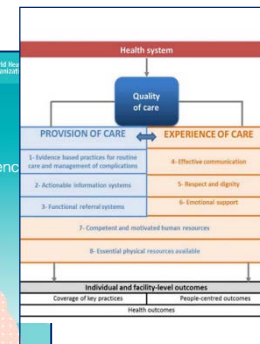
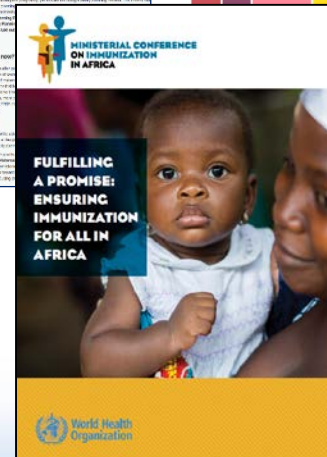
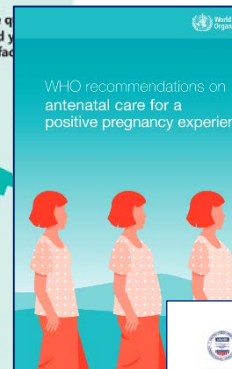
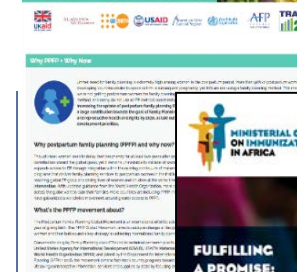


Over **120** policies developed or updated in 17 countries



Over **617,000** children under five with pneumonia were treated

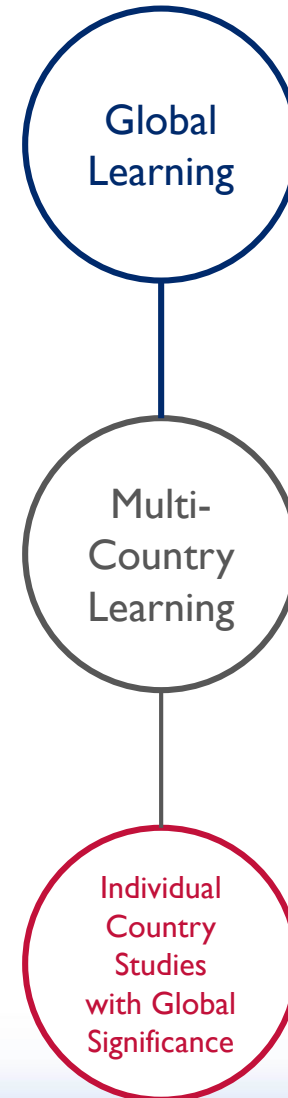
Shaping global dialogue, policy, guidelines and strategy



Quality, Equity, Dignity
A Network for Improving Quality of Care for Maternal, Newborn and Child Health

Examples of Implementation Research and Program Learning Agenda

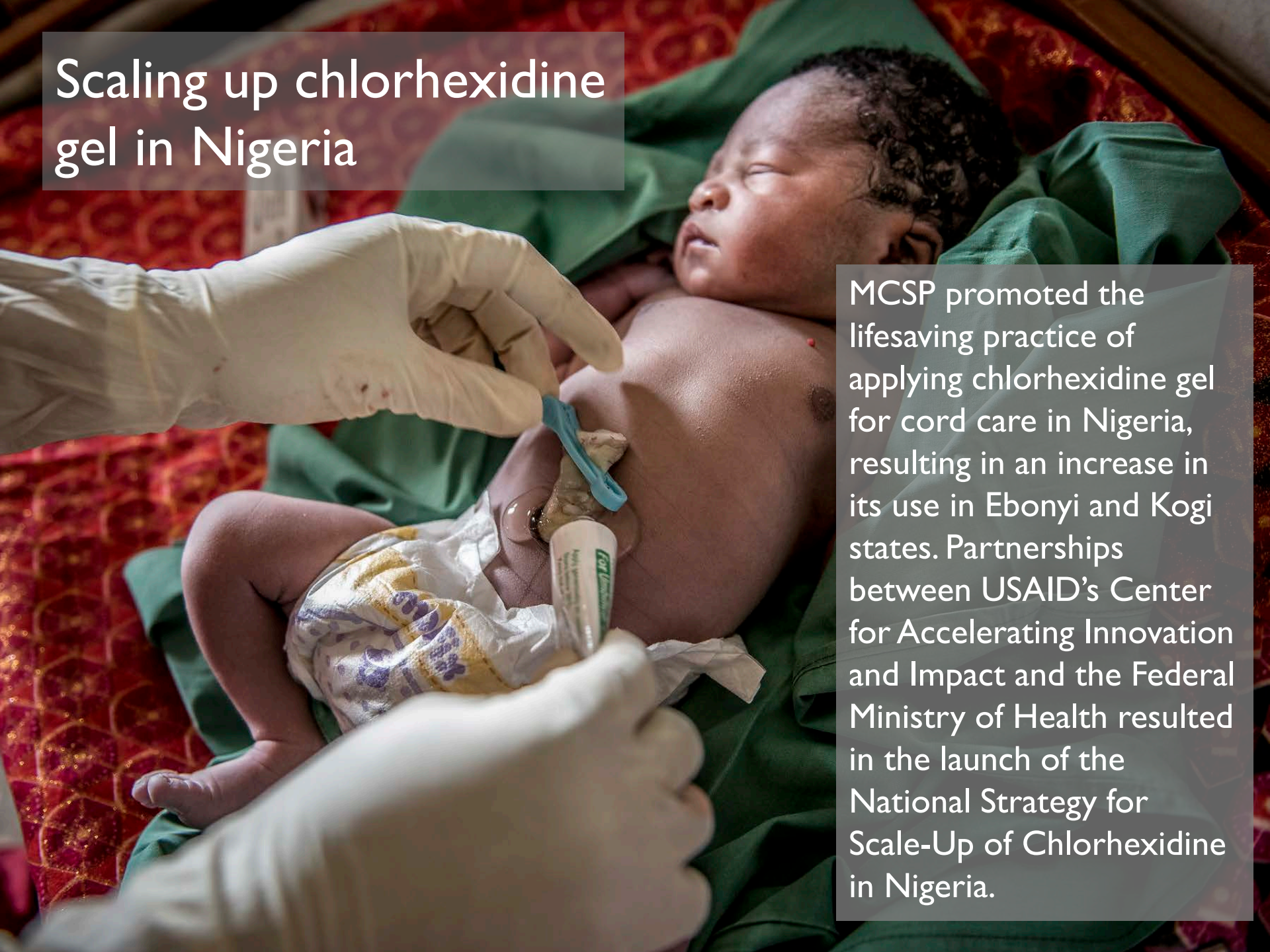
- Baseline and formative assessments
- Global reviews and landscape analysis (24+ countries)
- Multi-country implementation research studies
- Individual country studies with global significance



Applying cross cutting principles to
improve care for mothers, children,
and adolescents



Scaling up chlorhexidine gel in Nigeria



MCSP promoted the lifesaving practice of applying chlorhexidine gel for cord care in Nigeria, resulting in an increase in its use in Ebonyi and Kogi states. Partnerships between USAID's Center for Accelerating Innovation and Impact and the Federal Ministry of Health resulted in the launch of the National Strategy for Scale-Up of Chlorhexidine in Nigeria.



Improving quality of maternal care in Madagascar

Through greater institutionalization of quality improvement in Madagascar across 816 facilities in 16 regions, significant improvements in key quality of care measures were achieved. From October 2015 to June 2018, blood pressure measurements during antenatal care for early detection of pre-eclampsia/eclampsia increased from 41% to 96%, and institutional maternal deaths per 100,000 live births decreased from 242 in to 20.





<https://legacy.mcsprogram.org/care-for-communities/>

Strengthening community-based family planning services in India



MCSP built the capacity of nearly 40,000 community health workers (ASHAs) to mobilize the community and support 9.7 million clients on family planning, in addition to counselling on healthy timing and spacing of pregnancies, respectful care, and gender-based issues. The ASHAs have expanded the reach of family planning services through outreach and community-based service delivery.

Advancing equitable vaccination in Uganda

A healthcare worker in a pink uniform is administering a vaccine to a baby held by a woman in a colorful patterned dress. The woman is looking down at the baby with a focused expression. The healthcare worker is also looking at the baby, ensuring the injection is given correctly. The background is a plain, light-colored wall.

MCSP built the capacity of staff in over 400 health facilities in 11 districts to carry out detailed, facility-level microplanning to improve access and quality of immunization services to underserved children. This has helped advance equity and increase the number of children vaccinated, with an additional 644 villages now receiving immunization services and approximately 323,000 children receiving a third dose of pentavalent vaccine.



<https://legacy.mcsprogram.org/gender-equality>

A close-up photograph of a man with short dark hair and a light beard, looking directly at the camera with a calm expression. He is holding a young child with dark skin and short hair, who is looking off to the side. The background is slightly blurred, showing what appears to be a doorway or window with light coming through. The overall tone is warm and intimate.

Integrating gender into RMNCAH in Mozambique

MCSP supported the development of the country's national Health Sector Gender Strategy, 2018-2023 and supported facilities to improve couples with quality counseling, male involvement in birth planning and complications readiness, PPFP, health and nutrition. In three years, 204,533 male partners of pregnant women participated in at least one ANC visit.



<https://legacy.mcsprogram.org/innovatetoadvance>

Applying innovations in DRC

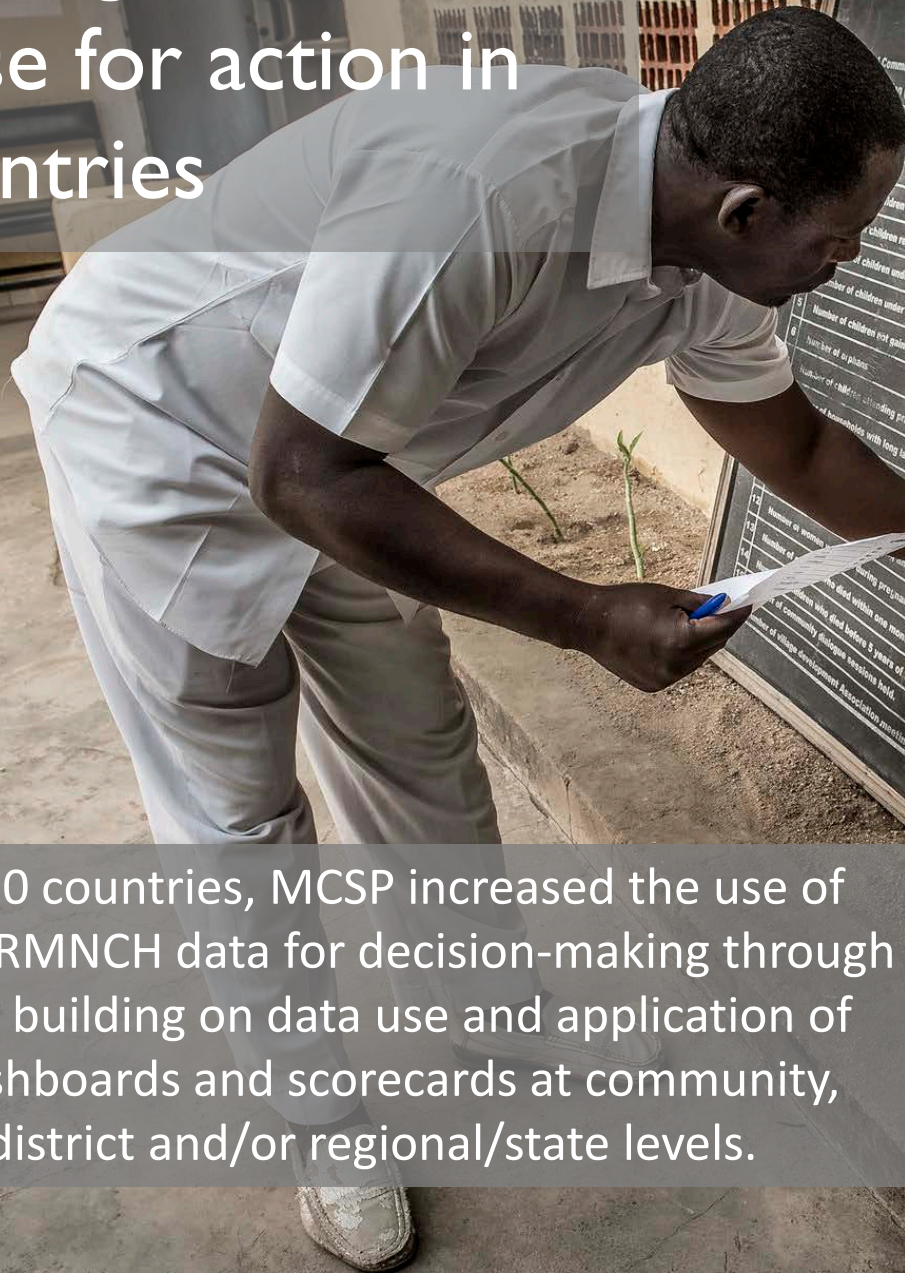
MCSP implemented the innovative Clean Clinic Approach in 35 healthcare facilities in Tshopo and Bas-Uélé provinces, which uses incremental, participatory approaches to improving water, sanitation, and hygiene in facilities. MCSP's pilot of the Clean Clinic Approach contributed to DRC's national Water, Sanitation, and Hygiene in healthcare facilities guidelines and WASH pre-service training curriculum.





<https://legacy.mcsprogram.org/dataforhealth/>

Promoting a culture of data use for action in 20 countries



COMMUNITY INFORMATION BOARD				
Our Children. Our Future				
Community: WANDI				
Total number of children less than one year old				
Number of primary schools				
Children (13-15 years) Male				
No of Community improved water source				
Jan. - Mar.				
Apr. - Jun.				
Jul. - Sept.				
Oct. - Dec.				
Number of children under one year who have received first dose OPV at birth				
Number of children under five years who have received DPT 3				
Number of children not gaining weight				
Number of children attending primary school (Boys and Girls)				
Number of households with long lasting insecticide Treated Nets				
Number of women attending antenatal clinic				
Number of women who died within one month of birth				
Number of community dialogue sessions held				
Number of village development Association meetings held				

Across 20 countries, MCSP increased the use of routine RMNCH data for decision-making through capacity building on data use and application of data dashboards and scorecards at community, facility, district and/or regional/state levels.



<https://legacy.mcsprogram.org/careforhss/>

A man with dark hair and a mustache, wearing a white shirt and a dark vest, stands in the foreground holding a red folder. He is looking slightly to the right. In the background, several people are seated at desks in what appears to be a classroom or meeting room. A water dispenser is visible on the left. The text is overlaid on the top right and bottom left of the image.

Strengthening district health management capacity in Guatemala

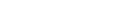
In collaboration with the Ministry of Health and the Ministry of Finance, MCSP designed a course to strengthen the health management capacities of district health managers across 30 municipalities in the Western Highlands of Guatemala. This course supports improved sub-national health system planning and the Ministry of Finance to strengthen competencies of municipal staff in the planning and budgeting processes to increase local municipal investments in health and nutrition activities.

Egypt

Population

Refiat

development

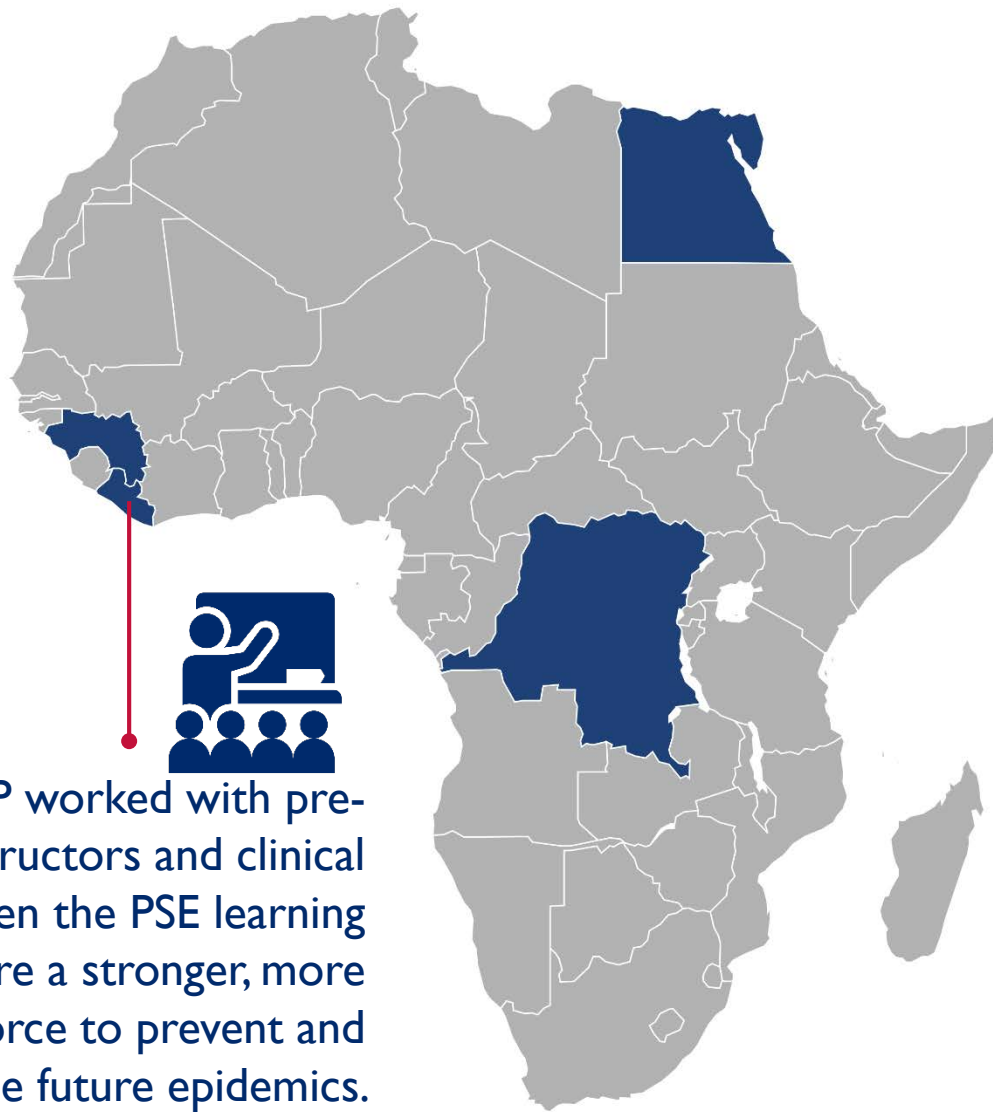


strengthened individual management capabilities to more effectively and proactively plan and mobilize resources.

During the MCSP period, a system of integrated management adopted by the

Liberian Post-Ebola, MCSP worked with pre-service education (PSE) instructors and clinical preceptors to strengthen the PSE learning environment to prepare a stronger, more

trained health workforce to prevent and tackle future epidemics.



Voices from the field

“I have come to learn that it is not good for men to leave all the work related to their family and children to the ladies alone. We should be sharing responsibilities for life to move on smoothly.” -- Kenneth A., Ugandan father





“Everyone in my village now supports my noble work and comes to me for advice.” -- Sanjukta N., Indian community health worker

“At school, I theoretically learned about afterbirth complications, but with MCSP training, I got to practice and I am confidently saving lives. [The training] improved my self-confidence.”

-- Georgette D.,
Rwandan midwife



MCSP trained traditional barbers to share newborn health messages during rite-of-passage ceremonies in northern Nigeria. “We accept their advice,” one father said. “We trust them and know they would not bring any harm to our families.”





“I appreciate the nurses who educated me on the importance of attending all antenatal care visits. My family is overjoyed about our healthy baby.” – Sarah N., Kenyan mother



Social, Digital, and External Media

Over **10,000** new MCSP photos and over **3 million** views

Over **40,800** followers on Facebook, Twitter, and the newsletter

More than **18.1 million** impressions on Facebook and Twitter

200 videos with **96,000** views

MCSP picked up over **480** times



Publications

Over **700** technical products

112 peer-reviewed journal articles



Website

Over **640,000** views from nearly all countries

MCSP Communications By the numbers



Events

Over **140** special events hosted

Over **350** presentations at conferences and events



USAID
FROM THE AMERICAN PEOPLE

**Maternal and Child
Survival Program**

Critical principles from USAID's flagship Maternal and Child Survival Program to help countries on their journey to self-reliance

From 2014 to 2019, USAID's flagship Maternal and Child Survival Program (MCSP) partnered with 32 countries to improve health outcomes for women and children and build more resilient, accountable, and responsive health systems. Through the generous support of the American people, MCSP built the capacity of country-led institutions to address health challenges. As a result, partner governments committed their own domestic resources in cost-effective solutions that yielded immediate and long-lasting results.

Over the last five years, MCSP applied 10 critical principles to support countries on their journeys to self-reliance and reduce maternal and child mortality. These principles emerged from decades of work across the continuum of reproductive, maternal, newborn, child, and adolescent health and nutrition programming. MCSP applied these principles to institutionalize and sustain progress. To build on MCSP's momentum and accelerate progress, we recommend that countries and future programs focus efforts on these critical areas.

- 1. Scaling up a high-impact intervention** requires a country-led national scale up strategy, collaboration among all partners, systematic planning and adequate resource allocation, and action-oriented learning to continuously assess and adapt the scale up plan.
- 2. Improving quality of reproductive, maternal, newborn, and child care** requires strong governance, leadership, policy support, and management, as well as committed resources. Country-level quality efforts should align with and feed into global quality of care efforts and the WHO Quality of Care Framework (and vice versa). Country-led governance of quality efforts is critical, and includes developing a budgeted, coordinated national quality strategy complemented by strong sub-national and service delivery leadership and management of quality initiatives.
- 3. Institutionalizing community health** within the formal health system requires countries to develop national policies or strategies with corresponding budgets and build the capacity of frontline health workers to shift service delivery from facilities to communities. Engaging communities and civil society as essential players in decision-making, service delivery, and monitoring quality of services is critical to reaching all people with quality health services, regardless of where they live.
- 4. Reaching underserved populations with equitable health services** necessitates systematically identifying coverage gaps among vulnerable groups and tailoring approaches to target those most in need. Programs should continue to monitor disparities in coverage and access, with data disaggregated along key dimensions of equity, including socioeconomic status, ethnicity, and geolocation of beneficiaries. The information must be visual, compelling, easy to use, and available to those who need it, especially at the local level.
- 5. Developing human resources for health** requires countries to invest in building clinical, financial, data, and management competencies among health workers and facility managers. This should begin during pre-service education and continue through in-service training, mentoring, and supportive supervision visits to maintain skills on the job. Efforts should be grounded in the latest evidence and rely on interactive, repetitive, and facility-based approaches. Newer training approaches, including low-dose, high-frequency training, can be more cost-effective and minimize the time providers spend away from their work site compared to traditional classroom-based methods. Digital solutions and eLearning can improve pre-service education and service provision, and should continue to be explored.
- 6. Mitigating gender inequalities** that act as barriers to optimal health service access and outcomes for women, girls, men, and boys requires countries to institutionalize gender strategies that promote respectful, client-centered care, address gender-based violence, engage men as clients, partners, and champions for change, and empower female health workers. Programs should routinely measure gender equality and empowerment and act on those findings.
- 7. Introducing an innovative product or service** to improve coverage and quality of reproductive, maternal, newborn, and child health services and interventions requires a systematic process with a clear pathway to scale that outlines necessary activities and metrics for each phase. Involvement of the public and private sectors during introduction and scale-up of any innovation helps to ensure sustainability. To achieve full national scale up, innovations must prove to be cost-effective, acceptable, and feasible to integrate into the health system.
- 8. Integrating services across the continuum of reproductive, maternal, newborn, child, and adolescent health and nutrition**, and with other sectors, often results in more efficient and resilient health systems capable of responding to population needs. Countries should strengthen linkages between services and leverage appropriate opportunities to integrate care, such as discussing family planning and nutrition at points of contact during immunization services. Strengthening referral systems between levels of the health system and tracking clients who need repeated contacts can also facilitate integration of care.
- 9. Promoting country self-reliance and fostering local resource commitments** requires programs to work with partner governments to strengthen governance and accountability mechanisms, including at the community level. A greater emphasis should be placed on understanding factors that drive better health system performance and using evidence to improve use of available health resources—including from the private sector—while promoting greater domestic investment in reproductive, maternal, newborn and child health and nutrition.
- 10. Ensuring health systems are accountable and measuring progress** toward national health goals requires countries to collect useful data within national Health Management Information Systems. Iterative learning can be fostered through information feedback loops to all stakeholders, use of data dashboards, and regular data review mechanisms. A culture of continuous learning and adaptive management using accurate and timely data for decision-making must be institutionalized at all levels of the health system.

10 critical principles from USAID's flagship Maternal and Child Survival Program to help countries on their journey to self-reliance

Thank You



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