March 2014 – December 2019
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
## Coverage of technical areas in MCSP-supported countries

| Technical Area                          | Barbados | Burkina Faso | Burundi | DRC | Egypt | Ethiopia | Ghana | Grenada | Guatemala | Guyana | Haiti | India | Indonesia | Kenya | Laos | Liberia | Madagascar | Malawi | Malawi | Mozambique | Namibia | Nepal | Nigeria | Pakistan | Rwanda | St. Lucia | Tanzania | Uganda | Zambia |
|----------------------------------------|----------|--------------|---------|-----|------|---------|-------|---------|-----------|--------|-------|-------|-----------|-------|------|---------|-------------|-------|--------|-----------|---------|-------|---------|----------|--------|--------|---------|
| Maternal Health (24)                   |          |              |         |     |      |         |       |         |           |        |       |       |           |       |      |         |             |       |        |           |         |       |         |          |        |        |         |
| Newborn Health (26)                    |          |              |         |     |      |         |       |         |           |        |       |       |           |       |      |         |             |       |        |           |         |       |         |          |        |        |         |
| Child Health (22)                      |          |              |         |     |      |         |       |         |           |        |       |       |           |       |      |         |             |       |        |           |         |       |         |          |        |        |         |
| Family Planning (25)                   |          |              |         |     |      |         |       |         |           |        |       |       |           |       |      |         |             |       |        |           |         |       |         |          |        |        |         |
| Immunization (12)                      |          |              |         |     |      |         |       |         |           |        |       |       |           |       |      |         |             |       |        |           |         |       |         |          |        |        |         |
| Community Health (18)                  |          |              |         |     |      |         |       |         |           |        |       |       |           |       |      |         |             |       |        |           |         |       |         |          |        |        |         |
| Gender (13)                            |          |              |         |     |      |         |       |         |           |        |       |       |           |       |      |         |             |       |        |           |         |       |         |          |        |        |         |
| Health Systems Strengthening (26)      |          |              |         |     |      |         |       |         |           |        |       |       |           |       |      |         |             |       |        |           |         |       |         |          |        |        |         |
| Malaria (10)                           |          |              |         |     |      |         |       |         |           |        |       |       |           |       |      |         |             |       |        |           |         |       |         |          |        |        |         |
| Nutrition (14)                         |          |              |         |     |      |         |       |         |           |        |       |       |           |       |      |         |             |       |        |           |         |       |         |          |        |        |         |
| WASH (12)                              |          |              |         |     |      |         |       |         |           |        |       |       |           |       |      |         |             |       |        |           |         |       |         |          |        |        |         |
| HIV (8)                                |          |              |         |     |      |         |       |         |           |        |       |       |           |       |      |         |             |       |        |           |         |       |         |          |        |        |         |
| Other (10)                             |          |              |         |     |      |         |       |         |           |        |       |       |           |       |      |         |             |       |        |           |         |       |         |          |        |        |         |
MCSP was a five-year program with a $560M ceiling.

- Maternal, Newborn, and Child Health (49%)
- Family Planning (18%)
- HIV (10%)
- Nutrition (6%)
- Malaria (6%)
- Other (Ebola, Zika, Plague) (9%)
- Polio (1%)

- Total Field Funds, 76%
- WASH (1%)
- Total Core and Bureau Funds, 24%
SELECTED CUMULATIVE RESULTS

- Over 37,000 babies who weren’t breathing or crying at birth were resuscitated
- Over 546,000 women voluntarily chose a family planning method during a MNCH service visit
- Over 5,191,000 children under five reached by nutrition programs
- Over 10,000 health facilities actively implemented a quality improvement approach
- Over 120 policies developed or updated in 17 countries
- Over 1,838,000 women received a uterotonic immediately after birth to prevent postpartum hemorrhage
- Over 3,918,000 children received the third and final dose of the diphtheria, pertussis, and tetanus (DPT) vaccine
- Over 495,000 health workers were trained with skills and knowledge to improve quality of RMNCH services
- Over 681,000 children under five with diarrhea were treated
- Over 617,000 children under five with pneumonia were treated
Shaping global dialogue, policy, guidelines and strategy
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.
Community & equity

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

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
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
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.
Promoting a culture of data use for action in 20 countries

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.
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.
**DRC:** MCSP supported national scale-up of integrated community case management (iCCM), including development and costing of a five year National Child Health Strategic Plan.

**Egypt:** MCSP supported the Ministry of Health and Population (MOHP) in assessing the national Raedat Refiat (RR) CHW program. Findings informed development of a new RR strategy, including policies on hiring new CHWs, training, etc.

**Guinea:** MCSP strengthened subnational management capacity to more effectively and proactively plan and mobilize resources to address local priority health system challenges. Tools adopted by the national MoH to guide annual district level planning.

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

MCSP Communications
By the numbers

Publications

Over 700 technical products

112 peer-reviewed journal articles

Website

Over 640,000 views from nearly all countries

Events

Over 140 special events hosted

Over 350 presentations at conferences and events
10 critical principles from USAID’s flagship Maternal and Child Survival Program to help countries on their journey to self-reliance

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-led 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 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 learning 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 country-level capacity 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.