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CATALYZING CHANGE A look at USAID's Maternal and Child Survival Program PROGRAM YEAR ONE: OCTOBER 1, 2014 - SEPTEMBER 30, 2015



ENDING PREVENTABLE CHILD AND MATERNAL DEATHS

Awarded in 2014, the Maternal & Child Survival Program was announced as a multi-partner, flagship program in support of USAID's priority goal of ending preventable child and maternal deaths in a generation. Our work is evidencebased and results oriented. We focus on increasing coverage and utilization of high-quality reproductive, maternal, newborn and child health (RMNCH) interventions at the household, community and health facility levels. To date, we have worked directly and with partners in 22 countries to help drive:

Increased impact:

- Strengthened pre-service education of providers, midwives and community health workers to improve services in 6 countries; e.g., in Ghana this included completing eLearning modules contributing to updating midwifery and nursing curricula and standards with 10 midwifery schools;
- Supported the Reach Every Community approach in 6 countries to identify and target underserved populations in partnership with communities to address inequities in access to routine immunization services; Helped launch training curricula for essential newborn care and specialized care for small babies in 11 Asian countries alongside collaboration with partners through global initiatives such as Every Newborn Action Plan;
- · Through mPowering Frontline Health Workers, launched ORB, a new mHealth content platform to bring quality content directly to the health workers who need it (includes more than 200 resources available in 16 languages, and has been accessed by users in 118 countries);

Accountability and social mobilization to drive sustainable results:

- · New recommendations for maternal mortality mapping which formulated recommendations for mapping deaths more effectively;
- Engaged with communities and civil society organizations in 13 countries to drive demand for and use of life-saving services;
- · Supported 64 target districts in holding regular feedback mechanisms to share information on progress toward RMNCH health targets in 4 countries;

Policy shifts to enable effective national and local action:

- · Supported 9 policy changes across 6 countries; e.g. working with the Government of Ethiopia in developing their national reproductive health strategy, and the Government of Mozambique with their national strategy for quality services;
- With partners and representatives from 16 countries, including FP2020, WHO, UNFPA and the Gates Foundation, developed action plans for post-partum family planning in each country, alongside dedicated technical assistance from donor partners.

TOTAL FUNDING BY TECHNICAL AREA



MCSP is a 5 year program with a \$500M ceiling.

SELECTED RESULTS IN YEAR ONE





breathing at birth were resuscitated



accepted a family planning method during a MNCH service visit







Over 9,000 participants were trained with skills and knowledge to improve quality of **RMNCH** services



Over 170,000 women received a uterotonic in the 3rd stage of labor in MCSP-supported areas







Over 4,800 health facilities actively implemented a quality improvement approach



Because of assistance provided to 21 countries an estimated **\$212 million** has been committed to implement Integrated Community Case Management in 12 countries

WHERE WE

As a global Cooperative Agreement, MCSP is designed to introduce and support highimpact health interventions with a focus on USAID's 24 MCH priority countries with the ultimate goal of ending preventable child and maternal deaths within a generation. MCSP works in 17 of 24 of these priority countries and in five others.



	Burma	DRC	Egypt	Ethiopia	Ghana	Guinea	Haiti	India	Kenya	Laos	Liberia	Madagascar	Malawi	Mali	Mozambique	Namibia	Nigeria	Rwanda	South Africa	Tanzania	Uganda	Zambia
👗 Maternal Health	٠	٠	٠	٠	٠	٠	٠		٠	٠	٠	٠		٠	٠	٠	٠	٠		٠		•
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♦ WASH		٠			٠	٠	٠		٠					٠	٠							
Å HIV					٠		٠		٠					٠	٠	٠				٠		•

MCSP works across the life cycle and across the household to hospital continuum, driven by data, effective technologies and country innovations to enable strategic shifts towards ending preventable child and maternal deaths.

Photo: Kare Holt/MCSP

NUMBER OF COUNTRIES PERTECHNICALAREA



A TIMELINE OF PROGRAM EXPANSION

March 2014 – September 2015 2014 APRIL Haiti (3) National Level Mali 13/49 districts (26.5%) Tanzania GF: 16/168 districts (9.5%) Madagascar GF: 24/114 districts (21%) Uganda GF: 2/112 districts (2%) AUGUST Namibia Malawi GF: 16/34 districts (47%) GF: 2/29 districts (6.8%) Ghana Zambia National Level GF: 12/89 districts (13%) Ethiopia GF: 125/973 woredas (14%) OCTOBER Burma National Level Kenya GF: 7/290 sub-counties (2.4%) NOVEMBER Guinea GF: 20/38 prefecture (52.6%) Rwanda GF: 20/30 districts (67%) Nigeria GF: 3/36 states (8.3%) IANUARY 2015 DRC GF: 2/11 provinces (18%) GF: 2/16 provinces (13%) Laos APRIL Mozambique GF: 99/150 districts (66%) Egypt GF:TBD India GF: 2/29 states (7%) JUNE South Africa GF: 1/9 provinces (11%) Liberia GF: 16/92 districts (17%)

> **Key** GF Geographic Focus