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Maternal and Child
Survival Program



Photo: Jnpięgo



NUTRITION

Maternal anemia, even in 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 during the first 1,000 days of life, 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, and productivity.

In collaboration with Ministries of Health and partners, USAID's flagship Maternal and Child Survival Program (MCSP) focuses on evidence-based interventions to prevent and reduce all forms of malnutrition by integrating nutrition into reproductive, maternal, newborn and child health platforms.

We focus on addressing neglected barriers to optimal maternal, infant and young child nutrition to prevent all forms of malnutrition, including stunting. These include identifying and addressing challenges to exclusive breastfeeding, improving complementary feeding practices through the development of local recipes, and addressing “junk food” consumption in children less than two years of age within the context of infant and young child feeding (IYCF) programming. MCSP also addresses maternal nutrition and anemia during pregnancy through an integrated package, which includes iron-folic acid (IFA) supplementation. Taking a “learning by doing” approach, the Program uses global and local evidence to address these barriers through program implementation at the health facility and community level

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)
- Diets low in fruits and high in salt intake account for nearly 7% of the global burden of disease. (The Lancet)
- An estimated 20% of maternal deaths are due to maternal iron deficiency anemia and stunting in women. (The Lancet)

in USAID high-priority countries, including DR Congo, Egypt, Ghana, Guatemala, Haiti, Kenya, Malawi, Mozambique, Pakistan, Tanzania and Zambia.

We also provide nutrition expertise to increase the integration and reach of nutrition interventions through integrated health programming, with tailored social behavior change communication (SBCC) interventions and engagement of key influential community members, such as elder women and men.

The Program continues work begun under USAID's predecessor Maternal and Child Health Integrated Program (MCHIP) 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. New to MCSP is an updated version of the K4Health Integrated Anemia Prevention and Control Toolkit, which was developed under MCHIP, with an emphasis on providing guidance and best practices on program design and implementation for anemia programming.



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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