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**Maternal and Child
Survival Program**



Photo: Jhpiego/Kate Holt



EQUITY

USAID's flagship Maternal and Child Survival Program (MCSP) works to ensure that all women, newborns and children have equitable access to high-quality health care services. We monitor, adjust and improve the design of identified pro-equity interventions targeting the poor and marginalized to ensure they meet their intended goals. The Program also supports scale-up of high-impact interventions to less-served populations, while removing barriers to access.

Within the newly adopted Sustainable Development Goals—as well as the earlier Child Survival Call to Action and USAID's Ending Preventable Child and Maternal Deaths initiative—there is recognition that reaching the most underserved populations is critical to achieving reproductive, maternal, newborn and child health (RMNCH) goals. Nonetheless, there are significant disparities in coverage of related interventions.

There is a common assumption that programs aiming to increase coverage of health services among the poor are, by virtue, equitable. However, without careful attention to equity in the design, implementation, monitoring and adjustment of the strategy, these programs may result in narrow impacts that fail to meet the needs of the poorest and most marginalized communities. The only way to ensure equity improvements is to choose approaches likely to reach the underserved, incorporate pro-equity design, and monitor equity outcomes using feasible and valid measurements.

MCSP works with in-country implementers to monitor equity outcomes and adjust implementation design to improve the equity of RMNCH services. Our core approaches to service delivery — including use of community health workers, task shifting and inclusion of the private sector — are recognized as effective strategies for improving health equity.

MCSP incorporates health equity strategies into program design and monitoring by:

- Delivering RMNCH interventions in ways that improve equity and reach the most underserved;
- Introducing and/or scaling-up pro-equity interventions — those likely to reach the underserved by shifting services to community level, delivered through workers with less formal training — and providing evidence to validate their impact of these interventions; and
- Providing data on the economic status of MCSP beneficiaries across a range of activities, enabling program managers to improve targeting to the underserved.



Photo: Pupils receive oral vitamin A immunization at their school in Bungoma County, Kenya (Allan Gichigi/MCSP)

MCSP analyzed coverage equity of key RMNCH interventions across Program countries. Our analysis found some interventions to be generally more equitable (DTP3) than others (skilled birth attendance). Additionally, improvements in equity have been inconsistent over time. To spur further discussion and action, we have created country dashboards.

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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