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**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.