



## Agency Priority Goal Action Plan

# Maternity and Child Health

### Goal Leaders:

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# Overview

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## Goal Statement

Support the global effort to prevent child and maternal deaths. By Sept 30, 2019, U.S. global leadership and assistance to prevent child and maternal deaths will annually reduce under-five mortality in 25 maternal and child health U.S. Government-priority countries by an average of two deaths per 1,000 live births per year as compared to 2017.

## Challenge

Globally, child mortality has declined by half since 1990; each day 18,000 more children, and 650 more mothers, will survive than in 1990. Despite this achievement, 5.6 million children, and 303,000 women still die every year, primarily from diseases or other preventable causes. The economic costs of disease and poor health are significant, especially in terms of lost national productivity and economic growth; this usually translates to instability, and fosters possible breeding grounds for conflict, terrorism, and other threats. USAID will continue to work with its partners in the U.S. Government (USG) and the global community to strengthen country health systems in an effort to prevent child and maternal deaths, as both have significant impact on global productivity and economic development.

## Opportunity

By analyzing the causes of child and maternal death and the current coverage of life-saving interventions, USAID, as a global leader in the health sector, has identified programs and health systems that will have the greatest impact. In the 2018 Acting on the Call report, USAID outlined an approach to save the lives of 15 million children under five and 600,000 women by 2020. USAID and its partners will focus on utilizing diverse strategies applied in community, primary care, and higher-level facilities. USAID's maternal and child-survival programs are concentrated in 25 priority countries with the highest need, demonstrable political commitment, and the potential to leverage resources from the public and private sectors to improve health outcomes. Together, these countries account for 70 percent of maternal and child deaths worldwide, and nearly 60 percent of the global unmet need for family planning.

# Goal Structure and Strategies

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## Goal

**SUMMARY:** The overall goal of USAID's maternal and child health program is to decrease maternal and child mortality. To achieve this, USAID employs cost-effective, high-impact interventions, including procuring and delivering essential, safe health commodities, and improving access to quality health services for the most vulnerable and underserved populations, down to the community level. Through efforts in [family planning](#), [maternal and child health](#), [malaria](#), and [nutrition](#), USAID is working to prevent child and maternal deaths.

## Strategies

### *Maternal and Newborn Health*

USAID's strategy to accelerate reduction in preventable maternal deaths includes promoting respectful care and high-impact interventions for the major causes of death in childbirth, especially postpartum hemorrhage and preeclampsia/eclampsia; strengthening health systems; and changing family and community behaviors to encourage more women to seek maternity care. USAID programs take into account and address cultural and financial factors that limit the utilization of life-saving care. Programs pay special attention to strengthening care during labor, delivery, and the vital first 48 hours post-partum, a particularly vulnerable time for women and their infants, as well as changing the attitudes of health workers towards their clients.

### *Health Systems Strengthening*

Health systems consist of all the people, institutions, resources, and activities that affect the health of the population, not just those provided or managed by governments. Strengthening health systems capacitates countries to better detect outbreaks, mitigate the transmission of disease, and prevent epidemics on their own. Implementing a full range of health-systems interventions promotes the sustainability of global health programs.

# Goal Structure and Strategies

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As outlined in the 2018 Acting on the Call report, USAID's approach to preventing child and maternal deaths focuses on helping host countries build strong, resilient health systems. USAID makes strategic investments to prevent child and maternal deaths by addressing key drivers of health and incentivizing domestic resource-mobilization to improve neonatal care and maternal care; reduce childhood illness; advance quality care for family planning; increase access to essential commodities; address undernutrition; and protect people from malaria.

Governments and their partners need to take systematic action to reach all women, newborns, and children under-five with effective care. Scaling up select health-systems activities, chosen for their country-specific feasibility, is an essential element of USAID's efforts to prevent millions of child and maternal deaths worldwide. By working with governments, civil society, and the private sector to build strong health systems, USAID supports the implementation and maintenance of global health resilience and security for the United States.

## *Population and Reproductive Health*

- Voluntary family planning (FP) is a critically important, cost-effective intervention to address child and maternal mortality. USAID FP programming continues to reduce maternal and child mortality by empowering families to time and space their births at the healthiest intervals for mother and child. These FP activities will include: mobilizing demand for modern FP services through behavior-change communication; improving the supply of and logistics for commodities; service-delivery; policy analysis and planning; biomedical, social science, and program research; knowledge-management; and monitoring and evaluation. Expanding access to voluntary FP information and services and improving commodity supply and logistics inherently benefits families, accelerates economic growth, and improves social stability.

# Goal Structure and Strategies

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## *Nutrition*

- Poor nutrition continues to be an underlying cause of approximately 45 percent of all deaths among children under-five years of age each year, and over a third of women in developing countries suffer from chronic undernutrition. USAID invests in activities that focus on the prevention of undernutrition through integrated services: improved women's nutrition services and counseling and feeding practices for infants and young children; exclusive breastfeeding and appropriate complementary feeding; delivery of nutrition services, such as micronutrient supplementation and food fortification; and strengthening nutrition governance.

## *Malaria*

- Malaria remains a major cause of mortality among young children - one child still dies from malaria every two minutes, and, without sustained efforts, prior progress could be quickly reversed. USAID works with host countries and private partners to further reduce malaria deaths and substantially decrease malaria morbidity by: supporting partner countries in adapting to changing epidemiology and incorporating new tools; improving local capacity to collect and use information; mitigating the risk of a resurgence of malaria; and building capacity and health systems. Since malaria morbidity also adversely impacts school attendance and workplace productivity, a healthier population also contributes to improved education and a more-robust economy.

# Summary of Progress (for indicators) (1/3)

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## *Contraceptive Commodities*

- A major component of preventing child and maternal deaths is ensuring access to contraceptive commodities. Expanding access to information on voluntary family-planning and services, and improving commodity supply and logistics, inherently benefits families, accelerates economic growth, and improves social stability. In FY 2018 quarter four, USAID delivered 91 percent of purchased contraceptive commodities on time, surpassing the 80 percent target. On-time shipments exceeded the target value, primarily because of improvements in global supply chain operations implemented in previous quarters. USAID has proactively worked with GHSC-PSM Project to identify bottlenecks in the system contributing to delays and aggressively implement an action plan to improve procurement and delivery times, and mitigate the impact of delayed shipments. These approaches include 1) enhancing visibility into field program commodity needs; 2) expanding collaboration and information sharing through the coordinated supply planning processes; and 3) streamlining procurement planning and order fulfillment processes.

## *Modern Contraceptive Prevalence*

- Increased contraceptive use leads to decreased unintended pregnancies, and slows population growth over time. MCPR measures the percentage of in-union women of reproductive age (15-49 years) using, or whose partner is using, a modern method of contraception at the time of the survey. Annual country estimates of MCPR are derived through moving averages using all available data points from Demographic and Reproductive Health Surveys (DRHS), Multiple Indicator Cluster Survey (MICS), and Performance Monitoring and Accountability (PMA) 2020 surveys. In the fourth quarter of FY 2018, an average 1.1 percentage point increase in MCPR was achieved across the USAID 24 Family Planning/Reproductive Health priority countries between 2017 and 2018, from 34.4 in 2017 to 35.5 in 2018, exceeding the the planned target for 2018.

# Summary of Progress (for indicators) (2/3)

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## *Under-Five Mortality*

- The under five mortality rate across the 25 priority countries decreased by 2.1 per 1000 live births from FY 2017 to FY 2018. While a decline of 2.1 meets the target, it is expected that the absolute value of change will decrease as the priority countries converge with current global estimates and trends. FY 2018 data are derived from the Inter-Agency Working Group on Child Mortality Estimates 2018 and data are weighted using UN World Prospects birth cohort estimates to provide the aggregate estimate for USAID's 25 Priority countries. Improvements in mortality outcomes are the result of increasingly effective efforts to link diverse health programs – in MCH, in malaria, in family planning's contribution to the healthy timing and spacing of pregnancy, in nutrition, in HIV/AIDS, and in sanitation and hygiene improvement. All of these efforts contribute to ending preventable child and maternal deaths.

## *People Protected Against Malaria*

- As a result of USAID's support to malaria programs and coordination with other major donors including the Global Fund, the World Bank, and UNICEF, all of the 19 President's Malaria Initiative (PMI) focus countries in Africa with paired nationwide surveys show significant declines in all-cause mortality rates among children less than five years of age, ranging from 18 percent to 67 percent. The support to insecticide treated net (ITN) scale-up alone resulted in nearly 60 million people protected in FY 2017. While results are not yet available for FY 2018, USAID continues to support malaria programs and coordination with other major donors including the Global Fund, the World Bank, and UNICEF to ensure hundreds of millions of people benefit from protective measures and have been diagnosed and treated for malaria. In FY 2017, PMI did not meet the projected target due to an off cycle in scheduled mass campaigns across countries.

# Summary of Progress (for indicators) (3/3)

## *\*Health Facility Deliveries*

- The average percent of births in a health facility across our 25 MCH priority countries increased from 63.04 percent in calendar year 2016 to 64.09 percent in calendar year 2017. The net increase of 1.05 percent, met our established target net change of 1 percent. This small but stable increase (about 1 percent per year since 2013) reflects the continued positive trajectory in this important intervention, and since the percentage is over 50 percent we expect smaller changes in the absolute value per year as reaching new populations becomes more difficult. Health facility delivery in the 25 USAID MCH priority countries was interpolated from DHS, MICS, or other surveys and averaged (weighted by live births) each year and is not yet available for FY 2018. An annual target of 1 percent absolute increase will be set for FY 2019.

## *\*Children Receiving Pneumococcal Vaccine*

- The total percent of children receiving at least three doses of pneumococcal vaccine (PCV3) increased from 37.79 percent in calendar year 2016 to 39.44 percent in calendar year 2017 for a net increase of 1.65 percent missing our FY 2018 target of 5 percent. These estimates are weighted between the 25 USAID MCH priority countries by live births. Data on PCV3 comes from [idea.usaid.gov](http://idea.usaid.gov), while live births are from WPP, and is not yet available for FY 2018. PCV vaccine is an important vaccine that only started to be rolled out in USAID priority countries in 2010 or later. We used projections that relied on net changes in coverage between 2011 and 2016 to set our FY 2018 target of a 5 percent. However, during this early period as PCV3 was being introduced the coverage jumped from 0 percent to above 50 percent in many countries causing a projection derived from this period to suggest a higher net increase than could be sustained in subsequent years. In fact, this rapid increase in coverage has since tapered now that most countries have introduced PCV3 and the coverage increase from calendar year 2016 to calendar year 2017 was smaller than the estimated target. Based on progress expected in India and Indonesia and the most recent changes in coverage rates in the other 23 priority countries, an annual target of 1 percent absolute increase will be set for FY 2019.

# Summary of Progress (for milestones)

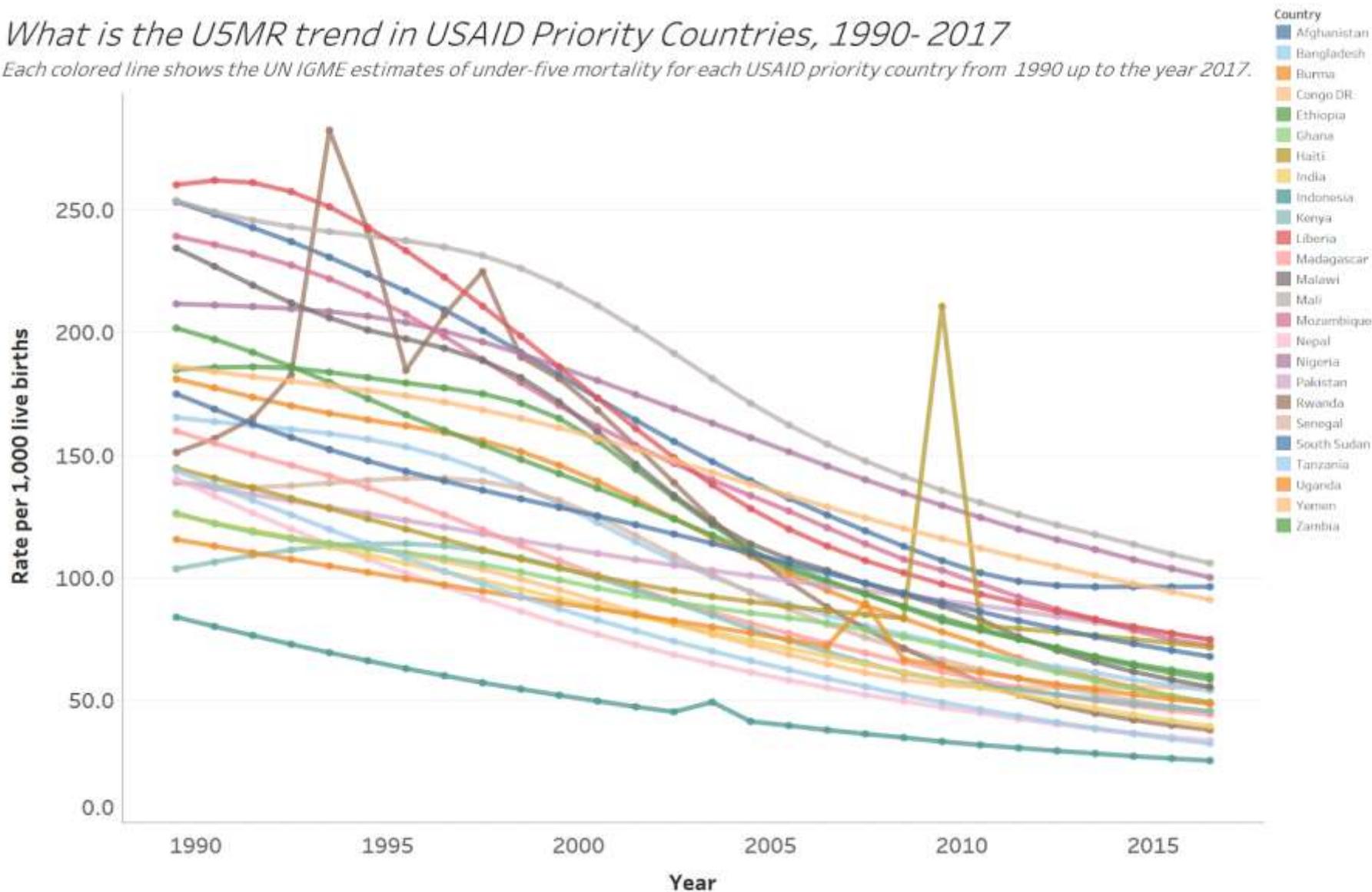
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- The [2018 Acting on the Call Report: A Focus on the Journey to Self-Reliance for Preventing Child and Maternal Deaths](#) focuses on 25 priority countries' journeys to self-reliance for preventing child and maternal deaths. Self-reliance is a country's ability to finance and implement solutions to its own development challenges. Understanding where countries are in this effort helps USAID to partner with countries and support their efforts. In the report, USAID recounts progress since the 2012 Call to Action and identifies gaps in order to inform future programming and areas that need strengthening during the journey to self-reliance. For the first time ever, the Agency has calculated the return on investment to eliminate bottlenecks to improve health services. As in past years, this analysis builds on previous efforts and continues to refine how USAID works with partner governments to meet their health goals. This report is also part of a larger USAID effort to make sure child health is one of the measures of capacity to measure progress in the overall journey to self-reliance. USAID's work to eliminate health system bottlenecks can yield an average return on investment of 6 to 1, and will make around \$26.9 billion available to the health sector, in public and private funds.
- USAID continues to employ data-driven decision-making to sharpen programming; USAID's annual review of Mission Health Implementation Plans (HIPs), strategic plans for use of FY 2018 funds, is underway. The Bureau for Global Health (GH) has completed a thorough review of the HIPs for 22 of the U.S. Government maternal and child health priority countries to ensure that programs, budgets, and implementing mechanisms were aligned with Agency health priorities and supported state-of-the-art, evidence-based programs. (The OPs for the three remaining priority countries have yet to be posted by F. GH will initiate its review of those remaining OPs once they are available.) These reviews assess whether Mission and headquarters interventions optimally address the key drivers of morbidity and mortality, with clear linkages to evidence-based national or regional strategies. In addition, reviews focused on how operating units work with partner governments, regional organizations, other donors and partners to leverage resources, ensure sustainability, and build country ownership. As a result, USAID is well-positioned to accelerate sustainable reductions in child and maternal mortality.

# Trends in Child Mortality for USG Priority Countries

*What is the U5MR trend in USAID Priority Countries, 1990- 2017*

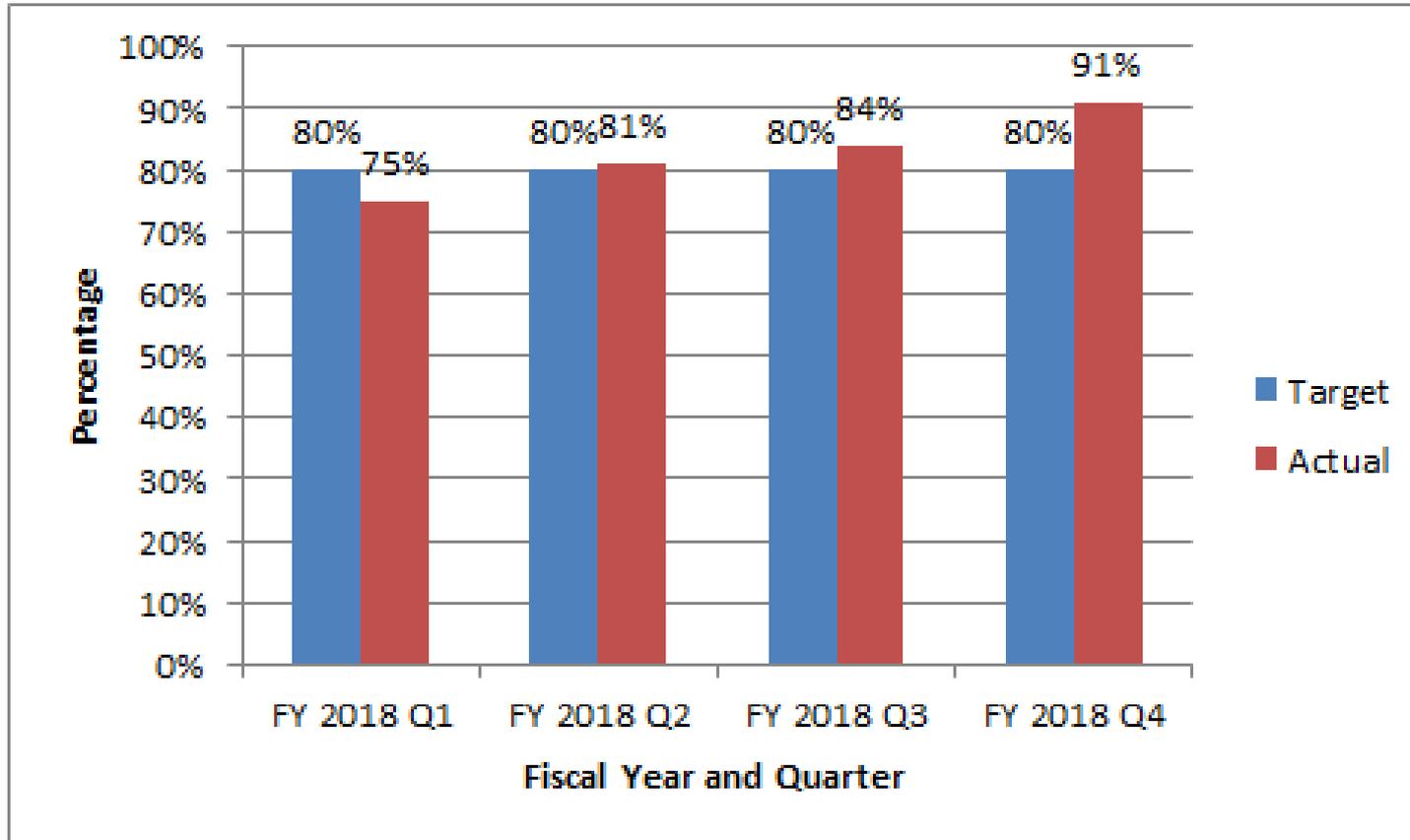
*Each colored line shows the UN IGME estimates of under-five mortality for each USAID priority country from 1990 up to the year 2017.*



# Key Indicators

## Quarterly Indicator:

### Percent of shipments of contraceptive commodities that are on time\*

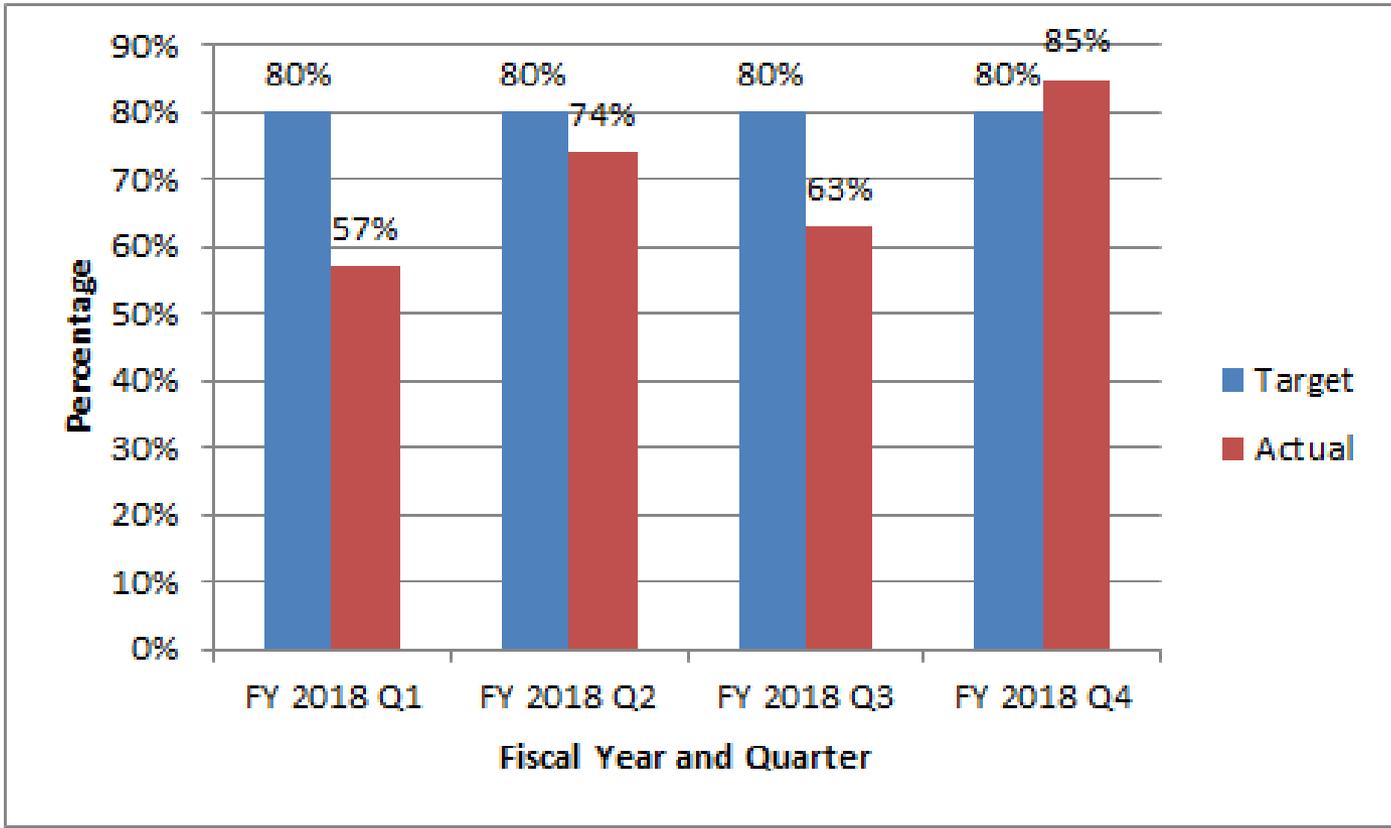


Graph includes data for the 24 Family Planning and Reproductive Health U.S. Government-priority countries (see slide 18).

USAID measures two different quarterly indicators: “on time” (OTD) and “on time in full” (OTIF). OTD measures the number of line items with an agreed delivery date during the reporting period that were delivered on-time, divided by the total number of line items promised during the reporting period. OTIF measures the number of line items delivered both on time and in the agreed-upon quantity during the reporting period, divided by the total number of line items delivered during the reporting period.

# Key Indicators

## Quarterly Indicator: Percent of shipments of contraceptive commodities that are on time and in full\*



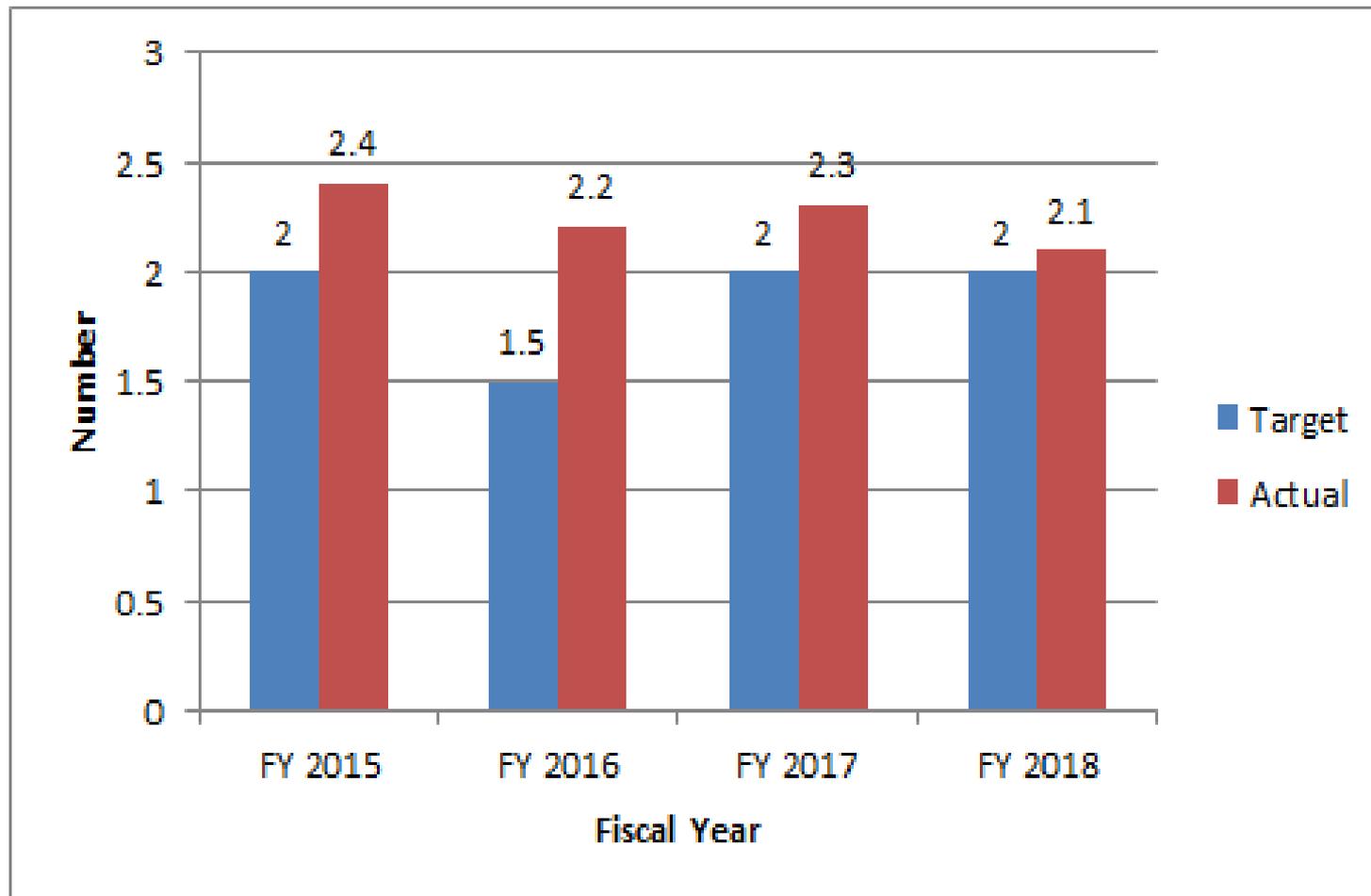
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# Key Indicators

Annual Indicator:

Absolute change in under-five mortality rate (decrease per 1000 live births)

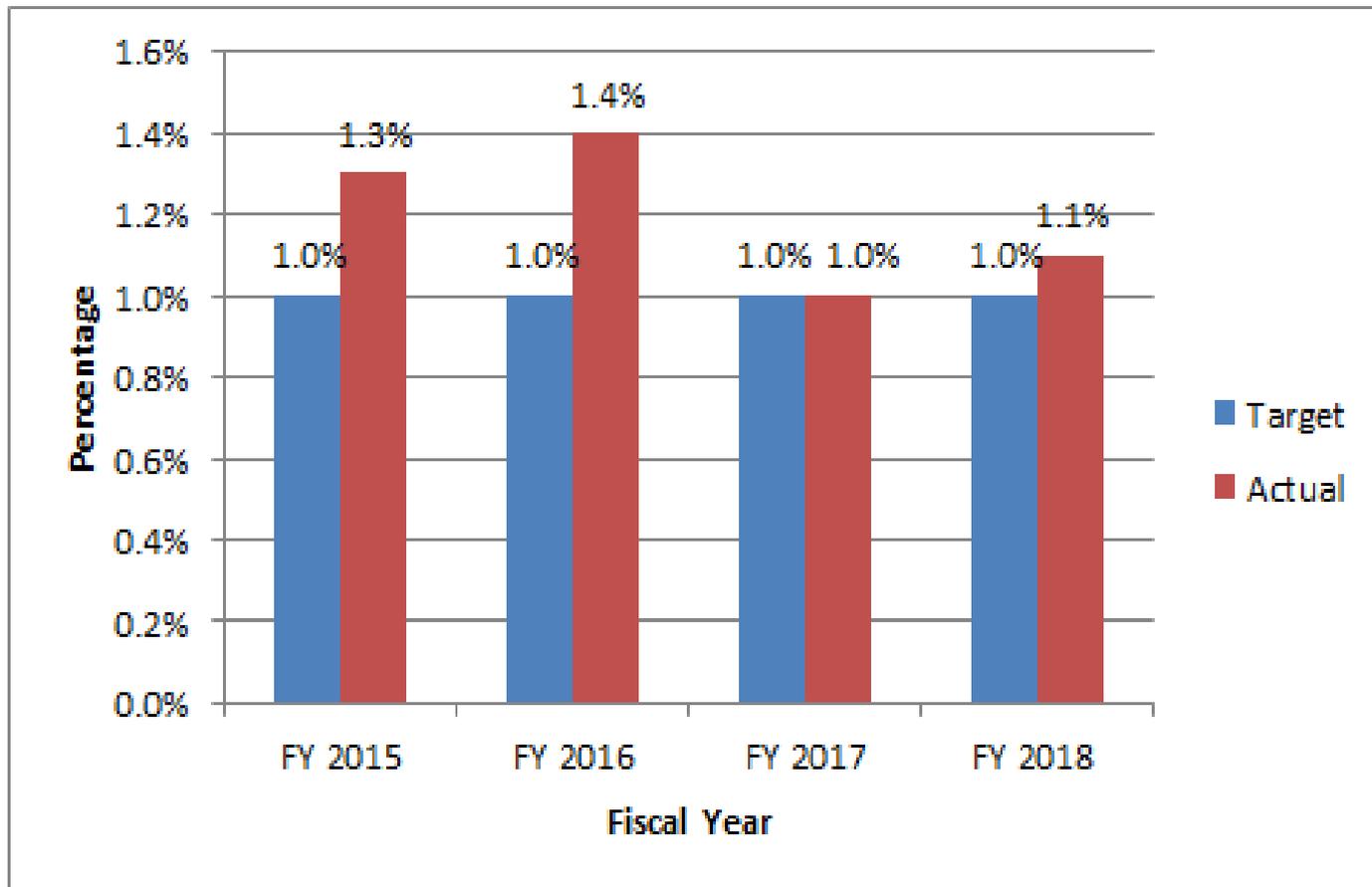


Graph includes data for year-to-year absolute change in the 25 maternal and child health U.S. Government-priority countries (see slide 18).

# Key Indicators

## Annual Indicator:

### Absolute change in modern contraceptive prevalence rate

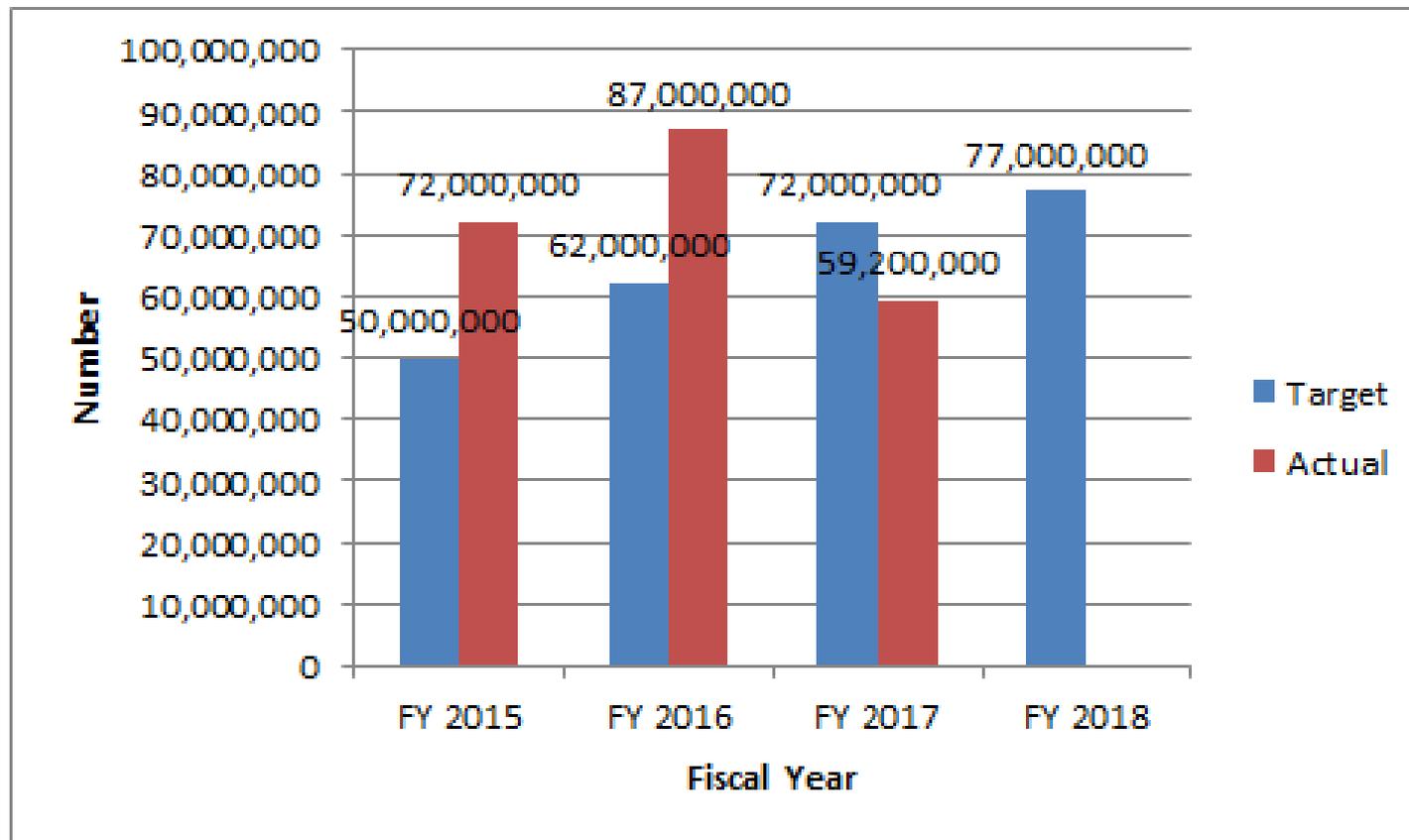


Graph includes data for year-to-year absolute change in 24 Family Planning and Reproductive Health US Government priority countries (see slide 18).

# Key Indicators

## Annual Indicator:

Annual total number of people protected against malaria with insecticide treated nets (FY 2018 data will be available in spring 2019)



Graph includes data for the 19 PMI priority countries (see slide 18).

# Key Indicators

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## Annual Indicator:

### **Absolute change in total percentage of births delivered in a health facility**

This is a new indicator for the FY 2018-2019 APGs.

In 2016 the average for the *absolute change in total percentage of births delivered in a health facility* was 63.04 percent, and in 2017 the average was 64.09 percent, **for a net increase of 1.05 percent for FY 2018\***. This increase reflects the continued positive trajectory for this important intervention. Since the percentage is over 50 percent future increase will like remain similar or smaller as the difficulty increases in reaching new populations.

\*Data for percentage of births in a health facility are collected by calendar year, which overlaps with the Federal fiscal year. For this reason the difference in calendar year 2016 and 2017 data is reported for fiscal year 2018.

# Key Indicators

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## Annual Indicator:

**Absolute change in total percentage of children who received at least three doses of pneumococcal vaccine (PCV) by 12 months of age**

This is a new indicator for the FY 2018-2019 APGs.

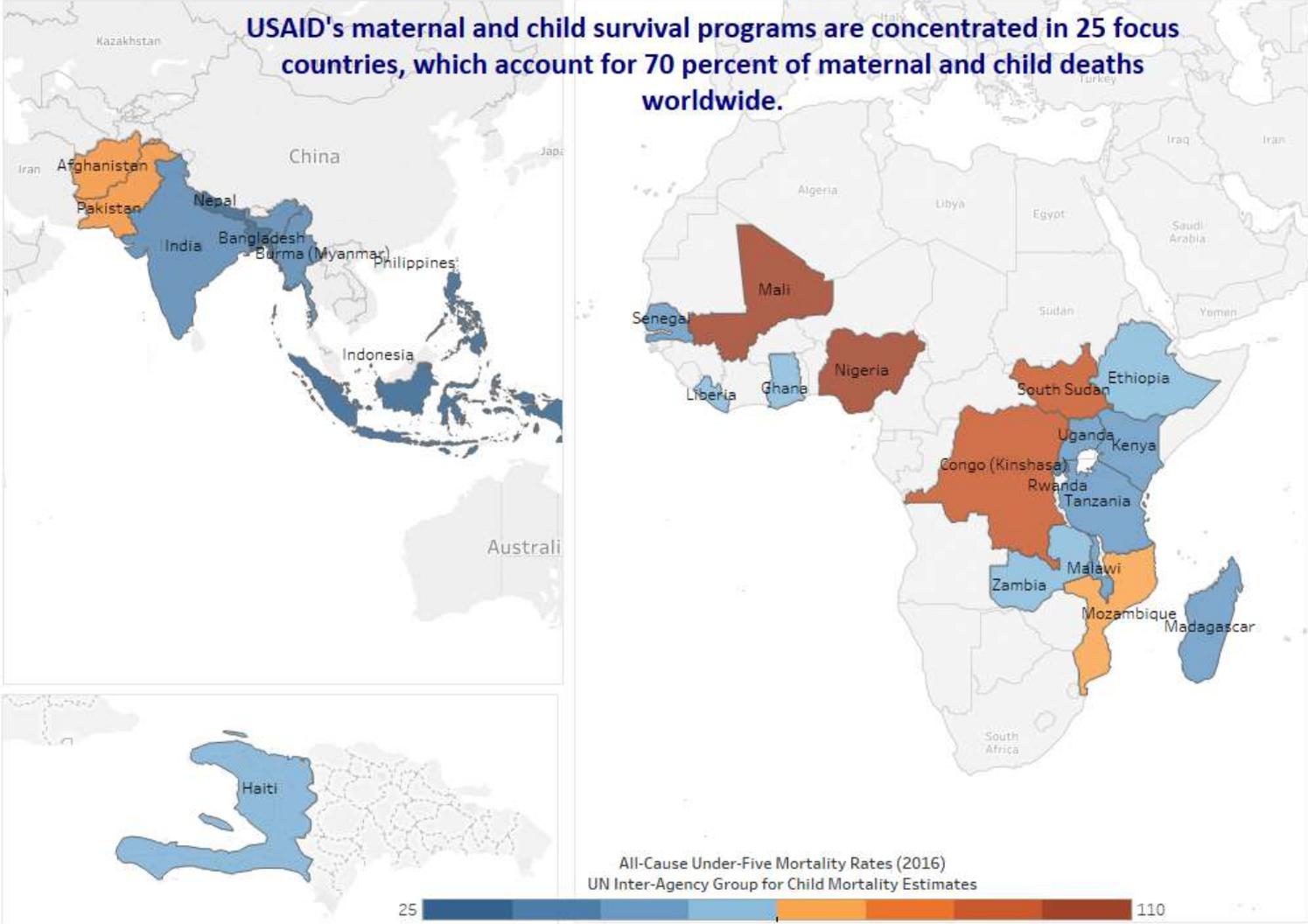
PCV vaccine increased from 37.79 percent in 2016 to 39.44 percent in 2017 in the 25 USAID MCH priority countries **for a net increase of 1.65 percent for FY 2018\***. PCV vaccine is an important vaccine that USAID starting rolling out to priority countries in 2010.

\*Data for PCV are collected by calendar year, which overlaps with the Federal fiscal year. For this reason the difference in calendar year 2016 and 2017 data is reported for fiscal year 2018.

# Key Indicators - Summary

| Maternal and Child Health Indicators  | FY 2018 Target           |    |    |    | FY 2018 Actual         |    |    |    |
|---|--------------------------|----|----|----|------------------------|----|----|----|
|   | Q1                       | Q2 | Q3 | Q4 | Q1                     | Q2 | Q3 | Q4 |
| <i>Quarterly:</i> Percent of shipments of contraceptive commodities that are on time (see slide 10)   | 80                       | 80 | 80 | 80 | 75                     | 81 | 84 | 90 |
| <i>Quarterly:</i> Percent of shipments of contraceptive commodities that are on time and in full (see slide 11)   | 80                       | 80 | 80 | 80 | 54                     | 74 | 63 | 85 |
| <i>Annual:</i> Absolute change in under-five mortality rate (decrease per 1000 live births) (see slide 12)  | 2                        |    |    |    | 2.1                    |    |    |    |
| <i>Annual:</i> Absolute change in modern contraceptive prevalence rate (see slide 13)   | 1                        |    |    |    | 1.1                    |    |    |    |
| <i>Annual:</i> Annual total number of people protected against malaria with insecticide treated nets (FY 2018 data will be available in spring 2019) (see slide 14) | 77,000                   |    |    |    | Data not yet available |    |    |    |
| <i>Annual:</i> Absolute change in total percentage of births delivered in a health facility (See slide 15)  | New indicator; no target |    |    |    | 1.05 percent           |    |    |    |
| <i>Annual:</i> Absolute change in total percentage of children who received at least three doses of pneumococcal vaccine (PCV) by 12 months of age (see slide 16)   | New indicator; no target |    |    |    | 1.65 percent           |    |    |    |

# Key Indicators



# Key Milestones

**Support the global effort to prevent child and maternal deaths:** Through efforts in maternal and child health, malaria, family planning, and nutrition, USAID health programs work to strengthen child and maternal health—a cornerstone of public health—to reduce deaths, preempt pandemics and the spread of diseases, and foster prosperity and stability. The programs concentrate on countries with the highest need, demonstrable political commitment, and the potential to leverage internal resources from the public and private sectors.

| Key Milestone   | Milestone Due Date | Milestone Status | Comments   |
|---|--------------------|------------------|--|
| Approval of 24 Annual Malaria Operational Plans (MOPs) for the 24 priority Presidential Malaria Initiative (PMI) countries and one sub-region | Q1 2018            | Complete         | The Acting U.S. Global Malaria Coordinator formally approved the MOPs during the Interagency Advisory Group meeting on October 25, 2017. (President Trump named Dr. Kenneth Staley as the new Global Malaria Coordinator in April 2018).   |
| Execute a data-driven review of country performance results across Fiscal Year (FY) 2017  | Q2 2018            | Complete         | USAID completed an intensive review and analysis of annual performance data collected from over 63 operating units to assess progress in voluntary family planning, maternal and child health, nutrition, infectious-disease threats, malaria, and tuberculosis, as well as global health evaluations.   |
| Release next <u>Acting on the Call</u> Report   | Q3 2018            | Complete         | USAID released the report as scheduled on June 18, 2018.   |
| Conduct thorough review of Health Implementation and Operational Plans for 25 U.S. Government maternal and child health priority countries    | Q4 2018            | Complete         | The Bureau for Global Health (GH) is currently undergoing a thorough review of the Health Implementation and Operational Plans for 21 of the U.S. Government maternal and child health priority countries. The OPs for the four remaining priority countries are not yet available. GH will initiate its review of those remaining OPs once they are available. GH's review process will ensure that programs, budgets, and implementing mechanisms are aligned with Agency health priorities and support state-of-the-art, evidence-based programs. |

# Key Milestones

**Support the global effort to prevent child and maternal deaths:** Through efforts in maternal and child health, malaria, family planning, and nutrition, USAID health programs work to strengthen child and maternal health—a cornerstone of public health—to reduce deaths, preempt pandemics and the spread of diseases, and foster prosperity and stability. The programs concentrate on countries with the highest need, demonstrable political commitment, and the potential to leverage internal resources from the public and private sectors.

| Key Milestone  | Milestone Due Date | Milestone Status | Comments |
|--|--------------------|------------------|----------|
| Approval of 24 Annual MOPs for the 24 priority PMI countries and one sub-region  | Q1 2019            |                  |          |
| Execute a data-driven review of country performance results across FY 2018   | Q2 2019            |                  |          |
| Release next <u>Acting on the Call</u> Report  | Q3 2019            |                  |          |
| Conduct thorough review of Health Implementation and Operational Plans for 25 U.S. Government maternal and child health priority countries | Q4 2019            |                  |          |

# Data Accuracy and Reliability

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USAID invests in technical assistance and data-collection at national, regional, and local levels to strengthen country health systems, improve outcomes, and save millions of lives. In 2016, USAID helped 82 million women and children gain access to essential health services. By focusing on building strong and resilient public and private health institutions, USAID, with the rest of the U.S. Government and its partners, leverages future gains toward building more sustainable progress.

USAID and its partners monitor and collect data regularly, to monitor performance and evaluate results against the goal of preventing child and maternal deaths. As healthy women and children are one of the best indicators of national stability, under-five mortality (U5MR) is both an indicator of child health and social and economic development. USAID monitors U5MR, as well as a suite of related indicators that reflect the return on USAID investments, and the overall strength of health systems.

U5MR is a key indicator for measuring child well-being, including health and nutritional status. Annually, the United Nations Inter-Agency Working Group on Mortality Estimates (IGME) collaborates with USAID, host countries, international partners, and subject-matter experts to review newly available data, conduct a data-quality assessment, and update estimates of child mortality. To estimate the U5MR trends for each country, a statistical model that uses the child mortality Demographic Health Survey (DHS) data is fitted to data points that meet quality standards established by the Inter-Agency Working Group, and then used to predict a trend line extrapolated to a common reference year.

*Data are collected continuously at the end of each Fiscal Year, USAID aggregates data for individual countries and extrapolates trend lines by using a common reference year. Possible data limitations include lack or delays in reporting. Out year targets are projected using historical trends.*

# Additional Information

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## Contributing Programs

### Organizations:

- USAID partners: Bureaus for Food Security; Economic Growth, Education, and Environment; Democracy, Conflict, and Humanitarian Assistance; Policy, Planning and Learning; Regional Bureaus; the Global Development Lab; and others as necessary and appropriate.
- Interagency partners: Departments of State, Treasury, Defense, Commerce, Agriculture, Health and Human Services, and Labor; Peace Corps; and the Millennium Challenge Corporation.
- Other important partners: faith-based organizations; host-country governments; the private sector; the Bill and Melinda Gates Foundation; industry partners; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; GAVI, the vaccine fund; the United Nations Children's Fund; and the World Health Organization.