



## Agency Priority Goal Action Plan

# Maternal and Child Health

### Goal Lead:

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# Overview

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## Goal Statement

Advance the global effort to prevent child and maternal deaths. By September 30, 2021, U.S. global leadership and assistance to prevent child and maternal deaths will contribute to an average annual reduction in under-five mortality of two deaths per 1,000 live births in 25<sup>1</sup> U.S. Government priority countries.<sup>2</sup>

## Challenges

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, before the global pandemic of COVID-19, 5.6 million children and 303,000 women still died 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 that can foment conflict, terrorism, and other threats. The U.S. Agency for International Development (USAID) will continue to work with our partners in the U.S. Government and the global community to strengthen health care to prevent child and maternal deaths, as both have significant impact on global productivity and economic development and the Journey to Self-Reliance.

## Opportunities

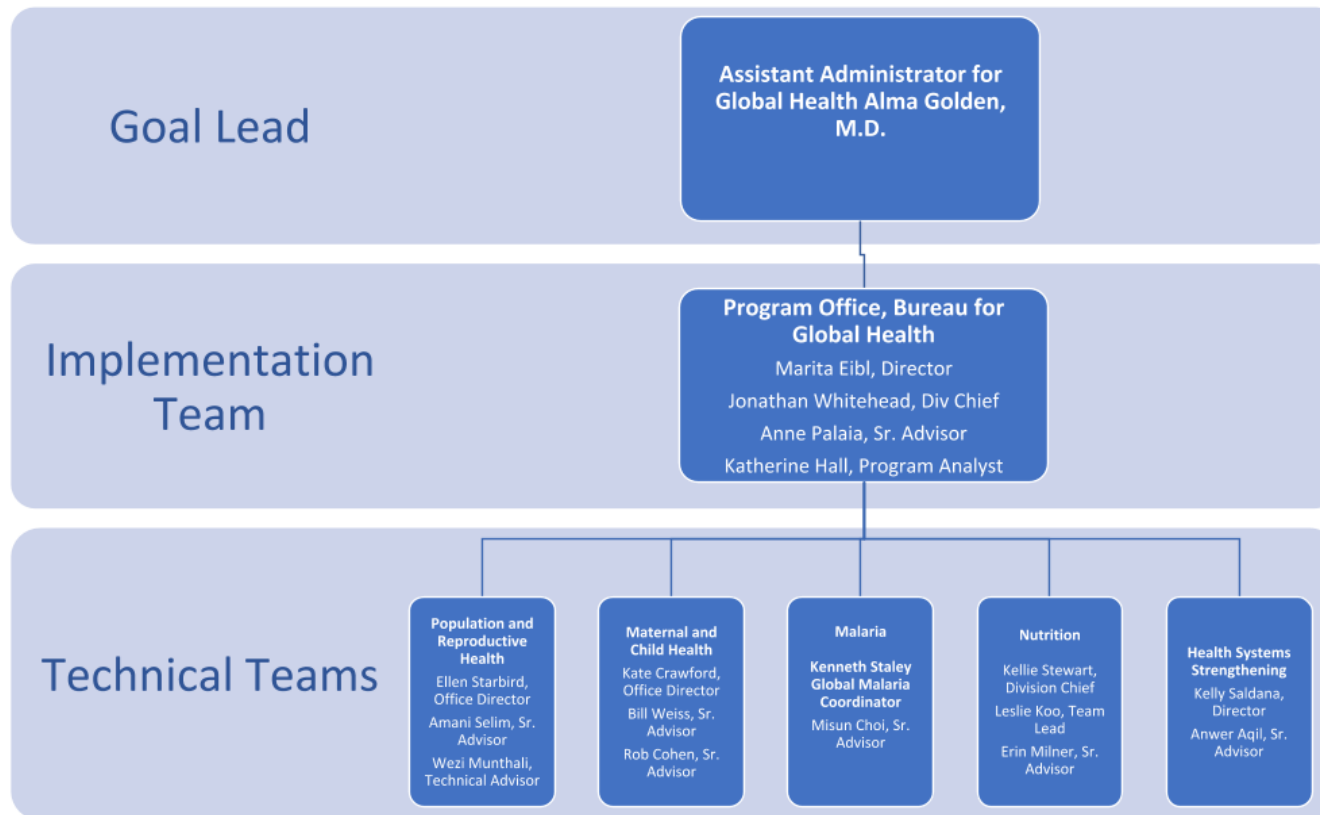
By analyzing the causes of child and maternal death and the current coverage of life-saving interventions, USAID, as a global leader in the health sector, has identified programs and health interventions that will have the greatest impact. In the 2019 [Acting on the Call](#) report, USAID presented results from its approach adopted in 2014 to save the lives of 15 million children under five and 600,000 women by 2020. USAID and our partners will focus on using diverse strategies applied in the community, and in primary-care and higher-level facilities. USAID concentrates our investments in 25 top-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.

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<sup>1</sup> The 25 U.S. Government maternal and child health priority countries are the following: Afghanistan, Bangladesh, Burma, Democratic Republic of Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Sénégal, South Sudan, Tanzania, Uganda, Yemen, and Zambia

<sup>2</sup> As compared with data from 2017.

# Leadership and Implementation Team



# Goal Structure and Strategy

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## Goal

The overall goal of USAID's programs in maternal and child health (MCH) 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 high-quality health care for the most vulnerable and underserved populations, down to the community level. Through efforts in population and [reproductive health](#), [maternal and newborn health](#), [malaria](#), [nutrition](#), and [strengthening health institutions](#), USAID and our partners work to prevent child and maternal deaths.

## Strategies

Building on the FY 2018-2019 Agency Priority Goal (APG) period, USAID will continue reporting on the two quarterly indicators and five annual indicators. For this APG cycle, the Agency has added a new annual indicator: *Absolute change in the rate of exclusive breastfeeding among children under six months in USAID's 25 MCH priority countries*. USAID set targets for these indicators based on results achieved in the FY 2018-FY 2019 APG cycle and on the Agency's expertise with over 50 years of experience in implementing global health programs that have saved lives, protected people most vulnerable to disease and promoted the stability of communities and nations, while advancing American security and prosperity. Specific successes and challenges for the different strategy areas appear below.

USAID works hard to ensure our work is transparent and that we hold ourselves accountable to tax-payers. For results and spending illustrative data, please visit the [Dollars to Results website](#). For a multi-dimensional picture of all U.S. foreign assistance, please visit [Foreign Aid Explorer](#). To better understand USAID's health impact at the country-level, please see the [2020 Acting on the Call Report](#).

### *Maternal and Newborn Health*

USAID's strategy to accelerate reductions in preventable maternal deaths includes promoting high-impact interventions for the major causes of death in childbirth, especially postpartum hemorrhage and preeclampsia/eclampsia. The strategy also works to strengthen health-care institutions, promote respectful care, and modify family and community behaviors to encourage more women to seek maternity care in a timely fashion. USAID's programs account for, and address, cultural and financial factors that limit the use of life-saving care. Programs pay special attention to strengthening care during labor, delivery, and the vital first 48 hours postpartum, a particularly vulnerable time for women and their infants, as well as improving health workers' attitudes toward their patients .

# Goal Structure and Strategy

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## *Malaria*

Malaria remains a major cause of mortality among young children. Children under five years of age still account for more than 60 percent of malaria deaths worldwide, and without sustained efforts, prior progress could be quickly reversed. Through the President's Malaria Initiative (PMI), USAID works with the governments of host countries, civil society, and private partners to reduce malaria deaths further and decrease malaria morbidity substantially by supporting partners to adapt to changing epidemiology and incorporate new tools; improving local capacity to collect and use information for decision-making and the allocation of resources; mitigating the risk of a resurgence of malaria; and building capacity and health-care institutions. Since malaria morbidity also adversely affects children's attendance at school and adults' productivity in the workplace, a healthier population also contributes to improved education and a more-robust economy.

## *Nutrition*

Poor nutrition continues to be an underlying cause of approximately 45 percent of all deaths among children under five years of age. In addition, more than 33 million pregnant women are anemic, which puts them at higher risk for death caused by postpartum hemorrhage and other conditions. USAID invests in integrated activities that focus on the prevention of malnutrition: improving women's nutrition services and counseling with a focus on pregnant and lactating women; improving feeding practices for infants and young children, including exclusive breastfeeding and appropriate complementary feeding; delivering nutrition services, such as micronutrient supplementation and food-fortification; treating children with acute malnutrition within routine health care; building the capacity for health providers to assess the nutritional status of expectant mothers and young children, and to treat and counsel appropriately; and strengthening nutrition governance and domestic financing for self-reliance.

## *Population and Reproductive Health*

Voluntary family planning is a critically important, cost-effective intervention to address child and, to a lesser extent, maternal mortality. USAID's programs in voluntary family planning continue to reduce maternal and child mortality by empowering families to time and space their births at the healthiest intervals. These activities include mobilizing demand for modern voluntary family planning through behavior-change communications; improving the supply of, and logistics for, drugs and commodities; improving service-delivery; creating an enabling environment for programming in voluntary family planning/reproductive health (RH) through policy analysis and planning; advancing biomedical, social science, and program research; improving knowledge-management; and conducting careful monitoring and evaluation. Expanding access to information, care, and supplies connected to voluntary family planning supports the healthy timing and spacing of pregnancy as noted, which indirectly benefits families and communities. Meeting all needs for voluntary family planning could prevent an additional 104,000 maternal deaths =. In addition, if women waited at least 24 months after a live birth to conceive again, under-five deaths could fall by approximately 26 percent

# Goal Structure and Strategy

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## *Strengthening Health-Care Institutions*

Strong and responsive health-care institutions are increasingly important to ensure continued progress in maternal and child survival, as well as to foster national self-reliance in health. As the distribution of child deaths changes, with a proportionally greater percentage in the early neonatal period, further progress depends on the availability of facility-level care to address maternal and newborn complications, including prematurity. USAID's investments in strengthening health institutions help ensure care is accountable, affordable, accessible, and reliable to promote the optimal use of human and financial commodities and resources; the provision of high-quality care; and the achievement of good health outcomes for all.

# Summary of Progress - Third Quarter (Q3) of FY 2020

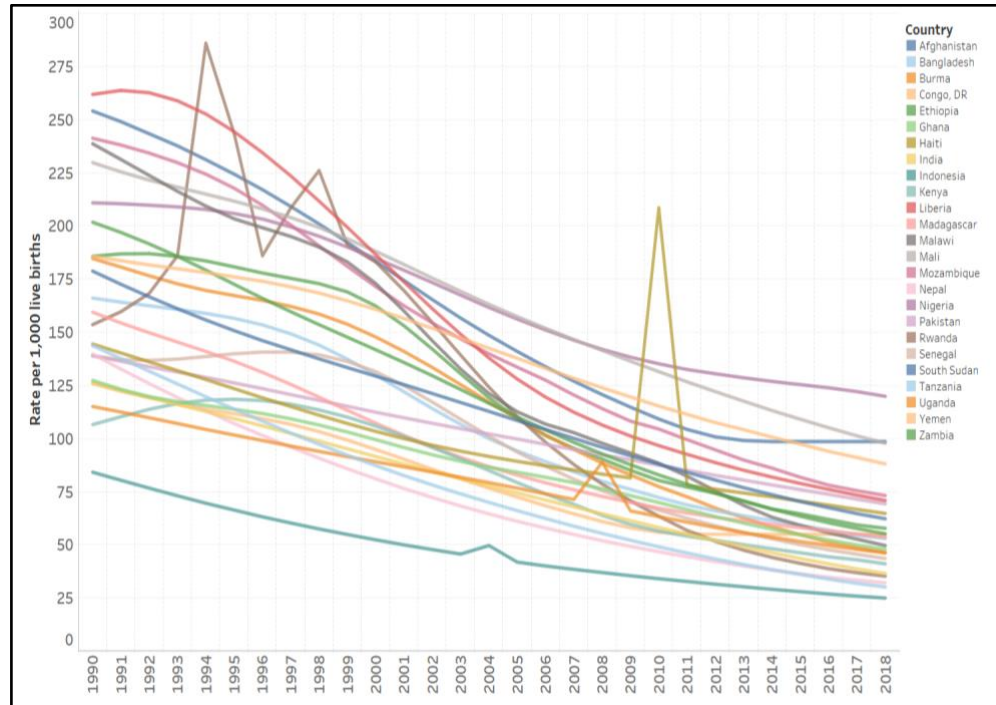
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USAID sustains strong on-time, in-full delivery performance by working closely with the Global Health Supply Chain-Procurement and Supply Management (PSM) Project to monitor and mitigate any risks to the global supply chain. Data-collection methods contribute to a delay in process reporting by one quarter. Progress for the Third Quarter (Q3) will report results from the Second Quarter (Q2) of FY 2020. Of the 69 shipments delivered in Q2 of FY 2020, 64 (93 percent) arrived within the established delivery window in-full. Of the 64 shipments/deliveries expected to be delivered to priority countries in Q2 of FY 2020, 59 (92 percent) arrived within the established delivery window. To achieve such strong results, USAID has championed and supported approaches such as the improved use of analytics to help drive performance.

USAID is making progress on its annual indicators, which employ the strategies listed previously. Because of the Agency's increased focus on responding to the COVID-19 pandemic, we anticipate that USAID could miss some of its targets as priorities shift in the field, operational challenges and obstacles presented by the pandemic may impact program outcomes, and secondary impacts of COVID-19 may impact maternal and child health. USAID will work with the Office of Management and Budget (OMB) and report on any necessary deviations through this APG Action Plan.

# Key Indicators and Milestones

The trend in under-five mortality in USAID Priority Countries, 1990–2018. Each colored line shows the estimates of the under-five mortality produced by the United Nations Inter-Agency Group for Child-Mortality Estimation (UN IGME) for each USAID priority country from 1990 to 2018.<sup>3</sup>

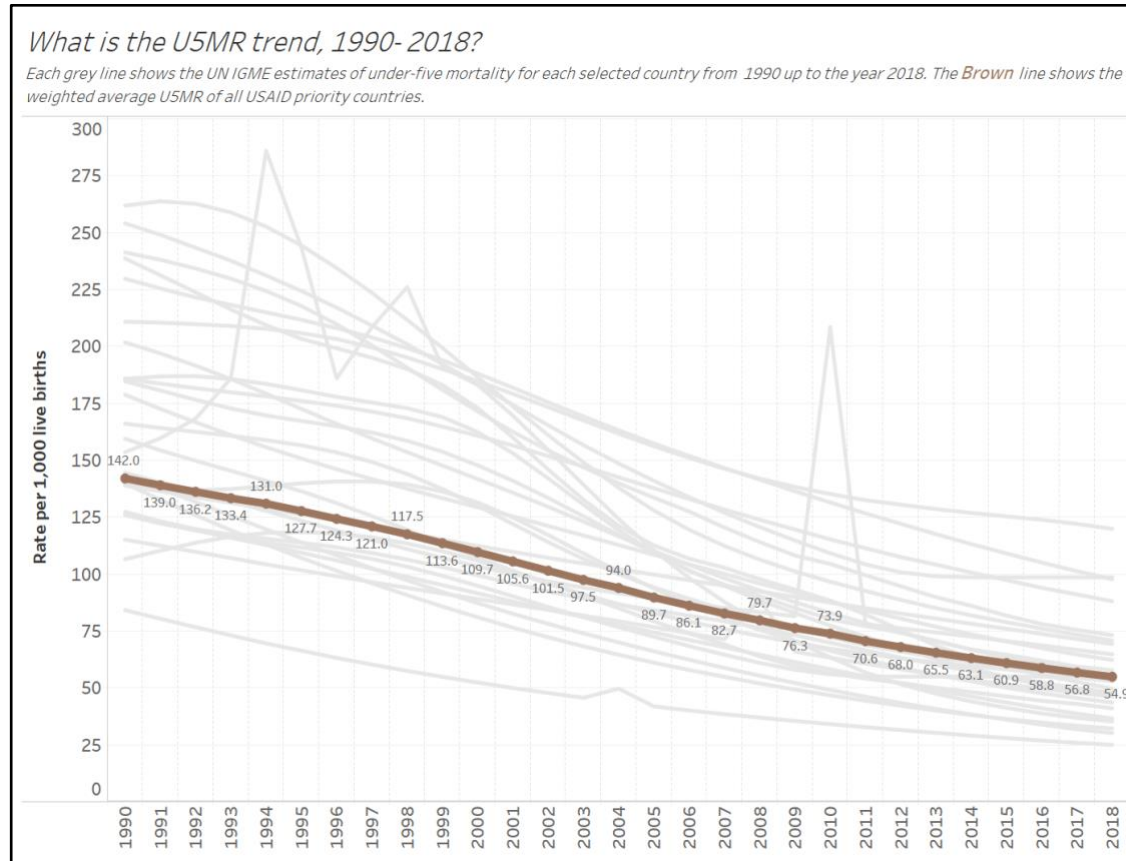


<sup>3</sup> Graph includes data for USAID's 25 priority countries for maternal and child health.



# Key Indicators and Milestones

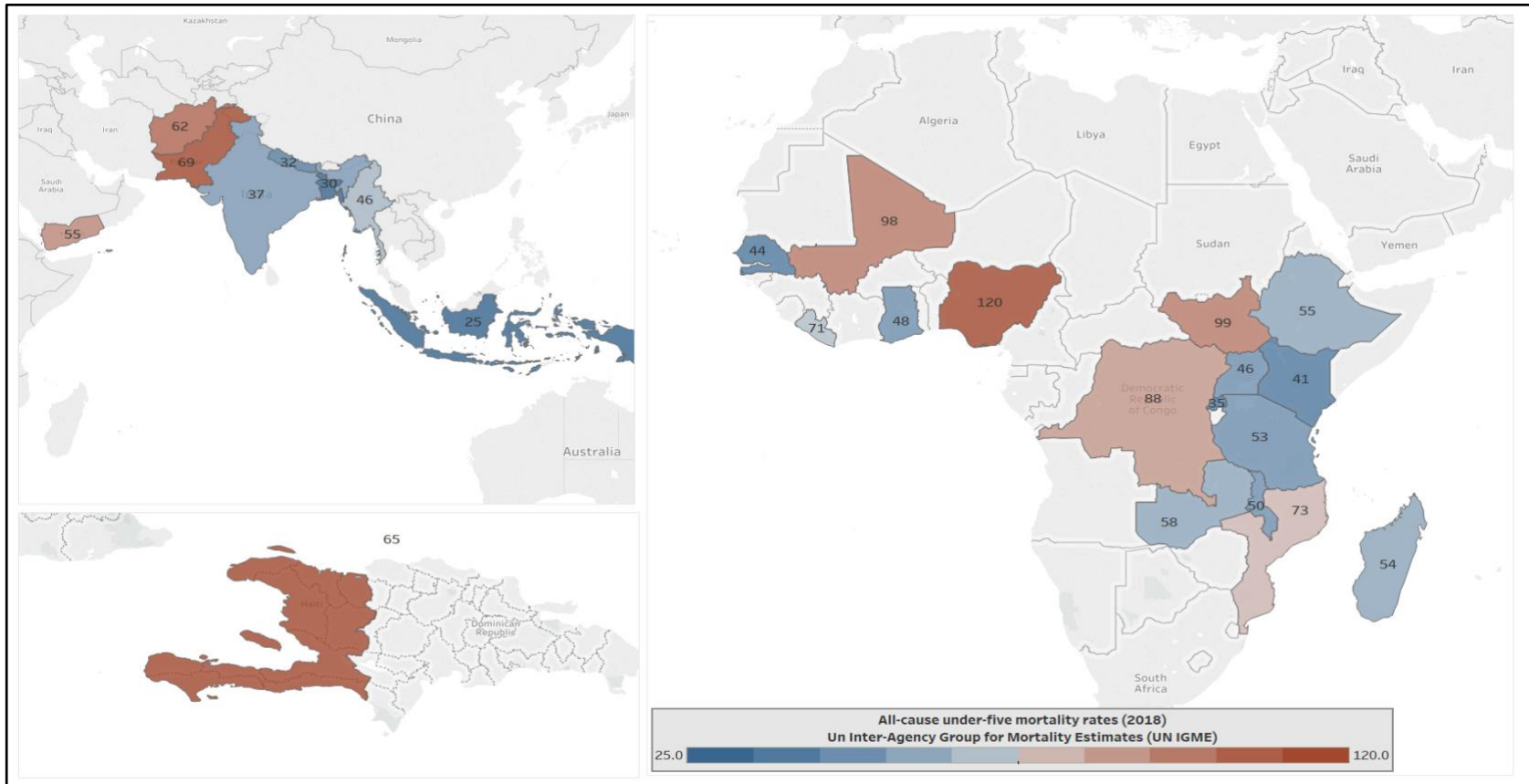
Trend in under-five mortality in each priority country from 1990–2018.<sup>4</sup>



<sup>4</sup> Graph includes data for USAID's 25 priority countries for maternal and child health.

# Key Indicators and Milestones

USAID concentrates our investments in maternal and child survival in 25 focus countries, which account for 70 percent of maternal and child deaths worldwide.



# Key Indicators and Milestones

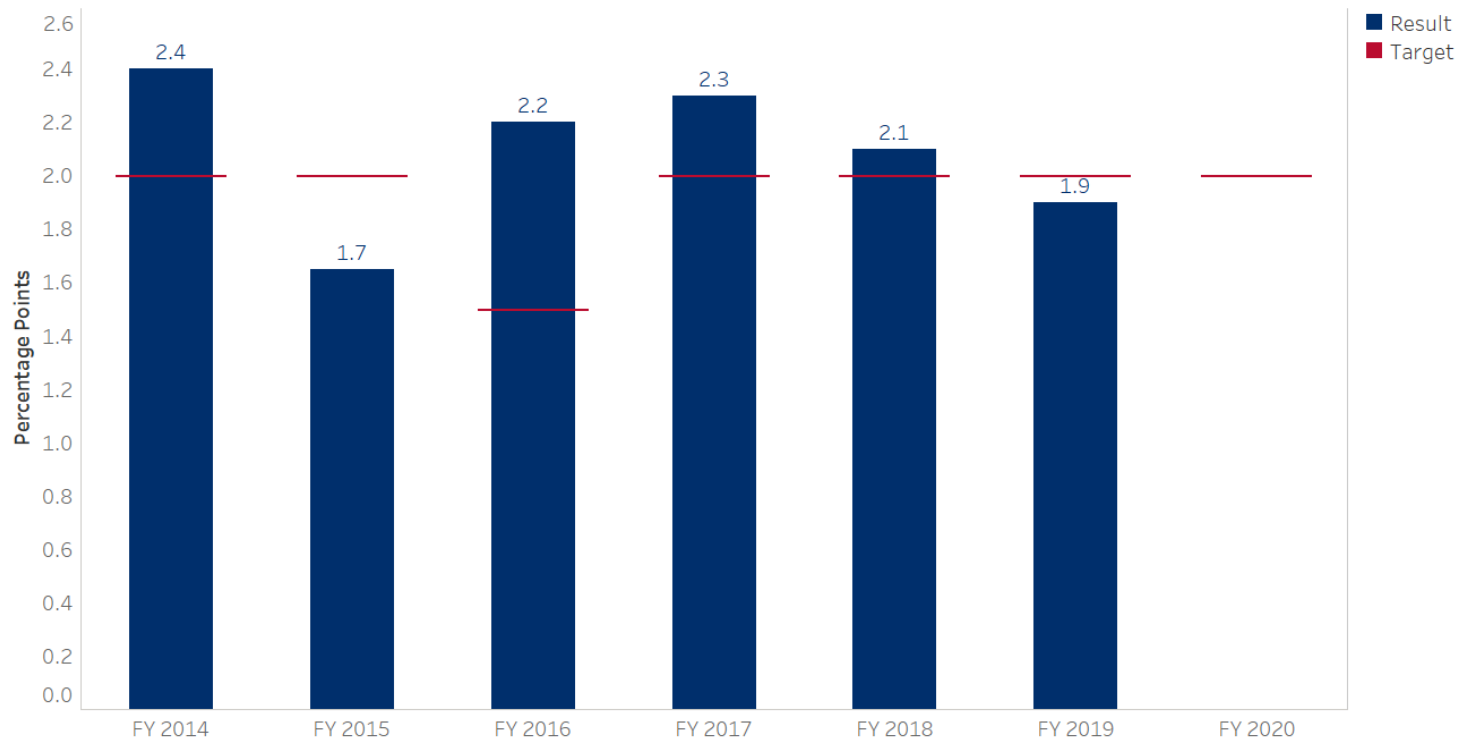
## Annual Indicator:

### Absolute change in under-five mortality rate (decrease per 1,000 live births)<sup>5</sup>

- Improvements in mortality outcomes are the result of increasingly effective efforts to link diverse health programs—in maternal and child health (MCH), in malaria, in the contribution of voluntary family planning to the healthy timing and spacing of pregnancy, in nutrition, in HIV/AIDS, and in sanitation and hygiene. All of these efforts contribute to ending preventable child and maternal deaths.

**USAID will report progress toward this indicator for FY 2020 in Q4.**

Decrease in (weighted) average Under Five Mortality Rate (per 1,000 live births)



<sup>5</sup> Graph includes data for year-to-year absolute change in USAID's 25 priority countries for maternal and child health.

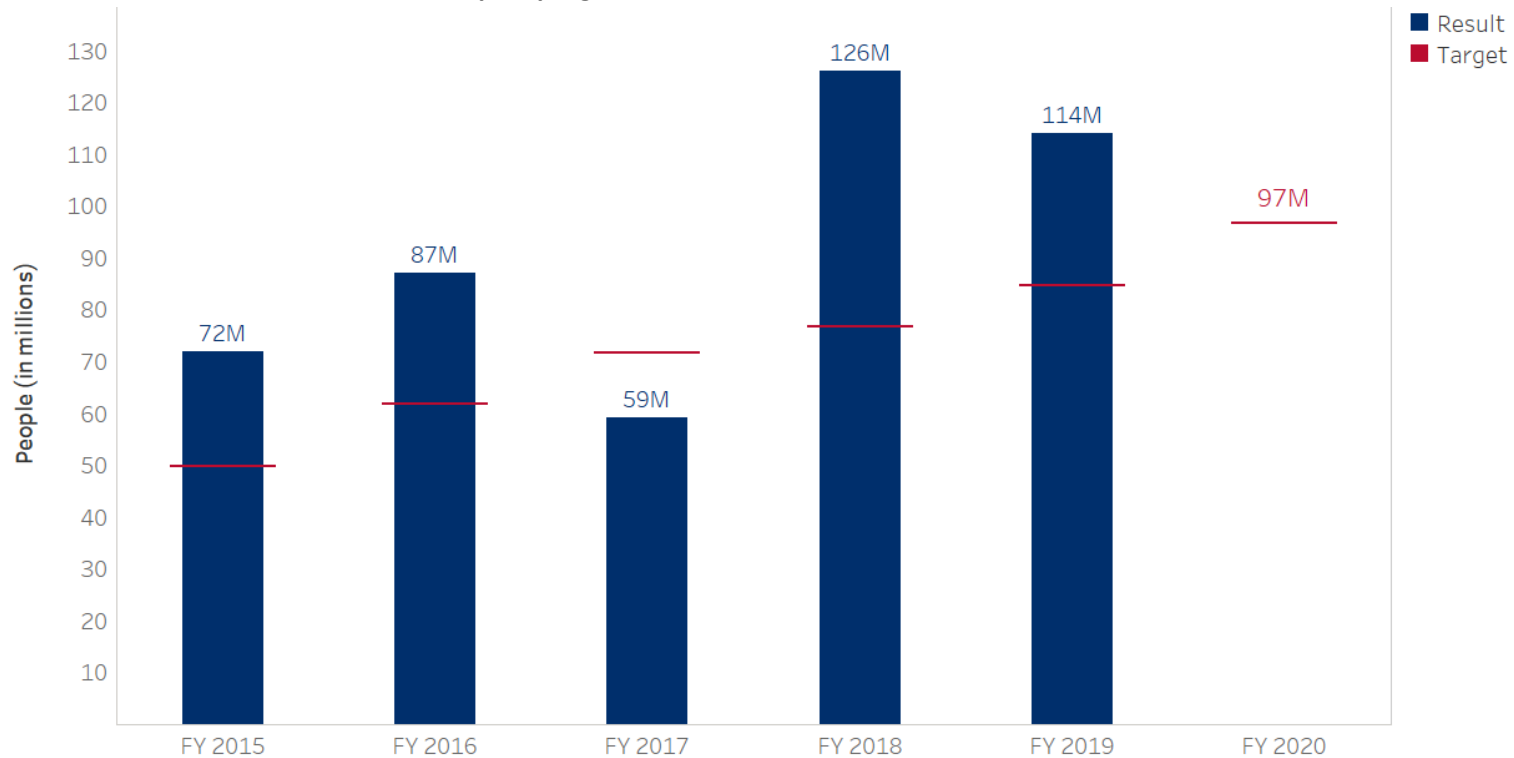
# Key Indicators and Milestones

## Annual Indicator:

### Annual total number of people protected against malaria with insecticide-treated nets<sup>6</sup>

- As a result of funding under the President's Malaria Initiative (PMI) and coordination with other major donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, and the Bill and Melinda Gates Foundation, 19 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, which ranged from ten percent to 67 percent.

USAID will report progress toward this indicator for FY 2020 in Q1 of FY 2021.



<sup>6</sup> Graph includes data for the 19 PMI priority countries.

# Key Indicators and Milestones

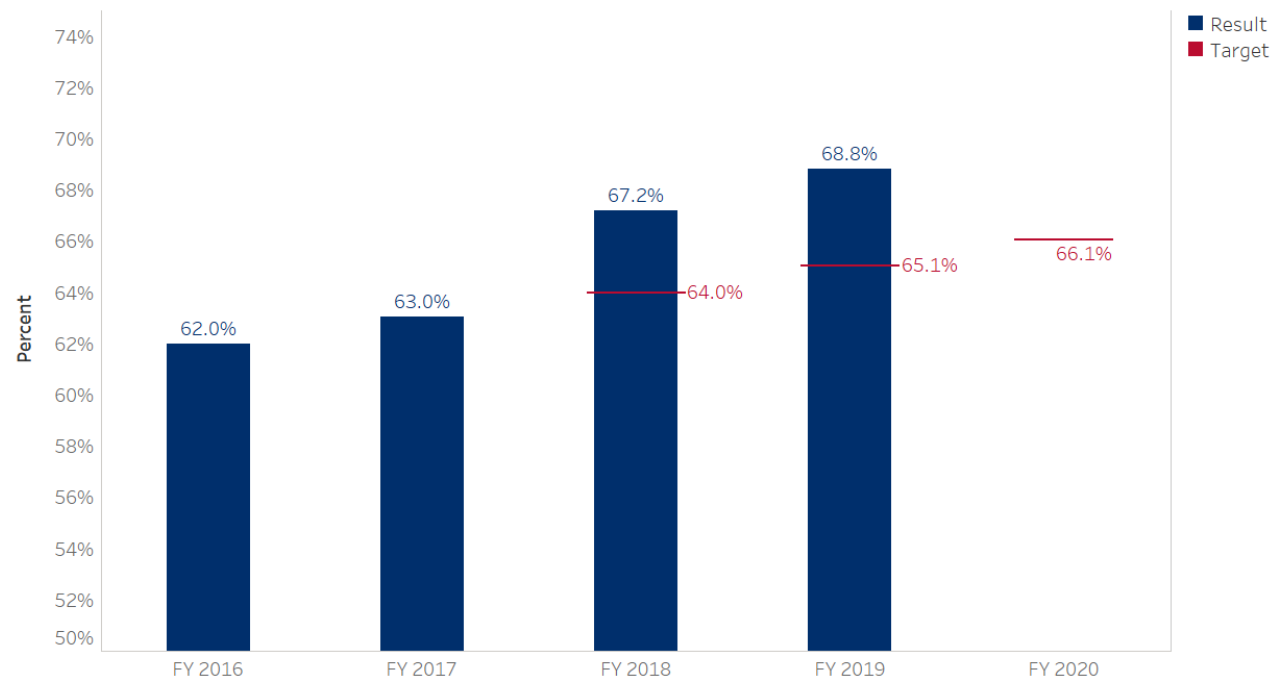
## Annual Indicator:

### Absolute Change in Total Percentage of Births Delivered in a Health Facility<sup>7</sup> across 25 MCH Priority Countries<sup>8</sup>

- Deliveries in health facilities in USAID's 25 MCH priority countries came from Demographic and Health Surveys (DHS), Multiple-Indicator Cluster Surveys (MICS), or other surveys and averaged (weighted by live births) each year.<sup>9</sup>

**USAID will report progress toward this indicator for FY 2020 in Q4.**

Total percentage of births delivered in a health facility



<sup>7</sup> Data Source: National DHS and MICS surveys

<sup>8</sup> USAID collects data for this indicator by Calendar Year, which overlaps with the Federal Fiscal Year. For this reason, the Agency reports the difference in data from Calendar Years 2018 and 2019 for FY 2020.

<sup>9</sup> USAID collects data for this indicator by Calendar Year, which overlaps with the Federal Fiscal Year. For this reason, the Agency reports the difference in data from Calendar Year 2017 and 2018 for FY 2019.

# Key Indicators and Milestones

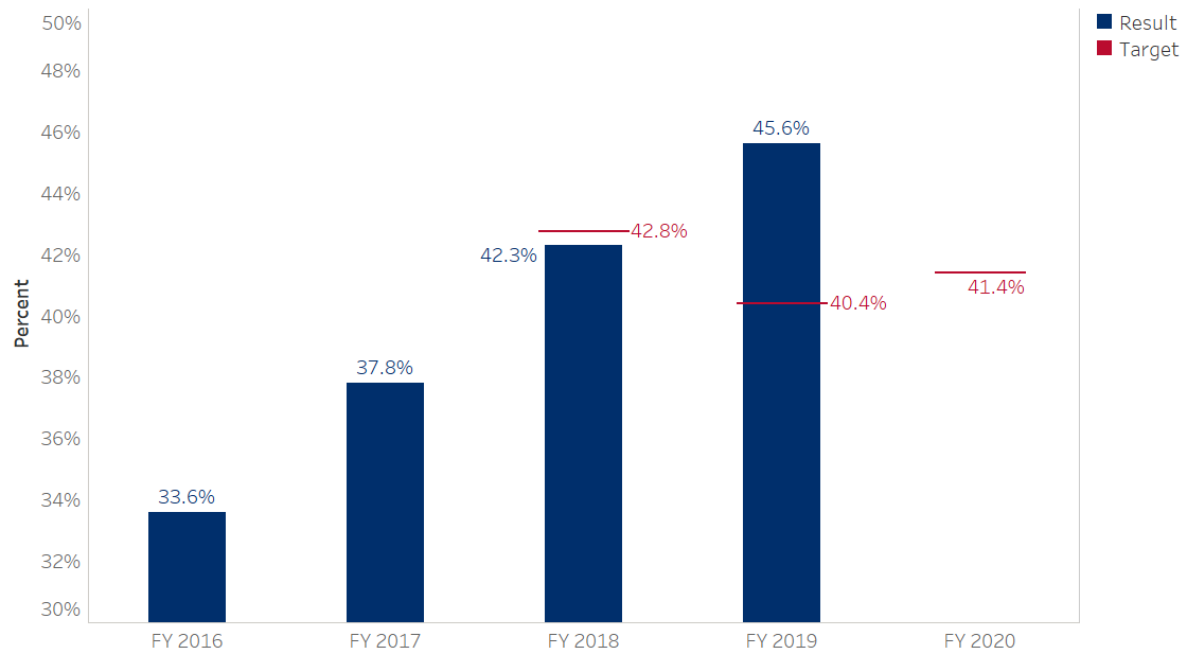
## Annual Indicator:

**Absolute Change in Total Percentage of Children Who Received at Least Three Doses of Pneumococcal Vaccine (PCV3)<sup>10</sup> by 12 Months of Age across 25 MCH Priority Countries<sup>11</sup>**

- USAID weights these estimates between the Agency's 25 priority countries for MCH by live births. Data on PCV3 and live births come from [idea.usaid.gov](http://idea.usaid.gov). PCV3 vaccine is an important tool the governments in USAID's priority countries started to roll out in 2010.<sup>12</sup>

**USAID will report progress toward this indicator for FY 2020 in Q4.**

Total percentage of children who received at least three doses of PCV3 by 12 months of age



<sup>10</sup> Data Source: World Health Organization (WHO)/United Nations Children's Fund (UNICEF)

<sup>11</sup> USAID collects data for this indicator by Calendar Year, which overlaps with the Federal Fiscal Year. For this reason, the Agency reports the difference in data from Calendar Years 2018 and 2019 for FY 2020.

<sup>12</sup> The graph includes data for USAID's 25 priority countries for maternal and child health.

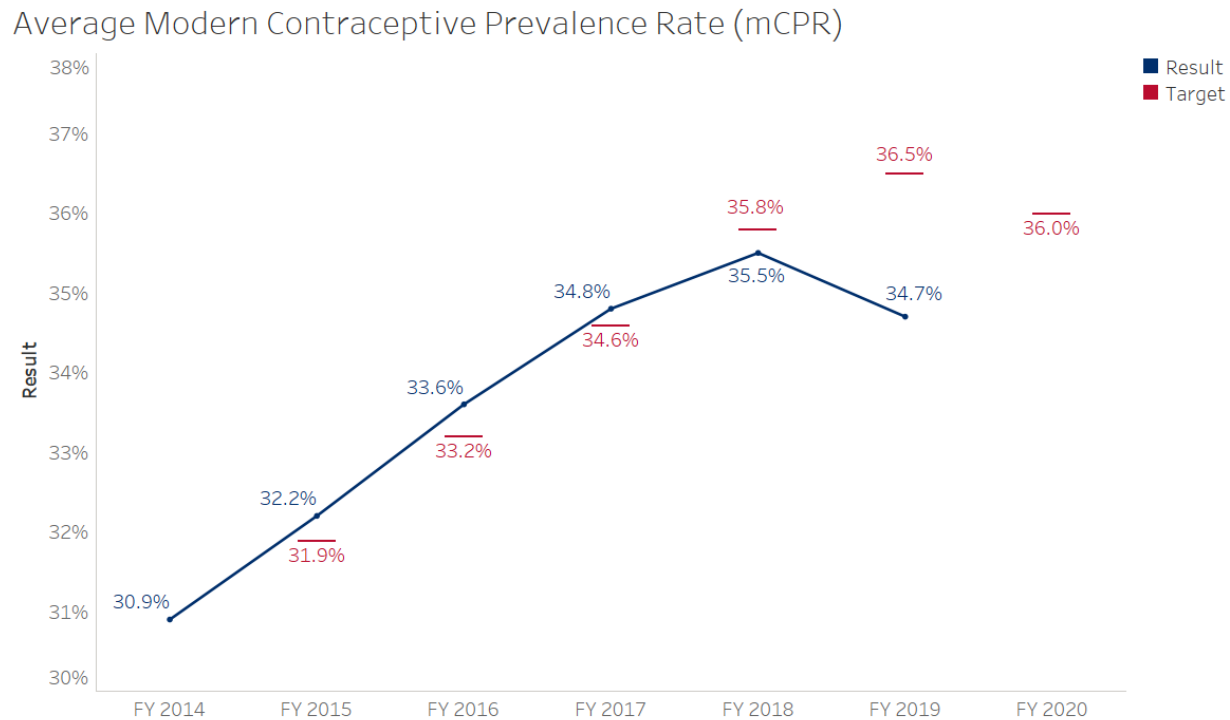
# Key Indicators and Milestones

## Annual Indicator:

### Absolute change in the prevalence rate of modern contraceptives <sup>13</sup>

- Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. The Modern Contraceptive-Prevalence Rate (mCPR) measures the percentage of in-union women of reproductive age (15–49 years) who are using, or whose partner is using, a modern method of contraception at the time of the survey. Annual estimates of mCPR are actual or projected estimates from data from the DHS, MICS, and Performance-Monitoring and Accountability (PMA) Survey that are available at the time of reporting, with the projected estimates subject to revision as needed when new survey data are available later.

USAID will report progress toward this indicator for FY 2020 in Q4.



<sup>13</sup> The graph includes data for the year-to-year absolute change in USAID's 24 priority countries for voluntary family planning and reproductive health.

# Key Indicators and Milestones

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## Annual Indicator:

### Absolute Change in the Rate of Exclusive Breastfeeding among Children Under Six Months of Age in USAID's 25 Priority Countries for MCH

- The proportion of children zero to five months fed exclusively with breast milk in USAID's 25 priority countries for MCH came from DHS, MICS, or other surveys, and USAID has averaged them (weighted by live births) each year.<sup>14</sup>

**USAID will report progress toward this indicator for FY 2020 in Q4.**

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<sup>14</sup> *This is a new indicator for the APG cycle for FY 2020-FY 2021.*



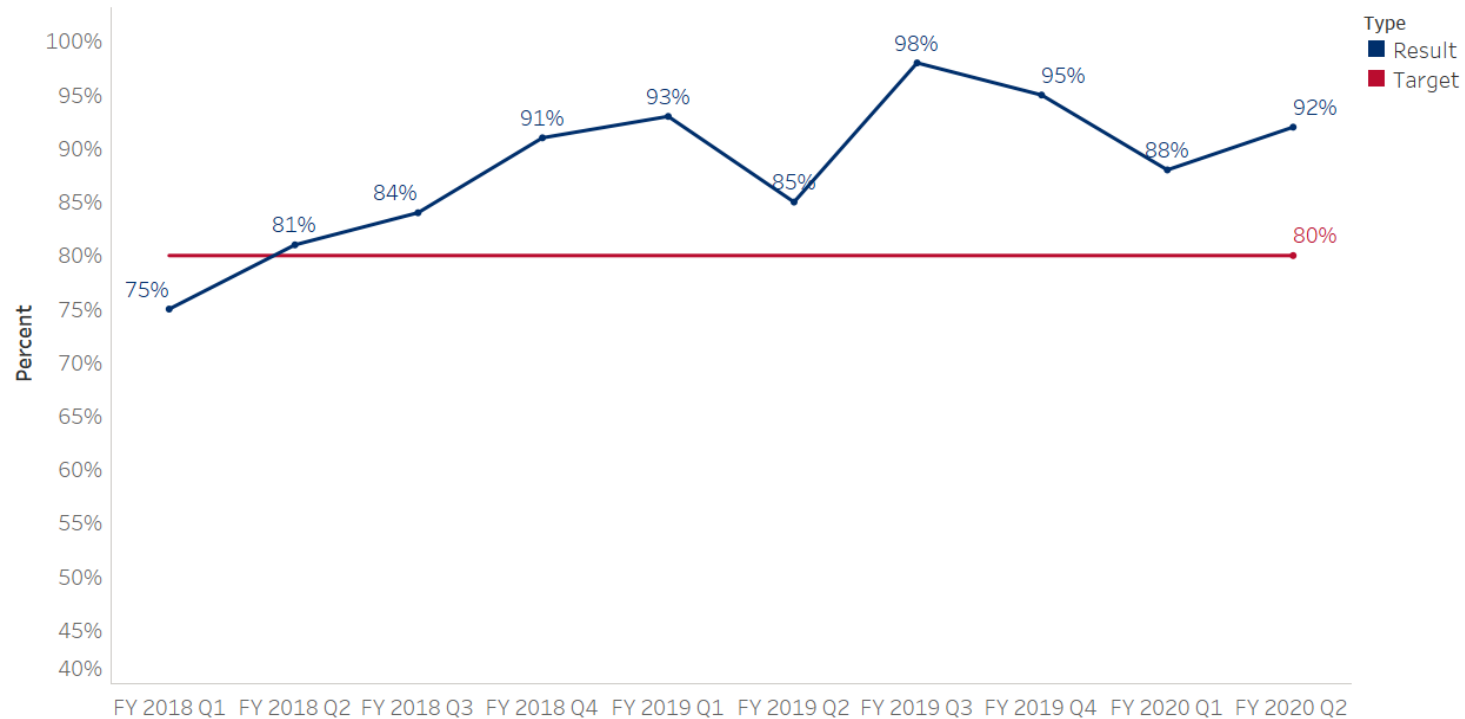
# Key Indicators and Milestones

## Quarterly Indicators:

### 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 improving the supply and logistics of commodities, inherently benefits families, accelerates economic growth, and improves social stability. Because of the way USAID structures our reporting on voluntary family planning, these indicators are one quarter behind. USAID will report data from Q3 in Q4.

Percent of shipments of **contraceptive commodities** that are on time across US Priority Countries



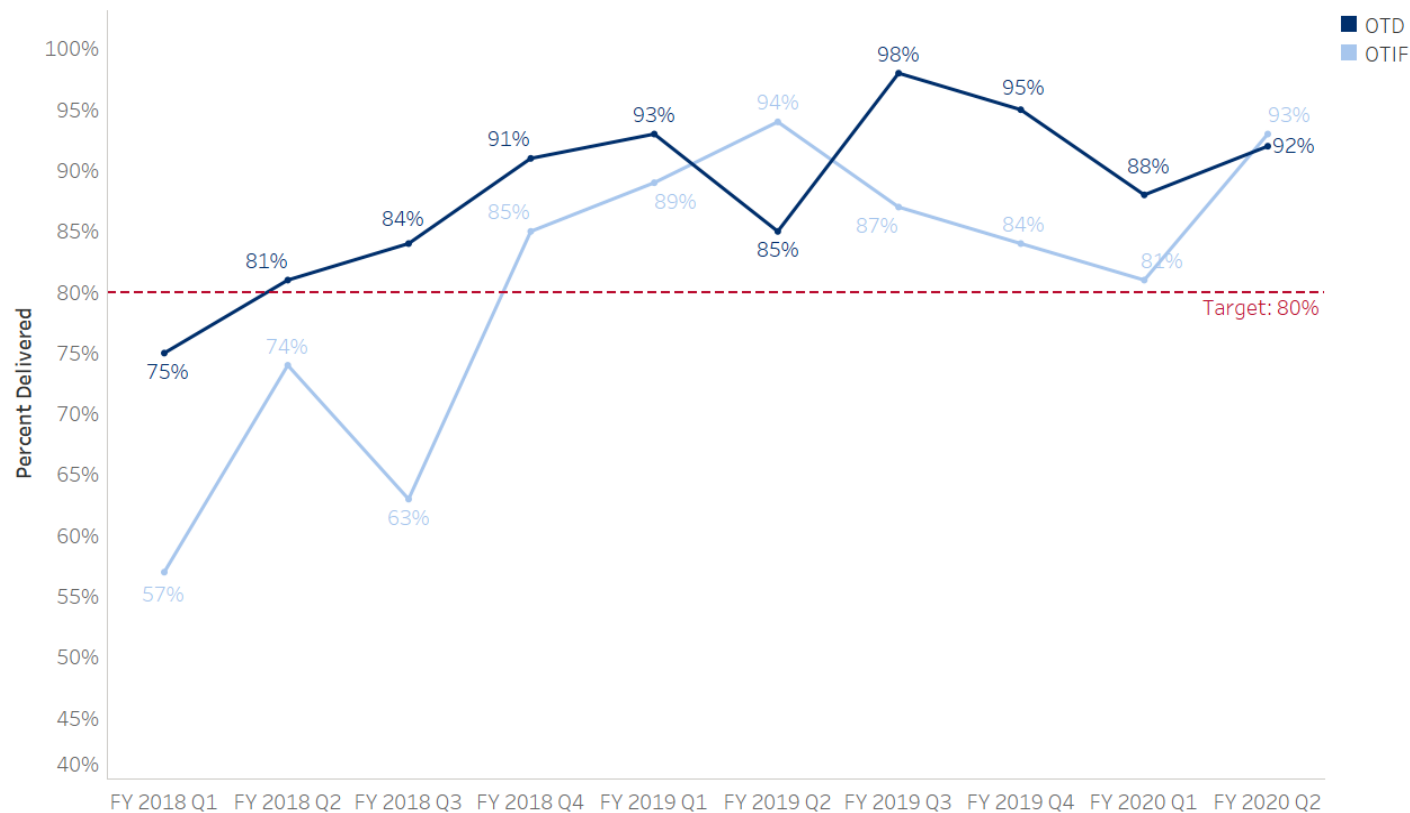
# Key Indicators and Milestones

## Quarterly Indicators:

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Percent of shipments of **contraceptive commodities** that are on time (OTD) and on time and in full (OTIF) across FP/RH Priority Countries



# Key Indicators and Milestones

## Summary of Key Indicators for Fiscal Year (FY) 2020 by Quarter (Q)

Indicators on Maternal and Child Health	FY 2020 Target				FY 2020 Actual			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<i>Quarterly:</i> Percent of shipments of contraceptive commodities that are on time	80	80	80	80	88	92		
<i>Quarterly:</i> Percent of shipments of contraceptive commodities that are on time and in full	80	80	80	80	81	93		
<i>Annual:</i> Absolute change in the under-five mortality rate (decrease per 1,000 live births)	-2							
<i>Annual:</i> Absolute change in the prevalence rate of modern contraceptives	+1							
<i>Annual:</i> Annual total number of people protected against malaria with insecticide-treated nets	97 Million							
<i>Annual:</i> Absolute change in total percentage of births delivered in a health facility	+1							
<i>Annual:</i> Absolute change in total percentage of children who received at least three doses of pneumococcal vaccine by 12 months of age	+1							
<i>Annual:</i> Absolute change in the rate of exclusive breastfeeding among children under six months of age	+1							

# Key Indicators and Milestones

## Summary of Key Indicators for Fiscal Year (FY) 2021 by Quarter (Q)

Indicators on Maternal and Child Health	FY 2021 Target				FY 2021 Actual			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<i>Quarterly:</i> Percent of shipments of contraceptive commodities that are on time	80	80	80	80				
<i>Quarterly:</i> Percent of shipments of contraceptive commodities that are on time and in full	80	80	80	80				
<i>Annual:</i> Absolute change in the under-five mortality rate (decrease per 1,000 live births)	-2							
<i>Annual:</i> Absolute change in the prevalence rate of modern contraceptives	+1							
<i>Annual:</i> Annual total number of people protected against malaria with insecticide-treated nets	110 Million							
<i>Annual:</i> Absolute change in total percentage of births delivered in a health facility	+1							
<i>Annual:</i> Absolute change in total percentage of children who received at least three doses of pneumococcal vaccine by 12 months of age	+1							
<i>Annual:</i> Absolute change in the rate of exclusive breastfeeding among children under six months of age	+1							

# Key Indicators and Milestones

## Summary of Milestones for Fiscal Year (FY) 2020

Milestone Summary			
Milestone	Deadline	Status	Notes
Approve 24 Annual Malaria Operational Plans (MOPs) for the 24 priority PMI countries and one sub-region.	First Quarter (Q1) 2020	Completed	The Global Malaria Coordinator delayed the MOP process from the Spring to the Fall for FY 2019 for modifications, with plans to resume the standard cycle in subsequent years, which reports annually every Fiscal Year during Q1. As such, PMI completed the final reviews for FY 2019 in Q2 of 2020.
Execute a data-driven review of country performance results across FY 2019.	Second Quarter (Q2) 2020	Completed	USAID completed the data-driven review of country performance results for FY 2019.
Release the <i>Acting on the Call</i> Report for 2020.	Third Quarter (Q3) 2020	Completed	USAID released the 2020 <a href="#">Acting on the Call Report</a> on July 14, 2020.
Conduct review of Health Implementation and Operational Plans (OPs) for 25 U.S. Government priority countries for MCH.	Fourth Quarter (Q4) 2020		

# Key Indicators and Milestones Updated

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## Summary of Milestones for FY 2021

Milestone Summary			
Milestone	Deadline	Status	Notes
Approve 24 Annual MOPs for the 24 priority PMI countries and one sub-region.	Q1 2021		
Execute a data-driven review of country performance results across FY 2020.	Q2 2021		
Release the <i>Acting on the Call</i> Report for 2021.	Q3 2021		
Conduct thorough review of OPs for 25 U.S. Government priority countries for MCH.	Q4 2021		

# Accuracy and Reliability of Data

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USAID invests in technical assistance and data-collection at national, regional, and local levels to strengthen the delivery of health care, improve outcomes, and save millions of lives. 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 assess 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, the under-five mortality rate is both an indicator of child health and social and economic development. USAID monitors the under-five mortality rate, as well as a suite of related indicators that reflect the return on USAID's investments and the overall strength of health institutions.

The under-five mortality rate is a key indicator for measuring child well-being, including health and nutritional status. Annually, the UN IGME collaborates with USAID, the governments of 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 trends in the under-five mortality rate for each country, USAID employs a statistical model that uses the data on child mortality from the DHS fitted to data points that meet quality standards established by the IGME, and then predicts a trend line extrapolated to a common reference year.

USAID and its partners collect data 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 limitations on the data include lack of data or delays in reporting. USAID projects out-year targets by using historical trends.

# Additional Information

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## **Contributing Programs:**

### Organizations:

- o USAID partners: Bureaus for Food Security; Economic Growth, Education, and the Environment; Humanitarian Assistance; and Policy, Planning, and Learning; the Regional Bureaus; the Global Development Lab; and others as necessary and appropriate.
- o Interagency partners: The U.S. Departments of State, the Treasury, Defense, Commerce, Agriculture, Health and Human Services, and Labor; Peace Corps; and the Millennium Challenge Corporation.
- o 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 alliance; and the UN Children's Fund.