

GETTING TO 2030:
MATERNAL AND CHILD HEALTH AND
NUTRITION TECHNICAL ROADMAP



USAID
FROM THE AMERICAN PEOPLE

ACRONYM LIST

AAAR: accountable, affordable, accessible, and reliable

BCG: Bacillus Calmette-Guérin vaccine

CLA: continued learning and adaptive management

FP: family planning

FP/RH: family planning and reproductive health

FY: fiscal year

Gavi: Gavi, the Vaccine Alliance

GDP: gross domestic product

MCHN: maternal and child health and nutrition

MERL: monitoring, evaluation, research, and learning

MMR: maternal mortality rate

MNCH: maternal, newborn, and child health

NMR: newborn mortality rate

PCMD: preventing child and maternal deaths

PNMR: postneonatal mortality rate

SDG: Sustainable Development Goal

UNICEF: United Nations Children's Fund

USAID: United States Agency for International Development

USG: United States government

WASH: water, sanitation, and hygiene

WHO: World Health Organization



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INTRODUCTION

For more than 50 years, USAID has worked with countries to deliver a wide range of programs and approaches to save the lives of women, newborns, and children. The results have been impressive. The commitment of countries and the generosity of the American people have resulted in significant reductions in maternal, newborn, and child mortality.

The year 2030 is the target date of Sustainable Development Goal 3 (SDG3) to end preventable child deaths—that is, to achieve mortality rates of equal to or less than 12/1,000 for newborns and equal to or less than 25/1,000 for children under five. It is also the target date for reducing the global maternal mortality ratio to less than 70 per 100,000 live births. In addition, the global community has called attention to the need to prevent stillbirths. In many places, progress towards these goals has stagnated and is at risk of backsliding

due to emerging shocks and stressors, such as the impact of the COVID-19 pandemic on health systems, economies and livelihoods, as well as on sexual and gender-based violence; climate change; conflict; and many other factors, especially in fragile settings. The United States government (USG) remains committed to Preventing Child and Maternal Deaths (PCMD) objectives (see Box 1). A sense of urgency, renewed commitments, and new tools, attitudes and behaviors now are needed to reach the global goals for women, newborns, and children. Resilience strengthening efforts are needed to prevent or mitigate the effects of shocks and stresses on vulnerable maternal, newborn and child health and health systems, and to facilitate recovery. While nearly one-third of USAID priority countries are on track to meet their under-five mortality targets, deep inequities persist within and between countries. Few are on track to reach their newborn and maternal mortality targets.

BOX 1:

BACKGROUND: A CALL TO ACTION AND ACTING ON THE CALL

In 2012, USAID, in partnership with the United Nations Children's Fund (UNICEF) and the governments of India and Ethiopia, convened the "Child Survival Call to Action" Summit to catalyze global commitments to child survival. Fifty-six governments and more than 100 civil society organizations pledged to sharpen national plans for child survival, monitor results, and focus greater attention on the most disadvantaged and vulnerable children.

In 2014, USAID unveiled the bold ambition to save the lives of 15 million children and 600,000 women by 2020. USAID presented country-specific plans for scaling up interventions, including for family planning, nutrition, and malaria, that would have the greatest impact on child and maternal mortality rates in 24 countries. (A 25th country, Myanmar, was added later.) This set of countries accounted for more than two-thirds of child and maternal deaths worldwide. USAID supported nutrition and water, sanitation, and hygiene (WASH) activities in these 25 countries as well as in other countries.

The ambitious and aspirational 2014 targets were set through modeling with optimal progress in mind and relied on the collective action of key partners and country governments. Since then, many factors have negatively impacted progress on maternal and child health. Recurring conflict and political strife, weak country leadership and governance, infectious disease outbreaks, natural disasters, the inability of countries to honor the 2001 Abuja Declaration pledges (to increase health investments to at least 15 percent of the national budget), and the devastation of the global COVID-19 pandemic have hindered hoped-for achievements. New approaches and intensified, data-driven, context-specific prioritization of target groups now are needed to reach and support those populations at highest risk, including remote rural and urban poor communities, zero-dose and underimmunized children, underweight and undernourished women, adolescent girls, and small and sick newborns.

The Maternal and Child Health and Nutrition (MCHN) Technical Roadmap is the technical framework for MCHN programs and a key component of the Agency's PCMD efforts, along with family planning, malaria, and health systems strengthening. The PCMD objectives are grounded in robust and resilient health systems as outlined in [USAID Vision for Health System Strengthening 2030](#). The roadmap guides USAID Missions on priority actions to support countries in achieving their 2030 Sustainable Development Goals (SDGs) for mothers, newborns, and children. It furthers our work to extend community health outreach, support integrated and inclusive health systems, and position USAID as a catalyst for change and an influence on government partners, other donors, and stakeholders. The roadmap informs the development, measurement, and adjustment of country-level strategic plans led by host country governments with support from USAID missions and other stakeholders.

The roadmap also guides collaborative efforts of the Bureau for Global Health's MCHN Office across other USAID Bureaus, USAID missions, and USG agencies and with external stakeholders and partners. Building on the Agency's successes to date, the Office of MCHN recognizes the importance of

family planning, good nutrition, clean water and sanitation, and infectious disease prevention to improving maternal and child health. The Office of MCHN coordinates with programs across the Office of Population and Reproductive Health (PRH), the Office of Health Systems, the Bureau for Resilience and Food Security (RFS), the Bureau for Humanitarian Assistance, the U.S. Global Water Strategy, and the President's Malaria Initiative (PMI). Delivering access to integrated, quality, lifesaving services and community-centered preventive care demands prioritized and coordinated MCHN investments, an accelerated shift to local partners, increased partner government leadership and accountability, and attention to the broader issues of climate change, gender, inclusion, and diversity.

The roadmap builds on USAID's long field experience and existing internal strategy documents, including the 2021 Maternal Health Vision for Action, the 2014–2025 Multi-Sectoral Nutrition Strategy, and the 2017 USG Global Water Strategy/USAID's Agency-Specific Water Strategy. The roadmap supports a coordinated, strategic approach of strengthening essential services and systems that articulate the Office of MCHN's core work and recommended program priorities.



Photo: Soumi Das / Johns Hopkins Program for International Education in Gynecology and Obstetrics

MAIN PROGRAM ACHIEVEMENTS

Promoted safer births for expectant mothers: USAID introduced and expanded the active management of the third stage of labor in 31 countries and applied timely, evidence-based uterotonics to prevent severe bleeding after childbirth (the number one cause of maternal mortality). The Agency supported the adoption of these measures at the community level.

Promoted respectful care in labor and birth: USAID supported research on, policy recommendations for, and implementation of respectful care in more than 20 countries, engaging women and their communities to drive a global movement for respectful maternity and newborn care within the mother-baby dyad. Respectful, quality care reduces mortality in minority and disadvantaged populations and promotes timely access to lifesaving services. National quality improvement systems in 16 countries now include the experience of care indicators.

Improved access to and quality of fistula care and prevention: USAID provided fistula services in 16 countries in sub-Saharan Africa and South Asia, supported over 33,988 fistula repairs in 59 health facilities in 12 countries, and trained thousands of medical personnel and volunteers in fistula prevention and repair.

Improved healthy timing and spacing of pregnancies through voluntary family planning: In FY 2020, U.S. international family planning assistance is estimated to have reached up to 27.4 million women and couples with contraceptive services and supplies, helping to prevent 12.2 million unintended pregnancies and 20,000 maternal deaths.

Saved newborn lives: USAID supported the scale-up of essential newborn care to prevent infection, maintain thermal care, and ensure that newborns were breathing at birth. Over 850,000 healthcare providers were trained and equipped for basic newborn resuscitation in 80 countries. USAID programs strengthened the continuum of lifesaving care from community and primary care to special newborn care units in district hospitals. In FY 2020, USAID reached four million newborns with postnatal care, resuscitated 194,000 newborns who could not breathe at birth, provided 10 million newborns with vitamin K to prevent serious bleeding, and provided chlorhexidine in settings where the use of harmful traditional substances on the umbilical cord was a common cause of infection and newborn mortality was high.

Prevented and treated common illnesses and infections among children under five: USAID support for integrated community case management (iCCM) and the community management of acute malnutrition opened access to care for children with malaria, pneumonia, and diarrhea and those suffering from undernutrition in communities far from health facilities. Since 2012, deaths from pneumonia and diarrhea have fallen from 715,000 to 513,000 (a 28 percent drop) and from 516,000 to 365,000 (a 29 percent drop), respectively, in USAID priority countries.



Protected individuals, communities, newborns, and children with lifesaving vaccines: USAID strengthened countries' essential immunization systems, bolstering immunization system planning and coordination and overcoming vaccine hesitancy. Through its partnership with Gavi, the Vaccine Alliance (Gavi), USAID supported 73 lower-income countries in immunizing 888 million people and helped to save up to 15 million lives.

Made progress toward eradicating polio: Since USAID support for polio eradication began in 1988, the number of polio-endemic countries dropped from 145 to two (Pakistan and Afghanistan).

Strengthened health systems through integrated maternal and child health and nutrition funding: USAID helped health systems support immunization services to protect children from deadly diseases, prevent disruptions to supply chains, ensure timely supply of quality family planning commodities, and improve facility infection prevention practices to safeguard the health workforce and increase timely care-seeking.

Improved the nutritional status of women and children: USAID leadership to improve nutritional status has helped reduce the number of children under five who are underweight or suffer from stunted growth in the last 25 years. In the past 10 years, USAID programs have reached 197 million children with essential nutrition interventions. Maternal nutrition initiatives benefited mothers and children and improved neonatal outcomes. In FY 2021, USAID reached 8.6 million pregnant women with micronutrient supplements and other nutrition interventions such as breastfeeding counseling.

Increased sustainable access to safe drinking water and sanitation services: Since 2012, USAID's investments have assisted some 39 million people in gaining access to sustainable water services and 30 million people in gaining access to sustainable sanitation services.

BY THE NUMBERS

Since the 2012 Call to Action, USAID supported:



44 million

Women gave birth in a health facility



33 million

Newborns reached with care after delivery



115 million

Treatments provided to children for diarrhea and pneumonia



23 million

People gained access to basic drinking water



13 million

Health workers trained in maternal and child health and nutrition

THE MCHN ROADMAP TO 2030

GOAL:

To save lives, decrease morbidity and disability, and increase the potential of women, newborns, children, families, and communities to thrive



STRATEGIC OBJECTIVE:

Support communities and country governments to scale up and sustain equitable coverage of high-quality, high-impact programs and care in maternal, newborn, and child health (MNCH), nutrition, and WASH, and to catalyze resource mobilization to accomplish this objective



INTERMEDIATE RESULT 1: Increased equitable access to, and quality and experience of, care for MNCH, nutrition, and WASH services across community and facility levels in both the public and private sectors

INTERMEDIATE RESULT 2: Improved MNCH, nutrition, and WASH behaviors and norms that support healthy individuals and communities

INTERMEDIATE RESULT 3: Increased community ownership of, and country accountability and commitment to, MNCH, nutrition, and WASH

INTERMEDIATE RESULT 4: Strengthened coordination and collaboration across the health and health-linked sectors within USAID, with global, national, and subnational partners, and with local voices

INTERMEDIATE RESULT 5: Targeted monitoring, evaluation, research, and learning (MERL) and knowledge translation that optimizes MCHN and WASH policies, practices, and programs in the achievement of PCMD outcomes

VISION: A world where all women, newborns, and children survive and are healthy and able to develop and reach their full potential, contributing to the development of their communities and countries



Photo: Mwangi Kirubi

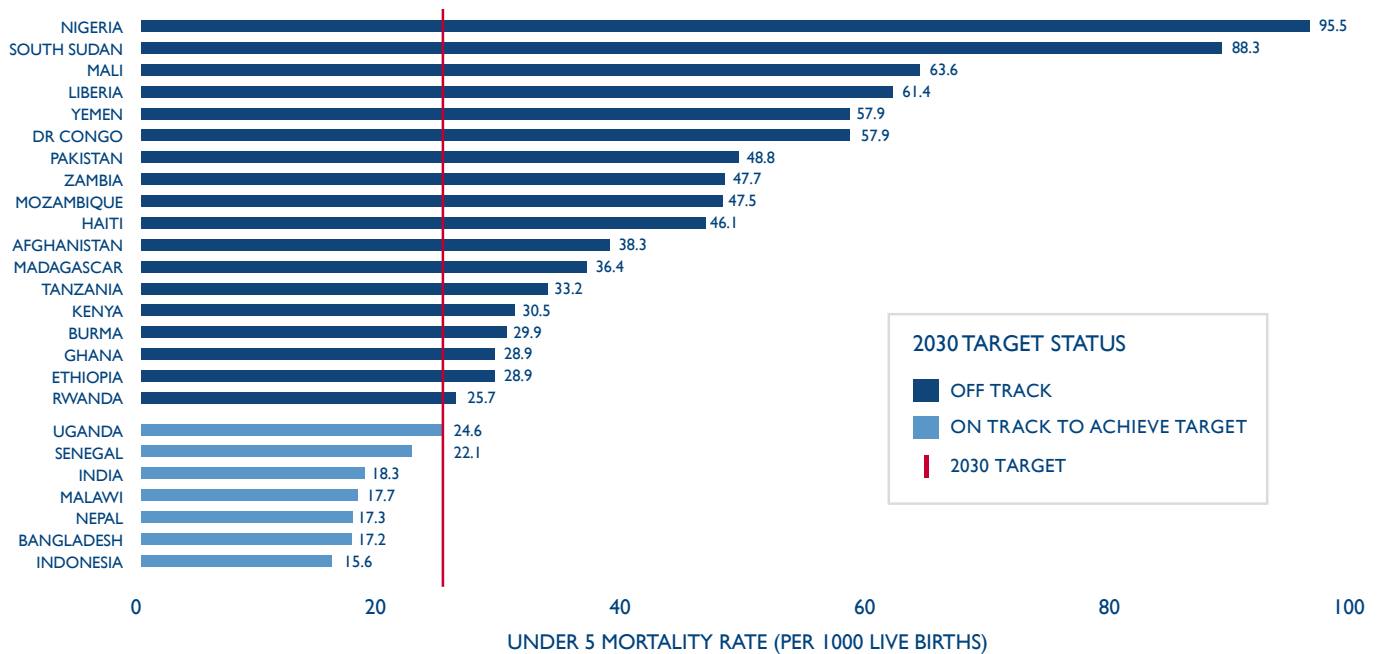
STRATEGIC SHIFTS

USAID's 25 priority countries range from committed performers in need of specialized institution-building technical support to countries in crisis that depend on lifesaving basic service support. Some priority countries have achieved notable results, while others have made little headway or seen setbacks.

Prior to the COVID-19 pandemic, only Bangladesh, India, Indonesia, Malawi, Nepal, Rwanda, Senegal, and Uganda were on track to achieve or within range of achieving their 2030 SDG under-five mortality targets (see Figures 1 and 4), and even fewer

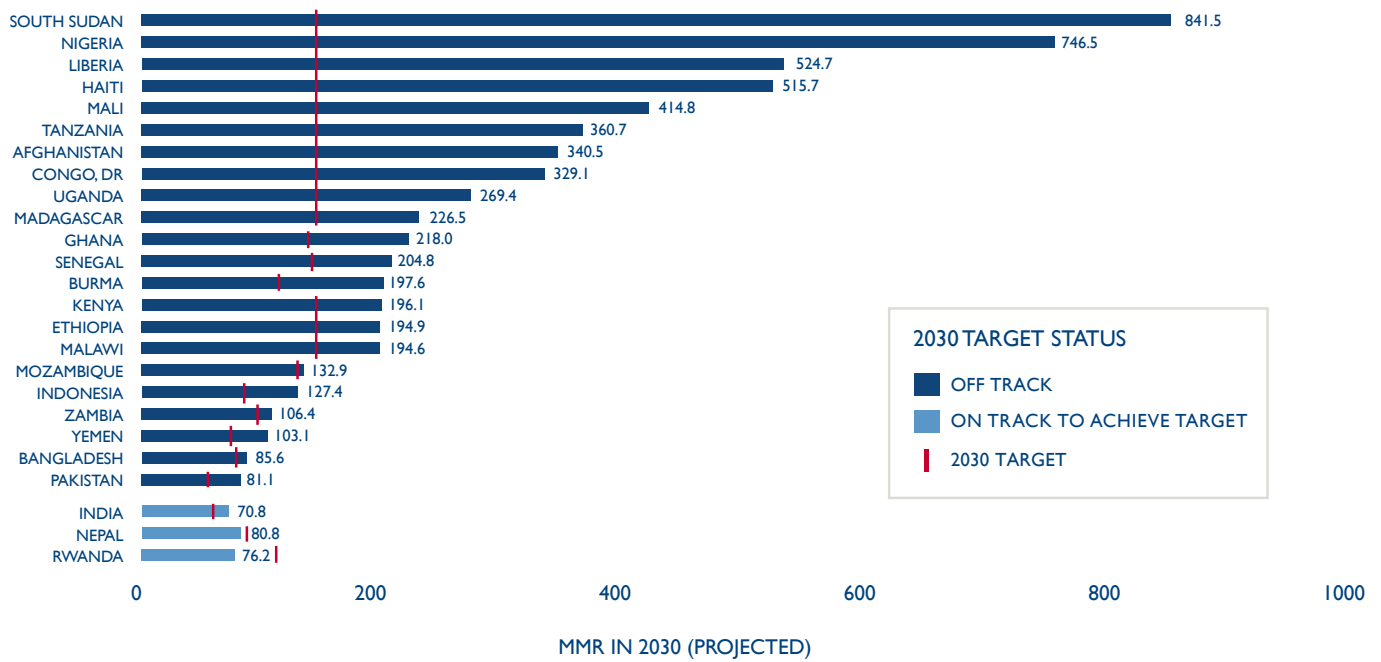
countries were on track to reach maternal and neonatal targets (see Figures 2 and 3). Without concerted programmatic pivots, additional resources, and increased government commitment and stability, the Democratic Republic of the Congo, Ethiopia, Liberia, Mali, Nigeria, South Sudan, and Yemen are not expected to reach their targets. Huge inequities, both among and within countries, have been further exacerbated by the COVID-19 pandemic, with service and workforce disruptions affecting maternal, neonatal, and child health care and potentially stalling or reversing previous progress.

FIGURE 1: Projected under-five mortality rate (U5MR) in 2030



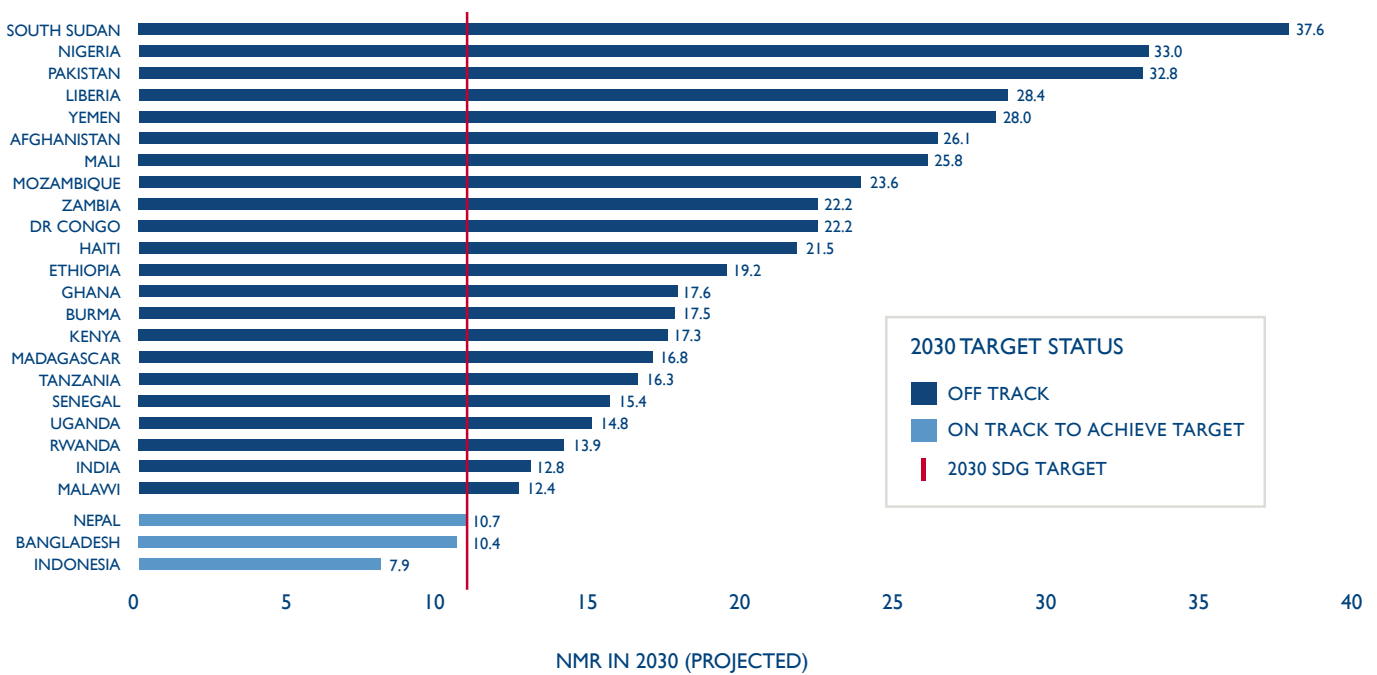
Projected 2030 estimates of under-five mortality rate (U5MR) given prepandemic trends. The bar length and value indicate the expected mortality rate in 2030, given the historical rate of reduction from 2000. The 2030 target for U5M is 25 or fewer deaths per 1,000 live births. Those with light blue bars are on track given their historical rate of reduction since 2000. Dark blue bars indicate countries that need to accelerate the rate of reduction in mortality to achieve this target. The vertical red line indicates the 2030 SDG target for U5MR of 25. Data come from UN inter-agency estimates published in 2021.

FIGURE 2: Projected maternal mortality ratio (MMR) in 2030



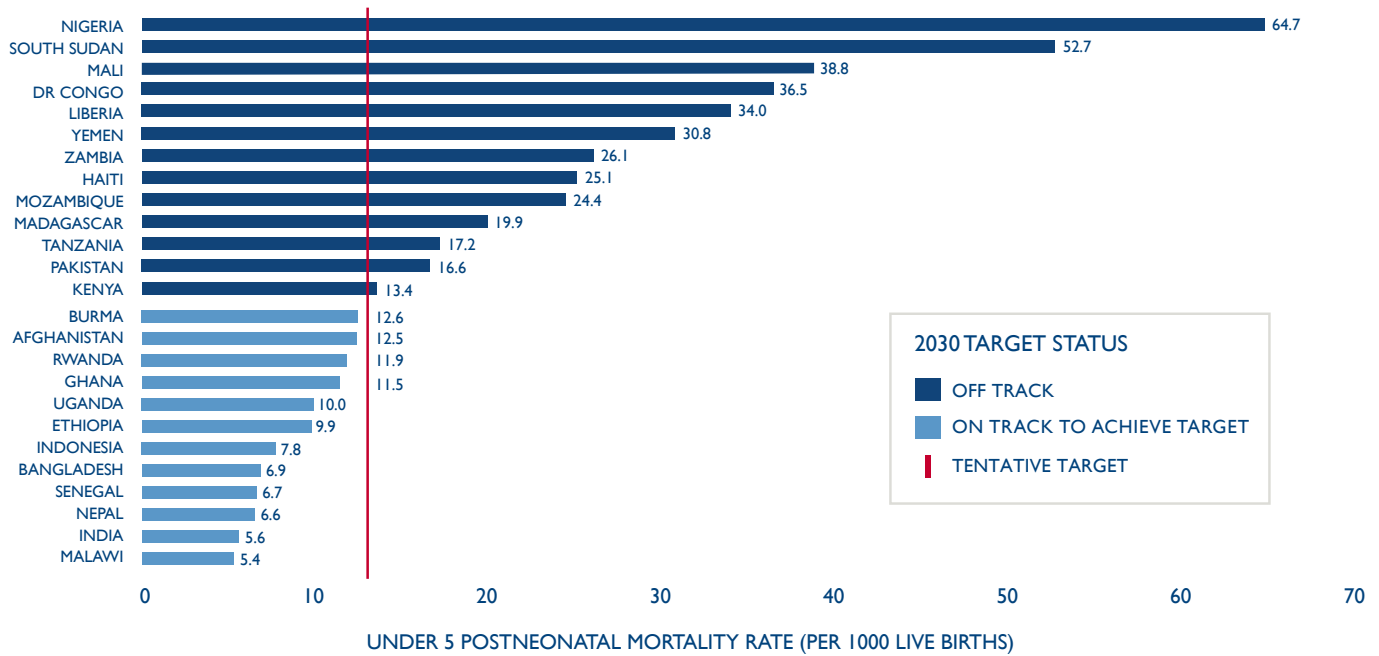
Projected 2030 estimates of maternal mortality given prepandemic trends. The bar length and value indicate the expected mortality ratio in 2030, given the historical rate of reduction from 2000. Those with light blue bars are on track given their historical rate of reduction since 2000. Dark blue bars indicate countries that need to accelerate the rate of reduction in mortality to achieve their target. Vertical red lines indicate 2030 targets for MMR, which vary by country. Data come from UN inter-agency estimates published in 2021.

FIGURE 3: Projected neonatal mortality rate (NMR) in 2030



Projected 2030 estimates of neonatal mortality given prepandemic trends. The bar length and value indicate the expected mortality rate in 2030, given the historical rate of reduction from 2000. The 2030 target for NMR is 12 or fewer deaths per 1,000 live births. Those with light blue bars are on track given their historical rate of reduction since 2000. Dark blue bars indicate countries that need to accelerate the rate of reduction in mortality to achieve this target. The vertical red line indicates the 2030 SDG target for NMR of 12. Data come from UN inter-agency estimates published in 2021.

FIGURE 4: Projected postneonatal mortality rate (PNMR) for under-fives in 2030



Projected 2030 estimates of postneonatal mortality (1–59 months) given prepandemic trends. The bar length and value indicate the expected mortality rate in 2030, given the historical rate of reduction from 2000. While there is no formal 2030 target for PNMR, a target of about 13 is implied given the 2030 target of 25 for under-fives and the target of 12 for newborns. Those with light blue bars are on track given their historical rate of reduction since 2000. Dark blue bars indicate countries that need to accelerate the rate of reduction in mortality to achieve this tentative target. Data come from UN inter-agency estimates published in 2021.



Photo: Samy Rakotoniana / U.S. President's Malaria Initiative

SHIFTS IN WHERE WE WORK

The magnitude and risk of maternal, newborn, and child mortality and the opportunity for effective programming continue to be the prime determinants of USAID’s geographic focus. Sustained achievements in saving lives and responding to the needs of women, adolescent girls, children, and families rest on resilient health systems and strong country partnerships. Developing country partners must drive the PCMD process through leadership, financial, and manpower commitments. Partnerships between governments, civil society, the private sector, faith-based organizations, and communities are essential to realizing the full benefits of USAID’s support and to achieving sustained change. Likewise, systematically prioritizing programs and investments, as well as measuring progress and results based on performance and the changing nature and contexts of country health goals and sectors, are crucial.

An important shift in MCHN budget and technical assistance support criteria is a greater focus on genuine country partnerships, including commitments to domestic resource mobilization and addressing the negative effects of poor governance and corruption in the health sector on equity and public trust. USAID resources can be used to provide expert political analysis and build the capacity of partner governments to improve transparency and push reforms—even incrementally. Yet without genuine government leadership and commitment, significant development outcomes will be difficult to attain and harder to sustain. Every country has unique political, social, and economic characteristics to consider, but continued program nonperformance will trigger budget adjustments. Focused, more intentional metrics for these issues will be key in determining investments and budget modifications.

SHIFTS IN HOW WE WORK

USAID is committed to ensuring that U.S. taxpayer dollars are spent as efficiently and effectively as possible and to reporting transparently on progress towards PCMD goals. To that end, the Agency has implemented many of the recommendations put forth by past external review groups—the Award Cost Efficiency Study (ACES) Blue Ribbon Panel in 2014 and the Advisory Committee on Voluntary Foreign Aid (ACVFA) in 2016—for the Agency’s maternal, newborn, and child health programs. This includes modifying USAID’s procurement practices to save the lives of as many women and children as possible, as well as measuring progress based on key indicators. To ensure transparency in our progress toward PCMD goals, USAID has reported annually on its efforts to prevent maternal and child deaths in the *Acting on the Call* reports. Moving forward, USAID remains committed to incorporating innovative tools and approaches, designing programs to maximize our impact, rigorously measuring our progress, and transparently reporting on our successes—and challenges.

Primary Health Care Approaches. The COVID-19 pandemic underscored the need for more resilient systems. As the world experienced widespread service and supply chain disruptions, the redeployment of scarce staff, and dampened community demand for care due to low quality and fear of COVID-19 infection and misinformation, the limitations of vertical disease eradication approaches became

more apparent. In 2020, 23 million children missed out on basic childhood vaccines usually provided through routine health services, 3.7 million more than in 2019. Additionally, experts predict that, by the end of 2022, an additional 13.6 million children will have suffered from wasting and 3.6 million more children will be stunted due to disruptions to food and health systems. Vertical program outcomes are important but need a comprehensive and supportive health system architecture behind them and quality, trusted care for families and communities up front. To drive PCMD outcomes more effectively while also addressing global health security needs, an aligned and reinvigorated primary health care approach can have the most impact.

Localization. USAID has adopted a localization agenda with intentional changes to our policies, processes, staffing, and funding decisions to support partnerships and programs that equitably empower local actors, strengthen local systems, and facilitate local leadership so that development and humanitarian assistance is more effective, sustainable, and participatory. Within this effort, local actors increasingly are positioned to lead, implement, and fund equitable, inclusive, and sustainable development and humanitarian priorities.

Localization priorities include:

- Bring resources closer to the communities we serve with direct support to local and government partners
- Empower local leadership and voices throughout the program design, implementation, and evaluation processes

Private Sector Engagement. USAID encourages market-based approaches that mobilize private sector expertise, innovation, assets, systems, and investments to improve equitable access to and quality of MNCH, nutrition, and WASH products, information, and services. Key technical priorities include leveraging private sector expertise, networks, and resources to test improved tools and methods to increase equitable and affordable quality products, services, and information:

- Explore, leverage, and test health, nutrition, and WASH private sector financing and market-shaping opportunities
- Support effective public stewardship and engagement with private sector providers to improve policies, expand quality services, improve supply chains, ensure private interface with the national health information systems, and improve safety

DRIVERS FOR CHANGE

The 2022–2030 roadmap builds upon and strengthens strategic focus areas and results achieved under *Acting on the Call*.

Accelerating progress in the health of women, newborns, and children is predicated on collecting strong data and expanding human resources for health, as well as responding to changes in epidemiology, national commitment, and subnational country capacity. The roadmap recognizes the unmet need at the subnational/district level in terms of effective measurement, responsive program approaches, and focus on populations at highest risk. These include women and adolescent girls, preterm, low-birth weight, and sick newborns, children who have not been immunized or are underimmunized, those who experience wasting and are undernourished, those who are exposed to conflict or environmental risk factors, and the urban poor. Also included are indigenous communities, LGBTQI people, persons with disabilities, and racial, ethnic, and religious minorities.

USAID's commitment to supporting country-led efforts to identify and act on inequities will guide MCHN programs. Sufficient disaggregated data collection and actionable measures to increase equity, particularly at the subnational level, are critical components of a country's achievement of results. The voices of the most vulnerable and marginalized communities are another important component that must be included throughout program design, monitoring, data collection, and oversight to enable effective decision-making and accountability. A related need is to support country-led efforts to integrate and harmonize national and community-based health information systems, including systems that track the availability and performance of resources such as financial flows, commodities, and health workers in conjunction with accountability mechanisms such as community scorecards.

Building on past efforts to increase the coverage of essential services and high-impact interventions, the next challenge is to address quality of care, including respectful care for women, adolescent girls, newborns, and children. Improving the quality of care requires orienting health systems toward quality and the use of monitoring, evaluation, and learning for effective management and supervision practices, as well as adherence to evidence-based norms and standards such as timely access to safe, quality, and respectful cesarean sections. Data systems can be optimized with less-but-better data to inform quality improvement (QI) interventions at all levels by focusing on measuring care processes, outcomes and patient experience of care across the continuum of care and life course and by linking data to shared learning and social accountability mechanisms.

In addition to giving attention to quality, many programs will need to address indirect causes and social determinants of mortality and morbidity more explicitly. In addition to addressing people's physical health, achieving mortality reduction means adopting a person- and family-centered approach that offers an integrated package of high-impact, cost-effective preventive, promotive and curative care. This package would include integrated primary care and mental health services and psychosocial support for patients and providers to increase mother, newborn, child, and family health and wellbeing.

An overarching shift is towards a more aligned and coherent approach to strengthening health systems, particularly community and primary care systems, to increase coverage, equity, and quality of health services, and a more deliberate approach to when tradeoffs among these three goals are needed. Equitable distribution of sustainable, quality services will achieve lasting reductions in newborn, child, and maternal morbidity and mortality in line with USAID's PCMD goals. Sustainable equity and quality of evidence-based interventions require investments in the underlying health systems, including pharmaceutical systems.

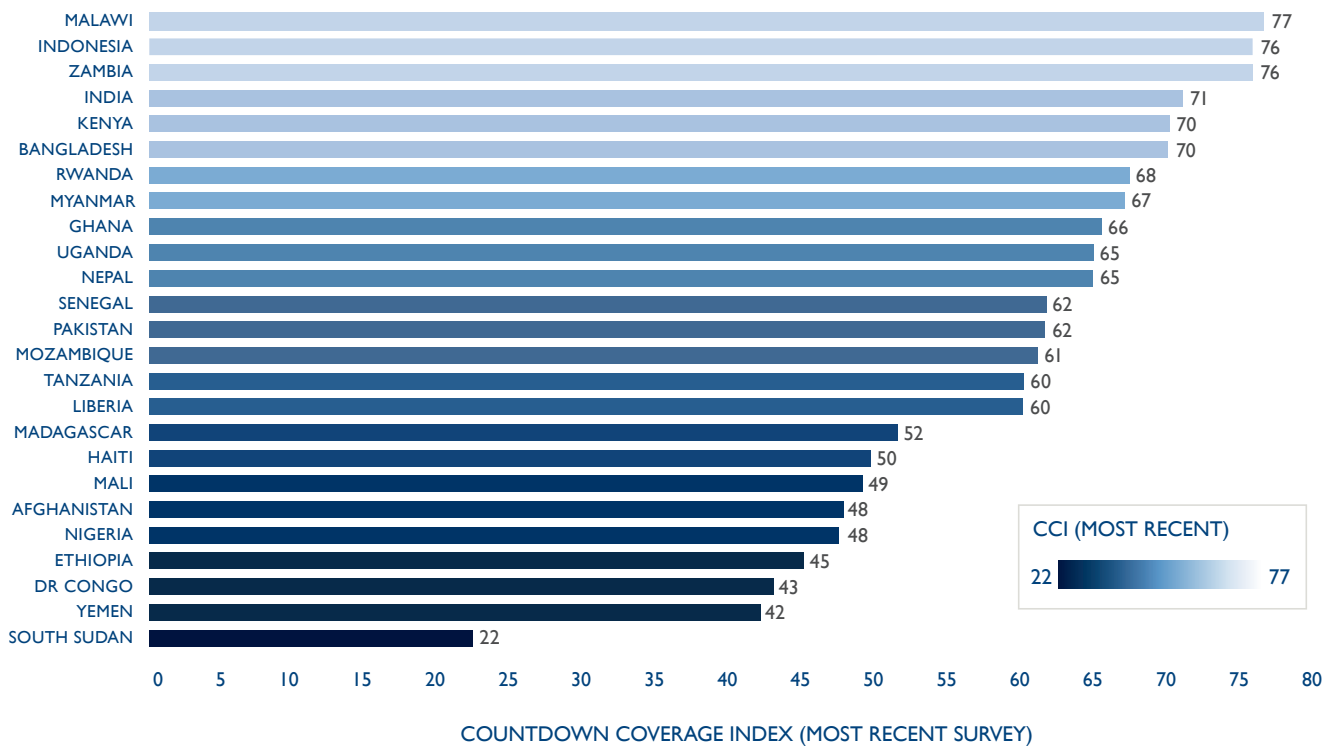


Photo: USAID Malawi

In the 2022–2030 roadmap, child and maternal deaths are prevented as a country increases the equitable coverage of quality, evidence-based interventions and sustains these gains. Sustainable coverage, equity, and quality of evidence-based interventions require a health system that is accountable, affordable, accessible, and reliable (AAAR). USAID increases the AAAR of health systems by the following: (1) addressing the country-specific health systems barriers (the building blocks); (2) strategic collaboration, continued learning and adaptive management (CLA); and (3) integrated and cross-cutting approaches. Prospects for sustainability are enhanced through social and behavior change approaches, cross-sectoral and health area linkages, and enabling local organizations, including government, civil society, and the private sector.

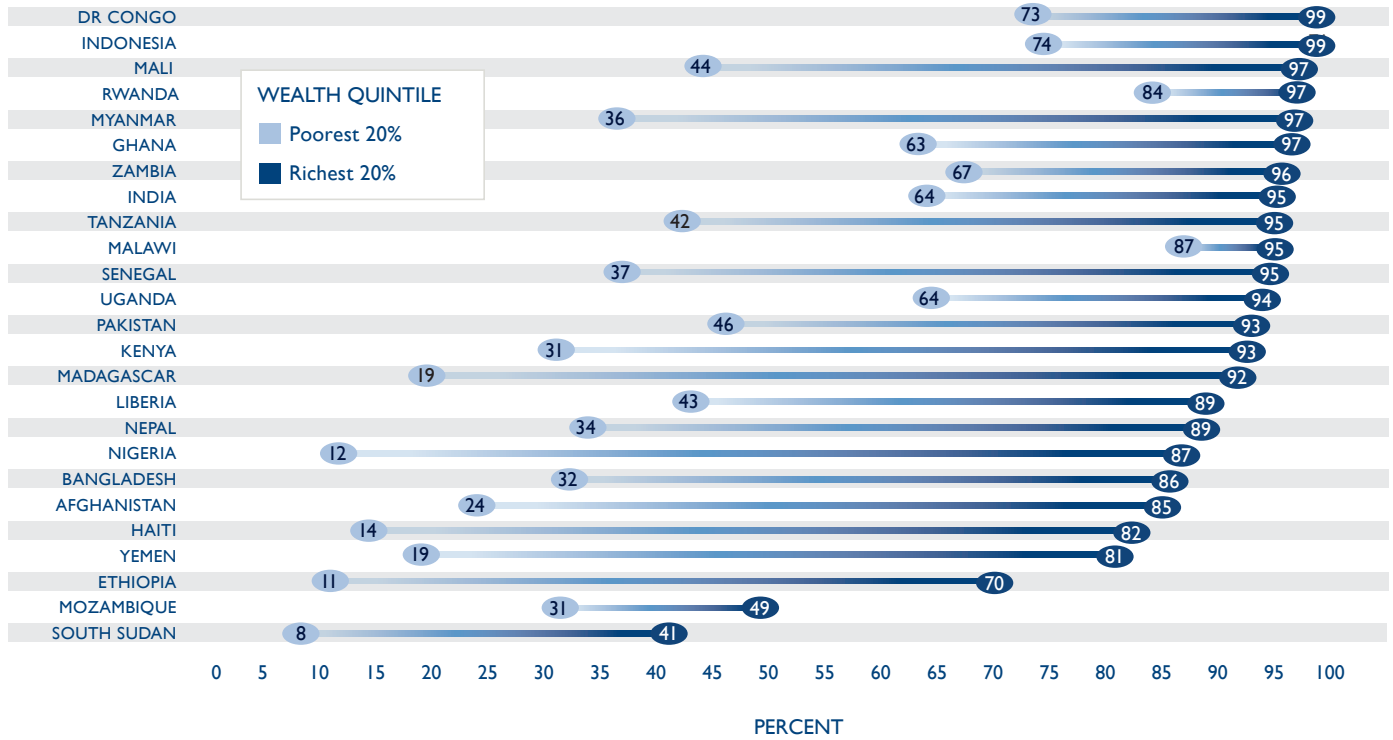
Current indices, for example, look mainly at coverage. Figure 5 is an example of a coverage index for the 25 PCMD countries. The index is the weighted mean of eight interventions. In addition to coverage, quality of care and equity should be measured to inform programming at various levels. Figure 6 shows equity for one indicator, facility delivery, by country. Data on quality by county is not available.

FIGURE 5: Countdown Coverage Index (CCI) data for 25 PCMD countries



This coverage index produced by Countdown to 2030 is the weighted mean of eight interventions along four stages of the reproductive, maternal, newborn, and child health continuum of care: reproductive health (family planning), maternal and newborn care (antenatal care and skilled birth attendance), immunization (BCG, measles, diphtheria, pertussis, and tetanus vaccinations), and management of child illness (care-seeking for suspected pneumonia and diarrhea). The figure shows the most recently available value of the Countdown Coverage Index for the 25 PCMD countries, which is based on the most recent national household survey. Source: Countdown to 2030 (<https://www.countdown2030.org>)

FIGURE 6: Equity of skilled birth attendance: comparing coverage among the poorest 20% to the richest 20%



USAID countries ranked according to the coverage of skilled birth attendance (SBA) among the wealthiest quintile and showing the degree of absolute inequality in skilled birth attendance and equiplots of coverage in the poorest and richest wealth quintiles. The figure shows the most recently available value of SBA coverage, which is based on the most recent national household survey. Source: Countdown to 2030 (<https://www.countdown2030.org>)



Photo: Thomas Cristofolletti / Ruom for USAID

RESULTS FRAMEWORK

INTERMEDIATE RESULT 1: Increased equitable access to, and quality and experience of, care for MNCH, nutrition, and WASH services across community and facility levels in both the public and private sectors

Improve access to maternal, newborn, and child care, particularly for vulnerable individuals, groups, and communities. Identify vulnerable groups, including adolescent girls, and their specific and shared barriers to care and, with them, identify, advocate for, implement, and measure results of interventions that improve access. Include the “voices” of vulnerable populations to ensure they are part of the solution and that interventions are targeted in a feasible and impactful manner. Analyze and respond to subnational disparities in accessibility, reliability, and quality of care to promote equitable access to an essential package of high quality maternal, newborn, and child care.

Scale up quality essential care before and during pregnancy, birth, postpartum, newborn, and child periods. Support evidence-based programs that focus on adherence to standards of care with realistic and accountable planning and implementation, technically competent human resources, supportive systems, and the required commodities. Emphasize a Do No Harm approach to the provision of care with attention to avoiding iatrogenesis. Employ robust quality improvement programs and measure and harmonize adherence with WHO quality of care standards and measurement frameworks across the life course (see Figure 7). Employ evidence-based strategies to train and update personnel and respond to community preferences. Measure both experience and provision of care.

Promote efficiencies and prevent missed opportunities in MNCH, nutrition, and WASH services. Advocate for maternal, newborn, and child friendly health services as foundational to universal health care. Strengthen referral systems and increase the availability of appropriate bundles of lifesaving interventions. As part of pre-pregnancy, antenatal, postnatal, and child health services, provide education and counseling for women, adolescent girls, and families on voluntary family planning/contraception, nutrition, periconceptional folic acid supplementation, nurturing care and opportunities for early childhood development,

and sanitation and hygiene practices to maximize each contact with patients and their families and ensure more comprehensive care. Improve cost-effectiveness by bundling essential nutrition services such as vitamin A supplementation and screening for wasting with existing vaccination campaigns and other service delivery platforms.

Improve respectful and positive experience of care for women, newborns, children, and their families and communities. Partner with communities, civil society, media, and engaged politicians to raise awareness and action to decrease the mistreatment of women, newborns, adolescent girls, and children. Make MNCH, WASH, nutrition, and family planning (FP) care person-centered and responsive to community needs and preferences, especially those of women, including maternal mental health. Use context-specific and sensitive approaches to raise awareness of rights and test interventions, building on national and global charters such as the inclusion of companions of choice at birth. Identify and support accountability methodologies and metrics to promote respectful, compassionate, and nurturing care, including equipping providers with the necessary tools and support.

Provide timely, evidence-based, nurturing care for complications of pregnancy and birth and for small and sick newborns and child care. Employ a systems approach to strengthen critical child health platforms for newborn health—integrated management of childhood illness and iCCM—ensuring that health workers (including neonatal nurses, midwives, doctors and other health workers) with the required skills and essential equipment and commodities are available. Focus efforts to provide family-integrated, high quality, nurturing care to small and sick newborns.

Promote system improvements that address provider/health care personnel respect and safety and the retention of health workers. Work with parliamentarians, district level management teams, the media, and professional associations to improve policies, budgets, regulations, and transparency to enhance provider respect, safety, and retention, especially with regard to female and frontline health workers who are well positioned to reach vulnerable communities. Harness private sector assets to complement and expand public sector policies for provider education and retention.

FIGURE 7: Adapted from World Health Organization Quality of Care Framework for maternal and newborn health

STRUCTURE

HEALTH SYSTEMS



QUALITY OF CARE

PROVISION OF CARE

- Evidence based practices for routine care and management of complications
- Actional information systems
- Functional referral systems



EXPERIENCE OF CARE

- Effective communication
- Respect and dignity
- Emotional support



— Essential physical resources available

— Competent and motivated human resources



INDIVIDUAL AND FACILITY LEVEL OUTCOMES



Coverage of key practices

People-centered outcomes



IMPROVED HEALTH OUTCOMES

PROCESSES

OUTCOMES

INTERMEDIATE RESULT 2: Improved MNCH, nutrition, and WASH behaviors and norms that support healthy individuals and communities

Support the adoption of self-care and nurturing care practices for newborns and children, including an increase in demand for services and care-seeking by individuals, families, and communities. Employ effective social and behavior change strategies to address the context-specific key factors that influence priority behaviors. Address environmental or structural factors and use norm-shifting techniques to promote healthy behaviors across communities. Leverage people-centered approaches that engage communities in decision-making to ensure that communities lead.

Support providers to improve service delivery to ensure high quality, respectful experiences for individuals and families in health facilities and on community platforms.

Utilize proven provider behavior change strategies to support changes in behaviors and associated norms, including addressing environmental and systemic factors such as inhibitive policies or processes. Support research to identify promising approaches to enhance client-provider interaction and improve the experience of care. Strive for conditions whereby local actors and systems own, value, and direct efforts to improve health and change behaviors through an equitable and inclusive development process.

INTERMEDIATE RESULT 3: Increased community ownership of, and country accountability and commitment to, MNCH, nutrition, and WASH

Develop the capacity of communities and civil society in accountability, including social accountability, so that they can engage productively with health providers, administrators, and decision makers. Support programs that work with and champion grassroots organizations, communities, media, parliamentarians, and other stakeholders to build the capacity of women, youth, families, and communities to actively engage with health providers and administrators to improve the quality of services. Build on multisectoral programming that supports social accountability and is geared to increase safe civic space for citizen voices and engagement in policy and legal environments for the benefit of broader MNCH outcomes. Support civil society and communities in catalyzing government action to increase budget allocations for MCHN infrastructure, human resources, and commodities and to track expenditures on accessible government data systems and reports.



INTERMEDIATE RESULT 4: Strengthened coordination and collaboration across the health and health-linked sectors within USAID, with global, national, and subnational partners, and with local voices

Use multisectoral approaches to address gaps in prevention and quality of care by maximizing investments and local partnerships in the nutrition, agriculture, WASH, energy, environment, social services/community development, and democracy and governance sectors.

Increase attention to healthy environments by understanding the sources of, and mitigation actions needed to reduce exposure to, negative global climate change impacts.

Increase USAID cross-bureau and intra-agency coordination to maximize and better integrate investments that affect women, newborns, and children, including the Bureau for Global Health's WASH, nutrition, FP, HIV/AIDS preventing mother-to-child transmission (PMTCT), malaria (PMI), health systems, infectious diseases, and Office of Children in Adversity efforts. Coordinate across the Bureaus for Humanitarian Assistance, Resilience and Food Security (RFS), and Development, Democracy, and Innovation to expand collaborative approaches that increase resilience in families and communities.

Increase global technical leadership and improve financial allocations and efficiencies to key multilateral partners, including Gavi for vaccine market shaping, procurement, and delivery of new and underutilized vaccines; WHO for MCHN research, technical support to partner governments, polio eradication, and global policy and standard setting; and UNICEF for MCHN program implementation to achieve greater alignment and program coherence at the country or implementation level and ensure complementarity with and accountability to USAID bilateral MCHN programs.

INTERMEDIATE RESULT 5: Targeted MERL and knowledge translation that optimizes MCHN and WASH policies, practices, and programs in the achievement of PCMD outcomes

Apply better tools, knowledge management, and innovative approaches to align, monitor, evaluate, and report on subnational, national, and cross-country progress and identify MNCH challenges to achieving PCMD goals. Support research, evaluation, and knowledge translation to use evidence to improve systems performance and the quality and equity of service delivery.

Develop, refine, and use CLA at the country level through technical support for implementation and operations research as well as other relevant approaches to advance learning, documentation, and evidence use as a foundation for real-time program adjustment. Renew emphasis on the strategic use of cost analysis for more efficient investments and to address emerging challenges such as the growing needs of the poor in urban areas and scalable low-cost models of public-private partnerships.

Improve data and strengthen the use of data for decision making and accountability. Strengthen and integrate data from routine information systems, health facility surveys, and household surveys, and improve the granularity of these data further toward the community and to measure programs against key outcome indicators for MCHN. Support countries as they build streamlined data systems that protect confidentiality and ethical use. Encourage governments to make data available and transparent, including how data is used for decision making.

MCHN PROGRAM INTEGRATION

In addition to the MCHN specific intermediate results, the MCHN Framework encompasses four areas of critical integration with other sectors of USAID's work: family planning/reproductive health; immunization and the broader COVID-19 effort; nutrition; and WASH.

FAMILY PLANNING AND REPRODUCTIVE HEALTH

The United States government has provided global leadership in international FP for more than 50 years and remains the world's largest donor of bilateral FP and reproductive health (FP/RH) assistance. Ensuring that all individuals have the information to make informed decisions about their health and the agency to act on those decisions—including whether, when, and how many children to have, whether to use contraception, and what method to use—is a powerful development intervention that can improve health, propel economic growth, and create a more equitable world for everyone. The positive maternal and child health benefits of contraceptive use have long been a principal rationale for USAID's FP/RH program. Yet more than 200 million women and girls in developing countries who want to avoid pregnancy altogether or space their next pregnancy are not using a modern method of contraception. High unmet need for FP not only is associated with high maternal death rates, it is also linked to higher numbers of unintended pregnancies and associated complications, all of which take an extraordinary toll on women's lives, physical and mental well-being, and productivity. Each year, an estimated 295,000 women die from complications during and following pregnancy and childbirth, almost all in developing countries. Approximately one-third of maternal deaths could be prevented annually if women who did not wish to become pregnant had access to and used modern contraception. In addition, the risk of infant deaths is lower when births are spaced at least two years apart.

USAID provides a robust program of FP/RH technical assistance in more than 30 countries, and is also one of the largest procurers of high-quality, affordable contraceptives. Our FP/RH programming and investments support key

Agency global health and development priorities, including equitable access to reproductive health services, prevention of gender-based violence, and programming that is responsive to gender equity and women's empowerment.

Today, as a result of USAID's work in FP, millions of women and couples around the world are able to choose the number, timing, and spacing of their pregnancies, resulting in significant social, economic, and health gains for families and communities. With FY 2021 funds, the United States supported access to FP/RH information, methods, and services for 27.2 million women and couples, helping to prevent 19,000 maternal deaths and 12 million unintended pregnancies.¹

Priority FP/RH investments going forward include efforts to:

- Expand contraceptive method choice by continuing to invest in the development and introduction of new and improved contraceptive methods
- Improve access to FP/RH information, services, and commodities, particularly for adolescents and first time parents
- Mobilize domestic resources for FP/RH programs
- Advocate for the inclusion of FP as an essential component of universal health coverage and primary health care
- Help local actors (governments, private sector, communities) choose and implement high-impact FP practices
- Advance gender-transformative and positive youth development programming models

¹ <https://www.guttmacher.org/just-numbers-impact-us-international-family-planning-assistance-2021>

IMMUNIZATION

For decades, USAID has been and remains a global technical leader, innovator, and resource mobilizer for immunization programs. The unprecedented global effort to roll out COVID-19 vaccines, which USAID leads for the U.S. government, coupled with the devastating consequences of the pandemic on routine childhood immunization, has concentrated focus and funds to support and strengthen national vaccine programs and has underscored the importance of equitably distributed vaccines to public health.

Vaccines remain one of the most cost-effective public health preventive tools available, saving the lives of between four and five million people annually. Over 23 million children missed out on routine childhood immunizations in 2020. The current situation is further complicated by the risk of disease outbreaks among children with no immunity, the introduction of new vaccines, and the need to adhere to an increasingly complex vaccination schedule for children, adolescents, and adults.

Beyond in-country supply chain, demand-creation, commodity, and personnel support, USAID promotes the development of effective management practices and a coordinated government-led response, including functional National Immunization Technical Advisory Groups; strengthened regulatory capacity; application of evidence-based global and national policies and guidelines; and strong forecasting, surveillance, monitoring, and reporting systems. Over the next 10 years, USAID aims to:

- Mobilize and encourage bilateral missions to support immunization programming and strengthen national immunization platforms as the backbone of primary health care and to ensure routine and catch-up campaigns while simultaneously addressing COVID-19 vaccination needs
- Strategically align maternal and child immunization programs with the USG Global Health Security Agenda to increase operational crisis response and surge capacity for outbreaks and meet other health security needs

- Protect, optimize, and leverage USAID's investment in Gavi, the WHO, and UNICEF by engaging at the global and country levels to address operational challenges to expanding immunization coverage and ensuring program transparency
- Advocate and promote smart integration of immunization along the life course with a special focus on zero-dose and underimmunized children and the use of strong national immunization platforms as the launch point for new vaccines and new vaccine technologies
- Transform routine immunization and primary health care systems to address today's evolving and more complex immunization schedules, including the introduction of new vaccines, and build greater flexibility and resilience into national systems to weather future shocks



Photo: Karen Kasmauski / MCSPP

NUTRITION

With undernutrition estimated to be an underlying cause of 45 percent of child mortality and anemia and a contributor to 20 percent of maternal mortality, integrated investments in nutrition are fundamental to achieving PCMD targets. The priority cross-sector nutrition investments include efforts to:

- Improve maternal nutrition services, including tailored support for adolescent mothers and counseling on healthy diets and behaviors, beginning with antenatal care and extending through postnatal care, lactation, and beyond
- Strengthen early and exclusive breastfeeding up to six months, continued breastfeeding through 24 months or longer, and appropriate complementary feeding starting at six months of age
- Link nutrition with newborn care to address special needs of small and sick newborns and their mothers (specialized lactation support, improved access to human milk, improved data monitoring, optimized human milk bank systems for low- and middle-income settings). Strengthen the nutritional assessment and quality of care of children as an essential component of basic health services, with particular attention to the care of sick children
- Expand coverage of quality wasting treatment, ensuring it is accessible to vulnerable groups. Build stronger supply chains for nutrition commodities. Support and scale up simplified approaches to wasting treatment and give frontline health workers the tools they need to treat uncomplicated cases of wasting in the communities where they work
- Ensure pregnant women have access to iron and folic acid or multiple micronutrient supplements throughout their pregnancy. Prevent and address anemia and micronutrient deficiencies through improved measurement, diagnosis, surveillance, and implementation of comprehensive context-specific approaches—including dietary counseling, food fortification, and micronutrient and routine vitamin A supplementation
- Contribute to advancing the generation, dissemination, and application of quality nutrition data to monitor progress in improving nutrition outcomes

WASH

USAID seeks to strengthen WASH systems at all levels in the public and private sectors, including within healthcare facilities and communities, to ensure sustainability and equity of services. USAID provides global leadership, research, technical assistance, coordination and advocacy with the Agency's internal and external stakeholders, including implementation of the Global Water Strategy, mainstreaming climate change, and responding to COVID-19, through efforts to:

- Strengthen infection prevention and control through improvements in WASH in healthcare facilities
- Build strong health and WASH systems—including financing, market shaping, and strengthened governance—to support WASH at the institutional, household, and community levels
- Support sustainable and equitable drinking water and sanitation services and facilitate the adoption of hygiene behaviors



CONCLUSION

With more than 50 years of partnering with countries to save the lives of women, newborns, and children, USAID remains deeply committed to the unfinished work of ending preventable maternal and child deaths by 2030. In the 10 years since the Call to Action (2012) was launched, we have improved service delivery and taken best practices to scale. In partnership with governments, academic institutions, and the private/philanthropic sector, we have developed many of the tools and much of the knowledge required to meet the needs of women, newborns, and children in low-income countries. We must continue expanding access to those tools while simultaneously supporting the development of new and improved tools to fill remaining gaps.

Sustained progress can only be achieved through country leadership and commitment. Building reliable and resilient health systems will require focused leadership, domestic resource mobilization, and the careful administration of personnel, medicines, and commodities. The COVID-19 pandemic has caused much suffering, magnified existing inequities, and heightened our awareness of systemic failures across and within countries. Yet it has also accelerated positive trends in global cooperation, vaccine development, digitalization, and a shift to greater reliance on local staff and local organizations. COVID-19 has enabled the emergence of innovations and promising interventions in telehealth, self-care approaches, and private-sector delivery of essential health services.

Recognizing these achievements and requirements and the continuing impact of COVID-19, MCHN presents its roadmap to 2030 with a renewed sense of urgency and dedication to ending preventable maternal, newborn, and child deaths.





Photo: Kate Holt/MCSP



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