



Agency Priority Goal Action Plan

Maternal and Child Health

Goal Leaders:

Irene Koek, Senior Deputy Assistant Administrator, Bureau for Global Health, U.S. Agency for International Development (USAID)

Overview

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 foments 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

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

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

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 Fiscal Year (FY) 2019 Quarter 3 (Q3)

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. In FY 2019 Q3, USAID delivered 98 percent of purchased contraceptive commodities on time and 87 percent of purchased contraceptive commodities on time and in full. Both deliveries surpassed the 80-percent target in the supply-chain contract. Of the 97 shipments/deliveries expected to be delivered to Priority Countries in FY 2019 Q3, 95 arrived within the established delivery window. USAID and its implementing partner have been able to build on the measures first implemented in FY 2017 and utilize global supply-chain data to develop and integrate analytical tools into standard processes to improve decision making and to be more responsive to field needs. All of this has resulted in progressively strong performance reported in the last six quarters. USAID continues to work closely with the Global Health Supply-Chain Program-Procurement and Supply Management Project to mitigate any risks to the global supply-chain.

Prevalence of Modern Contraceptive

- Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. 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 country estimates of MCPR come from moving averages that use all available data points from Demographic and Reproductive Health Surveys (DRHS), Multiple Indicator Cluster Surveys (MICS), and Performance Monitoring and Accountability (PMA) 2020 Surveys. In FY 2018 Q4, on average, MCPR increased 1.1 percentage-points across USAID's 24 priority countries for family planning/reproductive health between 2017 and 2018, from 34.4 percent in 2017 to 35.5 percent in 2018, which exceeded the planned target for 2018.

Summary of Progress FY 2019 Q3

Under-Five Mortality (U5MR)

- The under-five mortality rate across USAID's 25 priority countries for maternal and child health decreased by 2.1 per 1,000 live births from FY 2017 to FY 2018. While a decline of 2.1 meets the target, the absolute value of change should decrease as the priority countries converge with current global estimates and trends. FY 2018 data come from the Inter-Agency Working Group on Child Mortality Estimates 2018, and USAID weights the data by using United Nations (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 -- Maternal and Child Health (MCH), malaria, voluntary family planning, nutrition, HIV/AIDS, and sanitation and hygiene. All of these efforts contribute to ending preventable child and maternal deaths. FY 2019 data are not yet available.

People Protected Against Malaria

- As a result of USAID's funding for malaria programs and coordination with other major donors, including the Global Fund, the World Bank, and UN Children's Fund (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, which ranged from 18 percent to 67 percent. In FY 2018, USAID exceeded its target of providing insecticide-treated nets. USAID continues to fund 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 receive appropriate diagnosis and treatment for malaria. FY 2019 data are not yet available.

Summary of Progress FY 2019 Q3

*Deliveries in Health Facility**

- The average percent of births in a health facility across USAID's 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 USAID's established target net change of 1 percent. This small, but stable, increase (about one percent per year since 2013) reflects the continued positive trajectory in this important intervention. Since the percentage is over 50 percent, USAID expects smaller changes in the absolute value per year as reaching new populations becomes more difficult. Deliveries in health facilities in USAID's 25 MCH priority countries came from DHS, MICS, or other surveys and averaged (weighted by live births) each year. FY 2019 data are not yet available.

*Children Who Receive Pneumococcal Vaccine**

- The total percent of children who receive 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, which missed our FY 2018 target of five percent. USAID weights these estimates between the Agency's 25 MCH priority countries by live births. The PCV3 vaccine is an important vaccine that USAID priority countries started to roll out in 2010. USAID used projections that relied on net changes in coverage between 2011 and 2016 to set the FY 2018 target of five percent. However, during this early period of PCV3's introduction, the coverage jumped from zero percent to above 50 percent in many countries, which caused a projection derived from this period to suggest a higher net increase than could be sustained in subsequent years, since many countries have already achieved relatively high coverage. 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, USAID will set an annual target of one percent absolute increase for FY 2019. FY 2019 data are not yet available.

* USAID collects data for these two indicators by calendar year, which overlaps with the Federal FY. For this reason, the Agency reports the difference in data from calendar year 2016 and 2017 for FY 2018.

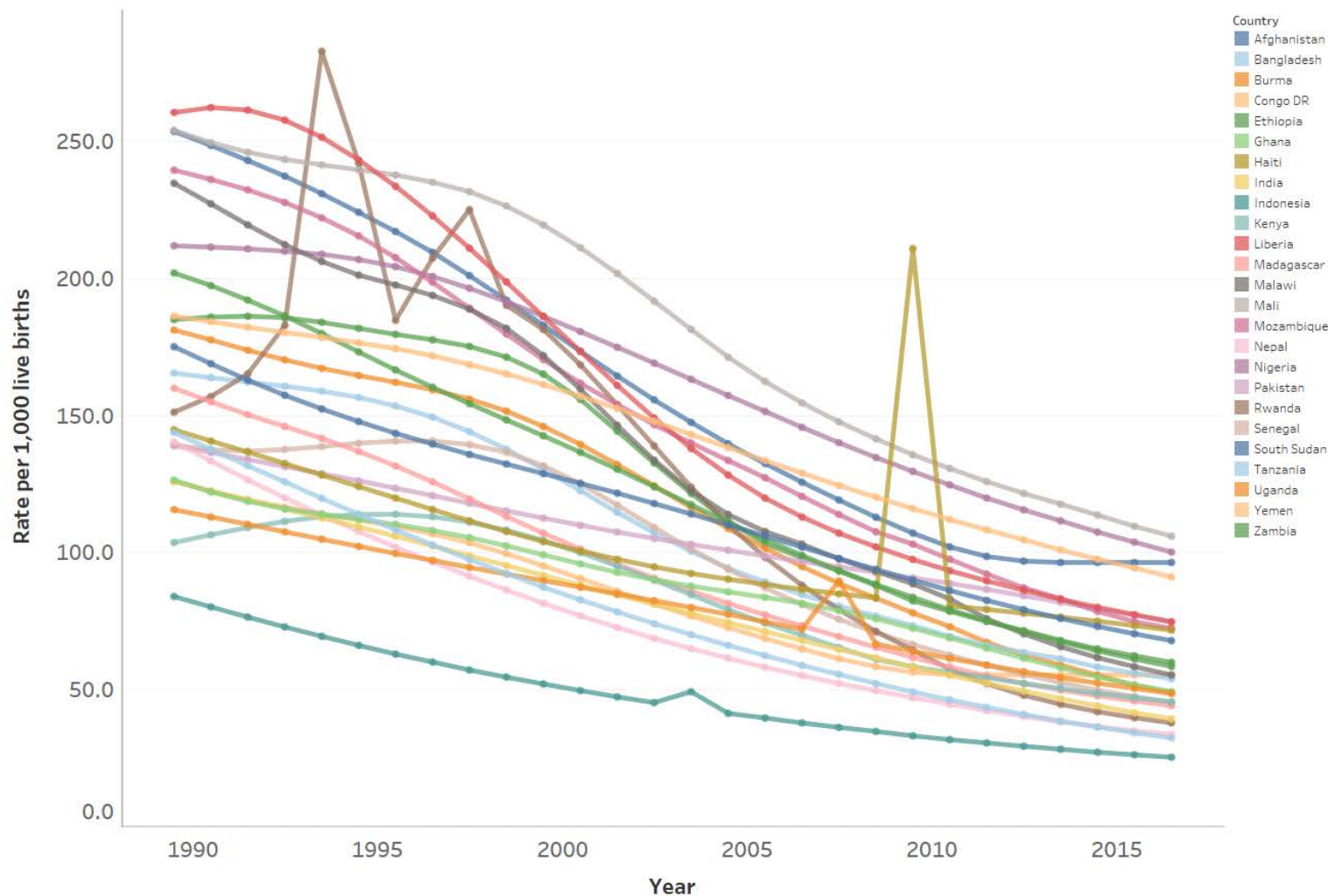
Summary of Progress FY 2019 Q3

- The [2019 Acting on the Call Report: A Focus on the Journey to Self-Reliance for Preventing Child and Maternal Deaths](#) is USAID's annual report documenting progress and outputs in preventing child and maternal deaths. This report informs Congress of the results achieved for this Agency priority as a result of appropriated funds. This year, USAID reported to Congress that its programs reached 81 million women and children with lifesaving interventions across 25 priority Preventing Child and Maternal Deaths (PCMD) countries. This includes 28 million children reached with nutrition interventions, 3.3 million women delivering in a health facility, and 6.5 million children receiving vaccinations, among other interventions. Members of Congress attended the event and voiced their approval of USAID's work and its importance to the world.
- USAID continues to employ data-driven decision-making to sharpen programming. USAID's annual review of Mission Health Implementation Plans (HIPs) and 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 MCH priority countries to ensure that programs, budgets, and implementing mechanisms are aligned with Agency health priorities and supported state-of-the-art, evidence-based programs. The operational plans (OPs) for the three remaining priority countries have yet to be posted by the Department of State's Office of U.S. Foreign Assistance Resources. GH will review the remaining OPs once they are available. These reviews assess whether Mission and headquarter interventions optimally address the key drivers of morbidity and mortality, with clear linkages to evidence-based national or regional strategies. In addition, the reviews focus on how operating units work with partner governments, regional organizations, and 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 USAID Priority Countries

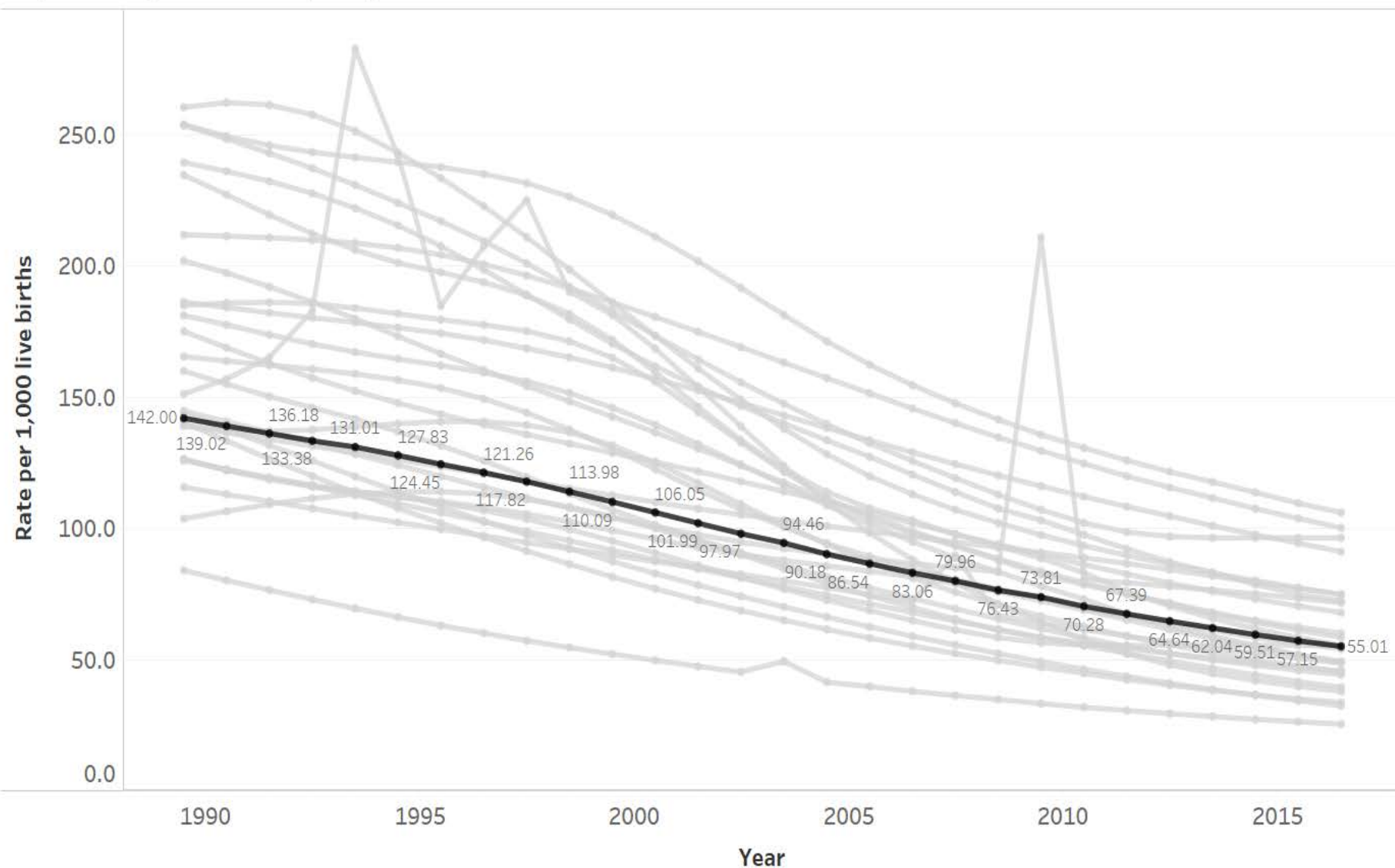
The U5MR Trend in USAID Priority Countries, 1990-2017

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

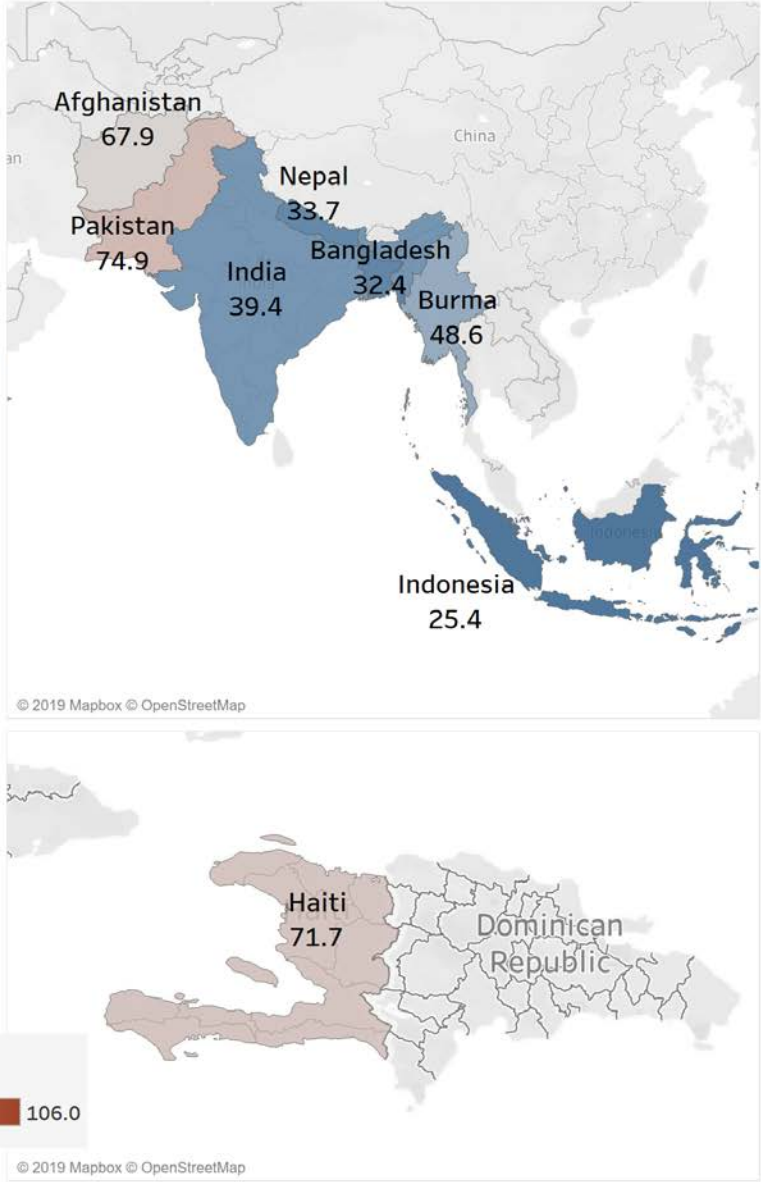
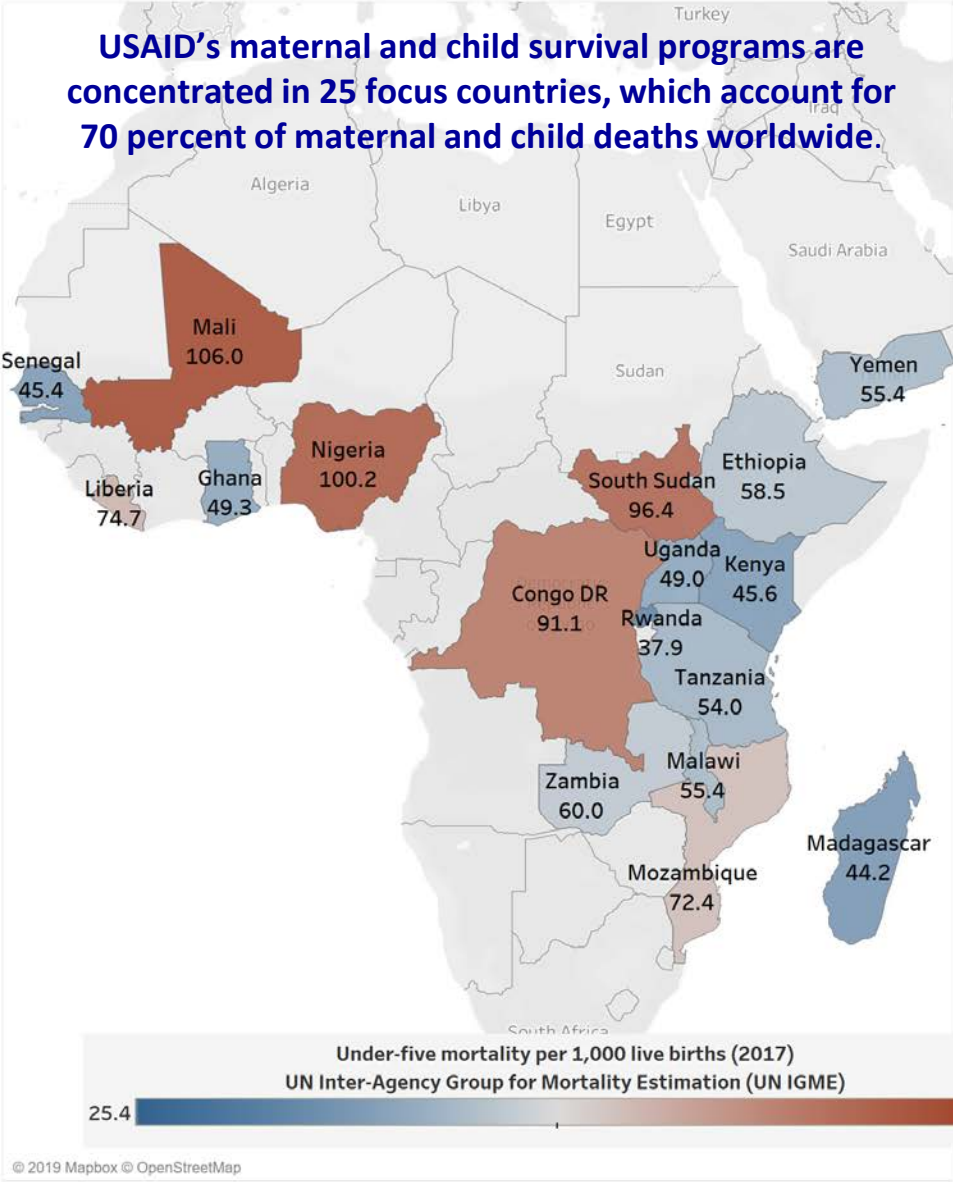


The U5MR Trend in USAID Priority Countries, 1990-2017

Each grey line shows the UN IGME estimates of under-five mortality for each USAID priority country from 1990 to 2017. The black line shows the weighted average U5MR of all 25 priority countries.



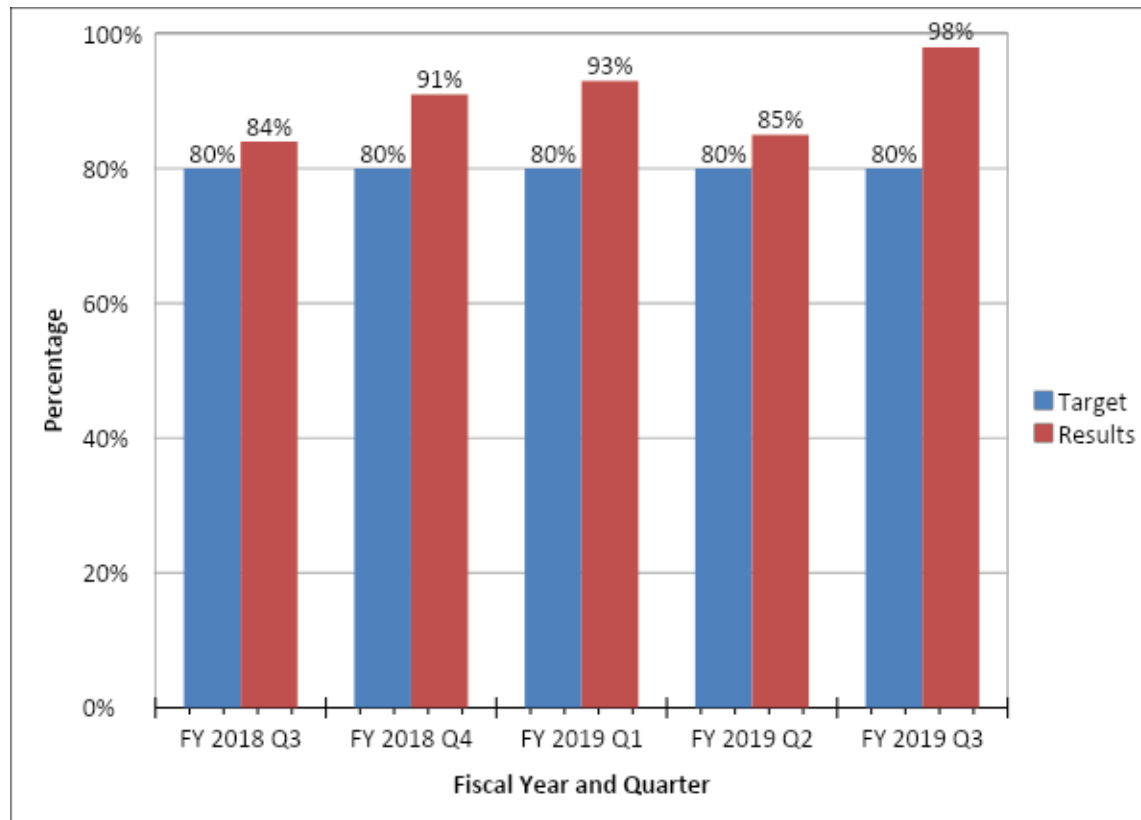
Key Indicators



Key Indicators

Quarterly Indicator:

Percent of shipments of contraceptive commodities that are on time*



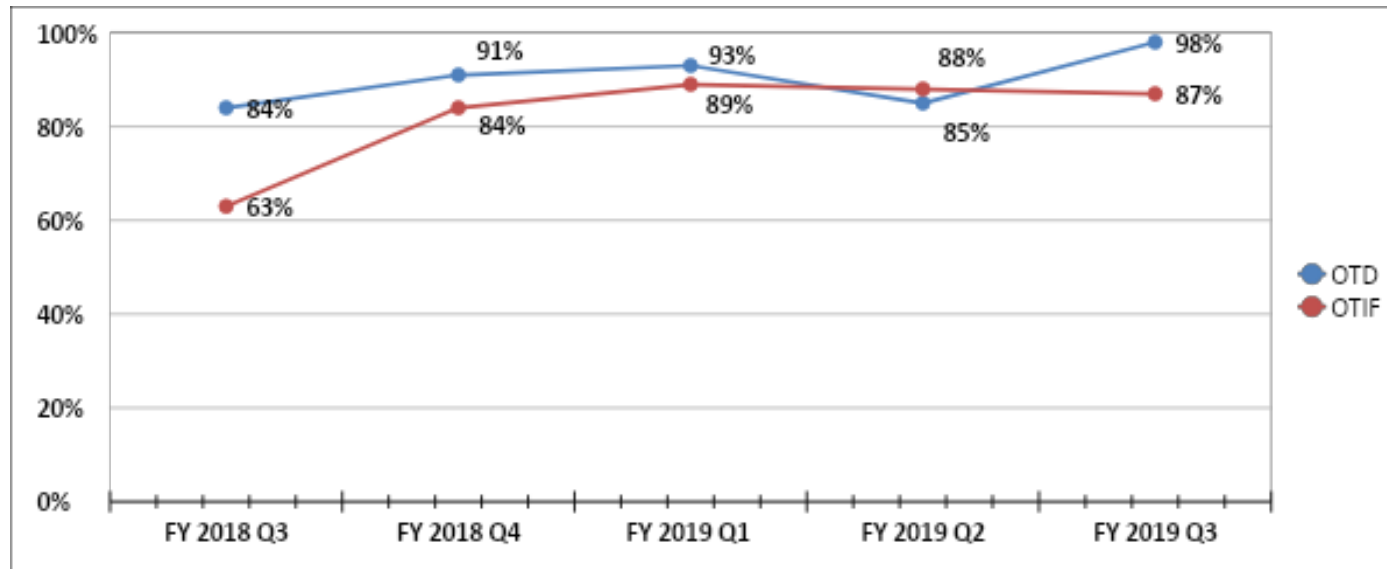
Graph includes data for USAID's 24 priority countries for family planning and reproductive health.

* 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 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*



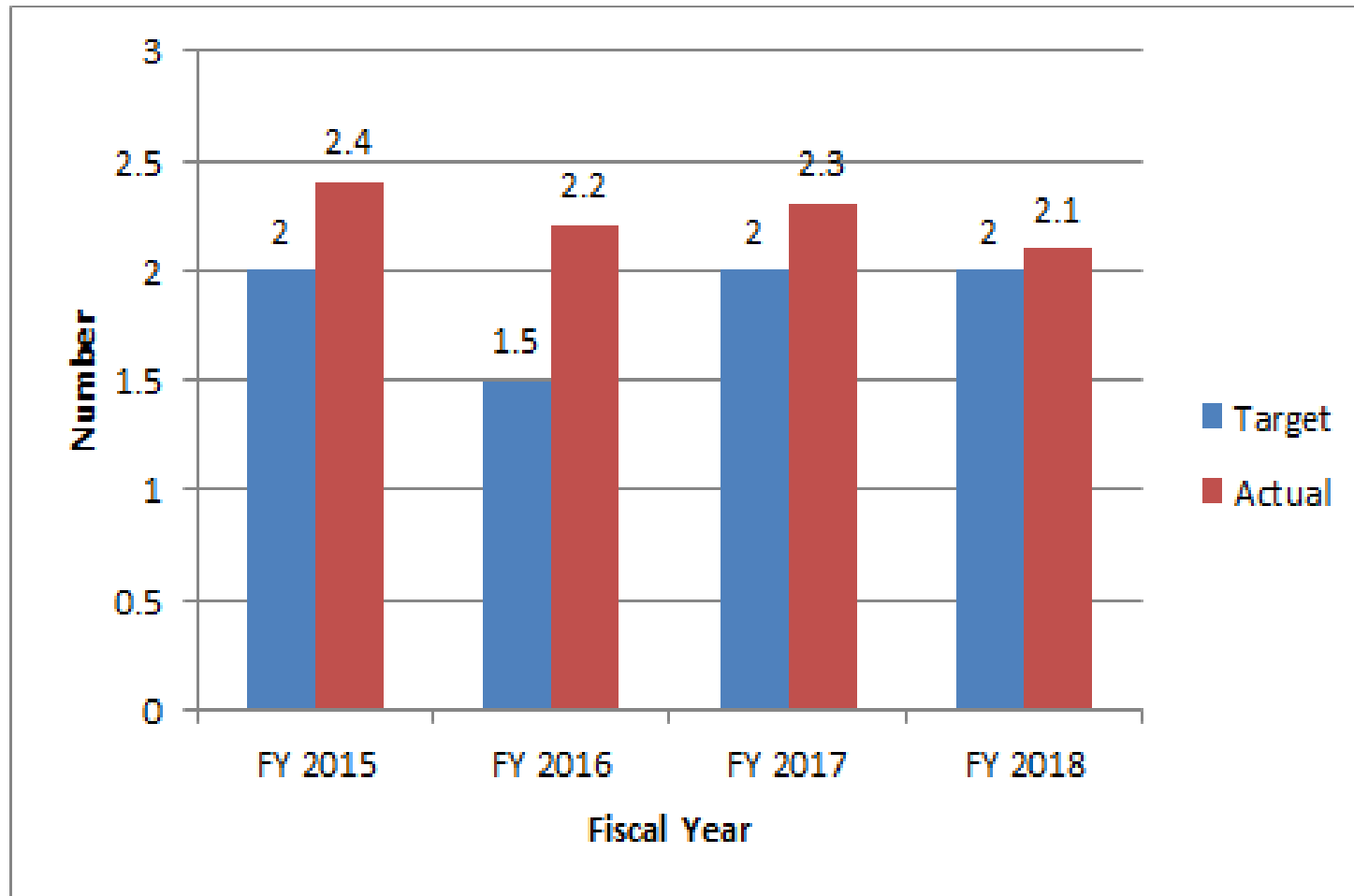
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Key Indicators

Annual Indicator:

Absolute change in under-five mortality rate (decrease per 1,000 live births)

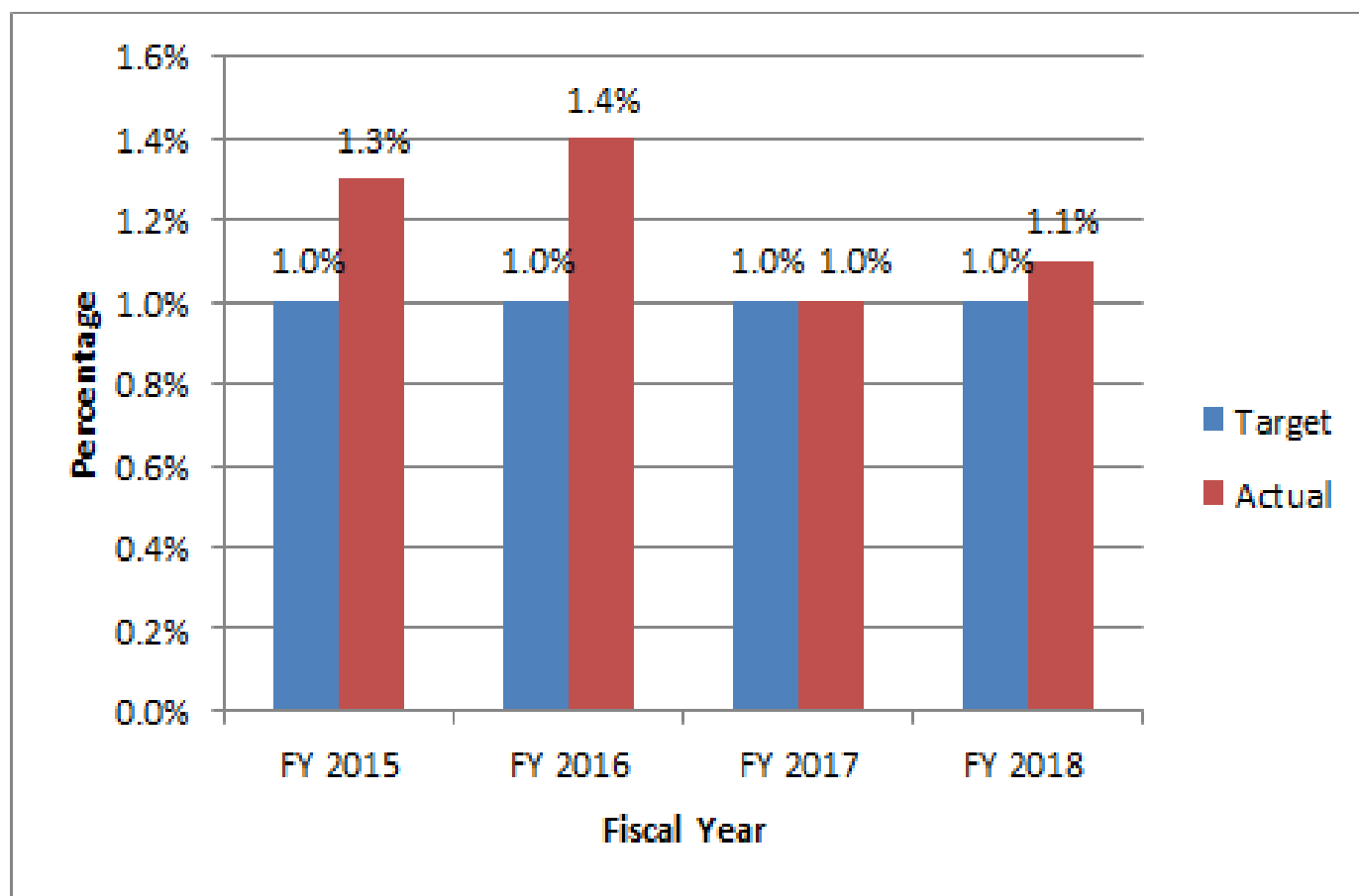


Graph includes data for year-to-year absolute change in USAID's 25 priority countries for maternal and child health.

Key Indicators

Annual Indicator:

Absolute change in the prevalence rate of modern contraceptives

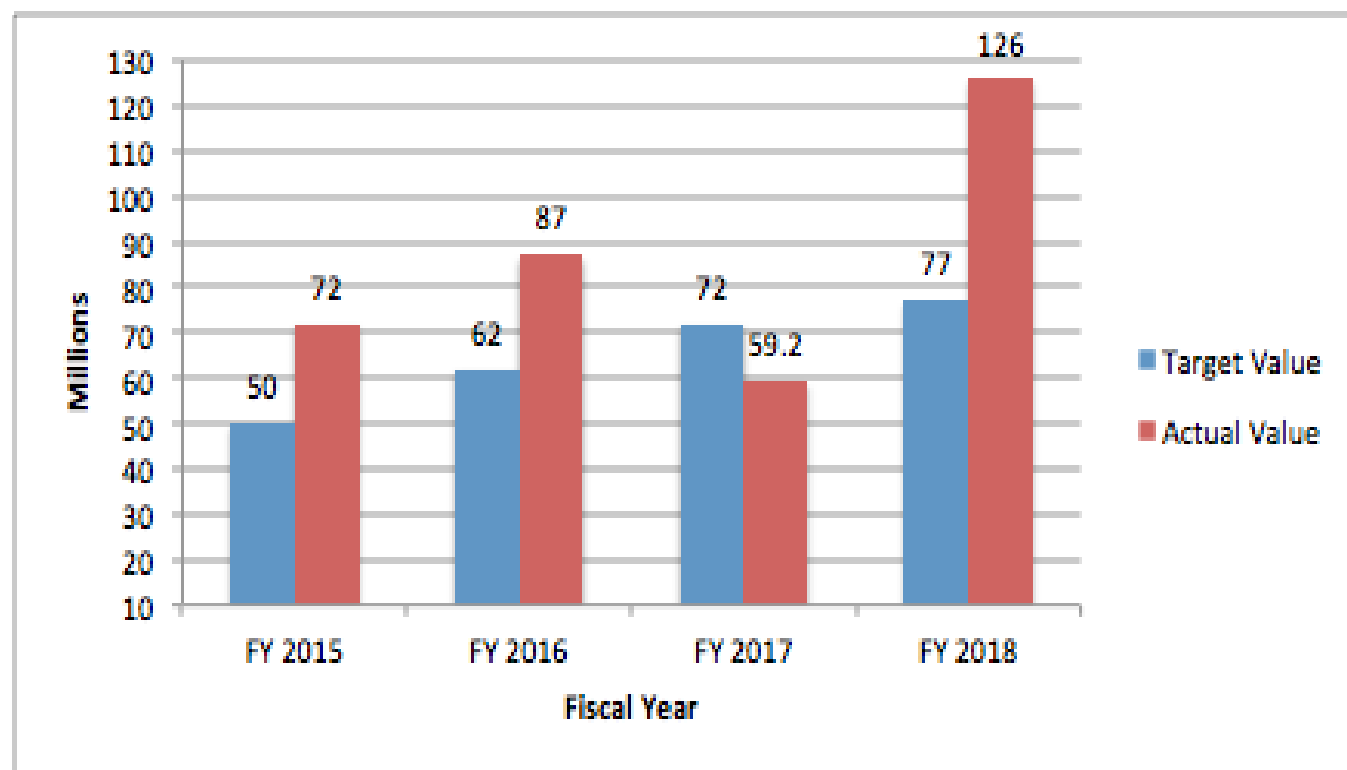


Graph includes data for year-to-year absolute change in USAID's 24 priority countries for family planning and reproductive health.

Key Indicators

Annual Indicator:

Annual total number of people protected against malaria with insecticide-treated nets



Graph includes data for the 19 PMI priority countries.

Key Indicators - Summary

Maternal and Child Health Indicators	FY 2019 Target				FY 2019 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	93	85	98	TBD
<i>Quarterly:</i> Percent of shipments of contraceptive commodities that are on time and in full	NA	NA	80	80	89	88	87	TBD
	FY 2018 Target				FY 2018 Actual			
<i>Annual:</i> Absolute change in under-five mortality rate (decrease per 1,000 live births)	2				2.1			
<i>Annual:</i> Absolute change in the prevalence rate of modern contraceptives	1				1.1			
<i>Annual:</i> Annual total number of people protected against malaria with insecticide- treated nets	77,000,000				126,000,000			
<i>Annual:</i> Absolute change in total percentage of births delivered in a health facility	1 percent				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	5 percent*				1.65 percent			

*USAID used projections that relied on net changes in coverage between 2011 and 2016 to set the FY 2018 target of five percent. However, during this early period of PCV3's introduction, the coverage jumped from zero percent to above 50 percent in many countries, which caused a projection derived from this period to suggest a higher net increase than could be sustained in subsequent years, since many countries have already achieved relatively high coverage. 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, USAID will set an annual target of one percent absolute increase for FY 2019.

Key Milestones

Support the global effort to prevent child and maternal deaths: Through efforts in maternal and child health, malaria, voluntary family planning, and nutrition, USAID health programs work to strengthen child and maternal health—a cornerstone of public health—to reduce deaths, pre-empt 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 meeting of the Interagency Advisory Group 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 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 <i>Acting on the Call</i> Report.	Q3 2018	Complete	USAID released the report as scheduled on June 18, 2018.
Conduct thorough review of Health Implementation and Operational Plans (OPs) for 25 U.S. Government priority countries for maternal and child health.	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 priority countries for maternal and child health. 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 align with the Administration's 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, voluntary family planning, and nutrition, USAID health programs work to strengthen child and maternal health—a cornerstone of public health—to reduce deaths, pre-empt 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	Complete	The U.S. Global Malaria Coordinator approved the MOPs formally during the meeting of the Interagency Advisory Group in October 2018.
Execute a data-driven review of country performance results across FY 2018.	Q2 2019	Complete	USAID is actively engaged in using annual performance data from the Performance, Plan, and Report (PPR) for data-driven approaches to health programming and implementation of best practices. USAID held a data-driven review of the MCH Agency Priority Goal (APG) with Agency leadership on March 7, 2019.
Release next <i>Acting on the Call</i> Report.	Q3 2019	Complete	USAID released the 2019 <i>Acting on the Call</i> Report documenting its progress and outputs in preventing child and maternal deaths. This report informs Congress of the results for this Agency priority.
Conduct thorough review of Health Implementation and Operational Plans for 25 U.S. Government maternal and child health priority countries.	Q4 2019	Planned	

Data Accuracy and Reliability

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

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.