



## Agency Priority Goal Action Plan

# Maternal and Child Health

### Goal Lead:

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# Overview

## 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, economic development, and the Journey to Self-Reliance.

## Opportunities

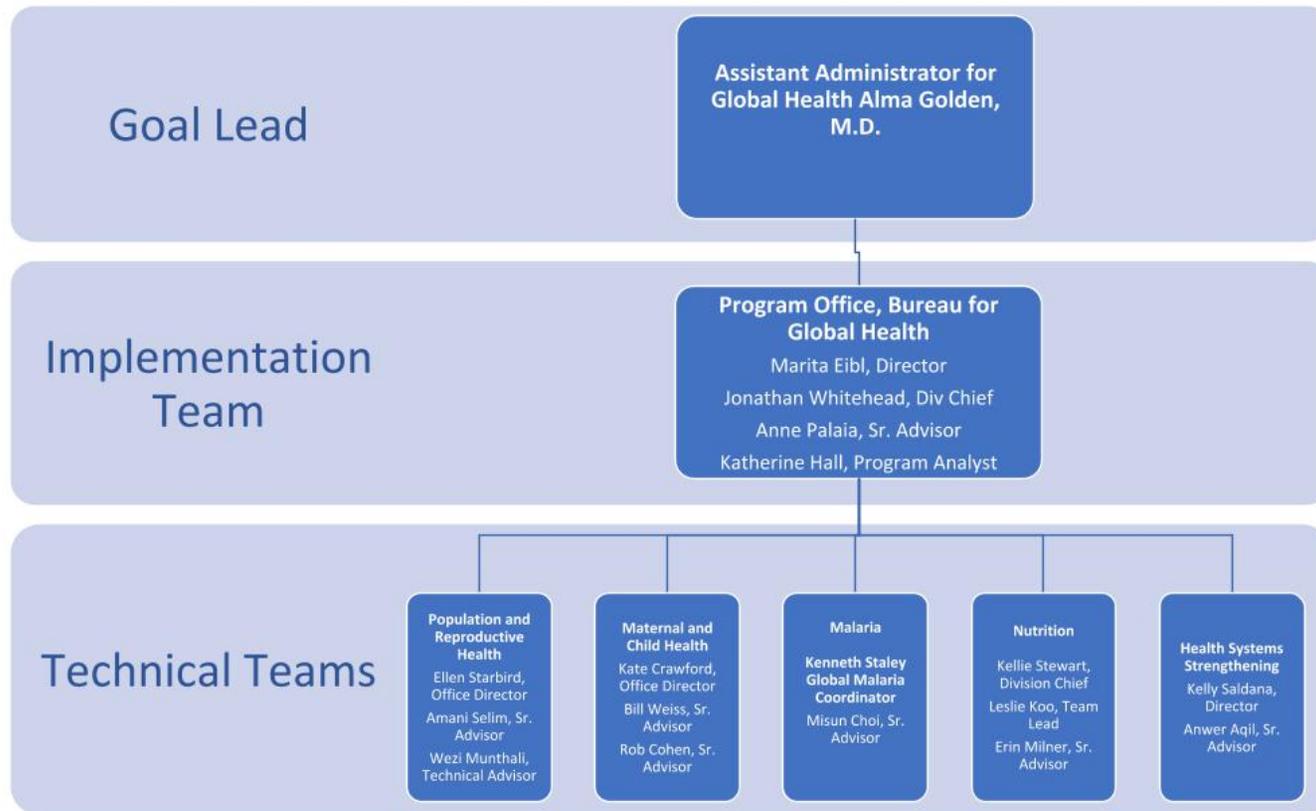
By analyzing the causes of child and maternal deaths and the current coverage of life-saving interventions, USAID, as a global leader in the health sector, identified programs and health interventions that will have the greatest impact. In the [Acting on the Call](#) report for 2020, USAID presented results from our approach adopted in 2014 to save the lives of children under five and pregnant women. 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 nearly 70 percent of maternal and child deaths worldwide.

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

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

# Leadership and Implementation Team



# Goal Structure and Strategy

## Goal

The overall goal of USAID's programs in maternal and child health (MCH) is to reduce preventable maternal and child mortality. To achieve this, USAID employs cost-effective, high-impact interventions, including by procuring and delivering essential, safe medicines and 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 child 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 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 more than 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 U.S. 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 taxpayers. 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 understand USAID's health impact at the country-level, please see the [Acting on the Call Report](#) for 2020.

### *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 public and private health-care institutions, promote respectful care, and modify family and community behaviors to encourage more women to seek timely maternity care. 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. As more young children survive beyond their fifth birthdays, USAID has increasingly recognized the need to focus on the most-vulnerable period of a child's life: the first 28 days. USAID's efforts to save the lives of the most-vulnerable newborns, including those born small and sick, promote proven, high-impact interventions that include clean cord care, early and exclusive breastfeeding, and skin-to-skin contact for all newborns, as well as resuscitation when babies struggle to breathe.

# Goal Structure and Strategy

## *Child Health and Immunization*

Pneumonia, diarrhea, and malaria are among the leading causes of childhood death, and are collectively responsible for almost one-third of deaths among children under five years old—but most of these deaths are preventable with inexpensive, evidence-based interventions. USAID's approach to support child health aims to reduce child mortality, expand equitable access to high-quality care, and lay the groundwork for optimal growth and development so that children can grow into healthy adults. To accelerate further reductions in preventable child deaths, USAID works with governments and other partners to implement known, affordable, low-technology interventions at scale, and collaborates with the private sector to build its capacity to provide high-quality health information, products, and services for children. USAID's immunization programs support national governments and other partners to implement policies and programs that expand equitable access to immunization, which ensures that everyone benefits from immunization, regardless of where they live. These investments in strengthening routine immunization programs work to reduce missed opportunities for vaccination and help to ensure that every contact with health institutions provides an opportunity to give children the vaccines they need in combination with other essential health care. USAID's investments in expanding access to immunization not only advance our global goals for maternal and child health, but also strengthen U.S. national security, promote economic growth and trade, and foster resilience and self-reliance.

## *Malaria*

Malaria remains a major cause of mortality among young children. Children under five years of age still account for almost 70 percent of deaths from malaria worldwide; 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-sector 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. Because 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*

# Goal Structure and Strategy

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 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 them appropriately; and strengthening the governance of nutrition and domestic financing for self-reliance.

## *Voluntary Family Planning 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 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 and interventions on voluntary family planning supports the healthy timing and spacing of pregnancy and consequent improvements in the health of the mother and the child. Under-five mortality has been found to drop significantly when mothers waited at least 24 months after a live birth to conceive again. At the community/population level, the increased adoption of contraception has been found to be correlated with accelerated economic growth and social stability.

## *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 - Fourth Quarter (Q4) of FY 2020

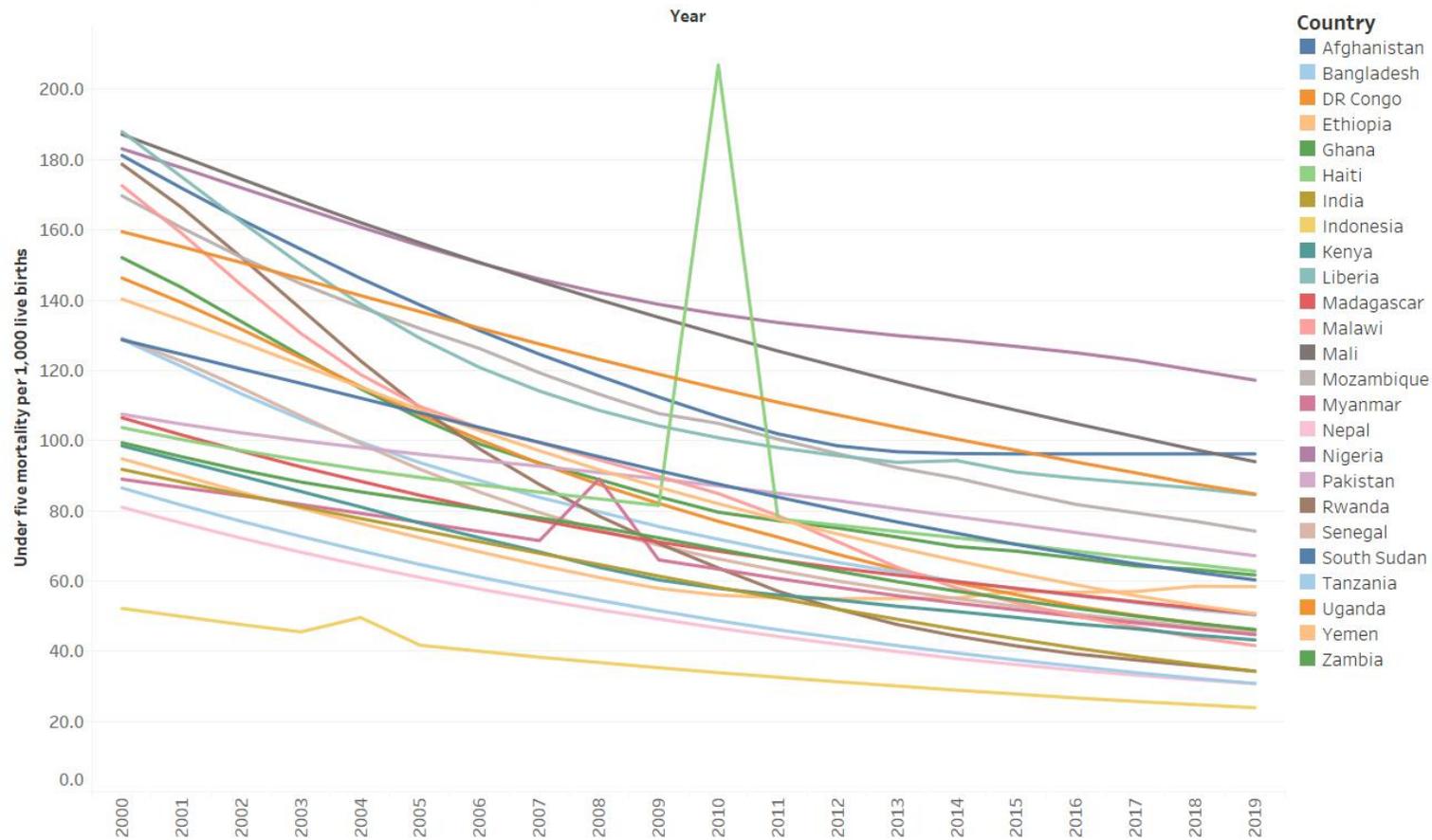
USAID sustains strong on-time, in-full delivery performance by working closely with the Global Health Supply Chain-Procurement and Supply Management (PSM) Project, managed by Chemonics International, to monitor and mitigate any risks to the global supply-chain. Data-collection methods contribute to a delay in process reporting by one quarter. Progress for the Fourth Quarter (Q4) of FY 2020 will report results from the Third Quarter (Q3) of FY 2020. Of the 69 shipments delivered in Q3 of FY 2020, 65 (94 percent) arrived within the established delivery window, on time and in-full. Of the 73 shipments/deliveries expected for delivery to priority countries in Q3 of FY 2020, 71 (97 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 made progress on our annual indicators, *Absolute change in all-cause under five mortality rate (U5MR)* and *Absolute change in the prevalence rate of modern contraceptives (MCPR)*, by employing the strategies listed previously. The absolute decrease of 1.8 deaths per 1,000 live births for U5MR was slightly below our target of two per live births for FY 2020, but remains within ten percent of our target. The absolute increase in MCPR of 0.8 was slightly below the targeted absolute change for FY 2020 (1.0 percentage point). Several factors contribute to these deviations, including the following: the Agency's increased focus on responding to the pandemic of COVID-19, shifting priorities in the field, operational challenges and obstacles presented by the pandemic with their impact on programmatic outcomes, and the secondary impacts of COVID-19 on maternal and child health. The *Absolute change in total percentage of births delivered in a health facility* of 1.2 percentage point exceeded the target (1.0 percent percentage point). This small, but stable, increase reflects the continued positive trajectory in this important intervention. The *Absolute change in annual total percentage of children who received at least three doses of pneumococcal vaccine (PCV3)* was 4.4 percentage points, which surpassed the target (1.0 percentage points). The Government of the Republic of India recently introduced PCV3; because it is a large country, and because the values are weighted, the increase in PCV3 over the past two years has been larger than expected. The *Absolute change in the rate of exclusive breastfeeding among children under six months of age* was 1.9 percentage points, which surpassed the target (1.0 percentage points). USAID added the indicator in FY 2020 to reflect our support and funding for immediate and exclusive breastfeeding for the first six months, followed by the introduction of age-appropriate complementary foods along with continued breastfeeding for up to two years of age and beyond. USAID will reconsider the target if the trend continues to be greater than expected.

# Key Indicators and Milestones

The trend in under-five mortality in USAID Priority Countries, 2000–2019. 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 2019.<sup>3</sup>

What is the trend in U5MR in USAID Priority Countries, 2000-2019?

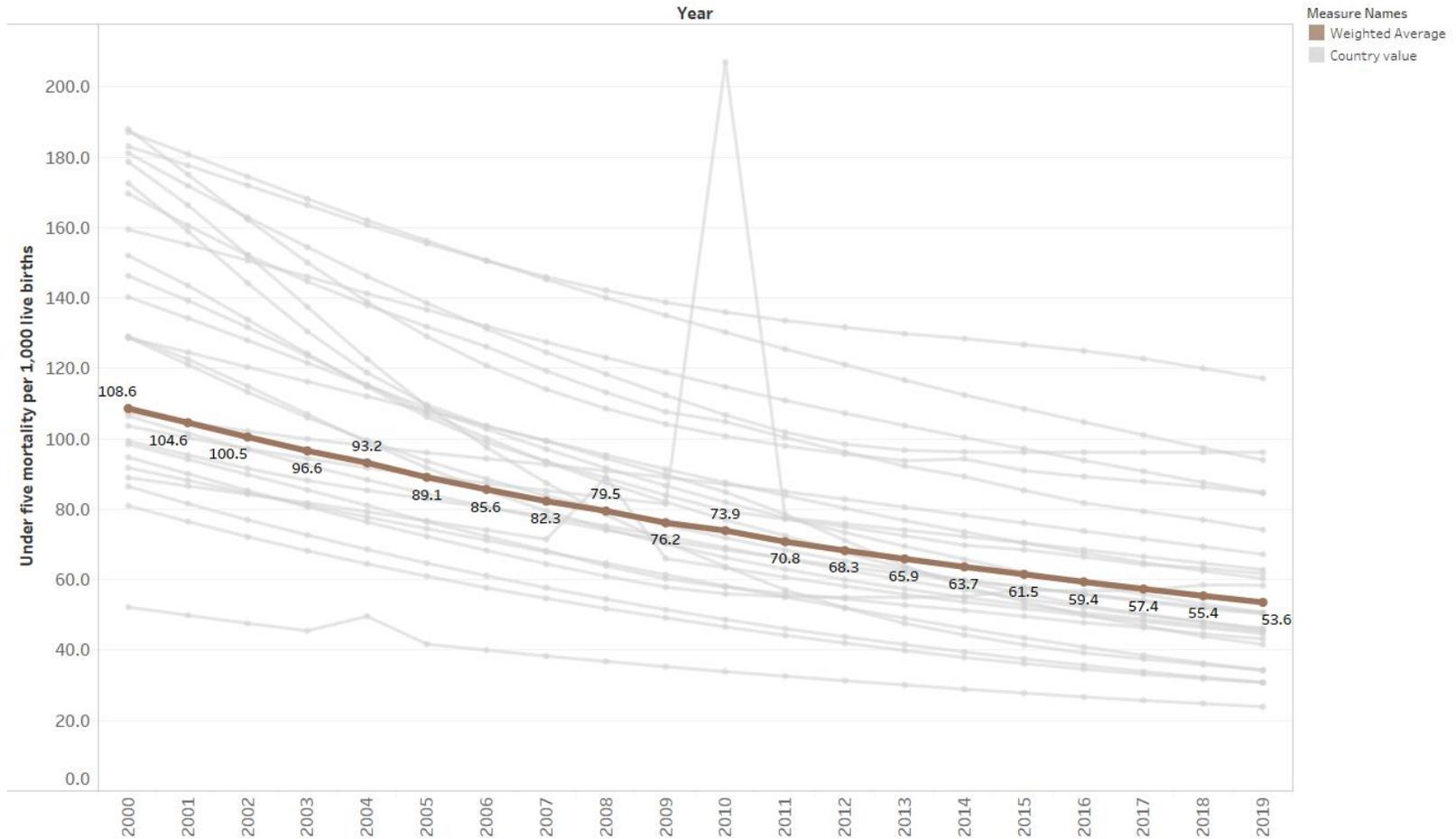


<sup>3</sup> Graph includes data for USAID's 25 priority countries for MCH.

# Key Indicators and Milestones

Trend in under-five mortality in each priority country from 2000–2019.<sup>4</sup>

What is the trend in U5MR in USAID Priority Countries, 2000-2019?

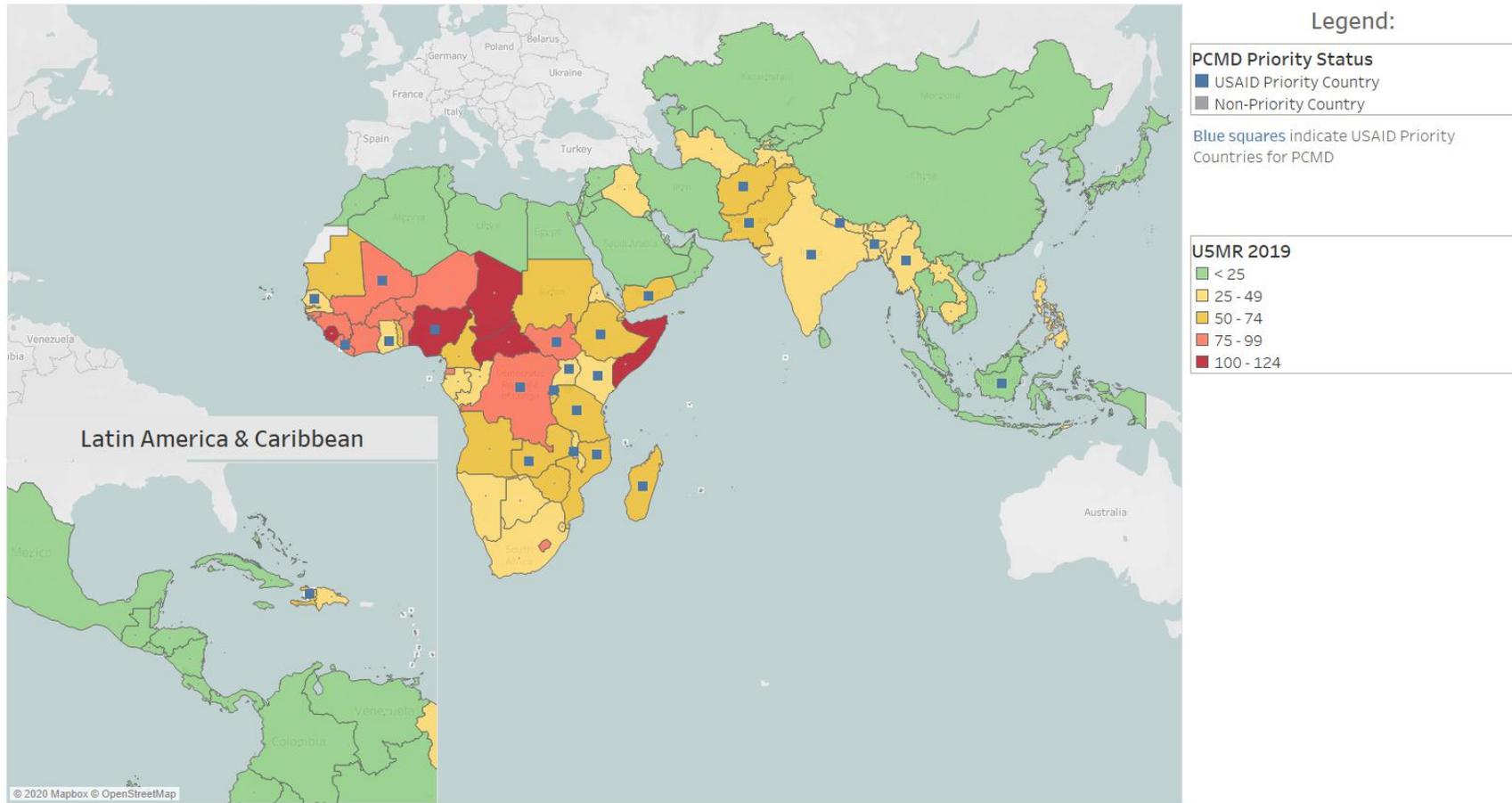


<sup>4</sup> Graph includes data for USAID’s 25 priority countries for MCH.

# Key Indicators and Milestones

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

U5MR in 2019 by Region and USAID Priority Country Status

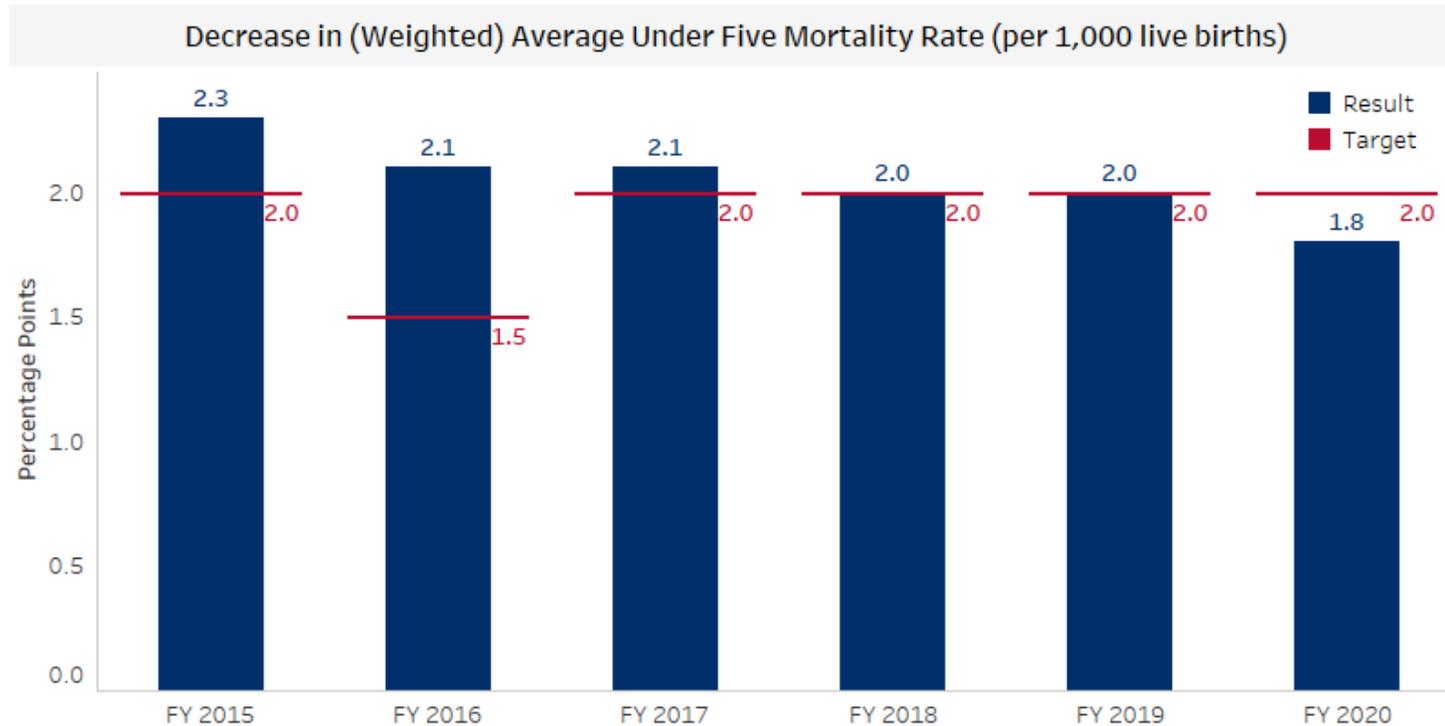


# Key Indicators and Milestones

## 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 under the President’s Emergency Plan for AIDS Relief, and in sanitation and hygiene. All of these efforts contribute to ending preventable child and maternal deaths.



<sup>5</sup> Graph includes data for year-to-year absolute change in USAID’s 25 priority countries for MCH.

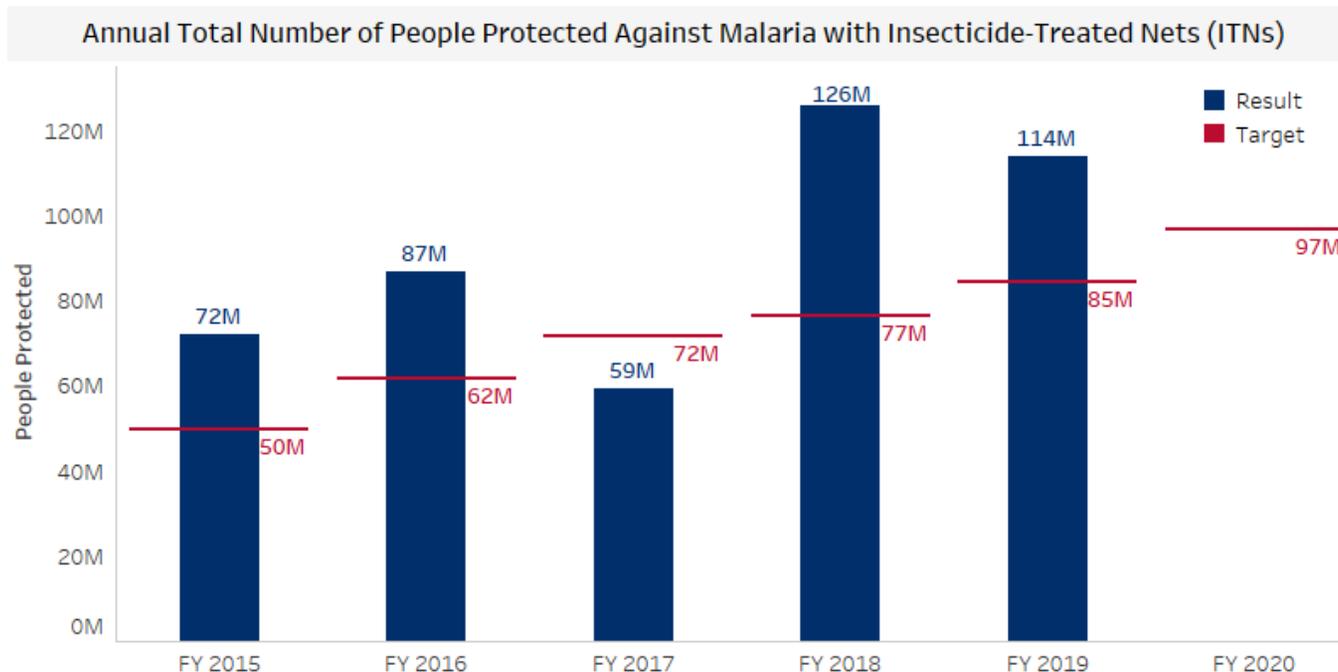
# Key Indicators and Milestones

## 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 and the Bill and Melinda Gates Foundation, 22 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.



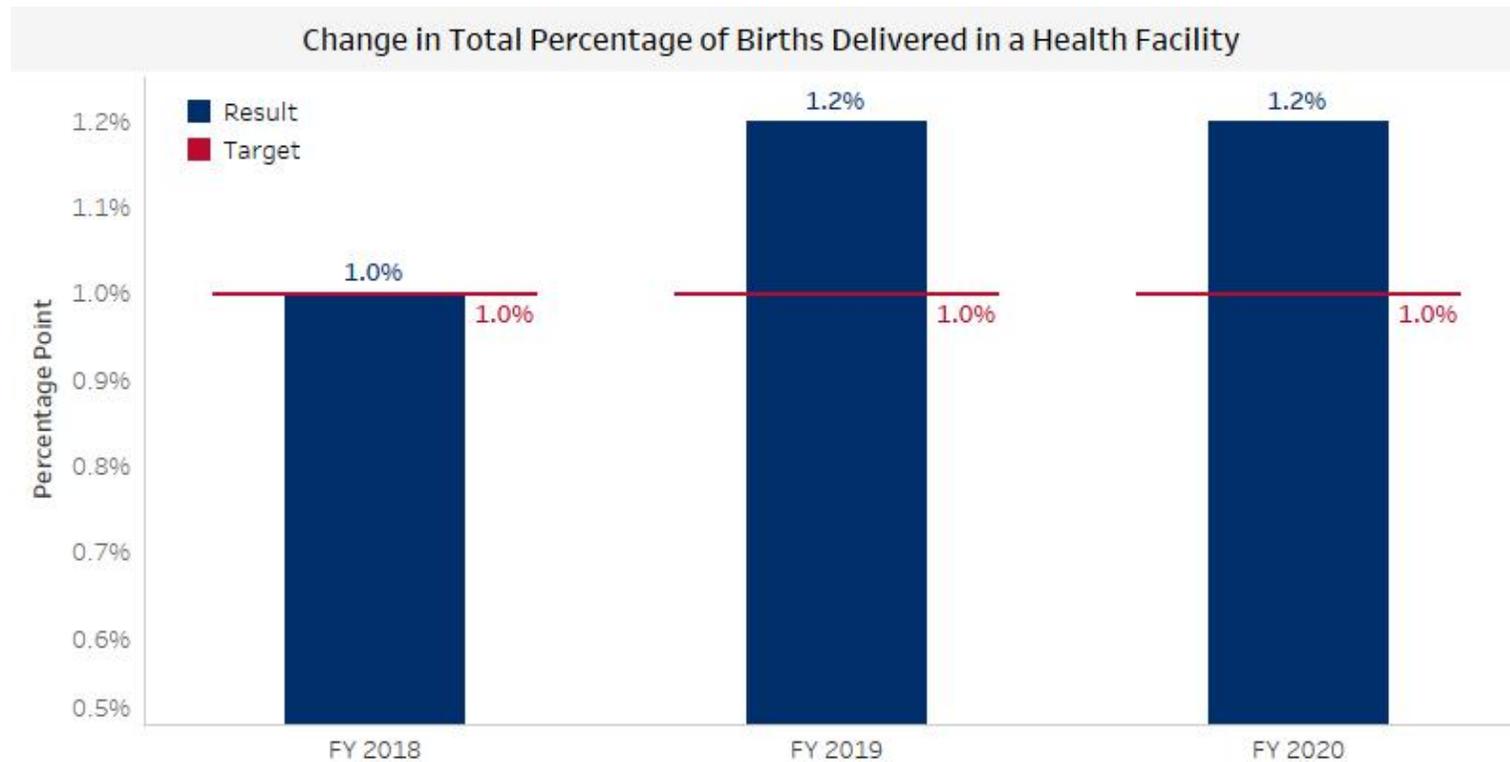
<sup>6</sup> Graph includes data for the 24 priority PMI countries and one sub-region.

# 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.



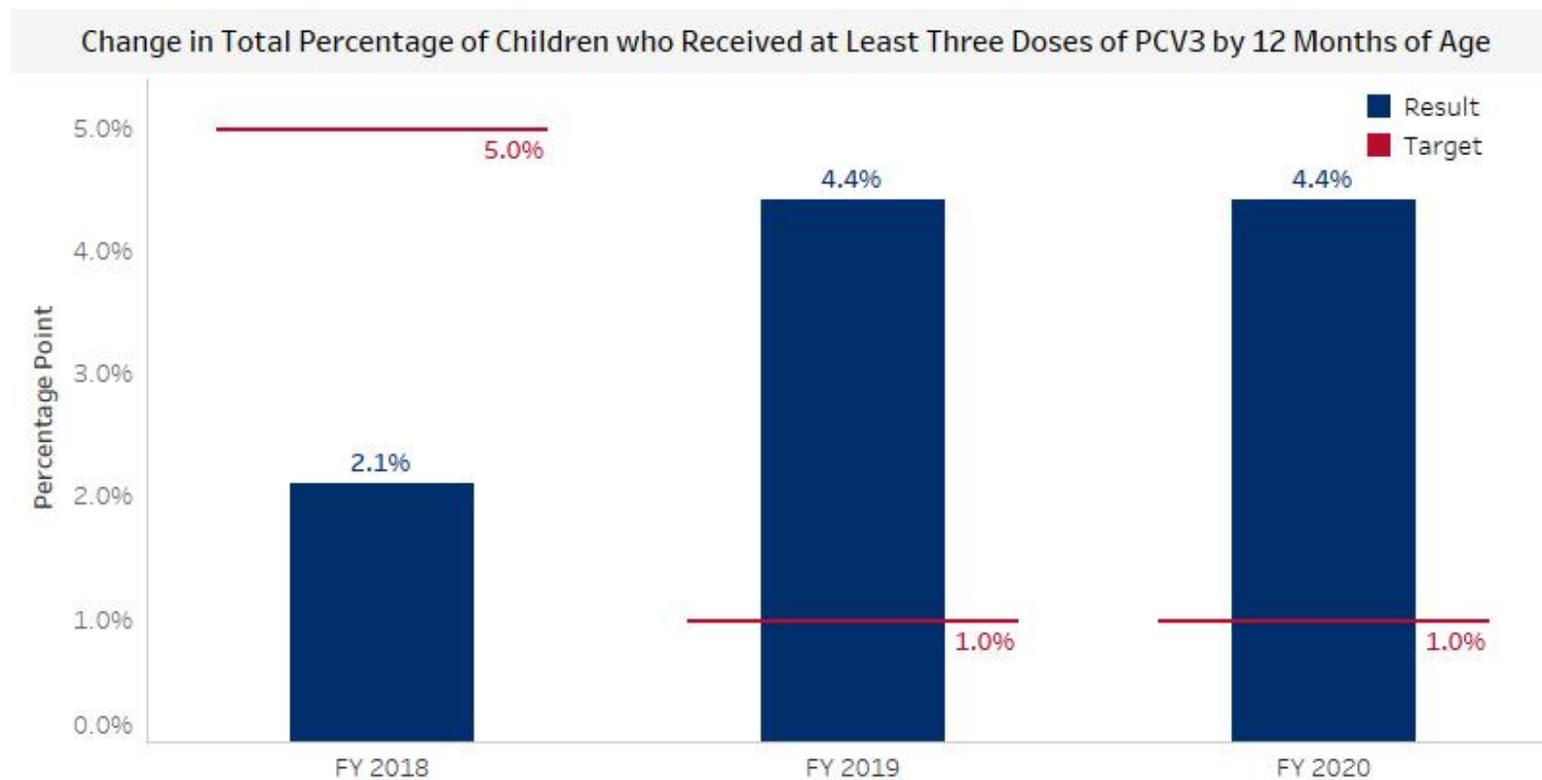
<sup>7</sup> Data Source: National DHS and MICS surveys

<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.

# Key Indicators and Milestones

## Absolute Change in Total Percentage of Children Who Received at Least Three Doses of Pneumococcal Vaccine (PCV3)<sup>9</sup> by 12 Months of Age across 25 MCH Priority Countries<sup>10</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>11</sup>



<sup>9</sup> Data Source: World Health Organization (WHO)/United Nations Children's Fund (UNICEF)

<sup>10</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.

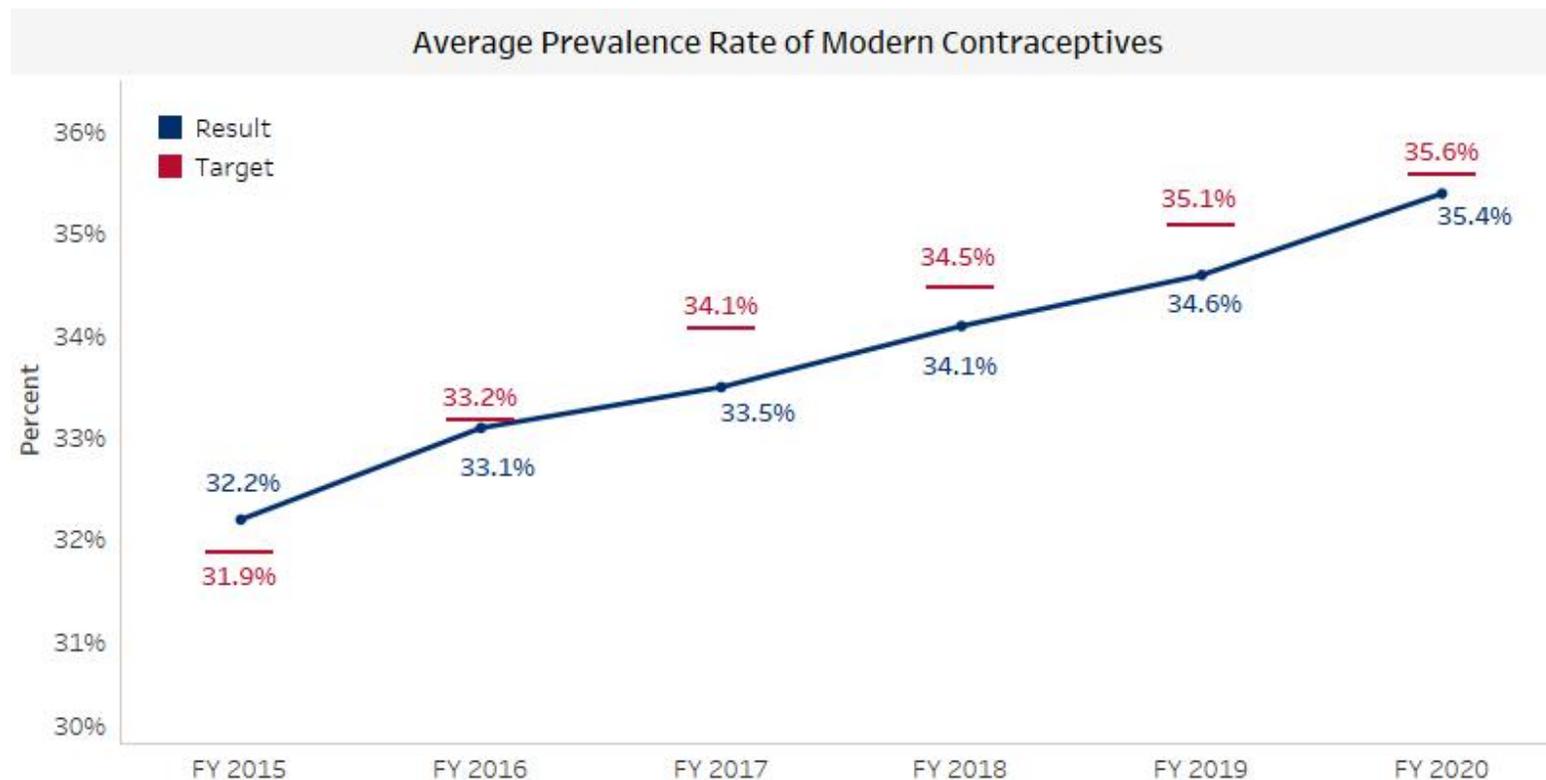
<sup>11</sup> The graph includes data for USAID's 25 priority countries for MCH.

# Key Indicators and Milestones

## Annual Indicator:

### Absolute change in the prevalence rate of modern contraceptives <sup>12</sup>

- Increased use of contraception leads to decreased unintended pregnancies and slows population growth over time. The Prevalence Rate of Modern Contraceptives (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.



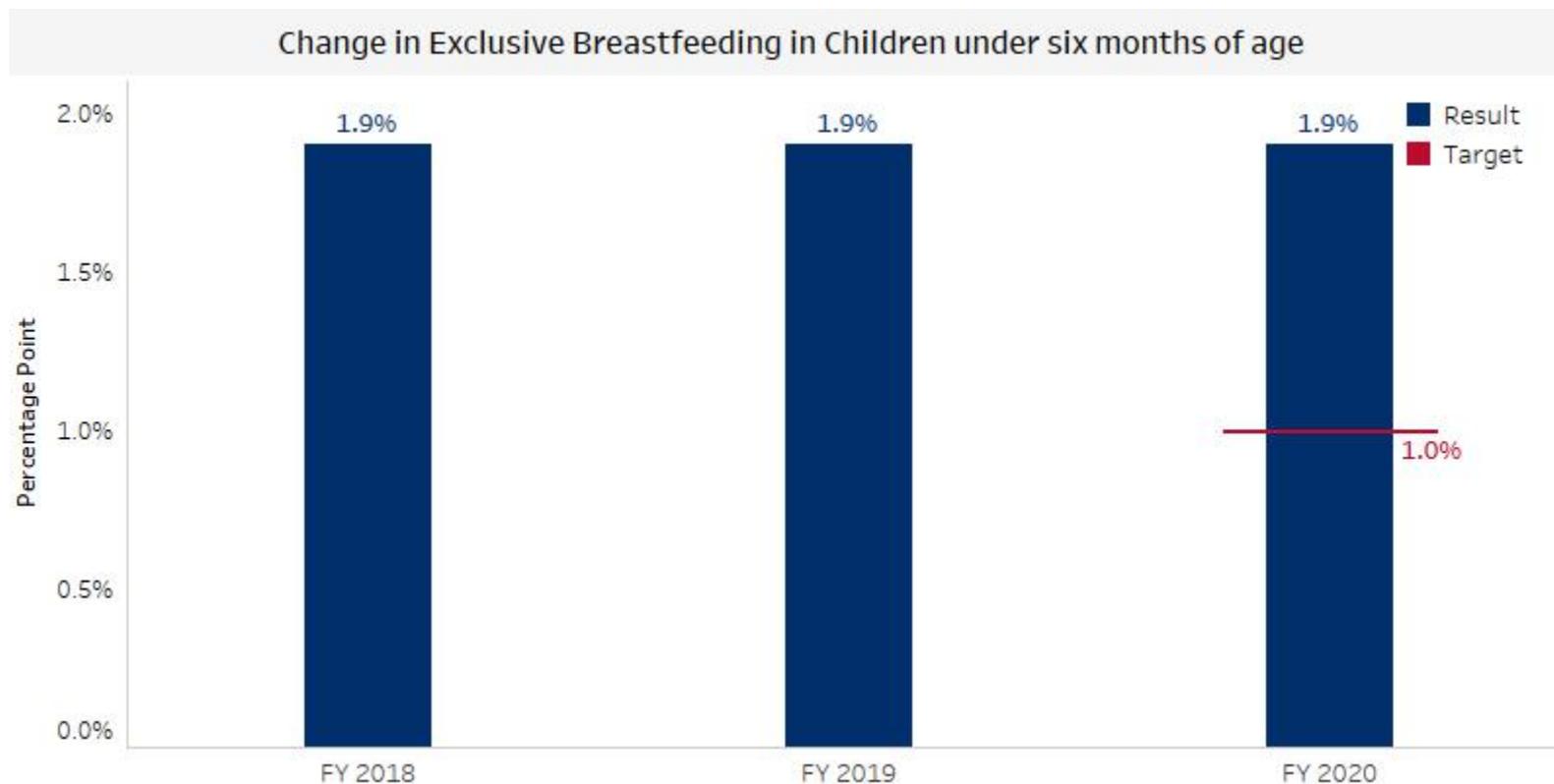
<sup>12</sup> The graph includes data for the year-to-year absolute change in USAID’s 24 priority countries for voluntary family planning and reproductive health.

# Key Indicators and Milestones

## 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>13</sup>



## Quarterly Indicators:

<sup>13</sup> This is a new indicator for the APG cycle for FY 2020-FY 2021. 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.

# Key Indicators and Milestones

## 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 reports data from Q3 in Q4.

Percent of Shipments of **Contraceptive Commodities** that are **on time** across FP/PRH Priority Countries



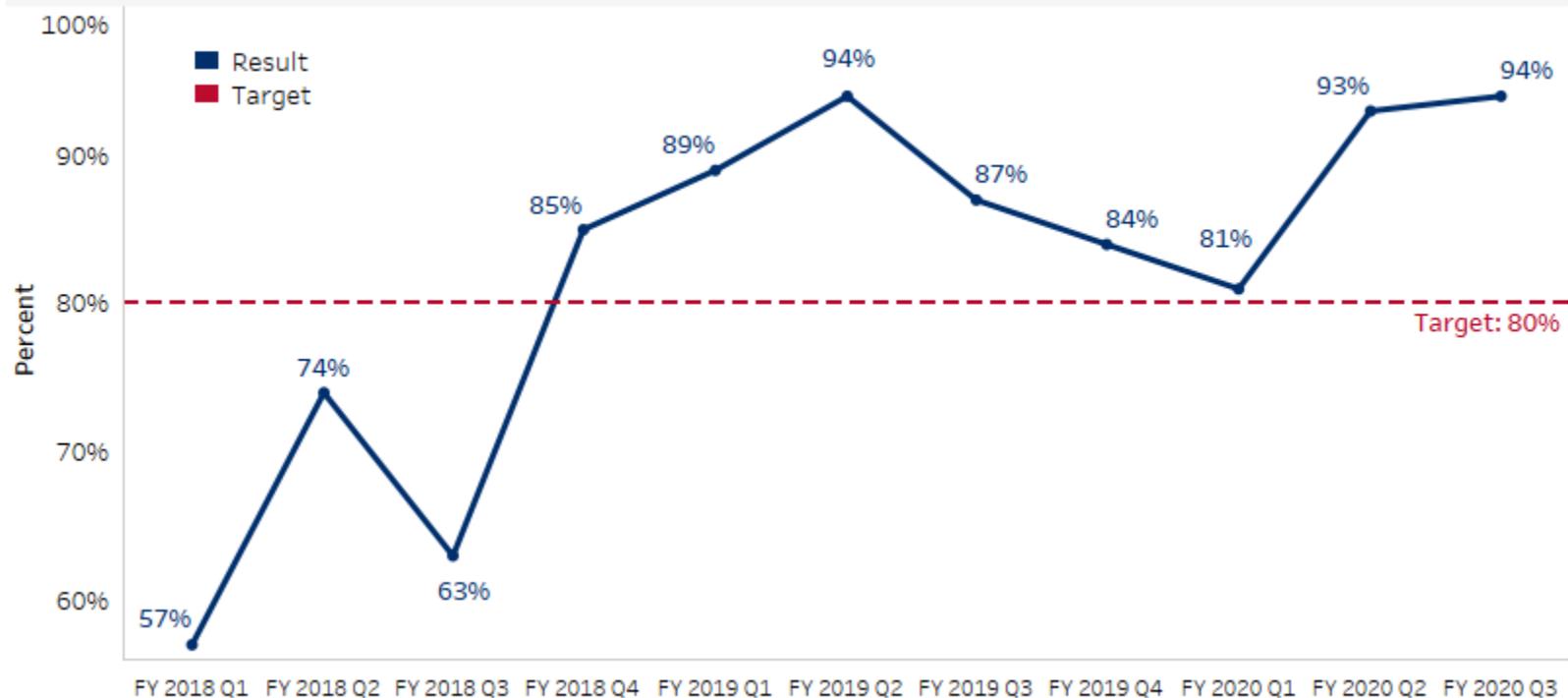
# Key Indicators and Milestones

## Quarterly Indicators:

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Percent of Shipments of **Contraceptive Commodities** that are **on time and in full** across FP/PRH 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	97	
<i>Quarterly:</i> Percent of shipments of contraceptive commodities that are on time and in full	80	80	80	80	81	93	94	
<i>Annual:</i> Absolute change in the rate of under-five mortality (decrease per 1,000 live births)	-2				-1.8			
<i>Annual:</i> Absolute change in the prevalence rate of modern contraceptives	+1 percentage points				+0.8 percentage points			
<i>Annual:</i> Annual total number of people protected against malaria with insecticide-treated nets	97 Million				To be reported in 2021 Q1			
<i>Annual:</i> Absolute change in the total percentage of births delivered in a health facility	+1 percentage points				+1.2 percentage points			
<i>Annual:</i> Absolute change in the total percentage of children who received at least three doses of pneumococcal vaccine by 12 months of age	+1 percentage points				+4.4 percentage points			
<i>Annual:</i> Absolute change in the rate of exclusive breastfeeding among children under six months of age	+1 percentage points				+1.9 percentage points			

# 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 the total percentage of births delivered in a health facility	+1							
<i>Annual:</i> Absolute change in the 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							

While GH has retained the same targets set in prior years, we expect some deviation from target to occur because of interruptions in programs related to COVID-19.

# 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 <a href="#">Acting on the Call Report</a> for 2020 on July 14, 2020.
Conduct review of Health Implementation and Operational Plans (OPs) for 25 U.S. Government priority countries for maternal and child health (MCH).	Fourth Quarter (Q4) 2020	Delayed	GH has conducted reviews of OPs for 23 MCH priority countries. The Mali OP was delayed because of changes in leadership within the country, and GH will review it in a future quarter. Yemen did not receive any health funds during FY 2020, so GH did not review this OP this year. Given the timing of the FY 2020 OP launch, not all the HIPs were available for review as of the end of Q4 of 2020. Projected completion date is Q2 of FY 2021.

# Key Indicators and Milestones

## 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

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

## Contributing Programs:

### Organizations:

- o USAID's partners: Bureaus for Food Security; Economic Growth, Education, and the Environment and the Global Development Lab (now part of the Bureau for Development, Democracy, and Innovation); Humanitarian Assistance; and Policy, Planning, and Learning; the Regional Bureaus; and others as necessary and appropriate.
- o Interagency partners: The U.S. Departments of State, the Treasury, Defense, Commerce, Agriculture, Health and Human Services (including the Centers for Disease Control and Prevention), 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.