ACTING ON THE CALL

ending preventable child and maternal deaths

JUNE 2015

Cover Photo: Thomas Cristofoletti

FOREWORD

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Child and Maternal Survival Coordinator

This is an historic time in the advancement of public health.

The world has enthusiastically responded to the mission of ensuring the survival of society's most vulnerable members. Children are surviving at a rate never seen before, and fewer women are dying during the prime of their lives due to complications from pregnancy and childbirth. Increasingly, developing countries with growing economies are investing more in health spending, helping bridge the gap in life expectancy between poor and rich nations with support from an energized global health community. The results are heartening. Around the globe, 17,000 more children will live and 650 more mothers will survive childbirth every day this year than in each day in 1990.

We must now build on that progress and end preventable child and maternal deaths for good. No family should lose a child in the first days of life. No child should lose their mother during delivery. And for those mothers and babies who survive the birthing process, none should suffer the dire consequences of malnutrition, or suffer infections and diseases that we know how to prevent and treat.

With that in mind, the world rallied behind the Child Survival *Call to Action* in 2012, determined to end preventable child deaths within a generation. The mission was later expanded to include maternal mortality. To help meet this ambitious goal, the world reconvened in 2014 around *Acting on the Call,* a United States Agency for International Development-led initiative that specified results-oriented action plans for two dozen countries. Together, these high priority countries account for 70% of all child and maternal deaths. This year, as the Millennium Development Goals give way to the Sustainable Development Goals, we present this report to demonstrate our progress, hold ourselves accountable, and recommit to doing what is needed to meet these targets.

Ending preventable child and maternal deaths is a bold vision. There are countries which are making incredible strides. India, for instance, now has more than 750 facilities in 264 districts across 11 states that offer postpartum family planning services for new mothers — up from 34 facilities in 26 districts in 2010. Reaching women soon after they give birth helps prevent rapid, repeat pregnancies that can expose mothers to life-threatening complications. Bangladesh also stands out as a "best performer" by several measures. The number of women attending four or more antenatal visits in that country jumped to 31% last year from 25% in 2011. Meanwhile, the share of births taking place in a health facility rose to 37% from 29% in that time frame; and the share of births attended by a skilled specialist climbed to 42% from 32%. Despite this high achievement, not all of Bangladesh's outcomes exceed expectations. Although stunting decreased from 41% to 36%, exclusive breastfeeding of up to six months, although still relatively high at 55%, decreased from 64%. Additionally, facility deliveries remain lower than would be indicated given that maternal deaths have declined significantly. Looking into this, we find that reductions in the total fertility rate (TFR), strong investment in community-based programs, promotion of research and in-country capacity for research and innovation, promotion of NGO programs, and support and partnership of the national governments contribute to success.[1]

In other countries, we still have work to do to scale up interventions as well as these enabling factors. Around the globe, 17,000 children under the age of five and 800 mothers die each day. Where we are on track, we continue to push forward to accelerate our progress. Where we are not on track, we review what is not working and push forward to chart a more effective course of action. The past year has demonstrated the power of data, and we will use it to hold ourselves and our partner countries accountable.

While maternal and child survival is enjoying an unprecedented level of support, there is a significant funding gap to end preventable child and maternal deaths by 2030. To address this gap, the World Bank and several partners have come together to establish this year a Global Financing Facility for *Every Woman Every Child* that will leverage domestic resources, private capital and results-based financing to accelerate and sustain progress in priority countries.

The world has come together under the banner of ending preventable child and maternal deaths — eager to improve health services in some of the world's poorest communities, and help governments focus their spending on the most pressing health needs. The ultimate goal is to make sure that children live to celebrate their fifth birthdays, and that their mothers live to see them grow.

ACTING ON THE CALL:

Ending Preventable Child and Maternal Deaths Report
June 2015

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Photo: Amy Fowler/USAID

ACRONYMS

AMTSL Active Management of the Third Stage of Labor

ANC Antenatal Care

AOTC Acting on the Call

BEMOC/BEmONC Basic Emergency Obstetric Care/ Basic Emergency Obstetric and Newborn Care

CHW/FCHV Community Health Worker, Female Community Health Volunteer

CHX Chlorhexidine

CIP Costed Implementation Plan

DfID Department for International Development (UK)

DHS Demographic and Health Survey

DTP Diphtheria, Tetanus, Pertussis vaccine

Dx and Tx Detection and Treatment

ENC Essential Newborn Care

EPCMD End(ing) Preventable Child and Maternal Deaths

EPMM End(ing) preventable maternal mortality

EPI Expanded Program on Immunizations

EWEC Every Woman, Every Child

FANC Focused Antenatal Care

FP Family Planning

FP2020 Family Planning 2020

GAIN Global Alliance for Improved Nutrition

GO$ Government of [country name]

GVAP Global Vaccine Action Plan

HBB Helping Babies Breathe

HEP Health Extension Program

HEW Health Extension Worker

HIV Human Immunodeficiency Virus

HPV Human Papilloma Virus

HSS Health Systems Strengthening

iCCM Integrated Community Case Management

ICN2 Second International Conference on Nutrition

IDB International Database

IGME Interagency Group for Child Mortality Estimation

IMCI Integrated Management of Childhood Illness

IPTp Intermittent Preventive Therapy during pregnancy

ITN Insecticide-Treated Net

KMC Kangaroo Mother Care

LARC Long Acting Reversible Contraception

LBW Low Birth Weight

LiST Lives Saved Tool

LMICs Lower and Middle Income Countries

MAMA Mobile Alliance for Maternal Action

MCH/MNCH/RMNCH+A Maternal and Child Health, Maternal, Newborn and Child Health, Reproductive, Maternal, Newborn and Child Health plus Adolescents

MDGs Millennium Development Goals

MGSO4 Magnesium Sulfate

MICS Multiple Indicator Cluster Surveys

MMR Maternal Mortality Ratio

MOU Memorandum of Understanding

NFM New Funding Mechanism

NGO Non-Governmental Organization

OECD Organization for Economic Cooperation and Development

PBF Performance Based Financing

PBI Performance Based Incentive

PMI President's Malaria Initiative

PMNCH Partnership for Maternal, Newborn, and Child Health

PMTCT Prevention of Mother to Child Transmission

PPFP Post Partum Family Planning

PPH Post Partum Hemorrhage

PROM Premature Rupture of Membranes

SBCC Social and Behavior Change Communication

SDGs Sustainable Development Goals

SHA System of Health Accounts

SMGL Saving Mothers, Giving Life

SUN Scaling Up Nutrition

TT Tetanus Toxoid

TFR Total Fertility Rate

UNFPA United Nations Population Fund

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

INTRODUCTION
ACTING ON THE CALL: YEAR ONE REPORT

Soon after President Obama took office in 2009, USAID accelerated its efforts to curb the number of mothers and children who die each day in some of the world's most impoverished countries. Improved access to vaccinations, breastfeeding, diarrhea treatment, handwashing, and other basic interventions can improve health and nutrition to save millions of lives in areas with an outsized share of the world's maternal and child deaths.

Leveraging USAID's expertise, the United States Government (USG) has invested over $15 billion since 2009 in a series of innovative measures designed to accelerate reductions in mortality rates, working closely with countries and partners. To date, the commitment has helped spare the lives of 2.4 million children and almost 200,000 mothers in two dozen countries with high mortality rates. Since 2009, the death rate dropped 3.9% a year for children under age five in those countries, and 3.5% a year for mothers. This decline marks an acceleration from the 1990 through 2008 period, when the same countries collectively reported annual reduction rates of 3% for under-five mortality and 3.3% for maternal mortality. With continued progress in this direction, the global community's ambitious goal of ending preventable child and maternal deaths (EPCMD) within a generation is achievable.

Now, sustaining our momentum is paramount. Slashing the death toll does more than alleviate needless human suffering. The survival of mothers and children contributes to the economic stability of families and, by extension, the productivity of their communities and the global economy at large. Recognizing this fundamental connection, the world came together in June 2012 at the Child Survival *Call to Action,* and pledged to end preventable child and maternal deaths in a generation. Two years later, determined to accelerate the initiative's progress, USAID unveiled a roadmap outlining how it plans to help 24 high priority countries meet a 2035 target date for this goal. This effort — *Acting on the Call: ending preventable child and maternal deaths* (AOTC) — uses the Lives Saved Tool (LiST) to model which high-impact interventions will yield the most significant results in terms of contribution to lives saved by 2020 on a country-by-country basis. Speeding up adoption of the highest impact interventions could save 15 million children and 600,000 mothers through 2020. This report chronicles the progress made since USAID launched the roadmap a year ago and provides additional detail on the roadmap for saving maternal lives.

Pathways to success often include forming new partnerships and strengthening existing ones, as well as using the best science available to determine the most high-impact, life-saving strategies. Reining in costs,

BUILDING ON PROGRESS: KENYA'S COMMITMENT TO ENDING PREVENTABLE CHILD AND MATERNAL DEATHS

In Kenya, mortality rates for children under age five have dropped by 30% from 72 to 54 per 1,000 live births since 2009, according to the most recent Demographic and Health Survey (DHS). To build on its progress, the Government of Kenya has committed to providing free maternity services throughout the country, and in 2014 Kenya's First Lady launched the "Beyond Zero" campaign to mobilize additional resources towards ending preventable child and maternal deaths. Through the Ministry of Health's technical working groups and various inter-agency meetings, key development partners align their investments to reduce duplication of efforts and increase efficient use of resources. Those partners include: the UK Department for International Development (DfID), the United Nations Population Fund (UNFPA), and the United Nations Children's Fund (UNICEF). In addition, Kenya has invested in high-impact, life-saving interventions, such as use of insecticide-treated nets (ITN) to protect children from malaria. As Kenya's experience shows, strong government commitment, implementation of appropriate policies and alignment of resources are important approaches for reducing child and maternal deaths.


Photo: Amy Fowler/USAID

measuring progress and responding to changing impact data is also essential. All of this is made possible by identifying the resources needed — both domestic and international — to run programs, build capacity, and train the necessary health workers.

USAID's AOTC roadmap is informed by the documented successes of countries that have adopted effective interventions, and buoyed by the momentum to reach the Millennium Development Goals (MDGs) and preparation for the upcoming Sustainable Development Goals (SDGs). USG contributions to global efforts are demonstrated in the millions of child and maternal lives saved during the past six years. In USAID's 24 priority countries, 770,000 more children survived and 35,000 more maternal deaths were averted in 2013 alone, compared to 2008.

Similar achievements have been made in the quest to reduce the number of babies who die in the first 28 days of life. The two dozen priority countries have decreased newborn deaths at a faster pace than the world as a whole (3.05% annual rate of reduction per year in USAID priority countries vs. 2.88% globally from 2000–2013). Despite this success, neonatal mortality still accounts for nearly half of the deaths among children under five-years old — and USAID's priority countries contributed more than two-thirds of those deaths in 2013. Ensuring that babies survive those first days of life remains a top priority for *Acting on the Call.*

Vaccines are another critical life-saving intervention. Recently, six of the 24 priority countries reached the important Global Vaccine Action Plan (GVAP) milestone of maintained coverage for three consecutive years of more than 90% of children receiving their third dose of the diphtheria, tetanus, pertussis (DTP) vaccine. Achieving timely coverage of all three doses required for the DTP vaccine is a standard indicator of the strength of the routine immunization system. By last year, many of the 24 priority countries had adopted new and under-utilized vaccines into their routine immunization systems: 17 introduced pneumococcal vaccine, 13 introduced rotavirus vaccines, and 12 introduced a second dose of measles vaccine in the second year of life. Current efforts focus on establishing the systems and ground work needed to introduce these vaccines in all 24 countries.

Under-nutrition contributes to almost half of all the deaths of children under five by undermining all aspects of their health and development. A stunted child is 4.6 times more likely to die from

infectious diseases compared to a non-stunted child. The problem is difficult to tackle because many factors from health to agriculture and overall development influence stunting. Yet, USAID and the Feed the Future Initiative worked together and reduced stunting by nearly 2% in 19 nutrition focus countries that are part of the Feed the Future Initiative from 2013 to 2014. Under-nutrition also poses grave risks for pregnant women, increasing their chances of maternal anemia, which is associated with 20% of maternal deaths globally and contributes to adverse birth outcomes, including premature birth and low birth weight. Last year, USAID helped nutrition priority countries decrease maternal anemia by close to 3%.

Improvements in water, sanitation, and hygiene (WASH) have significant health impacts as well. The four proven high-impact WASH interventions — improved water supply, hygienic drinking water storage, safe feces disposal, and hand washing with soap can dramatically reduce childhood diarrhea, a leading post-neonatal killer. These interventions also help health facilities control infections, including maternal and neonatal sepsis, which are leading causes of maternal and newborn mortality. Last year, 16 of USAID's 24 priority countries expanded access to sanitation using best practices such as Community–Led Total Sanitation and sanitation marketing. Twenty priority countries have programs that highlight point-of-use water treatment and hand washing with soap.

Family planning continues to drive down both maternal and child mortality by enabling families to achieve healthy timing and spacing of births. Countries are advancing toward the global goal of meeting 75% of demand for modern contraceptive methods. Currently, half of the priority countries have reached 50%, and six of these are meeting more than 60% of family planning demand. This is due, in part, to progress in expanding access to family planning services. An annual one percentage point increase in modern contraceptive method use means that out of every 100 women, one more is using a modern contraceptive. Across a population, a one percent annual increase in modern contraceptive method use is the standard for good program performance and indicates rapid progress. Thirteen of the priority countries have achieved an annual increase in modern contraceptive method use greater than one percentage point and, of these, six have recorded an annual rate of increase greater than two percentage points (Rwanda, Kenya, Madagascar, Ethiopia, Zambia, and Senegal).

With results such as these, the goal of ending preventable child and maternal deaths is not only possible, but an historic opportunity to transform the world in a generation.

DEPARTMENT OF STATE AND USAID	**2009** Fiscal Year	**2010** Fiscal Year	**2011** Fiscal Year	**2012** Fiscal Year	**2013** Fiscal Year	**2014** Fiscal Year	**2015** Fiscal Year	**Total**
($ MILLIONS)	**7,741**	**8,477**	**8,279**	**8,608**	**8,420**	**8,826**	**9,277**	**59,620**
ENDING PREVENTABLE CHILD AND MATERNAL DEATHS	1,736	2,206	2,183	2,285	2,262	2,398	2,534	15,604
CREATING AN AIDS FREE GENERATION	5,609	5,713	5,684	5,893	5,773	6,000	6,000	40,672
PROTECTING COMMUNITIES FROM INFECTIOUS DISEASES	396	558	413	430	385	428	734	3,344

Photo: Amy Fowler/USAID

Photo: Thomas Cristofoletti

TRACKING PROGRESS AND RESPONDING TO EVIDENCE:

The following pages illustrate on a country-by-country basis how USAID is making good on the commitments outlined in the 2014 *Acting on the Call* report. In order to reach our goals we must track and monitor progress closely and adjust programs as necessary.

The *Acting on the Call: ending preventable child and maternal deaths* (USAID, June 2014[2]) roadmap serves as the benchmark against which we review country progress. As new data becomes available, results are compared against our modeled estimates to identify challenges in meeting AOTC targets. We use these results to help determine what more can be done to accelerate progress in these areas.

USAID has also developed a series of management dashboards to review and evaluate programmatic data. These data enable us to understand which interventions are being supported by USAID in a country, and at what scale. They help us track the interactions that USAID has with other partners and donors, including the country governments. The choices around which interventions to support and which areas to work in are often a result of these broader coordination efforts.

Finally, over the past year, USAID has worked to better understand the interventions that have the most impact on maternal and newborn lives. Newborn deaths represent an increasingly high share of all under-five deaths both globally and in USAID's 24 priority countries. Likewise, maternal mortality remains stubbornly high in many of the priority countries. While we know the interventions that save maternal lives, for some we do not have enough data on their use in the field, which makes it difficult to model their potential impact, despite demonstrated effectiveness. Understanding where information exists and where it is lacking can be an important tool in strengthening programs.

One thing we do know is that increasing the availability of and access to higher-level services benefits both women and their babies. USAID must continue to promote universal coverage of these services and push for increased availability of and access to more comprehensive services.

Reducing missed opportunities to provide services is important to advancing coverage and quality. For example, when a mother brings her new baby to a health facility to get immunized, she should also be referred to family planning services, and receive counseling on breastfeeding or complementary feeding if the child is over six months, as appropriate. Deliberately integrating key high-impact services where feasible will reduce these missed opportunities. Examining differential intervention coverage at sub-national level allows the identification of programming opportunities for integrated delivery of high impact interventions. For example, if routine immunization services are effective but family planning uptake is low, then increasing referrals at the point of immunization service delivery may help accelerate uptake of contraceptive use. Likewise, if both exclusive breastfeeding and immunization are low in some areas, this may indicate the need to redouble outreach efforts in those regions through community health workers (CHWs).

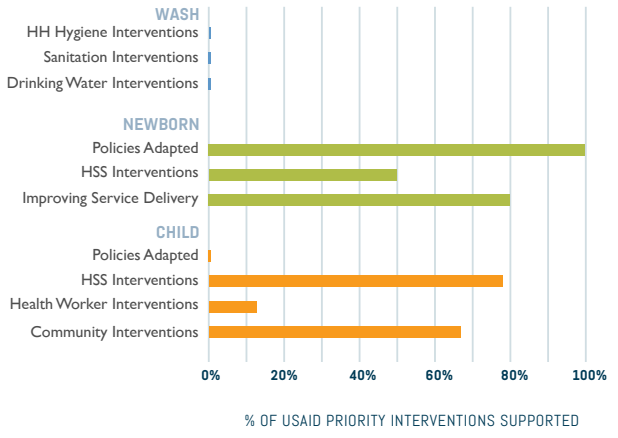
On these pages we provide an update on USAID efforts to track and sharpen progress on child lives saved based on new data and/or management analysis, and we highlight how we have responded to the available data. The best performer models for potential lives saved are ambitious projections, yet it is still important to aim high and understand our progress against these ambitions. We also recognize that in already high performing countries (e.g., Bangladesh), significant changes become less feasible on an annual basis.

The following pages also provide new visualizations for sharpening maternal and newborn interventions. Building on the "best performer" analysis[3] presented for child health interventions in the *Acting on the Call* report last year, we have broken down the maternal lives saved by key intervention. Our goal is to better understand how to galvanize local communities around the push to reduce maternal mortality, ensure that health services provide respectful and quality care to mothers, and align services so that they are available to all women who need them.

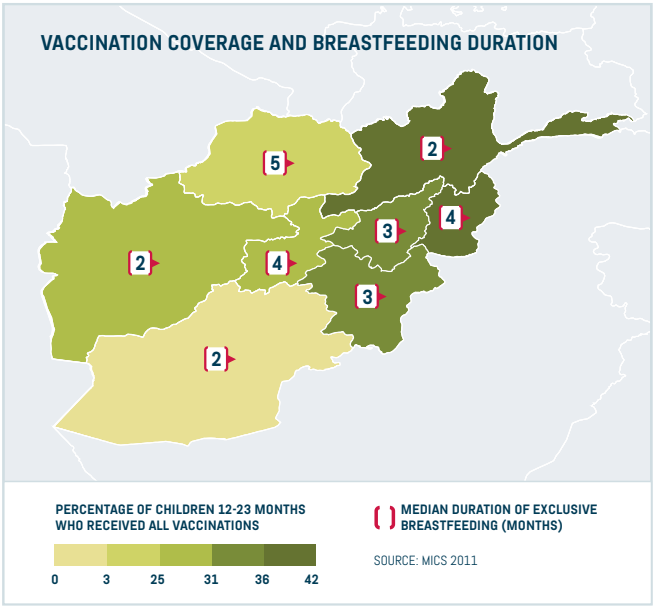
AFGHANISTAN

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↑	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	13.5M	2.6M	96K	176	739K	1,300
2013	31.1M	5M	100K	97	1M	400

IMPLEMENTATION OF HIGH IMPACT INTERVENTIONS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

In Afghanistan, USAID has prioritized child health interventions given that the opportunities to save lives are greatest in this area. Due to country context, it is appropriate to emphasize support to fewer key interventions at a time so that we can focus on solid implementation. Given the importance of utilizing data to monitor and improve services, USAID will support the government to institutionalize tools, such as the accountably framework scorecard for reproductive, maternal, newborn and child health (RMNCH) to identify high performing provinces and districts and promote lessons learned across the country. Promising practices will be shared and promoted to improve low-performing districts.

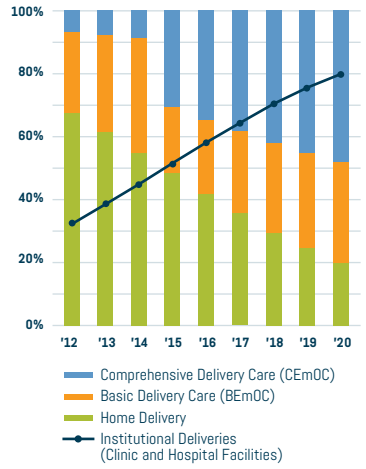
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Afghanistan and other partners we have:

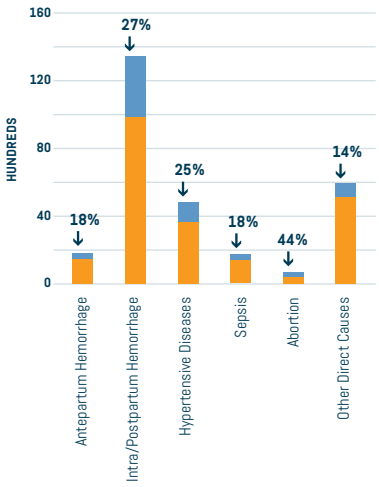
- Introduced pneumococcal vaccine and integrated it into the nationwide Expanded Program of Immunization.
- Approved scale up of self-administration of misoprostol after delivery to prevent postpartum hemorrhage.
- Introduced iron folate supplementation for adolescent girls via collaboration with UNICEF.
- Kicked-off Afghanistan's first ever Demographic Health Survey.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED

● = Perinatal/Neonatal Deaths Averted

● = Maternal Deaths Averted

ANTEPARTUM

- 34% Multiple Micronutrient Suppl. (inc. Iron Folate) ● 830
- Balanced Energy Supplement ● 1440
- 3% Calcium Supplementation ● 10
- **DATA UNAVAILABLE**: Post Abortion Case Mngmt.; Ectopic Pregnancy Case Mngmt.; Folic Acid Fortification

ANTENATAL CARE 56%

- 76% TT Vaccination ● 2080 ● 10
- 28% Syphilis Dx and Tx ● 140
- 2% HIV Dx and Tx
- 3%
  - Pre-eclampsia Dx and Tx (Use of MgSO4)
  - Malaria Case Mngmt.
  - Diabetes Case Mngmt.
  - Fetal Growth Restriction Dx and Mngmt. ● 280 ● 40

INTRAPARTUM

- 60% Antibiotics for PROM ● 1420 ● 90
- 71% Clean Birth Practices ● 3860 ● 230
- 87% Other Labor and Delivery Mngmt. (Normal and Complications) ● 40,330 ● 3500
- 60% Mngmt. of Severe Eclampsia (Use of MgSO4) ● 580
- 10% Induction of Labor at 41+ Weeks ● 280

POSTPARTUM

- 60% Uterotonics/AMTSL ● 1850
- **DATA UNAVAILABLE**: Maternal Sepsis Case Mngmt.; Mngmt of Severe Pre-eclampsia/ Eclampsia; Late Postpartum Case Mngmt.; Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

- 69% Contraceptive Use ● 300

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Improve essential newborn care by building capacity of the Ministry of Public Health (MoPH), NGOs and professional associations such as the Afghanistan Midwife Association, implementing Kangaroo Mother Care and Helping Babies Breathe, along with practices such as initiation of breastfeeding within one hour of birth and delayed cord clamping.

ADVANCING QUALITY, RESPECTFUL CARE

- Increase availability of long acting methods for post-partum family planning, post-abortion care, and counseling provided by community health workers (CHWs) and health facility staff.
- Roll-out of the prophylactic use of misoprostol at the community level for postpartum hemorrhage (PPH).

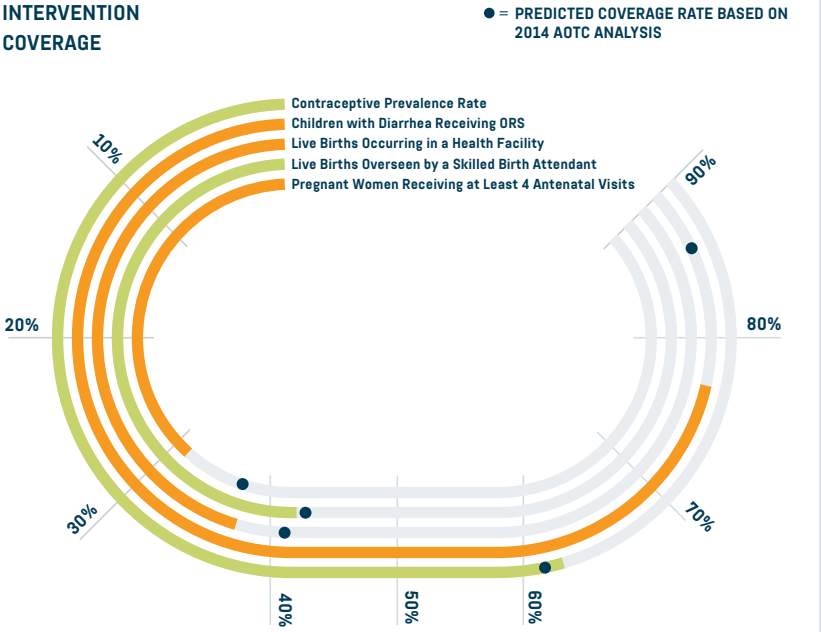
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Assist the government to develop its new strategic plan, focusing on scaling-up high impact interventions and increasing access to services.
- Assist the MoPH to monitor services provided by contracted NGOs to ensure quality and strengthen accountability.

BANGLADESH

	Total Population ↑	Population Under 5 Years ↓	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↓	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	112M	17.8M	531K	143	4M	800
2013	163.6M	17.3M	129K	41	3M	170

INTERVENTION COVERAGE



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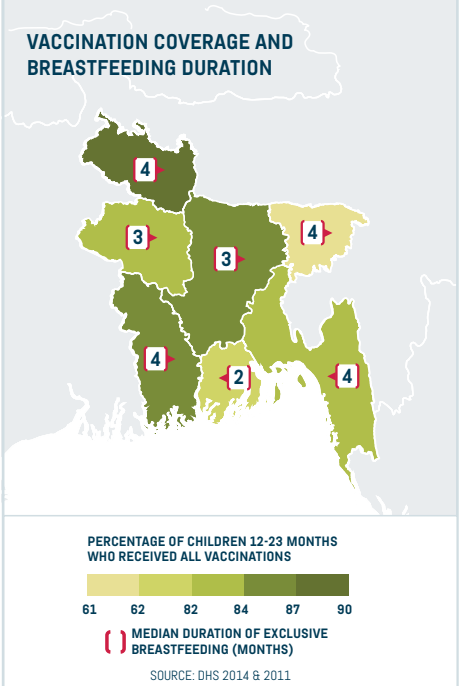


USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

Bangladesh has achieved and sustained dramatic reductions in both child and maternal mortality over the past few decades due to a high level of government commitment along with strong programs. Despite this significant and rapid rate of progress, indicators reported in the 2014 DHS for antenatal care, health facility delivery, and oral rehydration solution (ORS) are behind modeled results expected for 2014 based on LiST projections.

Importantly, the coverage of key interventions such as the percent of children with diarrhea given ORS remains high at 77%. Through public, NGO, and private sector programs, the country has continued to promote the use of oral rehydration therapy (ORT) for diarrhea.

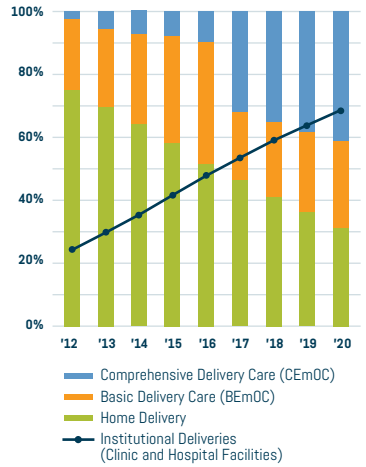
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Bangladesh and other partners we have:

- Introduced pneumococcal and injectable polio vaccines.
- Scaled up chlorhexidine cord cleansing and rolled-out simplified antibiotic regimens for newborn sepsis and other high impact newborn practices in three districts.
- Developed national guidelines on Kangaroo Mother Care and set up Kangaroo Mother Care units in six facilities.
- Introduced perinatal death audit in 4 sub-districts to understand and address the causes of perinatal death.
- Marketed the injectable contraceptive Sayana Press based on testing of over 2,000 non-formal community health care providers who were engaged in Sayana Press administration.
- Established a training institute for LARCs/PMs after engaging the Obstetrics and Gynecology Society of Bangladesh in service delivery and advocacy for LARC/PMs.
- Led the development of a common nutrition agenda for donors and development partners that establishes a clear framework and programmatic objectives to support the Government of Bangladesh's efforts to improve nutrition.
- Improved infant and young child feeding practices and hygiene for 1,000-day mothers and children, including targeted interpersonal counseling, community-level behavior change communication, mass media, and clinic-based nutrition counseling.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



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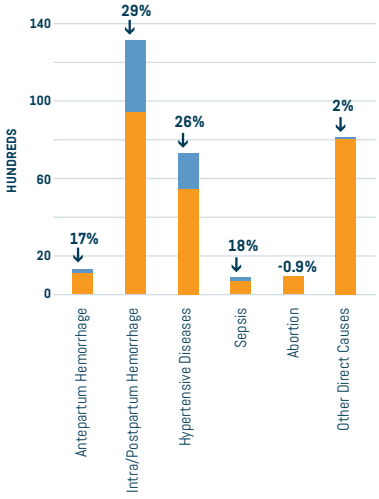


LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
= Perinatal/Neonatal Deaths Averted
= Maternal Deaths Averted

ANTEPARTUM

- 34% Multiple Micronutrient Suppl. (inc. Iron Folate) — 2120
- Balanced Energy Supplement — 3300
- 4% Calcium Supplementation — 20
- DATA UNAVAILABLE: Post Abortion Case Mngmt. • Ectopic Pregnancy Case Mngmt. • Folic Acid Fortification

ANTENATAL CARE 75%

- 100% TT Vaccination — 1950 / 40
- 37% Syphilis Dx and Tx — 11,020
- 33% HIV Dx and Tx
- 4%
  - Pre-eclampsia Dx and Tx (Use of MgSO4)
  - Malaria Case Mngmt.
  - Diabetes Case Mngmt.
  - Fetal Growth Restriction Dx and Mngmt. — 1100 / 100

INTRAPARTUM

- 51% Antibiotics for PROM — 4300 / 50
- 63% Clean Birth Practices — 8320 / 107
- 79% Other Labor and Delivery Mngmt. (Normal and Complications) — 101,260 / 2870
- 51% Mngmt. of Severe Eclampsia (Use of MgSO4) — 970
- 8% Induction of Labor at 41+ Weeks — 760

POSTPARTUM

- 51% Uterotonics/AMTSL — 1990
- DATA UNAVAILABLE: Maternal Sepsis Case Mngmt. • Mngmt of Severe Pre-eclampsia/ Eclampsia • Late Postpartum Case Mngmt. • Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

- 63% Contraceptive Use

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Mobilize communities through community workers/volunteers to conduct pregnancy surveillance and encourage women to seek antenatal care (ANC) from medically trained providers.
- Deliver voice and text messages to 1.5 million pregnant women and their gatekeepers, to promote healthy behaviors including family planning that improve maternal and neonatal health outcomes.

ADVANCING QUALITY, RESPECTFUL CARE

- Support expansion of magnesium sulfate for pre-eclampsia/eclampsia to district-level facilities in five districts.
- Promote misoprostol to prevent postpartum hemorrhage (PPH) at the community level.
- Promote active management of third stage of labor with oxytocin in USG-supported health facilities.

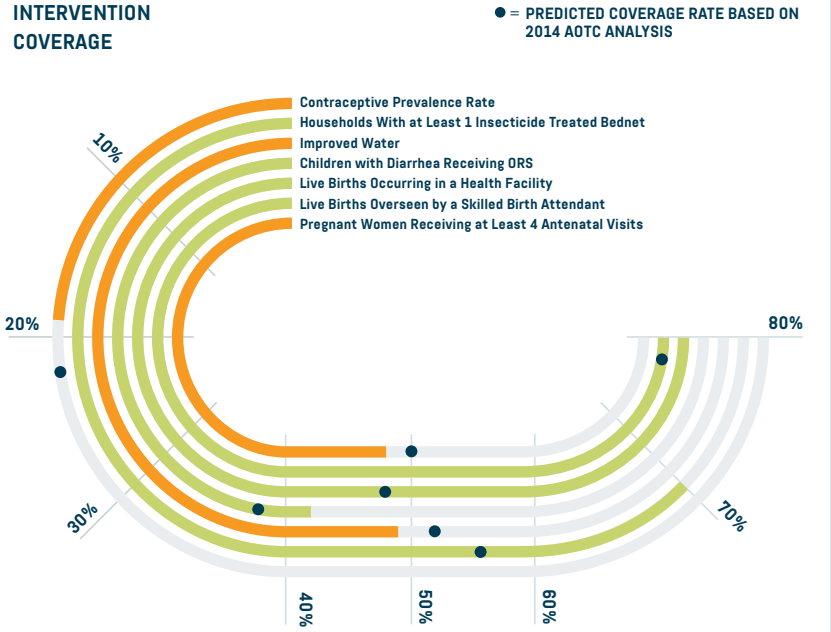
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Assist the government's efforts to approve the Maternal Health Strategy and Standard Operating Procedure for Maternal Health services.
- Upgrade 54 public health facilities to provide 24/7 maternity care to provide BEmOC services and 72 NGO clinics to provide CEmOC services.

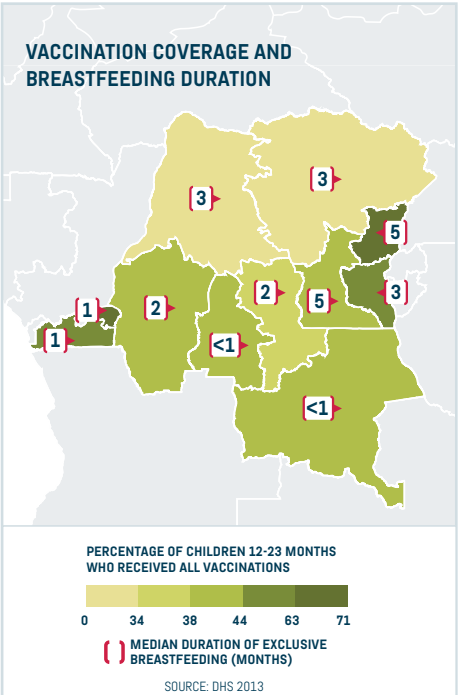
DEMOCRATIC REPUBLIC OF CONGO

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↑	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	39M	7.4M	266K	171	1.8M	930
2013	75.5M	12M	320K	118	2.7M	730

INTERVENTION COVERAGE



VACCINATION COVERAGE AND BREASTFEEDING DURATION



SOURCE: DHS 2013

USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

In response to stagnated contraceptive prevalence rates, the Government of Democratic Republic of Congo (GODRC) has recently launched a national family planning strategy, focusing on the provision and use of modern contraception. In the past year, USAID has expanded access to modern family planning methods, including implants and community – based Depo-provera, with an increased focus on post-partum family planning. USAID has also scaled-up integrated community case management (iCCM) to provide integrated treatment for childhood illness, including diarrhea, and strengthened information systems to improve delivery and reduce stock-outs of key commodities, such as oral rehydration solution (ORS).

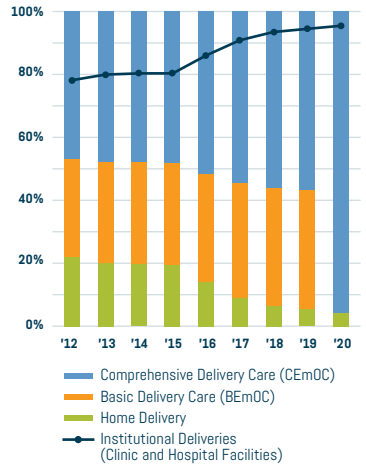
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Democratic Republic of Congo and other partners we have:

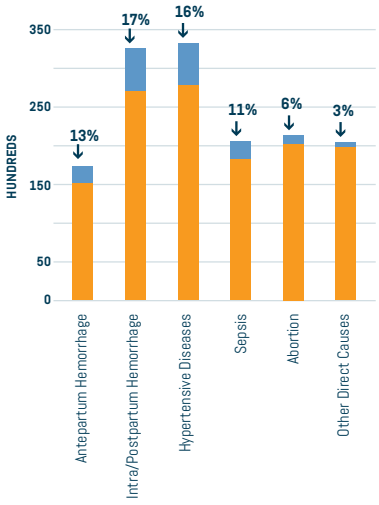
- Supported the inclusion of misoprostol on the national essential medicines list.
- Expanded into an additional 300 iCCM sites in over 50 health zones through implementing partners and in collaboration with UNICEF.
- Sponsored the 3rd National Repositioning Family Planning Conference at which the GODRC announced an increased purchase of FP commodities to $2.5 million from $1.2 million the previous year.
- Increased vaccination coverage with Pentavalent 3 from 62 to 90%.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED

= Perinatal/Neonatal Deaths Averted

= Maternal Deaths Averted

ANTEPARTUM

35% Multiple Micronutrient Suppl. (inc. Iron Folate) 2090

Balanced Energy Supplement 6600

4% Calcium Supplementation 60

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt.
- Folic Acid Fortification

ANTENATAL CARE **77%**

89% TT Vaccination 9020 90

61% Syphilis Dx and Tx 7160

44% IPTp or ITN 13,630 420

86% HIV Dx and Tx 150

3%
- Pre-eclampsia Dx and Tx (Use of MgSO4) 330
- Malaria Case Mngmt. 290
- Diabetes Case Mngmt.
- Fetal Growth Restriction Dx and Mngmt.

INTRAPARTUM

91% Antibiotics for PROM 2550 660

91% Clean Birth Practices 5200 1610

96% Other Labor and Delivery Mngmt. (Normal and Complications) 76,370 8240

91% Mngmt. of Severe Eclampsia (Use of MgSO4) 2340

19% Induction of Labor at 41+ Weeks 300

POSTPARTUM

91% Uterotonics/AMTSL 2800

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

40% Contraceptive Use 1190

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Create demand for maternal health services through social and behavior change communication at the household, community and facility levels.

ADVANCING QUALITY, RESPECTFUL CARE

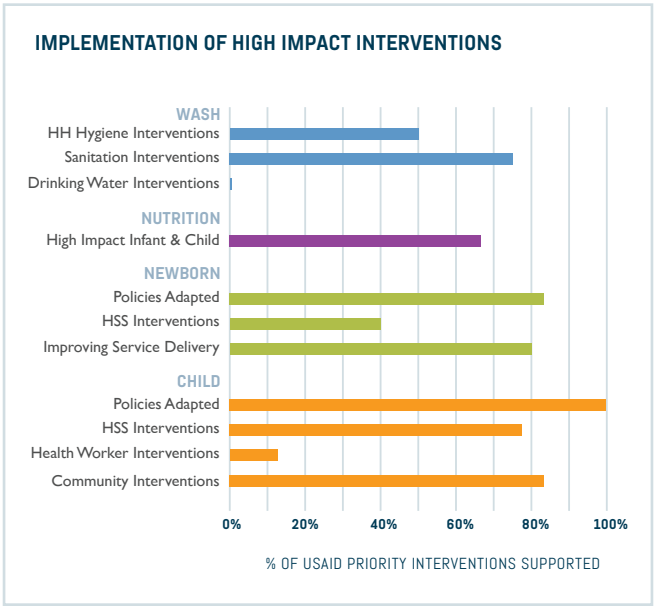
- Expand quality antenatal care (ANC) services including iron-folate supplementation, routine distribution of long-lasting insecticide treated nets, and intermittent prevention of malaria in pregnancy, screening for pre-eclampsia, breastfeeding promotion, and education on pregnancy complications, danger signs, and birth planning.

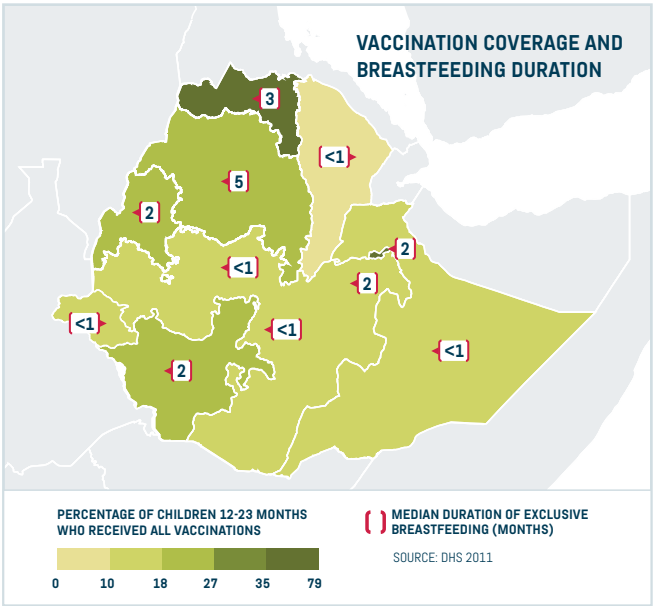
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Identify barriers preventing access to and use of the 13 life-saving commodities on the list of the United Nations Commission for Life-Saving Commodities and recommend innovative actions to rapidly increase use.
- Expand family/facility kits for antenatal care and delivery through a voucher program for pregnant women in seven health zones.

ETHIOPIA

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	47.5M	8.5M	444K	204	2.2M	950
2013	93.8M	15.8M	195K	64	3M	420





USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

In Ethiopia, USAID works across areas to ensure that key interventions are effectively implemented. The Government of Ethiopia (GOE) has established a solid policy basis and is actively working to strengthen the overall health system and therefore, USAID provides critical support to ensuring that key maternal, child and newborn health interventions are as effective and sustainable as possible. A well-established platform for routine immunizations offers an opportunity to integrate and scale up other key well child services.

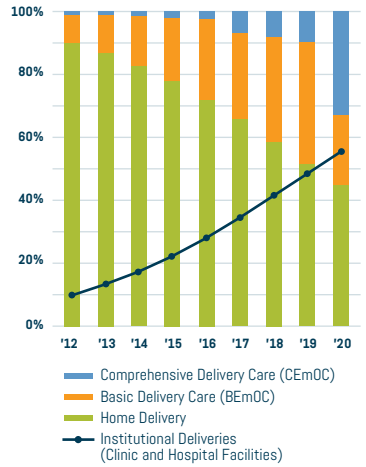
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the GOE and other partners we have:

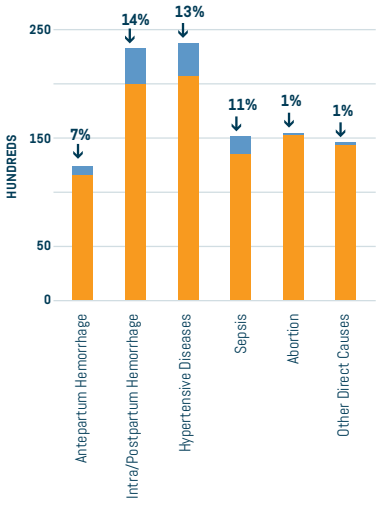
- Trained 5,000 midwives to increase the availability of skilled birth attendants for facility births.
- Supported scale up of community-based newborn care to improve access to newborn interventions.
- Integrated case management through health extension workers (HEWs) targeting pneumonia, diarrhea, malaria, malnutrition and severe newborn infections.
- Strengthened the Expanded Program on Immunization (EPI) by focusing on low performing zones, with an emphasis on operationalizing the GOE's Routine Immunization Improvement Plan and Cold Chain Rehabilitation Plan.
- Increased the percent of women who took iron folic acid supplements during their last pregnancy from 21 to 75% in priority geographical target areas.
- Assisted the government in integrating nutrition into the new Productive Safety Net, which targets 6 to 8 million chronically food insecure Ethiopians, as well as the forthcoming Agricultural Growth Plan II.
- Trained over 20,000 people in child health and nutrition, and reached over 1 million children under 5 with nutrition services.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED

= Perinatal/Neonatal Deaths Averted

= Maternal Deaths Averted

ANTEPARTUM

34% Multiple Micronutrient Suppl. (inc. Iron Folate) — 2140

Balanced Energy Supplement — 3000

3% Calcium Supplementation — 50

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt.
- Folic Acid Fortification

ANTENATAL CARE **55%**

78% TT Vaccination — 4160 — 40

28% Syphilis Dx and Tx — 9990

64% HIV Dx and Tx — 100

IPTp or ITN **DATA UNAVAILABLE**

3%
- Pre-eclampsia Dx and Tx (Use of MgSO4)
- Malaria Case Mngmt.
- Diabetes Case Mngmt.
- Fetal Growth Restriction Dx and Mngmt. — 580 — 260

INTRAPARTUM

41% Antibiotics for PROM — 2660 — 440

52% Clean Birth Practices — 8970 — 1180

66% Other Labor and Delivery Mngmt. (Normal and Complications) — 75,270 — 3480

41% Mngmt. of Severe Eclampsia (Use of MgSO4) — 1740

7% Induction of Labor at 41+ Weeks — 300

POSTPARTUM

41% Uterotonics/AMTSL — 1900

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

31% Contraceptive Use — 170

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Build the capacity of health extension workers (HEWs) to increase healthy timing and spacing of pregnancies.
- Train midwives in basic emergency obstetric and newborn care (BEmONC).
- Understand community perceptions and barriers to accessing MNCH services.

ADVANCING QUALITY, RESPECTFUL CARE

- Collaborate with the Government of Ethiopia, to identify and disseminate best practices that support the provision of services along the continuum of care for preterm and low birth weight babies.
- Ensure use of uterotonics in the third stage of labor and use of magnesium sulfate for pre-eclampsia and eclampsia.

STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

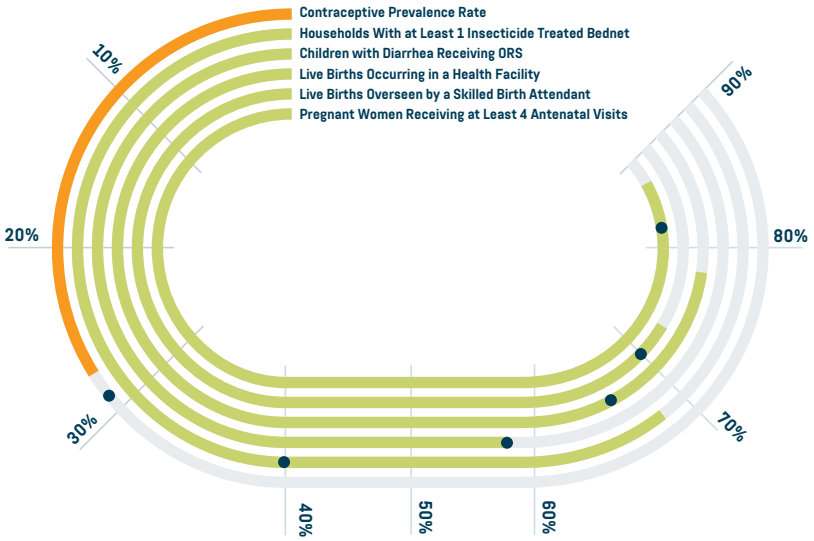
- Utilize the Urban Health Extension Program to improve community and facility linkages and referrals of women to assure they receive appropriate care.
- Provide pre-service and in-service training to midwives and HEWs to build skills capacity.

GHANA

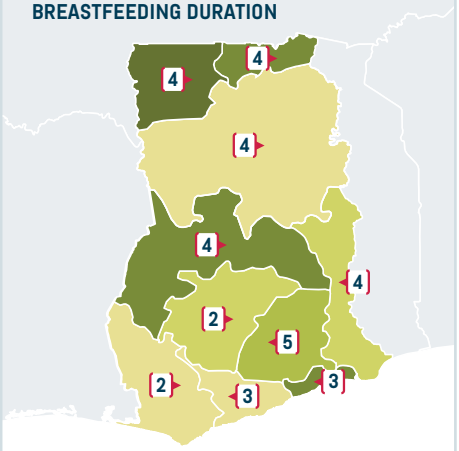
	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	15.5M	2.7M	70K	128	603K	580
2013	25M	3.6M	61.5K	78	785K	380

INTERVENTION COVERAGE

● = PREDICTED COVERAGE RATE BASED ON 2014 AOTC ANALYSIS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



PERCENTAGE OF CHILDREN 12-23 MONTHS WHO RECEIVED ALL VACCINATIONS

69 71 79 80 85 91

( ) MEDIAN DURATION OF EXCLUSIVE BREASTFEEDING (MONTHS)

SOURCE: DHS 2014 & 2008

USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

Low modern contraceptive prevalence rate (CPR) remains one of the greatest bottlenecks to EPCMD in Ghana. Over the past year, USAID supported the development of a costed implementation plan for family planning. This plan is also accompanied by national and regional-level advocacy efforts to reposition family planning as an EPCMD priority. Finally, USAID has been a significant player in advocating for the inclusion of family planning in the National Health Insurance Scheme.

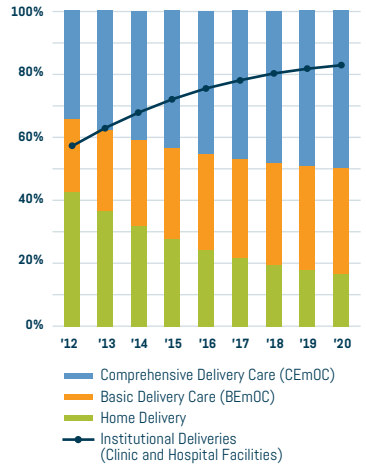
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Ghana and other partners we have:

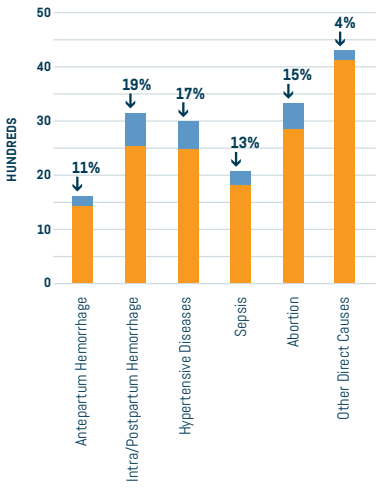
- Continued efforts to consolidate child mortality improvements noted in 2014 DHS survey including:
  - Introduction and scale up of new vaccines: pneumoccocal (84%) and rotavirus (88%).
  - Improvements in malaria control by increasing bed net use (42 to 68%), children under five sleeping under a net (to 58%), and prompt treatment of fever (50 to 78%).
- Rolled out National Newborn Care Strategy including targeting the Northern region, as it has the lowest health indicators for improved access to newborn and child health interventions.
- Awarded six new projects, in support of EPMCD goals, focused on the rural north. New programs will focus on supporting Ghana's Community Health Planning and Service program.
- Included long-term family planning methods as part of the coverage package of the National Health Insurance Agency, and undertook a costed implementation plan of family planning services to target support where it is most needed.
- Supported technical assistance for including integrated case management (iCCM) into global fund grants.
- Increased commitment to reducing under-nutrition in the rural north of Ghana through interventions promoting breastfeeding, appropriate complementary feeding, and social protection programming.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED

= Perinatal/Neonatal Deaths Averted

= Maternal Deaths Averted

ANTEPARTUM

35% Multiple Micronutrient Suppl. (inc. Iron Folate) — 380

Balanced Energy Supplement — 400

5% Calcium Supplementation — 1

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt.
- Folic Acid Fortification

ANTENATAL CARE **100%**

100% TT Vaccination — 900 / 20

100% Syphilis Dx and Tx — 3450

95% IPTp or ITN — 4300 / 100

93% HIV Dx and Tx — 2

5%
- Pre-eclampsia Dx and Tx (Use of MgSO4)
- Malaria Case Mngmt.
- Diabetes Case Mngmt.
- Fetal Growth Restriction Dx and Mngmt. — 40 / 10

INTRAPARTUM

62% Antibiotics for PROM — 620 / 80

72% Clean Birth Practices — 1470 / 180

87% Other Labor and Delivery Mngmt. (Normal and Complications) — 15,920 / 860

62% Mngmt. of Severe Eclampsia (Use of MgSO4) — 260

10% Induction of Labor at 41+ Weeks — 60

POSTPARTUM

62% Uterotonics/AMTSL — 330

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

46% Contraceptive Use — 490

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Increase access to antenatal care (ANC), postnatal care, family planning, and skilled birth attendants for Ghanaian women, particularly in the Northern and Volta regions through expansion of Ghana's Community Health and Planning Services compounds, where Community Health Nurses provide life-saving services.

ADVANCING QUALITY, RESPECTFUL CARE

- Ensure quality maternal health services within a referral network, and increase the number of facilities equipped to perform quality basic and comprehensive emergency obstetric care.
- Build on achievements of Ghana's National Health Insurance which has helped increase ANC 4 visits (78 to 87%), skilled birth attendance at delivery (59 to 74%) and post-natal visits within two days (68 to 78%).

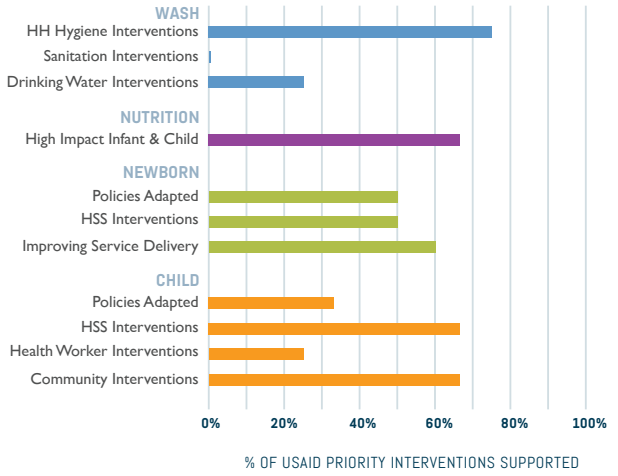
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Support pre-service education of nurses and midwives. Improve the in-service skills of midwives and other skilled birth attendants to address key drivers of maternal mortality including active management of the third state of labor (AMTSL), prevention and management of pregnancy complications including post-partum hemorrhage (PPH), and use of magnesium sulfate and calcium to manage eclampsia.

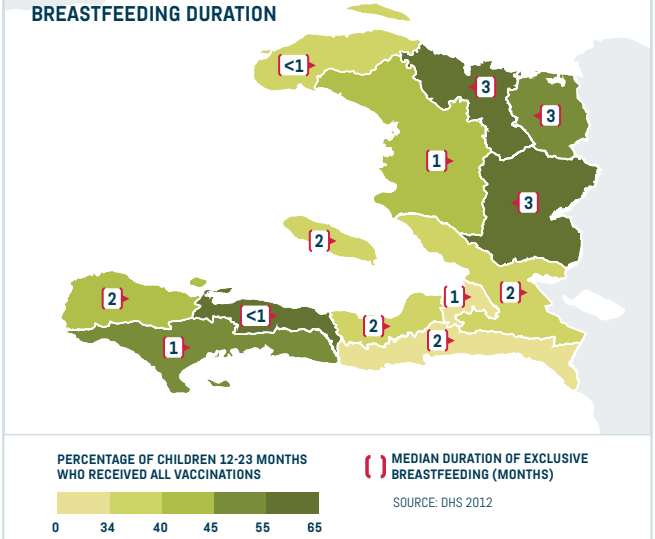
HAITI

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	6.8M	1M	36K	144	260K	620
2013	9.9M	1.1M	19.2K	73	265K	380

IMPLEMENTATION OF HIGH IMPACT INTERVENTIONS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

USAID supports a range of different interventions in Haiti, working to ensure that high impact interventions are effectively implemented and that health systems are strengthened. Key health promotion activities in Haiti are important to saving lives, including both individual level care seeking practices and individual behavior change as well as provider practices. USAID supports a continuum of care model to increase access to care by expanding the range of services, integrating community health workers with health facilities, and improving delivery of high quality primary care services. USAID and partners will look for opportunities to further engage in health worker interventions in order to have greater impact.

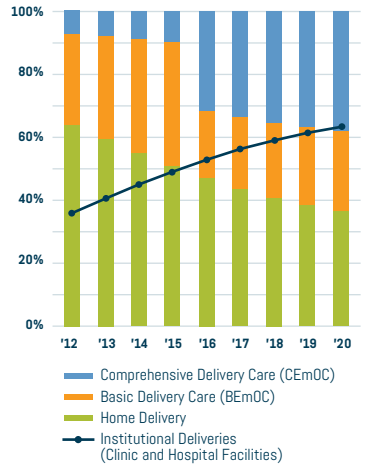
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Haiti and other partners we have:

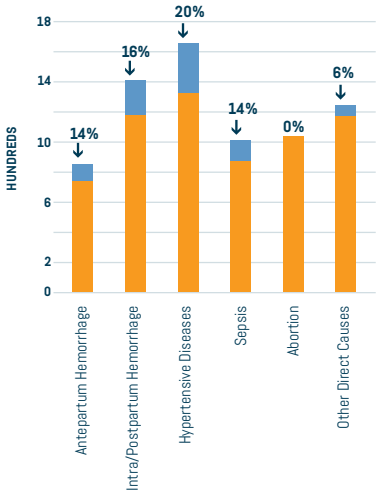
- Initiated procurement of oral rehydration solutions (ORS)+zinc co-pack in preparation for nationwide scale-up.
- Planned introduction of chlorhexidine to prevent newborn sepsis in partnership with the Government of Haiti, WHO and UNICEF.
- Expanded nutrition assessment, counseling and support (NACs) to 5 additional major hospital sites (from 12 to 17).
- Expanded the number of sites providing ICMCI services, including diarrheal diseases, pneumonia and malaria.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
- = Perinatal/Neonatal Deaths Averted
- = Maternal Deaths Averted

ANTEPARTUM

- 35% Multiple Micronutrient Suppl. (inc. Iron Folate): 190
- Balanced Energy Supplement: 420
- 5% Calcium Supplementation: 1
- **DATA UNAVAILABLE**: Post Abortion Case Mngmt. • Ectopic Pregnancy Case Mngmt. • Folic Acid Fortification

ANTENATAL CARE **90%**

- 100% TT Vaccination: 320
- 72% Syphilis Dx and Tx: 3030
- 95% HIV Dx and Tx: 10
- 5%
  - Pre-eclampsia Dx and Tx (Use of MgSO4)
  - Malaria Case Mngmt.
  - Diabetes Case Mngmt.
  - Fetal Growth Restriction Dx and Mngmt.: 50
  - 10

INTRAPARTUM

- 48% Antibiotics for PROM: 210 / 40
- 58% Clean Birth Practices: 440 / 100
- 73% Other Labor and Delivery Mngmt. (Normal and Complications): 3230 / 530
- 48% Mngmt. of Severe Eclampsia (Use of MgSO4): 150
- 8% Induction of Labor at 41+ Weeks: 30
- 52% Immediate Asst. and Stimulation: 320
- 29% Neonatal Resuscitation: 610

POSTPARTUM

- 48% Uterotonics/AMTSL: 50
- **DATA UNAVAILABLE**: Maternal Sepsis Case Mngmt. • Mngmt of Severe Pre-eclampsia/ Eclampsia • Late Postpartum Case Mngmt. • Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

- 52% Contraceptive Use: 150

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Expand an integrated package of community and facility-level interventions during the pre-pregnancy/pregnancy period, during labor and delivery and the post-partum period.

ADVANCING QUALITY, RESPECTFUL CARE

- Improve the quality of active management of the third stage of labor (AMSTL) provided at USAID-supported facilities by ensuring adequate training and provision of misoprostol.
- Working with local leaders, religious groups, women's, and men's organizations to transform gender and social norms around family planning and maternal health.

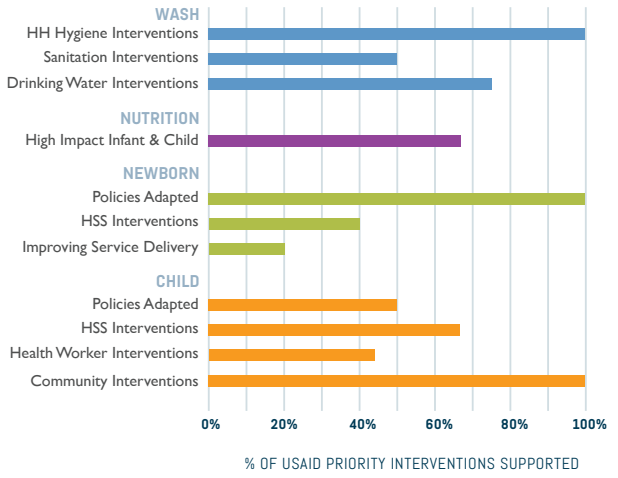
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Pre-service in-service training of Ob/Gyns and midwives initiated in three teaching hospitals.
- Expand access to emergency obstetric and newborn care (EmONC) in 8 health facilities (hospitals and healthcare centers) covering a population of 389,000.
- Scale-up standardized maternal death audit system.

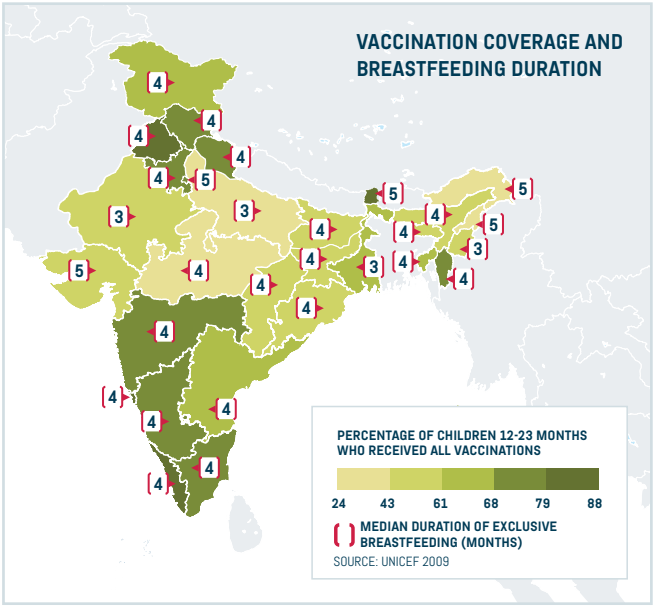
INDIA

	Total Population ↑	Population Under 5 Years ↓	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↓	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	869M	119M	3.3M	126	26.5M	600
2013	1.21B	118M	1.3M	53	25.4M	190

IMPLEMENTATION OF HIGH IMPACT INTERVENTIONS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

In India, USAID prioritizes high impact interventions particularly those that can be implemented at the community level. & Based on LiST projections, USAID supports interventions that will have the biggest impact on lives saved. These include labor and delivery management through the use of skilled birth attendants, introduction of new vaccines in collaboration with Gavi Alliance, use of oral rehydration solution by families and providers and improving drinking water throughout USAID target areas.

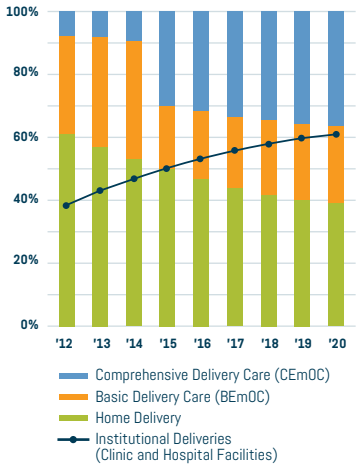
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of India and other partners we have:

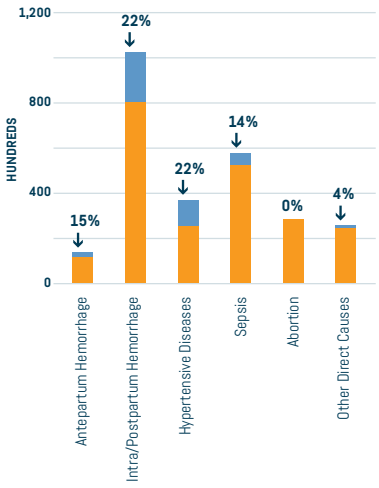
- Expanded on a 2013 partnership with Dasra and Kiawah Trust to include an Indian corporate partner, the Piramal Foundation. This alliance leverages the strength of diverse players to generate national-level policy dialogue, identify promising solutions, disseminate knowledge, and scale-up innovative, high-impact solutions to improve the health of mothers, children, and adolescent girls in India.
- Partnered with a local pharmaceutical company, scaled up oral rehydration salts and pediatric zinc formulation for diarrhea management and reached 60,000 care givers in 22 districts of Uttar Pradesh.
- Advocated for introduction of newer vaccines, and rotavirus vaccine was included in the national immunization program for the first time.
- Launched the Newborn Action Plan. This plan consolidates the latest evidence on effective interventions, and enables policy makers and program managers to accelerate progress in reducing neonatal deaths.
- Entered into a global partnership to improve sanitation for India's most vulnerable groups, realizing India's vision of extending clean water and sanitation services to all through the Swachh Bharat Clean India Campaign and other urban development initiatives.
- Developed multi-stakeholder coalition in India to catalyze a nationwide movement around healthy WASH behaviors. The coalition's first partners include Unilever, the Federation of Indian Chambers of Commerce and Industry, Sesame Workshop India, Coca-Cola India, McCann Health, and the Jindal Steel and Power Foundation.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED

= Perinatal/Neonatal Deaths Averted

= Maternal Deaths Averted

ANTEPARTUM

35% Multiple Micronutrient Suppl. (inc. Iron Folate) — 19,620

Balanced Energy Supplement — 23,060

3% Calcium Supplementation — 70

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt.
- Folic Acid Fortification

ANTENATAL CARE **67%**

98% TT Vaccination — 35,390 / 300

34% Syphilis Dx and Tx — 79,080

46% HIV Dx and Tx — 20

3%
- Pre-eclampsia Dx and Tx (Use of MgSO4)
- Malaria Case Mngmt.
- Diabetes Case Mngmt.
- Fetal Growth Restriction Dx and Mngmt. — 5490 / 370

INTRAPARTUM

46% Antibiotics for PROM — 25,940 / 2600

56% Clean Birth Practices — 37,380 / 6670

70% Other Labor and Delivery Mngmt. (Normal and Complications) — 550,630 / 18,570

46% Mngmt. of Severe Eclampsia (Use of MgSO4) — 3370

8% Induction of Labor at 41+ Weeks — 4880

POSTPARTUM

46% Uterotonics/AMTSL — 11,250

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

65% Contraceptive Use — 6070

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Invest in adolescents with a holistic approach to delay early marriage and child-bearing, address gender, health, nutrition and education-related barriers, and enhance life skills development.
- Reduce out-of-pocket health expenditure and expand programs aimed at providing financial risk protection, since government social insurance schemes cover only 25% of the population.

ADVANCING QUALITY, RESPECTFUL CARE

- Increase quality of public reproductive, maternal, newborn, child and adolescent services (RMNCH+A) through quality improvement teams in 253 health facilities across 27 districts in the six USAID focus states.
- Scale up proven RMNCH+A interventions in 20 cities through the National Urban Health Mission.

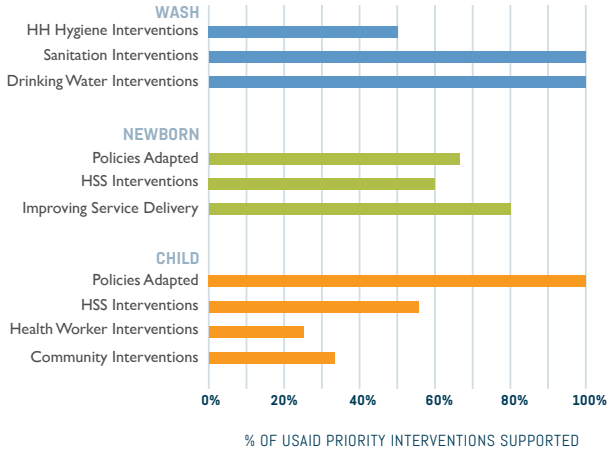
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Roll out Government of India policy directives for misoprostol distribution to pregnant women, use of antenatal corticosteroids to prevent preterm births, Kangaroo Mother Care to prevent hypothermia in preterm newborns, and provision of injectable gentamicin by Auxiliary Nurse Midwives to treat neonatal infections.

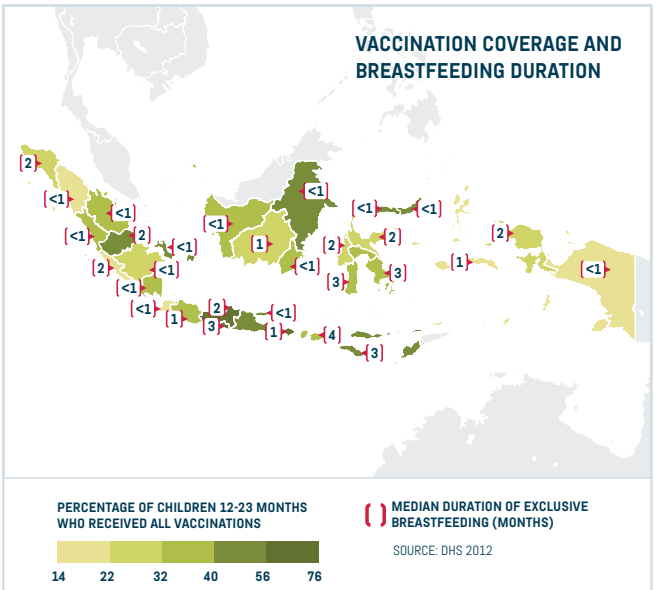
INDONESIA

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	182M	21.5M	384.7K	83	4.6M	600
2013	251M	21.6M	136.3K	29	4.6M	190

IMPLEMENTATION OF HIGH IMPACT INTERVENTIONS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

USAID works on supporting various levels of the health system – the Provincal and District Health Office, hospitals and health centers – in order to generate evidence to inform health policies and influence domestic resource allocations. Faith-based interventions, where our support can more effectively leverage the contributions of other partners and the government, are prioritized.

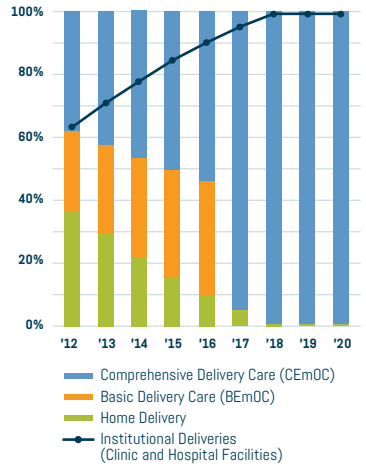
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Indonesia and other partners we have:

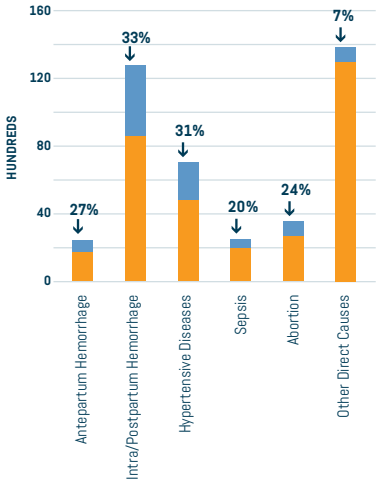
- Finalized the National Newborn Action Plan.
- Institutionalized emergency referral network guidelines in 23 USG supported maternal/newborn intervention districts.
- Achieved more than 80% adherence to Emergency Obstetric and Newborn Care performance standards in 120 of 299 USG-supported health facilities in six provinces.
- Increased referral of emergency cases through coordination and networking across 39 island groups in Eastern Indonesia to improve linkages with the existing health system.
- Facilitated the issuance of a Ministerial regulation for community based total sanitation in urban areas, including hygiene behavior change for mother and child.
- Established a system of integrated micro-planning in Papua Province and Districts, which includes use of available data (enabling environment, supply, demand and quality) at primary health centers to identify gaps, inform appropriate allocation of local funds and prioritize appropriate interventions based on need.
- Supported the formalization of a strong inter-faith commitment to saving mothers and newborn lives through an MOU between Indonesian faith-based organizations working in the MCH arena.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED

● = Perinatal/Neonatal Deaths Averted

● = Maternal Deaths Averted

ANTEPARTUM

35% Multiple Micronutrient Suppl. (inc. Iron Folate) ●840

Balanced Energy Supplement ●550

5% Calcium Supplementation ●10

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt
- Folic Acid Fortification

ANTENATAL CARE **100%**

98% TT Vaccination ●510 ●10

100% Syphilis Dx and Tx ●6990

29% HIV Dx and Tx ●10

5%
- Pre-eclampsia Dx and Tx (Use of MgSO4)
- Malaria Case Mngmt.
- Diabetes Case Mngmt.
- Fetal Growth Restriction Dx and Mngmt. ●70 ●30

INTRAPARTUM

95% Antibiotics for PROM ●2090 ●160

95% Clean Birth Practices ●2360 ●360

100% Other Labor and Delivery Mngmt. (Normal and Complications) ●40,540 ●4,920

95% Mngmt. of Severe Eclampsia (Use of MgSO4) ●980

20% Induction of Labor at 41+ Weeks ●450

POSTPARTUM

95% Uterotonics/AMTSL ●2020

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

87% Contraceptive Use ●850

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Support systems of MCH Motivators to improve healthy maternal and household behaviors including newborn care and especially four antenatal care visits and delivery in a facility while assisting mothers to access the national health insurance system.
- Improve accountability, effectiveness and responsiveness of MCH services at the district level.

ADVANCING QUALITY, RESPECTFUL CARE

- Establish a mentoring approach whereby high-functioning health facilities, including regional teaching hospitals and the highly respected private sector hospital Budi Kemuliaan, mentor other hospitals and health centers to improve their quality of care.
- Support introduction and use of decision support tools in hospitals and health centers.

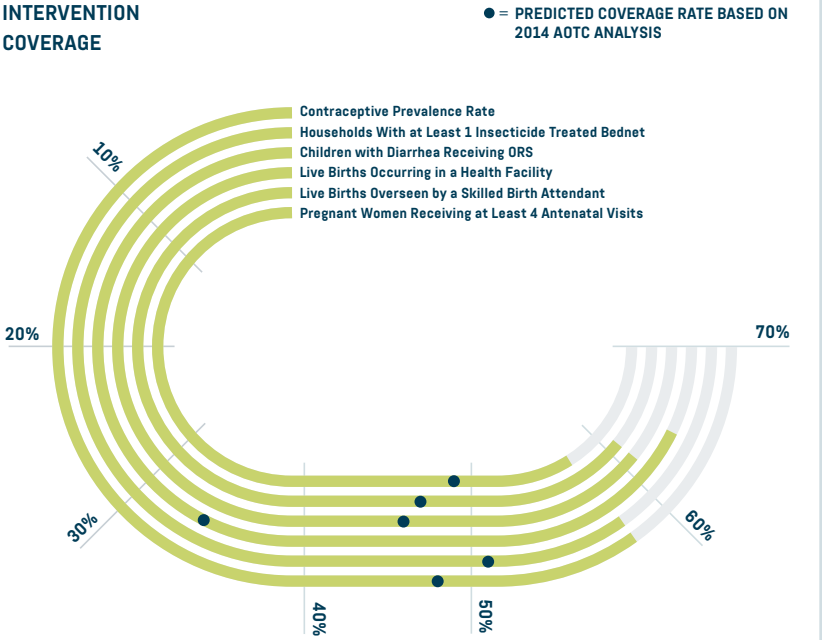
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Support Ministry of Health development of policies, strategies and guidelines for a) improving coverage and quality of maternal and newborn health services; b) improving local government and private sector partnerships; and c) empowering communities.

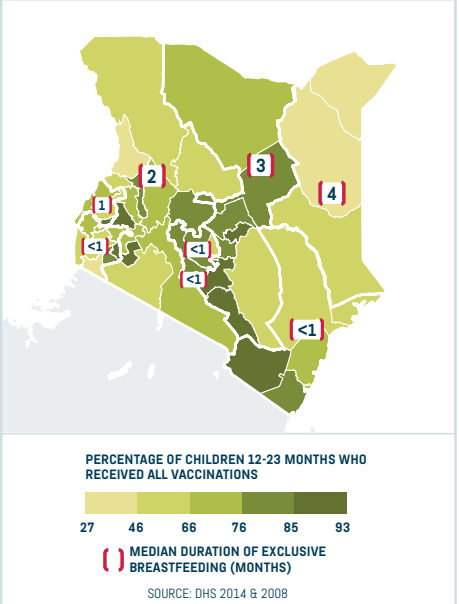
KENYA

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↑	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births
1990	23M	4.2M	95K	98	927K	400
2013	44M	6.7M	105.8K	71	1.4M	400

INTERVENTION COVERAGE



VACCINATION COVERAGE AND BREASTFEEDING DURATION



SOURCE: DHS 2014 & 2008

USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

Recent national household survey data from Kenya has revealed the country is on track to meet the *Acting on the Call* modeled projections in all key program areas. In the past several years, Kenya has scaled up oral rehydration solution (ORS) and zinc for management of diarrhea, the distribution of insecticide treated nets (ITNs) and supported the introduction of the rotavirus vaccine. USAID has made great strides to address underlying causes of morbidity and mortality, including the training of community health workers (CHW) in comprehensive nutrition assessments and social marketing of point-of-use water treatment and storage.

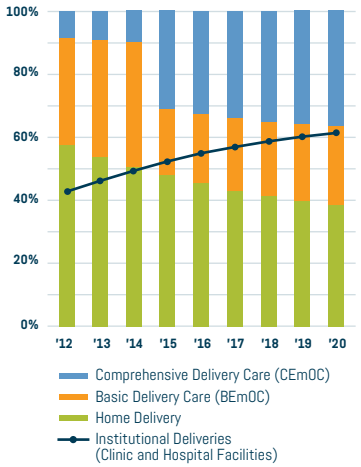
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Kenya and other partners and under the rubric of universal health coverage we have:

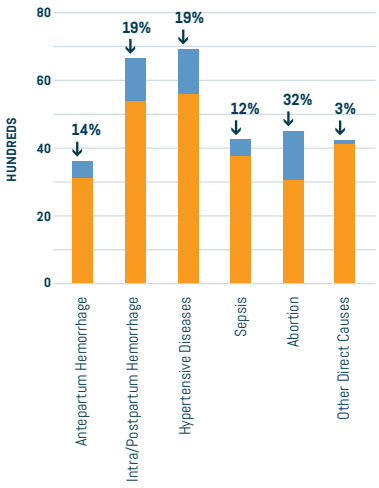
- Supported efforts to transition the management of the free maternity resources from the Ministry of Health to the National Hospital Insurance Fund (NHIF), to enhance efficiency and expand service coverage. Increased availability of free care has removed financial barriers to services and contributed to an increase in women accessing antenatal care and skilled care during delivery.
- Scaled up basic emergency obstetric and neonatal care (BEmONC) in 17 selected counties to 35 new facilities with the Government of Kenya and other partners through provision of equipment, job aids, essential medicines, and supportive supervision to enable health facilities to provide all seven BEmONC and all nine comprehensive emergency and obstetric and newborn care (CEmONC) signal functions.
- Introduced rotavirus vaccine into the national immunization schedule, enhanced uptake of the measles vaccination second dose at age 18 months and promoted behavior change for routine immunization.
- Included integrated community case management (iCCM) into the global fund grant application to support institutionalization of iCCM and advocacy for use of iCCM strategy in counties with high burden of childhood illness.
- Scaled up WASH interventions including community-led total sanitation, household water treatment and hand-washing with soap in selected counties.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
= Perinatal/Neonatal Deaths Averted
= Maternal Deaths Averted

ANTEPARTUM

- 35% Multiple Micronutrient Suppl. (inc. Iron Folate): 500
- Balanced Energy Supplement: 780
- 3% Calcium Supplementation: 10
- **DATA UNAVAILABLE**: Post Abortion Case Mngmt.; Ectopic Pregnancy Case Mngmt.; Folic Acid Fortification

ANTENATAL CARE **60%**

- 91% TT Vaccination: 1300 / 20
- 30% Syphilis Dx and Tx: 900
- 46% IPTp or ITN: 2820 / 80
- 100% HIV Dx and Tx: 90
- 3%: Pre-eclampsia Dx and Tx (Use of MgSO4); Malaria Case Mngmt.; Diabetes Case Mngmt.; Fetal Growth Restriction Dx and Mngmt.: 30 / 30

INTRAPARTUM

- 46% Antibiotics for PROM: 870 / 140
- 54% Clean Birth Practices: 1720 / 370
- 65% Other Labor and Delivery Mngmt. (Normal and Complications): 22,920 / 1990
- 46% Mngmt. of Severe Eclampsia (Use of MgSO4): 560
- 7% Induction of Labor at 41+ Weeks: 160

POSTPARTUM

- 46% Uterotonics/AMTSL: 610
- **DATA UNAVAILABLE**: Maternal Sepsis Case Mngmt.; Mngmt of Severe Pre-eclampsia/ Eclampsia; Late Postpartum Case Mngmt.; Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

- 70% Contraceptive Use: 1440

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Scale up home visits by community health worker (CHW) to promote recognition of pregnancy danger signs, four antenatal care visits, individualized birth planning, skilled care at birth, postnatal care and early initiation of exclusive breast-feeding and hand-washing.

ADVANCING QUALITY, RESPECTFUL CARE

- Institutionalize respectful maternity care and supportive environments for pregnant women in 15 counties.
- Improve quality of maternity services in private sector networks.
- Strengthen maternal and newborn health services through procurement of equipment to enable delivery of quality care during pregnancy, labor and delivery.

STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

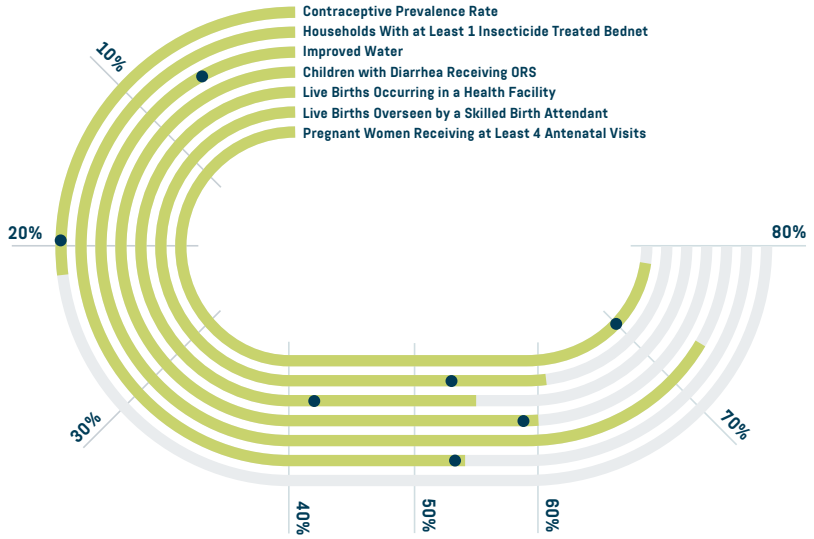
- Institutionalize maternal and perinatal death surveillance and response.
- Improve maternity care through skills-building and quality improvement approaches.

LIBERIA

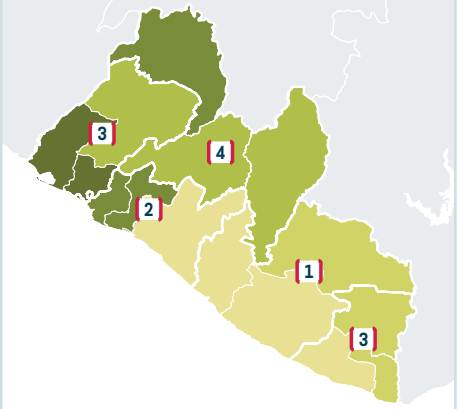
	2.1M	386K	22.5K	247	102K	1,200
1990	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
2013	3.9M	640K	10.4K	71	147.2K	640

INTERVENTION COVERAGE

● = PREDICTED COVERAGE RATE BASED ON 2014 AOTC ANALYSIS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



PERCENTAGE OF CHILDREN 12-23 MONTHS WHO RECEIVED ALL VACCINATIONS

33 40 45 53 65 74

( ) MEDIAN DURATION OF EXCLUSIVE BREASTFEEDING (MONTHS)

SOURCE: DHS 2013

USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

Liberia has been devastated by the Ebola epidemic. The current priority is to reestablish health services and bring overall service delivery back to pre-ebola status so that the country can continue building on recent progress. Prior to Ebola, recent national household survey data has revealed that Liberia was on track to meet the coverage projections modeled in the *Acting on the Call* report for maternal and child health interventions. This previous success may be attributed to scale up of key program areas, including expansion of family planning in underserved areas and increased coverage of the expanded program on immunization (EPI), as well as to the strength of ongoing programming such as Feed the Future.

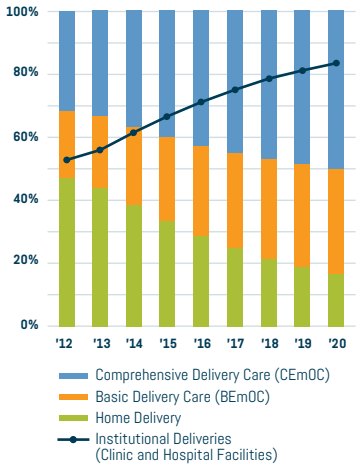
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Liberia and other partners we have:

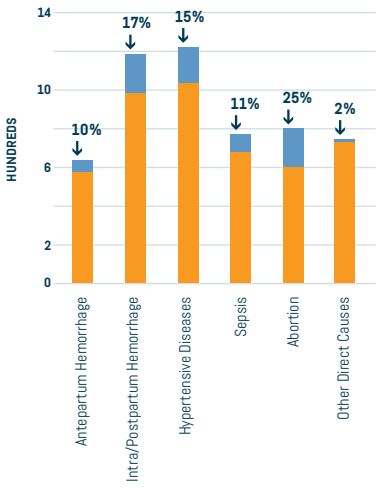
- Begun to rebuild the health system after the devastating Ebola crisis of 2014 –2015.
- Expanded and strengthened Primary Health Care at the community level, including increased capacity for service delivery for sustainability. This includes a strong WASH and nutrition component.
- Conducted Periodic Intensified Routine Immunization (PIRI) activities as a response to recent measles outbreaks and aimed at improving vaccination coverage in all counties (post-Ebola catch-up strategy).
- Introduced a number of new vaccines into the national EPI strategy, e.g. rotavirus vaccine, Human Papilloma Virus (HPV) vaccine and Inactivated Poliovirus Vaccine (IPV).
- Expanded the capacity of health system responders and front line health workers through strengthening pre-service education and developing in-service training programs. This will include updating national standards, protocols and incorporating them into curricula and in-service training programs.
- Established systems to prevent or minimize another outbreak of Ebola or other pandemic diseases.
- Initiated plans for an infection prevention unit within the Ministry of Health as well as a surveillance system to monitor for outbreaks of Ebola and other pandemic threats.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
= Perinatal/Neonatal Deaths Averted
= Maternal Deaths Averted

ANTEPARTUM

35% Multiple Micronutrient Suppl. (inc. Iron Folate) — 50

Balanced Energy Supplement — 160

5% Calcium Supplementation

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt.
- Folic Acid Fortification

ANTENATAL CARE **93%**

99% TT Vaccination — 110 — 3

74% Syphilis Dx and Tx — 220

52% IPTp or ITN — 60

100% HIV Dx and Tx

3%
- Pre-eclampsia Dx and Tx (Use of MgSO4)
- Malaria Case Mngmt.
- Diabetes Case Mngmt.
- Fetal Growth Restriction Dx and Mngmt. — 10

INTRAPARTUM

62% Antibiotics for PROM — 80 — 20

76% Clean Birth Practices — 230 — 60

94% Other Labor and Delivery Mngmt. (Normal and Complications) — 2730 — 260

62% Mngmt. of Severe Eclampsia (Use of MgSO4) — 100

10% Induction of Labor at 41+ Weeks — 10

POSTPARTUM

62% Uterotonics/AMTSL — 110

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

72% Contraceptive Use — 200

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Increase access to family planning services through community counseling and distribution outlets, commonly called county/district contraceptive weeks.
- Intensify integrated outreach services to communities to provide maternal and child health services.

ADVANCING QUALITY, RESPECTFUL CARE

- Improve emergency obstetric and newborn care skills of newly qualified and deployed Certified Midwives and Nurses through a mentoring program and "buddy system."
- Establish youth friendly adolescent sexual and reproductive health service points.

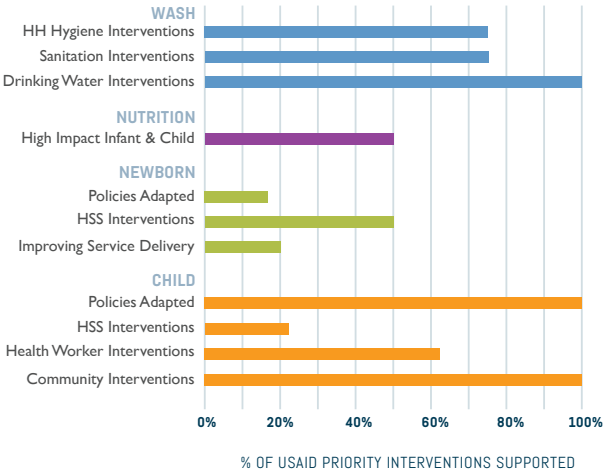
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Establish and/or strengthen referral systems between community and health delivery centers.
- Rehabilitate health facilities to be able to provide essential maternal, newborn and child health (MNCH) services for Liberian women, newborns and children.

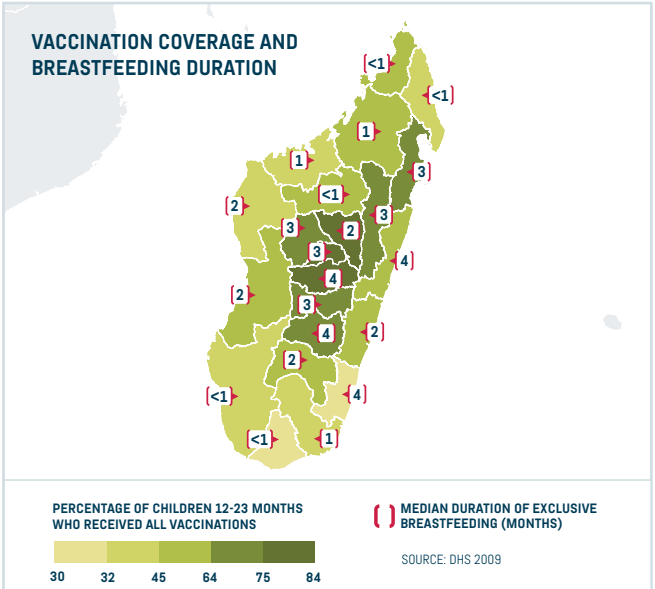
MADAGASCAR

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	11.6M	2.1M	80.4K	158	530K	640
2013	22.5M	3.4M	43.3K	56	774K	440

IMPLEMENTATION OF HIGH IMPACT INTERVENTIONS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

As USAID reengages with the Government of Madagascar, the focus of interventions remains at the community level — where our efforts can have the biggest impact. Policy support is also provided to the new government — in particular USAID will help support the introduction of new vaccines and use this opportunity to strengthen the overall routine immunization services platform especially as integrated with already robust support for community level and behavior change interventions.

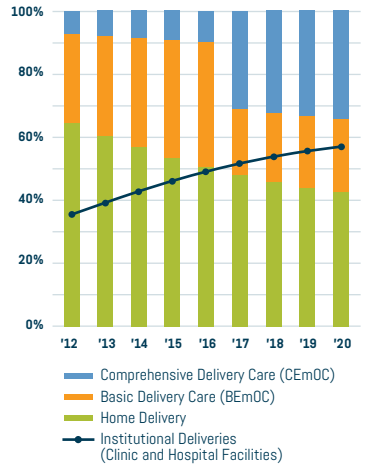
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Madagascar and other partners we have:

- Supported the development of the Campaign for Accelerated Reduction of Maternal Mortality Roadmap, which lays out the steps to reduce maternal mortality from 478 to 300 deaths per100,000 live births and the neonatal mortality from 26 to 17 deaths per 1,000 live births by 2019.
- Implemented community-led total sanitation to prevent diarrhea, an innovative hygiene behavior change methodology, which mobilizes communities to eliminate open defecation, and is linked to the construction and sale of low-cost, washable hygienic latrine floor slabs.
- Facilitated approval of the use of misoprostol for prevention of post-partum hemorrhage, chlorhexidine for newborn cord care and use of pregnancy test kits.
- Trained public sector providers in maternal and newborn health, including emergency newborn and obstetric care (EmNOC) and immediate postpartum and postnatal care; also trained public sector providers in postpartum family planning including the provision of long-acting and reversible contraceptives.
- Supported the development of new national guidelines and provider training curriculum on intermittent preventive therapy in pregnancy (IPTp), bringing Madagascar in line with WHO guidelines; also supported an assessment of the status of IPTp services provision in public health facilities.
- Expanded provision of e-vouchers targeting adolescents and youth to receive free reproductive health services, including contraceptives.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



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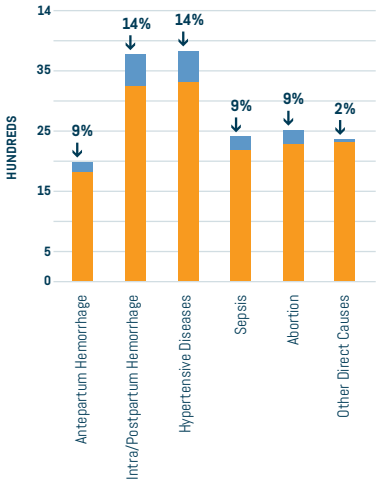


LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
= Perinatal/Neonatal Deaths Averted
= Maternal Deaths Averted

ANTEPARTUM

35% Multiple Micronutrient Suppl. (inc. Iron Folate) — 210
Balanced Energy Supplement — 620
4% Calcium Supplementation — 10

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt.
- Folic Acid Fortification

ANTENATAL CARE **70%**

99% TT Vaccination — 470 / 10
35% Syphilis Dx and Tx — 800
22% IPTp or ITN — 180 / 10
55% HIV Dx and Tx — 10
4%
- Pre-eclampsia Dx and Tx (Use of MgSO4)
- Malaria Case Mngmt.
- Diabetes Case Mngmt.
- Fetal Growth Restriction Dx and Mngmt. — 50 / 30

INTRAPARTUM

43% Antibiotics for PROM — 280 / 60
52% Clean Birth Practices — 640 / 160
65% Other Labor and Delivery Mngmt. (Normal and Complications) — 7800 / 720
43% Mngmt. of Severe Eclampsia (Use of MgSO4) — 240
7% Induction of Labor at 41+ Weeks — 50

POSTPARTUM

43% Uterotonics/AMTSL — 270

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

76% Contraceptive Use — 230

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Focus on hard-to-reach populations; support high-impact community-based service delivery and community mobilization; expand support to strengthen health systems and improve facility-based service quality.
- Scale-up the use of misoprostol to combat postpartum hemorrhage (PPH) through community health volunteers.

ADVANCING QUALITY, RESPECTFUL CARE

- Strengthen capacity to deliver emergency neonatal and obstetric care (EmNOC), through training on pre-eclampsia/eclampsia, maternal and newborn sepsis, respectful maternity care, complications of abortion and obstructed labor, post-partum hemorrhage, newborn asphyxia and resuscitation.

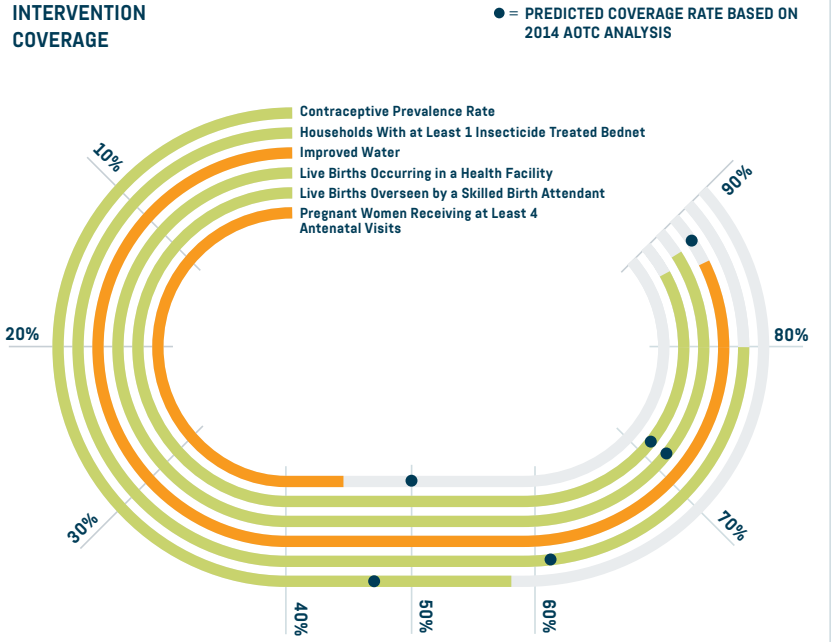
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Improve emergency transportation systems adapted to local geographic contexts so that women can access health facilities to address obstetric complications and ensure that deliveries are attended by a skilled health provider.

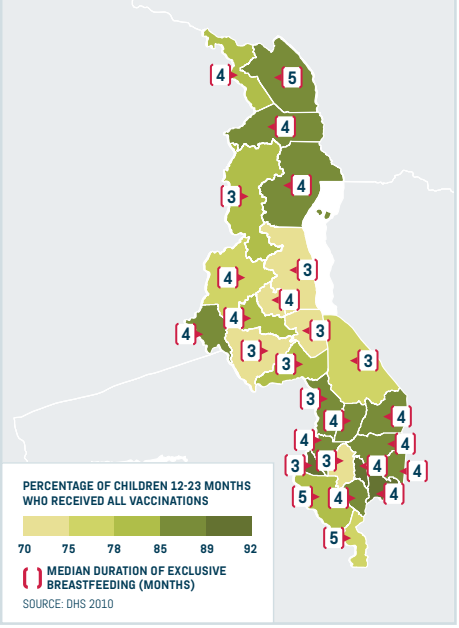
MALAWI

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	9.5M	1.8M	102.5K	244	459K	1,100
2013	16.7M	2.8M	41K	68	604K	510

INTERVENTION COVERAGE



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

USAID Malawi continues working in an integrated manner with various health platforms including malaria and HIV USAID is supporting the use of oral rehydration solution (ORS) and zinc through community-based clinics, improved management of severe diarrhea in health facilities, and the availability of ORS and zinc through the private sector providers and non-pharmacy outlets. Mothers are provided with health education and basic services through community action groups, including messages on hand washing, sanitation and point-of-use water treatment. In addition, USAID is supporting the expansion of community-led total sanitation in rural communities. Private sector engagement activities include the formation of a public-private partnership to leverage private sector investments to fully integrate WASH for nutrition and health.

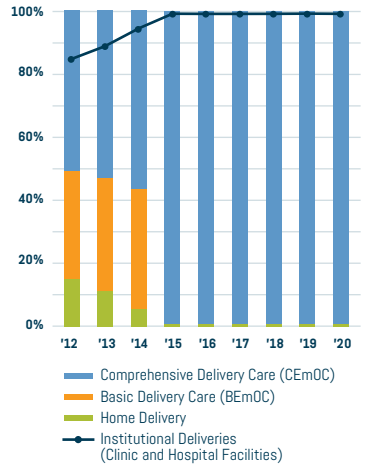
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Malawi and other partners we have:

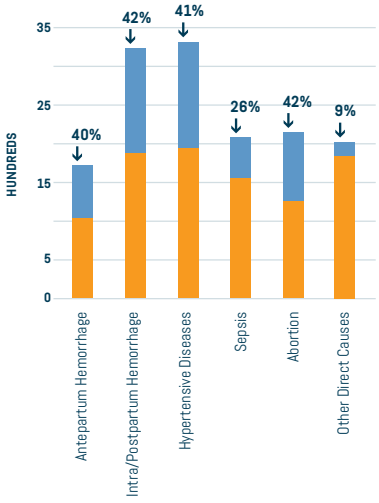
- Scaled up Helping Babies Breathe nationwide (public and private sectors); nearly 90% of facilities offering normal delivery services have a neonatal bag and mask.
- Revised the Integrated Maternal and Neonatal Care Training Manual.
- Designed new integrated WASH and nutrition partnerships focused on infant and young child feeding, hand washing with soap, and improved sanitation.
- Developed Every Newborn Action Plan to improve essential and specialized care for Malawi's newborns through the introduction of chlorhexidine for cord care, addressing the consequences of pre-term births, and improving the quality of Kangaroo Mother Care.
- Launched the revised Child Health Strategy which will build the capacity of health workers in the integrated management of sick children and strengthen community mobilization for early care-seeking for sick children.
- Strengthened routine immunization support and built capacity for the introduction of new vaccines (measles second dose and inactivated polio vaccinne (IPV)).
- Supported White Ribbon Alliance to launch the Respectful Maternity Care campaign.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
= Perinatal/Neonatal Deaths Averted
= Maternal Deaths Averted

ANTEPARTUM

- 68% Multiple Micronutrient Suppl. (inc. Iron Folate): 200
- 35% Balanced Energy Supplement: 530
- 3% Calcium Supplementation: 2

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt.
- Folic Acid Fortification

ANTENATAL CARE 61%

- 98% TT Vaccination: 200 / 10
- 30% Syphilis Dx and Tx: 400
- 60% IPTp or ITN: 320 / 10
- 43% HIV Dx and Tx
- 3%
  - Pre-eclampsia Dx and Tx (Use of MgSO4)
  - Malaria Case Mngmt.
  - Diabetes Case Mngmt.
  - Fetal Growth Restriction Dx and Mngmt.: 40 / 10

INTRAPARTUM

- 94% Antibiotics for PROM: 610 / 150
- 94% Clean Birth Practices: 930 / 380
- 99% Other Labor and Delivery Mngmt. (Normal and Complications): 21,940 / 2420
- 94% Mngmt. of Severe Eclampsia (Use of MgSO4): 520
- 20% Induction of Labor at 41+ Weeks: 160

POSTPARTUM

- 94% Uterotonics/AMTSL: 610

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

- 72% Contraceptive Use: 890

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Expand the Community-Based Maternal and Neonatal Health package to support community health workers to identify pregnant women, encourage antenatal care and facility delivery, support emergency referral, and provide post-natal visits.
- Promote the use of MNCH scorecards to create an on-going dialogue between communities and facilities on health issues.

ADVANCING QUALITY, RESPECTFUL CARE

- Strengthen the integration of family planning counseling and services with special focus on male engagement and reducing adolescent pregnancies.
- Scale-up high quality basic and comprehensive emergency obstetric and newborn care interventions including Active Management of Third Stage of Labor (AMSTL) and integrate respectful maternity care.

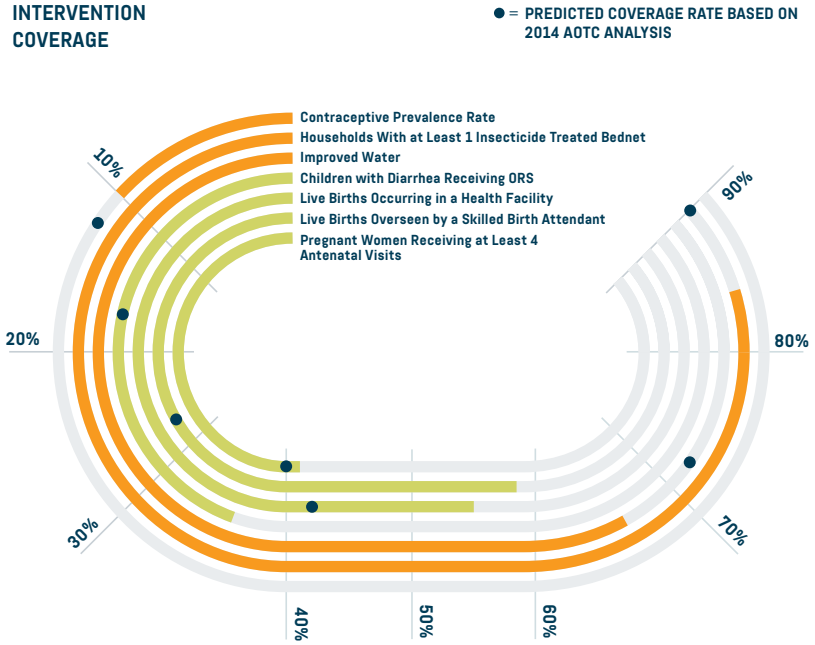
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Support pre-service training of nurse midwife technicians for their placement in hard to reach areas.
- Pilot use of performance based incentives in improving functionality and service delivery of targeted health facilities.

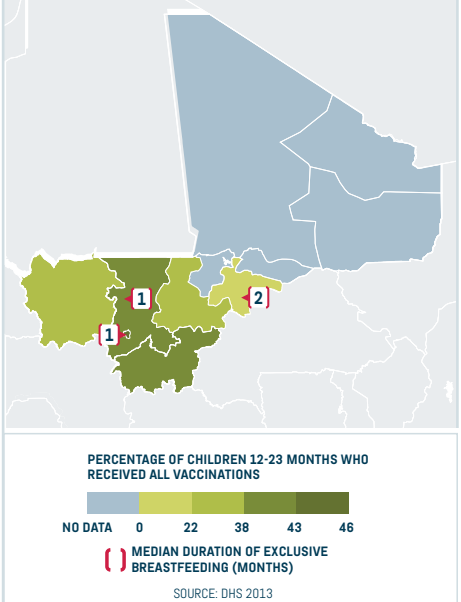
MALI

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	8.5M	1.6M	90.7K	253	440K	1,100
2013	15.9M	3M	82K	123	670K	550

INTERVENTION COVERAGE



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

In Mali, based on the 2014 *Acting on the Call* report and modeling, USAID prioritizes child health, nutrition and WASH interventions which will contribute the most to lives saved. In these areas, USAID implements a comprehensive portfolio of interventions that include community, facility and health systems levels. USAID is examining whether opportunities exist to better integrate services onto common platforms.

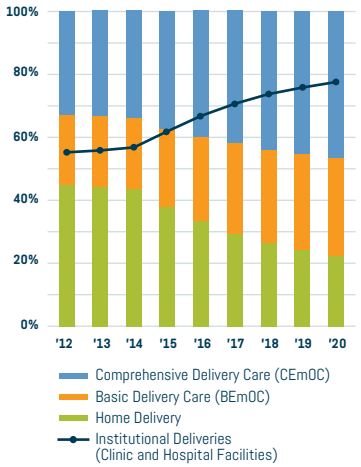
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Mali and other partners we have:

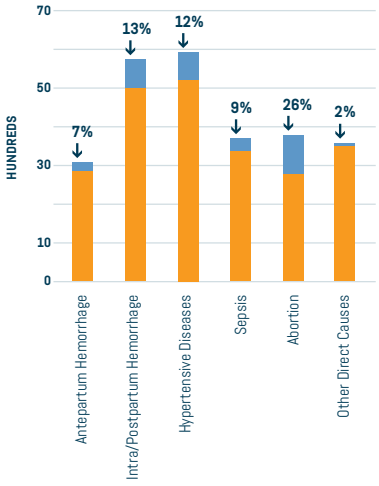
- Enlisted the The First Lady, Mme Keita Aminata Maiga, who promised to champion efforts that aim to improve maternal and child health and family planning/reproductive health, and expressed appreciation for USAID/Mali's strategic and programmatic directions.
- Reduced confirmed malaria cases by 82% compared with the control, and by 62% compared with the same period the previous year through Seasonal Malaria Chemoprevention (SMC).
- Reduced the malnutrition rehabilitation dropout rate from 17% to 1% in nine months in Bankass district.
- Certified 84 communities as open defecation free based on community-led total sanitation activities.
- Reached 6.5 million children with three immunization and Vitamin A supplementation campaigns; over 600,000 received Pentavalent 3 by 12 months of age; rotavirus vaccine introduced in Bamako with 278,600 children vaccinated.
- Introduced chlorhexidine in select facilities in target areas.
- Increased distribution of rapid diagnostic tests confirmed 78% of malaria cases, up from 10% prior to the universal testing policy.
- Began two new bilateral projects, focused on strengthening service delivery, healthy behaviors, and demand for health services and products.
- Provided lifesaving maternity and newborn care to over 350 additional facilities. Sites maintained the quality of performance for active management of the third stage of labor (AMTSL) and essential newborn care (ENC) between 90–100%, reducing postpartum hemorrhage to 1% in these facilities.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED

= Perinatal/Neonatal Deaths Averted

= Maternal Deaths Averted

ANTEPARTUM

35% Multiple Micronutrient Suppl. (inc. Iron Folate) — 590

Balanced Energy Supplement — 1070

4% Calcium Supplementation — 10

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt.
- Folic Acid Fortification

ANTENATAL CARE **71%**

95% TT Vaccination — 500 / 4

35% Syphilis Dx and Tx — 1960

20% IPTp or ITN — 60

55% HIV Dx and Tx — 10

3%
- Pre-eclampsia Dx and Tx (Use of MgSO4)
- Malaria Case Mngmt.
- Diabetes Case Mngmt.

Fetal Growth Restriction Dx and Mngmt. — 200 / 50

INTRAPARTUM

58% Antibiotics for PROM — 580 / 90

70% Clean Birth Practices — 1490 / 220

86% Other Labor and Delivery Mngmt. (Normal and Complications) — 14,950 / 930

58% Mngmt. of Severe Eclampsia (Use of MgSO4) — 340

9% Induction of Labor at 41+ Weeks — 70

POSTPARTUM

58% Uterotonics/AMTSL — 390

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

43% Contraceptive Use — 1000

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Increase the frequency and duration of exclusive breastfeeding through six months, and counsel mothers on the lactation amenorrhea method (LAM) and healthy spacing of subsequent pregnancies.
- Scale up social and behavior change communication to address social norms related to healthy timing and spacing of pregnancy (HTSP).

ADVANCING QUALITY, RESPECTFUL CARE

- Directly observe administration of sulphadoxine pryimethamine among pregnant women during every antenatal care visit after the first trimester, to prevent malaria in pregnancy.
- Improve private provider capacity in reproductive, maternal and newborn care.

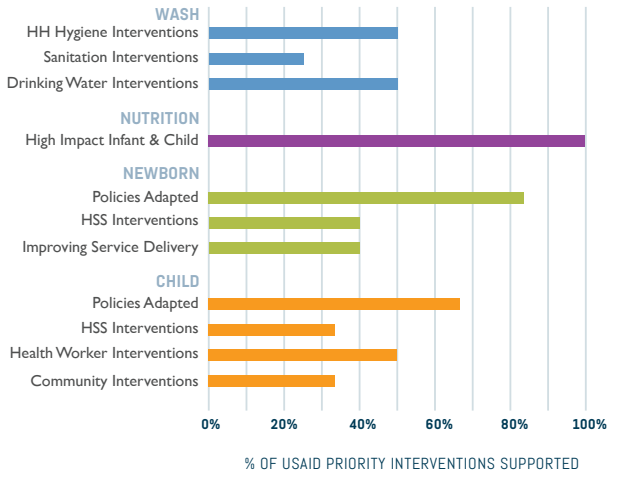
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Introduce chlorhexidine into health facilities using the results of formative research which assessed current practices and beliefs around umbilical cord care and the acceptability of chlorhexidine as an alternative.
- Strengthen quality of care, and the referral system for basic and comprehensive maternal and newborn services between community, primary and secondary levels of care.

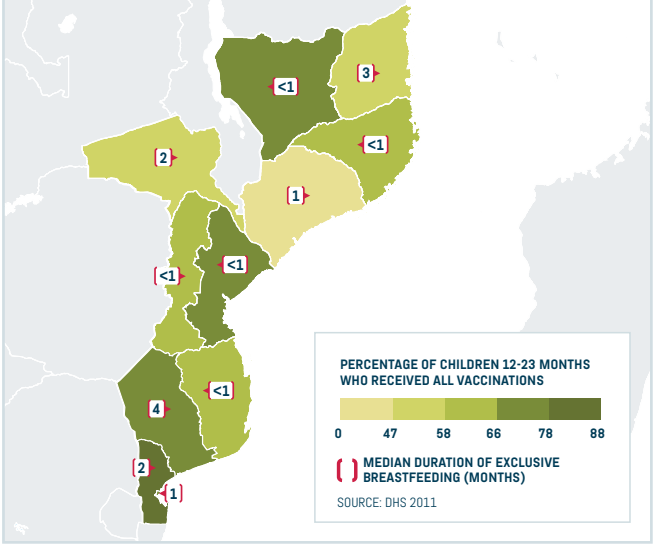
MOZAMBIQUE

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	13M	2M	132K	233	611K	910
2013	24M	4M	82.8K	87	950.5K	480

IMPLEMENTATION OF HIGH IMPACT INTERVENTIONS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

USAID supports a balanced portfolio of interventions in Mozambique, reflecting the *Acting on the Call* analysis which identifies opportunities to contribute to lives saved across a range of technical areas. As USAID begins to roll-out new programs and refocus/target activities, it will be important to continue to look for opportunities to ensure the effectiveness of interventions and to continually reexamine and sharpen program implementation.

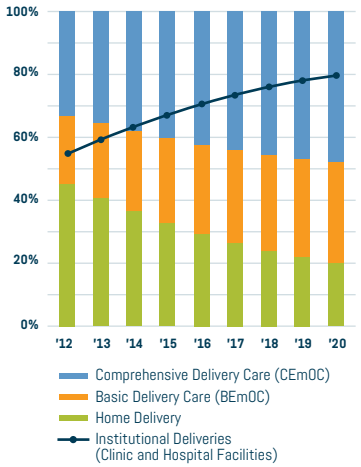
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Mozambique and other partners we have:

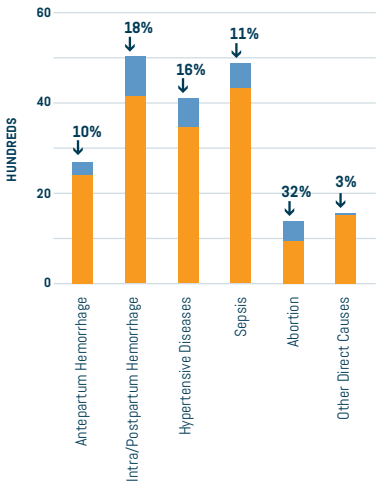
- Scaled-up facility and community Integrated Management of Childhood Illness, in collaboration with UNICEF, to address the major diseases (malaria, measles, diarrhea, and acute respiratory infections) that are responsible for over 55% of all deaths among children under-five.
- Introduced the provision of zinc for treatment of diarrheal disease at both facility and community levels.
- Oversaw the accreditation of six Model Maternities.
- Aligned with the Ministry of Health's Action Plan for newborn health by expanding best practices and improved management of neonatal complications and care.
- Strengthened the cold chain, in partnership with UNICEF, for the introduction of new vaccines, and planned for the introduction of the rotavirus vaccine in 2015.
- Partnered with the World Food Program to expand commodity coverage to treat acute malnutrition.
- Introduced the Sayana Press (uniject) injectable contraceptive.
- Obtained recognition of emergency contraception as a contraceptive method by the Ministry of Health.
- Secured first-ever commitment by the Ministry of Health to procure family planning commodities ($2 million).
- Launched study results for the use of Community Health Workers to administer injectable family planning methods (Depo-Provera). The study, conducted in two provinces in Mozambique, has shown that family planning use increased from 8% to 32%.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
= Perinatal/Neonatal Deaths Averted
= Maternal Deaths Averted

ANTEPARTUM

- 35% Multiple Micronutrient Suppl. (inc. Iron Folate): 720
- Balanced Energy Supplement: 1540
- 4% Calcium Supplementation: 10
- **DATA UNAVAILABLE**: Post Abortion Case Mngmt. • Ectopic Pregnancy Case Mngmt. • Folic Acid Fortification

ANTENATAL CARE 71%

- 98% TT Vaccination: 1470 / 50
- 36% Syphilis Dx and Tx: 2280
- 4%: Pre-eclampsia Dx and Tx (Use of MgSO4) • Malaria Case Mngmt. • Diabetes Case Mngmt.
- Fetal Growth Restriction Dx and Mngmt.: 160 / 40
- 26% IPTp or ITN: 1650 / 60
- 60% HIV Dx and Tx: 160

INTRAPARTUM

- 60% Antibiotics for PROM: 1240 / 160
- 69% Clean Birth Practices: 3520 / 390
- 82% Other Labor and Delivery Mngmt. (Normal and Complications): 23,530 / 1000
- 60% Mngmt. of Severe Eclampsia (Use of MgSO4): 330
- 10% Induction of Labor at 41+ Weeks: 110

POSTPARTUM

- 60% Uterotonics/AMTSL: 490
- **DATA UNAVAILABLE**: Maternal Sepsis Case Mngmt. • Mngmt of Severe Pre-eclampsia/ Eclampsia • Late Postpartum Case Mngmt. • Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

- 37% Contraceptive Use: 440

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Revitalize traditional birth attendant training to increase recognition of delivery complications and referral to facilities.
- Provide technical assistance to the Ministry of Health to develop the National Strategy for School and Adolescent Health to reduce early marriage and prevent unplanned pregnancy.

ADVANCING QUALITY, RESPECTFUL CARE

- Update community health worker curriculum to include the provision of family planning methods and recognition and treatment of postpartum hemorrhage (PPH).
- Expand nationally the use of misoprostol to treat PPH.

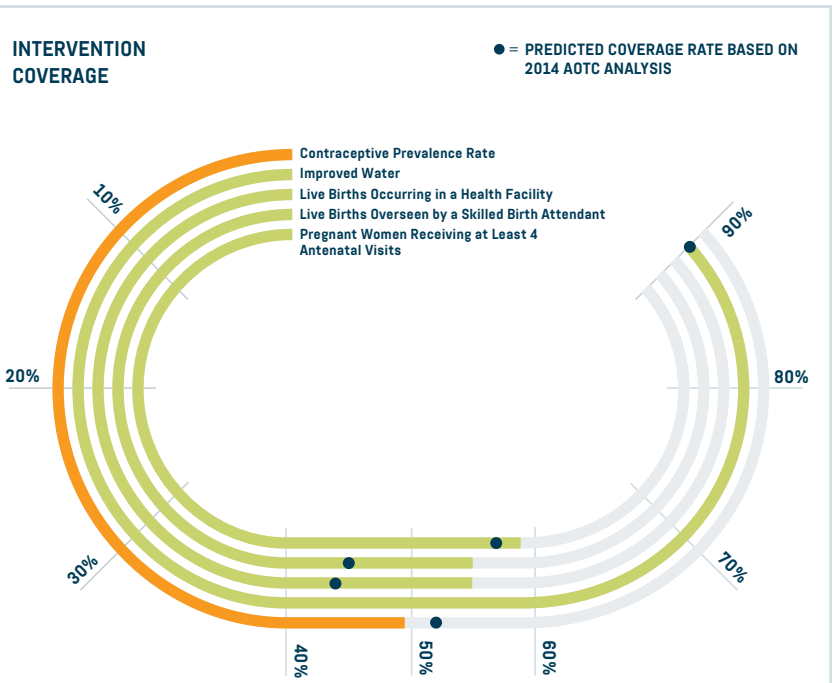
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Strengthen provincial capacity to conduct maternal and neonatal death audits.
- Support the Ministry of Health to strengthen the logistics and the commodity supply chain for family planning.

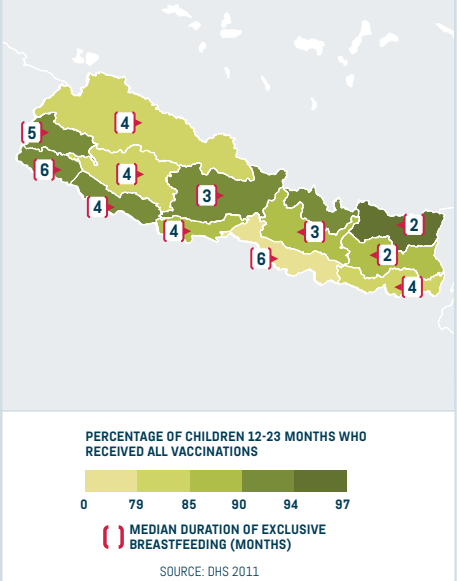
NEPAL

1990	19M	3.2M	95K	142	142M	770
	Total Population ↑	Population Under 5 Years ↓	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
2013	33.4M	3.1M	22.6K	40	571K	190

INTERVENTION COVERAGE



VACCINATION COVERAGE AND BREASTFEEDING DURATION



SOURCE: DHS 2011

USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

USAID has made strides to increase availability and reduce stock-outs of multiple modern contraceptive options, and training clinic and community health workers to provide family planning counselling and referral services. USAID supports Nepal's Contraceptive Retail Sales (CRS), to market and distribute oral rehydration solution (ORS) and support development and distribution of relevant behavior change communication materials along with the Government of Nepal's National Health Education, Information, Communication Center. CRS caters to all 75 districts, reaching more than half of all Village Development Committees.

ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

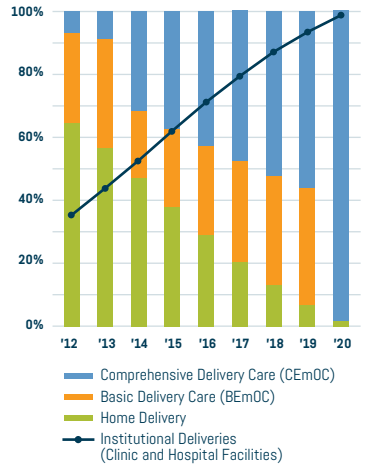
In collaboration with the Government of Nepal and other partners we have:

- Integrated the Newborn Care package and cIMCI to produce the CB-IMNCI Package and implemented it in 10 districts.
- Approved the National Infant and Young Child Feeding Strategy and the Maternal and Infant Young Child Nutrition Costed Action Plan finalized in 2015.
- Certified 62 new Village Development Communities as Open Defecation Free.
- Developed a costed implementation plan for family planning.
- Signed on to the Family Planning 2020 (FP2020) partnership which supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have.

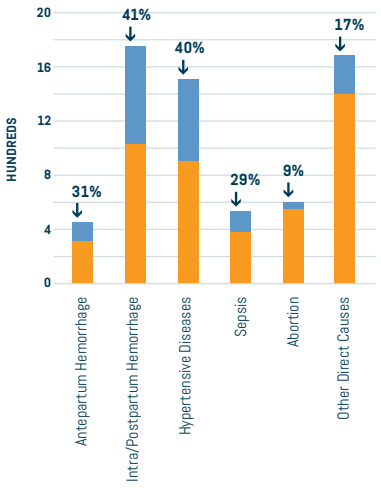
On April 25, 2015, a 7.8 magnitude earthquake struck Nepal. This earthquake and its subsequent aftershocks killed over 8,600 people and destroyed or damaged over 773,000 homes in 14 districts. Aspects of Nepal's programs are being refocused towards recovery and rebuilding efforts.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED

● = Perinatal/Neonatal Deaths Averted

● = Maternal Deaths Averted

ANTEPARTUM

35% Multiple Micronutrient Suppl. (inc. Iron Folate) ● 340

Balanced Energy Supplement ● 300

5% Calcium Supplementation ● 4

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt.
- Folic Acid Fortification

ANTENATAL CARE **93%**

99% TT Vaccination ● 470 ● 10

74% Syphilis Dx and Tx ● 2230

39% HIV Dx and Tx

5%
- Pre-eclampsia Dx and Tx (Use of MgSO4)
- Malaria Case Mngmt.
- Diabetes Case Mngmt.
- Fetal Growth Restriction Dx and Mngmt. ● 150 ● 20

INTRAPARTUM

94% Antibiotics for PROM ● 940 ● 40

95% Clean Birth Practices ● 1950 ● 110

100% Other Labor and Delivery Mngmt. (Normal and Complications) ● 24,200 ● 1090

94% Mngmt. of Severe Eclampsia (Use of MgSO4) ● 270

20% Induction of Labor at 41+ Weeks ● 190

POSTPARTUM

94% Uterotonics/AMTSL ● 360

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

59% Contraceptive Use ● 50

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Mobilize peer educators, community workers, and female community health volunteers in close coordination with local facilities and district health offices of high need to identify pregnant women and engage in home visits and health promotion activities.

ADVANCING QUALITY, RESPECTFUL CARE

- Support high quality services at government health facilities.
- Support the Ministry of Health and Population in providing quality antenatal care check-ups through existing service delivery outlets.
- Support the Government of Nepal to contract auxiliary nurse midwives for 24-hour skilled birth attendance.

STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

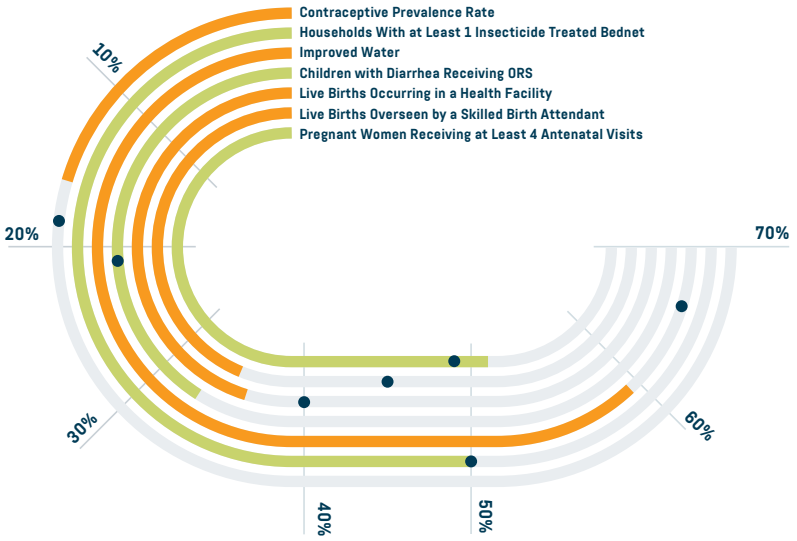
- Improve service readiness as well as the steady supply and availability of family planning commodities, Vitamin A, deworming and iron-folate for dispensing at health facilities and by female community health volunteers.

NIGERIA

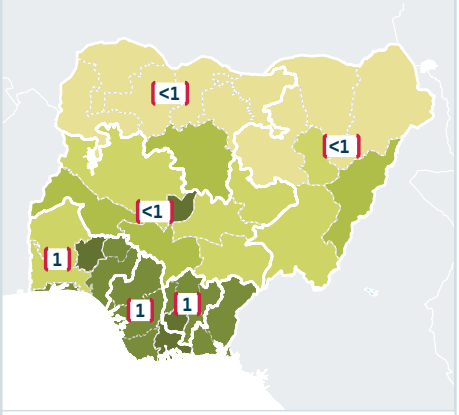
	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	97M	17M	848K	213	4.3M	1,110
2013	173M	28.7M	804K	117	6.9M	560

INTERVENTION COVERAGE

● = PREDICTED COVERAGE RATE BASED ON 2014 AOTC ANALYSIS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



PERCENTAGE OF CHILDREN 12-23 MONTHS WHO RECEIVED ALL VACCINATIONS

1 10 25 40 55 62

( ) MEDIAN DURATION OF EXCLUSIVE BREASTFEEDING (MONTHS)

SOURCE: DHS 2013

USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

USAID has taken measures to scale up activities in many areas, the impact of which may not yet be evident. The government of Nigeria has made pledges for Family Planning 2020, but distribution of key commodities in the public sector has been impeded by gaps in funding and inefficiencies in the logistics system. In response, USAID Nigeria will continue to support private sector commodities availability and has also committed to establish an innovative behavior change strategy to reach those women who are currently not accessing family planning services. At the community level, USAID targets states with lowest facility delivery rates to promote health facility delivery, and is working in states where facility deliveries are higher than median levels to improve quality of care. Community-based point-of-use water treatment is now prioritized in 96 districts, and behavior change communications around hand washing with soap have been implemented in two states.

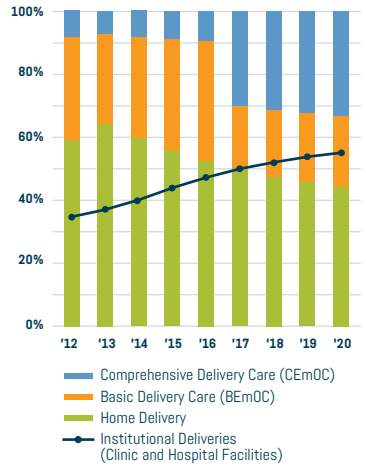
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Nigeria and other partners we have:

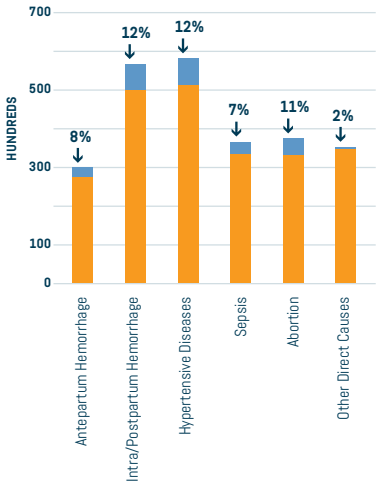
- Collaborated with stakeholders to identify bottlenecks impeding the policy approval for the use of dispersible amoxicillin for management of childhood pneumonia at the community and household levels.
- Signed an MOU between USAID, the Bill and Melinda Gates Foundation, Dangote Foundation, and the Bauchi State government to improve routine immunization in Bauchi state. Similar support is also being explored for Sokoto State.
- Provided training and outreach services to strengthen routine immunization activities in the 5 northern states along with ongoing polio eradication activities.
- Enhanced health worker skills to improve newborn outcomes. The Government of Nigeria approved the concept note for the Saving 100,000 Babies Initiative. Newborn interventions will be rolled out in 3 new states in collaboration with the relevant professional associations and the respective state governments.
- Procured and distributed Ready-to-Use Therapeutic Foods (RUTF); and provided affected communities with Behavior Change Communication (BCC) nutrition messaging, to address severe malnutrition in the Northeast brought on by the ongoing conflict with Boko Haram.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
- = Perinatal/Neonatal Deaths Averted
- = Maternal Deaths Averted

ANTEPARTUM

- 35% Multiple Micronutrient Suppl. (inc. Iron Folate): 4770
- Balanced Energy Supplement: 11,670
- 4% Calcium Supplementation: 50
- **DATA UNAVAILABLE**: Post Abortion Case Mngmt.; Ectopic Pregnancy Case Mngmt.; Folic Acid Fortification

ANTENATAL CARE **70%**

- 77% TT Vaccination: 16,550 / 90
- 16% IPTp or ITN
- 35% Syphilis Dx and Tx: 7210
- 80% HIV Dx and Tx: 1290
- 4%
  - Pre-eclampsia Dx and Tx (Use of MgSO4)
  - Malaria Case Mngmt.
  - Diabetes Case Mngmt.
  - Fetal Growth Restriction Dx and Mngmt.: 480 / 230

INTRAPARTUM

- 42% Antibiotics for PROM: 4470 / 730
- 50% Clean Birth Practices: 8990 / 1990
- 62% Other Labor and Delivery Mngmt. (Normal and Complications): 120,080 / 10,490
- 42% Mngmt. of Severe Eclampsia (Use of MgSO4): 2840
- 7% Induction of Labor at 41+ Weeks: 960

POSTPARTUM

- 42% Uterotonics/AMTSL: 3150
- **DATA UNAVAILABLE**: Maternal Sepsis Case Mngmt.; Mngmt of Severe Pre-eclampsia/ Eclampsia; Late Postpartum Case Mngmt.; Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

- 53% Contraceptive Use: 4280

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Conduct research on illness recognition and health-seeking behavior for maternal and newborn health to shape policy and program actions.

ADVANCING QUALITY, RESPECTFUL CARE

- Collaborate with partners to understand barriers to implementing effective identification and management of pre-eclampsia/eclampsia. Use findings to inform national and state level policies and programs.
- Expand family planning options for women through proficiency training of health workers in the use of long-acting contraceptive methods.

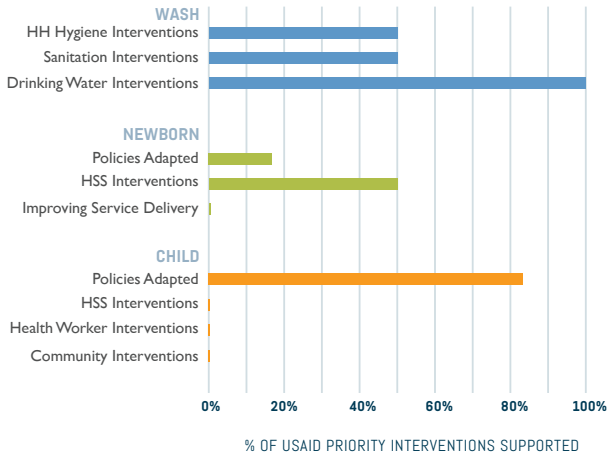
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Develop integrated strategy across health elements for ensuring availability of key commodities for malaria, family planning, and maternal health.
- Implement clinical governance and quality assurance processes at facility level in three new states — Kogi, Ebonyi, and Cross River.

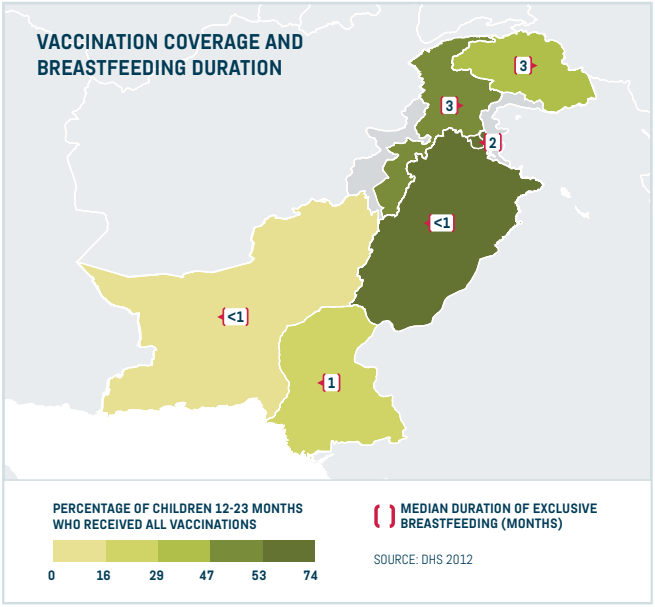
PAKISTAN

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↓	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	119M	20.9M	619K	138	5M	490
2013	193.2M	21.5M	394K	85	4.6M	170

IMPLEMENTATION OF HIGH IMPACT INTERVENTIONS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

USAID supports a range of community and facility level high impact and effective interventions to improve quality of services and strengthen health systems. Interventions that will be taken to scale in Sindh Province include use of chlorhexidine (CHX) and misoprostol; training on Helping Babies Breathe; health promotion through community support groups; and postpartum family planning. In particular, real-time supervisory monitoring of community activities using mHealth tools to evaluate and modify program implementation on a quarterly basis. USAID uses quality improvement approaches to ensure targeted support to improving quality of care under 12 key maternal and child health areas, including 40 service delivery standards.

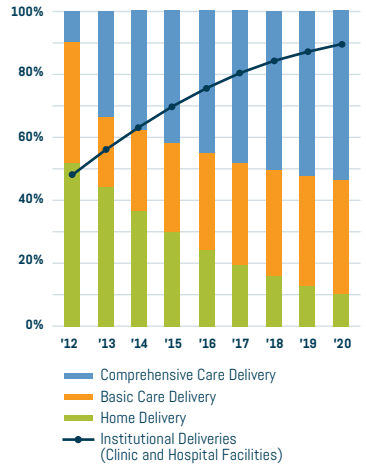
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Pakistan and other partners we have:

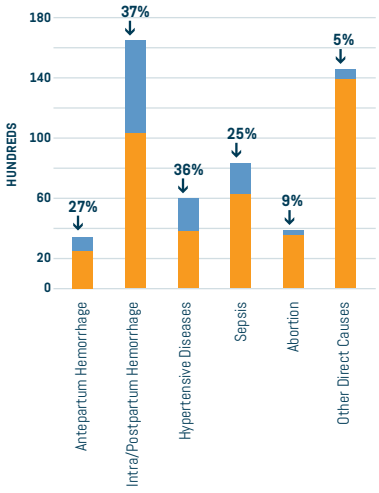
- Provided training and equipment to 431 health care providers to implement Helping Babies Breathe activities in five districts in Sindh to prevent birth asphyxia; as a result of this training, facilities reported resuscitating 94% of newborns not breathing at birth.
- Initiated a chlorhexidine scale-up initiative in two rural districts of Sindh, reaching 6,554 pregnant women – 97% of whom used CHX on their newborn's umbilical cord within 24 hours of birth to prevent sepsis.
- Supported routine immunization strengthening with an emphasis on scaling up micro-census and birth registration activities, improving data quality, and promoting linkages between health centers and local NGOs in four districts.
- Advocated for and provided technical assistance for all four of Pakistan's provinces to allocate portions of their budget towards commodity procurement and distribution.
- Supported the government to develop District Action Plans tied to budget formulation processes to increase host government investments, allocation, and utilization of resources in primary healthcare.
- Initiated technical assistance to national drug regulatory bodies and pharmaceutical industry to ensure the quality of maternal and child health commodities.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
= Perinatal/Neonatal Deaths Averted
= Maternal Deaths Averted

ANTEPARTUM

- 35% Multiple Micronutrient Suppl. (inc. Iron Folate): 5500
- Balanced Energy Supplement: 4160
- 4% Calcium Supplementation: 10
- **DATA UNAVAILABLE**: Post Abortion Case Mngmt.; Ectopic Pregnancy Case Mngmt.; Folic Acid Fortification

ANTENATAL CARE 76%

- 87% TT Vaccination: 9340 / 20
- 61% Syphilis Dx and Tx: 22,250
- 17% HIV Dx and Tx: 5
- 4%
  - Pre-eclampsia Dx and Tx (Use of MgSO4)
  - Malaria Case Mngmt.
  - Diabetes Case Mngmt.
  - Fetal Growth Restriction Dx and Mngmt.: 1460 / 60

INTRAPARTUM

- 67% Antibiotics for PROM: 12,020 / 570
- 80% Clean Birth Practices: 25,660 / 1500
- 98% Other Labor and Delivery Mngmt. (Normal and Complications): 271,780 / 5820
- 67% Mngmt. of Severe Eclampsia (Use of MgSO4): 940
- 11% Induction of Labor at 41+ Weeks: 2050

POSTPARTUM

- 67% Uterotonics/AMTSL: 3070
- **DATA UNAVAILABLE**: Maternal Sepsis Case Mngmt.; Mngmt of Severe Pre-eclampsia/ Eclampsia; Late Postpartum Case Mngmt.; Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

- 62% Contraceptive Use: 350

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Train lady health workers, community health workers, and male volunteers to conduct support group meetings to increase: 1) prenatal care visits; 2) deliveries with a skilled birth attendant in public facilities; and 3) uptake of postpartum family planning.
- Promote inter-spousal communication for birth spacing through mass media to increase uptake of family planning.

ADVANCING QUALITY, RESPECTFUL CARE

- Scale-up use of misoprostol for home-based births as part of active management of third stage of labor to prevent postpartum hemorrhage in 5 out the target 15 districts.

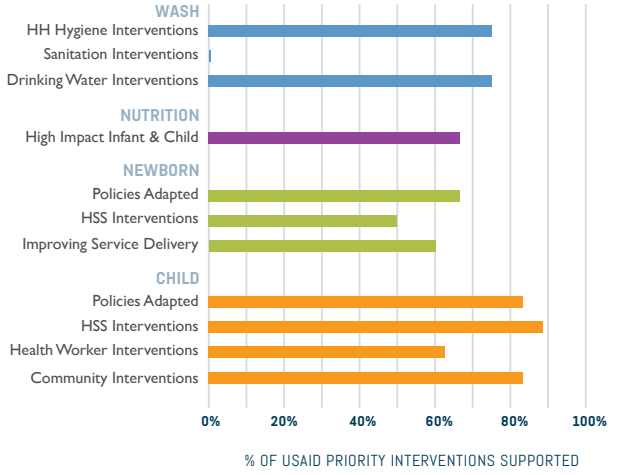
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Support provinces to complete international commodity bidding processes in accordance with the local Public Procurement Regulatory Authority requirements, so Pakistan can graduate from a donor-dependent program to an indigenously-supported commodity security program to cater to the family planning needs of its people.

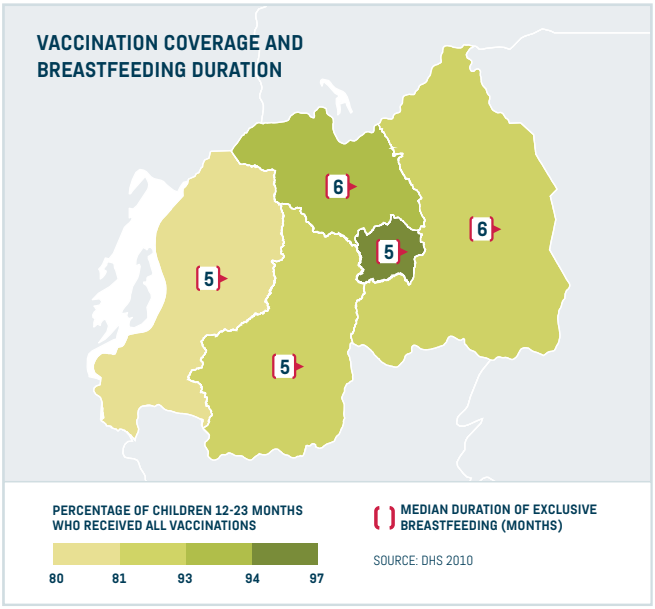
RWANDA

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	7M	1.3M	49.3K	151	304K	910
2013	12M	1.9M	21.6K	52	417K	320

IMPLEMENTATION OF HIGH IMPACT INTERVENTIONS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

Rwanda has made rapid progress in reducing under-five mortality. This is through an approach that targets all high impact interventions and a full range of implementation approaches from health systems strengthening to individual behavior change to direct support for high impact interventions. USAID supports all of these activities, looking for areas where our support can have the most impact by sharpening programs or improving quality.

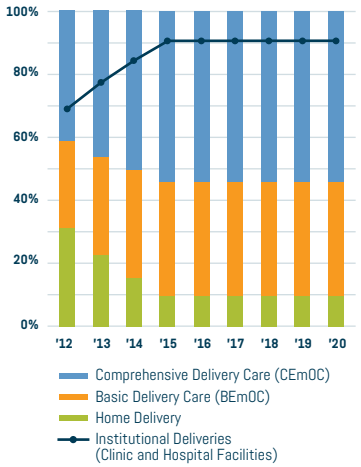
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Rwanda and other partners we have:

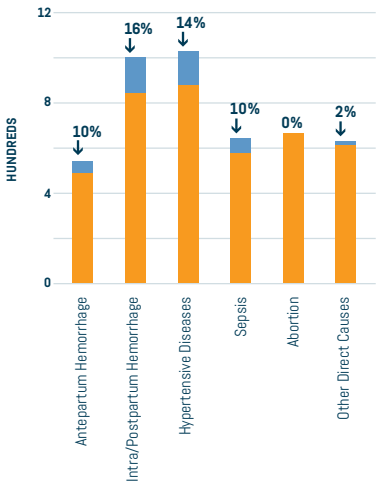
- Supported the Ministry of Health to plan, organize, and host the 10th International Kangaroo Mother Care (KMC) Conference. An evaluation found that KMC is present in over 95% of facilities.
- Supported the development of the Road Map to Accelerate the Reduction of Maternal and Neonatal Morbidity and Mortality (2013-2018), which was approved by the Minister of Health in August 2014. As part of roadmap implementation, introduced a comprehensive newborn health protocol that includes: Helping Babies Breathe, Emergency Triage Assessment and Treatment, Kangaroo Mother Care, Essential Newborn Care, Continuous Positive Airway Pressure, Integrated Community Case Management, and Integrated Management of Childhood Illnesses.
- Introduced a clinical mentorship program to improve the quality of maternal and child health services.
- Supported supervision and assessment of community health workers to ensure quality provision of community-based services, including Integrated Community Case Management.
- Implemented Community-based Environmental Health Promotion Program and community hygiene clubs to improve hygiene practices.
- Collaborated with the Ministry of Health and development partners to introduce a new policy on child linear growth monitoring to effectively detect stunting early among children under 2 years of age.
- Supported strengthening and scaling up of the Government of Rwanda's Community Based Nutrition Program that includes nutrition education and counseling, particularly around breastfeeding and complementary feeding, and community-based growth monitoring and promotion in the "thousand day" window of opportunity from pregnancy to a child's second birthday.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
= Perinatal/Neonatal Deaths Averted
= Maternal Deaths Averted

ANTEPARTUM

- 34% Multiple Micronutrient Suppl. (inc. Iron Folate) — 30
- Balanced Energy Supplement — 80
- 4% Calcium Supplementation
- **DATA UNAVAILABLE**: Post Abortion Case Mngmt.; Ectopic Pregnancy Case Mngmt.; Folic Acid Fortification

ANTENATAL CARE 84%

- 98% TT Vaccination — 70 / 1
- 67% Syphilis Dx and Tx — 590
- 40% IPTp or ITN — 290 / 10
- 100% HIV Dx and Tx
- 4%
  - Pre-eclampsia Dx and Tx (Use of MgSO4) — 20 / 10
  - Malaria Case Mngmt.
  - Diabetes Case Mngmt.
  - Fetal Growth Restriction Dx and Mngmt.

INTRAPARTUM

- 68% Antibiotics for PROM — 90 / 20
- 79% Clean Birth Practices — 220 / 40
- 94% Other Labor and Delivery Mngmt. (Normal and Complications) — 3220 / 200
- 68% Mngmt. of Severe Eclampsia (Use of MgSO4) — 80
- 11% Induction of Labor at 41+ Weeks — 10

POSTPARTUM

- 68% Uterotonics/AMTSL — 90
- **DATA UNAVAILABLE**: Maternal Sepsis Case Mngmt.; Mngmt of Severe Pre-eclampsia/ Eclampsia; Late Postpartum Case Mngmt.; Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

- 98% Contraceptive Use

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Support social and behavior change communication activities to promote healthy behaviors, including among adolescent girls, and to strengthen male engagement in maternal and child health.
- Support community-based health insurance planning and implementation.

ADVANCING QUALITY, RESPECTFUL CARE

- Support scale up of postpartum hemorrhage prevention at community level.
- Provide emergency obstetric care services.
- Support respectful maternity care and gender-sensitive and adolescent-friendly services to ensure access to quality services for underserved populations.

STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

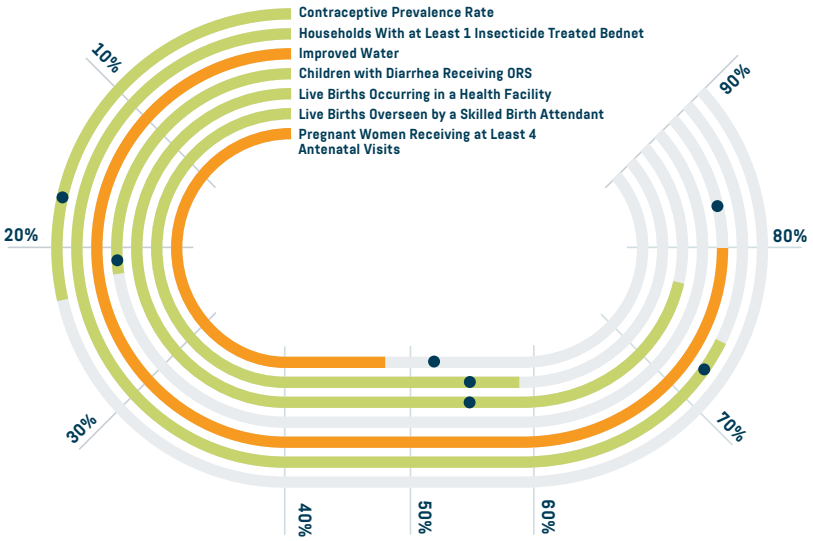
- Support improved quality of maternal health services through accreditation, mentoring, and other quality improvement activities.
- Implement the maternal and perinatal death surveillance and response system in order to better identify and address major causes of mortality.

SENEGAL

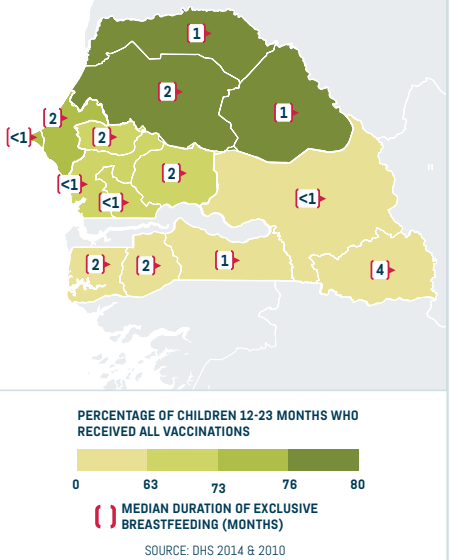
	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	7.3M	1.4M	44K	142	342K	670
2013	13.3M	2.1M	28.6K	55	518K	320

INTERVENTION COVERAGE

● = PREDICTED COVERAGE RATE BASED ON 2014 AOTC ANALYSIS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



SOURCE: DHS 2014 & 2010

USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

While Senegal is on track in most program areas to achieve the modeled coverage rates established by the *Acting on the Call* report, recent household survey data suggests the need for further scale up of antenatal care and WASH programming. USAID's expansion of behavior change communications and mobile outreach services aims to increase access to MNCH services in difficult-to-reach areas and increase access to qualified health personnel, detect potential high-risk pregnancies for early referral and reinforce skills of community health workers around antenatal care and childbirth. To address gaps in WASH programming, Senegal plans to build on the successes of previous activities and launch a new WASH program focused on reducing malnutrition. The program will have three main components: 1) increasing access to multiple use water services, especially clean drinking water; 2) increasing local capacity to build and manage water and sanitation services; and 3) increasing access to sanitation and improving hygiene practices.

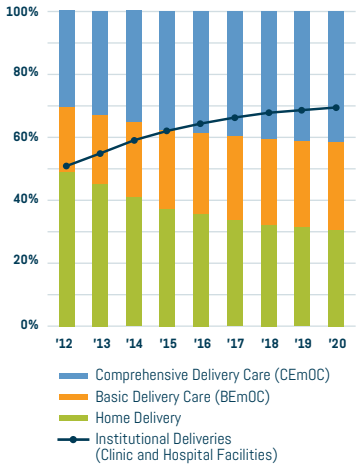
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Senegal and other partners we have:

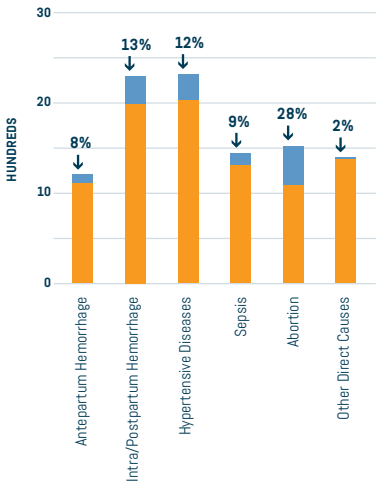
- Trained service providers on Kangaroo Mother Care and the Helping Babies Breathe protocol to prevent newborn death.
- Trained community health workers on integrated community case management of childhood disease.
- Expanded routine immunization and introduced new vaccines by collaborating with the Government of Senegal to update immunization policies to better reach marginalized populations.
- Supported community-level WASH interventions including hygiene promotion and social marketing for point-of-use water purification treatments.
- Rolled-out misoprostol for post-partum hemorrhage to over 500 health huts and chlorhexidine for newborn sepsis to approximately 1,000 health huts.
- Supported Senegal's Universal Health Coverage policy to expand community-based health insurance models and integrate free services to protect women and children.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
- = Perinatal/Neonatal Deaths Averted
- = Maternal Deaths Averted

ANTEPARTUM

- 35% Multiple Micronutrient Suppl. (inc. Iron Folate) — 220
- Balanced Energy Supplement — 260
- 3% Calcium Supplementation
- **DATA UNAVAILABLE**: Post Abortion Case Mngmt.; Ectopic Pregnancy Case Mngmt.; Folic Acid Fortification

ANTENATAL CARE 65%

- 97% TT Vaccination — 130 / 5
- 33% Syphilis Dx and Tx — 500
- 3% — Pre-eclampsia Dx and Tx (Use of MgSO4); Malaria Case Mngmt.; Diabetes Case Mngmt.; Fetal Growth Restriction Dx and Mngmt. — 40 / 10
- 44% IPTp or ITN — 240
- 79% HIV Dx and Tx

INTRAPARTUM

- 52% Antibiotics for PROM — 250 / 40
- 59% Clean Birth Practices — 590 / 90
- 69% Other Labor and Delivery Mngmt. (Normal and Complications) — 6860 / 380
- 52% Mngmt. of Severe Eclampsia (Use of MgSO4) — 140
- 8% Induction of Labor at 41+ Weeks — 40

POSTPARTUM

- 52% Uterotonics/AMTSL — 160
- **DATA UNAVAILABLE**: Maternal Sepsis Case Mngmt.; Mngmt of Severe Pre-eclampsia/ Eclampsia; Late Postpartum Case Mngmt.; Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

- 53% Contraceptive Use — 430

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Develop watchdog committees in rural communities, to increase community involvement to sensitize families on the importance of antenatal care and delivering in a facility.
- Promote key family planning messages through behavior change communication programs to encourage women to give birth at facilities, and improve maternal, infant and young child feeding practices.

ADVANCING QUALITY, RESPECTFUL CARE

- Increase access to qualified health personnel through outreach services at health huts to reinforce skills of community health workers, detect high-risk pregnancies, and increase facility delivery.

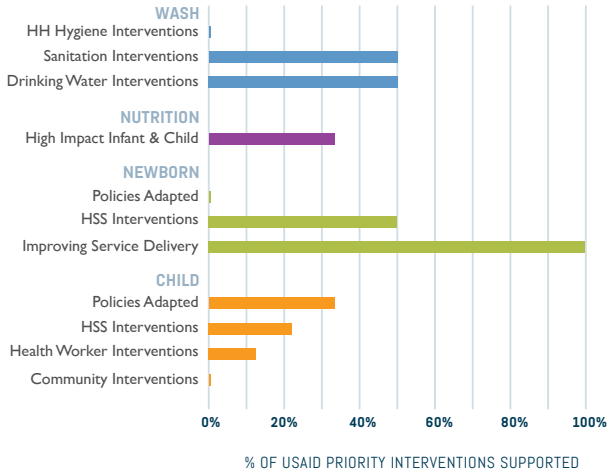
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Establish and scale-up emergency transport system in communities.
- Support integration of FP services into routine childhood immunization programs.
- Collaborate with the UN Life Saving Commodities program to ensure that there are no stock-outs of misoprostol, magnesium sulfate, and other life-saving commodities.

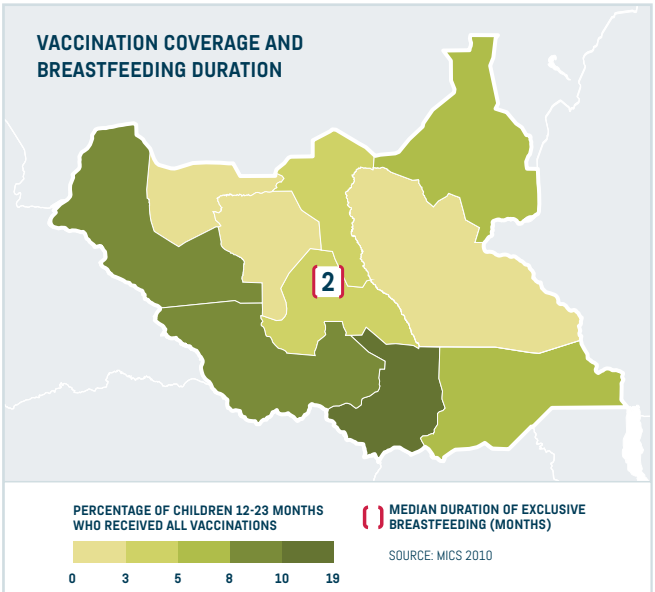
SOUTH SUDAN

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	5.8M	1.1M	66.2K	252	263K	1,800
2013	11M	1.9M	38.8K	99	392K	730

IMPLEMENTATION OF HIGH IMPACT INTERVENTIONS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

In South Sudan, USAID has focused on newborn and WASH interventions. This is because they are important contributors to overall lives saved. Focused attention is provided to key child health interventions, like integrated community case management, acknowledging that child health interventions, including introduction of new vaccines will have the most impact on lives saved. USAID is working to ensure effective implementation of integrated community case management (iCCM) as a foundation for additional interventions and approaches to support in the future.

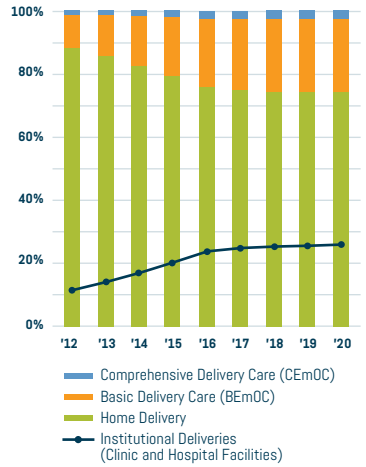
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of South Sudan and other partners we have:

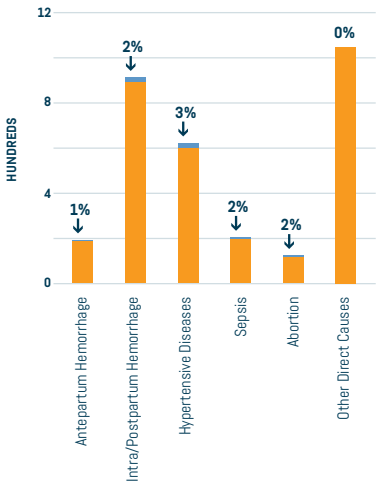
- Implemented iCCM in target regions in two states.
- Introduced Essential Care for Every Baby and Helping Babies Breathe programs in two states.
- Trained 3,800 Home Health Promoters (HHPs) enabling 63,000 clients to receive community-based services delivered through HHPs.
- Increased percent of service delivery sites that provide family planning from 70 to 80% with FP services provided to over 15,000 new users.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
= Perinatal/Neonatal Deaths Averted
= Maternal Deaths Averted

ANTEPARTUM

35% Multiple Micronutrient Suppl. (inc. Iron Folate) — 430
Balanced Energy Supplement — 310
2% Calcium Supplementation — 5

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt.
- Folic Acid Fortification

ANTENATAL CARE 32%

83% TT Vaccination — 2710 / 10
7% Syphilis Dx and Tx — 220
81% HIV Dx and Tx — 60
2%
- Pre-eclampsia Dx and Tx (Use of MgSO4) — 70
- Malaria Case Mngmt. — 20
- Diabetes Case Mngmt.
- Fetal Growth Restriction Dx and Mngmt.

INTRAPARTUM

7% Antibiotics for PROM — 110 / 10
17% Clean Birth Practices — 350 / 20
26% Other Labor and Delivery Mngmt. (Normal and Complications) — 1780 / 90
7% Mngmt. of Severe Eclampsia (Use of MgSO4) — 80
1% Induction of Labor at 41+ Weeks — 10

POSTPARTUM

7% Uterotonics/AMTSL — 110

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

8% Contraceptive Use — 20

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Train community health workers, called home health promoters, to encourage women to seek medical care in a facility during childbirth as more than 80% of pregnant women in South Sudan give birth at home, without the assistance of a skilled attendant.

ADVANCING QUALITY, RESPECTFUL CARE

- Ensure that focused antenatal care becomes a Ministry of Health standard for the entire country.

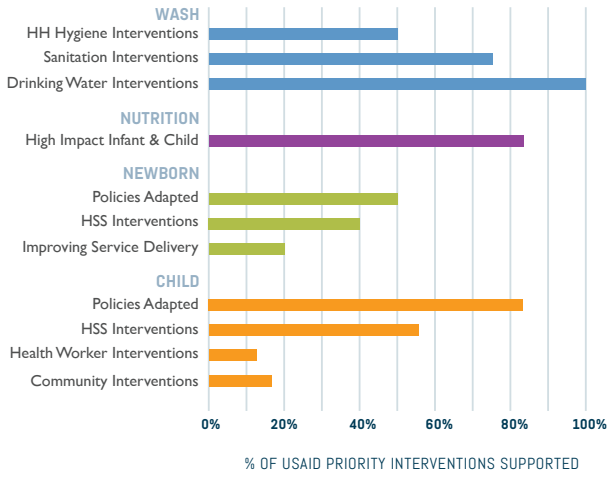
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Provide misoprostol and counsel women on proper storage for self-administration of misoprostol after childbirth to reduce postpartum hemorrhage (PPH). Train health facilities on Basic Emergency Obstetric and Newborn Care (BEmONC) and strengthen at least one primary health care center in each county covered by USAID programs to provide 24/7 services.

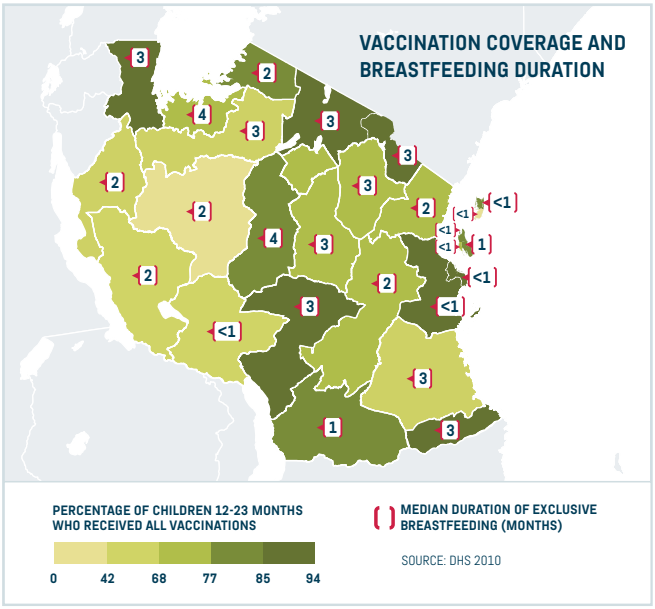
TANZANIA

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	25M	4.4M	179K	166	1M	870
2013	48.2M	8.1M	95.3K	51	1.8M	410

IMPLEMENTATION OF HIGH IMPACT INTERVENTIONS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

USAID supports a robust portfolio in Tanzania. Rigorous efforts target national level policies and programs with support for implementation of interventions directed to a smaller subset of key programs in priority regions where opportunities for implementing interventions and increasing their effectiveness have been identified by USAID.

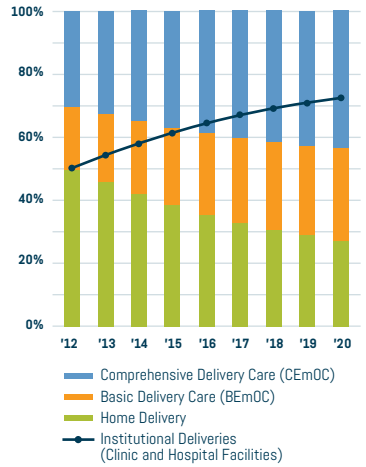
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Tanzania and other partners we have:

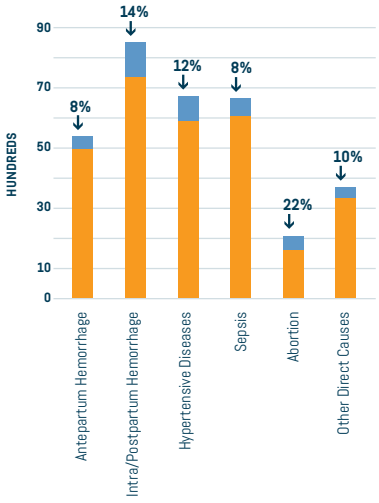
- Prioritized selection and costing of key reproductive, maternal, newborn, child and adolescent health (RMNCAH) interventions to develop The Sharpened One Plan (2014–2015) which focuses on low performing regions in the lead up to the end of the MDGs. The plan was translated into regional plans which are being carried out in two regions.
- Developed the "Big Results Now!" process to strengthen complementary systems to ensure successful implementation of EPCMD high impact interventions in priority regions.
- Approved a national standardized integrated community health worker cadre with a detailed scope of work (including promotive, preventative and curative roles) and a defined draft curriculum.
- Endorsed task sharing and expanded the role of nurses/midwives to include provision of HIV and RMNCH services.
- Supported the implementations of a national nutrition social and behavior change communication strategy (SBCC), including distribution of a SBCC tool kit. The kit targets behavior change of parents and communities towards good feeding practices for children during their first 1,000 days.
- Supported the distribution of over 1.7 million sachets of micronutrient powders (MNP) to help reduce iron-deficiency anemia among children under five years of age. Helped to carry out an extensive social marketing campaign in eight districts to promote sales and consumption of MNP as well as other fortified foods.
- Introduced measles second dose and measles-rubella combination vaccine into the routine vaccination schedule, a potential platform for continued contact with the child.
- Increased women's access to and uptake of long-acting and permanent family planning methods through intensified outreach services in focus regions with weak MNCH performance and low contraceptive prevalence.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED

● = Perinatal/Neonatal Deaths Averted

● = Maternal Deaths Averted

ANTEPARTUM

35% Multiple Micronutrient Suppl. (inc. Iron Folate) ● 430

Balanced Energy Supplement ● 1050

3% Calcium Supplementation ● 10

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt.
- Folic Acid Fortification

ANTENATAL CARE **54%**

99% TT Vaccination ● 950 ● 50

27% Syphilis Dx and Tx ● 4110

42% IPTp or ITN ● 1840 ● 60

100% HIV Dx and Tx ● 150

3%
- Pre-eclampsia Dx and Tx (Use of MgSO4)
- Malaria Case Mngmt.
- Diabetes Case Mngmt.
- Fetal Growth Restriction Dx and Mngmt. ● 60 ● 30

INTRAPARTUM

54% Antibiotics for PROM ● 2720

62% Clean Birth Practices ● 1480 ● 400

73% Other Labor and Delivery Mngmt. (Normal and Complications) ● 17,990 ● 1670

54% Mngmt. of Severe Eclampsia (Use of MgSO4) ● 420

9% Induction of Labor at 41+ Weeks ● 90

POSTPARTUM

54% Uterotonics/AMTSL ● 650

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

75% Contraceptive Use ● 450

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Ensure community health workers identify pregnant women, provide counseling messages on maternal and newborn health practices, and refer clients to health facilities.
- Actively link communities to health services through local civil society organizations and foster accountability measures across the Reproductive, Maternal, Newborn and Child Health continuum of care.

ADVANCING QUALITY, RESPECTFUL CARE

- Increase access to services by integration of family planning (FP), MNCH, and HIV services: strengthen FP within Prevention of Mother to Child Transmission (PMTCT) care, integrate HIV diagnosis and treatment within labor and delivery, provide intermittent preventive therapy during pregnancy (IPTp) at all antenatal care visits for malaria prevention, and provide comprehensive emergency obstetric care and postpartum family planning.

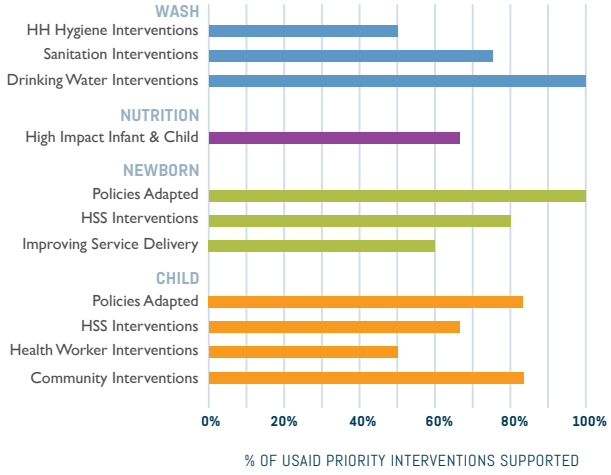
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Strengthen midwifery pre-service training institutions and clinical rotations to ensure that graduates have the necessary competencies to save maternal and newborn lives.

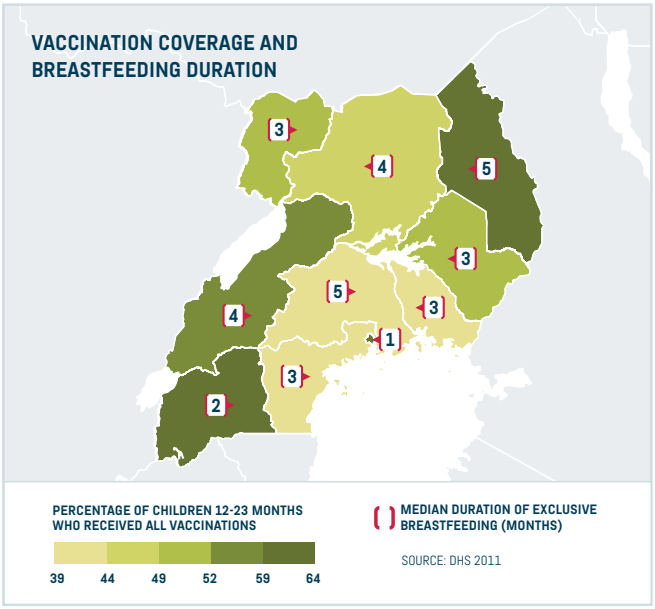
UGANDA

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	16.5M	3.5M	145K	178	875K	600
2013	34.7M	6.6M	101.5K	66	1.5M	360

IMPLEMENTATION OF HIGH IMPACT INTERVENTIONS



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

USAID provides comprehensive support to EPCMD interventions in Uganda. Programs are monitored to ensure that implementation is effective and opportunities to integrate interventions onto common platforms such as routine immunization platform are sought out.

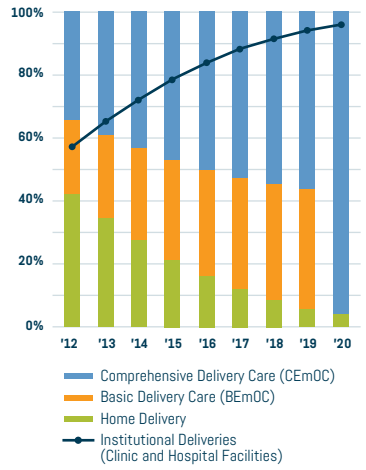
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Uganda and other partners we have:

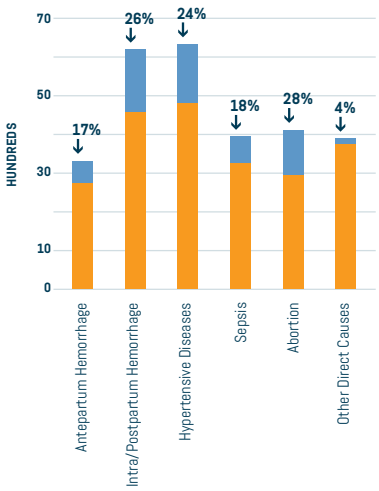
- Increased access to affordable, quality comprehensive obstetric care through the Healthy Baby Voucher Program in 49 facilities, resulting in the safe delivery of 20,000 babies.
- Implemented a transportation subsidy for delivery, enabling 10,000 mothers to access safe delivery and emergency services.
- Completed roll-out of pneumococcal vaccine and introduction of the rotavirus vaccine in select districts, addressing pneumonia and diarrhea.
- Trained birth attendants on the implementation of Helping Babies Breathe protocol in health facilities.
- Increased leadership and district governance and planning for nutrition through supporting establishment of 17 district nutrition coordination committees.
- As the Scaling Up Nutrition (SUN) Donor conveners, took a lead role in providing leadership to development partners and UN agency through coordinating the establishment of the nutrition development partners forum, a structure recognized at national level and within the Uganda nutrition action framework
- Supported the development of six advocacy and guidelines materials for the government including a national nutrition health facility assessment tool.
- Doubled the number of districts working to support the reaching every child with quality improvement to improve not only the extent but the quality of immunization services provided.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED

= Perinatal/Neonatal Deaths Averted

= Maternal Deaths Averted

ANTEPARTUM

35% Multiple Micronutrient Suppl. (inc. Iron Folate) — 460

Balanced Energy Supplement — 620

3% Calcium Supplementation — 10

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt.
- Folic Acid Fortification

ANTENATAL CARE 66%

98% TT Vaccination — 720 / 20

33% Syphilis Dx and Tx — 1430

38% IPTp or ITN — 2300 / 50

100% HIV Dx and Tx — 390

3%
- Pre-eclampsia Dx and Tx (Use of MgSO4)
- Malaria Case Mngmt.
- Diabetes Case Mngmt.
- Fetal Growth Restriction Dx and Mngmt. — 110 / 30

INTRAPARTUM

91% Antibiotics for PROM — 1120 / 200

93% Clean Birth Practices — 2510 / 490

100% Other Labor and Delivery Mngmt. (Normal and Complications) — 35,530 / 2220

91% Mngmt. of Severe Eclampsia (Use of MgSO4) — 750

19% Induction of Labor at 41+ Weeks — 210

POSTPARTUM

91% Uterotonics/AMTSL — 850

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

79% Contraceptive Use — 1160

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Mobilize communities to promote early, regular antenatal clinic attendance and the importance of delivering at a health facility.
- Sensitize women and men on the importance of postnatal care, emphasizing immunizations and family planning.
- Promote family planning, recognition of complications, and self-care.

ADVANCING QUALITY, RESPECTFUL CARE

- Ensure that pregnant women receive intermittent preventive therapy in pregnancy (IPTp) for malaria, tetanus toxoid (TT), iron and folic acid supplementation, deworming and HIV testing and counseling.
- Support on-the-job-training, mentoring, and coaching of service providers to improve the quality of service provision, including respectful maternity care.

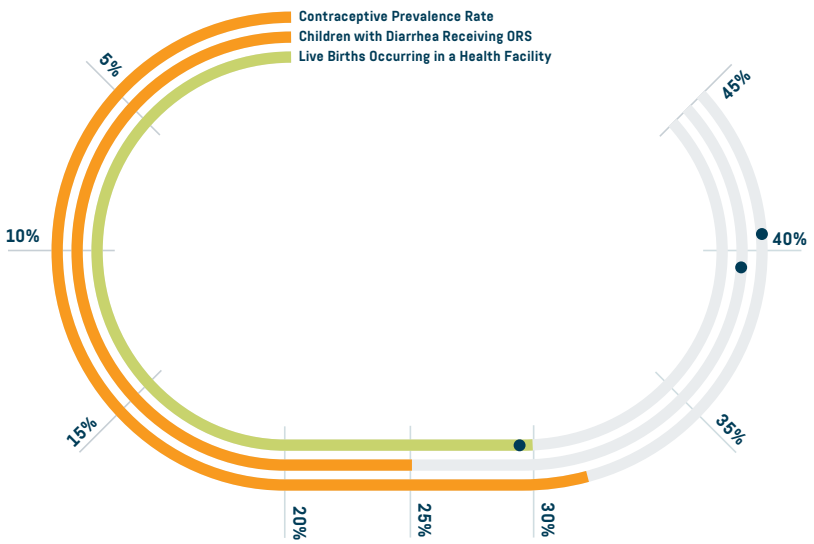
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Support pre- and in-service training of nurses, midwives and other cadres of staff on active management of the third stage of labor.

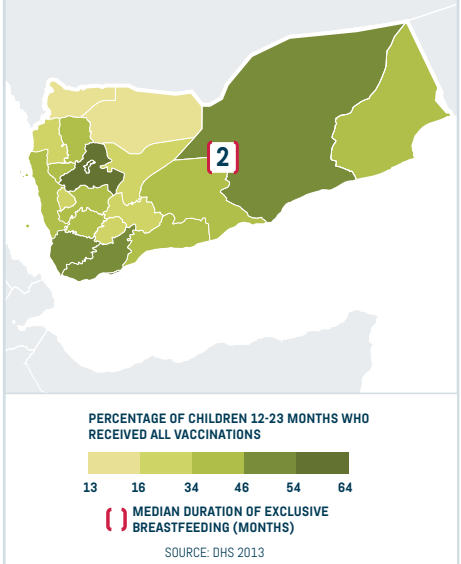
YEMEN

	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
1990	11.8M	2.5M	71K	125	570K	610
2013	25.3M	3.8M	37.5K	51	733K	270

INTERVENTION COVERAGE



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

Health services in Yemen have been severely affected by the ongoing conflict which has escalated in the last few months. As a result, USAID program activities were suspended 26 March 2015. Prior, however, USAID assisted the Republic of Yemen Government to provide quality maternal and child health (MCH) care and family planning, and reproductive health (FP/RH). In addition national level capacity building, activities were being implemented in four focus governorates. Despite geopolitical challenges that delayed activities, USAID Yemen had prioritized efforts around health systems strengthening in an effort to enhance national capacity to improve and manage the supply chain systems and commodities such as oral rehydration solution and contraception.

ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

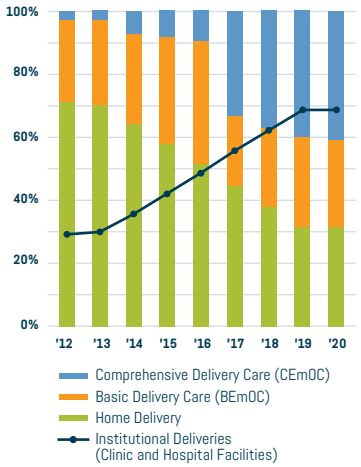
In collaboration with the Government of Yemen and other partners we have:

- Adapted the Newborn Bottleneck Analysis to the Yemeni context and added a maternal tool to identify issues and recommendations for scaling up evidence-based interventions in Yemen.
- Expanded newborn resuscitation using Helping Babies Breathe (HBB) training and services from two to five governorates- HBB will be cascaded down to the health facility level in those governorates.
- Extended Kangaroo Mother Care services from one to three hospital units (at the governorate level.)
- Supported national level activities such as generation and use of quality data, capacity building and donor coordination to respond to urgent vaccine needs, conduct data reviews and data quality assessments.
- Integrated nutrition messages into health services, focusing on chronic malnutrition for children under five.
- Strengthened pre-service education in 10 midwifery schools with a focus on competency and skills based educational approaches, using preservice education performance standards and emphasizing clinical practice of integrated MN/FP services.
- Supported measles, rubella and polio vaccination campaign and reinforced role of supervision in routine immunization activity.

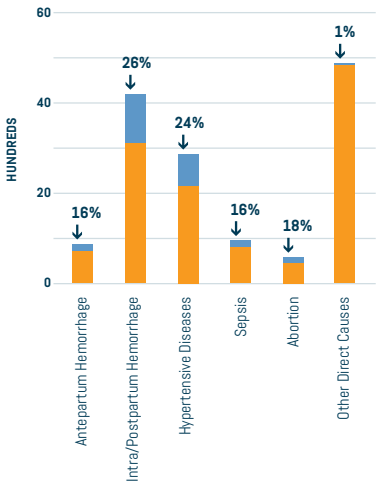
NOTE: Yemen is a conflict-affected, impoverished state struggling through a post-revolutionary transition. A Zaidi Shia insurgent group known as the Houthis employed military force to annex significant areas of the country throughout 2014, and eventually took full control of Sana'a in early February 2015. The Houthi takeover further delayed Yemen's precarious political transition and has significantly complicated USAID/Yemen operations. On February 11, 2015, U.S. Embassy in Sana'a was closed, and all remaining American diplomatic staff were evacuated to Washington, DC. This followed an ordered departure of non-emergency U.S. government staff that began on September 22, 2014. USAID development activities have been suspended for one year. There are currently no American staff in Yemen and FSN staff do not have access to the USAID Offices in the US Embassy.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
- = Perinatal/Neonatal Deaths Averted
- = Maternal Deaths Averted

ANTEPARTUM

- 34% Multiple Micronutrient Suppl. (inc. Iron Folate) — 590
- Balanced Energy Supplement — 370
- 3% Calcium Supplementation — 5
- **DATA UNAVAILABLE**: Post Abortion Case Mngmt.; Ectopic Pregnancy Case Mngmt.; Folic Acid Fortification

ANTENATAL CARE **52%**

- 92% TT Vaccination — 1210 / 10
- 26% Syphilis Dx and Tx — 1170
- 21% HIV Dx and Tx
- 3%
  - Pre-eclampsia Dx and Tx (Use of MgSO4)
  - Malaria Case Mngmt.
  - Diabetes Case Mngmt.
  - Fetal Growth Restriction Dx and Mngmt. — 180 / 30

INTRAPARTUM

- 51% Antibiotics for PROM — 980 / 50
- 59% Clean Birth Practices — 1680 / 100
- 70% Other Labor and Delivery Mngmt. (Normal and Complications) — 12,920 / 1040
- 51% Mngmt. of Severe Eclampsia (Use of MgSO4) — 360
- 8% Induction of Labor at 41+ Weeks — 170

POSTPARTUM

- 51% Uterotonics/AMTSL — 540
- **DATA UNAVAILABLE**: Maternal Sepsis Case Mngmt.; Mngmt of Severe Pre-eclampsia/ Eclampsia; Late Postpartum Case Mngmt.; Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

- 46% Contraceptive Use — 110

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Collaborate with UNICEF to expand Community Based Maternal and Newborn Care.

ADVANCING QUALITY, RESPECTFUL CARE

- Expand family planning (FP) counseling in five focus governorates and conduct interval Long Acting Reversible Contraceptives training for clinical service delivery.
- Scale-up Post-Partum Family Planning (PPFP) focusing on Lactational Amenorrhea Method (LAM). Continue Quality Improvement for PPFP clinical services in Sana'a city governorate.

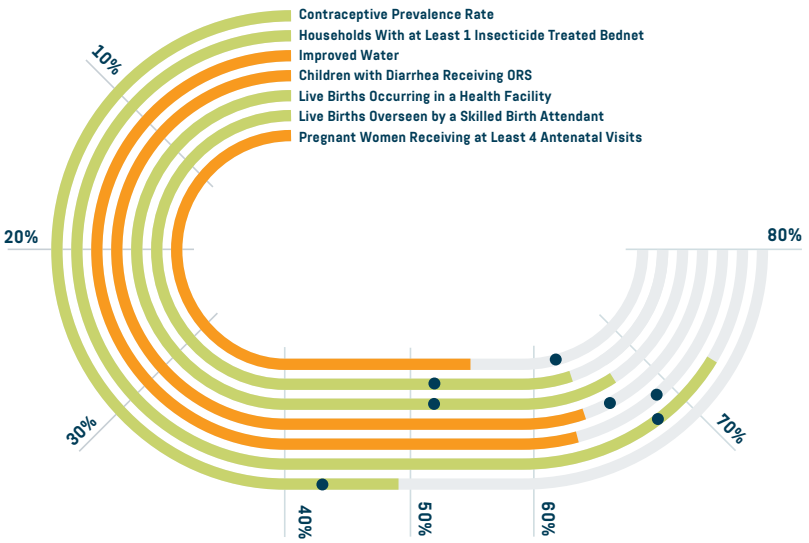
STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- With partners, support the rollout of Yemen's Maternal Mortality Audit guidelines.

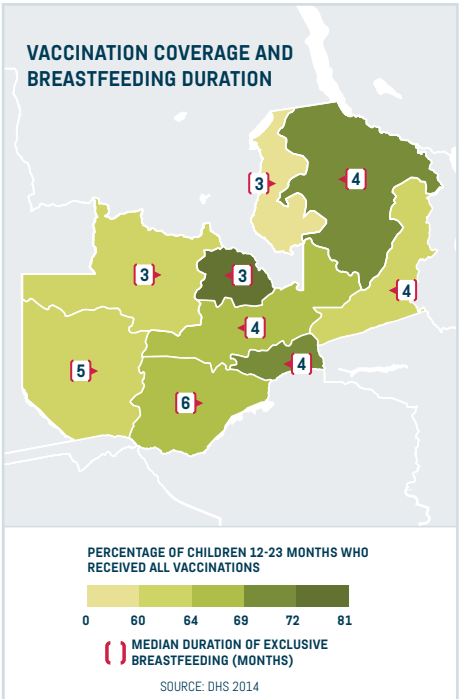
ZAMBIA

	7.6M	1.4M	63K	192	339K	470
1990	Total Population ↑	Population Under 5 Years ↑	Under-5 Deaths / Year ↓	Under-5 Mortality Rate Per 1,000 Live Births ↓	Births ↑	Maternal Mortality Ratio Per 100,000 Live Births ↓
2013	14.2M	2.6M	51.4K	87	589K	280

INTERVENTION COVERAGE



VACCINATION COVERAGE AND BREASTFEEDING DURATION



USING DATA TO TRACK AND SHARPEN IMPLEMENTATION

USAID is working to identify and mobilize women through maternal education; behavior change communications; engagement of traditional and religious leaders; development and dissemination of birth plans that encompass the necessary requirements and interventions for antenatal care, safe delivery and postnatal care. Improvements in service delivery and quality of care are being made through training of health care providers in focused antenatal care and provision of "one stop shop" for all services.

To address diarrheal disease; distribution of oral rehydration solution (ORS) in combination with zinc is being prioritized and supported through training for health care providers in Integrated Management of Childhood Illness (IMCI) and community health workers in integrated Community Case Management (iCCM).

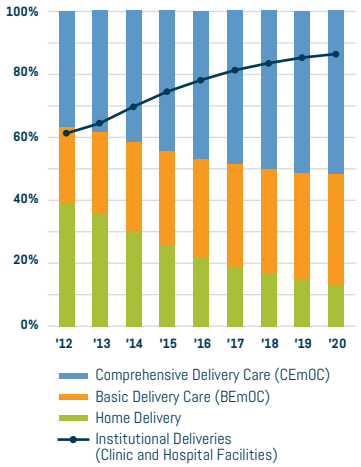
ACTING ON THE CALL: PROGRESS SINCE LAST JUNE

In collaboration with the Government of Zambia and other partners we have:

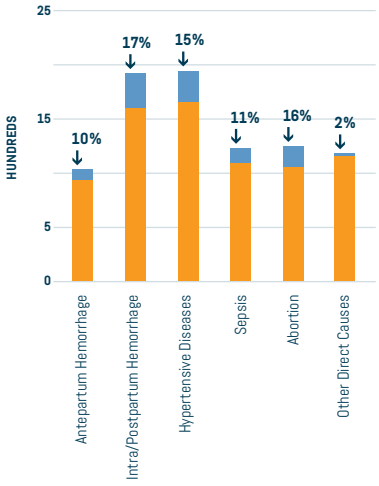
- Addressed causes of neonatal and under five morbidity and mortality;
  - Birth asphyxia through the incorporation of Essential Newborn Care into Emergency Obstetric and Newborn Care curriculum;
  - Prematurity through the scale up of Kangaroo Mother Care (KMC) in selected districts country wide;
  - Pneumonia; through the scale up of interventions supporting child survival: IMCI, iCCM prevention of vaccine preventable diseases in the Expanded Program for Immunization (EPI) and the Reaching Every District (RED) Strategy;
  - Diarrhea through use of ORS and zinc and through the social marketing of chlorine for disinfection of water.
- Scaled up the Saving Mothers Giving Life (SMGL) initiative to 10 additional districts (16 in total) resulting in improved health outcomes for mothers and children.
- Scaled up respectful mother care in 3 of the SMGL districts improving the quality of services being offered.
- Built capacity in KMC in the 7 SMGL districts resulting in improved care for preterm babies.
- Supported development and review of national policies and guidelines for infant and young child feeding.

MATERNAL HEALTH AT BEST PERFORMER MODELED RATES

INCREASING AVAILABILITY OF AND ACCESS TO COMPREHENSIVE DELIVERY CARE



IMPACT OF SCALE UP (2012-2020): CAUSES OF MATERNAL DEATH



LIVES SAVED 2012-2020 AND INTERVENTION COVERAGE AFTER SCALE UP (2020)

LIVES SAVED
= Perinatal/Neonatal Deaths Averted
= Maternal Deaths Averted

ANTEPARTUM

35% Multiple Micronutrient Suppl. (inc. Iron Folate) 240

Balanced Energy Supplement 590

3% Calcium Supplementation

DATA UNAVAILABLE
- Post Abortion Case Mngmt.
- Ectopic Pregnancy Case Mngmt.
- Folic Acid Fortification

ANTENATAL CARE **63%**

87% TT Vaccination 210

32% Syphilis Dx and Tx 180

75% IPTp or ITN 330 10

100% HIV Dx and Tx 180

3%
- Pre-eclampsia Dx and Tx (Use of MgSO4)
- Malaria Case Mngmt.
- Diabetes Case Mngmt.
- Fetal Growth Restriction Dx and Mngmt. 10

INTRAPARTUM

65% Antibiotics for PROM 350 40

73% Clean Birth Practices 880 90

87% Other Labor and Delivery Mngmt. (Normal and Complications) 9,820 410

65% Mngmt. of Severe Eclampsia (Use of MgSO4) 150

10% Induction of Labor at 41+ Weeks 40

POSTPARTUM

65% Uterotonics/AMTSL 170

DATA UNAVAILABLE
- Maternal Sepsis Case Mngmt.
- Mngmt of Severe Pre-eclampsia/ Eclampsia
- Late Postpartum Case Mngmt.
- Severe Bleeding/PPH Dx and Tx

HEALTHY TIMING AND SPACING OF PREGNANCIES

76% Contraceptive Use 190

Dx and Tx = Detection and Treatment

ENABLING AND MOBILIZING INDIVIDUALS AND COMMUNITIES

- Build capacity of community health workers (SMAGs) in life saving skills and promotion of delivery at the health facility; promote community based distribution of family planning commodities including provision of Injectable Depo Provera in selected districts country wide, and engage parliamentarians, traditional and religious leaders as change champions.

ADVANCING QUALITY, RESPECTFUL CARE

- Train and continuous mentor health care providers in high impact interventions that improve maternal health outcomes:
- Implement Focused Antenatal Care (FANC).
- Incorporate Emergency Obstetric and Newborn Care (EmONC) with Essential Newborn Care.

STRENGTHENING HEALTH SYSTEMS AND CONTINUOUS LEARNING

- Build capacity of health care providers through training in FANC, Emergency Obstetric and Newborn Care (EMONC), Essential Newborn Care (ENC), Long Acting Reversible Contraception (LARC).
- Support continuous mentorship of health care providers for retention and sustainability of these skills.

NEW EVIDENCE-BASED APPROACHES TO HELP ACCELERATE PROGRESS

Acting on the Call represents USAID's commitment to improve our programs and projects in the field to ensure that we are doing everything possible to get the best outcomes from our investments. Our modelling, based on achieving rates of change equal to what had previously been achieved by top performing countries, allows us to focus on the highest impact interventions and ensures our implementation corresponds to the best practices known to the field. Additionally, as new evidence emerges or new implementation approaches are proven effective, USAID swiftly incorporates what it has learned into its strategies at the country level.

The following pages illustrate, by technical intervention area, new evidence generated over the past year and/or new ways to ensure that state of the art evidence is incorporated into our field programs.

Health Systems Strengthening

Evidence on the performance of health systems strengthening (HSS) interventions has been scarce, scattered and not widely disseminated. In 2014, USAID identified a subset of HSS interventions that have helped reduce morbidity and mortality. These interventions included:

- Bringing health services closer to patients,
- Training health workers to improve service quality,
- Service integration,
- Task sharing,
- E-health interventions,
- Health insurance,
- Performance-based financing (PBF),
- Conditional cash transfers,
- Vouchers,
- Contracting out, and
- Promoting community and provider engagement.

Evidence indicates that community-based maternal and/or newborn care, for example, has significantly lowered perinatal and neonatal mortality rates. Further, community-based distribution of contraceptives has expanded women's access to a broader range of methods. In addition, conditional cash transfers have demonstrated positive effects on a number of maternal and child health behaviors and outcomes. USAID continues to assess all possible interventions to decide what is most appropriate for the Agency to support.

Countries[4] that achieved the most progress in saving the lives of women and children regularly encourage partnerships within local communities and civil society. They also have invested in high-impact health interventions and adopted good governance strategies. For instance, evidence and country experience demonstrate that community-based approaches, such as well-performing community health workers who are supported by communities, health systems, and health promotion groups (e.g., participatory women's groups, care groups), are effective in improving coverage at both low cost and with equity.[5,6,7,8,9,10,11,12]

SCALING UP ON INNOVATION: COMMUNITY HEALTH WORKERS IN NEPAL

For almost three decades, Nepal's 50,000 Female Community Health Volunteers (FCHVs) have played an integral role in improving RMNCH and nutrition intervention coverage. FCHVs deliver services, engage communities with the formal health system, and promote healthy behaviors and practices in households and communities. These strategies have helped reduce the deaths of children under age five by more than 50% in the last 15 years.[13,14] For example, to prevent deaths from umbilical cord infection, one of the major causes of neonatal deaths in Nepal, FCHVs contribute to increased application of chlorhexidine to the cord during home visits immediately after birth. This life-saving intervention has been scaled up to 49 of the 75 planned districts, reaching approximately 45 to 50% of newborns in Nepal.[15]

Photo: Thomas Cristofoletti

HEALTH EXTENSION PROGRAM: FAMILY PLANNING SUCCESSES IN ETHIOPIA

Ethiopia, the second most populous African country with 92 million people, is a family planning success story: over the last 10 years modern method contraceptive use increased from 15% to 40% and TFR declined from 6.4% to 4.8%. The government's Health Extension Program (HEP) is credited with this success. The HEP is a network of 38,000 frontline health workers stationed at 15,000 health posts throughout the country, and 3 million volunteers (the Health Development Army) who bring health information to households. A recent survey found overall satisfaction with HEP services to be over 60%, with family planning services rated the highest.[16]

A USAID issued global call for cases documenting how health systems strengthening contributes to EPCMD goals yielded 145 examples. One of the top HSS cases documented the creation of a PBF system implemented in over 250 health facilities in 12 of Liberia's 15 counties. This incentive system inspired front-line community health workers to meet EPCMD service delivery targets. outcome data showed that the proportion of deliveries conducted in a facility by a skilled birth attendant increased from 29% to 51% and the proportion of pregnant women who were tested for HIV at their first antenatal visit and counselled increased from 26% to 81%.

USAID and partners — including the Organization for Economic Cooperation and Development (OECD), the European Union and the World Health Organization (WHO) — introduced a new System of Health Accounts methodology (SHA) to better track spending on health conditions. The SHA includes

a breakdown of expenditures into reproductive, maternal and child health categories. USAID has worked with WHO to introduce this new SHA methodology in 16 priority countries.[17] The evidence this new method provides will assist with country-level advocacy and increase focus on priority interventions. For example, understanding trends in expenditure levels and relative allocation to RMNCH along with data on progress and outcomes can help health ministries advocate for higher budget levels.

The Ebola outbreak in West Africa highlighted for the world the importance of HSS for EPCMD and other USAID global health priorities. The health systems of Guinea, Liberia, and Sierra Leone struggled to withstand the overwhelming stress of the epidemic, while continuing to provide essential services. The related health systems disruptions dramatically reduced coverage of essential services, including routinely recommended vaccinations, antenatal care, and assisted deliveries. To counteract the disastrous effects of the outbreak, USAID launched a partnership on post-Ebola HSS among donors, technical agencies, and country leaders to plan collaboratively for building resilient health systems in the three Ebola-affected countries and ultimately across the West Africa region.

Family Planning

Investment in voluntary family planning is linked to transformational benefits in health and development. Estimates indicate that by enabling women, youth, and couples to prevent unintended and high-risk pregnancies through increased use of family planning services, child and maternal deaths will decrease by 25% and 30%, respectively.[18] Yet a recent publication by the Guttmacher Institute[19]notes that family planning services fall short of need in all developing regions. It also found that for every dollar invested in family planning, $1.47 is saved in maternal and newborn health care.

USAID continues to advance under-resourced issues that remain important drivers of mortality. Globally, neither child marriage (defined as marriage under the age of 18) nor the proportion of 18–24 year olds having their first birth before age 18 have measurably declined.[20] Yet an adolescent's newborn is at significantly increased risk of pre-term birth (Figure 1), compared to newborns of older mothers, and some evidence indicates that younger adolescents (ages 15 and under) experience a higher risk of maternal mortality and severe morbidity compared to older adolescents.[21] USAID-supported research found that a significant proportion of women (7%–12%) in Kenya, Tanzania, and Uganda still report that their first birth occurred before age 16. The study found that due to a lack of disaggregated data, early adolescent childbearing is a largely hidden problem, rarely recognized in policy and programs. It is estimated that, in low income countries, up to 2.5 million girls under 16 years of age give birth annually.[22] These births are largely excluded from most official estimates of adolescent fertility and maternal mortality.[23]

To incentivize country-level innovations in reproductive health, USAID established *The Resolve Award.* In 2014, the award's special focus was the reproductive health needs of adolescent girls. While six countries nominated programs to receive the award, in the end, the Resolve Award Committee gave the award to two countries: Tanzania, in recognition of their innovative, peer-educator approach to reach young girls; and Peru, in recognition of their cross-cutting Multisectoral Plan to Prevent Adolescent Pregnancy.

To reach adolescents and all women, USAID and partners have now introduced or are planning to scale-up postpartum family planning services in Haiti and 18 African countries — Burkina Faso, Cameroon, Cote d'Ivoire, the Democratic Republic of the Congo, Guinea, Madagascar, Mali, Mauritania, Niger, Togo, Tanzania, Kenya, Ethiopia,

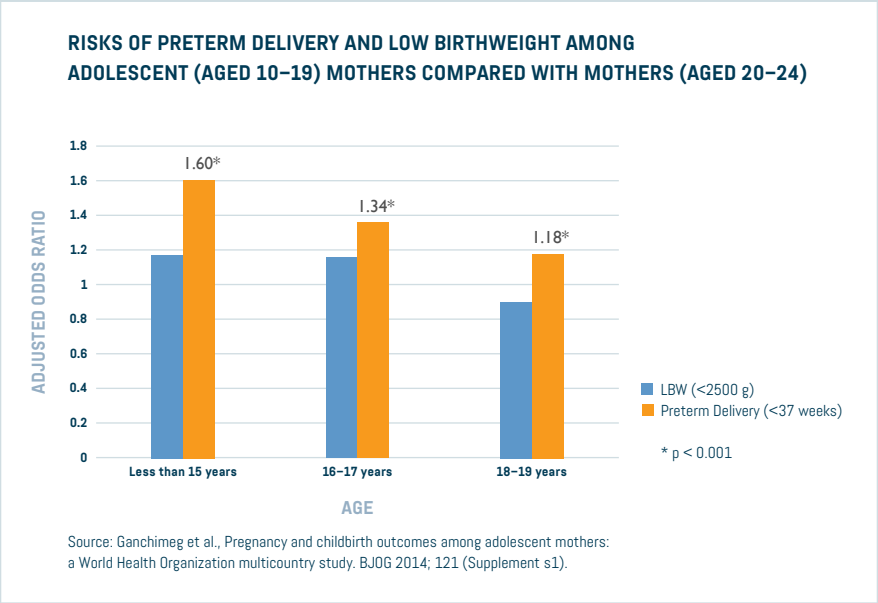


Figure 1

Liberia, Senegal, Uganda, Zambia, and Nigeria — as well as four Asian countries — Bangladesh, India, the Philippines, and Afghanistan.

To make progress in financing these and other family planning services and commodities, and in collaboration with ministries of health and civil society partners, USAID has supported the development of broad-based, country-owned, costed national family planning implementation plans (CIPs). Family planning CIPs are concrete, specific plans that include all the costs necessary for achieving the goals of a national family planning program over a set number of years. The CIP details the program activities needed to meet national goals, their specific associated costs, and requisite donor and domestic resources. With USAID support, the following countries have completed costed implementation plans in 2014: Benin, Cameroon, Cote d'Ivoire, Guinea, Mali, Togo, and Zambia. To date, as a result of the CIP analyses, Burkina Faso, Mauritania, and Niger have allocated US$961,422, US$51,000, and US$384,567, respectively, in their national budgets for the purchase of contraceptive commodities.

USAID has developed tools that contribute to preventing unintended and high-risk pregnancies. These include:

- To address the gap in availability of quality, postpartum family planning services, USAID and partners developed the *Guide for Planning and Implementing Social and Behavior Change Communication (SBCC) Activities for Postpartum Family Planning,* and an associated e-Learning course.[24]

- In collaboration with the Reproductive Health Supplies Coalition, USAID trained five African country teams to use a newly-developed tool, Enhancing Contraceptive Security through Better Financial Tracking: A Resource Guide for Analysts and Advocates to enhance government accountability.[25]

- USAID sponsored several key studies in 2014 to better understand approaches to prevent unintended and high-risk pregnancies:

- **Analysis of Pregnancy Risk and Contraceptive Method Use among Postpartum Women:** Found that prospective unmet need for family planning by postpartum women has not changed demonstrably since 2001 and is universally high at 61%. The analysis demonstrates the magnitude of missed opportunities for programmatic intervention for the postpartum population.[26]

- **Healthy Fertility Study:** Found that the integration of family planning with a community-based, maternal and newborn care program significantly increased contraceptive use and reduced rapid, repeat pregnancies and short birth intervals within the 24 month postpartum period, without adversely affecting the performance of the maternal newborn care program. This is the

Photo: Morgana Wingard

first study from a non-industrialized country that presents evidence on a program approach that helps women use family planning to achieve birth intervals of at least 24 months.[27]

- **Positive Developmental Assets and Sexual and Reproductive Health Indicators of Early Adolescent Girls and Boys:** Found that positive relationships, opportunities, skills, and self-perceptions (developmental assets) of adolescents ages 10–14 are significantly associated with accurate sexual and reproductive health knowledge and greater intended sexual responsibility. These findings support investments in programs which consider the contexts of young people's lives and address broad social and environmental factors.[28]

Maternal Health

Despite progress over the past two decades, 289,000 women die every year due to pregnancy or delivery related complications. Seventy percent of these deaths occur in the AOTC priority countries. USAID's recently released Maternal Health Vision for Action lays out how USAID will contribute to ending preventable maternal mortality.

Over the past year, significant progress has been made in a number of areas:

- Recognizing that infectious diseases are a major indirect cause of maternal and perinatal/newborn death, USAID contributed technical and intellectual leadership to reviewing the evidence and integrating infectious disease and maternal and newborn health programs. USAID advanced understanding of the global burden of tuberculosis in pregnancy,[29] presented data that shows HIV and malaria are major causes of maternal mortality in some southern African countries,[30] and identified key systemic and individual barriers to comprehensive care for HIV infected pregnant women.[31,32]

- Respectful Maternity Care has become a "hot topic" globally, with USAID-supported research providing data on prevalence and yielding tools and interventions that can assist in tackling this difficult problem. This work has spawned action by other organizations. WHO issued a statement on the prevention and elimination of disrespect and abuse during facility-based childbirth with signatures from over 88 individuals

SCALING UP: POSTPARTUM FAMILY PLANNING SERVICES IN INDIA

USAID collaborated with the Governments of India and Norway, the Bill & Melinda Gates Foundation, and the Packard Foundation to swiftly scale-up postpartum family planning services in India to help prevent rapid, repeat pregnancies and enhance choice. The activity began in 2010 in 34 facilities. By 2014, postpartum family planning services had expanded to 264 districts and more than 750 facilities (Figure 2). USAID partners, while working in six Indian states, extended technical assistance to hundreds of facilities to support the scale-up. By 2014, the Government of India had assumed over half of the cost of the activity, private sector partners' support had increased, and USAID assistance had declined substantially (Figure 3).

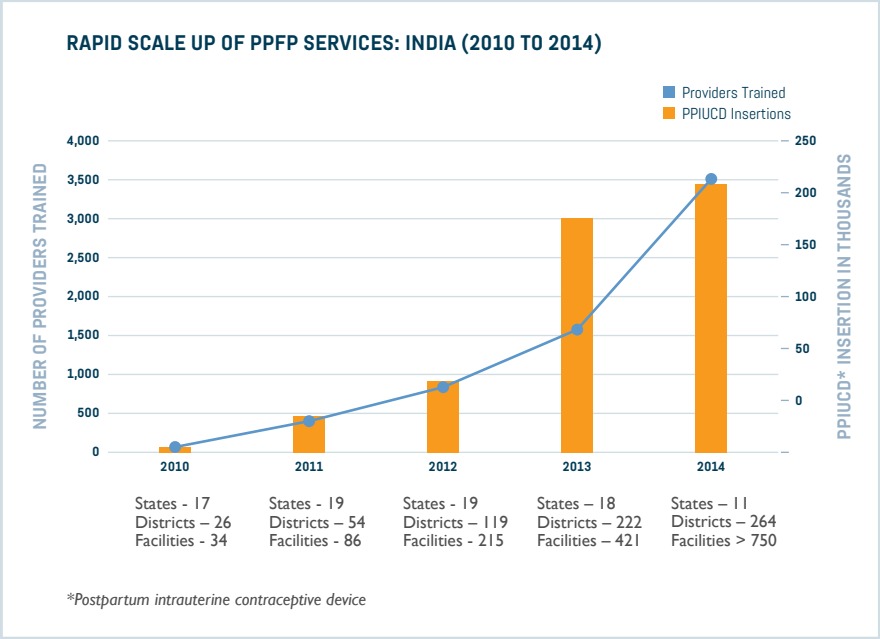


Figure 2

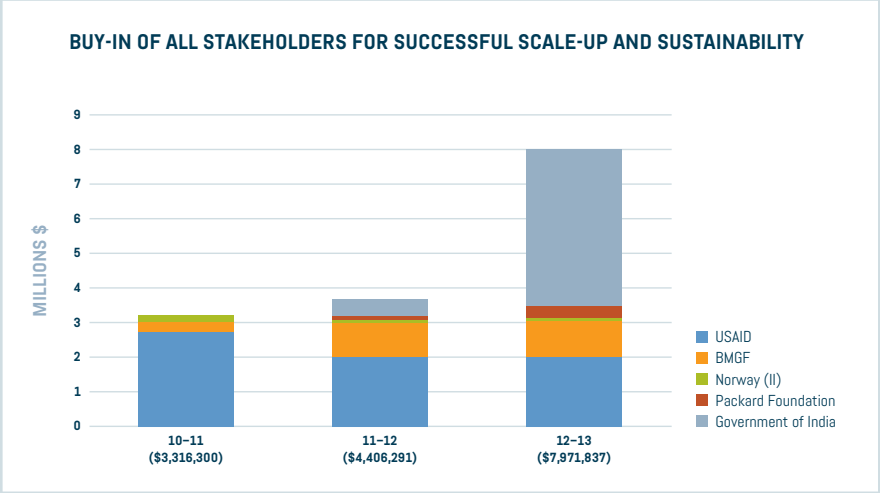


Figure 3

and organizations. Globally, communities of practice around advocacy are active and the media is now reporting on incidents cited by community members — with governments starting to pay attention.

- Working with the UN Commission on Life Saving Commodities for Women and Children, changes in the WHO Essential Medicine List wording on magnesium sulfate — a critical tool in the prevention and treatment of eclampsia, a leading cause of maternal death have recently been approved to reduce the number of acceptable presentations, clarify the labeling and, thus, reduce the barriers to use by health care providers. Multiple manufacturers of magnesium sulfate as well as misoprostol and oxytocin (uterotonic drugs to prevent and treat postpartum hemorrhage) have received technical assistance to develop quality-assured, life-saving commodities and receive WHO prequalification, which is an important step to becoming widely available in priority countries. One misoprostol and one oxytocin manufacturer have been prequalified with this assistance. These are the first prequalified products in these categories, a significant achievement towards increased availability of quality commodities.

- An advanced analysis of evidence on financial incentives for maternal health was published in a supplement of the *Journal of Population, Health and Nutrition.*[33] In the analysis, public health specialists and economists suggested that performance-based incentives (PBIs), health insurance, user fee exemption programs, conditional cash transfers, and vouchers can increase the quantity and quality of maternal health services and address health systems and financial barriers that prevent women from accessing and providers from delivering quality, life-saving maternal healthcare. For example, in Senegal, USAID works with the government and the World Bank to pilot performance based incentives for delivery of a package of services to improve maternal and child health care. Similarly, in Liberia, USAID helped the Ministry of Health and Social Welfare establish a PBF unit. The unit has supervised PBF implementation in 250 health facilities in 12 of Liberia's 15 counties. The facility-based payments have empowered health clinics to make infrastructure improvements and organize community-based outreach to promote healthy behavior among pregnant women.

- In October 2014, USAID announced a five-year expansion of the Saving Lives at Birth Partnership. USAID will leverage partners — the Government of Norway, the Bill & Melinda Gates Foundation, Grand Challenges Canada, and DfID — to invest an additional $50 million to continue efforts in support of the development and scale-up of potentially transformational innovations to catalyze EPCMD progress. To date the first iteration of our Saving Lives at Birth Grand Challenge has supported 81 game-changing innovations, including the Odon device for obstructed labor, a uterine balloon tamponade for postpartum hemorrhage, and a bubble continuous positive air pressure device for acute respiratory distress in newborns. These innovations have benefited over 1.5 million women and newborns, and saved at least 4,000 lives.

- Because maternal deaths are often difficult to predict, good information on where they occur is key to achieving further reductions in maternal mortality. The USAID-sponsored global technical consultation on Reporting and Mapping of Maternal Deaths ignited an effort to encourage use of data for decision making and to influence policy changes for maternal health.

Newborn Health

Newborn deaths account for nearly half of under-five mortality. The percentage of under-five deaths that occur in the neonatal period keeps increasing even as the cases of pneumonia, diarrhea, and other common child-killing ailments decrease. Most of these deaths occur in South Asia and sub-Saharan Africa and are avoidable through prevention and timely access to care. To reach the goal of ending preventable child deaths, the global community must continue to increase its focus on this vulnerable period.

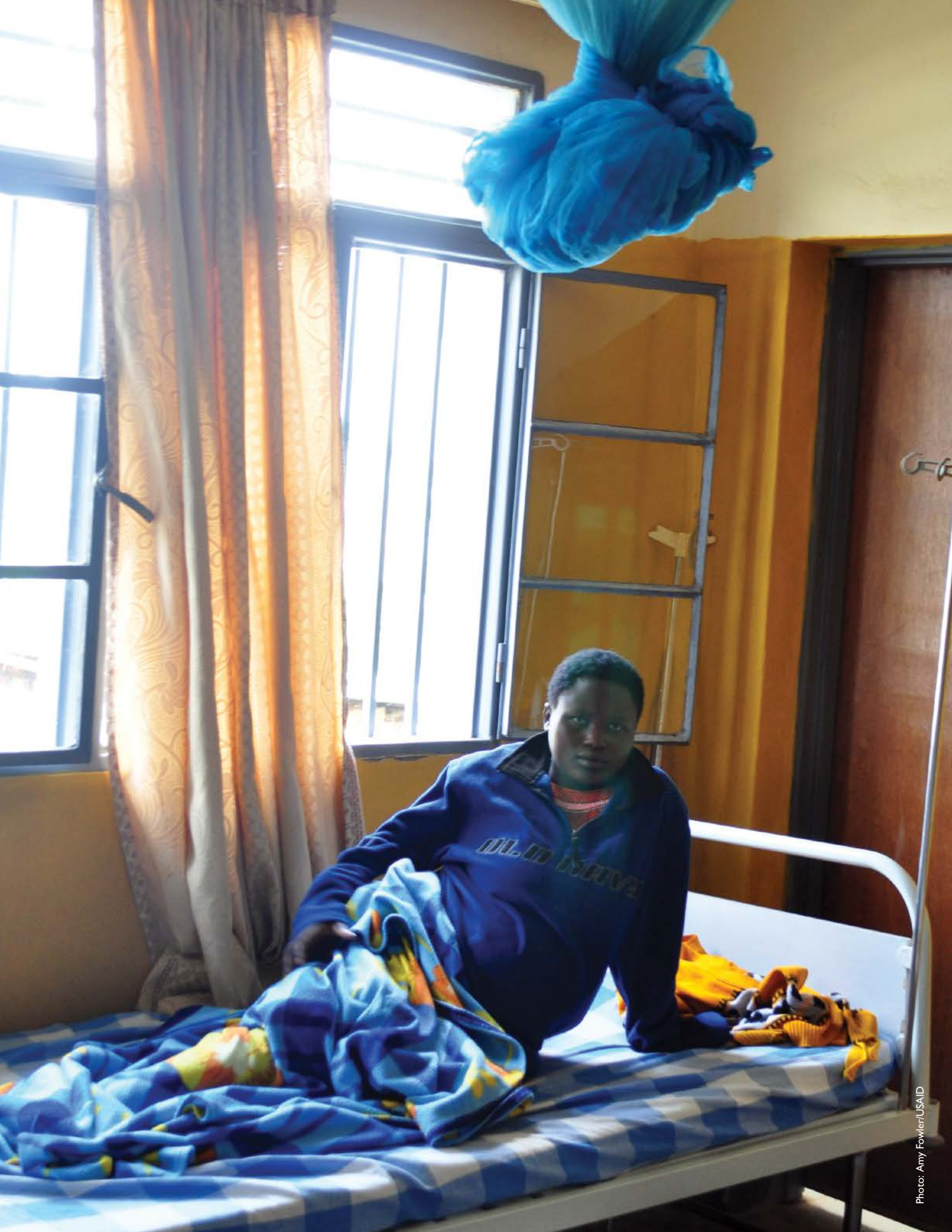


Photo: Amy Fowler/USAID

Almost a quarter[34] of the 3 million neonatal deaths annually are the result of severe infections like sepsis — a fast-progressing, life-threatening illness in newborns that requires rapid treatment. In high-mortality/low-resource settings, sepsis may cause half of all newborn deaths. In countries with high mortality rates and weak health systems, high-impact approaches to diagnose and treat newborn sepsis must be as accessible to those most in need. To address this major newborn killer, USAID has invested in learning about and scaling up high-impact interventions to prevent and treat infections.

- Chlorhexidine (CHX): USAID is accelerating efforts to introduce chlorhexidine, an antiseptic that can reduce neonatal mortality by 24% when applied to a newly cut umbilical cord. This is predicted to save 160,800 newborn lives in high burden countries by 2019. USAID and other partners supported efficacy and effectiveness testing through the Saving Lives at Birth Grand Challenge initiative. These efforts have resulted in the new WHO-issued guidelines recommending the daily application of chlorhexidine to the cord stump for the first week of life in high neonatal mortality settings.

- The WHO-recommended standard for treating newborns with severe illness is hospitalization and treatment with injectable antibiotics for seven to 10 days — a treatment regimen that is fraught with financial and logistical barriers for many impoverished families in low resource settings. New research from trials in Asia and Africa, supported by the Bill & Melinda Gates Foundation and USAID, offer evidence that simpler treatment regimens (i.e., fewer injections followed by antibiotics) can be just as effective as the standard regimen and address many of the barriers when access to health facilities is not possible. This simplified regimen enhances the feasibility and acceptability of the treatment by bringing it closer to the infant's home. USAID is concurrently supporting research to better understand care seeking and referral patterns for severe maternal and newborn infections with a goal to help guide the roll out of this new life-saving approach.

Prematurity is the number one cause of death among children under five, accounting for 15% of deaths.[35] Every year, roughly 15 million babies — more than one in 10 — are born prematurely, and about a million die from complications associated with preterm birth, accounting for 35% of newborn deaths. In 2014, USAID began an effort to focus specifically on preterm birth. It intends to address the issue of premature births through implementation research on barriers and solutions, and technical assistance in countries.

- USAID supported the assessment of implementation and scale-up of facility-based Kangaroo Mother Care (KMC) in five Asian countries — Bangladesh, India, Indonesia, Pakistan, and the Philippines. KMC includes continuous skin-to-skin contact, breastfeeding, and close follow-up after discharge from a health facility — all of which contribute to reducing preterm mortality and morbidity. The global rollout of KMC is at a nascent stage with better uptake in Latin America and Africa than in Asia. A 2014 study in Africa systematically evaluated the implementation status of facility-based KMC services in four African countries — Malawi, Mali, Rwanda, and Uganda. The study found that across the four countries, 95% of health facilities assessed demonstrated some evidence of KMC practice.[36] To address low global coverage of KMC in health facilities, USAID is an active partner in a KMC Acceleration Group that has been established under the leadership of Save the Children and the Bill & Melinda Gates Foundation with the aim of accelerating the global rollout of KMC as standard of care for preterm newborns.

Birth asphyxia accounts for nearly one million deaths per year. Recognized as one of 13 lifesaving commodities, newborn resuscitation equipment is increasingly available in our priority countries. Analysis (Figure 4) indicates that seven countries — Bangladesh, Cambodia, Colombia, Ethiopia, Malawi, Tanzania, and Uganda — have now begun to implement Helping Babies Breathe in over 40% of health facilities where births take place. Facility readiness was relatively high

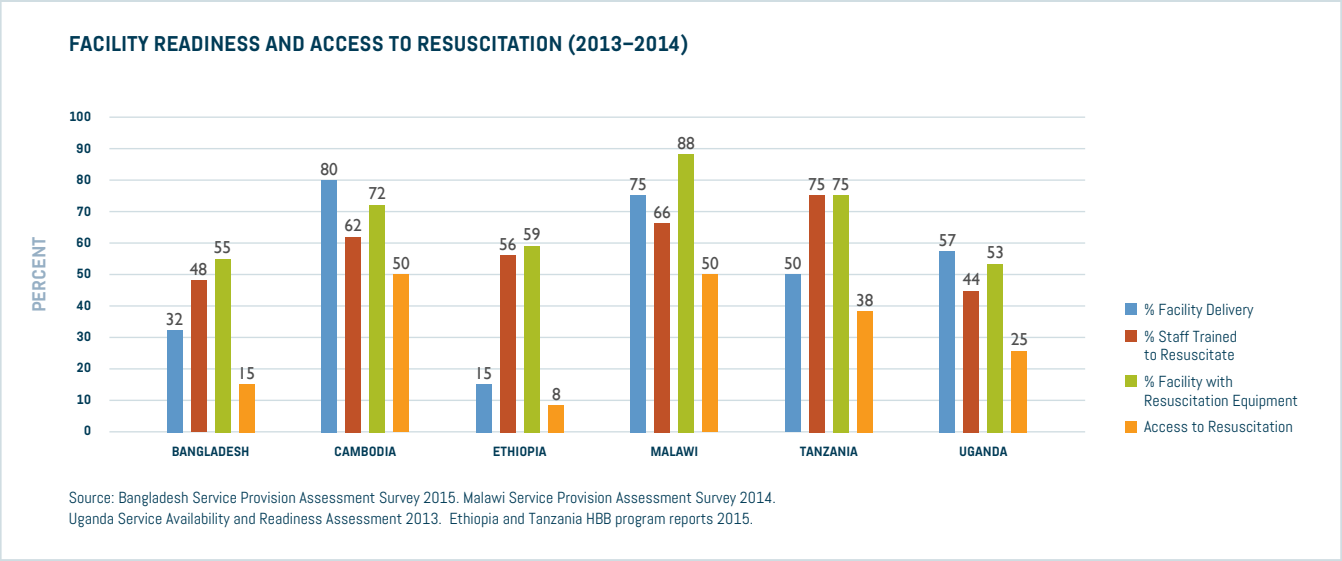


Figure 4

in Bangladesh, Cambodia, Ethiopia, Malawi, Tanzania, and Uganda, where survey and program data were available. Across these countries, 53% to 88% of facilities were equipped with resuscitation devices, and 44% to 75% of health providers were trained in neonatal resuscitation. Overall access to resuscitation — ranging from 8% to 50% — continued to be hampered by low coverage of facility births.

Immunization

This year the U.S. Government through USAID renewed our commitment to Gavi, the Vaccine Alliance, by pledging a historic $1 billion to the alliance over four years. The U.S. contribution will support Gavi's plan to immunize 300 million additional children and save between five to six million lives by 2020. USAID leverages Gavi by helping country governments increase timely coverage of all recommended vaccines. USAID supplements our investment in Gavi by working to identify new approaches to improve the quality of immunization services, including engagement at the community level. USAID also works to strengthen components of the routine immunization system, such as logistics management, improved cold chain, provider training, and supervision.

HELPING BABIES BREATHE: A GLOBAL PUBLIC-PRIVATE PARTNERSHIP

USAID plays a leadership role in supporting the global rollout of newborn resuscitation using Helping Babies Breathe, a simplified training program for skilled birth attendants developed by the American Academy of Pediatrics. This global public-private partnership has supported the introduction of HBB in 77 countries. At least 52 country programs were led and coordinated by national governments, many of which were galvanized to change national plans, policies, and guidelines, and supported programs to increase the number of trained providers and equip health facilities with resuscitation devices. Program reports from several countries indicate a high rate of successful resuscitation, ranging from 79% to 89%, among babies that do not breathe at birth.

In Uganda, USAID focused implementation efforts on the Reaching Every Child strategy with an enhanced focus on the use of quality improvement methods. The methodology allows management teams to identify the root causes of low coverage and introduce small, rapid, feasible changes that can be quickly tested and vetted for adoption, adaptation, or abandonment. These quality improvement methods help communities understand that immunization is part of the continuum of care for babies, beginning with good antenatal care and continuing with growth monitoring and immunization through age two. After implementing this in five districts, USAID is partnering with the Bill & Melinda Gates Foundation to enable its expansion to five additional districts, and to support its uptake at multiple levels of the health system.

In the arena of improving immunization management and community engagement for immunization, USAID works to identify approaches for improving feedback to the community. In a program called My Village My Home, a visual display of information in a format meaningful to villagers and health workers has been used in India to achieve improvements in both immunization timeliness and coverage. The tool is easy to construct. A Community Health Worker (CHW) draws the frame of a house on a piece of paper. After conducting a headcount, he or she draws a "plank" at the foundation of the house for each child in the village and then shades in a plank for each child vaccinated. Just as more bricks make the foundation of a real home strong, more vaccinated children make a village healthier. By using a house illustration, community health workers can easily identify unvaccinated children.

In Kenya and Uganda, the establishment of regular feedback mechanisms to district-level civil authorities on the status of routine immunizations are being successfully used to inform resource allocation. These feedback mechanisms with key district level decision makers have helped build grassroots support to promote the allocation of local resources to cover the recurrent operational costs associated with routine immunization. Recurrent operational costs are often neglected, but they are the backbone of a sustainable program. Such recurrent costs include transportation to distribute vaccines, fuel to power refrigerators that store vaccines, outreach services to get vaccines to those far from health facilities, and supervision of health workers.

USAID is also working to establish immunization as part of the overall continuum of care. Novel approaches include: in India, connecting newborns to immunization through systematic screening and referral processes, and in Liberia, using routine vaccination visits as an opportunity to refer mothers to family planning services.

As USAID strives to optimize investments in immunization, we look to scale up promising tools and strategies to further our goals in support of the GVAP in this "Decade of Vaccines" and to achieve a world free of vaccine preventable diseases.

Case Management for Child Illness

USAID supports care and treatment of children at all levels of the health care system. This includes support across the USAID priority countries and President's Malaria Initiative countries for integrated case management of childhood illnesses at both facility level (IMCI) and community level (iCCM), as well as training and supervision of health care providers, provision of commodities, supply chain management strengthening, and monitoring and evaluation. USAID provides robust technical assistance and program support to iCCM and/or IMCI in three quarters of our priority countries.

To reach people with limited or no access to facility-based care, USAID supports iCCM as a way to strengthen and extend life-saving health services to underserved populations. USAID's contribution to this program has grown over the past several years. USAID's work contributes to national strategies to deliver high impact interventions, particularly integrated case management of malaria, diarrhea and/or pneumonia as necessary in iCCM packages across our priority countries. Ensuring the highest quality of case management is sustained remains a paramount priority for USAID.

Photo: Thomas Cristofoletti

iCCM provides a platform for diagnosis, treatment and referral as needed for malaria, pneumonia and diarrhea — as well as screening and referral for cases of malnutrition — by trained CHWs using standardized treatment algorithms. The iCCM package as well as the aspects of the package that require technical assistance can differ based on country contexts. IMCI provides appropriate life-saving treatments to children who come to a health facility.

Under the Global Fund's new funding mechanism (NFM), announced last year, eligible countries are allowed to include support for integrated case management of childhood illness (IMCI and iCCM) program platforms in their malaria or health system strengthening concept notes. This represents a key opportunity for addressing childhood illnesses by funding key case management activities such as training and supervision of CHWs, malaria commodities, and supply chain system strengthening and health information system costs. The iCCM Financing Task Team, of which USAID is a member, supports 18 African countries with their Global Fund applications by providing global iCCM guidance documents[37] and targeted technical assistance to countries incorporating iCCM into their Global Fund concept notes. USAID directly supported technical assistance for five countries. Of the 18 countries the iCCM Financing Task Team supported to include iCCM in their concept notes, seven countries' concept notes have been approved as of May 2015. In addition, a total of $167 million has been mobilized for iCCM through the Global Fund, as well as from co-financing leveraging from national governments and other donors and trust funds, including USAID.

USAID hosts the secretariat and participates on the steering committee of the global iCCM Task Force, which coordinates bilateral, multilateral and non-governmental partners in the implementation of iCCM worldwide. USAID supports countries to integrate and take action on key frontline iCCM findings, based on the latest evidence which was further highlighted this year in a special supplement of *The Journal of Global Health*.[38] Additionally,

Photo: Amy Fowler/USAID

the iCCM Task Force recently issued *The Indicator Guide: Monitoring and Evaluating Integrated Community Case Management,* a publication to help countries take a consistent and streamlined approach to planning and monitoring their iCCM programs. Further, USAID and UNICEF together developed tools to support costing of country iCCM plans, and identification of barriers to policy adoption and sustainability of the iCCM approach; these tools proved useful for Nigeria's successful Global Fund application and therefore, the tools are currently being adapted for use in other countries.

Nutrition

On an annual basis, under-nutrition contributes to nearly half the deaths of children under age five, and has devastating consequences for a pregnant mother. Since many factors affect nutritional health, combating under-nutrition requires a multi-sectoral approach. USAID works to understand these multi-sectoral effects and enhance the most effective health interventions. Through its efforts, 12.6 million children under the age of five received nutrition services last year. USAID now has a Multi-Sectoral Nutrition Strategy for 2014 through 2025 in the priority countries, one that combines the efforts of the U.S. government's Feed the Future and Global Health initiatives with its Office of Food for Peace development programs.

Evidence suggests that taking iron-folic acid tablets when pregnant is one of the most effective ways to prevent anemia. While many countries have provided these supplements to pregnant mothers for decades, the expected reductions in rates of anemia have not been fully realized. In some cases, women do not take the tablets consistently due to uncomfortable side effects, or the tablets themselves disintegrate due to harsh environmental conditions. Something as simple as re-packaging the tablets to protect them can help overcome the environmental challenges, and good counseling to reduce intestinal discomforts caused by the supplements can help to improve consistent use. With its partners, USAID is conducting an operational research study to determine whether providing the tablets in blister packs versus traditional envelopes would affect acceptability, compliance, and hemoglobin levels. This simple customer-oriented packaging may increase adherence and reduce anemia prevalence.

In order to achieve scale with effective nutrition programming, it is critical to know not only what interventions work, but how countries actualize the process of scale-up, and how to measure success. To this end, USAID is supporting in-depth case studies in Uganda and Nepal to examine how increased country commitment to multi-sectoral nutrition programming translates into increased funding for nutrition at increased scale. The results of this work will provide concrete guidance for country programs. This work has highlighted the fact that scale-up should not only be defined in terms of expanded program coverage, but also in terms of broadening engagement of stakeholders at local, national and global levels, and through integrated work across sectors.

The Multi-Sectoral Nutrition Strategy recognizes that combating under-nutrition requires coordination and input from several different sectors both within the health field through water, sanitation, and hygiene and promotion of birth spacing, but also from other development sectors including agriculture, climate change, and food security. With this strategy, USAID aims to decrease chronic malnutrition by 20% through the U.S. Government's Global Health and Feed the Future initiatives, the Office of Food for Peace development programs, resilience efforts and other nutrition investments. Within Feed the Future targeted inventions areas, USAID will concentrate resources and monitor impact to reduce the number of stunted children by a minimum of 2 million. In humanitarian crises, USAID aims to mitigate increases in acute malnutrition with the goal of maintaining Global Acute Malnutrition below the emergency threshold of 15%.

Healthy Behaviors

Interventions to save women and children are largely known and widely available. Ensuring they are used correctly and consistently requires social and behavioral changes. USAID-supported programs aim to achieve measureable public health impact and build on clear indicators and measures of behaviors rather than just knowledge or attitudes. USAID has incorporated

Photo: Morgana Wingard

10 accelerator behaviors — behaviors that have low uptake but impact major causes of child and/or maternal mortality, into the programming guidance for all 24 priority countries. USAID also provided high-level technical assistance to EPCMD missions for enhanced social and behavior change impact by working in partnership with the White House Social and Behavioral Science Team.

With USAID support, best practices in social and behavior change are already being rolled out to achieve better nutrition outcomes. Across several countries in the Sahel and in India, USAID and its partners are testing whether distributing low-cost educational videos throughout communities would improve the nutritional health of mothers and their children, increase handwashing, and alter other care practices for the better. In Nigeria, USAID and its partners are studying the traditional ways in which caretakers are trained to feed infants and children, and assessing cultural and social norms, costs, as well as changes in caregivers' knowledge, attitudes, beliefs, and practices. In Haiti, USAID is funding research evaluating alternative training strategies for health facility staff to improve promotion of good infant and young child feeding.

USAID is working closely with the Catholic Medical Bureau in Northern Uganda to educate faith-based clinics about the appropriate treatment of pediatric diarrheal disease. In Ethiopia and Mozambique, the President's Malaria Initiative helps local NGOs develop simple, but life-saving, messages about malaria prevention and treatment. Some of the NGOs — including the Health, Development and Anti-Malaria Association and Programa Inter-religioso contra a Malaria — reach out to the community through religious seminars or door-to-door volunteer campaigns.

GLOBAL LEADERSHIP

An end to preventable child and maternal deaths is a global vision. It requires all development partners to work with country governments toward achieving the targets outlined in USAID's *Acting on the Call*. The Agency has been a global leader in this space over the past year, producing strategic technical documents aimed at gathering a growing consensus toward high impact interventions. We have also created or expanded partnerships with public, private, and multilateral entities so that all interested parties can play a meaningful role in achieving results.

June 2014

USAID's Maternal Health Vision for Action identifies 10 strategic drivers that can be used by national governments, USAID missions and development partners to assess facility and health systems environment; to initiate or sharpen targeted activities appropriate for local epidemiology and health system capacity; and to improve measurement and continuous learning for ongoing program improvements. The evidence base that underlies this vision for action supported development of global targets toward Ending Preventable Maternal Mortality (EPMM.)[39]

The Every Newborn Action Plan, released at the PMNCH Partners' Forum, articulates a global target of 12 or fewer newborn deaths per 1,000 live births, and 12 or fewer stillbirths per 1,000 births by 2030. As a result, 15 of the 18 countries that were categorized with the highest burden of neonatal death have taken concrete actions to advance newborn health.

Global targets and a strategic framework for EPMM were also endorsed by the member states as an Annex to the Every Newborn Action Plan resolution. The annex calls on countries to achieve a global average of less than 70 maternal deaths per 100,000 live births by 2035.

USAID released its 2014–2025 Multi-Sectoral Nutrition Strategy, reaffirming its commitment to global nutrition and addressing both direct and underlying causes of malnutrition. It is aligned with the 2025 World Health Assembly Nutrition Targets.[40]

The Survive and Thrive alliance announces a special initiative to help save 100,000 newborn lives in India, Ethiopia and Nigeria in partnership with national health professional associations.

July 2014

African Heads of State and Government committed to ending preventable child and maternal deaths on the continent at the African Union Summit held in Malabo, Equatorial Guinea. They reaffirmed commitments made to achieve universal access to quality MNCH services across the continent primarily by developing a 20-year Pan-African MNCH roadmap. The summit also agreed to strengthen implementation of the "Campaign for the Accelerated Reduction of Maternal Mortality in Africa," a flagship program aimed at accelerating reduction of mortality in the Africa region.

August 2014

At the African Leaders Summit in Washington, D.C., the United States agreed to work with African leaders to save eight million children and 350,000 mothers, reaffirming its commitment to the *Acting on the Call* initiative, which called for accelerating the push to reduce child and mortality deaths.

September 2014

A joint statement released during the Third Global Symposium on Health Systems called for health systems in sub-Saharan Africa to be directly accountable to ordinary people and more responsive to clients. The statement was crafted after sub-Saharan African countries shared information about the healthcare delivery system in their regions, and their efforts to address disrespect and abuse during childbirth. The symposium took place in Cape Town, South Africa.

The Global Financing Facility in support of *Every Woman Every Child* (EWEC) was announced at the U.N. General Assembly as a strategic effort to address how to close the financing gap so that countries can effectively and sustainably reduce preventable maternal and child deaths.

USAID's leadership in the area of the respectful care during childbirth resulted in 2014 in a statement published and disseminated by WHO on the elimination of disrespect and abuse during facility based child birth.

USAID published a special supplement of the *Journal of Health Communication*[41] on Population-Level Behavior Change to Enhance Child Survival and Development in Low and Middle-Income Countries: a Review of the Evidence. This strengthened the evidence base and optimal use of information for effective social and behavior change interventions within child health and development strategies

October 2014

USAID Global Call for HSS Cases identifies 145 case studies — many from the 24 priority countries — from USAID missions and implementing partners that show work to strengthen developing country health systems in support of EPCMD goals.[42]

USAID and partners announced a five-year expansion of the Saving Lives at Birth Partnership. USAID will leverage partners: the Government of Norway, the Bill & Melinda Gates Foundation, Grand Challenges Canada, and DfID — to invest an additional $50 million to continue efforts in support of the development and scale-up of potentially transformational innovations to catalyze EPCMD progress.

November 2014

USAID, in collaboration with DfID, the Bill & Melinda Gates Foundation, Pfizer, the Children's Investment Foundation Fund and Path, reached agreement to make a new, innovative, three-month, injectable contraceptive called Sayana Press available to developing countries for $1 which is lower than market price. Delivered in the Uniject, single-use injection system, Sayana Press allows injections to be delivered by health care workers to women at home. Its pre-filled design overcomes logistic and safety challenges of other methods.

The Second International Conference on Nutrition (ICN2), the Scaling Up Nutrition (SUN) Movement Global Gathering, and the release of the first ever Global Nutrition Report called attention to the fact that although many countries have made good progress in improving nutrition outcomes, the world is not on track to meet international nutrition targets.

USAID joined forces with GAIN (Global Alliance for Improved Nutrition) to convene a gathering of global social and behavior change communications thought leaders to develop a strategic research and implementation agenda. The conference, resulted in a report titled "Designing the Future of Nutrition Social and Behavior Change Communication (SBCC): How to Achieve Impact at Scale," a strategic agenda for nutrition SBCC to streamline priorities and investments by nutrition stakeholders in order to maximize the contribution of SBCC in reaching global nutrition targets.

December 2014

President Obama signed into law the Water for the World Act which solidifies and renews the United States' global WASH efforts by reinforcing USAID's Water and Development Strategy objectives; highlighting the life-saving importance of WASH interventions; and aligning with the global community's work toward the Sustainable Development Goals.

Recognizing the maternal mortality risk associated with high parity and advanced maternal age, USAID engaged 12 domestic and international reproductive health organizations to issue a *Consensus Statement on Permanent Methods of Contraception* in support of increased access to quality, permanent methods of contraception; universal access to voluntary family planning; and the provision of a broad method mix.

January 2015

Germany hosted the replenishment conference for Gavi, the Vaccine Alliance, where the U.S. Government through USAID pledged a historic commitment of $1 billion to Gavi over four years. The U.S. contribution will support Gavi's plan to immunize 300 million additional children and save between five to six million lives by 2020.

February 2015

USAID brokered a new partnership in India with Nokia Life (overseen by HCL Ltd.) to make available two text messaging services to 350,000 customers: a free service that provides family planning and fertility awareness information in 12 languages across the nation; and CycleTel, subscription service that facilitates use of the Standard Days Method, a fertility awareness method of contraception.

Using evidence from USAID evidence base, Strategies toward EPMM released by WHO and other U.N. agencies and partners aligns global community around plan to end maternal deaths.

Photo: Amy Fowler/USAID

The President's Malaria Initiative (PMI) launched its next six-year strategy for 2015–2020 to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity, toward the long-term goal of elimination. The strategy is in line with the draft Roll Back Malaria Partnership's second Global Malaria Action Plan and WHO's draft Global Technical Strategy.

March 2015

USAID and UNFPA, along with DfID and the Bill & Melinda Gates Foundation, brought together donor and government representatives from 31 countries that have made pledges to shared FP2020 goals to strengthen relationships at the country level, build a common understanding of FP2020 goals, provide practical tools for advancing their countries' FP2020 commitments and provide opportunities for learning from other developing countries.

The Mobile Alliance for Maternal Action (MAMA) announces it has reached and empowered more than two million women and families with its timed and targeted information through its country programs in Bangladesh, South Africa and India.

April 2015

USAID, with WHO and other partners and in coordination with PMNCH and EWEC, launched the first steps in the development of a framework for the production, reporting, synthesis and assessment of the evidence for social and behavioral interventions in global health with a focus on MNCH. The purpose of the guidance is to ensure that social and behavioral sciences in global health rigorously inform practice, policy and investment decisions by and in LMICs to end preventable maternal, newborn and child deaths and improve maternal, newborn and child health and development.

May 2015

USAID developed an immunization strategic plan to guide and articulate USAID's strategy for the next five years (2015–2020) in strengthening routine immunization systems to ensure the effectiveness of vaccination programs throughout the 24 countries and moreover, leverage significant investments in global partnerships such as Gavi.

USAID in collaboration with UNICEF seeks to further accelerate progress in health by announcing a call for promising solutions to integrate and scale up community health approaches into local and national health systems.

Photo: Jane Silcock/USAID

ANNEX

Data Sources:

The information presented on the country pages comes from common, publicly available sources as described below. Sources were chosen to maximize ability to compare across countries in a single year and based on common methodologies for estimation. Therefore, the numbers presented may vary from recently released data and/or from the official numbers used within countries.

Total Population, Population Under-Five, Number of Births:

http://www.census.gov/population/international/
The US Census Bureau's International DataBase (IDB) estimates and projections (funded by USAID) are provided for each calendar year beyond an initial or base year, through 2050. The estimation and projection process is conducted by the statisticians and demographers of the US Census Bureau's International Programs Center, and involves data collection, data evaluation, parameter estimation, making assumptions about future change, and final projection of the population for each country. The Census Bureau begins the process by collecting demographic data from censuses, surveys, vital registration, and administrative records from a variety of sources. Available data are externally evaluated, with particular attention to internal and temporal consistency. The resulting body of data in the IDB is unique because it exists for every country and is updated annually; these single year estimates reflect the demographic impact of sudden events, such as earthquakes, wars, and refugee movements. The UN maintains the only other similar source of estimates for all countries, but updates its data less frequently; its estimates do not yet reflect the precise timing of sudden events.

*The Census International Data Base did not have estimates for India, South Sudan or Yemen. For these countries data on total population and population under-five from 2010 was taken from the UN Population Division **http://esa.un.org/unpd/wpp/unpp/panel_population.htm.** Data on Number of Births was calculated using the Under-Five Mortality Rate and the number of Under-Five Deaths (see sources below).

Under-Five Mortality Rate and Under-Five Deaths:

http://www.childmortality.org/
Estimates produced by the Interagency Group for Child Mortality Estimation (IGME). IGME, established by the UN, has a membership of leading academic scholars and independent experts in demography and biostatistics who review mortality data and publish annual country level estimates of under-five mortality. To do so, IGME compiles all available national-level data on child mortality, including data from vital registration systems, population censuses, household surveys and sample registration systems, and weights these data based on quality measures. In order to reconcile differences caused by estimation technique, error rates and overlapping confidence intervals, the Technical Advisory Group of the IGME fits a smoothed trend curve to a set of observations and then uses that to predict a trend line that is extrapolated to a common reference year, in this case 2013

Maternal Mortality Ratio (MMR):

From Trends in Maternal Mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division: **www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2013/en/index.html**

The 2010 round of UN estimates (**World Health Organization et al., 2010**) provided an integrated evaluation of maternal mortality over the full interval from 1990 to 2008, utilizing all available data over this period. A key goal of this analysis was to create comparable estimates of the MMR and related indicators for 172 countries (or territories), with reference to 5-year time intervals centered on 1990, 1995, 2000, 2005, and 2008.

The methodology for 2013 estimates is similar to that for 2008 and 2010 estimates. However, given that the global database used for the current 2013 increased in country-years of data by 5%, estimates of total female deaths in the reproductive age group were updated, and the number of countries increased from 181 to 183, the current estimates should be used for interpretation of trends in maternal mortality from 1990 to 2013, rather than comparing to or extrapolating estimates from previously published estimates.

Lives Saved and "Best Performer" Methodology:

The Lives Saved Tool was used to estimate the potential impact in terms of mortality reduction as a result of expanded coverage of selected maternal and newborn health interventions. Analyses were conducted based upon projected scale-up of selected interventions in each country.

Data Sources

The LiST module relies upon updated details including mortality rates, causes of death, baseline health status, and coverage levels for effective interventions in order to create country-specific projections. For baseline maternal mortality, estimates were drawn from the report, "Trends in Maternal Mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division" Maternal cause of death profiles are derived from data tables (*unpublished*) from "Say L, Chou D, Gemmill A, et al. Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health* 2014; 2:e323-33."

Estimates for under-five mortality and deaths are produced by the IGME, and cause of death profiles are from data tables (*unpublished*) from "Liu L, Johnson HL, Cousens S, et al. Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000. *Lancet* 2012; 379:2151-61."

Indicators of baseline health status and coverage measurements for key health interventions were abstracted from the most recent nationally-representative survey datasets which were available. Data sources include the Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) which are reanalyzed using a standardized approach to ensure consistent reporting of coverage measures across time and countries.

Coverage Change

The lives saved methodology provides estimates for child and maternal lives that could be saved over current coverage rates. These lives saved are calculated by comparing different scenarios based on projected coverage rates of effective interventions. Coverage trends were projected from the historical rates by analyzing the trends in coverage of interventions and contraceptive prevalence for the period 1990 to 2010, from the nationally-representative surveys that provide coverage data for these interventions.[43] Country-specific projections of coverage changes were then developed for key maternal newborn and child health interventions from the most recent measurement to 2020. There were two variants of these projections. First, the "historical trend" projects coverage of the interventions based on the country-specific historical information. The second projection was the "best performer"[44] scenario where coverage change for each intervention was not based on the country data but rather based on the best performing country (within categories). The best rate of change achieved by any country with a similar level of coverage at baseline for each of the three grouped interventions was selected and applied to produce these "best performer" scenarios. Interventions with inadequate data to ascertain baseline coverage or track historic trends over time could not be stratified and scale-up was not included in the analyses. Coverage for some interventions lacking a reliable indicator was calculated using related proxy measures that were adequately reported in nationally-representative surveys. This projection yields much higher scale up of coverage than the "historical trend" scenario but is limited to rates of coverage change that have been achieved in the past by countries at similar levels of development. In addition to estimated coverage change, for introduction and coverage of new vaccines we used the Gavi country-specific roll out plans.[45] The information presented on the country pages reflects the "best performer" scenario since it allows analysis of expected impact vis-a-vis current coverage rates under optimal conditions. However, comparisons between "best performer" projections and historical projections were also used to understand the net effect of our planned action plans over and above current progress and are reflected in top-line messaging.

Photo: Amy Fowler/USAID

Maternal Analyses

The lives saved information on the country pages provides estimates for maternal lives that could be saved over current coverage rates for maternal health interventions. Where maternal health interventions also have an impact on newborn mortality, we have included newborn lives saved; however, these data do not represent the universe of newborn lives saved including lives saved due to newborn interventions. To model the effective scale-up of care for women in order to reduce the number of maternal deaths worldwide, LiST assumptions were applied based upon the country-specific percentage of births which occur in a facility and/or are delivered by a skilled attendant. Births were categorized as occurring either: (1) at home (with or without a skilled attendant), (2) at a facility which offers minimal or basic emergency obstetric care, or (3) at a facility with comprehensive emergency obstetric care available. The increasing proportion of institutional deliveries was projected to follow a "best performer" trend starting from baseline in 2012 and continuing to 2020.

The projected decline in maternal mortality is presented by the WHO categories for cause of maternal death and maternal deaths due to indirect causes, such as those related to HIV and pre-existing medical conditions, have been excluded. Maternal deaths caused by embolism have been included in the category with "Other direct causes." The decrease in maternal deaths is calculated based upon the increased coverage of an intervention multiplied by the effectiveness of the intervention and adjusted for the proportion of cause-specific mortality that is affected by the specific intervention.

Interventions to support women's care across the continuum from pre-conception to postpartum are presented with coverage levels after scale-up in 2020 and impact estimates reflect the number of stillbirths, neonatal deaths, and maternal deaths averted. Coverage assumptions for interventions provided during labor and childbirth are derived from calculated estimates based upon the national percentages of facility births and deliveries attended by a skilled attendant. Impact for "other labor and delivery management" as an intervention incorporates all appropriate assessment and treatment that is standard for care at a prescribed location of birth (e.g. facility that offers or is capable of providing basic or comprehensive emergency obstetric care) but excludes interventions (e.g. MgSO4 for management of eclampsia) which have been listed separately.

The LiST analysis presented here does not include components related to the relative cost to scale interventions, the quality of service delivery, or sub-national differences in prioritization. These dimensions, therefore, must be considered along with other variables in determining programming priorities going forward.

Intervention Coverage Estimates and USAID Implementation

Intervention coverage rates were abstracted from the most recently available DHS, MICS, and MDG survey reports. In the case of 12 countries with nationally representative household survey datasets published between May 2014 and April 2015 (and therefore not incorporated into the 2014 *Acting on the Call* analyses), these data have been presented as compared to the intervention targets that would be suggested for the same survey year based on the LiST best performer methodology and as reported in the 2014 USAID *Acting on the Call* Report.

For the coverage maps, sub-national estimates for immunization and infant feeding were presented at the lowest disaggregate available from these data and abstracted from the most recently available DHS, MICS and MDG survey

Photo: Jane Silcock/USAID

reports. Recent analyses using LiST projections suggest that integrating key health promotion activities, such as breastfeeding with immunization service delivery may help to save more lives. Viewing data visually helps to determine what the opportunities are for such integration.

USAID implementation of high impact interventions was estimated from internal reporting of program activities. Denominators for proportion of high-impact interventions implemented included USAID priority interventions for each technical area. In general, USAID priority interventions by technical area can be found in the technical chapters from the 2014 *Acting on the Call: ending preventable child and maternal deaths* report (e.g., interventions to improve service delivery for maternal health include: antenatal care screening and treatment; use of uterotonic in the third stage of labor; treatment of pre-eclampsia and eclampsia with magnesium sulfate; monitoring of fetal heart rate during labor; provision of respectful maternity care and; post-partum family planning). While these data provide a snapshot of USAID programming, there are many reasons why USAID may not be implementing all interventions. For example, certain interventions may be covered by other partners, or depending on country context certain interventions may have been prioritized over others.

Photo: Morgana Wingard

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