



## Strategically Focusing USAID's MCH Resources: The FY08 Launch

Presentation to  
MCH Partners  
September 4, 2008

### Congress asked USAID for a strategic approach for an expanded MCH program

The FY 2008 Appropriation passed by Congress and signed by the President provides USAID with an increase of \$90 million dollars of GH/CS funds for MCH, from \$360 million in FY07 to \$450 million in FY08

With this appropriation, Congress instructed USAID to report on:

- *"how its child survival programs are working toward the goal of reducing child mortality by two thirds,"* and
- *"how the funding supports country efforts to reduce child mortality as well as how USAID funding complements the work of other private and public donors."*



## Where does Maternal Health fit in?

- While the title of the congressional language calls for Child Survival programs, the clear intent is for maternal, newborn and child programming
- USAID programs in countries and in Washington include integrated and stand-alone maternal health programs



## USAID Response... Strategic Allocation (Priority Countries)

**Focus the major share of CSH MCH resources in countries with:**

- *high magnitude (number) and severity (rates) of maternal and child deaths*
- *commitment of the host country government*
- *capacity of the USAID mission and the country to manage and program MCH resources*
- *opportunity to interact synergistically with other resources, including*
  - *other USG investments such as Title II, the PMI, PEPFAR, and OFDA programs*
  - *Investments of other multilateral agencies, donors, the Global Funds, and other international partners*



## What Does It Mean to Be a "Priority Country?"

- **Substantial CSH MCH funding** (with priority for sustained high levels in coming 5 years)
- **Technical assistance upon request**
- **Assure/develop strategic program focused on MNCH mortality reduction as a goal**, including:
  - *Identification and scale-up of most relevant high impact interventions and delivery approaches*
  - *Key health systems and capacity investments, clearly linked to MNCH outcomes*
  - *Effective interaction with other USG, government, and donor resources*
  - *Increased use of public-private partnerships*



## MCH Priority Countries

<u>Africa</u>	<u>Asia</u>	<u>LAC</u>
Benin	Afghanistan	Bolivia
DR Congo	Bangladesh	Guatemala
Ethiopia	Cambodia	Haiti
Ghana	India	
Kenya	Indonesia	
Liberia	Nepal	
Madagascar	Pakistan	<u>E&amp;E</u>
Mali	Philippines	Azerbaijan
Malawi	Tajikistan	
Mozambique		
Nigeria		
Rwanda		
Senegal		
Sudan		
Tanzania		
Uganda		
Zambia		



## USAID Response...Strategic Programming

**Achieve and sustain the greatest possible reduction of maternal and child mortality and malnutrition through programs that:**

- focus on maternal, newborn, and child mortality reduction
- identify & scale up high impact interventions most relevant to the country
- strengthen health systems & human capacity to support and sustain improved MCH outcomes
- support the most effective approaches to deliver key interventions
- link water and sanitation investments to improved women's and children's health
- complement other USG, donor, and host country resources, and
- in post-conflict settings, implement tailored programs that extend basic services as quickly as possible while rebuilding the foundations of health systems.



## USAID Response...Setting Clear Goals

By 2013, will support achievement of:

- average reductions of both under-five and maternal mortality rates by 25% in 30 high mortality burden countries,



- average reductions of child malnutrition by 15% in at least 10 of these countries, and
- addressing the human resources crisis by increasing by at least 100,000 the number of functional (trained, equipped, and supervised) health workers & volunteers serving at primary care & community levels



## It Can Be Done: Rapid Reduction in Under-Five Mortality in USAID-Assisted Countries

Country	Under-5 Mortality (deaths/1,000 births)	Year	To	Under-5 Mortality (deaths/1,000 births)	Year	Percent Reduction
Afghanistan	257	2000	→	191	2005	25%
Bangladesh	116	1996	→	88	2004	24%
Cambodia	124	2000	→	83	2005	33%
Ethiopia	166	2000	→	123	2005	26%
Malawi	189	2000	→	133	2004	30%
Madagascar	164	1997	→	94	2003	41%
Nepal	139	1996	→	91	2001	23%
Tanzania	147	1999	→	112	2004	24%

Source: Demographic and Health Surveys



## It Can Be Done: Rapid Reduction in Maternal Mortality in USAID-Assisted Countries

Country	Maternal Mortality (deaths/100,000 births)	Year	To	Maternal Mortality (deaths/100,000 births)	Year	Percent Reduction
Bangladesh	514	1993	→	400	1999	22%
Bolivia	416	1989	→	235	2003	44%
Egypt	174	1992	→	84	2005	52%
Ethiopia	971	2000	→	673	2005	30%
Guatemala	390	1989	→	153	2000	30%
Indonesia	219	1994	→	307	2003	21%
Kenya	590	1998	→	414	2003	30%
Morocco	332	1988	→	228	1995	31%
Rwanda	1071	2000	→	750	2005	30%
Senegal	510	1992	→	401	2005	21%



Source: Demographic and Health Surveys for except; Bangladesh 1999: National Institute of Population Research and Training 2002; Egypt 1992: Egypt Ministry of Health and Population; Guatemala: Duarte et al. 2003.

## USAID Response...Strengthening the Community Health Workforce for MCH

- Convincing evidence that many MCH needs can be met by nonprofessional health workers in the community
- By 2013, USAID will expand the current supply of CHWs by 100,000 in MCH priority countries
- Building on successful CHW models, USAID will build a consensus on definition of the requirements for a minimally functional CHW



## USAID Response...Working in Partnership -- Nationally and Internationally

- Work within country-led programs, following national strategies and plans
- Strong collaboration with other efforts, including
  - Catalytic Initiative (“C.I.”)
  - International Health Partnership (“IHP”)
  - “Deliver Now...” (Norway)
  - H-8 (multilaterals)
  - RH Road Map (Africa)
  - GAVI Health Systems Strengthening (“GAVI HSS”)
  - Global Fund Health Systems Strengthening (“GFATM HSS”)
  - UNFPA Maternal Health Thematic Fund
  - CARE Mothers Matter
  - PMNCH



## USAID Response...Working in Partnership within USG (Selected Countries)

	MCH	PEPFAR	PMI
Benin	X		X
Ethiopia	X	X	X
Kenya	X	X	X
Malawi	X		X
Mali	X		X
Mozambique	X	X	X
Tanzania	X	X	X
Zambia	X	X	X
Afghanistan	X		
Cambodia	X		
Nepal	X		
Haiti	X	X	



## MCH Element & Sub-Elements

### Program Element 1.6: Maternal and Child Health

- SubElement 1.6.1: Birth Preparedness and Maternity Services
- SubElement 1.6.2: Treatment of Obstetric Complications and Disabilities
- SubElement 1.6.3: Newborn Care and Treatment
- SubElement 1.6.4: Immunization, Including Polio
- SubElement 1.6.5: Maternal and Young Child Nutrition, Including Micronutrients
- SubElement 1.6.6: Treatment of Child Illness
- SubElement 1.6.7: Household Level Water, Sanitation, Hygiene and Environment
- SubElement 1.6.8: Governance and Finance



## Pathway to Impact

For each technical area:



- R&D of strategic interventions/approaches
- Proven interventions piloted, adjusted, added to national programs (standards, training, etc.)
- Scaled up to the national level
- Combined at national level with other interventions in cost-effective packages
- Repeated in countries with greatest need leading to regional impact (e.g., reduced under-five mortality)



## What's Happened So Far...Technical Assistance

- Drafted regional strategies
- Initial consultations with missions in Priority Countries
- Briefing mission PHN staff at Asia/M.E. & Africa SOTA meetings
- TA visits to support strategic MCH programming:
  - Afghanistan, Cambodia, Nepal
  - Ethiopia, Kenya, Malawi, Nigeria, Rwanda, Tanzania
  - Guatemala, Haiti



## What's happened so far... responding to the Food Crisis

Targeting 20-30 countries with humanitarian assistance and interventions to increase agricultural productivity and trade

### Immediate & Medium Term

- Expand Community-based Management of Acute Malnutrition (CMAM)
- Collaboration with OFDA to address immediate crisis points
- Implementation and Evaluation of Lipid-based Nutrition Supplement (LNS) effectiveness to prevent chronic malnutrition in children and pregnant/lactating women

### Long Term

- Reduce child malnutrition in at least 10 countries
- Package of Interventions to Maintain and Improve Diet Quality

*It is critical that improved agricultural productivity actually reaches individuals to ensure improved nutrition and health*



## The Global Food Crisis interface with the USAID MCH program

*We know what the human face of this crisis will be:*



## What's happened so far...Reporting

- 1<sup>st</sup> Report to Congress – includes strategic approach and country-specific program descriptions
- Also includes detailed outcome- and impact-level country data for each of the 30 priority countries
- Plans are to update this with one-year rolling weighted averages as new data becomes available (e.g. new DHS, LQAS surveys)
- Missions will use standard OP indicators for reporting annual outputs
- Future reports will also include country-by-country resource reporting



## What's Happened So Far...Website

- Currently have a new Webpage devoted to the Report contents
- Plan to unfold a dynamic information system for the individual 30 country programs over the next year



## Other Plans

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- Informal external consultative group
- Report on progress and evidence of impact, focusing on country programs



Thank You

