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GH/HIDN MCH Strategic Overview

FY08 CSHGP RFA Conference

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MCH Strategy Supports the U.S. Foreign Assistance Framework

- Goal: To help build and sustain well-governed states that respond to the needs of their people, reduce widespread poverty and conduct themselves responsibly in the international system.
- Objectives: Peace & Security, Governing Justly and Democratically, **Investing in People**, Economic Growth, Humanitarian Assistance
- HIV/AIDS, TB, Malaria, AI, OPHT, **MCH**, FP, Wat/San



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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



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MCH Organization in HIDN

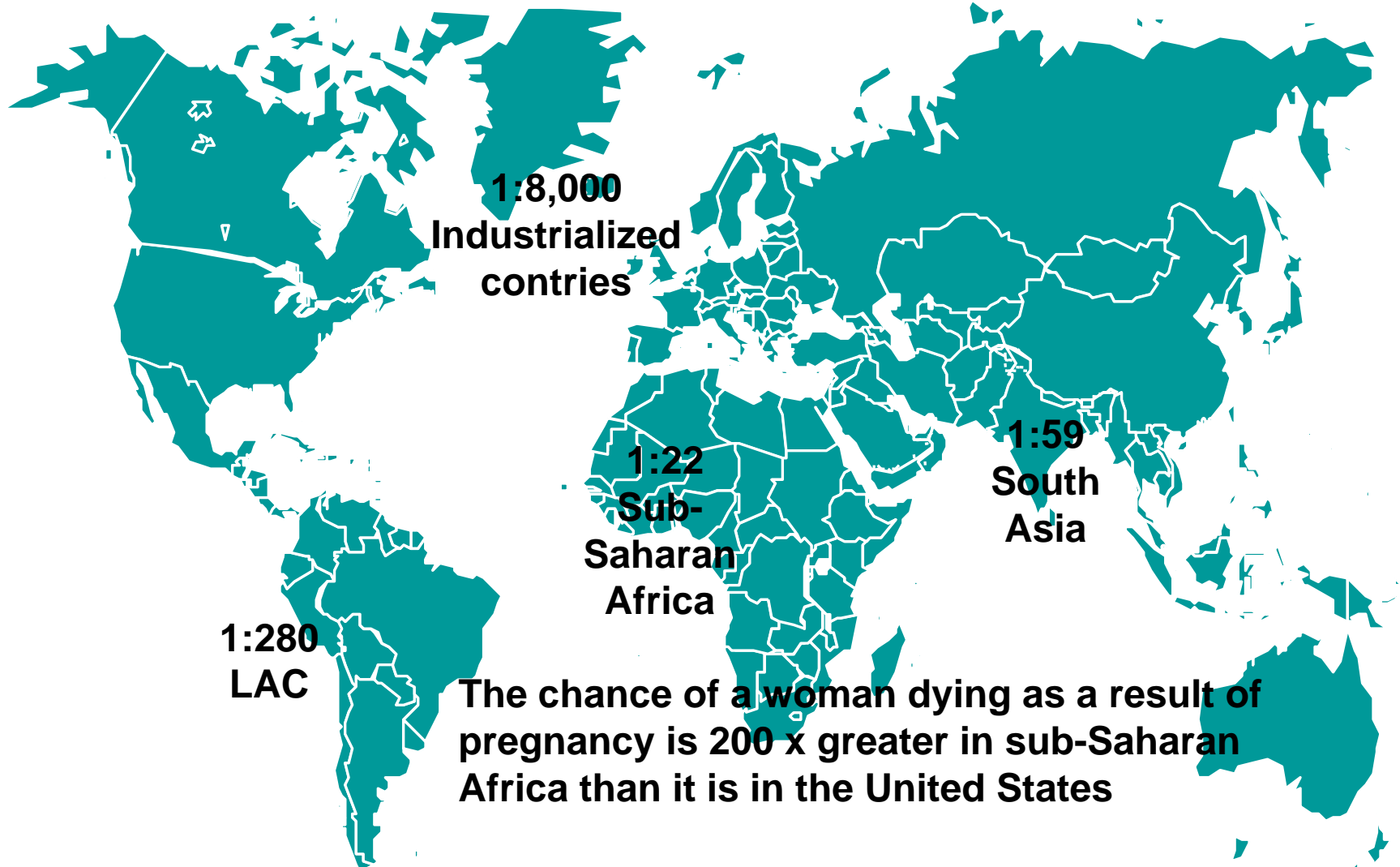
	MCH Division	Nutrition Division	Inf. Dis. Division	Health Systems Division
- Technical focus				
- Projects				
- Personnel				
- Administration				
- Budget input				
MCH "Element"				

Strategy / Planning / Budget input / Policy-Advocacy / Mission Support



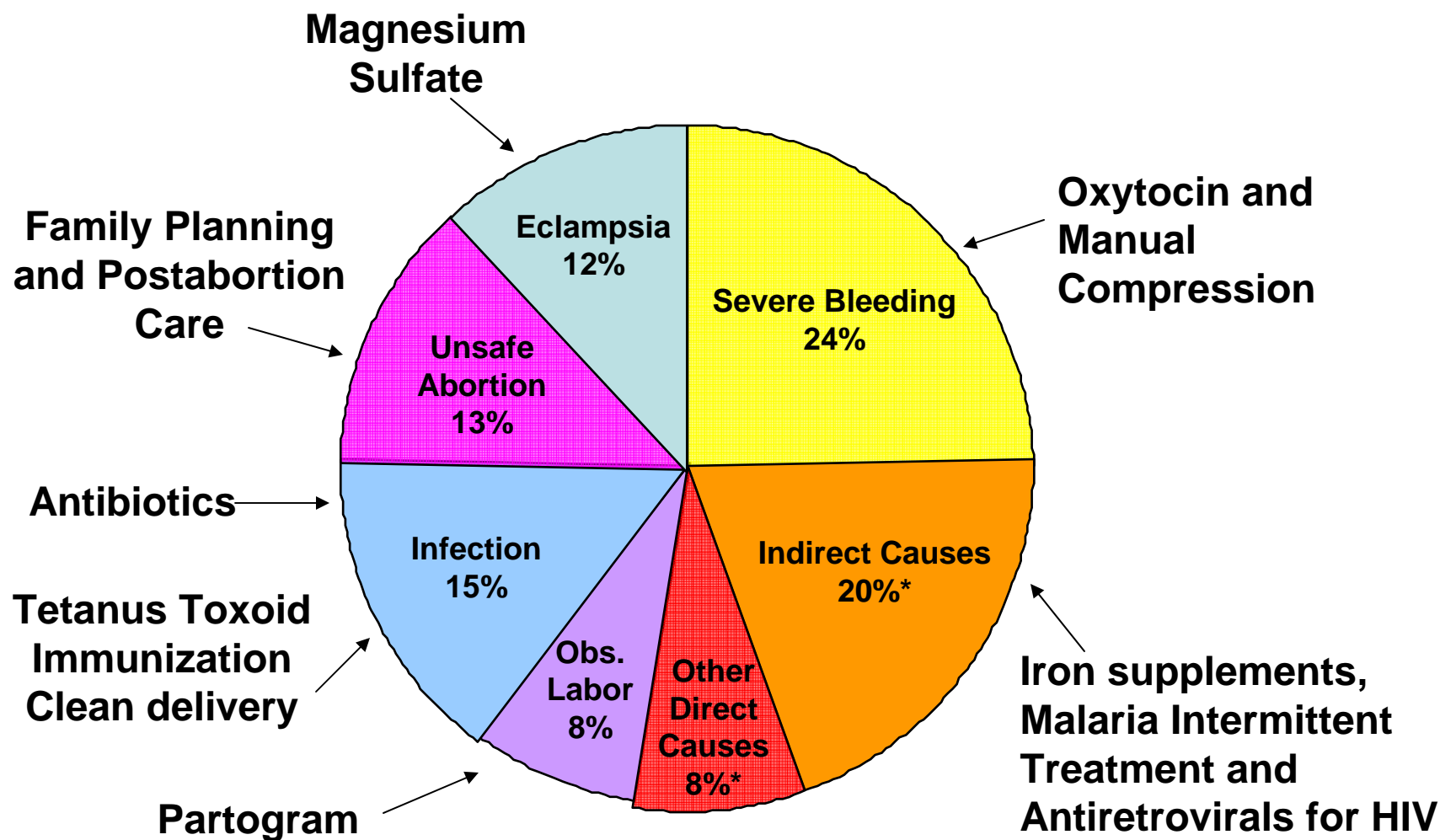
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The Lifetime Risk of Maternal Death



Source: WHO/ UNICEF/UNFPA, The WorldBank. Maternal Mortality Estimates 2005, App 8, pub 2007

Evidence-based Interventions for Major Causes of Maternal Mortality



*Other direct causes include: ectopic pregnancy, embolism, anesthesia-related

*Indirect causes include: anemia, malaria, heart disease

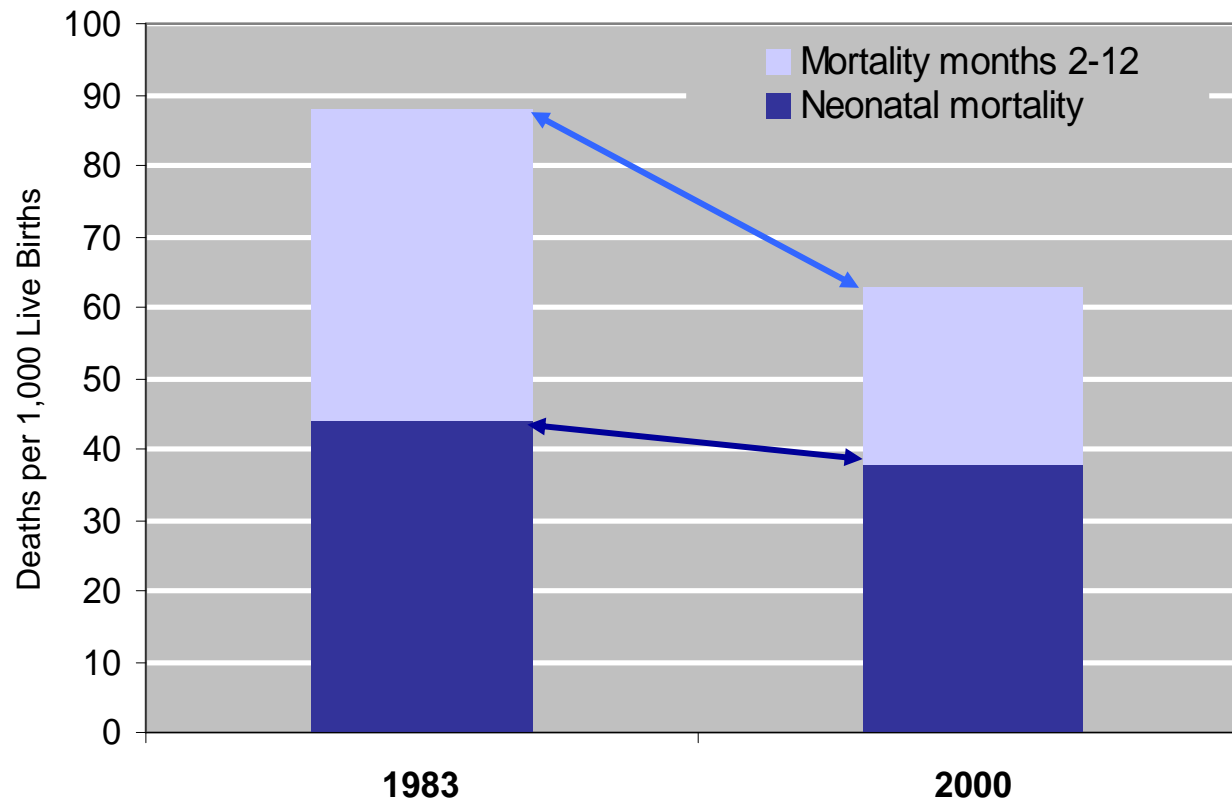
Source: Adapted from "Maternal Health Around the World" World Health Organization, Geneva, 1997



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Newborn survival interventions needed to continue progress

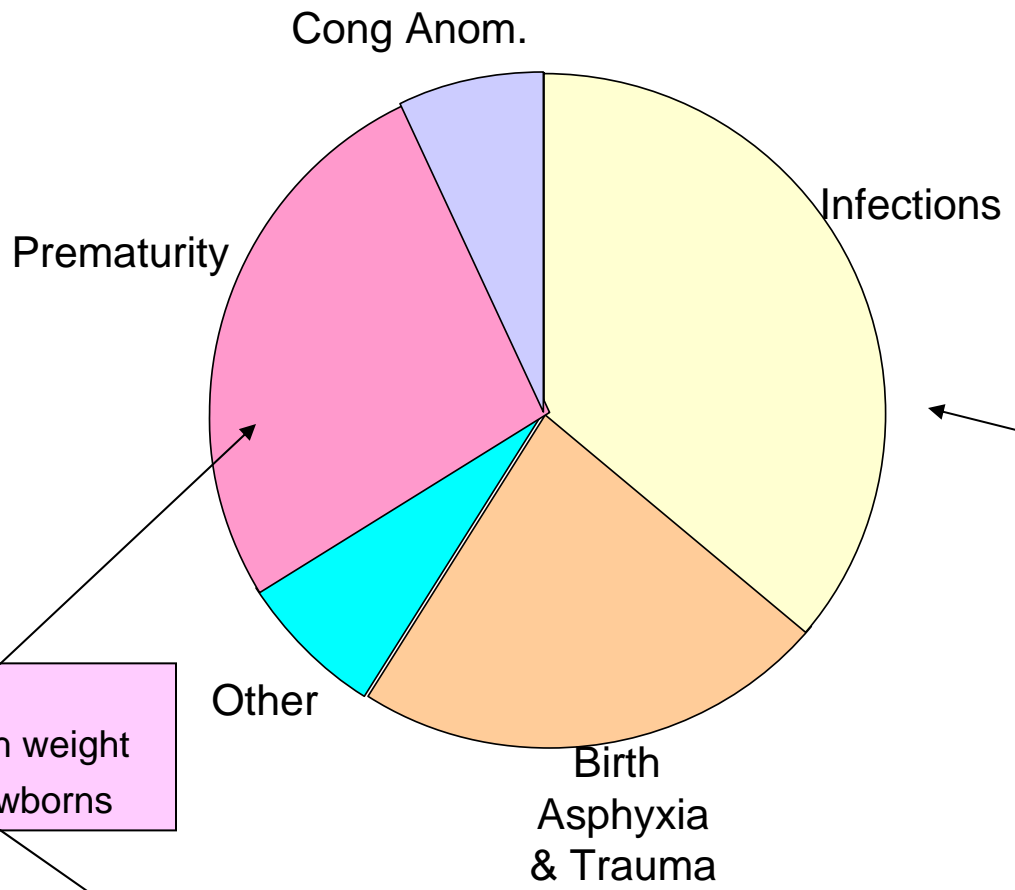
Changes in Neonatal and Post-Neonatal (1-11 month) Infant Mortality, 1983-2000



From "State of the World's Newborns," "State of the World's Children 2001," and WHO



Half of preventable neonatal deaths can be reduced through appropriate newborn care



- Exclusive breastfeeding
- Warming & hygiene
- Detection and antibiotic treatment of serious infections

- Special care for low birth weight & premature newborns

Low birth weight is a significant contributor in 40–70% of neonatal deaths.

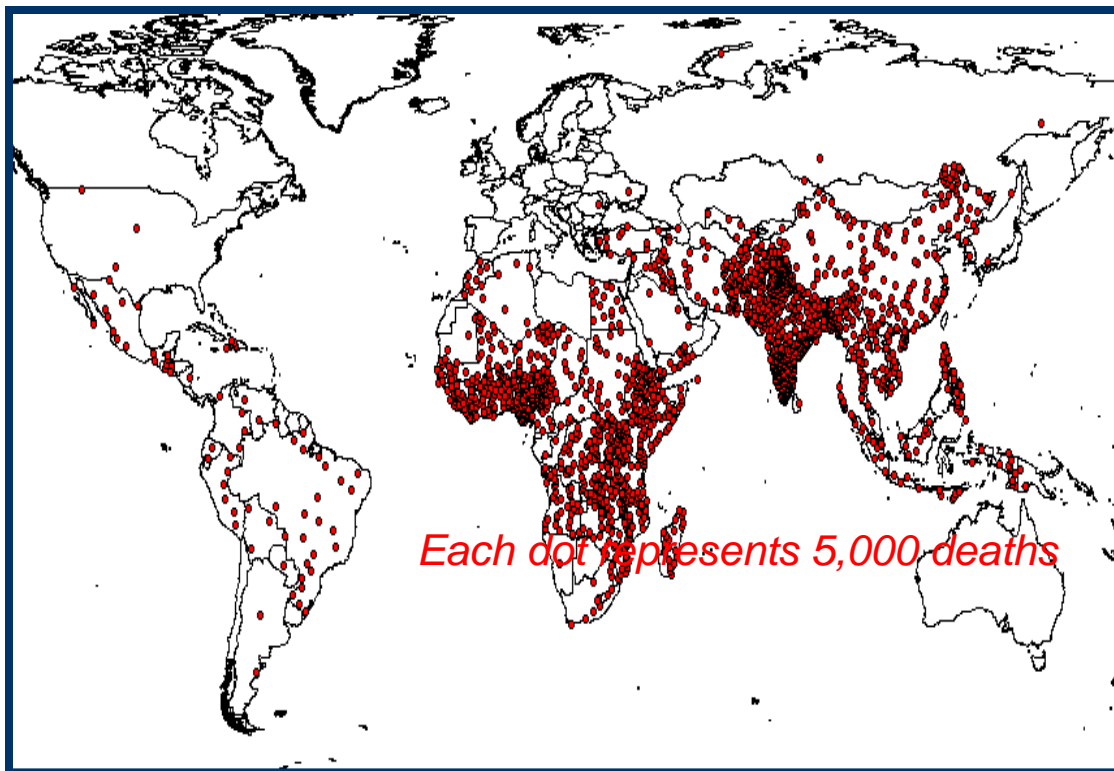
Adapted from Lancet 2005



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Distribution of Mortality for Child Under Five

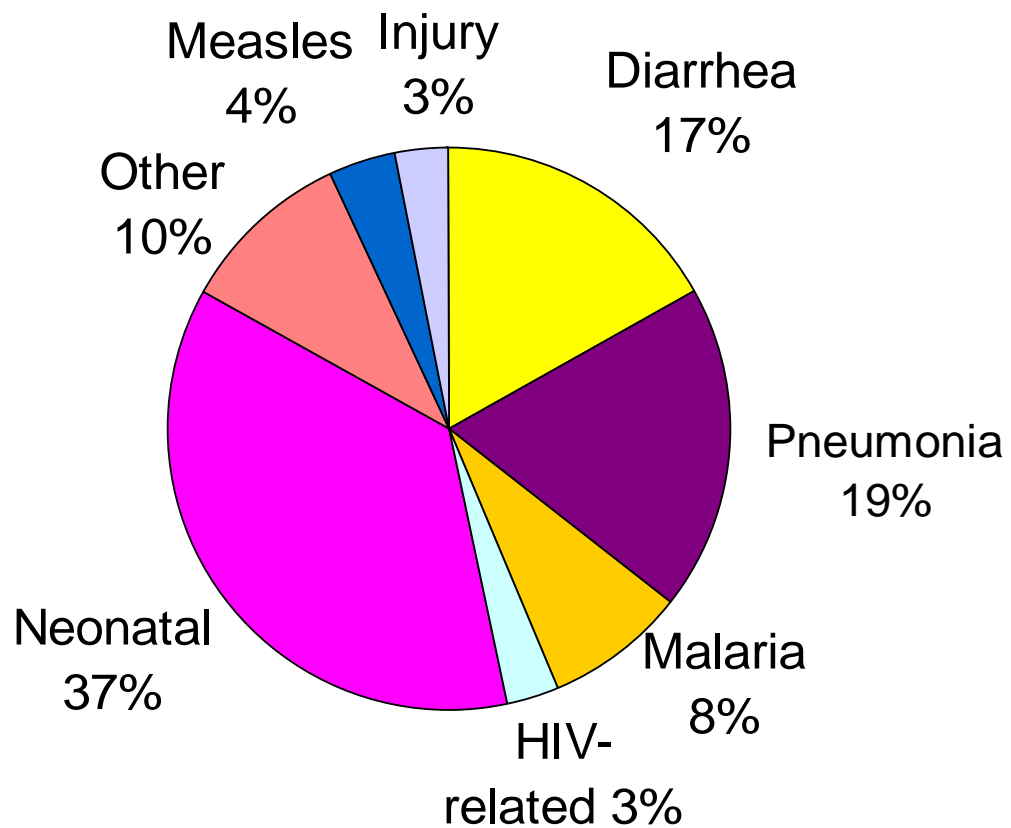
- Most of these deaths are in developing countries
- 90% are in just 42 countries (23 in Africa)
- Half are in just 6: India, Nigeria, China, Pakistan, D.R. Congo, Ethiopia





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Child Mortality by Cause



Source: Bryce et al. Lancet 2005



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Reducing under five mortality requires increased use of key high impact interventions

Prevention

Prevention Intervention	Number (thousands)	Deaths prevented as proportion of all child deaths
Breastfeeding	1301	13%
Insecticide-treated materials	691	7%
Complementary feeding	587	6%
Zinc	459	5%
Hib vaccine	403	4%
Clean delivery	411	4%
Water, sanitation, hygiene	326	3%
Vitamin A	225	2%

Treatment

Treatment Intervention	Number (thousands)	Deaths prevented as proportion of all child deaths
Oral rehydration therapy	1477	15%
Antibiotics for sepsis	583	6%
Antibiotics for pneumonia	577	6%
Antimalarials	467	5%
Zinc	394	4%
Newborn resuscitation	467	5%
Antibiotics for dysentery	310	3%

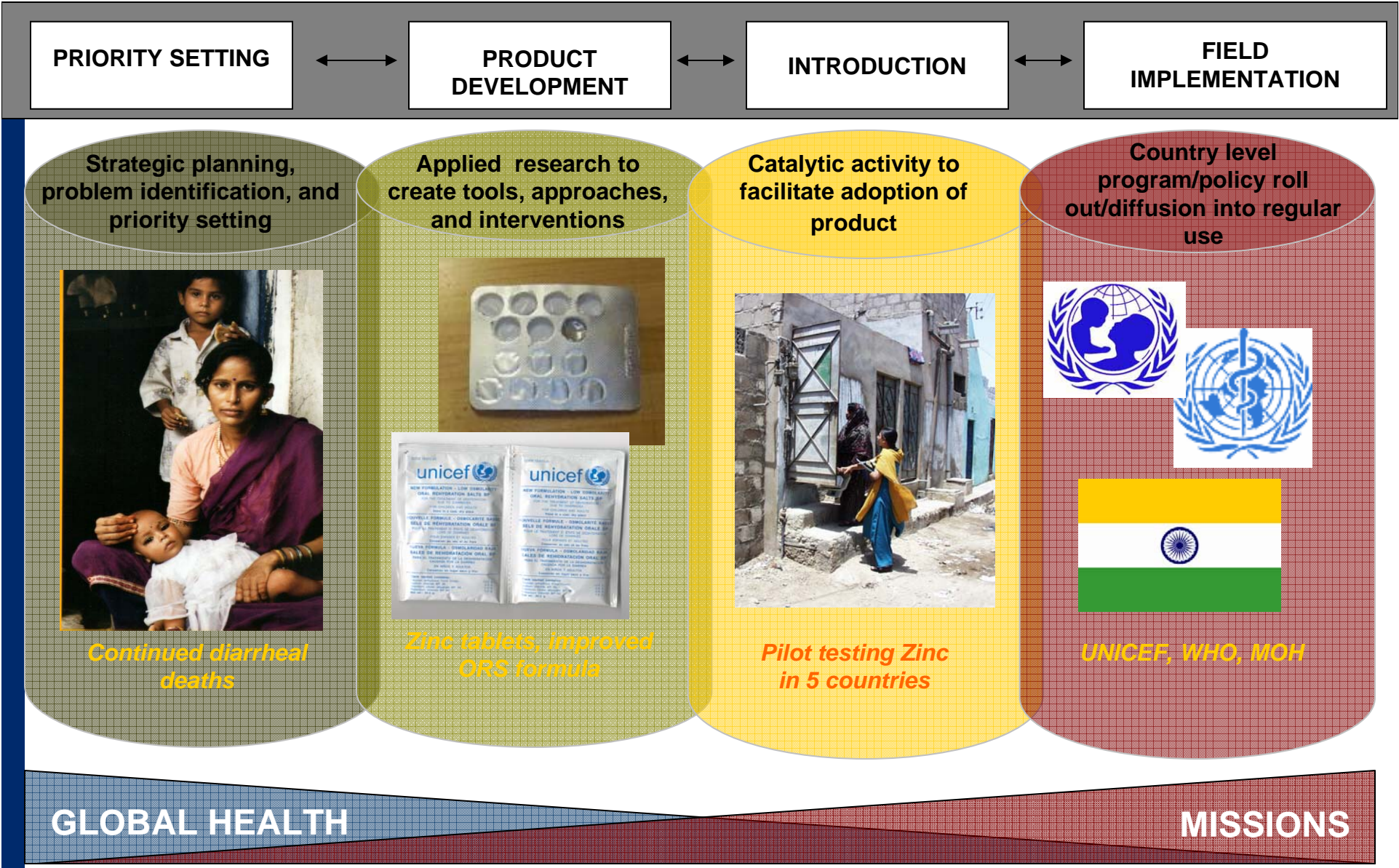


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Health Systems Strengthening is Important to Introduce & Expand Proven Interventions

- Human resources
- Financing for increased access
- Drugs & commodities
- Quality improvement
- Monitoring & evaluation

Managing Research & Technology Development from Identification to Implementation





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Taking Interventions to Scale

GH Role

- Identify potential intervention
- *Test*
- Introduce in demonstration areas
(as phase 1 of at-scale implementation)
- *Scale up to national level*
- Combine with other interventions in comprehensive country programs
- *Implement programs in multiple countries*

Missions' Role



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The MCH Element—What is the goal?

Reduce maternal, neonatal, and child mortality



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The MCH Element –Where do we work?

Focus adequate resources in countries that have:

- High magnitude/severity of MNCH mortality
- Planned USAID program for next 3-5 years
- Country capacity to absorb and program resources
- Government commitment to MCH outcomes
- Potential for interaction with other resources, i.e. PMI, PEPFAR Africa Union CS Framework, RH “Road Map”, GAVI, GFATM (including HSS), Other major donors



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The MCH Element—How do we work?

- Promote high impact proven interventions
- Identify essential health system and capacity improvements linked to MNCH outcomes
- Identify appropriate approaches for the context
- Maximize fit within national sector and MNCH plans and complementarity with other resources in the sector
- Establish baselines and periodic monitoring



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GH Maternal Newborn and Child Health Major Projects/Partners

- **ACCESS** policy; service delivery; community education mobilization; quality improvement; capacity building
- **BASICS III** child health and nutrition
- **POPPHI/TASC2** postpartum hemorrhage prevention
- **CSHGP** PVO/NGO grants program
- **IMMPACT** research
- **Immunization BASICS**
- **WHO/UNICEF** research; policy
- **HARP/GRA/CRA** research
- **A2Z** micronutrient supplementation, fortification
- **IYCN** infant feeding
- **FANTA** nutrition promotion for mothers and children
- **HCI** quality improvement; human resources
- **HS 20/20** governance; finance; policy
- **SPS** strengthening pharmaceutical systems
- **GHTECH** design, evaluation
- **HPI** reproductive health policy; White Ribbon Alliance advocacy
- **MEASURE/DHS** outcome / impact surveys
- **MEASURE/EVAL** special studies and tech assistance for M & E
- **FISTULA CARE**