
ACTING ON THE CALL

A FOCUS ON THE JOURNEY
TO SELF-RELIANCE
FOR PREVENTING CHILD
AND MATERNAL DEATHS

JUNE 2019



On the cover, Nafisatu Bilyaminu proudly looks down at her newly named baby, Abubakar Nafisatu. In villages like Wandi, Nigeria, the barber is asked to shave the baby's head at 7 days, when the baby is also named. The barber, who has been trained by USAID, then advises the mother to go to a clinic to get her child vaccinated. Photo: Karen Kasmauski/MCSP

INTRODUCTION

Over the past five years, the U.S. Agency for International Development (USAID) identified and refined its strategy to prevent child and maternal deaths in annual *Acting on the Call* reports. This strategy represents USAID's approach to pursuing the greatest improvements in maternal and child survival by scaling up high-impact interventions to those who need them most, while simultaneously addressing key health constraints. The *Acting on the Call* reports lay out, and provide updates on, USAID's commitment to prevent child and maternal deaths.

A key component of this effort is building countries' capacity to effectively manage their own health care. Since 2012, the governments in more than half of USAID's priority countries for maternal and child survival have increased their domestic budgets for health. Having demonstrated the potential results achievable through our strategy, we continue to look for new opportunities to improve our programs and refine our approach.

In the 2018 *Acting on the Call* report, we examined what the Journey to Self-Reliance means for health and where our priority countries are on their respective paths. Many countries are at the beginning of their journeys, and none are nearing the end, which presents USAID with the opportunity to reorient our funding to both accelerate progress and help these countries transform into self-reliant nations for health.

In this *Acting on the Call* report, we examine how we can best work with countries on their development journeys. As we refine our programs, we are taking a hard look at aligning our strategy with USAID's approach to fostering self-reliance and key principles that can accelerate progress globally. Our existing strategy already optimizes impact by integrating funding across health investments that contribute to preventing maternal and child deaths. We also have looked closely at how we must tailor a mix of interventions to the local context to meet countries where they are and truly advance progress.

The goal of foreign assistance is to end its need to exist. As countries move along the Journey to Self-Reliance, USAID's role increasingly becomes that of a catalyst for new ideas, partners, and resources to help meet national goals. By working with governments, other donors, civil society, faith-based organizations, and the private sector, we can save the lives of 15 million children and 600,000 women between 2012 and 2020. Through targeted investments, USAID helps countries meet the targets laid out in the 2014 *Acting on the Call* report, as well as the relevant global targets to reduce child mortality to 25 deaths per 1,000 live births and maternal mortality to a global average of 70 deaths per 100,000 live births by 2030.

USAID'S IMPACT SINCE THE 2012 CALL TO ACTION

In 2018 alone, USAID helped 81 million women and children access essential — and often life saving — health services.



13.3M
health workers trained in maternal and child health and nutrition



12M
women gave birth in a health facility



9.3M
newborns reached with care after delivery



85.2M
treatments provided to children for diarrhea and pneumonia



41.1M
children vaccinated against deadly preventable diseases



14.9M
people gaining access to basic drinking water



24M
women reached with voluntary family planning services, annually



28M
children reached with nutrition programs



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A Focus on the Journey to Self-Reliance for Preventing Child and Maternal Deaths

June 2019

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KEY PRINCIPLES FOR ACCELERATING PROGRESS ON THE JOURNEY TO SELF-RELIANCE

As we continue to refine our strategy to save the lives of women and children, we highlight key principles USAID has identified as important to achieve self-reliance, as well as how we can incorporate them to sustain our current and future impact. These principles include strengthening in-country capacities; exploring opportunities to align with the private sector, civil society, and faith-based organizations; prioritizing approaches that drive accountability and government commitment; and placing the mobilization of domestic resources at the core of our efforts (see Figure 1).

Fostering self-reliance means building in-country capacity for leadership, coordination, and partnership, and requires working with ministries and the public sector alongside private-sector and non-governmental actors. As laid out in the 2017 *Acting on the Call* report, our programs help ensure governments can manage their health workforce; fund their own health care; ensure quality; track progress; and maintain the right equipment, drugs, and commodities. For example, in Ethiopia, our partners worked with the Ministry of Health to revise the basic training package for emergency maternal and newborn care, which reduces the training time from 21 to 12 days and enables the Ethiopian Government to reach more nurses and midwives with these critical skills.

Preventing child and maternal deaths requires working with, and through, both the public and private sectors. Mothers and families often seek care at the closest, or most convenient, point of service, without consideration for who is managing it. Currently, across our 25 priority countries, the private sector, including for-profit, non-profit, and faith-based organizations, provides on average 50 percent of all primary care. We need to better link these providers to public institutions, to encourage referrals between them and improve quality across them. Private providers can fill gaps in public-sector coverage—both geographic and in terms of skills—while the public sector is responsible for ensuring population health by enabling people to access care. Both sectors play a role in setting and adhering to standards and oversight. When the public and private sectors work in partnership to advance health care, more resilient systems will emerge. Redundancies created by embracing both public and private-sector delivery solutions can improve the likelihood that people will get the information and care they need should a disruption in one sector occur. Unexpected shocks or crises, seasonal variations in disease, the availability of food, and other situations can affect one part of the sector more than another. Should a private facility experience a stock-out, a drug might be available in a public facility. Likewise, during a strike or

health-worker shortage in the public sector, citizens can seek care from a nearby private facility. In the State of Rajasthan, India, we support the Utkrisht Development Impact Bond, a partnership that to date has improved the quality of care in 105 private facilities, which reduces stress on the overburdened public sector, as 19,000 women annually can now seek high-quality care in these private facilities.

We constantly seek opportunities to drive efficiencies and improve accountability. By incorporating new approaches, encouraging financial commitment to health by national governments, and increasing community demand for high-quality care, we can accelerate progress along the Journey to Self-Reliance. USAID's programs encourage accountability at the national and local levels to promote appropriate levels of domestic spending and achieve desired results. In Ghana, USAID funded clinical audits to review health-insurance claims and ensure providers' compliance with quality standards and claims requirements. Since 2014, this effort recovered \$1.4 million, from more than 1,000 health facilities, which is now available for use elsewhere in the health system. We also work with governments to improve national data systems to track investments and progress, which helps increase the transparency and accountability of investments.

JOURNEY TO SELF-RELIANCE FOR PREVENTING CHILD AND MATERNAL DEATHS

DRIVE ACCOUNTABILITY

Create an environment where society works together to ensure health needs are met.

Communities lobby for transparency and accountability.



Patients are referred to a privately funded hospital as it is closer to their home.

ENGAGE THE PRIVATE SECTOR

Bring private sector technologies and investment to country health systems and include the private sector in delivering health services to complement and expand the reach of the public sector.



MOBILIZE DOMESTIC RESOURCES

Expand available resources for health, improve how we spend existing health resources, and diversify sources of health resources.

Government officials request and spend health funding based on plans and achievement of specific results.



BUILD IN COUNTRY CAPACITY

Strengthen health systems to ensure that countries can manage their health workforce, fund their own health systems, ensure quality, and maintain the right equipment and commodities.

Well trained health workers are deployed to areas of the country most in need of their skills.



Sustainable health financing requires expanding available resources, increasing health spending, and diversifying investments in health. In the 2018 *Acting on the Call* report, we calculated that USAID's investments to eliminate bottlenecks will make available around \$26.9 billion in public and private funds in the health sector. Last year in Uganda, USAID worked with the Ministry of Health to increase the percentage of the allocated budget for health that was spent from 79 percent to 97 percent. Even with our current efforts, available public and private domestic resources can cover only 85 percent of an essential package of health care across our 25 priority countries. Public resources alone would only cover 24 percent of essential care. Even with careful planning and well-developed strategies, countries must stretch and diversify the funds used for health or they will not meet existing needs.

Countries have different gaps and barriers that require context-specific

solutions. USAID's *Acting on the Call* strategy presents a layered approach of incremental, yet forward-leaning, steps to apply additional innovations and principles onto a base of proven interventions. The 2019 *Acting on the Call* report provides updates on progress across USAID's 25 priority countries and on our past commitments to improve equity, build strong health systems, and accelerate progress on the Journey to Self-Reliance for preventing child and maternal deaths. In the 2018 *Acting on the Call* report, we identified the need for women in Bangladesh to access delivery care 24 hours per day, seven days per week. In the past year, we supported the Ministry of Health and Family Welfare to develop a plan for this care, which includes allocating a domestic budget to support rolling it out nationwide.

USAID's strategy to prevent child and maternal deaths is grounded in supporting governments to plan, manage, and fund their own health

institutions. Leveraging diverse ideas, resources, and partners will stretch, build upon, and increase the impact of USAID's investments. By applying the key principles of building national and local capacity; engaging the private, civil society, and faith sectors; driving accountability and commitment; and prioritizing domestic resource mobilization to our *Acting on the Call* strategy, we are helping to create health care that is accessible, accountable, affordable, and reliable (see page 11.) Building strong health systems ensures that mothers and their children will get the care they need, in ways they trust. Strong health systems also means that when families need care, it will be available, and they will not have to pay too much, or travel too far, for health care. Applications of these new principles detailed throughout the following supplementary country pages will continue to build partner government capacity for and commitment to women's and children's health.

Spotlight: Strengthening Child Nutrition Services in the Health System

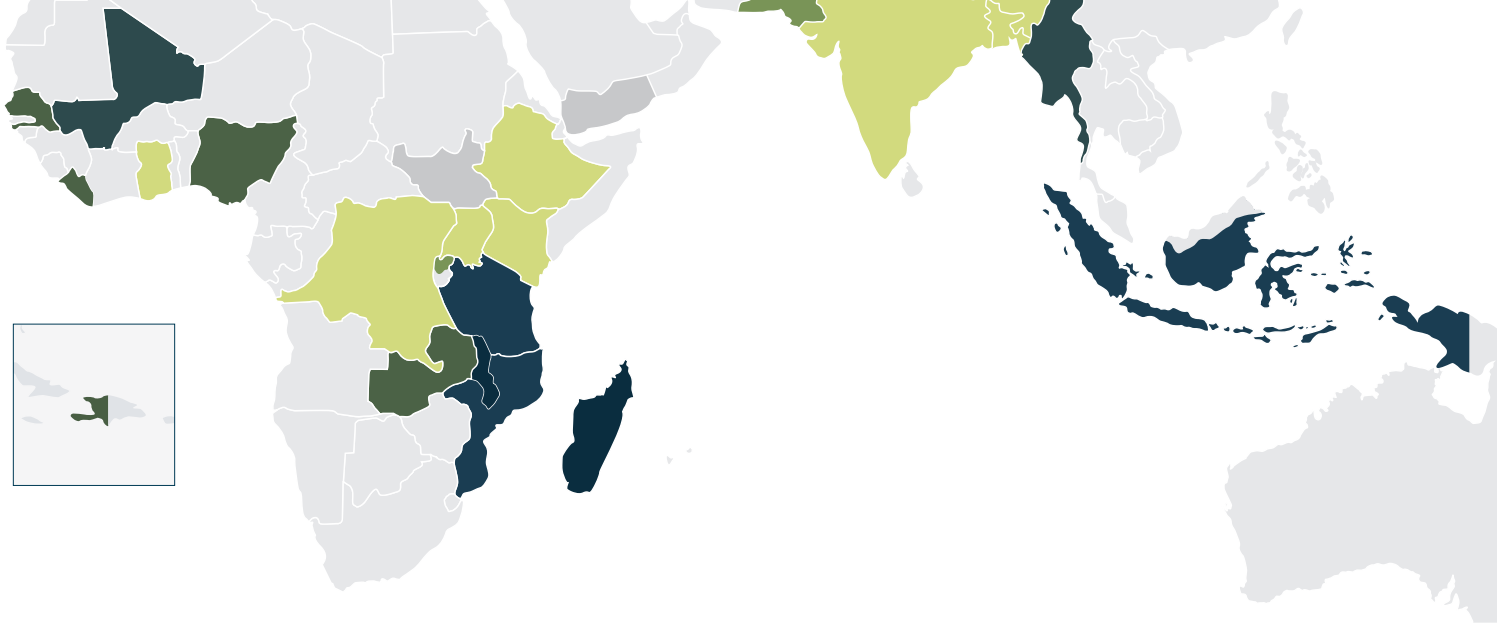
As malnutrition is an underlying cause of 45 percent of child deaths and 20 percent of maternal deaths, improving the delivery of nutrition services in the community, as well as in facilities, is vital to preventing child and maternal deaths, as well as to building country capacity to do so in the future. In 2018, USAID worked closely with ministries of health, frontline workers, international organizations, and local partners from a number of priority countries to develop country specific action plans to strengthen nutrition services for ill and vulnerable newborns and children. By putting these plans into action, governments and other providers are improving nutrition services as part of high-quality, comprehensive care for women and children.

Malnutrition inhibits the immune system and the body's ability to fight illness, which substantially increases the risk of death for children who are suffering from illnesses and infections such as pneumonia, malaria, and diarrhea. In this year's *Acting on the Call* report, as we look at opportunities to strengthen national capacity, we provide a country breakdown of the estimated child deaths that can be averted through improved nutrition.



Photo: Amy Fowler/USAID

COUNTRIES ARE INCREASING THEIR PUBLIC INVESTMENTS IN HEALTH



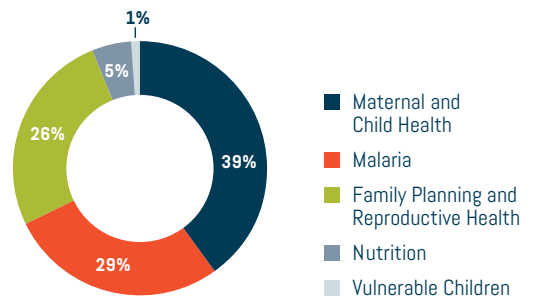
RELATIVELY STABLE INVESTMENT IN HEALTH AS PART OF OVERALL BUDGET*

RELATIVE INCREASE IN HEALTH SPENDING AS PART OF OVERALL BUDGET*

* As indicated by a percentage point increase in share of government spending on health since 2012

Source: WHO Global Health Expenditure Database

PREVENTING CHILD AND MATERNAL DEATHS TOTAL 2012-2018: \$16,630



DEPARTMENT OF STATE AND USAID	2012 Fiscal Year	2013 Fiscal Year	2014 Fiscal Year	2015 Fiscal Year	2016 Fiscal Year	2017 Fiscal Year	2018 Fiscal Year	Total
(\$ MILLIONS)	8,599	8,420	8,826	9,277	8,841	8,867	8,801	61,605
PREVENTING CHILD AND MATERNAL DEATHS	2,285	2,262	2,398	2,534	2,417	2,372	2,362	16,630
CONTROLLING THE HIV/AIDS EPIDEMIC	5,893	5,773	6,000	6,000	6,000	6,000	6,000	41,666
COMBATING INFECTIOUS DISEASES	421	385	428	743*	424	495	439	3,335

* Includes investment for Ebola



Photo: Karen Kasmauski/MCSP



Looking at Health Systems from a Client Perspective

USAID's strategy to prevent child and maternal deaths is grounded in working to promote health care that is accessible, accountable, affordable, and reliable. By looking at health services from the perspective of those they are built to serve, we can both judge if they are working as well as identify gaps that key strategies and proven interventions can address.

To be **accessible**, health care must be available when and where women, families, and their children need it and can use it. In the 2016 *Acting on the Call* report, USAID analyzed barriers to accessing care equitably and the impact of removing barriers to access. Interventions to improve accessibility will help health facilities stay open, staffed and equipped on a regular and known schedule. These interventions also support the development and inclusion of alternative care options such as community health workers, digital or e-health applications, drug shops, or mobile outreach efforts that extend the reach of traditional health facilities. Such approaches work with both public and private partners to ensure consistent and high-quality care regardless of where people seek it, while taking into consideration the barriers that traditionally limit equitable access.

Health care is **accountable** when society works together to ensure it meets people's needs. Accountability requires quality, publicly available information regarding health care and population outcomes. USAID helps communities, civil society, and the private sector to engage with local, regional, and national governments as partners in the management and oversight of health care, including to ensure patients' privacy and satisfaction with care. With support, professional organizations of practitioners have a role in credentialing, accreditation, and standard setting, and these organizations or other non-governmental groups provide recourse when patients or communities are dissatisfied with care.

Health care is **affordable** when its cost does not prevent a family from accessing it. Increasing affordability means helping families decide whether to participate in pre-payment or insurance plans to improve their ability to gain access to health care and to provide a mechanism to prevent routine or unexpected health care costs from impoverishing them. Affordability also includes eliminating cost as a barrier to seeking care by considering all costs associated with seeking it, including the cost of drugs and diagnostic services, as well as transportation and care for family members left behind.

Reliable health care is delivered in a timely manner that promotes dignity and respect for all patients and providers. People are more likely to seek care when they trust facilities and the quality of care they provide, and are confident providers will meet their needs with respect, and without stigma, shame, fear, or abuse. This reliability happens when health facilities and health workers have the right supplies and quantity of commodities to deliver services, including nutrition, water, sanitation, and infection prevention. Additionally, health workers need the knowledge, skills, motivation, and cultural understanding to provide care, which they gain by engaging in continuing education and enrolling in professional and licensing associations. Supporting facilities to meet the standards of accrediting organizations and effectively engage their communities also leads to greater reliability. Disruptions in the availability of care because of workforce shortages and a lack of medicines, supplies, or organizational capacity must be reduced in order to ensure the continuity of care during times of disruption, shock, or crisis.

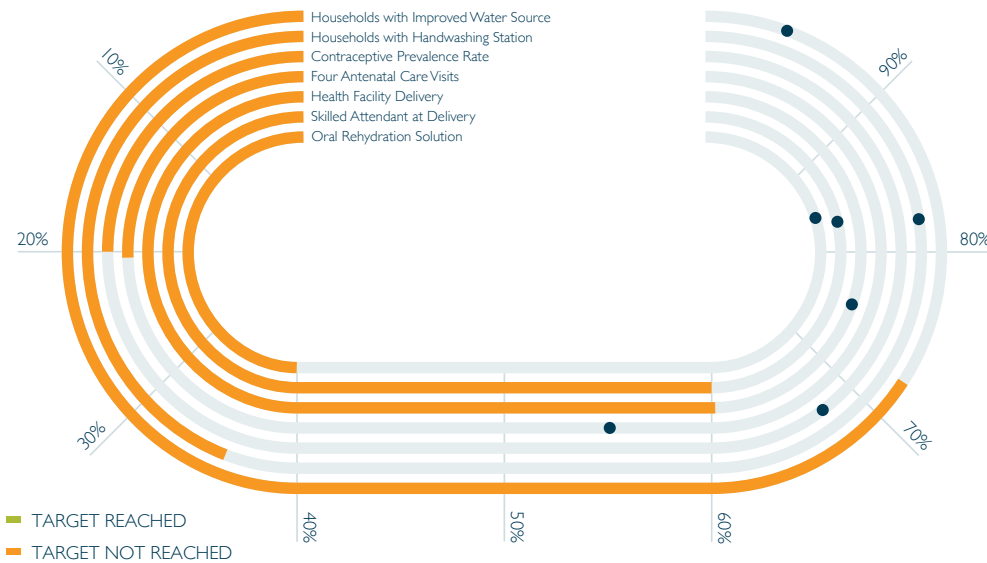


AFGHANISTAN

* Estimate from 2015 ** Estimate from 2017

2018	34.9M ↑ Total Population	5.5M ↑ Population Under 5 Years	** 77K ↓ Under-5 Deaths /Year	** 68 ↓ Under-5 Mortality Rate Per 1,000 Live Births	1.3M ↑ Births	* 396 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	13.5M	2.6M	96K	176	739K	1,300

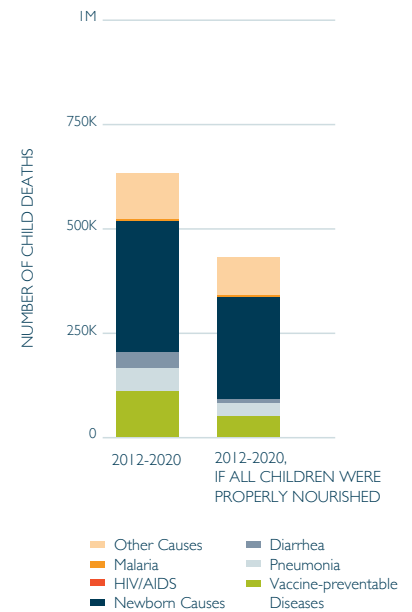
INTERVENTION COVERAGE



Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to *Acting on the Call* efforts



ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE ISLAMIC REPUBLIC OF AFGHANISTAN AND OTHER PARTNERS, WE HAVE:

- Supported, through the Afghanistan Reconstruction Trust Fund, more than 566,000 safe deliveries with skilled birth attendants
- Counseled more than 100,000 women on voluntary family planning following delivery, or 78 percent of all supported deliveries
- Used chlorhexidine to keep the umbilical cords of 86,000 newborns clean following delivery in a health facility
- Reached, through the Afghanistan Reconstruction Trust Fund, 1.4 million children under age one with pentavalent vaccine
- Trained community health workers on the importance of women delivering in a facility, which resulted in the referral of 4,434 delivery cases from the community to the nearest health facility
- Introduced a series of new social-marketing products with cheaper packaging, including pre-packaged oral rehydration salts with zinc and iron folic acid tablets for pregnant women, which will expand access and lower cost

GOING FORWARD, WE WILL WORK TO:

- Implement user-fee regulations and guidelines in national and provincial hospitals, which will make care more affordable for those in need
- Support the implementation of a \$35 million grant from the Global Financing Facility (GFF) to introduce innovation in public-sector health facilities across the country
- Support the scale-up plan of Sayana Press, a self-injecting contraceptive, across five densely populated provinces

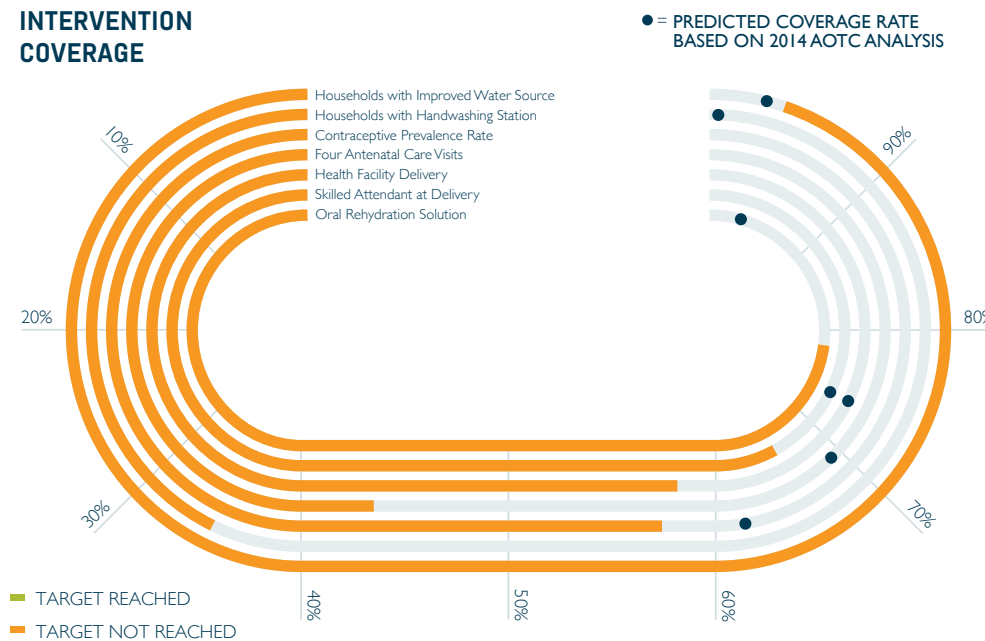


BANGLADESH

* Estimate from 2015 ** Estimate from 2017

2018	159.5M ↑ Total Population	14.3M ↓ Population Under 5 Years	** 100K ↓ Under-5 Deaths /Year	** 32 ↓ Under-5 Mortality Rate Per 1,000 Live Births	3M ↓ Births	* 176 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	112M	17.8M	531K	143	4M	800

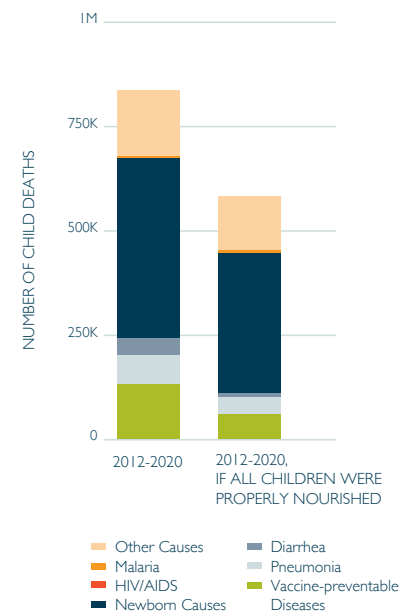
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH AND OTHER PARTNERS, WE HAVE:

- Transitioned the management and maintenance of 369 Smiling Sun clinics, which provide affordable primary care, to the Surjer Hashi Network social enterprise
- Developed a plan, including cost, to scale up 24-hour delivery services in public facilities nationwide, resulting in an allocated domestic budget for the activity
- Developed an electronic records-management system for use at the community and district level, which will allow for data to flow from 122 health facilities into national recording systems
- Supported the local Social Marketing Company to distribute, with profit, 800 million sachets of oral rehydration salt, more than 19 million sachets of micronutrients, and contraceptives that prevented one million unintended pregnancies
- Improved the use of health-information systems by using classroom based and hands-on training, which allowed several local organizations to support national-level surveys that will improve accountability
- Piloted a quality-of-care standard in facilities that will enable the Government of Bangladesh to replicate the approach nationwide and help improve the ability of facilities to meet the needs of mothers and their newborns

GOING FORWARD, WE WILL WORK TO:

- Support the Bangladeshi national drug-regulatory authority to move toward World Health Organization (WHO) certification, which indicates national capacity to test drugs for licensing and quality
- Support eight new districts to strengthen their management of logistics and the health supply-chain, the quality of care and readiness of facilities, and referrals

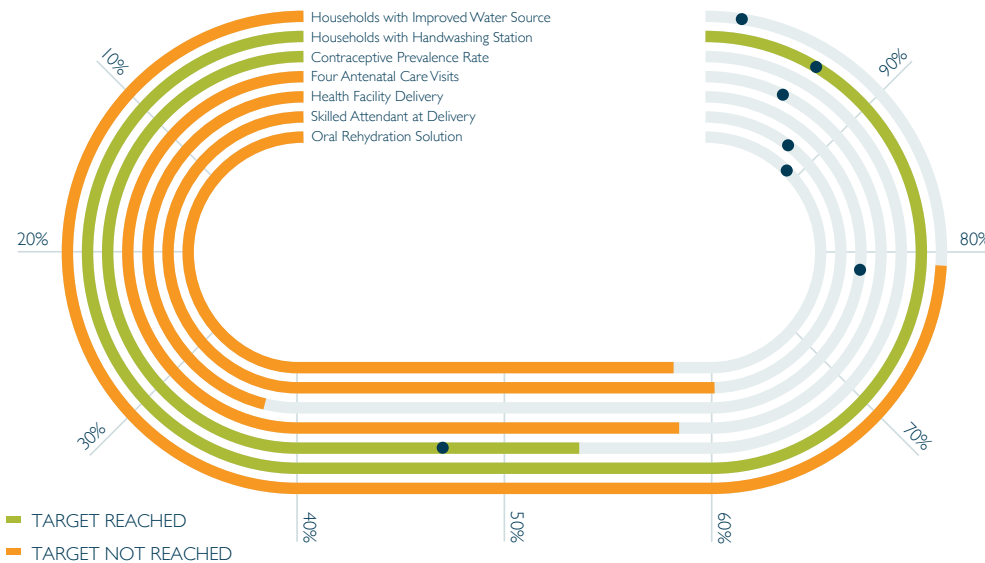


BURMA

* Estimate from 2015 ** Estimate from 2017

2018	55.6M ↑ Total Population	4.9M ↓ Population Under 5 Years	** 46K ↓ Under-5 Deaths /Year	** 49 ↓ Under-5 Mortality Rate Per 1,000 Live Births	985.6K ↓ Births	* 178 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	40.5M	5.5M	121K	110	1.2M	520

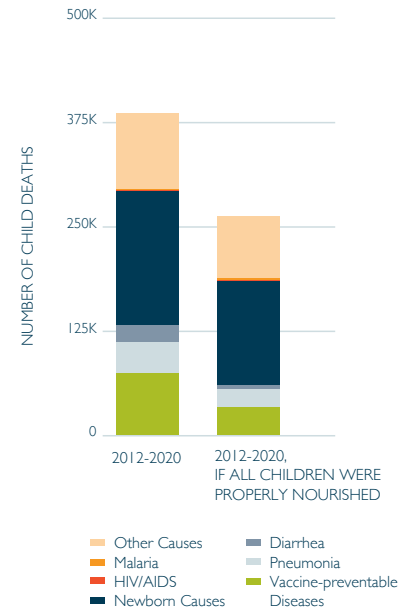
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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH PARTNERS IN BURMA, WE HAVE:

- Reached more than 1,150 birth attendants with hands-on skills trainings in five states and regions and trained an additional 850 health workers in facilities by using local resources in the same model
- Supported ten new national policies over three years, including the first-ever national guidelines for antenatal care and managing childhood illness
- Leveraged a \$2.5 million prior investment from the General Electric Foundation by adapting and scaling up a standards-based, high-quality improvement approach into five additional state and regional hospitals
- Developed standards and monitoring tools for high-quality improvement, which has led to a 52-percent increase in adherence to protocols to prevent and control infections in target sites
- Leveraged complementary investments from a multi-donor trust fund to improve institutional capacity in the Myanmar Nurse and Midwife Council and Myanmar Nurse and Midwifery Association
- Developed sanitation facilities in 804 households in contested areas of the southeast

GOING FORWARD, WE WILL WORK TO:

- Support improved access to essential services for mothers and newborns from conflict-affected areas in partnership with civil society and ethnic health organizations
- Support the development of village health committees and mother/father groups to address barriers to care at the community level, including by financing community funds to drive down the cost of referrals for complicated deliveries
- Support local institutions and private-sector partners to explore strategic purchasing and contracting out of health care as an approach to increase access and improve financial protection, while leveraging sustainable domestic revenue sources to move toward self-reliance

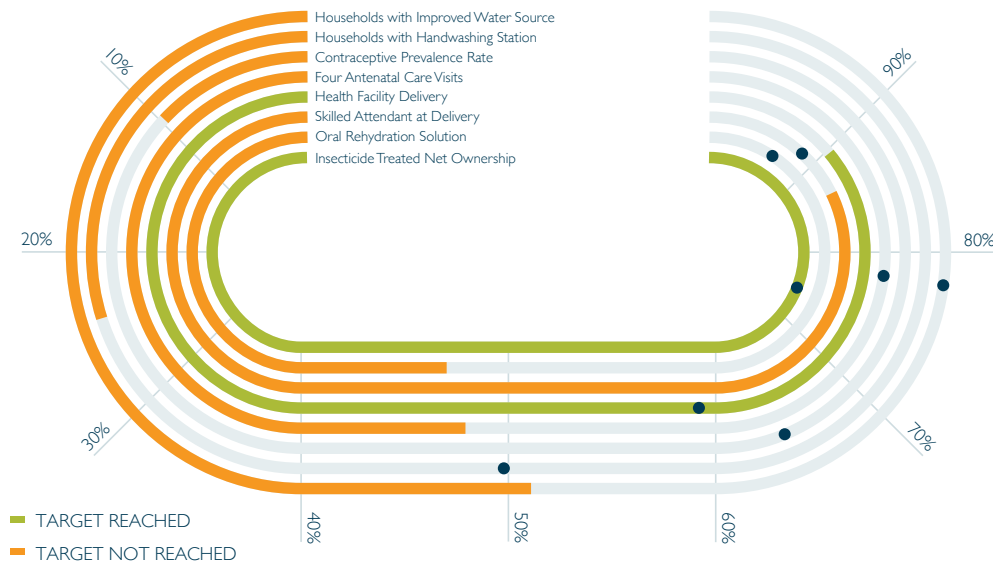


DEMOCRATIC REPUBLIC OF CONGO

* Estimate from 2015 ** Estimate from 2017

2018	85.3M ↑ Total Population	12.7M ↑ Population Under 5 Years	** 300K ↑ Under-5 Deaths /Year	** 91 ↓ Under-5 Mortality Rate Per 1,000 Live Births	2.8M ↑ Births	* 693 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	39M	7.4M	266K	171	1.8M	930

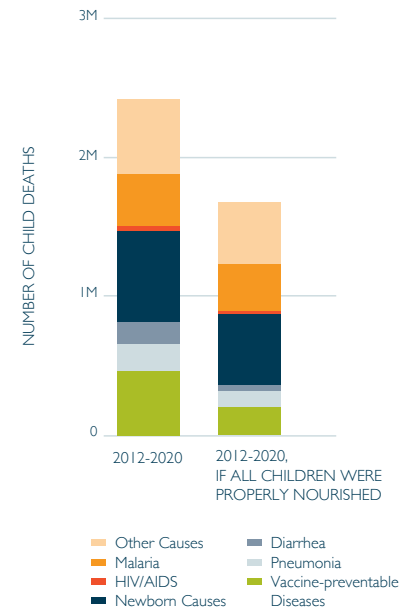
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH PARTNERS IN THE DEMOCRATIC REPUBLIC OF CONGO, WE HAVE:

- Supported the replication of a tool from Mali that will visualize real-time data on drugs and commodities to help decision-makers avoid stock-outs and improve accountability in 517 health zones
- Developed a National Child Health Strategic Plan, which calls for 8,000 more community care sites, would cover 70 percent of need, and save the lives of more than 300,000 children over five years
- Funded a faith-based hospital to provide fistula surgeries, which prompted the Government to start a fundraising initiative to use domestic private resources to pay for additional fistula activities
- Developed the Health Financing Strategy, which will improve access to health services for 31 million inhabitants
- Strengthened the preparedness of health facilities to respond to Ebola by improving the treatment and disposal of waste; applying adequate water, sanitation, and hygiene services in the community and facilities; and improving materials for the prevention and control of infections
- Provided six containers of medical equipment and instruments to seven hospitals in Kinshasa to improve care in delivery rooms, emergency-care units, surgical theaters, and imaging departments

GOING FORWARD, WE WILL WORK TO:

- Increase the role of Community Service Organizations and other community structures to provide oversight of health institutions
- Support the development of procedures that will allow for flat rates of health services at facilities, which will increase access for the poor

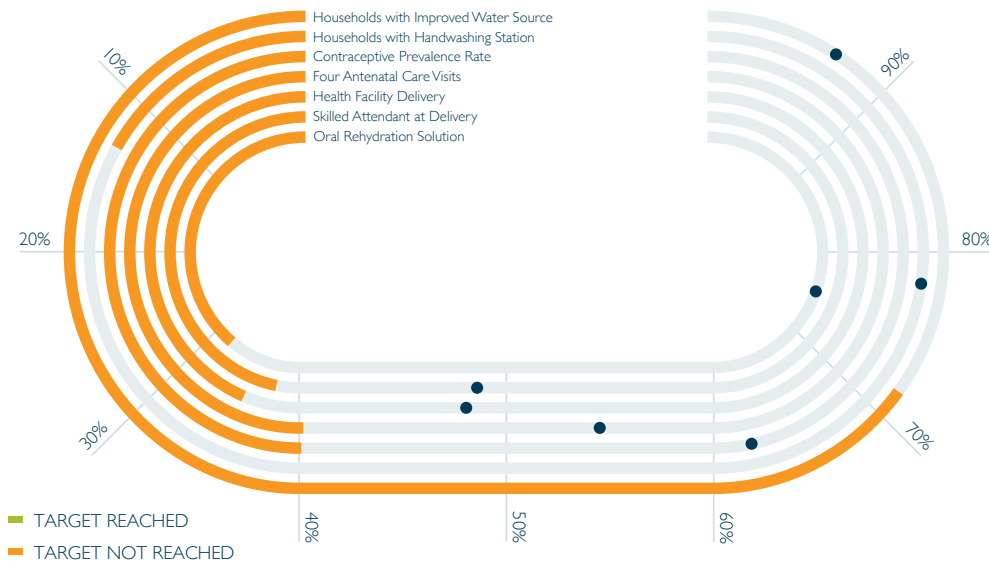


ETHIOPIA

* Estimate from 2015 ** Estimate from 2017

2018	108.4M ↑ Total Population	17.6M ↑ Population Under 5 Years	**189K ↓ Under-5 Deaths /Year	**59 ↓ Under-5 Mortality Rate Per 1,000 Live Births	3.9M ↑ Births	*353 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	47.5M	8.5M	444K	204	2.2M	950

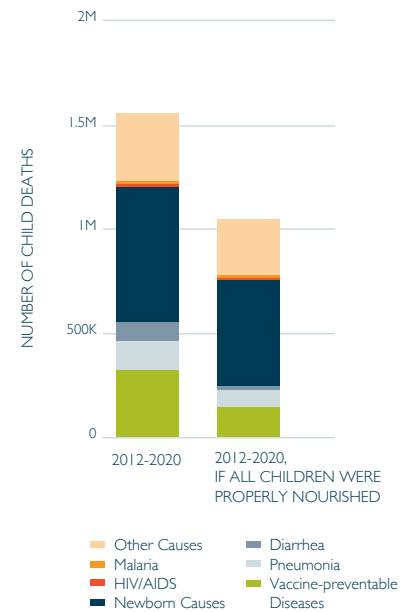
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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA AND OTHER PARTNERS, WE HAVE:

- Reached more than 925,000 children with polio vaccinations and, by linking pregnancy registration with newborn-tracking systems, reached 15,000 newborns missed with initial vaccination
- Support training, oversight, and community mobilization for more than 560 community based health insurance networks, reaching over 22 million people with insurance
- Revised the basic-training package for emergency obstetric and newborn care, which reduced the training time from 21 to 12 days, and reached 660 nurses and midwives
- Funded clinical mentorships in which high-performing clinics and hospitals train and consult with lower-performing facilities to help them provide high-quality maternal and neonatal health care, a model which resulted in new national guidelines for mentorship
- Improved access to basic sanitation for 11,000 peri-urban and rural households and 28,000 urban residents
- Trained 15,000 members of the Ethiopian Health Insurance Agency to manage a health-insurance scheme that will improve efficiency and generate additional revenue in health centers

GOING FORWARD, WE WILL WORK TO:

- Encourage local industry to meet standards for fortifying oil with Vitamin A and fortifying wheat flour to increase the density of nutrients in readily available local foods
- Develop community score cards and link communities to facilities to improve learning and accountability
- Launch a mobile system for health care in hard-to-reach areas with itinerant populations, which will both improve health outcomes and increase the capacity of local providers

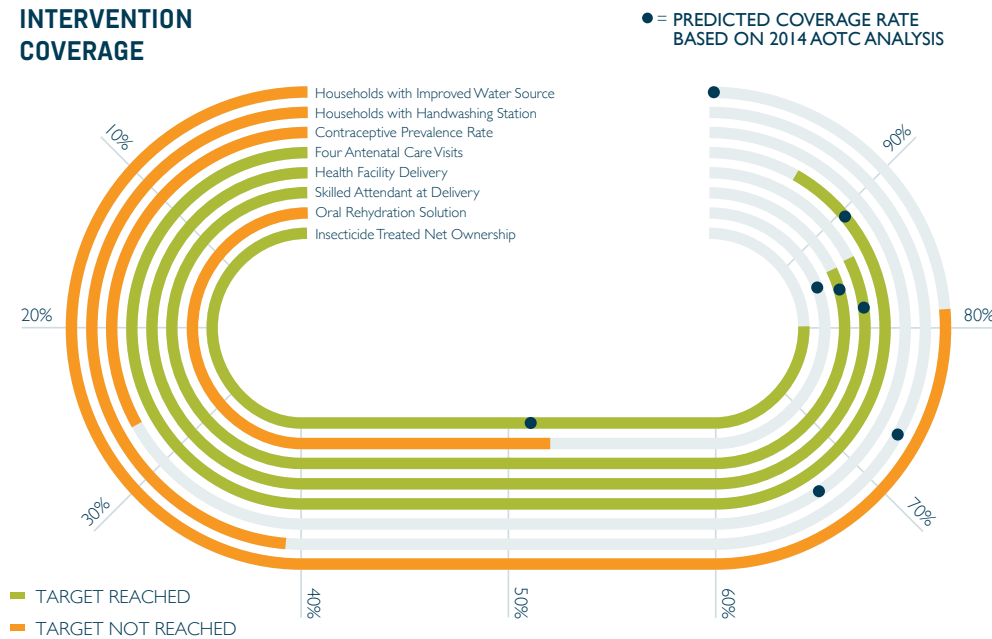


GHANA

* Estimate from 2015 ** Estimate from 2017

2018	28.1M ↑ Total Population	3.9M ↑ Population Under 5 Years	** 43K ↓ Under-5 Deaths /Year	** 49 ↓ Under-5 Mortality Rate Per 1,000 Live Births	848.1K ↑ Births	* 319 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	15.5M	2.7M	70K	128	603K	580

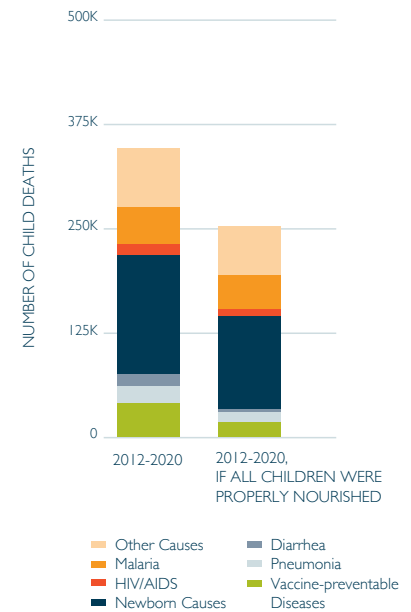
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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF GHANA AND OTHER PARTNERS, WE HAVE:

- Supported clinical audits to review health-insurance claims, which resulted in recovering \$1.4 million from 1,082 facilities since 2014
- Contributed to a 17% reduction in maternal mortality and 16.5% reduction in stillbirth rates in target districts in one year through a quality improvement approach
- Completed a national assessment of early-childhood development services, which will inform a country strategy to improve policies and programs
- Improved local ability to manufacture malaria drugs, which will enable Ghana and the sub-region to purchase locally manufactured drugs pre-qualified by WHO
- Implemented a new method of buying essential medicines, by optimizing volume and negotiating better prices rather than placing ad-hoc orders
- Increased users of intrauterine devices and implants by 18 percent in one year in target districts as part of efforts to expand the availability of contraceptives

GOING FORWARD, WE WILL WORK TO:

- Build capacity of local government and civil society to develop their own solutions to address malnutrition, food insecurity, and poverty in select districts in northern Ghana
- Support Ghana to implement its roadmap for universal health coverage, with a focus on updating the benefits package and monitoring national milestones
- Educate communities to use dashboards to advocate for improved quality of services

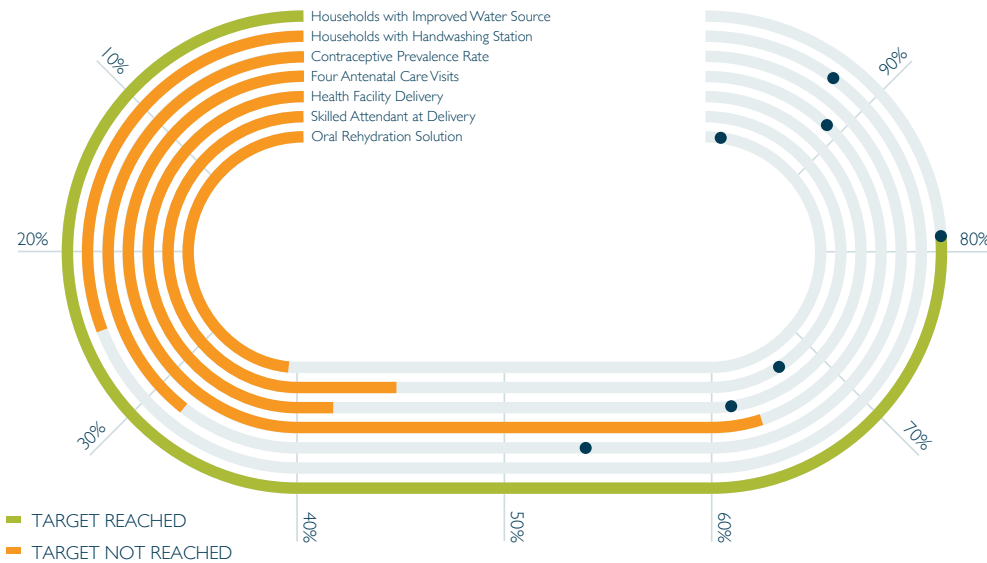


HAITI

* Estimate from 2015 ** Estimate from 2017

2018	10.8M ↑ Total Population	1.2M ↑ Population Under 5 Years	** 19K ↓ Under-5 Deaths /Year	** 72 ↓ Under-5 Mortality Rate Per 1,000 Live Births	243.5K ↓ Births	* 359 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	6.8M	1M	36K	144	260K	620

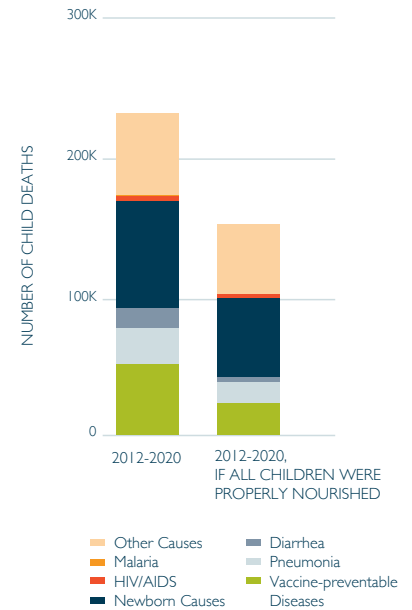
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF HAÏTI AND OTHER PARTNERS, WE HAVE:

- Vaccinated 76,000 children through a network of 164 health institutions, including 20 faith-based organizations, that provide primary health care
- Worked with three faith-based organizations that use their community relationships to improve care for mothers and their children and promote healthy behaviors
- Reached 208,000 children under age five with nutrition programs, including by treating 12,500 of them for moderate or severe acute malnutrition
- Assisted 68,000 newborns in receiving postnatal health checks within 72 hours, through supporting health providers
- Trained 1,345 certified community health workers, who provide voluntary family planning, deliver information on healthy behaviors, vaccinate children, manage mothers' clubs, and make referrals for facility-based care
- Trained more than 1,000 providers of primary health care on maternal, newborn and child health; voluntary family planning; community health; water, sanitation and hygiene; and Zika

GOING FORWARD, WE WILL WORK TO:

- Increase the number of sites that are implementing results-based financing to improve access to high-quality health care in hard-to-reach communities
- Offer affordable primary care in the most difficult-to-access areas by providing funding to 164 facilities

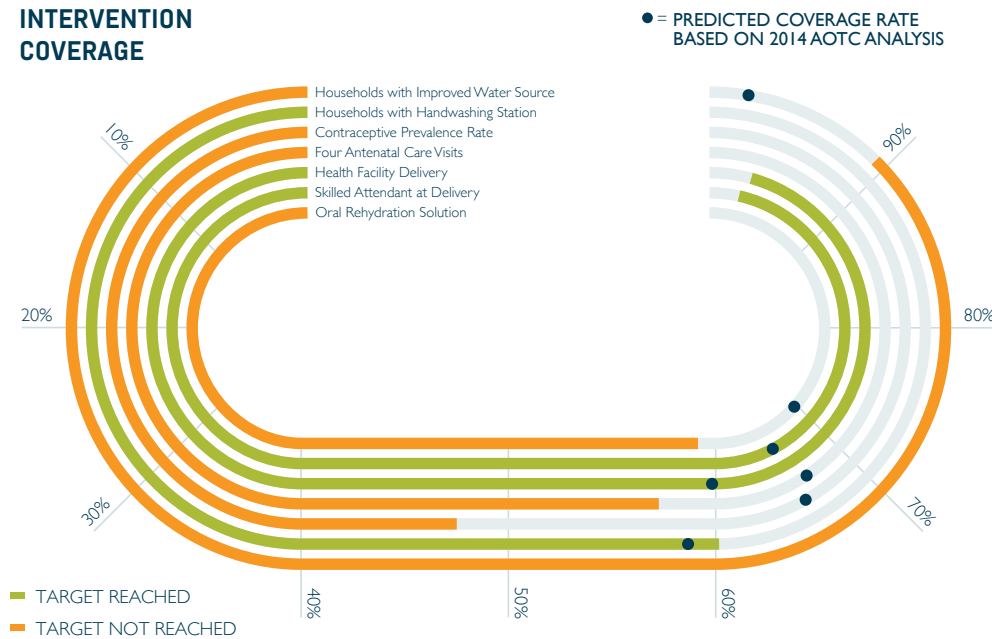


INDIA

* Estimate from 2015 ** Estimate from 2017

2018	1.3B ↑ Total Population	116.7M ↓ Population Under 5 Years	** 989K ↓ Under-5 Deaths /Year	** 39 ↓ Under-5 Mortality Rate Per 1,000 Live Births	24.3M ↓ Births	* 174 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	869M	119M	3.3M	126	26.5M	600

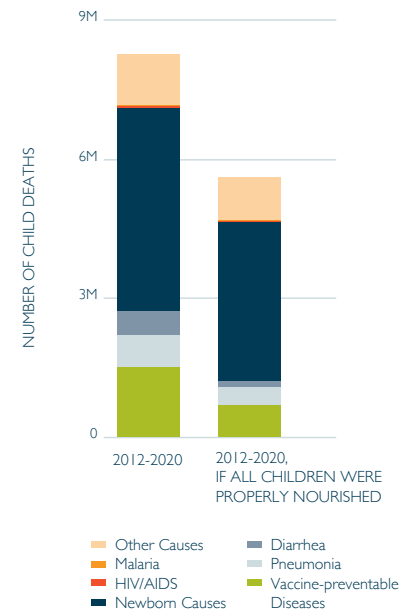
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF INDIA AND OTHER PARTNERS, WE HAVE ACHIEVED THE FOLLOWING:

- Demonstrated a model to improve the quality of care around birth, which reduced stillbirth and neonatal mortality by 20 percent in target districts and which the Government is now scaling up nationwide with its own domestic resources
- Generated more than \$160 million in resources from the national and state governments to scale up maternal and child health interventions proven by USAID, which benefitted 23 million Indians
- Supported 105 private hospitals in Rajasthan to prepare for accreditation, through the Utkrisht Development Impact Bond, which will improve the quality of maternity care for more than 19,000 women annually
- Developed a mobile phone-based patient-satisfaction survey to improve quality in 1,100 health facilities in the public sector, now being scaled up to include private facilities
- Funded the roll-out of the nationwide survey Swachh Surveskhan 2018, which ranks progress on water, sanitation, and hygiene and caused 3,192 cities to become certified as free of open defecation
- Developed a software for states to develop annual plans digitally, which are then reviewed by the national government digitally and result in the much more efficient review and subsequent allocation of federal funds

GOING FORWARD, WE WILL WORK TO:

- Convert 150,000 low-level health centers into Ayushman Bharat Health and Wellness Centres, which will increase access to health care at the community level and reduce out-of-pocket expenditures
- Test and expand financial models for sustainable health care to reduce and prevent health costs from pushing 55 million Indians into poverty annually
- Train 150,000 nurses to provide them with better employment while reducing a shortage of health workers

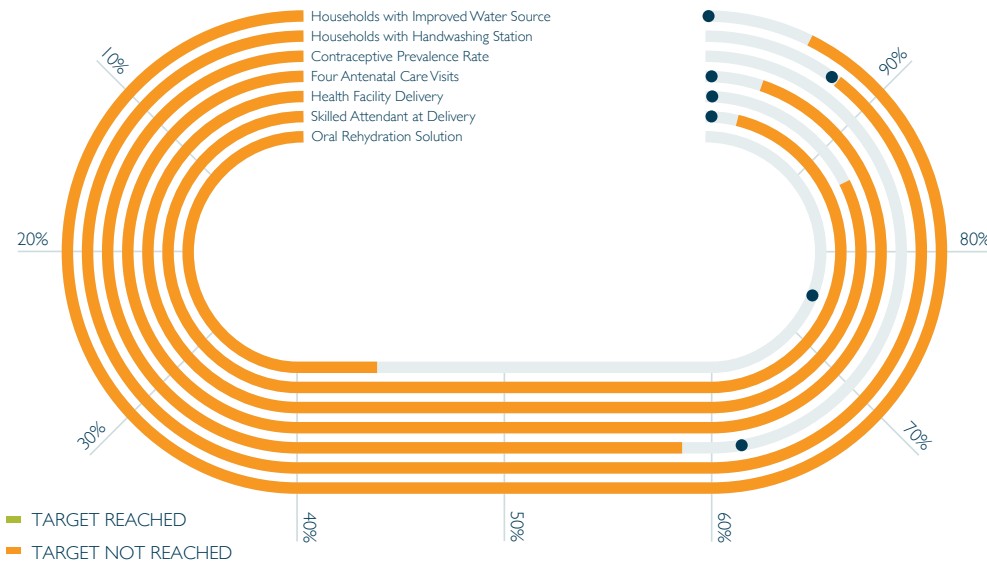


INDONESIA

* Estimate from 2015 ** Estimate from 2017

2018	262.8M ↑ Total Population	20.8M ↓ Population Under 5 Years	** 125K ↓ Under-5 Deaths /Year	** 25 ↓ Under-5 Mortality Rate Per 1,000 Live Births	4.2M ↓ Births	* 126 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	182M	21.5M	385K	83	4.6M	600

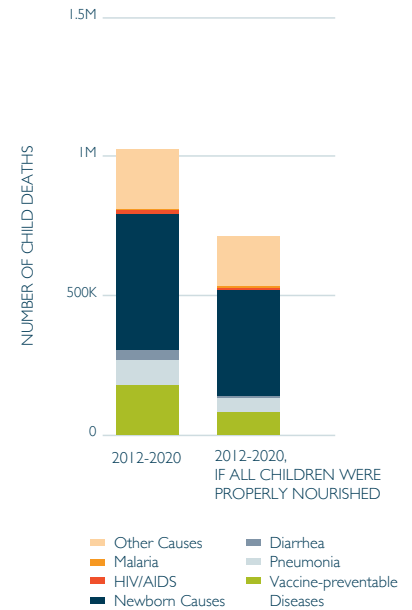
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF INDONESIA AND OTHER PARTNERS, WE HAVE:

- Turned over the management of an electronic emergency-referral system for women in labor to a private social enterprise that has expanded it by nearly 50 percent
- Improved access to maternal and newborn health care for more than 180,000 mothers and 150,000 newborns by funding Maternity Waiting Homes in remote areas
- Developed an economic model to predict the difference between insurance premiums collected and estimated spending according to disease patterns and insurance subscriptions, which will improve how the insurance scheme meets health needs
- Established a program to combat malaria in pregnancy that is incorporating training on the disease into schools of midwifery and medicine across Eastern Indonesia and has benefitted one million pregnant women
- Supported a government-run system to track expenditure on maternal and newborn health care, prevention, and promotion activities, including through calculating out-of-pocket spending
- Supported a comprehensive private-sector study to capture the impact of the Government's health-insurance scheme on the private health market, including priorities for the private sector and the level of competition provided to the public sector

GOING FORWARD, WE WILL WORK TO:

- Engage the private sector in health, primarily around developing a regulatory framework and identifying options for private financing in maternal and newborn care
- Measure resource needs at the national and subnational levels, which will allow for more effective financial planning at the national level to determine the distribution of finances between districts and provinces
- Improve human resource planning to inform better deployment and distribution of health workers including to disadvantaged areas

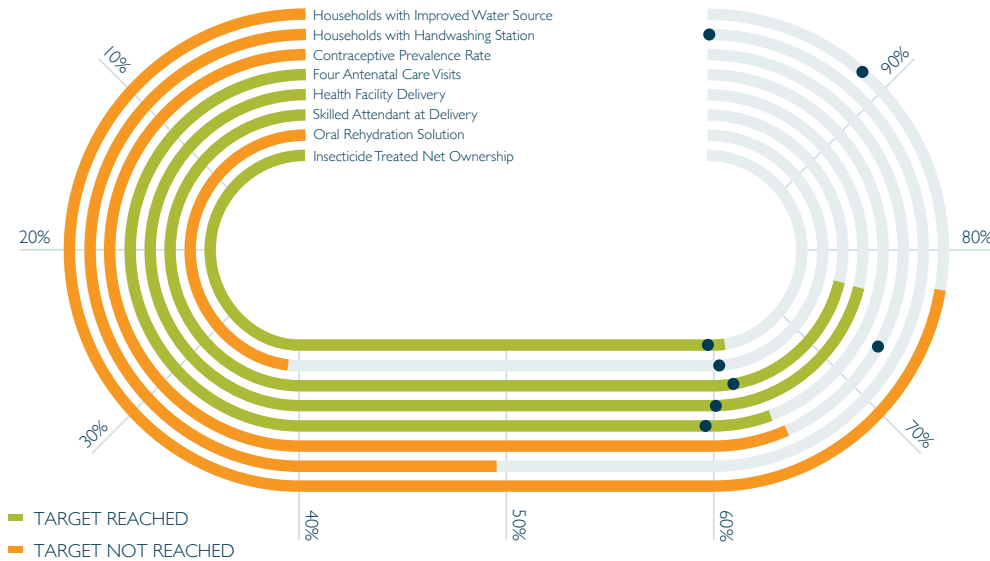


KENYA

* Estimate from 2015 ** Estimate from 2017

2018	48.4M ↑ Total Population	5.7M ↑ Population Under 5 Years	** 69K ↓ Under-5 Deaths /Year	** 46 ↓ Under-5 Mortality Rate Per 1,000 Live Births	1.1M ↑ Births	* 510 ↑ Maternal Mortality Ratio Per 100,000 Live Births
1990	23M	4.2M	95K	98	927K	400

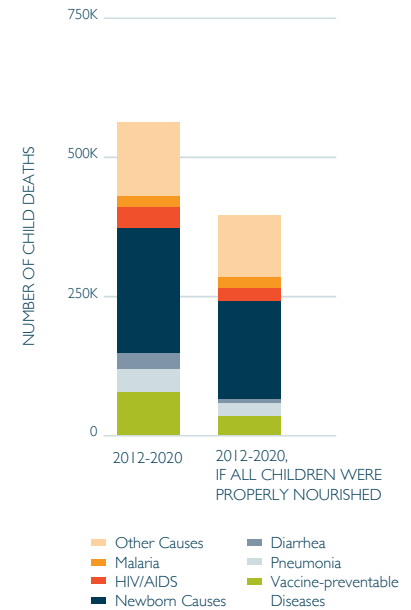
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF KENYA AND OTHER PARTNERS, WE HAVE ACHIEVED THE FOLLOWING:

- Worked with faith-based organizations to increase the understanding of, and demand for, voluntary family planning in Turkana County, a vast area where the public sector is unable to reach marginalized and underserved communities
- Contributed to a twenty-percent increase in Narok County's budget allocation for health, including a line item specifically for voluntary family planning
- Established human-resource units with appropriate manpower in 38 counties, which helps to maintain consistent and appropriate staffing and mitigate workforce strikes
- Certified 180 communities as free of open defecation

GOING FORWARD, WE WILL WORK TO:

- Transition to more direct funding to local partners and enabling local civil society to assert their collective voice in favor of transparency, accountability, and performance
- Secure a sliding-scale financing agreement with the national commodity program, which will slowly transition the procurement, warehousing, and distribution of maternal and child health drugs and commodities to complete national management and financing



LIBERIA

* Estimate from 2015 ** Estimate from 2017

2018	4.8M ↑ Total Population	799K ↑ Population Under 5 Years	** 12K ↓ Under-5 Deaths /Year	** 75 ↓ Under-5 Mortality Rate Per 1,000 Live Births	182.5K ↑ Births	* 725 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	2.1M	381K	22.5K	247	102K	1,200

INTERVENTION COVERAGE

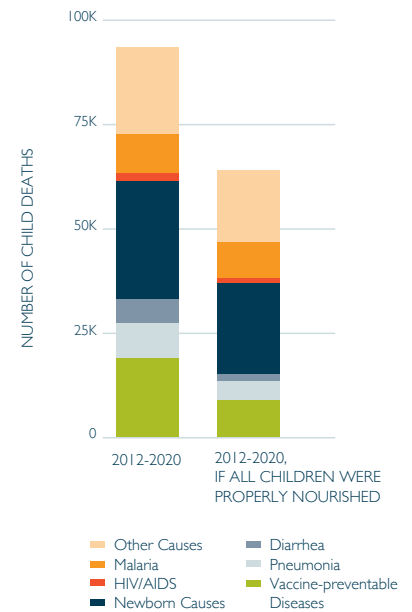
● = PREDICTED COVERAGE RATE
BASED ON 2014 AOTC ANALYSIS



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF LIBERIA AND OTHER PARTNERS, WE HAVE:

- Funded the roll-out of an electronic system to provide more real-time data and improve supply-chains, including by training workers from the Ministry of Health, central medicine staff, and local health teams
- Developed a national scale-up plan for chlorhexidine, which allowed 75 percent of babies born in public and private facilities to have the life-saving gel applied to their umbilical cords after birth
- Financed scholarships for 217 midwifery and laboratory technicians, which are helping to fill critical gaps in the health workforce, while helping to monitor the performance of, and payments to, the students
- Improved the ability of central and county health teams to develop operational plans to develop and implement evidence-based strategies
- Improved standards and codes of conduct for health workers by drafting a staff handbook on requirements, rights, compensation, and benefits
- Improved the quality, availability, and use of data, including through increased integration and interoperability across different health-information systems

GOING FORWARD, WE WILL WORK TO:

- Develop capacity-assessment tools to assess counties' ability to manage their own health care
- Support the ability of clinical supervisors to conduct high-quality supervision and improve the quality of care
- Ensure the maintenance of a consolidated warehouse for drugs and commodities, including the organized quarterly distribution of medicines

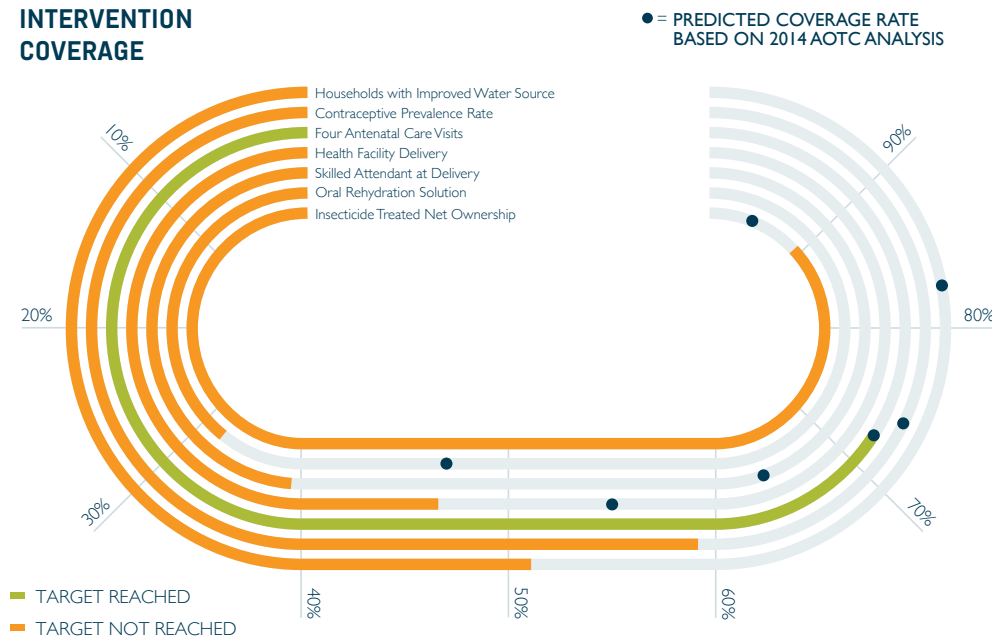


MADAGASCAR

* Estimate from 2015 ** Estimate from 2017

2018	25.7M ↑ Total Population	3.7M ↑ Population Under 5 Years	** 36K ↓ Under-5 Deaths /Year	** 44 ↓ Under-5 Mortality Rate Per 1,000 Live Births	796.7K ↑ Births	* 353 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	11.6M	2.1M	80K	158	530K	640

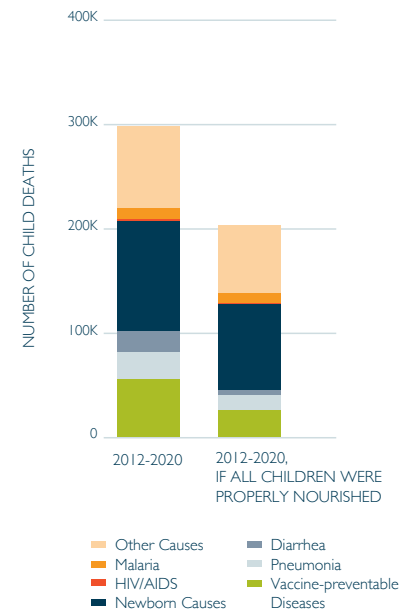
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF MADAGASCAR AND OTHER PARTNERS, WE HAVE ACHIEVED THE FOLLOWING:

- Increased the percentage of babies resuscitated after being born blue from 71 percent to 91 percent in target areas
- Supported the passing of a law that allows community health volunteers to administer injectable contraceptives, which will increase availability and uptake in hard-to-reach areas
- Distributed 6.7 million long-lasting, insecticide-treated nets, which protect more than 12 million people from malaria while providing 50,000 community members with seasonal employment
- Improved diagnostic practices for the plague, which ensured patients admitted to hospitals with plague-like symptoms were truly infected and freed beds for sick children
- Supported 347 communities to become certified as free of open defecation

GOING FORWARD, WE WILL WORK TO:

- Help the private, for-profit health sector to obtain access to necessary medicines at reasonable prices, to expand overall access
- Fund the expansion of the District Health Information System 2, which will improve the collection and use of data

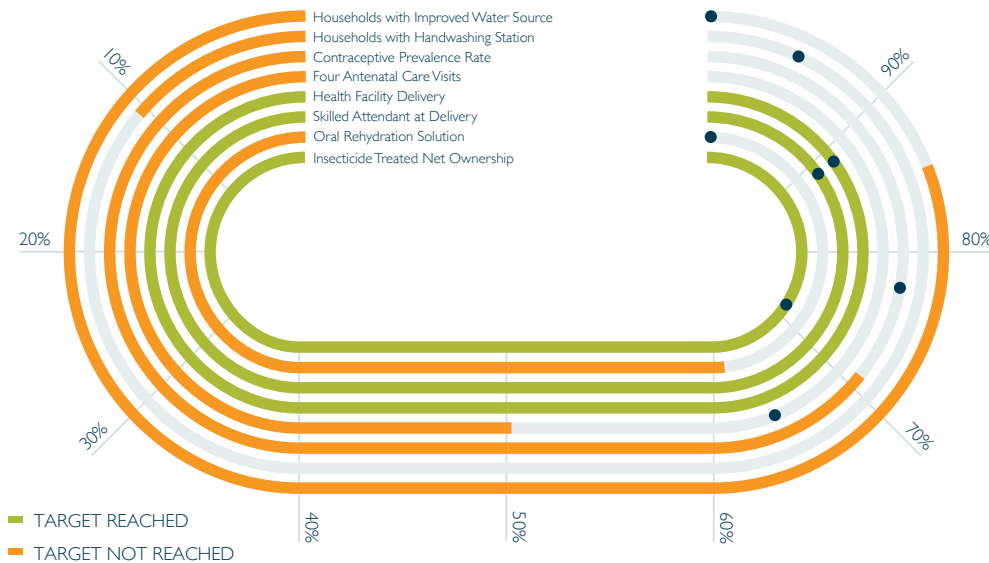


MALAWI

* Estimate from 2015 ** Estimate from 2017

2018	19.8M ↑ Total Population	3.6M ↑ Population Under 5 Years	** 37K ↓ Under-5 Deaths /Year	** 55 ↓ Under-5 Mortality Rate Per 1,000 Live Births	808K ↑ Births	* 634 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	9.5M	1.8M	102.5K	244	459K	1,100

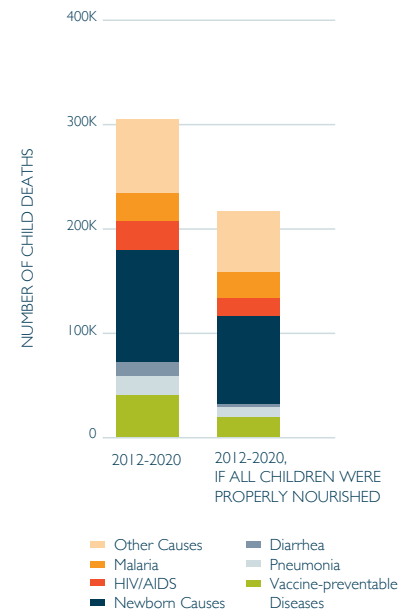
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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF MALAWI AND OTHER PARTNERS, WE HAVE:

- Distributed, through a partnership with Proctor and Gamble, 1.2 million water-purification sachets to 22,000 households to prevent cholera
- Funded the Baby-Friendly Hospital Initiative, including by training more than 1,500 staff in hospitals across Malawi, which contributed to a nationwide exclusive-breastfeeding rate of 61 percent
- Supported the integration of the USAID-supported bubble Continuous Positive Airway Pressure (bCPAP) into a suite of newborn interventions, now being scaled up nationwide with the support of private foundations
- Developed health care charters to emphasize patients' rights and quality of care
- Established 42 champion communities to empower individuals, families, and communities to advocate for their own health and take action on key issues
- Improved the skills of 70 health providers to use an anti-shock aid, an innovation that allows the safe transfer of women who bleed excessively after delivery to higher-level health facilities for care

GOING FORWARD, WE WILL WORK TO:

- Evaluate a new screen-and-treat strategy for cervical cancer that uses molecular testing for the human papillomavirus, integrated with voluntary family planning efforts
- Strengthen the capacity and accountability of local government units to rationalize, recruit, and re-deploy health staff

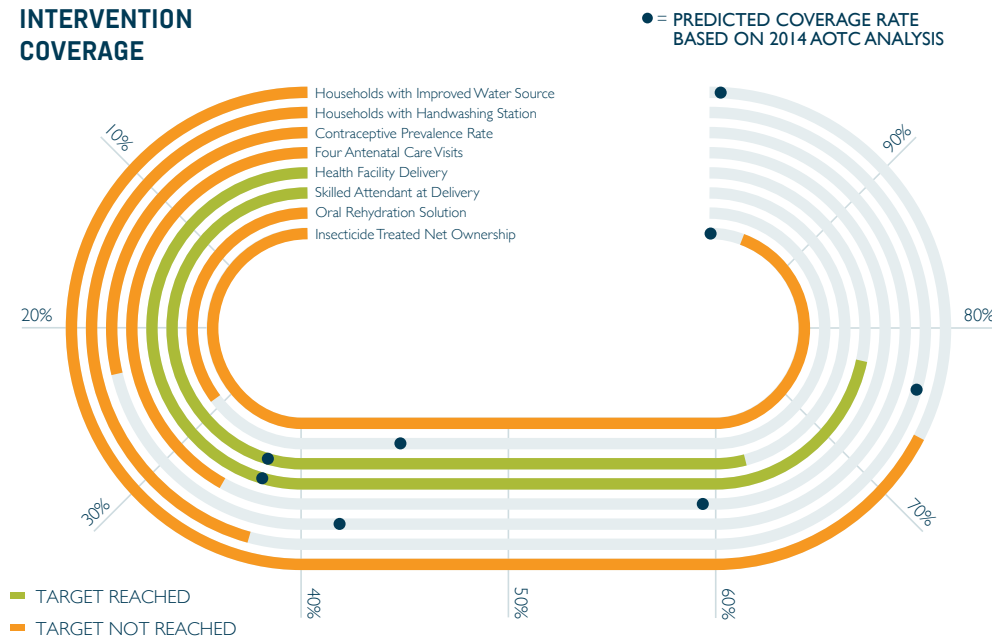


MALI

* Estimate from 2015 ** Estimate from 2017

2018	18.4M ↑ Total Population	3.5M ↑ Population Under 5 Years	** 80K ↓ Under-5 Deaths /Year	** 106 ↓ Under-5 Mortality Rate Per 1,000 Live Births	796.5K ↑ Births	* 587 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	8.5M	1.6M	90.7K	253	440K	1.1K

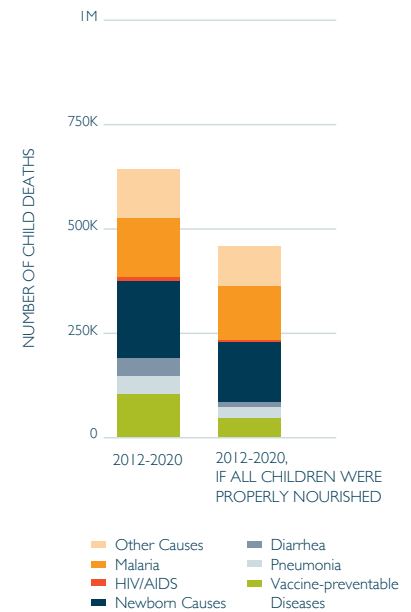
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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF MALI AND OTHER PARTNERS, WE HAVE:

- Organized 667 promotional days for integrated family planning and vaccination, which allowed 70,000 women to choose voluntary family planning methods
- Improved the coordination of supply-chain partners through regular meetings and an online data platform, which resulted in a 50-percent decrease in stock-outs of medicines and other products for malaria, voluntary family planning, and maternal and child health
- Reached 1,700 religious leaders with new advocacy tools on the importance of health and healthy behaviors
- Trained four referral hospitals to establish their first-ever fistula repair programs, which provided surgeries to 1,140 women, who then received counseling on successful reintegration into their communities
- Constructed a central warehouse for storing medicines, which has improved the speed and efficiency of drug orders throughout the country
- Reached four million children under age five with seasonal malaria prevention, which reduced the prevalence of malaria from 31 percent of children under age five in 2015 to 19 percent in 2018

GOING FORWARD, WE WILL WORK TO:

- Advocate for an item in the national budget to pay for community health workers
- Build three more warehouses at the regional level to increase access to life-saving medicines

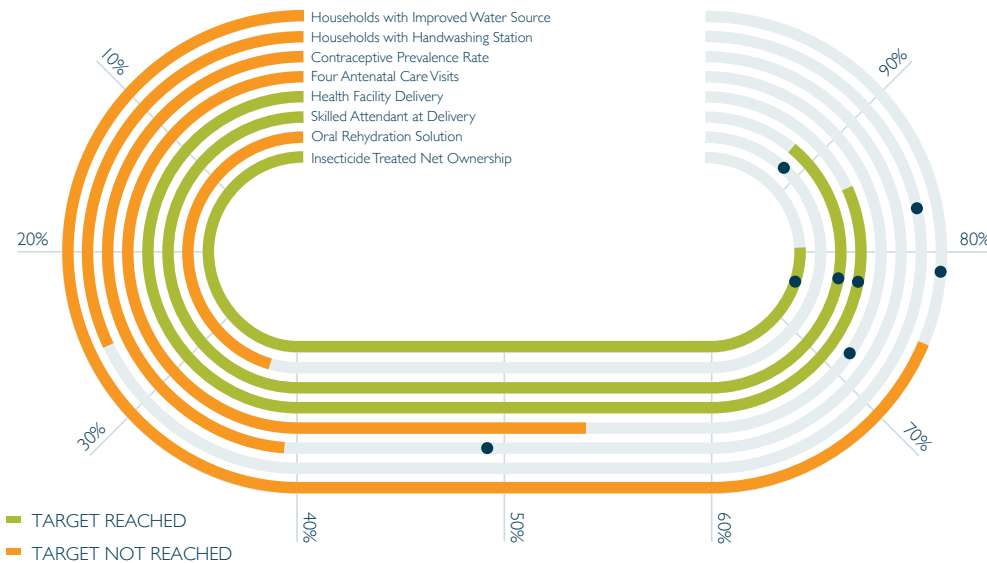


MOZAMBIQUE

* Estimate from 2015 ** Estimate from 2017

2018	27.2M ↑ Total Population	4.5M ↑ Population Under 5 Years	** 81K ↓ Under-5 Deaths /Year	** 72 ↓ Under-5 Mortality Rate Per 1,000 Live Births	1M ↑ Births	* 489 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	13M	2M	132K	233	611K	910

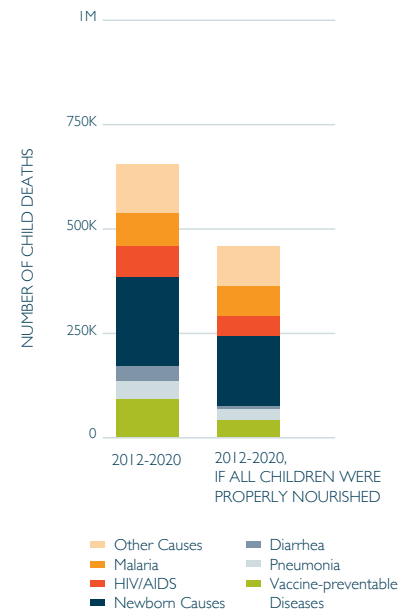
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF MOZAMBIQUE AND OTHER PARTNERS, WE HAVE:

- Improved referral systems between rural health facilities and communities, which resulted in an increase in recovery from acute malnutrition to 72 percent from 59 percent in one year in three target provinces
- Trained Community Health Committees, who helped their communities to construct 70,600 latrines, which increased access to basic sanitation for 304,000 people
- Reached an additional 129,737 children through expanded coverage of routine immunizations, reaching more than one-third of the country with historically limited access to health care
- Built the skills of 460 health providers to screen women for cervical cancer, which prompted the Government to invest an additional \$417,000 in domestic resources to buy essential equipment
- Increased the percentage of women who used modern methods of voluntary family planning from two percent to 18 percent in Sofala, and from nine percent to 23 percent in Nampula, the two target provinces with the highest population growth rates
- Distributed more than 22,000 copies of malaria materials, and disseminated malaria messages through religious sermons and home visits, which reached more than 1.5 million people with correct information on preventing and treating the disease

GOING FORWARD, WE WILL WORK TO:

- Rebuild health facilities in provinces and districts devastated by Cyclones Idai and Kenneth
- Improve nutrition in Nampula Province, where 55 percent of children under age five are stunted
- Increase the capacity and double the number of community health workers to expand access to care for the most vulnerable

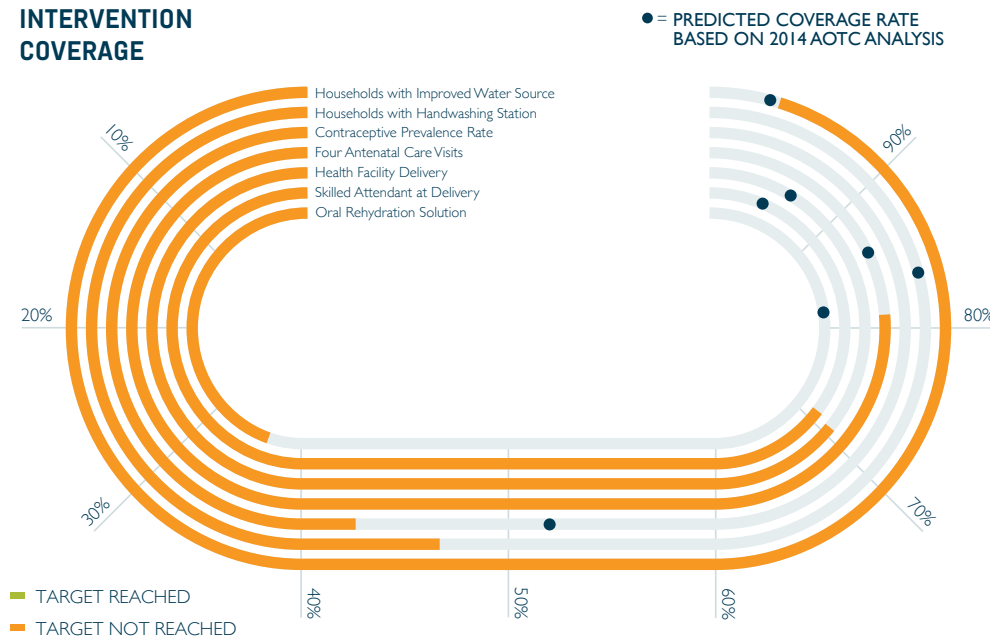


NEPAL

* Estimate from 2015 ** Estimate from 2017

2018	29.7M ↑ Total Population	2.8M ↓ Population Under 5 Years	** 19K ↓ Under-5 Deaths /Year	** 34 ↓ Under-5 Mortality Rate Per 1,000 Live Births	567K ↓ Births	* 258 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	19M	3.2M	95K	142	768K	770

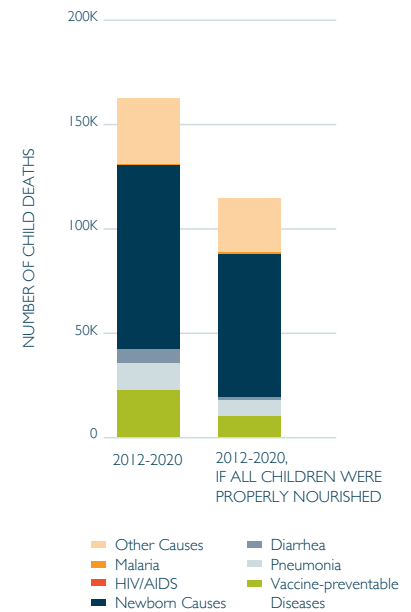
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE FEDERAL DEMOCRATIC REPUBLIC OF NEPAL AND OTHER PARTNERS, WE HAVE:

- Supported 451 municipalities to develop health sector plans, which leveraged \$10.4 million in domestic funding for health activities, a 26-fold increase over the previous year
- Trained 8,456 community members on improved sanitation, which allowed 86 communities to become certified as free of open defecation
- Trained 663 health workers and 301 female community health volunteers across 29 focus districts
- Helped the Nepalese Government budget and invest an additional \$3.5 million for nutrition-specific and nutrition-sensitive activities
- Reduced equity gaps through focused outreach, which effectively eliminated the gap in access to iron-rich foods between the highest- and lowest-wealth quintiles of the population

GOING FORWARD, WE WILL WORK TO:

- Strengthen the quality-assurance and quality-control systems for drugs in the public and private sectors, which will improve regulation, prevent the sale of sub-standard pharmaceutical products, and reduce Nepal's dependence on imports
- Provide funding at the provincial level, which will strengthen procurement, supply-chain management, and financing at the provincial and municipal levels



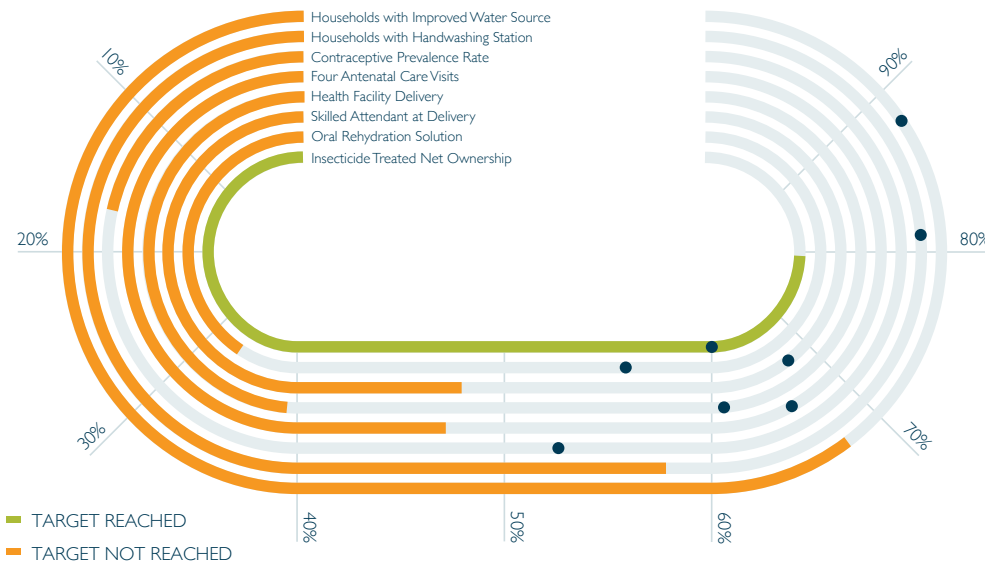
NIGERIA

* Estimate from 2015 ** Estimate from 2017

2018	203.5M ↑ Total Population	31.8M ↑ Population Under 5 Years	**714K ↓ Under-5 Deaths /Year	**100 ↓ Under-5 Mortality Rate Per 1,000 Live Births	7.2M ↑ Births	*814 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	97M	17M	848K	213	4.3M	1110

INTERVENTION COVERAGE

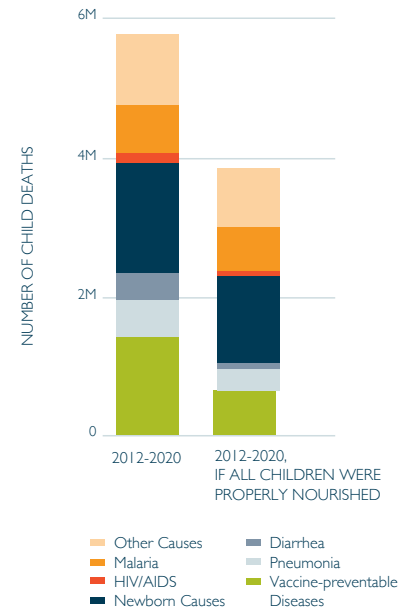
● = PREDICTED COVERAGE RATE
BASED ON 2014 AOTC ANALYSIS



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE FEDERAL REPUBLIC OF NIGERIA AND OTHER PARTNERS, WE HAVE:

- Transported 540 pregnant women to health facilities for emergency medical conditions in two states, and identified desk officers in the State Ministries of Health to coordinate the emergency-transportation system
- Promoted the use of voluntary contraceptives through a combination of mass-media and community-level education, which enabled 22,000 women to obtain a voluntary method of choice in three northern states
- Used the "Reach Every Child" Strategy in low-performing wards, which reduced the total number of unvaccinated children by 51 percent
- Assisted two quality-control laboratories to achieve international accreditation, so they can test vaccines and medicines for maternal and newborn health and malaria for quality domestically
- Supported Mothers' Savings and Loans Clubs, to which members contributed \$9,000, used \$277 for health emergencies, and \$3,500 to start small businesses without dependence on their partners
- Treated 12,200 children under age five for pneumonia, and 5,800 for diarrhea

GOING FORWARD, WE WILL WORK TO:

- Incorporate training on repairing fistula into physician-training rotations to encourage the inclusion of the surgery as an ongoing component of health care
- Improve vaccination rates in historically under-vaccinated pockets

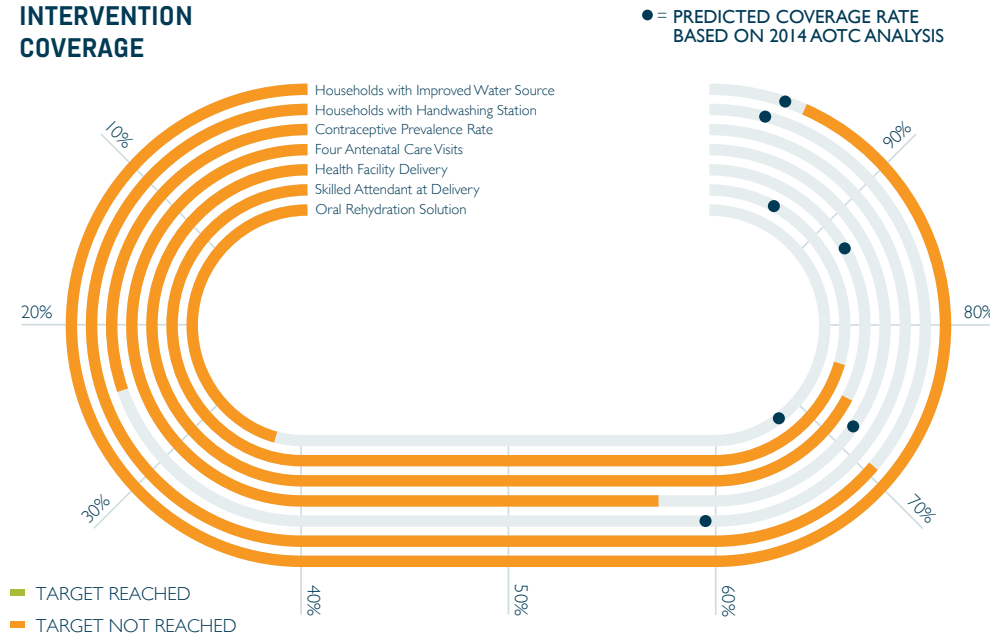


PAKISTAN

* Estimate from 2015 ** Estimate from 2017

2018	207.9M ↑ Total Population	21.1M ↑ Population Under 5 Years	** 404K ↓ Under-5 Deaths /Year	** 75 ↓ Under-5 Mortality Rate Per 1,000 Live Births	4.5M ↓ Births	* 178 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	119M	20.9M	619K	138	5M	490

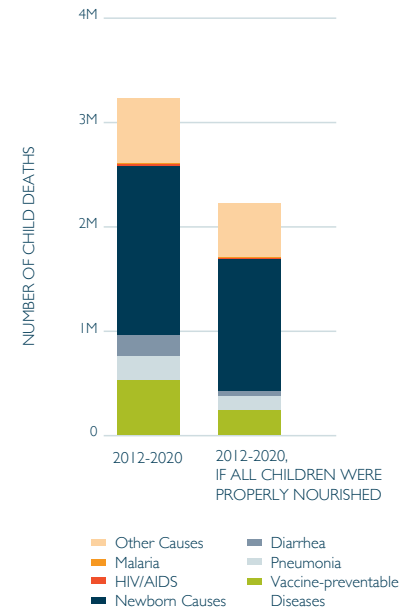
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE ISLAMIC REPUBLIC OF PAKISTAN AND OTHER PARTNERS, WE HAVE:

- Strengthened the ability of provincial governments to plan, forecast, and quantify needs for voluntary family planning, which resulted in public-sector financing of \$47 million for contraceptives in one year
- Trained 250 master trainers across provincial governments and the private sector to expand the use of a vaccine management system, which reinforces accountability and facilitates the use of data and will safeguard a \$450 million pooled investment in immunization activities
- Increased vaccination coverage from 15 percent to 57 percent in under-privileged districts in Sindh Province
- Standardized operating procedures in Sindh, which improved accountability and transparency, fed into an online planning system, and enabled district authorities to resolve 80 percent of their challenges locally
- Supported the development of costed action plans in Sindh, which mobilized \$140 million in additional domestic resources for primary health care in one year
- Developed a cohort of more than 300 trainers for voluntary family planning, who trained 400 additional providers at more than 200 facilities

GOING FORWARD, WE WILL WORK TO:

- Strengthen health care and supply-chain management along the Pakistan-Afghanistan border and respond to the needs of people who have historically lacked access because of inequity, instability, violence, and ineffective local governance

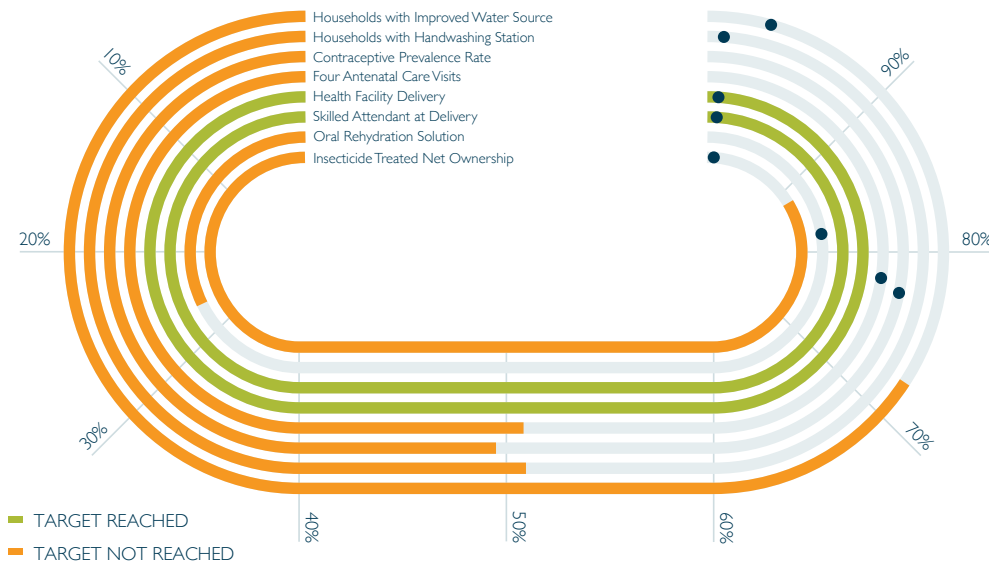


RWANDA

* Estimate from 2015 ** Estimate from 2017

2018	12.2M ↑ Total Population	1.8M ↑ Population Under 5 Years	** 14K ↓ Under-5 Deaths /Year	** 38 ↓ Under-5 Mortality Rate Per 1,000 Live Births	363K ↑ Births	* 290 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	7M	1.3M	49.3K	151	304K	910

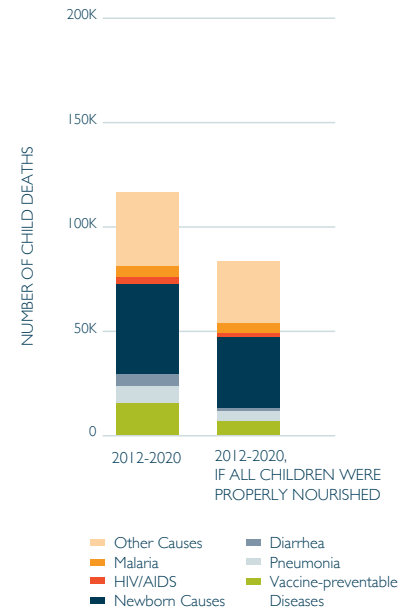
INTERVENTION COVERAGE



Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to *Acting on the Call* efforts



ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF RWANDA AND OTHER PARTNERS, WE HAVE:

- Implemented a new model of low-intensity frequent trainings, which costs up to 80 percent less than traditional training and has increased the availability of providers trained to manage childhood illness in 129, or 79 percent, of supported facilities
- Increased the proportion of women who consumed a diverse diet by 2.5 times, which means two-thirds of women consume a nutritious diet in supported areas
- Facilitated the development of strategies, including anticipated cost, for voluntary family planning and maternal, newborn and child health to guide the country-wide implementation of high-impact interventions
- Identified sustainable budgets for supply-chains through conducting an analysis of gaps, defining categories of drugs and commodities, and agreeing on key performance indicators
- Included quality-of-care indicators into the national health-management information system, and developed dashboards for the real time tracking of quality in 172 health facilities
- Developed and validated a national health-financing strategy, which will enable increased advocacy for the national health budget
- Increased the proportion of children from six months to two years who consume nutritious, diverse meals in adequate frequency from six percent to 23 percent in supported areas

GOING FORWARD, WE WILL WORK TO:

- Empower district hospitals, health centers, and health teams to carry out self-assessments, identify gaps, identify root causes of problems, and develop plans to address them internally or through support from the Ministry of Health
- Support the standardization of the cost and availability of essential medicines to improve safety, affordability, and equitable access through the private sector, insurance-providers, and government facilities
- Fund the development of supply-chain costing for the in-country logistics systems to look for sustainable budgeting sources for in-country supply-chain costs

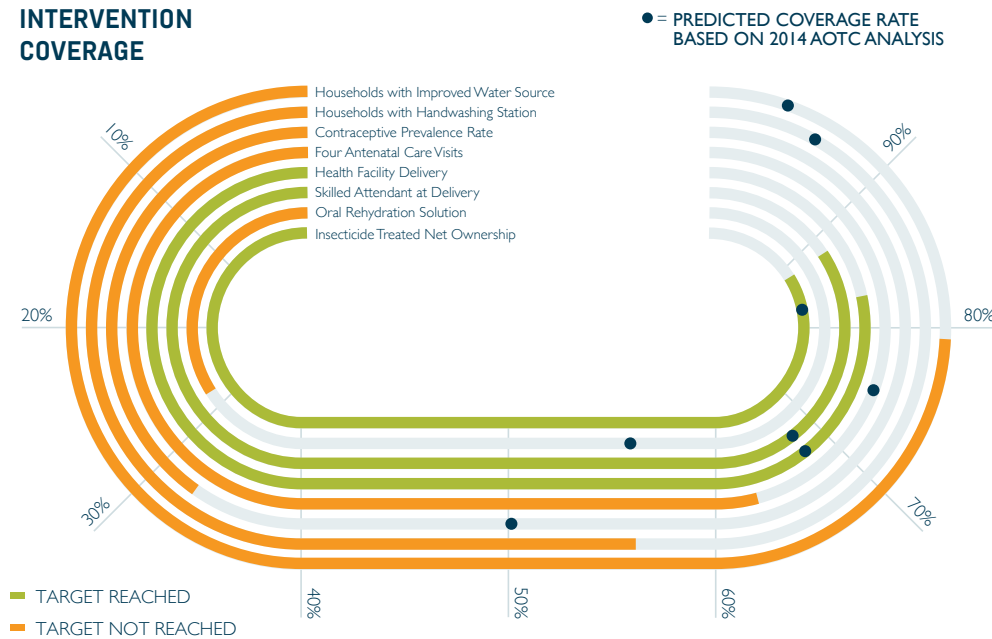


SENEGAL

* Estimate from 2015 ** Estimate from 2017

2018	15M ↑ Total Population	2.3M ↑ Population Under 5 Years	** 25K ↓ Under-5 Deaths /Year	** 45 ↓ Under-5 Mortality Rate Per 1,000 Live Births	494K ↑ Births	* 315 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	7.3M	1.4M	44K	142	342K	670

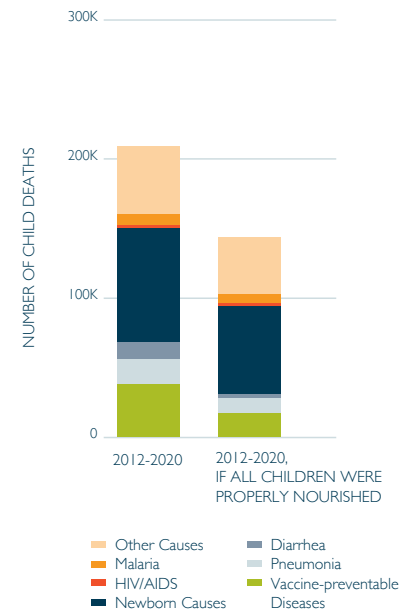
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF SÉNÉGAL AND OTHER PARTNERS, WE HAVE:

- Engaged religious leaders in a national social and behavior change campaign, reaching five million people with television spots highlighting healthy behaviors for mother and children
- Established 752 Health Development Committees, which will improve the involvement and empowerment of local authorities in managing health structures
- Evaluated the certification examination for midwives and nurses to more accurately judge preparedness
- Created 957 Community Surveillance and Alert Committees, which conducted 28,000 home visits to educate pregnant women and their families on the importance of delivering in a facility
- Established a local transport system for emergency cases for 156 health huts and sites
- Reached 86 percent of women who were delivering in target areas with active management of the third stage of labor, a proven method to prevent excessive bleeding after birth

GOING FORWARD, WE WILL WORK TO:

- Reinforce collaboration between the private sector and community health insurance associations in order to facilitate access to services for vulnerable populations
- Encourage community participation in the development of local budgets

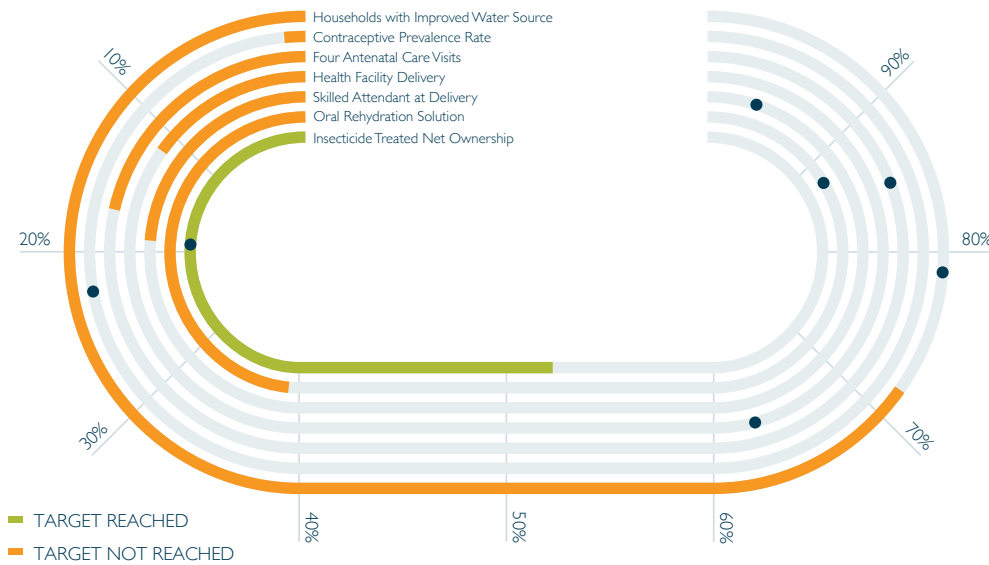


SOUTH SUDAN

* Estimate from 2015 ** Estimate from 2017

2018	10.2M ↑ Total Population	1.6M ↑ Population Under 5 Years	** 42K ↓ Under-5 Deaths /Year	** 96 ↓ Under-5 Mortality Rate Per 1,000 Live Births	376K ↑ Births	* 789 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	5.8M	1.1M	66.2K	252	263K	1,800

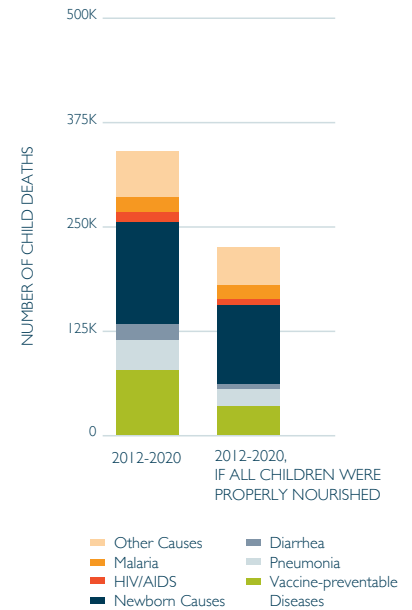
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH PARTNERS IN THE REPUBLIC OF SOUTH SUDAN, WE HAVE:

- Controlled a cholera outbreak in the national capital of Juba, including through case-surveillance and the use of cholera vaccine, which prevented the spread of the disease to locations outside the city
- Trained 260 social mobilizers on routine immunization activities, who made 26,588 household visits for polio campaigns in five counties
- Broadcast 2,187 media pieces on voluntary family planning and reproductive health, which accounts for 13 percent of all broadcast news in the country
- Supported Ebola preparedness, including training 150 health workers in high risk states on detection and surveillance
- Treated 91 percent of child diarrhea cases nationally with oral rehydration therapy, the recommended treatment course

GOING FORWARD, WE WILL WORK TO:

- Improve the quality of care by increasing outreach to remote communities with limited access to health facilities
- Support training in voluntary family planning for health workers who implement facility- and community-level interventions

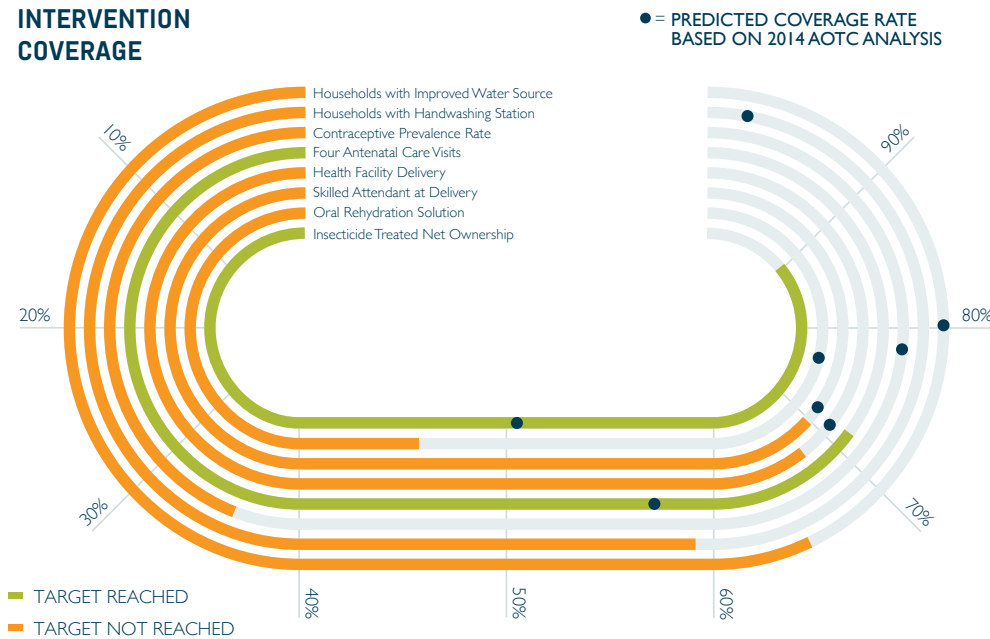


TANZANIA

* Estimate from 2015 ** Estimate from 2017

2018	55.5M ↑ Total Population	8.9M ↑ Population Under 5 Years	** 114K ↓ Under-5 Deaths /Year	** 54 ↓ Under-5 Mortality Rate Per 1,000 Live Births	2.0M ↑ Births	* 398 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	25M	4.4M	179K	166	1M	870

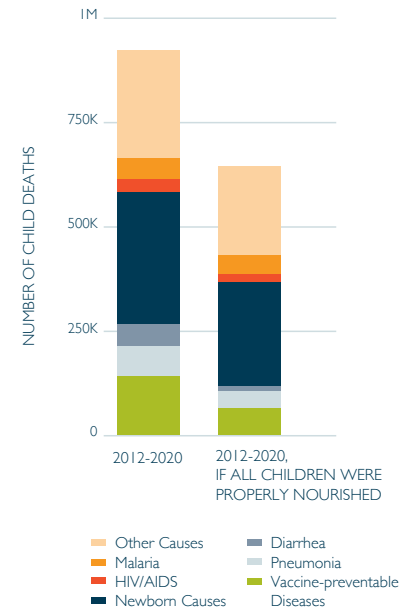
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA AND OTHER PARTNERS, WE HAVE:

- Decreased stillbirths and newborn deaths by 33 percent and maternal deaths by 15 percent across facilities in four regions by focusing on improving quality
- Developed Patient Charter Guidelines so clients benefit from an agreed-upon set of standards for quality in health facilities
- Integrated voluntary family planning within existing HIV care in 5,600 facilities and care delivery points, which increased the availability of voluntary family planning by 300 percent
- Trained five national surveillance experts to conduct active searches for signs of polio and measles, and on the importance of reporting them, which increased the number of detected cases of vaccine-preventable diseases
- Improved the availability of safe blood for transfusions from 34 percent of need met to 51 percent
- Reached more than 3.3 million women of reproductive age with voluntary access to contraceptives
- Reached the families of more than one million children with messages about key feeding practices for infants and young children through a social and behavior-change program now being used nationally

GOING FORWARD, WE WILL WORK TO:

- Build the ability of District Health Management Teams to quantify and forecast drugs and commodities to minimize shortages, including by using local funds to purchase needed medicines
- Engage in advocacy to increase domestic resources and political commitment for high-quality voluntary family planning programs to enable women and girls to have access to information, care, and supplies without coercion or discrimination

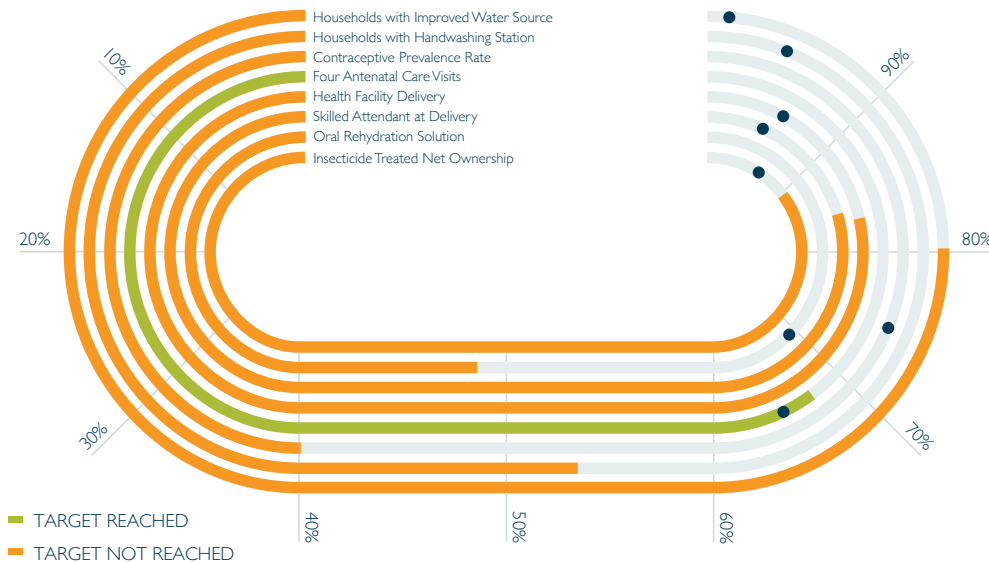


UGANDA

* Estimate from 2015 ** Estimate from 2017

2018	40.9M ↑ Total Population	7.6M ↑ Population Under 5 Years	** 85K ↓ Under-5 Deaths /Year	** 49 ↓ Under-5 Mortality Rate Per 1,000 Live Births	1.7M ↑ Births	* 343 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	16.5M	3.5M	145K	178	875K	600

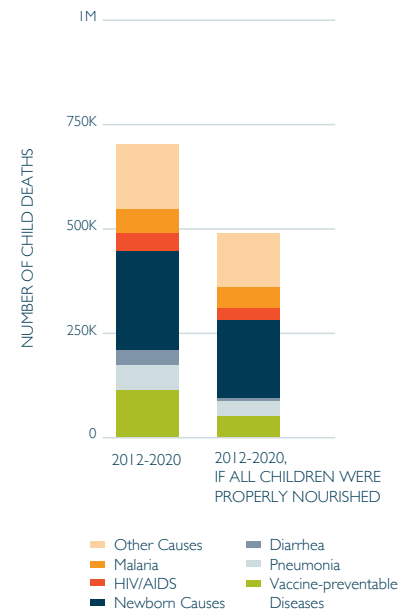
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF UGANDA AND OTHER PARTNERS, WE HAVE:

- Increased the percentage of the national health budget actually spent from 79 percent to 97 percent through advanced planning, the regular review of budget performance, and a procurement tracking tool
- Developed the first-ever national immunization policy, which is improving the quality and reach of immunization nationwide
- Facilitated the development of five fistula repair centers accredited to international standards, and developed a costed National Fistula Strategy to rally funding and sustain attention
- Improved care in private and faith-based health facilities, to enable them to qualify for results-based financing from the Global Financing Facility (GFF), and provide a model to scale up
- Utilized a Human Resource Information System to recruit more than 2,300 health workers at the district and central levels to increase national staffing to 74 percent and improve performance appraisals
- Launched a media campaign, by using religious leaders and village health teams, mass media, and print, to educate families on maternal, newborn, and child health, and nutrition

GOING FORWARD, WE WILL WORK TO:

- Train the Ugandan Bureau of Statistics to establish a national nutrition-surveillance system, which will improve the monitoring of malnutrition and subsequent policies to improve nutrition
- Implement recommendations from the national supply-chain assessment to improve the public health supply-chain system and deliver medicines where they are needed more effectively
- Support the development of the Uganda Universal Health Coverage Road Map, which will systematically drive improvements in investments and programming toward reaching every community with high-quality health care

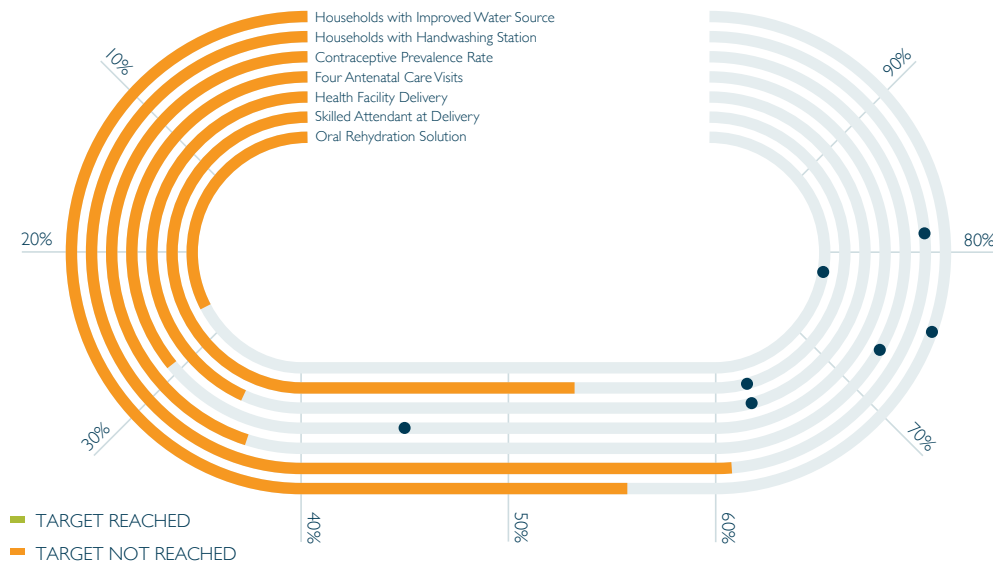


YEMEN

* Estimate from 2015 ** Estimate from 2017

2018	28.7M ↑ Total Population	3.8M ↑ Population Under 5 Years	**48K ↓ Under-5 Deaths /Year	**55 ↓ Under-5 Mortality Rate Per 1,000 Live Births	790K ↑ Births	*385 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	11.8M	2.5M	71K	125	570K	610

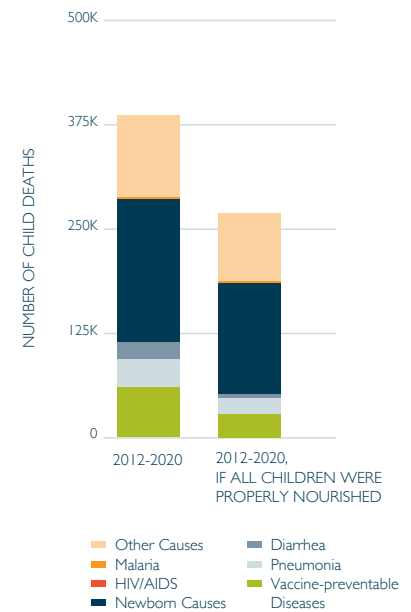
INTERVENTION COVERAGE



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ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



With the March 2015 evacuation of the USAID mission in Yemen, the Agency suspended all development activities in the country. In 2018, USAID began to re-introduce activities to strengthen the delivery of reproductive health care in Yemen and address the underlying issues of limited access to safe water and sanitation in select areas. USAID is also exploring ways to improve outcomes for maternal and child health in an ongoing conflict environment.



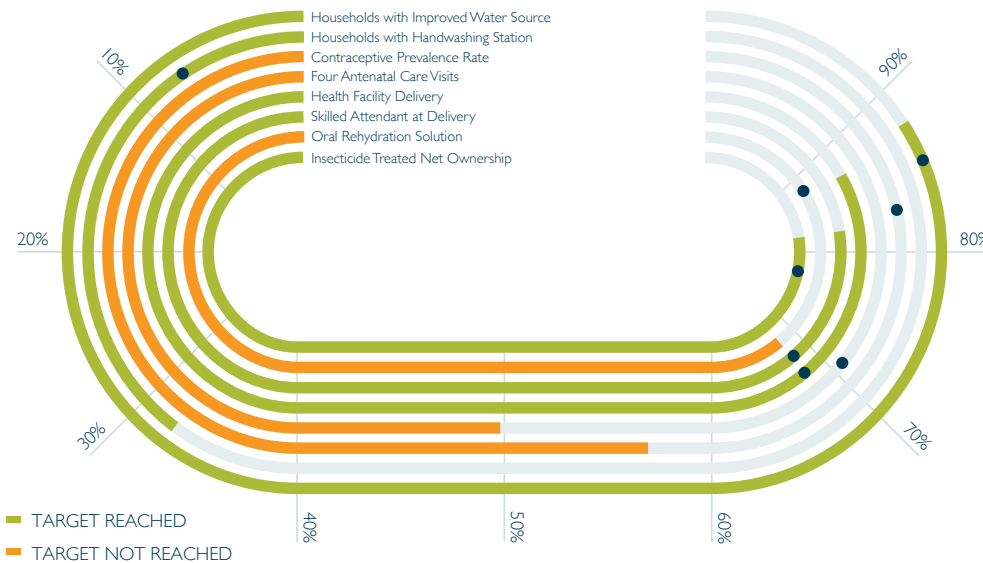
ZAMBIA

* Estimate from 2015 ** Estimate from 2017

2018	16.4M ↑ Total Population	2.9M ↑ Population Under 5 Years	** 38K ↓ Under-5 Deaths /Year	** 60 ↓ Under-5 Mortality Rate Per 1,000 Live Births	676.2K ↑ Births	* 224 ↓ Maternal Mortality Ratio Per 100,000 Live Births
1990	7.6M	1.4M	63K	192	339K	470

INTERVENTION COVERAGE

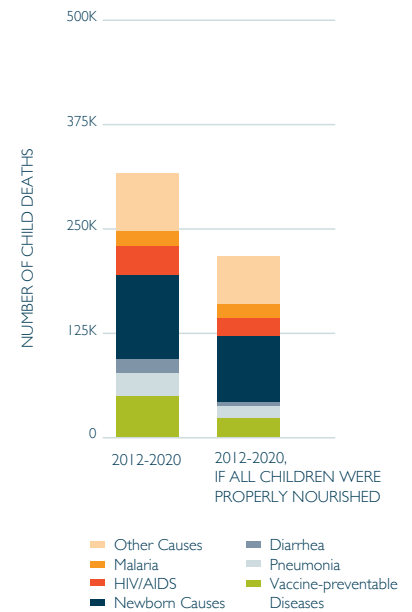
● = PREDICTED COVERAGE RATE
BASED ON 2014 AOTC ANALYSIS



Estimates are based on trends from most recently available surveys and therefore may not reflect acceleration due to *Acting on the Call* efforts



ROLE OF NUTRITION IN PREVENTING CHILD DEATHS



IN THE LAST YEAR, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF ZAMBIA AND OTHER PARTNERS, WE HAVE:

- Trained 25 community and faith-based organizations in managing grants and strengthening community systems, which created 913 Neighborhood Health Committees, which will advocate for better health for communities
- Funded 137 students to attend training in leadership and management, who are now implementing high-quality improvement projects in their home districts
- Provided support to monitor the flow of national health expenditures better, including by building the ability of the Ministry of Health to own and manage this process
- Drafted guidelines to improve the recruitment, deployment, and retention for health workers
- Funded the development of a series of radio drama programs to highlight healthy behaviors, now disseminated through church-owned radio stations in difficult-to-reach rural areas
- Rolled-out resource planning software to increase the efficiency, transparency, and accountability of scarce resources

GOING FORWARD, WE WILL WORK TO:

- Strengthen commodity security to ensure medicines and medical supplies are available in the most rural and hard-to-reach areas
- Create mentorship hubs in zones across the country, which will reduce training costs for provinces and build a cadre of mentors within the national government



DATA AND METHODOLOGY

Data Sources:

The analyses and 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:

<https://www.census.gov/data-tools/demo/idb/informationGateway.php>

The U.S. 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 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.

Under-five and Neonatal Mortality Rates:

<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 2017.

Maternal Mortality Ratio (MMR):

From the report: Trends in Maternal Mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division:

<http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>

The 2013 round of UN estimates (World Health Organization et al., 2013)) provided an integrated evaluation of maternal mortality over the full interval from 1990 to 2013, 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 183 countries (or territories), with reference to 5-year time intervals centered on 1990, 1995, 2000, 2005, and 2013. The 2015 report included two key methodological refinements to enhance the quality of the data. First, the 2015 model utilizes national data from civil registrations systems, population-based surveys, specialized studies and surveillance and censuses data to estimate trends for all countries. Second, the 2015 methodology weights data from higher quality sources higher so these have a greater impact on the final estimates than data from lesser source.

Intervention Coverage Estimates:

Intervention coverage rates were abstracted from the most recently available *Demographic and Health Survey (DHS)* and *Multiple Indicator Cluster Survey (MICS)* or *HIV/AIDS and Malaria Indicator Surveys*. Where data points for 2018 were unavailable, coverage estimates were based on an application of the annualized rate of change from the two most recently available survey data points.

Recent data points may not be available for countries affected by conflict, internal displacement and migration, thus, coverage rates may overestimate current access.

Cause of Death Estimates:

Annual number of deaths of children under-5 (per 1,000 live births) were downloaded from the WHO's Global Health Observatory Data Repository via USAID's IDEA database. The data base also gives the percent contribution to this total number for each of the main causes of child mortality (diarrheal diseases, acute lower respiratory infections, malaria, HIV, neonatal causes, nutritional deficiencies, and other).

Vaccine-preventable diseases were calculated as follows. They included measles, 37% of diarrheal diseases since rotavirus is estimated to cause 37% of global deaths from diarrhea:

https://www.defeatdd.org/article/rotavirus-vaccine-advocacy-resources#deaths_rota

and 50% of acute lower respiratory infections since approximately half of such pneumonia result from vaccine-preventable bacteria:

<http://www.who.int/bulletin/volumes/86/5/07-044503/en/>

Role of Nutrition in Preventing Child Deaths

The baseline estimate for the number of child deaths from 2012-2020 was the simple aggregate of the above estimates from the IGME. Since those data were only reported 2012-2017, estimates were projected through 2020 using a multilevel random coefficient model. The percent contribution from 2012-2017 for each cause was used to calculate the baseline distribution of child deaths by cause.

The World Health Organization 2009 report estimated the attributable fraction of deaths due to major risk factors, including undernutrition.

https://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf

The contribution of undernutrition to the major causes of under-five child deaths were as follows:
73% of deaths caused by diarrhea,
10% of deaths caused by malaria,
44% of deaths caused by pneumonia,

45 % of deaths attributable to severe neonatal infections, as well as smaller contributions of undernutrition to other causes of death. These fractions were used to estimate the number of child deaths 2012-2020 for which undernutrition contributed. If each of these children were instead properly nourished from 2012-2020, we assumed that these deaths would not have happened, and therefore calculated the number of child deaths by cause from 2012-2020 if all children were properly nourished for comparison to the baseline scenario.

Health Expenditure:

Calculations on government expenditure for health, including in the map on page 8, were calculated from the WHO Global Health Expenditure Database.

<https://apps.who.int/nha/database>





Photo: Amy Fowler/USAID

