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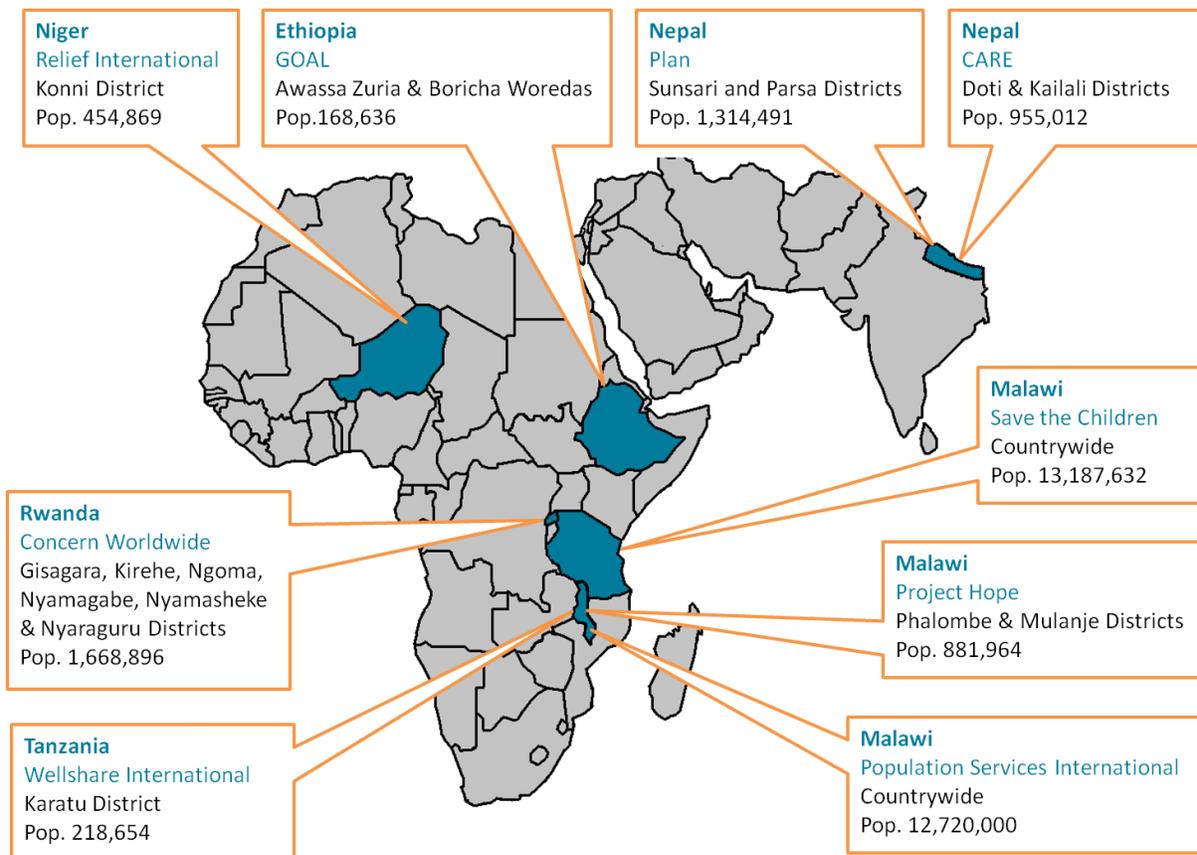


Maternal and Child Health  
Integrated Program

## USAID’s Child Survival and Health Grants Program: Highlights from Final Evaluations in 2011

The Child Survival and Health Grants Program (CSHGP) is a highly effective, dynamic partnership between USAID and international nongovernmental organizations (iNGOs) that aims to sustainably improve maternal, newborn, and child health (MNCH) outcomes by leveraging community-oriented solutions to address major barriers to accessing health information and services. Since 1985, the CSHGP has funded 450 projects in more than 60 countries. Nine CSHGP projects ending in 2011 represented a nearly \$18 million investment from USAID and almost \$8 million in matching funds from grantees. These projects collectively reached over 3 million children under five and 3.5 million women of reproductive age. With projects beginning in 2006 and 2007, this cohort of grantees implemented integrated MNCH projects in partnership with communities, local governance groups, district health offices, and Ministries of Health.

Grantees contributed to improvements in the health status of vulnerable target populations, but the influence of their projects extends beyond individual countries. USAID’s flagship Maternal and Child Health Integrated Program (MCHIP; [www.mchip.net](http://www.mchip.net)) uses learning from CSHGP projects to inform its MNCH work in more than 40 countries, and CORE Group ([www.coregroup.org](http://www.coregroup.org)) disseminates CSHGP learning globally to strengthen NGO programs and facilitate sharing of innovative delivery models and lessons learned with CSHGP partners, other CORE Group member organizations, local and regional partners, USAID and its cooperating agencies, and other donors. A few learning themes are highlighted in this document and more information is available at: [www.mchipngo.net/FinalEvaluation2011.cfm](http://www.mchipngo.net/FinalEvaluation2011.cfm).



## **Influencing national policy**

CSHGP grantees address national-level barriers to uptake of effective programs and services. Participation of CSHGP grantees in national-level policy discussions contributes to expanded impact through deliberate influence, networking, policy change, legal reform or capacity building, making it possible for more people to access life-saving interventions. For example, in Malawi, Save the Children worked at the national level to:

- roll out integrated maternal and newborn care (IMNC) and community-based maternal and newborn care (CBMNC), including development of national training curricula for CBMNC;
- expand the kangaroo mother care (KMC) approach, including revision and integration of KMC guidelines into national IMNC guidelines; and
- develop an approach to community-based management of newborn sepsis and integrate it into the national community case management (CCM) approach.

## **Leveraging partnerships**

Grantees forge partnerships at multiple levels with a wide variety of groups from village-level women's groups to other iNGOs, from local governance groups to district or national Ministry of Health offices, making their work more effective and sustainable. For example, in Nepal, both Plan and CARE worked with village development committees (VDCs), mobilizing them to allocate an increased amount of funding to support and staff birthing centers with skilled attendants. Both projects helped to bring skilled birth attendants closer to communities, and both reported significant increases in skilled birth attendance in target populations at the end of their projects.

## **Building on local assets**

Several grantees repositioned existing community resources to improve knowledge, promote healthy behaviors and increase demand for and/or access to services. For example, in Niger, it is a common practice for traditional birth attendants (TBAs) to perform deliveries in health centers, particularly during the night shift while the midwife is resting. Relief International's (RI) project encouraged TBAs to take on a new role as "companions to delivery" and accompany laboring women to the health center, rather than assist deliveries. RI also trained TBAs on a variety of MNCH topics, including the importance of skilled delivery, antenatal care, postnatal care, and obstetric danger signs.

## **Novel behavior change communication methods**

Grantees employ innovative approaches to ensure that they reach their target audience with effective messages. For example, in Malawi, Project HOPE used health education videos, played at night, to reach male adults with key tuberculosis messages. In Tanzania, Wellshare International worked with long distance drivers to be "change agents" who provide emergency transport and targeted behavior change communication to their passengers.

## **To Learn More!**

For more examples of the themes above or for descriptions of grantee achievements and learning in areas including gains in exclusive breastfeeding, increased access to and improved quality of services, creative data collection tools, and results of special studies, please visit:

[www.mchipngo.net/FinalEvaluation2011.cfm](http://www.mchipngo.net/FinalEvaluation2011.cfm).