

# ACTING ON THE CALL

PREVENTING CHILD  
AND MATERNAL DEATHS:  
A FOCUS ON SUSTAINING  
LIFESAVING HEALTH  
SERVICES AMIDST THE  
COVID-19 PANDEMIC

NOVEMBER 2021



**USAID**  
FROM THE AMERICAN PEOPLE



# A MESSAGE FROM THE BUREAU FOR GLOBAL HEALTH LEADERSHIP

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For 60 years, USAID's global health programs have saved the lives of millions of women and children around the world. The COVID-19 pandemic emerged in late 2019 as one of the toughest challenges the world has ever faced, pushing public health to the forefront of our hearts and minds. The ongoing response to the pandemic provides a stark reminder of the inextricable linkages between global health security and the delivery of essential health services.

The COVID-19 pandemic significantly set back gains for maternal, newborn, and child survival by a number of years—if not decades—as a result of disruptions to the delivery of essential, lifesaving health services, such as routine immunizations, antenatal care, breastfeeding counseling, and voluntary family planning.

This year's report illuminates how the United States' sustained commitment, financial investment, and responsive program adaptation has ensured that critical health services continue reaching women, children, and families. I am proud to share that in 2020, USAID helped more than 92 million women and children access essential—and often lifesaving—care. I am deeply grateful for the unwavering support of Congress and the American people, whose generosity made this achievement, and the others detailed in this report, possible.

Together we helped countries restore critical routine immunization services to protect children from deadly diseases; prevented disruptions to supply chains to ensure timely supply of quality family planning commodities; and improved infection prevention practices at health facilities to safeguard the health workforce and dispel fears in the community regarding seeking timely care. While the pandemic has continued to be a story of suffering, we hope its final chapter will be one of hope, innovation, and resilience.

The COVID-19 pandemic has unleashed innovative scientific breakthroughs not seen since the early 1990s HIV crisis and the resulting development

of antiretroviral drugs. Cutting-edge advances in messenger RNA biotechnologies open possibilities to help solve some of the world's public health challenges of today and tomorrow. Better primary health care platforms and robust community engagement programs, underpinned by strong health systems, will shape our ability to deliver these new technologies and respond to emerging threats in the future.

**During this current crisis and beyond, USAID will always work to protect the dignity, health, and well-being of women and children in countries around the world.**





CONTRA A COVID - 19



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# A BOLD VISION FOR PREVENTING CHILD AND MATERNAL DEATHS



In 2012, USAID, along with the United Nations Children's Fund, the Governments of India and Ethiopia, and other key leaders in health, convened the *Child Survival Call to Action* to catalyze global commitments around maternal and child survival. Over 80 countries were represented by more than 700 participants from governments and partners from the private sector, civil society, and faith-based organizations. The Call to Action challenged the world to end preventable deaths among children and mothers.

## Our Global Goal

Together with country and global partners, the U.S. Government is working to significantly reduce child and maternal deaths, with the goal of all countries having fewer than 20 deaths per 1,000 live births and fewer than 50 maternal deaths per 100,000 live births by 2035.

USAID believes that focusing efforts on three interrelated goals—**equity, quality, and resource optimization**—will result in strong, integrated health systems that produce improved and sustainable public health outcomes for women and children.

In 2014, USAID developed a bold roadmap, titled *Acting on the Call*, which detailed effective interventions needed to end preventable deaths among children and mothers within a generation. This roadmap projected that USAID and partners could significantly reduce child and maternal deaths by integrating and scaling up high-impact practices. The goals laid out in the roadmap reflected an integrated approach to maternal, newborn, and child health; family planning and reproductive health; immunization; nutrition; and water, sanitation, and hygiene; as well as the efforts of the U.S. President's Malaria Initiative and the U.S. Government's investments in Gavi, the Vaccine Alliance.

**Today, the annual *Acting on the Call* report continues to highlight progress towards this shared vision and commitment to preventing child and maternal deaths.**

## A Shared Vision

A world where healthy and well-nourished women, newborns, and children have the same chance of survival, regardless of where they live.



# DELIVERING ON OUR PROMISE TO SAVE LIVES

Since the 2012 Call to Action, USAID supported:



**32 million**

Women to give birth in a health facility



**21 million**

Newborns with care after delivery



**105 million**

Treatments to children for diarrhea and pneumonia



**21 million**

People to gain access to basic drinking water



**13 million**

Health workers to be trained in maternal and child health and nutrition

In 2020 alone, USAID helped more than **92 million women and children** access essential—and often lifesaving—care.



## In 2020 alone, USAID supported:



**27 million**

Women and couples with voluntary family planning



**8 million**

Pregnant women with breastfeeding counseling and support



**27 million**

Children with nutrition programs



**8 million**

Preventive malaria treatments for pregnant women



**87 million**

Mosquito nets distributed to protect communities against malaria





## AFRICA DECLARED WILD POLIO FREE

Since the mid-1990s, the global health community has worked together to distribute safe and effective polio vaccines to protect people from contracting this paralyzing and deadly disease. Thanks to 25 years of collaboration and commitment to scaling up and sustaining the delivery of polio vaccines to children in the hardest-to-reach places, wild poliovirus has been eliminated in more than 120 countries. Over the decades, the U.S. Government's contributions to end polio helped eliminate the wild virus in the Americas in 1994, the Western Pacific in 2000, Europe in 2002, Southeast Asia in 2014, and—most recently—Africa in 2020.

**On August 25, 2020, the Africa region was certified wild polio free** by the World Health Organization Africa Regional Commission for the Certification of Poliomyelitis Eradication, meeting rigorous evaluation standards and exhibiting no new cases for more than four years. Africa is the fifth of six global regions to be declared wild polio-free; only the eastern Mediterranean region remains uncertified. Countless health workers, community leaders, and volunteers across the continent contributed to this historic success—never losing sight of the goal of reaching every last child. USAID is proud to have supported their efforts to detect, interrupt, and eliminate polio.

As the COVID-19 pandemic continues to disrupt health services worldwide, including for routine immunization and polio campaigns, the resurgence of childhood killers like polio and measles across the world has put the lives of millions of children at risk. USAID is working tirelessly with countries to reach children who have missed critical vaccines during the pandemic.

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*USAID supports the vaccination of 400 million children against polio annually. Projected estimates translate this support into almost 19 million paralysis cases averted. Polio infection can result in paralysis or death, but not in all cases, which is why the number avoiding paralysis is lower than the number vaccinated. Estimates indicate that due to ongoing polio vaccination, an additional 650,000 cases of paralysis are averted each year.*

The U.S. Government's investments towards polio eradication have helped ensure **over 400 million children** are vaccinated against polio each year.



“Thanks to the efforts of countless health workers, community leaders, and volunteers, nearly 19 million children are walking free today who would have faced polio paralysis in the past. USAID’s work to support equitable access to lifesaving vaccines is critical to eradicating polio.

— ADMINISTRATOR  
SAMANTHA POWER  
*U.S. Agency for  
International Development*

# THE U.S. GOVERNMENT INVESTMENT

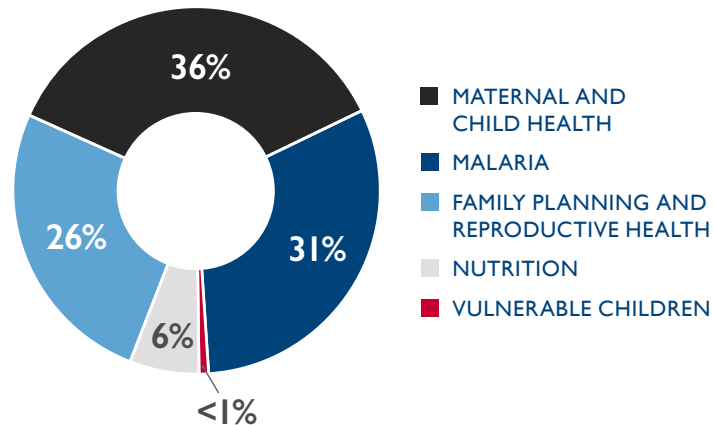
With the bipartisan support of Congress and the compassion of the American people, the U.S. Government invested more than \$21 billion from 2012 to 2020 to prevent child and maternal deaths.

## PRIORITY GLOBAL HEALTH INVESTMENTS FROM 2012-2020

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	2019 FISCAL YEAR	2020 FISCAL YEAR	TOTAL
(\$ MILLIONS)	8,599	8,420	8,826	9,277	8,841	8,867	8,801	8,939	9,210	79,780
PREVENTING CHILD AND MATERNAL DEATHS	2,285	2,262	2,398	2,534	2,417	2,372	2,362	2,381	2,430	21,441
CONTROLLING THE HIV/AIDS EPIDEMIC	5,893	5,773	6,000	6,000	6,000	6,000	6,000	6,050	6,260	53,976
COMBATING INFECTIOUS DISEASE THREATS	421	385	428	743	424	495	439	508	520	4,363

### INVESTMENTS IN PREVENTING CHILD AND MATERNAL DEATHS

TOTAL 2012-2020:  
\$21,441,000,000



Since 2001, USAID has contributed approximately \$2.8 billion to Gavi, the Vaccine Alliance to help **immunize more than 888 million children** and save more than 15 million lives.



# WHERE WE WORK

Through the Agency's assistance programs, USAID plays an active and critical role in the promotion of U.S. national security interests through preventing child and maternal deaths, controlling the HIV/AIDS epidemic, and combating infectious diseases threats. USAID's programming in maternal and child health focuses on reaching women, newborns, and children most vulnerable to acute illness, injury, or death in high-burden countries. The countries on the map represent those that have a high severity and magnitude of maternal and child mortality; demonstrate government commitment to achieving sustainable health outcomes; and provide the opportunity to leverage other U.S. Government programs, as well as those of other partners and donors. Together, these 25 priority countries account for more than two-thirds of maternal and child deaths worldwide.

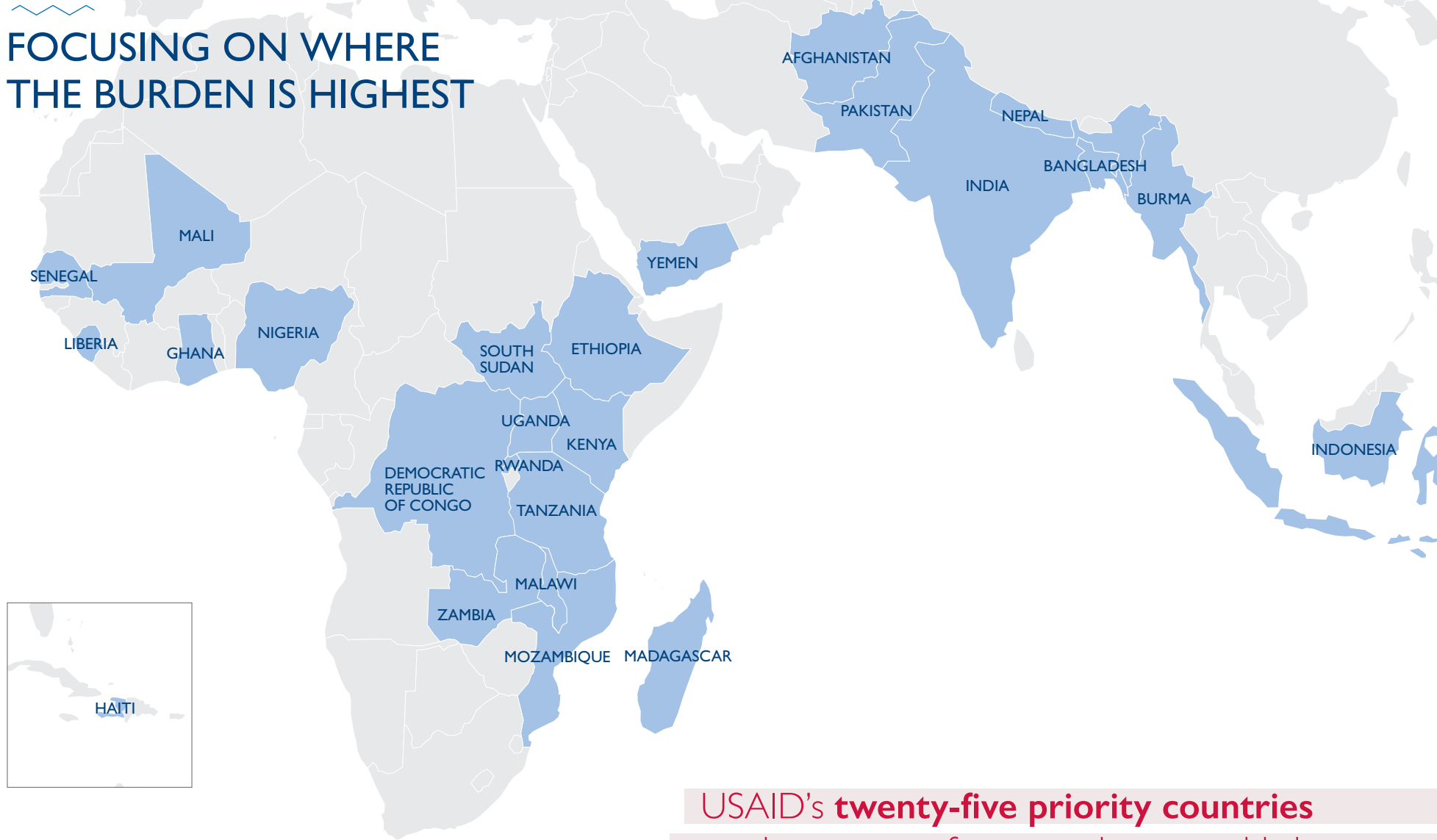
To improve health outcomes for women, newborns, and children, USAID takes an integrated approach to primary health care, aligning service delivery to best meet community needs. This approach reduces costs, supports effective coverage of proven health interventions at scale, and holistically addresses the well-being of families. USAID programs strengthen the quality and resilience of the health system across all levels—from the community to the facility. Integrating our investments optimizes each engagement with the health system, while coordinating a range of primary health services reduces critical missed opportunities for care.

For example, at USAID-supported primary care centers, new mothers can receive counseling about optimal breastfeeding practices and

family planning options, while their newborns receive their first doses of lifesaving vaccines. At these same appointments, families can pick up insecticide-treated bed nets to protect themselves from malaria, or have their young children treated for common childhood illnesses like diarrhea and pneumonia. Programming and investments collectively come together in each USAID priority country to strengthen health care delivery platforms to reduce the tragic deaths of children and mothers. The majority of these countries receive multiple types of health funds to strengthen the role of community health approaches in overcoming barriers to health coverage and country ownership in driving national policies and implementation plans.



FOCUSING ON WHERE  
THE BURDEN IS HIGHEST



USAID's **twenty-five priority countries** together account for more than two-thirds of maternal and child deaths.



## INTRODUCING A NEW VISION FOR HEALTH SYSTEM STRENGTHENING

Strong health systems are the foundation for productive and healthy societies, helping people access high-quality health care, aligning resources for sustainable improvements in health, and advancing the safety, prosperity, and resiliency of communities and countries.

**In 2021, USAID launched its *Vision for Health System Strengthening 2030*** to set priorities and direction for USAID's future

investments in health systems that effectively promote, restore, and maintain health.

The 2030 Vision represents a significant step forward in USAID programming, shifting to focus on the interconnected outcomes of health systems rather than their individual inputs. The new Vision is also rooted in approaches that are based on whole-of-society engagement, locally-driven solutions, and social and behavioral

change efforts that are essential for addressing health system issues and optimizing health sector resources. Because health systems underpin all of the health investments that protect women and children, sustainably improving country health system performance through clear strategies, responses, and activities also contributes to USAID's global health goal of preventing child and maternal deaths.

As existing and new health challenges emerge, the 2030 Vision provides an actionable, flexible framework for integrated, systems-based approaches that foster **collaboration and commitment for improved health** over the next decade.





“When we strengthen health systems in far regions of the world, we reduce the risk of future pandemics that can threaten our people and our economy.

— PRESIDENT JOE BIDEN

# SUSTAINING HEALTH SERVICES FOR WOMEN, CHILDREN, AND FAMILIES AMIDST THE PANDEMIC

As COVID-19 quickly swept the globe, experts warned that the direct health effects of the disease would not be the only threats to the well-being of people and communities everywhere. Overburdened health systems, reduced care-seeking fueled by fears of infection, and strict lockdowns disrupted the ability of women, children, and families to receive essential health services and threatened decades of hard-won gains in maternal and child survival. Beyond health services, the secondary impacts of the pandemic—closed schools and businesses, food shortages, prolonged isolation, and strains on mental health—have heightened the risk of poverty, hunger, and gender-based violence for many women and children.

More than a year and a half later, the outlook remains stark as the pandemic continues to test the resilience of communities and health systems. Health care service disruption data and qualitative evidence suggest that the COVID-19 pandemic has significantly set back progress on maternal and child survival. Prolonged disruptions to essential health services—mass vaccination

campaigns, counseling for maternal nutrition and voluntary family planning, and the treatment of childhood illnesses like pneumonia and malaria—have halted or reversed gains by several years, if not decades. The continued diversion of critical resources, including health workers, medical supplies, and commodities, pushes women and children further to the margins when it comes to routine care.

For example, childbirth in a health facility attended by a skilled birth attendant is associated with lower rates of maternal mortality, and delivery in a health facility can help prevent stillbirth and improve newborn survival. Yet due to COVID-19, millions of pregnant mothers and their newborns face barriers to accessing quality care, endangering all, but particularly small and sick newborns. The pandemic, especially in the early months, limited antenatal and postnatal care visits, emergency obstetric and newborn services, and facility-based labor and delivery; increased the costs of commodities and transportation; and delayed the delivery of critical medical supplies resulting in stock shortages.

Further, due to the secondary effects of the pandemic, many families struggled to provide their children with adequate nutrition—placing an entire generation of children at risk for undernutrition. Disruptions in livelihoods and food systems, health systems, and social protection programs continue to threaten progress made on nutrition-related outcomes, with the number of children under age five at risk of undernutrition expected to worsen as a result.

Lastly, disruptions to immunizations during the pandemic have put the lives of millions of children across the globe at risk as a result of reduced protection from childhood killers, such as measles, diphtheria, and polio. Childhood immunizations also play a key role in linking families and communities to health systems, and build trust and infrastructure for health services more broadly. Despite equity and coverage challenges facing immunization services even before COVID-19, the global focus on vaccines offers an unprecedented opportunity to strengthen immunization systems, reach the unreached, and close gaps exacerbated by the pandemic.

Globally, the number of children dying before their fifth birthday was predicted to **increase for the first time in decades.**

As the global community adapts to operating in the ongoing COVID-19 pandemic, the U.S. Government is working diligently to strengthen countries' capacity to prevent, detect, and respond to infectious disease outbreaks. Infectious diseases, natural disasters due to climate change, and conflict increasingly threaten the effective functioning of critical health systems that serve women and children. However, while COVID-19 has exposed vulnerabilities across health systems, it has also created opportunities to strengthen them, thereby better supporting families through the yet unknown crises they will face in the future.

For example, USAID has partnered with ministries of health to strengthen infection prevention and control in health facilities, while also helping local civil society organizations mobilize measures in communities—especially in rural areas, where access to health facilities can be more limited. The pandemic has also led to increased efforts to help countries expand laboratory systems for large-scale testing of infectious diseases, including COVID-19, building their technical capacity and helping them establish quality standards that align with international regulations. These measures build the resilience of countries' health systems to address future health emergencies while still maintaining essential health services.



# PUTTING WOMEN AND CHILDREN AT THE CENTER OF THE RESPONSE AND RECOVERY

Since the very start of the outbreak, USAID has worked tirelessly with our partners to rapidly deploy support and assistance to countries in need, both to fight COVID-19 and to continue to deliver essential health and nutrition services. Our response has focused on protecting the continuity of care for women, newborns, and children; strengthening health systems to prepare for and respond to future shocks and

stresses; sharing emerging data, evidence, and best practices within the COVID-19 context; and building new partnerships to expand the availability of COVID-19 vaccines globally. The following series of **data in focus spotlights and COVID-19 changemaker stories** highlight both the devastating service disruptions caused by COVID-19 as well as the visionary and persistent individuals who have implemented innovative

ideas and solutions to respond to the ongoing crisis. The adaptability, resiliency, and creativity of these featured changemakers and many others have been critical to protecting the delivery of safe, high-quality maternal, newborn, and child health and nutrition services as well as voluntary family planning and reproductive health care.

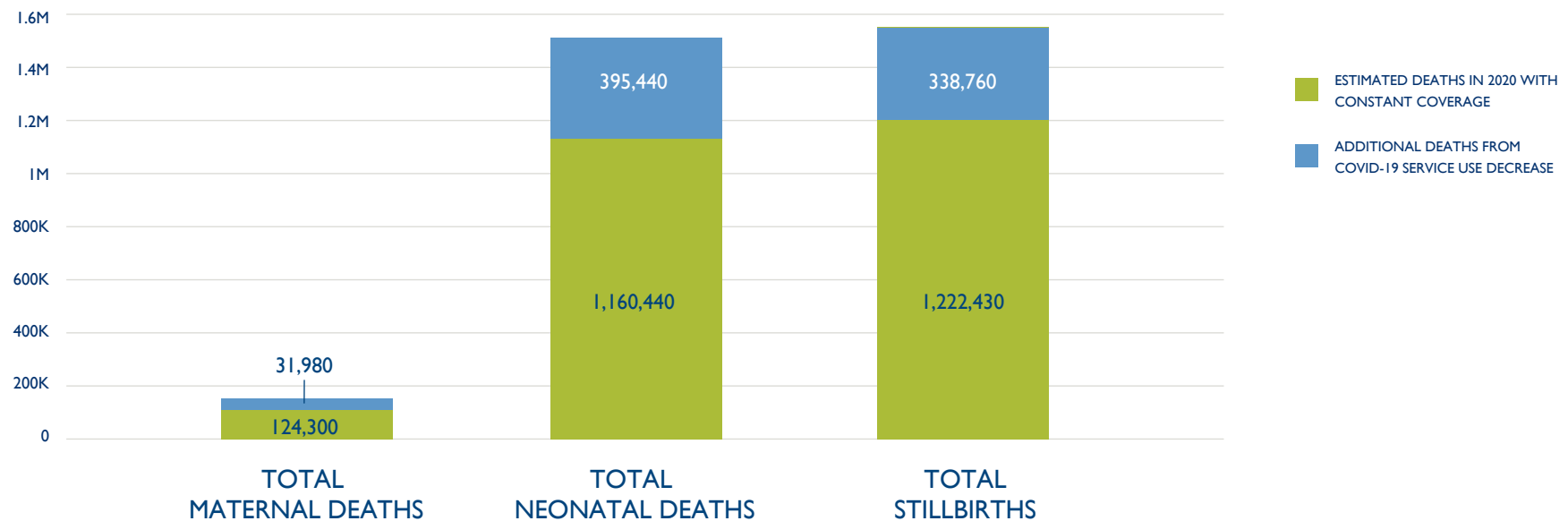


## DISRUPTIONS TO MATERNAL HEALTHCARE DURING THE PANDEMIC COULD LEAD TO A SIGNIFICANT LOSS OF LIFE FOR WOMEN AND NEWBORNS

Early estimates from 2020—modeled on prior outbreak-related restrictions to family planning use, antenatal care visits, and facility-based delivery—predicted that an additional 31,980 maternal deaths, 395,440 newborn deaths, and 338,769 stillbirths could occur across the four most populous low- and middle-income countries if service use declined over a 12-month period as a result of disruptions from the pandemic, a significant 31 percent increase in mortality.

FIGURE 1:

ADDITIONAL INDIRECT DEATHS DUE TO COVID-19 IN INDIA, INDONESIA, NIGERIA, AND PAKISTAN OVER 12 MONTHS



This figure and analysis were adapted from the USAID-funded Health Policy Plus project that used the [Lives Saved Tool](#) to estimate the indirect impact of the COVID-19 pandemic on maternal and newborn health in India, Indonesia, Nigeria, and Pakistan over 12 months. The four countries selected represent the most populous low- and middle-income countries in the world (accounting for one third of the world's population) and face significant challenges to improved maternal and newborn health.

Source: "Estimating the Potential Impact of COVID-19 on Mothers and Newborns in Low- and Middle-Income Countries," Health Policy Plus, 2020

## MOBILIZING FAMILY PLANNING CARE | Madagascar

In Madagascar, the spread of COVID-19, resulting lockdowns, and restrictions on mobility have made access to care difficult for many, including women and couples in need of family planning services. But Malagasy midwives, who are often the ones providing modern contraception in primary health centers and district hospitals across the country, have stayed on the front lines and continued to provide family planning services to ensure healthy timing and spacing of pregnancies. To maintain essential health care services during the pandemic, these midwives have incorporated infection prevention and control guidelines, such as mask wearing and increased handwashing, into their work to protect themselves and their clients. They are also using mobile outreach clinics to serve those unable to reach a health center or living in isolated communities. **Meva, a young mother from Mananjary city, shared:**

“Rasazy Mino, the midwife at Mananjary’s primary health center, introduced me to family planning methods. I have never changed providers because she inspires me with confidence and knows how to put me at ease while remaining very professional.”



## PROTECTING WOMEN, NEWBORNS, AND MIDWIVES | Indonesia

Early in the pandemic, roughly 10 percent of private midwifery clinics in Indonesia were forced to shut down due to public safety measures aimed at stopping the spread of COVID-19, leaving thousands of pregnant women with limited options for prenatal care and delivery services. “Being pregnant during the pandemic was worrisome,” mom Indah explained. “I had to think about taking care of myself and my baby. I just needed to make sure we stayed safe.” For the brave midwives who were able to continue working, the situation was uncertain, with fear and confusion persisting around how to best protect themselves and the women in their care. In the Banten province, long-time midwife Kussudiati joined a USAID-supported webinar series to get the most-up-to-date information on how to respond to COVID-19 and learn how to provide safer maternal and newborn health services during a pandemic. Adopting the guidelines and practices from the webinars, her clinic added a handwashing facility right outside, exhaust fans for air circulation, and stocks of personal protective equipment. Now safely serving dozens of mothers each week with prenatal care, contraceptive, and vaccination services, **midwife Kussudiati shared:**

“We’re used to these changes, and we feel more at ease. We have learned and strived so much this year. I’ve grown stronger than I ever thought I could be.”

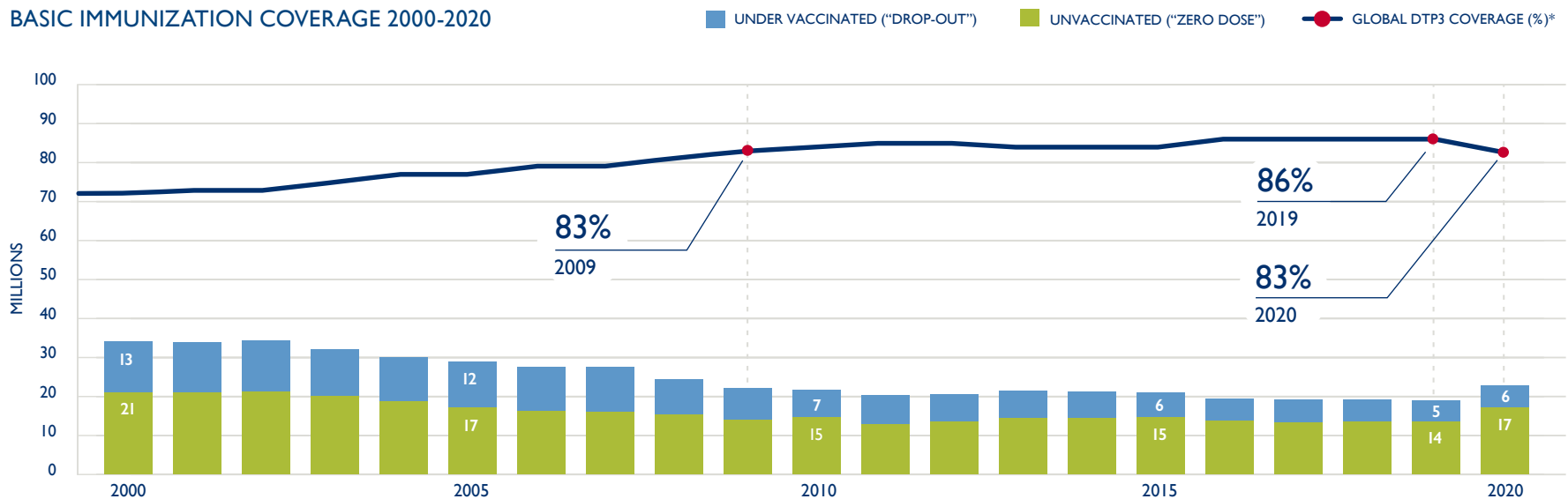


## GLOBAL CHILDHOOD IMMUNIZATION COVERAGE WAS HIT EARLY AND HARD BY THE PANDEMIC

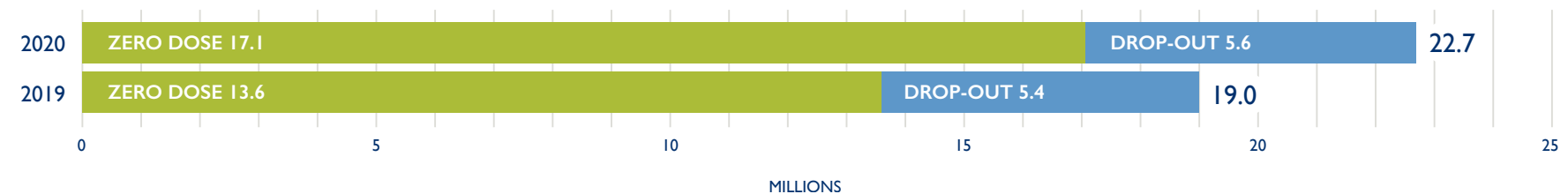
Twenty-three million children missed out on critical vaccines in 2020, the highest number since 2009 and 3.7 million more than in 2019. Concerningly, approximately 17 million of these children likely never received a single vaccine dose, expanding existing inequalities in immunization often experienced by children living in areas where basic health and social services are already slim—conflict zones, remote areas, or informal and slum settings. These disruptions are putting countries at risk of additional outbreaks of deadly, preventable childhood diseases like measles and polio, on top of the existing pandemic.

FIGURE 2:

### BASIC IMMUNIZATION COVERAGE 2000-2020



### 22.7 MILLION UN- AND UNDER VACCINATED INFANTS IN 2020



This figure was adapted from the WHO/UNICEF 2020 Basic Immunization Coverage graph.

\* Diphtheria-tetanus-pertussis coverage measures the percent of one-year-olds who have received three doses of the combined diphtheria, tetanus toxoid, and pertussis vaccine in a given year.

Source: "Basic Immunization Coverage," WHO/UNICEF Immunization Coverage Estimates, 2020



## ENSURING ESSENTIAL CHILDHOOD VACCINES | Uganda

Movement restrictions and fears of infection during the pandemic have deepened challenges around the delivery of lifesaving childhood immunizations in Uganda, particularly in remote communities near Paraa National Park. Early on, facility data showed that the numbers of children receiving immunizations against measles were dropping rapidly. USAID responded by using this data to identify 13 hard-to-reach communities and partner with the local COVID-19 taskforce and community groups to visit isolated homes and gain approval for mothers to travel on motorcycles and bicycles without the required permits. Within two weeks, 546 children received their much-needed vaccinations and health center data reports showed a notable rebound in service utilization. **Ms. Susan Akwang, an assistant nursing officer of midwifery in charge of immunization at Anaka Hospital, shared:**

“When I looked at the facility data, the numbers of children getting immunized against measles was dropping. In a typical month, we had an average of 119 children, but after COVID-19, the numbers had dropped to 60. I was worried that they could drop to zero.”

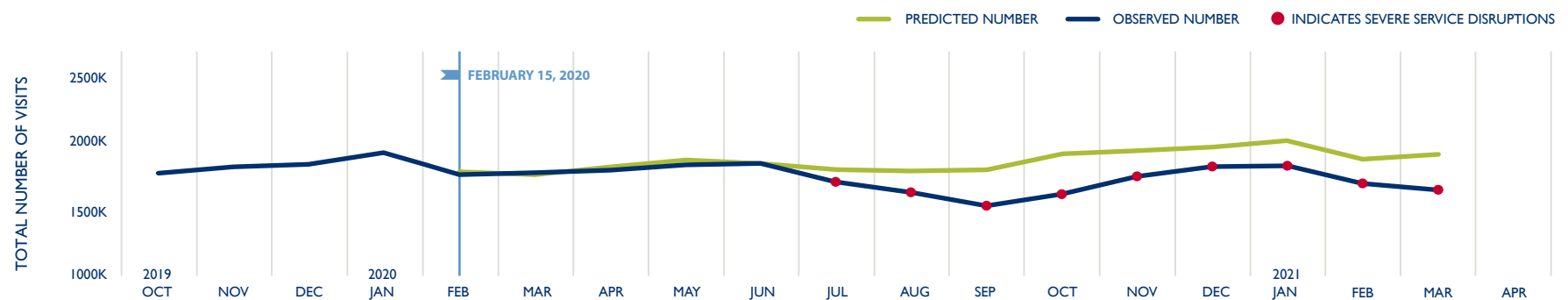


## DECLINES IN FACILITY VISITS FOR CHILDHOOD ILLNESSES DURING THE PANDEMIC DIFFER ACROSS COUNTRIES

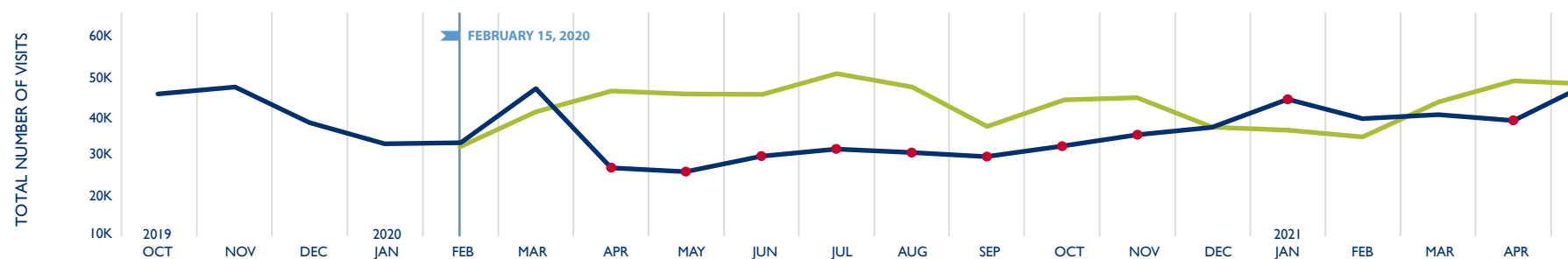
Across sub-Saharan Africa, in nearly every country, outpatient visits for pneumonia, malaria, and other childhood illnesses have been disrupted by the COVID-19 pandemic. While health facility visits for some services have successfully rebounded, the recovery has been slow and uneven both within and across countries. Dedicated catch-up campaigns are likely needed to minimize the adverse consequences of missed care, particularly for children under the age of five.

FIGURE 3:

### OUTPATIENT VISITS FOR CHILDHOOD MALARIA IN THE DEMOCRATIC REPUBLIC OF CONGO



### OUTPATIENT VISITS FOR CHILDHOOD PNEUMONIA IN UGANDA



These figures compare the observed number of facility visits to the predicted number of visits after the onset of the pandemic in two countries: the Democratic Republic of the Congo and Uganda. Months with statistically significant differences between the predicted number of visits and the actual number of visits are indicated with a red dot.

Source: "Estimating National and Area Specific COVID-19 Effects on Health Service Use in the Democratic Republic of the Congo," Data4Impact, 2021  
 "Estimating the Effect of COVID-19 on Health Service Utilization in Uganda," Data4Impact, 2021

## OVERCOMING A DOUBLE CRISIS FACING FAMILIES | Kenya

Compared to other countries, Kenya has higher rates of child mortality and seeing a trained health worker can make all the difference in properly diagnosing and treating deadly childhood diseases, such as pneumonia, malaria, and diarrhea. In Baringo County, Kenya, USAID supports community outreach activities that help families receive care in hard-to-reach areas, particularly where poor roads and few health facilities make it difficult to access services. Unprecedented flooding from Lake Baringo during the COVID-19 pandemic further deepened existing challenges, submerging the local health center underwater and displacing many people from their homes in the lakeside town of Kampi Samaki. Concerned that families might be skipping appointments and missing essential health services due to high transport costs, USAID helped the Baringo County Government set up a temporary tented health facility nearby on dry ground. By January 2021, USAID investments in Baringo and neighboring counties were supporting a network of over 700 community volunteers focused on providing maternal and child health information and services to households. **Nurse Robinson Kipkulei shared:**

“The mothers are coming back [with their children]...We can provide most of the essential services.”



## MANAGING SEASONAL MALARIA REMOTELY | Mali

Many children in Mali used to die of malaria until seasonal malaria chemoprevention campaigns helped ensure young children received antimalarial medicine monthly during the rainy season when malaria transmission spikes. Six months before the rainy season, and just as COVID-19 was declared a global pandemic, the U.S. President's Malaria Initiative and Mali's National Malaria Control Program jumped to action, developing a manual establishing a clear seasonal malaria chemoprevention game plan within the COVID-19 context. Across the country, remote training sessions were held for health care workers, and two radio stations per health district regularly broadcast messages about seasonal malaria chemoprevention, which helped prepare parents to protect their children. As a result, out of the more than one million children targeted by the 2020 seasonal malaria chemoprevention campaign, 950,000 were reached with antimalarial medicine during the first cycle and 980,000 children during the second cycle. This was a significant success during an incredibly challenging year.

**Maimouna Traoré, a mother from Sikasso in southern Mali, shared:**

“Health workers are using hand sanitizer and face coverings as they carry out seasonal malaria chemoprevention. In previous years, it was the health workers themselves who administered the first dose and the parents the other two. But this year, because of the pandemic, they are giving us parents all the pills at once and teaching us how to administer them ourselves.”

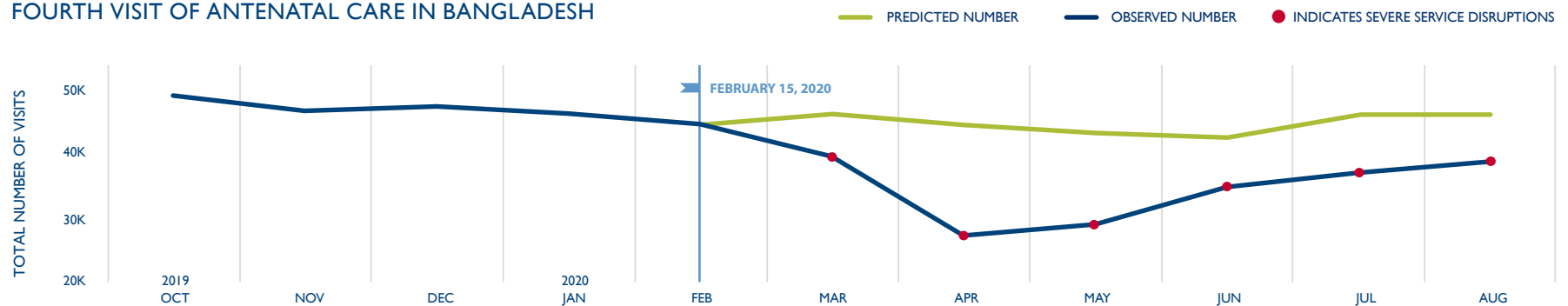


## INITIAL DROPS IN MATERNAL HEALTH VISITS ARE SLOW TO RECOVER TO PRE-PANDEMIC LEVELS

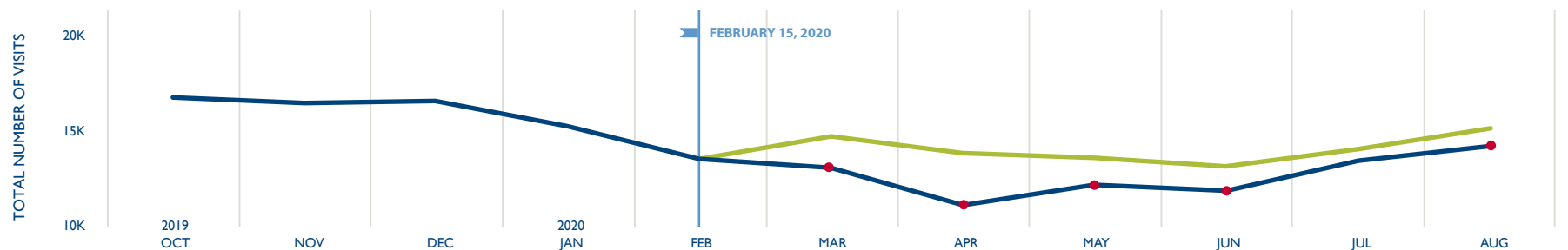
In many countries in South Asia and around the world, the COVID-19 pandemic has dramatically affected the accessibility and availability of maternal health services, including antenatal care and facility deliveries. While initial drops in health visits have somewhat recovered, lower levels of care-seeking persist, endangering global gains in maternal and newborn health. In Bangladesh, for example, facility deliveries and fourth visits for antenatal care—essential interventions shown to have a positive impact on pregnancy outcomes—continue to significantly differ from what is predicted based on pre-pandemic levels.

FIGURE 4:

### FOURTH VISIT OF ANTENATAL CARE IN BANGLADESH



### FACILITY DELIVERY IN BANGLADESH



These figures compare the observed number of facility visits to the predicted number of visits after the onset of the pandemic in Bangladesh. Months with statistically significant differences between the predicted number of visits and the actual number of visits are indicated with a red dot.

Source: "Estimating the Effect of COVID-19 on Total Utilization of Health Services in Bangladesh," Data4Impact, 2021

## BUILDING TRUST IN HEALTH SYSTEMS | Bangladesh

From the community to the facility, the health system in Bangladesh has been strained during the pandemic, with essential health care providers working overtime to save the lives of COVID-19 patients while continuing to provide emergency medical services. Lacking clear guidance and equipment, many service providers were also unprepared to continue essential services, like maternal and newborn care, early on in the pandemic. Fears of COVID-19 infection also reduced the number of mothers seeking care from facilities, with a nearly 50 percent drop in visits by April 2020. In response, USAID supported midwives, paramedics, nurses, and doctors from public facilities all around the country to creatively adapt and encourage care. Some midwives started making telephone calls for individual follow-up check-ups, and others worked with their local governments to raise awareness of the COVID-19 safety measures implemented by local service centers. Even though maternal health visits have not fully recovered to pre-pandemic levels, word of respectful and compassionate care from midwives has spread, giving pregnant women the confidence and courage to visit a health center. **Midwife Kazul Rani Paul from Lakshmipur shared:**

“We take all the precautions handling every patient so that at least they feel safe and comfortable with our continued services. There is so much work to be done here, there is no time to pause now; life does not take a pause. Every birth matters, every life matters.”



## DIGITIZING BREASTFEEDING COUNSELING | Nepal

In Nepal, USAID works to promote, protect, and support breastfeeding through intensive social and behavior change interventions with families and communities. Throughout the pandemic, breastfeeding counselors and health care workers have been grappling with restrictions to mobility and lockdowns as COVID-19 case numbers change. In response, USAID helped health workers shift to a hybrid model for breastfeeding social and behavior change activities, supporting counseling for over 87,500 mothers and caregivers in-person and over 230,000 mothers and caregivers virtually. Regular radio announcements, a “Mother Says” radio program, and social media campaigns helped reinforce messages learned during counseling sessions so that mothers and their young children in Nepal stayed well-nourished and healthy. Having learned that breastfeeding is a collective responsibility for families, **father Ram Lama from Nuwakot shared:**

“I always thought that breastfeeding is quite normal to all women who become mothers and they can perform it without any support. But once I knew that mothers also needed special emotional support and skills to breastfeed the child, I looked after the two other children and performed household chores so that my wife has the time and emotional strength to breastfeed the newborn.”



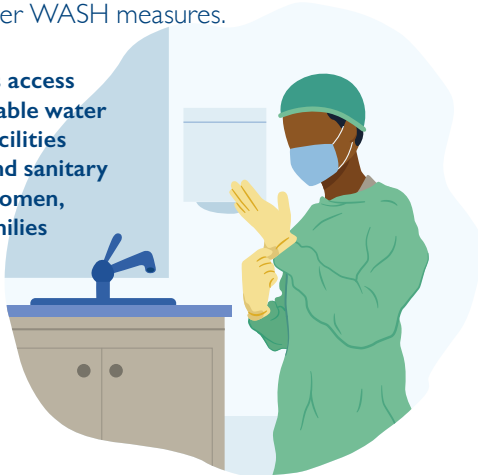
# IMPROVING WATER, SANITATION, AND HYGIENE IN HEALTH FACILITIES FOR BETTER SAFETY & QUALITY OF CARE

Clean water, safe sanitation, and good hygiene are critical for preventing and controlling infectious diseases. Yet in many countries, poor water, sanitation, and hygiene (WASH) conditions in health facilities expose pregnant women and newborns to illness and infection, discourage families from seeking lifesaving care, and force health workers to deliver services in unsafe and unpleasant working environments.

## 1 in 2 health care facilities lacks basic water services.

Receiving safe drinking water with oral medication or giving birth in a clean, welcoming room with water readily available can significantly improve quality care and patient satisfaction. Ensuring potable water is available from an improved source on the premises of a health facility critically underscores all other WASH measures.

- ▲ USAID provides access to clean and reliable water in health care facilities to ensure safe and sanitary conditions for women, children, and families seeking care.



## 2 in 3 health care facilities lack basic sanitation services.

Patients and health workers need access to a safe and functioning toilet whether they are receiving or delivering care. Good sanitation in health facilities means that there is at least one toilet dedicated to staff, one sex-separated toilet with menstrual hygiene facilities, and one toilet accessible to people with limited mobility.

- ▲ USAID supports women and girls to safely manage their menstrual cycles in privacy and with dignity, including at health facilities.



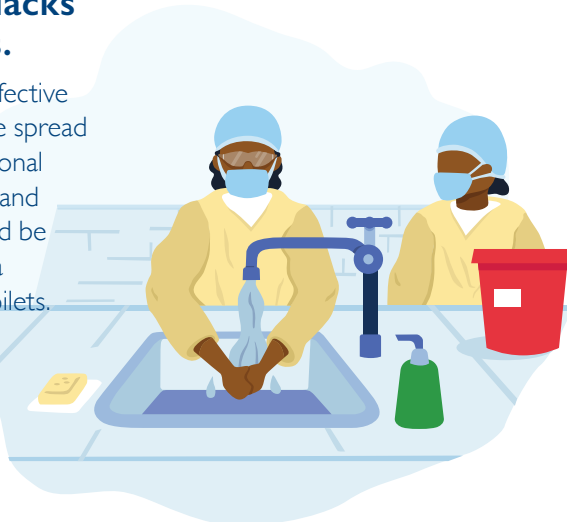
USAID recognizes that basic water, sanitation, and hygiene services within health care facilities are the cornerstone of **quality, equitable, and respectful services.**



## 1 in 2 health care facilities lacks basic hand hygiene services.

Good hand hygiene is one of the most effective ways to prevent infections and reduce the spread of pathogens, including COVID-19. Functional hand hygiene stations, that include water and soap or an alcohol-based hand rub, should be available at all points of care throughout a health facility, and within five meters of toilets.

- ▲ **USAID promotes hand hygiene during all stages of labor, delivery, and postnatal care to ensure a clean and safe childbirth.**



## Many countries need better data collection on environmental cleaning for health facilities.

Sustained improvement of WASH in health facilities requires creating a culture of hygiene at all levels of the health system—from the patient, to the provider, to the community. To ensure a clean environment, staff roles and responsibilities should be clear, basic protocols for cleaning available, and regular training for staff provided.

- ▲ **USAID strengthens WASH and infection prevention capabilities among the health workforce through training and mentoring that includes and engages everyone, including custodial staff.**



## 7 in 10 health care facilities do not segregate waste safely.

Poor waste management practices can expose healthcare workers, waste handlers, and patients to infections, toxic effects, and injuries. Healthcare waste should be segregated into at least three bins, with sharp objects and infectious waste (like needles) treated and disposed of safely.

- ▲ **USAID works with the private sector to strengthen WASH supply chains in health facilities, such as by developing safe waste treatment and disposal infrastructure at facilities or transporting waste to centralized treatment plants.**



\* The figures in this infographic reflect available data from USAID priority countries for preventing child and maternal deaths.

## STRENGTHENING URBAN SANITATION SERVICES | India

USAID-supported sanitation committees are fervently working to deliver basic water, sanitation, and hygiene services to urban slum dwellers in India, many of whom are located in COVID-19 outbreak hot spots. Sanitation committee volunteers are working with the government and locals to increase the number of individual household toilets, refurbish sewer lines, and train residents in effective water, sanitation, and hygiene practices in the slum settlement of Nagoriwad, a community packed with more than 400 cramped, semi-stable houses. These same volunteers are also leading infection prevention and control efforts for community facilities, including working with local officials to ensure that Anganwadi—resource centers for children, pregnant and lactating mothers, and adolescents—remain open and follow safe COVID-19 protocols. These centers are helping to continue essential maternal and child health and nutrition services, including childhood vaccinations, fortified food packets, government maternal health entitlements, and basic health check-ups for mothers. **Volunteer Roma Thakor shared:**

“We are proud to reconnect 10 mothers and 30 children to Anganwadi workers by reopening the closed facility. Anganwadi workers care for pregnant women like a parent, and people trust them, listen to them.”





# TRACKING PROGRESS TOWARDS OUR GLOBAL GOALS

Today, women and children have a greater chance of surviving than they did just two decades ago. Still, preventable diseases like diarrhea, malaria, and pneumonia, along with pregnancy- and childbirth-related complications claim the lives of millions of children and women every year. Over the past ten years, the U.S. Government has helped save the lives of more than 9.3 million children and 340,000 women. USAID celebrates this accomplishment while also recognizing that we fell short of reaching our goal to save the lives of 15 million children and 600,000 women by 2020.

Last year, USAID reported that more mothers were delivering their babies safely; more children were protected from deadly diseases through vaccines; more families had access to clean water

and nutritious food; and more couples were able to practice the healthy timing and spacing of pregnancy through voluntary family planning—paving the way for healthier families and stronger economies. But we also shared that after nearly a decade of concerted effort and investment, the current pace of mortality reduction would not be sufficient to achieve our global targets for maternal and child survival.

With the effects of the pandemic continuing to reverberate across health systems around the world, the path to progress is steeper than ever before—and the end of the pandemic is not yet in sight. Disruptions to essential services and the tragic loss of life have only deepened existing health inequities across and within USAID priority countries. Now, in addition to managing natural disasters and other

environmental impacts, recurring political strife, and poor governance and accountability mechanisms, countries are facing difficult choices, which could potentially divert or deprioritize safeguarding essential health services for women, children, and families. At this juncture, the global health community's support has never been more critical.

To reclaim the previous gains and achieve our shared goals, intensified efforts are needed to reach and support women and children at especially high risk of acute illness and death, including remote rural and urban poor communities, youth with an unmet need for contraception, zero-dose and underimmunized children, small and sick newborns, and underweight and undernourished women, newborns, and children.

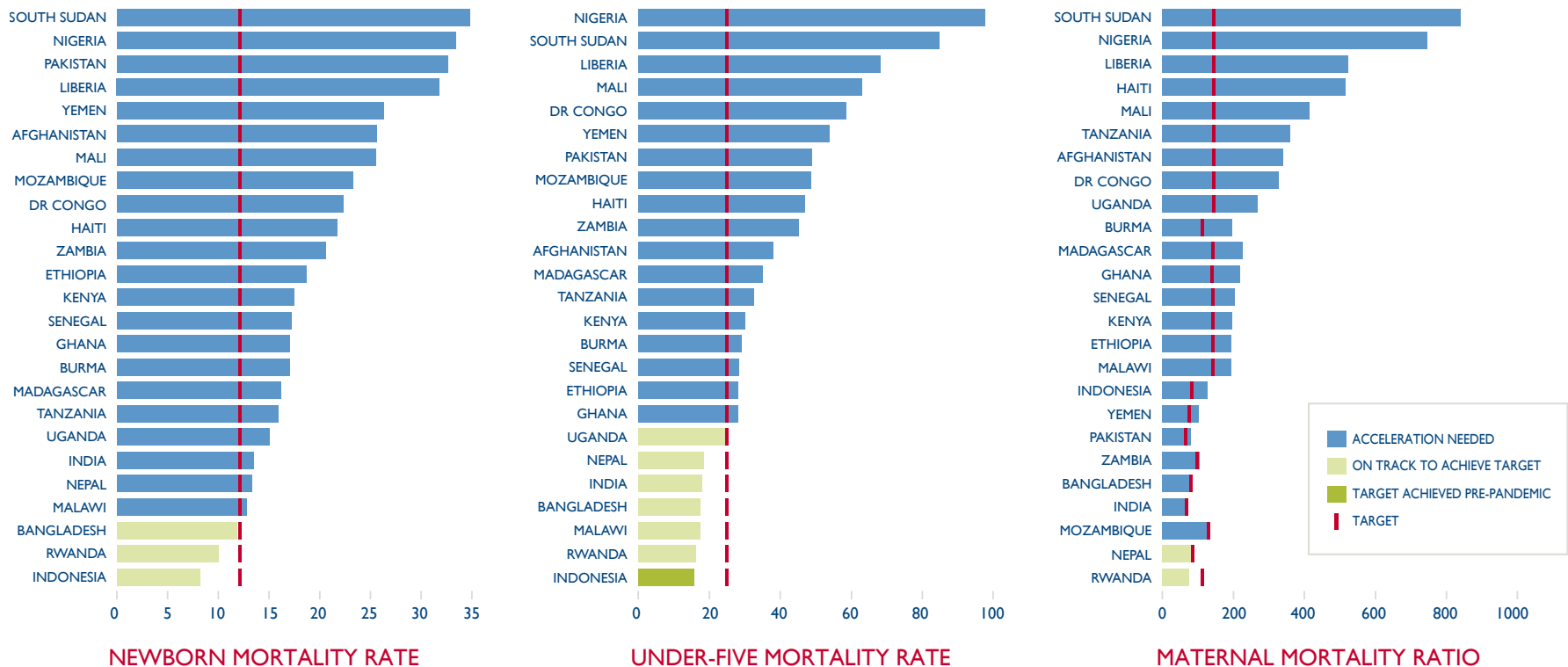


## ENSURING THE SURVIVAL OF NEWBORNS, CHILDREN, AND WOMEN REMAINS AN URGENT GLOBAL CHALLENGE

Improving the survival chances of women, newborns, and children persists as an unfinished agenda facing the world. Many of USAID’s priority countries will not achieve the 2030 Sustainable Development Goals for child and maternal survival at the current pace of mortality reduction. Even before the COVID-19 pandemic, many of USAID’s priority countries were not on track to achieve the 2030 Sustainable Development Goals for child and maternal survival at their current pace of mortality reduction.

FIGURE 5:

### 2030 MORTALITY ESTIMATES BASED ON PRE-PANDEMIC COUNTRY TRENDS



These figures demonstrate the predicted mortality rates or ratio in 2030, based on current trends, and compare the predictions with 2030 targets for Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all. USAID supports the global goals of ending preventable deaths of newborns and children under five years of age and reducing global maternal mortality to less than 70 deaths per 100,000 live births per year (with each country having its own maternal mortality goal to achieve the global average maternal mortality target).

Source: “Stillbirth and Child Mortality Estimates,” United Nations Inter-Agency Group for Child Mortality Estimation, 2020  
 “Maternal Mortality Ratio,” United Nations Maternal Mortality Estimation Group, 2020

## WASTING PERSISTS GLOBALLY, PUTTING CHILDREN UNDER-FIVE AT RISK

Wasting, a critical indicator of malnutrition, persists at alarming rates, with 45 million children affected across the globe each year, undermining the growth and development of children and increasing their risk for death. Latest available estimates show that many of USAID’s priority countries receiving nutrition funding are off track to achieve their 2030 Sustainable Development Goal targets focused on wasting. To continue improving overall child survival, targeted and timely interventions to treat wasted children, alongside wasting prevention efforts, will be critical.

FIGURE 6:

### 2020 PROGRESS TOWARDS REDUCING WASTING IN UNDER-FIVE CHILDREN



Countries included with this figure represent recipients of USAID global health nutrition funds. Not all USAID maternal and child survival priority countries are included because not all received nutrition funding in 2020. The 2030 Sustainable Development Goal target for wasting is to reduce the number of under-five children experiencing wasting to less than three percent.

Source: “Joint Child Malnutrition Estimates,” UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Group, 2021

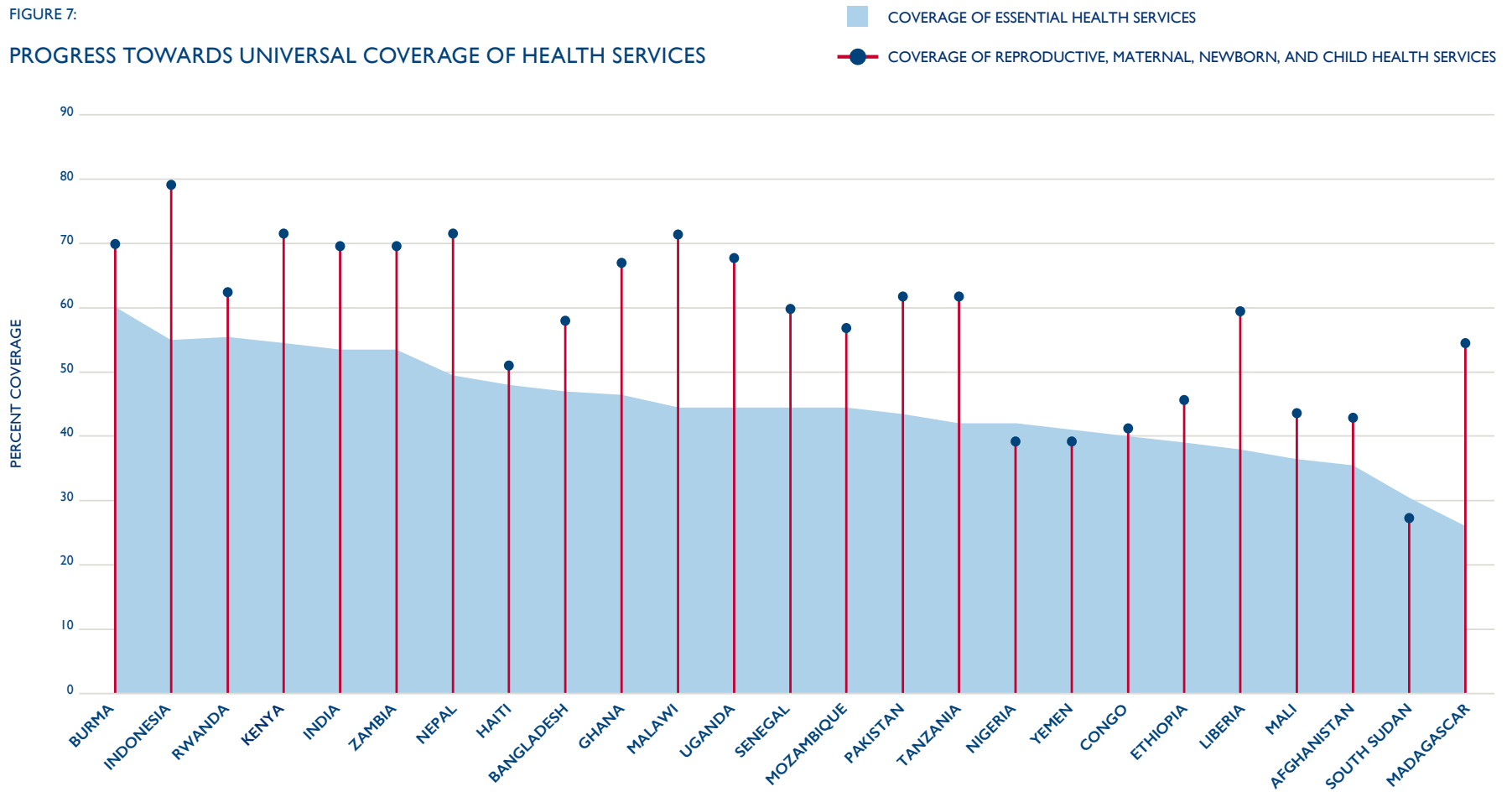
**Good nutrition is essential to the health and well-being of women, children, communities, and entire nations.** USAID’s 2014-2025 Multi-Sectoral Nutrition Strategy uses an approach that addresses both direct and underlying causes of malnutrition and focuses on linking humanitarian assistance with development programming to help build resilience to shocks in vulnerable communities.

## UNIVERSAL COVERAGE OF ESSENTIAL SERVICES FOR WOMEN AND CHILDREN SHOWS IMPROVEMENTS

Universal health coverage means that all individuals and communities are able to receive high-quality health care that is accountable, affordable, accessible, and reliable. While progress towards achieving universal health coverage is mixed, coverage for essential reproductive, maternal, newborn, and child health services shows promise in many of USAID's priority countries. Continuing to improve the coverage, quality, and equity of these essential services for women and children, particularly where coverage is low, can help countries accelerate reductions in preventable child and maternal deaths.

FIGURE 7:

### PROGRESS TOWARDS UNIVERSAL COVERAGE OF HEALTH SERVICES



Source: "Data Availability for UHC Index of Service Coverage," WHO Global Health Observatory, 2021

"UHC SCI Components: Reproductive, Maternal, Newborn, and Child Health," WHO Global Health Observatory, 2021

### MORE WOMEN AND COUPLES ARE USING A MODERN METHOD OF CONTRACEPTION

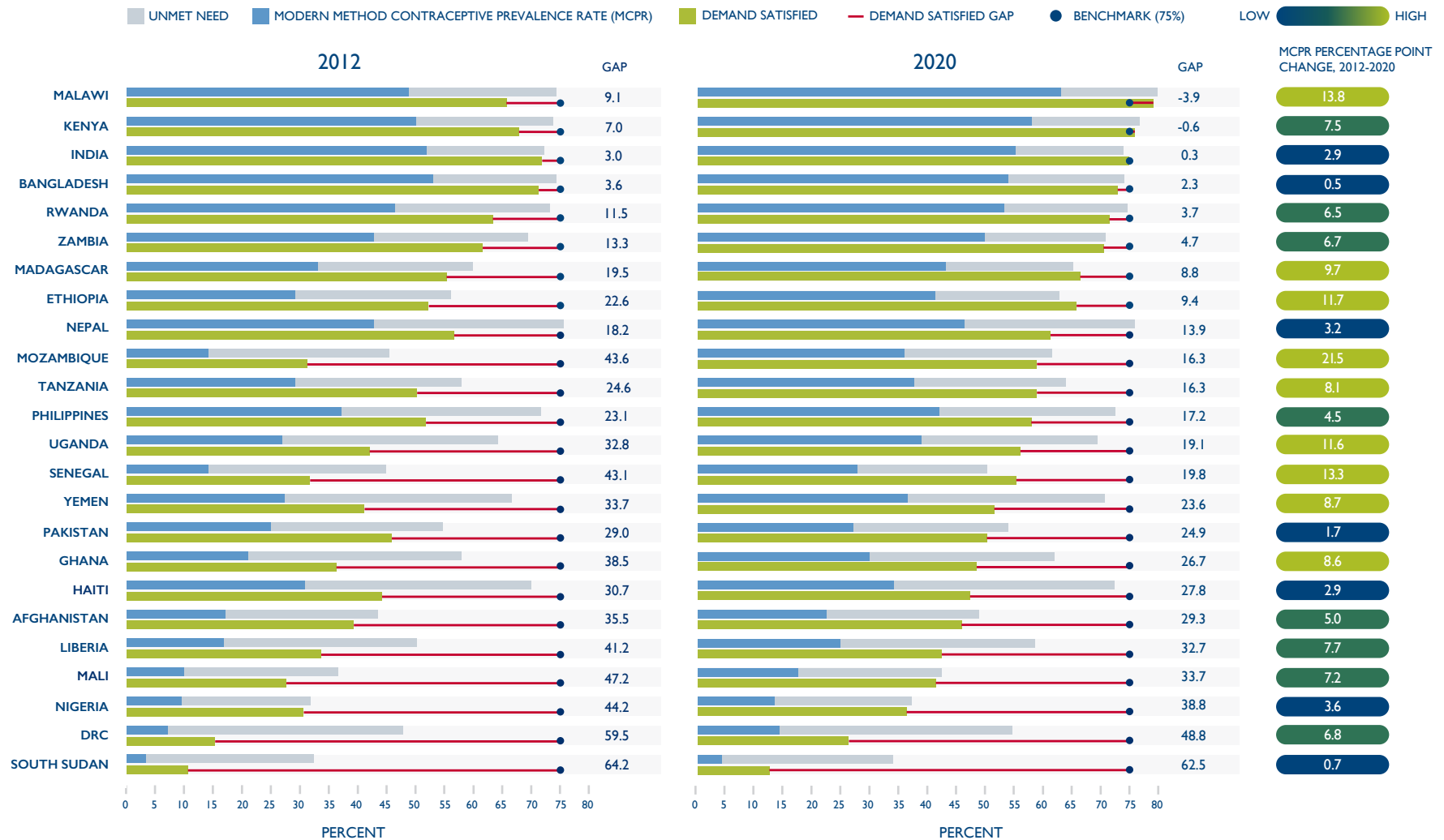
Since 2012, many USAID priority countries have made progress in meeting the demand for modern contraception, supporting women and couples to have only the number of children they want and safely plan and space their pregnancies. Across countries, both the demand for modern contraception and the use of modern contraceptive methods by married women increased over the last decade, as evidenced by the percent change in each country's modern contraceptive prevalence rate. Despite progress, remaining gaps indicate that much work remains to move countries closer to the Sustainable Development Goals benchmark of 75 percent demand satisfied and reduce their unmet need for modern contraception.





FIGURE 8:

MODERN METHOD CONTRACEPTIVE PREVALENCE RATE (MCPR) AND PERCENTAGE POINT CHANGE, 2012-2020



The modern method contraceptive prevalence rate (MCPR) measures the percent of women of reproductive age who are currently using a modern contraceptive method. Unmet need for family planning measures the percent of women of reproductive age who are sexually active but are not currently using any method of contraception and also report not wanting any more children or wanting to delay their next child. The share of demand for family planning that is satisfied with modern methods of contraception, known as demand satisfied, measures the proportion of women who want to space or limit childbearing and are using a modern method of contraception; it is an important indicator of progress towards the Sustainable Development Goals. Together with MCPR, demand satisfied captures successes and gaps in voluntary family planning programs.

Source: "FP2020 Progress Report: Core Indicator Estimates," Family Planning 2020, 2020



## PROGRESS TOWARDS A FISTULA-FREE FUTURE

For more than 15 years, USAID has supported the prevention, treatment, and social reintegration of women and girls experiencing fistula, a devastating and debilitating injury that can occur from obstructed labor; surgical error, or sexual violence. In sub-Saharan Africa and Asia, **more than two million women are estimated to be living with fistula**, with many facing ostracism or abandonment because of their condition. Yet, fistula is curable and avoidable.

Communities, healthcare workers, hospitals, nonprofits, and local and national governments all played a key role in these successes, ensuring local ownership and sustainability for proven interventions to prevent, treat,

and eliminate fistula. Programs, policies, and research have focused on the root causes of fistula and targeted solutions—increasing access to voluntary family planning counseling so that women can effectively time and space their pregnancies, and high-quality emergency obstetric services so that women receive skilled maternity care during difficult labor and delivery. USAID strengthens fistula prevention through promoting delayed age of sexual debut, delayed age of marriage, and keeping girls in school. USAID fistula programs have also supported the social reintegration of fistula survivors, helping them access new economic opportunities and become community advocates for fistula awareness and prevention.

Across two continents, this work has transformed the lives of tens of thousands of women and their families. Looking ahead, USAID recognizes that to advance global targets to end fistula by 2030, programming must focus on integrated health systems that support high-quality, accessible reproductive and maternal health care for women and girls everywhere, while also building the capacity of a health workforce that can provide that care. USAID will also address underlying social norms, cultivate supportive individual and collective behaviors, and advance gender equity within communities and health facilities by investing in locally designed and led strategies to create a fistula-free future.

USAID efforts to realize a fistula-free future have achieved significant results: supporting **more than 55,000 fistula repairs, 1.8 million voluntary family planning sessions**, improvements to **850 health facilities**, and training for thousands of medical personnel and volunteers, including **350 fistula repair surgeons**.



“At our women’s group, when I tell them about my ordeal and my treatment, I feel so humbled and grateful... Now that I’m free from fistula, I see a brighter future ahead of me.

— JUSTINE  
*Fistula Survivor*

# A RENEWED CALL FOR COLLECTIVE ACTION ON MATERNAL AND CHILD SURVIVAL

Improving the survival chances and quality of life of women, newborns, and children remains an urgent global challenge. Tenacity, innovation, and reinvigorated commitment are critically needed from the global health community to avoid needless deaths and help families and communities thrive.

As outlined in USAID's *Vision for Health System Strengthening 2030*, our shared success will require emphasis on strong local partnerships and capacity development, and depend on the ability of countries to deliver improved outcomes that promote quality, equity, and resource optimization within their health systems. Greater country ownership achieved through inclusive development and locally-led solutions will be paramount.

To achieve lasting gains on maternal and child survival, USAID will focus on supporting countries to dramatically increase the strength and adaptability of their health systems to withstand and effectively respond to both chronic health problems and emerging threats. As the pandemic continues, USAID and our partners will need to be nimble and flexible in the way we deliver programs and resources—adjusting and adapting policies and approaches to respond to constantly emerging challenges.

Next year, in honor of the 10th anniversary of the *Child Survival Call to Action*, USAID will unveil a new roadmap for preventing child and maternal deaths. The roadmap will further prioritize and articulate how USAID will partner with and support countries with high child and maternal

mortality burdens, clearly outlining where we work, what we focus on, and how we will significantly advance progress.

As we embark on the next decade of action, USAID will continue to equip the champions in our partner countries who make the prevention of child and maternal deaths a reality. These local partners—technical experts, advocates, academics, policy makers, youth, and other important stakeholders—are critical to guiding and establishing context-specific priorities, and will remain the driving force behind locally-inspired solutions to better health for all.

**Together with our partners, USAID remains committed to improving maternal and child health outcomes across the globe.**



While the world will forever be changed by COVID-19, the experience of fighting this pandemic provides all of us with an opportunity to rebuild and to imagine a better, healthier world for the next generation of women and children.



# ANNEX

## DATA AND METHODOLOGY

The analyses and the information presented in this report come from globally recognized, publicly available sources as described below. Sources were chosen to maximize the ability to compare across countries and standardized methodologies for estimation were used to allow for visualizing data in specific time periods across countries. Therefore, the numbers presented may vary from recently released data and/or from the official numbers used within countries.

### UNDER-FIVE AND NEONATAL MORTALITY HISTORIC TRENDS AND GLOBAL 2030 TARGETS

<http://www.childmortality.org/>

Estimates for children under five years of age and newborns are produced by the Interagency Group for Child Mortality Estimation (IGME). IGME, established by the United Nations, 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 uses that to predict a trend line that is extrapolated

to a common reference year, in this case 2019. The under-five mortality rate target for all countries is 25 per 1,000 live births or lower. The neonatal mortality rate target is 12 per 1,000 live births.

### MATERNAL MORTALITY HISTORIC TRENDS AND GLOBAL 2030 TARGETS

#### Historic Trends

<https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/>

The numbers and ratios of maternal deaths to live births were obtained from the United Nations' Maternal Mortality Estimation Interagency Group (MMEIG) that works in a similar way to IGME estimates described above. The MMEIG shares and harmonizes data on maternal mortality in order to provide internationally comparable maternal mortality ratio estimates, up to 2017 in the latest report.

#### Global 2030 Targets

The 2030 global maternal mortality target is a reduction in the global average for the maternal mortality ratio to less than 70 deaths per 100,000 live births, with no individual country exceeding a maternal mortality ratio of 140 maternal deaths per 100,000 live births. A [2030 maternal mortality ratio target calculator](#) has been provided by the World Health Organization (WHO) to help countries calculate their 2030 target. A reduction of 7.6 percent per year is required to bring the 2015 global average of 219 per 100,000 live births down to a global average of 70 by 2030. The 2015 maternal mortality ratio

estimates for each country, which are used to calculate the 2030 target, come from the [Maternal Mortality: Levels and Trends 2000 to 2017](#) Report. Each country should apply its 2015 maternal mortality ratio value along with a 7.6 percent annual rate of reduction to identify its maternal mortality ratio target. If the calculated MMR target is greater than 140, then 140 per 100,000 live births should be substituted for the target value.

### WATER, SANITATION, AND HYGIENE IN HEALTH FACILITIES

The data on the proportion of health facilities meeting key standards comes from the following source: [Global Progress Report on Water, Sanitation and Hygiene in Health Care Facilities](#). This report was developed by the Joint Monitoring Program that is jointly managed by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) with collaboration with partners at the country, regional, and global levels. The values in the *Acting on the Call* report are specific to USAID's 25 priority countries.

### NUTRITION

Data and information on nutritional status and progress towards targets comes from the following source: [UNICEF/WHO/The World Bank Group Joint Child Malnutrition Estimates \(JME\) — Levels and Trends in Child Malnutrition: Key Findings of the 2021 Edition](#). Note that the 2021 Edition includes, for the first time, country-level estimates for stunting, wasting, and overweight, along with an assessment of country progress towards the 2030 targets.

## DATA ON THE COVID-19 PANDEMIC AND ITS EFFECTS ON ESSENTIAL REPRODUCTIVE, MATERNAL, AND CHILD HEALTH AND NUTRITION SERVICES

### Quantitative data comparing observed service statistics during the time of COVID-19 and what was predicted based on past trends

The quantitative data, as visualized in the preceding report, compares the observed number of essential services visits versus the predicted number of visits after February 15, 2021. Observed values with statistically significant differences from the predicted values are indicated in the visualizations. Predicted values are modeled based on annual and seasonal trends of observed values between 2017-2019 and are adjusted for changes in reporting rates that may have occurred due to disruptions during the pandemic period. The source of the analysis is based on the following documents from the USAID-funded project Data for Impact:

1. [Data for Impact, 2021. Estimating the effect of COVID-19 on total utilization of health services in Bangladesh.](#)
2. [Data for Impact, 2021. Estimating National and Area-Specific COVID-19 Effects on Health Service Use in the Democratic Republic of the Congo.](#)
3. [Data for Impact, 2021. Estimating the Effects of COVID-19 on Health Service Utilization in Uganda.](#)

### Regional summaries of the impact of the pandemic and the response on essential services

The following two primary sources of information about the regional patterns of the disruptions to, and the recovery of, essential services come from analyses of country health management information systems:

1. Shapira, G., et al. (2021). "Disruptions in maternal and child health service utilization during COVID-19: analysis from eight sub-Saharan African countries." *Health Policy Plan* 36(7): 1140-1151.
2. Gupta G. UNICEF. (2021). Personal communication regarding programmatic analyses of the secondary impacts of COVID-19 on essential services (5 May 2021).

### Qualitative information on country-level disruptions and mission mitigation efforts

Qualitative information on country and regional-level disruptions comes from data and reports captured by USAID Missions in partnership with our implementing partners. These stories are meant to serve as illustrative examples that contextualize the impact of the COVID-19 pandemic on essential health services, demonstrate novel mitigation strategies and programmatic adaptations, and elevate the voices of USAID-supported health facilities and local communities.

### UNIVERSAL HEALTH CARE (UHC) COVERAGE INDICES

Health service coverage indicators reflect the extent to which people in need of essential health services actually receive them. Essential services relevant for the prevention of child and maternal deaths include the following: care of women during pregnancy and childbirth, reproductive health services, immunization to prevent common childhood infections, vitamin A supplementation in children, and treatment for common childhood diseases. The main sources of data for these indicators are respondents' answers to questions about service use from household surveys such as the Expanded Programme on Immunization 30-cluster Survey, the UNICEF Multiple Indicator Cluster Survey, and the Demographic and Health Survey funded by USAID.

The Universal Health Coverage (UHC) index of essential services coverage is a component of a group of indicators used to assess progress towards the Sustainable Development Goal Target 3.8: Achieve universal health coverage, including financial risk protection. A subset of the Universal Health Coverage index of essential services coverage is the index of its specific reproductive, maternal, newborn and child health components.

### MODERN CONTRACEPTIVE PREVALENCE, UNMET NEED FOR MODERN CONTRACEPTION, AND DEMAND SATISFIED BY A MODERN METHOD

Data on modern contraceptive prevalence rate among married women, unmet need for modern contraception, and demand satisfied by a modern contraceptive method were obtained from the [2020 Family Planning 2020 Progress Report, Full Estimate Table.](#)

The indicators are defined as follows: The modern contraceptive prevalence among married women is the percentage of married women (or women in union) who were using (or whose partners were using) a modern contraceptive method. The unmet need for modern contraception was estimated as the percentage of fecund women of reproductive age who wanted no more children or wanted to postpone having the next child but who (and their partners) were not using a modern method. Women who were using a traditional method were assumed to have an unmet need for modern contraception. The demand satisfied by a modern method was estimated as the percentage of women who desired either to have no additional children or postpone the next child and who (or their partners) were using a modern contraceptive method. Demand satisfied of 75 percent and above is considered good.

## ENDNOTES

1. Estimating the Potential Impact of COVID-19 on Mothers and Newborns in Low- and Middle-Income Countries, Health Policy Plus, 2020.
2. Basic Immunization Coverage. WHO/UNICEF Immunization Coverage Estimates, 2020.
3. Estimating National and Area-Specific COVID-19 Effects on Health Service Use in the Democratic Republic of the Congo (July 2021). Data for Impact.
4. Estimating the Effects of COVID-19 on Health Service Utilization in Uganda (August 2021). Data for Impact.
5. Estimating the effect of COVID-19 on total utilization of health services in Bangladesh (February 2021). Data for Impact.
6. Stillbirth and Child Mortality Estimates, United Nations Inter-Agency Group for Child Mortality Estimation, 2020
7. Maternal Mortality Ratio, United Nations Maternal Mortality Estimation Group, 2020
8. Joint Child Malnutrition Estimates, UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Group, 2021
9. Data Availability for UHC Index of Service Coverage, WHO Global Health Observatory, 2021
10. UHC SCI Components: Reproductive, Maternal, Newborn, and Child Health, WHO Global Health Observatory, 2021
11. FP2020 Progress Report: Core Indicator Estimates, Family Planning 2020, 2020

## PHOTO CREDITS

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