

innovating to save lives



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2013 ANNUAL REPORT





photo by: Karen Kasmauski/MCHIP

Dear Friends and Supporters,

2013 was a year of celebration and reflection for Jhpiego, round-the-world commemorations that marked our 40 years of innovating to save the lives of women and their families. From the slums of Nairobi to the villages of Indonesia, Jhpiego has introduced low-cost, lifesaving interventions and programs that have changed the face of health care throughout the developing world. Embraced by health care workers and governments alike, these proven approaches have transformed health care delivery in mountain clinics, big city hospitals and national health systems.



Jhpiego celebrated the occasion of our 40th anniversary with receptions to thank our partners and colleagues who have put into practice the organization's lifesaving interventions. There were the traditional toasts and festive salutes but, more important to our mission, we marked the occasion by giving back to the people we serve. We planted trees on a hillside in Tanzania. In Liberia, our staff organized a march to "stomp out" maternal deaths. We celebrated with mothers in a rural outpost in Kenya, and in Guinea, our colleagues hosted a marketplace of family planning services and innovations. In India, a trio of events brought together experts on reproductive health issues, and our Nigerian colleagues focused on community-based interventions to prevent malaria.

But every occasion to reminisce also marked a chance to share the opportunities ahead: the latest innovation in cervical cancer prevention, a new partner in expanding postpartum family planning, the most recent collaboration to transfer Jhpiego's technical expertise into practice.

2013 also was a year of firsts for Jhpiego: exciting programs are under way in South Sudan, the world's newest country; Yemen, a country steeped in tradition and history; and Myanmar, a society closed for decades. We launched infant circumcision initiatives in Tanzania and Lesotho and participated in introductory studies in Botswana and Mozambique on a new device for voluntary medical male circumcision. In Pakistan, we debuted the Mama-U, an innovative training tool for postpartum IUD insertion, and in Burkina Faso we won a \$15 million award to improve the prevention, diagnosis and treatment of malaria and to reduce by 50 percent, over five years, the malaria-related deaths of mothers and newborns.

And there were milestones too: Jhpiego's facilitation of nearly 1 million voluntary medical male circumcisions occurred across 11 African countries; a mobile technology platform to bring key health messages to mothers was rolled out in Indonesia with support from the GE Foundation; and 15 countries adopted Jhpiego's innovative program to prevent postpartum hemorrhage through self-administration of a lifesaving drug, misoprostol.

On behalf of Jhpiego and the vulnerable women and families we serve, I would like to express our sincere appreciation to all of our partners, donors, colleagues and friends who made 2013—and the past 40 years—such a resounding success. Countless lives have been saved as a result of your support, and for that we are exceedingly grateful. We look forward to working with you to expand our reach and save the lives of even more women and families in the years to come.

Leslie Mancuso, PhD, RN, FAAN
President and Chief Executive Officer



photo by: Kate Holt/jhpiego

Maternal and Newborn Health

The global health community’s concerted efforts over the past two decades to reduce maternal and newborn deaths have had tremendous success in keeping women alive and healthy to care for their families. Maternal deaths have fallen by nearly 50 percent from the 523,000 reported in 1990; 11 countries, from Bhutan and Equatorial Guinea to Nepal and Rwanda, have already reached the Millennium Development Goal of reducing maternal deaths by 75 percent by 2015. Newborn deaths also have dropped, although at a slower pace. Deaths of newborns fell from 4.6 million in 1990 to 2.9 million in 2012, with countries such as Rwanda and Botswana showing significant progress.

Increasing the number and skills of nurses, midwives and other health care providers who attend births has contributed greatly to preventing women from dying from pregnancy- and childbirth-related complications and saving newborn lives. Strengthening health systems also has made a difference in ensuring that women and babies receive quality care and services, as recent reports from the United Nations and the World Health Organization (WHO) have shown.

And yet, women continue to die needlessly—nearly 290,000 women in 2013 from pregnancy- and childbirth-related causes, many of them preventable. According to a WHO analysis of global causes of maternal deaths published in *The Lancet Global Health*, diabetes, HIV, malaria and other pre-existing health conditions that are exacerbated by pregnancy resulted in one in four maternal deaths (<http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2814%2970227-X/abstract>). This is on par with maternal deaths attributed to severe bleeding after birth, or postpartum hemorrhage (PPH). Globally, more than a third of newborn deaths result from premature birth complications, the majority of which are preventable.

Identifying and addressing these health conditions, increasing access to quality health services for pregnant women and getting care closer to where women live are among the hallmarks of our programs in maternal health. Jhpiego is working to reduce maternal and newborn deaths in 30 and 19 countries, respectively. Here are but a few examples of our successes:

The bed takes up most of the room in Martha Martin Mudari’s mud-and-stick lathed hut in the small village of Lanyi in South Sudan. A clean, plaid tablecloth covers the mattress where 24-year-old Martha sits, cradling baby Sarah. The family’s tin pots are neatly stacked on a worn, wooden table and 3-year-old Helen waits patiently as her mother finishes speaking.

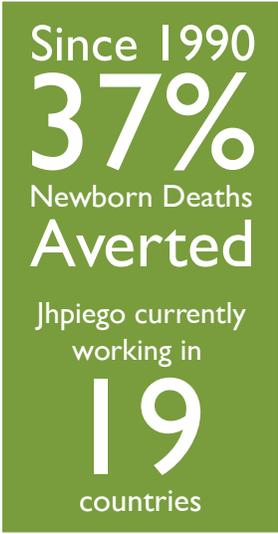




photo by: Kate Holt/Jhpiego

Martha Mudari holds her two-month-old baby, at her home in Lanyi, in Mundri East County, South Sudan.

“The pain started at night but I didn’t tell anybody,” the mother says, recalling the June evening her baby was born.

Within an hour after giving birth, Martha began hemorrhaging, a leading cause of maternal deaths in the developing world. A community health worker (CHW) appeared at Martha’s home that night and moved swiftly. Thanks to an innovative strategy championed by Jhpiego to prevent childbirth-related deaths, the CHW knew exactly what to do: she checked to make sure a second baby wasn’t on the way, then she reached for a packet of three white pills, the drug misoprostol, and gave them to Martha, who took them. The bleeding slowly stopped and Martha soon began breastfeeding her newborn daughter.

Through Jhpiego’s leadership of the multi-partner Integrated Service Delivery Project in South Sudan, nearly 1,400 women were provided with the means to prevent PPH. In 2013, Jhpiego’s presence in South Sudan stands out for its tenacious, ambitious work to ensure that South Sudanese receive an integrated package of primary health services in a country whose health system had been decimated by a 20-year civil war. Among the low-cost strategies employed was the community distribution of misoprostol.

This approach uses volunteer community health workers to educate pregnant women about safe birthing practices, link them to health facilities to give birth with a skilled health care provider and instruct them in the self-administration of misoprostol to prevent PPH. Through this project, South Sudan joined 14 countries that are using this strategy to reduce maternal and newborn deaths.

In 2013, Jhpiego also marshalled support to the government of India to develop a policy and guidelines to permit advance distribution of misoprostol to prevent PPH, a policy with the potential to impact the 30 percent of Indian women who do not access health facilities to give birth. Through its leadership of the U.S. Agency for International Development’s flagship Maternal and

Child Health Integrated Program (MCHIP), Jhpiego and its India team advocated at the highest level for a national policy, recognizing the potential impact a national policy on misoprostol distribution could have on saving lives of women in vast regions of the country who cannot reach a health facility and give birth at home. Throughout a year-long process, the MCHIP team played a pivotal role in drafting the guidelines and resource material for this national initiative.

MCHIP also worked to organize a regional training in Delhi on implementation of programs to reduce postpartum hemorrhage using misoprostol. Seventy-two participants from a dozen countries and 10 states in India attended this training, which provided the necessary tools for working with community agents and clinicians at health facilities to implement this policy.

Jhpiego advanced maternal health in 2013 with its study on the impact of calcium supplementation to prevent pre-eclampsia/eclampsia (PE/E) in pregnant women in Nepal. PE/E is the leading cause of maternal deaths in Nepal, surpassing postpartum hemorrhage. This project represents Jhpiego’s ongoing efforts in Nepal to find low-cost solutions to the preventable causes of maternal deaths. Jhpiego’s early work in the self-administration of misoprostol took

place in Nepal and helped drive down deaths from postpartum hemorrhage in the country.

Developing a strategy to save women's lives through self-administration of a lifesaving drug depends on the availability of that drug. Jhpiego, with support from UNICEF, has embarked on a campaign to increase access to and availability of three lifesaving commodities—magnesium sulfate ($MgSO_4$), oxytocin and misoprostol. These drugs are essential to women most at risk of morbidity and mortality from pre-eclampsia/eclampsia and postpartum hemorrhage, globally.

Helping Mothers Survive is Jhpiego's dynamic approach to keeping mothers and newborns alive on the day of birth. This innovative initiative to address complications at birth received significant support from partner Laerdal Global Health to advance and scale up this skills-building program and reach 1 million frontline health workers across the developing world.

Respectful maternity care continued to be a priority for Jhpiego in countries such as Ethiopia, Mozambique and Zambia, where this woman-centered approach to health care delivery led to more women coming to a health facility to give birth. The Morsito Health Center outside Hosanna, Ethiopia, is one example. There, health care providers are talking to pregnant women in a more respectful way, recognizing their rights to be fully informed about the birthing process and to give birth with a spouse or family member in the room, and in a position of their choice.

“Now when a mother comes for prenatal checkups, she'll see the entire process with her own eyes. I show

her the delivery room so she can imagine exactly where she will be the day she gives birth,” says Yeshiharag Agafari, the center's midwife. “We discuss all this in the prenatal room, which allows us to guarantee privacy and confidentiality.”

As a way of honoring a woman's beliefs and culture, the Morsito facility also provided space for the construction of a traditional coffee hut, where family members can wait for news on the birth of a child or grandchild in the Ethiopian tradition. As part of MCHIP's work in Ethiopia, health care providers across the country received guides and job aids on instituting respectful maternity care.

2013 also presented an opportunity for Jhpiego to integrate respectful maternity care into global health practice in pre-service education programs from Liberia to Yemen.

Through its leadership of MCHIP, Jhpiego also promoted the use of antenatal corticosteroids to prevent deaths of premature infants from respiratory problems. Complications of premature birth result in more than 1 million newborn deaths each year. Antenatal corticosteroids are a low-cost, effective intervention for improving survival of premature babies. This medication is given to mothers who have an increased chance of giving birth to a baby prematurely. The medication helps accelerate fetal development of the lungs, and babies with more mature lungs at birth are less likely to suffer from a condition known as respiratory distress syndrome, which can result in life-threatening complications.





photo by: Karen Kasmauski/MCHIP

Cervical Cancer Prevention and Treatment

Today, cervical cancer is the second most common cancer among women in the developing world, and is the primary cancer killer among women in most developing countries. Although cervical cancer is a highly preventable disease, global attention and funding for cervical cancer prevention are minimal, leading to 270,000 deaths and 490,000 new cases annually, the majority (87 percent) in low- and middle-income countries.

By 2030, cervical cancer is expected to kill over 474,000 women per year—and over 95 percent of these deaths are expected to be in low- and middle-income countries. In sub-Saharan Africa alone, cervical cancer rates are expected to double. Almost a third of all women diagnosed with cervical cancer will die within five years of their diagnosis. Those grim statistics underscore the dire need for comprehensive cervical cancer prevention and treatment services. Jhpiego's push to reach women in need with a low-cost effective approach is preventing women from dying from this disease.

Jhpiego has championed its single visit approach in more than a dozen countries, from Thailand to Zambia. In 2013, programs supported by Jhpiego in Tanzania, Côte d'Ivoire, Kenya, Burkina Faso and Mozambique screened 174,898 women for cervical cancer for the first time. Of those, 4,720 tested positive for precancerous cells and were treated the same day with cryotherapy. Highlights from two programs are shared here:

In Tanzania, our integrated approach to linking HIV-positive women to cervical cancer screening recorded impressive results. These women are at greater risk of developing cervical cancer because they have higher prevalence of human papillomavirus (HPV) infection and, as a result, according to various reports, can be from two to 12 times more likely to develop precancerous lesions than women whose immune systems are not compromised. Cervical cancer is the most common type of cancer in women in the East African country, which underscores the need to take every opportunity to reach women with prevention screening and services. Through the USAID-funded Mothers and Infants, Safe, Healthy, and Alive (MAISHA) Program and in partnership with the Ministry of Health and Social Welfare, Jhpiego supported cervical cancer prevention and treatment services at 21 health facilities in four regions of Tanzania.

In 2013, 16,649 Tanzanian women received their first ever screening for cervical cancer. Of those women screened, 8 percent (1,256) were found



to have precancerous lesions that were eligible for treatment with cryotherapy. Of those women diagnosed with precancerous lesions, 95 percent (1,194) received cryotherapy the same day. Nine percent (131) of the women diagnosed with precancerous lesions had lesions too large for cryotherapy. They required more extensive treatment and were referred for advanced care.

Cryotherapy continues as the leading treatment option in low-resource settings—when available. Equipment, often outdated, breaks down. Replenishing bulky CO₂ canisters can be problematic and costly. But

Jhpiego's Innovations team is working to resolve that. CryoPop—a compact, more efficient and low-cost cryotherapy device—has been among Jhpiego's most promising innovations. Recognizing CryoPop's potential to expand this vital treatment to more women and at the least expense, the GE Foundation has awarded \$2.3 million to help bring this device and Jhpiego's electronic version of a labor-charting partograph to the next step in development, an exciting affirmation of Jhpiego's commitment to innovate and save lives.



photo by: Kate Holt/Jhpiego

A New Treatment Option in Côte d'Ivoire

Mariam Cissé was stunned at the news: a precancerous lesion had formed on her cervix. The 41-year-old, HIV-positive mother of three from Abidjan had been screened just a year earlier. To make matters worse, Mariam faced limited treatment options. The lesion that had developed was too large to be treated with cryotherapy, as is customary when precancerous cells are discovered through a Jhpiego-



pioneered screening technique called visual inspection with acetic acid, or VIA. Women who are HIV-positive are at greater risk for more aggressive precancer. Mariam didn't know what she would do.

But then she received a phone call. Emilienne Nouho, a midwife at the University Hospital Centre in Treichville, explained to Mariam in a follow-up call that an outpatient treatment for cervical lesions that are too large for cryotherapy, called loop electrosurgical excision procedure, or LEEP, was available and free of charge at the hospital. Midwife Nouho, who has received training in cervical cancer prevention and treatment from Jhpiego, coordinates follow-up care for patients like Mariam. With funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Jhpiego has been working with the National HIV/AIDS Care and Treatment Program to make cervical cancer prevention and treatment with VIA, cryotherapy and LEEP a reality in Côte d'Ivoire.

At the encouragement of Midwife Nouho, Mariam attended a counseling session to learn more about her options and LEEP. She then decided to undergo the LEEP procedure and was treated at University Hospital by a physician who had been trained in LEEP by Jhpiego. "I am a living testimony to the success of this approach. . .," Mariam says, the relief visible on her face. "LEEP is a good opportunity for the country. If I was healed, other women could have the same chance."



photo by: Kate Holt/Jhpiego

Reproductive Health and Family Planning

Throughout the world, more than 220 million women lack access to family planning information and services they say they want and would use to space their pregnancies in a healthy and safe manner. The result of that inequity is that two out of five pregnancies are unintended. Research has shown that if all women had access to contraceptives to plan their pregnancies, one in three maternal deaths and one in four deaths of children under age five would be prevented.

Jhpiego is working in partnership with 21 countries to address the lack of access and meet the contraceptive needs of women and their families. Building on the momentum generated by the 2012 London Summit on Family Planning and the “FP2020 Commitments” made there and in subsequent months, Jhpiego has made tremendous contributions to expanding access to quality family planning on a national level, including:

- Assisting county governments in Kenya to carry out national policy to allow community health workers to deliver injectable contraceptives;
- Sponsoring a delegation of 40 health professionals from 11 countries to the Family Planning Conference in Addis Adaba;
- Participating in the launch of WHO’s publication of the Programming Strategies for Postpartum Family Planning, which was supported by USAID/MCHIP;
- Advising India on its decision to allow nurses to insert IUDs immediately following birth; and
- Supporting the government of Angola’s successful introduction of contraceptive implants.

In all, Jhpiego, alongside a range of partners and donors—including USAID and the Bill & Melinda Gates Foundation—supported more than 23 countries in advancing opportunities for women to receive quality family planning services and choose a contraceptive method that would benefit them and their families.

Through Jhpiego’s technical expertise, the government of Pakistan introduced the postpartum IUD as a family planning choice. In partnership with Laerdal Global Health, Jhpiego debuted the use of an innovative simulator—the Mama-U—to train Pakistani health care providers on safe and effective IUD insertion, and built the capacity of nurses and midwives within just one year. The program saw an increase of 23 percent in uptake of an IUD after the birth of a child, and a jump from 21 percent to 69 percent



over six months in women receiving family planning counseling during the antenatal period.

Since 2009, Jhpiego has assisted in reintroducing or revitalizing the postpartum IUD in 16 countries, with Mali and Yemen expected to launch similar initiatives in the coming year.

Postpartum family programs in Kenya and India showed steady progress. The government of India's program to increase the availability of long-acting contraceptive methods hit a milestone, with more than 265,000 Indian women accepting an IUD as Jhpiego continued to build the capacity of health care providers to offer comprehensive family planning services across the country.



photo by: Karen Kasmauski/MCHIP

In Kenya, Jhpiego's stewardship of the Tupange program resulted in significant gains in urban reproductive health. The ambitious effort focused on three key cities—Nairobi, Mombasa and Kisumu—and its supported sites reported 100,124 new family planning acceptors during 2013. In addition, as a result of Tupange's work, women received family planning while attending other services such as cervical cancer screening or maternal and child health services through the program's integrated approach. In outreach events associated with the integrated approach, 122,135 clients were served and about 25 percent of them—29,443—received family planning services. In the three cities where Tupange works, contraceptive prevalence rates increased: the use of family planning in Kisumu rose from 48 percent to 61 percent; current use of modern family planning in Mombasa increased from 34 to 44 percent; and Nairobi's rose from 48 to 56 percent.

Jhpiego also participated in a new global initiative, called the Implant Access Program. Led by the Bill & Melinda Gates Foundation and partners, the program makes implants more accessible to women in the poorest countries by reducing the price of this contraceptive—by approximately 50 percent over the next six years—to a level that is affordable in

low-resource settings. Other partners in the Implant Access Program are Bayer HealthCare AG, Merck, the Clinton Health Access Initiative, the governments of Norway, the United Kingdom, the U.S. and Sweden, the Children's Investment Fund Foundation and the U.N. Population Fund (UNFPA).

As a key partner in the Implant Access Program, Jhpiego is introducing and strengthening high-quality family planning services by building capacity of health care providers to insert implants and other long-acting and reversible contraceptives. This effort, known as the Accelerating Scale-Up of Implants project, provides an enabling environment for selected countries to scale up implants more widely.

Besides Kenya, Jhpiego is working in Nigeria, Zambia and South Africa to help increase access to implants at a price point that is extremely affordable. Jhpiego also launched the Providing Contraceptive Implants global training package, which offers health workers a consolidated source of essential information on safe use and provision of contraceptive implants. According to the Bill & Melinda Gates Foundation, "When fully implemented, the Implant Access Program will avert more than 28 million unintended pregnancies between 2013 and 2018, and, ultimately,

prevent approximately 280,000 infant and 30,000 maternal deaths. In total, the program will save an estimated US\$250 million in global health costs.”

In Guinea, the family planning focus has been directed at increasing access to long-acting contraceptives after the birth of a child and following complications from an abortion. Through our work under MCHIP, nearly 400 health care providers have been trained in providing postpartum family planning counseling and long-acting contraceptive methods. This capacity building has resulted in a steady increase in the use of long-acting methods, especially in rural areas where Jhpiego/MCHIP is working. Use of an

implant or IUD has risen from 10.5 percent in the first quarter of last year to 15 percent by year’s end.

As part of this important work, MCHIP also supported health care providers in surveying 204 women on their continued use of a long-acting family planning method. The survey found that 93.6 percent still had their postpartum IUD a year after insertion.

In addition, 99 percent of women receiving postabortion care received counseling about family planning and 89 percent of them chose a family planning method.

Counselor Chandra Bisht: The New Face of Family Planning in India

Nineteen-year-old Kavita arrived at the Haldwani Women’s Hospital carrying her nine-month-old in her arms. Worried and fatigued, the young mother was looking for Chandra Bisht, the family planning counselor at the hospital in Uttarakhand State in northern India. Pregnant with her second child, Kavita didn’t know how her family could afford another child with her husband out of work. Chandra offered to discuss with Kavita and her husband the various family planning methods they could adopt to delay another pregnancy. The couple decided to use the postpartum

intrauterine contraceptive device, a safe and long-acting (up to 10 years) family planning method that can be inserted immediately after delivery. A reversible option, the postpartum IUD can be removed when the couple is ready to have another child. This would give Kavita control over her own fertility and time to heal and focus on her family.

Strengthening postpartum family planning services is a major priority for the government of India, and in this program, counselors play an increasingly vital role. Anuradha Gupta, Additional Secretary and Mission Director of the National Rural Health Mission, observed: “Effective counseling is a means which empowers clients to seek what is best for them and to exercise their rights to good quality maternal, newborn, child health and FP [family planning] services.”





HIV/AIDS

Advances in HIV/AIDS prevention, care and treatment in the past decade have resulted in tremendous success in reducing the number of deaths related to this chronic disease. Innovative approaches and programs have given people with HIV access to the medications and health services to survive and live a healthy lifestyle. They also have given those at risk for the disease in sub-Saharan Africa—the center of the pandemic—the means to prevent HIV. And yet, every day 3,000 women and 1,000 children are newly infected with HIV.

In sub-Saharan Africa, 60 percent of people living with the disease are women. Most devastating, the leading cause of death for women of reproductive age worldwide is HIV and AIDS. That's why Jhpiego is strongly committed to preventing and fighting the spread of this disease on several fronts.

As the year closed, Jhpiego's contributions toward preventing HIV/AIDS in a generation of Africans reached another milestone—more than 920,000 voluntary medical male circumcisions (VMMC) performed. With Jhpiego support and technical assistance, health care providers at Jhpiego-supported sites in 11 countries—Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Tanzania, Swaziland, South Africa and Zambia—were expected to surpass 1 million VMMCs in early 2014.

The procedure, a key component of a strategic prevention strategy under way in sub-Saharan Africa, is offered as part of a comprehensive package of services that includes HIV testing, counseling and linkage to care if positive, condom provision and promotion, screening for STIs and referrals for other health issues, and treatment. Jhpiego has been supported by funding from the President's Emergency Plan for AIDS Relief from three key donors—USAID, the Centers for Disease Control and Prevention (CDC) and U.S. Department of Defense—as part of an effort to reach men and youth and perform 5 million voluntary circumcisions by the end of 2013. In keeping with Jhpiego's mission of innovating to save lives, the organization continued to recruit and prepare nurses for a greater role in the circumcision process. As part of this task shifting, nurses were trained in minor surgical skills in an ongoing effort to serve a growing number of clients.

Support from parents, partners, spouses, coworkers, tribal chiefs, community leaders and even school teachers helped drive demand for this high-impact intervention in communities where Jhpiego works in collaboration with local health authorities and governments.

1 million
VMMCs Performed

In 7 countries
58,000
Accepted ART



photo by: Karen Kasmauski/MCHIP

In 2013, the U.S. Government proudly announced that its global support had led to 1 million HIV-free babies. Jhpiego is honored to have contributed to that achievement and advanced technical assistance and supported program work in 11 countries that will lead to an AIDS-free generation. In Nigeria, for example, the Ministry of Health with technical assistance from Jhpiego initiated programming in three states—covering 90 health facilities—that integrates HIV testing and counseling with services for the prevention of mother-to-child transmission (PMTCT), and care and treatment for tuberculosis and HIV/AIDS. This integration provides for easier access to potentially lifesaving testing and counseling, treatment and care.

In 2013, nearly 58,000 pregnant, HIV-positive women participating in Jhpiego-supported programs in seven countries received antiretroviral therapy (ART) to prevent their transmitting HIV to their unborn children.

In its ongoing efforts to prevent HIV/AIDS, Jhpiego:

- Supported introduction and scale-up of Option B+ in Malawi, Zambia, Angola, South Sudan, Kenya, Ethiopia, Mozambique and Haiti; Option B+ provides pregnant and breastfeeding women with ART for life—to preserve maternal health and further reduce mother-to-child transmission of HIV by helping ensure that women enter a subsequent pregnancy on treatment;
- Performed early infant male circumcision at four pilot sites in Tanzania, reaching more than 600 babies with this HIV/AIDS prevention procedure and services; and
- Conducted two introductory studies on PrePex™, a device that will provide eligible men with an alternative to conventional VMMC surgery. Studies in Botswana and Mozambique were followed by studies in Lesotho and Tanzania.

VMMC Counselor Champions Access to Treatment

At Mafeteng Hospital in Lesotho, Lebeoana Tsasanyane wants to make sure that men who test positive for HIV receive the care and treatment they need. As one of the first HIV counselors trained in voluntary medical male circumcision (VMMC), a key HIV prevention strategy, Tsasanyane will personally accompany a client who tests positive for HIV to get treatment.

This kind of attention is having an impact in Lesotho, where many fewer men than women seek HIV testing and counseling and only 37 percent of men have ever been tested for HIV. Lesotho has the second-highest HIV prevalence rate in the world—23 percent of adults are living with the virus. Lesotho adopted VMMC as a core prevention strategy and, by providing these services for free, was able to leverage the program to get men tested for HIV and have them seek treatment if needed. Antiretroviral therapy (ART) not only preserves the health of individuals living with HIV, but effective treatment lowers viral load, greatly reducing the chance of transmission to sexual partners.

More than 43,000 men have been circumcised through this MCHIP-funded program since it began in early 2012. During a VMMC clinic, Tsasanyane first explains the procedure and its benefits and invites the men to participate in a demonstration of how to use a condom properly.

As the young men practice on a model, Tsasanyane stresses that VMMC provides only partial HIV protection. He urges those who test positive for HIV to seek treatment at the hospital's facilities and not wait for another day. "I talk to these men, encouraging them to take care of their health and explaining that antiretroviral therapy [ART] treatment can help them live a good life," he says.

Tsasanyane, 55, is the unofficial liaison between VMMC nurses, counselors, hospital lab technicians and ART clinic staff. "When the nurses see an HIV-positive patient, they call me," explains Tsasanyane.





photo by: Karen Kasmauski/MCHIP

Infection Prevention and Control

Among the most elemental, effective measures to prevent illness and death is infection prevention and control (IPC). This is a core technical area for Jhpiego, an intervention introduced in more than 40 countries and one that can have impressive results once it is employed in homes and hospitals.

In India, a program supported by the John D. and Catherine T. MacArthur Foundation to strengthen IPC and maternal and newborn health was introduced in 13 health facilities in Maharashtra. It resulted in improved quality of care and more sanitary environments where pregnant women, recently delivered mothers and newborns could thrive. Overall, improvements and adherence to quality standards rose from a low of 15 percent to a high of 88 percent in individual facilities, though all showed steady and impressive results.

As part of a CDC-funded program in Tanzania and Zanzibar, Jhpiego worked with 29 health facilities to identify areas in need of proper infection prevention and control measures and develop a comprehensive plan to address them. The facilities used a Jhpiego-pioneered approach to engage health care providers in setting IPC standards, designing responses and carrying them out. Last year, those same facilities were shown to have made steady progress in meeting infection prevention standards; eight reached the first level of Recognition, and the 500-bed Singida Regional Hospital was named a Center of Excellence for its work in IPC.

At Singida Hospital, color-coded waste bins are visible throughout the facility. Health care providers are properly attired in masks, gloves and other safety gear. Surgical instruments soak in the correct chlorine solution to disinfect and sterilize them. Loda Mshiu, a scrub nurse at Singida Hospital for three decades, is candid about the impact of Jhpiego's Standards-Based Management and Recognition (SBM-R®) approach in motivating staff to become change agents:

“In the 80s, we were not even wearing gloves while assisting women to deliver. And the instruments, we only soaked them in soapy water ... Now, as you can see, things are very different. There is high morale among workers, and the administration has been very supportive and committed to improving infection prevention at the hospital.”

Dr. Joseph Malunda, Medical Officer In-Charge of Singida Hospital, attributes the progress made by the hospital over the past two years to Jhpiego's expertise, attentiveness and mentoring. “Jhpiego came to Singida, and that was a huge boost to us,” he says.





photo by: David Burrows/Jhpiego

Innovations

Jhpiego's Innovations Program played a supportive role in the scale-up of the Mama-U and MamaNatalie (birthing simulator) implementation efforts, while identifying new collaborative innovation opportunities with partners to strengthen the capacity of the global workforce in managing critical challenges on the day of birth.

The Innovations Program continues to strengthen its role and function in both sourcing and partnering other promising technology, including developing an operations research partnership for Eniware, a company developing a portable sterilizer for global health applications that will potentially reduce surgical site infections.

Through the Day of Birth Alliance—a collaboration with Laerdal Global Health and the Johns Hopkins University Center for Bioengineering Innovation & Design—Jhpiego continues to advance key solutions for fetal heart rate monitoring, newborn monitoring and management of the preterm baby.

In addition, the USAID-funded Accelovate program worked with UNICEF on preserving and expanding access to lifesaving commodities. At least two brands of the uterotonic misoprostol made it through the prequalification system of WHO. India also adopted a strategy for advance distribution of misoprostol by Accredited Social Health Activists (ASHAs) or community health workers to prevent postpartum hemorrhage, ensuring that 30 percent of women who cannot reach a health facility receive this lifesaving drug.

MamaNatalie Used in
50
countries
to train health care providers in
Helping Mothers Survive

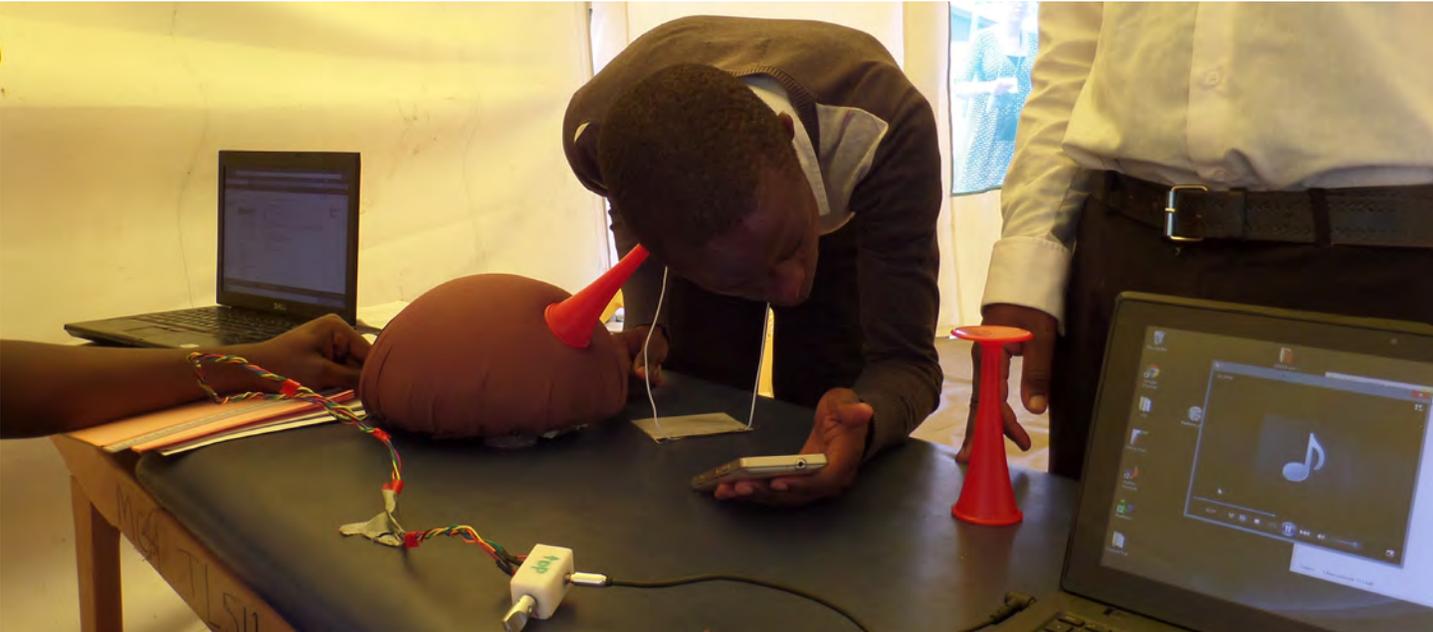




photo by: Karel Prinsloo/Arête Stories/Jhpiego

Malaria

For more than a decade, Jhpiego's work in malaria prevention and treatment has contributed to a steady decline in malaria-related deaths and illnesses in the global community. Through the Roll Back Malaria Partnership and other global efforts, deaths from malaria have declined by 42 percent between 2000 and 2012.

In Africa, where 90 percent of all malaria deaths occur, they dropped by 49 percent. And yet half of the world's population—an estimated 3.4 billion people—remain at risk for this disease. An estimated 1,300 children die every day from malaria. Jhpiego has been working in 13 countries across Africa, and in Myanmar, to help Ministries of Health improve the quality of malaria prevention and treatment services and scale up programs, especially to reach pregnant women and children.

In recognition of Jhpiego's expertise in this area, USAID in 2013 awarded the organization \$15 million to implement an ambitious program in Burkina Faso to significantly reduce malaria deaths there. Malaria is the leading cause of health consultation, hospitalization and death in health facilities in the small West African country. Over 4 million cases of malaria were reported in 2011, and approximately 70 percent of children have been hospitalized for the disease by the time they turn five. As U.S. Ambassador Tulinabo Mushingi commented on the announcement of the new initiative, "Investing in the fight against malaria will have an important benefit for child survival."

The goal of the "Improving Malaria Care" project is to assist the Burkina government in achieving the President's Malaria Initiative target of reducing malaria-associated morbidity and mortality by 50 percent over five years, especially among pregnant women and children under five. It is anticipated that the project will avert 3,743 malaria deaths and reduce uncomplicated malaria cases by 2.6 million. The project will focus on improving the quality of prevention, diagnosis and treatment services in 100 percent of public health facilities and strengthening the capacity of health care managers, providers and community health workers.

In other new malaria prevention work, Jhpiego's efforts to reduce deaths in Chad received a boost from Ronald McDonald House Charities®. Malaria is the leading cause of illness and death in Chad, where an estimated 650,000 cases of malaria occur annually. To reduce those numbers, Jhpiego is collaborating with communities to

In 7 countries
303,111
IPTp2 Doses Given
to Women



U.S. Ambassador Tulinabo Mushingi at the launch of the event in Burkina Faso.

select 100 volunteer health workers who will be trained to provide key malaria messages to residents and improve linkages between families and health centers. This work will complement ongoing malaria prevention efforts in Chad that are supported by

ExxonMobil. To promote sustainability, Jhpiego will also train regional champions, who will then share their knowledge and skills with additional teams of community health workers.

Always on Duty in the Fight against Malaria

Francisca Aluoch was worried. Catherine, a pregnant client at the Got Matar health clinic in Bondo, Kenya, had failed to show up for her antenatal visit the day before. Francisca, a community health worker with USAID's Maternal and Child Health Integrated Program (MCHIP), was on the phone, trying to reach the mother. The hour-long walk had likely kept Catherine from the appointment. Francisca was determined to check on Catherine and ensure she received the antimalarial drugs needed to protect her and her unborn child from the killer disease.



So determined that Francisca persuaded a visitor to drive her to Catherine's village.

Within a half hour, the community health worker was back at the Got Matar clinic with Catherine Akinyi in tow. Catherine confirmed to the nurse on duty that she was too tired to walk to the clinic. She is pregnant with her fourth child and this is the only pregnancy for which she has received antenatal care. Catherine had previously lost two pregnancies to malaria: "With my second miscarriage, I bled so much that they had to hospitalize me for a week. That is why I decided to come for [the] antenatal clinic with this pregnancy."

During these visits, pregnant mothers receive intermittent preventive treatment to combat the possibility of malaria. The mothers are also given a mosquito net before and after delivery and receive health talks on malaria prevention and control for themselves and their families. "My greatest joy is when I see a mother whom I have been monitoring throughout pregnancy safely deliver a healthy baby," says Francisca, who lost a two-month-old son to malaria. "That is what keeps me going."

Between the strategic care provided during antenatal clinic visits, the antimalarial tools needed to stay healthy and the watchful eye of Francisca, Catherine is in good hands.



MCHIP CONTRIBUTIONS YEARS 1-6

to Global Gains in Maternal, Newborn and Child Health

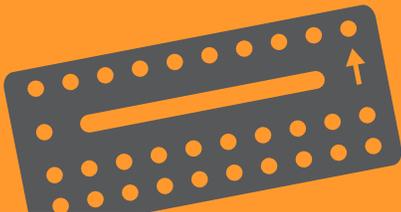
FAMILY PLANNING

30% of maternal deaths could be prevented simply by fulfilling the unmet need for family planning.

13 COUNTRIES introduced postpartum intrauterine devices with MCHIP assistance.

Nearly **4 MILLION** women were counseled on family planning as part of integrated essential care services at MCHIP-supported facilities over the last 5 years.

2.4 MILLION couple years of protection to avert pregnancy were supported by MCHIP family planning services.



MATERNAL HEALTH

The major causes of maternal deaths are postpartum hemorrhage (PPH) and pre-eclampsia/eclampsia (PE/E), which together account for more than 40% of maternal mortality.

15 COUNTRIES introduced PE/E prevention and treatment.

Nearly **1.8 MILLION DELIVERIES** were attended by a skilled attendant in MCHIP programs.

Over **1 MILLION** women were provided active management of the third stage of labor.

19 COUNTRIES improved skilled attendance at birth.

30 COUNTRIES expanded PPH prevention programs.



Sustaining these achievements requires improved national policies, training and contributions to global learning:

- Across MCHIP countries, USG-supported training programs graduated nearly 308,000* participants.
- Over the life of the project, 182 national policies were drafted with USG support.

*Actual total for life of project is 307,759 total training participants.

Globally, maternal and child deaths are significantly decreasing. MCHIP activities contribute to these global reductions in maternal and child deaths, and improve the health of women (from planning a family through pregnancy and delivery) and their children (from infancy through childhood). At the household, community and hospital levels, MCHIP implements and works to scale up high-impact interventions.



MCHIP is working in more than 50 countries worldwide.

MCHIP.NET

NEWBORN HEALTH

Simple interventions can prevent newborn deaths. MCHIP supported...

13 COUNTRIES expanded postnatal care and essential newborn care.

24 COUNTRIES expanded Kangaroo Mother Care.

Helping Babies Breathe resuscitation programs in **25 COUNTRIES**.

Antibiotic treatment for over **309,000 NEWBORNS**



CHILD HEALTH

Immunization is estimated to prevent the deaths of 2 to 3 million children each year. But another 1.5 million children still die from diseases that could be prevented by vaccination.

MCHIP has provided technical support to strengthen routine immunization programs in **14 COUNTRIES**.

MCHIP has provided technical support to introduce new and underutilized vaccines (Penta, PCV and Rota) in **11 COUNTRIES**.

Over the life of MCHIP, nearly...



89 MILLION children received DTP3 (from MCHIP-supported immunization programs).

Child pneumonia remains the leading cause of death among children under 5, accounting for 1 in 5 child deaths globally.

6 COUNTRIES expanded implementation of oral rehydration therapy and zinc for treatment of diarrhea.

Through MCHIP-supported programs, over

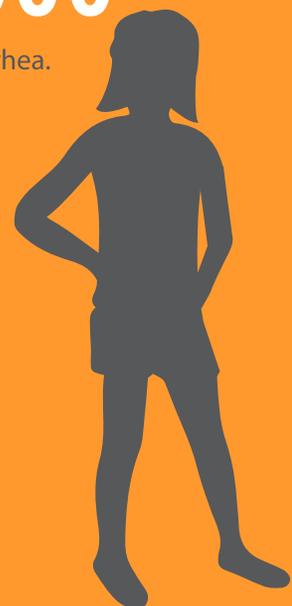
223,000

cases of child pneumonia were treated with antibiotics.

MCHIP supported the treatment of over

837,000

cases of child diarrhea.



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