

**What I like
about Jhpiego
is that they
meet you
where you are
and bring you
to where you
should be.**

Christine Elder, former United States ambassador to
Liberia

cover: Frank Kimaro/Jhpiego



Karen Kasmauski/Jhpiego

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Partnering with Countries to Reach Self-Reliance

The journey to self-reliance begins with a country's commitment to provide high-quality, equitable and respectful health care to women and their families. Throughout our work in more than 155 countries, Jhpiego has stood alongside and partnered with governments to initiate and adopt policies, implement systems, and build a confident and skilled workforce to deliver services that save lives, improve health and transform futures. We have shared knowledge, expertise and innovative practices to ensure that countries from Afghanistan to Zambia can improve the health of the most vulnerable families and strengthen communities in prosperous times as well as when disaster hits. Our focus has been on forging sustainable health systems through which countries care for themselves—from home to health facility.

Jhpiego's dedication to strengthening health services and systems stems from our core belief that where an individual lives should not determine if they live. Our work finds its heart in communities, from the urban centers of Kenya and India to displaced persons camps in South Sudan to remote villages in Myanmar. Our partnerships span educational institutions, community organizations, professional associations, private businesses and policymaking bodies—all with the goal of helping countries deliver on individual promises of a better tomorrow for their citizens, because good health is the foundation of a prosperous and secure future.

Jhpiego's team of health professionals—including more than 1,000 nurses and midwives—is driven by a passion to engage women, men and families in setting their own health agenda, strengthening the delivery of primary health care and fostering a spirit of self-reliance individually and collectively. Over our 5-year leadership

of the US Agency for International Development's flagship global Maternal and Child Survival Program, Jhpiego and partners stewarded countries on their respective paths to self-reliance, hitting milestones along the way. 2019 was no exception, as expectations were met and some exceeded.

Accountability. Investment of local finances. Engagement with the private sector. Development of the health workforce. Jhpiego works with country partners to achieve gains in each of these areas. Our investment in building high-quality primary health care services through our support of nurses and midwives reflects our commitment to self-reliance. These intrepid frontline health workers are the gatekeepers to good health and self-sufficiency because they do it all—educate, heal, innovate, lead.

When countries invest in nurses and midwives—as Ethiopia, Liberia, Tanzania and other governments have done—change happens at their direction and through the communities they serve. They are mapping their own development journey, and we celebrate their achievements every step of the way. As every community is touched by the COVID-19 pandemic, it has never been clearer why investments in nurses now, not after a crisis happens, are critical to saving lives and livelihoods. Before, during and after emergencies, they are the backbone of our shared goals for universal health coverage and the foundation of our efforts to extend primary health care services to all.



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

Allan Gichigi/MCSP

Our Impact

Saving lives. Improving health. Transforming futures.

Data below reflect 5 years, 2015–2019



Maternal and Newborn Health

15,867,623

women gave birth in a health facility where Jhpiego has trained providers.

177,335

babies not breathing/ crying at birth were successfully resuscitated at a health facility.



Family Planning Services

2,346,930

women voluntarily initiated postpartum family planning.



Adolescent Health

3,404,061

adolescents were tested for HIV.

51,139

adolescents are currently on antiretrovirals.

13,339

adolescents were newly enrolled on antiretrovirals.



Cervical Cancer Prevention and Treatment

314,476

women were screened for cervical cancer.

11,792

received treatment for suspect lesions on the same day.



HIV

10,824,110

people were tested for HIV and received their results.

3,166,377

men voluntarily chose medical male circumcision to help prevent HIV.

120,514

individuals were newly enrolled on antiretroviral therapy.

63,239

individuals started on oral prophylaxis to prevent HIV (2017–2019).



Malaria

78,189,247 **19,428,473**

people were provided with prompt malaria confirmatory testing and appropriate treatment.

individuals received medicine to prevent malaria.

7,157,434

pregnant women received two doses of intermittent preventive treatment.

7,498,334

pregnant women received insecticide-treated bed nets.



Health Workforce

107,681

individuals graduated from Jhpiego-supported health institutions and colleges.



Safe Surgery

58,899

major surgeries were performed in four countries where Jhpiego led this initiative.

Of those,

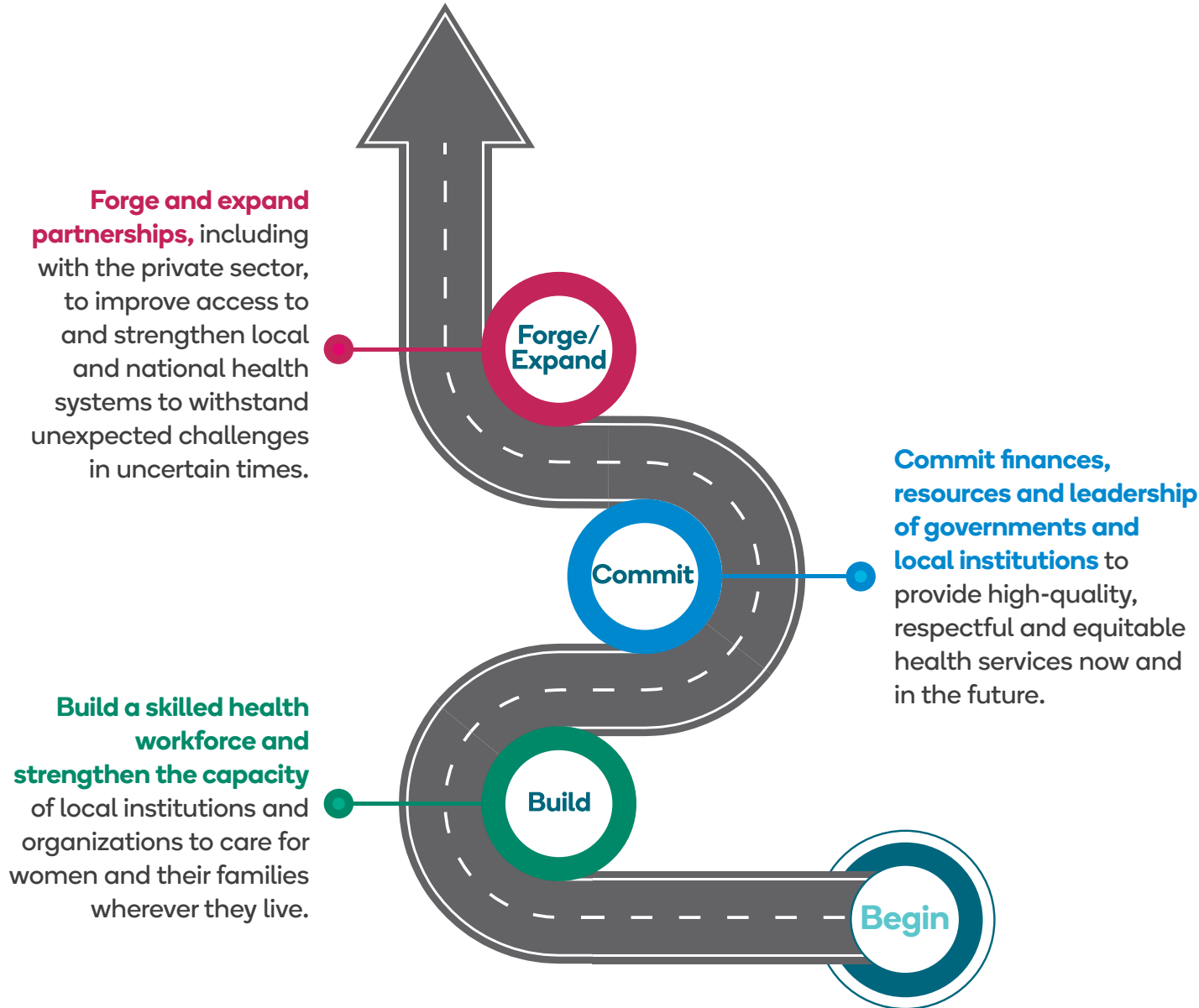
32,596

were cesarean sections.*

* Consistent with medically necessary standards

Self-Reliance: What It Takes

Through Jhpiego's support and partnership, governments and ministries of health (MOHs) across Africa and Asia are advancing in significant and measurable ways on their journey to self-reliance with evidence-based interventions and sustainable programs. Key principles of self-reliance include:



Country Highlights



Karen Kasmauski/MCSP

Tanzania

- The Government of Tanzania created one of the most advanced health information exchanges in sub-Saharan Africa, automating and exchanging tens of thousands of health records every month. Supported by Jhpiego, the **Tanzania Health Information Mediator** allows managers to understand their data to better inform decision-making at all levels of the health system. The success and sustainability of the country's national health information system can be attributed to strong government leadership and contributions of a multipartner working group of technical leaders.
- Through the US Agency for International Development (USAID)-funded Boresha Afya program, Jhpiego guided improvements and strengthened approaches for sustainable health systems in the Lake and Western zone areas. The program focused on building leadership, governance and accountability among reproductive and child health management teams in one-third of 26 regions in Tanzania. The goal: **integrated, high-quality health services**. Through our partnership with the Ministry of Health, Community Development, Gender, Elderly and Children, about two dozen new and revised guidelines and protocols were put in place on newborn care, child health, equity for adolescents, gender norms and malaria case management, fundamentally improving the system.
- The above improvements led to **increased coverage of services and use of health facilities**, and fewer pregnancy- and childbirth-related deaths of women. For example, the number of women giving birth in a health facility increased from 197,428 in 2016 to 274,118 in 2019 in three regions, resulting in 9% fewer maternal deaths during this period.
- The quality of surgical care in two of the Lake Zone's regions improved significantly following Jhpiego's support of a locally led, comprehensive approach to prevent infections, strengthen clinical skills, build leadership and mentor providers. Implemented in 40 health facilities in Mara and Kagera regions, the **safe surgery approach** led to fewer surgical-related deaths and increased patient safety, including that of women having cesarean sections. Surgical complications dropped by 40%, surgical-related deaths decreased by 38% and use of the safe surgery checklist increased by 92%.
- The HIV prevention and treatment program led by AIDSFree successfully transitioned to provide services within Tanzania's health care system. Jhpiego, partners and local stakeholders **integrated a comprehensive package of services**, including voluntary medical male circumcision (VMMC) to prevent HIV transmission, **into primary health care delivery** as part of a sustainable development plan. So far, 73% of AIDSFree-supported facilities have integrated VMMC into regular clinic services, 100% of VMMC providers at project-supported facilities are now government employees and 19% of all VMMCs supported by AIDSFree Tanzania in 2019 occurred at facilities as part of routine services, compared with only 5% in 2017.

Leah Joseph's harrowing experience after delivering twins left her and her husband, Gideon, thankful that providers had the skills necessary to save her life.

Photo: Frank Kimaro/Jhpiego



A Lifesaving Recipe Mix competent health care providers with supportive husband and add leadership.

Everything seemed to have gone well when Leah Joseph gave birth to healthy twins in Geita region, in northern Tanzania—until she began to bleed excessively. Midwives assisting Leah noticed a uterine tear that happened during delivery. After unsuccessfully trying to stop the bleeding, they called for an ambulance to transfer her to a regional referral hospital, 100 km away. Leah needed an emergency blood transfusion, which was not available at the local health center.

Excessive bleeding after childbirth, also known as postpartum hemorrhage, is the most common reason mothers die during childbirth in Tanzania. The risk of maternal death is high in rural areas where comprehensive emergency obstetric and newborn care care (CEmONC) is lacking and safe blood transfusions and cesarean sections are not readily available nearby. Even in health facilities designated to offer CEmONC, health care providers often lack the confidence to manage emergencies and complicated referrals.

USAID's Boresha Afya project partnered with the President's Office–Regional Administration and Local Government and the country's MOH to empower health care providers with skills to competently manage pregnancy-related complications. The project's focus on health care providers improved the quality of the region's health system, strengthened referral networks and built resilience, ensuring lifesaving services now and in the future. Health care providers in this previously poor-performing region now lead their peers in routine administration of oxytocin immediately after delivery, a standard lifesaving practice to prevent excessive bleeding. And thanks to the focus on stronger, resilient health systems, doctors and midwives were able to save Leah's life.

Ethiopia

- The Government of Ethiopia established and funded a **new human resources (HR) database and management system** to deploy health workers equitably nationwide and manage the professional development of nurses, midwives, doctors and anesthetists to ensure quality of care and practice. Through our 7-year partnership with the Federal MOH to build a 21st-century HR management system, the total public health workforce more than doubled, from 114,362 in 2012 to 267,161 in 2019.
- The Government of Ethiopia **improved quality of education and training of health workers** by strengthening the capacity of higher-education institutions, developing stronger accreditation systems, establishing a national licensing examination and standardizing in-service training systems.
- The Federal MOH, with Jhpiego's support, **updated and strengthened the skills of 10,000 health workers** to deliver high-quality, lifesaving care, from pregnancy through birth and the postpartum period, to reduce newborn death. Through this national initiative, the health workers reached an estimated 1.2 million women and their newborns living in 20% of the country's rural areas. To sustain these efforts, interventions and strategies for newborn survival were shared with key representatives across the health system and the public and private sectors—from the capital to individual communities.

A novel learning approach is helping students become competent midwives, like Betelhem Wubet (right). She is part of a new generation of health workers educated with support from the Strengthening Human Resources for Health project.

Photo: Fantu Abebe Eyowas/Jhpiego



Ethiopian Midwives Learn Respectful, Competent Care

Awokech Wassie, 27, had been in labor for 4 hours when she arrived at Debre Tabor Hospital in northern Ethiopia. After confirming her vital signs and checking on the baby's position, heart rate and uterine contraction, midwife Betelhem Wubet prepared for the labor ahead. When Awokech started pushing, Betelhem and her team expertly guided the young mom through a safe birthing experience and the arrival of a healthy baby girl. As Betelhem often tells her students, birth is a natural process, but midwives must be prepared and ready to manage any unforeseen complications.

Betelhem is one of a new breed of health care providers trained through the Government of Ethiopia's efforts to close the HR gap that has undermined access to high-quality health services. Working with USAID through the Strengthening Human Resources for Health (HRH) project, the Ethiopian Government addressed the number and quality of midwives, health extension workers and other essential providers to make high-quality services available in areas with the greatest unmet needs.

Betelhem and 47 others were the first student participants to graduate from Debre Tabor University. They joined 37,040 new health workers supported by the HRH project who are now integrated into the Ethiopian health workforce. This learning approach has helped midwives like Betelhem acquire critical midwifery skills and be competent and confident in providing lifesaving care. The combined improvements in HR management and health workers' production contributed to an increase in Ethiopia's workforce density by 85%, from 1.36 per 1,000 population in 2012 to 2.52 in 2018.

The newly established Health and Wellness Center at Palwa is just a few kilometers away from Baisakhi and Samaru's home.

Photo: Anam Khan, Jhpiego

India

- A partnership with the Ministry of Health and Social Welfare to support the world's largest primary health care program led to **substantial investments in health and wellness centers** by the national government and 12 Indian states. The Ayushman Bharat initiative, under the Jhpiego-led Maternal and Child Survival Program (MCSP), leveraged \$46.3 million from state governments after an initial USAID investment of \$2.7 million. The funding helped establish 4,743 of these centers to bring vital primary health care services closer to more than 143 million people. In a span of 18 months, MCSP received in-country government funds at a ratio of 1:15, paving the way for building resilient health systems and ensuring sustainability. Jhpiego's comprehensive primary health care work under Ayushman Bharat continues to grow with funding from the Bill & Melinda Gates Foundation in two states and with the support of USAID through the NISHTHA: Transforming Comprehensive Healthcare in India program, operating in a dozen states.
- In India, 34% of institutional births take place at private, poorly regulated health care facilities. This reality highlighted the glaring need to establish sustainable quality improvement and assurance systems to ensure delivery of high-impact, evidence-based services to mothers and newborns at any type of health facility. Jhpiego collaborated with the Federation of Obstetric and Gynaecological Societies of India (FOGSI) to develop a **competency-based quality certification system to leverage lifesaving practices** in more than 2,000 private health care facilities. Supported by Merck for Mothers, 14 quality improvement hubs were established in the states of Maharashtra, Jharkhand and Uttar Pradesh. As a result of this initiative, more than:
 - 1,000 facilities have enrolled in the program known as Manyata.
 - 3,000 facility staff have been trained in implementation of clinical and hospital standards.
 - 600 facilities have received Manyata certification from FOGSI.
- Jhpiego is working closely with PricewaterhouseCoopers to ensure that the Manyata approach is a **self-sustaining and financially viable national mechanism for quality of care in the private sector** that aligns the interests of payers and clients. In addition, Jhpiego helped FOGSI establish a nationwide pool of 200 assessors to support certification and is working to introduce telementoring to help drive down costs.
- Jhpiego has been the lead technical partner in the government's strategic initiative—known as Dakshata—to **strengthen quality of care during and immediately after childbirth**. The program began in 2015, drawing heavily from the Safe Childbirth Checklist program Jhpiego introduced in Rajasthan in 2012. By 2019, 22 Indian states had enrolled in Dakshata. This massive scale-up leveraged \$7.3 million. An independent evaluation of this program showed an 11% reduction in perinatal deaths in facilities at the intervention sites. Jhpiego closely supported the national and state governments in implementing the program in almost 1,200 facilities across more than 120 districts in seven states nationwide. Results from the latest assessments in key states show that facilities have more resources, and labor rooms have been transformed. Analysis of stillbirth data from Rajasthan state, where Jhpiego provided key implementation support, revealed a 24% reduction in stillbirths in the intervention facilities from 2015 to 2019.

All in a Day's Work

Baisakhi Kumar sorts mud and gravel while her husband, Samaru, sculpts earthen pots, vases and lamps. For more than 30 years, the pair has sorted, sculpted and painted—all the while chewing tobacco. The Kumars were toiling and chewing the day away when a community health worker stopped by and invited them to visit the newly established Health and Wellness Center at Palwa, only a few kilometers away.

They visited and met providers, including Babita Kashyap, an auxiliary nurse-midwife, who screened the couple for diabetes, hypertension and oral cancer, and Baisakhi for breast and cervical cancers. Finally, she counseled the couple about quitting tobacco using evidence that chewing was dangerous, making them especially susceptible to oral cancer.

The couple decided to quit.

Convincing a couple old enough to be her parents to drastically and permanently change their lifestyle was no small feat. But Kashyap says she was well prepared to do that, and more, thanks to training in primary health care supported by USAID's flagship MCSP. Led by Jhpiego, MCSP provided technical support to the governments of 12 states to operationalize the health and wellness centers. These centers provide free, comprehensive primary health care to people who have difficulty accessing health services. Services are geared toward preventing and treating noncommunicable diseases. They also include ophthalmic, mental health, oral health, palliative and geriatric care services.



Kenya

- An ambitious advocacy initiative to increase and expand access to family planning for women reached several key achievements. The Government of Kenya **expanded access to care by allowing private pharmacists and pharmaceutical technologists to provide injectable contraceptives**. The Postpartum Family Planning Choices project worked with private, for-profit health facilities to improve business management skills, including financial accountability and marketing strategies, to increase profits and sustainability, with the goal of increasing use of family planning services. These 2019 results built on earlier achievements to create a sustaining environment throughout the country to increase and expand family planning services to meet Kenyan women’s unmet needs for contraceptives.
- Jhpiego’s work through The Challenge Initiative mobilized \$5.4 million in domestic funding from local governments in Kenya, Tanzania and Uganda to support family planning and reproductive health services over the past 3 years. **Peer-to-peer coaching and other capacity-building approaches** led to gains in family planning for youth in public and private health facilities. Data showed increased contraceptive use by the more than 613,000 women and girls reached.
- Through our work in the Jilinde project, the National AIDS and STI Control Program supported and institutionalized **coordination of pre-exposure prophylaxis (PrEP) services nationally**, boosting rollout of this HIV prevention strategy across the country. In addition, advocacy efforts led to 10 Jilinde-supported counties including PrEP in annual work plans in 2019. Through the support of Jhpiego and partners, the government jump-started provision of PrEP in more than 1,800 health facilities nationally. Jilinde also supported 93 facilities in offering PrEP. More than 56,000 clients—the majority most at risk of acquiring HIV—have started taking PrEP throughout Kenya, over half of them because of direct Jilinde support. This work also helped the National AIDS and STI Control Program and the National AIDS Control Council to build frameworks and tools to implement and advance PrEP.

Peninah Nyambura is an HIV testing service counselor.

Photo: Catherine Ndungu/Jhpiego



The Urgency to Test for and Treat HIV

When a young woman arrived at Lari Level 4 Hospital seeking prenatal care, Peninah Nyambura, an HIV testing service counselor, explained why it was important to her and her developing baby that she know her HIV status.

Nyambura then offered a test, to which the young woman consented. When the woman’s test results came back HIV-positive, Nyambura counseled her about starting antiretroviral therapy (ART) and discussed notifying her sexual partners through assisted partner notification services (aPNS).

Nyambura worked with the woman, who voluntarily shared the names of two sexual partners, to contact them. When one tested positive, she worked with him to contact his sexual partners, then continued the contact process, until 98 sexual contacts had been reached. Of those, 80 agreed to be tested. The result—21 were newly identified as HIV-positive and linked with lifesaving treatment.

But not every case goes this smoothly. Stigma and fear are still pervasive, and many people require a lot of time and follow-up before they are ready to get tested. Nyambura sometimes travels to communities to trace partners and offer them testing in their homes when some have misgivings about visiting a health facility.

Funded by the President’s Emergency Plan for AIDS Relief through USAID, the Jhpiego-led Afya Kamilisha project conducts aPNS trainings, similar to one Nyambura had attended. The project works with health care providers, community health volunteers and others to ensure that HIV-positive clients are linked to treatment and care. In Kenya, where about 1.5 million people are living with HIV, only 1,035,615 (69%) have started ART, a critical strategy toward containing the epidemic in Kenya and globally.

Mozambique

- Jhpiego developed an **integrated HR information system to collect, organize and digitize data** on Mozambique's health workforce to ensure equitable deployment of staff, maximize coverage for underserved populations, and monitor and track pre-service and in-service education. Working in close collaboration with the MOH, the government uses this system as its primary source of HRH data.
- Jhpiego, in collaboration with the MOH, created a **telehealth platform known as Telessaúde MZ, an online education and consultation tool**. The platform provides up-to-date information to standardize and make information available for health workers and managers, as well as drive engagement in interactive, dynamic learning opportunities. This initiative allows workers to design an individual learning program and go at their own pace. It also allows central-level decision-makers to track what has been accessed and where so that they can better instruct and orient personnel to train on specific areas based on data trends at the facility level. These systems will help reduce costly in-person conferences, allow for transparency of actual participation and provide health workers with the support necessary to stay up to date.
- With Jhpiego technical and financial support, the MOH offers **teleconsultation services via a telehealth portal**. Since 2018, clinicians working in remote, often under-resourced and understaffed parts of the country can interact with a teleconsultant to discuss their clinical cases and receive clinical decision-making support. The use of teleconsultation resulted in avoiding up to 50% of

patient referrals and instead delivering care on site. Avoiding costly referrals not only benefits the already stretched health system but also reduces financial and emotional burdens on families who have to deal with the absence of a family member and the cost to travel, often long distances, to ensure a loved one receives care.

- In close partnership with the MOH, Jhpiego helped develop and pilot a **provider-driven tool to screen for gender-based violence (GBV)**. Following the results of the pilot, which showed a 633% increase in the number of GBV survivors, Jhpiego supported the ministry in developing a national action plan against GBV in 2019. The pilot showed that health care providers were not aware of the deleterious influence of GBV exposure in the health outcomes of their patients and brought GBV into the spotlight.
- Jhpiego developed an **electronic geographic information system database** with the capacity to identify the geographical location of patients with HIV infection in Mozambique. This resource proved useful in identifying approximately 10,000 patients lost to follow-up and implementing consented reintegration visits with them. Nine out of 10 patients who were lost to follow-up returned to care through a process that helped identify personal- and facility-related barriers to returning to care and allowed facility managers to implement solutions to address them. A President's Emergency Plan for AIDS Relief memo dated January 2020 highlighted this success as a best practice.

Elite Petin demonstrates proper handwashing techniques for disease prevention.

Photo: Fernando Fidelis, Jhpiego

Digital Delivers during Disaster in Mozambique

Shortly after Cyclone Idai made landfall over Beira, Mozambique, in early 2019, the first cases of cholera were reported. Immediately upon confirming cases of cholera and acute diarrhea among city residents, the MOH declared a cholera outbreak. The emergency response, led by the MOH with the World Health Organization, was immediate. As part of the US Centers for Disease Control and Prevention's support, Jhpiego focused on equipping health workers, students, the military and others with knowledge and skills to help prevent the spread of infection.

More than 400 volunteers mobilized during the emergency and attended a Jhpiego training, which included handwashing, proper waste disposal, and disease prevention and treatment. Our experts also introduced Telessaúde MZ, an online education and consultation tool developed by the MOH (with technical support from Jhpiego) that provides MOH-approved HIV and maternal and child health resources to primary health care workers. The MOH and Jhpiego leveraged the platform and compiled resources specific to the prevention and treatment of cholera, malaria and other diseases that often follow natural disasters. Volunteers could access it using a Web browser to reinforce lessons learned in the trainings with community members.

With assistance from students like Elite Petin, a local university student, community interventions reached approximately 9,300 men, women and children, many of whom were living in camps and temporary shelters.



Myanmar

- The Ministry of Health and Sports **adopted the first-ever national guidelines to provide antenatal care** to pregnant women in Myanmar, ensuring an equitable standard of care and high-quality health services for a safe and healthy childbirth. These guidelines, established with support from Jhpiego, include lifesaving screening for malaria, HIV and other conditions that could threaten the life of a pregnant woman and her unborn child.
- Myanmar **revitalized its national midwifery education system** with Jhpiego’s support and technical expertise. Improvements and revisions include the introduction and establishment of a network of clinical skills labs that provide hands-on learning and practice. Nursing and midwifery students use state-of-the-art, realistic simulators to practice their skills before they enter a health facility. Currently employed health care providers also have the opportunity to update, refine and practice new skills at these centers. The comprehensive upgrade of pre-service education ensures a new generation of highly skilled and confident maternal health care providers to serve women and families, and offers professional development opportunities for the current health workforce.
- With technical support from Jhpiego, Myanmar’s professional regulatory bodies—the Myanmar Medical Council and the Myanmar Nurse and Midwife Council—**introduced accreditation systems for basic medical, nursing and midwifery education programs** to assure program quality and safeguard communities throughout the country.
- The Ministry of Health and Sports approved a set of **maternal health quality improvement standards for public health care facilities** at the local level nationwide. The standards, initially developed through a Jhpiego-led project funded by the GE Foundation and piloted at three hospitals in Yangon Region, seek to improve maternal and newborn care and promote the delivery of equitable services. The use of these standards within a comprehensive quality improvement approach has shown encouraging results in facilities in three townships—quality of care measures for maternal health increased by 11%, overall infrastructure by 16% and cross-cutting areas, such as infection prevention and respectful care, by 20%. Through the USAID-funded Essential Health project, the standards are now being adapted for use by private-sector health care providers.

A family tragedy led Ma Kay Thi Aung to chose midwifery as her profession.

Photo: Jhpiego



Midwifery Students in Myanmar Improve Skills in Teaching Labs

Ma Kay Thi Aung will never forget the morning when tragedy struck. Her aunt had endured a long labor, but the baby was not coming. Travel to the nearest health center meant a 3-hour boat ride. While en route, Aung’s aunt gave birth to a stillborn baby and started bleeding uncontrollably. By the time she reached the health center, she had lost too much blood. She was referred to a bigger hospital, which meant another boat ride. Aung’s aunt died before she could reach the hospital.

Her aunt’s death spurred Aung to pursue a career in midwifery. She attended a program designed to build confident, skilled midwives through hands-on practice in the school’s clinical skills lab.

With support from the 3MDG Fund, Jhpiego worked with Myanmar’s Ministry of Health and Sports to strengthen scalable midwifery education and training systems to ensure consistent, competent and safe clinical care for future mothers and newborns. Jhpiego adapted innovative and effective teaching methods for Myanmar health care providers, including more than 500 master mentors, and faculty and clinical staff. The topics included standardization of clinical skills, use of the skills lab in practical sessions with students, and ways to strengthen teaching skills and conduct competency-based performance assessments.

Our Partners Speak Out



Jhpiego is playing an important role in establishing postpartum family planning services in our country. They are engaged in policy advocacy related to maternal and family planning issues. They are providing technical support in conducting training on postpartum family planning for service providers such as nurses, midwives and doctors working at government health facilities. They also provide support in conducting advocacy at national and district levels. ...

We hope that Jhpiego will continue to support our journey in clinical contraception in postpartum family planning services.

– Dr. Moinuddin Ahmed, Line Director, Clinical Contraceptive Service Delivery Program, Directorate General for Family Planning, Ministry of Health and Family Welfare, Bangladesh



Jhpiego is involved not only in the provision of sexual and reproductive health services but also in training, so as to ensure we have quality HR and keep our sexual and reproductive health policy up to date. By training the HR of a nation, you are participating in the development of the nation itself.

Honestly, Jhpiego has never let us down.

– Pr. Léonie Claudine Sorgho/Lougue, Minister of Health, Burkina Faso



When I see Jhpiego, I don't see a donor; I see a partner who is ready to walk with us.

– John Mathenge, Founder of the Community-Based Health Options for Young Men on HIV/AIDS/STI (HOYMAS), Kenya



Since 2012, Jhpiego has been supporting the Ministry of Health in providing quality voluntary medical male circumcision services. ... Malawi has made incredible progress to prevent and treat HIV/AIDS, [and] I am glad to report that Jhpiego is among the partners who have accelerated the impact of HIV prevention through this intervention.

– Martin Kapito, National VMMC Coordinator for Malawi

Growing Local Organizations

Since our founding, Jhpiego and partners have successfully built the capacity of local organizations to operate with the best evidence-based skills and strategies, whether by introducing new reproductive health technology to a country's health care providers or strengthening the systems of a major urban hospital. The majority of our work, occurring in at least 24 countries, has been building technical capacity and, more recently, increasing financial capacity, data-driven monitoring and evaluation, and governance, program and HR management. The goal has been to leverage our expertise to assist local organizations to operate efficiently, effectively and independent of donor support. Professional associations, civil society organizations, private facilities, and faith-based and community groups have benefited from this assistance, notably in Kenya, Indonesia and Rwanda. Health Options for Young Men on HIV/AIDS/STI (HOYMAS) in Kenya is one such example.



Meaningful, Sustainable Partnerships toward Self-Reliance

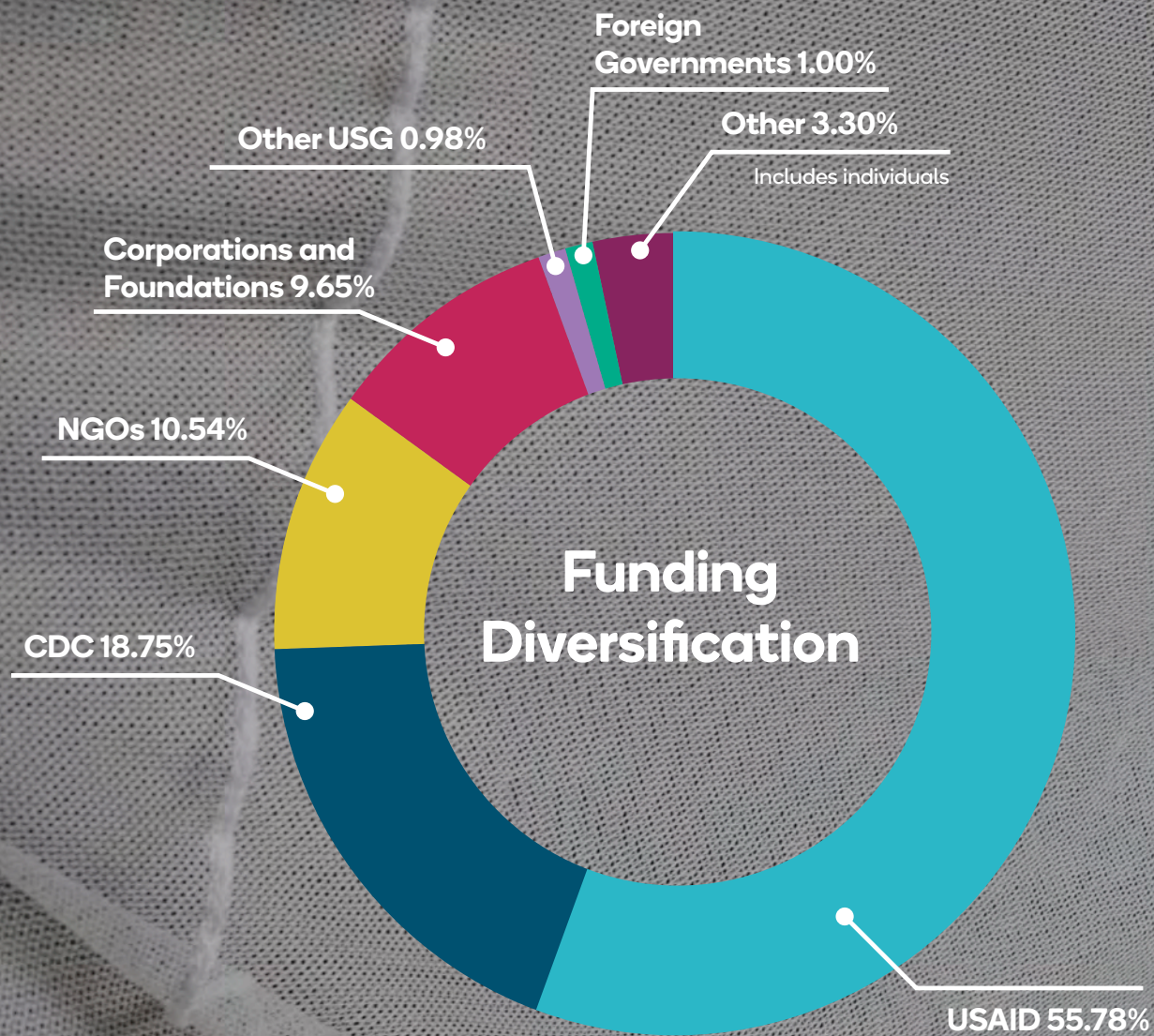
When John Mathenge founded the community-based organization HOYMAS in 2009, it was because he wanted to stay alive. "So many of my friends were dying of HIV, and I desperately wanted to stop burying them," he says. He gathered a group of seven

of his friends who were male sex workers and HIV-positive like him, and they formed a support group.

Today, HOYMAS has more than 6,000 members. With support from Jhpiego, HOYMAS has become a robust organization with an expanded mission, now serving the health needs of all men, irrespective of their HIV status. The organization made changes to the financial management system, improved data collection, expanded clinical services, and grew the peer education program and mentoring through its working relationship with Jhpiego.

"With Jhpiego—we learned about genuine partnership—we may disagree on programming, but we always find a way to reach a common ground. When I see Jhpiego, I don't see a donor; I see a partner who is ready to walk with us," Mathenge says.

Total funding in 2019 \$397,257,000



We are grateful for the continued generosity and commitment of our donors and partners.

Eden Sparke/Jhpiego



Highlights from...

The Maternal and Child Survival Program

The US Agency for International Development (USAID)'s Bureau for Global Health's flagship Maternal and Child Survival Program (MCSP) focused on 25 high-priority countries with the ultimate goal of preventing child and maternal deaths. MCSP introduced and supported high-impact, sustainable reproductive, maternal, newborn and child health (RMNCH) interventions in partnership with ministries of health and other partners.

MCSP accepted all sources of health funds and can be accessed via field support. While MCSP was the principal follow-on to the Maternal and Child Health Integrated Program, the scope expanded to reflect a changing global RMNCH landscape as well as shifts in USAID's own priorities. MCSP placed a greater emphasis on key cross-cutting issues such as innovation, e/mHealth, equity, quality, gender, public-private partnerships and involvement of civil society, community approaches, health systems strengthening and behavior change interventions. While maintaining a focus on technical, high-impact interventions, MCSP worked toward sustainable scale-up to include the health systems that deliver these interventions.

MCSP was a partnership led by Jhpiego, with Save the Children Federation Inc., John Snow Inc., ICF, Results for Development Institute, PATH, CORE Group and PSI as lead partners, and Broad Branch Associates, Johns Hopkins Bloomberg School of Public Health, Communications Initiative and Avenir Health as associate partners. In addition to contributing to high-level technical and policy dialogue at the global level, MCSP provided tailored technical assistance to help countries meet specific priorities and contextual needs of local RMNCH programs.

[open for more information about MCSP](#)

Kate Holt/MCSP

**Jhpiego is a nonprofit global leader in the creation
and delivery of transformative health care solutions
that save lives.**

**Saving lives.
Improving health.
Transforming futures.**

MCSP By the Numbers

Women, children and health systems reached with high-impact reproductive, maternal, newborn and child health interventions supported by MCSP over 5 years

IMPROVING QUALITY OF HEALTH SERVICES ACROSS THE CONTINUUM OF CARE IN 45 COUNTRIES

Adolescents/Pre-Pregnancy

 **OVER 147,000**

young people ages 10 to 24 accessed adolescent-friendly health care in 3 countries

Pregnancy and Antenatal Care

 **OVER 673,000**

pregnant women received at least 90 iron/folic acid supplements during antenatal care (ANC) in 4 countries

 **OVER 748,000**

pregnant women received 2 doses of intermittent preventive treatment of malaria in pregnancy as part of ANC in 5 countries

Labor and Birth

 **OVER 2,268,000**

women gave birth in a labor and delivery-supported facility in 18 countries

 **OVER 1,838,000**

women were given a uterotonic in the third stage of labor to prevent postpartum hemorrhage in 12 countries

 **OVER 410,000**

postpartum women received a contraceptive method in 11 countries

Postnatal Care

 **OVER 1,340,000**

babies born at the health facility were put to the breast within 1 hour of birth in 9 countries

 **OVER 24,000**

newborns were admitted to facility-based kangaroo mother care in 5 countries

 **OVER 37,000**

newborns not crying or breathing at birth were successfully resuscitated in 7 countries

Infancy and Childhood

 **OVER 5,185,000**

children under 5 were reached with nutrition programs in 5 countries

 **OVER 3,918,000**

children ages 0 to 12 months received 3 doses of DPT/Penta vaccine in 10 countries

 **OVER 585,000**

cases of child diarrhea were treated with oral rehydration solution/zinc supplements in 10 countries

 **OVER 463,000**

cases of child pneumonia were treated with antibiotics in 9 countries

STRENGTHENING HEALTH SYSTEMS TO IMPROVE RMNCAH SERVICES

12 DIGITAL HEALTH SOLUTIONS

 were used to improve performance of health systems or support service delivery in 9 countries



OVER 494,000 TRAINED

on reproductive, maternal, newborn, child and adolescent health (RMNCAH) topics in 28 countries



23 HEALTH INNOVATIONS

were introduced with MCSP support in 21 countries



OVER 120 POLICIES,

strategies or guidelines were developed with MCSP support