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A Promise Renewed and the critical role of FBOs

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Acting on the Call: Ending Preventable Child and Maternal Deaths

- From 1990 to 2012, the total number of child deaths fell by 48% from 12.6 million to 6.6 million.
- In the last 20 years, nearly 100 million child lives have been saved and the rate which mortality is declining continues to accelerate.
- The total number of maternal deaths also decreased globally by 45% from 523,000 in 1990 to 289,000 in 2013.



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Challenges Remain

- Rates of child and maternal death remain unacceptably high
- Hundreds of thousands of mothers continue to die e.g. a woman's risk of dying from childbirth in sub-Saharan Africa is more than 47 times greater than in the United States.
- Millions of children die from causes we know how to prevent



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A New Approach

Through the *Call to Action*, more than 175 countries and over 400 civil society and faith-based organizations convened and resulted in the signing of a pledge, known as *A Promise Renewed*, in order to support a single, comprehensive and achievable goal:

Ending preventable child deaths by 2035

- Global goal set of fewer than 20 death/1,000 live births in all countries by 2035
- Goal of fewer than 50 maternal deaths/100,000 live births by 2035
- Reduce preventable newborn deaths to a global average of 7 deaths/1,000 live births by 2035



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The *Call to Action*'s Five Strategic Shifts:

- Increase efforts in the countries that account for the largest share of under-five deaths
- Reach the most underserved populations
- Target priority causes of mortality with innovation efforts and interventions poised to go to scale
- Invest beyond health programs to include empowering women and supporting an enabling environment
- Create transparency and mutual accountability at all levels, with strengthened commitment to common metrics for tracking progress



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In support of *A Promise Renewed*:

Members of the faith communities committed to **Ten Promises to Our Children**

To save and improve the lives of all children, we pledge to promote, encourage, and advocate for the following actions by parents and children:

- **Breastfeed all newborns exclusively through the age of six months;**
- Immunize children and newborns with all recommended vaccines, especially through the age of two years;
- Eliminate all harmful traditions and violence against children, and ensure children grow up in a safe and protective environment;
- Feed children with proper nutritional foods and micronutrient supplements, where available, and de-worm children;



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In support of *A Promise Renewed (cont.)*:

- Give oral rehydration salts (ORS) and daily Zinc supplements for 10 – 14 days to all children suffering from diarrhea;
- Promptly seek treatment when a child is sick; give children antibiotic treatment for pneumonia;
- Have children drink water from a safe source, including water that has been purified and kept clean and covered, away from fecal material;
- Have all children wash their hands with soap and water especially before touching food, after going to the latrine or toilet and after dealing with refuse;
- Have all children use a toilet or latrine, and safely dispose of children's feces; prevent children from defecating in the open;
- Where relevant, have all children sleep nightly under insecticide-treated bed nets to prevent malaria, and at the immediate onset of fever seek medical care for children to receive proper malaria testing and treatment.



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Changing the Way We Work at USAID to Support International Efforts

In June, 2014, *Acting on the Call: Ending Preventable Maternal and Child Deaths (EPMCD)* committed to saving the lives of 8 million children and 350,000 mothers by 2020 to support longer-term efforts.

At the Africa Leaders' Summit in August, 2014, the U.S. government committed to the following to accelerate action in support of EPMCD in Africa:

- Building on the *Acting on the Call Report* and working together to save 8 million children's lives and 350,000 women's lives in Africa including by defining specific action plans , developing interim milestones and realigning up to \$2.9 billion toward this goal. In addition, USAID named a new Child and Maternal Survival Coordinator, Katie Taylor, DAA in USAID's Global Health Bureau.

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Changing the Way We Work at USAID to Support International Efforts (cont.)

- Developing a financing framework and policy principles to turn this ambition into reality. The financing framework will establish ways to mobilize capital for health (such as taxes, levies, fees, funds, loans, loan guarantees, volume guarantees, development impact bonds and other innovative financing, etc.). USAID will host a meeting in the Fall of 2015 to convene public and private sector partners to define an agenda around impact investing and other financial tools to support the child survival and maternal health goals.
- Convening high level global experts at the UN General Assembly to provide recommendations on a new global financing framework by Mothers' Day 2015 to drive sustainable results



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Importance of Faith-based Organizations and EPMCD

- Long-term commitment and established infrastructure of faith communities, often in some of the hardest to reach/poorest regions
- Long-standing connections with local communities most affected
- Teaching and leading authority from which to communicate and influence
- Decades of experience working with donor organizations



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Importance of Faith-based Organizations and EPMCD (cont)

Faith leaders and organizations are not only fundamental to delivering services to those who need them most, but also to ensuring that host governments follow through on commitments. For example, Faith communities can:

- Engage global, regional and national religious leaders from different faiths, as well as leaders of faith-based organizations, in dialogue with each other and with other stakeholders to accelerate country level progress in child survival and maternal health.
- Urge governments to keep promises to children, track progress and sustain political will.
- Be a voice for communities and families whose decisions profoundly influence prospects for maternal and child survival.
- Elevate and make child survival a regular part of the way ministries of health and finance plan, budget, and conduct business.
- Empower individuals to make better informed behavioral decisions and support increased utilization of commodities and services.
- Deliver social and behavioral change information and encourage mothers and children to utilize health commodities and resources provided by ministries of health, aid agencies and the development community.



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Thank you

Questions?