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Self-determination and self-reliance. These words perfectly describe Reena Gouda, a young mother living in Uttampur, India, and Laxmipriya Boi, the community health volunteer responsible for educating women in Reena’s village about the basics of good health.

After giving birth to her second child, Reena knew she didn’t want to have another baby immediately. Confident with skills learned from Jhpiego, Laxmipriya knew to counsel couples on the benefits to mom and baby of spacing pregnancies in a healthy way. She shared with Reena and her husband, Kunna, a range of family planning options. Together, the couple opted for a contraceptive method that would meet their needs as they built their small family business.

In their own way, the Goudas reflect the government of India’s decision to expand access to family planning services, invest in the country’s health workforce and empower a new generation to decide for themselves how many children to have and when. As they grow their snack business, the Goudas contribute to their village economy and a brighter future for their country. They are one family deciding their future with positive change, but they represent the aspirations of the millions Jhpiego has served in the 40-plus countries where we work.

With self-determination comes progress toward self-reliance. It’s through that lens that we help countries shape their health agendas. Whether it’s to reduce child deaths in Afghanistan, forge a generation free from HIV/AIDS in Tanzania or eliminate malaria in pregnancy in the Democratic Republic of the Congo, we follow the lead of our partners in ministries of health and collaborate with donor agencies, foundations and corporations to achieve the progress they desire. We push to solve persistent problems in innovative ways and catalyze our evidence-based programs to save lives and improve health more effectively and expeditiously.

2017 was a year of tremendous growth and progress for Jhpiego. We measure our success in the delivery of high-impact interventions by skilled, competent health care providers—predominantly nurses and midwives—working in a well-functioning and well-equipped health system. By that standard, 20 million people benefited from services we supported. And our contributions to key government partners helped deliver impact on a national scale.
Our successful interventions in maternal and newborn health in Rwanda contributed to significantly fewer mothers dying in childbirth and a **nearly 50 percent reduction in newborn deaths from birth asphyxia, which is no longer the primary cause of newborn deaths in the country.** Burkina Faso reduced malaria-related deaths by half because of stronger policies, a more highly skilled health workforce and improved data collection systems. India accelerated its delivery of family planning services through continued government investment—from about $4.1 million to $34 million over 5 years—and our program innovations. Mozambique reached 3 million people with HIV prevention and treatment services from 2010 to 2017, including 1 million men and youth who chose voluntary medical male circumcision to reduce their risk of acquiring HIV.

Good health affords women and families a chance at a better life and the economic opportunities that can deliver it. Healthy, vibrant communities contribute to a country’s economic progress and political stability. Such communities are prepared and equipped to care for themselves even in the most uncertain times.

Jhpiego is committed to this vision of a healthier world. We see countries dedicate their resources to advance health care and innovate their own best practices. We recognize the power of resourceful country leaders to reform health systems. And we sincerely believe that robust, resilient countries will save lives, improve health and transform futures long after our work is done.

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Leslie Mancuso, PhD, RN, FAAN  
President and Chief Executive Officer
2017—a year of impact.

Our global reach

1 billion people live in the communities supported by Jhpiego, spanning...

36 countries, 264 provinces, 1,919 districts and 28,497 facilities.

In 2017, we educated and trained 275,200 health care providers through...

122 global health projects.
Our project impact

23,391 newborns in 15 countries were resuscitated.

2,486,114 newborns were delivered by a skilled birth attendant.

59,248 women were screened for cervical cancer.

3,543,084 people tested positive for malaria and were treated.

2,606,741 voluntary medical male circumcisions were performed. 2013–2017 cumulative

6,904,323 first-time users accepted family planning. 2013–2017 cumulative

2,151,733 people in 14 countries learned their HIV status.

9,830,589 individuals received testing and counseling services for HIV. 2013–2017 cumulative
Rwanda is on the road to resiliency.
The young mother floated in and out of consciousness as she lay in the maternity ward at the Rwaza Health Center. Euphrasie Banyangiriki had just given birth to a healthy baby girl, but now she was bleeding profusely.

“I couldn’t hear anything, and I couldn’t even recognize where I was,” Banyangiriki said, recalling her terror just before she blacked out.

Nurse Françoise Murekatete arrived at Banyangiriki’s bedside soon after delivery. She recognized the severe bleeding as one of the leading complications of birth, postpartum hemorrhage. She examined Banyangiriki and readily diagnosed the cause of the bleeding—a failure of the uterus to contract after delivery. Murekatete quickly administered the drug oxytocin to stimulate the uterus to contract.

When the bleeding didn’t stop right away, she recalled the instructions of her nurse-mentor Delphine Uwizeyimana and calmly began compressing the uterus with her hands—an effective way of stimulating a uterine contraction that she had learned in a Jhpiego-led program. Banyangiriki’s bleeding stopped, and the 27-year-old soon regained consciousness. Before long, she was cooing and singing to her infant daughter, whom she named Irakoze or “Thankful to God.”

The outcome for Banyangiriki could have been quite different with a less skilled, less confident health care provider at her side. About 300,000 women die every year from complications of pregnancy and childbirth, the majority of whom live in the developing world.

Nurse-mentor Delphine Uwizeyimana, Euphrasie Banyangiriki and baby Irakoze, and nurse Françoise Murekatete. Photo by Evariste Bagambiki/MCSP
The strong bond between nurse-mentor Delphine Uwizeyimana and mentee-nurse Françoise Murekatete leads to improved quality of care.
In Rwanda, the Ministry of Health recognized the healing power of skilled, confident health care providers supported by a resilient health system. The government focused its efforts on building just such a system—one in which 

**nurses, midwives and doctors can manage complications at birth**

with assurance, expertly resuscitate newborns who can’t breathe, and provide follow-up care after delivery to ensure that mothers and newborns thrive.

That required including lifesaving, evidence-based interventions in basic standards of care and establishing quality assurance policies to maintain those standards. It meant persuading women to come to a health facility to give birth. With its focus on resilience, Rwanda has been on a path of improved care for women and families.

Country health officials, working with Jhpiego through its leadership of the United States Agency for International Development’s flagship Maternal and Child Survival Program (MCSP), are establishing well-functioning health facilities that support self-reliant providers with hands-on learning, the supplies they need to deliver high-quality services and real-time data for informed decision-making—even in the most uncertain times.

In the 10 districts that Jhpiego has supported since 2015—representing one-third of the lush, mountainous country—three key interventions were incorporated into labor and delivery practice.

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**Having the confidence to help when a patient needs your help is very fulfilling. You see how valuable you are in saving lives. I really want to thank MCSP for assisting the health centers in improving our skills so that we can assist those who come to us for treatment. It really helps us, and we are happy.**

—Nurse Françoise Murekatete

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**Percentage of women giving birth who accepted postpartum family planning increased from 0% to 45% in 143 MCSP-supported health facilities. (2015–2017)**
Despite recent challenges in maternal health outcomes across the country, the Ministry of Health’s investment in these 10 districts is contributing to saving lives through an educated workforce, dedicated mentors and supportive supervision. An analysis* of the impact of these interventions from 2015 to 2017 shows that they contributed to an almost **7 percent annual reduction in maternal deaths** in the program area.

The investment has also reaped incredible gains in newborn lives saved. The Ministry of Health’s own data during that same period showed that the proportion of **newborn deaths from birth asphyxia dropped by almost half**—from 2.4 to 1.3 percent of live births. Birth asphyxia is no longer the country’s leading cause of newborn deaths.

Like Murekatete, the nurses in those districts are empowered decision-makers, using their new skills to contribute to the gains in newborn lives saved.

“Before we received training in the health center,” nurse Murekatete said, “when we had complicated cases of mothers during birth ... or with a newborn baby, we would immediately transfer the mother to a hospital.

“We felt it did not concern us. But after the training on how to manage complicated cases, we now know how to manage them.”

Banyangiriki is living proof of our commitment to improving the health and futures of Rwanda’s mothers and babies.

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* Analysis of mortality impact modeling through the Lives Saved Tool of the Johns Hopkins Bloomberg School of Public Health.
Nurses across Burkina Faso have taken the lead in reducing malaria-related deaths among pregnant women, mothers and children, enabling families and their communities to achieve greater prospects for health and an improved quality of life.

The mosquito-borne illness killed 3,974 people in this West African country in 2017, down from nearly 6,300 reported in 2014, when the government pledged to reduce deaths from malaria by 50 percent over 5 years. To accomplish that ambitious goal, the Burkina Faso Ministry of Health partnered with Jhpiego to focus on teaching frontline health workers the skills needed to better identify and diagnose malaria early, provide lifesaving treatment effectively, and manage cases efficiently.

This commitment to capacity-building has paid off as part of a truly nationwide effort. Through the partnership with Jhpiego, more than 2,700 providers—one-quarter of the country’s health care workforce—received training between 2013 and 2016 to manage cases and prevent pregnant women from contracting malaria. Funding from the United States Agency for International Development made this success possible.

Midwife Aminata Tassembedo Ouedraogo talks with Namounata Bougma, 32, about the dangers of getting malaria while pregnant. Photo by Kate Holt/Jhpiego
Burkina Faso empowers nurses to reduce malaria deaths.
Jhpiego supported one-third of the country’s health facilities in delivering quality care for women and families. We worked with the government to update the country’s malaria control systems, including developing state-of-the-art malaria guidelines, a new system to track and use malaria treatment and control data, and a functioning supervision system for malaria care. As a result, data completeness and quality improved substantially. For example, the accuracy of data reporting on pregnant women receiving insecticide-treated nets doubled, from 40 percent to 80 percent.

Overall, the Improving Malaria Care project upgraded services at 30 percent of the country’s health facilities, contributing to substantial coverage and improved quality of care to influence national impact and enable the health system to sustain achievements.

Midwife Clemence Kantiono, 48, is among those dedicated health professionals on the frontlines of service and care.

“Some women in this community have often had miscarriages after having malaria when pregnant,” she said. “Sometimes babies are born who are sick because their mothers have had malaria. We are now helping to prevent this by giving the mothers the prophylaxis while they are pregnant.

PMI [President’s Malaria Initiative] is fortunate to have Jhpiego as a valued partner.

–Julie Wallace, United States Agency for International Development PMI Division Chief, speaking on Jhpiego’s participation in the new Unitaid global malaria contract
“We do group sensitization using community health workers—they go house to house and explain the importance of coming to the center for treatment,” Kantiono said. “Nearly all mothers are now coming here when they are ... in their first trimester.”

Namounata Bougma, a 32-year-old pregnant woman, regularly visits her local health center for antenatal care because she knows firsthand the deadly consequences of not protecting herself against malaria. During her first pregnancy, she lost the twins she was carrying.

“The nurses here have explained that we need to use a mosquito net and be aware of the problems if we get malaria when pregnant. They can monitor how my baby is doing and make sure that I am protected from sickness like malaria ... so this is why I come to take the drugs.”

The government’s decision to make antimalarial drugs free for pregnant women and children has contributed to more families being protected, according to midwife Aminata Tassemededo Ouedraogo.

“We still see some cases of pregnant women with malaria—it depends on the time of year. When it is raining, the transmissions are higher. But the numbers overall are reducing,” Ouedraogo explained. “We are teaching women how to prevent getting malaria as well as giving them the medication. There are two providers here who have done the training with Jhpiego, and they have passed on their knowledge to us.”
India’s investment in family planning expansion benefits women’s health.
As a new mother, Sunita Kumari made a bold choice for her family—to return to school to become an auxiliary nurse-midwife. That decision led to another choice that would benefit her health and her family too—to protect herself from an unintended pregnancy.

During a visit to immunize her baby, the 20-year-old mother learned about the benefits of an intrauterine contraceptive device (IUCD) from a doctor. She and her husband opted for this long-acting family planning method.

“I wanted to take the ANM [auxiliary nurse-midwife] training, and I knew if I had another child, I would not be able to concentrate on my training,” she said. “I got an IUCD inserted ... so that my studies wouldn’t get interrupted.”

Today, Kumari works as an auxiliary nurse-midwife at a public health center in Bihar. She is among more than 7,465 health care providers across the country who have received training from Jhpiego in the provision of family planning and IUCD services to address the 19.2 percent of women nationally with unmet family planning needs. Supported by the Bill & Melinda Gates Foundation, the government of India has worked since 2013 to expand contraceptive choices for women and their families, especially immediately following the birth of a child. The government has marshalled its resources to catalyze initial financial support from donors and partners into a scalable, resilient program that provides women with the family planning services and contraceptives that meet their needs.
Spacing pregnancies more than 2 years apart gives mothers a chance to return to good health after birth so they can properly care for their newborns and family. Research has shown that family planning can avert nearly one-third of maternal deaths and 10 percent of child deaths. Nurses and midwives like Kumari have learned techniques to properly support families with healthy pregnancy spacing. They also have learned to properly record and report data on family planning use.

In the past 2 years, **876,514 women have received an IUCD** through services supported by the government of India and its partners, such as the Bill & Melinda Gates Foundation, the David and Lucile Packard Foundation, and the United States Agency for International Development.

“Spacing of births is important for the health of a mother and her child, and IUCD offers the freedom of choosing to get it inserted and removed at your will,” Dr. Sarita Katiyar, a gynecologist at the Community Health Center Sarsaul, said. “My entire staff here is committed to counseling women for family planning. And we make sure to counsel the family as well so that they are all in consensus of the option.”

Opting for a family planning method increases women’s potential to improve their lives through education or work. Women also have more opportunities to become self-reliant and contribute to their family’s income because their health is not compromised by having additional children too soon.

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My vision for India is for all mothers to have free access to family planning and the right to choose how many children they want.

—Dr. Sharmeen Ahmed
Reena Gouda partners with her husband, Kunna, in parenting and running the family snack business in Odisha state. After the birth of her second child, she chose a contraceptive method that offers protection for at least 6 months.

“1 was not sure if I wanted to go for a permanent method right away,” the 24-year-old said, “but I knew for sure that I did not want another child immediately.”

Nurses and midwives are proud of their ability to provide high-quality services to meet women’s contraceptive needs.

“When I am able to help women … make a family planning choice—a choice which will help her body recover and allow her to focus on her family—I feel my knowledge and skills are being put to good use,” nurse Kanchan Bala Mullick, a Jhpiego alumna who works in Odisha state, said.

Investments by the government of India and partners have substantially improved and expanded family planning services. The impact of these services can be measured in tens of thousands of lives saved.

Impact of family planning services

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<td>10 million</td>
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<td>unintended pregnancies</td>
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Healthy birth spacing enabled Reena Gouda to be an active partner in the family snack business.
7,000 children and women saved an estimated
When Catarina José Gouveia learned the result of her HIV test, she knew she had to tell her husband. But she didn’t want to spoil the upcoming Christmas holidays—her test result was positive.

“I could not keep the secret,” the 23-year-old recalled of the 2015 test. “Soon after I left work, I called my husband and I told him. I could not stop crying.”

The news raised concerns for her husband, Plácido Armindo. A soldier stationed in Boane, Armindo reached out to an HIV counselor at his army school. Counselor Jaime Guambe listened patiently to Armindo’s concerns about the impact his wife’s status would have on him. He discussed a series of options with the soldier, including being counseled and tested for HIV. Armindo decided to be tested.

He, too, received a positive result.

“He had minimum knowledge of HIV, so I explained to him the advantages of [HIV] treatment for helping him maintain his quality of life,” Guambe said.

As the couple considered their next steps, Guambe made himself available to the husband. He used WhatsApp and other social media to reach out
Persistence pays off: Mozambique reaches 3 million with HIV services.
to Armindo and continue talking. The conversations between counselor and client went on for nearly a year until Armindo and his wife told Guambe that they would both begin treatment.

The couple celebrated 1 year on treatment in December 2017.

“Nowadays, our relationship is not [just] counselor and patient, but of friendship with the couple, helping them each day to [manage] their health and maintain their self-esteem,” Guambe said.

Guambe’s patience and commitment to the couple’s health reflects the Mozambique Ministry of Health’s determined effort to provide high-quality HIV prevention and treatment services for all Mozambicans. In addition to the country’s HIV testing and counseling programs, Mozambique has a robust voluntary medical male circumcision (VMMC) program.

Across the country, dedicated Jhpiego-supported providers like Guambe have counseled and tested more than 2 million people and performed over 1 million VMMCs with support from the President’s Emergency Plan for AIDS Relief (PEPFAR). Another 12,473 adults and children have been receiving antiretroviral treatment for more than a year.

Thanks to Jhpiego partnerships with the US Department of Defense (DOD), the United States Agency for International Development, and the Centers for Disease Control and Prevention (CDC), an estimated 3 million Mozambicans have benefited from high-quality HIV services since 2010.

Providing VMMCs averted
13,700
new HIV infections

Jhpiego supported
71% of the
1.3 million
PEPFAR-funded VMMCs performed
Low-dose, high-frequency

An on-the-job training method shown to save lives, Jhpiego’s low-dose, high-frequency approach teaches skills in short, concentrated doses. As mentors guide the way, nurses and midwives build proficiency and confidence with practice. The focus is hands-on with structured follow-up. Projects using this approach are underway in seven countries to improve and sharpen clinical skills.

“With the practice we had, it allowed us to build our confidence in resuscitation and management of postpartum hemorrhage, which is helping us to save our babies and mothers,” said midwife Naa YoYo of Ghana.

Group antenatal care

Group antenatal care brings pregnant women together to prepare for childbirth and learn to manage their health for a safe delivery. Jhpiego is conducting a research study in Kenya and Nigeria on delivering antenatal care in this new and more inclusive way—for the prospective mom and dad and health care providers. The approach builds on the recommended four prenatal care visits that offer screenings for HIV/TB, malaria and other diseases, as well as information on proper breastfeeding and newborn care. The women learn to monitor their health during pregnancy, and, after birth, mothers return with their babies to learn the skills needed to raise healthy, thriving children.

Oral PrEP

For those at substantial risk of becoming infected with HIV, oral pre-exposure prophylaxis (PrEP) provides protection in the form of a pill. When taken daily as prescribed, this method is highly effective against the acquisition of HIV infection. Jhpiego first supported Kenya’s public health scale-up of PrEP, reaching more than 10,000 people in the first year alone. Jhpiego also supports PrEP programs in Lesotho, Namibia and Tanzania. PrEP is integrated in comprehensive HIV prevention services that include condom promotion and provision, ongoing HIV testing and counseling, and screening for sexually transmitted infections. Those seeking PrEP who test HIV-positive are actively linked to antiretroviral therapy services. Jhpiego has partnered with the World Health Organization to create a free mobile app version of WHO’s PrEP implementation tool so that health care providers and PrEP users can easily access information about the treatment.
Community participation in malaria

With generous support from Unitaid, Jhpiego leads an ambitious effort to prevent malaria in pregnancy in communities in sub-Saharan Africa. The Transforming IPT for Optimal Pregnancy (TIPTOP) project builds on existing antenatal care services to increase opportunities for pregnant women to access a preventive therapy for malaria known as intermittent preventive treatment in pregnancy, or IPTp. The project, launched in the Democratic Republic of the Congo, Madagascar, Mozambique and Nigeria, uses community health workers to increase IPTp delivery and demand to ensure that there are no missed opportunities for pregnant women to receive this lifesaving medicine. A research component focuses on generating evidence to inform changes in global guidelines on malaria prevention and treatment.

HPV/DNA testing and immunization

In partnership with Botswana’s Ministry of Health and Wellness, Jhpiego is powering a research study on an innovative way to screen for cervical cancer. The groundbreaking human papillomavirus (HPV) self-collection test aims to expand access to cervical cancer screening and reach those women who can’t easily visit a health facility. HPV testing is more sensitive and reliable in detecting cervical precancer and cancer than other screening methods, such as Pap testing and visual inspection of the cervix. Of the 1,022 research study participants, 97.2 percent found the self-test easy to administer, preliminary findings show. The strategy has the potential to save lives now and in the future. In a related effort, Jhpiego is collaborating with the governments of Pakistan and India to reach adolescents with the HPV vaccine.
Accelerating gains for resiliency.
2018 offers continued opportunity for growth and investment in innovations and interventions that save lives, improve health and transform futures.

As countries fine-tune national strategies, plans and initiatives to reach the Sustainable Development Goals, Jhpiego will work hand in hand with country colleagues to build capacity to scale up quality health services and achieve the gains envisioned for healthy women and families.

By accelerating progress, countries can reach more families and advance healthier communities along the way. Sustaining gains achieved will mean more lives saved, more futures transformed and more cost savings realized, creating opportunities to reinvest in approaches that work.

We are confident that our country partners will set the example of resilient nations prepared to weather any threat.

To realize these goals across Africa, Asia and Latin America, Jhpiego pledges to help countries catalyze successes and reinforce resiliency to support vibrant and robust nations. We plan to develop and launch a new platform for maternal health care that improves upon the antenatal care experience, empowers health care providers to lead these services, and engages women and spouses in overseeing their family’s health.

We want to accelerate HIV prevention services on a global scale to reach the most vulnerable by bringing care into people’s homes. Jhpiego expects to see results of a new model of community-based malaria prevention and treatment in 2018 that could revolutionize care for pregnant women for years to come.

That’s just a glimpse of our vision for the year ahead and the journey to build resilient countries capable of improving the health and livelihoods of women and families no matter where they live.
We are grateful for the continued generosity and commitment of our donors and partners.
Total funding in 2017
$400,060,000
The Maternal and Child Survival Program.

The United States Agency for International Development’s (USAID’s) Bureau for Global Health’s flagship MCSP is designed to advance USAID’s goal of preventing child and maternal deaths and is currently working in 27* countries.

MCSP supports the introduction and scale-up of high-impact, sustainable reproductive, maternal, newborn and child health (RMNCH) interventions in partnership with ministries of health and other partners. MCSP accepts all sources of health funds and can be accessed via field support. While MCSP is the principal follow-on to the Maternal and Child Health Integrated Program (MCHIP), the scope has expanded to reflect a changing global RMNCH landscape as well as shifts in USAID’s own priorities. MCSP places a greater emphasis on key cross-cutting issues such as innovation, digital health, 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 works toward sustainable scale-up to include the health systems that deliver these interventions.

Led by Jhpiego, MCSP is a partnership 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, the Johns Hopkins Bloomberg School of Public Health, Communications Initiative and Avenir Health as associate partners.

* Updated November 2017
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.