

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	Maternal Health
Pillar:	Global Health
Strategic Objective:	936-002
Proposed FY 2004 Obligation:	\$15,000,000 CSH
Prior Year Unobligated:	\$250,000 CSH
Proposed FY 2005 Obligation:	\$12,362,000 CSH
Year of Initial Obligation:	1996
Year of Final Obligation:	2013

Summary: The Bureau for Global Health's (GH) Maternal Health SO focuses on technology development and identification and documentation of approaches that improve pregnancy outcome for mothers and their infants. This SO provides global leadership by working with other partners to carry out research and disseminate findings, as well as fostering advocacy and policy dialogue related to critical issues of financing, training and deployment of personnel, rational management of pharmaceuticals, and information systems. It supports the field by providing tools, technologies, and approaches in designing, implementing and evaluating maternal health programs in low resource environments with traditional cultural practices, preference for home birth, and limited institutional capacity.

Inputs, Outputs, Activities:

FY 2004 Program:

Quality Maternal and Neonatal Health Services. GH will support training of midwives, doctors and nurses in treatment of obstetric complications, and antenatal, birth, postpartum and newborn care. Effective interventions will be promoted, to include micronutrient supplementation, tetanus toxoid immunization, intermittent preventive treatment of malaria and promotion of insecticide treated nets, syphilis control, and prevention of maternal-to-child-transmission of HIV. Clean and safe delivery and rapid treatment of complications, including hemorrhage, infection, hypertensive disorders, obstructed labor and post abortion complications, will be taught to birth attendants. Quality improvement programs will be instituted and special initiatives to prevent and treat postpartum hemorrhage, the biggest maternal killer, continue. Selected women's health problems, such as fistula and reproductive cancers, will be addressed. Principal contractors, grantees and cooperative agreement recipients: Academy for Educational Development (AED)--subcontractors: Cooperative for Assistance and Relief Everywhere, Catholic Relief Services, World Vision, Cornell University, Tufts University; International Science and Technology Institute--subcontractors: Helen Keller Institute (HKI), AED, Population Services Institute; University of North Carolina/IntraHealth--subcontractors: Abt Associates, Inc., Engender Health, American College of Nurse Midwives, Training Resource Group; and major contractor(s) and recipient(s) to be determined through a competitive process.

Community Practices and Mobilization. GH will continue to support the White Ribbon Alliance to promote the Safe Motherhood Initiative through a global network to create demand for and use of life-saving maternal and newborn care. In the community, programs will continue to promote good nutrition, infection prevention, avoidance of harmful practices, use of skilled birth attendants, and rapid use of services in the event of a life-threatening complication. Principal contractors, grantees and cooperative agreement recipients: The Futures Group International (TFGI)--subcontractors: CEDPA, Research Triangle Institute; and major recipient(s) to be determined through a competitive process.

Policy for Safe Motherhood. GH fosters policy dialogue to institutionalize political and financial commitments to maternal and newborn health. Special attention is focused on supporting national standards of practice so that they are based on current scientific evidence and identifying and addressing regulatory barriers to provision of life-saving care by mid-level providers. Principal contractors, grantees

and cooperative agreement recipients: TFGI--subcontractors: CEDPA, RTI; International Life Sciences Institute; LTG Associates--subcontractor: TVT; Management Sciences for Health--subcontractors: AED, APUA, Boston University, Harvard, PATH; US Pharmacopeia; Jorge Scientific Corporation--subcontractor: TFGI; John Snow, Inc. (JSI); Global Health Council; and WHO.

Research. GH supports a multi-donor international effort to improve the evidence base for effective, affordable approaches in low resource environments. It supports research on new technologies to decrease postpartum hemorrhage, the effect of micronutrients on pregnancy outcome, and approaches to improve antenatal, delivery and postpartum newborn services and increase use of skilled birth attendants and essential obstetric care. Principal contractors, grantees and cooperative agreement recipients: Johns Hopkins University (JHU) & Columbia University Bloomberg School of Public Health--subcontractors: Boston University/Center for Health and Development, HKI, International Clinical Epidemiology Network, ICDDR,B, Center for Health and Population Research, and Save the Children/USA; University of Aberdeen--subcontractors: London School of Hygiene and Tropical Medicine, Institute of Tropical Medicine in Antwerp, JHU; University Research Corporation (URC)--subcontractors: Joint Commission Resources, JHU; Abt Associates--subcontractors: URC, Development Associates Incorporated, Tulane University, PATH; Macro Int.--subcontractors: JHU Center for Communication Programs, PATH, Jorge Scientific Corporation, Casals & Associates, Inc.; The University of North Carolina at Chapel Hill Carolina Population Center--subcontractors: TFGI, JSI, Macro Int., Tulane Univ.

FY 2005 Program:

Quality Maternal and Neonatal Health Services. Timely, effective and compassionate care will be promoted through training and quality assurance approaches. The special initiative to prevent and treat postpartum hemorrhage in order to achieve rapid reduction in maternal mortality will continue to be supported. Intensive effort will be focused on bringing services to the community level.

Community Practices and Mobilization. To encourage use of life-saving services, including skilled attendants at delivery, additional work at the community level to increase demand and use of safe delivery and essential obstetric care services will be emphasized.

Policy for Safe Motherhood. Advocacy and policy in critical areas of financing, health system strengthening, and dissemination of effective, affordable strategies will continue. Focus will be placed on increasing skilled attendance at delivery and delivery of proven interventions to improve pregnancy outcome.

Research. GH will continue to add to the knowledge base by supporting key research activities and analysis of existing data to identify and promote more effective, efficient and affordable maternal and neonatal health programming.

Performance and Results: GH continues to play a leadership role in development and promotion of key maternal and newborn health interventions. Through research, policy dialogue and technical assistance it has contributed to increases in skilled birth attendance in USAID-assisted countries and reduction of maternal mortality in several countries in the past decade. In the last year, success has been documented in substantial reduction of maternal mortality in Guatemala. Community planning for obstetrical emergencies has improved in Nicaragua and Indonesia. Research studies in India and Ethiopia have provided insight into the ways in which community and family members can learn home-based life-saving skills. Continuous quality improvement approaches have resulted in improved care for women in labor. Experiments with user fees in very resource-poor environments have demonstrated the linkage between prepayment programs and improved skilled attendance at birth. GH support for a special initiative to reduce postpartum hemorrhage has resulted in introduction of services in four African countries and adoption of a joint statement by the International Confederation of Gynecologists and Obstetricians and the International Confederation of Midwives to promote proven interventions to reduce postpartum hemorrhage in member countries throughout the world.

US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-002 Maternal Health		
Through September 30, 2002		
Obligations	85,445	19,808
Expenditures	73,134	19,808
Unliquidated	12,311	0
Fiscal Year 2003		
Obligations	13,750	0
Expenditures	11,000	0
Through September 30, 2003		
Obligations	99,195	19,808
Expenditures	84,134	19,808
Unliquidated	15,061	0
Prior Year Unobligated Funds		
Obligations	399	0
Planned Fiscal Year 2004 NOA		
Obligations	14,000	0
Total Planned Fiscal Year 2004		
Obligations	14,399	0
Proposed Fiscal Year 2005 NOA		
Obligations	12,362	0
Future Obligations	106,209	0
Est. Total Cost	232,165	19,808