

Data Sheet

USAID Mission:	Bureau for Global Health
Program Title:	Maternal Health
Pillar:	Global Health
Strategic Objective:	936-002
Status:	Continuing
Planned FY 2005 Obligation:	\$14,600,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2006 Obligation:	\$14,600,000 CSH
Year of Initial Obligation:	1995
Estimated Year of Final Obligation:	2013

Summary: The Bureau for Global Health's (GH) Maternal Health strategic objective focuses on technology development and identification and documentation of approaches that improve pregnancy outcome for mothers and their infants. Through this objective, GH provides global leadership by working with other partners to carry out research and disseminate findings, as well as fostering education 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 2005 Program: Improve maternal health and nutrition services (\$14,600,000). This program differs from the \$12,362,000 notified last year by supporting increased programming in postpartum care and neonatal health.

Quality Maternal and Neonatal Health Services (\$5,800,000). GH supports training of frontline providers, 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 mother-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 implemented. Quality improvement programs will be instituted and special initiatives to prevent and treat postpartum hemorrhage and obstetric fistula will continue. Selected women's health problems, such as domestic violence and reproductive cancers, will also be addressed. Principal contractors, grantees and cooperative agreement recipients: Johns Hopkins Program in International Education for Gynecology and Obstetrics (JHPIEGO) Corporation -- subs: Save the Children, the American College of Nurse-Midwives (ACNM), The Futures Group (TFGI), The Academy for Educational Development (AED), and InterChurch Medical Assistance (IMA); AED--subs: Cooperative for Assistance and Relief Everywhere, Catholic Relief Services, World Vision, Cornell University, Tufts University; International Science and Technology Institute--subs: Helen Keller Institute (HKI), AED, Population Services Institute; University of North Carolina/IntraHealth--subs: Abt Associates, Inc., Engender Health, ACNM, Training Resource Group.

Community Practices and Mobilization (\$2,200,000). 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: JHPIEGO Corporation--subs: Save the Children, ACNM, TFGI, AED, and IMA; TFGI--subs: Centre for Development and Population Activities (CEDPA), Research Triangle Institute (RTI).

Policy for Safe Motherhood (\$2,400,000). 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. Principal contractors, grantees and cooperative agreement recipients: RTI--subs: Program for Appropriate Technology for Health (PATH), EngenderHealth; TFGI--sub: CEDPA, RTI; International Life Sciences Institute; LTG Associates--sub: TVT; Management Sciences for Health--subs: AED, APUA, Boston University, Harvard, PATH; Jorge Scientific Corporation--sub: TFGI; John Snow, Inc (JSI); and WHO.

Research (\$4,200,000). 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 measure maternal mortality, decrease postpartum hemorrhage, determine the effect of micronutrients on pregnancy outcome, and identify 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) and Columbia University Bloomberg School of Public Health--subs: Boston University Center for Health and Development, HKI, International Clinical Epidemiology Network, International Centre for Diarrheal Disease Research, Bangladesh Center for Health and Population Research, and Save the Children; University of Aberdeen--sub: London School of Hygiene and Tropical Medicine, Institute of Tropical Medicine in Antwerp, JHU; University Research Corporation (URC)--subs: Joint Commission Resources, JHU; Abt Associates--subs: URC, Development Associates Incorporated, Tulane University, PATH; Macro Int.--subs: JHU Center for Communication Programs, PATH, Jorge Scientific Corporation, Casals & Associates, Inc.; The University of North Carolina at Chapel Hill Carolina Population Center--subs: TFGI, JSI, Macro Int., Tulane Univ.; PATH.

FY 2006 Program: Improved maternal health and nutrition (\$14,600,000).

Quality Maternal and Neonatal Health Services (\$5,700,000). Timely, effective, equitable, and compassionate care will be promoted through training and quality improvement approaches. The special initiative to prevent and treat postpartum hemorrhage will continue to be supported and programs to prevent and repair obstetric fistula will be expanded. Intensive effort will be focused on bringing services to the community level.

Community Practices and Mobilization (\$2,000,000). 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 (\$2,400,000). Education and policy in critical areas of financing, health system strengthening, human resource recruitment and retention, 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 (\$4,500,000). GH will continue to support key research activities, particularly identifying and evaluating community-based interventions, and analysis of existing data to identify and promote more effective, efficient, equitable 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. GH programs contribute to the Development Goal of the Millennium Declaration of decreasing the maternal mortality ratio by three-quarters between 1990 and 2015. Through research, policy dialogue and technical assistance, it has contributed to increases in skilled birth attendance in GH-assisted countries. The target of increase in skilled birth attendance by 1% per annum has been met. In addition, there has been documentation of reduction of maternal mortality in a number of GH-assisted countries in the past decade. Success has been recently documented in reduction of maternal mortality by 21% in Indonesia and 44% in Bolivia. Community planning for obstetrical emergencies has improved in Guatemala, Nepal and Indonesia. The adoption of policy for effective intermittent preventive treatment of malaria in pregnant women in Burkina Faso has resulted in

widespread increase in antenatal care; growth in such services is ongoing there and in many other countries in West Africa. GH support for a special initiative to reduce postpartum hemorrhage has expanded to include global dissemination of standards to promote proven interventions to reduce postpartum hemorrhage in countries throughout the world. This year, GH has initiated programs to repair obstetric fistula in Uganda and Bangladesh. By the end of this strategic objective, we anticipate that the Millennium Development Goal of the Millennium Declaration, reduction of the maternal mortality ratio by three-quarters, will be achieved.

U.S. Financing
(in thousands of dollars)

936-002 Increased use of key maternal health and nutrition interventions

	Obligations		Expenditures		Unliquidated	
Through September 30, 2003	99,195	CSH	84,134	CSH	15,061	CSH
	19,808	DA	19,808	DA	0	DA
	0	ESF	0	ESF	0	ESF
	0	IDA	0	IDA	0	IDA
	0	TI	0	TI	0	TI
Fiscal Year 2004	14,000	CSH	11,200	CSH		
	0	DA	0	DA		
	0	ESF	0	ESF		
	0	IDA	0	IDA		
	0	TI	0	TI		
Through September 30, 2004	113,195	CSH	95,334	CSH	17,861	CSH
	19,808	DA	19,808	DA	0	DA
	0	ESF	0	ESF	0	ESF
	0	IDA	0	IDA	0	IDA
	0	TI	0	TI	0	TI
Prior Year Unobligated Funds	0	CSH				
	0	DA				
	0	ESF				
	0	IDA				
	0	TI				
Planned Fiscal Year 2005 NOA	14,600	CSH				
	0	DA				
	0	ESF				
	0	IDA				
	0	TI				
Total Planned Fiscal Year 2005	14,600	CSH				
	0	DA				
	0	ESF				
	0	IDA				
	0	TI				
Proposed Fiscal Year 2006 NOA	14,600	CSH	89,770	CSH	232,165	CSH
	0	DA	0	DA	19,808	DA
	0	ESF	0	ESF	0	ESF
	0	IDA	0	IDA	0	IDA
	0	TI	0	TI	0	TI