

## Data Sheet

<b>USAID Mission:</b>	Bureau for Global Health
<b>Program Title:</b>	Maternal Health
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	936-002
<b>Status:</b>	Continuing
<b>Planned FY 2006 Obligation:</b>	\$15,332,000 CSH
<b>Prior Year Unobligated:</b>	\$9,000 CSH
<b>Proposed FY 2007 Obligation:</b>	\$20,000,000 CSH
<b>Year of Initial Obligation:</b>	1995
<b>Estimated Year of Final Obligation:</b>	2012

**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 outcomes 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 to improve provision and use of life saving care. GH 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 in order to improve maternal and newborn survival and health.

### **Inputs, Outputs, Activities:**

#### **FY 2006 Program:**

Improve maternal health and nutrition services (\$15,332,000). This program differs from the \$14.6 million notified last year by supporting increased programming in postpartum care and neonatal health.

Quality Maternal and Neonatal Health Services (40%): The centerpiece of GH's maternal health program is support to the field to implement life saving maternal and newborn care. GH supports training of frontline providers, treatment of obstetric complications, and antenatal, birth, postpartum, and newborn care. GH will promote: micronutrient supplementation, de-worming, 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. Additionally, GH programs will implement programs expanding clean and safe delivery and rapid treatment of complications, including hemorrhage, infection, hypertensive disorders, obstructed labor, and post abortion complications. 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 gender-based violence including rape and traumatic fistula, will be addressed. Principal recipients include: Johns Hopkins Program in International Education for Gynecology and Obstetrics (JHPIEGO)--subs: Save the Children, American College of Nurse-Midwives (ACNM), The Futures Group (TFGI), 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, and Training Resource Group.

Community Practices and Mobilization (15%): GH will continue to support the White Ribbon Alliance to promote the Safe Motherhood Initiative through a global network and will also support education of families and communities about healthy practices in pregnancy and the importance of planning for use of skilled birth attendants and emergency care, if needed, to save mothers' and newborns' lives. Principal recipients include: JHPIEGO Corporation--subs: Save the Children, ACNM, TFGI, AED, and IMA.

Policy for Safe Motherhood (16%): GH fosters policy dialogue to address regulatory barriers and to institutionalize political and financial commitments to maternal and newborn health. Principal recipients include: TFGI--subs: Centre for Development and Population Activities, World Conference of Religions for

Peace, White Ribbon Alliance, Cultural Practice, Initiatives, Inc., Social Sectors Development Strategies, and Sibley International; RTI-subs: Program for Appropriate Technology for Health (PATH), EngenderHealth; International Life Sciences Institute; LTG Associates--sub: TVT; Management Sciences for Health-subs: AED, APUA, Boston University, Harvard, PATH; Jorge Scientific Corporation--subs: TFGI; John Snow, Inc (JSI); and WHO.

Research (29%): GH supports a multi-donor international effort to improve the evidence base for effective, affordable approaches to expand maternal and newborn programs in low resource environments. It supports research on new technologies to measure maternal mortality, determine the burden of maternal morbidity, 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 recipients include: 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 and Associates; The University of North Carolina at Chapel Hill Carolina Population Center-subs: TFGI, JSI, Macro Int., Tulane Univ.; PATH.

#### **FY 2007 Program:**

Improve Maternal Health and Nutrition (\$20,000,000). Quality Maternal and Neonatal Health Services (39%): Timely, effective, and equitable care will be promoted through training and quality improvement approaches. The special initiatives to prevent and treat postpartum hemorrhage and provide newborn care will continue to be supported and programs to prevent and repair obstetric fistula will be expanded.

Community Practices and Mobilization (14%): 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 and newborn services will be emphasized.

Policy for Safe Motherhood (16%): 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 and newborn survival, especially for the poor.

Research (31%): GH will continue to support key research activities, particularly identifying and evaluating community-based interventions, ascertaining the burden of maternal morbidity, and analysis of existing data to identify and promote more effective, efficient, equitable, and affordable maternal and neonatal health programming.

**Performance and Results:** GH contributes to the Millennium Development Goal of decreasing maternal and child mortality. Through research, policy dialogue and technical assistance to improve community-based services, the target of increase in skilled birth attendance by 1% per annum has been met in GH-assisted countries. In addition, there has been documentation of reduction of maternal mortality in a number of GH-assisted countries in the past decade, including seven countries with a reduction of 22% to 52% over ten years. 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. GH support for a special initiative in new born care has rapidly increased the number of USAID countries including focused attention on the newborn as part of their health program. This year, GH has expanded programs to repair obstetric fistula in Uganda, Democratic Republic of the Congo, and Bangladesh. By the end of this strategic objective, we anticipate substantial progress toward meeting the maternal health Millennium Development Goal of the Millennium Declaration, reduction of the maternal mortality ratio by 75%.

## US Financing in Thousands of Dollars

Bureau for Global Health

	CSH	DA
936-002 Maternal Health		
<b>Through September 30, 2004</b>		
Obligations	113,195	19,808
Expenditures	95,334	19,808
Unliquidated	17,861	0
<b>Fiscal Year 2005</b>		
Obligations	15,091	0
Expenditures	12,073	0
<b>Through September 30, 2005</b>		
Obligations	128,286	19,808
Expenditures	107,407	19,808
Unliquidated	20,879	0
<b>Prior Year Unobligated Funds</b>		
Obligations	9	0
<b>Planned Fiscal Year 2006 NOA</b>		
Obligations	15,332	0
<b>Total Planned Fiscal Year 2006</b>		
Obligations	15,341	0
<b>Proposed Fiscal Year 2007 NOA</b>		
Obligations	20,000	0
Future Obligations	68,538	0
Est. Total Cost	232,165	19,808