



PROGRAM REPORT

MSD For Mothers in Asia

Improving Maternal Health Across
Asia Pacific, China and Japan



Equity and access as MSD's driving forces

MSD for Mothers is our company's global initiative to help create a world where no woman has to die while giving life. Applying MSD's business and scientific resources, MSD for Mothers works with grantees and collaborators to improve the health and well-being of women during pregnancy, childbirth and the months after. MSD for Mothers is an initiative of Merck & Co., Inc., Rahway, NJ, U.S.A. For more information, visit www.MSDforMothers.com.

For more than a decade, MSD for Mothers has been an essential component of our company's efforts to extend access to solutions that address unmet medical needs and advance global health. We invest in solutions that have the potential to transform health care for women across the globe in support of our company's contribution towards [Sustainable Development Goal \(SDG\) 3.1](#): significantly reduce maternal mortality. Our focus is increasing women's access to safe, high quality, equitable, and respectful care around pregnancy and childbirth.

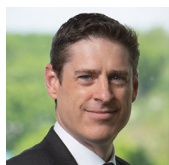
Progress in improving maternal health across Asia has been significant, resulting in steep declines in maternal mortality. Between 2000 and 2020, the maternal mortality ratio (MMR) across Central and Southern Asia dropped by more than two-thirds, from 397 to 129 deaths per 100,000 live births – more than any other region in the world. India and Indonesia, the two most populous markets in this region, reduced their MMR by more than 73%.¹

However, disparities across Asia remain. While markets such as the Philippines and Vietnam have nearly met or surpassed the global MMR target of 70 deaths per 100,000 live births, others like Cambodia, Indonesia and Myanmar are far from meeting this target, despite the significant progress they have made over the last two decades.² Furthermore, within markets, women from marginalized ethnic and Indigenous communities and poor socioeconomic backgrounds face higher risks during pregnancy, childbirth and the postpartum period.³

At MSD, we believe that all women everywhere should have access to quality maternal health care, regardless of their socioeconomic status, ethnicity or nationality. The way forward to saving more women's lives is to ensure that maternity care is tailored to meet the needs of women and can reach those from underserved and marginalized communities.

We believe that a critical pathway toward improved health for all is a strong health system with a well-trained workforce and reliable access to quality care. We are proud to collaborate through public-private partnerships with non-governmental organizations, health care professionals, businesses and local and national governments to understand and help meet the maternal health needs of women across Asia and beyond.

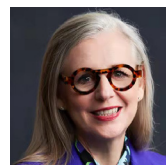
This report describes how we work with a vibrant array of organizations to provide life-saving information on healthy behaviors and managing risks during pregnancy, increase access to family planning and maternal health services, bolster standards for quality maternity care, build the knowledge and capabilities of health providers and midwives, and more. We are grateful to the team behind MSD for Mothers and all employees contributing to this company-wide initiative as well as to our grantees and collaborators whose impactful work is reflected in these pages. We thank them for their outstanding efforts to help create a world where no woman has to die while giving life.



David Peacock
Senior Vice President,
Asia Pacific, MSD



Kyle Tattle
Senior Vice President,
Japan, MSD



Anna Van Acker
Senior Vice President,
China, MSD

MSD for Mothers: committed to saving lives

MSD for Mothers is MSD's global initiative to help create a world where no woman has to die while giving life.

In support of the United Nations' SDGs and our company's goal to reach more than 50 million people by 2025 with our social investments, we strive to improve maternal health by increasing access to safe, high-quality, equitable and respectful care during pregnancy and childbirth.

To date, our company has committed \$650 million (USD) to the global effort to improve maternal health. Our **MSD for Mothers** initiative has improved access to quality maternal health care for nearly 35 million women in 73 sites around the world, strengthening health systems and contributing to efforts to meet the SDG targets by 2030.

Across Asia Pacific, China and Japan, we have supported maternal health projects across 11 markets, playing a crucial role in advancing pregnancy and childbirth outcomes across the region and fostering partnerships and initiatives that address the unique health care challenges faced by women during pregnancy, childbirth and the critical postpartum period.

Our approach

Recognizing the multifaceted challenge of maternal mortality, we take a holistic approach to addressing the many factors that have an impact on maternal health, especially in underserved communities.

Applying MSD's business and scientific resources, MSD for Mothers works with grantees and collaborators to improve the health and wellbeing of women during pregnancy, childbirth and the months after. We are committed to working with organizations that have a deep understanding of the populations they aim to serve and are skilled at integrating women's voices and experiences into the services they provide.

The programs we support across the region are **improving access to quality antenatal, labor and delivery, and postpartum health care**. They focus on raising awareness of maternal mortality and enhancing training of health care providers to improve health outcomes, especially among women who are marginalized – including migrants, adolescents and those living in rural or low-socioeconomic areas.

Our impact by the numbers

As of 2025, our work has supported impressive strides in improving maternal health worldwide.



34.9 million
women

reached with improved access
to quality maternal health care



917,000
providers

equipped to offer quality care



275+
programs



190+
grantees
and collaborators



70+
countries/sites

Maternal health across Asia

Since 2000, concerted efforts to improve maternal health have led to significant reductions in maternal mortality rates in this region of the world.⁴ However, as health systems struggled to manage and finance unexpected local emergencies and threats – including climate-related natural disasters, infectious disease outbreaks, humanitarian crises and more – progress reversed in many parts of the region between 2016 and 2020.^{5,6}

The onset of the COVID-19 pandemic further exacerbated health system vulnerabilities and health inequities⁷, with many markets experiencing disruptions in essential services, including sexual and reproductive health, antenatal care and labor and delivery services. Nearly every Central Asian market experienced a sharp increase in their maternal mortality ratio at the height of the pandemic in 2020.⁸

At the same time, deep-rooted inequities persist. Women who are geographically isolated, of low socio-economic status or from other historically excluded populations – such as Indigenous and ethnic minority communities, refugees, migrants – confront greater challenges in receiving high-quality maternal health care, resulting in worse health outcomes.⁹ For example, First Nation Indigenous women in Australia are three times more likely to die during childbirth than the rest of the population.^{10,11}

As governments look to strengthen their local health systems, prioritizing vulnerable and historically marginalized communities will be essential to safeguarding the health of mothers and increasing access to high-quality, respectful care for all women, regardless of where they live or seek care.



MSD for Mothers’ impact in the Asia

In collaboration with local MSD offices throughout the Asia Pacific, MSD for Mothers is supporting organizations that improve women’s access to high-quality maternal health care and family planning services. In keeping with our focus on maternal health equity, many of the organizations we are collaborating with are serving women from underserved communities, including those living in rural areas.

Our impact by the numbers in the Asia Pacific

As of 2024, MSD has invested over (USD)\$8 million to support maternal health initiatives in Asia Pacific, China and Japan. We have supported **30 programs in 11 markets that have reached over 11.9 million women and trained nearly 75,000 providers across the region.**

Maternal mortality varies across the Asia Pacific

Maternal mortality ratio — Maternal deaths per 100,000 live births (2020)^{12,13}
in markets where MSD for Mothers works



MARKET	MMR
1. Australia	3
2. Cambodia	218
3. China	23
4. Chinese Taipei	13*
5. India	97
6. Indonesia	173
7. Japan	4
8. Malaysia	21
9. Myanmar	179
10. Nepal	174
11. Philippines	78
12. Singapore	7
13. Thailand	29
14. Vietnam	46

Data year 2020

*The maternal mortality rate for Chinese Taipei is sourced from Statista, while all other MMRs are sourced from National Health Reports or the World Bank. The World Bank includes Chinese Taipei in its dataset for China. [Source: [Statista. \(2023\).](#)]

India

For more than a decade, MSD for Mothers has taken a comprehensive approach to strengthening maternity care to meet the needs of women in India. As one of the initiative's four focus countries, MSD for Mothers has supported several public-private partnerships to improve the quality of maternal health care across India.

India has the second highest number of annual maternal deaths in the world but has made significant progress in improving maternal health over the past two decades.¹⁴ As of 2020, the national MMR dropped by nearly 75% since the start of the millennium.¹⁵ India has also made major strides in more recent years: the number of women who died from complications of pregnancy and childbirth declined to 25,000 in 2020 from 33,000 in 2016.¹⁶

These maternal health trends are encouraging and the result of India's success in increasing the proportion of women who give birth in a health facility – essential to reducing maternal mortality. However, maternal deaths are not decreasing as much as they should, largely due to poor quality care.

Because the majority of pregnant women seeking care receive services from independent, private maternal health care providers, we focus on improving the quality of care that the private health sector delivers. We also provide long-term, multi-phase investments in local health businesses that are driving innovation to strengthen India's health system and address unmet maternal health needs – sustainably and at scale.

MSD for Mothers' initiatives described below are expanding the pool of high-quality maternal health facilities and services available to women and support India's commitment to achieving Universal Health Coverage by 2030.

Moving forward, MSD for Mothers will continue to explore innovative financing solutions to enable and incentivize local health businesses to operate at scale, sustainably expand their services to more populations and better meet the demands of women.



“MSD for Mothers is filling a critical gap in India – improving the quality of private maternity care. The initiative's strategic collaborations and investments in training over 50,000 medical professionals have supported over 10.3 million women across the country access the care that they need before, during and after childbirth.”

– **Rehan A. Khan**
Managing Director, MSD India

Manyata

Assuring the quality of private maternity care

The quality of maternity care in India's private health facilities – which serve over 50% of women who seek facility-based care – is highly variable and often suboptimal, contributing to poor maternal health outcomes.^{17,18}

In 2013, with support from MSD for Mothers, India's OB/GYN society (FOGSI) and Jhpiego (a global NGO with expertise in maternal health) collaborated to create Manyata — a quality certification for private maternity care providers that meet WHO-aligned quality standards. Through building the capacity of these providers to deliver high-quality care, providing technical assistance and training to meet quality standards and developing strategic partnerships, Manyata is increasing access to consistent, safe and respectful private maternity care during the antenatal, intrapartum and postpartum periods. Through educational and training activities, Manyata also helps prepare health providers to apply for accreditation from the National Accreditation Board for Hospitals & Health Care Providers (NABH) – India's principal quality accreditation program¹⁹ – so that they can become eligible for reimbursement from payers, who link reimbursement to the level of quality care delivered.

In the last few years, Manyata has scaled significantly – expanding from reaching 1,800 facilities in its first eight years to supporting 1,200 additional facilities in just the last two years (2022-2024). FOGSI's focus on generating

demand for quality improvement services, digitizing the quality improvement and certification process and strengthening the sustainability of Manyata's financing model have contributed to the program's growth. Manyata also established strategic partnerships to strengthen its support for providers, including collaborating with the Centre for Catalyzing Care to educate and certify health care providers, including community health workers, on delivering respectful, compassionate and quality maternity care.

Since Manyata began, more than 3,000 facilities across 25 states have participated in quality improvement activities and over 2,700 facilities have already achieved Manyata certification. Manyata's quality standards were recently integrated into the NABH's accreditation standards to help unify national standards and coordinate governance of India's health system – a huge step towards enhancing quality maternity care across India.



“Manyata, over the last decade, has driven catalytic change for expecting mothers at the most important time of their lives. This journey has helped over 600,000 mothers receive quality, respectful care by shaping knowledge, behavior and practice at 3,000 hospitals. Manyata has made a promising start to ensure that 15,000 high-burden hospitals across the nation adopt best practices.”

– **Atul Kapoor, Director of Private Sector in Public Health, Swasti**

Safe Delivery App

Equipping providers to deliver respectful and quality maternity care

The majority of maternal deaths can be prevented if women give birth with support from a skilled birth attendant who is equipped to handle obstetric emergencies. However, health care providers, especially those working in rural or remote areas, often struggle to access evidence-based information and up-to-date educational resources on the latest medical innovations and clinical guidelines to support them in delivering high-quality and respectful care.

The Maternity Foundation is leading the global scale up of the Safe Delivery App – a smartphone application that provides health care workers, including midwives, nurses and community health workers, with instant access to the latest clinical guidelines on maternal and neonatal care and emergency obstetric care. The app offers health care providers pre-service and in-service trainings to support the delivery of quality maternity care and can be used to reference life-saving medical information during complicated deliveries. The app is free and, once downloaded, also works offline, making it possible to use in even the most remote areas.

The Maternity Foundation recently partnered with FOGSI to strengthen and scale Manyata's capacity building efforts

and increase access to high-quality emergency maternity care services for women who seek care in the private health sector. To date, the Safe Delivery App has supported over 200,000 health care workers to improve quality maternity care for women across India.



“I remember when I went to Gujarat, it was a tribal and remote area. I recommended the Safe Delivery App to the community health officer who was working there, and she was astonished to see that such apps are available – she became very happy.”

– **Lovepreet Saini, Midwife in Ludhiana, Punjab, India**

iKure

Delivering maternal health services to underserved communities

An estimated 80% of health care facilities in India are located in urban areas which means that the almost 70% of people who live outside a city lack access to primary health care, including quality antenatal care.²⁰ This gap in services – compounded by a shortage of skilled community health workers (CHWs) in remote and underserved communities across India – contributes to maternal health disparities across the country.^{21,22}

iKure is a population health management company that aims to build a network of trained community health workers to expand access to primary and preventative health care for pregnant women in underserved communities. In collaboration with the Government of Jharkhand, iKure implemented a digital health platform, Wireless Health Incidence Monitoring System (WHIMS), that enables local health providers across West Bengal and Jharkhand to register consenting pregnant women in a patient database and track their health across the pregnancy journey. The platform identifies and flags women with high-risk pregnancies, informing health workers on how to tailor care to mitigate risk and address health needs, including making timely referrals to health facilities.

Through the WHIMS platform, iKure has trained more than 3,000 CHWs, midwives, and other health providers from 80 health centers to deliver high-quality care and monitor the health of pregnant women from underserved and rural communities across West Bengal and Jharkhand, including women with high-risk pregnancies. As a result, nearly all women from these communities are giving birth in a health facility. So far, trained health care providers have helped more than 2,500 women have a safe childbirth.



“At iKure, we are dedicated to ensuring that every mother, regardless of location or socioeconomic status, has access to quality health care. By fostering a sustainable, technology-driven health care ecosystem, we strive to reduce maternal mortality, enhance preventive care, and leave no mother behind.”

**– Sujay Santra, Founder & CEO,
iKure Techsoft Private Limited**



e-SAATHI

Leveraging digital innovations to connect women to quality care

India's progress in addressing maternal mortality has been uneven across states – with the state of Assam facing a maternal mortality rate of 195, the highest in the country, while other states have rates well below the national average (97 deaths per 100,000 live births).²³ Evidence suggests that socioeconomic factors, women's limited autonomy and insufficient health system capacity to meet health care demand hinder women's access to, and use of, quality maternal health services – contributing to poor outcomes for mothers and newborns.

e-SAATHI, a coalition of private sector innovators led by Population Council Consulting, is testing and scaling a digital health solution to address these maternal health challenges in Assam. Using the askNivi platform, an AI-enabled chatbot, e-SAATHI is equipping pregnant women with essential health information to support their health seeking behaviors, improve self-care practices and connect them to quality providers that can meet their maternal health needs. Through the chatbot, women receive tailored responses to their questions about the reproductive, pregnancy and postpartum journey.

e-SAATHI also seeks to support health facilities through its live data dashboard, which gives private providers and government health officials access to aggregate patient and quality care assessment data, including insights on the patient care experience, to inform maternal health care quality improvement strategies.

As of 2024, e-SAATHI has worked with 180+ health facilities across four districts in Assam to raise awareness of the chatbot among women seeking reproductive and maternal health services – leading to more than 65,000 women onboarding onto the platform. e-SAATHI also expanded its digital health interventions to Assam's public and community facilities – even to boat clinics – to better serve women in rural and remote island populations. With support from the state government, e-SAATHI is replicating their efforts in Bhopal, the capital of Madhya Pradesh, to help more women connect with maternal health care services.



"I feel e-SAATHI is my true friend. It helps me track my baby's growth and gives information about how to take care of myself during pregnancy."

– e-SAATHI user from Chaur area, Assam



Global Grants

In 2012, we launched MSD for Mothers Global Grants — a corporate grant program that enables MSD offices to support organizations that are improving maternal health around the world, beyond MSD for Mother's four focus countries: India, Kenya, Nigeria and the United States. The program is designed to be responsive to local women's needs, focusing on how resources can contribute distinctively to increase equitable access to care and support around pregnancy and childbirth.

Across the Asia Pacific, we support a diverse group of programs that improve access to antenatal care, family planning and culturally appropriate maternity care. These programs also strengthen health providers' skills and practices through training, build strong referral networks to ensure timely response to childbirth emergencies, and leverage digital health tools to enhance screening and management for health risks during pregnancy.



AUSTRALIA

The Australian College of Midwives developed a midwifery training framework to improve access to high-quality, holistic, culturally appropriate care for Indigenous women in Aboriginal and Torres Strait Islander communities.

CAMBODIA

World Vision enhanced maternal and child health knowledge and practices by training mothers to prevent and manage common childhood illnesses and delivering information on how to improve their nutrition and overall health.

CHINA

Project HOPE deployed digital health solutions to improve women and health workers' capacity to identify, manage and monitor pregnancy-related risks early to reduce high rates of maternal morbidity and mortality.

CHINESE TAIPEI

The Zhi-shan Foundation increased access to maternal health care and social support services for Indigenous women living in remote areas. To address geographic access barriers, the organization deployed a mobile health van as well as trained and built a community network of qualified health and social welfare practitioners.

INDONESIA

Project 1: Project HOPE, with the local Kusuma Buana Foundation, enabled providers to deliver family planning and routine antenatal health education, breast-feeding counseling and anaemia screening and treatment to female factory workers in the Subang District.

Project 2: Jhpiego examined the factors that prevent or enable access to family planning immediately after pregnancy and implemented a tailored package of interventions to improve family planning counseling and services across local health facilities.

MYANMAR

The Japanese Organization for International Cooperation in Family Planning helped women overcome socio-cultural barriers in accessing family planning and maternal health services in the Ayeyarwady Region.



Global Grants



PHILIPPINES

Project 1: Jhpiego improved the quality of maternity care in public and private health facilities in the Sorsogon Province (Bicol Region) and established a referral network to help ensure timely response to obstetric emergencies.

Project 2: The UN Foundation and UNFPA launched Business Action for Family Planning – a partnership with business owners in the Philippines to provide maternal and reproductive health information to underserved women at the workplace.

Project 3: Zuellig Family Foundation strengthened the governance capacity of local government and community leaders, trained local midwives and village health workers on quality intrapartum and newborn care practices and improved health-seeking behaviors among pregnant women in geographically isolated areas in Samar Island.

THAILAND

UNICEF reduced unintended pregnancies and maternal morbidity and mortality risks among 15-19-year-olds by increasing access to youth-friendly health information and services and sexual and reproductive health counselling before, during and after childbirth.

VIETNAM

Project 1: Population Services International broadened access to contraception for women and their partners living in underserved communities by registering previously unavailable contraceptives, integrating family planning counseling into antenatal and post-pregnancy care and educating women on their contraceptive options.

Project 2: UNFPA helped women from ethnic minority communities overcome barriers to maternal health and family planning services through community education and using a smart phone app to build providers' capacity to deliver emergency obstetric care.

Project spotlights

Myanmar

Improving access to maternity care in rural communities

Myanmar has the highest maternal mortality ratio in Southeast Asia. Approximately 75% of all maternal deaths are associated with severe bleeding, infections, high blood pressure during pregnancy, and other complications from delivery. Poverty, sociocultural challenges, and limited knowledge on safe childbirth practices contribute to Myanmar's high rates of at-home deliveries and delay women in seeking and reaching care in health facilities, especially among women from remote and ethnic minority communities who disproportionately experience higher rates of maternal mortality.²⁴ Furthermore, a lack of trained health care workers in these underserved areas makes it difficult for women to receive timely, quality care.²⁵

The Japanese Organization for International Cooperation in Family Planning (JOICFP) implemented a project to strengthen antenatal, postnatal and safe delivery care in rural communities with high maternal mortality rates. The project had two main components: (1) build the capacity of 3,500 Maternal and Child Health Promoters (MCHPs) and (2) encourage pregnant women to seek care by providing vouchers.

Trainings and supportive educational materials equipped MCHPs to provide essential maternal health and family planning information to pregnant women and their family members to promote healthier behaviors and reduce risk during pregnancy. JOICFP also built MCHPs' capacity to

identify and refer women with high-risk pregnancies to local health facilities – helping women manage risk factors early and prevent pregnancy-related complications.

To address financial barriers to care and reduce preventable maternal mortality and morbidity, JOICFP implemented a Community-Operated Maternal Voucher Mechanism (COMVM) in 29 villages with the goal of motivating women to seek antenatal and postnatal services and deliver with a skilled birth attendant. Women's use of these services across the pregnancy journey increased significantly, especially compared with villages that did not participate in the voucher program.



"Despite challenges, [COVID-19 pandemic and military coup] all stakeholders involved in the project – from MCHPs and the COMVM management teams, to the Township Health Department, midwives, local experts and MSD for Mothers – fulfilled their role... As a result, the initial goal of the project was achieved."

– **Representative from Japanese Organization for International Cooperation in Family Planning**



Philippines

Expanding access to reproductive health care through workplace programs

Although the Philippines' national family planning program began in 1971 and was one of the strongest in Asia, the decentralization of health services in the market has led to uneven implementation, as sub-national governments lack the capacity and resources to effectively implement the national program in local communities.²⁶ In 2019, 13 million Filipino women of reproductive age wanted to avoid a pregnancy, yet 5.5 million (43%) of them were not using modern contraceptives.²⁷

Given that 58% of women are employed, the workplace has become a critical entry point for expanding access to reproductive health services.²⁸ Business Action for Family Planning (BAFP) – a collaboration between the United Nations Foundation and the United Nations Population Fund – aimed to expand access to quality reproductive health information and services in the workplace. The project integrated reproductive health, including family planning, into staff welfare programs at 26 companies across the Philippines. The initiative overall has provided 7 million women with essential reproductive health education and services throughout the continuum of care—before pregnancy, during pregnancy, childbirth and postpartum.

The project also fostered engagement with the private sector – a critical partner in advancing women's health – by developing an online tool to calculate the business impact of investing in workers' health and well-being. [The Return on Investment Tool \(ROI-T\)](#) enabled BAFP

to make the business case for workplace health services – strengthening collaboration with the Department of Labor and Employment and setting a new benchmark for how businesses in the Philippines can responsibly support women's health.²⁹ The ROI-T has expanded to help companies estimate the economic value of investing in various areas of health– including maternal health, nutrition and, most recently, gender-based violence and harassment and climate change.



“The private sector is an important partner in expanding access to voluntary family planning, which is one of the most effective ways to stop the cycle of poverty for families and communities”

– **Klaus Beck, UNFPA Philippines representative**

“My family's life has improved thanks to family planning. My wife and I are able to apply what we've learned about spacing our two children”

– **Brandon Manaig, production worker, Daiwa Seiko Philippines**



Vietnam

Expanding contraceptive options and postpartum family planning services

Although Vietnam has made strong progress in family planning since the early 1990s, significant disparities in access to contraceptives and choice persist, particularly among young women, those who are unmarried and women who live in rural or remote mountainous regions. In 2015, one third of young women who were unmarried reported an unmet need for contraception.³⁰ Additionally, fertility rates were 22% higher among women living in remote regions compared to urban settings, and the average number of children per household peaked above seven within certain rural ethnic minority communities.^{31,32}

In 2016, Population Services International (PSI) sought to address these disparities and increase use of underutilized modern contraceptive methods among Vietnamese women and their partners. By training and equipping nearly 200 private clinic providers, PSI expanded family planning services to women in rural areas who would otherwise struggle to access these services. PSI also advocated successfully for integrating postpartum family planning services into routine care at a large OB/GYN hospital in Hanoi – helping women access contraception immediately after childbirth.

In addition to strengthening the capacity of private clinics, PSI conducted educational sessions on family planning at community and factory workplace events, attended by more than 14,000 women. The organization also led a large behavior change communication campaign to educate women about family planning options and to address misconceptions related to contraception – increasing awareness of contraceptive services and encouraging health seeking behavior among more than 1.2 million women.



1.2 million
women
with increased awareness
of contraceptive services



Indonesia

Scaling an intervention to improve family planning services

Indonesia has one of the highest rates of maternal mortality in Asia and faces significant challenges in meeting overall family planning needs. The contraceptive prevalence rate has remained stagnant, and the use of long-acting reversible contraceptives has steadily declined.³³ Three-quarters of women who seek postpartum family planning (PPFP) services in the first two months after giving birth are unable to access them. There is also little focus on post-abortion family planning, with low rates of counseling and low use of contraceptives for this population.³⁴

In 2012, MSD for Mothers and the Gates Foundation made a joint USD \$50M multi-year commitment to support global family planning goals – expand access to contraceptives to an additional 120 million women and girls in the world's poorest markets. Together, they funded PPFP Choices, an implementation research study conducted by Jhpiego, to facilitate greater access to evidence-based PPFP services throughout Indonesia and Kenya.

PPFP Choices' interventions included: (1) building health providers' capacity to counsel women on PPFP during antenatal care and deliver family planning services within the year following pregnancy; and (2) driving quality improvement efforts to overcome systemic barriers to delivering PPFP services in health facilities. PPFP Choices' also focused on strengthening private health facilities – including addressing financial challenges and supply and equipment shortages – by building providers' advocacy and hospital management skills.

PPFP Choices implemented interventions in eight sites in two Central Java districts in Indonesia – providing access to PPFP for 34,000 women and increasing the proportion of women adopting a PPFP method by 24%. The high-impact results of the interventions encouraged the Government of Indonesia to strengthen national guidelines and scale this solution nationwide. As of 2020, the government started reimbursing private facilities for providing PPFP services and has allocated funds to help all states adapt and scale the PPFP training package across local health facilities.



“Postpartum women are a key population for family planning interventions, given 65% of women in their first year postpartum have an unmet need for family planning. This funding provided an opportunity to generate evidence for the Indonesia Ministry of Health on how best to integrate family planning into maternal health services. PPFP is now considered a maternal health priority and has been incorporated into national training guidelines.”

– **Maryjane Lacoste, Country Director, Jhpiego-Indonesia**

*NEW PROJECT

Training health providers to deliver quality emergency obstetric care

A new grant in Indonesia is supporting Project HOPE's SAFE HANDS program to reduce maternal and neonatal mortality in the province of Nusa Tenggara Barat, where mortality rates are disproportionately high. Through a multi-disciplinary public-private partnership with Indonesia's Ministry of Health, Provincial and District Health Offices and professional medical and midwifery associations, Project HOPE will strengthen the capacity of health providers, midwives and government health officials to deliver and monitor the quality and timeliness of emergency obstetric services in primary health facilities. Given longer delays in accessing life-saving treatment in rural areas, Project Hope will focus its efforts on improving emergency obstetric services in these communities.

The project will also roll out the organization's Safe Delivery digital application. This mobile health tool seeks to strengthen antenatal and emergency obstetric care protocols and equip frontline health care workers with the knowledge and skills to better support women across the pregnancy journey.



“SAFE HANDS is a groundbreaking initiative that equips frontline health care workers with the skills and tools needed to provide life-saving care. By combining training, technology and system strengthening, we are not only enhancing emergency care in rural Indonesia but also ensuring sustainable improvements in maternal and neonatal health outcomes.”

– **Dian Assiddika, Executive Director (Acting), Yayasan Project HOPE**



Cambodia

*NEW PROJECT

Improving maternal and child health in remote and rural communities

Stung Treng province in Cambodia has significant challenges in maternal and child health, with pregnancy rates among teenagers (ages 15-19) approaching 25% -- far above the national average of 9.3%. The province also reports lower health care utilization, skilled birth attendance and postnatal care compared to national rates. Rural, isolated communities within the province face additional barriers, such as poor road conditions and difficult weather that delay emergency transport and limit access to quality maternal health care.

The Japanese Organization for International Cooperation in Family Planning (JOICFP), together with the Reproductive Health Association of Cambodia (RHAC), is launching a new effort to improve access to quality maternal and child health care and family planning services in Stung Treng Province, focusing on teenage girls and women from Indigenous and ethnic minority groups. The project will enhance the quality of care and youth-friendly services at public health centers by strengthening primary health care providers' capacity to deliver comprehensive care and telemedicine services. The project will also train youth advocates, village health support groups and schoolteachers to deliver sexual and reproductive health information using social and behavioral change communication interventions that will be developed with local stakeholders to help ensure that they are locally responsive and culturally accessible.

In alignment with Cambodia's national strategy, the project will also engage the Ministry of Health to build the capacity of local administration officials to regulate the local health sector in 34 communes and prioritize quality improvement efforts in health care. To help increase the effectiveness and lasting impact of the project, JOICFP and RHAC will consult with experts from various fields for strategic support and counsel.



"We are committed to transforming the lives of teenage girls and women from Indigenous and ethnic minority groups in Stung Treng Province. By improving access to quality maternal and child health care and family planning services, we aim to empower these communities, ensuring that every woman and child has the opportunity to thrive."

**- Representative from Japanese Organization
for International Cooperation in Family Planning**

"As a local NGO dedicated to promoting sexual and reproductive health and rights, RHAC is committed to empowering women in Stung Treng Province. We see this project as a vital step toward promoting the health and well-being of children, the next generation of Cambodia."

**- Representative from the Reproductive
Health Association of Cambodia**

China

Enhancing maternal health through digital innovation

China's rural areas, including the Anhui province, experience significantly worse maternal health outcomes than most developed regions as a result of geographic inaccessibility, low adherence to clinical protocols, delayed care and other challenges.³⁵

Project HOPE implemented multiple digital health interventions to improve maternal health outcomes in Anhui by increasing risk screening, raising awareness of pregnancy complications and enhancing referral systems. One of the project's digital health tools sought to improve health providers' capacity to identify and manage pregnancy risk factors and facilitate timely referrals to higher-level care facilities. Similarly, a digital self-testing tool – Pro Preg – enabled women to assess their pregnancy risk at any point by providing a health risk score with recommendations on how to reduce and manage risks across the pregnancy journey. Additionally, Project HOPE utilized digital platforms to educate pregnant women on pregnancy complications to further empower them to seek timely care.

In two years, the project screened more than 10,000 pregnant women through self-test risk assessments (more than 30% were identified with pregnancy risks) and educated 16,503 women and nearly 5,000 health care providers on risks during pregnancy. As a result, women were prompted to seek care when they needed it, while providers were better equipped to identify health risks and tailor services to safeguard women across their pregnancy journey - helping contribute to reductions in maternal mortality across the province.



“Project HOPE developed an innovative digital tool for pregnant women and health providers to screen maternal risks and prevent complications to reduce the local maternal mortality ratio and enhance the maternal service experience. Pro Preg is an effective and convenient tool to detect early pregnancy risk [for women living in] less-developed areas.”

**– Program Director, Project HOPE
Shanghai Representative Office**



Kenneth C. Frazier Award for Maternal Health Equity

Around the world, visionary leaders and community-based organizations are creating a path to a better world where maternal health outcomes are more equitable, and pregnancy and childbirth are safer. They are helping to create a world where prenatal visits, labor and delivery, and postpartum encounters for the first year after childbirth contribute to better maternal health outcomes.

In 2021, MSD for Mothers launched the Kenneth C. Frazier Award for Maternal Health Equity. This annual award was established in recognition of Kenneth C. Frazier, retired MSD chairman and CEO, for his enduring commitment to maternal health. Every year, the grant award is bestowed upon one organization to celebrate its progress toward advancing equitable, respectful, high-quality maternal health care for all women.

ARMMAN

The 2023 recipient of the Kenneth C. Frazier Award for Maternal Health Equity was ARMMAN, an India-based non-profit organization that strives to address systemic, nation-wide gaps in health care access by leveraging technology to support healthy pregnancies and safe childbirth. ARMMAN embraces equity-based and transformative approaches to develop its innovative programs and reach underserved communities.

Through expansive in-person and digital outreach, in partnership with national and state governments, ARMMAN provides pregnant women and mothers with the information they need to seek maternal health care in a timely manner and trains health care workers in early detection and management of high-risk pregnancy conditions to reduce maternal and child mortality and morbidity in India.



"No mother or child, irrespective of their gender, class, race, caste, economic condition and migrant status should die or suffer for want of care. There can be no global progress until all our mothers and children do well. The support from the Kenneth C. Frazier Award for Maternal Health Equity will help us move from 'one size fits all' to a more nuanced 'fit for purpose' approach using a 'tech plus touch' model to reach the most vulnerable and disadvantaged communities and ensure that we leave no one behind."

- Dr. Aparna Hegde, Founder, Chairperson and Managing Trustee, ARMMAN





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