

I. PIH's Next *Chwal Batay*: Improving Maternal Health Outcomes

In 2009, PIH Lesotho (PIHL) piloted the Maternal Mortality Reduction Project (MMRP) to reduce mother-to-child transmission of HIV and to create demand for clinic-based antenatal care and delivery in order to reduce maternal deaths. PIHL trained community health workers to accompany pregnant women in their villages throughout their pregnancies and incentivized clinic-based delivery. The pilot was so successful that in Bobete clinic-based deliveries tripled in the first six months alone. Based on this initial success, PIHL expanded the project to six additional sites in 2010/2011 and will expand to an eighth site in 2011.

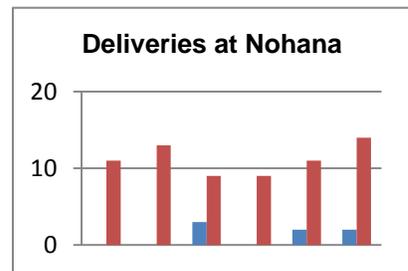
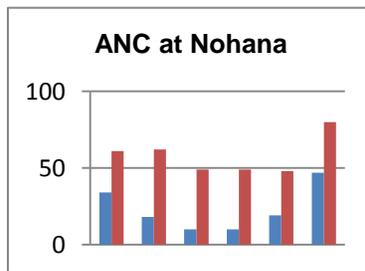
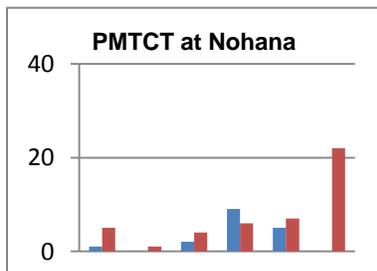
Beyond saving mothers' lives, the MMRP could be a *chwal batay* (Haitian Creole for battle horse) for directing global financial resources to primary care and strengthening health systems across all of our sites; PIH Lesotho has already expanded the role of CHWs to include caring for neonates and ensuring that children in the home are receiving basic care or are referred to the clinic for care as needed. Other PIH sites can learn from the success of the MMRP in Lesotho to expand and/or improve the quality of their Maternal Neonatal and Child Health (MNCH) programs. Haiti built seven ORs between 2006 and 2011, chiefly to provide access to emergency obstetric care and both Haiti and Rwanda employ CHWs who focus on maternal and neonatal health.

II. Transformational Opportunity

Status Quo: Despite significant evidence that home-based delivery by a skilled attendant does not improve birth outcomes, it is still the only option for millions of poor women worldwide. PIH will accept nothing less than access to prenatal and postnatal care as well as clinic-based delivery—the standard in rich nations—and will use our model to prove that improving access to care is achievable and scalable.

Global Opportunity: More energy and money are being devoted to addressing maternal mortality than in the previous decade, and reducing maternal mortality is one of the MDGs that has garnered the most attention but experienced the least success. Directing resources to MNCH will build on this momentum and place us at the forefront of what may become the next movement in global health. Increasing access to safe delivery saves mothers' and neonates' lives. In Lesotho alone, if current trends continue, we expect to see more than 4,000 facility-based births over the next five years, of which 25% likely would have resulted in death if the delivery had occurred at home. More importantly, as was the case with HIV a decade ago, PIH again has the opportunity to change the conversation about the quality of maternal care that poor women can and should have. Our ultimate aim is to contribute to the scholarship and policy change that will direct MNCH funds only to those programs that show comparable success in increasing facility-based deliveries as well as providing quality pre and postnatal care.

What has already changed: In the first expansion site, Nohana, there has been a marked increase in ANC visits, PMTCT enrollment, and deliveries after the program was initiated. In the graphs below, blue bars represent November 2008-April 2009 and red bars represent November 2010- April 2011.



III. Project Milestones

- December 2011: 2,500 trained maternal CHWs are working in Lesotho, Haiti, and Rwanda
- March 2012: Research on 2010 Bobete results published
- December 2012: Access to emergency obstetric care for all women in PIHL's catchment area
- January 2015: Bilateral and multilateral funds will support only those programs contributing to strengthening the continuum of care from community to health center to hospital