Women and Children's Health in the Central Asian Republics

Based on Observations At
The U.S.AID Maternal and Child Health Seminar
Alma Ata, Kazakhstan
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SUMMARY

The United States Agency for International Development (AID) sponsored a seminar on Maternal and Child Health in Alma Ata, Kazakhstan, from 11-15 January 1993. The seminar was attended by high level representatives of the health care system and parliamentarians from each of the five republics of Central Asia: Kazakhstan, Kyrghistan, Tajikistan, Turkmenistan and Uzbekistan.

Designed to address the most important issues in maternal and child health faced by these republics, as identified a November 1992 assessment by AID, the seminar was responsive to the expressed needs and interests of the governments and health practitioners of the region.

Displaying keen interest and reporting on their own objectives and progress in maternal and child health, the country representatives confirmed the priority they accord to the issues considered at the seminar and their desire for U.S. assistance. They indicated that the people of their countries, now launched in political independence, are ready to take charge of their health as well as other aspects of their well-being.

Thus, the themes of the seminar can appropriately form a partial basis of priorities for a U.S. AID program in the region. An immediate program, calling upon the resources of central AID projects and addressing the issues covered by the seminar would be entirely consistent with the priorities of the Central Asian Republics in:

- Maternal morbidity and mortality
- Breastfeeding and care of the newborn
- Family Planning

The priorities of the countries of the region also call for attention to acute respiratory infections (ARI), the biggest killer of children of age 0 to 5 years, to immunization, to control of diarrheal disease (CDD) and to health promotion (including education on AIDS). To the extent that the programs of multilateral organizations (UNICEF and WHO) and other donors will not bring these five countries to the point of self sufficiency in control of these problems, it would be appropriate for AID to offer assistance. The help required in ARI, immunization and CDD should be readily available through a central AID project. The national health systems are committed in principle to health education and promotion of better health practices for mothers and children, but some help from AID's central projects would also be appropriate.

The Central Asian Republics share a number of problems in the health status of mothers and children with the other New Independent States of the Former Soviet Union. In Central Asia, however, the maternal and infant morbidity and mortality rates are higher than the average.

In some communities life expectancy and infant mortality have barely improved in the past two decades, or have actually deteriorated.

Yet the health sector leadership of these countries are determined to attack their maternal and child health problems and are convinced that, with some assistance, they can succeed. Factors that will contribute to their ability to achieve their objectives include:

- high levels of literacy and education;
- extensive outreach of television, radio and newspapers;
- respected and effective cadres of health professionals;
- government commitment to improvement in health status;
- policy priority for maternal and child health;
- sophisticated health research capacity, and experience in absorbing and applying lessons from research;
- ability to identify needs that can be filled by donors;
- capacity to absorb technical information; and
- determination to finance and manage their health services independently, to the extent that availability of finance, technology and training will permit.

Beginning in fiscal year 1993 and continuing through 1998, AID can readily and effectively provide assistance to the countries of Central Asia, individually and as a group, that will bring them to the point of being able to manage their own continuing improvements in the health of women and of children, assuming that current fiscal stringencies have been eliminated. Such a program would have three elements to:

1. Improve the health of women through:
   a. Research on the factors leading to reportedly extraordinarily high levels of anemia, followed by remedial action
   b. Technical expertise to help:
      1) improve the capacity to reduce reproductive tract morbidity
      2) establish effective screening procedures to identify women at high risk for complications in delivery in order to reduce excessive demand on high technology care and reduce the costs of childbirth
      3) create the capacity for safe delivery of babies

2. Improve the health of children through:
   a. Promotion of breastfeeding
   b. Support of basic child survival interventions in
      1) acute respiratory infections
      2 control of diarrheal disease
      3) immunization

3. Improve both maternal and child health through safe and effective child spacing by helping:

a. Expand availability and variety of contraceptives in the market place
b. Introduce new contraceptive technologies
c. Broaden the range of health professionals and others who offer counseling in child spacing

A strong field-based element of project management and establishment and evaluation of indicators of progress will also be necessary in the project.

The level of sophistication in establishing objectives, carrying out research and implementing policies in Central Asia is such that AID will be able to take the lead from them in designing and carrying out specific interventions through a number of flexible assistance instruments, mainly existing and planned central AID projects.

A collaborative program to improve maternal and child health in the five republics of Central Asia is entirely consistent with the January 1993 draft Health Sector Strategy for the New Independent States. In the short term the regional program to be critical problems that are relatively more acute in these countries than in others of the former Soviet Union, and will set the cooperating countries on their own course of future action.

At the same time, the region will benefit from other AID efforts to establish a secure supply of vaccines and critical drugs and medical supplies, to expand the hospital-to-hospital program and to attack problems of environmental health. Depending on the outcomes of negotiations, the region may also benefit from U.S. investments in the health sector.

In the medium term, as AID works with the governments of Central Asian countries toward economic restructuring, it will be possible to promote private provision of various aspects of the national health services. Progress will be country-specific, and contemporaneous with other facets of general moves toward privatization of the productive and service sectors in each country.

INDICATIONS OF NEED IN MATERNAL AND CHILD HEALTH

The health needs of the Central Asian Republics are similar to those of Europe, and those of others of the New Independent States, but are more acute in some aspects. Within the well established structure of health service, there has been some disintegration in recent years following independence and economic changes. Increases in general morbidity and mortality are occurring especially among those who are outside the reach of health services, and among mothers and children in general.

In addition to the problems stemming from reductions in health care financing ensuing from the current transition in the economies of the region, an AID assessment team of November 1992 identified the following priority problems in mother's health and children's health requiring early attention:

- child spacing practices characterized by an extraordinarily high abortion rate, low rates of usage of contraceptives and limited availability of alternative methods of contraception;
- ineffective breastfeeding practices and declines in prevalence and duration of breastfeeding;
- a high prevalence of iron deficiency anemia among women of childbearing age;
- a high degree of maternal morbidity and maternal mortality ratios in comparison with other countries of Europe;
- a need for access and training in current treatments in women's reproductive health, particularly for vaginitis, sexually transmitted diseases and infertility;
- a lag in applying more client and family care oriented approaches to health care.
- inconsistent adherence to the WHO definitions of morbidity and mortality in standard use worldwide;

The same problems and needs were affirmed by the countries and interested international agencies at a WHO-sponsored meeting in Istanbul in late 1992.

And, illustratively, at Alma Ata in January 1992, the heads of delegation from the republics of Central Asia cited the following:

- High birth rates compared to other countries of Europe and the former Soviet Union (where Tajikistan used to hold the record for the highest rate)
- Infant mortality rates also relatively high: 37/1000 live births (Kirgyzstan); 32/1000 (Kirgyzstan); 29/1000 (Kazakhstan)
- Unacceptable levels of reproductive tract morbidity: e.g., 20% (Kazakhstan)
- Maternal mortality ratios of: 67/1000 live births (Kazakhstan); 70/1000 (Kirgyzstan); 75-100/1000 (Tajikistan)
- Anemia: averaging 50% among all women and 75% of those in the Aral sea region (Kazakhstan); 60% urban and 80% rural women (Turkmenistan); 75%, but higher in cotton growing areas (Uzbekistan)
- Unnecessary deaths in childbirth: e.g., two-thirds of maternal deaths occur among women of multiparity (Kazakhstan)
- Complications and disease among newborns: e.g. 15% (Kazakhstan)
- Low and declining rates of breastfeeding: at the high end of the range, 45% rural and 39% urban women (Turkmenistan)
- High rates of abortion: 15% of live births (Kirgyzstan, not counting criminal abortions); 25%, down from 33% (Tajikistan); one for each birth (Kazakhstan)
- Early delivery: 5% (Kazakhstan) and 22% (Kirgyzstan); and underweight newborns: 13% (Kirgyzstan)
- Low family planning prevalence rates: 26.4% (Kirgyzstan); down from 38% in 1990 to 10% in 1992 (Uzbekistan); 12.5% in 1990 (Tajikistan); 18% (Turkmenistan)
- Little use of contraceptives other than IUDs, in spite of recent attempts to publicize the pill
- Short child spacing intervals: an average of 1.5 years (Tajikistan); no more than one year for 30% and over two years for only 25% of women (Kirgyzstan)

- High prevalence of disease in children: 48% suffering ARI (Tajikistan); ARI the most important at 15%, followed by 12% intestinal diseases (Uzbekistan)

ACCOMPLISHMENTS OF THE SEMINAR

Discussion and Transfer of Knowledge

Seminar participants were hungry for information on the subjects covered by the seminar:

- Maternal morbidity and mortality
- Breastfeeding and care of the newborn
- Family Planning

They absorbed avidly the presentations of principles, clinical technologies and research results, as well as those on indicators of morbidity and mortality and on effects of environmental pollution on breastfeeding infants. A presentation on promotion of breastfeeding in Poland was of tremendous interest. Views and experiences were shared at work group sessions and decisions were taken to introduce alternative technologies and procedures into national systems. There were some disagreements among institutions or individuals, but in the main there was strong consensus on the majority of issues:

- Delivery procedures that are oriented to the desires of the woman, with the supportive presence of a family member or friend are the safest and most effective.

- Women at low risk of complications in childbirth can be cared for at lower cost centers; thus high technology facilities will be available for women at higher risk.

- Anemia in women is a concern that must be addressed first by research, then perhaps changes in nutrition and by provision of iron and folic acid.

- Early contact with the mother, through rooming in, and breastfeeding, exclusively and for at least six months, are together the most effective measures for the health of the child; also, rooming in and breastfeeding bring financial economies.

- Care of the newborn is best when there is direct (skin to skin) and constant contact with the mother, and no tight swaddling.

- The effects of environmental pollution can be mitigated by breastfeeding.

- Increases in use of contraceptives bring rather dramatic reduction in rates of abortion.

- Many satisfactory alternative forms of contraception are available; women should be counseled and encouraged to select the method they will use.

- In the Central Asian Republics there is no need for reduction in rate of population growth, but strong need for child spacing to improve the health of mothers and children and to reduce the number of abortions, which are detrimental to maternal health.

Other common issues, differing in degree among the countries, are industrial and agricultural pollution, unclean water supplies, promotion of infant food by local manufacturers and lack of experience in considering and selecting among options for improving health care.

Confirmation of Priority Accorded to Maternal and Child Health

To quote the Deputy Minister of Health of Kazakhstan: "the health of our children is the health of our nation". Conference delegations were unanimous in reporting the high priority accorded in their health systems to care of mothers and children, as recipients of special assistance through social safety promotions and as the most important clients of a modern health care system.

In Kirgyzstan the Ministry of Health has launched a pilot program to promote family planning and to get families to work together toward maternal and child health. This client-oriented program is being carried out by a staff of 1200 that includes mature (aged 35 years or older) community health workers drawn from among unemployed persons who are trained to the level of secondary school or given secondary medical education. These workers are begin their community work while they are still in training. In the hierarchy of services, each local office is headed by a physician. Maternal mortality ratios had decreased already by 2.5% from 1990 to 1992.

Uzbekistan has adopted the objectives of the WHO-sponsored World Summit for Children of 1990 in its own National Program for a Healthy Generation. Policy requires nationwide monitoring of the reproductive health of women, and separate gynecological services are available for girls up to age 14. A family planning program was introduced in 1989. In the context of the old Soviet system rules for separation of mother and newborn baby, of a decline in breastfeeding, and of pressure stemming from the presence of an infant food manufacturer in the country, the year 1993 has been declared the Year of Breastfeeding. Efforts are underway to establish a scientific basis for standards of supplemental feeding for families below the poverty level (two-thirds of the population).

Indication of Readiness and Capacity to Move Forward

It was the top leadership of the health establishment who attended the seminar: ministers and deputy ministers (who are themselves physicians), heads of research institutions, chiefs of obstetrics and of nursing, etc. As decision-makers, they were anxious to listen, to test what they heard against their own experience and to move forward.

Eagerness to transfer the lessons of the seminar into improvements in their own research and health services was apparent in all delegations. The small Tajikistan delegation pledged to discuss the seminar contents further at home through dissemination of materials and meetings in each region, though they had to point out that regular central government services could not move forward under current conditions of insecurity.

The Kirgyzstan delegation met as a group until 3 a.m. the third evening to discuss conference issues and plans for action. The delegates expressed the desire to have contact with the world community, particularly in relation to their pilot effort to promote care-oriented family-based health delivery for mothers and children. They pointed out that it is difficult to maintain financial support for this program and that some help in providing vaccines and medicines may be required. They said that they could handle the supply of contraceptives from their own budget.

The Turkmenistan delegation wants more information, and technical teams, now, especially to help prepare messages on family planning and to deal with attitudes toward health in rural areas. The country's special thrust for maternal and child health already includes retraining of physicians and development of health education components of the school curricula. The delegation wants to move forward immediately with a demographic and health survey, with creation of mass media messages and with contraceptive marketing.

Uzbekistan, which began promotion of family planning in 1989, and has declared 1993 as The Year of Breastfeeding, is determined to introduce additional elements into their program following the seminar. This country may add a blood analysis component (to identify incidence of sexually transmitted diseases, measles, etc.) to its demographic and health survey. Kirgyzstan has begun enactment of the legal instruments and promulgation of the regulations that are needed for a national health delivery system. Objectives are expected to be modified in accordance with the results of monitoring the maternal care and child support program currently underway.

The participating countries see specific needs for assistance from outside agencies, and are grateful for the attention and assistance they have been receiving, but without exception they conceive the health services as their own. They see some need for training, and the urgent necessity for information and materials on the world experience. They have confidence in their research capacities and

ability to modify practices in accordance with results, and want to tailor assistance offered to their own specific needs. When pressed as to the availability of contraceptives, for example, they said they had enough on hand (for perhaps one year at today's prevalence rates) and would themselves purchase to fill their needs. A common issue, especially in relation to family planning, is the need to consult with and engage the religious leadership in decisions on health care, but the consultations are already underway in most of the countries.

Participants discussed the idea of a working group of country representatives to meet every three months and made recommendations to their governments. They also would like to launch a regional research publication.

RECOMMENDED HEALTH PROGRAM FOCUS FOR AID

Immediate Response to Needs Identified by the Seminar

Physicians, midwives and nurses of Central Asia are keenly aware of the health problems of mothers, and anxious to improve their access to the research and technology that will help them improve maternal health. The size of the affected groups of women is such that help for them must have the highest priority within an overall health program. Through a number of central projects established by the Bureau for Research and Development, AID can offer the technical expertise, technologies and documents desired in Central Asia. The focus should be on iron deficiency anemia, morbidity of the reproductive tract, safe delivery procedures and creation of an environment that offers maximum comfort to the mother and maximum benefit to the child.

Breastfeeding, a topic covered in detail by the seminar, was of profound interest to participants. In spite of firm and clear presentations of the principle that "the more the baby nurses, the more milk there will be", and of the evidence that it is better to feed a baby exclusively at the breast for the first six months than to supplement the baby's nourishment with water or food, it appeared that some seminar participants might persist in seeking solutions for the mothers who "did not have enough milk". Assistance from AID can help the health services of Central Asia conduct their own research to lay the foundation for strong promotion of breastfeeding. Following its recognition in policy, the institution of early (immediately after birth) and exclusive breastfeeding will require changes in operational procedures and in family counseling. At the same time, AID should engage both public and private sectors in education campaigns on the benefits of breastfeeding.

Without better spacing of births, and reduction of the incidence of abortion to instances of failed contraception, the incidence of distress and disease in mothers and babies will continue at high levels. Other parts of the world have shown, and a few countries of Central Asia are already showing, that expansion of the use of

contraception is accompanied not only by improvement in maternal and child health, but also by dramatic decreases in numbers of abortions. Given the commitment of the cooperating countries, the needs from the donor community in family planning will not be extensive. There will be some requirement for contraceptive supplies, as well as training in how to analyze needs and execute contracts to purchase contraceptives. New contraceptive technologies should be offered, with training in their application and in the counseling of clients on the choices available to them. Policy change will be required in some countries to permit sterilization to be included among available options for both women and men. To assure the commitment of health sector leadership, study tours in the United States would be useful, as would inclusion of the heads of medical training institutions in the redesign of medical and nursing curricula to integrate family planning into health care. A program of contraceptive marketing will assure that families understand the functions of contraceptives and have ready commercial access to them.

Response to Other Acute Needs of Children

Acute respiratory diseases, statistically the most important causes of morbidity in newborns and children up to age 5, require attention. Through its basic child survival projects, AID can help introduce the technology of detection, case management and control of pneumonia and other respiratory diseases.

AID is well known in Central Asia for its response in 1992 to an emergency stemming from inability of the health systems to maintain their immunization programs. Beyond the emergency, the countries still need help to reestablish the safe and effective manufacture, or procurement, of vaccines and the delivery mechanisms to assure immunization of children in accordance with worldwide protocols. Beyond vaccines, help may be needed in manufacture and distribution of oral rehydration salts as well as in education programs for mothers of children suffering from intestinal disease.

Medium Term Attention to Policy and Structural Change

The first regional AID project in maternal and child health, which should begin in 1993, as outlined below, will be broad enough to make heavy management demands on a newly established USAID mission. Nevertheless, the mission should be thinking ahead to the time when it will be possible to make a concerted effort to promote policy and regulatory change in the health sector.

A policy-oriented effort, which could be supported through the NIS-wide programs proposed in the draft Health Sector Strategy, would include such matters as:

- reduction of legal restrictions on private health practice, by physicians and non-physicians;
- removal of restrictions to expand the roles of medical assistants, midwives and nurses in health care;
- revision of job standards and pay levels to assure fair remuneration for the roles of non-physician health personnel;
- promotion of private financing of health care;
- quality control systems for pharmaceuticals and contraceptives;
- formation and empowerment of truly membership-driven associations of health practitioners;

Collaboration with Other Donor Agencies

In the meantime, to the extent possible, USAID should continue its attention to the actions and programs of other donor agencies in the region.

The proposed UNICEF country programs, pending approval in April 1993, will allocate $1 million per year to each country of Central Asia. Thus the program will operate largely through advocacy, in four program areas: 1) shoring up the health system to assure that it will not break down, through improvements in service, reduction in losses, decentralization, devolution of responsibility to the mothers; 2) assurance of essential drugs; 3) introduction of health curriculum in basic education; and 4) in water and sanitation: personal hygiene, availability of water and improved management of water loss.

> Through donor collaboration efforts, AID can support the advocacy role of UNICEF in these important areas.

The World Health Organization (WHO) headquarters program in maternal and child health supports research and training through collaborating centers in both donor and recipient countries. Seminar participants indicated their desire to collaborate on a maternal risk assessment under discussion between WHO and the U.S. Center for Disease Control in Atlanta (a collaborating center of WHO).

The leaders in health recognize that their training programs need to be modified to introduce an understanding of task-setting and objectives in health care delivery programs. Through the WHO Collaborating Center on Primary Health Care and Nursing in Alma Ata, such training has been introduced. This center serves to some extent as a *de facto* regional entity. According to observers, it has good capacity in applying participatory methods in training and is effective in running workshops that emphasize the establishment of objectives in work plans.

> Through the WHO Regional Office for Europe, AID support for the training ground provided by this center could be organized. To demonstrate the progression from operations research to program activities, for example, taking maternal anemia as an area of special interest, multidisciplinary training and experience could be offered in statistics, epidemiology, operations and assessment of program effectiveness.

The Nursing and Midwifery Unit of the WHO Regional Office for Europe has a budget of $40,000 for a two-year program for the, now, 48 member countries of Europe, so must seek funds from interested organizations to carry out specific projects. The unit has developed a project for Central Asia (to date not funded) to develop leadership among nurses and midwives to help them establish national action plans, develop their roles in managing nursing care, teaching other health workers as well as patients and clients, and participating in development of health practice and policy based on critical assessment and research. WHO will begin some pre-project work with a seminar at the WHO Collaborating Center on Primary Health Care and Nursing in Kazakhstan in early 1993.

> AID could finance this Central Asian Republic-specific project by a direct grant to WHO. Experience in the project could lead toward better understanding of and assistance on the issue of job standards for the various classes of health personnel.

The annual budget of International Planned Parenthood Federation (IPPF) for all of Europe is $2.1 million. To that budget $500,000 has recently been added from the European Community for eastern Europe, and $400,000 from the Netherlands for training and contraceptive commodities in the Central African Republics. IPPF has commenced a program to establish national non-government family planning associations in all the countries of central and eastern Europe. An association has been established in Romania; the process has begun in Albania, and one is operating in Russia. Restructuring of party-sponsored organizations in Hungary and Poland is underway.

In spite of assurances by country representatives at the seminar that they would be able to purchase sufficient contraceptives to meet their needs, the European Division of IPPF anticipates a sizeable gap in supplies.

> If AID makes a grant to IPPF for fiscal year 1993, IPPF could well consider applying a portion of the funds to contraceptive supply for the Central Asian Republics. Such funds, earmarked for population programs, would be additional to funds earmarked for NIS programs.

With $200,000 in corporate funds, Family Health International (FHI) has launched program development for the New Independent States, including the Central Asian Republics. Programs in the region could include promotion of insertion of IUDs following delivery or abortion as well as some clinical technology that would not otherwise be provided through AID funds available to the organization. IPPF and FHI are discussing a cooperative effort to study the prevalence of abortions and analyze data on the relationship between increased contraception and reduction in abortions.

A 1993-1998 REGIONAL PROJECT:
MATERNAL AND CHILD HEALTH, CENTRAL ASIA

Goal and Purpose

The goal of the project will be to reduce deaths of mothers and of children aged 0 to 5 years. The purpose will be to improve the health of children and the health of women, with a special focus on alternatives to abortion.

Project Elements

Element	Six-year Budget ($000)	Applicable R&D Project
Women's Health		
Anemia)		DHS
Reproductive morbidity)	5000	MotherCare
Safe delivery)		and EPB
Children's Health		
ARI, CDD and)	8000	BASICS
immunization)		
Breastfeeding	6000	EPB and MotherCare
Child Spacing		
Contraceptive marketing	5000	SOMARC
New contraceptive technology (includes contraceptives)	2700	FHI or other R&D/POP
Staff training	1000	JHPIEGO
Management, Eval. and Audit		
Implementing staff (3)	3000	ASSIST
Baseline and evaluation	5000	DHS
Audit	300	IG or IQC
TOTAL	36000	

Assumptions:

a. Existing (and currently pending) grants and contracts will be able to accomodate the proposed budget transfers and the proposed CAR project implementation responsibilities.
b. To the extent that funds from a program for Turkey are available, the total requirements for this project will be reduced.
c. The project will be managed in the field.
d. A maximum of 10 DHS's will be required if each country is surveyed at the beginning and end of the project.

Project Management

A full time project manager resident in the region with Russian language capability, experience in implementing public health programs, a staff of two additional persons and funding for office operations will be required to help USAID implement the project.

The two additional staff could be recruited locally or from the United States, and could be drawn from the rosters of the AAAS, Health and Child Survival Fellows Program and Population Fellows Program.

Project Evaluation

The Demographic and Health Surveys to be conducted at the beginning and the end of the project will provide baseline and longitudinal data for evaluation of progress toward reducing morbidity and mortality of women and children.

Assessment of the institutional capacity of the health systems of the Central Asia Republics to carry on after the AID project, and of their needs for further assistance in policy and institutional reform, could be carried out through a support contract or IQC.

NEXT STEPS

AID/Washington

1. Review and approve the proposed amendment to NIS project 110-0004, Health Care Improvement, to encompass a comprehensive NIS Health Sector Strategy that includes maternal and child health in the Central Asian Republics.

2. Following further project development in the field, complete whatever authorization will be necessary for the proposed region-specific initiative in Maternal and Child Health outlined above.

USAID/CAR

1. Engage a Project Development Officer with experience in health projects for about three weeks to refine the project outline, verify cost factors, and identify anticipated outcomes from the project.

2. With assistance from R&D Bureau staff, or a PDO, draft scopes of work for each of the elements of the project that will be financed by buy-in or operational year budget transfer.

3. Draft a Memorandum of Understanding to be executed with each country in which the project will operate.

4. Recruit project management staff.

Persons Consulted

U.S. Agency for International Development
Maternal and Child Health Seminar
Alma Ata, Kazakhstan
11-15 January 1993

REPRESENTATIVES OF GOVERNMENTS OF CENTRAL AND EASTERN EUROPE

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GLOSSARY

AID	United States Agency for International Development
ARI	Acute respiratory infections
BASICS	Basic Support for Institutionalizing Child Survival, AID project number 936-6006
CAR	Central Asian Republic(s)
CDD	Control of diarrheal disease
DHS	Demographic and Health Survey, carried out under AID project number 935- ??
EPB	Expanded Program of Breastfeeding, AID project number 936-5966.05
Feldsher	A health post, usually headed by a medical assistant
FHI	Family Health International
IG	Inspector General
IPPF	International Planned Parenthood Federation
IQC	Indefinite Quantity Contract
JHPIEGO	Johns Hopkins Program in Education in Reproductive Health, AID project number 935- ??
MotherCare	AID project number 936-5966.01
R&D	Research and Development Bureau of AID
SOMARC	Social Marketing for Change, AID project number 936-3051
UNICEF	United Nations Children's Fund
USAID	A U.S. Agency for International Development mission overseas
USAID/CAR	The regional mission of AID for the Central Asian Republics
WHO	World Health Organization