**Background**

In 2012, we launched the *Merck for Mothers* Global Giving Program — a corporate grants program that enables Merck offices around the world to support nongovernmental organizations that are improving maternal health. The program is designed to be responsive to local women’s needs and is extending our reach to many more countries across the globe.

With over 50 unique and diverse projects around the world, the Global Giving Program is:

- Improving maternal health in local markets
- Engaging Merck offices in *Merck for Mothers*
- Providing seed funding to test innovative approaches

**Geographical Reach**

To date, the Global Giving Program has supported projects in over 40 countries, from Argentina to Vietnam. Merck offices have sponsored projects in their own countries as well as in countries with great need. Every region has participated, with distinctive approaches appropriate for the context:

- **In Europe**, we support maternal health organizations that link vulnerable pregnant women to care and raise awareness of safe motherhood practices, both in Europe and developing countries
- **In Latin America and the Caribbean**, our partners strengthen the capacity of health workers and educate communities about reproductive and maternal health
- **In Sub-Saharan Africa and the Middle East**, we support an array of programs that improve access to antenatal care and family planning for women and adolescents and strengthen health providers’ skills
- **In Asia Pacific**, our partners promote safe birth practices, strengthen midwifery education, improve access to family planning and promote health-seeking behaviors through workplace programs

---

*Merck for Mothers* is our $500 million global initiative to help create a world where no woman dies giving life. We deploy the company’s business and science expertise to infuse private sector approaches that could help solve the longstanding challenge of maternal mortality.
The Maternity Waiting Homes Alliance aims to overcome this distance challenge by building and strengthening maternity waiting homes — residences near health facilities where pregnant women can stay until they go into labor and immediately after childbirth. The goal is to make these homes sustainable by empowering local communities with labor and immediately after childbirth.

In Zambia, many women live miles from the closest health facility with few, if any, affordable and safe transportation options, making it difficult for them to receive the quality, timely care they need during pregnancy, childbirth and postpartum. Maternity waiting homes can be both an effective and sustainable solution to other services, such as postnatal care, postpartum family planning and health education.

To ensure smooth day-to-day operations and effective linkages with maternity home managers and health facility staff to ensure care before, during and after delivery, health workers conduct local outreach to encourage pregnant women to use the homes and plan for a safe delivery, as well as ensure awareness of sexual and gender-based violence. Each home is located near a quality health facility equipped to manage life-threatening emergencies that can arise during pregnancy or childbirth. The homes offer a range of educational resources and income generating activities for women to use the homes and plan for a safe delivery, as well as increase access to contraception among young people. Working across provinces with large refugee populations, the Kenyan government has adopted the Kenyan model to provide youth-focused sexual and reproductive health services and increase access to contraception among young people.

China: We have partnered with Project HOPE to increase access to quality maternal health services and reduce obstetric threats for pregnant women with risk factors, including those of advanced maternal age. Targeting areas with high maternal morbidity and mortality rates within West China, the Enhancing Maternal Safety and Access to Care Project strengthens health professionals’ capacity through clinical training, primarily by enhancing routine and emergency care, as well as post-partum contraceptive practices.

Brazil: We are collaborating with the Institute for Healthcare Improvement and Hospital Israelita Albert Einstein to decrease C-section rates for low-risk pregnant women. Engaging private and public hospitals across Brazil, the Parto Adequado Project is evaluating the best methods to promote vaginal delivery with the goal of scaling them nationwide. By the end of the project, we hope to markedly increase vaginal birth rates for low-risk women across 150 private and public hospitals.

Kenya: We are working with Jhpiego and the Kenya Red Cross Society to demonstrate an innovative, sustainable, and scalable model of contraceptive service delivery for adolescent girls and young women. Based on success in Mandera and Migori counties, the Kenyan government has adopted the G-Amini Project model to provide youth-focused sexual and reproductive health services and increase access to contraception among young people.

Turkey: We are supporting the Association for Solidarity with Asylum Seekers and Migrants to provide refugee women with access to quality prenatal and postnatal care and safe motherhood counseling services. Working across provinces with large refugee populations, the Asylum Seeker Maternal Health Project is reducing the number of unintended and high-risk pregnancies and raising awareness of sexual and gender-based violence.