



# PROGRAM **UPDATE**

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September 2013

[www.savingmothersgivinglife.org](http://www.savingmothersgivinglife.org)

# A MESSAGE FROM ROBERT CLAY

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Dear All,

Since 1990, maternal mortality ratios have dropped by almost half worldwide. But overall, progress toward reducing child mortality and improving maternal health (MDGs 4 and 5) is lagging, and nearly 300,000 women still die every year from complications related to pregnancy and childbirth. The vast majority of these deaths, however, are preventable.

The promise of *Saving Mothers, Giving Life* is that together, we can end these preventable deaths.

*Saving Mothers, Giving Life* seeks to accelerate progress in the effort to save women's lives during the critical period of labor, delivery and the first 48 hours postpartum, by working closely with the governments of Uganda and Zambia to reinforce and complement existing national maternal health initiatives.

*Saving Mothers* has achieved rapid progress:

- > Through work with community health workers, we've dramatically increased the number of women delivering in health facilities.
- > We've strengthened transportation and communications networks between communities and health facilities, enabling more pregnant women to access timely, appropriate care.
- > We've hired, trained and equipped skilled birth attendants with essential supplies, such as kits for the treatment of postpartum hemorrhage and preeclampsia, the leading causes of maternal mortality.

Together, these interventions are helping ensure that women and newborns receive quality emergency obstetric services, as well as testing and treatment for HIV and other common pregnancy-related co-morbidities. And they are strengthening the overall health system.

These results are guiding plans for in-country expansion beyond the initial eight learning districts in Uganda and Zambia, as well as to additional countries in sub-Saharan Africa. We encourage you to share these stories and results, and to engage us with your own experiences and lessons learned. Together, we are changing the lives of women and children by making childbirth safer.

With best regards,

Robert Clay

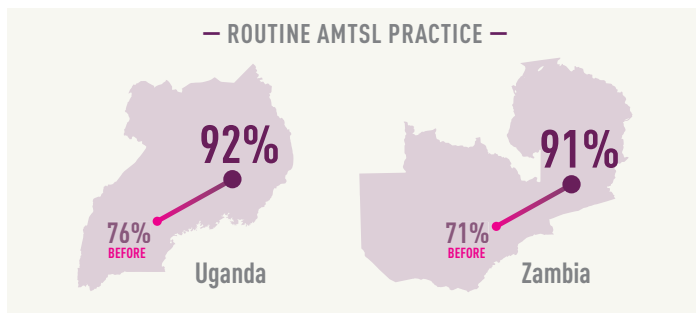
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# HEALTH FACILITY ASSESSMENT

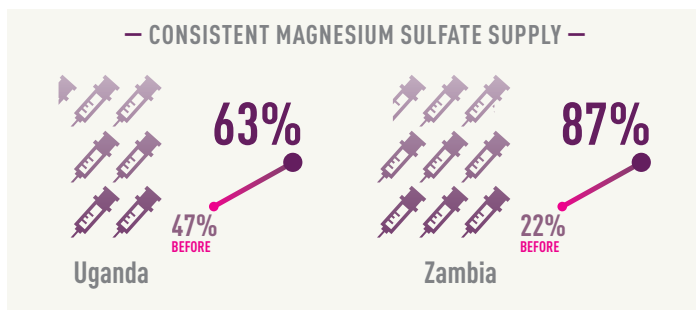
In all *Saving Mothers, Giving Life* districts, Health Facility Assessments (HFA) were carried out to determine a baseline for how maternal health services were functioning. The results below highlight the quality improvements after one year of *Saving Mothers* interventions, and are contributing to better health outcomes for women and newborns. Final HFA results will be shared in the *Saving Mothers* annual report later this year.

## Results Across *Saving Mothers* Districts

Active Management of the Third Stage of Labor (AMTSL) is an evidence-based, three-step intervention to prevent postpartum hemorrhage, a leading cause of maternal death. Nearly all *Saving Mothers*-supported facilities now report routine practice of AMTSL: 92% in Uganda, up from 76% and 91% in Zambia, up from 71%.



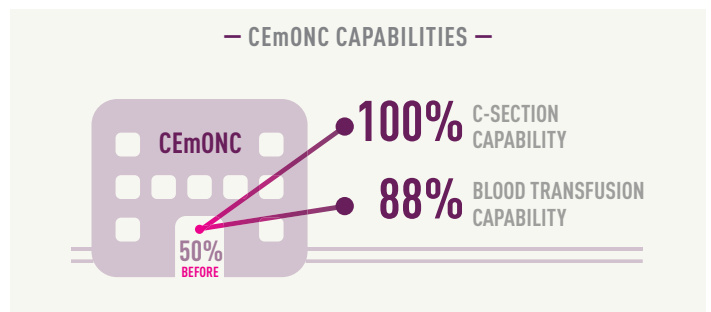
Magnesium sulfate is an anticonvulsant drug recommended by the World Health Organization as an effective, safe and low-cost treatment for severe preeclampsia and eclampsia. Thanks to efforts to improve supply chain logistics, the percentage of *Saving Mothers* health facilities with a consistent supply of magnesium sulfate increased significantly in the past year: 63% from 47% in Uganda, and 87% from 22% in the three Zambian districts reporting data.



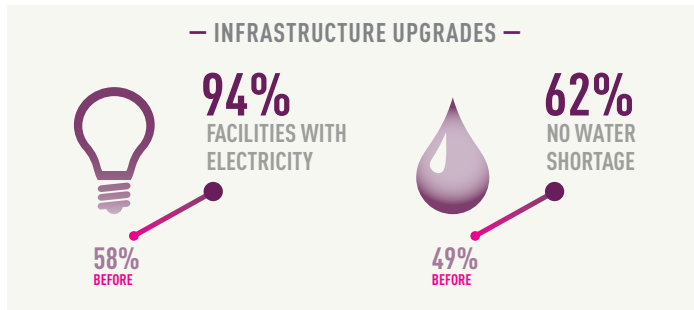
*Saving Mothers* supports neonatal survival initiatives, such as Helping Babies Breathe. The percentage of *Saving Mothers* health facilities that perform newborn resuscitation has increased to 68% in Uganda and 64% in Zambia, up from 32% and 27%, respectively.

## Results From Uganda

Facilities providing comprehensive emergency obstetric and newborn care (CEmONC) must be able to perform blood transfusions and C-section deliveries, among other essential services. Prior to the initiative, only 50% of the hospitals and level IV health centers in Uganda *Saving Mothers* districts recently performed these functions. Today, 88% of these facilities recently performed blood transfusions and 100% recently performed C-sections.



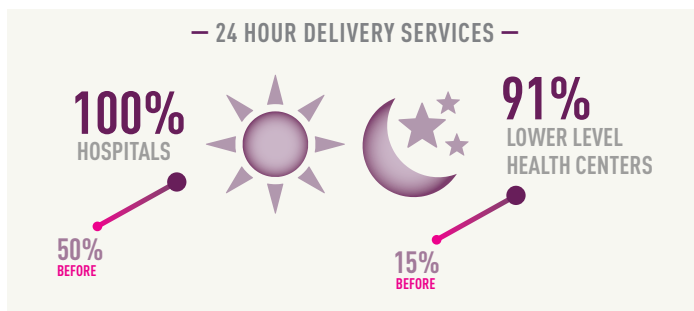
A key goal for *Saving Mothers* has been to improve the infrastructure of facilities providing delivery care. In Uganda, nearly all *Saving Mothers* facilities (94%) now have electricity, up from 58%, while the number of facilities that did not experience a water shortage in the previous month increased to 62% from 49%.



Providing services to HIV-infected pregnant women is a priority. In Uganda, the percentage of *Saving Mothers* facilities providing ARVs to HIV-infected women in the maternity ward in the past three months increased to 82%, from 67%.

### Results From Zambia

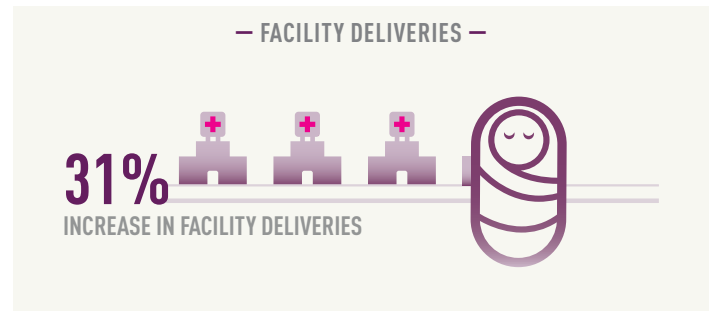
One of the goals of *Saving Mothers* is to improve women’s timely access to a health facility during the time of delivery. Today, 100% of the hospitals and 91% of lower level health centers in *Saving Mothers* districts in Zambia are able to deliver babies at any time of day or night, up from 50% and 15% respectively.



In all four districts in Zambia, *Saving Mothers* trained Safe Motherhood Action Groups (SMAGs). In one year, the number of health centers that had SMAGs working in the community increased from 44% to 90%; at health posts (the lowest level of health facility in the most remote locations in Zambia), the increase was from 56% to 88%.

The SMAG community volunteers encouraged pregnant women and their partners to go early for pre-natal care and helped families develop a birth plan, including reserving funds and ensuring there is a way to get to a facility quickly for delivery.

Compared to the year prior to starting *Saving Mothers*, the number of women who delivered in facilities increased by 31%, from 22,842 to 29,927. Among those who delivered in facilities, the risk of maternal death was cut by half.

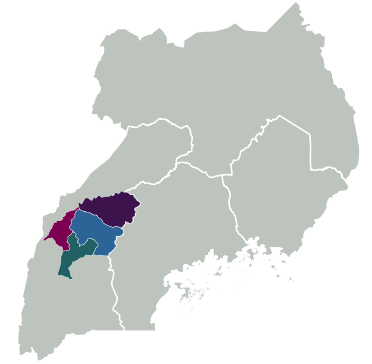


Improving monitoring and evaluation of clinical outcomes and services has been a key tenet of *Saving Mothers*. In the four *Saving Mothers* districts in Zambia, the percentage of health facilities that perform maternal death audits has nearly doubled, from 30% to 59%. Maternal death audits help explain why women die, and the findings can be used to prevent future deaths by informing better practices.

# INTERVIEW WITH DR. JESCA NSUNGWA-SABIITI

Assistant Commissioner of Health Services in  
Charge of Child and Newborn Health Services, Uganda

● KABAROLE ● KAMWENGE  
● KIBAALE ● KYENJOJO



## Can you describe one significant factor that helped *Saving Mothers, Giving Life* work well in Uganda in its first year?

The Ugandan government worked closely with *Saving Mothers* partners to establish a common understanding of national maternal and child health priorities, and develop a complementary strategy that would achieve the greatest impact. Securing this common understanding of proof of concept from the outset of the partnership was critical to aligning all of the partners involved from both *Saving Mothers* and the government — from the district to the national level.

## Why is improved maternal health an important priority for Uganda?

Over the past 20 years, Uganda has made remarkable achievements towards its development goals, but maternal mortality rates have not changed much and in fact slightly increased in some regions. Despite political support at the national level to address this issue, solutions have not been very coordinated. Strengthening our own evaluation efforts will help us target women and communities with the greatest need. Our work with *Saving Mothers* has helped concentrate our efforts toward proven solutions to improve maternal health outcomes, and show what can be gained by investing in human resources and health systems strengthening more generally. We aim to replicate these strategies in other districts moving forward.

## What are some of the biggest challenges still facing Uganda in the ongoing plan to improve the infrastructure and operations of the health system?

Developing human resources for health is a challenge in many Ugandan districts and can limit the functioning of our health system overall. Recruiting and training new health workers takes a long time, but *Saving Mothers* has helped accelerate extensive recruitment and training of medical

personnel, which has enhanced maternal and child health services across *Saving Mothers* districts. For example, a larger cadre of trained health workers has helped strengthen communications and referral systems — from communities to local health facilities to district hospitals — and has increased our ability to handle increased demand for maternal health services.

## What are your thoughts on scaling-up *Saving Mothers* to other parts of Uganda over the next four years?

After the progress we have seen in phase one, we are now working with *Saving Mothers* partners to scale-up in other regions. Ideally, we would like to scale-up nationwide, but realize that we must mobilize additional partners and resources to sustain the expansion of these interventions. Our experience with *Saving Mothers* is helping inform our negotiations with new partners and enhance our national maternal health strategy. Specifically, it will be useful to refine some of our existing interventions and establish pre-conditions for scale-up to new areas, including pre-assessments and partner recruitment.

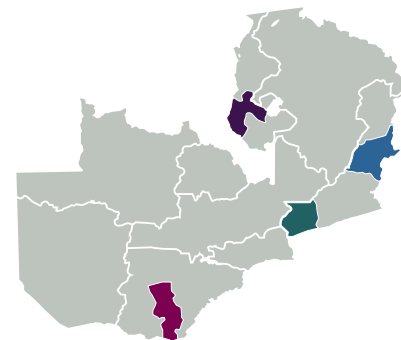
## *Saving Mothers* has a very ambitious set of expected outcomes — what do you think are the key ingredients to ensuring its success and sustainability for the long-term?

This is a very important question. First, the data that we have collected is incredibly valuable, and we must share the results of our work. Next, at the government level, we need to focus on capacity building to sustain the maternal and child health achievements we have made so far. Finally, the cultural and political challenges are broad — we need to engage all the relevant ministries with a common focus on poverty and women and children's health. Securing a firm commitment from everyone as we scale-up will ensure that we can achieve the greatest impact for women and newborns in Uganda.

# INTERVIEW WITH DR. MARY NAMBAO

Deputy Director, Mother and Child Health  
Ministry of Community Development, Mother  
and Child Health, Zambia

● KALOMO ● NYIMBA  
● MANSА ● LUNDAZI



## Can you describe one significant factor that helped *Saving Mothers, Giving Life* work well in Zambia in its first year?

When we first began working with *Saving Mothers*, we presented our national plan for improving mother and child health. We then worked with *Saving Mothers* to develop a strategy that would best complement our national priorities. This partnership has demonstrated how, with proper coordination of stakeholders, we can build on each other's efforts and avoid duplication. It has also demonstrated that with proper focus on high-impact interventions, we can achieve significant improvements in maternal and child health outcomes.

## Can you describe some of the successes and other lessons you've had in partnering with *Saving Mothers'* international and private sector partners, such as USAID, the Centers for Disease Control and Prevention and *Merck for Mothers*, to strengthen maternal health services?

One of the biggest successes is the mentorship program for healthcare providers. *Saving Mothers* has supported a strong training program, whereby health staff receive training in emergency obstetric care, and then are visited regularly by their mentors to ensure that skills are maintained and services are delivered properly. This follow-up component has been integral to the success of the mentorship program.

## What are some of the biggest challenges still facing Zambia in the ongoing plan to improve the infrastructure and operations of the health system?

The progress we have made towards improving maternal and child health has created new challenges. As the number of women delivering in facilities increases, it has become increasingly difficult to ensure a steady supply of essential medicines, including those to treat obstetric emergencies.

Supply chain management training for district medical staff will be a priority moving forward, and we will work with *Saving Mothers* to address this challenge and others.

## Given that *Saving Mothers* is more than a pilot, demonstration project, what are your thoughts on scaling-up *Saving Mothers* to other parts of Zambia over the next four years?

After one year, we have a good idea of which interventions are having the greatest impact at the district level, as well as the challenges that lie ahead. As *Saving Mothers* grows, we need to focus on enhancing coordination between districts and the national ministries, and continue to integrate additional health services such as essential newborn care beyond 24 hours, and additional reproductive health services, such as cervical cancer screening. These are challenges that we identified working with *Saving Mothers* during phase one.

# ANTENATAL CARE IMPROVEMENTS IN KALOMO DISTRICT, ZAMBIA

Since the outset of *Saving Mothers, Giving Life*, the number of women attending four or more antenatal care (ANC) visits has increased across all eight selected districts. ANC is critical to ensuring the good health of the mother and the baby throughout pregnancy, as well as for the early identification of certain life-threatening — but treatable — maternal complications like preeclampsia and pregnancy-related diabetes. The following photos are of women receiving ANC services in Kalomo District, Southern Province, Zambia.



◀ **A PREGNANT WOMAN WAITS** to be seen at an antenatal ward at Zimba Hospital. The maternity ward has added more beds and bed nets to accommodate the increase in demand for facility deliveries.



^ **PREGNANT WOMEN CONSULT WITH HEALTH WORKERS** at Kanchele Health Center. Improved record keeping and communication among hospitals, health facilities and communities have helped ensure women keep all their ANC appointments and receive appropriate counseling, medicines and supplies.



∨ **A NURSE-MIDWIFE EXAMINES A PREGNANT WOMAN** at Zimba Hospital. Community health workers, known as Safe Motherhood Action Groups in Zambia, have mobilized women at the community level to seek ANC services. The number of women attending four or more ANC visits has increased by at least 30% in *Saving Mothers* districts.



*Saving Mothers, Giving Life* is a public-private partnership between the U.S. Government, the Government of Norway, *Merck for Mothers*, Every Mother Counts, Project C.U.R.E. and the American College of Obstetricians and Gynecologists working to reduce deaths during pregnancy and childbirth.

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