

Uganda

Saving Mothers, Giving Life is a public-private partnership working in four districts in Uganda, with the goal to rapidly reduce maternal mortality.



Pilot Districts

In January 2012, the Ugandan Ministry of Health identified four pilot districts for *Saving Mothers, Giving Life*: Kabarole, Kibaale, Kamwenge, and Kyenjojo. They were selected because of the strong leadership and commitment of the local government, the availability of existing United States Government platforms in each district, and the connection to a common regional referral hospital, which combined with the intensified efforts of *Saving Mothers, Giving Life* to decrease maternal and neonatal mortality, could have an immediate and significant impact. The initiative directly supports the Government of Uganda's *Roadmap to Accelerate Reduction of Maternal and Neonatal Mortality and Morbidity*.



Delay in
Seeking
Care

Delay in
Reaching
Care

Delay in
Receiving
Care

Using evidence-based interventions, *Saving Mothers, Giving Life* aims to strengthen district health networks in Zambia and Uganda by addressing the three delays that lead to maternal mortality



Equipping Facilities | Enabling women with complications to receive care within two hours



Improving Supply Systems | Ensuring availability of equipment, supplies, commodities and drugs



Training and Mentoring | Providing quality, respectful delivery and emergency response services



Mobilizing the Community | Generating demand for facility based deliveries and services along the continuum of care, as well as encouraging HIV testing/treatment and uptake of family planning services



Strengthening Linkages | Integrating communications and transportation systems to promote facility access



Improving Data Collection | Implementing systems to record pregnancy outcomes /strengthen information management

Phase 1 Results



Saving the Lives of Mothers



The maternal mortality ratio in SMGL districts fell by

The maternal mortality ratio is the number of maternal deaths per 100,000 live births. Below are the reductions in direct obstetric causes of maternal deaths in Ugandan districts.

30%



Decrease in perinatal mortality rate in SMGL facilities

17%

The perinatal mortality rate is the number of stillbirths and deaths in the first week of life per 1,000 live births.

Obstetric Hemorrhage -43%

Unsafe Abortion -15%

Obstructed Labor -54%

Postpartum Sepsis -50%

Preeclampsia/Eclampsia -23%

Other Direct Causes -37%

72%

In SMGL-pilot districts, 72% of women now live within 2 hours of a facility that provides EmONC*

4,076

4,076 VHTs trained to educate women and their families about the risks associated with home birth

X5

Institutional deliveries supported by transportation vouchers increased over five-fold

*Emergency Obstetric and Neonatal Care is a set of "signal functions" or interventions that must be available to all women at the time of birth in order to address the common but unpredictable causes of maternal and newborn mortality, including: antibiotics (IV), oxytocics (IV), anticonvulsivants, manual removal of placenta, post abortion care (MVA), assisted vaginal delivery (vacuum extraction), and newborn care.

SMGL is pleased to be working with the following implementing partners in Uganda



Uganda Society of Anesthesiologists

