**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*.

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.

- **Delay in Seeking Care**
- **Delay in Reaching Care**
- **Delay in Receiving Care**

**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

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

**Strengthening Linkages** | Integrating communications and transportation systems to promote facility access
Health workers in Saving Mothers facilities also received training to address childbirth-related complications affecting newborns (e.g., resuscitation to save babies who do not breathe at birth), and sepsis). In these Ugandan facilities, the institutional perinatal mortality rate declined primarily through the reduction of intrapartum stillbirths.

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.

The maternal mortality ratio in SMGL districts fell by 30%.

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.

- Obstetric Hemorrhage: -43%
- Unsafe Abortion: -15%
- Obstructed Labor: -54%
- Postpartum Sepsis: -50%
- Preeclampsia/Eclampsia: -23%
- Other Direct Causes: -37%

Decrease in perinatal mortality rate in SMGL facilities

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

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- Unsafe Abortion: -15%
- Obstructed Labor: -54%
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Phase 1 Results

Saving the Lives of Mothers

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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

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

- BCM
- Jhpiego
- UMG
- EngenderHealth
- Marie Stopes Uganda
- Cardno
- CRS
- Medical Access
- URC
- Uganda Society of Anesthesiologists
- Stop Malaria Uganda
- pace
- IntroHealth
- UPMB