



# Zambia

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

## Pilot Districts

In September 2011, the Ministry of Health chose the four districts of Mansa, Kalomo, Lundazi, and Nyimba to pilot the *Saving Mothers, Giving Life* effort. They were selected because of their strong district leadership and commitment of the local government, the existing United States government platforms in each district, and demonstrated need for intensified maternal health programs. *Saving Mothers, Giving Life* is rapidly implementing the Maternal and Newborn Health Roadmap (2007-2014) outlined by the Zambian Government, and supporting advocacy efforts through the government’s Campaign to Accelerate the Reduction of Maternal Mortality in Africa – Zambia (CARMMA-Z). These plans build upon the existing PEPFAR and maternal and child health structures and experience.



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* facilities 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 Zambian districts.

# 35%



Decrease in perinatal mortality rate in *SMGL* facilities

# 14%

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

-34%

Obstetric Hemorrhage

Obstructed Labor and Uterine Rupture

-78%

-11%

Other Direct Causes

# 98%

Nearly all *SMGL*-supported facilities did not experience stockouts of oxytocin

# ALL

100% of *SMGL*-supported facilities in the pilot districts now conduct regular maternal death audits

# X2

Doubled the number of facilities performing all signal functions that constitute BEmONC\*

\*Basic 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, anticonvulsants, uterotonics, manual vacuum aspiration of retained products of conception, vacuum-assisted delivery, manual removal of the placenta, and newborn resuscitation.

### *SMGL* is pleased to be working with the following implementing partners in Zambia

