Every mother should expect childbirth to be full of positive, joyful memories. But, for many women in sub-Saharan Africa, this is not a reality. The goal of Saving Mothers, Giving Life is to give every mother the opportunity for a healthy start with her newborn child. This update report describes our innovative and comprehensive efforts to reduce deaths during pregnancy and childbirth by up to 50 percent in Uganda and Zambia.

Saving Mothers, Giving Life is a unique public-private partnership working in places where women are dying at alarming rates. We are focused on the most vulnerable period for women and their newborns – labor, delivery and the first 24 hours postpartum. In fact, two out of every three maternal deaths and 45 percent of newborn deaths occur during this timeframe.

We are working closely with governments and local partners to have a sustained and major impact. I have seen these dedicated midwives, doctors, nurses and community health workers provide critical care for women, often in very challenging settings, and am inspired by their commitment and passion.

I would like to thank the governments of Uganda and Zambia for their leadership and commitment to reducing maternal mortality in their countries, and our founding partners, the American College of Obstetricians and Gynecologists, Every Mothers Counts, the Government of Norway and Merck for Mothers who have joined the U.S. Government in working towards achieving our ambitious goal.

We are encouraged by the progress we have made thus far. In 2013 we look forward to expanding our model to save many more women’s lives in sub-Saharan Africa.

Given the critical role that women play in every society, regardless of geography, we are hopeful that Saving Mothers, Giving Life will not only save women’s lives but will also have a ripple effect on the health and economic prosperity of their children, families, communities and nation.

We hope you will join us in making pregnancy and childbirth safer for women around the world.

Dr. Ariel Pablos-Méndez

Assistant Administrator for Global Health,
United States Agency for International Development

A Thank You to Lois Quam

As we provide this first update for our partners and other friends on the initial impacts and success stories of Saving Mothers, Giving Life, it’s also timely and important to recognize the outstanding contribution of Lois Quam, the first Executive Director of the President’s Global Health Initiative.

Lois’ skills and dedication in leading this partnership from its inception are testament to her long-standing commitment to public service, and to improving the lives and well-being of thousands of women and children. We are deeply indebted to Lois for her wisdom, her leadership, her perseverance and her single-minded focus on delivering real results to improve health outcomes in communities around the world.

Thank you.

Dr. Ariel Pablos-Méndez
REDUCING MATERNAL MORTALITY IN UGANDA & ZAMBIA

In sub-Saharan Africa, where many women deliver without skilled care, giving birth can be especially perilous.

The death of a woman has profound consequences. It unravels individual families and communities. Her death jeopardizes the lives of a surviving newborn and any other children she may have, as well as their likelihood of receiving health care and education. Her death makes it harder for the family to obtain life’s necessities and to escape the crush of poverty.

The vast majority of maternal deaths are preventable. A host of simple interventions can dramatically improve a woman’s chance of surviving life-threatening complications of pregnancy and childbirth.

That’s the promise of Saving Mothers, Giving Life, a five-year public-private partnership to aggressively reduce deaths during pregnancy and childbirth, particularly during the critical period of labor, delivery and 24 hours postpartum, when most maternal deaths and nearly half of all newborn deaths occur.

Saving Mothers is supporting the commitments that Zambia and Uganda have made to reduce their high maternal mortality rates. The program is managed by experienced implementing partners working on the ground, supporting district and provincial health offices, training health workers, upgrading health facilities, encouraging women to give birth in a safe environment and helping to ensure the effort’s long-term sustainability.

Women’s lives cannot be saved by any one intervention alone. Reducing maternal mortality requires a health-system solution. Saving Mothers, Giving Life is addressing the three most dangerous delays pregnant women face in childbirth: the delay in deciding to seek care for an obstetric emergency (awareness); the delay in reaching an obstetric facility in time (access); and the delay in receiving quality care when a facility is reached (appropriate care).

Saving Mothers is coming to life through these essential actions.

Raising awareness: The first step towards safer births

Childbirth complications cannot be predicted and require the immediate attention of a skilled health provider. Saving Mothers is encouraging all women to deliver in a facility by:

- Arming local leaders and volunteers with messages about the importance of antenatal, maternity and postnatal care and encouraging them to share the message with families in their communities.
- Promoting maternal and newborn health awareness messages at community meetings, via local radio broadcasts, and through the engagement of local leaders.
- Providing mother-baby packs that provide essential products to women who deliver in health facilities and motivate women to come to health facilities.
Increasing access to quality services: Enhancing facilities and services and promoting a highly-skilled health workforce

*Saving Mothers* is helping to make sure high impact maternal health services are accessible to more women by:

> Improving patient referral systems through mobile technology.

> Upgrading maternity facilities such as clinic operating and delivery rooms, and ensuring they are safe, clean environments in which to provide emergency care.

> Renovating birthing centers and maternal shelters that offer women a clean, comfortable place to stay around the time of their due dates given the great distances many must travel to reach a health facility.

> Providing vouchers to subsidize private transportation (including local motorcycle and bicycle ambulance services) to obstetric care sites.

> Improving emergency obstetric and neonatal care through the creation of checklists and job aids, trainings, clinical mentorships and coaching visits for health workers.

> Supporting under-resourced community health workers by providing housing, transport and other tools that enable them to serve their districts effectively.

Supporting what works: Gathering evidence to improve and scale-up successful programs

*Saving Mothers* is committed to conducting rigorous monitoring and evaluation to inform future maternal health investments by:

> Working with Columbia University’s Mailman School of Public Health to evaluate the program, helping the partnership to identify successful elements, as well as recommending areas for program improvement. *Saving Mothers* will then be brought to scale in these two countries and additional high burden countries whose leaders have demonstrated the political will and commitment to make major investments in maternal health.

> Improving data collection and documentation of critical maternal health indicators through data registration efforts such as using SmartCard electronic medical records in 104 facilities in Zambia, and tracking all maternal and neonatal deaths.

> Baseline and follow-up health facility assessments designed to assess and document change in maternity care and facility infrastructure, human resources and health services to deliver basic and comprehensive emergency obstetric care over time.

*Saving Mothers, Giving Life* harnesses strong country leadership and strategic global coordination, which are vital to achieve sustainable health systems. District health care
leaders and their teams lead the Initiative in Zambia and Uganda. Zambian and Ugandan district health officers, hospital administrators, doctors, midwives, traditional birth attendants, nurses, village health teams, ambulance drivers and other community health workers make *Saving Mothers, Giving Life* happen. Political leaders at the local and parliamentary level have provided critical support to *Saving Mothers* in securing community support and financial resources from the Zambian and Ugandan governments. The political will of these and other local officials are a key driving force that help propel the program forward to expand and sustain it.

We are already beginning to see data indicating that *Saving Mothers* is working:

- The number of pregnant women delivering in facilities has increased by nearly 50 percent in the targeted districts in both Uganda and Zambia.
- The percentage of pregnant women who had their fourth antenatal care visit has doubled in Ugandan target districts since *Saving Mothers*’ launch.
- Immunization coverage rates are rising, and early data points to a 53 percent increase in the number of pregnant women who received antiretroviral drugs (ARV) and prevention of mother to child HIV transmission (PMTCT) services in some targeted districts.
- In Uganda eight labor/delivery rooms, seven operating theatres and seven maternity blocks serving approximately 100,000 people are now fully functional.
- All of the facilities in targeted districts in Uganda providing Caesarean sections are now able to provide safe blood for women that are hemorrhaging.
- In Zambia, tackle boxes with condition-specific supplies are now available in all health center labor and delivery rooms for emergency treatment.
- Over 300 new doctors, nurses, midwives and technical officers have been added to the health workforce in both Uganda and Zambia, providing both basic and comprehensive emergency obstetric as well as HIV care.

The partnership will expand to additional countries over the next three years, and is actively seeking new partners with the interest, resources and skills to enhance the partnership's ability to achieve its mission of saving more women’s lives, quicker.

*Saving Mothers* is seeking organizations that can provide innovative health care delivery models, infrastructure development (e.g. construction, energy, etc.), pioneering approaches in transportation & logistics, cutting edge mobile communication technology and new approaches to workforce development to join us.

For partnership information and other details about how your organization can support *Saving Mothers, Giving Life*, contact the Secretariat at info@savingmothersgivinglife.org.

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**THE GOVERNMENT OF NORWAY** Improving maternal health is a cornerstone of the Government of Norway's international development policy. As one of the founding members of *Saving Mothers, Giving Life*, Norway provides leadership globally by mobilizing international support through partnerships with African leaders and with other donor governments, as well as by drawing on related global and regional initiatives such as the UN Secretary-General’s Every Woman Every Child. Norway also supports program implementation with a particular focus on scale-up, commodities, supply chain and promoting sustainability.
UGANDA PHASE ONE

>> 4,700 pregnant women die every year

>> Maternal mortality rate ranks 145th out of 180 countries

>> Saving Mothers programs are underway in Kabarole, Kamwenge, Kibaale and Kyenjojo districts

Number of supervised deliveries increases in Kabarole District, Western Uganda

Supervised deliveries in health facilities in Kabarole District have increased by up to 90 percent since Saving Mothers implementing partners and the Government of Uganda began their efforts.

“We thought we had enough midwives and equipment, but mothers were not delivering in health facilities. They preferred delivering with the support of traditional birth attendants,” said Dr. Richard Mugahi, Kabarole District Health Officer.

Kabarole was able to achieve this surge in facility births by cultivating community trust through its District Health Team, which established Village Health Teams to encourage women to use family planning and antenatal care (ANC) services, and most importantly, to deliver at health facilities. The campaign is reinforced by frequent awareness-raising radio messages.

“As we speak now, facilities that were delivering between 25-30 women in March 2012 are now delivering 120 women per month as of October 2012,” Dr. Mugahi said.

Saving Mothers’ efforts in Kabarole are also paying dividends on other health issues including:

> Contributing to an increase in immunization coverage rates

> Helping to achieve a 53 percent increase in the number of pregnant women who received antiretroviral drugs (ARV) and prevention of mother to child HIV transmission (PMTCT) services

District officials attribute these improvements to increasing trust in the health care system and the relationships the Demand Creation Committee has helped cultivate with communities. The Committee also holds bi-monthly meetings to review their progress, identify areas for improvements and map out future plans.

Saving Mothers is also helping the district to manage the increased demand for health facility services by increasing the number of skilled health workers at health facilities and equipping them with supplies needed to carry out safe births.
Beneficiary accesses family planning, educates others

Topi Tuhaise, a resident of Kyenjojo District, lost five of her 14 children while delivering at home. Determined not to lose another, she sought counseling from a health worker when she became pregnant again.

“It was very bad for us,” said Ms. Tuhaise. “We had many children. I had already lost many and we were so poor.”

Saving Mothers is helping women like Ms. Tuhaise by increasing access to quality of maternity services in Kyenjojo. She was able to obtain health education at Myeri Health Centre and attended all four of the recommended antenatal care visits during her latest pregnancy. This time, she delivered in a facility.

She and her husband also decided to seek family planning services to help manage future pregnancies.

“It came to the health facility; the nurses explained to me various methods. I chose a long-term family planning method and have not had any complications and I am very healthy. I am very grateful,” she said.

So grateful, in fact, that Ms. Tuhaise is now sharing her knowledge with her family, friends and other community members, helping to spread awareness about family planning and delivery at health facilities through a community drama group.

Education key factor in Kyenjojo’s 80 percent increase in health facility births

Community education has been a transformative element in Kyenjojo’s 80 percent increase in health facility births between January and October 2012.

Stella Kebisembo, a Village Health Team member in Kyenjojo District, attended training on health-seeking practices, and said the increased awareness helped her to do her job better.

“The trainings have empowered me with skills and knowledge to support my community,” Ms. Kebisembo said. “Before, few pregnant women delivered in health facilities. They would suffer with complications at home under the care of traditional birth attendants. Many children were lost at birth. But now, I educate pregnant women on HIV testing and antenatal care attendance, family planning and encourage them to deliver in health facilities.

“Saving Mothers also helped procure an ambulance to transport pregnant women and to increase the availability of health care workers. Many women are now delivering in health facilities.”

THE UNITED STATES GOVERNMENT Through its Global Health Initiative, the United States Government is providing leadership and strategic direction to coordinate Saving Mothers, Giving Life activities on the ground in collaboration with partner countries. The U.S. Agency for International Development (USAID), along with the U.S. Departments of State, Defense, Health and Human Services, and the Centers for Disease Control and Prevention and U.S. Peace Corps, are bringing the vast skills and expertise of these agencies to support Saving Mothers, Giving Life supported interventions that protect mothers and newborns during labor and delivery. The U.S. Government is also leveraging its expansive PEPFAR and MCH platforms to build on lessons learned and long-standing relationships at the national and local levels.
ZAMBIA PHASE ONE

Approximately 2,600 pregnant women die every year

Maternal mortality rate ranks 156th out of 180 countries

Saving Mothers programs are underway in Kalomo, Lundazi, Nyimba and Mansa districts

Saving Mothers supports training, recruitment of health workers at Sipatunyana Rural Health Center

Zambia’s Kalomo District has only five medical doctors, one operating theatre, no emergency transportation, and in many cases, unreliable electricity.

These resource constraints provide a significant challenge for health care workers in the area, which sees more than 14,000 births annually.

The Zambia Center for Applied Health Research and Development, a Saving Mothers partner, is employing Clinical Mentors to work in health facilities, alongside the health facility staff, to provide on the job training and mentorship in Emergency Obstetric Neonatal Care (EmONC).

One such health facility is Sipatunyana Rural Health Center, located 43 kilometers from the nearest hospital – one which doesn’t have an operating theater, and lacks electricity, except solar panels, to power essential life-saving equipment. Saving Mothers also has helped the Center to add a new midwife, named Agatha Chizonde, who helps to birth an average of three to four babies every week – many delivered by candle light.

Housing is a major obstacle to recruiting and retaining skilled health care staff. Since she was recruited for the Saving Mothers project in February, Ms. Chizonde has been sleeping in a small, cluttered office.
Realizing the importance of retaining an experienced midwife like Agatha to attend to expectant mothers, Sipatunyana community leaders pooled their resources to build a 3-bedroom house to accommodate her, demonstrating the value of safe deliveries to this community.

**Safe Motherhood Action Group rallies to create maternity shelter in Chipembe**

Following a visit by Saving Mothers partner Merck for Mothers in 2012, staff and volunteers at the health center in Chipembe mobilized to form a Safe Motherhood Action Group, which provides information for women to improve birth preparedness and encourages them to seek facility births.

The staff are also transforming a neglected building into a maternal shelter, where women can stay in anticipation of their due date. The shelters help overcome the potentially life-threatening challenges facing expectant mothers who live far from quality health facilities in Nyimba District.

The staff has set aside funding to paint the shelter, and eight beds were provided by the Nyimba District Health Office. In addition, a committee has been formed to oversee the shelter. Local church members, for example, now volunteer to keep the shelter clean, and also donate cooking oil and salt for mothers during their stay.

The committee is now working with a Peace Corps volunteer to find more income generating activities to fund needed improvements.
Dear All,

Ensuring healthy pregnancy and birth requires the commitment of many organizations from both the public and private sectors. Through its partnerships, Saving Mothers, Giving Life is improving the quality of care in select districts in Zambia and Uganda and strengthening pregnant women’s access to facilities for safe delivery.

At the recent Global Maternal Health Conference in Arusha, Tanzania, a number of our implementing partners shared how the programmatic innovations supported by the initiative have already made an impact. By enhancing community linkages to health facilities with Safe Motherhood Action Groups, training health care workers in Emergency Obstetric and Newborn Care, renovating health facilities, and procuring essential supplies, we are already seeing a dramatic transformation in the number of women choosing to deliver in health facilities – a critical step in the effort to save the lives of expectant mothers.

While these preliminary results are encouraging, the work is challenging. In November, I was in Uganda visiting some of the program sites and met a young physician who told me that in addition to seeing patients throughout the day, he often serves as the dispatcher and ambulance driver for the health center. “Although the center is short-staffed, the work still needs to get done,” he explained. Shortages in human resources and the lack of reliable transportation are the norm for many facilities and prevent women from receiving life-saving care.

In 2013, Saving Mothers, Giving Life will incorporate what we have learned from our first year of operation to further develop and refine our programs. Our work in Uganda will continue to focus on improving emergency transportation and infrastructure so that women can reach the services they need in time. In Zambia, we will focus on equipping facilities and staff to meet the increased demand for labor and delivery services. And we’ll be expanding the partnership to new countries, starting with fact-finding site visits to regions with high mortality rates. Reducing maternal mortality requires vigilance; Saving Mothers, Giving Life has deployed robust monitoring and evaluation tools to give us the information we need to address bottlenecks, shortages and other challenges as they arise.

In this inaugural report, we highlighted some of the exciting progress that Saving Mothers, Giving Life has made so far. Looking forward, we are committed to regularly sharing lessons learned from our programs and partners with the global maternal health community. We are also committed to supporting collaboration among partners, which is central to the success of Saving Mothers, Giving Life. We invite other NGOs, donors and businesses to join us so that we can expand our efforts to save lives.

With best regards,
Celina Schocken

Saving Mothers, Giving Life
info@savingmothersgivinglife.org
Worldwide, maternal deaths have dropped from 543,000 a year in 1990 to 287,000 in 2010.

Although maternal mortality has declined dramatically, faster progress is needed.

More than half of all maternal deaths occur in sub-Saharan African countries, where a woman’s lifetime risk of dying from pregnancy-related causes is 100 times higher than that of a woman in a developed country.
Saving Mothers, Giving Life is a public-private partnership between the U.S. Government, Norway, Merck for Mothers, Every Mother Counts and the American College of Obstetricians and Gynecologists working to reduce deaths during pregnancy and childbirth.

www.savingmothersgivinglife.org