The death of a woman from complications during pregnancy or childbirth continues to be a serious global health challenge and a sentinel indicator of how well a health system is functioning. Saving Mothers, Giving Life is an ambitious five-year public-private partnership to rapidly reduce maternal mortality in sub-Saharan Africa, where many of these deaths occur. As this report indicates, an intensive effort to strengthen health services in countries facing high levels of maternal mortality and HIV can produce impressive — and rapid — results in saving women’s lives.

Beginning in four districts each in Uganda and Zambia, Saving Mothers successfully built upon existing maternal and child health programs, as well as HIV programs supported by PEPFAR, and integrated these services during its 12-month proof-of-concept phase. In close alignment with both governments’ national health plans, Saving Mothers has put in place life-saving interventions that are making high quality, safe childbirth services available and accessible to women and their newborns.

This report highlights the findings of evaluations conducted by the Centers for Disease Control and Prevention (CDC), USAID and Columbia University after Saving Mothers’ first year.
"Over the past twenty years, human ingenuity and entrepreneurship around the world have reduced maternal mortality substantially, but gaps between the developed and developing world persist. The underlying problems are solvable. When more women have access to high quality care, we can save lives. When we expand the availability of life-saving medicines and equipment in rural areas, we can save lives. When we ensure that more women deliver in the presence of a skilled health worker, we can greatly reduce their risk of dying when complications arise. This is why Secretary Hillary Clinton helped launch Saving Mothers, Giving Life. In its first year, this pioneering, district-level health initiative has improved the lives of women in Uganda and Zambia, helping women receive quality maternal healthcare and fostering new confidence and hope."

— Dr. Rajiv Shah, USAID Administrator

"Complications of pregnancy and childbirth and HIV are the leading causes of death among women of reproductive age. Accelerating progress on saving women’s lives from these preventable causes will help achieve Millennium Development Goals 4 and 5 and an AIDS-free generation. Greater integration of maternal health and HIV/AIDS treatment has significantly increased the number of women and newborns receiving life-saving antiretroviral therapy. With its focus on health system strengthening, which builds on existing PEPFAR service delivery platforms in Uganda and Zambia, Saving Mothers, Giving Life has helped to increase the number of pregnant women tested for HIV and receiving antiretroviral therapy to maintain their own health and prevent onward transmission of HIV to their babies. Further expanding access to HIV testing and treatment is essential to achieve our goal of cutting AIDS-related maternal deaths in half by 2015."

— Ambassador Eric Goosby, Former U.S. Global AIDS Coordinator

"Saving Mothers, Giving Life has substantially improved maternal health by making care better and more accessible in Uganda and Zambia. In all of the districts where we have been working with the partnership, facility deliveries have increased substantially and community linkages to clinical services have been strengthened. More health centers are providing life-saving emergency obstetric and newborn care. There are more qualified and supported healthcare workers, and improved coordination of maternal health and HIV prevention, care and treatment services. We are honored to share in the impact that Saving Mothers, Giving Life has had on the lives of women and newborns in Uganda and Zambia so far."

— Dr. Thomas Frieden, Director, Centers for Disease Control and Prevention

"The Peace Corps is excited to be a partner of Saving Mothers, Giving Life. We are particularly proud of the contributions Peace Corps Volunteers have made at the community level to promote the importance of essential maternal health services, and we are thrilled to continue our collaboration to aggressively reduce maternal mortality."

— Carrie Hessler-Radelet, Acting Director, Peace Corps
The birth day is the most dangerous day in a woman’s and child’s life. Saving Mothers, Giving Life is proof of the strength of public-private partnerships, and the benefits of working closely with partner country governments. The UN Commission on Life-Saving Commodities recommends essential maternal health drugs, like magnesium sulfate, oxytocin and misoprostol, necessary to address emergencies arising from complications of labor and delivery. Saving Mothers facilities are equipped with a regular supply of these drugs; as a result more women are receiving life-saving treatment when complications arise.

– Tore Godal, Special Adviser to the Office of the Prime Minister of Norway

USAID leads Saving Mothers for the U.S. Government in partnership with CDC, PEPFAR, the Department of State, the Department of Defense and the Peace Corps. Leads monitoring and evaluation activities.

Merck for Mothers

“Saving Mothers, Giving Life is part of a new approach to development, one in which governments, the private sector and non-profits are moving in lockstep to solve huge challenges. Ending preventable deaths during pregnancy and childbirth is not a simple task. Merck for Mothers lends the company’s business and scientific expertise to enhance innovations that can save a woman’s life. In Uganda, for example, we augment Saving Mothers by supporting private health clinics, doctors, midwives and local businesses, which are often women’s first choice for maternal care. We are inspired by the initiative’s impact to date, but we know our work is far from complete. We remain steadfast in our commitment to this partnership to make safe pregnancy and childbirth a reality for all women.”

– Naveen Rao, MD, Lead, Merck for Mothers

Norwegian Ministry of Foreign Affairs

Supports efforts to enhance access to low-price maternal health commodities. Plays a leading role in strategy development, as well as funding and program implementation and scale-up during Phase Two.

Supports programs to strengthen local private health providers in Uganda and programs to develop entrepreneurial models for maternity waiting homes in Zambia. Supports an external evaluation of the partnership, led by Columbia University.

“Saving Mothers, Giving Life is part of a new approach to development, one in which governments, the private sector and non-profits are moving in lockstep to solve huge challenges. Ending preventable deaths during pregnancy and childbirth is not a simple task. Merck for Mothers lends the company’s business and scientific expertise to enhance innovations that can save a woman’s life. In Uganda, for example, we augment Saving Mothers by supporting private health clinics, doctors, midwives and local businesses, which are often women’s first choice for maternal care. We are inspired by the initiative’s impact to date, but we know our work is far from complete. We remain steadfast in our commitment to this partnership to make safe pregnancy and childbirth a reality for all women.”

– Naveen Rao, MD, Lead, Merck for Mothers

The results in this report are evidence that smart, focused investments can help reduce maternal mortality: Saving Mothers, Giving Life is creating an environment in which safe labor and delivery, in well-stocked facilities with trained professionals is the new standard of care in Uganda and Zambia. We’ve built a catalyzing model that, when taken to scale, can help ensure that unforeseen complications don’t end in tragedy. And we’ve done so by capitalizing on decades of American investments, leveraging existing U.S. Government PEPFAR and Maternal and Child Health platforms, with a legacy of saving and improving millions of lives in sub-Saharan Africa.”

– Robert Clay, Deputy Assistant Administrator, USAID

United States Government

“Saving Mothers, Giving Life is creating an environment in which safe labor and delivery, in well-stocked facilities with trained professionals is the new standard of care in Uganda and Zambia. We’ve built a catalyzing model that, when taken to scale, can help ensure that unforeseen complications don’t end in tragedy. And we’ve done so by capitalizing on decades of American investments, leveraging existing U.S. Government PEPFAR and Maternal and Child Health platforms, with a legacy of saving and improving millions of lives in sub-Saharan Africa.”

– Robert Clay, Deputy Assistant Administrator, USAID

Global Partners

USAID leads Saving Mothers for the U.S. Government in partnership with CDC, PEPFAR, the Department of State, the Department of Defense and the Peace Corps. Leads monitoring and evaluation activities.
EVERY MOTHER COUNTS

“Saving Mothers, Giving Life supports interventions across the continuum of maternal care, addressing the three delays that women face in achieving timely and effective maternal health services. In Uganda, Every Mother Counts is supporting strategies to enhance access to care by strengthening transportation and referral networks between communities and facilities. After one year, there has been a dramatic increase in the number of women delivering safely with a skilled provider. We are proud to showcase the results in this report, and demonstrate that this partnership and its approach are working.”

– Christy Turlington Burns, Founder, Every Mother Counts

AENLY COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

“Saving Mothers, Giving Life is an opportunity to bring our technical expertise to bear in Uganda and Zambia, where we are prepared to provide mentoring, coaching and ongoing supportive supervision. We are currently working with in-country ob-gyns and others to determine how best to meet their needs for delivering essential maternal health services, including emergency obstetric and newborn care. And as a result, more women who experience complications will receive the care they need.”

– Bert Peterson, MD, FACOG, ACOG Global Health Consultant and Chair of the ACOG Global Operations Advisory Group

PROJECT C.U.R.E.

“One of the key advantages of this partnership is the ability of each partner to contribute its unique expertise. Working closely with our partners, we can ensure that customized medical supplies and medical equipment from Project C.U.R.E. are delivered to medical facilities with upgraded infrastructure, and are being used by trained health staff providing essential maternal health services. None of these interventions alone can save a woman’s life. But, as you will see in this report, jointly deploying these interventions can achieve greater impact.”

– Doug Jackson, President and CEO, Project C.U.R.E.

Leads efforts to upgrade Saving Mothers, Giving Life facility infrastructure. Provides customized medical supplies, equipment and related program services to Saving Mothers facilities.
ROAD TO SAFE PREGNANCY AND CHILDBIRTH IN SMGL DISTRICTS

CommuniTY MOBILIZATION TO INCREASE DEMAND

*Saving Mothers* has increased the number of women giving birth in health facilities.

+ Thousands of community health workers were trained to educate women, their families and community leaders about the importance of facility delivery managed by a skilled birth attendant

+ Birth kits were distributed to women to incentivize safe and clean facility-based childbirth

+ Community health workers collected data on pregnancy outcomes, including recording maternal deaths

Improving access & availability of services

*Saving Mothers* has improved connections between public and private service delivery points district-wide, easing women’s ability to access high quality maternal care.

+ Improved facility infrastructure, including the availability of water, electricity and renovated maternity waiting homes has increased access to services

+ Transportation and communications networks between communities and facilities have been strengthened, including emergency referrals

+ Enhanced supply chain management helps to ensure more consistent access to life-saving medications and commodities

Maternal deaths declined and maternal and perinatal health outcomes improved dramatically in *Saving Mothers, Giving Life* districts.

+ In *Saving Mothers* districts in Uganda, maternal mortality ratios fell by 30%

+ In *Saving Mothers* facilities in Zambia, institutional maternal mortality ratios fell by 35%
About 15 percent of pregnancies and childbirths will develop complications that are potentially life-threatening and require timely access to EmONC. Improved access to, referral to and quality of 24-hour emergency obstetric services can increase the proportion of women who give birth safely, and drastically and quickly reduce the risk of women dying from pregnancy-related complications. Moreover, as HIV is becoming an increasingly common cause of pregnancy-associated deaths in Africa, Saving Mothers is focused on effectively leveraging HIV and maternal and child health platforms for increased impact. The first year of the initiative resulted in substantial reductions in maternal deaths and improved maternal and perinatal health outcomes. There was also an increase in access to, and utilization of, HIV prevention, treatment and care services for mothers and their newborns.

<table>
<thead>
<tr>
<th>QUALITY OF CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Saving Mothers</strong> has augmented facility staffing and training, ensuring that women receive quality facility-based care within two hours of the onset of obstetric emergencies.</td>
</tr>
<tr>
<td>+ More than 500 healthcare providers in the intervention districts received EmONC training</td>
</tr>
<tr>
<td>+ Providing a minimum package of quality obstetric services in lower level facilities helped decongest higher level facilities</td>
</tr>
<tr>
<td>+ Referral facilities were upgraded to provide Comprehensive Emergency Obstetric and Newborn Care (CEmONC) for complicated cases requiring Cesarean section or blood transfusion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH SYSTEM STRENGTHENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring &amp; Evaluation +</td>
</tr>
<tr>
<td>Human Resources for Health +</td>
</tr>
<tr>
<td>Helping Babies Breathe +</td>
</tr>
<tr>
<td>Blood Transfusion +</td>
</tr>
<tr>
<td>Awareness, Advocacy &amp; Mobilization +</td>
</tr>
<tr>
<td>Data &amp; Information Systems +</td>
</tr>
<tr>
<td>Laboratory Systems +</td>
</tr>
<tr>
<td>PMTCT +</td>
</tr>
<tr>
<td>Equipment +</td>
</tr>
<tr>
<td>Medical Records +</td>
</tr>
<tr>
<td>Postnatal Care +</td>
</tr>
<tr>
<td>Supply Chain +</td>
</tr>
<tr>
<td>Record Keeping +</td>
</tr>
</tbody>
</table>
Maternal mortality fell sharply over the course of 12 months in Saving Mothers districts in Uganda. This reduction was driven, in large part, by women’s increased access to and receipt of EmONC. In the pilot phase, the proportion of expected deliveries taking place at facilities in the Saving Mothers districts increased from 46% to 74%.

**KEY HIGHLIGHTS**

- **Saving Mothers** addressed the shortage of health workers by hiring doctors and midwives to accelerate access to services. Uganda’s Ministry of Health incorporated many of these newly hired health staff as regular personnel with the adoption of a wage bill that improved salary and living conditions. This, combined with significant health facility investments, including renovating it facilities with operating theaters to perform Cesarean sections, delivered notable quality of care improvements.

- Use of Village Health Teams (VHTs) to strengthen the collection of household level data has been very successful, and fundamental to the initiative’s ability to measure and evaluate the impact of its interventions.

- Recognizing that many women receive care from private health providers, Saving Mothers, through Merck for Mothers has partnered with a network of local franchise clinics to help increase access to reproductive, maternal and newborn health services in several districts. The effort will help to strengthen the ability of private providers and health businesses to deliver care to families in a sustainable manner.

- Improved access to services, through demand side financing (vouchers) that supported transportation for women to go to facilities and payment for services at private health facilities, has dramatically increased the number of women giving birth in facilities.

**UGANDA NATIONAL LEVEL INDICATORS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Mortality Ratio (2010) (per 100,000 live births)</td>
<td>310</td>
</tr>
<tr>
<td>Deliveries taking place in a health facility (2011)</td>
<td>57%</td>
</tr>
<tr>
<td>Births by Cesarean section (2005–2010)</td>
<td>3%</td>
</tr>
<tr>
<td>Births attended by skilled health personnel (2005–2010)</td>
<td>42%</td>
</tr>
<tr>
<td>Antenatal care coverage: at least four visits (2005–2011)</td>
<td>48%</td>
</tr>
<tr>
<td>Pregnant women with HIV receiving antiretrovirals to prevent MTCT (2010)</td>
<td>42%</td>
</tr>
<tr>
<td>Total Fertility Rate (2011)</td>
<td>6.2</td>
</tr>
<tr>
<td>Contraceptive prevalence rate: modern method (1990/2012)</td>
<td>26%</td>
</tr>
</tbody>
</table>

In Uganda’s four intervention districts, pregnancies were tracked from the antenatal period through labor, childbirth and postpartum. Pregnancy outcomes, including complications and maternal deaths, were recorded at the facility level and community level. The indicators on the following pages demonstrate rapid improvements in women’s health outcomes after one year of implementation.

In Uganda’s four intervention districts, pregnancies were tracked from the antenatal period through labor, childbirth and postpartum. Pregnancy outcomes, including complications and maternal deaths, were recorded at the facility level and community level. The indicators on the following pages demonstrate rapid improvements in women’s health outcomes after one year of implementation.

There are an estimated 1.5 million births and 4,700 maternal deaths every year in Uganda.

A Ugandan woman’s lifetime risk of maternal death — the probability that a 15-year-old girl will eventually die from a maternal cause — is 49 times greater than that of a woman in the U.S.

In consultation with the Uganda Ministry of Health, Saving Mothers selected four contiguous districts in the Western Region: Kabarole, Kibaale, Kamwenge and Kyenjojo. These districts have a total population of 1.75 million people and an estimated 400,000 women of reproductive age. They were selected based on the strong leadership and commitment of the local government, the availability of existing U.S. government platforms and linkages to a referral hospital.

Other selection factors included: limited human resource capacity of the district (particularly the vacancy rates of critical health personnel); the terrain and poor quality of the district’s transportation network; and little use of maternal and health services in the district (antenatal care, facility delivery and skilled birth attendance). The initiative directly supports the government’s Roadmap to Accelerate Reduction of Maternal and Neonatal Mortality and Morbidity.
PROGRESS IN CAUSE-SPECIFIC MATERNAL MORTALITY

The reduction of direct obstetric causes of maternal deaths in Ugandan districts indicates an improvement in the provision of life-saving EmONC services.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Before</th>
<th>After</th>
<th>Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric hemorrhage</td>
<td>128</td>
<td>73</td>
<td>-43%</td>
</tr>
<tr>
<td>Obstructed labor (including uterine rupture)</td>
<td>71</td>
<td>33</td>
<td>-54%</td>
</tr>
<tr>
<td>Eclampsia/Preeclampsia</td>
<td>58</td>
<td>45</td>
<td>-23%</td>
</tr>
<tr>
<td>Postpartum sepsis</td>
<td>33</td>
<td>17</td>
<td>-50%</td>
</tr>
<tr>
<td>Complications of unsafe abortion</td>
<td>42</td>
<td>36</td>
<td>-15%</td>
</tr>
<tr>
<td>Other direct causes</td>
<td>49</td>
<td>31</td>
<td>-37%</td>
</tr>
</tbody>
</table>

A REDUCTION IN THE OBSTETRIC CASE FATALITY RATE IN FACILITIES PROVIDING EmONC

The Case Fatality Rate, or the proportion of women with direct obstetric complications who die before discharge, decreased by almost 20% over the first year in facilities providing EmONC. Quality improvements, including facility upgrades, health worker training and the availability of essential commodities contributed to this reduction.

| Obstetric Case Fatality Rate in facilities providing EmONC | 2.9% | 2.4% | -18% |

MET NEED FOR EmONC SERVICES

The proportion of all pregnant women having a direct obstetric complication requiring and receiving life-saving obstetric care (i.e., met need for EmONC) has increased.

| Met need for EmONC services in EmONC facilities | 39% | 49% | +25% |

Baylor College of Medicine >>
The Baylor College of Medicine Children’s Foundation Uganda partners with Saving Mothers to provide pregnant women in Kabarole, Kamwenge and Kyenjojo districts with transportation vouchers and Mama Kits with basic supplies for childbirth. In addition, the College has helped train VHTs to collect community-level data on pregnancy and birth outcomes.

Makerere University Infectious Diseases Institute >>
The Infectious Diseases Institute of Makerere University works to enhance the quality of care provided by Saving Mothers facilities in Kibaale district. Improving facility capacity, including ensuring safe blood supplies and transfusion procedures, upgrading facility equipment and strengthening transportation and referral networks between facilities ensures that women receive high quality treatment at the right time. In addition, the Institute has helped train VHTs to collect community-level data on pregnancy and birth outcomes.

STRIDES for Family Health and Management Sciences for Health (MSH) >>
STRIDES and MSH work closely with the Uganda Ministry of Health, local government and civil society organizations to increase contraceptive use and provide education for the healthy timing and spacing of pregnancy (HTSP) in Saving Mothers districts. The project has supported pregnant women to access ultrasound scanning services through the STRIDES-Midas Touch transportation voucher system. STRIDES has also built the capacity of VHTs and health workers to provide family planning and maternal health services at community and facility levels.

Uganda Health Marketing Group (UHMG) >>
Community mobilization is a key factor in the success of Saving Mothers. In Uganda, UHMG developed and implemented the “Prepare yourself, deliver at health facilities” multichannel campaign to help encourage more women to seek health and delivery services in facilities. The campaign reached three out of every four women who gave birth in Saving Mothers facilities.

Program for Accessible Health, Communication and Education (PACE) >>
MSD for Mothers has partnered with Population Services International and its local affiliate PACE to improve the ability of local private providers and health businesses to deliver affordable, high quality and equitable maternal healthcare to women living in the four Saving Mothers districts in Uganda.
A REDUCTION IN PERINATAL MORTALITY RATE IN FACILITIES

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 save newborn lives (e.g., essential newborn care, management of newborn sepsis). In these Ugandan facilities, the institutional perinatal mortality rate declined primarily through the reduction of intrapartum stillbirths.

| Institutional Perinatal Mortality Rate (per 1,000 births) | 39.3% | 32.7% | -17% |

UGANDA MINISTRY OF HEALTH

District Health Officers (DHOs) lead the implementation of Saving Mothers programs in each district. In Kabarole, for example, Dr. Richard Mugahi coordinates a wide range of Saving Mothers interventions, including working with civil society and religious leaders to encourage more women to give birth in facilities. In partnership with local implementing partners, he manages the use of emergency vehicles, as well as transportation and communications networks to ensure women can access facilities. He also provides critical oversight for training and mentorship of skilled birth attendants. His work has helped improve confidence in the overall functioning of the health system, and ensure that more women are receiving quality maternal health and PMTCT services.

DHOs in all Saving Mothers districts lead similar efforts, which are integral to the successful implementation of the initiative. To learn more about the DHOs in all four districts, please visit www.savingmothersgivinglife.org

Dr. William Mucunguzi, Kyenjojo | Dr. Richard Mugahi, Kabarole
Ms. Winnie Rurangaranga, Kamwenge | Dr. Dan Kyamanywa, Kibaale

AN INCREASE IN CESAREAN SECTION RATES REDUCED MATERNAL AND PERINATAL DEATHS

Access to Cesarean sections among all expected births is improving through increases in facility deliveries, timely referrals and availability of CEmONC. Its impact is reflected in substantial reductions in maternal mortality due to obstructed labor and uterine rupture, and perinatal mortality.

Cesarean section Rate

| Cesarean section Rate | 5.3% | 6.5% | +23% |

Other Implementing Partners

> Association of Obstetricians and Gynecologists of Uganda
> Cardno Emerging Markets
> Catholic Relief Services
> EngenderHealth
> IntraHealth International
> Jhpiego
> Marie Stopes International Uganda
> Medical Access
> Stop Malaria Project
> Uganda Blood Transfusion Services
> Uganda Episcopal Conference
> Uganda Paediatric Association
> Uganda Protestant Medical Bureau
> Uganda Society of Anesthesiologists
> University Research Co., LLC
SERVICE DELIVERY ENHANCED

_Saving Mothers_ implemented a range of activities to enhance the quality of care. From hiring, training and mentoring health workers, to strengthening the supply chain for essential medicines and other supplies, to ensuring facilities are equipped with the necessary equipment to carry out EmONC, more women are now accessing quality, life-saving care.

MORE WOMEN ARE GIVING BIRTH IN HEALTH FACILITIES

The chances of survival increase dramatically when a woman gives birth in a facility. Community mobilization, improved transportation and communications networks, and enhanced facility infrastructure have incentivized more women to give birth in facilities. There have been significant increases in the institutional delivery rate, or the proportion of births occurring in health facilities. The biggest increases are among lower level health facilities, allowing referral facilities to focus on treating complications and emergencies.

<table>
<thead>
<tr>
<th>Deliveries in all facilities</th>
<th>46%</th>
<th>74%</th>
<th>+62%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliveries in EmONC facilities (BEmONC and CemONC)</td>
<td>28%</td>
<td>36%</td>
<td>+28%</td>
</tr>
<tr>
<td>Deliveries in lower level facilities (Health Centers II, III)</td>
<td>17%</td>
<td>38%</td>
<td>+118%</td>
</tr>
</tbody>
</table>

MATERNAL HEALTH SERVICES AT HEALTH CENTERS: 24 HOURS A DAY, 7 DAYS A WEEK

Access to services 24/7 is vital to saving a woman's life if a complication arises. Through _Saving Mothers_' support, today almost all health centers provide services 24 hours a day, 7 days a week, meeting this essential need for women and their newborns.

| 24/7 Services at Health Centers | 75% | 93% | +24% |

TRANSPORTATION, COMMUNICATIONS AND REFERRAL NETWORKS

Transportation, communications and referral networks enhanced women's access to essential health services. Three out of every four women who delivered in health facilities in three districts had transport covered by vouchers.

| Institutional deliveries supported by transport vouchers (3 districts) | 6% | 39% | +550% |
| Institutional deliveries supported by private care vouchers that also covered transportation (3 districts) | 14% | 36% | +157% |

VHTs were trained to educate women and their families about the risks associated with giving birth at home. VHTs encouraged women to develop birth plans, attend antenatal care and give birth in a facility.

| VHTs Trained | 4,076 |
| Mama Kits Distributed | 15,655 |

_Mama Kits_, which contain essential supplies like plastic sheeting, razor blades, soap, gloves and other items, were distributed to help ensure a clean and safe childbirth.
SAVING MOTHERS, GIVING LIFE
ANNUAL REPORT 2013

The chances of survival for a woman and newborn greatly increase when giving birth in a facility, accompanied by a skilled birth attendant. Since Saving Mothers, Giving Life was launched in Uganda, the number of women giving birth in facilities in Saving Mothers districts has increased by 60%.

Basic Emergency Obstetric and Newborn Care
The number of facilities that performed all seven signal functions that constitute BEmONC tripled.

A Day in the Life of a Village Health Team member

It is estimated that 15 percent of all pregnancies and childbirths will experience a serious complication. The health system must be prepared at all times to manage these complications. However, many women live far away from a facility, and if they can make it to a facility, that facility may not have adequate staff, supplies or infrastructure to manage complications. Saving Mothers prioritized increasing facilities’ capacity to provide life-saving emergency care.

Basic Emergency Obstetric and Newborn Care
The number of facilities that performed all seven signal functions that constitute BEmONC tripled.

Comprehensive Emergency Obstetric and Newborn Care
There was a significant increase in the number of facilities that performed all nine signal functions that constitute CEmONC, including blood transfusions and deliveries by Cesarean section.

Facility upgrades, including the ability to manage complications, increased women’s access to quality care. At baseline, 62% of women lived within two hours of a CEmONC facility; today 77% of women have access.

Mr. Togonzangane Steven, a VHT member working with Saving Mothers, registers a pregnant woman. Health surveillance is a central part of the VHT role.

This increase is in large part due to the efforts of VHTs who work at the community level to educate women and their families about safe childbirth and encourage them to make birth plans. They also conduct community health surveillance to inform ongoing program activities and evaluation.

Togonzangane Steven is one of over 1,600 VHTs trained in Uganda’s western Kibaale District. He visits up to five households each day, often walking several kilometers when his motorbike runs out of fuel.

“I collect data on pregnant mothers and hygiene and sanitation, and sensitize household members on health-related issues such as safe motherhood, malaria and HIV/AIDS.”

Mr. Steven has seen firsthand the impact of his work with Saving Mothers. “Mothers used to die without accessing care, but now they are able to access care and services.”
FAMILY PLANNING SERVICES

Family planning is known to play an important role in reducing maternal mortality; expanding access to postpartum family planning services has been a focus of Saving Mothers. There has been a slight increase in the availability of long-acting methods at hospitals.

**HEALTH SYSTEM STRENGTHENING**

Doctors and Nurses Hired

**IMPROVED HUMAN RESOURCES**

Quality improvements resulted from hiring, training and mentoring hundreds of health workers, including doctors, nurses and midwives. The Columbia external evaluation found that in Uganda, these activities had a measurable effect on improving the quality of EmONC provided to women in relation to two comparison districts.

Twice as many providers in Saving Mothers districts received in-service obstetric training during the past year, compared with their counterparts in comparison districts. These providers performed modestly better in tests of obstetric knowledge, and there were positive differences in provider confidence than their counterparts in comparison districts. Finally, quality of care ratings among both providers and women were consistently higher in Saving Mothers districts than in comparison districts.

**FAMILY PLANNING SERVICES**

Hospitals that currently have at least one long-acting family planning method

<table>
<thead>
<tr>
<th></th>
<th>Saving Mothers</th>
<th>Comparison Districts</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>63%</td>
<td>69%</td>
<td>+10%</td>
</tr>
</tbody>
</table>

More Women Report Receiving Family Planning Services

The Columbia external evaluation found that women in Saving Mothers districts were more likely to report having received family planning services than in comparison districts.

**HIV PREVENTION AND TREATMENT**

HIV and pregnancy-related complications are leading killers of women of childbearing age in sub-Saharan Africa. Saving Mothers has built on the U.S. Government’s PEPFAR platform in Uganda to increase the number of women and newborns tested and receiving life-saving antiretroviral therapy. The number of women who received prophylaxis or treatment for PMTCT of HIV/AIDS increased, as well as the number of infants who have received HIV prophylaxis.

<table>
<thead>
<tr>
<th></th>
<th>Saving Mothers</th>
<th>Comparison Districts</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMTCT treatment</td>
<td>1262</td>
<td>1620</td>
<td>+28%</td>
</tr>
<tr>
<td>HIV prophylaxis for infants</td>
<td>1117</td>
<td>1415</td>
<td>+27%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Saving Mothers</th>
<th>Comparison Districts</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor and Nurses Hired</td>
<td>147</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge Test Scores</td>
<td>+10.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Confidence</td>
<td>+38%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women More Likely to Provide High Rating of Quality</td>
<td>2.7x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. The Columbia evaluation selected two districts with similar health infrastructure, geography and weather, use of health services and patterns in morbidity and mortality as comparisons to evaluate Saving Mothers districts. These districts (Kiryandonga and Masindi) were non-contiguous and did not have any large-scale maternal, newborn or child health program in the last three years.
IMPROVED MATERNAL DEATH AUDITS

Understanding the reasons for maternal and newborn deaths is vital to improving performance. With support from Saving Mothers, the Ugandan Ministry of Health institutionalized the practice of carrying out maternal death audits.

Hospitals conducting maternal death audits 31% 100% +223%

IMPROVED ACCESS TO LIFE-SAVING COMMODITIES AND SUPPLIES

A steady supply of essential medicines and commodities enables health workers to provide life-saving care. There were significant improvements in the stock of drugs like oxytocin and magnesium sulfate in Saving Mothers facilities, especially among lower level health centers.

All health facilities that did not experience stockouts of oxytocin in the last 12 months 56% 82% +46%

All health facilities that did not experience stockouts of magnesium sulfate in the last 12 months 47% 62% +32%

EXPENDITURE STUDY | Investments to Strengthen Districts for Reduced Maternal Mortality in Uganda

Building on existing PEPFAR and maternal health platforms, Saving Mothers documented additional expenditures for strengthening district health services and systems to reduce maternal and neonatal mortality. These data provide information on the resources required to scale up Saving Mothers in other districts. In total, $10.5 million was expended over the initial 17 months for the four districts in Uganda. Expenditures in each district were based on the particular context and gaps determined at baseline and ranged from $0.826 to $4.16 million. The majority (79%) of expenditures went to improve service delivery and the remaining 21% was spent on system support. Expenditures included:

Service Delivery
+ Capital investments (29%) for construction and renovation, equipment and furniture, emergency and other transportation, training and voucher scheme training
+ Recurring costs resulting from those investments (33%) for medical and program personnel, voucher reimbursements for medical care and transportation, non-medical consumables, medical supplies and drugs, and travel and transportation
+ Community mobilization and demand generation costs (17%) to promote health facility deliveries, including community worker training, travel and compensation, job aids, media development and community mobilization activities

Systems Support
+ Program support and supervision (12%)
+ Monitoring and evaluation (8%)
+ Other systems strengthening (1%)

Though not all anticipated investments were made during the pilot period, the documented investments were significant and resulted in increased demand for health services and improved health outcomes.

Systems Support

$10,505,255

+ Uganda Saving Mothers Direct Program Expenditures*

* These data provide information on expenditures over 17 months in Saving Mothers districts in Uganda. Capital investment expenditures are projected over five years.
**Timeline of Key Activities**

### 2012

**June**
- Saving Mothers, Giving Life launched by former Secretary of State Hillary Clinton

**September**
- Introduction of tricycle ambulances in Kibaale District, Uganda
  - Modified motorcycle ambulances can more comfortably and safely transport women from their community to a health facility

**August**
- Expenditure study begins in Uganda and Zambia
  - The costing study aimed to document the expenditures required to strengthen maternity services in Saving Mothers districts, and identify the critical investments that increase access to quality safe delivery and EmONC services at health facilities

**November**
- Saving Mothers technical visit to Uganda to review progress to date and identify new challenges
- Pregnancy Outcomes Measurement (POM) study carried out in Uganda
  - The POM identified and tracked the health outcomes for every pregnant woman who received maternal care, including antenatal, delivery and postnatal services from a Saving Mothers facility

**March**
- MSD for Mothers program launched
  - Population Services International, with its local affiliate, the Program for Accessible Health, Communication and Education, is implementing MSD for Ugandan Mothers, which will improve the quality of private maternal health care in 30 districts, including Saving Mothers districts
- Columbia University External Evaluation Interim Report published
- Project C.U.R.E. joins the Saving Mothers, Giving Life partnership
- Saving Mothers, Giving Life highlighted at Center for Strategic and International Studies event in Washington, D.C.
  - Participants included: Secretary of Health and Human Services Kathleen Sebelius, and Christy Turlington Burns, founder of Every Mother Counts and Saving Mothers, Giving Life founding partner

---

**MSD for mothers**
Committed to Saving Lives

**EveryMotherCounts**
• Saving Mothers leadership and Uganda and Zambia partners convene in Livingstone, Zambia to review interim results and identify best practices moving forward

• Verbal autopsy baseline data collection completed in Uganda and Zambia

• Merck for Mothers Zambia program launched

Merck for Mothers Zambia program is working to develop new, sustainable models for maternity waiting homes at EmONC facilities

• Health facility assessment endline data collected in Uganda

• One year anniversary of Saving Mothers, Giving Life

• Saving Mothers first year findings released

2013

MAY

• Saving Mothers, Giving Life shares interim findings at Women Deliver Third Global Conference

• Health facility assessment endline data collected in Zambia

AUG

• Expenditure study completed in Uganda and Zambia Saving Mothers districts

OCT

• Columbia University External Evaluation Final Report published

• Expenditure study completed in Uganda and Zambia Saving Mothers districts
ZAMIA RESULTS

Maternal mortality fell sharply over the course of 12 months in Saving Mothers facilities in Zambia. This reduction was driven by women’s increased access to and receipt of emergency obstetric care. In the pilot phase, the proportion of expected deliveries taking place at facilities in Saving Mothers districts increased from 63% to 84%.

KEY HIGHLIGHTS

+ Strengthened community mobilization efforts, led by Safe Motherhood Action Groups (SMAGs), helped to overcome longstanding, negative perceptions about childbirth in facilities. Trained by Peace Corps Volunteers, SMAGs promoted birth planning, including facility delivery, antenatal care, HIV testing and postpartum family planning. Community mobilization was a major factor in increasing demand for facility deliveries in all four Saving Mothers districts.

+ To overcome the significant geographic barriers within districts, Saving Mothers emphasized training and mentorship for health providers at lower level health facilities to provide EmONC and Helping Babies Breathe services.

+ Whereas all four Saving Mothers districts in Uganda are contiguous, the Zambian districts are non-contiguous and quite distant from one another, which sometimes made implementation more challenging and costly.

+ There was also significant investment in maternity waiting homes so that women who live far from emergency services or are at higher risk of experiencing complications during childbirth will not encounter delays in receiving the services that they need.

+ Finally, Saving Mothers partnered with the Department of Defense to renovate and upgrade one hospital and two health centers that also provide services to civilian women.

ZAMIA NATIONAL LEVEL INDICATORS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Mortality Ratio (2010) (per 100,000 live births)¹</td>
<td>440</td>
</tr>
<tr>
<td>Deliveries taking place in a health facility (2007)²</td>
<td>48%</td>
</tr>
<tr>
<td>Births by Cesarean section (2005–2010)¹</td>
<td>3%</td>
</tr>
<tr>
<td>Births attended by skilled health personnel (2005–2011)¹</td>
<td>47%</td>
</tr>
<tr>
<td>Antenatal care coverage: at least four visits (2005–2011)¹</td>
<td>60%</td>
</tr>
<tr>
<td>Pregnant women with HIV receiving antiretrovirals to prevent MTCT (2010)¹</td>
<td>75%</td>
</tr>
<tr>
<td>Total Fertility Rate (2011)³</td>
<td>5.8</td>
</tr>
<tr>
<td>Contraceptive prevalence rate: modern method (1990/2012)⁴</td>
<td>27%</td>
</tr>
</tbody>
</table>

There are an estimated 600,000 births and 2,600 maternal deaths every year in Zambia.

In Zambia, a woman’s lifetime risk of maternal death is 65 times greater than that of women in the U.S.

In consultation with the Zambia Ministry of Health, Saving Mothers selected four non-contiguous districts in three different provinces: Lundazi and Nyimba in Eastern Province, Kalomo in Southern Province, and Mansa in Luapula Province. The total population of these districts is about 900,000 people. The intervention districts were selected based on the strong district leadership and commitment of the local government, existing U.S. government platforms and demonstrated need for intensified maternal health programs.

Saving Mothers is helping to implement Zambia’s Maternal and Newborn Health Roadmap (2007–2014), and also supports advocacy efforts through the Campaign to Accelerate the Reduction of Maternal, Newborn and Child Mortality in Africa — Zambia (CARMMA-Z).

1. To monitor the results of Saving Mothers, Zambia set up a new community-based system of Community Key Informants that was designed to track pregnancies. Given that the system only identified about one-third of the expected number of pregnancies, there was not a sufficient number of maternal deaths to yield a stable estimate of the maternal mortality ratio, so results on deaths identified by this system are not being used to estimate the MMR.
The reduction of some common, direct obstetric causes of maternal death in Zambian districts indicates an improvement in the provision of life-saving EmONC.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Before</th>
<th>After</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric hemorrhage</td>
<td>110</td>
<td>72</td>
<td>-34%</td>
</tr>
<tr>
<td>Obstructed labor (including uterine rupture)</td>
<td>59</td>
<td>13</td>
<td>-78%</td>
</tr>
<tr>
<td>Other direct causes</td>
<td>91</td>
<td>82</td>
<td>-11%</td>
</tr>
</tbody>
</table>

The Case Fatality Rate, or the proportion of women with direct obstetric complications who die before discharge, decreased 35% over the project period in facilities providing EmONC. Quality improvements, including facility upgrades, health worker training and the availability of essential commodities contributed to this reduction.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Before</th>
<th>After</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric Case Fatality Rate in facilities providing EmONC</td>
<td>3.4%</td>
<td>2.2%</td>
<td>-35%</td>
</tr>
</tbody>
</table>

The proportion of all pregnant women having a direct obstetric complication requiring and receiving life-saving obstetric care (i.e., met need for EmONC) has increased as a result of improving availability of and access to EmONC.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Before</th>
<th>After</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met need for EmONC services in EmONC facilities</td>
<td>26%</td>
<td>32%</td>
<td>+23%</td>
</tr>
</tbody>
</table>
A REDUCTION IN PERINATAL MORTALITY RATE IN FACILITIES

In addition to a focus on enhancing maternal health services, health workers in Saving Mothers facilities also received training to address childbirth-related complications (e.g. resuscitation to save babies who do not breathe at birth), and save newborn lives (e.g. essential newborn care, management of newborn sepsis). In Zambia districts, the institutional perinatal mortality rate declined primarily through reducing the stillbirth rate.

Institutional Perinatal Mortality Rate (per 1,000 births) 37.9 32.8 -14%

AN INCREASE IN CESAREAN SECTION RATES REDUCED MATERNAL AND PERINATAL DEATHS

More facilities are now able to provide Cesarean sections, among other EmONC services, reducing the risk of death from obstructed labor and uterine rupture.

Cesarean section Rate 2.7% 3.1% +15%

Other Implementing Partners

- Africare
- Chemonics
- Elizabeth Glaser Pediatric AIDS Foundation
- Family Health International
- John Snow, Inc.
- Marie Stopes International
- Population Services International
- Project Concern International
- RTI International
- University of Zambia
- Zambian National Blood Transfusion Systems

ZAMBIA MINISTRY OF HEALTH AND MINISTRY OF COMMUNITY DEVELOPMENT, MOTHER AND CHILD HEALTH

District Health Officers (DHOs) lead the implementation of Saving Mothers programs in each district. In Kalomo, for example, Dr. Kenneth Chibwe coordinates all implementing partner activities, including training SMAGs, managing the use of emergency vehicles and mentorship programs for skilled birth attendants in EmONC. He also oversees maternal death audits, which help identify areas for improvement across Saving Mothers interventions in Kalomo.

DHOs in all Saving Mothers districts lead similar efforts, which are integral to the successful implementation of the initiative. To learn more about the District Health Officers in all four districts, please visit www.savingmothersgivinglife.org

Dr. Kenneth Chibwe, Kalomo | Dr. Allan Chisenga, Lindazi
Dr. Mutinta Mudenda, Mansa | Dr. Jonathan Chama, Nyimba

*SAVING MOTHERS, GIVING LIFE* ANNUAL REPORT 2013 19
Saving Mothers implemented a range of activities to enhance the quality of care. From hiring, training and mentoring health workers, to strengthening the supply chain for essential medicines and other supplies, to ensuring facilities are equipped with the necessary equipment to carry out EmONC, more women are now accessing quality, life-saving care.

More Women Are Giving Birth in Health Facilities

The chances of survival increase dramatically when a woman gives birth in a facility. Community mobilization, improved transportation and communications networks and enhanced facility infrastructure have prompted more women to give birth in facilities. There have been significant increases in the institutional delivery rate, or the proportion of births occurring in health facilities. The biggest increases are among lower level health facilities, such as Health Centers, allowing referral facilities to focus on treating complications and emergencies.

- Deliveries in all facilities: 63% to 84% (+35%)
- Deliveries in EmONC facilities (BEmONC and CEmONC): 26% to 30% (+17%)
- Deliveries in lower level facilities (Health Centers and Health Posts): 37% to 54% (+47%)

Based on exit interviews, women who gave birth in Saving Mothers facilities were more likely to be satisfied with the care they received, compared with women receiving care in non-intervention districts.1

Maternal Health Services: 24 Hours a Day, 7 Days a Week

Saving Mothers has improved women’s timely access to a health facility leading up to and during childbirth. Today, almost all health centers offer services 24 hours a day, 7 days a week.

- 24/7 Services: 65% to 93% (+44%)
- SMAGs Trained: 1,548
- Mama Packs Distributed: 2,027

Peace Corps volunteers trained SMAGs to educate women and their families about the risks associated with giving birth at home, and encouraged them to develop birth plans, attend antenatal care and give birth in a facility.

Mama Packs, which contain essential supplies like plastic sheeting, razor blades, soap, gloves and other items, were distributed to help ensure a clean and safe childbirth.

---

1. The Columbia evaluation selected two districts with similar health infrastructure, geography and weather, use of health services and patterns in morbidity and mortality as comparisons to evaluate Saving Mothers districts. These districts (Kalwe and Kapip Mposhi) were non-contiguous and did not have any large-scale maternal, newborn or child health program in the last three years.
**EMERGENCY SERVICES INCREASED**

*Saving Mothers* prioritized facilities’ capacity to provide life-saving emergency care, so that more women who experience complications are able to receive these services within two hours.

**Basic Emergency Obstetric and Newborn Care**
The number of facilities that performed all seven signal functions that constitute BEmONC doubled.

| BEmONC facilities | 3 | 6 | +100% |

**Comprehensive Emergency Obstetric and Newborn Care**
The number of facilities that performed all nine signal functions that constitute CEmONC, including blood transfusions and Cesarean sections, increased.

| CEmONC facilities | 4 | 5 | +25% |

**FAMILY PLANNING SERVICES**

Across districts, there has been a significant increase in the availability of long-acting methods at hospitals.

| Hospitals that currently have at least one long-acting family planning method | 50% | 75% | +50% |

**HIV PREVENTION AND TREATMENT**

Building on the U.S. Government’s PEPFAR platform, *Saving Mothers* has increased the number of women who received prophylaxis or treatment for PMTCT of HIV/AIDS, as well as the number of infants who received HIV prophylaxis.

| PMTCT treatment | 930 | 1095 | +18% |
| HIV prophylaxis for infants | 523 | 674 | +29% |

**Mentorship programs enhancing emergency services in Lundazi district**

More than 80% of maternal deaths stem from manageable complications, making access to EmONC crucial to survival. But many health workers in developing countries lack the necessary equipment, skills and experience. Thanks to *Saving Mothers*, this reality is changing in Lundazi District, Zambia, and Esther Kabaye has the story to prove it.

Until recently, Ms. Kabaye, a nurse, was the only clinician at the Matanda Rural Health Center (RHC), a remote facility in this eastern Zambian district. Located 60 kilometers from the nearest hospital, many women are treated at Matanda RHC if complications arise during pregnancy or childbirth. That’s what makes Ms. Kabaye’s job particularly critical, and why *Saving Mothers* initiated a mentorship program in EmONC functions for health workers. After meeting with district mentors over several months, Ms. Kabaye began to feel confident in her ability to handle complicated childbirths, which served her well when a laboring woman named Helen arrived at Matanda last June.

Despite presenting in normal labor, Helen began to bleed immediately after delivery. Having been trained and mentored on how to manage postpartum hemorrhage, Ms. Kabaye was fast to act. She quickly performed bi-manual compression of the uterus, effectively stopping the bleeding and saving Helen’s life. When asked about this experience, Ms. Kabaye beamed with pride as she recounted her *Saving Mothers* mentorship, commenting, “With the support that [they] have given me, I am so happy to be able to effectively handle emergencies and save lives which would have been lost.”
HEALTH SYSTEM STRENGTHENING

IMPROVED HUMAN RESOURCES

*Saving Mothers* helped the government to hire 19 healthcare workers and train and mentor hundreds of others, including doctors, nurses and midwives. The evaluation found that in Zambia, these activities had a measurable effect on improving the quality of obstetric care provided to women.

Almost 200 health providers were trained in EmONC, while 188 were trained in Helping Babies Breathe, a neonatal resuscitation curriculum. Over 300 providers were trained to provide in-service mentorship skills. *Saving Mothers* providers performed modestly better in tests of obstetric knowledge than providers in comparison districts.

---

IMPROVED ACCESS TO LIFE-SAVING COMMODITIES AND SUPPLIES

*Saving Mothers* strengthened the supply chain for essential commodities like oxytocin and magnesium sulfate. Lower level health facilities, such as Health Centers and Health Posts, experienced fewer shortages.

---

**IMPROVED MATERNAL DEATH AUDITS**

Understanding the reasons for maternal and newborn deaths is vital to improving performance. With support from *Saving Mothers*, the Zambian Government institutionalized the practice of carrying out maternal death audits. In addition, electronic record keeping systems, such as SmartCare, improved monitoring of health outcomes across districts.

---

| Hospitals conducting maternal death audits | 50% | 100% | +100% |
| All health facilities that did not experience stockouts of oxytocin in the last 12 months | 78% | 98% | +26% |
| All health facilities that did not experience stockouts of magnesium sulfate in the last 12 months | 22% | 87% | +295% |

---

1. The Columbia evaluation selected two districts with similar health infrastructure, geography and weather, use of health services and patterns in morbidity and mortality as comparisons to evaluate *Saving Mothers* districts. These districts (Kalwe and Kapip Mposhi) were non-contiguous and did not have any large-scale maternal, newborn or child health program in the last three years.
Antenatal Care Promoting Birth Preparedness in Kalomo District

*Saving Mothers* is supporting health centers to help women develop birth plans, increasing the likelihood of a safe facility delivery. During the first antenatal care visit, health facility staff distribute large posters that read DANGER SIGNS at the top. Diagrams on this page illustrate various conditions that could occur before, during and after delivery that require medical attention.

Thousands of couples in Kalomo District have learned about birth planning from staff at *Saving Mothers* facilities. The birth plan has become a central part of efforts to educate pregnant women and their partners. And, it has helped contribute to a 35% increase in facility deliveries across *Saving Mothers* districts in Zambia.

EXPENDITURE STUDY | Investments to Strengthen Districts for Reduced Maternal Mortality in Zambia

Building on existing PEPFAR and maternal health platforms, *Saving Mothers* documented additional expenditures for strengthening district health services and systems to reduce maternal and neonatal mortality. These data provide information on the resources required to scale-up *Saving Mothers* in other districts. In total, $8.14 million was expended over the initial 20 months for the four districts in Zambia. Expenditures in each district were based on the particular context and gaps determined at baseline and ranged from $0.88 million to $2.29 million per district. Approximately half (56%) of the expenditures were used to improve service delivery and the 44% was spent on system support. Expenditures included:

**Service Delivery**
- Capital investments (36%) training, construction and renovation, equipment and furniture, and emergency transportation
- Recurring costs resulting from capital investments (12%), consisting of medical supplies/drugs and medical/program personnel
- Community mobilization and demand generation costs (8%) to promote health facility deliveries, including community worker training, travel and compensation, job aids, media development and community mobilization activities

**Systems Support**
- Program support and supervision (26%)
- Monitoring and evaluation (2%)

+ SmartCare electronic medical records system (8%)
+ Other systems strengthening (8%)

Though not all anticipated investments were made during the pilot period, the documented investments were significant and resulted in increased demand for health services and improved health outcomes.

*Zambian Saving Mothers Direct Program Expenditures* (Note: These data provide information on expenditures over 20 months in Saving Mothers districts in Zambia. Capital investment expenditures are projected over five years.)
“We were in a sleep; now we have awakened.”

– George Phiri, District Commissioner, Nyimba, Zambia, when asked about political awareness of maternal and newborn deaths

★ We are encouraged by the impact and results that Saving Mothers achieved during its first year. The evidence in this report strongly indicates that an integrated, district health strengthening model is saving lives. Enhancing health systems has helped women to have a better chance of surviving the unpredictable complications of pregnancy and childbirth.

★ Assessments also reveal that our work is far from over; many pressing obstacles remain, including stockouts of essential commodities, inadequate equipment and supplies, and human resource shortages. In some places, infrastructure (electricity, water, communication) is still lacking and transportation difficulties remain. The initiative is looking for effective, lasting solutions for all of these challenges.

★ Saving Mothers’ evaluators will continue to analyze the data to help the initiative’s leadership make the best possible choices regarding its future. By identifying and expanding the interventions with the greatest promise of reaching scale, we will be able to save the lives of even more women.

★ Saving Mothers remains committed to a five-year lifespan, and continues to investigate where and how to support host country governments expand to new districts in their countries, as well as to additional sub-Saharan African countries.
Learn more about Saving Mothers, Giving Life, including results from year one, at www.savingmothersgivinglife.org/annualreport.

Supplementary evaluation materials are available from the CDC, USAID and Futures Group and Columbia University.

**CDC Evaluations**
- Saving Mothers Giving Life Monitoring and Evaluation Report: Executive Summary
- Monitoring and Evaluation Overview
- Maternal Mortality
- Obstetric Care Services: Access and Availability
- Maternal and Perinatal Health Outcomes

**USAID and Futures Group**
- Findings of Expenditure Studies in Zambia and Uganda for The Saving Mothers Giving Life partnership: Executive Summary

**Columbia University**
- Columbia University External Evaluation Interim and Final Reports

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, committed to saving women’s lives from complications of pregnancy and childbirth.

www.savingmothersgivinglife.org