Dear All,

As the one-year anniversary of Saving Mothers, Giving Life approaches, we would like to share highlights of the initiative’s impressive achievements to date.

Since June 2012, Saving Mothers’ partners, including 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, have collaborated to bolster maternal health programs and to reduce maternal mortality in Uganda and Zambia.

Together, we are working with district and provincial health offices in eight districts to train health workers, upgrade health facilities and encourage more women to give birth in safe facilities — and we have made excellent progress in a short period of time.

From the outset, extensive monitoring and evaluation have been well-integrated into all program activities. The Centers for Disease Control and Prevention (CDC) continues to work closely with in-country partners to conduct assessments of health facilities and gather data on maternal mortality to help measure the impact of Saving Mothers. Columbia University is leading an external, independent evaluation of the partnership. Finally, USAID is conducting a study to estimate the cost of the different Saving Mothers interventions to help inform scale-up activities and expansion to other countries.

Last month, more than 70 global and in-country partners gathered in Livingstone, Zambia to discuss these mid-term results. The findings from the CDC team are encouraging:

- The number of pregnant women delivering in facilities has increased in all eight Saving Mothers districts in Uganda and Zambia
- In Zambia, mHealth programs are making it easier to document patient treatment and referral
Hundreds of health workers in both countries have been trained to provide emergency obstetric and newborn care, and many more facilities are now able to offer these services.

Community health workers, called Village Health Teams in Uganda and Safe Motherhood Action Groups in Zambia, have been trained to encourage birth preparedness as well as to collect data to track progress.

Essential supplies and equipment, including Mama Kits and toolkits for postpartum hemorrhage and eclampsia treatment, have been distributed to promote safe facility deliveries.

In addition, the Columbia University research team identified key strengths of Saving Mothers and provided several recommendations that will enhance the initiative moving forward:

- Continue to engage and empower communities to advocate for maternal health
- Continue to invest in training for health providers and health facility improvements
- Continue to focus on labor, delivery and the 24 hours postpartum, and to look for additional ways to link to family planning, HIV treatment and other complementary programs
- Devise innovative new solutions to meet human resources and transportation challenges
- Provide ongoing support for rigorous monitoring and evaluation activities
- Harness the international and local private sector

These evaluation findings have informed our planning for scale-up in Uganda and Zambia and expansion to new countries in sub-Saharan Africa. Recently, a Saving Mothers delegation traveled to Malawi to gain a better understanding of maternal, child and newborn health programs in that country and to determine how Saving Mothers might support these government-led activities. We were encouraged by the tremendous political will, energy and urgency to make greater strides in maternal and child health — and we are in discussions about a potential Saving Mothers effort in Malawi.

In the past year, Saving Mothers has mobilized communities to prioritize and support maternal health programs, strengthened linkages between communities and health facilities to assure safe deliveries, and enhanced the capacity of health facilities and medical personnel to provide life-saving care for women in need.

We are inspired by the incredible work of the Ugandan and Zambian governments — at the national, provincial and district levels — and the dedication of our local partners in both countries. We are motivated by the results we have seen so far and look forward to engaging new partners whose expertise will complement and enhance Saving Mothers as we strive to save even more women’s and newborns’ lives.

With best regards,

Celina Schocken

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EXTERNAL EVALUATION

An integral part of Saving Mothers, Giving Life is an independent evaluation to measure the initiative’s impact. Researchers from the Columbia University Mailman School of Public Health recently completed an interim report that assessed Saving Mothers’ ability to effectively 1) implement programs; 2) manage the partnership; 3) engage stakeholders; and 4) identify lessons learned to inform scale-up to other districts and countries.

The Columbia research team conducted interviews with Ministry of Health representatives; Saving Mothers’ leaders, including district medical officers, coordinators and clinical staff; and a range of implementing partners. The next stage of research, currently underway, will engage health providers, pregnant women and new mothers, and Saving Mothers’ global partners.

The Columbia evaluation is helping ensure that the initiative's interventions to save women's lives are producing the desired results. Evaluation findings will guide Saving Mothers as it expands to new communities. Highlights of the mid-term evaluation follow.

A tremendous amount has been achieved in a short period of time

**Training and Clinical Care**

Saving Mothers’ partners trained a large cadre of community health workers, including nearly 4,000 Village Health Team members in Uganda and nearly 800 Safe Motherhood Action Group members in Zambia, to promote facility deliveries and birth preparedness. Working as liaisons between communities and health facilities, these workers distributed birth and newborn supplies to incentivize facility deliveries. They were also trained in monitoring and evaluation and were engaged in extensive data collection throughout the first year of Saving Mothers’ programs.

Nearly three-fifths of the district health workforce in Uganda and nearly one-half of the district health workforce in Zambia were trained to provide emergency obstetric and newborn care. New and existing staff were trained to conduct maternal death reviews and to provide oversight for health facility and community health worker staff.

**Infrastructure**

Saving Mothers has complemented clinical training with infrastructure upgrades. Maternity waiting shelters have been constructed and renovated in both countries, providing a safe space for women to stay until they go into labor. These shelters enhance access to essential maternal health services, addressing one of the three delays that put women’s lives at risk during childbirth.

New ambulances, converted motorcycles and bicycles, as well as communication equipment have improved transportation and referrals between the community, health centers and hospitals.
“Health workers have been empowered [by the trainings] and have risen to the occasion in a way that they haven’t with many projects.”
– USG Zambia Official

Saving Mothers has embraced innovative solutions for reducing maternal mortality

> Improved data collection by Village Health Teams and Safe Motherhood Action Groups
> Regular onsite mentoring of health facility staff to reinforce training and quality of care improvements
> Enhanced coordination between partners — global and local
> Distribution of emergency drill kits, as well as obstetric emergency kits for health care workers in Zambia

“Transport was a big problem solved, and the mothers have been enjoying coming to the health units much more than before.”
– Saving Mothers, Giving Life Implementing Partner

> Dissemination of Mama kits/packs to promote safe and clean deliveries
> Introduction of mobile clinics offering maternal health services in Uganda
> Creation of an mHealth pilot project to track pregnant women in Zambia
> Addition of new incentive programs to encourage new mothers to seek postnatal care in Zambia
> Efforts to improve transportation infrastructure, including terrain-appropriate vehicles in Zambia and Bodas for Mothers, or motorcycle taxis, in Uganda

Saving Mothers has produced several positive synergies

> Increased enthusiasm for community action to improve maternal and newborn health
> Enhanced morale among health workers
> Improved record keeping and data management
> Increased uptake of HIV and syphilis testing

“The private sector brings in innovative ways of dealing with [equipment] like ultrasound machines...The private sector has the ability to play an important role.”
– Uganda District Level Implementing Partner
SAVING MOTHERS, GIVING LIFE  PROGRAM UPDATE

UGANDA
MID-TERM PROGRESS

“SMGL did not create parallel structures like other projects in the past have: SMGL was designed to work within the existing [health system] structure and communities.”
– Uganda District Level Implementing Partner, Columbia University Interim Report

In Uganda, a woman’s lifetime risk of maternal death is 77 times greater than in high income countries such as the U.S. and Norway. In response, Saving Mothers has implemented a variety of key interventions in four pilot districts: Kabarole, Kibaale, Kamwenge, and Kyenjojo. The following mid-term results, which have been evaluated by the CDC Uganda team, make it clear that Saving Mothers is having a positive impact.

**Increased Demand:** The number of facility births increased substantially.

> The number of women delivering in facilities increased from 2,585 in January 2012 to 4,707 in December 2012, an 82% increase. Facility-based births account for an estimated 70% of total expected monthly births across the districts, a 30% increase over the period.

The number of women delivering in CEmONC (Comprehensive Emergency Obstetric and Newborn Care) facilities increased from 3,856 in the 1st quarter of 2012 (January–March) to 5,751 in the 4th quarter of 2012 (October–December), an increase of nearly 50%. CEmONC facilities are health care centers where services required for emergency obstetric and newborn care are available without delay. In short, the increase in women delivering at CEmONC facilities is saving the lives of women and babies.
Increase in C-sections: The number of C-sections increased from 979 in the 1st quarter of 2012 (January–March) to 1,336 in the 4th quarter (October–December), a 36% increase.

The proportion of women delivering by C-section increased to 6.8% by the end of 2012. This is within the rate recommended by the World Health Organization (WHO) and an important indication that more pregnant women are receiving quality emergency obstetric care.

Through increased availability of obstetric surgeries and other comprehensive obstetric services, the case fatality rate due to direct obstetric complications in CEmONC facilities has gradually declined (from 4.2% in the 1st quarter of 2012 to 2.4% in the 4th quarter) while the numbers of maternal patients with severe obstetric complications receiving CEmONC care has increased by 50%.

Significant Uptake of Antenatal Care: In Uganda, the number of pregnant women attending four or more antenatal care visits (ANC) has increased dramatically.

Before Saving Mothers, only 20.5% of women in the four pilot districts attended four or more ANC visits. That number increased to 53.5% in the same four districts as of December 2012, outpacing other districts in the Midwestern Region by nearly 20%.

ANC visits are critical to the health of the baby, and for early identification of life-threatening — but treatable — maternal complications like preeclampsia (high blood pressure) and pregnancy-related diabetes.

More Women Accessing Prevention of Mother-to-Child HIV Transmission (PMTCT) Services: Thanks in part to an increase in ANC visits and facility deliveries, the percentage of pregnant women receiving antiretroviral drugs (ARV) increased 15% between Jan–March 2012 and Oct–Dec 2012.

“THE MINISTRY OF HEALTH sees SMGL as a learning opportunity for the rest of the system — performance-based financing, ambulance management and better health data.” – Uganda Ministry of Health Official

“[BEFORE SMGL] THERE WERE MANY MOTHERS DYING IN SILENCE. At least now when mothers die, people notice and they try to learn from it. It’s a big issue. Now when a mother dies we know before lunch.” – Uganda District Level Implementing Partner
In Zambia, which has an estimated 2,600 maternal deaths every year, a woman’s lifetime risk of maternal death is 100 times greater than in high income countries such as the U.S. and Norway. Most of these deaths are preventable. In response, the Government of Zambia developed a national Maternal Newborn and Child Health plan. Saving Mothers is working closely with U.S. government agencies and other global partners to support the Zambian government’s implementation of this plan in four pilot districts: Kalomo, Lundazi, Mansa and Nyimba. Following are highlights of the CDC mid-term progress report.

**Increased Demand:** The number of facility births increased substantially.

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In Zambia, the number of women delivering in all levels of health centers increased from 5,472 in June–December 2011 to 7,863 in June–December 2012, a nearly 44% increase.

- Of those delivering in facilities, the number delivering in health centers increased from 55% to 62%, while the number of women delivering in hospitals decreased from 36% to 29%, suggesting that the increased training at the health center level has led to a decrease in the number of women needing to be referred to hospitals.

**Reduced Number of Maternal Complications:** The percentage of pregnancy and childbirth-related complications at all health facility levels declined, in spite of the increase in deliveries.

> Overall, the prevalence of maternal complications in facilities dropped from 10.8% to 9.2%. This is encouraging, particularly for the health centers, as it may indicate that they are doing a better job of referring patients with complications to the next level facility for advanced treatment, which is one of the delays which Saving Mothers seeks to address.

**“IT IS VERY SPECIAL IN MY EXPERIENCE** to see organizations work this closely and this well.” — USG Zambia Official, Columbia University Interim Report
> 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