

5 YEARS 3 COUNTRIES 1 MISSION

2018 FINAL REPORT | RESULTS OF A
FIVE-YEAR PARTNERSHIP TO REDUCE
MATERNAL AND NEWBORN MORTALITY

Saving Mothers
giving life



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Cover: Maria Mandira with baby Dalitso at Zumwanda Rural Health Centre in Zambia, where she stayed in a mothers' shelter before delivery. Photo credit: Amy Fowler/USAID

THE JOURNEY TO A SAFE CHILDBIRTH

KASONGO AND UCHISHI



Kasongo Chipulou lives in a small village in the northern part of Zambia surrounded by Lake Bangweulu. Few people in Lunga District own boats to navigate the swampy terrain, so accessing care is often a challenge. When Kasongo found out she was pregnant, she started antenatal care at Kasomalunga Remote Health Centre, about an hour's trip from her home.



It was during one of these visits that Kasongo met the Safe Motherhood Action Group members. *Saving Mothers, Giving Life* has trained these lay volunteers (known as SMAGs) to improve maternal health in their communities. Throughout Kasongo's pregnancy, SMAGs visited her and her family at home, making sure that she was healthy and helping her plan for a safe delivery at the local health center.

During labor, Kasongo began bleeding heavily. When she arrived at Kasomalunga Remote Health Centre, the nurse — who was trained through the *Saving Mothers, Giving Life* partnership to diagnose, stabilize and transfer women with complications — cared for Kasongo and then sent her by boat to Samfya District Hospital, accompanied by a SMAG. At the hospital, Kasongo gave birth safely with the help of a skilled team of health professionals, also trained by *Saving Mothers, Giving Life*. "It was really scary," said Kasongo, reflecting on the whole episode. "I was very worried about the baby." Happily, today, Kasongo and her daughter, Uchishi — whose name translates to "problems" because the delivery was so difficult — are home and doing well.

Kasongo and Uchishi are alive today thanks to *Saving Mothers, Giving Life*. Photo credit: Amy Fowler/USAID

LETTER FROM THE SECRETARIAT

MATERNAL MORTALITY RATIO DECLINED

UGANDA | 5 YEARS

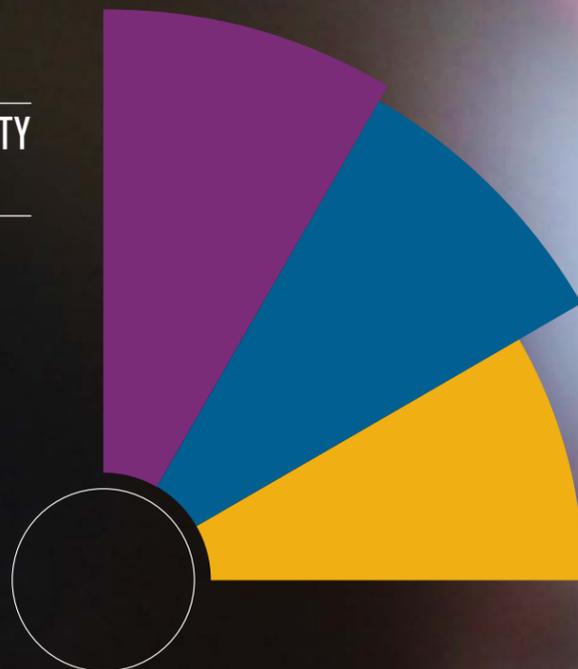
-44%

ZAMBIA | 5 YEARS

-41%

NIGERIA | 2 YEARS

-28%



Dear Health and Development Colleagues:

When the *Saving Mothers, Giving Life* partnership launched, many doubted that we could significantly reduce maternal and newborn deaths in high-burden, low-resource sub-Saharan African countries in five years' time. Yet, by working in partnership with the Governments of Cross River State, Nigeria, Uganda and Zambia, *Saving Mothers, Giving Life* has achieved impressive results.

In five years, the maternal mortality ratio has declined by 44% in *Saving Mothers, Giving Life* districts in Uganda and by 41% in Zambia. In only two years, maternal mortality dropped by 28% in *Saving Mothers, Giving Life* facilities in Cross River State, Nigeria. We attribute the partnership's success to the comprehensive approach undertaken at the outset — strengthening district health systems to surmount the obstacles to a safe pregnancy and childbirth. *Saving Mothers, Giving Life* did not limit its focus to one cause of maternal death or one type of facility. Instead, our systems approach created a strong district-wide safety net to protect women's and newborns' lives, leveraging the infrastructure and lessons-learned from the President's Emergency Plan for AIDS Relief (PEPFAR) which has been so successful in reducing HIV/AIDS.

Through the efforts of all *Saving Mothers, Giving Life* partners — host governments, private companies, U.S. government agencies, local and international NGOs, academic institutions — we substantially increased the proportion of women giving birth in health facilities and enhanced the quality of care they received. At the same time, we strengthened the capacity of Ministries of Health to provide essential public health services, creating a ripple effect that has improved healthcare delivery more broadly. Perhaps most importantly, women, families, providers and policy-makers no longer accept death during childbirth as a tragic but unavoidable part of life.

A word about results: for the baseline and final assessments of *Saving Mothers, Giving Life*, we employed gold standard methodologies to ensure that no maternal or newborn death went uncounted. These evaluations went beyond data gathered from facilities to include rigorous population-based data collection to help us understand the comprehensive impact

"...WOMEN, FAMILIES, PROVIDERS AND POLICY-MAKERS NO LONGER ACCEPT DEATH DURING CHILDBIRTH AS A TRAGIC BUT UNAVOIDABLE PART OF LIFE."

of the initiative. The results featured in this report are based on the change between the baseline and final assessments. With a more robust methodology, some of the final results — while still remarkable — are lower than previously reported.

I would like to thank our partners at the Ministries of Health in Cross River State, Nigeria, Uganda and Zambia who have worked closely with the Secretariat to ensure that *Saving Mothers, Giving Life* was aligned with their needs, priorities and aspirations — a critical foundation for long-term sustainability. I also feel fortunate to work alongside committed and caring colleagues from U.S. Government agencies and believe that we have benefited immensely from the diverse ideas and expertise of our non-governmental partners. Together, we have accomplished much more than many expected.

Still, women around the world — many of them poor and from underserved communities — continue to die needlessly from complications we can treat. Our hope is that other countries adapt the best practices identified through *Saving Mothers, Giving Life*. When they do, we are optimistic that we will be much closer to ending the global tragedy of preventable maternal and newborn deaths. We believe that together we have redefined what is possible.

With best regards,



CLAUDIA MORRISSEY CONLON, MD, MPH
U.S. Government Lead, *Saving Mothers, Giving Life*
Senior Maternal and Newborn Health Advisor, USAID

MEASURING SUCCESS: IMPACT

These figures represent some of *Saving Mothers, Giving Life's* key successes in supported districts over two years in Nigeria and five years in Uganda and Zambia. The partnership achieved significant reductions in maternal mortality and improved the quality of care that women receive during pregnancy and childbirth. While improvements in newborn health have lagged behind, we anticipate that the groundwork laid by the partnership will result in more robust declines in newborn mortality in the future. Efforts in each country varied based on need, so the most significant indications of success also differ between the countries.

"...WE ANTICIPATE THAT THE GROUNDWORK LAID BY THE PARTNERSHIP WILL RESULT IN MORE ROBUST DECLINES IN NEWBORN MORTALITY IN THE FUTURE."

FACILITY MATERNAL MORTALITY RATIO*



PRE-DISCHARGE NEONATAL MORTALITY RATE**



Prior to *Saving Mothers, Giving Life*, newborn deaths in Cross River, Nigeria were often not considered significant and, as a result, not counted. However, *Saving Mothers, Giving Life* has ushered in a shift in mentality — and a new effort to track newborn deaths. While in the short-term this means an increase in reported newborn mortality, in the long-run we expect this new attention to data will result in improved programs and anticipate a reduction in newborn deaths in the years to come.

Facility Stillbirth Rate***



Proportion of live births put to breast and kept warm within 30 minutes of birth



Proportion of newborns not breathing at birth successfully resuscitated



Proportion of women who received uterotonics in the third stage of labor to prevent excessive blood loss



NIGERIA

UGANDA

DISTRICT-WIDE MATERNAL MORTALITY RATIO*



PRE-DISCHARGE NEONATAL MORTALITY RATE**



Stillbirths occurring during delivery***



Proportion of all facilities that reported monitoring labor by partograph



Number of pregnant women who received medication to prevent mother-to-child transmission of HIV/AIDS



Proportion of hospitals conducting maternal death audits



DISTRICT-WIDE MATERNAL MORTALITY RATIO*



FACILITY STILLBIRTH RATE***



The number of HIV-exposed infants receiving medication to prevent mother-to-child transmission of HIV/AIDS



Proportion of health centers offering services 24 hours a day, 7 days a week



Proportion of all health facilities that have at least one long acting reversible contraceptive method available



ZAMBIA

* number of maternal deaths per 100,000 live births ** number of newborn deaths per 1,000 live births *** number of stillbirths per 1,000 births

SYSTEMS APPROACH

In 2012, 11 organizations came together to establish *Saving Mothers, Giving Life*, a public-private partnership committed to the ambitious goal of dramatically reducing maternal and newborn mortality in sub-Saharan Africa in five years. *Saving Mothers, Giving Life* began in Uganda and Zambia, and in 2015, after promising early results, the initiative expanded to Nigeria.

Reducing maternal and newborn mortality is complex. Even with careful planning, pregnancy and childbirth complications can arise with little or no warning. Health systems need to be nimble so they can respond immediately in the face of an emergency. This requires access to the right equipment and medicines, appropriately trained staff and the ability to refer patients if necessary. Kasongo and Uchishi were lucky, but not everyone is able to travel so far or wait so long for care.



That's why *Saving Mothers, Giving Life* is designed to ensure that every pregnant woman has access to safe and respectful services during pregnancy, labor and delivery, and, in the event of a complication, lifesaving emergency care within two hours.

Sister Mbambazi Assumpta examines Gladys Namusisi at *Saving Mothers, Giving Life* supported Kakumiro Health Center, Uganda. Photo credit: Amy Fowler/USAID



Christine Kyarisiima's baby was just born at the *Saving Mothers, Giving Life* supported Kibiito Health Center IV in Uganda and had not yet been named. Photo credit: Amy Fowler/USAID

“Saving Mothers, Giving Life is a unique public-private partnership to advance maternal and perinatal health in low resource settings. CDC’s contribution to strengthen maternal and perinatal death surveillance through Saving Mothers, Giving Life underscores the key role of collaborative work with partners across sectors to protect moms and babies and improve health systems. CDC is honored to have supported the monitoring and evaluation to determine where this effort has been effective and to estimate the number of mothers and babies whose lives were saved.”

ROBERT R. REDFIELD, MD
Director, Centers for Disease Control and Prevention

HEALTH SYSTEMS STRENGTHENING



Health systems strengthening is a strategy for improving the way an entire health system functions. It is the backbone of the *Saving Mothers, Giving Life* approach — enhancing the interconnected components of the health system simultaneously to address the three delays to accessing lifesaving maternity care: the delays in deciding to seek, reaching and receiving quality care.

Health systems strengthening requires involving both public and private health providers and engaging everyone — from families and communities to district and national governments — to save women’s and newborns’ lives.

The benefits of the systems approach extend far beyond maternal health. A strong, resilient health system that is prepared to save the lives of women and their babies is also better equipped to deliver care for community members suffering from a life-threatening illness or a serious injury and respond to emerging health crises.

Safe Motherhood Action Group members pose for a photo at the Lunga Health Center in Zambia. Photo credit: John Healey



THE ORGANIZING PRINCIPLES CONTRIBUTING TO THE PARTNERSHIP’S SUCCESS



THINK SYSTEM

The whole health system must work well to save women’s and newborns’ lives.



MIND THE GAP

There can be no “weak link” in the chain of care.



TWO-HOUR WINDOW

Lifesaving care must be, at most, two hours away.



COUNT ALL DEATHS

Every maternal and newborn death should be counted and analyzed to help prevent future tragedies.



IMPROVE QUALITY & EXPERIENCE

Every woman deserves high-quality, respectful care at all times.

“Saving Mothers, Giving Life is an Initiative that showed how much can be achieved in a short time with maximal effort.”

TORRE GODAL
Special Advisor to the Prime Minister of Norway on Global Health

A SUCCESSFUL PUBLIC-PRIVATE PARTNERSHIP

FOUNDING PARTNERS

The 11 founding partners designed *Saving Mothers, Giving Life* to leverage each of their unique strengths and have produced impressive results in saving the lives of women and their newborns.

HOST COUNTRY PARTNERS

From the beginning, host country governments were at the center of *Saving Mothers, Giving Life* to ensure the local ownership and sustainability of the model.

ADDITIONAL PARTNERS

Over the course of the initiative, the *Saving Mothers, Giving Life* partnership has grown to include a broader and more diverse group of contributors.

PARTNER INVESTMENT

For every dollar the U.S. government partners (as shown in the first column) initially invested, other partners contributed an additional \$1.10.

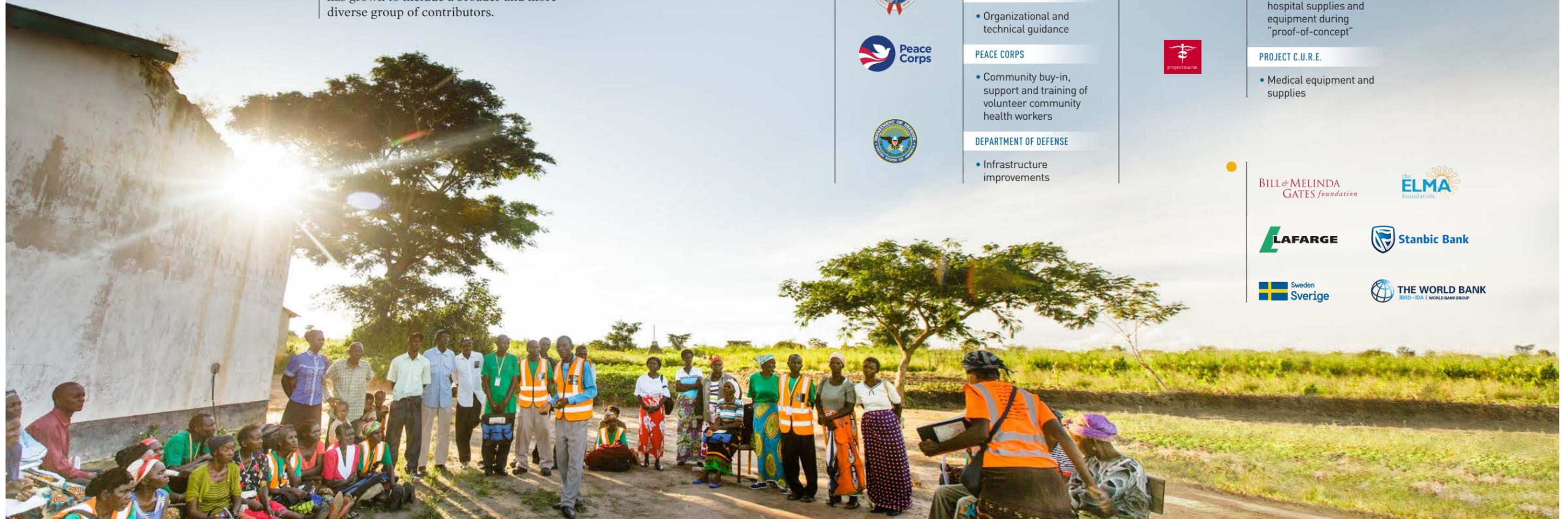


Photo credit: John Healey



U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

- Interagency lead for U.S. Government
- Secretariat overseeing partnership operations
- Technical assistance and oversight for in-country program teams



DEPARTMENT OF STATE

- Initial development of *Saving Mothers, Giving Life*



CENTERS FOR DISEASE CONTROL AND PREVENTION

- Monitoring and evaluation
- Technical assistance and oversight for in-country program teams



OFFICE OF GLOBAL AIDS COORDINATOR (OGAC/PEPFAR)

- Organizational and technical guidance



PEACE CORPS

- Community buy-in, support and training of volunteer community health workers



DEPARTMENT OF DEFENSE

- Infrastructure improvements



AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

- Clinical training and mentorship for frontline health providers
- Professional society strengthening



EVERY MOTHER COUNTS

- Global advocacy
- Transportation and referral systems



MERCK FOR MOTHERS

- Private sector approaches, business expertise and Merck Fellows
- Communications and Secretariat support



GOVERNMENT OF NORWAY

- Financing to procure hospital supplies and equipment during "proof-of-concept"



PROJECT C.U.R.E.

- Medical equipment and supplies

NIGERIA



UGANDA



ZAMBIA



NIGERIA

28%

DECLINE IN MATERNAL MORTALITY RATIO IN JUST TWO YEARS

Saving Mothers, Giving Life chose to focus efforts in Nigeria in Cross River State, a region with a low proportion of facility deliveries and high rates of maternal and newborn deaths. The first step was to understand the existing maternity safety net by conducting a Health Facility Assessment of all public and private maternity clinics and hospitals. This assessment revealed very poor conditions and only four facilities — 1% of the total — performed all basic emergency obstetric and neonatal care functions.

To encourage women to deliver in facilities and improve the quality of care they receive, *Saving Mothers, Giving Life* trained doctors, nurses, midwives and community health extension workers in key lifesaving practices: recognizing danger signs during pregnancy; managing emergency obstetric and neonatal care; performing essential newborn care; conducting postpartum family planning; and delivering youth-friendly services. This increase in skills led to measurable improvements in the quality of care offered. For example, after two years, 98% of women are receiving uterotonics during the third stage of labor and 95% of newborns are warmed and put to breast within 30 minutes.

Prior to the start of *Saving Mothers, Giving Life*, newborn deaths were so common that they were often not even counted, meaning that we are only now beginning to understand

the number of newborn deaths. The partnership's focus on newborn health has brought renewed attention to the issue, and now deaths of newborns are counted and reported. The improved skills of the health workforce are already reflected in the measurable 31% drop in stillbirths, and we anticipate this focus on reporting and quality care to result in a reduction in newborn deaths in the coming years.

To ensure sustained gains, *Saving Mothers, Giving Life* has supported important health system changes, including institutionalizing maternal and perinatal¹ death surveillance at the state and facility level. Health providers received training in data collection, analysis and reporting and facilities have started sharing data with district health information systems. The partnership also provided technical support to the Cross River State Ministry of Health to conduct assessments of the quality of data that facilities were providing. The findings indicate a marked improvement in the documentation and reporting of service delivery data, especially at the facilities supported by *Saving Mothers, Giving Life*.

A key contributor to success in Nigeria is the linkage between public, private and faith-based facilities, as well as primary and secondary facilities, which has led to stronger referral systems and improved working relationships between service providers in each sector.



CROSS RIVER STATE



EDUCATING MOTHERS WITH HELLOMAMA MOBILE PLATFORM

HelloMama is a mobile platform that provides messages about maternal and newborn health directly to women, mothers and household decision-makers through voice and text messages. HelloMama is being deployed at 141 facilities in Cross River State, as well as neighboring Ebonyi State, with 50 more facilities expected to be added in the coming years. More than 30,000 women have registered to-date.

Nelly Oru and Obi Helen are nurse-midwives in the antenatal care unit at Holy Family Catholic Hospital, a faith-based secondary health institution. Working at the only referral hospital in the area, Nelly and Obi see many high-risk patients and teach pregnant women how to recognize danger signs so they know when to come in to see a nurse or doctor. "We teach them [mothers] things here but they forget," Nelly said. "So HelloMama reinforces what we teach."

Nelly Oru (left) and Obi Helen (right) are midwives at Holy Family Catholic Hospital in Nigeria. Photo credit: Justin Maly, Pathfinder

Israel Nwafor reviews text messages he received from HelloMama while his wife Monica was pregnant with Chibuzor (in background). Israel and Monica will continue to receive age-appropriate messages until Chibuzor is one year old. Photo credit: Karen Kasmauski/MCSP



31%

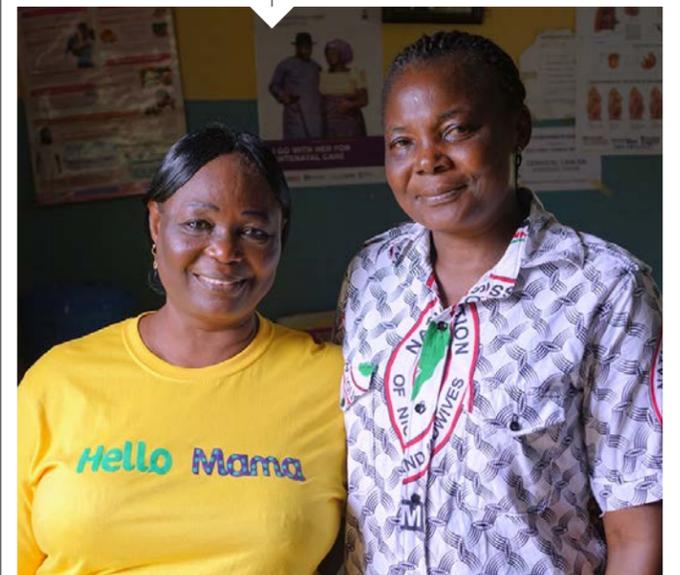
REDUCTION IN STILLBIRTHS

Women in need of more specialized services are now referred to the nearest equipped hospital, whether it is public or private. With both sectors working in tandem, more than 90% of women in the State now have access to quality emergency obstetric care within two hours.

WHAT'S NEXT

Given the achievements in Nigeria in two short years, *Saving Mothers, Giving Life* is expanding to improve the quality of care in additional facilities in Cross River State and increasing the focus on family planning. *Saving Mothers, Giving Life* is also boosting efforts to encourage women to deliver in quality facilities by stepping up community mobilization activities and collaborating with religious and other community leaders to champion safe motherhood practices.

Mbam Amuche, 27, just delivered under the care of the head midwife at a Catholic hospital run by the Medical Missionaries of Mary order of nuns. Photo credit: Karen Kasmauski/MCSP



¹Perinatal deaths refer to stillbirths and pre-discharge neonatal deaths in health facilities

UGANDA

44%

DECLINE IN MATERNAL MORTALITY RATIO IN FIVE YEARS



1 KABAROLE	8 GULU
2 KAMWENGE	9 PADER
3 KYENJOJO	10 LIRA
4 KAGADI	11 DOKOLO
5 KIBAALE	12 APAC
6 KAKUMIRO	13 OMORO
7 NWOYO	

The quality of care that women received in health facilities also improved significantly thanks to training and mentoring programs for both private and public health providers, coupled with supportive supervision visits to maintain skills. For example, there has been an impressive 36% reduction in stillbirths occurring during labor and delivery, as well as an increase in the rate of caesarean deliveries to 9%, up from 5% in 2012. Most notably, the proportion of women who died in a health facility due to pregnancy complications declined by nearly half.

To help ensure more comprehensive care for women, *Saving Mothers, Giving Life*

“Something I can be very proud of — I call it new — is the attitude of mothers in the community. They had lost hope in the health system. With Saving Mothers, Giving Life, mothers now find it convenient to deliver in facilities.”

DR. RICHARD MUGAHI
District Health Officer, Kabarole District

In Uganda today, more than two-thirds of all pregnant women living in *Saving Mothers, Giving Life* districts give birth in a health facility, up from 46% in 2012, when *Saving Mothers, Giving Life* began. A few key factors contributed to this success. First, Village Health Teams mobilized to educate women and their families about safe motherhood and preparing for birth. Next, a boda boda voucher program subsidized the cost of motorcycle taxi transportation, making it more affordable for women to reach a health facility. Additionally, as the partnership equipped lower-level facilities to manage complications of pregnancy and childbirth, many women were able to access care closer to home.



A mother at Kyenjojo Hospital in Uganda uses kangaroo mother care to keep her premature baby warm. Kangaroo mother care is one intervention used in the Special Care Newborn Unit (SCNU). Photo credit: Amy Fowler/USAID

integrated HIV testing and treatment and postpartum family planning services into routine labor and delivery services. The number of women who received prophylaxis or treatment for the prevention of mother-to-child transmission of HIV and AIDS increased five-fold during the course of the partnership. And today, 94% of hospitals have at least one long acting family planning method available.

While there has been steady progress in improving maternal health, reducing newborn deaths has proven more challenging. In 2015, *Saving Mothers, Giving Life* redoubled its efforts to care for newborns. The partnership established newborn corners for resuscitation in all delivery rooms, renovated Special Care Newborn

Units (SCNU) in select facilities and trained providers on special care for small and sick babies. Early breastfeeding — a key intervention to save newborn lives — became a priority and today, 85% of infants born in a *Saving Mothers, Giving Life* health facility are breastfed in the first hour of life, compared to only 23% in 2012. Together, these efforts helped contribute to a 10% reduction in newborn deaths before discharge.

WHAT'S NEXT

In 2016, the Ministry of Health used the *Saving Mothers, Giving Life* approach as a basis for the maternal and child health activities included in its updated national-level health strategy. The government has determined how to fund implementation in each district, and now *Saving Mothers, Giving Life* best practices are being rolled out across the country.

“Every Mother Counts invested in the boda boda voucher program, which provides transport vouchers for pregnant and postpartum women to reach health facilities in the districts of Kabarole, Kamwenge and Kyenjojo. The voucher program has transported over 100,000 mothers to health facilities and supported the livelihoods of over 500 boda boda riders. We are proud of the contribution of the voucher program in mobilizing communities and addressing the critical delays mothers experience trying to reach quality care in health facilities. Saving Mothers, Giving Life has had a notable impact on improving maternal health outcomes in Uganda, and I am so pleased by the accomplishments of our collective efforts.”

CHRISTY TURLINGTON BURNS
Founder & CEO, Every Mother Counts

MAMA AMBASSADORS ENCOURAGE ANTENATAL CARE

Margaret Abigaba is a MAMA Ambassador for *Saving Mothers, Giving Life* in Kyenjojo, Uganda, educating the community about safe motherhood practices and encouraging women to seek facility-based care. According to Margaret, “I used to hear about many mothers who had complications from giving birth in the village and not coming to the health center. I wanted to educate the women in my village [about antenatal care] and the importance of a healthy baby.”

During Oliver Rwabajuguru’s pregnancy, Margaret offered her guidance on antenatal care visits, transportation to the health facility and the importance of HIV testing for her and her partner. Oliver was at Kyenjojo Hospital for her third antenatal checkup when she started experiencing contractions at just seven months. She delivered Chris Baguma in the hospital later that day. “Margaret helped me very much because if I had not been taught about the facility, I may have delivered at home,” Oliver said. “Then my baby wouldn’t have received care, so he survived thanks to education from Margaret.”

MAMA Ambassador Margaret Abigaba (right) with mother Oliver Rwabajuguru at *Saving Mothers, Giving Life* supported Kyenjojo Hospital in Uganda. Photo credit: Amy Fowler/USAID

36%

REDUCTION IN STILLBIRTHS OCCURRING DURING DELIVERY



ZAMBIA

41% DECLINE IN MATERNAL MORTALITY RATIO IN FIVE YEARS

Progress in Zambia is due in large part to *Saving Mothers, Giving Life's* creative efforts to overcome the transportation challenges in rural areas, where a woman's village may be several hours' walk from the nearest health facility, and few people own cars, motorcycles or even bicycles.

For example, *Saving Mothers, Giving Life* built and upgraded mothers' shelters — residences close to a health facility that offer accommodations for women in the late stages of their pregnancy so they no longer have to travel for hours on foot when they go into labor. Now, nearly 50% of *Saving Mothers, Giving Life* facilities have an associated mothers' shelter.

To encourage women to seek care, *Saving Mothers, Giving Life* trained respected community members as Safe Motherhood Action Groups (SMAGs) who teach pregnant women about the importance of delivering in a facility, having a birth plan and practicing healthy behaviors during pregnancy and early childhood. SMAGs conduct home visits to women throughout their pregnancy to offer guidance and instructions and inform them about mothers' shelters. At final evaluation, 96% of facilities had associated SMAGs.

Together, these activities have led to 90% of women delivering in facilities today, a major increase from 63% in 2012.

Saving Mothers, Giving Life also focused on improving the quality of facility-based care to prevent and treat major causes of maternal death. The partnership identified a core group of "star" midwives who travel to primary care facilities to supervise and counsel their peers on safe childbirth practices. This



A new *Saving Mothers, Giving Life* supported mothers' shelter at Nkhanga Rural Health Centre. Photo credit: Amy Fowler, USAID

mentoring approach, together with supportive supervision, has led to an impressive 65% reduction in deaths from postpartum bleeding, the leading cause of maternal mortality, and a 79% increase in cesarean section rates, an indication of providers' ability to recognize and address complications. Additionally, providers began using a new lifesaving technology called the uterine balloon tamponade, which can help stop heavy obstetric bleeding and stabilize women for transport to a higher-level facility.

"Lundazi was chosen as one of the Saving Mothers, Giving Life 'proof-of-concept' districts due to its high rate of maternal deaths and under-reporting of deaths. Today, the rate of maternal mortality in target districts in Zambia has decreased by 41%, and thanks to improved data reporting systems, the district health center is able to chart progress and use data to drive decision-making. It works because all of the pillars are attached. This holistic approach has brought results. We're not yet where we want to be, but we have moved closer."

DR. DAVY ZULU
Lundazi District Health Director

Zambia also experienced significant advances in perinatal health — including a 36% reduction in stillbirths occurring in the facility — thanks to training on dealing with complications during delivery, including resuscitation efforts for newborns. More than 3,500 newborns have been successfully resuscitated since *Saving Mothers, Giving Life* began, and three-quarters of facilities now report successfully resuscitating newborns who were born with difficulty breathing, compared to just 27% at the start of the partnership. Likewise, the number of infants who were breastfed in the first hour of life — another lifesaving intervention — increased by over 90% in *Saving Mothers, Giving Life* supported facilities.

WHAT'S NEXT

The *Saving Mothers, Giving Life* model has been incorporated into Zambia's national plan for reproductive, maternal, newborn and child health. The approach is being scaled up nationally with financial investments from the government and external sources.

SAFE MOTHERHOOD ACTION GROUPS IN LUNDAZI



A mother waits at the Lundazi Urban Health Center to receive vaccinations for her son. Photo credit: Amy Fowler/USAID

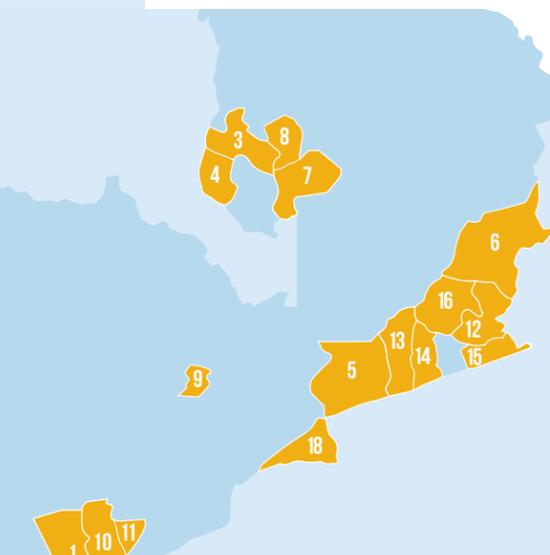
Matil Daluimba's original plan was to give birth to baby Rhema at home, just as she had with her other two children. Then, local SMAG members came to her village to pay her a visit. They explained the importance of giving birth in a health facility with the aid of a skilled attendant to help ensure that she and Rhema would be healthy. Although Matil was initially skeptical, eventually the SMAGs' regular visits won her over.

The SMAG members' persistence also made an impact on Matil's husband, Whyson Luhana, who learned how critical it was for mom and baby to receive proper care. When Matil's labor started, Whyson took her to Lundazi Urban Health Centre to make sure she and Rhema were cared for by professionals he trusted.

"This is my first girl child, so I am very excited and happy. I love my wife, so I came to see what happens and take responsibility with her."

Matil Daluimba (left) and Whyson Luhana (right) delivered Rhema at Lundazi Urban Health Center due to Safe Motherhood Action Group counseling. Photo credit: Amy Fowler/USAID

36% REDUCTION IN STILLBIRTHS OCCURRING IN FACILITIES



- | | |
|-----------|----------------|
| 1 KALOMO | 10 CHOMA |
| 2 ZIMBA | 11 PEMBA |
| 3 MANSA | 12 CHIPATA |
| 4 CHEMBE | 13 PETAUKE |
| 5 NYIMBA | 14 SINDA |
| 6 LUNDAZI | 15 VUBWI |
| 7 SAMFYA | 16 MAMBWE |
| 8 LUNGA | 17 LIVINGSTONE |
| 9 KABWE | 18 LUANGWA |

STRENGTHENING THE WHOLE HEALTH SYSTEM



Health systems strengthening recognizes that the many components of a health system are interconnected and interdependent, so any improvements made to one are temporary unless the other components are strengthened at the same time. For example, encouraging a pregnant woman to seek care is only effective if she is able to reach a well-equipped facility and there is a skilled provider available to treat her.

To complement other efforts, *Saving Mothers, Giving Life* supported several infrastructure improvements, including construction of mothers' shelters like the one shown in this photo. Photo credit: Amy Fowler/USAID

Here's how *Saving Mothers, Giving Life* strengthened the whole health system simultaneously to save women's and newborns' lives.

HEALTH SERVICE DELIVERY

- Training and mentoring health providers to strengthen the quality of the care they deliver
- Increasing the number of health facilities able to provide high-level emergency care to treat pregnancy and childbirth complications
- Improving the quality of care for small and sick babies by training health providers in neonatal resuscitation and Kangaroo Care²

HEALTH WORKFORCE

- Recruiting and training community volunteers to educate women, their families and communities about healthy pregnancy and safe childbirth
- Deploying "star" midwives who make monthly visits to local facilities where they work alongside other midwives, modeling best practices and offering real-time support and constructive feedback
- Addressing workforce shortages by promoting task sharing where appropriate and supporting policy changes that incentivize providers to work in rural facilities; utilizing retired midwives to fill short-term staffing needs

² Kangaroo Care, also known as Kangaroo Mother Care or KMC, is a low-tech intervention that is used to help very small and sick newborns stay warm using the mother's body heat in contexts where infant incubators are not available or where electricity is unreliable.

HEALTH INFORMATION SYSTEMS

- Performing maternal and newborn death audits that help providers identify mortality trends in their facilities and take action to prevent future deaths
- Conducting capacity-building workshops for countries' public health professionals so they can better monitor and evaluate progress in reducing mortality for years to come

ACCESS TO ESSENTIAL MEDICINES

- Training providers in supply chain management to reduce stockouts of essential medicines and supplies
- Ensuring mothers receive medication to prevent hemorrhage

HEALTH SYSTEMS FINANCING

- Establishing community insurance pools and village savings and loans groups so the cost of care is not prohibitive for poor families
- Educating women and their families about the free public health services to which they are entitled

LEADERSHIP AND GOVERNANCE

- Recruiting local village chiefs as champions for safe motherhood in their communities
- Working with Ministries of Health to build leadership capacity, as well as develop and execute plans to ensure long-term sustainability of health system gains
- Partnering with District Medical Officers and district health management teams to ensure the *Saving Mothers, Giving Life* approach is integrated into the existing health system

"Maternal deaths are devastating for families, communities and countries. USAID has been privileged to lead the dynamic Saving Mothers, Giving Life partnership that has resulted in dramatic reductions in maternal deaths by 44% in Uganda and 41% in Zambia over the last five years, and a 28% reduction in Nigeria over just two years. Saving Mothers, Giving Life is concrete proof that targeted investments to save women and newborns are not only effective, but have the added value of creating lasting improvement in the delivery of health care."

MARK GREEN
Administrator, USAID

A SYSTEMS APPROACH TO ADDRESS ALL THREE DELAYS

UNDERSTANDING WHY WOMEN DIE: THE THREE DELAYS MODEL

Maternal health experts agree that the factors responsible for women not receiving the lifesaving care they need can be thought of in three overarching categories, known as the “Three Delays.” From the very start, *Saving Mothers, Giving Life* was designed to address all three delays to ensure that women are able to receive timely, quality maternity care. The stories on the next several pages illustrate how.



1 DELAY IN THE DECISION TO SEEK CARE

A woman’s decision to seek appropriate medical care might be influenced by things like her knowledge of when, where, why and how to seek services, her understanding of warning signs of a serious complication, the cost of travel to a facility, her concerns about the quality of treatment she will receive and her decision-making ability within her family. In all three countries, *Saving Mothers, Giving Life* focused on educating women and their families about safe motherhood, the importance of giving birth in a facility and preparing for the cost of birth.

Joemark Zimba, Ivy Mtonga, Maliba Chima and Malita Zimba are all Safe Motherhood Action Group (SMAG) members in Lundazi, Zambia. They conduct home visits to families where they talk about nutrition during pregnancy, HIV testing and treatment and caring for mom and baby.

Maliba Chima (third from left) works with chiefs and traditional leaders in 15 villages across the region, educating them about the importance of safe delivery so they can become champions of change.

Photo credit: Amy Fowler/USAID



Grace Kushemerwa is a radio news anchor on 102 KRC FM in Uganda. Through a partnership with *Saving Mothers, Giving Life*, Grace uses her daily radio program to educate her listeners about best practices for pregnant women and new mothers, including the importance of antenatal visits and facility delivery. When Grace became pregnant with her daughter, Mariam, she applied the best practices she shared on air to her own life. “If I can talk to these people encouraging antenatal care, why not me? Let me go check it out so I can tell them about it.”

Photo credit: Amy Fowler/USAID



Mr. Zimba Daveson is a Senior Group Headman — a respected community leader who oversees a number of villages near Nkhanga Rural Health Center in Zambia and joins SMAG community meetings to reinforce efforts to educate men on the importance of facility delivery for their wives. “[The] SMAG program has improved our lives and our community,”

Mr. Daveson said. “Men are learning from the SMAGs and encouraging their wives and in-laws to come to the facility.” Mr. Daveson also visits with pregnant women in his villages to encourage them to give birth in a facility, helping to make facility delivery a cultural norm.

Photo credit: Amy Fowler/USAID

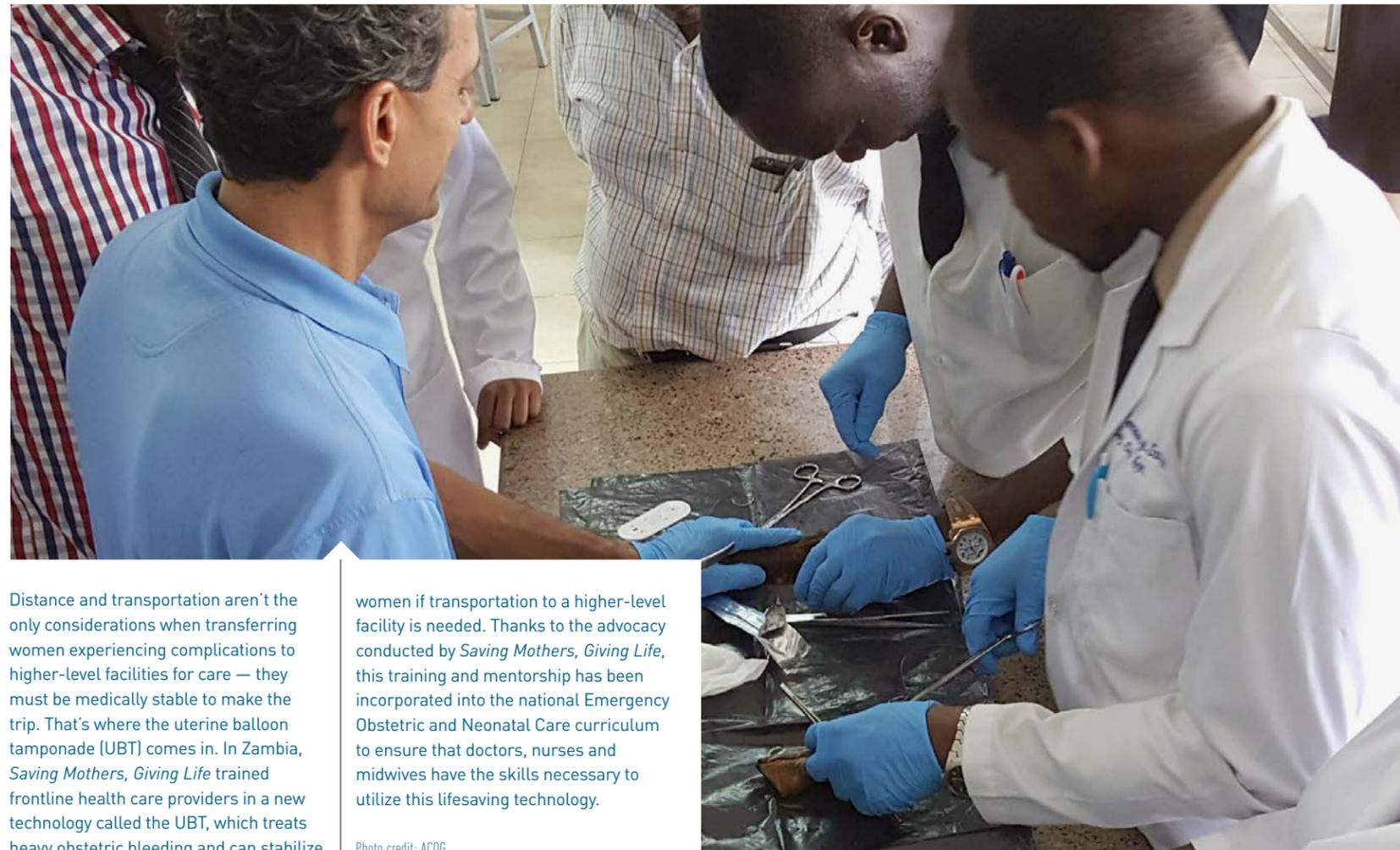
“Peace Corps is proud to continue our collaboration with Saving Mothers, Giving Life to help communities aggressively reduce maternal and newborn mortality. Through this partnership, Peace Corps Volunteers work directly with local Safe Motherhood Action Groups to educate women and their families about the importance of essential maternal health services and the risks associated with giving birth at home. Already, Volunteers and their counterparts have seen a threefold increase in pre-14 week appointments for pregnant mothers. Peace Corps’ unique presence on the ground enables Volunteers to work with local leaders and health workers to help secure the community buy-in that sustains long-term results.”

JODY OLSEN
Director, Peace Corps

A SYSTEMS APPROACH TO ADDRESS ALL THREE DELAYS

2 DELAY IN REACHING CARE

Once a woman and her family make the decision to seek skilled care in a health facility, they must determine how to get there. In remote and rural areas, the nearest health facility might be hours away and transportation options can be limited. Poor infrastructure, difficult terrain and financial constraints also contribute to delays in reaching care. In Nigeria, Uganda and Zambia, *Saving Mothers, Giving Life* developed innovative strategies to help women overcome access barriers.



Distance and transportation aren't the only considerations when transferring women experiencing complications to higher-level facilities for care — they must be medically stable to make the trip. That's where the uterine balloon tamponade (UBT) comes in. In Zambia, *Saving Mothers, Giving Life* trained frontline health care providers in a new technology called the UBT, which treats heavy obstetric bleeding and can stabilize

women if transportation to a higher-level facility is needed. Thanks to the advocacy conducted by *Saving Mothers, Giving Life*, this training and mentorship has been incorporated into the national Emergency Obstetric and Neonatal Care curriculum to ensure that doctors, nurses and midwives have the skills necessary to utilize this lifesaving technology.

Photo credit: ACOG



In Cross River State, Nigeria, *Saving Mothers, Giving Life* engaged community stakeholders in 63 wards to set up effective, sustainable, community-driven Emergency Transportation Services to ensure pregnant women get to health facilities safely and in a timely manner. *Saving Mothers, Giving Life* supported Ward Development Committees to map out catchment areas, recruit and train volunteer emergency drivers and mobilize funds to maintain this system. Within 18 months, over 200 women have been safely transported, and two thirds of the wards are generating funds locally to sustain transportation services.

Photo credit: Kazeem Arogundade, Pathfinder



Across Uganda, motorcycle taxis are one of the fastest and most reliable ways for pregnant women to travel to health facilities, but they can be prohibitively expensive. To address this challenge, a *Saving Mothers, Giving Life* voucher program allows women to purchase a subsidized voucher for transportation to and from the health facility for four antenatal visits, delivery and a post-natal visit — all for the equivalent of USD 25 cents. Deo Mungenyi is a boda boda (motorcycle) driver with *Saving Mothers,*

Giving Life in Kabarole, Uganda. When Sarah Olihiriza went into labor, she sent her eldest child next door to call Deo, who came quickly and transported Sarah up mountainous dirt roads for 45 minutes to Nyataboma Health Center III, where Sarah had a safe delivery. When asked about his job as a boda boda driver, Deo said, "I wanted to help people in the community because I felt bad about the deaths of mothers."

Photo credit: Amy Fowler/USAID

"The American College of Obstetricians and Gynecologists is proud to be a founding partner of Saving Mothers, Giving Life — a wonderful and lasting example of mission-driven partners collaborating to become a powerful force for good."

"It has been a privilege to assist our fellow professional societies in implementing innovations to prevent maternal deaths, including the use of the uterine balloon tamponade. The lessons learned will benefit not only those women whose lives were saved during the initiative but also those whose deliveries will follow."

"Reducing maternal deaths everywhere is imperative, and we remain committed to working with our partners to fulfill that vision."

HERBERT PETERSON, MD, FACOG
Chair of the Global Operations Advisory Group, The American College of Obstetricians and Gynecologists

"Engagement of the U.S. Department of Defense in Saving Mothers, Giving Life was a privilege with high-impact positive consequences that continue to this day. The Zambian Defense Force and Uganda Peoples' Defense Force fully took on the Saving Mothers, Giving Life mission and successfully enhanced maternal and infant medical care, resulting in lives saved and families remaining intact. Importantly, not only have these clinical improvements proliferated and continued, Saving Mothers, Giving Life created a culture to ensure safe pregnancies and deliveries, contributing to family health with military readiness."

RICHARD A. SHAFFER, PHD, MPH
Chief, Department of Defense HIV/AIDS Prevention Program

A SYSTEMS APPROACH TO ADDRESS ALL THREE DELAYS

3 DELAY IN RECEIVING MEDICALLY-APPROPRIATE QUALITY CARE

Getting a woman to a health facility is critical, but may not be enough to save her life if the care she receives there is poor. Too often health facilities lack medical supplies and equipment, properly trained health providers and strong referral systems to higher level care. That is why a centerpiece of *Saving Mothers, Giving Life* is strengthening the quality of clinical care women receive.



When Gwenny started convulsing during the final month of her pregnancy, her family rushed her to the nearest rural health center. Grievness is a nurse at the Kawama Clinic in Zambia and participated in a *Saving Mothers, Giving Life* on-the-job mentorship program on managing complications during pregnancy. When Gwenny arrived at the clinic, Grievness recognized that she was experiencing eclampsia and followed treatment protocols she learned. Gwenny administered a lifesaving drug that stabilized Gwenny until she was transferred to a higher-level hospital for a safe delivery. According to Grievness, “mentorship is good because you are taught right in your environment. Even before you go for formal training, you can still learn something and save a life.”

Photo credit: Eunice Zimba



During data review meetings at Immanuel Infirmary Hospital — a private, faith-based facility in Cross River State, Nigeria — Mercy Udo-Ewa, a nurse-midwife and facility data manager trained by *Saving Mothers, Giving Life*, reviews the trends in maternal and newborn health and family planning services with her team. These meetings, which *Saving Mothers, Giving Life* helped institutionalize, provide the opportunity to use facility data to identify challenges, monitor progress and plan for future quality improvements.

Photo credit: Olajumoke Azogu



Judith Deborah Ahaisibwe, held by her mom, Immaculate Nakito, was born at 5.5 months weighing well under two pounds. Judith was born in a primary health center near their home and her father quickly rushed her — in the middle of the night — by boda boda to the *Saving Mothers, Giving Life* supported Special Care Newborn Unit (SCNU) at Kagadi Hospital in Uganda to save her life. After one month in the SCNU, benefitting from constant care from trained midwives and

functioning equipment, Judith was sent home with her parents. She will soon celebrate her first birthday, without any complications from her premature birth. According to Immaculate, “I appreciate the service I received here, and without the support of *Saving Mothers, Giving Life* to build the newborn unit, I would have lost my baby.”

Photo credit: Amy Fowler/USAID

“Project C.U.R.E. is extremely proud of the results of Saving Mothers, Giving Life, and we are thrilled that we had a part to play in this important work.”

For us at Project C.U.R.E., these results are greater than the 41 semi-truck sized containers of medical equipment and supply donations. Our partnership with the other members of Saving Mothers, Giving Life means that the nurses and doctors are well trained, sound systems are in place, expectant mothers have access and the tools Project C.U.R.E. provided will be used to save lives. This success will live into the future as others use the lessons we have learned to expand the results in their part of the world.

Congratulations. Together, we moved the needle in a very significant way.”

DOUGLAS JACKSON, PHD, JD
President/CEO, Project C.U.R.E.

INNOVATION SPOTLIGHT

PRIVATE CARE

In many countries, people seek care from private health care providers. Pregnant women are no exception. Yet the private health sector is typically overlooked by quality improvement efforts even though the quality of care that private — as well as public — doctors, midwives and nurses offer can vary. As part of its comprehensive systems approach, *Saving Mothers, Giving Life* is committed to improving the quality of care in both the public and private sectors so that women receive quality care no matter where they choose to give birth.

LINKING LOCAL PUBLIC AND PRIVATE CARE IN NIGERIA

Saving Mothers, Giving Life is strengthening public and private maternity care throughout Cross River State and helping providers in both sectors work together so that a woman receives quality care wherever she seeks it. A *Saving Mothers, Giving Life*-commissioned mapping of the time it takes to travel to lifesaving care showed that private facilities are critical to providing comprehensive emergency maternity care in Cross River State. The partnership established a network of public and private facility clusters that share an integrated record-keeping system and a seamless referral system to

connect women to the care they need. Both public and private facilities now apply standard guidelines and protocols in partnership with the State Ministry of Health, which is able to provide oversight to enhance the quality of maternity care in all settings. By better linking public and private facilities, more than 90% of all women in Cross River State now have access to comprehensive emergency maternity care if any complications arise.

SUPPORTING PRIVATE PROVIDERS IN UGANDA

As small business owners who may employ members of their communities, private providers often have different needs than public ones. In Uganda, *Saving Mothers, Giving Life* led an innovative effort to help private midwives both improve the quality of their maternal health services and strengthen their businesses. Partners provided technical support on clinical issues as well as training on financial management, patient flow and developing marketing plans. They also linked private midwives to a loan guarantee program which helped pay for upgrades to their clinics, enabling them to serve more women and families.



By strengthening private health businesses in Uganda, more than 50,000 deliveries took place in quality-assured private facilities and over 200,000 women had improved access to care.

Jenerose Waiswa is an enrolled midwife and owner of St. Maama Tereza Clinic Domiciliary in Nsenkwa, Uganda. Photo credit: Vanessa Vick



A newborn rests at the Immanuel Infirmary in Cross River State, Nigeria. Photo credit: Amy Fowler/USAID

COMMUNITY ENTREPRENEURSHIP

LAUNCHING SUSTAINABLE MOTHERS' SHELTERS IN ZAMBIA

In addition to supporting private providers in Nigeria and Uganda, *Saving Mothers, Giving Life* adopted business-driven approaches to support mothers' shelters in Zambia.

Mothers' shelters — residences next to a health facility where women can stay during the late stages of pregnancy and after giving birth — can be the linchpin in encouraging women from rural areas to give birth in a health facility, but they need to be sustainable.

The Mothers' Shelter Alliance — a collaboration amongst several *Saving Mothers, Giving Life* partners — is training community members and women staying at the shelters on entrepreneurship, business management and financial literacy. Already, more than 20 community-led micro-businesses — ranging from grinding mills to goat rearing — are helping pay the operating costs for nearly half of the Alliance's 24 shelters. The success of these businesses demonstrates how communities can mobilize to prevent maternal deaths and create business opportunities with long-term health and economic benefits.

"We understood that we could not rely on business as usual to save lives — we would need to invent new partnership models. The success of Saving Mothers, Giving Life not only speaks to the commitment of all partners to this vision, it delivers on the promise of public-private sector partnerships to solve our most pressing global health challenges."

NAVEEN RAO, MD
Lead, Merck for Mothers

The Mothers' Shelter Alliance introduced an innovative mode of farming, called key hole gardens, which help women with limited mobility during pregnancy grow food for the shelter. While women stay in the shelters, they are taught to grow their own vegetables. Many are also adopting the method once they return home. Photo credit: ZCAHRD/Boston University



A DRAMATIC RETURN ON INVESTMENT

The benefits of a strong health system reach far beyond maternal and newborn health. While *Saving Mothers, Giving Life* has proved effective in decreasing maternal and newborn mortality, it is also strengthening the health system to address other health needs.

HEALTH SERVICE DELIVERY

- Strengthened frontline health facilities allow providers to offer a variety of quality primary and preventative services, including well-baby visits and routine immunizations
- Better integration between the public and private health sectors allows women to receive quality care wherever they choose to seek maternity care
- Facilities newly outfitted with operating rooms and blood banks for cesarean sections are also being used for other surgeries
- Improved referral and transportation systems ensure that patients with critical needs can access the medical care they require

HEALTH WORKFORCE

- Community health workers' strong relationships with the communities they are serving now enable them to provide education and outreach related to many health issues, including HIV testing, nutrition, water, sanitation and hygiene and control of infectious diseases

HEALTH INFORMATION SYSTEMS

- Strong public health surveillance systems that are equipped to assess maternal deaths and, to an increasing degree, newborn deaths and evaluate progress in reducing mortality are better able to track other health priorities

ACCESS TO ESSENTIAL MEDICINES

- Improved supply chains ensure that a variety of medicines are available at health facilities, so providers and patients have what they need, when they need it

HEALTH SYSTEMS FINANCING

- The Governments of Uganda and Zambia have incorporated *Saving Mothers, Giving Life* best practices into their national plans and have outlined costed implementation strategies to fund these efforts

LEADERSHIP AND GOVERNANCE

- Seasoned country and district health leaders who helped drive the success of *Saving Mothers, Giving Life* are able to take on new health challenges that require managing complex partnerships

An important consideration for any ambitious global health initiative is cost and how to assess return on investment. When it comes to efforts to improve maternal and newborn health, there are few that have been as rigorous as *Saving Mothers, Giving Life* in capturing data on both health outcomes and expenditures — so comparisons are difficult. Early investments in *Saving Mothers, Giving Life* target districts were substantial in order to build infrastructure and management systems. After this initial phase, operating expenditures were reduced as interventions were integrated into the health system, facilities were better equipped and more efficient and systems like maternal death reviews became standardized. These investments will continue to yield dividends and, moving forward, the governments of Cross River State, Nigeria, Uganda and Zambia will be able to sustain key components of *Saving Mothers, Giving Life* with a much lower level of investment than previously required.

INITIAL PARTNERSHIP INVESTMENT

- Conducting a rigorous baseline evaluation
- Identifying gaps and areas for investments
- Improving infrastructure, like access to water and electricity
- Training health workers and developing materials
- Increasing access to surgical care and blood banks
- Generating demand at the community level

SCALE-UP

- Targeting investments toward persistent challenges, such as newborn health
- Leveraging existing materials to train more health workers
- Using existing facility data to measure progress
- Streamlining management processes

ONGOING OPERATIONS

- Paying health worker salaries
- Continuing to apply established best practices, like maternal death reviews
- Continuing to equip facilities with medicines

SAVING MOTHERS, GIVING LIFE MANAGED
 HOST GOVERNMENT MANAGED



Photo credit: Amy Fowler/USAID

A SUSTAINABLE PATH FORWARD

HOST GOVERNMENT OWNERSHIP

From the very beginning of the partnership, *Saving Mothers, Giving Life* focused on ensuring the sustainability of its lifesaving gains by working closely with the host governments, which will ultimately assume full responsibility — a model of collaboration ready for replication in other countries.

KEY ELEMENTS TO SECURE GOVERNMENT OWNERSHIP AND ENSURE SUSTAINABILITY

- Host government engagement in guiding program strategy, plans and implementation
- Partnership activities that align with national priorities, efforts and expenditures
- Funding arrangement that enables host governments to gradually increase their financial support as donor funding declines each year
- Capacity building to create a public health workforce that uses data to drive decision-making in maternal and perinatal health
- Enabling policies to sustain gains in improving the quality of care offered in primary health centers

In all three countries, *Saving Mothers, Giving Life* has provided foundational support to help governments determine what is

working and chart a course forward by involving all stakeholders — government, implementing organizations and community members — in reviewing data. Now this vital work is happening independently, without support from the partnership.

These are examples of how *Saving Mothers, Giving Life's* government partners have integrated the initiative's principles and approaches for lasting impact:

UGANDA

- The Ugandan Parliament passed a federal wage bill that provides incentives to physicians who work alongside nurses and midwives in rural facilities.
- The Ugandan Ministry of Health assumed the cost of 147 staff who were hired by *Saving Mothers, Giving Life*.
- The Ugandan government has rolled out national guidelines on Maternal Perinatal Death Surveillance and Response — the first time the government is officially counting perinatal deaths, demonstrating a commitment to strengthening data systems to improve the delivery of health services.

ZAMBIA

- The Zambian Ministry of Health endorsed the *Saving Mothers, Giving Life* supportive supervision model, which deploys “star” midwives to mentor their peers, and is implementing it across the health system.
- Zambia's national guidelines for treatment of postpartum hemorrhage now include the uterine balloon tamponade.

NIGERIA

- The Cross River State Government has incorporated several key components of *Saving Mothers, Giving Life* into the system, including trainings, coordination between private and public facilities, data review meetings and the Emergency Transport System.



Exhildah Chola Chate, a Safe Motherhood Action Group member, helps Ruth Mushingie and her husband Moses as they use a bicycle to go to the Mundabi Health Center in Mundabi, Zambia. Photo credit: John Healey

THE LEADERSHIP OF THE MINISTRIES OF HEALTH IN CROSS RIVER STATE, NIGERIA, UGANDA AND ZAMBIA HAS BEEN CRITICAL TO THE SUCCESS OF SAVING MOTHERS, GIVING LIFE.

Here are their thoughts on the partnership's legacy and the road ahead.

DR. IYANG ASIBONG

Commissioner for Health, Cross River State, Nigeria

“Cross River can only truly prosper if the health of women and children is a priority at all levels of government with sustained commitment. We all know the adage ‘educate a woman and you educate the whole community; if a woman is healthy, the whole is family is healthy.’ This is why the concerted effort by Saving Mothers, Giving Life, in collaboration with the Cross River State Government, civil society organizations and international development partners, is so important.

We know our success stories but we need to put it in pen and paper, black and white, so that we can use this to talk to other people and showcase everything Saving Mothers, Giving Life and the Cross River State Government have done to reduce maternal and newborn mortality in Cross River State.”

HON. DR. JANE RUTH ACENG

Minister of Health, Uganda

“Lessons from Saving Mothers, Giving Life were instrumental in shaping the Government's policy for addressing maternal and newborn mortality in Uganda. These were adopted in the costed Reproductive, Maternal, Newborn, Child and Adolescent Health Sharpened Plan for which the Government will be scaling up to the whole country.”



DR. KENNEDY MALAMA

Permanent Secretary, Ministry of Health, Zambia

“Saving Mothers, Giving Life's health systems approach is a catalytic one because it builds ownership — and that is the type of approach that can be sustained. It ties communities to district health leadership and national policy makers, and even when support is over, you have a strengthened primary health care system.

There is heightened political awareness of maternal and newborn deaths. Now, at routine provincial epidemiological meetings, maternal deaths are discussed and the questions asked: ‘Why are mothers dying? What must we do?’ Saving Mothers, Giving Life has been a wake-up call.

Everyone is now concerned when there is the death of a mother. We've taken this concern and put it into high national targets for improving maternal health.”

Namukisa Cissy (third from right) is a village health team member at Kagadi Hospital in Uganda. She was trained by *Saving Mothers, Giving Life* to escort women from her village to the clinic and educate them on the importance of delivering in a facility. Photo credit: Amy Fowler/USAID

A MODEL FOR THE SDG ERA



Photo credit: Karen Kasmauski/MCSP

Over the past five years, *Saving Mothers, Giving Life* has achieved impressive reductions in maternal and newborn deaths.

THE PARTNERSHIP HAS MOBILIZED THOUSANDS OF COMMUNITY-LEVEL HEALTH WORKERS, TRAINED HUNDREDS OF PUBLIC AND PRIVATE SECTOR PROVIDERS AND UPGRADED INFRASTRUCTURE AND EQUIPMENT IN DOZENS OF FACILITIES.

But the whole of this partnership is far greater than the sum of its parts. Indeed, *Saving Mothers, Giving Life* provides a model for health and development work in the Sustainable Development Goal (SDG) era.

By working across existing health services, *Saving Mothers, Giving Life* was able to combine the best of disease-specific programs like PEPFAR and broad-based efforts to strengthen specific elements of the health system, all while integrating the public and private health sectors.

National, state and district ministries of health led the charge from the beginning, deciding what the partnership would focus on and how programs would be implemented. Local governments and community leaders took ownership of the projects early on and have driven much of the partnership's success. Donor partners provided initial investments to get projects started, but then worked closely with in-country teams to build regional and district-level capacity for overseeing and implementing programs. The central Secretariat led by USAID helped coordinate the partnership's many shifting parts and kept everything moving forward.

Thanks to its strategic design, the partnership was able to demonstrate significant impact for the investment. Moreover, as *Saving Mothers, Giving Life* progressed, additional partners came on board, increasing the initiative's capacity and capabilities.

Saving Mothers, Giving Life provides a framework for how to approach the ambitious SDGs. By engaging and collaborating with a diverse group of partners, the global health and development community will be better prepared to tackle major challenges, such as achieving universal health coverage, and save millions more lives.

"Reflecting on the Saving Mothers, Giving Life partnership as it comes to an end, I am pleased by its extraordinary impact."

"With its data-driven approach, this partnership accomplished what it set out to do: boldly reducing maternal mortality in Uganda and Zambia. Year-after-year, this partnership continues to demonstrate significant results in reducing maternal mortality rates in target districts."

AMBASSADOR DEBORAH L. BIRX
U.S. Global AIDS Coordinator and Special Representative for Global Health Diplomacy,
U.S. Department of State

MARY GORRETTI MUSOKE

THE LEGACY



Mary Gorretti Musoke became the first girl in her small Ugandan village to attend school. Once there, she knew she had to put her education to good use, which is why she decided to become a midwife.

At first, she went into public service and worked for many years at Mulago National Referral Hospital. Soon, Mary was considered an expert in her community and women started visiting her at home rather than seeing her at the hospital — a sign to Mary that women were looking for a more personalized pregnancy and childbirth experience.



Immunization and family planning day at Maama Maria Maternity Centre. Photo credit: PSI and PACE

“While my husband was gone on a business trip, I went to his work to collect his check and used the money to buy the building where my clinic is now. He was so, so mad when he got home, but now he is proud and loves to tell everyone that his wife is the smart one who has the clinic. He even tries to say it was his idea!”

Mary heard about a social franchise of quality private midwifery clinics serving low-income clients — supported by *Saving Mothers, Giving Life* — and knew this could be an opportunity to get the additional support and training she needed. Through what she learned, she was able to improve the quality of care she offers and build her business into a larger clinic that employs two other midwives and a clinic medical officer.

Mary Gorretti Musoke. Photo credit: MSD for Mothers

Mary is also sharing information about what works with her colleagues. As the President of the Private Midwives Association of Uganda, Mary has the ear of 780 other midwives and is working with them to improve the quality of care they all provide. She is also advising the national government on how best to integrate private midwives into the broader health system.

Mary, now known as “Maama Maria,” is an example of the everyday heroes who have helped fuel the success of *Saving Mothers, Giving Life* and will take its lessons forward to continue saving lives.

WITH MARY AND HER COLLEAGUES LEADING THE WAY, THE FUTURE FOR MOTHERS AND INFANTS IN NIGERIA, UGANDA AND ZAMBIA LOOKS BRIGHT.

COUNTRY PARTNERS

NIGERIA

GOVERNMENT • Cross River State Government • Cross River State Ministry of Health • Cross River State Primary Health Care Development Agency • Federal Ministry of Health

IMPLEMENTING PARTNERS • Association of General and Private Medical Practitioners of Nigeria • Association of Grassroots Counsellors of Health and Development Nigeria • Centre for Healthworks, Development and Research Initiative • ExpandNet • Greater Hands Foundations • IntraHealth • Nigerian Society of Neonatal Medicine, Cross River State chapter • Pathfinder International • Project CURE • Society of Obstetrics and Gynecology of Nigeria, Cross River State chapter • We Care Solar

UGANDA

GOVERNMENT • Kabarole District Health Office • Kamwenge District Health Office • Kibaale District Health Office • Kyenjojo District Health Office • Ugandan Bureau of Statistics • Ugandan Ministry of Health

IMPLEMENTING PARTNERS • Association of Obstetrics and Gynaecologists of Uganda • Baylor Uganda • Infectious Diseases Institute • Management Sciences for Health • Marie Stopes Uganda • Population Services International • Uganda Pediatric Association • Uganda Society of Anesthesia • Ugandan Health Marketing Group • University Research Co., LLC

ZAMBIA

GOVERNMENT • Kalomo District Health Office • Lundazi District Health Office • Mansa District Health Office • Ministry of Community Development, Mother, and Child • Nyimba District Health Office • Zambian Central Statistics Office • Zambian Defence Force Medical Services • Zambian Ministry of Health • Zambian National Blood Transfusion Services

IMPLEMENTING PARTNERS • Abt Associates • Africare • Boston University • Centre for Infectious Disease Research in Zambia • Churches Association of Zambia • Elizabeth Glaser Pediatric AIDS Foundation • Jhpiego, Johns Hopkins University Affiliate • John Snow, Inc. • Marie Stopes Zambia • Population Services International • Project Concern International • RTI International • The University of Zambia • Zambia Center for Applied Health Research and Development



Saving Mothers, Giving Life is a five year public-private partnership committed to saving women's and newborns' lives from complications during pregnancy and childbirth.

www.savingmothersgivinglife.org