

Saving Lives through a Systems Approach

Claudia Morrissey Conlon MD MPH
US Government Lead, Saving Mothers, Giving Life
US Agency for International Development



Saving Mothers, Giving Life



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



EVERY
MOTHER
COUNTS



NORWEGIAN MINISTRY
OF FOREIGN AFFAIRS



projectcure



Sida

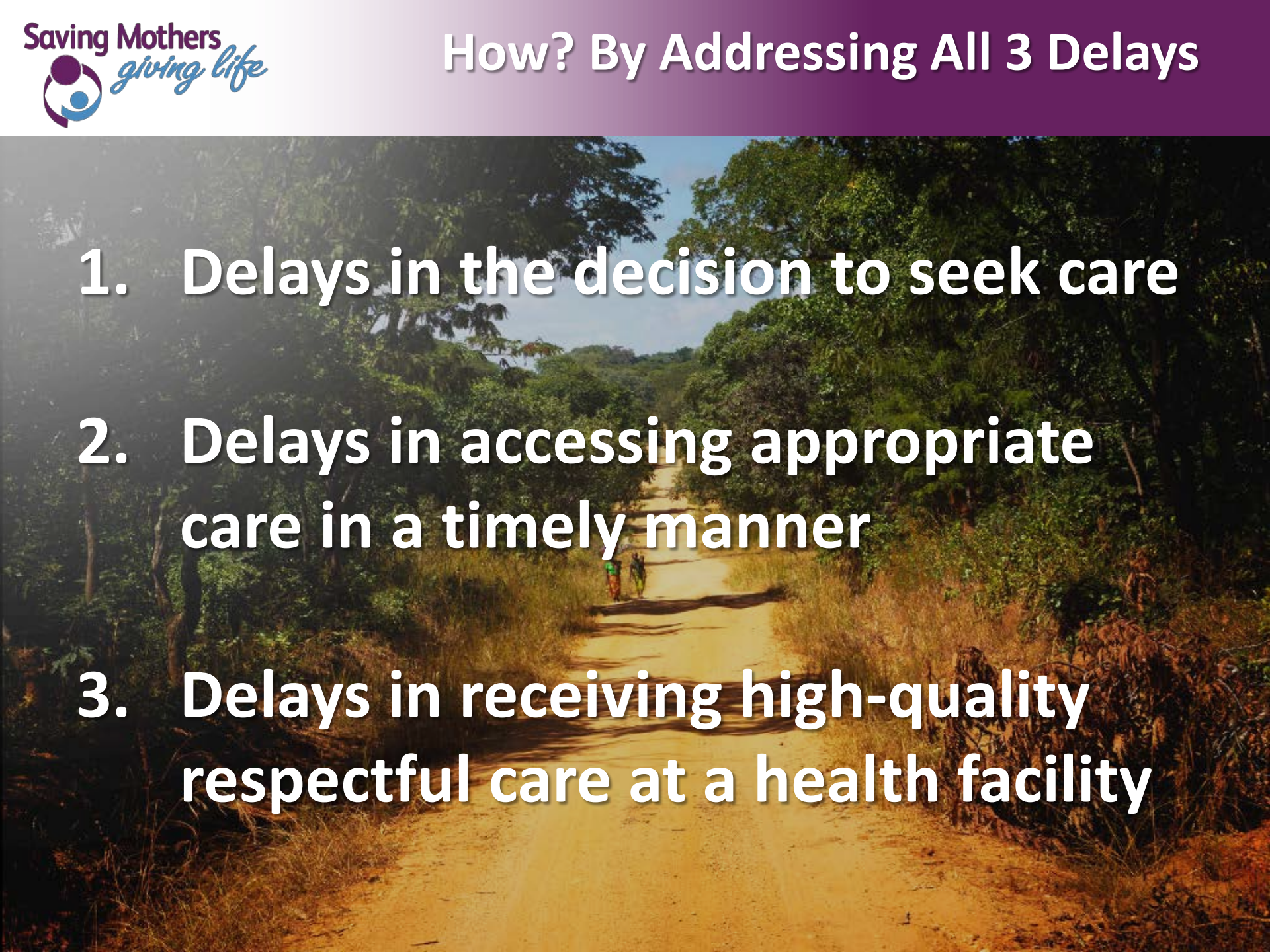


Lafarge
Foundation



*Focusing on high-burden, low-resource countries in Sub-Saharan Africa, SMGL's **aspirational** goal was to:*

**Reduce maternal deaths by
50% in targeted districts in
1 year**

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1. Delays in the decision to seek care
 2. Delays in accessing appropriate care in a timely manner
 3. Delays in receiving high-quality respectful care at a health facility

Theory of Change Model

GOAL

Reduce MMR by 50% and NMR by 30% in SMGL-supported facilities by 2017

OUTCOMES

Strengthened resilient district health system capacity

Improved self-care and increased demand for facility deliveries

Timelier access to appropriate care

Improved quality and experience of care

INTERVENTIONS



Health Systems Strengthening:

Train health workers in data collection and health information systems | Strengthen supply chains and blood banks | Improve mentoring of district-level staff | Increase MDSR utilization



First Delay

- Train community groups and leaders to support facility delivery
- Behavior change communication (mass media, drama kit, documentaries)
- Birth planning and self-care
- Communication materials distributed



Second Delay

- Transportation vouchers distributed
- Infrastructure improvements, facility capacity development
- Maternity waiting homes
- Ambulances, motorcycles, motorbikes procured
- Increased EmONC facility access



Third Delay

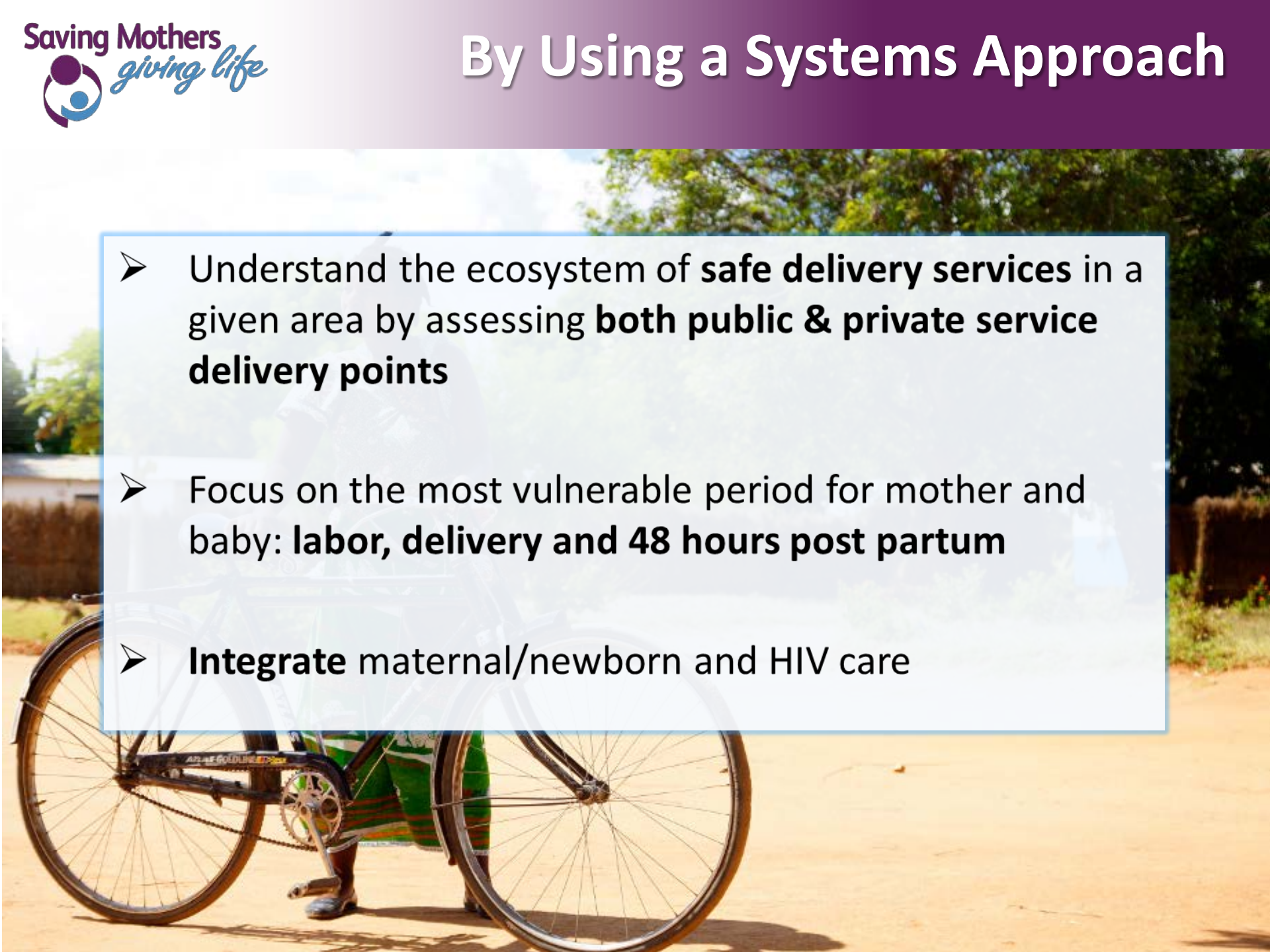
- Improved EmONC facility quality
- Training and mentorship of health care providers
- Essential medicines and medical commodities
- Hiring new health care providers

INPUTS

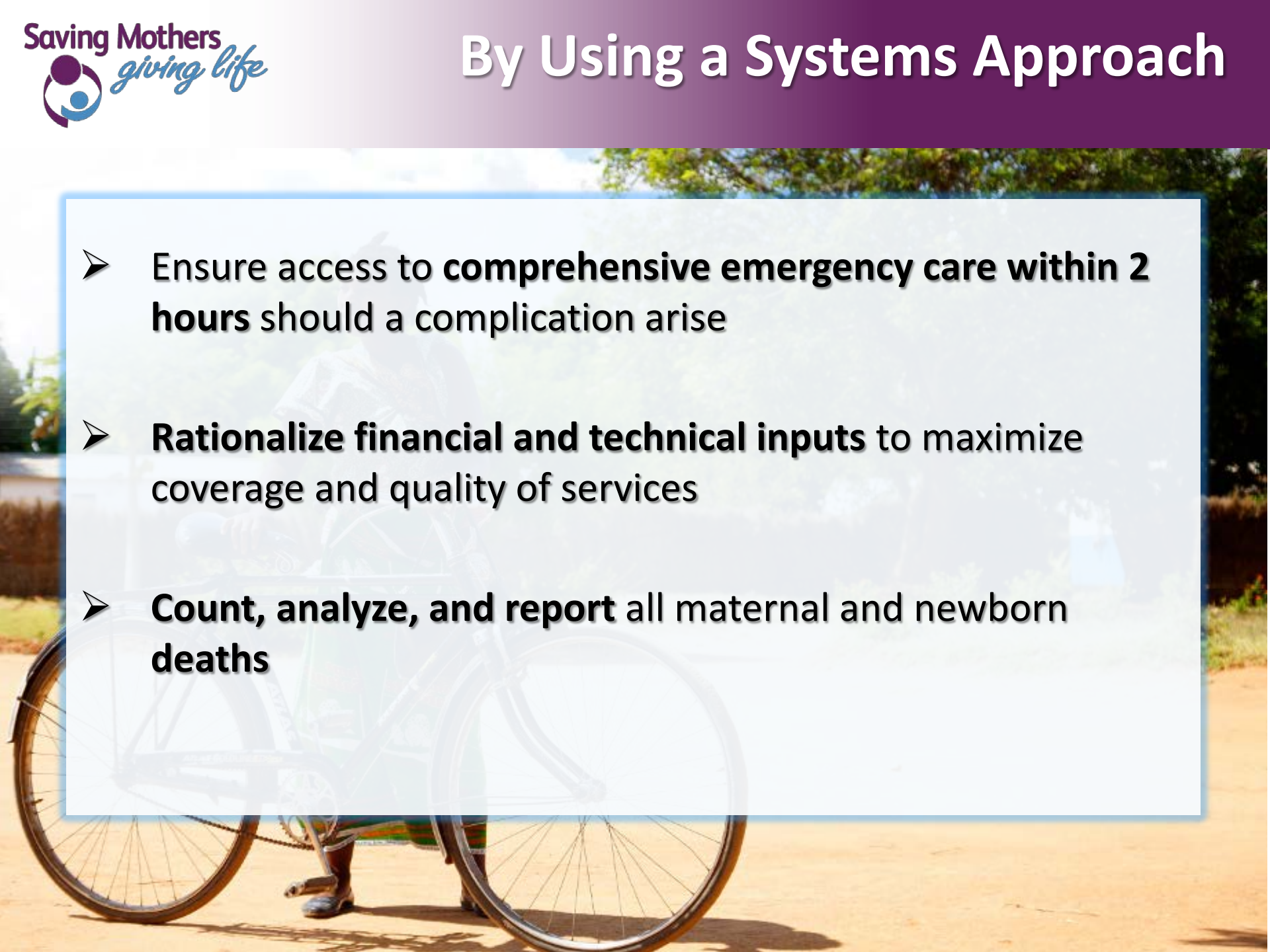
Existing maternity safety net

Government of Zambia health system | Government of Uganda health system | USG PEPFAR and MCH platforms | Private, not-for-profit, for-profit, and faith-based organizations

By Using a Systems Approach

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- The background image shows a woman wearing a green and white patterned dress, riding a bicycle on a dirt path. The scene is outdoors with trees and a clear sky in the background.
- Understand the ecosystem of **safe delivery services** in a given area by assessing **both public & private service delivery points**
 - Focus on the most vulnerable period for mother and baby: **labor, delivery and 48 hours post partum**
 - **Integrate** maternal/newborn and HIV care

By Using a Systems Approach

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- The background of the slide is a photograph of a person riding a bicycle on a dirt path. The person is wearing a light-colored shirt and dark pants. The bicycle is a standard road bike with thin tires. The background is slightly blurred, showing trees and a clear sky.
- Ensure access to **comprehensive emergency care within 2 hours** should a complication arise
 - **Rationalize financial and technical inputs** to maximize coverage and quality of services
 - **Count, analyze, and report** all maternal and newborn deaths

SMGL Countries and Phases

Planning & Proof-of-Concept 6/11 - 12/13

UGANDA

● KABAROLE ● KAMWENGE
● KIBAALE ● KYENJOJO



ZAMBIA

● KALOMO ● NYIMBA
● MANSA ● LUNDAZI



**-SMGL Districts
Population:**
~2 million
-Natl MMR 420*
-Health facilities:
105

**-SMGL Districts
Population:**
~1 million
-Natl MMR 262*
-Health facilities:
110

*2010

Scale-up & out 1/14 - 10/17

Refined model scaled-up in:

- 10 Ugandan districts
- 18 Zambian districts
- All 18 LGAs in Cross River State, Nigeria

NIGERIA

Cross River State



Endline Evaluations 1/17 – 10/19

- 2016 index year for SMGL results in U & Z
- 2019 for Nigeria results

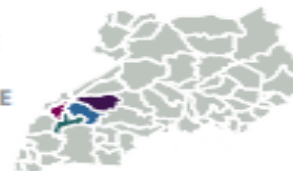
**-SMGL LGA
Population:**
~4 million
-Natl MMR 867*
-Health facilities:
148

Key Proof-of-Concept Results

(after 1 year of implementation)

Uganda

KABAROLE
 KIBAALE
 KAMWENGE
 KYENJOJO



30% reduction

in maternal
mortality ratio
in *Saving Mothers*
Uganda districts



Endline 316

Baseline 452

In Uganda, women who received services from *Saving Mothers* facilities were nearly 3 times more likely to provide a high rating of quality of care, compared to non-*Saving Mothers* comparison districts.



3 times
greater quality
of care

The number of facilities providing
Basic Emergency Obstetric and
Newborn Care increased.



Endline 9

Baseline 3

200% increase

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



Endline 74%

Baseline 46%

62% increase



Saving Mothers has trained staff in Uganda

147 new doctors, nurses and midwives hired

Saving Mothers has expanded access to testing and treatment for HIV/AIDS.

28% increase

Women who received prophylaxis or
treatment for the Prevention of Mother to
Child Transmission of HIV/AIDS in Uganda.

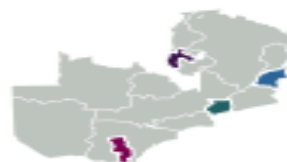


Endline 1620

Baseline 1262

Zambia

● KALOMO
● MANSA
● NYIMBA
● LUNDAZI



35% reduction

in institutional
maternal mortality
ratio in *Saving Mothers*
Zambia districts



Endline 202

Baseline 310

In Zambia, women's satisfaction with care in *Saving Mothers* districts was nearly 2 times greater than in non-*Saving Mothers* districts.



**2 times
greater
satisfaction**

The number of facilities providing
Basic Emergency Obstetric and
Newborn Care increased.



Endline 6

Baseline 3

100% increase

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



Endline 84%

Baseline 63%

35% increase



Saving Mothers has trained staff in Zambia

199 providers trained to provide
Emergency Obstetric and Newborn Care

Saving Mothers has expanded access to testing and treatment for HIV/AIDS.

18% increase

Women who received prophylaxis or treatment
for the Prevention of Mother to Child
Transmission of HIV/AIDS in Zambia.



Endline 1095

Baseline 930

***Focusing on Uganda & Zambia,
SMGL's revised goal was to:***

**Reduce maternal deaths by
50% & newborn deaths by
30% in targeted districts in
5 years**

Saving the lives of pregnant women requires a **functioning health system**:

- There is **no 'magic bullet'**
- Interventions are context specific but should be guided by systems organizing principles
- **System strengthening fosters** more resilient and adaptive **healthcare delivery**

What have we learned?

- **Country ownership** must be realized from the national to the district levels of the MOH
- **Integrating HIV- and MNH-related services** can result in better health outcomes than when provision is siloed
- **Robust M&E** provides powerful proof of effect:
 - Capture health outcomes
 - Tally expenditures

What have we learned?

We must build **all** political, public health, and community commitments on a foundation of **zero tolerance for preventable maternal and newborn deaths**

