BMAU BRIEFING PAPER (12/14)

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Reducing maternal mortality in Uganda: What are the key constraints?

Overview

The Ministry of Health (MoH) and its apex institutions embarked on the delivery of the Uganda National Minimum Health Care Package (UNMHCP) with a focus on improving maternal and child health among others. Local governments have the responsibility to deliver majority of frontline health services and they are critical in improving on the health related indicators through the primary health care system.

The Government of Uganda (GoU) over the years has increased funding to the health sector to improve the delivery of the minimum health care package. Funding to reproductive health by the GoU rose from US $3.3 million in Financial Year (FY) 2011/12 to US$ 6.9 million in FY 2012/13 .This greatly improved availability of reproductive health life saving medicines including contraceptives at health facilities.

Despite the increase in health funding, achievement of the Millennium Development Goal (MDG) 5 - reduce maternal mortality targets have been slow. This policy brief discusses the constraints within the health sector that continue to undermine the progress towards the reduction of maternal mortality in Uganda.

Key Findings

- Inadequate health human resources that are critical for the delivery of maternal health services.
- Inadequate infrastructure such as maternity wards, theatres and staff accommodation.
- Lack of ambulance services for emergencies and referrals.
- Limited access to family planning services.

Introduction

Maternal death is defined by MoH as death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy. The death is caused by either complication that develops directly as a result of pregnancy, delivery or the postpartum period, or due to an existing medical condition. The major direct obstetric complications responsible for maternal deaths in Uganda include: bleeding, infection, obstructed labour, unsafe abortion, and hypertensive diseases. Other causes of maternal death that are not directly under the control of the ministry include: malnutrition of the mother, poor state of the road network that affects the referral process, and bad cultural attitudes which promote preference to traditional birth attendants who might not be able to handle some complications.

Uganda has registered some improvements in Health Nutrition and Population (HNP) outcomes, but this improvement remains poor compared to other countries in the region. The Maternal Mortality Rate (MMR) in Uganda is estimated at 438 deaths per

100,000 live births according to the 2011 Uganda Demographic Health Survey (UDHS) report. The 2011 UDHS report also indicates that Uganda is unlikely to achieve MDG 5 related to improving maternal mortality because of the persistent challenges to health care delivery.

The following challenges were identified during the Budget Monitoring and Accountability Unit monitoring visits to district health offices and facilities as contributing to the high maternal mortality rates in Uganda.

Key Constraints

(a) Inadequate staffing levels: most districts monitored over the financial years had staffing gaps particularly the midwives and medical officers who are critical in attending to women during and after pregnancy. This therefore causes delay in receiving care at the health facility especially for emergencies like obstructed labour and bleeding which are critical to the survival of the mother and new born. This situation was recently worsened by the irregularities in the salary payment that has demoralized many workers.

Table1. **Staffing levels in local governments**

Summary of human resources for health in Local Governments as of June 30th 2013				
Level	**Total Number**	**Filled**	**%Filled**	**% Vacant**
District Health Officers' office	1232	703	57	43
General Hospitals	7980	4842	61	39
HCIVs	8112	5731	71	29
HCIIIs	17214	12070	70	30
HCIIs	14364	6428	45	55

***Source:** MoH Human Resources for Health Bi-annual Report 2013*

Relatedly, a number of districts do not have District Health Officers to carry out routine support supervision and mentorship programs of health workers in handling reproductive health related problems. Zombo district for example, had a senior environmental officer acting as a district health officer with no clinical knowledge. It should be noted that maternal health care is mainly dependent on a fully functioning health care system with the capacity to manage emergencies and refer complicated cases. These cannot be done with inadequate human resources at various levels.

(b) Inadequate infrastructure

Local governments are struggling to cope with patient demands amidst lack of proper infrastructure. For instance Muterere HCIII in Bugiri district lacked an adequate maternity ward.

In addition lack of accommodation facilities at the health centres affected service delivery. Nationally, only 12% (3,590) staff have accommodation facilities, with majority of them having to travel long distances to the health facility. This means that they are not able to attend to mothers at the time of obstetric complications which result in maternal deaths.

Crowded maternity ward at Hoima Regional referral Hospital

The picture above shows the congestion in the health facilities, as a mother is lying on the floor with a drip, while others are occupying placed in corridors of the ward.

(c) Lack of ambulances in local governments

A number of local governments lack ambulances for referral services. For example Nakasongola district had no ambulance for referral purposes yet the nearest hospital is 70Kms away. This means that mothers are not referred to the next level of health facility for further treatment. Most patients opt to use public transport which may lead to prolonged labour and death before they reach the hospital.

(d) Absence of comprehensive EMOC equipments

Most health facilities do not have the Emergency Obsetric Care (EmOC) equipment which affects provision of EmOC services and at times leads to the death of the mothers. Lack of basic EmOC services limits women's access to life-saving services during obstetric complications. In addition, lack of functional maternal health equipment such as the vacuum extractor, curettage kit, and medical beds at most health facilities further constrains the delivery of maternal health services which might result into the death of the mother.

e) Limited access to contraceptives

While the government has increased funding for reproductive health supplies, there is still limited access and use of contraceptives and other family planning methods in Uganda. Very few women go for family planning services, which might result in unwanted pregnancies forcing some to terminate them. Contraceptive use in Uganda declined from 45% in 2006 to 24% in 2011 (UDHS). Family planning is a cost effective way of reducing maternal mortality because it lowers the risk of exposure to unwanted pregnancy and death.

Conclusion

Although there are many causes of maternal mortality, some should be managed within the health sector thus reduce maternal mortality rates. These include inadequate health human resources, lack of ambulance services, limited access to family planning services, inadequate infrastructure such as maternity wards, theatres and staff housing.

Policy recommendations

a) Increase staffing in local government health facilities

The wage bill for local governments should be increased to enable them recruit new staff at the various health facilities. Special attention in the recruitment process should be on attracting mid-wives, medical and anesthetic officers to ensure comprehensive coverage of the chain of providing maternal health services. Local governments should devise means of attracting and retaining critical health staff; which may include providing top-up allowances to health workers as a means of attracting them. The decision to have comprehensive nurses work as midwives as a stop gap measure is a welcome move. However, government should train more midwives as compared to the comprehensive nurses to fill the human resource gaps among the midwifery category.

b) Provide the health infrastructure

The allocation to PHC development should be increased to provide the much needed health infrastructure. The increased allocation should be geared towards construction of maternity wards; theatres and staff accommodation at the existing facilities. This will increase the retention of staff in local governments and also reduce on the absenteeism of health workers.

c) Provide ambulance services

Ministry of Health should provide ambulances at all HCIIIs for referral purposes. This will enable timely management of emergencies. Ambulances are an asset in the reduction of maternal mortality and an important determinant of an effective referral system. The recurrent non-wage budget should be increased to ensure that the ambulances are serviced and always in good mechanical condition to enable faster movement of patients. The national ambulance policy should be expedited to guide the procurement and use of ambulances.

d) Provide EmOC equipment

There is need to provide comprehensive EmOC equipments at all health facilities offering maternal health services. In addition, training of health workers on how to use the equipment is important. Government needs to focus efforts on improving the coverage, quality, and utilization of EmOC services through supportive supervision, provision of the necessary infrastructure in rural areas and regular monitoring. This will go a long way in preventing maternal death and reduce mortality rates in Uganda.

e) Sensitization of the masses regarding family planning

The government should sensitize the masses on the bene ts of using contraceptives. Special attention should be given to the men, since they key decisions as far as access to and use of family planning methods. At the same time, there should be a deliberate policy to ensure that HCIIs have adequate supplies and trained personnel with good knowledge on the use of reproductive health supplies since these facilities are close the populace.

f) Regularize salary payments

The Ministry of Public service, the Ministry of Health and the Ministry of Finance, Planning and Economic Development, should ensure that the payment of health workers salaries is regularised and all arrears to the health workers paid. This will reduce absenteeism of the health workers from their duty stations and provide the much needed maternal health care such as emergency obstetric care and early detection of maternal health problems in pregnant mothers.

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