

# Maternal Death Reduction in Iganga District

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## Background

Uganda Demographic and Health Survey (1996) indicated high maternal mortality rate (MMR) at 505/100,000 live births. However MMR in several districts were higher – up to 1000 per 100,000 live birth.



## Iganga District (2000)

Total Population - 892700

0 – 1 Year - 41967

0 – 5 Years - 178540

Women in child bearing age 15 – 49 Years

- 206321

Pregnant Women - 50884



## Health Facilities (2000)

105 Health units of which the following services are offered:

ANC	-	33/105
Delivering	-	33/105
F/P	-	54/105
SDT Treatment	-	58/105
HIV	-	06/105



## Status of RH indicators in Uganda

	<b>1988</b>	<b>1995</b>	<b>2000</b>	<b>2010</b>
CPR	5%	15%	23%	24%
ADOL PREG.	44%	43%	32%	33%
UNMET FP	33%	29%	35%	42%
TRF	7.3	7.1	7.1	6.7
DELIVERIES	37%	38%	38%	42%
MMR	700	506	505	430



# Iganga District (2011)

District divided into six new Districts of;

1. Iganga

2. Mayuge

3. Luuka

4. Bugiri

5. Namutumba

6. Namayingo



# Rescuer Project:

Proposed by MOH – MCH/FP Department

launched in – March 1996

Funded by – UNFPA & MOH

Project Period – 5 years

Project cost – US\$100,000



## Broad Objective

To reduce Maternal and Neonatal Mortality and Morbidity through strengthening the referral system.

## Specific Objectives

- To improve the health of mothers and babies.
- To provide good network of communication in the District.





# Direct causes of maternal Deaths

- Hypertension in pregnancy.
- Post partum heamorrhage.
- Antepartum heamorrhage.
- Septic abortion.
- Ectopic pregnancies.
- Pregnancy – related sepsis.
- Anaesthetic accidents.
- Acute collapse and embolism.

# Indirect causes of maternal Deaths

- HIV/AIDS
- Malaria
- Heart Disease
- Non-Pregnancy – related infection



## **Women at Special Risk of Maternal Deaths.**

- Women over 35 years of age
- Younger women less than 15 years of age.
- Women victims of HIV/AIDS
- Women with Valvular heart disease.
- Women with previous caesarian section are at special risk of haemorrhage.
- Women who get caesarian section in this pregnancy are at particular risk of developing sepsis after the operation.



# Project Implementation

- Equipped theatre of Iganga Hospital.
- 2 Resident Doctors stationed at Iganga Hospital.
- Trained – 37 Midwives, 345 TBAs and 70 CBRHWs.
- Provide “7 Tricycles” – 3 wheeled vehicles.
- Provided 1 ambulance at Iganga Hospital.
- Provided 1 vehicle for District Director of Health Services.
- Provided 1 boat to serve 7 Islands on Lake Victoria.
- Mobilized communities.



## **Project Implementation Cont'd**

- Installed 9 Radio call system and charging centres.
- Provided TBAs with 77 Walkie-talkies.
- Installed 15 fixed Radio system in 15 Health Units.
- Provided 100 bicycles to TBAs.
- Improved Health System (Drugs and Supplies).
- Improved Antenatal Care Education.
- Provided protocols to all antenatal clinics & hospitals.
- Established a clear system of referral to Hospital.
- 1 Doctor and 1 Midwife trained in MVA.



# Health Units Equipment

- Delivery kits.
- Oxygen and oxygen cylinders.
- IV fluids and IV sets.
- Resuscitation equipment.
- TBAs kits.
- Examination coaches.
- Family planning kits.
- Patograph – a tool to monitor progress of labour.



# Health Indicators

Before Rescuer 1994/1995	After Rescuer 2000
MMR – 800/100,000	271/100,000
IMR – 128/1000	120/1000
Contraceptives prevalence rate – 3%	16%
Fertility rate 8 children per woman	6.9
Population Growth rate - 3.5%	2.43%
Health units offering FP - 3/105	54/105
Health units offering maternity services - 9/105	33/105



## Results

- Increase in antenatal attendance.
- Highly motivated pregnancy monitors and TBAs.
- Self referral of pregnant mothers to Iganga Hospital.
- Improved quality of care in health system.
- Improvement in Emergency obstetric care (EMOC).



# Impact

- MMR before the “Rescuer” 800/100,000 (1996).
- MMR after the “Rescuer” 271/100,000 (2000).
- Percentage of MMR reduction after 5 years – 66%
- No Maternal Death in 1998.
- Project replicated in 6 more Districts under MOH and MOLG.





## Challenges:

- Frequent breakdown of “Tricycles”.
- District subdivided into 6 Districts.
- Political interference.
- TBAs became more dangerous retained mothers in labour with complications beyond their competence.
- No more funds after end of project funded by UNFPA.



## Lessons Learnt:

MMR can be reduced with improved Health System but needs total political commitment, community participation and constant flow of funds.

MMR gone up from 271/100,000 (2000) to 430/100,000 (2011) due to poor funding.

Uganda MMR – 430/100,000 live births.



# Conclusion

Reduction of MMR is a comprehensive undertaking that needs improvement of quality of Health care, constant funding and high level of political commitment.



Thank you