

FACT: Access to skilled care during delivery, including comprehensive emergency obstetric care, coupled with efficient referral and access to family planning services, remain the most important interventions to reducing maternal mortality

AMREF reviewed the status of 'health' of 18 district/ county health systems in East Africa (Kenya, Uganda, Tanzania) to assess their preparedness to meet the challenge of achieving MDG 5.

- No single district was ready to carry out the needed accelerated actions of maternal care to achieve MDG 5
- A high average of 79% of pregnant women attended a health facility for antenatal care at least once and 53% at least four times
- Only 36% of women delivered at a health facility with skilled care by a minimum of an assistant (enrolled) nurse/midwife
- 58% of women attended post-natal care within two days of delivery, the main motivation being immunisation for their infants
- Only 31.5% of all health facilities offered family planning services, but not consistently; the main problem was a poor supply chain
- Most health centres had the necessary infrastructure to offer high quality maternal care services but only 43% had the right staff complement and 6% had transport for referral
- 28% of all health centres had the requisite supplies and equipment to offer basic emergency obstetric care
- Only 32% of hospitals in districts had the supplies, equipment and staff to offer patients caesarean sections at the time of the survey
- Low district health budgets were quoted as the biggest constraint to improving maternal health services - none of the countries have achieved the proposed 40 dollars per capita expenditure on health



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