

## **Introduction**

A Uganda based nationwide health needs assessment on availability, usability and quality of EmOC done on 197 health facilities, showed gaps in the UN signal functions of EmOC services and urgent need to improve EmOC services in the studied facilities (Orinda et al. 2005), Following a period of nearly 10 years having elapsed, there is need to assess the capacity to provide EmOC services in health centers in local governments like Wakiso district. According to Uganda's health sector strategic investment plan 2010/11-2014/15 reduction of maternal mortality ratio from 435 in 2006 to the targeted 131 millennium development goals target, needs functional health center IV's and IIIs with functional theatres (MOH 2010).

## **Objective**

The study assessed the level health center (IIIs and IVs) have to provide emergency obstetric care services to residents of Wakiso district and the Specific Objectives of the Study were to assess the human resource, EMOC related material resources and the financial resource level health center (IIIs and IVs) have to provide emergency obstetric care services to residents of Wakiso district.

## **Methodology**

A cross-sectional descriptive study was conducted on a total of 107 respondents in 14 health facilities (5 HCIV and 9 HCIII). Health facilities were randomly selected and EMOC health workers were purposively selected based on seniority and responsibilities held. The sampling included clusters in form of 5 health sub districts with health center IVs namely: Busiro North, Busiro South, Busiro East, Kyaddondo East, Kyaddondo South, Kyaddondo North and Entebbe municipality was not included because it has a hospital instead of health center IV and random sampling was used to select 2 health center IIIs from each of the 6 health sub-district including Entebbe municipality. Then only health workers with an active role in EMOC service delivery were purposively identified for the interviewing.

## **Findings**

The findings show that whereas all HC IIIs do not have the capacity to provide EmOC services, the HC IVs quality of EmOC service provision is less than the ideal. According to the findings, availability of trained workers in the health centers as evidenced from table 4 almost met the MOH (2010) and local government norms, but this is still not enough to meet the big numbers of women that keep flocking these health centers in search of maternal health services and EmOC attention. Therefore the local government staffing norms as per HSSP (2010) is not enough to cater for the workload in these health

centers.

The material resources from HCIIIs like basic items, infection prevention, infrastructure, antibiotics, removal of retained products, anti-convulsants, uterotonic drugs, pain management supplies, assisted vaginal delivery, the results indicated a fair presence with a 100% response apart from a few stock outs that indicated a zero presence though the presence of these items is relatively lower below that of health center IVs

Blood transfusion, cesarean section, anesthesia and resuscitation, items showed most absence probably due to presence of partially or nonfunctional theatres while most facilities did not have functional ambulances.

Financially the health facilities depended on public funds which were mismanaged and insufficient though in certain cases received supplementary funds from donor NGOs like PREFA and AMREF

Accountabilities for the funds were mainly strict with the NGO funds since they are strictly monitored and unsatisfactory accountabilities to the largest funder (government).

## **Conclusions**

Despite the fact that Ministry of Health along with the local government and NGOs having done a lot to improve maternal health, the findings show that the material resources, human resource and the financial resources available in Wakiso district are at an insufficient level to meet the demands of EmOC as evidenced by large staff workloads, insufficient staff training, inadequate material and equipment with insufficient funds, compounded by weak financial management.

## **Recommendations**

We therefore recommend ministry of health and the district health management revisiting of policies on the staffing levels of public health facilities, improve stocking of medicine and other supplies to the health centers.

Considering upgrade of overwhelmed health centers, More infrastructure like buildings be put in place, proper funding and thereof management with more training should be given to the workers by hospital authorities and refresher courses given by the district and ministry to further equip the workers and capacitate them on new medical procedures and guidelines.