

Goal 5

Improve Maternal Health

Target: Reduce maternal mortality ratio by three-quarters by 2015.

Indicator: Maternal mortality ratio.

Will the Goal/Target be Met

Potentially Unlikely Insufficient Data

State of Supportive Environment

Strong Fair Weak but improving Weak

Tracking Maternal Mortality and Reproductive Health: Monitoring and Evaluation Environment

| Elements of monitoring environment | Assessment | | |
|--|------------|------|------|
| | Strong | Fair | Weak |
| Data gathering capacities | Strong | Fair | Weak |
| Quality of recent survey information | Strong | Fair | Weak |
| Statistical tracking capacities | Strong | Fair | Weak |
| Statistical analysis capacities | Strong | Fair | Weak |
| Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanism | Strong | Fair | Weak |
| Monitoring and evaluation mechanisms | Strong | Fair | Weak |

Maternal Mortality Rate per 100 000 Live Births

| | |
|------|-----|
| 1991 | 110 |
| 1995 | 229 |

Source: CSO, report, 2000

Status and Trends

Maternal death is high in Swaziland. The overall maternal mortality increased from 110 per 100,000 live births in 1991 to 229 per 100,000 live births in 2002 (Poverty Extract, 2002).

It is estimated that 98 percent of women attend antenatal care. The contraceptive prevalence rate is approximately 42 percent. 25 percent of clients delivering in health facilities are teenagers, and 86.5 percent of clients are within an hour of travel time to a health facility (MICS, 2000). In terms of childbirth care, it is estimated that the proportion of births attended by skilled health person-

nel is 72 percent (MICS, 2000). The figure increases to 97.8 percent if single qualified nurses (nurses who are not trained as mid-wives) and nursing assistants are included.

The sharp increase in maternal death is attributed to preventable or treatable diseases such as hemorrhage, hypertensive diseases, unsafe abortion and lack of clinical skills in handling obstetric and abortion emergencies. The Ministry of Health records suggest that every year more than 3,000 mothers develop long lasting disabilities following labour and delivery; most of these disabilities are preventable and would be curable with improved access to quality care.

In the peri-urban and rural areas, health facilities are not easily accessible especially in cases of emergency; mainly due to the shortage of health centers and health facilities.

The advent of HIV/AIDS has led to an increase in MMR, posing added challenges in the country's efforts towards achieving the set goal by 2015.

Major Challenges

- ◆ The inadequate number of skilled personnel and limited knowledge base in Swaziland, especially pertaining to essential and emergency obstetric care.
- ◆ Inadequate referral and communication services. This delays timely management of complications.
- ◆ Increasing HIV prevalence among women of reproductive age and PMTCT.
- ◆ Limited or no access to ARV treatment to pregnant women who have undergone voluntary counseling and testing.
- ◆ High Poverty rates in some parts of the country and high unemployment rates contribute to poor health seeking behaviour.
- ◆ Limited male involvement in reproductive health issues needs to be addressed. There is a need for strategic family planning, education programming and the promotion and distribution of female condoms.
- ◆ Data gathering capacity also needs to be strengthened, including the registration of major events such birth, marriage and death.
- ◆ In availability of Youth Drop-in Centres in all regions.

Supportive Environment

- ◆ The country has a SHR unit within the MOHSW.
- ◆ The national Reproductive Health Policy is being developed.
- ◆ Protocols on the management of obstetrical emergencies have been developed.
- ◆ Contraceptive use has been encouraged and is widely promoted through the provision of user-friendly services.

Priorities For Development Assistance

- ◆ Support is needed to address the shortage of skilled personnel.
- ◆ There is a need to strengthen health centers and to provide mobile clinics for reproductive health services.
- ◆ Improve referral and communication system for timely referral and management of complications.
- ◆ Support for education of adolescents and expansion of youth friendly service centers for reproductive health care.
- ◆ Investigate the usage of IT (e-medicine) to improve outreach programmes on emergency obstetric care to rural and peri-urban areas.
- ◆ Support implementation of PMTCT.
- ◆ Develop Strategy to involve men in SRH.