



CSO Position Paper on Maternal Health Crisis in Kotido District.

Ending Preventable Maternal Deaths and Ensuring Safe Motherhood in Kotido District

Submitted to Kotido Local Government
August 2026

1.0 Acknowledgement

This Civil Society Organization (CSO) position paper on the maternal health crisis in Kotido District was developed through a consultative process involving Nakere Women Rural Activist (NARWOA) and Virtuous Woman Foundation. These organizations work to promote maternal health, women's rights, and the wellbeing of mothers and vulnerable communities across Kotido District.

We appreciate the contributions of community members, local leaders, health facility staff, government stakeholders, and development partners whose insights and Community-Led

Monitoring (CLM) findings informed this position paper and strengthened the call for urgent investment, resources, and accountability in maternal healthcare.

1.1 Background and Context

Maternal health remains one of the most pressing public health and human rights challenges in Kotido District. Despite national progress, women in Kotido continue to face severe barriers to accessing quality, life-saving maternal healthcare. Maternal mortality in Kotido is estimated at 506 deaths per 100,000 live births, far exceeding the national target of fewer than 140 per 100,000. Each maternal death represents a structural failure of the health system that undermines family wellbeing and community development.

Earlier research across the Karamoja sub-region revealed that only 15% of births occurred in health facilities, just 31.7% of women attended at least four antenatal care (ANC) visits, and none of the lower health centers met the basic standard for Emergency Obstetric Care. These systemic gaps were further compounded by severe shortages of essential equipment, medicines, and skilled personnel.

Fresh evidence from Community-Led Monitoring (CLM) conducted across 10 health facilities in Kotido confirms that these challenges persist. While 95% of patients are aware of healthcare services and 85% consistently attempt to seek care, critical gaps in medicines, infrastructure, and staffing severely impair quality delivery. Data indicates that long waiting times (31.5%) and essential drug stock-outs (22%) remain the primary barriers, alongside facility overcrowding (15.2%), confidentiality concerns (7.8%), language barriers (5.8%), poor facility hygiene/infrastructure (5.3%), and health worker absenteeism (5.3%). Furthermore, physical facility gaps—such as cracked, unsafe maternity walls at Panyangara HCIII, inadequate water and power supplies, and poor road networks—severely hinder emergency referrals and outreach.

This position paper therefore calls for urgent, coordinated, and adequately funded action by Kotido District Local Government, the District Health Office, health facilities, CSOs, and development partners to strengthen maternal health infrastructure, emergency obstetric services, supply chain reliability, and community-level engagement.

2.0 Key Issues and Recommendations for Consideration

2.1 High Maternal Mortality Ratio and Substandard Obstetric Care

The maternal mortality ratio in Kotido District stands at a critical 506 deaths per 100,000 live births, compared to the target standard of less than 140 per 100,000. This high death rate stems directly from delays in seeking, reaching, and receiving emergency obstetric care during childbirth complications.

Recommendations:

- Increase local government budget allocations and partner investments specifically for Emergency Obstetric Care (EmOC) infrastructure and equipment.

- Strengthen District Maternal and Perinatal Death Surveillance and Response (MPDSR) mechanisms to audit maternal deaths and enforce accountability.
- Expand emergency referral pathways through providing ambulances across all lower-level health centers to ensure immediate emergency response.

2.2 Low Antenatal Care (ANC) Attendance and Low Facility Deliveries

Only 26% of pregnant women in Kotido complete the required minimum of 4+ ANC visits (against a standard of >80%), and facility-based deliveries stand at only 56% (against a target of >90%). Distance to facilities, lack of trust, and insufficient community follow-up contribute to low utilization of pre-birth services.

Recommendations:

- Mobilize communities through Village Health Teams (VHTs) and traditional structures to track pregnant women and encourage early ANC attendance.
- Conduct localized awareness campaigns to rebuild community trust in facility-based childbirth services.

2.3 Shortage of Skilled Birth Attendants and Key Healthcare Personnel

Skilled birth attendance in Kotido is critically low at 40%, far below the >90% target. Severe shortages of qualified midwives, medical doctors, and anesthetists, combined with staff absenteeism (5.3%) and long waiting times (31.5% at Kotido General Hospital), compromise labor monitoring and immediate interventions.

Recommendations:

- Recruit, deploy, and retain qualified midwives, doctors, and anesthetists in understaffed health centers across the district.
- Provide hardship allowances and operational support to retain skilled health workers in remote health posts.

2.4 Stock-Outs of Essential Medicines and Reproductive Health Supplies

The survey findings showed that 22% of surveyed health facility users reported persistent drug stock-outs. Shortages of essential life-saving maternal drugs, blood supplies, intravenous fluids, and basic delivery kits force families to purchase supplies externally or risk unsafe delivery conditions.

Recommendations:

- Strengthen the district medical supply chain and improve synchronization with the National Medical Stores (NMS) for timely delivery.
- Establish emergency drug redistribution networks between higher and lower health facilities to mitigate localized stock-outs.
- Enhance community and CSO oversight over health facility drug stores to ensure transparency and prevent stock leakages.

2.5 Unsafe and Inadequate Maternity Ward Infrastructure

Maternity facilities in lower health centers lack basic safety and sanitation standards. CLM findings revealed unsafe conditions such as cracked walls at the Panyangara HCIII maternity ward, along

with widespread lack of running water, clean sanitation, and reliable lighting/power for nighttime deliveries.

Recommendations:

- Prioritize the physical rehabilitation and structural upgrading of damaged maternity wards, starting immediately with Panyangara HCIII.
- Equip all maternity units with reliable solar power systems and continuous water supply infrastructure.
- Provide basic delivery beds, sterilization equipment, and infection prevention materials to all health centers.

2.6 Weak Emergency Referral and Ambulance Systems

Emergency transportation for laboring mothers facing complications remains highly fragile. Inadequate ambulance coverage, lack of fuel allocations, poor road networks, and poor communication systems cause fatal delays during emergency transfers from rural sub-counties to Kotido General Hospital.

Recommendations:

- Procure and strategically position functional ambulances across sub-counties with dedicated fuel and maintenance funds.
- Rehabilitate critical road networks connecting rural communities and lower health facilities to regional referral centers.
- Establish a centralized communication system for real-time referral coordination between lower health units and referral doctors.

2.7 Low Male Involvement, Teenage Pregnancy, and Socio-Cultural Barriers

Maternal healthcare seeking is further impeded by low male involvement, a high burden of teenage pregnancy, early marriage, language barriers (5.8%), and confidentiality concerns (7.8%). Young mothers often face severe stigma, preventing them from accessing reproductive health education and services.

Recommendations:

- Institutionalize community male-engagement dialogues led by cultural and religious leaders to advocate for partner support during ANC and delivery.
- Strengthen adolescent Sexual Reproductive Health Rights (SRHR) education in schools and communities to prevent child marriage and adolescent pregnancy.
- Enforce healthcare worker ethics and confidentiality standards to create non-judgmental, youth-friendly maternal health services.

3.0 Conclusion

Every woman in Kotido deserves a safe pregnancy and childbirth. Preventable maternal deaths represent an unacceptable failure that can be significantly reduced through coordinated action by government, local communities, civil society organizations, development partners, and traditional

5.0 References

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- Council will advocate for increment of budget for Maternal health. (2027/2028)

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Speaker of KDCG

Ahim Jane
Nursing officer

- As a district, KDC shall conduct a gap Analysis on Infrastructure and advocate to the ministry of health to Improve on Infrastructure.

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FOR. CAO KOTIDO

26/08/2026

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ADHO-mch

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LCV will push for
a HCIII for Iolelio
for reduce the influx
of patients at Panyaragora
HCIII
LCV chairman
Kotido
26.08.2026

Jim Ronald Owiny
Statistician

- Develop a Key Issue Tracker to help analysis the gaps and action needed at the health facilities.