



A Case Study in Sustainable Obstetric and Gynaecological Care: Uganda's Community-Based Approaches,

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Published: 21 November 2000 | **Received:** 22 June 2000 | **Accepted:** 02 October 2000

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DOI: [10.5281/zenodo.18530679](https://doi.org/10.5281/zenodo.18530679)

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Abstract

Sub-Saharan Africa faces significant challenges in delivering sustainable obstetric and gynaecological care, characterised by high maternal mortality, workforce shortages, and resource constraints. Uganda has pursued community-integrated models to improve access and outcomes. This case study analysed Uganda's community-based approaches to obstetric and gynaecological care. It evaluated their design, implementation, and sustainability to identify components contributing to their resilience in a low-resource setting. A qualitative case study methodology was employed. This involved document analysis of policy frameworks, programme reports, and grey literature, supplemented by a synthesis of existing programme evaluations and stakeholder commentaries. The analysis identified a model built on task-shifting to community health workers and traditional birth attendants, integrated with formal health systems. A central component was the empowerment of village health teams in health promotion and basic emergency referral. This was associated with an increase in facility-based deliveries in some programme areas. Uganda's experience indicates that sustainable care in low-resource settings can be advanced by strategically leveraging community human resources within a supported, integrated framework. This approach addresses critical access gaps. Policymakers should consider formalising the training, remuneration, and supervision of community-based cadres. Programmes must ensure robust referral pathways and continuous commodity supply. Further research is needed to quantify long-term health outcomes and cost-effectiveness. Sustainable healthcare, community health workers, maternal health, task-shifting, low-resource settings, Uganda. This case study provides a structured analysis of a community-based model for sustainable obstetric and gynaecological care, offering insights for similar settings.

Keywords: *Maternal mortality, Sub-Saharan Africa, Community-based healthcare, Sustainable development, Obstetric care, Gynaecology*



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