

# EmONC Regional Dissemination: Greater Accra

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# Background

- WHO published “*Monitoring Emergency and Obstetric care - A Handbook*” in 2009.
  - ✓ Offers guidance on a set of indicators for monitoring progress in maternal and perinatal deaths interventions
- In 2010, MoH/GHS commissioned a national assessment for EmONC
  - ✓ Aim was to generate information for use in strengthening the health system towards reducing maternal and child mortality
- The 2010 EmONC also serves as a baseline data for MAF implementation

# Method

- **Nationwide** cross-sectional facility-based surveys - between April and September 2010
- 12 modules as data collection instruments
- Inclusion criteria - At least 5 deliveries per month in 2009 based on HMIS
- But for Upper West and Northern: At least 1 delivery per month
- In Upper East: At least 1 delivery per month plus 30% of all CHPS chosen at random

# How do we define EmONC?

- An evidence-based package of interventions and services that save the lives of mothers and newborns
- For monitoring purposes, this package is defined by 9 signal functions
- A facility's EmONC Status (Basic and Comprehensive) is determined by the signal functions performed in the last 3 months of the survey

# EmONC Signal functions

1. Administer parenteral antibiotics
2. Administer a uterotonic agent (for example, parenteral oxytocin)
3. Administer parenteral anticonvulsants for preeclampsia and eclampsia (for example, magnesium sulphate)
4. Remove placenta manually
5. Remove retained products (for example, manual vacuum extraction; dilatation and curettage)
6. Perform assisted vaginal delivery (for example, vacuum extraction)
7. Perform basic neonatal resuscitation (for example, with bag and mask)
8. Perform surgery (for example, caesarean section)
9. Perform blood transfusion

1-7 = Basic;      1-7 + 8&9 = Comprehensive

## Why use signal functions?

- Focus on emergencies and live saving services for MNH
- Demonstrate facility functioning
- Stimulate review of policies
- Identify interventions needed
  - Clinical training
  - Supportive Supervision
  - Standardised protocols
  - Distribution of equipment
  - Logistics for drugs and supplies
  - Community mobilisation

# UNICEF/WHO/UNFPA EmONC Indicators

- Availability
  - Are there enough facilities providing EmONC?
  - Are they well distributed?
- Utilisation
  - Are enough women using these facilities?
  - Are women with obstetric complications using these facilities?
  - Are sufficient critical services being provided?
- Quality of Care
  - Is the quality of the service adequate?

# Are EmONC regional reports worth such human and financial investment?

**NO**



**if the reports will just be nice colourful knick-knack**

**YES**



**if they will:**

**be instrumental in putting women and newborn high in the national development agenda**

**strengthen national policies for women and newborn**

**increase public expenditures for women and newborn**

# OK, but how to make it happen?

**EmONC results must be fully used for evidence-based social mobilization and advocacy purpose by:**

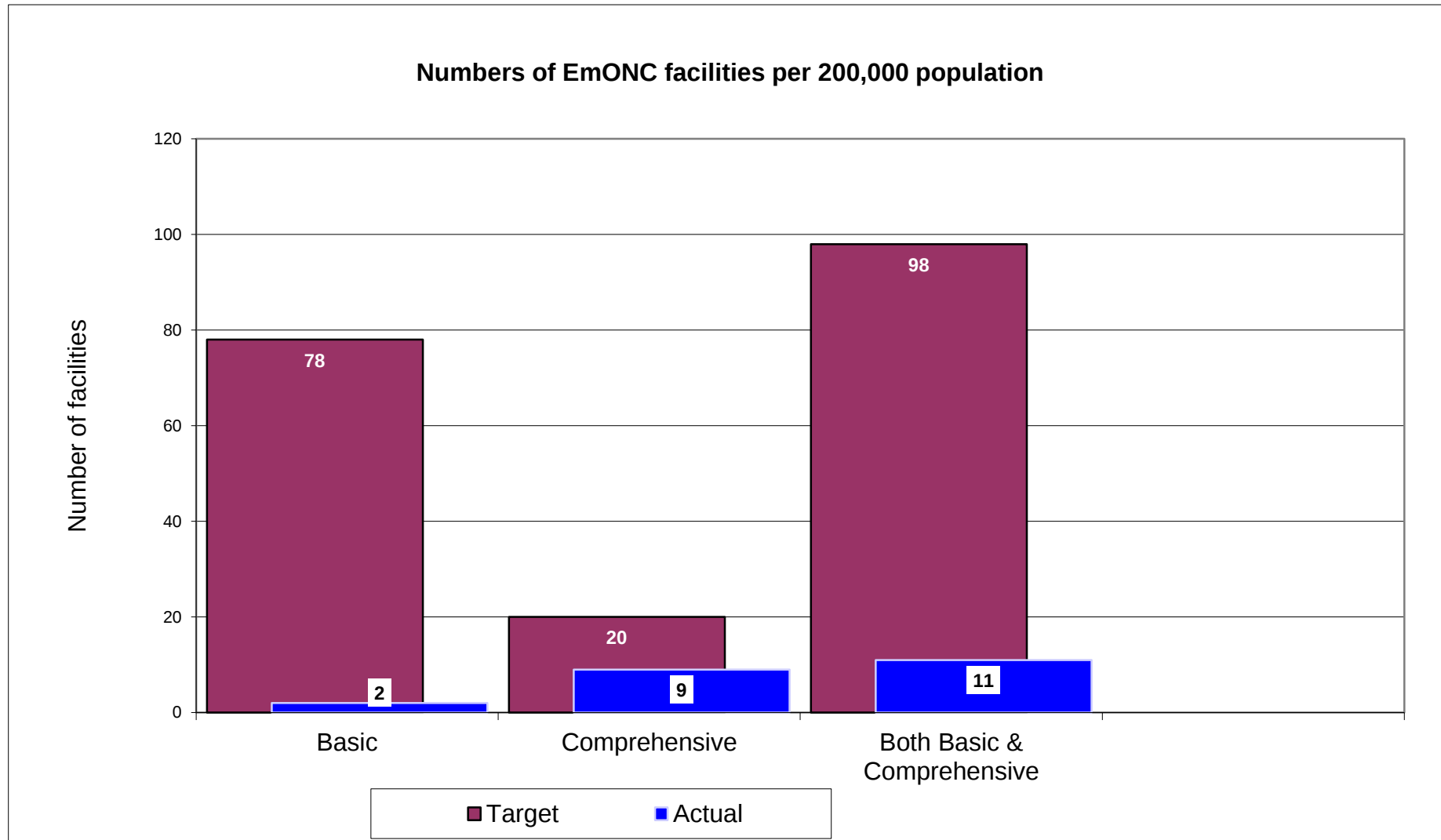
**Effectively communicating EmONC findings**

**Developing additional analysis to inform key National Priorities**

**Stimulating strategic stakeholders to use EmONC findings**

EmONC  
shows  
that:

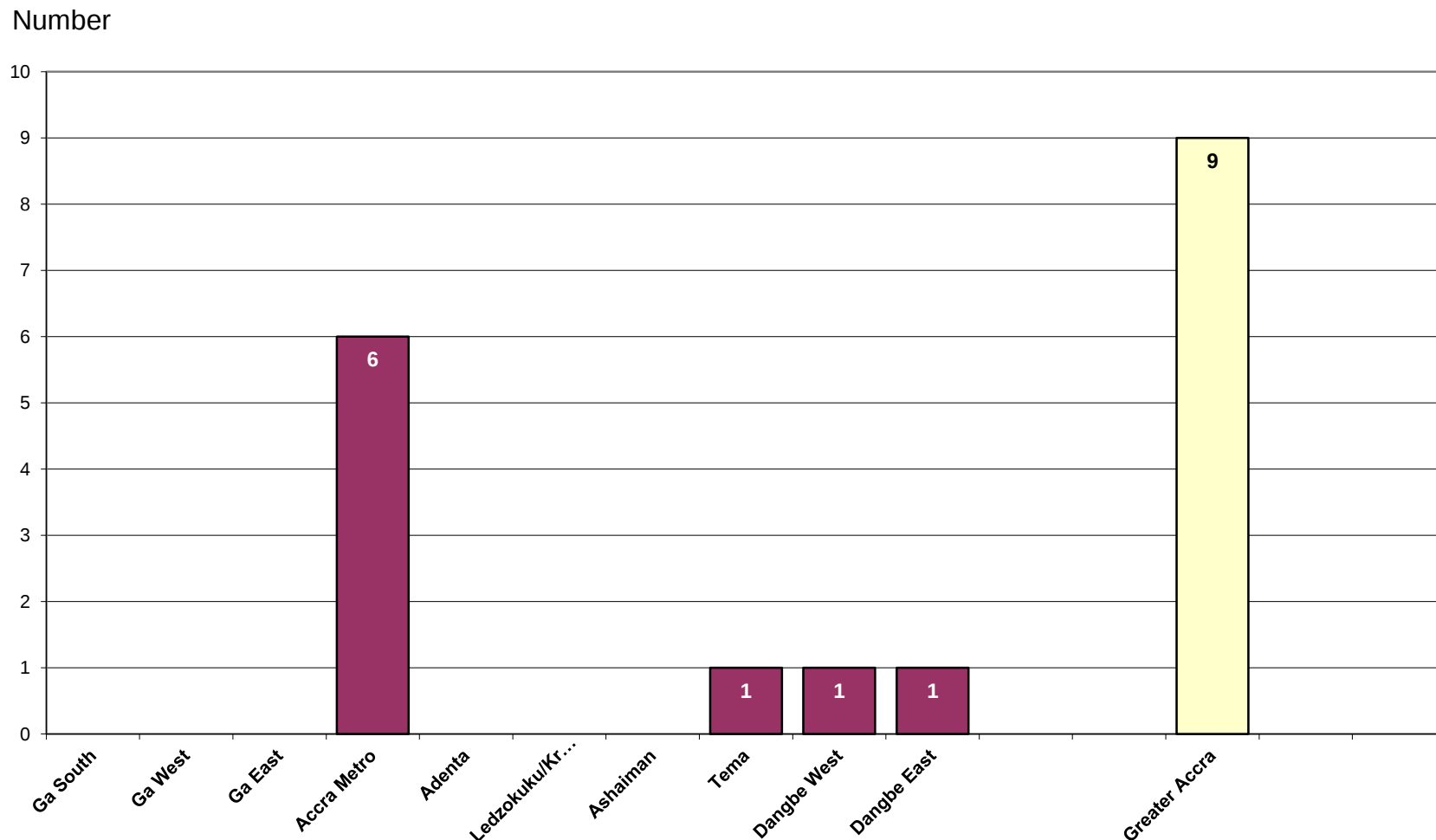
Greater Accra has a gap of 87 EmONC facilities (National standards recommend five EmONC facilities for every 200,000 people, at least one of which is a comprehensive facility (Pop=3,909,764 )



EmONC  
shows  
that:

Greater Accra has a gap of 11 Comprehensive EmONC facilities

Number of comprehensive EmONC facilities, by district , Ghana, 2010

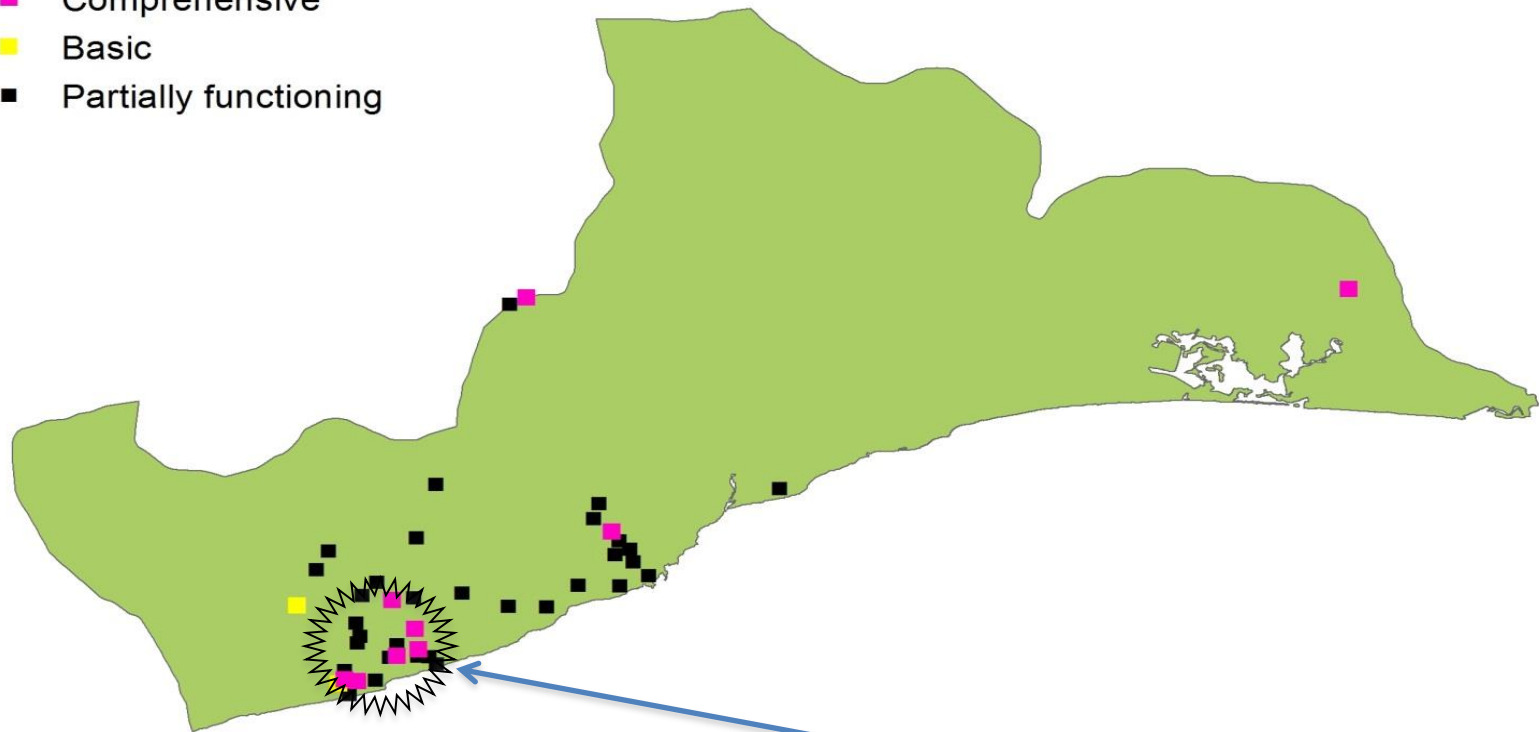


# Spatial distribution of EmONC facilities

## GREATER ACCRA

### EmONC status

- Comprehensive
- Basic
- Partially functioning



### Note

Missing 4 facilities:  
4 partial EmONC

### Source

Administrative boundaries:  
GADM v1.0, March 2009

0 10 20 40 60 80 100  
Kilometers

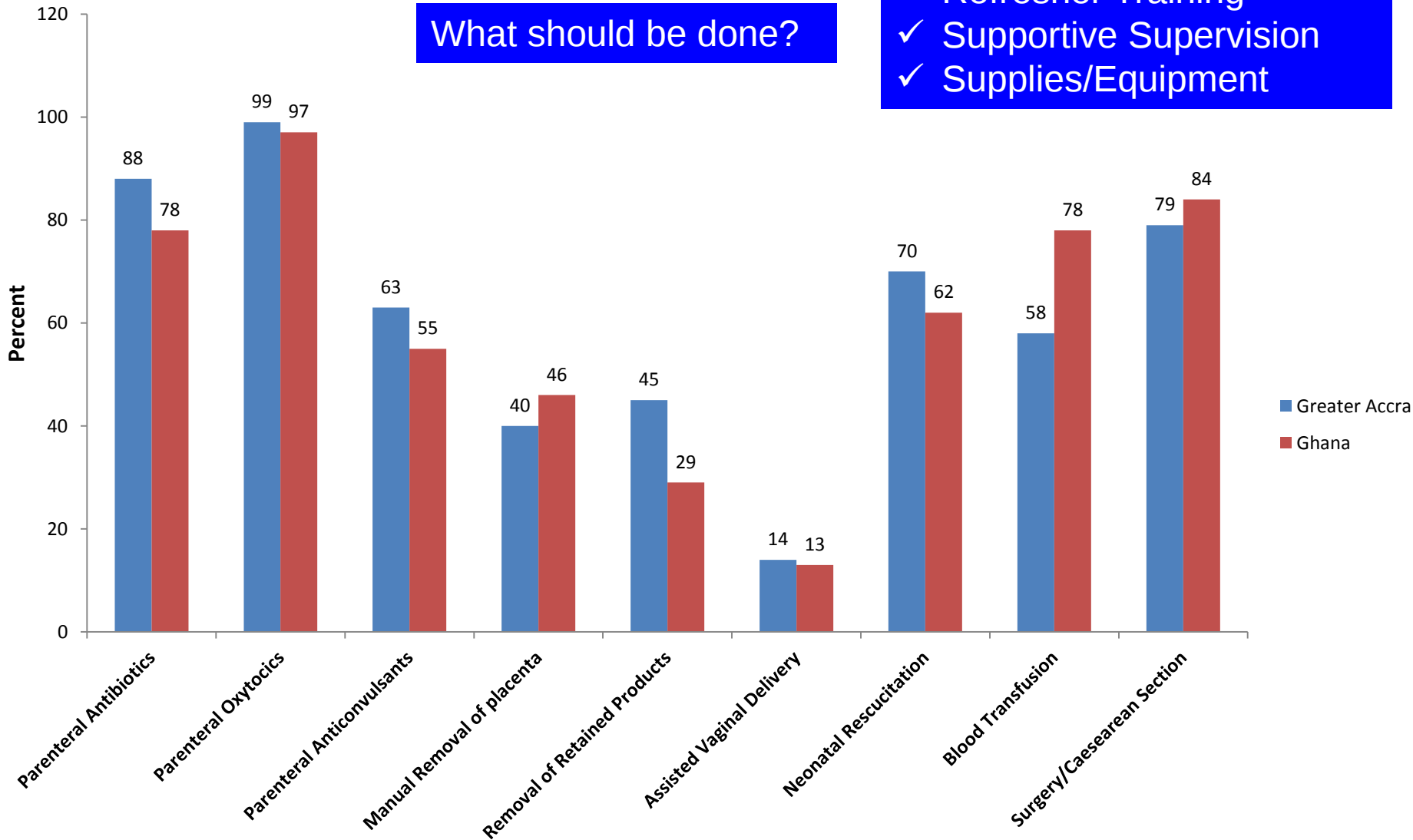


EmONC  
shows:

Low coverage of Manual removal of placenta, removal of retained products, and Assisted vaginal delivery among facilities that performed deliveries.

What should be done?

- ✓ Refresher Training
- ✓ Supportive Supervision
- ✓ Supplies/Equipment



EmONC  
shows  
that:

the proportion of expected births attended in  
facilities is high:  $75,274 / 93,834 = 80.2\%$   
(Recommended = 80%)

% Supervised  
deliveries

## ❑ Implications

- ✓ reduced gap between the rich and poor in terms of use of obstetric care and, by extension, maternal survival; skilled assistance is essential to safe delivery care.

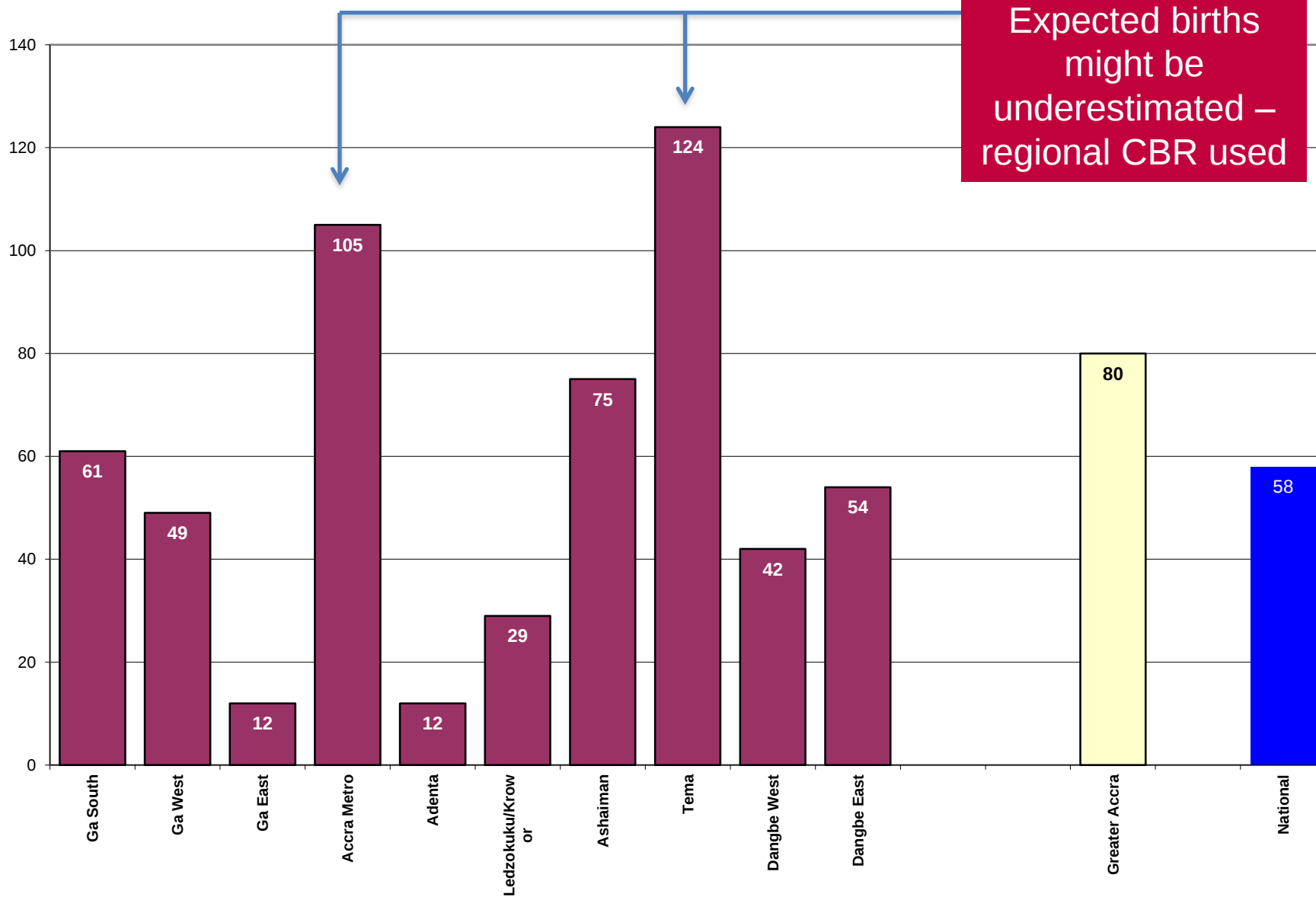
## ❑ What should be done

- ✓ Sustain the community education on the safety reasons for skilled assistance
- ✓ Locate EmONC facilities closer to where people live
- ✓ Assure communities of quality of care in the facility
- ✓ Free maternity services to remove “cost” barrier

Note: 15 percent of the expected births **93,834** will result in obstetric complications (=14,075) – next slide

# Percentage of expected births attended in all facilities, by district , Greater Accra, Ghana, 2010

Percent



EmONC  
shows  
that:

the proportion of women with expected major direct  
obstetric complications treated in facilities is low: <sup>Met need for  
EmONC</sup>  
**6,196**/14,075=44% (minimum acceptable level is 100% )

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□ Implications

- ✓ Increased risk of “community” maternal deaths

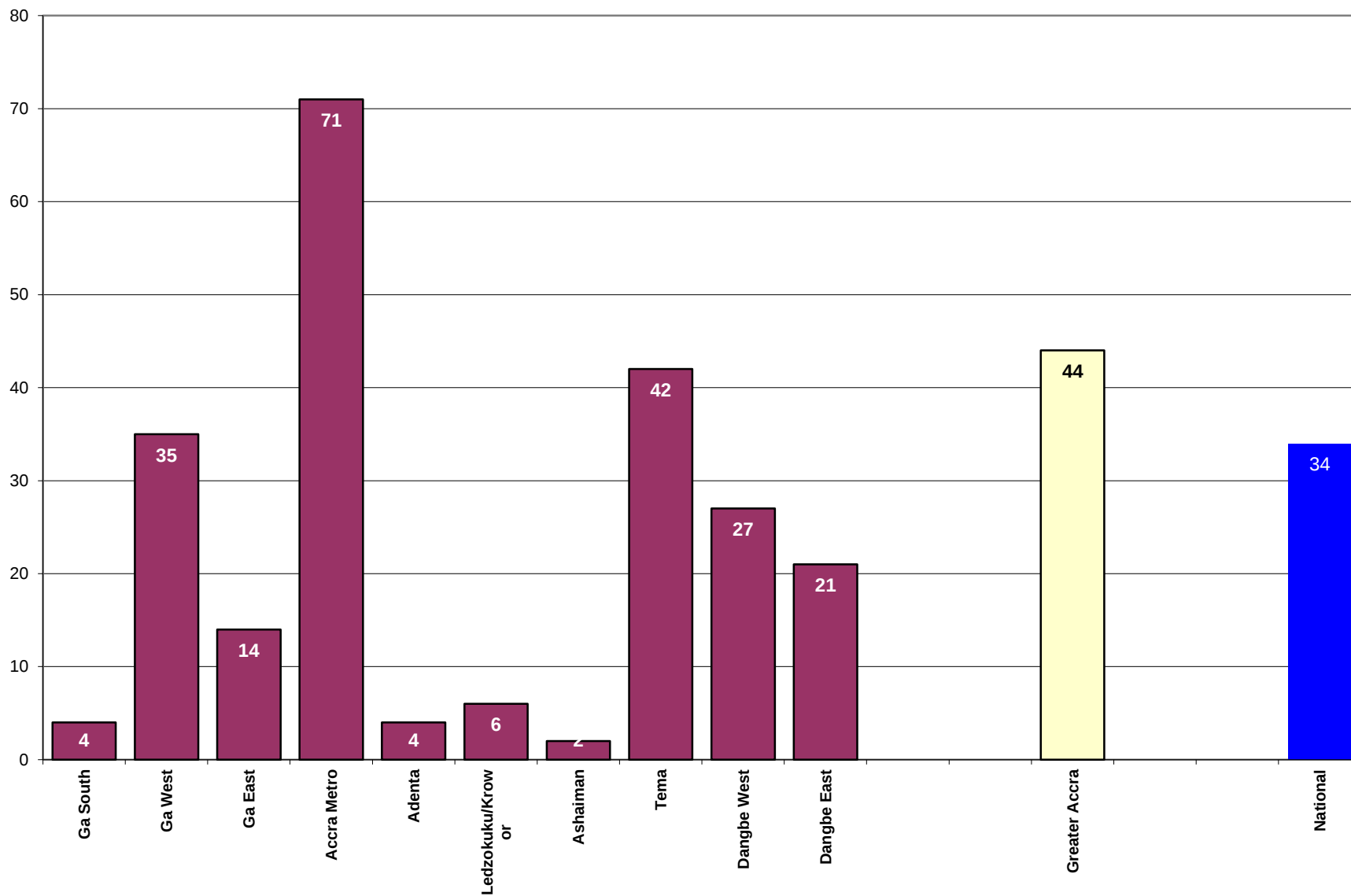
□ What should be done

- ✓ Locate EmONC facilities closer to where people live
- ✓ Assure communities of quality of care in the facility

Note: Some of the direct complications treated in facility  
**6,196** have died – next slide

# Percentage of women with expected major direct obstetric complications treated in all facilities , by district , Greater Accra, Ghana, 2010

Percent



“Met need” is a more refined measure of the use of EmONC than “Proportion of all births in EmONC health facilities”, as it addresses whether the women who really need life-saving obstetric care receive it.

EmONC  
shows  
that:

the proportion of obstetric complications that led  
directly to maternal death is high:  $93/6,196=1.5\%$   
(max acceptable rate  $<1\%$ )

DOCFR

## ❑ Implications

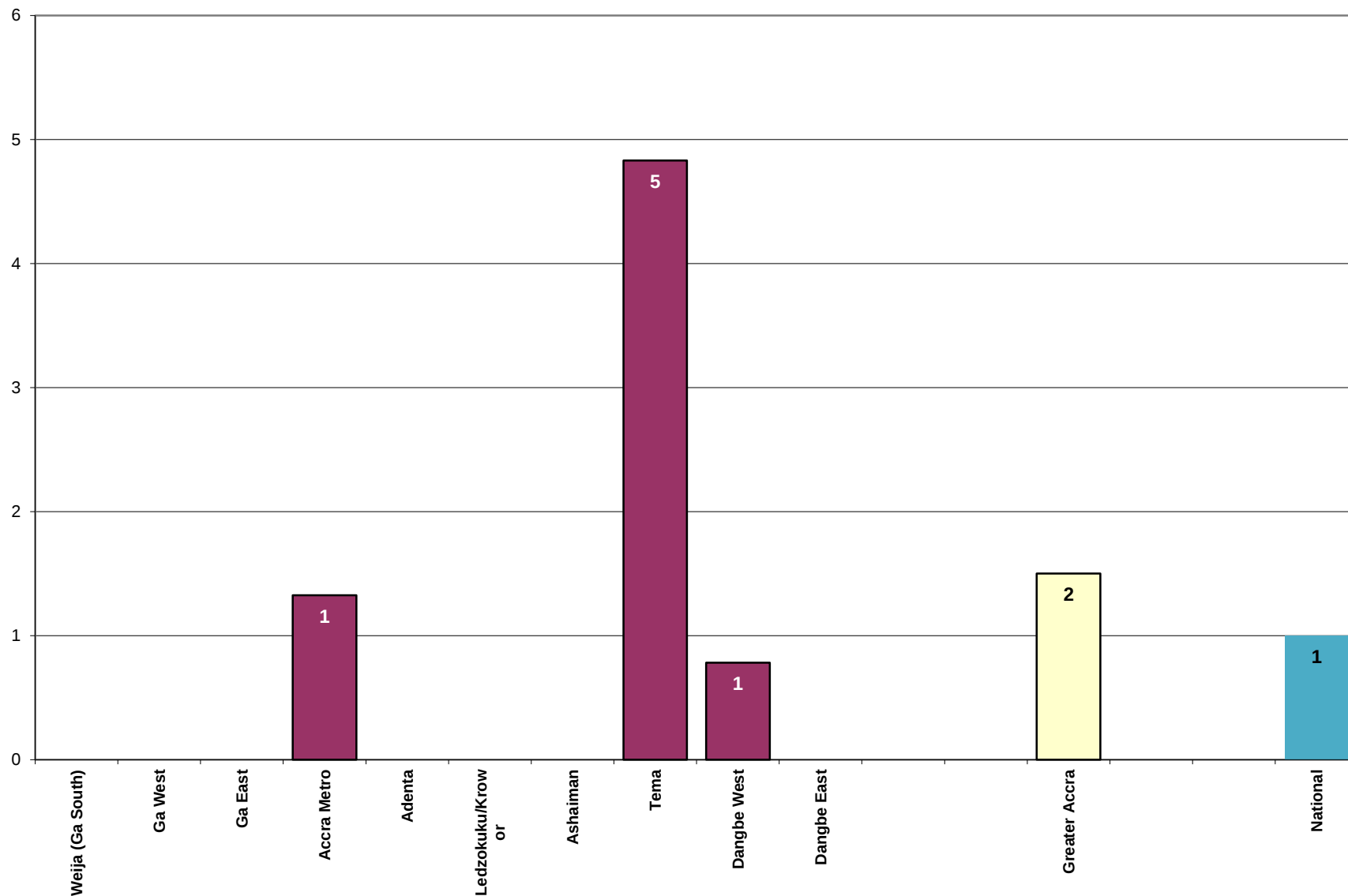
- ✓ Increased household poverty and reduced child survival rates

## ❑ What should be done

- ✓ Locate EmONC facilities closer to where people live
- ✓ Improve quality of care in the facility

# Direct obstetric case fatality rate (DOCFR) in all facilities , by district , Ghana, 2010

Percent



# So for district planning/budgeting

- ❑ Know the number of live births, a proxy for all births or pregnancies, in your district
- ❑ when data on the numbers of live births are absent, estimate them from total expected births = population x crude birth rate.
- ❑ when district CBR is not available use regional data - Greater Accra CBR=2.4%

EmONC  
shows  
that:

The fraction of deliveries that led to fresh stillbirths+death occurring within 24hrs after delivery is high:  $1,177 / 75,274 = 16$  per 1,000 live births

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- Implications

- ✓ Increased risk of neonatal mortality

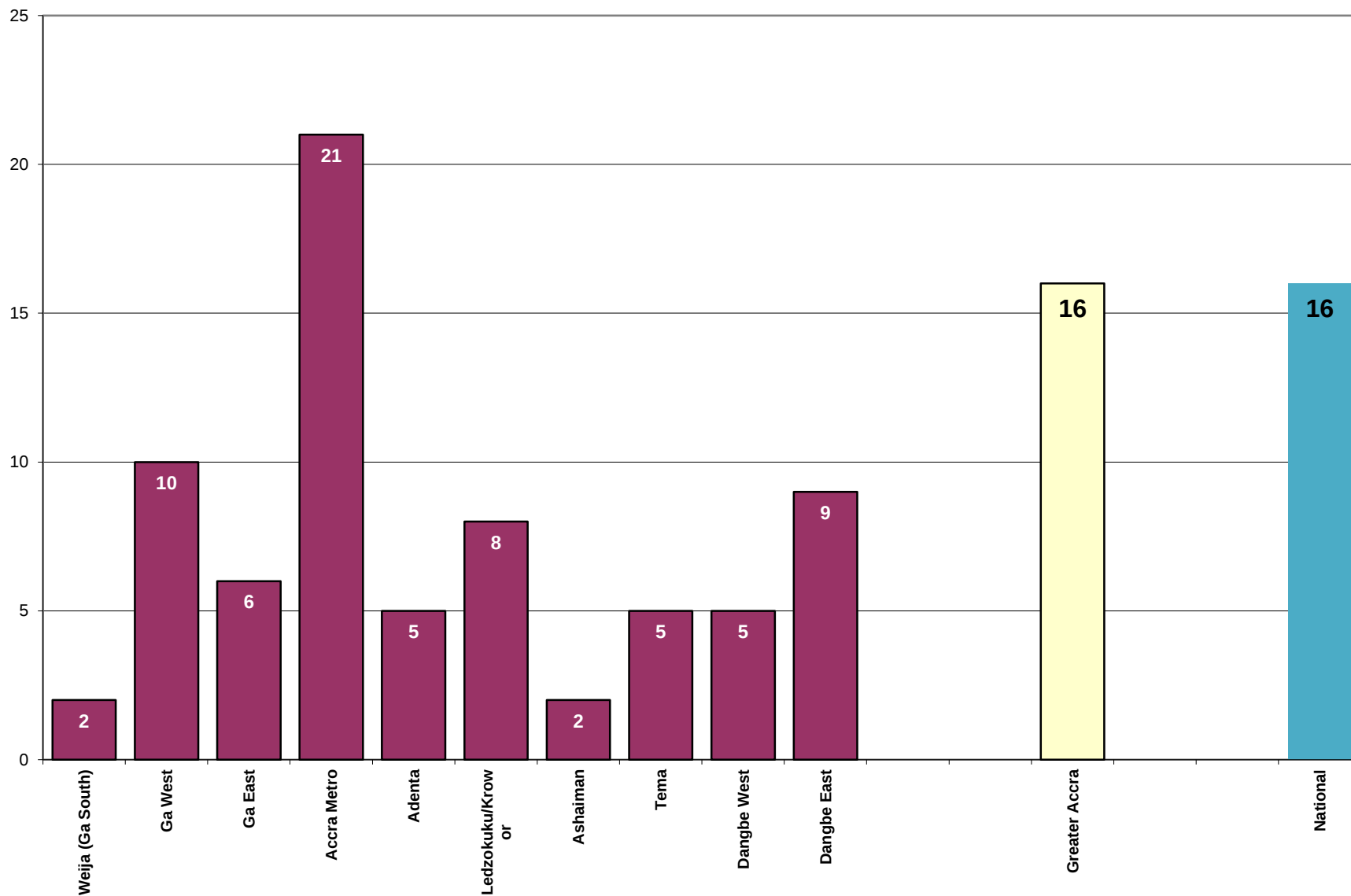
- What should be done

- ✓ availability and use of good-quality obstetric care and neonatal resuscitation

Note: Some of the births 75,274 in the facility have died

# Intrapartum and very early neonatal death rate in all facilities , by district , Ghana, 2010

Per 1,000 live births



EmONC  
shows  
that:

# Use of Partograph is very low in Maternities and CHPS

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## ❑ Implications

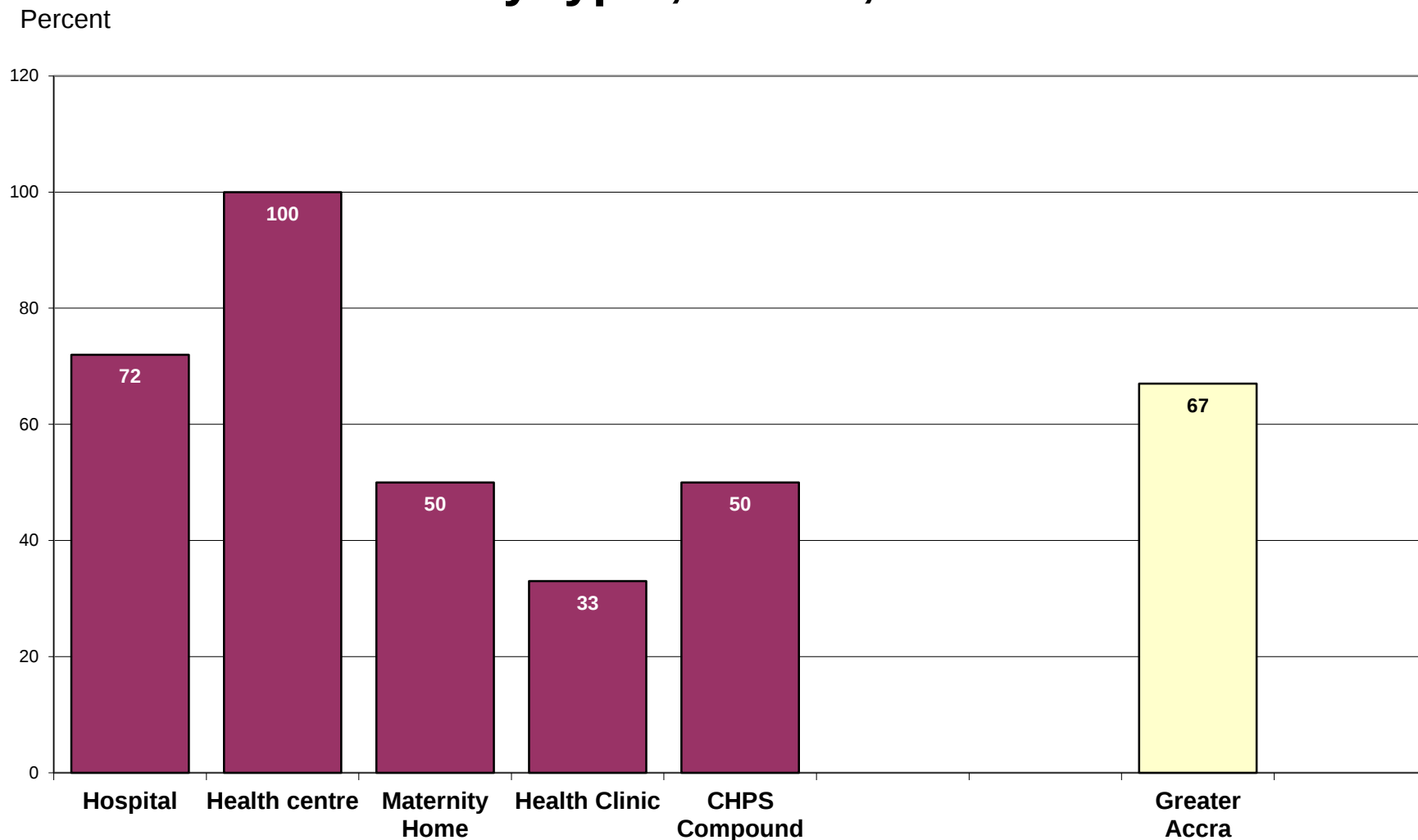
- ✓ Poor management of labour,
- ✓ Poor clinical decision.

## ❑ What should be done

- ✓ Encourage and enforce use of Partographs at Maternity Homes and CHPS compounds

**“Use Partograph for ALL women who report to a health facility early in the first stage of labour”... WHO/GHS**

# Percentage of facilities that used partograph, by facility type , Ghana, 2010



Note: Health centres recorded 100% use of partographs. Need to assess quality of use!!

EmONC  
shows  
that:

# Not all skilled attendants at Maternity Homes practiced AMTSL

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## ❑ Implications

- ✓ Increased risk of maternal death due to PPH

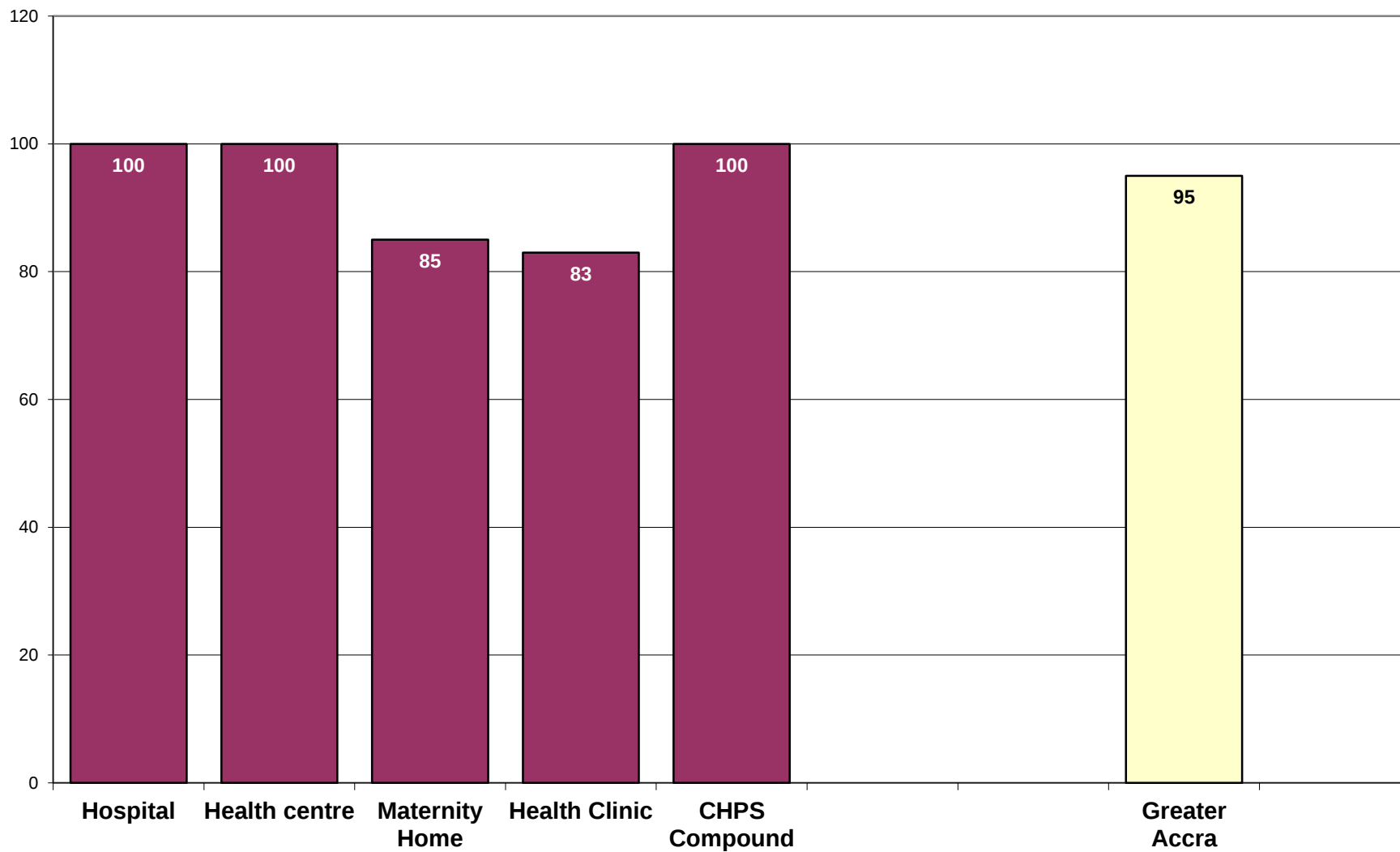
## ❑ What should be done

- ✓ Encourage and enforce the practice of AMTSL at Maternity Homes

**“Every woman should be offered AMTSL as a means of reducing the incidence of postpartum hemorrhage”...FIGO/ICM 2003 Joint Statement**

# Percentage of facilities that practiced AMTSL, by facility type , Ghana, 2010

Percent



# Key messages

- Emergency Obstetric and Newborn Care is a national health priority
- Use the EmONC findings at all major national/sub national events to negotiate/appeal for **increase public expenditures for women and newborn in your district**
- Develop additional analysis to inform key district priorities

Thank you