EmONC Regional Dissemination: Ashanti

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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:**

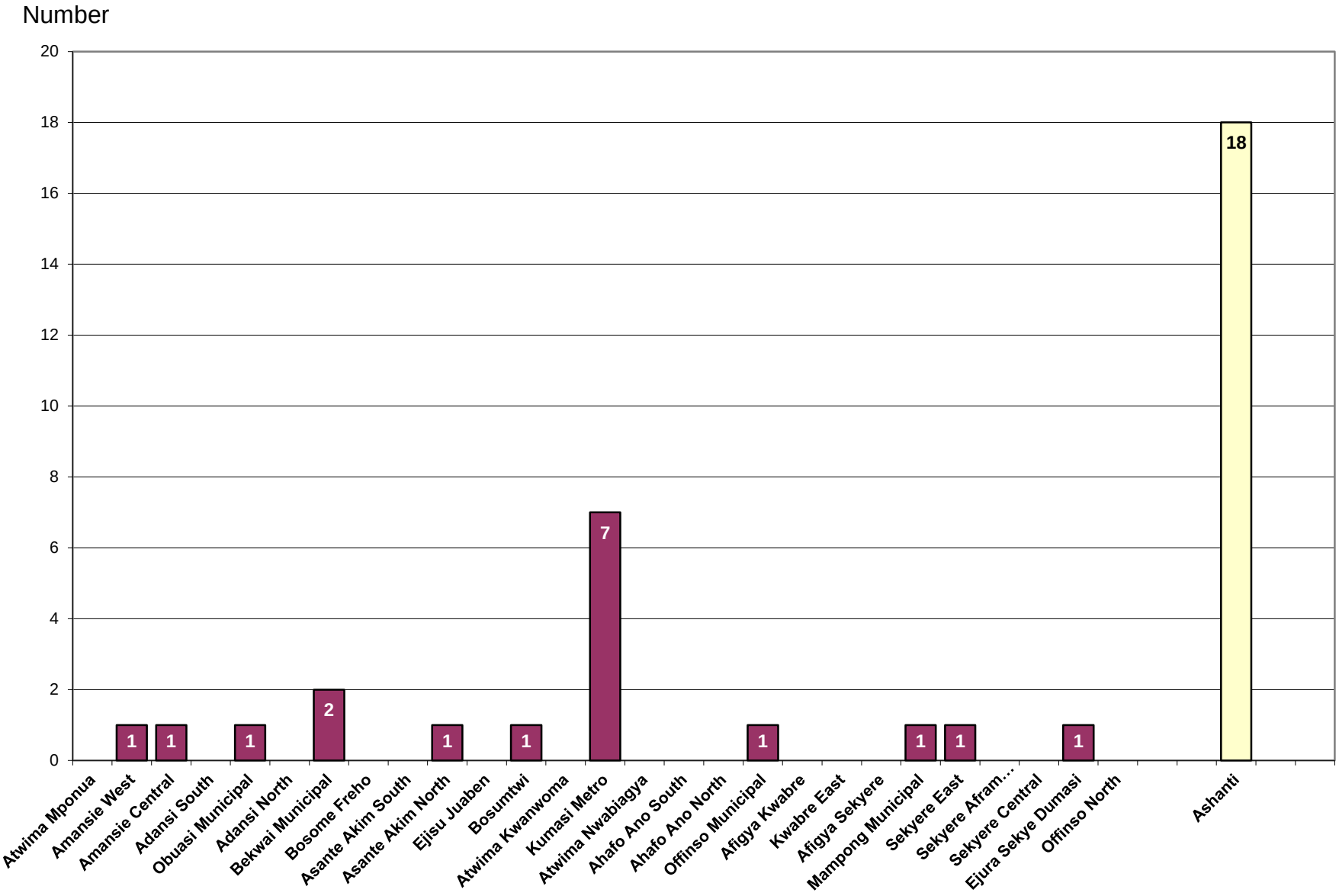
- **be instrumental in putting women and newborn high in the national development agenda**
- **strengthen national policies for women and newborn**
- **increase public expenditures for women and newborn**

OK, but how to make it happen?

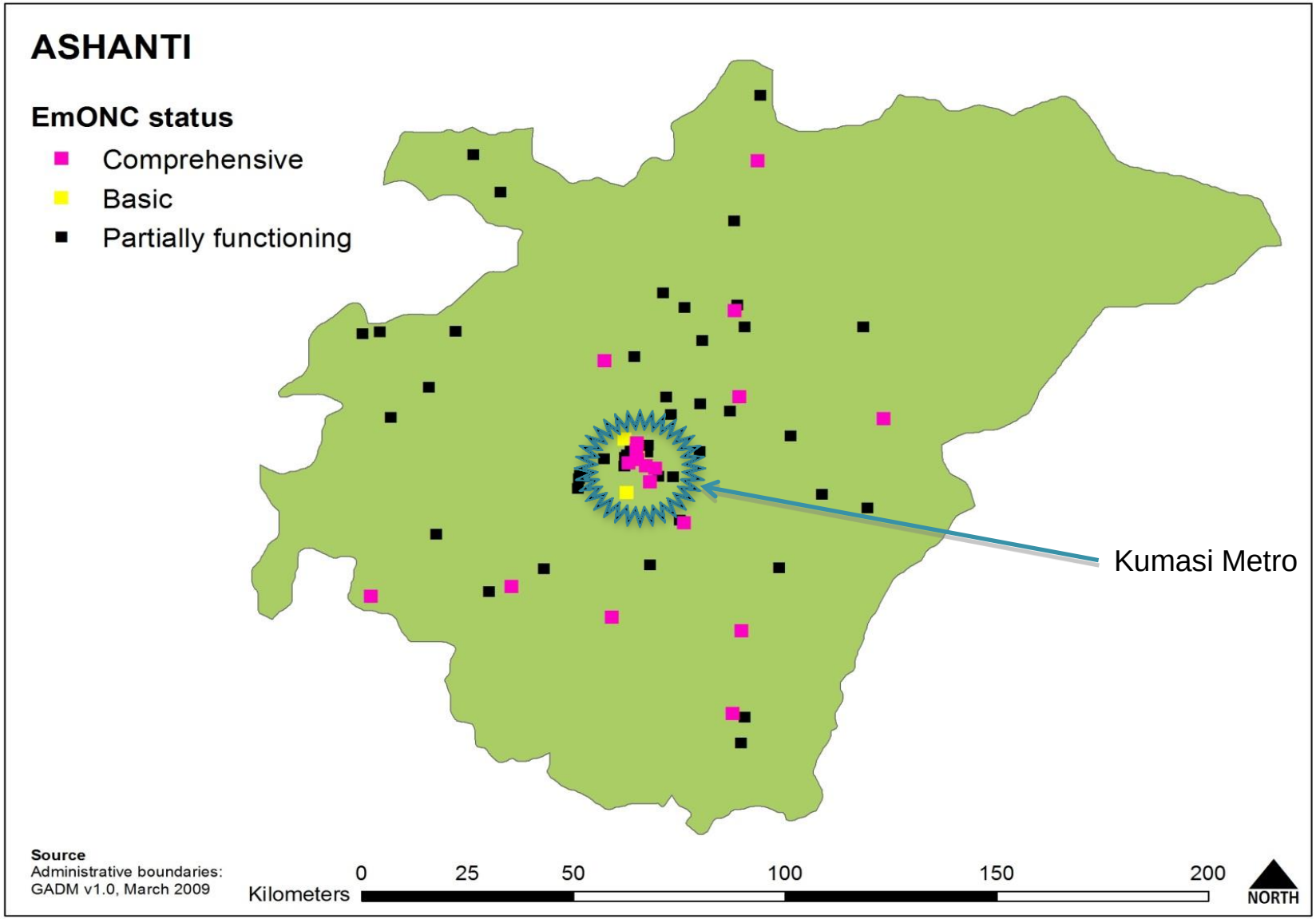
EmONC results must be fully used for evidence-based social mobilization and advocacy purpose by:

- **Effectively communicating EmONC findings**
- **Developing additional analysis to inform key National Priorities**
- **Stimulating strategic stakeholders to use EmONC findings**

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



Spatial distribution of EmONC facilities



EmONC shows that:

the proportion of expected births attended in facilities is low: 89,507/141,751=63% (Recommended = 80%)

% Supervised deliveries

Implications

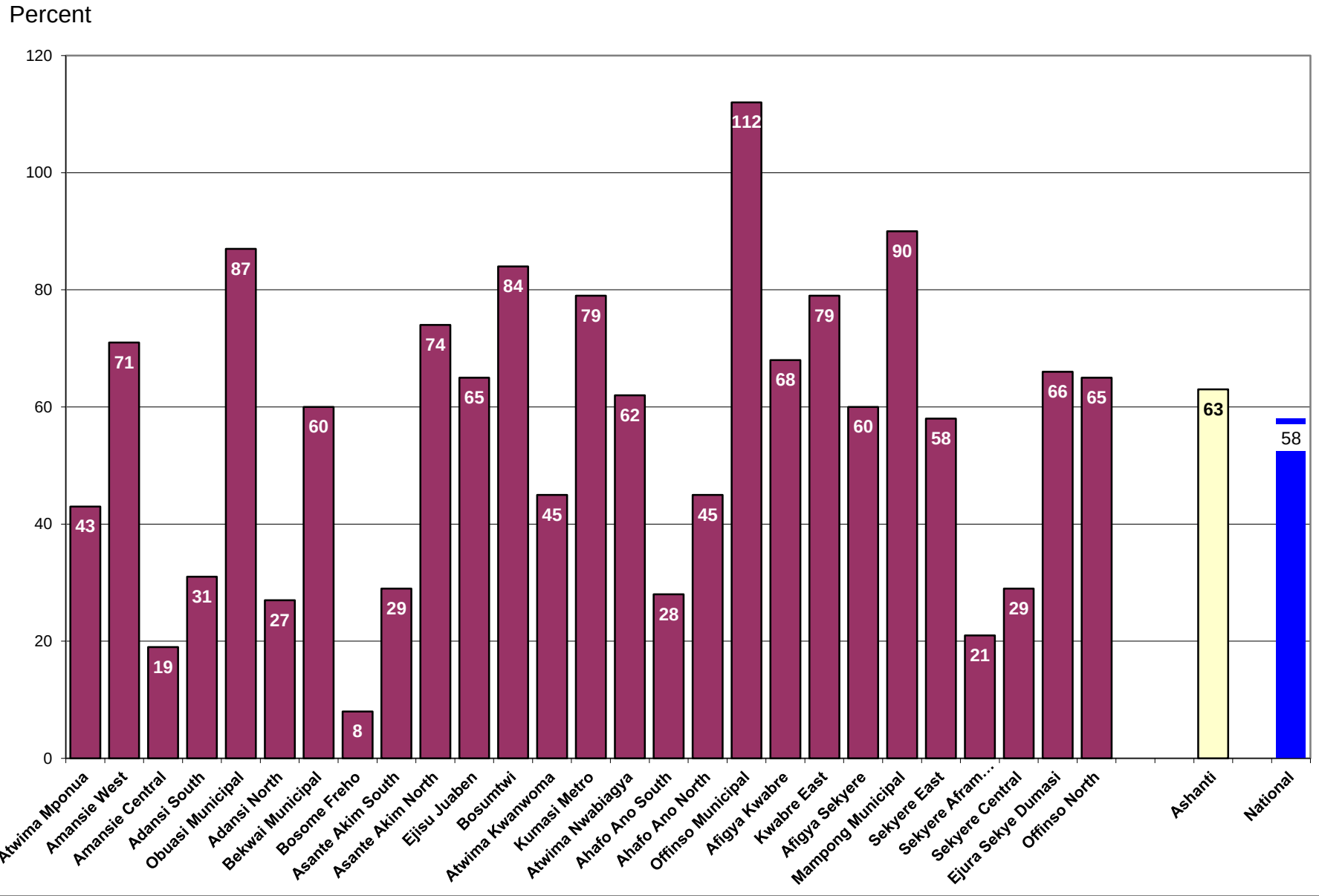
- ✓ Increased gap between the rich and poor in terms of use of obstetric care and, by extension, maternal mortality; skilled assistance is essential to safe delivery care.

What should be done

- ✓ Educate communities on the safety reasons for skilled assistance
- ✓ Locate EmONC facilities closer to where people live
- ✓ Assure communities for quality of care in the facility
- ✓ Free maternity services to remove “cost” barrier
- ✓ Put in place an effective referral system/ ”**Emergency extension service**”

Note: 15 percent of the expected births 141,751 will result in obstetric complications (=21,263) – next slide

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



EmONC shows that:

the proportion of women with expected major direct obstetric complications treated in facilities is low: 5,169/21,263=24.3% (minimum acceptable level is 100%)

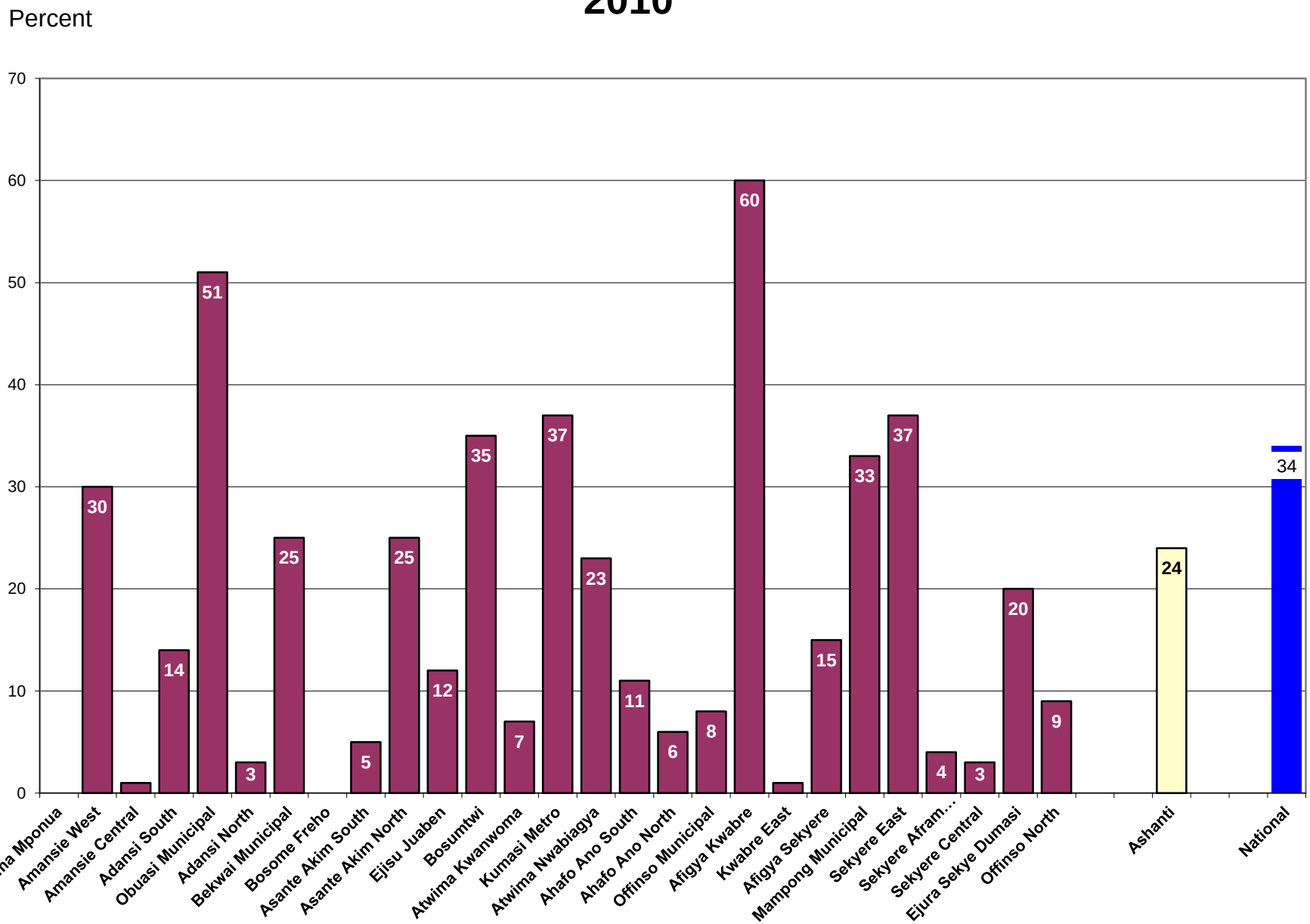
Met need for EmONC

- **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 5,169 have died – next slide

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



"**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: 69/5,169=1.3% (max acceptable rate<1%)

DOCFR

- **Implications**

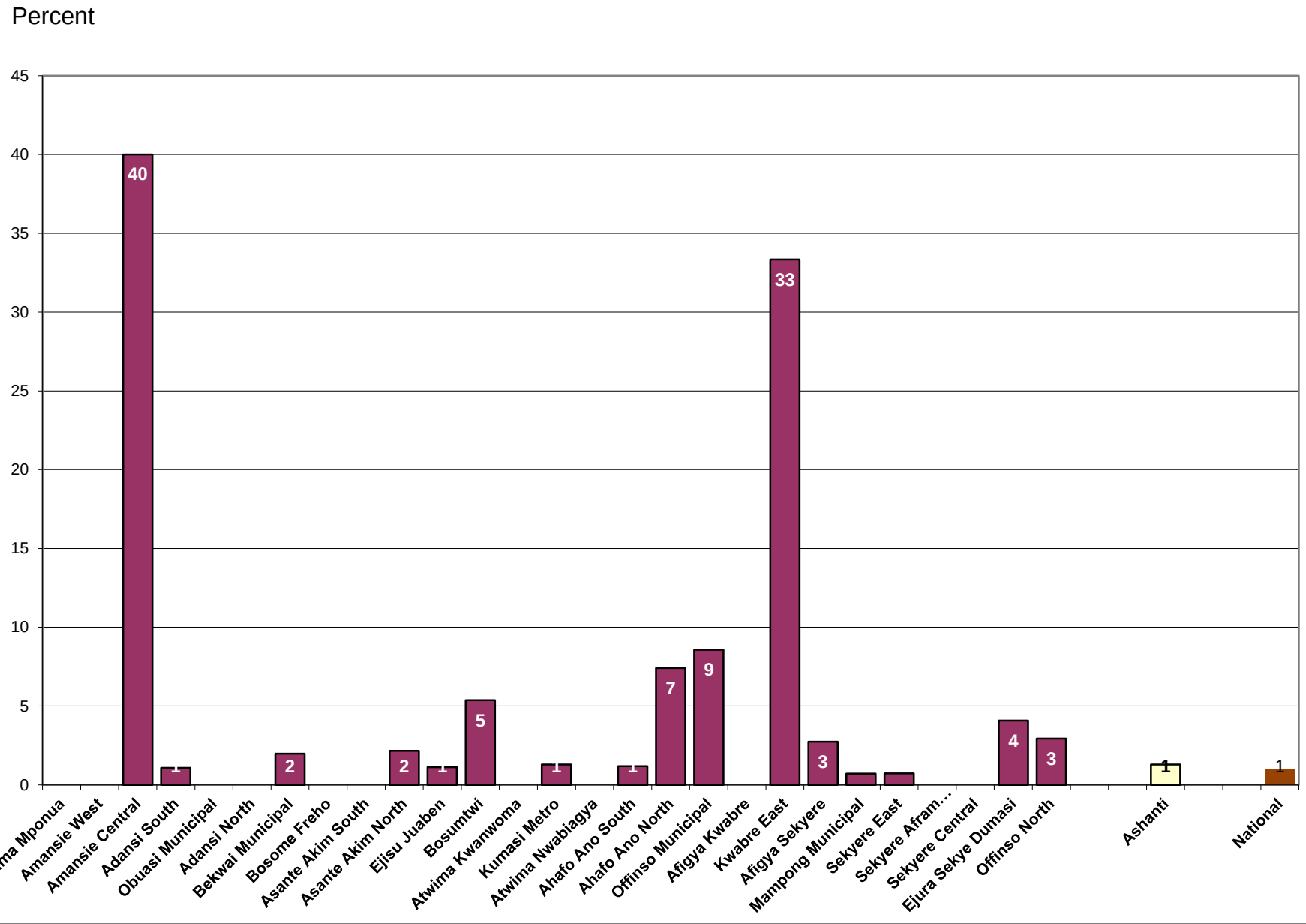
✓Increased household poverty and reduced child survival rates

- **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



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 - Ashanti CBR=3%

EmONC shows that:

The fraction of deliveries that led to fresh stillbirths+death occurring within 24hrs after delivery is high: 1622/89,507=18 per 1,000 live births

- **Implications**

✓Increased risk of neonatal mortality

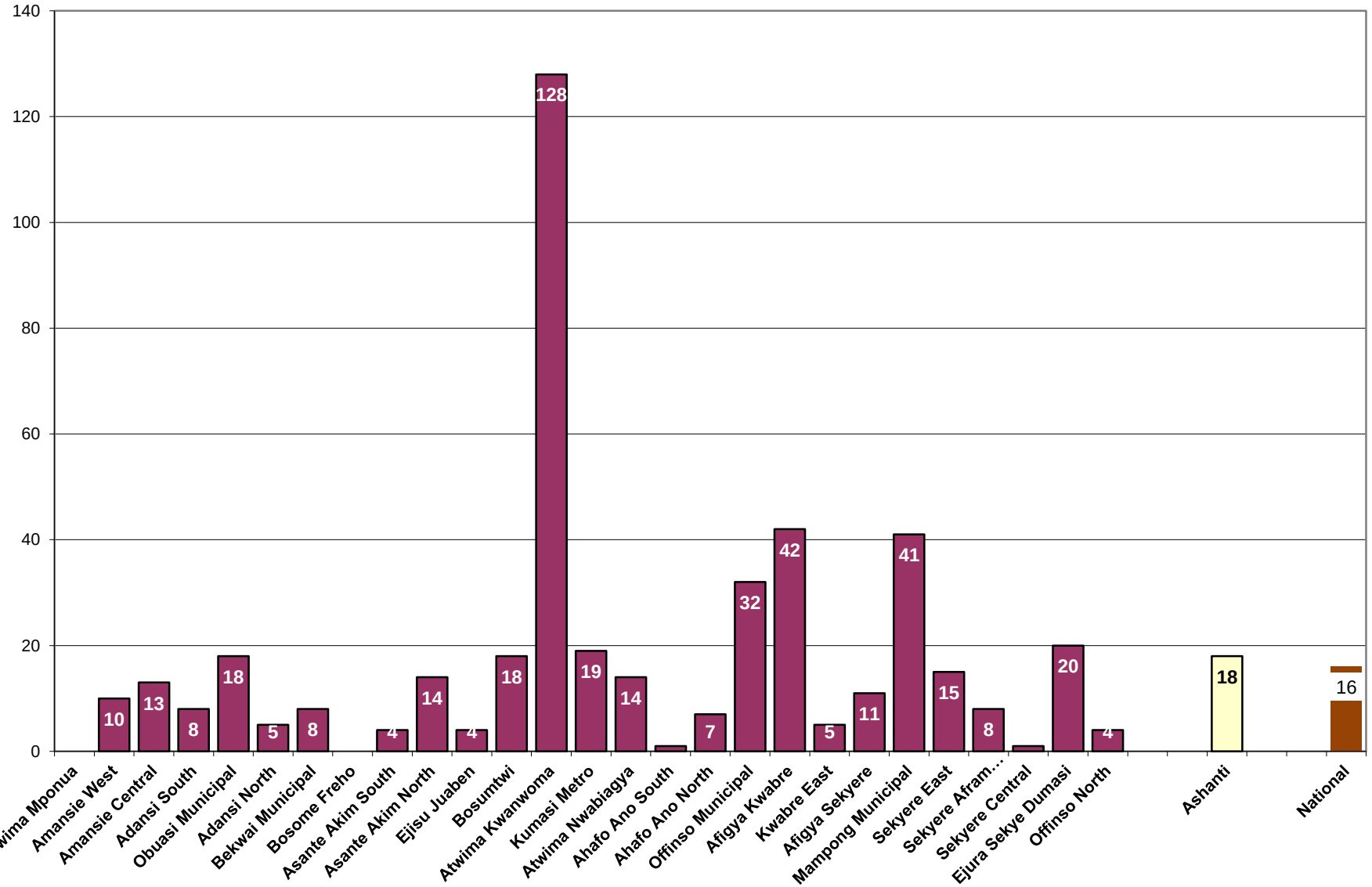
- **What should be done**

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

Note: Some of the births 89,507 in the facility have died

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

Per 1,000 live births



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 **increase public expenditures for women and newborn in your district**
- Develop additional analysis to inform key district priorities

Thank you