

Facility Needs Assessments and Planning Maternal Mortality Reduction Programs

Samantha Lobis

Transport for Health Access Workshop

World Bank, Washington, DC – June 18, 2008



AMDD

Averting Maternal
Death and Disability

MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University

Reducing maternal mortality

- To avert maternal deaths:
 - Every delivery must be managed by a well-trained and supported skilled birth attendant
 - Good-quality emergency obstetric care (EmOC) must be available, ***accessible*** and utilized when complications arise

EmOC needs assessments

➤ Objectives:

- Understand the current status of facilities that provide / potentially provide EmOC
- Obtain information about the availability, utilization and quality of services to be used for planning and policy decisions
- Produce a baseline against which progress will be monitored

EmOC needs assessments

- +32 national / near-national EmOC needs assessments completed
- +20 smaller EmOC needs assessments completed
- +5 national EmOC needs assessments planned for 2008

EmOC Signal Functions (2008)

Basic EmOC	Comprehensive EmOC
1) Administer parenteral antibiotics	<i>Perform EmOC Signal functions 1-7, plus:</i>
2) Administer uterotonic drugs (e.g. parenteral oxytocin, misoprostol)	8) Perform surgery (e.g. cesarean section)
3) Administer parenteral anticonvulsants (e.g. magnesium sulphate)	9) Perform blood transfusion
4) Perform manual removal of placenta	
5) Perform removal of retained products (e.g. MVA)	
6) Perform assisted vaginal delivery (e.g. w/ vacuum extractor)	
7) Perform neonatal resuscitation (e.g. w/ bag and mask)	

UN EmOC Indicators (2008)

Indicator	Acceptable level
1) Availability of EmOC: Basic EmOC & Comprehensive EmOC facilities	For every 500,000 pop., there should be <i>at least</i> 5 EmOC facilities (including at least 1 offering Comprehensive EmOC)
2) Geographic distribution of EmOC facilities	All sub-national areas have <i>at least</i> 5 EmOC facilities per 500,000 pop. (including at least 1 offering Comprehensive EmOC)
3) Proportion of all births in EmOC facilities	Minimum acceptable level to be set locally
4) Met need for EmOC	$\geq 100\%$

UN EmOC Indicators (2008)

(continued)

Indicator	Acceptable level
5) Cesarean sections as a proportion of all births	5-15%
6) Direct obstetric case fatality rate	< 1%
7) Intrapartum and early neonatal death rate	Standard to be determined
8) Proportion of maternal deaths due to indirect causes in EmOC facilities	No standard can be set.

EmOC needs assessment tool:

Facility level

1. General information about facility:
 - Infrastructure (e.g. electricity, water)
 - Communications
 - Transport
2. Payment for services
3. Human resources
4. Referral for EmOC

EmOC needs assessment tool: Facility level *(continued)*

5. Service statistics
6. Where women are coming from
7. Equipment, supplies and essential drugs
8. EmOC Signal Functions and other important services

EmOC needs assessment tool: National level

- National level information and policies
 - Training for EmOC
 - Human resources
 - Referral policies
 - Treatment protocols
 - Ongoing / recently completed maternal health projects

EmOC needs assessments to programming

- National planning processes
 - Uganda SWAp
 - Malawi Road Map
- Improving the availability, accessibility, utilization and quality of EmOC:
 - Ayacucho, Peru
 - Sofala, Mozambique
- EmOC Indicators integrated into HMIS in +4 countries

EmOC needs assessments and the transport sector

- Transport sector could use EmOC assessments to:
 - Map functioning EmOC facilities
 - Identify gaps in referral (transport, communications)
 - Understand utilization patterns

Conclusion

- Maternal mortality can be reduced with:
 - Access to good-quality EmOC services
 - Strong health care systems
 - Functioning referral systems
 - Routine monitoring and evaluation of services
 - Effective collaboration and information sharing between sectors

