

Lack of medical supplies impedes obstetric care in Ada West



Sege (G/R), May 13, GNA - Lack of basic health equipment and supplies is impeding the smooth implementation of Emergency Obstetric and Neonatal Care in the Ada West District of the Greater Accra Region. Inadequate midwives and community health nurses is also hampering the improvement of care for maternal and neonatal care in the district.

A verification visit to the Sege Health Centre revealed that basic supplies such as bag and musk for new-born resuscitation, chlorhexidine for cord care, elbow gloves, Vitamin K1 injection and chloramphenicol or tetracycline eye drops were not available to facilitate effective health care delivery for the new born. The visit was to confirm a rapid assessment needs conducted by the Ghana Health Service to identify gaps in the provision of maternal, new born care and emergency care in some selected deprived health facilities in the country.

In 2011, assessment of emergency obstetric and new born care was published by the Ministry of Health and Ghana Health Service. The survey was undertaken in 2010 in 1,268 facilities across all 10 regions of Ghana. It provided a complete picture of the capacity of Ghana's current health system to deliver quality basic and comprehensive Emergency Obstetric and Neonatal Care (EmONC) services. A set of nine lifesaving services, known as "signal functions," were used to assess facilities in terms of their EmONC capacity.

The assessment revealed, among other findings, that only 58 per cent of births were attended to by skilled birth attendants of which 21 per cent took place in EmONC facilities; nine per cent of the facilities had no source of electricity with eight per cent with no access to water.

In addition, the study assessed women's access to these services and whether the distribution of facilities in Ghana is equitable. A rapid assessment needs was undertaken from December 2015 to January 2016 as part of a one-year project by a consortium made up of Parliament, Civil Society Organisations (CSOs), ministries of Finance and Health, Ghana Health Service and the media.

The consortium was formed after a training workshop organised in Harare, Zimbabwe by the Harmonisation for Health in Africa under the auspices of the World Health Organisation, Africa Regional Office. The workshop was for health and budget committee staff of Parliament, CSOs alliance representatives, media, Ministry of Finance and Ministry of Health from Ghana, Malawi, Nigeria, Zambia, and Zimbabwe. The training was to build stronger health budget advocacy based on existing health, maternal and new born care, CSOs involved in advocating for better health budgets and on available health expenditure data and focal points. In Ghana, the consortium was made up of Alliance for Reproductive Health Rights, SEND-Ghana, GHS, Ministry of Finance and the media. The aim of the project was to assess Ghana's preparedness in enhancing maternal and new born care.

Speaking to the Ghana News Agency, Dr Jacqueline Sfarylani, the Ada West District Director of Health Services, said the district had a challenge of human resources especially midwives and community health nurses. She said the district, with a population of 71,000, recorded low skilled delivery of 20 per cent in 2015 adding that most pregnant women in the district patronised the Bartor and Faith Kope hospitals in the Ada East District.

"The high presence of traditional birth attendants (TBAs) is also a major challenge for us due to the cultural belief of the people that the old women do have a third eye seeing the future of their pregnancies," she said. Dr Sfarylani said the District Health Directorate was holding meetings with the TBAs to collaborate with them to enable them to refer complicated cases to the health facilities as well as train them to handle deliveries safely.

The district, made up of Sege, Anyamam and Bornikope has had only seven midwives serving the district. Sege, which is the largest sub-district, has three midwives with only one baby's cot serving the facility. The health facilities enjoyed electricity from the national grid but the main source of water to the facilities had not been connected to all the wards. "Unfortunately, we are not getting frequent power supply and the only generator we have is also faulty. We are forced to use torch lights for deliveries in the nights when the power goes off," Dr Sfarylani said. She called on government to assist the district with the necessary infrastructure and resources to enhance health care delivery to the people.

Mrs Gladys Brew, the Deputy Director in charge of Family Health of GHS, expressed regret that basic medical supplies were lacking in some health facilities. She urged district assemblies and Members of Parliament to support maternal and new born care in their respective districts and constituencies to ensure that functional basic emergency obstetric care were made available in at least one health facility in the deprived districts.

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