No ambulance in Ada West to transport emergencies - Director

Sege (G/R), May 16, GNA - The absence of an ambulance in the Ada West District of the Greater Accra Region is hampering transportation of patients to access quality healthcare delivery. "This deficiency allows us to resort to the use of public transport to convey patients in critical conditions who needed referrals," Dr Jacqueline Sfarylani, the District Director of Health Services, said. Dr Sfarylani said this when a team from the Alliance for Reproductive Health Rights, the Ghana Health Service (GHS) and the media paid a verification visit to the Sege Health Centre to confirm the findings of a Rapid Assessment Needs conducted by the GHS from December 2015 to January 2016.

The assessment was to identify gaps in the provision of maternal, new born care and emergency care in 10 selected deprived health facilities in all regions of the country. The findings 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 healthcare delivery for the new born. Dr Sfarylani said the bad road network also made it difficult to transport patients in critical condition to the next level of facility.

"Patients in critical condition need to be positioned in a particular way to prevent movements but the roads are such that one cannot just help but to look on helplessly," she said. She said in worst cases at midnight when public transports were not available, health personnel on duty had to use their personal vehicles to transport patients to the nearest facility at their own cost.

"We do not even get our fuel refunded to us and this is not encouraging," she said. The district, made up of Sege, Anyamam and Bornikope has had only seven midwives serving. Sege, which is the largest sub-district, has three midwives with only one baby's cot in 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 the district had no ambulance to facilitate movement of patients. She urged district assemblies and Members of Parliament to support maternal and new born care and ensure that functional basic emergency obstetric care was made available in at least one health facility in the deprived districts. In 2011, Assessment of Emergency Obstetric and Newborn Care (EmONC) was published by the Ministry of Health and GHS. The survey was undertaken in 2010 in 1,268 facilities across all 10 regions of Ghana.

It also provided a complete picture of the capacity of Ghana's current health system to deliver quality basic and comprehensive EmONC services. 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 consortium was formed to carry out the assessment after a training workshop in Harare, Zimbabwe by the Harmonisation for Health in Africa under the auspices of the World Health Organisation, Africa Regional Office. It was made up of health and budget committee staff of Parliament, and representatives from Civil Society Organisations, ministries of Finance and Health, GHS and the media 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.

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