

Using the cluster approach

to increase the availability of emergency obstetric care

The challenge: poor availability of EmOC

Most obstetric complications can't be predicted and occur suddenly and unexpectedly, so availability and prompt access to good quality emergency obstetric care (EmOC) is essential for all pregnant women. Providing skilled birth attendants (SBAs) able to prevent, detect and manage major obstetric complications, together with an enabling environment (equipment, drugs and other supplies as well as a back-up referral system), is probably the single most important factor in improving maternal and newborn health (MNH) outcomes.

Baseline surveys conducted by PRRINN-MNCH in Katsina, Yobe and Zamfara states in 2009 indicated a serious deficit in the availability of health facilities providing both comprehensive and basic EmOC relative to international standards.

Key messages: The cluster approach identifies areas of need and allows provision to be scaled up in a consistent manner.

- 1** The availability of emergency obstetric care (EmOC) according to international standards is woefully lacking in Northern Nigeria.
- 2** PRRINN-MNCH implemented a cluster approach in a phased manner to increase significantly the number of health facilities providing EmOC with skilled health workers.
- 3** Further expansion and consolidation should reap enormous benefits in health outcomes for pregnant women and newborns.

Fig 1: Baseline availability of comprehensive and basic EmOC in PRRINN-MNCH-supported states

State	Katsina	Yobe	Zamfara	Total
Recommended no of CEmOC	12	5	7	24
Facilities offering CEmOC	2	0	0	2
Recommended no of BEmOC	48	20	28	96
Facilities offering BEmOC	2	0	0	2

The response: more EmOC facilities

For minimum access to EmOC, UNICEF/WHO/UNFPA recommends for every 500,000 population, five facilities providing EmOC, with at least one providing comprehensive EmOC. Signal functions of EmOC are shown in the box on page 2.

If a facility performs each of the first seven signal functions, it qualifies as providing basic EmOC (BEmOC). If it provides all nine functions, it qualifies

as a comprehensive EmOC facility (CEmOC). EmOC facilities should be equally distributed for optimal coverage.

PRRINN-MNCH adapted the universally recommended cluster approach to include primary health care (PHC) services providing EmOC services 24 hours a day, seven days a week.

PRRINN-MNCH selected one CEmOC cluster in each state initially to phase in programme activities and gradually expanded to a total of 19 clusters across the three states.



Fig 2: Expanded access to emergency obstetric care 2009-13

All indicators showed significant improvements in the provision of EmOC

Indicators	Baseline	Target	Progress
Facilities providing CEmOC	2	18	19
PHC and BEmOC facilities providing 24/7 deliveries by trained staff	NA	144	167
Maternal complications transferred to facility via ETS	0	9,195	19,811
Caesarian sections	NA	4,650	12,487



Essential obstetric care signal functions are:

- 1 – Administration of parenteral antibiotics
- 2 – Administration of parenteral oxytocic drugs
- 3 – Administration of parenteral anticonvulsants for treatment of eclampsia and severe pre-eclampsia
- 4 – Performance of manual removal of placenta
- 5 – Performance of removal of retained products (eg vacuum aspiration)
- 6 – Performance of assisted vaginal delivery (eg vacuum extraction)
- 7 – Newborn resuscitation with mask and bag (Ambu bag)
- 8 – Performance of obstetric surgery (caesarean section)
- 9 – Performance of blood transfusion

The results: significant improvements in EmOC

By September 2013, out of the total of 19 clusters in the three states:

- Training of health staff in EmOC and routine immunisation (RI) had reached all 19 clusters and all targeted health facilities
- Community engagement activities had begun in all 19 clusters
- Provision of equipment had reached ten clusters with plans to reach the other nine by end December 2013

- Refurbishment of infrastructure was completed in 12 clusters with plans to complete the other seven by early 2014
- Establishment of a sustainable drug supply system (SDSS) had covered 12 clusters with the other seven to be completed by end December 2013
- For all indicators the programme surpassed the cumulative targets – in many cases substantially

Policy implications

The PRRINN-MNCH supported clusters cover the whole state in Yobe and Zamfara but only half of Katsina because of the large population – continuing the roll-out will have a significant impact on MNH outcomes in the near future.

Linking the cluster approach to a minimum service package has ensured an integrated and cohesive strategy that can be expanded to other states.

Conclusion

The cluster approach has assisted in step-wise scaling up of programme activities to new areas and keeps project activities focused, integrated and coordinated. If adopted by stakeholders at state and local government level, new health facilities could be sited where they're needed most and all health service and system support mechanisms could be more appropriately targeted and phased in.



The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal Newborn and Child Health Initiative



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