# Final Report

**Basic Emergency Obstetric and Newborn Care (BEmONC)**

# AGENCY FOR ASSISTANCE AND DEVELOPMENT OF SOMALIA-AADS

**Oct 1st, 2016**

**Mar 31 2017**

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# AADS FINAL REPORT

### 1.0 Project Description

| | |
|---|---|
| Project Title | Buuray-Haraw Health facility of Basic Emergency Obstetric and Newborn Care (BEmONC) |
| Name of the Partner Organization | Agency for Assistance and Development of Somalia (AADS) |
| Region/Districts | Bay, Baidoa-Somalia |
| Project start and Completion date | Oct 1st, 2016 to Mar 31 2017 |
| Period of Reporting | Oct 1st, 2016 to Mar 31 2017 |
| Reporting Date | 10th April 2017 |
| Implementing Agency | Agency for Assistance and Development of Somalia (AADS) |
| Supported by | FMoH/UNFPA |
| Report Compiled by | Health and Nutrition Officer |
| Contact Person | Mr. Kamal Hamid<br>Chief Executive Officer, AADS<br>Email: info@aads.org.so/aadsngo@gmail.com/aadsngo@yahoo.com |
| Goal | To improve maternal and reproductive health in Buuray-Haraw village in Baidoa District (MDG Goal 5)<br>To increase access to quality safe motherhood services in Buuray-Haraw Health facility in Baidoa District and surrounding areas villages. |
| Objectives | To improve Coverage and Quality of Prenatal Care.<br>To improve coverage of skilled delivery and proper management of obstetric complications.<br>To strength referral services. |
| In puts | Advocacy and social mobilization.<br>On job training or workshop for health workers.<br>Recording and distribution of RH kits<br>Post distribution monitoring<br>Reporting |
| Out puts | Increased the number of who benefit from BEmONC services<br>Increased number of pregnancy women attended to the Health facilities<br>Number of pregnant women got family planning |
| Beneficiaries | 1,978 pregnant women and their families |

## 2.0 Background

The health infrastructure is small, concentrated in secure areas, mainly in towns, and dilapidated, because of war destructions or lack of maintenance. The health workforce is small, under-skilled and ageing, often engaged in dual - public and private - practice, forced to work in an insecure and demotivating environment. In aggregate terms, at USD 5 per capita external financing looks modest (World bank-2008), while private spending is not quantified, but considered to be substantial. Health information is fragmented, unreliable and under-used. In Somalia, the MDG health-related indicators are among the worst in the world. The collapse of the pre-war public health system has encouraged the emergence of a variety of relief and vertical programmes, run by donors, NGOs and UN agencies

Among the most alarming but least addressed healthcare need is the right of women to access safe motherhood services. According to WHO/EMRO, approximately 53,000 women of childbearing age die every year in the Eastern Mediterranean Region as a result of pregnancy-related complications. Over 95% of these maternal deaths in the region are shared by seven countries, including Somalia which ranks second only to Afghanistan. The staggering maternal mortality rates, and the impact this has on infant survival, demands an urgent improvement in obstetric and neonatal care. The available statistics on Somalia indicate maternal and infant mortality rates of 1,100 per 100,000 and 132 per 1000 live births respectively (UNICEF 2001)

### Inadequate access to maternal health care services

Owing to inadequate number of health facilities, poor physical and technical capacity of the few existing ones and lack of maternal referral system, a majority of women in Buuray-Haraw have no effective and efficiency primary maternal health care services including family planning, antenatal care (ANC), micronutrient supplementation and clean and safe delivery services.

In addition, most health facilities heavily rely on unpredictable donations from Agency for Assistance and Development of Somalia (AADS) and community contributions for paying supplies from the markets and it's not enough to the community support. The BUURAY-HARAW health centre lacks the basic obstetric care apparatus such as foetoscopes, ambu-bags, speculums, oxygen, blood bank, stirrups, manual vacuum aspiration sets, caesarean sets, and obstetric emergency drugs among others.

### Poor referral services

An essential component of effective safe motherhood is early recognition of complications and timely referral. However, non-existent system of referral in Baido Hospital contributes immensely to maternal mortality. Road blocks some times in among side Regional Hospital and lack of access to emergency transportation make it difficult to refer women to higher level health facility (i.e. Baidoa hospital) when obstetric complications occur. As a result, women are forced to seek help from untrained TBAs and women elders who are neither competent nor equipped to deal with pregnancy complications.

Apart from these provider-linked challenges, there are also some community factors that contribute to delay in seeking skilled assistance during pregnancy and delivery. Such factors include cultural practices that require Somali women to remain indoors during the period of late pregnancy and immediate postpartum and generally the muffled rights of women to make own decisions. For instance, consent for referral or to undergo such life-saving procedures like caesarean section is usually obtained from the husband, in conjunction with other relatives. The woman herself is powerless to give her own consent.

**Low awareness among communities and harmful cultural practices and gender-based violence**

The low health awareness among the communities in BUUREY-HARAW village in Badiao district of Bay region also contributes significantly to the low utilization of health services even where such services are accessible within Somalia. Generally, the benefits of family planning/birth spacing, ANC, facility-based deliveries and referrals for risk pregnancies are not appreciated.

The universal practices of FGM and early marriages have had a big impact on motherhood. Available statistics from health facilities indicate high numbers of obstructed labour and vaginal tear. Somalis practice class III of FGM (infibulations) which entails excision of part or all of the external genitalia and stitching or narrowing of the vaginal opening. For this reason, it is not possible to avoid performance of the episiotomy, as most women have severely scarred vulvas.

## 3.0 Project justification

The current insecurity in South central Somalia, has brought many challenges to life's of families and which has also increased poverty level, displaced families and families from poor background have limited resources to distribute their basic needs, therefore unintended pregnancies can cause severe health problems to mothers of reproductive age. i.e child birth complications and can create a heavy burden to families.

Every year, almost 600,000 women in the world die from pregnancy-related complications, and many more suffer from long-term disability, such as chronic pain, fistula, impaired mobility, damage to the reproductive system, and infertility. Twenty-three million women (15% of all pregnant women) develop life-threatening complications every year. The problem is most acute in developing countries, where complications of pregnancy and childbirth are the leading causes of disability and death among women of reproductive age.

Prolonged labor is a leading cause of death among mothers and newborns in the developing world. If labor does not progress normally, the woman may experience serious complications, such as obstructed labor, dehydration, exhaustion, maternal infection, hemorrhage or rupture of the uterus.

Prolonged labor may also contribute to neonatal infection, asphyxia or death.The study showed that when the partograph was introduced into clinical practice along with a management protocol, labor outcomes were greatly improved.

## 4.0 Activities planned for this quarter

4.1 Implementation of medical standards, guidelines and protocols

4.2 Payment of Health centre staffs salaries

4.3 Provision of drugs and medical supplies

4.4 Provision of health services

4.5 On-the-job training of reproductive health workers

4.6 Intensifying the hygiene and sanitation at the health centre.

**Output 1.1:** Implementation of medical standards, guidelines and protocols

***ACHIEVED TO DATE:***

BUUREY-HARAW Health facility has 31% of the Essential Package of Health Services (EPHS) in place. These include patient care pathway, clinical protocols and guidelines, BemoNc guidelines, common standard essential drug list, inventory for maintaining drug stocks, HMIS for data collection and human resources database.

Data on maternal health (RH Monitoring tool) and diseases surveillance (CSR) to aid in appropriate response in case of major disease outbreaks (AWD, measles, suspected meningitis etc) continues to be monitor, analyzed and sent weekly to WHO regional officer.

No deaths were reported for the entire period, an improvement from previous months. The number of patient days increased in comparison to the previous quarter. The reason for this is there were a lot of mobilization done through campaign polio team and the trained female health workers.

The trained health staff, in particular the head nurse of the health centre do on job training to nurses while conducting ANC consultation for the maternity patients , providing consultations to ensure quality of the health care, reviewing post natal registers and records, and ensuring proper utilization of the drugs.

**Output 1.2:** Payment of BUUREY-HARAW health facility staff salaries

**Target:** Payment of BUUREY-HARAW Health facility salaries for 6 months

**Achieved to date**:

The allocation of salaries under this project begun in Oct 1st, 2016 to Mar 31 2017 was paid. Therefore, we are looking to extend the project into a year

**Output 1.3:** Provision of drugs and medical consumables

***ACHIEVED TO DATE:***

An inventory of the available drugs/consumables/laboratory reagents was performed at the health main pharmacy. A procurement plan was then prepared for the replenishment of the finishing/missing items. Based on this, purchase orders have been sent out to suppliers as per the Agency for Assistance and Development of Somalia (AADS) procurement procedures and the clearance will be done once quotations have been analyzed and the best supplier informed.

The health facility not got medical kits from UNFPA including delivery beds, postnatal beds etc.

Agency for Assistance and Development of Somalia (AADS) is also provided expanded immunization program (EPI) on weekly bases for providing pregnant women and under five children.

The drug control system in BUUREY-HARAW Health facility continues to be utilized and be well managed to guarantee transparency. The system consists of control system for the OPD supervised by the OPD Nurse consultant, using a prescription with three copies, one for the patients, one for the pharmacy and one for the Nurse consultant as reference. Emergency kits are signed by the doctor before release to the respective Delivery Ward.

## 5.0 Challenges and constraints

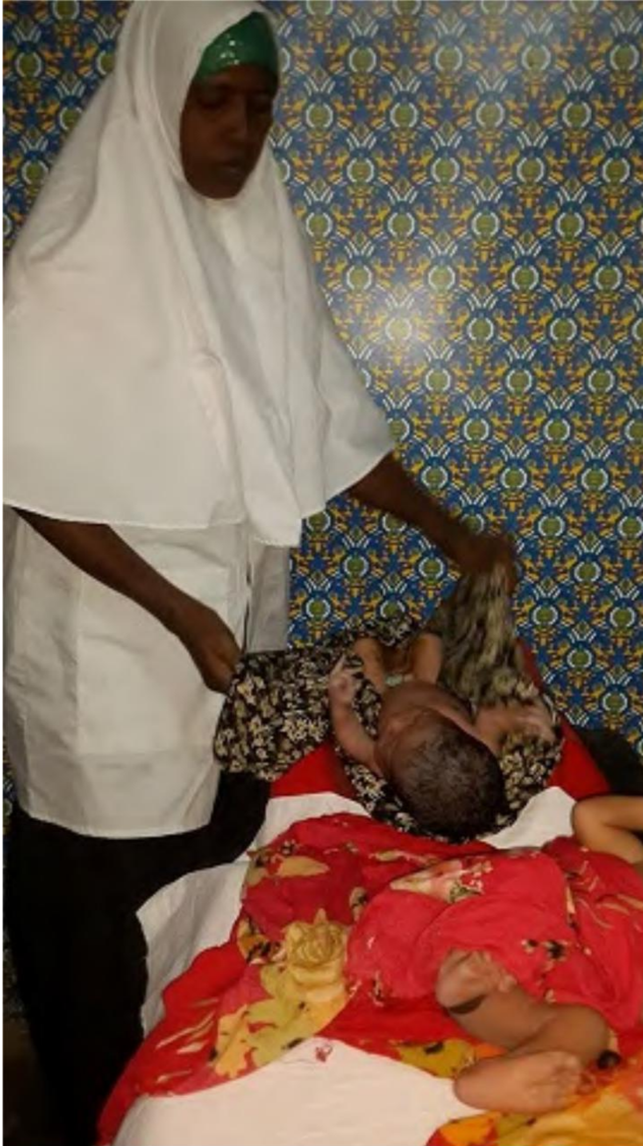
- Insufficient supply of drugs and medical consumables due to the stock.
- Lack of Ambulance or vehicle to refer complicated obstructed cases so therefore it is by request to get One Ambulance.

### 6.0 Matrix of BeMoNc case management

| **Ante-natal consultations** | **News cases** | **Follow up** | **TOTAL** |
|---|---|---|---|
| Total No. of pregnant woman consulted for | **532** | **915** | **1,147** |
| Total No. of pregnant woman consulted for 1st visit | 531 | 0 | 531 |
| Total No. of pregnant woman consulted for 2nd visit | 0 | 715 | 715 |
| Total No. of pregnant woman consulted for 3rd visit | 0 | 104 | 104 |
| Total No. of pregnant woman consulted for 4th visit | 0 | 96 | 96 |
| **ANC Profile and Other investigations** | | | |
| No. pregnant woman counseled tested for HIV | 0 | 0 | 0 |
| (PMTCT) | | | |
| No. pregnant woman testing HIV+ at ANC | 0 | 0 | 0 |
| No. pregnant woman testing HIV+ at ANC given | 0 | 0 | 0 |
| Prophylaxis | | | |
| No. babies given Prophylaxis | 0 | 0 | 0 |
| No. pregnant woman counseled tested for HIV | 0 | 0 | 0 |
| (PMTCT) at Delivery | | | |
| No. pregnant woman testing HIV+ at Delivery | 0 | 0 | 0 |
| No. pregnant woman testing HIV+ at Delivery given | 0 | 0 | 0 |
| Prophylaxis | | | |
| No. babies given Prophylaxis | 0 | 0 | 0 |
| NO. pregnant women received tetanus toxid vaccine | 531 | 715 | 715 |
| during ANC | | | |
| No. pregnant woman counseled tested for VDRL | 209 | 0 | 209 |
| No. pregnant woman testing VDRL+VE | 60 | 0 | 60 |
| No. pregnant woman tested for urinalysis | 104 | 0 | 104 |
| No. pregnant woman tested/ Vaccinated Hepatitis | 0 | 0 | 0 |
| **Delivery and Care** | | | |
| Total No. of Deliveries performed by skilled birth attendant in HC | | | 21 |
| No. of spontaneous (Non-complicated) vaginal deliveries | | | 21 |
| No. of Instrumental deliveries | | | 1 |
| No. of Cesarean section | | | 0 |
| Abortions ( spontaneous or inducted) | | | 1 |
| Total Deliveries | | | **22** |
| **Outcomes** | | | |
| Post-natal consultations | | | 18 |
| No of family planning/Birth spacing consultations | | | 15 |
| No. underweight babies(<2.5kg) | | | 2 |

| No. life Birth | 21 |
|---|---|
| No. of Maternal deaths | 0 |
| No. of Fresh Still Births | 1 |
| No. Macerated Still births | 1 |
| No. of Neonatal deaths | 0 |
| No. of pregnant woman referred to other HC due to complications | 0 |
| Complications | **18** |
| APH | 2 |
| PPH | 1 |
| Obstetric fistula | 0 |
| Face presentation | 1 |
| Breech Presentation | 0 |
| Cord Prolapse | 0 |
| Obstructed/Prolonged labour | 0 |
| Eclampsia/Pre-Eclampsia | 3 |
| Malaria in preg | 5 |
| Sepsis | 1 |
| Anemia in Preg (Hb<7g/dl) | 5 |
| **Family Planning** | |
| # Clients who received injectables | 1 |
| # Clients who received Orals | 0 |
| # Clients inserted on IUCD | 0 |
| # Clients inserted Implants | 0 |
| # Clients using Natural FP | 8 |
| **Total # Clients receiving FP method** | **9** |

## 7.0 PHOTO GALLERY ANNEX



# THE END

Thank you for your visiting in our website and interested in our report.

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