

What is a Performance Audit?

An assessment of whether Government offices and programmes are effective, efficient and economical and if there are ways they can be improved

Why a Performance Audit on Emergency Obstetric Care in Public Health Facilities in The Gambia?

The Gambia National Health Strategic Plan (2014-2020) showed that there is a gross of 79% unmet needs of emergency obstetric services in The Gambia. There has been a continued drop in obstetric care services provided by public health facilities in The Gambia. This data is complemented by the public outcry in both rural and urban Gambia regarding the poor obstetric care provided to women.

What did we do during the audit?



Interviews



Reviewed Documents



Site Visits

What we wanted to know

In order to reach the **2030 SDG3 goal**, there is need for a **maternal mortality reduction rate of 77%** from the current 36% rate

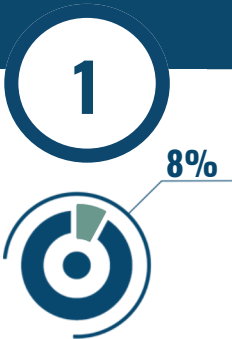
- 1 **How is the ministry equitably distributing and providing quality EmOC services in public health facilities?**
- 2 **How effective are these measures in preventing emergency obstetric care cases?**
- 3 **Are there enough monitoring in the provision of EmOC in public health facilities?**



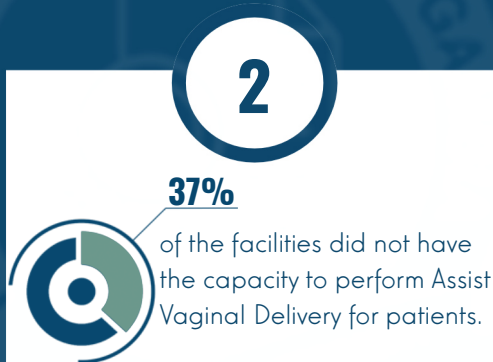
Some of the issues we found

1. Inadequate capacity of public health facilities to provide basic emergency care to pregnant women

Of the 38 sampled hospitals that provide basic emergency obstetric care services



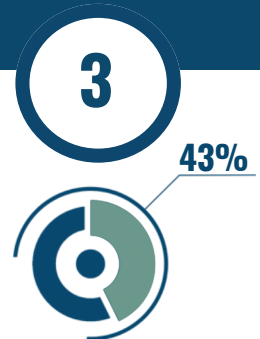
of them did not have the capacity to administer magnesium sulphate to treat convulsions for pregnant women with high blood pressure while almost 100% of these facilities did not have the drugs available



of the facilities did not have the capacity to perform Assist Vaginal Delivery for patients.



of those facilities did not have the equipment and staff to provide this type of support



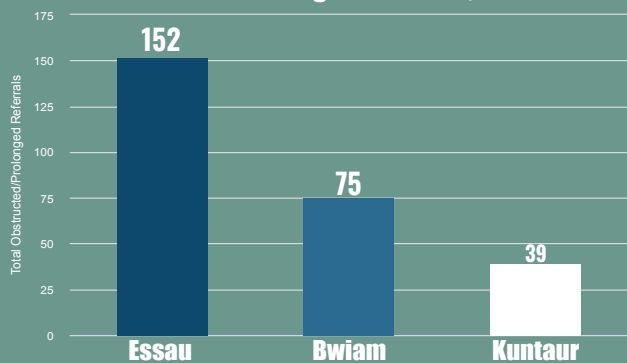
of the public health facilities did not have the capacity to perform cesarean section while 100% of them did not have neither the equipment of human capacity to provide this service

2. Delay in accessing care

In 2018, patients who needed caesarean section or were diagnosed with prolonged labour at Soma District Hospital had to be referred to EFSTH

spent **2 hours 30 mins on a 180 km journey**

Obstructed/Prolonged Referrals, 2018



Note: Kuntaur, Essau and Soma all had equipped theatres to perform caesarean section but lacked human capacity. Kuntaur recorded 9 maternal deaths that could have been avoided if the theatre was functioning.

4. Management of hypertensive disorders in Reproductive and Child Health

A review of **10 maternal death reports in 2019** at the Basse District Hospital showed that adequate and/or necessary interventions were not made to treat complications of hypertensive disorders.

7 of the maternal deaths showed that no anti-hypertensive drug was administered or prescribed for patients diagnosed with hypertensive disorders because there were no drugs available at the facilities. This has been the cause of 18% of 137 maternal deaths in The Gambia in 2019



What can change

Deliver antenatal Care health education and promotion

According to our interviews with post delivery patients, they were all counselled during their pregnancy, but none of their husbands were. Male participation in counselling lacks and then affects their ability to seek and access skilled care. Strategies like couple counselling and other forms of interactive community sensitization were not happening in a lot of these health facilities

Provide equipment for facilities

The Ministry of Health should ensure that facilities are well equipped to provide efficient services for patients and also replacing the medical equipment that are either worn out or not working

Monitor the functionality of public health centers

The availability of obstetricians in public health facilities with fully functioning equipment will limit the number of obstructed or prolonged pregnancy that is risked with bad roads, long distances or unavailable equipment.

3. Variation of midwife staffing in urban and rural Gambia

45%

17 out of the sampled facilities which represent 45%, failed to meet the minimum midwifery required

That is, 3 of the general hospitals in rural areas in our audit had

38% less midwives than the 2 general hospitals in the urban areas.



5. Preventing emergency obstetric cases

According to the State of the World's Midwifery, WHO 2014, in addition to the necessary facilities in responding to emergency obstetric, it is more cost-effective if programs and strategies are in place to limit the prevalence of complicated cases.

We found that there was inadequate assessment of Antenatal Care services provided in rural and other hard-to-reach places in The Gambia. Among others, two of these services were lacking



Infrequent testing for anaemia

There is about **65.7%** prevalence of anaemia in pregnant women and **up to 39%** of maternal deaths was as a result of this

Low ultrasound scans provided

We spoke to **65 post delivery patients** and among these, **14% of them were not offered any scan during their pregnancy**

Note: This Performance Audit Report was sent to the National Assembly in December 2020 but is yet to be discussed. However the report is available at the NAO website.