NATIONAL AUDIT OFFICE

FOLLOW-UP AUDIT ON EMERGENCY OBSTETRIC CARE BY THE MINISTRY OF HEALTH

April 2023

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List of Acronyms and Abbreviations

ANC	Antenatal Care
AVD	Assisted Vaginal Delivery
BEmOC	Basic Emergency Obstetric Care
CEmOC	Comprehensive Emergency Obstetric Care
CEO	Chief Executive Officer
CHN/M	Community Health Nurse Midwife
CRR	Central River Region
C-S	Caesarean Section
EN/M	Enrolled Nurse Midwife
EmONC	Emergency Obstetric New Care
EmOC	Emergency Obstetric Care
HR	Human Resource
LRR	Lower River Region
MoH	Ministry of Health
NAO	National Audit Office
NBER	North Bank East Region
NBWR	North Bank West Region
OIC	Officer In Charge
RBF	Result Based Financing
RHDs	Regional Health Directorates
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
RN/M	Registered Nurse Midwife
URR	Upper River Region
WHR2	Western Health Region Two

1.0 Introduction

The Auditor General is mandated to carry out an audit of all government institutions in line with Section 160 (2) (a) of the 1997 constitution of the Republic of The Gambia which states that, the Auditor *General "in the exercise of his or her functions under this constitution or any other law shall at all times carry out an economic, efficient and effective examination to satisfy himself or herself that public funds are spent in such manner as to reduce waste, eliminate inefficiency and maximize the benefits to be gained from the use of resources".*

A performance audit is an audit of the economy, efficiency, and effectiveness with which the audited entity/entities use its resources to achieve its goals. The aim of a performance audit is to promote better use of resources, improved operations, and better decision making in reaching policy objectives set by Parliament.

Considering this, a performance audit was conducted on the 'Provision of Emergency Obstetric Care in Public Health Facilities in 2019 which is under the purview of the Ministry of Health'. The report was submitted to National Assembly in 2020 for discussion and published on the National Audit Office website. After the submission of the report to the National Assembly, it is within the mandate of the Auditor General to follow up on previous findings, recommendations and the impact of the corrective actions taken by the Ministry of Health.

In that regard, a follow-up audit was conducted on the provision of Emergency Obstetric care to assess whether the Ministry of Health has adequately addressed the problems or findings and remedied the underlying situation after a reasonable period.

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The purposes of this follow-up audit report are:

- To assess the value added by the audit process, by increasing the probability that the recommendations will be implemented and/or ensuring that the Ministry of Health has adequately addressed the problems.
- To provide feedback to the government and parliament on the work of the Ministry of Health on the impact of the corrective actions taken, to guide the future actions of the government and the parliament.

In the execution of this exercise, the following procedures or methodologies were employed:

I. Engagement with the Ministry of Health

The Ministry of Health (MoH) was engaged to provide information on the actions taken to remedy the findings and implement the recommendations of the audit using a template provided by the National Audit Office (NAO). This was done on 27 September 2022 and MoH submitted its response on 14 November 2022.

II. Documentary Review

Documentary evidence substantiating the actions taken by the Ministry of Health was submitted for review. The documents submitted for review are detailed in the table below:

1. List of Obstetricians deployed for EmOC
2. List of trained Midwives on EmOC referrals
3. List of RN Midwives posted to health facilities
4. Periodic studies report on EmOC
5. List of community ambulances and their location
6. List of new labour rooms and the ones currently under renovation for friendly male companionships
7. Regional Health Directorates (RHDs) quarterly reports sent to Reproductive, Maternal, Neonatal, Child and Adolescent Health (RAMCAH).
8. RAMCAH Annual report 2020
9. The monitoring schedule/plan for the RHDs
10. RHDs monitoring reports

III. Interview with the auditee

Interviews were conducted with the officers of the MoH to clarify some of the remedial actions taken. Discussions took place on the plans that are in the pipeline in relation to the recommendations of the report.

IV. Site visits and/or physical verification

Sample of Regional Health Directorates and health facilities were visited across the country to verify the level of the implementation status of the recommendations as claimed by MoH in the responses provided to the follow-up team . Physical verifications were conducted to assess the general conditions of the health facilities and whether

these health facilities performed BEmOC and CEmOC as stated in the staffing norm of the Ministry of Health.

See *Appendix 1: list of health facilities and Regional Health Directorates visited*

2.0 Performance audit report followed up.

PROVISION OF EMERGENCY OBSTETRIC CARE BY MoH IN 2020

The main results of the audit report were that:

<table>
<tr><th colspan="2">AUDIT FINDINGS</th></tr>
<tr><td colspan="2">1. FUNCTIONALITY OF EMOC CENTRES IN THE GAMBIA

➢ Provision of EmOC signal functions in the last three months
➢ The capacity of facilities to provide EmOC
➢ Adequacy and distribution of EmOC centres</td></tr>
<tr><th>Conclusion</th><th>Recommendation</th></tr>
<tr><td>Most of the facilities have the capacity to provide basic EmOC functions. However, there are equipment and human capacity gaps in the provision of assisted vaginal delivery to complete the set of basic EmOC functions.

Furthermore, there are gaps in the provision of comprehensive EmOC services as more than half of the mandated CEmOC centres are not providing either blood transfusion or both blood transfusion and C-S.

Although the Ministry has ensured that the country meets the minimum acceptable level of CEmOC centres, it has failed to achieve the recommended aggregate number of EmOC centres. Furthermore, LRR and NBWR have no CEmOC centres, delaying access to comprehensive EmOC for women in those regions</td><td>• Make available obstetricians (surgeons) in facilities with available theatre infrastructure and equipment with sustainable incentive schemes for retention.

• The monitoring team from the RHDs must ensure that all the health facilities have the first-line usable drugs for EmOC signal functions.

• Health centres should be strengthened in terms of human capacity and equipment to better manage obstetric emergency</td></tr>
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2. **MID-WIFERY WORKFORCE MANAGEMENT**	
The goal of the staffing norms was to realise shortages and surpluses and effectively regulate the imbalance. The MoH has the required number of midwives to effectively implement the minimum staffing norms. However, the existing allocation mechanisms are not effective in ensuring that all the facilities, especially rural facilities, have the minimum required midwifery staff to provide the full set of quality EmOC. Furthermore, there are health facility and regional imbalances in midwifery shortfalls partly caused by institutional frameworks used in staff allocations. This has led to some facilities experiencing shortages and others going above the minimum norms, thereby creating a difference in the quality of care provided in the different facilities and regions.	• The MoH should include the availability of an RN Midwives in the minimum staffing norms for a minor health centre. In addition, there should be more clarity about the allocation above the minimum norms. The MoH should ensure that the existing midwifery staff is efficiently allocated based on clear guidance above the minimum norms. The minimum staffing norm should be revisited and be adjusted to the realities on the ground. • Postings should also be enforced so that all facilities have the midwifery skills to provide quality EmOC services. • Furthermore, The Ministry should consider the possibility of training other cadre of the midwifery other than the RN midwives on Assisted Vaginal Delivery so that the quality of the care provided can be enhanced, especially that RN Midwives are not available in all the facilities mandated to provide the EmOC services.
3. MONITORING EmOC SERVICES	
The monitoring plan implemented by the RHDs and RAMCAH unit has not ensured that EmOC services are adequately and effectively monitored. This is due to the weakness in the design of the monitoring checklist for health facilities. The monitoring reports focus on the indicators of readiness and capacity to respond to maternal emergencies, and not on the actual evaluation of whether those capacities are efficiently and effectively used.	• The RHDs should incorporate monitoring the functionality of EmOC facilities in their checklist by collecting and analysing data and reporting on the performance of the signal functions. In addition to verifying the availability of elements for responding to maternal emergencies, the signal functions that defined facilities as either EmOC centres or not, should be monitored in each monitoring visit. The monitoring team should also establish why certain signal functions are not provided. • Furthermore, it may be fruitful if such data is provided to the RMNCAH unit or Directorate of Health Services, and any

	other relevant units so that it guides the efficient allocation of resources for proper and equitable distribution of EmOC services. • RMNCAH should collate the data obtained on the monitoring of EmOC from the different RHDs to be able to inform on the functioning EmOC centres in each quarter in the country.
4. PREVENTION OF EMERGENCY OBSTETRIC CASES • Testing for anaemia • Ultrasound scanning • Management of hypertensive disorders in RCH clinics • Antenatal care health education and promotion	
There is an inadequate level of quality ANC services in the country to significantly reduce emergency obstetric cases to meet the SDG MMR targets by 2030. This conclusion is based on the fact that there is inadequate access to quality antenatal cares, especially in the rural areas, as all the 2016 WHO ANC recommended interventions are not adequately provided to pregnant women. As a result, pregnancy anomalies can go undetected until visible life-threatening complications occur, and with limited access to EmOC services in the rural areas, these complications claim the lives of many women. This problem is compounded by the fact that there is no effective system for following up on patients who miss their ANC contacts and are at risk of developing life-threatening obstetric complications. Furthermore, because of the quality of the antenatal care at some RCH trekking stations, deaths that could have been prevented, but continue to happen as a result of poor management of the hypertensive disorders that had been identified.	• The MoH should consider making available feasible diagnostic methods for testing for anaemia, and other necessary investigations at the trekking stations to improve the detection of anomalies at that level without the need for traveling to health facilities for such examinations. This is essential for effective implementation of the policy to test for anaemia in all the eight (8) contacts with pregnant women. • The MoH should put in place an effective mechanism for follow up on missed contacts, especially on patients with a history of obstetric complications or diagnosed with one. • The MoH should emphasize the detection and management of hypertensive disorders that have been identified during the antenatal periods. • RMNCAH unit should engage the health facilities on the implementation of a facility-centred couple counselling or organize sensitization clinics for the husbands of the ANC patients. Also, data should be collected by the facilities

	on the number of deliveries that are accompanied by the husband/partner for the purpose of monitoring and evaluating the effectiveness of such strategies
5. **AVAILABILITY OF MEDICAL EQUIPMENT**	
The absence of this equipment affects the comprehensive and quality diagnosis of care given to patients. Inadequate comprehensive and quality treatment will affect patients and as such reduce the trust and confidence they will have in the health care system. The inadequate availability of equipment has led to some women not doing some of the necessary tests needed during ANC services. Furthermore, this has led to an increase in the number of referrals to major health centres and hospitals for complications that could have been managed at lower-level facilities.	The MoH should ensure facilities are well equipped to provide efficient services for patients. It should ensure there is always timely availability or replacement of medical equipment in facilities

2.1 Summary of the Actions Taken by Ministry of Health

Ministry of Health has submitted the following as the actions taken to remedy the findings and recommendations in the 2020 audit report:

2.1.1 FUNCTIONALITY OF EmOC CENTRES IN THE GAMBIA

According to the MoH this finding was resolved through the following ways:

- Identified Obstetricians and deployed them to EmOC centres across the country.
- Monitoring is done on quarterly basis under the RBF program.
- First line drugs for EmOC are supplied through the Central Medical Stores of the MoH and under the RBF program.
- Midwives in health centres are trained on EmOC. Referral mechanisms are in place with protocols guiding what category of patients to refer and where to refer to.

These were verified and confirmed by the audit team during a site visit to a sample health facilities across the regions from 6th to 10th December 2022. It was verified that,

the first line drugs for EmOC were available in all the health facilities visited. However, we have found that the functionality of the EmOC centres have improved in some of the health facilities, but there is still room for improvements in the effective provision of EmOC in most of the health facilities. We have also found that more than 80%[1] of health facilities visited fell short of required staff and equipment to ensure effective provision of EmOC as stated in the staff norm of MoH for both BEmOC and CEmOC.

2.1.2 MIDWIFERY WORKFORCE MANAGEMENT

In their response to this finding, MoH has indicated that it has posted RN midwives in most of the minor health facilities and they offer EmOC to patients and also trained midwives that are posted in EmOC facilities.

It was also highlighted that the MoH is currently reviewing its HR policy and strategy which will inform the ministry on how to redirect its staffing norm in all facilities. Furthermore, the number of intakes in midwifery programs increased from 50 to 150 from 2020 to date.

During our visits to selected health facilities across the country and interviews with staff at these health facilities, it was revealed that most of the midwives were trained on EmOC from 2020 to 2022. The MoH has increased the intakes of midwives from 50 to 150 during the period 2020 to 2022. However, the MoH should improve in the recruitment of additional midwives to bridge the huge gaps in the midwifery workforce management in most of the health facilities.

The MoH has not made significant progress in reviewing its HR policy and strategy on how to redirect its staffing norm in all health facilities, as they are currently reviewing these two documents. The review of these documents are still at an early stage. These documents should have been the basis to inform the ministry on how to redirect its staffing norm in all facilities.

2.1.3 MONITORING EmOC SERVICES

According to the response provided by MoH, the Quality of Care Checklist used by the RHDs during monitoring visits looks at functionality of EmOC facilities. Monitoring data and results are shared by the RHDs through the DHIS platform. Periodic studies are also done to assess the EmOC services.RMNCAH unit collates data and also does independent monitoring to verify data provided by RHDs on quarterly basis.

[1] See appendix 2

In our assessment of this response it was revealed that the Ministry of Health has adequately addressed and remedied all deficiencies identified in the report for monitoring of EmoC by reviewing the checklist to comprehensively look at EmOC in their quality checklist which was verified and confirmed by the audit team. The team has also reviewed the reports of the periodic studies conducted to assess EmOC by RMNCAH.

2.1.4 PREVENTION OF EMERGENCY OBSTETRIC CASES

MoH indicated in their response regarding the actions taken to remedy this finding that plans are on the way to transform all trekking sites to base clinics to offer laboratory services to detect anaemia and do blood grouping for pregnant women. However, there was no documentary evidence provided to substantiate these claims of plans to transform all trekking sites to base clinics.

Laboratory services to detect anaemia and blood grouping for pregnant women are only done at the level of the health facilities. The assessment of this finding has revealed that, MoH has not made significant progress with regards to the prevention of emergency obstetric cases at the level of the communities. MoH is still planning to transform all trekking sites to base clinics to offer laboratory services to detect anaemia and blood grouping for pregnant women.

2.1.5 AVAILABILITY OF MEDICAL EQUIPMENT

According to the MoH, engagement with the Ministry of Finance and Economics Affairs and partners are ongoing to provide funds to get equipment for all facilities proving the EmOC services. It was also indicated that capacity building of biomedical engineers to repair broken medical equipment is ongoing, and that MoH has plans to start a biomedical and facility directorate to put emphasis on this aspect.

We have received documents from the MoH regarding the correspondence with Ministry of Finance and Economics Affairs and donor partners to provide funds to get equipment for all the facilities. The MoH is about to establish new unit for biomedical engineers and has trained one person on biomedical engineering to repair equipment. However, there is still room for massive improvements to ensure availability of medical equipment in most, if not all of the health facilities providing these EmOC related services .

3.0 FINDINGS

The following were the main findings of the follow-up audit

3.1 FUNCTIONALITY OF EMOC CENTRES IN THE GAMBIA

The minor health centres are mandated to provide BEmOC services and the major health centres and the hospitals are mandated to provide CEmOC services[2].

The use of the EmOC service by the pregnant women who have obstetric complications is measured by monitoring its performance in the last three months prior to assessment[3]

The responses we received from the MoH regarding the level of implementation of the audit recommendation in relation to functionality of EmOC were:

- Emergency obstetric surgeries now done in Essau and Jarra Soma
- Kuntaur Health centre yet to start surgeries

We used the responses from the MoH to verify during our visit to sample health facilities across the country. We found that Essau District Hospital was operating as a full-functioning CEmOC centre.

All the nine signal functions[4] were performed including the availability of medical doctors to carry out obstetric surgeries on patients requiring that intervention as a district hospital. There was a functional theater with available equipment to perform Caesarean Section (C-S).

However, one of the labs used during C-S was not functioning during our visit to the hospital. According to the medical doctor, the lamp was from America which usually have high voltage of 110 and the person who fixed the lamp did not put that into considerations and the lamp eventually got burnt.

[2] The national health policy, 2012-2020
[3] WHO handbook on monitoring Emergency Obstetric Care, 2009
[4] Administration of oxytocin, Administration of antibiotic, Administration of magnesium Sulphate, Manual removal of placenta, Removal of retained product, AVD, Neonatal resuscitation, C-S, Blood Transfusion.

Picture 1: Showing the theatre with equipment at Essau District Hospital

Picture taken 6 December, 2022

We also found that in Jarra Soma District Hospital, there is a theatre with available equipment and a surgeon to perform C-S on patients that require the interventions. However, Jarra Soma District Hospital was not operating as a full-functioning CEMOC centre. All the nine signal functions were not performed at the facilities such as C-S and blood transfusion. According to the Officer in Charge (OIC), an Obstetrician was posted in September 2022 from Cuba but has yet to start any surgery due to communication barrier in language, because he can only speak Spanish and Cuban. According to the officer in charge, no one can communicate with him which is why he has not performed any surgery since being posted to the hospital to date.

An interview with the Deputy Regional Health Directorate at Mansakonko dated 8 December 2022 stated that the issue of ineffective provision of CEmOC at the hospital has been communicated to the Permanent Sectary, Director of Health Services, head of RMNCAH but up to the time of our visit to the hospital, the situation remained unsolved as all patients that required C-S are referred to Farafenni. Referrals could have been averted if C-S has been performed. The hospital has failed to perform C-S, because of the communication barrier between the surgeon and personnel at the hospital. According to the officer in charge, effective communication is very key during C-S between the surgeon and personnel that support him to perform the C-S.

Picture 2: Showing the theatre with equipment at Jarra Soma District Hospital

Picture taken 8 December 2022.

Furthermore, all the nine signal functions were also not performed in Kuntaur Major Health Centre. Kuntaur Major Health centre has not performed blood transfusion and C-S from the time of the audit in 2019 to the time of the follow up in December, 2022 as a major health centre. According to the Officer in Charge of the health facility all cases that required blood transfusion and C-S were referred to Basang during the period.

An interview with the team at the Regional Health Directorate at Bansang stated that the non-performance of blood transfusion and C-S at Kuntaur Major Health Centre causes high maternal mortality in the region. The team further stated that because of the non-performance of blood transfusion and C-S at Kuntaur Major Health Centre, the region recorded the highest maternal mortality in the country.

In the entire CRR, there is only one health facility that performs blood transfusion and C-S from both the North and South of the region which poses a high risk to delivery, especially if there are a lot of emergencies that require special attention at the same time.

The team at the Regional Health Directorate further highlighted that during odd hours when there are referral cases from Kuntaur Major Health Centre to Bansang Hospital, people are mobilized to help pull the ferry for the ambulance to cross to Bansang.

3.2 MIDWIFERY WORKFORCE MANAGEMENT

The National Maternal and Neonatal Care Guidelines and Service Delivery Standards April 2017 states that antenatal care should be provided by a skilled and professional midwife[5] for effective delivery of the 2016 WHO Antenatal Care (ANC) model.

The Ministry of Health is responsible for recruiting and posting midwives in all the public health facilities across the country. We noted that the Ministry of Health have recruited midwives for EmOC services and posted them to various health facilities across the country.

We noted that only three minor health facilities (Kaur, Brikamaba, and Kaiaf) have met the minimum staffing norm requirement for midwives, representing 15% of health facilities visited. We also noted that some minor health centres, all the major health centres and hospitals visited have not met the minimum staffing norm requirement for midwives representing 85% of health facilities visited.

However, there are still huge gaps in the midwifery workforce management because more than 80% of the health facilities visited had short fall in midwives' requirements for effective EmOC services delivery.

See Appendix 2: List of available midwives and required as per the staffing norm.

The lack of adequate midwives to ensure the effective provision of EmOC services could result in complications in pregnancy and maternal mortality.

3.3 MONITORING EmOC SERVICES

Designation of health facilities as either BEmOC or CEmOC can be used as a policy tool to effectively plan resource allocation consistent with minimum health care packages and coverage needs.

However, health facilities are classified as EmOC centres based on the performance of the signal functions in the last three months prior to assessment. *Therefore, international standards and best practices would require that the readiness of designated EmoC centres to adequately respond to emergency needs and be actively managed by continuously ensuring that health workers, equipment, drugs, and supplies*

[5] This report generally uses the term 'midwife' to mean those health care professionals who meet the academic and professional qualifications of the three cadres of the midwifery (registered midwife, enrolled midwife and community health nurse midwife) as defined by the MOH&SW

are all available and functioning[6]. Furthermore, it is necessary to determine the number of functional EmOC centres serving a specific population in the country at any given time. These can only be ensured if data is collected on the performance of the signal functions that are used to classify health facilities as either EmOC centre or not.

The Ministry of Health has adequately addressed and remedied all deficiencies identified in the report for monitoring of EmoC by reviewing the checklist to comprehensively look at EmOC in their quality checklist which was verified and confirmed by the audit team. We also reviewed the periodic studies reports done to assess EmOC by RMNCAH.

The Regional Health Directorates often conducts three different monitoring activities on monthly, quarterly, and on emergency visits to monitor data verification on health facilities, quality care assessment health facilities, obstetric care, neonatal, and availability of emergency drugs. The monitoring checklist is comprehensive and looks at all components of emergency obstetric care. The monitoring reports by the Regional Health Directorates are shared on a quarterly basis, RMNCAH uses the reports for the preparation of annual activity reports and planning for the allocation of resources to ensure the effective provision of EmOC services.

3.4 PREVENTION OF EMERGENCY OBSTETRIC CASES

According to the State of the World's Midwifery, WHO 2014, 'while it is important that facilities are ready to provide appropriate interventions in cases of obstetric emergencies, it is more cost-effective to engage in programs and strategies to limit the prevalence of complications'.

The 2016 WHO ANC model *mapped key ANC interventions to 8 ANC contacts of pregnant women with healthcare providers, based on the optimal timing of the delivery of each recommended intervention to achieve maximal impact[7].*

The model is delivered in the Gambia within the context of health facility visits and RCH clinics in rural and hard-to-reach settings for effective implementation of the model. Trekking teams from the rural and some urban secondary tier facilities visit a set schedule of outreach clinics at least once a month in each health facility's catchments area[8].

Prevention of emergency obstetric cases were done in all the health facilities visited except for Foday Kunda Minor Health centre in last three months prior to our visit. All the appropriate interventions in all cases of emergency obstetrics were conducted in

[6] The state of the world's midwifery, WHO 2014
[7] 2016 WHO recommendations on antenatal care for a positive pregnancy experience
[8] The Gambia National Health Strategic Plan 2014-2020

92% of the health facilities visited. The unavailability of a laboratory at Foday Kunda Minor Health Center was the main reason the tests were not conducted since 2020 up to the time of our visit. However, the MoH should improve the prevention of emergency obstetric cases at the community levels. Most health facilities' officers claimed that during ANC trekking they cannot conduct lab tests, because of lack of equipment to perform the tests.

According to officers at sampled health facilities visited, unavailability of enough testing materials for the trekking team to take along during their ANC trekking was the main reason for failing to perform the tests at communities' level

See *Appendix 3: Showing tests and scanning conducted at health facilities visited*

3.5 AVAILABILITY OF MEDICAL EQUIPMENT

The Gambia National Health Strategic Plan states that the government through the MOH will strengthen health centers to provide basic and comprehensive EmONC services and the Procurement of adequate equipment and supplies for EmONC services.

Medical equipment and tools are crucial to saving a person's life or performing any procedure, detecting and diagnosing problems/diseases at a very early stage that aid the health facilities to provide prompt care and treatment. The availability of equipment in the health facilities will help care providers in giving comprehensive and quality treatment to patients, monitor and measure patients' vital signs, identify any abnormalities and keep accurate track of patients' conditions and state of health.

We found that certain important maternal and neonatal assessment equipment were not available in some of the facilities visited. These equipment are: suctioning machines, scanning machines, oxygen cylinders, and doppler. For example, Kuntair and Kuntaur Major Health Centres did not have any of these equipment available in their facilities to perform comprehensive and quality treatment to patients.

4.0 Conclusion on the follow-up Audit

In conclusion, the provision of EmOC at health facilities have improved and MoH has taken reasonable actions to address some of the findings of the report as highlighted above. However, there still remain underlying challenges affecting the efficient and effective provision of Emergency Obstetric Care in most health facilities.

MONITORING of EmOC SERVICES is the only recommendation that has been fully implemented by the Ministry of Health. This represented 20% of the recommendations issued in the 2019 audit report. However, the Ministry of Health should ensure that all the recommendations are fully implemented before the subsequent follow up audit.

The main challenges that were highlighted by most of the health facilities were:

- lack of adequate midwives
- unavailability of blood banks and blood to carry out blood transfusions
- lack of theatre with a surgeon or medical doctor and equipment
- inadequate ambulances for referrals
- lack of scanning machines
- late disbursement of Result Based Fund (RBF) to ensure timely procurements of essentials drugs

5.0 Summary/Matrix of reports followed up

Performance audit report on.	**Findings and recommendations in the audit report have been appropriately addressed**			**Planned future action**
	Fully	**Partly**	**Not at all**	
Emergency Obstetric Care in Public Heath Facilities by Ministry of Health (2020)		X		To conduct another follow-up audit after a reasonable period has elapsed

Appendix 1: list of health facilities and Regional Health Directorates visited

Emergency Obstetric Care centres for the Provincial Trek	
Regions	**Regional Heath Directorates and EmoC Centres**
NBWR	Regional Health Directorate NBWR, Essau District Hospital, Kuntair Major Health.
NBER	Farafenni General Hospital, Kuntaur Major Health Centre.
CRR	Kaur Minor Health Centre, Regional Health Directorate CRR, Bansang Hospital, Brikamaba Minor Health.
URR	Regional Health Directorate URR, Basse District Hospital, Foday Kunda.
LRR	Regional Health Directorate LRR, Soma District Hospital, Kaifa Minor Health Centre
WHR2	Bwaim Hospital, Brikama District Hospital,

Appendix 2: List of available midwives and required as per the staffing norm

Name of Health facility	Region	Available midwives for EmOC	Minimum Required midwives for EmOC	Remarks
Bansang General Hospital	CRR	15	25	Midwives are not enough, there are still gaps. The hospital has not met the minimum required midwives for EmOC
Basse District Hospital	URR	11	25	The hospital is still not operating as a full functioning hospital and using the major health centre staffing norm. The hospital has not met the minimum required midwives for EmOC
Brikama District Hospital	WCR	34	25	The hospital is still not operating as a full functioning hospital and using the major health centre staffing norm. The hospital has not met the minimum required midwives for EmOC
Brikamaba Minor Health Centre	CRR	2	2	The health centre has met the minimum required midwives for EmOC
Bwaim General Hospital	WCR	16	25	The Midwives are not enough there are still gaps. The hospital has not met the minimum required midwives for EmOC
Essau District Hospital	**NBR**	**12**	**25**	The hospital is still not operating as a full functioning hospital and using the major health centre staffing norm. The hospital has not met the minimum required midwives for EmOC

Farafenni General Hospital	NBR	11	25	The Midwives are not enough there are still gaps. The hospital has not met the minimum required midwives for EmOC
Foday Kunda Minor Health Centre	URR	1	2	The health centre has met the minimum required midwives for EmOC
Kaiaf Minor Health centre	LRR	2	2	The health centre has met the minimum required midwives for EmOC
Kaur Minor Health Centre	CRR	3	2	The health centre has exceeded the minimum required midwives for EmOC
Kuntair Major Health Centre	NBR	2	14	The major health is still not operating as a full functioning major health centre and using the major health centre staffing norm. The health centre has not met the minimum required midwives for EmOC
Kuntaur Major Health Centre	CRR	3	14	The major health is still not operating as a full functioning major health centre and using the major health centre staffing norm. The health centre has not met the minimum required midwives for EmOC
Soma District Hospital	LRR	11	25	The hospital is still not operating as a full functioning district hospital and using the major health centre staffing norm. The hospital has not met the minimum required midwives for EmOC

Appendix 3: Showing tests and scanning conducted at health facilities visited

Name of Health facility	Region	Testing & activities conducted				Remarks
		Ultrasound	Anemia	Management	Antenatal	

		Scanning	test	of hypertensive disorders	care health education and promotion	
Bansang General Hospital	CRR	Yes	yes	yes	Yes	All EmOC testing are done.
Basse District Hospital	URR	Yes	Yes	Yes	Yes	All EmOC testing are done.
Brikama District Hospital	WCR	Yes	Yes	Yes	Yes	All EmOC testing are done.
Brikamaba minor health centre	CRR	No	Yes	yes	Yes	No scanning is conducted
Bwaim General Hospital	WCR	Yes	Yes	Yes	Yes	All EmOC testing are done.
Essau District Hospital	NBR	Yes	Yes	Yes	yes	All EmOC testing are done.
Farafenni General Hospital	NBR	Yes	Yes	Yes	Yes	All EmOC testing are done.
Foday Kunda Minor Health Centre	URR	No	No	No	Yes	No scanning is conducted. They only conduct rapid testing
Kaiaf Minor Health Centre	LRR	No	Yes	Yes	Yes	No scanning is conducted
Kaur Minor Health Centre	CRR	No	Yes	Yes	Yes	No scanning is conducted
Kuntair Major Health Centre	NBR	No	Yes	Yes	Yes	Lab started working in October 2022 and the responsibility of the lab technician is outsourced to one teacher from a nearby village who they claim to have some experience in the subject matter
Kuntaur Major Health Centre	CRR	No	Yes	Yes	Yes	No scanning is conducted, because of no scanning machine.
Soma District Hospital	LRR	Yes	Yes	Yes	Yes	All EmOC testing are done.