

Assessing the Availability and Readiness of Health Facilities to Provide Emergency Obstetric Care (EmOC) Services in Eight Low- and Middle-Income Countries (LMICs): Insights from Nationally Representative Service Provision Assessment Surveys

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Background

Despite significant progress in reducing global maternal mortality over the past few decades, Low- and Middle-Income Countries (LMICs) continue to face challenges in combating this burden. To reduce preventable deaths, the World Health Organization (WHO) recommends Emergency Obstetric Care (EmOC) in health facilities as a proven intervention. However, very limited information is available regarding its availability and readiness in LMIC health facilities.

Objectives

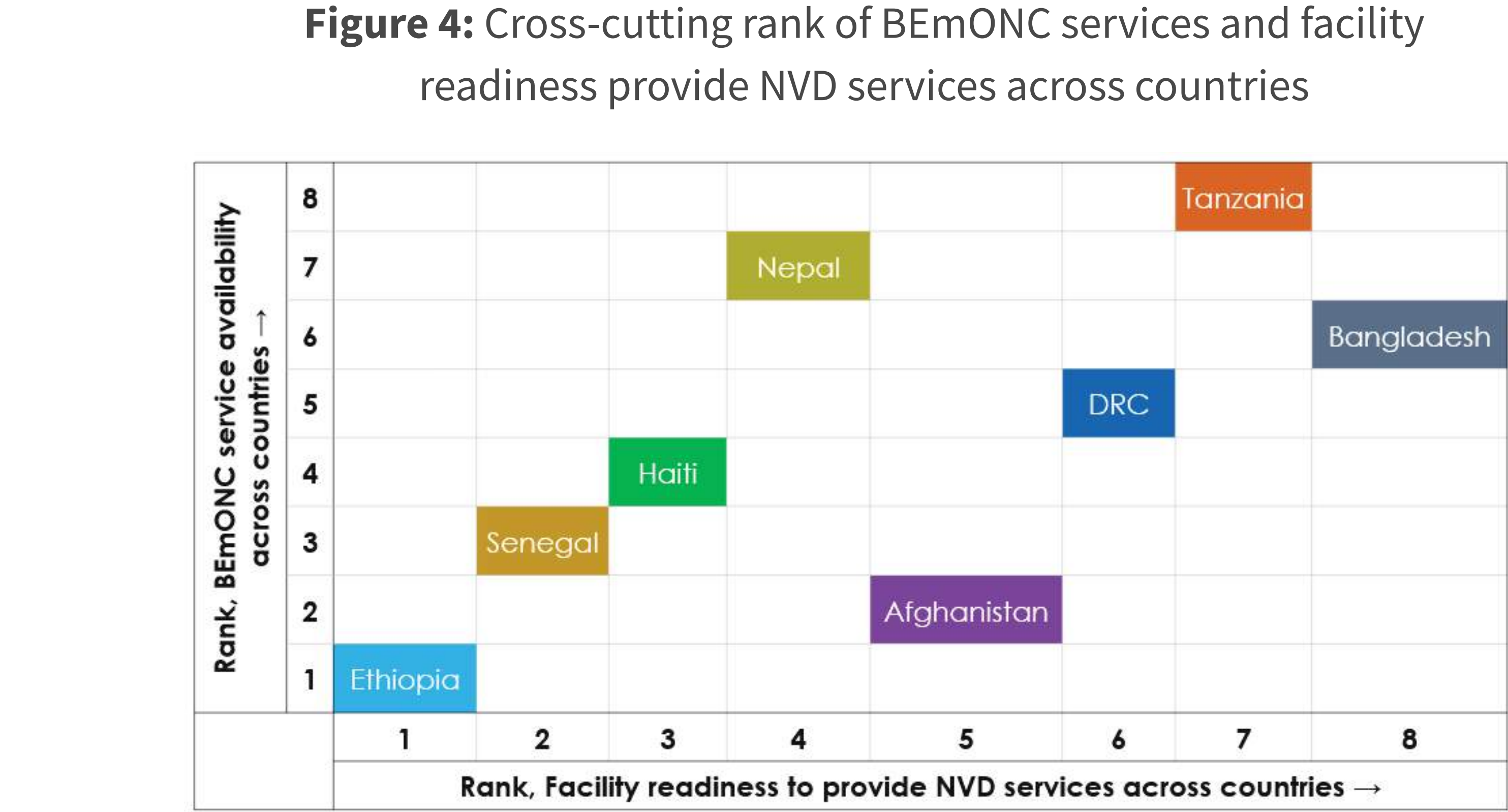
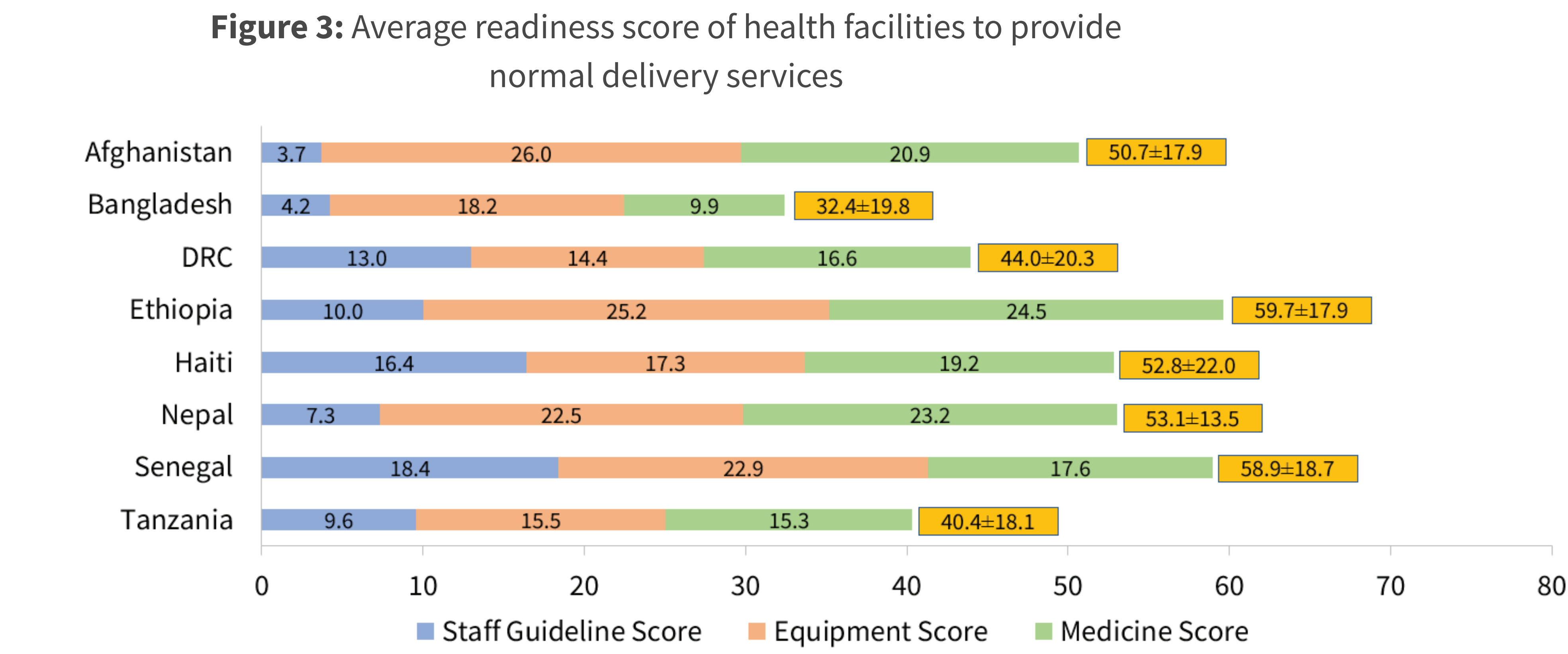
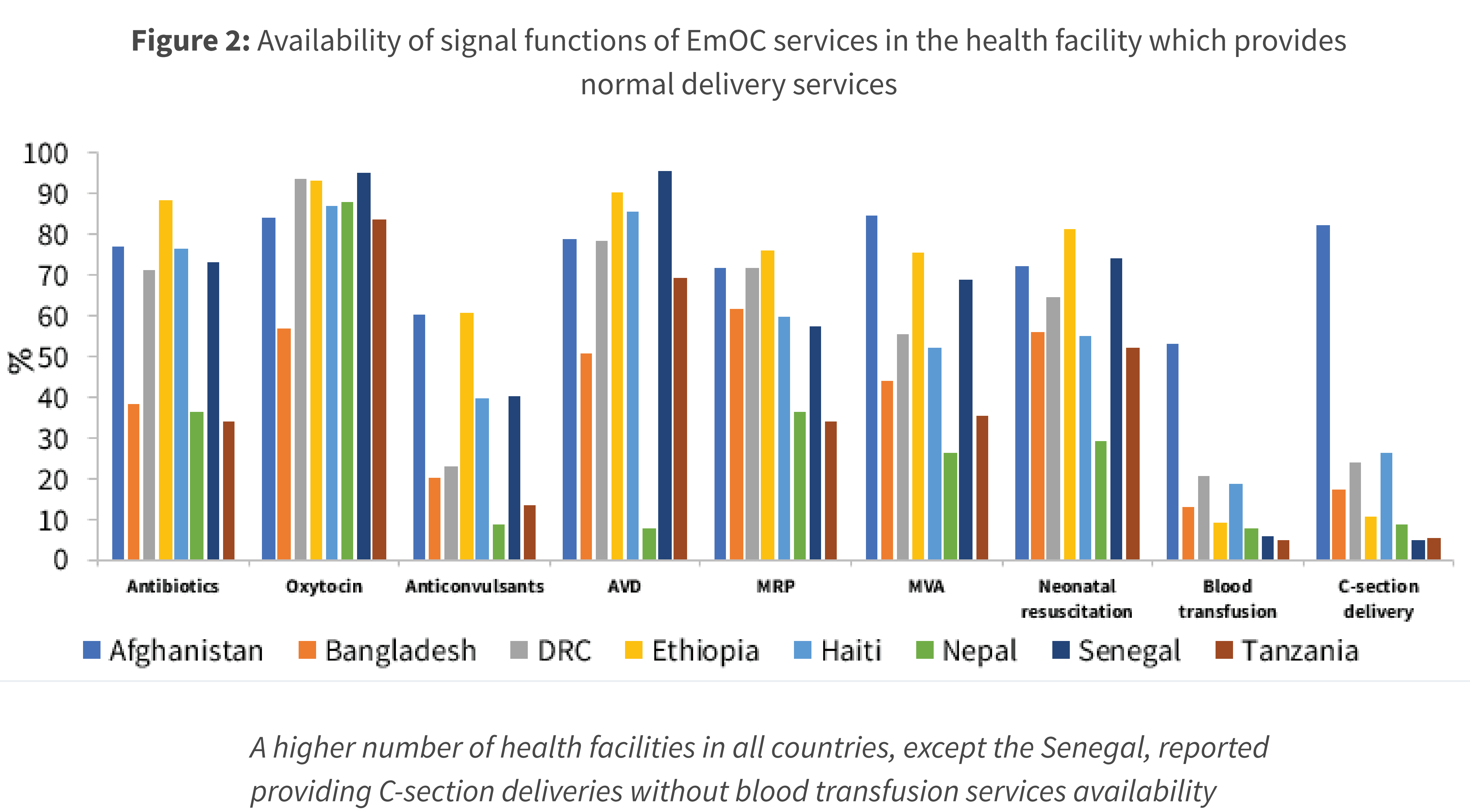
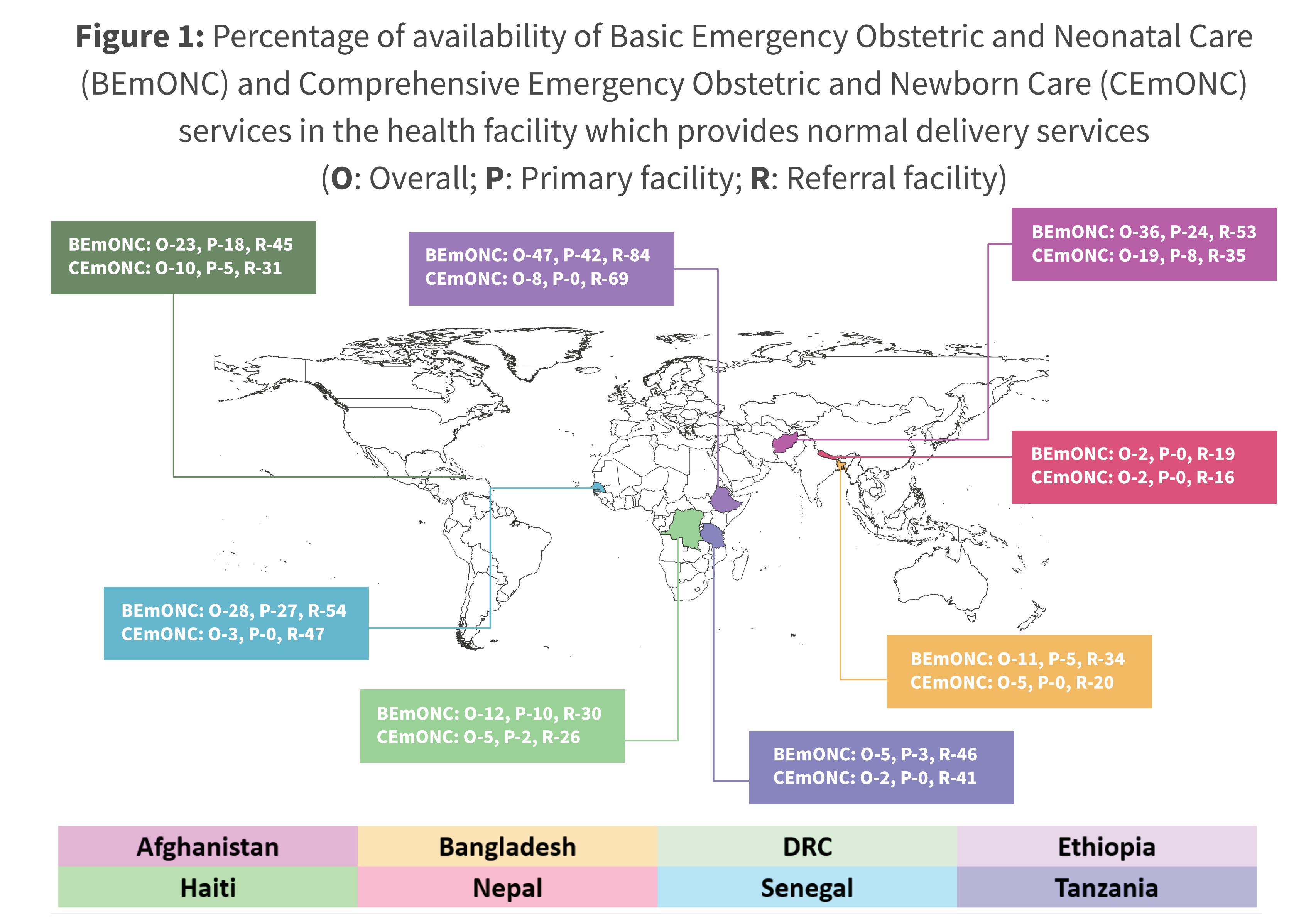
The study aimed to analyse EmOC service availability and readiness in health facilities across eight LMICs.

Methods

Data Source: Service Provision Assessment (SPA) surveys
Study Countries: 8 Countries (Figure 1)
Study Design: Nationally representative cross-sectional surveys
Surveys Year: 2015 to 2022
Total No. of facilities: 4,329 facilities that provided Normal Vaginal Delivery (NVD) were included in the analysis

Outcome Variable: EmOC service availability and readiness in health facilities were measured according to WHO's Service Availability (Figure 2) and Readiness Assessment (SARA) guidelines (Figure 3).
Data Analysis: The readiness score was calculated across three equally weighted domains—guidelines and staff training, essential equipment and supplies, and essential medicines—resulting in a total score of 100. Descriptive statistics were used to analyse the data.

Results



Conclusion

This is a first multi-country analysis reporting on EmOC service availability and readiness in health facilities. The availability of EmOC signal functions and the readiness of health facilities for EmOC services were relatively low.

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