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.

Obiectives

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

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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

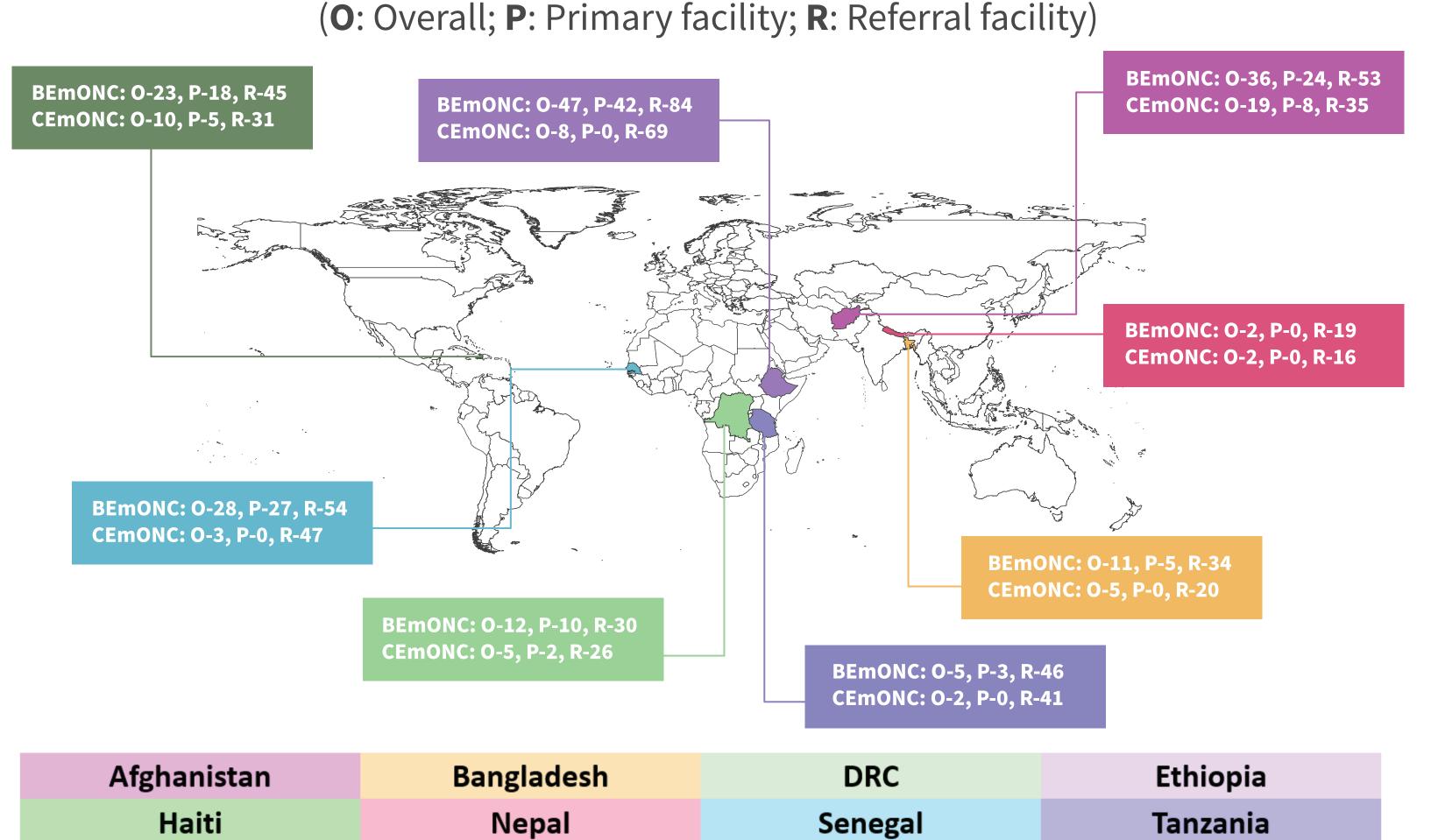
Outcome Variable: EmOC service availability and readiness in health facilities were measured according to WHO's Service Availability (Figure 2) and Readiness Assessment (SARA) guidelines (Figure 3).

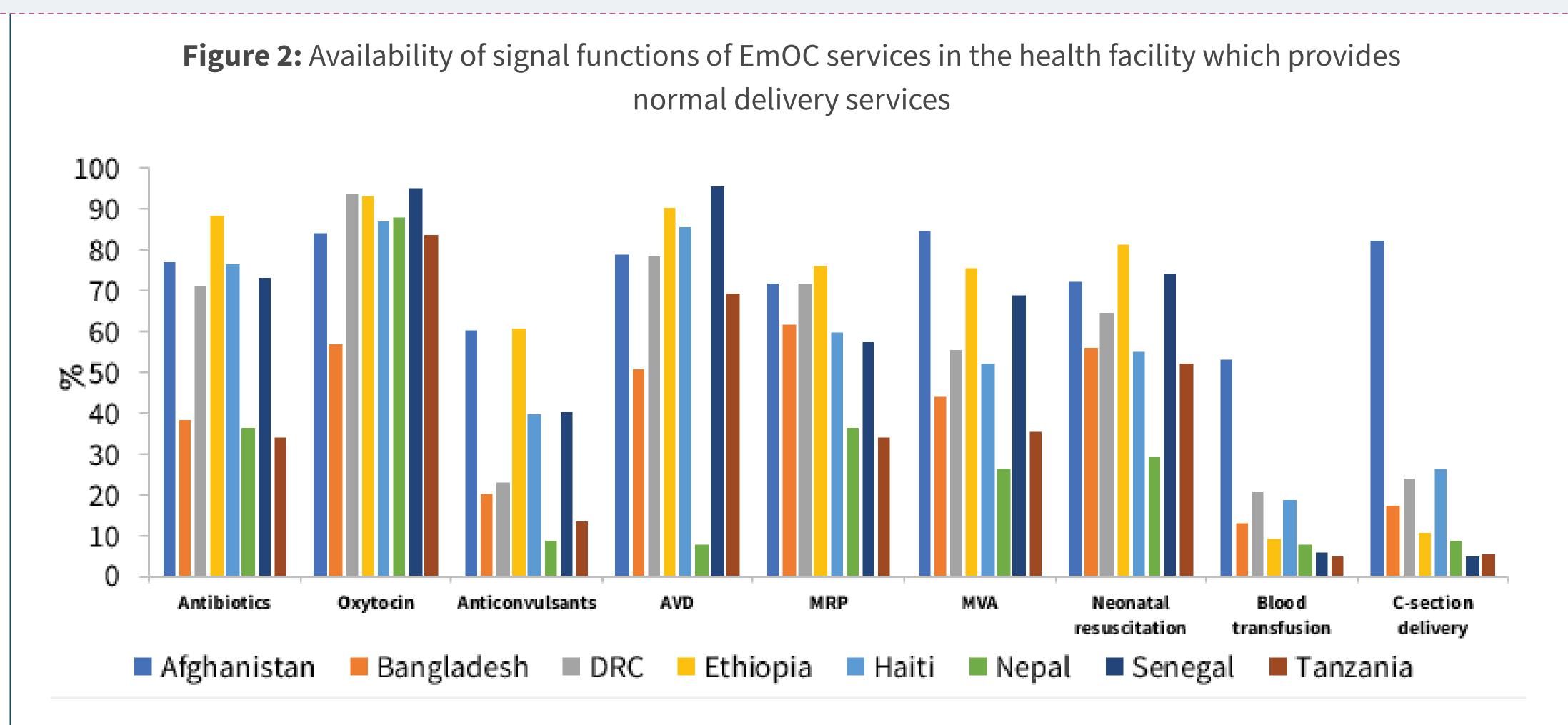
Data Analysis: The readiness score was calculated across three equally weighted domains—guidelines and staff training, essential equipment and supplies, and essential medicines—resulting in a total score of 100. Descriptive statistics were used to analyse the data.

Results

Figure 1: Percentage of availability of Basic Emergency Obstetric and Neonatal Care (BEMONC) and Comprehensive Emergency Obstetric and Newborn Care (CEMONC) services in the health facility which provides normal delivery services

(O: Overall: P: Primary facility: P: Referral facility)





A higher number of health facilities in all countries, except the Senegal, reported providing C-section deliveries without blood transfusion services availability

Figure 3: Average readiness score of health facilities to provide normal delivery services

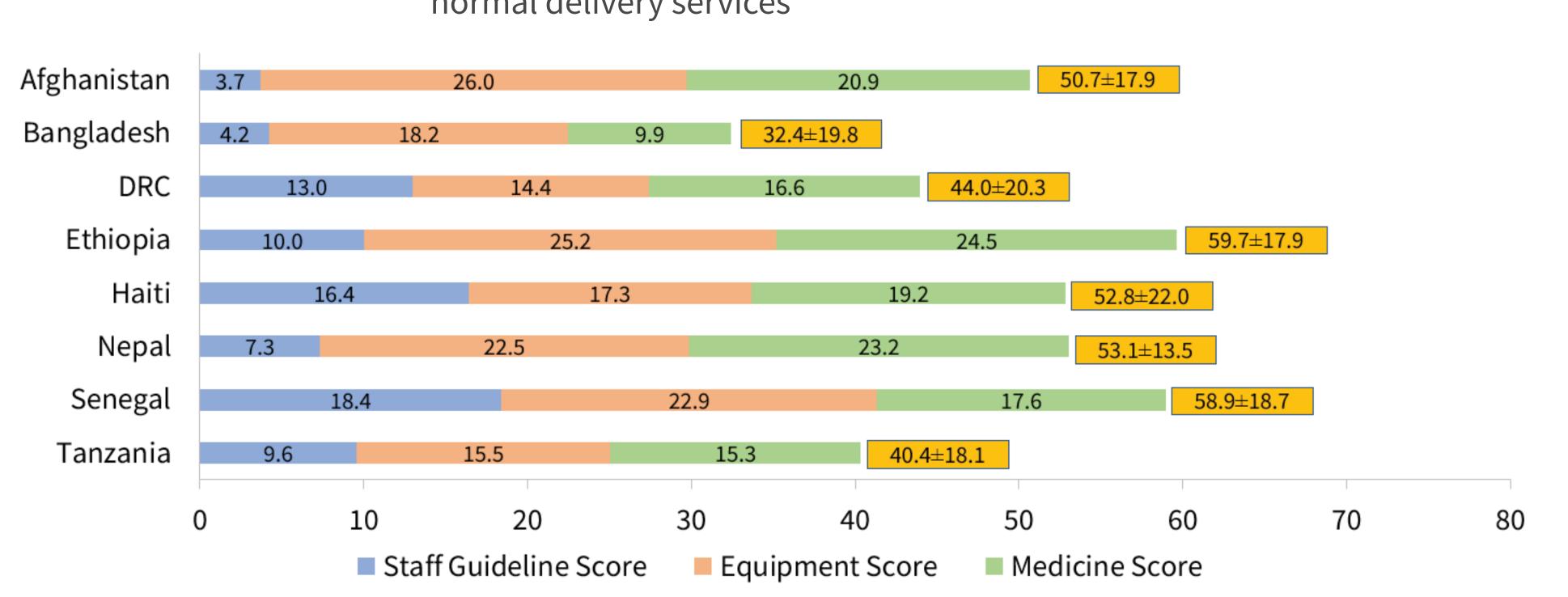
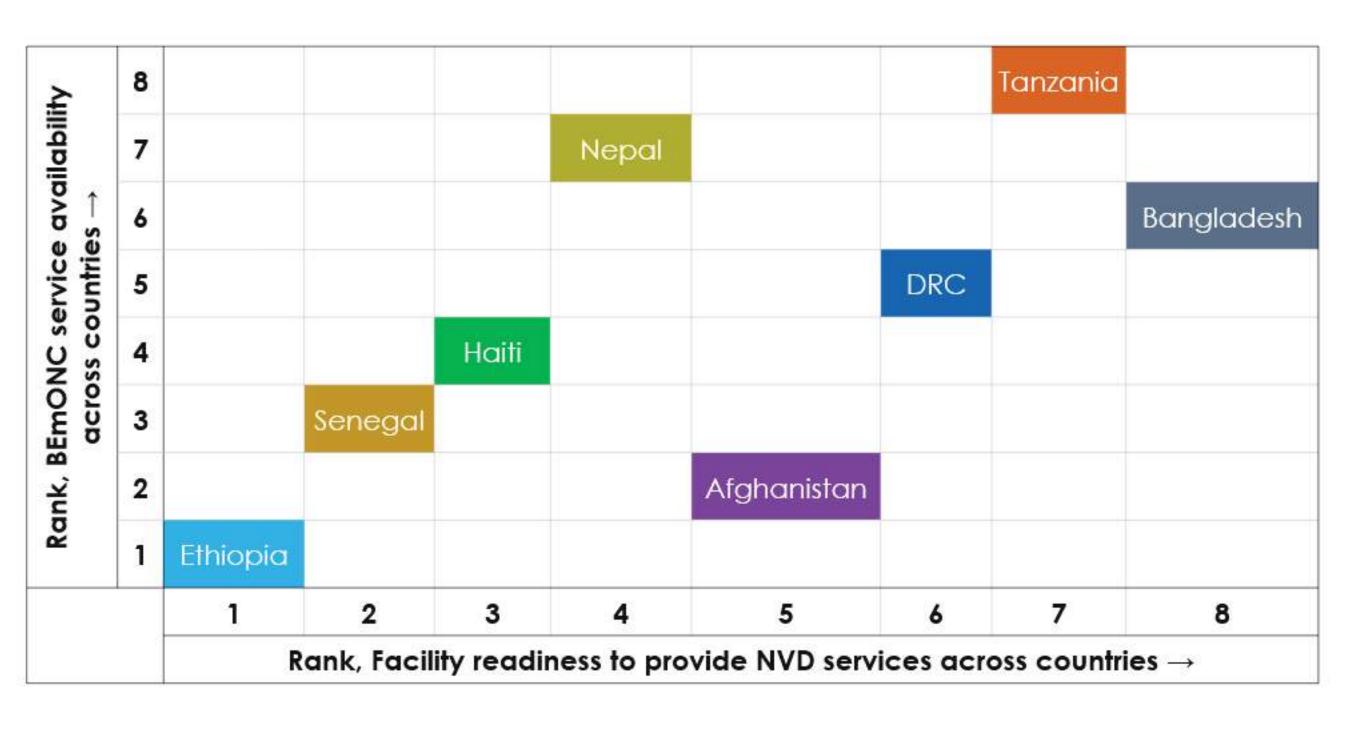


Figure 4: Cross-cutting rank of BEmONC services and facility readiness provide NVD services across countries



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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