Assessment of Births in EmONC Facilities and Travel-time to a CEmONC Facilities in Zambia

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INTRODUCTION

• In Zambia, 8/10 women deliver in a health facility

• However, not all women are delivering in health facilities that are able to respond adequately to obstetric complications

• The uncertainty of when and which pregnant women and newborns will develop complications, creates the need to have women deliver in health facilities that are able to handle obstetric complications.

• There is insufficient information on the proportion of these childbirths in health facilities that offer emergency obstetric care.
Objectives and Methods

OBJECTIVES 1
To estimate the proportion of births occurring in health facilities offering Emergency Obstetric and Newborn Care (EmONC) signal functions.

- **Data sources:** The Zambia Harmonised Health Facility Assessment (ZHHFA) (2,204 govt health facilities) & DHIS2 (543,999 births)
- **Using HFFA data, categorised the facilities into the following**
  - Non-performing facility
  - Routine delivery facility
  - Basic EmONC only facility
  - Comprehensive EmONC facility

OBJECTIVES 2
To map out the spatial spread of EmONC facilities and travel times to the nearest CEmONC facility.

- **Data sources:** ZHHFA, Malaria Atlas Project Data Platform, & Open Street Map (OSM)
- **Using QGIS estimated motorised travel time (per pixel) from a non-CEmONC facility to the nearest CEmONC facility**
More births in primary facilities and low availability of EmONC signal functions

- More births took place in primary facilities (57%)
- Less availability of EmONC signal functions in primary health facilities
- 24% of facilities in the country unable to offer minimum requirements for a routine delivery
65% (urban) vs 36% (rural) births in EmONC facilities

- Approximately 51% of births took place in facilities NOT able to offer emergency obstetric care.
- 11% of births in the country took place in health facilities not providing all services needed for a routine delivery.

Proportion of births in EmONC facilities
Disparities among districts (0% to 98%)

- Lowest coverage in clusters of districts in the northern part and south-western part of Zambia (0-13% coverage)
- Highest coverage of 77%-98%
More facilities within \textit{>2hours} travel time in rural areas (12\% vs 1\%)

- 59\% of non-CEmONC in Zambia are within 1 hour of motorised transportation to a CEmONC facility
- Considerable difference between rural and urban facilities
- More facilities in rural areas with \textit{>2} hour travel to the nearest CEmONC facility (12.6 vs 1.3)

\begin{table}
\begin{tabular}{lccc}
\hline
& National & Urban & Rural \\
\hline
0-60 mins & 59\% & 96\% & 56\% \\
60-120 mins & 29\% & & 31\% \\
>120 mins & 12\% & & 13\% \\
\hline
\end{tabular}
\end{table}

Travel to C-Section facilities by location
## Conclusion

- Despite most childbirths occurring in primary care facilities, the availability of EmONC signal function in these facilities is limited.

- The relatively shorter travel times to CEmONC facilities do not take into consideration availability of emergency transportation, and other delays.

- There is need to improve quality of maternal and newborn services in primary health care facilities and close the inequality gaps between urban and rural areas.
THANK YOU