

APOSTLE PADI OLOGO TBC

NON GOVERNMENTAL ORGANISATION



Healthy looking baby after a health system established in Sra community

ANNUAL REPORT, 2016

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INTRODUCTION

Most mothers say that their children health is the most important thing in their lives. We know that a strong and empowered mother is the best champion a child will ever have. Experience has shown that when mothers have health care, education and economic opportunities, both they and their children have the best chance to survive and thrive. But many are not so fortunate. In 2006, there was a problem of three maternal deaths out of about one hundred and ten deliveries in a remote community called Sra in the Eastern Regional Part of Ghana. In 2007 we experienced the same three maternal deaths out of about one hundred and twenty deliveries. In 2008 we experienced one maternal death. If one woman is lost through birth it is a great loss because women they say, ‘if you educate a woman, you educate a nation’. In the same way, if you lose a woman, you lose a nation and it is a big blow. It is based on this that International Needs Australia intervened in 2009 by constructing and equipping a 8- beds health centre called Sra Community health Centre and also had provided Community Ambulance which is now working well such that maternal and infant death in the community and the surrounding areas has reduced. Birthing Kit Foundation also supported International Needs Australia by providing Birthing Kits to help reduce these deaths. In 2014, an organisation also called “Tear drop into Joy” has joined the donors by sponsoring the training of one midwife. This year, another donor called Vitamin Angels has joined by providing Vitamin A and Albendazole which we distributed to 1,500 children in Fanteakwa District. All in the name of Improving Maternal and Child Health. This report highlight approaches that are working to bring essential health care to the hard to reach places where most deaths occur and it shows how million more lives can be saved if we invest in proven solutions and help mothers do what is best for them and their children.

Apostle PadiOlogo Traditional Birth Centre is working in partnership with Government, Civil societies and private sector; we are supporting effort to deliver high quality health services. By creating access to improving pregnancy and delivery care, vaccinating children, treating diarrhea, malaria as well as improving nutrition. We have saved thousands of lives. Many more could be saved if only more resourced were available to ensure essential health can reach every mother and child.

Please read the Take action section in the subsequent page of this report and join me in doing what any mother would do: put the well-being of children and mothers first.



Michael Ologo

Executive Director – Apostle PadiOlogo Traditional Birth Centre

EXECUTIVE SUMMARY- Key Findings and Recommendations

Key Findings

We have identified three major causes of maternal and infant death which include Complications during birth, prematurity and infections and we have developed a set of interventions that can prevent or treat each of this case. These proven interventions- coupled with stronger health systems and sufficient health care workers who are trained, deployed and supported to tackle the key cause of child, maternal and infant mortality – have the potential to reduce maternal and infant death by as much as 75 percent provided fund is available.

Recommendations:

1. Address the underlying cause of Newborn mortality, especially gender inequality.

When women are strong and stable- physically, mentally, and socially, their children are more likely to thrive and survive. Educated girls turn to marry later and begin child bearing later in life, when their bodies are more fully developed. They are also more likely to make healthy choices for themselves and their babies. Well nourished girls also grow up to be healthier mothers who are less at risk for many health problems including premature birth. And family planning saves the lives of mothers and babies by enabling women to avoiding pregnancy when they are too young or too

old and to space their birth at healthy intervals. Men must also be engaged as stakeholders in maternal and child health so that they support family choices that will lead to healthier mothers and babies.

2. Invest in health workers to reach the most vulnerable mothers and babies. Sra and the surrounding communities face shortage of health workers. New frontline health workers need to be recruited and trained. Midwives and birth attendants need training, supplies and appropriate facilities to prevent and respond to birth complications, during pregnancy, at birth and immediately after birth.

3. Strengthened health systems and address demand related barriers to access and use of health service.

Investing in skilled birth attendants and other frontline health workers is a critical piece of a broader movement to ensure Universal health coverage so that everyone-starting with the most vulnerable- receives essential, high-quality care without financial hardship. The success of Universal Health Coverage should be judged by its success in delivering health outcomes, including reducing newborns, maternal and child mortality. Many people in the rural communities die because health systems are grossly underfunded and lack the staff, equipments and supplies needed to save lives. The world needs to understand and address the social, cultural and financial barriers that prevent families from receiving quality healthcare. More funding is needed for better facilities, for logistic systems that reliably provide drugs and commodities, to ensure that services are accessible to the most vulnerable, and for national and local monitoring that includes indicators of the coverage and effectiveness of basic components of newborn cares, so countries and stakeholders can tell if progress is being made.

4. Increase commitment and funding to save the lives of mothers and newborn.

In order to meet internationally agreed-upon development goals to child and maternal deaths, lifesaving services must be increased for women and newborns. In most countries the majority of health financing comes from domestic sources. In many cases, countries need to increase their public investment in health-especially investments in maternal, newborn and child health-and take steps to ensure that direct payments for healthcare are not a barrier to survival. A range of stakeholders, including donor countries, developing countries, international agencies, nongovernmental organizations (NGOs) and the private sector all have separate roles to play and helping improve and expand effective healthcare coverage so even the poorest mothers and their newborns have access to quality care. NGOs, in particular, can help monitor progress and make sure stakeholders are held accountable.

5. Invest in low-tech solutions which healthcare workers can use to save lives during pregnancy, at birth and immediately after birth.

Most newborn deaths could be prevented by ensuring access to lifesaving products and approaches, including: treatment of infections in pregnant women; access to low-tech equipments that can help babies breathe; clean cord care using chlorhexidine; prompt treatment of newborn infections; and basic education for mothers about the importance of proper hygiene; warmth and breastfeeding for newborns. Increasing the use of these services and these practices can prevent up to 3 out of 4 newborn deaths.

6. Train and deploy more quality healthcare workers.

Workers to help save lives and meet the health-related Millennium Development Goals. Governments and international organizations should make building health workforce capacity a priority, particularly the recruitment and training of front-line female health care.

WHY MATERNAL AND INFANT DEATH IN SRA AND THE SURROUNDING COMMUNITIES

Now we know that three major cause of maternal and infant death are prematurity, severe infections and complications during child birth.

CARE FOR MOTHERS AND NEW BORN

1. Care of Future Mothers

The three interventions that are most effective in preventing high risk pregnancies-thus saving lives of mothers and babies are Female Education, Nutrition and family planning.

Female education

One of the most effective ways to reduce risks to mothers and newborns is to ensure that more girls enroll in school and stay in school. The more time girls spend in school, the later they marry and begin childbearing. Educated girls also are more likely to grow up to be mothers who are healthy, well-nourished, economically empowered and resourceful when it comes to caring for themselves and their babies. Educated women tend to have fewer children, healthier pregnancies and safer deliveries. Sadly, most girls in Sra and the surrounding communities are not attending school because of financial difficulties.

Nutrition

The importance of good nutrition in improving survival rates for mothers and newborns extends beyond the time that a woman is pregnant, gives birth, and attends to her baby's needs. Undernourished girls grow up to become small women. Underweight mothers tend to have undernourished babies. Promoting adequate nutrition and counseling women to gain enough weight during pregnancy are important. But equally important is promoting a healthy and varied diet through an adequate supply of food that improves the nutrition of girls and women throughout life.

Family planning

Effective use of family planning methods can help save the lives of mothers and babies by enabling women to avoid pregnancy when they are too young or too old, and to space their births at intervals that are healthy for them and their babies. Family planning remains one of the most cost-effective ways to reduce maternal and newborn deaths, as well as stillbirths.

Contraceptive services empower couples to choose the number and timing of their pregnancies, leading to smaller families, improved survival, educational gains and economic growth.

Low-Cost Solutions During Pregnancy, Childbirth and the First Weeks of Life

Improving the health of mothers and newborns is largely a matter of applying sound health-care practices at the appropriate milestones during pregnancy, at birth and after birth, through the first 28 days. Stronger health systems and more trained birth attendants are clearly needed, but another barrier to progress on newborn survival has been the erroneous perception that only expensive, high-level technology and specialized, hospital-based care can save newborn lives. The truth is that low-cost, evidence-based interventions in the hands of trained birth attendants could reduce newborn deaths by up to 75 percent if provided universally.

The cost of these solutions is not high. One recent study estimated that 90 percent coverage of essential newborn health interventions could be achieved at an additional cost of less than \$1 per capita in the 75 countries where most children die. About 30 percent of the cost is for newborn-specific interventions, while the majority is for interventions that would also benefit mothers and older children.

Prenatal Care

Caring for newborn babies starts with caring for pregnant mothers, ensuring that they are adequately nourished, free from infections and exposure to harmful substances, and monitored for complications during pregnancy. Immunization against tetanus should be part of all prenatal care packages. For babies born at home, good prenatal care also includes counseling to encourage a clean birth, planning to have a skilled attendant, teaching awareness of danger signs and the importance of immediate and exclusive breastfeeding.

Tetanus toxoid vaccination

According to our health experts, Immunizing women of reproductive age with the tetanus toxoid vaccine protects both mothers and newborns. Tetanus toxoid is one of the safest, most effective and least expensive vaccines available. It can prevent tetanus infection in mothers during childbirth, and it passes immunity on to the fetus.

The experts believe that maternal deaths can be prevented by ensuring that every pregnant woman receives two doses of tetanus toxoid during pregnancy, or that all women of childbearing age receive three shots over a two-year period.

Treatment of maternal infections

Infections during pregnancy are a major cause of complications such as miscarriage, premature rupture of the amniotic sac, premature birth and congenital infection and anomalies.

Prevention of infection should be part of prenatal care. Testing and treatment for sexually transmitted infections such as syphilis and gonorrhoea are simple and inexpensive, with significant payoffs for newborns. The risk that an HIV-positive woman will transmit the virus to her baby can be reduced to less than 5 percent with effective interventions, including antiretroviral drugs. And in areas where malaria is endemic, treatment for the disease, administered during pregnancy, can reduce the incidence of low birth weight by 40 percent.

Skilled Care During Childbirth

Skilled birth attendants are people with midwifery skills (for example, doctors, nurses and midwives) who have been trained to manage normal deliveries and to diagnose and manage or refer complicated cases. Some women give birth without someone present who has these skills.

Skilled birth attendants provide for a clean delivery, ensure the newborn is dried and kept warm, recognize and immediately resuscitate asphyxiated babies, and identify other danger signs in both mother and baby to avoid delay in seeking additional care when needed. Skilled care providers may practice in a health facility or a household setting, but they need a functioning referral system for the management of complications. In places where skilled providers are not yet available, births should be attended by alternative health workers who are trained to provide clean deliveries and refer complications.

2. A shot to save premature babies

Health workers in Sra community Health Centre say that many premature babies die from immature lung development. Those that survive are at risk of lifelong health challenges such as impaired brain development, impaired learning ability and compromised physical health. It is a fact that when a mother is in premature labor, a skilled birth attendant can administer an injection of corticosteroids to accelerate lung development of the fetus while the baby is still in the womb. A baby born with more mature lungs is less likely to suffer from respiratory distress syndrome and more likely to survive.

3. Stronger Health Systems for Mothers and Babies

Apostle Padi Ologo Traditional Birth Centre as a Non Governmental organisation need international support to scale-up and implement health service delivery packages that include expanded human resource capacity, health facility infrastructure, financial resources for

management and use of data. A recurring theme in countries where dramatic reduction in newborn deaths are taking place is the use of data and evidence to inform policies and programs, with locally-generated evidence often found to be critical in creating the ownership needed for adoption and replication at scale. Even more lives can be saved if countries use local data to identify priority interventions and increase coverage and quality in the short term.

Take Action for Newborns

We know the transformative power that saving children's lives has on families, communities, nations and economies. What we need to do now is act.

What Needs to Be Done?

1. Every mother and every newborn must have access to high-impact care that will save their lives.

- Midwives, nurses and community health workers need training, supplies and appropriate facilities to prevent and respond to complications from premature birth. For example, it should be routine, as it is in rich countries, to give mothers in premature labor an injection of corticosteroids, which helps babies' lungs develop and prevents breathing problems when they are born.
- Clean cord care, including chlorhexidine cord cleaning and newborn/pediatric doses of antibiotics, could prevent and treat simple but deadly infections.
- Midwives and all birth attendants need training to help newborn babies survive the "golden minute" – that first moment after birth when, if a baby is not breathing spontaneously, a simple intervention can save her life. The global "Helping Babies Breathe" partnership has developed and tested a training model, but it has not yet reached most babies.
- Immediate and exclusive breastfeeding and "kangaroo mother care" cost virtually nothing, but could save hundreds of thousands of babies' lives each year. Yet few frontline workers are trained to support mothers for this care.

2. We need to create mother and baby-friendly health systems to deliver Life saving interventions, especially at the time of birth.

- We need to provide women with greater access to midwives so that all women receive quality obstetric care and give birth with attendants who are trained in newborn as well as maternal health care. This requires training new health workers and ensuring that existing workers have the right training, skills and supplies; they also need to be part of a functioning health system that focuses on communities of the greatest need and uses the latest evidence to guide program improvement.
- With more mothers delivering in health facilities such as clinics or hospitals, increased attention needs to be given to improving the quality of care in those facilities. With millions more births in facilities, we must seize the opportunity to ensure effective care is given, lives are saved, conditions are hygienic and women are respected. Health providers should ensure that mothers are knowledgeable about appropriate care practices before they leave a facility – and that they know when and where to seek care if needed once they get home.
- Our Community health workers play a vital role, especially in the critical postnatal period, visiting women and babies, promoting breastfeeding, providing access to family planning, and supporting families for basic newborn care – things such as warmth, breastfeeding, cord care and hygiene. These workers need to be part of a broader health system.
- We need to move Universal Health Coverage from aspiration to reality. Investing in midwives and other frontline health workers is a critical piece of a broader movement to ensure Universal Health Coverage so that everyone – starting with the most vulnerable – receives essential, high-quality care without descending into poverty. It also requires increasing investment in health, building strong, fully functioning health systems and removing financial and other barriers to access and use of services. The success of Universal Health Care must be judged on results for health outcomes, including newborn, maternal and child mortality.

3. We need to address the underlying causes of newborn mortality, especially gender inequality and malnutrition.

- We need to empower women and girls so that they can make the health decisions that are best for themselves and their babies, especially to plan their families. When mothers are strong and stable – physically, financially and socially – their children are more likely to survive and thrive. But women and girls are only part of the answer. Men must also be engaged as stakeholders in maternal and child health so that they support family choices that will lead to healthier mothers and babies.
- We need to invest in fighting malnutrition, which is an underlying cause of more than one-third of under-5 deaths and contributes to babies being born too small. The right feeding practices – such as immediate and exclusive breastfeeding after babies are

born – will save newborn lives, and also help children get the proper nutrition their brains and bodies need for development.

Who Needs To Act?

Under many international agreements and rights conventions, including the UN Convention on the Rights of the Child, it is a globally shared responsibility to ensure that newborns and children are protected, supported and given the best opportunities to have a healthy life.

Donor Countries and International Agencies:

- Donors must increase funding for maternal, newborn and child health and nutrition to secure progress and achieve the end of preventable child and maternal deaths. Within the funding given, it should be targeted to the biggest causes of mortality and invested in the ways that will change lives. Donor funding for newborn care is pitifully small compared to the burden, apart from a few leading donors.
- Donors must increase resources for maternal and newborn care to help ensure that health care during pregnancy, labor, delivery, and the postnatal period – is available to all, addresses the risks of premature birth and prepares frontline health workers to prevent and treat newborn complications and infections.
- Donors must continue to drive political will and public awareness to support the end of preventable child deaths, through engagement in efforts such as the G8; the UN Secretary General’s Every Woman, Every Child Campaign; A Promise Renewed; Universal Health Coverage; and the Convention on the Rights of the Child.

The Private Sector:

- The private sector can play a critical role in training and supplying health workers and delivering services. Both Government departments and private sector enterprises can align and coordinate their efforts in support of national health priorities and plans, and pursue bringing those resources to bear to address critical gaps in the delivery of health services.

NGOs:

- Nongovernmental organizations are a source of innovation and expertise. NGOs can help answer critical questions affecting access and use of services and practices, and help fill gaps in technical expertise.
- NGOs like Apostle PadiOlogo Traditional Birth Centre also play an important role in training health workers and delivering services, especially to hard-to-reach populations. These efforts should align with and support national health priorities and plans, and seek to employ approaches that are sustainable in low-resource settings.
- Finally, NGOs like Apostle PadiOlogo Traditional Birth Centre must continue to play a critical role in mobilizing political and public support and holding governments and others accountable for newborn and child survival.