



GHANA COALITION OF NGOs

IN HEALTH

*Report on Press Conference – on Maternal
and Neonatal Health -- June 10, 2009*

REPORT ON PRESS CONFERENCE ON MATERNAL AND NEONATAL HEALTH

JUNE 10, 2009

PRESS CONFERENCE CENTRE

The Coalition of NGOs in Health in line with the three-year Netherlands Embassy –funded project organized a press conference on maternal and neonatal health issues.

Despite efforts made over the years, there has been no significant change in the rate of maternal and neonatal deaths. The purpose of the press conference was to bring to light the seriousness of the problem, highlight what Civil Society can do and advocate for government's support of CSOs in this regard, in order to bring into realization MDGs 4 and 5.

The Chairman of the Coalition, Dr Cecilia Bentsi in her address said that most of the causes of maternal and neonatal deaths are preventable. If there is proper continuum of care before and during pregnancy, during delivery and in the postnatal period, both mothers and neonates can be safe. Similarly, if we could reach 90% of newborns with health interventions most of the babies could be saved. She lamented that currently, we do not have enough health care personnel, but there are many other available hands to support the few health care personnel. NGOs are making themselves available to be used in areas where the health care professionals cannot reach; and where they have comparative advantage to improve access to health service for mothers and neonates.

The speaker for the day, Mrs Cecilia Lodonu-Senoo went on to enumerate the causes of maternal and neonatal deaths, ways in which these can be abated and the role that Civil Society can collaborate with government to address the problem.(Please find attached the full speech).

The questions asked included why we would choose to speak on maternal and neonatal issues and not on the health of the general population. Additionally, the media wanted to know whether the government had denied NGOs support, why NGOs would not take the advantage to educate men on maternal issues and finally a comment on the need to explain some of the medical terms to the media.

Responses for these included the fact that last year, the president's declaration that the rate of maternal deaths was a national emergency proved the gravity of the situation. Male involvement is not a phenomenon that NGOs have neglected, but is still ongoing and all the speakers acknowledged the effort of the government sector to bring down maternal and neonatal mortality. Yet government cannot do it alone, with partnership we can get better results

The press conference served as an eye-opener, and provided deeper insight into the impact which can be made and the effect of synergy if Civil Society and government come together to tackle the problem of maternal and neonatal deaths.



From left: Mrs Cecilia Lodonu-Senoo(standing), Dr Cecilia Bentsi, Mrs Becklyn Ulzen Christian, Mr Solomon Onubuogu and Mrs Joan Awunyo-Akaba

Reducing maternal and neonatal mortality: The Involvement of CSOs in Ghana

Why is maternal and neonatal health important?

- Women are the cornerstone of every community and therefore the nation at large
- The lives of mothers and children are important to all
- Most of the maternal and neonatal deaths are preventable.
- Reduction in neonatal deaths will reduce under 5 mortality rates, and as Ghana strives to attain middle income status, this is particularly important because a country's under five mortality rate measures its development.
- Attainment of MDG 4 and 5

Current Statistics on Maternal and Neonatal Deaths

Mothers:

- 451 per 100,000 live births (Maternal Health Survey, 2007)

Causes of Maternal Deaths

- Unsafe abortions
- Excessive bleeding
- Eclampsia
- Obstructed labour
- Infection
- Malaria and anaemia during pregnancy

How do we stop the deaths?

- Family planning to prevent unwanted pregnancies
- Skilled care during delivery (57% as at 2008) to prevent unwanted deaths
- Emergency obstetric care
- Appropriate nutritional care for women from the age of adolescence

Neonates:

- 40% of deaths occur within 24 hours of life
- 75% of deaths occur within the first 7 days after birth
- Neonatal deaths cause 60% of infant deaths and 40% of all under 5 deaths.
- Proportion of under 5 deaths that are neonatal deaths rose from 26% in 1984-1988 to 39% in 1999-2003 (no decline in 2 decades).

(GDHS 2008)

Factors contributing to Child Morbidity/Mortality

- Gap between obstetric and neonatal care
- Poor quality of service
 - Inadequate health care personnel
 - Work overload
 - Insufficient knowledge and skills among health workers
- Inadequate equipment in health facilities

-Low capacity for infant resuscitation

- Poor caregiver knowledge of danger signs leading to inappropriate care seeking behaviour.

How do we stop the deaths?

- Improve and intensify education on existing interventions on child health in communities.
- 70% of neonatal deaths can be prevented through known effective intervention delivered along the continuum of care.
- Any strategy to prevent neonatal deaths should concentrate on the first 7 days of life, which is the critical period where most of the deaths occur.
- Several lives can be saved if existing interventions reach at least 90% of our newborns and mothers.
- Increase attendance by skilled health personnel
- Improve access to quality health care

Why is CSO involvement in maternal and child health issues important?

Civil society inputs and involvement are crucial towards ensuring that:

- Governments' commitment to achievement of health MDGs is put into action.
- Government's obligation to work with all partners in order to realise its objective of providing health care for all people living in Ghana is fulfilled.
- Equal access to healthcare for the prevention/reduction of maternal and neonatal mortality.
- Equitable and responsive health delivery in key areas of maternal and child health and other diseases.

What roles can CSOs play?

Generally, CSOs involvement in the health sector has not been very strong in Ghana in the past. However, there are several opportunities now which CSOs can take advantage of in order to become strong players in the health sector of Ghana. The following are some of them:

- CSOs must nurture an active and sustained interest in government health policies, through the creation of strong linkages, to influence policy implementation.
- CSOs can provide evidence about resource allocation and health outcomes, to inspire and generate support for prioritising resource allocation to groups or locations that report poor health care outcomes.
- CSOs can monitor the implementation of specific government policies, and generate quality, aggregated data to use as evidence in making the case.
- CSOs can advocate for the provision of equitable services to communities. The practical experience of CSOs offers an excellent opportunity to crystallize and articulate problems facing the ordinary people with whom they work. A careful packaging of such problems, and effective communication, can help gather momentum for change. They can use the data generated from the participatory monitoring exercise as evidence to engage service providers and the government in advocacy.
- CSOs can play a role in making information on government's policy available to the public and in a format understandable to many. Providing communities with information will help develop a well informed citizenry, with the capacity to pinpoint and articulate development problems in the long term.
- CSOs can educate community on the MDGs, on basic rights to health, and on governments' obligations to provide healthcare.
- Reduce poverty amongst women through micro lending to mothers for income generating activities.
- CSOs can partner with government to engage in immunization campaigns; family planning counselling and nutritional education.
- Distribution of health promotion materials to communities e.g. bed nets.
- Mobilise communities to establish village health committees to design and implement community health programmes.

- Collaborate with research institutions to provide empirical evidence for advocacy on maternal and child health issues.

We are asking government to contract out those health promotional services to NGOs where they have the comparative advantage.