



**WELCOME TO
LANRETAM!**

Overview

- Lanretam country profile
- Lanretam health system
- Scaling Up Clinical Associates for Maternal Survival in Lanretam – Results from a midterm assessment



Country Profile

GENERAL AND ECONOMIC SNAPSHOT

The Republic of Lanretam is home to a population of 23 million. The two main ethnic groups are the Lanese and the Tamese; they each speak their own language. The official language in Lanretam is English.

Her Excellency 'Mama' Amabo, the President of the Republic of Lanretam, has presided over the country since 2006. Lanretam has a multiparty democracy and there is a limit of two five-year terms for all elected officials.

The primary industries of Lanretam are tea, tobacco, copper and tourism. The majority (76%) of people live in rural areas and more than three-quarters (77%) of the population live on less than \$2 USD per day.



Country Profile

HEALTH STATISTICS

All data are from 2009

Maternal mortality ratio (per 100,000 live births)	818
Lifetime risk of maternal death	1 in 26
% Births attended by skilled health personnel	40%
% Married women 15-49 using modern contraceptive methods	16.1%
Total fertility rate (children / woman)	5.38
Crude birth rate (births / 1,000 pop.)	43.5
Infant mortality rate (deaths / 1,000 live births)	87
Neonatal mortality rate (deaths / 1,000 live births)	38
Life expectancy	47 years
Adult literacy rate (ages 15 and above)	53.2%
Total expenditure on health per capita	\$19 USD
Total expenditure on health	7.2% of GDP



Country Profile

EMERGENCY OBSTETRIC CARE (EMOC) INDICATORS

Availability of EmOC (% recommended minimum number of basic and comprehensive EmOC facilities)	35%
Availability of EmOC (% recommended minimum number of comprehensive EmOC facilities)	157%
Geographic availability of EmOC facilities (% provinces w/ minimum number)	0%
Proportion of births in EmOC facilities	31%
Met need for EmOC services	20%
Caesarean section as a proportion of all births	1.9%
Direct obstetric case fatality rate	4.1%
Intrapartum and very early neonatal death rate	3.5%



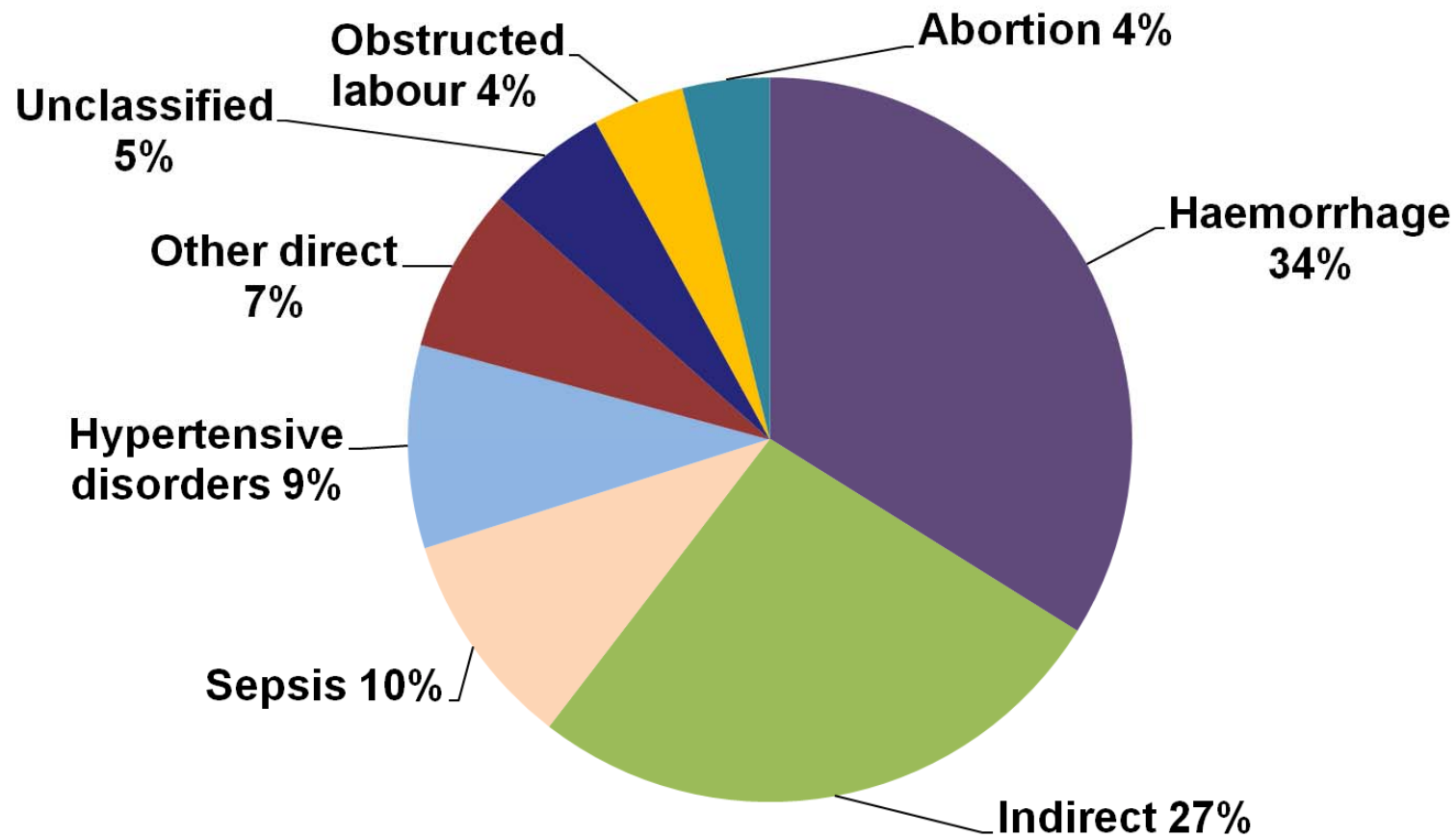
Country Profile:

Provincial Characteristics

- **Moceb:** Inland; agricultural
- **Nosu:** Inland; agricultural
- **Nygbo:** Capital region; small; densely populated
- **Rehtom:** Very rural; furthest from capital; copper mines
- **Yabb:** Primary tourist destination



Country Profile: Causes of Maternal Death



Health System: Road Map

Maternal Health Goal

To accelerate the reduction of maternal and neonatal morbidity and mortality towards the achievements of the Millennium Development Goals (MDGs) through the provision of comprehensive maternal and newborn services.

Road Map Objectives

- To increase the availability, accessibility, utilisation and quality of **emergency obstetric care at district level.**
- To **increase access to skilled birth attendants** during pregnancy, childbirth and and the postnatal period at all levels of the health care delivery system.
- To **strengthen the capacity** of individuals, families, communities, civil society organisations and government to improve maternal and neonatal health.

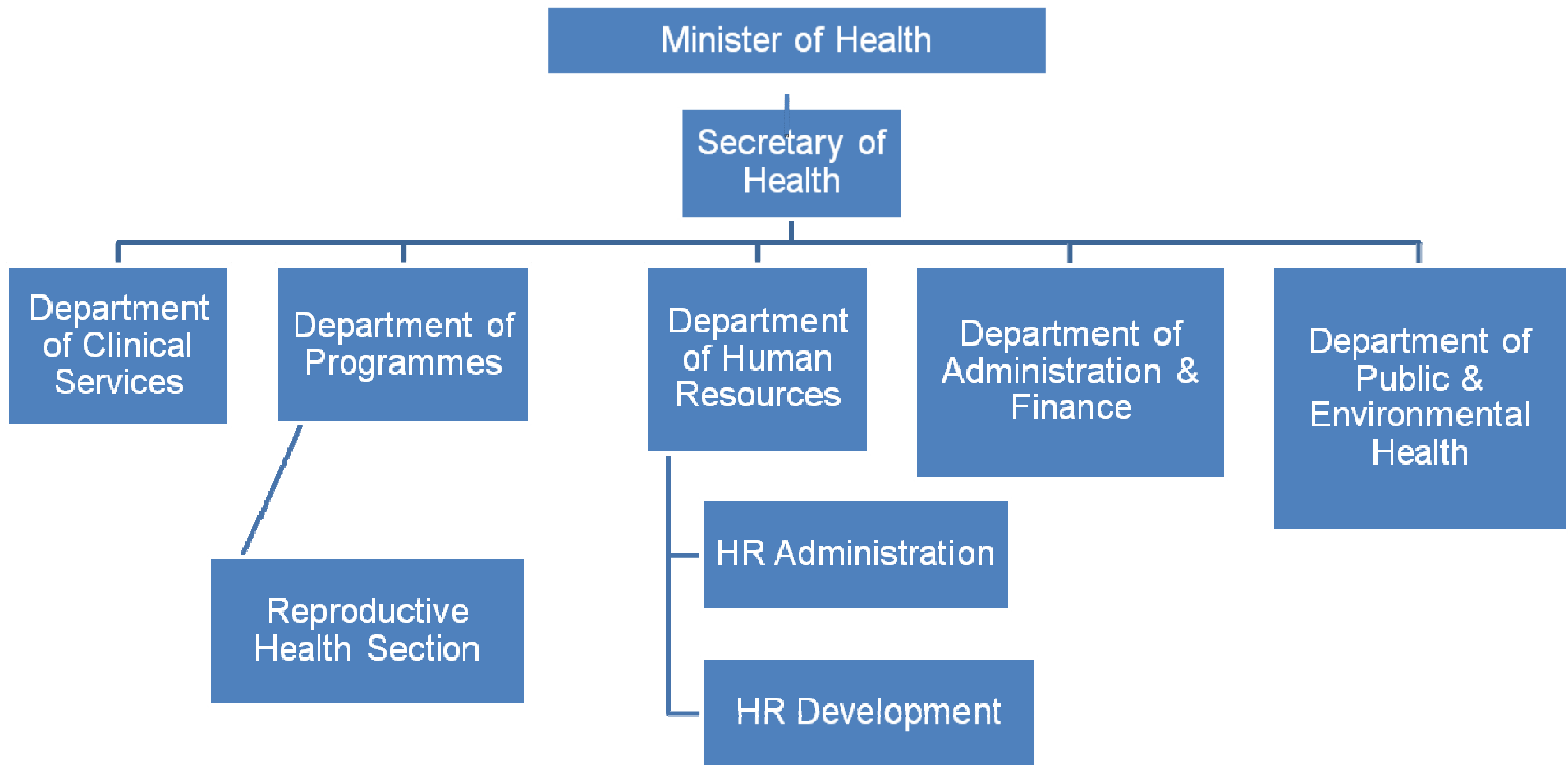


Health System: Quick Facts

- Finances:
 - Annual health budget (USD): \$8.3 billion
 - Total spending on health per capita (USD): \$19
 - National Expenditure on Health is \$10 per capita
 - Total spending on health as % of GDP: 7.2% which represents 10% of total government national expenditure
 - Expected to increase to 15% by 2015 with matching donor funding
- Essential health package free for all citizens
- Sector-Wide Approach began in 1999



Health System: Ministry of Health at National Level



All Departments are chronically understaffed.



Health System:

Ministry of Health at National Level

- **Department of Clinical Services**

- Responsible for leading implementation of health services
- Oversees central and provincial hospitals
- Provides support to district health management teams in running district health facilities

- **Department of Programmes**

- Responsible for setting policies, strategic planning and establishing clinical standards and protocols
- Includes Reproductive Health Section



Health System:

Ministry of Health at National Level

- **Department of Human Resources**
 - Responsible for development of human resource policies and strategies for recruitment, deployment and retention
 - Development and Administration Sections within this Department
- **Department of Administration and Finance**
 - Responsible for procurement, salaries and logistics
- **Department of Public & Environmental Health**
 - Responsible for prevention, surveillance and control of disease, injury and disability



Health System: Human Resource Management

- **National Public Service Commission (NPSC):**
 - Responsible for human resource planning and allocation of staff
 - External to Ministry of Health
- **Sub-national health offices:**
 - Provincial Human Resource Manager
 - Hires and fires within the bounds of NPSC guidelines
 - District Councils
 - Can advocate for additional staff



Health System: Fiscal Decentralisation

- District Government Decentralisation Act 2001
- Operational health budget devolved to District Councils with a Chief District Councillor
 - Block grants for all social services allocated at Provincial level from the National Treasury
- Annual budgets planned by District Councils and District Health Management Teams, submitted to Provincial Council



Health System:

National Provision of EmOC & Other Services by Cadre

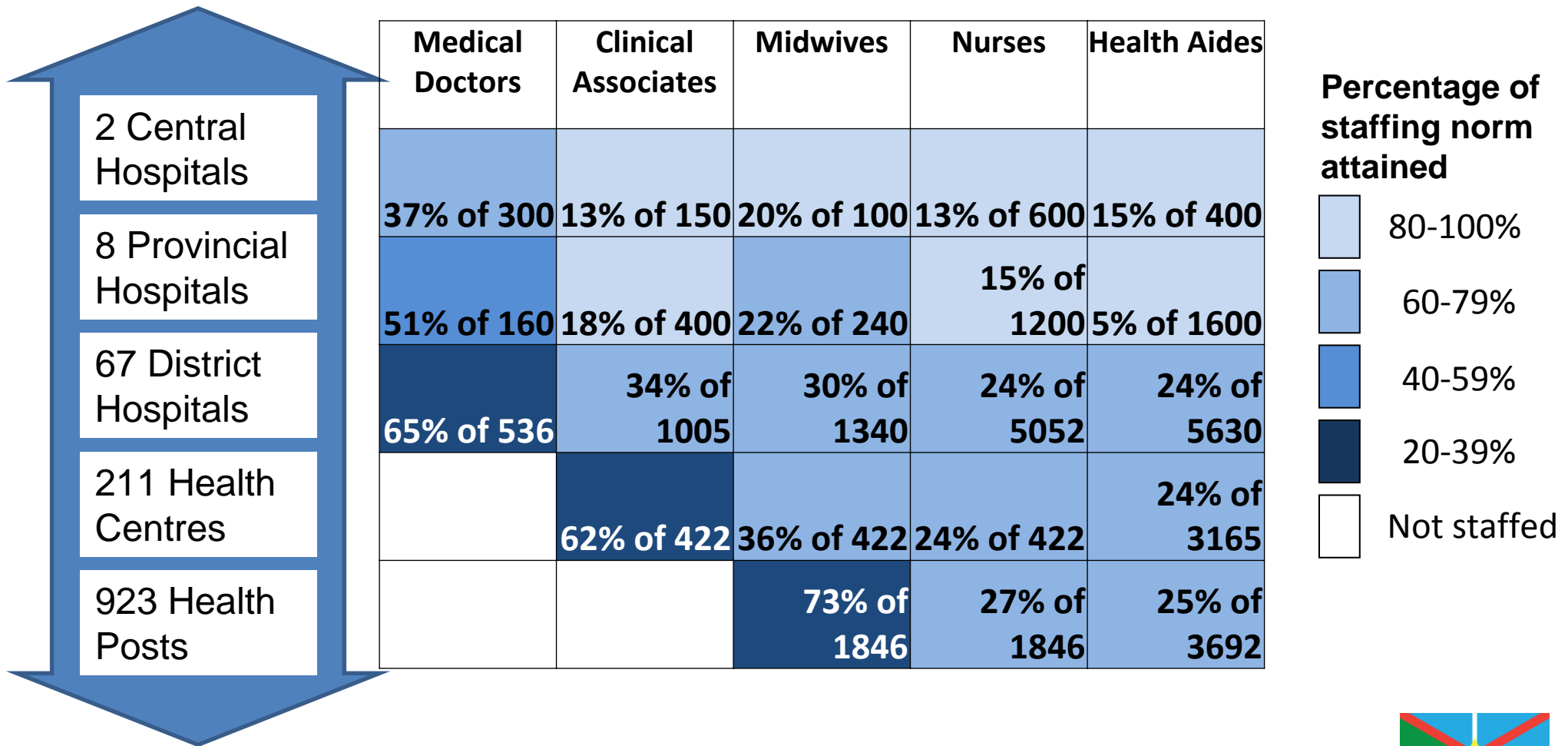
	Medical Officer	Clinical Associate	Clinical Associate+	Midwives	Nurses	Health Aides
Manage Normal Delivery	✓		✓	✓	✓	
Administer Parenteral Antibiotics	✓	✓	✓	✓	✓	
Administer Uterotonic Drugs	✓		✓	✓	Ergometrine only	
Administer Parenteral Anticonvulsants	✓		✓	✓		
Manually Remove Placenta	✓		✓	✓		
Remove Retained Products	✓		✓	✓		
Perform Assisted Vaginal Delivery (AVD)	✓		✓			
Perform Basic Neonatal Resuscitation	✓	✓	✓	✓	✓	
Perform Obstetric Surgery	✓		✓			
Perform Blood Transfusion	✓	✓	✓			
Perform Anaesthesia		✓	✓			

 Not trained/authorised



Health System:

National Vacancy Rates by Facility Type & Cadre



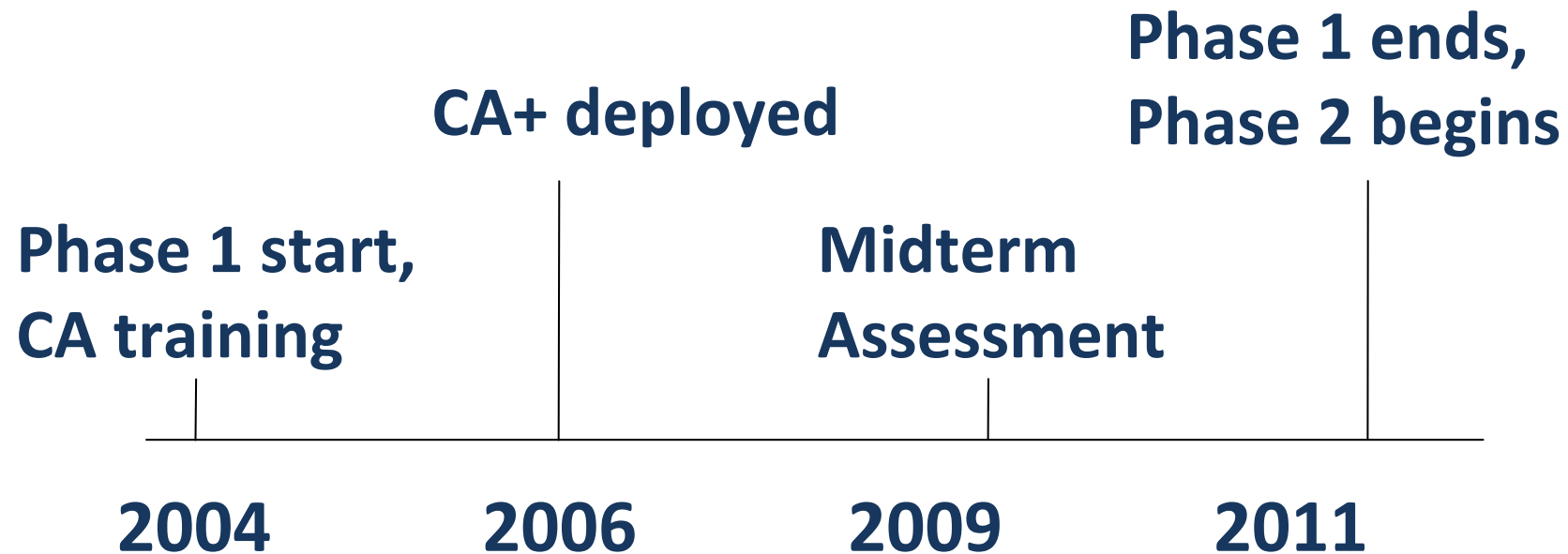
Scaling Up Clinical Associates for Maternal Survival: Programme Overview

Objective: To increase access to comprehensive EmOC

- **Phase 1:** 40 Clinical Associates (CAs) from Moceb and Nosu received additional training in EmOC
 - Moceb and Nosu selected due to their similarities
 - CAs are high school graduates with 3 years training
 - Any CA with 3 years clinical experience eligible to apply
 - CAs receive 18 months additional training in EmOC and emergency surgery, plus a 6-month internship
 - These trained CAs known informally as “CA+”
- **Phase 2:** Nationwide CA+ implementation



Scaling Up CA+: Programme Timeline



Scaling Up CA+: Midterm Assessment Methodology

2004: Baseline

- EmOC facility assessments in Moceb and Nosu

2009: Midterm Assessment

- EmOC facility assessments in Moceb and Nosu
- Focus group discussions in communities
- Interviews with human resource managers and CA+
- Focus group discussions with other staff in facilities
- Criterion-based audits

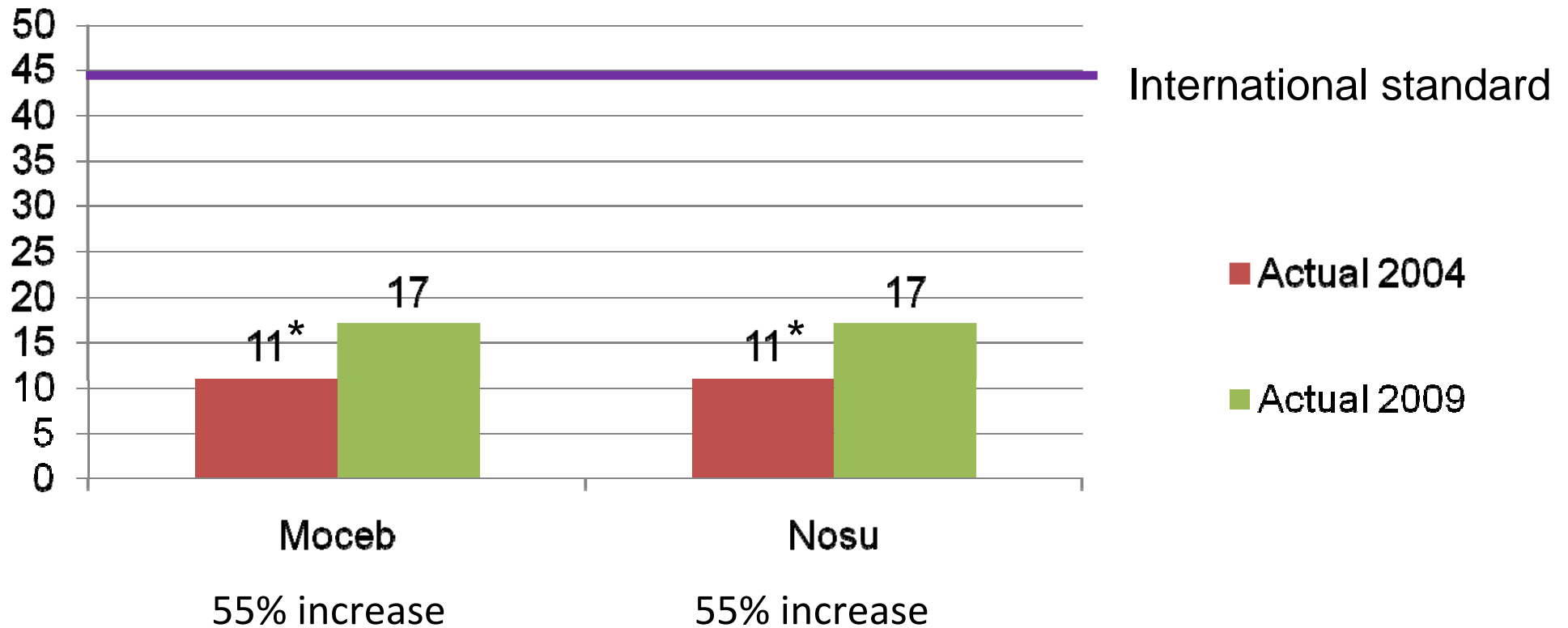


Scaling Up CA+ Midterm Assessment: Moceb and Nosu Facility Data (2009)

	Moceb	Nosu
Population	4,500,000	4,500,000
Districts	9	9
Health Posts	180	185
Health Centres	43	40
District Hospitals	15	15
Provincial Hospitals	2	2
Medical Doctors	33	33
Clinical Associates	222	222
CA+	20	20
Midwives	442	442
Nurses	1382	1379
Health Aides	2251	2252



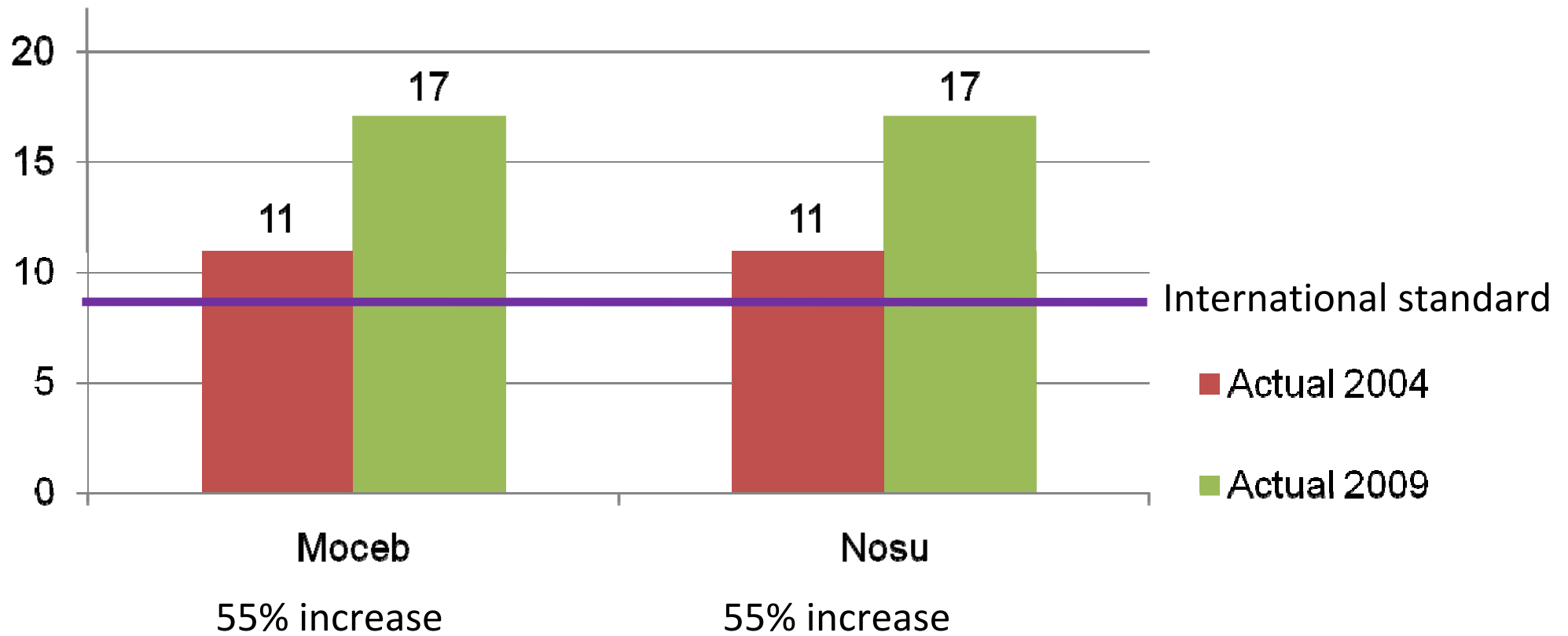
Scaling Up CA+ Midterm Assessment: Total EmOC Facilities



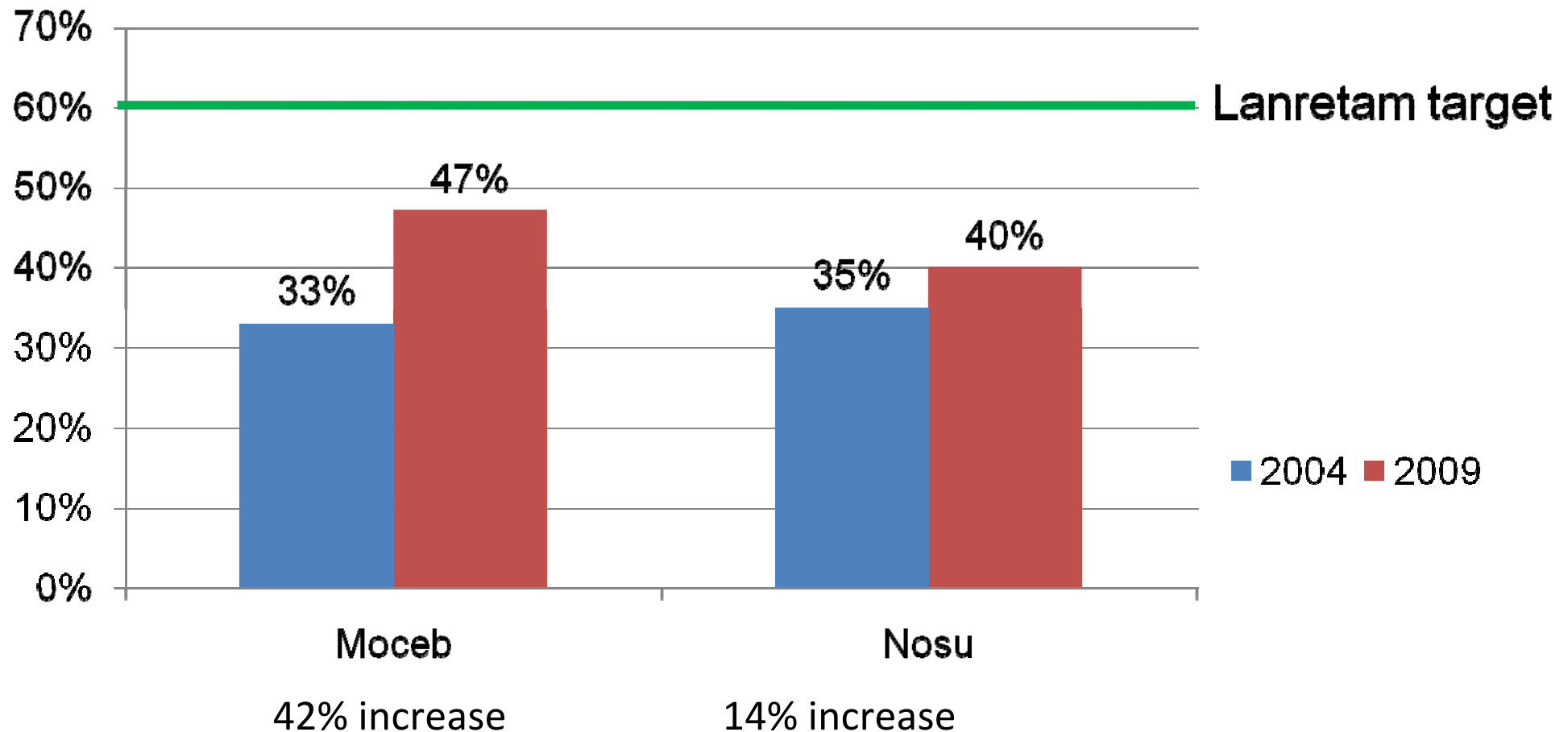
*At the start of the programme, EmOC facilities in both provinces did not offer EmOC 24/7.



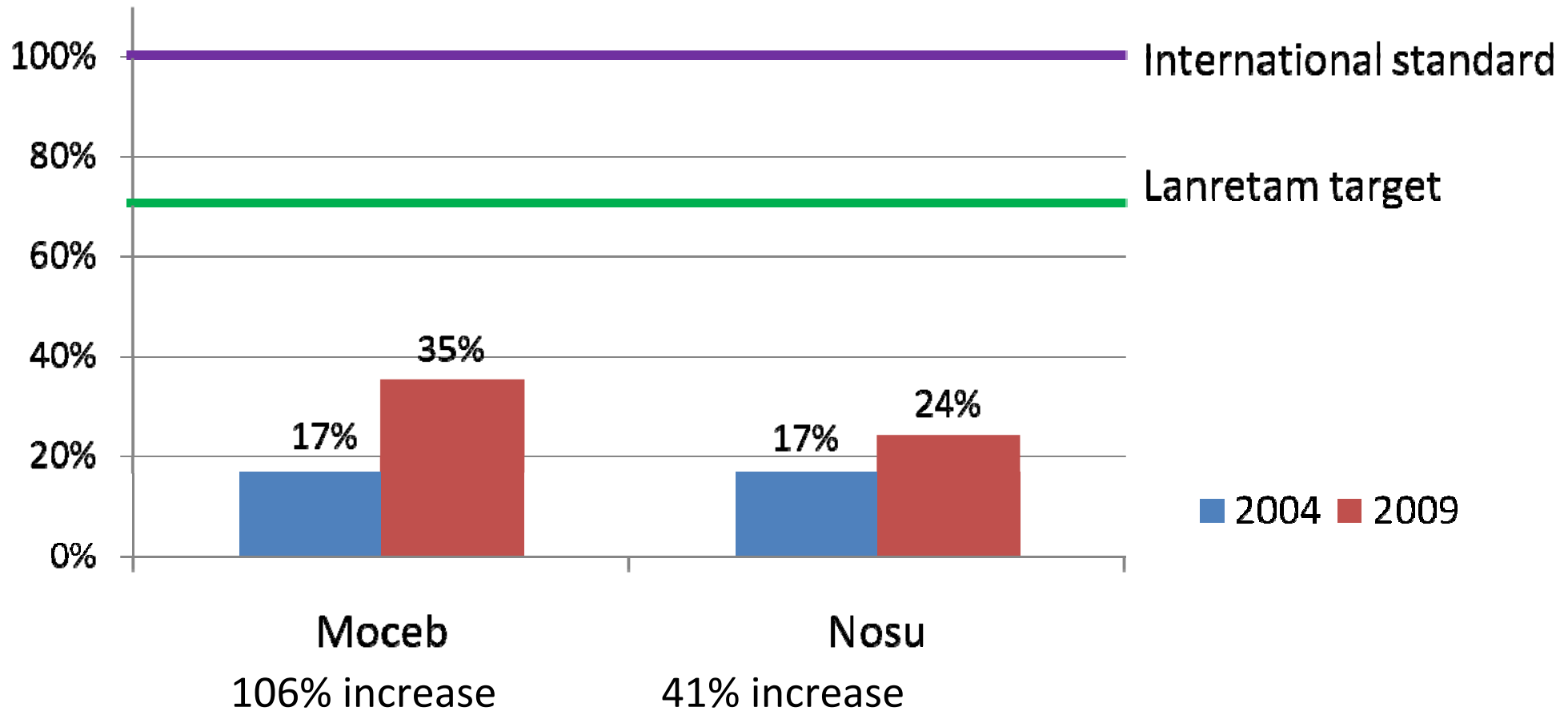
Scaling Up CA+ Midterm Assessment: Comprehensive EmOC Facilities



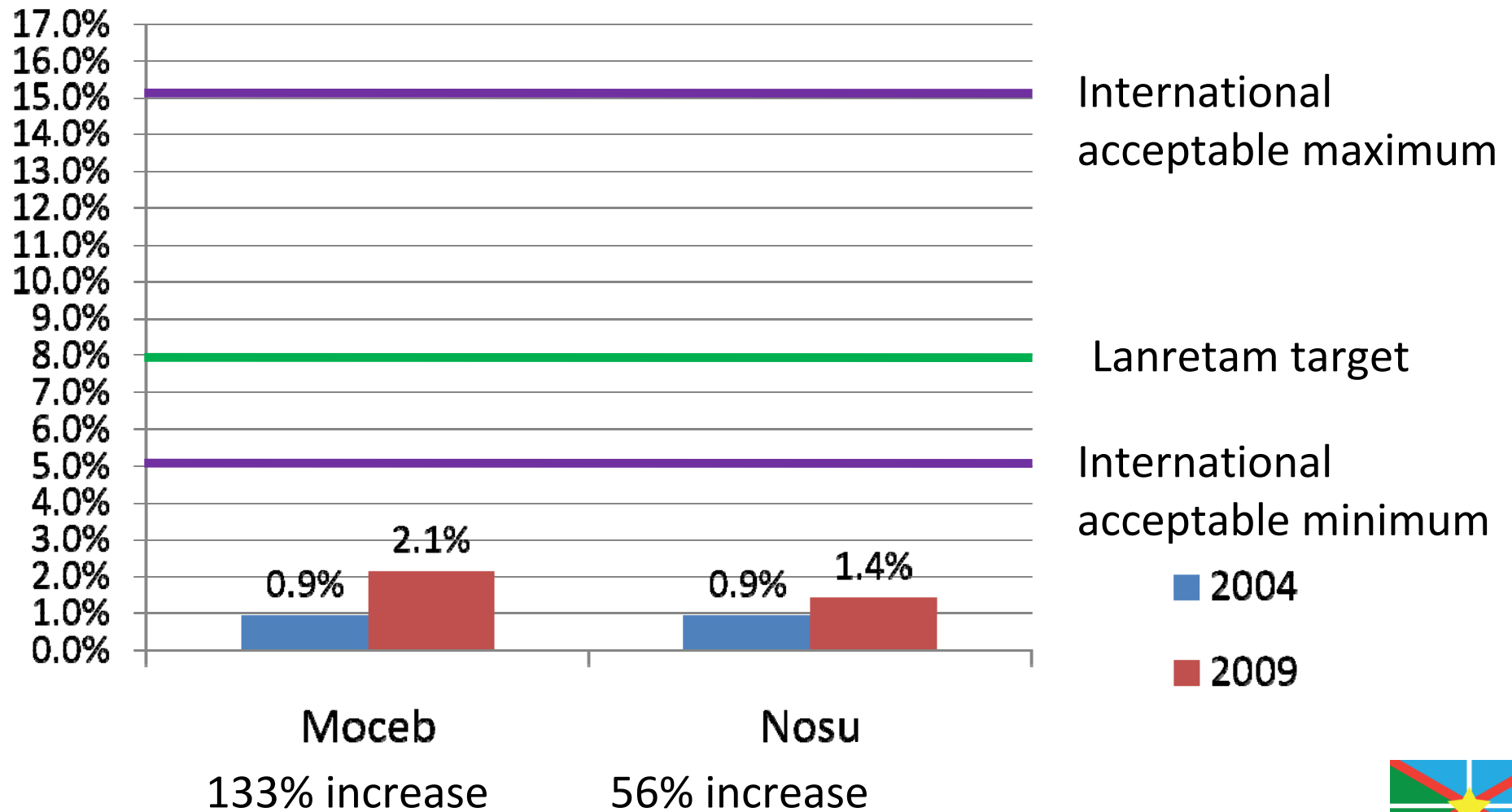
Scaling Up CA+ Midterm Assessment: Proportion of All Births Taking Place in Facilities



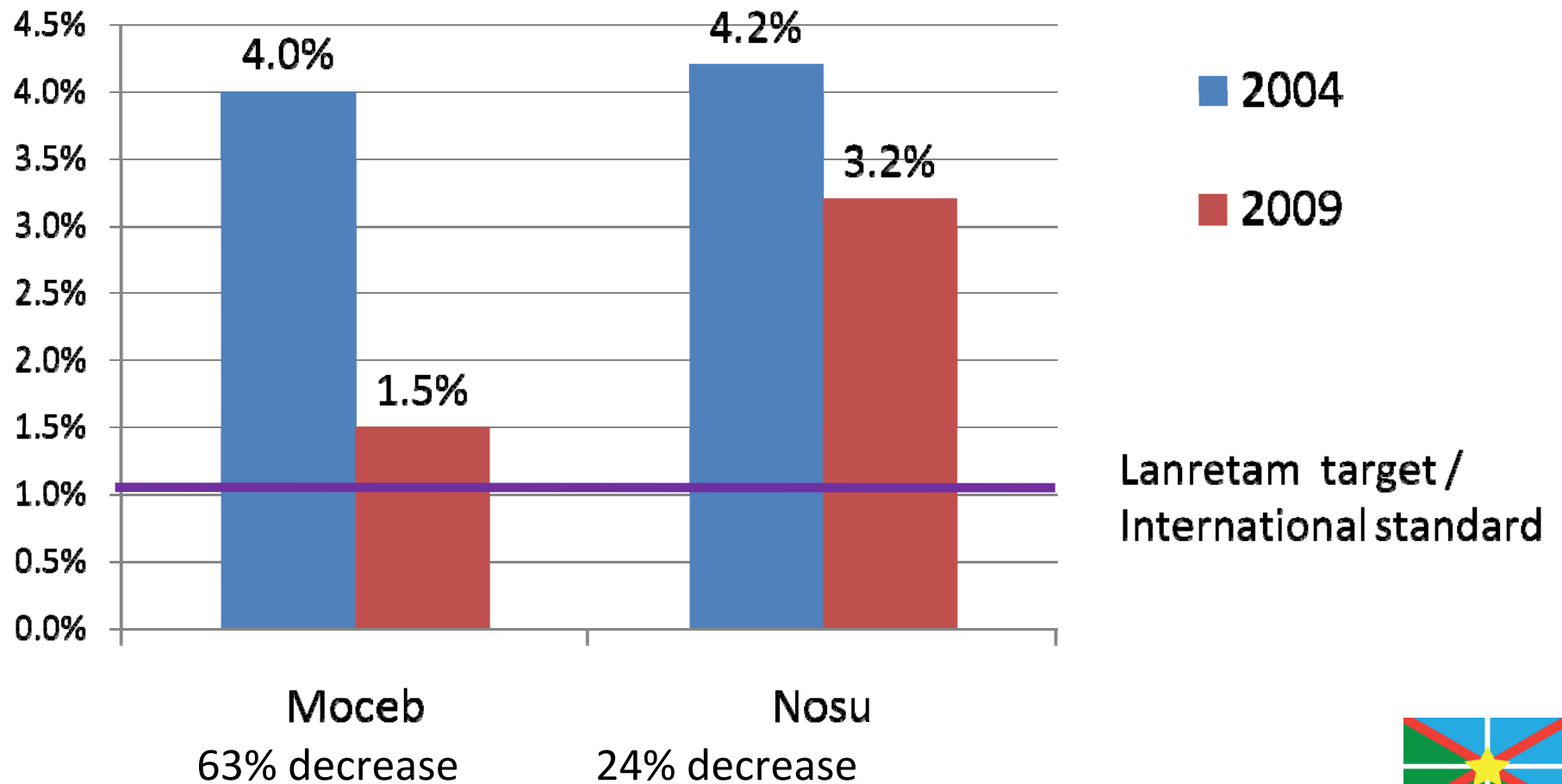
Scaling up CA+ Midterm Assessment: Met Need for EmOC



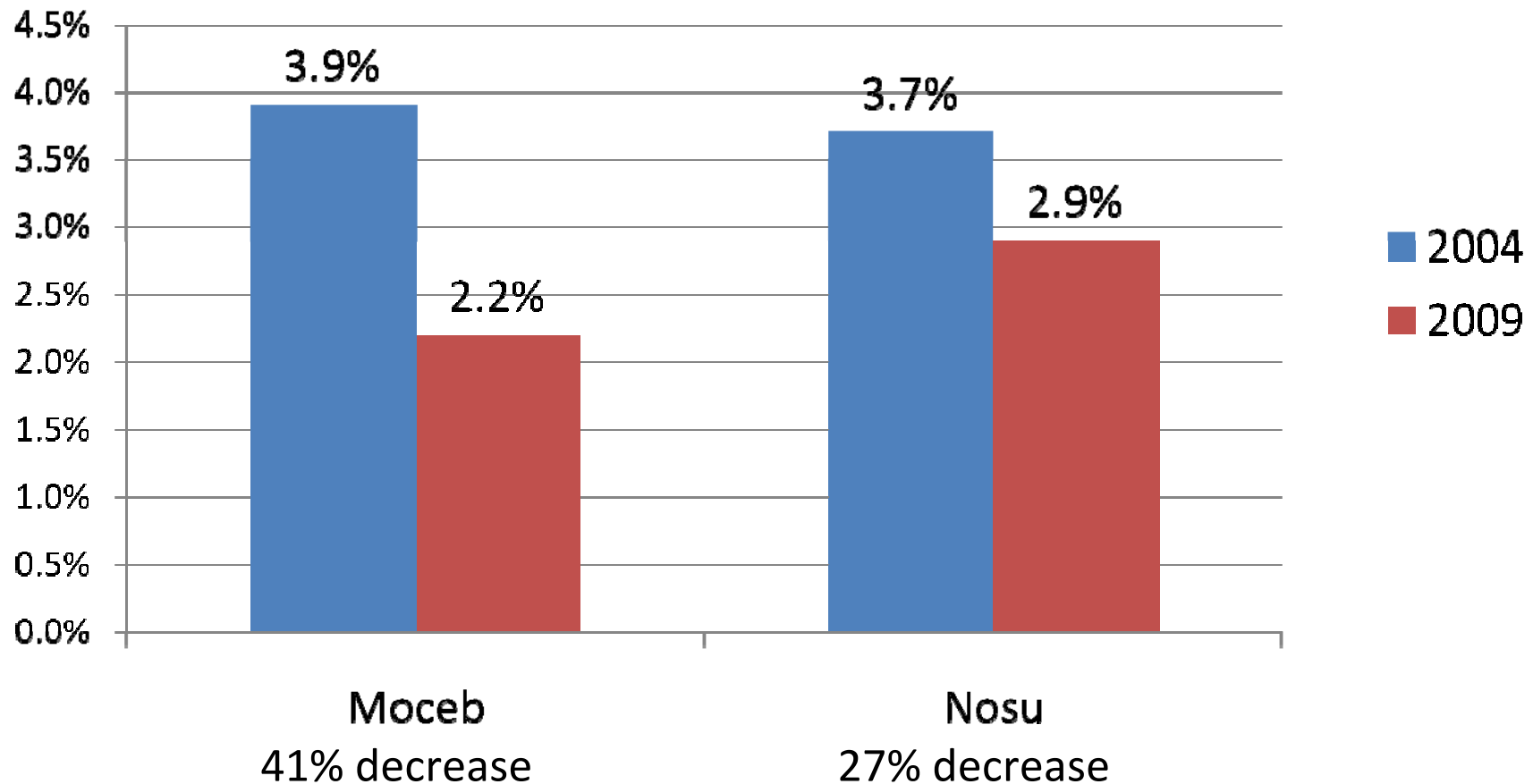
Scaling up CA+ Midterm Assessment: Caesarean Sections as a Proportion of All Births



Scaling Up CA+ Midterm Assessment: Direct Obstetric Case Fatality Rate



Scaling Up CA+ Midterm Assessment: Intrapartum and Very Early Neonatal Death Rate



No international standard has been set for this indicator.



Scaling Up CA+ Midterm Assessment: Additional Key Findings

- Human Resource Management
- Health Services Infrastructure and Commodities
- Quality Improvement
- Human Resource Planning and Policy
- Referral Systems

