

Indicators of Maternal, Newborn & Child Health in Ghana



These key indicators represent the continuum of care for maternal and newborn health.

These indicators have been disaggregated to determine inequalities in access to services or health outcomes.



319

**MATERNAL
DEATHS PER
100,000
LIVE BIRTHS
IN GHANA**



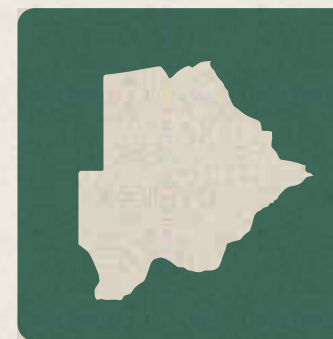
290

**MATERNAL
DEATHS PER
100,000
LIVE BIRTHS
IN RWANDA**



129

**MATERNAL
DEATHS PER
100,000
LIVE BIRTHS
IN BOTSWANA**



9

**MATERNAL
DEATHS PER
100,000
LIVE BIRTHS
IN THE UK**



Data source: WHO, UNICEF, UNFPA, World Bank Group, & the United Nations Population Division. (2015). Trends in Maternal Mortality: 1990 – 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: WHO.

Neonatal Mortality rate per 1000 live births by Region

Neonatal mortality is the death of a child who is born alive but dies within the first 28 days of life and is measured as the number of deaths for each 1000 live births. In Ghana, neonatal deaths account for 46% of all deaths of children under-five years.

REGION	DEATHS PER 1000 LIVE BIRTHS
GREATER ACCRA	24
EASTERN	24
ASHANTI	25
WESTERN	27
UPPER EAST	28
CENTRAL	30
NORTHERN	30
UPPER WEST	36
BRONG AHAFO	37
VOLTA	42
TOTAL	29

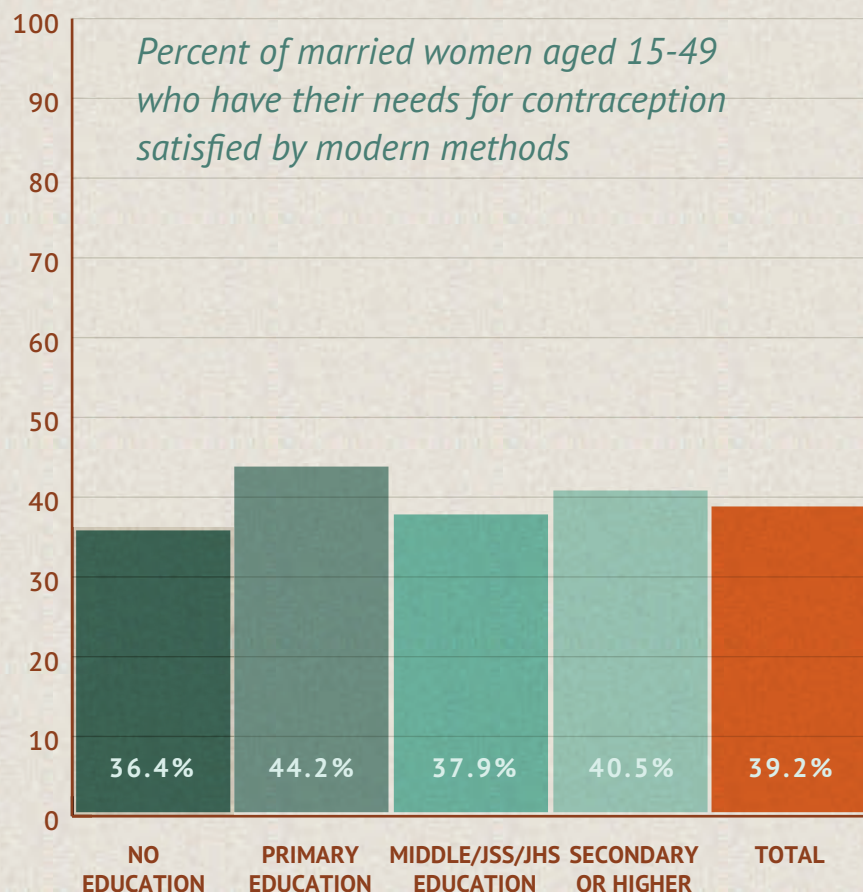


Data source: Ghana Statistical Service, Ghana Health Service, & ICF International. (2015). Ghana Demographic and Health Survey 2014. Accra & Rockville: GSS, GHS, & ICF International. ; UNICEF, World Health Organization, The World Bank, & United Nations Population Division. (2015). Levels and Trends in Child Mortality Report 2015: Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. New York: UNICEF.

Demand for Family Planning Satisfied by Modern Methods

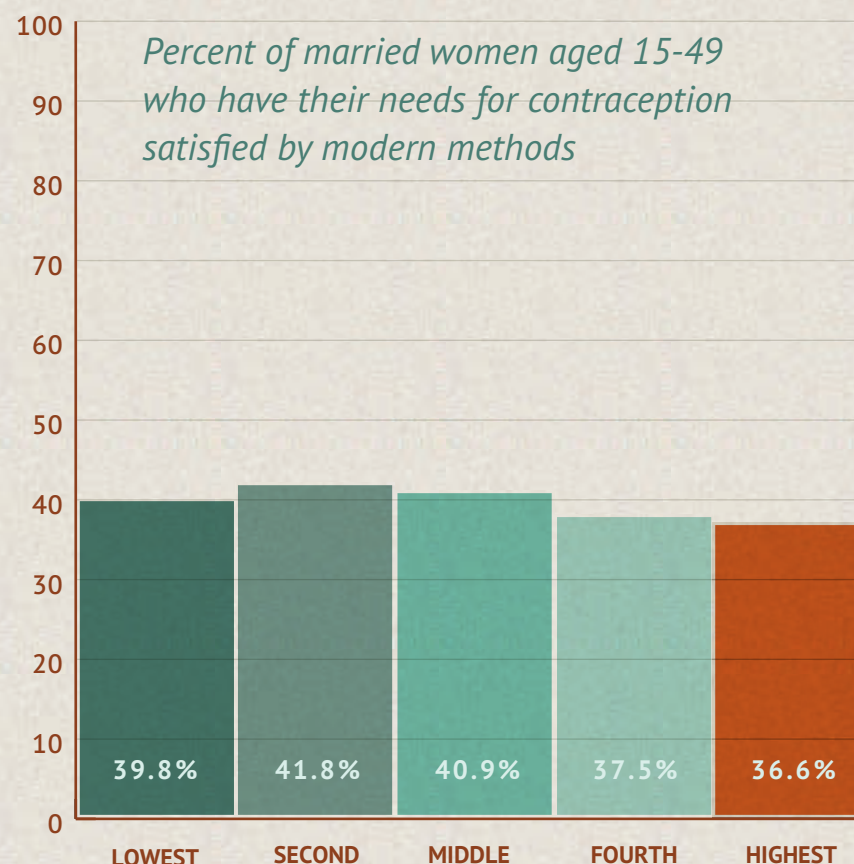


Education



EDUCATION LEVEL

Household Wealth



HOUSEHOLD INCOME LEVEL

Using a method of contraception can help reduce the number of maternal deaths by reducing unwanted pregnancies and thereby reducing the

overall number of births. Women who say they do not want more children, or not for at least the next two years, are considered to have a demand for family

planning. Demand for family planning satisfied by modern methods is the percentage of these women who are using a modern contraceptive method.

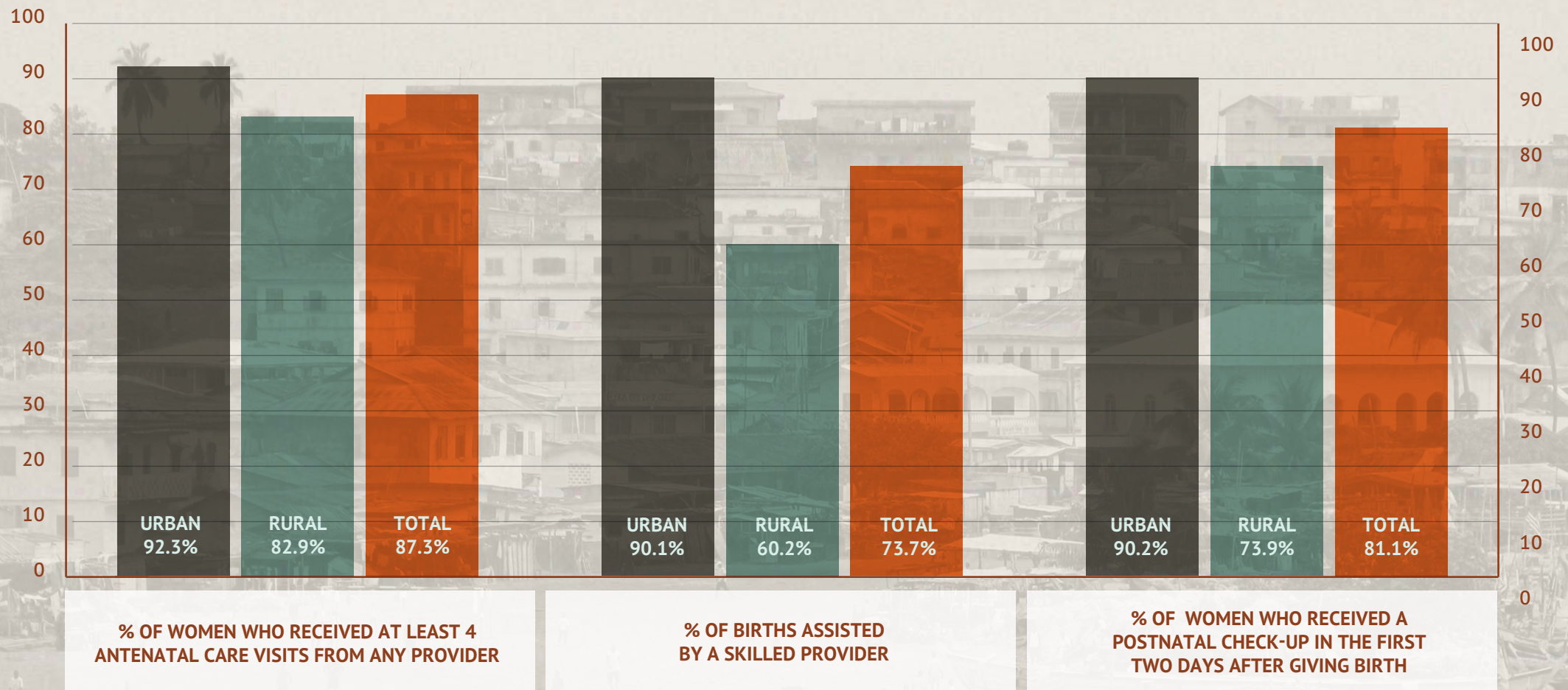
Data source: Ghana Statistical Service, Ghana Health Service, & ICF International. (2015). Ghana Demographic and Health Survey 2014. Accra & Rockville: GSS, GHS, & ICF International.

Care provided by Skilled Attendant by Urban and Rural Residence



Maternal and neonatal deaths can be prevented by women getting proper health care from a skilled provider during pregnancy, at the time of delivery and shortly after the baby is born. This is known as the continuum of care.

Women who are living in rural areas are less able to access care than those living in urban areas. A skilled provider includes: doctor, nurse/midwife and community health officer/nurse.



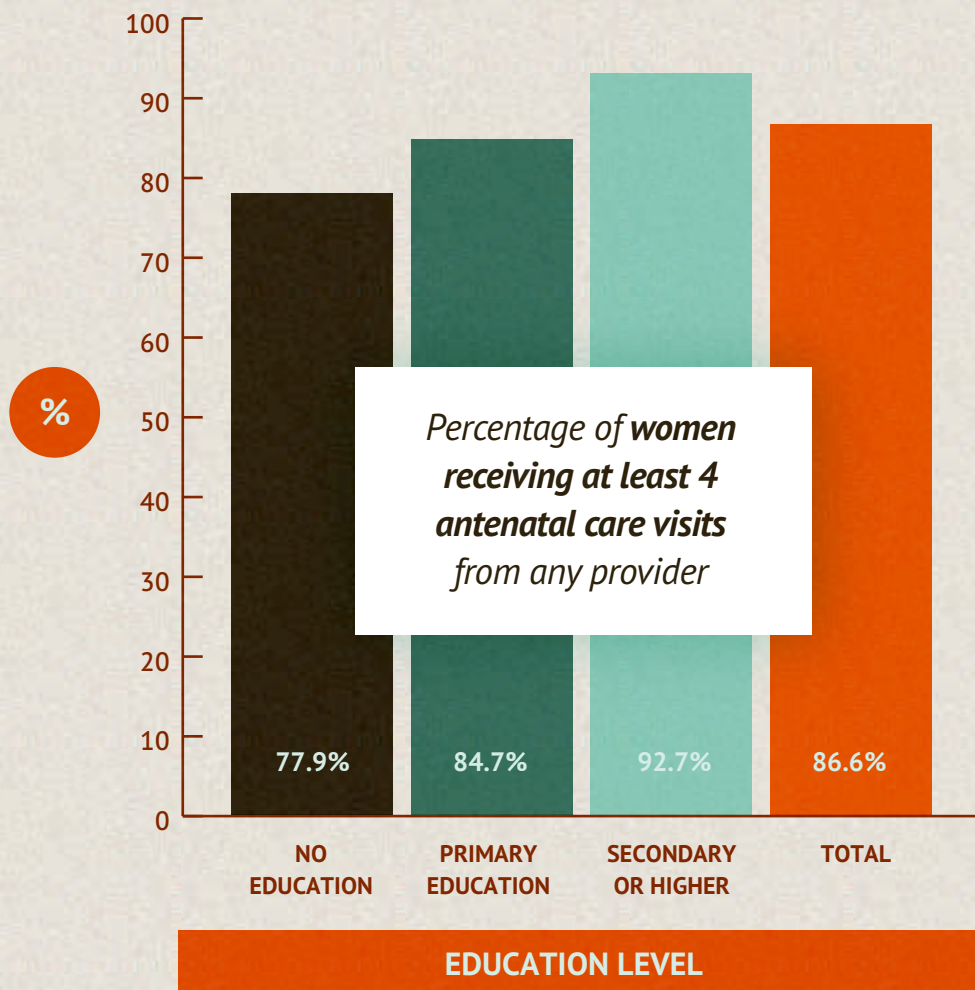
Data source: Ghana Statistical Service, Ghana Health Service, & ICF International. (2015). Ghana Demographic and Health Survey 2014. Accra & Rockville: GSS, GHS, & ICF International.

Antenatal Care and Skilled Attendant at Delivery by Mothers Education Level



In Ghana a woman with secondary or higher education is nearly twice as likely to have a skilled attendant at delivery as a woman with no education.

A skilled provider includes: doctor, nurse/midwife and community health officer/nurse.



Data Source: MICS 2011 cited in Countdown to 2015 & International Centre for Equity in Health. (2015). Countdown Equity Analyses by Country 2015. Geneva: WHO & UNICEF.



Data source: Ghana Statistical Service, Ghana Health Service, & ICF International. (2015). Ghana Demographic and Health Survey 2014. Accra & Rockville: GSS, GHS, & ICF International.

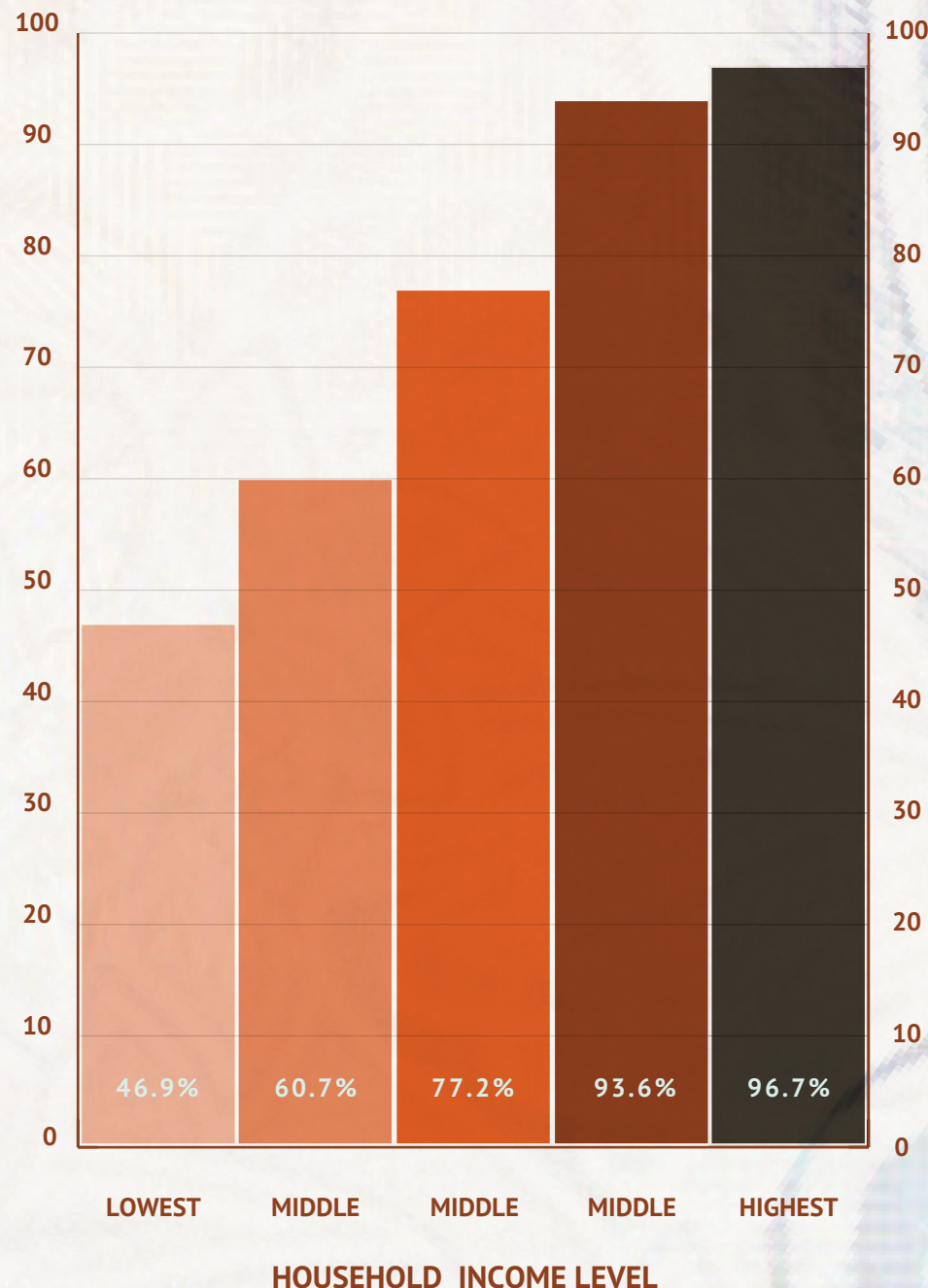
Skilled Attendant at Delivery by Household Wealth

Having a skilled attendant at delivery is vitally important because most maternal deaths arise from complications during or shortly after delivery. Even if antenatal care is received any delivery can become a complicated one and it is not always possible to predict complications.

Women in the top 20% of the population according to household wealth are twice as likely to have a skilled attendant at delivery than those in the bottom 20% of the population. A skilled provider includes: doctor, nurse/ midwife and community health officer/nurse.

Data source: Ghana Statistical Service, Ghana Health Service, & ICF International. (2015). Ghana Demographic and Health Survey 2014. Accra & Rockville: GSS, GHS, & ICF International.

Percentage of births assisted by a skilled provider by household wealth quintile





Skilled Attendant at Delivery by Region

There are differences in the percentage of women who have a skilled attendant at delivery in different regions in Ghana. In general women in the north of Ghana are less likely to have a skilled attendant at delivery than those in the south.

The percentage of women who have a skilled attendant at delivery is lowest in the Northern region and highest in Greater Accra. There is a difference of 56% between these two regions. A skilled provider includes: doctor, nurse/midwife, auxiliary midwife and community health officer.

REGION	% OF SKILLED ATTENDANT AT DELIVERY
NORTHERN	36.4%
UPPER WEST	63.7%
CENTRAL	66.3%
BRONG AHAFO	67.2%
VOLTA	72.0%
WESTERN	75.3%
UPPER EAST	79.0%
ASHANTI	84.6%
EASTERN	86.3%
GREATER ACCRA	92.1%



Data source: Ghana Statistical Service, Ghana Health Service, & ICF International. (2015). Ghana Demographic and Health Survey 2014. Accra & Rockville: GSS, GHS, & ICF International.



E4A-MamaYe is about ensuring Africa's mothers and babies survive pregnancy and childbirth.

The programme focuses on using strong evidence to hold key decision makers to account in order to advocate and catalyse change for the health of women and babies at regional, national and sub-national levels in Ghana, Malawi, Nigeria, Sierra Leone, Tanzania, Kenya and Ethiopia.

It is a campaign to change fatalism to hope; apathy to action; maternal survival from side-issues to political priority; and best guesses into hard facts.

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