A. Background

Core demographic data
- Population size: 28,054
- Total female births per 1000 women: 11
- Infant mortality rate (IMR) per 1000 births: 11
- Neonatal mortality rate (NMR) per 1000 births: 11
- Maternal mortality rate (MMR): 11
- Adult female literacy rate: 11
- Total fertility rate (TFR): 11
- Average household size: 11
- Average monthly income: 11

National coverage of key interventions
- 10% of the population: 11
- 90% of the population: 11
- 100% of the population: 11

Global impacts to reduce NCDs
- A reduction of 11% in deaths from NCDs by 2030
- A reduction of 11% in deaths from NCDs by 2050

National timeline for implementation
- 2016: Start of the implementation phase
- 2017: Midline evaluation
- 2018: Endline evaluation

National health policy
- Health policy: Universal health coverage
- Health system: Integrated and coordinated
- Health services: Accessible and affordable

B. Implementation milestones

National capacity for NCDs
- Supportive governance, policy and structures developed and established
- NCDs to receive higher priority in the health sector development plan
- NCDs to receive higher priority in the health sector development plan
- NCDs to receive higher priority in the health sector development plan

Promotion of healthy lifestyle
- Increased access to healthy food options
- Increased physical activity
- Increased awareness of the risks of NCDs

C. Progress at the national level (2017–2018)

National overview of QoC for MNH
- Health system: Integrated and coordinated
- Health services: Accessible and affordable
- Health policy: Universal health coverage

National health policy
- Health policy: Universal health coverage
- Health system: Integrated and coordinated
- Health services: Accessible and affordable

National QoC intervention
- 10% of the population: 11
- 90% of the population: 11
- 100% of the population: 11

Global impacts to reduce NCDs
- A reduction of 11% in deaths from NCDs by 2030
- A reduction of 11% in deaths from NCDs by 2050

D. MNH QoC baseline data for learning facilities

Baseline common indicators
- Client satisfaction
- Client feedback
- Client feedback
- Client feedback

Experiences and opportunities for progress
- Increased access to healthy food options
- Increased physical activity
- Increased awareness of the risks of NCDs

E. Example from implementation

Background
- The community health system is a community-based health system that provides primary health care services to the community. The system is designed to be community-led, community-owned, and community-driven. It is based on the principles of primary health care, which emphasizes the provision of comprehensive care to the community, focusing on the prevention and management of common health problems, and promoting the well-being of the community.

Methods
- The community health system was implemented in a rural community in Ghana. The intervention was delivered by a trained community health worker who provided primary health care services in a rural clinic. The community health worker was trained to provide a wide range of primary health care services, including maternal and child health, nutrition, and disease prevention.

Results
- The intervention significantly improved access to primary health care services in the community. The community health worker provided services to a large number of people, including pregnant women and children. The community health worker also provided education on health and hygiene, and encouraged the community to adopt healthy lifestyle practices.

Conclusion
- The implementation of the community health system was successful in improving access to primary health care services in the community. The community health worker played a critical role in delivering primary health care services, and the community became more involved in their own health care. The intervention has the potential to be scaled up to other communities in Ghana and other countries with similar health systems.