### Ghana

B. Implementation milestones



### A. Background<sup>1-6</sup>

	National coverage of key interventions	%
28,834	Antenatal care (4 or more visits)	89
3.89	Skilled attendance during delivery (%)	79
310	Institutional deliveries	79
25	Cesarean section rate	16
16	Initial breastfeeding (1 hour of birth)	55.6
23	Exclusive breastfeeding rate (of infants under age 6 months)	52
2.1	Postnatal visit for baby (within 2 days of birth, medically trained provider)	81
	Postnatal care for mother (within 2 days of birth, medically trained provider)	84
27.8		
	3.89 310 25 16 23 2.1	28,834 Antenatal care (4 or more visits) 3.89 Selfied attendance during delivery (%) 10 Institutional deliveries 25 Cesarean section rate 16 Initial breastfeeding (1 hour of birth) 26 Exclusive breastfeeding rate (of Infants under age 8 months) 27 Postnatal visit for baby (within 2 days of birth, medically trained provider) Postnatial care for morther (within 2 days of birth, medically trained provider)

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

### National overview of QoC for MNH

### National quality policy or strategy

- National quality policy or strategy

   Chana National Haudhizae Oculity Strategy (NHOS) (2017 2021)
  includes maternal, newborn and child health (MNOH) as a priority
  includes maternal, newborn and child health (MNOH) as a priority
   Health Facilities regulatorly Agency (Incense and monitors facilities

   Oculity Management Unit (OMU) established

   Matining Cuality Fachicial Committee (with involvement from the private sector and civil society organizations (CSOs))

To contribute to the reduction of NMR from 32/1000 live births in 2011 to 2/1000 live births in 2011 to 2/1000 live births in 2015 (5% per year)?

To contribute to the reduction of institutional MMR by at least 35% by 2018?

TWG membership includes the Ministry of Health (MoH), Ghana Health Secondario of Ghana, WHO, UMCEF, Ubora Service, Christian Buth Association of Ghana, WHO, UMCEF, Ubora Christian Management of Christian Management of Managem

### It met 3 times in 2018. Joint products and activities by the QoC TWG

- Joint products and activities by the OcCTWG

  \*\*WG (quarter) meetings)

   Development of operation plan, implementation guide and assessment bote

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   Orientation of health immanagers on OcC for MNH

   Stakeholders' meeting

   Training of staff members on OcC for MNH

   Tookshing visites in implementing regions

### Learning districts and facilities

# 12 learning districts Up to 3 learning facilities per learning district 36 learning facilities in total District aims towards national strategy

- There is one general aim statement for all implementing facilities: "Improve quality of pre-discharge counselling from baseline to 100% by 31st March 2019."
- In addition, facilities developed aim statements based on self-assessment using the plan-do-study-act (PDSA) cycle. Some of these aim statements
- re:

  To provide sharps containers at waist level to labour, postnatal care (PMC) and necestal infarriers care unit (NICU) by 31st March 2015. It suppose the pality of documentation in delivery and postnatal from 1. To improve on quality of control in delivery and postnatal from 1. To improve on quality of partograph use from baseline to 100% by end of specified portion.

  To improve on availability of valid thermometers in labour rooms from baseline to 100% by specified protion.

- exit interview.

  In addition, facilities identify gaps following facility assessment using the MNH Standards of Quality of Care. Improvement aims are then developed by the QI teams using the PDSA cycle.

### Quality interventions included in the national MNH QoC package\*

- Interventions to build a supportive environment

  Research institutions were intentified to conduct the
- MNH quality standards were incorporated into the National Health Insurance Authority (NHIA) credentialing tool.

### The WHO MNH standards were used to develop a checklist for facility assessment by internal and external coaches.

- ussessment by internal and external coaches.

  Baby Friendy Hospital Initiative (BFHI) external assessment of 10% of assessed facilities before designation as BFHI friendy.

  Peacilivation of the sale motherhood steering committee to improve coordination.

  Water, saintation and business MASCH 154.

### Water, sanitation and hygiene (WASH) fit nterventions to support change at facilities

- On-site clinical training or mentionship is part of the learning system. It is currently on-going in the Upper East Region in learning districts and facilities. It has yet hot be attend in the WMO-capporded tearning sites. It is self-to the attended in the WMO-capporded tearning sites. It is self-to-capporate that the self-to-capporate sites of the wide of the wid
- Clinical audit and feedback, QI cycles, and collaborative learning have been incorporated into the learning system.

  WASH Fit

### Interventions involving people, families and communities

- Under the MBFHI programme in the Upper East Region, 3 CSOs collaborated with Ghana Health Service (GHS) and organised communicalization and advanced sessions (focus group discussions, community durbars and advocacy meetings) aimed at promoting and supporting breastfeeding and increasing demand for quality MNH+ care. Initiation of the implementation of the community socreard

### \*Interventions have started since the last update

# Occ for maternal and newtom health (MNR) roadmap developed and Learning districts and ballisties selected and agreed upon Occ implementation package developed Adaptation of MNR locd canadrast Adaptation of MNR locd canadrast Adaptation of Index of the Company of the Company of the District learning restricts and facilities District learning restricts and facilities Occ Cooching manuals developed Outlier (prevenue (I)) coaches trained On-site coaching visits occurring in learning districts On-site coaching visits occurring in learning districts Offense Octobaring visus occoming in warming Solaring Learning and all accountability's GOC MNH measurement Oct for MNH baseline assessment completed Common set of MNH Oct Orditactes agreed upon for reporting from the learning districts Baseline date for MNH Oct Orditactes agreed upon for reporting from the learning districts Baseline date for MNH Oct Orditactes agreed upon for reporting from the learning districts Octomina indicate that collected, used in district learning meetings, and reported upwards forentification and agreement with an academic or research institution to facilitate documentation Accountability and community or progressment. untability and community engagement nism for community participation integrated into QoC planning in learning districts

ompleted in progress not started or incomplete

### D. MNH QoC baseline data for learning facilities

### Baseline common indicators

- Conflicting programmes resulting in delays in programme implementation Inadequate funding for planned activities
- Opportunities and progress made

- Existing knowledge on OI concepts in some implementing facilities.
   Support from other development partners such as UNICEF, UDIOS, USAID and JICA Strong installations data management system.
   OFFICE of the STROME ST

- Training of staff members and Community Health Management Committee members for Greater Accon Regional implementing lacilities from 1st 2 April 2019 Curry out TMC meeting quarterly Curry out training of Community Health Management Committee members for Brong Antalo Regional Implementaring facilities from 25-29 Mauch 2019 Support Members and the Community of the Community o

### E. Implementation progress in learning districts

### n-site support for clinical skills and QI

### Who provides on-site support

- Support is provided by the district and regional QI coaches and including specialist paediatricians and obstetricians.

Following issues with partograph use, a partograph utilization chart was developed to track effective use of partograph at the ward.

. Poor attitude of some staff and inadequate numbers of critical staff

- including specialist peadiatricians and obstetricians.

  The coaches are nurses, midwise, nutrition officers, paediatricians, obstetricians, doctors and health information officers who have been trained in Oi.

  Coaches are based in the region, districts and facilities; the specialists are based outside the region.

  Each coach supports at least 6 implementing facilities.

- Challenges solved implementing on-site support for clinical skills
- Unresolved challenges implementing on-site support for clinical skills
- Support for QI

- Morribers of the Quality Assurance (QA) Committees, QI coaches, and clinical experts (e.g., paediatricians, gynaecologis, midwiese, anatesthetiss, obserticans from higher-level facilities mostly regional and teaching hospitals) provide coaching.
   Each person supports about 16 solities with quarterly vielts.
   OI coaches follow up on action plans and change ideas, data and provide guidance. They do facelify tours, respect clinical areas, and hold meetings with management.
   Specialists do no-site coaching and mentioning and maternal and newborn clinical care and help them to prepare simple guidelines provided for care.

- To address a lack of running water at the newborn care unit and maternity units in some facilities, we procured Veronica buckets for hand washing.

  - materiary units it some incuries, we procured vertical outcess. The physical environments of some facilities were unclean and looked disorganized. The SS quick flore approach was used to coach staff to entire facilities look deep and yeel level. \*\* Mortality figures (reconatal deaths, stillburths, and maternal deaths) started rising when facilities began implementing Old interventions. A WhatsApp platform was set up to eveely date accountability. The members are defined Ol coaches, maternity and newborn care until no harges, medical directors of the nopplates, some Proceders after regional and relational level, specialists who provide mentioning, and Ol consultants. The Some path finished that the cache involve were supported to the process of the regional and relational level, specialists who provide mentioning, and Ol consultants. The
  - mortainly rigures are now declining visits were fault-finding missions and felt very uncomfortable. Coaches reassured staff and used the problem-solving approach focusing on how staff will make changes to improve care.

Poster presentations and other presentations in review meetings newborn stakeholders meetings, study fours (e.g., on kangaroo mother care), coaching visits, Network meetings, GHS website, newborn website, community socreard tools, WhatsApp platform, teleconferencing, telephone calls

Referral system strengthened
 Development of PDSA plans learnt through sharing on WhatsApp
 Knowledge and skills on management of complications of maternal and newborn cases improved through weekly teleconfere

QED data collection tools, PNC exit interview forms

### Unresolved challenges implementing QI coach

### Tools for capturing learning from

- Tools for sharing learning between
- nallenges solved implementing a arning system
- esolved challenges ementing a learning system

- wel common indicator data \* All indicators on the QED report using the PNC Exit interview and the Community Scorecard.

  1. Comparison of choice

  2. Quality of PNC counselling

LUMBER WITH DIRECTORS (2017) (2018)

3. Chass Demographic and Health Silvery 2014 (2015).

4. Chass Demographic and Health Silvery 2014 (2015).

4. Under Motion Challen's Fault Director Charles (1916) (2015).

4. Under Motion Challen's Fault Director Charles (1916) (2015).

6. WHO Clock Health Charles (1916) (2015) (2015).

6. WHO Clock Health Charles (1916) (2015

- 4. General
  5. Waiting time
  6. Availability of medicines and logistics
  7. Quality of service delivery
  8. Cleaniness and safety of health facility
  9. National health insurance service satisfe
  10. Home visits by staff and volunteers.

- Number of QI teams formed, numbers trained, number of meetings held, number of documents developed
- Functionality data is also collected routinely through the use of the WHO adopted standards of care for MMH: used for health facility assessment (baseline, internal and external assessment by a team of assessors)
- Ly a serm of assessors)

  A dashboard has been developed on District Health Information System (DHIS) system for the country that highlights achievement of all facilities on the go.

  Apart from the experience of care indicates on the PNC exit interview, all other indicators including the WASH indicators are on the country of the properties of care indicators on the PNC exit interview, all other indicators including the WASH indicators are on the properties of care indicators including the WASH indicators are
- Community scorecard indicators are also on the DHIS as well as on the community scorecard platform
- PNC exit interviews data collection simplified through sampling

Availability of data system for measuring QoC

### Unresolved challenges imple a measurement system

### Approaches for community/ stakeholder engagement

- Community members are part of the routine OI learns at all Community members are part of the routine OI learns at all the community of the community discloper and feedbeak season (a feedbeak season) (a feedbeak season (a feedbeak season) (a feedbeak sea

- They take part in assessing the experience of care provided the health facility, helping with maintenance, helping mobilizaresources, and decision-making, especially the Community Health Management Committees (CHMC) and the newborn champions.
- Challenges solved engaging communities and stakeholders
  - Funding for CHMC members activities

### Unresolved challenges engaging communities and stakeholders

- - Facility level: OI toom members at the implementing facilities (a.g., a modelin may lead the OI bearn at the health centre).

    The OI sean level he health centre of the other of the health centre of the OI bearn at the health centre of the OI bearn the other of the OI bearn the of the OI bearn the O
- The Network has offered a better opportunity for the dissemination of the NHQS and its implementation.
- Tema General Hospital maternity unit was renovated by MTN

### F. Example from implementation

The community scorecard process is a community-based monitoring tool that is a hybrid of the techniques of social audit, community monitoring and oitizen report cards. It is a process that exacts social and public accountability and responsiveness from service providers. Novewer, by including an interface meeting between service providers and the community that allows for immediate feedback, the process is also a strong instrumen for empowerment.

for empowerment.

Kewwer, the inferface between the communities and the formal health-care delivery system emains week in Africa and in Chana. Communities need by participate in nearing universal coverage, comprehensiveness, continuity and in Chana. Communities need by participate in maximity universal coverage, comprehensiveness, continuity and projection centre between the services to improve the thin services to improve the although except the services are expected to be people entered to be people entered to health services are expected to prevent the continuity of the efficiency of the health system and management of service delivery in the district depending, among others, or the competence and number of members of the district health management team as well as relevant or the competence and number of members of the district health management team as well as relevant in preferenced and members of members of the district health management team as well as relevant or the competence and number of members of the district health management team as well as relevant to the community and the community and the services of health service delivery. Services are considered to the profit of the community and relevant teams of the community and the services of the community and the community and the services of the services of the community and the services of the services of the community and the services of the s

Participants are oriented on the meaning of each indicator. After defining each indicator, the facilitator discuss the souring is done. For example, the facilitation task the participants to consider indicator 41 Participants discusses indicator 1 about 05 +51 minutes. Then the facilitator sals how many rates indicators 1 is as bad, average and good. Then the facilitator counts how many hands went up for which level, and the majority gate took. Thus, the community provided 1-25 or each of 9 indicators. The soor sums up between a total of 9-27.





## The involvement of community members into the healthcare delivery system helps accelerate the achievement of health outcomes. Building the capacity of community members is very crucial for the attainment of the Sustainable Development Goals.

The involvement of community members is essential in driving the health system, bridging the gap between the system and community structures and ensuring an adequate flow of information.