Ghana

Quality, Equity, Dignity

A Network for Improving Quality of Care for Maternal, Newborn and Child Health

Country context

POPULATION & MORTALITY RATES	2017	2020	2022
Population (in million)[1]	30.22	32.2	32.8
Maternal Mortality Ratio per 100,000 live births[2]	308	263	–
Neonatal Mortality Rate per 1,000 live births[3]	25	23	23
Stillbirth Rate per 1,000 births[3]	23	22	21

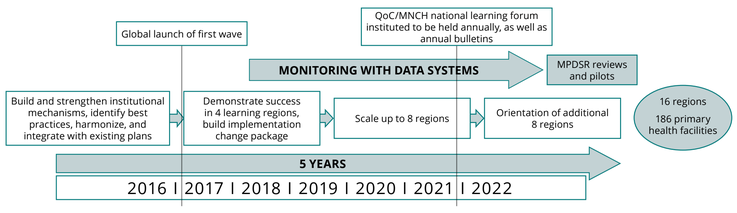
NATIONAL COVERAGE OF KEY INTERVENTIONS (2019)	%
Antenatal care (4 or more visits)[4]	85
Skilled birth attendance during delivery[5]	79
Institutional deliveries[6]	78
Post natal visit for baby (within 2 days of birth, medically trained provider)[6]	91
Postnatal care for mother (within 2 days of birth, medically trained provider)[6]	85
Caesarean section rate[7]	–
Family planning[8]	47
Initial breastfeeding (1 hour of birth)[9]	–
Exclusive breastfeeding rate (of infants under age of 6 months)[10]	–

1. United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition. https://population.un.org/wpp/Download/Standard/MostUsed/
2. World Health Organization. (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division: executive summary. World Health Organization. https://apps.who.int/iris/handle/10665/327596
   World Health Organization(2023). Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. https://apps.who.int/iris/handle/10665/366225
3. United Nations Inter-agency Group for Child Mortality Estimation (2023). https://childmortality.org/
4. WHO/SHR Global Database, Percentage of women aged 15–49 years attended at least four times during pregnancy by any provider, September 2022.
5. UNICEF/WHO joint database on SDG 3.1.2 Skilled Attendance at Birth. May 2022.
6. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Maternal and Newborn Health Coverage Database, New York, May 2022.
7. WHO Global Health Observatory. https://www.who.int/data/gho
8. United Nations, Department of Economic and Social Affairs, Population Division (2020). Estimates and Projections of Family Planning Indicators 2020. New York: United Nations.
9. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Infant and Young Child Feeding: Ever breastfed, Early initiation of breastfeeding, Exclusively breastfed for the first two days after birth, New York, October 2022.
10. United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2022). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, New York, October 2022.

Milestone progress (2017-2022)

STRATEGIC OBJECTIVES	MILESTONE DELIVERABLES	2017	2020	2022
LEADERSHIP	Supportive governance policy and structures developed or established	●	●	●
	Quality of care for maternal and newborn health roadmap developed and being implemented	○	●	●
ACTION	On-site coaching visits occuring in learning districts	○	●	●
	Quality improvement coaches trained	○	●	●
	QoC coaching manuals developed	○	●	●
	Learning districts and facilities selected and agreed upon	●	●	●
	QoC implementation package developed	○	●	●
	Adaptation of MNH QoC Standards	○	●	●
	Orientation of learning districts and facilities	●	●	●
LEARNING AND ACCOUNTABILITY	Mechanism for community participation integrated into QoC planning in learning districts	●	●	●
	A research institution to facilitate documentation of lessons learned identified and is active	●	●	●
	District learning network established and functional (reports of visits)	○	●	●
	Common indicator data collected, used in district learning meetings, and reported upwards	●	◐	●
	Baseline data for MNH QoC common indicators collected	●	●	●
	Common set of MNH QoC indicators agreed upon for reporting from the learning districts	●	●	●

Key: ● *On track (achieved)* ◐ *In progress (initiated but not completed)* ● *Not started* ○ *No information*



Ensuring MNH QoC core indicators are available in routine HMIS

DATA ELEMENTS	Integrated into HMIS	Collected	Reported	Used	Source
Pre-discharge maternal deaths	●	●	●	●	
Maternal deaths by cause	●	●	●	●	
Neonatal deaths by cause	●	●	●	●	
Facility stillbirth rate (disaggregated by fresh/ macerated when possible)	●	●	●	●	
Pre-discharge neonatal mortality rate	●	●	●	●	
Obstetric case fatality rate (disaggregated by direct/indirect when possible)	●	●	●	●	
Pre-discharge counselling for mother and baby (woman-reported)	●	●	●	●	Parallel reporting through ODK tool
Companion of Choice (woman-reported)	●	●	●	●	Community scorecard & parallel reporting through ODK tool
Women who experienced physical or verbal abuse in labor or delivery (woman-reported)	●	●	●	●	Parallel reporting through ODK tool
Breastfeeding within one hour	●	●	●	●	
Immediate postpartum prophylactic uterotonic for PPH prevention	●	●	●	●	
Birthweight documented	●	●	●	●	
Premature babies initiating KMC	●	●	●	●	
Basic Hygiene Provision	●	●	●	●	
Basic sanitation available to women and families	●	●	●	●	

Key: ● *YES* ● *NO* ○ *No information*

Creating an enabling environment for sustainability and scaling up of MNH QoC

Leadership at national, regional & district levels

National

- Quality was placed at the centre of Universal Health Coverage agenda and a National Healthcare Quality Strategy (NHQS) was developed by the new Quality Department in the Ministry of Health in 2017. The NHQS prioritized MNCH activities as the *pathfinder* for the implementation of quality of health services.
- Ghana Health Service developed the *Guidelines for the Implementation of the National Healthcare Quality Strategy (2020)* to set out how to operationalize quality improvement systems, in-line with the NHQS policy directive.
- Effective collaboration between the Quality Department and the Ghana Health Service was realized through the Quality-of-Care MNCH Technical Working Group (TWG) being co-chaired by the Quality Department and Ghana Health Service.
- Co-leading in the co-implementation of the NHQS and implementation guidelines is taken forward at the national and regional level by jointly guiding the use of resources for quality of care in MNCH across the different departments of Ghana Health Service and also to the sub-regions (26). This structure has supported the scale-up from an initial four learning regions (44 facilities) in 2017, to eight regions in 2020 to full national scale up to all 16 regions (186 facilities) by 2022 (27).

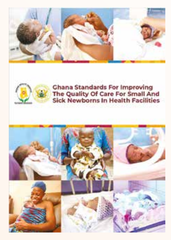
Regional

- Priority was placed on national and regional leadership working synergistically with clearly defined responsibilities in Ghana. All 16 regions have Regional Quality Management Units to coordinate quality care with the District Health Management Teams.
- The NHQS Implementation Guidelines define the roles and responsibilities for Regional Quality Management Teams (QMT) to supervise the establishment of quality improvement teams, and to implement quality and patient safety plans at the district and facility levels according to the WHO Quality of Care Standards for MNCH.
- Funding is allocated from the national QoC MNCH TWG to strengthen QMTs in all 16 regions, and emphasis placed on aligning partners and resources behind a common quality and MNCH agenda in every region.
- Each Regional QMT coordinates the implementation of strategies across all programmes and each Programme Quality Improvement Team lead reports to the Regional QMT and is required to take forward the quality improvement recommendations identified and agreed together.

District

- Fundamental to scale-up at district level are the capacity built by the district quality management committees.
- District quality management units have been established. However, quality managers still have to double as other technical managers also so that quality improvement work is not their primary roles.
- Training and inclusion of district health managers has further strengthened district leadership support.

Action for small and sick newborns



- Ghana adapted and adopted the WHO Standards for improving the quality of care for small and sick newborns in health facilities in 2021 and integrated these into existing implementation plans.
- A nationwide assessment of newborn care units – in 169 facilities across 143 districts - has been undertaken to define their actual status and document gaps in human resources, equipment, and staff competence to manage the newborn.
- The assessment will form the foundation for establishing, equipping or retooling facilities for quality service for the newborn in accordance with the WHO Quality Standards of Care. Results is still in analysis stage.
- A perinatal conference was hosted in the Ashanti region for 97 health workers made up of obstetricians, paediatricians and nurses from academia and public and private health facilities to discuss ways of collaborating to reduce mortality in small and sick newborns, and to identify research areas for evidence-based interventions. The conference was necessitated by the rising rates of births from Assisted Reproductive Technology and the attendant increase in multiple gestations and preterm births in the regions.

To improve the quality of care and access to inpatient care for small and sick newborns - ten additional level II newborn care units were established in the northern part of the country, scaling up from a total of 14 newborn care units as of 2019 to 24 as at the end of 2022. The provision of level II facilities has created the enabling environment for the deployment of pediatricians to at least two facilities in Northern Ghana (Nandom District Hospital and Tamale West Hospital), bringing specialized expertise to previously underserved populations.

Effectively engaging communities for quality MNH

Service providers are accountable to the communities they serve. Feedback entered by communities into a Community Scorecards has become a social accountability tool for quality MNCH.

Process:

- Community Health Management Committees conduct facility assessments quarterly.
- Action plans are generated with health facility leadership for continuous improvement.
- Feedback entered in a community scorecard. Data is entered into an online tool which is accessible at the district, regional and national levels for review and decision making.
- A number of regional directors develop a performance contract with health facilities to act on the needs identified in the community scorecard.

The community scorecard has been an essential tool for receiving community feedback for improving experience of care for QoC/MNCH. The community score has become a pathfinder for strengthening other health system areas beyond maternal and newborn health.

A National Costed Strategy and Workplan for Communication, Advocacy and Social Accountability (2022-2025) has been developed and approved. This will provide guidance on community and stakeholder engagement on interventions for improving RMNCAH&N and strengthen the collaborative efforts to the provision and access to health services for quality MNCH and nutrition.

Building learning health systems for quality MNCH

A learning health system for quality MNCH has been established to ensure documentation of learning, cross-sharing of experiences, best practices and innovations on MNCH QoC.

- QoC/MNCH learning forums at the district, regional and national levels.
- Learning forums are incorporated into existing systems national and subnational forums (The National Patient Safety Conferences, Newborn Stakeholder Meeting & Senior Manager Meetings) to ensure sustainability.
- Learning forums feature QI projects largely from point of care levels to inform policy development or review, share knowledge with other learning districts and also to inform national level strategies.

National level

- At national level, annual National Quality and Patient Safety Conferences were held in 2021 and 2022 to share knowledge across quality improvement teams with representatives from 16 regions, healthcare policy makers, academia, representatives of the community and global health partners.
- As part of national efforts to document progress in MNCH QoC implementation, Quality of Care for MNCH bulletins are produced annually by Ministry of Health, Ghana, Ghana Health Service, WHO, UNICEF and partners.

Regional & District level

- At regional level, regional learning forms have been instituted to support sharing of learning within and between districts and across health facility teams. All regions and district are directed to host one learning forum per year.
- District learning networks have been instituted to share best practices across regions and districts. During the COVID-19 pandemic, implementing teams developed innovative solutions to bring healthcare practitioners together by establishing WhatsApp groups on quality maternal and newborn care.

Future plans

- Develop a national electronic hub for documentation of best practices and innovations in MNCH QoC.
- Further Research on POCQI and documentation of best practices.

Learning in Districts

Reduction of incidence of birth asphyxia in Bono Region

In 2020, the incidence of birth asphyxia in the Bono Region was 39 per 1000 live births. The Sunyani Municipal Hospital alone recorded 63 per 1000 live births. The facility team aimed to reduce the incidence of birth asphyxia from 63 per 1000 live births to 32/1000 live births from 1st June 2021 to 31st August 2021.

METHODS: After data was reviewed in the admissions book at the newborn unit using the Pareto Chart (FIG 1), the problem of birth asphyxia was prioritized for action. A fish bone analysis was undertaken to identify the possible causes of birth asphyxia and generate change ideas (FIG 2). Three key change ideas were tested using the PDSA cycle, with appropriate indicators developed for monitoring. These included:

- Education of antenatal clients on birth asphyxia, causes, and complications and prevention, especially the dangers of use herbal concoction in the third trimester
- Training midwives on effective labour monitoring
- Training health staff on newborn resuscitation
- Introducing weekly drills on neonatal resuscitation
- Audit of all birth asphyxia cases

Change ideas were implemented consecutively and a run chart drawn to measure improvement.

Figure 1: Prioritization of problems using the Pareto chart, Sunyani Municipal Hospital, Ghana

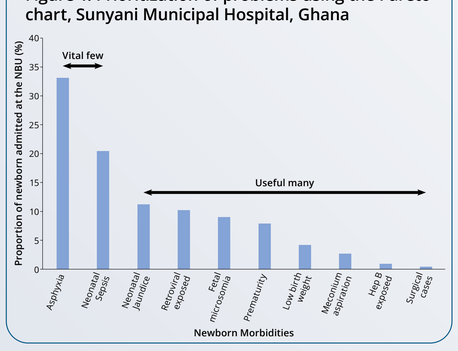


Figure 2: Fish bone analysis to address high incidence of birth asphyxia, Sunyani Municipal Hospital, Ghana

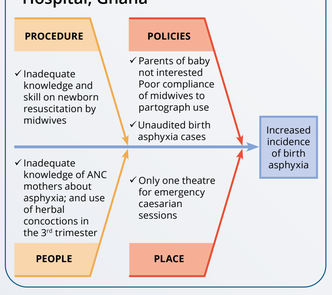
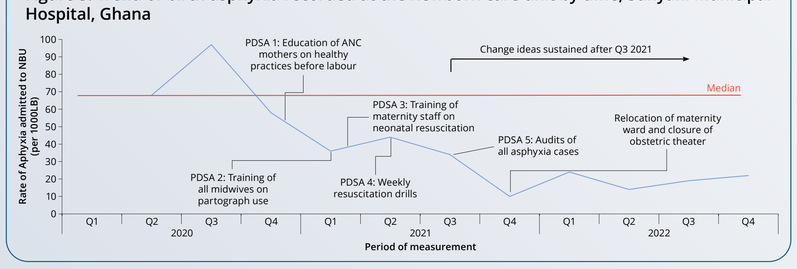


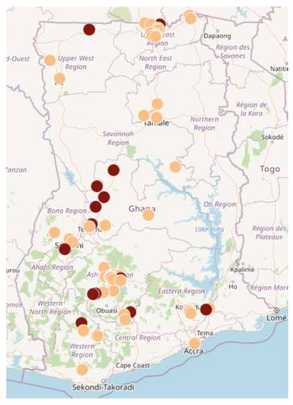
Figure 3: Trend of birth asphyxia recorded at the newborn care unit by time, Sunyani Municipal Hospital, Ghana



RESULTS: The run chart demonstrated a significant shift in the rate of birth asphyxia, indicating the effectiveness of the interventions (FIG 3). The change has been sustained since the Quarter 3 2021 to date, leading to a decline in birth asphyxia rate to 20/1000 LB at end of 2022.

CONCLUSION: Building competence of QI teams to use facility-based data was effective in the reduction of birth asphyxia. No new resources were required for improvement. Leadership commitment has been key in the implementation and sustaining of the changes.

Map of the districts and learning facilities



Taking forward the unfinished and emerging agenda for quality MNCH

Ghana's UHC road map and it's prioritized operational plan has quality of care for MNCH as a key component. Key priorities for the next phase of work are:

1. Nationwide training of maternal and newborn staff to collect and report new indicators included in the HIMS, and printing of revised data collection tools for reporting MNCH indicators.
2. Pilot the revised MPDSR guidelines in some health facilities for nationwide implementation.
3. Develop a national electronic hub for documenting all QI projects.
4. Measure and evaluate the network efforts in using the Ghana community scorecard for strengthening community participation in Ghana.
5. Dissemination and implementation of the adapted Standards for Improving the Quality of Care for Children and Adolescents, and Standards for Improving the Quality of Care for Small and Sick Newborns in Health Facilities.
6. Ghana is focusing on publishing quality improvement works from point of care and national levels in peer review journals as part of strengthening learning within the Network.

Key challenges to be overcome include:

- Institutional transfers of health care staff leading to attrition of staff in quality improvement teams. This affects continuity of QI implementation.
- Although most MNCH QoC data (provision and experience) have been included in the DHIS2, some key experience of care data are not yet to be captured in the DHIS 2.
- There must be a planned preventive maintenance of MNCH equipment, especially at newborn care units guided by strategies for all facilities nationwide.
- There was an overall shortage of Maternal and Child Health Record books for antenatal use. These inadequate stocks affects adequate data collection at ANC and PNC which may compromise quality of care.