

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

# GHANA



Summary of implementation readiness	
1. National QI approach	2/11
2. Selection of learning sites	2/6
3. QI management and response system	1/6
4. QI coaching system and structures	0/5
5. Measurement	7/8
6. Orientation to districts and facilities	0/3
7. National learning hub	0/5

### Response: yes

■ < 50% 
 ■ 50% - 80% 
 ■ > 80%

Core Demographic Data	
Population (thousands)	27,410 <sup>1</sup>
Fertility rate per woman	4.2 <sup>2</sup>
Total institutional maternal deaths (2016)	933 <sup>3</sup>
Neonatal mortality rate (per 1,000 live births)	29 <sup>2</sup>
Stillbirth rate (per 1,000 total births)	22.7 <sup>4</sup>

Coverage of Key interventions	
Demand for Family Planning satisfied (%)	47.2 <sup>2</sup>
Antenatal care (4 or more visits, %)	87 <sup>2</sup>
Skilled Birth Attendance (%)	74 <sup>2</sup>
Caesarean Section Rate (%)	13 <sup>2</sup>
Early Initiation of Breastfeeding (%)	56 <sup>2</sup>
Exclusive Breastfeeding rate (%)	52 <sup>2</sup>
Postnatal visit for baby (within 2 days, %)	83 <sup>1</sup>
Postnatal visit for mother (within 2 days, %)	81 <sup>2</sup>

1. National Quality Improvement Approach	
National Standards on MNH QoC developed/available	MBFHI Guide completed, integrated WHO MNH QoC standards. Draft in process for Newborn
National package on QI interventions agreed upon through review and consultation	Some districts have interventions ongoing.
Key interventions in national QI package developed (specify type of interventions)	4 districts: Interventions are guided by of EMEN and WHO standards.  The QI process involve formation of QI teams, baseline and ongoing assessments, Plan-Do-Study-Act (PDSA) Cycle and structures to sustaining change
* leadership and organization management	National Quality Management unit established to complement existing Institutional Care Division. MBFHI governing structure established in 4 districts
* QI coaching	MBFHI coaches trained (UNICEF)  Pilot collaborative with the Regional Health Directorate of Accra to train QI teams in 5 districts (support: Ubora)  GHS Improvement Coaches trained in 93 districts across S4H-supported regions: 79 districts are implementing improvement projects and providing QI coaching and mentoring support (support: USAID Systems for Health)
* clinical mentorship	To start in Ubora supported districts Clinical mentors in all MBFHI districts Clinical mentors also in USAID supported districts
* audit and feedback	Perinatal audits in some districts
* improving data systems	MBFHI districts: weekly data submission and data analysis  Integrated coaching to improve service delivery/ data quality in 110 districts across USAID S4H supported regions  Support Health Information Technical Boot Camps at national level to address systems level gaps in DHIMS 2.
* learning networks/systems, including learning collaboratives	MBFHI: Collaborative learning system established among 3 hospitals through weekly teleconference Support learning networks in 4 regions (NR, VR, WR and GAR) in the areas of MNCH, ETAT, malaria and family planning (USAID S4H support)
* performance based financing	In some districts
* policy/strategy development support	National Quality Healthcare Strategy Developed. NQS technical committee undergone training in QI. QI training for CEOS (high impact leadership course) planned QMU, MoH(Quality Management Unit) set up

2. Selection of Learning Sites	
Criteria for selection of learning districts developed and agreed	
Criteria for selection of learning sites/facilities developed and agreed	
Learning districts selected (specify name and any supporting partners)	Some districts with QI interventions already ongoing are being considered  New districts to be selected when funds available to carry out interventions.
Learning sites/facilities selected (specify name and any supporting partners)	
Baseline situational analysis at learning sites conducted	MBFHI: Baseline assessments conducted and quarterly assessments been conducted  Some districts with QI interventions already ongoing carried out baseline assessments based on selected interventions  As new districts are selected standardized baseline assessment will have to be carried out.
Initial resource provision to learning sites	None on a national scale.  MBFHI: Training, equipment and improvement on WASH facilities being provided

4. QI Coaching System & Structure	
A pool of QI coaches/experts developed/available	In selected districts  MBFHI coaches trained (UNICEF)  Pilot collaborative with the Regional Health Directorate of Accra to train QI teams in 5 districts (support: Ubora)  GHS Improvement Coaches trained in 93 districts across S4H-supported regions: 79 districts are implementing improvement projects and providing QI coaching and mentoring support (support: USAID Systems for Health)
Clinical mentorship program/ approach agreed and developed	To start in Ubora supported districts Clinical mentors in all MBFHI districts Clinical mentors also in USAID supported districts
Nationally agreed ToR for QI coaches developed	
Nationally agreed ToR for clinical mentors developed	
Support system for QI coaches and clinical mentors agreed	

3. QI Management and Response System	
Existing structures to be utilized for supporting QI activities reviewed and identified	To be agreed
Roles and responsibilities within existing structures for supporting QI activities agreed	To be agreed
* focal person with specified ToR for QoC at national level	Yes, head of QMU and head of ICD.
* focal person with specified ToR for QoC at district level	In some districts.
* focal person or team with specified ToR at facilities	In some districts.

5. Measurement	
National monitoring framework for MNCH QoC developed	Framework available, but needs further work
Core set of QoC indicators for agreed for national level reporting	Under development (current intervention sites have indicators they are reporting on)
Common set of QI aims across districts agreed	
System of reporting agreed and necessary tools developed	
* information flow	
* standardized reporting formats	
* roles and responsibilities	
* review mechanisms	

6. Orientation to Districts & Facilities	
Orientation package (on the above) for learning districts developed	Only in certain districts
Orientation to learning districts completed	Only in certain districts
Orientation to learning sites/ facilities completed	Only in certain districts

7. National Learning Hub	
Terms of reference for a learning hub/centre to support the national learning network developed	To be agreed
The learning hub/centre for QoC established	To be agreed
Standardized documentation for capturing and sharing learning from QoC implementation developed	To be agreed
Processes for synthesising and sharing key lessons agreed	To be agreed
Venues and mechanisms for sharing QoC lessons and evidence synthesis identified	To be agreed

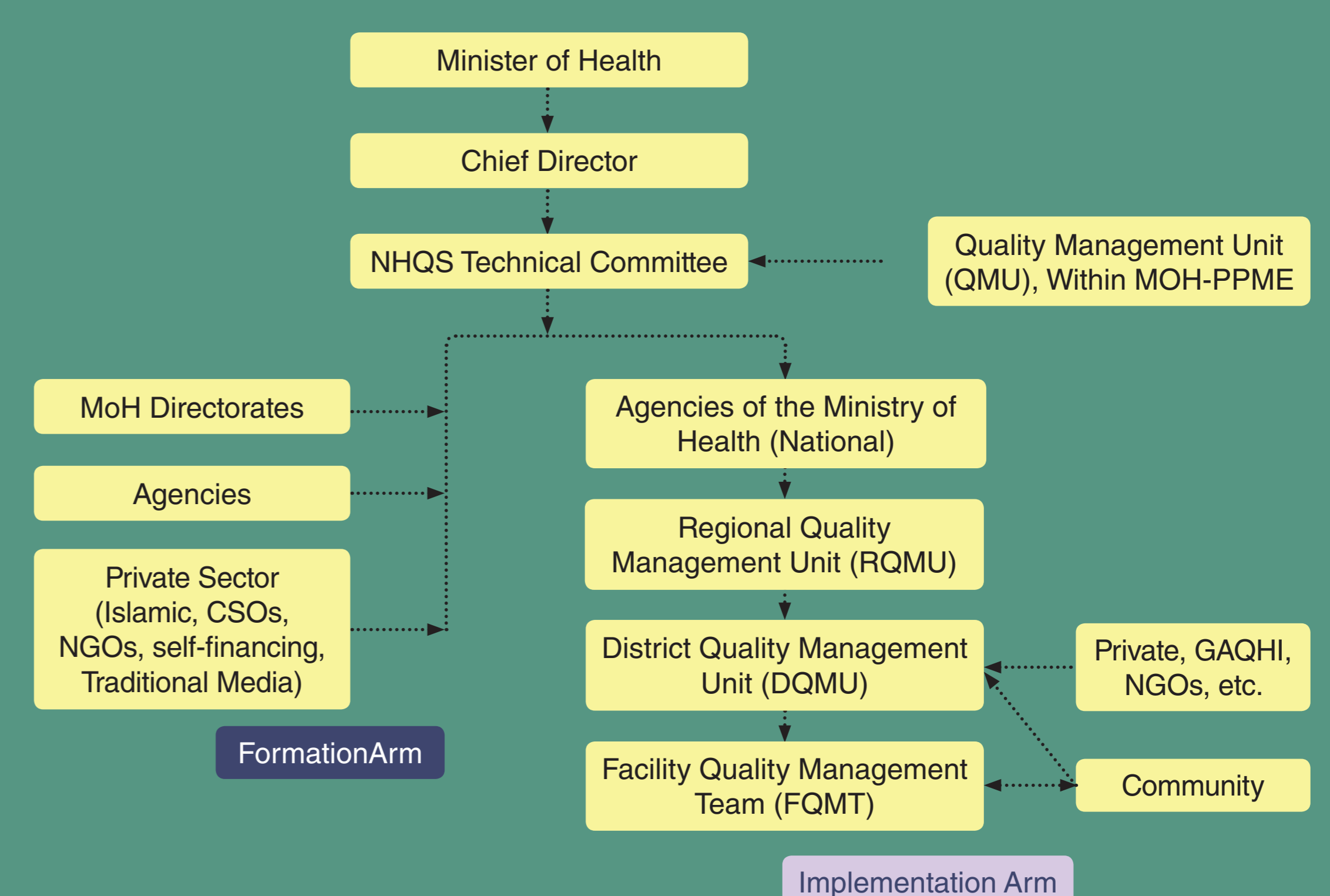
■ Yes 
 ■ No 
 ■ Being developed

## Examples from Implementation

### Key documents for Quality MNCH



### NHQS Quality Governance Structure



### References

1. Countdown to 2015, 2015 report. See <http://countdown2030.org/>
2. Ghana DHS 2014
3. DHIMS (Family Health Division Annual Report)
4. UNICEF. Maternal and Newborn Health Disparities in Ghana, 2016 <https://data.unicef.org/resources/maternal-newborn-health-disparities-country-profiles/>
5. All other data received from the relevant Ministry of Health and WHO Country Offices.