

Ghana's Network for Improving Quality of Care for Maternal, Newborn and Child Health

(July 2020 - June 2021 Bulletin)



**Ghana's Network for Improving Quality of
Care for Maternal, Newborn and Child Health**
(July 2020-June 2021 Bulletin)

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OVERVIEW

The Quality of Care for Maternal, Newborn and Child Health (QOC/MNCH) Network is an initiative with the vision to ensure that **'every pregnant woman and newborn receives good quality care'**. The network for Improving QOC/MNCH is a broad-based partnership of committed governments, implementation partners and funding agencies working together.

The Network was launched in 2017 in 11 countries including Ghana with the objective of halving maternal and newborn deaths in learning facilities. The Ministry of Health and the Ghana Health Service currently lead the implementation of the initiative in seven regions with the support of the WHO Country Office and UNICEF.

This bulletin documents the implementation progress from July 2020 to June 2021. It tells the resilience of Ghana's health systems in the face of the COVID-19 pandemic to meeting the demands for continued delivery of quality maternal, newborn and child health services.

Dr Paul Henry Dsane-Aidoo

Technical Officer, Quality of Care for Maternal, Newborn and Child Health

World Health Organization, Ghana

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Statement by Country Focal Persons for the QOC/MNCH Network



Dr Ernest Asiedu
Head | Quality Management Unit
Ministry of Health, Ghana



Dr. Isabella Sagoe-Moses,
Deputy Director, Family Health Division
Ghana Health Service

Ghana's Network for Improving Quality of Care in Maternal, Newborn and Child Health (QOC/MNCH) has made improvements despite the COVID-19 pandemic in 2020. The Network is guided by the WHO Standards and the National Healthcare Quality Strategy. The COVID-19 pandemic hit Ghana in March 2020, with the country experiencing lockdown and other public health restrictions. This posed a threat to Maternal, Newborn and Child Health Service delivery. However, the country made significant gains in the QOC/MNCH Network of practice during the 2020/2021 period. This success reflects both in the private and public sectors.

A major strength of Ghana's QOC/MNCH network is the inter-agency and partner collaboration through the National Technical Working Group. The Technical Working Group supported by the WHO and UNICEF has assisted the Network to

strengthen national level leadership commitments to implement the standards. Ghana has developed policies to guide quality of care interventions at the point of care. The network has built structures for clinical interventions, data reporting as well as knowledge sharing. Ghana, as part of improving experience of care, has implemented Ghana's Community Scorecard to strengthen accountability of health facilities to the communities they serve.

This bulletin covers activities from July 2020 to June 2021, to showcase activities and demonstrate progress within Ghana's Network for Improving Quality of Care for Maternal, Newborn and Child Health. We wish to appreciate the efforts of all health workers in implementing facilities across the country who have committed to the quality of care for mothers and babies. We are grateful to all partners; without whose support we would not have made it this far.

Remarks from WHO Country Representative



Dr. Francis Kasolo,
WHO Country Representative, Ghana

The Sustainable Development Goal 3 aims to ensure healthy lives and promote well-being for all through Universal Health Coverage by 2030. In line with this, Dr Tedros Adhanom Ghebreyesus, Director General of the World Health Organization, has stated that “The success of UHC depends on all people having access to evidence-based care that is safe, effective and people-centered. Without quality, there is no UHC.”

Evidence published by the Lancet Global Health in 2018 shows that out of 8.6 estimated global deaths in low-middle-income-countries (LMICs), about 5 million are due to poor quality of care and not lack of access. It is established that the care people receive is generally inadequate and is often of poor quality particularly in LMICs.

This impacts most on vulnerable populations like mothers, newborns and children. The report shows that more than 50% of all maternal and newborn deaths are due to poor quality care rather than non-utilization.

To address this, the World Health Organization (WHO) has established the Network for improving the Quality of Care for Maternal, Newborn and Child Health (QOC/MNCH). Ghana is one of the eleven countries within the network. WHO and UNICEF jointly support the implementation of the QOC/MNCH Network in Ghana. The QOC/MNCH Network in Ghana is led by the Ministry of Health and the Ghana Health Service through a collaborative Technical Working Group. The Technical Working Group which meets quarterly has the participation of WHO, UNICEF, JICA, JHPIEGO, USAID, PATH, KYBELE, the Christian Health Association Ghana (CHAG) and the Private Sector.

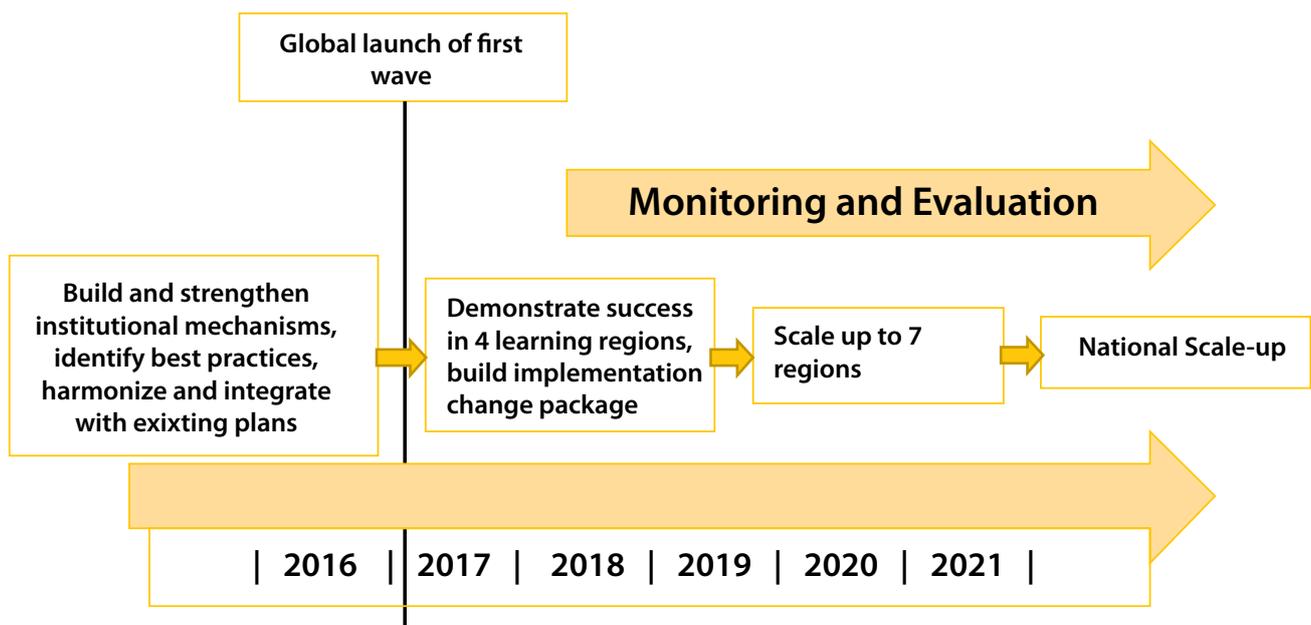
WHO has provided guidance and tools for participating countries to address the quality gap. The Standards for Improving Quality of Care for Maternal and Newborn Care (MNH QOC) in Health Facilities and the Standards for Improving the Quality of Care for Children and Young Adolescents in Health Facilities were published in 2016 and 2018 respectively. In 2020, WHO launched the Standards for improving the quality of care for Small and Sick Newborns in health facilities. This complemented the global report “*Survive and Thrive: Transforming Care for Every Small and Sick Newborn*”.

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Since 2018 Ghana has made gains in implementing these standards, by establishing fundamental leadership systems, providing technical support for action in health institutions, creating platforms for knowledge sharing and strengthening accountability systems. This bulletin covers activities and major milestones

of Ghana's implementation of the QOC/MNCH initiative and also in the context of COVID-19. It highlights the joint contribution of WHO and UNICEF Country Offices in strengthening partnerships to achieve the objectives of the Network in improving Quality of Care for Maternal, Newborn and Child Health.

Ghana's Implementation Milestones



Ghana's Implementation timelines of the Quality of care strategies

Remarks by UNICEF Country Representative



Anne-Claire Dufay
UNICEF Representative in Ghana

Accelerating improvements in the quality of care for women and newborns during pregnancy and childbirth is an imperative if Ghana is to achieve the Sustainable Development Goals, especially targets 3.1 and 3.2. By 2030, Ghana is expected: 1) to reduce the maternal mortality ratio from 308 to less than 70 per 100,000 live births; and 2) to reduce neonatal mortality from 25 to less than 12 per 1,000 live births, and under-5 mortality from 52 to less than 25 per 1,000 live births. These are not just numbers, but names of women and babies whose lives should be saved.

Over the past years, Ghana has strived to enhance the effective and efficient delivery of quality

Primary Health Care services at all levels, and to address inequities, particularly in disadvantaged rural communities. UNICEF partnered with the Ghana Health Service to address the quality gap in the provision of maternity and newborn services and contribute to strengthening the health system. This collaboration funded by the Bill and Melinda Gates Foundation led to the piloting of a package of interventions between 2016 and 2018 in four districts in Upper East Region, that addressed the ten Every Mother Every Newborn (EMEN) standards, which later translated into the eight World Health Organization (WHO) standards for improving maternal and newborn care in health facilities.

Using a holistic approach, several interventions were implemented: 1) the availability of clean, functional health facilities, newborn care and kangaroo mother care units (Place); 2) well-trained competent health care workers and quality improvement teams (People); 3) access to life-saving medicines, diagnostics and equipment for mothers and newborns (Products); and 4) empowering health care service users and community members to demand dignified and respectful care, including breastfeeding support (Power).

This pilot EMEN quality improvement initiative funded by the Bill and Melinda Gates Foundation was called the Mother Baby Friendly Health Facility Initiative, well-aligned to the National Newborn Health Strategy and Action Plan. The initiative showed promising results of reduction in neonatal case fatality rate by 40 percent and significant reductions in institutional still birth

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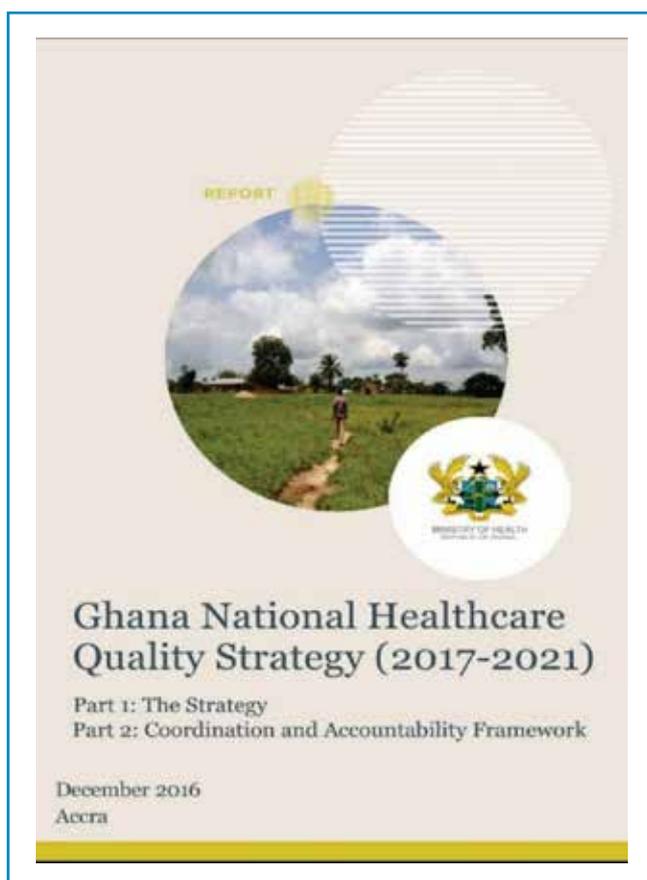
rate by 26 percent in intervention facilities in Ghana. These achievements demonstrated that the Quality of Care standards and its translation into action is feasible, thus providing replicable models within Ghana and other countries with similar settings.

To make significant strides, the health sector should continue translating policies into action and implementing proven interventions at scale.

This requires significant capital investment to ensure that no mother and newborn infant is left behind.

Development Partners fully support the Ministry of Health's vision: 'A healthy population for national development'. We reiterate our commitment to support the achievement of our common goal to improve the quality of care for maternal, newborn and child health in Ghana.

National Healthcare Quality Strategy



Dr Ernest Asiedu
Head | Quality Management Unit
Ministry of Health, Ghana

Ghana's health system is pluralistic and includes the orthodox, traditional and alternative medicines. These exist within the framework of either the public and private sector. The Ministry of Health (MoH) provides policy formulation, planning, budgeting, resource mobilization monitoring and evaluation. These are operationalized by different agencies in the form of regulation, training, continuous capacity building, service delivery, support services

including emergency and prehospital services, research, and other interventions.

The MoH coordinates its functions at different levels, with the Minister of Health chairing the Interagency Leadership Committee, where all the Heads of Agencies meet quarterly to discuss the health sector and the leadership levels. The private sector is represented as Self-financing, Faith-based, and Quasi institutions. The MoH as part of improving quality of care, has the Quality Management Unit that coordinates all the Agencies towards achieving the health goals and priorities.

In December 2016, the MoH developed the National Healthcare Quality Strategy (2017-2021), which is a policy document that guides the activities of the Quality Management Unit in implementing quality standards in Ghana's health systems. This strategic policy document guides the implementation of quality and safety within the health sector, and guides the roles of Agencies in the operationalization of quality initiatives in Ghana. The NHQS as an overarching national quality document prioritizes Maternal, Newborn and Child Health (MNCH) activities as a pathfinder to the implementation of quality of health services. This has provided a good platform for the Quality of Care Network for MNCH to achieve its goal of halving maternal and newborn mortalities over the period of implementation. As the National Healthcare Quality Strategy (2017-2021) nears its end in Dec 2021, it is needful to review it, especially in the era of COVID-19.

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National Health Quality Strategy Implementation Guidelines



Dr. (Mrs.) Mary E. Ashinyo
Deputy Director | Quality and Safety Management
Ghana Health Service

In line with the Director General's vision of ensuring that all communities have access to timely, quality and comprehensive health care, the Ghana Health Service Guidelines for the implementation of the Ministry of Health's National Healthcare Quality strategy contributes to efforts in strengthening leadership and governance towards a total quality managed service. Previously, the Service had experimented with quality assurance and quality improvement initiatives until it launched two formal pilots in the mid-1990s in the Upper West and Eastern Regions and mainstreamed quality in the mid-2000s with the setting up of a Quality Assurance (QA) Department of the Ghana Health Service (GHS). Since then, GHS has pioneered a number

of innovative initiatives in quality management. However, a major challenge is increasingly faced in the uncoordinated manner in which these interventions are implemented.

The Ghana Health Service Guidelines for NHQS implementation, therefore, seeks to harmonize quality planning, assurance, control and improvement approaches to achieve better health outcomes by strong quality management governance and leadership with patients and communities at the centre of care. In response to National Healthcare Quality Strategy requirements, these guidelines outline the governance structures for quality management, their roles and responsibilities as well as the implementation and accountability framework at all levels. The idea is that quality should permeate all activities at all levels. The expectation is that no conflicting quality management approaches shall be implemented anywhere within the Ghana Health Service by any organization or development partner without the express approval of the Director-General of the Ghana Health Service. The guideline is aligned with key health sector policies such as the National Health Policy, the Universal Health Coverage (UHC) roadmap, the draft Patient Safety Policy and the Primary Care provider network now adapted as the GHS Networks of Practice towards Ghana's attainment of Universal Health Coverage and beyond.

The National Health Quality Strategy Implementation Guidelines was launched on 17th September, 2020 at the 2020 National Patient Safety and Healthcare Quality Conference.

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Key stakeholders during the launch of the National Health Quality Strategy Implementation Guidelines (From left to right: Greater Accra Regional Director, Director of Institutional Care Division, UNICEF Country Director, Director General of the Ghana Health Service, Acting WHO Country Representative, Water Aid Ghana Acting Country Director)

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Ghana's Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition Strategic Plan



Dr Kofi Issah
Director, Family Health Division
Ghana Health Service

Reproductive, maternal, newborn, child and adolescent health, are life course intervention areas that have been the focus of the Family Health Division of the Ghana Health Service in meeting the goals of the SDGs.

As part of improving the quality of care for maternal, newborn and child health, the Ghana Health Service has developed a Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAHN) Strategic Plan (2020 – 2025). This over-arching integrated RMNCAHN Strategic Plan is providing the framework for the country's implementation of the Global Strategy for Women, Children and Adolescents Health (2016 – 2030) to achieve the SDGs, particularly Goal 3. There was a comprehensive review

of the RMNCAHN Program in the country to assess the progress made so far; identify the key challenges and what has worked well to inform the development of the integrated RMNCAHN Plan. The RMNCAHN Strategic Plan addresses the critical need for integration of the strategic areas from pre-pregnancy, pregnancy, birth, immediate post-natal for both mothers and newborns, childhood and adolescence. This will integrate the interventions in the different program areas and related activities leading to effective resource allocation and use for the improvement of Quality of Care in Maternal, Newborn and Child Health.

The World Health Organization (WHO)-Ghana, led and coordinated the support of partners, particularly within the H6 partnership including UNICEF, UNFPA, UNAIDS, and the World Bank for the process. The strategic document was launched on 15th December, 2020 by the Honourable Minister of Health, Mr. Kwaku Agyeman Manu represented by the Honourable Deputy Minister of Health, Ms. Tina Mensah at an event well attended by all stakeholders in RMNCAHN.

Speaking at the function, the Director General of the Ghana Health Service, Dr Patrick Aboagye, stated that "This five-year RMNCAH prioritized strategic framework, provides strategic direction to health and relevant non-health stakeholders towards ending preventable deaths of women, newborns, children and adolescents and ensuring their health and wellbeing." He indicated the commitment of the health service to operationalize the Strategic Plan at all levels of service delivery.

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Some dignitaries at the launch and dissemination of the Reproductive, Maternal, Newborn, Child Health, Adolescent Health and Nutrition Strategic Plan, Accra, 2020 (From left to right: The Director General of Ghana Health Service (Dr Patrick Kuma Aboagye), The Country Representative of UNICEF Ghana (Ms. Anne-Claire Dufay), the Deputy Minister of Health (Hon. Tina Mensah) and the Chairperson of the GHS Council (Dr. Yao Yeboah)

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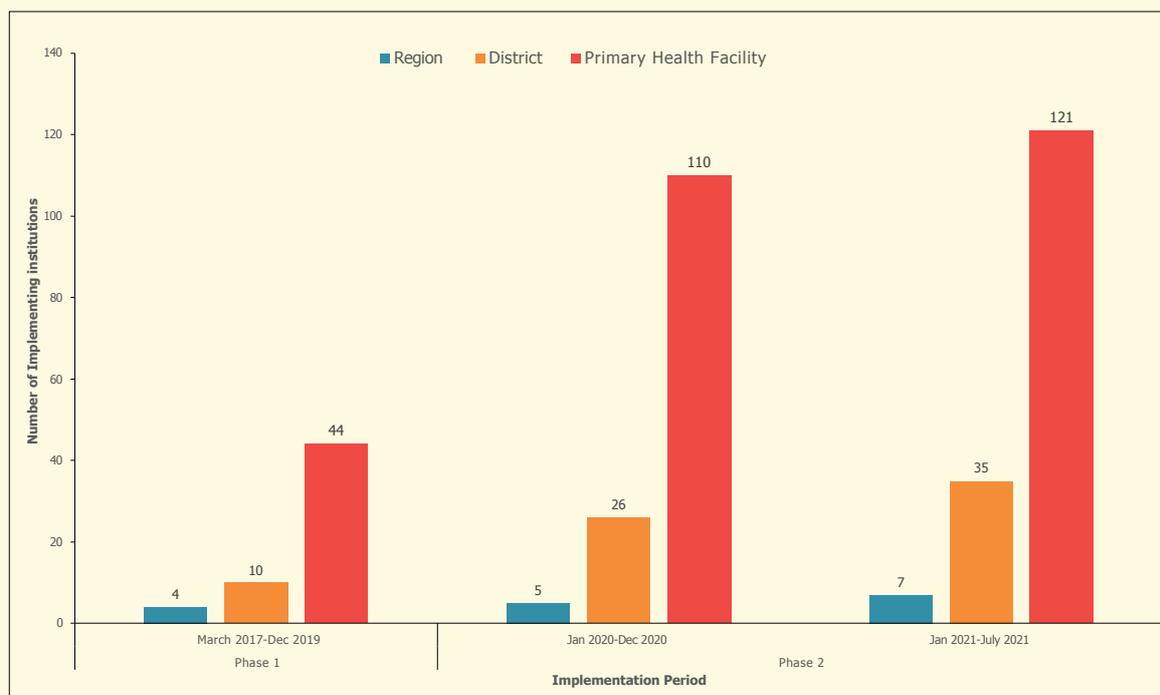
Training and Scaling-up of sub-national Quality Management Teams

Following the easing of lockdown restrictions in Ghana, UNICEF and the World Health Organization country office assisted the Quality of Care for Maternal, Newborn and Child Health Network with the technical support to train the sub-national level quality management teams. A pool of trainers in Point of Care Quality Improvement Principles in the network regions were trained. These trainings also equipped participants with the skills to coach quality improvement teams at the learning districts and health facilities.

These trainings helped Ghana to successfully scale up implementation of the QOC/MNCH to 7

network regions, namely; Upper East, Western, Bono East, Upper West, Northern, Bono, Eastern and Ashanti Regions.

Regional and district level trainings of quality improvement teams also helped in establishing new and strengthening existing sub-national quality management structures as suggested in Ghana's National Healthcare Quality Strategy and Implementation Guidelines. This has strengthened teams at the point of care level. It is expected that this scale-up within network regions will improve quality of care toward the reduction of maternal and newborn morbidities and mortalities.



Ghana's scale-up of Quality of Care implementation in Ghana

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Technical Officer for QoC, WHO (Dr Paul Dsane-Aidoo) and Health Specialist at UNICEF (Dr Priscilla Wobil) supporting a QoC Regional level training for QI coaches

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Regional level trainers and coaches for point of care quality improvement, Bono East Region, October 2020



Maternal and Child Health Officer, WHO (Dr Roseline Doe) awarding a Quality Improvement Team Member a certificate for completion of Point of Care Quality Improvement Training, Ashanti Region, October 2020

Scale-up of capacity building of Ghana's Community Scorecard

Ghana's Community Score Card has played an important role in social accountability for health facilities. The QOC/MNCH Network in Ghana has used this tool in measuring and improving the experience of care. This tool depends on the Community Health Management Committee which includes community members.

Between July 2020 and June 2021 the WHO

Country Office and UNICEF supported national level supervisory and coaching visits to five network regions (Bono East, Ashanti, Western Regions, Upper East and Upper West Regions) and other regions such as Northern, North East and Savannah regions. These visits also included training of community members participating in the Community Health Management Committees.



Technical Officer for QOC/MNCH (Dr Paul Dsane-Aidoo) providing technical support at a coaching visit to a health center, Upper East Region

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From June 2020 to July 2021, the WHO County Office has supported the scale-up of the initiative to approximately 3000 primary health facilities to establish functional Community Health Management Committees, including training of 3700 community members. This level of engagement has improved patient experience of care in quality maternal, newborn and child

health services. Most importantly, this has enhanced community ownership in supporting health facilities with resources and feedback for improved care. With this improved community and health facility partnership it is expected that maternal and newborn mortalities will be reduced.



1700

Community Health Management Committees established in Primary Health Facilities



3700

Community Members Trained

Community Score Card Scale-up in QOC/MNCH Network, June 2020-July 2021

Ghana's Community Scorecard: Lessons from Primary Health Care Settings



Samuel Mayeden
Health System Strengthening and Development Expert
Policy Planning Monitoring and Evaluation Division
Ghana Health Service

Ghana's implementation of the Quality-of-Care Network (QoC) for Maternal, New-born and Child Health prioritizes community engagement to improve patients' care. Lessons from causes of death study in Africa shows that majority of maternal, newborn, and child deaths can be preventable using culturally acceptable, existing cost-effective interventions with the involvement of the community leaders taking a decisive role in the prevention strategy. In 2018 Ghana

adopted the Community Scorecard (CSC) as part of the implementation strategy embedded in the network of practice to improve the Quality of Care for improved MNCH. The CSC is a tool utilized by the Community Health Management Committee (CHMC) to drive accountability and actions in resolving health system challenges. They provide oversight to health service delivery and significant structure within the primary health care system in Ghana. The CHMC assesses the health facility quarterly using some indicators. The CHMC receives up to 2 days of orientation on these agreed nine indicators for quality of care to score the health system performance. (see the pre-defined 9 indicators. fig. 1).

Defining the Quarterly Process

- The Community Health Management Committee mobilizes mostly heads of households, women groups, church leadership, assembly members, etc., to assess the health facility (hospital, health center, or CHPS compound) within the community by conducting a tour of the facility to assess the state of the infrastructure, commodity availability and equipment.
- The community members conduct a scoring of the facility by voting on each indicator. The score with the majority vote is recorded in the scorecard.

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- Community members develop the community health action plan (CHAP) to address problems identified in the scoring session. The progress of action plans from the previous quarter are also reviewed. CHAP systematically addresses health systems gaps.
- Following this, an interface meeting is held between the CHMC and facility leadership to discuss the outcome of the scoring and to agree and conclude on the CHAP to address the gaps identified.
- The scores and the action plans are then entered into the scorecard web platform to produce colour coded scorecards with online access to stakeholders for decision-making in order to improve care at the respective facilities.

The 9-primary quality of care indicators in the CSC:

1. *Caring, Respective & Compassionate Care*
2. *Waiting time for service provision at the time of entry.*
3. *Availability of medicines, diagnostics services, and supplies.*
4. *Availability, Accessibility, and Quality of health services and infrastructure.*
5. *Cleanliness and safety of the facility.*
6. *Leadership and management of the facility*
7. *Conduct home visits by health staff (CHO or CHN or Midwife).*
8. *Conduct of home visit by the Community Health Volunteer*
9. *Assessment of NHIA services*



Community Health Management Committee discussing action plan for the improvement of a health center after facility assessment, November 2020

What are the gains

The CSC process has contributed significantly in resolving health system constraints across different levels either through acquisition of land for new health facilities, finance mobilization, health facilities improvements, creation of community health insurance schemes, volunteering cleaning time at health facilities, and medicines, logistics and of medical equipment supply to address service delivery gaps.

What are the key recommended actions consideration?

- Essential that economic evaluation and cost analysis is conducted on all the resources being mobilized towards health service improvement by community members.
- All community feedback emanating from the assessment should be modelled in a way so as to engage with high-level decision-makers. The CSC process provides documented evidence of implementation gaps at the primary care level and requires capacity building for civil society organizations and non-state actors to utilize the CSC tool effectively.

Stories from the field



Session of morning exercise drills at the Atebubu Hospital Pregnancy School



Antenatal staff providing education for antenatal mothers in the context of COVID-19

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WHO's Maternal and Child Health Officer, (Dr Roseline Doe) and Technical Officer for QOC/MNCH (Dr Paul Dsane-Aidoo), with National Level QOC trainers



Regional level coaching visit to facility Quality Improvement Teams

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Bono East Regional Director of Health Services (Dr Fred Adomako), reaching the hard-to-reach facilities on quality improvement coaching visit for QOC/MNCH



Participants of Point of Care Quality Improvement Training, Bono East Region, 2020

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National level trainer (Ms. Sadia Salifu) supporting a Regional level training of Quality Improvement coaches



Health Specialist at UNICEF (Dr Priscilla Wobil), assisting Quality Improvement team with development of quality improvement projects

Improving Administration of Oxytocin within One Minute of Vaginal Delivery for Control of Post-Partum Haemorrhage, Kintampo Municipal Hospital, 2020

Background

Oxytocin injection is given within one minute of spontaneous vaginal delivery (SVD) to prevent post-partum haemorrhage (PPH). At the Kintampo Municipal Hospital, data showed that only 33.4% of all women who delivered were given oxytocin within one minute following SVD. Overall, 4.3% of mothers had PPH at the Hospital. The quality improvement team met, reviewed data and set an aim for the project.

Aim

To increase the percentage of women receiving

oxytocin within one minute after SVD from 33.4% to 70% in 4 weeks at the maternity ward.

Methods

Problem Analysis was done using the '5-WHYS'

Process Indicator: Percentage of women who received oxytocin within one minute after SVD after every week

Outcome Indicator: Percentage of women who had post-partum haemorrhage after SVD monthly

Data Source: Delivery register



Problem analysis using 5 WHYS

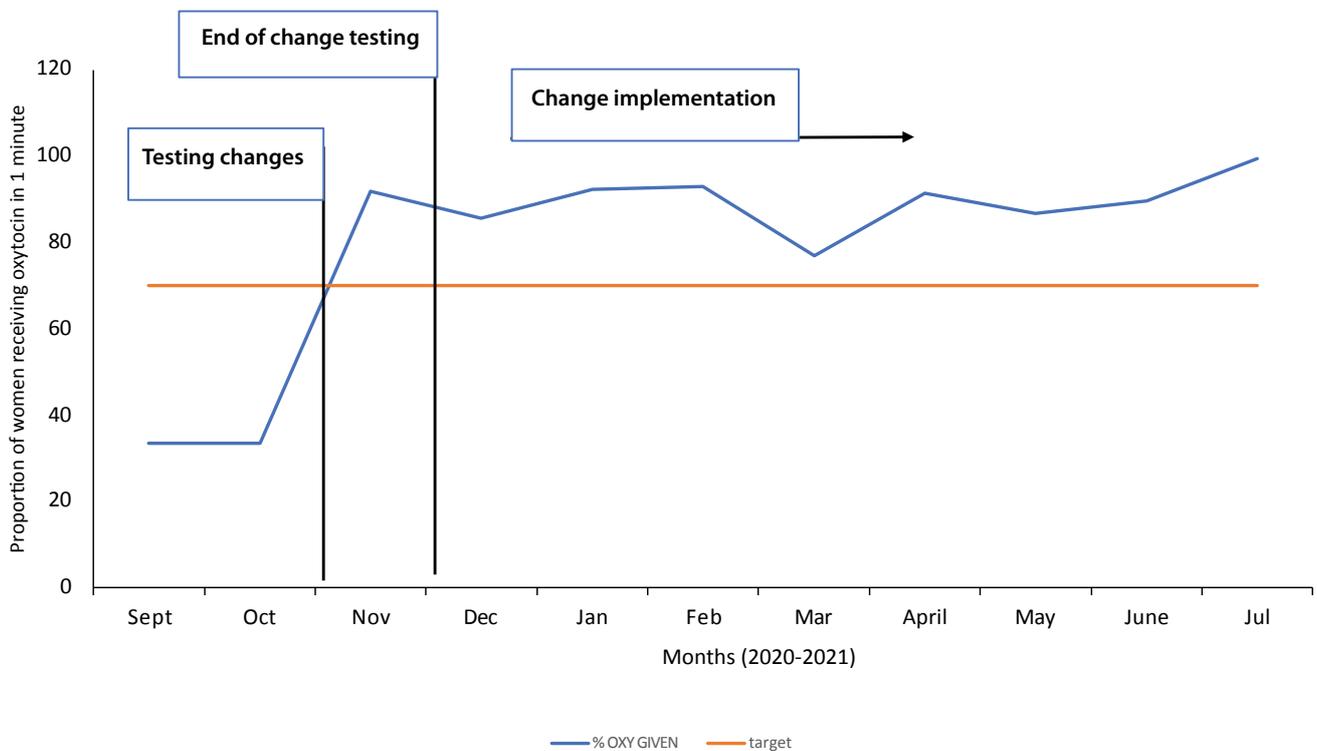
Three change Ideas were tested concurrently using the PDSA cycle, and adapted

- Introduction of notebook for documenting oxytocin received by maternity ward from pharmacy
- Mandatory handing over of logistics after every shift

- Inventory control card for stock management

Results

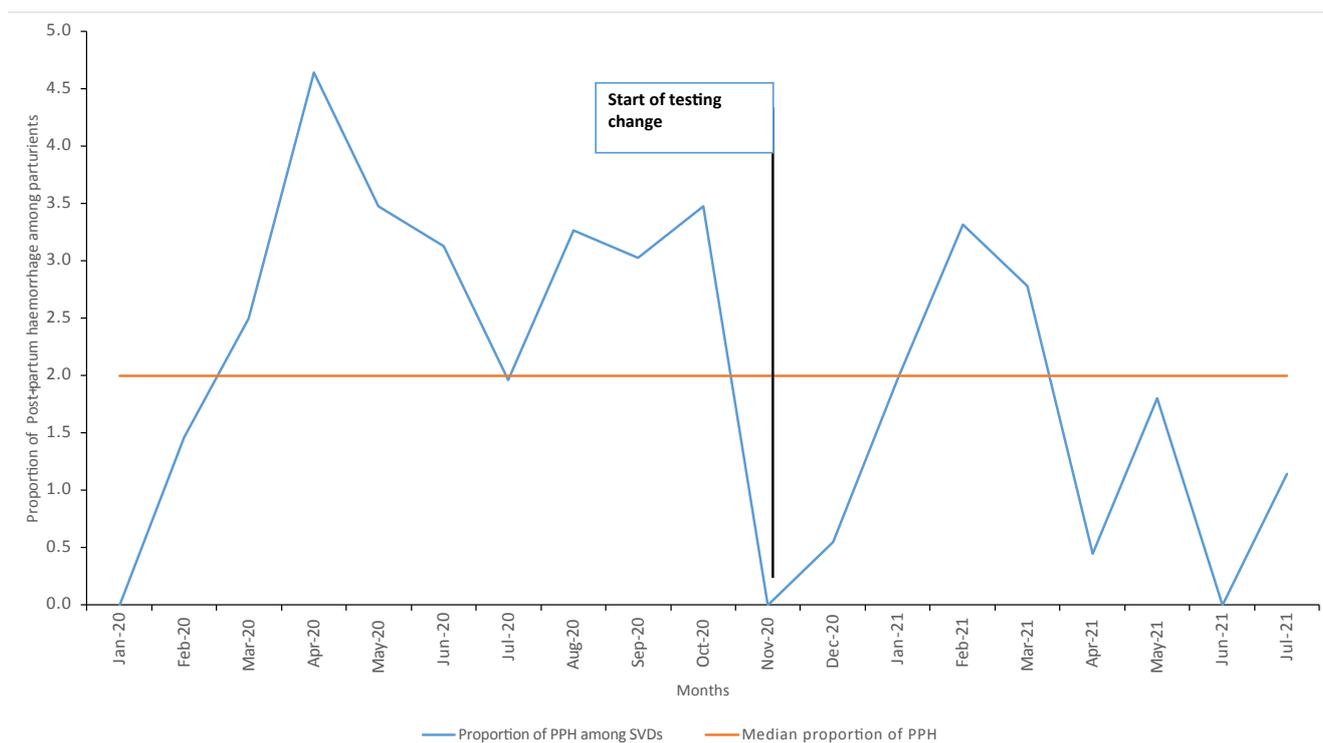
Administration of Oxytocin within 1 minute improved from 33.4% to 94.3%, beyond target of 70% stated in the aim.



Proportion of women given oxytocin within 1 minute of SVD against period of change

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This increase in oxytocin administration within a minute after SVD resulted in a relative reduction in post-partum haemorrhage. Applying the principle of too few too many runs indicates a special event associated with the change



Trend of post-partum haemorrhage before and after quality improvement project, Kintampo Municipal Hospital, 2020/2021

Conclusion

The project was possible through team work and accountability. No new resources were required. This project is easily reproducible in other district hospital for the reduction of PPH.

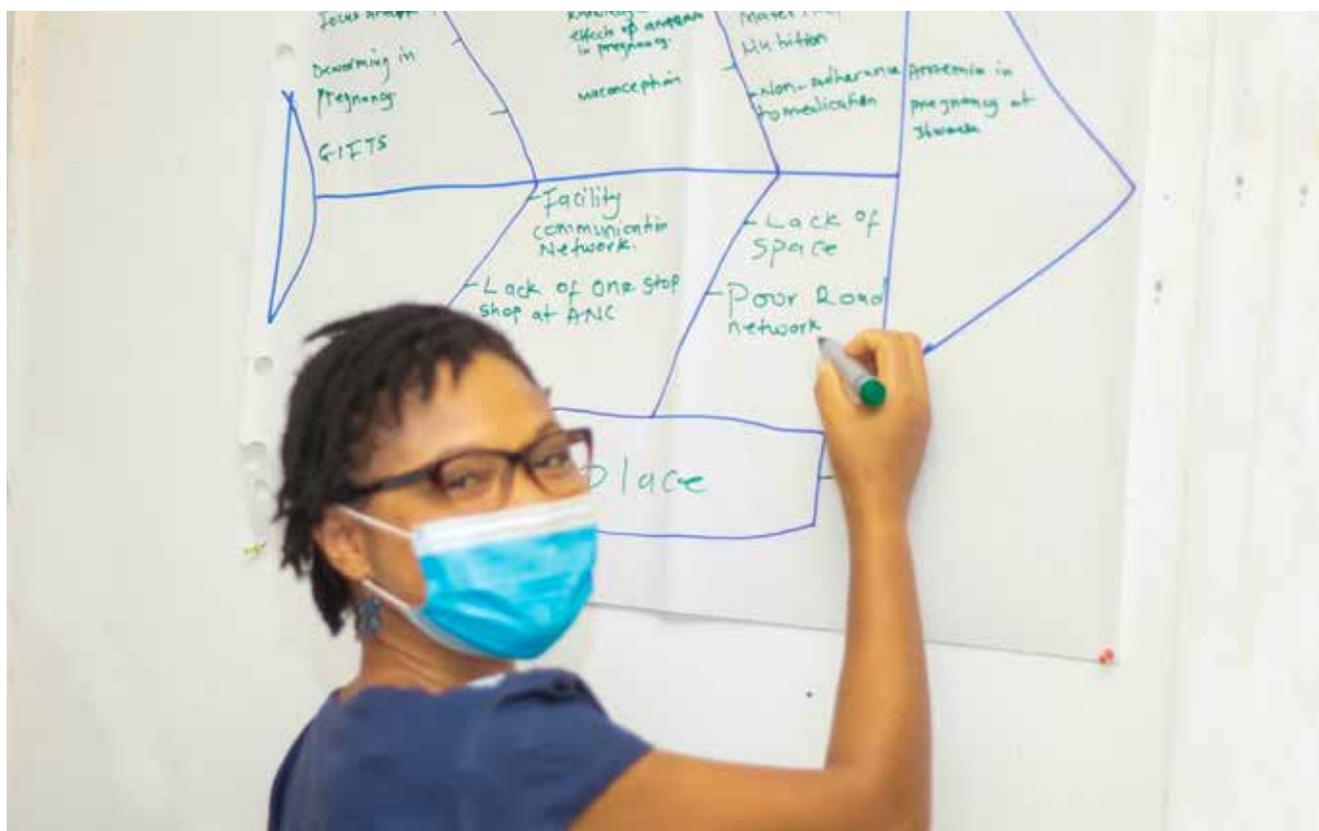
Regional Learning Forums

A key objective of the Quality of Care in Ghana is to maintain adequate monitoring of the implementation in network regions as well as provide the platform for knowledge sharing among learning facilities and districts. These are review meetings where all facilities within the region meet to demonstrate various quality improvement projects they have implemented to improve maternal and newborn health.

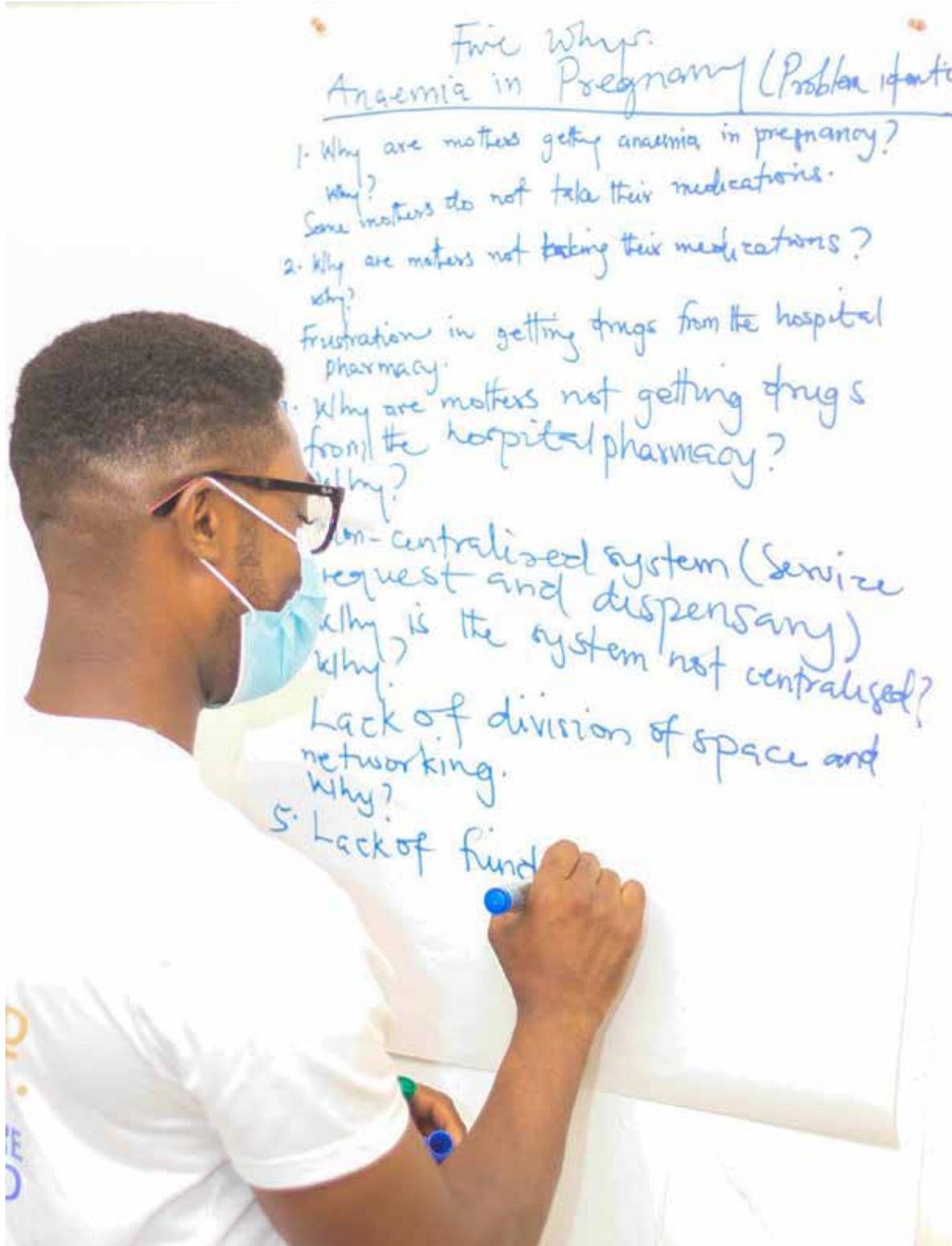
Regional learning forums are led by the Regional Health Authorities, with the technical support of WHO and UNICEF. They are practical accountability forums that also offer the opportunity for learning among quality improvement teams in the region. It is expected

that all Quality of Care Network regions will be supported to institutionalize the Regional Learning Forums. The process has helped the Regional Quality Management Unit of the beneficiary regions to track implementation of the initiative and to improve on data quality.

There is country effort to hold this in all network regions and to also hold a national learning forum where all regions can meet for knowledge sharing at the national level. It is expected that the National Learning Forum to be held in September 2021 will create a bigger platform for network regions to demonstrate successes by districts and health facilities.



Participant demonstrating the use of fishbone technique for problem analysis during a regional review meeting, Bono East Region, 2020



Quality Improvement Team member demonstrating learning at a regional learning forum, Bono East, 2020

Ghana's Technical Working Group

Following lockdown restrictions for the COVID-19 outbreak in Ghana, the QOC/MNCH held successful Technical Working Group meetings each in the third and fourth quarters of 2020, as well as the first and second quarters of 2021.

The meetings helped evaluate the challenges posed by the pandemic to the implementation of the Quality of Care for Maternal, Newborn and Child Health. The Technical Working Group helped with the way forward in implementation within the context of the COVID-19 pandemic.

The TWG of the Quality of Care Network in Ghana consists of wide stakeholder participation

including: The Ministry of Health, Ghana Health Service and its agencies, the Christian Health Association Ghana (CHAG), self-financing Private Sector, WHO, UNICEF, JICA, JHPIEGO, USAID, PATH. These meetings allowed for accountability of key persons tasked with key roles within Ghana's implementation of the Quality of Care for maternal, newborn and child health.

Through this stakeholder collaboration, the QOC/MNCH Network is able to synchronize resources and efforts among all health partners to achieve its objectives of reducing maternal and newborn mortalities.



Face-to-face participants during the fourth quarter Technical Working Group Meeting, Accra, 2020

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Face-to-face participants during the first quarter Technical Working Group Meeting, Accra, 2021

Engagement of Ghana's Private sector in Quality of Care in Maternal, Newborn and Child Health

Ghana's private sector contributes to about 38%-50% of health services. To accelerate Ghana's progress to achieving the Sustainable Development Goals for ending preventable maternal, newborn and childhood deaths, it is important to strengthen the private sector. Ghana together with Bangladesh and Nigeria through the global network, participated in an exploratory study to assess the private sector participation in improving quality of care for maternal, newborn and child health. The purpose of this study was: to explore and identify the mechanisms for engaging the private sector in planning, delivering and demonstrating accountability for quality maternal and newborn health services in Ghana; and to establish the evidence base on mechanisms that ensure an active and meaningful engagement of the private sector in Network countries for delivering on national plans for QOC/MNCH.

The WHO Country Office provided the support for the Ministry of Health to conduct this situational analysis. The situational analysis explored views and opinions from key informants in leadership, governance, service delivery, and regulatory framework of both public and private healthcare. Following this, a multi-stakeholder dialogue was held in Accra to discuss the outcomes of the research among different stakeholders. There was participation from public sector professionals, private practitioners, regulatory agencies and international health partners. The MSD allowed for the validation of the findings of the exploratory study and to engage both public and private sector practitioners to provide agreed recommendations to address the challenges highlighted by the situational analysis. It is expected that the MOH will implement these recommendations and evidence that were derived for improving private sector contribution to quality of care for mothers and newborns.

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Section of participants at the Multi-Stakeholder Policy Dialogue following the Private Sector Situational Analysis, Accra, 2021

Download these Outputs of Ghana's Private Sector Situational Analysis and Policy Dialogue at
https://www.qualityofcarenetwork.org/private-sector#country_learnings

Research protocol

Situational analysis report

Literature review

Multi-stakeholder policy
dialogue report

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Editorial Team

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