



GHANA'S NETWORK FOR IMPROVING QUALITY OF CARE FOR MATERNAL, NEWBORN AND CHILD HEALTH

July 2021-December 2021 Bulletin

**GHANA'S NETWORK FOR IMPROVING
QUALITY OF CARE FOR MATERNAL,
NEWBORN AND CHILD HEALTH**
JULY - DECEMBER 2021 BULLETIN

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Overview

The Quality of Care Network for Maternal, Newborn and Child Health (QOC/MNCH) is a coalition of committed governments, implementation partners and funding agencies who are committed to reducing maternal, newborn and childhood mortalities. Ghana has been part of the global network of 11 countries since 2017.

The overall aim of the initiative is to halve maternal and newborn deaths in learning facilities over an implementing period of five years. Ghana's network for improving QOC/MNCH has successfully scaled-up the initiative to selected facilities in all the regions of the country.

This bulletin edition describes how Ghana has coordinated experience of care and service provision across implementing sites, in accordance with WHO's framework for improving quality of care for mothers, newborns and children. The report also demonstrates the partnerships among country level stakeholders and donors within Ghana's QOC/MNCH technical working group to achieve the overall aim of the initiative.

Dr. Paul Henry Dsane-Aidoo

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

Introduction by Country Focal Person



Dr. Isabella Sagoe-Moses

Focal person, QOC/MNCH Network, Ghana

Despite the challenges of COVID-19 restrictions in Ghana, Ghana's quality of care network for QOC/MNCH has made advancement in strengthening quality systems at the national, regional and district levels. With collaborative efforts between the Quality Management Unit of the Ministry of Health and the Ghana Health Service, network activities have progressed significantly. Key among these activities have been the adaptation of the WHO standards of care for small and sick newborns, as well as the WHO standards of care for children and young adolescents. Ghana has also generated lots of evidence through the engagement of community health management committees in primary health facilities. Community engagement activities have contributed to

“Ghana is working closely with partners on the TECHNICAL WORKING GROUP for quality of care for maternal newborn and child health”

the quality of care for MNCH by improving accountability through feedback on experience of care, as well as encouraging community ownership of the initiative.

Ghana is working closely with partners on the technical working group for quality of care for maternal newborn and child health. The platform has offered the opportunity for good collaboration to scale-up quality of care for MNCH to more regions of the country, and to maximize resources from all partners.

On behalf of the Ministry of Health and the Ghana Health Service, we wish to acknowledge all partners that have contributed to the achievement of the goal of the network in Ghana.

Statement by WHO Country Representative



Dr. Francis Kasolo
WHO Country Representative

Ghana has since 2018, been part of 11 countries within the Quality of Care for Maternal, Newborn and Child Health (QOC/MNCH) network. With funding from Bill and Melinda Gates Foundation, WHO has provided technical support for Ghana's network.

The country in 2018 adapted and has been implementing the WHO Standards for Maternal and Newborn Health to guide health facilities. WHO is happy to have supported the country in 2021, the adaption of the WHO Quality of Care Standards for Small and Sick Newborn, as well as WHO Quality of Care Standards for Children and Young Adolescents. These standards provide the framework for the linkage of

quality service delivery and experience of care among these age groups to improve outcomes. Ultimately, the aim is to end preventable maternal, newborn and child deaths.

From an initial 44 health facilities in 4 regions, this initiative has been scaled-up to 138 health facilities in 8 regions by July 2021. With funding support from the UK Department of Health and Social Care, WHO is supporting the scale-up of implementation to all 16 regions of the country to a total of 186 implementing facilities. This initiative has not only enhanced provision of quality care through implementation of quality improvement interventions but is also bridging the linkage with experience of care through strengthening community engagements in implementing districts.

This is in line with the drive to achieve the objectives of the National Healthcare Quality Strategy using maternal, newborn and child health as a pathfinder. The capacity building in quality improvement concepts and interventions is pivotal to whole health system strengthening. Key to these successes are country structures to ensure sustainability of gains within Ghana's QOC/MNCH Network. The QOC/MNCH technical working group offers the opportunity for sustainability through effective partnership.

WHO will continue to support the country to strengthen the health system to deliver quality healthcare services particularly for maternal, newborn and child health.

Statement by UNICEF Country Representative



Anne- Claire Dufay
UNICEF Country Representative

Globally, there has been improvement in child survival. Ghana has also made some progress in reducing maternal and child morbidities and mortalities. However, the rates are still high, with a maternal mortality ratio of 310 per 100,000 live births, and neonatal mortality rate of 27 per 1,000 livebirths. Efforts must continue to reduce these rates even further to meet the 2030 Sustainable Development Goal targets.

With funding support from Bill and Melinda Gates Foundation, Italian National Committee and China Aid, UNICEF supported the Government of Ghana through the Ghana

Health Service to increase access to inpatient care for at-risk, small and sick newborns through the upgrading/establishment of ten (10) additional special care newborn units in eight regions.

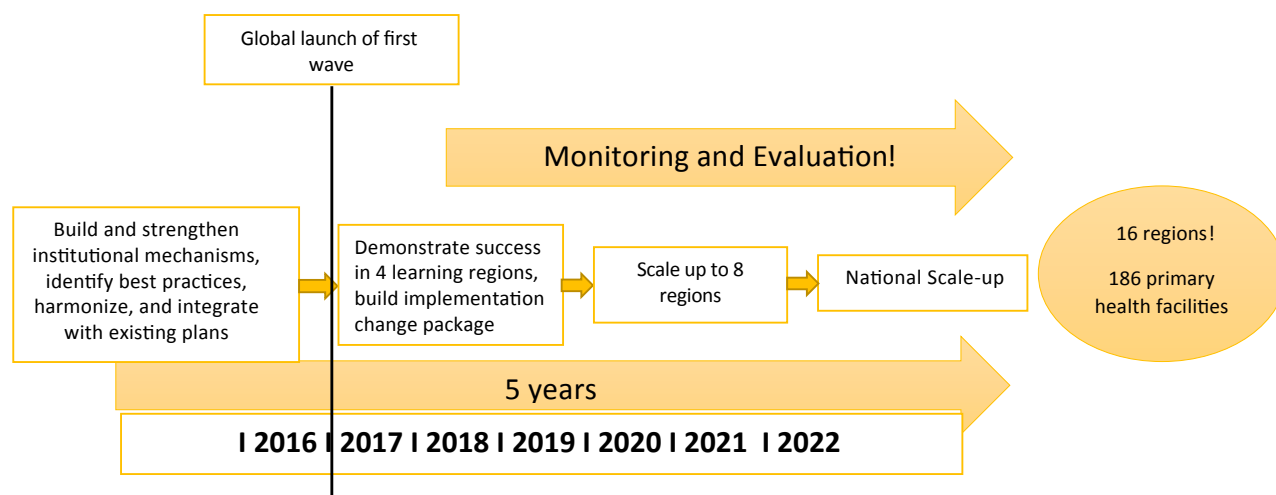
Together with partners, UNICEF supported the scale-up of QOC/MNCH implementing facilities. UNICEF also supported Ghana Health service to build the capacity of health care providers in emergency obstetric care, essential care for small babies, Infection Prevention Control, Kangaroo Mother Care and Point of Care Quality Improvement.

Further, UNICEF partnered with four CSOs to support GHS created demand for quality maternal and newborn care including breastfeeding across 233 communities in 3 districts of the Upper West Region. Up to 5,554 women in 609 existing community-based groups were reached through focus group discussions on optimal breastfeeding, maternal and newborn care. Overall, 28,930 key community level stakeholders were reached through community durbars in 233 communities on context-specific cultural practices that affect mothers, newborns and breastfeeding.

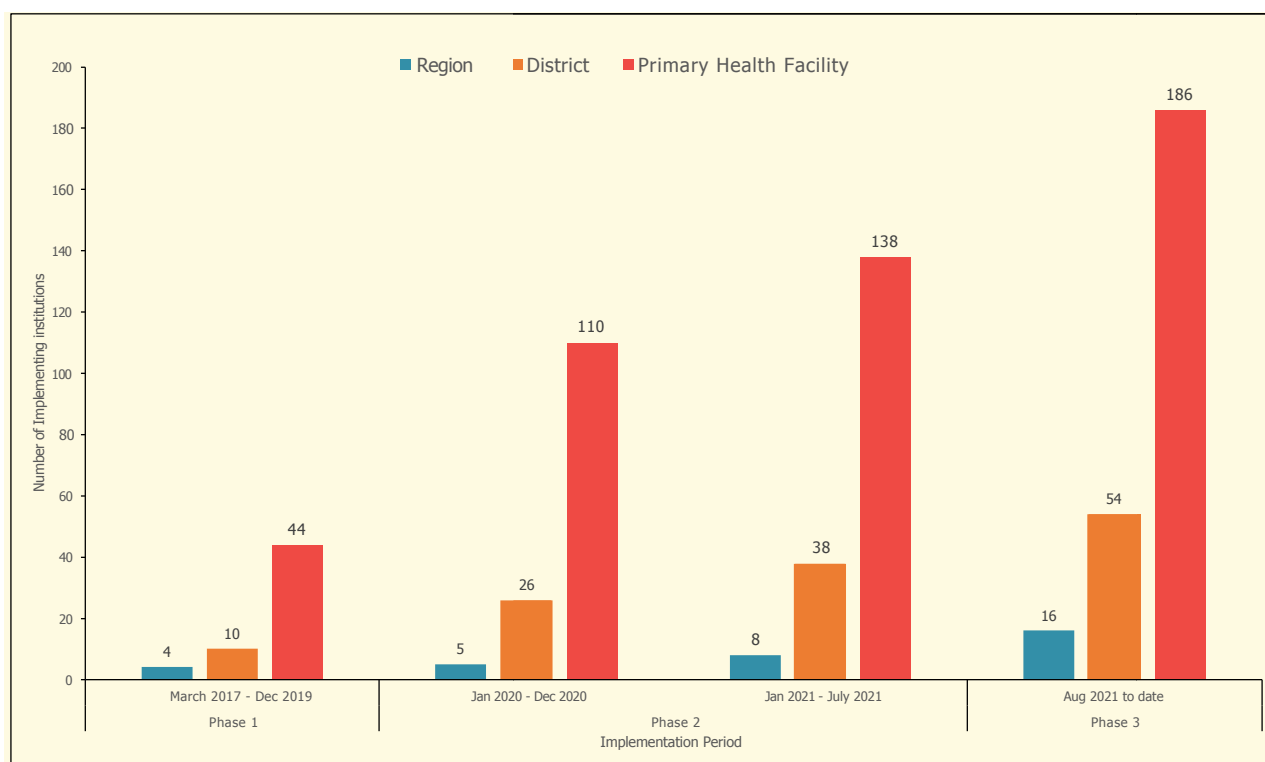
UNICEF will continue to support the scale up QOC/MNCH interventions to ensure the provision of quality, equitable and dignified healthcare to every mother and baby.

Every life counts. Together, let's provide every child an opportunity to survive and thrive.

Progress of Implementation of Network Activities in Ghana



Ghana's implementation milestone, 2017-2022



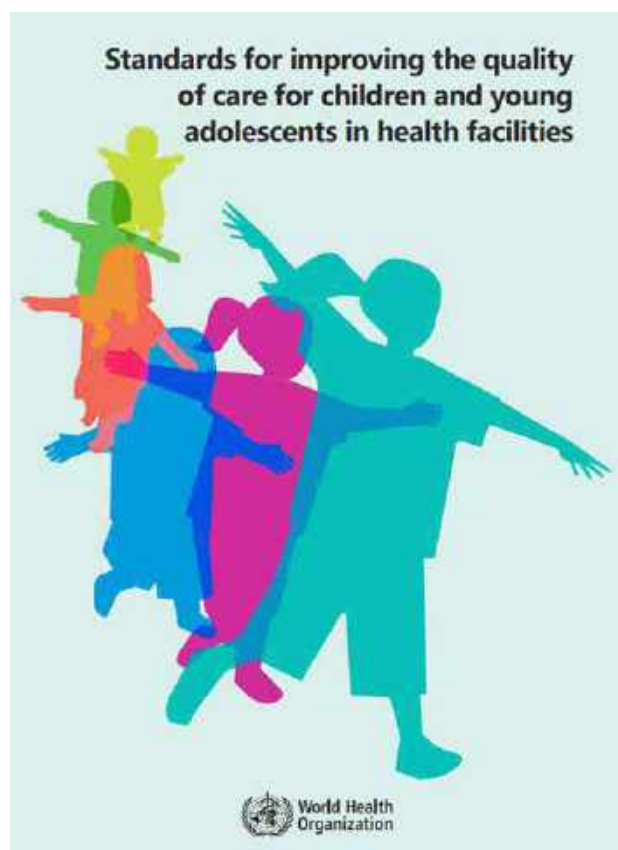
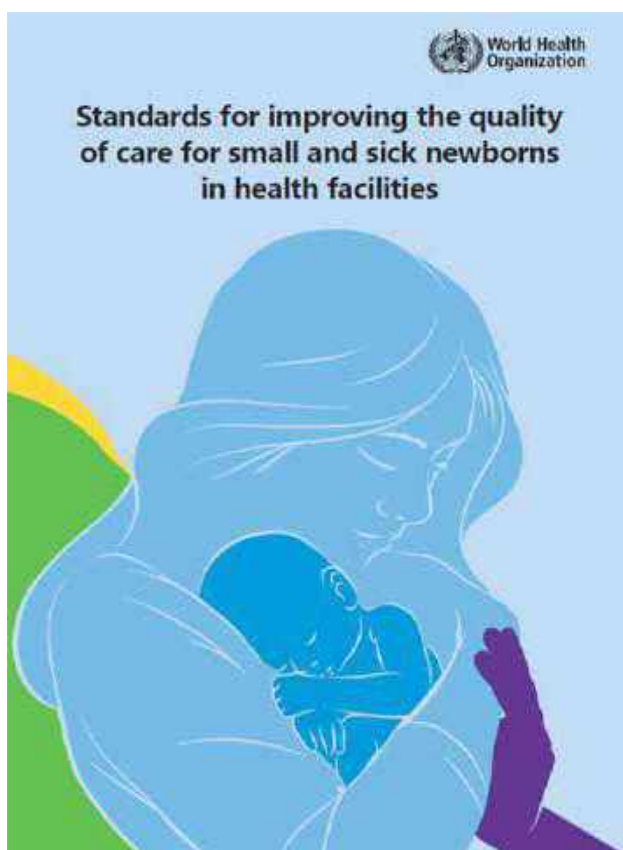
Ghana's scale-up progress in implementation of the quality of care for MNCH, March 2017- December 2021

Country Adaptation of WHO Standards of Care for Small and Sick Newborns and Children

As part of ensuring standard practice and monitoring, the WHO has developed quality of care standards to guide countries to improve maternal, newborn and child health outcomes. In 2021, the World Health Organization supported the adaptation of two additional standards for improving Quality of Care for Maternal, Newborn and Child Health. These are the WHO Standards for improving quality of care for children and young adolescents in health facilities and the WHO Standards of care for small and sick newborns.

The process was led by the Family Health Division of the Ghana Health Service, with technical support from the Paediatric Society of Ghana. The process of adaption included review of existing country literature to establish country context for the standards. Initial outputs were reviewed by a technical committee of experts following which a stakeholder validation workshop was conducted.

The next step is for Ghana to launch and disseminate these standards nationwide. WHO will continue to support the implementation of these standards at facility level to end preventable maternal, newborn and child deaths.



Strengthening Quality Improvement Implementation Through Coaching

Ghana has accelerated and sustained the implementation of the QOC/MNCH initiative by establishing a robust three-level coaching system of quality improvement teams. This includes national, regional and district level coaching visits that are scheduled throughout the year to ensure adequate support to teams in health facilities.

During the period under review within 2021, the country conducted 24 national level and 186 sub-national level coaching visits to learning sites. During these visits, coaches provided technical support to quality improvement teams in primary healthcare facilities. Coaches engaged regional, district and health facility management teams to reorient them on their roles to improving quality of care in-line with the Implementation Guidelines of the National Healthcare Quality Strategy.

Reflecting on country gains in coaching within the QOC/MNCH network in Ghana, a national level QI coach, Dr. Frederick Adomako Boateng, indicates that;

“We need more coaches. Investing in the competence of coaches is the key to strengthening point of care quality improvement teams”

This concern remains a major focus to strengthening QoC/MNCH in Ghana. There are country efforts to build the capacity and numbers of coaches at the national and sub-national levels.



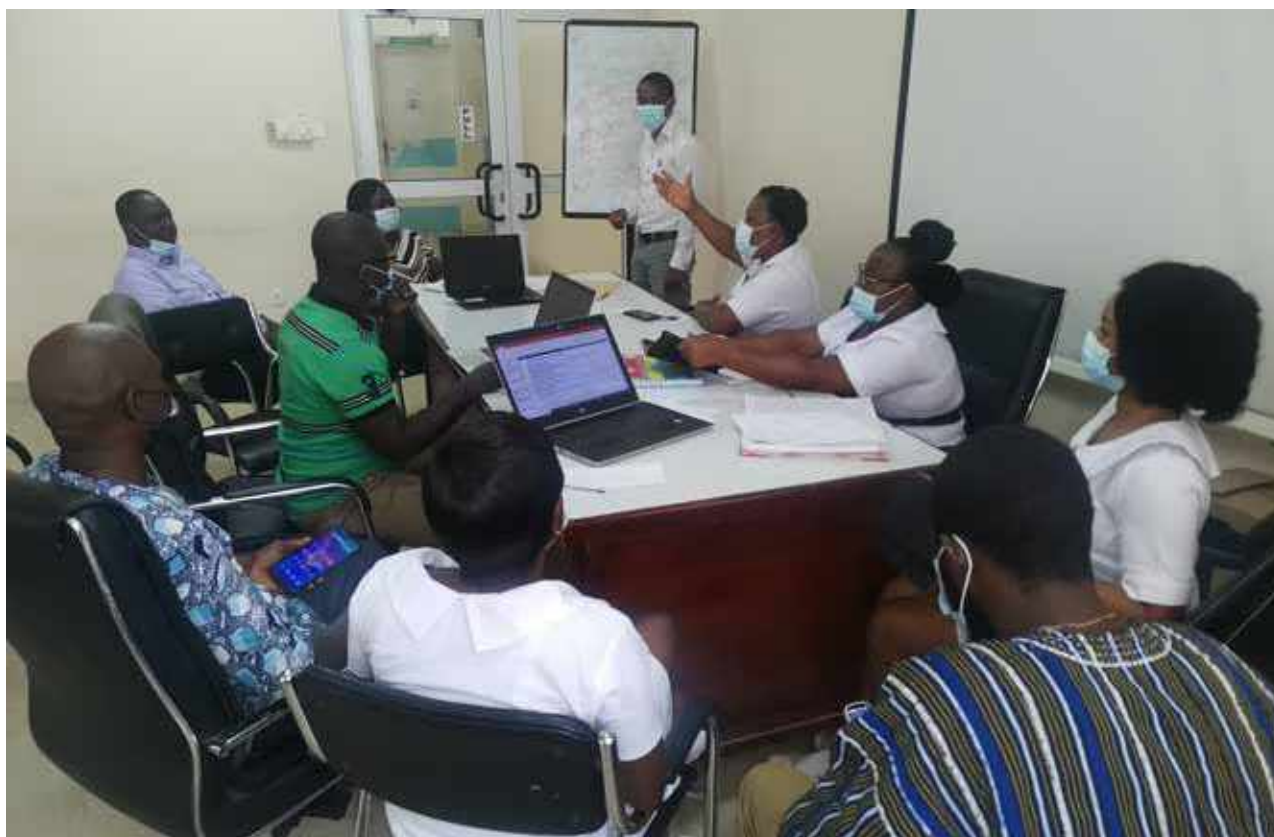
National quality improvement coaching visit to quality improvement team, Kintampo South Municipal Hospital, 2021



National level coaching visit with WHO and UNICEF team to Atebubu Hospital, 2021



From right to left: Dr. Roseline Doe (Maternal and Child Health Officer, WHO), Dr. Priscilla Wobil (Health Specialist, UNICEF), Dr. Paul Dsane-Aidoo (Technical Officer-QOC/MNCH, WHO) assisting maternity team with QI project, Kintampo North Municipal Hospital



Regional Quality Management unit during coaching visit to Tarkwa Municipal Hospital quality improvement team to provide technical support



UNICEF and WHO teams supporting health facility management to strengthen health facility leadership commitment to point of care quality improvement



WHO and UNICEF team providing joint coaching visits to maternity staff, Kintampo North Municipal Hospital



National and regional quality improvement coaches supporting team, Simpa Health Center, Western Region, 2021



WHO, UNICEF and national coach assisting QI team at Gulumpe Health Center with facility data review and analysis for quality improvement in maternal, newborn and child health

Quality Improvement Outputs for Performance Appraisals, a Strategy to Strengthen Regional and District Leadership Commitment - A Case Study



(Left) The Regional Director of Health Service, Bono East, discussing the appraisal of district and facility heads to WHO's Maternal and Child Health Officer, Dr. Roseline Doe

The success of Ghana's network for improving the quality of care for maternal, newborn and child health has been driven by leadership commitment. Aside national level leadership, there is a demonstrated regional and district leadership commitment. This has ensured the institutionalization of point of care quality improvement within the framework of the Guidelines for Implementing Ghana's National Healthcare Quality Strategy.

The Bono East Region has demonstrated evidence to sustain leadership commitment at the district and health facility levels. The region has established systems to encourage district health directors and hospital medical superintendents to be committed to quality improvement in their respective districts and hospitals. The regional health management team has included the output of quality improvement projects into annual performance appraisals of district health directors and hospital medical superintendents. The idea is to make district and hospital leaders accountable to the regional director in providing quality improvement projects that address maternal, newborn and child health gaps.

“I get the opportunity to take district directors and medical superintendents through the principles of quality improvement during appraisals to help them understand, and to play their roles in quality improvement teams.... This strategy has encouraged them to participate directly in quality improvement works in maternal and newborn units “

(Bono East Regional Director of Health Services)

The Bono East Region is already seeing the outcome of this innovation with district and hospital directors leading implementation of quality improvement at the point of care level. This initiative has contributed to a quality culture being embedded in the core of maternal, newborn and child health care and the overall delivery of health services within learning districts in the region.



Dr. Frederick Adomako, reviewing contract appraisals with his regional quality management team, Bono East Region

Quality of Care for Maternal, Newborn and Child Health National Learning Forum

Ghana held the Quality-of-Care National Learning Forum in September 2021 during the National Patient Safety Conference 2021. The National Patient Safety Conference is a national platform for the commemoration of patient safety days. The 2021 conference was held in September under the theme “No Quality, No Coverage; Safe Maternal and Newborn Care now”.

The forum brought together quality improvement teams from health facilities, district and regional health teams. Implementing agencies of the Ministry of Health and the Ghana Health Services were present, as well as representatives from academia. Also in attendance were key implementing partners on Ghana's QoC/MNCH technical working group and representation of the community.

The learning forum featured several quality improvement works from QI teams. Teams demonstrated the use of ‘Model of Improvement’ in making key interventions for improving maternal, newborn and child health outcomes. Different community engagement works were also presented to share knowledge on outcomes of community engagement to improve quality of care for maternal, newborn and child health.

The participation of the varied stakeholders helped put in perspective point of care efforts and community contribution in the overall country and global agenda in QoC/MNCH. Knowledge was shared through oral presentations, poster presentations, photo contest and plenary discussions. Beyond knowledge sharing, the platform helped generate evidence for QoC/MNCH within national systems as the Ministry of Health seeks to review the National Healthcare Quality Strategy.



There was participation by leadership of all levels of the health system

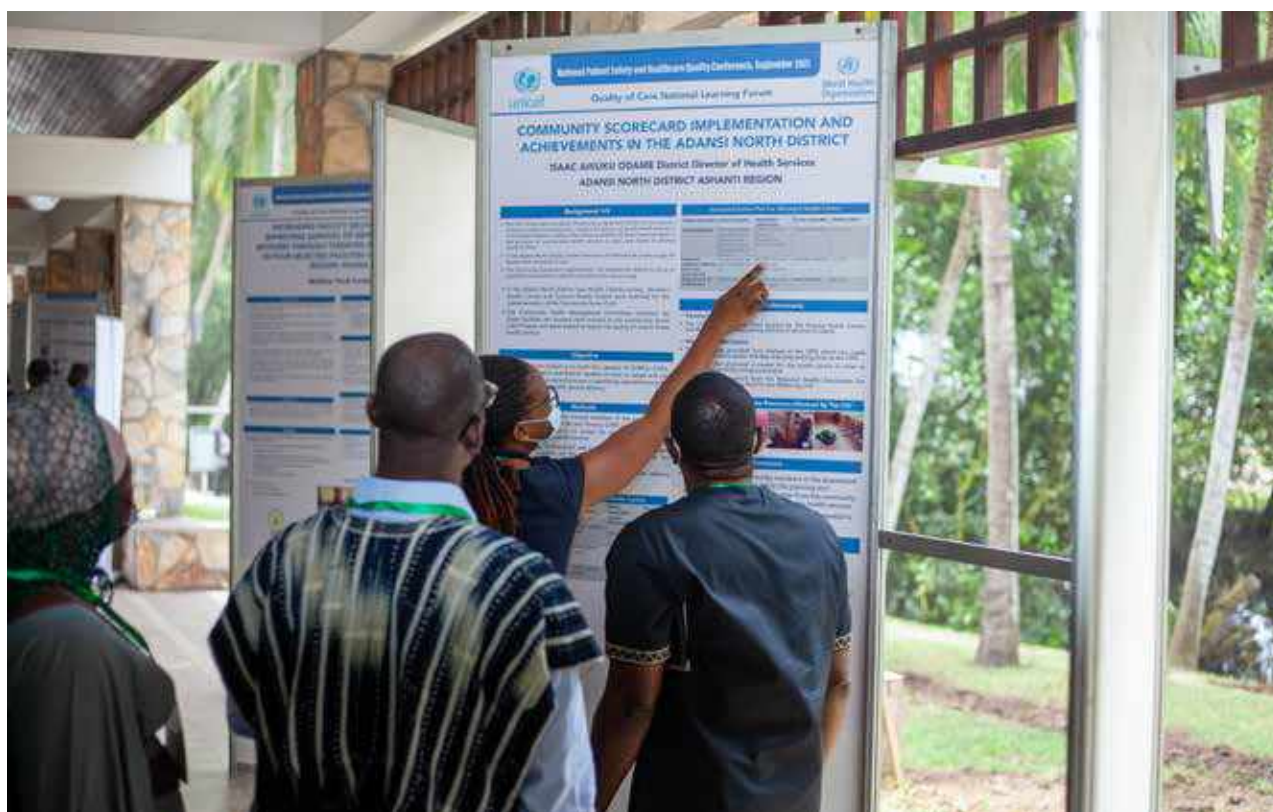
Left to Right: Dr. Paul Dsane-Aidoo (Technical Officer, QOC/MNCH, WHO), Dr. Francis Kasolo (WHO Country Representative), Dr. Patrick Kuma-Agyemang (Director General, GHS), Dr. Kofi Issah, Director, Family Health Division, GHS), Dr. Roseline Doe (Maternal and Child Health Officer, WHO), Dr. Kofi Amo-Kodieh (Bono Regional Director), Dr. Priscilla Wobil (Health Specialist, UNICEF), Dr. Fred Adomako-Boateng (Bono-East Regional Director)



Dr. Patrick Kuma Aboagye (Director General, Ghana Health Service) giving a speech at the forum, September 2021



Dr. Francis Kasolo (WHO Country Representative, Ghana), giving keynote address at the QOC/MNCH National Learning Forum within the National Patient Safety day celebration



Poster presentation of community engagement efforts in Ashanti Region to improve maternal, newborn and child health



Point of care representatives from Greater Accra and Eastern Regional Hospitals, Kintampo North Municipal Hospital, and Mognori Health Center responding to questions after presentation of facility QI projects at the national learning forum



Mr. Fiachra McAsey (Deputy Representative – UNICEF Ghana) making his remarks during the National patient safety conference

Point of Care Quality Improvement Projects Conducted in some Learning Facilities

Initiating Breastfeeding among Newborns Delivered via Caesarean Section Within One Hour of Delivery, St Martin De Porres Hospital, Eastern Region, 2021

Background

In 2021, St Martin De Porres Hospital conducted 2209 deliveries, with about 42% (927/2209) being delivered by caesarean section (CS). Although initiating breastfeeding within an hour of delivery is demonstrated to be beneficial, there were institutional challenges that limited early initiation among babies delivered by CS within the hospital. Following training of the quality improvement team, the maternity unit conducted this project to assess the situation and implement quality improvement measures.

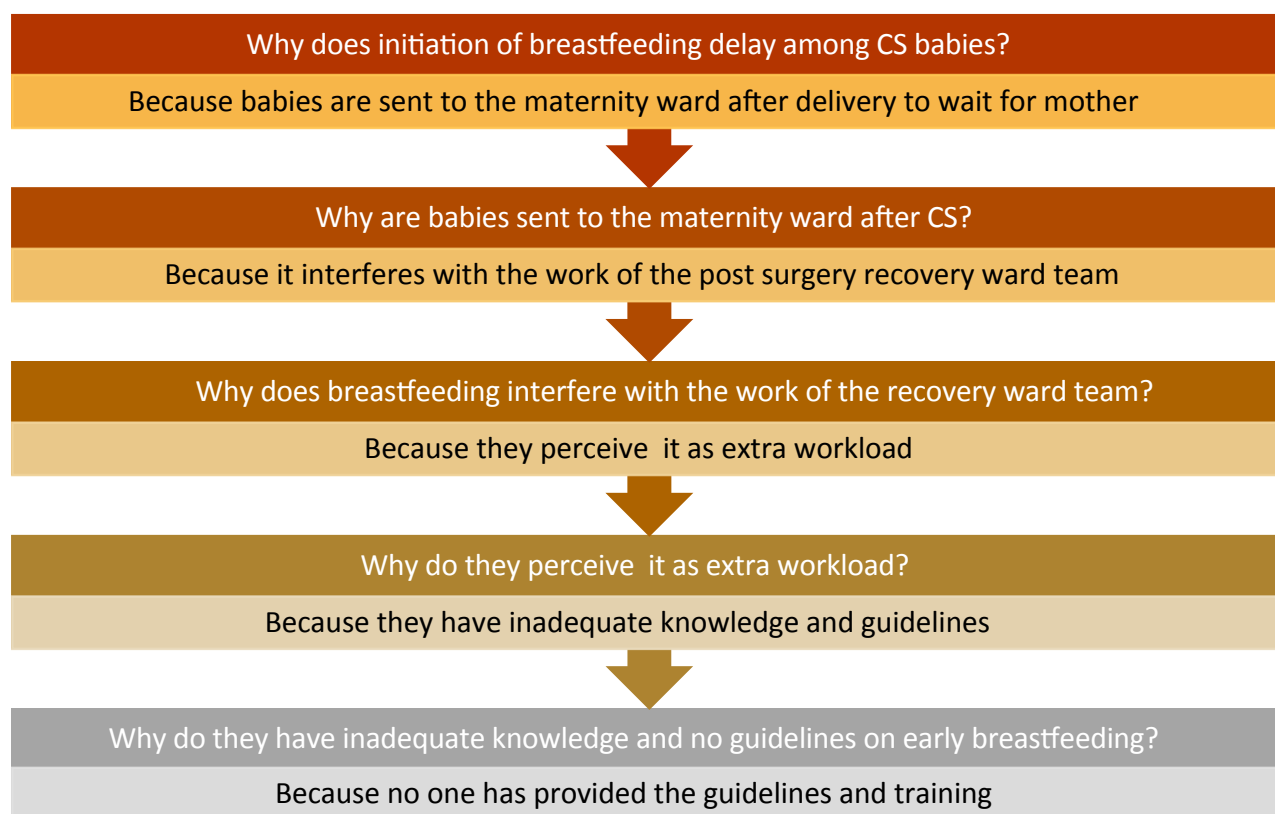
Aim

To improve initiation of breastfeeding within the first hour of delivery from 0% to 50%, among babies born via caesarian session at the obstetric theater of St. Martins de Porres hospital from October 18-November 18, 2021.

Methods

The “model for improvement” was used in this initiative. Data was reviewed from the theater register for CS conducted between 17th September to 17th October 2021. The problem was identified by data review, and problem analysis done using “5 WHYS”. A process indicator was defined. Change ideas were developed, tested using the PDSA cycle, and successful tests were adapted or adopted for implementation.

The 5-WHYs



Problem analysis using 5-WHYs tool

Process Indicator: Proportion of newborns delivered by CS who were initiated on breastfeeding within one hour of delivery

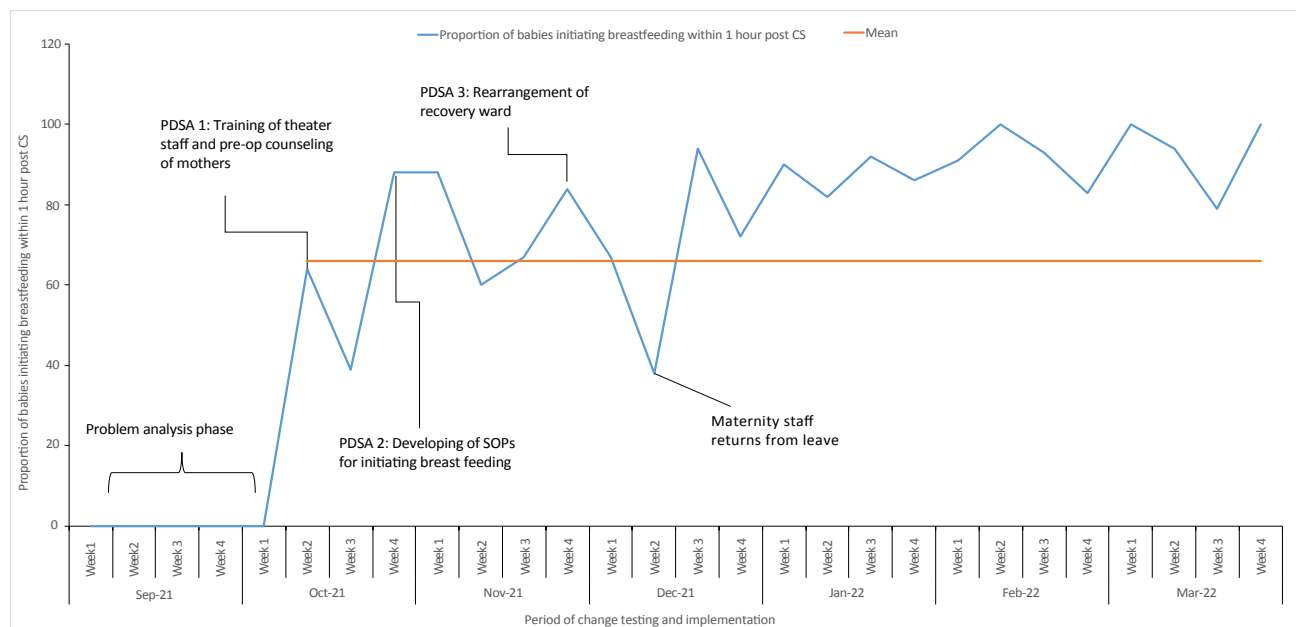
Numerator: Total number of babies initiating breastfeeding within an hour of delivery by CS

Denominator: Total number of babies delivered by CS

Plan-Do-Study-Act (PDSA)

Using the PDSA cycle, three change ideas were developed and tested as follows

1. Developing of SOPs for initiating breastfeeding post CS, and training staff on its use
2. Rearrange recovery ward to accommodate post operation mothers to breastfeed early
3. Educating staff and pregnant women patronizing antenatal care services on early initiation of breastfeeding following CS



Trend of newborns initiating breast feeding within one-hour post CS, St Martin De Porres obstetric theater

The run chart demonstrates an astronomical increase in proportions of newborns initiating breast feeding post caesarian session within the second week of October 2021. From the third week of December 2021, there is an observed significant shift which is indicative of a continuous improvement relating to a special cause (from the tested and implemented changes).

Another key finding was that the occurrence of hypoglycemia among babies delivered by CS at the hospital had reduced from 12.3% to 5.6%, after the project was implemented

Conclusion

Following systematic use of the model of improvement by the quality improvement team, St Martin De Porres Hospital obstetric theatre demonstrated significant improvement in initiating breastfeeding within one hour following CS. Institutional changes included training of new staff, pre-operative counseling of mothers, and developing standard operating procedures to guide theatre staff on the process of initiating breast feeding.

Eradicating Neonatal Enema use in Mognori, Upper East Region, A Community-Based Quality Improvement Project

The Mognori Health Center is located at the border of the Upper East region of Ghana and Burkina Faso. The health center serves 14 communities and has an expected delivery of 550 annually.

There are local traditional beliefs among mothers in these communities to give enema to their newborn babies using herbs believed to make the baby strong. Mothers go to the local traditional healers for herbs to give as enema to neonates when they are discharged from the health facility. There are native women who visit new mothers to assist them to bathe newborns. These persons always prepare herbal concoctions to give per rectum to newborns.

Often, newborns who are given this enema are rushed in ill, with distended abdomen. These cases are brought in dead or die at the facility. Averagely 15 cases of neonatal enema present to the Mognori Health Center every 3 months. Six neonatal deaths were recorded in 2020, and three in 2021 out of all newborn enema cases.

Following training in quality improvement to improve newborn care, the quality improvement team embarked on a project to solve this problem.

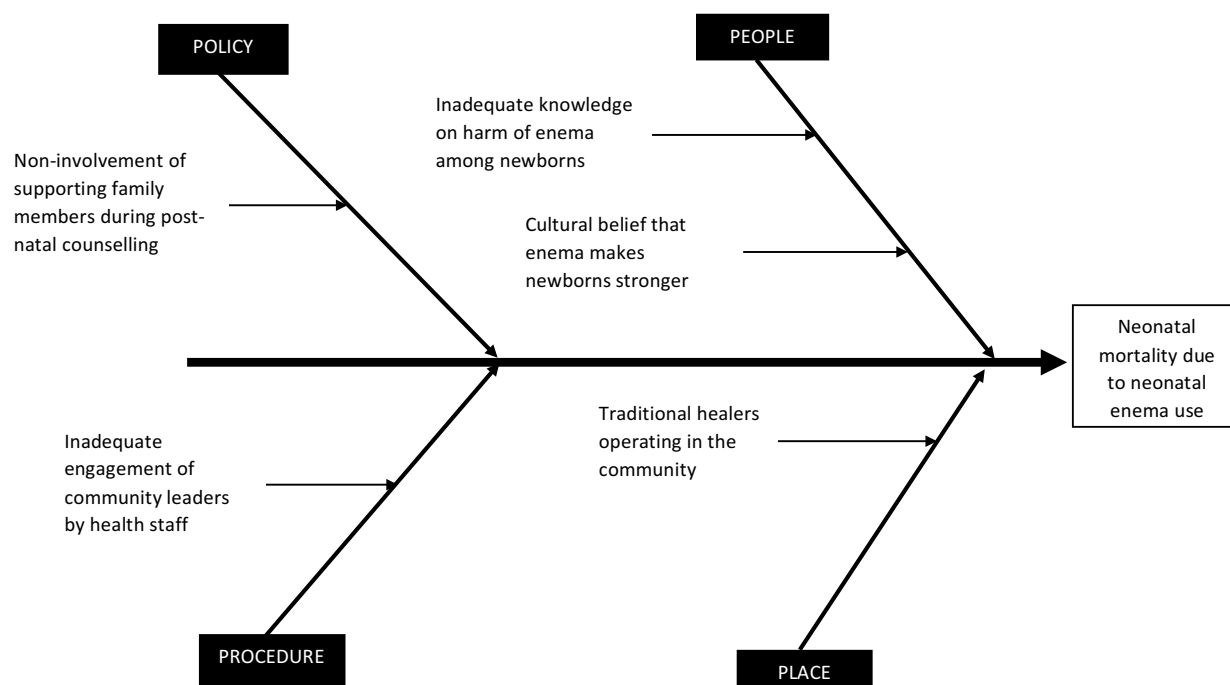
Aim

To reduce the number of neonatal enema cases reporting at the health facility from 15 cases per quarter as of 31st December 2020 to 5 cases per quarter by the end of 30th June 2021.

Methods

Using the “model for improvement” the problem was analysed using the fish bone to identify the root cause of the problem. The team used the Plan-Do-Study-Act (PDSA) cycle to test and implement some change ideas.

Fishbone analysis



PDSA

Multiple change ideas were tested one after the other.

1. Extend postnatal counselling to include extended family members. In-laws and other family members who supported a mother at home were mandated to be counselled at the post-natal clinic
2. Conducting post-natal exit interview of mothers to ensure they remembered and understood counselling provided
3. Educate traditional healers of the dangers of enema use, and to collaborate with them to refer pregnant women to the antenatal clinic of the health center

Outcomes

- A guardian with a child that survived a complicated newborn enema use was engaged to be a community champion to engage community members
- Community leaders embraced our SBCC messages on enema and were actively disabusing the minds of community members regarding enema
- Cases of newborn enema reduced from 15 to seven at the end of the quarter
- Local traditional healers refer pregnant mothers to the antenatal clinic for care and delivery

The background features a large, stylized graphic composed of thick, curved blue and white bands that swirl around the central text, creating a sense of movement and depth. The text is centered within a white oval area.

**Stories from the field by
partners supporting country
efforts in QOC/MNCH**

Stories from the field by partners supporting country efforts in QOC/MNCH



With support from the Italian National Committee for UNICEF, this KMC unit was established for Tamale West Hospital in November 2021, as part of its newly built newborn care unit. This will improve survival for preterm and low birth weight babies



Deborah Azalekor (Specialist nurse-neonatal intensive care), providing care for the newborn at the newly established neonatal intensive care unit, Tamale West Hospital



Anne-Claire Dufay (UNICEF Representative, Ghana) at the newly commissioned Newborn Care Unit of the Walewale Municipal Hospital in the North East Region with support from UNICEF and funded by the Government and the people of the People's Republic of China



Dr. Francis Kasolo (WHO Country Representative) and Dr. Roseline Doe (Maternal and Child Health Officer, WHO) visited the newborn care unit of the Sefwi Wiawso Municipal Hospital in the Western North Region and interacted with staff as part of WHO's support towards newborn care. This visit was part of WHO's support to the Region during the Launch of the Accelerated Action to Improve Maternal and Newborn Survival (AAIMNS) project within the Western North Region. Sefwi Wiawso Municipal Hospital is currently in the process of being upgraded into the Western North Regional Hospital



Dr. Roseline Doe (Maternal and Child Health Officer, WHO), provided field support to staff of newborn care unit, Kintampo North Municipal Hospital



Dr. Priscilla Wobil (Health Specialist, UNICEF) conducted field visits to the newborn care unit at Kintampo Municipal Hospital in the Bono East Region. The newborn care unit through funding support from UNICEF has been upgraded to a level II in-patient care unit to support staff as Ghana adapts standards for small and sick newborn.



Dr. Roseline Doe (Maternal and Child Health Officer, WHO) providing counselling support for mother at the Kangaroo Mother Care Unit as part of field support following Ghana's adaption of WHO quality of care standards for small and sick newborns

Capacity Building in Kangaroo Mother Care (KMC) and Essential Care for Small Babies (ECSB)

As part of measures to improve the Quality of Care for mothers and newborns, 30 newborn health staff were trained from the North East and Savannah regions with focus on Helping Babies Breathe (HBB), Essential Care for Small Babies, Kangaroo mother care and perinatal death audits. The five-day training provided skills to participants through a mix of didactic and practical sessions facilitated by experienced specialists. Training was conducted following the establishment of five newborn units in the two regions by UNICEF with funding from China Aid.



Practical demonstration of kangaroo mother care during the KMC and ECSB training workshop in North East and Savannah regions. Through UNICEF support, the five newborn care units were also equipped with HBB and ECSB training mannequins, flip charts and learner workbooks to establish skills practice stations at the maternity and newborn care units



Facilitator leading plenary session during the KMC and ECSB training workshop for health staff from North East and Savannah regions

Making Every Baby Count Initiative

Kybele has been actively working in Ghana since 2007 to improve the quality and safety of healthcare during childbirth, particularly in high-volume regional and teaching hospitals that receive many high-risk patients. Currently, Kybele is leading the four-year (2020-2024) Making Every Baby Count Initiative (MEBCI 2.0)—Ghana's largest coordinated neonatal training effort. This partnership between the Ghana Health Service (GHS), PATH, and Kybele, Inc. with funding from the Children's Investment Fund Foundation (CIFF), MEBCI 2.0 aims to reduce institutional perinatal mortality in four high volume referral hospitals through the development of standard operating procedures for the provision of timely, quality newborn care. The systems-strengthening

activities include introducing advanced clinical and operational processes for treating premature and sick newborns, improving the staffing, equipment and supplies necessary to improve newborn care, enhancing the operational processes for referral within and between hospitals, and establishing hospital data systems that can measure clinical and operational processes and impact linked to a mechanism for accountability for results. This intervention closely aligns with the GHS National Newborn Strategy and Action Plan, which specifically identifies “high institutional neonatal deaths, weak advanced care for at-risk, small and sick newborns, and weak supportive supervision” as critical needs. This investment targets four referral hospitals that



Kybele's neonatal expert, Dr. Lawrence Fordjour, in a discussion with local stakeholders in Accra, Ghana to during the MEBCI 2.0 Newborn Stakeholder Meeting

were identified, with their respective district hospitals, as the most suitable for becoming exemplary change champions leading to policy change and, ultimately, nationwide scaleup: The Greater Accra Regional Hospital (GARH), Tema General Hospital, the Eastern Regional Hospital (Koforidua), and Brong Ahafo Regional Hospital (Sunyani). Ultimately, MEBCI 2.0 will address the processes through which clinical care is delivered and the operational factors that affect the performance of these processes, as well as the organizational capability to support advanced clinical care all contribute to the wellbeing of the mother and baby. As part of efforts to improve advanced newborn care in these four targeted facilities, Kybele held a

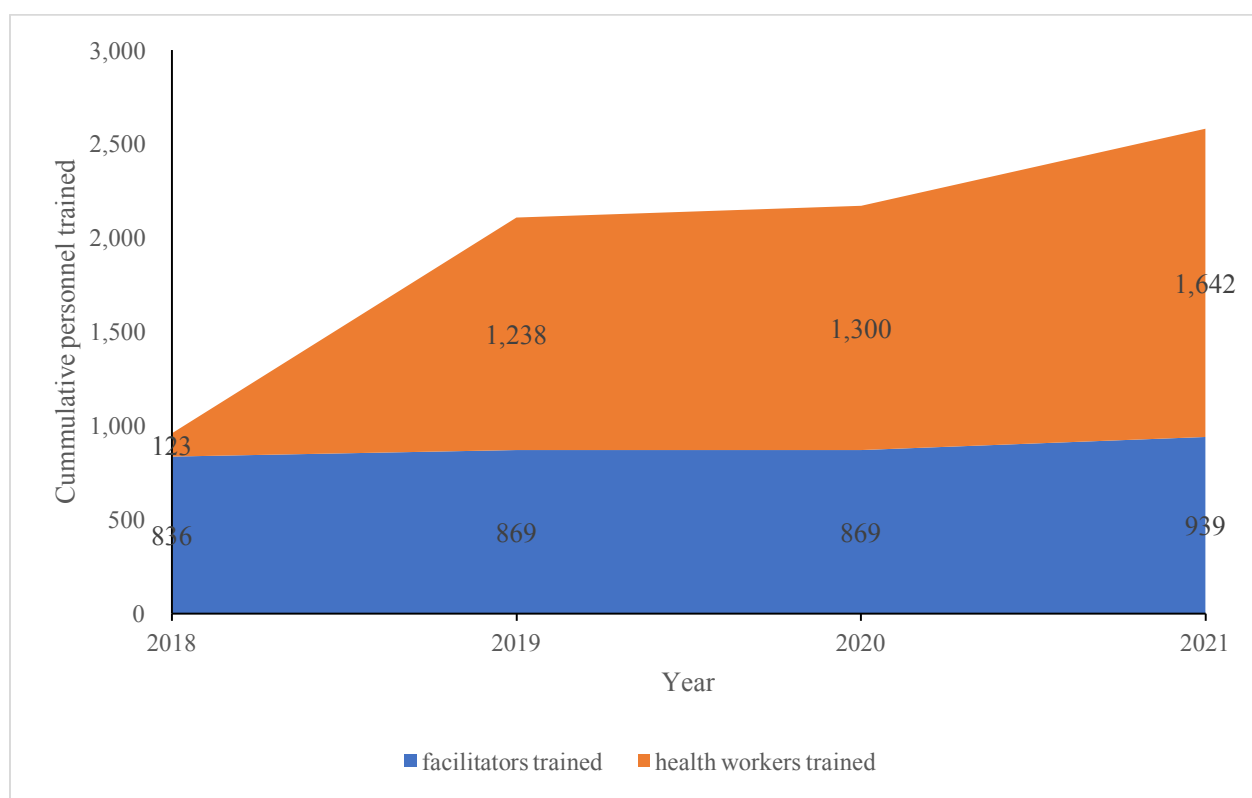
two-day Neonatal Intensive Care Units (NICU) stakeholder meeting from 20th to 21st January 2022 at Tomreik Hotel, East Legon Accra. Other key stakeholders were present from three teaching hospitals, the Ghana Pediatric Society, Ghana College of Nurses and Midwives and Queen Mothers, UNICEF, USAID MOMENTUM, GHS Family Health Division and PATH. During the meeting, stakeholders deliberated and drafted the guidelines and policies required for providing a standardized NICU admission and discharge criteria for small and sick newborns, pre-referral and referral guidelines, and counseling of caregivers for both postnatal and post-NICU discharge.



National Rollout of the Maternal and Child Health Record Book to Promote Quality of Care of MNCH nationwide

Maternal and Child Health Record Book (MCH RB) is a home-based health record which contains essential health records and information for both mothers and children. The Ministry of Health and the Ghana Health Service developed the MCH RB with technical and financial support from Japan International Cooperation Agency (JICA) in 2018. It is designed for both health workers and mothers to use.

JICA supported GHS to train health workers on the effective use of MCH RB and Nutrition Counseling Services with Respectful Care. Overall, 2,581 health workers were trained from 2018 to 2021, which included the training of 959 facilitators in all regions and districts. Facilitators were resource persons who conducted training and supervision in respective regions, districts, and facilities. The 4-days training covered introduction of the MCH RB, how to fill the book, and how to explain to a mother her consultation results and guidance with simple language and respectful manners.



Cumulative number of health workers and trainers trained on maternal and child health record book



On-site training on effective use of MCH RB for nutrition counseling and respectful care for pregnant women and care givers in Kwabre East District, Ashanti Region



Training of Facilitators for Bono East, Savannah, Ahafo, Western, North East and Ashanti Region conducted 14th to 17th September 2021 in Ashanti Region

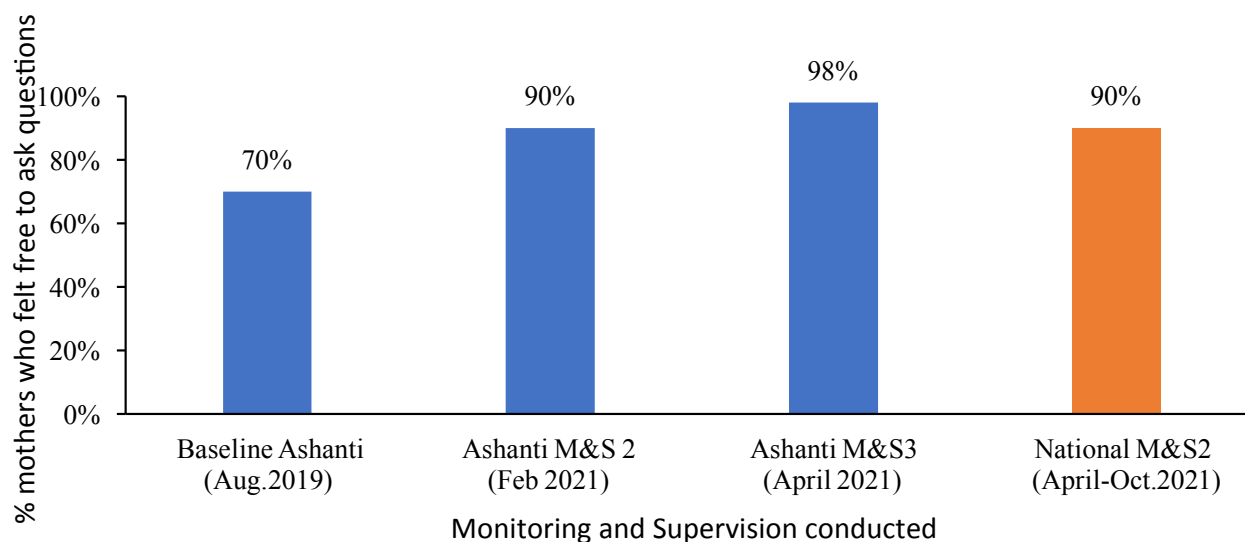
Capacity Building on use of the MCH Record Book to Improve Experience of Care

GHS/JICA MCH RB Project trained health workers on respectful care, accurate recording and effective communication utilizing the MCH Record Book. Following the training, GHS/JICA conducted on-site monitoring and coaching visits and used some of the indicators of “WHO Standards for improving quality of maternal and newborn care in health facilities” (2016 WHO).

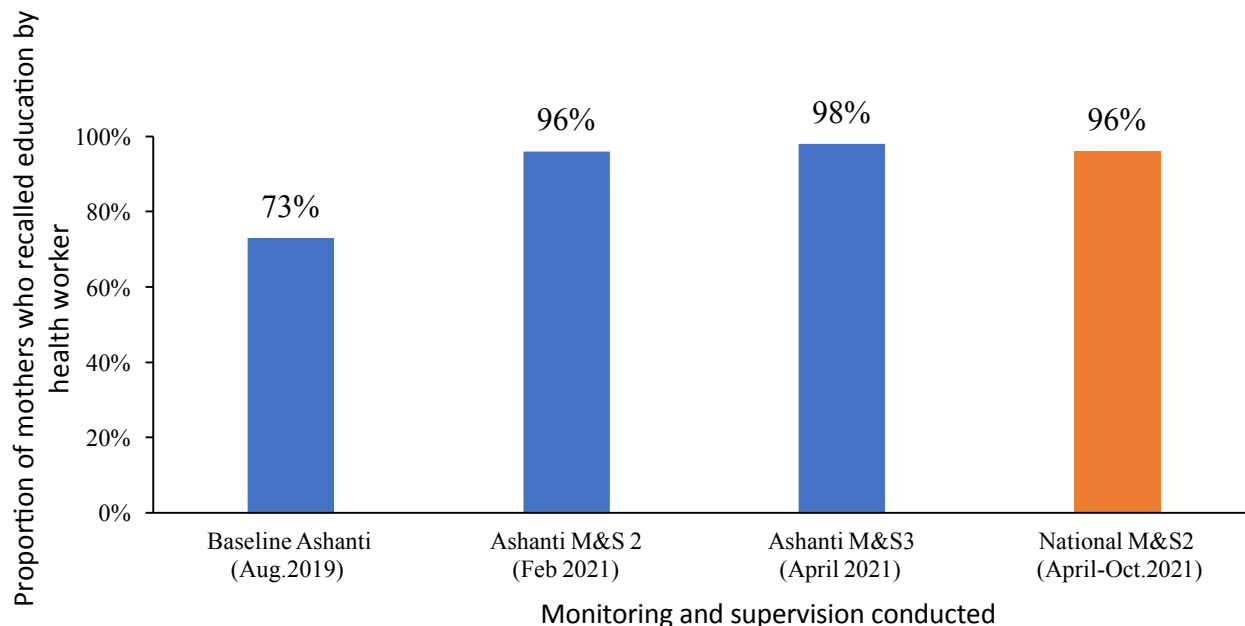
At the exit interview conducted during monitoring and supervision (M&S), 90% of mothers in national and 98% at 11 focus districts appreciated that they felt free to ask questions during the counseling; and 98% of mothers in national and 96% in 11 focus districts¹ recalled what health workers advised during counseling. 95% of mothers in national and 99% of mothers in 11 districts knew the date of next visit.

Direct observation at the M&S also revealed measures to protect privacy were taken at 72% of health facilities nationwide and 80% of facilities in the 11 focus districts. These results indicated that the counseling was conducted effectively with interactive and respectful manners and positive experience of care. Using the MCH RB contributed to a better understanding among mothers.

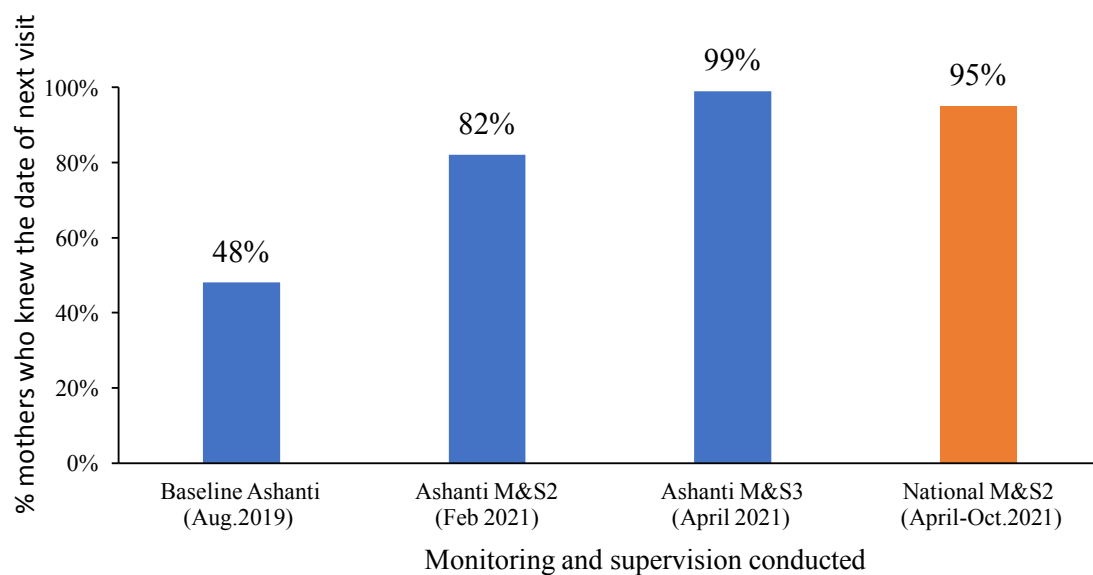
1 GHS selected 11 districts in Ashanti Region as model districts for more effective utilization of the MCH Record Books in 2019. Key activities in these model districts were training, regular mentoring and coaching to 990 health workers, procurement of weighing scales, height/length board, and HB measuring equipment to health facilities, and the support to districts to conduct SBCC activities to disseminate key MCH and Nutrition messages to the community.



Proportion of mothers who felt free to ask questions at the antenatal clinics in Ashanti Region and other regions



Proportion of mothers who recalled ANC education, Ashanti Region and other regions



Proportion of mothers who knew the date of next visit, Ashanti Region and other regions



Health Worker Training conducted in Kwabre East District, Ashanti Region, November 2021

Documentation of Community Engagement Models

Health facilities within Ghana's network for improving maternal, newborn and child health outcomes, have benefited from community contributions that has enhanced both experience of care and provision of care.

The WHO and UNICEF teams supported field visits to learning sites to document some of the community efforts as well as to engage some community health management committee members. These visits motivated CHMC members who have supported health facilities in various ways and presented the opportunity to identify and document projects that communities have implemented to improve maternal, newborn and child health.

As part of next steps, Ghana has proposed an implementation research to better understand the contribution of communities toward improving quality of maternal, newborn and child health. The research will help document the various models of community engagements and measure the cost of these contributions.



WHO and UNICEF supported national coaching visits to communities implementing Ghana's community scorecard. Community stakeholders who actively supported MNCH within communities were visited as part of field support to districts. In this visit, the Rev. Seth Tawiah (Church of Pentecost, Atebubu) and his wife Mrs. Tawiah (a midwife) discussed their commitment to support the health system as members of the community health management committee.



Left to right: Mr. Eric Asaana (Bono-East regional QI coach), Nana Yaara-Koroo (Chief of Yaara-Koroo traditional area), Ms. Gloria Nartey (Midwife, Busuama Health Center), Honourable Asimo Kwasi Emmanuel (Assembly man, Busuama community). Miss Nartey is the midwife of the Busuama Health Center which is a deprived community with poor transportation system. With the engagement of these communities through the support of the regional health directorate, the community has provided a vehicle for the transportation of pregnant women in labour. This has greatly improved the quality of care to reduce preventable maternal death, stillbirths and newborn deaths due to delays in referrals.



This mechanized bore hole was provided by the community members of Atebubu for the Atebubu District Hospital which is a 113- bed capacity facility. This was in response to the facility's needs to improve WASH and infection prevention, and control for MNCH care



The Wassa Akropong Hospital engaged the community health management committee using the community scorecard to identify the need for a new maternity block. Through advocacy by the CHMC and the Municipal Assembly, a 35-bed capacity maternity unit was completed. The hospital serves as a referral center to about 180 communities.



Community members supported the building and expansion of the out-patient department of the Wassa Akropong Hospital in the Western Region



Leticia Yourkuu a Health Promotion Officer at Wa North Health Center counselling a mother-to-mother support group at Boli community in the Wa North Sub-municipal district on maternal, newborn and child health, Upper West Region. UNICEF in partnership with Community Development Alliance a CSO and Ghana Health Service reached 70 mother-to-mother support groups and 1090 women with information, education and counselling on exclusive breastfeeding and postnatal care of mothers and newborns



Joana Agyeiwaa is a community health nurse at the Busuama Health center in the Bono East Region. She is committed to tracking pregnant women who have defaulted antenatal clinic attendance, as well as post-partum mothers for post-natal clinic. Her efforts to reach the community ensures that no mother or baby is missed. Community outreaches by community health nurses form an important component of ensuring access to quality affordable care for MNCH.



Community durbar at Tabiesi community in the Wa Municipality of the UWR as part of demand creation for maternal, newborn and child health services for 70 communities in Wa municipality supported by UNICEF. Since 2021 a total of 1,427 men, 2,962 woman and 707 adolescents have been reached with cultural and context specific messages on care of mothers and newborns during pregnancy, childbirth and the postnatal period .



Market storm as part of demand creation activities at Wa Central Market. UNICEF in partnership with Community Development Alliance, organized market storms at the Wa Central and Piisi markets in the Upper West Region, reaching a total of 2,942 persons with information and education on the importance of antenatal care, facility delivery, postnatal care and exclusive breastfeeding.



Abdulai Mujahidu Coolio (Wa Municipal Health Promotion Officer) and Abdul-Samad Bawa Gbana of Community Development Alliance, using the Ghana Health Service 'Recipes for GoodLife' booklet to facilitate a Father-to-father support group at Tabiesi community, Upper West Region, in partnership with UNICEF

Newborn Screening for Sickle Cell Disease Program

Up to 50-90% of newborns with sickle cell disease are at risk of dying before five years of age without early identification and linkage to care. Although an estimated 25% of Ghanaians carry the sickle cell trait, and about 15,000 newborns are born with sickle cell disease each year, only 3.2% of newborns are screened annually for sickle cell disease (SCD). Following a successful pilot of newborn screening for sickle cell disease within the Ashanti Region in 1995, the MOH mandated the Sickle Cell Foundation of Ghana (SCFG) to assist in implementation in Ghana. Implementation began in the GAR in 2017 with Korle- Bu Teaching Hospital, and expanded to two others; 37 Military Hospital; Ussher Fort and Greater Accra Regional Hospital in 2020

Since August 2020, Clinton Health Access Initiative (CHAI) has supported the Ghana Health Service to strengthen the newborn screening program across the country with funding from BMGF and technical support from SCFG. From June 2021 to December 2021, Ghana has scaled up the program to 13 additional screening sites within 11 regions bringing the total to 23 sites offering newborn screening across the country. Screening sites include all five teaching hospitals in the country, some regional hospitals, and district hospitals. Among facilities that were enrolled in 2021, out of a total of 17,659 live births, 58.5% (10,332/17,659) of newborns were screened from June to December 2021. Up to 1.7% (174/10,332) of all tested newborns were positive with a presumptive diagnosis of sickle cell disease.



facilities
enrolled
in 2021



17,659
live births



58.5% (10,332 / 17,659)



newborns screened
from June to
December 2021



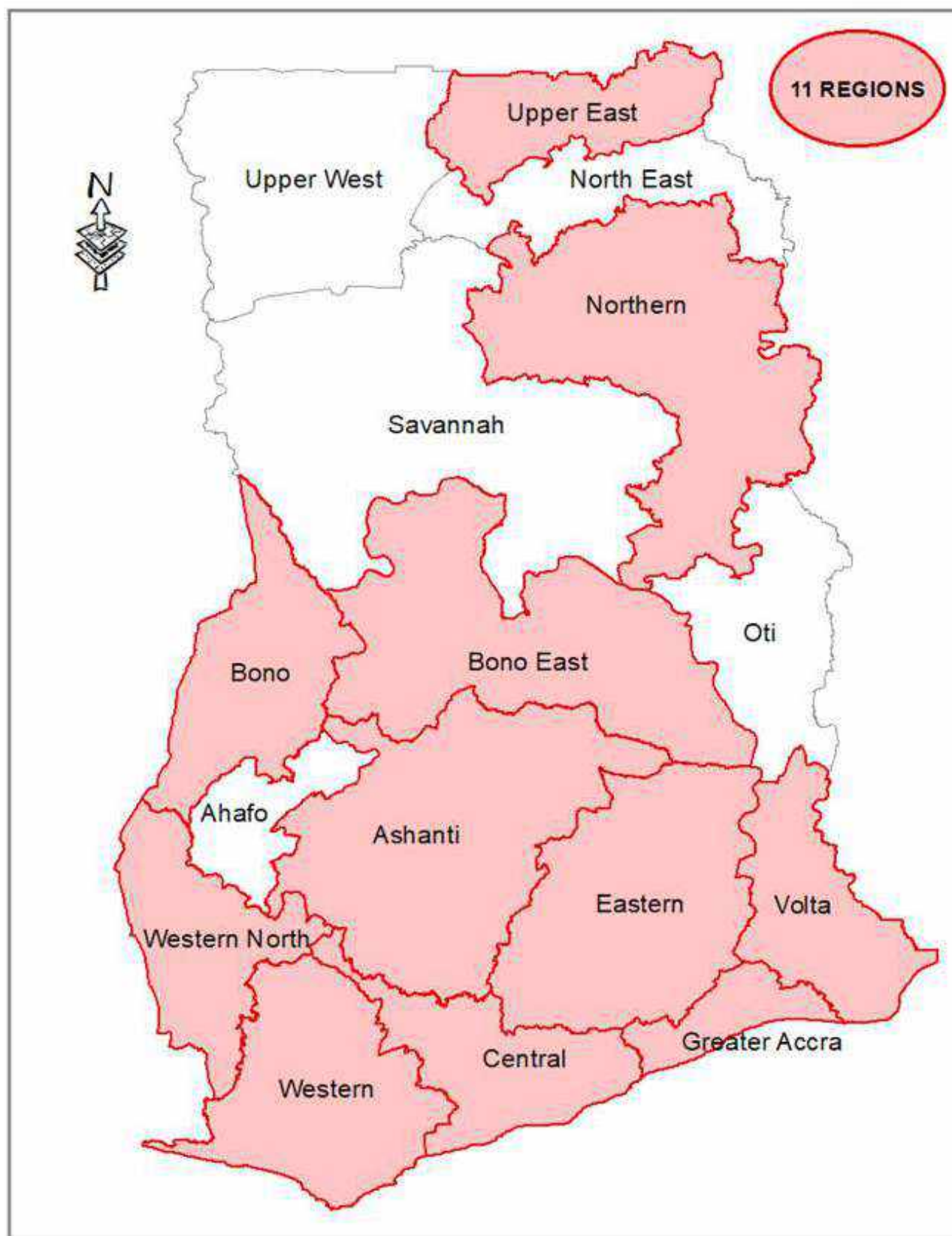
1.7% (174 / 10,332)



of newborns tested
were positive with a
presumptive diagnosis
of sickle cell disease.

Although doctors, nurses, and midwives were trained in these sites and encouraged to screen all healthy babies born in the facilities, achievement of this goal has proven to be a challenge. Factors such as low staff participation and refusal by care givers to have their newborns screened, have resulted in a low screening rate (58.5%) across the facilities. The tracking and follow-up of some presumptive sickle cell disease babies also remain a challenge to effective linkage to timely and appropriate care in sickle cell disease clinics. Efforts are being made by the Ghana Health Service to sustainably address the teething challenges confronting the program.

This program will allow for early initiation of therapy and counselling of parents to provide more comprehensive management of children with sickle cell disease. It is expected that mortalities among children will reduce with these interventions.



Regions in Ghana implementing the newborn screening for sickle cell disease

Improving Obstetric Triage for Safe Delivery

Kybele is concluding a three-year effort scaling their proven Obstetric Triage Implementation Package (OTIP). In 2019, the Saving Lives at Birth consortium awarded Kybele-Ghana a grant to expand the reach of OTIP—designed to identify and promptly attend to at-risk, expectant mothers as soon as they arrive to a hospital to give birth. On arrival at hospitals, pregnant mothers wait for hours before they are seen by healthcare providers. Referred to as the “third delay,” this waiting period can quickly lead to preventable life-threatening obstetric complications that are the cause of nearly 80% of maternal deaths.

From 2013-15, Kybele and GHS piloted the first OTIP program at the Greater Accra Regional Hospital. Since then, the program has been scaled to nine other high-volume hospitals – resulting in the training of over 500 front-line health personnel and serving more than 50,000 women. The international standard is that patient's wait no longer than 10 from hospital arrival to assessment by a healthcare provider. In Ghana, among participating hospitals, only 5% of patients were seen within 10 minutes of hospital arrival. After OTIP, 85% of patients were evaluated within the recommended timeframe. In addition, the documentation of a diagnosis and treatment plan increased to over 99%!

OTIP includes establishing a triage space, institutionalizing a red, yellow, and green patient wristband system and acuity chart to identify women as high-, intermediate-, or low-risk. It utilizes a triage assessment form that guides midwives towards making a diagnosis and treatment plan when doctors are unavailable and tracking implementation to ultimately impact patient care. This obstetric triage model is delivered in an easy-to-apply format, which helps midwives make quick and accurate decisions in high-stress situations. Based on their assessments, midwives prepare an immediate care plan based on a patient's risk level, which is easily identified by a color-coded wrist band given to the patients. For this project, Kybele partnered with the Ghana Health Service (GHS) and a Ghanaian Technical Advisory Group to ensure local ownership and long-term sustainability of these initiatives.



Dr. Francis Wuobar (Obstetrician, National Trainer of OTIP), conducting hands on training for maternity team at the Eastern Regional Hospital on obstetric triage implementation

Electronic Perinatal Death Surveillance and Response (ePDSR)

UNICEF supported the Ghana Health Service to strengthen the implementation of the perinatal component of maternal and perinatal death surveillance and response (MPDSR) in the country. A key challenge identified during the process was the reliance on paper-based perinatal death audit reviews and surveillance, particularly transmission and reporting along the health system hierarchy to the national level. UNICEF has supported the development of a bespoke software to digitalize the process. This electronic perinatal death surveillance and response software ePDSR is being piloted in 10 facilities since 2019.

In January 2022, a review meeting was held with all facilities where evidence presented showed that less than 5% of facilities in the country see 12 or more perinatal deaths in a month. This has influenced a national consensus to sample 12 perinatal deaths in each hospital to be reviewed monthly. These should comprise six each of neonatal deaths and stillbirths. This way hospitals will not be burdened with the quantity of deaths to be audited but will improve the quality of audit reviews. The meeting was also to introduce a new and improved version of the software.



Ellavi Uterine Balloon Tamponade - a life saving device to rescue women from deaths due to PPH

Postpartum hemorrhage (PPH) is the leading cause of maternal deaths in Ghana and worldwide. It is commonly caused by uterine atony. When first-line treatment fails, invasive therapies are used, including surgery for controlling the bleeding. Given that surgery is not always available, non-surgical interventions such as the uterine balloon tamponade devices is important in low resource setting to manage refractory PPH.

PATH in collaboration with the Ghana Health Service conducted an implementation research to generate evidence on the successful uptake and adoption of the Ellavi Uterine Balloon Tamponade (UBT), a mechanical pre-packaged device that can control PPH due to uterine atony. The study took place in Kasoa Maternal and Child Health Hospital, Tema General Hospital and Ridge Hospital in Greater Accra Regional Hospital from July 2020 to January 2022. On February 8, 2022, the study results were disseminated in a workshop in Accra. The dissemination was attended by over 50 participants drawn from Ghana Health Service, Ministry of Health, Ghana College of Nurses and Midwives, Society of Obstetricians and Gynecologists and Private Pharmaceutical Companies.

Overall, 236 doctors and midwives from the three facilities, with 212 consenting to be part of the study. Between December 2020 and September 2021, the Ellavi UBT was used 44 times and successfully stopped bleeding in 41 cases of PPH from atony. Almost 99% of users found the Ellavi UBT easy to use alone or with others and were willing to use it in case of refractory PPH. The Ellavi UBT is manufactured by Sinapi Biomedicals in South Africa. It has been approved by Ghana Food and Drugs Authority and marketed in Ghana by Mangel Klicks Limited.

It is recommended that training and deployment of the Ellavi UBT should include all labor ward staff at all levels of care including teaching hospitals and primary health facilities, backed by the necessary policy to save lives. Since the dissemination, 150 doctors and midwives in Korle Bu Teaching Hospital have also been trained to use the Ellavi UBT. The study was funded by FCDO.



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“ In countries that provide everyone with safe, affordable, high-quality health services, **women and babies survive and thrive** ”

*Dr. Tedros Adhanom Ghebreyesus,
Director-General of WHO*

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