



Quality, Equity, Dignity

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



GHANA

Core demographic data

Population	27 410 000
Fertility rate per woman	4.1
Total Institutional Maternal Deaths (2016)	933
Neonatal Mortality Rate	29 per 1,000 live births
Stillbirth rate	22.7 per 1,000 births

Coverage of key interventions

	%
Demand for family planning satisfied	44
Antenatal care (4 or more visits)	87
Skilled attendance at delivery	74
C-section rate	11
Early initiation of breastfeeding	56
Exclusive breastfeeding	52
Postnatal visit for baby	83
Postnatal care for mother	81

Policies

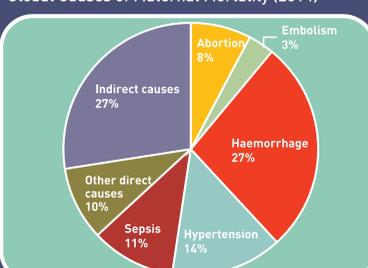
Midwives authorised for specific tasks (x of seven)	7 of 7
Maternal deaths notification	Yes
Postnatal home visits in first week after birth	Yes
Kangaroo mother care in facilities for low birth-weight/preterm newborns	Yes
Antenatal corticosteroids as part of the management of preterm labour	Yes
International Code of Marketing of Breastmilk Substitutes	Yes

Systems

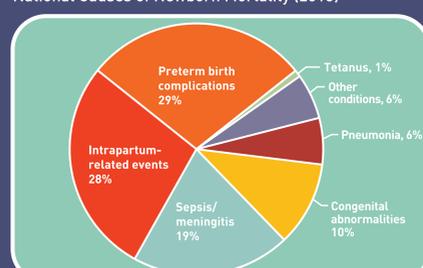
Costed National Implementation plan(s) for maternal, newborn, child health available	Yes
Maternal and Newborn Lifesaving Commodities on the national Essential Medicine list:	
Reproductive Health (x of 3)	3
Maternal Health (x of 3)	3
Newborn Health (x of 4)	4
Child Health (x of 3)	3
Density of Doctors, Nurses and Midwives (per 10,000 population)	10.2
National Availability of Emergency Obstetric Care Services (% of recommended minimum)	37

Causes of death

Global Causes of Maternal Mortality (2014)



National Causes of Newborn Mortality (2015)



Snapshot of readiness to improve quality of care

Leadership

- Functional Leadership Structure for Quality Improvement
- Quality of Care Committees established in District Health Management Teams

Plans, strategies & standards

- National Quality of Care Strategy for the Health Sector
- National Strategy for Maternal and Newborn Health addresses Quality of Care
- National Quality of Care Standards and Protocols

Data

- National Situational Analysis for Quality of Care up to date
- Assessment of Quality of Care in Health Facilities completed in the past two years

Supporting systems

- Maternal and Perinatal Death Surveillance and Response System established
- 13 Maternal and Newborn Lifesaving Commodities on the Essential Medicine list
- 68% Water Coverage in Health Care Facilities (%)
- 74% Skilled attendance at delivery (%)
- 37% National Availability of EmOC (%)

Achieved In process Not started No data

National quality of care strategies and plans

Finalised in 2016, the **Ghana National Healthcare Quality Strategy (2017-2020)** aims to improve the quality and reliability of care through coordinated activities in quality planning, quality control, and quality improvement at all levels of the health system, across both the public and private sectors, and all areas of health – with a particular focus on maternal and child health.

This Strategy aligns with the **Ghana Newborn Health Strategy and Action Plan (2014- 2018)** and **MDG Acceleration Framework and Country Action Plan for Maternal Health (2013)**



Quality of care governance

The Ghana Health Service (GHS) has an Institutional Care Division that see to quality of care in close collaboration with the Family Health Division. The National Steering Committees for Safe Motherhood and for Newborn Health are comprised of national and regional representatives and include the Ministry of Health, Ghana Health Service, Partners, Regulatory Bodies, Professional Groups and NGO's.

National standards of care for health service delivery

In 2016, Standards for Quality of Maternal and Newborn care have been developed in line with WHO standards and set out in the **Mother Baby Friendly Health Facility Initiative Implementation (MBFHI) Guide**. For initial results, see Tables 1 & 2.



Clinical Care

Standard 1. Evidence-based safe care is provided during labour and childbirth.

Standard 2. Evidence-based safe postnatal care is provided for all mothers and newborns.

Respect and Dignity

Standard 3. Human rights are observed and the experience of care is dignified and respectful for every woman and newborn.

Governance

Standard 4. A governance system is in place to support the provision of quality maternal and newborn care.

Essential Physical Resources

Standard 5. The physical environment of the health facility is safe for providing maternal and newborn care.

Standard 7. Essential medications, supplies and functional equipment and diagnostic services are consistently available for maternal and newborn care.

Competent and Motivated Human Resource

Standard 6. Qualified and competent staff are available in adequate numbers to provide safe, consistent and quality maternal and newborn care.

Actionable Information System

Standard 8. Health information systems are in place to manage patient clinical records and service data.

Functional Referral System

Standard 9. Services are available to ensure continuity of care for all pregnant women, mothers and newborns, including promotion of breastfeeding counselling during pregnancy and referral of mothers to breastfeeding support groups.

Recent national assessments relating to quality of care

1. Situation Analysis of Maternal Deaths Review (2016)
2. National Assessment for Emergency Obstetric and Newborn Care (2010)
3. Ghana Maternal Health Survey (2007), next one planned for 2017
4. Ghana Demographic and Health Survey (2014)
5. Baseline Assessment of Quality of Care for the Mother and Baby Friendly Hospital Initiative for the Upper East Region (2016)

Table 2: Upper East Region Mother and Baby Friendly Health Facility Initiative Standard 3

Human rights, dignified and respectful care for woman and newborn

Descriptions	Total %
% of HF that have a policy and procedure for addressing patient concerns	58
% of women who had informed choices in the services they received	75
% of women who were offered opportunity for a companion during labour, childbirth and immediate after delivery	32
% of women who had privacy in all areas where they may be exposed (Labour ward)	9
% of women whose privacy was maintained in all areas during examination (where confidential information is being shared)	18
% of facilities that have clear policies on rights and ethical standards developed	81
% of facilities where community stakeholders are involved in ending disrespect and abuse during childbirth	75
% of facilities where staffs received training in treating childbearing women with compassion and dignity	70
% of facilities where there is a process for identifying and reporting abuse	47
% of facilities where preventative and therapeutic measures implemented	81
% women who reported they are expected to pay a fee or buy supplies for a normal delivery	60
% of facilities where payment required before a woman can receive treatment in an obstetrical emergency	10

Table 1: Upper East Region Mother and Baby Friendly Health Facility Initiative Standard 4

Governance system, quality improvement and patient rights in the provision of quality maternal and newborn care

Descriptions	Total %
% of HF committed to improving access to services (e.g. ensuring that hospital fees do not create a barrier to access)	94
% of HF that support implementation of baby-friendly standards	88
% of HF where staff have authority to deliver essential care, including medications, according to standard protocols	94
% of HF where patient rights are outlined	75
% of HF where companions are used during labour/delivery	81
% of HF with functional quality teams	81
% of HF which have QI actions plans	69
% of HF which have QI mentoring/coaching	69
% of HF which have QI system for capturing and use of data	94
% of HF which have QI system for monitoring and evaluation?	100

Partnerships for quality of care improvement

A range of multi-actor initiatives by national and international partners are supporting the implementation of the strategy including WHO, UNICEF, IHI-UBORA, PATH, USAID, USAID Systems for Health, JHPIEGO, KOICA, JICA, DFID, PATH, Church of the Latter Day Saints, Israeli Embassy and Colombian Embassy

References:

1. Countdown to 2015, 2015 report. See <http://countdown2015.org/>
2. Maternal Notification Policy (WHO, 2016). See http://www.who.int/maternal_child_adolescent/epidemiology/maternal-death-surveillance/country-profiles/bangladesh-midr.pdf?ua=1
3. Maternal Causes of Death (MCD) 2010. See Snyl L, Chou D, Gemment A, Tamayo D, Motor AB, Daniels JD, et al. Global causes of maternal death: a WHO systematic analysis. *Lancet* 2013; 382: 1082-1095.
4. Newborn Causes of Death (UNICEF, 2015). See http://www.unicef.org/docs/pdf_publications/premise-progress-report.pdf
5. EMOC Assessment (2010) - https://www.unfpa.org/sites/default/files/pub-pdf/obstetric_monitoring.pdf
6. Water, sanitation and hygiene in health care facilities (WHO and UNICEF, 2016) http://apps.who.int/iris/bitstream/handle/10665/151588/1/9789241508478_eng.pdf?ua=1
7. All other data received from Ghana Health Services and WHO Country Office in the preparation of this poster.

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