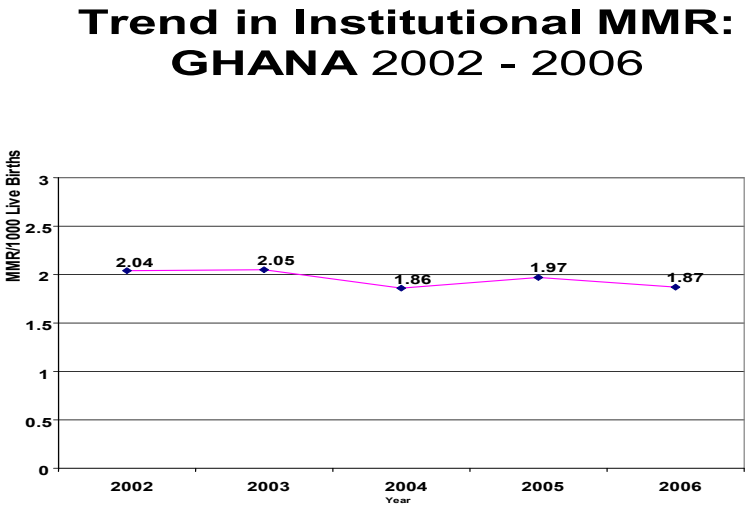
HIRD PROGRESS REPORT- FEBRUARY 2008

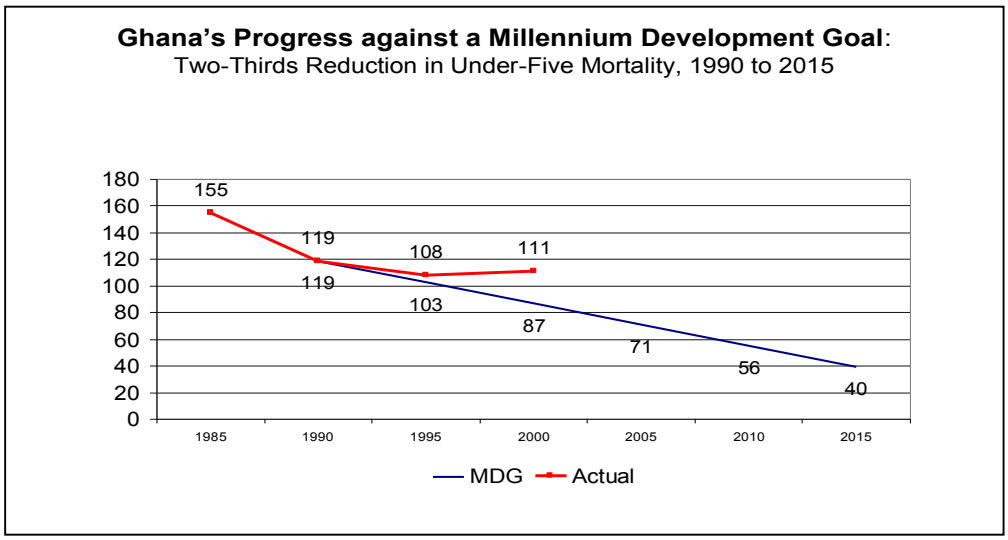
INTRODUCTION

The High-Impact Rapid-Delivery (HIRD) approach is a strategy to reduce maternal and child mortality. The HIRD approach combines the key principles of vision and data-driven methods to develop a plan for rapid scale up to attain universal (at least 90%) coverage of key priority cost effective interventions, which have been proven to have a high impact on maternal and child mortality. The approach seeks to ensure that these interventions (services) are available and utilized by all those who need them. Ten simple steps were outlined to guide regions and districts to state their vision for maternal and child health (MCH), assess the situation regarding the availability and utilization of key MCH interventions that will lead to the realization of the vision, identify bottlenecks hampering the achievement of universal coverage, formulate strategies and develop plans for overcoming the bottlenecks, and estimate the additional funds required to implement the plan.

The maternal mortality ratio in Ghana is estimated at 214 per 100,000 live births (1994 GSS) with a lifetime risk of one in 35. In a recent WHO/UNICEF/UNFPA maternal mortality estimation (2000), Ghana's maternal mortality ratio was estimated at 540 maternal deaths per 100,000 live births. Even though Institutional maternal mortality ratio has shown only a marginal decline from 204/100,000 live births in 2002 to 197/100,000 live births in 2006, in terms of absolute figures there were as much as 957 institutional maternal deaths in 2006.



The infant and Child mortality rate in Ghana showed a marked decline from 1988 to 1998. This decline seems to have halted during the period 1998 to 2003 from 57 per 1000 live births to 64 per 1000 live births (DHS 2003). The rise in infant mortality rate is principally due to an increase in neonatal deaths. Within the same period (1998 to 2003) there was as increase in neonatal deaths from 38 to 43 per 1000 live births. The illustration below shows our current progress towards achieving MDG 4.



For both child and maternal mortality rates there were significant regional variations with the worse indicators coming from the three Northern Regions and the Central region

The HIRD initiative became necessary following the success of the ACSD strategy in the Upper East region and the realization that "**at the current pace of maternal and child mortality reduction Ghana will not achieve MDG 4 (reducing the 1990 under-five mortality rate of 132 per 1000 live births to 42 per 1000 live births) and MDG 5 (reducing maternal mortality from 214 per 100,000 live births to 54 per 100,000 live births) by 2015.** And that there was an urgent need ***to do things differently*** in order to move coverage levels of key interventions higher.

In November 2005, the Public Health Division (PHD) of the Ghana Health Service and the Ministry of Health have embarked on the High Impact Rapid Delivery (HIRD) approach to achieving MDG 4 and 5 in collaboration with development partners notably UNICEF, WHO, UNFPA, DANIDA and DUTCH embassy and lately USAID and its cooperating agencies.

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PROCESSES

To kick start the HIRD approach, a series of meetings were held early 2005 to discuss modalities for addressing the high maternal and child mortality and to develop strategies and adopt tools to use for implementation. From the meetings, the following processes and steps were agreed upon for all regions to adopt for developing the regional/district specific plans for HIRD. They were tested first in the first planning meeting in Wa in the Upper West Region in November 2005.

Step 1: State the vision of the region/ district for maternal and child health

Step 2: Compare the current coverage levels of MCH interventions with stated targets using the most recent surveys (or routine administrative reports) that are available

Step 3: List the interventions which have current coverage levels below the set targets

Step 4: Identify bottlenecks that hamper the achievement of set targets, list the underlying causes of the bottlenecks

Step 5: Formulate strategies to remove the underlying causes of the bottlenecks

Step 6: Identify potential resources within and outside the health sector

Step 7: Develop a plan for implementing the strategies

Step 8: Estimate the extra cost required to implement the plan

Step 9: Develop the Monitoring and Evaluation framework for tracking performance

On the basis of existing evidence and national policy, the GHS selected a number of interventions that should reach universal coverage for Ghana to achieve the MDGs 4 and 5, see annex for templates.

ACHIEVEMENTS TO DATE

Planning Workshops:

HIRD planning started with four most deprived regions that had poor maternal and child health indicators. These regions were UWR, NR, UER and CR respectively.

The first planning workshop was organized for all the districts of UWR at Wa in November 2005. Each District was represented by four participants comprising the District Director of Health Service, District Public Health Nurse, District Planning

Officer (Local Government), Disease Control Officer or Nutrition Officer. The region was also represented by the Deputy Director of Public Health, Regional Public Health nurse, Key program officers (Malaria, EPI, etc) and led by the regional Director of Health services. Representatives of the Regional Coordinating Council and selected MDAs also participated in the workshops, which were also attended by the Health Partners.

The objectives of the workshop were as follows:

- Critically analyze factors contributing to low coverage of cost-effective interventions for addressing high mortality rates and under 5 mortality rates in districts
- Develop regional/district specific implementation plans or strategies to address the problem

Presentations were made on the rationale, principles for HIRD, status of both maternal and child health in Ghana, Essential nutrition actions, Accelerated Child Survival and Development (ACSD) by UNICEF and M&E by WHO.

Participants were introduced to the first group work which was situational analysis of maternal health for selected interventions in each district, see annex for interventions for maternal health. Participants went into district based groups and each district made presentations at plenary followed by discussions.

Group work 2- implementation plan to address current situation for maternal Health interventions

Group work 3- situational analysis for child health for selected interventions, see annex II for interventions for child health.

Group work 4- implementation plan to address current situation for child health

Group work 5- budget for implementation plans for both MDG 4 and 5

Participants were also introduced to the M&E framework, see annex III for example of the M&E template.

Subsequently, workshops were organized for NR, UER, and CR regions respectively.

Plans and budgets developed at these workshops were submitted to national level for review.

Review of planning Process

After the first phase of the regional planning meetings a meeting with partners was organized to review the progress so far made, review challenges and plan a way forward. The results of this one day meeting were:-

- Review of the planning process and strategy.

  This led to the reduction of the planning number of days from five to four with district directors staying on the fourth day. The meeting recommended the inclusion of Medical Superintendents of the districts and regional hospitals to the planning teams.
- Development of a roster for scaling up to the six remaining regions.
- The inclusion of USAID and its cooperating agencies (CAs) mainly QHP, GSCP, CHPS TA, SHARP..

GHS/MOH secured funding from USAID for the six remaining planning workshops.
Between May and November, 2007 planning workshops were held for AR, ER WR BAR, GAR and VR respectively and plans and budgets for last quarter of 2007 and 2008 were developed for all districts and RHAs.

Review Meetings

Two review meetings have so far been carried out.

- The first was organized in November, 2006 in Tamale to review progress made so far and to review implementation challenges.
- The last PHD retreat held in August 2007 was also used as a forum to review the progress made in implementation regions and challenges and the consensus building and finalization of the M&E framework for HIRD reporting.

The Public Health unit in collaboration with the PPME GHS/MOH reviewed all plans and budgets submitted.
Two vehicles were acquired for monitoring by national level.

Disbursement of funds

The first four Regions, Upper West, Upper East, Northern and Central regions submitted their plans to the national level. The plans were reviewed by a technical team made up of personnel from PPME-GHS, PPME-MOH and RCH to ensure they were in consonance with the national guidelines.

The review team also adopted a formula for the disbursement of funds which was done considering populations of districts and other variables agreed with the regions.

A criterion for additional funding of planned activities was agreed upon based on the following:

The 1st tranch – (30%). This was disbursed upon receipt and review of district plans to make sure they responded to the national guidelines for planning.

The 2nd tranch – (40%) disbursement upon receipt of a re prioritized plan based on targets that have been negotiated and agreed upon with the districts.

The 3rd tranch – (30%) is a performance tranch comprising the rest of the approved allocation. It will be triggered by timely submission of technical and financial report showing satisfactory progress in coverage of some indicators such as Insecticide Treated Nets in children less than 5 years, Supervised Delivery and Family Planning.

The first tranche was disbursed in November, 2006 to districts in UER, UWR, NR and CR after developing disbursement criteria in collaboration with DANIDA and the regions.

In September, 2007 funds were released to all districts and regions.

All plans and budgets for 2008 have been reviewed by the team from PHD, PPME GHS/MOH and are awaiting disbursement upon release of funds

Monitoring Visits

To ensure effective implementation of plans and judicious use of resources, program and financial monitoring by a team from the Public Health Division and the PPME MOH and PPME GHS has been carried out in four regions.

These regions are; Upper West, Northern, Upper East and Brong Ahafo regions.

A comprehensive monitoring plan has been designed and attached in the Annexes to cover the remaining regions and to involve more people from the regions and national level.

CHALLENGES

Planning phase

- Inadequate data for planning and target setting due to lack of baselines. Even where baselines were available, district specific baseline data was non available for most of the key indicators.
- Some districts did not come to the planning meetings with their annual reports.
- The level of participation of the hospitals in planning and implementation was inadequate.
- Some districts lacked the capacity in developing the plans and budgets
- Planning processes required substantial funding
- Strict planning under the strategic interventions led to the poor integration of similar activities thus leading to over budgeting, e.g budgeting for different baseline study for ITN use, IPT use and AS-AQ.

Implementation phase

- Some districts did not adhere to the plans on receiving funding.
- Inadequate and late release of funds for implementation.
- Internal resource mobilization by districts for implementation not very encouraging.
- Both supervisory support visit and monitoring from the regions to the districts have been inadequate.
- Involvement of other stakeholders in planning and advocacy meetings as well as implementation of activities in some districts was poor
- Under resourcing of the national level for effective monitoring and coordination of the HIRD activities

- The apparent weakness in low funding of the hospitals especially in maternal health services poses a great challenge in scaling up maternal health services especially BEOC and CEOC - thus achieving MDG 5 remains a great challenge

RECOMMENDATION

- Expand MICS to cover all districts to provide district level data for key indicators to ensure effective planning
- To increase the involvement of hospitals for implementation for HIRD especially in MDG 5
- All regions should support weak districts in planning and implementation of HIRD activities
- National and regional level to build capacity to draw their annual plans and budgets using the "BUT WHY" approach. There is the need to harmonise the HIRD plans with district health plans.
- Strengthen monitoring and supervision at all levels to ensure adherence to plans.
- Initiate peer monitoring and supervision to all districts
- Intensify advocacy at all levels to ensure the involvement of key stakeholders in the planning and the implementation of HIRD activities
- A percentage of HIRD funds should be earmarked for hospitals to improve and scale up maternal health services
- To create a secretariat at the national level for the effective management and coordination of the HIRD activities
- To expedite action on the procurement of equipment for maternal and child health services
- Increase the funding for HIRD activities