GHANA MDG ACCELERATION FRAMEWORK (MAF)

12/5/2014

2015 Strategy and Operational Plan (First Draft)

This document summarizes Ghana MAF strategy and operational plan

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ACRONYMS AND ABBREVIATIONS

GHS – Ghana Health Service
MAF – MDG Acceleration Framework
MDG – Millennium Development Goals
MMR – Maternal Mortality Rate
MoH – Ministry of Health
NSC – National Steering Committee
PPME – Policy, Planning, Monitoring and Evaluation
TH – Teaching Hospital

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This document was prepared by the Ministry of Health (led) by Dr Afisah Zakariah, Director PPME under the Chairmanship of the Chief Director and coordinated by the MoH MAF Secreatariat.

The Technical Working Group includes: Dr Afisah Zakariah, Dr Emmanuel Ankrah Odame, Dr Vachagan Harutyunyan, Mr Damien Bishop, Mr Emmanuel Owusu-Ansah, Dr Andreas Bjerrum and Dr Patrick Aboagye who worked tirelessly to see the completion of this document. We wish to sincerely thank Mr Evans Danso and Bernice Ofosu for all the support they provided to the team.The team benefitted from the valuable contributions, comments and suggestions from all the agencies of the Ministry, Development Partners and other stakeholders. We sincerely thank Miss. Thelma Jennifer Jakalia for all her secretarial support.

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The final and sincere thanks goes to all who participated and supported the development of this document.

FOREWORD

Improvement in maternal and child health has been identified by His Excellency President John Dramani Mahama as the number one policy priority in the Health Sector under the Better Ghana Agenda of the Government.

According to the latest estimate by the Maternal Mortality Estimation Inter-agency Group (MMEIG), the MMR in Ghana was 380 per 100,000 live births in 2013. If it continues to reduce at the current pace by 2015 MMR will only reach 358 per 100,000 live births; which is considerably higher than the MDG 5 goal of 190 maternal deaths per 100,000 live births. In this scenario Ghana will attain its 2015 MDG target in 2037.

The MDG Acceleration Framework (MAF)-Ghana Action Plan was developed by the Ministry of Health and Ghana Health Service in collaboration with development partners particularly the United Nations Country Team and other stakeholders in Ghana, The focus of the Action Plan is on

MDG5.

With less than 500 days to go; this 2015 MAF Operational Plan aims to recalibrate the MAF implementation to ensure that implementation is more streamlined and actions have been prioritised in accordance with budgets which are likely to be available. Adequate attention has been made to align all other interventions in the Maternal and Child Health arena with all development partners.

The MAF is not aimed at replacing existing interventions. Rather it is meant to complement them with specific focused interventions for the achievement of MDG 5 by 2015. To achieve that, the Ghana MAF cannot be the business of the government alone, but it will need the support of all development partners and all other stakeholders.

Minister of Health, Ghana

Hon. Dr Kwaku Agyeman Mensah

Ghana MDG Acceleration Framework (MAF)

2015 STRATEGY AND OPERATIONAL PLAN (FIRST DRAFT)

BACKGROUND:

Over the past decades Ghana has invested strongly in maternal and reproductive health care to support attainment of its development goals. Several high level initiatives have been launched in the country since 1990 to enhance progress towards MDG5, of which Making Pregnancy Safer Initiative, CARMMA and MDG5 acceleration framework are amongst the most notable. Ghana is signatory and staunch supporter to a number of key frameworks that drive the Maternal and Reproductive Health global agenda such as ICPD PoA, MDG and FP2020.

A predictable result of this commitment was a considerable improvement of both the coverage of Maternal and Reproductive Health services and associated health outcomes. Thus, unmet need for family planning reduced from 36.9% in 1993 (DHS) to 26.4% in 2011 (MICS). The coverage of family planning improved in the same period from 20% to 34.7% as well as the coverage of skilled delivery that increased from 43.8% to 68.4%. Adolescent fertility rate nearly halved from 1993 to 2011 from 119 (DHS) to 60 (MICS) births to women aged 15 to 19.

Nevertheless, these investments have fallen short of putting the country on track to reach the 75% reduction of the Maternal Mortality Rate (MMR) required by the MDG5. According to the latest estimate by the Maternal Mortality Estimation Inter-agency Group (MMEIG), the MMR in Ghana was 380 per 100,000 live births in 2013. If it continues to reduce at the current pace by 2015 MMR will only reach 358 per 100,000 live births (Fig 1); which is considerably higher than the MDG 5 goal of 190 maternal deaths per 100,000 live births. In this scenario Ghana will attain its 2015 MDG target in 2037.

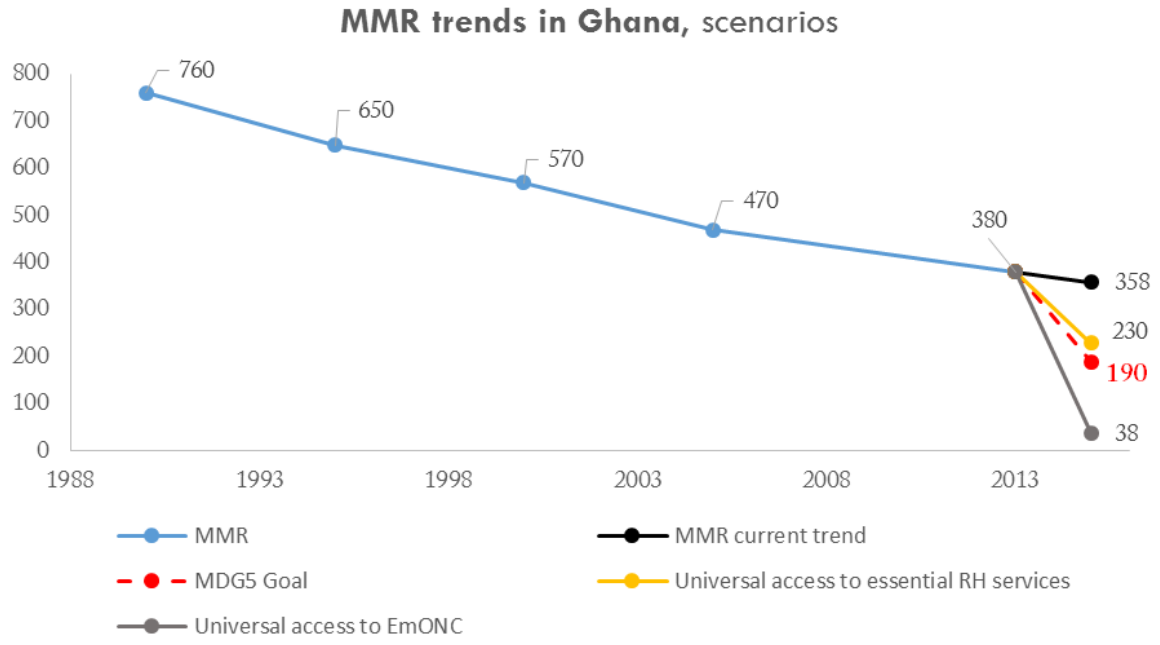

FIGURE 1: TRENDS IN MATERNAL MORTALITY IN GHANA

The slow progress has been of great concern to policy/decision makers to the extent that Maternal Mortality was declared a national emergency in July 2008.

Responding to these concerns Ghana's MDG5 Acceleration Framework (MAF) was developed by the Ministry of Health and Ghana Health Service in collaboration with development partners, particularly the United Nations Country Team and other stakeholders in Ghana in 2010. Its aim is to augment implementation of the Maternal and Child Health programme with the objective of attaining the MDG indicators and targets. Following that, a costed Operational Plan was developed in 2011 to guide implementation of the MAF. The focus of the MAF and its Operational Plan is primarily on MDG 5 although investments in improving access and quality of Skilled Delivery, EmONC and child spacing will have a strong impact on neonatal and infant mortality as well (MDG4).

The MAF focuses on improving maternal health at the level of both community and health care facilities using evidence-based, feasible and cost-effective interventions in order to achieve accelerated reduction in maternal and newborn deaths. The three key priority interventions identified are improving family planning, skilled delivery and emergency obstetric and newborn care.

The MAF is not aimed at replacing existing policies or programmes. Rather, it is meant to build on and complement existing initiatives to accelerate the country progress against MDG 5 by 2015.

MAF is being implemented with all resources available for realizing maternal and child health in Ghana including 52 million Euros committed by the EU as well as the assistance provided to strengthen maternal and neonatal health by bilateral and multilateral agencies such as DFID, DANIDA, USAID, UNFPA, UNICEF, WB and others.

Governing Structure of MAF:

MAF is implemented nationwide in all districts. A National Steering Committee (NSC) provides overall governance and policy oversight for MAF implementation. The NSC is chaired by the Minister of Health and has membership that includes DPs/UN agencies, MoH, GHS, CSOs, NHIA etc. Four technical subcommittees aid the work of the National Steering Committee: Procurement, Behavioural& Social Change Communication (BSCC), Human Resource and M&E.

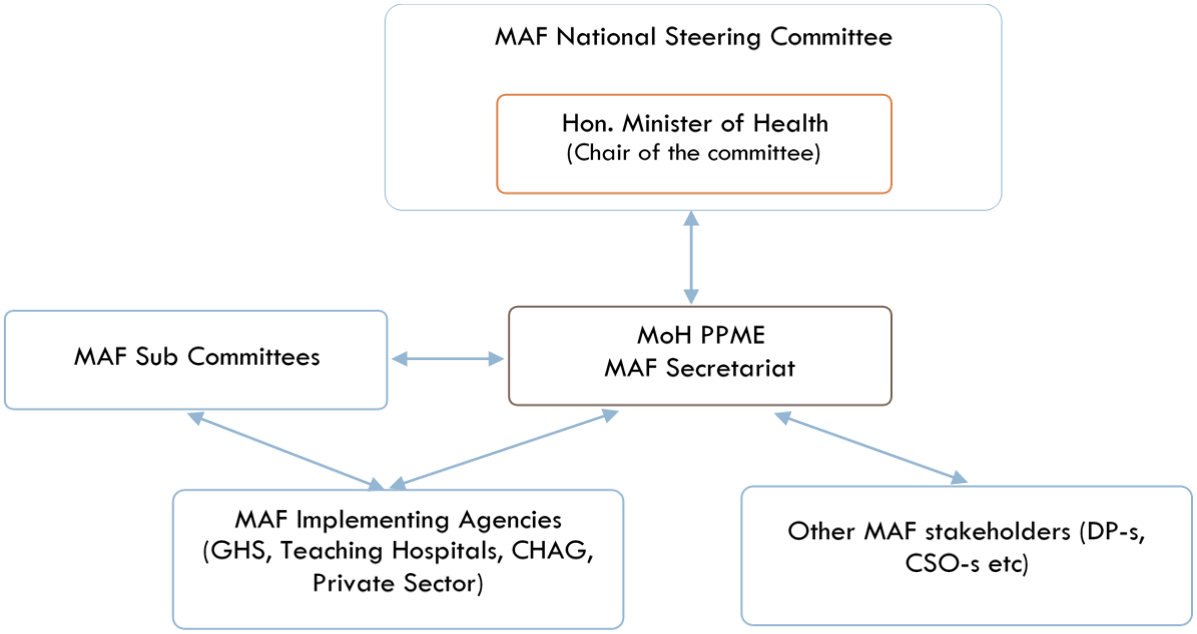

FIGURE 2: MAF GOVERNING STRUCTURE

A MAF Secretariat has been established within the MoH PPME Directorate. The secretariat's role is to support the NSC to provide oversight and strategic direction to the implementation of the MDG acceleration framework. More specifically the functions of the secretariat as per the ToR agreed between the Ghana MoH and the UN are as follows:

1. Coordination and liaison with the NSC and the MAF implementing agencies
2. Development and operationalization of MAF M&E and reporting standards
3. Technical support for MAF implementation oversight
4. Support effective functioning of the NSC, which includes organising quarterly NSC meetings and preparing MAF programme reports

The MoH MAF secretariat works closely with the M&E unit, Procurement and Finance directorates of the MoH, MAF subcommittees as well as the GHS, CHAG, Teaching Hospitals to fulfil the above functions.

As per its ToR the MAF secretariat shall consist of five people: a) full time National Coordinator b) part time RH Technical Expert c) part time management Technical Advisor d) full time M&E and communication officer and e) full time Finance Officer. However at present the secretariat consists of National Coordinator, part time RH Technical Expert and part time management Technical Advisor. There is a pressing need to bolster the capacity of the MAF secretariat, especially its M&E and Financial oversight functions.

Each agency that implements components of MDG Acceleration Framework (GHS, National Teaching Hospitals, CHAG, MoH Procurement Directorate) has a unit that oversees implementation of MAF and reports to the MOH MAF Secretariat on a quarterly basis on the progress against MAF targets.

MAF IMPLEMENTATION 2013-14

Implementation

Despite that the MAF operational plan was developed in 2011 it did not become operational until mid-2013 when the European Union committed 52 million euros to MAF and released the first tranche of 10 million euros towards its implementation.

Operationalization of the plan had made a strong contribution to addressing the bottlenecks in maternal health care identified during development of the MAF. In 2013-14 over 1,800 health care workers were trained in DHMIS2 software to help improve monitoring and evaluation of the maternal and neonatal health programs as well as their planning. Around 1,900 midwifes and nurses were trained in comprehensive Family Planning service provision and over one-thousand of them received training in the use of the partograph. Obstetric facilities in 15 district hospitals were upgraded to provide full range of comprehensive EmONC services. A more complete information about the progress made against the MAF Operational Plan targets between August 2013 and July 2014 is in the Annex 1.

Challenges

Despite the progress made towards achieving Ghana MDG acceleration Framework targets a number of challenges impaired its scale and effectiveness. These challenges are diverse in nature and relate to the framework's financing, implementation, reporting, coordination and governance.

Financing:

The first and possibly the most serious impediment for effective implementation of MAF Operational Plan is its financing that remains fragmented and inadequate. Of the $313,433,060.00 required to bridge the gaps identified in the MAF Operational Plan1 funding of only 10 million euros from the European Union and about 7 million USD from UNFPA can be reliably verified. Funding for the MAF from other sources, including from the Government of Ghana and the DP-s is hard to verify, although it is deemed to be sizeable and play crucial role in facilitating the progress against the MAF targets.

[1] Government of Ghana. Ghana MDG 5 Operational Strategy

On balance the resource envelope for 2015, which is the final year of implementing MAF is expected be modest. A rigorous prioritisation is therefore in order to ensure that the available resources are directed to support the most effective activities of the MAF plan.

Implementation

Following allocation of 52 million euros by the European Union the operational planning of the MAF had been launched. In the scope of this process GHS, Teaching Hospitals and the MoH Procurement Unit developed their respective operational plans and budgets aligned with the overall MAF operational plan, approved by the steering committee (need to verify this statement).

Despite rigorous planning execution of the MAF operational plan in 2013 and 2014 suffered from a number of setbacks. In particular there was a lack of alignment of the actual implementation with the approved plans, execution of the plan had overall been fragmented, skewed towards training, while the progress towards achieving the procurement and health service management strengthening targets have lagged behind. (Fig3)

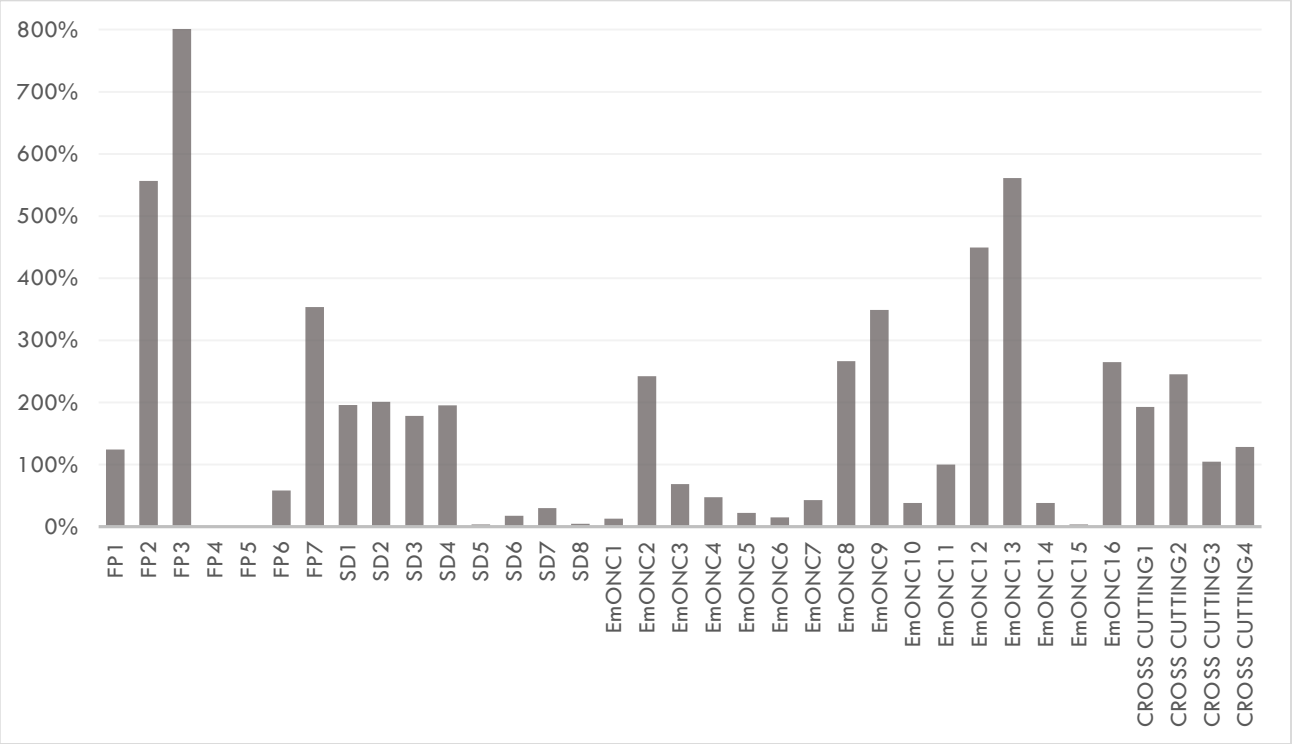

FIGURE 3: PROGRESS AGAINST THE MAF OPERATIONAL PLAN TARGETS IN 2013-14

Programme M&E and Reporting

The MAF operational plan contains a number of well-defined progress indicators and description of governance and coordination structures to enable effective program M&E and reporting. Nevertheless the monitoring of the MAF operational plan implementation and reporting by the implementing agencies had not been systematic, with reports arriving late and in diverging formats. Some of the agencies have not submitted any of the required reports so far. This impeded sound M&E of the MAF operation plan implementation required by the MAF NSC to effectively steer the program.

MAF 2015 STRATEGY

Process of reviewing MAF operational plan

Recognising the implementation and financial challenges set out above, in final year of the MAF programme, the Ministry of Health, following discussion at the NSC, has embarked on a re-prioritisation exercise, identifying activities most likely to contribute to the attainment of the gaols of MAF. In particular,

the re-prioritisation was designed to take into account the limited amount of resources expected to be available to fund MAF and the identification of activities most likely to enhance the impact of the programme if further funding is not identified.

The exercise consisted of bilateral consultations between the MAF secretariat, GHS, CHAG, four teaching hospitals, MoH M&E and Procurement teams as well as the planning and budgeting workshop held on 30th and 31st of October 2014. During the workshop the representatives of the above MAF implementing agencies worked with the MoH team to discuss and set priority levels to the activities of the MDG acceleration framework operational plan based on the level of their implementation as well as their importance for addressing the existing gaps in accessibility and quality of Skilled delivery/EmONC and Family Planning services.

Following this the MAF implementing agencies have developed their agency specific implementation plans that have been combined in the MAF 2015 Operation Plan presented below.

In addition to streamlining of the MAF implementation in order to focus the available resources on priority activities and areas in 2015 the exercise sought to establish better coordinated, performance based MAF program financing mechanism to provide the Ministry of Health with means required to effectively steer the MAF implementation.

Priority MAF operational plan activities for 2015

The high priority MAF Operational Plan activities are listed below combined by the type of activity (Training, Procurement, Service Delivery and Governance) according to the priority levels assigned during the prioritization exercise. Low priority activities are listed in the Annex 2.

High Priority Activities:

TRAINING:

FP6	Train CHNs to insert implants in line with policy
SD	Train staff on use of CTG and ultrasound machines
EmONC5	Train doctors in obstetric surgery
SD3	Train nutrition officers and PH nurses in Essential Nutrition Action-ENA
EmONC4	Train midwives in revised LSS (Including use of Mannequins)
EmONC12	Train facility based maternal health and death audit teams on revised guidelines
EmONC16	Train health workers in ENBC, including Neonatal resuscitation, kangaroo mother care from 30 selected institutions

PROCUREMENT:

FP4	Procure contraceptives
SD5	Procure cardiotocogram (CTG) machines
SD6	Procure ultrasound machines
EmONC14	Procure Blood Bank fridges and accessories
EmONC15	Procure anesthetic equipment eg GLOSTAVENT machines
	Obstetric manikin
	Obstetric model / Five Stages of Birth
	Pregnancy Series
	Fetal Hearth Detector
	Laparotomy Kit Sets
	Caesarian Section Set
	Double Cabin 4x4 Pick-Ups
	Delivery Sets Including Episiotomy Kits
	Fridge for Oxytocics
	Umbilical Cord Clamp

	Ambu Bag with Mask
	Bulb Syringes
	Manual Vacuum Aspirator
	Vacuum Extractor-Electric
	Suction Machine
	Sphygmomanometers
	HB Meter-Invasive
	POC Urine Analyzer (dipstick?)
	Examination Lamp
	Long Gloves (Large and Medium)

SERVICE DELIVERY

EmONC9	Conduct specialist support visits to lower level facilities and underserved areas
EmONC	Equip facilities (district hospitals and health centers) for essential neonatal basic care (ENBC)
CROSS CUTTING3	Conduct regional technical support team visits to districts
CROSS CUTTING	Conduct review meetings on maternal and newborn health and family planning
CROSS CUTTING	Conduct BCC / advocacy events on maternal health

GOVERNANCE:

CROSS CUTTING	Raise Funding for MAF
CROSS CUTTING1	Hold ICC meetings and produce meeting reports
CROSS CUTTING	Produce quarterly MNH bulletin

Funding

The funding situation for the 2015 programme is still far from clear.

EU funding remains delayed pending resolution of problems associated with the macro-economic situation. When these issues are resolved, subject to agreement of the variable tranche, the sum of 31,250,000 Euro will be released, representing 2013 and 2014 disbursements. Additionally, subject to agreement of the variable tranche, a sum of 5m Euro is also available representing the 2015 disbursement. While this may be expected in 2015 there is no clear date for this as yet. However, following a review of its current arrangements, DANIDA will be committing funding to maternal and child health for the next two years. In 2015, this will amount to DKK 63m and in 2016 it will amount to DKK 57m. Specific conditions relating to DANIDA disbursements need to be agreed. UNFPA will allocate an estimated sum of USD 3.5 million towards procurement of contraceptives and other RH supplies and will continue distribution of Blood Bank Fridges and Obstetric Manikins and Obstetric Models procured in 2014 as well as USD X to MAF capacity building activities, the MAF programme evaluation and the TA to the MAF secretariat. USAID and DFID will provide USD X and GBP X towards procurement of contraceptives respectively. Other programmes contribute significant sums to the maternal and child health issues but do not necessarily fund MAF activities. The main funders of this activity are set out below:

Clearly the funding position has a strong impact on the activities to be carried out and how the programme is monitored.

Three high level scenarios have been identified

High level of funding

In this scenario maximum funding is available from all donors to support MAF activities and there is strong coordination amongst donor partners funding specific commodities and regional activities which are broadly linked to MAF.

In this scenario the MAF activities as set out in plan could be carried out in full. There would be a continued emphasis on appropriate levels of planning and M&E at all levels within the system. There would still need to be a coordinated approach to other donor funding to remove the risk of duplication of effort.

In December 2014, this scenario is not within reach because of the reasons set out above. However, specific activities already identified by the implementing agencies, could be funded and incorporated into any plans should further funding become available in year. Significant communications and policy development activities also need to be funded particularly in relation to the development of a post 2015 agenda for Maternal and Child Health in Ghana.

Medium level of funding

Under this scenario, continued concerns over the macro-economic position of Ghana mean there are further delays to the release of EU funds into 2015 and MAF is required to rely on funding from DANIDA to support a range of more targeted activities centring on

Procurement of EmONC and Life Saving equipment

Training and service delivery to support their use in clinical practice

Many of the other activities in the original MAF plan would remain unfunded.

Other donors continue to support specific activities as set out above and there is a strong emphasis on effective on communications, governance and on ensuring the long term sustainability of health gains through the development of a post 2015 agenda.

While DANIDA has signalled its intent to support MAF, there is still the need to identify other donors to support other activities, and to coordinate activity such as the DFID TA to best effect.

Low level of funding

Should there be further issues with funding, including additional delays because of the macro-economic condition, or delays in disbursement because of issues over monitoring and evaluation or delivery , then the funding position would become worse.

No "central" MAF activities would be funded and donors supporting regional level activities or specific procurements (eg contraceptives) would be the only ones active in the field.

Programme Coordination

A major objective of the re-prioritisation exercise is to deliver an operational plan which can be effectively delivered. This includes effective coordination and monitoring and evaluation. Overall implementation will be steered by the MOH MAF Secretariat. The Ministry of Health (MoH) MAF Secretariat will be responsible for policy formulation and overall stewardship for the MAF implementation and the Ghana Health Service, Teaching hospitals (Komfo Anokye Teaching Hospital, Korle Bu Teaching

Hospital, Tamale Teaching Hospital and Cape Coast Teaching Hospital, Christian Health Association of Ghana, Pre Service Health Training Institutions will be the implementing agencies.

MOH MAF Secretariat will provide technical assistance, organize reviews, monitor and evaluate MAF activities. Oversight of activities will be provided under the framework of the NSC, to redouble efforts towards achievement of MDGs 4 and 5 and chaired by the Hon Minister of Health. The role of the NSC is to ensure complementarily and timely implementation of all related partner activities. The MAF Secretariat under the Policy, Planning, Monitoring and Evaluation (PPME) Directorate of the Ministry of Health will ensure implementing agencies stick to the required remits and also provide updates to ensure effective functioning of the Steering Committee.

Technical oversight of the activities in the various implementing agencies will be guided by their MAF Focal Persons and their respective Agency heads. The activities will form part of the work-plan of the agency and shall be subject to the agency rules and guidance on updates and reporting of activities.

At the regional level, the Regional Director of Health Service (RDHS) shall be responsible for the implementation and monitoring of MAF activities.

The District Director of Health Service (DDHS) will coordinate the preparation and implementation of the District Action Plan following operational guidelines prepared by the GHS Headquarters. The District Director will be the focal person for MAF in the district and will provide technical guidance and leadership for implementation and monitoring within the framework of the Social Services Sub-Committee of the District Assembly. The district health management team (DHMT) will monitor and evaluate activities of the sub-districts and the sub-district health teams will provide implementation support to the CHOs and volunteers for the community-based interventions.

Monitoring and Evaluation

To date the operationalization of the framework is incomplete with agencies still using home grown reporting formats to share data and information on implementation of the MAF. Fully operationalising the MAF M&E framework, including the financial reporting will be essential for effective monitoring of the program and ensuring effective use of resources for accelerating improvements of Maternal and Neonatal care and health. MAF Secretariat will work closely with the GHS, CHAG, Teaching Hospitals and MoH Procurement Department to establish harmonised MAF monitoring and reporting system across all agencies.

To address the challenges with M&E identified above, , the MoH MAF Secretariat developed a MAF M&E framework, aligned with the health sector overall M&E standards and procedures. The framework contains a detailed indicator list as well as a comprehensive package of reporting and presentation templates tailored to each MAF Implementing Agency to enable harmonized collection and reporting of the MAF programme data. The M&E framework was agreed with the MAF implementing agencies during a planning workshop in June 2014. It was subsequently endorsed by the MoH Chief Director's office and operationalized. Work is underway to enforce data collection and reporting according to the standards outlined in the MAF M&E Framework as, to date, there have been significant problems with obtaining accurate performance data.

The MoH MAF secretariat had developed a comprehensive M&E framework with the description of the monitoring and evaluation procedures aligned with the health sector M&E Framework, detailed indicator list as well as reporting and presentation templates tailored to each of the MAF implementing agency: GHS/CHAG, Teaching Hospitals, MoH Procurement Unit. The framework was agreed with these agencies during a workshop in June 2014. Following this the M&E framework and the templates were officially endorsed by the MoH and circulated to the implementing agencies. In 2014 the framework will be complemented with the financial monitoring tools to enable effective tracking of MAF funding and alignment of the MAF implementation with the approved activities.

Monitoring and Evaluation activities will centre on four key areas:

- The annual review of MAF implementation in 2014 will be carried out in 1st quarter of 2015. This review will feed into the sector's Holistic Assessment review
- The MAF secretariat will produce quarterly performance updates for 2015 based on MAF indicators reported in the DHIMS and reports from implementing agencies. The updates will discuss performance trends, make recommendations and feed into the NSC meetings.
- A mid-year review of the MAF implementation in the first half of 2015 will be carried early in the 3rd Quarter of 2015. This will be used, in part, as a trigger to justify further disbursements of funds from the centre. It will address both financial and operational performance issues. This analysis will be followed up by quarterly monitoring visits to investigate the bottlenecks identified in the analyses.
- A review of the overall implementation of MAF which will establish the progress it had both towards achieving its targets and supporting achievements of the country's Maternal and Reproductive health goals. This will also include an EMONC survey. The results of the review and monitoring visit will consequently be used to inform the priorities of the country's post 2015 Maternal and Neonatal health agenda.
- A Maternal Health Survey to determine the burden of maternal mortality and morbidity at the national and regional levels and generate relevant information for strategic and operational planning of the post 2015 maternal, reproductive and neonatal health program. The survey is planned to take place in 2016.

All reports will be made available on the MAF website and blog.

Financing of the MAF Operation Plan in 2015

Financial monitoring

All financial monitoring will conform to the Financial Administration Regulations of the Ministry of Health. The overall emphasis will be to ensure we stick to the agreed upon MAF plans and ensure all donor and Government of Ghana contributions are spent properly. The overall financial monitoring will be coordinated by the Financial Controller, MoH through the Financial Monitoring Unit.

All the financial monitors in the 10 regions will be engaged to ensure that funds are spent adequately for the activities indicated for them.

These reports will be expected from all the regions on a quarterly basis and should be submitted to the Financial Controller and the Director, PPME of the MoH.

Disbursement of funds

Funds will be released after every 6 months and subsequent releases will be based on a submission of the reports of implementation and the financials spent by the implementing agency. Specific criteria need to be set in further discussion but they will centre on

- A satisfactory rate of budget execution as identified by the number of activities carried out and the amount of funding used up. At least 75% of the funding dispersed for the first six months will need to be have been allocated
- A fully worked up plan for next six month tranche of funding, based on the original plan submitted.

Both the financial report and the plan for the next six months of activity will be cleared by the Director PPME of the Ministry of Health before next disbursement can be made. No moneys will be released to the implementing agencies until their balances are known. Significant underspends may result in the re-allocation of funding to other MAF activities by the Secretariat.

Distribution Plan

All distribution of materials will be guided by the policies of the Procurement Unit of the Ministry of Health. The distribution of items to the respective agencies will be guided by a distribution list Annex 3. All items will go through the Central Medical Stores and their respective Regional Medical Stores.

Follow up of items distributed will be done 1 month after the items have been distributed. This will be undertaken by the Internal Audit Division of the Ministry of Health.

All updates of the distribution should be sent to the Director PPME, MoH two months after the receipt of items and reported to the NSC.

MAF 2015 OPERATIONAL PLAN

The 2015 Operational Plan responds to scenario planning set out in the Strategy document. It addresses both the targeting of activities in a more resource constrained environment and a broader range fo activities which might be carried out in a scenario where more funding was availbale.

The prioritization process for the 2015 Operational Plan is described in the strategy document. Designed as a participative process involving all of the implementing agencies, the main criteria were

- The level of implementation of the activities in question
- Their importance in delivering the MAF agenda.

Following the identification of the priorities all agencies were asked to review their plans and submit their both medium and high level plans for 2015. . Rather than micro managing the programme, the identification of a two different sets of activities reflects the current financial situation of MAF and the need to select activities which are likely to have the greatest impact. Likewise, the need for the implementing agencies to be very specific about the activities they plan to undertake reflects the requirement for effective and accurate monitoring of delivery of activities set, in part, by donors.

The 2015 plans revolve around training, procurement, service delivery and governance, centring on:

- Procurement of life saving EMONC equipment, involving the completion of a procurement process launched in 2013 by MoH procurement Directorate.
- Training in Life Saving Skills and the use of a variety of EMOC equipment
- Supervisory and supportive visits to the periphery by GHS, CHAG and the teaching hospitals and training institutes.
- A small range of BCC activities.
- Specific governance activities designed to enhance the programme and develop future olicy on maternal and child health.

The proposed activities are summarized in the composite plans below, being presented in both medium and high level funding scenarios. Detailed plans for each agency are annexed (Annex 4.

Medium Level Funding Scenario:

Area	Costs (in GHC)
Training	9,531,942.00
Procurement	65,178,375.88
Service Delivery	2,213,500.00
Governance	2,457,080.00
Post 2015 Planning	1,310,000.00

Total	**80,690,897.88**

Training			
		Total No trained	**Total cost in GHC**
FP6	Train CHNs to insert implants in line with policy	2005	1,512,390.00
SD	Train staff on use of CTG and ultrasound machines	740	532,000.00
EmONC5	Train doctors in obstetric surgery	467	888,200.00
SD3	Train nutrition officers and PH nurses in Essential Nutrition Action-ENA	740	529,040.00
EmONC4	Train midwives in revised LSS (Including use of Mannequins)	1483	3,654,600.00
EmONC12	Train facility based maternal health and death audit teams on revised guidelines	445	1,687,500.00
EmONC16	Train health workers in ENBC, including Neonatal resuscitation, kangaroo mother care from 30 selected institutions	629	728,212.00
	Total GHS		**9,531,942.00**

Procurement			
		Amount of product in MoH Procurement	**Total cost in USD**
FP1	Procurement of computers and smartphones (procured, not yet paid)		656,379.76
FP4	Procurement of contraceptives		12,000,000.00
SD5	Procurement of cardiotocogram (CTG) machines	35	560,300.00
SD6	Procurement of ultrasound machines	140	671,432.00
EmONC14	Procurement of Blood Bank fridges and accessories	100	213,200.00
EmONC15	Procurement of anesthetic equipment eg GLOSTAVENT machines	35	644,900.00
	Obstetric manikin	140	138,650.00
	Obstetric model / Five Stages of Birth	140	129,640.00
	Pregnancy Series	140	126,000.00
	Fetal Hearth Detector	400	671,432.00
	Laparotomy Kit Sets	200	388,600.00
	Caesarian Section Set	220	91,603.00
	Double Cabin 4x4 Pick-Ups	26	770,146.00
	Double Cabin 4x4 Pick-Ups insurance and maintenance costs	26	209,413.75
	Delivery Sets Including Episiotomy Kits	500	168,120.00
	Fridge for Oxytocics	350	1,081,290.00
	Umbilical Cord Clamp	2,500	56,600.00
	Ambu Bag with Mask	2,400	246,720.00
	Bulb Syringes	30,000	111,600.00
	Manual Vacuum Aspirator	812	56,287.00
	Vacuum Extractor-Electric	100	45,000.00
	Suction Machine	269	102,200.00
	Sphygmomanometer	6,000	348,000.00
	HB Meter-Invasive	140	378,950.00
	POC Urine Analyzer (dipstick?)	140	81,200.00
	Examination Lamp	562	84,600.00
	Long Gloves (Large and Medium)	300,000	138,790.00

	Distribution costs (see Annex 3 for more detail)		197,188.95
	Total Cost in USD		**20,368,242.46**
	Total Cost in GHS		**65,178,375.88**

Service delivery			
		Total Number of activities	**Total cost of activity (GHC**
EmONC9	Conduct specialist support visits to lower level facilities and underserved areas	872	1,604,200.00
EmONC	Equip facilities (district hospitals and health centers)for essential neonatal basic care (ENBC)[2]	20	100,000.00
CROSS CUTTING3	Conduct regional technical support team visits to districts	56	36,400.00
CROSS CUTTING	Conduct review meetings on maternal and newborn health and family planning	56	106,400.00
CROSS CUTTING	Conduct BCC / advocacy events on maternal health inc church visits, radio broadcasts and TV ads/info	375	366,500.00
	Total GHS		**2,213,500.00**

Governance		
		Total cost of activity (GHC)
CROSS CUTTING	Raise Funding for MAF	8,000.00
CROSS CUTTING	Hold ICC meetings and produce meeting reports	184,080.00
CROSS CUTTING	MAF Secretariat Coordinator (National)	Covered by the MoH
CROSS CUTTING	Finance Expert (National)	Covered by the MOH*
CROSS CUTTING	RH Technical Expert 40%	Covered by the UNFPA
CROSS CUTTING	Technical Advisor 30%	Covered by the NSGI
CROSS CUTTING	M&E/Communication Expert (National)	75,000.00
CROSS CUTTING	MAF National Coordination Meetings / Workshops	400,000.00
CROSS CUTTING	MAF Implementing Agency Internal Coordination Meetings	60,000.00
CROSS CUTTING	MAF Monitoring Visits (semi-annual)	300,000.00
CROSS CUTTING	Mini EmONC Assessment	900,000.00
CROSS CUTTING	Consultancy to review the MAF implementation	80,000.00
CROSS CUTTING	Printing and Dissemination of the MAF Review report	50,000.00
CROSS CUTTING	Communication Costs; Quarterly Bulletin, MAF Blog, Documentary, Press Conferences	300,000.00
CROSS CUTTING	Participation in Regional Planning Conference and Capacity Building MoH	60,000.00
CROSS	Produce quarterly MNH bulletin[3]	40,000.00

[2] Needs explanation as it is not one of the agreed high priority activities
[3] Needs explanation as it is not one of the agreed high priority activities

CUTTING		
	Total GHS	**2,457,080.00**

Post 2015 Reproductive and Maternal Health planning		
		Total cost of activity (GHC)
	Two thematic workshops on Skilled Delivery / EmONC and Family Planning post 2015	180,000.00
	Consultancy to develop post 2015 Maternal Health Framework	80,000.00
	National Workshop to Launch the Maternal Health post 2015 framework	250,000.00
	Development of the District Specific Plans	800,000.00
	Total GHS	**1,310,000.00**

On the basis of the planning described above it is now clear that

- Using the DANIDA funds will allow us to procure the EMONC and lifesaving equipment and support the training and service delivery activities identified in the targeting exercise . Further discussions with the ICC will need to take place regarding the amount of contraceptives to be procured.
- UNFPA, DFID and DANIDA TA can still be sued to support different aspects of MAF M+E and general coordination
- There is not currently sufficient money for the procurement of IT equipment and vehicles as identified in the MAF plan.

Much of the governance activity, communications and advocacy work and work to develop the post 2015 agenda listed below remains unfunded. It is hoped that funding will be identified in year to address these issues.

High level funding scenario; Activities to be implemented should additional funding is available

While the tasks in the high level scenario remain unfunded currently, the main points to note in the high level funding scenario are

- it assumes the activities of the medium level scenario will be carried out in full
- a range of additional activities which have been identified at all levels of the system which will enhance particular aspects of MCH or contribute to effective governance of the MAF
- together with DANIDA funding, these high level activities will be covered by the additional EU funding, with a considerable surplus. (note - 31.2m euro equals 117m cedi)

AGENCY	BUDGET GHS
GHS	63,548,000.00
MOH (inc procurement of vehicles)	4,587,506.00
BLOOD SERVICE	500,000.00
Total for additional activities:	**68,635,506.00**
Budget for the Medium Level Funding Scenario	**80,690,897.88**
Budget for the High Level Funding Scenario	**149,326,403.88**

	HIGH LEVEL ACTIVITIES	**TARGET OUTPUT**	**UNIT PRICE GHS**	**AMOUNT GHS**
SD	Conduct support visits to CHPS compounds in underserved areas	Outreach and home visits to 6000 electoral areas through the CHPS compounds		56,908,000.00
SD1	Train midwives in focused ANC	Will be undertaken in 50 hospitals	12,000.00	600,000.00
EmONC 7	Support upgrade of selected district hospitals for improved maternal and newborn services (Refurbishment, Equipment and Training)	District Hospitals in 10 regions	74,000.00	740,000.00
EmONC 8	Support upgrade of selected health centres for improved maternal and newborn services (Refurbishment, Equipment and Training)	40 Health Centres	45,000.00	1,800,000.00
Crosscutting	Establishment of a National Call Centre	1 Call Centre	400,000.00	400,000.00
Crosscutting	Monitoring and evaluation by regional teams	10 regions	100,000.00	1,000,000.00
EmONC	Operationalize National Confidential Enquiry for Maternal Death (CEMD)	Training of independent assessors and establishment of a secretariat	400,000.00	400,000.00
Crosscutting	Conduct client satisfaction surveys for quality improvement at maternity facilities	Client satisfaction surveys conducted in 100 districts	3,000.00	300,000.00
FP	Train service providers in contraceptive updates	50 participants from 5 regions trained as ToT on comprehensive FP (UE, VR, WR, NR, CR)	4,000.00	200,000.00
Crosscutting	Strengthening management structures of the Family Health Division at regional level and district levels.			1,000,000.00
TOTAL GHS				**63,348,000.00**
SPECIAL REQUEST				

Procurement	Procure footer boat and to render Services in the Riverine areas particularly those along the Volta Lake	Procure (5) 32 footer boat	40,000.00	200,000.00
GHS GRAND TOTAL				**63,548,000.00**

MOH HQ	**AMOUNT GHS**
Total procurement audit for MAF from headquarters to user facilities	559,000.00
Financial audit for MAF activities	340,000.00
Financial monitoring	300,000.00
Capacity building (short and long term courses and conferences)	1,500,000.00
Coordination role of the MAF Secretariat	800,000.00
Station Wagon vehicles (5)	825,376.00
Station Wagon vehicles (5) insurance and maintenance	263,130.00
TOTAL:	**4,587,506.00**

NATIONAL BLOOD SERVICE	**AMOUNT GHS**
Development and Operationalization of Ghana's Blood Bill	500,000.00

ANNEX 1: PROGRESS MADE AGAINST THE MAF OPERATIONAL PLAN TARGETS BETWEEN AUGUST 2013 AND JULY 2014

Service Delivery Area	Indicator	MAF Target (4y)	Implementation Sep 13 - Aug 14	% target
FP1	Number and percentage of smart phones procured	560	697	124%
FP2	Number and percentage of health workers (CHNs/CHOs & Midwives, maternity in-charges) trained in the use of the cell phone for data management	110	612	556%
FP3	Train staff (e.g. DHMT) in the use of DHIMS2 software	80	1,823	2279%

FP4	Number and percentage of contraceptive commodities procured	MoH procures contraceptives worth 3 Million USD annually	-	0%
FP5	Percentage tracer contraceptive commodity availability (or stock out of tracer commodities)	100%	-	0%
FP6	Number and percentage of CHNs trained to insert implants in line with policy	2000	1,171	59%
FP7	Number and percentage of midwives and PH nurses trained in comprehensive FP including effective counselling	530	1,874	354%
SD1	Number and percentage of midwives trained in focused ANC	540	1,059	196%
SD2	Number and percentage of HB meter, sphygmomanometer and dipsticks supplied for focused ANC (facilities supported)	150	302	201%
SD3	Number and percentage of nutrition officers and PH nurses trained in Essential Nutrition Action-ENA (including maternal nutrition)	280	500	179%
SD4	Number and percentage of midwives trained in partography and other delivery monitoring techniques incl e-learning tools	540	1,055	195%
SD5	Number and percentage of cardiotocogram (CTG) machines procured	130	5	4%
SD6	Number and percentage of ultrasound machines procured	57	10	18%
SD7	Number and percentage of job-aids checklists produced/printed	5000	1,497	30%
SD8	Number and percentage of in-depth supervisory checklists produced/printed	15000	754	5%
EmONC1	Number and percentage of "EmONC Package" printed (and distributed to managers)	2000	264	13%
EmONC2	Number and percentage of Managers trained in the use of systematic coverage evaluation and other tools and carry out the assessment	40	97	243%
EmONC3	Number and percentage of districts assessed by regions using Coverage Assessment Tool	80	55	69%
EmONC4	Number and percentage of midwives trained in revised LSS (Including use of Mannequins)	4100	1,946	47%
EmONC5	Number and percentage of doctors given refresher training in obstetric surgery	450	101	22%
EmONC6	Number and percentage of district hospitals conducting client satisfaction survey among postpartum women	600	90	15%
EmONC7	Number and percentage of hospitals upgraded using the EmONC assessment results	35	15	43%
EmONC8	Number and percentage of health centers upgraded using the EmONC assessment results	6	16	267%

EmONC9	Number of supervisory specialist support visits undertaken to lower level facilities and underserved areas	80	279	349%
EmONC10	Number and percentage of maternal deaths notified (per year)	3100	1,191	38%
EmONC11	Number and percentage of maternal deaths audited	893	894	100%
EmONC12	Number and percentage of facility based maternal health and death audit teams trained on revised guidelines to improve quality	150	674	449%
EmONC13	Number and percentage of sub district staff/CHOs trained in HBLSS (including to recognize danger signs, resuscitation and organize transport for referral - for women and newborns)	280	1,572	561%
EmONC14	Number and percentage of Blood Bank fridges and accessories procured	91	35	38%
EmONC15	Number and percentage Anesthetic equipment eg GLOSTAVENT machines procured? (district hospitals provided by the suction machines)	188	7	4%
EmONC16	Number and percentage of health workers trained in ENBC, including Neonatal resuscitation, kangaroo mother care from 30 selected institutions	534	1,414	265%
CROSS CUTTING1	Number and percentage of ICC meetings held with reports	14	27	193%
CROSS CUTTING2	Number and percentage of maternity in-charges and relevant service providers (FP, SD, EmONC) trained in leadership and management, including supervision, coaching and M&E	400	981	245%
CROSS CUTTING3	Number and percentage of districts visited by regional technical support teams	284	297	105%
CROSS CUTTING4	Number and percentage of midwifery schools supported a) number of midwifes graduated b) Number of midwifery schools with operationalised e-learning	14	18	129%

Source: Ghana Health Service 2014 MAF Implementation Status Report

ANNEX 2: MAF 2015 LOW AND NO PRIORITY ACTIVITIES

Low Priority Activities and Activities that are not a priority for 2015:

TRAINING:

FP3	Train staff (e.g. DHMT) in the use of DHIMS2 software
FP	Train service providers in contraceptive up dates
SD1	Train midwives in focused ANC
SD4	Train midwives in partography and other delivery monitoring techniques incl e-learning tools
EmONC13	Train sub district staff/CHOs in HBLSS (including to recognize danger signs, resuscitation and organize transport for referral - for women and newborns)
CROSS CUTTING2	Train maternity in-charges and relevant service providers (FP, SD, EmONC) in leadership and management, including supervision, coaching and M&E
CROSS	Support midwifery schools a) number of midwifes graduated b) Number

CUTTING4	of midwifery schools with operationalized e-learning
FP7	Train midwives and PH nurses in comprehensive FP including effective counselling
FP2	Train health workers (CHNs/CHOs & Midwives, maternity in-charges) in the use of the cell phone for data management
EmONC2	Train managers in the use of systematic coverage evaluation and other tools
EmONC	Train hospital based drivers on first aid

PROCUREMENT:

	Vacuum Extractor-Manual
	Station Wagon (4x4)
FP1	Procure Smartphones
EmONC	Procure ambulances for effective referrals
	Communication Vans

SERVICE DELIVERY:

SD	Scale up PMTCT service to new health centers
EmONC1	Print "EmONC Package" (and distribute to managers)
EmONC3	Assess districts using EmONC Coverage Assessment Tool
EmONC6	Conduct client satisfaction surveys among postpartum women at district hospitals
EmONC7	Upgrade hospitals using the EmONC assessment results
EmONC8	Upgrade health centers using the EmONC assessment results
EmONC	Operationalize National Confidential Enquiry for Maternal Deaths (CEMD)
EmONC	Pilot perinatal death reviews in three districts
CROSS CUTTING	Strengthen health promotion department
SD7	Produce and print job-aids checklists
SD8	Produce and print in-depth supervisory checklists
EmONC	Operationalize mobile phone based maternal death notification system in all regions
EmONC	Develop and Operationalize Facility Policy for referrals of complicated obstetric cases
CROSS CUTTING	Print and distribute educational posters and leaflets on maternal health

GOVERNANCE:

CROSS CUTTING	Hold Family Planning Week Celebrations
CROSS CUTTING	Hold Maternal and Child Health Campaign week celebrations
CROSS CUTTING	Conduct Operational research on MAF implementation issues
CROSS CUTTING	Hold meetings of the ICC subcommittee (HR, Procurement, IEC, M&E, Finance)

ANNEX 3: DISTRIBUTION PLAN

Region	Hospital	Obstetric Manikins	Obstetric model-five Stages of birth	Pregnancy Series	Fetal Heart Detector	Ultrasound Scanner	Delivery Set including Episiotomy Kit	Laparatomy Set	Caesarian Section Set	Fridge for Oxytocics	Blood Bank Fridge	Umbilical Cord Clamp	Self Inflating Bag with Mask	Bulb Syringes	Manual Vacuum Aspirator	Vacuum Extractor Manual	Vacuum Extractor Electric	Suction Machine	Sphygmomanometer	Hb Meter- Invasive	Urine Analyzer	Examination Lamp	Anaesthesia Machine	Long Gloves (long & Medium)
	QTY PROCURED	**140**	**140**	**140**	**400**	**140**	**2,000**	**200**	**220**	**350**	**100**	**35**	**2,500**	**300,000**	**812**	**1,317**	**100**	**269**	**6,000**	**140**	**140**	**562**	**35**	**300,000**
	Health Training Institutions	1	1																					
WR	Regional Medical Stores, Takoradi	16	16	12	30			15	15			180	175	2200	43	97			260					21,440
CR	Regional Medical Stores, Cape Coast	12	12	10	30			10	15			180	170	2150	43	97			257					21,420
GAR	Regional Medical Stores, Accra	11	11	10	35			10	15			180	175	2150	43	98			260					21,440
BAR	Regional Medical Stores, Sunyani	19	19	12	35			10	15			180	175	2150	43	97			257					21,440
NR	Regional Medical Stores, Tamale	18	18	10	27			10	14			180	175	2150	43	98			257					21,440
UWR	Regional Medical Stores, Wa	15	15	8	26			10	14			180	170	2150	43	97			257					21,420
UER	Regional Medical Stores, Bolga	8	8	8	26			10	14			180	170	2150	43	97			257					21,420
VR	Regional Medical Stores, Ho	7	7	12	35			15	15			180	170	2150	45	97			257					21,440
ER	Regional Medical Stores, Koforidua	9	9	12	35			15	15			180	170	2150	45	98			257					21,440
AR	Regional Medical Stores, Kumasi	24	24	10	35			15	15			180	170	2200	43	97			260					21,420
GAR	Korle-Bu Teaching Hospital			10	15	2	10	10	14	2	1	175	170	2100				15	257			15		21,420
AR	Komfo Anokye Teaching Hospital			10	15	1	10	10	14			175	170	2100					257			15		21,420
NR	Tamale Teaching Hospital			8	8	1	10	10	14			175	170	2100					257			15		21,420
CR	Cape Coast Teaching Hospital			8	8	1	10	10	14			175	170	2100					257			15		21,420
	Reserve for GHS-HQ				40	4																		

	Budget Item	Estimated Cost (GH₵)
A	**Clearing**	
1	Clearing (shipping line, port charges, clearing agent fee etc.) from the port	19,264.00
B	**Delivery to Regional Medical Stores**	
2	Haulage truck rental charges for delivery of 22 containers to Regional Medical Stores in the southern sector @ an average charge of GH₵4,600.00	101,200.00
3	Haulage truck rental charges for delivery of 10 containers to Regional Medical Stores in the Northern sector @ an average charge of GH₵11,800.00	118,000.00
4	off-loading at the Regional Medical Stores @ GH₵500.00 per container	16,000.00
C	**Distribution to Health Facilities**	
5	Loading at the Regional Medical Stores @ GH₵200.00 per trip	38,400.00
6	Fuel for delivery to the Health Facilities @ GH₵4.00 x 40 liters per trip	30,720.00
7	Off-loading at the Health Facilities @ GH₵200.00 per trip	38,400.00
8	Per Diem for Driver and Assistant @ GH₵100.00 per day(2x100x192)	38,400.00
9	Vehicle Maintenance @ GH₵4,000.00 per region	40,000.00
C	**Installation, Testing, Commissioning & Training**	
10	Fuel @ GH₵4.00 x 34 liters per trip (192trips)	22,848.00
11	Per Diem for two Engineers & Driver @ GH₵500.00 per day	80,000.00
12	Vehicle maintenance @ GH₵3,000.00 per region	30,000.00
13	Materials required for assembling @ GH₵1,500.00	15,000.00
D	**Monitoring and Supervision of the Project**	
14	Fuel	10,000.00
15	Per Diem for officers	12,000.00
16	Per diem for Driver	2,400.00
17	Vehicle maintenance	6,000.00
	TOTAL	**618,632.00**
18	Contingency of 2%	**12,372.64**
	TOTAL	**631,004.64**

ANNEX 4: MAF IMPLEMENTING AGENCY INDIVIDUAL PLANS (MEDIUM FUNDICNG SCENARIO)

GHS

Training

		Unit cost	No	Total
FP6	Train CHNs to insert implants in line with policy	700.00	1500	1,050,000.00
EmONC5	Train doctors in obstetric surgery	3,000.00	100	300,000.00
SD3	Train nutrition officers and PH nurses in Essential Nutrition Action-ENA	500.00	500	250,000.00
EmONC4	Train midwives in revised LSS (Including use of Mannequins)	3,000.00	800	2,400,000.00
EmONC12	Train facility based maternal health and death audit teams on revised guidelines	5,000.00	100	1,500,000.00
Total GHS				**5,500,000.00**

Service Delivery

		Unit cost	No	Total
EmONC9	Conduct specialist support visits to lower level facilities and underserved areas	5,000.00	150	750,000.00
Total GHS				**750,000.00**

CHAG

Training

		Unit cost	No	Total
FP6	Train CHNs to insert implants in line with policy	1,500.00	60	90,000.00
SD	Train staff on use of CTG and ultrasound machines	1,500.00	140	210,000.00
EmONC5	Train doctors in obstetric surgery	1,500.00	140	210,000.00
EmONC4	Train midwives in revised LSS (Including use of Mannequins)	1,500.00	140	210,000.00
EmONC12	Train facility based maternal health and death audit teams on revised guidelines	1,500.00	60	90,000.00
EmONC16	Train health workers in ENBC, including Neonatal resuscitation, kangaroo mother care from 30 selected institutions	1,500.00	70	105,000.00
Total GHS				**915,000.00**

Service Delivery

		Unit cost	No	Total
EmONC9	Conduct specialist support visits to lower level facilities and underserved areas	2,000.00		120,000.00
CROSS CUTTING	Conduct BCC / advocacy events on maternal health			110,000.00
	Organize health education programmes to sensitize communities on FP/MCH issues through church groups	500.00	20	10,000.00
	Organize symposia in member schools on Adolescent, R&SH	1,500.00	20	30,000.00

	Local FM radio discussions / programmes on MCH issues	500.00	140	70,000.00
Total GHS				**340,000.00**

KBTH

Training

		Unit cost	No	Total
FP6	Train CHNs to insert implants in line with policy	650.00	180	117,000.00
SD	Train staff on use of CTG and ultrasound machines	500.00	120	60,000.00
EmONC5	Train doctors in obstetric surgery	2,400.00	45	108,000.00
SD3	Train nutrition officers and PH nurses in Essential Nutrition Action-ENA	400.00	100	40,000.00
EmONC4	Train midwives in revised LSS (Including use of Mannequins)	1,500.00	100	150,000.00
EmONC12	Train facility based maternal health and death audit teams on revised guidelines	500.00	100	50,000.00
EmONC16	Train health workers in ENBC, including Neonatal resuscitation, kangaroo mother care from 30 selected institutions	350.00	100	35,000.00
Total GHS				**560,000.00**

Service Delivery

		Unit cost	No	Total
EmONC9	Conduct specialist support visits to lower level facilities and underserved areas	500.00	120	60,000.00
EmONC	Equip facilities (district hospitals and health centers) for essential neonatal basic care (ENBC)	5,000.00	10	50,000.00
CROSS CUTTING	Conduct review meetings on maternal and newborn health and family planning	2,000.00	4	8,000.00
CROSS CUTTING	Conduct BCC / advocacy events on maternal health	1,500.00	24	36,000.00
Total GHS				**154,000.00**

Governance

		Unit cost	No	Total
CROSS CUTTING1	Hold ICC meetings and produce meeting reports	3,000.00	4	12,000.00
CROSS CUTTING	Produce quarterly MNH bulletin	5,000.00	4	20,000.00
Total GHS				**32,000.00**

KATH

Training

		Unit cost	No	Total
SD	Train staff on use of CTG and ultrasound machines	1,250.00	80	100,000.00
EmONC5	Train doctors in obstetric surgery			
	2 specialist doctors	35,000.00	2	70,000.00
	5 day refresher traiing for 4o doctors at periphery	3,290.00	40	131,600.00
EmONC4	Train midwives in revised LSS (Including use of Mannequins)			
	3 midwives intensive care training	20,000.00	3	60,000.00
	3 day course for 120 midwives	1,410.00	120	169,200.00
	3 day course for 80 midwivesd at the periphery	1,410.00	80	112,800.00
EmONC12	Train facility based maternal health and death audit teams on revised guidelines	250.00	160	40,000.00
EmONC16	Train health workers in ENBC, including Neonatal resuscitation, kangaroo mother care from 30 selected institutions			
	120 clinical staff	500.00	120	60,000.00
	2 doctors	35,000.00	2	70,000.00
	3 midwives intensive training	20,000.00	3	60,000.00
	2 nurses in critical care	20,000.00	2	40,000.00
	3 day course for staff at periphery	1,410.00	120	169,200.00
Total GHS				**1,082,800.00**

Service Delivery

		Unit cost	No	Total
EmONC9	Conduct specialist support visits to lower level facilities and underserved areas			-
	MCH visits to 20 peripheral hospitals	650.00	480	312,000.00
	support setting up ENBC in 10 peripheral hospitals	650.00	60	39,000.00
EmONC	Equip facilities (district hospitals and health centers) for essential neonatal basic care (ENBC)			-
CROSS CUTTING3	Conduct regional technical support team visits to districts	650.00	56	36,400.00
CROSS CUTTING	Conduct BCC / advocacy events on maternal health			-
	Health promotion to churches /special pops	300.00	80	24,000.00
	Radio broadcasts	500.00	52	26,000.00
	10 videos	1,500.00	10	15,000.00
	TVs	2,500.00	3	7,500.00
	DVD players	1,000.00	2	2,000.00
Total GHS				**461,900.00**

Governance

		Unit cost	No	Total
CROSS CUTTING1	Hold ICC meetings and produce meeting reports			-
	SC	**16.00**	**1000**	**16,000.00**
	Agency level	250.00	48	12,000.00
Total GHS				**28,000.00**

TTH

Training

		Unit cost	No	Total
FP6	Train CHNs to insert implants in line with policy	389.00	120	46,680.00
	Train 5 FP nurses to insert implants in line with policy	4,186.00	5	20,930.00
SD	Train staff on use of CTG and ultrasound machines (50 staff trained per quarter)	405.00	200	81,000.00
EmONC5	Train doctors in obstetric surgery	405.00	120	48,600.00
SD3	Train nutrition officers and PH nurses in Essential Nutrition Action-ENA	2,952.00	20	59,040.00
EmONC4	Train midwives in revised LSS (Including use of Mannequins)	405.00	120	48,600.00
EmONC12	Train facility based maternal health and death audit teams on revised guidelines	300.00	25	7,500.00
EmONC16	Train health workers in ENBC, including Neonatal resuscitation, kangaroo mother care from 30 selected institutions	500.00	120	60,000.00
Total GHS				**372,350.00**

Service Delivery

		Unit cost	No	Total
EmONC9	Conduct specialist support visits to lower level facilities and underserved areas (N/R, U/E, U/W)	5,000.00	28	140,000.00
CROSS CUTTING	Conduct review meetings on maternal and newborn health and family planning	1,350.00	52	70,200.00
Total GHS				**210,200.00**

Governance

		Unit cost	No	Total
CROSS CUTTING	Hold ICC meetings and produce meeting reports			
	SC	**20**	**1000**	**20,000.00**
	Agency level (Implementation Committee Meetings, Collaboration with RHD etc…)	210	48	10,080.00
Total GHS				**30,080.00**

CCTH

Training

		Unit cost	No	Total
FP6	Train CHNs to insert implants in line with policy	389	20	7,780.00
EmONC5	Train doctors in obstetric surgery		20	20,000.00
SD	Train staff on use of CTG and ultrasound machines	405	200	81,000
EmONC16	Train health workers in ENBC, including Neonatal resuscitation, kangaroo mother care from 30 selected institutions		2	48,012.00
Total GHS				**156,792.00**

Service Delivery

		Unit cost	No	Total
EmONC9	Conduct specialist support visits to lower level facilities and underserved areas	5,000.00	28	140,000.00
EmONC	Equip facilities (district hospitals and health centers)for essential neonatal basic care (ENBC)	5000	10	50,000.00
CROSS CUTTING	Conduct review meetings on maternal and newborn health and family planning			28,200.00
CROSS CUTTING	Conduct BCC / advocacy events on maternal health	1500	24	36,000.00
Total GHS				**254,200.00**

Governance

		Unit cost	No	Total
CROSS CUTTING1	Hold ICC meetings and produce meeting reports	3000	4	12,000.00
CROSS CUTTING	Produce quarterly MNH bulletin	5000	4	20,000.00
Total GHS				

Midwifery Training Institutions

Training

		Unit cost	No	Total
FP6	Train CHNs to insert implants in line with policy	300.00	120	180,000.00
SD3	Train Nutrition officers, Midwives/ Nurses (Tutors) in Essential Nutrition Action-ENA	300.00	120	180,000.00
EmONC4	Train Midwives (Tutors) in revised LSS (Including use of Mannequins)	300.00	120	504,000.00
EmONC16	Train health workers in ENBC, including Neonatal resuscitation, kangaroo mother care from 30 selected institutions	300.00	90	81,000.00
Total GHS				**945,000.00**

Service Delivery

		Unit cost	No	Total
EmONC9	Conduct specialist support visits to lower level facilities and underserved areas	1,800.00	6	43,200.00
Total GHS				**43,200.00**