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# OVERVIEW OF THE MAF OPERATIONAL PLAN



GHANA

# MDG ACCELERATION FRAMEWORK AND COUNTRY ACTION PLAN

*MATERNAL HEALTH*



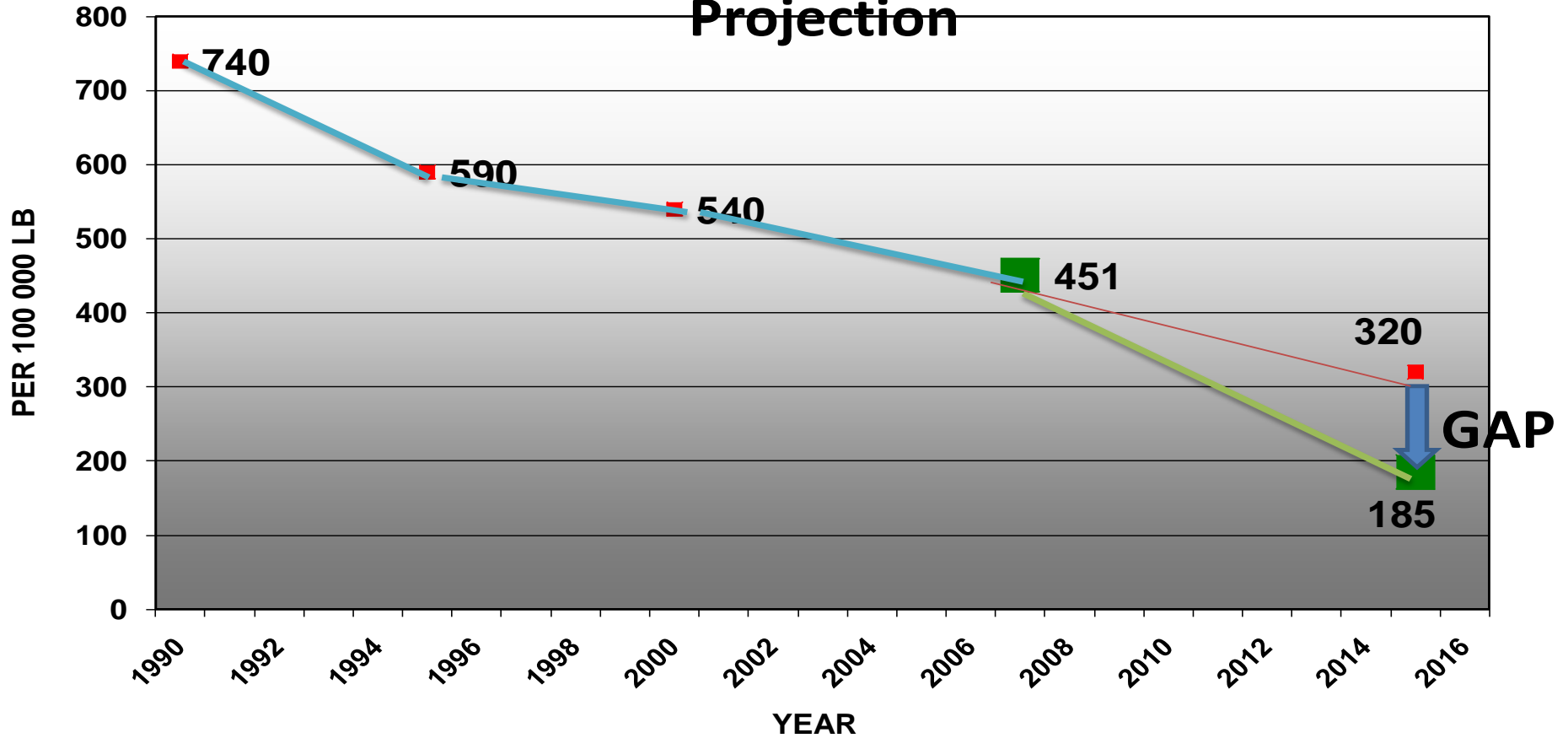
# MDG ACCELERATED FRAMEWORK (MAF)



- *This 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 MDG 5 because the progress in reducing maternal mortality ratio by three-quarters by 2015 is off-track. The 2010 MDG Report showed maternal mortality rate to be at 451 per 100,000 live births.*
- *The slow progress is a great concern to policy decision-makers to an extent that Maternal Mortality was declared National emergency in July 2008.*
- *Therefore, the main reason for this MAF is to redouble efforts to overcome bottlenecks in implementing interventions that have proven to have worked in reducing MMR in Ghana.*

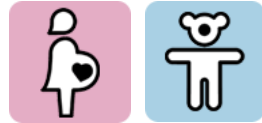
# Trends in Maternal Mortality Ratio, 1990 – 2015

**Projection**





- *The MAF focuses on improving maternal health at both community and health care facility levels through the use of evidence-based, feasible and cost effective interventions in order to achieve accelerated reduction in maternal and new born deaths.*
- *The three key priorities interventions areas identified are: improving,*
- *Family Planning*
- *Skilled Delivery*
- *Emergency Obstetric and Newborn care.*



Intervention area MDG 5



Bottleneck

Prioritized Bottleneck



Prioritized solutions / EmONC study Recommendations

Resources

Gaps

Action plan

**Detailed  
Operational Plan**



## Implementation timeline

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- Assignment divided into three phases
  - Develop detailed Action Plan (what needs to be done and at what cost); Up to April 2012
  - Pre-implementation phase (how and by whom); From May to end of August 2012)
  - Implementation Phase; September 2012 to 2015

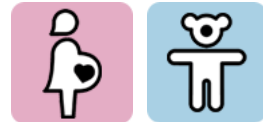


## Rationale and objectives of the MAF Operational Plan



- The MAF, though presenting a general framework for action, requires a more detailed, activity-level action plan:
- MAF Operational Plan along with a corresponding M&E framework in order that the framework can be effectively implemented.
- This document lays out these required elements to prepare the Ghanaian MAF for implementation by identifying and costing key strategies, activities and sub activities





## Specific objectives of MAF OP Document

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- | are
  - to present a detailed, budgeted multi-year action plan based on the MDG Acceleration Framework and its three components: Family Planning, Skilled Birth Attendance, and EmONC to include all crosscutting issues, related advocacy actions and required management strengthening activities;
  - to include in the MAF operational plan all current initiatives and projects currently being implemented or planned that fall within the scope of the MAF;
  - to include a detailed activity matrix with timelines, milestones and roles/responsibility;
  - to include a clearly budgeted breakdown of the work to be done identifying funds that are already available or projected, and quantifying a MAF funding GAP
  - to present a corresponding M&E framework to monitor the MAF, including the outcome, process and PFM indicators already in use by the sector
  - to include strategic directions for regional planning for MAF implementation.



Phase One (Mid-December 2011 to 30 April 2012-Process)



- Series of working sessions by team comprising of local and international experts from WHO HQ, AFRO, Prof Zoe Matthews of E4A
- Inputs from
  - FH Division
  - PPME GHS
  - PPME MOH
  - HRDD GHS
  - Disease Control Dept GHS
  - SSDM GHS
  - NACP
  - Institutional Care Division
  - Equipment Management Unit, HASS GHS
  - WHO Accra
  - EU



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## **EU GRANT FOR MDG 5**

- concept note and proposal using MAF as the operational document was submitted to EU for support
- Grant of 52 Million Euros through budget support.
- First tranche is to be released by the third quarter 2012



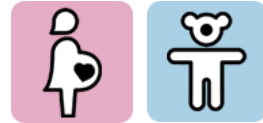
# Priority Activities - *Family planning*



- **1.1 Procure and maintain smart phones for data capture**
- For data capture on the family planning programme to link in with DHIMS2
- **1.2 Train CHNs/CHOs, midwives, and maternity in-charges in the use of the cell phones for data management**
- **1.3 Support the finalization of the DHIMS2 software and role out**
- **1.4 Ensure contraceptive security**
- Contraceptives and commodities will be procured and their distribution subcontracted to private companies. To ensure adequate quantities, contraceptive needs forecasting will be conducted at all levels.
- **1.5 Expand the scope of cadres providing FP services to include provision of long-term**
- **1.6 Train service providers in comprehensive FP including effective counseling**
- **1.7 Undertake supportive supervision on comprehensive FP service providers**
  - A system of supportive supervision will be rolled out regionally to support service providers and to ensure that they are able to provide the full range of services.
- **1.8 Train service providers in contraceptive updates**



## Priority Activities - *Skilled delivery*



- **2.1 Develop grading system for health facilities**
- **2.2 Scale up focused antenatal care**
- **2.3 Scale up essential nutrition action for women**
- The maternal component of the ENA programme will be reviewed and updated
- **2.4 Scale up PMTCT**

To support the scaling up of PMTCT as per scale up plan, three new systems for early infant diagnosis will be established for all HIV exposed babies..
- **2.5 Build up capacity in regions on the partograph and other delivery monitoring techniques**

E-learning tools will be used along with more traditional training sessions to roll out training to improve skills in the monitoring of labour and delivery.
- **2.6 Improve equipment for monitoring of pregnancy, labour, newborn and postnatal care**

A medical imaging policy will be developed including the use of ultrasound for monitoring in pregnancy
- **2.7 Develop, produce and distribute 'job aids' and in-depth supervisory checklists for skilled delivery**
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### *Establishing EmONC package and evaluation*

- 3.1 Develop the essential "EmONC Package" for managers
- 3.3 Train managers in the use of systematic coverage evaluation and carry out the assessments
- 3.4 Conduct Life-Saving Skills in-service training for midwives
- 3.5 Undertake refresher training for medical doctors' in obstetric surgery



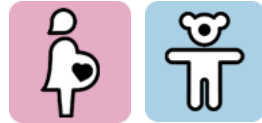
## Priority Activities – EmONC



- **3.6 Conduct client satisfaction surveys at maternity facilities**
- **Client satisfaction surveys** will be conducted at the end of every year at 150 district hospitals. ***Upgrading the enabling environment and support for health workers***
- **3.7 Upgrade equipment, drugs and supplies and infrastructure in maternity wards as per need identified in EmONC) survey**
- The enabling environment for health workers will be upgraded in order to effectively improve maternal and newborn survival.
  - This includes the provision of **operating theatres for 35 hospitals: 25 district hospitals** that lack operating theatres plus 10 large hospitals that deal with >5000 births per year need additional operating theatres.
  - It also includes provision **of water (boreholes for the 7 district hospitals that lack water) and energy (solar cells for the 5 maternity homes that lack an electricity source).**
  - upgrade will cover the gap in the CEmONC package at 35 target hospitals and the gap in the BEmONC package at some regional hospitals, district hospitals and most health centres as identified by the EmONC survey and costed in detail.
  - Large specialised items ultrasound, ambulances anaesthetic machines etc).



## Priority Activities – *EmONC*



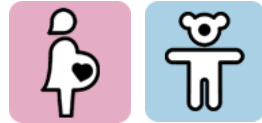
- **3.8 Organize and undertake specialist support to lower level facilities and underserved areas**

- Specialist support is needed from various practitioners

### ***Ensuring effective death reviews***

- 3.9 Develop and finalise guidelines for maternal health and death reviews
- 3.10 Strengthen & roll out mobile phone based maternal death notification
- 3.11 Train and support facility based maternal health and death audit teams to improve quality of MDRs
- 3.12 Establish national Confidential Enquiry for Maternal Deaths
- 3.13 Take specific steps to reduce perinatal deaths in selected facilities by establishing audits and piloting perinatal death reviews





## ***Improving referral***

- 3.14 Support the finalization of the Facility Referral Policy
- 3.15 Procure and deploy ambulances
- 3.16 Train hospital-based drivers in first aid
- 3.17 Ensure Emergency Medical Technicians are trained to deal with obstetric emergencies
- 3.18 Expand the arrangements with transport unions to improve transportation of pregnant women with complications
- 3.19 Facilitate communication for emergency referrals by mobile phone



## ***Improving community knowledge, skills and resources***

### **3.20 Roll out Home-Based Life Saving Skills**

### **3.21 Improve access to safe blood**

- advocacy actions will be undertaken to review the Blood Transfusion Policy to expand the number of facilities processing blood at the district hospital level.
- train 100 providers to carry out blood transfusion services/blood donation campaigns.
- blood bank fridges and accessories for 100 CEmONC facilities

### **Support the training of new anaesthetists**

- Advocacy will be initiated to expand the currently existing training sites for anesthesiology and to launch new sites

### **3.23 Procure anaesthetic equipment**

**Suction machines** to support anaesthetic procedures will be procured for maternity units in 188 district hospitals.

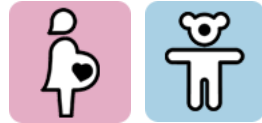
### **3.24 Improve access to and quality of newborn services in facilities**

- In 50 selected district hospitals and health centres,



## ***Leadership***

- 4.1 Establish leadership arrangements for maternal and newborn health
- 4.2 Develop proposals to mobilise additional funding as and when required
- 4.3 Train maternity in-charges and relevant service providers in leadership and management, including supervision, coaching and M&E
- 4.4 Undertake supportive supervision of service providers
- 4.5 Organize review meetings on maternal and newborn health and family planning
- 4.6 Conduct midwives forums at regional and national levels
  - Galvanizing pride in the profession of midwifery and reviewing of progress in a rapidly changing profession will be facilitated



## *Crosscutting: Health system strengthening*

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### ***Human resources***

- 4.7 Advocate to sustain contract recruitment of midwives and medical doctors
- 4.8 Increase production and deployment of midwives
- 4.9 Support the completion of the staffing norm process relating to MNH



## *Crosscutting: Health system strengthening*



### ***Advocacy and IEC***

- 5.10 Advocacy initiative to dispel rumours and misconceptions about side effects of family planning methods and to improve male involvement .
- 5.11 BCC to promote maternal and neonatal health and use of maternity services
- 5.12 Celebrations and publicity surrounding Family Planning Week
- 5.13 Regional public education efforts for integrated maternal and child health services as part of Maternal & Child Health Campaign Week
- 5.14 Engagement with traditional authorities and queen mothers to reduce cultural barriers to maternity care



## *Crosscutting: Health system strengthening*



### ***Management***

- **5.15 Strengthen organizational structure of the Family Health Division** to enhance managers performance.
- **5.16 Undertake capacity development and training**
- ***Monitoring and Evaluation***
- **6.17 Operational research**

Occasional operational research studies will be undertaken as and when required.
- **6.18 Undertake continuous monitoring of FP and MNH**
- **6.19 Conduct midterm evaluation**

A regional and lighter version of the EmONC survey will be deployed midterm to help assess progress.
- **6.20 Conduct end-term evaluation**

A final EmONC assessment will be carried out at endline of the MAF period to document progress made.
- **Maternal Mortality Study**
- **Conduct National RH sub account**

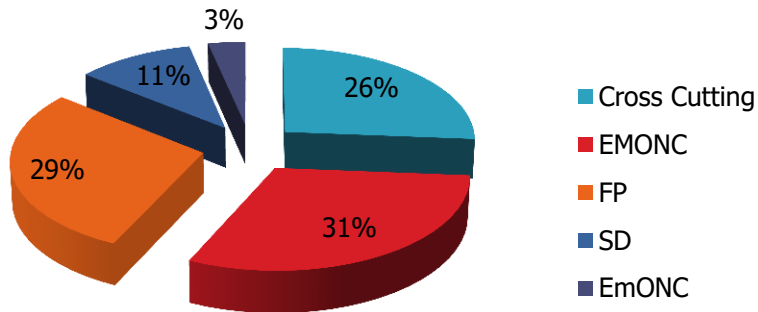


# Budget Summary



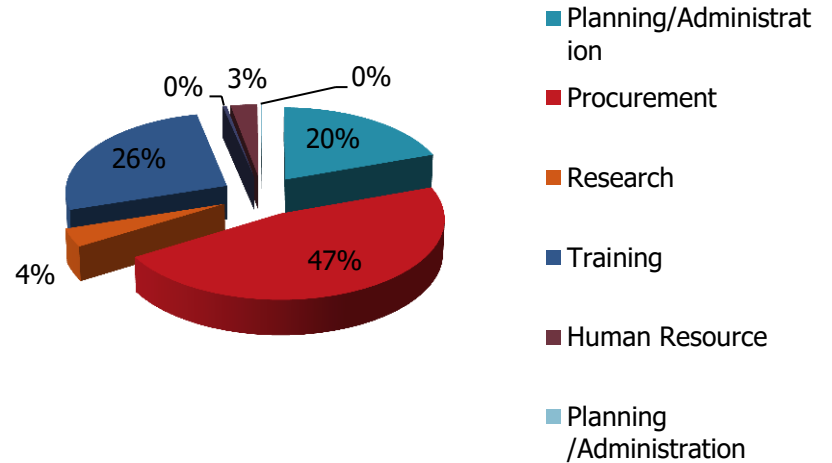
## Distribution by Programme Area

Total



## Distribution by Expenditure Type

Total

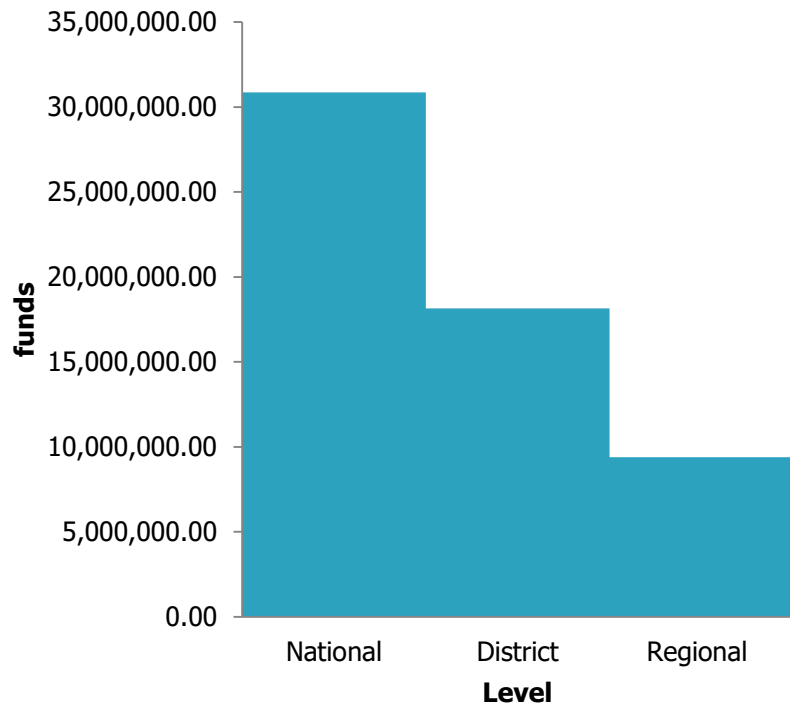




## Budget Summary

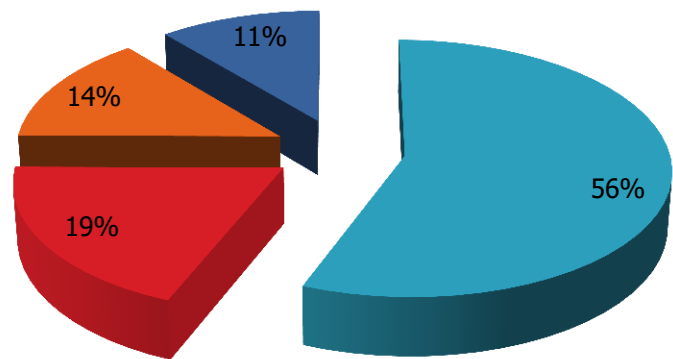
### Distribution by Level

#### Total



### Expenditure distribution by Year

■ Year 1 ■ Year 2 ■ Year 3 ■ Year 4



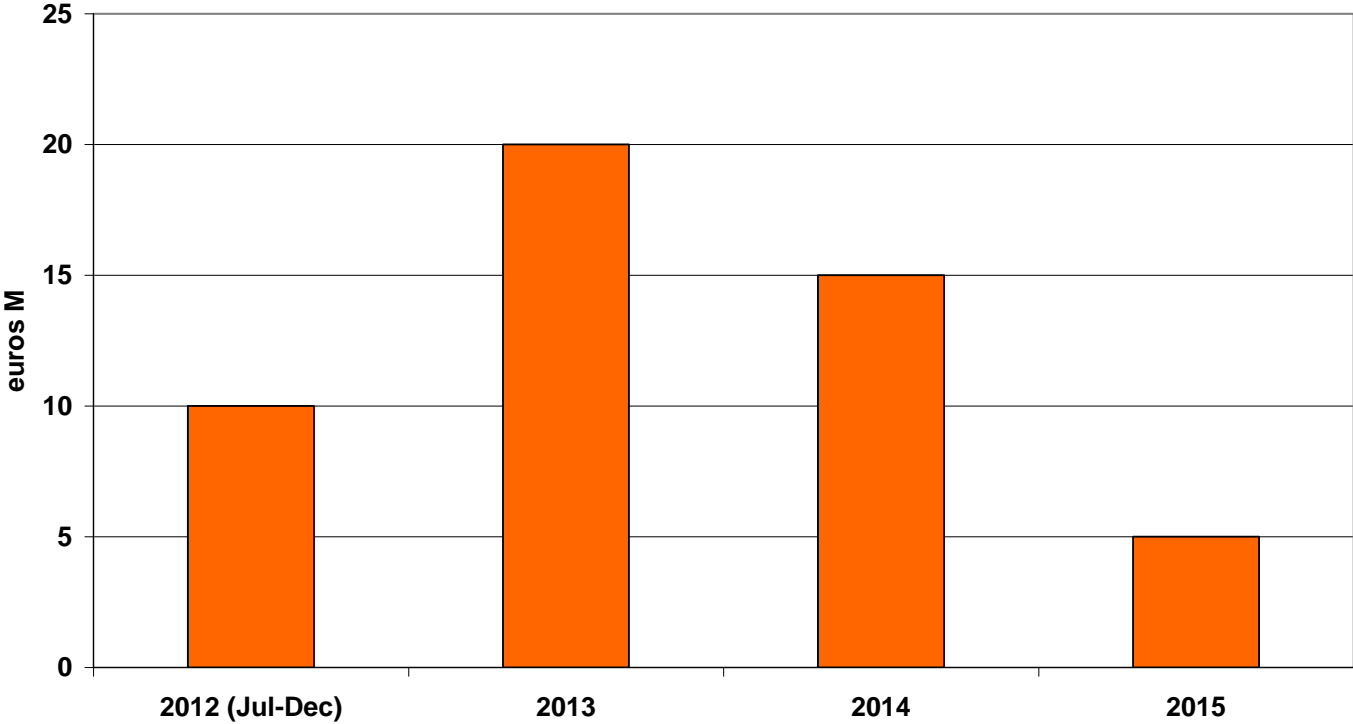




# Funding Schedule



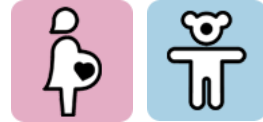
EU MAF award budget disbursement



# Performance Monitoring Framework



## Top level



Top level - Goals, impact and outcomes		
<b>GOAL 1: To reduce overall maternal mortality</b> <b>GOAL 2: To reduce institutional maternal mortality</b>		
LEVEL	INDICATOR	BASELINE AND TARGET 2015
Impact	MMR	350 → 185
Impact	IMMR	75% reduction from 1990
FP Outcome	CPR	INCREASE CPR FROM 17% (DHS 2008) TO 28% and
FP Outcome	CYP	
FP Outcome	Acceptor rate	ACCEPTOR RATE FROM 31% IN 2010 (SERVICE DATA) TO 50% IN 2015
SD Outcome	Skilled delivery rate	TO INCREASE THE SKILLED DELIVERY FROM 59% (DHS 2008) TO 80% IN 2015
SD Outcome	Ratio of SD equity index	
EmONC Outcome	% of health centres and m.homes w BEmONC	0.74% in 2010 to 60% in 2015
EmONC Outcome	% of hospitals w CEmONC	27% in 2010 to 60% in 201

## Service delivery level



### Objectives and service delivery

**OBJECTIVE 1: Increase CPR**

**OBJECTIVE 2: Increase SD**

**OBJECTIVE 3: Increase % facilities BEmONC**

**OBJECTIVE 4: Increase % facilities CEmONC**

LEVEL	INDICATOR	MILESTONES AND TARGET
OBJ FP1	No of smartphones procured	
OBJ FP2	etc	
OBJ SD		
Etc total of 35 service delivery indicators across all objectives based on workplan		



# Triggers for Release of Funds

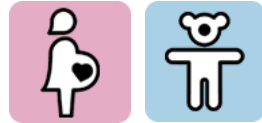


YEAR	AMOUNT	REQUIREMENT
2012	10 MILLION EUROS	Half Year 2012 performance
2013	20MILLION EUROS	HOLISTIC ASSESSMENT FOR 2012
2014	15 MILLION EUROS	*-HOLISTIC ASSESSMENT – + 1 -Positive trends in CYP, 4+ ANC coverage, Skilled Delivery Coverage
2015	5 MILLION EUROS	*-HOLISTIC ASSESSMENT – + 1 -Positive trends in CYP, 4+ ANC coverage, Skilled Delivery Coverage



# Way forward

## Pre Intervention Actions



- Disseminate MAF Strategy to key stakeholder particularly the regions, districts, sub districts
- Conduct massive MAF advocacy to get the buy-in, endorsement and support from the private sector, CSO, domestic financial institutions and the MMDAs for the full roll out of MAF.
- Develop procurement and coordinated training plan
- Establish strong coordination and M&E including accountability systems including systems to track resources for MDG 5 for MAF implementation



## Way forward Pre Intervention Actions



- Strengthen capacity (Human and Material) of Reproductive and Child Health and Health Promotion Department of the Family Health Division of the Ghana Health Service at the national and regional levels for effective implementation of the MAF action plan
- Strengthen M&E department of the Ministry of Health

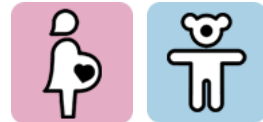


## Advocacy/Coordination

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- Establish and strengthen a National Multi-sector Inter-Agency Coordinating Committee (ICC) on Maternal Health with TOR to include ensuring implementation of recommendations from EmONC Assessment
- Advocate for Office of the First Lady/Gentleman to Champion maternal Health and identify and appoint Maternal Health and Newborn Champions including traditional leaders (Chiefs, Queen mothers)



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# THANKS