

Recommendations

- Expand District MICS to cover all districts to provide district level data for key indicators to ensure effective planning

- Increase involvement of hospitals for implementation for HIRD especially in MDG 5
- All regions should support weak districts in planning and implementation
- National and regional level to build capacity to draw their annual plans and budgets using the "BUT WHY" approach. There is the need to harmonize 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
- Massive investment in EOC required for MDG 5.

Pic

HIRD Indicators (Performance) (for comprehensive list please contact GHS or MOH)

Indicator	2005	2006	2007
<5's sleeping under ITNs	26.4%	25.6%	55.3%
<5's with malaria receiving timely, appropriate treatment	22%	54%	61%
Penta 3 vaccination	85%	84%	89%
6-59 months receiving vit A twice a year	101.3%	81.6%	100%
No. children on HIV treatment	119	122	311
% of pregnant women sleeping under ITNs	26.8%	43.3%	52.5%
Pregnant women attending at least 4 ANC visits	62%	58.5%	62.8%
No. of functioning VCT centers	145	341	422
% of pregnant women receiving Skilled attendance at delivery	40.3%	44.5%	32.1%
Caesarian section rate	6.1%	6.9%	8.2%
% of WIFA receiving FP services	22.6%	25.4%	24%

FOR MORE INFORMATION
For further information please contact:
Ghana Health Service
Ministry of Health (MOH)
P. O. Box M44
Accra
Tel: (+233) 21-684 298
(+233) 21-684 293
Web: www.moh-ghana.org



REPUBLIC OF GHANA
MINISTRY OF HEALTH

High Impact Rapid Delivery

HIRD



GHANA HEALTH SERVICE
Your Health - Our Concern

Policy Briefing Paper 00

February 2008
January 2007

Background

The High Impact Rapid Delivery, HIRD, approach is a strategy to reduce maternal and child mortality. It aims for rapid scale up to achieve universal coverage (at least 80%) in key priority and cost effective interventions by 2010 and 90% by 2015.

Following the results published in the 2003 Demographic and Health Survey (DHS) there were concerns over the high under five and maternal mortality rates. In addition to this there the ACSD (Accelerated Child Survival Development) strategy was successfully being implemented in the Upper East Region. It therefore became clear there was an urgent need to do things differently in order to move coverage levels of key interventions higher. Thus in November 2005 in collaboration with development partners Ghana health service and the Ministry of Health embarked upon HIRD.

HIRD principles

- Recognition of the urgent need to do things differently and to do different things
- There is a need for a multi-agency approach due to the complex nature of reducing under five and maternal mortality rates
- Package of key interventions delivered in integrated manner as part of district MTEF plan
- HIRD involves moving proven known cost-effective interventions to scale through fast-track approaches
- It focuses upon community and household levels using local community structures
- It includes system wide strengthening and addressing larger, socio-cultural and economic factors

Goal 4: U5 mortality

Reduce the 1990 under five mortality rate Of 132 by 1,000 live births by two-thirds to 42 per 1,000 live births by 2015

Goal 5: Maternal mortality

Reduce the 1990 maternal mortality rate from 214 per 100,000 live births by three-quarters to 54 per 100,000 live births by 2015;

HIRD package for MDG 4

On the basis of existing evidence and national policy GHS selected a number of interventions to be included in HIRD namely:

Use of ITNs

Use of ORS for diarrhoea

Vaccination against vaccine preventable diseases (EPI)

Vitamin A supplementation

Exclusive breastfeeding for first six months

Appropriate complementary feeding practices from 6 months and beyond

Regular de-worming

Management of HIV/AIDS

Promotion of the use of iodated salts

Appropriate care of newborn, including cord care, temperature management, resuscitation

Promote use of ITNs during pregnancy

Promote use of IPT for pregnancy (at least 3x during pregnancy)

Promote early attendance at antenatal clinics and make at least 4 visits before delivery

Promote use of Iron/Folic tablets during antenatal period

VCT and PMTCT

Promote IEC to raise awareness and promote the use support groups at communities.

Skilled attendance during delivery

Appropriate referral during emergencies provision of alternative transport arrangement with communication system and linkage with National Ambulance Service

Access to Basic and Comprehensive Emergency Obstetric Care (including C/S, blood transfusion, facility extension, management of PET). Refer to standard protocol for EOC.

Exclusive breast feeding for first six months

Promotion of Family Planning services

HIRD process

HIRD started in the four most deprived regions: Upper West, Upper East, Northern and Central Region. HIRD has now been scaled up to all ten regions. Funds are disbursed in three tranches based upon performance.

Steps

Nine steps for developing HIRD plans are used:

1. State vision of the region / district for maternal and child health
2. Compare the current coverage levels of MCH interventions with stated targets
3. List the interventions which have current coverage levels below the set targets
4. Identify bottlenecks that hamper the achievement of set targets, list the underlying causes of the bottlenecks
5. Formulate strategies to remove the underlying causes of the bottlenecks
6. Identify potential resources within and outside the health sector
7. Develop a plan for implementing the strategies
8. Estimate the extra cost required to implement the plan
9. Develop the monitoring and evaluation framework for tracking performance

Pictures