## Recommendations

**Expand District MICS to cover all districts to provide district level data for key indicators to ensure effective planning and implementation.**

- Increase involvement of hospitals for implement the HIRD plans with district health plans.
- National scale-up of hospital plans to ensure their annual plans align with the national plan.
- Strengthen monitoring and supervision of all indicators to ensure adherence to plans.

### Indicator

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5's sleeping under ITNs</td>
<td>26.4%</td>
<td>23.6%</td>
<td>55.3%</td>
</tr>
<tr>
<td>&lt;5's with malaria receiving timely treatment</td>
<td>54%</td>
<td>59%</td>
<td>61%</td>
</tr>
<tr>
<td>Pentax 3 vaccination</td>
<td>85%</td>
<td>84%</td>
<td>89%</td>
</tr>
<tr>
<td>6-59 months receiving with ITNs</td>
<td>101.3%</td>
<td>81.4%</td>
<td>100%</td>
</tr>
<tr>
<td>No. children on HIV treatment</td>
<td>119</td>
<td>122</td>
<td>311</td>
</tr>
<tr>
<td>% of pregnant women sleeping under ITNs</td>
<td>26.8%</td>
<td>43.3%</td>
<td>52.5%</td>
</tr>
<tr>
<td>% of pregnant women attending ANC visits</td>
<td>58.5%</td>
<td>58.5%</td>
<td>62.8%</td>
</tr>
<tr>
<td>% of pregnant women receiving skilled care at delivery</td>
<td>341</td>
<td>422</td>
<td>52.5%</td>
</tr>
<tr>
<td>% of women attending skilled care at delivery</td>
<td>44.5%</td>
<td>40.3%</td>
<td>32.1%</td>
</tr>
<tr>
<td>% of WIFA receiving FP services</td>
<td>6.1%</td>
<td>6.9%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Caesarian section rate</td>
<td>22.6%</td>
<td>25.4%</td>
<td>24%</td>
</tr>
</tbody>
</table>

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

- Increase the funding for HIRD activities.
- Massive investment in EOC required for MDG 5.

**FOR MORE INFORMATION**

For further information please contact:

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Ministry of Health (MOH)
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The High Impact Rapid Delivery, HIRD, approach is a strategy to reduce maternal and child mortality. It aims for rapid implementation, focusing on key interventions to achieve its goals. HIRD was launched in 2005 in collaboration with development partners Ghana Health Service and the Ministry of Health.

## HIRD Principles

1. Recognition of the urgent need to do things differently and to do different things
2. Multi-agency approach
3. Involvement of communities
4. Strengthening of health service delivery
5. Support to groups at communities
6. Promotion of key messages during antenatal and delivery
7. Provision of integrated, primary health care
8. Promotion of exclusive breastfeeding
9. Use of iodized salt
10. Appropriate care of newborns, including cord care, temperature management, and resuscitation

### Goal 4: U5 mortality

'Reduce the 1990 under-five mortality rate of 132 per 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 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 the HIRD package. These include:

- Use of insecticide-treated nets (ITNs)
- Use of ORS for diarrhoea
- Vaccination against vaccine-preventable diseases
- Vitamin A supplementation
- Exclusive breastfeeding for the first six months
- Appropriate complementary feeding practices from six months
- Promotion of exclusive use of iodized salt
- Appropriate care of newborns, including cord care, temperature management, and resuscitation

## HIRD Package for MDG 5

Promote the use of ITNs during pregnancy
Promote the use of IPT for pregnancy (at least 3x during pregnancy)
Promote early delivery
Promote adequate birth attendance at health clinics and hospitals
Promote sanitary delivery
Promote use of ITNs during pregnancy

## HIRD Process

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

### Steps

1. Vision of the region / district for maternal and child health
2. Compare the current coverage levels of MCH interventions
3. Identify the interventions that need to be strengthened
4. Develop a plan for improving the strategies
5. Promote strategies to remove the underlying causes of the set targets. Let the underlining causes of the set targets be the set targets
6. Review the current coverage levels of MCH interventions
7. Use the information to design and develop an intervention plan
8. Develop a plan for improving the strategies
9. Promote strategies to remove the underlining causes of the set targets.

In summary, the HIRD approach is a rapid delivery strategy that focuses on key interventions to achieve its goals. It aims to reduce maternal and child mortality by promoting exclusive breastfeeding, use of ITNs, and other critical interventions.