

MATERNAL, NEONATAL, AND CHILD HEALTH

The 2018 Year in Review

The USAID Systems for Health project collaborates closely with the Ghana Health Service (GHS) to carry out core evidence-based MNCH interventions, including Essential Newborn Care (ENC), Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Life Saving Skills (LSS), and Emergency Triage, Assessment and Treatment (ETAT). These interventions emphasize knowledge and skills development integrated with leadership and QI methods through training, PTFU visits, integrated on-site support visits, and shared learning platforms.

In addition, Community-based Health Planning and Services (CHPS) strengthening activities support increased access to and improved provision of MNCH services including antenatal and postnatal care, child growth monitoring, and immunization. CHPS zones are an entry point into the health care system, providing key preventive services and facilitating referrals for mothers and children with more serious conditions to access life-saving care at a higher level. CHPS providers also conduct community-level education to promote utilization of these services.



Figure 1 A child gets vaccinated in Western Region

KEY INTERVENTIONS

- On-site coaching for providers previously trained in evidence-based interventions (ENC, IMNCI, LSS, ETAT)
- Shared learning to address persistent MNCH challenges in specific facilities/districts
- Clinical outreach visits
- Community mobilization to strengthen CHPS services
- Maternal death audits

KEY RESULTS

Systems continued to support 19 districts across 3 regions to use shared learning to address district-specific causes of stillbirths and maternal and neonatal deaths. Specific activities related to these aims are described in Table 1.

Table 1 Shared learning improvement aims

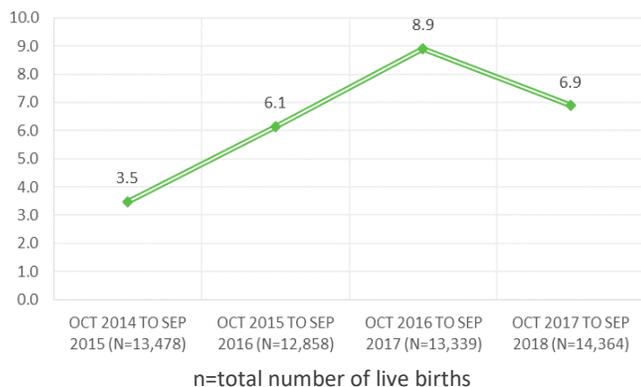
Improvement Aims	Examples of Integrated Activities
Reduce maternal mortality ratios	<ul style="list-style-type: none"> ▪ Supporting triage teams and the creation of dedicated space for patient triage ▪ Coaching on partograph use ▪ Daily tracking of emergency medical supplies to reduce stock-outs, particularly for postpartum hemorrhage and eclampsia ▪ Organizing blood donation campaigns ▪ Assigning hospital referral focal persons to coordinate and communicate with referring facilities ▪ Intensifying on-site coaching by clinical specialists to improve provider compliance with guidelines
Reduce stillbirth rates	
Reduce neonatal mortality rates	

Fewer newborn deaths in Volta Region

In 2017, the Volta Regional Health Directorate (RHD) targeted six districts to address district-specific causes of maternal and neonatal mortality. With support from Systems, a team of regional clinical specialists and QI coaches trained staff from district hospitals and their network of referring primary health care facilities. The teams deployed QI strategies and tools to identify gaps in service delivery, then developed change ideas to address their respective challenges.

In 2018, Systems for Health fully transitioned the work to the Volta RHD. The region has rebounded from the large increases witnessed in the previous two years, reporting a 22% decline in neonatal mortality rates in the October 2017–September 2018 period. The region also reduced their stillbirth rate and maternal mortality ratios in these same districts.

INSTITUTIONAL NEONATAL MORTALITY RATE
IN 6 SHARED LEARNING DISTRICTS
IN VOLTA REGION

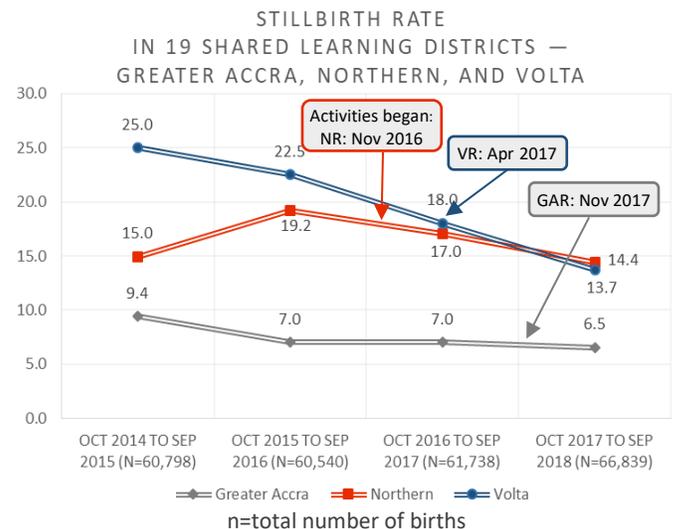


Reduction in stillbirths and maternal deaths in Greater Accra, Northern, and Volta Regions

In 2016, the Northern Region identified 10 hospitals that accounted for the majority of the region's maternal and perinatal deaths. These facilities were grouped into two clusters, called the referring and receiving clusters. The referring cluster participated in shared learning to improve clinical management while the receiving cluster improved management of emergencies and their complications. Similar to the Volta Region, this work is now being implemented directly by the Northern RHD.

Greater Accra launched their shared learning work in November 2017, focusing efforts on a critical cause of maternal deaths in the region: pregnancy-induced

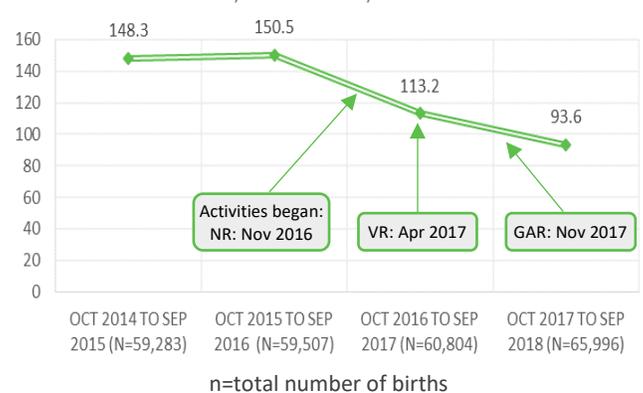
hypertension. The participants conducted two rounds of shared learning sessions in eight receiving hospitals, also involving their referring facilities, to improve the management of pregnancy-induced hypertension, practice of ENC, and establishment of ETAT processes.



The data shows consistent reductions in stillbirths after the MNCH shared learning activities in the selected districts began in each region.

The results also depict a consistent decline in the institutional maternal mortality ratio, from 150.5 per 100,000 live births in the October 2015–September 2016 period to 93.6 per 100,000 live births in October 2017–September 2018 across the 19 districts in the three regions (or a reduction in the total number of deaths from 90 to 62).

INSTITUTIONAL MATERNAL MORTALITY RATIO IN
19 SHARED LEARNING DISTRICTS — GREATER
ACCRA, NORTHERN, AND VOLTA



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