



USAID SYSTEMS FOR HEALTH

Project Overview

The USAID Systems for Health is working with the Ghana Health Service (GHS) to strengthen efforts to reduce preventable child and maternal deaths, reduce unmet need for family planning services, reduce childhood mortality and morbidity from malaria, and improve the nutritional status of children under five and pregnant women. The project enhances vital health-system building blocks while maximizing service coverage. It promotes Community-based Health Planning and Services (CHPS), strategic behavior change communication, and targeted demand generation.

URC and its partners share a common vision: By 2019, Ghana's health system will be sufficiently robust that the government and its health workforce will be able to sustain equitable access to, demand for, and use of high-quality, high-impact health services in partnership with the communities they serve and with reduced external support. The Systems for Health project runs from July 2014 to June 2019 and targets 5 regions in Ghana: Greater Accra, Central, Western, Volta, and Northern (Figure 1).



Figure 1. A map of Ghana. The shaded (green) areas represent the five regions in which System for Health operates.

IMPLEMENTATION STRATEGIES

In the first two years of the project, Systems for Health laid the foundation for technical activities by updating technical guidelines and training materials. Years 2 and 3 saw these trainings roll out across all five project regions. Beginning in Year 3 and ramping up in Year 4, the project focused on sustaining and complementing gains in provider competency through GHS-led on-site coaching and mentoring. These activities included an expansion of shared learning to 75 districts as well as enhanced leadership engagement through the development and implementation of leadership-led quality improvement (QI) projects.

The project continues to evolve its implementation strategies to promote a culture of continuous improvement within the GHS and enhance readiness to access and directly manage United States Government (USG) funds. Core elements of the Systems approach include the following:

More Efficient and Effective Use of Resources

Over the life of the project, the project has gradually shifted activities away from regional capitals and hotels to the district, sub-district, and facility levels. This evolution not only reduces costs but also enhances activity coverage, allowing increased GHS manager and provider participation. It also makes it easier for the GHS to sustain implementation beyond the life of Systems for Health. This approach is starting to yield results in technical areas that were previously lagging, such as maternal mortality, stillbirths, and neonatal mortality.

Improved GHS Readiness for Direct Funding

The project's health financing, leadership, and QI work converged when Systems for Health gave Fixed Amount Awards (FAAs) to each Regional Health Directorate (RHD) to implement a regionally specific, leadership-led QI project aimed at improving key maternal, newborn, and child health (MNCH) indicators. These awards build upon the work done in previous years to prepare the RHDs technically and administratively to take on high-level health challenges independently. The regions designed their

own projects that can achieve immediate and sustainable results. This work, coupled with ongoing technical assistance in the management of USG funds, is preparing RHDs and District Health Directorates (DHDs) for eventual direct funding.

Enhanced use of data

The robust nature of DHIMS2 ensures access to a tremendous amount of information on service delivery at all levels of care. However, a high-level review of the data does not always offer complete information on the effectiveness of project-supported interventions. The project promotes the use of disaggregated data, emphasizing district and facility-level values to target interventions to facilities and districts with the highest service delivery gaps, improving the efficiency and effectiveness of resources in achieving desired health outcomes. This approach has also built the skills of GHS leaders and providers to systematically and continuously use data to implement adaptive interventions to address challenges, which will support sustained systems-level change.

Shared Learning

Shared learning promotes best practices and joint problem-solving as the primary means to accelerate peer-to-peer learning within groups of health facilities. Multidisciplinary teams work collaboratively on common objectives and focus on improving service delivery and health outcomes. Under the leadership of GHS Improvement Coaches, teams monitor process indicators and DHIMS2 data to carry out QI cycles: identifying gaps, proposing solutions, and evaluating whether changes are leading to improvement. Since most of these activities are now carried out within districts, it will be easier for the GHS to integrate shared learning sessions into routine meetings and sustain efforts without external funding.



Figure 2 A supervisor observes as a nurse does a physical exam during a coaching visit

On-site Coaching

Building provider and facility capacity takes time and consistency; Systems for Health supports the GHS to coach former trainees, institutionalize the competencies learned during trainings, and support the implementation of process improvement at facilities throughout the five regions. With the use of data from previous visits and DHIMS2, on-site mentoring focuses on specific competencies and challenges in targeted facilities or geographic areas. Coaching visits also target facilities and districts that are participating in shared learning to support the implementation of change ideas and enhanced results. The project embraces a focused approach, ensuring frontline workers get one-on-one time with supervisors through supportive supervision, integrated coaching, and post-training follow-up visits (Figure 2). Core elements of the process include data-driven planning, counseling, constructive feedback, and supportive problem-solving.

Expanded Access to Health Care

One of the aims of the project is to improve equitable access to, demand for, and use of high-quality, high-impact health services, with a focus at the primary care level—the level of CHPS zones. To this end, the project uses the *CHPS National Implementation Guidelines* to improve the functionality of targeted CHPS zones across all regions. Systems for Health continued to support community engagement and technical assistance to strengthen CHPS implementation systems, including service delivery. These activities have resulted in considerable gains in the number and range of services provided in supported CHPS zones.



Figure 4 A nurse provides services at a newly-built CHPS in Volta Region

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