

Focus Regions Health Project

Cooperative Agreement # 641-A-00-09-00030-00

FY 2010 Workplan – Program Description

Introduction

USAID/Ghana awarded Cooperative Agreement #641-A-00-09-00030-00 to JSI Research & Training Institute, Inc. as of August 25, 2009 to implement the Focus Regions Health Project (FRHP). A four year project, FRHP will work closely with the Ghana Ministry of Health and Ghana Health Services – as well as the private sector - to strengthen access to, and use of quality maternal, newborn, and child health services and family planning in the Central, Greater Accra, and Western Regions of Ghana. In support of the service delivery components, the project will also emphasize strengthening the health systems and management of services in those regions.

This workplan covers the nine-month period from January 2010 through September 2010. A previously approved interim workplan submitted to USAID/Ghana on October 23, 2009 described the short-term, start-up activities that FRHP would undertake from project inception in September 2009 through January 2010 while laying the foundation for this more detailed workplan. The actual costs incurred for the September to January start-up workplan are included in the budgeted amounts shown in this workplan for the remainder of the budget year.

The FRHP and this workplan address USAID/Ghana’s Strategic Objective 7, namely “Health Status Improved”, and particularly Intermediate Result 1, “access, quality, and use of family planning and maternal, neonatal, and child health services increased”, and Intermediate Result 5, “regional, district, and community management and systems improved in focus regions.” However, it is anticipated that the project’s systems strengthening activities will benefit USAID activities across all IR’s and FRHP will coordinate with other USAID projects in these activities.

Moreover, in the event that funding is provided to FRHP from other USAID sources, FRHP will incorporate those plans as appropriate. For example, the PMI Malaria Operational Plan for 2010 includes funding for FRHP to implement additional malaria activities next year which FRHP will take into consideration in planning and designing related activities this year. Similarly, FRHP will take into consideration the activities of the USAID HIV/AIDS program in designing and implementing activities this year given the potential for receiving USAID HIV/AIDS funds in the future.

extensively on the activities planned. This approach complicates the workplan somewhat in that some activities are customized according to priorities of particular regions while others are predetermined according to FRHP strategies designed in consonance with GHS national objectives for implementation simultaneously across all three focus regions. While perhaps more labor intensive at the outset, we believe this consultative and inclusiveness approach will produce better results in the long term.

In addition to activities in the three regions, targeted technical assistance and other support will be provided to the central level of GHS to ensure effective functioning of central level systems and programs. This is required to enable efficiency of support for the regional and sub-regional levels. These inputs will focus on advocacy, capacity-building, and policy development and implementation.

FRHP will closely collaborate with the USAID-supported Behavior Change Support and the ProMPT projects. FRHP and BCS have established joint regional offices in Cape Coast and Takoradi so that community development and demand generation activities led by BCS will synchronize with service delivery strengthening activities supported by FRHP. In addition, FRHP will actively collaborate with other USAID implementing mechanisms such as DELIVER, the FANTA project, the new USAID water and sanitation project, as well as others. In these specific regions, FRHP will also take on a role of facilitating coordination among cooperating agencies as appropriate.

Beyond the USAID-supported collaborating agencies, FRHP will coordinate its activities with other health partners who are supporting activities in these regions. In particular, UNFPA, which identifies Central Region as one of the geographic areas it supports, will be an important health partner for FRHP to coordinate with. In planning the specifics of FRHP activities such as provision of clinical equipment and conducting training, FRHP will ensure that its activities are complementary to those of UNFPA and other agencies as well as former USAID projects and not duplicative.

Program Elements

- Maternal, Newborn and Child Health

Recent maternal, neonatal and child health (MNCH) data indicate that while women are coming to facilities to obtain prenatal services, they continue to choose to deliver their babies elsewhere. In the case of emergencies, women and their families often wait until it is too late to come to the skilled provider. As the BCS project works to alter this behavior, FRHP will work to strengthen the services provided at the facilities. A combination of activities including equipment provision, clinical training in basic emergency obstetric and neonatal care and/or life-saving skills, and supply chain strengthening as well as others will improve quality and access to services. At the

central level of GHS, each of these aspects has had policies and tools developed to support implementation. However, the implementation of them at the district, sub-district and service delivery point has been inconsistent. By establishing regional offices and, as appropriate, district level capability, FRHP will position technical resources and physical resources closer to the districts and facilities to enable these services to be delivered more effectively. In this first year, FRHP will focus less on development of new policies, procedures, and tools, but will extend and strengthen implementation of existing policies and tools in the focus regions. In subsequent years, FRHP may be involved in developing new procedures, policies and tools if indicated or updating existing ones to reflect changes in evidence-based public health and current best practices.

Strengthening supervision of MNCH services for better implementation of existing policies and tools will be particularly emphasized during PY1.

Neonatal, infant and child health activities will include rolling-out the recently published child health policy and will focus on better implementation and support for the IMNCI strategy including training, provision of equipment and supplies, and supportive supervision. Development of a job aid addressing neonatal emergencies, training in nutrition counseling skills to improve complementary feeding, and collaboration with the USAID-supported FANTA Project in training providers in management of malnourished children are also targeted for support. As FANTA addresses severe malnutrition by providing food supplements, FRHP will complement their work by addressing mild and moderate malnutrition through strengthening counseling by service providers. In Greater Accra and Central regions, where FANTA has piloted activities, FRHP will collaborate with FANTA to scale up these approaches.

- Family Planning

In family planning, resources have been similarly invested as for MNCH in the development of key policies, procedures, protocols and systems. However, support has not always been available or properly coordinated to enable these to be well-implemented at the lower levels of the system throughout the three regions. In year one, FRHP will support clinical training for providers, particularly in delivering long acting and permanent methods to clients, dissemination of materials, and commodity supply-systems' strengthening. Facilities and trainers will be assessed with a view to ensuring or improving suitability as training sites and adherence to informed choice and other USAID requirements. FRHP is exploring working in collaboration with Marie Stopes International to pilot an approach to implement mobile outreach services particularly for long acting permanent methods in rural communities. Particular attention will be paid to post partum family planning (PPFP) including reproducing posters and other job aids for most facilities and conducting whole-site training/orientation to encourage uptake at selected sites

during this first year. FRHP is exploring deploying the training strategies, materials, and model sites developed by Jhpiego for PFPF in the three regions.

FRHP will address the challenge of availability of family planning products through a variety of targeted interventions including systematic capacity building in logistics and supply chain management. Working closely with USAID's DELIVER Project, FRHP will use the policies, systems, and procedures that DELIVER has developed for the national program and ensure that they are implemented at the regional, district, and sub-district levels. FRHP has already assigned staff to participate in DELIVER training and data collection activities in the Greater Accra Region to develop an in-house knowledge of DELIVER's approaches to stock monitoring. Conversely, FRHP's work at the facility, sub-district, and district levels will permit the project to inform DELIVER policy development and system design work. In addition, other direct interventions such as the development of an early warning system for family planning commodity stock-outs, assistance to local assessments of root causes of stock-outs and support for implementing solutions to performance gaps will be conducted at selected facilities in collaboration with DELIVER. Service delivery will also be enhanced through procurement of much-needed kits and equipment – particularly for long acting and permanent methods – to ensure quality service availability at all levels of the health system including CHPS zones where trained providers are available.

- Malaria

FRHP will collaborate with the USAID-supported ProMPT project to support implementation of malaria case management, IPT and ITN promotion activities and approaches in the three regions. In addition to collaborating with ProMPT, FRHP will address the priority interests of the GHS National Malaria Control Program in its systems strengthening activities. For example, as FRHP works with DELIVER and GHS to extend the implementation of supply chain policies, systems, and procedures to the districts, sub-districts and facilities, specific attention will be paid to malaria medications and products.

FRHP will also begin planning for implementation of additional malaria activities in the three regions in the future. According to the PMI 2010 Malaria Operational Plan these activities may include strengthening pharmaceutical management, support for focused antenatal care (FANC) to enhance malaria prevention and care for pregnant women, planning and logistics for ITN distribution particularly for vulnerable groups, improved malaria case management in the private sector, and strengthening monitoring and evaluation of malaria activities in these regions.

- Systems Strengthening

In order for the MNCH and FP programs to be effective and maximize impact, there are a range of systems that must function well to support them. FRHP will work on several of these systems to enable the clinical activities to meet objectives. These cross-cutting activities include:

- Supply chain strengthening: A chronic problem has been inconsistent availability of health products at service points, although systems, policies, procedures have been designed and disseminated to the regions. FRHP will work to better implement and extend the reach of the current tools to the facility and district level. Root causes of stock outs will be determined through collaboration with local monitoring team assessments of facilities and procedures to address gaps implemented. Weaknesses in the systems for payments to facilities and to district stores will be investigated and procedures to streamline these processes developed. The project will position staff in the regions that are able to support GHS managers and supervisors including provision of on-the-job training and trouble-shooting problems. A system will be developed that will provide early warning of likely stock ruptures in the supply system. Supply systems for home based management of malaria will be strengthened.
- Strengthening pre-service and in-service training: A range of training activities are required to improve services at the facility, district, and regional levels and are identified in the tables that follow. These focus on midwives, nurses, and pharmacists and include clinical training such as life saving skills and family planning clinical training as well as systems strengthening such as supply chain management, quality assurance, and financial management. Of particular importance is making the link between theoretical training and practical training stronger and ensuring that training sites are well outfitted with training equipment and supplies. In conjunction with FRHP partner World Education Incorporated (WEI), every effort will be made to integrate and consolidate these training activities where feasible and appropriate (e.g., training in supervision for various programs).
- Supervision: Obstacles to provision of supervision persist including access to transportation and skilled supervisors. Although tools have been developed to implement the GHS “in-depth supervision/on-the-job training” activity, they have not been consistently implemented at the facility and district level. FRHP will support the implementation of these activities by ensuring that the tools are widely available in the three regions and technical support and resources provided to facilitate their implementation. Supervision activities will be designed to directly correspond with the content of training for further reinforcement, particularly in the post-training time period, and harmonization of supervision activities across programs will be supported. Areas that will be addressed include clinical care, infection prevention, stock levels, record keeping, and administrative issues.
- Quality Assurance: Tools have been developed (e.g., GHS Healthcare QA Manual for Sub-Districts, GHS Health Care QA Manual (for hospitals and polyclinics), QA Strategic Plan for GHS, 2007-11) and some training has taken place to establish quality teams. Nonetheless, it is reported that their implementation at the facility level has been inconsistent. Among the problems that have been cited are client satisfaction, provider

attitudes, and team building approaches to problem solving. FRHP will provide technical support and better dissemination of tools to strengthen the quality improvement activities conducted at the facility level by resident teams as well as to strengthen support from regional and district level QA committees. Approaches will include district-wide morbidity and mortality reviews and peer review at the district and regional level. At the facility level, direct observation of patient care and maintenance of equipment, up-to-date implementation and documentation of adherence to QA plans, and recordkeeping and reporting will be addressed. Quality assurance activities will address clinical skills improvement and be linked to supervision.

- Financial management: To strengthen the MOH/GHS decentralization initiative, FRHP intends to improve financial management at the regional and district level so that in time they might be certified to receive grants directly from USAID or other donors. This will include reviewing the strengths and weaknesses of current policies and procedures, assessing the implementation of procedures and practices, identifying modifications to policies and procedures, documenting these revised policies and procedures in a manual and providing training in its implementation. Preparation of a handbook of financial management procedures will be undertaken and key GHS staff trained in order to improve transparency and accountability.
- Performance-based programming: In this first year, the mechanism for funding of activities will be a combination of direct funding by FRHP and a transition to executing subagreements with GHS regional health directorates and to the extent possible with individual districts with recognized capacity for program management. These subagreements will enable GHS regional or district health directorates to implement activities with agreed performance metrics. FRHP will work with the health teams to identify measures to determine that results have been achieved and at a specified level of quality; achievements according to set standards will qualify the grantee for further awards. FRHP is planning to gradually transition to funding activities according to performance-based programming based on the results of testing this approach early in the project. Twelve performance based agreements will be signed with relevant counterparts this year.
- Health information management: To improve access to and use of scientific evidence for planning MCH and FP activities, FRHP will strengthen the District Health Information Management System (DHIMS) by providing training to facility staff, as well as the needed supplies and equipment to enable timely and complete submission and processing of data. Support will be provided to encourage use of data by RHD's and DHD's for health planning and management processes.
- Private sector: Although GHS is the main service provider throughout Ghana and therefore critically important to improving access, quality, and utilization of services, the

private sector also plays an important role in MCH and family planning service delivery. While the BCS Project focuses on community-based distribution, including pharmacists and chemical sellers, FRHP will work to include other private sector providers in activities to the maximum extent feasible. This is a particularly important strategy for FRHP activities in the Greater Accra Region to support increased access, quality and use of services in this more densely populated region. The health services provided by the extractive industries will also be part of FRHP work with the private sector.

- Procurement: To enable clinicians and managers to provide quality services, FRHP will inventory the current state of clinical and administrative equipment and augment that which is available as appropriate for MCH and FP services and management taking into consideration GHS standardized lists.
- Human resources management: Staffing of facilities having been a significant challenge, FRHP will support regional health teams to implement a basic human resources management system to enable regional and district management to rationalize the allocation and management of human resources.
- Leadership training: The central GHS has identified leadership training as an important component of their decentralization plan and USAID has previously invested in developing a leadership training program and a cadre of local trainers. FRHP will expand this training to reach health managers in the three regions.
- Referral systems: Policies and instruments to guide referral of patients for health problems such as obstetric complications have been developed but have not been available in adequate quantity to effectively institutionalize referral procedures throughout the system. FRHP will provide technical and material support to better implement the referral system throughout the facilities, districts, and regions.
- Monitoring and evaluation: Included in this workplan is development of baseline data for measuring project progress in future years. FRHP is developing an approach to obtaining data without conducting extensive household surveys throughout the regions by utilizing existing data sources such as DHS, sampling GHS facilities to determine the level and quality of services being provided, and assessing regional health directorates and a sample of district health directorates to determine their management capability.

Project Operations start up

As the implementation activities described above and in the tables that follow are being conducted, FRHP will simultaneously be developing its infrastructure. While this has already begun and is well underway at the project's main office in Accra, this year will require further

development of the project's capabilities at its field offices in Central, Greater Accra and Western regions. Staff are being fielded and recruited, office leases have been signed and offices are being outfitted, IT capability established, vehicles procured, financial management policies and procedures developed and implemented.

To complement the infrastructure development and implementation of program activities in the field, FRHP will also undertake an internal strategic planning activity to enable the project to do long term planning that will ensure that while achieving the short term tasks and activities the project is advancing the long term goals and objectives of the project, the GHS and Ghana MOH, and USAID/Ghana.

In this first year, FRHP is laying the groundwork while at the same time beginning to implement activities. This will position the project and its partners to emphasize ramping-up activities in FY 2011 and subsequent years.