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# MCH PROGRAM DESCRIPTION

## Ghana



### Overall MCH and health sector situation

Ghana has a population of approximately 23 million, 46 percent of whom are under age 15. In 2005, the total expenditure on health represented 12 percent of the GDP, having steadily risen in the last decade. Ghana's key development trends are generally positive: poverty incidence is 35 percent, down from 52 percent in 1992; life expectancy increased to 57 years; HIV/AIDS adult prevalence remains under 3 percent; and national primary school enrollment level is nearly 80 percent. Yet, the nation still faces major development challenges. Ghana ranked 138 out of 177 countries on the 2005 United Nations Human Development Index.

Despite significant donor resources to the health sector, there has been little improvement in health outcomes in Ghana over the past 10 years. While there was a decline in U5MR in earlier years, from 1998 to 2003, the U5MR increased from 108 to 111 per 1,000, due to an increase in the neonatal mortality rate and a slight increase in the post-neonatal mortality rate. Similarly, the MMR (560 per 100,000 live births) has not declined in the past

decade. While the TFR dropped to 4.4 children per woman from 6.9 between 1970 and 1975, women continue to have more children than they desire, primarily due to lack of access to contraceptive services and commodities. Many of these problems are linked at least in part to limited services reaching the community and household level, and to the quality of the MCH services that do reach them.

The Ghana Health Service, with support from UNICEF, Danida, and USAID, is implementing strategy to reduce maternal and child mortality in all 10 regions through high-impact rapid delivery (HIRD) interventions focused on mothers and children. This strategy aims to fill the service delivery gap in Government of Ghana programs at the community level to turn the corner on key MCH indicators, and to move Ghana closer to meeting the MDGs for maternal and child mortality by 2015. Based on a 2006 assessment of USAID priorities in MCH and the partnership effort described above, USAID has honed its strategic focus on MCH to concentrate on reaching the community and household levels through delivery of high-impact prevention and care services for women and children under 5.

### MCH interventions at the Mission level

Priority areas of intervention include complementary approaches within communities and among health care workers serving these communities to prevent malnutrition through promotion of complementary feeding and exclusive breastfeeding, and to treat cases of severe acute malnutrition; increase use of focused antenatal care (FANC), including preventive treatment for malaria; increase community awareness about the need for skilled attendance at birth; improve recognition and treatment of obstetric complications; scale up use of AMTSL and prevention of postpartum hemorrhage; improve newborn and neonatal care and treatment; improve hygiene; strengthen delivery of immunization services, including polio; and effectively treat fever and diarrhea in children under 5.

### Delivery approaches and mechanisms supporting expanded coverage/use of interventions

Training and supportive supervision of health service providers, including community nurses and volunteers, at the district, subdistrict, and community levels, is offered to increase the quality of priority interventions. Behavioral

change messages and interventions are delivered through community networks and groups, such as mother-to-mother support groups, to mothers and caretakers of children under 5 to increase healthy practices within households. The USAID program works closely with the Ghana Health Services to advance the Community-based Health Planning and Services (CHPS) Initiative, scaling up community-based health service delivery, with emphasis on prevention, delivery of antenatal and essential newborn care, and early recognition of serious illness in children under 5. In more than 100 CHPS zones, USAID-supported MCH efforts are delivered by a trained community nurse covering a subdistrict zone, working in collaboration with community structures, including village health committees and volunteers, and under the leadership of the district health management teams. Increasingly, chemical sellers and other first-line private providers are being targeted for training on effective malaria medications, family planning, use of oral rehydration salts (ORS), and general health promotion messages.

### **Specific actions supported as part of the MCH approach**

While concentrated in under-served communities, USAID's support in MCH also focuses on strengthening health systems and quality of care, including reviewing and developing policies and systems on maternal and child health and technical assistance for BCC. These priority interventions are complemented by malaria, family planning, and water and sanitation interventions.

### **The USAID program's geographic process**

The USAID MCH program focuses geographically in the 30 most underserved districts in the seven southern regions of Ghana (17.5 percent of population), while UNICEF supports similar efforts in the three northern regions and in the central region. The approaches used in these districts are designed and implemented with the full involvement of national and regional policymakers and program managers so that successful models are expanded to other areas.

### **The Mission program's relationship to the country's health sector and development plans and strategies**

All interventions supported by USAID directly support national program guidelines, including the MOH/Ghana Health Services' Five-Year Program of Work 2007–2011, which was developed through extensive dialogue with all health development partners, including USAID. USAID assistance helps shape policies and protocols for key program areas. In 2008, USAID has taken on the development partner lead role for health and HIV/AIDS, a significant responsibility and opportunity to further engage with and shape overall health and development plans in Ghana.

### **Potential for linking Mission MCH resources with other health sector resources and initiatives**

*USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)*

The USAID MCH program is closely linked with the PMI program in Ghana, with its promotion of the use of LLINs and prompt and effective treatment of fever in children under 5 in MCH behavioral change messages targeting communities; its strengthened delivery of FANC to include prevention of malaria in pregnancy; and its effective treatment of malaria with ACTs. The MCH program also leverages P.L. 480 Food for Peace resources in the three northern regions to improve the nutritional status of children, household health, and nutrition behaviors, and increase the use and quality of services provided to women and children. With support from USAID population funding and from PEPFAR, promotion of FP, counseling and testing of pregnant women for HIV, and linkages with PMTCT programs are also integrated into MCH services. Water and sanitation interventions will be scaled up over the coming year in a way that builds on and strengthens the impact of existing interventions in MCH.

*Investments and initiatives of other donors and international organizations*

Development partners, including DFID, DANIDA, the Netherlands, JICA, and the World Bank, contribute funds for the health sector generally through pooled funding mechanisms. UNICEF supports specific initiatives in child health, including immunizations, safe motherhood, and nutrition programs. UNFPA supports reproductive health programs, including safe motherhood as well as family planning, and WHO provides technical support and advocacy for priority public health programs. Ghana also has large grants from the Global Fund, and the Carter Center is active in Guinea Worm eradication. USAID supports Global Fund and Carter Center activities with targeted technical assistance.

### **Planned results for the Mission's MCH investments over the next 5 years**

Over the next 5 years, USAID's program aims to contribute to a decrease in U5MR of 93/100,000 by increasing access, quality, and use of key services and behaviors. A Demographic and Health Survey in 2008 will assess progress toward this goal.

| <b>MCH COUNTRY SUMMARY: GHANA</b>  | <b>VALUE</b>  |
|--|---------------|
| <b>MCH FY08 BUDGET</b>   | 4,462,000 USD |
| <b>Country Impact Measures</b>   |               |
| Number of births annually*   | 686,000       |
| Number of under-5 deaths annually  | 76,000        |
| Neonatal mortality rate (per 1,000 live births)  | 43            |
| Infant mortality rate (per 1,000 live births)**  | 71            |
| Under-5 mortality rate (per 1,000 live births)**   | 111           |
| Maternal mortality ratio (per 100,000 live births)****   | 560           |
| Percent of children underweight (moderate/severe)**  | 18%           |
| <b>Birth Preparedness and Maternity Services</b>   |               |
| Percent of women with at least one antenatal care (ANC) visit**  | 95%           |
| Percent of women with at least four antenatal care (ANC) visits  | 69%           |
| Percent of women with a skilled attendant at birth**   | 50%           |
| Percent of women receiving postpartum visit within 3 days of birth**   | 25%           |
| <b>Newborn Care and Treatment</b>  |               |
| Percent of newborns whose mothers initiate immediate breastfeeding**   | 35%           |
| <b>Immunization</b>  |               |
| Percent of children fully immunized at 1 year of age**   | 64%           |
| Percent of DPT3 coverage**   | 81%           |
| Percent of measles coverage**  | 78%           |
| <b>Maternal and Young Child Nutrition, Including Micronutrients</b>  |               |
| Percent of mothers receiving iron-folate   | 79%           |
| Percent of children receiving adequate age-appropriate feeding**   | 52%           |
| Percent of children under age 5 receiving vitamin A supplement in the past 6 months**  | 60%           |
| Percent of children under 6 months exclusively breastfed**   | 54%           |
| <b>Treatment of Child Illness</b>  |               |
| Percent of children with diarrhea treated with ORT**   | 37%           |
| Percent of children with diarrhea treated with zinc  | N/A           |
| Percent of children with pneumonia taken to appropriate care**   | 34%           |
| <b>Water, Sanitation, and Hygiene</b>  |               |
| Percent of population with access to improved water source**   | 78%           |
| Percent of population with access to improved sanitation**   | 61%           |
| <p>* Census International Database<br/> ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report<br/> *** Multiple Indicators Cluster Survey 2006<br/> **** WHO Maternal Mortality Report 2007<br/> (Unless otherwise noted, the data source is the 2003 Demographic and Health Survey)</p> |               |