FOCUS REGION HEALTH PROJECT

Annual Status Report

October 29, 2010

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Executive Summary

This is the first Annual Report for the Focus Region Health Project, a four-year Cooperative Agreement (#641-A-00-09-00030-00) which USAID/Ghana awarded to JSI Research & Training Institute and its partner World Education in August, 2009.

Having concluded one year of implementation, the project has been transitioning from start-up to full-scale implementation of activities. During start-up, the project successfully established the legal and banking basis to work in Ghana; set up and staffed functioning offices in Accra, Cape Coast and Takoradi; recruited a full staff; established financial and organizational policies and procedures; and executed subgrant agreements with each of the three regional health directorates in Central, Greater Accra, and Western regions as well as with World Education and Marie Stopes International. This is an illustrative list among many other completed tasks.

While rapidly transitioning into implementation of activities, the project has experienced a very high degree of collaboration with Ghana Health Services, the primary counterpart for the project, particularly the regional health directorates in Central, Greater Accra and Western Regions, and divisions at the central level including: Family Health, Institutional Care, Policy Planning Monitoring and Evaluation, Human Resource Directorate, and also the Nurses and Midwives Council and the Human Resources for Health Directorate (HRHD) of the Ministry of Health. During the past few months, this collaboration has enabled GHS with support from FRHP to:

- Conduct over 150 interventions or activities including capacity-building, training, supervision, quality assurance, technical reviews, health data management, analysis and use.
- Train over 2,500 health care providers and managers in a wide range of clinical and systems strengthening areas from clinical topics such as life saving skills and bilateral tubal ligation to health systems strengthening including supply chain management and health information systems.
- Reprint and distribute over 20,000 copies of a dozen national healthcare delivery and management documents including strategies, protocols, manuals and other tools.
- Procure and begin distribution of training anatomical models, clinical and ICT equipment.
- Provide infrastructural refurbishments or refitting at healthcare delivery and health commodity and logistics storage sites
- Develop or facilitate implementation of innovations including supervision linked with on-the-job training (OJT), physician oriented in-service training in MNCH, leadership challenge model for Quality Assurance and application of mobile technology in commodity supply-chain monitoring.

While undertaking those activities, the FRHP cooperative agreement was modified as of July 12, 2010 to integrate HIV/AIDS activities and malaria activities into the work in the three focus regions and expand the geographic coverage to two additional regions, Eastern and Ashanti, for HIV/AIDS activities.

In developing and implementing activities, FRHP endeavors to include several key principles as in the following: (1) The emphasis of FRHP support is placed on achieving outcomes rather than simply process. This is exemplified by the project's performance based financing initiative in which a subgrantee is eligible for specific awards if and only if expected outcomes are achieved. (2) Considering future sustainability in designing activities. Efforts are taken to reinforce 'ownership' of activities by counterparts so that they are likely to be continued once external assistance concludes and subgrantees participate in sharing the cost of activities. When feasible, such as in the 'early warning system' for supply chain management, the project supports development costs but less of the recurrent costs of the system. (3) Ensuring that partners are accountable for results and for transparency. FRHP has invested considerably in developing the capacity of counterpart organizations to strengthen financial record keeping and integrity of reporting and will continue to develop capacity at the district level. (4) As availability of information technology becomes more cost effective, the project seeks new opportunities to apply technological innovations that will provide more effective and efficient interventions. FRHP's development and testing of the mobile phone-based, early warning system for supply chain management is an example of this.

Summary of Key Results: Focus Region Health Project Year 1

Project infrastructure and operational systems are completely established in three regions, including legal registration of JSI in Ghana, and fielding of a full complement of skilled staff. While completing these tasks, FRHP launched and nurtured a range of activities leading to:

- More than 150 technical activities including capacity-building, training, supervision, quality assurance, technical reviews, health data management and use.
- 2,500 health care providers and managers formally trained in a wide range of clinical and systems strengthening areas.
- 20,000 copies of key national healthcare delivery and management documents such as strategies, protocols, manuals and other tools were distributed.
- All three RHD have sub-grants, and project systems are successfully operating for annual work planning, implementation, monitoring and program results reporting.
- New Initiative: Twenty doctors from the Greater Accra Region completed an Emergency Obstetric and Neonatal Care (EmONC) competency program at Ridge Hospital, expanding access to life-saving skills to new hospitals.
- Healthy timing and spacing of pregnancies promotion and postpartum family planning services strengthened at 15 hospitals and access to long-acting and permanent contraceptive methods improved in all three regions. Preparations are completed to launch mobile outreach FP services to increase coverage in LAPM commenced in two focus regions.
- Procurement and distribution of anatomical models for training and clinical equipment to improve access to and quality of care.
- Infrastructural refurbishments at healthcare delivery and health commodity and logistics storage sites.
- Management Improvement: The Western Regional Health Directorate notes that the current FRHP grant has changed regional priorities. For example, the regional HIS team is being strengthened to better document results and best practices.
- Improved data quality and submission timeliness in Western Region after testing a new model of training that affected 100 data handlers in the districts.
- Proven Innovation: Combining quality improvement with leadership and management development was tested in Greater Accra Region. In one site, after just two months of implementation, waiting time was reduced by 75%.
- Testing innovations including supervision linked with on the job training, in-service training for physicians in MNCH, rezoning urban CHPS, and beginning development of mobile phone technology application (i.e., early warning system) to monitor stock of contraceptives and malaria treatment drugs.

None of these results would have been possible without an unusually high degree of collaboration with Ghana Health Services, the primary counterpart for the project, particularly the Regional Health Directorates in Central, Greater Accra and Western Regions, and the district health management teams that comprise them, as well as the range of divisions at the central level.

I. Main Activities

An analysis of the status of workplan activities is included in Attachment 1. The discussion below provides additional information about interventions that have been emphasized during this first year of the project.

Family planning

In September 2009, at the outset of the FRHP, the 2008 Ghana Demographic and Health Survey report was disseminated. The report revealed that family planning utilization in Ghana had stagnated over the past few years especially for long term and permanent methods. Considering that fact and the funding sources for FRHP, reinvigorating family planning in the three regions has been a major emphasis in this first year of the project. Activities have included expansion of training in post-partum family planning by developing a training team in each of the focus regions and rolling-out the whole-site training of health staff at five hospitals in each region; increasing capacity for provision of the popular Jadelle implant method by training over 80 providers; training thirty providers in IUD insertion/removal and procuring requisite equipment; training three doctor-nurse teams in each region to provide tubal ligation and procuring necessary equipment; developing a cadre of clinical supervisors and supporting their field work to provide follow-up on-the-job training; as well as providing support for training in family planning counseling. Concurrent with these activities, sufficient quantities of reference documents including the National Family Planning Protocols, supervision manuals, etc., have been reproduced and disseminated during training and site monitoring visits to guide provider performance in service delivery according to national recommended standards. A procurement process for replenishing some of the equipment needs for family planning services, particularly the long acting and permanent methods was begun in the year and delivery to service sites is expected within the first quarter of year two, with a second round of procurement to begin immediately after that. FRHP also began a process directed at improving the infrastructure and amenities at one family planning training site in each focus region. Health managers at the respective facilities have endorsed required refurbishment needs and items and are involved in ongoing implementation.

Maternal Neonatal and Child Health (MNCH)

Maternal and Child Health indicators in the country continue to remain alarming. While infant and child mortality has shown some improvement according to trends from the latest three Demographic and Health Surveys, maternal deaths are still unacceptably high and are contributed to by almost the same factors-- hemorrhage, sepsis and unsafe abortion. Life-saving skills and emergency response by health care providers at facilities still remain critical to impact on the adverse indicators. Activities conducted by the GHS with FRHP technical assistance therefore focused on this and included conducting trainings or refreshers in EmONC for 84

midwives who are deployed in the rural districts; targeted training of nearly 100 of the same cadre but selected from locations identified with poor obstetric care in the use of partograph for managing labor and delivery; training of 18 general practitioner physicians so that they are better able to lead team work in managing obstetric emergencies at the periphery and reduce inappropriate referrals and dangerous delays of cases. Clinical supervision to strengthen standards of care in MNCH services also received substantial support by FRHP across the three regions and involved the conduct of review meetings by supervisors and managers to address factors inhibiting provider performance and service output, training/refreshing of 66 supervisors, and deploying them on visits to health facilities with necessary tools and logistics fully provided. Follow up of these supervisory activities by FRHP program officers recorded generally positive reactions from the providers supervised and from the supervisors themselves. There were, however, challenges identified to making the process more effective in the future in order to maximize coverage and impact. Interventions were also conducted specifically targeted at child health and included the reproduction and dissemination of large quantities of the recently developed national child health policy and strategies, the GHS referral policy and referral booklets to the regional levels and subsequently distribution is cascading onwards to the district and facility levels. In addition to this, more than 60 service providers (medical assistants, nurses and midwives) who constitute the majority of prescribers in child health at the health centers, clinic and CHPS levels were trained in the updated IMNCI curriculum in order for them to more effectively manage fevers, respiratory infections and diarrhea as well as appropriately monitor immunizations and growth of the child for better survival. An emergency triaging assessment and treatment (ETAT) service organization approach that had been piloted in one major hospital in the Greater Accra Region and had shown positive impact on reducing mortality among sick child emergencies was introduced to nine other district hospitals in the same region with FRHP support. Progress in the implementation of the approach holds good potential for further scale up to other major facilities even in the other focus regions. FRHP in this first year of work has also procured quantities of child health equipment such as baby and child weighing scales and suction bulbs, ambu bags and mask for neonatal resuscitation in addition to anatomical dolls for health worker training and these are expected to arrive for delivery before the end of the calendar year.

Nutrition

Currently, nutrition activities have been funded under the MNCH category. However, with anticipated specific funding from USAID for this area emerging, a boost in program implementation scope and scale is expected in the near future. Year one accomplishments included lactation management training for about 80 clinicians, nutrition counseling and promotion of appropriate complementary feeding training for another 80 service providers and a comprehensive infant and young child feeding (IYCF) training for another 55 health care providers. These trainings are specialized and hence covered a varied mix of cadres from different units of service delivery. While lactation management or exclusive breastfeeding promotion targeted largely midwives and nurses from the ANC/PNC and delivery areas,

nutrition counseling covered mostly community and public health nurses and nutrition officers at child welfare clinics and community outreaches. FRHP is also providing technical assistance to the Nutrition Unit of the GHS-FHD in interagency coordination of programs, development of a national nutrition policy and development of job aids for IYCF which are currently ongoing.

Malaria

FRHP received modest malaria funding obligated during the year under review to work at the regional level to improve management systems for malaria supplies. This objective complements the broader health systems strengthening aims of the FRHP. Some key activities implemented under the broader objectives covered malaria logistics management as well as other sub-elements such as case management and focused antenatal care. These included electrical refitting works and roofing repair works to improve storage conditions at the Greater Accra Regional Medical Stores; provision of a pavilion refurbishment for ANC at a major hospital serving a sizeable peri-urban population in Ga South District; QA/QI activities focused on malaria case management in some districts of the GAR; procurement and deployment of IT equipment to improve health information management systems; and the ongoing work in progress on the development and testing of an 'early warning system' (EWS) for tracking of selected contraceptives and antimalaria drugs. Almost all of the listed activities were accomplished apart from the EWS, the pilot of which is to be fully operational in year two.

Regional health directorates

As mentioned, FRHP's main counterpart is the Ghana Health Service which implements health activities within the Ministry of Health. To support the implementation of high quality activities and strengthen the capacity of GHS regional health directorates and district health management teams to implement activities, FRHP has entered into subgrant agreements with each RHD which define the activities that are to be undertaken with FRHP support and specify the level of that support. Grants have averaged around GhC 500,000. The subgrant mechanism has been commended by the RHDs, and FRHP's monitoring indicates that awards have been well-managed, with the vast majority of activities completed or well underway. A review of efficiency in the execution of the awards is set to be conducted with subsequent incentive provision for the best performing RHD. This approach is considered a natural precursor to a performance-based financing (PBF) approach to accomplishing healthcare program outputs or goals that FRHP is beginning to roll out in the second project year with the regions, districts and facilities. Eligibility criteria have been defined and solicitations are currently ongoing at the regional and district levels.

Range of facilities

FRHP deliberately works at the full range of GHS facilities in order to encourage improvements throughout the system – from the region to the district to subdistricts and health centers and to CHPS compounds. At the CHPS level, the project has supported re-zoning of CHPS compounds

in Greater Accra, conducting training-of-trainers for CHPS providers, rolling out the training to Community Health Officers, provision of technical references, supplies, and equipment, and minor refurbishments. At the district hospital level, FRHP in collaboration with Ridge Hospital has tested an approach to strengthen the obstetric skills of general practice physicians assigned to district hospitals so that the physicians can more confidently and aggressively provide clinical backstopping to the nurse-midwives who perform most of the deliveries, complicated or not.

Systems strengthening

In order to strengthen access, quality and utilization of health services, FRHP also supports a broad range of systems strengthening activities including quality assurance, supply chain management, health information systems, financial management, and leadership development to name a few. Activities conducted under this area were quite diverse and addressed the broad range of issues and gaps existing with the systems and the multiplicity of interventions that the respective RHDs had in their workplans as well as some project management practices defined by FRHP.

Commodity supply chain system interventions were conducted including the development of a trainer cadre in logistics management which will scale up trainings of other supply chain managers at the district and sub district levels. An early warning system (EWS) involving the use of mobile phone technology is in development and will be fully operational on a pilot basis in some selected districts to track and respond to family planning and malaria drug availability at the facilities in the ensuing year as already mentioned above under Malaria.

Interventions implemented to strengthen health information management systems across the three regions consisted of trainings/refreshers of data officers in DHIMS operations; conduct of data validation and review meetings to improve quality of reporting; training of service providers at facilities in proper use of recording tools, especially for FP and MCH, and procurement of some ICT equipment (computers, printers, hard drives, etc.) for data management.

The GHS QA program also received substantial attention and support from FRHP to build more teams at facilities, through training of about 300 individual members, provision of QA manuals to guide quality improvement activities, and organization of monitoring visits by QA committees from RHDs and DHDs as well as the conduct of QA review meetings to share lessons and best practices. In GAR specifically, the QA program was adapted with a leadership challenge model that has resulted in broad participation by staff and management at facilities to reach commonly agreed to or set performance standards.

Substantial effort from FRHP went into developing the financial management capabilities of the three RHDs and to familiarize them with USAID regulations so that they ably manage sub-grants. The regions were also supported to conduct training and other interventions for about 170

finance and non-finance managers from the regional, district and sub-district levels in GHS audit and ATF (Accounts, Treasury and Finance) procedures. About 30 finance and administration staff also received training in MS Excel to strengthen their budget and analysis capability. Other specific interventions for the Western and Central regions respectively were orientation sessions for 51 medical directors and DDHS in basic administration and human resource management and training of 38 transport officers in transport management SOPs.

Technical reference documents distributed

The FRHP baseline assessment indicated that many facilities do not have available copies of relevant guidelines, protocols, and strategy documents which are necessary to support quality care. In the first year, FRHP has made a concerted effort to see that this is rectified and technical references have been distributed (refer to Attachment 2). For the most part, these are documents that have been previously developed by GHS in conjunction with other partners. However, several are being revised and are therefore still in the production process and will be disseminated in year two.

Equipment and supplies procured

FRHP's consultations with the GHS revealed the need to furnish some targeted equipment for training of health cadres in clinical skills as well as some essential instruments for family planning and MNCH service delivery. Procurement actions for needed items were undertaken from overseas sources due to the high quality and standards required. Anatomical models including childbirth and gynecologic simulators, reproductive training arms for implants and replacement skins and family planning educators have been delivered to training and supervisory teams in the three focus regions and are in use for the purpose. Consignments of clinical service equipment including baby and child weighing scales, adult scales, BP apparatus, stethoscopes, fetal stethoscopes, clinical examination lamps, pediatric ambu bags and masks, delivery kits, IUD and implant kits among others have been shipped and are expected to be delivered to health facilities before the end of the current calendar year. A follow on procurement process has also currently been initiated in response to findings from the baseline assessment conducted by FRHP with the GHS in this first year that provides more information on the scale of needs to be addressed in year two.

Baseline analysis and private sector review completed

FRHP in collaboration with the GHS conducted a baseline assessment of health facilities, district and regional administrations in Greater Accra, Central, and Western regions. The survey, conducted during the period April – May 2010, gathered information from 143 facilities in 30 districts of the 3 regions. A random sampling of districts and facilities in them was used, with purposeful sampling to select hospitals in each district. Survey results describe the availability, quality, awareness, knowledge, demand, access and utilization of maternal neonatal and child health and family planning services in the FRHP project areas. The findings have been

disseminated to the GHS and other stakeholders and are being used by FRHP for program planning. It also adds to the body of evidence that could be used by the MOH and GHS to strengthen the health systems, MNCH and family planning service delivery.

FRHP also conducted a rapid assessment of the private sector in MNCH and family planning service delivery in the three focus region. The key objectives were to assess the range and quality of services and health products available or used; understand problems or challenges; and find best practices as well as barriers and incentives for adoption of these practices. The draft study findings were presented at a stakeholder forum of key informants selected from the GHS, MOH, private sector healthcare providers, and development partners for validation. The final report which is currently in preparation will be formally disseminated and will be a reference source to guide FRHP and the MOH/GHS interventions for enhancing the public-private partnership in the focus regions in the coming year.

II. Results

Project management

- Project infrastructure and operation systems completely established with leased office accommodation in Accra, Cape Coast and Takoradi.
- Legal registration of JSI Research & Training Institute, Inc. in Ghana and hiring and fielding of 32 staff, including 25 professionals.
- Working relationships defined and established with the MOH/GHS at national, regional and district levels, as well as with other USAID implementing partners and other donor partners.
- Sub-granting mechanisms and procedures prepared and instituted with Regional Health Directorates of the focus regions and successfully operated for annual work planning, implementation, monitoring and program results reporting, with ongoing grounds' preparation for extending mechanism to sub-regional entities (districts, facilities etc).
- Development of a wide range of partnerships, creating synergies, leveraging resources and supporting broad GHS objectives (see V. below).

MNCH

- Trained midwives and physicians in EmONC/LSS oriented to national guidelines and standards and provide quality essential care for pregnancy, childbirth and infants at district hospitals and health centers in focus regions.
- Continuing Professional Development (CPD) program for training general practice doctors in EmONC and strengthening of MNCH service delivery capabilities at peripheral facilities established and functioning at Ridge Hospital.
- Clinical supervision enhanced with trained cadre resourced and conducting regular visits to facilities in the sub-districts to mentor and provide OJT to service providers and also assist them to address service gaps and challenges in EmONC.
- National protocols, guidelines and policies in MNCH disseminated to regions, districts and facilities and being used for quality service delivery.
- Refurbishment of service delivery areas to improve client comfort and service operations accomplished at select facilities.
- Integrated Management of Childhood and Neonatal Illnesses (IMNCI) strategy for comprehensive preventive and curative care of the child including Emergency Triage Assessment and Treatment (ETAT) approach for managing acutely ill children rolled out at facilities.

- Promotion of exclusive breastfeeding and appropriate complementary feeding for infants expanded through capacity building among healthcare professionals in lactation management and treatment of acute and severe malnutrition.
- GHS referral policies disseminated at facilities with increased use of standardized referral forms to enhance process of transfer of care of emergency maternal and child cases across different levels of health facilities.
- Critical equipment for clinical training and MNCH service delivery available and in use at health facilities.

Family Planning

- Capacity for provision of LAPM enhanced in focus region through training and update of doctor-nurse teams and midwives in BTL, IUD and implant insertion and removals.
- Clinical supervision improved with trained cadre resourced and conducting regular visits to facilities in the sub-districts to mentor and provide OJT to service providers and also assist them to address service gaps and challenges in family planning.
- Healthy timing and spacing of pregnancies promotion and postpartum family planning services strengthened at 15 hospitals.
- Preparations for operation of mobile outreach family planning services to increase coverage in LAPM commenced in two pilot districts in two focus regions.
- National family planning protocols, guidelines and job aids disseminated to regions, districts and facilities and being used for quality service delivery.
- Planning and design for operationalizing an 'early warning system' (EWS) to track and replenish stocks of FP logistics and Malaria treatment drugs completed.
- Family planning equipment for clinical training and service delivery available and in use at health facilities.
- Family planning and reproductive health data reporting capacity of service providers strengthened with targeted retraining in indicator definitions and filling of tools.

Health Systems

- Three RHDs oriented to USAID fund management guidelines, ably executing sub-awards and providing financial and program reports.
- Financial and non-financial managers in focus regions and districts trained/refreshed and improved in GHS audit and ATF functions.
- Health data recording, reporting through DHIMS and use for health sector performance and decision making improved through training and refreshers for service providers and

data managers and support for validation exercises and targeted provision of ICT equipment.

- Implementation of GHS CHPS program enhanced with retraining of CHOs in revised modules, counseling and mobilization skills and geographical re-demarcations or zoning of service coverage areas.
- QA and QI activities in service delivery enhanced through expanded capacity through training of facility-based team members and conduct of regional and district reviews.
- Capacity for supply chain management systems strengthening expanded through the development of a trainer cadre for the focus regions and roll out of training of store managers and service providers in districts and facilities.
- DDHSs and Hospital Managers oriented and improved in administration and human resource management functions in one focus region.
- Infection Prevention and Control in 39 target facilities in one focus region improved.

III. Coordination

Since FRHP has a very broad mandate in terms of program areas and technical content. It is incumbent on FRHP to maintain strong relationships with a wide range of partners to ensure well-coordinated programs. The collaborating organizations or working groups with which FRHP has coordinated over the past year include the following:

1. Various USAID activities including:
    - USAID Feed the Future initiative: FRHP participated in USAID meetings to discuss potential intersectoral collaboration between health and nutrition activities and food security.
    - USAID M&E/Indicators working group: FRHP participates in this working group to determine USAID indicators, targets and assists with tracking progress.
    - PMI/Washington: FRHP participated in PMI-NMCP coordination meetings and met with the PMI/Washington team to determine future activities.
    - USAID/HIV/Washington: USAID participated in PEPFAR meetings to coordinate indicators and targets.
    - USAID contracts officers orientation: In conjunction with DELIVER, FRHP arranged for a visiting group of USAID/Washington contracts officers undergoing training to observe activities in the Western Region, visit clinical sites, and meet with the RHD to better visualize the importance of their work in the context of field implementation.
2. Jhpiego and MCHIP: FRHP participates closely with Jhpiego (lead implementers of the MCHIP Project) in determining priorities for pre-service training and coordinating development of materials. In addition to numerous routine meetings with Jhpiego staff based in Accra, FRHP met with Jhpiego Vice President, Alain Damiba, to reinforce collaboration.
3. USAID DELIVER PROJECT: To meet FRHP's mandate to strengthen supply chain management in the regions in which it works, the project is supporting the implementation of GHS policies and procedures which DELIVER has assisted GHS to develop and is implementing nationwide. FRHP works closely with DELIVER to roll-out in the focus regions the systems and tools that DELIVER has developed for the national level.
4. BCS: FRHP shares office space with BCS in Cape Coast and Takoradi. In addition to collaborating on implementation of activities in those regions, FRHP participates in review of family planning and HIV/AIDS communications materials and provided suggestions for family planning and MCH materials revisions.
5. ProMPT: In fulfilling FRHP's mandate to strengthen malaria activities in the focus regions, the project coordinates closely with the ProMPT Project which develops

methods, materials and tools to be used nationally. FRHP works particularly closely with ProMPT in developing training plans and in monitoring and evaluation.

6. Marie Stopes International/Ghana: FRHP has executed a subagreement with MSI/G to implement outreach activities and provision of long term and permanent family planning services in the focus regions.
7. Leadership and Management Development/MSH: FRHP is implementing leadership development activities in the focus regions which, to a large extent, have been based on the leadership development method that has been implemented in Ghana by the LMD Project and MSH. FRHP staff members participated in LMD training activities and several meetings took place between FRHP and LMD consultants to coordinate future activities.
8. Quality Health Partners: FRHP has consulted extensively with QHP's HIV/AIDS team to learn about the strengths and weaknesses of the HIV/AIDS program to inform future program development.
9. Strengthening Pharmaceutical Systems/MSH: FRHP will be continuing some of the activities that SPS implemented with PMI support in the focus regions, notably supporting the work of Drugs and Therapeutic Committees at facilities and has participated in meetings with SPS to coordinate future activities.
10. Grameen Foundation: As FRHP is developing a mobile phone based supply chain application, the project has been coordinating with Grameen Foundation, who are testing a mobile phone based client record and health information dissemination system in Upper East Region, to determine the best technology for the application. Grameen is also likely to be piloting their application in either Central or Western regions in the future which FRHP will also coordinate with.
11. FANTA: FANTA develops nutrition strategies and tools for use nationwide in Ghana and FRHP coordinates with the FANTA Project in implementing nutrition interventions and materials in the three regions.
12. University of Rhode Island Balance Project: The Balance Project is implemented in Western Region of Ghana to safeguard the environment. FRHP has met with the Balance Project to provide guidance on potential family planning activities that might be integrated into Balance's environmental activities.
13. World Bank: The World Bank is designing a results based financing approach to be implemented in two of Ghana's regions, one of which might be Central Region. FRHP has met with World Bank staff to coordinate on various design features that might be appropriate to both projects.
14. Tuberculosis Control Assistance Program (TB CAP): TB activities are an important aspect of the HIV/AIDS work that FRHP will be implementing in the coming year and FRHP has attended TB CAP briefings to identify appropriate activities to implement.

15. Family Health International: FRHP has collaborated with FHI in arranging for the dissemination of FHI's study on integration of family planning and HIV services in the Central Region.
16. Health Policy Initiative: HPI is working to strengthen contraceptive security in Ghana. FRHP has met several times with HPI consultants to provide background and assist with designing HPI interventions in commodity security.
17. UNFPA: Both FRHP and UNFPA are supporting activities in the Central Region and have met to coordinate these interventions.
18. Department for International Development: FRHP and DfID are planning to collaborate on improving the maternal health infrastructure at Ridge Hospital in Accra.
19. U.S. Navy: FRHP collaborated with the USN *African Partnership Station* by facilitating their training activities at Tema General Hospital and escorted a USN *Seabee*, Brendan Doyle, on his assessment of potential future support to renovating CHPS compounds in the GAR.
20. Reducing Maternal Morbidity and Mortality Project (R3M): Since this project (implemented by EngenderHealth, Pop Council, MSI, IPAS and the Willows Foundation) works in some of the same technical and geographic areas as FRHP, meetings have taken place to coordinate activities.

IV. Future Activities

FRHP's workplan for the period October 2010 through September 2011, approved by USAID on October 7, describes in detail the activities to be conducted in the coming year. Many of the capacity development and systems strengthening activities previously discussed in this report will be continued in year two. The following are some selected highlights of future activities planned by FRHP.

- Performance based financing: FRHP will continue its mode of operating to implement the majority of activities via subgrants with GHS organizational units (e.g., RHD, districts, facilities, etc.). In year two, a greater proportion of these agreements will be implemented as performance based agreements whereby grantees will be required to commit to achieving specific results based on which their eligibility for performance awards will be determined. Several of these are in development currently. However, it will require some time and experience for GHS organizational units to become accustomed to this type of mechanism.

- HIV/AIDS: FRHP will be beginning to implement HIV/AIDS activities this year, the cooperative agreement having been amended to include these funds. Among the activities envisioned are expanding PMTCT services and pediatric services, improving quality, addressing HIV and TB co-infection, and reducing stigma associated with HIV.

- Eastern and Ashanti Regions: FRHP will be initiating HIV/AIDS activities in Eastern Region and Ashanti Region this year. These being new regions for project activities, FRHP will develop working arrangements with the respective RHD, regional AIDS coordinators, and districts.

- Malaria: In the coming year, funding for malaria will increase considerably which will enable FRHP to increase its activities in supply chain management in the focus regions, place greater emphasis on focused antenatal care and malaria in pregnancy, pharmaceutical management including providing support for drug and therapeutic committees, and monitoring and evaluation.

- Integration: The inclusion of HIV/AIDS and malaria activities into the cooperative agreement along with MCH and family planning will require the project in collaboration with GHS to develop approaches to training, supervision and other areas that will be efficient and effective while still maintaining the standards and

protocols of the National AIDS Control Program (NACP) and National Malaria Control Program (NMCP). This will require innovative approaches to training and supervision for various cadres of health providers.

- Leadership and management development: In collaboration with the GHS/Human resources for Health Division, FRHP will support leadership and management development activities in approximately seven districts of each of the focus regions beginning early in year two. This process will cultivate a team-oriented approach to problem-solving at the district and region levels and will enable districts to identify problems, implement solutions, and monitor progress. As mentioned previously, the Greater Accra Region has already innovatively integrated this approach into their quality assurance activities in year one.

- Pre-service training: In the first year, FRHP carried out a rapid assessment of pre-service training in MCH/FP, and developed a pre-service training strategy in collaboration with the MOH, GHS, NMC, Jhpiego and others, conducted a stakeholders meeting to arrive at a consensus on the way forward, and began implementing activities. These antecedents lead to the following activities planned for year two in pre-service training: completing revision and dissemination of training modules in antenatal care, labor and delivery, and post-partum and neonatal care; strengthening implementation of the GHS preceptorship procedures; and improving training skills.

- Private sector: In Year One, FRHP emphasized working with the public sector (i.e., GHS) since that is the largest health service provider in the regions, but also conducted an assessment and stakeholders meeting concerning strengthening private sector services and included some private providers in training activities. In year two, FRHP will deliberately reach out to include more private sector providers in clinical refresher training activities and supervision activities; disseminate relevant technical documents and policy statements; and, as appropriate, provide limited specific equipment to private providers to improve quality of private sector services.

V. Success Stories

Of the many activities that RHD have accomplished with FRHP support over the past year, the following selected examples stand-out as being particularly interesting:

- **Jadelle training at Cape Coast Municipal Hospital-** As described previously, FRHP has supported a wide range of family planning activities during the first year. A training activity on Jadelle implant/removal in Central Region was particularly successful because a few modest innovations were undertaken to ensure that the training was effective and clients expressed their appreciation for them. During the five day residential training, it is important that there be adequate volume of clients for the trainers' demonstrations and for trainees to gain sufficient experience. To ensure a critical mass of clients, FRHP aired announcements on community radio informing women of the service availability, arranged for transportation for clients from distant communities to reach Cape Coast, and waived the usual GhC 5 fee for service. As described in Attachment 3, the result was more than enough clients to make the training effective not to mention a large number of satisfied clients who were able to obtain quality family planning services.

- **Basic emergency obstetric and neonatal care training for general practice physicians:** Although midwives are the cadre that attends most deliveries at hospitals, there are times when a physician's support is indicated. However, most general practice physicians who staff the majority of the district hospitals at the periphery have fairly little formal training in obstetrics and sometimes lack enough confidence in their basic obstetrics technical skills to intercede. In Greater Accra Region, the RHD is collaborating with the Ridge Hospital Department of Obstetrics and Gynecology to establish a continuing medical education program to strengthen general practice physicians' obstetric skills. Approximately twenty doctors participated in the first year of this pilot, described in further detail in Attachment 3, which is planned to be expanded to more hospitals and the other regions in the coming year.

- **CHPS development in Greater Accra Region:** GAR has adopted a plan to expand its implementation of the GHS Community Based Health Planning and Services significantly over the next few years, aiming for two or three new CHPS compounds in each district or sub-metro. FRHP has contributed to this in year one by having supported a 're-zoning' workshop to demarcate CHPS zones throughout the region, conducted training of trainers to develop a cadre who can build capacity, trained over 90 community health officers who will staff CHPS compounds, facilitated clinical orientations for new CHOs at established CHPS compounds, rehabilitated selected CHPS compounds, and is in the process of providing necessary equipment and supplies.

- **Quality improvement with leadership and management development (LMD):** In each of the three regions, the RHD and the project have initiated quality improvement activities. In GAR, the RHD proposed including the principles of LMD in the QI activities. In Ga East District of Greater Accra, the QI team identified reducing patients' waiting time as a project to improve quality of services. The objective was to reduce the average 3 hour wait by half over a six month period through a combination of reorganizing clinical, ancillary and support services, enhancing staff morale and reinforcing supervision. After just two months of implementation, the objective has already been exceeded - waiting time has been reduced by 75% from three hours to 45 minutes.

- **Health information management in Western Region:** Accurate and timely health information management is critical to providing high quality health services and FRHP has supported health information activities in each of the regions. In Western Region, over 100 data handlers representing all districts were trained in the correct management of data for the DHIMS. Of the 17 districts, five were designated for intensive follow-up and on-site technical support. In those districts, results show that all facilities are now included in the DHIMS, quality checks of reports indicate that 86% of facilities scored over 90% in quality, and on-time performance in submission of data has more than doubled, improving from 35% to 75%. While there remains scope for improvement, this approach will be expanded to additional districts in the coming year.

Attachment 3 includes more detailed descriptions of these five particularly successful activities that FRHP has supported in the first year.

Project Name: Focus Region Health Project
Number: 641-A-00-09-0003-00
Implementer: JSI

FY 2010 **Work Plan Status**

USG Program Element	USG Sub-element	Activity summary	Planned Outputs	Current Status
3.1.6 (Maternal and Child Health)	3.1.6.1: Birth Preparedness and Maternity Services	**Improve clinical care and supervision in MNH through:**		
		- Conduct of a cross-sectional maternal and neonatal mortality records' review at district hospitals to identify gaps in standards of care and address them--CR	- Report on cross-sectional maternal and neonatal records' review produced and disseminated at the facilities for development of local interventions/solutions	Review scheduled for 18-25 October.
		- Conduct of maternal and neonatal mortality conferences with district hospital staff and managers quarterly--CR	- Reports on mortality meetings prepared and used to track progress of implementation of recommended solutions	Conference scheduled for 27 October.
		- Prioritization of health facilities with poor EmONC outcomes and draw up itinerary for IDS/OJT visits to these facilities to coach/teach service providers on the job.	- Facilities with poor EmONC outcomes visited by supervisors and service providers assisted and coached on-the-job training to improve their skills	Conducted IDS/OJT in GAR, CR and WR. WR review meeting on October 15.
		- Training/development of a cadre supervisors/trainers in in-depth supervision and on-the-job and supporting them to assist service providers to improve their skills in EmONC at health facilities	- Supervisory reports written and shared with facility and DHDs to follow up on service improvement recommendations	MNCH Supervisor training has been conducted in each region.
		- Provision of needed MNH equipment and furniture for maternity wing/ward at Achimota Hospital--GAR	- Hospital equipped and adequately set up to provide in-patient maternal and neonatal care	Equipment has been provided to Achimota Hospital.
		- Supporting Ga South District Hospital (Weija) to renovate pavilion for ANC services--GAR	- ANC services conducted with improved privacy and confidentiality for client-provider interactions	Bids have been obtained; evaluation of competitive bids for renovation is ongoing.
		- Dissemination of IDS/OJT manuals on MNH for use for clinical supervision at health facilities in focus regions	- IDS/OJT manuals available and used in supervision of MNH services at all health facilities in focus regions	IDS/OJT MNH Manual distributed to RHD.
		- Designing job-aid for the management of neonatal and obstetric emergencies and distributing for use at all health facilities	- Job-aid for the manangement of neonatal and obstetric emergencies designed and distributed for use at all health facilities	GHS technical working group to design job aid has been convened by FRHP. Will be completed in year 2. Consultant identified.

Legend

	On Schedule or Complete.
	In Process.
	Deferred or Delayed.

3.1.6 (Maternal and Child Health)	3.1.6.3: Newborn Care and Treatment	**Strengthen the treatment of obstetric and neonatal complications by:**		
		- Conducting Safe Motherhood (LSS/EmONC) Training for Midwives	- Midwives trained LSS/EmONC and correctly manage pregnancy, labour, delivery and neonatal care at health facilities	Completed in all regions.
		- Establishing CPD (Continuous Professional Development) program for training doctors in districts of GAR in EmONC	- Doctors from District Hospitals in GAR trained in EmONC as part of their CPD certified by Medical and Dental Council	18 GAR doctors completed training in BEmONC at Ridge Hospital.
		- Conducting targeted training of Midwives in GAR on use of the partograph	- Midwives trained use of the partograph and correctly manage labour and delivery at health facilities	97 GAR Midwives have completed training in use of partograph.
		- Disseminating copies of National MCH protocols for use by service providers at health facilities in focus regions	- National MCH Protocols used for service delivery and clinical supervisory activities	Dissemination of MCH protocols completed in WR and CR. GAR is scheduled for Nov. Materials distributed to facilities through trainings and supervision.
		- Procurement of equipment, materials and supplies including pelvic & Baby Anne models for training, supervision & service delivery at health facilities in focus regions	- MCH clinical demonstration equipment/instruments including antomical models procured and delivered for service delivery and clinical supervisory activities	Protocols have been distributed to RHD. Anatomical models have been procured and distributed to RHD. Additional equipment is in process.
		- Supporting monitoring of QA activities at facilities by regional and district QA committees in Central and Greater Accra regions	- All district hospitals and health centres in GAR have active QA teams that have developed action plans and implementing quality improvement interventions for services.	QA monitoring conducted in GAR.
		- Supporting the organization of regional QA conference for two regions--GAR & CR	- Peer review of facility, QA activities and platform for dissemination	Regional QA conference completed in GAR and scheduled for 22 October in CR.
3.1.6 (Maternal and Child Health)	3.1.6.6: Treatment of Child Illness	**Strengthen newborn care and treatment of sick children including improving referral systems by:**		
		- Disseminating copies of new Child Health policy at all DHDs, Hospitals and HCs during monitoring and supervisory visits.	- Child Health Policy and used for clinical supervision and child health servicies at all health facilities in focus regions	Dissemination of child health policy completed.
		- Disseminating copies of Child Health IDS/OJT manuals and make available for use by supervisors during clinical supervision	- Child Health IDS/OJT manuals available and used for clinical supervision and child health services at all health facilities in focus regions	Dissemination of child health IDS/OJT completed.
		- Printing copies of GHS/Standard Treatment Guidelines provide for use by prescribers at health facilities in focus regions	- GHS/Standard Treatment Guidelines available and used by prescribers at all health facilities in focus regions	Standard treatment guidelines not procured by FRHP because adequate copies are currently available from GHS.
		- Integrating IMNCI and ETAT (Emergency Triage Assessment and Treatment) at 4 selected hospitals--GAR	- Emergency triaging systems for managing sick infants and children designed and introduced at 4 district hospitals in GAR	IMNCI and ETAT completed at 9 hospitals in GAR.
		- Monitoring IMNCI implementation at facilities—GAR	- IMNCI approach for service delivery implemented at health facilities in GAR	IMNCI monitoring in process.
		- Conducting IMNCI Training for service providers (Physicians, Med. Assts., Nurses, Midwives)	- IMNCI training conducted for service providers and approach for service delivery implemented at health facilities	IMNCI training conducted for 105 service providers and 12 supervisors in CR and GAR. WR to be conducted in October.
		- Dissemination of GHS referral policy document to districts	- GHS referral policy and disseminated at all disitrict hospitals and health centres for implementation	Referral Policy disseminated to RHD; being disseminated to districts and facilities at trainings.

		- Dissemination of GHS standard referral booklet for use by service providers at all health facilities in focus regions	- GHS referral policy and disseminated at all disitrict hospitals and health centres for implementation	Printed and Disseminated to all Regions through the RHD.
		- Provision of QA manuals and training of teams at health facilities to conduct quality improvement activities for RCH services	- QA manuals produced and used in training of teams at health facilities to conduct quality improvement activities for RCH services	Printed and Disseminated to all Regions through the RHD.
3.1.6 (Maternal and Child Health)	3.1.6.5: Maternal and Young Child Nutrition, Including Micronutrients	**Strengthen Maternal and Young Child Nutrition, including micronutrients by:**		
		- Contributing to development and finalization of National Nutrition Policy through provision of technical assistance to working group	- National Nutrition Policy document developed and finalized to guide implementation of all nutrition-related programs in the country	Ongoing. FRHP is participating in GHS nutrition working group.
		- Supporting Interagency Nutrition Action Group (INAG) to prepare and implement annual coordination plans on nutrition programs in the country.	- Annual Coordinated Work-Plans for Nutrition Programs in the country developed	Currently on going.
		- Disseminating training manuals (Trainers' and Participant Guides) on IYCF.	REDUNDANT	
		- Training of service providers in nutrition counselling skills with emphasis on improving complementary feeding for children < 2yrs old in collaboration with FANTA project.	- Service providers trained in nutrition counselling skills and promote appropriate complementary feeding for children < 2yrs old.	Currently ongoing; three meetings have been convened. National level is currently adapting WHO trainers guide to GHS with FRHP support. Nutrition counselling training conducted in GAR and CR; to be conducted in WR (18-22 October).
		- Supporting development of job aids for IYCF and appropriate complementary feeding.	- IYCF trainers' and trainee manuals and Job-aids wall chart/poster produced and are used for training and service delivery in focus regions	FRHP has convened technical working group on job aids. To be completed in October. Training documents are in production process.
		- Training staff in 5 districts in IYCF practices and lactation management--WR	- 5 Districts of Western Region trained in IYCF and lactational management	Lactation management training for 79 clinicians completed in WR.
		- Training staff on the management of malnourished children --WR	- Staff trained and and skilled in identifying malnourished children and providing appropriate treatment of the condition	Training for 51 clinicians on the management of malnourished children conducted 4-8 October.
3.1.6 (Maternal and Child Health)	3.1.6.4: Immunization, Including Polio	**Strengthen community services and improve health seeking behaviors through:**		
		- Support for Regional Review meeting on zoning of districts for CHPS strategy--GAR	- All GAR districts have mapped or zoned for the CHPS program and targeted new ones made functional	Completed GAR regional meeting on zoning.
		- Update of CHO Modules and Supervisors' Manuals(to include Urban CHPS concept), print copies and train CHO Supervisors in updated modules	- CHO Modules and Supervisors Manuals updated, printed and used for training	Review of CHO manuals completed. Updating is not necessary; copies have been disseminated.
		- Training/Refresher for CHOs on full content of updated CHO modules	- CHOs trained/refreshed in implementation of the CHPS program	170 CHO trained in WR, CR and GAR.
		- Developing and implementing a shared community mobilization and demand-creation strategy in project districts in collaboration with BCS	- Community mobilization and behavior change activities accomplished in targeted communities jointly with BCS project	
		- Training newly posted CHNs on FP Counseling skills in 17 districts--CR	- CHNs trained in FP counseling	41 CHNs trained in FP counselling in CR.

		- Conduct of a rapid assessment of the clinical practice component of pre-service training in FP & MNCH	- Assessment of clinical training component of pre-service in FP and MNCH conducted and report/recommendations prepared	Assessment completed.
		- Development of training improvement approaches based on findings from assessments in collaboration with other organizations (e.g. JHPIEGO)	- Improved clinical training approach designed or prepared for pre-service institutions	Approaches have been determined; development of materials and tools is ongoing and will be completed in year two.
		- Training nurse educators and preceptors using training improvement approaches developed to address gaps in partnership with organizations like JHPIEGO	- Nurse educators and preceptors of pre-service institutions oriented to improved approach and use it for clinical training	Nurse educators and preceptors to be oriented in year two pending completion of materials development.
		- Conducting a study to understand the existing gaps in RCH service delivery by private sector health facilities	- Assessment conducted and report on RCH service delivery scope and gaps in the private sector identified and recommendations for engaging or strengthening services better understood.	RCH private sector field work conducted in September and report drafted. Stakeholders meeting convened in October.
		- Supporting regional training program for nurse-anaethetists with resources (textbooks, manuals, teaching aids etc)--GAR	- Nurse-anaethetist training program strengthened with technical resources	Provision of nurse anesthetists resources completed.
		- Supporting the organization of an inter-stakeholder including public, quasi-gov't and private sectors) forum for strengthening EmONC services in one region--GAR	- Report on stakeholder conference for EmONC in the Accra Metropolis written and disseminated to all partner with recommendations for leveraging of resources and arrangements on appropriate referrals or management of emergencies	Stakeholders meeting conducted.
		TOTAL BY THIS ELEMENT		
		USG OP Indicators for MCH Element		
		Number of women receiving active management of the third stage of labor through USG-supported programs		Refer to attached PMP update for all indicators.
		Number of deliveries with a skilled birth attendant in USG-assisted		
		Number of antenatal care (ANC) visits by skilled providers from		
		Number of people trained in maternal/newborn health through		
		Number newborns receiving essential newborn care through USG-		
		Number of people trained in child health & nutrition through USG-supported health area programs (women, men)		
3.1.7 (FPand RH)	3.1.7.1: Service Delivery	**Strengthen access to high quality family planning services by:**		
		- Providing Jadelle implant training for service providers	- Service providers trained in implants and deliver services at their facilities	81 service providers trained in Jadelle.
		- Providing IUD insertion & removal training for midwives	- Midwives trained in IUCD and deliver services at their facilities	30 service providers trained in IUD.
		- Training Doctor-Nurse teams in mini-lap (tubal ligation) and/ no-scapel vasectomy services	- Doctor-Nurse teams trained in BTL and deliver services at their facilities	9 MD/Nurse teams trained in BTL.
		- Developing an approach for improving post partum FP services at hospitals and roll out approach at selected hospitals (5 hospitals per region)	- 15 district hospitals in focus regions provided with post-partum FP/IEC materials including job-aids, oriented and providing routine counseling and other FP services to post-natal mothers	PP/FP approach developed. TOT for training teams in each region completed. Roll out to hospitals is ongoing. 411 staff trained.
		- Developing the capability and testing of a mobile outreach FP services for 3 - 6 districts in the Central and or Western regions in collaboration with MSI	- Mobile outreach services for FP (LAPM) established in districts in Central and Western regions in collaboration with MSI	Capacity development is ongoing via signed sub agreements with MSIG.

		- Reviewing clinical supervision in MNH and FP in order to identify and prioritize health facilities with poor EmONC and FP uptake and draw up itinerary for IDS/OJT visits to these facilities to coach/teach service providers on the job.	- Clinical supervisors and health managers identify and prioritize health facilities with low performance of FP service (particularly with LAPM uptake) and undertake IDS/OJT visits to these facilities to coach/teach service providers on the job.	IDS/OJT for MNH and FP has been completed in all 3 Regions.
		- Training for supervisors/trainers in in-depth supervision and on-the-job training approach to enable them supervise service providers to improve their skills in FP at health facilities	- Supervisors trained in in-depth supervision and on-the-job training approaches and able to supervise service providers to improve their skills in FP at Health facilities	Training of 57 FP supervisors completed.
		- Supporting GHS to conduct clinical supervisory visits to improve FP services at health facilities	- Supervisory report written and shared with facility and DHDs to follow up on service improvement recommendations	Supervisory visits have been conducted.
		- Strengthening existing training sites for LAPM (Ridge, Cape Coast & Kwesimintim)	- Three training sites for LAPM in FRHP regions received minimal structural refurbishments. furniture anatomical models and training aids to improve performance	Process has been initiated; final details of infrastructure improvement are still being negotiated.
3.1.7 (FPand RH)	3.1.7.2: Communication	**Improve readiness of sites to meet increased demand for FP services by:**		
		- Procuring FP equipment, materials and supplies including pelvic and arm models for training, supervision & service delivery (& replacement skins)	- FP equipment/instruments and anatomical models procured and delivered for service delivery and clinical supervisory activities at health facilities in focus regions	Procurement of pelvic and arm models and skin completed and distributed.
		- Disseminating copies of IDS/OJT manuals on FP and provide for use during supervisory visits to health facilities in focus regions	- FP IDS/OJT manuals available and used for supervision in focus regions	IDS/OJT manual disseminated to RHD.
		- Disseminating quantities of key FP Protocols/Job-aids and provide for service delivery at health facilities in focus regions: National Family Planning protocols Family Planning Counselling Flipchart Family Planning Counselling Flipchart (pocket sized) Postpartum FP posters (3 different types)	- FP protocols and job-aids available at all SDPs in focus regions and used by service providers	PP/FP posters disseminated. Flipchart has been reviewed, revised and printed (BCS); FRHP to facilitate distribution. Pocket size flipchart in production process.
3.1.7 (FPand RH)	3.1.7.3: Policy Analysis and System	**Strengthen FP commodity supply chain by:**		
		- Conducting a desk review of existing reports on FP commodity availability and stockouts and field visits in order to determine weaknesses in the current system in the 3 regions.	- Summary report on desk-top analysis of FP commodity stock-out levels and patterns for the regions including identified systems weaknesses that need to be addressed to improve delivery.	Desk review completed.
		- Training trainers (TOT) in regions so that they conduct downstream trainings for regional, district and facility staff in FP and general health logistics and supply-chain management	- A cadre of Trainers in logistics management prepared for the focus regions and conduct downstream training for health administration and supply-chain managers	TOT for 26 trainers completed.
		- Designing and implementing an early warning system (EWS) for detecting stock-out of FP supplies and test a strategy for streamlining commodity distribution in at least one region/district	- Early Warning System for FP commodities involving defined functions and responsibilities of service providers, supervisors, managers and use of IT designed and implemented in districts	EWS design is complete. RFA for software development has been distributed to potential contractors, implementation to be conducted in year 2.

		- Advocating for inclusion of FP into NHIS through follow-up on proposals made at National Contraceptive Security meetings	- Advocacy tool or package developed and used in orienting NHIA and other stakeholders	FRHP is participating in GHS commodity security working group meetings.
		- Conducting repair/refurbishments at the Regional Medical Stores to improve the storage environment—GAR	- Repair works on roofing and other parts of the structure completed for Medical Stores in GAR	Procured and distributed RMS equipment; electrical wiring is still in process.
		- Training staff in clinical equipment management—GAR	- Service Providers at Hospitals, HCs and CHPS compounds in the GAR trained in basics of handling and servicing of simple clinical instruments/gadgets such as BP apparatus, weighing scales, ambu bags in order to maintain their precision and longevity implemented	Conducted training in equipment management.
		- Supporting learning and sharing of experiences by QA teams through peer review of institutional QA plans--CR	- Peer Review of QA plans implemented for sharing lessons and experience in the region	Conducted peer review of QA plans in GAR.
3.1.7 (FP and RH)	3.1.7.4: Health Governance and Finance (FP)	**Assess financial management systems and processes at regional and district levels and develop solutions to financial bottlenecks and improve transparency by:**		
		- Preparing standard operating procedures for financial management in line with GHS and USG standards and disseminate to GHS, RHD, and DHD staff and partners	- Standard Operating Procedures (SOPs) for management of USG provided funds as well as general financial management practice developed and disseminated to RHDs and DHDs in focus regions	Completed development and dissemination of SOP for financial management.
		- Building capacity of RHDs to manage subgrants from FRHP – workshops/trainings, creation of separate bank accounts, orientation tools, improvement of office infrastructure and equipment if needed for financial accounting and reporting	- RHDs oriented and assisted to set up or institute required facilities for managing USG funds or sub-grants	Capacity building has been conducted extensively and will be continued.
		- Developing and operationalizing a performance-based grants system through a test approach	- Performance-based financing guidelines developed and disseminated to GHS Regional and District level BMCs with top-5 meeting award criteria in each of focus regions identified and provided first grants based on agreed workplans	PBC process has been developed. RHD are participating. To be rolled out to DHMT in year two.
		- Conducting training for 'non-financial managers' on financial management and Accounts Treasury and Finance (ATF) rules--WR	- Non-Financial Managers and BMC Managers trained in internal audit functions and ATF rules	NHIS training for focal persons in CR scheduled for 18-19 October.
		- Organizing workshop on internal audit functions of BMCs for Management staff--CR	- BMC Managers trained in internal audit functions and MS Excel in CR	118 have been trained in internal audit function.
		- Training focal persons at facilities on NHIS new tariffs' implementation--CR	- Focal Persons for NHIS at health facilities in CR trained on new tariffs for health insurance	NHIS training is scheduled for 18-19 October.
		- Conducting workshop for in-charges of health centres on ATF--CR	- HC in-charges trained in ATF rules	ATF training is conducted for 50 staff.
		- Training finance/admin staff in MS Excel and database management--CR	Finance and Admin staff trained in MS Excel program and financial database management in CR	MS Excel training has been done for 29 RHD staff; will be continued in year two.

3.1.7 (FPand RH)	3.1.7.7: Personnel	**Improve human resource management and administrative systems by:**		
		- Training Medical Superintendents/DDHSs in basic administration and HR management --WR	- Med. Supts and DDHS in Western Region oriented in basic administration and HR management and provided with updated job descriptions	51 trained in H.R. management in W.R.
		- Conducting training in revised staff performance appraisal for District Managers in 5 Districts (one sub-regional zone)--WR	- New GHS staff performance appraisal system implemented in 5 districts of the Western Region	Conducted for 123 GHS staff.
		- Training district transport officers on log-book scheduling, maintenance etc—CR	- Transport officers from all districts in CR trained or refreshed in log-book scheduling, maintenance etc for efficient transport management	38 District Transport Officers trained in CR.
		- Developing and managing a database for tracking in-service training of service providers	- Software for recording and managing database of in-service training developed/updated and installed for all three focus regions' GHS directorates	CHIM decided to implement WHO endorsed system.
		- Supporting revision of electronic database on health manpower for the region--GAR	- Software for recording and managing database of in-service training developed and installed for all three focus regions' GHS directorates and used by HR staff.	Revision of electronic database is being coordinated with similar initiative from GHS/HRHD. CHIM has decided to implement WHO endorsed system.
		- Supporting training of HR/Admin staff in use of electronic database--GAR	- HR/Admin staff trained in use of software for recording and managing database of in-service training in GAR	
		- Procuring IT equipment (computers/printers/HDD etc) for HR data management--GAR	- IT equipment procured for health directorates in GAR for improved HR data management	Procurement of IT equipment for GAR completed.
		- Policy development, advocacy and protocol design support for central level GHS units	- Headquarters units of GHS supported to produce policies and protocols for RCH, FP, HIM and Logistics and Supply-Chain management	FRHP collaborated with GHS/FHD on printing and dissemination of FP and SM strategies; development of nutrition materials; dissemination of FHI study on integration.
		- Training Managers at Regional and District levels in Leadership skills	- GHS Regional and District managers trained in leadership skills	Process for roll out of LMD approach has been agreed with GHS/HRHD and RHD. LMD approach has been integrated into Quality Improvement.
3.1.7 (FPand RH)	3.1.7.3: Policy Analysis and System Strengthening	**Improve clinic safety for reproductive health and other services by:**		
		- Conduct whole-site training of health facilities in infection prevention and control in 5 district hospitals and 34 health centres (2 per district)--CR	- 39 Health Facilities (Hospitals and HCs) in CR received whole-site training in infection prevention and have improved workplace safety	5 health facilities trained in infection prevention and control completed.
		- Conduct and orientation program for health managers in use of tools in order to for them to conduct situation analyses of workplace safety at health facilities--CR	- Health Managers oriented in tools and prepared to conduct situation analysis in workplace safety and training of staff at health facilities	Conducted in CR.
		- Conduct TOT for selected focal persons for occupational health and safety in order for them to be able to conduct downstream training for facilities--CR	- Health Managers and Focal Persons for Occupational Health and Safety trained from all districts in CR and conduct situation analysis in workplace safety and training of staff at health facilities	Completed in CR.
		- Train/Refresh service providers on Adolescent Reproductive Health--CR	- Service Providers trained in Adolescent Reproductive health and able to organise adolescent-friendly services at their facilities	20 service providers trained in adolescent reproductive health.
		- Train Peer Educators in ARH from 6 selected sites--CR	- Peer Educators trained in Adolescent Reproductive health to complement work of service providers at adolescent-friendly sites	30 community-based peer educators trained in adolescent reproductive health.

		- Provide materials for 'adolescent corners' at 6 sites--CR	- Materials (IE&C, audio-visuals, job-aids etc) provided to set up 'adolescent corners' at 6 sites (health facilities)	
3.1.7 (FPand RH)	3.1.7.5: Host Country Strategic Information Capacity	**Improve district, regional and central level management and use of health information management system by:**		
		- Reviewing the RCH data collection and DHIMS to determine status of integration and identify opportunities for strengthening the system.	- RCH data format integrated into DHIMS software and forms part of districts' monthly service reporting	Review of data integration is in progress.
		- Developing standard operating procedures for HIM at the district and facility levels	- Standard Operating Procedures (SOP) developed and disseminated for use in DHIMS at all DHDs	Development of SOP has begun and will be completed in year two.
		- Building capacity/train relevant stakeholders in DHIMS (e.g. heads of selected districts & facilities, Health Information Officers, Public Health Nurses & Midwives)	- Health Information Officers and Health Managers in all districts trained in revised DHIMS software management	Training conducted for 122 participants in three regions.
		- Procuring IT equipment to strengthen DHIMS implementation--CR	- All 17 DHDs of Central Region have revised DHIMs software with staff trained in its use and have adequate and functioning computers and make timely and quality monthly DHIMS report	Equipment has been procured; final distribution plan being negotiated.
		- Conducting training on DHIMS software for RHD Unit Heads--CR	- RHD Unit Heads trained in DHIMs software	Activity is ongoing. Software revision is in progress.
		- Conducting training on DHIMS software for DHDs (HIO, DDHS, DDCO, DPHN) in all 17 districts--CR	- All DHDs of Central Region trained in revised DHIMs software	Provided training in DHIMS for all DHMT (DHIMS has not been revised by GHS as of yet.)
		- Supporting DHIMS data validation meeting at regional level--CR	- Data Validation done for quality monthly DHIMs reports	Conducted data validation meeting.
		- Supporting monitoring and supervision of DHIMS by RHD—CR	- Supervisory reports by RHD on DHIMS completed and shared	Conducted data supervision in three regions.
		- Conducting a rapid assessment of Centre for Health Information Management Systems (CHIMS) and provide support for strengthening operations	- Review of CHIMS conducted and priority areas of support identified and implemented for the national and regional levels	Rapid assessment conducted.
		- Conducting follow-ups in 5 districts to strengthen post training DHIMS operations--WR	- 5 District Health Directorates in WR followed up by Regional Biostats team and supported to operate DHIMS according to national standards	Conducted post training follow-up.
		- Conducting refresher training for DPHNs and Midwives in facility-level RCH data-collection tools in selected districts--WR	- DPHNs and Midwives in districts of WR re-trained in correct interpretation, recording and use of RCH service data-collection tools	Refresher training conducted for 105 in WR.
		- Supporting districts to organize their semi-annual review meetings to include strengthened data analyses and use--GAR	- Districts in GAR with prepared semi-annual review meetings reports and identified priority interventions for improving health services	Provided support for semi-annual review meetings.
		- Conducting FP data collection/management training for service providers (Midwives, CHNs, PHNs)—CR	- Service Providers (Midwives, PHNs, CHNs) in CR trained/refreshed in correct interpretation, recording and use of FP services data-collection tools	Conducted data collection training in WR and CR.
		- Conducting a baseline assessment in project regions	- FRHP Baseline Assessment conducted and report produced with accurate baseline indicator targets established and used for updating project PMP	Completed baseline assessment; report distributed.

3.1.7 (FPand RH)		**TOTAL BY THIS ELEMENT**		Refer to attached PMP update for all indicators.
		USG OP Indicators for FP Element		
		Number of people trained in FP/RH with USG funds (women, men)		
		Number of USG-assisted service delivery points providing FP		
		Number of counseling visits for FP/RH as a result of USG		
		Couple-years of protection (CYP) in USG-supported programs		
		Number of service delivery points reporting stock-outs of any		
		Contraceptive Prevalence rate (CPR) (modern methods) of married		
3.1.3 (Malaria)	3.1.3.5: Epidemic Preparedness and Response	Work at regional level to resolve bottlenecks in malaria pharmaceutical management systems (financial management, planning, procurement and delivery)	Regional Pharmaceutical Services and Medical Stores management systems improved	
		TOTAL BY THIS ELEMENT		
		USG OP Indicators for Malaria Element		
		Number of USG assisted service delivery points experiencing		Refer to attached PMP Update for all indicators.
		OVERALL TOTAL INCL. ALL ELEMENTS		

	TECHNICAL REFERENCES PRINTED/DISTRIBUTED 2010						
			DISTRIBUTION				
	DOCUMENT	**QUANTITY PRINTED**	**WESTERN**	**CENTRAL**	**GAR**	**HEAD OFFICE**	COMMENTS
	MNCH						
1	National Safe motherhood Protocol	2000	600	550	650	200	
2	Under 5 Child Health Strategy 2007-2015	2000	600	450	650	300	
3	Under 5 Child Health Policy 2007-2015	2000	600	450	650	300	
4	IDS/OJT Manual for MNH	350	200	80	70	0	
5	IDS/OJT Manual for IMNCI	0	0	0	0	0	Printing in progress
6	IYCF Manual	0	0	0	0	0	Review ongoing
7	Job Aids for Mgt of Neonatal Emergency	0	0	0	0	0	Review ongoing
8	Job Aids for Mgt of Obstetrics Emergency	0	0	0	0	0	Review ongoing
	FP						
9	National Family Planning Protocol	2000	600	400	700	300	
10	FP Flip Charts	0	0	0	0	0	Printing in progress
11	Pocket Size FP Flip Charts	0	0	0	0	0	Printing in progress
12	IDS/OJT Manual for FP	350	200	80	70	0	
13	Post Partum FP Posters	9000	2400	2400	2400	1800	
	Post Partum FP Training Manuals	92	24	24	24	20	Not in FRHP 2010 Workplan
	HEALTH SYSTEMS						
14	GHS Health Care Quality Assurance Manual	2000	600	550	650	200	
15	Health Care Quality Assurance Manual for Subdistric	2000	600	550	650	200	
16	Referral Policies and Guidelines	2000	650	600	700	50	
17	GHS Referral Form and Guidelines	1000	340	290	340	30	
18	Treatment Guidelines	0	0	0	0	0	Widely available at facilities
19	CHO Modules	0	0	0	0	0	Adequate quantities available for trainings at GHS
20	CHO Supervisors Manual	0	0	0	0	0	Adequate quantities available for trainings at GHS
21	Handbook on SOP on Financial Management	30	10	10	10	0	

FRHP 2010 PMP TARGETS AND ACHIEVEMENTS

	Indicator	2010 Target	2010 Achieved	COMMENTS	Source of Data
	Management and Systems				
1	% of hospitals and health Centres that are using current QA action plan (C)	40%	32%	Target set was high. Actual baseline figure is 29%. Achieved could have been higher however, even though QA teams are available and implementing activities in some facilities they had no documentation of planned activities.	PMT
2	% of SDPs receiving at least two supervision visits in MCH/FP during the year as evidenced by proper documentation (C)	65%	40%	High target. Actual baseline figure is 26% . FRHP supported IDS/OJT was ongoing at the time of data collection	PMT
3	% of districts (DHMT) receiving financial support for health activities from District Assembly (DA) and/or other non-MOH/GHS entity (C)	40%	71%	Actual Baseline 73%	PMT
4	% of districts submitting complete monthly HIMS report during the most recent quarter (C)	50%	55%	Actual baseline 50%. Improved reporting in CR	DHIMS
5	# of functional CHPS zones (C)	200	221	Actual Baseline 207	PMT
6	# of Performance Based Financing (PBF) grants awarded (C).	12	3	3 RHD performance based incentive programs implemented	
7	# of policies & protocols updated or disseminated (C).	21	12	3 documents still under review, printing in progress for 3 documents, sufficient amount of 3 other documents are already available at facilities.	
8	# of health staff & managers trained in health system strengthening (C)	100	1219	Male = 524, Female = 695 Achieved Includes 298 Quality Assurance, 143 Logistics Management, 222 Health Information Management, 170 CHPS concept/modules, 308 Finance and Admin and 78 other HSS	Training data
9	# of staff trained in HIMS (C)	150	122	Male =67, Female = 55. Achieved for CR and GAR. Planning for training for WR in progress	Training data

	Indicator	2010 Target	2010 Achieved	COMMENTS	Source of Data
	Family Planning				
10	Contraceptive prevalence rate (CPR) (modern methods) of **married** women of reproductive age (MWRA) (C)			To be monitored through 2013 GDHS	
11	# of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP (P)	150 out of 448 facilities in Focus Regions	95 out of 138 facilities visited	Actual baseline 99 out of 130. Achieved is based on a sample of facilities assessed. High level of stock outs is as a result of some facilities reluctance to stock certain commodities (Micro N, ECP, and Female condoms) regularly as well as general shortage of commodities (injectables) at the facilities.	
12	# of USG assisted service delivery points providing FP counseling or services (P)	410	526	Achieved Includes some private facilities which report to GHS	DHIMS
13	# of counseling visits for FP/RH as a result of USG assistance (P)	1,076,328	758,135	Data as at end of June 570,026. Achieved is projected to Sept (ie 4quarters). Non achievement of target could be due to high target set based on regional data which includes reports from other instituions not captured in district data used for reporting this indicator.	DHIMS/RCH rpts
14	Couple years of protection (CYP) in USG-supported programs (public & private) (P)	257,250	178,079	Data as at end of June 133894 Achieved is projected to Sept (ie 4quarters). Non achievement of target could be due to high target set based on regional data which includes reports from other instituions not captured in district data used for reporting this indicator. Non achievement of target could also be due to frequent stockout of commodities especially Injectables and Jadelle	DHIMS/RCH rpts
15	# of people trained in FP/RH with USG funds (women and men) (C).	400	885	Male =92, Female = 793 Target exceeded due to PPFP trainings undertaken at facility level (411)	Training data

	Indicator	2010 Target	2010 Achieved	COMMENTS	Source of Data
	Maternal Health				
16	# of deliveries with a skilled birth attendant (SBA) in USG assisted program (P)	136,500	173,499	Data as at end of June 130450 Achieved is projected to Sept (ie 4quarters)	DHIMS/RCH rpts
17	# of antenatal care (ANC) visits by skilled providers from USG-assisted facilities (P)	1,022,054	1,262,022	Data as at end of June 948889. Achieved is projected to Sept (ie 4quarters)	DHIMS/RCH rpts
18	# of people trained in maternal/newborn health with USG funds (women and men) (P)	800	878	Male =85, Female = 793	Training data
19	# of women receiving Active Management of the Third Stage of Labor (AMTSL) through USG-supported program (P)	113,295	113,301	Data as at end of June 85189Achieved is projected to Sept (ie 4quarters). Incomplete reporting from GAR	DHIMS
20	# of newborns receiving essential newborn care through USG-supported programs (P)	129,675	100,194	Data as at end of June 75334 Achieved is projected to Sept (ie 4quarters). Incomplete reporting from GAR	DHIMS
21	% of hospitals and health centres having emergency packs for PIH and PPH/APH (C)	67%	57%	Actual baseline 43%	PMT
22	# of service providers trained in IMNCI ©	400	117	Male = 17 Female = 100 WR trainings and On the Job trainings for GAR yet to be undertaken.	Training data
23	% of health facilities that provide BEmONC (C)	20%	39%	Actual baseline 35%	PMT
24	# of people trained in child health and nutrition through USG supported health area programs (women, men) (P)	400	324	Male =26, Female = 298	Training data
25	% of children aged 6-8 months who received breastmilk and appropriate complementary foods (C)			To be monitored through 2013 GDHS	
26	% of children that are fully immunized by 12 months of age (C)			To be monitored through 2013 GDHS	
	Malaria				
27	# of USG assissted service delivery points experiencing stock-out of tracer drugs (P)	Nil	34 out of 145 facilities visited		
	INDICATORS ORIGINALLY NOT IN FRHP PMP BUT BEING TRACKED FOR USAID				
28	Number of Children reached with Nutrition prorammes		540,037	Data as at June 406043. Projected to Sept.	RCH reports
29	Children U-12 months receiving DPT3		284,456	Data as at end of Aug. 260,751. Projected to Sept.	EPI Data
30	Children U- 5 Vitamin A		424,825	Data as at end of Aug. 389,423 Projected to Sept.	EPI Data
31	Maternal Deaths		325	Data as at end of June 244. Achieved is projected to Sept (ie 4quarters)	DHIMS/RCH rpts
	PMT - Performance Monitoring Tool				
	DHIMS - District Health Information Management System				
	RCH - Reproductive and Child Health				
	EPI - Expanded Programme on Immunisation				

Improving Access and Quality of Family Planning via Training

Introduction

Family Planning is a critically important component of the reproductive health services supported by GHS, the Focus Region Health Project (FRHP) and USAID/Ghana, with high unmet need and lagging use documented in the 2008 GDHS. After consultations with the Central Region RHD, in its first year FRHP is supporting a range of activities to strengthen access to quality family planning in the region. This article describes simple innovations to improve training in Jadelle and also references other activities that complement the training.

Results

The results achieved include increasing geographical access to FP services, reducing financial barriers, improving quality, and creating opportunities for women to achieve their life goals.

Service providers attending training at the Cape Coast Metro Hospital

While a range of activities are being supported to achieve the results, including strengthening postpartum services, counseling, supervision and supply chain management, the training in Jadelle insertion/removal illustrates the combination.

The Central Region Regional Health Directorate requested that FRHP support training of 21 family planning service providers in Jadelle implants insertion and removal. To ensure sufficient demand for the services at the time of training, an innovation was introduced into this training strategy by airing radio announcements informing clients about the availability of the service, providing transport for clients to travel to the facility, and offering a waiver of the usual GhC 5 charge to the client for the Jadelle service.

Service providers attending training at the Cape Coast Metro Hospital

As a result, many rural mothers who had a need for FP but had limited access to the commodity rushed to the clinic for Jadelle insertions. Family planning providers expressed surprise at the high turnout of women who patronize these sessions since many of these same women had previously declined their invitation to use Jadelle by giving excuses such as fear of a swollen arm. Health providers who previously did not have adequate practice have become competent and now express confidence in their ability to return to their work stations and perform services. During the five-day residential training, trainees are also oriented to the GHS National Family Planning Protocol, copies of which are disseminated by the RHD, taught to manage their family planning data, supported with supervision and further on-the-job-training, and equipment and supplies are provided.

The Clients' Perspective

Clients are free of the fear of unwanted pregnancy and they no longer have to be on an uncertain waiting list for Jadelle insertion since more providers are available. Being desirous of a Jadelle insertion which was not available in their village, they agreed to be transported to the Cape Coast Metro Hospital, FP unit during the last Jadelle training session.

For example, Mary A. is a 32 year old mother of 6 children, the youngest being one year old. She is among several women in her locality for whom access to FP is limited by the cost of the service. She is aware of the long acting and permanent methods (LAPM) of FP but faces a financial challenge. She would rather risk a pregnancy than pay GhC 5 out of pocket for Jadelle insertion due to her economic situation. When the opportunity arose, she did not delay joining the many women who wanted the free service offered by the FRHP.

These women have reason to smile. They would have risked unwanted pregnancy were it not for the free Jadelle insertion service with free transportation from their village to Cape Coast Metro Hospital, Family Planning Unit during the last Jadelle training session.

Increased Access to Jadelle

- *Sarah A., a 19 year old mother of a boy less than 3 months old in Elmina, has come to the Cape Coast Metro Hospital Family Planning Unit for the free Jadelle insertion being offered by GHS and FRHP. Having dropped out of school to have her baby, she now has a strong desire to continue her education.*

- *Vivian A., a 35 year old mother of a five year old boy, had come to the clinic to remove the Jadelle inserted 3 years ago. When Vivian was asked about the benefits of the method she said:"I am happy I can decide when to have children; I have time to work so my child is in preparatory school."*

- *When Akua A., a 19 year old with a nine month old child, came to the clinic for a Jadelle insertion, she heard of the free service. She went back home after her insertion and returned with her friend Ama who had refused to come because she could not afford the cost.*

- *A man, his wife, and his sister-in-law took advantage of the availability of the service announced on their community radio. They also used the free transportation to Cape Coast, which is about one hour's drive from their home.*

Improved Counseling Training

Despite investments made in this area, there continue to be challenges with maintaining the capacity of newly trained providers in family planning counseling. As part of the FRHP support, counseling training sessions were organized for Community Health Nurses who staff CHPS compounds to strengthen their skills. Forty-two newly posted CHN have been trained in Central Region and are making a wide range of contraception available for clients to choose from.

Strengthening Postpartum Family Planning in Routine Activities

Strengthening postpartum family planning services has been identified as a means to significantly bridge the existing gap in post natal care service since most mothers in the first year post partum desire to limit their births or space their pregnancies. 172 health providers in five facilities in Central region have been trained to counsel and support postpartum mothers who visit the various units of the facilities. They provide the mothers and their families with appropriate knowledge on healthy timing and Spacing of pregnancy or direct them to trained FP

providers who can help them identify their fertile period, prevent pregnancy or space their births by making an informed choice of an appropriate FP method.

Regina is a nurse at Ewim Urban Health Center who attended the facilitators training organized by FRHP. She has trained 37 providers in her facility to strengthen the routine integration of PPFP in the facility. During a follow-up technical support visit she commented, “The PPFP counseling has been intensified in the ANC and PNC and we have noticed a rise in the number of postpartum mothers coming for family planning methods at the facility.”

FRHP does not limit the activities to the government sector alone. The 31 health staff at St. Francis Xavier Hospital and other health centers in Assin North District have been trained. Thde training took place withinthe hospital and was facilitated by hospital staff. Reptresentatives from five other health facilities that provide family planning were invited to collaborate with them to serve clients who opt for modern contraception.

Improving supply chain management

Data received by the RHD and monitoring visits to FP service centers indicate that there are inconsistencies in the information and different interpretation of the key terms in the reporting forms. It was realized by the RHD that different versions of the reporting forms are used by the FP providers undermining the quality of the data submitted to the region and consequently supply chain management. Monitoring and supervision activities have also revealed stockouts of FP some methods in some facilities. To address these problems, the FRHP supported the Regional Health Directorate to conduct three-day training in FP data collection and management for family planning providers (midwives, public health nurses and community health nurses) on family planning. A total of 62 FP providers have been trained to ensure proper management of FP data

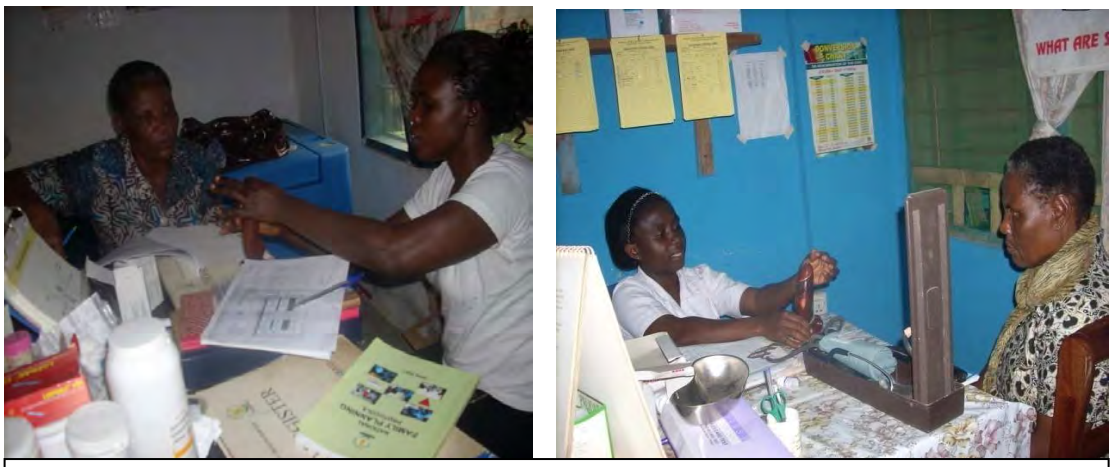
A family planning provider records data using reporting forms

After the training, one participant remarked, “I used to have problems understanding the terms used in the reporting format and have great difficulty filling it. But I can now close my eyes and fill the form.”

FRHP has also supported the RHD in conducting training in the District Health Information Management System and data validation sessions and completed training-of-trainers in supply chain management to expand capacity building in this area in the coming year.

Monitoring, In-Depth Supervision and On-the-Job Training

Additionally, FRHP supports training supervisors who then conduct on-site clinical supervision including on-the-job training of family planning providers as shown below.



Family planning providers receive on-the-job training from FRHP-supported supervisors

The results achieved through this combination of activities include increased geographic access to family planning services, reduced financial barriers, and improved quality of services. GHS and FRHP will expand training activities in future years to continue to enhance Ghanaian women's reproductive health.

Training General Practice Doctors in EmONC

The Emergency Obstetric and Neonatal Care (EmONC) training for general practice doctors working in the periphery is an FRHP initiative in collaboration with the Regional Health Directorate of Greater Accra Region (GAR) and Ridge Hospital. Twenty doctors from the region have been trained during the first year of the project. The training begins with two full days for all participants. The doctors are then split into groups of five for practical skills development, which takes place at the clinical attachment to the maternity department of Ridge Hospital. Training is conducted under the tutorship of 3 specialists in the hospital with Dr. Emmanuel Srofenyo, Obstetrician Gynecologist, as the principal facilitator and coordinator.

The course content was determined based on pressing emergency cases that contribute significantly to maternal morbidity and mortality. In all, twelve tutorial sessions formed the course content over ten days starting with daily morning meetings which had been a good platform to take a critical look at issues and make decisions on cases presented, ward rounds, theatre sessions, lectures, and responding to emergencies as soon as they arrived in the facilities. During the morning discussions, facilitators invite inputs from the doctor trainees on issues not only peculiar to Ridge Hospital but to their facilities also.

Impact on Physician Trainees

The participants expressed excitement about practical lessons and the active roles they played in case triaging, something they have never done before. (*Case triaging is a system whereby cases that report to the out-patient department (OPD), or emergency unit are quickly assessed by the physicians and the order of attention determined to ensure that most urgent cases are seen first.*) The physicians all committed to implementing case triaging in their facilities to reduce maternal and newborn morbidity and mortality.

> *"With the experience in the training I had, I realized that it is necessary to go to the labor ward and lying-in ward a number of times on daily basis since a lot of complications and possible deaths would be averted by intervention in areas I just developed skills in."*
>
> --A doctor trainee reflecting on the EmONC training

It was clear by the end of the training program that there has been a change in the attitude of the doctor trainees and they admitted that previously at their facilities they had been going to the labor wards only when called by the midwives—for caesarian sections in particular (for the few who had this skill). One of the doctors said "I realized that it is my duty to provide leadership at the maternity unit by providing routine visits to them and doing ward rounds with them because I now have the requisite skills to work with them."

One doctor from Achimota Hospital said she had learned a lot, including that eclampsia is more likely to affect postpartum women between the 10th and 12th days after delivery. But since the postnatal visit is typically on the 14th day at her facility, these cases are missed and the mothers often come in with late presentation of such complications, sometimes with fatal consequences. She vowed to make sure the scheduling is changed on her return to her facility so that these cases are not missed. She said she has gained great knowledge at this training, having felt very disappointed in how she managed some cases in the past but now having the confidence and the skills to manage those cases well.

All the trainee doctors agreed that the easy availability of the list of maternity care protocols in all procedure rooms at Ridge Hospital makes service delivery in event of emergencies easier. Dr Srofenyo and other consultant-facilitators developed detailed protocols for management of specific cases in the hospital which are posted at vantage points. All the trainee doctors made copies of these protocols for their facilities. For next year, Dr. Srofenyo requested that FRHP assist him in placing all these protocols together into a pocket-size handbook for physician providers to refer to in emergency situations. He explained that the Safe Mother Protocol is sufficient for the midwives but not detailed enough for physicians working in the obstetrics and gynecology units.

Improved Clinical Skills and Leadership

Dr. Srofenyo challenged the doctors and introduced them to good leadership skills so that they can motivate their staff within their facilities to work better in challenging circumstances.

In the coming year, Dr. Srofenyo and other facilitators will be providing supervision for all the participating facilities by visiting them on-site and having open communication with them by phone.

> *"Through this training I had come to realize that minor issues/challenges within my facility should not be obstacles for which work should not go on."*
>
> --A trainee reflecting on the training given by Dr. Srofenyo

> *"I have seen much more improvement in my case management after the training. I have a lot of understanding and confidence in managing cases that I hitherto referred to Ridge Hospital."*
>
> -- Dr Vuado from Weija Hospital, Ga South District

"A pregnant woman at term reported to the hospital with a history of post-term, ruptured membrane and examination revealed cervical dilation of 5cm," relates Dr. Vuado, a trainee from Weija Hospital, Ga South District. "The midwives who saw her started monitoring with the partograph but after a while she had some slight bleeding per vagina and I was called by the midwives. I rushed to the scene and after fully assessing the lady I knew we could manage the case without referral and in some few hours the lady delivered. If it were previous days," Dr. Vuado emphasizes, "I would have referred her to Ridge Hospital as soon as I heard she was bleeding. You could check for yourselves—the number of cases we refer to Ridge Hospital has dropped over 60% since I returned from this training." He continues, "I am providing better leadership in the management of obstetric cases in the hospital and the district at large. I have met most of the midwives in the district to discuss how to improve maternal care . I have trained the midwives in current management of PIH [pregnancy-induced hypertension] and eclampsia and have developed more cordial relationship with the midwives. The training has greatly improved my overall performance."

Dr Ellen Osei, from Alpha Medical Centre at Madina Estate Ga East Sub-Metro, said she "was doing the ultrasound diagnosis before the training at Ridge Hospital but now I can use it to diagnose conditions that I could not have done before the training. I can use it to determine oligohydrominus and I think my diagnosis accuracy has improved—hence better quality of care is provided. We now attach a lot of urgency to obstetric cases and my midwives continue to learn from me and I think I provide better leadership to them. Cases that I have to refer have considerably decreased and those that I have to refer, because of my special relationship with the consultant obstetricians at Ridge Hospital are well coordinated. The training is very helpful to me in particular."

"I was very happy when reposted temporarily to Ridge. It is helping me to sharpen my decision making, improve patient interaction, and provide satisfying services both to the client and myself." Previous to this training he said, "I could induce pregnancy with cytotec (misoprostol) but if it fails, I have to refer clients quickly to Ridge or other referral centers. Now I can confidently and very competently manage failed cases because of this training. I think this training is worthwhile."

-- Dr Lartey, from Maamobi Clinic and La Polyclinic

Building on Results and Expanding Impact

The training group was so motivated that they asked for support and coordination to initiate an outreach service on maternal health to put the knowledge acquired to the benefit of the periphery and to midwives. The group would be called MAHAG—Maternal Health Advocacy Association of Ghana—and have the mandate to advocate for maternal and neonatal health in Greater Accra Region and Ghana at large.

Dr. Srofenyo noted that Ridge Hospital is a major referral centre, and he has a vision of molding the facility into a "Center of Excellence" in emergency obstetric and neonatal care (EmONC). An effective way of achieving this is to strengthen the periphery by improving the knowledge of staff at these sites and collaborating well with providers there.

Plans are to expand this pilot activity to Central and Western regions as well as additional hospitals in Greater Accra Region in the coming year.

FRHP Interventions in CHPS Yield Positive Results

FRHP is supporting the Greater Accra Regional Health Directorate to strengthen CHPS, the Ghana Health Service (GHS) national strategy for improving access to key services, and implement its medium term strategic plan for CHPS (2010-2012).

The objective of the Plan includes a rapid expansion and scale up of CHPS in the region including an adaptation of the classical CHPS to an urban CHPS model. The region seeks to increase the current number of functional CHPS zones from 16 to 48 by January 2011 and to 144 over three years (i.e. two or three additional functional CHPS zones in each of the 10 districts and 6 sub metros in the region every year).

Operationalizing CHPS for Urban Accra

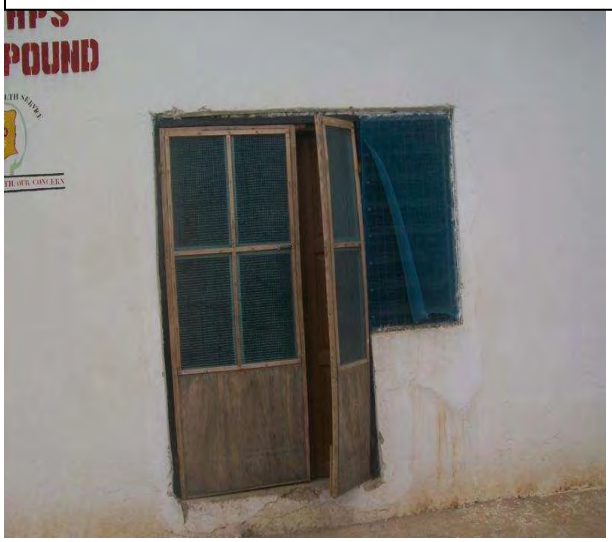
To achieve this objective, Focus egions Health Project (FRHP) supported the Greater Accra Regional Health Directorate to conduct a CHPS rezoning exercise in a workshop attended by 110 Regional and District CHPS Coordinators, District Directors of Health Services, Deputy Directors of Nursing Services, Public Health Nurses, Community Health Nurses and District Diseases Control Officers. The workshop enabled the region to develop a road map for CHPS scale up and expansion.

The region has 2254 CHPS zones (demarcated but not necessarily functional). The Project also supported a CHO training of trainers that was attended by district level trainers who are now leading the decentralized training of CHOs taking place in each district. As of October 31st, 133 CHOs from all ten districts including six sub metros have received training based on the CHO modules and are currently undergoing practical orientation and attachment in CHPS compounds in the Dangbe West District to gain further practical knowledge on day- to- day operations.

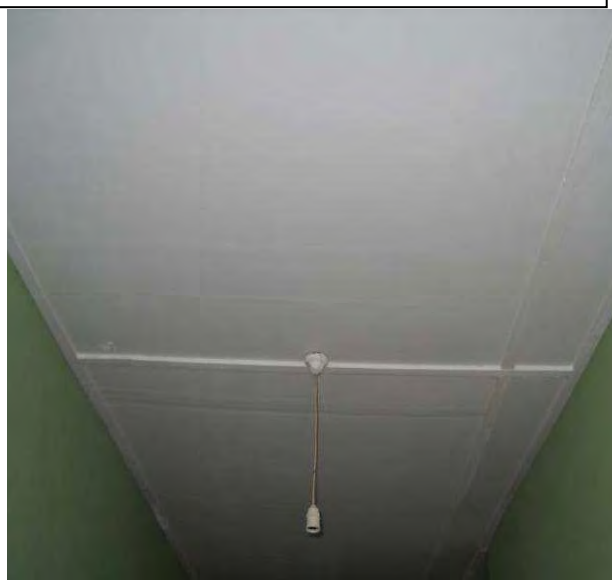
Training of CHOs using CHO modules in Ga East District

As part of the overall support to CHPS expansion and scale up, the Focus Regions Health Project has also provided support for refurbishing Tokpo CHPS Compound in the Dangbe West District. The compound had been in a deplorable state resulting in limited access to maternal and child health services in the catchment area. Basic equipment has also been procured to enable quality service provision.

BEFORE: *Tokpo CHPS Compound before refurbishment*



AFTER: *Tokpo CHPS Compound – front and interior view of compound after refurbishment*



Following the refurbishment, three CHOs have been placed in the compound. The CHOs are running outreach services and conducting home visits to clients.

Ga East Improves Waiting Time with Quality Improvement and Leadership

Improving the quality of services is an objective in each of the three FRHP regions. The Ga East Municipal District is one of four districts in the Greater Accra Region for which FRHP provided training in quality improvement (QI) approaches using the Leadership, Management and Sustainability Project's challenge model "Managing and Leading for Results." Six members of the District Quality Assurance (QA) team participated in a regional training of trainers program for combining QI and leadership.

Client waiting time is significantly reduced after quality assurance implementation

Process and Results

Clients at the Madina Kekeli and Rawlings Circle PolyClinics in the Ga East District often had to wait exceedingly long times when seeking services. The Ga East QA teams' objective aimed to reduce the waiting time of 50% of clients accessing services in the two polyclinics from three hours to one hour within six months.

Improved management of health records and the general health information system improves client processing time.

After just two months of implementation, the team has succeeded in reducing the waiting time of 80% of the clients seeking services in the two facilities from three hours to 45 minutes—a 75% improvement. The reduced waiting time has not only enabled better client satisfaction, but also allows the facilities to better serve more clients.

The QA team trained all 44 polyclinic staff members in QI, created additional service points for records, pharmacy, and accounts which were found to be major points of delay at the facilities, and also created additional shelves to strengthen health information management and easy retrieval of client records. They also sponsored four key managers to attend a one-week

leadership and management skills training program at the Ghana Institute of Management and Public Administration (GIMPA), and organized several staff durbars to mobilize staff around the shared vision. The team also provided attendance books and intensified supervision, and addressed critical factors on staff attitude and low staff morale.

The intervention resulted in improved morale and team work among staff in the two facilities and structural improvements in the two facilities as seen in the before and after photos below.

BEFORE *Implementation: A leaking ceiling in a polyclinic*

AFTER *implementation: The leaking ceiling is repaired*

Replicating the Successful Quality Improvement and Leadership Initiative

The quality improvement and leadership work is being continued at these clinics and plans are to roll-out the initiative to other facilities in the district. Quality improvement and leadership activities are being carried out in all focus regions, and lessons learned from these initial experiences will be applied as the initiative is implemented in new districts.

Additional points created in the polyclinics to reduce congestion

Improving Data Management in Western Region

Introduction

The improvement of data quality and management is an important step towards using analyzed data to monitor and improve services. Focus Region Health Project supported the Ghana Health Services (GHS) Western Region's Health Directorate to strengthen the data management system through monitoring DHIMS operations in five districts and training 100 health information officers in data management. The five selected districts (Juabeso, Bia, Sefwi Wiawso, Sefwi Aknontombra, and Bibiani Anhwiaso Bekwai) were monitored, coached and received technical support on-site to overcome challenges being faced by the use of DHIMS and the data that feed into the software. 100 data handlers selected from all the seventeen districts in the region were trained in data management use.

Results

Improvements in the following areas have been noted after the training and DHIMS follow-up visits to five districts in the Western Region.

- All the reporting facilities in the five districts have been entered into the DHIMS database.
- Of the quality checks conducted, most of the reports (86%) scored over 90% (see Table below).
- Timely submission has improved from 35% to 75% currently.
- Data monitoring books have been designed at the district level for controlling returns submitted by sub-districts.
- District directors now respond to feedback sent to them from the Regional Health Directorate.
- District Health Information Officers submit monthly reports themselves through email or in person.
- Reduced error rates confirm that data validation is taking place at the district level after reports are received from the facilities.

Other improvements in data management in the region will be assessed after additional follow up visits to the districts.

The following table compares completeness of data entered into the DHIMS software before training and supervision (April 2010) compared to after the support visit to strengthen DHIMS operations. Areas that had good data completeness before the interventions retained it, and all facilities with poor or mediocre completeness showed marked improvements.

Comparison of Completeness of Data Submitted

	Type of Report	District									
		Bibiani		Sefwi Wiawso		Sefwi Akontombra		Juaboso		Bia	
		Before	After	Before	After	Before	After	Before	After	Before	After
1	Statement of OPD	100	100	40	100	65	100	80	96	40	93
2	Statement of Inpatient	100	100	65	100	NA	NA	100	100	NA	NA
3	OPD morbidity	100	100	40	100	65	100	80	98	10	99
4	Inpatient morbidity	100	100	65	100	NA	NA	100	100	NA	NA
5	Immunization	97	98	20	100	65	100	85	100	10	95
6	CD2	100	100	0	100	0	40	40	70	0	55
7	Family planning	100	100	0	69	65	100	75	95	30	84
8	Midwives	100	100	0	98	65	100	100	100	35	90
NA: Not Applicable (no admission facilities)											

Building on Results

The data management training exercise was very useful and results-oriented. The availability of improved data at district and regional levels will enable better management of supply chain, personnel and service delivery. Expanding these training and technical support activities to cover the other 12 districts and also training the remaining data handlers in the region will further improve the health information system in Western Region, making it a model for other regions in the country.

Acronyms List

ACT	Artemisinin-Based Combination Therapy
ARI	Acute Respiratory Infection
ART	Anti Retroviral Therapy
AS/AQ	Artesunate-Amodiaquine
ATF	Accounts, Treasury and Finance
BCS	Behavioral Change Support
BTL	Bilateral Tubal Ligation
CA	Contractual Agreement
CHIM	Centre for Health Information Management
CHO	Community Health Officer
CHPS	Community Based Health Planning and Services
CHV	Community Health volunteer
CMAM	Community Management of Acute Malnutrition
CPD	Continuing Professional Development
DHIMS	District Health Information Management System
DHMT	District Health Management Team
ETAT	Emergency Triage Assessment and Treatment
EWS	Early Warning System
FANC	Focused Antenatal Care
FANTA	Food and Nutrition Technical Assistance
FP	Family Planning
FRHP	Focus Region Health Project
FY	Fiscal Year
GAR	Greater Accra Region
GHS	Ghana Health Service
GOG	Government of Ghana
HEW	Health Extension Worker
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome
IMNCI	Integrated Management of Newborn and Childhood Illness
IPTp	Intermittent preventive treatment of malaria in pregnancy
ITN	Insecticide Treated Bed Net
IUD	Intra-Uterine Device
IYCF	Infant and Young Child Feeding
JSI	John Snow Inc.
LAPM	Long-Acting and Permanent Method
LLIN	Long Lasting Insecticide impregnated Net
LMP	Leadership and Management Development
MARP	Most At Risk Population
MCH	Maternal and Child health
MNCH	Maternal Neonatal and Child Health
MOH	Ministry of Health
MOP	Malaria Operational Plan
MSIG	Marie Stopes International Ghana
NACP	National AIDS Control Program
NMCP	National Malaria Control Program
PLHIV	People Living with Human Immune Deficiency Virus
PMTCT	Prevention of Mother to Child Transmission

PPFP	Postpartum Family Planning
ProMPT	Promoting Malaria Prevention and Treatment
QA	Quality Assurance
QHP	Quality Health Project
QI	Quality Improvement
RDT	Rapid Diagnostic Test Kit
RH	Reproductive Health
RHD	Regional Health Directorate
RUTF	Ready to use Therapeutic Foods
UN	United Nations
UNFPA	United Nation Fund for Population Activities
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VSC	Voluntary Surgical Contraception
WHO	World Health Organization