

GHANA REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH AND NUTRITION (RMNCAH&N) STRATEGIC PLAN

2020 – 2025



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NEWBORN, CHILD AND ADOLESCENT
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FOREWORD

Ghana has a robust and budding health delivery system with increasingly high accessibility and coverage of essential health services contributing to significant health gains in the form of overall improvement in maternal and child health indicators in particular and safeguarding the health of the general populace. Indeed, there is increased commitments to advance actions toward Universal Health Coverage (UHC) and setting the country on the path to achieving key targets of the Sustainable Development Goals (SDGs). This has translated into improvement in uptake of essential services and key outcome and impact indicators.

While working to maintain these health gains and increase the access to the primary health services and improvement in health outcomes, there is growing need to ensure that health service delivery for reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH&N) follows an integrated approach in the delivery of care which spans from pre-pregnancy, pregnancy and birth to the immediate postnatal period for women and newborns through to childhood and adolescence. This integrated approach recognizes that providing preventive, promotive and treatment interventions throughout the life course is the most effective way to reduce mortality and improve health outcomes for women, newborns, children and adolescents.

In line with the objective to maximize benefits for investments made in health through the provision of integrated services along the continuum of care and with the emergence of the Global Strategy for Women's, Children's and Adolescents' Health (GSWCAH, 2016-2030) and other global initiatives, the Ghana RMNCAH&N Strategic Plan 2020-2025, has been developed. The document serves as an overarching integrated strategy providing a holistic and unified approach to RMNCAH & N programs and interventions and will prioritize and define evidence based costed interventions for the country for the next five years.

The document comprises strategic programs and interventions with their respective targets which attest to our commitment to achieve excellence through our core functions as well as our duty to engage stakeholders and the community. The strategy focuses on reducing maternal, new-born, child and adolescent morbidity and mortality by offering quality services, of equity, offered by skilled attendants, in enabling environment and in an integrated manner along the continuum of care by taking into consideration both community and facility factors.

The process of formulating the Integrated RMNCAH&N Strategic Plan has given us the opportunities to take stock on past successes and failures, to determine our visions and future goals in the light of challenges ahead, and to put forward strategies for our developments not only in response to changing needs but also as an active and participating agent to drive these desired outcomes in the health and development of the Ghanaian populace across the life cycle.

The RMNCAH&N Strategic Plan represents the concerted efforts of all stakeholders, whose valuable input has been incorporated in this document. The Service remains grateful to all who contributed to the development of the plan. It is expected that all stakeholders working towards improving the health and nutrition of the Ghanaian populace along the lifecycle will contribute to the implementation and monitoring of this document in order to achieved the set goals and objectives.

A handwritten signature in blue ink, consisting of a large, stylized 'P' followed by a horizontal line and a small flourish at the end.

DR. PATRICK KUMA-ABOAGYE
DIRECTOR GENERAL

ACKNOWLEDGEMENTS

The Ghana Health Service and Ministry of Health express our gratitude to the institutions, organizations, Partners and all stakeholders who contributed in diverse ways to the development of this document. The Technical Working Group drawn from the Ministry of Health, the various divisions of the Ghana Health Service (Family Health Division, Public Health Division, Policy, Planning, Monitoring and Evaluation Division, Institutional Care Division, Research and Development Division, Health Promotion Division), Regional Health Directorates, Professional Associations, Partners and stakeholders led by Dr. Patrick Kuma Aboagye, the then Director for Family Health Division, did a great work and are highly appreciated.

We are grateful to Prof. Richard Adanu, the consultant for the development process and Dr. Innocent Bright Nuwagira from the World Health Organization (WHO), Regional Office for Africa for the in person technical support to the process.

All stakeholders who participated in the extensive consultations and validation of the Strategic Plan are deeply appreciated. Our heartfelt thanks to all individuals who reviewed the draft manuscript and provided inputs that helped to enrich the document.

We specially acknowledge the H6 Partnership for RMNCAH in Ghana (WHO, UNICEF, UNFPA, WBG and UNAIDS) for the technical and financial support to the development of this RMNCAH&N Strategic Plan which is aimed at ensuring health throughout the life course, particularly for women and children.

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
BEMONC	Basic Emergency Obstetric and Newborn Care
CEMONC	Comprehensive Emergency Obstetric and Newborn Care
CSO	Civil Society Organization
CWC	Child Welfare Clinic
DHIMS	District Health Information Management System
eLIMS	Electronic Logistic Information Management System
FHD	Family Health Directorate
GES	Ghana Education Service
GHS	Ghana Health Service
GSWCAH	Global Strategy for Women’s, Children’s and Adolescents’ Health
GRMA	Ghana Registered Midwives Association
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
NEML	National Essential Medicines List
MOFA	Ministry of Food and Agriculture
MoGCSP	Ministry of Gender, Children and Social Protection
NDPC	National Development and Planning Commission
NGO	Non- Governmental Organization
PNC	Postnatal care
RMNCAH&N	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
RHMT	Reginal Health Management Team
SBCC	Social Behaviour Change Communication
SOGOG	Society of Obstetricians and Gynecologists of Ghana
STI	Sexually Transmitted Infection
STG	Standard Treatment Guidelines
TWG	Technical Working Group
WHO	World Health Organization

CHAPTER 1

RMNCAH &N CONTEXT IN GHANA

CHAPTER 1. RMNCAH &N CONTEXT IN GHANA

Background

Reproductive, Women's, Children's, Adolescents' Health, and Nutrition has received the attention of global organizations and both developed and developing countries of the world. International efforts to improve access, equity, and utilization of services to help improve the health status and rights of the targeted populations have recorded some progress and notable has been the implementation of the Millennium Development Goals (MDGs) which ended in 2015.

The Sustainable Development Goals (SDGs-2030) as a successor to the MDGs have made RMNCAH&N services a priority with a number of targets to be attained under SDG 3 (Health and Well-being) and this is complemented by a number of global strategies aimed at improving the reproductive, maternal, child health, adolescent health, and nutrition of populations.

After the MDG era ended in 2015, the World Health Organization introduced a Global Strategy for Women's, Children's and Adolescents' Health. The GSWCAH covers the period of 2016 to 2030 and has objectives and targets that are aligned with the SDGs. The summary of these objectives and targets are shown in Figure 1.

The implementation of this global strategy requires the commitment of stakeholders in all countries with political leadership, communities, civil society, Ministries of Health, and other governmental organizations which activities act as distal and proximal determinants of Reproductive, Maternal Newborn, Child, Adolescent Health and Nutrition of the population.

Each country within its context specific health system is expected to implement home grown activities to achieve the GSWCAH by 2025. Ghana therefore has as part of its commitment to global efforts to achieve the GSWCAH embarked on drawing a strategic plan to provide the framework to all stakeholders in implementing activities in line with their mandates as spelt out by policies and legislation guiding health service delivery.

In Ghana, the Family Health Division of Ghana Health Service is responsible for the delivery of sexual and reproductive health services and ensures that national SRH policies are in place and implemented in all health facilities in the country. The Division is led by a Director and has two Deputy Directors of the RCH and Nutrition Departments, who are assisted by unit heads who are responsible for the different programmes of the Directorate. The programmes run by the FHD include the following:

- Newborn Health
- Child Health
- Adolescent Health
- Maternal Health

-
- Family Planning
 - Nutrition

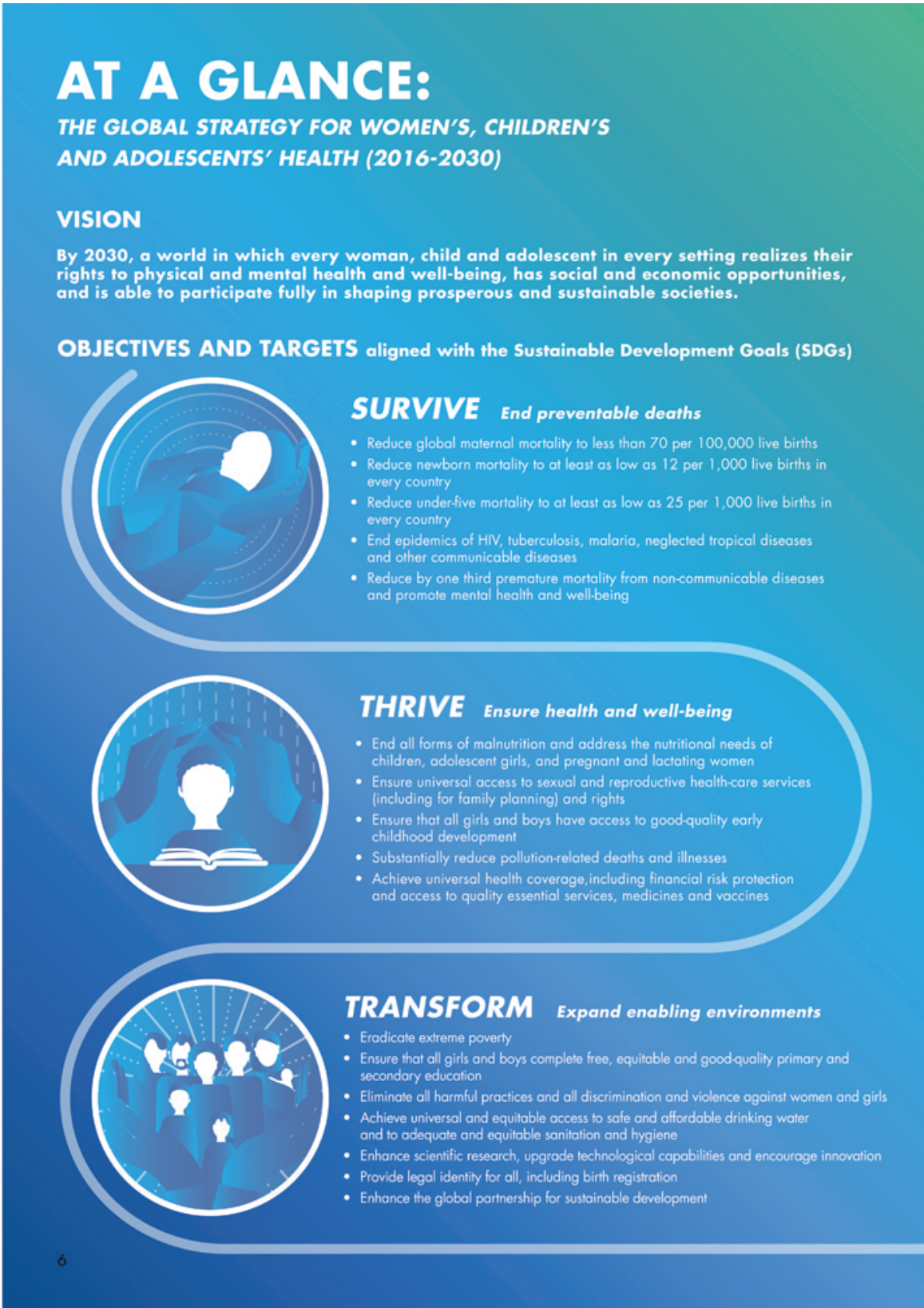
Traditionally each of these programmes normally develops its own five year strategic plans using a widely consultative process and then draws its annual implementation from these five year strategic plans.

The emergence of the GSWCAH alongside other global initiatives for reproductive health has led the FHD to review their tradition of having separate strategic plans for each unit and the need of having one combined RMNCAH&N strategic plan that covers all its activities for the five-year period 2020-2025.

To achieve the objective of having a combined RMNCAH&N plan inputs are made by all the units and stakeholders and the finalized plan is aligned with the GSWCAH and the SDGs while taking into consideration the Ghanaian RMNCAH&N context.

The various programmes of the Division shall subsequently derive their own detailed implementation, monitoring, and evaluation plans from this combined plan and shall identify common areas of collaboration amongst themselves. This current strategic plan is also closely linked to Ghana's Universal Health Coverage roadmap and its design and implementation takes into consideration the current disparities and inequities that exist in the country. The successful implementation of this plan is therefore highly dependent on the commitment of all stakeholders in addressing these inequities and disparities within the specified timeframe.

FIG 1: GSWCAH Objectives and Targets



VISION, GOAL AND OBJECTIVES OF RMNCAH&N STRATEGIC PLAN

The vision, goal and objectives of this strategic plan are derived from those set within Ghana's Universal Health Coverage roadmap.

Vision

All people in Ghana have timely access to high quality RMNCAH&N services

Goal

Increased and equitable access to quality RMNCAH&N services for all by 2030

Objectives

- Universal access to better and efficiently managed quality RMNCAH&N services
- Eliminate avoidable maternal, child and adolescent deaths and disabilities
- Increase access to responsive clinical and public health emergency services for RMNCAH&N
- Ensure that women, babies and children do not only survive deaths and disabilities but are in the best state of health within an enabling environment

CURRENT RMNCAH&N SITUATION IN GHANA

Reproductive health involves both men and women and is defined by WHO as “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity in all matters related to the reproductive system and its functions and processes”. The components of reproductive health services include the following:

- Safe motherhood
- Family Planning
- Prevention and management of unsafe abortion and post-abortion care
- Prevention and management of reproductive tract infections including sexually transmitted infections and HIV/AIDS
- Prevention and management of infertility
- Prevention and management of cancers of the female and male reproductive system including the breast
- Responding to concerns about menopause and andropause
- Discouragement of harmful traditional practices and gender-based violence that affect the reproductive health of women and men
- Information and counselling on human sexuality, responsible sexual behaviour, responsible parenthood, preconceptional care and sexual health

One recent addition to the components of reproductive health is healthy ageing with respect to the reproductive system and its functions and processes.

A summary of relevant statistics for the component services of reproductive health are as provided in the brief narrations provided below; however detailed information on the existing disparities between different parts of the country are found in the documents in the bibliography section of this document.

Safe motherhood

89% of Ghanaian women have at least 4 antenatal visits during their pregnancy and 79% of them utilizing a skilled birth attendant at delivery. Furthermore, 84% of mothers and 81% of newborn babies are reported to receive postnatal care within 2 days after delivery. The overall national caesarean section rate is 16% with the most recent maternal mortality estimates reporting a maternal mortality ratio of 308 per 100,000 livebirths and a lifetime risk of maternal death of 1 in 82. The leading cause of maternal mortality is reported to be postpartum haemorrhage (38%). The trend in maternal mortality ratio for the 18 year period from 2000 to 2017 is shown in Figure 2.

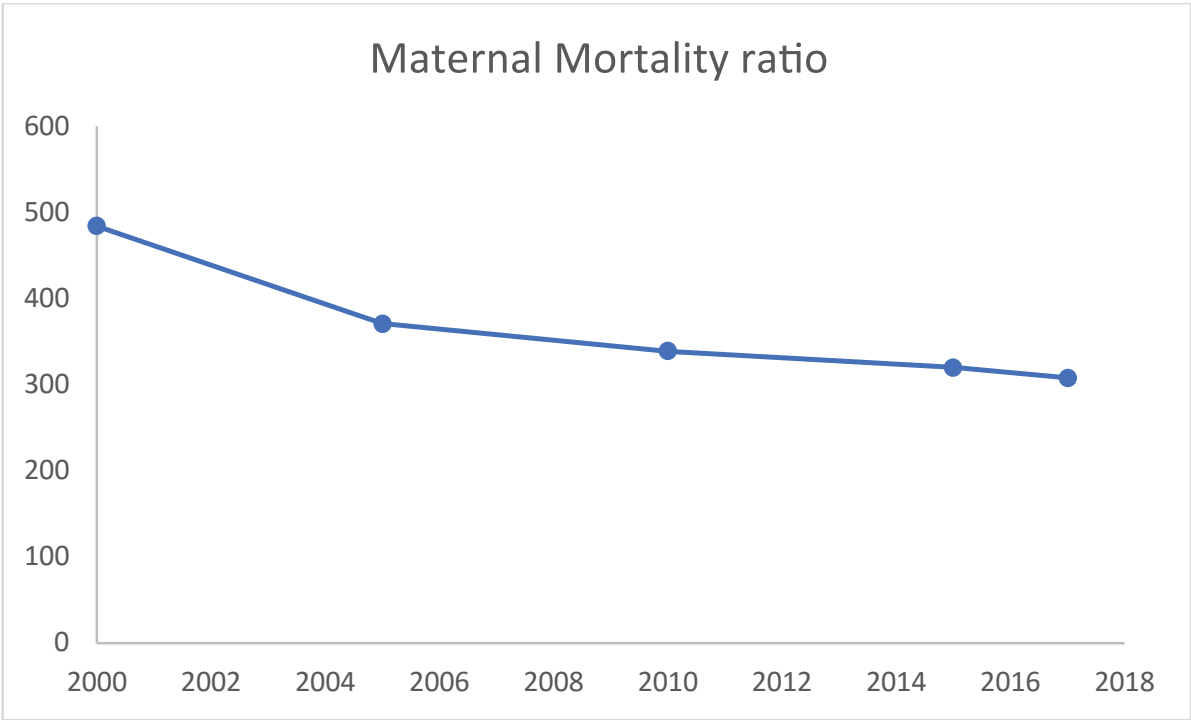


FIG 2: Trends in maternal mortality ratio in Ghana from 2000-2018

Family Planning

The 2017 Ghana Maternal Health Survey reports the contraceptive prevalence rate for any type of method to be 31% among currently married women with 25% of this group of women using modern methods. The corresponding figures for sexually active unmarried women are 38% and 31% respectively. With Ghana’s currently total fertility rate standing at 3.9, the country still has 30% of currently married women who have an unmet need for family planning, but the contraceptive prevalence rate for Ghana has been increasing steadily in recent years.

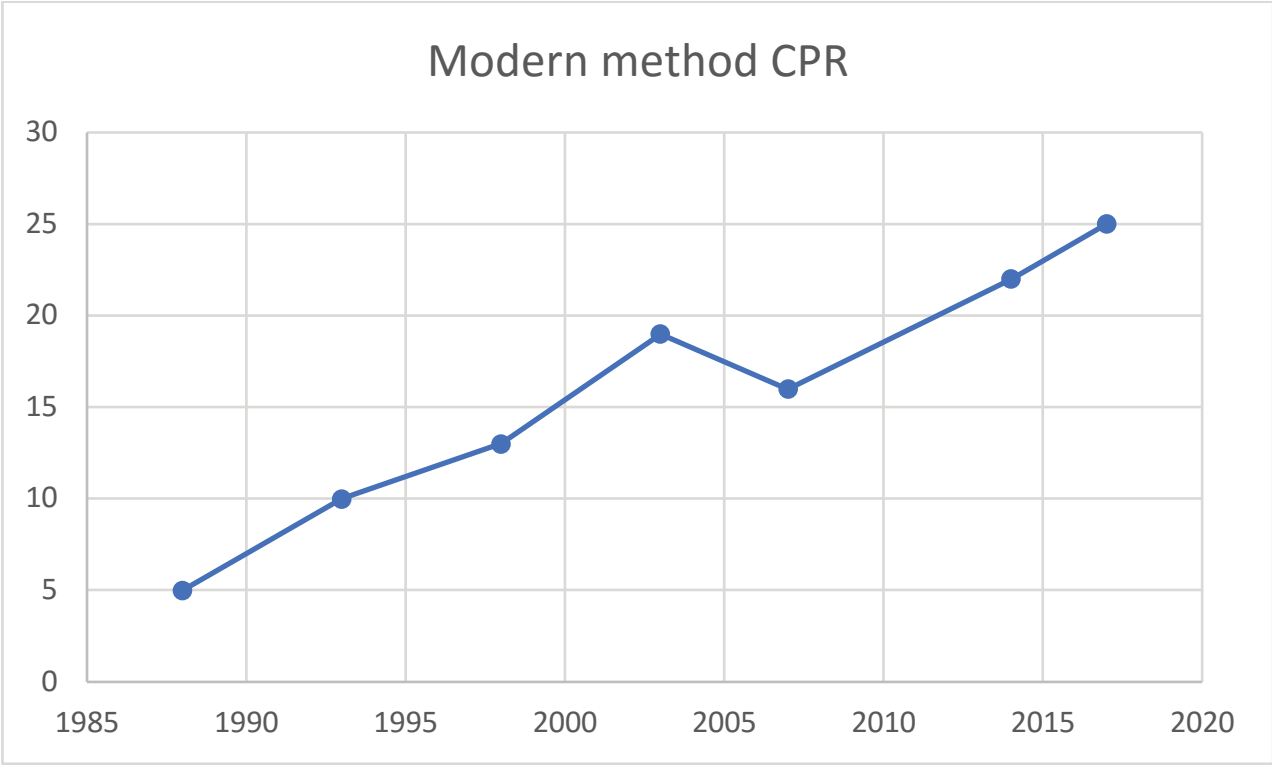


FIG 3: Trends in modern methods contraceptive use in Ghana from 1988 - 2017

Abortion

The Ghana Health Service provides safe abortion and post-abortion care services at its facilities within the context of the Ghana Abortion Law and the policy document that provides guidelines on the provision of these services. In spite of this policy environment and increasing access to abortion care services 9% of maternal deaths are due to abortion-related causes.

Infertility

There are no validated data for the prevalence of infertility in Ghana, however the 2014 Ghana Demographic and Health Survey (GDHS) gives a figure of 5% as the proportion of women in their 40s who have never given birth and this is an indication of the level of primary infertility.

STIs and HIV

2.3% of women aged between 15 and 49 are estimated to be HIV positive in Ghana. The coverage of HIV positive pregnant women who receive antiretroviral therapy for prevention of mother to child transmission is 79%.

Newborn Health

Neonatal mortality in Ghana is 25 per 1000 live births while the stillbirth rate is 23 per 1000 live births. The leading causes of neonatal death in Ghana are prematurity, birth asphyxia and infection.

Child Health

The infant mortality rate for Ghana is 37 per 1000 live births and the under 5 mortality rate is 52 per 1000 live births. The trends in neonatal, infant and under 5 mortality rates are shown in Figure 4.

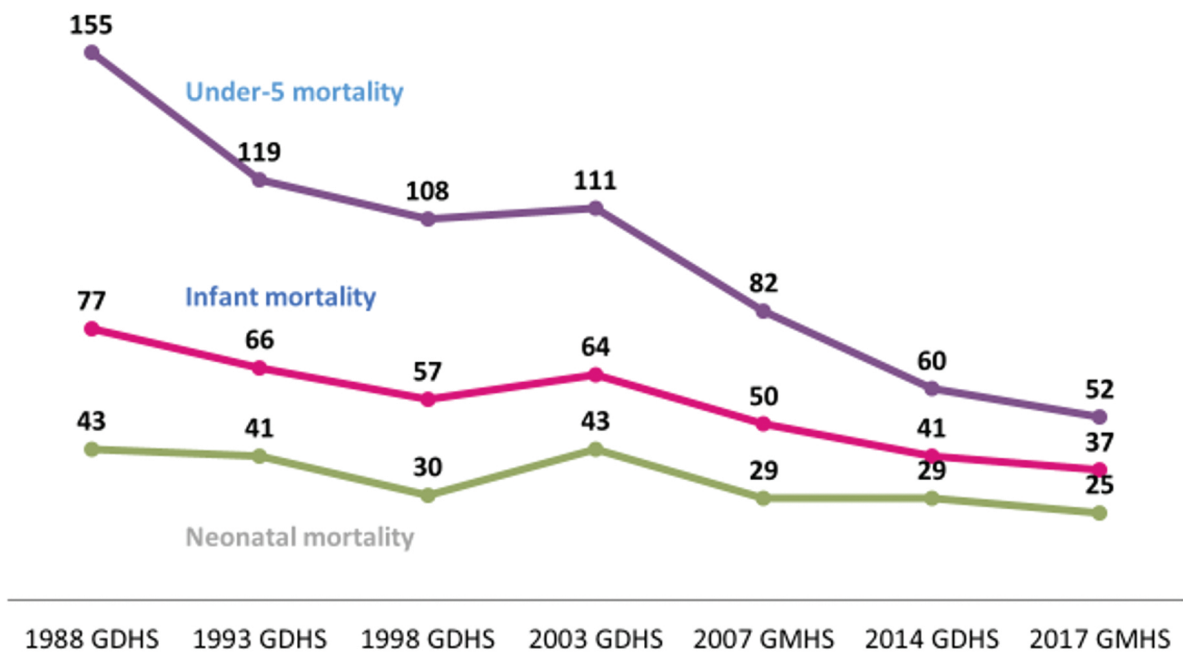


FIG 4: Trends in newborn and child mortality in Ghana from 1988-2017

Adolescent health

Results from the 2017 Ghana Maternal health Survey show that 14% of women aged 15 to 19 were either mothers or pregnant for the first time. The modern contraceptive prevalence rate among this age group of women is 6.9% whilst about 24% of women aged 15-19 who are currently married use modern contraception.

Nutrition

In Ghana 52% of children younger than 6 months are exclusively breastfed. The prevalence of anaemia is relatively high among children less than 5 years, at a level of 35.6%. The level of stunting in these children is 21.4% of children while 7% of them are wasted. Anaemia prevalence in pregnant women is 45.1% as compared to 21.7% in non-pregnant women. Overweight is present in 24.5% of non-pregnant women while 14.3% of them are obese.

Gender based violence

The 2016 Ghana Domestic Violence Report stated that 28% of Ghanaian women experienced some form of domestic violence in 2015, with the highest type of violence being economic violence at 12.6% while sexual violence was lowest at 2.5%.

Reproductive tract cancers

There are no reliable publicly available data on the incidence and prevalence of reproductive tract cancers for Ghana.

CHAPTER 2

PROGRAMME REVIEW AND STRATEGIC PLAN DEVELOPMENT

CHAPTER 2. PROGRAMME REVIEW AND STRATEGIC PLAN DEVELOPMENT

Strategic Plan Development Process

The development of the Ghana RMNCAH&N strategic plan was led by the Family Health Division of the Ghana Health Service with technical and financial support from the World Health Organization. A review of progress made in the period 2014-2018 was conducted and a Technical Working Group (TWG) was put together to support a consultant in finalizing the preparation of the document. Prior to the work of the TWG and the consultant, the various programmes of the Family Health Division went through a rigorous planning process to make the inputs the TWG and the consultant worked on.

A number of stakeholder meetings were held to discuss the document and the outcome was presented to a cross-section of the Ghana Health Service RMNCAH&N staff and participants of the 2019 Maternal Health Conference. The inputs of the deliberations of the 2019 maternal, child health, and nutrition conference also fed into the draft which was then further developed and ratified by the Technical Working Group with the guidance of the consultant.

PROGRAMME REVIEW 2014 to 2018

The review of the Ghana RMNCAH&N programme covering the 5-year period (2014-2018) was performed using an indicator checking spreadsheet provided by the WHO Africa Region Office. The detailed review report which can be found in Ghana RMNCAH&N programme review 2014-2018 examined RMNCAH&N indicators under the following headings:

- Impacts
- Outcomes
- Quality of Care
- Service Availability
- Human Resource and Training
- Commodity Availability
- Commodity Environment
- Governance

The programme review for 2014 to 2018 showed the Ghana RMNCAH&N programme to be performing well in the following areas:

- Antenatal care
- Direct Obstetric Case Fatality Rate
- Postnatal care for mothers and newborns
- Reducing the incidence of low birth weight

- Initiation of breastfeeding
- Child immunization
- Reducing anaemia in female adolescents
- Availability of facilities providing all RMNCAH&N services
- Commodities on NEML, STG and registered for use
- Existence of evidence-based standard of care guideline

There were areas where even though progress was being made, it fell short of achieving national targets. These areas include the following:

- Reducing institutional maternal mortality
- Reducing anaemia in women of reproductive age
- Reducing institutional under 5 mortality
- Exclusive breastfeeding for up to 3 months
- Reducing anaemia in children
- Delivery in facilities by skilled birth attendants
- Maternal death audits

The following areas are however experiencing major challenges in the achievement of targets:

- Use of modern contraceptives (Total fertility rate)
- Maternal mortality ratio
- Reduction of stillbirths
- Institutional neonatal mortality
- Stunting and wasting in children
- Exclusive breastfeeding for up to 6 months
- Adolescent pregnancy
- HIV in pregnant women
- Training in RMNCAH&N (pre-service and in-service)
- Completeness of data on adolescent health

CHAPTER 3

**STRATEGIC OBJECTIVES FOR CREATING
AN ENABLING RMNCAH&N ENVIRONMENT**

CHAPTER 3. STRATEGIC OBJECTIVES FOR CREATING AN ENABLING RMNCAH&N ENVIRONMENT

CROSS-CUTTING ISSUES

In order to achieve the specific programme based targets in this strategic plan, it is imperative to address certain cross-cutting issues that affect the success of each of the RMNCAH&N programmes. Each of the cross-cutting issues must be addressed with a risk-informed planning approach. In light of the current COVID-19 pandemic, it is important to consider how the plans that are developed can be implemented in emergency situations.

The cross-cutting issues which need to be addressed are the following:

- Availability of well-resourced skilled personnel
- Equipment and logistics
- Data for decision making
- The referral system
- Multisectoral partnership and community engagement for RMNCAH&N
- Financing for programmes
- Emergency preparedness within RMNCAH&N

These cross-cutting issues focus on programmatic challenges that need to be addressed to ensure the success of the strategic plan. There are however cross-cutting clinical issues that each programme needs to address. Notable among the clinical issues are non-communicable diseases and mental health. Non-communicable diseases and mental health disorders affect mothers, adolescents and children. These present as medical disorders of pregnancy, antepartum and postpartum mental health disorders, early onset non-communicable diseases in children and adolescents, general mental health problems and childhood and adult cancers. All the programmes of FHD will need to develop close linkages with the Non-Communicable Diseases Unit of the Public Health Division, the Mental Health Authority and the Mental Health Unit of the Institutional Care Division to ensure that these problems are appropriately addressed in women, children and adolescents.

STRATEGIC OBJECTIVES TO ADDRESS THE CROSS-CUTTING ISSUES

Strategic Objective 1: To ensure availability of well-trained and equipped personnel for RMNCAH&N services

Strategic Objective 2: To ensure that all facilities have the appropriate equipment needed to deliver quality RMNCAH&N services

Strategic Objective 3: To strengthen the current system for ongoing analysis of programme based data which feeds into decision-making regarding RMNCAH&N programmes

Strategic Objective 4: To improve the existing referral system for maternal, newborn and child health services

Strategic Objective 5: To address existing RMNCAH &N challenges through multisectoral collaboration and community engagement

Strategic Objective 6: To facilitate the timely allocation and provision of financial and other resources for RMNCAH&N services

Strategic Initiatives to address cross-cutting issues

The strategic initiatives provide an outline of the specific measures that need to be implemented over the five year period to achieve the strategic objectives.

STRATEGIC OBJECTIVE 1: To ensure availability of well-trained and equipped personnel for RMNCAH&N services provide

- RMNCAH&N units within the FHD to develop an integrated RMNCAH&N training curriculum and annual training schedule for staff in all facilities in conjunction with Regional Health Directors
- Coordinate with the Human Resource Division to set up a verifiable system that documents the SRH training received by staff
- Identify and train resource persons in all regions who will serve as RMNCAH&N trainers
- Develop and distribute the integrated RMNCAH&N clinical guidelines, strategies and policies in electronic and non-electronic formats to all staff in facilities
- Dialogue with health staff training institutions to develop a system for introducing the policies, strategies and clinical guidelines at the pre-service training level
- Provide financial and other needed resources to strengthen the national RMNCAH&N monitoring and supervision plan so that each facility receives one integrated external supportive supervision assessment each year

STRATEGIC OBJECTIVE 2: To ensure that all facilities have the appropriate equipment, supplies and technology needed to deliver quality RMNCAH&N services

- Develop an integrated essential RMNCAH&N equipment and supplies list for all health facilities
- Develop an essential equipment maintenance and replacement plan based on individual facility workload analysis in conjunction with Stores, Supplies and Drugs Management as well as Health Administration and Support Services
- Promote the provision and increased use of technology to enhance service delivery
- Cost the essential equipment and supplies plan in conjunction with Stores, Supplies, Drugs and Medicines as well as Health Administration and Support Services
- Set up a system for six monthly equipment auditing in all facilities in conjunction with Stores, Supplies, Drugs and Medicines as well as Health Administration and Support Services

STRATEGIC OBJECTIVE 3: To strengthen the system for ongoing collection and analysis of programme based data which feeds into decision-making regarding RMNCAH&N programmes

- Work with regions to provide training on requisite SRH data collection and entry
- Provide specialized training for health information officers in RMNCAH&N
- Promote and strengthen data use for policy, accountability and quality improvement at facilities, districts, regions and national levels.
- Providing training on data use for staff involved in data entry at facilities, districts and regions
- Conduct regular reviews of RMNCAH indicators in DHIMS and update as may be required by the programs
- Collaborate with the GHS Health Research Division and researchers from academic institutions to set up a system for ongoing short-term analysis and dissemination of programme generated data
- Produce a publicly available list of key research priority areas for RMNCAH&N and disseminate among researchers in the country
- Set up a system for funding commissioned research on identified key research priority areas and dissemination of research findings

STRATEGIC OBJECTIVE 4: To improve the existing referral system for maternal, newborn and child health services

- Perform an assessment of the current referral system for maternal, newborn and child health services
- Provide clear guidelines for referral for RMNCAH&N service providers based on the results of the assessment
- Create regional electronic platforms linking heads of RMNCAH&N facilities that supports the RMNCAH&N referral services
- Collaborate with National Ambulance Service, Community Emergency Transport organizers and

other stakeholders to address issues related to transportation for emergency maternal, newborn and child health services

- Collaborate with Mobile Network Operators and other stakeholders to improve communications as a component of effective referral systems.

STRATEGIC OBJECTIVE 5: To address existing RMNCAH &N challenges through multisectoral collaboration and community engagement

- Liaise with Ministry of Planning, NDPC and the Parliamentary select committee on health to create a multisectoral team with Ministry of Finance, Ministry of Gender Children and Social Protection, Local Government, Education, Roads and Highways, Ministry of Food and Agriculture, Ministry of Sanitation and Water Resources, Civil Society Organizations and Media to develop an integrated plan on RMNCAH&N issues based on the strategic plan
- Establish a schedule for organizing and having quarterly meetings to assess national RMNCAH&N challenges and develop appropriate interventions based on the integrated plan
- Strengthen the existing structures for formation of RMNCAH&N advocacy groups in each district in conjunction with District Assemblies
- Improve and strengthen the regular assessment of provision of RMNCAH&N services in each district with combined community and health care staff teams
- Improve the system for annual dialogue and dissemination of RMNCAH&N service provision assessment in each district

STRATEGIC OBJECTIVE 6: To facilitate the timely allocation and provision of financial and other resources for RMNCAH&N services

- Collaborate with Ministry of Health to establish regular meetings with Ministry of Finance staff to discuss RMNCAH&N financial needs
- Cost the RMNCAH&N plan and develop an annual RMNCAH&N budget disbursement plan in conjunction with the Ministry of Health and Ministry of Finance

EMERGENCY PREPAREDNESS WITHIN RMNCAH&N

The current COVID-19 pandemic has resulted in the disruption of many essential health services including RMNCAH&N services. The effects of the pandemic and the prediction that our current global lifestyles are likely to lead to more pandemics as well the occurrence of natural disasters have brought about the need to develop health systems that are resilient to these public health emergencies. Ghana Health Services has taken note of these challenges and the development of guidelines on how to ensure continued delivery of health services in the face of public health emergencies is currently going on. The delivery of RMNCAH&N services will be organized in line with the measures prescribed by these guidelines.

Some important measures that need to be put in place include the following:

-
- Ensuring that facilities have up to six month store of supplies so that they can continue to meet RMNCAH&N needs of clients during an emergency while new supply systems are established.
 - Strengthening the current CHPS and developing urban CHPS so that essential RMNCAH&N services can be delivered to clients in their homes when it is not possible for the clients to come to health facilities
 - Develop a system in which large numbers of RMNCAH&N staff can be deployed for outreach services when necessary
 - Train all RMNCAH&N staff in how to organize delivery of services outside the infrastructure of health facilities
 - Strengthen communities and local organizations to develop support systems that support communities in times of public health emergencies to ensure continued access to health services.

CHAPTER 4

PROGRAMME SPECIFIC STRATEGIC OBJECTIVES

CHAPTER 4. PROGRAMME SPECIFIC STRATEGIC OBJECTIVES

NEWBORN HEALTH

STRATEGIC OBJECTIVES FOR NEWBORN HEALTH

- To improve quality of service delivery at all levels for ANC, intrapartum care, PNC and newborn care
- To improve quality of care to babies delivered outside health facilities
- To promote nurturing care and early childhood development in facilities and communities
- To eliminate mother-to-child transmission of HIV
- To increase the coverage and quality of perinatal death audits

INITIATIVES

To improve quality of service delivery at all levels for ANC, intrapartum care, PNC and newborn care

- Equip service providers to be able to detect high-risk pregnancies and provide these clients with appropriate care including psychosocial support
- Improve the capacity of health facilities for intrapartum fetal monitoring and newborn resuscitation
- Establish a system in all facilities for the screening of newborns for common genetic disorders such as sickle cell disease and hypothyroidism
- Improve the skill set of health providers at all levels in essential newborn care including early and exclusive breastfeeding
- Improve the capacity of health facilities at appropriate levels to care for small, sick and at-risk newborns
- Develop a standard design for newborn care units, including kangaroo mother care rooms/areas which are baby friendly and have an adjoining mothers’ hostel

To improve quality of care to babies delivered outside health facilities

- Build the capacity of CHOs in CHPS zones to engage community members and advocate for facility deliveries
- Establish a system that facilitates smooth referral and management of babies delivered at home for both health promotion and curative services
- Commission research into the factors responsible for continued home deliveries in order to develop effective interventions

To promote nurturing care and Early Childhood Development in facilities and communities

- Develop guidelines for the nurturing care framework for the newborn
- Build capacity of health providers in the nurturing care for the newborn
- Engage with communities (grandmother, mother support groups, churches, male groups) on nurturing care for the newborn using Social and Behavioural Change Communication

To eliminate mother-to-child transmission of HIV

- Increase coverage of couple HIV testing at ANC and other entry points
- Increase linkage to treatment for HIV+ positive and the promotion of medication adherence
- Promote early initiation and exclusive breastfeeding among HIV positive mothers
- Use Child Welfare Clinics (CWC) to reach and follow-up on care for HIV-exposed newborns, including testing

To increase the quality and coverage of perinatal death audits

- Train health workers on perinatal death audits and response
- Ensure compliance with perinatal death audit guidelines
- Advocate for perinatal death audit coverage to become a part of routine DHIMS 2 data
- Finalize and scale up electronic perinatal death audits
- Ensure recommendations from audits are implemented

CHILD HEALTH**STRATEGIC OBJECTIVES FOR CHILD HEALTH**

- To improve quality of service delivery for the care of children
- To promote nurturing care and early childhood development in facilities and communities
- To improve school health and nutrition services
- To strengthen stakeholder engagement for the care of vulnerable children

INITIATIVES

To improve quality of service delivery for the care of children

- Advocate for increased training of medical and nursing specialists for the care of children
- Ensure that all facilities follow the WHO Standard of Care for Child Health and have the basic equipment for the care of the sick child
- Develop a standard design for child care facilities, including children's hospitals and wards which are child friendly and have an adjoining mothers' hostel
- Strengthen the integrated management of neonatal & childhood illness at community and facility level
- Strengthen prevention and management of malnutrition at community and facility levels
- Improve preventive and promotive services for children, including adequate equipment and supplies
- Ensure adequate supply of essential health and nutrition supplies, including paediatric formulations of medicines for treating childhood illness

To promote nurturing care and early childhood development in facilities and communities

- Develop guidelines for the nurturing care framework
- Build capacity of health providers in the nurturing care framework
- Engage with communities (grandmother, mother support groups, creches, churches) on nurturing care including child protection using SBCC

To improve school health and nutrition services

- Collaborate with the GES on implementing school health and nutrition services
- Update current guidelines for school health services and ensure effective implementation
- Improve data collection and utilization of school health and nutrition services
- Strengthen referrals and linkages to care for school-aged children
- Improve nutrition programming in schools and advocate for a nutrition curriculum to ensure healthy diets and behaviours among school children
- Identify some school children as champions/ agents to change health and nutrition practices in schools and communities

To strengthen stakeholder engagement for the care of vulnerable children

- Identify and collaborate with MoGCSP, Local Government, Ministry of Education, NGOs and other relevant stakeholders to identify and protect vulnerable children
- Build the capacity of staff of NGOs, orphanages and other places where vulnerable children are catered for . in early identification and appropriate response to childhood illnesses, child development and abuse

- Set up the infrastructure to provide counselling and other related services for vulnerable children
- Build the capacity of RMNCAH&N staff to deliver services to vulnerable children
- Strengthen linkages with other social and special services and build capacity of staff in early detection and referral of children with disabilities

ADOLESCENT HEALTH

STRATEGIC OBJECTIVES FOR ADOLESCENT HEALTH

- To improve the availability of data for adolescent health
- To improve the quality of adolescent and youth friendly services
- To improve access to the minimum package of health and nutrition services for adolescents and youth
- To improve collaboration with communities, civil society, and other stakeholders in adolescent health

INITIATIVES

To improve the availability of data for adolescent health

- Establish and conduct a regular national adolescent health and nutrition survey in order to have reliable adolescent health data
- Integrate data and information on early adolescents (10-14 years) into current population surveys and routine data

To improve the quality of adolescent and youth friendly services

- Disseminate standards for adolescent and youth friendly health services
- Scale up the pilot study on the WHO system for monitoring quality of health services conducted in Central Region while addressing the limitations with its responsiveness to selected adolescents such as the visually impaired and those without formal education.
- Set up a system for monitoring the standards of quality of care provided for adolescents
- Implement appropriate interventions to address attitude of health providers to adolescent SRH issues

To improve access to the specified package of adolescent and youth services

- Build capacity of health providers to provide adolescent and youth friendly services
- Increase service delivery points for adolescent health care

- Increase contraception use by sexually active adolescents
- Improve access to HPV vaccination in adolescents
- Improve adolescent access to safe abortion services using comprehensive abortion care and post-abortion care services
- Increase use of skilled antenatal childbirth and postnatal care among adolescents
- Strengthen adolescent and youth participation in Adolescent and Youth-Friendly Health Services

To improve collaboration with communities, civil society, and other stakeholders in adolescent health

- Increase participation of community, youth leaders, civil society in adolescent health and rights programmes
- Disseminate information for community decision making to improve access and utilization of adolescent health services
- Build linkages with civil society and stakeholders in ensuring the implementation of adolescent health projects are in line with national guidelines

FAMILY PLANNING

STRATEGIC OBJECTIVES FOR FAMILY PLANNING

- To reduce the unmet need for modern contraceptives in Ghana
- To increase demand for modern contraceptives in Ghana

INITIATIVES

To reduce the unmet need for modern contraceptives in Ghana

- Expand service coverage to reach vulnerable groups such as adolescents; post-partum and post abortion women; peri-urban women; people living with disabilities
- Scale up training of service providers in the provision of DMPA-SC; both provider administered and self-injection
- Strengthen the integration of safe motherhood, family planning and HIV/AIDS services
- Strengthen the leadership and governance at the sub-national level for family planning
- Strengthen the scheduled delivery and last mile delivery systems across the country
- Advocate for increased domestic funding for family planning

To increase demand for modern contraceptives in Ghana

- Develop Family Planning SBCC Strategy
- Advocate for community action in family planning, targeting adversaries and influencers
- Advocate for improved multisectoral collaboration to promote procurement and supply of family planning commodities

MATERNAL HEALTH

STRATEGIC OBJECTIVES FOR MATERNAL HEALTH

- Ensure provision of quality essential maternal health services
- Strengthen availability of EmONC services
- Improve accountability for the lives of women and children

INITIATIVES

Ensure provision of quality essential maternal health services

- Strengthen the capacity of midwives and other RMNCAH&N staff to provide quality MNH services (FANC, respectful maternity care, quality nutritional counselling services, essential newborn care, supervisory role in peripheral facilities)
- Advocate for provision of appropriate infrastructure, including WASH facilities for MNH services in all facilities
- Ensure the provision of adequate numbers of equipment and commodities for essential MNH services
- Establish a system to ensure continued delivery of maternal health services during emergencies

Strengthen availability of EMONC services

- Ensure adequate numbers and equitable distribution of EmONC facilities
- Develop a system for regular tracking to ensure provision of EmONC services
- Develop a system of monitoring all ancillary services that are required to ensure a functional EMONC network
- Strengthen capacity for provision of basic and comprehensive emergency obstetric and newborn services for midwives and physicians
- Ensure availability of equipment, commodities for emergency care, blood and blood products
- Strengthen referral linkage between health facilities (communication, transportation and documentation for emergencies)

Improve accountability for the lives of women and children

- Strengthen quality improvement processes in health facilities(eg. clinical audit, near-miss audits)
- Train all RMNCAH&N staff to correctly fill out birth records for each child and document all maternal deaths
- Collaborate with Births and Deaths Authority to ensure that all births and maternal deaths are duly registered
- Improve Maternal Death Surveillance and Response (MDSR)
- Ensure implementation of recommendations from MDSR activities
- Establish a system for confidential enquiry into maternal deaths

NUTRITION

STRATEGIC OBJECTIVES FOR NUTRITION

- Strengthen the enabling environment for improved breastfeeding and complementary feeding practices
- To promote optimal maternal nutrition
- To reduce the burden of anaemia and other micronutrient deficiencies among WIFA, adolescents and children
- To reduce the growing burden of overweight & obesity

INITIATIVES

Strengthen the enabling environment for improved breastfeeding and complementary feeding practices

- Increase advocacy for improving social systems to support women and create breastfeeding spaces in public and workplaces
- Institutionalize BFHI in all health facilities in collaboration with relevant regulatory agencies and institutions
- Strengthen awareness and enforcement of regulation of marketing of breast- milk substitutes
- Implement SBCC strategies to increase awareness on infant feeding through mass media and social mobilization
- Increase staff competencies and skills and provide the requisite logistics and tools
- Promote the use of an integrated health, food, social protection, and WASH system to ensure that children and families have access to healthy diets and nutrition services
- Advocate for the review of guidelines, policies, legal and other regulation relating breastfeeding and complementary feeding

- Engage traditional and faith based-organization leaders and professional bodies on the issue of breastfeeding and complementary feeding

To promote optimal maternal nutrition

- Implement SBCC strategies at ANC and CWC to increase awareness of the appropriate diets for pregnant and lactating women
- Improve the capacity of RMNCAH&N staff to provide nutrition counselling and support for pregnant and lactating women

To reduce the burden of anaemia and other micronutrient deficiencies in WIFA and children

- Undertake comprehensive social marketing for improved IFA intake and consumption of improved crop varieties and diversified diets
- Increase the coverage and compliance of iron and folate supplementation among WIFA (including adolescents)
- Improve the competencies and skills of service providers on nutrition counselling
- Collaborate with MOFA, private sector and other relevant stakeholders on increased production and utilization of improved crop varieties and diversified food
- Collaborate with FDA to improve food fortification programme
- Advocate for implementation of Public Health interventions such as deworming and malaria control in the anaemia control strategy.

To reduce the growing burden of overweight & obesity

- Assess critical determinants of overweight and obesity among men, women and children to inform the design of appropriate programs
- Increase the number of wellness clinics and improve the capacity of staff to address issues of overweight and obesity
- Collaborate with FDA and advocate for the regulation of marketing of complementary foods and improved school food quality standards (nutrition labelling, reformulation to reduce intake of fat, sugars and salt)
- Advocate for regulating salt and sugar and unhealthy fat content of commercial food products
- Increase SBCC on healthy lifestyle including physical activity and portion size control
- Scale up implementation of interventions for school aged nutrition programs

CHAPTER 5

IMPLEMENTATION OF STRATEGIC PLAN

CHAPTER 5. IMPLEMENTATION OF STRATEGIC PLAN

The successful implementation of this RMNCAH&N strategic plan depends on managers, supervisors and health facility service delivery staff who are involved with RMNCAH&N services. The most crucial aspect of getting all the health delivery staff to have the best outcomes is the leadership for RMNCAH&N at all levels.

Role of Family Health Division

The FHD, which is responsible for providing the overall leadership for the implementation of this strategic plan will have to engage the 16 Regional Health Management Teams and through them all the districts in the country to make them familiar with the strategic plan.

Specifically, the FHD will be primarily responsible for cross-cutting issues thus creating an enabling environment for all regions and their districts to effectively carry out RMNCAH&N services. The conduct of this responsibility for cross-cutting issues shall involve the engagement of different Divisions in the GHS to include HRDD (Human Resource Division), HASS (Health Administration and Support Services) and SSDM (Stores, Supplies and Drugs Management) for the competent staff, equipment, and commodities respectively for the effective service delivery. The Ghana Health Service will work together with the Ministry of Health and the Ministry of Finance for timely provision of financial resources for the services.

It shall be expected that under the oversight of the Director General, the FHD Director and Deputy Directors will be primarily responsible for ensuring that the key indicators identified in this plan are on track for achieving the set targets.

Role of Regional Health Management Teams

The Regional Health Management Teams through their DHMTs, SDHTs, and CHPS Zones will be primarily responsible for getting this plan effectively implemented at all levels of service delivery.

Primarily, the RHMTs shall be instrumental in identifying districts, sub-districts, and CHPS zones which are mostly affected by the health disparities and inequities prevalent in the country so that these can be given extra attention in the implementation of this plan.

Additional roles for the RHMTs will include capacity building for facility and unit heads on the priority areas for implementation of activities, and together with FHD programme managers monitor progress made by the various programme areas.

Finally, the RHMTs, and by extension their DHMTs, will be mandated to identify potential aspects

of the RMNCAH&N services that would benefit from additional research efforts to help address the needs of the services.

Engaging External Partners

This plan will not be successful without the continued support of the Health Development Partners, Professional Bodies, Civil Society Organizations and other important stakeholders. Development Partners will need to work with FHD in accordance with the identified priority areas of this strategic plan since the importance of well-coordinated efforts between the programme activities of Development Partners and FHD in the identified priority areas cannot be overemphasized. Since the members of Professional Bodies such as Paediatricians, Obstetricians, Gynaecologists and Midwives will be the ones leading the health service delivery in the country, it is important for these groups to have their expected roles in the implementation of this plan clearly communicated to them and to ensure that a good partnership with FHD is maintained.

Costing

This strategic plan is essentially an outline of what FHD intends to achieve in the country over the next five years. It is obvious that the outline on its own does not ensure the achievement of the set goals. An important activity that needs to be completed is to get the plan costed for the whole 5-year period and for the annual budget cycles. Accurate costing of the plan will be dependent on the Programme Managers within FHD working to outline the activities that they will be engaged in with the corresponding timelines based on the targets set within the plan.

Creation of new programmes within Family Health Division

The review of FHD programmes showed that despite the wide coverage of reproductive health issues covered by the programmes, there were no programmes specifically addressing either sexual health or healthy aging. The absence of data on infertility and reproductive health cancers also demonstrated that not enough attention is being paid these areas of reproductive health.

During the period of implementation of this plan, FHD needs to work closely with the Non-Communicable Diseases Unit of the Public Health Division to create an active programme will address reproductive health cancers. There is also the need for greater visibility of FHD in issues related to gender based violence. This can be done by increasing the level of collaboration with the Ministry of Gender, Children and Social Protection. There must also be increased advocacy by the FHD to bring to national prominence the public health significance of infertility through active partnership with the Society of Gynaecologists and Obstetricians of Ghana as well as with Urologists.

The identified gaps in programme coordination stated above calls for the creation of three new programmes under the RCH department of the FHD. These three programmes shall be responsible for sexual health, infertility and health and nutrition of older adults.

The following are suggested strategic objectives for the new programmes:

Strategic Objectives for Sexual Health programme

- Increase the capacity of family planning service providers to provide counselling on male and female sexuality
- Create avenues at ANC and PNC services for addressing of problems related to sexual dysfunction
- Collaborate with Society of Obstetricians and Gynecologists of Ghana (SOGOG) and Ghana Registered Midwives Association (GRMA) to increase public discussion as well as discussion among professionals on sexual health and sexual dysfunction

Strategic Objectives for Health and Nutrition of Older Adults programme

- Establish a national mechanism to address health and nutrition of older adults
- Increase awareness and understanding of health and nutrition issues of older adults in Ghana
- Build workforce capacity at all levels of the health system for integrated Care for the elderly
- Create older adults-friendly health facilities
- Create and empower older adults support groups to assist with screening, education, management and care of older adults in communities
- Increase the ability of older adults to remain active, healthy and living independently in their communities.

Strategic Objectives for Infertility programme

- Increase awareness on infertility as a public health issue
- Improve the capacity of family planning service providers to provide counselling on fertility and achieving pregnancy
- Work with SOGOG and other stakeholders to draw a plan for addressing infertility from a public health perspective
- Improve the capacity of our health facilities to provide services for the treatment of male and female infertility
- Advocate for regulation of assisted reproductive and herbal treatments for infertility
- Increase public awareness on the availability of counselling services and treatment for infertility

CHAPTER 6

MONITORING AND EVALUATION

CHAPTER 6. MONITORING AND EVALUATION

KEY INDICATORS FOR MONITORING FHD RMNCAH&N PROGRAMMES

The health indicators that will be used to monitor progress in the implementation of this strategic plan have been selected in line with the targets and indicators for the Sustainable Development Goals (specifically SDG 3) which are to be achieved by 2030.

The targets and indicators of this strategic plan which are to be achieved by 2025 shall additionally act as measures of progress towards enabling Ghana to effectively work towards meeting the SDG targets in 2030.

The key indicators that will be used for each of the FHD programmes are shown in Table 1.

Table 1: Key RMNCAH&N indicators for monitoring

Programme	Indicator	Definition	Source Data
Newborn Health	Stillbirth rate	number of pregnancies from 28 weeks gestational age and beyond which do not end in a live birth per 1000 total births in a year	National Surveys DHIMS 2 (Institutional rates)
	Neonatal mortality rate	number of babies who were born alive who die before 28 days of life out of every 1000 live births	National Surveys DHIMS 2 (Institutional rates)
	Early neonatal mortality rate	number of babies who were born alive who die before 7 days of life out of every 1000 live births	National Surveys DHIMS 2 (Institutional rates)
Child Health	Infant mortality rate	number of children less than 1 year who die in a particular year per 1000 live births.	National Surveys DHIMS 2 (Institutional rates)
	Under 5 mortality rate	the number of children aged less than 5 years who die in a particular year per 1000 live births in that same year	National Surveys DHIMS 2 (Institutional rates)
Adolescent Health	Adolescent contraceptive rate	proportion of sexually active females aged between 10 and 19 who are using contraception.	National Surveys*

Programme	Indicator	Definition	Source Data
	Adolescent family planning acceptor rate	percentage of new users of family planning methods in a particular year who are aged between 10 and 19	DHIMS 2
	Adolescent unmet need for family planning	proportion of sexually active adolescents who do not desire to become pregnant but who are not using a method of contraception. The best source for this indicator is a national survey	National Surveys*
	Adolescent pregnancy rate	percentage of females aged between 10 and 19 who had a pregnancy in a given year	National Surveys*
	Prevalence of anaemia in female adolescents	percentage of females aged 10 to 19 who have a haemoglobin level less than 11.0 g/dl.	National Surveys*
Family Planning	Contraceptive prevalence rate for modern methods	percentage of sexually active women aged between 15 and 49 who are using modern contraceptive methods	National Surveys
	Total Fertility rate	number of children a woman would have had if she had children all through her reproductive years at the age specific fertility rate for each age	National Surveys

Programme	Indicator	Definition	Source Data
	Unmet need for family planning	proportion of sexually active women between 15 and 49 who do not desire to become pregnant but who are not using a method of contraception	National Surveys
Maternal Health	Maternal Mortality ratio	number of maternal deaths per 100,000 live births in a given year	WHO models Vital Statistics RAMOS Surveys
	Direct Obstetric Case Fatality Rate	percentage of women with obstetric complications who die in health institutions	National EMONC Surveys
	Proportions of facilities that are fully BEMONC	proportion of facilities that have provided the defined BEMONC services within the past three months	National EMONC Surveys
	Proportion of hospitals that are CEMONC	proportion of hospital that have provided the defined CEMONC services within the past three months	National EMONC Surveys
	Skilled Birth Attendance coverage	Proportion of deliveries that are conducted by skilled birth attendants	National Surveys

Programme	Indicator	Definition	Source Data
Nutrition	Exclusive breastfeeding at 6 months	Percentage of infants aged six months who are being exclusively breastfed	National Surveys
	Prevalence of stunting in children under 5	proportion of children aged less than 5 who are less than the appropriate height for age	National Surveys
	Prevalence of anaemia in women of reproductive age	percentage of women aged between 15 and 49 whose haemoglobin level is less than 11.0 g/dl	National Surveys
	Prevalence of overweight and obesity	percentage of the adult population who are overweight or obese based on their BMIs	National Surveys

*Current national surveys do not have data on adolescents aged 10-14

ANNUAL TARGETS FOR INDICATORS

The annual targets for each of the selected indicators have been set based on a number of different considerations. The strategic plan has indicators, which happen to be the same as those of the SDG targets, and are aligned to the progress made in attaining the SDGs. The remaining indicators which are not part of the SDG indicator group have targets which have been determined based on previous performance of the health sector. For indicators where the agreed global target has been reached, the target is maintained at the global level and this applies only to the Direct Obstetric Case Fatality rate.

Where global targets have not been reached, indicator targets have been set with the assumption that progress under this strategic plan will be achieved at 1.5 to 2 times the rate of progress made between 2014 and 2018.

For all the indicators it must be noted that the targets set are national targets and it is possible for the national targets to be achieved in the midst of a number of poorly performing districts and regions. It is therefore important that in the monitoring process of this plan, national data should be disaggregated and analysed by administrative region and districts, and where indicated by age group or socioeconomic status. The disaggregation of this national data will reveal inequities which are not obvious when considering the indicators only at the national level and held in decision making to address these inequities.

The annual targets for each of the indicators is shown in Table 2 on the next page.

0	Indicator	2018 value	20
Newborn Health			
	Stillbirth Rate (General Population)	23 per 1000	22
	Stillbirth Rate (Institutional)	1.4 per 1000	
	Neonatal Mortality Rate (General Population)	25 per 1000	22
	Neonatal Mortality Rate (Institutional)		
Child Health			
	Infant Mortality Rate (General Population)	37 per 1000	33
	Infant Mortality Rate (General Population)	8.5 per 1000	7.
	Under 5 Mortality Rate (General Population)	52 per 1000	47
	Under 5 Mortality Rate (Institutional)	4.9 per 1000	4.
Adolescent Health			
	Adolescent contraceptive prevalence rate	6.9%	11
	Adolescent family planning acceptor rate		
	Adolescent unmet need for family planning**		
	Adolescent pregnancy rate**		
	Prevalence of anaemia in female adolescents	26.4%	24
Family Planning			
	Modern contraceptive method prevalence rate	25%	29
	Unmet need for family planning	30%	26
	Total fertility rate	3.9	
Maternal Health			

	2020 Target	2021 Target	2022 Target	2023 Target	2024 Target	2025 Target	SDG 2030 Target
	22	21.5	21	20.5	20	19.5	
	22.8	21.7	20.6	19.5	18.4	17.3	12 per 1000
	33	31	29	27	25	23	
	7.3	6.7	6.1	5.5	4.9	4.2	
	47.4	45.1	42.8	40.5	38.2	35.9	25 per 1000
	4.1	3.7	3.3	2.9	2.5	2.1	
	11	13	15	17	19	21	
	24	23	22	21	20	19	
	29	31	33	35	37	39	
	26	24	22	20	18	16	

0	Indicator	2018 value	20
	Maternal mortality ratio	308 per 100,000	27
	Institutional Maternal Mortality ratio	127 per 100,000	11
	Direct Obstetric Case Fatality Rate*	1%	1%
	Proportion of facilities fully BEMONC*	1.1%	
	Proportion of facilities fully CEMONC*	6.6%	
Nutrition			
	Prevalence of stunting in children under 5	21.4%	19
	Prevalence of anaemia in women of reproductive age	21.7%	19
	Prevalence of overweight in men		
	Prevalence of overweight in women	24.5%	22
	Prevalence of obesity in men		
	Prevalence of obesity in women	14.5%	12

	2020 Target	2021 Target	2022 Target	2023 Target	2024 Target	2025 Target	SDG 2030 Target
	276	260	244	228	212	196	113 per 100,000
	113	106	93	80	67	54	42 per 100,000
	1%	1%	1%	1%	1%	1%	
	19	18	17	16	15	14	
	19	18	17	16	15	14	
	22	21	20	19	18	17	
	12	11	10	9	8	7	

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World Health
Organization

unicef



WORLD BANK GROUP



UNAIDS



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