GHANA MDG ACCELERATION FRAMEWORK (MAF)

2016/17 Strategy and Operational Plan

This document summarizes Ghana MAF strategy and operational plan

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ACRONYMS AND ABBREVIATIONS

GHS – Ghana Health Service

MAF – MDG Acceleration Framework

MDG – Millennium Development Goals

MMR – Maternal Mortality Rate

MoH – Ministry of Health

NSC – National Steering Committee

PPME – Policy, Planning, Monitoring and Evaluation

TH – Teaching Hospital

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FOREWORD

Improvement in maternal and child health has been identified by His Excellency President John Dramani Mahama as the number one policy priority in the Health Sector under the **Better Ghana Agenda** of the Government.

According to the latest estimate by the Maternal Mortality Estimation Inter-agency Group (MMEIG), the MMR in Ghana was 319 per 100,000 live births in 2015. The country was therefore unable to achieve its MDG target of 185 per 100000 live births.

With the Sustainable Development Goals (SDG), a more ambitious target to reduce the global maternal mortality ratio to less than 70 per 100,000 live births has been set, and Ghana must play along. With the expiry of the MDGs and the advent of the SDGs the global community has garnered hither-to-fore unprecedented concerted global action in this regard. However, despite this effort there is general acknowledgement of unfinished agenda in terms of achieving the MDGs 4 and 5 at global, regional and national levels. There is therefore need to ensure sustained action to address the gaps in the MDGs.

As Government we reaffirm our strong commitment to the full implementation of this new Agenda. We recognize however, that we will not be able to achieve our ambitious Goals and targets without a revitalized and enhanced partnership with all stakeholders. We will therefore mobilize and engage government, civil society, Development partners, the private sector and the communities and put together all available resources to meet the targets.

Hon. Alexander Percival Segbefia

Minister of Health, Ghana

BACKGROUND:

Over the past decades Ghana has invested strongly in maternal and reproductive health care to support attainment of its development goals. Several high level initiatives have been launched in the country since 1990 to enhance progress towards MDG5, of which Making Pregnancy Safer Initiative, CARMMA and MDG5 acceleration framework(MAF) are amongst the most notable. Ghana is signatory and staunch supporter to a number of key frameworks that drive the Maternal and Reproductive Health global agenda such as ICPD PoA, MDG and FP2020.

A predictable result of this commitment was a considerable improvement of both the coverage of Maternal and Reproductive Health services and associated health outcomes. The percentage of deliveries occurring in a health facility has increased from 42% in 1988 to 73% in 2014. The percentage of births attended by a skilled provider has increased from 40% to 74% over the same period. 97% of women in Ghana receive antenatal care from a skilled provider. This percentage has increased steadily from 82% in 1988 to 97% in 2014 (DHS 2014).

Nevertheless, these investments have fallen short of putting the country on track to reach the 75% reduction of the Maternal Mortality Rate (MMR) required by the MDG5. According to the latest estimate by the Maternal Mortality Estimation Inter-agency Group (MMEIG), the MMR in Ghana has fallen from 634 per 100,000 live births in 1990 to 376 per 100,000 live births in 2005 and is currently 319 per 100,000 live births in 2015.

The slow progress has been of great concern to policy/decision makers to the extent that Maternal Mortality was declared a national emergency in July 2008.

Responding to these concerns Ghana's MDG5 Acceleration Framework (MAF) was developed by the Ministry of Health and Ghana Health Service in collaboration with development partners, particularly the United Nations Country Team and other stakeholders in Ghana in 2010. Its aim is to augment implementation of the Maternal and Child Health programme with the objective of attaining the MDG indicators and targets. Following that, a costed Operational Plan was developed in 2011 to guide implementation of the MAF. The focus of the MAF and its Operational Plan is primarily on MDG 5 although investments in improving access and quality of Skilled Delivery, EmONC and child spacing will have a strong impact on neonatal and infant mortality as well (MDG4).

The MAF focuses on improving maternal health at the level of both community and health care facilities using evidence-based, feasible and cost-effective interventions in order to achieve accelerated reduction in maternal and newborn deaths. The three key priority interventions identified are improving family planning, skilled delivery and emergency obstetric and newborn care.

The MAF was not aimed at replacing existing policies or programmes. Rather, it is meant to build on and complement existing initiatives to accelerate the country progress towards MDG 5 by 2015.

MAF is being implemented with all resources available for realizing maternal and child health in Ghana including 52 million Euros committed by the EU as well as the assistance provided to strengthen maternal and neonatal health by bilateral and multilateral agencies such as DFID, DANIDA, USAID, UNFPA, UNICEF, WB and others.

Governing Structure of MAF:

MAF is implemented nationwide in all districts. A National Steering Committee (NSC) provides overall governance and policy oversight for MAF implementation. The NSC is chaired by the Minister of Health and has membership that includes DPs/UN agencies, MoH, GHS, CSOs, NHIA etc. Four technical subcommittees aid the work of the National Steering Committee: Procurement, Behavioural& Social Change Communication (BSCC), Human Resource and M&E.

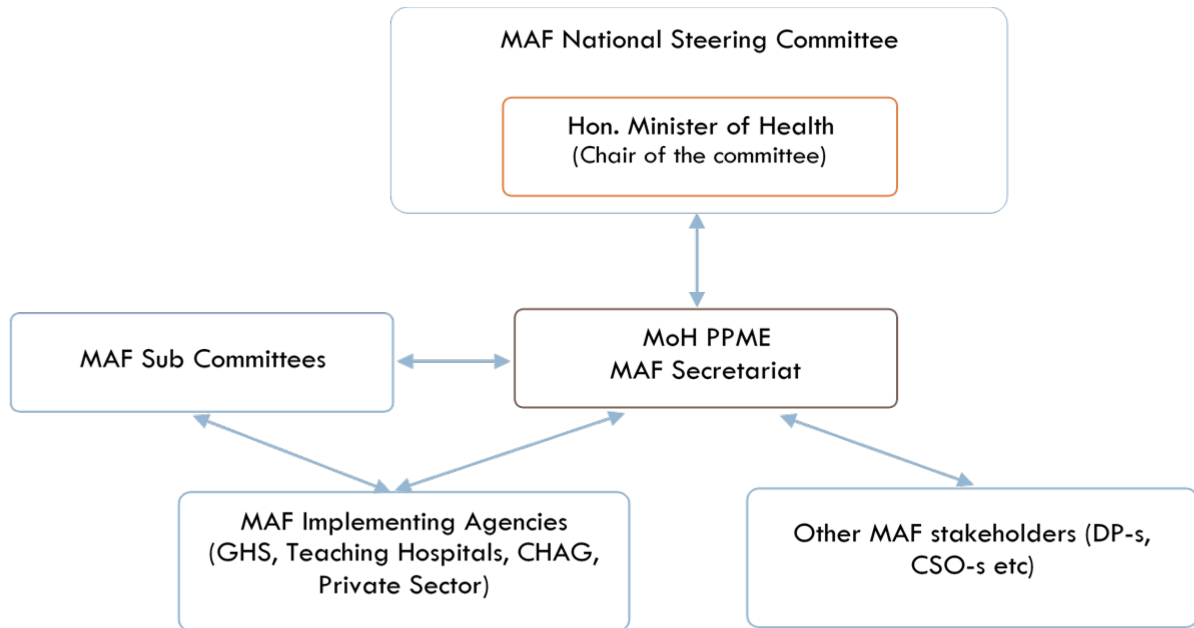

FIGURE 1: MAF GOVERNING STRUCTURE

A MAF Secretariat has been established within the MoH PPME Directorate. The secretariat's role is to support the NSC to provide oversight and strategic direction to the implementation of the MDG acceleration framework. More specifically the functions of the secretariat as per the ToR agreed between the Ghana MoH and the UN are as follows:

1. Coordination and liaison with the NSC and the MAF implementing agencies
2. Development and operationalization of MAF M&E and reporting standards
3. Technical support for MAF implementation oversight
4. Support effective functioning of the NSC, which includes organising quarterly NSC meetings and preparing MAF programme reports

The MoH MAF secretariat works closely with the M&E unit, Procurement and Finance directorates of the MoH, MAF subcommittees as well as the GHS, CHAG, Teaching Hospitals to fulfil the above functions.

As per its ToR the MAF secretariat shall consist of five people: a) full time National Coordinator b) part time RH Technical Expert c) part time management Technical Advisor d) full time M&E and communication officer and e) full time Finance Officer. However at present the secretariat consists of National Coordinator, part time RH Technical Expert and part time management Technical Advisor. There is a pressing need to bolster the capacity of the MAF secretariat, especially its M&E and Financial oversight functions.

Each agency that implements components of MDG Acceleration Framework (GHS, National Teaching Hospitals, CHAG, MoH Procurement Directorate) has a unit that oversees implementation of MAF and reports to the MOH MAF Secretariat on a quarterly basis on the progress against MAF targets.

MAF IMPLEMENTATION 2013-15

Implementation

The Financing Agreement between the Government of Ghana and the European Union for MAF was signed in October 2012. In view of this, the first tranche of 10million Euros was disbursed to the Ministry of Health in April, 2013 for implementation of the MAF Strategy. Operationalization of the plan made a strong contribution to addressing the bottlenecks in maternal health care identified during development of the MAF. By mid-year 2014 over 1171 community health nurses had been trained to insert implants in line with policy. An analysis of activities planned and undertaken to date is at **Annex 1.**

In 2015 a MAF Strategy and Operational plan was developed and signed off by the Minister of Health.

Despite rigorous planning, the 2015 MAF operational plan suffered from a number of setbacks. There was lack of general consensus among major donors on the plan. While DANIDA agreed with and executed the plan, EU did not approve the 2015 Operational Plan citing that it did not adequately reflect the targets set in the MAF Strategy and was skewed towards training and governance activities and less so to activities that would directly save the lives of mothers. Using DANIDA funding, the procurement started in 2013 was reactivated and implementing partners were asked to prioritise their plans and deliver specific MAF activities. **Annex 3** shows procurement done with DANIDA funding against original MAF procurement requirements.

There were challenges with alignment of the actual implementation of activities with the approved plans. Late receipt of Funds affected the execution of the various activities. The regions did not receive any funding until the third quarter of the year (2015). Execution of the plan was overall fragmented, skewed towards training, while procurement and distribution of equipment lagged behind.

According to a Joint Monitoring Report (November 2015) Implementation of 2015 planned activities was at best modest. The original activity plan and budget was reduced significantly such that only activities

related to training were met by the agencies. Procurement activities had started but were not yet completed. A distribution plan was developed but equipment was yet to be distributed to facilities.

Challenges

Despite the progress made towards achieving Ghana MDG Acceleration Framework (MAF) targets a number of challenges impaired its scale and effectiveness. These challenges are diverse in nature and relate to the framework's financing, implementation, reporting, coordination and governance.

Financing:

The first and possibly the most serious impediment for effective implementation of MAF Operational Plan is its financing that remains fragmented and inadequate. Of the $313,433,060.00 required to bridge the gaps identified in the MAF Operational Plan[1] funding of only 10 million euros from the European Union and about 7 million USD from UNFPA can be reliably verified. Funding for the MAF from other sources, including from the Government of Ghana and other the DPs was less tangible, although it is deemed to be sizeable and played a crucial role in facilitating the progress against the MAF targets.

The resource envelope for 2015, which was the final year of implementing MAF was modest with only 57 million DKK from DANIDA released for work plan activities. A rigorous prioritisation was therefore undertaken to ensure that the available resources are directed to support the most effective activities of the MAF plan. In 2015 the European Union disbursed Euro 31,249,800.00 of which the first tranche of Euro 19,999,900.00 hit the MOH account on the 2nd December 2015. The second tranche of Euro 11,249,900.00 has also been credited on to the MOH account in February 2016. Even though the funds were disbursed in July, 2015, there was a delay period of up to 6 months before they were was transferred into the account of the MoH.

Programme M&E and Reporting

The MAF operational plan contains a number of well-defined progress indicators and description of governance and coordination structures to enable effective program M&E and reporting. In 2015 the MAF funds released to implementing agencies were however meagre and uneven and this curtailed implementation of planned activities at all levels of MAF implementation. In the absence of specific MAF funding, it was difficult to track the MAF operational plan activities as these were often subsumed into the normal MAF-related activities at each of the levels

MAF 2016/17 OPERATIONAL PLAN

Process of reviewing MAF operational plan

Recognising the implementation and financial challenges set out above, the Ministry of Health, following discussion at the NSC, embarked on developing the 2016 operational plan, identifying activities and procurements most likely to contribute to the attainment of the gaols of MAF within

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[1] Government of Ghana. Ghana MDG 5 Operational Strategy

the available resource envelop. The 2016 operational plan is guided by the MOH policy orientation on implementing MAF developed in Sogakope in 2015. The policy orientation emphasized the following:

- Activities must be clearly based on the original MAF plan and take account of activities already carried out
- There should be more capital investments into district level and above including placing emphasis on upgrading facilities to become EmONC compliant, functioning blood banks and ICUs at teaching hospitals
- Increase procurement of essential equipment
- Strengthening of the referral system
- Teaching hospitals should prioritize specialist outreaches
- Training requests should be evidence based
- Ensuring coordination with other programmes and other partners in implementing MAF

The MAF implementing agencies developed their agency specific implementation plans in line with the policy guidance. Following the submission of the agency-specific work plans, the MAF Secretariat collated the activities in one national plan to facilitate analysis of the proposals from implementing agencies. It then worked with the agencies and with the use of further bilateral meetings, to prioritize activities based on the Sogakope policy orientation and MAF steering committee recommendations. Part of this process included full engagement with the main donors (the EU and DANIDA).

MAF operational plan activities for 2016/17

There are two key strands

- Activities carried out by implementing partners
- Procurement of medical equipment and vehicles

Activities carried out by implementing partners

The focus of MAF is on the supply side, ensuring that facilities are equipped and staff trained to deliver services. Activities in the 2016/17 plans revolve around advocacy, training, procurement, service delivery and governance including planning and administration at different levels, Human resource and monitoring and evaluation (**See Table1**). A few activities centre on operational research and research on social and cultural determinants of maternal health, family planning and skilled attendance at birth designed to enhance the programme and develop future policy on maternal and child health.

TABLE 1: BUDGET BREAKDOWN BY ACTIVITY CLASSIFIXCATION

Activity Classification	Sum of TOTAL COST REQUIRED	Percentage (%)
Human Resource and Training	11,917,556.36	7.19%
Research	8,209,753.29	4.95%
M&E	7,214,906.48	4.35%

service delivery	4,915,373.32	2.96%
Planning / Admin	4,166,700.12	2.51%
Governance	2,340,640.00	1.41%
Advocacy	1,990,854.00	1.20%
Procurement	125,106,827.96	75.43%
Grand Total	**165,862,611.53**	**100.00%**

The total cost for the planned activities is GHC 165,862,611.53 of which GHC 40,755,783.57 (24.6 percent) is designated for program activities and GHC 125,106,827.96 (75.4 percent) for procurement. **Table 1** shows the budget breakdown by activity classification. The activities are implemented at different levels of the system. **Table 2** shows an overview of the implementing agencies and budget allocations for interventions by agency.

TABLE 2: OVERVIEW OF BUDGET ALLOCATIONS BY IMPLEMENTING AGENCY

Agency	**Activity**	**Procurement**	**Total cost**	**percentage**
GHS/HQ	2,372,988.00	63,460,318.00	65,833,306.00	39.69%
MOH/HQ	16,708,758.54	6,417,888.48	23,126,647.02	13.94%
NAS	988,200.00	6,466,000.00	7,454,200.00	4.50%
GHS/UWR	2,125,090.00	3,263,480.00	5,388,570.00	3.20%
TTH	746,950.00	4,586,368.48	5,333,318.48	3.20%
GHS/VR	2,035,425.00	3,263,480.00	5,298,905.00	3.20%
GHS/AR	1,911,100.00	3,263,480.00	5,174,580.00	3.10%
GHS/NR	1,909,463.70	3,263,480.00	5,172,943.70	3.10%
GHS/WR	1,478,405.00	3,263,480.00	4,741,885.00	2.90%
GHS/GR	1,451,392.55	3,263,480.00	4,714,872.55	2.80%
GHS/BAR	1,439,023.20	3,263,480.00	4,702,503.20	2.80%
GHS/ER	1,367,820.00	3,263,480.00	4,631,300.00	2.80%
GHS/UER	1,361,665.58	3,263,480.00	4,625,145.58	2.80%
GHS/CR	1,232,100.00	3,263,480.00	4,495,580.00	2.70%
KBTH	1,020,980.00	3,349,410.00	4,370,390.00	2.60%
CHAG	530,470.00	2,473,078.00	3,003,548.00	1.80%
CCTH	461,612.00	1,672,075.00	2,133,687.00	1.30%
KATH	499,340.00	1,450,790.00	1,950,130.00	1.20%
Blood Service	270,000.00	1,621,100.00	1,891,100.00	1.10%
Training Institutions	845,000.00	975,000.00	1,820,000.00	1.10%
Grand Total	**40,755,783.57**	**125,106,827.96**	**165,862,611.53**	**100.00%**

The list of the MAF Implementing Agency individual plans and a budget summary for 2016 is presented **in Annex 2.**

Procurement

At the start of the programme a detailed procurement list was drawn up in 2010. This has formed the basis of the procurement, with some modification reflecting the changing needs. However, the procurement list has been prioritised as there are insufficient funds to cover all of the items to be procured (see the explanation above). For reference, the original list is shown in **Annex 3.**

The procurement initially started in 2013 and was re- activated in 2015 using DANIDA funds and will be completed by early 2016 (the **first wave**).

As part of the 2016 planning, an initial assessment of needs of further equipment was carried out by implementing partners

The full list of items to be procured as the second wave is at Annex 4. This list was chosen based on the original needs submitted by the implementing partners and was guided by both the Sogakope policy orientation and gaps assessment in the original MAF plan. The list was also influenced by emerging agency-specific needs as expressed during agency-specific planning. The procurement is aimed at supporting the intermediate and upper levels of the system (compared to the WB and DFID programmes which are aimed at CHPS level). The total amount for this procurement is **GH¢ 125,106,827.96.** Table 3 shows the procurement classification and budget by category

TABLE 3: PROCUREMENT CLASSIFICATION

Procurement classification	Cost
Administrative Charges	5,526,000.00
Commodities	43,418,988.48
Infrastructure	15,800,000.00
Medical Equipment	41,676,633.00
Office Equipment/Telephone	1,119,888.48
Printing	13,342,318.00
Vehicles	4,223,000.00
Grand Total	**125,106,827.96**

DANIDA will fund items worth **GH¢30,000,000.00,** mainly to support blood donor motivation, blood collection, blood testing, Printing Family planning client record cards, Updating and printing maternal health records and pregnancy information booklets. DANIDA will also support procurement of 5 ambulances and 8 pickups. A procurement subcommittee has been created to manage the procurement processes.

FUNDING

The funding situation for the 2016 programme is as follows:

Total Expected Inflow from the EU funding is GH₵118,622,731.48. The funds have already been credited on the MOH Account. DANIDA committed funding to maternal and child health for the years 2015 and 2016. In 2016, this amounted to DKK 57m (estimated to be 30m GHC). The Total resource envelope from the EU and DANIDA is about **GH₵165,862,611.53.**

UNFPA will allocate an estimated sum of USD 3,534,822.32 (GHC 13,008,146.13 towards procurement of contraceptives. This is handled directly by the UNFPA. Other donors will also be contributing directly or indirectly to maternal health in Ghana. .

PROGRAMME COORDINATION

The MAF operational plan will require effective coordination to be delivered. Overall implementation will be steered by the MOH MAF Secretariat. The Ministry of Health (MoH) MAF Secretariat will be responsible for policy formulation and overall stewardship for the MAF implementation and the Ghana Health Service, Teaching hospitals (Komfo Anokye Teaching Hospital, Korle Bu Teaching Hospital, Tamale Teaching Hospital and Cape Coast Teaching Hospital, Christian Health Association of Ghana, Pre Service Health Training Institutions will be the implementing agencies.

MOH MAF Secretariat will provide technical assistance, organize reviews, monitor and evaluate MAF activities. Oversight of activities will be provided under the framework of the NSC, chaired by the Hon Minister of Health. The role of the NSC is to ensure complementarily and timely implementation of all related partner activities. The MAF Secretariat under the Policy, Planning, Monitoring and Evaluation (PPME) Directorate of the Ministry of Health will ensure implementing agencies stick to the required remits and also provide updates to ensure effective functioning of the Steering Committee.

Technical oversight of the activities in the various implementing agencies will be guided by their MAF Focal Persons and their respective Agency heads. The activities will form part of the work-plan of the agency and shall be subject to the agency rules and guidance on updates and reporting of activities.

At the regional level, the Regional Director of Health Service (RDHS) shall be responsible for the implementation and monitoring of MAF activities.

The District Director of Health Service (DDHS) will coordinate the preparation and implementation of the District Action Plan following operational guidelines prepared by the GHS Headquarters. The District Director will be the focal person for MAF in the district and will provide technical guidance and leadership for implementation and monitoring within the framework of the Social Services Sub-Committee of the District Assembly. The district health management team (DHMT) will monitor and evaluate activities of the sub-districts and the sub-district health teams will provide implementation support to the CHOs and volunteers for the community-based interventions.

MONITORING AND EVALUATION

The MAF focuses on improving maternal health at the level of both community and health care facilities using evidence-based, feasible and cost-effective interventions in order to achieve

accelerated reduction in maternal and new-born deaths. In line with this focus The MAF Secretariat developed a MAF M&E framework (See Annex 5). The monitoring will cover MOH HQ. GHS HQ, all ten regions, all teaching hospitals as well as selected districts and CHAG facilities. The objectives of the monitoring are:

- To assess progress against planned activities
- To take stock of equipment procured as part of MAF funding
- To assess the effectiveness and efficiency of the distribution of goods planned for procurement
- To identify less performing agencies or entity and support them to improve their performances
- To obtain evidence (based on data collected and analyzed) to inform decision making on relevance, sustainability and impact of activities undertaken

In this regard the following performance indicators will be monitored:

MAF procurement

- Proportion of approved procurement plan implemented
- Proportion of items planned for procurement distributed to end-users (facilities)

Implementation of planned MAF activities

- Proportion of implementing agencies/entities with 95 percent AWP implementation rate
- Proportion of regions holding formal performance interfaces with less performing implementing agencies
- Total fund utilization rate
- Proportion of Implementing agencies with all reports and plans submitted on time

Governance and leadership

- Proportion of regions with functional MAF structures (all levels-region, district, facilities)
- Proportion of regions taking MAF Management decisions based on evidence

The MAF Secretariat has developed a reporting format for implementing agencies to share data and information on implementation of the MAF. Fully operationalising the MAF M&E framework, including the financial reporting will be essential for effective monitoring of the program and ensuring effective use of resources for accelerating improvements of Maternal and Neonatal care and health.

Evaluation activities will centre on four key areas:

- A review of Headline MAF Results including Couple of Years of protection to measure the impact of investment in training in long acting and permanent methods of FP; EmONC compliance by level of Health facility to measure the impact of investment in equipping health facilities and related procurements (an EmONC assessment will provide baseline data); and the proportion of pregnant women making at least four ANC visits (to measure the impact of investment in training in focused ANC). This review will feed into the sector's Holistic Assessment. .
- Six monthly reports based on MAF indicators reported in the DHIMS and reports from implementing agencies. The updates will be used to discuss performance trends, make recommendations for further releases of funds to implementing agencies and feed into the NSC meetings (see reporting format at Annex 6). .
- At the end of the implementation phase, a review of the overall implementation of MAF which will establish the progress it had both towards achieving its targets and supporting achievements of the country's Maternal and Reproductive health goals.
- There will be an EMONC survey in 2016. A Maternal Health Survey to determine the burden of maternal mortality and morbidity at the national and regional levels and generate relevant information for strategic and operational planning of the post 2015 maternal, reproductive and neonatal health program. Preparatory work for the MHS has started

All reports will be made available on the MAF website and blog.

Financing of the MAF Operation Plan in 2016

Financial monitoring

All financial monitoring will conform to the Financial Administration Regulations of the Ministry of Health. The overall emphasis will be to ensure we stick to the agreed upon MAF plans and ensure all donor and Government of Ghana contributions are spent properly. The overall financial monitoring will be coordinated by the Financial Controller, MoH through the Financial Monitoring Unit.

All the financial monitors in the 10 regions will be engaged to ensure that funds are spent adequately for the activities indicated for them.

These reports will be expected from all the regions on a quarterly basis and should be submitted to the Financial Controller and the Director, PPME of the MoH.

Disbursement of funds

Funds will be released after every 6 months and subsequent releases will be based on a submission of the reports of implementation and the financials spent by the implementing agency. Criteria will centre on

- A satisfactory rate of budget execution as identified by the number of activities carried out and the amount of funding used up. At least 95% of the funding dispersed for the first six months will need to be have been allocated
- A fully worked up plan for next six month tranche of funding, based on the original plan submitted.

Both the financial report and the plan for the next six months of activity will be cleared by the Director PPME of the Ministry of Health before next disbursement can be made. No funds will be released to the implementing agencies until their balances are known. Significant underspends may result in the re-allocation of funding to other MAF activities by the Secretariat.

Distribution Plan

All distribution of materials will be guided by the policies of the Procurement Unit of the Ministry of Health. A distribution list will be developed by the Procurement subcommittee to guide the distribution of all the equipments.

Follow up of items distributed will be done 1 month after the items have been distributed. This will be undertaken by the Internal Audit Division of the Ministry of Health.

All updates of the distribution should be sent to the Director PPME, MoH two months after the receipt of items and reported to the NSC.