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## **Making information dissemination actionable: Demonstration of approach to disseminate health facility assessment result**

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- Demonstration purpose
  - PATH: Who and Where
  - PATH in Ghana
  - About MEBCI – Project relevance
  - Health facility assessment
  - Dissemination approach
  - Post-workshop engagement
  - Newborn care in target facilities before MEBCI
  - Dissemination supported project results
  - Reflections on approach
  - Implementation challenges
  - Conclusion and recommendation
- Acknowledgement

# Demonstration purpose

To describe how Making Every Baby Count Initiative (MEBCI) disseminated findings from the Health Facility Assessment to influence stakeholder efforts (from community to national officials) towards improving newborn care services in Ghana.

A close-up photograph of a Black woman lying down, holding a newborn baby against her chest. The woman is looking upwards and to the right with a thoughtful expression. The baby is wearing a light green knit hat and is wrapped in a patterned blanket. The background is slightly blurred, showing a patterned wall with a yellow animal head design.

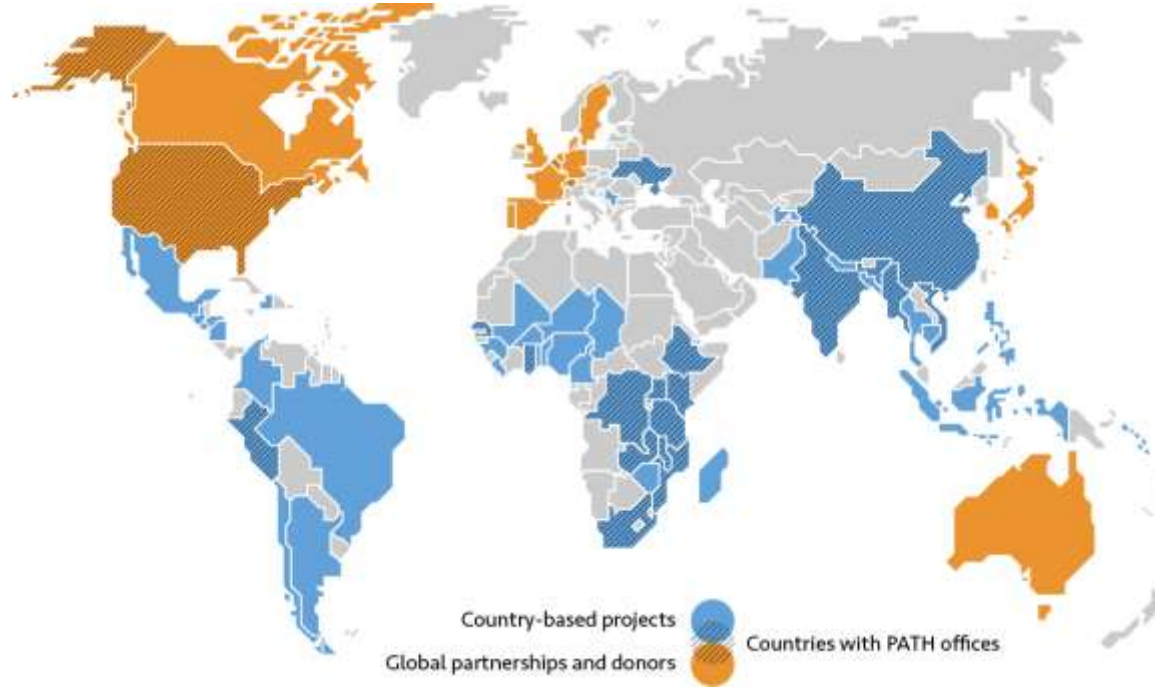
WHO we are?

We harness our entrepreneurial insight, scientific and public health expertise, and passion for health equity...

... to save the lives of women and children.

## Our global impact

Work in more than 70 countries  
150 mil. people reached each year (average)



### 6 billion vaccine vial monitors

ensuring that vaccines are potent  
when given

### 6.3 million people

reached with rice fortified  
with critical micronutrients

### 6.2 million lives saved

with PATH-pioneered  
approaches to malaria control

- Making Every Baby Count Initiative
- MalariaCare
- Oxytocin Time Tracking Indicator
- Postpartum Hemorrhage Management

# About MEBCI – Project relevance

- Ghana's Neonatal Mortality Rate stagnated
  - Only a 3% decrease over 15 years, from 1999 to 2014 (GDHS, 2014).
- MEBCI intervention package in Ghana:
  - ❖ Health facility assessment (to establish newborn care capacity of health facilities).
  - ❖ Basic essential newborn care.
  - ❖ Neonatal resuscitation.
  - ❖ Infection prevention.
  - ❖ Management of preterm and low birth weight babies.
  - ❖ Advocacy and policy influence.
  - ❖ Implementation science, including Continuous Quality Improvement.

# MEBCI Goal and Objectives

**GOAL:** By 2018, 90% of newborns born in selected health facilities in target regions will receive essential newborn care and appropriate interventions to address asphyxia, infections, and prematurity according to the government guidelines.

## OBJECTIVE 1:

Strengthen national leadership to manage and sustain newborn health best practices.

## OBJECTIVE 2:

Strengthen capacity to provide sustainable, available, high quality newborn care to address asphyxia, infection, and prematurity within selected regional hospitals.

## OBJECTIVE 3:

Strengthen capacity in district-level hospitals and selected health centers in the four target regions to provide sustainable, available, high quality newborn care to address asphyxia, infection, and prematurity.





## Implemented at scale:

- 4 of the 10 regions (approximately 48% of population in Ghana)
- All regional facilities were covered in the 4 regions in partnership with Kybele Inc.
- All district facilities and large health centers covered in the 4 regions

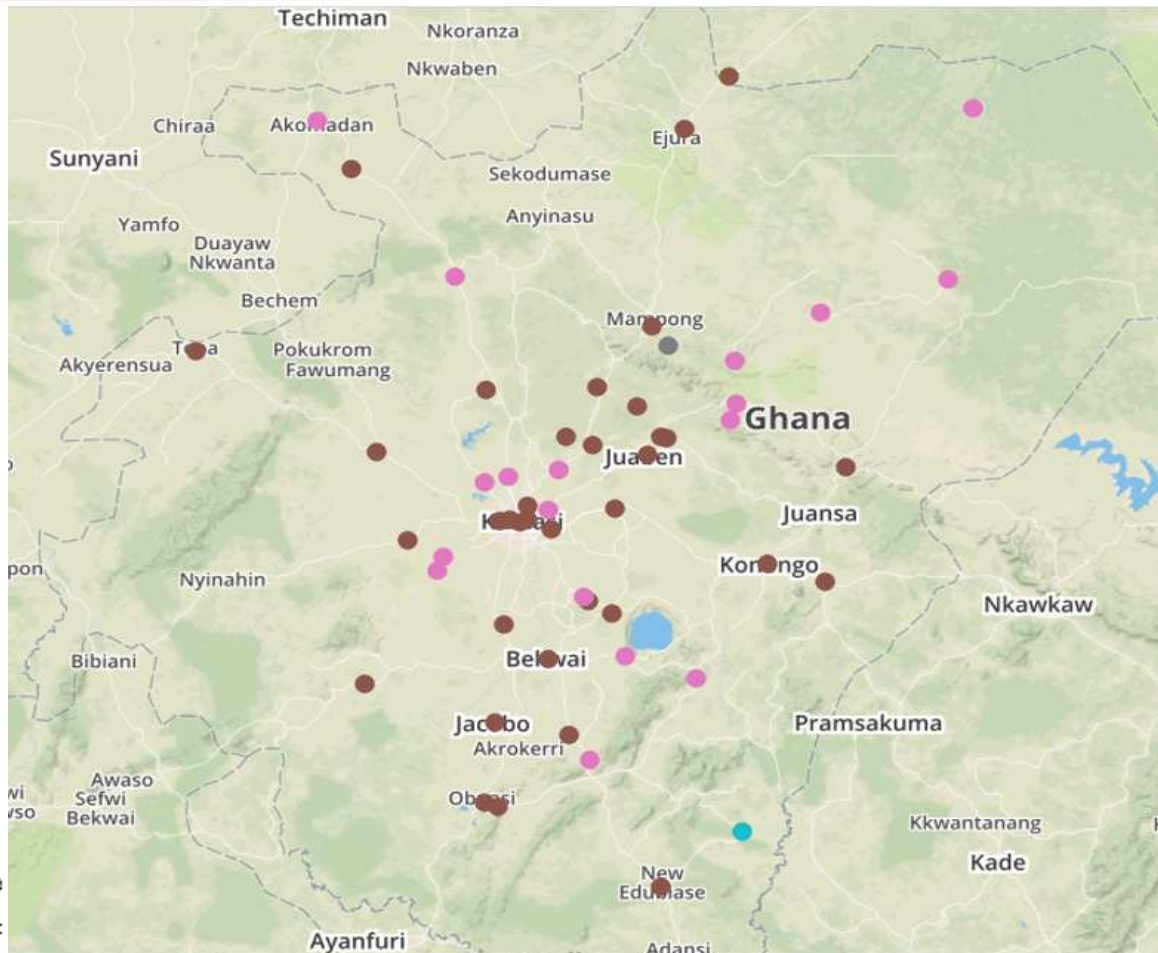
## Partnership-driven & country-owned

- Project implemented in partnership with Ghana Health Service

# Health Facility Assessment...

- Dual purpose:
  - To help determine gaps in newborn services and,
  - To influence relevant stakeholders to address those gaps
- The assessment conducted in 154 facilities and covered:
  - Newborn infrastructure
  - Service delivery, equipment, supplies and drug availability
  - Staff capacity and training
  - Infection prevention and control
  - Documentation and data use

# MEBCI health facilities - Ashanti



Map based on longitude and latitude.

Color shows details about Facility Type.

The Facility Types :

- CHPS
- Health Center
- Hospital
- Polyclinic

Facility ownership:

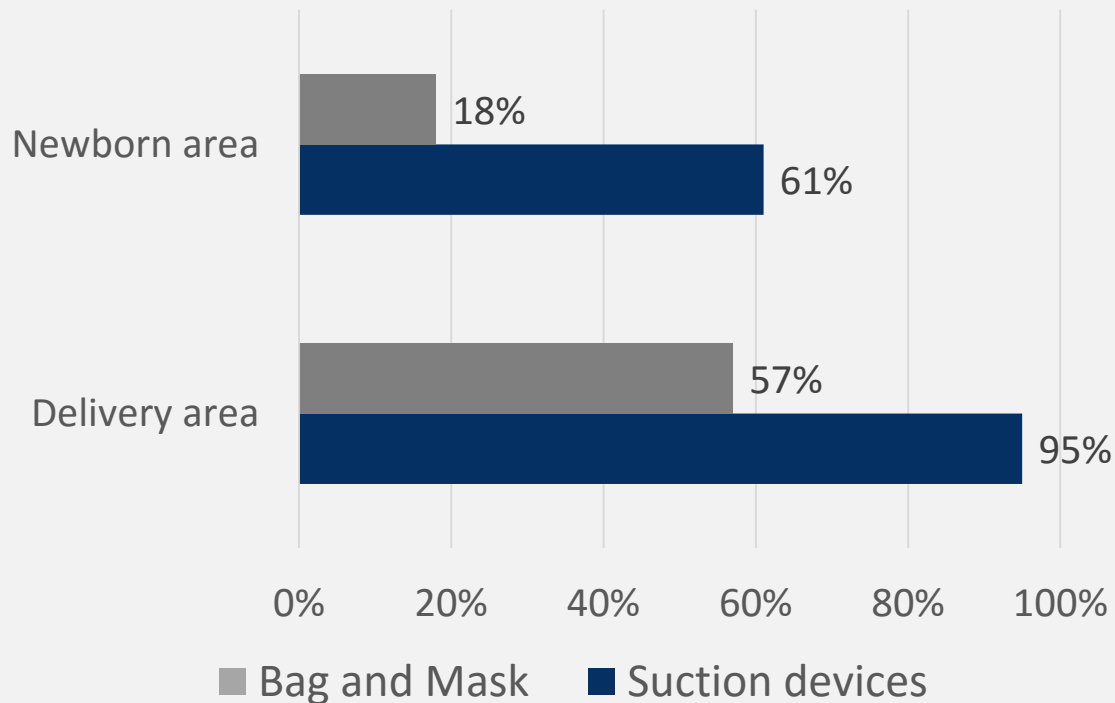
- CHAG
- GHS
- Islamic and
- Quasi-Government.

# Dissemination approach

- **Dissemination meeting to present HFA findings**
  - Jointly prepared and presented by PATH and GHS
  - Used a variety of styles and considerations in presentation
    - General advocacy information for diverse audience of technical, management, and community participants
    - Technical information for break-out groups of district teams for review and development of tailored action plans
    - Focused advocacy meeting for potential newborn champions to be community advocates for newborn health

- Targeted a diverse audience
  - Health workers and managers
  - Community level stakeholders like chiefs and queen mothers
  - Religious and political leaders
  - Other stakeholders & organizations
  
- Findings are presented as aggregated information on key newborn care indicators

% of facilities with bag/mask/suction devices



# Technical presentation and action planning

- Selected facilities shared positive examples of newborn care
- District teams composed of district management and facility management participants formed break-out groups
- District teams given specific facility-level data to review
- District teams discussed data and drew action plans
- District teams made presentations of draft action plans to the audience

# Example of facility specific data

## NEWBORN AREA

Infrastructure			Medicines at newborn area									
Have a newborn Area	Staff available to pass IV line	Duty Roster	Available Injectable gentamicin 80 mg/2mL	Available Vitamin K1 injection 1 mg/1 ml at newborn area one	Available Newborn drugs recommended for prevention of PMTCT	Available Tetracycline 0.5% ointment or chloramphenicol eye drops	Available Glucose 5% IV (250ml)	Available Glucose 10% IV (250ml)	Available 1/5 NS in 10% Dextrose	Available First line anti-convulsant: phenobarbital and phenytoin	Available Benzyl Penicillin in	
Yes, separate room	Yes	Yes	Observed	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Observed	Observed

## Equipment at newborn area

Available Functional single use suction bulb at newborn area	Available Functional reusable suction bulb at newborn area	Available Functional newborn bag and mask at newborn area	Available Functional mechanical suction device at newborn area	Available Functional resuscitation table at newborn area	Available Functional mechanical suction device at newborn area	Available Functional infant warmer at newborn area	Available Functional infant weighing scale at newborn area	Available Functional Phototherapy unit (locally made) at newborn area	Available Functional Phototherapy unit (imported) at newborn area	Available Functional Oxygen with functioning flow meter at newborn area	Available Functional Dosi-flow Meter (IV infusion regulator) at newborn area
Not available	Not available	Not available	Observed	Observed	Not available	Not available	Observed	Not available	Observed	Observed	Not available



# Post-workshop engagement with stakeholders

- Continued interaction with health facilities and District Health Management Teams through capacity building interventions
- Conducted M&E training for health information officers and public health nurses
- Strengthened messages included in provider training
- Support Regional Health Management Teams to track implementation of district team action plans

# MEBCI activities supported by dissemination

Dissemination approach supported broader scope of MEBCI implementation activities such as:

- Provider training and post-training action plans
- Follow-up visits and continuous quality improvement
- Continuous advocacy
- Engagement with Subcommittee on Newborn Care
- Engagement with Newborn Coordinators and Regional Health Management Teams

# Newborn care in target facilities before MEBCI



About 54% of facilities did not have newborn areas

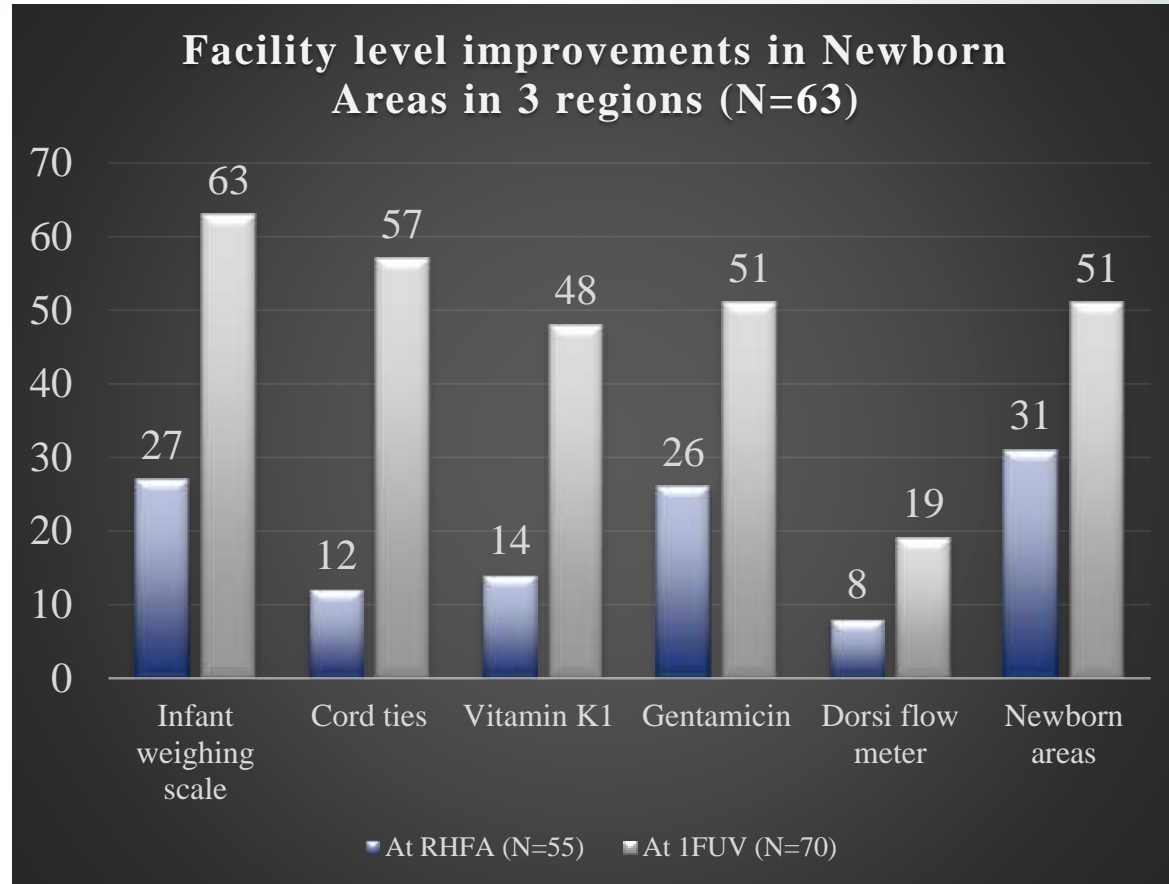
Care for the newborns was largely provided on the same bed with their mothers

Most facilities did not have basic newborn care equipment

# Dissemination supported project results

- Contributed to awareness of the need to make newborn care a priority in the target regions
- Contributed to improved environment for newborn:
  - Percent of health facilities with dedicated newborn areas increased from 46% to 70%
  - Facility management sensitized to MEBCI activities
  - Champions organized pregnancy schools, community durbars, radio and television talk shows on newborn care.

- Contributed to improved facility leadership on newborn care in health facilities.
- Facilities take initiative to provide basic newborn equipment and supplies.
- Contributed to improved newborn data capture and documentation
- Essential drugs and supplies now available at points of care.



# Dissemination supported project results

Atebubu Government Hospital, Brong Ahafo Region



**Locally-made Phototherapy Unit**



**Locally-made Baby Warmer Unit**

# Dissemination supported project results

Goaso Government Hospital, Brong Ahafo Region



**Locally-made Phototherapy  
& Baby Warmer Unit**



**Locally-made Phototherapy Unit**

## St. Mary Hospital Brong Ahafo Region



Newborn area



## Ho pregnancy school to serve pregnant teenagers



Mama Abroko II

By: [Tim Dzamba](#) Date: [Tuesday, 03 May 2016 10:14](#)  
Published In: [General News](#)

The Ho [Asogli Queenmothers Association](#), with the support of the [Programme for Appropriate Technology in Health \(PATH\)](#), has inaugurated a pregnancy school in Ho to serve as a monitoring team that will educate and encourage pregnant teenage girls to patronise maternal services at hospitals and health centres. The initiative is also aimed at reducing maternal mortality and enlightening teenagers about the dangers of early sex.

### Preventable deaths

Inaugurating the pregnancy school, the acting Medical Superintendent of the Volta Regional Hospital, Dr Lord Mensah, said the initiative was important to the health of the mother and the child in order to avoid preventable deaths, and pledged support from the health services to the intervention by the [queenmothers](#) to help reduce maternal and infant mortality.

Dr Mensah said there were some expectant women who did not appreciate the importance of going to be delivered of their babies at the hospital and assured them that it was the safest opportunity to save lives. He appealed to mothers, families and the society at large to support the initiative of Ho [Asogli Queenmothers](#) to help address the problems associated with pregnancy and childbirth.



What are the requirements for the successful dissemination of a health facility assessment?

- Relevant and actionable facility assessment data
- Active participation of public health sector leaders
- Engagement from facility health workers
- Mixed audience (community leaders, regional management, and clinicians)
- Action planning sessions
- Planned follow up

# Implementation Challenges

## Disseminating to a diverse audience:

- Coordinating with regional health management
  - Mobilize and motivate potential participants
  - Develop a relevant agenda
- Following up on action plan development
- Planning logistics for space, refreshments, and speakers

This approach to dissemination and engagement has engineered strong ownership and leadership towards improving neonatal care in Ghana.

This type of pragmatic way of sharing results for action-oriented dissemination can support training and other programmatic interventions.

**Recommendation:** We recommend the use of this approach in developing countries for a more action-oriented dissemination.

# Acknowledgement

- Funder CIFF
- Partners:
  - Director General, GHS
  - Family Health Division of the GHS
  - Institutional Care Division of the GHS
  - Regional and District Directors of Health
  - Regional Health Teams in BAR, ER, VR and AR
  - Facility managers and staff
  - PATH MEBCI HQ and MEBCI Ghana teams
  - Kybele MEBCI team

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## THANK YOU

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