

**GHANA**

**Health**

**Sectoral and Other Resources Thematic Report**

**January – December 2016**



*A mother practices Kangaroo Mother Care which helps to stabilize the temperature and heart rate of babies © UNICEF/UN04891/Logan, 2012*

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## Abbreviations and Acronyms

ANC	Antenatal Care
BNA	Bottleneck Analysis
CHPS	Community-based Health Planning and Services
EID	Early Infant Diagnosis
EMEN	Every Mother Every Newborn
EPI	Expanded Programme of Immunization
GDHS	Ghana Demographic and Health Survey
GHS	Ghana Health Service
iCCM	Integrated Community Case Management
HMIS	Health Management Information System
JUNTA	Joint United Nations Team on AIDS
MBFHI	Mother Baby Friendly Health Facility Initiative
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal Newborn and Child Health
MNTE	Maternal Neonatal Tetanus Elimination
MOH	Ministry of Health
NHIA	National Health Insurance Authority
NQS	National Quality Strategy
PMTCT	Prevention of Mother to Child Transmission
PNC	Postnatal Care
SDG	Sustainable Development Goals
SOPs	Standard Operating Procedures
TT	Tetanus Toxoid
UNICEF	United Nations Children's Fund
US	United States
WASH	Water Sanitation and Hygiene
WASH-HF	Water Sanitation and Hygiene in Healthcare Facilities
WHO	World Health Organization

## 1.0 Executive Summary

Ghana's health sector has chalked significant achievements in the last few years as illustrated by trends in key sector indicators notably maternal, newborn and child health. The 2014 Ghana Demographic and Health Survey 2014 reported antenatal care coverage (at least four antenatal visits) of 87 per cent, skilled birth attendance of 74 per cent and full immunization coverage of 77 per cent, with an Under-5 Mortality rate of 60 deaths per 1000 live births and a neonatal mortality of 29 per thousand live births.

In 2015, UNICEF Ghana Country Office received a Health Thematic Funding allocation to support part of the cost of the position of Health Specialist at the L4 level whose incumbent provided the bulk of the technical support to the Ministry of Health and the Ghana Health Service (GHS) in the planning, implementation, monitoring and evaluation of high-impact maternal, newborn and child health interventions.

In 2016, UNICEF pursued its support to the Ministry of Health and the GHS in the areas of newborn and child health, including the prevention of mother-to-child transmission of HIV as well as paediatric HIV care. New areas of focus included quality improvement for maternal and newborn care and WASH in healthcare facilities both of which had hitherto not received the required attention from government.

In this context, UNICEF led advocacy for government to accord more attention to the quality of care and provided technical support alongside other partners, for the development of a National Quality of Care Strategy for clinical care. In the same light, UNICEF championed the development and initiated implementation of a Quality Improvement Model for Maternal and Newborn Care dubbed "Mother Baby Friendly Health Facility Initiative (MBFHI) Model" whose implementation was initiated in four districts. As part of the quality improvement initiative for facility-based care, UNICEF advocated with the highest level of GHS for attention to be paid to the functionality and quality of WASH infrastructure and services in healthcare facilities culminating in the development of national standards for WASH in healthcare facilities. These were then used to establish the status of WASH in 28 health facilities in two districts where refurbishment works are planned for the year 2017.

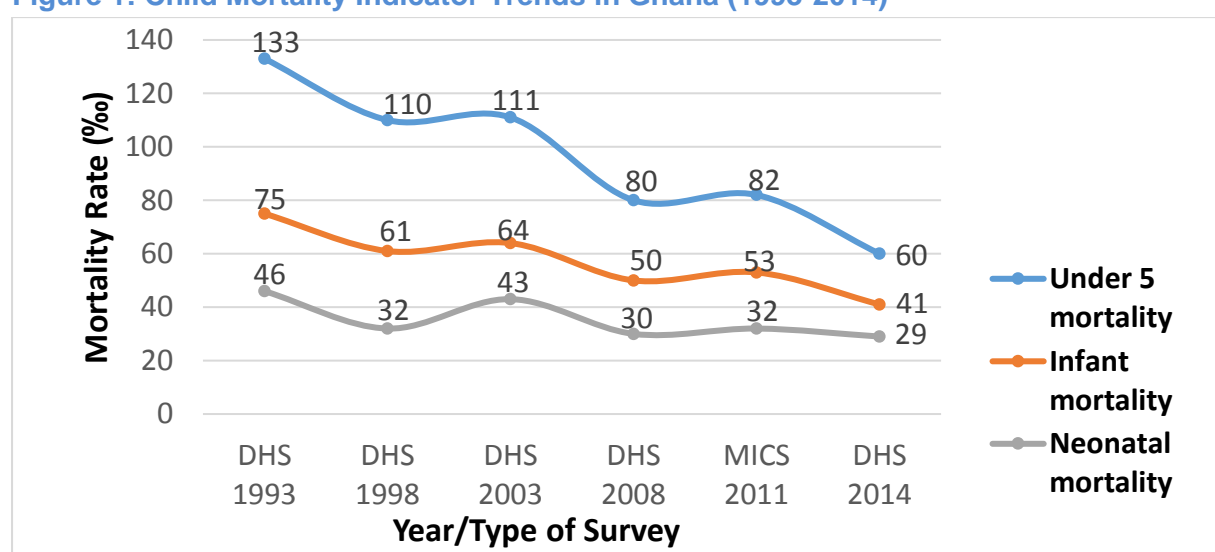
Further support was provided for the development of an Adolescent Health Services Policy and Strategy, the strengthening of routine immunization, and bridging the access to HIV care services between adults/mothers and children. Finally, support was provided on emergency preparedness and response, with the development and rollout of standard operating procedures on cholera.

In 2017, UNICEF will continue to support the rollout of the maternal and newborn care quality improvement model, WASH in healthcare facilities while engaging government in the development of the new country programme and the new Health Sector Medium Term Development Plan, both in line with the health-related Sustainable Development Goals.

## 2.0 Strategic Context of 2016

The Ghana health sector made significant progress towards maternal and child health related MDGs, yet did not achieve the MDG4&5 targets of reducing Under-5 mortality to below 40 deaths per 1000 live births and Maternal Mortality Ratio of below 185 maternal deaths per 100,000 live births. Maternal Mortality Ratio at the beginning of 2016 was estimated at 319 maternal deaths per 100,000 live births and Under-5 mortality stood at 60 deaths per 1000 live births. Further analysis of the trends of Under-5 mortality showed significant reduction in infant mortality as compared to neonatal mortality that had seen very little decline since 1993 and virtually stagnated since 2008<sup>1,2</sup>. Figure 1 below shows the trends of Under-5 mortality in Ghana over the last two and a half decades.

**Figure 1: Child Mortality Indicator Trends in Ghana (1993-2014)**



Maternal and neonatal mortalities remain high even though Ghana is witnessing improved access to and utilization of maternal and newborn care services. Ninety-seven per cent of pregnant women attended at least one antenatal care (ANC) visit with 87 per cent of them attending at least four ANC visits; 73 per cent of pregnant women were attended by skilled birth attendant during child birth. Similarly, 81 per cent of women received Postnatal care (PNC) within 48 hours of delivery as against only 30 per cent of newborns who received PNC. These globally high coverage figures do not necessarily translate into significant reductions in maternal and newborn mortalities pointing to issues with the quality of maternal and neonatal healthcare services. Cognizant of this situation, the country programme focused in 2016 on advocacy to improve quality of maternal and newborn care and demonstrate a scalable model for quality improvement for maternal and newborn care based on the quality standards defined in the Every Mother Every Newborn Action Plan.

The importance of functional Water, Sanitation and Hygiene services in Healthcare Facilities (WASH-HF) has not been adequately captured as a key requirement for quality and safe health

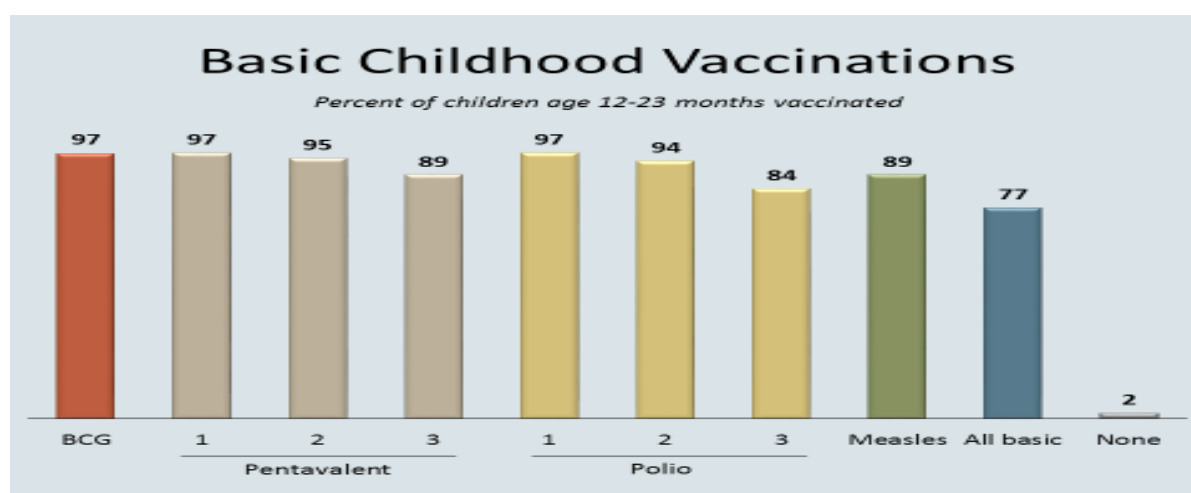
<sup>1</sup> Ghana Demographic and Health Survey 2014

<sup>2</sup> Ghana Multiple Indicator Cluster Survey 2011

services particularly for women and children. Key monitoring indicators on WASH-HF were not captured in the Health Management Information systems (HMIS) which made it difficult to establish the status of WASH infrastructure and WASH services in health care facilities to drive advocacy for their improvement. However, the challenges, limitations and the consequences of inadequate WASH infrastructure and services in Ghana, particularly sanitation, are very well documented. It is estimated that 10,000 deaths occur in Ghana annually through diarrhoeal diseases caused by contaminated water (MICS 2011) and only 15 per cent of Ghanaians use improved sanitation facilities (JMP 2015)<sup>3</sup>. Considering the importance of WASH-HF for safe and quality health services, the country programme focused on generating evidence on the status of WASH-HF in Ghana, demonstrate scalable improvement models for WASH-HF and drive advocacy for action from the highest level through cross-sectoral collaboration.

Ghana has attained high coverage for immunization over the past years including for new vaccines. However, the Ghana Demographic and Health Survey (GDHS) 2014 showed that only 77 per cent of children surveyed had received the complete basic immunization package (BCG, measles, three doses of pentavalent and polio vaccines) as shown in figure 2 below. The survey reported a 2-point percent decline in full coverage of basic immunization between 2008 (79 per cent) and 2014 (77 per cent). The notable increase in new vaccine package for children has not been without challenges to increasing and sustaining high immunization coverage.

**Figure 2: Basic Childhood Immunization Coverages**



Furthermore, the 2014 GDHS reported that only 58 per cent of children age 12-23 months had received all age-appropriate vaccinations (basic plus rotavirus, pneumococcal and measles-2 vaccines) as per the national Expanded Programme on Immunization (EPI) schedule. The disparity in immunization coverage between the northern and southern sectors of Ghana persisted at the beginning of 2016. Regionally, age-appropriate vaccination coverage ranged from 41 per cent in Northern Region to 76 per cent in Greater Accra. The statistics showed a clear inequity in immunization uptake - in Northern Region, around 4.4 per cent of children surveyed had not received any vaccine at all.

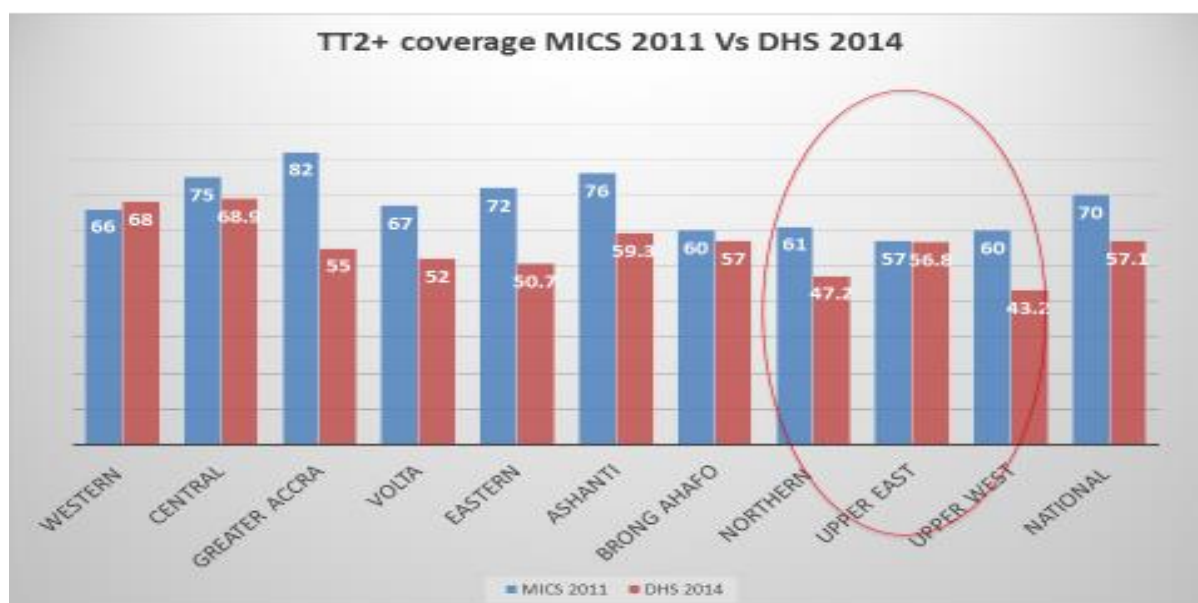
<sup>3</sup> Joint Monitoring Programme report, progress on Sanitation and drinking water 2015



Nationally, only 57 per cent of women received two or more doses of Tetanus Toxoid (TT) during their last pregnancy to protect against neonatal tetanus. This coverage is worse in the Northern and Upper West Regions of Ghana where only 47 per cent and 43 per cent respectively received two or more doses and showed a clear challenge to sustaining the Maternal Neonatal Tetanus Elimination (MNTE) status in Ghana as seen in figure 3 below.

**Figure 3: TT2+ Coverage per regions**

**% Of women 15-49 yrs with live birth last 2 years protected against NNT by Region**



In 2015 UNICEF secured funding from the US Fund for UNICEF to support Government of Ghana's efforts at improving and sustaining routine immunization performance in the Northern, Upper East and Upper West regions. One major threat to immunization in Ghana since the beginning of the year was government's inability to meet the financial obligations for vaccine co-financing with GAVI in the context of Ghana graduating from GAVI support. In this context, UNICEF Ghana Country Office put in a lot of effort advocating with government to prioritize vaccine financing in general and meeting its commitments with GAVI in particular to ensure vaccine security for the country. The programme also supported the Ghana Health Service (GHS) to address bottlenecks that were identified through a Bottleneck Analysis (BNA) of the programme's performance. Prominent amongst these bottlenecks and barriers identified for the three focus northern regions were:

- Inadequate and aging cold chain equipment;
- Poor vaccine, cold chain and logistics management resulting from lack of training of managers and frontline staff in these three areas;
- Lack of transport (motor cycles and fuel) for out-reach service delivery activities;
- Inaccessibility of some populations (hard-to-reach) in rainy season that lasts three months;

- High staff turn-over in facilities in remote areas resulting in new staff coming on board with limited knowledge on EPI service delivery and programme management; and
- Limited resources for monitoring and supervision at district and sub-district levels.

The programme also supported the GHS to implement the switch from trivalent Oral Polio Vaccine to bivalent Oral Polio Vaccine as part of the global switch in line with the polio end-game initiative. As a result of issues with effectiveness and financial sustainability of Integrated Community Case Management (ICCM) rollout using community volunteers, government decided to henceforth implement ICCM through the Community-based Health Planning and Services (CHPS) in line with the GHS strategy. To conform to this adjustment, UNICEF's focus also shifted to strengthening the capacity of Community Health Nurses (CHNs).

### 3.0 Results in the Outcome Area

**Outcome 4. Maternal, neonatal and child health: Women and children have improved and equitable access to and utilization of quality, high-impact maternal, neonatal and child health interventions with a special focus on the 5 most deprived regions.**

The health programme of the Ghana Country Office is reflected in Outcome 4 of the country programme. The results for this outcome are achieved through the implementation of activities in four outputs - 13, 14, 15 and 16.

#### 3.1 Improving Quality of Care for Maternal and Newborn Services

Results of UNICEF's work in maternal and newborn care were achieved at national and sub-national levels. At the national level a National Quality Strategy (NQS) for clinical care services was developed and officially launched for the first time. This strategic document provides the framework and direction for action on quality of clinical care in Ghana. UNICEF led advocacy at the highest level on the need to strategically focus on the quality of care being provided to clinical service users and succeeded in having an action point to develop NQS included in the Aide Memoire signed by both government and development partners during the 2016 Health Summit. UNICEF was represented on the steering committee and the technical working group that developed the NQS and provided technical support.

A national stakeholder forum on newborn care was held under the auspices of the Ministry of Health (MOH) and the GHS in July 2016 which brought together members of the parliamentary select committee on health, academia, health managers and service providers, ministers of state, NGOs, traditional authorities and opinion leaders to galvanize support for newborn care. It was chaired by Minister of Gender, Children and Social Protection.

With funding from The Bill and Melinda Gate's Foundation, a quality of care model for maternal and newborn care dubbed the "Mother Baby Friendly Health Facility Initiative (MBFHI)" was developed for implementation. The MOH and the GHS, through the National Newborn Sub-committee, developed the model with all the stakeholders in maternal and newborn care for which UNICEF provided funding and technical support and most significantly, is implementing the model in four districts of Upper East Region with same donor's funding.

The Every Mother Every Newborn (EMEN) quality standards for maternal and newborn care were adapted and adopted for Ghana, and incorporated into the health facility credentialing tool



of the National Health Insurance Authority (NHIA). The combination of the four results described are expected to increase attention to quality and accountability in clinical practice. The demonstration of implementation of the Quality Improvement model for Ghana would contribute to improve access to quality maternal and newborn care in NHIA accredited health facilities which will be accessible to all pregnant women and children including the poor and most vulnerable.

As part of the MBFHI, 24 health facilities in four districts of the Upper East Region were added to UNICEF Ghana's maternal and newborn care programme. Support was provided to the GHS to establish and equip newborn corners in 21 health centres and three newborn care units in three hospitals, build capacity for 924 health staff (doctors, nurses, midwives) on facility and community-based newborn care, supported by 90 master trainers and 50 tutors and lectures from training institutions.

### **3.2 WASH in Healthcare Facilities**

The status of WASH in 28 health facilities in two districts was established and evidence generated for advocacy. This was possible through an assessment of WASH-HF in Kpandai and Tatale Sanguli districts of the Northern Region with funding from Canada NatCom. This assessment was key as it brought out the inadequacies of WASH-HF in Ghana unto the national priorities. It was established that WASH facilities were inadequate for both health service providers and patients. Out of the 28 health facilities assessed, 77 per cent had improved water source, 11 per cent used water from a river or harvested rain water and 12 per cent did not have any water source on site. None of the healthcare facilities performed water quality checks on the water they used for their operations. Nineteen per cent of the health facilities used flush toilets, 42 per cent used KVIP, 38 per cent did not have any toilet facility on site and only 4 per cent had separate toilets for male and female patients.

UNICEF is using these results for advocacy at the national level for the integration of WASH into the Infection Prevention and Control (IPC) programme component and the definition of key performance indicators for WASH-HF that will be monitored through the HIMS in line with the joint UNICEF/WHO monitoring programme for the global action plan for WASH-HF.

### **3.3 Improving Coverage and Quality of EPI Focusing on Low Performing Districts**

UNICEF contributed to provide procurement services and other support for the EPI. The country successfully switched from trivalent Oral Polio Vaccine (tOPV) to bivalent Oral Polio Vaccine (bOPV) and Meningitis-A vaccine was successfully introduced into routine immunization. With technical assistance provided, the National EPI Policy was reviewed and updated.

Cold chain equipment comprising of 105 vaccine refrigerators, 1500 vaccine carriers and 900 temperature recording devices for refrigerators were procured and delivered to 15 districts and 85 hard-to-reach sub-districts in the three Northern Regions. Ten regional vaccine storage Cold Rooms were equipped with continuous temperature monitoring systems - Multilog. These will improve cold chain management and preserve quality of vaccines and enhance quality and performance of the immunization programme as a whole. An EPI cluster survey planned for the first quarter of 2017 is ongoing and the MICS coming up later in the year will provide updated information on vaccine coverages.

### 3.4 Improving Capacity of Community Health System to Deliver Child Health Interventions

Community health system was strengthened in deprived communities to deliver child health interventions through capacity building for 58 newly qualified Community Health Officers and Disease Control Officers from 13 low performing districts in Northern Region. These were trained on EPI operational guidelines and Cold Chain management. Their operational capacity was boosted with the provision of 125 motorcycles to the Northern (45) and Upper East (80) regions to facilitate integrated Maternal, Neonatal, Child Health, and immunization outreach services through the CHPS outreach platform.

### 3.5 Major Constraints

**Health Financing:** The main challenge facing the entire programme is that of inadequate financing for the health sector which is a serious threat to the provision of essential life-saving commodities including vaccine security and access to quality health care. Limited government resource allocation to the health sector has led to Ghana defaulting on its financial obligation to GAVI for vaccine co-financing for 2016, with even a higher amount to be paid for 2017. The NHIA is in arrears with service providers for several months.

### 3.6 Importance of these Flexible Funds

The importance and timeliness of this funding would never be over-emphasized considering that they were received at a time when the programme was highly challenged by funding for the Health Specialist position that provides the bulk of technical support to the GHS/MoH for the implementation of the key components of the health programme reported on in this document. Reassured by the receipt of this fund, the Office mobilized smaller contributions from other sources thereby securing this important position that enables it augment UNICEF's technical assistance to the MoH and GHS in health sector programming in Ghana. The flexibility of these funds therefore enabled the programme to leverage other resources and support some other key areas of the Health Programme which unfortunately do not have any earmarked resources.

### 3.7 Connection to Equity

UNICEF advocacy with the NHIA and the acceptance by the latter to update its health facility credentialing tool with the EMEN quality of care Standards and Criteria contributes towards equity in healthcare to all but much more to the vulnerable and sick newborn babies in Ghana. NHIA with technical assistance from UNICEF is updating its tool and incorporating newborn care standards from the EMEN standards and criteria. The tool is used for credentialing both Government and non-government healthcare facilities, in rural and urban settings and therefore will ensure inclusion of the newborn care dimension with efforts to improve on the quality of newborn care in all these facilities. The expected result is that even newborns being treated in the rural healthcare facilities and those from poor households will henceforth be benefiting quality care that otherwise would not be at their reach as the few health facilities that now accord particular focus on quality of care are financially inaccessible to the poor. Health facilities' managements will have to strive to meet up with the credentialing standards. Similarly, the support to EPI targeted lowest performing districts in the three regions of the North which are also the poorest regions in Ghana.

## 4.0 Results Assessment Framework

**Table 2: Progress in Key Performance Indicators for the Outcome**

Outcome 4: Maternal, neonatal and child health: Women and children have improved and equitable access to and utilization of quality, high-impact maternal, neonatal and child health interventions with a special focus on the 5 most deprived regions.					
Number	Indicator	Data Source	Baseline	Target for December 2017	Status as at December 2016
4.1	Proportion of births attended by skilled health personnel increased	DHS 2008	National: 59% CR: 54% NR: 27% UER: 47% UWR: 46%	National: 80% CR: 80% NR: 65% UER: 75% UWR: 75%	National: 74% CR: 70% NR: 35% UER: 84% UWR: 65%
4.2	Proportion of infants fully immunized increased	DHS 2008	National: 79% CR: 73% NR: 59% UER: 88% UWR: 89%	National: 90% CR: 90% NR: 75% UER: 90% UWR: 90%	National: 77% CR: 71% NR: 69% UER: 85% UWR: 91%
4.3	Reduction in full immunization coverage deficit between the best and worst performing regions	DHS	35.4%	17.7%	22%
<b>Regions</b> - CR: Central; NR: Northern; UER: Upper East; UWR: Upper West					

There has been significant progress in the proportion of births attended by skilled personnel and the country is moving closer to attaining the 80 per cent target by 2017. The Upper East Region, which is one of the UNICEF focused regions has exceeded the 2017 target already. However, the Northern Region is lagging behind and is unlikely to meet the regional target. The region covers a large territory and sparsely populated with high levels of poverty affecting coverage and access to key social services which is reflected in low performances in key indicators such as skilled birth attendance, immunization and PMTCT interventions as seen in Table 2 above. UNICEF will continue to support the region to narrow the equity gap.

The 23 per cent of children who are not fully immunized is an indication that the EPI has challenges to maintain and improve the immunization coverage attained over the past years. It is important for UNICEF to continue the support and work with key stakeholders to address the challenges identified in the bottleneck analysis with focus on low performing areas especially the Northern Region. Upper East Region and Eastern Region have high coverage for antiretroviral therapy for pregnant women in PMTCT programme.

## 5.0 Financial Analysis

**Table 1: Planned Budget by Outcome Area**  
**Outcome Area 1: Health**  
**Ghana**  
**Planned and Funded for the Country Programme 2016 (in US Dollar)**

Intermediate Results	Funding Type <sup>1</sup>	Planned Budget <sup>2</sup>
01-01 Immunization	RR	226,269
	ORR	89,738
	ORE	3,078
01-02 Polio eradication	RR	12,134
	ORR	233
	ORE	105
01-03 Maternal and Newborn health	RR	130,024
	ORR	2,444,916
	ORE	31,867
01-04 Child health	RR	740,759
	ORR	103,186
	ORE	5,918
01-05 Health systems strengthening	RR	153,333
	ORR	21,925
	ORE	2,977
01-06 Health and emergencies	RR	69,135
	ORR	2,719
	ORE	47,963
01-07 Health # General	RR	309
	ORR	307,134
	ORE	3,548
Grand Total		4,397,270

<sup>1</sup> RR: Regular Resources, ORR: Other Resources, ORE: Emergency

<sup>2</sup> Planned budget for ORR (and ORE, if applicable)

**Table 2: Country level thematic contributions to outcome area received in 2016**

**Outcome Area 1: Health**  
**Thematic Contributions Received for Outcome Area 1 by UNICEF Ghana in 2016**  
**(in US Dollars)**

Donor	Grant Number	Contribution Amount	Programmable Amount
Thematic Health	SC149901*	120,000.00	113,737.92
Total for 2016	SC149901	120,000.00	113,737.92

\*Contribution was received in 2015 but rephrased to 2016

**Table 3: Expenditures in the Outcome Area**

**Outcome Area 1: Health**

**Ghana**

**2016 Expenditures by Key-Results Areas (in US Dollars)**

<b>Table 6: 2016 Expenditures by Key-Results Areas (in US Dollars)</b>				
<b>Organizational Targets</b>	<b>Expenditure Amount*</b>			
	<b>Other Resources - Emergency</b>	<b>Other Resources - Regular</b>	<b>Regular Resources</b>	<b>All Programme Accounts</b>
01-01 Immunization	3,078	89,738	226,269	319,085
01-02 Polio eradication	105	233	12,134	12,472
01-03 Maternal and Newborn health	31,867	2,444,916	130,024	2,606,806
01-04 Child health	5,918	103,186	740,759	849,863
01-05 Health systems strengthening	2,977	21,925	153,333	178,235
01-06 Health and emergencies	47,963	2,719	69,135	119,817
01-07 Health # General	3,548	307,134	309	3,966,461
<b>Total</b>	<b>95,457</b>	<b>2,969,850</b>	<b>1,331,963</b>	<b>4,397,270</b>

**Table 4: Thematic Expenses by Programme Area**

**Outcome Area 1: Health**

**Ghana**

**2016 Thematic Expenses by Programme Area (in US Dollars)**

Fund Category	All Programme Accounts
Year	2016
Business Area	Ghana - 1620
Prorated Outcome Area	01 Health
Donor Class Level2	Thematic
<b>Row Labels</b>	<b>Expense</b>
<b>Other Resources - Emergency</b>	<b>46,733</b>
01-06 Health and emergencies	46,733
<b>Other Resources - Regular</b>	<b>61,165</b>
01-03 Maternal and Newborn health	60,496
01-07 Health # General	669
<b>Grand Total</b>	<b>107,898</b>

**Table 5: Expenses by Specific Intervention Codes****Outcome Area 1: Health****Ghana****2016 Expenses by Specific Intervention Codes**

Fund Category	All Programme Accounts
Year	2016
Business Area	Ghana - 1620
Prorated Outcome Area	01 Health
<b>Row Labels</b>	<b>Expense</b>
Other Resources - Emergency	95,457
01-01 Immunization	3,078
08-03-01 Cross-sectoral Communication for Development	2,840
08-03-03 C4D # training and curriculum development	85
08-09-06 Other # non-classifiable cross-sectoral activities	149
08-09-11 Emergency preparedness and response (General)	4
01-02 Polio eradication	105
08-03-01 Cross-sectoral Communication for Development	97
08-03-03 C4D # training and curriculum development	3
08-09-06 Other # non-classifiable cross-sectoral activities	5
08-09-11 Emergency preparedness and response (General)	
01-03 Maternal and Newborn health	31,867
08-03-01 Cross-sectoral Communication for Development	29,403
08-03-03 C4D # training and curriculum development	876
08-09-06 Other # non-classifiable cross-sectoral activities	1,546
08-09-11 Emergency preparedness and response (General)	43
01-04 Child health	5,918
08-03-01 Cross-sectoral Communication for Development	5,461
08-03-03 C4D # training and curriculum development	163
08-09-06 Other # non-classifiable cross-sectoral activities	287
08-09-11 Emergency preparedness and response (General)	8
01-05 Health systems strengthening	2,977
01-05-05 Health systems strengthening # General	752
08-03-01 Cross-sectoral Communication for Development	2,059
08-03-03 C4D # training and curriculum development	42
08-09-06 Other # non-classifiable cross-sectoral activities	122
08-09-11 Emergency preparedness and response (General)	2
01-06 Health and emergencies	47,963
01-06-04 Emergency response - Disease outbreak	46,733
08-03-01 Cross-sectoral Communication for Development	1,134



08-03-03 C4D # training and curriculum development	34
08-09-06 Other # non-classifiable cross-sectoral activities	60
08-09-11 Emergency preparedness and response (General)	2
01-07 Health # General	3,548
08-03-01 Cross-sectoral Communication for Development	3,274
08-03-03 C4D # training and curriculum development	98
08-09-06 Other # non-classifiable cross-sectoral activities	172
08-09-11 Emergency preparedness and response (General)	5
Other Resources - Regular	2,969,850
01-01 Immunization	89,738
01-01-09 Cold chain support	81,684
01-01-14 Immunization # General	1,243
08-03-01 Cross-sectoral Communication for Development	6,516
08-03-03 C4D # training and curriculum development	415
08-09-06 Other # non-classifiable cross-sectoral activities	-127
5903 Support to C4D interventions for multiple OTs within FA5	7
01-02 Polio eradication	233
08-03-01 Cross-sectoral Communication for Development	223
08-03-03 C4D # training and curriculum development	14
08-09-06 Other # non-classifiable cross-sectoral activities	-4
5903 Support to C4D interventions for multiple OTs within FA5	
01-03 Maternal and Newborn health	2,444,916
01-03-02 MNTE # General	366,864
01-03-04 Maternal and newborn care including Emergency Obstetric care	1,661,737
01-03-05 Maternal death registration incl. verbal autopsy	48,238
01-03-07 Other maternal and newborn activities	118,186
01-03-08 Home visits, parent and community education for early childhood care and stimulation	85,185
08-03-01 Cross-sectoral Communication for Development	68,254
08-03-02 Communication for Development at sub-national level	7
08-03-03 C4D # training and curriculum development	4,527
08-09-06 Other # non-classifiable cross-sectoral activities	91,791
10-07-02 Management and Operations support from RO	
10-07-12 Management and Operations support at CO	55
5903 Support to C4D interventions for multiple OTs within FA5	72
01-04 Child health	103,186
01-04-13 Child health # General	10,907
08-01-06 Planning # General	77,587
08-03-01 Cross-sectoral Communication for Development	12,554
08-03-02 Communication for Development at sub-national level	
08-03-03 C4D # training and curriculum development	805
08-09-06 Other # non-classifiable cross-sectoral activities	1,318
10-07-02 Management and Operations support from RO	

10-07-12 Management and Operations support at CO	2
5903 Support to C4D interventions for multiple OTs within FA5	13
01-05 Health systems strengthening	21,925
01-05-01 Health management at district or sub-national levels	12,407
01-05-05 Health systems strengthening # General	417
08-03-01 Cross-sectoral Communication for Development	3,200
08-03-03 C4D # training and curriculum development	204
08-09-06 Other # non-classifiable cross-sectoral activities	5,695
5903 Support to C4D interventions for multiple OTs within FA5	3
01-06 Health and emergencies	2,719
08-03-01 Cross-sectoral Communication for Development	2,602
08-03-03 C4D # training and curriculum development	166
08-09-06 Other # non-classifiable cross-sectoral activities	-51
5903 Support to C4D interventions for multiple OTs within FA5	3
01-07 Health # General	307,134
08-03-01 Cross-sectoral Communication for Development	18,462
08-03-02 Communication for Development at sub-national level	95
08-03-03 C4D # training and curriculum development	3,667
08-09-06 Other # non-classifiable cross-sectoral activities	21,143
10-07-02 Management and Operations support from RO	
10-07-12 Management and Operations support at CO	754
1042 Measles control	-
1901 Staff costs (includes specialists, managers, TAs and consultancies) for multiple OTs within FA1	263,006
5903 Support to C4D interventions for multiple OTs within FA5	8
Regular Resources	1,331,963
01-01 Immunization	226,269
01-01-09 Cold chain support	27,087
01-01-10 Logistics support for immunization	8,786
01-01-14 Immunization # General	109,551
08-01-05 Joint UN programme review	351
08-01-06 Planning # General	10,365
08-03-01 Cross-sectoral Communication for Development	9,664
08-03-02 Communication for Development at sub-national level	262
08-03-03 C4D # training and curriculum development	254
08-06-01 Building evaluation capacity in UNICEF and the UN system	46
08-06-02 Building global/regional/national stakeholder evaluation capacity	6,179
08-09-06 Other # non-classifiable cross-sectoral activities	52,208
08-09-11 Emergency preparedness and response (General)	45
10-07-12 Management and Operations support at CO	1,448
Unknown	23
01-02 Polio eradication	12,134

01-02-08 Polio operational costs	7,799
08-01-05 Joint UN programme review	19
08-01-06 Planning # General	556
08-03-01 Cross-sectoral Communication for Development	518
08-03-02 Communication for Development at sub-national level	14
08-03-03 C4D # training and curriculum development	14
08-06-01 Building evaluation capacity in UNICEF and the UN system	2
08-06-02 Building global/regional/national stakeholder evaluation capacity	331
08-09-06 Other # non-classifiable cross-sectoral activities	2,800
08-09-11 Emergency preparedness and response (General)	2
10-07-12 Management and Operations support at CO	78
Unknown	1
01-03 Maternal and Newborn health	130,024
01-03-04 Maternal and newborn care including Emergency Obstetric care	83,566
08-01-05 Joint UN programme review	202
08-01-06 Planning # General	5,956
08-03-01 Cross-sectoral Communication for Development	5,553
08-03-02 Communication for Development at sub-national level	151
08-03-03 C4D # training and curriculum development	146
08-06-01 Building evaluation capacity in UNICEF and the UN system	27
08-06-02 Building global/regional/national stakeholder evaluation capacity	3,551
08-09-06 Other # non-classifiable cross-sectoral activities	30,001
08-09-11 Emergency preparedness and response (General)	26
10-07-12 Management and Operations support at CO	832
Unknown	13
01-04 Child health	740,759
01-04-13 Child health # General	428,084
08-01-05 Joint UN programme review	1,016
08-01-06 Planning # General	29,969
08-03-01 Cross-sectoral Communication for Development	27,943
08-03-02 Communication for Development at sub-national level	758
08-03-03 C4D # training and curriculum development	733
08-06-01 Building evaluation capacity in UNICEF and the UN system	134
08-06-02 Building global/regional/national stakeholder evaluation capacity	17,867
08-09-06 Other # non-classifiable cross-sectoral activities	150,957
08-09-11 Emergency preparedness and response (General)	131
10-07-12 Management and Operations support at CO	4,188
7921 Operations # financial and administration	78,914

Unknown	66
01-05 Health systems strengthening	153,333
01-05-01 Health management at district or sub-national levels	3,340
01-05-04 Health barriers-bottleneck analysis # investment case	226
01-05-05 Health systems strengthening # General	94,982
08-01-05 Joint UN programme review	238
08-01-06 Planning # General	7,024
08-03-01 Cross-sectoral Communication for Development	6,549
08-03-02 Communication for Development at sub-national level	178
08-03-03 C4D # training and curriculum development	172
08-06-01 Building evaluation capacity in UNICEF and the UN system	31
08-06-02 Building global/regional/national stakeholder evaluation capacity	4,187
08-09-06 Other # non-classifiable cross-sectoral activities	35,379
08-09-11 Emergency preparedness and response (General)	31
10-07-12 Management and Operations support at CO	981
Unknown	15
01-06 Health and emergencies	69,135
01-06-04 Emergency response - Disease outbreak	44,433
08-01-05 Joint UN programme review	107
08-01-06 Planning # General	3,167
08-03-01 Cross-sectoral Communication for Development	2,953
08-03-02 Communication for Development at sub-national level	80
08-03-03 C4D # training and curriculum development	77
08-06-01 Building evaluation capacity in UNICEF and the UN system	14
08-06-02 Building global/regional/national stakeholder evaluation capacity	1,888
08-09-06 Other # non-classifiable cross-sectoral activities	15,952
08-09-11 Emergency preparedness and response (General)	14
10-07-12 Management and Operations support at CO	443
Unknown	7
01-07 Health # General	309
01-07-03 Health # General	199
08-01-05 Joint UN programme review	
08-01-06 Planning # General	14
08-03-01 Cross-sectoral Communication for Development	13
08-03-02 Communication for Development at sub-national level	
08-03-03 C4D # training and curriculum development	
08-06-01 Building evaluation capacity in UNICEF and the UN system	
08-06-02 Building global/regional/national stakeholder evaluation capacity	8

08-09-06 Other # non-classifiable cross-sectoral activities	71
08-09-11 Emergency preparedness and response (General)	
10-07-12 Management and Operations support at CO	2
Unknown	
<b>Grand Total</b>	<b>4,397,270</b>

**Table 6: Planned Budget and Available Resources for 2017**

**Outcome Area 1: Health  
Ghana  
Planned Budget and Available Resources for 2017**

<b>Intermediate Result</b>	<b>Funding Type</b>	<b>Planned Budget <sup>1</sup></b>	<b>Funded Budget <sup>1</sup></b>	<b>Shortfall <sup>2</sup></b>
Output 14: High immunization coverage	RR	125,000	105,000	20,000
	ORR	950,000	783,000	167,000
Output 15: Maternal and Newborn Health	RR	215,000	105,000	110,000
	ORR	813,000	733,000	80,000
Output 16: National Health Sector policies	RR	510,000	160,000	350,000
	ORR	0	0	0
<b>Total for 2017</b>		<b>2,613,000</b>	<b>1,886,000</b>	<b>727,000</b>

<sup>1</sup> Planned and Funded budget for ORR (*and ORE, if applicable*) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

<sup>2</sup> Other Resources shortfall represents ORR funding required for the achievements of results in 2017.

## 6.0 Future Work Plan

The outlook for financial inflows for the health sector in Ghana looks challenging with dwindling donor funds partly due to the lower middle income status of the country. The country office is developing the new country programme for 2018-2022 and the health programme will have a gradual shift from downstream to upstream activities with particular focus to systems strengthening in line with the SDGs commitments. Key activities for the 2017 annual work plan are in table below:

## Key Activities for 2017 Annual Workplan

Country Programme Outcome	Country Programme Output	Proposed Activity
<b>Outcome 004:</b> Maternal, neonatal and child health: Women and children have improved and equitable access to and utilization of quality, high-impact maternal, neonatal and child health interventions with a special focus on the 5 most deprived regions	<b>Output 13:</b> Scale-up of PMTCT and EID services: GHS has capacity and resources to plan, coordinate, implement and monitor scale-up of PMTCT and EID services for women and children in at least one high HIV prevalence region (Eastern Region).	<ul style="list-style-type: none"> <li>• Roll out the Pediatric HIV Services Acceleration Plan I four selected districts of two HIV high-burden regions (Ashanti and Eastern Region)</li> <li>• Implement innovative mobile technology in two high-burden districts of Eastern Region to fast-track PMTCT/ EID Services</li> <li>• Finalize and implement the Standard Operating Procedures (SOPs) for integration of PMTCT/EID and paediatric ART into MNCH and EPI services in high-burden districts of Ashanti and Eastern Regions</li> <li>• Conduct joint monitoring visit to PMTCT/EID/ Paediatric ART Services in each of the ten Regions</li> </ul>
	<b>Output 14:</b> High immunization coverage: High immunization coverage is sustained nationally and prevention and treatment of malaria, pneumonia and diarrhoea are scaled up in all districts of the four most deprived regions of Ghana (NR, UWR, UER and CR)	<ul style="list-style-type: none"> <li>• Conduct communication and social mobilization activities for Second Year of Life (2YL) immunization in three regions and routine immunization nationwide</li> <li>• Conduct Regional level EPI cluster survey to validate the administrative data</li> <li>• Finalize and print EPI field guide in line with latest developments in immunization sector</li> <li>• Training of first level health workers elected districts in NR, UER, UWR</li> </ul>
	<b>Output 15:</b> Maternal and Newborn Health : Mothers and newborn babies in the two most deprived Regions (Northern and Upper East Regions) of Ghana have access to appropriate maternal and new born care	<ul style="list-style-type: none"> <li>• Finalise,pPrint and disseminate National Newborn and Child Health Advocacy and Communication Strategy.</li> <li>• Provide technical support to the National (NNSC) and Regional Newborn Subcommittees to organize quarterly meetings to</li> </ul>



Country Programme Outcome	Country Programme Output	Proposed Activity
	services at facility and community levels	<p>coordinate partners for the implementation of the National Newborn Strategy</p> <ul style="list-style-type: none"> <li>• Develop and operationalize the National Kangaroo Mother Care Implementation Guide in line with the National Newborn Strategy and Action Plan 2014 - 2018</li> <li>• Implement the Mother and Baby-Friendly Health Facility Initiative and Quality Improvement Model for MNH and BF at regional level and in four districts of Upper East Region as per detailed planned activities.</li> <li>• Conduct high-level advocacy for WASH in healthcare facilities.</li> </ul>
	<b>Output 16:</b> National Health Sector policies: National Health Sector policies, strategies, budgets and plans are evidence-based and prioritize equitable attainment of health-related MDGs particularly at sub-national level and amongst the most vulnerable women and children in Ghana.	<ul style="list-style-type: none"> <li>• Strengthen emergency preparedness and response in the health sector.</li> <li>• Support the development of the new Health Sector Medium-Term Development Plan 2018-2021 in line with country commitments including the SDGs in particular</li> <li>• Conduct mid-year and annual reviews of the 2017 Health and Nutrition work plan</li> </ul>

## 7.0 Expression of Thanks

We would like to thank all the donors for their generous contribution to the UNICEF thematic fund to support women and children of Ghana. Thematic funds have contributed greatly to achieving the results of the Country Programme 2012- 2017 and to bridge the equity gap by providing opportunities for the most marginalized Ghanaian women and children to access quality health services in a protective and safe environment. The flexibility of the thematic funds has enabled the Ghana Country Office to achieve these results for the most disadvantaged women and children.

## Annex 1: Human Interest Story

### Mothers and babies first, the changing face of health care in Bawku Municipal



#### **Preparing for baby Paul**

Emilia Amoah, 31, lives in Bawku Municipal in the Upper East Region of Ghana. Emilia is a former football star who played as a midfielder and rose to fame when she played for Ghana's U20 National Women's team.

Since she retired, Emilia enjoys watching Arsenal, her favourite team during the weekends and she is now a full time house wife taking care of her husband and three children. For the birth of her youngest son, Paul, she knew what she needed, "a good health centre with good nurses that could take care of any complications at birth" she says. "This time I was looking for such a health centre which could take care of any complications at birth and which had good nurses".

When she gave birth to her daughter some six years ago, she had a terrible experience. "The nurses were very rude and the health centre discharged her abruptly to accommodate another patient. I was bleeding at home for two days and I had to come back for stitching and blood transfusion" Emilia says. With her husband living 20km away at the school where he is teacher, Emilia wanted the baby to be born in a facility that could cater for any eventualities and provide adequate support for her the new born.

#### **A Friendly Health Centre**

Bawku Urban West Health Centre used to be like most health centres in the district. Despite being adequately staffed with two midwives the health centre was shunned by pregnant mothers and would manage a paltry two deliveries in a year.

The facility was receiving normal registrations for ANC but almost no deliveries were done there as patients preferred other facilities. As a result this facility was selected for a new UNICEF and Ghana Health Service project aptly named “Mother Baby Friendly Health Facility Initiative (MBFHI) which is supported by the Bill and Melinda Gates Foundation to assist health facilities (hospitals and health centres) in the region to improve the quality of newborn, infant and maternal health care through training programmes and provision of appropriate equipment at health facilities.

This resulted in Bawku Urban West Health Centre overhauling and refurbishing itself. “We painted the facility, erected a new sign post outside, we also received new equipment from UNICEF which included delivery beds, baby warmers and a motorbike” says John Yelkong, Nurse in-Charge at the facility. “This challenged us and in turn we devised a day where we all come to work on a weekend and help to clean the place. We have a checklist to maintain standards, we have improved our reception and offer the best quality of care we can and for us the client is King “he says.

### **A Happy and Satisfied Client**

Emilia delivered her son Paul at the facility and speaks very excitedly about the experience.

“I came here at 5a.m. and the midwife came from her house within minutes, I enjoyed the service and the equipment was clean and neat” she says.

“Even after I went home they called to check on me and I told all my neighbours and friends that for baby number 4, I will deliver here again” she says with a smile.



Emilia and Paul inside the improved health facility

## Annex 2: Donor Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report and return to the UNICEF Ghana Country Office focal point below. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Rushnan Murtaza, Deputy Representative, UNICEF Ghana

Email: [rmurtaza@unicef.org](mailto:rmurtaza@unicef.org)

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1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

**SCORING: 5 indicates “highest level of satisfaction” while  
0 indicates “complete dissatisfaction”**

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

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2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

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3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what could we do better next time?

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4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

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5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

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6. Are there any other comments that you would like to share with us?

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