

12/30/2021

Annual Report

**Maternal and New Born
Quality of Care project**

**COMMUNITY DEVELOPMENT
ALLIANCE (CDA - GHANA)**



END OF PROJECT REPORT 2021



1. Introduction

As part of its efforts to accelerate the pace of reducing preventable maternal and newborn mortality and improve the wellbeing of newborns through the promotion and support for exclusive breastfeeding in 60 under-served communities in the Upper West Region of Ghana; the Community Development Alliance in partnership with UNICEF Ghana facilitated the implementation of community outreach interventions that fosters behaviour-led approaches to improve quality of care (QoC) in the delivery of safe, effective, timely, efficient, equitable, and people-centered maternal and new-born care.

Our behavioral lens approached focused on; asking who needs to do what to achieve a desire outcome, rather than what kinds of activities should we implement. It measures project results as behavior change, rather than as the completion of a list of activities or counting number of people attending an activity.

During the project implementation period (1st April to 31st December, 2022); staff of CDA fostered close collaboration with various public primary healthcare providers particularly health promotion officers and midwives; mother-to-mother support groups, Health Management Committees, Community Leaders as well as Municipal and Regional Health Administrations to deliberate and find solutions towards addressing critical behavioural impediments that hampered the delivery of quality maternal and new-born health outcomes in 70 under-served communities in the WA Municipality.

This End of Project Activity Report, provides a summary of the project activities implemented during the period. The report also highlights the key outcomes in the form of changes in behaviours among pregnant women, nursing

mothers and their caregivers as well as among nurses, midwives and health managers.

This report has been prepared by Community Development Alliance (CDA) and is being submitted to UNICEF in line with an SSFA Agreement signed between the two entities for the implementation of Maternal and Newborn Quality of Care Program titled “Engaging communities to promote and support exclusive breastfeeding in Ghana’s Upper West Region”. The initiative aims among others to contribute to: Improve **facility-based quality of care** for mother and new-borns; Increase **optimal breastfeeding** practices and improve **postnatal care for mothers and new-borns** and **community care** for infants.

Barely 9-months of implementing outreach behaviour change interventions that aims to contribute to an improve access to dignified Maternal and New-born quality of care for mothers and new-borns across 70 under-served communities in the WA Municipality, some notable outcomes have been observed. A total of 6387 people mostly women have been reached directly with information and education on increasing uptake of **facility-based quality of care** for mother and new-borns; **optimal breastfeeding** practices and **postnatal care for mothers and new-borns** and **community care** for infants. The interventions imparted knowledge, transformed behaviours and practices as well as contributed to improved maternal and newborn health outcomes in all the 70 under-served communities. The interventions contributed towards improving the extent to which healthcare services provided to individual pregnant women, nursing mothers and new-borns improve desired health outcomes and sees a future where every mother and new-born receives quality care throughout pregnancy, childbirth and postnatal period.

2. Summary of Activities Implemented

While access to and use of primary healthcare services has increased significantly in the Upper West Region following the introduction of the CHPS Concept and expansion of health facilities across the region particularly in the WA Municipality; the quality of care however remains an impediment to accelerating the pace of reductions in preventable maternal and new-born mortality and stillbirths in the Municipality.

The evidence for what to do to close the disparities between access and quality of care has always been known for years but there has been limited success in understanding how to implement these interventions.

As part of our effort to contribute towards improving quality of care in the delivery of maternal and new-born healthcare services, a series of behaviour led community outreach interventions were implemented across 70 under-served communities in the Upper West Region. The activities were implemented in close collaboration with staff of the Ghana Health Service in the WA Municipality. The aim of the activities is primarily to create demand for increased uptake of maternal and new-born health services such as **facility-based quality of care** for mother and new-borns; **optimal breastfeeding** practices and **postnatal care for mothers and new-borns** and **community care** for infants. The interventions also seek to influence positive behaviours among healthcare workers; by incentivizing the provision of client friendly and dignified delivery of maternal and new-born services for all.

To achieve the above aims, the following specific activities were implemented:

2.1. Organized 224 focused group discussions on optimal breastfeeding practices and maternal and new-born quality of care.

This activity was implemented in 70 communities in the WA Municipality covering the period April to July 2021. The focused group sessions targeted pregnant women, nursing mothers, care-givers, mother to mother support groups, father to father support groups and community leaders. The aim is to create demand for increased uptake of maternal and new born services particularly **facility-based quality of care** for mother and new-borns; **optimal breastfeeding** practices and **postnatal care for mothers and new-borns** as well as **community care** for infants.

A total of 3310 people mostly women were reached directly with behaviour change information, communication and education that increased demand and uptake of maternal and new-born services across many rural and peri-urban health facilities in the municipality.

Below is a table detailing the number and category of people reached through the focused group



engagements.

Number of people reached directly through focus group discussions	
Category of participant	Number of Participants
Pregnant Women	535
Nursing Mothers	895
Women (Mother In-laws, Mother to Mother Support Groups and Grandmothers)	865
Father to Father Support Groups	600

Adolescent & Young Women	415
TOTAL NUMBER	3,310

Participants of the focused group discussions who are mostly pregnant women, nursing mothers, caregivers and community leaders reported increased awareness and knowledge on maternal and new born quality of care issues. The participant's interventions also increased uptake of **facility-based quality of care** for mother and new-borns; **optimal breastfeeding** practices and **postnatal care for mothers and new-borns** and **community care** for infants.

During the FGDs participants particularly pregnant women and nursing mothers raised some critical concerns which they believe derails access to basic quality maternal and new born care. These concerns included demands for top-up payments by health care providers from insured clients of the NHIA which are entitled to the full benefit package under the scheme. These top-up payments are said to range from GH20 to as high as GH500 depending on the service provided to the client. According to Fatima a nursing mother from an under-served farming community in the WA Municipality

"When I got pregnant and went for my 1st ANC, I was asked to do some laboratory test. The nurse asked me to pay for all the laboratory test even though all the tests are part of the benefit package as an NHIA subscriber. I struggle to raise GH58 to pay for these laboratory test. When I was ready to deliver my baby, I was referred to the Municipal Hospital. I had challenges having a normal delivery and was asked to prepare form operation. Apart from being asked to provide blood, my husband was asked to pay a top-up fee of GH200 and in addition buy some many medicines. My husband could not readily raise the money. We struggled to borrow money to pay for all these multiple unexpected cost. This situation keeps many

poor women from accessing facility based quality maternal and new born care until their situation is so critical. referred to WA a cost of accessing maternal and new-born care in recent times is fast becoming a barrier and a key limiting factor that keeps pregnant women and nursing mothers away from health facilities until the situation gets critical. Many poor women are dying and losing their babies mainly because of this cost barrier. Our leaders should try and help us."

Besides the top-up payments and related cost barriers; many of the focused group discussants particularly pregnant women and nursing mothers raised issues about unfriendly and discourteous attitudes of some healthcare personnel. The discussants explained that some nurses and midwives treat them as "beggars" and not clients. They shout, insult and disparage clients. They often behave as if they are doing us favours and we are not appreciative of their favours. According Ajarah a 38-year-old nursing mother living in an under-served farming community

"I attended ANC and met this nurse. She was so unfriendly and unwelcoming. She was telling me something and I did not hear her well. As soon as I asked her to explained further what she said earlier, she got angry and accused me of not taking my bath and that I was smelling. Her attitude was so rude and disrespectful. I stop going to the clinic any time I see her around. Her mere presence kept me away from accessing healthcare even when I so badly need it. I am a human being and also deserve respect"

These concerns raised by participants during the focus group discussions formed the basis for advocacy engagements with the Municipal Health Directorate as well as the Regional Health Directorate.

Again; as part of our efforts to create demand for increased uptake of maternal and

new-born health services, CDA in collaboration with Municipal Health Promotion Officers organized a series of outreach Community Health Durbars and dialogues to sensitize, inform and educate pregnant women, nursing mothers, care givers and community leaders. The aim is to influence change in behaviours, attitudes and practices that support the critical agenda to end preventable maternal and new-born deaths and stillbirths in their communities by ensuring that all pregnant women, nursing mothers and care givers in their communities receives **facility-based quality of care** for mother and new-borns; **optimal breastfeeding** practices and **postnatal care for mothers and new-borns** and **community care** for infants

A total of 37 community durbars were organized and directly reached 2874 participants with information and education on maternal and new-born quality of care particularly exclusive breastfeeding. The beneficiary participants gained new knowledge that improved their behaviours and attitudes towards improving maternal and new-born health outcomes.

Figure 1 Cross section of participants attending a Durbar on maternal and new-born healthcare



Most participants (95%) of the Maternal and New-born Quality of CARE durbars agreed to;

regularly attend ANC and PNC Services; practice optimal and exclusive breastfeeding and ensure that no preventable maternal and new born death occurs in their communities. Community leaders further agreed to sanction any family head or husband of any women who delivers at home or fails to attend ANC. Men also agreed to regularly accompany their pregnant women and nursing mothers for ANC and PNC services as well as support efforts to ensure optimal breast feeding practices.

Key concerns raised by participants during the durbars include; demands by health workers for top-up payments for maternal and new-born health services that fully covered under the NHIA benefit package. This situation, participants argued is the major drawback of poor people access to health. Some pregnant women and nursing mothers indicated that they were denied access to healthcare because they could not afford the top-up payments even though they had valid NHIA Cards.

Besides the issue of top-up payments, many of the participants also complained about incessant demands for pregnant women going for delivery services to buy several medical supplies such as surgical gloves, medications, detergents and many other consumables before they are provided services. Some pregnant women noted that they were turned away from accessing quality maternal and new-born care in some health facilities because they could not afford to buy a long list of items they were requested to buy before services could be given them. These complaints they say; has denied many poor pregnant women access to quality of care because they simply could not afford the care.

Last but not the least was the bad and abusive attitudes of some health workers. Participants reported various incidence were health workers verbally abused them or treated unfairly. They complaint that some health workers are so unfriendly and abusive, giving preferential treatments and sometimes using

disparaging remarks on pregnant women. They argued that these kinds of behaviours have the potential to undermined quality of care and deny pregnant women and nursing mothers access to maternal and new-born care.

Staff of CDA and Health Promotion officers took note of the concerns raised by the participants. The participants were assured that the concerns raised will be addressed through advocacy and behaviour change dialogues with various structures of the Municipal and Regional Health Administrations. Participants were also encouraged to amplify their voices by asking questions and seeking clarifications from services providers.

Organized advocacy and follow up meetings for key community stakeholders: On the 8th and 9th of July, 2021; staff of CDA in collaboration with the Municipal Health Directorate successfully organized advocacy engagements dubbed the Midwives Forum for Maternal and New-born quality of CARE. The two-day advocacy engagement dubbed “Midwives Forum on Advancing Maternal and New-born Quality of Care” brought together a total of 213 participants mainly midwives and nurses as well as chiefs and some clients from health facilities drawn from all health facilities and sub-district areas in the Wa Municipality including medical doctors from the Upper West Regional Hospital.

The midwives’ forum created a unique opportunity for various health managers to such as the WA Municipal Health Directorate, the Regional Hospital, the Municipal Hospital and CDA as well as other civil society partner organizations to share ideas and influence positive behaviour change around issues that border on maternal and new-born quality of care. Presentations were made highlighting the performance of the Municipality on maternal and new-born quality of care for the period as well as challenges and strategies to

improve maternal and new-born health outcomes. The data presented by the Municipal Health Directorate showed that between January to June 2021, a total of 46 neonatal and 7 maternal deaths were recorded in the WA Municipality. The causes of the 7 maternal deaths were listed as flows: Embolism, Septicaemia, Cerebrovascular Accident, Liver Disease, Post-Partum Haemorrhage and Pneumonia. Most of the maternal mortality cases are said to be referrals from other districts to the Municipal hospital. Most of the referred patients are said to have delayed in getting to the hospital for help until their situations got worse. The reasons for the delays are said to be largely due to financial constraints that posed a barrier to accessing the much needed care when it mattered most.

Following a review of the performance of the maternal and new-born health outcomes for the half year period of 2021, a few recommendations and action points were made.

- a) Midwives and health facilities referring patients must follow-up to ensure that the patient indeed heeds the referral to the facility referred to. The midwives are to contact the facilities where the patient has been referred and ensure that the referral has indeed been carried through. Family of the referred patients has to be regularly prompted and remaindered about the urgency of referrals in keeping mothers and babies alive. The ambulance service and community emergency transport services should be duly activated to ensure that patients referred reports on time.
- b) Midwives and health facility managers must desist from charging clients for services covered under the NHIA or requiring pregnant women to procure a long list of items before they are provided services. These practices

were said to be a major barrier to poor women access to maternal and neonatal healthcare services. The Municipal Director instructed health facility in-charges to desist from such practices or get punished when caught engaging in such a conduct.

- c) The midwives and nurses also decried the persist lack of basic medical consumables needed for maternal and newborn quality of care. They insisted that most of the basic medical supplies such as surgical gloves, medications, detergents and many others needed for quality healthcare delivery are not available and as a consequence pregnant women are often required to buy them or bring them along when needing services. This situation has regrettably inhibited uptake for services by poor pregnant women or nursing mothers who are unable to buy some of these medical consumables. The municipal director has thus promised to find a solution to this challenge but insisted that no patient should be denied good quality maternal and newborn healthcare services if they are unable to provide any basic medical supplies required from them. The Municipal health directorate promised to ensure that essential supplies are available for the delivery of quality maternal and newborn care.
- d) Midwives working in CHPS facilities also raised concerns about role conflict between midwives and CHOs. They contend that the Midwives who used to be facility in-charges or managers have regrettably been asked by the director to relinquish their leadership roles to the CHOs who they consider to be junior staff. This issue according to the midwives has resulted in role conflicts between staff, thus affecting quality delivery of services at the CHPs level. This issue was addressed by the Municipal

director. He explained that the decision to make CHOs in-charges of CHPs compounds was a policy decision by the Ghana Health Service. However, if the action was creating problems, he was willing to engage further with the midwives and CHOs to have the matter resolve. He promised to get the problem solved as soon as possible.

On the 13th of December, 2021, CDA-Ghana organized a Maternal and New-born Health stakeholder advocacy forum in Wa. The activity was part of efforts to increase public awareness and responsiveness of duty-bearers in addressing maternal and new-born quality of care issues in the Wa Municipality. Participants of the forum were drawn from the Upper West Regional Health Directorate, Municipal Health Directorate, the Regional Nurses and Midwives Association, the Food and Drugs Authority, Regional House of Chiefs and Queen Mothers as well as the WA Municipal Assembly and other agencies.

In his welcome remarks, the Executive Director highlighted a number of observed challenges that continues to undermine access to dignified quality maternal and new-born health services in the Wa Municipality. These challenges include; demands for top-up payments by pregnant women and nursing mothers to access healthcare, increasing demands for payments for healthcare services (particularly laboratory services by pregnant women) that are fully covered by Health Insurance Benefit package, poor communication and attitudes of service providers to clients. These challenges have continued to impede access to dignified, quality maternal and new-born healthcare in some facilities in the Municipality; thereby contributing to some maternal and neonatal deaths. He further noted that even though uptake of maternal and new-born health services has seen an increase, quality of care

appears to have stagnated resulting in poor outcomes in many instances. He called on all stakeholders particularly healthcare providers and administrators to take urgent steps to improve maternal and new-born quality of care standards in all facilities in the Municipality. Contributing to the issues raised, the Wa Municipal Coordinating Director (Hajia Fati Saaka Koray) noted that maternal and new-born healthcare is critical in the Municipality and needs the support of all stakeholders to ensure that no life is lost in the process of giving life. He bemoaned the phenomenon of charging patients for services that are fully covered under the NHIA benefit package. She such the increasing demands for payments for health care services particularly among pregnant women has the potential to derail all the gains made towards reducing maternal and neonatal deaths. She observed that women from poor households who do not have enough money will often refuse going to the hospital or delay so much until their situations becomes too critical. This she said may result in preventable deaths due to delays occasioned by the increasing demands for payments for services fully covered under the NHIA benefit package. She called on the regional and district health authorities to take steps to address the increasing complaints and concerns about the increasing demands for cash payments for services covered under the NHIA benefit package.

Responding to some of the issues raised, the deputy director in charge of public health noted that the complaints of top-up payments have come to the attention of the Regional Health Directorate. According to him the issue has multiple dimensions. Most patients (98%) that visit public health facilities are NHIA insured meaning that most of the facilities depend heavily on the NHIA for their revenues that enables them render services. Prolong delays in payment of claims according to him have render most facilities financially handicapped. This he said is the reason for

the top up payments which as the most viable option of ensuring that the facilities have the basic consumables that will allow for quality delivery of services. He however noted that the regional health directorate was consulting with all stakeholders to ensure that no patient is denied care due to her inability to make top-up payments.

Madam Mercy Dakogri, made a brief presentation highlighting contributions of the UNICEF Funded Maternal and Newborn Quality of care interventions. She indicated that the outreach activities reached out to over 10,000 people with information and education on exclusive breastfeeding, infant and young child feeding practices, Antenatal, skilled delivery and postnatal services. She further noted that as part of efforts to improve community level health governance structures to support the delivery of maternal and new-born healthcare delivery, CDA organized a series training for Community Health Management Committees across 10 primary health facilities. A total of 115 community health management committees directly participated and gained knowledge on how to provide good leadership and support services for the delivery of quality, dignified maternal and new-born services in their localities.

Following the brief presentation on the maternal and new born quality of care program, most stakeholders made a firm commitment to support efforts that will improve maternal and new-born healthcare in the Municipality. A representative of the Regional Association of Nurses and midwives who participated in the stakeholder's advocacy meeting used the occasion to invite CDA to participate in the annual general meeting of the Ghana Registered Nurses and Midwives Association and use that platform to advocate for maternal and new-born healthcare services in the region. This invitation was accepted and CDA agreed to hold further discussions with

the GRNMA on its role during the conference. It was further agreed that CDA could also use that opportunity to celebrate its maternal and new-born health champions as a way to incentivize good best practices and outstanding nurses and midwives in the Region.

on the 20th of January, 2022, CDA collaborated with the Upper West Registered Nurses and Midwives Association to hold their annual conference on the theme: Improving Access to Dignified Maternal and New-Born Quality of Care for All; a shared responsibility. Over 200 people mostly nurses and midwives, health professionals, directors and managers took part in the conference. The Director of CDA was invited to participate in a panel discussion on improving maternal and new-born quality of care standards in health facilities. The occasion was also used to recognize and celebrate the best and outstanding nurses and midwives in the Region. CDA also used the occasion to recognize the most outstanding maternal and new-born health champion of the WA Municipality. Below is a link that shows a publication on the CDA Award of the Maternal and New-born Health Champion <https://web.facebook.com/CDAGHANA18/posts/2295067270645843>

Key Outcomes:

The behaviour-led community based maternal and new-born quality of care interventions achieved significant outcomes.

Key among the outcomes included:

- i) Increased awareness and knowledge among pregnant women, nursing mothers and care givers on actions and efforts to end preventable maternal and new-born deaths and stillbirths in their communities by ensuring that all pregnant women, nursing

mothers and care givers in their communities receives facility-based quality of care for mother and new-borns; optimal breastfeeding practices and postnatal care for mothers and new-borns and community care for infants.

- ii) Interventions also contributed positively to improved relations and communications between service providers and pregnant women, nursing mothers and care givers in the delivery of care
- iii) The intervention contributed to increased uptake of maternal and new born quality of care services across 72 communities
- iv) Over 95% of the target communities recorded 100% skilled delivery. No home delivery was recorded. Maternal mortality in all the project communities was Zero with very few reported incidence of still births in the communities.
- v) Male involvement and support for maternal and new born quality of care have seen modest improvements. Men have become more supportive, conscious and responsive to the maternal and new born health needs of their families.
- vi) The activity also contributed to the strengthening of community health management committees by improving their regularity of meetings, participation and support for maternal health programmes and actual cash and in-kind contributions towards the maintenance of community health facilities

Key comments and quotes from some women reached through various activities include:

Madam Ajara During a market storm engagement in Piisi in the upper west region had this to say "to be able to give your children good quality of care it involves a lot including participation of both partners, most women are only seen as carriers of the baby and the men often fail to understand that the woman's opinion on when to get pregnant is important. For instance, if after birth it takes time for you to get pregnant again your husband suspects you have done family planning and you will be constantly harassed". I remember vividly when my friend did family planning last year and the husband got wind of it, he assaulted both the wife and the midwife, the men really need to be educated on maternal issues".

Still at Piisi during the market storm another woman said " Madam we want to go to the health facility for antenatal care but we are often asked to pay for laboratory tests and other drugs, we do not have money to meet such obligations and so resort to locally prepared herbs and rely on the almighty to see us through the journey of pregnancy. She continued for us at the village 60gh is equivalent to 6 bowls of beans if not more and we depend entirely on the proceeds realized from the crops we farm. We are just financially handicapped and we are hoping government will do something about the National Health Insurance to ease the burden on us during our antenatal and postnatal days.

Another woman Madam Fauzia during the market storm engagement also stated " I really appreciate the fact that your outfit has embarked on this market sensitization to educate women on new born quality of care, Madam my baby will be FOUR months tomorrow but for this sensitization

I would have started giving her solid food after the 4th month but I will wait and introduce the solid food to her after the stipulated six months of exclusive breastfeeding". Yes, the nurses at the health facilities have been educating us just that we are have a lot of burden that makes its difficult but I promise to adhere to your advice of exclusive breastfeeding.

Key Challenges in the implementation of the activity

There were a few challenges observed to be barriers for poor women access to maternal and new-born quality of care. Some of these challenges include:

- a) Complaints of shortages of basic medical supplies and consumables (surgical gloves, routine drugs etc) in most health facilities
- b) Complaints of health workers charging clients for services covered under the NHIA thereby inhibiting uptake of services by clients until health condition gets worse.
- c) The raining season has also occasionally disrupted planned meetings thereby increasing cost for reorganization of meetings
- d) Some communities have also become inaccessible due to poor roads and water patches cover the roads making them inaccessible.

How the challenges were addressed?

The above challenges are being addressed through a number of ways including:

- a) Follow-up engagement with health managers and directors to find a way to reduce the alleger practices of requiring pregnant women to pay for services that are covered under the NHIA or buy medical supplies that ought to be provided directly by the health facilities as per the benefit

- package of the NHIA
- b) We are also intensifying our advocacy and calling on NHIA to pay claims promptly to health facilities to enable them provided quality maternal and newborn care to clients
 - c) We continue to engage health managers to ensure that health facilities have sufficient logistics or consumables such as surgical gloves to deliver quality of care

Recommendations/Way Forward

Based on the lessons learnt from the Community-based behaviour led outreach maternal and new born quality of care interventions, it has become quite apparent that the most sustained way to improve maternal and new born health outcomes is to focus more on social mobilization and behaviour transformation. We need to do more towards influencing change in behaviours, attitudes and practices that support the critical agenda to end preventable maternal and new-born deaths and stillbirths in local communities where quality of care standards are low. We need work together towards ensuring that all pregnant women, nursing mothers and care givers in their communities receives **facility-based quality of care** for mother and new-borns; **optimal breastfeeding** practices and **postnatal care for mothers and new-borns** and **community care** for infants.

To do this we will need to:

- a) Promote community – clinic collaborations were we facilitate open dialogues between service providers and service users towards improving confidence, trust and sustained demands for quality of care in all primary health facilities.
- b) We need to also strengthen advocacy to demand for an improved National Health Insurance System where subscribers are a provided the full benefit package and not asked to make top up payments. This will require broader citizens led conversations and voice amplification. If people who need care cannot afford to make unapproved payments for such services, then they will be left behind. No one should be left behind because of their inability to pay.
- c) Last but not the least, we need to facilitate demand creation activities using alternative spaces and social events such as Church services, visiting the mosque and market storms to educate, sensitize and promote exclusive breastfeeding and other maternal and new born health seeking behaviours.