



BEYOND FIVE

Nurturing children for a healthier nation

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Breakthrough Results in Postnatal Care

Why do newborns die in Ghana?

The 2008 Demographic and Health Survey in Ghana estimated that about 80 children per 1000 live births die by the age of five. Of these deaths, 40% occur in the first month of life, otherwise known as the newborn period. Also, about half of newborn deaths occur on the first day of life, while an additional 25% occur by the end of the first week. The majority of these deaths are from preventable causes such as asphyxia (inability to breathe normally) during the birthing process, infections, and inappropriate care of premature babies.

What can be done?

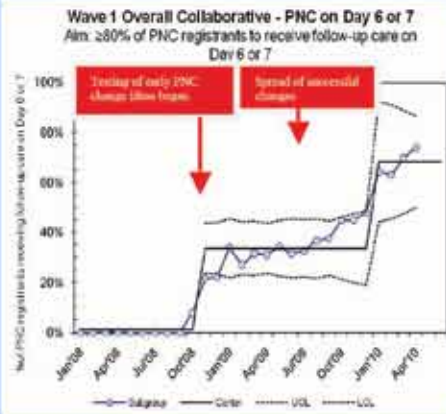
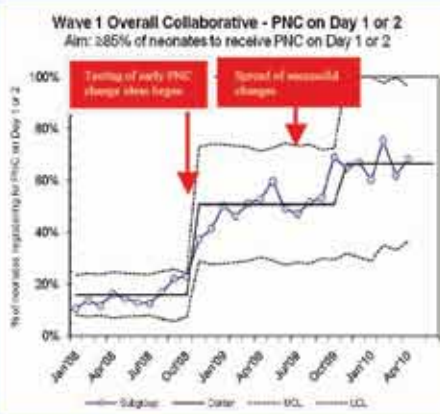
First, ensuring that babies are delivered by skilled personnel such as midwives who can resuscitate them in case of asphyxia. Using sterile equipment to improve the survival of premature babies is paramount. Secondly, creating an environment where skilled health personnel can teach mothers and other caregivers about hygienic care of the umbilical cord to prevent infections; demonstrating appropriate care for premature babies at home; ensuring that breastfeeding is



• 1 month old baby who received consistent postnatal care

immediate, successful and continued to age six months. Early warning signs for the most common maternal and newborn illnesses so they can return promptly to the health facility for treatment, will also greatly reduce the risk of newborn deaths.

70% Coverage in the First Week of Life



About Project Fives Alive!

Fives Alive! is a project that unleashes the innovative potential of frontline health workers to develop practical strategies to overcome systems failures in the care of pregnant women and children in Ghana that could lead to preventable deaths. The Institute for Healthcare Improvement and the National Catholic Health Service are collaborating with the Ghana Health Service to spread successful changes across the country for maximal impact. The project is funded by the Bill & Melinda Gates Foundation.

What was done?

Policy Framework

The government of Ghana recently instituted two critical interventions to address this problem: In July 2008, National Health Insurance was made free for maternity and early infant care throughout the country. Subsequently, in October 2008, the Ghana Health Service introduced a new policy that required two surveillance visits for newborns within the first week, replacing a policy that had required one visit by the 10th day of life.

Innovation, Testing & Learning

Project Fives Alive! was asked to help test the implementation of the new early postnatal care (PNC) policy before it was spread nationwide. This was done within the context of an Improvement Collaborative Network of frontline health staff and their managers, the Project's main platform for innovation, testing, learning and improvement. The three districts and the Catholic Diocese, supported by the Project in Wave 1- West Gonja District in Northern Region; Navrongo-Bolgatanga

Diocese in Upper East Region; Jirapa and Lambussie-Karne Districts in Upper West Region, embraced this policy. They developed strategies to firstly, encourage pregnant women to deliver with skilled health staff, and secondly to ensure that the newborns and their mothers were provided with preventive care, twice during the first week after birth. Those for newborn survival are summarized below:

1. For women who delivered at health facilities, women and newborns were kept at the facility for 24 hours after delivery. If there was no space at the clinic or if the woman's home was close by, the woman and the newborn were discharged after six hours if they were stable, and visited at home the following day.
2. For women who delivered at home without skilled health staff, news of the delivery was immediately communicated (by mobile phone or bicycle) by family or community members to health staff, who then visited the home within 48 hours of birth.
3. Reminder systems were developed at community and clinic levels to prompt a home or facility follow-up visit by the seventh day after birth.

Improvement

Within 18 months of testing the new early PNC policy, an average of 70% of newborns received first postnatal care within 48 hours, compared to 10% prior to testing the new policy. 70% received a second postnatal visit on Day 6 or 7 as shown in the Figures on page 1, while complete newborn survival data for each district are not yet available. The death rates



• *Free maternity and early infant care throughout the country has been a critical intervention*

for neonates in health institutions (as distinct from those who die in the community) fell from 7.9 to 3.6 per 1000 deliveries over the same period.

What next?

Project Fives Alive! summarized the strategies found to be successful in implementing this new policy into a simplified set of interventions and is now scaling it up throughout the Northern Sector of Ghana (Upper East, Upper West and Northern Regions), through the Improvement Collaborative Network model. As at July 31, 2010, implementation of the new policy had been spread to more than 80% of the 38 districts in the Northern Sector with more than 170 quality improvement teams in hospitals and clinics adopting or adapting to the strategies described above.



• *More children are surviving the newborn period now*

MOBILE PHONE COMMUNICATION - A LIFE-SAVING TOOL

A few years ago, Hajia Mary Issaka, the then midwife at the St. Theresa Catholic Health Centre in Zorko, a sub-district of Bongo District in the Upper East Region of Ghana, introduced an innovative system of giving her phone number to all pregnant women so they could call her in case of an emergency, especially labour. Upon receiving the call, Hajia would encourage the family to bring the woman to the health centre or she or another member of her team would travel to the community, if the family could not find transportation or if labour was too advanced.

When a woman in labour arrived at the health centre, she and her family members would be welcomed and made to feel comfortable. After delivery, Hajia and her team provided to the woman, "zoomkoom", a local millet-based flour drink that community members believe is nutritious and stimulates breast milk. She also made sure hot water was available so they could take a warm bath.

No deaths of women in labour or fresh still births since 2003

This arrangement, later nicknamed the "Zorko Initiative", has proved to be an exciting discovery, yielding greater than 90% coverage of skilled delivery (i.e. delivery of babies by skilled personnel such as midwives and doctors); no deaths of women in labour or fresh still births since 2003, and no deaths of babies in the first month of life since October 2008 for the St. Theresa's



• Hajia Mary Issaka at her clinic

staff. For her commitment to maternal health and selfless devotion to her clients and communities, Hajia Issaka was awarded the Midwife Champion of the Year award in June 2010 by JHPIEGO, an international health NGO with a branch in Ghana.

Project Fives Alive! learned about the Zorko Initiative early in Wave 1, the Project's first phase of innovation and testing, and promoted it to other quality improvement (QI) teams to test as a change idea to improve maternal and neonatal survival in their local context. Esther Azure, the midwife at the Mole Health Centre in West Gonja District in the Northern Region of Ghana,

is one of the health workers who, through involvement with Project Fives Alive! in Wave 1 and adoption of some of the ideas from the Zorko Initiative, has seen incredible improvement in skilled delivery at her centre. She has also increased the number of labour cases she refers to the West Gonja Hospital. Esther says, "The first learning session of Project Fives Alive! was in July 2008. At this session, we were encouraged to think of ways we could improve our antenatal, skilled delivery and postnatal attendance. However, prior to that, during the first half of the year, I had had only one delivery." Esther stressed with total anguish and repeated, "Only one delivery!"

"After the session, we sat down as a team to come up with a way to improve this. We decided to use the mobile phone idea as we learnt it had worked in Zorko. We therefore wrote the phone numbers of the midwife on the antenatal card of every pregnant woman in the community when we went for outreach programmes. When the women came for antenatal care (ANC) here in the clinic, we started this change idea also. This was August 2008." She smiled as she said, "During the last six months of the year, I got 17 deliveries" and she repeated, "17 deliveries!" because of this change idea. In 2009, Esther delivered even more women in her health centre and the trend continues to this day.

Distance sometimes becomes

order to assess the contribution of the mobile phone change idea, Esther keeps track of every phone call associated with labour and delivery, as well as early postpartum care.

"Even for the communities which are far from here, they still call and I in turn call in the ambulance for them. Even when I am away and not at post, women in labour still call. I encourage them to call because I call the ambulance driver's number to call," Esther confidently says.

In the second week of September 2009, about 8:45 pm, Esther received a call from Larabanga, a community nearby, that a woman was in labour – and in trouble.



• Esther Azure, midwife at Mole Health Clinic demonstrating the use of her invented Ambu bag and mask

Mole Health Centre at the time.

Desperate, family members asked the Traditional Birth Attendants (TBAs) in the community for help. But when the baby's legs came out first and the head was stuck, the TBAs were at their wits end. Samata therefore referred them to Esther's phone number on the ANC card and they called her. "If she had not called me, I don't think the woman or her baby would have survived, because the baby came out legs-first and she bled a lot after delivery. The baby was also not breathing well when he finally came out, but thank God they called," Esther says. Esther was able to resuscitate the baby boy and stopped Samata's bleeding before she returned to her clinic just before midnight.

Given the success of the initiative in Zorko and in other sites in Wave 1, Project Fives Alive! included these ideas into its change package, a summary of the most successful changes from Wave 1. The Project is now actively spreading the change package throughout Upper East, Upper West and



• Samata Harisu and her baby survived a breech delivery her brother and her Traditional Birth Attendant sit with her

a hindrance for many families as there are only few modes of transport in the rural areas. In view of this, the mobile communication also helps because the health workers can request ambulance services from the district hospital when the women call them. In

The client, Samata Harisu, was a regular attendant to ANC. She was prepared to come to Mole for her delivery, but labour had progressed so quickly that the client could no longer sit on a motorbike, the only means of transport from Larabanga to

Northern Regions. As a testament to the power of Hajia Issaka's innovations, almost 20% of the 208 QI teams in Wave 2 so far have adopted the Zorko Initiative to their local context.

"...I don't think the woman or her baby would have survived, because the baby came out legs-first..."

Back in Zorko, the initiative is still in operation, even though Hajia Issaka has been transferred to another sub-district. On the evening of January 12, 2009, a middle-aged man who lives in Gamborongo, a suburb of Zorko, called Janet Adongo, another midwife at the St. Theresa Catholic Health Centre, as soon as Talata Awine, his 17-year old niece, went into labour. Janet responded swiftly, travelling in the clinic's vehicle to pick Talata up and take her to the clinic for delivery.

Upon reaching Talata's home and examining her, Janet identified signs of pre-eclampsia, high blood pressure and swelling of the feet. This, in addition to a small pelvis, her young age and being her first pregnancy, meant Talata was at high-risk of needing a Caesarian section or other medical assistance that was beyond the capability of the health centre. The midwife gave emergency treatment to stabilize Talata and immediately transported her to the district hospital in Bongo. Talata's life was saved and she delivered a beautiful baby girl, who she named Blessing.

As is the normal practice in Zorko sub-district, Janet had written her mobile phone number in Talata's

ANC booklet and encouraged her to share it with her family members to call for assistance as soon as labour started. "When they are in labour," she explains, "they have our number written

Fives Alive! supports still face challenges of transportation, poor roads and poverty, this mobile communication network amongst women, families, community volunteers, TBAs



• Janet Adongo, a midwife at St. Theresa Catholic Health centre with an Ambu bag and mask, demonstrating resuscitation of an asphyxiated baby, using the protocol on the wall chart

in their ANC booklet. So they call our number, and we meet them with the truck. They give us GH¢5 for fuel."

During Wave 1, the mobile phone communication idea was further adopted to help the health staff provide postnatal care (PNC) within 48 hours in the event of home deliveries. The clinic staff educated their community-based volunteers about the importance of early PNC, and asked them to call immediately they learned of a woman who had delivered at home, rather than wait till the end of the month, as was the usual practice.

Although several communities in the districts which Project

and health staff, is saving lives of mothers and their babies, and helping Ghana to steadily make progress towards MDG 4.



• Talata Awine, 17-year old mother with her lovely baby, Blessing

PROFILE - PHOEBE BALAGUMYETIME, THE SOLID ROCK OF JIRAPA DISTRICT



• *Phoebe Balagumyetime, Director of Health Services of Jirapa District*

Early every morning, Phoebe Balagumyetime returns to her desk, sorting out reports and data from all over. There are files everywhere. It is hard work, but she has no problem with it, because she knows how important her analysis is. Phoebe is the dynamic woman who is serious about reducing, to the barest minimum, child mortality, side by side with maternal mortality. She is the Director of Health Services for Jirapa District, one of the nine administrative health districts of the Upper West Region of Ghana. The farming-dominated district has 7 sub-districts, a population of over 60,000, one district hospital and nine Community-based Health Planning Services (CHPS) zones, which cater for the health needs of the population.

“Before the Project, data was not really analysed or used for planning and implementation of programs to improve quality health needs”

Phoebe believes that Project Fives Alive! is giving enough knowledge to health staff to improve on quality, an area that had received little attention in service delivery. She remembers what it was like in the past. “Before the Project, data was not really analysed or used for planning and implementation of programs to improve quality health needs,” she informs.

As a leader, Phoebe had consistently believed in collecting data but she admits that the Project has enabled her to process data into vital information. She was excited at how the health staff in her district were given training on established Quality Improvement methods and tools which have gone a long way to improve health care in the district.

Phoebe narrates how, for instance, William Harrison, a Field Technician at the Hain Health Centre, one of the health facilities in the district, analyzed the skilled deliveries in the sub-district, community-by-community, identified communities with the lowest skilled delivery rates, and devised a strategy to educate them to change their behaviour. He downloaded from the Internet, gory videos of women who had gone through unskilled delivery and their subsequent painful ordeals as a result of the experience. Harrison, along with the midwife and the Community Health Nurses of the centre, moved around the communities, showing the videos to the women and some men, on Harrison’s laptop.



• *Harrison explaining PDSA cycles that the Hain Health Centre Team has run*

These videos had such an impact that soon, women, for fear of complications, swiftly came for skilled delivery when in labour.

now almost 95% of women in the communities come to the clinic in labour as a result of this intervention.

The work of the Hain team was so effective that, the chiefs and opinion leaders in the communities decided to help get pregnant women to the clinic for antenatal, skilled delivery and postnatal care. These chiefs passed by-laws to fine women and families who go contrary to the decree. Phoebe proudly states that now, almost 95% of women in the communities come to the clinic in labour as a result of this intervention.

“We have made moderate achievements. We appreciate their cultural beliefs and are guiding the people through them. We appreciate the transportation challenge. Husbands are now even more willing to bring their wives to the clinic. Neonatal deaths have decreased, maternal mortality has drastically reduced



• *Quality improvement (QI) methods improve survival of children*

and families and health workers are happier.”

Currently, Phoebe and her team have decided to develop some local videos. “We’ve linked up with the obstetrician in the Regional Hospital who has a lot of video clips on complicated deliveries, and we intend to show them throughout the district,”

Phoebe said.

“the Project is strengthening the systems in place and building on existing health care delivery structures.”

When asked to describe the partnership that her district has with Project Fives Alive!, she states, “The Project is strengthening the systems in place, and building on existing health care delivery structures.” She goes on, “The aim of the Project so far has been to look at data gathering, to analyse the data, to identify gaps if there are any, to see where the interventions need to be put, and I assure you, this process enables personnel to think about some change ideas, to put them into a change package and to implement them at their various facilities”.



• *Phoebe Balagumyetime discussing plans to test new change ideas with Billaw Health Centre staff in a learning session in Jirapa*

"we assess these change ideas to see if they are the best interventions for our communities. If they are good, we scale up. If not, we abandon them and the cycle continues,"

Phoebe speaks about other change ideas she has spearheaded and supported. Quite a number of health centres in Jirapa District have started giving soap to women who give birth at a health centre and the Traditional Birth Attendants (TBAs) who bring the labouring women. This has become an incentive for both the women and the TBAs. "We also have this community emergency [transport] plan which helps poor families to access the ambulance service and pay at a later date."

"As we do this," she passionately continues, "we assess these change ideas to see if they are the best interventions for our communities. If they are good, we scale up. If not, we abandon them and the cycle continues," she concluded.

There are still some challenges in the district. The national data on child mortality was about 110



• *Phoebe Balagumyetime helping health staff in Jirapa district interpret graphs depicting their quality improvement work*

per 1000 live births throughout most of the 1990s and early part of this decade. But per the 2008 Demographic and Health Survey, it has now reduced to 80. This is wonderful news for Ghana, but there is still much work to be done to achieve our national child mortality target of less than 40 deaths per 1000 live births.

Jirapa district is still above the national average and that worries Phoebe a lot. "In terms of productivity, our facilities, including the hospital and nine CHPS zones are not enough to combat all these challenges. We are working hard and hope to get

18 CHPS zones by 2015".

At the end of each day, Phoebe is tired, but the look of optimism on her face as she packs off for the day says it all: "There is hope for the Jirapa District now that Quality Improvement methods and tools have been introduced and are being applied by so many health workers throughout the district."

To learn more about Phoebe and the improvement work in Jirapa District, watch a video on the IHI website: <http://www.fivesalive.org> <http://www.ihl.org/IHI/Topics/DevelopingCountries/Ghana/ImprovementStories/ProfilesinImprovement/PhoebeBalaJirapaDistrictGhana.htm>



Caring for the future today

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