Beyond Referral:

Integrating primary health and definitive emergency care systems learning in rural Ghana

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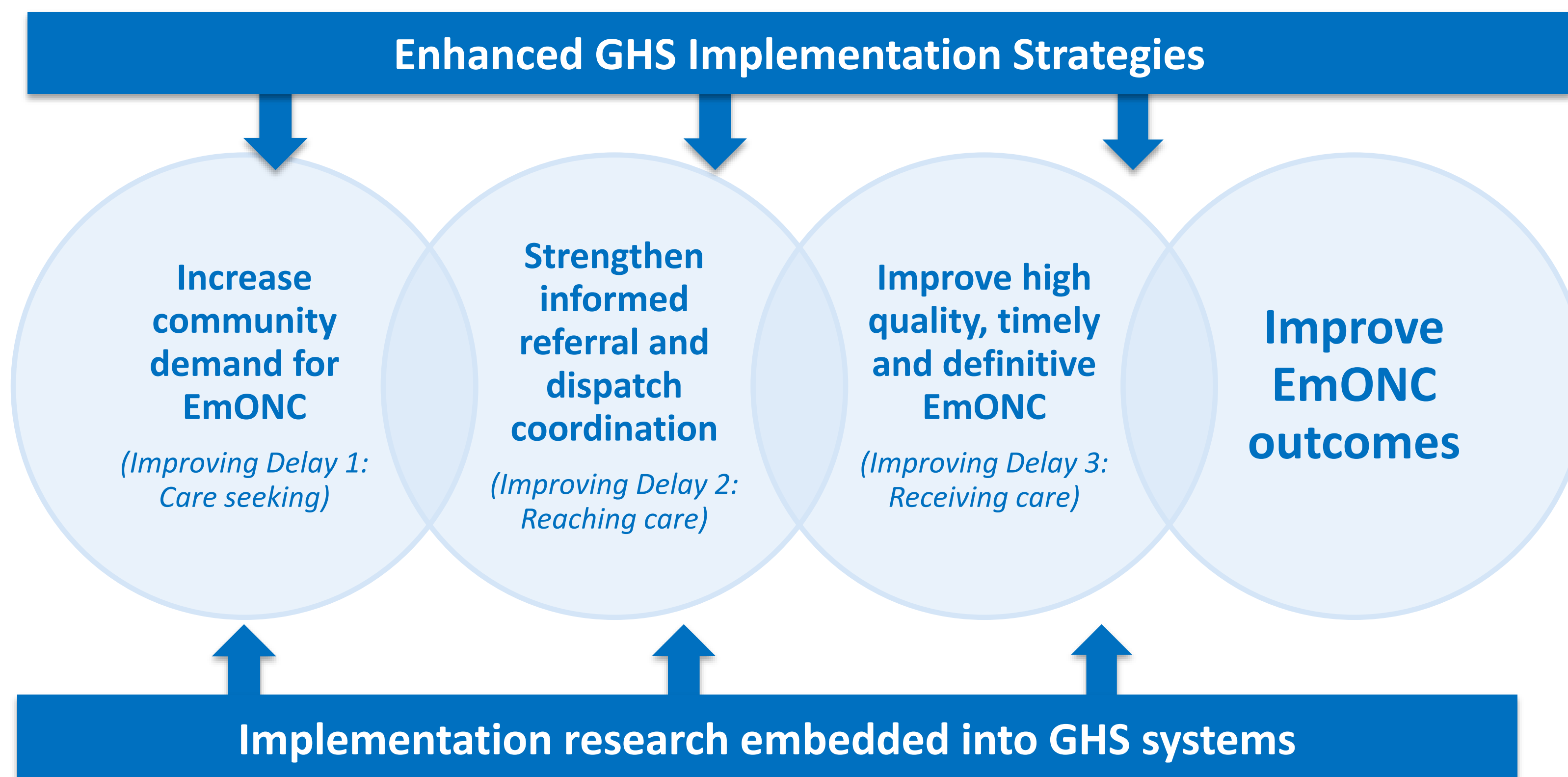
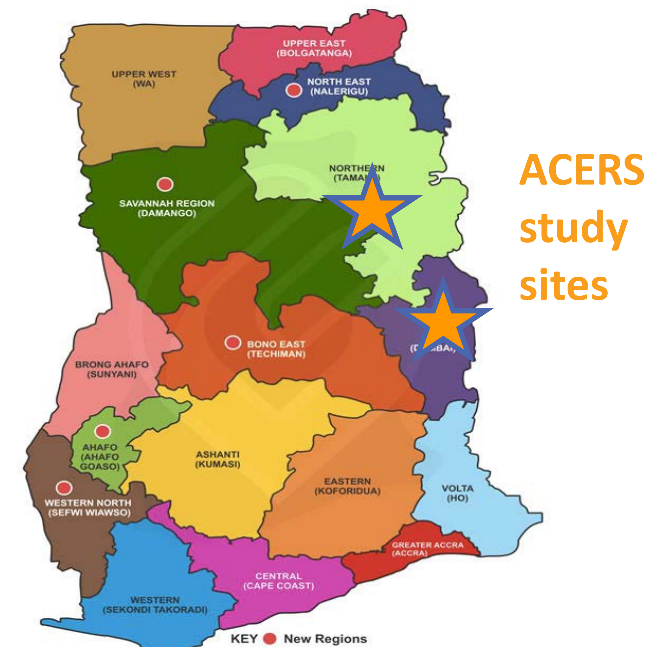
Introduction

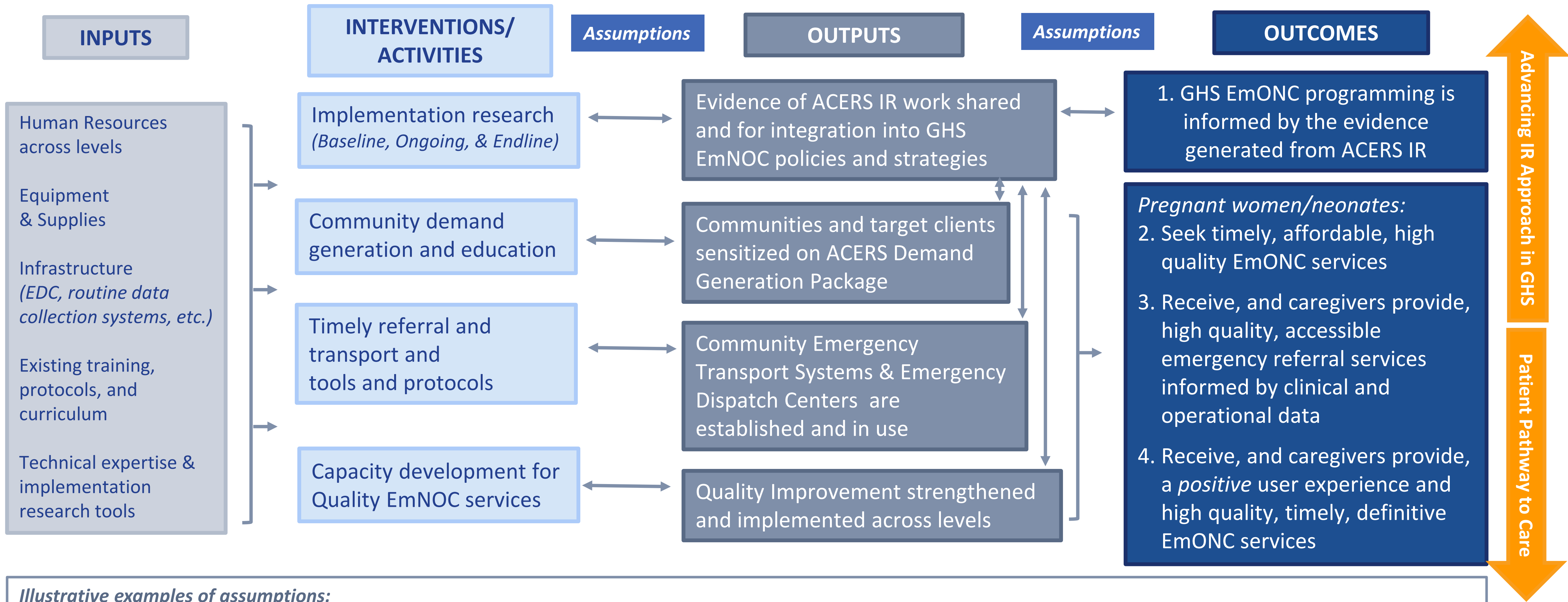
- Despite great strides in governance and economic growth, maternal and newborn morbidity and mortality in Ghana remain high
- Funded by USAID, the **Developing Acute Care and Emergency Referral Systems (ACERS)** program is a health systems strengthening **implementation research** program designed to address this gap and improve **emergency obstetric and newborn care (EmONC)** using the **Three Delays Model**[1]





[1]Thaddeus S, Maine D (1994) Too far to walk: maternal mortality in context. *Social Science and Medicine* 38 1091-1110.

Theory of Change

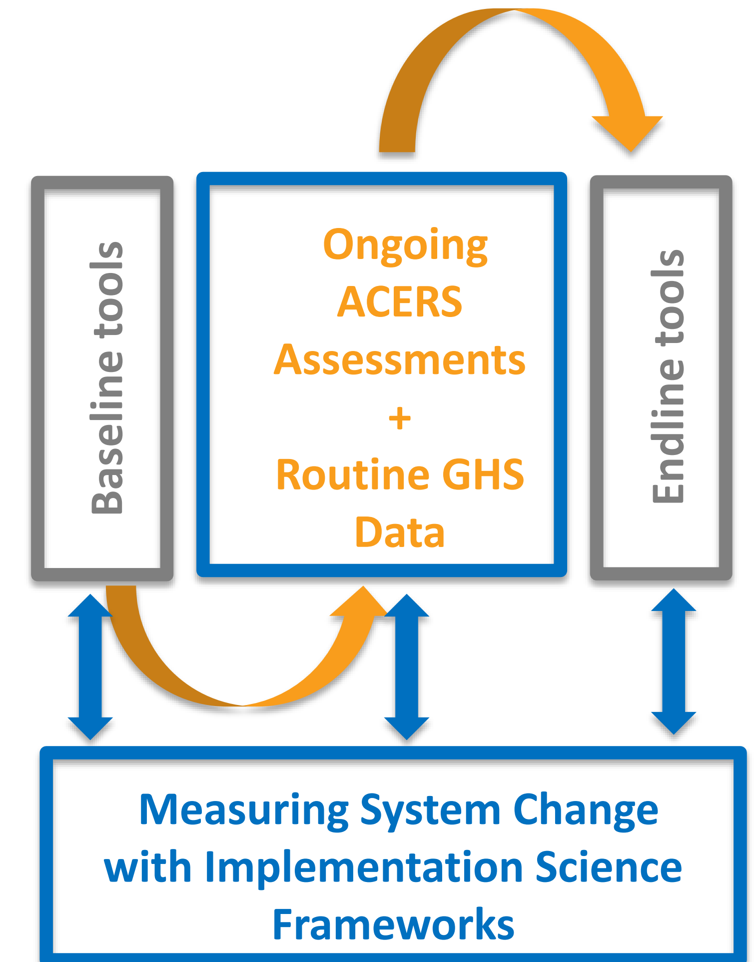


Illustrative examples of assumptions:

- Social and financial barriers to decision making related to care seeking are reduced through community engagement
- ACERS emergency referral and clinical packages are feasible, acceptable to HCPs and communities, and implemented with fidelity
- CHVs support care-seeking behavior
- Pregnant women use NHIS and leverage Village Savings and Loans Associations
- Referral services are acceptable, affordable and accessible to women/neonates and health staff
- EDC activates timely, appropriate referral pathways
- Adapted tele-mentoring, supportive supervision, and QI activities for EmONC are used and quality of care is improved
- Competent HCPs are motivated and active in providing timely EmONC services
- Receiving facilities are well-equipped to manage EmONC cases in a timely manner using correct pathways
- Implementation and policy stakeholders perceive ACERS, as appropriate, acceptable and feasible

Methods

	Difference in Difference Study Design			
	Full ACERS Intervention Package		Emergency Dispatch Centre (EDC) ONLY	
Districts	**Gushegu**	**Nkwanta South**	**Gushegu**	**Nkwanta South**
Sub districts	Galwei Katani	Brewniase Alokpatsa	Gushegu Kpatinga Nabule	Bonakye Keri Nkwanta Tutukpene
Interventions	Demand: CHV training, pregnancy schools + which include education on dangers signs, who to contact in an emergency and NHIS/VSLA for all communities in the sub-district - with corresponding metrics Referral: EDC and strengthening CETS including placement of at least one motorking in each subdistrict - with corresponding metrics Quality: QI coaching and simulations to improve clinical acumen of staff and equipment of facilities for basic EmONC - with corresponding metrics		Referral: EDC and strengthening CETS including placement of at least one motorking in each subdistrict - with corresponding metrics	
Formative assessments	**District wide to inform implementation strategy**			
Pre — **Baseline assessment**	**District wide to inform Implementation Strategy/Plan & Implementation Research Plan**			
Ongoing assessments	**District wide to inform timely referral indicators in ALL subdistrcts & demand generation and facility level qaulity of care indicators in 4 subdistrcts**			
Post — **Endline assessment**	**District wide**			



Implementation Research Frameworks

RE-AIM Framework Key Components	Illustrative Examples of Indicators
Reach	# of CHVs trained/200 CHVs in all intervention communities
Effectiveness	Proportion of women surveyed who deliver at facilities
Adoption	Extent to which CHVs support community care-seeking behavior
Implementation	% of CHPS zones with Community Emergency Transport Systems established and implemented % of supportive supervision visits conducted
Maintenance	Integration of EDC into National Ambulance Service (NAS)

Consolidated Framework for Implementation Research (CFIR) Key Components	Illustrative Contextual Factors
Intervention Characteristics	Opportunity cost and perceived complexity of interventions
Outer Setting	Presence of social networks, other programs/NGOs and emergency referral policies
Inner Setting	Commitment and engagement of leaders and staff members
Characteristics of Individuals	Staff and community knowledge, trust, and familiarity of the intervention
Process	Community and staff engagement and participation in project implementation

Next Steps

Phase 2

- Conduct baseline assessment
- Establish Emergency Dispatch Centers (EDCs) in operational districts and implement protocols
- Enhance health staff capacity, supportive supervision and quality improvement across levels of care
- Enhance GHS Pregnancy Schools and other care seeking activities
- Document/disseminate implementation process
- **Possible contextual factor: National election, COVID-19 outbreak**

Phase 3

- Conduct routine M&E and **ongoing** implementation research (IR)
- Analyze data, document best practices, disseminate findings
- Implement changes as necessary
- **Possible contextual factor: National census**

Phase 4

- Continue refining systems interventions based on IR findings
- Determine scalability of EDC model based on IR findings
- Develop framework for scale-up/replication of ACERS approach
- Develop policy briefs and engage national stakeholders