



REPUBLIC OF GHANA
THE CAMPAIGN ON ACCELERATED REDUCTION
OF MATERNAL MORTALITY IN AFRICA

| CARMMA |

"RISING TO MEET THE CHALLENGES OF REDUCTION OF MATERNAL MORTALITY IN GHANA"

REPORT

ASSESSMENT OF FULFILMENT OF PLEDGES/COMMITMENTS
MADE BY METROPOLITAN, MUNICIPAL AND DISTRICT ASSEMBLIES

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(CARMMA)**

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DECEMBER 2014



ACKNOWLEDGEMENT

United Nations Population Fund (UNFPA) and the Ministry of Local Government and Rural Development wish to express thier profound appreciation to the Office of the President for the continued support and commitment to the CARMMA initiative.

Secondly, Honourable Julius Debrah the then, Minister for Local Governments and Rural Development and current Chief of Staff, is appreciated for the able manner in which he marshalled the Regional Ministers to assist the Consultants, Heritage Development, with the assessment.

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1. CONTEXT

1.1 Introduction & Background

United Nations Population Fund (UNFPA) is the lead UN agency and source of funding for sexual and reproductive health and reproductive rights programmes. UNFPA works with governments and non-governmental organizations in over 150 countries as the lead UN agency for delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled. UNFPA assists countries to formulate population policies, programmes and strategies, particularly those related to maternal health, adolescent sexual and reproductive health and gender equality, in support of sustainable development.

The issue of maternal mortality and morbidity continues to threaten the very essence of Africa's development. Despite the myriads of global, regional and national efforts and reaffirmation of commitments towards the issue, maternal mortality and morbidity remains a silent emergency on the continent. It is estimated that one in thirty African women risks dying in childbirth, while thousands more suffer all their lives from the damaging physical side-effects of giving birth.

In May 2009 the African Union launched the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) to trigger concerted and increased action towards improving maternal and newborn health and survival across the continent. CARMMA followed on the significant strides made from the International Conference on Population and Development Plan of Action (ICPD PoA), the Millennium Development Goals (MDGs), and the Maputo Plan of Action on Sexual and Reproductive Health and Rights in Africa.

Eight countries, including Ghana, were selected for the initial launch in 2009. The basis for the selection included high mortality rates, low gender development index and high political commitment as measured by resources and leadership.

Despite some progress towards MDG5, and the reduction of maternal mortality, no African country has achieved a 5.5% average annual decline in order to attain the MDG5 target in 2015. Ghana's rate of progress is slow and it is known that at the current pace, the country may not reach its target by 2015 to have a rate of 185 maternal deaths per 100,000 live births.

To accelerate the pace of intervention across the Africa region, the CARMMA initiative sought political commitment at the highest level in each member country. Countries were to mobilize domestic resources to complement donor resources so as to address the myriad of problems associated with maternal mortality and morbidity.

Ghana committed to implementing CARMMA and this was taken up by the former First Lady, Mrs Ernestina Naadu Mills with support from UNFPA and Ghana Health Service. Ten Regional fora were organised at which metropolitan, municipal and district chief executives (MMDCEs), district co-ordinating directors (DCDs), presiding members (PMs) of the various assemblies, district planning officers (DPOs) and district directors of health services, representing each metropolitan, municipal and district assembly (MMDA), presented situational reports on the state of maternal mortality in their various districts and municipalities.

Subsequently, MMDAs produced their plans of action which were documented in a comprehensive report titled: **“Rising to meet the challenges of reduction of maternal mortality in Ghana”**. One hundred and thirty-five out of the then existing 170 MMDAs in 2011 made pledges which were captured in this CARMMA report. Thirty five (35) of them did not make any pledges. Significantly no pledges were recorded against the Eastern and Upper East Regions. These two regions had already had their forums before the idea for making firm commitments was mooted.

In order to establish the extent of implementation by the various local government institutions of their CARMMA pledges, an assessment was undertaken from 27th November to 5th December 2014. The aim or overall objective of this study was to

UNFPA and GHS (2012) “Rising to meet the challenges of reduction of Maternal Mortality in Ghana” – Joint UNFPA/GHS CARMMA Report (Accra: UNFPA).

monitor the implementation by documenting the extent to which CARMMA commitments have been fulfilled by the MMDAs in relation to efforts aimed at curbing maternal mortality in the respective districts from November/December 2011 to November 2014. This was measured against commitments made in the aforementioned document: **“Rising to meet the challenges of reduction of maternal mortality in Ghana”**.

1.2 Aim and Objectives of the Assessment

The overall objective of the assessment is to track the CARMMA commitments as captured in the accountability report (**“Rising to meet the challenges of reduction of Maternal Mortality in Ghana”**) and document the commitments fulfilled by the MMDAs from 2012 to 2014.

The specific objectives are:

1. To confirm the commitments made by the various local institutions at the regional levels.
2. To assess the status of achievement of the commitments by the local government institutions.
3. To make recommendations for improvement on further implementation of activities.

1.3 Methodology

As part of the methodology, a desk review of materials, reports and documents related to maternal health and CARMMA in particular was conducted. Literature on maternal mortality and the CARMMA pledges report for Ghana, **“Rising to meet the challenges of reduction of maternal mortality in Ghana”**, was used as the basis for the assessment. Preliminary meetings were held with officials of key stakeholders such as the Ministry of Local Government and Rural Development and UNFPA in order to develop a firm appreciation of what the assignment entailed. A questionnaire-based interview methodology was adopted and this entailed in many instances teleconferences with officials of the MMDAs. Questionnaire-based interviews

were carried out with personnel from all 135 MMDAs that made pledges in 2011, at the time when the total number of local government authorities was 170. The personnel interviewed in the various local government areas included a mix of metropolitan, municipal and district chief executives, co-ordinating directors and district planning officers.

2. RESULTS AND KEY FINDINGS OF THE ASSESSMENT

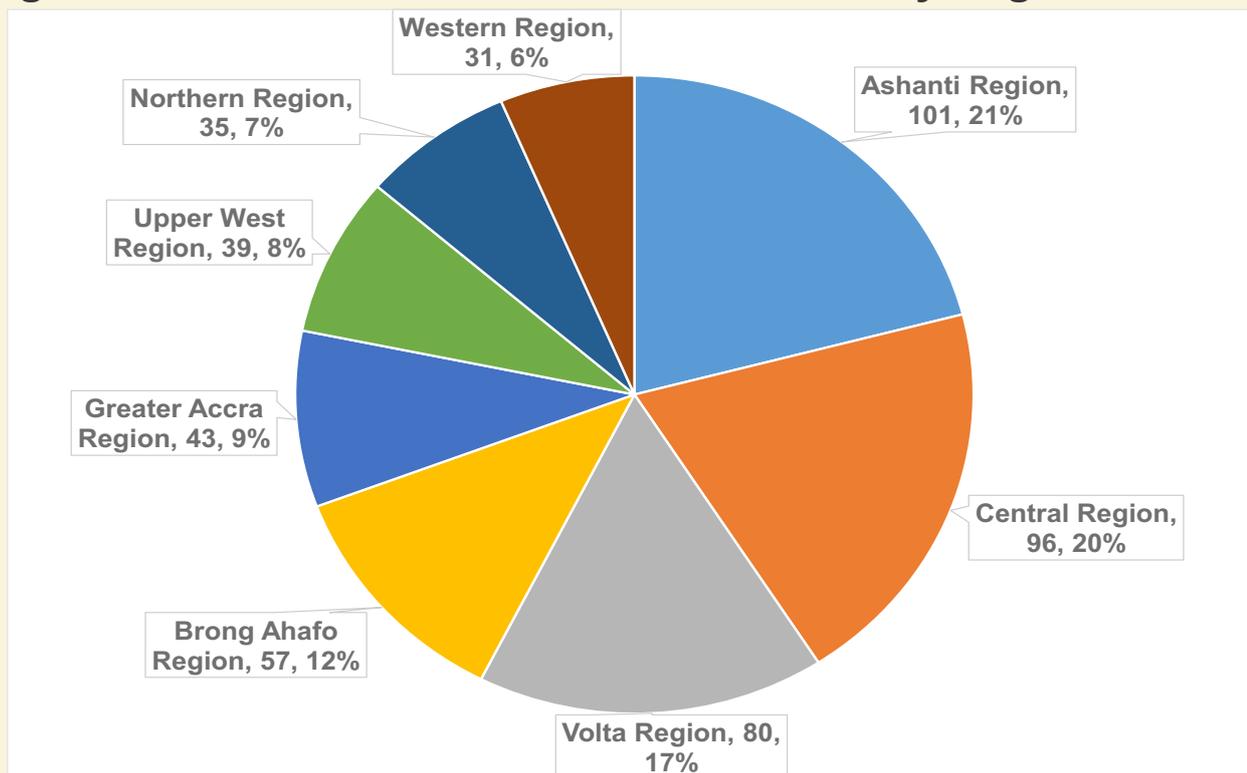
The analysis of the results and findings of the assessment involves discussions on commitments made, CARMMA implementation methodologies, challenges faced in implementation, achievements and recommendations for improvement in implementing CARMMA. These are taken in turn in sub-sections below.

2.1 Commitments made by MMDAs on CARMMA

Out of the 170 MMDAs that were in existence in 2011, a total of 135 made commitments to undertake accelerated activity implementation for maternal mortality reduction within the next five years. These MMDAs include those from all the regions of the country except Eastern and Upper East regions. Commitments were not made in these two regions because at the time of the regional launches of CARMMA, the idea and strategy for ensuring commitments was not concretised. The two regions were the first for which CARMMA was launched after the National Launch (also in Koforidua in the Eastern Region).

Figure 2-1 shows the total number of pledges made in the various regions in the MMDAs. A total of 482 pledges were made. This total number meant that an average of four commitments were made for each local government area. Ashanti Region made the highest number of commitments (21%), and the least number of commitments were made by the Western Region (6%).

Figure 2-1: Number of Commitments made by Regions



These pledges varied in type and complexity such as: open up roads in the district to improve access to health services and ease referrals; build more Community-based Health Planning and Services (CHPS) compounds; support the district health management team to ensure that all pregnant women enjoy the full benefit of the policy of free maternal and child health service including delivery; improve road network in the district to facilitate referrals; purchase ambulance for the district hospital; and construct living quarters to accommodate health staff; facilitate the training of more student midwives to complement staff and so on.

These pledges, contained in the CARMMA Report, were disseminated. With the former first lady out of office, the President of the Republic announced his commitment to follow up with her work on CARMMA. In furtherance of this commitment made by His Excellency, a situational report on the redemption of these pledges in 2013 was requested from the Presidency. The report was received by the President. In addition, the President announced the inclusion of maternal health as part of the performance assessment of MMDCEs. In the first quarter of 2014, a similar activity, meant to update His Excellency on the

progress of redemption of the pledges was scheduled through the Minister of Local Government and Rural Development.

2.2 Methodology in Execution of Pledges

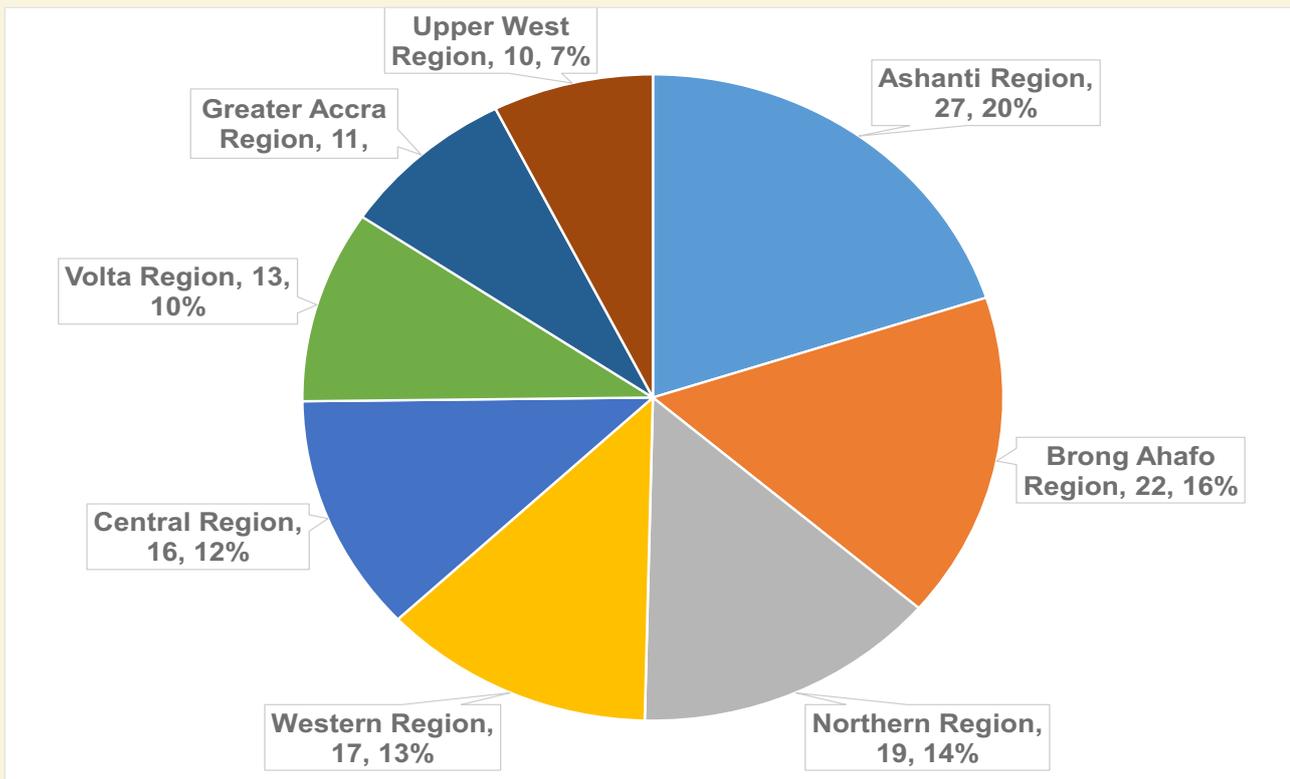
The MMDAs, representing governance and development structures at the district level, are critical in the improvement of livelihoods in the communities. They were seen as important platforms and avenues for contributing to the efforts at reducing maternal mortality in the country and for progress towards meeting the targets set by MGD5. In this regard, efforts towards the attainment of reduction of maternal mortality was seen as more than just a health issue. Fulfilment of the pledges is therefore essential and hence the call on the MMDAs to account for the progress on commitments made. As can be seen from the variety of activities covered by the pledges, the local governments have had to work with many agencies to fulfil their commitments. These include the Ghana Health Service, roads and transport sector, NGOs, development partners, and traditional authorities. Traditional authorities, for instance, are the main source of land for construction of CHPS compounds, nurses' quarters and so on.

2.3 Achievements in Fulfilling Commitments

From the results of the survey, 135 Metropolitan, Municipal and District Assemblies (MMDAs) made commitments to undertake a number of initiatives including the mobilization of domestic resources to complement donor efforts to address the range of problems associated with maternal mortality. The regional distribution of pledges made is shown in **Figure 2-2**. Almost all MMDAs made more than one pledge.

The 135 districts represent 79% of the then existing 170 MMDAs in 2011 when the pledges were made. Most of the districts that made pledges are in the Ashanti Region (20%) followed by the BrongAhafo Region (16%). It is noted that no pledges were made in the Eastern and Upper East Regions because these two regions missed the opportunity to make pledges.

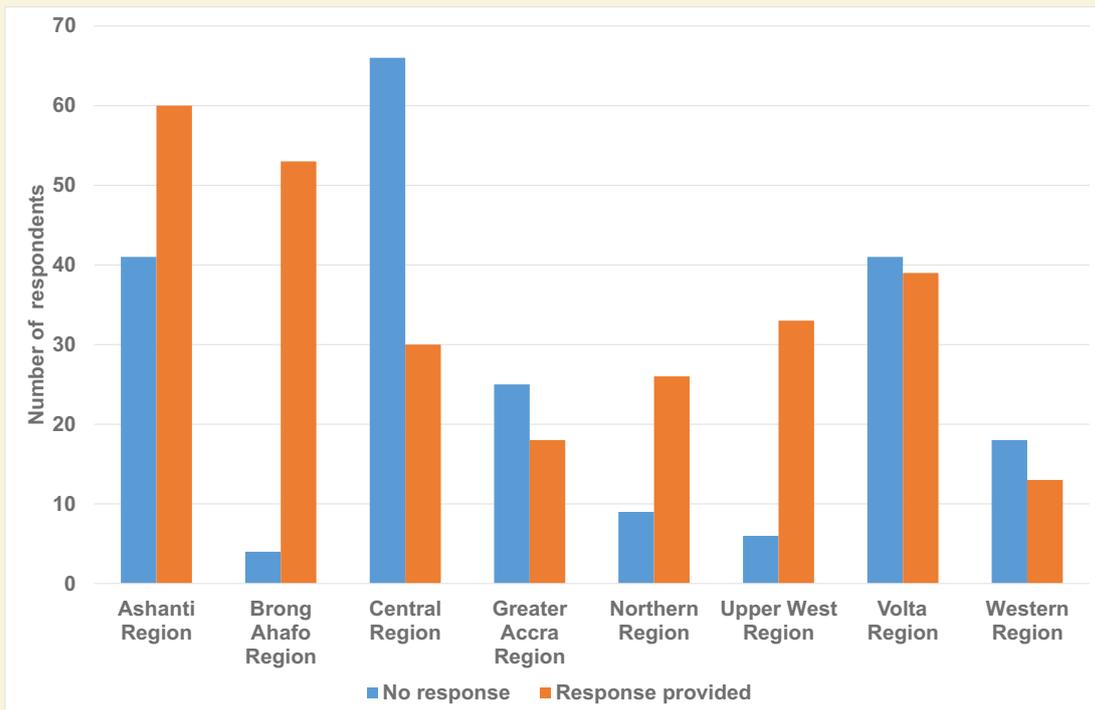
Figure 2-2: Number of Metropolitan, Municipal and District Assemblies that made pledges and commitments



Out of the 482 commitments made across the country in the eight regions, responses indicate that 272 activities were tackled in furtherance of CARMMA. That works out to 56% of the commitments with the implication that 44% were not fulfilled. Moreover, of those activities that were undertaken, some were fully fulfilled while others were only partially undertaken.

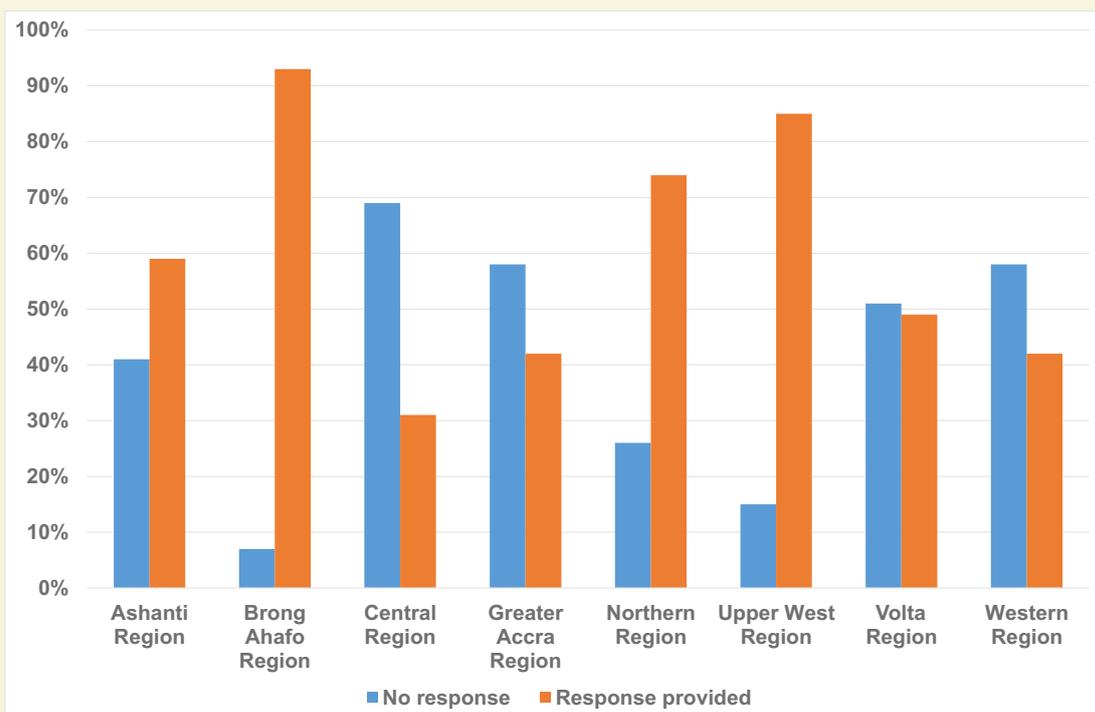
There were no responses to 210 commitments and this represents 44% of the total of 482 pledges (**Figure 2-3**). Two out of every five pledges were thus not initiated. The general excuse given by the officials is that they did not have a record of the pledges made by the respective MMDAs as contained in the CARMMA Report. These officials claimed ignorance of the commitments made.

Figure 2-3: Regional distribution of the number of respondents of commitments made by Districts



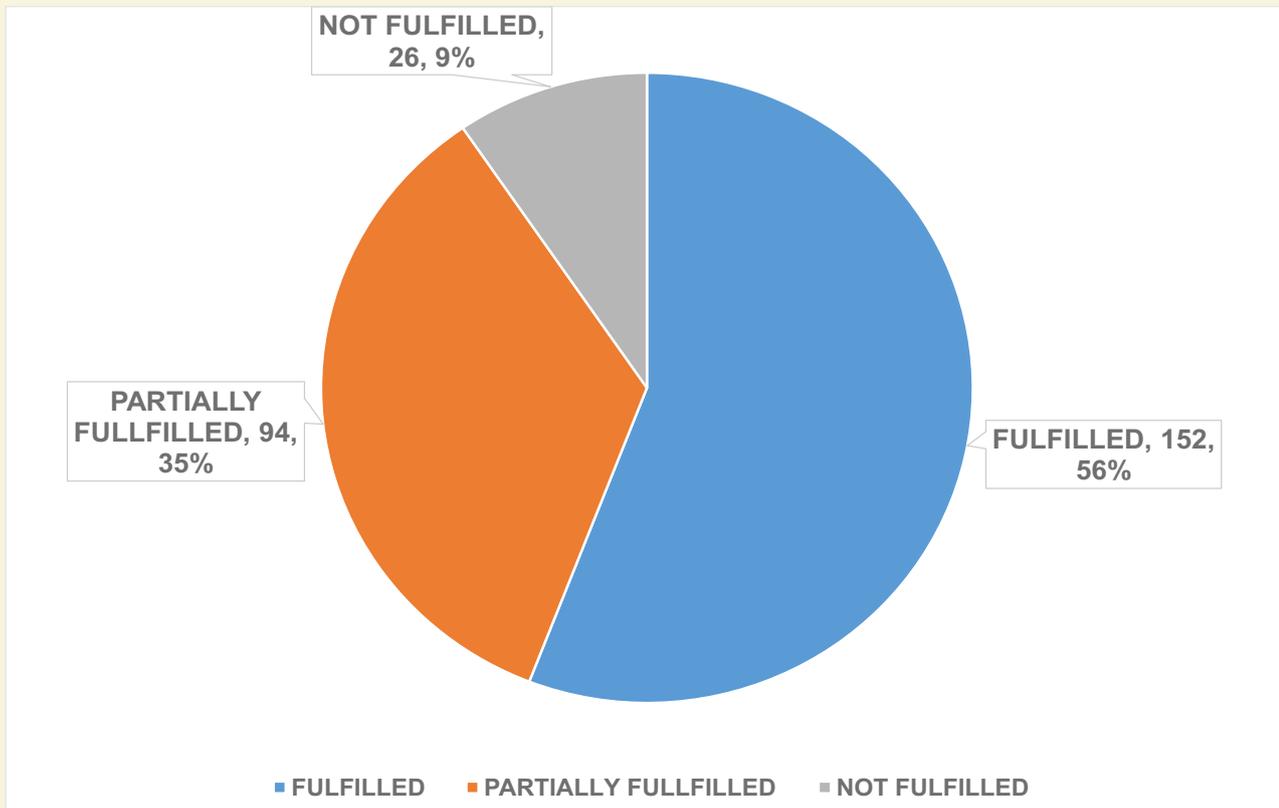
The response rate of commitments was highest at 93% (Brong Ahafo Region) compared to the national average of 56%. The lowest rate was in Central Region at 31% (Figure 2-4)

Figure 2-4: Distribution of response to commitments by Region (%)



The level of fulfilment of the 272 commitments for which responses were provided is shown in **Figure 2-5**. The majority (56%) of the commitments were completely fulfilled. A high percentage (9%) were however not fulfilled.

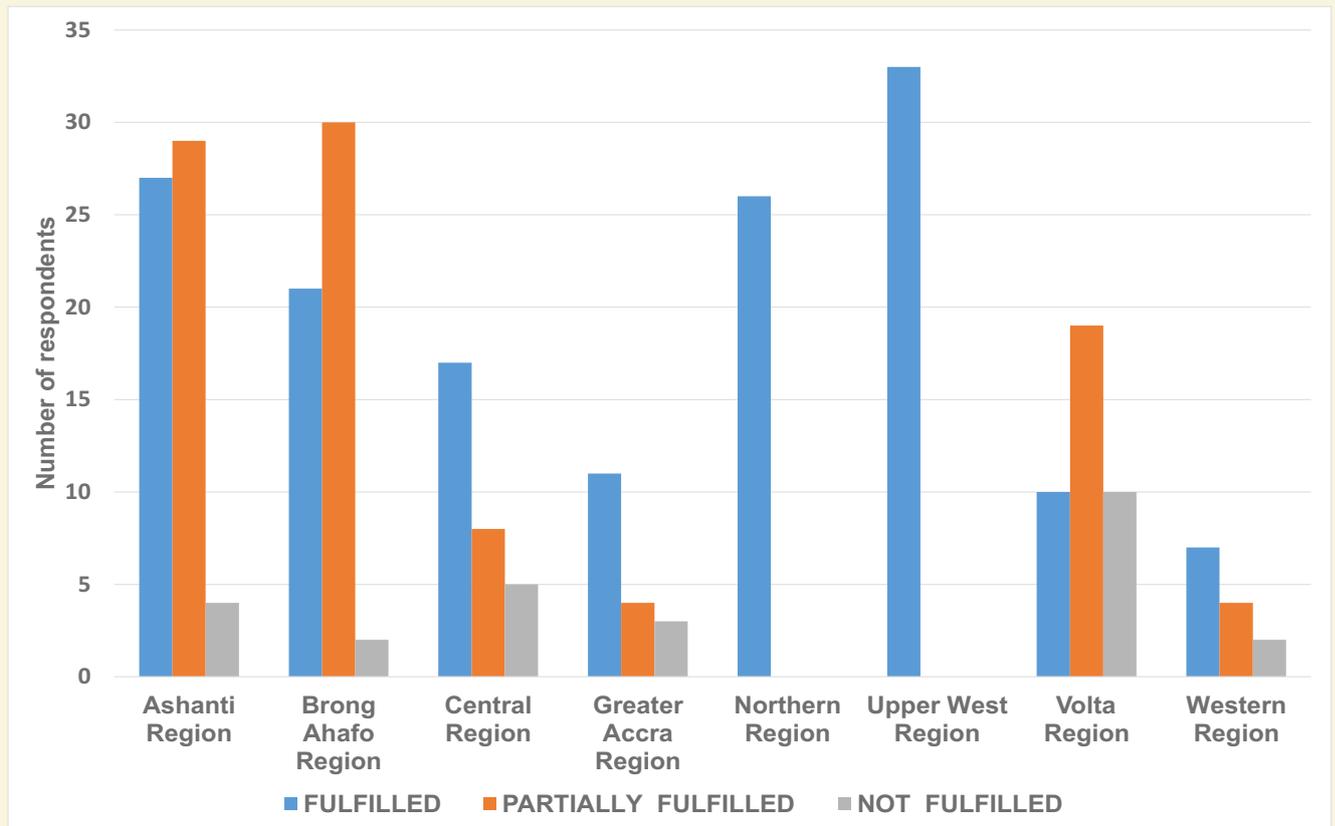
Figure2-5: Level of fulfilment of commitments



Two regions, Northern Region and Upper West Regions fulfilled all their commitments for which they provided responses (**Figures 2:6**). It should however be noted that these regions also did not provide responses to 26% and 15% respectively of the pledges made and as referenced above in **Figure 2:4**.

It only means that though these regions completed all the commitments that they tackled, they nonetheless left others untouched.

Figure 2-6: Extent of fulfilment of commitments by regions.



But it is noteworthy that the Northern Region and Upper West Region appear to have fully fulfilled their commitments having met all the 26 and 33 pledges that they made respectively.

The high percentage of fulfilment level recorded against some of the partially fulfilled commitments suggests that these commitments were close to being fully fulfilled. It also indicates that these commitments could be targeted with minimum resources to ensure full fulfilment.

Figure 2-7 shows partially fulfilled commitments that are considered to be over 50% and 75% achieved. Most of the partially fulfilled commitments that have been reported to be more than 50% achieved are in the Ashanti Region. Of particular interest could be the commitments in the country that have been reported to be over 75% fulfilled; the MMDAs, where these commitments were made, could be identified and assisted to fully achieve these commitments. It must be noted though that the percentages of fulfilment were based on the unverified responses made by the MMDAs.

Figure 2-7: Extent of partial fulfilment of commitments – partial fulfilment in excess of 50% level

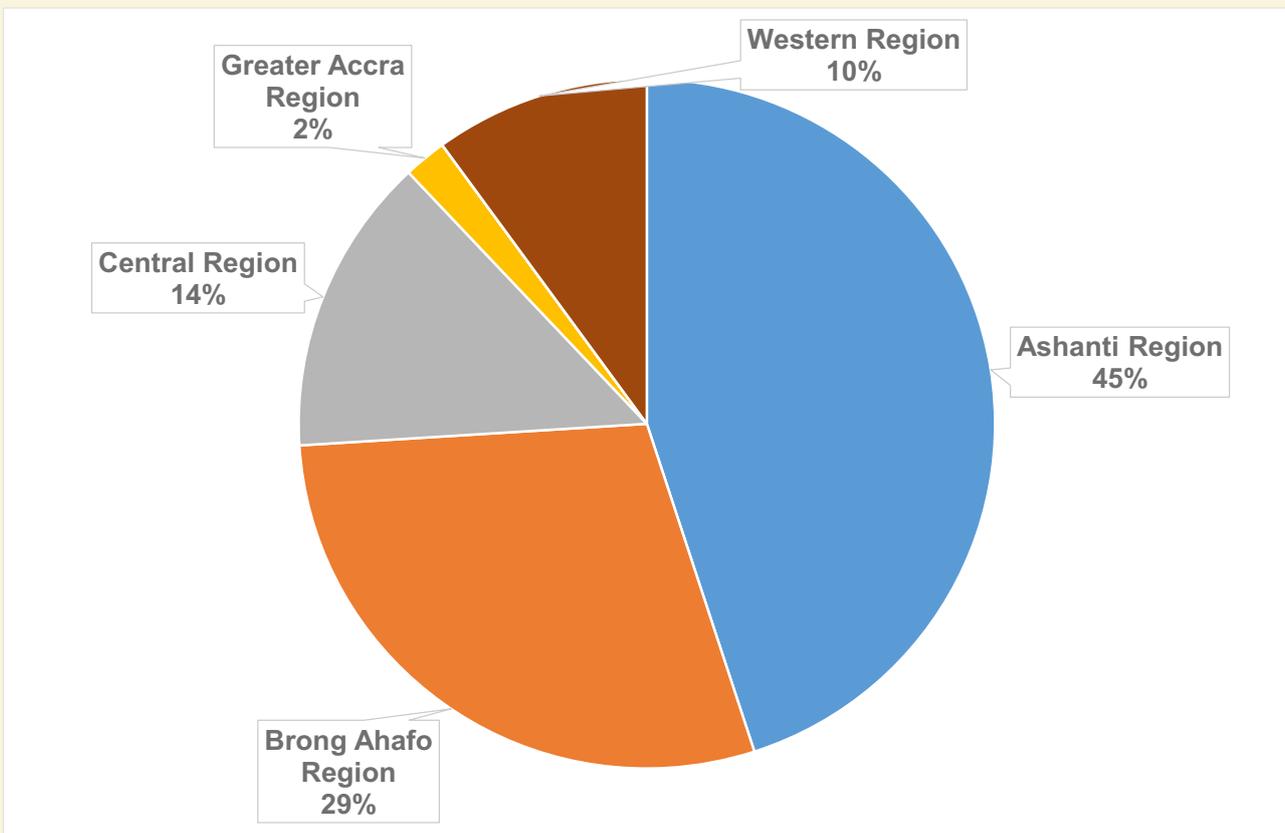
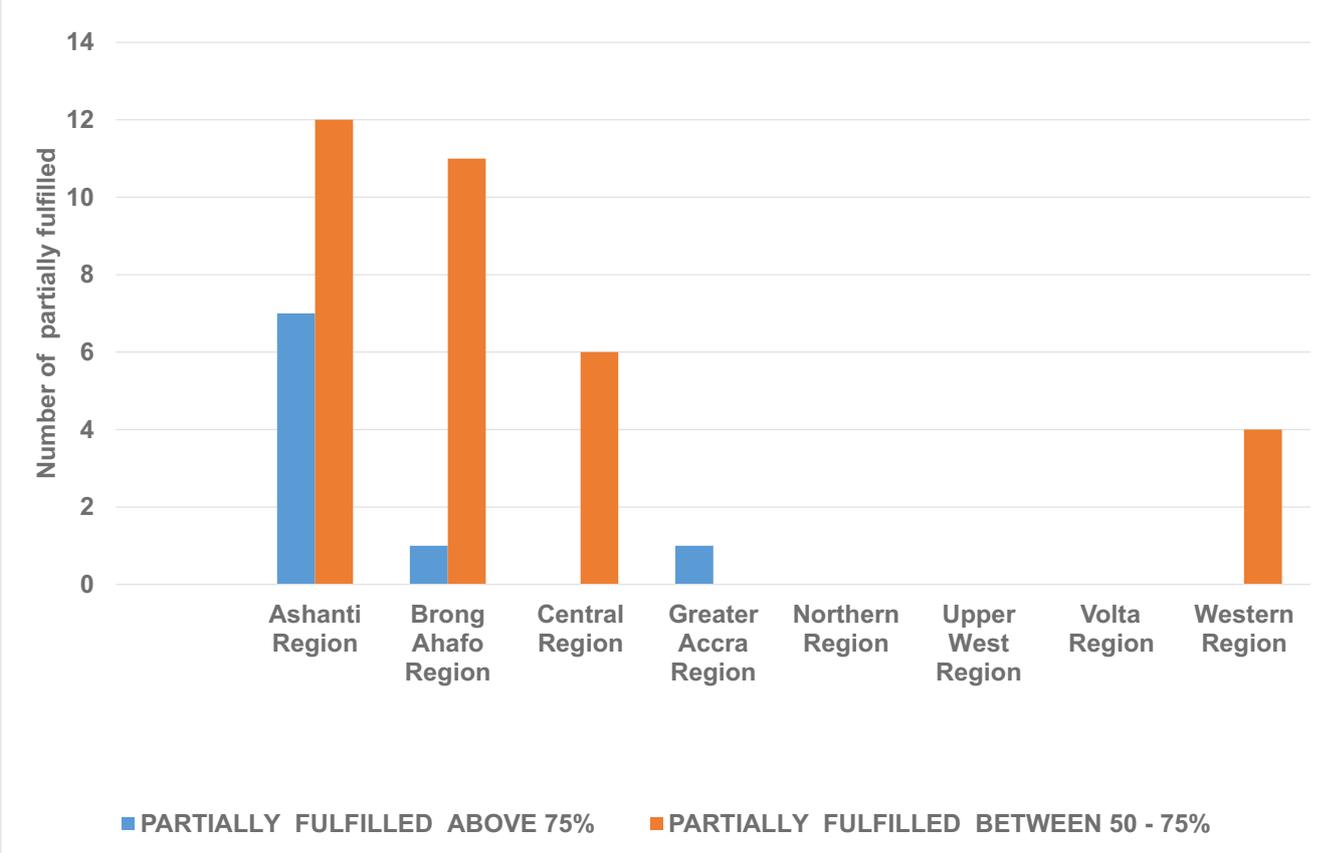


Figure 2-8: Extent of partial fulfilment of commitments



2.4 Challenges in fulfilling CARMMA Commitments

- I. Quite a number of the MMDA officials were not aware or had no record of the commitments made for their areas of administrative jurisdiction. This was clearly a challenge of institutional memory once a political officer or functionary is no more at post at a particular district.
- II. No system has been instituted for measuring or monitoring the commitments that have been made by the duty bearers in the districts.
- III. A co-ordinated approach did not appear to have been structured towards the fulfilment of the commitments by the different stakeholders in the districts. For instance, following the commitments, there should be evidence of meetings of relevant stakeholders, convened by the local government authorities to discuss implementation.

2.5 Recommendations and Way Forward

The essential thrust of the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) is to ensure that African countries double their efforts towards the reduction of maternal mortality and in the process contribute markedly towards meeting the targets set in achieving the MDG5.

Ensuring full commitment by political authorities across the governance system is paramount towards attaining the goals.

The results of the assessment to confirm the commitments fulfilled by the MMDAs, in relation to what was recorded in the CARMMA report, were revealing. It showed on the one hand appreciable enthusiasm of some of the duty bearers in fulfilling the pledges and revealed on the other, gaps related to systemic challenges in meeting the goals.

The following are specific recommendations to assist with addressing the challenges that were noted from the analysis of the results.

The commitments should be ingrained and mainstreamed into the policies, programmes and work plans of the MMDAs. This would deal

with the problems of institutional memory once a political officer or functionary is no more at post at a particular district.

2. There should be intermediate monitoring and evaluation mechanisms instituted over shorter spans to allow for a more rapid and rigorous process of accountability. This should be done by a joint team from GHS and the relevant MMDAs on regular basis, preferably on quarterly basis.
3. A system of recognition could be instituted to acknowledge MMDAs that exhibit greater enthusiasm in meeting their pledges. This could be done by the MLGRD and MoH / GHS to encourage others.
4. Those MMDAs who did not make commitments should be encouraged by the Ministry of Local Government and Rural Development to do so.
5. The expectation is that all commitments would be completely FULFILLED. From the findings, Northern Region and Upper West Region appear to be the only ones to completely redeem their promises. A follow up assessment could be undertaken to enable the presidency fully appreciate the constraints that affected the other Regions.
6. The Eastern and Upper East Regions should particularly be encouraged to make pledges since there is no record of them making any commitments in the CARMMA Report. It is to be noted that Eastern Region and Upper East Region were the 1st and 2nd regions to hold regional fora on CARMMA. At that point the concept of requesting specific commitments from MMDAs and the Regions and documenting them was not fully enunciated. The initial CARMMA regional fora were mainly for awareness creation and advocacy to encourage MMDAs to assist in addressing issues that could help lower maternal deaths.

7. The Ghana Health Service (GHS), as a major stakeholder, should have been included in the Terms of Reference of this survey to be interviewed especially at the MMDA levels. This would have served as a check on progress and confirmed the submissions or otherwise.
8. Active involvement of the Regional and District or Municipal Directors of Health Services would have ensured that they had adequate institutional memory on the pledges and thus utilise this to constantly prompt members of the new assemblies about the CARMMA pledges to ensure continuity. In future, GHS should show more interest in working closely with the MMDAs to document and redeem the pledges. DCEs and MCEs with their respective presiding members who make the pledges should be encouraged to take same to the Assemblies for ratification and records.
9. In future, the CARMMA initiative should administer properly designed pledge forms in triplicate where MMDAs will fill and sign. MMDAs will keep a copy, the GHS in the regions and districts will keep a copy and MLGRD will keep a copy. This way, documentation will be proper. The situation where 210 such pledges got “lost” from the system could have been avoided.

ANNEXES

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REGION	DISTRICT	COMMITMENT	FULFILLED (YES/NO)	PARTIALLY FULFILLED	PERCENTAGE OF FULFILMENT	PICTURE AVAILABLE (YES/NO)	NOT FULFILLED (TICK)
NR	Central Gonja	Open up roads in the district to improve access to health services and ease referrals Build more Community - based Health Planning and Services compounds	Yes		70%	Yes	
NR	Chereponi	Support the District Health Management Team so that all pregnant women will enjoy the full benefit of the policy of free Maternal and Child Health service including delivery	Yes		80%	Yes	
NR	East Gonja	The assembly pledges to improve road network in the district to facilitate referrals	Yes		85%	Yes	
NR	East Mamprusi	Have Yet to Officially Communicate Commitments					
NR	Gushegu	Health Management Teams on Issues related to maternal mortality	Yes		83%	Yes	
NR	Karaga	Purchased ambulance for the District Hospital Constructed 5 quarters to accommodate health staff	Yes		100%	yes	✓

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		Assembly will construct 5 nurses quarters							✓
		Assembly will construct 5 Community - based Health Planning and Services compounds							✓
NR	Kpandai	a. Continue to support the transportation of Fistula patients to the Tamale Fistula Centre	Yes		100%	Yes			
		b. Support Maternal and Child Health activities of the District Health Management Team	Yes		100%				
NR	Nanumba North	Commission a children's ward	Yes		75%	Yes			
		2 CHPS Compounds	Yes		100%				
NR	Nanumba South	Construct more Community - based Health Planning and Services compounds	Yes		70%	Yes			
		Construct Children's Ward at the Saboba hospital	Yes		100%				
		Construct Bungalows to accommodate health personnel	Yes		100%	Yes			
NR	Saboba	Assembly with the help of the Member of Parliament has acquired an ambulance to support referral of pregnant women	Yes		100%				

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		Assembly shall continue to support Maternal and child Health activities of District Health Management.	Yes		100%	
NR	Savelugu-Nanton	District Assemblies shall honour all requests made to the respective assemblies by the Districts Health Management Teams on issues related to maternal mortality.	Yes		100%	Yes
NR	Sawla-Tuna-Kalba	Sponsor the training of midwives so that all Community - based Health Planning and Services Compounds will have midwives to improve access to skilled delivery	Yes		100%	Yes
		Support transportation of all referred pregnant women	Yes		100%	Yes
NR	Tamale Metropolitan	Assembly will organize all stakeholder to support efforts at reducing maternal deaths	Yes		100%	Yes
		Intensify community education on causes of maternal deaths	Yes		100%	Yes
NR	Tolon- Kumbungu	Construct 2 doctors bungalows	Yes		100%	Yes
		Provide free ambulance services for all pregnant women	Yes		100%	
NR	West Gonja	Have yet to officially communicate commitments				✓
NR	West Mamprusi	Assembly is currently rehabilitating maternity ward of	Yes		55%	Yes

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		the District hospital in Walewale	Yes		60%	Yes	
		Construct 20 additional community-based health planning and services compounds within the next 8 years					
NR	Yendi Municipal	The assembly has procured a grader and tipper truck. Therefore the Assembly pledges to up-grade roads to improve access to health services and ease referrals	Yes		65%	Yes	
NR	Zabzugu-Tatale	District Assemblies shall honour all requests made to the respective assemblies by the District Health Management Teams on issues related to maternal mortality.	Yes			Yes	
UWR	Regional Minister	The Regional Minister made a personal pledge of GH¢1,000 per month for a year to the Regional Hospital In Wa towards efforts at reducing maternal mortality in the region					✓
UWR	Jirapa	Construct and complete 3 unit classroom block for the Jirapa Midwifery Training School	Yes		100%		
		Sponsor the training of 10 nurse trainees at the Jirapa Nurses Training School	Yes		80%	Yes	
		Construct 2 semi-detached quarters at Hain polyclinic	Yes		100%		

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UWR	Lambusie Kami	Provide free ambulance services to referred pregnant women	Yes		100%	
		Improve equipment situation in all health-facilities	Yes		100%	
		Sponsor the training of the medical doctor to provide services at the poly clinic	Yes		70%	Yes
		Motivate midwives and critical health personnel to stay and work in the district	Yes		100%	
		Free ambulance services for all referred pregnant women	Yes		100%	
		Launch CARMMA In the district	Yes		100%	
		Continue free ambulance services for pregnant women	Yes		100%	
		Sponsor the training of 10 midwives annually for the next 5 years	Yes		100%	Yes
		Continue motivation package for medical doctors	Yes		100%	
		Construct 2 Community - based Health Planning and Services compounds annually for the next 5 years	Yes		100%	
UWR	Lawra	Provide residential accommodation for midwives	Yes		100%	
		Provide free ambulance/transport services for referred pregnant women	Yes		100%	
UWR	Nadowli					

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			Yes		Yes		Yes		Yes
		Sponsor the training of 15 midwives between 2012 - 2015 to improve access to skilled care during pregnancy			Yes				
		Sponsor the construction of maternity and children's In collaboration with Japanese International Cooperation Agency	Yes			100%			
		Continue Incentive package for medical doctors serving In the district	Yes			100%			
UWR	Sissala East	Provide Infrastructure the establishment of Midwifery Training School In the district							✓
		Sponsor the training of 10 midwives to augment number of midwives							✓
		Construct 9 Community - based Health Planning and Services compounds							✓
		Continue the Implementation of motivation package for medical doctors In the district							
		Construct office accommodation for National Ambulance Service							
UWR	Sissala West	Increase facility and service provider uptake by pregnant women through establishment of incentive for pregnant women who complete full course of service provider and deliver in facilities.	Yes			90%			

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		<p>Establish one youth-friendly service delivery point in the district</p> <p>Sponsor the training of three midwives per year for the next three years</p> <p>Facilitate the establishment of community education committee by Assemblymen/women to educate community members on pregnancy related issues</p> <p>Support referral of pregnant women with Assembly's pool of vehicles whenever possible</p>	Yes		100%		✓
UWR	Upper West Regional Co-ordinating Council	<p>Through quarterly monitoring visit, the Regional Coordinating Council shall make it a point to assess implementation of pledges made by the Metropolitan, Municipal and District Assemblies</p> <p>Evaluate budgets submitted by the Metropolitan, Municipal and District Assemblies to ensure that pledges made are budgeted for</p> <p>Feedback/recommendations shall be made to the Metropolitan, Municipal and District Assemblies during quarterly monitoring on progress made towards redeeming their pledges</p>	Yes		100%	Yes	✓

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UWR	Wa Municipal	Free ambulance service for referred pregnant women In collaboration with National Ambulance Services and Ghana Private Road Transport Union	Yes		100%	Yes	
		Sponsor the training of 10 midwives per year for the next five years	Yes		80%		
		Build and furnish a holding quarters for expectant pregnant women at the Regional Hospital	Yes		70%		
UWR	Wa East	Sponsor the training of 5 midwives per year for the next five years	Yes		75%		
		Provide free transport services for all referred pregnant women In the district	Yes		90%	Yes	
		Liaise with road sector agencies to improve road network to make transportation of referred clients					✓
UWR	Wa West	Improve access to Maternal and child health services through the construction of 2 community-based health planning and services compounds	Yes		80%		
		Accelerate construction of theatre at the Wechau Health Centre	Yes		100%	Yes	
BAR	Asunafo North	Procure ambulance and delivery equipment's					✓

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		Increase sponsorships for midwifery students in the district		Yes	70%		
		Construct Community - based Health Planning and Services compound		Yes	55%		
BAR	Asunafo South	Financial support to nurses trainees and midwives in the district	Yes		100%	Yes	
		Supply equipment including generators to health centre's to handle obstetric emergencies		Yes	20%		
		Training of Traditional Birth Attendant on the identification of danger signs for prompt referral					✓
BAR	Asutifi	Build 2 Community - based Health Planning and Services compound in the next two years	Yes		100%	Yes	
		Improve road network to a number of communities in the district		Yes			
BAR	Atebubu Amantin	Construction of 4 Community - based Health Planning and Services in Abamba, Kokofo, Wanyada and Manswo 44		Yes	40%	Yes	
		Construction of access roads to hard to reach communities especially Kumfia and Abamba	Yes		100%		
		Sponsor eight (8) students in midwifery institutions		Yes	60%		
BAR	Berekum Municipal	Construct and furnish four (4) Community - based Health Planning and Services Compound		Yes	45%		

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BAR	Dormaa East	Sponsor 10 midwives and five (5) Community Health Nurse's, to increase access of pregnant women to supervised delivery		Yes	60%	Yes	
	Dormaa East	Sponsor six (6) nurses to be trained as midwives					✓
	Dormaa East	Upgrade Wamfie Health Centre to a Hospital	Yes				
BAR	Dormaa Municipal	Completion of 3 new Community - based Health Planning and Services compound	Yes	Yes		Yes but not provide	
		Completion and furnishing of maternal and child health centre		Yes			
		Sponsor two (2) nurses to be trained as midwives		Yes			
BAR	Jaman North	Provide District Hospital and Emergency Unit		Yes			
		Sponsor 6 midwifery students, one doctor and medical assistant in the District		Yes	20%		
		Construct three (3) Community - based Health Planning and Services Compound		Yes			
BAR	Jaman South	2 CHPS compound completed		Yes			
		Sponsor three (3) nurses to be trained as midwives		Yes	70%		
BAR	Kintampo North Municipal	Sponsor four trainees to the midwifery training school for two years		Yes			

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		Build Community - based Health Planning and Services compound for the next two years		Yes	60%		
BAR	Kintampo South	Build 1 Community - based Health Planning and health care delivery Services compound to improve quality	Yes		100%		
		Provision of accommodation for nurses particularly midwives	Yes		100%		
		Sponsor blood donation campaign occasionally					✓
BAR	Nkoranza North	Reinforcement of free transport of pregnant women					✓
		Sponsor students nurses		Yes			
		Change clinic to polyclinic		Yes			
BAR	Nkoranza South	Build two (2) Community - based Health Planning and Services compound		Yes	40%	Yes	
		Improve road network in hard to reach communities		Yes	55%		
BAR	Pru	Construction of 3 bed room accommodation for health staff		Yes	60%		
		Construct a boat to access the hard to reach areas		Yes	45%		
		To sponsor blood donation campaigns		Yes	N/A		

CARMMA ASSESSMENT Report

BAR	Sene	Construction and furnishing of Community - based Health Planning and Services compound at Gyasepo			10%		
		To complete theatre at Kwame Danso district hospital	Yes		100%	Yes	
		To increase the number of students sponsored in midwifery		Yes	50%		
BAR	Sunyani Municipal	Sponsor (2) two nurses to be trained as midwives		Yes		Yes	
		Construction of a Clinic at St. James to support health care delivery	Yes				
BAR	Sunyani West	Construct 5 Community - based Health Planning and Services Compounds		Yes	90%		
		Financial Support to Midwives and Health Directorate for community sensitisation on maternal health issues	Yes		100%	Yes	
		Supply boreholes (2) and generators (2) to remote facilities	Yes		100%		
BAR	Tain	To train 5 additional midwives in the district	Yes		100%		
		To provide ambulance for referral of emergency cases	Yes		100%	Yes	
		Provide telephone equipment for all Clinics and Health Centres	Yes		100%		

CARMMA ASSESSMENT Report

BAR	Tano North	Drill borehole at Dwenase Community - based Health Planning and Services Compound	Yes		100%	Yes	
		Construct a waiting room at Boma Health Centre	Yes		100%		
		Renovate Yamfo Health Centre	Yes		100%		
BAR	Tano South	Construction of Maternal and Child Health Shed at new Brosankro and Derma		Yes	50%		
		Sponsor two (2) nurses in midwifery School	Yes		100%	Yes	
		Furnish and equip Brosankro and Bechem maternity wards with incubators	Yes		100%		
BAR	Techiman	Open midwifery and nurses training college by the end of 2012		Yes	60%		
BAR	Wenchi	Construction of one (1) maternity block at Bouko	Yes		100%		
		Sponsor three(3) nurses to be trained as midwives		Yes	N/A		
		Open up access roads to Agbie and Ayigbe		Yes	45%		
CR	Abura-Asebu-Kwamankese	Sponsor the training of Community Health Officers in phases					✓

CARMMA ASSESSMENT Report

CR	Ajumako-Enyan-Esiam	Complete the emergency ward in the AgonaSwedru Government Hospital to assist emergency cases					✓
CR	<p>Establish Community - based Health Planning and Services Compound in five (5) communities: EnyanApa, Owomase, Osedzi, Ampia-Ajumako, Obrawogum</p> <p>Sponsor three (3) midwives every year for three (3) years</p> <p>Establish blood bank at the district hospital where priority will be given to pregnant women</p> <p>Follow the Ghana Private Road Transport Union way by reimbursing drivers who take women in labour to recognized health facilities</p>	<p>a. As a chairperson of the maternal mortality reduction campaign team in the AOB • I will continue the regular visits I am engaged in with the team and this time it will be more frequent</p> <p>To ensure that the sponsors meet the midwives and Health Managers in the district on quarterly basis</p>	Yes	70%	Yes	Yes	✓
CR	Asikuma-Odoben-Brakwa						✓

CARMMA ASSESSMENT Report

		To establish an award scheme in the District for the best midwife					✓
		Sponsor training of two (2) midwives each year for a period of five (5) years	Yes		100%	No	
		Construct two (2) Community - based Health Planning and Services Compounds	Yes		100%	Yes	
		Provide electricity and water for the already built Community - based Health Planning and services compounds	Yes		100%	Yes	
CR	Assin North	Sponsor three (3) midwives within the next five (5) years to augment the short-fall of midwives in the Municipality					✓
		Build three (3) Community - based Health Planning and Services Compound within the next three (3) years					✓
		Establish One (1) midwifery training college in AssinFosu to train more midwives within three (3) years					✓
		Support Municipal Health Service quarterly, half yearly and yearly meetings and workshops					✓
		Complete one Polyclinic at AssinFosu to be commissioned this year and to be named " No Mother Should Die When Giving Birth "					✓

CARMMA ASSESSMENT Report

CR	Assin South	<p>Encourage and motivate Traditional Birth Attendants to refer pregnant women to the facilities</p> <p>Open up additional five (5) Community - based Health Planning and Services compounds by the end of next year</p> <p>Organize award schemes for drivers</p>					✓
CR	Awutu-Senya	<p>Provide easy access to health facility for all pregnant women by the year 2015</p> <p>Provide two (2) Community - based Health Planning and Services compounds a year for the seven (7) area and urban councils in the District within three (3) years</p> <p>Rehabilitate access roads to enable rural folks attend antenatal care (15km for the next three (3) years)</p> <p>Complete the maternity Unit in Kasoa</p> <p>Speed up the construction of the District Hospital</p> <p>Acquisition of basic equipment for the maternity Unit ego Generators (next year)</p>					<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>

CARMMA ASSESSMENT Report

		<p>Motivate Ghana Private Road Transport Union - transport operators within the Community - based Health Planning and services zone areas - yearly award</p> <p>Provide sponsorship packages to students pursuing midwifery course</p>					✓
CR	Cape Coast	<p>Sponsor five (5) persons in the metropolis each year for two (2) years to undertake a course in midwifery</p> <p>Support the Metropolitan Health Directorate with fuel and other logistics to embark on sensitization programmes for two (2) years</p> <p>Provide mobile phone handsets each to all government health facilities with maternity units in the metropolis for hotline services</p> <p>Organize sensitization workshop for Assembly Members to be ambassadors for the project</p> <p>Construct two (2) additional Community - based Health Planning and Services compounds</p>	Yes		100%	Yes	✓
			Yes	Yes	100%	Yes	
				Yes	70%	Yes	

CARMMA ASSESSMENT Report

				Yes	70%	Yes	
CR	Effutu	Provide water facilities (including boreholes) for Community - based Health Planning and Services compounds without water	Provision of blood bank refrigerator to store fresh frozen plasma at the District Hospital				✓
			Sponsorship for Blood Donation Campaign				✓
			Sponsorship for three (3) Community Health Nurses to do midwifery yearly for five (5) years				✓
CR	Gomoa East	Sponsor/support maternal health campaign					✓
		In the area of skill attendants, the district will 1) sponsor the training of three (3) midwives a year for three (3) years; and 2) sponsor five (5) nurses per year for three (3) years					✓
		In the area of infrastructural development, the district will 1) build/ construct one (1) community - based Health Planning and Services compound with Nurses quarters each year for three (3) years; and 2) provide/ build one (1)staff quarters for the existing health facilities					✓

CARMMA ASSESSMENT Report

		Procure drugs and some medical equipment for the District Health Service	Yes		100%	Yes	
		Support collaboration between the Health, Education and Agriculture Directorates to reduce Maternal Mortality	Yes		100%	Yes	
		g. Sponsored 3 Nurses					✓
		h. Constructed 3 CHPS compounds					✓
		Renovate and equip maternity units in three (3) Health Centres		Yes	60%	Yes	
		Provide one (1) vehicle for the District Health Directorate	Yes		100%	Yes	
		Support Ghana Health Service to sensitize the twenty (20) communities	Yes				
		To reduce teenage pregnancy	Yes				
		To improve supervised delivery	Yes				
		To encourage pregnant women to attend antenatal care	Yes				
		Upgrade the Elmina Health Centre to a Polyclinic status to handle more maternal cases		Yes	55%		
		Strengthen the implementation of existing Community - based Health Planning and Services zones and provide them with logistic and equipment		Yes	35%		
CR	Gomoa West						
CR	Komenda-Edina-Eguafo-Abirem						

CARMMA ASSESSMENT Report

		Sponsor three (3) midwives in the next two (2) years		Yes	N/A		
		Conduct campaign on family planning and maternal care	Yes		N/A		
		Provide sponsorship for in-service training for midwives in the municipality	Yes		N/A		
CR	Mfantseman	Sponsor and train five (5) midwives a year for the next three (3) years					✓
		Station qualified midwives at Community - based Health Planning and Services zones					✓
		Support quarterly meetings and in -service training for midwives in the municipality					✓
		Build two (2) Community - based Health Planning and Services Zones at Akobima and Kyeakor this year	Yes		100%	Yes	✓
CR	Twifo-Heman-Lower –Denkyira	Provide a community ambulance which will link the Community - based Health Planning and Services compound to bring emergency maternal cases to the district hospital					✓
		Construct three (3) Community - based Health Planning and Services compound within two (2) years					✓

CARMMA ASSESSMENT Report

		The assembly will also train or build the capacity of Traditional Birth Attendants in the district						✓
		Use GHC9,000 to train health personnel in various institutions directed by His Executive President.						✓
WR	Bia	Will support ante-natal clinics in the district	Yes		100%		Yes	
		Liaise with well-meaning organizations to buy an ambulance for the district	Yes		100%		Yes	
		Increase support to Nurse trainees by 50%						✓
WR	Bibiani-Anhwawso	Put up four (4) Community - based Health Planning and Services compounds for a period of two years						✓
		Sponsor two Midwife trainees each year for a period of four years						✓
WR	BekwaiEllebele	Have Yet to officially Communicate commitments						✓
WR	Jomoro	To increase the sponsorship package of nurses trainees in the district especially Midwives		Yes		62%		
		To support the campaign on maternal mortality reduction in his district	Yes			100%		
WR	Juaboso	Have Yet to officially Communicate commitment						✓

CARMMA ASSESSMENT Report

WR	MpohorWassa East	Provision of four (4) Community - based Health Planning and Services compound within the next two years	Yes	100%	Yes	
		Sponsorship of nurses and midwives to operate in the Community - based Health Planning and Services compound	Yes	50%		
		Capacities of the District Health Directorate and the information Service, National Commission for Civic Education towards	Yes	70%		
WR	Nzema East Municipal	Have Yet to officially Communicate commitments				✓
WR	Prestea-Huni Valley	Have Yet to officially Communicate commitments				✓
WR	SefwiAkotombra	By the end of 2012 the assembly will be able to 1) put up National Health Insurance Scheme office in the new district, 2) put up Community - based Health Planning and Services; and 3) compound in all the fifteen (15) districts so that primary health care will be closer to them				✓
		Secondly, the assembly will also train the capacity of the Traditional Birth Attendants in the district				✓
WR	Sefwi-Wiawso	Have Yet to officially Communicate commitments"				✓

CARMMA ASSESSMENT Report

WR	Sekondi-Takoradi	Have Yet to officially Communicate commitments						✓
WR	Metropolitan Shama	Expansion of the maternity block to accommodate more pregnant and nursing mothers as well as acquire an ambulance to facilitate maternal services	Yes		100%	Yes		
WR	TarkwaNsualem Municipal	Have Yet to officially Communicate commitments						✓
WR	WassaAmenfi East	Put up a new maternity ward for the district hospital within the next three (3) years Will also sponsor two midwife trainees every year for the next four years						✓
WR	WassaAmenfi West	Building of a maternity ward at Asankrangwa Catholic Hospital	Yes		100%	Yes		
		To complete and furnish two Community - based Health Planning and Services compound by the middle of the 2012	Yes		100%	Yes		
		To sponsor two midwives in the district for five (5) years		Yes	50%			
VR	Regional Coordinating Council	Coordinate, harmonize, and monitor all the pledges to ensure delivery is on scheduled time by the 18 Districts of the Volta Region						

CARMMA ASSESSMENT Report

		As soon as new districts are created, they will be made to pledge their commitment for communication to the Office of the First Lady		Yes	N/A	No	
VR	AdakluAnyigbe	Construct 4 Community - based Health Planning and Services Compound					✓
		Lobby for a district hospital to be built at Kpetoe					✓
		Support Malaria Control					✓
		Support nurses and clinics to purchase fridges etc					✓
		Increase Sponsorship for nurses and midwives from 2 to 4 yearly from 2012					
VR	Akatsi South	Currently sponsoring 2 medical students in the University of Ghana Medical School and will continue next year	No	Yes	N/A		
		Procure blood bank fridge for Akatsi District Hospital by 16 "December, 2011					✓
		Procure equipment for the Health Institutions in the District					✓
		Rehabilitate Community - based Health Planning and Services Compounds at Sremanu, Daalele					✓

CARMMA ASSESSMENT Report

			Yes		Support needy pregnant women in their communities during emergencies and in labour with transport to the nearest maternity home or referral point				
			Yes		To work with an International non-governmental organization i.e. professionals for humanity to equip hospitals and health facilities within the municipality with adequate medical equipment including blood bank fridge for the Municipal Hospital to store more blood.				✓
					Procure haemoglobinometers for health centres at a cost of GHC5,000.00 by the end of (quarter of 2012				✓
					In partnership with an UK-based non-governmental organization called				✓
					Empowerment Plus Institute to build a modern facility in a very remote area to help reduce maternal mortality				✓
					Financial support to the Municipal Health Directorate to sensitize men on the need to support their spouses and children during pregnancy			Yes	
VR	Hohoe				Renovate a bungalow				✓

VR	Keta Municipal	Build 2 Community - based Health Planning and Services compound yearly							
		To liaise with Mary Theresa Catholic Hospital to improve their ambulance services	Yes						
		Improve Road Networks leading to the health facilities in the district		Yes					
		Give out money for educational campaign on maternal health issues		Yes					
		Build 3 Community - based Health Planning and Services Compounds (2 by 2012 and 1 in 2013)							✓
		Sponsor 3 midwives yearly in the next two years							✓
		Procure ambulance for use in the municipality							✓
		Improve road network in the municipality for smooth transportation of pregnant women							✓
		Support the Municipal Health Directorate to do more advocacy work and education on maternal health issues							✓
		Construct Community – based Health Planning and Services zones (Wudoaba&Nogokpo)							✓

CARMMA ASSESSMENT Report

AR	Asante Akim North	Liaise with Ghana Private Road Transport Union for support in transporting pregnant women to Health facilities	Yes		100%	Yes	
		To provide at least one Community - based Health Planning and Services compound in all the seven Town/Area Councils by the year 2015	Yes		100%	Yes	
		Poor Roads - To rehabilitate at least two feeder roads each year (i.e. from 2012 - 2015)	yes		100%	Yes	
		To provide 5 CHPS compounds in 5 years		Yes	50%	Yes	
		To sponsor training of two Midwives annually for 3 years		Yes	45%		
		Sponsor refresher training for all midwives annually for 5 years		Yes	50%		
		Provide ambulance service to women in labour using the municipal ambulance To renovate the labour ward at KonongoOdumase Hospital					✓

CARMMA ASSESSMENT Report

		Lobby with Ghana Private Road Transport Union for transportation		Yes	50%	Yes		
		construct a pregnancy school						✓
AR	AtwimaMponua	Construct 2 community based health planning and services compounds in the communities	Yes					
		Sponsor 1 student each year						✓
		Purchase an ambulance						✓
AR	Kumasi Metropolitan	Built Mother and Baby friendly unit at Suntresu Government Hospital		Yes				
		Built medical laboratory at Suntresu Government Hospital		Yes	50%			
		Built Apatrapa Health Centre		Yes				
		Construction of accommodation for medical doctors at Manhyia and TafoGovt Hospitals.		Yes				
AR	Amansie Central	Sponsor two Midwifery students every year for the next four years i.e. 2015	Yes		100%		Yes	
		Provide staff accommodation for midwives and other health personnel for three each year, for the next four years i.e. 2015		Yes	75%		Yes	

CARMMA ASSESSMENT Report

AR	AtwimaKwanwoma	Construction of two community based health planning and services compound		Yes	50%	Yes	
		Sponsorship for 3 students into midwifery schools		Yes	50%	Yes	
		Construction of a bungalow for the health directorate	Yes		100%	Yes	
		Rehabilitation of the road	Yes		100%	Yes	
		Rehabilitation of Foase health centre	Yes		100%	Yes	
AR	Sekyere East	Train community health nurses and equip them to register and educate pregnant women in the districts		Yes	70%	Yes	
		Sponsor ten students into midwifery school	Yes		100%	Yes	
		Sponsor traditional birth attendants to undergo maternal mortality training in every quarter					✓
AR	AhafoAno South	Establish 3 community based health planning and services compounds		Yes	40%	Yes	
		Sensitization of staff on referral services		Yes	75%		
AR	Bekwai	Sponsor at least 3 students into midwifery schools					✓
		Construct community based health planning and services compounds in 3 communities		Yes	20%	Yes	

CARMMA ASSESSMENT Report

										✓
										✓
										✓
AR	Adansi South				Yes					
										✓
										✓
										✓
AR	Sekyere Central			Yes				100%	Yes	
				Yes				100%	Yes	
										✓
				Yes				100%	Yes	
				Yes				100%	Yes	
AR	Adansi North									✓
										✓

CARMMA ASSESSMENT Report

AR	Kwabre	Construction of 2 community-based health planning and services compounds		Yes	50%	Yes			
		Sponsorship for three students into midwifery school every year							✓
		Provision of accommodation for health personnel in the district	Yes		100%				
		Construct two community-based health planning and services compound in two communities	Yes		100%				
		Elevate the Mampong Health Centre					No		✓
		Provide a generator for Mampong Health Centre	Yes		100%				
		Put upwards for Mampong hospital					No		✓
AR	Offinso Municipal	Construction of 2 community-based Health planning and services compound at Bonwire							✓
		Equip community-based health planning and services compound							✓
		Sponsor 3 rural folks for midwifery							✓
		Build a multipurpose mobile clinic							✓
		Embark on education on maternal health							✓
AR	AtwimaNwabiagy^a	Provision of three-storey nine unit lat to accommodate the Nurse and Doctors at Nkwawie							✓

AR	Bosomtwe	Sponsorship of two students into midwifery over the period of three years	Yes		95%	Yes	
		Reshape roads for easy transportation	Yes		95%	Yes	
AR	Amansie West	Construction of a two unit quarters at Amakom Health Centre	Yes				
		Provision of financial support for two students into midwifery school by the year 2013	Yes				✓
		Sensitization of the people in the district on family planning in 30 communities	Yes				
AR	Sekyere South	Renovation of the road leading to the hospital					
		Sponsor 3 students for midwifery training in the district		Yes	80%	Yes	
		Organization of periodic training for pregnant women		Yes	80%	Yes	
		Scholarship for student pursuing health related courses		Yes	80%	Yes	
AR	AhafoAno North	Collaborate with Ghana Private Road Transport Union to provide emergency transportation in case of referral		Yes			
		Provide the necessary equipments needed by hospital		Yes	80%	Yes	
		Sponsorship for students into midwifery school	Yes		100%	Yes	
		Construction of one mechanized borehole	Yes		100%	Yes	

CARMMA ASSESSMENT Report

AR	Mampong Municipal	Provision of scholarship for two students currently at the School of Medicine, University of Cape Coast					Not aware of the CARMMA
		The acquisition of a blood storage fridge					Not aware of the CARMMA
		Lobby for a Gynaecologist for the district					Not aware of the CARMMA
		Sponsorship for two students into Midwifery School					Not aware of the CARMMA
		Construction of four Community - based Health Planning and Services compounds					Not aware of the CARMMA
		Sponsor the training of twenty students for Midwifery	Yes	50%	Yes		
AR	EjuraSekyedumas	Construction of Community - based Health Planning and Services compound	Yes	80%	Yes		
		Sponsor students into Nursing Training School					✓
AR	BosomeFreho	Provide accommodation for health personnel					✓
		Renovation of the health facility in the district					✓
		Sensitization of community members about maternal death rate and educate them	Yes	95%	Yes		
AR	Asante Akim South	Construction of 2 Community - based Health Planning and Services compounds	Yes	95%	Yes		

CARMMA ASSESSMENT Report

GAR	Dangme West	Employ community drama on radio for information Education and Communication	Yes				
		Construct eight (8) Community - based Health Planning and Services compounds	Yes	85%			
GAR	Ga East	Reshaping of access roads	Yes ongoing				
		Expansion of Abokobi health centre	Yes				
		Support with assembly vehicle to help transport referral cues	Yes				
GAR	Ga West	Sponsor two (2) students to pursue midwifery yearly	Yes				
		Sponsorship for training of four (4) midwives per annum					✓
		Build a Community - based Health Planning and Services compound at Pokuuase					✓
		Construct pavilion for antenatal and child health services					✓
		Procure an ambulance Convey labour cases					✓
GAR	Ga South	Health promotion and sensitization					
		Support financially for blood donation					✓

CARMMA ASSESSMENT Report

VR	Ketu North	Sponsor 5 midwifery students each year for 4 years						✓
		Procure 6 delivery beds and 6 delivery sets						✓
		Support education on maternal mortality by buying airtime for the District Health Directorate						✓
		Build nurses quarters at Blekusu by June 2012						✓
		Purchase blood bank fridges						✓
		Purchase standard scales						✓
		Furnish all Community - based Health Planning and Services facilities	Yes					
Support midwives	Yes							
VR	Kpando	Construct 3 more Community - based Health Planning and Services Compounds			Yes (2 not yet)			
		Commission 2 Community - based Health Planning and Services Compound by the end of this year at Tsyorkor and KpandoDrafor	Yes					
		Build 3 Community - based Health Planning and Services compounds at Vakpo, Yordanu, Sovieand Anfoega by the end of the year.	Yes		Yes but some in North Dayi			