

Facility Baseline Assessment

Regional Hospitals and
Facilities in 28 Target Districts
in Seven Regions of Ghana



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Objectives

- To establish a starting point for development of programming of QHP assistance to Regions, Districts and facilities, it is necessary to:
 - To gather data related to the readiness of facilities to provide quality RCH services
 - To collect baseline data for the indicators specified in the QHP Performance Management and Evaluation Plan for the purposes of measuring program results.

Methodology

- Audit of all Regional Hospitals in 10 regions, in 28 Target Districts¹ of the seven southern regions and in other key facilities throughout the seven southern regions²
 - Facility survey
 - Provider interview
 - Observation of a the care given to a sick child presenting with diarrhea or fever
 - Client exit interviews
 - Record review of STI patients

¹ defined by USAID for the implementation of the CHPS-TA program

² all facilities in the targeted Districts except for private clinics, maternity homes and facilities below the health center level. Health Centre defined as Ghana Health Service-run Health Centre Facility

Brief Findings will be presented in the following areas :

- Facility Infrastructure
- Staffing Levels
- Availability of Basic Services
- Logistics
- Quality Assurance and Supportive Management
- Infection Prevention
- Child Health Care / IMCI
- Family Planning
- Safe Motherhood
- Routine Newborn Care
- Availability of HIV/AIDS/STI services
- STI Record Review
- IDSR

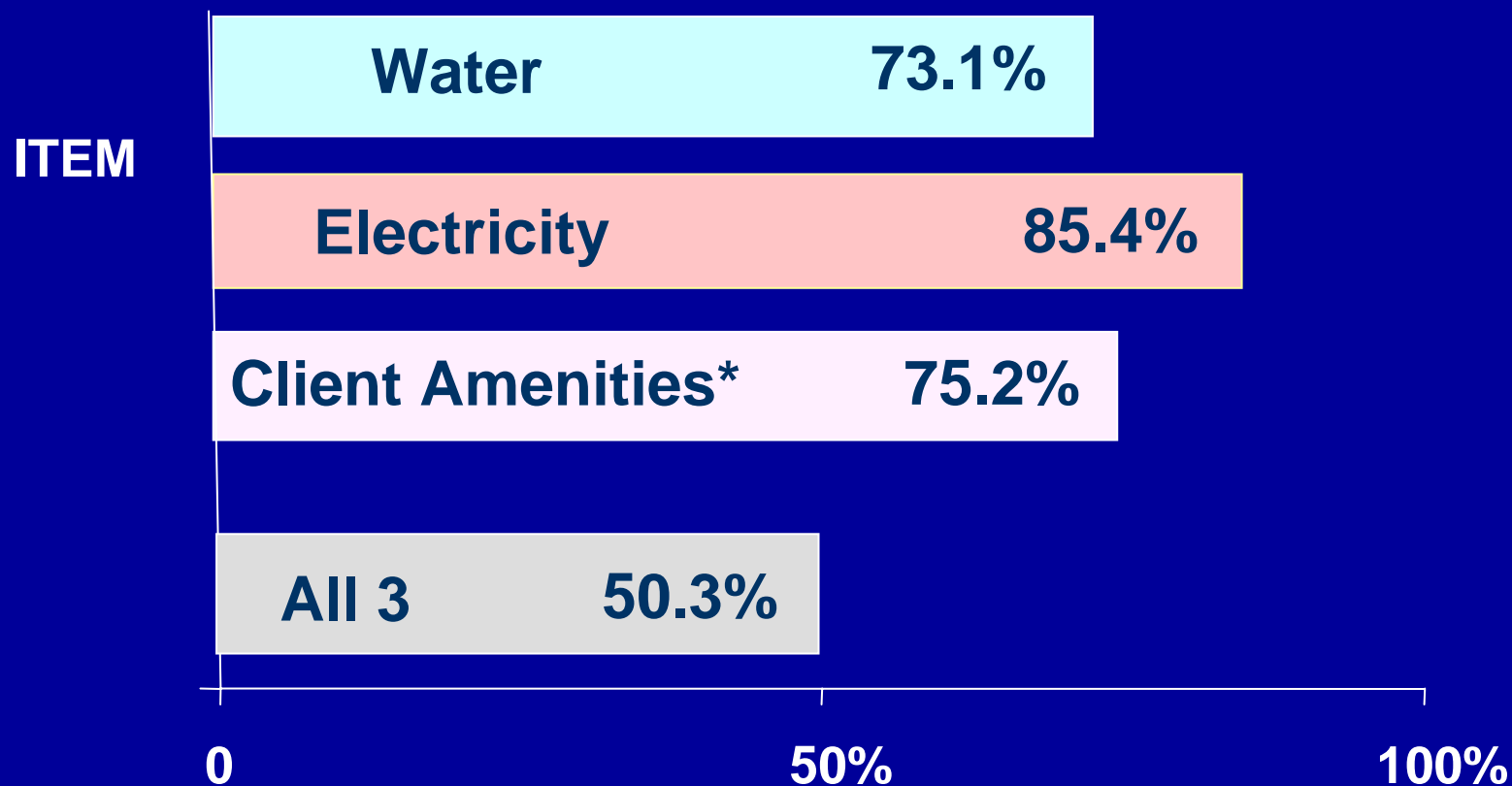
Results

- Data were collected between Nov- Dec, 2004
- Data were collected from 94% of the targeted facilities
- Reasons for non-response included:
 - in-charge of the facility had traveled and no one was available to answer questions
 - the facility was closed on the day of the assessment
- There was no discernable difference between the types of facilities¹ that responded and did not response to the survey

¹ Three types of facilities were: Regional Hospital, District/Mission/Private Hospital, and Health Centre

Facility Infrastructure

Overall Availability at Percent of Facilities Surveyed



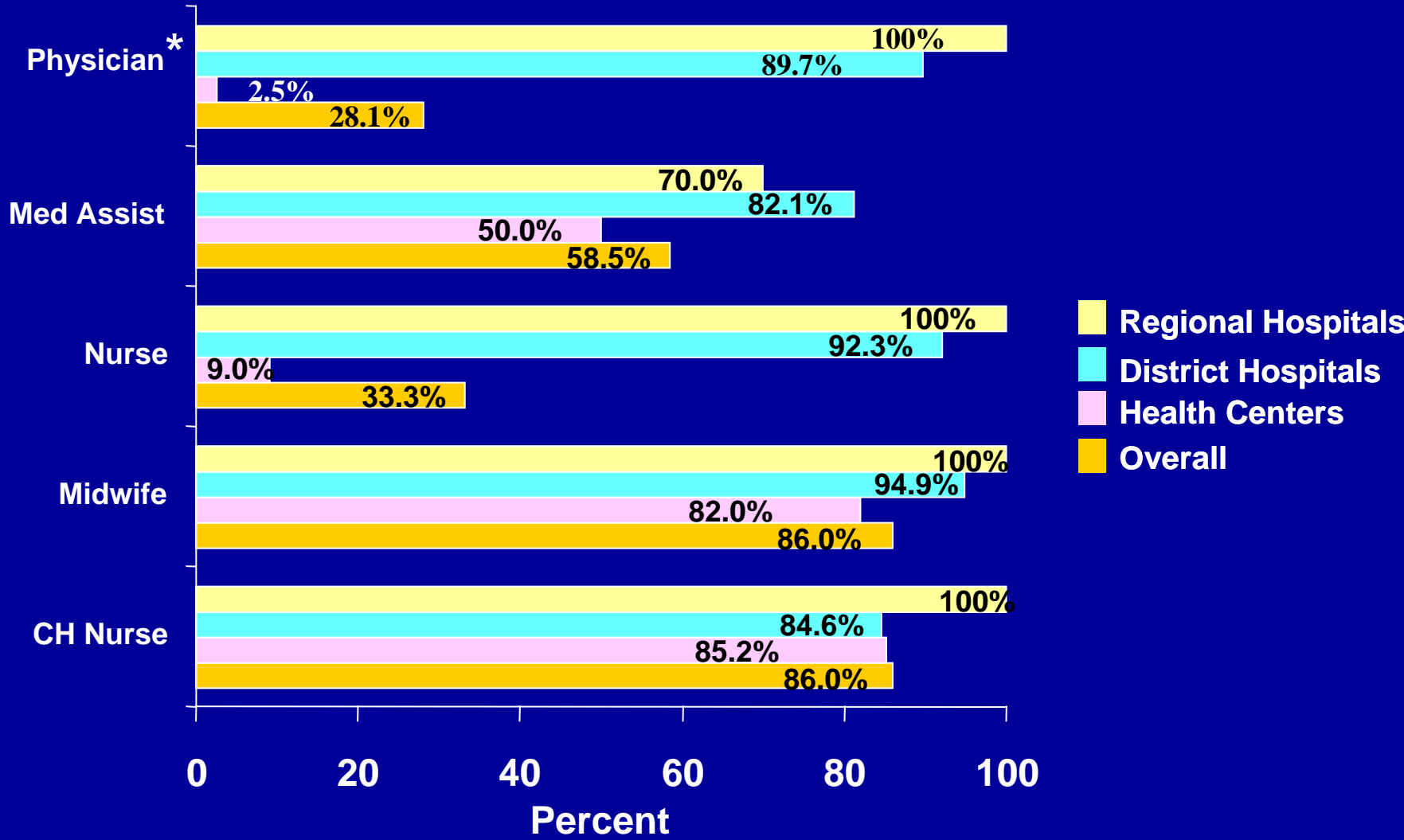
*Protection from sun and rain, a functioning client latrine, and a basic level of cleanliness

Staffing Levels

	MD	MA	Nurse (SRN or Public Health Nurse)	Midwife or Nurse Midwife	Community Health Nurse/ Enrolled Nurse
Regional Hospital	100.0%	70.0%	100.0%	100.0%	100%
District/ Other Hospitals	89.7%	82.1%	92.3%	94.9%	84.6%
Health Centres	2.5%	*50.0%	9.0%	82.0%	85.2%
OVERALL					
	28.1%	58.5%	33.3%	86.0%	86.0%

*by Nation normal standards, Medical Assistants head Health Centres

Percentage of Facilities with Key Staff



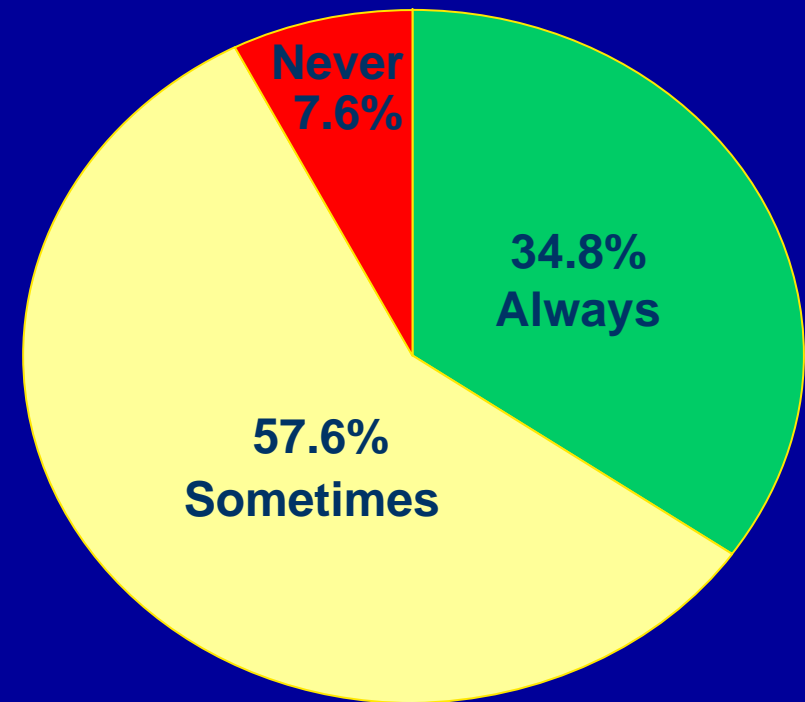
*Less than 5% of all Health Centers had a physician available on staff

Logistics

Successes

- Equipment for cold storage of vaccines is available in most facilities surveyed (95.1%)
- Record keeping on cold-chain monitoring is completed in more than 87.9% of cases

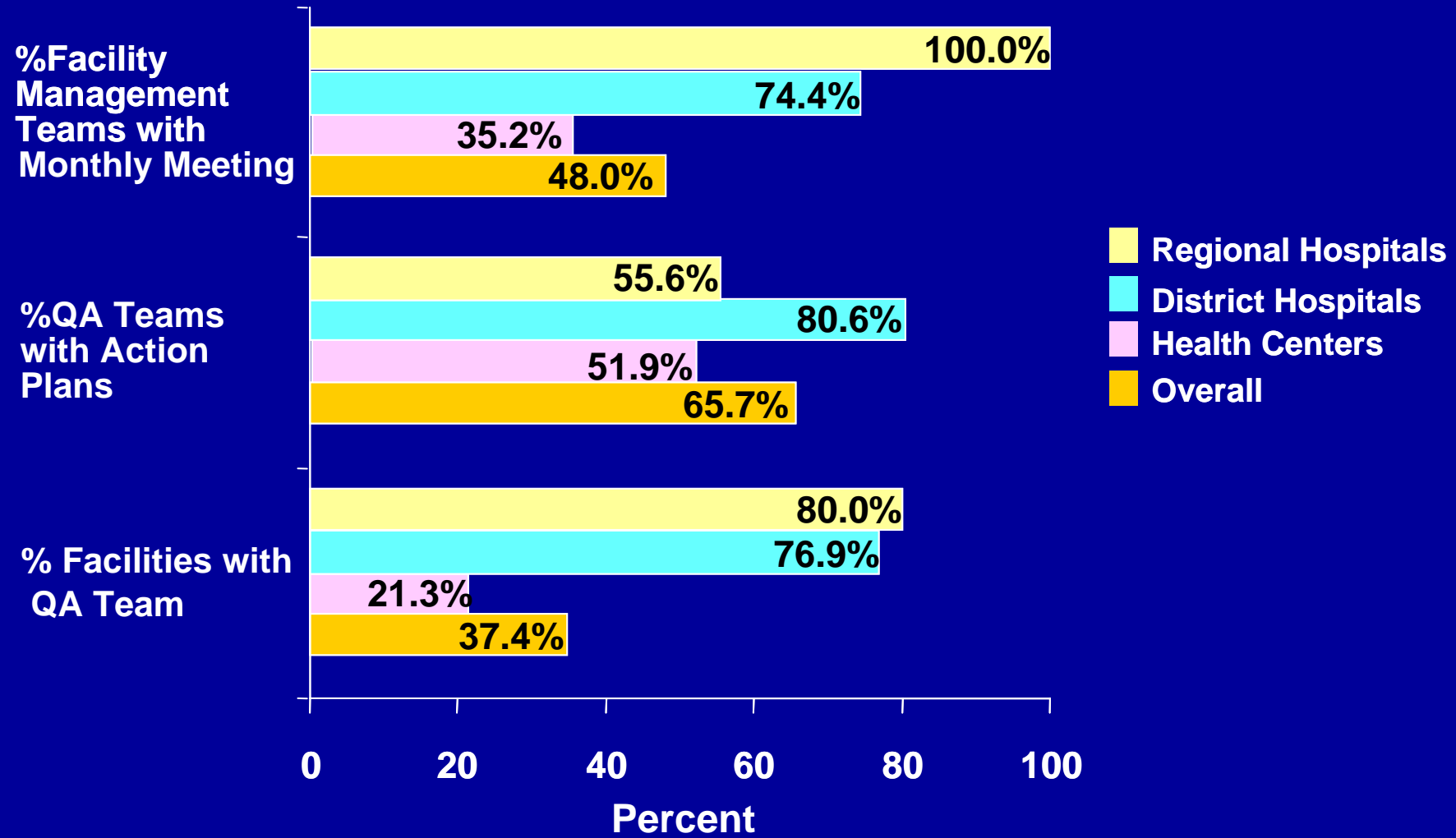
Overall receipt of essential medications requested*



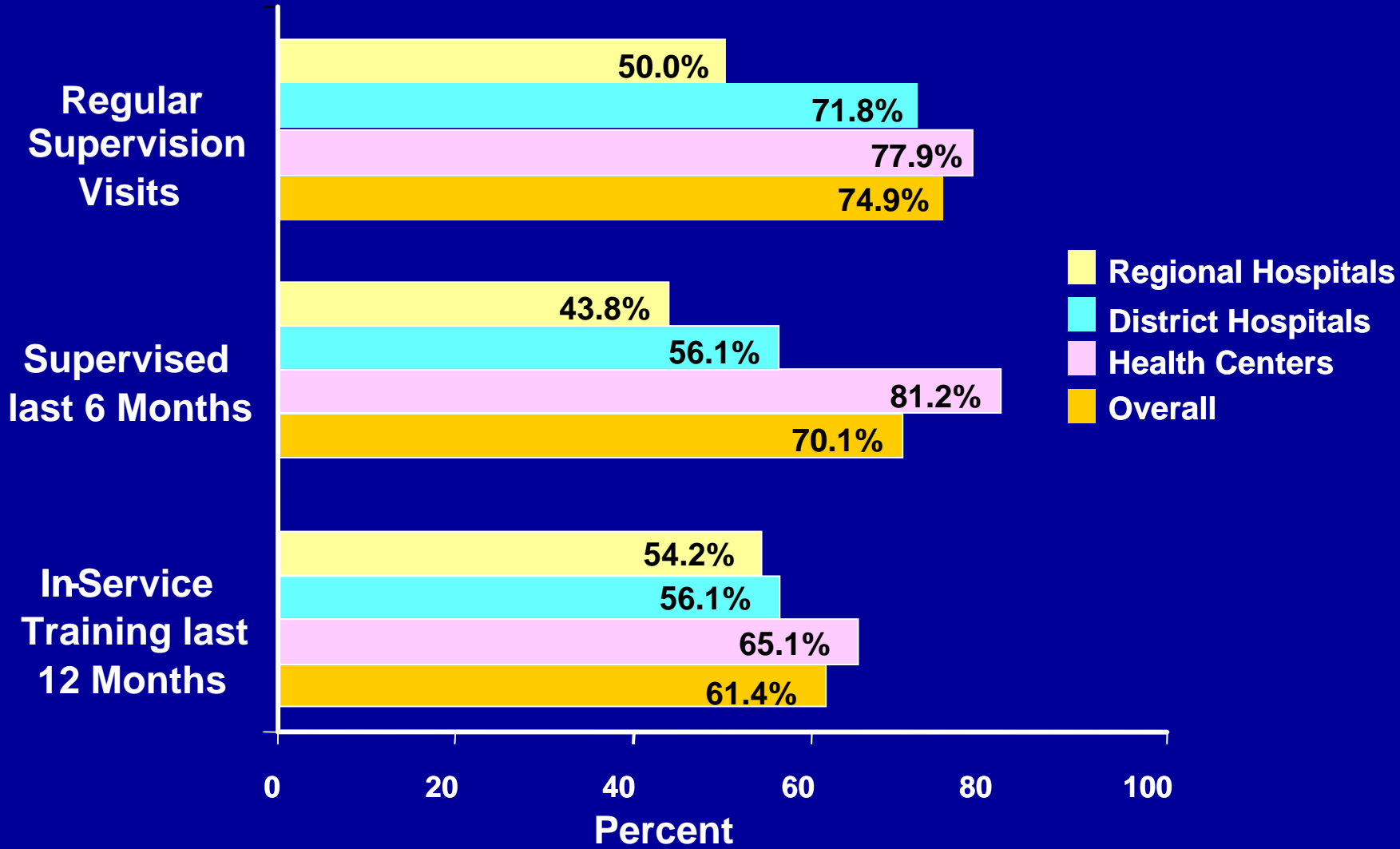
* During the past 6 months have you always, sometimes or almost never received the amount of each medication that you ordered?

Quality Assurance Systems

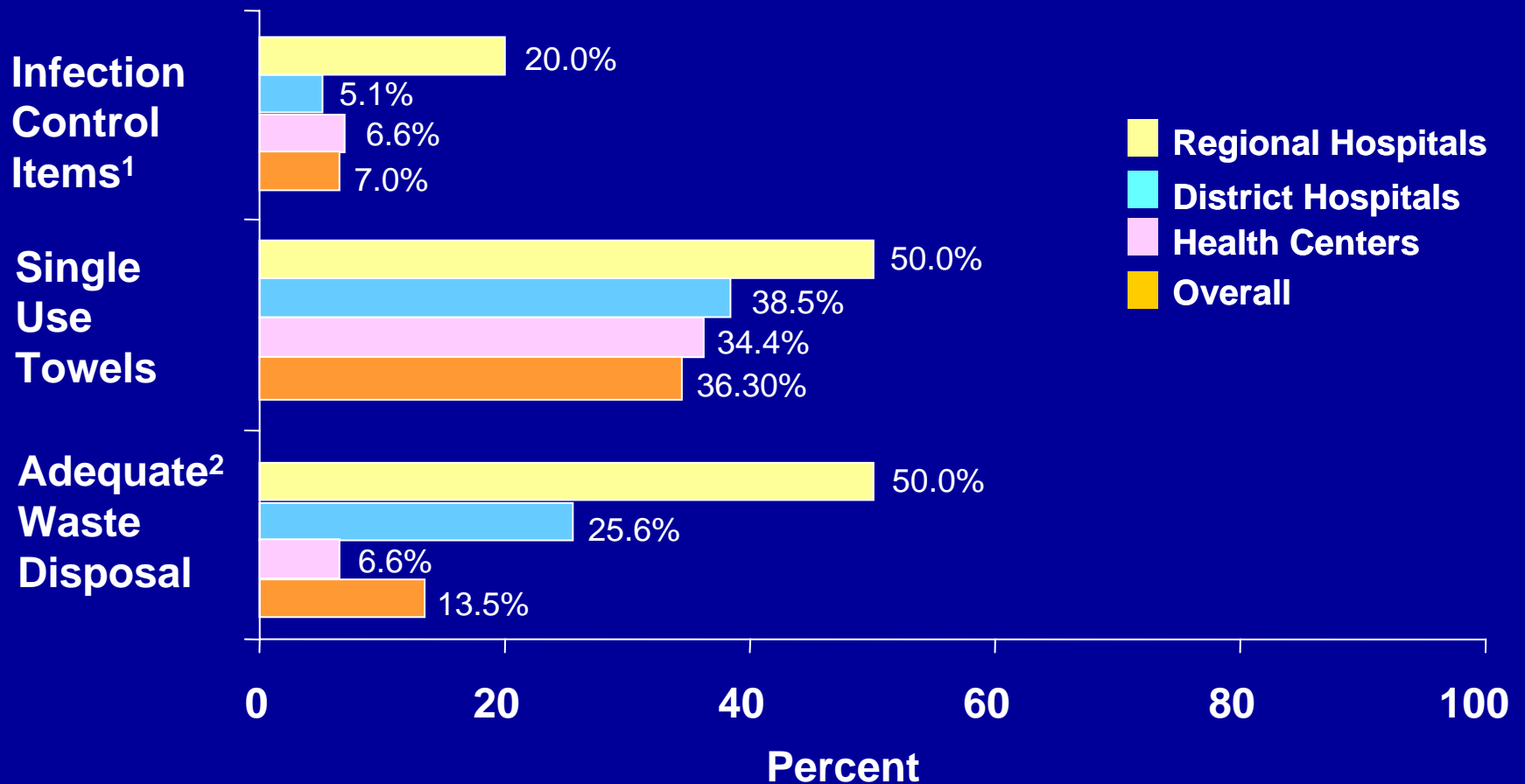
Overall and by Facility Type



Percent of facilities with Supportive Management Activities



Facilities with infection prevention items: By Type



¹Soap & water, sharps box, disinfectant, gloves

²Final disposal of wastes is incineration, burial or offsite: waste not visible or is kept under protected conditions the day of the visit

Percentage of facilities with infection prevention and disposal systems

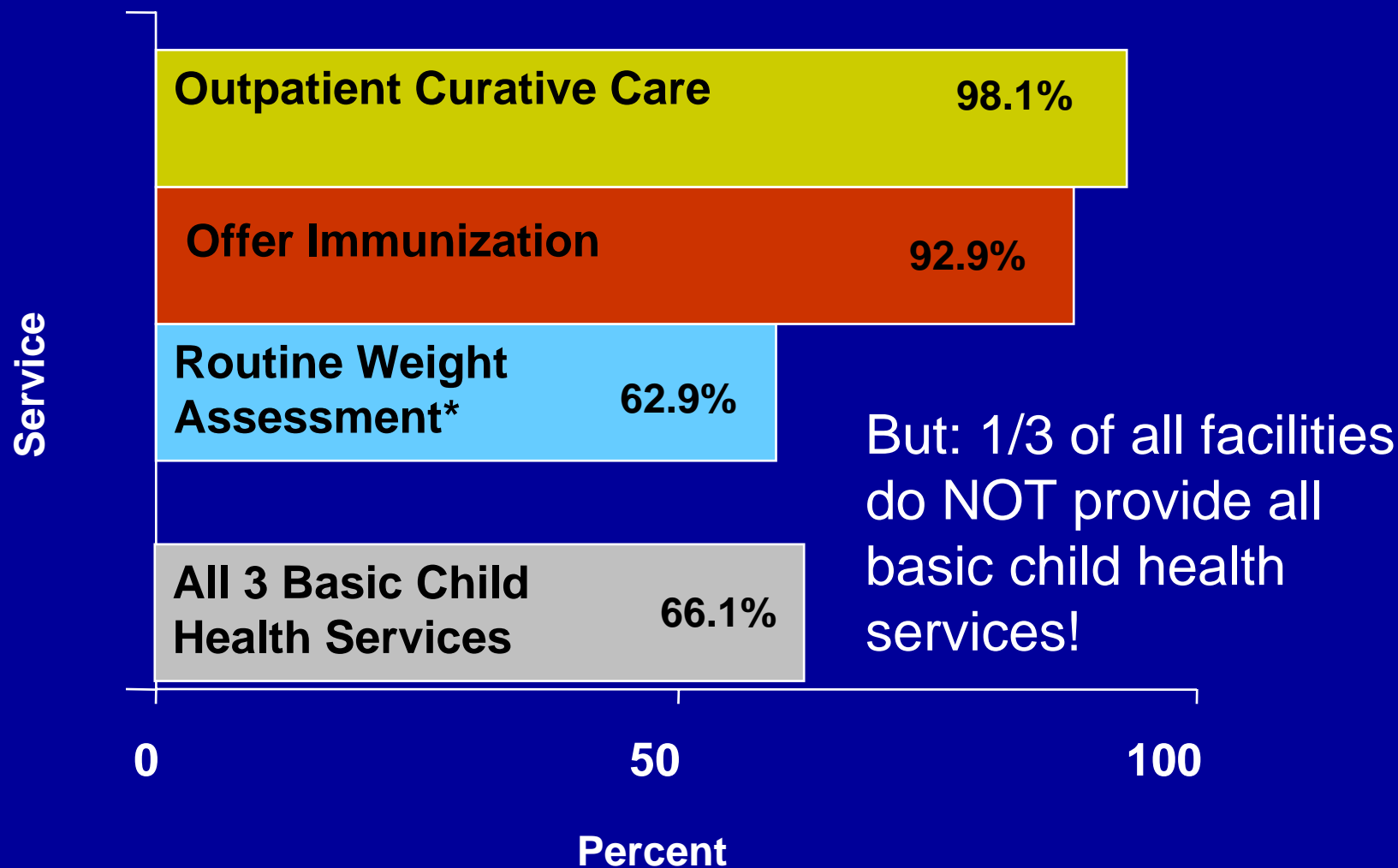
	All infection control items in service delivery areas¹	Single-use towel in all service delivery areas²	All infection prevention items & single use towels in all service delivery areas	Adequate waste disposal system³
Type of Facility				
Regional Hospitals	20.0%	50%	10.0%	50.0%
District/Mission/Private Hospitals	5.1%	38.5%	5.1%	25.6%
Health Centres	6.6%	34.4%	3.3%	6.6%

¹Soap & water, sharps box, disinfectant, gloves

²Single use towels in all areas

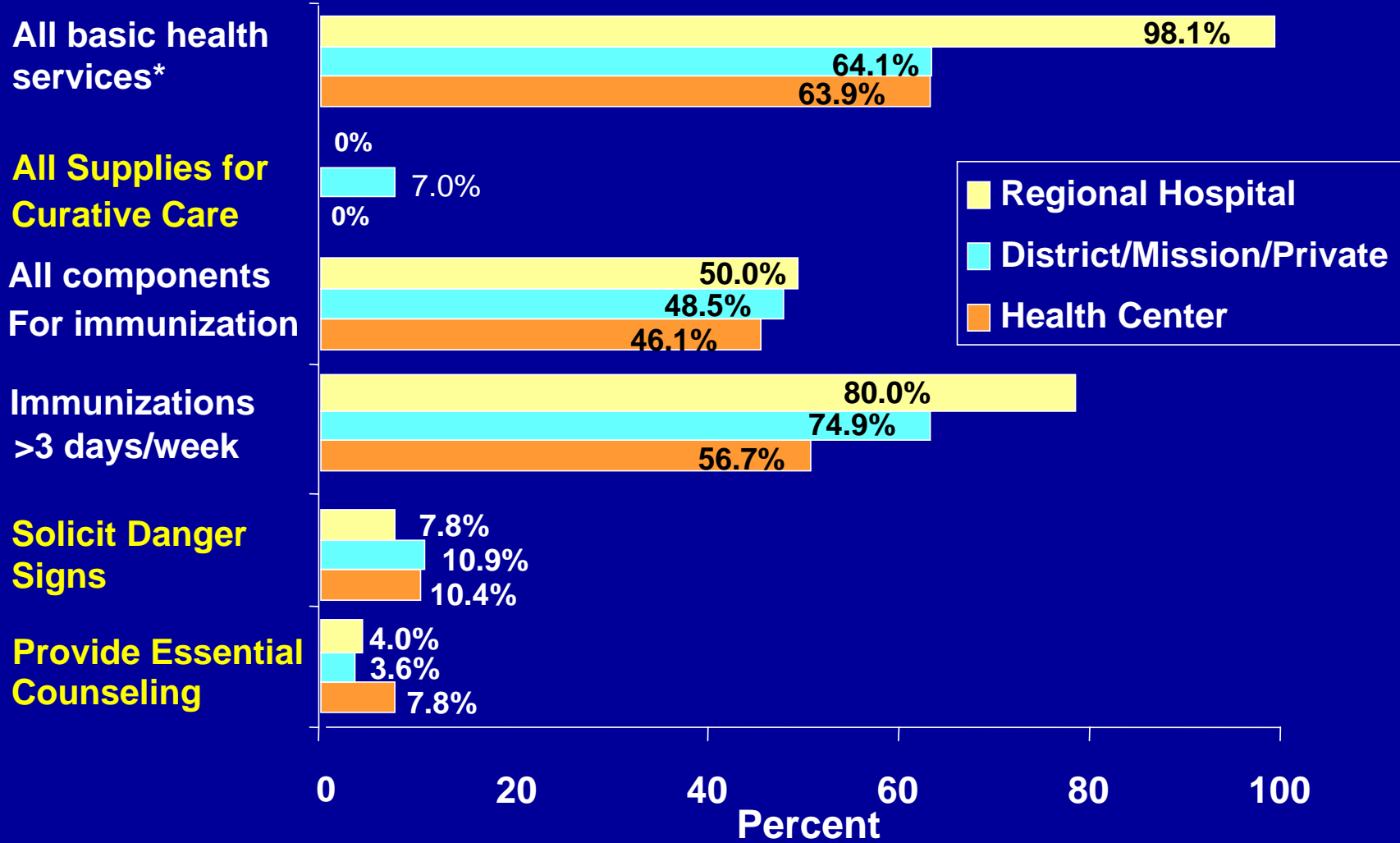
³Final disposal of wastes is incineration, burial or offsite disposal: waste not visible or is kept under protected conditions the day of the visit

Basic Child Health Services Availability: Overall



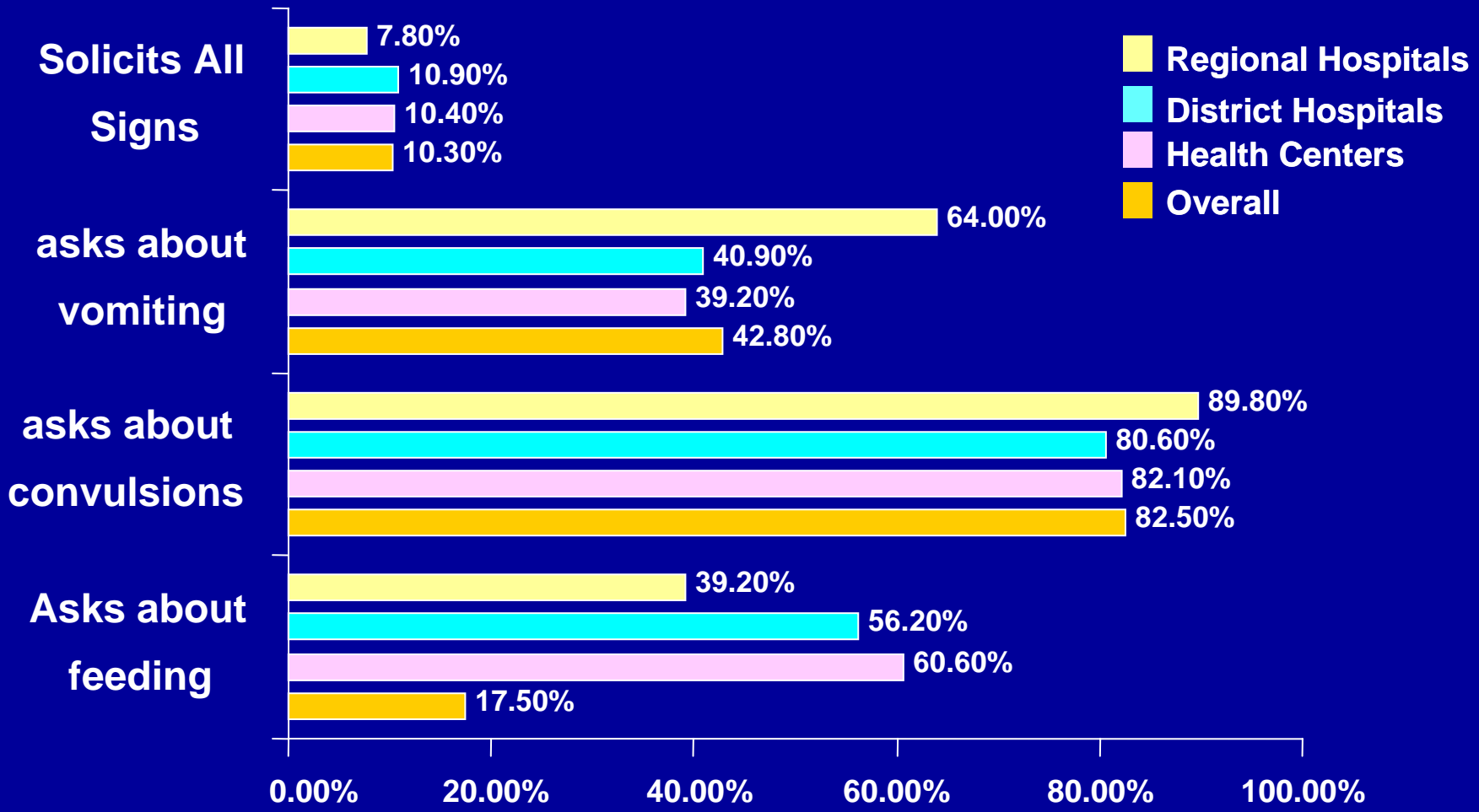
*Prior to Curative Care

Child Health Services Summary

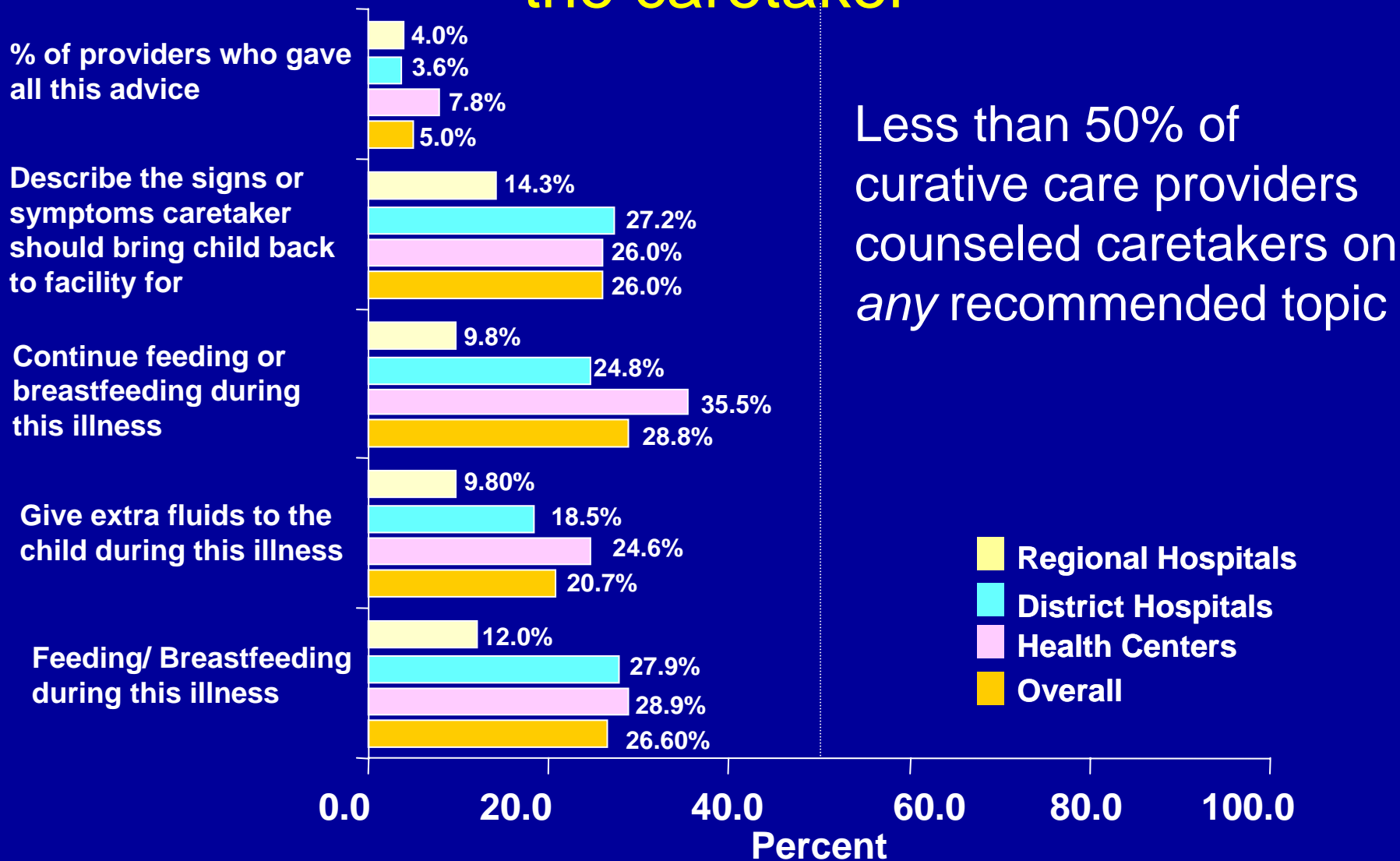


* Outpatient Curative Care, weight monitoring and childhood vaccination services

Observation of the practice of asking caretaker about danger signs



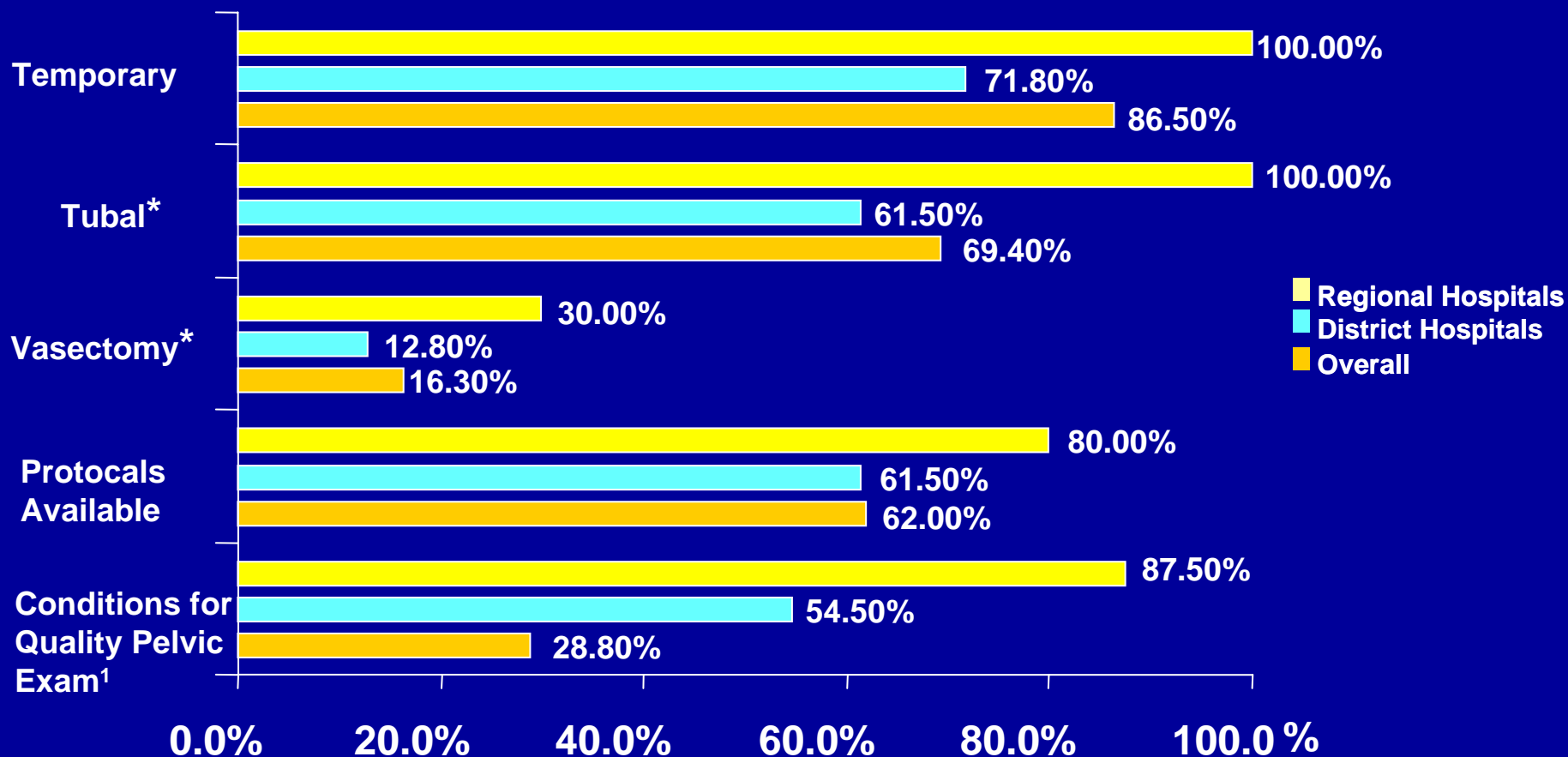
Observation of the practice of counseling the caretaker



Contraceptive Methods and Availability

- The methods most often provided
 - the injectable (99.3%)
 - combined oral pill (98.6%)
 - male condom (98.0%)
 - female condom (87.2%)
 - progesterone oral pill (80.4%).
 - IUDs (57.4%)
 - Spermicides (50.0%)
- Stock-outs in spermicides were the most common overall (45% of all facilities), followed by progesterone oral (16%), injectables (15.6%) and Norplant (12.3%), while it was less than 10% for the remaining commodities.

Family Planning Summary

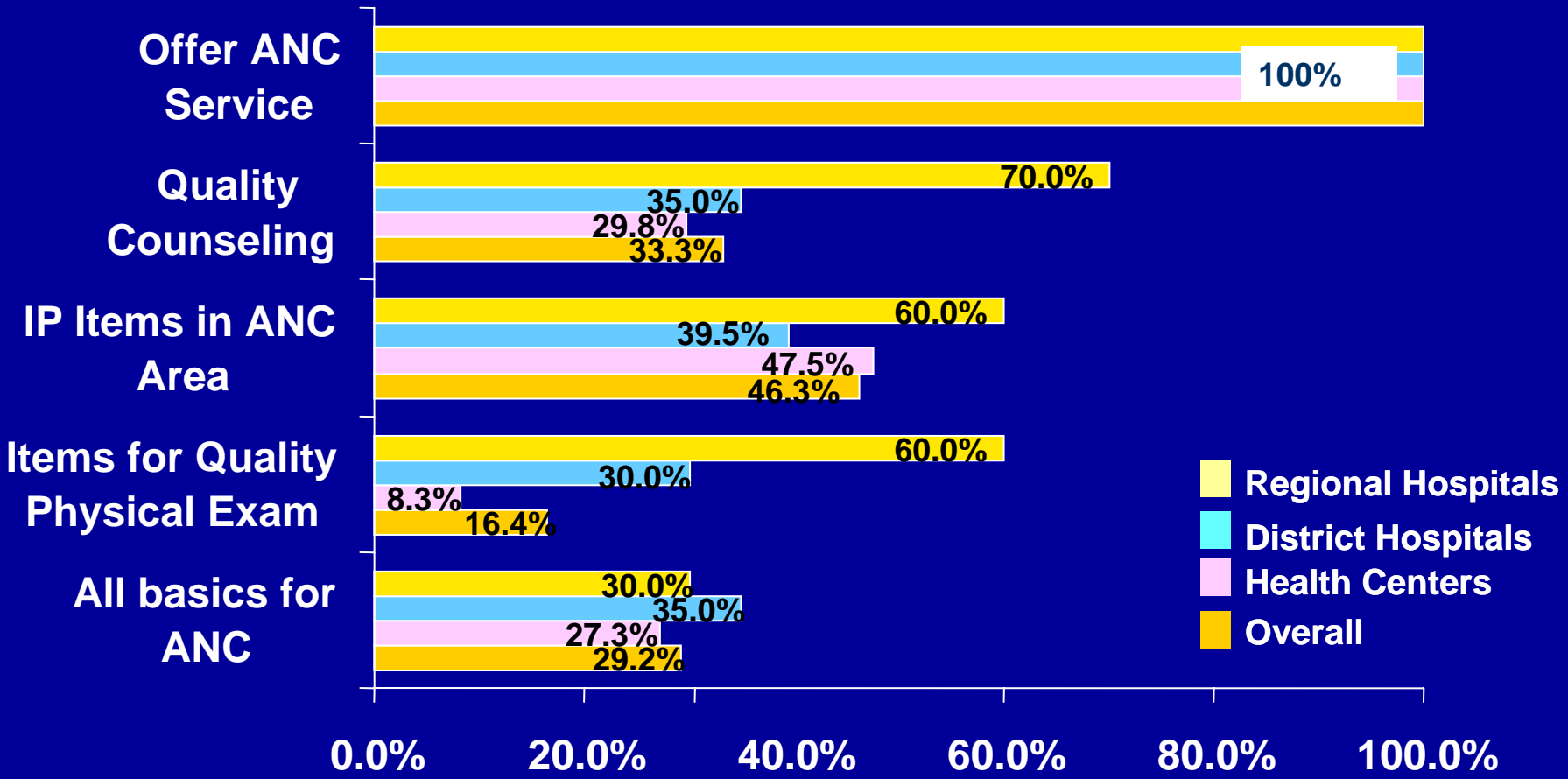


¹ **spotlight source**, Table and stool for gynaecological examination, soap, water, single use towels, clean gloves, decontamination solution

*Surgical methods were provided solely in the Hospitals

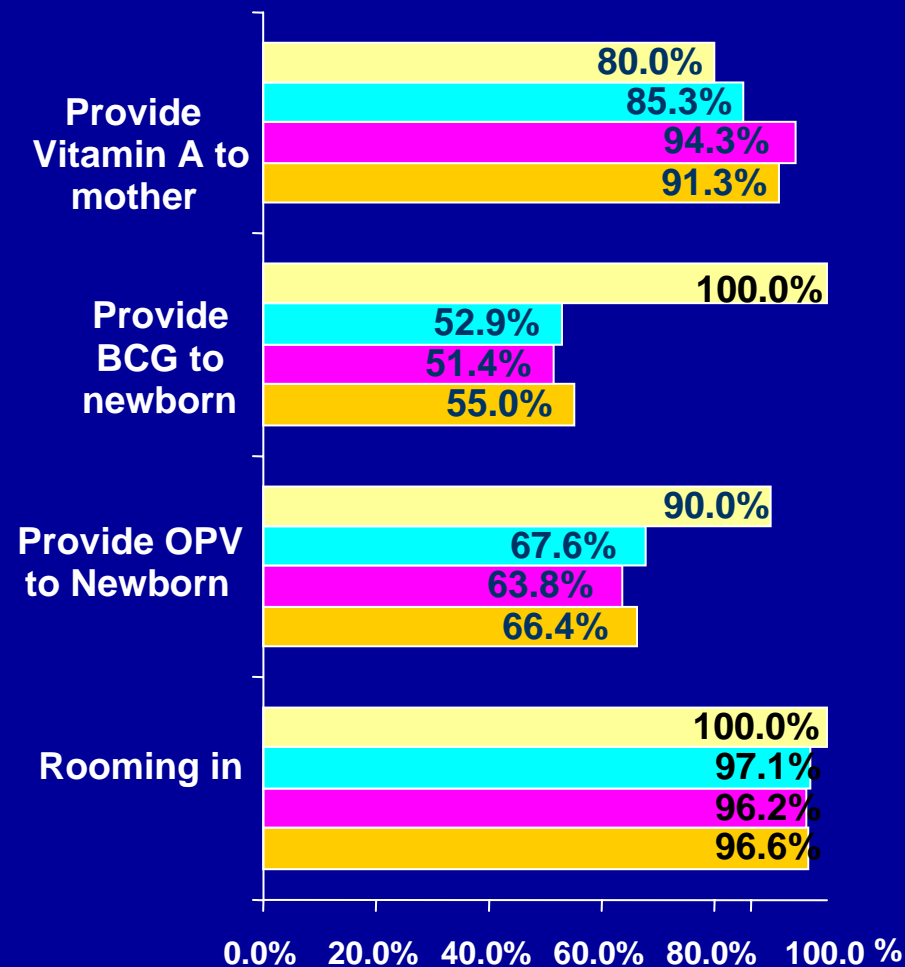
Quality Basic Antenatal Health Services Summary

100% of all Facilities Surveyed Offer ANC Services



Availability of Quality Delivery Services

- For those facilities offering normal delivery services, quality neonatal care practices were evaluated by availability of:
 - Resuscitation support (including respiratory bag and mask or tube)
 - External heat source in delivery room
 - Rooming-in available
 - Immunization for the newborn including OPV, BCGs
 - Vitamin A provided for mother



Availability of HIV/AIDS/STI services

Type of Facility	Facility offers any STI service	Facility offers any HIV/AIDS service	All equipment to provide a quality physical exam ¹	All infection prevention items available in consulting room ²
Regional Hospitals	100.0%	100.0%	77.8%	62.5%
District/Mission Hospitals	95.0%	87.5%	39.5%	26.5%
Health Centres	96.9%	25.4%	14.9%	34.1%
Overall	96.6%	44.6%	33.9%	25.5%

²All infection Prevention items (soap, water, gloves, disinfecting solution and sharp box).

¹Visual privacy, examination bed and **examination light**

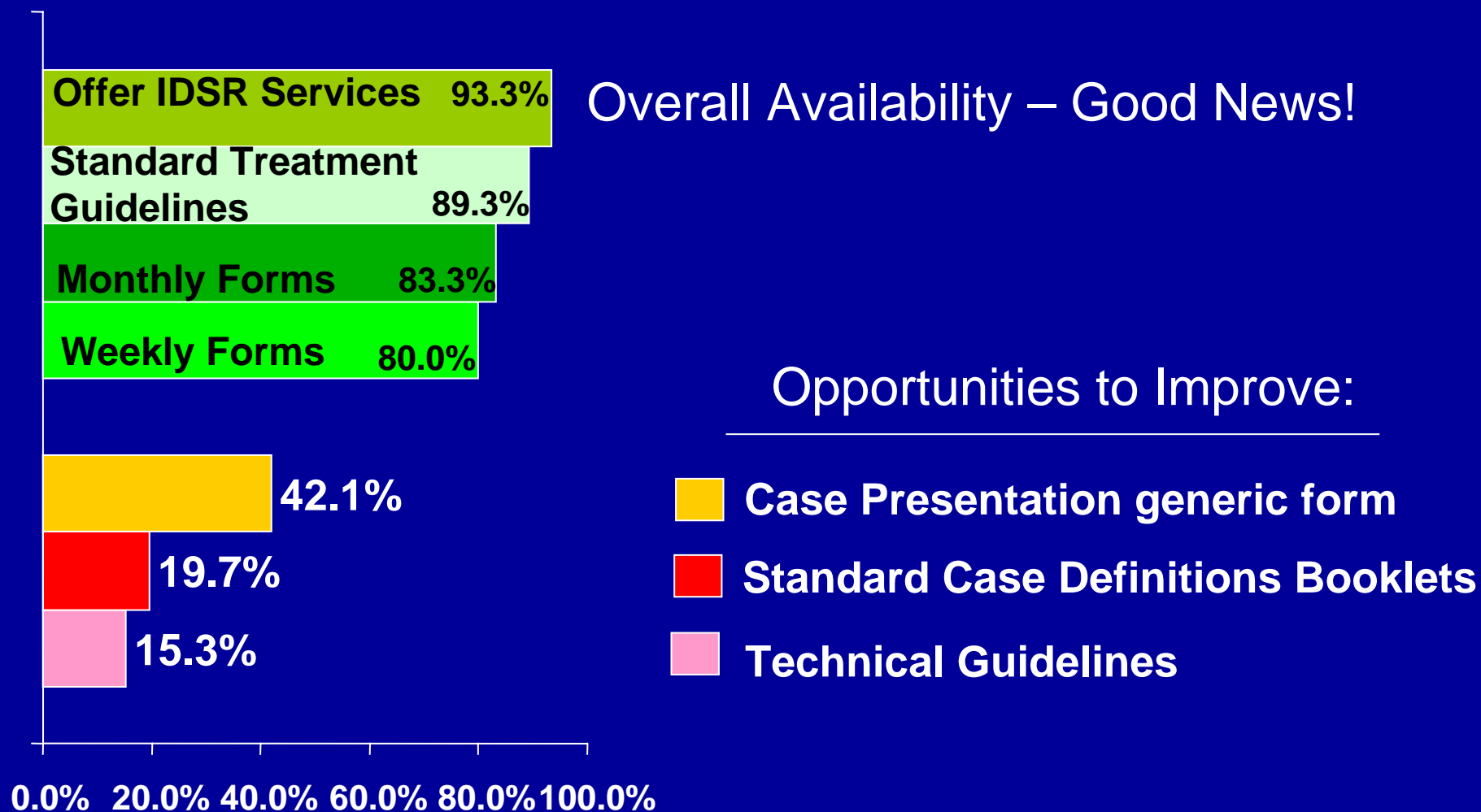
Availability of HIV/AIDS/STI services (cont.)

- 82.7% of all respondents provide STI services to men
 - 65.7% conduct a physical exam on men
 - 42.1% of nurses provide a physical exam to men
 - 99.5% doing exams ask patient to undress so that genitals are exposed
 - 79.3% retract the foreskin fully in the uncircumcised
- 94.7% of the respondents provide STI services to women
 - 83.0% conduct a physical exam
 - 78.9 % of nurses provide a physical exam to women
 - 97.1% ask patient to undress so that genitals are exposed
 - 97.9% examine patient for lesions on vulva and labia
 - 58.3% perform pelvic examination with a speculum

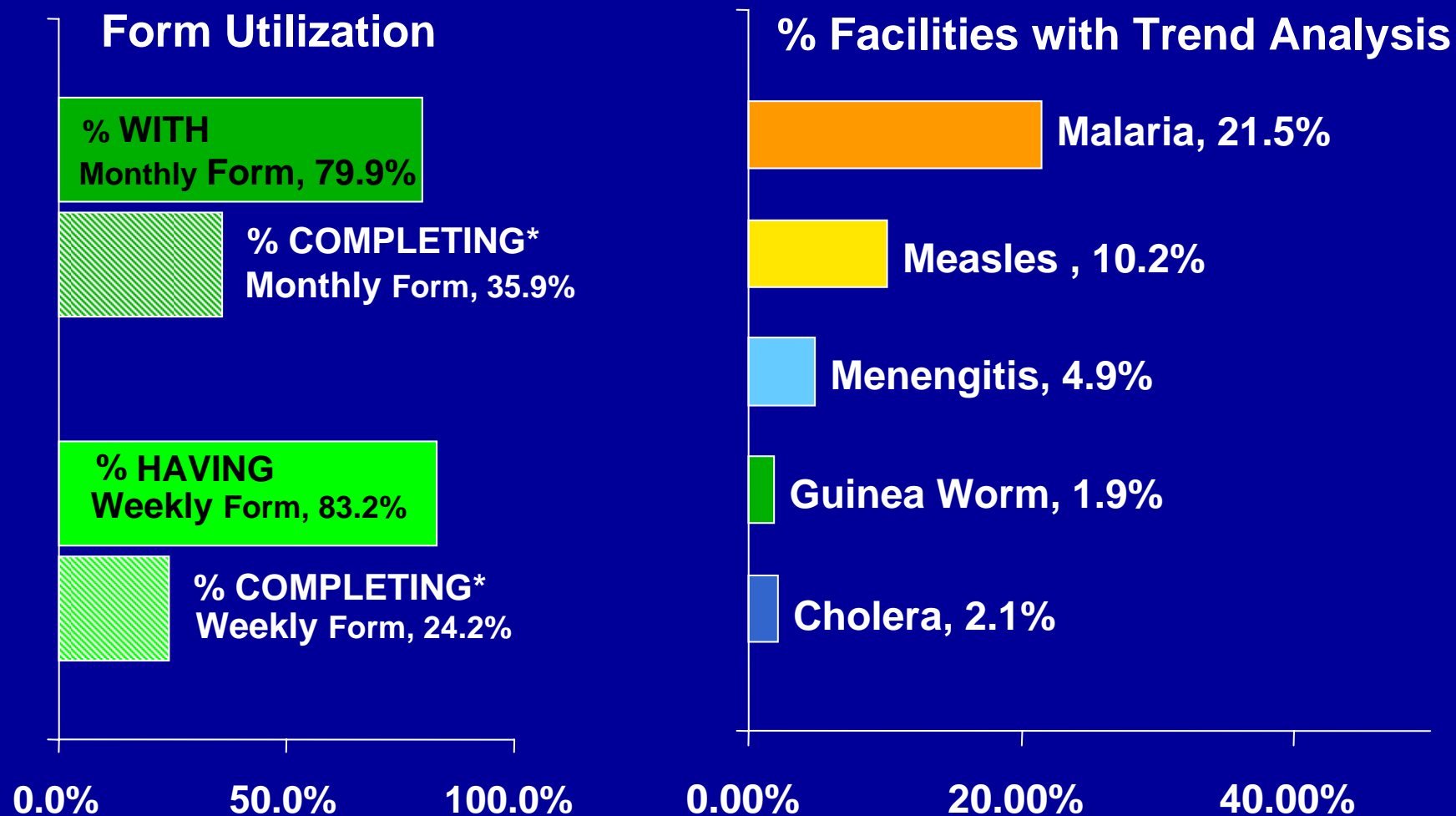
STI Record Review

- Out of 116 male STI records reviewed, only 27 followed the recommended national guidelines (23.2%)
- Of 252 female records reviewed, only 5 followed national guidelines (1.9%)

Availability of guidelines and standards for IDSR



Quality of IDSR: Opportunity



*Completeness was defined as completing at least 80% or more of the required reports for the time period assessed