



# Facility Baseline Assessment Results from Greater Accra Region

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## 1. INTRODUCTION

### 1.1 Background and Purpose

The Quality Health Partners (QHP) project is one of four bilateral projects contributing to USAID/Ghana's Strategic Objective Seven: Improved health status for Ghanaians. QHP focuses on improving the quality of and equitable access to a package of reproductive and child health (RCH) services in 28 of the most deprived districts of the country's seven southern regions, as well as in other key health facilities in the country, including the 10 regional hospitals. The RCH service package includes Safe Motherhood (antenatal and postnatal care and safe delivery, including post-abortion care), Family Planning, Child Health/IMCI, malaria prevention and treatment, and STI-HIV/AIDS services, including VCT and treatment of opportunistic infections such as tuberculosis. An additional area of focus for QHP is Integrated Disease Surveillance and Response (IDSR).

Four program goals have been defined to guide QHP work with Ghanaian institutions:

1. Strengthened institutional capacity of the GHS to provide high quality health services using approved standards and guidelines
2. Improved systems for human resource capacity development
3. Improved supervision, monitoring, problem-identification/solving and communication skills
4. Raised standard of quality in private and public health facilities and development of a franchising approach

The target population for the QHP project is women and men of reproductive age (15-49) and children age 0-5 in the seven southern regions. The total population in the seven southern regions was approximately 15 million in 2000. In the 28 target districts at mid-year 2004, the estimated population (based on a projection of population growth from the 2000 census) was 3.7 million (Table 1).

**Table 1: Population in the QHP Target Regions and Districts**

Region	District	Population Mid-Year 2004
Ashanti	<b>Ahafo Ano South</b>	<b>149,245</b>
	<b>Amasie West</b>	<b>121,429</b>
	<b>Bosomtwi-Kwanwoma</b>	<b>160,806</b>
	Ashanti Region Total	431,480
Brong Ahafo	<b>Asutifi</b>	<b>93,532</b>
	<b>Sene</b>	<b>91,765</b>
	Brong Ahafo Region Total	185,297
Central	<b>Abura Asebu Kwanankese</b>	<b>98,343</b>
	<b>Agona</b>	<b>173,057</b>
	<b>Ajumako Enyam Essiam</b>	<b>101,144</b>
	<b>Asikuma Odoben Brakwa</b>	<b>97,324</b>
	<b>Assin</b>	<b>214,115</b>
	<b>Cape Coast</b>	<b>128,583</b>
	<b>Ewutu Efutu Senya</b>	<b>185,050</b>
	<b>Gomoa</b>	<b>212,070</b>
	<b>Komenda Edina Eguafo Abirem</b>	<b>122,409</b>
	<b>Mfantsiman</b>	<b>165,055</b>
	<b>Twifo Heman Lower Denkyira</b>	<b>120,749</b>
	<b>Upper Denkyira</b>	<b>117,469</b>
	Central Region Total	1,735,368
	Eastern	<b>Afram Plains</b>
<b>Birim North</b>		<b>132,116</b>
Eastern Region Total		278,852
Greater Accra	<b>Dangbe West</b>	<b>115,952</b>
Greater Accra Region Total	115,952	
Volta	<b>Akatsi</b>	<b>99,208</b>
	<b>Kadjebi</b>	<b>55,185</b>
	<b>Nkwanta</b>	<b>159,312</b>
	<b>North Tongu</b>	<b>138,382</b>
	<b>South Tongu</b>	<b>68,786</b>
	Volta Region Total	520,873
Western	<b>Ahanta West</b>	<b>107,622</b>
	<b>Bibiani Anhwiaso Bekwai</b>	<b>117,741</b>
	<b>Juabeso-Bia</b>	<b>278,074</b>
Western Region Total	503,437	
Total Population in 28 Target Districts		3,771,259

Source: Ghana Statistical Service, Data courtesy of the Academy for Educational Development, 2004.

In 2002, the Ghana Health Service (GHS) in cooperation with the Ghana Statistical Service and ORC Macro conducted a national Service Provision Assessment. The resulting document<sup>1</sup> provides much of the information needed to assist with program design, but does not provide this information disaggregated to the District level, which is

<sup>1</sup> Ghana Statistical Service, Health Research Unit, Ministry of Health and ORC Macro. 2003. *Ghana Service Provision Assessment Survey 2002*. Calverton, MD: Ghana Statistical Service and ORC Macro.

required by QHP and USAID. There are many other reports and documents that have been produced in Ghana that can also inform the process of program design, but there is no comparable source of existing data that can be used for a baseline.

This Facility Baseline Assessment (FBA) was conducted in order to establish a starting point for programming of QHP assistance to regions, districts and facilities. The FBA provides information about the current operating status of facilities in terms of equipment, personnel, and training. It establishes a baseline for measuring provider compliance with guidelines and client satisfaction with services. In addition, the FBA results, combined with a mid-term and final evaluation, will enable the project to measure progress toward achievement of objectives and indicator targets in the QHP Performance Management and Evaluation Plan (PMP).

## 1.2. FBA Objectives and Rationale

There were two main objectives of the assessment:

**Objective 1:** To gather data related to the readiness of facilities to provide quality RCH services in regional hospitals in 10 regions, in 28 target districts of the seven southern regions and in other key facilities throughout the seven southern regions. The data gathered will inform program development, including: identification of focus (high-performing) sites, availability of trained staff and training needs of staff, infrastructure and equipment needs and availability and use of guidelines and protocols.

**Objective 2:** To collect baseline data for the indicators specified in the QHP Performance Management and Evaluation Plan for the purposes of measuring program results.

The FBA results update some of the findings from the 2002 Ghana Health Service SPA survey, and also provide data representative at a District level.

These results will inform the refinement of project strategies and activities and establish baseline measurements against which performance targets will be determined for QHP indicators, with particular focus on six “required indicators” found in the QHP cooperative agreement and in the project’s Performance Management and Evaluation Plan (PMP). Two types of documents will be produced from the data; an overall summary of the results of the survey and Regional Reports which include results for the region, district summary reports and facility summary reports.

It is anticipated that the Facility Baseline Assessment (FBA) instruments will be re-applied as part of the QHP mid-term evaluation in 2006 and in 2008 for the final evaluation of the project. These subsequent evaluations will help to measure QHP results and the project’s contribution to USAID/Ghana and GHS objectives and indicators.

## 2. METHODOLOGY

### 2.1 Study Design and Methodology

The survey teams for the FBA collected data on:

- a) Basic infrastructure (e.g., water, electricity),
- b) Facilities (for client comfort, essential RCH services);
- c) Basic equipment, instruments and supplies needed for RCH services;
- d) Human resources – the number, types and skills of staff to provide the RCH services, including counseling;
- e) Presence and use of current RCH guidelines and protocols;
- f) Adherence to IMCI protocols and syndromic management of STIs, and;
- g) Client satisfaction.

Data collection tools included:

1. Facility audit (review of infrastructure, supplies, and equipment and questions to determine services available, staffing, training needs, gaps for quality services).
2. Provider interview (to determine training, routine practice, supervision and job satisfaction).
3. Observation of a sick child presenting with diarrhea or fever (adherence to IMCI protocols as a proxy for adherence to protocols overall).
4. Client exit interviews for caretakers of sick children (to determine client perspectives of the quality of services).
5. Record review of STI patients for adherence to treatment protocols for syndromic management of STIs.

### 2.2 Data Collection and Analysis

At each facility a team of four people collected the data:

- One technical member (to act as field supervisor/quality control person in data collection and also to assist with the facility audit)
- One person to be the lead on the facility audit
- One person to do the provider interview and the client exit interviews
- One person (clinician) to do the observations and STI record review

For the facility audit, one main surveyor and one technical staff person, the latter functioning as a resource person/supervisor for the team, collected the data. The instrument was designed in such a way that the data can be collected in three-four hours per facility.

One surveyor conducted the provider interviews and the client exit interviews. The provider interviews were conducted with a minimum of two (the in-charge and a nurse) and a maximum of five randomly selected providers per facility (from a list of all available staff providing RCH services).

A clinician aimed to conduct a minimum of three and a maximum of five sick child observations on the day of the assessment. Candidates for observation were selected by choosing the first available cases from the register of children presenting with fever or diarrhea upon the assessment team's arrival. The clinician also conducted the STI record review portion of the facility audit.

For the client exit interviews, the clients whose sessions were observed were interviewed after the session. Client exit interviews were only collected for caretakers of sick children. A minimum of three and a maximum of five client exit interviews were conducted. These interviews were conducted in local languages, however the instrument was not translated. The reason for this is that the survey team members conducting the client exit interviews may not *read* the local language(s) and it may be easier for them simply to speak in the local language based on the English text. How to conduct interviews in the local language was discussed during the training.

Survey teams included participants from the GHS units with whom QHP works, the Regional Health Management Teams (RHMT), District Health Management Teams (DHMT) and QHP staff. Participation by people from the regions and districts in the data collection process helped to create awareness of and commitment to the goals of GHS for quality services (which are also goals of the Quality Health Partners project).

All survey teams were trained in the survey methodology during a four-day training held in Kumasi from 24-27 November 2004. Field supervisors were trained for two days preceding the larger training on how to manage the data collection process, field editing techniques and how to fill in all of the instruments appropriately. The training manual<sup>2</sup> for this training and the lessons learned report<sup>3</sup> are available separately from QHP.

The results presented here are not representative of the entire region, but only the target districts listed in Table 1. Results should not be interpreted as applicable to the entire region.

## 2.2 Sampling

A census of selected types of facilities in the 28 target districts, regions and related facilities was conducted. The census included all facilities in the Districts except for private clinics, maternity homes and facilities below the health center level. The latter categories of facilities were excluded, as QHP is unlikely to intervene in most of these facilities.

## 2.3 Structure of this report

This report includes the District Summary for Dangbe West and each of the individual facility summaries for the health centres included in this sample. The District Summary report does not include the results for the High Volume facility that was surveyed (La General Hospital), but the individual facility summary report for this facility is included separately.

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<sup>2</sup> QHP, 2004 Training Manual for Conducting the Facility Baseline Assessment, Unpublished Document, Accra: Ghana

<sup>3</sup> QHP, 2005. Lessons Learned: QHP Facility Baseline Assessment and Human Resources Assessment, Internal Report, Accra: Ghana.

## District and Facility Summary Reports

### Introduction

The facility summary reports are intended to provide Regional and District Health Management teams with tools for understanding the current status of services in the 28 CHPS-TA districts in the seven southern regions.

These reports provide an overview of the situation for some of the information collected as part of the Quality Health Partners Facility Baseline Assessment in tabular form. This report can be viewed in conjunction with the Facility Baseline Assessment Overall Report for a more complete understanding of the situation.

This introductory section provides information about the definitions used in these reports so that the details do not have to be included on every table in each Facility report. Please refer to this front section when interpreting the tables for any individual facility or for the districts.

There are some differences in the tables presented in each report. These are clearly labeled below.

### Explanation of the Format of the Report

At the top of the Facility Summary Report there is information to identify the information for each facility.

In Ghana in order to be considered a facility with trained staff, there must either be a medical doctor, medical assistant, nurse, midwife or community health nurse/enrolled nurse at the facility.

Table 1: Number of trained staff:

Medical Doctors	Medical Assistants	Nurses (Prof and Public Health)	Midwives	Community Health Nurses	Other Staff	Number of Staff Providing Services in Facility

This table provides the percentage of institutions that have the indicated type of medical professional currently posted to them.

### **Facility Summary** Table 2: Caseload in 2003

This table provides the number of cases seen at each facility in each service area.

DK- Indicates the facility did not keep a separate record of the caseload for this area of service.

ND – Indicates that this information was not determined or not collected for this facility.

NA – Indicates that this facility did not provide this type of service, therefore the caseload number is not applicable.

Table 3: Availability of Services

Provide all basic services	Provide all services at minimum frequency	Trained staff assigned to the facility
All basic services definition= curative care for children, any services for STIs, temporary methods of family planning, antenatal care and immunization.	Provide all services at minimum frequency (definition = curative care for children 5 days a week, STI services, temporary methods of family planning, ANC and immunization at least 1 day per week.	Trained staff assigned to the facility (definition for qualified staff in Ghana: medical doctor, medical assistant, public health nurse, midwife or nurse assigned to the facility.

Table 4: Basic Client Amenities:

Basic client amenities	Electricity	Water	All basic amenities
Waiting area that protects clients from sun and rain, functioning client latrine and a basic level of cleanliness	Electricity available from the national grid with minimal or no disruption during the period client services are normally provided or a functioning generator with fuel.	An onsite water source, available year round.	Availability of basic client amenities, electricity and water.

Table 5: Quality Assurance

Has QA Team?	Has regular mgt meetings at least every 6 months and documentation?	Referral Form available
If the facility has a Quality Assurance Team.	If the facility has a record of management meetings at least twice a year (note in the overall report this is reported as monthly meetings)	Referral form is available or the facility is a referral facility.

Table 6: Supportive Management

Has regular facility level external supervision visits?	% of providers personally supervised in last 6 months	% of providers who received in-service training in the past 12 months	% of facilities with all supportive management practices (Facility Summary Report only).
Facility received an external supervision visit in the past 6 months.	Percentage of providers interviewed who report they were supervised in the past 6 months.	Percentage of providers interviewed who report they received in-service training in the past 12 months.	Facility received an external supervision visit in the past 6 months, at least 50% of all interviewed health care workers reported being both individually supervised in the past 6 months and 50% of all interviewed health care workers reported receiving in-service training during the past 12 months.

Infection prevention and Hazardous Waste Control

For proper processing, equipment should first be decontaminated (soaked in a 0.5 % chlorine solution for at least 10 minutes and then brush scrubbed with soap and water. The equipment must then be processed at the required temperature for the required time, depending on the processing method used. It must be stored under sterile or high level disinfection (HLD) conditions (dry, stored in sterile wrapping or a sterile or HLD box that clasps shut, and the date of the sterilization should be indicated, since sterility cannot be ensured after 1 week unless the items are also sealed in plastic.

Facilities were considered as having the capacity for proper sterilization or high level disinfectant processing when the processing area has functioning equipment and reports the correct processing time (or the equipment automatically sets the time) and processing temperature (if applicable) for at least one method. Definitions for capacity for each method assessed were functioning equipment and processing conditions of the following:

- Autoclave: process wrapped items for at least 30 minutes, unwrapped items for at least 20 minutes.
- Dry Heat Sterilization: temperature 160° to 169° C for at least 120 minutes or temperature at least 170° C and processed for at least 60 minutes.
- Boiling or steaming: process at least 20 minutes
- Chemical: Chlorine base or glutaraldehyde solution and soaked for at least 20 minutes.

Table 7: Facilities with Capacity for Proper Sterilization or HLD Processing

Facilities with capacity for proper sterilization or HLD processing			Facility has sterile storage conditions and processing dates on sterilized items
Equipment	Equipment and knowledge of process time	Equipment, knowledge of process time and automatic timer	
Has an autoclave or dry heat sterilizer, pot with a lid and a heat source.	Has the equipment and knows the correct processing times and temperatures outlined above.	Has the equipment, knowing the processing time and also has an automatic timer.	Items are wrapped and sealed with time-, steam-, and temperature-sensitive (TST) tape, or items are in sterile containers with a clasp, and processing time is written.

Table 8: Percentage of facilities with all infection prevention items in service delivery areas assessed by the FBA survey, single use towels in service delivery area and an adequate disposal system for contaminated waste.

All infection control items in service delivery areas	Single-use towel in all service delivery areas	Adequate waste disposal system
Soap and water, sharps box, disinfectant solution, and gloves present in all service delivery areas assessed in the facility.	Has single use towels available in all service delivery areas.	Final disposal of contaminated wastes is incineration, burial or removal offsite; waste is not visible or is kept under protected conditions on the day of the survey.

Capacity to Provide Quality Curative Care for Sick Children

To improve the diagnosis of illnesses and to minimize missed opportunities for providing preventive interventions, IMCI standards recommend that the following measures be part of any sick child consultation:

- Assess immunization status and provide vaccines that are due
- Assess nutritional status and give feeding advice
- Completely assess current health status
- Ensure that the child receives the first dose of any anti-biotic or anti-malarial at the facility and leaves the facility with the necessary medications
- Ensure the caretaker knows how to administer the necessary medication or treatments and knows about appropriate foods and how much the child needs both during this illness and when healthy.

Table 9: Availability of Child Health Services

Outpatient curative care for children	Routine growth monitoring prior to curative care	Any childhood immunization at the facility	All basic child health services
Has services at least 1 day per week.	Routinely weighs children and records their weights in the facility prior to consultations.	Provides any childhood immunization at the facility	Availability of outpatient curative care for children, routine growth monitoring prior to curative care and any childhood immunization at the facility.

Table 10: Capacity to Provide Quality Immunization Services

All equipment	All infection prevention elements	Administrative components	All components for providing quality child immunization services	All child vaccines present	All components for providing quality child immunization services (including vaccines)
Blank immunization cards, syringes and needles, and a refrigerator or cold box.	Soap, water and sharps container.	Tally sheet or register.	All equipment, infection prevention and administrative components.	BCG and diluents, OPV, Measles and diluents, and either Penta or DPT, Hib and HepB vaccines.	All of items in preceding columns.

Table 11: Selected essential components to support quality child health care

All essential equipment and supplies	All essential medications		All other quality items	All equipment and supplies for providing quality curative child care
	First-line	Pre-referral		
<p>Equipment: Functioning infant and child weighing scale, minute timer and thermometer.</p> <p>Supplies: Jar/Pitcher for ORS, cup and spoon)</p>	<p>ORS packet, an oral antibiotic (amoxicillin or cotrimoxazole) and an oral anti-malarial (chloroquine)</p>	<p>At least one first-line injectable antibiotic (ampicillin or penicillin), at least one second-line injectable antibiotic (Ceftriaxone or gentamicin), quinine, and intravenous solution (normal saline, Ringer's lactate or dextrose and saline 0.9%) with infusion set.</p>	<p>Soap and water, individual child card or record, treatment protocol (Standard Treatment Guidelines 2000) and visual aids for teaching the caretaker.</p>	<p>All essential equipment and supplies, medications and other quality resources.</p>

### Family Planning

Table 12: Availability of Family Planning Services

Temporary or modern methods of contraception	Natural Methods of Family Planning	Permanent Methods of Contraception	
		Tubal Ligation	Vasectomy
<p>Any of the following methods: Contraceptive pills (combined or progesterone only), injections (combined or progesterone only), implants, IUDs, condoms (male or female), spermicides or emergency contraceptive pill.</p>	<p>Counseling on natural methods of family planning or the rhythm method.</p>		

Table 13: Method and Availability in the Facility

Method	Offered	Stock-out in last 6 months
Combined Oral		
Progesterone Oral		
IUD		
Injectable		
Norplant		
Male Condom		
Female Condom		
Spermicides		
Diaphragm		
Emergency Contraceptive Pill		
Counseling on Natural Family Planning		

\*N/A written in the Stock-out column means the service was not offered at this facility and was therefore, not applicable.

Table 14: Availability of Infrastructure and Resources to Support Quality Services for Temporary Methods of Family Planning

Protocols or guidelines for family planning	Visual Aids	All items for infection prevention	Conditions for a quality pelvic examination	STI treatment provided
National Reproductive Health Service Protocols or the Essentials of Contraceptive Technology book.	Visual aids on the different family planning methods or model demonstrating use of a condom, or poster on family planning or Essentials of Contraceptive Technology poster.	Soap, water, clean gloves, disinfection solution, sharps box.	Visual and auditory privacy, examination bed, and examination light (functioning).	If facility provides any STI treatment

### Maternal and Neonatal Health

Table 15: Availability of Basic Maternal Health Services

Quality counseling	Infection Prevention	Quality physical exam	Essential supplies for basic antenatal care
National Reproductive Health Service Protocols and individual client card available in consultation room.	Clean gloves, soap and water, disinfecting solution and sharps box in consultation room.	Visual privacy, functioning examination light, and examination table in consultation room.	Iron, folic acid, tetanus toxoid, blood pressure apparatus and fetal stethoscope (note this definition was expanded for the overall report).

Table 16: Facility practices and has recourse for diagnosis and management of common complications of pregnancy

Where STI treatment is provided by ANC provider	With medicines to manage common complications of pregnancy	Facilities with testing capacity for			
		Urine protein	Anemia	Syphilis	HIV/AIDS
				Hospitals Only	
ANC provider also gives treatment for STIs.	Antibiotic for antenatal care or postnatal care infections (amoxicillin or cotrimoxazole), Metronidazole, clotrimazole vaginal, a deworming medicine (Mebendazole or albendazole) an anti-malarial (Artesunate, chloroquine, or Sulphadoxine pyrimethamine) and at least one medication for treating trichomoniasis (metronidazole), gonorrhoea (ciprofloxin), Chlamydia (doxycycline) and syphilis (Benzathine penicillin or Benzyl Penicillin).	Clinistix or other “urine test”	ANC staff say that testing is available.	VDRL (Syphilis test)	Rapid Test

Table 17: Availability of Maternal Health Services

Ante-natal care	Normal delivery services	Caesarian Section	Procedure for Emergency transportation in case of maternity emergency	Documented official program supportive of TBAs
Provides ANC at least 1 time per week.	Provides normal delivery services.	Can perform a Caesarian section.	Facility has a procedure in place that arranges transportation in obstetric emergencies.	Has documentation of a program to support TBAs.

Table 18: Availability of elements for quality delivery services

All infection prevention items	All items to support quality delivery services	All delivery room infrastructure and furnishings	All basic supplies for delivery	All basic medicines and eqpt for normal delivery
Soap, water, sharps box, disinfecting solution and clean gloves.	Partographs, protocols (National Reproductive Health Guidelines or Other references/guidelines for delivery care/emergency care).	Bed, examination light, visual and auditory privacy.	Scissors or blade, cord clamp, suction bulb and skin disinfectant.	Needles and syringes, intravenous solution with infusion set, oral antibiotic (cotrimoxazole or, amoxicillin), injectable oxytocin, suture material and needle holder.

Table 19: Availability of elements for quality delivery services (2)

All items for normal delivery	All emergency medicines	All items for complicated delivery
All items for infection prevention, to support quality, delivery room infrastructure, and basic medicines and supplies (from Table 18).	Injectable: Anticonvulsant (magnesium sulfate), antibiotic (penicillin and ampicillin or gentamicin) and quinine.	All items for normal delivery – plus emergency medicines.

Table 20: Newborn Care Practices

Facility has newborn respiratory support	Facility has an external heat source
Bag and mask or tube and mask for resuscitation of the baby.	There is a heat source in the delivery room.

Table 21: Routine Newborn Care Practices in Facilities

Suction with catheter	Immersion bath within 6 hours	Rooming in	Provide OPV to Newborn	Provide BCG to newborn	Provide Vitamin A to mother

**Sexually Transmitted Infections, HIV and AIDS**

Table 22: Availability of STI or HIV/AIDS Services

Facility offers any STI service	Facility offers any HIV/AIDS service	Hospitals that offer any HIV/AIDS services (District Summary only)

Table 23: Availability of Infrastructure and Resources to Support Quality Counseling and Examinations for STIs

All conditions to provide quality counseling	All conditions to provide quality physical exam	All medicines for STIs	Testing capacity for			
			Syphilis	Gonorrhea	Wet Mount	HIV/AIDS
Visual and auditory privacy, Guidelines for Using Syndromic Approach for Diagnosing and Treating STIs, any visual aids or educational materials.	All infection prevention items (soap, water, gloves, disinfecting solution and sharps box), visual privacy, examination bed and examination light.	At least one medicine to treat syphilis (Benzathine penicillin, procaine penicillin, Doxycycline, tetracycline or erythromycin), gonorrhea (Ceftriaxone, ciprofloxacin), trichomoniasis (Metronidazole), and Chlamydia (Doxycycline, tetracycline or erythromycin).	Either venereal disease research laboratory (VDRL) test and functioning microscope	Gram stain reagents and a functioning microscope or culture capacity.	Functioning microscope and slides	Rapid Test

\*N/A written in any column means the service was not offered at this facility and was therefore, not applicable.

Facility Summary – Table 24: Availability of HIV/AIDS Services

Facility provides VCT	For positive cases, facility provides:				
	Medical Follow-up	Diagnosis for TB	Home based care Services	Counseling on PMTCT	Family Planning Services

\*N/A written in any column means the service was not offered at this facility and was therefore, not applicable.

Integrated Disease Surveillance and Response

Table 25: Availability of Staff trained in IDSR and of Guidelines

Staff trained on				Guidelines and Protocols Available			
Use of surveillance forms	Use of case definitions	Use of surveillance data	AFP surveillance	National Technical Guidelines on IDSR	Standard Case Definitions	IDSR Fact Sheets	Standard Treatment Guidelines

## District Summary for Dangbe West, Greater Accra Region

Type of Facility	Number of Facilities
District Hospital	0
Mission/Private Hospital	0
Health Centres	4
Other Facility	0
Total	4

Table 1: Number of trained staff

Medical Doctors	Medical Assistants	Nurses (Prof and Public Health)	Midwives	Community Health Nurses/ Enrolled Nurses	Other Staff	Number of Staff Providing Services in District*
1	3	6	13	29	23	75

Table 2: Percentage of Staff Assigned by Institution

% of Hospitals with a Medical Doctor	% of Health Centres with a Medical Assistant	% of Health Centres with a Nurse (Prof and Public Health)	% of Health Centres with a Midwife	% of Health Centres with a Community Health Nurse
NA	75% (n=4)	75% (n=4)	100% (n=4)	100% (n=4)

Table 3: Availability of Services

% of Facilities that Provide all basic services	% of Facilities that Provide all services at minimum frequency	% of facilities that have Trained staff assigned to the facility
75% (n=4)	75% (n=4)	100% (n=4)

Table 4: Basic Client Amenities:

% of Facilities with Basic client amenities*	% of Facilities with full time electricity*	% of facilities with Water*	% of facilities with all basic amenities*
0% (n=4)	100% (n=4)	100% (n=4)	0% (n=4)

\* All of the facilities had waiting areas for clients, but none of the facilities except Prampram had a toilet for clients. A number of facilities, including Prampram were not clean on the day of the assessment.

Table 5: Quality Assurance (n=4)

% of facilities with a QA Team	Has regular mgt meetings at least every 6 months and documentation?	Referral Form available
0%	100%	100%

Table 6: Supportive Management

% of facility reporting regular external supervision visits	% of providers personally supervised in last 6 months	% of providers who received in-service training in the past 12 months
100% (n=4)	69% (n=13)	84% (n=13)

## Infection Prevention and Hazardous Waste Control

Table 7: Facilities with Capacity for Proper Sterilization or HLD Processing (n=4)

% of Facilities with capacity for proper sterilization or HLD processing			% of Facilities that have sterile storage conditions and processing dates on sterilized items
Equipment	Equipment and knowledge of process time	Equipment, knowledge of process time and automatic timer	
50%	25%	0%	0%

Table 8: Percentage of facilities with all infection prevention items in service delivery areas assessed by the FBA survey, single use towels in service delivery area and an adequate disposal system for contaminated waste (n=4)

All infection control items in service delivery areas	Single-use towel in all service delivery areas	Adequate waste disposal system
0%	0%	0%

Table 9: Availability of Child Health Services (n=4)

% of facilities that have outpatient curative care for children	% of facilities with routine growth monitoring prior to consultation	% of facilities with any childhood immunization	% of facilities with all basic child health services
100%	75%	75%	75%

Table 10: Capacity to Provide Quality Immunization Services

All equipment	All infection prevention elements	Administrative components	All components for providing quality child immunization services	All child vaccines present	All components for providing quality child immunization services (including vaccines)
100% (n=3)	33% (n=3)	100% (n=3)	33% (n=3)	100% (n=3)	33% (n=3)

## Capacity to Provide Quality Curative Care for Sick Children

Table 11: Selected essential components to support quality child health care

% of facilities with all essential equipment and supplies	% of Facilities with all essential medications		All other quality items	All equipment and supplies for providing quality curative child care
	First-line	Pre-referral		
0% (n=4)	100% (n=4)	25% (n=4)	33% (n=3)	0% (n=4)

Table 11a: Provider's Treatment of Sick Child in the Facilities

Provider's practice of asking caretaker about danger signs			% of providers who asked about all of the danger signs	% of providers who treated diarrhea correctly	% of providers who took steps to reduce child's fever during consultation
% who asked about whether child can breastfed/ eat	% who asked if child has had convulsions	% who asked if the child vomits everything			
100% (n=5)	80% (n=5)	60% (n=5)	60% (n=5)	NAY	100% (n=5)

\*Note: The "n" in this table is the total number of observations made in a district. It may reflect multiple observations of the same provider.

Y All observations made were for children presenting with fever.

Table 11b: Provider's Practice of Providing Essential Advice to the Parents (n=5)\*

% of providers who gave advice to the caretaker on				% of providers who gave all this advice
Feeding/Breastfeeding during this illness	Give extra fluids to the child during this illness	Continue feeding or breastfeeding during this illness	Describe the signs or symptoms caretaker should bring child back to facility for	
40%	40%	60%	80%	20%

\*Note: The "n" in this table is the total number of observations made in a district. It may reflect multiple observations of the same provider.

## Family Planning

Table 12: Availability of Family Planning Services

% of facilities with temporary modern methods of contraception	% of facilities that offer counseling on natural methods of contraception	% of hospitals that offer permanent Methods of Contraception	
		Tubal Ligation	Vasectomy
75% (n=4)	75% (n=4)	NA	NA

Table 13: Method and Availability in the Facilities (n=3)

Type of Method	% of facilities that offered	% of facilities who offer method reporting a stock-out in last 6 months
Combined Oral	100%	0%
Progesterone Oral	100%	33%
IUD	100%	0%
Injectable	100%	0%
Norplant	100%	0%
Male Condom	100%	0%
Female Condom	100%	0%
Spermicides	67%	50%
Emergency Contraceptive Pill	0%	NA

Table 14: Availability of Infrastructure and Resources to Support Quality Services for Temporary Methods of Family Planning

% of facilities with protocols or guidelines for family planning	% of facilities with Family Planning Visual Aids	% of facilities with all items for infection prevention in family planning area	% of facilities with conditions for a quality pelvic examination
75% (n=4)	75% (n=4)	33% (n=3)	0% (n=3)

Table 15: Availability of Basic Maternal Health Services

% of facilities with quality counseling resources	% of facilities with all items for infection prevention in ANC service areas	% of facilities with all items for a quality physical exam	% of facilities with all essential supplies for basic antenatal care
75% (n=4)	25% (n=4)	75% (n=4)	100% (n=4)

Table 16: Percentage of Facilities that practice and have recourse for diagnosis and management of common complications of pregnancy

Where STI treatment is provided by ANC provider	With medicines to manage common complications of pregnancy	Facilities with testing capacity for			
		Urine protein	Anemia	Syphilis	HIV/AIDS)
				(Hospitals Only)	
75% (n=4)	25% (n=4)*	100% (n=4)	100% (n=4)	NA	NA

\*Commonly, facilities were missing clotrimazole vaginal for treating STIs.

Table 17: Percentage of Facilities with Maternal Health Services

Ante-natal care	Normal delivery services	Hospitals offering Caesarian Section	Procedure for Emergency transportation in case of maternity emergency	Documented official program supportive of TBAs
100% (n=4)	100% (n=4)	NA	75% (n=4)	100% (n=4)

Table 18: Percentage of Facilities with all elements for quality delivery services

All infection prevention items	All items to support quality delivery services	All delivery room infrastructure and furnishings	All basic supplies for delivery	All basic medicines and equipment for normal delivery
75% (n=4)	100% (n=4)	100% (n=3)	25% (n=4)	100% (n=4)

Table 19: Availability of elements for quality delivery services (2)

All items for normal delivery	All emergency medicines	All items for complicated delivery
25% (n=4)	0% (n=4)	0% (n=4)

Table 20: Percentage of Facilities with Newborn Care Equipment

Facility has newborn respiratory support	Facility has an external heat source
0% (n=4)	0% (n=4)

Table 21: Percentage of Facilities Following Routine Newborn Care Practices

Suction with catheter	Immersion bath within 6 hours	Rooming in	Provide OPV to Newborn	Provide BCG to newborn	Provide Vitamin A to mother
25% (n=4)	100% (n=4)	100% (n=4)	0% (n=4)	0% (n=4)	75% (n=4)

Table 22: Percentage of Facilities Offering and STI or HIV/AIDS Services

Facility offers any STI service	Facility offers any HIV/AIDS service	Hospitals that offer any HIV/AIDS services
100% (n=4)	25% (n=4)	NA

**Table 23: Availability of Infrastructure and Resources to Support Quality Counseling and Examinations for STIs (n=4)**

All conditions to provide quality counseling	All conditions to provide quality physical exam	All medicines for STIs	Testing capacity for			
			Syphilis	Gonorrhoea	Wet Mount	HIV/AIDS*
0%	0%	50%	0%	0%	0%	0% (n=1)

\* For facilities that offer any HIV/AIDS services.

**Table 24: Training Background for Provider's Caring for STI and HIV/AIDS clients**

% of providers interviewed who provide STI services	69% (n=13)
Of providers giving services % who received pre-service training on: (n= 9)	
How to counsel for prevention of STIs	78%
Clinical diagnosis and treatment of STIs	78%
Syndromic diagnosis and treatment of STIs	78%
How to counsel for prevention of HIV/AIDS	56%
Counseling and social support needs for HIV/AIDS infected clients	25% (n=8)
Medical management of HIV/AIDS	13% (n=8)
Anti-retroviral therapy for HIV/AIDS	11%
Diagnosis and treatment of TB	89%

**Table 25: Provider Knowledge of STI Examination Procedures (Men) of those who provide STI services**

% providing STI services to Men (n=11)	% who provide physical exam (men) (n=11)	Providers description of how they do a physical exam for STIs (men) (n=9)				
			Ask patient to undress so that genitals are exposed	Examine the patient for urethral/penile discharge	Examine the genitals for lesions	Retract the foreskin fully
89%	67%	% Yes spontaneous	100 %	100 %	83%	17%
		% Yes probed	0%	0%	17%	83%
		% No	0%	0%	0%	0%

**Table 26: Provider Knowledge of STI Examination Procedures (Women)**

% providing STI services to women	% who provide physical exam women)	Providers description of how they do a physical exam for STIs (women) (n=8)						
			Ask patient to undress so that genitals are exposed	Ask patient to lie down	Examine patient for lesions on vulva and labia	Examine the patient for vaginal discharge	Perform pelvic examination with a speculum	Perform a bi-manual examination
100% (n=9)	55.5% (n=9)	% Yes spontaneous	100%	100%	88%	100%	50%	25%
		% Yes probed	0%	0%	12%	0%	12.5%	37.5%
		% No	0%	0%	0%	0%	37.5%	37.5%

Table 27: Availability of HIV/AIDS Services for Facilities Offer VCT

% of facilities in District that provide VCT (n=4)	For positive cases, facility provides (n=0):				
	Medical Follow-up	Diagnosis for TB	Home based care Services	Counseling on PMTCT	Family Planning Services
0%	NA	NA	NA	NA	NA

## Integrated Disease Surveillance and Response

Table 28: Availability of Staff trained in IDSR and of Guidelines (n=4)

% of Facilities with at least 1 Staff trained on				% of facilities that have Guidelines and Protocols Available			
Use of surveillance forms	Use of case definitions	Use of surveillance data	AFP surveillance	National Technical Guidelines on IDSR	Standard Case Definitions	IDSR Fact Sheets	Standard Treatment Guidelines
50%	50%	75%	75%	0% (n=2)	0% (n=2)	0% (n=2)	100%

Table 29: Sick Child Caretaker Satisfaction with Facilities (n=5)

Client Satisfaction with:	Satisfied	Not Satisfied	Don't Know
Time client waited	60%	40%	0%
Ability to discuss problems or concerns about child's health with health worker	60%	40%	0%
Amount of explanation about the problem or treatment	80%	20%	0%
Quality of the examination	100%	0%	0%
Privacy from others seeing the examination	60%	40%	0%
Privacy from others hearing discussion	60%	40%	0%
Availability of medicines at the facility	60%	0%	40%
The hours of the services	40%	0%	60%
Cleanliness of the facility	40%	60%	0%
How staff treated you	100%	0%	0%

Table 30: Percentage of Caretakers who are repeat clients at the facility

Percentage of Caretakers who have been to that facility before either as a patient or accompanying a patient	80% (n=4)
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## Facility Summary: Asutare Health Centre

District: Dangbe West

Table 1: Number of trained staff:

Medical Doctors	Medical Assistants	Nurses (Prof and Public Health)	Midwives	Community Health Nurses/ Enrolled Nurses	Other Staff	Total Number of Staff Providing Services
0	1	0	2	1	4	8

Table 2: Caseload in 2003

Family Planning	ANC	PNC	Delivery	Caesarian	IMCI	STI	VCT
ND	405	DK	DK	NA	DK	DK	NA

Table 3: Availability of Services

Provide all basic services	Provide all services at minimum frequency	Trained staff assigned to the facility
No	No	Yes

Table 4: Basic Client Amenities:

Basic client amenities	Electricity	Water	All basic amenities
No	Yes	Yes	No

Table 5: Quality Assurance

Has QA Team?	Has regular mgt meetings at least every 6 months and documentation?	Referral Form available
No	Yes	Yes

Table 6: Supportive Management

Has regular facility level external supervision visits?	% of providers personally supervised in last 6 months	% of providers who received in-service training in the past 12 months	Facility has all supportive management practices
Yes	100%(n=3)	100% (n=3)	Yes

## Infection Prevention and Hazardous Waste Control

Table 7: Facilities with Capacity for Proper Sterilization or HLD Processing

Facilities with capacity for proper sterilization or HLD processing			Facility has sterile storage conditions and processing dates on sterilized items
Equipment	Equipment and knowledge of process time	Equipment, knowledge of process time and automatic timer	
No	No	No	No

Table 8: Percentage of facilities with all infection prevention items in service delivery areas assessed by the FBA survey, single use towels in service delivery area and an adequate disposal system for contaminated waste.

All infection control items in service delivery areas	Single-use towel in all service delivery areas	Adequate waste disposal system
No	No	No

## Capacity to Provide Quality Curative Care for Sick Children

Table 9: Availability of Child Health Services

Outpatient curative care for children	Routine growth monitoring prior to curative care	Any childhood immunization at the facility	All basic child health services
Yes	No	No	No

Table 10: Capacity to Provide Quality Immunization Services

All equipment	All infection prevention elements	Administrative components	All components for providing quality child immunization services	All child vaccines present	All components for providing quality child immunization services (including vaccines)
NA	NA	NA	NA	NA	NA

Table 11: Selected essential components to support quality child health care

All essential equipment and supplies	All essential medications		All other quality items	All equipment and supplies for providing quality curative child care
	First-line	Pre-referral		
No	Yes	No	No	No

## Family Planning

Table 12: Availability of Family Planning Services

Temporary or modern methods of contraception	Counseling on Natural Methods of family planning	Permanent Methods of Contraception	
		Tubal Ligation	Vasectomy
No	No	No	No

Table 13: Method and Availability in the Facility

Method	Offered	Stock-out in last 6 months
Combined Oral	No	N/A
Progesterone Oral	No	N/A
IUD	No	N/A
Injectable	No	N/A
Norplant	No	N/A
Male Condom	No	N/A
Female Condom	No	N/A
Spermicides	No	N/A
Diaphragm	No	N/A
Emergency Contraceptive Pill	No	N/A

Table 14: Availability of Infrastructure and Resources to Support Quality Services for Temporary Methods of Family Planning

Protocols or guidelines for family planning	Visual Aids	All items for infection prevention	Conditions for a quality pelvic examination
No	No	NA	ND

## Maternal Health Services

Table 15: Availability of Basic Maternal Health Services

Quality counseling	Infection Prevention	Quality physical exam	Essential supplies for basic antenatal care
No	No	No	Yes

Table 16: Facility practices and has recourse for diagnosis and management of common complications of pregnancy

Where STI treatment is provided by ANC provider	With medicines to manage common complications of pregnancy	Facilities with testing capacity for			
		Urine protein	Anemia	Syphilis*	HIV/AIDS*
Yes	No	Yes	Yes	NA	NA

\*Hospitals Only

Table 17: Availability of Maternal Health Services

Ante-natal care	Normal delivery services	Caesarian Section	Procedure for Emergency transportation in case of maternity emergency	Documented official program supportive of TBAs
Yes	Yes	No	Yes	Yes

Table 18: Availability of elements for quality delivery services

All infection prevention items	All items to support quality delivery services	All delivery room infrastructure and furnishings	All basic supplies for delivery	All basic medicines and eqpt for normal delivery
No	Yes	No	No	Yes

Table 19: Availability of elements for quality delivery services (2)

All items for normal delivery	All emergency medicines	All items for complicated delivery
No	No	No

## Newborn Care Practices

Table 20: Newborn Care Practices

Facility has newborn respiratory support	Facility has an external heat source
No	No

Table 21: Routine Newborn Care Practices in Facilities

Suction with catheter	Immersion bath within 6 hours	Rooming in	Provide OPV to Newborn	Provide BCG to newborn	Provide Vitamin A to mother
No	No	Yes	No	No	Yes

## Sexually Transmitted Infections, HIV and AIDs Services

Table 22: Availability of STI or HIV/AIDS Services

Facility offers any STI service	Facility offers any HIV/AIDS service
Yes	No

Table 23: Availability of Infrastructure and Resources to Support Quality Counseling and Examinations for STIs

All conditions to provide quality counseling	All conditions to provide quality physical exam	All medicines for STIs	Testing capacity for			
			Syphilis	Gonorrhea	Wet Mount	HIV/AIDS
No	No	Yes	No	No	No	No

Table 24: Availability of HIV/AIDS Services

Facility provides VCT	For positive cases, facility provides:				
	Medical Follow-up	Diagnosis for TB	Home based care Services	Counseling on PMTCT	Family Planning Services
No	N/A	N/A	N/A	N/A	N/A

## Integrated Disease Surveillance and Response

Table 25: Availability of Staff trained in IDSR and of Guidelines

Staff trained on				Guidelines and Protocols Available			
Use of surveillance forms	Use of case definitions	Use of surveillance data	AFP surveillance	National Technical Guidelines on IDSR	Standard Case Definitions	IDSR Fact Sheets	Standard Treatment Guidelines
No	No	Yes	Yes	No	No	No	Yes

## Facility Summary: Dodowa Health Centre

District: Dangbe West

Table 1: Number of trained staff:

Medical Doctors	Medical Assistants	Nurses (Prof and Public Health)	Midwives	Community Health Nurses/ Enrolled Nurses	Other Staff	Total Number of Staff Providing Services
1	1	3	5	12	8	30

Table 2: Caseload in 2003

Family Planning	ANC	PNC	Delivery	Caesarian	IMCI	STI	VCT
327	863	119	265	NA	DK	DK	DK

Table 3: Availability of Services

Provide all basic services	Provide all services at minimum frequency	Trained staff assigned to the facility
Yes	Yes	Yes

Table 4: Basic Client Amenities:

Basic client amenities	Electricity	Water	All basic amenities
No	Yes	Yes	No

Table 5: Quality Assurance

Has QA Team?	Has regular mgt meetings at least every 6 months and documentation?	Referral Form available
No	ND	Yes

Table 6: Supportive Management

Has regular facility level external supervision visits?	% of providers personally supervised in last 6 months	% of providers who received in-service training in the past 12 months	Facility has all supportive management practices
Yes	0% (n=4)	50% (n=4)	No

## Infection Prevention and Hazardous Waste Control

Table 7: Facilities with Capacity for Proper Sterilization or HLD Processing

Facilities with capacity for proper sterilization or HLD processing			Facility has sterile storage conditions and processing dates on sterilized items
Equipment	Equipment and knowledge of process time	Equipment, knowledge of process time and automatic timer	
Yes	No	No	No

Table 8: Percentage of facilities with all infection prevention items in service delivery areas assessed by the FBA survey, single use towels in service delivery area and an adequate disposal system for contaminated waste.

All infection control items in service delivery areas	Single-use towel in all service delivery areas	Adequate waste disposal system
No	No	No

## Capacity to Provide Quality Curative Care for Sick Children

Table 9: Availability of Child Health Services

Outpatient curative care for children	Routine growth monitoring prior to curative care	Any childhood immunization at the facility	All basic child health services
Yes	Yes	Yes	Yes

Table 10: Capacity to Provide Quality Immunization Services

All equipment	All infection prevention elements	Administrative components	All components for providing quality child immunization services	All child vaccines present	All components for providing quality child immunization services (including vaccines)
Yes	No	Yes	No	Yes	No

Table 11: Selected essential components to support quality child health care

All essential equipment and supplies	All essential medications		All other quality items	All equipment and supplies for providing quality curative child care
	First-line	Pre-referral		
No	Yes	Yes	No	No

## Family Planning

Table 12: Availability of Family Planning Services

Temporary or modern methods of contraception	Counseling on Natural Methods of family planning	Permanent Methods of Contraception	
		Tubal Ligation	Vasectomy
Yes	Yes	No	No

Table 13: Method and Availability in the Facility

Method	Offered	Stock-out in last 6 months
Combined Oral	Yes	No
Progesterone Oral	Yes	Yes
IUD	Yes	No
Injectable	Yes	No
Norplant	Yes	No
Male Condom	Yes	No
Female Condom	Yes	No
Spermicides	Yes	Yes
Diaphragm	No	N/A
Emergency Contraceptive Pill	No	N/A

Table 14: Availability of Infrastructure and Resources to Support Quality Services for Temporary Methods of Family Planning

Protocols or guidelines for family planning	Visual Aids	All items for infection prevention	Conditions for a quality pelvic examination
Yes	Yes	Yes	No

## Maternal Health Services

Table 15: Availability of Basic Maternal Health Services

Quality counseling	Infection Prevention	Quality physical exam	Essential supplies for basic antenatal care
Yes	No	Yes	Yes

Table 16: Facility practices and has recourse for diagnosis and management of common complications of pregnancy

Where STI treatment is provided by ANC provider	With medicines to manage common complications of pregnancy	Facilities with testing capacity for			
		Urine protein	Anemia	Syphilis*	HIV/AIDS*
Yes	Yes	Yes	Yes	NA	NA

\*Hospitals Only

Table 17: Availability of Maternal Health Services

Ante-natal care	Normal delivery services	Caesarian Section	Procedure for Emergency transportation in case of maternity emergency	Documented official program supportive of TBAs
Yes	Yes	No	No	Yes

Table 18: Availability of elements for quality delivery services

All infection prevention items	All items to support quality delivery services	All delivery room infrastructure and furnishings	All basic supplies for delivery	All basic medicines and eqpt for normal delivery
Yes	Yes	Yes	No	Yes

Table 19: Availability of elements for quality delivery services (2)

All items for normal delivery	All emergency medicines	All items for complicated delivery
No	No	No

## **Newborn Care Practices**

Table 20: Newborn Care Practices

Facility has newborn respiratory support	Facility has an external heat source
No	No

Table 21: Routine Newborn Care Practices in Facilities

Suction with catheter	Immersion bath within 6 hours	Rooming in	Provide OPV to Newborn	Provide BCG to newborn	Provide Vitamin A to mother
Yes	Yes	Yes	No	No	Yes

## Sexually Transmitted Infections, HIV and AIDs Services

Table 22: Availability of STI or HIV/AIDS Services

Facility offers any STI service	Facility offers any HIV/AIDS service
Yes	Yes

Table 23: Availability of Infrastructure and Resources to Support Quality Counseling and Examinations for STIs

All conditions to provide quality counseling	All conditions to provide quality physical exam	All medicines for STIs	Testing capacity for			
			Syphilis	Gonorrhea	Wet Mount	HIV/AIDS
No	No	Yes	No	No	No	No

Table 24: Availability of HIV/AIDS Services

Facility provides VCT	For positive cases, facility provides:				
	Medical Follow-up	Diagnosis for TB	Home based care Services	Counseling on PMTCT	Family Planning Services
No	N/A	N/A	N/A	N/A	N/A

## Integrated Disease Surveillance and Response

Table 25: Availability of Staff trained in IDSR and of Guidelines

Staff trained on				Guidelines and Protocols Available			
Use of surveillance forms	Use of case definitions	Use of surveillance data	AFP surveillance	National Technical Guidelines on IDSR	Standard Case Definitions	IDSR Fact Sheets	Standard Treatment Guidelines
No	No	No	No	No	No	No	Yes

## Facility Summary: Ningo Health Centre

District: Dangbe West

Table 1: Number of trained staff:

Medical Doctors	Medical Assistants	Nurses (Prof and Public Health)	Midwives	Community Health Nurses/ Enrolled Nurses	Other Staff	Total Number of Staff Providing Services
0	0	2	3	8	5	18

Table 2: Caseload in 2003

Family Planning	ANC	PNC	Delivery	Caesarian	IMCI	STI	VCT
59	2153	DK	178	NA	DK	DK	NA

Table 3: Availability of Services

Provide all basic services	Provide all services at minimum frequency	Trained staff assigned to the facility
Yes	Yes	Yes

Table 4: Basic Client Amenities:

Basic client amenities	Electricity	Water	All basic amenities
No	Yes	Yes	No

Table 5: Quality Assurance

Has QA Team?	Has regular mgt meetings at least every 6 months and documentation?	Referral Form available
No	Yes	Yes

Table 6: Supportive Management

Has regular facility level external supervision visits?	% of providers personally supervised in last 6 months	% of providers who received in-service training in the past 12 months	Facility has all supportive management practices
Yes	100% (n=2)	100% (n=2)	Yes

## Infection Prevention and Hazardous Waste Control

Table 7: Facilities with Capacity for Proper Sterilization or HLD Processing

Facilities with capacity for proper sterilization or HLD processing			Facility has sterile storage conditions and processing dates on sterilized items
Equipment	Equipment and knowledge of process time	Equipment, knowledge of process time and automatic timer	
No	No	No	No

Table 8: Percentage of facilities with all infection prevention items in service delivery areas assessed by the FBA survey, single use towels in service delivery area and an adequate disposal system for contaminated waste.

All infection control items in service delivery areas	Single-use towel in all service delivery areas	Adequate waste disposal system
No	No	No

## Capacity to Provide Quality Curative Care for Sick Children

Table 9: Availability of Child Health Services

Outpatient curative care for children	Routine growth monitoring prior to curative care	Any childhood immunization at the facility	All basic child health services
Yes	Yes	Yes	Yes

Table 10: Capacity to Provide Quality Immunization Services

All equipment	All infection prevention elements	Administrative components	All components for providing quality child immunization services	All child vaccines present	All components for providing quality child immunization services (including vaccines)
Yes	No	Yes	No	Yes	No

Table 11: Selected essential components to support quality child health care

All essential equipment and supplies	All essential medications		All other quality items	All equipment and supplies for providing quality curative child care
	First-line	Pre-referral		
No	Yes	No	ND	No

## Family Planning

Table 12: Availability of Family Planning Services

Temporary or modern methods of contraception	Counseling on Natural Methods of family planning	Permanent Methods of Contraception	
		Tubal Ligation	Vasectomy
Yes	Yes	No	No

Table 13: Method and Availability in the Facility

Method	Offered	Stock-out in last 6 months
Combined Oral	Yes	No
Progesterone Oral	Yes	No
IUD	Yes	No
Injectable	Yes	No
Norplant	Yes	No
Male Condom	Yes	No
Female Condom	Yes	No
Spermicides	No	N/A
Diaphragm	No	N/A
Emergency Contraceptive Pill	No	N/A

Table 14: Availability of Infrastructure and Resources to Support Quality Services for Temporary Methods of Family Planning

Protocols or guidelines for family planning	Visual Aids	All items for infection prevention	Conditions for a quality pelvic examination
Yes	Yes	No	No

## Maternal Health Services

Table 15: Availability of Basic Maternal Health Services

Quality counseling	Infection Prevention	Quality physical exam	Essential supplies for basic antenatal care
Yes	No	Yes	Yes

Table 16: Facility practices and has recourse for diagnosis and management of common complications of pregnancy

Where STI treatment is provided by ANC provider	With medicines to manage common complications of pregnancy	Facilities with testing capacity for			
		Urine protein	Anemia	Syphilis*	HIV/AIDS*
Yes	No	Yes	Yes	NA	NA

\*Hospitals Only

Table 17: Availability of Maternal Health Services

Ante-natal care	Normal delivery services	Caesarian Section	Procedure for Emergency transportation in case of maternity emergency	Documented official program supportive of TBAs
Yes	Yes	No	Yes	Yes

Table 18: Availability of elements for quality delivery services

All infection prevention items	All items to support quality delivery services	All delivery room infrastructure and furnishings	All basic supplies for delivery	All basic medicines and eqpt for normal delivery
Yes	Yes	Yes	No	Yes

Table 19: Availability of elements for quality delivery services (2)

All items for normal delivery	All emergency medicines	All items for complicated delivery
No	No	No

## **Newborn Care Practices**

Table 20: Newborn Care Practices

Facility has newborn respiratory support	Facility has an external heat source
No	No

Table 21: Routine Newborn Care Practices in Facilities

Suction with catheter	Immersion bath within 6 hours	Rooming in	Provide OPV to Newborn	Provide BCG to newborn	Provide Vitamin A to mother
No	Yes	Yes	No	No	Yes

## Sexually Transmitted Infections, HIV and AIDs Services

Table 22: Availability of STI or HIV/AIDS Services

Facility offers any STI service	Facility offers any HIV/AIDS service
Yes	No

Table 23: Availability of Infrastructure and Resources to Support Quality Counseling and Examinations for STIs

All conditions to provide quality counseling	All conditions to provide quality physical exam	All medicines for STIs	Testing capacity for			
			Syphilis	Gonorrhea	Wet Mount	HIV/AIDS
No	No	No	No	No	No	No

Table 24: Availability of HIV/AIDS Services

Facility provides VCT	For positive cases, facility provides:				
	Medical Follow-up	Diagnosis for TB	Home based care Services	Counseling on PMTCT	Family Planning Services
No	N/A	N/A	N/A	N/A	N/A

## Integrated Disease Surveillance and Response

Table 25: Availability of Staff trained in IDSR and of Guidelines

Staff trained on				Guidelines and Protocols Available			
Use of surveillance forms	Use of case definitions	Use of surveillance data	AFP surveillance	National Technical Guidelines on IDSR	Standard Case Definitions	IDSR Fact Sheets	Standard Treatment Guidelines
Yes	Yes	Yes	Yes	No	No	No	Yes

Facility Summary: Prampram Health Centre

District: Dangbe West

Table 1: Number of trained staff:

Medical Doctors	Medical Assistants	Nurses (Prof and Public Health)	Midwives	Community Health Nurses/ Enrolled Nurses	Other Staff	Total Number of Staff Providing Services
0	1	1	3	8	6	19

Table 2: Caseload in 2003

Family Planning	ANC	PNC	Delivery	Caesarian	IMCI	STI	VCT
340	3214	288	358	NA	DK	DK	NA

Table 3: Availability of Services

Provide all basic services	Provide all services at minimum frequency	Trained staff assigned to the facility
Yes	Yes	Yes

Table 4: Basic Client Amenities:

Basic client amenities	Electricity	Water	All basic amenities
No	Yes	Yes	No

Table 5: Quality Assurance

Has QA Team?	Has regular mgt meetings at least every 6 months and documentation?	Referral Form available
No	Yes	Yes

Table 6: Supportive Management

Has regular facility level external supervision visits?	% of providers personally supervised in last 6 months	% of providers who received in-service training in the past 12 months	Facility has all supportive management practices
Yes	100% (n=4)	100% (n=4)	Yes

## Infection Prevention and Hazardous Waste Control

Table 7: Facilities with Capacity for Proper Sterilization or HLD Processing

Facilities with capacity for proper sterilization or HLD processing			Facility has sterile storage conditions and processing dates on sterilized items
Equipment	Equipment and knowledge of process time	Equipment, knowledge of process time and automatic timer	
Yes	Yes	No	No

Table 8: Percentage of facilities with all infection prevention items in service delivery areas assessed by the FBA survey, single use towels in service delivery area and an adequate disposal system for contaminated waste.

All infection control items in service delivery areas	Single-use towel in all service delivery areas	Adequate waste disposal system
No	No	No

## Capacity to Provide Quality Curative Care for Sick Children

Table 9: Availability of Child Health Services

Outpatient curative care for children	Routine growth monitoring prior to curative care	Any childhood immunization at the facility	All basic child health services
Yes	Yes	Yes	Yes

Table 10: Capacity to Provide Quality Immunization Services

All equipment	All infection prevention elements	Administrative components	All components for providing quality child immunization services	All child vaccines present	All components for providing quality child immunization services (including vaccines)
Yes	Yes	Yes	Yes	Yes	Yes

Table 11: Selected essential components to support quality child health care

All essential equipment and supplies	All essential medications		All other quality items	All equipment and supplies for providing quality curative child care
	First-line	Pre-referral		
No	Yes	No	Yes	No

## Family Planning

Table 12: Availability of Family Planning Services

Temporary or modern methods of contraception	Counseling on Natural Methods of family planning	Permanent Methods of Contraception	
		Tubal Ligation	Vasectomy
Yes	Yes	No	No

Table 13: Method and Availability in the Facility

Method	Offered	Stock-out in last 6 months
Combined Oral	Yes	No
Progesterone Oral	Yes	No
IUD	Yes	No
Injectable	Yes	No
Norplant	Yes	No
Male Condom	Yes	No
Female Condom	Yes	No
Spermicides	Yes	No
Diaphragm	No	N/A
Emergency Contraceptive Pill	No	N/A

Table 14: Availability of Infrastructure and Resources to Support Quality Services for Temporary Methods of Family Planning

Protocols or guidelines for family planning	Visual Aids	All items for infection prevention	Conditions for a quality pelvic examination
Yes	Yes	No	No

## Maternal Health Services

Table 15: Availability of Basic Maternal Health Services

Quality counseling	Infection Prevention	Quality physical exam	Essential supplies for basic antenatal care
Yes	Yes	Yes	Yes

Table 16: Facility practices and has recourse for diagnosis and management of common complications of pregnancy

Where STI treatment is provided by ANC provider	With medicines to manage common complications of pregnancy	Facilities with testing capacity for			
		Urine protein	Anemia	Syphilis*	HIV/AIDS*
No	No	Yes	Yes	NA	NA

\*Hospitals Only

Table 17: Availability of Maternal Health Services

Ante-natal care	Normal delivery services	Caesarian Section	Procedure for Emergency transportation in case of maternity emergency	Documented official program supportive of TBAs
Yes	Yes	No	Yes	Yes

Table 18: Availability of elements for quality delivery services

All infection prevention items	All items to support quality delivery services	All delivery room infrastructure and furnishings	All basic supplies for delivery	All basic medicines and eqpt for normal delivery
Yes	Yes	Yes	Yes	Yes

Table 19: Availability of elements for quality delivery services (2)

All items for normal delivery	All emergency medicines	All items for complicated delivery
Yes	No	No

## **Newborn Care Practices**

Table 20: Newborn Care Practices

Facility has newborn respiratory support	Facility has an external heat source
No	No

Table 21: Routine Newborn Care Practices in Facilities

Suction with catheter	Immersion bath within 6 hours	Rooming in	Provide OPV to Newborn	Provide BCG to newborn	Provide Vitamin A to mother
No	Yes	Yes	No	No	No

## Sexually Transmitted Infections, HIV and AIDs Services

Table 22: Availability of STI or HIV/AIDS Services

Facility offers any STI service	Facility offers any HIV/AIDS service
Yes	No

Table 23: Availability of Infrastructure and Resources to Support Quality Counseling and Examinations for STIs

All conditions to provide quality counseling	All conditions to provide quality physical exam	All medicines for STIs	Testing capacity for			
			Syphilis	Gonorrhea	Wet Mount	HIV/AIDS
No	No	No	No	No	No	No

Table 24: Availability of HIV/AIDS Services

Facility provides VCT	For positive cases, facility provides:				
	Medical Follow-up	Diagnosis for TB	Home based care Services	Counseling on PMTCT	Family Planning Services
No	N/A	N/A	N/A	N/A	N/A

## Integrated Disease Surveillance and Response

Table 25: Availability of Staff trained in IDSR and of Guidelines

Staff trained on				Guidelines and Protocols Available			
Use of surveillance forms	Use of case definitions	Use of surveillance data	AFP surveillance	National Technical Guidelines on IDSR	Standard Case Definitions	IDSR Fact Sheets	Standard Treatment Guidelines
Yes	Yes	Yes	Yes	No	No	No	Yes

## Facility Summary: Ridge Regional Hospital

Table 1: Number of trained staff:

Medical Doctors	Medical Assistants	Nurses (Prof and Public Health)	Midwives	Community Health Nurses	Other Staff	Total Number of Staff Providing Services
41	2	14	51	38	604	750

Table 2: Caseload in 2003

Family Planning	ANC	PNC	Delivery	Caesarian	IMCI	STI	VCT
750	528	2396	1496	548	DK	ND	59

Table 3: Availability of Services

Provide all basic services	Provide all services at minimum frequency	Trained staff assigned to the facility
Yes	Yes	Yes

Table 4: Basic Client Amenities:

Basic client amenities	Electricity	Water	All basic amenities
Yes	Yes	Yes	Yes

Table 5: Quality Assurance

Has QA Team?	Has regular mgt meetings at least every 6 months and documentation?	Referral Form available
No	Yes	Yes

Table 6: Supportive Management

Has regular facility level external supervision visits?	% of providers personally supervised in last 6 months	% of providers who received in-service training in the past 12 months	Facility has all supportive management practices
No	25% (n=4)	75% (n=4)	No

## Infection Prevention and Hazardous Waste Control

Table 7: Facilities with Capacity for Proper Sterilization or HLD Processing

Facilities with capacity for proper sterilization or HLD processing			Facility has sterile storage conditions and processing dates on sterilized items
Equipment	Equipment and knowledge of process time	Equipment, knowledge of process time and automatic timer	
Yes	Yes	Yes	Yes

Table 8: Percentage of facilities with all infection prevention items in service delivery areas assessed by the FBA survey, single use towels in service delivery area and an adequate disposal system for contaminated waste.

All infection control items in service delivery areas	Single-use towel in all service delivery areas	Adequate waste disposal system
No	Yes	No

## Capacity to Provide Quality Curative Care for Sick Children

Table 9: Availability of Child Health Services

Outpatient curative care for children	Routine growth monitoring prior to curative care	Any childhood immunization at the facility	All basic child health services
Yes	Yes	Yes	Yes

Table 10: Capacity to Provide Quality Immunization Services

All equipment	All infection prevention elements	Administrative components	All components for providing quality child immunization services	All child vaccines present	All components for providing quality child immunization services (including vaccines)
Yes	Yes	Yes	Yes	Yes	Yes

Table 11: Selected essential components to support quality child health care

All essential equipment and supplies	All essential medications		All other quality items	All equipment and supplies for providing quality curative child care
	First-line	Pre-referral		
No	Yes	Yes	No	No

## Family Planning

Table 12: Availability of Family Planning Services

Temporary or modern methods of contraception	Natural Methods of Family Planning	Permanent Methods of Contraception	
		Tubal Ligation	Vasectomy
Yes	Yes	Yes	No

Table 13: Method and Availability in the Facility

Method	Offered	Stock-out in last 6 months
Combined Oral	Yes	No
Progesterone Oral	Yes	No
IUD	Yes	No
Injectable	Yes	No
Norplant	Yes	No
Male Condom	Yes	No
Female Condom	Yes	No
Spermicides	Yes	No
Diaphragm	No	N/A
Emergency Contraceptive Pill	No	N/A

Table 14: Availability of Infrastructure and Resources to Support Quality Services for Temporary Methods of Family Planning

Protocols or guidelines for family planning	Visual Aids	All items for infection prevention	Conditions for a quality pelvic examination
Yes	Yes	Yes	Yes

## Maternal Health Services

Table 15: Availability of Basic Maternal Health Services

Quality counseling	Infection Prevention	Quality physical exam	Essential supplies for basic antenatal care
Yes	No	No	Yes

Table 16: Facility practices and has recourse for diagnosis and management of common complications of pregnancy

Where STI treatment is provided by ANC provider	With medicines to manage common complications of pregnancy	Facilities with testing capacity for			
		Urine protein	Anemia	Syphilis*	HIV/AIDS*
No	No	Yes	Yes	Yes	Yes

\*Hospitals Only

Table 17: Availability of Maternal Health Services

Ante-natal care	Normal delivery services	Caesarian Section	Procedure for Emergency transportation in case of maternity emergency	Documented official program supportive of TBAs
Yes	Yes	Yes	Yes	No

Table 18: Availability of elements for quality delivery services

All infection prevention items	All items to support quality delivery services	All delivery room infrastructure and furnishings	All basic supplies for delivery	All basic medicines and eqpt for normal delivery
Yes	Yes	No	Yes	Yes

Table 19: Availability of elements for quality delivery services (2)

All items for normal delivery	All emergency medicines	All items for complicated delivery
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## **Newborn Care Practices**

Table 20: Newborn Care Practices

Facility has newborn respiratory support	Facility has an external heat source
No	No

Table 21: Routine Newborn Care Practices in Facilities

Suction with catheter	Immersion bath within 6 hours	Rooming in	Provide OPV to Newborn	Provide BCG to newborn	Provide Vitamin A to mother
Yes	Yes	Yes	Yes	Yes	Yes

## Sexually Transmitted Infections, HIV and AIDs Services

Table 22: Availability of STI or HIV/AIDS Services

Facility offers any STI service	Facility offers any HIV/AIDS service
Yes*	Yes

\*No further information about STI Services was available on the day of the assessment

Table 23: Availability of Infrastructure and Resources to Support Quality Counseling and Examinations for STIs

All conditions to provide quality counseling	All conditions to provide quality physical exam	All medicines for STIs	Testing capacity for			
			Syphilis	Gonorrhea	Wet Mount	HIV/AIDS
ND	ND	ND	ND	ND	ND	ND

Table 24: Availability of HIV/AIDS Services

Facility provides VCT	For positive cases, facility provides:				
	Medical Follow-up	Diagnosis for TB	Home based care Services	Counseling on PMTCT	Family Planning Services
Yes	No	Yes	No	No	Yes

## Integrated Disease Surveillance and Response

Table 25: Availability of Staff trained in IDSR and of Guidelines

Staff trained on				Guidelines and Protocols Available			
Use of surveillance forms	Use of case definitions	Use of surveillance data	AFP surveillance	National Technical Guidelines on IDSR	Standard Case Definitions	IDSR Fact Sheets	Standard Treatment Guidelines
Yes	Yes	Yes	Yes	No	No	No	Yes

Facility Summary: La General Hospital – High Volume Facility

District: Accra Metropolis

Table 1: Number of trained staff:

Medical Doctors	Medical Assistants	Nurses (Prof and Public Health)	Midwives	Community Health Nurses/ Enrolled Nurses	Other Staff	Total Number of Staff Providing Services
14	4	49	60	76	44	247

Table 2: Caseload in 2003

Family Planning	ANC	PNC	Delivery	Caesarian	IMCI	STI	VCT
1179	23851	4481	4226	448	DK	DK	76

Table 3: Availability of Services

Provide all basic services	Provide all services at minimum frequency	Trained staff assigned to the facility
Yes	Yes	Yes

Table 4: Basic Client Amenities:

Basic client amenities	Electricity	Water	All basic amenities
Yes	Yes	Yes	Yes

Table 5: Quality Assurance

Has QA Team?	Has regular mgt meetings at least every 6 months and documentation?	Referral Form available
Yes	Yes	Yes

Table 6: Supportive Management

Has regular facility level external supervision visits?	% of providers personally supervised in last 6 months	% of providers who received in-service training in the past 12 months	Facility has all supportive management practices
Yes	60% (n=5)	20% (n=5)	No

## Infection Prevention and Hazardous Waste Control

Table 7: Facilities with Capacity for Proper Sterilization or HLD Processing

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Equipment	Equipment and knowledge of process time	Equipment, knowledge of process time and automatic timer	
Yes	Yes	No	No

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Outpatient curative care for children	Routine growth monitoring prior to curative care	Any childhood immunization at the facility	All basic child health services
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All equipment	All infection prevention elements	Administrative components	All components for providing quality child immunization services	All child vaccines present	All components for providing quality child immunization services (including vaccines)
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Table 11: Selected essential components to support quality child health care

All essential equipment and supplies	All essential medications		All other quality items	All equipment and supplies for providing quality curative child care
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Quality counseling	Infection Prevention	Quality physical exam	Essential supplies for basic antenatal care
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Where STI treatment is provided by ANC provider	With medicines to manage common complications of pregnancy	Facilities with testing capacity for			
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## Sexually Transmitted Infections, HIV and AIDs Services

Table 22: Availability of STI or HIV/AIDS Services

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Table 23: Availability of Infrastructure and Resources to Support Quality Counseling and Examinations for STIs

All conditions to provide quality counseling	All conditions to provide quality physical exam	All medicines for STIs	Testing capacity for			
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Yes	Yes	Yes	No	Yes	Yes	Yes

Table 24: Availability of HIV/AIDS Services

Facility provides VCT	For positive cases, facility provides:				
	Medical Follow-up	Diagnosis for TB	Home based care Services	Counseling on PMTCT	Family Planning Services
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## Integrated Disease Surveillance and Response

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Staff trained on				Guidelines and Protocols Available			
Use of surveillance forms	Use of case definitions	Use of surveillance data	AFP surveillance	National Technical Guidelines on IDSR	Standard Case Definitions	IDSR Fact Sheets	Standard Treatment Guidelines
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes