



Facility Baseline Assessment Results from the Northern Regions

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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	Ahafo Ano South	149,245
	Amasie West	121,429
	Bosomtwi-Kwanwoma	160,806
	Ashanti Region Total	431,480
Brong Ahafo	Asutifi	93,532
	Sene	91,765
	Brong Ahafo Region Total	185,297
Central	Abura Asebu Kwanankese	98,343
	Agona	173,057
	Ajumako Enyam Essiam	101,144
	Asikuma Odoben Brakwa	97,324
	Assin	214,115
	Cape Coast	128,583
	Ewutu Efutu Senya	185,050
	Gomoa	212,070
	Komenda Edina Eguafo Abirem	122,409
	Mfantsiman	165,055
	Twifo Heman Lower Denkyira	120,749
	Upper Denkyira	117,469
	Central Region Total	1,735,368
	Eastern	Afram Plains
Birim North		132,116
Eastern Region Total		278,852
Greater Accra	Dangbe West	115,952
Greater Accra Region Total	115,952	
Volta	Akatsi	99,208
	Kadjebi	55,185
	Nkwanta	159,312
	North Tongu	138,382
	South Tongu	68,786
	Volta Region Total	520,873
Western	Ahanta West	107,622
	Bibiani Anhwiaso Bekwai	117,741
	Juabeso-Bia	278,074
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 document¹ provides much of the information needed to assist with program design, but does not provide this information disaggregated to the District level, which is

¹ 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 manual² for this training and the lessons learned report³ 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 QHP, 2004 Training Manual for Conducting the Facility Baseline Assessment, Unpublished Document, Accra: Ghana

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

3. NORTHERN BELT REGIONS - OVERALL RESULTS

3.1 Human Resources

Table 2: Types of Facilities in Regions

Region/District	Regional Hospital	District Hospital	Mission/Private Hospital	Health Centres	Other Facility	Total
Northern Regional Hospital	1	0	0	0	0	1
Upper East Regional Hospital	1	0	0	0	0	1
Upper West Regional Hospital	1	0	0	0	0	1
Totals	3	0	0	0	0	3

Table 3: Number of trained staff

Medical Doctors	Medical Assistants	Nurses (Prof and Public Health)	Midwives	Community Health Nurses/ Enrolled Nurses	Other Staff providing Services	Number of Staff Providing Services
39	11	83	182	107	128	550

Table 4: Number of Key Staff Assigned by District

	Doctor	Medical Assistant	Nurse (SRN or Public Health Nurse)	Midwife or Nurse Midwife	Community Health Nurse/ Enrolled Nurse
Northern Regional Hospital	18	4	37	58	62
Upper East Regional Hospital	11	5	30	52	23
Upper West Regional Hospital	10	2	16	72	22
Totals	39	11	83	182	107

Table 5: Number of Key Staff Assigned by District (Part 2)

	Disease Control Officer/ Nutrition Technical Officer	Pharmacist/ Dispensing Technician	Lab Technician/ Lab Technologist	Biostatistician/ Medical Records Assistant
Northern Regional Hospital	3	16	7	5
Upper East Regional Hospital	0	7	3	6
Upper West Regional Hospital	1	6	5	3
Totals	4	29	15	14

3.2 Availability of Services

Table 6: Availability of Services

	% of Facilities that Provide all basic services¹	% of Facilities that Provide all services at minimum frequency²
Northern Regional Hospital	100.0	100.0
Upper East Regional Hospital	100.0	100.0
Upper West Regional Hospital	100.0	100.0
Totals	100.0	100.0

¹ All basic services definition= curative care for children, any services for STIs, temporary methods of family planning, antenatal care and immunization.

² 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.

Table 7: Basic Client Amenities

	% of Facilities with Basic client amenities ¹	% of Facilities with national grid electricity or generator power ²	% of facilities with Water ³	% of facilities with all basic amenities ⁴
Northern Regional Hospital	100.0	100.0	100.0	100.0
Upper East Regional Hospital	100.0	100.0	100.0	100.0
Upper West Regional Hospital	0.0*	100.0	100.0	100.0
Totals	66.7	100.0	100.0	100.0

*If there was not enough information to make a determination about basic client amenities, electricity or water for a facility, that facility's information was not included in this table. All positive and negative determinations were used to calculate the overall percentage of facilities with all basic amenities.

¹ Waiting area that protects clients from sun and rain, functioning client latrine and a basic level of cleanliness.

² Facility is attached to the national grid and/or has a functioning generator.

³ An onsite water source, available year round.

⁴ Availability of basic client amenities, electricity and water.

* Facility was not clean on the day of the assessment.

Table 8: Quality Assurance

	% of facilities with a QA Team	Has regular mgt meetings at least once per month	Referral Form available (in non regional hospitals)
Type of Facility			
Northern Regional Hospital	100.0	100.0	
Upper East Regional Hospital	100.0	100.0	
Upper West Regional Hospital	100.0	100.0	
Totals	100.0	100.0	

Table 9: Methods of Quality Assurance Used by Type of Facility and by District

	Supervisory Checklist Service Components	Supervisory Checklist Service Provision	Mortality Meeting	Audit of Medical Records or Registers	QA or COPE team	Regional or District Health Team Feedback	Clinical Conferences or meetings
Type of Facility							
Northern Regional Hospital	0.0	0.0	0.0	100.0	0.0	100.0	0.0
Upper East Regional Hospital	0.0	0.0	100.0	0.0	100.0	100.0	100.0
Upper West Regional Hospital	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Totals							
	0.0	0.0	33.3	33.3	33.3	66.7	33.3

Table 10: Quality Assurance Teams and Action Plans by Type of Facility and District

	Quality Assurance Team has an Action Plan
Type of Facility	
Northern Regional Hospital	100.0
Upper East Regional Hospital	0.0
Upper West Regional Hospital	100.0
Totals	
	66.7

Table 11: Supportive Management

	% of facilities 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
Type of Facility			
Northern Regional Hospital	100.0	40.0	60.0
Upper East Regional Hospital	100.0	40.0	60.0
Upper West Regional Hospital	0.0*	20.0	60.0
Totals			
	66.7	33.3	60.0

*No supervisory visits were made.

3.4 Infection Prevention and Hazardous Waste Control

Table 12: Facilities with Capacity for Proper Sterilization or HLD Processing

	% of facilities with capacity for proper sterilization or HLD processing			% of facilities that have sterile storage conditions and processing dates on sterilized items* ⁴
	Equipment ¹	Equipment and knowledge of processing time ²	Equipment, knowledge of process time and automatic timer ³	
Type of Facility				
Northern Regional Hospital	100.0	100.0	100.0	0.0*
Upper East Regional Hospital	100.0	100.0	100.0	0.0*
Upper West Regional Hospital	100.0	100.0	0.0	0.0*
Totals	100.0	100.0	66.7	0.0

*This was only assessed for facilities that had either a functioning autoclave or a functioning dry heat sterilizer.

¹ Has an autoclave or dry heat sterilizer, pot with a lid and a heat source.

² Has the equipment and knows the correct processing times and temperatures

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: processed at least 20 minutes

Chemical: Chlorine base or glutaraldehyde solution and soaked for at least 20 minutes.

³ Has the equipment, knowing the processing time and also has an automatic timer.

⁴ For facilities with an autoclave or dry heat sterilizer, 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.

* All facilities lacked a dry and clean storage place for sterilized materials.

Table 13: 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 ¹	Single-use towel in all service delivery areas	All infection prevention items and single use towels in all service delivery areas	Adequate waste disposal system ²
Type of Facility				
Northern Regional Hospital	0.0	100.0	0.0	100.0
Upper East Regional Hospital	0.0	0.0	0.0	0.0
Upper West Regional Hospital	0.0	0.0	0.0	0.0
Totals	0.0	33.3	0.0	33.3

¹ Soap and water, sharps box, disinfectant solution, and gloves present in all service delivery areas assessed in the facility.

² 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.

3.5 Child Health

In the season when these data were collected (November and December 2004) more children were presenting with fever (78.5%) than diarrhea (21.5%) overall. However, according to IMCI guidelines a provider should ask about all of the symptoms (fever, diarrhea and cough) whenever a sick child consultation takes place. However only 55.9% of providers asked about (or caregivers mentioned) whether a child had diarrhea. A total of 96.1% of providers or caregivers mentioned that a child had fever overall. However, only 5.8% of providers asked the caretaker about all of the danger signs (5.0% in the SPA).

Table 14: Observations of Provider's Treatment of Sick Child in the Facilities

	Observation of the practice of asking caretaker about danger signs			% of observations where providers asked about all of the danger signs
	% who asked about whether child can breastfed/ eat	% who asked if child has had convulsions	% who asked if the child vomits everything	
Type of Facility				
Northern Regional Hospital	0.0	0.0	80.0	0.0
Upper East Regional Hospital	60.0	0.0	0.0	0.0
Upper West Regional Hospital	20.0	0.0	0.0	0.0
Totals	26.7	0.0	26.7	0.0

*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.

Table 15: Percentage of Providers who asked about all Danger Signs by Type of Provider

Provider Type (n=15)	% of Providers that asked about all the danger signs
Doctor (n=13)	0.0
Medical Assistant (n=2)	0.0

Table 16: Percentage of Providers who performed physical examinations.

Type of Physical Examination	% of Providers who did this FBA
Assessed any temperature	40.0
Took the child's temperature	20.0
Felt the child for fever/hotness	26.7
Checked skin turgor	40.0
Weighed the child	20.0
Recorded the weight	20.0

Table 17: Provider's Practice of Providing Essential Advice to the Parents*

	% 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	
Type of Facility					
Northern Regional Hospital	0.0	0.0	0.0	0.0	0.0
Upper East Regional Hospital	0.0	0.0	0.0	0.0	0.0
Upper West Regional Hospital	0.0	0.0	0.0	0.0	0.0
Totals	0.0	0.0	0.0	0.0	0.0

*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.

Table 18: Selected essential components to support quality child health care

	% of facilities with all essential equipment and supplies ¹ A	% of Facilities with all essential medications			All other quality items ⁵ c	All equipment and supplies for providing quality curative child care ^{*6}
		First-line ²	Second Line ³ B	Pre-referral ⁴		
Facility Type						
Northern Regional Hospital	0.0	100.0	0.0	100.0	0.0	0.0
Upper East Regional Hospital	0.0	100.0	0.0	100.0	0.0	0.0
Upper West Regional Hospital	0.0	100.0	100.0	100.0	0.0	0.0
Total	0.0	100.0	33.3	100.0	0.0	0.0

*This total does not include second line essential medications.

¹ Equipment: Functioning infant and child weighing scale, minute timer and thermometer. Supplies: Jar/Pitcher for ORS, cup and spoon)

² ORS packet, an oral antibiotic (amoxicillin) and an oral anti-malarial (chloroquine).

³ Oral antibiotic (cotrimo-xazole), Fansidar and Naldixic Acid.

⁴ 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.

⁵ All first, second and pre-referral medications

⁶ Soap and water, individual child card or record, treatment protocol (Standard Treatment Guidelines 2000) and visual aids for teaching the caretaker.

⁷ All essential equipment, infrastructure, supplies, medications and other quality resources.

- A No facilities had a timer/clock with a second hand. Facilities in Upper East and Upper West had no ORS corner supplies (pitcher, cup spoon).
- B Northern and Upper East were missing cotrimoxazole on the day of the assessment. Northern was also missing naladixic acid.
- c Northern and Upper West were missing the Standard Treatment Guidelines. Northern and Upper East were missing visual aids to teach the caretaker.

Table 19: Availability of Other Essential Medicines Among Facilities Offering Sick Child Services

	Anti-pyretic (paracetamol or aspirin)	Vitamin A (high dose or low dose in pharmacy)*	Iron Supplements	Anthelmintic (Mebendazole or Albendazole)	Antibiotic Eye Ointment	All other essential medicines
Type of Facility						
Northern Regional Hospital	100.0	100.0	100.0	100.0	100.0	100.0
Upper East Regional Hospital	100.0	100.0	100.0	100.0	100.0	100.0
Upper West Regional Hospital	100.0	100.0	100.0	100.0	100.0	100.0
Totals	100.0	100.0	100.0	100.0	100.0	100.0

3.5 Family Planning

Table 20: Method and Availability in Facilities

Type of Method	Northern Regional Hospital		Upper East Regional Hospital		Upper West Regional Hospital		Totals (n=3)	
	% of facilities that offered	% reported a stock-out in last 6 months▽	% of facilities that offered	% reported a stock-out in last 6 months▽	% of facilities that offered	% reported a stock-out in last 6 months▽	% of facilities that offered	% reported a stock-out in last 6 months▽
Combined Oral	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0
Progesterone Oral	100.0	0.0	100.0	0.0	100.0	100.0	100.0	33.3
IUD	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0
Injectable	100.0	0.0	100.0	0.0	100.0	100.0	100.0	33.3
Norplant	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0
Male Condom	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0
Female Condom	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0
Spermicides	100.0	0.0	100.0	100.0	100.0	100.0	100.0	66.7
Emergency Contraceptive Pill*	0.0	NA	0.0	NA	100.0	100.0	33.3	100.0

▽ Note Stockouts are reported for only facilities that offer the service.

*Emergency Contraceptive Pill does not necessarily refer to the single dose pill, but may also refer to high dose of the combined pill to act as emergency contraception, therefore the stock-out reports need to be interpreted with caution.

Table 21: Availability of Infrastructure and Resources to Support Quality Services for Temporary Methods of Family Planning

	% of facilities with protocols or guidelines for family planning ¹	% of facilities with Family Planning Visual Aids ²	% of facilities with all items for infection prevention in family planning area ³	% of facilities with conditions for a quality pelvic examination ⁴
Type of Facility				
Northern Regional Hospital	100.0	100.0	100.0	100.0
Upper East Regional Hospital	100.0	100.0	100.0	100.0
Upper West Regional Hospital	0.0	100.0	100.0	100.0
Totals	66.7	100.0	100.0	100.0

¹ National Reproductive Health Service Protocols or the Essentials of Contraceptive Technology book.

² 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.

³ Soap, water, clean gloves, disinfection solution, sharps box.

⁴ Visual and auditory privacy, examination bed, and examination light (functioning).

3.6 Maternal Health

Table 22: Availability of Components of Comprehensive Essential Obstetric Care Services

	Ante-natal care ¹	Normal delivery services ²	Facilities offering Caesarian Section ³	Procedure for Emergency transportation in case of maternity emergency or facility is referral facility ⁴	Documented official program supportive of TBAs ⁵
Type of Facility					
Northern Regional Hospital	100.0	100.0	100.0	100.0	0.0
Upper East Regional Hospital	100.0	100.0	100.0	100.0	0.0
Upper West Regional Hospital	100.0	100.0	100.0	100.0	0.0
Totals	100.0	100.0	100.0	100.0	0.0

*Some cases were not determined. This number reflects the percentage of facilities of those that were determined.

¹ Provides ANC at least 1 time per week.

² Provides normal delivery services.

³ Can perform a Caesarian section. Only hospitals were assessed for whether or not they provide cesarean section deliveries, 84.6% of hospitals provide this service (n=13).

⁴ Facility can help arrange transportation for the patient or is referral facility.

⁵ Has documentation of a program to support TBAs.

Table 22a: Availability of Basic Maternal Health Services

	% of facilities with quality counseling resources ¹	% of facilities with all items for infection prevention in ANC service areas ²	% of facilities with all items for a quality physical exam ³	% of facilities with all essential supplies for basic antenatal care ⁴
Type of Facility				
Northern Regional Hospital	100.0	100.0	0.0	100.0
Upper East Regional Hospital	0.0(A)	100.0	100.0	100.0
Upper West Regional Hospital	100.0	100.0	100.0	100.0
Totals	66.7	100.0	66.7	66.7

¹ Visual and auditory privacy, visual aids, National Reproductive Health Service Protocols and individual client card.

² Clean gloves, Soap and water, disinfecting solution, sharps box.

³ Visual privacy, functioning examination light, and examination table, blood pressure apparatus and fetal stethoscope, adult weighing scale and height measure and tape measure

⁴ Iron, folic acid, tetanus toxoid, Vitamin A and Fansidar.

(A) Upper East was missing the Reproductive Health Protocols in the treatment area

Table 23: 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 ¹	With medicines to manage common infections associated with pregnancy ²	Facilities with testing capacity for			
			Urine protein ³	Anemia ⁴	Syphilis ⁵	HIV/AIDS ⁶
Type of Facility						
Northern Regional Hospital	0.0	100.0	100.0	100.0	0.0	100.0
Upper East Regional Hospital	0.0	0.0	100.0	100.0	0.0	100.0
Health Centres/ Other	0.0	0.0	100.0	100.0	0.0	100.0
Totals	0.0	33.3	100.0	100.0	0.0	100.0

¹ ANC provider also gives treatment for STIs.

² Antibiotic for antenatal care or postnatal care infections (amoxicillin or cotrimoxazole), Metronidazole, clotrimazole vaginal, a deworming medicine (Mebendazole or albendazole) an antimalarial (Artesunate, chloroquine, or Sulphadoxine pyrimethamine) and at least one medication for treating trichomoniasis (metronidazole), gonorrhoea (ciprofloxacin), Chlamydia (doxycycline) and syphilis (Benzathine penicillin or Benzyl Penicillin). Commonly, facilities were missing clotrimazole vaginal for treating STIs.

³ Clinistix or other "urine test"

⁴ Includes any test reported by ANC worker surveyed.

⁵ VDRL (Syphilis test) reported by the ANC worker.

⁶ Rapid Test. When hospitals only are examined for this variable Hospitals offer HIV AIDS testing 100.0% of the time and offer syphilis testing 0.0% of the time.

Table 24: Percentage of Facilities with all elements for quality delivery services

	All infection prevention items ¹	All items to support quality delivery services ²	All delivery room infrastructure and furnishings ³	All basic supplies for delivery ⁴	All basic medicines and eqpt for normal delivery ⁵
Type of Facility					
Northern Regional Hospital	100.0	100.0	0.0	100.0	100.0
Upper East Regional Hospital	100.0	100.0	0.0	100.0	100.0
Upper West Regional Hospital	100.0	0.0	0.0	100.0	100.0
Totals	100.0	66.7	0.0 (A)	100.0	100.0

¹ Soap, water, sharps box, disinfecting solution and clean gloves.

² Partographs, protocols (National Reproductive Health Guidelines or Other references/guidelines for delivery care/emergency care).

³ Bed, examination light, visual and auditory privacy.

⁴ Sterile scissors or blade, cord clamp, mucus extractor and skin disinfectant.

⁵ Needles and syringes, intravenous solution with infusion set, oral antibiotic (co-trimoxazole or, amoxicillin), injectable oxytocic, suture material and needle holder.

(A) Delivery rooms in Upper East and Upper West lacked visual and auditory privacy. Delivery rooms in Northern lacked auditory privacy.

Table 25: Availability of elements for quality delivery services (2)

	All items for normal delivery ¹	All emergency medicines ²	All items for basic Emergency Obstetric Care ³
Type of Facility			
Northern Regional Hospital	0.0	100.0	0.0
Upper East Regional Hospital	0.0	100.0	0.0
Upper West Regional Hospital	0.0	0.0 (A)	0.0
Totals			
	0.0	0.0	0.0

¹ All items for infection prevention, to support quality, delivery room infrastructure, and basic medicines and supplies.

² Injectable: Anticonvulsant (magnesium sulfate), antibiotic (penicillin and ampicillin or gentamicin) and quinine.

³ All items for normal delivery – plus emergency medicines.

(A) Upper West was missing magnesium sulfate on the day of the assessment.

3.7 Sexually Transmitted Infections (STIs) and HIV

Table 26: Availability of Infrastructure and Resources to Support Quality Counseling and examinations for STIs

	All conditions to provide quality counseling ¹	All infection prevention items available in consulting room ²	All equipment to provide a quality physical exam ³	All conditions to provide quality physical exam ⁴	All medicines for STIs ⁵
Type of Facility					
Northern Regional Hospital	100.0	0.0	100.0	0.0	100.0
Upper East Regional Hospital	100.0	100.0	100.0	100.0	100.0
Upper West Regional Hospital	100.0	0.0	100.0	0.0	100.0
Totals					
	100.0	33.3	100.0	33.3	100.0

¹ Visual and auditory privacy, Guidelines for Using Syndromic Approach for Diagnosing and Treating STIs, any visual aids or educational materials.

² All infection prevention items (soap, water, gloves, disinfecting solution and sharps box)

³ Visual privacy, examination bed and examination light.

⁴ Items in Column A, B and C all present

⁵ 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).

Table 27: STI Diagnosis by Type of Facility

	Syndromic Only	Etiologic and Clinical	Syndromic, Etiologic and Clinical
Type of Facility			
Northern Regional Hospital	100.0	0.0	0.0
Upper East Regional Hospital	100.0	0.0	0.0
Upper West Regional Hospital	0.0	100.0	0.0
Totals			
	66.7	33.3	0.0

Table 28: Availability of Guidelines on Syndromic Approach for Diagnosing and Treating STIs by Type of Facility and District

	Facility has Guidelines on Syndromic Approach for Diagnosing and Treating STIs	Facility said it uses a syndromic approach for treatment and also has the guidelines
Type of Facility		
Northern Regional Hospital	100.0	100.0
Upper East Regional Hospital	100.0	100.0
Upper West Regional Hospital	100.0	NA
Totals		
	100.0	100.0

Table 29: Availability of STI Registers and Partner Notification by Type of Facility

	Facility Keeps an STI Register where STI Consultation Information is Recorded	Facility Performs Partner Notification or Follow-Up			Facility does not have an STI register – but says they perform partner notification or follow-up		
		Yes some-times active	Yes passive	No	Yes some-times active	Yes passive	No
Type of Facility							
Northern Regional Hospital	100.0	0.0	100.0	0.0			
Upper East Regional Hospital	100.0	0.0	100.0	0.0			
Upper West Regional Hospital	100.0	0.0	100.0	0.0			
Totals	100.0	0.0	100.0	0.0			

Table 30: Types of STIs tests available by type of facility (Part 1)

	Syphilis		Gonorrhea		HIV	
	Conduct test at facility	Test not used by this facility	Conduct test at facility	Test not used by this facility	Conduct test at facility	Test not used by this facility
Northern Regional Hospital	100.0	0.0	100.0	0.0	100.0	0.0
Upper East Regional Hospital	100.0	0.0	100.0	0.0	100.0	0.0
Upper West Regional Hospital	0.0	100.0	100.0	0.0	100.0	0.0
Totals	66.7	33.3	100.0	0.0	100.0	0.0

Table 31: Types of STIs tests available by type of facility (Part 2)

	Sputum for TB		Candidiasis		Chlamydia	
	Conduct test at facility	Test not used by this facility	Conduct test at facility	Test not used by this facility	Conduct test at facility	Test not used by this facility
Northern Regional Hospital	100.0	0.0	100.0	0.0	100.0	0.0
Upper East Regional Hospital	100.0	0.0	100.0	0.0	0.0	100.0
Upper West Regional Hospital	100.0	0.0	100.0	0.0	0.0	100.0
Totals	100.0	0.0	100.0	0.0	33.3	66.7

3.8 Integrated Disease Surveillance and Response

Table 32: Percentage of Facilities that have IDSR Guidelines and Protocols Available

% of facilities that have Guidelines and IDSR Protocols Available				
	National Technical Guidelines on IDSR	Standard Case Definitions	IDSR Fact Sheets	Standard Treatment Guidelines
Type of Facility				
Northern Regional Hospital	100.0	100.0	100.0	100.0
Upper East Regional Hospital	100.0	100.0	0.0	100.0
Upper West Regional Hospital	0.0	100.0	100.0	100.0
Totals	66.7	100.0	66.7	100.0

Table 33 Percentage of Facilities that Fill Out IDSR Reports Completely

	Weekly Reports Completed Filled Out in Past Three Months			Monthly Reports Completely Filled Out in the Past Three Months		
	No reports	Less than 80% of reports	80% or more reports filled in	No reports	Less than 80% of reports	80% or more reports filled in
Type of Facility						
Northern Regional Hospital	100.0	0.0	0.0	100.0	0.0	0.0
Upper East Regional Hospital	0.0	0.0	100.0	100.0	0.0	0.0
Upper West Regional Hospital	0.0	0.0	100.0	100.0	0.0	0.0
Totals	33.3	0.0	66.7	100.0	0.0	0.0

Table 34: Availability of Transportation Logistics by Type of Facility and District

	Bicycles			Motorcycles			Vehicles		
	0	1-3	4+	0	1-3	4+	0	1-3	4+
Type of Facility									
Northern Regional Hospital	100.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	100.0
Upper East Regional Hospital	0.0	100.0	0.0	0.0	100.0	0.0	0.0	0.0	100.0
Upper West Regional Hospital	0.0	100.0	0.0	0.0	0.0	100.0	0.0	0.0	100.0
Totals	33.3	66.7	0.0	0.0	33.3	66.7	0.0	0.0	100.0

Table 35: Availability of communications equipment by type of facility

	% of facilities reporting a working telephone	%of facilities without a working phone that have a short wave radio or phone with five minutes.		
		Available 24 hours per day	Available but NOT 24 hours	Not available at all
Type of Facility				
Northern Regional Hospital	100.0			
Upper East Regional Hospital	100.0			
Upper West Regional Hospital	100.0			
Totals	100.0			

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

Facility Summary for Tamale Regional Hospital

Region: Northern

Name of Facility: Tamale Regional Hospital

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
18	4	37	58	62	54	233

Table 2: Caseload in 2003

Family Planning	ANC	PNC	Delivery	Caesarian	IMCI	STI	VCT
452	16239	1668	3580	467	1702	138	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
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	NA

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	40%	60%	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	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	Yes	Yes

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	Counseling on 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	NA
Emergency Contraceptive Pill	No	NA

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	Yes	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	Yes	Yes	Yes	No	Yes

*Hospital 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
No	Yes	No

Newborn Care Practices

Table 20: Newborn Care Practices

Facility has newborn respiratory support	Facility has an external heat source
Yes	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	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

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
Yes	Yes	Yes	Yes	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
Yes	Yes	No	No	Yes	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	Yes	Yes	No	Yes

Facility Summary for Bolgatanga Regional Hospital

Region: Upper East

Name of Facility: Bolgatanga Regional Hospital

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
11	5	30	52	23	34	155

Table 2: Caseload in 2003

Family Planning	ANC	PNC	Delivery	Caesarian	IMCI	STI	VCT
370	10207	352	1797	172	1996	874	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
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	NA

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	40%	60%	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	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	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	Yes
Diaphragm	No	NA
Emergency Contraceptive Pill	No	NA

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
No	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	No	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
No	Yes	No

Newborn Care Practices

Table 20: Newborn Care Practices

Facility has newborn respiratory support	Facility has an external heat source
Yes	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	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

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
Yes	Yes	Yes	Yes	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
Yes	No	No	No	Yes	Yes

Integrated Disease Surveillance and Response

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Staff trained on				Guidelines and Protocols Available			
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No	No	No	No	Yes	Yes	No	Yes

Facility Summary for Wa Regional Hospital

Region: Upper West

Name of Facility: Wa Regional Hospital

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
10	2	16	72	22	40	162

Table 2: Caseload in 2003

Family Planning	ANC	PNC	Delivery	Caesarian	IMCI	STI	VCT
229	10832	DK	1662	260	DK	DK	ND

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
Yes	Yes	NA

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	20%	60%	No

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