Ghana

Service Provision Assessment Survey 2002

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Ghana Statistical Service
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Health Research Unit
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Accra, Ghana

ORC Macro
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Photographers: Susheela Engelbrecht (left) and Melissa May (centre and right)

This report summarizes the findings of the 2002 Ghana Service Provision Assessment (GSPA) Survey carried out by the Ghana Statistical Service together with the Ministry of Health and the Health Research Unit of the Ghana Health Service. ORC Macro provided financial and technical assistance for the survey through the USAID-funded MEASURE *DHS+* programme, which is designed to assist developing countries to collect data on fertility, family planning, and maternal and child health. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development

Additional information about the GSPA may be obtained from the Ghana Statistical Service (GSS), P.O. Box 1098, Accra, Ghana (telephone 233-21-671732; fax 233-21-671-731). Additional information about the MEASURE *DHS+* project may be obtained by contacting: MEASURE *DHS+*, ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA (telephone 301-572-0200; fax 301-572-0999; e-mail: reports@orcmacro.com; internet: www.measuredhs.com).

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Preface

The Ghana Statistical Service (GSS) together with the Ministry of Health, and the Health Research Unit (HRU) of the Ghana Health Service, is pleased to present the results of the Ghana Service Provision Assessment (GSPA) survey conducted in 2002.

This survey builds on the experience of the Situation Analysis Study (SAS), conducted in 1993 and 1996, which focused on the delivery of family planning and maternal/child health service. The 1993 study revealed some of the key issues that were likely to discourage people from using such services; the 1998 SAS, therefore, added a module on quality of health care in the facilities. The findings from the SAS helped to provide intervention measures for improving the quality of service, including the preparation and implementation of protocols and principles for the use of providers.

The GSPA represents a shift in focus to embrace other key important area in health delivery. The four priority areas that the survey covered are:

- Child health promotion and treatment of childhood illnesses
- Maternity care (antenatal, delivery, postpartum, and new born)
- Family planning services, and
- Services for the prevention and management of sexually transmitted infections (STIs) and HIV/AIDS.

The study allowed for a systematic nationwide examination of the strengths and weaknesses of health delivery systems, with particular attention to availability and functioning of health service. This is achieved by focusing on the facilities, staff and service provided in order to have an insight into the functioning of the system.

The results of the GSPA survey complement the results of the Ghana Demographic and Health Survey conducted in 1998. The findings will facilitate the evaluation of services in the four priority areas, which could ensure optimal utilization of facilities. This will also help improve efficiency and effectiveness in the entire health delivery system.

DR. K. A. TWUM-BAAH
AG GOVERNMENT STATISTICIAN/
PROJECT DIRECTOR

Acknowledgments

The Ghana Service Provision Assessment (GSPA) was successfully carried out through the cooperation of many people and organizations, to which we would like to express our deepest appreciation. Our initial vote of thanks goes to all the health care providers who gave their full cooperation in allowing the interviewers to gather information and answering the many questions during their busy working hours. We are also grateful to all the women and men who were willing to give their time and opinions during the exit interviews. The survey could not have been successful without field personnel, interviewers, supervisors, and drivers who gave their best effort in collecting the right information.

We are very grateful to the Ministry of Health and the Ghana Health Service staff for their very useful contributions. In addition to MOH/GHS we are most grateful to the National Population Council (NPC), Planned Parenthood Association of Ghana (PPAG), and Ghana Registered Midwives Association (GMRA) for their support in both human and material (vehicles) resources. The contribution of the Government of Ghana, in the form of personnel, office infrastructure and vehicles for fieldwork is gratefully acknowledged.

Our appreciation also goes to all members of the National Steering Committee and the project personnel for their immense and diverse contribution towards the successful contribution of this study.

The U.S. Agency for International Development (USAID) deserves special mention for the contribution to financial and technical resources needed to carry out the study. We wish to make special mention of Lawrence Aduonum-Darko, and Jane Wickstrom from the USAID mission in Accra for their invaluable support that encouraged us to maintain the tempo that has seen us to the end of the study.

Our final and sincere thanks go to all those who contributed to the success of this study but whom we have not specifically mentioned by name or association.

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Key Findings

The 2002 Ghana Service Provision Assessment (GSPA) survey was conducted in a representative sample of 428 health facilities throughout Ghana. The survey covered hospitals, polyclinics, health centres, health posts, clinics, and private maternity homes and included both government (public) and approved nongovernment (private) facilities. The GSPA used interviews with health service providers and clients as well as observations of provider-client consultations to obtain information on the capacity to provide and the existence of functioning systems to support quality services. The areas addressed were the overall facility infrastructure and specifically child health, family planning, maternal health services, and services for sexually transmitted infections (STIs) and HIV/AIDS. The objective was to assess the strengths and weaknesses of the infrastructure and systems to support these services, and to assess the adherence to standards in the delivery of curative care for children, family planning, antenatal care, and STI services.

Findings can supplement household-based health information from the 1990 Ghana Demographic and Health Survey (Ghana Statistical Service and Macro International, 1999), which provides information on the overall population's health status and use of services.

The GSPA survey was undertaken by the Ghana Statistical Service (GSS) supported by the Health Research Unit (HRU), the Ministry of Health (MoH), the Ghana Registered Midwives Association (GRMA), the Planned Parenthood Association of Ghana (PPAG), and the National Population Council (NPC), with technical assistance from ORC Macro, under the MEASURE DHS+ project. The study was funded by the United States Agency for International Development (USAID) and the Government of Ghana.

Facility Infrastructure and Infection Prevention

Thirty-eight percent of all facilities have a regular, 24-hour supply of electricity or a generator. Twenty-nine percent of facilities have no electricity at all. These were mainly clinics (47 percent) and health centres (34 percent).

Sixty-six percent of all facilities have an onsite water source, and 39 percent indicating that water is available year-round.

Soap was available in all assessed service delivery areas in 70 percent of facilities, and water in 68 percent of facilities. Gloves were available in all relevant service areas in 54 percent of facilities, while disinfecting solution was available in all relevant service areas in only 24 percent of facilities.

Sixty-seven percent of facilities had functioning equipment for either high-level disinfecting (HLD) or sterilizing, but only 51 percent of facilities had both the equipment and staff present who knew the correct processing time.

Service Availability

A full package of maternal, child, and reproductive health services, offered at a minimum frequency (curative services for children provided 5 days per week, STI services offered at least 1 day per week, preventive or elective services—temporary methods of family planning, antenatal care, immunization, and growth monitoring—provided at least 1 day per week), is available in 28 percent of all facilities.

Sixty-nine percent of facilities offer immunization services at the facility (either by facility staff or external staff) and 57 percent of facilities provide immunization services both at the facility and through an outreach program.

Eighty-eight percent of all facilities had at least one qualified provider (medical doctor, medical assistant, public health nurse, professional midwife or professional nurse); however, 26 percent of the clinics did not have a qualified provider.

Seventy-two percent of hospitals, but only 13 percent of all facilities had all items necessary to provide quality 24-hour emergency services. These were overnight or inpatient beds, at least two qualified staff, 24-hour onsite or on-call staffing, access to 24-hour emergency communication, a client latrine, and an onsite water source at least some time during the year. All elements plus a year-round onsite water supply and a 24-hour regular supply of electricity (or a generator) were available at 32 percent of hospitals and 5 percent of all facilities.

Facility Management

Twenty-three percent of all facilities had a management committee that holds documented meetings at least every 6 months. Hospitals were most likely to have such a committee.

Documented quality assurance activities were observed in 14 percent of all facilities.

Seventy percent of facilities received an external supervisory visit during the 6 months preceding the survey. At 56 percent of facilities, at least half of the interviewed providers were supervised in the previous 6 months.

Forty-nine percent of health care workers had received in-service training in the past 12 months and an additional 26 percent had received in-service training 13–59 months preceding the survey.

Twenty-eight percent of all facilities had all the supportive management practices, which include the following: facility received an external supervision in the past 6 months, at least 50 percent of all interviewed health care workers received in-service training in the past 12 months and were supervised during the past 6 months.

Eighty-six percent of facilities reported routinely charging for curative care for adults and 51 percent reported charging for children.

Management of Vaccines, Contraceptives, and Medicines Supplies

Thirty-seven percent of facilities storing vaccines had all items present for a cold chain monitoring system (thermometer in refrigerator, an up-to-date temperature chart, and refrigerator temperature between 0º to 8ºC). Health centres were most likely to have all the items present.

Only 6 percent of facilities with observed stored vaccines had all the items present for monitoring stocks of vaccines (no expired items present; items stored by expiration date; and up-to-date inventory available). The weakest element in monitoring stocks was an up-to-date inventory; only 12 percent of facilities had this in place. However, only 9 percent of facilities had expired vaccines.

Expired medicines or contraceptives were rarely found; they were in only 3 and 2 percent of facilities, respectively.

Service-Specific Findings

Use of individual client cards is universal.

Most service delivery areas provide visual and auditory privacy for clients.

Service delivery protocols or guidelines were available in 57 to 74 percent of the service delivery areas, depending on the service, except for HIV/AIDS services. Protocols or guidelines for HIV/AIDS services were available in only 2 percent of the service delivery areas of the facilities offering this service.

Visual aids for health education were available in approximately half of the facilities offering antenatal care, STI, and HIV/AIDS services and for 92 percent of facilities offering family planning services, but they were only available for 27 percent of facilities offering child health services.

Child Health Services

The three essential child health services (curative care, growth monitoring, and routine vaccination at the facility) are available in 63 percent of all facilities. Services are best integrated in hospitals and health centres.

Curative care is provided 5 or more days per week in almost all the facilities offering this service (98 percent). Immunization and growth monitoring is offered mostly 1 or 2 days per week (54 percent and 61 percent, respectively).

Seventy-one percent of facilities offering child vaccination services and storing vaccines had all basic child vaccines available (BCG, polio, HepB/Hib (or DTP) and measles). Forty-three percent of facilities had all basic child vaccines and yellow fever vaccine available.

Forty-one percent of facilities offering child vaccination services did not have an adequate supply of syringes and needles.

Less than half (43 percent) of facilities offering child vaccination services documented either DPT dropout or measles coverage.

Capacity to provide prereferral care for seriously ill children is very limited because of the lack of prereferral medication. Only 2 percent of clinics and 6 percent of health facilities had the prereferral medicines available.

Preventive practices, such as assessing nutritional status, feeding practices, and immunization status are not done routinely.

Comparison between observed assessment, prescribed treatment, and final diagnosis, determined by the provider, demonstrates that the use of antibiotics seems very high and that the use of antimalarials and solution prepared from oral rehydration salt (ORS) is insufficient.

Family Planning Services

Many facilities (89 percent of all facilities) offer at least one modern, temporary method of contraception, and approximately half of all facilities offer counselling on the rhythm method. Male or female sterilization is offered in 76 percent of hospitals.

Progesterone-only injectables, combined oral contraceptives, and male condoms are the methods most frequently offered. The methods were available in approximately 80 percent of facilities offering these methods.

Visual aids were available in almost all of the facilities offering family planning services.

All conditions for quality pelvic examinations (visual privacy, examination bed, examination light, and speculum) were available in only 15 percent of facilities offering family planning services. The examination light was most frequently missing (in 78 percent of facilities). All items for infection prevention (soap, water, clean gloves, disinfecting solution, and sharps box) were available in 19 percent of facilities, with disinfecting solution and water most frequently missing.

Forty percent of the family planning providers offered STI treatment.

Equipment for providing specific contraceptive methods was not universally available. Sixty-three percent of facilities providing intrauterine devices (IUDs) had all the equipment for IUD insertion, and 60 percent of the facilities offering implants had all the equipment necessary for implant insertion.

A complete client history was obtained from 44 percent of first-visit clients.

Client knowledge could be improved; depending on the method, between 51 and 79 percent of clients asked after counselling knew the answer to a specific question about their method.

Maternal Health Services

Antenatal care is offered in 88 percent of facilities and is available 5 days per week in 78 percent of those facilities. Postnatal care is available in 70 percent of all facilities and postabortion care in 21 percent.

Tetanus toxoid (TT) immunization services were available on the same day as antenatal care services in 78 percent of facilities, most commonly in hospitals.

Half of all facilities offering antenatal care had all essential supplies for basic antenatal care (iron and folic acid tablets, tetanus toxoid, blood pressure apparatus, and faetoscope). Tetanus toxoid was missing in 31 percent of facilities and iron and folic acid tablets in 11 and 21 percent, respectively.

The lack of medicines for managing common complications during pregnancy was obvious in all facilities, including hospitals. Treatment for gonorrhoea and vaginal candidiasis was most commonly missing.

Anaemia testing (68 percent), urine protein testing (70 percent), and prescribing malaria prophylaxis (71 percent) were commonly reported as routine components of antenatal care. However, syphilis testing (4 percent) and voluntary counselling and testing (VCT) for HIV/AIDS (8 percent) were not. Hospitals were most likely to routinely include all the tests in antenatal care services.

Assessment of first-visit antenatal care clients does not uniformly include all the items defined as important. Complications during prior pregnancies were assessed in 59 percent of the observed first-visit clients with a prior pregnancy.

Advice on risk symptoms is not a routine component of antenatal care counselling (observed with 27 percent of first-visit clients, 25 percent of follow up clients, and reported by 35 percent of all clients).

Delivery services are available in 83 percent of all facilities but caesarean sections in only 11 percent. Ninety-two percent of hospitals provide this service. Emergency transportation support for maternity emergencies is available in 41 percent of all facilities.

Infection prevention items were available in only one out of three delivery service areas. Disinfecting solution and a sharps box were the items most often missing.

Sixty-five percent of all facilities reported being capable of manually removing a retained placenta. Fifteen percent of facilities offer blood services, with hospitals the most likely to do so.

STIs and HIV/AIDS

STI services are offered in 67 percent of all facilities and HIV/AIDS services in approximately one out of four facilities. Most facilities provide STI services at least 5 days per week.

Laboratory tests for the different STIs were not widely available. Hospitals and private religious facilities were most likely to conduct the tests.

Medicines for treatment of STIs were available in 32 percent of facilities. Hospitals were most likely to have at least one medicine for treating trichomoniasis, gonorrhoea, chlamydia, and syphilis.

Physical examination of STI clients is not done routinely. Sixty-four percent of male clients were examined and only 47 percent of female clients were. Of the female clients examined, 69 percent had a pelvic examination.

Of the facilities offering HIV/AIDS services, only 41 percent are capable of testing for HIV/AIDS. Twenty-nine percent of those facilities indicated that they never use the test.

Of facilities that have TB services as a routine component of HIV/AIDS services, 84 percent had the ability to conduct a sputum test.

TB drugs are not widely available.

Abbreviations

AFB	Acid-fast bacillus
AIDS	Acquired immunodeficiency syndrome
AIDSCAP	AIDS Control and Prevention
ANC	Antenatal care
ARH	Adolescent reproductive health
ARI	Acute respiratory infection
ART	Anti-retroviral treatment
BEOC	Basic essential obstetric care
BCG	Bacille de Calmette et Guérin
CDC	Centers for Disease Control and Prevention
CEOC	Comprehensive essential obstetric care
CHPS	Community-based health planning and services
CPI	Client provider instruction
D&C	Dilatation and curettage
DDHS	District director of health services
DHA	District health administration
DHMT	District health management team
DHS	Demographic and Health Survey
DOTS	Directly Observed Treatment Short-course
DPT	Diphtheria, pertussis, and tetanus
DPT/HepB/Hib	Diptheria, pertussis, and tetanus/Hepatitis B/Haemophilis Influenza Type B
ELISA	Enzyme-Linked Immunosorbent Assay
EmOC	Emergency obstetric care
EPI	Expanded Program on Immunization
FEFO	First expired first out
FHI	Family Health International
FP	Family planning
GDHS	Ghana Demographic and Health Survey
GDP	Gross domestic product
GM	Growth monitoring
GMRA	Ghana Registered Midwives Association
GSPA	Ghana Service Provision Assessment
GSS	Ghana Statistical Service
HAART	Highly active Antiretroviral Therapy
HASS	Health administration and support services
HIV	Human immunodeficiency virus
HLD	High-level disinfection
HRDD	Human resource development division
HRU	Health research unit
HW	Health care worker
IEC	Information, Education, Communication
INH	Isonicotinic acid hydrazide (isoniazid)
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
IUD	Intrauterine device
MCH	Maternal and child health
MMWR	Morbidity and Mortality Weekly Report

MNH	Maternal and Neonatal Health Project
MoH	Ministry of Health
MTHS	Medium-Term Health strategy
MVA	Manual Vacuum Aspiration
N	Number
NACP	National AIDS Control Program
NGO	Nongovernmental organization
NPC	National Population Council
OI	Opportunistic Infection
OPD	Outpatient department
OPV	Oral polio vaccine
ORC	Opinion Research Corporation
ORS	Oral rehydration salts
ORT	Oral rehydration therapy
OVC	Orphans and vulnerable children
PAC	Postabortion Care
PHC	Public Health Care
PLHA	People living with HIV/AIDS
PMH	Private Maternity Home
PMTCT	Prevention of mother-to-child transmission
PNC	Postnatal care
PPAG	Planned Parenthood Association of Ghana
PPME	Policy, Programme, Monitoring, and Evaluation
QA	Quality assurance
RDF	Revolving Drug Fund
RDHS	Regional Director of Health Services
RHA	Regional Health Administration
RPR	Rapid plasma reagin
RTI	Reproductive tract infection
SAS	Situation Analysis Study
SC	Curative care for sick children
SDL	Self-Direct Learning
SPA	Service Provision Assessment
SSDM	Supplies, stores and drug management
STI	Sexually transmitted infection
TB	Tuberculosis
TBA	Traditional birth attendant
TFP	Temporary family planning
TST	Time-steam-temperature-sensitive (tape)
TT	Tetanus toxoid
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children’s Fund
UNFPA	United Nations Population Fund
U.S.	United states
USAID	United States Agency for International Development
U5MR	Under-5 Mortality Rate
VCT	Voluntary counseling and testing
VDRL	Venereal disease research laboratory
WHO	World Health Organization