



# **Ghana Harmonized Health Facility Assessment 2022-2023**

Snapshot 1

**Reproductive, maternal, newborn,  
child, and adolescent health**

July 2023

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# Introduction

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## Health systems strengthening in Ghana

The government of Ghana strives to strengthen and improve health care delivery and ensure equitable access to quality basic health care for the population. Ghana's "National Health Policy: Achieving Universal Health Coverage (UHC) (2019-2030)" and "The UHC Roadmap (2020 – 2030)" both emphasize equitable access to quality primary care services for the population. Primary Health Care (PHC) is the foundation of the country's UHC Roadmap, which aims to improve the delivery and quality of primary health care services, with a focus on improving access to essential services for the poor and vulnerable while protecting households from the risk of impoverishment due to out-of-pocket spending on health care.

Over the years, data from the health and other sectors have been used to measure the availability and access to health care, and the health status of Ghanaians. The typical sources of data include routine health management information systems, civil registration and vital statistics, health system data, rapid health facility assessments, household surveys and censuses. The data from these sources have informed policy decisions and interventions to further strengthen health delivery. Nonetheless, there is still a need for innovative methods of data collection to provide more comprehensive data to assess health service delivery inputs and outputs in Ghana.

Health facility assessment is often used to generate information on service availability, readiness and quality of care. Ghana has conducted three landmark assessments of its primary healthcare system (Vital Signs Profile Assessment, 2018; Community Health Planning and Services (CHPS) Verification Survey, 2018; and EmONC survey, 2020). The data from these surveys provided valuable information on the status of health facilities in the country. However, these assessments were not comprehensive enough (in terms of coverage and content) to inform - ongoing innovations in healthcare delivery such as the Networks of Practice (NoPs). As the government rolls out NoPs, it is necessary to put systems in place to collect, analyse and use data for decision-making across levels of the health sector. A comprehensive service availability and readiness survey at all levels of health delivery in the country will help determine the status of health facilities and identify gaps in service availability and readiness in the country for improvement.

## The Harmonized Health Facility Assessment

In 2022, Ghana adopted the WHO Harmonized Health Facility Assessment (HHFA), which provides an approach for conducting a comprehensive assessment of health service availability, readiness and quality of care to further strengthen its efforts towards achieving UHC. The HHFA is a comprehensive, standardised health facility survey that provides reliable and objective information on the availability of health services and the capacities of facilities to deliver the services at the required standards of quality.

Availability and quality of health services are integral to achieving UHC and the health-related Sustainable Development Goals (SDGs). HHFA data can support health sector reviews and evidence-based decision-making for strengthening country health services. The HHFA builds on previous and existing global facility survey instruments and uses standardised indicators, questionnaires, data collection methodologies and data analysis tools through multi-stakeholder collaboration.

The HHFA covers all key facility services and facility-level management systems. Its content is organised into four modules: service availability; service readiness; quality of care; and management and finance. Each HHFA module includes a set of stand-alone questionnaires that may be designated Core, Core + Additional and/or Supplementary. The combined questionnaire contains questions from multiple modules, integrated and organised to facilitate data collection. The questionnaire was adapted to the country's needs.

# Methodology

## Study design

The Ghana HHFA is the collective effort of a multi-partner group that has included The Global Fund, The World Bank, USAID, GAVI, PEPFAR/CDC, UNICEF, UNFPA, UN MDG Health Envoy and WHO. The data collection methodology used for this HHFA was a facility audit with key informants and observation for availability, readiness, management and finance. As part of this harmonized approach, efforts were made to bring together existing indicators with a standard set of indicator definitions, questionnaires and recommended assessment/measurement methods. For this assessment, the HHFA questions were organized into three main topic areas: service availability, service readiness, and management and finance.

The HHFA was a cross-sectional survey and covered all regions and health facility levels in Ghana, using a sampling frame of 9,505 facilities listed in the DHIMS database. The latest WHO HHFA tool was used to ensure the deployment of a standardized and tested tool. Ghana implemented the availability, readiness, management and finance modules using the facility audit methodology. These modules were used to collect information on the physical presence of facilities, resources, services, capacity to provide specific services, and management practices to support continuous service availability and quality. Data collection used interviews and observations as required in the specific modules of the questionnaire.

## Sampling

The survey population encompassed all approved/licensed health facilities across Ghana, both government (fully or partly), faith-based and privately owned, including secondary and primary hospitals, health centres, polyclinics, clinics, maternity homes, and CHPS compounds. The sampling methodology prescribed by the HHFA protocol was adapted to arrive at the survey sample and involved both purposive and random sampling procedures. All designated regional and district hospitals and polyclinics were purposively included. The remaining facilities (other general hospitals, health centres, clinics, maternity homes, and CHPS) were randomly sampled. A total of 1,487 facilities were included in the sample, out of which 1,421 facilities were successfully interviewed and included in the analysis. Table 1 shows the distribution of the final 1,421 interviewed facilities by region and facility type.

Table 1. Distribution of interviewed facilities by region and facility type

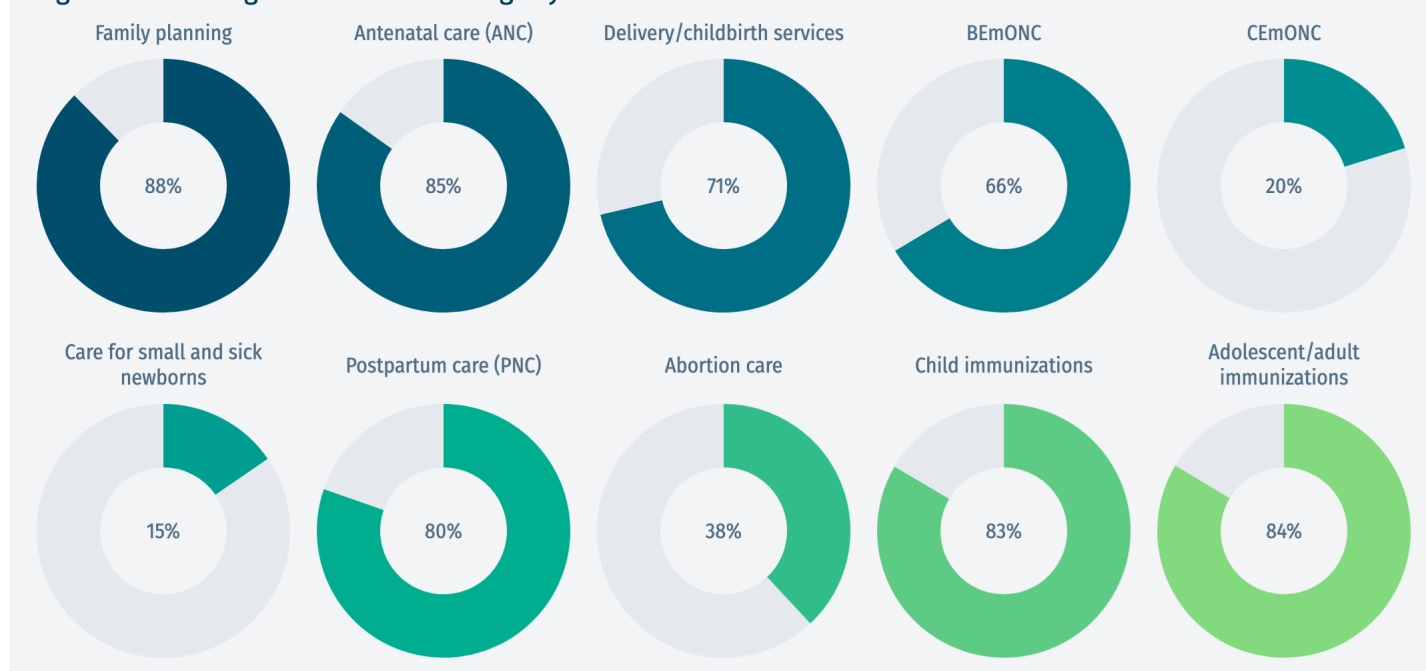
	Regional hospital	District hospital	Other general hospital	Polyclinic	Health centre	Maternity home	Clinic	CHPS	Total
Ahafo	1	6	1	0	7	1	5	5	26
Ashanti	1	27	18	8	54	18	30	17	173
Bono	1	12	4	1	31	3	9	11	72
Bono East	1	4	13	1	23	1	4	11	58
Central	1	11	11	14	28	8	21	34	128
Eastern	1	18	15	2	41	1	15	57	150
Greater Accra	1	11	33	23	23	25	83	6	205
North East	1	2	1	1	13	0	3	9	30
Northern	1	8	13	3	25	1	10	26	87
Oti	1	5	2	1	20	0	2	14	45
Savannah	1	4	2	3	15	0	3	12	40
Upper East	1	6	12	0	24	1	6	27	77
Upper West	1	6	6	5	27	2	3	28	78
Volta	1	9	15	3	37	2	9	21	97
Western	1	5	12	0	24	6	23	31	102
Western North	1	4	5	0	12	3	9	19	53
Total	16	138	163	65	404	72	235	328	1421

# Key findings

- » Service availability is above 80% for most key RMNCAH services. More facilities below the level of polyclinic could be equipped and supported to deliver antenatal care, basic delivery care, abortion care, and preventive child health services.
- » Not all the facilities have a staff member who has received training in the previous two years prior to the survey to deliver the services they offered. Among facilities that offer ANC services, 58% have staff who have received ANC training in the past two years. Among facilities that offer delivery services, 45% have staff who have received training in essential newborn care in the past two years. Among facilities offering child health services, 29% have staff who have received training in the Integrated Management of Childhood Illnesses (IMCI) in the past two years.
- » While 97% of government hospitals provide family planning services, only 67% of privately owned or mission hospitals provide these services.
- » Among facilities that offer family planning services, availability of contraceptives is low. On average, only 69% of facilities that offer family planning services have oral contraceptives, and 32% have intrauterine contraceptive devices (IUCDs). IUCD is only provided in family planning clinics with midwives.
- » Over 80% of facilities offer most antenatal services, including monitoring for hypertensive disorders, micronutrient supplementation, IPTp, and routine checks for urine protein. Few facilities offer calcium supplementation and low-dose aspirin for women at risk of pre-eclampsia.
- » All hospitals are expected to offer all emergency obstetric and newborn care services. However, 17% of district hospitals and 49% of other general hospitals do not offer all 7 basic emergency obstetric and newborn care (BEmONC) signal functions. 17% of district hospitals and 53% of other general hospitals do not offer all 9 comprehensive emergency obstetric and newborn care (CEmONC) signal functions.
- » Most lower-level facilities do not provide all 7 BEmONC signal functions: only 39% of Polyclinics and 10% of health centres offer the service. Only 43% of health centres that offer delivery services provide removal of retained products, and only 21% of health centres provide assisted vaginal delivery.
- » The availability of life-saving commodities such as oxytocin injection, magnesium sulfate injection, and misoprostol tablets is high at hospitals (above 96%), but low at health centres and CHPS. Only 44% of health centres and 14% of CHPS have newborn resuscitation equipment. These commodities are only expected to be available in facilities with midwives.
- » Most hospitals provide all CEmONC services, but only 33% of polyclinics provide cesarean section. Among facilities that offer CEmONC services, only 63% of regional hospitals and 41% of district hospitals had a functional anaesthesia machine at the time of the survey.
- » While 96% of district hospitals offer abortion care, 54% of health centres and 17% of CHPS offer these services.
- » The majority (93%) of all facility types offer at least some preventive and curative services for children under 5.
- » Only 47% of all facilities offer outpatient management of severe acute malnutrition without complications in children under 5. Only 54% of all facilities have child and infant weighing scales.
- » Infant and child immunisations are offered in 83% of facilities. 25% of facilities offer these services daily. However, the EPI Policy recommends daily immunization in all facilities providing this service.
- » 84% of facilities offer any adolescent/adult immunization. Specifically, 79% of facilities offer tetanus vaccination, while 5% offer HPV or influenza vaccines for adolescents/adults.
- » There is high availability of immunization materials across all facility levels and the majority of facilities have staff recently trained in immunization service delivery. More training is needed on topics such as Data Quality Survey and Reaching Every District.
- » Only around half of facilities have staff who had received training in the past two years to offer adolescent health services, including sexual and reproductive health.

# General service availability

Figure 1. Percentage of facilities offering key RMNCAH services



The RMNCAHN Strategic Plan addresses the critical need for the Ghana health system to deliver pre-pregnancy, pregnancy, childbirth, and postnatal services for mothers, newborns, children, and adolescents.

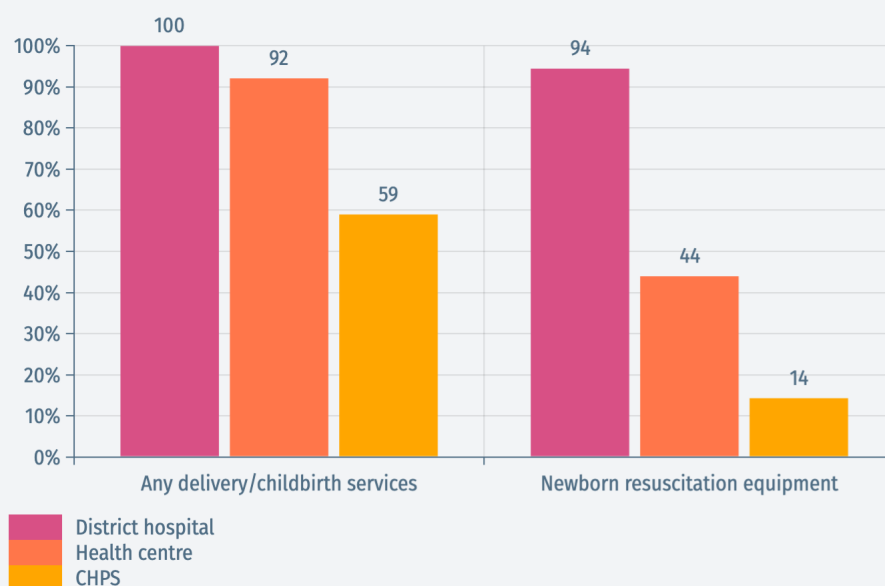
This will integrate the interventions in the different program areas and related activities leading to effective resource allocation and use for the improvement of Quality of Care in Maternal, Newborn and Child Health. Facilities providing CEmONC (20%) are far lower than those providing BEmONC (66%).

Service availability is above 80% for most key RMNCAH services. More facilities below the level of polyclinic could be equipped and supported to deliver antenatal care, basic delivery care, abortion care, and preventive child health services.

In general, most facilities can provide delivery services, but higher-level facilities were substantially more likely to be equipped than mid or lower-level facilities.

Only 44% of health centres and 14% of CHPS have newborn resuscitation equipment.

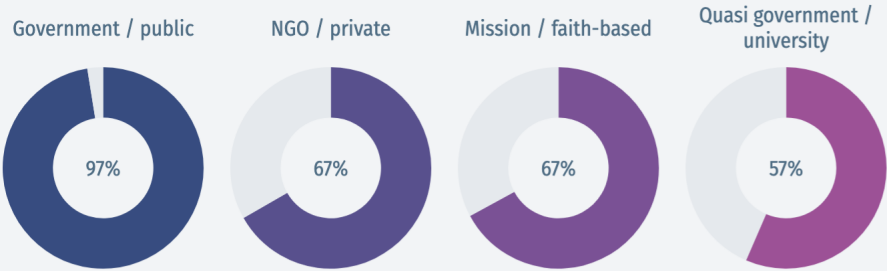
Figure 2. Percentage of facilities offering delivery/childbirth services and newborn resuscitation equipment



Not all the facilities have a staff member who has received training in the previous two years prior to the survey to deliver the services they offered. Among facilities that offer ANC services, 58% have staff who have received ANC training in the past two years. Among facilities that offer delivery services, 45% have staff who have received training in essential newborn care in the past two years. Among facilities offering child health services, 29% have staff who have received training in the Integrated Management of Childhood Illnesses (IMCI) in the past two years.

## Family planning

Figure 3. Percentage of facilities offering family planning services

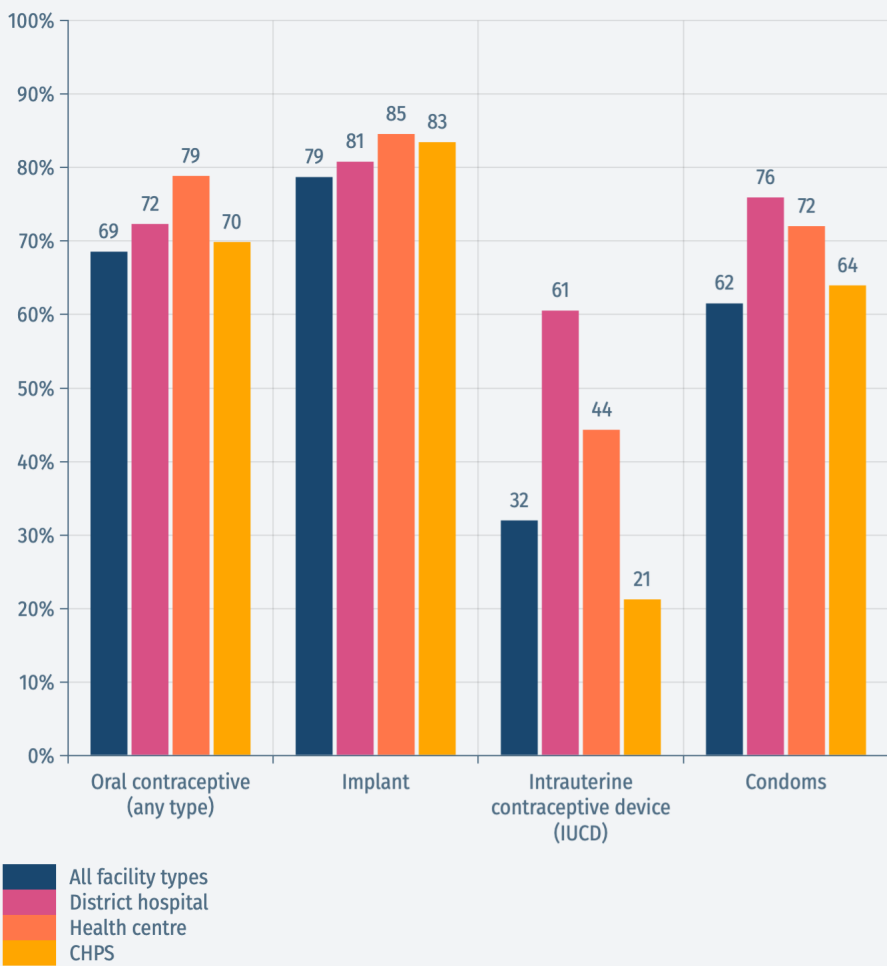


While 97% of government hospitals provide family planning services, only 67% of privately owned or mission hospitals provide these services.

More privately owned and mission hospitals should provide family planning services as part of their reproductive health care.

Ghana continues to increase the number of its modern contraceptive users with improved provider training, expanded method mix, and demand creation for family planning.

Figure 4. Availability of contraceptives at facilities offering family planning services

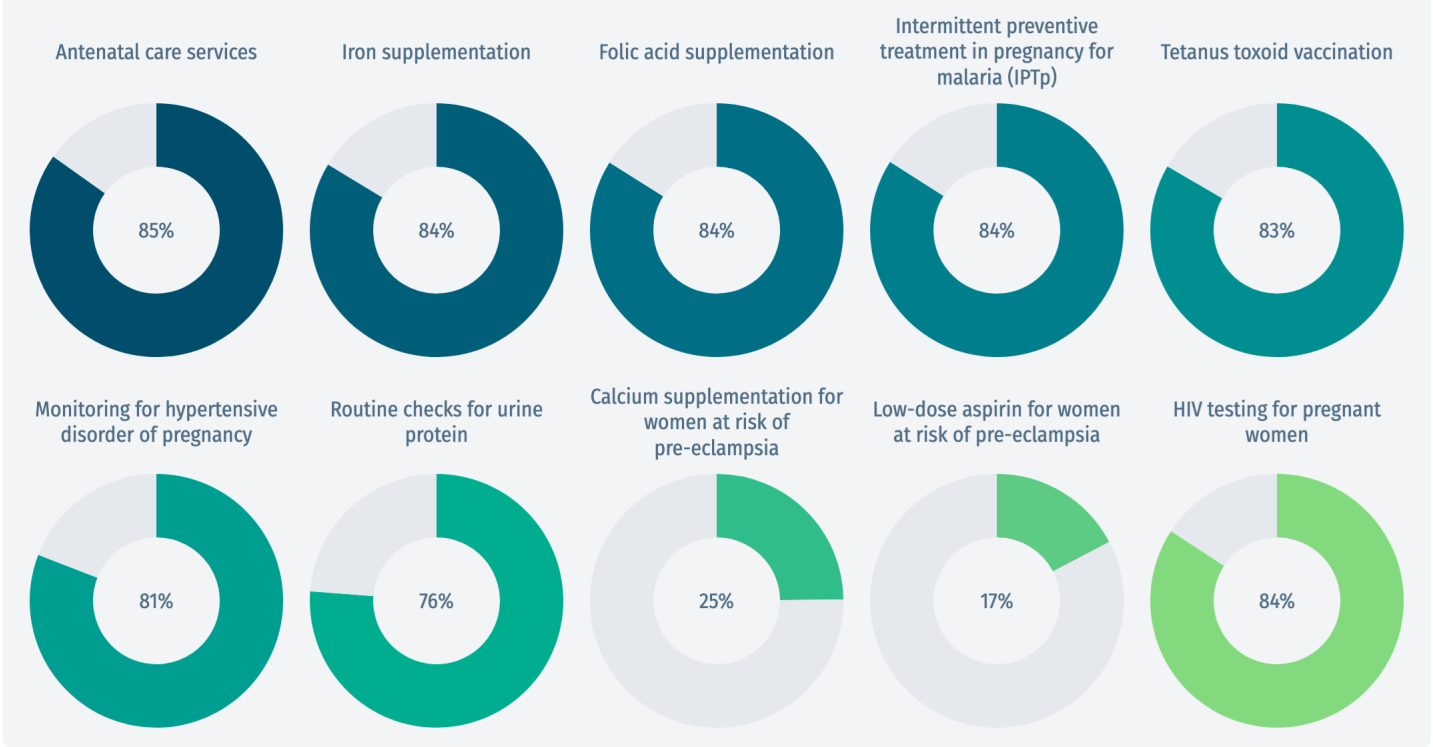


Among facilities that offer family planning services, availability of contraceptives is low. On average, only 69% of facilities that offer family planning services have oral contraceptives, and 32% have intrauterine contraceptive devices (IUCDs). IUCD is only provided in family planning clinics with midwives.



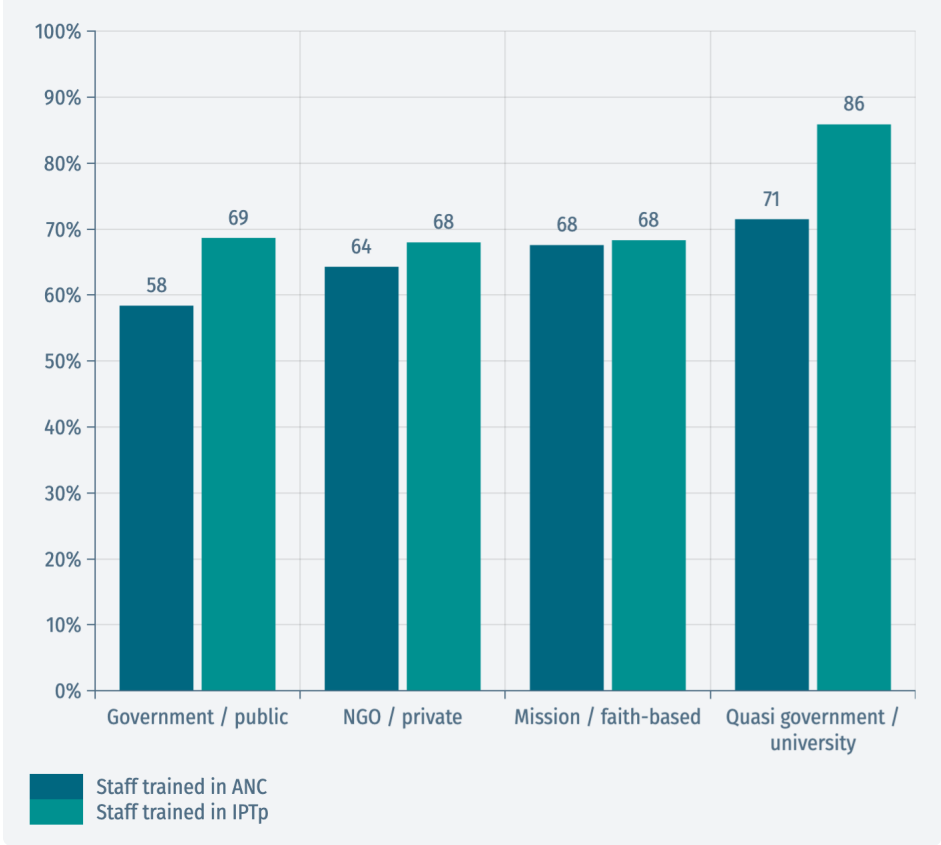
# Antenatal care

Figure 5. Percentage of facilities offering ANC services



Over 80% of facilities offer most antenatal services, including monitoring for hypertensive disorders, micronutrient supplementation, IPTp, and routine checks for urine protein. Few facilities offer calcium supplementation and low-dose aspirin for women at risk of pre-eclampsia.

Figure 6. Staff trained in ANC and IPTp at facilities offering ANC services



Not all facilities have staff who have received recent training to deliver the services they offer.

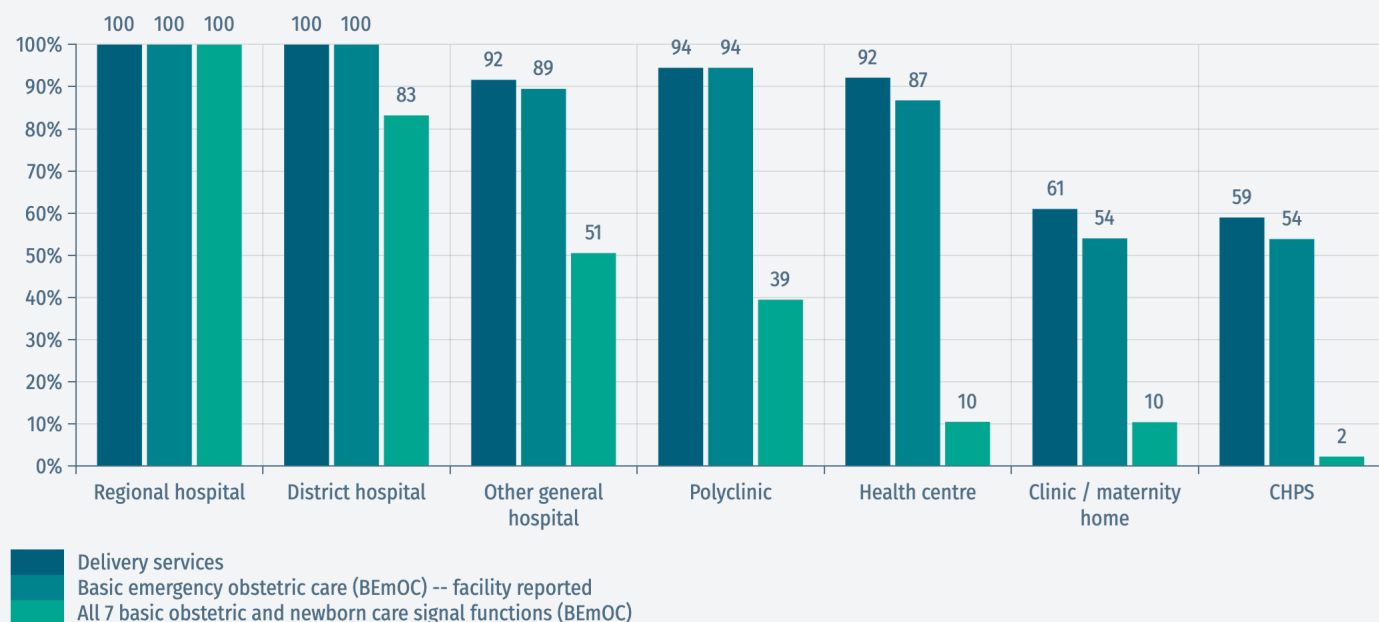
A little over half (58%) of facilities offering ANC services have staff who have received training in the past two years in ANC.



# Delivery care

## Basic emergency obstetric and newborn care (BEmONC)

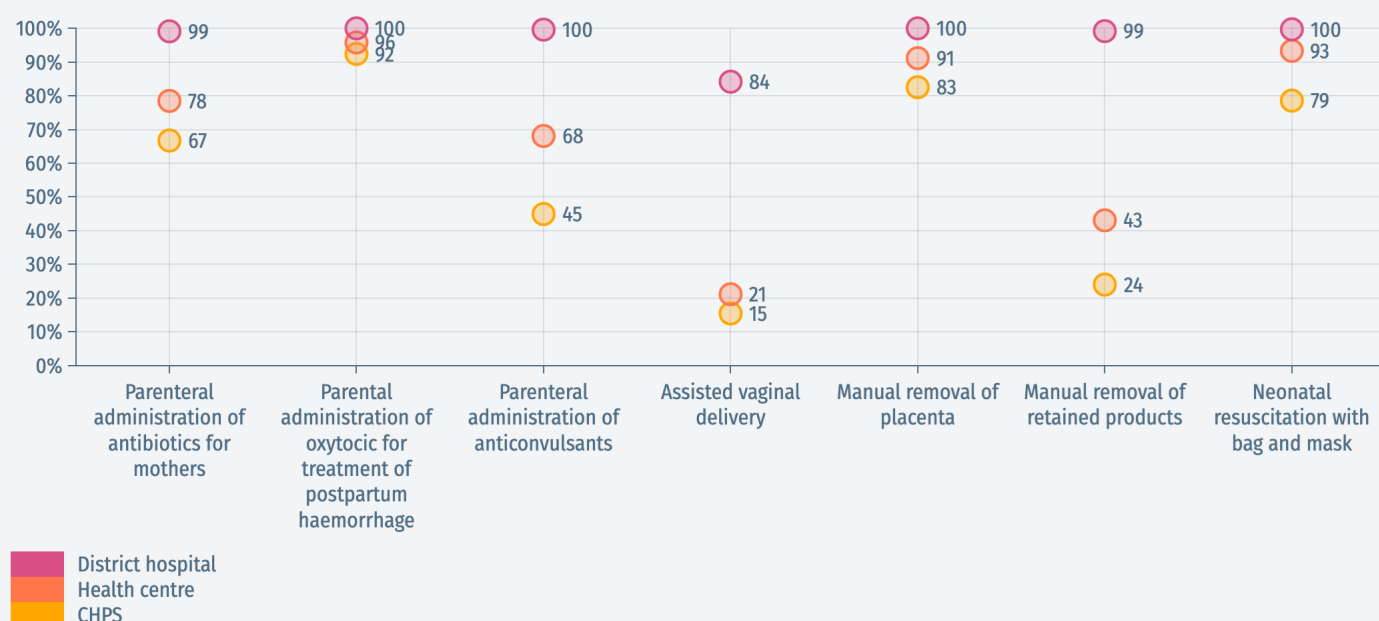
Figure 7. Percentage of facilities offering delivery and BEmONC services



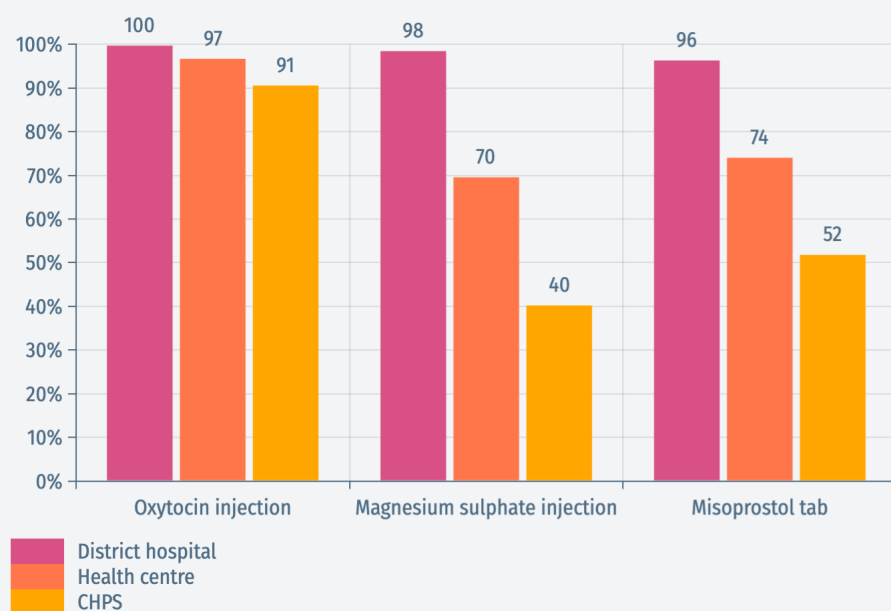
All hospitals are expected to offer all emergency obstetric and newborn care services. However, 17% of district hospitals and 49% of other general hospitals do not offer all 7 basic emergency obstetric and newborn care (BEmONC) signal functions. 17% of district hospitals and 53% of other general hospitals do not offer all 9 comprehensive emergency obstetric and newborn care (CEmONC) signal functions.

Most lower-level facilities do not provide all 7 BEmONC signal functions: only 39% of Polyclinics and 10% of health centres offer the service. Only 43% of health centres that offer delivery services provide removal of retained products, and only 21% of health centres provide assisted vaginal delivery.

Figure 8. Availability of BEmONC signal functions at facilities offering delivery services

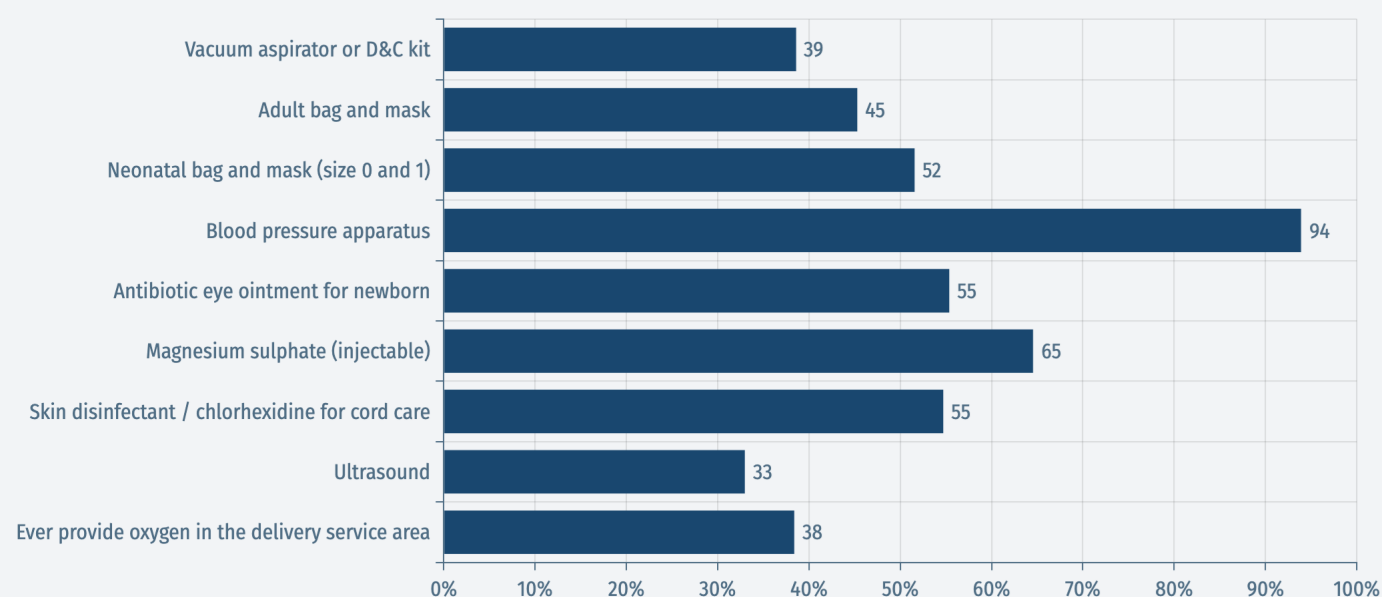


**Figure 9. Availability of life-saving commodities at facilities offering delivery services**

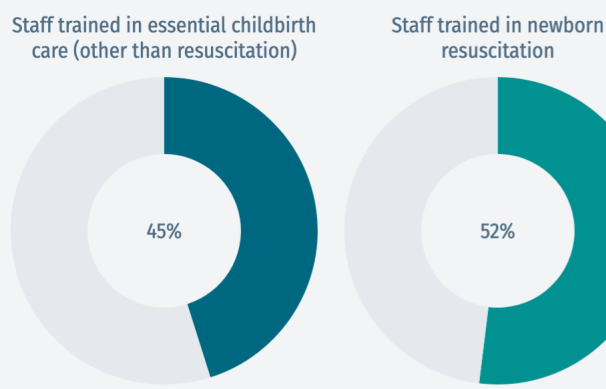


The availability of life-saving commodities such as oxytocin injection, magnesium sulfate injection, and misoprostol tablets is high at hospitals (above 96%), but low at health centres and CHPS. Only 44% of health centres and 14% of CHPS have newborn resuscitation equipment. These commodities are only expected to be available in facilities with midwives.

**Figure 10. Availability of essential childbirth care items and oxygen at facilities offering delivery services**



**Figure 11. Staff trained in essential childbirth care and newborn resuscitation at facilities offering delivery services**

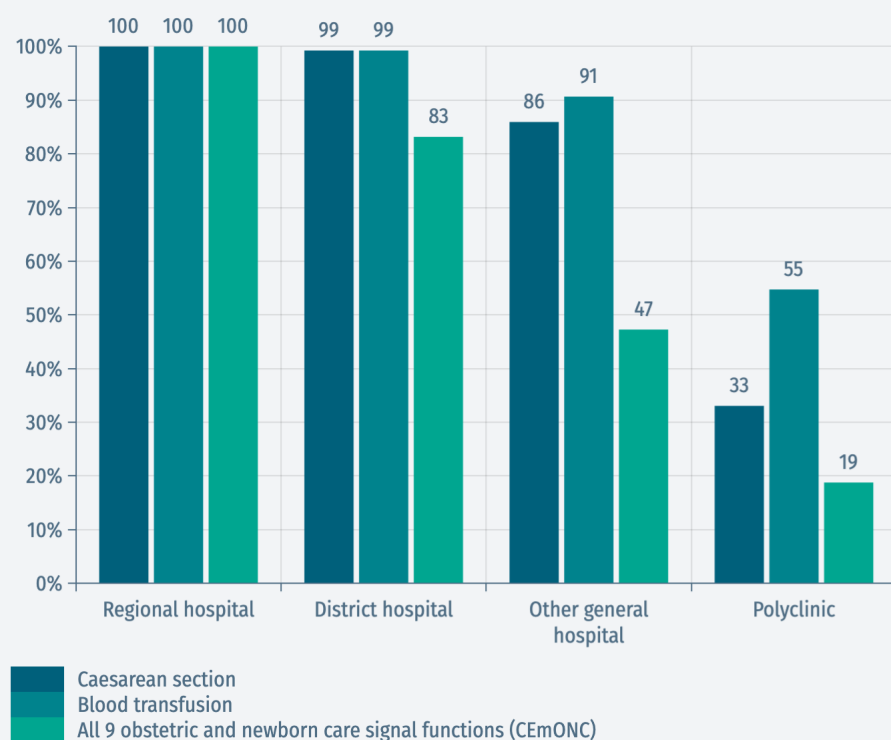


Not all facilities have staff trained within the past two years to deliver essential newborn care services.

Only 45% of facilities that offer delivery services have staff trained within the past 2 years offering essential newborn care.

# Comprehensive emergency obstetric and newborn care (CEmONC)

Figure 12. Percentage of facilities offering CEmONC services



Reducing maternal deaths will require high national priority given to addressing inequities in the distribution of EmONC services.

Most hospitals provide all CEmONC services, but only 33% of polyclinics provide cesarean section. Among facilities that offer CEmONC services, only 63% of regional hospitals and 41% of district hospitals had a functional anaesthesia machine at the time of the survey.

The Ministry of Health will need to strengthen facilities to be capable of providing CEmONC services to meet the national standards on CEmONC.

Access to comprehensive emergency obstetric and newborn care was distributed inequitably, suggesting the need to re-strategise to bring this essential service closer to the population. The survey showed a high percentage of resuscitation table with heat source across all hospitals and polyclinics.

Figure 13. Availability of essential CEmONC items at facilities offering CEmONC services

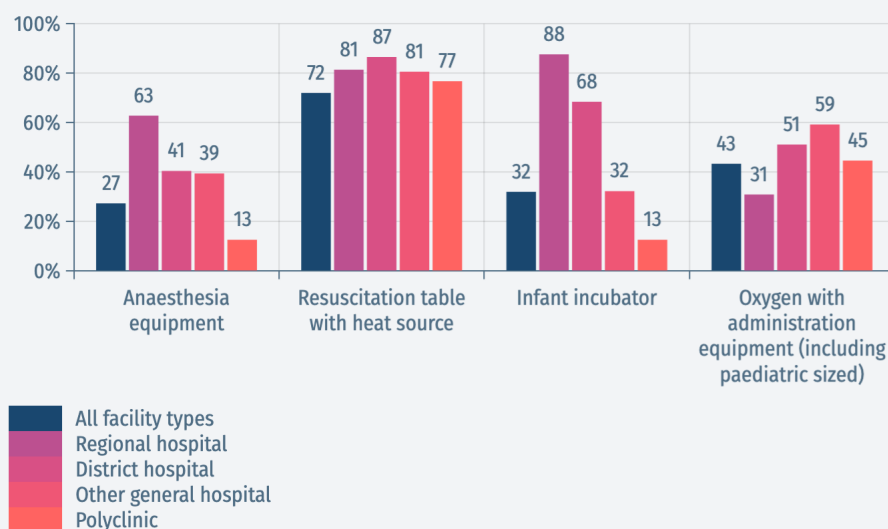
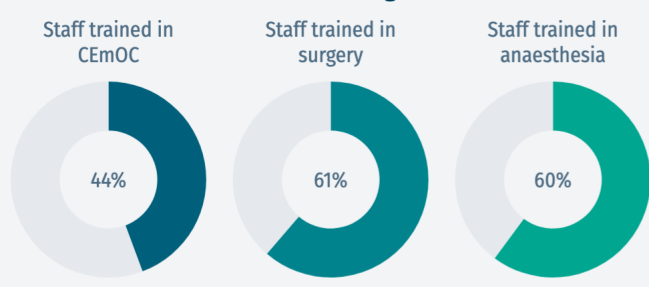


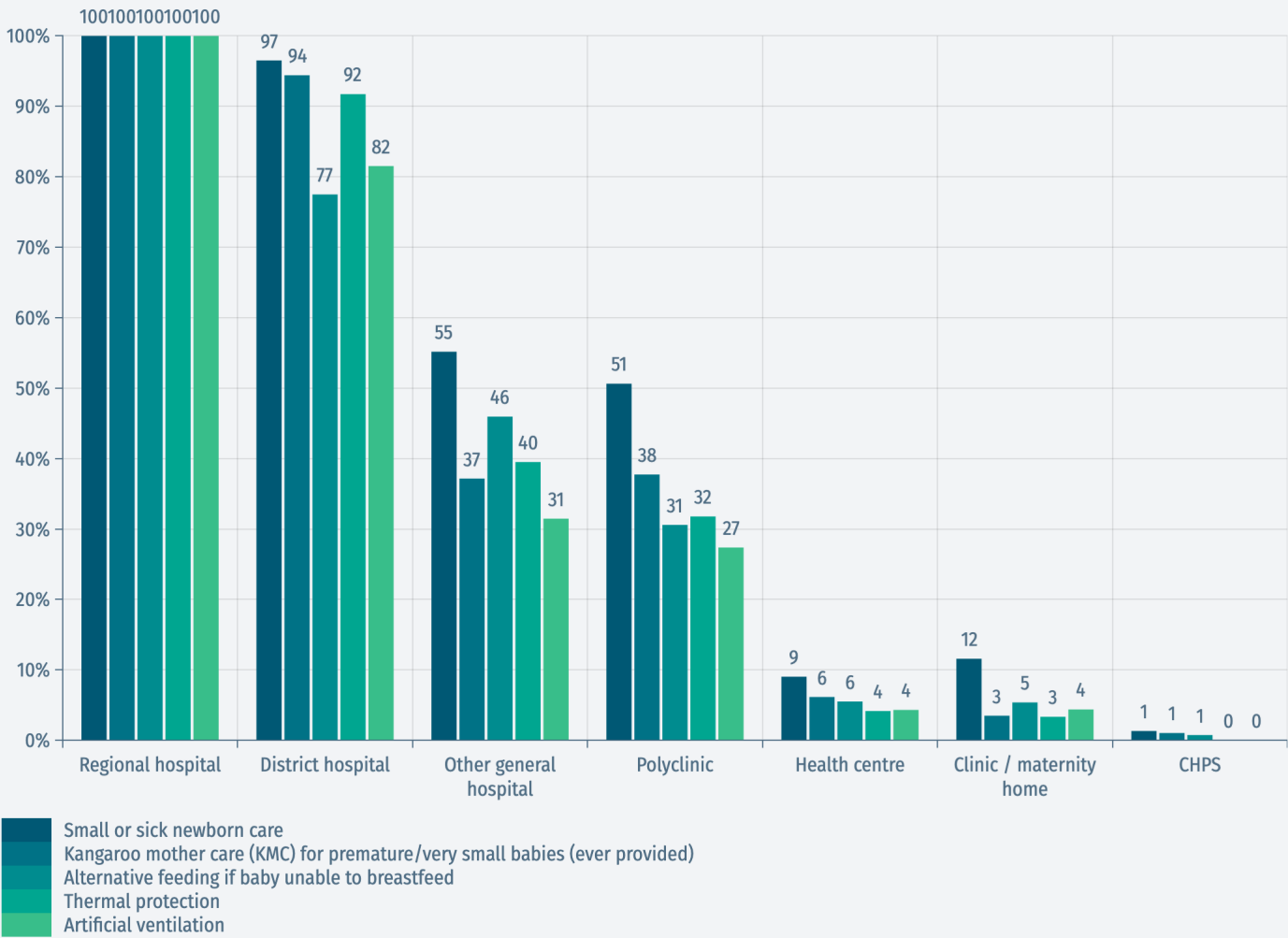
Figure 14. Staff trained in CEmONC, surgery, and anaesthesia at facilities offering CEmONC services



CEmONC services are usually provided in hospitals. Data shows a low proportion of staff trained to provide CEmONC services and availability of guidelines for CEmONC.

# Small and sick newborns

Figure 15. Percentage of facilities offering services for small and sick newborns

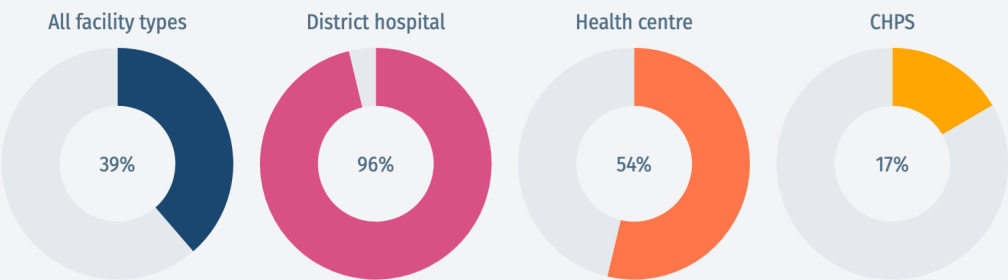


Care for small and sick newborns is mostly offered at higher-level services. Some of these services are being offered at the lower levels. Lower-level facilities are to give pre-referral treatment and refer to higher-level facilities.

Most hospitals and polyclinics have written guidelines for maternal postpartum care as well as trained staff on the same.

## Abortion care

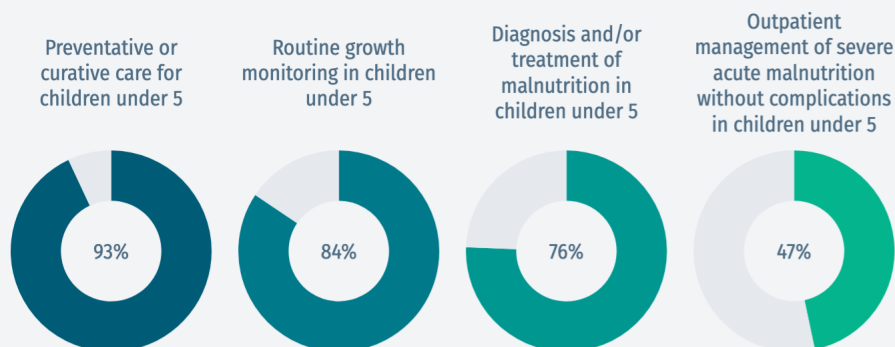
Figure 16. Percentage of facilities offering abortion care



While 96% of district hospitals offer abortion care, 54% of health centres and 17% of CHPS offer these services.

# Child health

Figure 17. Percentage of facilities offering preventive and curative child health services



The majority (93%) of all facility types offer at least some preventive and curative services for children under 5.

Only 47% of all facilities offer outpatient management of severe acute malnutrition without complications in children under 5. Only 54% of all facilities have child and infant weighing scales.

Figure 18. Percentage of hospitals offering inpatient management of severe childhood malnutrition

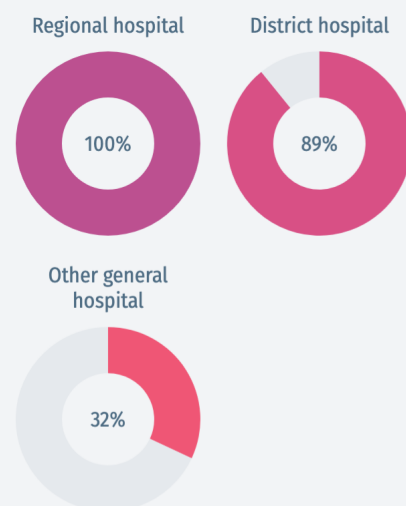


Figure 19. Availability of growth monitoring equipment at facilities offering child health preventative and curative care services

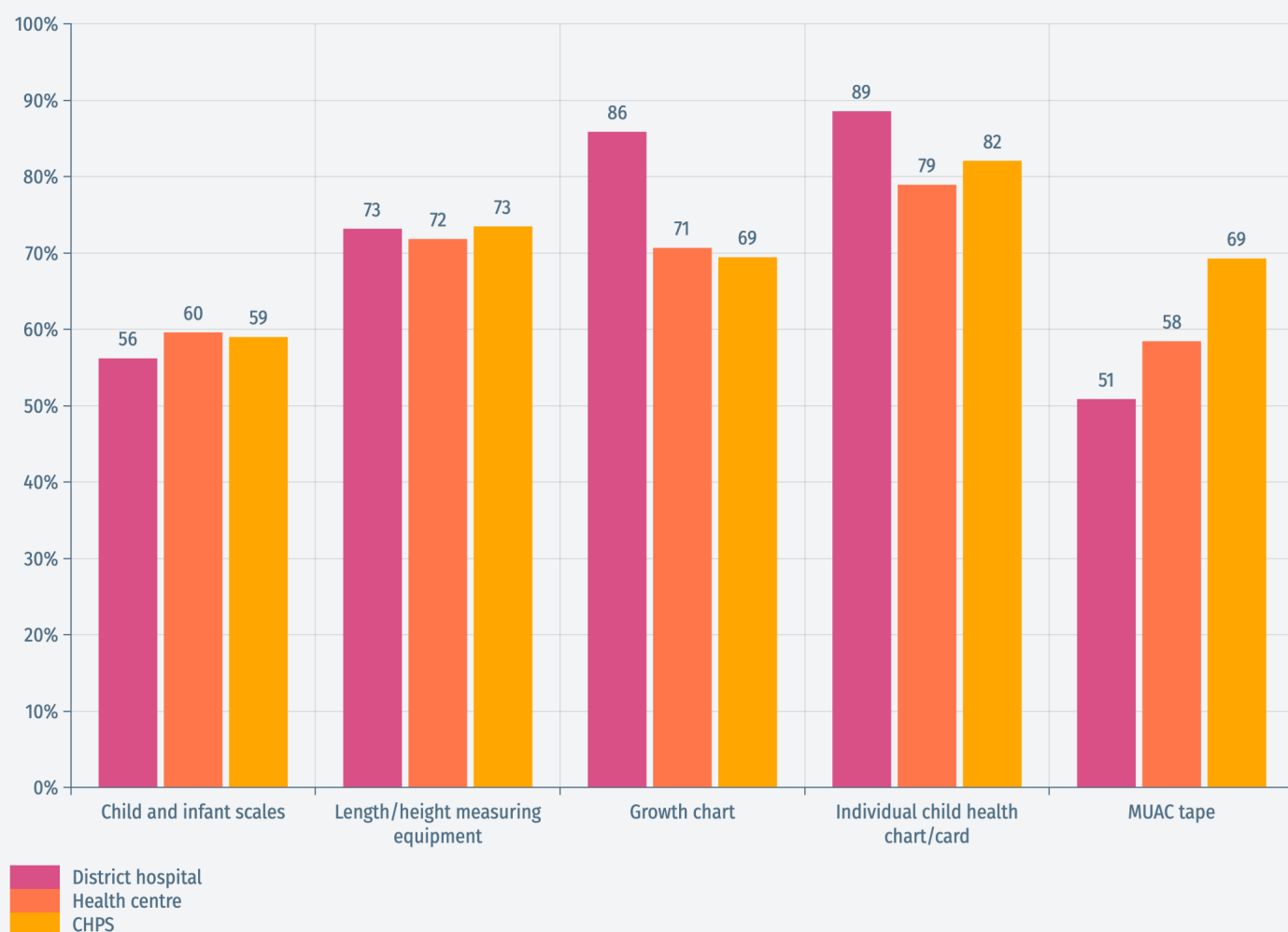
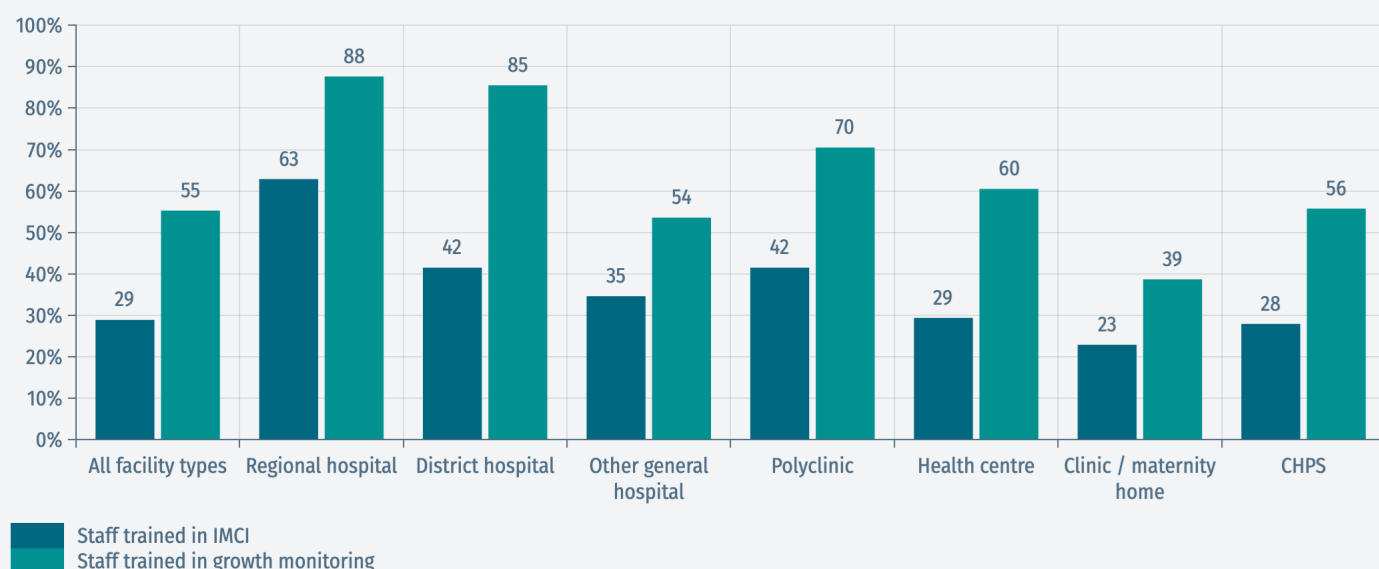


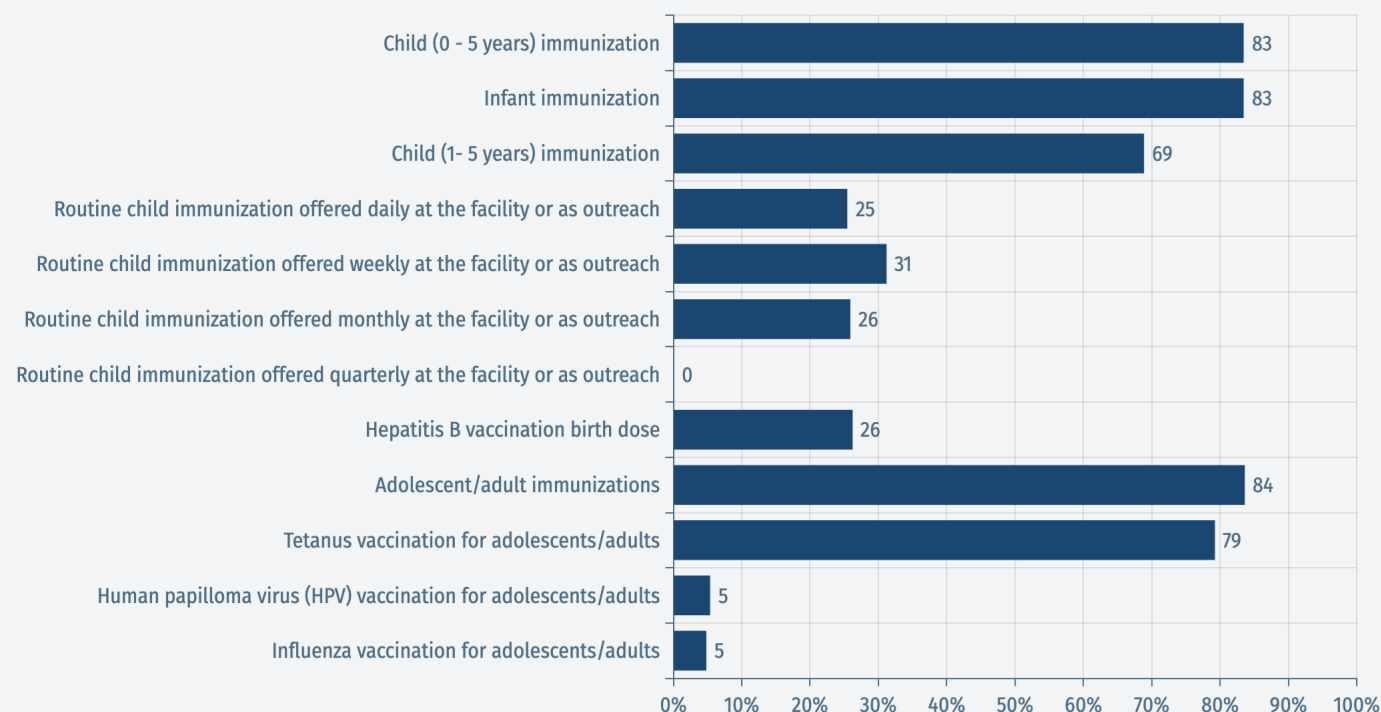
Figure 20. Staff trained in IMCI and growth monitoring at facilities offering child health services



The use of IMCI guidelines reduces infant mortality as well as the incidence and seriousness of illnesses and health problems that affect boys and girls. Growth monitoring is basic service delivery provided by all health facilities hence the high percentages recorded.

## Immunization

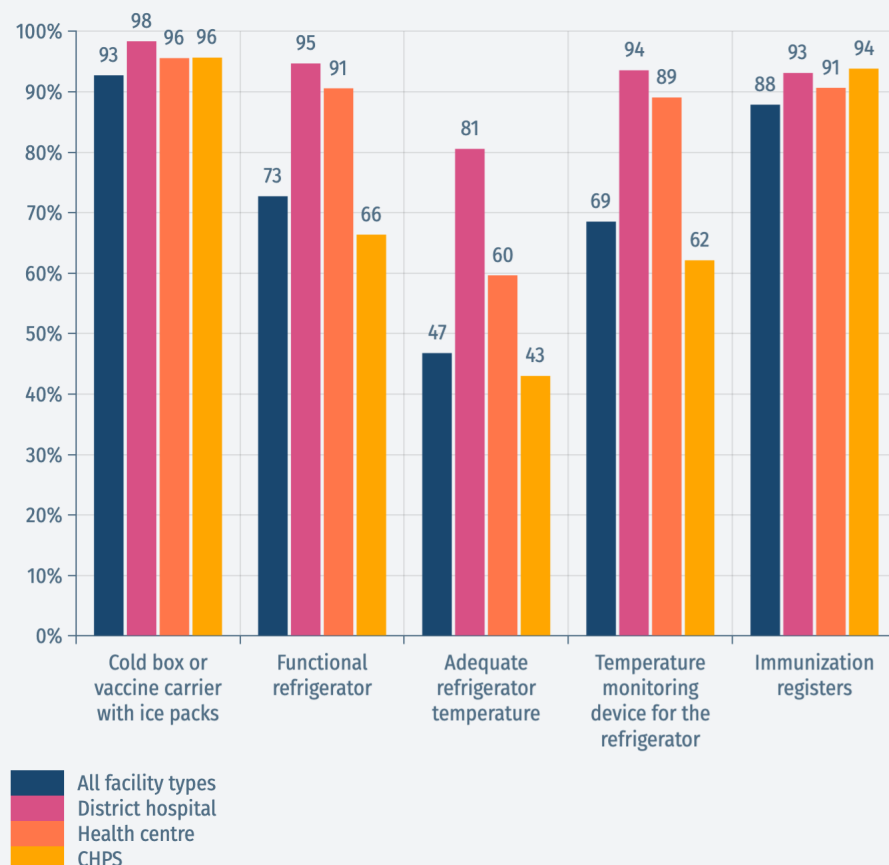
Figure 21. Percentage of facilities offering immunization services



Infant and child immunisations are offered in 83% of facilities. 25% of facilities offer these services daily. However, the EPI Policy recommends daily immunization in all facilities providing this service.

84% of facilities offer any adolescent/adult immunization. Specifically, 79% of facilities offer tetanus vaccination, while 5% offer HPV or influenza vaccines for adolescents/adults.

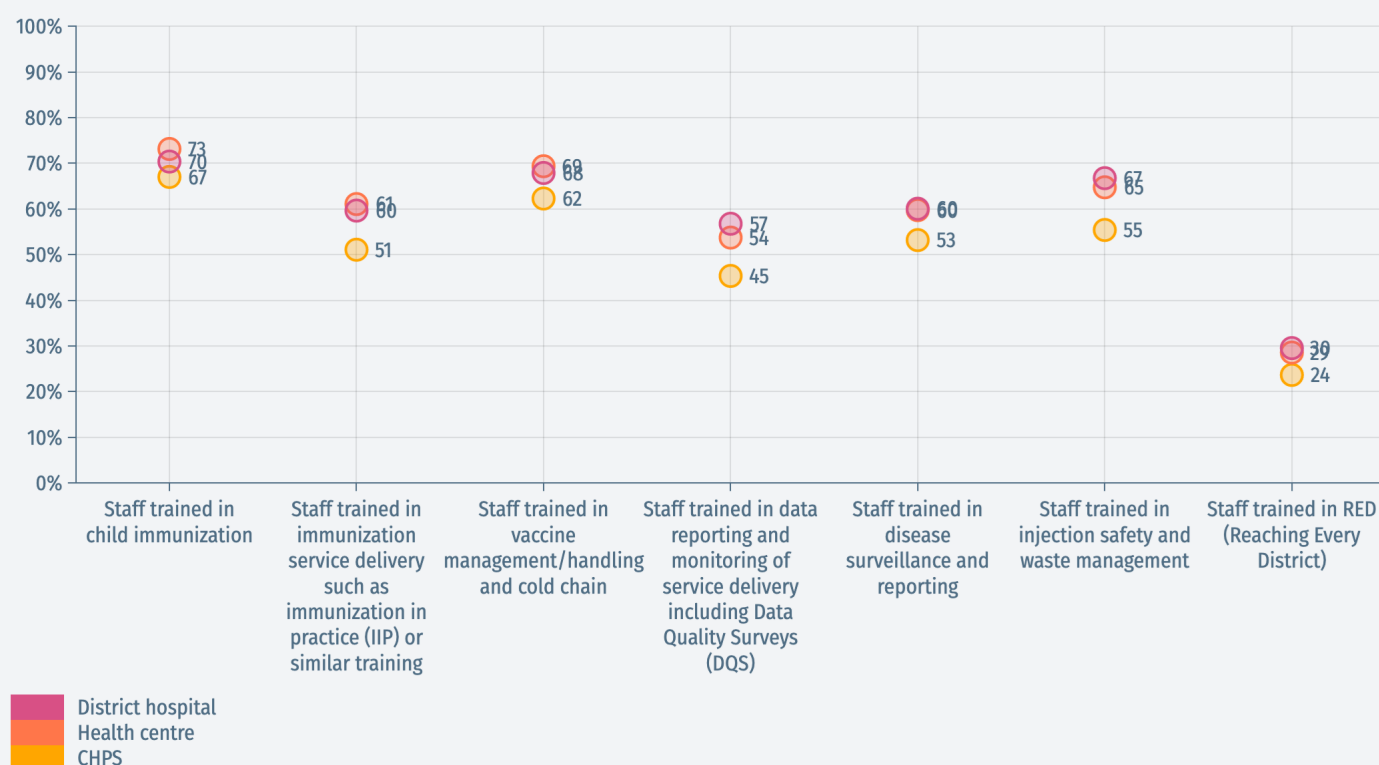
Figure 22. Availability of essential immunization equipment at facilities offering immunization services



In Ghana, the Expanded Programme of Immunisation (EPI) has helped reduce infant mortality and recorded a significant fall in morbidity rates of vaccine-preventable diseases such as measles and poliomyelitis.

There is high availability of immunization materials across all facility levels and the majority of facilities have staff recently trained in immunization service delivery. More training is needed on topics such as Data Quality Survey and Reaching Every District.

Figure 23. Staff trained in immunization services at facilities offering immunization services

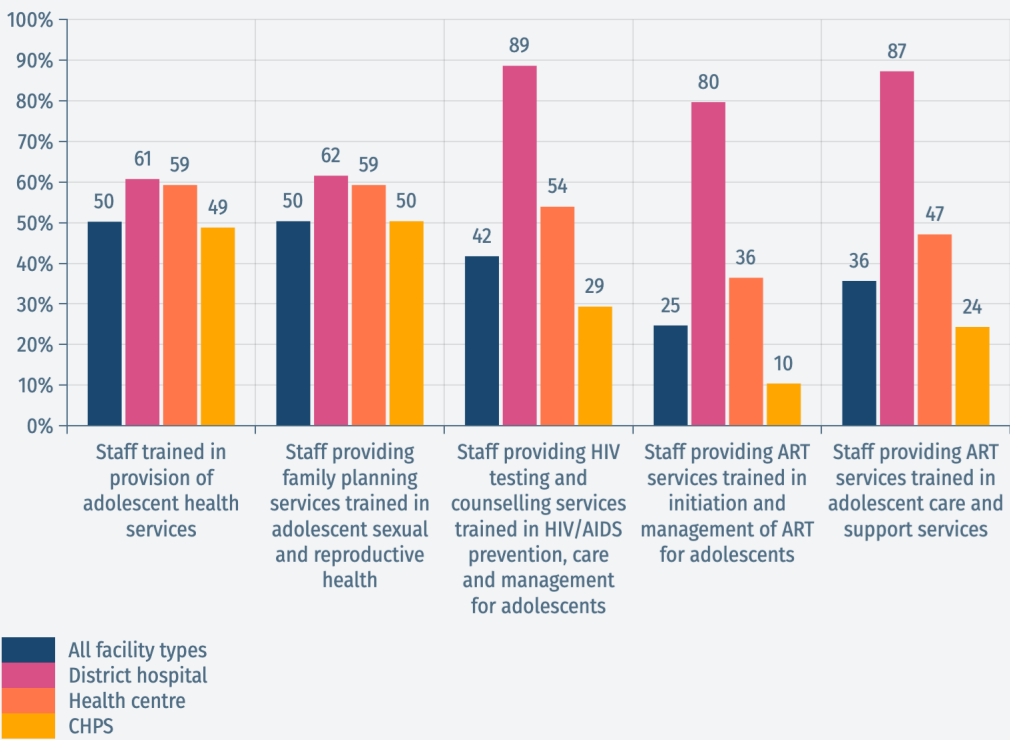


Nationally, 54% of facilities have staff trained in immunisation service delivery such as immunisation in practice (IIP) or similar training. 64% of facilities have staff trained in vaccine management/handling of cold chain. Only 24% of facilities have staff trained on Reaching Every District (RED).



# Adolescent health

Figure 24. Staff training and service provision at facilities offering adolescent health services



Only around half of facilities have staff who had received training in the past two years to offer adolescent health services, including sexual and reproductive health.

## Services by health facility type

### District hospitals

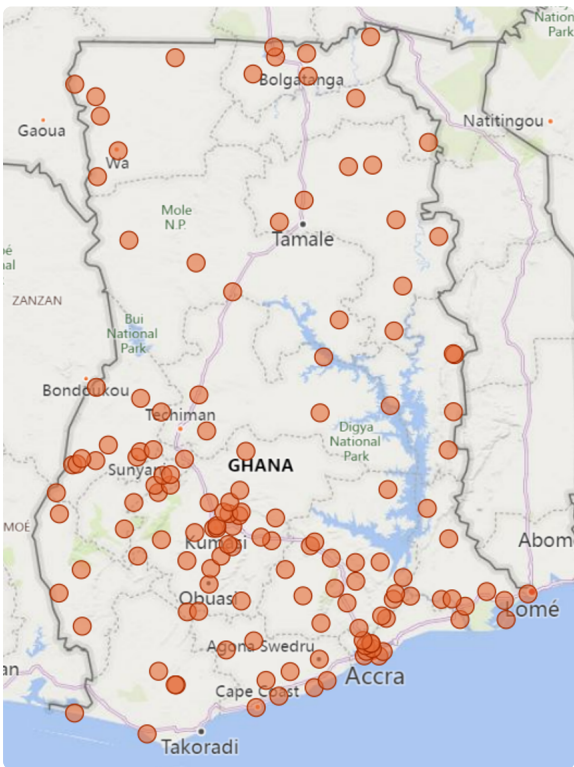
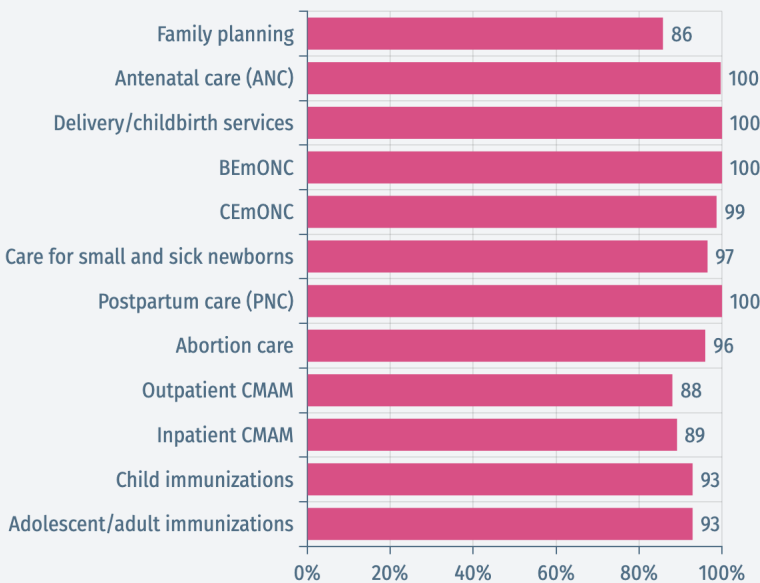


Figure 25. Percentage of district hospitals offering key services



# Health centres

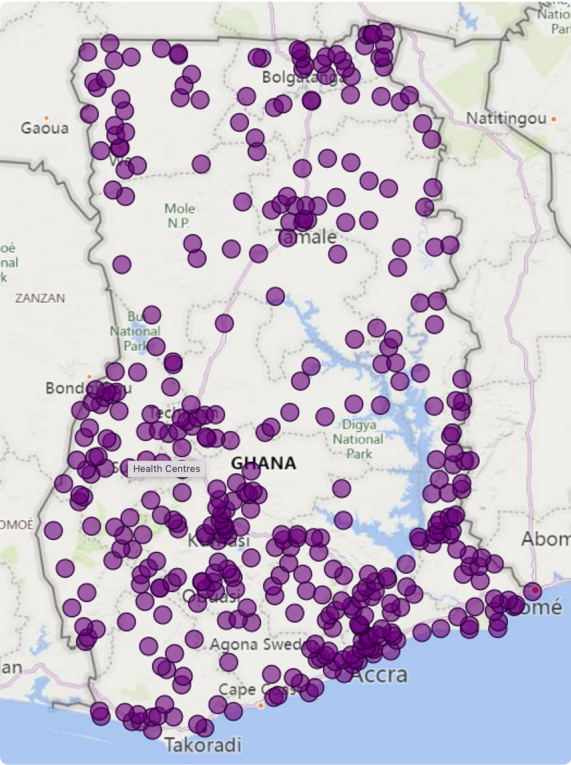
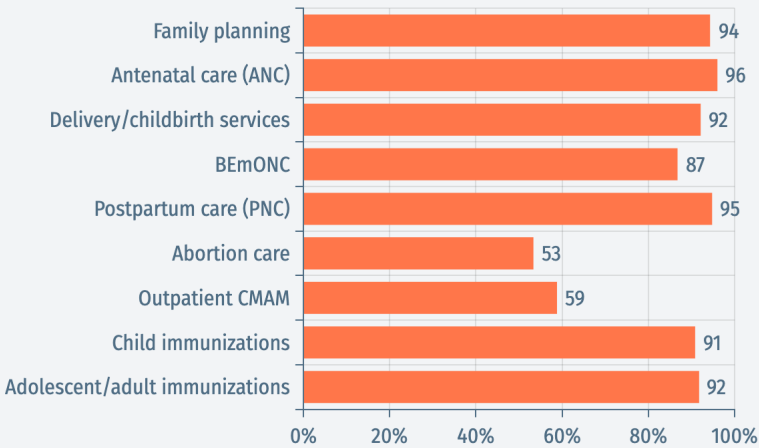


Figure 26. Percentage of health centres offering key services



# CHPS

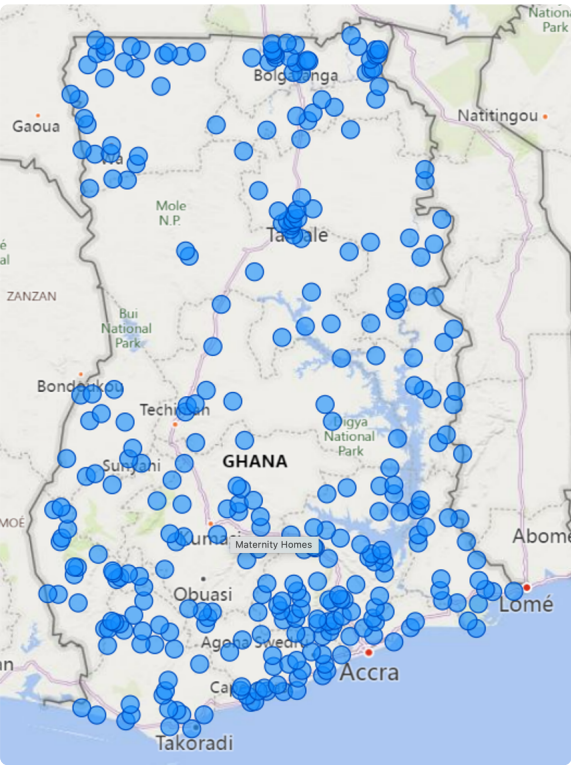
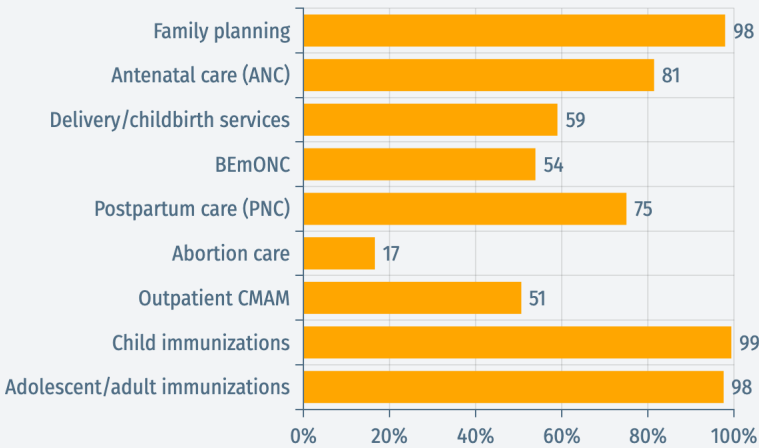


Figure 27. Percentage of CHPS offering key services



## Acknowledgements

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