



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

Snapshot 4

**Surgery, emergency, palliative, and  
rehabilitation care**

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

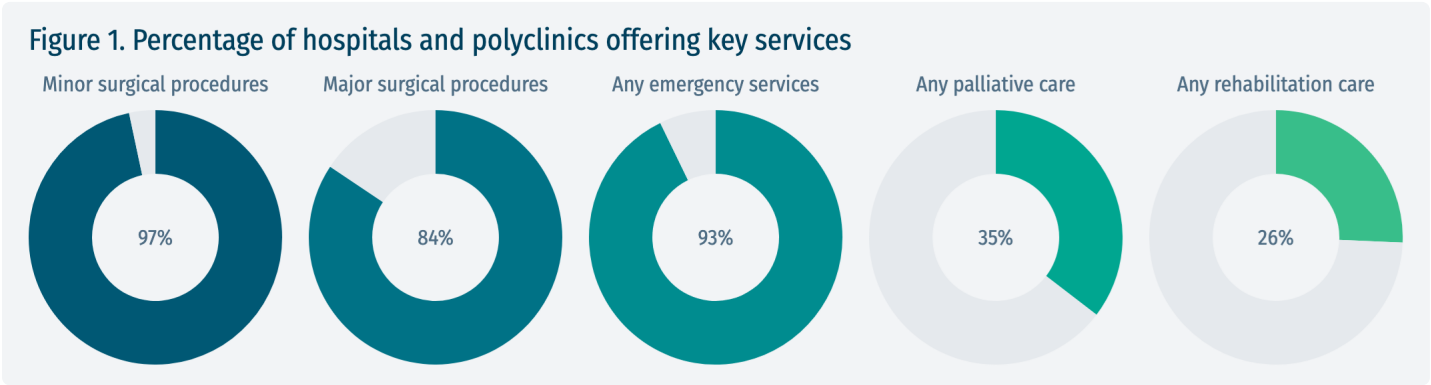
	Regional hospital	District hospital	Other general hospital	Polyclinic	Health centre	Maternity home	Clinic	CHPS	Total
Ahafo	1	6	1	0	7	1	5	5	26
Ashanti	1	27	18	8	54	18	30	17	173
Bono	1	12	4	1	31	3	9	11	72
Bono East	1	4	13	1	23	1	4	11	58
Central	1	11	11	14	28	8	21	34	128
Eastern	1	18	15	2	41	1	15	57	150
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

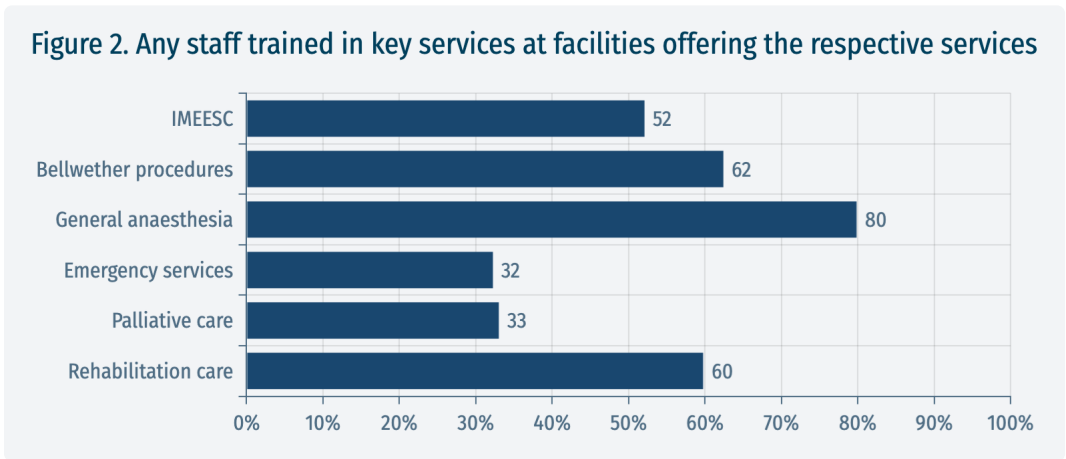
- » Most hospitals and polyclinics offer minor surgical procedures (97%), major surgical procedures (84%), and emergency services (93%). Palliative care is offered at around half of hospitals and a small number of polyclinics. Rehabilitation care is offered at most regional hospitals (94%) and a limited number of other facilities.
- » Most facilities offering palliative care or emergency services do not have staff who have received training in the past two years preceding the survey and have no guidelines for those services.
- » Minor surgical procedures are offered at almost all hospitals and polyclinics. However, only 50% of regional hospitals, 56% of district hospitals, and 21% of polyclinics had minor surgical kits to perform procedures at the time of the survey.
- » Two-thirds of facilities (66%) surveyed conduct surgeries (either minor or major); only 16% of facilities provide major surgical procedures (defined as the three Bellwether surgical procedures i.e. caesarean section, reduction and fixation of open long-bone fractures and laparotomy). Although over 85% of hospitals provide major surgical procedures, only 3% of all facilities reported providing all three Bellwether surgical procedures, made up of 43% of regional hospitals, 20% of district hospitals and 19% of other general hospitals.
- » Laparotomy is offered at most hospitals (72-100%), but cataract surgery (9-81%) and open reduction and fixation for fracture (19-43%) are only offered in some hospitals.
- » Most infection prevention and control items are available in facilities offering major surgery services, although some facilities lack these items. Essential infrastructure for surgical services, such as a marked point for surgical infection preventive practices, a scrub site with running water, and a defined closed space for storage of sterile items, are available in over 80% of facilities providing major surgery services.
- » Most facilities that offer blood transfusion services lack blood storage facilities (38% availability). Similarly, blood typing and cross-matching capacity are relatively low (65% and 31% respectively) in these facilities.
- » 24-hour medical and nursing staff onsite in emergency units are not available in all facilities that provide emergency services, with availability ranging from 81% of regional hospitals to 64% of district hospitals, 43% of other general hospitals, and 40% of polyclinics.
- » Less than 55% of hospitals and polyclinics offering emergency services have any cardiac intervention services.
- » Key medicines, including adrenaline, glucose, magnesium sulfate, and opiate analgesic, are available at most (68-94%) hospitals and many (47-58%) polyclinics where emergency services are provided.
- » Essential equipment for breathing interventions (including pulse oximeter, nebuliser and attachments, resuscitation bag and masks) are available in about 40% of facilities providing emergency services. CPAP equipment and chest tubes with insertion set and underwater seal bottle are relatively unavailable.
- » Of facilities that offer oxygen services, most have reliable oxygen services and pulse oximeters. However, the supply of oxygen itself ranges from 65% to 94%.
- » Palliative care is only offered at a minority of hospitals and polyclinics. Home-based palliative care services are only available at 5-21% of hospitals and polyclinics.
- » Rehabilitative care or physiotherapy services are available at 94% of regional hospitals but at less than half of other facility types.

# General service availability

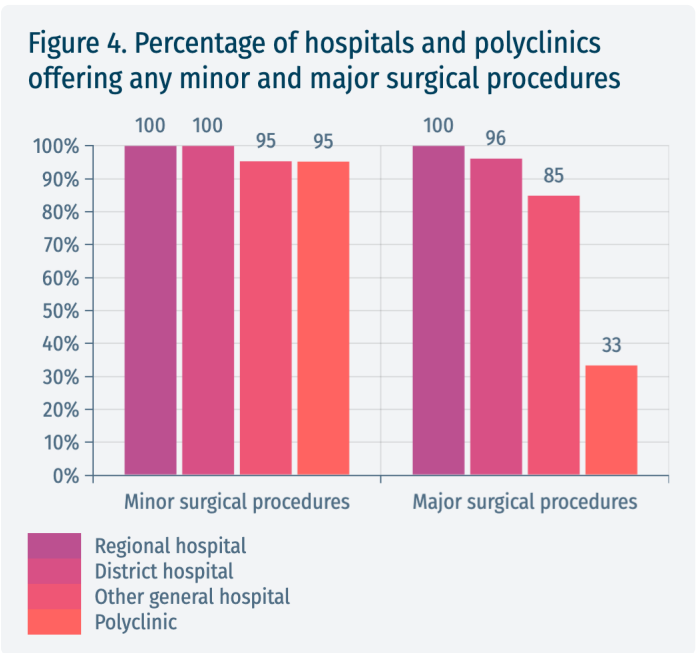
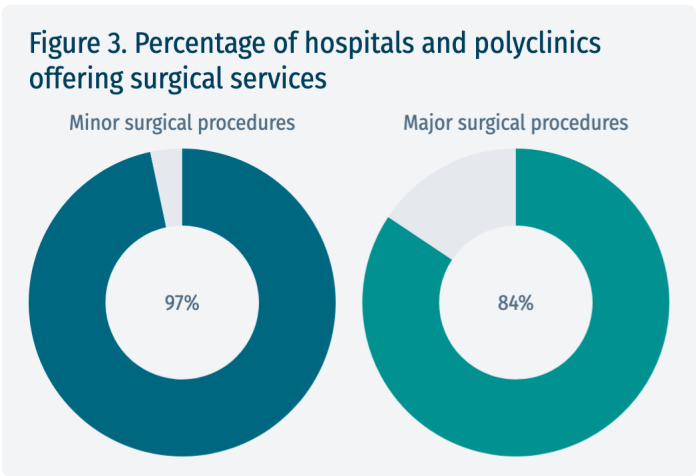
Most hospitals and polyclinics offer minor surgical procedures (97%), major surgical procedures (84%), and emergency services (93%). Palliative care is offered at around half of hospitals and a small number of polyclinics. Rehabilitation care is offered at most regional hospitals (94%) and a limited number of other facilities.



Most facilities offering palliative care or emergency services do not have staff who have received training in the past two years preceding the survey and have no guidelines for those services.



# Surgery



Minor surgical procedures are offered at almost all hospitals and polyclinics. However, only 50% of regional hospitals, 56% of district hospitals, and 21% of polyclinics had minor surgical kits to perform procedures at the time of the survey.

Figure 5. Equipment and commodities at facilities offering minor surgery

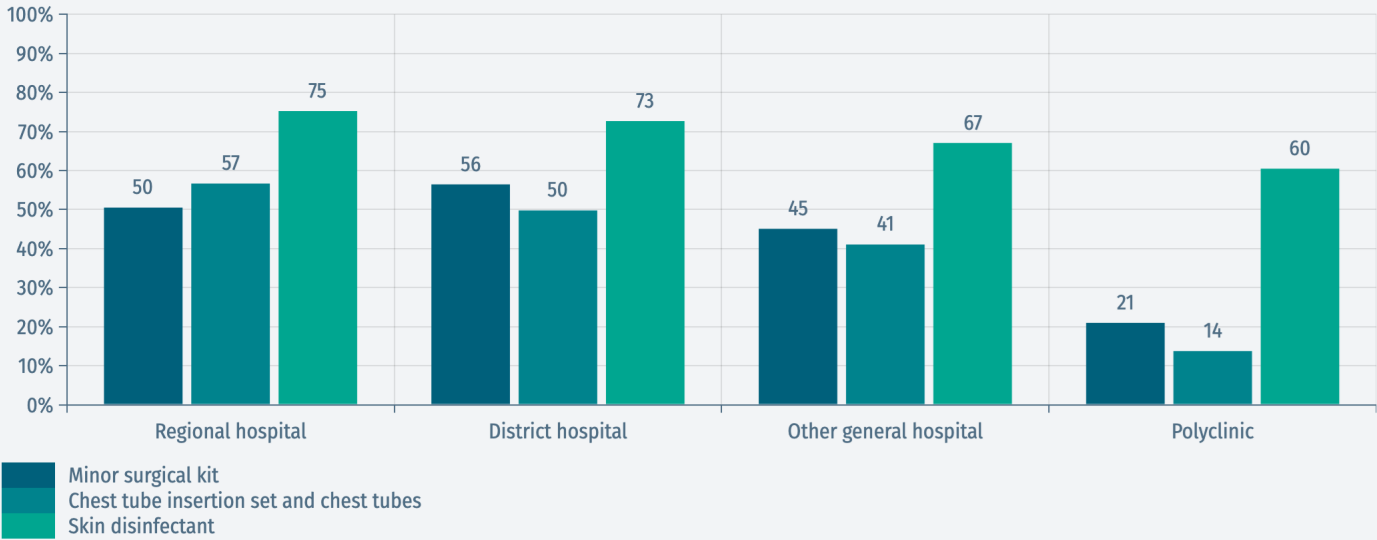


Figure 6. Percentage of hospitals and polyclinics offering surgical procedures

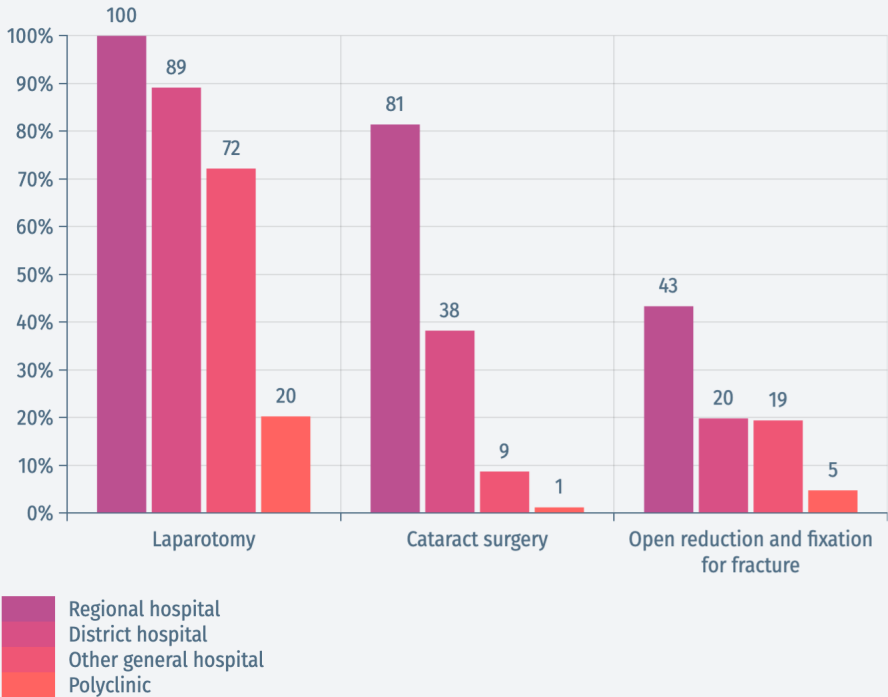
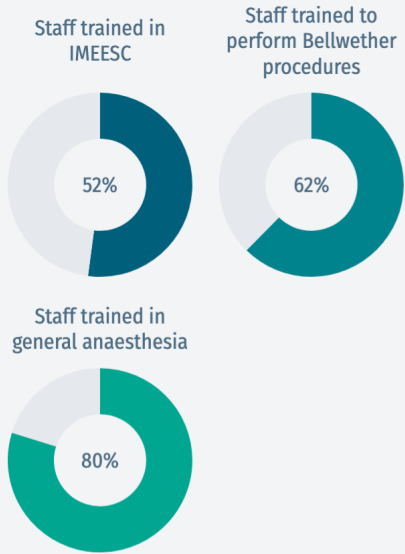


Figure 7. Any staff trained in major surgery at facilities offering major surgical procedures

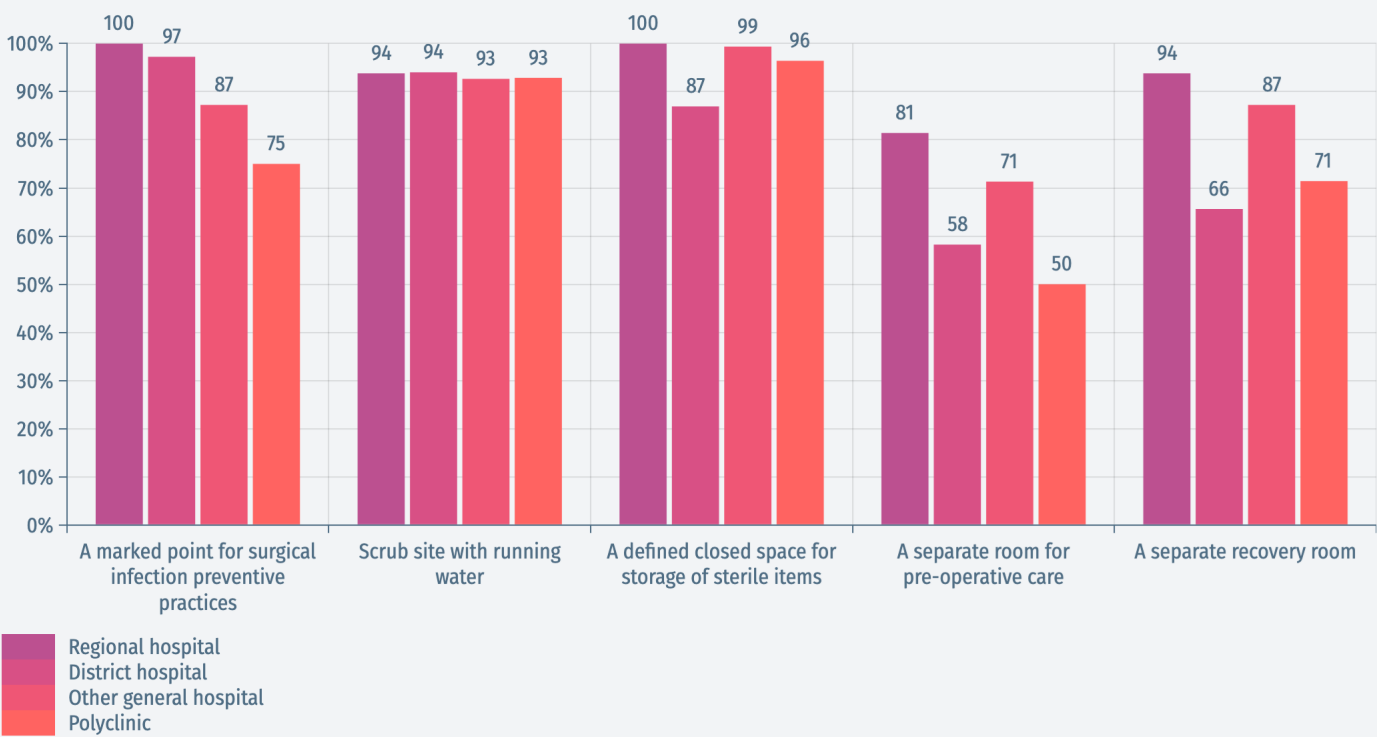


Two-thirds of facilities (66%) surveyed conduct surgeries (either minor or major); only 16% of facilities provide major surgical procedures (defined as the three Bellwether surgical procedures i.e. caesarean section, reduction and fixation of open long-bone fractures and laparotomy). Although over 85% of hospitals provide major surgical procedures, only 3% of all facilities reported providing all three Bellwether surgical procedures, made up of 43% of regional hospitals, 20% of district hospitals and 19% of other general hospitals.

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Figure 8. Infrastructure at facilities offering major surgery



Most facilities that offer blood transfusion services lack blood storage facilities (38% availability). Similarly, blood typing and cross-matching capacity are relatively low (65% and 31% respectively) in these facilities.

Figure 9. Blood transfusion equipment at facilities offering blood transfusion

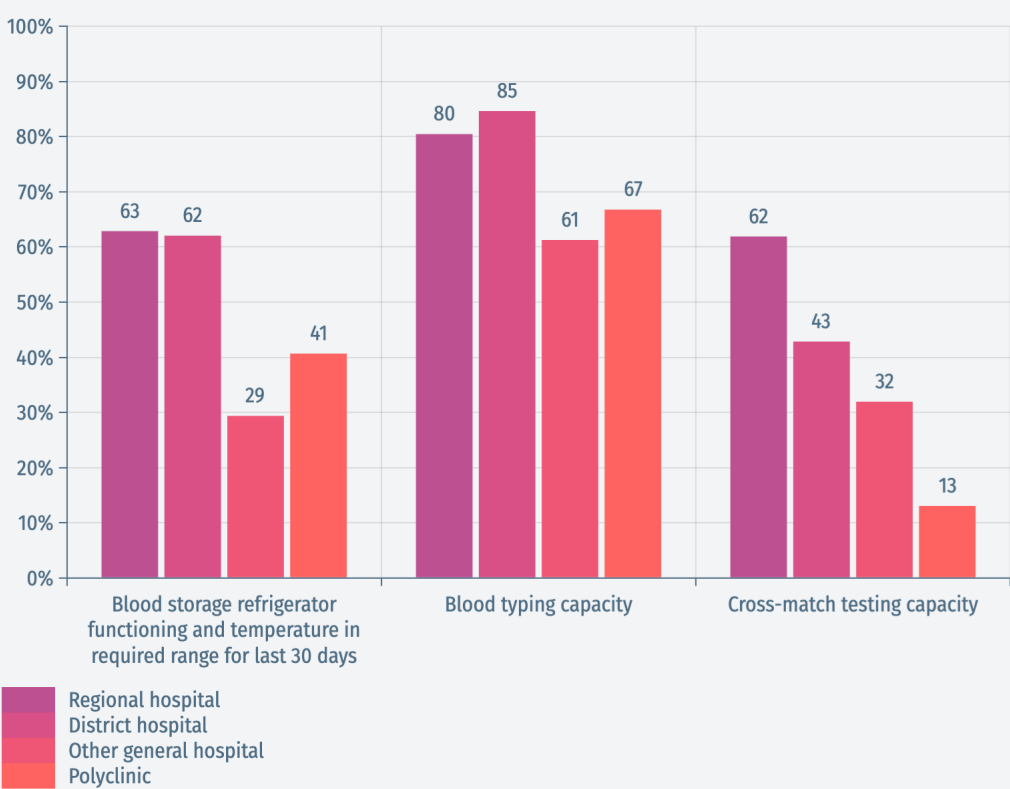
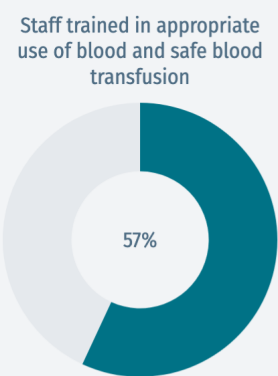


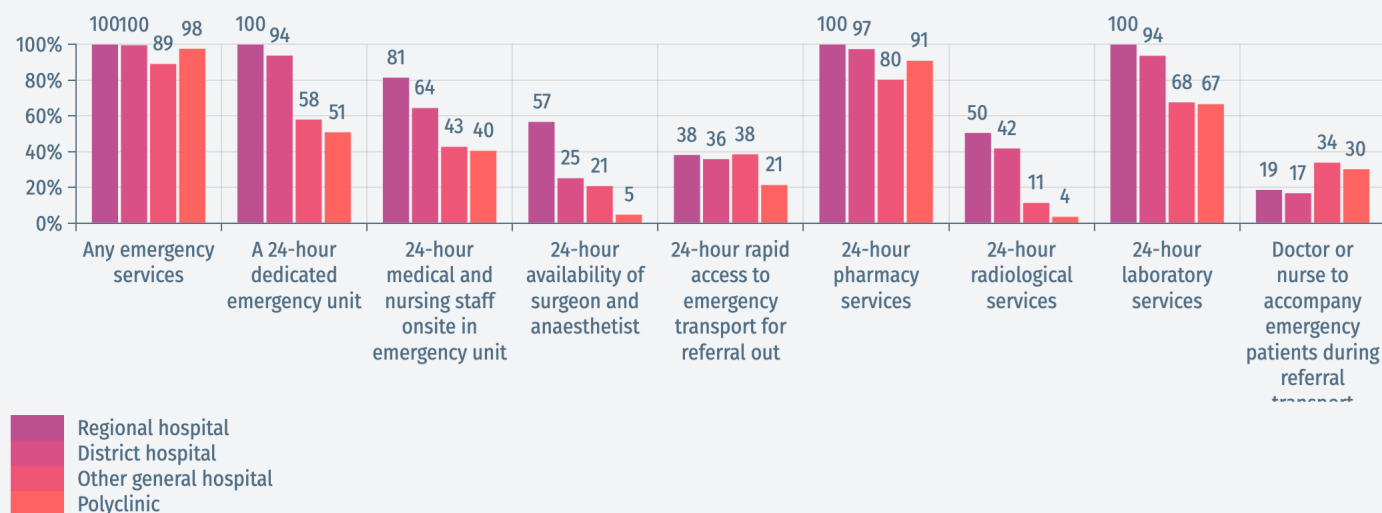
Figure 10. Any staff trained in blood transfusion at facilities offering blood transfusion services





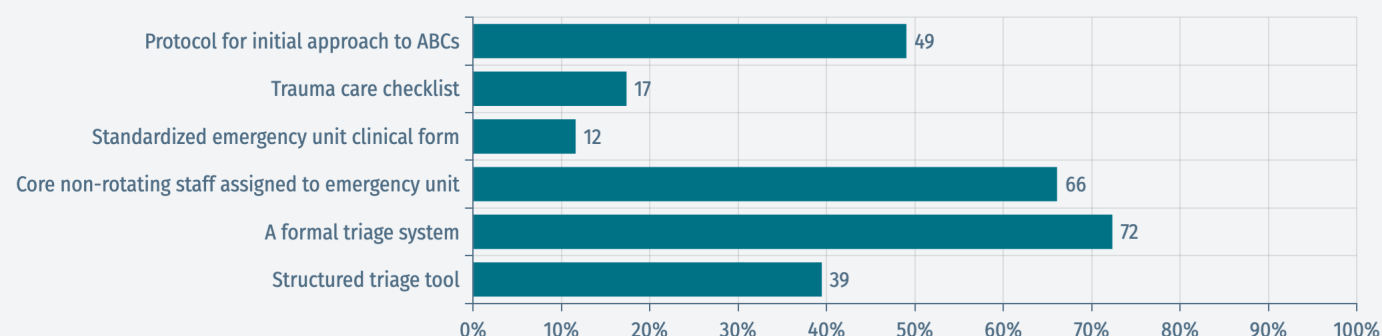
# Emergency services

Figure 11. Percentage of hospitals and polyclinics offering emergency services



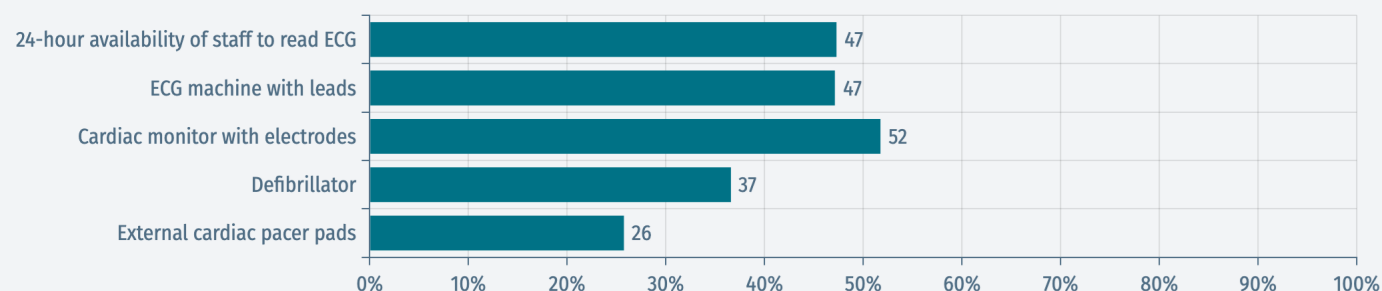
24-hour medical and nursing staff onsite in emergency units are not available in all facilities that provide emergency services, with availability ranging from 81% of regional hospitals to 64% of district hospitals, 43% of other general hospitals, and 40% of polyclinics.

Figure 12. Availability of protocols and forms at hospitals and polyclinics offering emergency services



Less than 55% of hospitals and polyclinics offering emergency services have any cardiac intervention services.

Figure 13. Availability of cardiac intervention equipment at hospitals and polyclinics offering emergency services



Key medicines, including adrenaline, glucose, magnesium sulfate, and opiate analgesic, are available at most (68-94%) hospitals and many (47-58%) polyclinics where emergency services are provided.

Figure 14. Availability of commodities at hospitals and polyclinics offering emergency services

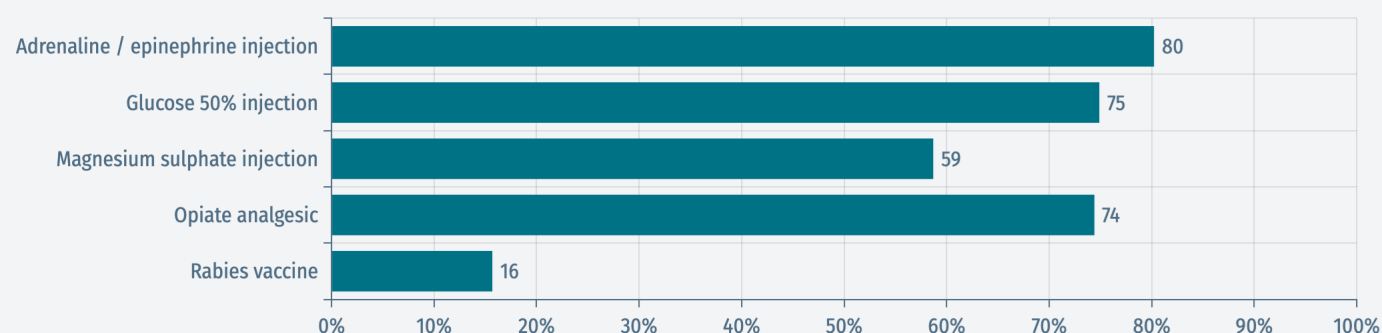
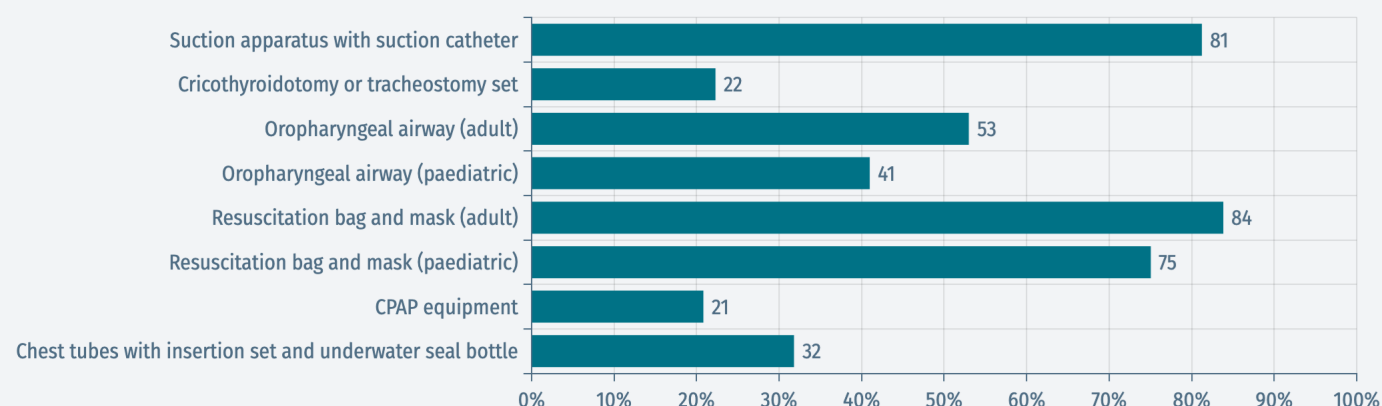


Figure 15. Availability of airway and breathing intervention equipment at hospitals and polyclinics offering emergency services



Essential equipment for breathing interventions (including pulse oximeter, nebuliser and attachments, resuscitation bag and masks) are available in about 40% of facilities providing emergency services. CPAP equipment and chest tubes with insertion set and underwater seal bottle are relatively unavailable.

Of facilities that offer oxygen services, most have reliable oxygen services and pulse oximeters. However, the supply of oxygen itself ranges from 65% to 94%.

Figure 16. Provision of oxygen in the emergency service area at hospitals and polyclinics offering emergency services

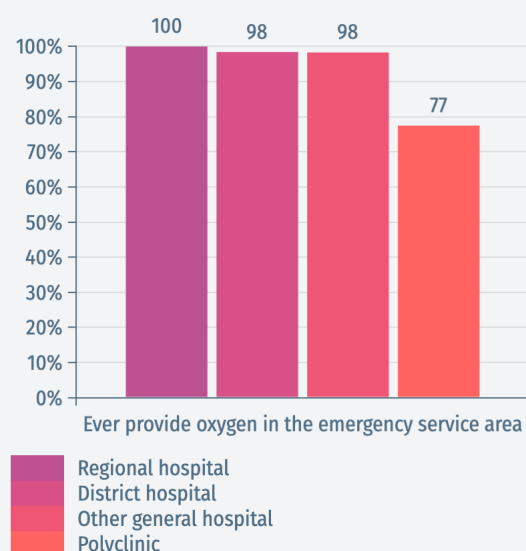
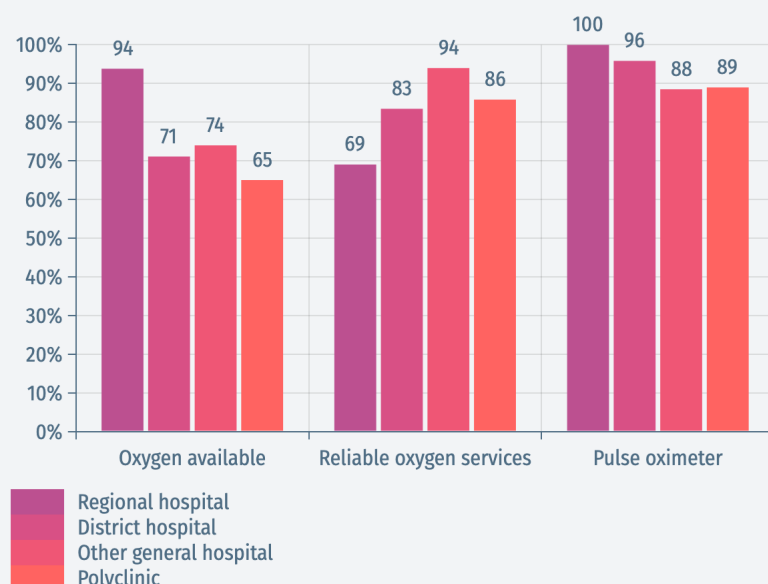


Figure 17. Oxygen equipment at hospitals and polyclinics that offer oxygen in the emergency service area



# Palliative care

Figure 18. Percentage of hospitals and polyclinics offering palliative care services

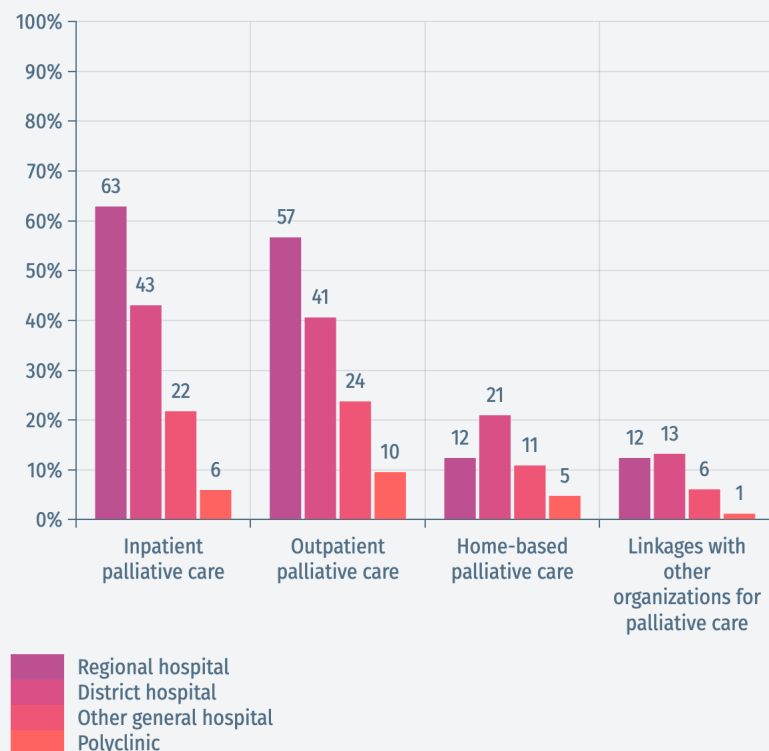
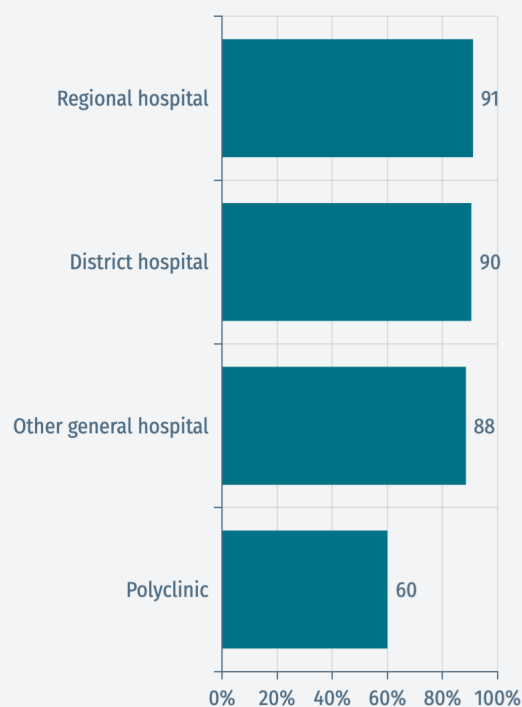


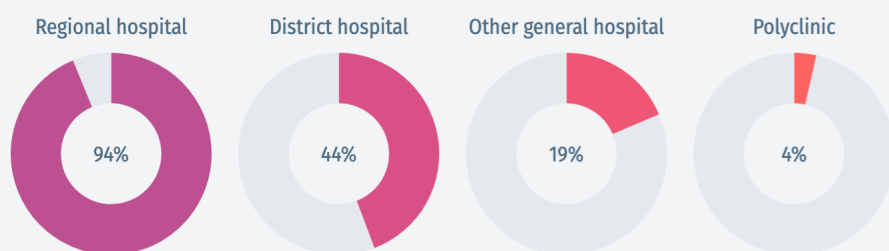
Figure 19. Availability of opioid analgesics at hospitals and polyclinics offering palliative care services



Palliative care is only offered at a minority of hospitals and polyclinics. Home-based palliative care services are only available at 5-21% of hospitals and polyclinics.

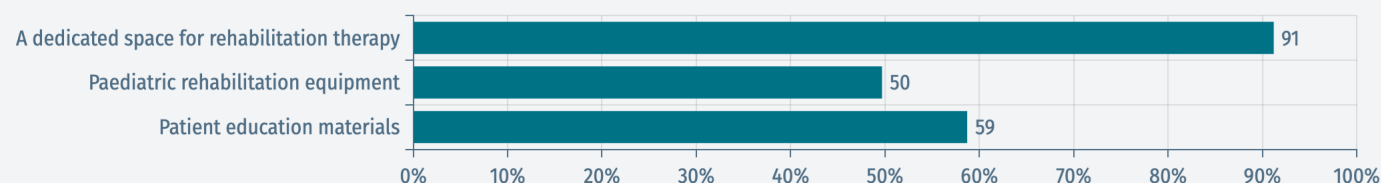
# Rehabilitation care

Figure 20. Percentage of hospitals and polyclinics offering rehabilitative care or physiotherapy services



Rehabilitative care or physiotherapy services are available at 94% of regional hospitals but at less than half of other facility types.

Figure 21. Infrastructure, equipment, and materials at hospitals and polyclinics offering rehabilitative care or physiotherapy services



# Services by health facility type

## Regional hospitals

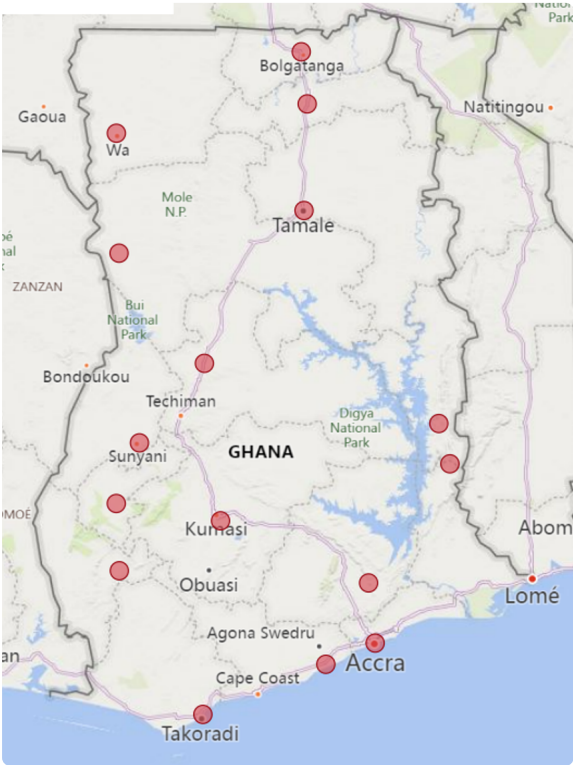
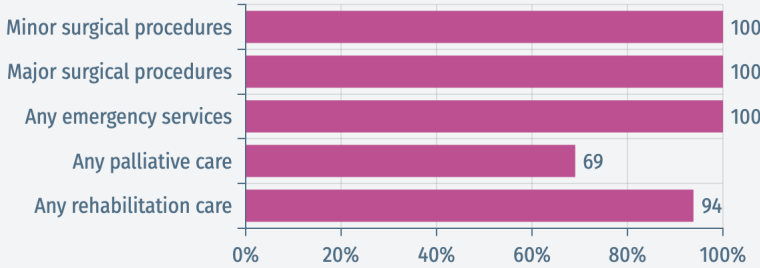


Figure 22. Percentage of regional hospitals offering key services



## District hospitals

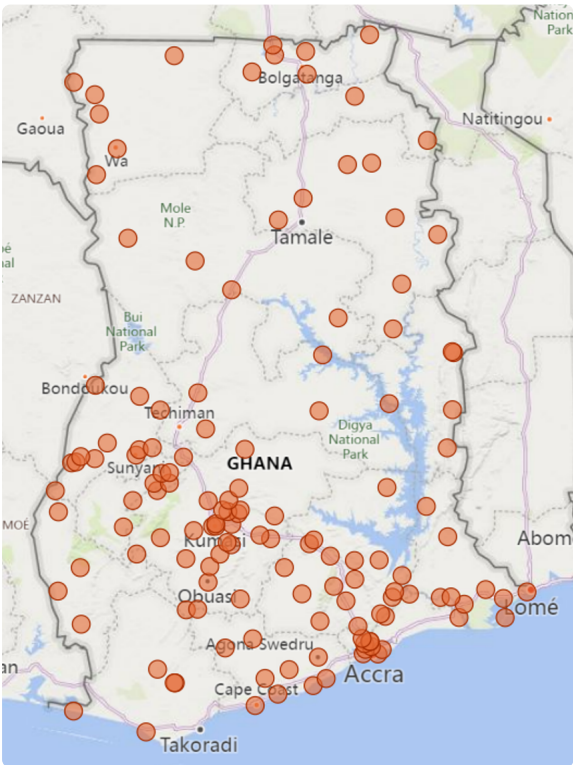
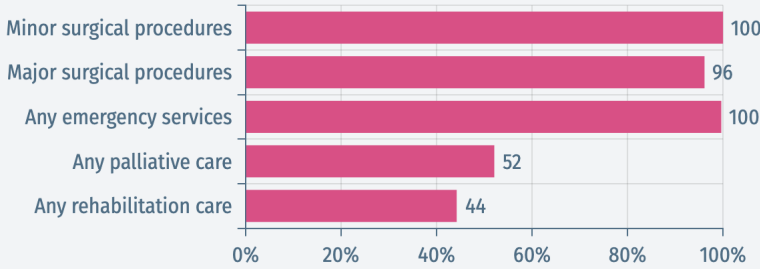
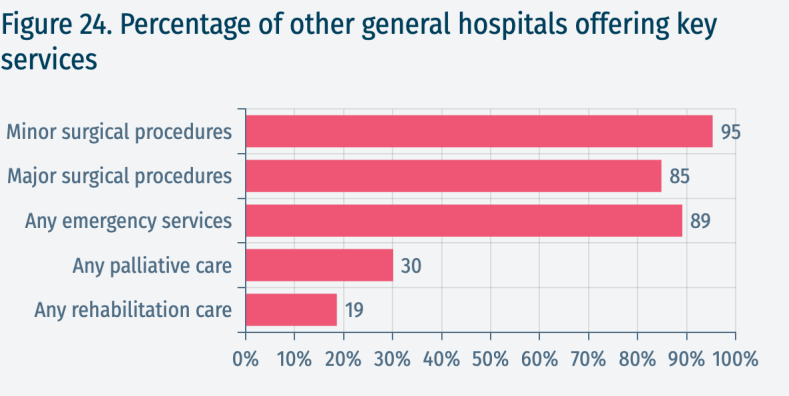
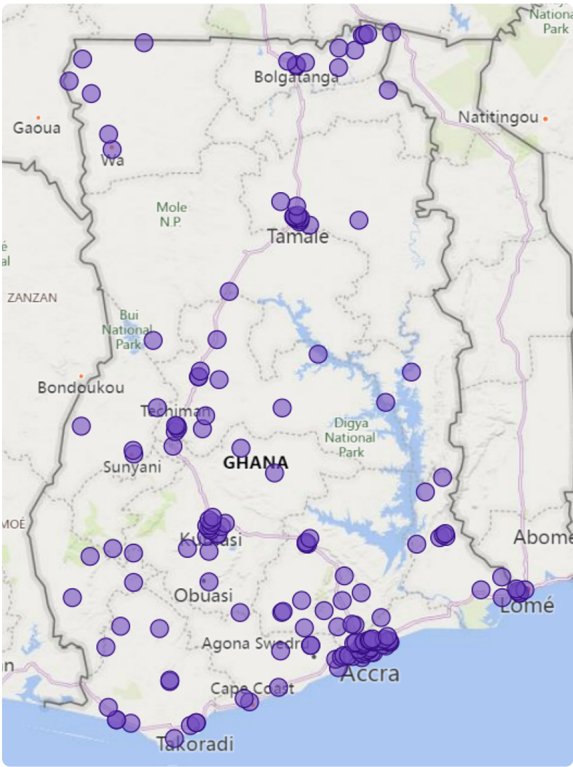


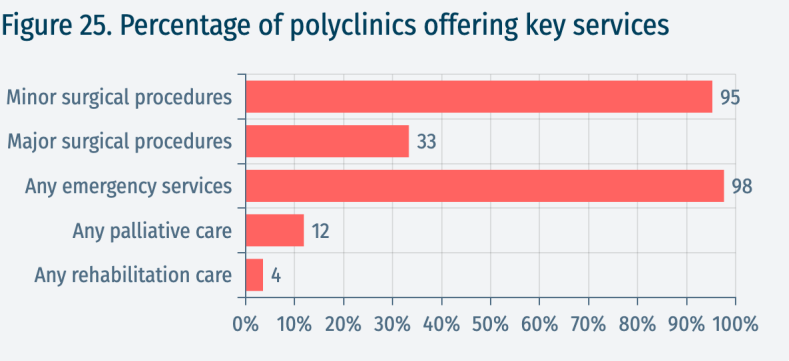
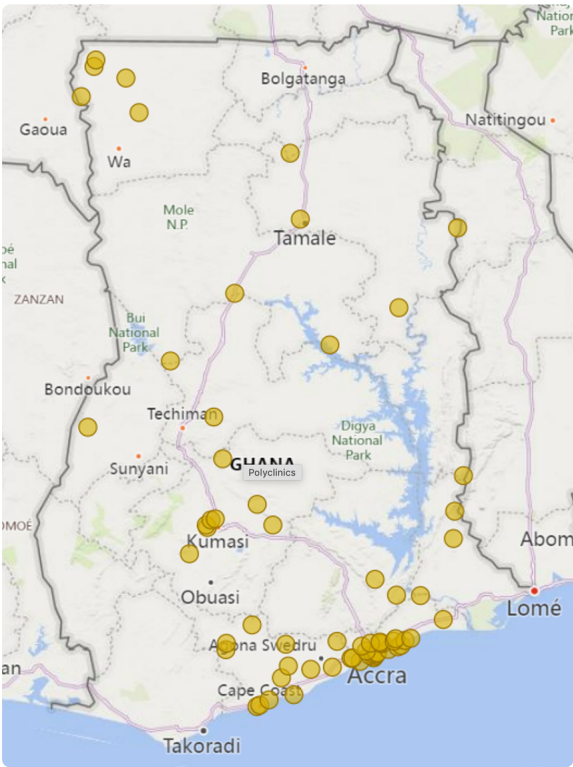
Figure 23. Percentage of district hospitals offering key services



# Other general hospitals



# Polyclinics



## Acknowledgements

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- » Dr. Alberta Biritwum-Nyarko ~ Director, PPMED, Ghana Health Service
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