Ghana Harmonized Health Facility Assessment 2022-2023

Snapshot 5

Overall general service availability and readiness

July 2023

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Introduction

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

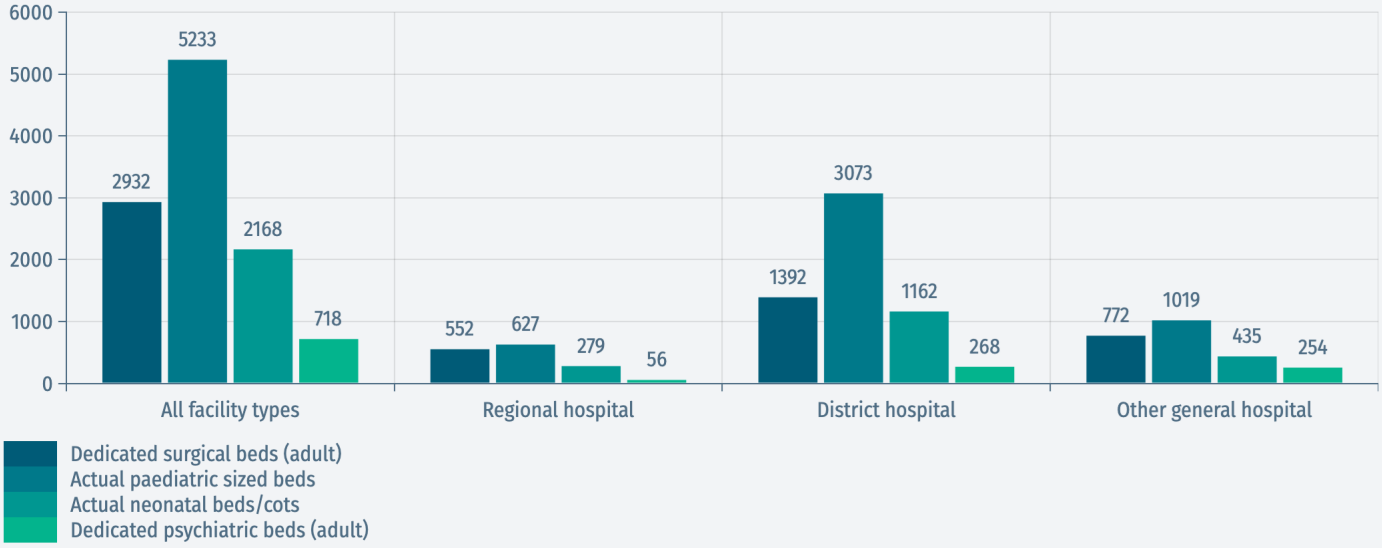
	Regional hospital	District hospital	Other general hospital	Polyclinic	Health centre	Maternity home	Clinic	CHPS	Total
Ahafo	1	6	1	0	7	1	5	5	26
Ashanti	1	27	18	8	54	18	30	17	173
Bono	1	12	4	1	31	3	9	11	72
Bono East	1	4	13	1	23	1	4	11	58
Central	1	11	11	14	28	8	21	34	128
Eastern	1	18	15	2	41	1	15	57	150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

- Only 38% of all facilities offering inpatient services have dedicated isolation beds. 74% of regional hospitals, 68% of district hospitals, and 36% of other general hospitals offering inpatient services had dedicated isolation beds.
- Overall, 32% of facilities have access to an emergency transport system for patients. The primary level had the least access to emergency transport systems (18% of CHPS, 29% of health centres, 39% of polyclinics, and 40% of clinics and maternity homes)
- 28% of facilities have computer with internet and only 51% of facilities have a communication system in place. CHPS was the facility type with the lowest availability of communication systems (36%).
- All regional hospitals and 92% of district hospitals have improved sanitation facilities for clients. All regional hospitals and 98% of district hospitals have an improved water source.
- Availability of basic equipment for examinations and measurement is lower than needed. Overall, only 5% of facilities had the full complement of basic consulting room examination set and physiological measurement and anthropometric equipment. 38% of facilities had an examination light, 43% of facilities had a pulse oximeter, and 58% and 70% of facilities had an infant and child scale respectively.
- Hospital owned medical oxygen sources are not as widely available as needed. Only 54% of regional hospitals had oxygen available and only 63% of regional hospitals had reliable oxygen therapy services.
- At least 8 out of 10 regional hospitals had equipment available for life support and intensive care procedures (Defibrillation - 94%; electrocardiogram (ECG) - 81%, infant incubation - 94%; phototherapy, mechanical ventilation, oxygen administration and blood transfusion - 100%). In districts and other hospitals as well as polyclinics, equipment for life support and intensive care procedures was less available, especially for defibrillation, ECG, infant incubation, and phototherapy.
- General purpose ultrasound and x-ray services are the only imaging modalities available in at least 7 out of 10 district and regional hospitals. Overall, availability of medical imaging equipment and services is limited (27% for ultrasound and 6% for X-ray). High end modalities for specialized diagnostic imaging procedures are lacking, with less than 20% of regional hospitals offering mammogram, CT scan, MRI, and fluoroscopy services. With regards to gastrointestinal endoscopy, colonoscopy was available in 12% of regional hospitals.
- Availability of standard precautions for infection prevention and control was generally low across all facility types. Nationally, only 31% of facilities had guidelines for standard precautions, 16% had guidelines for healthcare waste management, and 32% had staff trained in healthcare waste management.
- Among facilities with a main facility pharmacy store, 55% had medicines off the floor, 86% had medicines protected from water, and 84% had medicines protected from direct sunlight.
- Only 10% of facilities with a main facility pharmacy store had a functional thermometer/thermostat and 4% of facilities with current room temperature - 15C to 25C (inclusive).
- Only 30% of facilities with a bulk facility pharmacy store meet the required standard of having a functional fridge with a temperature of 2-8 degrees Celsius, clean, and used only for pharmaceuticals.

Inpatient services

Figure 1. Number of beds in hospitals by ward type



Among all facility types, there are 2,932 dedicated surgical beds (adult) available across Ghana. District hospitals have the highest number of dedicated beds for all types of care, followed by other general hospitals and regional hospitals. Dedicated psychiatric beds for adults are less common than other bed types.

Figure 2. Percentage of facilities offering inpatient services

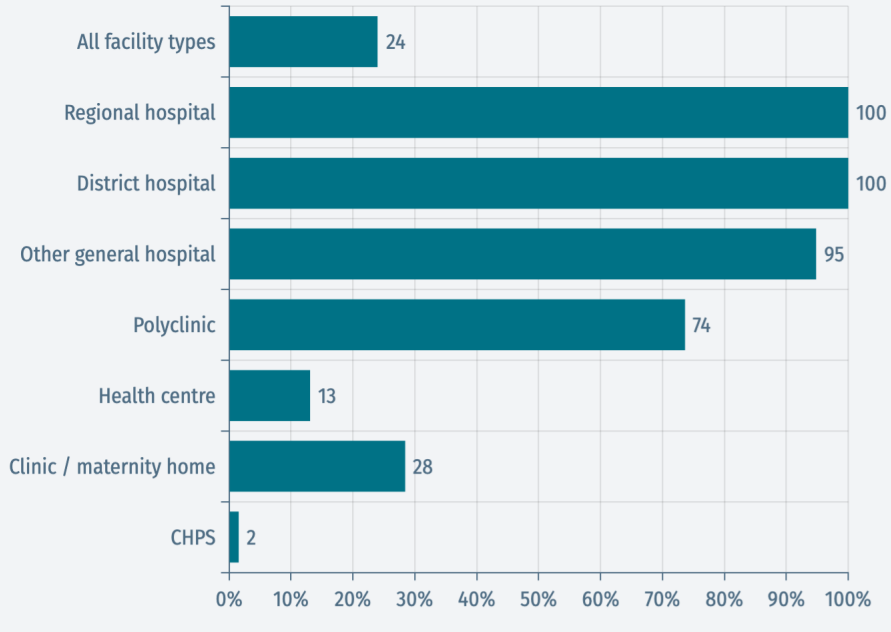
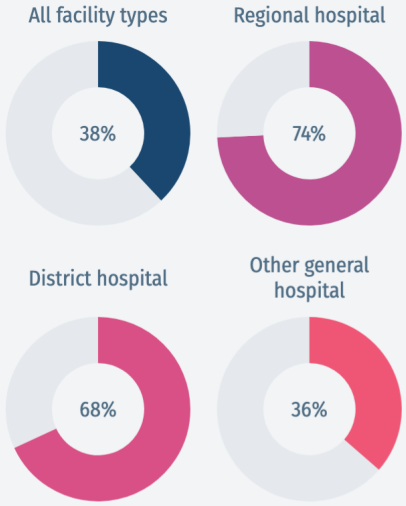


Figure 3. Availability of dedicated isolation beds at hospitals offering inpatient services



All regional and district hospitals offer inpatient services. 95% of other general hospitals also offer inpatient services, while the percentage drops to 74% for polyclinics. Only 13% of health centres and 28% of clinics/ maternity homes offer inpatient services.

Only 38% of all facilities offering inpatient services have dedicated isolation beds. 74% of regional hospitals, 68% of district hospitals, and 36% of other general hospitals offering inpatient services had dedicated isolation beds.

Basic amenities

Figure 4. Percentage of all facility types with basic amenities in the main service area

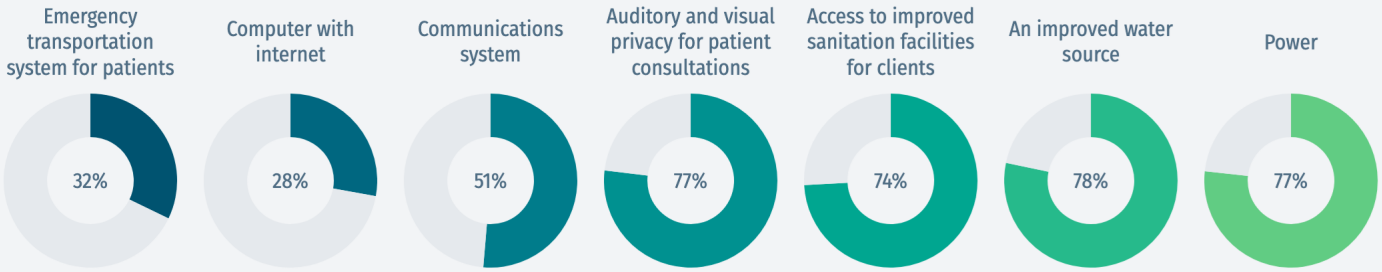
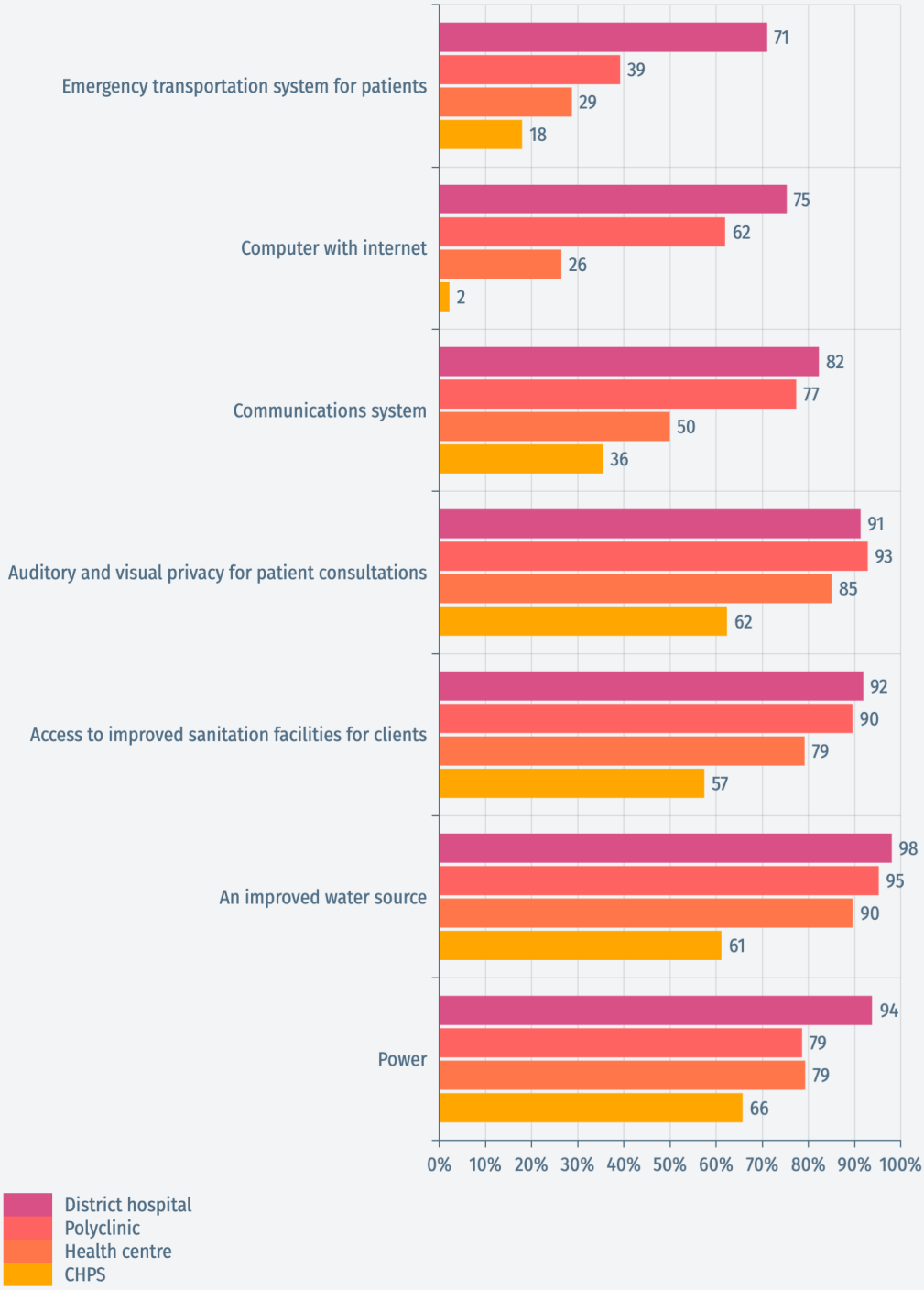


Figure 5. Percentage of facilities with basic amenities in the main service area



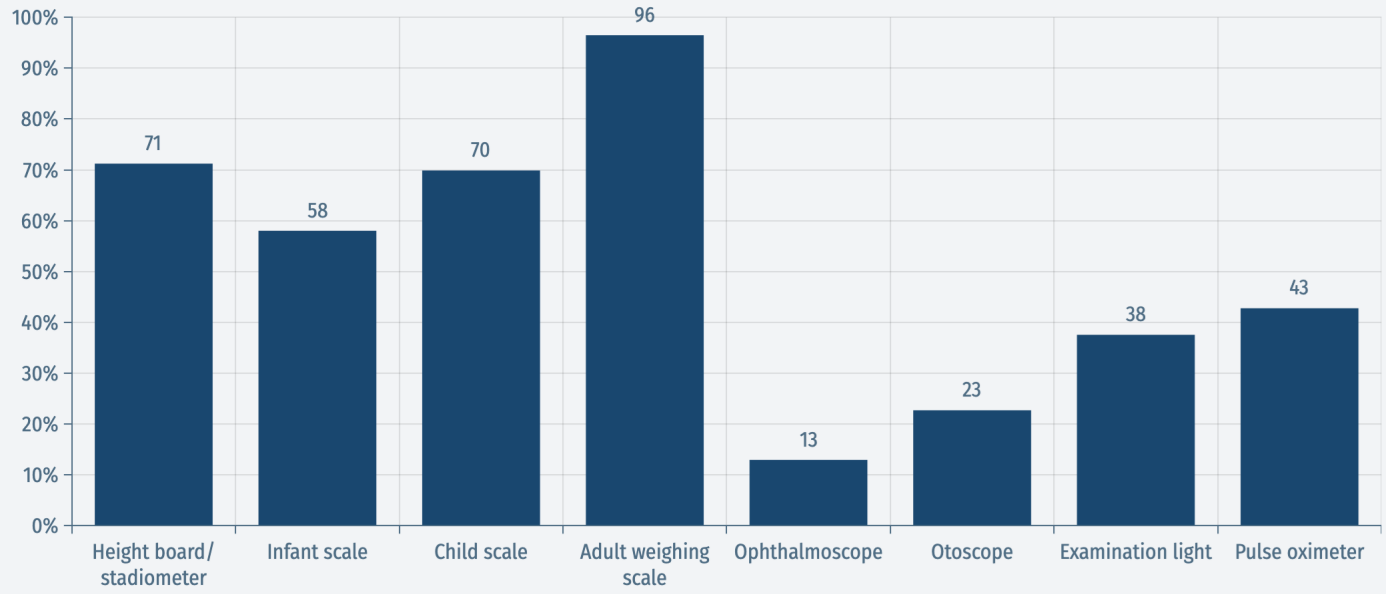
Overall, 32% of facilities have access to an emergency transport system for patients. The primary level had the least access to emergency transport systems (18% of CHPS, 29% of health centres, 39% of polyclinics, and 40% of clinics and maternity homes)

28% of facilities have computer with internet and only 51% of facilities have a communication system in place. CHPS was the facility type with the lowest availability of communication systems (36%).

All regional hospitals and 92% of district hospitals have improved sanitation facilities for clients. All regional hospitals and 98% of district hospitals have an improved water source.

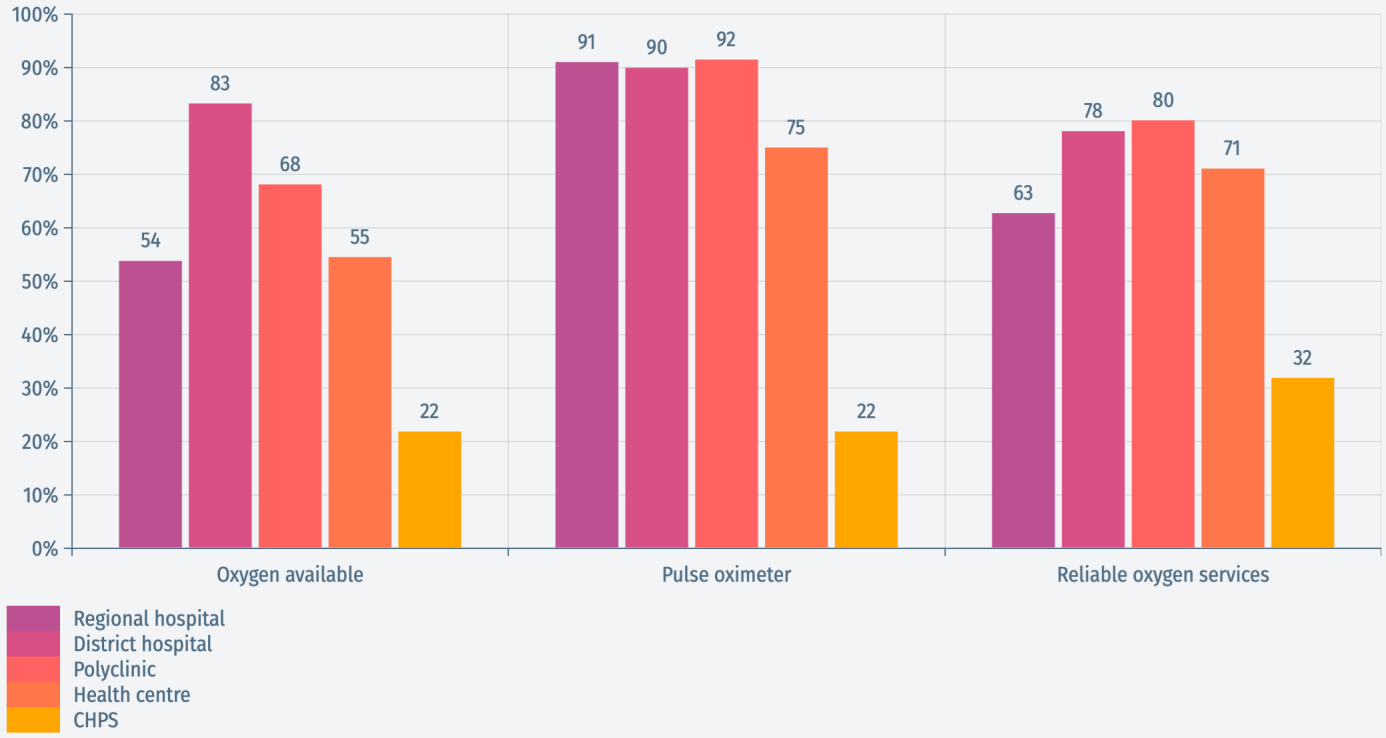
Medical equipment

Figure 6. Percentage of all facility types with basic equipment in the main service area



Availability of basic equipment for examinations and measurement is lower than needed. Overall, only 5% of facilities had the full complement of basic consulting room examination set and physiological measurement and anthropometric equipment. 38% of facilities had an examination light, 43% of facilities had a pulse oximeter, and 58% and 70% of facilities had an infant and child scale respectively.

Figure 7. Availability of oxygen equipment at facilities offering oxygen services

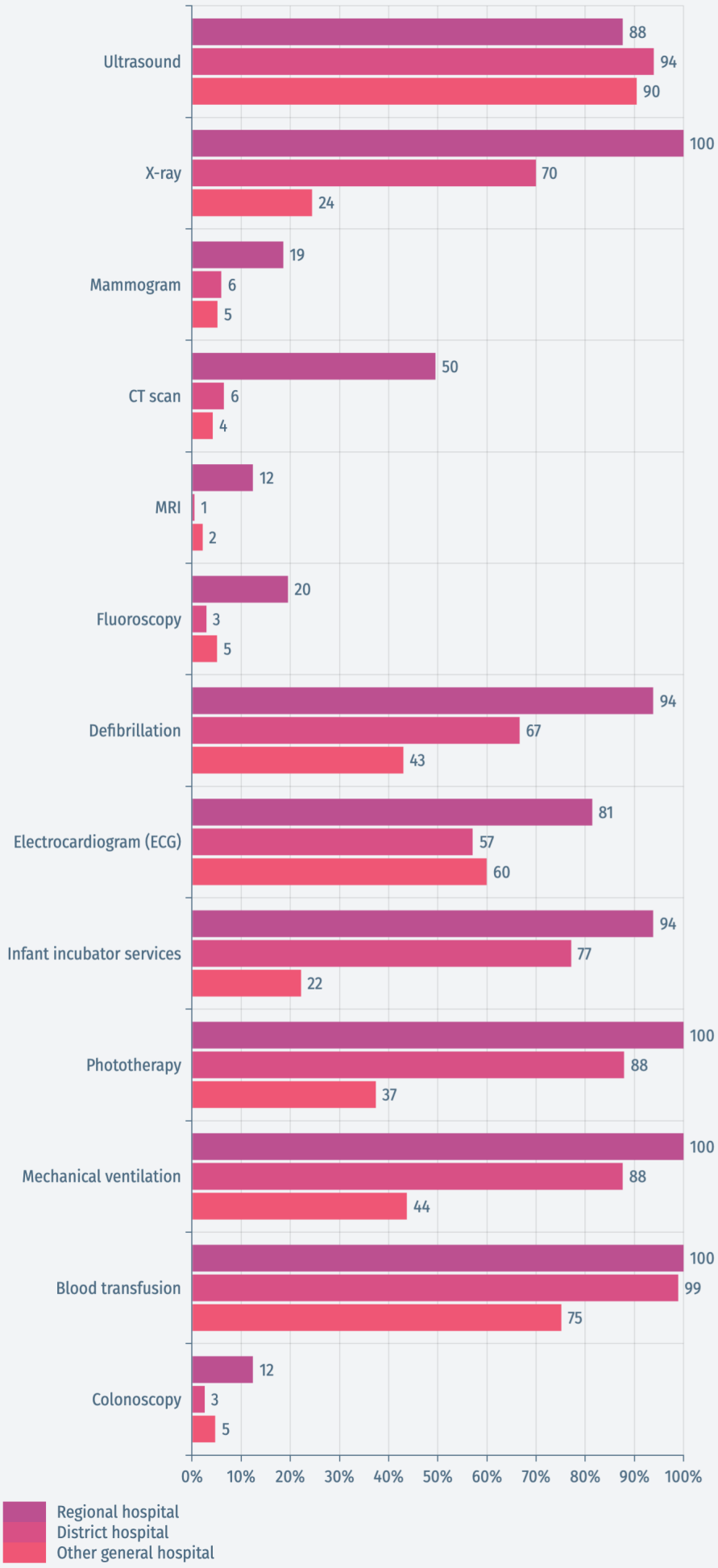


Not all facilities that offer oxygen services have the necessary oxygen equipment. Only 54% of regional hospitals had oxygen available and only 63% of regional hospitals had reliable oxygen services, district hospitals had greater availability. Only 22% of CHPS had oxygen available.

At least 8 out of 10 regional hospitals had equipment available for life support and intensive care procedures (Defibrillation - 94%; electrocardiogram (ECG) - 81%, infant incubation - 94%; phototherapy, mechanical ventilation, oxygen administration and blood transfusion - 100%). In districts and other hospitals as well as polyclinics, equipment for life support and intensive care procedures was less available, especially for defibrillation, ECG, infant incubation, and phototherapy.

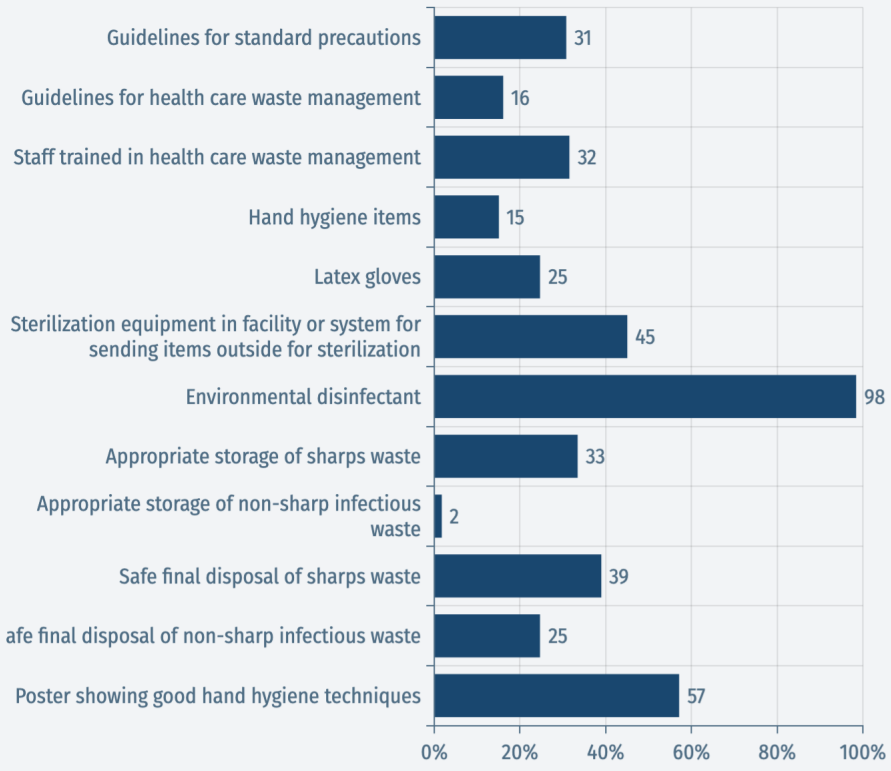
General purpose ultrasound and x-ray services are the only imaging modalities available in at least 7 out of 10 district and regional hospitals. Overall, availability of medical imaging equipment and services is limited (27% for ultrasound and 6% for X-ray). High end modalities for specialized diagnostic imaging procedures are lacking, with less than 20% of regional hospitals offering mammogram, CT scan, MRI, and fluoroscopy services. With regards to gastrointestinal endoscopy, colonoscopy was available in 12% of regional hospitals.

Figure 8. Percentage of facilities with medical equipment and procedures



Infection prevention and control

Figure 9. Percentage of facilities with basic items for infection prevention and control

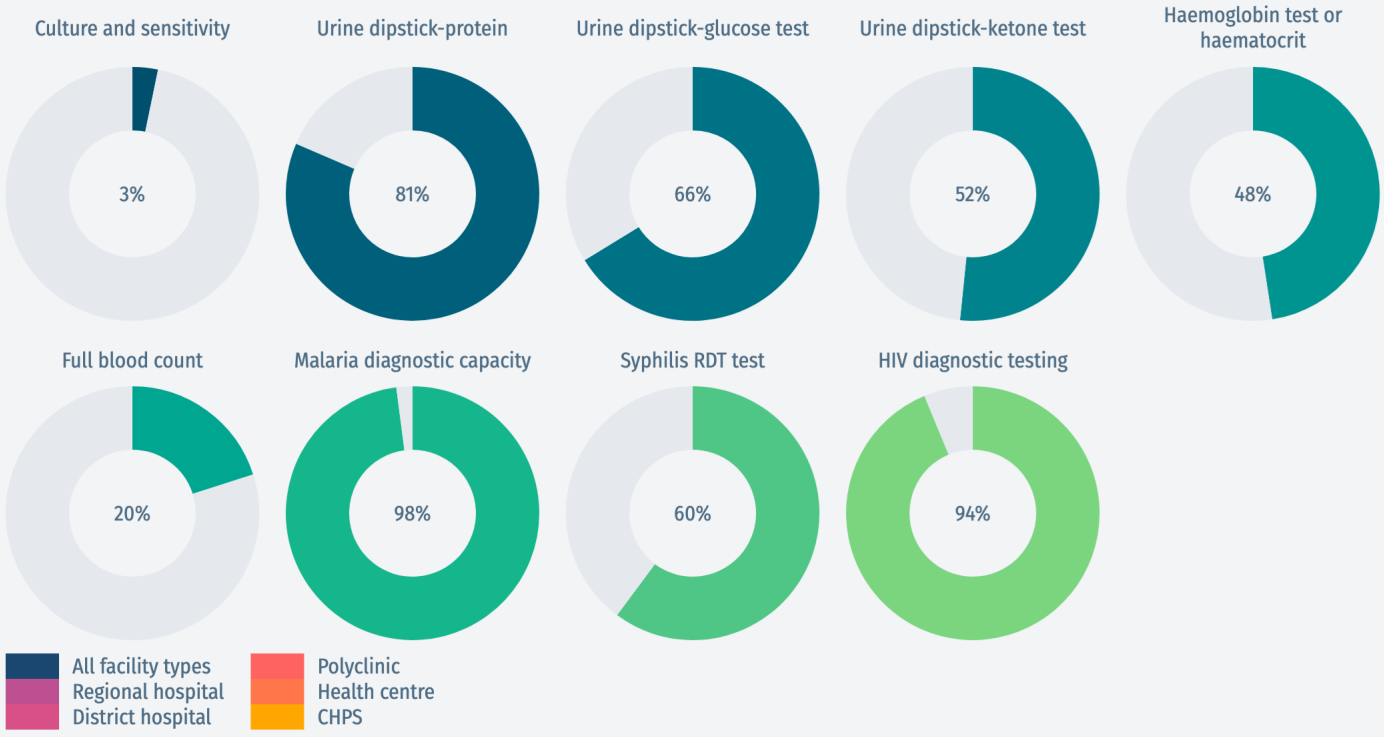


Availability of standard precautions for infection prevention and control was generally low across all facility types. Nationally, only 31% of facilities had guidelines for standard precautions, 16% had guidelines for healthcare waste management, and 32% had staff trained in healthcare waste management.

15% of facilities had hand hygiene items and 2% had appropriate storage of non-sharp infectious waste. Almost all facilities (98%) had environmental disinfectant.

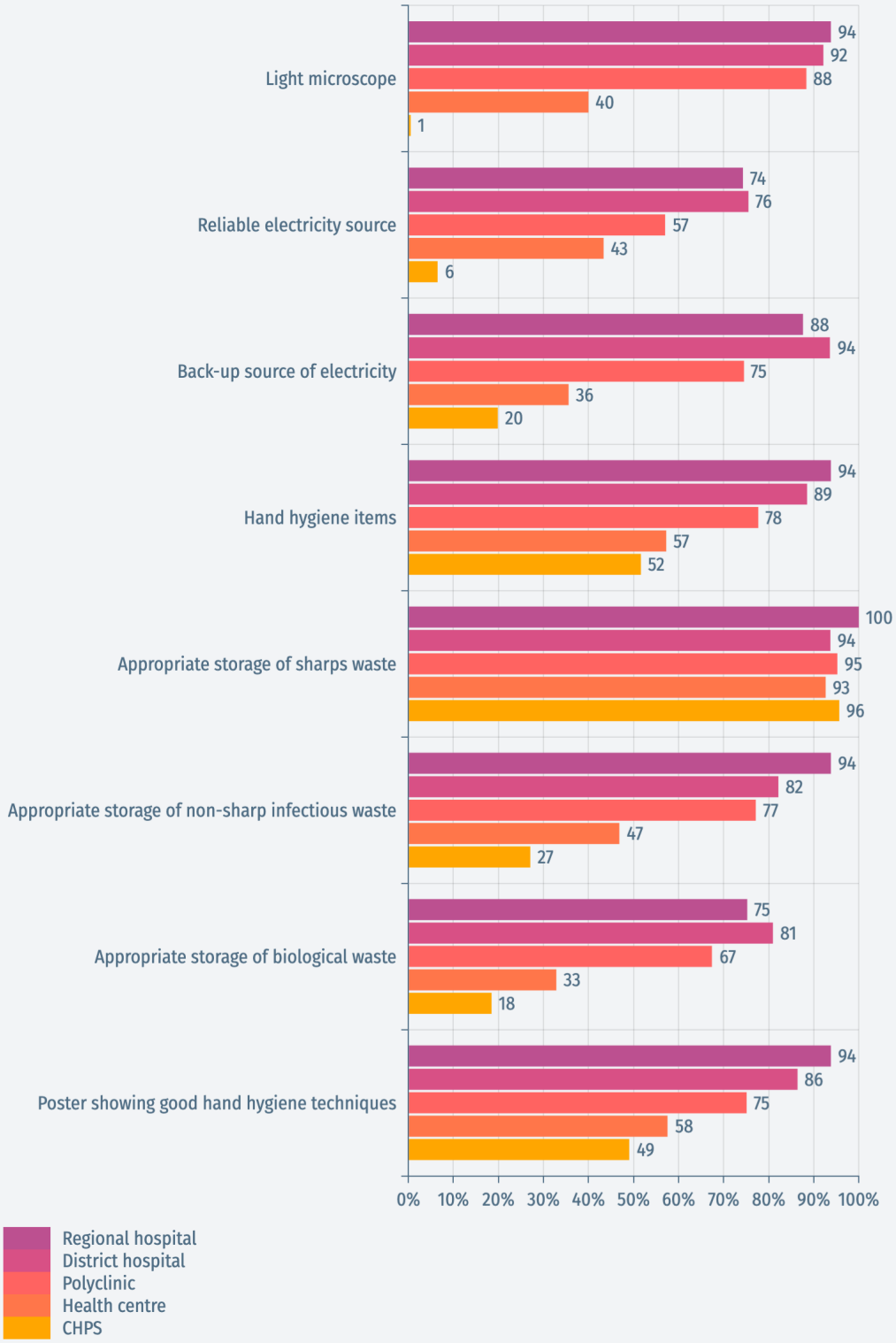
Laboratory services and equipment

Figure 10. Percentage of facilities offering laboratory diagnostic services



Apart from clinics/maternity homes (40%), health centres (35%) and CHPS (1%), the other facility types had more than 70% providing general microscopy. Apart from the Regional hospitals (37%), all other facility types had less than 20% providing culture and sensitivity. More than 65% of all facility types provided urine pregnancy test. Nationally, 81% of health facilities provide urine dip stick protein, with 100% of Regional and District hospital providing the service. Urine dip stick glucose test is offered in 94% of regional hospitals and 98% of district hospitals. For urine dip stick ketone test, 88% of regional hospitals and 98% of district hospitals provide the service. Haemoglobin test or haematocrit is offered in 94% of regional hospitals and 95% of District hospitals. Full blood count laboratory diagnostic test is offered in 87% of regional hospitals and 79% of District hospitals. Malaria diagnostic capacity and HIV diagnostic testing is available in all Regional and District hospitals.

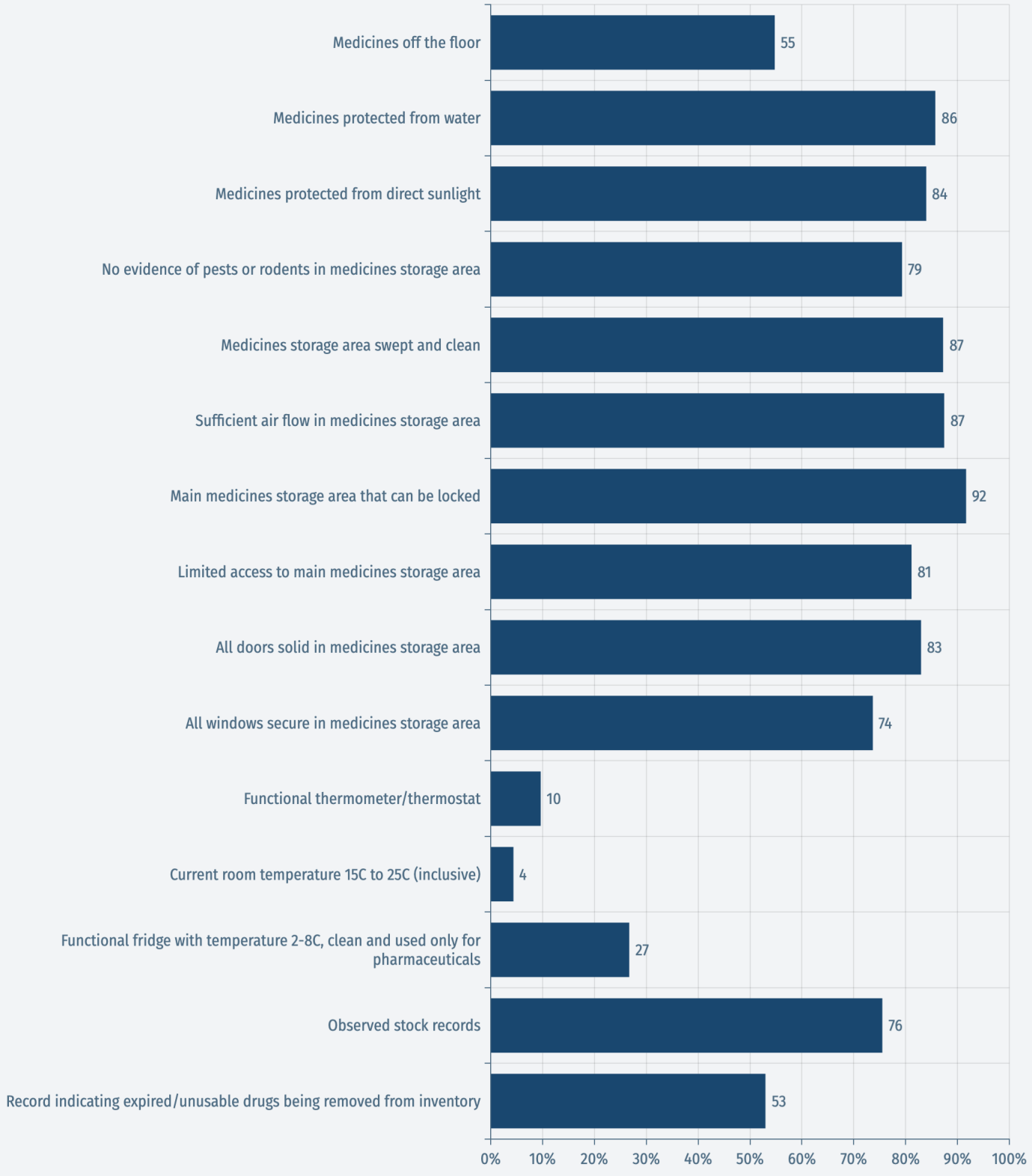
Figure 11. Infrastructure at facilities offering laboratory services



Over ninety percent of regional hospitals (94%) and district hospitals (92%) had light microscope. Only 6% of CHPS facilities and 74% of regional hospitals and other hospitals had reliable source of electricity, while 76% of the District hospitals had reliable source of electricity76%. Backup source of electricity was available in 88% of regional hospitals. Only 75% of regional hospitals had appropriate storage of biological waste.

Medicine storage

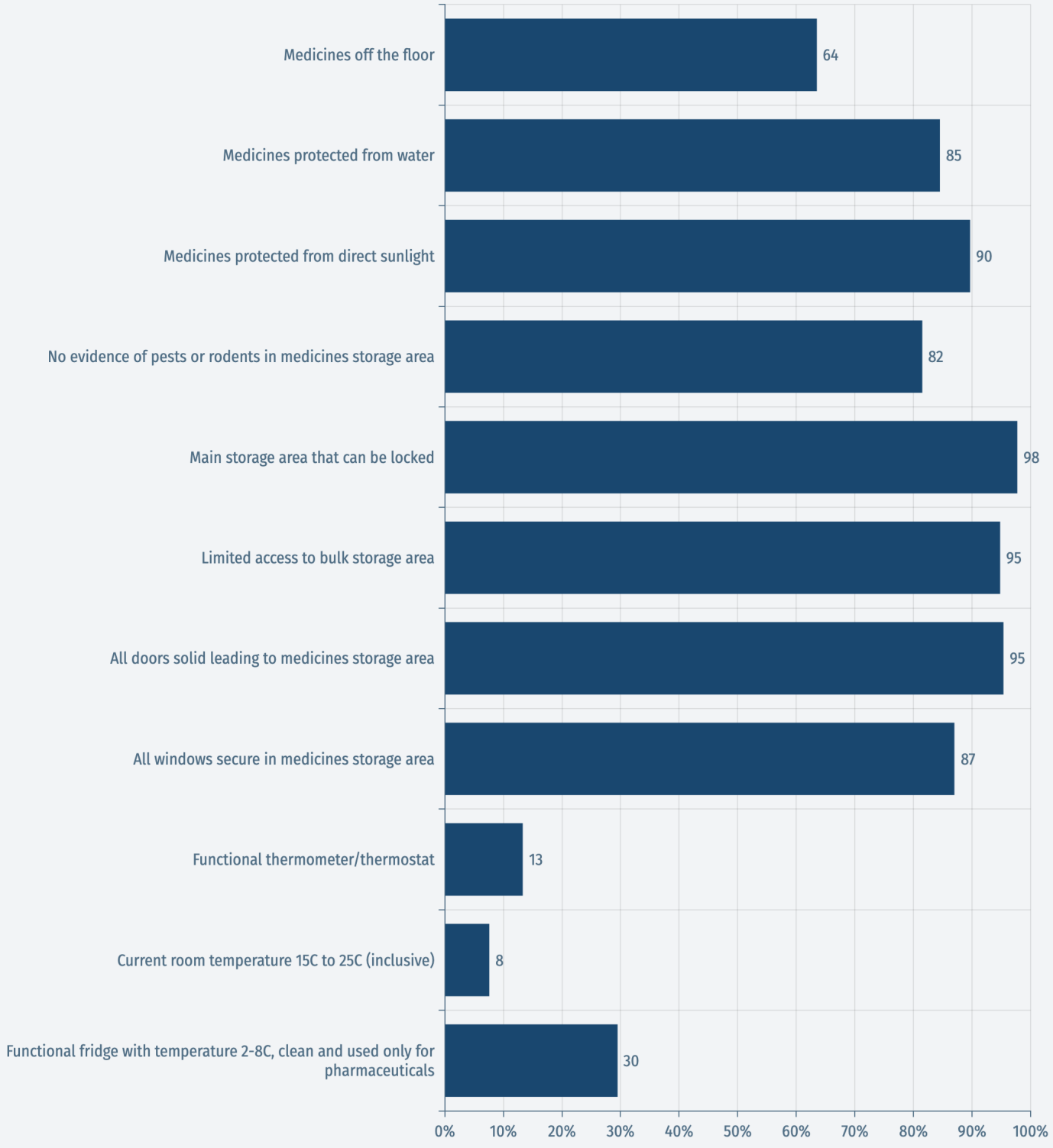
Figure 12. Medicine storage at facilities with a main facility pharmacy store



Among facilities with a main facility pharmacy store, 55% had medicines off the floor, 86% had medicines protected from water, and 84% had medicines protected from direct sunlight.

Only 10% of facilities with a main facility pharmacy store had a functional thermometer/thermostat and 4% of facilities with current room temperature - 15C to 25C (inclusive).

Figure 13. Medicine storage at facilities with a bulk facility pharmacy store



Among facilities with a bulk facility pharmacy store, only 64% had medicines off the floor. Government facilities however had 58% of medicines off the floor. The percentage of facilities with medicines protected from water was 85% across the country. Government/public facilities had 83% of medicines protected from water. There were 90% of facilities that had their medicines protected from direct sunlight; however, 87% of government and public facilities had medicines protected from direct sunlight. There were only 13% of facilities with functional thermometer/thermostat and only 7% of the government facilities had the functional thermometer.

Only 30% of facilities with a bulk facility pharmacy store meet the required standard of having a functional fridge with a temperature of 2-8 degrees Celsius, clean, and used only for pharmaceuticals.

Services by health facility type

District hospitals

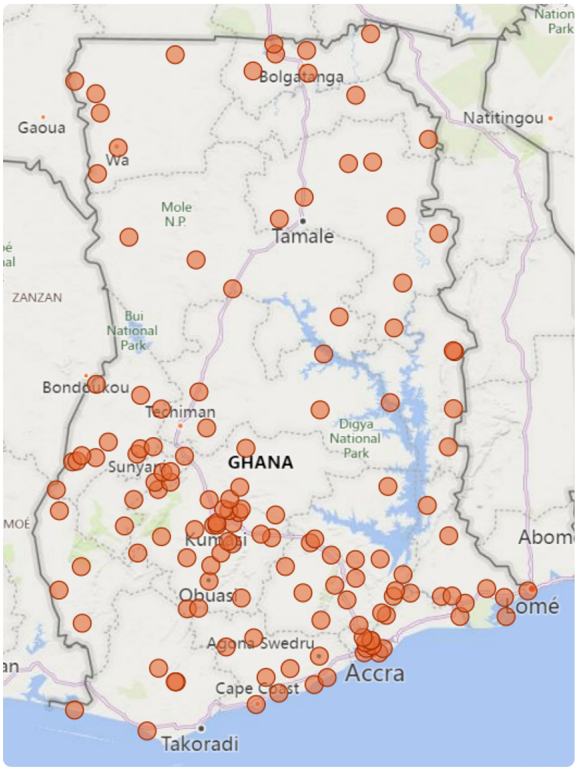
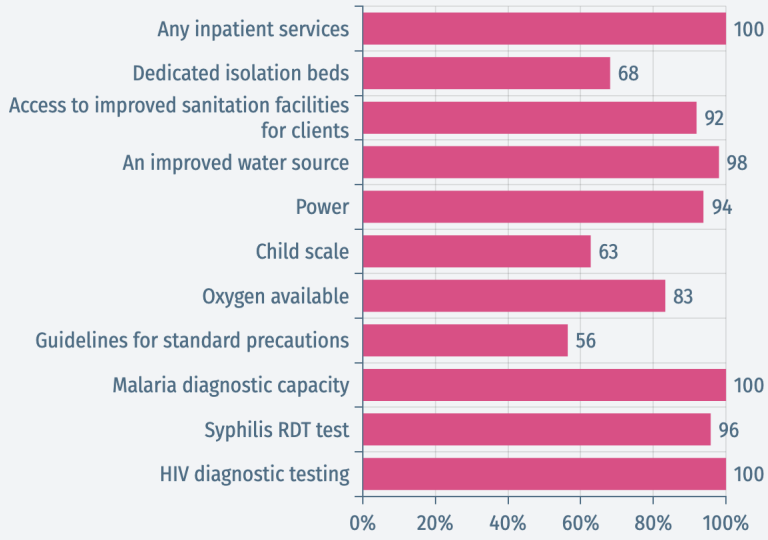


Figure 14. Percentage of district hospitals offering key services



Health centres

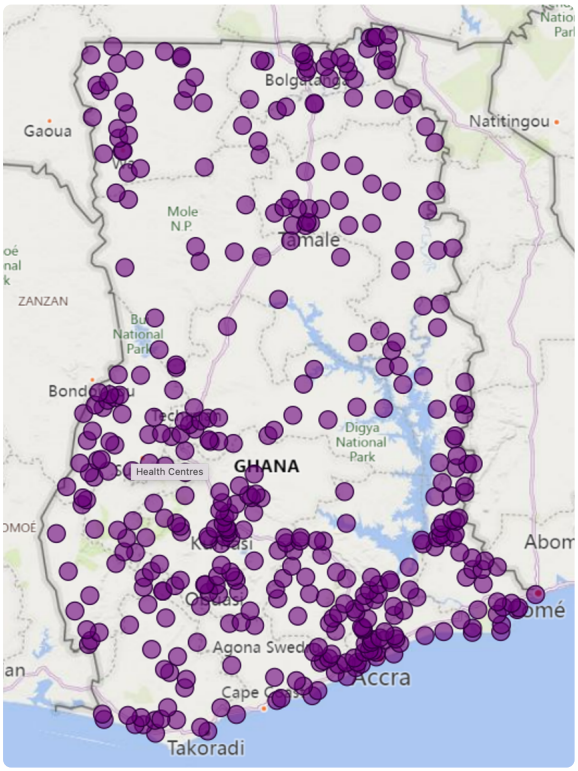
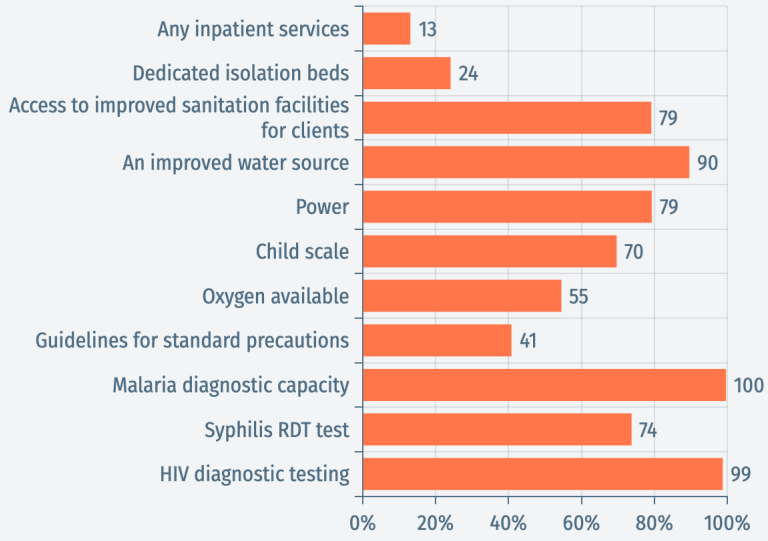


Figure 15. Percentage of health centres offering key services



CHPS

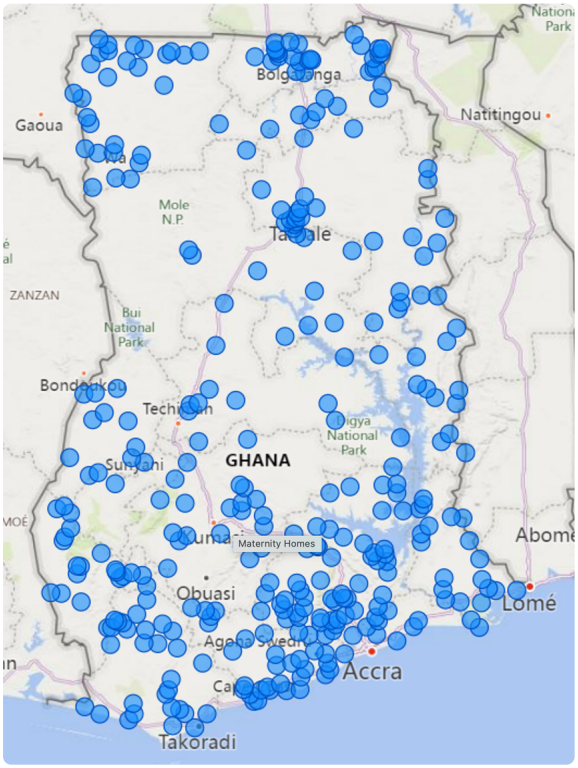
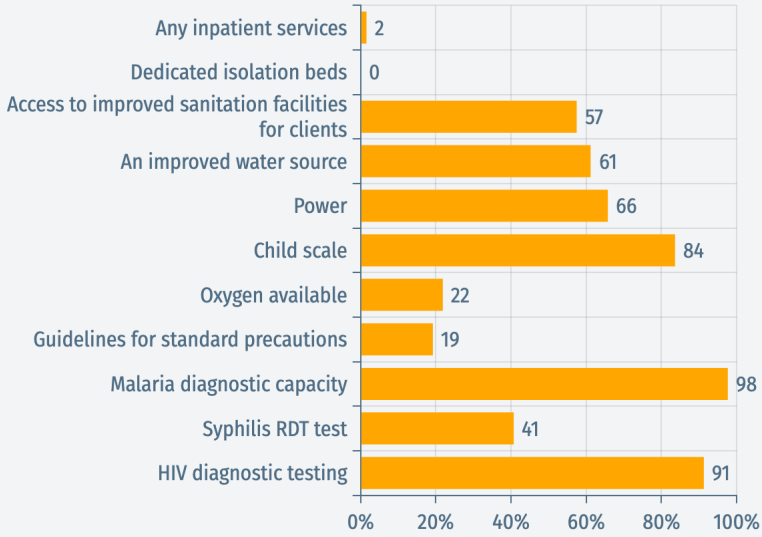


Figure 16. Percentage of CHPS offering key services



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» Dr. Eric Nsiah Boateng ~ Deputy Director M&E, Ministry of Health

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