



World Health
Organization



Harmonised Health Facility Assessment

Ghana HHFA Implementation Update and **Preliminary Findings**

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Ghana Health Service

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What is HHFA?

HHFA is a **comprehensive, standardized health facility survey** that provides reliable, objective information on the availability of health services and the capacities of facilities to deliver the services at required standards of quality.

Availability and quality of health services are integral to achieving Universal Health Coverage (UHC) and the health-related Sustainable Development Goals (SDGs).

Specific Objectives

01

Assess status of health facilities in Ghana

02

Assess the type, quantity and quality of health services provided to the population

03

Provide data for monitoring and measuring changes in health service readiness and availability

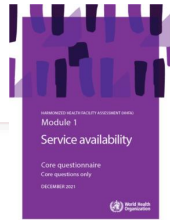
04

Provide external validation for self-reported information on service delivery, quality of care and system functioning

05

Generate evidence to feed into Ghana's annual planning to guide resource allocation

HHFA modules used for the assessment:



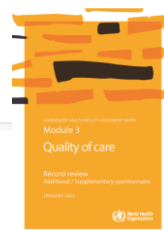
Service availability

- key staff
- beds
- facility characteristics
- specific services
- building structure



Service readiness

- trained staff
- guidelines
- equipment
- diagnostics
- medicines & supplies



Quality of care

- adherence to standards in patient care processes



Management & finance

- management
- finance
- health information systems
- quality assurance systems

HHFA modules and their data collection methods

Service availability



Service readiness



Management & finance



Facility audit

Design of Ghana - HHFA

- Cross-sectional survey of health facilities
- Nationwide coverage
 - Regional and District representation
- Cover primary and secondary levels of care
 - All Regional hospitals; All district hospitals; All polyclinics; NOP Hubs Sampled health centres; maternity homes; clinics; CHPS with compounds
- Cover both public and private facilities
- Quantitative in nature
- Physical data collection



Implementation Management



MoH led

Minister of Health – Mandated the survey

DG – Oversight, Resource mobilization

DDG – Technical Coordination, Resource mobilization

RDD & PPMED responsible for the day-to-day activities (assemble survey team, conduct workshops, training, and data collection)

ICD – responsible for technical guidance



Technical committee to guide design and implementation
(reps from MoH, GHS & WHO)



Steering committee for advocacy and results utilization (reps from MOH, GHS, CHAG, WHO, Other partners)



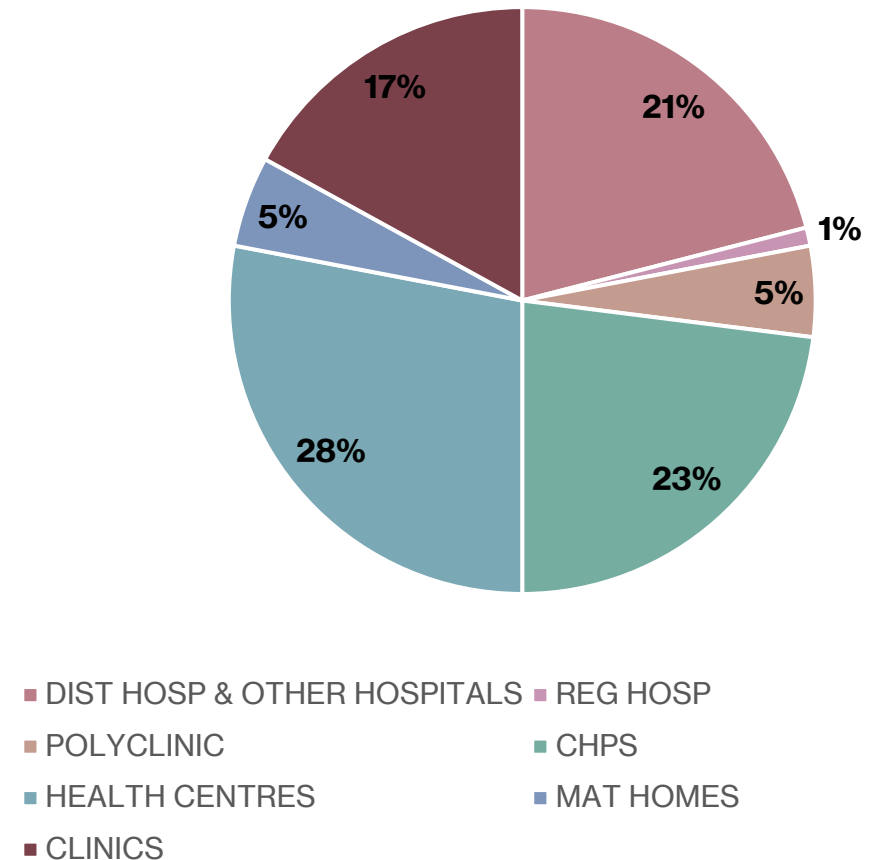
WHO provided technical & financial support

Summary of facilities sampled and assessed

1487 facilities targeted 1421 interviewed

FACILITIES BY PROPORTION

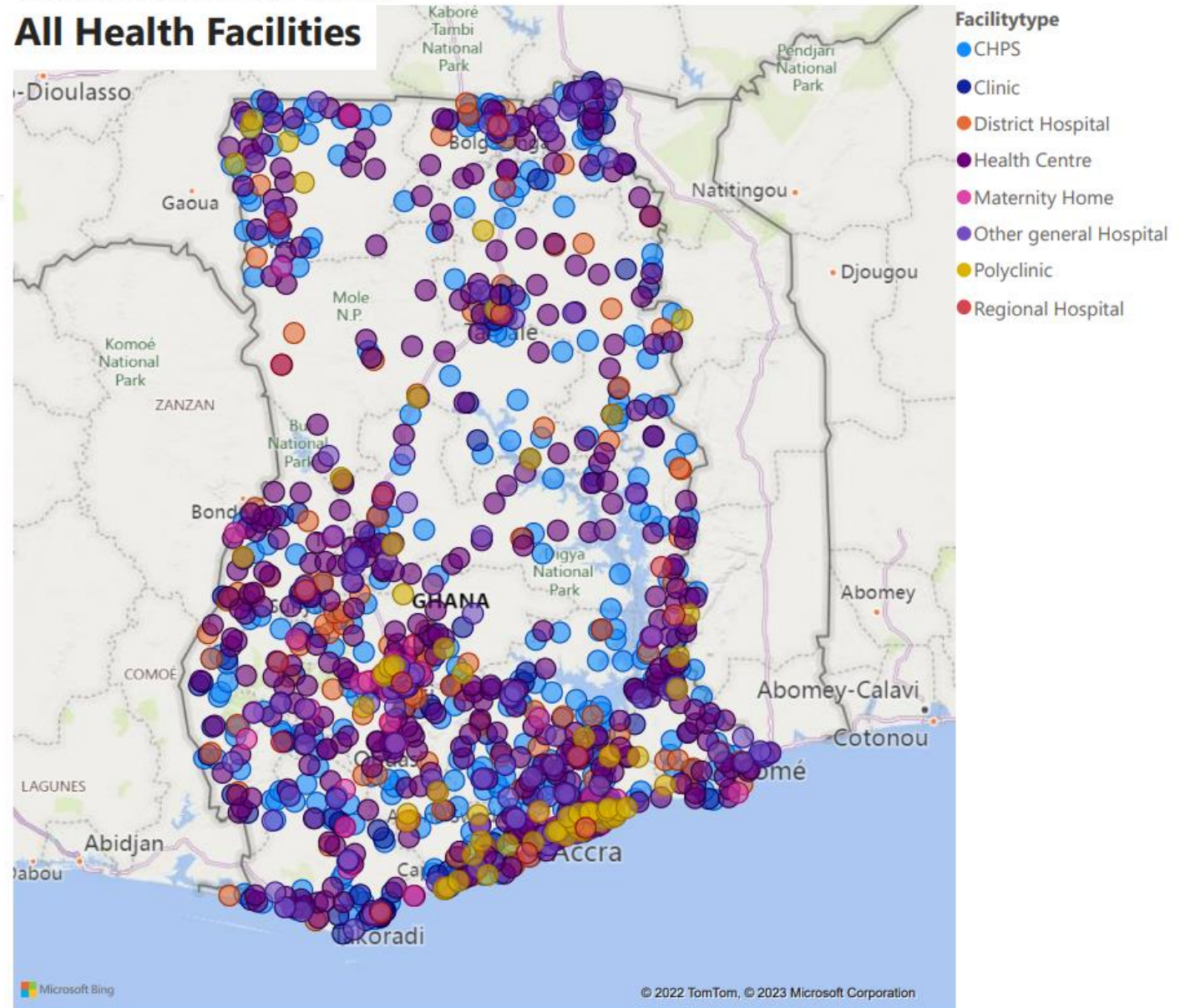
DIST HOSP & OTHER HOSPITALS	301	21%
REG HOSP	16	1%
POLYCLINIC	65	5%
CHPS	328	23%
HEALTH CENTRES	404	28%
MAT HOMES	72	5%
CLINICS	235	17%



Spatial distribution of surveyed facilities

Facilitytype, Latitude and Longitude

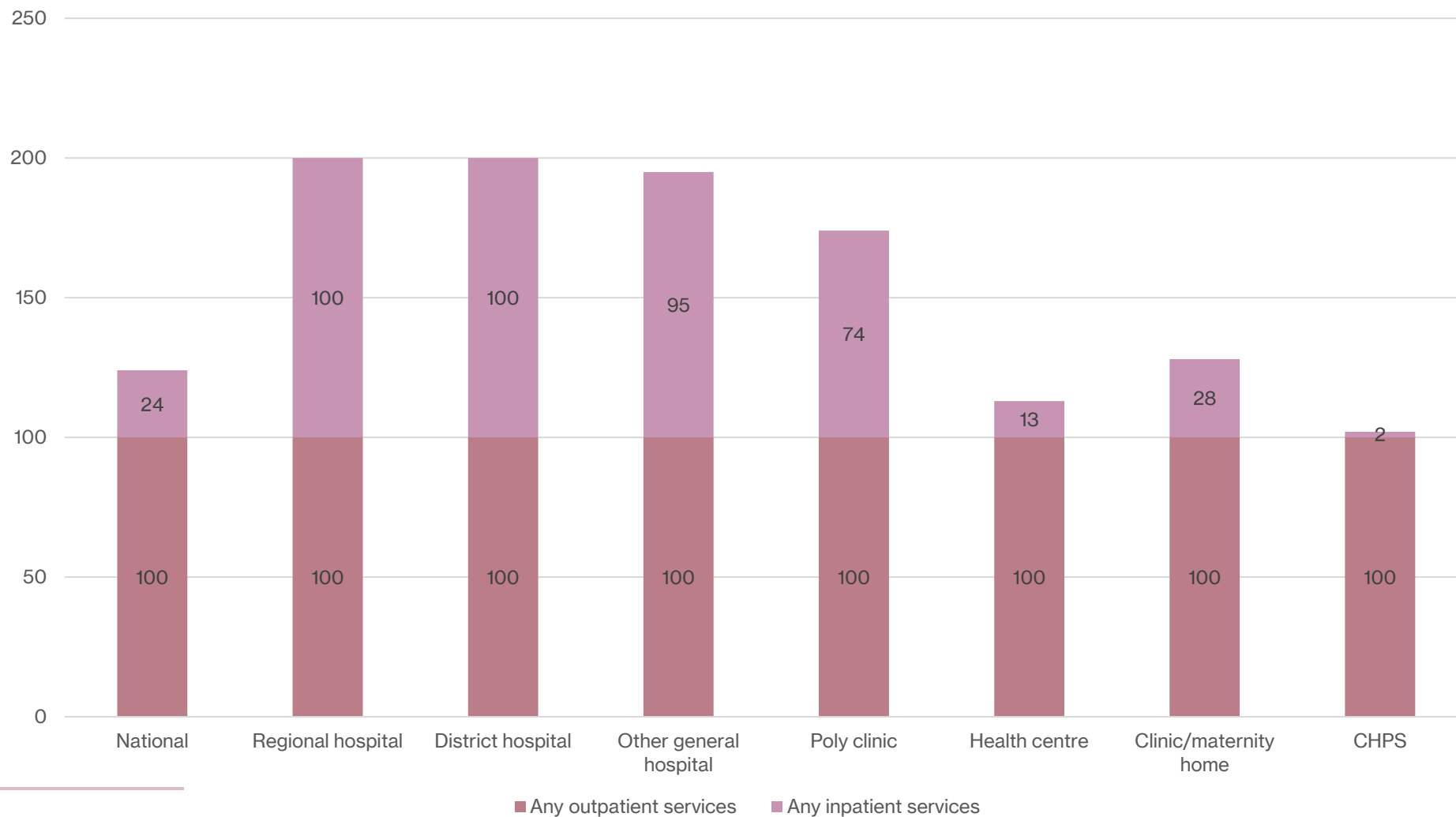
All Health Facilities





HHFA **Preliminary** Key Findings

Percentage of facilities offering outpatient and inpatient services (N=1421)



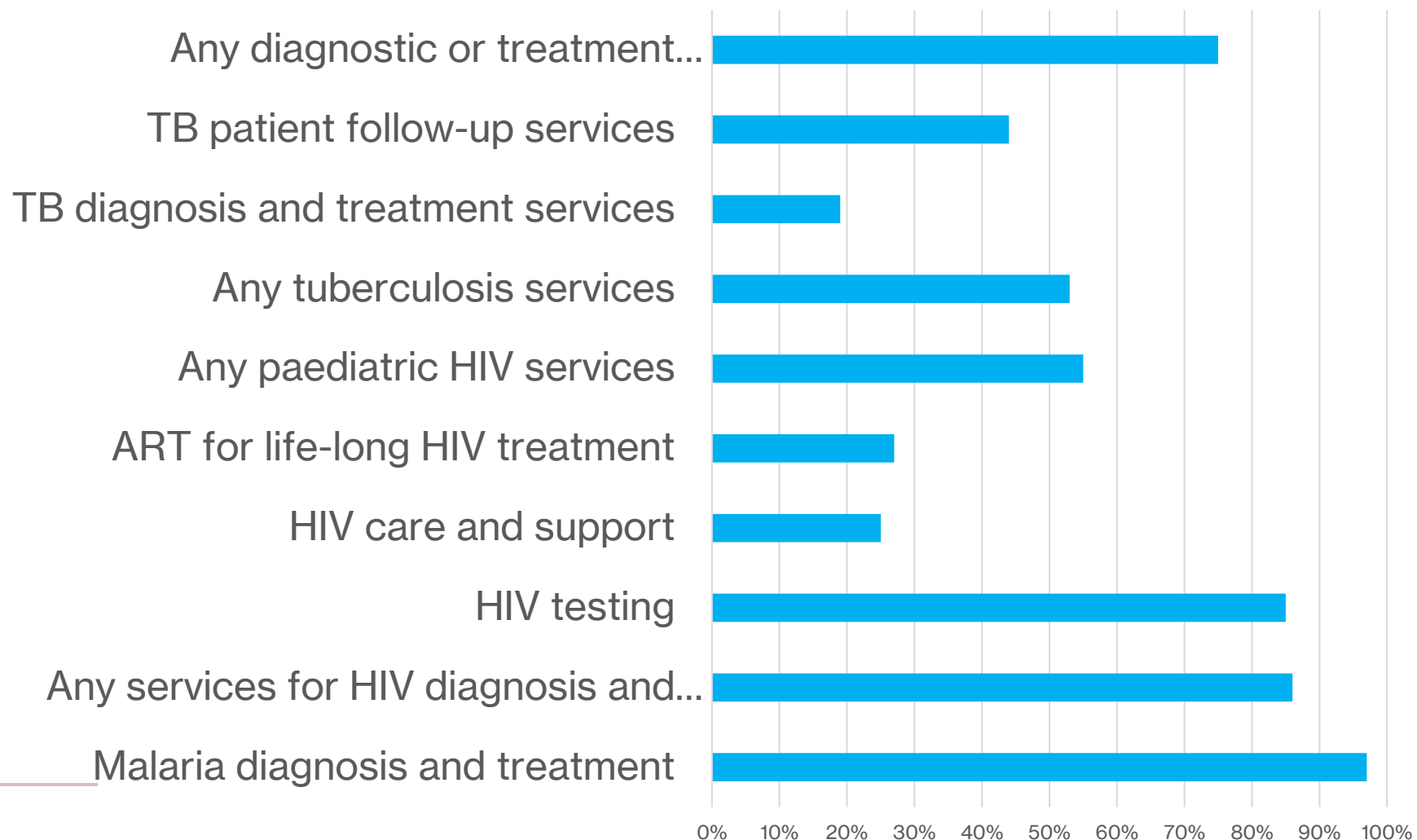
Overall, 24% of facilities offer Inpatient services. Although the lower level facilities are not expected to offer Inpatient services, it was found that 13% of health centers and 28% of clinics/maternity homes offer IP services.

(N=1421)

Percentage of facilities offering:

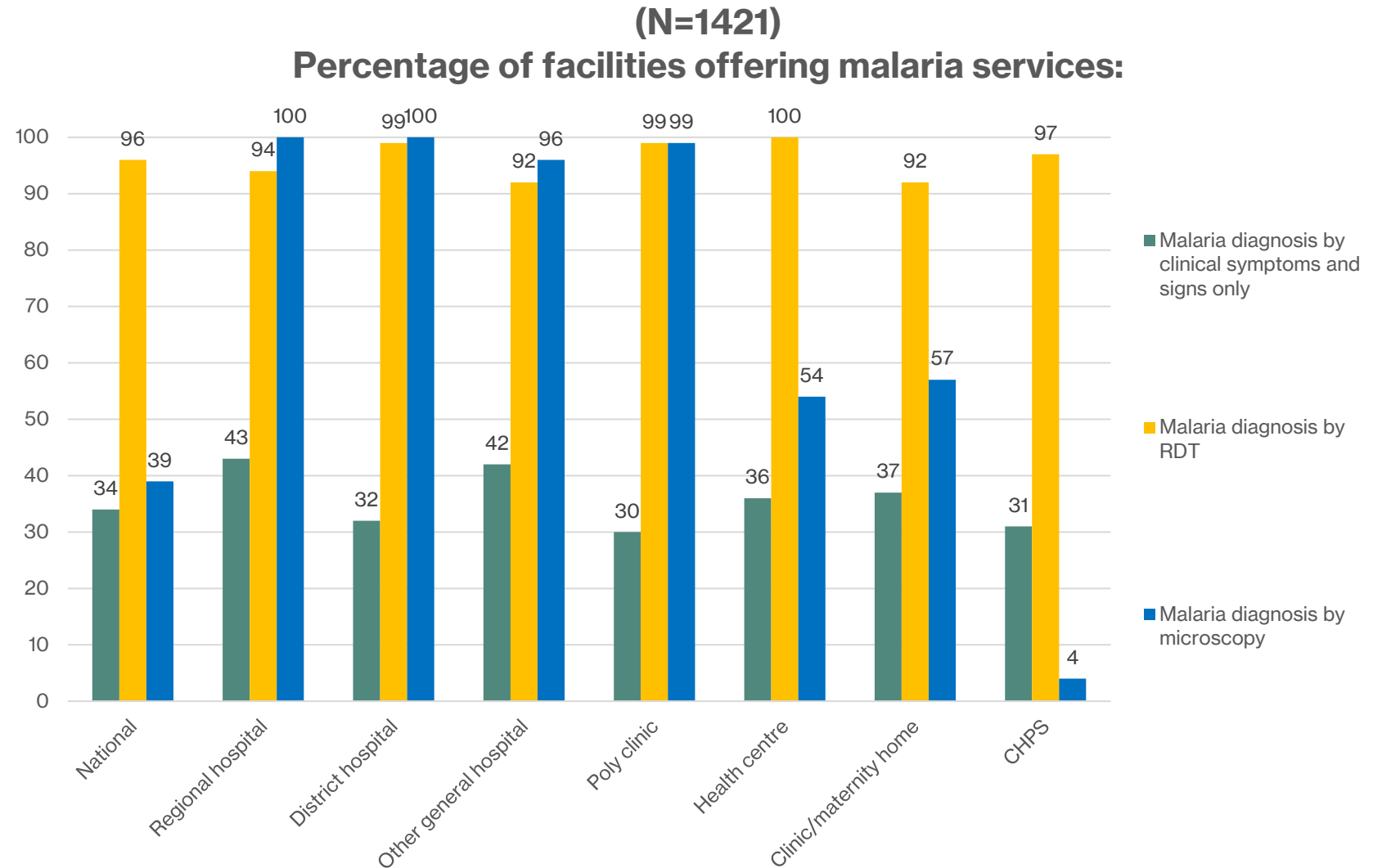
General Service availability for Malaria and HIV are high (97% and 86%)

Tuberculosis is lagging behind (53%).



Relatively high RDT for malaria availability (96%) in facilities.

microscopy across facilities offering malaria services (39% average)



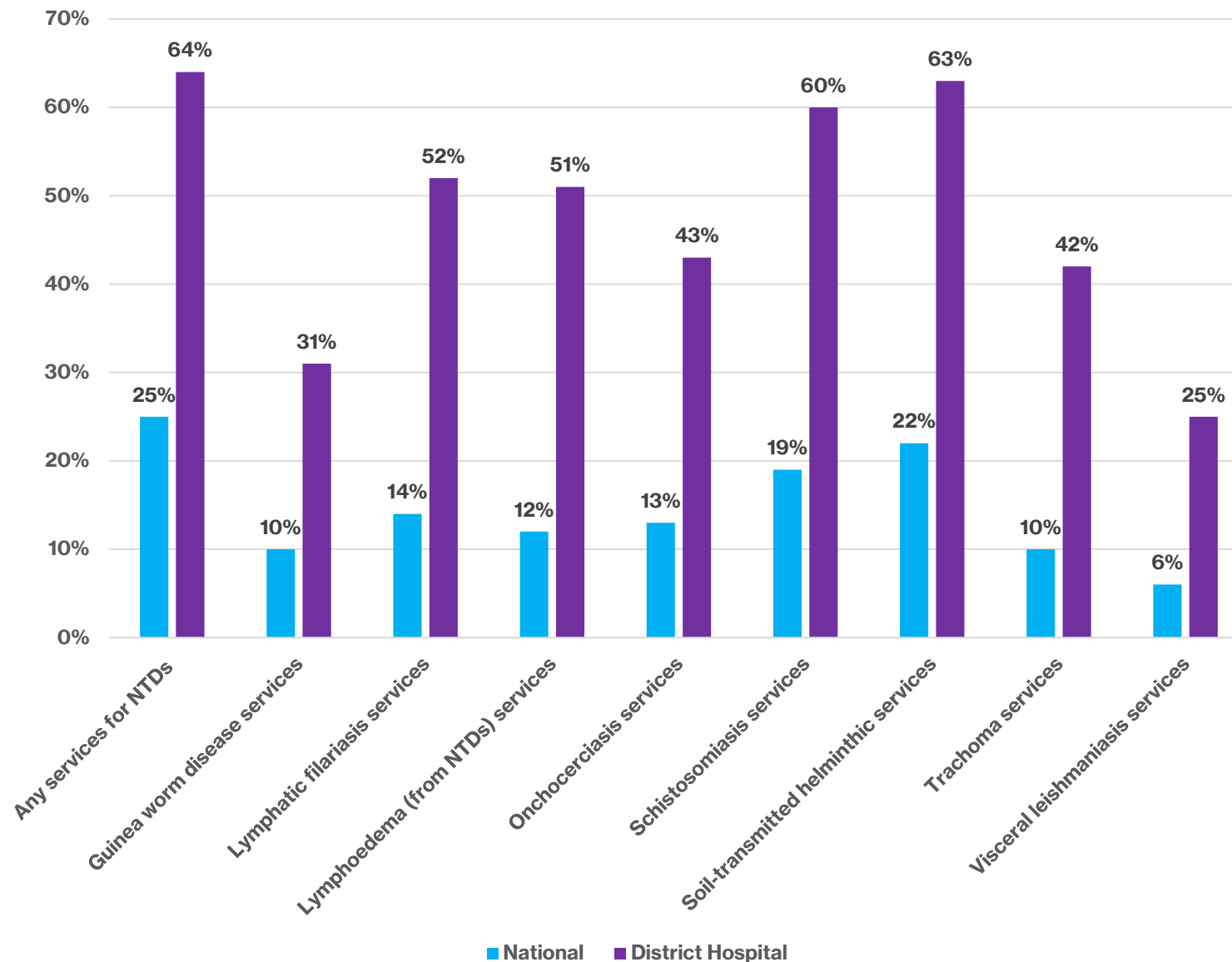
(N=1421)

25% of facilities offered NTDs services

68% of district hospitals provided NTD service

(6% for Visceral leishmaniasis services, 22% for Soil transmitted helminths)

Percentage of facilities offering NTDs services:



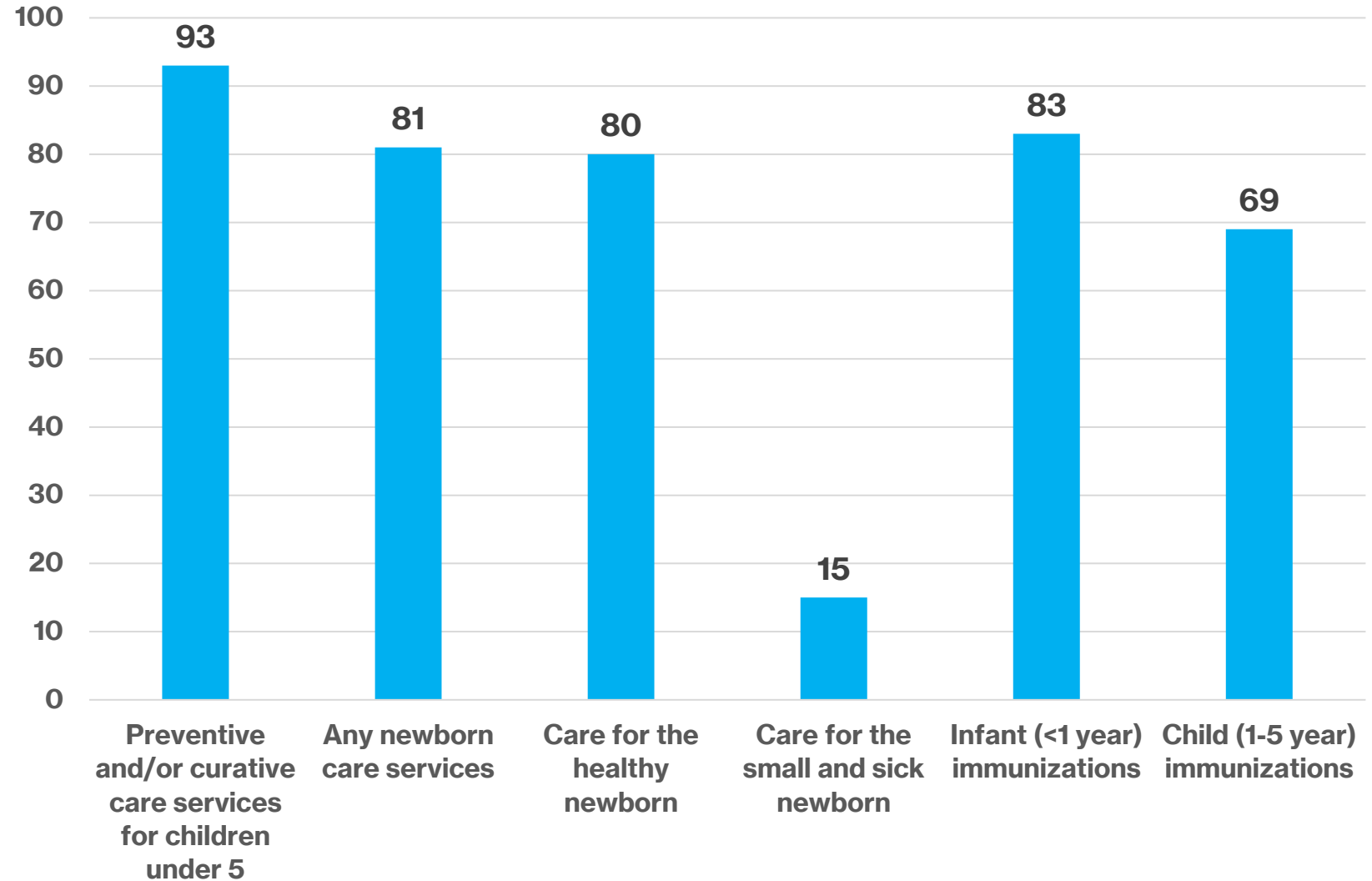
(N=1421)

Availability of Preventive and/or curative care services for children under five is generally high 93%

Access to any newborn care services is also high (81%)

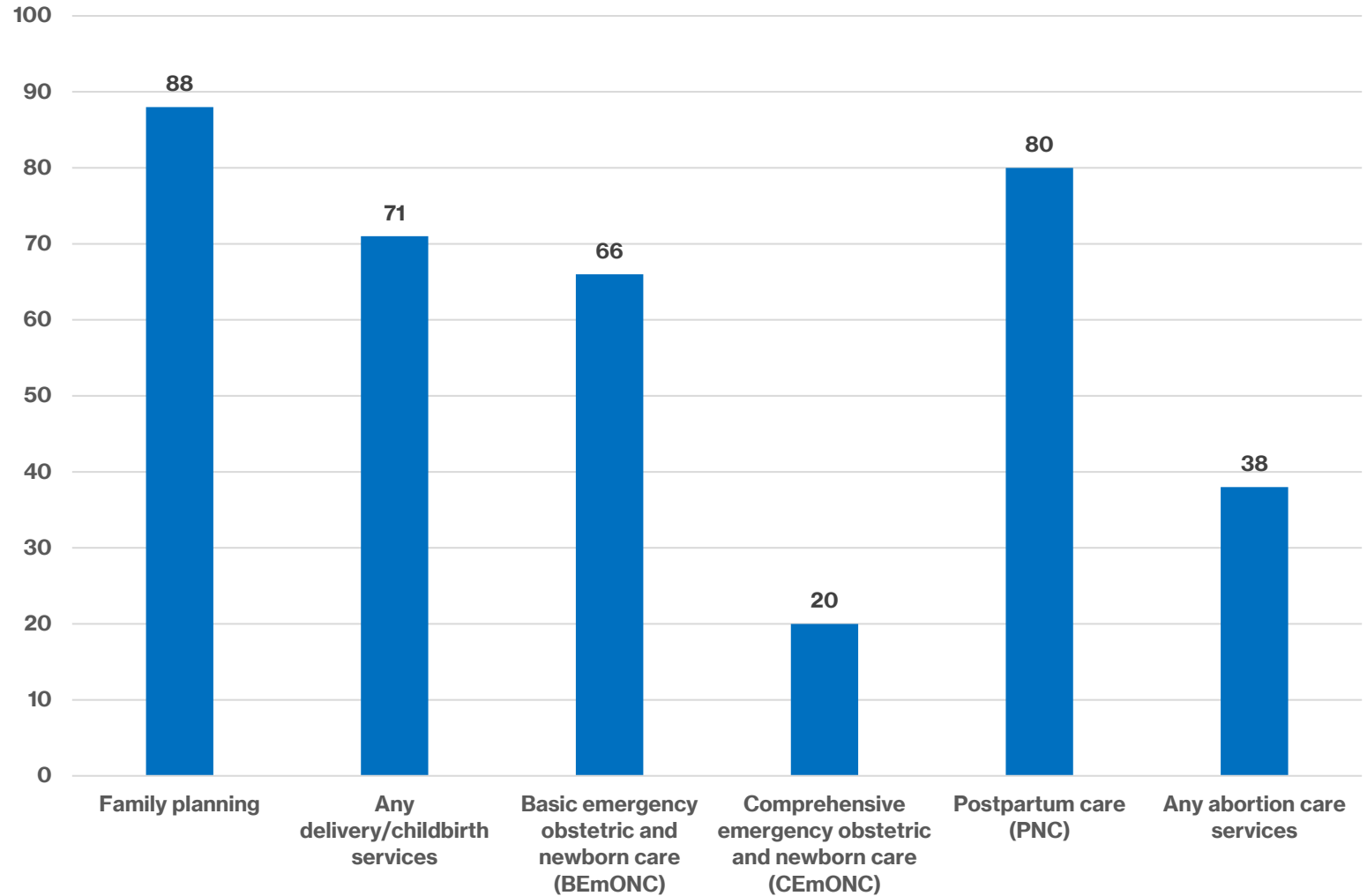
Percentage of facilities offering care for small and sick newborn is low (15%)

Percentage of facilities offering New born and Infant Services



(N=1421)

Percentage of facilities offering Reproductive, Maternal, Newborn, Adolescent (RMNCAH)



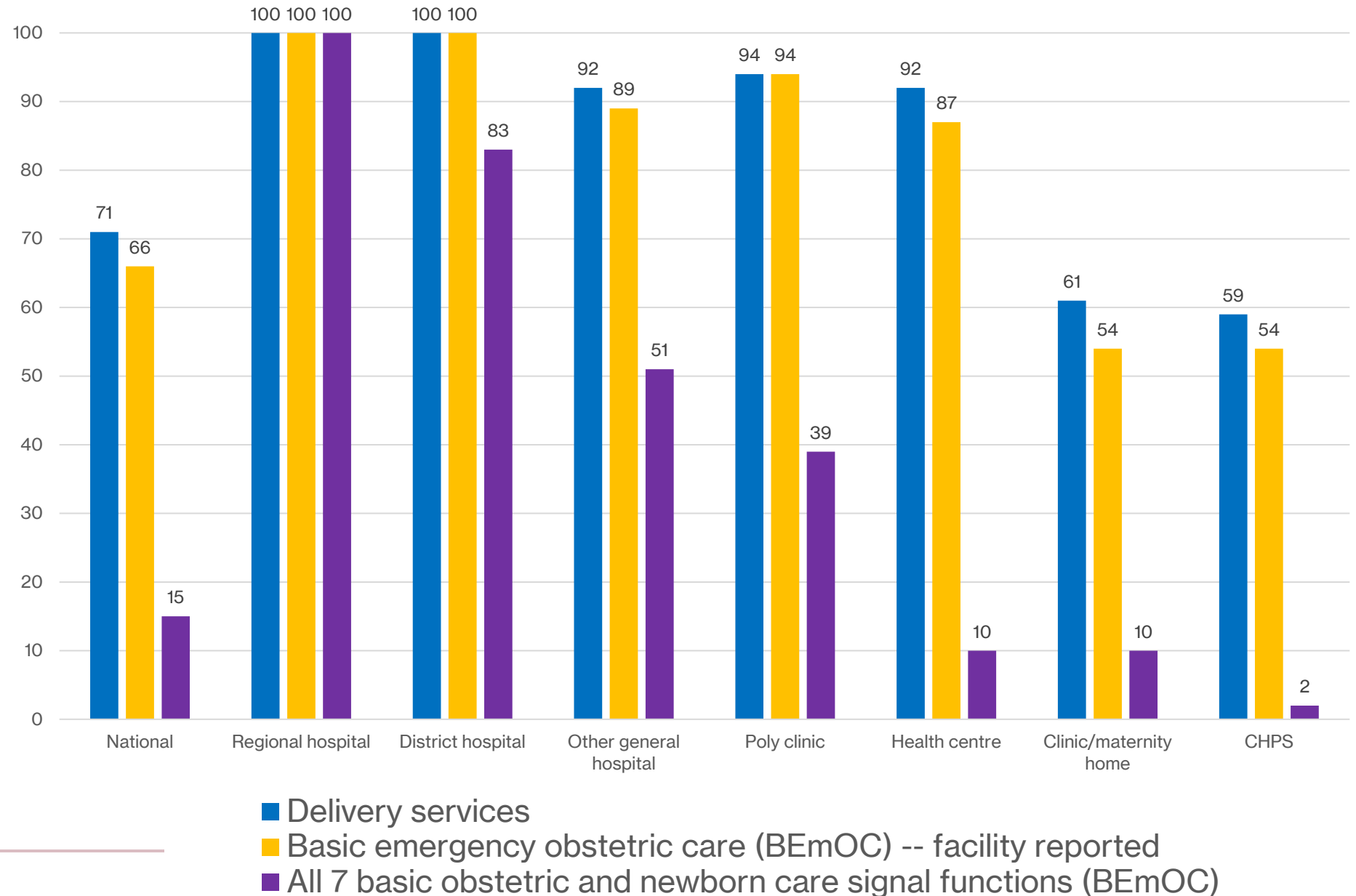
88% of hospital (regional, district and other hospitals) are offering services for RMNCAH.

Availability of comprehensive emergency obstetric and newborn care service is however low (20%)

Facilities providing BEmONC services was 66%

Below the District Hospital 15% facilities with ALL Seven Basic emergency obstetric and newborn care signal functions

Percentage of facilities offering BEMONC services



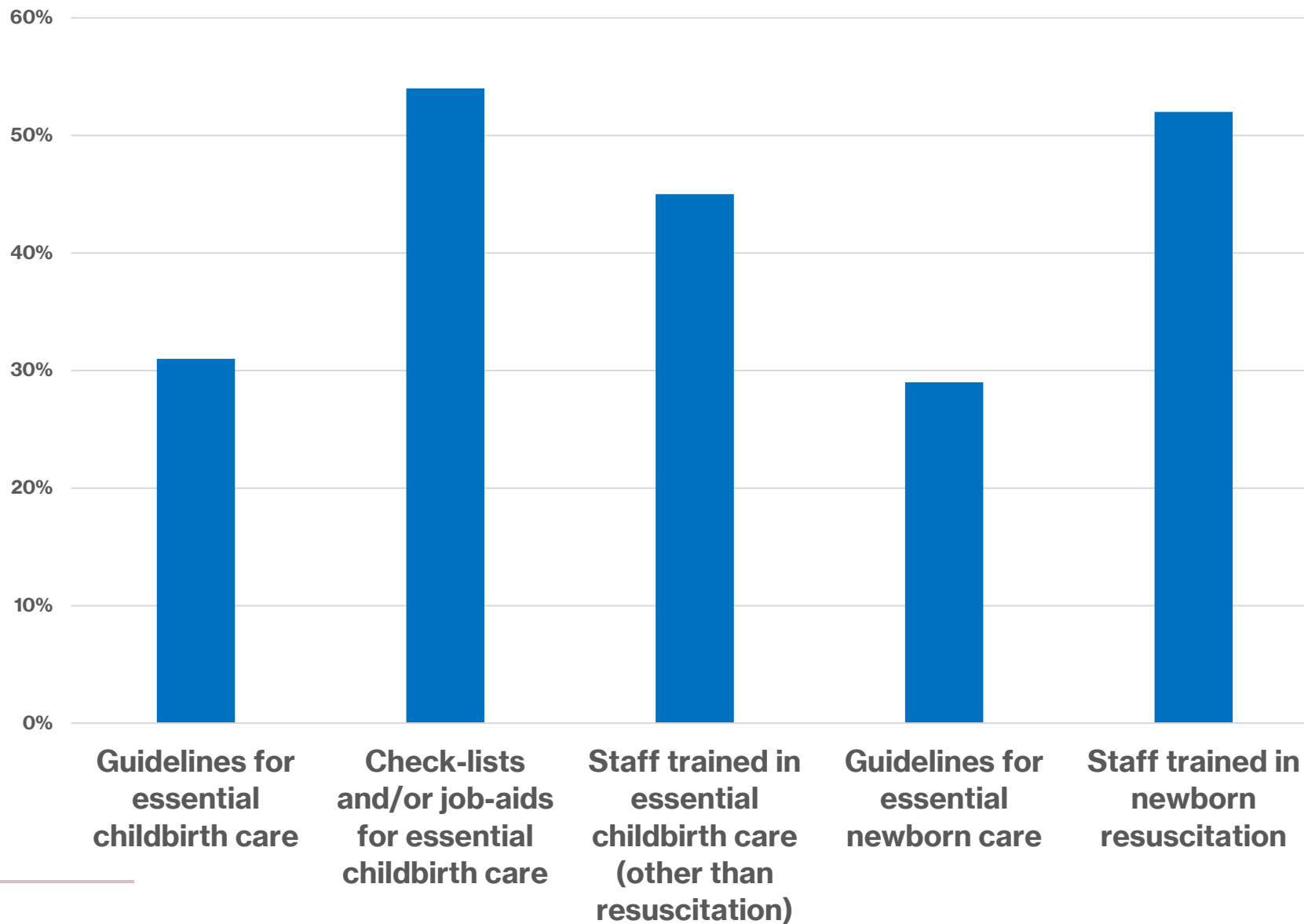
% of facilities with Guidelines and Staff to offer BEmONC services

(N=1137)

**Check-lists and/or
job-aids for
essential childbirth
care was 54%**

**Guidelines for
essential childbirth
care was 31%**

**Guidelines for
essential newborn
care was 29%**



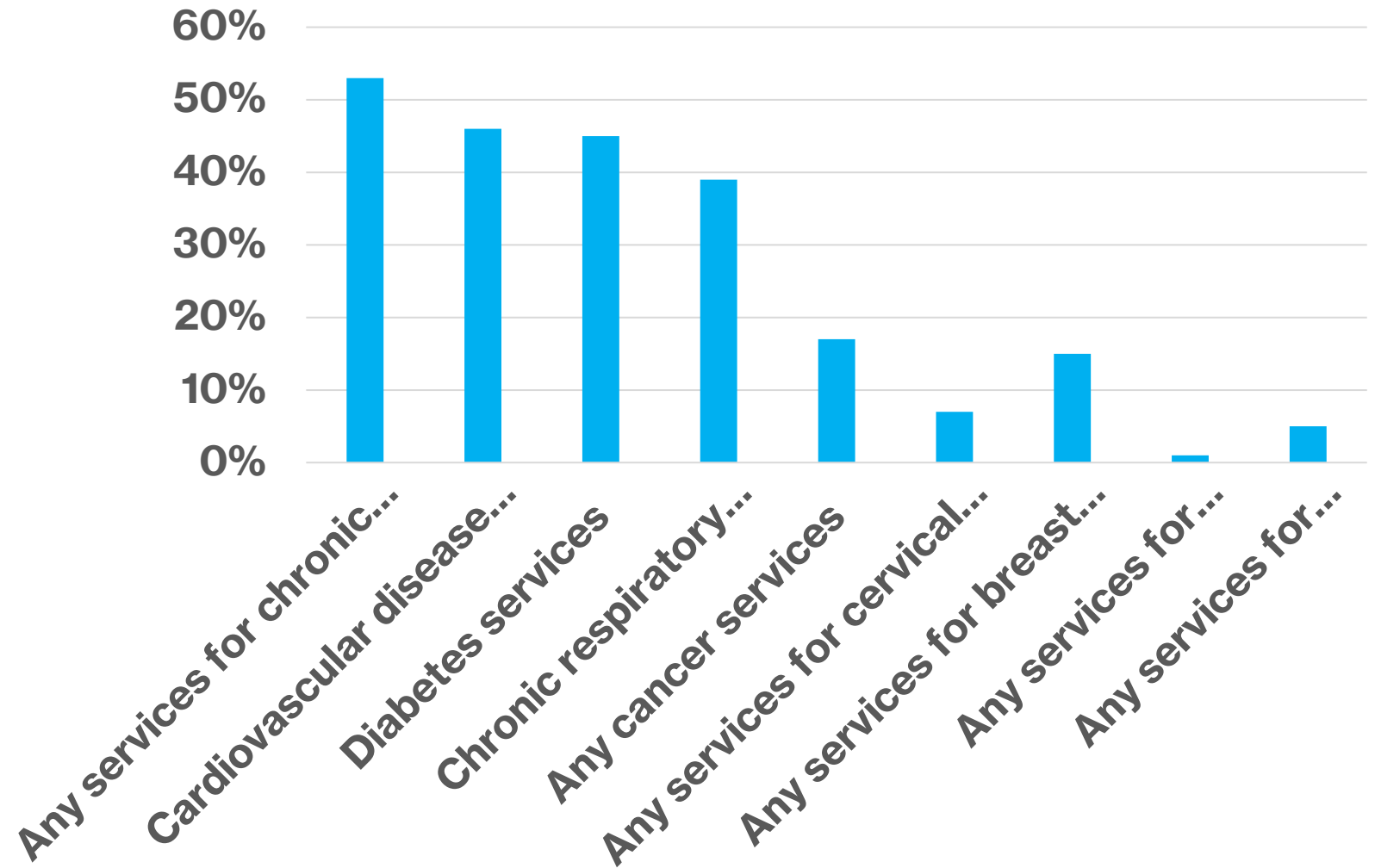
(N=1421)

Overall, 53% of facilities offer services for chronic NCDs

Cardiovascular and diabetes services are the most commonly offered service at 46% and 45%.

Only 17% of surveyed facilities offer any type of cancer service.

Percentage of facilities offering:

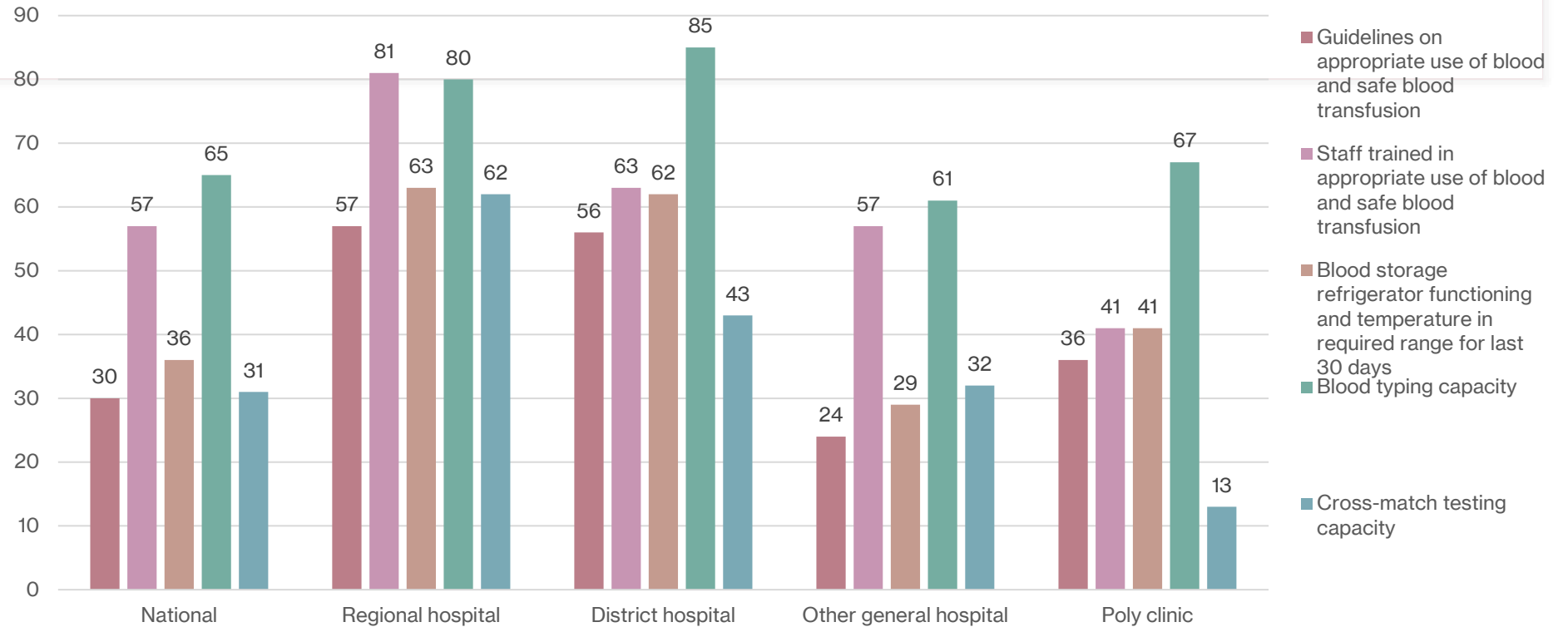


25% facilities offered blood transfusions services

30% of these facilities had Guidelines on appropriate use of blood and safe blood transfusion

57% had Staff trained in appropriate use of blood and safe blood transfusion.

Percentage of facilities offering blood transfusion with guidelines and staff trained (N=369)



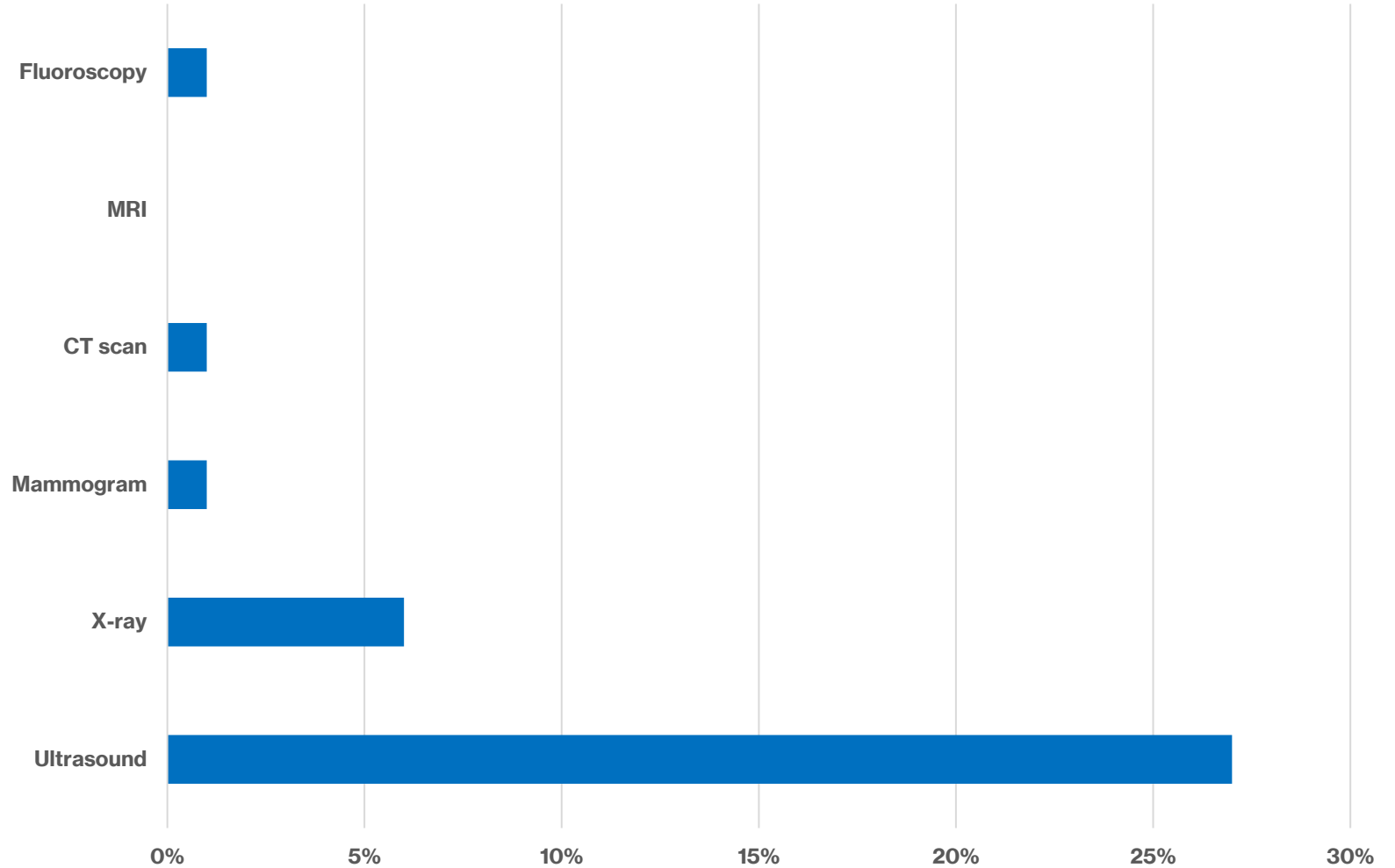
(N=1421)

Availability of technologies and procedures. Percentage of facilities offering:

27% of facilities surveyed had ultrasound

Less than 5% of facilities have Fluoroscopy, CT Scan and Mammogram

MRI services lacking in facilities



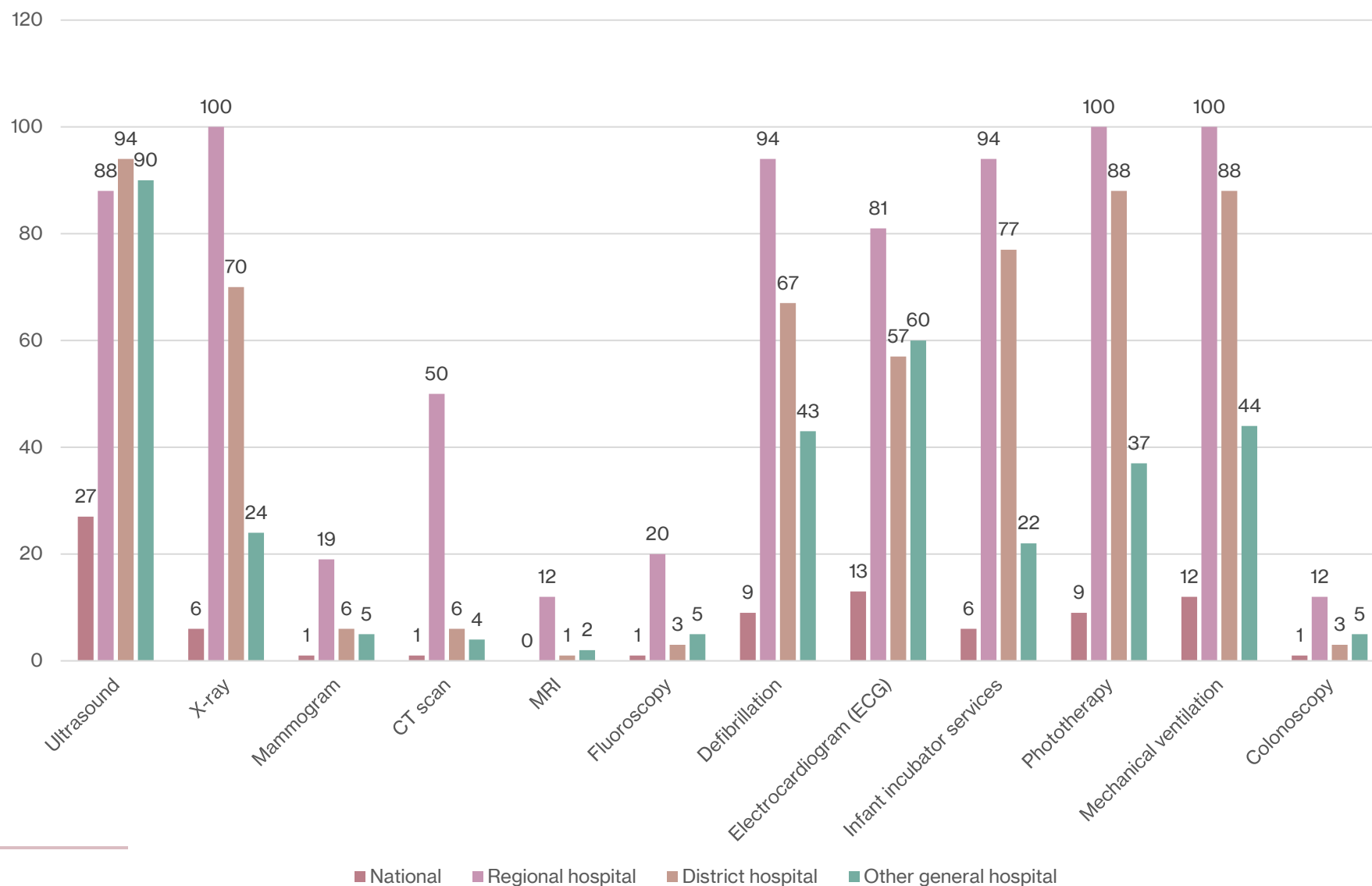
Percentage of facilities with medical equipment and procedures (N=1421)

Ultrasound was available in 88% of regional hospitals (RHs) and 94% of District hospitals (DHs).

For mammography 19% of RHs, 6% of DHs and 5% of other general hospitals had the services available.

For CT scan, 50% of RHs, 6% of DHs and 4% of other general hospitals have availability.

MRI services were available in 12% of RHs and 1% in DHs.



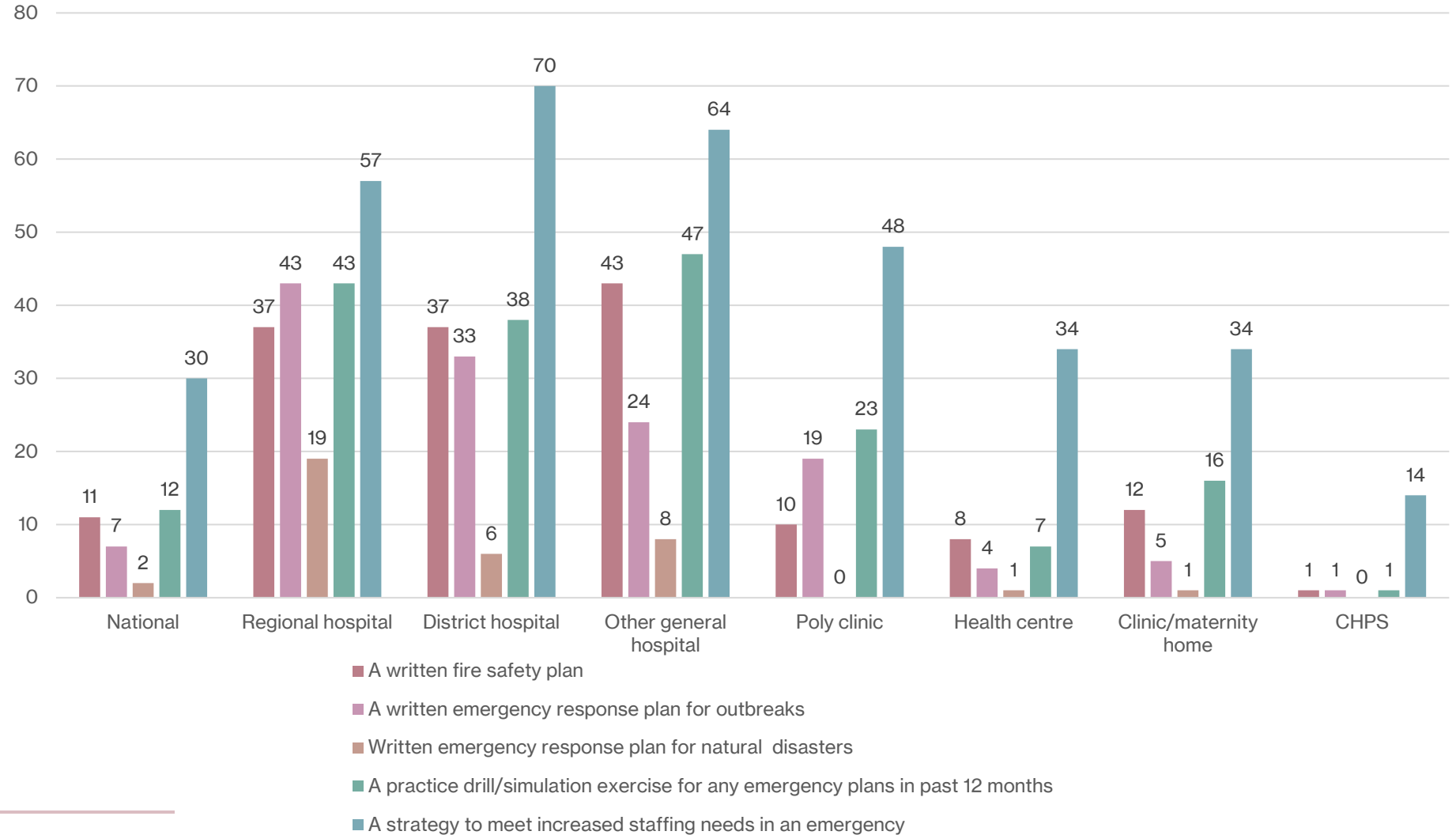


Overall, 11% of facilities had a written safety plan.

Facilities with a written emergency response plan for outbreaks were 7%

Facilities with emergency response plan for natural disasters was 2%.

Percentage of facilities with emergency preparedness systems (N=1421)

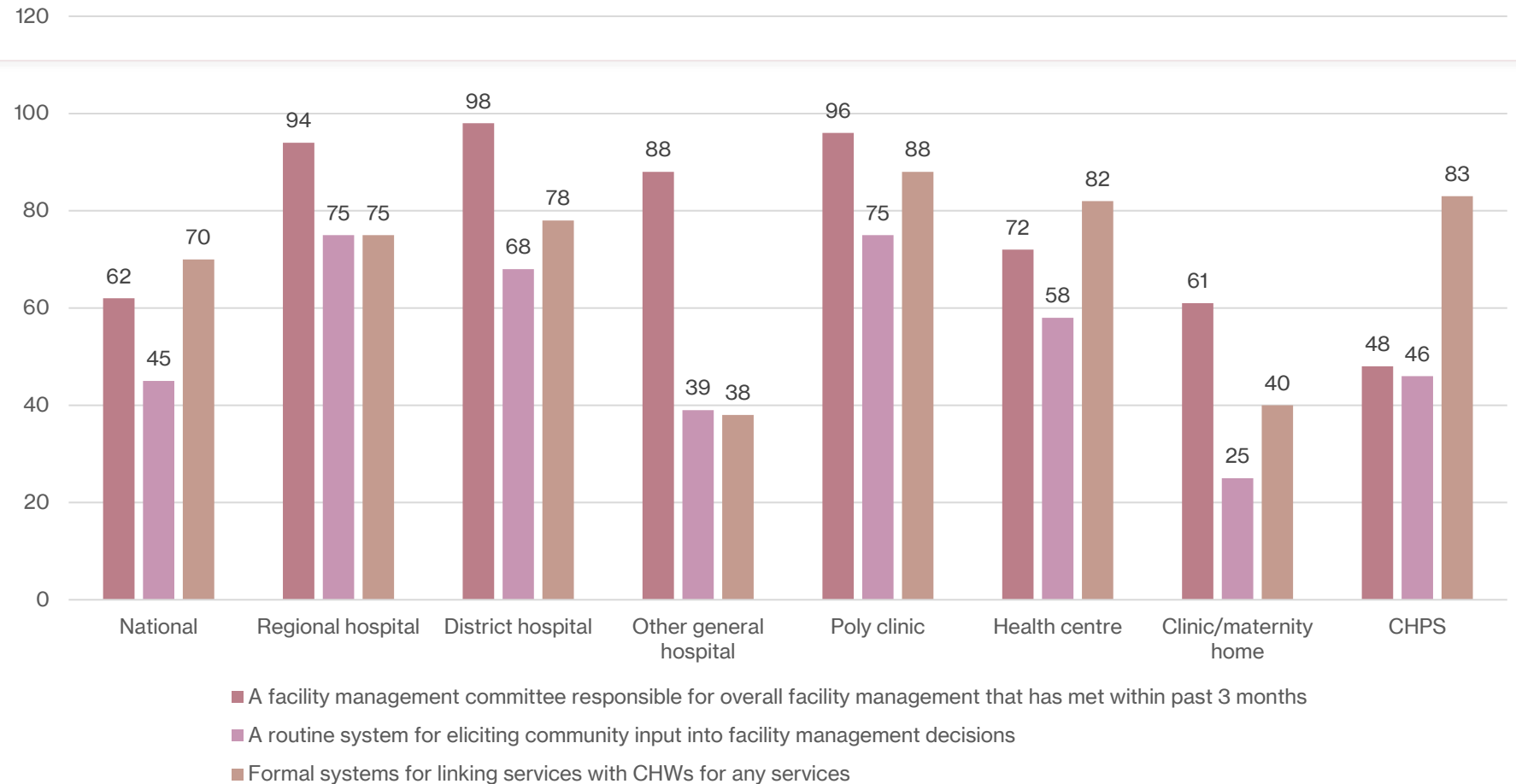


There are 62% of facilities that have a Mgt committee meeting in the last 3 months.

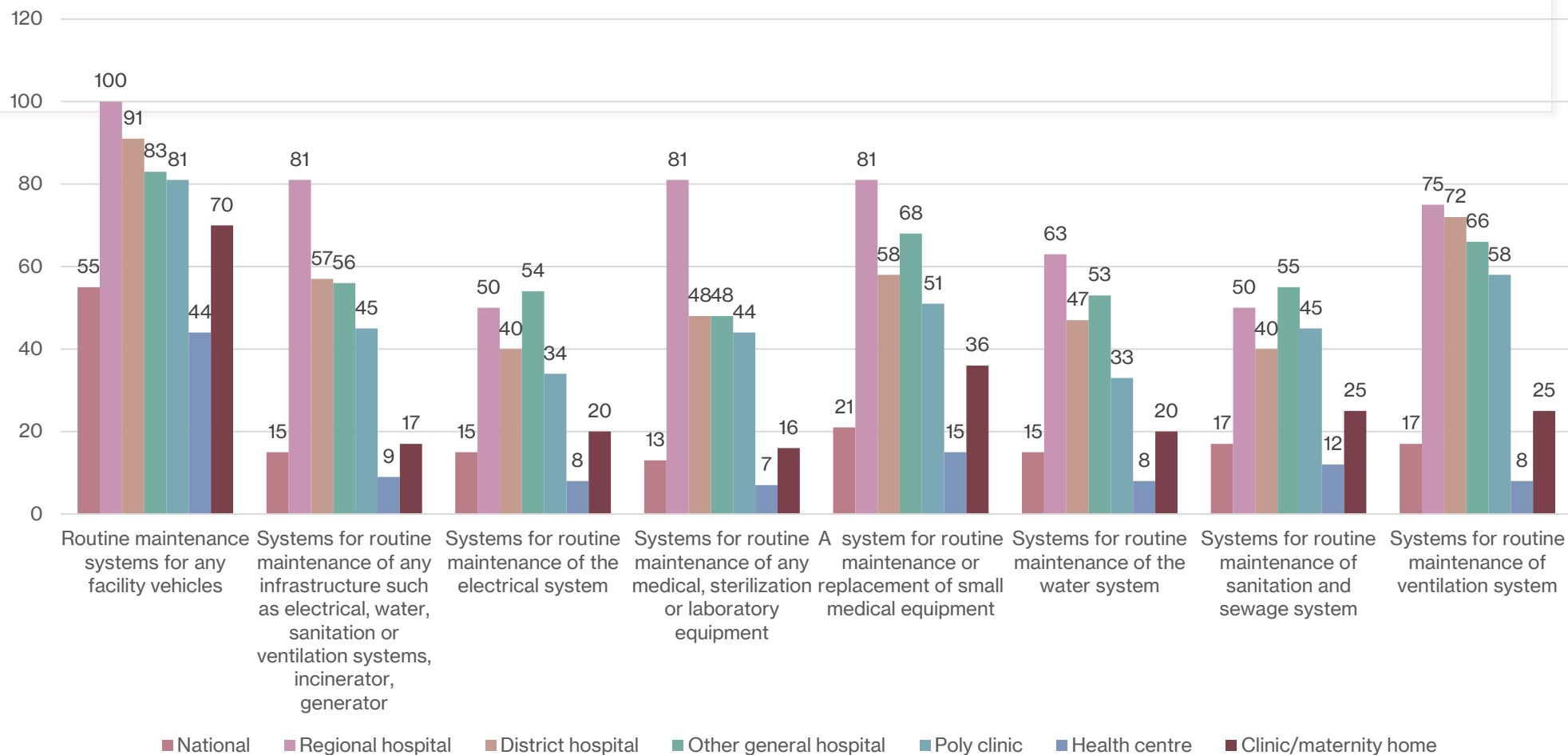
45% have a routine system for eliciting community inputs into mgt decisions

70% have formal systems for linking services with CHWs

Percentage of facilities with Governance and Management (N=1421)



Percentage of facilities with routine maintenance systems for infrastructure and vehicles and equipment (N=1421)



55% of facilities have routine maintenance systems in place for vehicles

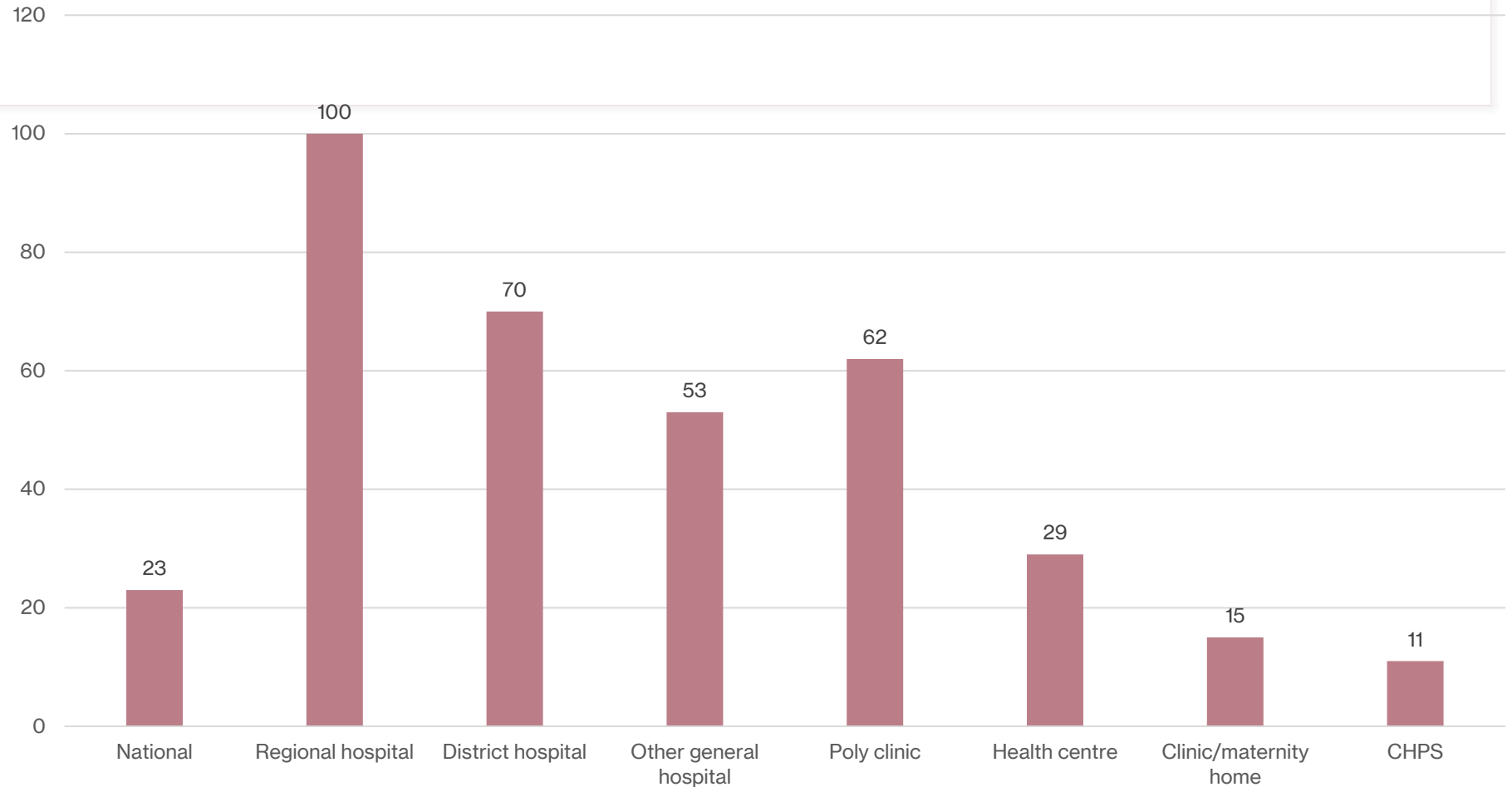
15% have routine maintenance for infrastructure e.g. electrical system, water and sanitation/sewage.

Budgeted annual workplan for current financial year

All regional hospitals (100%) reported to have an annual budgeted workplan

70% at the district hospitals have annual budgeted work

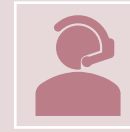
Only 11% of CHPS facilities have budgeted annual workplan



SUMMARY OF KEY ISSUES



Availability of guidelines for service delivery was low



TB service availability can be improved



Lower level facilities offering In-patient care



NTD service availability can be improved



Lower level facilities provision of BEmONC Service is very low



Availability of services for Cardiovascular health can be expanded esp at the lower levels

SUMMARY OF KEY ISSUES-2

- Routine maintenance systems are not optimal
- Emergency preparedness was low
- Equipment & diagnostics situation needs to be improved
- Blood transfusion service availability & training could be improved



Way Forward

Cont. Programme specific analysis and interpretation of HHFA data

1

Disseminate Snap Shots of HHFA results

2

Organise Regional specific analysis of the HHFA data

3

Launch Results of HHFA data

4

Produce Full report on HHFA for Ghana



Acknowledgement & Gratitude

Facility staff and respondents

Data Collectors

Data managers

National/Regional supervisors

HHFA Steering Committee/Technical Team

MOH/GHS Partners and Stakeholders

WHO

HHFA resource package

WHO HHFA webpages



<https://www.who.int/data/data-collection-tools/harmonized-health-facility-assessment/introduction>

Thank you