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**PLANNING FOR ASSESSMENTS OF THE
CHILD HEALTH PROGRAM IN GHANA**

for the
Ghana Ministry of Health
Child Health Task Force

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ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
CDD	Control of Diarrheal Diseases
DHS	Demographic and Health Survey
EPI	Expanded Program on Immunization
GSS	Ghana Statistical Service
MCH/FP	Maternal and Child Health/Family Planning
MOH	Ministry of Health
NGO	Non-governmental Organization
OPV	Oral Polio Vaccine
PVO	Private Voluntary Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

BACKGROUND

The Ministry of Health in Ghana is in the process of developing and expanding its child health program. As a first step in this process, a child health task force has been established and is charged with developing a revised child health strategy; the process of developing this strategy began in earnest in November 1997 and has been ongoing since then. The task force has identified five priority areas for improving the health of children under 5 years of age in Ghana: 1) improve the nutritional status of children under 5; 2) improve breastfeeding practices; 3) improve immunization coverage; 4) improve care provided at health facilities by developing and implementing integrated case management of the sick child; and 5) improve care of the neonate. Selection of these priority areas was based on an analysis of the health status of infants and children in Ghana using existing data, the objectives of the medium-term health strategy for Ghana and the five-year program of work, and a review of child health interventions that have been tested and demonstrated to be effective.

In January 1998 the child health task force recognized that there were some key technical and programmatic areas where good quality data were not available. USAID and BASICS, were asked to provide assistance to facilitate the collection of additional child health program data to inform the process of program planning. Data from these assessments will be used to inform both the finalization of the national child health strategy and the development of a child health implementation plan. It is anticipated that the child health implementation plan will be elaborated at a planning workshop with the Ministry of Health and other partners in October or November 1998.

This document describes plans for a series of child health assessments to be conducted in collaboration with the child health task force.

CHILD HEALTH TASK FORCE

The child health task force is responsible for overseeing and coordinating the development of the national child health strategy and policy guidelines. The task force is composed of representatives of a number of different divisions of the Ministry of Health, including maternal and child health and family planning (MCH/FP), disease control (CDD/EPI), nutrition, health education, health research, institutional care, and human resources. In addition, representatives from the pediatric teaching hospitals and WHO (through the disease control unit) are included. This task force is critical to planning and overseeing all child health assessment activities. It is hoped that the inclusion of representatives from a number of technical areas will encourage the development of child health programs that are more integrated. All assessments will be planned and overseen by task force members. The task force members are listed in Appendix A.

Objectives of the Child Health Assessments

There are two key objectives of the child health assessment activities:

1. To collect essential data in key child health program areas; and
2. To use data collected to inform the development of the national child health policy guidelines and strategy, and the national child health implementation plan.

Child Health Assessments to Be Conducted

The child health task force has agreed that four assessment activities are required to plan and develop the child health program further based on gaps in currently available information. Each assessment activity will be supported by a small technical working group composed of task force members. Each technical working group will be responsible for planning assessment activities, supporting consultants who will conduct the assessments, assisting with the analysis and summary of information, and ensuring that assessment data are incorporated into the planning process. Technical working groups are summarized in Appendix B. Assessment activities are as follows:

1. Nutrition program review;
2. Immunization program review;
3. Health facility survey to review the care provided to sick children at health facilities; and
4. Community program review and household survey to investigate the prevention and treatment of childhood illness in households and communities.

Background Literature Review

It is important that assessments do not duplicate what has already been done. As much as possible, existing child health data will be used. Background literature on child health in Ghana has been collected in two areas: published literature and program literature. A twenty-year search of Ghana-specific child health articles published in peer reviewed journals has been conducted. Child health program literature will be collected from both the Ministry of Health and from other organizations working in Ghana. Technical working groups will be responsible for collecting all relevant program documents (e.g., policies, guidelines, training materials, surveys, reviews etc.) from the Ministry of Health in their area of focus. In addition, a review of survey and programmatic data from multilateral organizations such as WHO, UNICEF and from NGOs, PVOs, and other private organizations will be conducted by a local consultant from the University of Ghana. All literature will be filed, by technical area, in the MCH/FP division and will be used by the assessment teams. In the longer term, these documents will be a valuable

resource and will need to be housed and managed in an area where they are accessible and periodically updated. A listing of collected journal articles, and the scope of work for the consultant responsible for collecting local documents are summarized in Appendix C.

Focus Districts

Data collection will be focused in five districts which were selected to be reasonably representative of districts in the country. For first stage sampling, four regions were randomly selected from each of the three ecological zones of the country (northern, central and coastal) and one region was randomly selected from an urban area. Ecological zones are representative of the different epidemiological profiles, health practices, economic status, access to care and cultural differences within the country. For second stage sampling, one district was randomly selected within each selected region. The five selected districts are as follows:

1. Birim South (Eastern Region);
2. East Manprusi (Northern Region);
3. Atwima (Ashanti Region);
4. Ajumako Enyan Esiam (AEE) (Central Region); and
5. Ga (Greater Accra Region).

All peripheral assessment activities will be conducted in these five regions and districts.

PROGRAM REVIEWS

Program Components to Be Reviewed

Programs will be assessed at all levels: central, regional, district, facility, community and household. For each technical area the following programmatic elements will be reviewed.

General

1. Policies and guidelines;
2. Advocacy and coordination;
3. Human resources (health facilities and communities);
4. Planning, management and budgeting (emphasis on district capacity); and
5. Monitoring and evaluation (using local data for making program decisions).

Improving the Quality of Health Services

6. Logistics (essential drugs, vaccines, cold chain and equipment);
7. Training (pre- and in-service);
8. Supervision (of health workers at all levels);
9. Outreach/home visits; and
10. Health worker performance.

Improving the Health of Communities

11. Information, education and communication (key household and community health behaviors); and
12. Community-based strategies (social mobilization to promote community involvement in health such as growth monitoring/promotion, health education by local groups etc.).

The current status of program performance will be summarized and recommendations for strengthening each area will be made. Areas where other groups or organizations could play a role in child health activities will be identified. Collaborative activities could involve:

- Partnerships with private sector organizations (private non-profit such as missions; other private non-profit such as PVOs, NGOs, private for-profit, traditional) can support a number of program elements.
- Integration with other health areas such as family planning services and maternal health.
- Links with other sectors including water supply and sanitation, education and literacy programs, school health, and household food security.

Conduct of Activities

Program assessments will be conducted by technical working groups in collaboration with a small group of technical experts who will visit specifically for the assessments. All program assessments will be conducted at the same time in order to reduce duplication and maximize efficiency. Several of the activities at all levels will be conducted jointly by representatives from all teams, while those in specific technical areas will be done by each team separately. Each working group will be responsible for managing activities with the consultant teams. A total of three weeks is planned to complete all program reviews. A summary meeting with all working groups, relevant ministry of health staff and outside partners is planned at the end of the assessment process so that key findings can be shared.

First Week

The first week will be spent at the national level. Consultant teams and working group members will finalize the content of the assessment, plan field work, review background documents, and have meetings with program staff in both the Ministry of Health and a number of other organizations.

General Meetings

All technical groups indicated that it was important that assessment teams met with the following MOH staff and divisions: director of medical services, director of public health, external aid coordinator, human resources division, institutional care division, MCH/FP division, and health

education division. Outside the MOH, the following organizations were thought to be of general relevance: WHO, UNICEF, Save the Children, DANIDA, World Vision International, Plan International, Care International, Catholic Relief Services, ADRA, UNFPA, Planned Parenthood Association of Ghana, Ghana Registered Midwives Association, Ghana Social Marketing Foundation, Ghana National Commission on Children, Ministry of Education; non-formal education division, and the 31st of December Women's Movement.

Second Week

The 7-10 days will be devoted to field work. There will be three field teams, each composed of representatives from each technical area. Two of these teams will visit two districts each and one team will visit the single district in the extreme north of the country (East Manprusi)]. Each team will visit regional health teams, district health teams, a few health facilities and a few communities. At each level, key individuals will be questioned about program activities in the technical areas, data will be reviewed and observations will be conducted as necessary. Guidelines outlining the most important information required at each level will be discussed and developed in advance by working groups in collaboration with outside consultants.

Third Week

Teams will return to Accra and summarize the review findings. Consultants will work closely with each technical working team. Final reports will focus on the major programmatic gaps or problems, and feasible solutions for solving these problems. Recommendations for further action will focus on a limited number of practical implementation strategies. Where necessary guidelines will be given on recommended policies, guidelines, and training and health education methods and materials. At the end of the final week, a summary of findings will be presented to a wider group including MOH staff and outside organizations.

Technical Content

Within the framework described above, each technical team will define the technical focus of the assessment and will ensure that individuals and organizations relevant to their technical area of interest are contacted.

EPI Program Review

Key background information: The following documents and information will be collected by the EPI working group members prior to the EPI program review.

- Cold chain inventory, supported by WHO and UNICEF in 1995;
- Vaccine management survey conducted in selected sub-districts including observations of health worker practices and record keeping, conducted by the MOH in 1998;

- Routine vaccine administrative data, collected monthly, including vaccines administered and cases of vaccine preventable diseases;
- DHS survey data from 1989 and 1993;
- Primary health care survey conducted by the MOH in 1992 with UNICEF and WHO;
- Multiple indicator survey supported by UNICEF in 1995;
- Previous program reviews and assessments; and
- Policy guidelines, job descriptions, pre- and in-service training guidelines and curricula, supervisory check-lists, research reports in the area of EPI.

Key staff to contact: The following staff working in EPI at the national level will need to be seen by the review team. Appointments with these staff will be made by EPI working group members for the first week of the program review.

- Cold chain technicians;
- Head of the vaccine store;
- Logistics coordinator; and
- EPI surveillance manager.

Composition of the consultant team: It is proposed that the outside assessment team be composed of EPI specialists from WHO/AFRO, UNICEF regional office, and from USAID/BASICS. The team will therefore represent all of the key partners working in the area of EPI.

Scope of work for the EPI program review: Since program reviews have been conducted before, the EPI working group wanted to focus this review on the development of concrete activities for improving immunization coverage. These activities should be feasible with available resources. The key elements of the assessment will be: 1) A review of problems with the program based on existing data; 2) identification of barriers to effective implementation of program activities (based on field work); and 3) identification of realistic program activities for addressing these barriers. The scope of work is summarized in Appendix D.

Nutrition Program Review

Key background information: The following documents and information will be collected by the nutrition working group members prior to the nutrition program review.

- DHS survey data from 1989 and 1993;
- Multiple indicator survey conducted with UNICEF in 1993;
- Research studies conducted by the University of Ghana on iron intake, the prevalence of anemia, and growth monitoring, and relevant data from the Noguchi research center;
- Iodine deficiency study conducted by the MOH with the University of Ghana in 1992;
- Vitamin A deficiency study conducted in the Southern Sector with the health research unit in 1997;
- Anemia prevalence study conducted by the nutrition unit in 1997;

- Policy guidelines, job descriptions, pre- and in-service training guidelines and curricula, supervisory check-lists, and research reports in the area of nutrition.

Key staff to contact: The following staff working in nutrition at the national level will need to be seen by the review team. Appointments with these staff will be made by nutrition working group members for the first week of the program review.

- Micronutrient coordinator;
- Supplementary feeding coordinator;
- Weaning food coordinator;
- Education and training coordinator;
- Staff of the Ghana nutrition action network (GINAN) an NGO working in nutrition; and
- Baby Friendly Health Facilities Initiative Authority (BFHIA).

Composition of the consultant team: It is proposed that the assessment team be composed of nutrition specialists from USAID/BASICS (general child nutrition), USAID/LINKAGES (maternal nutrition and child feeding) and USAID/OMNI (micronutrients).

Scope of work for the nutrition program review: The nutrition review will be focused on the minimum package of nutrition behaviors which includes: exclusive breastfeeding for about six months; appropriate complementary feeding starting at about 6 months of age in addition to breastfeeding until 24 months of age; adequate vitamin A intake for women, infants and young children; appropriate nutritional management during and after illness; iron folate tablets taken by all pregnant women; and the regular use of iodized salt by families. Each of the minimum package behaviors will be reviewed in the following areas; prenatal care; postpartum care; vaccinations; growth monitoring and promotion and other contacts for nutritional follow-up for young children; nutritional care during and after sickness; and community-based practices. The scope of work for the nutrition assessment is summarized in Appendix D.

Community Program Review

Key background information: The following documents and information will be collected by the community working group members prior to the community program review.

- Policy guidelines, job descriptions, pre- and in-service training guidelines and curricula, supervisory check-lists for community health workers, and research reports in the area of community health; and
- Health education methods and materials for use at all levels.

Key staff to contact: The following organizations working in community health at the national level will need to be seen by the review team. Appointments with these organizations will be made by community working group members for the first week of the program review.

- Department of community development;
- Department of social welfare;
- Ghana national commission on children;
- Ministry of Education, non-formal education division;
- 31st of December Women's Movement; and
- Traditional medicines unit.

Composition of the consultant team: It is proposed that the assessment team be composed of two or three specialists in community health from organizations with experience in the area of community development and health education. The USAID/Academy for Educational Development (AED) may have appropriately qualified staff.

Scope of work for the community program review: The community review will focus on strategies for improving maternal and child health emphasis behaviors. Emphasis behaviors are caretaker behaviors that have been demonstrated to have a public health impact and to be feasibly changed with programmatic interventions. There are sixteen emphasis behaviors in five categories: 1) reproductive health practices: women of reproductive age should practice family planning and seek antenatal care when they are pregnant; 2) infant and child health feeding practices: mothers should give age-appropriate foods and fluids; 3) immunization practices: infants should receive a full course of vaccinations and women of childbearing age should receive an appropriate course of tetanus vaccinations; 4) home health practices: caretakers should implement appropriate behaviors to prevent childhood illnesses and to treat them when they occur; and 5) careseeking practices: caretakers should recognize a sick infant or child and need to know when to take the infant or child to a health worker or health facility. Activities which may impact on changing these behaviors could include household education strategies using community-based health workers, community mobilization using local groups, and facility-based outreach and counseling. Activities which can be provided by private groups and individuals, including traditional healers, drug vendors, pharmacies and private health providers will be particularly important. The scope of work is summarized in Appendix F.

Timing and Logistics

The proposed dates for the program reviews are June 8-30, 1998. Timing and logistics arrangements for the program reviews are summarized below. Individuals or groups responsible for each component are indicated where appropriate.

Advance Preparations

1. Venue for group meetings of assessment teams arranged.
Responsible: MCH/FP
2. Cars booked in advance for three weeks between June 8-June 30, 1998.
Responsible: Technical working groups will identify one car each.
3. Meetings at the national level organized for the first week.
Responsible: General meetings: MCH/FP; technically specific meetings: each technical group
4. Letters sent in advance to the regional and district heads in each of the focus areas to notify them of the assessment and dates for visits.
Responsible: MCH/FP
5. Meeting arranged with MOH divisions and other organizations to share the assessment findings (for June 29 or 30 1998).
Responsible: MCH/FP
6. All arrangements for international consultants including travel, accommodation, per diem etc.
Responsible: USAID/BASICS
7. Budgeting, transfer of funds for all field activities, and management of funds.
Responsible: USAID/BASICS (transfer of funds and budgeting), MCH/FP (budgeting and management of funds)

Week 1 [proposed dates: June 7-13, 1998]

Day 1

Technical working groups meet with consultants to finalize the scope of work, review background materials and plan national-level meetings. This could be conducted at a central venue, where all teams will be together in order to coordinate joint activities.

Responsible: MCH/FP will arrange venue and coordinate teams.

Days 2-4

Consultants have meetings with national level MOH staff and other organizations. Some meetings will be conducted jointly by all teams, and some will be specific for each technical area.

Responsible: MCH/FP will make meeting appointments with all MOH and non-MOH groups and individuals that will be seen by all groups; this schedule will need to be distributed at the beginning of the week. Specific technical meetings will be arranged by each working group.

Each of the divisions (EPI, nutrition, MCH/FP, health education) will provide a car for visits.

Day 5

Plans for field work will be finalized.

Responsible: MCH/FP and working groups will coordinate to decide on the composition of each of the three field teams.

Week 2 [proposed dates: June 14-20, 1998]

Days 7- 14

Three teams will visit regions and focus districts. Two teams will visit two districts each and one team will visit the district in the extreme north. Key persons will be met, and observations conducted at regional, district, facility and communities levels.

Responsible: Each of the three divisions (EPI, nutrition, MCH/FP) will provide a car for visits.

MCH/FP will send letters to regional and district staff.

Week 3 [proposed dates: June 21- 30, 1998]

Day 15-24

Working teams will discuss and finalize summary reports for each assessment.

Responsible: MCH/FP will arrange venue and coordinate teams.

Working teams and consultants will be responsible for finalizing the assessment findings with recommendations for further action.

Day 25

Assessment findings and recommendations are presented to a larger group of MOH staff and staff from other organizations, including WHO and UNICEF.

Responsible: MCH/FP will send letters of invitation.

Budget for Local Activities (final detailed budget is under preparation)

The following list summarizes budget items for local activities.

- Fuel and miscellaneous expenses for three cars: 25 days;
- Drivers per diem: 25 days;
- Hiring venue for final write-ups: 10 days;
- Per diem for field work x 6 MOH staff: 7 days; and
- Paper, photocopying, miscellaneous.

HOUSEHOLD SURVEY (DHS)

The Ghana Statistical Service (GSS) is currently planning a demographic and health survey with MACRO international. Field work will begin in August 1998. This survey presents an opportunity to obtain household level data on child health. At a questionnaire review workshop on April 21, 1998, a number of child health questions were incorporated into the DHS survey questionnaire. Subsequently, arrangements were made with GSS to over sample households in the five focus districts and to make data from these districts available in September 1998, so that these data can be used for child health planning.

Questions Included in the DHS Questionnaire

Household Questionnaire

Q18: Two week prevalence of illness and injury and careseeking behavior for each will be calculated separately.

Q 20: Multiple answers will be allowed for information about who was consulted for the last episode of illness.

Rationale: Careseeking behavior for an illness may be different from that for an injury; therefore, the two should be separated. Multiple providers are often sought for an illness episode; allowing only one careseeking option would not allow all of these to be determined. Less formal health services are often missed.

Q 56: New question. “What type of salt is used for cooking in your household?” Options: local salt, packaged salt (iodized), packaged salt (uniodized), salt for animals, loose salt, other. In addition, salt will be tested for the presence of iodine.

Rationale: The prevalence of iodine deficiency is high. Distribution of iodized salt has begun.

Contraception

Lactational amenorrhoea method (LAM) has been added as a possible alternative method of contraception in questions 301-304 (methods ever heard of, used and knowledge of source).

Rationale: LAM is included in the national policy as a possible family planning method. Although it may not be widely used yet as a method of contraception, it is important to collect baseline information on knowledge and practice.

Pregnancy and Breastfeeding

Q402: The filter for entry into this section has been modified to include the last five years of births.

Q408: A question has been added to follow 408. “Did you take iron/folate tablets during pregnancy?” Options: yes, no, DK (do not know). Women will be shown the tablets.

Rationale: Anemia during pregnancy is an important public health problem. The national policy is to give iron/folate to all pregnant women when they make antenatal visits. The total proportion of pregnancies protected is unknown.

Q413: It is important to define “prematurely” more clearly since it will be interpreted differently by mothers. A final decision was not made; guidelines will need to be incorporated into the training for interviewers.

Q414: This question will now ask “how was the baby delivered” and present options: normal birth, cesarian section, forceps, vacuum extraction and other.

Rationale: Methods of childbirth can impact on survival for both mother and child.

Q417: A question will be added. “Did you receive post-natal care within 2 weeks after delivery?” Options: yes, no, DK.

Rationale: Many complications after birth for both child and mother occur within the first few days. The current national policy is to conduct home visits within two weeks after delivery.

Q417: A question will be added. “Did you receive vitamin A capsules within the first six weeks of delivery?” yes, no, DK. Women will be shown vitamin A capsules.

Rationale: Vitamin A after delivery can increase vitamin A load to infants through breastfeeding, and may have an impact on maternal health. National policies recommend this practice, although they are not widely disseminated.

Q437: Two questions on complementary feeding were added:

“Aside from breastfeeding, how many times did [NAME] eat yesterday, including both meals and snacks?” Options: number of times or DK.

“At any time in the last 24 hours, did [NAME] eat any of the following?” Options: 1) food made from wheat, maize, rice, sorghum or local grain; 2) food made from cassava, plantain, yams or local tubers; 3) eggs, fish or poultry; 4) meat; 5) fruits or vegetables; or 6) any other solid or semi-solid foods.

Rationale: Complementary feeding is critical to maintaining and improving children’s nutritional status after 6 months of age. Both the frequency of feeding and the quality of foods given will influence the total calories ingested.

Immunization and Health

Q444: Vaccine status. Add options for OPV-0 and yellow-fever.

Rationale: The routine vaccination schedule recommends OPV-0 at birth and yellow-fever at 9 months of age.

Q447: Add question. "Did [NAME] receive a vitamin A capsule in the last six months?" The capsule is shown to the mother.

Rationale: Regular supplements of vitamin A have been demonstrated to reduce child mortality. Vitamin A supplementation for young children is a national policy.

Q454: Modification. Drug peddler is added to the list of possible sources of care. Instructions are added to ensure that interviewers probe to obtain all the sources of care outside of the home.

Rationale Since multiple sources are often consulted, both traditional and Western, it is important to probe for all of these sources. Traditional healers and drug sellers are common sources of child care.

Q459: Modification. Drug peddler is added to the list of possible sources of care. Instructions are added to ensure that interviewers probe to obtain all the sources of care outside of the home.

Rationale: Since multiple sources are often consulted, both traditional and Western, it is important to probe for all of these sources. Traditional healers and drug sellers are common sources of child care.

Q463: Moved. It was felt that Question 463 more logically follows Q461 since it relates to the duration of the episode of diarrhea in the previous two weeks.

Q468: New question was added after Q468. "Aside from breast milk, was he/she given the same amount of food to eat as before the diarrhea, or more or less?" Options: same, more, less, DK.

Rationale: Feeding during and after diarrhea is essential to reduce secondary malnutrition.

Q472: Modification. Drug peddler is added to the list of possible sources of care. Instructions are added to ensure that interviewers probe to obtain all the sources of care outside of the home.

Rationale: Since multiple sources are often consulted, both traditional and Western, it is important to probe for all of these sources. Traditional healers and drug sellers are common sources of child care.

Q488: This question has been removed since sugar salt solution is no longer recommended as a home fluid.

AIDS Knowledge and Other Sexually Transmitted Diseases

Q725: A knowledge question was added to follow Q725. "Is it possible for a woman who has the AIDS virus to pass it to her child through breastfeeding?" Options: yes, no, DK.

Rationale: Transmission of HIV in breast milk has been well documented. Breastfeeding is recommended for all women with children in Ghana. A fear of transmission may be a barrier to practicing breastfeeding.

Getting Household Data Early for Child Health Planning

In order to have the DHS survey data available by the end of September 1998 and available for child health planning, the following arrangements have been made with GSS.

- 1) Households data from the five focus regions will be made available early. The sample size will be calculated to give data which is representative of all focus regions combined.
- 2) Household data will be collected using the DHS survey instrument for Ghana.
- 3) The focus regions will be visited first by GSS interview teams in August. The questionnaires from these districts will then be sent to Accra for coding, data entry and preliminary analysis while data collection is completed.
- 4) Financial support will be required to cover the costs of collecting questionnaires early, and for entering and analyzing data early. USAID/BASICS will transfer funds to GSS for this purpose once a final budget has been completed.

Budget (final detailed budget is under preparation)

The following list summarizes budget items for the household survey.

- Field costs of collecting questionnaires early;
- Staff time for coding questionnaires, entering data and cleaning data;
- Staff time for conducting a preliminary data analysis and report; and
- Miscellaneous paper, diskette, photocopying costs.

INTEGRATED HEALTH FACILITY ASSESSMENT

Purpose of the Assessment

The purpose of this integrated health facility assessment is to collect information on the case management of all important causes of infant and childhood morbidity and mortality in Ghana,

including malaria, acute lower respiratory tract infections, diarrhea, measles and malnutrition. It is intended to help local program managers to plan and develop integrated child health programs. Information collected by this assessment provides data which may be useful for planning and prioritizing a number of elements that are essential for integration of child health services including:

- Health worker training;
- Health worker supervision;
- Drug supply; and
- Availability of essential equipment.

Objectives

The objectives of the health facility assessment are:

1. To determine:
 - Current knowledge and practices of health workers at outpatient health facilities regarding the assessment and management of sick children.
 - Principal barriers to effective case management practices.
 - Adequacy of training and supervision of health workers.
2. To use the information to:
 - Prioritize and plan improvements in the quality of care at outpatient health facilities including staffing, clinic organization, equipment requirements, drug and material supplies and case management practices.
 - Improve and develop pre- and in-service training for outpatient health workers.
 - Improve or develop a strategy for supervising and monitoring health worker performance over time.

Sample of Health Facilities

Health facilities were sampled in each of the randomly selected focus districts (Eastern, Northern, Central, Ashanti, Greater Accra). Within each district, a line listing of all health facilities was compiled (health information unit, MOH). In each district, one hospital, one health center and three health clinics were then randomly selected, for a total of five health facilities. Selected facilities will be reviewed by district teams to ensure that they are functioning, seeing an

adequate number of children under 5 years of age, and are accessible by road. The final sample of facilities is included in Appendix G.

Assessment Instruments

Four questionnaires will be administered at each health facility:

1. Observation checklist: sick child (a direct observation of health worker practice);
2. Exit interview: sick child (interview with the caretaker after the consultation);
3. Health worker interview; and
4. Equipment and supplies checklist.

Questionnaires have been reviewed by members of the facility working group and adapted to reflect child health policies and treatment guidelines in Ghana. Questionnaires were field tested in local facilities around Accra on April 27. Exit interview questionnaires will be translated into the most commonly spoken local language in each selected district, since these are administered directly to the caretakers of young children. The other questionnaires will be used in English. Questionnaires are presented in Appendix H.

Training

Survey teams will be trained over five days. Facilitators will be members of the facility working group and outside consultants. Training will involve reviews of the assessment instruments, role plays, and practice in local outpatient health facilities. The training will aim to obtain an inter-surveyor reliability of at least 80 percent for each of the survey questionnaires.

Conduct of the Assessment

The assessment will be conducted at the outpatient child health clinics of each facility visited. Survey teams will arrive in the morning before clinics begin and observe the entire child health clinic session. In the afternoon, teams will travel to the next health facility. All children presenting to the clinic on the day of the survey with the following clinical presentations will be sampled: **fever/malaria, cough/difficulty breathing/pneumonia, diarrhea/vomiting.**

Survey teams will be composed of three persons (a supervisor and two surveyors). The supervisor will be responsible for introducing the survey team, overseeing all activities, checking completed questionnaires, and will complete the equipment and supplies questionnaire. The first surveyor will be responsible for observing the interaction between the health worker and sick children and completing the observation questionnaire. This surveyor will be stationed in the consultation room. At the end of the clinic session, this surveyor will also complete the interview with the health worker. The second surveyor will be responsible for completing the exit interview questionnaire with the caretakers of sick children as they leave the facility. This

surveyor will be stationed outside of the health facility. Questionnaires will be checked by the teams before leaving the facility each day. Each team will visit one facility a day for five days.

Selecting Survey Teams

It is proposed that survey teams be composed of district-level staff from each of the selected districts. Supervisors should have clinical and public health experience; physicians or medical assistants are preferred. Surveyors should also have some clinical experience and preferably survey experience; medical assistants or nurses are preferred. Surveyors conducting the exit interview and the observation should have knowledge of the most common local language. Using district health teams will involve them in the process of collecting local data to make program decisions and will help with the logistics of finding facilities. Three persons will be required from each selected district for a total of 15 persons. Regional and district managers will need to be contacted well in advance so that they can select and notify appropriate staff.

Data Entry and Analysis

Questionnaire data entry will be begun during the survey week by data entry personnel in collaboration with consultant epidemiologists. Data will be analyzed during the final week by district teams in collaboration with consultants and facility working group members. Data will be summarized by key indicators in the following areas:

1. Health worker practice: screening, clinical examination, immunization practices, treatment, interpersonal communication and counseling.
2. Health worker support: training and supervision.
3. Caretaker knowledge and practice: management of the sick child at home.
4. Facility supports: availability of drugs, vaccines and essential equipment, status of cold chain equipment.

District teams and facility working group staff will be encouraged to review the indicators of performance and to prioritize a small number of them to be the focus of program activities. Criteria for selecting these focus areas may include: the public health or clinical importance of the indicator; the feasibility of making a change in the indicator; the resources required to make a change in the indicator; and the time required to make a change in the indicator. The teams will then be encouraged to discuss barriers and possible solutions to improving performance.

Timing

The proposed timing for the assessment is August 10-28, 1998. The organization will be as follows:

Week 1, August 10-14: Training of survey teams in Accra.

Week 2, August 16-23: Field work.

Week 3, August 24-28: Completion of data entry, data analysis and planning in Accra with survey teams. Presentation of findings to a larger group of MOH staff and other groups.

Logistics Preparations

A number of preparations will need to be finalized in advance in order to ensure that the assessment can be implemented as planned.

Surveyors

Letters will need to be sent to regional, district and health staff so that three participants can be selected and notified. These letters will need to include the dates of the assessment and the types of staff required. Three persons from five districts will be required for a total of 15 persons.

Responsible: MCH/FP to send letters to regional and district teams.

Facility working group to follow-up.

Vehicles

Six vehicles will be required for the field work, one for each survey team and one for survey coordinators. Two vehicles will be required during the training week for facility practice visits.

Responsible: Facility working group to investigate options for securing cars. It may be possible to get district health teams to provide their own vehicles provided fuel and other costs are reimbursed.

Questionnaires

Field-tested questionnaires will need to be finalized. The exit interview questionnaire will need to be translated into the most common local language in each district, and then back translated to check the accuracy of the translation. It is recommended that the translation be written under the English on the current questionnaires, so that both can be read by interviewers.

Responsible: The facility working group will finalize all translation activities.

Planning Training

The following will be required to support training of surveyors during the first week:

- Select and hire a venue for five days, including tea and coffee;
- Finalize participants guidelines;
- A doll and a sample of vaccination cards for role plays;
- Blank paper for additional copies;
- Pen, pencil, pencil sharpener, eraser and clipboard for each participant;
- Two or three staplers, supply of staplers and staple removers;
- Two or three flip charts and flip chart paper; and
- Marker pens to use on flip chart paper.

Responsible: Facility working group.

Photocopying

Participants guidelines: 20 copies.

Observation and exit interview questionnaires (assuming 10 children per day at each facility): $50 \times 5 = 250$; extras for each team: $10 \times 5 = 50$; training $15 \times 3 = 45$. TOTAL = 350 copies of each.

Health worker interview and equipment and supply checklist (one facility visited a day for five days): $5 \times 5 = 25$; extras for each team: $5 \times 5 = 25$; training $15 \times 1 = 15$. TOTAL = 65 copies of each.

Responsible: Facility working group.

Data Analysis

A venue for the final data analysis will be required. Five computers (one for each team of three) will be needed. Preferably, the venue will have a reliable source of electricity.

Responsible: Facility working group (two computers will be provided by consultants).

Budget

The budget will be finalized by the facility working group. The key elements of the budget will include:

- Per diem for 15 surveyors for 15 days;
- Vehicle costs: fuel and maintenance;
- Hiring of training and data analysis venue
- Supplies: paper, pens, clipboards, etc.;
- Photocopying costs; and
- Translation costs.

APPENDIXES

APPENDIX A
Members of the Child Health Task Force

Appendix A

Members of the Child Health Task Force

Dr. Henrietta Odoi-Agyarko, Head of the MCH/FP unit [Chairman]
Dr. Gloria Quansah Asare, Deputy Head of the MCH/FP unit
Dr. Sam Adjei, Head of the health research unit
Dr. Cornelia Atsyor, EPI/CDD program manager
Mrs. Mary Arday Kotei, Head of the health education unit
Mrs. Rosanna Agble, Head of the nutrition unit
Dr. Isabella Sagoe-Moses, Pediatrician at Princess Marie Louise Hospital
Dr. Cynthia Bannerman, Institutional care division
Dr. Albert Boohene, consultant pediatrician and lecturer
Dr. Margreet Kamphorst, MOH/Disease control/WHO
Dr. Celia Woodfill, MOH/EPI/WHO

APPENDIX B
Technical Working Groups

Appendix B

Technical Working Groups

Nutrition

Mrs. Rosanne Agble [coordinator]

Dr. Isabella Sagoe-Moses

Dr. William Owusu

Mr. Jacob Armah

Immunization

Dr. Cornelia Atsyor [coordinator]

Dr. Celia Woodfill

Dr. Sylvia Hinson-Ekong

Dr. Margreet Kamphorst

Facility-based care

Dr. Cynthia Bannerman [coordinator]

Professor J.O.O. Commey

Dr. Gloria Quansah Asare

Dr. Jennifer Welbeck

Dr. K. Sagoe

Household and community

Mrs. Mary Arday Kotei [coordinator]

Dr. Gloria Quansah Asare

Dr. Henrietta Odoi-Agyarko

Mrs. Mercy Abbey

APPENDIX C
Scope of Work for Collection of Child Health Documents in Ghana

Appendix C

Scope of Work for Collection of Child Health Documents in Ghana

Between April 27 and May 31, 1998 the consultant will collect documentation on child health programs in Ghana from a range of groups and organizations outside of the ministry of health who have worked or are working in the area of child health. This review will focus on information related to infants and children less than 5 years of age. The technical areas that will be included in this search will include: malaria, diarrhea, pneumonia [ARI], malnutrition, measles and other vaccine preventable diseases and neonatal or perinatal health. The types of reports or documents that will be most relevant will include: surveys, research [qualitative or quantitative], programmatic data [policies, guidelines, plans, evaluations, training materials etc.] At a minimum, the following organizations will be contacted:

WHO, UNICEF, USAID, Save the Children, World Vision, Planned Parenthood Association of Ghana, Ghana Social Marketing Foundation, Ghana Registered Midwives Association, DANIDA, PLAN International, CARE international, Catholic Relief Services, Christian Hospital of Ghana, the World Bank, Africare, European Union.

The consultant will be required to visit each of the organizations listed above and to meet with the individuals responsible for health and child survival, in order to be certain to identify all available documentation. Photocopies of all relevant documents will be made by the consultant. Photocopied documents will need to be made available to the MCH/FP division in time for child health program reviews. In addition, a summary listing of all references identified will be produced. The reference list will be organized in the following categories: Nutrition, immunizations, community health, general child health, policies, guidelines and systems. The consultant will also collect and collate references from each MOH working group .

Outputs:

Copies of child health documents made and delivered to the MCH/FP division
Summary of all child health documents [MOH and outside organizations], on diskette, delivered to MCH/FP division and to USAID

Timing:

April 27-May 31, 1998

APPENDIX D
Scope of Work for a Nutrition Program Assessment in Ghana

Appendix D

Scope of Work for a Nutrition Program Assessment in Ghana

Background

The Ghana Ministry of Health has requested assistance from BASICS in developing a Child Survival Strategy for Ghana. In November a draft Child Survival Strategy was developed in coordination with members of the Division of Public Health including Unit Chiefs from Nutrition, Health Education, and Maternal and Child Health/Family Planning.

Specific activities for nutrition and breastfeeding identified for the Child Survival Strategy included:

- advocacy on nutrition, building upon the work under the PROFILES presentation,
- reviewing and revising, as needed, nutrition and breastfeeding IEC messages and materials,
- reviewing and making recommendations to revise current program activities including the growth promotion program, and
- reviewing, revising and developing training activities to support any policy and program changes recommended.

During a subsequent visit during January, 1998, Ministry of Health and private sector partners requested that BASICS and other USAID collaborating agencies restrict activities to those related to assessment of the health and nutrition situation, with care given to making recommendations to improve current program operations. It is proposed by the Ministry of Health that this assessment phase will be followed by a meeting at the end of 1998 to discuss assessment results and plan next steps for the Ministry as a whole. It is imperative that USAID and collaborating agencies work together with the Ministry of Health to ensure a cohesive effort and that one section in the Ministry of Health does not move ahead or out of step with the rest of the Ministry of Health. Close coordination among sectors and surveys will be needed to avoid duplication, provide complementarity and fill gaps in existing information. USAID through its collaborating agencies, BASICS and OMNI, is promoting six nutrition behaviors or interventions called the Minimum Package of nutrition interventions and has utilized an assessment tool to conduct a "situational analysis" of nutrition in several African countries.

These six interventions cover the proposed nutrition activities listed above (nutritional status of children and breastfeeding practices) and, in addition to those, three of the micronutrients that are a major focus for international programs¹.

¹The Minimum Package of nutrition interventions includes: exclusive breastfeeding for about 6 months; appropriate complementary feeding starting at about 6 months in addition to breastfeeding until 24 months; adequate vitamin A intake for women, infants and young children; appropriate nutrition management during and after illness; iron/folate tablets taken by all pregnant women; and regular use of iodized salt by all families.

It is proposed that the Minimum Package be the framework for assessing the nutrition situation in Ghana and for making recommendations for follow-up activities subsequent to the assessment. It is proposed that BASICS, LINKAGES and OMNI, three USAID collaborating agencies, working on nutrition, form a team, with Ministry of Health and other partners, to conduct the Minimum Package assessment. Because these collaborating agencies offer special areas of expertise and focus that may suit the needs of Ghana, the Minimum Package assessment tool will be modified to look at a variety of issues not currently covered under the Minimum Package. For example, LINKAGES has a mandate to look at maternal nutrition as well as child feeding. Areas such as improving intake in pregnant women and other reproductive-age women and promoting the lactational amenorrhea method (LAM) should be included in the review of existing studies and programs. OMNI's expertise is specific to micronutrient interventions which is covered under the Minimum Package, although the area of focus has been to concentrate on health. In the assessment for Ghana, the team may want to look at agriculture and food production and processing issues related to improving micronutrient nutritional status.

This assessment will provide information to help define needs, issues and questions for the health facility survey and community-based study planned for later in the year.

Specific activities for assessment team:

1) Existing research conducted for each Minimum Package intervention should be identified and reviewed. Research should include both quantitative and qualitative research studies conducted in Ghana both at the national, regional and district levels. A literature search conducted for the entire BASICS assessment will generate nutrition-specific information that will be used. It may be necessary to hire a local consultant to fill in any missing gaps in information; particularly, identifying articles/reports from the "gray" or unpublished literature. This review should be written as a review with each relevant study referenced and included as an annex in the team's trip report.

2) Minimum Package interventions will be reviewed under the following areas:

- a) prenatal care,
- b) postpartum care (including family planning),
- c) vaccinations,
- d) growth monitoring and promotion and other contacts for nutritional follow up for young children, and
- e) nutritional care during sickness and after.

The in-depth assessment should be conducted for the national, hospital, health center/post and community levels. This process will be a participatory one and include staff from appropriate units in Ministry of Health (including nutrition and child survival) and other Ministries as appropriate. It will begin with a workshop to discuss the assessment, assessment tools and to train staff to assist in conducting the assessment. For each area, the activities for each Minimum Package intervention will be recorded in detail and/or evaluated. Problems/constraints and

strengths (including coverage, quality) will be evaluated and recorded. For each nutrition intervention and under each area, the team should take care to assess

- how well nutrition is integrated and incorporated into child health and maternal and child health/family planning activities, and treatment protocols
- what IEC materials support these activities (e.g., messages and materials),
- the capacity of staff to give adequate quality of care in each of these areas (i.e, level of training in each area, quality of counseling, supervision, access to supplies/materials),
- national policies that help support these activities,
- the link between facility-based activities and community-level activities,
- monitoring and evaluation.
- community-based strategies for improving nutritional practices

Given that the Nutrition Unit, Ministry of Health, has identified the growth promotion program particularly in need of evaluation and revision, the team will give special attention to the growth promotion program by using other assessment criteria to capture the current status of this program. The World Bank monograph on growth promotion gives evaluation criteria that could be used to assess the mechanics and needs to this program. It is likely that this program is one of the best programs that can integrate child health and nutrition in one setting. Relevant changes to make the program into an integrated child survival intervention, which includes nutrition, could be one of the first activities, along with IEC message and materials development, planned after the assessment phase. The results of this assessment should be included as an annex in the team's trip report.

3) Included in the body of the trip report should be salient facts and findings from the review of the research and programs with reference to the annexes for more details and recommendations for next steps to improve these interventions. Next steps may include additional assessment activities that may be needed to support program revision and improvement and/or actual program activities such as development of training modules, assistance with national policies to improve nutrition practices (i.e., breastfeeding), development of new messages/materials to support nutrition activities in the Ministry of Health or at the community level.

Outputs

Summary report of the nutrition program review with clear guidance on follow-up actions

Presentation and discussion findings with a larger group of ministry of health and other partners

Timing

June 8-30, 1998

APPENDIX E
Scope of Work for Immunization Program Review in Ghana

Appendix E

Scope of Work for Immunization Program Review in Ghana

The consultant will work with the immunization working group of the ministry of health to:

- 1) Review the current organization, management and performance of the national immunization program using existing data on vaccination coverage, the incidence of vaccine preventable diseases, cold chain assessments, a vaccination practices survey and other program documents. In addition, discussions with national level program staff, UNICEF, WHO and other organizations working in immunization will be held. Based on this review, accomplishments, current challenges, future plans and unmet needs for supporting the immunization program will be identified.
- 2) Conduct field visits to review immunization program activities at regional, district, and community levels. Vaccine management and service delivery practices at all levels will be observed. Key staff and community members will be interviewed. Attempts will be made to identify possible solutions to local problems using existing systems and resources.
- 3) Formulate feasible, practical and realistic strategies for addressing program weaknesses. These strategies will be formulated in consultation with the immunization working group and other partners and organizations with vaccination programs. Emphasis will be given to improving coverage using outreach strategies or community-based delivery systems.

Outputs

Summary report of the nutrition program review with clear guidance on follow-up actions
Presentation and discussion findings with a larger group of ministry of health and other partners

Timing

June 8-30, 1998

APPENDIX F
Scope of Work for the Community Program Review in Ghana

Appendix F

Scope of Work for the Community Program Review in Ghana

The consultant will work with the community working group of the ministry of health to:

- 1) Review current community-based strategies for improving child health using existing data from the maternal and child health, nutrition, malaria, diarrhea and immunization programs and the health education unit. In addition, discussions with national level program staff, UNICEF, WHO and key NGOs and private organizations working in communities will be held. Based on this review, accomplishments, current challenges, future plans and unmet needs for supporting community-based activities will be identified.
- 2) Conduct field visits to review management of community activities at regional and district levels, and to visit communities and NGOs. Observe community-based program activities where possible. Conduct interviews with community members, community-based health workers and facility-based health workers to help identify the program activities which work and those which do not. Identify barriers and constraints to improving community health activities and explore possible solutions to local problems using existing systems and resources. An emphasis will be placed reviewing the role that private providers such as traditional healers, chemical shops and drug vendors play in the provision of primary health care services and advice. In addition, the role that other groups in communities, such as religious leaders, agricultural workers and teachers, play in community health will be reviewed. Strategies which have improved community involvement in health and which have been sustained over time will be of particular interest.
- 3) Formulate feasible, practical and realistic strategies for improving community health activities at all levels. These strategies will be formulated in consultation with the immunization working group and other partners and organizations with community programs.

Outputs

Summary report of the community program review with clear guidance on follow-up actions
Presentation and discussion findings with a larger group of ministry of health and other partners

Timing

June 8-30, 1998

APPENDIX G
Final Sample of Health Facilities for the Integrated Health Facility Assessment

Appendix G

Final Sample of Health Facilities for the Integrated Health Facility Assessment

Birim South [Eastern Region]		
Akimoda	District Hospital	Public
Akroso	Rural Health Center	Public
Swedru	Clinic	Public
Asane	Clinic	Public
Asuboa	Clinic	Public
East Manprusi [Northern Region]		
Nalerigu	District Hospital	Private
Bunkpurugu	Rural Health Center	Public (?)
Lingbinsi	Clinic	Public
Langbensi	Clinic	Private
Gambaga	Clinic	Public
Atwima [Ashanti region]		
Abuakwa	Rural Health Center	Public
Barekese	Rural Health Center	Public
Nyinahin	Rural Health Center	Public
Trede	Clinic	Mission
Ntobroso	Clinic	Mission
Ajumako Enyan Esiam (AEE) [Central region]		
Essiam	Rural Health Center	Public
Bisease	Rural Health Center	Public
Enyan Abaasa	Rural Health Center	Public
Ajumako	Clinic	Public
Ba	Clinic	Mission
Ga [Greater Accra region]		
Amasaman	Rural Health Center	Public
Danfa	Rural Health Center	Public
Obom	Rural Health Center	Public
Atomic Energy	Clinic	Public
Weija	Clinic	Public [?functional]

APPENDIX H
Assessment Instruments

1. OBSERVATION CHECKLIST—SICK CHILD

Region/District _____	HW Category _____	Date ____/____/____
Facility Name _____	Facility Type _____	Facility Status _____
Interviewer No. _____	Child's Age (months) _____	Child ID No. _____

Begin Timing the Observation Now. Time: _____

1. What reason does the caretaker give for bringing the child to the health facility? (Check all that apply.)
 ___ Diarrhea/vomiting ___ Fever/malaria ___ Difficulty breathing/cough/pneumonia
2. Does the health worker ask the age of the child or have the age available? Y N
3. Is the child weighed? Y N
4. Is the child's weight plotted on a growth chart? Y N

Does the health worker ASK about (or does the caretaker REPORT)—	Does the health worker perform these EXAMINATION tasks—
Danger signs: 5. Not able to drink or breastfeed? Y N 6. Vomits everything? Y N 7. Convulsions? Y N 8. Change in consciousness/ lethargic/sleepy? Y N	13. Look for lethargy or unconsciousness? Y N
9.a Diarrhea? Y N .b For how long? Y N .c Is there blood in the stool? Y N	14. Observe drinking or breastfeeding? Y N 15. Pinch the skin on abdomen? Y N 16. Look for sunken eyes? Y N
10.a Cough or difficult breathing? Y N .b For how long? Y N	17. Raise the shirt? Y N 18. Count breaths/minute? Y N 19. Look for chest indrawing? Y N
11.a Fever? Y N .b For how long? Y N	20. Look or feel for stiff neck? Y N 21. Look for generalized rash? Y N 22. Look for cough, runny nose, or red eyes? Y N
12.a Ear problem? Y N .b Ear pain? Y N .c Ear discharge? Y N .d If YES, for how long? Y N	23. Look for pus from ear? Y N 24. Feel for swelling behind ear? Y N
	Malnutrition: 25. Undress and look for wasting? Y N 26. Look for palmar or conjunctival pallor? Y N 27. Look for edema of both feet? Y N

A. All danger signs (Q. 5 to Q. 8 [or Q. 13]) assessed?	Y N
B. All main symptoms (Q. 9 to Q. 12) assessed?	Y N
C. Number of diarrhea assessment tasks completed? (History and Examination)	0 1 2 3 4 5
D. Number of ARI assessment tasks completed? (History and Examination)	0 1 2 3 4
E. Number of fever assessment tasks completed? (History and Examination)	0 1 2 3
F. Nutritional status correctly assessed? (Q. 4, Q. 25 to Q. 27)	Y N

Immunization and Screening

28.a Does the health worker ask for the *child's* immunization card? Y N
If NO, go to question 29.
 .b **If YES**, does the child have the card? Y N
 .c Is the *child* referred for vaccination—
 ___ Today ___ Another day ___ Not referred ___ Up to date

29.a Does the health worker ask for the *caretaker's* vaccination card? N/A Y N
If NO or N/A, go to question 30.
 .b **If YES**, does the caretaker have the card? Y N
 .c Is the *mother* referred for vaccination—
 ___ Today ___ Another day ___ Not referred ___ Up to date

Diagnosis and Treatment

How does the health worker classify the child?			
30. Watery diarrhea	Y N	39. Very severe febrile disease	Y N
.a No dehydration	Y N	40. Malaria	Y N
.b Some dehydration	Y N	41. Severe complicated measles	Y N
.c Severe dehydration	Y N	42. Measles (eye and mouth complications)	Y N
31. Bloody diarrhea [dysentery]	Y N	43. Measles	Y N
32. Chronic diarrhea	Y N	44. Fever, other cause (specify) _____	Y N
33. Severe chronic diarrhea	Y N		
34. Severe pneumonia	Y N	45. Mastoiditis	Y N
35. Pneumonia	Y N	46. Acute ear infection	Y N
36. Upper respiratory infection (cough or cold)	Y N	47. Chronic ear infection	Y N
37. Severe malnutrition	Y N	48. No diagnosis	Y N
38. Anemia or very low weight (moderate malnutrition)	Y N		

What does the health worker administer or prescribe for the child?				
49. Immediate referral?	Y	N		
50. Antimalarial injection	Y	N	57. ORS/RHF	Y N
51. Antimalarial tablets/syrup	Y	N	58. Antidiarrheal/antimotility	Y N
52. Paracetamol/aspirin	Y	N	59. Metronidazole tablet/syrup	Y N
53. Tepid bath	Y	N	60. Tablet/syrup, unknown type	Y N
54. Antibiotic injection	Y	N	61. Injection, unknown type	Y N
55. Antibiotic tablets/syrup	Y	N	62. Other (specify) _____	Y N
56. Vitamin A or vitamins	Y	N	63. None	Y N

H. Is the medication appropriate for the diagnosis? Y N

I.a Diarrhea case received appropriate medication?	N/A	Y	N
I.b Pneumonia case received appropriate medication?	N/A	Y	N
I.c Malaria case received appropriate medication?	N/A	Y	N

Interpersonal Communication

For all oral medications—

- 64.a Does the health worker explain how to administer medications/ORS? Y N
 .b Does the health worker demonstrate how to administer medications/ORS? N/A Y N
 .c Does the health worker ask an open-ended question to verify the comprehension of how to administer medications/ORS? Y N

K. Number of treatment tasks performed? (Circle one.) 0 1 2 3

65. Does the health worker explain when to return for follow-up? Y N
 66. Does the health worker explain the need to give more liquid at home? Y N
 67. Does the health worker explain the need to continue feeding or breastfeeding at home? Y N
 68. Does the health worker tell the caretaker to bring the child back for the following signs?
 Child is not able to drink or drinking poorly Y N
 Child is not able to breastfeed/eat Y N
 Child becomes sicker Y N
 Child develops a fever Y N
 Child develops fast or difficult breathing Y N
 Child develops blood in the stool Y N
 Change in consciousness/lethargic Y N

L. Are at least three of the Q. 68 messages circled? Y N

Check the Time of the Observation as the Caretaker Leaves: Time: _____
 Duration of observation: _____ minutes

END OF HEALTH WORKER OBSERVATION

- The surveyor may need to ask the health worker about the diagnosis made and the treatment given during the consultation, but only if these two components were not stated during the consultation.
- The surveyor *must complete* this form *before* the next child observation.

2. EXIT INTERVIEW—SICK CHILD

Region/District _____	Date ____/____/____
Facility Name _____	Facility Type _____
Interviewer No. _____	Child's Age (months) _____
	Child ID No. _____

Greet the caretaker and say that you would like to ask some questions about his/her visit to the health facility today.

1. Did the health worker give you any oral medicines at the health facility today? Y N
 If NO, go to question 2.
 If YES, compare the caretaker's medications with the samples for identification of the oral medicines.

Complete the table below for the listed oral medications. Fill in the information in the table below by asking—
HOW MUCH medicine will you give the child **EACH TIME**?
HOW MANY TIMES will you give it to the child **EACH DAY**?
HOW MANY DAYS will you give the medicine to the child?
 If the caretaker's answer is—
 "As required," write AR in the appropriate cell.
 "Until completed," write UC in the appropriate cell.
 "I don't know," write DK in the appropriate cell.

Medicine	How Much Each Time?	How Many Times/Day?	How Many Days?	All Correct? (Y or N)
Chloroquine tab/syrup				
Antibiotic tab/syrup Name: _____ Dose/tab: _____				
Aspirin tab/syrup OR Paracetamol tab/syrup Dose/tab: _____				
ORS/RHF				
Other: _____				

A. Caretaker knows how to give ALL essential medications correctly? N/A Y N

2. What will you do for your child when you return home? (Check all that apply.)
- Doesn't know
 - Continue feeding or breastfeeding the child
 - Give the same quantity or more fluids to the child
 - Complete course of medications/ORS/RHF
 - Bring the child back if he/she doesn't get better or gets worse
 - Other (specify): _____

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B. Caretaker knows at least two aspects of home case management? Y N

3. How will you know if the child becomes worse at home? (Check all that apply.)
- | | |
|--|---|
| <input type="checkbox"/> Doesn't know | <input type="checkbox"/> Vomiting begins or continues |
| <input type="checkbox"/> Fever begins or doesn't go away | <input type="checkbox"/> Child unable to drink |
| <input type="checkbox"/> Child unable to eat | <input type="checkbox"/> Child has convulsions |
| <input type="checkbox"/> Diarrhea continues | <input type="checkbox"/> Child has difficulty breathing |
| <input type="checkbox"/> Child has chest indrawing | <input type="checkbox"/> Blood in stool |
| | <input type="checkbox"/> Other (specify): _____ |

C. Caretaker knows at least two signs of child getting worse at home? Y N

4. Which diseases will be prevented by the immunizations you or your child has received? (Check all that apply.)
- | | |
|---|---|
| <input type="checkbox"/> Doesn't know | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Other (specify): _____ |
- 5.a Do you know what might happen as a side effect after the immunization? Y N
- .b If YES, what were you told? (Check all that apply.)
- | | |
|---|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Pain at injection site |
| <input type="checkbox"/> Irritability/crying | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Other (specify): _____ | |
6. How many vaccination visits does a child need in the first year of life to complete the series of vaccinations? _____
- Correct Incorrect Doesn't know
- 7.a Did your child receive an immunization today? Y N
- .b If NO, (Prompted question. Check a single response.)
- Referred for vaccination another day
- Was not given or referred for vaccination
- Up to date
8. Do you have your child's vaccination card?
- Yes Lost Never received Left at home

If the caretaker has the card, record the dates of ALL VACCINES GIVEN, both today and in the past, and the child's birth date and age.

Birth date: ___/___/___ Age: ___ Months

Immunization	Received	
Polio-0 (birth)	Y	N
BCG	Y	N
DPT-1	Y	N
Polio-1	Y	N
DPT-2	Y	N
Polio-2	Y	N
DPT-3	Y	N
Polio-3	Y	N
Yellow fever	Y	N
Measles	Y	N

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D. Child is up to date? Y N

9. Do you have your own vaccination card?
 Yes Lost Never received Left at home N/A

If YES, copy the caretaker's tetanus toxoid vaccinations in the table below. If the caretaker's TT doses are recorded on the child's vaccination card, copy them here also.

Immunization	Received
TT-1	Y N
TT-2	Y N
TT-3	Y N
TT-4	Y N
TT-5	Y N

E. Caretaker has received at least TT-2? Y N

9a. If the caretaker does not have a vaccination card:
 How many vaccinations did you receive during your last pregnancy? _____ Number

10.a Did you receive a tetanus vaccination today? N/A Y N

.b If NO, (Prompted question. Check a single response.)

- Referred for vaccination another day
 Was not given or referred for tetanus vaccination
 Up to date

END OF EXIT INTERVIEW

Thank the caretaker for answering your questions and ask if he/she has any questions. Be sure that the caretaker knows how to prepare ORS for a child with diarrhea, when to return for vaccination, how to give the prescribed medications, and when to return if the child becomes worse at home.

3. HEALTH WORKER INTERVIEW

Region/District _____	HW Category _____	Date ____/____/____
Facility Name _____	Facility Type _____	Facility Status _____
Interviewer No. _____		

Introduce yourself to the health worker. Tell him/her that you would like to ask some general questions about the health facility, followed by some questions about his/her job.

- Where does the health facility *usually* get medications and supplies?
(Check a single response.)
 Government supplier Private pharmacy supplier
 Community pharmacy NGO/Mission
 Other (specify): _____
- How are supplies *usually* received? (Check a single response.)
 Delivered to facility Both
 Picked up from the supplier Other (specify): _____
- What is the *most common* cause of a delay in delivery of supplies?
(Check a single response.)
 Inadequate transport Insufficient fuel
 Administrative difficulties Insufficient staff
 Financial problems Rupture of stock at the central store
 Other (specify): _____
- Do you have a supervisor? Y N
If NO, go to question 9.
- Do you have a schedule for supervisory visits? Y N
- How many times have you had a visit from a supervisor—
- In the last 6 months (number of times)
- In the last 12 months (number of times)
- Supervisor works here and sees worker daily _____
- What did your supervisor do the last time he/she supervised you? (Check all that apply.)
 Delivered supplies (fuel, medicines, etc.)
 Observed immunization technique
 Observed management of sick children
 Reviewed reports prepared by health worker
 Updated health worker on current information
 Discussed problems with supplies and equipment
 Other (specify): _____

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B. Health worker knows at least three signs for referral? Y N

20.a Have you ever wanted to refer a child to the next level of health facility but have not been able to do so? Y N

If NO, go to question 21.

.b **If YES, why could you not refer the child? (Check all that apply.)**

- | | |
|--|--|
| <input type="checkbox"/> Next level of health facility too far | <input type="checkbox"/> Caretaker/parents refused to go |
| <input type="checkbox"/> No transport available | <input type="checkbox"/> No fuel available |
| <input type="checkbox"/> Parents didn't have enough money | <input type="checkbox"/> Other (specify): _____ |

21. What do you see as your role in communicating with caretakers when they bring their child to the health facility? (Check all that apply.)

- Giving information on danger signs to watch for
- Giving information on what to do at home
- Giving information on how to give medicine at home
- Finding out what caretakers have done at home and what are the symptoms of the child's illness
- Giving information on how to prevent illness
- Telling caretakers when to come back to the health facility
- Ensuring that mothers understand what to do at home
- Giving group talks
- Other (specify): _____

22. What prevents you from communicating with caretakers when they bring their children to the health facility? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> I don't know how | <input type="checkbox"/> It isn't really my role |
| <input type="checkbox"/> Someone else does it | <input type="checkbox"/> No time |
| <input type="checkbox"/> They don't listen | <input type="checkbox"/> They don't understand/comprehend what we say |
| <input type="checkbox"/> Language barriers prevent effective communication | |
| <input type="checkbox"/> I don't have any education materials | |
| <input type="checkbox"/> It isn't important | <input type="checkbox"/> Other (specify): _____ |

END OF HEALTH WORKER INTERVIEW

Thank the health worker for his/her cooperation and answer any questions that he/she may have about the correct recommendations for immunizations or management of sick children.

4. EQUIPMENT AND SUPPLIES CHECKLIST

Region/District _____	Date ____ / ____ / ____
Facility Name _____	Facility Type _____ Facility Status _____
Interviewer No. _____	

Category of health staff with child case management responsibilities (curative and preventive).

Category	Number Assigned to the Facility	Number Present the Day of the Survey
Physician		
Medical assistant		
Nurse midwife		
Nurse		
Community health nurse		

Patient and Worker Accommodation

- | | | | |
|-----|---|---|---|
| 1. | Is there adequate seating for patients? | Y | N |
| 2. | Is there a covered waiting area? | Y | N |
| 3. | Is there potable water? | Y | N |
| 4. | Is there a <i>functional</i> toilet or latrine? | Y | N |
| 5. | Is there a <i>functional</i> waste disposal area/pit? | Y | N |
| 6.a | Are health information posters displayed? | Y | N |
| .b | If YES, are they written in the local language? | Y | N |
| 7. | Is an ORT corner present and being used? | Y | N |

Equipment and Supplies

Are the following equipment and supplies present in the health facility?

- | | | | | | |
|-----|----------------------------------|---|---|---------------------------|-----|
| 8. | Transportation | | | | |
| | Vehicle. | Y | N | If YES, in working order? | Y N |
| | Motorcycle. | Y | N | If YES, in working order? | Y N |
| | Bicycle. | Y | N | If YES, in working order? | Y N |
| 9. | Social mobilization equipment | | | | |
| | Megaphone | Y | N | If YES, in working order? | Y N |
| | Flip-chart | Y | N | If YES, in working order? | Y N |
| | Counseling cards/pamphlets | Y | N | If YES, in working order? | Y N |
| 10. | Weighing equipment | | | | |
| | Adult weight scale | Y | N | If YES, in working order? | Y N |
| | Baby weight scale | Y | N | If YES, in working order? | Y N |
| | Salter | Y | N | If YES, in working order? | Y N |

Medical Supplies

- | | | | | | |
|-----|------------------------|---|---|---------------------------|-----|
| 11. | Thermometer | Y | N | If YES, in working order? | Y N |
| 12. | Stethoscope | | | | |
| | - Regular | Y | N | If YES, in working order? | Y N |
| | - Obstetrical | Y | N | If YES, in working order? | Y N |
| 13. | Otoscope | Y | N | If YES, in working order? | Y N |
| 14. | Tongue depressor | Y | N | If YES, in working order? | Y N |

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15. Watch with a second hand or other timing device Y N **If YES, in working order?** Y N
16. Steam sterilizer Y N **If YES, in working order?** Y N
17. Cooker or stove Y N **If YES, in working order?** Y N
18. Measuring and mixing utensils Y N
19. Cups and spoons Y N
- 20.a Refrigerator for vaccines Y N
- If NO, go to question 21.**
- b **If YES—**
- Type: Electric Kerosene Gas Solar Mixed
- Condition: Good Fair Poor Nonfunctional
- Freeze-watch indicator? Y N
- Working thermometer inside? Y N Temp.: _____ °C
- Temperature chart? Y N
- If NO, go to question 21.**
- c In the last 30 days, temperature record up to date ? Y N
- Temperature above 8°C (number of days)
- Temperature below 0°C (number of days)
21. Ice packs Y N
22. Cold boxes Y N
- Condition: Good Fair Poor Nonfunctional
- 22a. Vaccine carriers Y N
- Condition: Good Fair Poor Nonfunctional

Availability of Drugs and Other Supplies the Day of the Survey

(Circle Y or N for each item.)

Supplies—

Available

- Drugs for pneumonia:
23. *Penicillin tablets/syrup* Y N *Amoxicillin tablets/syrup* ... Y N
- Drugs for Shigella:
24. *Cotrimoxazole tablets/syrup* Y N *Nalidixic acid* Y N
- Drugs for malaria:
- 25.a *Chloroquine tablets* Y N *Fansidar* Y N
- b *Injectable quinine* Y N
26. *Injectable penicillin* Y N
27. *Injectable chloramphenicol* Y N
28. *Paracetamol* Y N
29. *Aspirin* Y N
30. *Tetracycline eye ointment* Y N
31. *Gentian violet* Y N
32. *Iron* Y N
33. *Vitamin A* Y N
34. *Mebendazole* Y N
35. *Sterile water for injection* Y N
36. *ORS* Y N
37. *IV solution for severe dehydration* Y N
38. *Needles* Y N
39. *Syringes* Y N
- 40.a *Are expired drugs in the health facility?* Y N
- b **If YES, which ones?** _____

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- | Vaccines— | Available |
|--|-----------|
| 41. BCG | N/A Y N |
| 42. OPV | N/A Y N |
| 43. DPT | N/A Y N |
| 44. Measles | N/A Y N |
| 45. Yellow fever | N/A Y N |
| 46. Tetanus toxoid | N/A Y N |
| 47.a Are expired vaccines in the refrigerator? | N/A Y N |
| .b If YES, which ones? _____ | |
| 48. Are frozen vials of DPT or TT in the refrigerator? | N/A Y N |
| 49. Rupture of stock in the last 30 days? | Y N |
| If YES— | |

Item	Number of Days of Stock-Outs/Last 30 Days
Vaccines	
Syringes/needles	
ORS	
Essential drugs	
Cards/forms	

50. Are drugs and other supplies adequately organized and appropriately stored? Y N

Documentation and Record Keeping

Are the following items present in the health facility?

- 51.a Immunization register Y N
 .b If YES, is it up to date? Y N
52. Immunization tally sheets Y N
53. Stock of vaccination/child health cards Y N
54. Stock of TT/maternal health cards Y N
55. Stock of essential drugs cards Y N
56. Notifiable disease report forms Y N
- 57.a All essential monthly reporting forms Y N
 .b If YES, are they up to date? Y N
- 58.a Is a patient register kept? Y N
 .b If YES, is it up to date? Y N
59. Number of patients seen in last month: _____
60. Number of patients 0–4 years of age seen in last month: _____
61. Average number of patients seen per day: _____

END OF EQUIPMENT AND SUPPLIES CHECKLIST