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# Improving Quality Assurance Capacity at Health Centers in Ghana

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# Overview

- **About the Quality Health Partners (QHP) Project**
- **History of Quality Assurance in Ghana**
- **QHP's Interventions**
- **Results**
- **Conclusions**
- **Way Forward**



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# Quality Health Partners



- Five year, USAID bilateral project in Ghana
- Managed by EngenderHealth; JHPIEGO and Abt Associates as partners



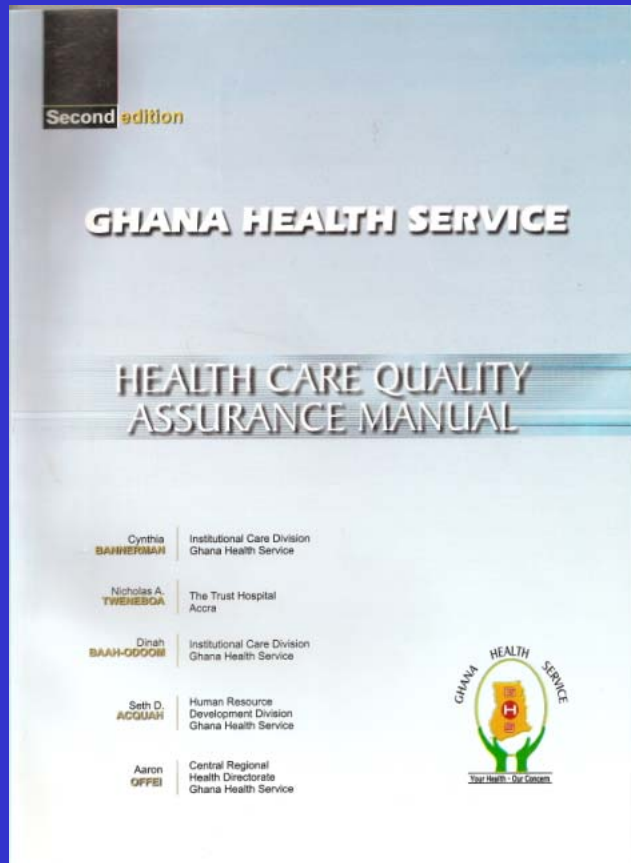
J H P I E G O  
An Affiliate of  
Johns Hopkins  
University



- Improving reproductive and child health in 30 target districts in 7 southern regions
- Work on Focus ANC, Safe Delivery, IMCI, Family Planning, Clinical care of HIV and AIDS, Malaria and Disease Surveillance



# Quality Assurance in Ghana



- 2002 – first Quality Assurance Manual for Ghana printed – (revised in 2005)
  - Aimed at hospital level care
- 2005 first “sub-district” QA Manual printed
  - Aimed at the health center level and below.
- These Ghana Health Service (GHS) manuals define quality, quality assurance, review its principles, standards in health care and how to monitor and implement QA programs



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# QHP's Interventions related to QA

- Since 2005 – QHP supported the development and roll-out of both the hospital and health centre level QA manuals at the District level.
- 337 providers and managers were trained by QHP / GHS since 2005.

Region	Target Districts	Districts Trained in QA
Ashanti	3	1
Brong Ahafo	2	2
Central	13	3
Eastern	2	2
Greater Accra	1	1**
Volta	5	**
Western	4	1

\*\*In Volta Region and Greater Accra Regional and District Management teams and providers from key hospitals were trained. The whole district approach was not used.



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# QHP's Interventions related to QA

- Supported application of COPE© for reproductive health and ART services.
- Trained 402 providers and supervisors in facilitative supervision.
- Now working with GHS to develop an in-depth supervision and on-the-job training tool to improve quality of clinical supervision.



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# Measuring Quality - Methodology



- In December 2004 – Baseline Assessment - census of facilities in the 30 targeted districts (n=157).
- Midterm Assessment September 2007 (n=193). Census of same facilities (plus additional facilities in the target area).
- Compare mid-term with baseline to identify and understand changes.



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# Number of facilities surveyed by type and region

	Baseline Dec 04	Midterm Sep 07
<b>Type of Facility</b>		
Regional Hospitals	7	7
District/Mission/ Hospitals	28	30
Health Centres/Other	122	156
<b>Region</b>		
Ashanti	19	23
Brong Ahafo	8	12
Central	60	72
Eastern	11	10
Greater Accra	5	6
Volta	32	41
Western	22	29
	<b>157</b>	<b>193</b>



# Quality Assurance Attributes at Baseline and Midterm

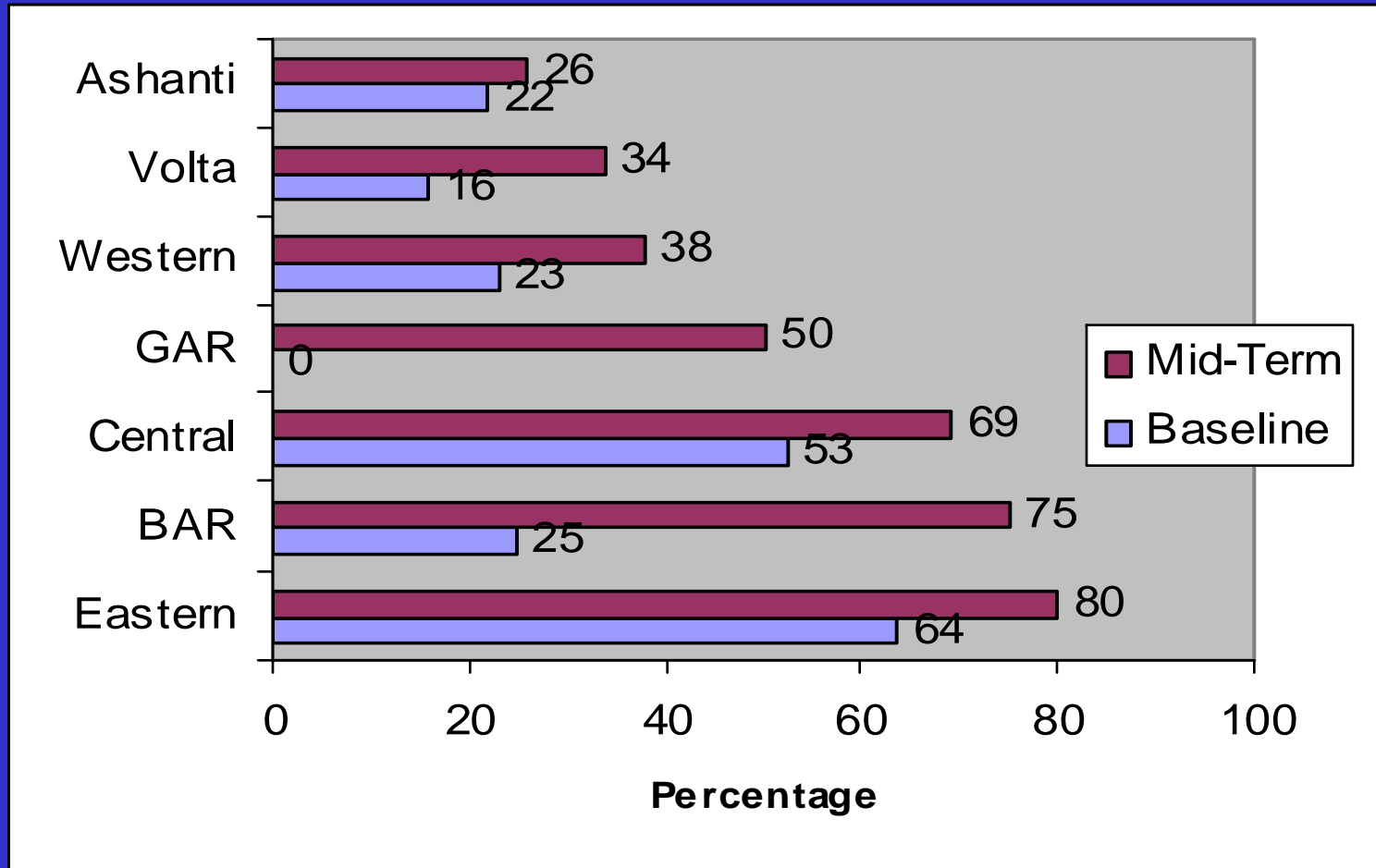
	% of facilities with a QA Team		% of Quality Assurance Teams that have an Action Plan		% of facilities that have regular mgt meetings at least once per month		% of facilities ever done COPE exercise
Type of Facility							
	BL	MT	BL	MT	BL	MT	MT
Regional Hospitals	71.4	100.0	60.0	100.0	100.0	85.7	100.0
District/ Mission/ Hospitals	85.7	89.7	79.2	83.3	78.6	63.3	83.3
Health Centres/ Other	21.0	42.9	56.0	54.5	34.4	52.6	24.7
Totals	35.1 n=154	52.1 n=190	66.7 n=54	64.9 n=97	45.2 n=157	55.4 n=193	36.6 n=192
p values	.0016		.8601		.0676		



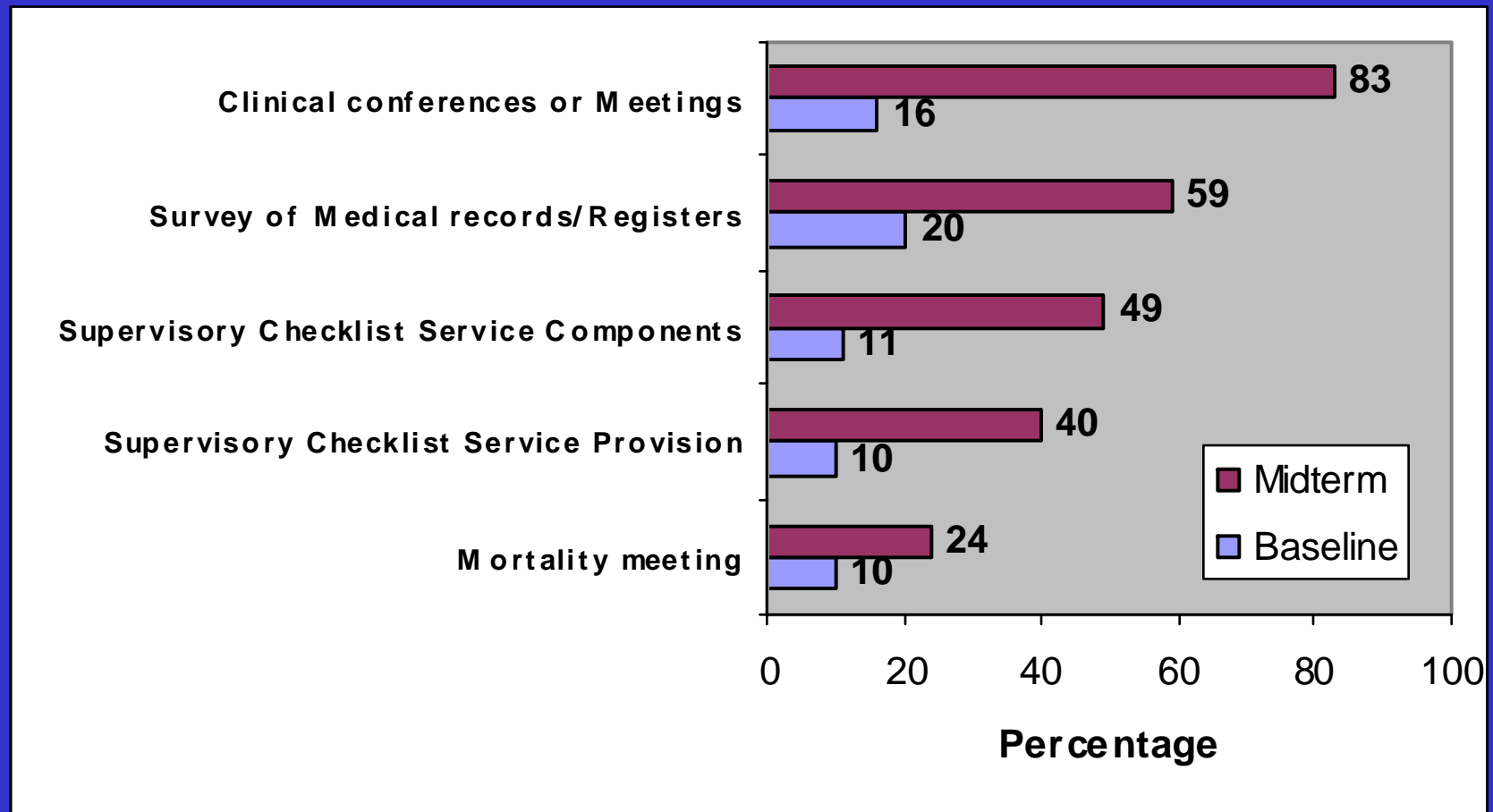
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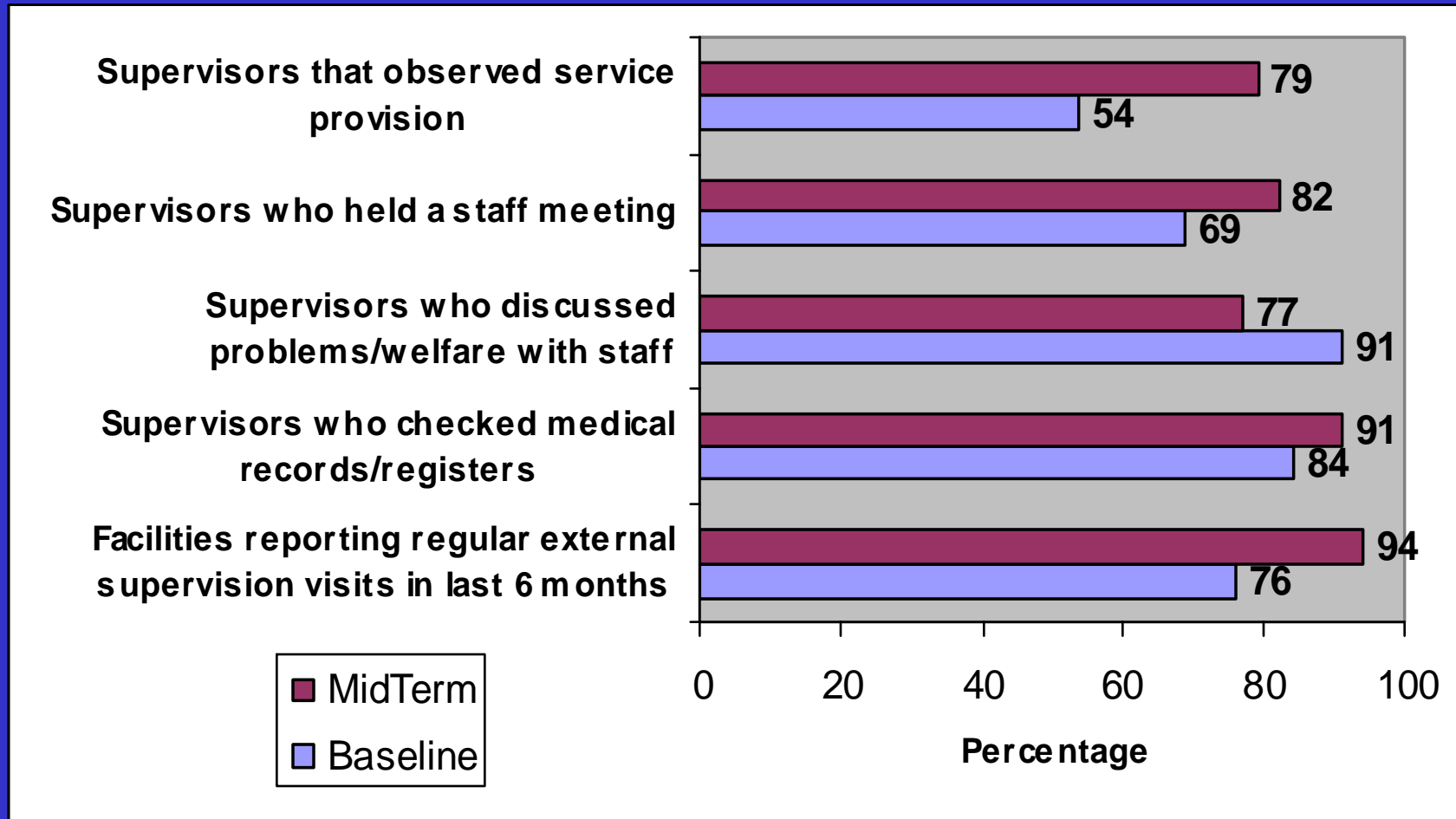
# % of Facilities with a QA Team by Region



# Methods of Quality Assurance used-Overall (unprompted)



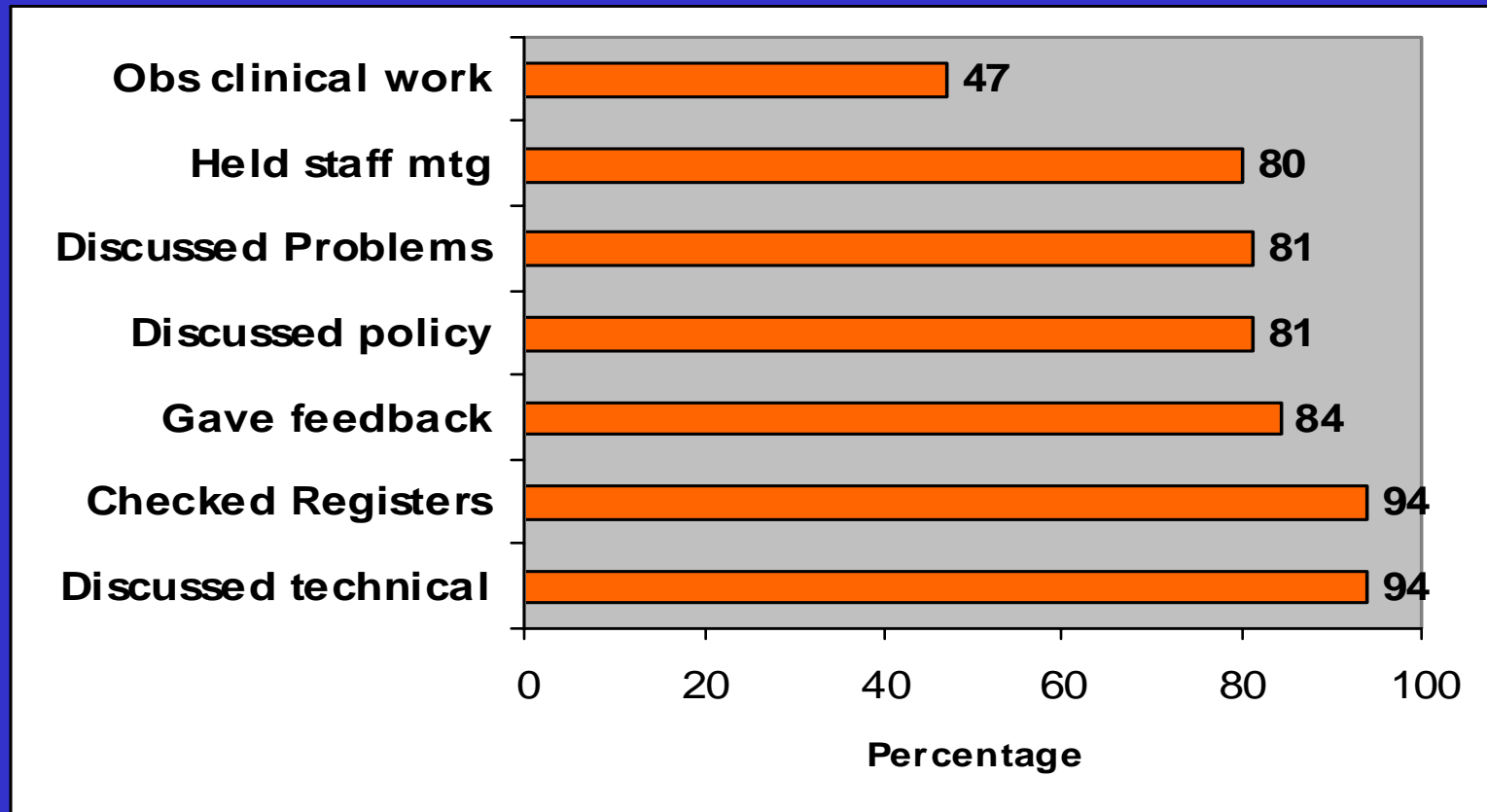
# Activities done by Supervisors during Supervision (reported by facilities)



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# Types of Supervision Activities Reported by RHMTs and DHMTs (Midterm)



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# Supportive Management

- 90% of RHMT/DHMTs had staff who have been trained in facilitative supervision
- 77% of RHMT/DHMTs reported they have written plans for supervisory visits
- 94% of RHMT/DHMTs have supervisory checklists



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# Conclusions

- Can increase % of facilities with QA team when
  - Provide QA training for a broad population of providers / managers at the District Level
- Follow up and support for new QA teams is essential to their continuing activity.



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# Way Forward

- **Continue QA training in Districts that have not yet benefitted.**
- **Follow up with facilities on the status of their Action Plans until updating and working with them is routine.**
- **Improve quality of In-depth-Supervision/On the Job Training**



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