BASELINE ASSESSMENT REPORT

Organizational Performance Assessment of CHAG Facilities

May 16 to June 18, 2016

Baseline Assessment Report

Seventy-seven CHAG Health Facilities

Fifteen Christian Health Coordinating Unit-led Groups

Organizational Performance Assessment Tool (OPAT)

June 29, 2016

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ABBREVIATIONS

A.M.E.	African Methodist Episcopal
CHAG	Christian Health Association of Ghana
CHCU	Christian Health Coordinating Unit
CHCU-SMGHFs	CHCU-Specific-Managed Group of Health Facilities
E.P.	Evangelical Presbyterian
HeFRA	Health Facility Regulatory Authority
HSBs	Health System Blocks
HSS	Health System Strengthening
OPAT	Organizational Performance Assessment Tool
NHIA	National Health Insurance Authority
SDA	Seventh-Day Adventist
TOR	Terms of Reference
WHO	World Health Organization

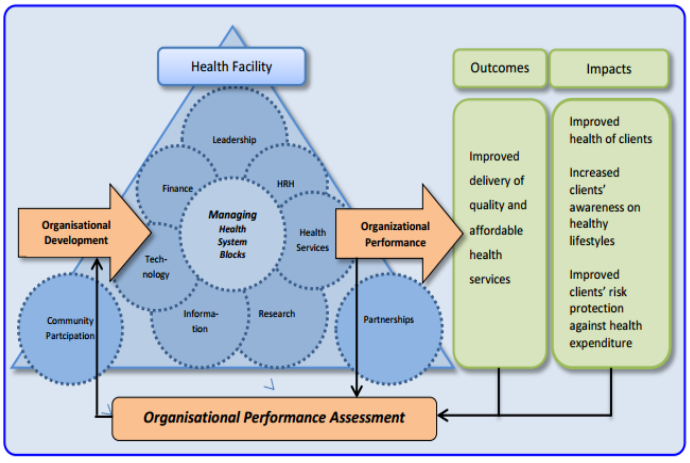
Baseline Assessment of Organizational Performance of CHAG Health Facilities

Introduction

Health system strengthening has emerged globally as a better means to achieving better health outcomes. CHAG Secretariat desired to assist its facility managers and administrators improve their health facility responsiveness to the needs of clients for improved quality and affordable health care. In 2010, the Secretariat, with assistance from DANIDA, over a three-year period initiated various interventions to improve health outcomes in 27 of its facilities. In addition the Secretariat developed the OPAT tool to collect information regularly to track facility organizational capacity and performance. The tool is also to help identify gaps that should lead to the development of action plans that when implemented lead to self-improvement in health service delivery. To ensure effective application of the tool, the Secretariat in the last quarter of 2013, built capacity in the 27 facilities in the use of the tool. In July 2014, the OPAT Manual, ***A guide for Periodic Self-Assessment of Health Facilities to Improve Health Systems and Outcomes*** was developed and distributed to all CHAG facilities. Since the development and distribution, no assessment of the CHAG facilities has been carried out using the OPAT tool.

CHAG in all this, lays emphasis on the WHO definition of Health Systems defined as all the organizations, institutions and resources whose primary goal is to improve, maintain or restore the health of the population it serves. This is an all-encompassing definition composed of interacting, interrelated and interdependent components that form a complex and unified whole. CHAG furthermore identifies and reckons with nine (9) Health Systems Blocks that constitute the health system. The definition of the subsystems of the health system based on the WHO (2006) is modified by the African States in the Ouagadougou Declaration on PHC and Health Systems in Africa (2009). The CHAG adoption and adaptation of this system is depicted in Figure 1. To understand and appreciate the main elements of the OPAT assessment module, CHAG facility managers were introduced to the Health Systems Strengthening concept.

Figure 1. Organizational Performance Assessment - Main Elements



Health Systems Strengthening (HSS)

HSS refers to the continuous efforts to update, maintain and improve all Health Systems Blocks (HSBs) in a comprehensive manner, thereby improving the functioning and outcomes of the larger health system in terms of access to quality health services, improved responsiveness to the burden of disease and ultimately better health outcomes for the population. The nine Systems Building Blocks must be understood in a dynamic architecture of interactions and synergies. Each of the nine HSBs constitutes an array of other sub-systems in itself and the performance assessment is carried out based on the related performance indicators. (Refer to the Guide* Page 14, Table 3). It is the multiple relationships and interactions among the HSBs that constitute the dynamic and ever-changing character of the health system.

The benefits of having improved organizational capacity and strengthened health systems blocks operating are numerous. The facility that employs the OPAT tool to improve its organizational capacity and service delivery outputs stands the very good chance to be compliant with the criteria and requirements for Accreditation by the National Health Insurance Authority (NHIA), the requirements for Credentialing by the Health Facility Regulatory Authority (HeFRA) and the requirements of other statutory bodies. The desire of management to maximize a functioning health system empowers a deeper and closer look at the building blocks and the resultant awareness of where the weaknesses are generates clear work targets for systems improvement.

Preparations for this assessment

The TOR of this consultancy was used to develop and share a Gantt chart of work activity. A series of consultative meetings were held with the Executive Director and the Operations Manager of CHAG. The facilities were contacted and fresh copies of the OPAT manual were distributed to all and clear instructions given to them on how to prepare for the assessment. Each facility was to:

- Identify the OPAT Team within the facility and encourage / revive the members and get them to:
  - Review the Organizational Performance Assessment Tool which is the guide for periodic self-assessment of health facilities to Improve health systems and outcomes;
  - The Facility Head or his Representative from Facility Management should join the OPAT team to use the tool to assess their own facility and provide scores for the various indicators in the tool based on available credible evidence within the facility
  - Attend a 2-day OPAT workshop to be facilitated by the CHAG Secretariat and the DANIDA Consultant
  - The completed OPAT Assessment from the facility to be brought to the OPAT workshop
  - The Facility Head or his Representative to accompany the Head of the Facility OPAT Team (and others if facility resources permit) to attend the OPAT workshop to defend or revise the results/scores of the Facility Assessment if necessary.

Invitations were sent to 77 facilities by email and followed up with text messages as back-up communication to alert facilities in remote areas with poor internet connectivity to access their email messages in good time;

Two review Meetings were held: One on May 17, 2016 (Rexmar Hotel in Kumasi) and the other on June 16, 2016 (Promising Stars Hotel) also in Kumasi.

Methodology

- Two weeks prior to coming to the workshop, the various facility heads were engaged to ensure that the OPAT teams met to assess the facility performance before coming to the workshop;
- On the Morning of the workshop: Half day refresher training on OPAT was undertaken. Participants actively participated in discussions on the Health Systems Building Blocks, Systems Thinking and the application of the OPAT tool.
- Consultant together with the CHAG Operations Manager guided peer and group learning where participating facilities that had already completed the OPAT assessment of their own facilities for the year 2015 voluntarily presented their work as a demonstration / teaching aide for scrutiny;

- Questions on why and what evidence they considered before assigning categories of scores were asked by their colleagues from other facilities. The responses provided by presenters were discussed and guidance provided by the Consultant and the Operations Manager with issues clarification to guide all participants on the structure of the OPAT tool and manual, the scoring system and the various tools provided in the manual and their uses - an effective participatory peer learning session.
- Afternoon Session: Participating facilities that were new or were having challenges completing the OPAT assessment (some facilities had suffered staff attrition as staff that had earlier on been trained in the OPAT application had moved on) were identified and paired with staff that were knowledgeable and showed proficiency in the application of the tool; The working groups were supervised and guided to complete the Assessment of their own facilities in constant consultation with relevant facility authorities based on the availability of clear and credible evidence.

In the May 17, 2016 workshop, thirteen (13) participating facilities had not had any earlier training on OPAT prior to their invitation to the workshop. In the June 16 training workshop, there were 53 attendants See Appendix 3. All workshop attendants had reviewed / re-read the Manual and had at least attempted to complete the OPAT tool for their facilities before coming to the workshop meeting.

A simple scale approach was used to classify the facilities performance as follows

1 – Unsatisfactory, 2 – moderately satisfactory, 3 – satisfactory, 4 – very satisfactory and 5 - excellent

Findings

Descriptive Statistics

OPAT records of 77 CHAG health service delivery facilities were analyzed. Fifteen (19%) had reviewed the status of their performance as at the end of December 2014, and 62 (81%) as at the end of December 2015.

Table 1: Type of facilities by denomination

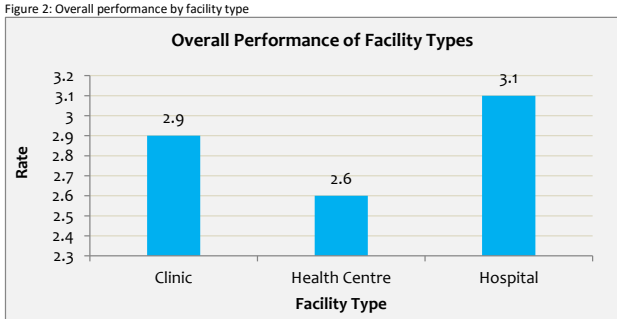
		Type of Facility			
		Clinic	Health Centre	Hospital	Total
		Count	Count	Count	Count
CHCU-SMGHF	A.M.E.ZION			1	1
	Anglican	3	2		5
	Assemblies of God			1	1
	Catholic	4		10	14
	Church of God			2	2
	EP	2			2
	Global Evangelical			1	1
	Manna Mission			1	1
	Methodist	4		1	5
	Pentecost	4		1	5
	Presbyterian	3	13	4	20
	Ryan Mission	1			1
	Salvation Army	6	2		8
	Saviour			1	1
	SDA	6		4	10
	Total	33	17	27	77

Facilities belonging to 15 Christian-Health-Coordinating-Unit-Specific-Managed Group of Health Facilities (CHCU-SMGHFs) participated in this assessment exercise. The number of participating group facilities were the Presbyterian -20 (26%), the Catholic –14 (18%), the SDA- 10 (13%) and the Salvation Army -8 (10%). The Anglican, the Methodist, and the Pentecost facilities were each five in number. The remaining participating groups were represented by either one or two facilities. (Table 1.). Table 2 shows the types of facilities by specific management group. Of the 77 participating facilities, Clinics constituted 43%, Health Centres 22% and Hospitals 35%

Overall Performance

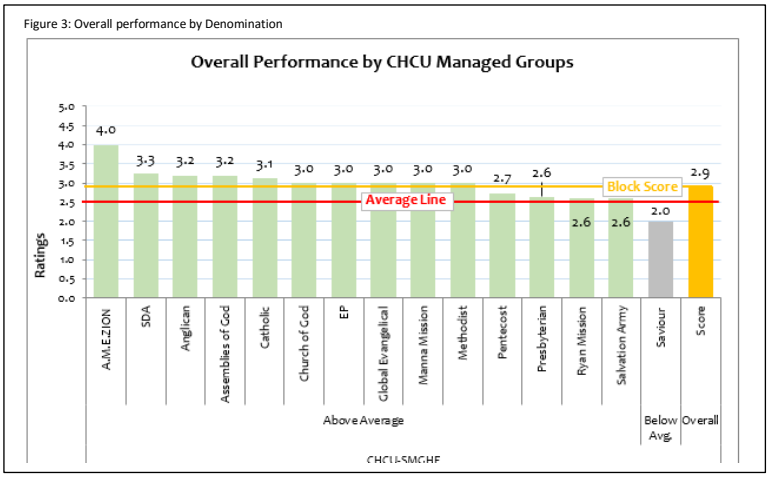
All the health facilities were grouped as Hospitals, Clinics and Health Centres. The overall score of the group of 27 hospitals on the application of the OPAT tool was satisfactory (3.1). The performance of the 33 Clinics was close to Satisfactory (2.9). The performance of the 17 Health Centres was moderately satisfactory (2.0). Figure 2. The group score by the Specific Coordinating Unit-led groups was close to Satisfactory (2.9). The score of 3.3 obtained by the group of facilities led by the CHCU of the SDA was above Satisfactory. Other group of facilities that scored above Satisfactory were the facilities led by the CHCUs of Anglican (3.2), Assemblies of God (3.2), Catholic (3.1), Church of God (3.1). The facilities of EP, Global Evangelical, Manna Mission, Methodist and AME Zion all scored 3.0 and were Satisfactory.

Figure 2: Overall performance by facility type



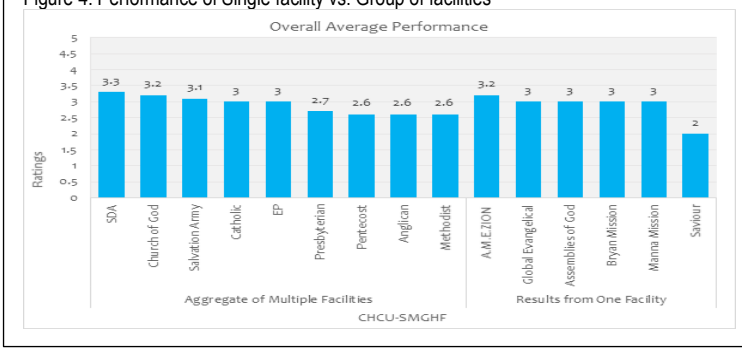
Groups of facilities under the CHCUs of Presbyterian, Pentecost, Bryant and Salvation Army scored less than Satisfactory. Performance on this assessment by the facility under the CHCU of the Savior Church was Unsatisfactory). (See Figure 3)

Figure 3: Overall performance by Denomination



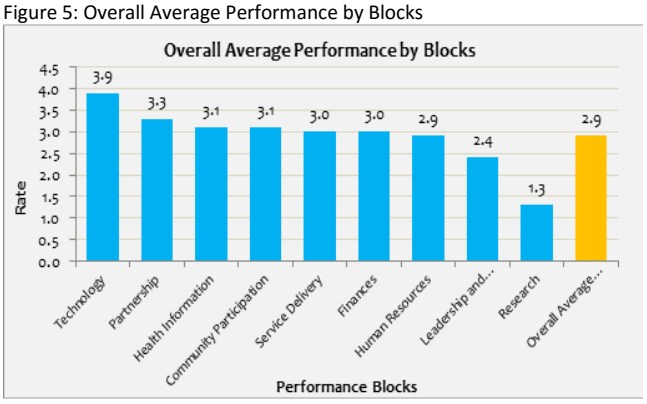
Before proceeding with various scores it is important to understand facility representation as scores can be misleading. Some CHCU-led groups had very limited representation in the sample. Specifically, CHCU-led facilities associated with the Anglican, Assemblies of God, Global Evangelical, Manna Mission, Bryant Mission and Savior Church are single facilities in the sample. Additionally the facilities sampled from Church of God and EP are only two each. In Fig 4, it is clearly discernible that single facilities tend to have higher scores than when groups of facilities are scored together. That said they are within the same bracket of satisfactory which gives a good sense of individual facilities status.

Figure 4: Performance of Single facility vs. Group of facilities



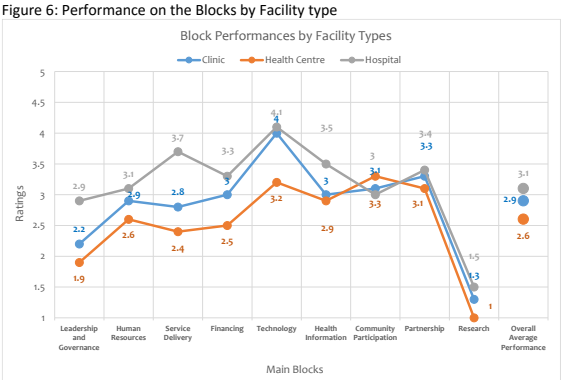
Baseline performance of the CHAG group of facilities assessed recorded an overall group means score or 2.9 which is just a point below Satisfactory performance. A detailed look at the performance on the individual building blocks however shows strengths and weaknesses. The strongest system block performance is Technologies 3.9 which is close to Very Satisfactory. This score reflects perhaps the appreciable level of investment to ensure appropriate access to and utilization of medicines, vaccines, technologies and infrastructure. The Partnership block recorded 3.3 which is just above Satisfactory. This gives an indication of groups working with stakeholders. Performance on the next 5 building blocks of Health Information, Community Participation, Service Delivery, Financing and Human Resource scores is Satisfactory (3.0) Performance on the Leadership and Governance is Moderately Satisfactory (2.4) and in Research is close to Unsatisfactory (1.3). (Figure 5.)

Figure 5: Overall Average Performance by Blocks



Block Performance by Facility Type

Figure 6: Performance on the Blocks by Facility type

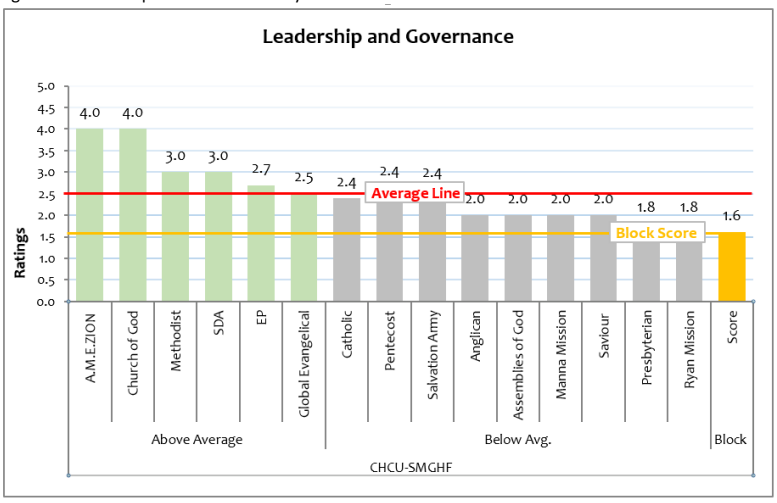


As a category of service delivery facilities, hospitals have performed generally better across all nine building blocks except in Community Participation. Even so, the performance is only Satisfactory in the blocks of Human Resource, Service Delivery, Financing, Health Information, Community Participation and Partnership. The performance of Hospitals and Clinics is rated well in Technologies. Health Centre performance is Satisfactory for the Technology, Community Participation and Partnership blocks. Generally Health Centre and Clinic performance is Moderately Satisfactory for Leadership and Governance, Human Resource, Service Delivery and Financing. (Fig 6.)

Leadership and Governance

The group performance score of 1.6 on Leadership and Governance ranks it as Unsatisfactory. However two CHCU-Specific group of facilities (AME Zion Church, and Church of God) albeit single facilities each scored Very Satisfactory. The groups under Methodist and SDA were Satisfactory. Performance by the CHCU-led groups of EP, Global Evangelical, Catholic, Pentecostal and Salvation Army is between Moderately Satisfactory and Satisfactory. The scores of the CHCU group of facilities of the Presbyterian and the Bryant Mission were Unsatisfactory (Fig. 7.)

Figure 7: Leadership and Governance by denomination

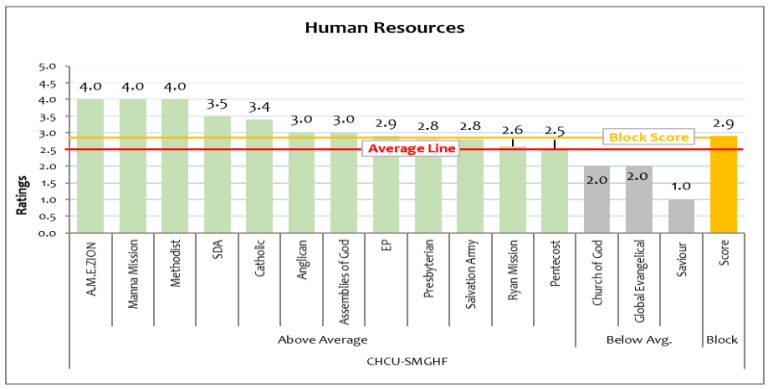


Human Resource

The group mean performance of 2.9 is above the average mark of 2.5 but is below Satisfactory. Three CHCU-led groups scored the highest score of 4, which is Very Satisfactory. These are the group of facilities led by the CHCUs of AME Zion Church, the Manna Mission and the Methodist. Four other CHCU-led group of facilities (SDA, Catholic, Anglican, and Assemblies of God) scored 3 which is above Satisfactory. The Presbyterian, Salvation Army and

Bryant CHCU-led group of facilities scored 1 – Unsatisfactory. The group of facilities under CHCU-led by Church of God, Global Evangelical and the Savior Church scored 2 – Moderately Satisfactory. (Figure 8.)

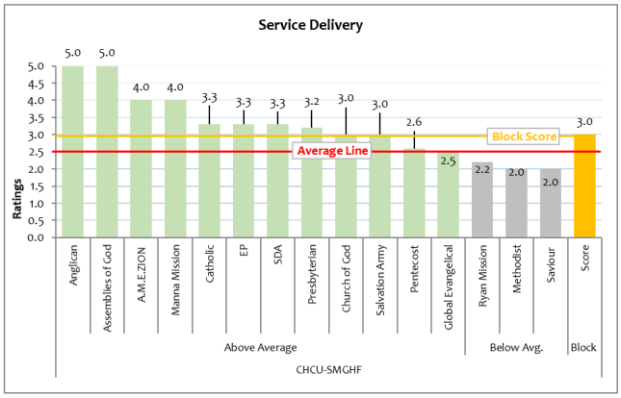
Figure 8: Human Resource by denomination



Service Delivery:

Group performance score of 3.0 on this module was Satisfactory. The CHCU-led group of facilities under the Anglican and Assemblies of God management each scored the maximum of 5.0 – Excellent. The group of facilities under the AME Zion Church and Manna Mission each scored 4.0 – Very Satisfactory. The group of facilities under the CHCU management leadership of Catholic, EP and the SDA also each scored 3.3 – Satisfactory. Generally eleven CHCU-led groups were above group average. The Global Evangelical facility had an average mark of 2.5 which is Moderately Satisfactory and three groups of facilities, the Ryan Mission, Methodist and the Savior church all scored below average and scores are Unsatisfactory. (Figure 9.)

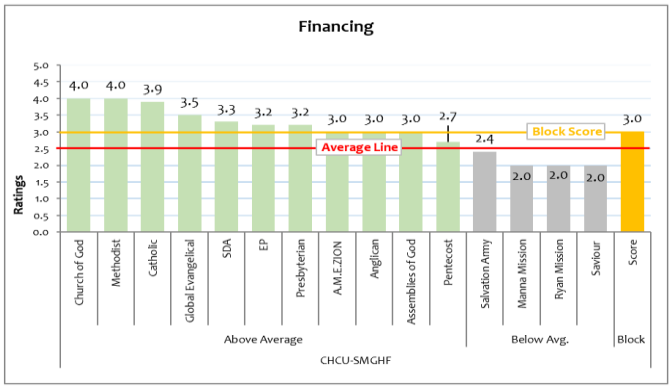
Figure 9: Service Delivery by denomination



Financing:

Group performance in the Financing block is 3.0 – Satisfactory. The CHCU-led group of facilities under Church of God and Methodist scored 4.0 each – Very Satisfactory. The group of facilities under the CHCUs of the Catholics scored 3.9 – close to Very Satisfactory. The Global Evangelical, SDA, EP, Presbyterian, Anglican and the AME Zion CHCU-led group of facilities all scored 3.0 -Satisfactory. The group of CHCU-led facilities of the Salvation Army, Manna Mission, Ryan Mission and the Savior church scored Moderately Satisfactory.

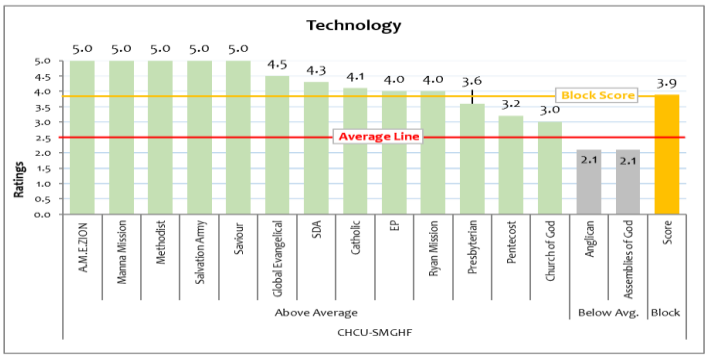
Figure 10: Finances by denomination



Technology:

Group performance on this block at 3.9 is close to Very Satisfactory. Five of the CHCU-led groups of facilities, AME Zion, Manna Mission, Methodist, Salvation Army, and Savior, scored 5.0 or Excellent. Five groups, Global Evangelical, SDA, Catholic, EP, and Bryant, scored .scored Very Satisfactory. Three facilities groups, Presbyterian, Pentecost and Church of God scored 3.0 and above but below 4.0 – Satisfactory. Two groups, Anglican and Assemblies of God each scored 2.1 – Moderately Satisfactory. (Figure 11.)

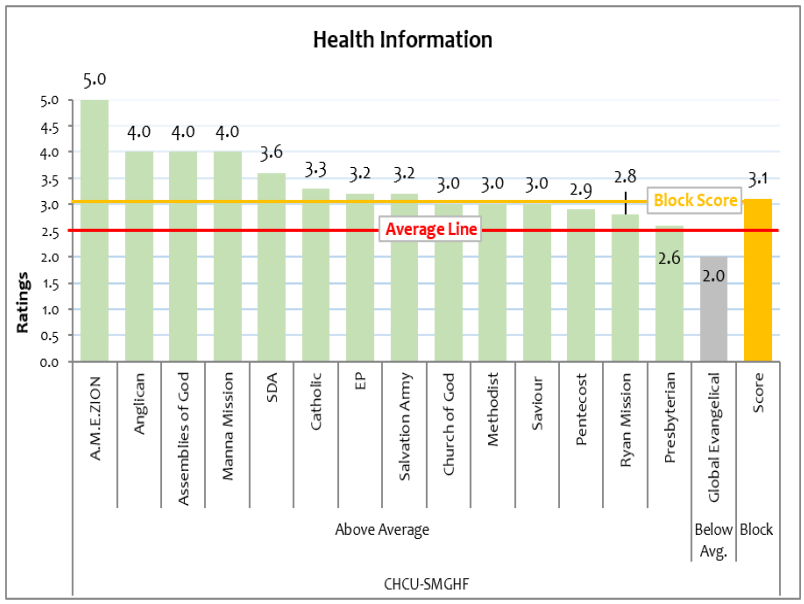
Figure 11: Technology by denomination



Health Information

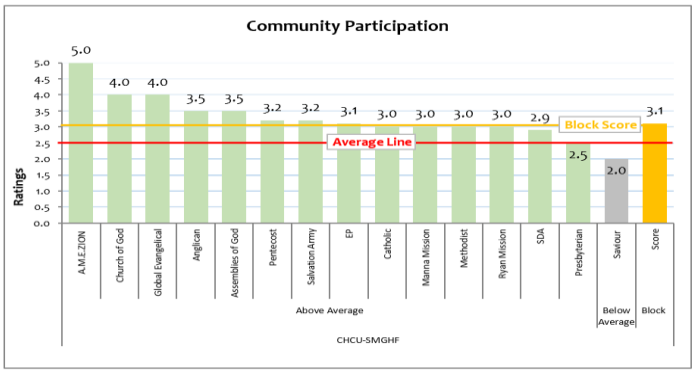
The group mean performance on the Health Information building block was Satisfactory (3.1). The CHCU-led group of facilities under AME Zion score 5.0 – Excellent. The group of Anglican, Manna Mission and Assemblies of God scored 4.0 – Very Satisfactory. Seven other CHCU-led groups- Catholic, EP, Salvation Army, Church of God, Methodist, and Savior, scored 3.0 and above but below 4.0 – Satisfactory. The CHCU-led groups of facilities under Pentecost, Bryant, Presbyterian and Global Evangelical score below 3.0 but above 2.0 – Moderately Satisfactory. (Figure 12.)

Figure 12: Health Information by denomination



Community Participation

Figure 13: Community Participation by denomination

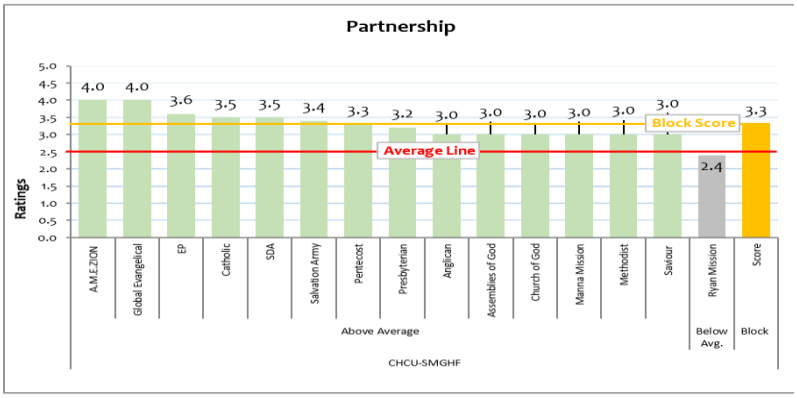


The group mean performance on this block is 3.1 – Satisfactory. The group of facilities under the leadership of the CHCU of the AME Zion church scored 5.0 – Very Good. The group under the CHCU of Church of God as well as Global Evangelical each scored 4.0 – Very Satisfactory. Nine CHCU-led groups, Anglican, Assemblies if God, Pentecost, Salvation Army, EP, Catholic, Methodist and Manna Mission scored 3.0 and above but below 4.0 – Satisfactory – Need for Improvement. The CHCU-led groups of SDA, Presbyterian and Savior scored below 3.0 but above 2.0 - Unsatisfactory. (Fig 13.)

Partnership

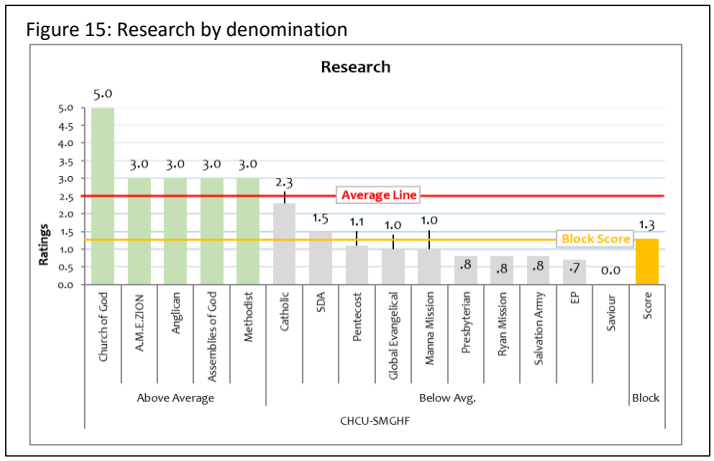
Group mean performance on the Partnership building block registered 3.3 – Satisfactory. The CHCU-led group of facilities under AME Zion and Global Evangelical score 4.0 each – Very Satisfactory. All the other CHCU-led groups scored above 3.0 but below 4.0 – Satisfactory. The facility led by the CHCU of Bryant Mission scored 2.4 – Moderately Satisfactory. (Figure 14.)

Figure 14: Partnership by denomination



Research

Figure 15: Research by denomination



The group mean performance on this building block is 1.3 – Unsatisfactory. Four of the CHCU-led groups, AME Zion, Anglican, Assemblies of God and Methodist, scored 3.0 – Satisfactory. The CHCU-led group of Catholic facilities scored 2.3 – Moderately Satisfactory. All four CHCU-led groups of SDA, Pentecost, Global Evangelical, and Manna Mission, score 1.0 and above but less than 2.0 – Unsatisfactory. Five groups of facilities under CHCU-led management of Presbyterian, Bryant Mission, Salvation Army, EP and Savior, scored below 1.0 (Fig 15.)

Discussions

The OPAT tool that CHAG has developed is a very useful tool that when applied systematically and consistently can surely lead to the improvement of organizational capacity and better health outcomes over time. The participatory workshop approach used to carry out this assessment was very empowering. Interest and commitment to henceforth regularly assess the performance of their own facilities using the OPAT tool increased tremendously as the process de-mystified the tool and its application. At the start of the process some participants were not familiar with the use of the manual for assessment. With practice they gained confidence through learning by doing.

The data brings out a sense of overall performance of the CHCU-led group of facilities. This however is not conclusive as it is sample data and this is the first time the assessment is being carried out. Nonetheless ten of the fifteen participating groups of facilities (66.7%) scored above the group mean of 2.9 when all the nine building blocks are examined together. None of the groups had a collective all building block perfect score of 5.0. This points to the need to improve on capacity and service delivery.

Considering the premium put on Leadership and Governance in organizational performance, the Group Mean of 1.6 is unfavourable. In addition nine of the fifteen participating CHCU-led group of facilities assessed scored below the average mark of 2.5. Special attention should be given to leadership and management skills of key personnel and general staff at all times across all the CHAG facilities.

Human resource is essential and critical for quality health service delivery. However output from this baseline assessment indicates that much work needs to be done. Some low performing group of facilities need to pay more attention to human resource issues to improve their performance in subsequent OPAT assessments.

Service delivery is the main function of the health system. The group mean score of 3.0 and is above the average mark of 2.5. However, three CHCU-led group of facilities scored below the average mark of 2.5. The group of facilities managed by the respective CHCUs and CHAG Secretariat should double the effort to address identifiable challenges to effective service delivery before the next assessment. Even though two CHCU managed group of facilities have full scores, more effort needs to be put in to maintain the level of performance in quality health service delivery.

Financing is the mobilization, management and accountability of funds and resources. The overall performance score in financing of all the CHCU managed groups of 3.0 is above the average mark of 2.5. Seven CHCU-led group of facilities recorded scores above the group mean: a closer study of their modus operandi will enable organizational learning to improve the overall group performance. This score however says nothing about the risk profile of the organisations.

Technology ensures access to and appropriate utilization of medicines, vaccines, technologies and infrastructure for effective and efficient service delivery. A high group mean performance score of 3.9, plus the observation that thirteen of the fifteen participating groups of facilities performed above the average mark of 2.5 are encouraging. It means there is capacity within the groups to improve. However, the two groups of facilities that scored below the average mark need introspection, hard work and technical assistance to identify and remedy challenges they currently face to enable them render quality service.

Health Information is the availability and use of reliable and timely information for evidence-based decision making to improve health service delivery. Just over half of the participating groups of facilities, eight of the fifteen (53.3%)

scored above the group mean of 3.1 and another six groups of facilities were just above the average performance mark of 2.5. However the performance low score of some of the group of facilities managed by their CHCUs requires proactive implementation of remedial actions to make use of available quality information for evidence-based decision-making for improved health outcomes.

Findings from this baseline assessment show two extremes of performance. A very strong performance from some CHCU-led groups of facilities and weak scores from the other group of facilities. The score of majority of the CCU-led groups is Satisfactory but need improvement. This finding calls for case studies; one on the management practices of the high performing team to learn what they are doing well so others can learn from them to improve community participation. The other case study should be on the group with low performance scores to learn what practices not to engage in when offering services to the communities. Dissemination of these case study findings and appropriate action implementation will foster group and organizational learning within CHAG facilities and beyond.

Group performance on the partnership building block is Satisfactory. Some CHCU-led group of facilities had a score of 4.0 score. There are low scores that need attention for improvement and need to reflect on their OPAT performance, identify weaknesses and plan to address these so as to improve for the next OPAT assessment.

The baseline OPAT finding on the Research building block is the weakest at the group performance score of 1.3. Even though the performance score of few groups is commendable, majority of the other groups have low scores generally. The CHAG Secretariat should revamp the research agenda and portfolio so that local service delivery within CHAG should be driven by evidence-based research findings.

Recommendations

- To derive maximal benefit from the use and application of the OPAT tool, CHAG should consider the following:
    - Ensure that the results of the OPAT assessment are analyzed, action plans developed and implemented before the next round of application;
    - Recruit more staff or partners an organization to rollout the application of the OPAT tool systematically. The self-application of the tool should almost become a routine function of CHAG facility management. Or if resources and time permit
    - Organize a system of external peer review approach to the application of the tool where a different facility applies the tool to a fellow facility, using standard approaches and demanding credible evidence in rigorous manner. And periodically;
- It is important to expand the modules to include specific disciplines such as dentistry, maternity homes, specialist hospital services and health training institutions.
- CHAG Secretariat should arrange for the management of CHAG member facilities as well as the Coordinating Units to attend and show proficiency in Management and Leadership courses regularly
- CHAG should commission case studies into successful CHCU-led group of facilities that have scored full marks in OPAT assessment on individual system blocks to learn what they have done uniquely and under what context, to learn and document the lessons, disseminate them and improve on them to develop **Good, Promising and Best Practices**
- CHAG Secretariat should revamp and revitalize interest, comprehension and competence in the Research building block activities

Appendices

Appendix 1

Table 1: Health System Blocks: Functions and Outcomes

HSBs	Functions	Outcomes
Leadership and Governance	Stewardship, setting health system performance goals, developing strategic plans and managing operations and resources in line with regulatory frameworks	Accountability, transparency, efficiency, effectiveness amongst the health system building blocks towards the achievement of health system performance goals.
Human Resources	Planning, managing and utilizing the numbers, quality and distribution of health staff.	Required health workforce to deliver quality health services available, motivated, satisfied and functional
Service Delivery	Provision of essential, accessible. Affordable and integrated health services	Availability , accessibility and affordability of health services that meet patient needs
Financing	The mobilization, management and accountability of funds and resources	Required inputs for services are available at the most competitive prices
Technologies	Ensuring access to and appropriate utilization of medicines, vaccines, technologies and infrastructure.	Availability and use of scientifically sound and cost effective technologies
Health Information	Monitoring and Evaluation, the use, analysis and dissemination of reliable and timely information.	Reliable and timely information for evidence-based decision making
Community Participation and Ownership	Engaging communities and leadership in determining health activities and taking ownership for their own health	Increased responsiveness to the health needs of the community and improved health seeking behavior of community members
Partnership	Working with stakeholders in the context of mutual respect to fill in gaps within the health system and address them in a coordinated manner	Improved collaboration and coordination among actors and increased efficiency and effectiveness in service delivery
Research	Study and analyze system functioning	Evidence-based, locally relevant system improvements.

Appendix 2

First Workshop Attendance List

Thirty-one (31) facilities were represented at the first meeting on May 17, 2016 at the Rexmar Hotel. The facilities in attendance by category were: Health Centres 2; Clinics – 13; Hospitals – 15; Nurses and Midwifery Training College - 1.

	Group	Facilities	Count
1	Anglican	Anglican Health Centre	1
2	Salvation Army	The Salvation Army Clinic, Wiamoase	1
3	Church of Christ Mission	Clinic	1
4	Church of God	***Clinic, Ahwerewam;*** Clinic, Esieminpena	2
5	Global Evangelical Mission	Hospital	1
6	SDA	***Hospital, Obuasi; Clinic, Apaah***; ***Hospital, Asamang***; ***Hospital, Kwortwia***; ***Hospital, Kwadaso***; ***Clinic, Nobeuwam***; ***Hospital, Domenase***; Clinic, Konakme	8
7	Methodist	Hospital, Ankaase; Hospital, Senchi; Clinic, Lake Bosomtwi; Hospital, BaBu; Clinic, Aburaso; Clinic, Nyameanim; Clinic, Brodekwako; Hospital, Wenchi;	8
8	Presbyterian	Hospital, Agogo ***Health Centre (PHC), Kwameasua***	1
9	Bryand Mission	Hospital	1
10	St. Luke	Hospital, Kasei	1
11	Pentecost	Hospital, Kasapim	1
12	Wesley	***Methodist Clinic, Old Tafo, Kumas***i; ***Cathedral Clinic, Adum***;	2
13	Janie Speaks AME Zion	***Hospital, Afrancho;***	1
14	***SDA***	***Nursing and Midwifery Training College, Kumasi;***	***1***

Note: Facilities in ***Bold and Italics*** are new and had not been trained on OPAT before coming to the workshop

Appendix 3

Second Workshop Attendance List

CHRISTIAN HEALTH ASSOCIATION OF GHANA (CHAG)
ONE-DAY MEETING ON OPAT BASELINE SURVEY
VENUE: PROMISING STARS HOTEL, BREMANG-KUMASI
DATE: 16TH JUNE 2016

NO	Name	Facility	Contact Details	
			Mobile #	Personal Email
1	Paa Kwesi Fynn Hope	Bishop Ackon Mem. Christian Eye Centre, Cape Coast	0242807387/0277165027	pkhhope@gmail.com
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Appendix 4

The Checklist relates to the availability, ease of access, functionality status and how well it is being kept. The checklist applies to many levels of health service delivery and as such their specific availability will necessarily depend on the type of services provided by the specific facility.

The equipment and logistics available should be matched with the available services indicated being provided by the facility.

Suggested Indicators for Various types of health facilty equipment by level and type of facility

4.0	Basic Equipment			
4.1.0	Diagnostic tools	YES	NO	N/A
Basic equipment – Common to all Health Facilities and Service Delivery Points		Available in all consulting rooms, all wards, all theatres, all functioning BY OBSERVATION		
4.1.1	Thermometers			
4.1.2	Stethoscopes			
4.1.3	Sphygmomanometer			
4.1.4	Adult weighing scale			
4.1.5	Paediatric weighing scale			
Ophthalmoscope, Auroscope, Earpieces, Batteries, All Functioning, Light Source for Examination in Specialist Clinics/Hospitals		Available in all consulting rooms, readily accessible to all wards and theatres BY OBSERVATION		
4.1.6	Diagnostic set			
4.1.7	Tendon hammer			
4.1.8	X-ray viewing equipment			
4.1.9	Height measure (stadiometer)			
4.1.10	Tape measure			
4.2.0	Treatment devices and logistics	Available in OPD, readily accessible to all service areas, functioning, not dusty BY OBSERVATION		
4.2.1	Wheelchairs			
		Available in OPD, readily accessible to all service areas, functioning, not dusty, no stain BY OBSERVATION		
4.2.2	Patient trolleys			
		Available in all consulting rooms, well laid BY OBSERVATION		
4.2.3	Examination bed			

		YES	NO	N/A
		Available in dressing rooms, all wards, set contains needle holder, stitch remover, 2 dissecting forceps, scissors, sutures, packed, sterilised BY OBSERVATION		
4.2.4	**Suturing set**			
		Available, not dusty, not blood stained, no left over infusion sets hanging, in all wards, OPDs BY OBSERVATION		
4.2.5	**Drip stand**			
		Available in OPD, in all wards, un-expired IV fluids, 50% dextrose, epinephrine (adrenalin), hydrocortisone, analgesics plus antipyretics, diazepam, anti-malaria, adequate needles and syringes BY OBSERVATION		
4.2.6	**Emergency trays**			
		Available, functioning, cylinders containing oxygen, flow meter, masks, nasal prongs BY OBSERVATION		
4.2.7	**Oxygen delivery equipment**			
Clinics/polyclinics Suction devices, Ambu bag, airways, ECG machine, Glucometer, all functioning **Hospitals** Suction devices, Ambu bag, airways, ventilator, ECG machine, Glucometer, all functioning		**Maternity** Suction devices, Ambu bag BY OBSERVATION (AND Physically check devices and functionality)		
4.2.8	**Functioning emergency care devices and supplies**			
Clinic, Polyclinic *All Available* **Plus** Adrenalin, 50% dextrose **Hospital** Including theatres, *All Available* **Plus**, adrenalin, hydrocortisone, 50% dextrose, endotracheal tube, forceps		**Maternity , Health Centre** Available in all OPDs, wards, set contains Ambu bag for adult and children, airways for adult and children, spatulas, hydrocortisone, 10% dextrose BY OBSERVATION		
4.2.9	**Resuscitation set**			

		YES	NO	N/A
		Available in all OPDs, wards, theatres, clean, no left over fluids, evidence of decontamination of suction tube, functioning BY OBSERVATION + INTERVIEW		
4.2.10	**Suction apparatus**			
		Available in all emergency units, wards, not dusty, unexpired anti asthmatic drugs		
4.2.11	**Nebuliser equipment**			
Catheters, IV infusion giving sets, Cotton wool, Gauze, Bandages, Adhesive tapes, Sutures, Antiseptics, Disinfectants		All OPDs, all wards BY OBSERVATION		
4.2.12	**Medical supplies**			
Maternity and above Available in all consulting rooms, wards, theatre: patient folders, treatment sheets, patient consent forms, diagnostic request forms, prescription forms, registers		**CHPS** Folders, Register BY OBSERVATION		
4.2.13	**Stationery**			
Clinic and above Available at outpatients, cervical collar, slings, plaster of Paris, splints		**Maternity, Health Centre** Available at outpatients, slings, splints BY OBSERVATION		
4.2.14	**Immobilisation devices**			
		Available in treatment / dressing rooms, all wards, each set contains gallipots, receivers, stitch removers, sterile pack, adhesive tape, dressing forceps, dissecting forceps BY OBSERVATION		
4.2.15	**Dressing packs**			
		Available and accessible to OPD and all wards, sutures, needle holders, scalpel blade, canula, gauze, cotton wool BY OBSERVATION		
4.2.16	**Cut-down sets**			

4.3.0		Miscellaneous equipment and logistics		
		YES	NO	N/A
		Available/easily Accessible at OPD and all wards, theatre, all functioning, used for storing only medicines BY OBSERVATION		
4.3.1	Refrigerator			
		Library with books, journals / magazines, availability of internet facilities, accessible to staff BY OBSERVATION		
4.3.2	Library			
		Provide list of key protocols under each area, Standard Treatment Guidelines (hypoglycaemia, diabetic ketoacidosis, acute myocardial infarction, assessment and care of the unconscious patient, convulsion), reproductive health guidelines, surgical guideline, accident and emergency care guidelines, developed locally / nationally BY OBSERVATION		
4.3.3	Clinical protocols / guidelines			
		Available / accessible to all service areas BY OBSERVATION		
4.3.4	Autoclave			

OPAT Eyecare Checklist Suggestions

		In Stock and in the required quantity and valid?	
Essential Medicines for Eye Care		**YES**	**NO**
1	Anti-Allergics		
2	Antibiotics		
3	Anti-Glaucoma		
4	Anti-Fungals		
5	Anti-Virals		
6	Corticosteroids		
7	Corticosteroids + Antibiotics		

8	Artificial Tears/Lubricants		
9	Diagnostic Drugs		

Are the following Basic Eye Care Services available?		**YES**	**NO**
1	Visual Acuity (VA)		
2	Refraction		
3	Diagnostic and Treatment of Eye/Ocular Diseases		
4	Intra-ocular Pressure Measurement		
5	Dispensing of Ophthalmic Medications		

Are the following Advanced Eye Care Services available?		**YES**	**NO**
1	Dispensing of Spectacles		
2	Surgeries		
3	Vision Training		
4	Low Vision Assessment and Management		
5	Outreach Programmes		

References

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2. Christian Health Association of Ghana, Improving Health Facility Performance: A guide to Apply the Health Systems Strengthening Approach, CHAG, March, 2014
3. Management Sciences for Health, Health Systems in Action: An e-Handbook for Leaders and Managers, Cambridge, MA: Management Sciences for Health, 2010