Integration of Family Planning into Health Service Departments:
Facility-based Performance Needs Assessment in Ashanti and Eastern Regions of Ghana

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Dakar, Sénégal
Background-Ghana situation

- **MMR**: 451 per 100,000
- **TFR**: 4.0
- **Knowledge of modern methods**: 98%
- **CPR**: 17% (married)
- **Use of modern methods**:
  - 1993: 10%
  - 2003: 19%
  - 2008: 17%
Background – R3M

- **Goal:** Reducing/eliminating maternal mortality through reduction in unwanted fertility and provision of comprehensive abortion care services

- **Partners:**
  - Ghana Health Service
  - EngenderHealth
  - Ipas
  - Marie Stopes International
  - Population Council
  - Willows Foundation
Study Aim

– To assess client interest in obtaining FP services and determine facility/provider readiness for FP service provision, using performance needs assessment

– To pilot FP integration across a range of hospital departments:
  • Antenatal, maternity, postnatal, child welfare, pediatrics, VCT, out patient, FP, other (e.g. medical ward)
Study design and timeline

• Pre-test post-test:

- Baseline assessment (O) conducted just before intervention (X) is implemented
- Other measurements done during and after the implementation period
Assessments

• Assessing Integration Methodology
• Four main components:
  – inventory of services, equipment and supplies including examination of service statistics for the previous 12 months
  – interviews with providers
  – observations of provider-client interactions
  – exit interviews with clients (men aged 15-59 years and women aged 15–49 years)
INTERVENTIONS
Priority interventions designed and implemented based on the baseline FP performance results and a root cause analysis of performance gaps, taking into consideration:
• Feasibility
• Cost
• Impact

• Examples of interventions
  – developing job descriptions to include FP
  – procuring FP commodities and logistics
  – conducting in-service training on FP information and basic counseling (for all health workers) and on comprehensive counseling and methods (for all nurses)
  – setting criteria, developing tools, and establishing plans for monitoring staff performance in FP and FP-related supervision
## Results - Baseline sample

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Sampling method</th>
<th>Sample size targeted</th>
<th>Sample size achieved</th>
<th>% Target achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility (unit) inventory</td>
<td>Purposive</td>
<td>32</td>
<td>32</td>
<td>100%</td>
</tr>
<tr>
<td>Applied once per unit; gathered information on infrastructure, technical, administrative, resource and other capacities; also included service statistics over the past year, six months, three months and one month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider-client observation guide</td>
<td>Random</td>
<td>128</td>
<td>123</td>
<td>96%</td>
</tr>
<tr>
<td>Assessed the interaction between provider and client, mainly focusing on FP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client exit interview</td>
<td>Random</td>
<td>640</td>
<td>712</td>
<td>111%</td>
</tr>
<tr>
<td>Assessed clients’ experiences during the visit, especially with respect to FP, but also client satisfaction</td>
<td></td>
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</tr>
<tr>
<td>Provider interview</td>
<td>Random</td>
<td>128</td>
<td>133</td>
<td>104%</td>
</tr>
<tr>
<td>Assessed nature of FP involvement, interest, training, supervision, and motivation</td>
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</tbody>
</table>
Results- Mid-term sample

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Sampling method</th>
<th>Sample size targeted</th>
<th>Sample size achieved</th>
<th>% Target achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility (unit) inventory</td>
<td>Purposive</td>
<td>32</td>
<td>36</td>
<td>113%</td>
</tr>
<tr>
<td>Applied once per unit; gathered information on infrastructure, technical, administrative, resource and other capacities; also included service statistics over the past year, six months, three months and one month</td>
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<td></td>
<td></td>
</tr>
<tr>
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<td>Random</td>
<td>128</td>
<td>124</td>
<td>97%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Client exit interview</td>
<td>Random</td>
<td>640</td>
<td>637</td>
<td>99.5%</td>
</tr>
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<td>Assessed clients’ experiences during the visit, especially with respect to FP, but also client satisfaction</td>
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</tr>
<tr>
<td>Provider interview</td>
<td>Random</td>
<td>128</td>
<td>149</td>
<td>116%</td>
</tr>
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</tbody>
</table>
Results - Client Perspective

Reported that provider talked about FP

Would have liked provider to have spoken about FP

Current users comparable at baseline (25%) & midterm 22%

Baseline: 25%
Midterm: 46%

Baseline: 70%
Midterm: 72%
Results - Provider Perspective

Giving FP referrals  Counseling clients  Providing methods

*by provider report
Results - Job Expectations

Providers whose job descriptions don’t include FP

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Midterm</th>
</tr>
</thead>
<tbody>
<tr>
<td>62%</td>
<td></td>
<td>22%</td>
</tr>
</tbody>
</table>

FP protocol/Global handbook available in unit

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Midterm</th>
</tr>
</thead>
<tbody>
<tr>
<td>28%</td>
<td></td>
<td>69%</td>
</tr>
</tbody>
</table>
Results - Performance Feedback and Motivation

Supervisors giving FP-specific feedback

- Baseline: 32%
- Midterm: 75%

Units motivating staff for FP performance

<table>
<thead>
<tr>
<th>Time</th>
<th>No. of units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>1 out of 32 units</td>
</tr>
<tr>
<td>Midterm</td>
<td>5 out of 36 units</td>
</tr>
</tbody>
</table>

*by provider report
Results- Provider Skills

Percent of providers who asked basic questions on fertility and FP

- Explained method options: 47% (Midterm 28% Baseline)
- Asked for any method preference: 36% (Midterm 27% Baseline)
- Asked if client may want to use/change method: 23% (Midterm 15% Baseline)
- Asked about current FP use: 16% (Midterm 22% Baseline)
- Asked about previous FP use: 27% (Midterm 19% Baseline)
- Asked about reproductive intentions: 23% (Midterm 23% Baseline)
- Asked about reproductive history: 33% (Midterm 33% Baseline)
Results- Provider Skills

Number of providers able to provide long-term methods

- Can insert IUD: Baseline 11, Midterm 19
- Can insert implant: Baseline 14, Midterm 22
- Can perform BTL: Baseline 4, Midterm 5
- Can perform vasectomy: Baseline 1, Midterm 4
## Results - Availability of contraceptives

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline (no. of units)</th>
<th>Mid term (no. of units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined oral contraceptive</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Progestin-only pills</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Emergency contraceptive pills</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Progestin-only injectables</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Monthly injectables</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Implants</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Copper-bearing intrauterine devices</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Levonorgestrel intrauterine devices</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Male condoms</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Female condoms</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Spermicides</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Discussion-Successes

• Pilot project suggests that PNA in conjunction with intervention implementation may be successful in improving:
  – Provider awareness of job expectations re FP
  – Supervisor feedback and motivation on FP
  – Selected provider FP-related skills
  – FP information, referrals, counseling, and methods (including long-term methods)
Discussion- Challenges

• However,
  – Commodity availability is a major limitation
  – There are variations in what FP services are possible in a given department
  – Departmental and facility leadership commitment to FP varies
  – Degree of integration of FP varies
Conclusion

Integration of FP into a wide range of health services should be further explored due to:

- Clients’ significant unmet need for limiting and spacing;
- Clients’ demand for FP information during consultations and;
- Providers’ substantial dissatisfaction with how FP is currently organized in the facilities and their willingness to incorporate FP into their duties.
Future

• Endline planned for May/June 2012
THANK YOU