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Reproductive Health

Social and Behavioral Science Research (SBSR)

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## **Inclusion of family planning within the National Health Insurance benefits package in Ghana: A health facility assessment**

Population Council

Ministry of Health

Ghana Health Service

National Health Insurance Authority

Marie Stopes International Ghana

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RESEARCH  
REPORT  
JUNE 2021

INCLUSION OF FAMILY PLANNING WITHIN  
THE NATIONAL HEALTH INSURANCE  
BENEFITS PACKAGE IN GHANA:

# A HEALTH FACILITY ASSESSMENT



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Population Council  
204 Yiyiwa Drive, Abelemkpe  
Accra, Ghana  
Digital address: GA-124-5840

Tel: +233 30 2 780711/2  
Fax: +233 30 2 780713  
email: [info.ghana@popcouncil.org](mailto:info.ghana@popcouncil.org)

Mailing Address:  
P. O. Box CT 4906  
Cantonment  
Accra, Ghana

[popcouncil.org](http://popcouncil.org)

This report presents findings of the Health Facility Assessment in preparation for the inclusion of family planning within the National Health Insurance benefits package in Ghana. This assessment was implemented by the Population Council, Ministry of Health, Ghana Health Service, National Health Insurance Authority, and Marie Stopes International Ghana.

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## LIST OF ABBREVIATIONS

CIP	Costed Implementation Plan
CHPS	Community-Based Health Planning and Services
CPR	Contraceptive Prevalence Rate
DHIMS	District Health Information Management System
FP	Family Planning
FP-CIP	Family Planning—Costed Implementation Plan
GDHS	Ghana Demographic and Health Survey
GHS	Ghana Health Service
GoG	Government of Ghana
LARC	Long-acting Reversible Contraceptive
LMIC	Lower Middle-Income Countries
mCPR	Modern Contraceptive Prevalence Rate
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSI	Marie Stopes International
MSI-G	Marie Stopes International-Ghana
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
OP	Out-of-Pocket
RH	Reproductive Health
SARC	Short-acting Reversible Contraceptive
TFR	Total Fertility Rate
UHC	Universal Health Coverage
WRA	Women of Reproductive Age



## **PREFACE**

The Population Council in partnership with the Ministry of Health, Ghana Health Service, National Health Insurance Authority, and Marie Stopes International Ghana are pleased to present the results of the Health Facility Assessment Survey (FPNHIS) conducted in 2021. The survey focused on the availability of family planning services and readiness of health facilities for the inclusion of family planning within the National Health Insurance benefits package. The results of the FPNHIS survey will facilitate decision-making to scale-up the inclusion of family planning services into the National Health Insurance Scheme package.

# EXECUTIVE SUMMARY

## Background

In Ghana, the National Health Insurance Act 852 of 2012 indicates that healthcare benefits include relevant family planning (FP) services. Although FP services are included in the health insurance Act, people continue to pay for FP services at National Health Insurance Authority (NHIA) accredited health facilities because the policy is yet to be implemented in practice. Under the leadership of the Ministry of Health, the National Health Insurance Authority in collaboration with the Ghana Health Service, Marie Stopes International-Ghana and Population Council implemented a pilot project to remove FP service out-of-pocket costs. Under this pilot, all modern clinical FP methods (e.g., injectables, implants, intrauterine devices, and sterilization) were added to the national health insurance scheme and expensed by health facilities through the national health insurance claims process. Evaluation of the pilot showed that the intervention had positive impacts by significantly increasing the number of new acceptors of FP services as well as increasing the uptake of specific methods. It was also demonstrated through the pilot that FP can be included in the national health insurance benefits package without setbacks as health facilities were able to process their claims. As stakeholders consider scaling up the intervention of including FP into the national health insurance benefits package, it is important to assess the availability of FP services and readiness of health facilities for the scale-up, a void this health facility assessment seeks to fill.

## Objectives

The study assessed the availability of FP services and readiness of health facilities for the inclusion of FP within the national health insurance benefits package.

## Methods

This survey was part of a large research study, “Evaluating the Inclusion of FP within the National Health Insurance Benefits Package in Ghana”. This study was conducted in all the 106 districts in the five FP Pilot intervention regions, Upper East, Ashanti, Central, Oti, and Volta. A cross-sectional survey design was employed to assess the availability of FP services and readiness of health facilities for the scale-up of the inclusion of FP into the NHI benefits package. The data were analyzed using Stata statistical analytic package. Univariate and bivariate analytical techniques were utilized for the data analysis.

## Key findings

### ***Family Planning Services***

The study shows that 9 in 10 health facilities provide FP counseling, male condoms, oral contraceptives, injectables, implants, and emergency contraceptive methods/services. Fifty-nine percent of the health facilities have a sign on the entrance or on the exterior of the building indicating FP services are available. Ninety-seven percent of the health facilities provide FP services at least 5 days a week and 78 percent of health facilities provide FP services at least 8 hours a day. Overall, 9 in 10 of the health facilities provide adolescent-friendly health services and 68 percent of the health facilities provide post-abortion contraceptives. More than 7 in 10 health facilities (74%) have a designated room for FP service provision. Regardless of whether a facility has a designated room for FP service provision or not, ninety-two percent of all the health facilities ensure privacy and confidentiality in the room they provide FP services. More than 9 in 10 health facilities can provide FP services to clients even if there is an increase in demand. The findings further reveal that majority of the health facilities always have 3-months injectables (95%) and implants (90%), and more than 80 percent of health facilities have 16 out of 26 essential FP equipment and supplies.

### ***National Health Insurance Benefits Package***

The majority (91%) of the health facilities provide health services under the NHIS and health facilities that are not providing health services under the NHIS attribute it to not being credentialled (66%). In general, 79 percent of the health facilities have a staff trained in NHI claims processing. Of all the health facilities providing services under the NHIS, 7 percent provide FP services under the NHIS. In districts where the out-of-pocket cost removal for FP services intervention was implemented, 58 percent of the health facilities continued providing services under the NHIS. Additionally, among health facilities currently not providing FP services under the NHIS, 94 percent are willing to provide FP services under the NHIS.

### ***Supply Chain and Logistics***

In general, 6 in 10 (60%) health facilities have staff trained in logistics management. More than 90 percent of health facilities use stock cards/bin cards/inventory cards to manage FP commodities. Ninety-seven percent of health facilities report logistics data to a higher authority monthly. In general, 86 percent of health facilities received their commodities one month or less after requesting them. Seventy percent of health facilities determine their family planning re-supply quantities.

### ***Registry of Family Planning Service Data***

In general 96 percent of health facilities record FP service data in FP registers. Seventy-four percent of health facilities record FP service data in FP daily logbook. Almost all (98%) health facilities report FP data using the monthly report forms. Sixty-three percent of the health facilities use the district health information management system to report family planning data.

## **Key recommendations**

Based on the findings, the following recommendations are suggested:

- The inclusion of FP into the national health insurance scheme can be scaled up in all the districts in the five study regions as FP services are available and health facilities are ready.
- The Ghana Health Service should work toward improving commodity distribution.
- The National Health Insurance Authority should work with Ghana Health Service to credential providers who are interested in providing services under the scheme as well as address delays in credentialing.
- The National Health Insurance Authority and Ghana Health Service should work together to reach out to the FP Pilot districts to address challenges with the provision of FP within the National Health Insurance Scheme package.

# 1 INTRODUCTION

## 1.1 Background

In Ghana, the National Health Insurance (NHI) Act was passed in 2003 (Act 650), amended in 2008 (Act 753), and revised in 2012 (Act 852). The revised Act indicates that the healthcare benefits package includes relevant family planning (FP) methods. The inclusion of FP into the NHI benefits package is expected to benefit more than 800,000 women of reproductive age who are National Health Insurance Scheme (NHIS) subscribers if the policy is operationalized<sup>1</sup>. Although FP was included in the health insurance Act, people continue to pay for FP services at National Health Insurance Authority (NHIA) credentialed health facilities because the policy is yet to be implemented in practice.

Under the leadership of the Ministry of Health (MOH), the National Health Insurance Authority (NHIA) in collaboration with the Ghana Health Service (GHS), Marie Stopes International Ghana (MSIG), and Population Council (the Council) implemented a pilot project to remove FP service out-of-pocket (OP) cost. Under this pilot, clinical FP methods (e.g., injectables, implants, intrauterine devices (IUDs), and sterilization) were added to the NHI benefits package and expensed by health facilities through the NHI claims process.

Findings from the FP Pilot evaluation showed that the intervention had a positive impact by significantly increasing the number of new acceptors of FP services as well as increasing uptake of specific methods<sup>2</sup>. It was also demonstrated through the pilot that FP can be included in the NHI benefits package without setbacks as health facilities were able to process their claims. As stakeholders consider scaling up the intervention of including FP into the NHI benefits package, it is important to assess the availability of FP services and readiness of health facilities for scale-up. Hence, this health facility assessment seeks to provide this information to support the scale-up process.

## 1.2 The Health System Structure in Ghana

Ghana's health sector has transformed over the years and the goal of these changes have been to improve the health outcomes of the population, offer financial protection, and ensure that Ghana's health system is more responsive, efficient, equitable, and sustainable to achieve universal health coverage (UHC). The hierarchical structure of Ghana's health system comprises the MOH, which is the overarching body that oversees the overall health system in the country. MOH is the body responsible for health policy formulation, resource mobilization, monitoring, and regulation of delivery of health care by different agencies<sup>3</sup>. GHS is an agency under the MOH and primarily administers the health services provided by the government and implements government policies on healthcare. GHS is also responsible for public health service delivery by hospitals, quasi-government health facilities at the regional, district, and community levels. Secondary level health care is provided by regional and district hospitals, while health centers and Community-based Health Planning and Services (CHPS) provide basic preventive and curative health care at the community level. Tertiary level health facilities which are agencies under the MOH provide specialty health care services. However, GHS does not include private and faith-based Hospitals. Regardless of the type of health facility, FP services are provided at all levels of the GHS system structure as well as in teaching hospitals, and some private and faith-based health facilities.

## 1.3 National Health Insurance Scheme

The National Health Insurance Scheme (NHIS) is a social intervention program introduced by the Government of Ghana (GOG) to provide financial access to quality healthcare for residents in Ghana. NHIA credentials

<sup>1</sup> FP2020. [www.familyplanning2020.org/resources/advocacy-country-spotlight-ghana](http://www.familyplanning2020.org/resources/advocacy-country-spotlight-ghana). Accessed on 1<sup>st</sup> June 2020.

<sup>2</sup> Fuseini, K. & Ankomah, A. 2020. "Evaluating the inclusion of family planning within the National Health Insurance benefits package in Ghana," Research Report. Washington, DC: Population Council.

<sup>3</sup> Mills, A., Ally, M., Goudge, J., Gyapong, J., & Mtei, G. (2012). Progress towards universal coverage: The health systems of Ghana, South Africa and Tanzania. *Health Policy and Planning*, 27(SUPPL.1), 4–12. <https://doi.org/10.1093/heapol/czs002>

both public and private health facilities to provide services under the NHIS and this has broadened access to health services<sup>4</sup>.

**Core principles:** The mission of the National Health Insurance Authority is to provide financial risk protection against the cost of quality, basic health care for all residents in Ghana. To ensure the sanctity of its mission, the scheme is built around five core principles, integrity, accountability, empathy, responsiveness, and innovation.

**Funding:** The scheme is largely funded by the National Health Insurance Levy (NHIL) which is a 2.5 percent levy on goods and services collected under the Value Added Tax (VAT). It is also funded by a 2.5 percentage point of employees' Social Security and National Insurance Trust (SSNIT) contributions per month, a return on National Health Insurance Fund (NHIF) investments, and a premium paid by informal sector subscribers.

**Exemption:** NHIS subscribers fall into two broad groups, the informal and exempt groups. It is only the informal group that pays a premium. Members of the exempt group are formal sector employees and the self-employed who contribute to SSNIT. Children (persons under 18 years of age), adults 70 years and above, persons with mental disorders, pregnant women, and persons classified by the Minister of Social Welfare as indigent are exempted from paying annual premiums.

**Benefits package:** The minimum benefits package under the NHIS includes general out-patient and in-patient care, oral health, eye care, comprehensive delivery care, diagnostic tests, generic medicines, and emergency care. In all, over 95% of the most common disease conditions reported in healthcare facilities in Ghana are covered under the scheme. Highly specialized care such as dialysis for chronic renal failure, organ transplants and services provided under government vertical programs (e.g., antiretroviral for the treatment of HIV/AIDS and immunization, and family planning), and drugs not listed in the NHIS drug list are not covered<sup>5</sup>.

**Membership coverage:** To access healthcare under the NHIS, the NHI regulations, L.I. 1809, requires an individual or group of persons to visit a designated NHIA registration point(s) to register and or renew their registration (activate policy) to warrant use of healthcare services covered under the NHIS package. Renewals of registration can be completed via mobile phone with the short code \*929#. The scheme as of December 2020 has total coverage of 52 percent of the total population.

**Credentiailling of providers:** To provide the basic package of services, the NHIS Quality Assurance Directorate assesses and evaluates the capacity and capabilities to provide the set of benefits packages. The following modules are applied to health facilities, including human resources (cadre of health personnel), environment (serenity and conducive nature), and diagnostics (available equipment and health machinery). The assessment criteria ensure that credentialed health facilities have the requirements to provide the essential quality services expected. The scheme credentials both public and private (including faith-based) health care providers at all levels of the health system subject to an assessment outcome. As of December 2020, the total number of credentialed health facilities was about 4,100 facilities. This includes hospitals and clinics, maternity homes, pharmacies, licensed chemical shops, and diagnostic facilities.

**Provider payment mechanisms:** The NHIS Act 852 prescribes a fee for service, diagnostic related groupings, capitation, and any other payment mechanism that the Board in consultation with healthcare providers and the Minister may determine. Currently, the NHIS reimburses its credentialed facilities with two payment methods namely "Fee for Service" and "Ghana-Diagnostic Related Groupings". Medicines are reimbursed using fee for service (itemized billing), a payment mechanism in which a provider is paid for individual service rendered to a patient, whilst services are reimbursed using Ghana Diagnosis Related Groupings (G-DRG), a payment mechanism where clinically similar diseases that have comparable treatments or operations and use similar healthcare resources are grouped.

<sup>4</sup> Saleh, K. (2013). The health sector in Ghana: A comprehensive assessment. The World Bank.

<sup>5</sup> Gobah, F. K., & Zhang, L. (2011). The National Health Insurance Scheme in Ghana: Prospects and Challenges: a cross-sectional evidence. *Global Journal of Health Science*, 3(2), 90-101. <https://doi.org/10.5539/gjhs.v3n2p90>

## 1.4 Pilot Inclusion of Family Planning into the National Health Insurance Scheme

The pilot inclusion of FP into the NHIS (referred to as FP Pilot) started in May 2018 to include all clinical FP methods (e.g., injectables, implants, IUDs, sterilization) into the NHI benefits package and expensed by health facilities through the claims process. The FP Pilot intervention was implemented in selected districts in the Central region (Mfantiman, Ekumfi, Upper Denkyira East and Upper Denkyira West), Volta region<sup>6</sup> (Adaklu), Ashanti region (Obuasi), and Upper East region (Bolgatanga, Nabdam, and Bawku West). The intervention was implemented in public and private NHIA-credentialled health facilities across the nine districts<sup>7</sup>. Five different combinations of three interventions—OP cost removal for FP services, demand generation, and provider training on long-acting reversible contraceptive (LARC) service delivery—were implemented in the nine districts.

## 1.5 Study Objective

Broadly, the study assessed the availability of FP services and readiness of health facilities for the inclusion of FP within the NHI benefits package. Specifically, the study assessed:

- i. Family planning service availability - the physical presence of the delivery of services, including the infrastructure, provision of health services with specific reference to FP services under the NHI benefits package, and FP providers at the health facility level.
- ii. Readiness of health facilities for FP service provision - the ability of health facilities to offer FP services and the capacity to provide FP services (i.e., including trained staff, service delivery guidelines, equipment, diagnostic capacity, and commodities).

## 1.6 Structure of the Report

The report is structured into eight chapters. The introductory section (Chapter one) provides background information on the study, the health system structure of Ghana, the national health insurance scheme, and the pilot inclusion of FP into the NHIS. The chapter also outlines the aims and objectives of the study. The methods section (Chapter two) describes the setting of the study, the study design employed, the procedures used in selecting the sample (health facilities), the survey tool, recruitment of data collectors, training, fieldwork, quality assurance, data processing, statistical analysis, and ethical considerations. Chapter three presents the background characteristics of the health facilities surveyed and Chapter four presents the findings on FP services including availability and provision of FP methods/services as well as FP service readiness. Chapter five is on the NHIS package which outlines the provision of health services under the NHIS, training on NHIS claims, and provision of FP within the NHIS package. Chapter six presents the supply chain and logistics which consists of findings on FP commodity stock keeping, supply, and logistics, reporting logistics data to the higher authorities, and supply of FP commodities. Chapter seven is on the registry of FP service data, which outlines the recording and reporting of FP service data. The conclusions and recommendations of the study are presented in Chapter eight.

<sup>6</sup> At the time the project started Oti and Volta regions were one region

<sup>7</sup> The project included 10 districts, however, there was no intervention in the 10<sup>th</sup> district (Mamprusi West)

## 2 METHODOLOGY

The inclusion of FP into the national health insurance survey (FPNHIS) was part of a larger research study, “Evaluating the Inclusion of FP within the NHI Benefits Package in Ghana”. This research study was a follow-on to the “Pilot Inclusion of Family Planning Services on the National Health Insurance Benefits Package” project.

### 2.1 Study Setting

The study was conducted in all 106 districts in the five FP Pilot intervention regions, Upper East, Ashanti, Central, Oti, and Volta<sup>8</sup> (see Figure 2.1). Table 2.1 presents the characteristics of the study regions. The Ashanti region is the largest with a population of 5,924,498 and 43 administrative districts. The least populated region is Oti with a population of 759,799 and 8 administrative districts.

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<sup>8</sup> The number FP Pilot regions increased from four to five after the Volt region was split into two regions.

Table 2. 1 Characteristics of study regions

Region	2020 projected Population					# GFR (per 1000 women, 15- 49 years)	x TFR	† Knowledge of any modern Contraceptive method	† Use of any modern Contraceptive method
	Number of Districts	Total Population	% of the total population of the country	Males	Females				
Ashanti	43	5,924,498	19.1	2,915,061	3,009,437	96.4	3.8	100	20.8
Central	22	2,605,492	8.4	1,281,998	1,323,494	105.3	4.3	100	27.5
Upper East	15	1,302,718	4.2	640,981	661,737	97.5	4.7	99	23.3
Volta	18	1,907,679	6.2	938,602	969,077	99.2	4.1	100	29.5
Oti	8	759,799	2.5	373,894	385,905				
<b>Sub-Total</b>	<b>106</b>	<b>12,500,186</b>		<b>6,150,536</b>	<b>6,349,650</b>				
<b>Projected national population</b>		<b>30,955,204</b>							

Data Sources: \*2020 GSS projected population<sup>9</sup>; † 2010 Ghana PHC<sup>10</sup>; † 2014 GDHS<sup>11</sup>, \*2017 GMHS<sup>12</sup>

Note: Oti region was created out of Volta region in 2018; GFR is general fertility rate; TFR is total fertility rate

<sup>9</sup> [https://www.statsghana.gov.gh/gssmain/storage/img/infobank/Projected%20population%20by%20age%20and%20sex%20-%202026%20districts\\_2020\\_31st%20May%202020.xlsx](https://www.statsghana.gov.gh/gssmain/storage/img/infobank/Projected%20population%20by%20age%20and%20sex%20-%202026%20districts_2020_31st%20May%202020.xlsx)

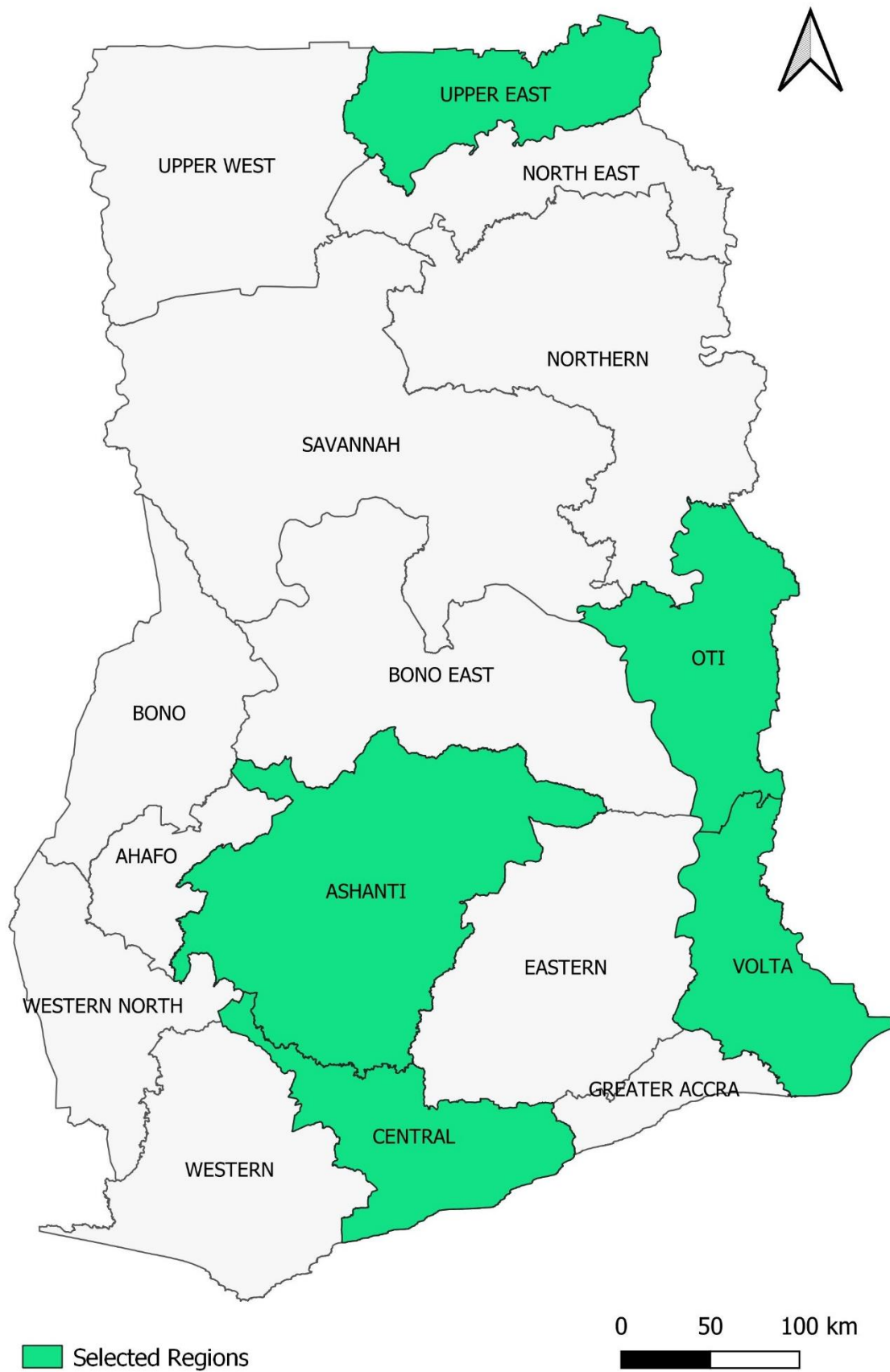
<sup>10</sup> GSS. (2014). 2010 Population and Housing Census: Fertility. Accra: Ghana Statistical Service

<sup>11</sup> Ghana Statistical Service (GSS), Ghana Health Service (GHS), & ICF Macro. (2015). Ghana Demographic and Health Survey 2014.

<sup>12</sup> Ghana Statistical Service (GSS), Ghana Health Service (GHS), & ICF Macro. (2018). Ghana Maternal Health Survey 2017.



Figure 2. 1 Map of the study regions



## 2.2 Design

A cross-sectional survey design was employed to assess the availability of FP services and readiness of health facilities for the scale-up of the inclusion of FP into the NHI benefits package.

## 2.3 Sample

A sample of health facilities providing FP was randomly drawn from a stratified list of private and public health facilities in the five study regions provided by the Family Health Division of Ghana Health Service. The sample of 623 health facilities was distributed by region proportionate to the number and level of health facilities, the proportion of rural-urban health facilities, and managing authority of health facilities (see the detailed description of sample size calculation in Appendix 2). A total of 623 health facilities providing FP services were randomly selected and interviewed. However, information from two health facilities was dropped due to missing data. Hence the analytical sample for this report is 621 health facilities providing FP services.

## 2.4 Questionnaire

The health facility assessment questionnaire was adapted from the Harmonized Health Facility Assessment (HHFA) tool by the World Health Organization (WHO)<sup>13</sup>. The HHFA is a standardized health facility assessment tool that integrates other facility assessment tools, including the Service Availability and Readiness Assessment (SARA) tool jointly developed by ICF International under the United States Agency for International Development (USAID)-funded Demographic and Health Surveys and the World Health Organization (WHO)<sup>14</sup>. Service Provision Assessment (SPA) tools from which the HHFA questionnaire was derived have generally been used particularly in low- and middle-income settings to generate health service delivery data<sup>15</sup>. The health facility assessment questionnaire was reviewed and revised by a team of representatives from the MOH, GHS, NHIA, MSIG, and the Council. The team also discussed and agreed on data collection strategies taking into consideration the risks of the COVID-19 pandemic. A detailed COVID-19 risk mitigation plan was also developed to guide fieldwork.

The questionnaire (Appendix 3) comprised of information on the characteristics of the health facilities, availability of FP services (including the provision of general health and FP services under the NHIS), availability of FP commodities, supply chain and logistics, essential FP equipment, and supplies, staff volumes (including staff trained to provide FP services), activities performed by staff, training, and registry verification of method volumes.

A Computer-Assisted Personal Interview (CAPI) was used for the data collection and the programming was done using the Census and Survey Processing System (CSPRO). The program was deployed through android supported phones and tablets for data collection.

## 2.5 Recruitment of Data Collectors

Data collectors were recruited from a pool of experienced data collectors who were part of a similar health facility-level national survey on maternal health (including family planning). Selected supervisors of the previous fieldwork were requested to recommend highly skilled data collectors who had performed exceptionally well in the survey. The nominated candidates were interviewed to assess their availability, field

<sup>13</sup> World Health Organization. (2021). Harmonized health facility assessment (HHFA): combined questionnaire. <https://www.who.int/data/data-collection-tools/harmonized-health-facility-assessment/introduction>

<sup>14</sup> World Health Organization (WHO). (2013). Service Availability and Readiness Assessment (SARA): An annual monitoring system for service delivery Reference Manual. [http://www.who.int/about/licensing/copyright\\_form/en/index.html](http://www.who.int/about/licensing/copyright_form/en/index.html)

<sup>15</sup> Sheffel, A., Karp, C., & Creanga, A. A. (2018). Use of Service Provision Assessments and Service Availability and Readiness Assessments for monitoring quality of maternal and newborn health services in low-income and middle-income countries. *BMJ Global Health*, 3(6), 1–9. <https://doi.org/10.1136/bmjgh-2018-001011>

experience, knowledge of the geography of the study area as well as their knowledge about family planning after which 34 out of 40 were selected.

## 2.6 Training of Data Collectors

The health facility assessment training was facilitated by GHS and the Council with support from the MOH, NHIA, and MSIG on 18<sup>th</sup> May 2021. The one-day virtual training conducted via Zoom involved, standard human research ethics, recruitment of health facilities, and data collection. The training covered topics on the background of the survey, the role of interviewers, survey regulations and timelines, ethics, sample description, respondent's eligibility criteria, and a question-by-question review. The training ensured that data collectors understood the data collection instrument and equipped them with the skills required to collect quality data.

To ensure smooth virtual training, data collectors were provided with information on the survey including the questionnaire to review one week before the training. Data collectors were also provided with mobile data bundles for the training and where necessary they were provided money for transportation to travel to a place with a reliable internet connection to facilitate maximum participation. All data collectors were reimbursed for lunch. To ensure that data collectors were fully engaged throughout the training, tests were administered intermittently during and at the end of training for each section. Each participant was required to respond, and the results of the tests were reviewed. Challenges identified with responses to the questions were discussed for a common general understanding.

Data collectors were also trained on using android devices to collect data (all data collectors had prior experience in CAPI). They were assisted to install the CPro data entry software application on android phones or tablets. All data collectors were required to enter trial data into the system. After the trial data entry, the research team reached out to data collectors to assist with challenges they faced during the trial.

A WhatsApp platform was created for constant communication between data collectors, supervisors, and principal investigators. A dedicated telephone number was also provided to data collectors to enable them to keep in touch with supervisors. Data collectors were also provided with telephone airtime to facilitate communication.

Supervisors were trained separately on all the content used for the training of data collectors as well as how to supervise data collectors and provide quality control on the data collected by data collectors. The training also covered the daily reporting process to Population Council staff.

## 2.7 Fieldwork

Before the start of fieldwork, letters of introduction from GHS (at the national level) were sent to the various regional health directorates and they relayed the information to the district health directorates and they, in turn, informed health facilities in the districts about the survey.

Fieldwork began on 24<sup>th</sup> May 2021 and ended on 20<sup>th</sup> June 2021. The unit of analysis is the health facility, hence there was one questionnaire for each health facility. The questionnaire was addressed to the in-charge of the health facility, or a designated individual(s) who was/were knowledgeable about the health facility and FP services in the health facility. The in-charge or health facility designee was informed about the structure of the questionnaire and that the questionnaire could be completed over more than one visit (more than one staff member from a health facility could respond to the questionnaire based on who had specific information).

Interviews were conducted face-to-face adhering to the GHS Ethics Review Committee's approved COVID-19 protocols and national guidelines. Before the interviews, oral permission was obtained from the health facility in charge. At the health facilities, data collectors recorded responses to questions on the CAPI instruments. Where health facilities were no longer operational or did not provide FP services, the facilities were replaced.

## 2.8 Quality Control

Population Council staff coordinated the fieldwork. The quality of data collected was monitored throughout the fieldwork, internal checks were built into the CSPro data capture system to address data inconsistencies and errors. Data collectors were required to take the Global Positioning System (GPS) coordinates of health facilities assessed and meta data analysis was conducted for verification. Monitoring teams made up of GHS and the Council staff also visited randomly selected health facilities in all the regions to validate responses. Throughout the data collection period, the data management team continuously reviewed the data collected to check for errors and inconsistencies as well as the performance of each research assistant. Data collectors were contacted on daily basis for updates and regularly provided with feedback on inconsistencies, errors, and missing data. Descriptive tables from the data were also reviewed thoroughly for inconsistencies. Where necessary, data collectors were required to go back to the health facility to verify and resolve the error or inconsistency.

## 2.9 Data Processing

CSPro, a software tool for census and survey data, which supports CAPI data entry, was used to collect, inspect, and edit the data. This aided in improving data quality and efficient interviewing as it determined the question order, skip patterns allowed for consistency checks thus minimizing interviewer errors. After completion of interviews, the data were checked for completeness, consistency, and accuracy and subsequently exported from CSPro to Stata for analysis.

## 2.10 Statistical Analysis

The data were analyzed using Stata (version 17) statistical analytic package. Univariate (e.g., frequencies, means) and bivariate (cross-tabulations) analytical techniques were utilized for the data analysis. The data analysis focused mainly on the FP service availability and readiness of health facilities to provide FP services under the national health insurance benefits package.

## 2.11 Ethics

Ethics approval was obtained from the Ghana Health Service Ethics Review Committee and the Population Council Institutional Review Board. The purpose of the study and study requirements were explained to in-charges at the health facilities and other respondents in the study facilities to obtain oral consent before the start of the interview. Respondents were assured of confidentiality.

### 3 BACKGROUND CHARACTERISTICS

This chapter provides an overview of the characteristics of the health facilities surveyed, including information on the type of health facility, location, managing authority, region, and whether the health facility is in an FP Pilot intervention district or not. These analyses serve as the basis for understanding the status of health facilities.

#### 3.1 Characteristics of Health Facilities

The analytical sample for this report is 621 health facilities providing FP services from 106 districts in the five study regions. Type, location, region, managing authority of health facilities, and study site are the characteristics of the health facilities considered.

Table 3.1 shows the percentage distribution of the health facilities by background characteristics. The highest proportion of the health facilities are community-based health planning services (48%) followed by health centers (35%), hospitals (13%), and the least are maternity homes (3%).

Seven in ten (70%) health facilities are in rural areas and the majority of health facilities (86%) are managed by the government with the least proportion of health facilities being managed by mission/faith-based organizations (3%).

**Table 3. 1: Background characteristics of health facilities**

Percent distribution of surveyed health facilities by background characteristics, FPNHIS 2021.

Background characteristic	Percent	Total number
<b>Type of facility</b>		
Hospital	13.4	83
Health Center/Clinic	34.9	217
Community-based Health Planning Services (CHPS)	48.3	300
Maternity Home	3.4	21
<b>Location of facility</b>		
Rural	69.9	434
Urban	30.1	187
<b>Managing authority</b>		
Government	86.3	536
Private	10.8	67
Mission/Faith-based	2.9	18
<b>Region</b>		
Ashanti	46.2	287
Central	19.6	122
Oti	6.6	41
Upper East	13.2	82
Volta	14.3	89
<b>Site</b>		
FP Pilot district	9.5	59
Non-FP Pilot district	90.5	562
<b>Total</b>	<b>100.0</b>	<b>621</b>

The highest percent of the health facilities are in the Ashanti region (46%) followed by Central region (20%), and the least in the Oti region (7%). About 9 in 10 (91%) of the health facilities are in the non-FP pilot districts.

## 4 FAMILY PLANNING SERVICES

### Highlights:

- More than 9 in 10 of the health facilities provide FP counseling, male condoms, oral contraceptives, injectables, implants, and emergency contraception.
- Fifty-nine percent of the health facilities have a sign indicating FP services are provided in the facility.
- Ninety-seven percent of the health facilities provide FP services at least 5 days a week and 78 percent of the health facilities provide FP services at least 8 hours a day.
- Overall, 9 in 10 of the health facilities provide adolescent friendly health services.
- Ninety-two percent of the health facilities ensure privacy and confidentiality in the room they provide FP services.
- More than 9 in 10 of the health facilities have the capacity to provide FP services to clients even if there is an increase in demand.
- Majority of the health facilities always have the 3-months injectables (95%) and implants (90%) in stock.
- More than 80 percent of the health facilities have 16 out of 26 essential FP equipment and supplies in place.

This study was designed to assess FP services in health facilities in the five study regions. This chapter presents information on the availability of FP services, provision of FP services, and FP service readiness. These topics are important to policymakers as the country prepares to scale-up the inclusion of FP into the NHIS package.

### 4.1 Availability of Family Planning Services

Availability of FP services (and method mix) are important for the uptake and use of FP services. The FPNHIS collected information on the availability of FP services by asking about the types of modern FP method(s)/service(s) provided at the health facility. Selected health facilities responded to 11 questions on FP services (counseling, male condom, female condom, oral contraceptives, injectables, implants, IUD, female sterilization, male sterilization, emergency contraceptives, and natural methods (e.g., cycle beads for standard days method)).

#### 4.1.1 Family Planning Methods/Services Provided

Table 4.1 shows the percentage distribution of health facilities providing different FP method(s)/service(s). The provision of FP counseling services is almost universal (98%). The most common FP methods provided are injectables (99%), emergency contraceptives (98%), implants (96%), oral contraceptives (93%), and male condoms (91%) while the least provided service is male sterilization (8%).

Levels of FP counseling, as well as the percentage of health facilities providing implants and emergency contraception methods/service provision, do not differ much across the different types of health facilities, rural and urban areas, regions, and by site. However, there are substantial variations in the provision of IUD. Only a little more than a third (35%) of the health facilities provide IUD services which vary across background characteristics. At least 90 percent of the health facilities provide male condoms, oral contraceptives, injectables, implants, and emergency contraceptives.

**Table 4. 1 Availability of family planning services**

Percentage distribution of health facilities providing different FP method(s)/service(s) by background characteristics, FPNHIS 2021

	Counseling	Male condom	Female condom	Oral contraceptives	Injectables	Implants	IUD	Female sterilization	Male sterilization	Emergency contraception	Natural methods	Total Number
<b>Type of Facility</b>												
Hospital	96.4	86.7	61.4	85.5	95.2	90.4	69.9	62.7	43.4	96.4	63.9	83
Health Center/Clinic	98.2	92.6	48.8	96.8	98.6	97.7	43.8	7.4	4.6	98.2	59.0	217
Community-based Health Planning Services (CHPS)	98.7	93.0	51.3	93.7	99.3	96.7	16.0	0.0	0.0	98.7	58.0	300
Maternity Home	100.0	66.7	38.1	71.4	100.0	81.0	66.7	9.5	4.8	100.0	42.9	21
<b>Location of facility</b>												
Rural	98.2	94.2	51.6	95.2	99.1	97.5	26.3	4.6	3.5	98.2	59.4	434
Urban	98.4	84.0	50.8	87.7	97.3	91.4	54.0	26.7	17.1	98.4	56.7	187
<b>Managing authority</b>												
Government	98.5	94.0	53.4	95.7	99.3	97.6	32.8	8.4	6.7	98.5	61.8	536
Private	95.5	68.7	35.8	73.1	95.5	82.1	52.2	32.8	13.4	97.0	34.3	67
Mission/Faith-based	100.0	88.9	50.0	83.3	88.9	88.9	22.2	16.7	11.1	94.4	55.6	18
<b>Region</b>												
Ashanti	97.2	85.4	40.8	91.3	97.2	93.4	34.8	16.0	10.5	97.2	42.9	287
Central	100.0	93.4	62.3	92.6	100.0	96.7	47.5	9.8	8.2	100.0	73.8	122
Oti	100.0	100.0	75.6	100.0	100.0	100.0	39.0	9.8	2.4	100.0	80.5	41
Upper East	97.6	98.8	57.3	91.5	98.8	95.1	20.7	3.7	2.4	97.6	67.1	82
Volta	98.9	95.5	53.9	96.6	100.0	100.0	27.0	5.6	4.5	98.9	70.8	89
<b>Site</b>												
FP Pilot district	100.0	93.2	61.0	93.2	100.0	96.6	39.0	8.5	6.8	100.0	69.5	59
Non-FP Pilot district	98.0	90.9	50.4	92.9	98.4	95.6	34.2	11.6	7.7	98.0	57.5	562
<b>Total</b>	<b>610</b>	<b>566</b>	<b>319</b>	<b>577</b>	<b>612</b>	<b>594</b>	<b>215</b>	<b>70</b>	<b>47</b>	<b>610</b>	<b>364</b>	<b>621</b>
<b>Percent</b>	<b>98.2</b>	<b>91.1</b>	<b>51.4</b>	<b>92.9</b>	<b>98.6</b>	<b>95.7</b>	<b>34.6</b>	<b>11.3</b>	<b>7.6</b>	<b>98.2</b>	<b>58.6</b>	<b>100.0</b>

#### **4.1.2 Availability of a Sign Indicating the Provision of Family Planning Services and Frequency of Availability of Family Planning Service**

The availability of FP methods or services is as important as clients knowing they are available. Table 4.2 provides information on health facilities having a sign at the entrance or the exterior of the building indicating that FP services are available. Information on the number of days in a week that FP services are provided, and the number of hours per day FP services are provided were obtained.

Overall, about 59 percent of the health facilities have a sign at the entrance or exterior of their buildings indicating FP services are available. The highest proportion of health facilities that have a sign at the entrance, or on the exterior of their buildings indicating FP services are available are maternity homes (81%), followed by hospitals (69%), health centers/clinics (66%), and the least are community-based health planning services (48%). Further, the highest percentage of health facilities that have signs at the entrance or on the exterior of their buildings are in the Central region (87%), FP pilot districts (68%), urban areas (67%), and are mostly private health facilities (63%).

Among all the health facilities, a little more than half (53%) provide FP services more than five days a week, 45% provide FP services five days a week and only 3 percent provide FP services less than five days a week. At least 90 percent of all the health facilities provide FP services at least five days a week.

Less than half (46%) of the health facilities provide FP services for more than eight hours a day, which is the highest, followed by 32 percent providing FP services for eight hours a day and about a fifth (23%) providing FP services for less than eight hours a day. In general, 78 percent of the health facilities provide FP services for at least eight hours a day.



**Table 4. 2 Availability of a family planning sign, and number of days in a week and hours in a day family planning services are provided**

Percentage distribution of health facilities with a sign at the entrance or on the exterior of the building indicating FP services are available; percentage distribution of how many days each week FP services are provided, and percentage distribution of how many hours per day FP services are provided by background characteristics, FPNHIS 2021

	Have a sign indicating FP services are available	Number of days per week FP services are provided:			Number of hours per day FP services are provided:			Total number
		<5 days	5 days	>5 days	<8 hours	8 hours	>8 hours	
<b>Type of Facility</b>								
Hospital	68.7	1.2	62.7	36.1	19.3	43.4	37.3	83
Health Center/Clinic	66.4	2.3	52.1	45.6	18.0	44.2	37.8	217
Community-based Health Planning Services (CHPS)	48.3	3.7	37.3	59.0	27.0	20.3	52.7	300
Maternity Home	81.0	4.8	0.0	95.2	19.0	14.3	66.7	21
<b>Location of facility</b>								
Rural	54.6	3.5	41.5	55.1	25.6	28.8	45.6	434
Urban	67.4	1.6	51.9	46.5	15.5	38.0	46.5	187
<b>Managing Authority</b>								
Government	58.2	2.6	45.5	51.9	22.8	31.9	45.3	536
Private	62.7	6.0	32.8	61.2	22.4	23.9	53.7	67
Mission/Faith-based	50.0	0.0	61.1	38.9	16.7	50.0	33.3	18
<b>Region</b>								
Ashanti	56.4	2.1	48.8	49.1	22.0	34.5	43.6	287
Central	86.9	1.6	44.3	54.1	9.8	35.2	54.9	122
Oti	48.8	7.3	36.6	56.1	68.3	14.6	17.1	41
Upper East	50.0	4.9	30.5	64.6	29.3	9.8	61.0	82
Volta	38.2	3.4	48.3	48.3	14.6	44.9	40.4	89
<b>Site</b>								
FP Pilot district	67.8	3.4	23.7	72.9	27.1	25.4	47.5	59
Non-FP Pilot district	57.5	2.8	46.8	50.4	22.1	32.2	45.7	562
<b>Total</b>	<b>363</b>	<b>18</b>	<b>277</b>	<b>326</b>	<b>140</b>	<b>196</b>	<b>285</b>	<b>621</b>
<b>Percent</b>	<b>58.5</b>	<b>2.9</b>	<b>44.6</b>	<b>52.5</b>	<b>22.5</b>	<b>31.6</b>	<b>45.9</b>	<b>100.0</b>

Analysis of the availability of FP services to adolescents and post-abortion care by background characteristics is important for issues of equity of family service provision especially as it relates to the inclusion of FP into the NHI benefits package. Table 4.3 presents the percentage distribution of health facilities that offer adolescent-friendly FP services and the proportion providing contraceptives post-abortion by background characteristics.

Overall, nearly 9 in 10 (89%) of the health facilities provide adolescent-friendly FP services. Majority of community-based health planning services (91%) and maternity homes (91%) provide adolescent-friendly FP services. Similarly, over 90 percent of health facilities located in the rural areas, Central and Oti regions, FP Pilot districts, and government facilities provide adolescent-friendly FP services.

On post-abortion care provision of contraceptives, 68 percent of health facilities provide post-abortion contraception to clients. By type of health facility, about 9 in 10 hospitals (90%) provide post-abortion contraceptives, a little more than half of community-based health planning services (55%) do. The data further shows that health facilities in urban areas are more likely to provide post-abortion contraception compared with rural health facilities (82% versus 62%). By managing authority, the percentage of private health facilities providing post-abortion care contraceptives is higher (82%) relative to mission/faith-based (67%) and government (66%) facilities. More than 7 in 10 health facilities are located in the Central region and more than two-thirds (68%) of health facilities in non-FP Pilot districts provide post-abortion contraception to clients.

**Table 4.3 Adolescent-friendly and post-abortion care family planning services**

Percentage distribution of health facilities that offer adolescent-friendly FP services, and percentage distribution of health facilities that provide post-abortion care contraceptives by background characteristics, FPNHIS 2021

	Provide adolescent-friendly FP services	Provide post-abortion care contraceptives	Total number
<b>Type of facility</b>			
Hospital	88.0	90.4	83
Health Center/Clinic	87.1	76.0	217
Community-based Health Planning Services (CHPS)	91.3	55.3	300
Maternity Home	90.5	76.2	21
<b>Location of facility</b>			
Rural	91.2	62.0	434
Urban	85.0	81.8	187
<b>Managing authority</b>			
Government	91.8	66.2	536
Private	70.1	82.1	67
Mission/Faith-based	88.9	66.7	18
<b>Region</b>			
Ashanti	82.6	69.7	287
Central	92.6	77.0	122
Oti	92.7	43.9	41
Upper East	96.3	67.1	82
Volta	98.9	61.8	89
<b>Site</b>			
FP Pilot district	96.6	66.1	59
Non-FP Pilot district	88.6	68.1	562
<b>Total</b>	<b>555</b>	<b>422</b>	<b>621</b>
<b>Percent</b>	<b>89.4</b>	<b>68.0</b>	<b>100.0</b>

## 4.2 Provision of Family Planning Services

Conditions under which FP services are provided are very critical for quality of care and uptake of FP services. To assess levels of privacy and confidentiality in the provision of FP services, the survey collected information on places or designated areas in the health facility where FP services are provided, availability of materials, and waiting time.

### 4.2.1 Designated Area for Family Planning Service Provision

Information on the designated areas where FP services are provided was elicited from the health facilities as they are key to providing quality FP services. The information comprised of whether there is a designated area/section of the facility where FP services are provided, whether there is a waiting area for FP clients, whether they have seats for FP clients in the waiting area, whether the seating area for FP clients is protected from sun and rain, and whether there is a toilet (latrine) in functional condition for FP clients' use (Table 4.4).

Close to 90 percent of the health facilities have a designated area for FP service provision including counseling. Fewer community-based health planning services (79%) have a designated area/section for FP service provision including counseling compared to the other facility types. There are variations by location of the facility, managing authority, region, and site of the health facility. Majority of urban facilities (93%) have a designated area/section of the facility for FP service provision compared to rural facilities. All mission/faith-based facilities (100%) have a designated area/section of the health facility for FP service provision.

Over 90 percent of the health facilities have a waiting area for FP clients, where they are protected from sun and rain, 93 percent of health facilities have seats available for FP clients in the waiting areas, and approximately two-thirds of the health facilities have a toilet (latrine) in a functional condition which is available for FP service clients to use.

Overall, at least 90% of all health facilities across the various levels of healthcare, rural and urban locations, managing authorities, regions, and study sites reported that there is a waiting area for FP clients, where they are protected from sun and rain. An equal proportion across background characteristics have seats for FP clients in the waiting area.

**Table 4. 4 Designated area for family planning service provision and related amenities**

Percentage distribution of health facilities by whether there is a designated area/section of the facility where FP services are provided including counseling, percentage distribution of health facilities on whether there is a seating area for FP clients where they are protected from sun and rain, percentage distribution of facilities by whether they have seats for FP clients in the waiting area, and percentage distribution health facilities on whether there is a toilet (latrine) in a functional condition which is available for FP clients' use by background characteristics, FPNHIS 2021

	Have a designated area/section of the facility where FP services are provided including counseling	Have a waiting area for FP clients, where they are protected from sun and rain	Have seats for FP clients in the waiting area	Have a toilet (latrine) in functional condition that is available for FP clients' use	Total number
<b>Type of facility</b>					
Hospital	96.4	94.0	91.6	83.1	83
Health Center/Clinic	95.4	94.9	93.1	70.5	217
Community-based Health Planning Services (CHPS)	79.0	93.3	92.7	54.0	300
Maternity Home	85.7	100.0	100.0	85.7	21
<b>Location of facility</b>					
Rural	84.8	94.5	92.9	57.4	434
Urban	93.0	93.6	93.0	81.8	187
<b>Managing authority</b>					
Government	86.8	93.7	92.5	61.2	536
Private	88.1	97.0	97.0	92.5	67
Mission/Faith-based	100.0	100.0	88.9	66.7	18
<b>Region</b>					
Ashanti	90.2	95.1	94.1	70.0	287
Central	82.8	93.4	94.3	79.5	122
Oti	95.1	95.1	90.2	39.0	41
Upper East	79.3	92.7	90.2	51.2	82
Volta	87.6	93.3	91.0	51.7	89
<b>Site</b>					
FP Pilot district	88.1	98.3	100.0	69.5	59
Non-FP Pilot district	87.2	93.8	92.2	64.2	562
<b>Total</b>	<b>542</b>	<b>585</b>	<b>577</b>	<b>402</b>	<b>621</b>
<b>Percent</b>	<b>87.3</b>	<b>94.2</b>	<b>92.9</b>	<b>64.7</b>	<b>100.0</b>

### 4.2.2 Rooms for Family Planning Service Provision

Having a designated room in the health facility for FP services and ensuring privacy and confidentiality are key steps towards providing quality services, hence the survey collected data on designated rooms for FP services. Table 4.5 describes the proportion of health facilities with a designated room for FP service provision, percentage distribution of health facilities that do not have a designated room for FP service provision but carry out FP services at other places in the health facility, and the proportion of health facilities who ensure privacy and confidentiality in the room where FP services are provided by background characteristics. In all, over 7 in 10 health facilities (74%) have a designated room for FP service provision.

The least proportion of health facilities with a designated room for FP services are community-based health planning services (62%). Most health facilities in urban areas (86%) have a designated room for FP service provision compared to rural areas (69%). Among the various managing authorities, a higher proportion of mission/faith-based health facilities (83%), followed by private health facilities (79%) have a designated room for FP service provision. Across the regions, more than 8 in 10 health facilities located in the Ashanti region have a designated room for FP service provision. Over 70 percent of health facilities in the non-FP pilot districts have a designated room for FP service provision.

Regarding health facilities that do not have designated rooms for FP services provision (161 out of 621 health facilities), over 9 in 10 of those hospitals, health centers/clinics, community-based health planning services, and maternity homes use shared rooms to provide FP services. Among health facilities that provide FP services in shared rooms, majority are in rural areas (99%).

Overall, about 93 percent of health facilities ensure privacy and confidentiality in the room where FP services are provided. Pertaining to the type of facility, all maternity homes ensure privacy and confidentiality in the rooms where FP services are provided. Facilities located in urban communities (95%), privately owned (99%), located in the Central region (98%), and all facilities in the FP Pilot districts (100%) ensure privacy and confidentiality in the room where FP services are provided.

**Table 4. 5 Rooms, privacy, and confidentiality in family planning service provision**

Percentage distribution of health facilities with a designated room for FP service provision, percentage distribution of health facilities who do not have a designated room for FP service provision in the health facility, and percentage distribution of health facilities by whether privacy and confidentiality are ensured in the room where FP services are provided by background characteristics, FPNHIS 2021

	Have a designated room for FP service provision	Total number	Places other than designated room where FP services are provided in the facility:		Total number	Privacy and confidentiality are ensured in the room FP services are provided	
			Shared room	Other		provided	Total number
<b>Type of Facility</b>							
Hospital	94.0	83	100.0	0.0	5	95.2	83
Health Center/Clinic	82.0	217	97.4	2.6	39	94.5	217
Community-based Health Planning Services (CHPS)	61.7	300	97.4	2.6	115	90.3	300
Maternity Home	90.5	21	100.0	0.0	2	100.0	21
<b>Location of facility</b>							
Rural	68.9	434	98.5	1.5	135	91.9	434
Urban	86.1	187	92.3	7.7	26	94.7	187
<b>Managing authority</b>							
Government	73.1	536	97.2	2.8	144	92.5	536
Private	79.1	67	100.0	0.0	14	98.5	67
Mission/Faith-based	83.3	18	100.0	0.0	3	77.8	18
<b>Region</b>							
Ashanti	86.1	287	92.5	7.5	40	94.1	287
Central	77.9	122	100.0	0.0	27	97.5	122
Oti	68.3	41	100.0	0.0	13	92.7	41
Upper East	46.3	82	97.7	2.3	44	95.1	82
Volta	58.4	89	100.0	0.0	37	79.8	89
<b>Site</b>							
FP Pilot district	62.7	59	100.0	0.0	22	100.0	59
Non-FP Pilot district	75.3	562	97.1	2.9	139	92.0	562
<b>Total</b>	<b>460</b>	<b>621</b>	<b>157</b>	<b>4</b>	<b>161</b>	<b>576</b>	<b>621</b>
<b>Percent</b>	<b>74.1</b>	<b>100.0</b>	<b>97.5</b>	<b>2.5</b>	<b>100.0</b>	<b>92.8</b>	<b>100.0</b>

### 4.2.3 Evidence of Availability of Family Planning Materials

Through observation, the FPNHIS assessed the availability of specific FP materials in the room where services are provided. Table 4.6 presents the percentage distribution of observed family planning materials by background characteristics. In all, the most available materials in the room where FP services are provided are samples of various FP methods (e.g., condoms, injectables, oral contraceptives) (96%), followed by counseling flip charts (93%), penis model (77%), posters for general promotion of FP (69%), WHO Medical Eligibility Criteria wheel (60%), and FP service protocol (58%). Less than half of the health facilities have the pregnancy checklist (47%), IUD model (30%), and other materials (1%) available in the FP service provision room.

The highest percentage of health facilities that have counseling flip charts are maternity homes (95%), while health centers/clinics (97%) and community-based health planning services (97%) mostly have samples of various FP methods available in the FP service provision rooms. With regards to the location of health facilities, samples of various FP methods are two percentage points higher in rural areas (97%) compared to urban areas (95%). Pertaining to the managing authority, there is universal availability of counseling flip charts in mission/faith-based health facilities. All health facilities in the Oti region have samples of various FP methods and counseling flip charts.

**Table 4. 6 Materials available in the room for family planning service provision**

Percentage distribution of health facilities with materials (observed) in rooms where family planning services are provided by background characteristics, FPNHIS 2021

	Samples of various FP methods	Penis model	IUD model	Posters for general promotion of FP	Counseling flip charts	Pregnancy checklist	WHO Medical Eligibility Criteria wheel	FP service protocol	Other	Total
<b>Type of Facility</b>										
Hospital	91.6	85.5	59.0	77.1	92.8	68.7	74.7	68.7	1.2	83
Health Center/Clinic	97.2	86.6	37.3	72.4	94.0	47.9	65.9	64.5	0.5	217
Community-based Health Planning Services (CHPS)	97.0	69.0	14.3	64.3	91.7	40.0	51.7	49.3	0.3	300
Maternity Home	90.5	61.9	52.4	61.9	95.2	47.6	47.6	57.1	0.0	21
<b>Location of facility</b>										
Rural	96.8	74.4	21.4	67.1	91.9	42.9	58.8	53.7	0.5	434
Urban	94.7	83.4	48.7	72.7	94.7	56.2	61.5	66.3	0.5	187
<b>Managing authority</b>										
Government	97.6	78.4	27.8	69.4	93.5	46.3	61.4	58.4	0.4	536
Private	85.1	64.2	44.8	64.2	85.1	49.3	44.8	47.8	1.5	67
Mission/Faith-based	94.4	88.9	27.8	66.7	100.0	55.6	61.1	66.7	0.0	18
<b>Region</b>										
Ashanti	94.8	84.7	31.4	64.8	93.4	54.4	65.2	57.8	0.4	287.0
Central	97.5	81.2	41.0	73.8	98.4	41.8	54.9	78.7	0.0	122.0
Oti	100.0	68.3	24.4	73.2	100.0	39.0	78.1	46.3	0.0	41.0
Upper East	93.9	61.0	19.5	70.7	79.3	50.0	30.5	36.6	2.4	82.0
Volta	98.9	66.3	20.2	70.8	92.1	30.3	66.3	51.7	0.0	89.0
<b>Site</b>										
FP Pilot district	96.6	67.8	42.4	84.8	89.8	59.3	50.9	52.5	0.0	59
Non-FP Pilot district	96.1	78.1	28.3	67.1	93.1	45.6	60.5	58.0	0.5	562
<b>Total</b>	<b>597</b>	<b>479</b>	<b>184</b>	<b>427</b>	<b>576</b>	<b>291</b>	<b>370</b>	<b>357</b>	<b>3</b>	<b>621</b>
<b>Percent</b>	<b>96.1</b>	<b>77.1</b>	<b>29.6</b>	<b>68.8</b>	<b>92.8</b>	<b>46.9</b>	<b>59.6</b>	<b>57.5</b>	<b>0.5</b>	<b>100.0</b>



#### **4.2.4 Availability of Materials for Family Planning Counseling**

The survey collected information on materials and aids used to counsel clients about the use of contraceptive methods as the availability of these materials can affect the quality of FP counseling. Table 4.7 presents the availability of materials used to counsel clients about the use of contraceptive methods by background characteristics. Overall, 96 percent of the health facilities have visual aids whilst 76 percent have models and samples. Only 1 percent of the health facilities have no materials available.

At least 95 percent of all types of health facilities have visual aids such as flip charts and posters. However, up to 5 percent of maternity homes and 4 percent of hospitals have no materials available.

Very few geographical differences existed between the availability of visual aids in rural (97%) or urban (95%) locations of facilities. In terms of management, there is universal availability of visual aids in mission/faith-based managed health facilities.

Also, the availability of commodity samples (78%) and models (78%) are highest among facilities managed by mission/faith-based authorities. In terms of regional variations, only Central and Oti regions have 100 percent coverage of visual aid materials. Less than half (46%) of the health facilities in Oti region have models or samples, which is the lowest across the regions.

**Table 4. 7 Materials for family planning counseling**

Percentage distribution of materials used to counsel clients about the use of contraceptive methods by background characteristics, FPNHIS 2021

	Have visual aids (i.e., flip charts and posters)	Have models	Have samples of commodities	Have no materials available	Have other materials	Total number
<b>Type of Facility</b>						
Hospital	95.2	81.9	81.9	3.6	1.2	83
Health Center/Clinic	96.8	82.9	83.0	0.5	2.3	217
Community-based Health Planning Services (CHPS)	96.0	69.7	69.7	0.3	0.7	300
Maternity Home	95.2	57.1	57.1	4.8	0.0	21
<b>Location of facility</b>						
Rural	96.8	73.3	73.3	0.5	1.4	434
Urban	94.7	80.7	80.8	2.1	1.1	187
<b>Managing authority</b>						
Government	96.8	77.2	77.2	0.8	1.3	536
Private	89.6	61.2	61.2	3.0	1.5	67
Mission/Faith-based	100.0	77.8	77.8	0.0	0.0	18
<b>Region</b>						
Ashanti	95.5	83.6	83.6	1.1	1.4	287
Central	100.0	82.0	82.0	0.0	0.0	122
Oti	100.0	46.3	46.3	0.0	2.4	41
Upper East	96.3	69.5	69.5	3.7	0.0	82
Volta	91.0	59.6	59.6	0.0	3.4	89
<b>Site</b>						
FP Pilot district	98.3	71.2	94.9	1.7	1.7	59
Non-FP Pilot district	95.9	76.0	96.3	0.9	1.3	562
<b>Total</b>	<b>597</b>	<b>469</b>	<b>469</b>	<b>6</b>	<b>8</b>	<b>621</b>
<b>Percent</b>	<b>96.1</b>	<b>75.5</b>	<b>75.5</b>	<b>1.0</b>	<b>1.3</b>	<b>100.0</b>

### 4.2.5 Average Waiting Time for Clients

Another quality of FP issue that was also assessed is the waiting time for clients to see an FP provider. Waiting time was defined as the total time from the time a client arrives at the FP service provision point until the beginning of consultation with a provider. Table 4.8 presents the average waiting time for clients to see an FP provider by background characteristics.

In general, it took an average of about 12 minutes for an FP client to see a provider, ranging between 0 and 45 minutes. The mean waiting times for different types of health facilities ranged from an average of 11 minutes for community-based health planning services to an average of 16 minutes in maternity homes.

Urban-rural variations are minimal; (12 minutes, rural) and (13 minutes, urban). With respect to managing authorities, mission/faith-based health facilities recorded the lowest mean waiting time of 10 minutes with the maximum waiting time being 30 minutes.

Privately managed health facilities recorded the highest average waiting time which was 15 minutes. Across study regions, Oti region recorded the lowest waiting time of 9 minutes followed by Upper East (10 minutes), and Ashanti region (11 minutes). FP Pilot districts recorded less average waiting time (11 minutes) than non-FP Pilot districts (12 minutes).

**Table 4. 8 Average waiting times for family planning service provision**  
Average waiting time (minutes) for a client to be seen by an FP provider by background characteristics, FPNHIS 2021

	Total number	Mean	std. dev.	Min.	Max
<b>Type of facility</b>					
Hospital	83	13.5	8.7	2	30
Health Center/Clinic	217	12.7	9.7	1	45
Community-based Health Planning Services (CHPS)	300	11.2	9.1	0	45
Maternity Home	21	16.2	12.9	0	45
<b>Location of facility</b>					
Rural	434	11.9	9.5	0	45
Urban	187	12.9	9.3	1	45
<b>Managing authority</b>					
Government	536	11.9	9.3	0	45
Private	67	14.7	10.6	0	45
Mission/Faith-based	18	10.3	6.9	2	30
<b>Region</b>					
Ashanti	287	10.8	9.0	0	45
Central	122	13.3	10.4	1	45
Oti	41	9.0	7.4	1	30
Upper East	82	10.1	9.1	0	45
Volta	89	18.3	8.1	5	45
<b>Site</b>					
FP Pilot district	59	10.6	9.9	0	4
Non-FP Pilot district	562	12.4	9.4	0	45
<b>Total</b>	<b>621</b>	<b>12.2</b>	<b>9.5</b>	<b>0</b>	<b>45</b>

Note: "0" minutes indicates clients do not wait

### 4.2.6 Routine Tests for Family Planning Services

The FPNHIS study collected information on tests that are routinely conducted on FP service clients. Table 4.9 presents information on tests routinely conducted on women when they visit health facilities for FP services. In all, the highest proportion of the health facilities conduct pregnancy tests (97%), followed by HIV tests (47%) and urine tests (30%) on women prior to family planning service provision. Pap smear (4%) and other tests (8%) are the least conducted in the health facilities.

Comparing types of health facilities, all maternity homes (100%) routinely conduct pregnancy tests on women who visit for FP services. Similarly, across locations, a higher proportion of health facilities in rural areas (98%) conduct pregnancy tests on FP service clients than those in urban areas (95%). With regards to region and study site, all health facilities in Oti region (100%) and 95 percent of health facilities in the FP Pilot districts routinely conduct pregnancy tests on FP service clients.

**Table 4. 9 Routinely conducted tests on family planning clients**

Percentage distribution of tests that are routinely conducted on women when they visit health facilities for family planning services by background characteristics, FPNHIS 2021

	HIV test	Urine test	Pap smear	Pregnancy test	Other tests	Total number
<b>Type of facility</b>						
Hospital	50.6	38.6	2.4	91.6	10.8	83
Health Center/Clinic	47.5	29.0	4.6	96.8	10.1	217
Community-based Health Planning Services (CHPS)	46.7	30.0	3.3	98.0	5.0	300
Maternity Home	38.1	14.3	4.8	100.0	14.3	21
<b>Location of facility</b>						
Rural	48.4	30.2	2.8	97.5	6.2	434
Urban	44.4	30.5	5.9	95.2	11.8	187
<b>Managing Authority</b>						
Government	50.2	30.4	3.5	97.4	8.0	537
Private	26.9	25.4	4.5	92.5	7.5	67
Mission/Faith-based	33.3	44.4	5.6	94.4	5.6	18
<b>Region</b>						
Ashanti	25.4	33.4	3.5	95.5	11.5	287
Central	56.6	21.3	2.5	99.2	8.2	122
Oti	82.9	9.8	0.0	100.0	0.0	41
Upper East	69.5	61.0	4.9	96.3	2.4	82
Volta	67.4	13.5	6.7	96.6	4.5	89
<b>Site</b>						
FP Pilot Districts	37.3	50.8	6.8	94.9	6.8	59
Non-FP Pilot Districts	48.2	28.1	3.4	97.0	8.0	562
<b>Total</b>	<b>293</b>	<b>188</b>	<b>23</b>	<b>601</b>	<b>49</b>	<b>621</b>
<b>Percent</b>	<b>47.2</b>	<b>30.3</b>	<b>3.7</b>	<b>96.8</b>	<b>7.9</b>	<b>100.0</b>

### 4.3 Family Planning Service Readiness

As the country considers the inclusion of FP services into the NHIS, it is important to assess the readiness of health facilities with respect to scale-up. The FPNHIS collected information on the human resource capacity of health facilities to provide FP services, availability of FP commodities, commodity stock-outs, and the availability of FP equipment and supplies.

#### 4.3.1 Capacity to Provide Family Planning Services

The FPNHIS collected information on health facilities capacity to provide FP services to clients by asking whether the health facility is able to provide services to all FP clients each day and whether the health facility has enough capacity to provide FP services if there was an increase in demand resulting from the removal of out-of-pocket costs. Table 4.10 shows the percentage distribution of health facilities that can provide FP services to all clients daily and the capacity of health facilities to provide FP services if there is an increase in demand.

Generally, 94 percent of the health facilities can provide FP service to all clients each day. Hospitals have the highest (96%) ability to provide FP service to all clients each day whilst the lowest is among maternity homes (91%). The ability of health facilities to provide services to all FP clients each day is slightly higher among rural health facilities (95%) than urban (93%) health facilities. All health facilities under mission/faith-based management are able to provide FP services to all clients each day and private health facilities have the least ability to provide services to all clients each day (91%). Provision of FP services to all clients each day is highest in the Oti region (100%) and lowest in the Central region (88%). There is minimal difference in the ability to provide FP services to all clients each day between health facilities in the FP Pilot (95%) and non-FP Pilot (94%) districts.

In terms of whether health facilities have the capacity to provide FP services to clients if there is an increase in demand, 91 percent of all the health facilities reported in the affirmative. At least 88 percent of all the health facility types have enough capacity to provide FP services in the event of increased demand, with hospitals (95%) being the highest. Oti region leads in the capability to provide FP services in the event of increased demand (100%). The capacity to provide FP services in the event of increased demand is generally high with Upper East region (87%) recording the least. Non-FP Pilot district health facilities have a higher (92%) capacity to provide FP services during increased demand than the health facilities in the FP Pilot districts (88%).

**Table 4. 10 Capacity to provide family planning services**

Percentage distribution of health facilities able to provide services to ALL FP clients each day, and percentage distribution of health facilities with enough capacity to provide FP services to clients if there is an increase in demand by background characteristics, FPNHIS 2021

Type of Facility	Health facility can provide services to ALL FP clients each day		Health facility has enough capacity to provide FP services to clients if there is an increase in demand	
	Percentage	Total number	Percentage	Total number
<b>Type of Facility</b>				
Hospital	96.4	83	95.2	83
Health Center/Clinic	93.5	217	94.5	217
Community-based Health Planning Services (CHPS)	94.3	300	87.7	300
Maternity Home	90.5	21	90.5	21
<b>Location of facility</b>				
Rural	94.7	434	90.8	434
Urban	93.0	187	92.0	187
<b>Managing authority</b>				
Government	94.4	536	91.0	536
Private	91.0	67	91.0	67
Mission/Faith-based	100.0	18	94.4	18
<b>Region</b>				
Ashanti	96.5	287	89.5	287
Central	87.7	122	94.3	122
Oti	100.0	41	100.0	41
Upper East	97.6	82	86.6	82
Volta	89.9	89	92.1	89
<b>Site</b>				
FP Pilot district	94.9	59	88.1	59
Non-FP Pilot district	94.1	562	91.5	562
<b>Total</b>	<b>585</b>	<b>621</b>	<b>566</b>	<b>621</b>
<b>Percent</b>	<b>94.2</b>	<b>100.0</b>	<b>91.1</b>	<b>100.0</b>

### 4.3.2 Family Planning Staff

The average number of staff trained to provide FP services and the average number of staff providing FP services in health facilities are key indicators of the capacity of health facilities to provide FP services. Table 4.11 provides details on the available human resources for the provision of FP services in the health facilities. The analysis considered 592 out of 621 health facilities with complete information for both indicators. On average the number of staff trained to provide FP services in the health facilities is 10, however, on average only 8 of the staff trained to provide FP services are providing FP services.

Hospitals have the highest average number of staff trained to provide FP services (33) as well as the number of trained FP providers providing services (19). The average number of staff trained to provide FP services is higher in urban areas (20) compared to rural areas (6). Although not pronounced, Table 4.11 also shows that in some health facilities, some of the service providers providing FP services are not trained. For instance, in Oti and Upper East regions, the average number of staff providing FP services is slightly higher than those trained to provide FP services.

	Average number staff trained to provide FP services				Average number of staff providing FP services			
	Total number	Mean	Min.	Max.	Total number	Mean	Min.	Max.
<b>Table 4. 11 Family planning staff volumes</b>								
Average number of staff trained to provide FP services in health facilities, and average number of staff providing FP services in health facilities by background characteristics, FPNHIS 2021								
<b>Type of Facility</b>								
Hospital	80	32.5	3	513	80	18.9	1	146
Health Centre/Clinic	211	10.5	1	96	211	8.5	1	56
Community-based Health Planning Services (CHPS)	280	3.9	1	60	280	4.1	1	55
Maternity Home	21	4.4	1	15	21	4.4	2	14
<b>Location of facility</b>								
Rural	415	6.0	1	60	415	5.8	1	56
Urban	177	19.9	1	513	177	12.0	1	146
<b>Managing authority</b>								
Government	510	9.6	1	513	510	7.6	1	146
Private	66	10.4	1	51	66	6.3	1	21
Mission/Faith-based	16	26.4	1	96	16	14.3	1	71
<b>Region</b>								
Ashanti	273	14.3	1	513	273	9.5	1	146
Central	120	7.0	1	39	120	6.4	1	40
Oti	40	5.5	1	20	40	5.8	2	19
Upper East	70	6.8	1	56	70	7.1	1	56
Volta	89	6.5	1	85	89	5.1	1	26
<b>Site</b>								
FP Pilot district	59	6.3	1	28	59	5.9	1	28
Non-FP Pilot district	533	10.6	1	513	533	7.9	1	146
<b>Total</b>	<b>592</b>	<b>10.1</b>	<b>1</b>	<b>513</b>	<b>592</b>	<b>7.7</b>	<b>1</b>	<b>146</b>

### 4.3.3 Cadre of staff providing family planning services

The capacity of health facilities to provide different types of FP methods to clients is important in assessing the readiness of health facilities. FP methods that can be provided by health personnel vary by cadre of health providers.

According to the Ghana National Family Planning Protocols, in the provision of FP services, doctors can provide counseling, long-acting reversible contraceptives (LARCs), short-acting reversible methods (SARCs), and permanent methods (PMs). Midwives, state-registered nurses (SRNs), public health nurses (PHNs), enrolled nurses (ENs), community health nurses (CHNs), and Medical/Physician Assistants with midwifery training, are expected to provide FP counseling, LARCs, whereas community pharmacists are expected to provide information on FP to clients and SARCs.

Tables 4.12a and 4.12b show the percentage distribution of different cadre of staff who provide FP counseling, LARCs, and PMs by background characteristics. The highest proportion of health facilities (88%) have a CHN providing FP counseling, followed by midwives (57%) and ENs (31%). The pattern is similar for the provision of LARCs, CHNs (84%) are the highest, followed by midwives (58%), and ENs (23%). Only medical doctors are allowed to provide PMs and 10 percent of the health facilities have a doctor providing permanent FP methods services.



**Table 4. 12a Staff providing long-acting reversible contraceptives and permanent methods**

Percentage distribution of health facilities with different cadre of staff providing counseling, long-acting reversible contraceptives, and permanent methods, FPNHIS 2021

Type of Facility	Medical/Physician									
	Doctors: Counseling	Doctors: LARCs	Doctors: PMs	Assistants: Counseling	Medical/Physician Assistants: LARCs	PHNs: Counseling	PHNs: LARCs	Midwives: Counseling	Midwives: LARCs	Total Number
<b>Type of Facility</b>										
Hospital	21.7	18.1	59.0	14.5	3.6	34.9	28.9	60.2	74.7	83
Health Center/Clinic	4.1	3.7	4.1	31.8	13.4	12.4	12.0	65.4	71.4	217
Community-based Health Planning Services (CHPS)	0.7	0.0	0.3	4.0	2.7	4.3	4.0	46.7	41.7	300
Maternity Home	9.5	9.5	4.8	19.0	19.0	14.3	14.3	95.2	81.0	21
<b>Location of facility</b>										
Rural	3.2	1.6	3.2	15.4	7.6	7.6	7.4	58.8	57.4	434
Urban	9.1	9.6	24.6	16.0	5.9	20.9	17.6	51.9	58.8	187
<b>Managing authority</b>										
Government	3.2	2.1	6.9	14.9	6.9	10.3	9.0	54.9	56.9	536
Private	19.4	19.4	29.9	19.4	9.0	13.4	11.9	71.6	68.7	67
Mission/Faith-based	5.6	5.6	16.7	22.2	5.6	44.4	50.0	55.6	44.4	18
<b>Region</b>										
Ashanti	6.6	5.9	12.9	17.8	10.1	13.6	11.8	64.5	57.1	287
Central	3.3	2.5	10.7	19.7	5.7	6.6	5.7	52.5	61.5	122
Oti	4.9	0.0	9.8	2.4	0.0	7.3	7.3	63.4	56.1	41
Upper East	6.1	4.9	2.4	15.9	8.5	17.1	15.9	57.3	59.8	82
Volta	1.1	1.1	4.5	9.0	1.1	9.0	9.0	33.7	53.9	89
<b>Site</b>										
Intervention	1.7	3.4	5.1	11.9	5.1	8.5	8.5	54.2	57.6	59
Control	5.3	4.1	10.1	16.0	7.3	11.9	10.7	56.9	57.8	562
<b>Total</b>	<b>31</b>	<b>25</b>	<b>60</b>	<b>97</b>	<b>44</b>	<b>72</b>	<b>65</b>	<b>352</b>	<b>359</b>	<b>621</b>
<b>Percent</b>	<b>5.0</b>	<b>4.0</b>	<b>9.7</b>	<b>15.6</b>	<b>7.1</b>	<b>11.6</b>	<b>10.5</b>	<b>56.7</b>	<b>57.8</b>	<b>100.0</b>

**Table 4.12b Staff providing long-acting reversible contraceptives and permanent methods**

Percentage distribution of different cadre of staff providing long-acting reversible contraceptives and permanent methods, FPNHIS 2021

	SRNs: Counseling	SRNs: LARCs	CHNs: Counseling	CHNs: LARCs	ENs: Counseling	ENs: LARCs	Pharmacists: Counseling	Total Number
<b>Type of Facility</b>								
Hospital	13.3	9.6	78.3	73.5	8.4	7.2	2.4	83
Health Center/Clinic	24.4	18.4	89.4	88.0	22.6	17.1	2.3	217
Community-based Health Planning Services (CHPS)	11.0	7.7	92.7	88.3	43.3	30.3	0.3	300
Maternity Home	23.8	14.3	33.3	28.6	38.1	38.1	0.0	21
<b>Location of facility</b>								
Rural	16.8	12.2	92.4	89.2	36.9	27.9	1.6	434
Urban	15.5	11.2	76.5	72.7	18.2	11.2	0.5	187
<b>Managing authority</b>								
Government	16.2	12.1	92.7	89.7	32.5	23.3	1.1	536
Private	19.4	11.9	47.8	38.8	26.9	23.9	3.0	67
Mission/Faith-based	11.1	5.6	83.3	88.9	11.1	5.6	0.0	18
<b>Region</b>								
Ashanti	19.9	16.0	83.6	79.8	32.1	22.3	2.1	287
Central	19.7	9.8	91.0	84.4	29.5	19.7	0.8	122
Oti	9.8	0.0	97.6	97.6	43.9	19.5	0.0	41
Upper East	18.3	17.1	90.2	86.6	40.2	36.6	1.2	82
Volta	2.2	2.2	88.8	89.9	16.9	18.0	0.0	89
<b>Site</b>								
Intervention	16.9	11.9	91.5	86.4	33.9	23.7	0.0	59
Control	16.4	11.9	87.2	84.0	31.0	22.8	1.4	562
<b>Total</b>	<b>102</b>	<b>74</b>	<b>544</b>	<b>523</b>	<b>194</b>	<b>142</b>	<b>8</b>	<b>621</b>
<b>Percent</b>	<b>16.4</b>	<b>11.9</b>	<b>87.6</b>	<b>84.2</b>	<b>31.2</b>	<b>22.9</b>	<b>1.3</b>	<b>100.0</b>

#### **4.3.4 Training of Health Providers**

Training is critical to providing quality FP services. The percentage distribution of health facilities with a staff who had attended in-service training on the various FP methods or services in the past two years is shown in Tables 4.13a and 4.13b. The highest proportion of health facilities have a CHN (34%) who attended in-service training in the past two years, which was the highest, followed by midwives (17%). Regarding in-service training for LARCs, community health nurses were again the highest (38%), followed by midwives (24%).

**Table 4. 13a Staff training**

Percentage distribution of staff who have attended in-service training on FP counseling, long-acting reversible contraceptives, and permanent methods in the past two years, FPNHIS 2021

	Medical/Physician								
	Doctors: FP Counseling	Doctors: LARCs	Doctors: PMs	Assistants: FP Counseling	Medical/Physician Assistants: LARCs	PHNs: FP Counseling	PHNs: LARCs	Midwives: FP Counseling	Midwives: LARCs
<b>Type of Facility</b>									
Hospital	4.8	3.6	8.4	3.6	1.2	3.6	7.2	12.0	30.1
Health Center/Clinic	1.4	0.9	0.0	7.8	3.7	6.0	6.9	22.1	31.3
Community-based Health Planning Services (CHPS)	0.0	0.0	0.0	0.3	0.0	1.7	2.0	14.0	15.7
Maternity Home	0.0	0.0	0.0	9.5	9.5	14.3	14.3	33.3	38.1
<b>Location of facility</b>									
Rural	0.9	0.7	0.7	3.5	2.1	3.2	3.9	19.1	22.8
Urban	1.6	1.1	2.1	4.3	1.1	5.3	7.0	12.8	26.2
<b>Managing authority</b>									
Government	0.7	0.6	0.9	3.4	1.5	3.7	4.3	17.4	24.1
Private	4.5	3.0	3.0	6.0	4.5	4.5	6.0	17.9	25.4
Mission/Faith-based	0.0	0.0	0.0	5.6	0.0	5.6	16.7	11.1	11.1
<b>Region</b>									
Ashanti	1.0	0.3	1.4	3.8	1.7	4.5	5.9	15.3	18.5
Central	0.0	0.0	0.8	4.9	1.6	2.5	2.5	15.6	23.8
Oti	0.0	0.0	0.0	0.0	0.0	0.0	2.4	19.5	26.8
Upper East	4.9	4.9	1.2	6.1	4.9	8.5	8.5	40.2	42.7
Volta	0.0	0.0	1.1	1.1	0.0	1.1	2.2	3.4	22.5
<b>Site</b>									
FP Pilot district	0.0	0.0	0.0	1.7	1.7	3.4	1.7	22.0	27.1
Non-FP Pilot district	1.2	0.9	1.2	3.9	1.8	3.9	5.2	16.7	23.5
<b>Total</b>	<b>7</b>	<b>5</b>	<b>7</b>	<b>23</b>	<b>11</b>	<b>24</b>	<b>30</b>	<b>107</b>	<b>148</b>
<b>Percent</b>	<b>1.1</b>	<b>0.8</b>	<b>1.1</b>	<b>3.7</b>	<b>1.8</b>	<b>3.9</b>	<b>4.8</b>	<b>17.2</b>	<b>23.8</b>

**Table 4.13b Staff training**

Percentage distribution of staff who have attended in-service training on FP counseling, long-acting reversible contraceptives, and permanent methods in the past two years, FPNHIS 2021

	SRNs: FP Counseling	SRNs: LARCs	CHNs: FP Counseling	CHNs: LARCs	ENs: FP Counseling	ENs: LARCs	Pharmacists: FP Counseling	Total Number
<b>Type of Facility</b>								
Hospital	2.4	2.4	21.7	31.3	2.4	1.2	0.0	83
Health Center/Clinic	8.8	6.0	35.9	41.5	6.9	5.5	0.5	217
Community-based Health Planning Services (CHPS)	3.0	2.7	36.7	39.3	10.3	9.0	0.3	300
Maternity Home	4.8	4.8	14.3	14.3	14.3	19.0	4.8	21
<b>Location of facility</b>								
Rural	5.8	4.4	38.2	42.6	10.4	9.2	0.5	434
Urban	3.2	2.7	23.0	27.8	3.2	2.1	0.5	187
<b>Managing authority</b>								
Government	4.9	3.9	35.8	40.3	8.4	7.1	0.4	536
Private	6.0	3.0	17.9	22.4	7.5	9.0	1.5	67
Mission/Faith-based	5.6	5.6	27.8	33.3	5.6	0.0	0.0	18
<b>Region</b>								
Ashanti	5.2	4.2	26.1	31.4	5.6	4.5	0.3	287
Central	3.3	0.8	36.1	33.6	6.6	6.6	0.8	122
Oti	2.4	0.0	39.0	46.3	4.9	4.9	0.0	41
Upper East	13.4	12.2	61.0	61.0	29.3	24.4	1.2	82
Volta	0.0	1.1	27.0	41.6	1.1	1.1	0.0	89
<b>Site</b>								
FP Pilot district	3.4	3.4	37.3	40.7	8.5	6.8	0.0	59
Non-FP Pilot district	5.2	3.9	33.3	37.9	8.2	7.1	0.5	562
<b>Total</b>	<b>31</b>	<b>24</b>	<b>209</b>	<b>237</b>	<b>51</b>	<b>44</b>	<b>3</b>	<b>621</b>
<b>Percent</b>	<b>5.0</b>	<b>3.9</b>	<b>33.7</b>	<b>38.2</b>	<b>8.2</b>	<b>7.1</b>	<b>0.5</b>	<b>100</b>

### 4.3.5 Availability of Family Planning Commodities

Availability of FP commodities is critical if the inclusion of FP into the NHI benefits package can be scaled up. Table 4.14 shows the percentage distribution of the various FP commodities/services that are always available in health facilities by background characteristics.

In all, more than 9 in 10 (95%) of the health facilities indicated that the 3-month injectable is always available, which is the highest followed by implants (90%), oral contraceptives pills (74%), and the least available contraceptive is the female condom (4%). Availability of PMs services is low as 8 percent of the health facilities indicated female sterilization services are always available and 5 percent indicated that male sterilization services are always available. Additionally, almost 2 in 10 health facilities mentioned that emergency contraception is always available.

Availability of the 3-month injectable is highest in health centers/clinics (99%) and lowest in maternity homes (91%). Differences in the availability of the 3-month injectable across regions, rural-urban locations, site, and managing authority is minimal. With respect to implants, the second most common FP method, at least 8 in 10 health facilities indicated it is always available across background characteristics. However, less than 1 in 10 health facilities indicated that female condoms are always available.

**Table 4. 14 Availability of family planning commodities/services**

Percentage distribution of health facilities with FP commodities/services that are always available by background characteristics, FPNHIS 2021

	Male condoms	Female Condoms	Oral contraceptives	1-month injectables	3-months injectables	Implants	IUDs	Female Sterilization	Male Sterilization	Emergency contraceptives	Total number
<b>Type of Facility</b>											
Hospital	61.4	3.6	77.1	33.7	91.6	86.7	65.1	51.8	32.5	37.3	83
Health Center/Clinic	67.6	4.2	80.1	29.6	98.6	94.0	31.9	3.7	1.9	13.9	216
Community-based Health Planning Services (CHPS)	62.3	4.0	70.0	34.0	93.7	89.7	10.3	0.0	0.0	14.0	300
Maternity Home	52.4	0.0	57.1	28.6	90.5	76.2	52.4	0.0	0.0	19.0	21
<b>Location of facility</b>											
Rural	65.4	3.2	72.8	32.7	94.7	92.6	17.1	2.1	1.6	13.6	434
Urban	59.7	5.4	76.9	31.2	95.7	84.9	48.9	22.6	12.9	25.8	186
<b>Managing authority</b>											
Government	65.6	4.3	75.9	33.1	95.7	92.5	23.6	5.8	4.3	15.9	535
Private	49.3	0.0	58.2	26.9	89.6	73.1	49.3	23.9	9.0	23.9	67
Mission/Faith-based	61.1	5.6	77.8	27.8	94.4	88.9	33.3	22.2	11.1	33.3	18
<b>Region</b>											
Ashanti	55.2	2.1	76.9	19.2	95.8	87.1	26.9	12.2	6.6	22.7	286
Central	67.2	3.3	80.3	24.6	94.3	95.1	38.5	4.9	3.3	17.2	122
Oti	75.6	4.9	61.0	51.2	95.1	92.7	34.1	9.8	4.9	2.4	41
Upper East	72.0	11.0	63.4	48.8	93.9	87.8	11.0	2.4	2.4	19.5	82
Volta	73.0	3.4	71.9	60.7	94.4	95.5	20.2	4.5	4.5	4.5	89
<b>Site</b>											
FP Pilot district	74.6	1.7	78.0	39.0	93.2	91.5	28.8	5.1	3.4	16.9	59
Non-FP Pilot district	62.6	4.1	73.6	31.6	95.2	90.2	26.4	8.6	5.2	17.3	561
<b>Total</b>	<b>395</b>	<b>24</b>	<b>459</b>	<b>200</b>	<b>589</b>	<b>560</b>	<b>165</b>	<b>51</b>	<b>31</b>	<b>107</b>	<b>620</b>
<b>Percent</b>	<b>63.7</b>	<b>3.9</b>	<b>74.0</b>	<b>32.3</b>	<b>95.0</b>	<b>90.3</b>	<b>26.6</b>	<b>8.2</b>	<b>5.0</b>	<b>17.3</b>	<b>100.0</b>

Note: 1 missing case

### 4.3.6 Commodity Stock-Outs

Contraceptive stock-outs in health facilities have implications for FP service delivery. In Ghana, stock-out of FP commodities have been attributed to non-usable stocks such as expiration, damages, quarantined commodities for regulatory purposes, and shortages because of the non-timely request of commodities, inadequate or limited commodity quantities received by health facilities.

Table 4.15 shows the proportion of health facilities with no stock-outs of specific FP methods in three months before the survey. A high proportion of facilities reported no stock-outs for implants (91%), injectables (90%), oral contraceptive pills (79%), male condoms (72%), IUD (57%), and emergency contraceptives (34%). Comparing by type of facility, a high proportion of health centers and clinics reported no stock-outs of implants (92%). Implants remained the commodity with which a high proportion of facilities in rural and urban areas, across various managing authorities, regions, and study sites reporting no stock-outs in the three months before the survey.



**Table 4. 15 Family planning commodity stock-outs**

Percentage distribution of health facilities with no stock-outs of specific FP method in the past 3 months, FPNHIS 2021

	Male condom	Total number	Female condom	Total number	Oral contraceptives	Total number	Injectables	Total number	Implants	Total number	IUD	Total number	Emergency contraceptives	Total number	Natural methods	Total number
<b>Type of Facility</b>																
Hospital	75.6	82	9.9	71	84.1	82	83.1	83	87.8	82	81.9	72	46.5	71	57.0	79
Health Center/Clinic	76.1	213	11.6	155	83.1	213	91.2	216	92.1	216	61.3	124	32.9	152	59.7	181
Community-based Health Planning Services (CHPS)	68.9	293	10.6	208	75.3	291	90.6	299	91.6	296	32.0	97	31.2	199	62.0	234
Maternity Home	50.0	16	18.2	11	61.1	18	81.0	21	83.3	18	70.6	17	30.8	13	42.9	14
<b>Location of facility</b>																
Rural	73.5	426	9.4	309	78.1	425	90.8	433	91.6	430	44.5	173	29.5	292	60.5	347
Urban	68.0	178	14.7	136	80.4	179	86.6	186	89.6	182	73.7	137	44.1	143	58.4	161
<b>Managing authority</b>																
Government	74.0	526	10.7	382	80.9	524	90.1	534	92.7	531	56.1	244	31.8	368	62.4	433
Private	51.7	60	12.0	50	56.5	62	85.1	67	76.2	63	63.0	54	43.4	53	33.3	57
Mission/Faith-based	77.8	18	15.4	13	94.4	18	88.9	18	94.4	18	58.3	12	64.3	14	83.3	18
<b>Region</b>																
Ashanti	62.9	278	8.5	188	79.7	281	87.7	285	87.5	281	55.0	151	36.5	208	51.4	216
Central	75.2	117	10.3	87	86.2	116	87.7	122	96.6	119	68.9	74	40.0	80	64.4	104
Oti	87.8	41	5.7	35	82.9	41	95.1	41	95.1	41	81.3	16	18.8	16	69.4	36
Upper East	80.0	80	21.9	64	71.8	78	91.5	82	91.5	82	30.0	40	51.6	62	88.9	72
Volta	80.7	88	11.3	71	70.5	88	93.3	89	92.1	89	65.5	29	8.7	69	46.3	80
<b>Site</b>																
FP Pilot district	75.4	57	17.1	35	83.6	55	84.7	59	94.9	59	62.1	29	50.0	36	77.6	49
Non-FP Pilot district	71.5	547	10.5	410	78.3	549	90.0	560	90.6	553	56.9	281	32.8	399	58.0	459
<b>Total</b>	<b>434</b>	<b>604</b>	<b>49</b>	<b>445</b>	<b>476</b>	<b>604</b>	<b>554</b>	<b>619</b>	<b>557</b>	<b>612</b>	<b>178</b>	<b>310</b>	<b>149</b>	<b>435</b>	<b>304</b>	<b>508</b>
<b>Percent</b>	<b>71.9</b>	<b>100.0</b>	<b>11.0</b>	<b>100.0</b>	<b>78.8</b>	<b>100.0</b>	<b>89.5</b>	<b>100.0</b>	<b>91.0</b>	<b>100.0</b>	<b>57.4</b>	<b>100.0</b>	<b>34.3</b>	<b>100.0</b>	<b>59.8</b>	<b>100.0</b>

Note: Natural methods include cycle beads

### 4.3.7 Availability of Family Planning Equipment and Supplies

Family planning equipment and supplies are crucial to ensuring the provision of quality FP services. Table 4.16 presents data on the percentage of health facilities with essential FP equipment and supplies in the study facilities according to facility background characteristics. At least 90% of facilities in the study regions have almost half (12 out of 26) of the essential FP equipment and supplies available and in working condition in the health facilities. The tenaculum is the least available essential FP equipment available and in working condition in the health facilities (38%).

**Table 4. 16 Essential family planning equipment and supplies**

Percentage distribution of health facilities with essential family equipment and supplies, FPNHIS 2021

	Have equipment or supplies available and in working condition	
	Percent	Number
Spotlight source (flashlight or examination light)	40.3	250
Couch/bed and stool for examination & procedures	86.5	536
Table/trolley for tray setup	73.9	458
Blood pressure apparatus	91.8	569
Stethoscope	87.1	540
Weighing scale	94.8	588
Sterile needle and syringe	97.9	607
Armrest for Implant insertion	40.5	251
Vaginal speculum	49.0	304
Tenaculum	38.2	237
Sponge Holding forceps	70.8	439
kidney Dishes	90.5	561
Curved Mosquito Artery Forceps	69.8	433
Gallipots	87.1	540
Uterine Sound	39.4	244
Alligator Forceps	44.5	276
Soap for handwashing	98.7	612
Single-use towel/Disposable tissue	92.4	573
Flowing water or veronica bucket for handwashing	97.9	607
Decontamination solution for clinical equipment (chlorine) with 0.5 concentration	92.4	573
Plastic buckets for decontamination	91.8	569
Disposable gloves/Sterile gloves	90.0	558
Safety Box / Yellow Box / Sharps Box	98.6	611
Waste Bin (hard sided, pedal operated)	92.1	571
Lining for waste bin	64.8	402
Antiseptic (e.g., Savlon & Iodine)	88.9	551

Note: 1 missing case

## 5 NATIONAL HEALTH INSURANCE BENEFITS PACKAGE

### Highlights:

- Majority (91%) of the health facilities provide health services under the NHIS.
- Health facilities that were not providing health services under the NHIS attributed it to not being credentialled (66%).
- Overall, 79 percent of health facilities indicated that they had a staff trained on NHI claims processing.
- Among health facilities providing health services under the NHIS, 7 percent were providing FP services under the scheme.
- In districts where the out-of-pocket cost removal for FP services intervention was implemented 58 percent of health facilities continued providing services as directed.
- Among health facilities currently not providing FP services under the NHIS, 94 percent were willing to provide services under the NHIS.

The FPNHIS was designed to assess health facilities' provision of services under the NHI benefits package as well as the provision of FP services under the NHIS. These topics are critical to policymakers as they consider the inclusion of FP into the national health insurance benefits package.

### 5.1 Provision of Health Services Under the National Health Insurance Benefits Package

Including FP services into the NHIS requires that health facilities be credentialled to provide health services under the scheme. Health facilities providing services under the NHIS will serve as the platform for the scale-up. Table 5.1 shows the percentage distribution of health facilities providing health services under the NHI benefits package, as well as the percentage distribution of reasons why some health facilities are unable to provide services under the scheme.

Approximately, 91 percent of health facilities provide health services under the NHIS. The percentage of health facilities providing health services under the NHIS decreased from 96 percent among hospitals and health centers/clinics to 62 percent among maternity homes. Provision of health services under the NHIS is higher in rural areas (92%) compared to urban areas (87%). All mission/faith-based (100%) and 79 percent of private health facilities provide health services under the NHIS. The provision of health services under the scheme is almost universal in Volta (99%), 92 percent in Central, and 87 percent in the Upper East regions, which is the lowest. Provision of health services under the NHIS is one percentage point higher in the non-FP Pilot districts (91%) compared to the FP Pilot districts (90%).

Among health facilities that were not providing health services under the NHIS, 66 percent of them indicated that their facility is not credentialled, which is the highest followed by 5 percent indicating that it is a result of delays in provider reimbursement.

**Table 5. 1 Provision of health services under the national health insurance scheme**

Percentage distribution of health facilities providing health services under the national health insurance scheme, and percentage distribution of reasons why facilities are unable to provide health services under the national health insurance scheme by background characteristics, FPNHIS 2021

	Provide health services under the NHIS	Total number	Reasons why facilities are unable to provide health services under the National Health Insurance Scheme:								Total number	
			Facility is not credentialed	Inactive credentialling	Lack of training in NHIA SOPs	Lack of equipment	Management issues	Delays in provider reimbursement	Facility not interested	Other		
<b>Type of Facility</b>												
Hospital	96.4	83	66.7	33.3	66.7	0.0	33.3	33.3	0.0	0.0	3	
Health Center/Clinic	95.9	217	77.8	0.0	11.1	11.1	22.2	0.0	11.1	0.0	9	
Community-based Health Planning Services (CHPS)	87.3	300	68.4	7.9	31.6	15.8	15.8	0.0	2.6	13.2	38	
Maternity Home	61.9	21	37.5	12.5	0.0	12.5	0.0	25.0	37.5	0.0	8	
<b>Location of facility</b>												
Rural	92.4	434	72.7	12.1	30.3	15.2	18.2	3.0	6.1	9.1	33	
Urban	86.6	187	56.0	4.0	20.0	12.0	12.0	8.0	12.0	8.0	25	
<b>Managing authority</b>												
Government	91.8	536	68.2	6.8	31.8	13.6	18.2	0.0	2.3	11.4	44	
Private	79.1	67	57.1	14.3	7.1	14.3	7.1	21.4	28.6	0.0	14	
Mission/Faith-based	100.0	18	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	
<b>Region</b>												
Ashanti	88.9	287	62.5	6.3	25.0	18.8	18.8	3.1	3.1	12.5	32	
Central	91.8	122	40.0	10.0	0.0	10.0	0.0	20.0	30.0	10.0	10	
Oti	90.2	41	100.0	0.0	50.0	0.0	25.0	0.0	0.0	0.0	4	
Upper East	86.6	82	90.9	18.2	45.5	9.1	9.1	0.0	9.1	0.0	11	
Volta	98.9	89	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	1	
<b>Site</b>												
FP Pilot district	89.8	59	100.0	0.0	16.7	0.0	16.7	0.0	0.0	0.0	6	
Non-FP Pilot district	90.7	562	61.5	9.6	26.9	15.4	15.4	5.8	9.6	9.6	52	
<b>Total</b>	<b>563</b>	<b>621</b>	<b>38</b>	<b>5</b>	<b>15</b>	<b>8</b>	<b>9</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>58</b>	
<b>Percent</b>	<b>90.7</b>	<b>100.0</b>	<b>65.5</b>	<b>8.6</b>	<b>25.9</b>	<b>13.8</b>	<b>15.5</b>	<b>5.2</b>	<b>8.6</b>	<b>8.6</b>	<b>100.0</b>	

## 5.2 Training on National Health Insurance Scheme Claims

Key to the timely processing of claims is the ability of health facility staff to correctly process and submit claims to the NHIA. Regardless of whether a health facility is providing health services under the NHIS or not, health facilities were asked whether a staff member in the facility has received training on the process of submitting NHIS claims. Table 5.2 shows the percentage distribution of health facilities with a staff trained on the NHIS claims processing. The results reveal that 79 percent of the health facilities have staff who

**Table 5. 2 Training on national health insurance scheme claims processing**  
Percentage distribution of facilities with a provider trained on submitting national health insurance scheme claims by background characteristics, FPNHIS 2021

Type of Facility	Have a health provider in the facility trained on NHIS claims	Total number
Hospital	90.4	83
Health Center/Clinic	86.6	217
Community-based Health Planning Services (CHPS)	72.0	300
Maternity Home	61.9	21
<b>Location of facility</b>		
Rural	79.0	434
Urban	79.7	187
<b>Managing authority</b>		
Government	79.1	536
Private	76.1	67
Mission/Faith-based	94.4	18
<b>Region</b>		
Ashanti	81.9	287
Central	88.5	122
Oti	68.3	41
Upper East	64.6	82
Volta	76.4	89
<b>Site</b>		
FP Pilot district	81.4	59
Non-FP Pilot district	79.0	562
<b>Total</b>	<b>492</b>	<b>621</b>
<b>Percent</b>	<b>79.2</b>	<b>100.0</b>

received training on submitting NHIS claims.

Majority of hospitals (90%) have a staff member trained in claims processing, 87 percent of health centers/clinics, 72 percent of community-based health planning services, and 62 percent of maternity homes have a staff member trained in claims processing. Eighty percent of health facilities in urban areas have a staff member trained in claims processing.

Health facilities managed by mission/faith-based organizations have the highest percentage (94%) indicating they have a staff trained in NHIS claims processing, 79 percent of government institutions, and 76 percent of private health facilities also do. Across the five study regions, the highest percentage of health facilities have a staff member trained in claims

processing was in Central region (89%), followed by Ashanti (82%), Volta (76%) regions, and lowest among health facilities in the Upper East region (65%). Health facilities with a staff trained in claims processing are 2.4 percentage points higher in the FP Pilot districts compared to the non-FP Pilot districts (81% versus 79%).

## 5.3 Inclusion of Family Planning into the National Health Insurance Scheme Package

As indicated earlier, the inclusion of FP into the NHIS was piloted in selected districts. However, the out-of-pocket cost removal intervention was implemented in seven districts. This section analyzes the provision of FP within the NHIS package, and the willingness of health facilities to provide FP services under the NHI package.

### 5.3.1 Provision of Family Planning Within the National Health Insurance Scheme Package

In this survey, data were collected on the provision of FP under the NHIS. Health facilities that indicated they were providing health services under the national health insurance scheme were also asked if they provide FP services under the scheme. At the end of the FP Pilot intervention in the year 2020, health facilities in the intervention districts which received the out-of-pocket cost removal intervention were asked to continue providing FP services under the scheme. Hence, further analysis was also conducted to ascertain if health facilities continued to provide FP services under the NHIS package.

Table 5.3 shows the distribution of health facilities providing FP under the NHIS, and the percentage distribution of health facilities in the seven FP Pilot districts that received out-of-pocket removal intervention that provides FP services under the NHIS.

Less than 1 in 10 (7%) of the health facilities provide FP services under the NHIS package. This varies from 23 percent among maternity homes, which is the highest to 6 percent among health centers/clinics which is the lowest. While 8 percent of health facilities in urban areas indicate they provide FP services under the NHIS, 7 percent of health facilities in rural areas do. Private health facilities (13%) are more likely to provide FP services under the NHIS compared to government (7%) and mission/faith-based (0%) health facilities.

The findings reveal that health facilities in the Upper East region (23%) are more likely to provide FP services under the national health insurance scheme compared to other regions. More than half (53%) of health facilities in the FP Pilot districts provide FP services under the national health insurance scheme compared to 2 percent of the health facilities in the non-FP Pilot districts.

Specific to the seven FP Pilot districts that received the out-of-pocket cost removal intervention, 58 percent of the health facilities provide FP services under the NHIS. FP service provision under the NHIS was universal in maternity homes, 75 percent among hospitals, 67 percent among health centers/clinics, and 48 percent among community-based health planning services. The results further reveal that the provision of FP services under the national health insurance scheme is higher in urban areas (67%) compared to rural areas (54%).

**Table 5.3 Provision of family planning under the national health insurance scheme package**

Percentage distribution of health facilities providing FP services under the national health insurance scheme package, and percentage distribution of health facilities in only the FP Pilot districts providing FP services under the national health insurance scheme package by background characteristics, FPNHIS 2021

	Health facility provides FP services under the NHIS package	Total number	FP Pilot districts that received the out-of-pocket cost removal for FP services: Health facility provides FP services under the NHIS package	Total number
<b>Type of Facility</b>				
Hospital	7.5	80	75.0	4
Health Center/Clinic	5.8	208	66.7	12
Community-based Health Planning Services (CHPS)	7.3	262	48.3	29
Maternity Home	23.1	13	100.0	2
<b>Location of facility</b>				
Rural	6.7	401	54.3	35
Urban	8.0	162	66.7	12
<b>Managing authority</b>				
Government	6.7	492	57.1	42
Private	13.2	53	60.0	5
Mission/Faith-based	0.0	18	0.0	0
<b>Region</b>				
Ashanti	4.3	255	45.5	11
Central	8.0	112	72.7	11
Oti	2.7	37	na	na
Upper East	22.5	71	50.0	22
Volta	3.4	88	100.0	3
<b>Site</b>				
FP Pilot district	52.8	53	na	na
Non-FP Pilot district	2.4	510	na	na
<b>Total</b>	<b>40</b>	<b>563</b>	<b>27</b>	<b>47</b>
<b>Percent</b>	<b>7.1</b>	<b>100.0</b>	<b>57.5</b>	<b>100.0</b>

### **5.3.2 Willingness to Provide Family Planning within the National Health Insurance Scheme Package**

The FPNHIS assessed the willingness of health facilities to provide FP under the NHIS. The analysis was done among health facilities currently not providing FP services under the NHIS. They were asked if the health facility was willing to provide FP services under the NHIS package.

Table 5.4 shows the percentage of health facilities that are willing to provide FP services under the NHIS package and the reasons why some health facilities are not willing to provide FP services under the NHIS package. Overall, 94 percent of the health facilities are willing to provide FP services under the NHIS package.

The percentage of health facilities willing to provide FP services under the NHIS package is highest among CHPS compounds (98%) and lowest among maternity homes (67%). By rural-urban location, it is higher among rural health facilities (96%), the government managed facilities (95%), facilities in the Volta (99%), and Upper East (98%) regions. All health facilities in FP Pilot districts are willing to provide FP under the NHIS. A higher proportion of health facilities that are not willing to provide FP under the NHIS cited delays in provider reimbursement (60%) as the reason.



**Table 5. 4 Willingness of health facilities to provide family planning services under the national health insurance scheme**

Percentage distribution of health facility willingness to provide FP services under the national health insurance scheme, and percentage of reasons why health facilities are not willing to provide FP services under the national health insurance scheme by background characteristics, FPNHIS 2021.

	Why is the facility not willing to provide FP services under the National Health Insurance Scheme:											
	Health facility willing to provide FP services under the NHIS	Total number	Facility is not credentialed	Inactive credentialling	Lack of trained health workers	Lack of equipment	Management issues	FP not included in NHIS benefits package	Delays in provider reimbursement	Facility not interested	Other	Total number
<b>Type of Facility</b>												
Hospital	90.9	77	0.0	0.0	14.3	0.0	0.0	14.3	71.4	14.3	0.0	7
Health Center/Clinic	92.7	205	0.0	6.7	13.3	13.3	20.0	46.7	60.0	26.7	0.0	15
Community-based Health Planning Services (CHPS)	97.5	279	0.0	0.0	0.0	0.0	0.0	42.9	71.4	42.9	14.3	7
Maternity Home	66.7	18	0.0	16.7	0.0	0.0	0.0	33.3	33.3	66.7	0.0	6
<b>Location of facility</b>												
Rural	95.8	405	0.0	5.9	11.8	11.8	11.8	35.3	64.7	41.2	5.9	17
Urban	89.7	174	0.0	5.6	5.6	0.0	5.6	38.9	55.6	27.8	0.0	18
<b>Managing authority</b>												
Government	95.2	501	0.0	4.2	8.3	8.3	12.5	41.7	66.7	29.2	4.2	24
Private	85.0	60	0.0	11.1	11.1	0.0	0.0	22.2	33.3	55.6	0.0	9
Mission/Faith-based	88.9	18	0.0	0.0	0.0	0.0	0.0	50.0	100.0	0.0	0.0	2
<b>Region</b>												
Ashanti	90.6	276	0.0	3.8	7.7	0.0	3.8	38.5	69.2	30.8	3.8	26
Central	94.7	113	0.0	16.7	0.0	16.7	0.0	33.3	33.3	66.7	0.0	6
Oti	97.5	40	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	1
Upper East	98.4	64	0.0	0.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	1
Volta	98.8	86	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	1
<b>Site</b>												
FP Pilot district	100.0	30	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Non-FP Pilot district	93.6	549	0.0	5.7	8.6	5.7	8.6	37.1	60.0	34.3	2.9	35
<b>Total</b>	<b>544</b>	<b>579</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>13</b>	<b>21</b>	<b>12</b>	<b>1</b>	<b>35</b>
<b>Percent</b>	<b>94.0</b>	<b>100.0</b>	<b>0.0</b>	<b>5.7</b>	<b>8.6</b>	<b>5.7</b>	<b>8.6</b>	<b>37.1</b>	<b>60.0</b>	<b>34.3</b>	<b>2.9</b>	<b>100.0</b>

Note: 2 missing cases

## 6 SUPPLY CHAIN AND LOGISTICS

### Highlights:

- Overall, 6 in 10 (60%) health facilities have a staff trained in logistics management.
- More than 90 percent of health facilities use stock cards/bin cards/inventory cards to manage FP commodities.
- Ninety-seven percent of health facilities reported logistics data to the higher authority monthly.
- In general, 86 percent of health facilities received their commodities one month or less after requesting.
- Seventy percent of health facilities determine their family planning re-supply quantities

The FPNHIS assessed supply chain and associated logistics for FP service provision. Health facilities were asked about commodity stock keeping, supply and logistics, reporting logistics data to the higher-level authority, and supply of FP commodities. These are very important pieces of information as the country plans to scale-up the inclusion of FP into the NHIS package. The information in this chapter will help decision-makers to understand the flow of FP commodities and help the NHIA to work with health facilities on the systems to adapt for the collation of FP service data for claims processing.

### 6.1 Family Planning Commodities Stock Keeping, Supply, and Logistics

This section presents information on logistics management training and FP commodities stock keeping. Table 6.1 presents the percentage distribution health facilities with a staff trained in logistics management in the 24 months before the survey, the availability of various FP logistics management forms as well as the data set required.

The results reveal that 60 percent of the health facilities have a staff trained in logistics management in the past 24 months. The percentage of health facilities with a staff trained in logistics management in the past 24 months decreased from 70 percent among health centers/clinics to 38 percent among maternity homes. The proportion of health facilities that have staff trained in logistics management is slightly higher in rural areas (61%) compared to urban areas (59%). It was also highest in health facilities in the Central region (75%) and lowest in the Upper East region (48%). Health facilities in the non-FP Pilot districts (61%) are more likely to have staff trained in logistics management in the past 24 months compared to health facilities in the FP Pilot districts (58%).

On the types of logistics management forms, health facilities use to manage FP commodity stock, more than 9 in 10 (94%) of the health facilities use stocks/bin cards/inventory cards. More than a third (36%) use a stock ledger, and 6 percent use other types of forms. At least more than 7 in 10 health facilities across background characteristics use stock cards/bin cards/inventory cards to manage FP commodity stock.

It is important that FP logistics management forms include information on quantities of commodities used, losses, and adjustments. From Table 6.1, more than 9 in 10 (95%) of health facilities indicated that their commodity management forms include a section on quantities used and more than 8 in 10 (83%) indicated that their forms include losses and adjustments.

**Table 6. 1 Logistics and stock keeping**

Percentage distribution of health facilities with staff trained in logistics management in the past 24 months, percentage distribution of type health facility stock-keeping forms, and percentage distribution of type of information on facility stock-keeping document by background characteristics, FPNHIS 2021

	A staff of the health facility received logistics management training	Health facility uses the following to manage FP commodities:				Health facility stock-keeping logistics forms include:				
		Stock cards/bin card/inventory card	Stock ledger	Other forms	Total number	Stock on hand	Quantities used	Losses and adjustments	Other information	Total
<b>Type of Facility</b>										
Hospital	66.3	95.2	39.8	7.2	83	94.0	97.6	85.5	7.2	83
Health Center/Clinic	69.9	94.9	39.8	5.6	216	96.8	95.4	85.2	10.6	216
Community-based Health Planning Services (CHPS)	53.3	93.0	32.0	5.7	300	92.7	95.0	82.3	5.7	300
Maternity Home	38.1	81.0	23.8	9.5	21	90.5	81.0	61.9	4.8	21
<b>Location of facility</b>										
Rural	60.8	94.9	37.6	5.3	434	94.7	96.1	83.6	6.7	434
Urban	59.1	90.3	30.6	7.5	186	93.0	92.5	81.7	9.7	186
<b>Managing authority</b>										
Government	60.7	95.1	36.6	4.7	535	95.0	96.1	85.4	7.1	535
Private	56.7	85.1	23.9	13.4	67	89.6	88.1	67.2	11.9	67
Mission/Faith-based	61.1	77.8	44.4	16.7	18	88.9	88.9	72.2	5.6	18
<b>Region</b>										
Ashanti	59.4	90.6	32.2	9.4	286	91.6	92.3	82.5	12.2	286
Central	75.4	96.7	13.9	1.6	122	98.4	97.5	91.8	1.6	122
Oti	63.4	92.7	56.1	4.9	41	100.0	100.0	97.6	2.4	41
Upper East	47.6	93.9	45.1	4.9	82	91.5	93.9	68.3	3.7	82
Volta	52.8	98.9	57.3	2.2	89	96.6	98.9	79.8	6.7	89
<b>Site</b>										
FP Pilot district	57.6	98.3	25.4	3.4	59	98.3	94.9	76.3	1.7	59
Non-FP Pilot district	60.6	93.0	36.5	6.2	561	93.8	95.0	83.8	8.2	561
<b>Total</b>	<b>374</b>	<b>580</b>	<b>220</b>	<b>37</b>	<b>620</b>	<b>584</b>	<b>589</b>	<b>515</b>	<b>47</b>	<b>620</b>
<b>Percent</b>	<b>60.3</b>	<b>93.5</b>	<b>35.5</b>	<b>6.0</b>	<b>100.0</b>	<b>94.2</b>	<b>95.0</b>	<b>83.1</b>	<b>7.6</b>	<b>100.0</b>

Note: 1 case missing

## 6.2 Reporting Logistics Data to Higher Authorities

Reporting logistics data in time will enable the higher authority to plan the supply of logistics to health facilities, and this will be critical as the country plans to scale-up the inclusion of FP within the NHI benefits package.

Table 6.2 provides information on how often health facilities send reports containing logistics data to the higher-level authorities. The majority (97%) of health facilities submit their logistics reports to the higher authorities monthly. This is highest among community-based health planning services (98%), followed by health centers/clinics (97%) and lowest among hospitals (95%) and maternity homes (95%).

Monthly submission of logistics data to higher authorities is about the same in rural areas (97%) compared to urban areas (96%). Reporting logistics data on monthly basis to higher authorities is universal among mission/faith-based health facilities (100%) and lowest among private health facilities (94%). More than 9 in 10 health facilities across all the study regions report logistics data to higher authorities monthly and health facilities in the non-FP Pilot sites are more likely to report logistics data monthly compared to health facilities in the FP Pilot districts.

**Table 6. 2 Reporting on logistics data to the higher authorities**

Percentage of health facilities by how often reports that contain logistics data or records are sent to the higher authorities by background characteristics, FPNHIS 2021

	Reports that contain logistics data or records are sent to the higher level:					Total number
	Monthly	Quarterly	Semi-annually	Annually	Other frequency	
<b>Type of Facility</b>						
Hospital	95.2	3.6	0.0	0.0	1.2	83
Health Center/Clinic	96.8	2.3	0.5	0.5	0.0	216
Community-based Health Planning Services (CHPS)	97.7	2.0	0.0	0.0	0.3	300
Maternity Home	95.2	0.0	0.0	4.8	0.0	21
<b>Location of facility</b>						
Rural	97.2	2.1	0.2	0.2	0.2	434
Urban	96.2	2.7	0.0	0.5	0.5	186
<b>Managing authority</b>						
Government	97.2	2.4	0.0	0.2	0.2	535
Private	94.0	1.5	1.5	1.5	1.5	67
Mission/Faith-based	100.0	0.0	0.0	0.0	0.0	18
<b>Region</b>						
Ashanti	97.2	1.7	0.3	0.3	0.3	286
Central	98.4	1.6	0.0	0.0	0.0	122
Oti	97.6	2.4	0.0	0.0	0.0	41
Upper East	93.9	3.7	0.0	1.2	1.2	82
Volta	96.6	3.4	0.0	0.0	0.0	89
<b>Site</b>						
FP Pilot district	94.9	5.1	0.0	0.0	0.0	59
Non-FP Pilot district	97.1	2.0	0.2	0.4	0.4	561
<b>Total</b>	<b>601</b>	<b>14</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>620</b>
<b>Percent</b>	<b>96.9</b>	<b>2.3</b>	<b>0.2</b>	<b>0.3</b>	<b>0.3</b>	<b>100.0</b>

Note: 1 missing case

### 6.3 Supply of Family Planning Commodities

The provision of FP services depends on the availability of commodities. With the anticipation that the inclusion of FP into the NHIS, uptake of FP services will increase, the FPNHIS collected information on the last time health facilities requested for FP commodities, and the average time it took between ordering and receiving commodities to assess FP commodity supply. Table 6.3 shows the percentage distribution of health facilities by the last time health facilities requested for FP commodities and the duration between ordering and receiving the commodities.

Overall, 44 percent of health facilities requested FP commodities less than one month ago, 41 percent requested 1-2 months ago, and 10 percent requested more than 3 months ago. More than half (56%) received it in less than a week, and 29 percent of health facilities received the commodities between two weeks to one month.

A higher percentage of maternity homes (86%) received their FP commodities in less than two weeks compared to hospitals (67%). A little more than 5 in 10 (53%) of community-based health planning services received commodities in less than two weeks. A higher percentage (69%) of health facilities in urban areas received their FP commodities in less than two weeks after ordering compared to health facilities in rural areas (51%). In terms of health facilities receiving FP commodities requested in less than two weeks, Ashanti region is the highest (77%) and Volta (29%) and Oti (29%) regions are the lowest.

**Table 6.3 Supply of family planning commodities**

Percentage of health facilities by when they requested for FP commodities, percentage distribution of health facilities by how long it takes between ordering and receiving of FP commodities by background characteristics, FPNHIS 2021

	Last time health facilities requested for FP commodities:					Total number	How long it takes between ordering and receiving FP commodities:					Total number
	Less than one month ago	1-2 months ago	3 months ago	More than 3 months ago	Never		Less than 2 weeks	2 weeks to 1 month	Between 1 and 2 months	More than 2 months		
<b>Type of Facility</b>												
Hospital	59.0	32.5	6.0	1.2	1.2	83	67.1	26.8	4.9	1.2	82	
Health Center/Clinic	43.5	40.3	10.6	5.6	0.0	216	54.6	28.7	9.3	7.4	216	
Community-based Health Planning Services (CHPS)	40.3	43.7	10.3	5.7	0.0	300	52.7	31.7	10.7	5.0	300	
Maternity Home	47.6	33.3	9.5	9.5	0.0	21	85.7	9.5	4.8	0.0	21	
<b>Location of facility</b>												
Rural	40.3	42.2	11.8	5.8	0.0	434	51.2	32.7	10.4	5.8	434	
Urban	53.2	37.1	5.4	3.8	0.5	186	68.6	21.1	6.5	3.8	185	
<b>Managing authority</b>												
Government	43.2	41.9	10.3	4.7	0.0	535	52.7	31.6	10.1	5.6	535	
Private	46.3	34.3	7.5	10.4	1.5	67	80.3	12.1	4.5	3.0	66	
Mission/Faith-based	66.7	27.8	5.6	0.0	0.0	18	77.8	22.2	0.0	0.0	18	
<b>Region</b>												
Ashanti	50.0	39.5	5.9	4.2	0.3	286	76.8	16.8	6.0	0.4	285	
Central	32.8	47.5	12.3	7.4	0.0	122	47.5	28.7	13.1	10.7	122	
Oti	56.1	26.8	17.1	0.0	0.0	41	29.3	48.8	12.2	9.8	41	
Upper East	51.2	36.6	6.1	6.1	0.0	82	41.5	34.1	14.6	9.8	82	
Volta	29.2	44.9	19.1	6.7	0.0	89	29.2	56.2	7.9	6.7	89	
<b>Site</b>												
FP Pilot district	45.8	39.0	8.5	6.8	0.0	59	57.6	23.7	11.9	6.8	59	
Non-FP Pilot district	44.0	40.8	10.0	5.0	0.2	561	56.3	29.8	8.9	5.0	560	
<b>Total</b>	<b>274</b>	<b>252</b>	<b>61</b>	<b>32</b>	<b>1</b>	<b>620</b>	<b>349</b>	<b>181</b>	<b>57</b>	<b>32</b>	<b>619</b>	
<b>Percent</b>	<b>44.2</b>	<b>40.6</b>	<b>9.8</b>	<b>5.2</b>	<b>0.2</b>	<b>100.0</b>	<b>56.4</b>	<b>29.2</b>	<b>9.2</b>	<b>5.2</b>	<b>100.0</b>	

## 6.4 Determination of re-supply of family planning commodities

Table 6.4 shows which authorities determine FP products re-supply quantities and how FP products re-supply quantities are determined by background characteristics. Generally, health facilities determine the re-supply quantities of FP commodities as the majority (70%) of health facilities request their re-supply quantities themselves, 11 percent of the health facilities indicated that a higher-level facility determines its re-supply quantities and close to a fifth (19%) of health facilities indicated that their re-supply quantities are determined by the district health management team.

Comparing the type of facilities, the highest percentage of hospitals (83%) reported that the health facility itself determined its FP products re-supply quantities. The highest proportion of health facilities that indicated that the district health management team determined their facility's FP products re-supply quantities are community-based health planning services (22%). Most facilities in urban areas (80%), privately managed facilities (82%), facilities located in the central region (79%), and in the non-FP pilot district (72%), indicated their facilities determined their FP products re-supply quantities.

The health facilities reported on how their FP products re-supply quantities are determined in their facilities. Close to a third (60%) of health facilities mentioned that they use remaining stock to determine their FP products' re-supply quantities, which is the highest followed by 37 percent of health facilities indicating FP products re-supply quantities are determined through calculations using formula. Among the types of health facilities, facility location, managing authorities, region of the facility, and the sites of the study, a higher percentage (more than half) of maternity homes, facilities managed by mission/faith-based institutions, facilities in urban areas, the Ashanti region and non-FP pilot districts reported using remaining stock.

**Table 6. 4 Determination of re-supply of family planning commodities**

Percentage distribution of health facilities by who determines facility FP re-supply quantities, and percent distribution of health facilities by how health facility FP re-supply quantities are determined

	The authority that determines this facility's FP products re-supply quantities:					Facility's FP products re-supply quantities are determined through:				
	The facility itself	Higher-level facility	District Health Management Team	Other	Total number	Calculation using formula	Remaining stock	Stipulated ration	Other	Total number
<b>Type of Facility</b>										
Hospital	83.1	2.4	14.5	0.0	83	32.5	66.3	0.0	1.2	83
Health Center/Clinic	71.3	10.6	18.1	0.0	216	40.3	57.9	1.9	0.0	216
Community-based Health Planning Services (CHPS)	64.3	14.0	21.7	0.0	300	37.3	60.7	2.0	0.0	300
Maternity Home	71.4	14.3	14.3	0.0	21	14.3	85.7	0.0	0.0	21
<b>Location of facility</b>										
Rural	65.0	12.9	22.1	0.0	434	38.5	59.9	1.6	0.0	434
Urban	80.1	7.5	12.4	0.0	186	33.3	64.5	1.6	0.5	186
<b>Managing authority</b>										
Government	68.2	12.1	19.6	0.0	535	39.8	58.5	1.7	0.0	535
Private	82.1	6.0	11.9	0.0	67	19.4	77.6	1.5	1.5	67
Mission/Faith-based	61.1	5.6	33.3	0.0	18	16.7	83.3	0.0	0.0	18
<b>Region</b>										
Ashanti	65.0	9.8	25.2	0.0	286	23.4	75.2	1.0	0.3	286
Central	78.7	5.7	15.6	0.0	122	67.2	32.0	0.8	0.0	122
Oti	78.0	22.0	0.0	0.0	41	46.3	53.7	0.0	0.0	41
Upper East	58.5	14.6	26.8	0.0	82	42.7	56.1	1.2	0.0	82
Volta	77.5	15.7	6.7	0.0	89	29.2	65.2	5.6	0.0	89
<b>Site</b>										
FP Pilot district	42.4	8.5	49.2	0.0	59	47.5	52.5	0.0	0.0	59
Non-FP Pilot district	72.4	11.6	16.0	0.0	561	35.8	62.2	1.8	0.2	561
<b>Total</b>	<b>431</b>	<b>70</b>	<b>119</b>	<b>0</b>	<b>620</b>	<b>229</b>	<b>380</b>	<b>10</b>	<b>1</b>	<b>620</b>
<b>Percent</b>	<b>69.5</b>	<b>11.3</b>	<b>19.2</b>	<b>0.0</b>	<b>100.0</b>	<b>36.9</b>	<b>61.3</b>	<b>1.6</b>	<b>0.2</b>	<b>100.0</b>

Note: 1 missing case



## 7 REGISTRY OF FAMILY PLANNING SERVICE DATA

### Highlights:

- In general 96 percent of health facilities record FP service data in FP registers.
- Seventy-four percent of health facilities record FP service data in FP daily logbook.
- Almost all (98%) the health facilities report FP data using the monthly report forms
- Sixty-three percent of the health facilities use the district health management information management system to report family planning data.

Recording and reporting of FP data are important for the inclusion of FP into the NHIS package. Data on services are critical to claims processing, reimbursement as well as monitoring. Hence, this chapter assesses how FP service data are recorded and reported to higher-level authorities in health facilities.

### 7.1 Recording and Reporting of Family Planning Service Data

Table 7.1 shows the percentage distribution of how FP service data are recorded and reported in health facilities by background characteristics. Overall, more than 9 in 10 of health facilities record FP service data in FP registers (96%), which is the highest, followed by daily logbooks (74%), e-tracker (6%), rslog (2%), and other recording mediums (1%). Across background characteristics, more than 9 in 10 health facilities use FP registers, and at least half use FP logbooks.

With respect to reporting FP service data, almost all the health facilities (98%) use the monthly report forms, two-thirds (63%) of the health facilities use the District Health Information Management System and less than 1 percent use other methods of reporting FP service data. The majority of health facilities use the monthly report forms (98%).

**Table 7.1 Recording and reporting of family planning service data**

Percentage distribution of health facilities by how FP service data is recorded and percentage distribution of health facilities by how FP service data is reported by background characteristics, FPNHIS 2021

	How is FP data recorded in this facility:					Total Number	How is the FP data reported in this facility:			Total Number
	FP register	FP daily logbook	e- Tracker	rsLog	Other		Monthly report forms	DHIMS	Other	
<b>Type of Facility</b>										
Hospital	96.4	84.3	7.2	4.8	2.4	83	95.2	74.7	1.2	83
Health Center/Clinic	95.4	78.2	6.5	0.9	1.4	216	97.7	64.4	0.0	216
Community-based Health Planning Services (CHPS)	96.0	68.7	5.7	1.0	1.0	300	98.3	59.3	0.3	300
Maternity Home	100.0	52.4	0.0	0.0	0.0	21	100.0	47.6	0.0	21
<b>Location of facility</b>										
Rural	97.0	72.6	4.8	0.7	0.5	434	97.9	59.2	0.2	434
Urban	93.5	75.8	8.6	3.2	3.2	186	97.3	71.0	0.5	186
<b>Managing authority</b>										
Government	97.0	75.0	6.2	1.3	0.9	535	98.5	62.4	0.2	535
Private	88.1	59.7	4.5	1.5	4.5	67	91.0	62.7	1.5	67
Mission/Faith-based	94.4	83.3	5.6	5.6	0.0	18	100.0	72.2	0.0	18
<b>Region</b>										
Ashanti	94.1	77.6	1.7	1.0	2.1	286	96.5	58.0	0.3	286
Central	97.5	81.1	4.1	0.0	0.8	122	99.2	84.4	0.8	122
Oti	100.0	68.3	0.0	0.0	0.0	41	100.0	65.9	0.0	41
Upper East	93.9	50.0	18.3	7.3	1.2	82	96.3	69.5	0.0	82
Volta	100.0	74.2	13.5	0.0	0.0	89	100.0	40.4	0.0	89
<b>Site</b>										
FP Pilot district	93.2	74.6	18.6	6.8	0.0	59	100.0	69.5	0.0	59
Non-FP Pilot district	96.3	73.4	4.6	0.9	1.4	561	97.5	62.0	0.4	561
<b>Total</b>	<b>595</b>	<b>456</b>	<b>37</b>	<b>9</b>	<b>8</b>	<b>620</b>	<b>606</b>	<b>389</b>	<b>2</b>	<b>620</b>
<b>Percent</b>	<b>96.0</b>	<b>73.5</b>	<b>6.0</b>	<b>1.5</b>	<b>1.3</b>	<b>100.0</b>	<b>97.7</b>	<b>62.7</b>	<b>0.3</b>	<b>100.0</b>

Note: 1 missing case

## 8 CONCLUSIONS AND RECOMMENDATIONS

### 8.1 Conclusion

In the five study regions (Ashanti, Central, Oti, Upper East, and Volta), FP services are available and health facilities are ready for the scale-up of the inclusion of FP into the NHIS package. Facilities assessed were found to have the ability and capacity to offer FP services. Most facilities have trained staff, equipment, and supplies including medicines and commodities. Health facilities are also willing to provide FP services under the NHIS package, with mechanisms for supply chain and logistics as well as the recording and reporting of FP service data generally in place.

### 8.2 Recommendations

Based on the findings the following recommendations are suggested:

- The inclusion of FP into the national health insurance scheme can be scaled up in all the districts in the five study regions as FP services are available and health facilities are ready.
- The Ghana Health Service should work toward improving commodity distribution.
- The National Health Insurance Authority should work with Ghana Health Service to credential providers who are interested in providing services under the scheme as well as address delays in credentialing.
- The National Health Insurance Authority and Ghana Health Service should work together to reach out to the FP Pilot districts to address challenges with the provision of FP within the National Health Insurance Scheme package.

## APPENDIX 1: PERSONS INVOLVED IN THE HEALTH FACILITY ASSESSMENT SURVEY

### TECHNICAL WORKING GROUP

Prof. Augustine Ankomah	Population Council
Dr. Kamil Fuseini	Population Council
Dr. Kofi Issah	Ghana Health Service, Family Health Division
Dr. Yaa Asante	Ghana Health Service, Family Health Division
Claudette Ahliba Diogo	Ghana Health Service, Family Health Division
Angela Boateng	Ghana Health Service, Family Health Division
Henry Safori	Ghana Health Service, Family Health Division
Rebecca Tricia Morrison	Ghana Health Service, Family Health Division
Dr. Wisdom Atiwoto	Ghana Health Service, PPMED
Dr. Ernest Konadu Aseidu	Ministry of Health
Rahilu Harunah	Ministry of Health
Selina Dussey	Ministry of Health
Dr. Francis Asenso Boadi	National Health Insurance Authority
Ishmail Osei	National Health Insurance Authority
Ruby A. Mensah	National Health Insurance Authority
William Omane-Adjekum	National Health Insurance Authority
Lydia Anaab-Bisi	National Health Insurance Authority
Habakkuk Tarezina	National Health Insurance Authority
Victoria Adubia Twum	National Health Insurance Authority
Anne Coolen	Marie Stopes International, Ghana
Patricia Antwi-Boasiako	Marie Stopes International, Ghana
Esi Asare Prah	Marie Stopes International, Ghana

### STUDY IMPLEMENTATION TEAM

Prof. Augustine Ankomah	Population Council
Dr. Kamil Fuseini	Population Council
Akua Danquah Obeng-Dwamena	Population Council
Leonie Afi Allorsey	Population Council
Rachel Narki Anum	Population Council
Dr. Kofi Issah	Ghana Health Service, Family Health Division
Dr. Yaa Asante	Ghana Health Service, Family Health Division
Claudette Ahliba Diogo	Ghana Health Service, Family Health Division
Henry Safori	Ghana Health Service, Family Health Division

### DATA ANALYSIS

Prof. Augustine Ankomah	Population Council
Dr. Kamil Fuseini	Population Council
Akua Danquah Obeng-Dwamena	Population Council
Leonie Afi Allorsey	Population Council
Rachel Narki Anum	Population Council

### REPORT WRITING

Prof. Augustine Ankomah	Population Council
Dr. Kamil Fuseini	Population Council
Akua Danquah Obeng-Dwamena	Population Council
Leonie Afi Allorsey	Population Council
Rachel Narki Anum	Population Council
Bright Addo	Population Council
Helen Habib	Population Council

### IT SUPPORT

Stephen Semenu	Population Council
----------------	--------------------

Sedzro Kojo Mensah  
**PROGRAMING AND DATA MANAGEMENT**  
 DataPlas / Population Council

Sedzro Kojo Mensah  
 Charles Mensah  
**SUPERVISION AND DATA PROCESSING**  
 DataPlas / Population Council  
 Population Council

**DATA COLLECTORS**

Bridget Oduro	Charles Afriyie Agyapong	Cara Aidoo
Djomoah Cartwright Adjabeng	Emmanuel Ofori	Ebenezer Attoh
Enoch Adjei Boadi	Ernestina Osei Bonsu	Francisca Atta Boateng
Henry Prosper Dade	Lydia Sampana	Millicent Tetteh
Galley Raymond Prince	Philip Jeffery Tetteh	Rachael Asare
Raphael Berkoh	Gifty Hinson	Alice Ohenewa Larbi
Ebenezer Hanson	Christmond Dadzie	Mavis Inkoom
Ayiwole Babugu Godfred	Ayiwole Babugu Raphael	Braimah Sule
Braimah Muniru	Banzie Joachim	Limann Moses
Joyce Kporvi	Irene Safoa	Elizabeth Anim Appiah
William Awutey	Xenyo Dickson	Dzakumah Ernest Kwame
Nicholas Tetteh		

**DRIVER**

Emmanuel Arthur  
 Population Council

## APPENDIX 2: SAMPLE SIZE CALCULATION

The sample size was calculated as follows:

$$(1) \quad n = \frac{\frac{z^2 P(1-P)}{d^2}}{1 + \frac{1}{N} \left( \frac{z^2 P(1-P)}{d^2} - 1 \right)}$$

With:

Confidence Level=	95%
z-score=	1.96
Precision +/- =	5%
Population Size =	3616
Assumed P =	50%
Sample size (n)=	348 facilities

*Note: the population size was the total number of health facilities in the five FP Pilot regions which were 3616 and it was assumed that 50% (conservative) of health facilities in the study area will be credentialed by NHIA.*

- i. The sample size of 348 was adjusted for design effect of 1.5 plus 10% of the sample to account for dropout (e.g., facilities that are no longer operational), resulting in a sample of 580. After the distribution of the sample per district, the sample was further adjusted to 623 health facilities.
- ii. The sample of 623 health facilities was distributed proportionately to the number of health facilities per region.
- iii. The number of health facilities assigned to a region was then distributed proportionately to the number of health facilities in each district in the region.
- iv. Then the number of health facilities assigned to a district was further divided proportionately to the distribution of hospitals, health centers/clinics, and CHPS.
- v. Facilities within each category in each district will be selected randomly across rural and urban areas (where feasible).

Total number of facilities and sample of facilities for each region

Region	Number of Districts	Number of facilities				Sample			
		CHPS	Health center/Clinic	Hospitals	Total	CHPS	Health center/Clinic	Hospitals	Total
Ashanti	43	1111	397	182	1690	177	68	43	288
Central	22	446	210	32	688	71	35	16	122
Upper East	15	363	112	16	491	57	18	8	83
Volta	18	318	169	31	518	50	27	12	89
Oti	8	173	49	7	229	28	8	5	41
TOTAL	106	2411	937	268	3616	383	156	84	623

## APPENDIX 3: QUESTIONNAIRE

### Health Facility Assessment Questionnaire

#### Evaluating the Inclusion of Family Planning Within the National Health Insurance (NHI) Benefits Package in Ghana

**Instructions for researcher:** Address this questionnaire to the In-Charge of the health facility, or a designated individual who is knowledgeable about the health facility and family planning services in the health facility. Let the in-charge or facility designee know you will ask general questions about the facility and the availability of family planning services at the facility. The form can be completed over more than one visit or call and by consulting more than one staff member from the facility.

**Setting where the instrument will be used:** This instrument will be used in selected health facilities in all the FP Pilot regions.

**Obtain oral permission from the In-Charge or facility designee prior to conducting this questionnaire.**

**Note:** All instructions for Research Assistants are written in bold and italicized.

Q#	IDENTIFICATION													
A1	HEALTH FACILITY REGION 1=Ashanti    2=Central    3=Upper East    4=Volta    5=Oti	<input type="checkbox"/>												
A2	HEALTH FACILITY DISTRICT _____	<input type="checkbox"/>												
A3	HEALTH FACILITY SUB DISTRICT _____													
A4	HEALTH FACILITY NAME _____													
A5	TYPE OF HEALTH FACILITY  1 = Regional Hospital                      2 = Municipal/District Hospital 3 = Health Centre/Clinic                  4 = Community-based Health Planning Services (CHPS) 6=Other (Specify) _____              5 = Maternity Homes	<input type="checkbox"/>												
A6	Location of health facility	1. Rural 2. Urban												
A7	MANAGING AUTHORITY? ( <i>Select only one</i> )	1. Government 2. NGO/Not-for-profit 3. Private-for-profit 4. Mission/Faith-based 5. Quasi-Government 6. Other (specify) _____												
A8	SITE                      1=FP Pilot                      2=Non-FP Pilot	<input type="checkbox"/>												
A9	RESPONDENTS POSITION ( <i>write the codes of respondent's administrative position</i> )  1 = Administrator 2 = Facility in-charge 3 = Medical director 4 = Pharmacist 5 = RCH/FP in-charge 6 = Other (specify) _____	RESPONDENT 1 <input type="checkbox"/> RESPONDENT 2 <input type="checkbox"/> RESPONDENT 3 <input type="checkbox"/>												
A10	Method of interview 1 = By phone    2 = In person    3 = Both methods	<input type="checkbox"/>												
A11	INTERVIEW RESULT 1 = Completed 2 = Partially Completed 3 = Refused 4 = Other (Specify) _____	<input type="checkbox"/>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">DATA COLLECTOR <input type="checkbox"/></td> <td style="width: 33%; text-align: center;">SUPERVISOR <input type="checkbox"/></td> <td style="width: 33%; text-align: center;">PC DATA CENTRE <input type="checkbox"/></td> </tr> <tr> <td>First Name: _____</td> <td>First Name: _____</td> <td>First Name: _____</td> </tr> <tr> <td>Surname: _____</td> <td>Surname: _____</td> <td>Surname: _____</td> </tr> <tr> <td>Date: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></td> <td>Date: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></td> <td>Date: <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></td> </tr> </table>			DATA COLLECTOR <input type="checkbox"/>	SUPERVISOR <input type="checkbox"/>	PC DATA CENTRE <input type="checkbox"/>	First Name: _____	First Name: _____	First Name: _____	Surname: _____	Surname: _____	Surname: _____	Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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TIME START ( <i>use the 12-hour clock</i> )		Hour: <input type="text" value=""/> <input type="text" value=""/> Minutes: <input type="text" value=""/> <input type="text" value=""/> AM/PM: <input type="text" value=""/> <input type="text" value=""/>												
<b>SECTION 1: BASIC INFORMATION</b>														
<p><b>Instructions to read aloud:</b> To start with, I will ask you general questions about this facility to get a better understanding of the state of the facility and the services provided here. These are important questions – there is no right or wrong answer and we appreciate your honesty.</p>														



No.	QUESTIONS AND CODING CATEGORIES	RESPONSE																								
101.	<b>Facility catchment area (for the year 2021)</b> <i>i. Catchment area population</i> <i>ii. Women aged 15-49 years in the catchment area</i>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																								
102.	Is this facility open 24 hours a day, 7 days a week for service provision?	1. Yes → <b>Go to Q104</b> 2. No																								
103.	Why not?  (i.e., Why is this facility not open 24 hours a day, 7 days a week for service provision?)  <b>(select all applicable)</b>	1. Lack of available health workers 2. Lack of equipment 3. Management issues 4. Lack of demand 5. Religious/Cultural issues 6. Security issues 7. Other (specify) _____																								
104.	Does this facility provide family planning services?	1. Yes → <b>Go to Q106</b> 2. No																								
105.	Why not?  (i.e., Why is this facility not providing family planning services?)  <b>(select all applicable)</b>	1. Lack of trained health workers 2. Lack of commodities 3. Lack of equipment 4. Management issues 5. Lack of demand 6. Religious/Cultural issues 7. Other (specify) _____  <b>(End Interview)</b>																								
106.	Which family planning method(s)/service(s) does this facility provide?  <b>(select all that apply)</b>	1. FP counseling 2. Male condom 3. Female condom 4. Pills (Oral Contraceptives) 5. Injectables 6. Implants → <b>Q108</b> 7. IUD → <b>Q108</b> 8. Female sterilization → <b>Q108</b> 9. Male sterilization → <b>Q108</b> 10. Emergency contraceptives 11. Natural methods (e.g., Cycle beads for standard days method)																								
107.	<b>ASK: Why not?</b>  (i.e., why is this facility unable to provide at <b>LEAST ONE</b> Long-Acting Reversible Contraceptive Method)  <b>(select all that apply)</b>	1. Lack of trained health workers 2. Lack of commodities 3. Lack of equipment 4. Management issues 5. Lack of demand 6. Religious/Cultural issues 7. Other (Specify) _____																								
108.	When was the last time you provided the family planning method(s)/services you mentioned in <b>Q106</b> ?  <b>(select only one response)</b> 1 = In the last one week 2 = In the last one month 3 = In the last six months 4 = In the last one or more years	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 80%;">FP methods</th> <th style="width: 20%;">Response</th> </tr> </thead> <tbody> <tr> <td>1. FP counseling</td> <td></td> </tr> <tr> <td>2. Male condom</td> <td></td> </tr> <tr> <td>3. Female condom</td> <td></td> </tr> <tr> <td>4. Pills (Oral Contraceptives)</td> <td></td> </tr> <tr> <td>5. Injectables</td> <td></td> </tr> <tr> <td>6. Implants</td> <td></td> </tr> <tr> <td>7. IUD</td> <td></td> </tr> <tr> <td>8. Female sterilization</td> <td></td> </tr> <tr> <td>9. Male sterilization</td> <td></td> </tr> <tr> <td>10. Emergency contraceptives</td> <td></td> </tr> <tr> <td>11. Natural methods (e.g., Cycle beads for standard days method)</td> <td></td> </tr> </tbody> </table>	FP methods	Response	1. FP counseling		2. Male condom		3. Female condom		4. Pills (Oral Contraceptives)		5. Injectables		6. Implants		7. IUD		8. Female sterilization		9. Male sterilization		10. Emergency contraceptives		11. Natural methods (e.g., Cycle beads for standard days method)	
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10. Emergency contraceptives																										
11. Natural methods (e.g., Cycle beads for standard days method)																										

No.	QUESTIONS AND CODING CATEGORIES	RESPONSE
109.	Does this facility offer adolescent-friendly family planning services?	1. Yes → <b>Go to Q111</b> 2. No
110.	Why not?  (i.e., Why is this facility NOT providing adolescent-friendly family planning services?)  <i>(select all applicable)</i>	1. Lack of trained health workers 2. Lack of commodities 3. Lack of equipment 4. Management issues 5. Lack of demand 6. Religious/Cultural issues 7. Other (specify) _____
111.	Does this facility provide <b>GENERAL</b> health services under the <b>National Health Insurance Scheme</b> (NHIS) package?	1. Yes → <b>Go to Q113</b> 2. No
112.	Why not?  (i.e., why is this facility unable to provide health services under the <b>National Health Insurance Scheme</b> (NHIS) package)  <i>(select all that apply)</i>	1. Facility is not credentialed 2. Inactive credentialling 3. Lack of training in NHIA SOPs 4. Lack of equipment 5. Management issues 6. Legal issues 7. Delays in provider reimbursement 8. Facility not interested 9. Other (Specify) _____
113.	Has any health provider in this facility received training on submitting National Health Insurance Scheme (NHIS) claims?	1. Yes → <b>Go to Q115</b> 2. No
114.	Why not?  (i.e., why has no health provider in this facility been trained in submitting National Health Insurance Scheme (NHIS) claims?)  <i>(select all that apply)</i>	1. Facility is not credentialed 2. Inactive credentialling 3. Lack of training in NHIA SOPs 4. Lack of equipment 5. Management issues 6. Legal issues 7. Delays in provider reimbursement 8. Facility not interested 9. Other (Specify) _____
115.	<b>If YES to Q111, ASK</b>  Does this facility provide <b>family planning</b> services under the <b>National Health Insurance Scheme</b> (NHIS) package?	1. Yes 2. No → <b>Go to Q117</b>
116.	Which family planning method(s)/Service(s) does this facility provide under the <b>National Health Insurance Scheme</b> (NHIS) package?  <i>(select all that apply)</i>	1. FP Counseling 2. Male condom 3. Female condom 4. Pills (Oral Contraceptives) 5. Injectables 6. Implants 7. IUD 8. Female sterilization 9. Male sterilization 10. Emergency contraceptives 11. Natural methods (e.g. Cycle beads for standard days method) → <b>Go to Q120</b>
117.	Why not?  (i.e., why is this facility unable to provide <b>family planning</b> services under the <b>National Health Insurance Scheme</b> (NHIS) package)  <i>(select all that apply)</i>	1. Facility is not credentialed 2. Inactive credentialling 3. Lack of equipment 4. Management issues 5. Legal issues 6. FP not included in NHIS package 7. Delays in provider reimbursement 8. Facility not interested 9. Other (Specify) _____

No.	QUESTIONS AND CODING CATEGORIES	RESPONSE
118.	Is this facility willing to provide <b>family planning</b> services under the <b>National Health Insurance Scheme (NHIS)</b> package?	1. Yes → <b>Go to Q120</b> 2. No
119.	Why not?  (i.e., why is this facility not willing to provide family planning services under the <b>National Health Insurance Scheme (NHIS)</b> package)  <b>(select all that apply)</b>	1. Facility is not credentialled 2. Inactive credentialling 3. Lack of trained health workers 4. Lack of equipment 5. Management issues 6. Legal issues 7. FP not included in NHIS benefit package 8. Delays in provider reimbursement 9. Facility not interested 10. Other (Specify) _____
120.	On average, how many days each week are family planning services provided at this facility?	1. 1 2. 2 3. 3 4. 4 5. 5 → <b>Go to Q122</b> 6. 6 → <b>Go to Q122</b> 7. 7 → <b>Go to Q122</b>
121.	Why not?  (i.e., why is this facility not able to provide family planning services at least 5 days a week?)  <b>(select all applicable)</b>	1. Lack of trained health workers 2. Lack of commodities 3. Lack of equipment 4. Management issues 5. Lack of demand 6. Religious/Cultural issues 7. Other (Specify) _____
122.	On average, how many hours per day are family planning services provided?	<input type="text"/> <input type="text"/>
123.	Does this facility provide contraceptives after post-abortion care (PAC)?	1. Yes → <b>Go to Section 2</b> 2. No
124.	Why not?  (i.e., Why is this facility not able to provide contraceptives after Post Abortion Care (PAC)?)  <b>(select all that apply)</b>	1. Lack of trained health workers 2. Lack of commodities 3. Lack of equipment 4. Management issues 5. Religious/Cultural issues 6. Legal issues 7. Other (Specify) _____
<b>SECTION 2: AVAILABILITY OF FAMILY PLANNING SERVICES</b>		
<b>Instructions to read aloud:</b> Now I am going to ask some questions about this facility's family planning resources. For some questions, I may request for evidence or to be taken to a specific area of the facility so that I can observe it myself.		
201.	Is there a designated area/section of the facility where family planning services are provided including counseling?	1. Yes 2. No
202.	Is there a waiting area for family planning clients, where they are protected from sun and rain?	1. Yes 2. No
203.	Are there seats for family planning clients in the waiting area?	1. Yes 2. No
204.	Does the facility have a designated room for family planning service provision?	1. Yes → <b>Go to Q206</b> 2. No
205.	If no, where are family planning services provided in this facility?	1. Shared room 2. Other (Specify) _____
206.	Is privacy and confidentiality ensured in the room?	1. Yes 2. No
207.	Is there a couch/bed for examination in the room for family planning service provision?	1. Yes 2. No

No.	QUESTIONS AND CODING CATEGORIES	RESPONSE
208.	Is there a toilet (latrine) in functional condition which is available for family planning clients' use?	1. Yes 2. No
209.	Is there a sign at the entrance of the facility or on the exterior of the building indicating family planning services are available?	1. Yes 2. No
210.	<i>Observe or get evidence &amp; record whether any of the following are available in the room where family planning services are provided.</i>  <i>(select all applicable)</i>	1. Samples of various FP methods (e.g., condoms, injectable, pills) 2. Penis model 3. IUD model 4. Posters for general promotion of FP 5. Counseling flip charts 6. Pregnancy checklist 7. WHO Medical Eligibility Criteria (MEC) Wheel 8. FP service protocol 9. Other (specify) _____
211.	What method of counseling do you use for your clients?  <i>(select all applicable)</i>	1. Group counseling 2. Individual counseling 3. Other (specify): _____
212.	What materials do you use to counsel clients about the use of contraceptive methods?  <i>(select all applicable)</i>	1. Visual aids (i.e., flip charts and posters) 2. Models 3. Samples of commodities 4. No materials available 5. Other (specify material): _____
213.	Are there printed materials about family planning (booklets, fliers, and leaflets) available for clients to take home?  <i>(Ask to see the printed materials)</i>	1. Yes, verified 2. Yes, not verified 3. Not seen
214.	How are patients scheduled for family planning services?  <i>(select all that are applicable)</i>	1. Walk in 2. Appointment 3. Referral 4. Other (specify): _____
215.	How long on the average is the wait time for a client to be seen by a family planning provider?  <i>Note: "Wait time" is the total time client arrives until consultation with a provider.</i>	Minutes <input type="text"/> <input type="text"/>
216.	Is the facility able to provide services to <b>ALL</b> family planning clients each day?  <i>(i.e., does staff supply meet client demand?)</i>	1. Yes → <b>Go to 219</b> 2. No
217.	How do you ensure your clients are provided with family planning services?	1. Booked for next/another day 2. Referred to other facilities 3. Other (specify): _____
218.	Why not? (i.e., Why is this facility <b>NOT</b> able to provide services to ALL family planning clients each day)  <i>(select all that apply)</i>	1. Lack of trained health workers 2. Lack of commodities 3. Lack of equipment 4. Management issues 5. Religious/Cultural issues 6. Legal issues 7. Other (Specify) _____
219.	<b>Ask</b> , if there is an <b>increase in demand</b> for family planning services, does the facility have enough capacity to provide family planning services?	1. Yes → <b>Go to Q221</b> 2. No

No.	QUESTIONS AND CODING CATEGORIES	RESPONSE
220.	Why not? (i.e., Why is this facility unable to provide family planning services if there is an increase in demand)  <i>(select all that apply)</i>	1. Lack of trained health workers 2. Lack of space/limited rooms available 3. Lack of commodities 4. Lack of equipment 5. Management issues 6. Other (Specify) _____
221.	What tests are routinely conducted on women when they come for family planning services?  <i>(select all that are applicable)</i>	1. HIV test 2. Urine test 3. Pap smear 4. Pregnancy test 5. Other(specify test) _____
222.	<b>IF</b> HIV testing is conducted on FP clients, what services are provided to the client if the client tests positive?  <i>(select all that are applicable)</i>	1. Linked to ART clinic 2. Referred to the laboratory for CD4 testing 3. Other, specify service: _____
223.	Is there a link between an HIV/ART clinic and the FP clinic?	1. Yes 2. No → <b>Go to Section 3</b>
224.	If yes, what is the link?	1. Referrals between HIV clinic and FP clinic 2. Referrals between FP clinic and HIV clinic 3. Other (specify link) _____
<b>SECTION 3: AVAILABILITY OF FP COMMODITIES</b>		
<b>Instructions to read aloud:</b> Now I am going to read a list of contraceptives to get a better understanding of which contraceptives are available at this facility and how many were dispensed or performed in the past month. For the following contraceptives listed, could you please respond by saying whether the contraceptive is usually “always available”, “sometimes available”, “rarely available” or “never available” when a client requests for them at this facility.		
301.	Male condoms	1. Always available → <b>Go to Q304</b> 2. Sometimes available → <b>Go to Q304</b> 3. Rarely available 4. Never available → <b>Go to Q303</b>
302.	If “rare” availability for male condoms above, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason) _____ → <b>Go to Q304</b>
303.	If “never available” for male condoms, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason) _____
304.	Female condoms	1. Always available → <b>Go to Q307</b> 2. Sometimes available → <b>Go to Q307</b> 3. Rarely available 4. Never available → <b>Go to Q306</b>
305.	If “rare” availability for female condoms above, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason) _____

No.	QUESTIONS AND CODING CATEGORIES	RESPONSE
		→ <b>Go to Q307</b>
306.	If “never available” for female condoms, why?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason) _____
307.	Pills (Oral contraceptives)	1. Always available → <b>Go to Q310</b> 2. Sometimes available → <b>Go to Q310</b> 3. Rarely available 4. Never available → <b>Go to Q309</b>
308.	If “rare” availability for pills (oral contraceptives) above, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason): _____  → <b>Go to Q310</b>
309.	If “never available” for pills (oral contraceptives), what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason) _____
310.	1-month injectables	1. Always available → <b>Go to Q313</b> 2. Sometimes available → <b>Go to Q313</b> 3. Rarely available 4. Never available → <b>Go to Q312</b>
311.	If “rare” availability for 1-month injectables above, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason) _____  → <b>Go to Q313</b>
312.	If “never available” for 1-month injectables, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other, (specify reason) _____
313.	3-months injectables	1. Always available → <b>Go to Q316</b> 2. Sometimes available → <b>Go to Q316</b> 3. Rarely available (poor) 4. Never available → <b>Go to Q315</b>
314.	If “rare” availability for 3-months injectables above, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other, (specify reason) _____  → <b>Go to Q316</b>

No.	QUESTIONS AND CODING CATEGORIES	RESPONSE
315.	If “never available” for 3-months injectables above, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason)_____
316.	Implants	1. Always available → <b>Go to Q319</b> 2. Sometimes available → <b>Go to Q319</b> 3. Rarely available 4. Never available → <b>Go to Q318</b>
317.	If “rare” availability for implants (rods) above, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason) _____  → <b>Go to Q319</b>
318.	If “never available” for implants (rods), what reason(s)?	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason)_____
319.	IUDs	1. Always available → <b>Go to Q322</b> 2. Sometimes available → <b>Go to Q322</b> 3. Rarely available 4. Never available → <b>Go to Q321</b>
320.	If “rare” availability for IUDs above, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason)_____
321.	If “never available” for IUDs, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason)_____
322.	Female Sterilization	1. Always available → <b>Go to Q325</b> 2. Sometimes available → <b>Go to Q325</b> 3. Rarely available 4. Never available → <b>Go to Q324</b>
323.	If “rare” availability for female sterilization above, what reason(s)?  <i>(select all applicable)</i>	1. Providers not trained to administer 2. Inadequate equipment/tools to provide services 3. Other (specify reason)_____
		→ <b>Go to Q325</b>

No.	QUESTIONS AND CODING CATEGORIES	RESPONSE
324.	If “never available” for female sterilization, what reason(s)?  <i>(select all applicable)</i>	1. Providers not trained to administer 2. Inadequate equipment/tools to provide services 3. Other (specify reason)_____
325.	Male Sterilization	1. Always available → <b>Go to Q328</b> 2. Sometimes available → <b>Go to Q328</b> 3. Rarely available 4. Never available → <b>Go to Q327</b>
326.	If “rare” availability for male sterilization above, what reason(s)?  <i>(select all applicable)</i>	1. Providers not trained to administer 2. Inadequate equipment/tools to provide services 3. Other (specify reason)_____
327.	If “never available” for male sterilization, what reason(s)?  <i>(select all applicable)</i>	1. Providers not trained to administer 2. Inadequate equipment/tools to provide services 3. Other (specify reason)_____
328.	Emergency contraceptives	1. Always available → <b>Go to Q331</b> 2. Sometimes available → <b>Go to Q331</b> 3. Rarely available 4. Never available → <b>Go to Q330</b>
329.	If “rare” availability for emergency contraceptives above, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason)_____
330.	If “never available” for emergency contraceptives, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason)_____
331.	Natural methods e.g., Cycle beads	1. Always available → <b>Go to Q334</b> 2. Sometimes available → <b>Go to Q334</b> 3. Rarely available 4. Never available → <b>Go to Q333</b>
332.	If “rare” availability for natural methods above, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 4. Other (specify reason)_____
333.	If “never available” for cycle beads, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Inadequate equipment/tools to provide services 5. Other (specify reason)_____



No.	QUESTIONS AND CODING CATEGORIES	RESPONSE																																																						
334.	Are there any other modern contraceptive method that you provide at this facility?	1. Yes (specify): _____ 2. No → <b>Go to Q337</b>																																																						
335.	Would you say this method is “always available”, “fairly/sometimes available”, or “rarely available”?	1. Always available → <b>Go to Q337</b> 2. Sometimes available → <b>Go to Q337</b> 3. Rarely available (poor)																																																						
336.	If “rare” availability for “other” method above, what reason(s)?  <i>(select all applicable)</i>	1. Inadequate quantity 2. Providers not trained to administer 3. Poor equipment/tools to provide services 4. Other (specify reason) _____																																																						
337.	For each of the following items, please check in the facility records if there has been a stock-out in the past 3 months:	<table border="1"> <thead> <tr> <th></th> <th>Stock-out in the past 3 months</th> <th>No stock-out in past 3 months</th> <th>Not indicated</th> <th>Commodity not offered</th> <th>Facility record not available</th> </tr> </thead> <tbody> <tr> <td>Male condom</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Female condom</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Pills (oral contraceptives)</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Injectables</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Implants</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>IUD</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Emergency contraceptives</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Natural methods (e.g., cycle beads)</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table>		Stock-out in the past 3 months	No stock-out in past 3 months	Not indicated	Commodity not offered	Facility record not available	Male condom	1	2	3	4	5	Female condom	1	2	3	4	5	Pills (oral contraceptives)	1	2	3	4	5	Injectables	1	2	3	4	5	Implants	1	2	3	4	5	IUD	1	2	3	4	5	Emergency contraceptives	1	2	3	4	5	Natural methods (e.g., cycle beads)	1	2	3	4	5
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<b>SECTION 4: SUPPLY CHAIN AND LOGISTICS</b>																																																								
<p><b>Instructions for Research Assistant (NOT to be read aloud):</b> Ensure that the designated individual you are speaking with is knowledgeable about the health facility’s stock-keeping of FP supplies and logistics.</p> <p><b>Instructions to read aloud:</b> I will now ask general questions about the facility’s stock-keeping supplies and logistics methods and practices.</p>																																																								
401.	Have you or any staff of this facility received logistics management training in the past 24 months?	1. Yes 2. No																																																						
402.	Do you use stock cards/bin cards/inventory cards, a stock ledger, or any other forms to manage the family planning commodities in this facility?  <i>(select all that are applicable)</i>	1. Stock cards/bin card/inventory card 2. Stock ledger 3. Other, specify forms: _____																																																						
403.	Do the stock-keeping logistics forms include stock on hand, quantities used, losses and adjustments, and/or other information?  <i>(select all that are applicable)</i>	1. Stock on hand 2. Quantities used 3. Losses and adjustments 4. Other, specify information: _____																																																						
404.	How often are these reports that contain logistics data or records sent to the higher level?	1. Monthly 2. Quarterly 3. Semi-annually 4. Annually 5. Other, specify frequency: _____																																																						

No.	QUESTIONS AND CODING CATEGORIES	RESPONSE
405.	When was the last time you requested for family planning commodities at this facility?	1. Less than one month ago 2. 1-2 months ago 3. 3 months ago 4. More than 3 months ago 5. Never → <b>Go to Q407</b>
406.	On average, approximately how long does it take between ordering and receiving family planning commodities?	1. Less than 2 weeks 2. 2 weeks to 1 month 3. Between 1 and 2 months 4. More than 2 months
407.	Which authority determines this facility's family planning commodities re-supply quantities?	1. The facility itself 2. Higher-level facility 3. District Health Management Team 4. Other, specify: _____
408.	How are the facility's family planning commodities re-supply quantities determined?	1. Calculated using formula 2. Remaining stock 3. Stipulated ration 4. Other means, specify: _____
<b>SECTION 5: ESSENTIAL FAMILY PLANNING EQUIPMENT AND SUPPLIES</b>		
<b>Instructions to read aloud:</b> This section of the questionnaire is to better understand the supplies and materials that are available at this facility. I have a checklist to complete. Please take me to the area where the Family Planning supplies are stored and administered.		
501.	<b>Instructions for Research Assistant (NOT to be read aloud):</b> For the following supplies and materials, observe and indicate whether (select one for each): (1) equipment/commodity is available and working; (2) equipment/commodity is available but NOT working; (3) equipment/commodity is not available.	
		1                  2                  3
a.	Spotlight source (flashlight or examination light)	
b.	Couch/bed and stool for examination & procedures	
c.	Table/trolley for tray setup	
d.	Blood pressure apparatus	
e.	Stethoscope	
f.	Weighing scale	
g.	Sterile needle and syringe	
h.	Armrest for Implant insertion	
i.	Vaginal speculum	
j.	Tenaculum	
k.	Sponge Holding forceps	
l.	kidney Dishes	
m.	Curved Mosquito Artery Forceps	
n.	Gallipots	
o.	Uterine Sound	
p.	Alligator Forceps	
q.	Soap for handwashing	
r.	Single-use towel/Disposable tissue	
s.	Flowing water or veronica bucket for handwashing	
t.	Decontamination solution for clinical equipment (chlorine) with 0.5 concentration	
u.	Plastic buckets for decontamination	
v.	Disposable gloves/Sterile gloves	
w.	Safety box / Yellow box / Sharps box	
x.	Waste bin (hard-sided, pedal-operated)	
y.	Lining for waste bin	
z.	Antiseptic (e.g., Savlon & Iodine)	

**SECTION 5 (a): HUMAN RESOURCES – STAFF VOLUMES**

**Table 1: Facility Staff Volumes**

*Instructions to read aloud:* For this next section, I'm going to ask you to indicate the number of staff at this facility, broken down into groups based on clinical experience and certification. I'll ask that you list the total number of staff for each position type, the number trained in family planning service provision, and the number providing FP services.

502.		No. of staff	No. of staff trained to provide FP services	No. of staff providing FP services
a.	Doctor(s)			
b.	Medical or Physician assistant			
c.	Public Health Nurse			
d.	Midwife			
e.	State Registered Nurse			
f.	Community Health Nurse			
g.	Enrolled Nurse			
h.	Pharmacist			
i.	Other staff (specify type) _____			

**SECTION 5 (b): HUMAN RESOURCES – STAFF ACTIVITIES**  
**Table 2: Staff Performed Activities**

**Instructions to read aloud:** For this chart, please indicate whether, at this facility, the indicated provider type provides the under-listed service and/or method.

503.		FP counseling	Male Condom	Female condom	Oral contraceptives (Pills)	1-month Injectables	3-months injectables	Implants	IUD	Female sterilization	Male sterilization	Emergency Contraceptives	Cycle beads	None
a.	Doctor													
b.	Medical or Physician assistant													
c.	Public Health Nurse													
d.	Midwife													
e.	State Registered Nurse													
f.	Community Health Nurse													
g.	Enrolled Nurse													
h.	Pharmacist													
i.	Other staff (specify type)													

**Section 5 (c) - HUMAN RESOURCES – STAFF TRAINING**  
**Table 3: Provider Types and Services/Methods Training**

		<b>Instructions to read aloud:</b> This last chart is to get a better understanding of whether you or any staff at this facility has attended an in-service training on family planning in the <b>past two years</b> . For each provider-type listed and each Family planning service and/or contraceptive method, please indicate whether or not the providers have attended any service training for that service or contraceptive method in the <b>past two years</b> .													
504.		FP counseling	Male condoms	Female condoms	Oral contraceptives	Injectable	Implants	IUD	Female sterilization	Male sterilization	Emergency contraceptives	Natural methods (cycle beads)	Infection prevention	STI counseling	None
a.	Doctor														
b.	Medical or Physician assistant														
c.	Public Health Nurse														
d.	Midwife														
e.	State Registered Nurse														
f.	Community Health Nurse														
g.	Enrolled Nurse														
h.	Pharmacist														
i.	Other staff (specify type)														

<b>SECTION 6: REGISTRY VERIFICATION OF METHOD VOLUMES</b>		
<b>Instructions to read aloud:</b> Thank you very much for generously taking the time to complete this questionnaire with me. As a last and final step, I am going to ask questions about how this facility records and reports family planning data.		
<b>No.</b>	<b>QUESTIONS AND CODING CATEGORIES</b>	<b>RESPONSE</b>
601.	Is family planning offered in different units in this facility?	1. Yes 2. No → <b>Go to Q605</b>
602.	<b>CHECK, IF Q601 is "YES"</b>  <b>ASK</b> , if family planning is offered in different units, does each of the units have a register/logging system for family planning service records?	1. Yes 2. No → <b>Go to Q605</b>
603.	How does this facility collate all family planning records together?  <i>(select all that are applicable)</i>	1. A dedicated person goes around the units to collate the records 2. Someone from the unit brings the records to the main FP unit 3. No one collates the FP records from different units 4. Other (specify) _____
604.	If FP records from different units are collated, at what interval is this done?	1. Every day 2. Every week 3. Once a month 4. Twice a month 5. Every quarter 6. Only when we are preparing a report 7. Never 8. Other (specify) _____
605.	How is family planning data recorded in this facility?  <i>(select all applicable)</i>	1. Family planning register 2. Family planning daily logbook 3. e-Tracker 4. rsLog 5. Other (specify) _____
606.	How is the family planning data reported in this facility?  <i>(select all applicable)</i>	1. Monthly report forms 2. District Health Information Management System (DHIMS) 3. Other (specify) _____
607.	Observe the family planning clients register. Are all columns filled correctly and completely?	1. Yes 2. No
608.	Observe the monthly reports on family planning. Are the monthly reports up-to-date, complete and reflect daily services register?	1. Yes 2. No
TIME END <i>(use the 12-hour clock)</i>		Hour: <input type="text"/> <input type="text"/> Minutes: <input type="text"/> <input type="text"/> AM/PM: <input type="text"/> <input type="text"/>

**To read aloud:** Thank you very much for your time. The information you have provided is very helpful. All information collected today will be kept strictly confidential, but the information gathered today will be very helpful for a better understanding of family planning services throughout Ghana.