In order to address the challenge of improving access to quality care in family planning, a number of partners in Ghana, led by the WHO, developed a work aid – the simplified Medical Eligibility Criteria (MEC) Wheel in 2004. Following the field tests in Ghana and Eritrea, the tool was finalized, produced and distributed to family planning providers in several countries including Ghana. Having been in use for a few years, it was timely to determine the usefulness of the tool. A study was therefore commissioned by the WHO Country Office in Ghana to evaluate the usefulness of the simplified Medical Eligibility Criteria Wheel with technical and financial support from AFRO. The present report describes the evaluation and summarizes the results of the study, which were strongly positive.
Family planning (FP) is recognized as a key intervention for reducing maternal mortality and improving the health of women and children.

Over the past 40 years, there have been major advances in scientific knowledge as a result of research. This has resulted in the development of a wider choice of new contraceptive methods and improvements in the safety and effectiveness of existing methods. Unfortunately the full range of modern family planning methods still remains unavailable to at least 350 million couples worldwide, many of whom want to space or prevent future pregnancies.

In 1996, WHO published a document entitled “Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria” (WHO, 1996). A second edition of this document was published in 2000 (WHO, 2000). The document was intended to be used by policy-makers and family planning programme managers to enable them prepare guidelines for service delivery of contraceptives. A number of countries including Ghana had used the document to develop guidelines for use by service providers. Unfortunately the documents produced were often too bulky, not user-friendly and time consuming to use.

In order to address this challenge, a number of partners in Ghana led by the WHO used the WHO guide to develop a work aid – the simplified MEC Wheel in 2004 (see Figure 1).

The development of the tool was an attempt to adapt the MEC Wheel for utilization by service providers especially those in more remote settings where information on the safety of methods may be lacking.

Following field tests in Ghana and Eritrea, the tool was finalized, produced and distributed to family planning providers in several countries including Ghana.

Having been in use for a few years, it was timely to determine the usefulness of the tool.

A study was therefore commissioned by the WHO country office in Ghana to evaluate the wheel’s usefulness with technical and financial support from AFRO.

OBJECTIVES

The objective of the evaluation is to provide WHO, Ghana Health Services and partners evidence that the MEC Wheel is an effective tool for family planning.

SPECIFIC OBJECTIVES

- To determine the completeness, accuracy, user-friendliness, usefulness and handiness of the MEC Wheel.
- To ascertain whether there are any sections of the wheel culturally unacceptable to family planning service providers.
• To identify the most useful and least useful sections of the wheel.
• To determine the proportion of family planning service providers who would recommend the regular use of the MEC wheel.

**METHODOLOGY**

A survey involving family planning service providers in public health facilities throughout the 10 regions of Ghana was conducted. The main data collection tools employed were structured questionnaires with open- and close-ended questions.

Statistical analysis of the data was performed using EPI-Info (version 6). Qualitative responses from open-ended questions were analysed manually in terms of emerging themes and related to the study objectives.

Ethical approval was obtained from the Director General of the Ghana Health Service, the 10 regional directors and district directors in the selected districts.

**KEY FINDINGS**

A total of 121 health providers responded to the questionnaires giving a response rate of 81%. They were made up of nurses (59.5%), midwives (22.3%) and Community Health Nurses (CHN) (7.4%) among others. A majority of them (38%) were working in hospitals compared with 28.1% each in clinics and health centres. (The headquarters of the Ghana Health Service accounted for 5%.)

**Usefulness**

Approximately 71% of medical officers found the MEC wheel useful while 83% and 73% of midwives and nurse respectively found the wheel very useful.

**Difficulties in decision making following the introduction of the MEC Wheel**

In terms of decision making on the choice of method for the clients (77.7%) of the respondents reported having no difficulties in deciding on whether a client could use a particular method or not following the introduction of the MEC Wheel to them.

**User-friendliness**

The majority (94.2%) of respondents described the wheel as very friendly to use and 95% also described it as extremely useful to their operations. Most (82.6% of the respondents) found all four sections of the wheel useful.

**Accuracy**

Almost all the respondents (98%) described the MEC Wheel as very accurate with only one respondent describing it as not very accurate.

**Acceptance of the MEC Wheel guidelines**

A majority of the respondents (98.3%) reported agreeing with all the guidelines provided with the MEC Wheel.
Comprehensiveness
On how comprehensive they have found the MEC Wheel, 86% described it as most comprehensive while about 11% felt it was somewhat comprehensive. Only one respondent found the MEC Wheel totally incomprehensive. About 92% of the respondents reported to have found the directions for the use of the wheel to be very clear and easy to understand. Though there were differences in the level of clarity and understanding among the professionals interviewed, it was not statistically significant ($X^2 = 13.852, p = 0.537$).

View on the size of the wheel
Most of the respondents (92%) found the size of the wheel to be just the right. While 5.8% of them felt it was too big, the remaining 2.2% felt it was too small.

Handiness
About 94% of the respondents were of the view that the MEC Wheel was very handy while 5.8% felt otherwise.

Information provided
Though a majority (79.3%) of the respondents felt the information on the wheel was adequate, nearly 20% of them reported that there were times that they felt they needed more information in order to use the wheel. Some of the additional information needed included pictures, to explain further to the clients, and information on menstruation.

Cultural acceptability of the wheel
Almost all respondents (112) found the MEC Wheel to be culturally acceptable. Only one respondent reported to have found sections of the wheel to be culturally unacceptable. Most (89.3%) indicated that they never found it embarrassing anytime they had to refer to the MEC Wheel to find out whether a patient could use a particular method or not. Only 3 (2.5%) of them, consisting of one CHN and two nurses reported this difficulty. On whether they would recommend the use of the wheel on a daily basis for family planning service providers, almost all the respondents (98.3%) responded in the affirmative. An overwhelming majority (97%) of the respondents considered the development of the MEC Wheel as a “best practice” to improving accessibility to family planning. Only three respondents (three CHNs) answered = negatively.

GENERAL IMPRESSIONS OF THE WHEEL
Table 1 presents the general rating of respondents’ impressions about the MEC Wheel. Nearly 50% of the respondents assessed the completeness of the wheel to be excellent while another 38% felt it was very good. In this regard only 2.5% called for further improvements. A little over half of them scored the accuracy of the wheel as excellent. About 8% however felt it was satisfactory. With regard to its user-friendliness, the majority scored either very good or

Table 1. Respondents’ impression of the MEC Wheel

<table>
<thead>
<tr>
<th>Impressions</th>
<th>Completeness</th>
<th>Accurate</th>
<th>User-friendliness</th>
<th>Usefulness</th>
<th>Handiness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Needs improvement</td>
<td>3</td>
<td>2.5</td>
<td>1</td>
<td>0.8</td>
<td>1</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>9</td>
<td>7.4</td>
<td>10</td>
<td>8.3</td>
<td>6</td>
</tr>
<tr>
<td>Very good</td>
<td>46</td>
<td>38.0</td>
<td>44</td>
<td>36.4</td>
<td>29</td>
</tr>
<tr>
<td>Excellent</td>
<td>60</td>
<td>49.6</td>
<td>63</td>
<td>52.1</td>
<td>82</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td>2.5</td>
<td>3</td>
<td>2.5</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>100</td>
<td>121</td>
<td>100</td>
<td>121</td>
</tr>
</tbody>
</table>
excellent. Again, it was generally described as incredibly useful. Finally, about 60% assessed its handiness as excellent, while 4%, however, felt there was the need for some improvement.

CONCLUSIONS

The evaluation results show that the MEC Wheel was found useful by all categories of staff as it provided guidelines in assisting their clients to choose and use a family planning method appropriate for them. In addition, the MEC Wheel is regarded as a good tool and should be extended to all cadres of health care providers including family planning attendants in public and private health facilities.

Currently, the training and use of the MEC Wheel is limited to only in-service training, as a result only those providing family planning services benefit from it. The trainings should therefore take into consideration pre-service medical, midwifery and nursing students in both public and private institutions.

The evaluation also documented some of the challenges in using the MEC Wheel. They included the absence of pictures. The fact that some providers did not recognize vital conditions on the wheel such as sickle-cell diseases, renal failure and, essentially, side effects of contraceptives, which are present on the wheel, has serious implications for their training in the use of the MEC Wheel and should be carefully addressed in future programmes.

Finally, the MEC Wheel is a working tool and should be kept safe at facility level for other health providers in the FP field to access and use. Related to this, providers who are privileged to have the opportunity to participate in the training programme should share their new knowledge with colleagues to make the whole programme more useful and effective.

REFERENCES