



# 2022 ANNUAL REPORT

NSAWAM- ADOAGYIRI MUNICIPAL HEALTH DIRECTORATE

## **EXECUTIVE SUMMARY**

The Nsawam-Adoagyiri Municipal Health Directorate is dedicated to providing preventive, promotive, rehabilitative, and curative health services at all levels, in collaboration with other municipal agencies and departments as well as its development partners. This is done in order to maintain constant communication and a seamless referral system that enables continuity of health services for every individual both inside and outside the municipality. In order to fulfil this part of its mandate, timely, accurate and relevant information on the health status and health services in the municipality is essential, for decision making at all levels of the health services delivery which includes effective and efficient planning. The information contained in this report are mainly summaries of service data from all the sub-municipals, health facilities (Government, Private, Christian Health Association of Ghana – CHAG and Quasi-Government).

The safe motherhood indicators shows sustained ANC coverages over the three-year period being reviewed that is, 204.1% (2020); 192.2% (2021) and 127.1% (2022) with 81.1% making 4th visit in 2022. The rate of skilled delivery is also encouraging with the municipality recording 123% for the year under review. The municipality however recorded two (2) maternal deaths representing a maternal mortality ratio of 26 per 100,000 LBS.

The municipality also achieved 101.2% municipal immunization coverage in 2022, using penta-3 coverage as proxy. However, coverage for Covid-19 vaccination was 41.2% which was below the target for the year. Disease surveillance continues to improve across the municipality coupled with appropriate early treatment and response systems. 18 measles cases were suspected as well as 2 AFP cases. 4 rabies cases were also identified of which 2 fatalities were reported. 104 Tuberculosis cases were diagnosed of which 2 were classified as Multi-drug resistance (MDR) for the year 2022. 171% and 54% were the coverages recorded for vitamin A supplementation for ages 6-11 months and 12-59 months respectively in 2022.

It is worth noting that the year under review also saw an increase to improvements in data capture and completeness.

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **Municipal Profile**

The Nsawam Adoagyiri Municipality is one of the thirty-three administrative Districts in the Eastern region of Ghana. It lies in the South-Eastern part of the Eastern Region and covers a land area of about 205 sq km. The Municipality before its separation by the Legislative Instrument (LI 1839) into two (2) in September 2012 was called Akwapim South Municipality and is now called Nsawam Adoagyiri Municipality. It was upgraded from District to a Municipality in January 2008.

In terms of spatial interaction, it is bordered to the south by the Ga West District in the Greater Accra Region and to the North by Ayensuano District, to the West by Upper West Akim District, and the East by Akwapim South District.

The Municipal capital Nsawam is a gap town along the main highway linking the coastal lands to the Northern part of the country that is the Accra-Kumasi Road.

This provides opportunities for commercial activities in the town, particularly the trading of food items e.g. bread, etc.

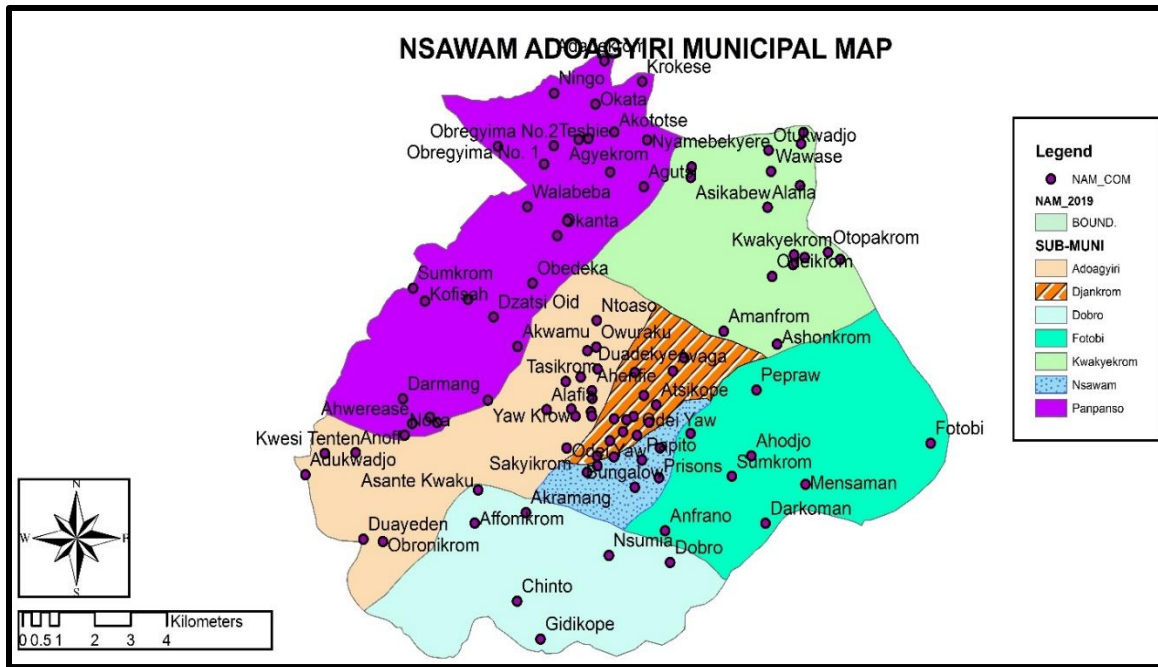


Figure 1: Municipal Map

The Municipality consists of Seven (7) sub Municipals namely; Adoagyiri, Djankrom, Nsawam, Fotobi, Dobro, Kwakyeokrom and Panpanso with about 135 communities. The estimated population for the municipality is One Hundred and Fifty eight Thousand, eight Hundred and sixty eight (158,868)

*Table 1: Population distribution by Sub-Municipals for 2022*

<b>SUB-MUNICIPAL</b>	<b>2022 Population</b>	<b>Population &lt; 1 year</b>	<b>Population of Children 24-59 Months</b>	<b>Population &lt; 5 years</b>	<b>Population 15-19 years</b>	<b>WIFA</b>
<b>Adoagyiri</b>	<b>33259</b>	1,330	3,492	6,153	7517	7982
<b>Djankrom</b>	<b>24831</b>	993	2,607	4,594	5612	5959
<b>Dobro</b>	<b>24152</b>	966	2,536	4,468	5458	5796
<b>Fotobi</b>	<b>16987</b>	679	1,784	3,143	3839	4077
<b>Kwakyekrom</b>	<b>11353</b>	454	1,192	2,100	2566	2725
<b>Nsawam</b>	<b>30869</b>	1,235	3,241	5,711	6976	7409
<b>Panpanso</b>	<b>17417</b>	697	1,829	3,222	3936	4180
<b>TOTAL</b>	<b>158,868</b>	<b>6,355</b>	<b>16,681</b>	<b>29,391</b>	<b>35904</b>	<b>38,128</b>

Table 2: Population distribution by health facilities for 2022

No.	FACILITY NAME	TOTAL POPULATION	Chn 0-11 4%	Chn 24-59 16 %	Chn 0-59 20 %	Adolescents 22.9 %	WIFA 24.0 %
1	Akyinaso CHPS	3674	147	588	735	841	882
2	Densuso CHPS	3442	138	551	688	788	826
3	Duayeden Anoff CHPS	3345	134	535	669	766	803
4	Sakyikrom CHPS	3953	158	632	791	905	949
5	Sabon Zongo	4901	196	784	980	1122	1176
6	Signboard CHPS	4051	162	648	810	928	972
7	Adoagyiri Zongo	5005	200	801	1001	1146	1201
8	Ntoaso CHPS	4888	196	782	978	1119	1173
9	<b>ADOGYIRI</b>	<b>33259</b>	<b>1330</b>	<b>5321</b>	<b>6652</b>	<b>7616</b>	<b>7982</b>
10	Asante Akura CHPS	6255	250	1001	1251	1432	1501
11	Djankrom West CHPS	7594	304	1215	1519	1739	1823
12	Oparekrom CHPS	6697	268	1072	1339	1534	1607
13	Wofapaye CHPS	4285	171	686	857	981	1028
14	<b>DJANKROM</b>	<b>24831</b>	<b>993</b>	<b>3973</b>	<b>4966</b>	<b>5686</b>	<b>5959</b>
15	Akramang CHPS	3276	131	524	655	750	786
16	Chinto CHPS	5625	225	900	1125	1288	1350
17	Ankwah Dobro CHPS	5249	210	840	1050	1202	1260

18	Dobro Elshadai CHPS	4889	196	782	978	1120	1173
19	Lantei CHPS	5113	205	818	1023	1171	1227
20	<b>DOBRO</b>	<b>24152</b>	<b>966</b>	<b>3864</b>	<b>4830</b>	<b>5531</b>	<b>5796</b>
21	Ahodjo Okobeyeye CHPS	4716	189	755	943	1080	1132
22	Asiyaw CHPS	3662	146	586	732	839	879
23	Cannary Qtr CHPS	4703	188	752	941	1077	1129
24	Fotobi CHPS	3906	156	625	781	894	937
25	<b>FOTOBI</b>	<b>16987</b>	<b>679</b>	<b>2718</b>	<b>3397</b>	<b>3890</b>	<b>4077</b>
26	Kwakyekrom CHPS	2245	90	359	449	514	539
27	Bowkrom CHPS	1220	49	195	244	279	293
28	Kwasikrom CHPS	1460	58	234	292	334	350
29	Nkyenkyene Amanfro CHPS	2817	113	451	563	645	676
30	Otukwadjo CHPS	3611	144	578	722	827	867
31	<b>KWAKYEKROM</b>	<b>11353</b>	<b>454</b>	<b>1816</b>	<b>2271</b>	<b>2600</b>	<b>2725</b>
32	Bank Road	9721	389	1555	1944	2226	2333
33	Duayden CHPS	5561	222	890	1112	1273	1335
34	Nsawam Central CHPS	6051	242	968	1210	1386	1452
35	Ntokuma CHPS	5454	218	873	1091	1249	1309
36	Papito CHPS	4082	163	653	816	935	980
37	<b>NSAWAM</b>	<b>30869</b>	<b>1235</b>	<b>4939</b>	<b>6174</b>	<b>7069</b>	<b>7409</b>

38	Darmang CHPS	6228	249	996	1246	1426	1495
39	Kofisah CHPS	4830	193	773	966	1106	1159
40	Krokese CHPS	3144	126	503	629	720	755
41	Ningo CHPS	3215	129	514	643	736	772
42	<b>PANPANSO</b>	<b>17417</b>	<b>697</b>	<b>2787</b>	<b>3483</b>	<b>3988</b>	<b>4180</b>
<b>TOTAL</b>		<b>158,868</b>	<b>6,355</b>	<b>25,419</b>	<b>31,774</b>	<b>36,381</b>	<b>38,128</b>

### **Ethnicity and Religion**

The Akans form the majority in terms of ethnicity followed by other tribes such as Ga Adangbe, Ewes, and people of northern descent. The religious groups in the municipality are Christians, Islamic, and other diverse groups.

### **Economic Activities**

The major economic activity is agriculture. Mainly in the cultivation of Pineapple, pawpaw, mango, and other fruits that are sold in commercial quantities Bread making is also one area of commercial activity that people are involved in Nsawam. The Municipality is endowed with fruit processing factories and these employ a significant number of people especially the youth with jobs. Nsawam has two (2) market days in a week i.e. Mondays and Thursdays. Farmers, sellers, and buyers from in and outside the municipality patronize these market days. Nsawam is one of the busiest towns in the region.

### **Climate**

The weather condition in the Municipality is generally cool. Lying in the wet semi-equatorial climate and with a double maximal rainfall recording an average annual rainfall of between 125cm and 299cm, the first rainy season is from May to June with the heaviest rainfall experienced in June and a second rainy season from September to October, accounting for the all-year-round farming activities in the municipal.

The highest temperature averaging 30°C is recorded between March and April. With the lowest average temperature of 26°C recorded in August.

### **Road Network**

There are two major trunk roads in the municipality which are Nsawam-Suhum and Nsawam Suhum bypass roads that also connect the town to the main Accra Kumasi road. Roads are connecting other villages within Panpanso, Adoagyiri, Nsawam Sub-Municipals and some of these roads are untarred. There is another road that also connects Nsawam and Aburi which is tarred.

### **Water and Sanitation**

Sources of water available to the people of Nsawam Adoagyiri Municipality are pipe-born water, the Densu River, streams, ponds, and boreholes. It has been established that the environmental conditions of the Densu River Basins need much to be desired. Economic development, farming near water bodies, encroachment, and other human activities exacerbate the existing pollution of the river which subsequently affects the lives of inhabitants' health-wise.

Disposal of liquid waste is saddled with numerous problems from overflowing pit latrines to absolute lack of toilet facilities in some communities with the increase of human activity makes it a volatile area for disease outbreak.

The municipality is saddled with numerous sanitation problems. Among these are:

- Inefficient waste management systems
- Lack of basic sanitary logistics
- Lack of solid and liquid waste disposal Site
- Inadequate public places of convenience
- Domestic refuse disposal site
- Inappropriate slaughterhouses at Adoagyiri
- The non-pounding of animals

- Inadequate manpower at the Environmental Health Section

### **Toilet Facilities**

In the area of the household toilet and public latrines, the population is 41% and 59% respectively, therefore there is an urgent need to encourage house owners or landlords to construct household latrines as public ones are difficult to maintain. In addition to the public toilets, the municipality has through DANIDA constructed 31 institutional latrines and 362 household latrines under the Community Water and Sanitation Agency (CWSA)

### **Refuse Disposal**

On refuse disposal, 95% of the population relies on crude disposal of their household refuse. The practice has resulted in huge mountains of refuse dumps in the communities in which some are as close as 10 meters to the nearest dwelling house.

### **Slaughter House**

There is only one slaughterhouse in the Municipality located at Djankrom which is in a deplorable state. This is however located in the middle of the community which proves to be a nuisance to inhabitants. There is therefore the need to relocate the slaughterhouse to a more convenient place. A piece of land at Akwamu a suburb of Nsawam has been demarcated for a new modernized slaughterhouse has been constructed and is 90% complete.

### **Health Service**

The municipality is endowed with different types of health facilities ie Hospitals, Health Centres, Clinics and Community-based Health Planning Services (CHPS) that engage in health service delivery and provide different kinds of services. These facilities' ownership consist of public, private, mission clinics (CHAG) and Quasi Government.

The Municipality has (1) District Hospital, (2) Hospitals, (6) Health Centres, (6) Clinics, (35) CHPS Zones with all being functional. The municipality has only four (4) permanent CHPS compounds and these are Kofisah, KwakyeKrom, Akramang, and Chinto/Nsumia compounds.

## List of health facilities

<b>No.</b>	<b>Facility Name</b>	<b>Type</b>	<b>Ownership</b>
1	Adoagyiri Health Centre	Health Centre	Government
2	Adoagyiri Zongo CHPS	CHPS	Government
3	Akyinaso CHPS	CHPS	Government
4	Densuso CHPS	CHPS	Government
5	Duayeden Anoff CHPS	CHPS	Government
6	New Life Hospital	Hospital	Private
7	Notre Dame Clinic	Clinic	CHAG
8	Ntoaso CHPS	CHPS	Government
9	Sakyikrom CHPS	CHPS	Government
10	Signboard CHPS	CHPS	Government
11	Zabon-Zongo CHPS	CHPS	Government
12	Asante Akura CHPS	CHPS	Government
13	Djankrom Health Centre	Health Centre	Government
14	Djankrom West CHPS	CHPS	Government
15	Oparekrom CHPS	CHPS	Government
16	Wofapaye CHPS	CHPS	Government
17	A&B Community Clinic	Clinic	Private
18	Akramang CHPS	CHPS	Government
19	Ankwa Dobro CHPS	CHPS	Government
20	Blue Skies Clinic	Clinic	Private
21	Chinto CHPS	CHPS	Government

<b>22</b>	Dobro Elshadai CHPS	CHPS	Government
<b>23</b>	Lantei CHPS	CHPS	Government
<b>24</b>	TopMED Clinic	Clinic	Private
<b>25</b>	Ahodjo Okobeyeye CHPS	CHPS	Government
<b>26</b>	Cannary Quarters CHPS	CHPS	Government
<b>27</b>	Fotobi Health Centre	Health Centre	Government
<b>28</b>	Gracevillie Hospital	Hospital	Private
<b>29</b>	Yaw Adipa/Asiyaw CHPS	CHPS	Government
<b>30</b>	Bowkrom CHPS	CHPS	Government
<b>31</b>	Kwakyekrom CHPS	CHPS	Government
<b>32</b>	Kwasikrom Kwame Boafo CHPS	CHPS	Government
<b>33</b>	Nkyenkyene Amanfro CHPS	CHPS	Government
<b>34</b>	Otukwadjo CHPS	CHPS	Government
<b>35</b>	Duayeden CHPS	CHPS	Government
<b>36</b>	Bankroad CHPS	CHPS	Government
<b>37</b>	Nsawam Central CHPS	CHPS	Government
<b>38</b>	Nsawam Government Hospital	District Hospital	Government
<b>39</b>	Nsawam Health Centre	Health Centre	Government
<b>41</b>	Ntokuma CHPS	CHPS	Government
<b>42</b>	Papito CHPS	CHPS	Government
<b>43</b>	Prisons Clinic	Clinic	Quasi- Government
<b>44</b>	Darmang H/C	Health Centre	Government
<b>45</b>	Kofisah CHPS	CHPS	Government

46	Krokese CHPS	CHPS	Government
47	Ningo CHPS	CHPS	Government
48	Obregyima Health Centre	Health Centre	CHAG

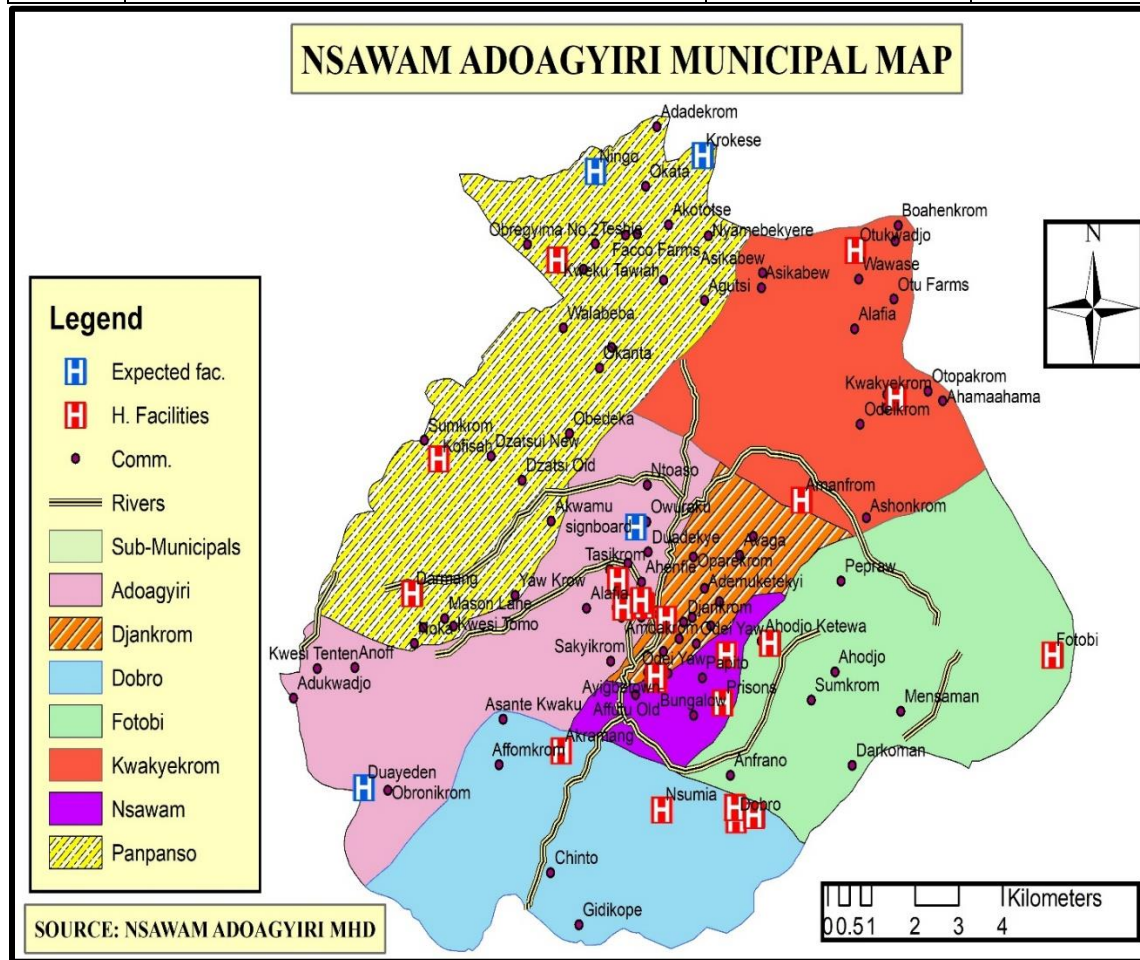


Figure 2: Distribution of health facilities within the municipality

Table 3: CHPS Implementation From 2020-2022

<b>INDICATOR</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Number of CHPS Zones	<b>35</b>	<b>35</b>	<b>35</b>
No. of functional CHPS Zones	<b>20</b>	<b>29</b>	<b>35</b>
No. permanent CHPS compounds	<b>2</b>	<b>2</b>	<b>4</b>
Number of CHPS compounds under construction	<b>3</b>	<b>2*</b> (70% complete)	<b>2*</b> (85% complete)
Number of CHOs trained	<b>35</b>	<b>0</b>	<b>0</b>

Table 4: Status of CHPS Implementation

<b>INDICATOR</b>	<b>2022</b>
No. of CHPS zones without compounds but with CHO's assigned	30
No. of CHPS with temporal compounds	5
No. of staff working in all the CHPS	40
No. of staff needed to make all demarcated zones fully functional	48

## Schools

There are two hundred and five (206) schools in the municipality, the majority of them are public schools.

Table 5: Ownership of the schools in the municipality

<b>Ownership</b>	<b>Number</b>
Public Schools	141
Private School	65

Table 6: Categories of schools in the municipality

<b>Type</b>	<b>Number</b>
Tertiary	1
Secondary School	3
JHS	58
Primary	144

## **CHAPTER TWO**

### **REPRODUCTIVE AND CHILD HEALTH UNIT (RCH)**

#### **Introduction**

The RCH Unit is one of the units of the Municipal Health Directorate which sees to the implementation of Reproductive and Child Health activities in the municipality. Performance review is optimum in the health sector which enables managers assess and re-strategize towards organizational goals. Periodic assessment of the Service's performance at all levels is critical to create and sustain an effective organization.

#### **Data source**

The primary source of data is the District Health Information Management System (DHIMS) II.

#### **Activities carried out**

- Safe motherhood training for midwives.
- Onsite coaching on Family Planning Re-registration and reporting.
- Integrated supportive supervision to sub-Municipals.
- Maternal mortality audits.
- Adolescent Reproductive Health Training for selected staff.
- Sensitization of sex education and Reproductive Health.
- Attachment of Sub-Municipal Midwives to the Government Hospital for refresher.

## ANC Services

The objective of antenatal care is to provide, promote and maintain the health of pregnant women and their foetus. It aims to establish contact with pregnant women in order to detect and manage current health issues and provide prompt care to prevent complication during pregnancy, delivery and post-delivery. The package of antenatal services includes clinical care, iron, folic and fersolate supplementation including nutrition education, malaria prevention through intermittent preventive treatment (IPT) and promotion of the use of insecticide treated nets (ITN) among others.

**ANC Annual Target: 80%**

**Table 7: Antenatal Coverage by sub- municipals**

	2020	2021	2022		
SUB-MUNICIPAL	ANC REG.	ANC REG.	2022 TARGET	ANC REG.	COV. (%)
<b>ADOAGYIRI</b>	1560	1525	1330	<b>1577</b>	<b>118.6</b>
<b>DJANKROM</b>	450	503	993	<b>522</b>	<b>52.6</b>
<b>DOBRO</b>	300	385	966	<b>274</b>	<b>28.4</b>
<b>FOTOBI</b>	463	526	679	<b>559</b>	<b>82.3</b>
<b>KWAKYEKROM</b>	209	178	454	<b>171</b>	<b>37.7</b>
<b>NSAWAM</b>	5371	4727	1234	<b>4349</b>	<b>352.4</b>
<b>PANPANSO</b>	637	666	697	<b>621</b>	<b>89.1</b>
<b>MUNICIPAL</b>	<b>8990</b>	<b>8510</b>	<b>6354</b>	<b>8073</b>	<b>127.1%</b>

The figure above describes the Municipality trends of Antenatal registration from 2020 to 2022. The Municipality recorded 127.1% as ANC Coverage. Dobro, Djankrom, Kwakyekrom could not meet their target nevertheless the Municipality achieved its target.

### **Adolescent Pregnancy**

To minimize the risks of unplanned pregnancies and STI including HIV/AIDS, The municipality intends reactivating Adolescent Health Clubs in all schools across the Municipality so they can get access to their Health needs. Motherhood at a very young age entails a risk of maternal death and the children of young mothers have higher risk levels of morbidity and mortality. The safety net program intends to help pregnant Adolescents receive adequate care during the period and reinstate them back to school after delivery or learn a trade to help them acquire a skill to enhance their care and make them independent. The main aim of the program is to prevent Adolescent girls from having repeated pregnancies. The Municipal had coverage of 7.7% with kwakyekrom and Panpanso Sub-Municipals exceeding 10% coverage. These sub-municipals will need a collective intervention of stakeholders to reduce the coverage of teenage/adolescent pregnancies.

**Table 8: Teenage/adolescent pregnancy**

	2020	2021	2022		
SUB-MUNICIPAL	TEEN PREG.	TEEN PREG.	ANC REG. 2022	TEEN PREG.	COV. (%)
<b>ADOAGYIRI</b>	115	100	1577	124	7.9
<b>DJANKROM</b>	50	52	522	30	5.7
<b>DOBRO</b>	25	20	274	18	6.6

<b>FOTOBI</b>	25	34	559	33	5.9
<b>KWAKYEKROM</b>	25	33	171	22	12.9
<b>NSAWAM</b>	307	284	4349	304	7.0
<b>PANPANSO</b>	85	101	621	91	14.7
<b>MUNICIPAL</b>	<b>632 (7.0%)</b>	<b>624 (7.3%)</b>	<b>8073</b>	<b>622</b>	<b>7.7%</b>

**Delivery target 60%**

**Table 9: Skilled delivery by sub-municipal**

	<b>2020</b>	<b>2021</b>	<b>2022</b>		
<b>SUB-MUNICIPAL</b>	<b>DEL.</b>	<b>DEL.</b>	<b>2022 TARGET</b>	<b>DEL.</b>	<b>COV. (%)</b>
<b>ADOAGYIRI</b>	656	555	1330	643	48.3
<b>DJANKROM</b>	84	167	993	133	13.4
<b>DOBRO</b>	84	76	966	83	8.6

<b>FOTOBI</b>	312	332	679	392	57.7
<b>KWAKYEKROM</b>	97	75	454	65	14.3
<b>NSAWAM</b>	6485	6947	1234	6168	499.8
<b>PANPANSO</b>	351	285	697	346	49.6
<b>MUNICIPAL</b>	<b>8069</b>	<b>8437</b>	<b>6354</b>	<b>7830</b>	<b>123.2%</b>

The figure above describes the Municipality trends in skilled delivery from 2020 to 2022. In the period under review, the Municipality recorded 123.2% as deliveries attended by skilled personnel. Comparatively, Fotobi, Panpanso, and Nsawam sub municipalities witness increase in skilled delivery while Kwakyekrom, Djankrom and Dobro saw a decline in skilled delivery. Nevertheless the municipality exceeded its target.

WHO recommends that every pregnant woman should be registered within the first three months of pregnancy for early detection of pregnancy complications and management as well as promoting maternal and fetal well-being. The Municipality witnessed a slight decline of first trimester registration in absolute figures in the year 2021 and 2022. There has also been a decline in third trimester registration from the year 2020 to 2022. It is a good indicator to have most of the pregnant women coming within the first trimester and a few coming in the third trimester hence the municipal will intensify home visits in order to early detect these women and provide them with the needed care to prevent complications.

**Table 10: ANC registration by trimester**

	2020		2021		2022				
<b>SUB-MUNICIPAL</b>	<b>1<sup>ST</sup> TRIM</b>	<b>3<sup>RD</sup> TRIM</b>	<b>1<sup>ST</sup> TRIM</b>	<b>3<sup>RD</sup> TRIM</b>	<b>ANC REG.</b>	<b>1<sup>ST</sup> TRIM</b>	<b>COV. %</b>	<b>3<sup>RD</sup> TRIM</b>	<b>COV. %</b>
<b>ADOAGYIRI</b>	1040	71	1156	61	<b>1577</b>	1135	71.9	91	5.8
<b>DJANKROM</b>	385	6	435	2	<b>522</b>	421	80.6	13	2,5
<b>DOBRO</b>	230	12	256	20	<b>274</b>	197	71.8	7	2.6
<b>FOTOBI</b>	329	18	388	16	<b>559</b>	420	75.1	24	4.3
<b>KWAKYEKROM</b>	130	11	129	12	<b>171</b>	123	71.9	2	1.2

<b>NSAWAM</b>	3569	531	3010	431	<b>4349</b>	2905	66.7	376	8.6
<b>PANPANSO</b>	475	35	468	47	<b>621</b>	433	69.7	40	6.4
<b>MUNICIPAL</b>	<b>6158</b>	<b>684</b>	<b>5842</b>	<b>589</b>	<b>8073</b>	<b>5634</b>	<b>69.8%</b>	<b>553</b>	<b>6.8%</b>

With the Table above, Doboro, Nsawam, Panpanso and KwakyeKrom Sub had a decline in their 3<sup>rd</sup> trimester registration between the period of 2021 and 2022, while Adoagyiri, Djankrom, and Fotobi had an increase in their third trimester registration between the period of 2021 and 2022.

This indicates that there is a need to intensify home visit to identify mothers and register them in within the first trimester of gestation. Other stakeholders should also be involved to aid create awareness on the need for first trimester registration.

**Table 11: 4<sup>TH</sup> & 8<sup>TH</sup> VISITS**

	<b>2020</b>			<b>2021</b>			<b>2022</b>		
<b>SUB-MUNICIPAL</b>	<b>ANC REG.</b>	<b>4<sup>TH</sup> VISIT</b>	<b>8<sup>TH</sup> VISIT</b>	<b>ANC REG.</b>	<b>4<sup>TH</sup> VISIT</b>	<b>8<sup>TH</sup> VISIT</b>	<b>ANC REG.</b>	<b>4<sup>TH</sup> VISIT</b>	<b>8<sup>TH</sup> VISIT</b>
<b>ADOAGYIRI</b>	1560	864	689	1525	886	717	<b>1577</b>	734	553
<b>DJANKROM</b>	450	239	32	503	248	63	<b>522</b>	241	66
<b>DOBRO</b>	300	161	86	385	260	128	<b>274</b>	193	68

<b>FOTOBI</b>	463	298	196	526	605	426	<b>559</b>	399	227
<b>KWAKYEKR OM</b>	209	125	25	178	110	38	<b>171</b>	89	27
<b>NSAWAM</b>	5371	4929	3200	4727	4479	3351	<b>4349</b>	4505	3018
<b>PANPANSO</b>	637	349	87	666	315	162	<b>621</b>	388	154
<b>MUNICIPAL</b>	<b>8990</b>	<b>6965</b> <b>(77.5%)</b>	<b>4307</b> <b>(47.9%)</b>	<b>8510</b>	<b>6903</b> <b>(81.1%)</b>	<b>4885</b> <b>(57.4%)</b>	<b>8073</b>	<b>6549</b> <b>(81.1%)</b>	<b>4103</b> <b>(50.8%)</b>

## Anaemia in pregnancy

ANAEMIA AT REGISTRATION									
	2020			2021			2022		
SUB-MUNICIPAL	HB CHE CKE D @ REG	HB @ REG<11 g/dl	HB @ REG<7 g/dl	HB CHE CKE D @ REG	HB @ REG<11 g/dl	HB @ REG<7g/ dl	HB CHEC KED @ REG	HB @ REG<11 g/dl	HB @ REG<7g/ dl
Adoagyiri	1560	445	39	1525	250	62	1577	311 (19.7%)	2 (0.1%)
Djankrom	450	11	0	503	169	0	522	79 (15.1%)	0 (0%)
Dobro	300	135	6	367	109	4	274	77 (28.1%)	0 (0%)
Fotobi	459	117	2	526	100	1	559	59 (10.5%)	0 (0%)
Kwakyekrom	209	37	1	164	26	0	168	22 (13.1%)	2 (1.2%)
Nsawam	5371	2155	41	4687	793	24	4349	969 (22.3%)	25 (0.6%)
Panpanso	637	48	4	666	50	1	621	89 (14.3%)	2 (0.3%)
<b>MUNICIPAL</b>	<b>8986</b>	<b>2948</b> <b>(32.8%)</b>	<b>93</b> <b>(1.0%)</b>	<b>8438</b>	<b>1497</b> <b>(17.7%)</b>	<b>29</b> <b>(0.34%)</b>	<b>8070</b>	<b>1606</b> <b>(19.9%)</b>	<b>31 (0.4%)</b>

ANAEMIA AT 36 WEEKS OF PREGNANCY									
	2020			2021			2022		
SUB-MUNICIPAL	HB checked @ 36 Wks	HB < 11gm/dl @36 wks	HB < 7gm/dl @36 wks	HB checked @ 36 Wks	HB < 11gm/dl @36 wks	HB < 7gm/dl @36 wks	HB checked @ 36 Wks	HB < 11gm/dl @36 wks	HB < 7gm/dl @36 wks
Adoagyiri	732	170	8	794	103	1	735	139	10
Djankrom	114	24	0	120	31	0	127	30	0
Dobro	116	57	0	146	50	0	183	41	0
Fotobi	252	60	0	425	71	0	398	57	0
Kwakyekrom	49	7	0	57	11	0	56	11	2
Nsawam	2871	1416	9	2297	628	7	2806	506	0
Panpanso	266	22	0	218	16	10	230	35	1
MUNICIPAL	4400	1756 (39.9%)	17 (0.38%)	4057	910 (22.4%)	18 (0.44%)	4535	819 (18.1%)	13 (0.28%)

#### Coverage of HB 0-11gm/dl at $\geq 36$ weeks of pregnancy

In the period under review, the Municipality recorded 39.9%, 22.4% and 18.1% of pregnant women been anaemic at 36weeks of gestation for the period of 2020, 2021 and 2022 respectively. Anaemia continue to remain a challenge in the Municipality, continuous education on four star diet, food demonstrations and deworming exercise will be carried out to help curb the situation. It will need the commitment of the pregnant women, their partners and the community at large to help reduce anaemia in pregnancy.

## Birth outcomes

Some mothers or babies die in the process of pregnancy, labour, or delivery. Comparatively, for the period of concern the Municipality recorded 61 macerated birth, and 40 fresh still birth, which has decreased as compare to 73 macerated birth, and 46 fresh still birth in the same period in 2021.

Two (2) maternal deaths were recorded in 2021 and 2022.

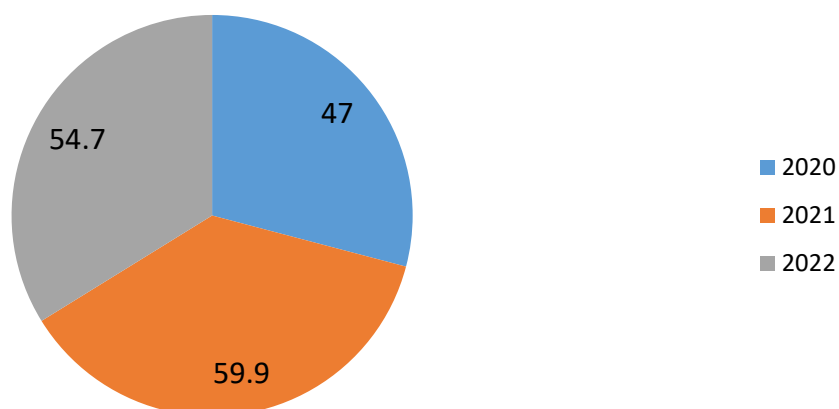
The Municipality will continue to pursue focused ANC at all levels and ensure the use of partograph to monitor the progress of labour to detect early deviation for prompt actions and also ensure necessary tools for resuscitation of newborn are available to curb this worrying trend. A well-structured referral system needs to be put in place to ensure prompt referral and intervention.

Again there's a need to collaborate with key stake holders in the municipality to aid reduce maternal and perinatal mortality in the municipality.

## IPT 3 Coverage by sub-municipals

SUB-MUNICIPAL	2020		2021		2022		
	IPT 3	% COV.	IPT 3	% COV.	ANC REG.	IPT 3	% COV.
ADOAGYIRI	621	39.8	693	45.4	1577	420	26.6
DJANKROM	243	54.0	332	66.0	522	272	52.1
DOBRO	154	51.3	197	53.6	274	217	79.1
FOTOBI	238	51.8	462	87.8	559	310	55.4
KWAKYEKROM	111	53.1	84	51.2	171	70	41.7
NSAWAM	2619	48.7	3039	64.8	4349	2808	64.5
PANPANSO	238	37.3	248	37.4	621	317	51.1
<b>MUNICIPAL</b>	<b>4224</b>	<b>47.0</b>	<b>5055</b>	<b>59.9</b>	<b>8073</b>	<b>4414</b>	<b>54.7</b>

### IPT 3 COVERAGE (%) BY MUNICIPAL



### TD2+ coverage by Sub-Municipals

SUB-MUNICIPAL	2020	2021	2022		
	TD2+	TD2+	TARGET	TD2+	% COV.
ADOAGYIRI	947	832	1330	756	56.8
DJANKROM	341	355	993	352	35.5
DOBRO	242	292	966	521	53.9
FOTOBI	293	426	679	349	51.4
KWAKYEKROM	157	130	454	108	23.8
NSAWAM	4167	3910	1234	3470	281.2
PANPANSO	485	430	697	434	62.3
<b>MUNICIPAL</b>	<b>6632</b>	<b>6375 (144.0%)</b>	<b>6354</b>	<b>5720</b>	<b>90.0%</b>

The municipal recorded 73.8%, 75.6% and 90.0% of TD2+ vaccination in the year 2020, 2021, and 2022 respectively. The municipal will continue to ensure availability of TD vaccines in all facilities to vaccinate all pregnant women during ANC visits.

**Table 12: Maternal death/still birth**

<b>INDICATOR</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>MATERNAL DEATH</b>	4	2	2
<b>AUDITED</b>	4	2	2
<b>MACERATED BIRTH</b>	70	73	61
<b>FRESH STILL BIRTH</b>	50	46	40
<b>TOTAL STILL BIRTHS</b>	120	119	101

**FP ANNUAL TARGET: 40%**

**Table 12: Family planning acceptors**

	<b>2020</b>	<b>2021</b>	<b>2022</b>		
<b>SUB-MUNICIPAL</b>	<b>FP ACCEPTORS</b>	<b>FP ACCEPTORS</b>	<b>ANNUAL TARGET</b>	<b>FP ACCEPTORS</b>	<b>COV. (%)</b>
<b>ADOAGYIRI</b>	888	960	7982	942	<b>11.8%</b>

<b>DJANKROM</b>	625	599	5959	776	<b>13.0%</b>
<b>DOBRO</b>	1141	1020	5796	573	<b>9.9%</b>
<b>FOTOBI</b>	382	537	4077	504	<b>12.4%</b>
<b>KWAKYEKROM</b>	490	574	2725	509	<b>18.7%</b>
<b>NSAWAM</b>	3368	3952	7404	4896	<b>66.1%</b>
<b>PANPANSO</b>	949	869	4180	893	<b>21.4%</b>
<b>MUNICIPAL</b>	<b>7846 (18.5%)</b>	<b>8511 (22.1%)</b>	<b>38,123</b>	<b>9093</b>	<b>23.9%</b>

### **Priorities for 2023**

- Continue with Family planning re-registration for long term clients.
- Liaise with pharmacies to report on contraceptives issued to client to help increase FP coverage.
- Reactivate Adolescent Health clubs in schools.
- Refresher training for staff in areas of need identified.
- Attach Nurses in the sub-municipal to the Hospital for refresher.
- Supportive supervision to all facilities in the Municipal

## **CHAPTER THREE**

### **NUTRITION UNIT**

#### **Introduction**

The 2022 annual report on nutrition is a detailed compilation of the activities carried out in the year under review. The following under-listed activities were carried out in the year under review.

#### Activities Carried Out

- ❖ Growth monitoring and promotion
- ❖ Vitamin A supplementation
- ❖ Scaling up of nutrition-Friendly school initiatives
- ❖ Food demonstration
- ❖ Girls Iron Folic Tablets Supplementation (GIFTS)
- ❖ Child health promotion and WBF weeks celebration
- ❖ Nation-wide nutrition surveillance
- ❖ Nutrition surveillance for severe acute malnourished children (CMAM Activities)
- ❖ Infant and young child feeding counselling
- ❖ Data compilation, validation and reporting
- ❖ Supportive supervision

**Table13: Trend in IFA 3, IFA 6, and PNC IFA**

<b>INDICATOR</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
IFA 3	92.3	100	93.4
IFA 6	76.5	85.9	74.3
PNC IFA	91.8	98.5	95.2

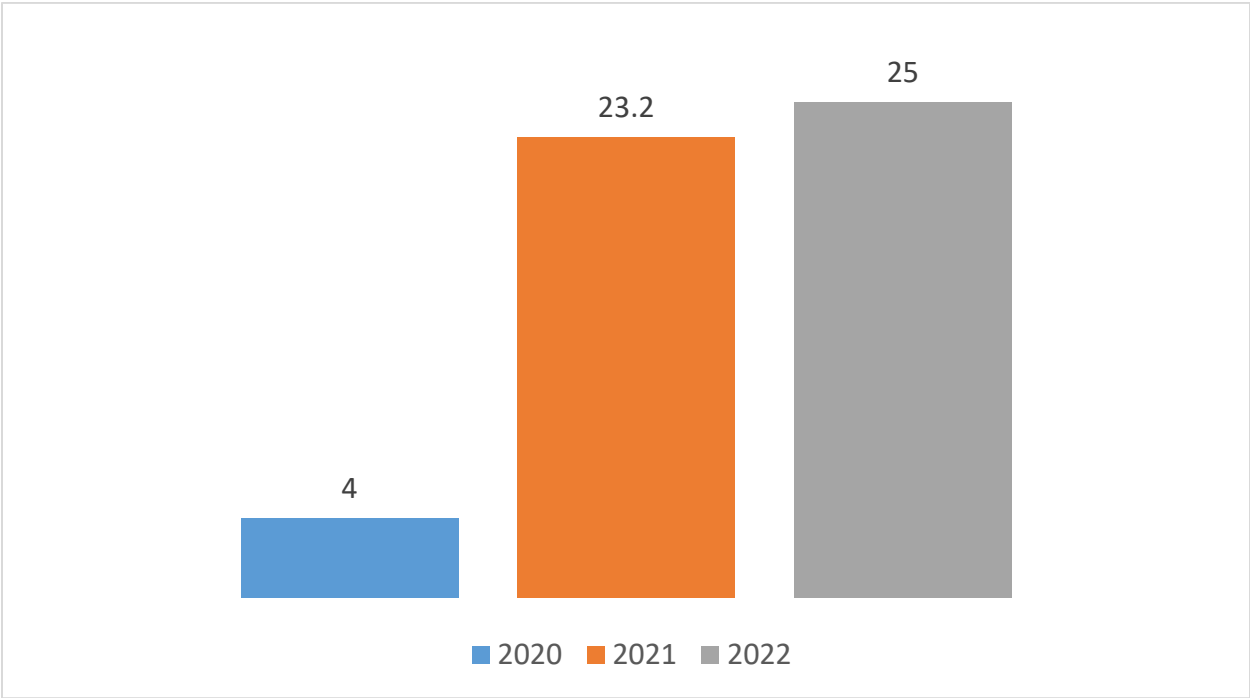
IFA supplementation has seen a constant decline this year as shown in the table above. The year before the year under review saw a massive improvement over the previous year but this year's performance is not encouraging considering the fact that anaemia is a serious threat in the Municipal.

**Table 14: Anaemia in pregnancy @ registration and @ 36 weeks**

<b>YEAR</b>	<b>MODERATE ANEAMIA (&lt;11g/dl)</b>		<b>SEVERE ANEAMIA (&lt;7g/dl)</b>	
	<b>@Registration</b>	<b>@36</b>	<b>@Registration</b>	<b>@36</b>
<b>2020</b>	<b>33.6</b>	<b>39.9</b>	<b>1.6</b>	<b>0.4</b>
<b>2021</b>	<b>17.7</b>	<b>22.9</b>	<b>1.1</b>	<b>0.4</b>
<b>2022</b>	<b>20</b>	<b>18</b>	<b>0.4</b>	<b>0.3</b>

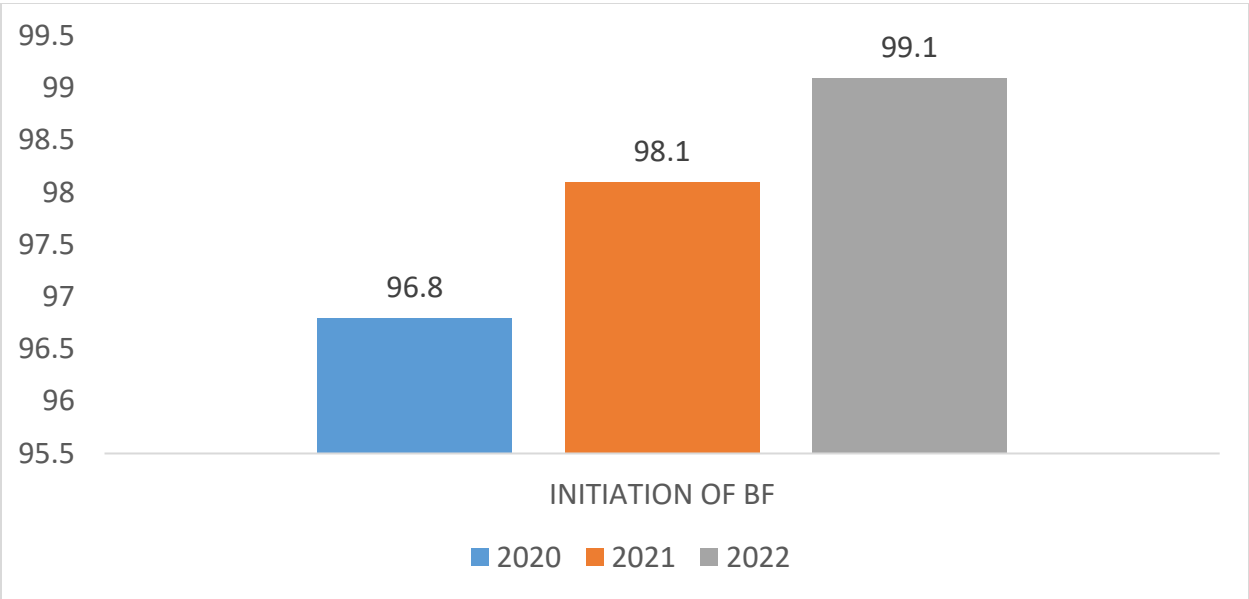
Performance in anaemia in pregnancy has improved in recent years especially the year under review. It has been brought down from 39.9% in 2020 to 18% in 2022. It has always been an issue

of concern for the Municipal. A lot of attention has been put into technical and data capturing lately. This is a great achievement for the Municipal.



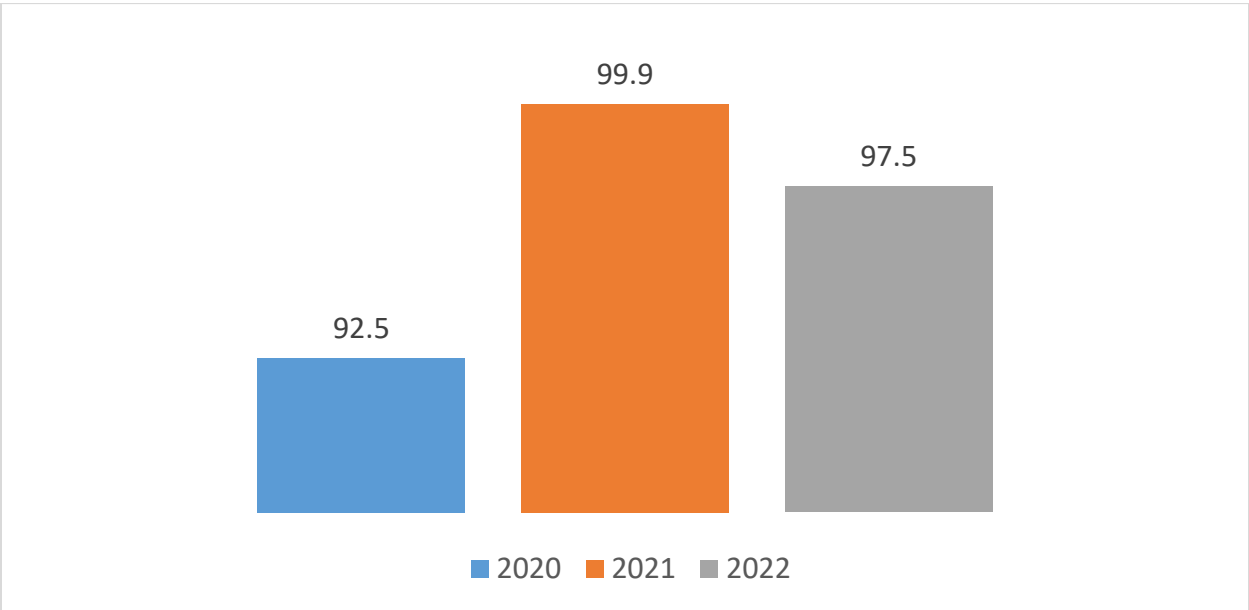
**Figure 1: Percentage of Children Under Five Screened for Stunting**

Stunting are children whose weight do not correspond with their age according to WHO standard. The three-year trend of the above graph is an indication of strategic planning in the year under review. The fact remains that there are still not enough height measurement tools in the Municipal, however, staff had to rotate these in the system on monthly basis to enable them to get enough children for their measurements to be taken.



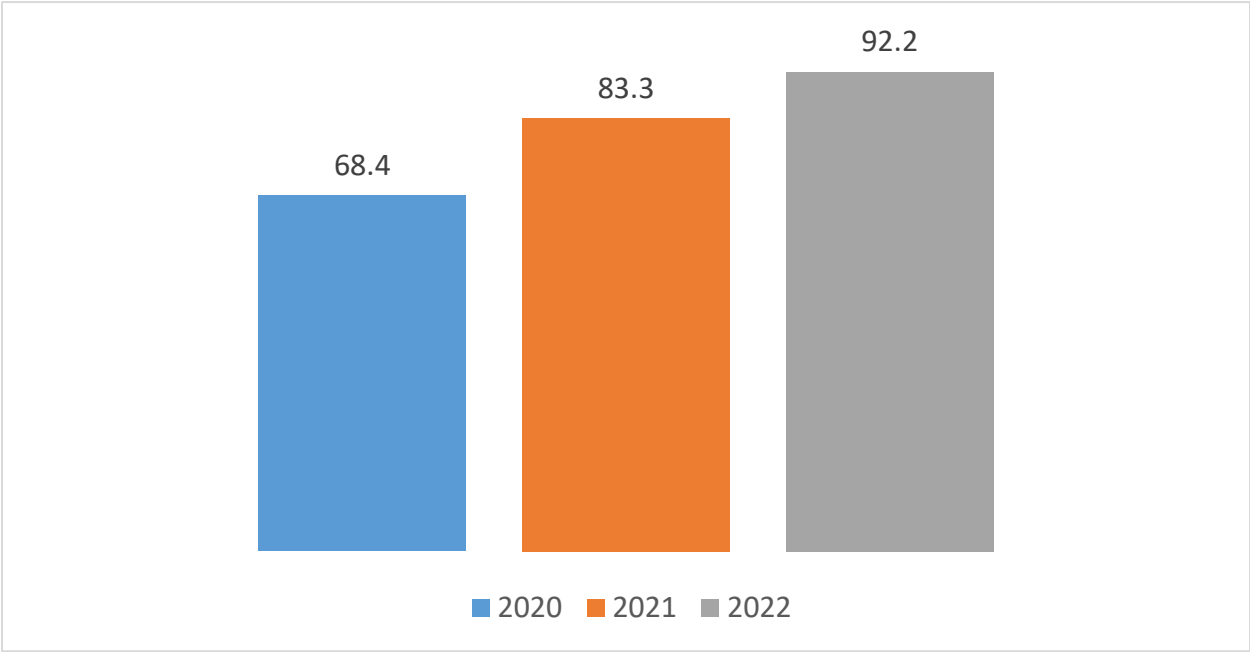
**Figure2: Trend analysis of the initiation of breastfeeding**

Performance in early initiation of breastfeeding has really gone up in the past two as against the year 2020. This could actually be attributed to the constant campaign on the subject as a result of the fact that low coverage is always linked to caesarean section.



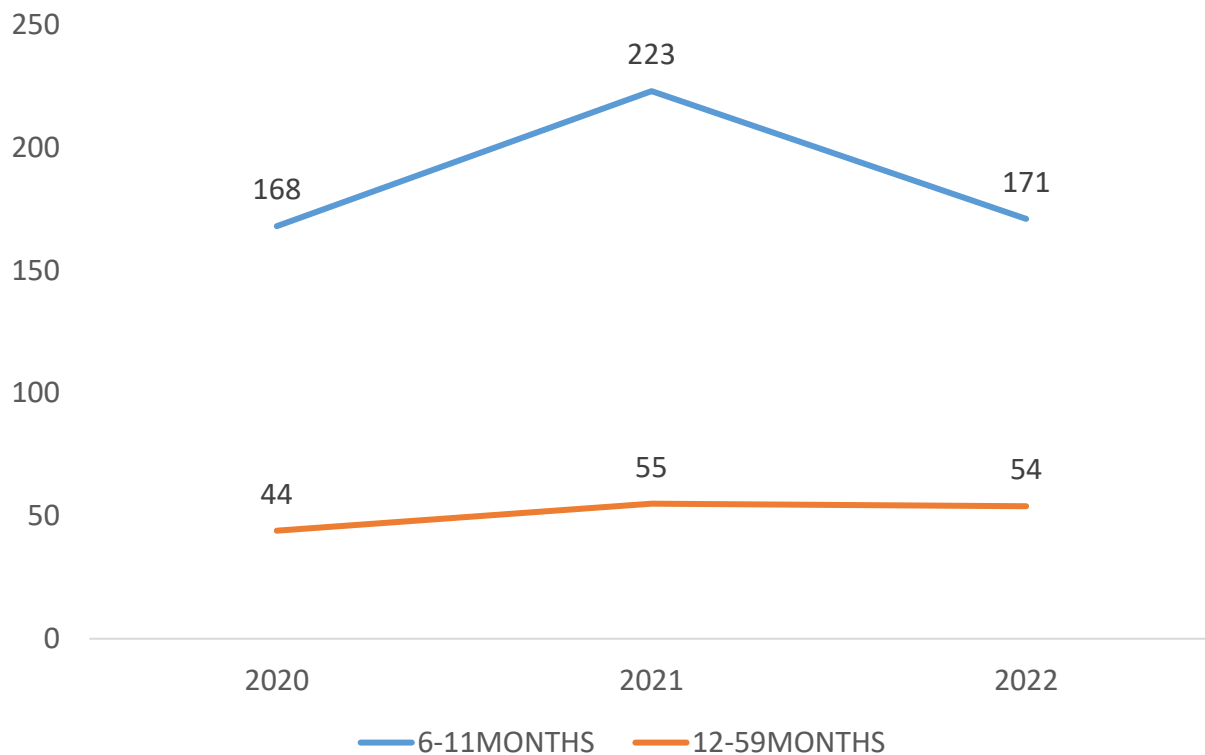
**Figure3: Trend analysis of continued breastfeeding @ 1 year**

Trend analysis showing continued breastfeeding at one year has shown a decline in the current year as against the past year. The cause of this fall could be attributed to data capturing error or otherwise.



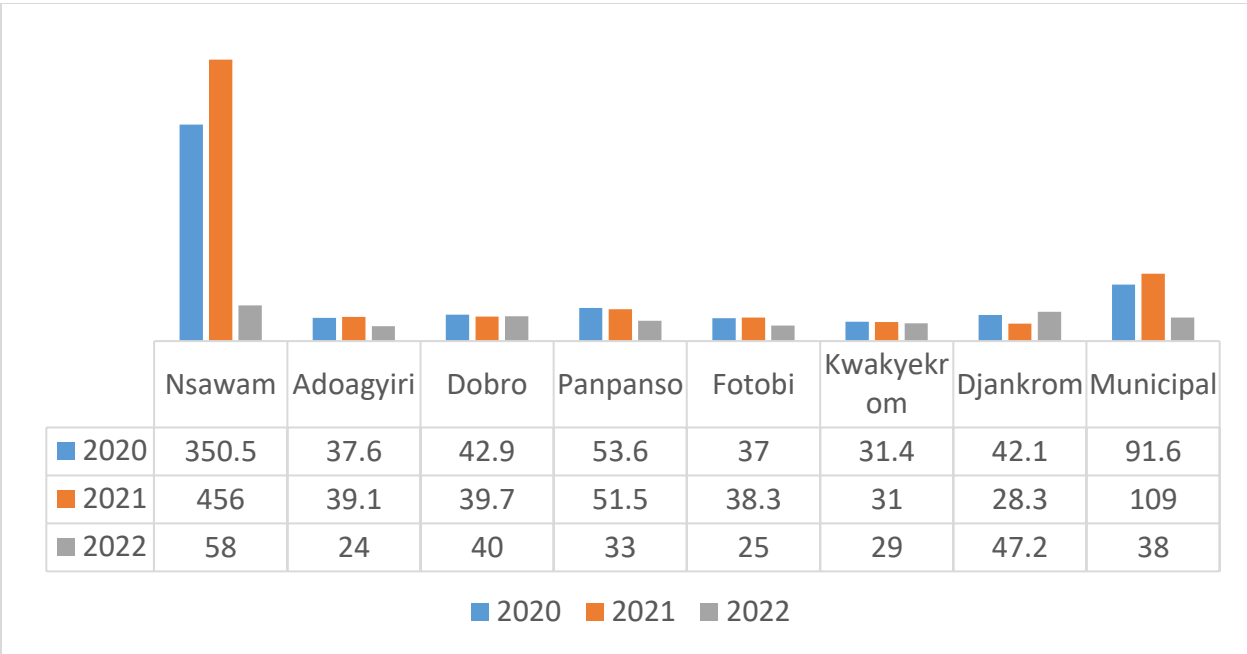
**Figure 4: Trend analysis of complementary feeding**

There is also a great improvement in the trend analysis of complementary feeding from the year 2020 to the current year under review. From 68.4% in 2020 to 92.2% in 2022 is of great improvement and as such could be attributed to the serious scrutiny of such indicator and others during report collection and feedback.



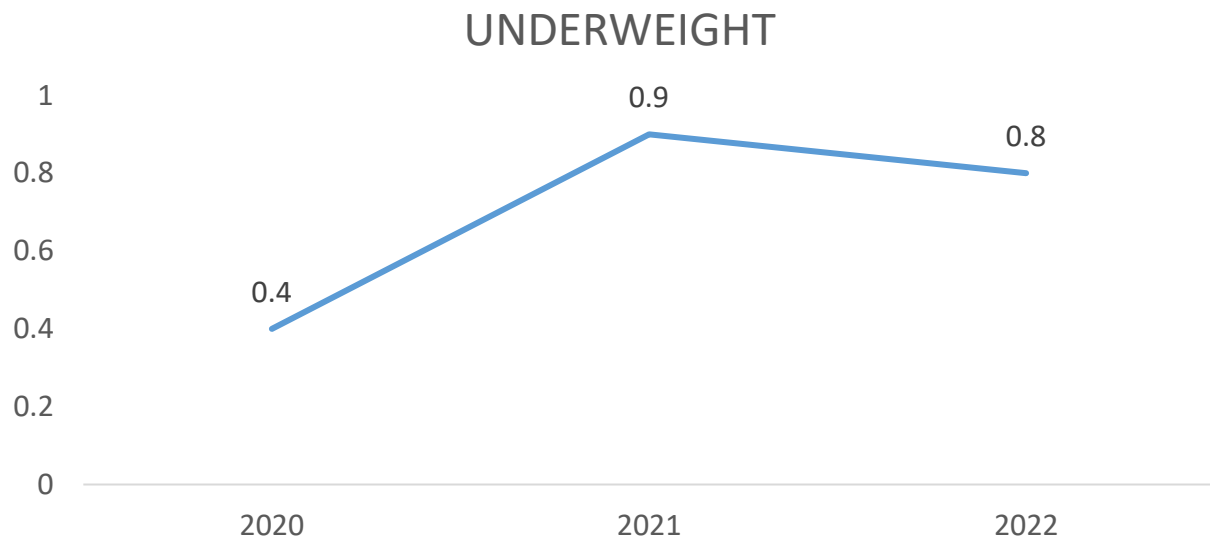
**Figure 5: Trend analysis of Vitamin A supplementation**

The red line is the analysis of the 200,000 IU of vitamin A given to children 12 months – 59 months and the blue line indicates 100,000IU which represents 6 months to 11 months age group. It is evidently clear also that, the performance this year has declined drastically due to the shortages the Municipal encountered in the year under review.



**Figure 6: Growth Monitoring and Promotion**

The general performance of growth monitoring and promotion is abysmally appalling in the year under review. The figures in the above graph don't seem to give the true reflection of what was actually done on the ground but can't seem to figure out where the problem is. All Sub-Municipals drifted so much from the previous years including the district's main source of data generation (the district hospital). The reason for such drift is due to the fact that in previous years all children under five years were re-registered in the new year resulting in high counts for registrants, unlike the year under review where only new-borns and those who have never been registered are captured as registrants, and so this anomaly accounted for the vast difference in the performance in the year under review as against the previous years.



***Figure 7: Underweight Children in the Municipality***

The above graph is a display of a three-year trend of underweight children in the municipality. The year under review has improved over the previous year by 1%. Performance on underweight has not been much of a problem in the Municipal since time immemorial. That is because the performance of the district has always been better than the national target of 3.8

# FOOD DEMONSTRATION SESSION



Food demonstrations were carried out at Chinto and Nsumia CHPs, all of Dobro Sub-Municipal. This is part of efforts to improve food micro-nutrients and iron-rich food intake in the Municipal. It was encouraging and motivating because the enthusiasm with which caregivers participated was overwhelming.

# NUTRITION-FRIENDLY SCHOOL INITIATIVE



In the year under review, the unit in collaboration with the health Promotion unit embarked on SBCC activities on nutrition-friendly school Initiatives in Schools in the Panpanso Sub-Municipal. The unit with the help of the CHOs in their catchment areas supported the schools in their us to execute this plan. It all started on the 24<sup>th</sup> of May to the 8<sup>th</sup> of June, 2020.

**The nationwide nutrition surveillance**

There was nationwide nutrition surveillance within the months of October and November in the year under review. The unit successfully took part in this exercise within the Municipality.

# NATIONWIDE NUTRITION SURVEILLANCE



## **Data validation**

Monthly Data collection and entry into dhims is one the key activities the unit carries out routinely. Data entries into the district health information system (dhims) is done before the 15<sup>th</sup> of every Month. The unit constantly validates data entered into dhims to ensure the accuracy of these data.

## **Supportive supervision**

As part of efforts to improve healthcare delivery, the health directorate embarks on a quarterly integrated monitoring activity of which the unit is part. The unit as well carries out specialise monitoring of concerns to her. Among these was the Baby-friendly hospital initiative that was carried out in the month of December.

## **Challenges**

- Inadequate case search for SAM
- Lack of funds for nutrition activities
- Non-availability of RUTF for the management of SAM cases
- Inadequate length and height measuring board

## **Way Forward**

- Screening of suspected children for SAM during CWCs
- Making due with the available home-made food to address SAM cases
- Funds should be made available for nutrition activities, monitoring, and supervision
- IFA supply should be consistent

## CHAPTER FOUR

### HEALTH PROMOTION UNIT

#### **Introduction**

The health promotion unit as part of the units under the Nsawam Adoagyiri Municipal health Directorate with its activities are expected to reduce the risk factors and maintain the health of the community members. These risk factors exposes people to unhealthy conditions and lead to sickness and diseases.

In addition, health promotion as a process of enhancing health and reducing risk of ill-health through the overlapping spheres of health education, health protection and disease prevention uses its three main strategies as mediating, advocacy and enabling to help achieve its desire goals.

Finally, our aim is to improve the coverage's of all indicators as the community members understand and know the need to assess health. This is achieve through behavior change communication, capacity building and the use of community involvement approach.

#### **Key strategies**

The key strategies used under the period of review to help meet the needs of our community members in improving their health are:

**Advocacy;** this is the process of ensuring the creation of conditions favorable to health. In view of this the municipal assembly and other stakeholders were engaged and used.

**Enabling; this** is by creating a supportive environment but also giving people the information and skills that they need to make healthy choices. Some activities to achieve this is health education through the various existing channels.

**Mediating;**

## **Health promotion action areas**

As a unit, our action areas include the under listed:

1. **Building a healthy public policy;** Building a healthy public policy is the rules or guides that protect or regulate the environments and individuals to promote health.
2. **Creating supportive environment;** a supportive environment is essential for health, this environment covers the physical, social, and environmental surface.it encompass where people live, work and play. Everyone has a role in creating a supportive environment for health.
3. **Strengthening community action;** the ability of individuals to take action and the capacity of group, organizations or communities to influence the determinant of health. Provides the community with information and tools to take action.
4. **Develop Personal skills;** these are skills which can promote an individual's health; include those pertaining to identifying, selecting and applying healthy options in daily life. Through health education people can develop the relevant skills to meet the health challenges of all stages of life and to be able to cope with chronic illness and disabilities.
5. **Reorient health service;** since lifestyle is linked to many of today's health problems. Prevention and promotion should decrease the burden of secondary health care.

Below is a detailed report of all the activities carried out in the first half of the year under review.

### Activities planned for the year

The planned activities for the year were grouped into two categories and these are the advocacy and behavior change communication. Advocacy is a means of selling out an idea to higher authority for support while behavior change is a gradual process of helping people to change an unhealthy lifestyle through health promotional talks.

Below are activities planned for the period under review

ADVOCACY	BRHAVIOUR CHANGE COMMUNICATION
Celebration of health days	Home visiting
Sensitization on covid-19	School health activities
Radio and community engagement	Church and mosque visits
Tv shows	Health educations at the health facilities
	Durbar
	Early childhood development

In the mist of all activities, data entry and validation was one of the activities which was not looked down upon.

## **Activities conducted**

**Home Visiting:** Home visiting as a direct approach of reaching out to our community members was one of our strategies which was given keen interest because it is a medium to get immediate feedback. As well as talking to people in the comfort of their homes. All sub-municipals during this period conducted home visiting. It was one of the channels with much interest. In spite of all, proper documentation was done while defaulters were also traced and attended to during visitation.

**Television and radio shows:** over the period under review the municipal had the opportunity to free airing every Tuesday to sensitize the community members on health issues. This created the opportunity for all units including the mental health to talk to the community and also to enable the municipal to mobilize the community for national programs.

With this, 15 television and 7 radio programs were organized over this period and it recorded the highest as compared to the previous years.

**Celebration of health days;** All sub municipal contributed to the success of this objective to help create awareness in the community on the existence of some health issues as well as preventing its occurrence.

- Seven health days were celebrated under the year of review.
- World TB day
- World Malaria day
- World kidney day
- World cancer day
- World Hypertension day

Health days celebrated this year have been an exception in preparation, presentation and delivery. Improvement in this year's celebration and the numbers celebrated is higher as compared to last year.

**Collaborative Activities:** The health promotion unit with its aim to help community members improve and have control over their health as well as improving all indicator under the municipal works in collaboration with all other units to ensure the success of all programs. The unit collaborate with both external and internal sector. Some of the external sector were the Ghana Education Service, Municipal Assembly and the Christian council all assisting in educating the community members especially the students. Under the municipal health directorate, some activities the unit collaborated with other units are;

**Community Engagements:** This is the process where community members are involve in all health related activities to conclude on a role which will benefit the community. It also help community members own the facilities in the community and also contribute in their small way to help the community. All communities under the municipal was engaged through health educational talks and also demonstrations. Some topics treated were prevention of home accidents, personal and environmental hygiene, nutrition and also covid-19 prevention.

**Home visiting;** Home visiting as a direct medium of communication where feedback is obtained instantly was given much attention as every sub municipal conducted home visiting activity under this period of review. During home visit, clients are being educated in the comfort of their homes and things available in their surroundings are being used to educate them. Home visiting was not actively conducted in all sub municipals since Covid-19 prevented such exercise half way along the period under review.

**Church screening;** 30 churches in the municipal was screened over the period and some activities conducted were giving of health talks, BP check, weight, BMI, height, screening on tuberculosis and HIV. 415 persons were screened during this activity and 3 out of this number was referred and they are all doing well. Covid 19 NIDS gave the unit the opportunity to visit more churches for sensitization and that contributed so much to the success of the NID as most people patronized it.

### **Collaborative activities**

The health promotion unit under this period of review collaborated with other units within the directorate as well as other organizations like the education service and the religious body. Some of the programs conducted are the school health service, church visit, Covid 19 NID, deworming, Tuberculosis and adolescent health which was supported by the Youth Advocate.

**Nutrition friendly school initiative:** this program was conducted in selected schools under the Panpanso sub municipal as well as Nsawam sub municipal with the aim of cutting down the burden of malnutrition and also making nutrition a part of the students to improve their health.

ITN Champion; this was conducted to ensure the correct usage of the insecticide treated bed net.

## Trend of some key indicators

### Ensuring a healthy community

In ensuring a healthy community as a municipal, health topics were grouped into categories to be delivered in the right direction. Below are the number of audiences reached against the health topics.

<b>CATEGORY OF HEALTH TOPICS</b>	<b>TOTAL NUMBER OF AUDIENCE REACHED</b>		
	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Communicable Diseases</b>	<b>29996</b>	<b>57627</b>	<b>57913</b>
<b>Non-Communicable Diseases</b>	<b>6968</b>	<b>38404</b>	<b>51390</b>
<b>Reproductive Health (Safe motherhood)</b>	<b>5036</b>	<b>27703</b>	<b>40236</b>
<b>Reproductive Health (Family Planning)</b>	<b>Q1</b>	<b>23882</b>	<b>33617</b>
<b>Nutrition</b>	<b>12707</b>	<b>37313</b>	<b>45748</b>
<b>Child Health</b>	<b>19077</b>	<b>44843</b>	<b>59469</b>
<b>Personal / Environmental Hygiene</b>	<b>13845</b>	<b>38122</b>	<b>48930</b>
<b>Mental Health</b>	<b>2527</b>	<b>29390</b>	<b>33862</b>
<b>Other</b>	<b>1474</b>	<b>13980</b>	<b>25708</b>

The table above indicates that there has been an improvement of all category of health topics as compared to the previous years with child health gaining the highest education and audience reached with reproductive health gaining the least.

Even though reproductive health was the least achieved, it was increased as compared to the previous years.

### **Improving pregnancy outcome among pregnant women**

Pregnancy is a very crucial period in every woman’s live because it marks the beginning of the first 1000 days of a new born baby. Education to pregnant women was very important and paid much attention to in order to ensure a successful outcome.

<b>Category of Health Topics</b>	<b>Pregnant Women</b>		
	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Reproductive Health (Safe motherhood)</b>	<b>5478</b>	<b>12187</b>	<b>16240</b>
<b>Reproductive Health (Family Planning)</b>	<b>2256</b>	<b>4150</b>	<b>4847</b>
<b>Nutrition</b>	<b>3481</b>	<b>6931</b>	<b>6165</b>
<b>Child Health</b>	<b>3991</b>	<b>10465</b>	<b>11395</b>
<b>Personal / Environmental Hygiene</b>	<b>2686</b>	<b>4627</b>	<b>4734</b>

The table above represent the outcome of pregnant women interacted over the period over review.

Safe motherhood was given the biggest attention with 16240 persons reached and family planning getting the least with 6165 participants. Even though family planning got the least nutrition have reduced as compared to the previous year.

## Television shows

This channel of giving information to our community members have increased over the year with much activities conducted. Although feedback is not obtained mostly under this channel, it reaches a wide range of people at a time.

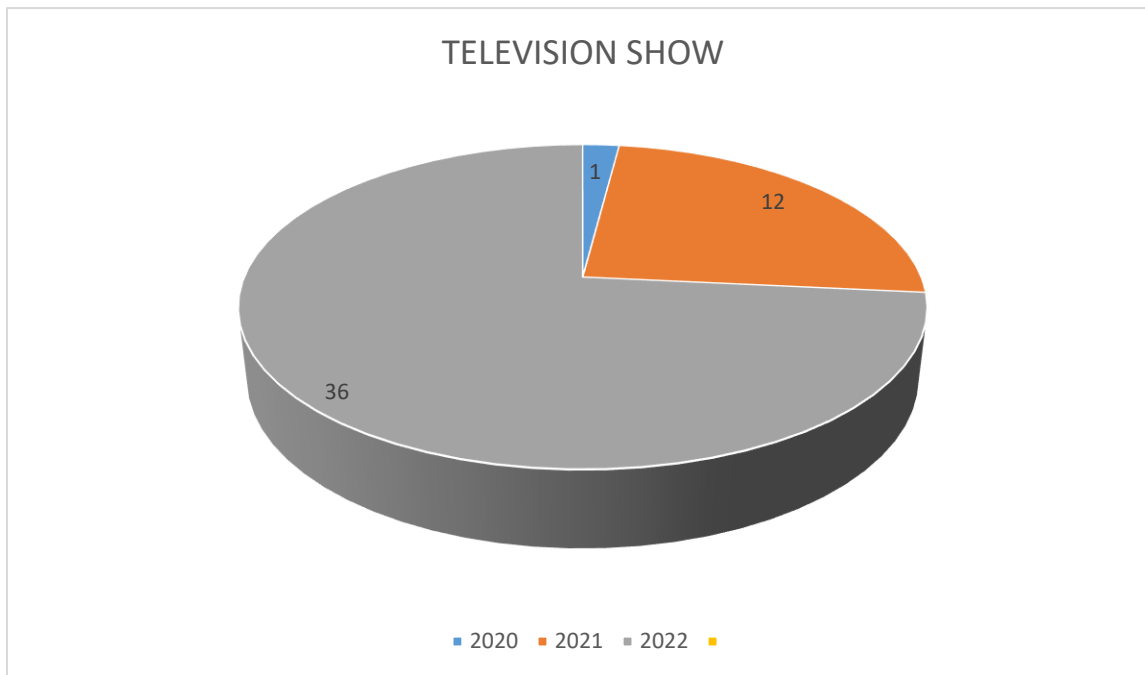
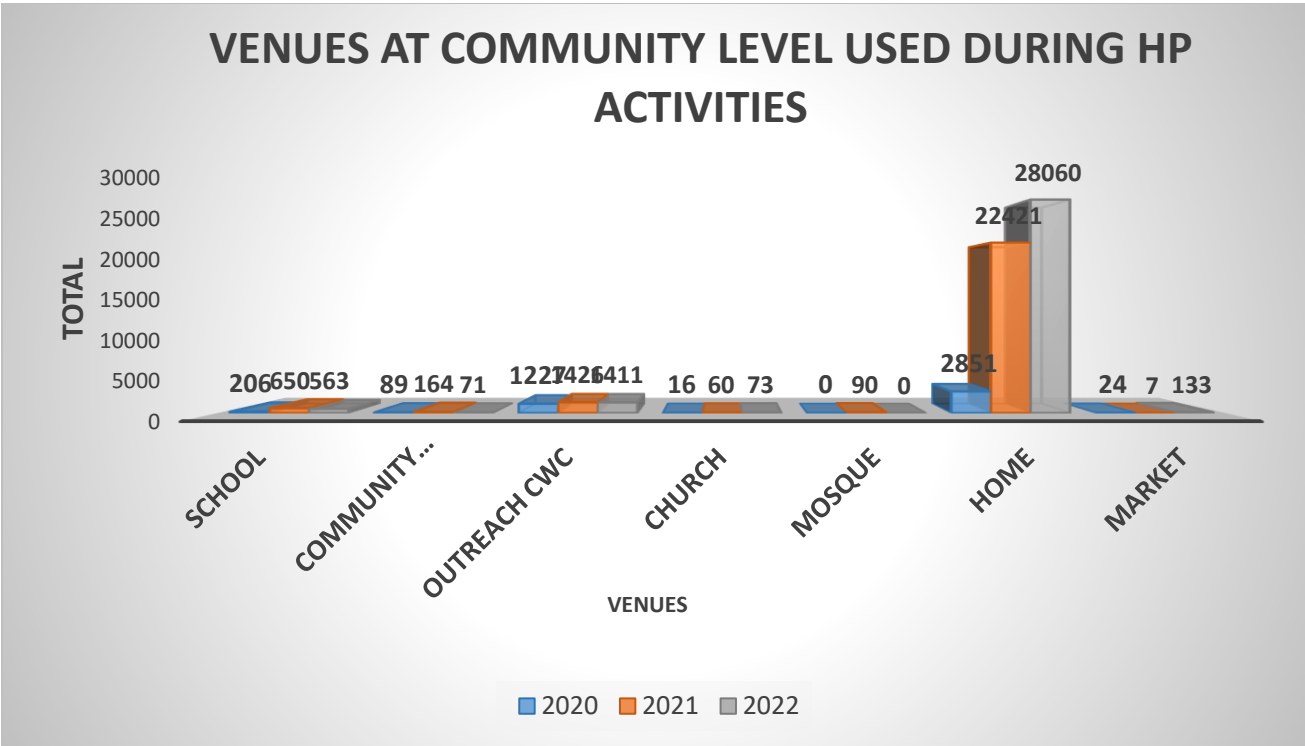


Fig. 1.1, shows the number of television shows which was conducted over the period, as it indicate 2021 having the highest show with 36 times and 2020 having the lowest show with 12 time. Even though 12 is very small, television shows usually reach a high range of people.

## Venues at community level used during hp activities

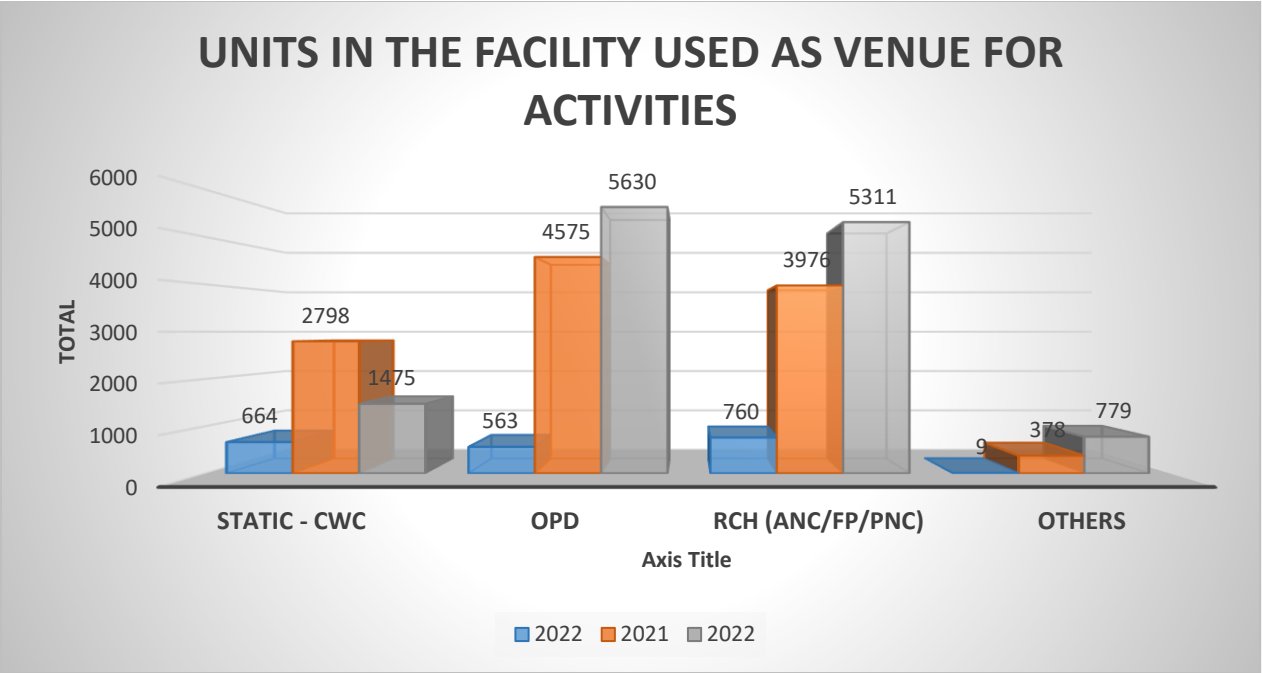
Various venue has been used over the period to send information to the community. Venues for health promotional talks must be purposeful as in a place where most target audience will be reached also venue for a health promotional talk must be a place convenient to enable maximum concentration with minimal interactions.



The figure above depicts the venue used most to send information, home visitation was the venue used most under this review with 2806 times and community centre getting the least with community centre getting the least with 71 times used.

**Units in the facility used as venue for activities**

In our delivery of service at our facility level, various venue is being used to interact with our clients. Venues used are the static CWC, OPD and RCH venue.



The figure above shows that the OPD venue was used most with the static CWC having the least meaning it's not used often.

**Audience reached during child health education**

Targeted children reach are those under five years. Children within this year group are key because they are vulnerable and need to be paid much attention. Some activities conducted to help them are organizing CWC, mother to mother support group, church education among others.

Total number of audience/participants reached during child health education session			
SUB-MUNICIPAL	2020	2021	2022
Adoagyiri	2486	4001	7823
Djankrom	1409	1836	5029
Dobro	1299	1886	3121
Fotobi	572	842	2085
Kwakyekrom	762	633	1490
Nsawam	1906	7640	9230
Panpanso	1457	1990	2572
<b>TOTAL</b>	<b>9891</b>	<b>18828</b>	<b>31350</b>

Fig.1.5 In the figure above, Nsawam sub municipal recorded the highest children counselled with 9230 participants while kwakyekrom recorded the least with 1490 participants. In all sub municipalities increased in the number of children reached.

### Venue used in health education

Venue to be used during health education is very important and need to be on the benefit of the audience. The venue and time of the education should be in favour of the target audience to ensure their maximum support and involvement. These venues have been grouped into two (facility level and the community level).

The facility level comprise of the OPD,ANC, static CWC,RCH and family planning sections to deliver health services.

The community as a venue was also used to send information. Examples of such venues are; outreach CWC, market, church, community information centre, radio talks and others.

## **Findings**

- Improvement in reporting of activities conducted as well as monthly reporting.
- Community mobilization is still a problem.
- The nutrition talk given was compared to anaemia in pregnancy to assess the qualitative impact of the talk given. In relation, it was observed that even though nutrition education has increased, anaemia in pregnancy has also increased as compared to the previous year and that tells the impact of education on the pregnant women.
- With this, nutrition education among pregnant women needs to be increased to ensure a behaviour change and contribute to a decrease in anaemia in pregnancy.

## **Achievement**

- Category of health talks has increased and it reflects throughout all indicators.

## **Challenges**

1. Durbars are not supported by our community members.
2. Church and mosque visit is very low.
3. School outreach services is very low.
4. Community screening on other chronic diseases is very low.

## **Way forward**

1. To intensify school outreach services especially under 5.
2. To intensify our mosque and church visit.
3. To increase our community screening services.
4. To intensify our supportive visit on health promotion activities
5. To monitor the ITN champion reports and other reports as well
6. To intensify our TV and Radio visits.

## CHAPTER FIVE

### ACCOUNT UNIT

The financial report covers the period January 2022 to 31<sup>st</sup> December, 2022. It covers financial activities within the district as a health directorate.

#### Revenue

Total IGF generated by the health facilities within the district for the year 2022 was GH¢ **1,880,884.02**. With attendance total of **61847** of which insured clients were **41355** and non-insured being **20492** clients.

Drugs component out of the total revenue is **GH¢ 969,367.30** representing 51.53% and service/non drug component is **GH¢ 911,516.72** representing 48.46%.

Total insured component of the total IGF generated by the district was **GH¢ 1,302,658.92** and it represents 69.25% of IGF, the non-insured was **GH¢ 428,588.67** and it represents 34.75%.

#### REVENUE ANALYSIS- DRUGS & NON-DRUGS

ACTIVITY TYPE	2020	%	2021	%	2022	%	TOTAL
MEDICINE	605,355.95	25%	846,305.11	35%	969,367.30	40%	2,421,028.36
NON-MEDICINE	573,615.42	27%	665,386.66	31%	911,516.72	42%	2,150,518.80
TOTAL	1,178,971.37	26%	1,511,691.77	33%	1,880,884.02	41%	4,571,547.16

**ANALYSIS INSURED AND NON-  
INSURED**

<b>ACTIVITY TYPE</b>	<b>2020</b>	<b>%</b>	<b>2021</b>	<b>%</b>	<b>2022</b>	<b>%</b>	<b>TOTAL</b>
INSURED	894,982.16	27%	1,083,103.10	33%	1,302,658.92	40%	3,280,744.18
NON-INSURED	282,989.21	22%	428,588.67	33%	578,225.00	45%	1,289,802.88
TOTAL	1,177,971.37	26%	1,511,691.77	33%	1,880,883.92	41%	4,570,547.06

**IGF expenditure**

The total expenditure for the year 2022 amounted to **Ghc 1,913,006.19** out of which employee compensation was **Ghc 132,479.93** goods & services amounted to **Ghc 1,780,526.26**.

**ANNUAL EXPENDITURE**

<b>ACTIVITY TYPE</b>	<b>2020</b>	<b>%</b>	<b>2021</b>	<b>%</b>	<b>2022</b>	<b>%</b>	<b>TOTAL</b>
EMPLOYEE COMP	102,505.00	29%	121,999.90	34%	132,479.93	37%	356,984.83
GOODS & SERVICES	1,238,671.22	30%	1,067,584.66	26%	1,780,526.26	44%	4,086,782.14
CAPITAL EXPENDITURE							
TOTAL	1,341,176.22	30%	1,189,584.56	27%	1,913,006.19	43%	4,443,766.97

## CREDITORS-RMS KOFORIDUA

At the end of the year 2021 the municipal credit activities with the regional medical stores stands at **Ghc 915,114.07**

### CREDITORS ANNUAL

ACTIVITY TYPE	2020	%	2021	%	2022	%	TOTAL
RMS-KOFORIDUA	903,734.33	37%	606,073.89	25%	915,114.07	38%	2,424,922.29

## DEBTORS-NHIA

The municipality was able to submit **Ghc 1,341,586.07** as claims to the NHIA for the year 2022.

Payment received from NHIA in the year 2022 amounts to **Ghc 277,518.05**, at the end of the year 2021 the municipality outstanding's with NHIA amounts to **Ghc 1,585,674.75**

### ANNUAL DEBTORS- NHIS

ACTIVITY TYPE	2020	%	2021	%	2022	%	TOTAL
DEBTORS - NHIA	855,096.71	25%	1,254,258.90	36%	1,341,586.07	39%	3,450,941.68

## PROGRAM ACTIVITIES

A total amount of Ghc 391,477.80 was received and utilized in 2022 by the municipality for program activities to carry out being Covid, HIV/AIDS, TB etc.

## **CHALLENGES**

- Delay in reporting (esp. NHIS) to MHD finance office, affecting e-transactional tool, GIFMIS and other reports to RHD
- The level of financial knowledge in our facilities among finance non-finance managers is very low and these staff needs to be trained.
- delayed in releasing resources to carry out finance activities on behalf of the district
- most facilities does not keep and updated ledgers like debtors & creditors making it difficult to reconcile between rms and the district

## **WAYFORWARD**

- League table will be constituted and sanctions will applied to delays in reporting.
- Financial management training needs to be organised to enhance staff knowledge among staff.
- Monitoring & supervision will be intensified to ensure compliance to financial directives.
- Monthly reconciliation on creditors & debtors with facilities as part of reporting measures.

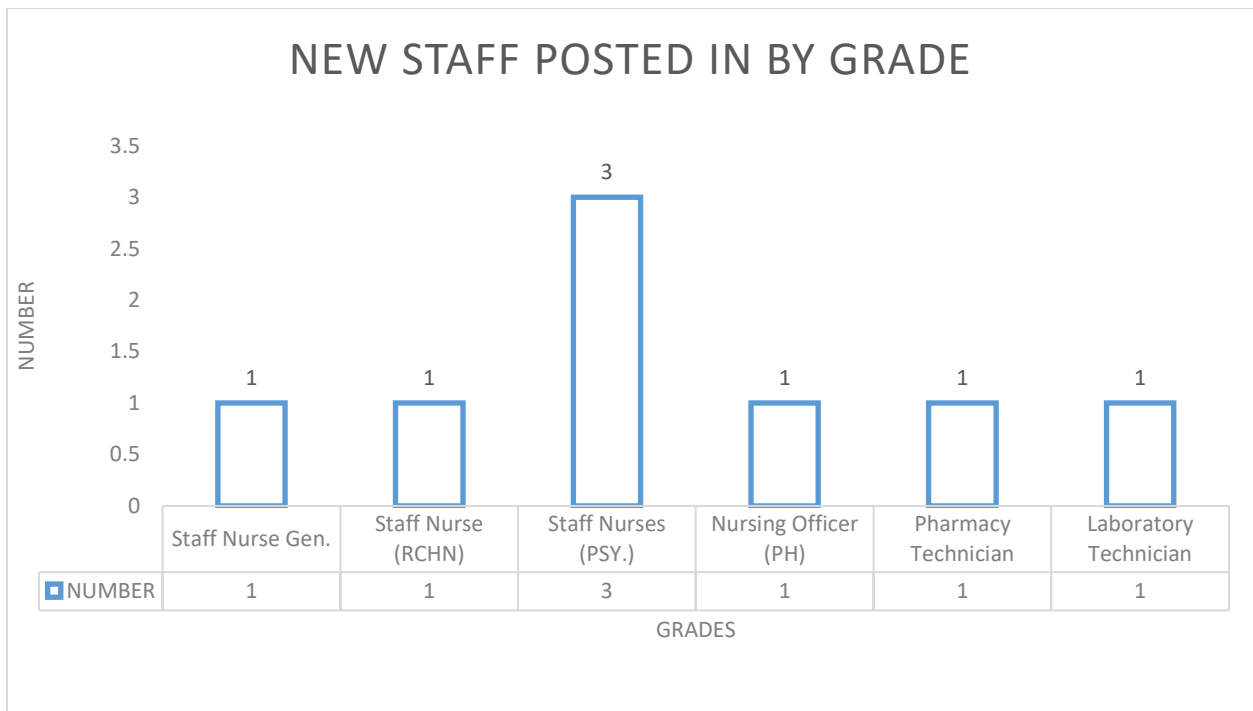
**CHAPTER SIX**  
**HUMAN RESOURCE**

**Program overview**

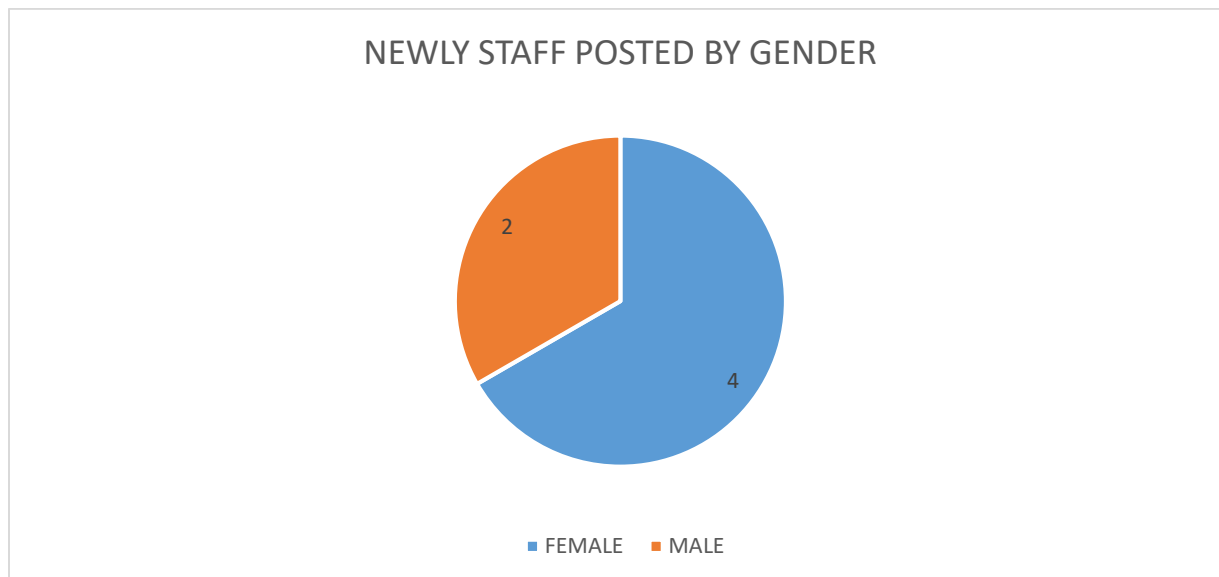
<b>Activities</b>	<b>Date (period)</b>
Recruitment	
<p style="text-align: center;">New entrants (Indicate the Grades)</p> <ul style="list-style-type: none"> <li>• Professional Nurses               <ol style="list-style-type: none"> <li>1. staff Nurse –(Gen) 1</li> <li>2. Staff Nurse (RCHN) 1</li> <li>3. Staff Nurses (PSY.) 3</li> <li>4. Nursing Officer 1</li> </ol> </li> </ul>	27 <sup>th</sup> March, 2022
Non- Mechanized - Twelve (12)	The MHD currently has a non-mechanized staff strength of Twelve (12)
Orientation	All the new entrants posted in the year under review were given orientation in October, 2022.
Promotions, Upgrading and Conversion	Detailed in the report
Training & Development (Study Leave and In-service Training)	(If there were more than one Training and Development, then you can state your period in Quarterly, ie First Quarter, 2 <sup>nd</sup> Quarter etc)
Disciplinary actions	No disciplinary action was instituted against any staff
Appraisals	220 staff were appraised between January to March, 2022

**New entrants posted in the year under review**

S/N	GRADE	GENDER	NUMBER
1	Staff Nurse Gen.	Female	1
2	Staff Nurse (RCHN)	Female	1
3	Staff Nurses (PSY.)	Female	3
4	Nursing Officer (PH)	Male	1
5	Pharmacy Technician	Male	1
6	Laboratory Technician	Female	1



Pie Chart based on Gender



**NO. OF STAFF POSTED OUT**

The table indicates category of staff that were posted out in the year under with their respective months

<b>GRADE</b>	<b>MONTH</b>
Enrolled Nurse	10 <sup>th</sup> August, 2022
Enrolled Nurse	29 <sup>th</sup> April, 2022
Enrolled Nurse	25 <sup>th</sup> July, 2022
Enrolled Nurse	20 <sup>th</sup> June, 2022
Enrolled Nurse	4 <sup>th</sup> April, 2022
Senior Community Health Nurse	1 <sup>st</sup> November, 2022
Administrative Manager	1 <sup>st</sup> December, 2022
Stenographer II	1 <sup>st</sup> October, 2022
Senior Staff Midwife	4 <sup>th</sup> April, 2022
Senior Public Health Officer (HI)	14 <sup>th</sup> April, 2022

## NUMBER OF STAFF POSTED IN

The number of staff posted in the year under review were 12.

<b>NO.</b>	<b>GRADE</b>	<b>TOTAL</b>
1	Senior Enrolled Nurse	1
2.	Enrolled Nurse	1
3.	Senior Community Health Nurse	2
4.	Staff Nurse (RCHN)	1
5.	Staff Nurse (PSY)	1
6.	Staff Midwife	1
7.	Senior Staff Midwife	1
8.	Midwifery Officer (PH)	1
9.	Midwifery Officer	1
10.	Supply Officer	1
11.	Nursing Officer (PH)	1
	<b>TOTAL</b>	<b>12</b>

## NO. OF STAFF ON STUDY LEAVE:

There are twenty (20) staff currently on study approval pursuing various health related programmes.

The breakdown is as follows:

<b>GRADE</b>	<b>COURSE OF STUDY</b>	<b>No</b>
Community Health Nurses	BSc. Community Health Nursing	3
Principal Community Health Nurse	BSc. in Midwifery	1
Senior Community Health Nurse	BSc. in Public Health Nursing	2
Nursing Officer/Senior Staff Nurse	BSc. Physician Assistantship	3
Principal Stores Keeper	BSc. Supply Chain Management	1
Principal Community Health Nurse	Diploma Community Health Nurse	5
Senior Enrolled Nurse	Diploma in Dental Technology	1
Community Health Nurse	Diploma in Midwifery	3
Senior Administrative Manager	MBA in Human Resource Management	1
<b>Total</b>		<b>20</b>

## NUMBER OF STAFF PROMOTED IN THE YEAR UNDER REVIEW

The number of promotions were 48 and the breakdown are as follows; category C 11 and category D 37.

NO.	NEW GRADE	QTY
1.	Senior Staff Midwife	4
	Senior Staff Nurse (Gen)	1
2.	Senior Staff Nurse (RCN)	1
3.	Senior Technical Officer (DC)	2
4.	Senior Finance Officer	1
5.	Senior Community Health Nurse	16
6.	Senior Enrolled Nurse	7
7.	Principal Enrolled Nurse	2
8.	Principal Community Health Nurse	8
9.	Superintendent Community Health Nurse	1
10.	Superintendent Enrolled Nurse	1
11.	Superintendent Health Assistant	2
12	Principal Nutrition Technical Officer	<b>1</b>
12	Deputy Chief Nutrition Officer	<b>1</b>
13	Midwifery Officers	<b>3</b>
Total		<b>51</b>

## Number of Retirement

S/N	GRADE	GENDER	NUMBER
1	Principal Midwifery Officer	Female	1
2	Senior Midwifery Officer	Female	1

## VACATION OF POST

NO	NAME	GRADE	MONTH
1	Lydia Asibu	Nursing Officer (PSY)	24 <sup>th</sup> October, 2022
2	Mawuena Eunice	Senior Staff Nurse (PSY)	25 <sup>th</sup> October, 2022
3	Mary Ama Kawei	Enrolled Nurse	1 <sup>st</sup> July, 2022

## DECEASED

NO	GRADE	MONTH
1	Technical Officer (HP)	26 <sup>th</sup> October, 2022

## OVERALL STAFF STRENGTH 338

### Group by Gender

S/N	Male	Female	Total
1	35	303	338

Group by grade/category

<b><u>GRADE/CATEGORY</u></b>	<b>NO.</b>
Municipal Director of Health Services	1
Deputy Director of Nursing Services	0
Physician Assistants	6
Professional Nurses(RGN)	5
Professional Nurses( RCHN)	33
Technical Officer (Community Mental Health)	3
Staff Nurse (Psychiatry)	13
Public Health Nurse	3
Professional Midwives	28
Community Health Nurses	115
Enrolled Nurses/HCA/HAC	96
Health Assistants	2
Laboratory Assistants/Technical Assistant(Laboratory)	4
Administrative Managers	1
Executive Officers	1
Accountant	2

Finance Officer	1
Field Technicians	1
Technical Officers (Disease Control)	5
Technical Officers (Health Information)	1
Technical Officers (Nutrition)	2
Technical Officer (Health Promotion)	1
Typists/Stenographer	0
Storekeepers/Supply Officer	2
Orderly	1
Drivers	1
<b>Total</b>	

The following were other HR activities embarked within the year under review

1. Attended HRIMS workshop at the Regional Health Directorate
2. Organize orientation for Health Aides in the District
3. Attended Salary validation workshop which was organized by the Controller and Accountant- General's Department both in Koforidua and Nsawam.

## **Challenges**

1. High turnover rate
2. High rate of critical illness among staff
3. Lack of accommodation for staff
4. Lack of logistics to work with especially A4 papers and airtime bundles for HRIMS activities.
5. Lack of funds to attend HR workshops and other related activities
6. Refusal of staff to work in deprive communities like KwakyeKrom Sub-municipal.

## **Achievement/ innovations/ best practices**

1. Timely conduct of promotions interview for category C/D/E in the Municipal.
2. All inputs concerning promotions, upgrading, conversion and new entrants were received and processed on time under the year under review.
3. All postings were equally distributed based on the facility work load.
4. Joint orientation was organized for the newly posted staff with the hospital.
5. There were successful trainings organized for regular staff and volunteers within the Directorate during the year under review.
6. Regular reconciliation and validation of staff was carried out to check over payment, under payment and unauthorized staff during the year under review.
7. Regular validation of mechanized and non-mechanized staff to ascertain the correct staff strength or manpower.
8. Monitoring and evaluation of the performance of staff was carried out regularly.

9. Joint promotion interview was carried out for staff with the hospital during the year under review, and this was to strengthen collaboration between the Municipal Hospital and the Municipal Health Directorate.

### **Wayforward**

1. To reduce the turnover rate
2. Organize training on Career Development programmes for staff to equip them with the GHS-HR policy guidelines
3. Identify staff with special potentials and train them to fix future job needs for the service
4. Liaise with Management to establish a counselling unit for staff to address job needs and personal issues.
5. Strengthen staff welfare activities in 2023

### **Plan of work for 2023**

1. Compilation of staff annual leave roster for the year 2023 in January, 2023
2. To attend capacity building workshop for HRM practitioners on the 18<sup>th</sup> to 20<sup>th</sup> January 2023.
3. Liaise with the Facility and Unit Heads to Administer 2022 performance appraisals for all staff between January and March, 2023.
4. Weekly Filing of personnel documents and regular updating of their records.
5. Weekly updates of staff in the HRIMS.
6. Monthly salary validation.
7. Quarterly staff durbar to discuss HR issues. (4x)
8. Quarterly monitoring and evaluating of staff performance at the facilities level.
9. Prepare 2023 HR half year report in July 2023.

- 10 Organizing counselling for staff in relation to their intention to declare their career development in July, 2023
- 11 Compilation of study leave application for the 2024/2025 academic year by August, 2023.
- 12 Organization of promotion interview for eligible staff in September, 2023.
- 13 Submission of promotion interview report in October, 2023.
- 14 Processing Category D/E promotion salaries in November/December, 2023

## **Conclusion**

In conclusion, 2022 was challenging though we were able to put our energy together to make Human Resource activities executed in more professional manner for the purposes of ensuring that staff felt safe and comfortable to work.

## **CHAPTER SEVEN**

### **DISEASE CONTROL UNIT**

#### **Introduction**

The disease control Unit is one of the units of Public Health Division of the Ghana Health Service in the Nsawam-Adoagyiri municipal. It is well organized and structured to provide high quality, result-oriented, demand driven and human centred services. The unit seeks to be vigilant for both communicable and non- communicable diseases and their determinants with the responsibility to take measures that will control and prevent diseases and thus improve or maintain the health status of the people.

#### **Objective**

The unit seeks to ensure systematic and regular disease surveillance activity to detect the occurrences, distribution and the trend of diseases with sufficient accuracy and completeness in order to provide the basis for action.

#### **Activities carried out**

- Epidemic management
- Conduct Surveillance on all communicable and non-communicable diseases.
- Logistics and cold chain management
- Notification of diseases of public health importance and disseminate information on their occurrence.
- Epidemic management committee meetings
- Covid-19 case management and vaccinations
- Monthly analysis of sub- municipal immunization reports and submission to the region
- Quarterly Monitoring and Supervision at the Sub-Municipals

- TB Surveillance and sputum transportation
- Weekly and monthly returns were submitted timely.
- Daily review of OPD consulting room registers
- Routine case investigations and analysis
- Weekly feedbacks to the sub-municipals
- Estimation and collection of EPI vaccines and Logistics
- Cold chain inventory
- World malaria day celebration
- World TB day celebration
- EPI Training for staff
- Tb review meetings
- Malaria case management training
- NTD training for CHOs and surveillance officers
- National covid-19 vaccination campaigns

### **Priority Focus**

The Nsawam-Adoagyiri Municipal Disease control Unit focuses on all the diseases and conditions for surveillances. It is however committed to the specific control activities with respect to

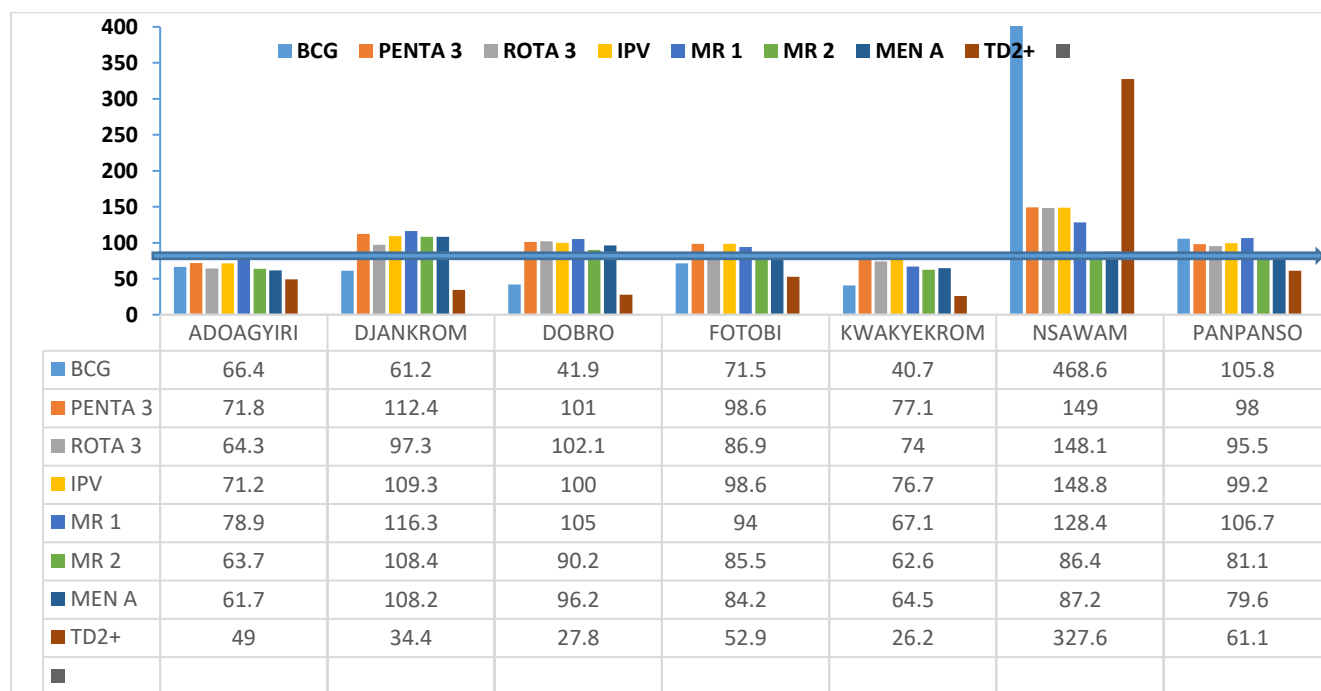
- Meningococcal Meningitis
- Cholera
- Yellow fever
- Measles
- AFP

## Other Specific Disease Control Activities

- Malaria (Global Funded Activity)
- Tuberculosis
- HIV/AIDS
- Guinea worm eradication

## Expanded Programme on Immunization

### *EPI Coverage by Sub-municipals*



The breakdown of performance by sub municipal is compared in the graph above. The bars in the graph shows respective antigens coverage achieved by the various sub-municipals. The bar on top show the antigens that achieved the 95% target by the various sub-municipals. Nsawam, Djankrom, Dobro and Panpanso exceeded the target for most antigens whilst Adoagyiri and KwakyeKrom did not achieve the target for all antigens.

*EPI Performance for the Municipality 2020-2022*

ANTIGENS	2020		2021		2022	
	Cov.	% cov	Cov.	% cov	Cov.	% cov
BCG	10145	231.1	11,331	182.1	8323	131.0
MR1	5413	123.3	5,554	89.2	6407	100.3
YF	5418	123.4	5,533	88.9	6291	97.4
PENTA 1	6786	155	8,182	131.5	6962	109.5
PENTA 3	6140	140	7,259	116.6	6429	101.2
PCV 1	6786	155	8,182	131.5	6998	110.1
PCV 3	6140	140	7,260	116.6	6445	101.4
IPV	6140	140	7,261	116.7	6383	100.4
ROTA 1	6786	155	8,175	131.3	6482	102.0
ROTA 3	6123	140	7,354	118.2	6045	95.1
TD 2+	6634	151.1	6,375	102.4	5720	90.0
MR2	4199	96	4,444	71.4	5236	82.4
<b>MEN A</b>	3142	72	4,018	64.6	5254	82.7

Comparing the three year trend for the various antigens, 2020 recorded the highest coverage, the target for all antigens were exceeded in 2022 except Men A, MR2 and TD2+ that was because of

frequent shortages and with TD2+ the ANC attendance dropped as well .In 2020, the 95% target for all antigens was achieved except Men A and this is as a result of the shortage of Men A for about three months (Nationwide shortage).

### **AEFI (Adverse Events Following Immunization)**

- Ten cases were reported for the year under review.
- One of the cases was serious while the remaining were none serious.
- Surveillance still on going

### **Challenges**

- Inadequate cold chain logistics such as refrigerators, cold boxes, ice packs and vaccine carriers
- Inadequate logistics to work with eg. EPI monitoring chart, ledger books

### **Way Forward**

- Quarterly review meetings
- Monitoring and supervision
- Immunization at all OPDs
- Strengthen EPI data management to ensure regular feedback to Sub-municipals/facilities
- EPI training for health workers
- Quarterly mop-up at the sub- municipals with low coverages
- Open more outreach sites
- Meeting with facility heads to address missed opportunities,  
And High dropout rates
- Visits by MHMT to immunization sites (outreach point

## Covid-19 vaccination

For the period under review the under listed activities were carried in order to reach the populace and all vaccine hesitant

- Letters sent to institutions to pick a date for vaccination
- Meeting with special groups such as hair dressers associations, okada group, people with Disability, GPRTU, Women groups
- Public announcement using mobile van and CIC
- Development of local jingles
- Dissemination of letters to key stakeholders
- Dissemination of social mobilization letters to churches, mosque,
- Use of locally design flyers for social media

### Vaccination Performance

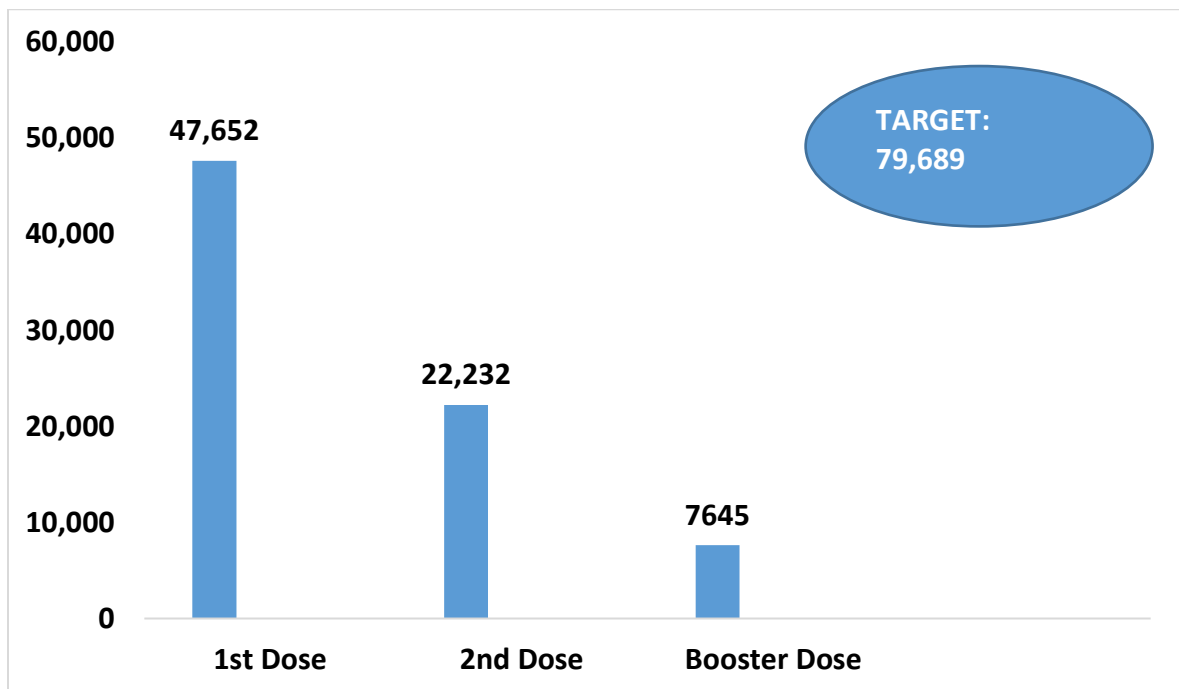
<b>Type of vaccines</b>	<b>1<sup>ST</sup> DOSE</b>	<b>2<sup>ND</sup> DOSE</b>	<b>BOOSTER DOSE</b>	<b>TOTAL VACCINATED</b>
ASTRAZENECA	28533	15718	2636	46887
MODERNA	0	0	0	0
PFIZER	9004	6514	2417	17935
JASSEN & JASSEN	10115		2592	12707
TARGET	79,689			
COVERAGE	41.22%			

The table shows number of people vaccinated per each antigen, comparing number of antigen administered, Astrazeca recorded the most antigen used for the period under review.

The number of people turning out for covid-19 vaccination is low as compared to the target.

The municipal achieved below 50% of the target.

#### VACCINATION BY NUMBER OF DOSE



The graph above shows vaccination of the populace per the doses. It shows that, the number of people receiving is about twice of those receiving second dose, meaning there are a lot of the populace who are yet to receive the covid-19 vaccine and also the turn out for second and booster dose is very low.

The graph clearly depicts that, vaccine hesitancy is still a challenge.

## Best practices

- More vaccination points were created instead of the limited number allocated
- Motivation of teams with water
- Stakeholders' involvement
- A good social mobilization
- Meeting with special groups such as hair dressers associations, okada group, people with Disability, GPRTU, Women groups
- Picking up date for vaccination with institutions
- Municipal Assembly provided space and canopies for the vaccination of people with special needs

## Disease Surveillance

### *Epidemic Prone Diseases from 2020-2022*

INDICATOR	2020 Suspected	2021 Suspected	2022 Suspected
CHOLERA	2	2	0
MENINGITIS	2	2	14
MEASLES	14	22	18
AFP	1	1	2
YELLOW FEVER	4	4	3
NNT	0	0	2
RABIES	0	0	4(2 DIED)

The table shows number of cases reported per each Epidemic Prone Disease, comparing number of cases recorded, the trend of Cholera, Yellow fever and AFP maintained the same figure in 2020 and 2021 but Measles has also decreased when compared with the previous year.

Meningitis has increased speedily in the current year but none confirmed positive. Rabies is currently showing up in the municipality, four cases were recorded and two died.

Two neonatal tetanus cases were detected but all survived.

*Other Diseases of Public Health Importance (NTDs)*

<b>DISEASE</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Buruli ulcer	0	0	0
Yaws	13	9	6
Schistosomiasis	18	113	0
Onchocerciasis	4	9	8
Filariasis	8	13	4
Leprosy	4	7	4

Neglected tropical diseases that was recorded for the three year trend, as the table above depicts, schistosomiasis cases was the highest recorded in 2021 among the other NTDs but did record a single case in 2022. All NTD cases has dropped in 2022.

## Challenges

- Late submission of weekly IDSR
- Under reporting of NTDs
- Private facilities not reporting on epidemic prone disease
- Difficulty in transporting specimen
- Inadequate funds to train newly posted staff

## Way Forward

- Sensitize private facilities on the need to report such cases
- Organize training for private facilities on IDSR
- Intensify facility and community disease surveillance
- Conduct case search on NTDs

## Diseases of Special Public Health Focus

### TB Control Programme

#### *TB case Detection and classification:*

<b>INDICATORS</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Total cases	80	60	<b>104</b>
Smear Positive	48	38	<b>70</b>
Smear Negative	25	17	<b>28</b>
Relapse	4	4	<b>5</b>
Extra Pulmonary	3	1	<b>1</b>
Other Previously Treated	0	0	<b>0</b>
MDR	1	2	<b>2</b>

The table above shows the number of Tb case detection for the three-year trend (2020-2022). From the table it is observed that the number of cases increased rapidly in the year 2022 as compared to 2021 and the smear positives keep increasing as the cases increased, but the smear negative decrease in 2022 as compared to the number of cases registered. This means that there are more TB cases within the populace, symptom screening and lab investigation have to be done accurately and effectively to detect more cases.

Multi Drug Resistance TB also showed up in the municipality with increasing cases in 2019 and cases drop in 2020 and now the municipality is recording two cases in both 2021 and 2022.

Meaning adherence to drugs has increased and lost to follow up cases has decreased.

*TB Treatment Outcome*

<b>INDICATOR</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Cured	25	26	25
Completed	58	43	26
Treatment Failure	0	0	2
Transferred Out	0	2	0
Lost To Follow-Up	3	3	1
Move to SLD	1	0	0
Death	8	6	6
Cure Rate	52.1%	54.2%	66.0%
Success Rate	87.2%	86.3%	85.0%
Death Rate	8.5%	8.0%	10.0%

TB Treatment Outcome is always measured for the previous year, because the outcome for the current year cannot be determined for cases that were registered from June to December of that same year. From the table above, cure rate increased and success rate reduced a little in 2021 because the death rate increased from 8.0% in 2020 to 10% in 2021 6 lost and 2 treatment failure was recorded.

*TB Case Detection by Sub-municipals*

<b>SUB-MUNICIPALS</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Adoagyiri	15	16	17
Djankrom	10	7	13
Fotobi	4	5	10
Kwakyekrom	1	0	6
Dobro	10	4	6
Hospital (NGH)	5	10	11
Nsawam Health C.	14	6	15
Prisons	15	12	16
Panpanso	6	0	8
<b>TOTAL</b>	<b>80</b>	<b>60</b>	<b>104</b>

The break down performance by sub-municipals. From the table, there is an increase in case detection across all sub-municipal, Adoagyiri, Nsawam health center and Fotobi number of cases keep increasing from year to year whilst Djankrom, Dobro, Panpanso and Prisons cases keep fluctuating, cases rise, fall and rise again as the three years is compared.

### *TB Symptoms Screening By Sub-Municipals*

Sub-municipal	OPD Attendants	Number screened for TB	% screened for TB	Number presumed TB	Number tested for TB	% tested for TB	Number Diagnosed TB	Number initiated on TB treatment
Adoagyiri	36,664	1901	5.2	131	113	86.3	5	5
Djankrom	12,410	621	5.0	18	18	<b>100</b>	0	0
Dobro	20,312	1004	5.0	15	0	0	0	0
Fotobi	13,427	410	3.1	117	108	92.3	2	2
Kwakyekrom	1936	480	<b>25.0</b>	19	19	<b>100</b>	0	0
Nsawm H/C	8500	730	8.6	50	50	<b>100</b>	2	2
Panpanso	10204	600	6.0	0	0	0	0	0
N.Government Hosp.	145,207	23891	<b>16.5</b>	3762	870	23.1	125	11
Prisons		2198		960	256	26.7	7	7
<b>MUNICIPAL</b>	248,662	31,835	<b>12.8</b>	5072	1434	28.3	141	27

The above table indicates the number and percentage of people screened for Tb ,the target is 10% (It is expected that 10% of all OPD attendance should be screened for Tb). The bolded figures in the table shows the sub-municipals that achieved the 10% target, facilities/sub-municipals like Kwakyekrom and Nsawam gov't hospital are the only facilities that achieved the 10% target.

All presumed TB cases are expected to be tested for TB (target is 100%). The table depict that most of the presumed cases are not tested. For the municipality, only 28.3% of our presumed cases are tested and out of the 28.3%, 70 turn out be positive( pulmonary positives that are managed in the municipality).

*TB Sputum Collection and Transportation*

Facilities	Sample s dispatc h	Sample s with results	Courier moveme nt	Test results				MTB litiat on treatm et	SM Initiated on treatme nt
				MTB+	MTB-	SM+	SM-		
Adoagyi ri H/C	111	111	35	5	71	0	35	5	0
Notre Dams C	2	2	2	0	2	0	0	0	0
Nsawam H/C	50	50	9	2	33	0	15	2	0
Prisons	256	256	25	7	190	0	59	7	0
Djankro m	18	18	7	0	11	0	7	0	0
Dobro	0	0	0	0	0	0	0	0	0
Fotobi	108	108	29	2	89	0	17	2	0
Kwakye krom	19	19	4	0	16	0	3	0	0
Darman g	0	0	0	0	0	0	0	0	0
<b>Municip al</b>	<b>1434</b>	<b>1434</b>	<b>102</b>	<b>16</b>	<b>1282</b>	<b>0</b>	<b>136</b>	<b>16</b>	<b>0</b>

TB sputum collection and transportation is a pilot program that was introduced in November 2019 with the aim of transporting the sample and not the patient. This is a collaboration between Ghana post and Ghana health service, the sputum is collected at the selected facilities

and the personnel from Ghana post known as the Courier transport the sample to the government hospital for the lab investigation to be done (Hud). The table above shows the number of samples that were dispatched, courier movement and the test results. Now the contract with Ghana post has ended and the TB focal persons at the various facilities transport the sample.

From the table above 1434 samples were transported and results were received for all.

### **Challenges**

- Low testing of cases for HIV
- Weak surveillance on TB at the various sub-municipals
- Weak documentation
- Low screening activities especially the private Hospital
- Weak collaboration with chemical sellers
- Inadequate funds for TB activities in the municipality
- Low case detection
- Low testing of presumed cases

### **Way Forward**

- Facility based training on TB screening and case detection
- Train new staff to do TB screening at the hospital OPD and ANC
- Intensify supportive supervision: peer to peer supportive supervision.
- Liaise with Region to ensure adequate funding for TB activities.
- Health Staff would be encouraged to screen all TB cases for HIV and vice versa
- All presumed TB cases should be tested
- Ensure proper documentation

## HIV/AIDS Activities

### HIV Testing and Counseling Services (HTS)

Data element	period		
	2020	2021	2022
Total number tested for HIV	2749	2005	1615
Total number tested HIV positive	285	304	305
Total number previously tested positive	22	15	24
Total actual positive	<b>263</b>	<b>289</b>	<b>284</b>
Number linked into HIV Care	272	291	277

HIV testing services is offered to other population (excluding pregnant women) through provider initiated testing and counseling (PITC) at all entry points within the health facility such as OPD, CWC and ANC. Outreach services and walk-in are also ways used to provide HTS services. In 2022 testing was offered to 1615 persons which is less than the number tested in 2020 and 2021. 305 representing 18.8% of the number tested turned out positive in 2022 with 284 (93%) being new infections

### Prevention of Mother-to-Child Transmission of HIV (PMTCT)

Data Element	Period		
	2020	2021	2022
ANC registrants	8,990	8,510	8073
Number of Known HIV Positive before current pregnancy	<b>62</b>	<b>56</b>	<b>54</b>
Number of known HIV Positive before current pregnancy newly put on treatment	5	7	3
Number Initially tested	6,381	7,120	7665
Number Positive at initial testing	<b>86</b>	<b>84</b>	<b>68</b>
Number of negatives retested at 34 weeks	1717	1481	2403
Number Positive after retesting at 34 weeks	<b>7</b>	<b>1</b>	<b>5</b>
Number of new positives put on ARV	93	85	73

7665 representing 95% of ANC registrants were tested for HIV at initial registration in 2022 as against 84% tested in 2021. In 2022, 0.9% pregnant women turned out to be HIV positive as compared to 1.2% positive pregnant women in 2021.

### Early Infant Diagnosis of HIV Services

INDICATORS			
	2020	2021	2022
NUMBER TESTED	94	196	165
NUMBER NEGATIVE	91	179	162
NUMBER POSITIVE	3	14	3
RESULTS NOT RECEIVED	0	0	0
REFERED INTO CARE	2	14	3
DEATHS	1	0	0

The EID positivity rate recorded for the municipality are 3.2%, 7.1% and 1.8% in 2020, 2021 and 2022 respectively.

## Antiretroviral Therapy

INDICATORS	2020			2021			2022		
	M	F	T	M	F	T	M	F	T
NEW CLIENTS RECEIVING HIV CARE	94	155	249	97	184	281	103	182	285
NEW CLIENTS ON COTRIMAZOLE PROPHYLAXIS	93	113	206	96	175	271	103	174	277
NEW CLIENTS STARTED ON ARVS	94	155	249	96	184	281	101	182	283
NEW CLIENTS SCREENED FOR TB	94	155	249	97	184	281	103	182	285
HIV POSITIVE CLIENTS WITH TB ON ART	1	1	2	3	5	8	1	1	2
DEATHS	8	11	19	8	18	26	10	12	22

## **CHAPTER EIGHT**

### **HEALTH INFORMATION UNIT**

#### **Introduction**

In the health system, decision-making, policy creation, planning, implementation, monitoring, health research, human resource development, health education and training, service delivery, and finance are all based on accurate, high-quality, and trustworthy information. So, starting with the collecting of high-quality data required to make informed judgments is the ideal strategy to manage data and eventually obtain the insights required to make data-driven decisions. The Health Information Unit led initiatives to make data collection, analysis, and usage for decision-making, planning, and resource allocation easier as part of the effort to improve visibility and data management for administrative and support services at the municipal level. The actions taken for the year 2022 are outlined in this report.

#### **Objective**

- To ensure the availability of quality data for planning, resource allocation and decision making

#### **Priorities**

- Provision of high quality data for decision making
- Ensure proper data management
- Ensure completeness of data
- Ensure accuracy and consistency of data
- Regular monitoring and supportive visits to the facilities

#### **Activities Carried Out**

- ❖ Data collection, entries and analysis
- ❖ Training of staff on data management
- ❖ Monthly data validation
- ❖ Monitoring trends of diseases
- ❖ Provision of feedback to facilities
- ❖ Provision of appropriate registers and forms

- ❖ Provision of technical support to records officers
- ❖ Compilation and writing of service reports
- ❖ Monitoring and supervision

### Service data on clinical care

Table 15: OPD Attendance

Indicator	2020	2021	2022
Total OPD attendance	193,164	261,890	248,662
OPD Attendance Insured	152,196	185501	180877
OPD Attendance Non-Insured	40,968	76389	67785
Percentage OPD attendants insured	78.7	70.6	72.4

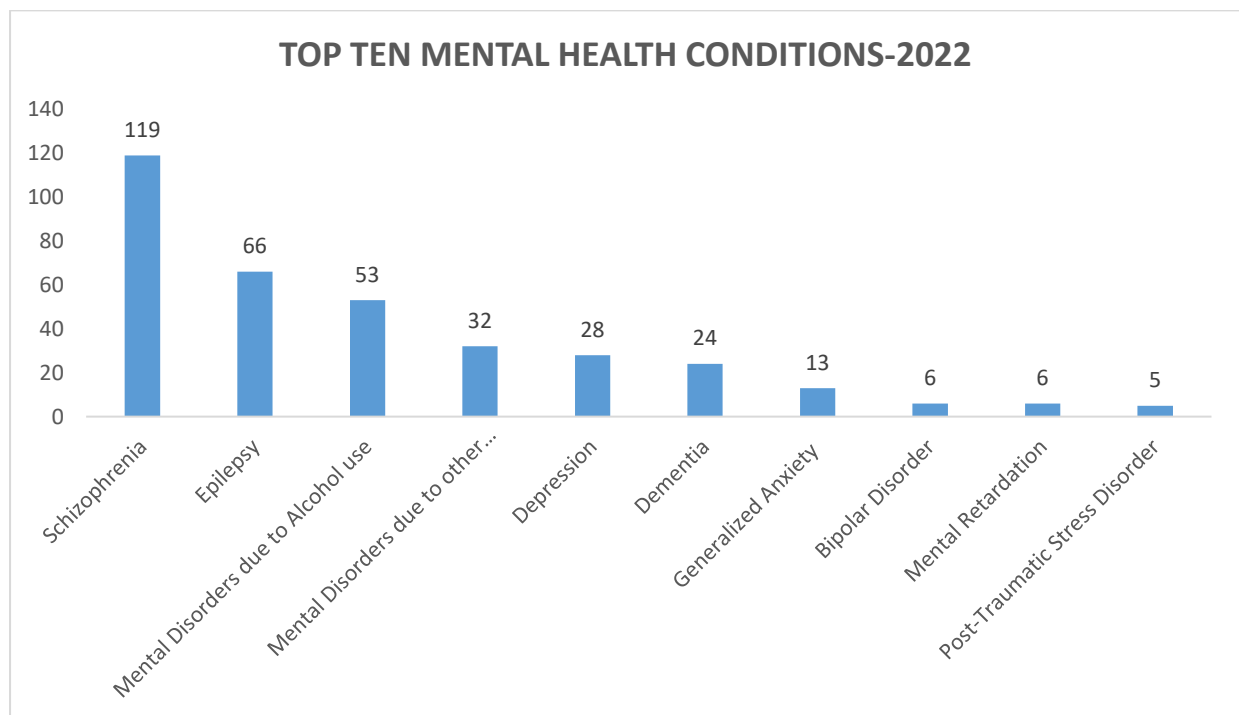
Table 30 presents a three years data on Outpatient visits to all health facilities within the municipality. The year under review recorded 248,662 OPD attendance as against 261,890 in 2021 indicating a decrease of 5.3%. A significant number of 180,877 representing 72.4% of these attendants in 2022 were insured clients.

Table 16: Top Ten OPD Cases

DISEASES	2020	DISEASES	2021	DISEASES	2022
Upper Respiratory Tract Infection	26,886	Confirmed Malaria	30,955	Confirmed Malaria	28,062
Confirmed Malaria	22,769	Acute Urinary Tract Infection	21,908	Acute Urinary Tract Infection	15,581
Acute Urinary Tract Infection	13,693	Upper Respiratory Tract Infection	21,608	Anaemia	11,271
Anaemia	10,902	Diarrhoea Diseases	16,744	Diarrhoea Diseases	10,716
Diarrhoea Diseases	9,307	Anaemia	16,355	Rheumatism	10,280
Rheumatism	9,104	Ulcer	12,617	Pneumonia	8,605
Skin Diseases	7,242	Pneumonia	12,244	Skin Diseases	7,717
Other Acute Ear Infection	6,274	Rheumatism	11,606	Intestinal Worms	6,373
Acute Eye Infection	5,097	Other Acute Ear Infection	10,360	Acute Eye Infection	5,128
Intestinal Worms	4,336	Skin Diseases	8,426	Other Acute Ear Infection	5,096

The three-year trend of cases recorded during client outpatient visits is shown in the table above. For 2021 and 2022, confirmed malaria was the most prevalent disease. Confirmed cases of malaria made up 11.2% of all OPD visits in 2022. A close examination of the table reveals that almost all of the diseases continue to rank among the top 10, which necessitates increased health education.

### Mental Health Conditions



The above figure shows the top 10 OPD mental health conditions cases that were recorded for the period under review. The figure show that schizophrenia topped the list with 119 cases. Epilepsy cases followed with 66 cases and Post-traumatic stress disorder recorded the least number of cases.

## **Challenges**

- ❖ Inadequate computers at the unit
- ❖ Inadequate records officers in the municipality
- ❖ Delays for changes in DHIMS 2 to be effected
- ❖ Weak data validation teams at both sub-municipal and facility levels

## **Recommendations**

- ❖ CHIM should try their possible best to improve DHIMS 2 update issues
- ❖ The MHA should buy additional computers for the health information unit
- ❖ The MHA should lobby RHA for adequate records officers for the municipality
- ❖ Report compilation should be done by all staffs in the facilities but not one person
- ❖ Data validation teams at both sub-municipal and facility levels should be strengthened to ensure data quality

## **Way Forward**

- ❖ Rolling out of DHIMS 2 data entry to the sub-municipal level
- ❖ Capacity building on data management for all sub-municipal leaders

## Appendix

### **2022 HOLISTIC ASSESSMENT OF DISTRICT PERFORMANCE –NSAWAM ADOAGYIRI MUNICIPAL**

In response to requests for the Ghana Health Service to reform the procedure for carrying out regional evaluations, the Holistic Assessment was introduced. The review procedure and evaluation instruments used by the Ministry of Health to evaluate the entire health sector were updated for the Ghana Health Service's holistic assessment. These evaluations conducted by the Ministry of Health offer chances for organizations, departments of organizations, and other individuals or groups of individuals who have been entrusted with any obligation to account for their stewardship. The rationale of the assessment is also to incrementally improve service delivery outcomes over a specified period. .

A team of impartial assessors created the District Holistic Assessment Tool to aid in providing a complete assessment of districts based on the strategic objectives and indicators for the health sector. This report was written using the findings from this assessment. After taking into account conversations among stakeholders during the review meeting, this assessment report presents the evaluation of the health system at the district level.

The 2022 assessment report relies entirely on routine administrative data from the District Health Information Management System (DHIMS 2). It is organized under three (3) policy objectives and further graphically presents performance for each objective on a scale of 0 to 5 with five colour codes. The three sector objectives are;

- 1. Ensure Sustainable, Affordable, Equitable, Easily Accessible Healthcare Services (Universal Health Coverage),**
- 2. Reduce avoidable maternal, adolescent and child deaths and disabilities**
- 3. Increase access to responsive clinical and public health emergency services**

**Support from Nsawam Adoagyiri Municipal for the year under was impressive in the following areas**

- 1. Construction of 6No. CHPS at Ntoaso, Otukwadjo, Sakyikrom, Bowkrom, Fotobi, Yaw Djan**
- 2. Provision of fuel for our community sensitization programmes**
- 3. Support for COVID-19 programmes**
- 4.**

## Results of Assessment

<b>Objective 1: Universal access to better and efficiently managed quality healthcare services (Universal Health Coverage)</b>		<b>2021 Performance</b>	<b>2022 Target</b>	<b>2022 PERFORMANCE</b>	<b>Assessed score</b>
1.1	Average Revenue per OPD patient	69.84	<b>&lt;=15GH</b>	7.55	2
1.2	Percentage change in Annual revenue mobilized from all sources ( <b>Real and Nominal</b> )	129.3	<b>&gt;5%</b>	8.2	0
1.3	Proportion of NHIS claims submitted on time.	86	<b>80%</b>	100	2
1.4	Proportion of NHIS claims rejected	4.2	<b>&lt;5%</b>	1.8	2
1.5	Proportion of IGF spent on personal emolument	21.5	<b>&lt;20%</b>	3.5	2
1.6	Proportion of Goods and Services budget allocated to Health Research activities	7	<b>5%</b>	0	1
1.7	Percentage of Quarterly Internal Audits report available (Sub-Districts)		<b>75%</b>	75	1

1.8	Percentage of internal and external audits recommendations implemented		80%	90	1
1.9	Percentage of Districts with Budgets for Goods and Services captured into PBMIS		80%	100	1
1.10	Family planning Acceptor rate	22.9	40%	23.7	1

<b>Objective 1: Universal access to better and efficiently managed quality healthcare services (Universal Health Coverage)</b>		<b>2021 Performance</b>	<b>2022 Target</b>	<b>2022 PERFORMANCE</b>	<b>Assessed Score</b>
1.11	Total estimated protection by contraceptive methods supplied (Couple Year Protection (CYP)) for long Term	7,002	5251	7,332	2
1.12	Proportion of deliveries attended by trained health workers	193.7%	65%	123.3%	0
1.13	Proportion of newborns receiving postnatal care (PNC) within 48 hours from birth	190.6%	90%	100.4%	0
1.14	Proportion of mothers who made at least four ANC visits	81.1%	85%	81.1%	1
1.15	The proportion of children due for Measles-Rubella 2 receiving LLIN	90.1%	90%	79.30%	-1

1.16	Percentage of babies breastfeeding within 1hr after delivery	98.1%	95%	99.1%	2
1.17	Doctor to population ratio	1:7,409	1:7500	1:14,441	0

1.18	Nurse to population ratio	1:183	<b>1:450</b>	1:267	0
1.19	Midwife to Women in Fertility Age (WIFA) population ratio	1:328	<b>1:700</b>	1:231	2
1.20	Percentage of New Vehicles up to 5yrs with Valid comprehensive insurance and road worthy certificates		<b>50%</b>	50	1

<b>Objective 1: Universal access to better and efficiently managed quality healthcare services (Universal Health Coverage)</b>		<b>2021 Performance</b>	<b>2022 Target</b>	2022 PERFORMANCE	Assessed Score
1.21	Proportion of Health Facilities with equipment Inventory		<b>50%</b>		
1.22	eLMIS(GhILMIS) capacity utilization rate		<b>100%</b>	100%	1
1.23	Percentage of completeness of new entries in Human Resource Information System (HRIMS)		<b>80</b>	99%	1
1.24	Percentage of completeness of Financial Returns in DHIMS2		<b>90%</b>	31.3	0
1.25	Percentage of Medication Therapy Discrepancies/Errors identified and resolved( Hospital)		<b>100%</b>	100%	1

1.26	Midwife to WIFA population geographical equity index	0.09	<b>0.55</b>	0.03	-1
1.27	Doctor population geographical equity index	0.20	<b>0.20</b>	0.13	-1
1.28	Nurse population geographical equity index	0.39	<b>0.55</b>	0.10	-1

1.29	Proportion of functional Community Health Planning and Services (CHPS) zones	100.0%	80%	100.0%	2
1.30	Proportion of Proposed Network of Practise established by the District		60%		

<b>Objective 1: Universal access to better and efficiently managed quality healthcare services (Universal Health Coverage)</b>		<b>2021 Performance</b>	<b>2022 Target</b>	<b>2022 PERFORMANCE</b>	<b>Assessed Score</b>
1.31	Percentage of Sub-Districts implementing Community Score card		25%	N/A	1
1.32	Percentage of Policy Disseminated at the District Level		80%		
1.33	Skilled delivery geographical equity index	0.08	0.70	0.02	-1
1.34	Per capita Out Patient Department (OPD) attendance	2.40	1.2	1.50	0
1.35	Percentage Adherence to Procurement Plan	98%	70%	100%	2

1.36	Proportion of planned Integrated Districts supervisory visits undertaken	25.0%	100%	50	1
1.37	Percentage of planned Data validation meetings held by Districts	100.0%	100%	100	2
1.38	Proportion of health facilities (public and private) providing data in the DHIMS2	98.0%	85%	95.7	2
1.39	Percentage of Sub-Districts with Quarterly Data Validation Reports Submitted to DDHS		75%	100	1

1.40	Completeness of reporting by health facilities	96.2	96%	85.8	-1
MS	<b>All District Hospitals are submitting their Quarterly IGF Forecast and Expenditure Reports to the Regional Director for Approval</b>				-2

**Score for Objective 1**

**Objective 1**



<b>Objective 2: Reduce avoidable maternal, adolescent and child deaths and disabilities</b>		<b>2021 Performance</b>	<b>2022 Target</b>	<b>2022 PERFORMANCE</b>	<b>Assessed Score</b>
2.1	Proportion of facility deaths that are medically certified	100.0%	90%	100.0%	2
2.2	Incidence rate of diabetes (using OPD as proxy)	0.85	1-5%	0.5%	-1
2.3	Incidence rate of Hypertension (using OPD as proxy)	2.90	5-10%	1.7%	-1
2.4	Proportion of children U5 who were measured to assess stunting	23.2%	10%	25.0%	2
2.5	Prevalence of anaemia in pregnant women at 36 weeks of gestation	23.0%	< 35.5	18.0%	2

2.6	Percentage of Children 6-59 months receiving Routine Vitamin A	80.9%	80%	67.7%	-1
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2.7	Percentage of ANC Registrants within the First Trimester		55%	69.8%	1
2.8	Penta 3 coverage	116.5%	95%	101.2%	0
2.9	Children under five years who are underweight	0.9%	3.8%	0.8%	2
2.10	Institutional all-cause mortality rate	21.1%	<18	3.5%	2

<b>Objective 2:</b> Reduce avoidable maternal, adolescent and child deaths and disabilities		<b>2021 Performance</b>	<b>2022 Target</b>	2022 PERFORMANCE	Assessed Score
2.11	Institutional Maternal Mortality Ratio per 100,000	24/100,000	125	26/100,000	1
2.12	Institutional Neonatal Mortality Rate per 1000	3/1000	8	15/1000	-1
2.13	Still birth rate	13.9	11.5	12.7	1
2.14	Institutional Malaria Under 5 Case Fatality Rate	0.0%	0.2	0.0%	2
2.15	Measles-Rubella 2 coverage	81.2%	90%	82.4%	1

2.16	Percentage of Maternal Deaths that are Audited	100.0%	<b>100%</b>	100.0%	2
2.17	Proportion of Total Mortality attributed to unsafe water, unsafe sanitation and lack of hygiene (Cholera,, Typhoid fever and Paratyphoid)	0.0%	<b>0.5</b>	0.0%	2

2.18	Proportion of total mortality attributed to external causes (Road traffic accidents, Falls, accidental poisoning and exposure to noxious substances, Accidental drowning, other transport accidents)	5.0%	5-10	5.6%	2
2.19	Proportion of total mortality attributed to non-communicable diseases (Neoplasm, Circulatory and cardiac conditions, Diabetes, Chronic Obstructive respiratory diseases)	4.0%	30-50	52.0%	1
MS	<b>District Maternal Task Force Established and Functional</b>				2

### Score for Objective 2



Objective 3: Increase access to responsive clinical and public health emergency services		2021 Performance	2022 Target	2022 PERFORMANCE	Assessed Score
3.1	Hospitals, Polyclinic and Health Centre (GHS/CHAG as public) providing Traditional and Alternate Medicine		70%	100%	1
3.2	Average length of stay at the accident and emergency (A&E) ward of the District Hospital	2.30	2.0	0.53	2
3.3	Percentage Bed occupancy rate (All Hospitals)	88.0%	70%	58.3%	-1
3.4	Proportion of hospitals (public-GHS/CHAG) with functional emergency department	100.0%	100%	100.0%	2
3.5	Percentage of District Hospitals with Functional Public Health Units	100.0%	100%	100.0%	2
3.6	Average number of medicines prescribed per patient encounter (public facilities)	3.4	3.0	3.8	-1

3.7	Percentage of encounters with an injection prescribed (public facilities)	39.00%	<20	11.60%	2
3.8	Percentage of medicines prescribed by generic name (public facilities)	95%	100%	100.00%	2
3.9	Percentage of prescriptions with antibiotics(public facilities)	52.00%	<20	47.60%	1
3.10	Tracer medicines availability at the District Hospital	83.30%	100%	79.85%	1

<b>Objective 3:Increase access to responsive clinical and public health emergency services</b>		<b>2021 Performance</b>	<b>2022 Target</b>	<b>2022 PERFORMANCE</b>	<b>Assessed Score</b>
3.11	Percentage of District Hospitals with functional Total Quality Management (TQM) Teams	100%	100%	100.00%	2
3.12	Attempted suicide incidence rate		25/1,000	4/1000	1
3.13	Depression incidence Rate		175/1,000	18/1000	1
3.14	Cataract surgery rate		24/1,000,000	26/1,000,000	1
3.15	ART coverage rate	171.0%	95%	170.2%	2

3.16	Viral load testing coverage rate	26.8%	<b>50%</b>	50.1%	2
3.17	PMTCT testing coverage rate	84.3%	<b>85%</b>	95.6%	2
3.18	TB Case fatality rate	8.0	<b>&lt;5.0</b>	10.0	-1
3.19	TB Case notification rate	52.0%	<b>50%</b>	63.0%	2
3.20	TB treatment success rate	92.1%	<b>90%</b>	85.0%	-1

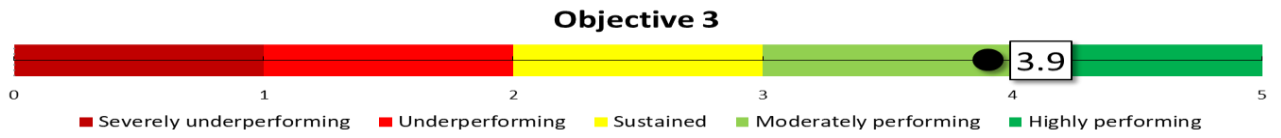
Objective 3: Increase access to responsive clinical and public health emergency services		2021 Performance	2022 Target	2022 PERFORMANCE	Assessed Score
3.21	Proportion of suspected malaria cases that were tested for malaria before treatment	98.4%	<b>100%</b>	98.7%	1
3.22	Malaria mortality rate	0.1%	<b>0.015/1000</b>	0.0%	2
3.23	Non- polio AFP rate	4.00	<b>&gt; 2</b>	2.80	0
3.24	Surgical site infection rate	0.0%	<b>&lt; 5%</b>	0.1%	2
3.25	PLHIV newly enrolled in HIV care started on TB preventive therapy	4.1%	<b>30%</b>	100.0%	2

3.26	Percentage of infants born to HIV-infected mothers who are infected	4.8%	<5%	1.8%	2
3.27	Proportion of pregnant women tested for syphilis	98.5%	60%	97.5%	2
3.28	Malaria incidence per 1000 population	199/1000	165/1000	186/1000	1
3.29	Percentage (%) of pregnant women on Intermittent preventive treatment (at least three doses of SP) according to national policy (HMIS)	81.2%	50%	54.7%	-1
3.30	Case fatality rates for epidemic prone diseases (Cholera, Meningitis, Yellow fever)	0.00%	5%	0.00%	2

Objective 3: Increase access to responsive clinical and public health emergency services		2021 Performance	2022 Target	2022 PERFORMANCE	Assessed Score
3.31	Percentage of Targeted Population who attended Wellness Clinic at the District Hospital during a year		20%	0.09%	0
3.32	Proportion of functional risk communication and social mobilization committee		50%	50.00%	1
3.33	Percentage of facilities with nurses demonstrating competence in NursMid documentation at the District Hospital		60%	100.00%	1
3.34	Percentage of NursMid Audit report at the District Hospital		75%	100.00%	1

MS	All Hospital, Polyclinics, and Health Centres in the District have HEFRA Accreditation				<b>0</b>
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**Score for Objective 3**



**Overall District Performance for 2022 Holistic Assessment-Nsawam Adoagyiri Municipal**

