CHAPTER ONE

1.0 REGIONAL CHARACTERISTICS

Area Boundaries and Demography

The Central Region occupies an area of 9,826 square kilometers, which is about 6.6% of the land area of Ghana. It is bounded in the south by the Gulf of Guinea, on the west by the Western region. The region shares a border on the east by the Greater Accra region and in the north with the Ashanti and the north east with the Eastern region. Viewed on the Ghana map, the region, looks like a chicken. The capital is the historical city of Cape Coast.

The Central region has an estimated population of 1,805,487 (2006) and an annual population growth rate of 2.1%. It now has 13 administrative districts with Assin district divided into North and South. With a population density of about 162 inhabitants per square kilometers, the central region is the second most densely populated region after Greater Accra. However about 63 % of the region is rural (2000 Population and housing census).

The Cape Coast district is the smallest in size but least deprived, whiles Asikuma Odoben Brakwa district is the most deprived.

The Ghana Demographic and Health Survey (GDHS) of 2003 estimated the infant Mortality and the under-five Mortality rates to be 50 and 90 per 1000 live births respectively. This shows an improvement over the 1998 GDHS figures, which were 83 and 142 per 1000 live births respectively. This current GDHS rates places the region as the second best in the southern sector and the third

best in the whole country for both infant and under five mortality rates.

The table below shows the various districts, size, projected population and their Relative Deprivation Ranking (RDR).

Table 1: District, Size, Population and Relative Deprivation Ranking

District	District Capital	Area (sq. km)	2006 projection	RDR
Assin North	Assin Foso	2,300	121,630	8
Assin South	Kyekyewere Nsuaem		100,918	9
Agona	Swedru	540	180,065	12
Abura/Asebu Kwamankese	Abura Dunkwa	380	102,058	4
Asikuma Odoben Brakwa	Asikuma	850	101,267	1
Ajumako Enyan Essiam	Ajumako	480	104,178	2
Awutu Effutu Senya	Winneba	780	192,545	10
Cape Coast	Cape Coast	122	133,791	13
Gomoa	Apam	1,022	220,661	5
Komenda Edina Eguafo Abrem	Elmina	391	127,369	6
Mfantsiman	Saltpond	510	173,154	11
Twifo Hemang Lower Denkyira	Twifo Praso	1,370	125,007	3
Upper Denkyira	Dunkwa-on-Offin	1,000	122,846	7
Central Region	**CAPE COAST**	**9,826**	**1,805,487**	

Geography

Generally, there are two rainy seasons in the region. The peak of the major season is in June. The vegetation is divided into dry coastal savanna stretching about 15 km inland, and a tropical rain forest with various reserve areas.

Socio-Cultural Characteristics

Adult literacy rate in the region is slightly more than 50 percent, with the highest being 75.3 per cent in Cape Coast and the lowest 45.2 per cent in Abura-Asebu-Kwamankese. There is a larger proportion of literate males (69.8%) than females (46.3%).The region is predominantly Akan, who constitutes more than 90 per cent of the population in six districts and account for at least 60.0 per cent in the remaining five districts. Majority of the Akans are Fantes, the indigenes of most districts in the region.

The region is endowed with rich cultural practices like annual festivals such as Aboakyer, Fetu Afahye, and Bakatue, among others. An international festival the Pan African Historical Theater Festival is also hosted every two years by the region. The region is also endowed with historic monuments like castles and forts. These attract lots of tourist to the region. The region is classified among the four poorest in the country.

Economic Characteristics

Unemployment is 8.0%, 2.4 % lower than the national average of 10.4%. The Mfantsiman and Cape Coast districts , have values of about 15 % and 11% respectively exceeding the national average. Unemployment in females is 8.2%, about 0.4 % higher than in males in almost all the districts. The phenomenon of working children is also a problem in most districts where about 5 per cent of children under age 15 years are engaged in economic activities.

The predominant industry in all the districts with the exception of Cape Coast is agriculture (52.3%), followed by manufacturing

(10.5%). Agriculture (including fishing) is the main occupation and employs more than two thirds of the work force in many districts. Cocoa production is concentrated in Assin, Twifo-Hemang-Lower Denkyira and Upper Denkyira, while oil palm production is mainly in Assin and Twifo-Hemang-Lower Denkyira. Other major agricultural enterprises are pineapple and grain production. Fishing is concentrated mainly in the six Coastal districts.

Health Institutions

The region has in all 220 health facilities comprising 108 public, 82 private, 14 mission/quasi and 16 Community/NGO Clinics. Most of these private institutions however are located in the district capitals and other big towns. The distribution of health facilities does not favour the large rural majority. It also Includes 26 functional Community-based health planning and services (CHPS) compound in almost all the districts. In all, there are 1,281 out reach points in the region recording an increase of 0.9% (1,270) over that of the previous year. There are three nurses training institutions at Winneba, Cape Coast and Ankaful.

Regional Priorities for Year 2006

The following were the issues that engaged attention of the region during the year under review.

-
- **NEW FOCUS**

- Working towards achieving the millennium development goals (MDG) that is Reducing Maternal and child mortality, reducing HIV/AIDS
- 3RD Programme of work focusing on the new paradigm shift- *health promotion*

INCREASE ACCESS

- Develop more CHPS compounds
- Intensify outreach activities; (intra district; external to region)
- Building Capacity of CHOs with support from CHPS-TA
- Mutual Health Insurance
    - Support public education
    - Focus on Service Providers
    - Preparing health facilities for accreditation for the NHIS
- Strengthen referral system – on going pilot programme

PUBLIC HEALTH

- **STRENGTHEN DISEASE SURVEILLANCE**
    - Priority diseases i.e. Malaria, TB, HIV/AIDS, Guinea Worm, EPI targeted diseases, AFP
    - Global fund support for Malaria and TB.

- Diseases of outbreak significance; Cholera, meningitis, yellow fever
- Non-communicable disease- Health Promotion
- Special diseases; Buruli ulcer

- **INTENSIFY REPRODUCTIVE AND CHILD HEALTH ACTIVITIES**

  - EC/QHP activities continue with focus on RCH (some decentralization of activities).

  - Maternal mortality to decline by 20% through training; supportive supervision; logistics and equipments and community involvement.

  - Intensify child survival activities; IMCI, ITNs, malaria, Child survival days

IMPROVE QUALITY OF SERVICE DELIVERY

- Provide supplies and logistics
- Intensify peer review system in hospitals and Health Centres
- Continuous Medical Education based on relevant subject areas in the region.
- Quality Assurance
  - Hospitals to focus more on technical Performance.
  - Monitoring of QA activities involving the wards
  - Form and strengthen Sub-district QA teams with the focus on patient Satisfaction surveys.

STRENGTHEN HUMAN RESOURCE CAPACITY.

- Orientation of newly engaged staff
- Training of Health Aides. Enrolled Nurses
- BMC to respond to training needs: Key areas have been identified. (To be co- sponsored by the region and districts).

IMPROVE EFFICENCY OF HEALTH SERVICE DELIVERY

- February and March declared Performance appraisal months
- Prompt response to audit queries.
- Operationalize Way Forward (include regional policy thrust) into BMC action plans with outputs.
- Strengthen DDHS role in co-ordination
- Develop schemes to motivate and boost staff morale (Regional and District responsibilities)
- Strengthen planned preventive maintenance
- Intensify monitoring and supervision at the various levels
- Improve financial management to reduce wastage fraud
- To support sub-districts to manage resources

IMPROVING COLLABORATION

Environmental sanitation a very topical area of collaboration

- Private sector and Ghana Health Service collaboration
- DHMT and District Assembly collaboration
- GHS and the media- Newsletter and publicity committee
- NGO i.e. Plan International, PPAG, World Vision
- UNFPA/EC, QHP, CHPS/TA as key partners for the region.

SHARING OF RESPONSIBILITY

BMC to contribute towards the following

- Performance reviews and awards
- Annual planning and budgeting
- Orientation of staff
- Selected in-service programmes

CHAPTER TWO

2.0 PUBLIC HEALTH

Public health activities in the region are organized under the following areas:

- Disease control and surveillance
- Reproductive and Child Health
- Nutrition and
- Health promotion

2.1 Disease Control

Disease Control involves the surveillance and forecast of diseases of public health importance, outbreaks, emerging and re-emerging threats and pandemics with the main aim of controlling them.

Objective:

To prevent and control 'diseases' among the general population

The Strategies adopted to achieve these include:

1. Diseases Surveillance
2. Active Control Measures
    - Immunization
    - Chemotherapy
    - Chemoprophylaxis
    - Health Education
3. Vector Control
4. Storage and distribution of vaccines
5. Providing Technical Support
6. Monitoring supervision and support
7 Evaluation and
8. Training

DISEASE SURVEILLANCE

The main activities of the Disease Control Unit include Disease Surveillance and response, management of vaccine and other logistics to ensure prevention and timely interventions to control communicable diseases. The specific activities are as follows:

- Training
- Case Detection
- Reporting cases
- Analysis and interpretation of data
- Investigation and confirmation
- Action/Response
- Feedback
- Monitoring and supervision
- Evaluation

Surveillance Targets

The Unit has, in line with the National target, set the following to guide and evaluate the performance for the year under review.

- AFP Case Detection ≥ 2/100,000 Under 15years
- Timeliness of reporting ≥ 80%
- Completeness ≥ 80%
- Routine EPI Coverage ≥ 90%
- NIDs Coverage ≥ 99%
- Measles Case Investigation ≥ 80%
- Yellow Fever Case Investigation ≥ 80%
- Neonatal Tetanus Case Investigation ≥ 80%
- Cholera CFR < 1%
- Investigation of all suspected cases of epidemic prone diseases as well as diseases targeted for eradication and elimination.

Major Achievements

The Regional Disease Control Unit Supported the Districts to Trained facility level Health Workers in Integrated Disease Surveillance and Response (IDSR). The categories of staff trained include:

- Disease Control Officers,
- Biostatistics Officer
- Medical Records Assistants,
- Community Health Officers
- Midwives

- Other Nurses,

The Unit conducted general monitoring and documentation on communicable diseases as well as supervision and provision of technical support in all disease control activities including Expanded Programme on Immunization (EPI).

Epidemic Prone Diseases

The Unit supported investigation; specimen collection, transport and follow up of AFP, Measles, Yellow Fever (suspected) and Cholera cases in all districts.

Table2 Disease of EpidemicPotential

Diseases	2004	2005	2006
Cholera	5/0	1294	1692/55
Meningitis	2/1	5/4	4/2
Measles	49 /0 (5+ve)	43 / 2+ve	24/0 (4+ve)
Pertussis	0	71/0	0
Yellow Fever	1	0	0

2.1.1 Cholera

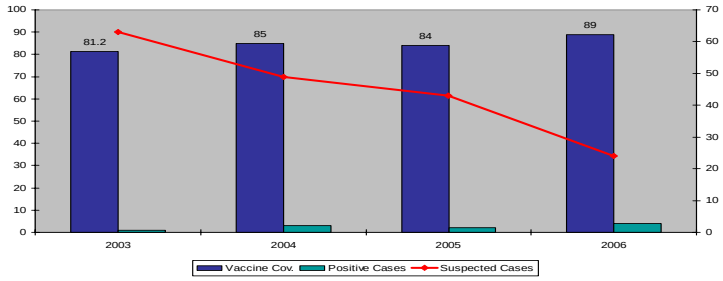
The region experienced cholera outbreak during the year which began in the last quarter of 2005 in the Awutu Efutu Senya district which spread to all the 13 districts. The total number of cases reported was 1692 with 55 deaths.

Cape Coast recorded the highest number of cases. This came about as a result of the nearby districts, namely, AAK and KEEA, which were referring cases to the Cape Coast district hospital.
This practice ceased when the Regional Director of Health Services gave directives to all districts to prepare and manage cases in their respective facilities in the districts.
Logistics support from the Central Medical Stores was received but it was not adequate as it could not match the demand considering the number of cases which reported at a time.

2.1.2 **Measles**

24 Suspected cases were reported during the year. All were investigated-using case based approach for 2006. Out of these 4 cases were positive for measles while 2 cases were positive for Rubella with laboratory confirmation.

Figure 1
Measles Vaccination Vrs Reported Cases



2.1.3 Meningitis

The meningitis cases recorded over the past three years in the region has been constantly low. In 2006, however there were 4 cases with 2 deaths. All the cases were reported from Assin North District Cape Coast district. Laboratory test confirmed Streptococcal pneumoniae

2.1.4 Yellow Fever

No confirmed case of Yellow Fever was recorded in 2006 out of out of 2 suspected cases for which blood specimen was taken to Korle Bu reference laboratory for further investigation.

Diseases Targeted for Eradication

Poliomyelitis and Guinea worm has been targeted for eradication and so surveillance has been mounted on these diseases to the extent that even rumours about these diseases are investigated thoroughly to ensure the presence or absence of any of them. While Guinea cases are monitored using the characteristic blister or hanging worm, poliomyelitis uses acute flaccid paralysis.

Table3 Diseases Targeted for Eradication

Diseases	2004	2005	2006
Guinea Worm	0	1 (Imported From Tatale, NR)	0
AFP	7 / 0	14 /0	10/0

2.1.5 AFP Surveillance (Poliomyelitis)

The search for AFP had been put in place to track poliomyelitis in the system. Sensitization and active case search was done in both public and Private Health Facilities. In all eleven (11) cases were detected in the region in 2006. 63.6% of the cases were investigated within 14 days whiles 36.4% of the cases were not timely as stool specimen were collected after 14 days.

2.1.6 Guinea worm

The fight against guinea worm started yielding positive results when transmission was broken in the year 2003. The case reported in Assin North in 2005 was imported from Tatale in the NR. No case of indigenous guinea worm was reported in the districts since 2003.

Disease Targeted for elimination

2.1.7 Neonatal Tetanus

Neonatal Tetanus reporting has been a problem in the past but with the improvement on surveillance system at the facility levels the cases are gradually on the increase. What is lacking in this area is the timely response by the reporting districts to either implement corrective measures or prompt the resident districts to do so.

2.1.8 Leprosy

The number of registered leprosy patients slightly increased from 84 to 87 at the end of 2003 and 2004 respectively. Decreased from 85 (2005) to 75 (2006)
Regional prevalence rate 0.46:10,000 (2005) reduced to 0.41:10,000 populations.
With the exception of THLD and Upper Denkyira districts the remaining districts have achieved the WHO elimination target.

Table 4 Reported Cases Of Neonatal Tetanus/leprosy 2004 - 2006

Disease	2004	2005	2006
Neonatal Tetanus	8/6	10/4	11/6
Leprosy	87	85	75

Diseases of Public Health special focus

Tuberculosis, Malaria and HIV/AIDS are the programmes that enjoy Global fund support. Malaria and HIV/AIDS started enjoying the support earlier while Tuberculosis started in 2006.

2.1. 9 Tuberculosis,

The TB programme in particular has seen drastic improvement in the general performance as shown in table below. The cure rate shot up from 48.5% in 2004 to 62.8% in 2005 whiles defaulter rate dropped from 31% in 2004 to 19.6 in 2005.

The Districts were allocated funds to undertake district based activities namely, training of District Hospital staff in TB/HIV, district monitoring and supervision, review meetings, provision of enablers to Community Based Treatment Care providers/volunteers and TB patients.

Table 5. Trend of TB cases in C/R 2003 -2005

Year	**2003**	**2004**	**2005**
Total Pop.	**1,731,988**	1,768,357	1,805,488
Cases Expected (281 per 100,000)	4,867	4,969	5,073
Actual Detection	1,189	1,387	1,116
Detection Rate (%)	24.4	27.9	22
Cure Rate (%)	48..5	45.4	62.8
Defaulter Rate (%)	31.0	31.0	19.6
Treatment Success Rate (%)	64.6	51.4	67.6

2.1.10 Malaria

The region trained 1,475 and 1785 Health Staff on new Anti Malaria Drug Policy (AMDP) and Intermittent Preventive Treatment (IPT) respectively between October 2005 and September 2006. The new AMDP is therefore being fully implemented in all public health facilities

including some Community based Health Planning and Services (CHPS) compounds in all the districts.
IPT is being implemented in all the 13 districts.

There have been a steady improvement in ITN distribution in the region since 2003. Long lasting ITNs are now being distributed in the region. A total of 26,565 ITNs were re-treated during the year.

The number of CBA's trained in HBC, IPT, use and re-treatment of ITNs were 1,374, 813 and 1106 respectively.

There had been a stready improvement in ITN distribution in the region since 2003. Between 2003 and 2006, a total of 374,800. ITNs had been distributed to children under 5 years and pregnant women. Out of the number, 225,800 were long lasting nets.

Table6 Trend of ITN distribution in the CR, 2003-2006

YEAR	No. of ITNs distributed
2006	212,800
2004 & 2005	149,300
2003	7,500
Total	**374,800**

A total of 3,831,540 toblets of Artesunate + Amodiaquine for the management of uncomplicated malaria were received and 3,469,620 were distributed leaving a balance of 361,620 tablets

The region took delivery of 384,000 tablets of Sulphadoxine-Pyrimethamine for the IPT programme and distributed 367,050 tablets with a balance of 16,950 tablets.

2.1.11 HIV/AIDS

Central region has not been spared from the global HIV/AIDS pandemic. The total number of cumulative AIDS cases as at the end of December 2006 was 7,168

The region has responded to the HIV/AIDS epidemic by a multisectoral approach with Ghana Health Services playing a leading role in these efforts

730 New AIDS cases have been recorded during the year under review (Jan-Dec 2006), with 252 males and 478 .females. Please see attached for the reported cases per districts.

Table 7. Reported Aids Cases By District 2004-2006

	2004	**2005**	**2006**
CAPE COAST	235	86	140
KEEA	91	74	73
AAK	30	18	18
THLD	5	X	22
AOB	115	116	118
AEE	0	7	10
ASSIN	88	X	100
MFANTSIMAN	46	82	99
GOMOA	123	101	113
AGONA	19	23	37
AES	103	28	X
UD	68	X	X
TOTAL	**923**	**535**	**730**

X- Data unavailable at the time from the district.

REPORTED AIDS CASES IN CENTRAL REGION BYYEAR

Table 8

YEAR	NO
1998	205
1999	419
2000	790
2001	519
2002	669
2003	755
2004	923
2005	535
2006	730

REPORTED CUMULATIVE AIDS CASES IN CENTRAL REGION

YEAR	NO
1998	1844
1999	2263
2000	3061
2001	3580
2002	4249
2003	5004
2004	5927
2005	6462
2006	7168

SENTINEL STUDIES

The 2006 HIV sentinel study, which helps to monitor the epidemic and provide HIV prevalence data, was completed in December 2006 in the region. The selected sentinel sites were Assin, Cape Coast and Asikuma –Odoben – Brakwa (AOB) districts. All the three sites were able to collect the expected samples. Confirmed results are expected during the first quarter of 2006.

HIV PREVALENCE BY SENTINEL SITES

Below is the table showing the HIV prevalence recorded in the sentinel sites in the region from 1995- 2005.

Table 8b Hiv Prevalence By Sentinel Sites 1995-2005

SENTINEL SITE	95	96	97	98	99	00	01	02	03	04	05
CAPE COAST	2.1	2.6	0.3	3.4	3.2	3.0	3.6	2.6	7.6	4.0	3.2
ASSIN FOSO	3.2	3.6	3.2	3.6	3.6	2.0	2.1	2.6	3.2	4.2	2.6
AOB										2.2	3.0

VCT

In 2006, 2324 clients were counseled. Out of which 2017 were tested with 483 positive. However, during the previous year, 2005, 1,659 clients were counseled and tested with 428 clients positive .

OUTCOME OF VCT BY DISTRICTS (2006)

The table below shows the proportion of positive tests from VCT in the districts.

Table 9 Outcome Of Vct By Districts (2006)

DISTRICT	VCT (2006)		
	TOTAL TEST	POSITIVE	PROPORTION POSITIVE (%)
CAPE COAST	335	82	24.5
KEEA	4*	0	0
AAK	16*	5	31.3
THLD	414	35	8.5
ASSIN	198	15	7.6
MFANTSIMAN	13	0	0
GOMOA	197	94	47.7

AGONA	108	40	37.0
AES	225	63	28.0
AOB	226	118*	19.5
AEE	26*	5*	19.2
UD	255	100	39.2
TOTAL	**2017**	**557**	**23.9**

SCREENED BLOOD DONORS FOR HIV, 2006

The table below shows outcome of blood examinations for HIV in the main hospitals in the Region.

Table 10 Screened Blood Donors For Hiv, 2006

HOSPITAL.	Donors Tested	Donors HIV+	Prop + Donors
Central Regional Hospital	4042	347	8.5
Cape Coast District Hospital	681	23	3.4
Assin Fosu Catholic Hospital	**921**	**80**	8.6
Agona Swedru Government Hospital	**460**	**41**	8.9
Saltpond Government Hospital	**245**	**19**	7.8
Apam Catholic Hospital	**515**	**12**	2.3
Breman Asikuma Catholic	681	23	3.4

Hospital			
REGIONAL	7545	545	7.2

HIV STATUS OF SCREENED BLOOD DONORS.

The proportion of blood donors who tested HIV positive was 452 out of 8962 in 2005. In 2006, the total positive 545 out of 7545 donors (7.2%).

Voluntary Counseling And Testing /Prevention Of Mother To Child Transmission (Vct/Pmtct) Of Hiv Centres

Refurbishment

Central Region with support from NACP has established fourteen (14) VCT/PMTCT centres. At least each district has one centre to provide quality service to pregnant mothers. The centres are as follows:

Central Regional Hospital (CRH)

Winneba Government Hospital

Assin Fosu Catholic Hospital

Dunkwa-On-Offin Government Hospital

Saltpond District Hospital

Agona Swedru Government Hospital

Apam Catholic Hospital

Cape Coast District Hospital

Asikuma Catholic Hospital?

The last batch of facilities to be refurbished in the region was six, even though the refurbishment has not been completed, NACP has been able to provide the necessary equipment for four facilities.The completed sites are:

Ajumako District Hospital

Twifo Praso District Hospital

Abura Dunkwa District Hospital

Kasoa Health Centre

Elmina Health Centre

Fanti Nyankomasi Health Centre.

By January,2007, it is expected that all the sites would be functioning fully.

It is expected that all other inputs required for official commencement of service provision will be made available to the remaining two centres (KEEA and Assin South).

Fortunately in addition to what the NACP has been doing in HIV/AIDS ,UNICEF also has plans to open more centres in the region.

Table 11 Pmtct Services Per Centre 2006

CENTRE	REGISTRANTS Counseled	No. TESTED	No h POSITIVE	%
CRH	**873**	**551**	**18**	**3.2**
CAPE COAST	**1032**	**32**	**5**	**15.6**

ELMINA H/C	**213**	**0**	**X**	**x**
T.PRASO	**510**	**0**	**X**	**x**
ASSIN FOSO	**701**	**237**	**16**	**6.7**
S.POND HOSP	**1430**	**128**	**7**	**4.7**
A/SWE.HOSP	**1166**	**251**	**4**	**1.5**
OFFIN/D. HOSP	**2500**	**5**	**0**	**0**
WBA.G.HOSP	**1112**	**832**	**10**	**1.1**
KASOA H/C	**193**	**78**	**3**	**3.8**
ASK.CATH HOSP	**100**	**38**	**0**	**0**
AJK.HOSP	**68**	**11**	**1**	**9**
TOTAL	**9898**	**2131**	**64**	**2.9**

X = no test was done in this facility.

ACHIEVEMENTS

- **During the year two sets of training were organized for health staff in VCT/PMTCT, they were selected from the remaining six (6) centres that were refurbished for the provision of VCT/PMTCT services. Majority of the participants were practicing midwives and the rest, were family planning counselors.**
- **99 Health staff were trained on the management of OIs. This team is made up doctors, pharmacists, medical assistants, midwives and counselors.**

- **30 counselors were also trained to perform HIV Rapid test at their work place PMTCT/VCT centres.**

- Six (6) regional training team members also attended a training of trainers course on the new PMTCT training policy.

WAY FORWARD

- Intensify the motivation and encouragement of health staff and community members to patronise the utilization of all the VCT/PMTCT centres.

- Start treatment of AIDS at the Assin Fosu Catholic Hospital by January 2007.

- Establish one additional PMTCT/VCT centre in every district by the end of the year.

- Improve the OIs/ART clinic services to be one of the best in Ghana by ff on the necessity and the importance of data analysis and usage.
- building the capacity of the staff, motivating them to redouble their efforts on the day to day activities, and show expertise skills and knowledge in client care.
- Improve the completeness and timeliness of reporting by educating sta ff on the necessity and the importance of data analysis and usage.

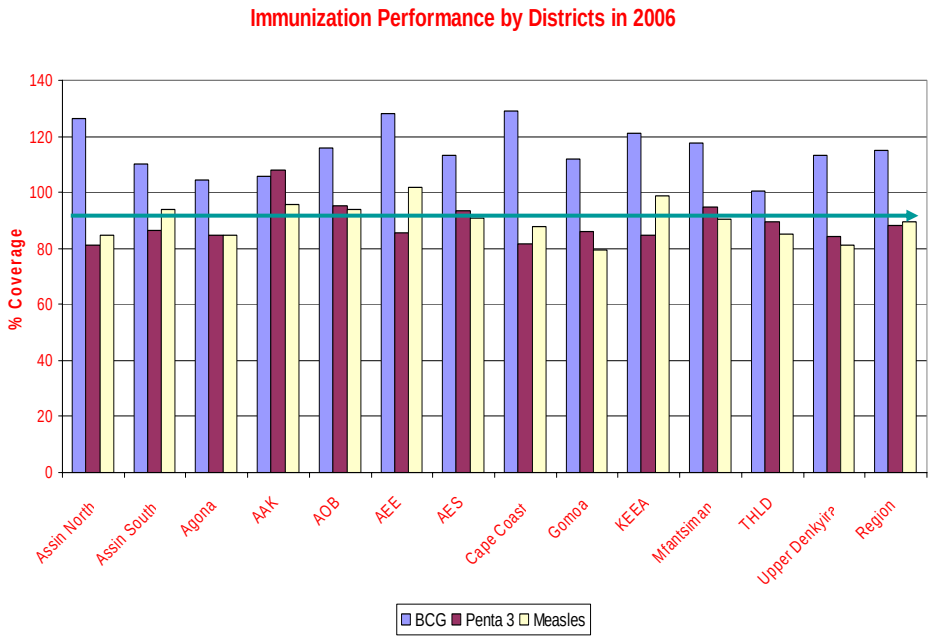
2.2 Expanded Programme on Immunization (EPI)

The key activities carried out during the year include the following

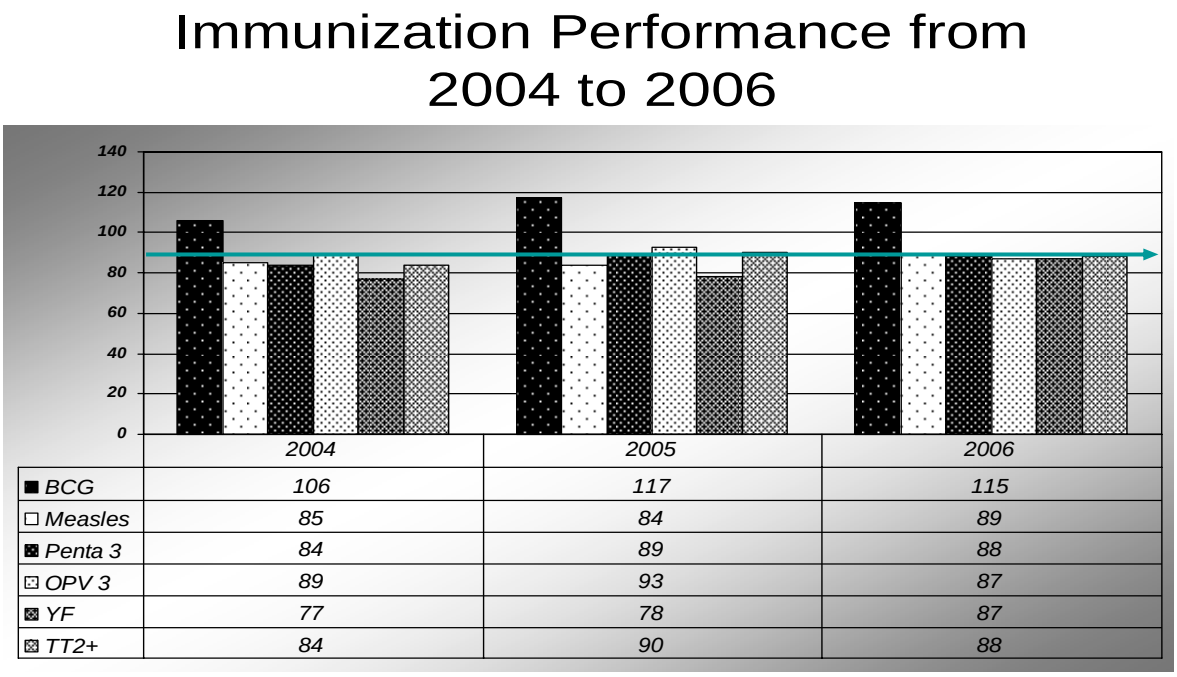
- Organizing outreach activities, especially in areas previously not covered in district progammes
- Tracing of drop outs and left outs
- Supportive supervision with on site training of staff
- Regular monitoring of immunization coverage.
- Involvement of private practitioners

Routine Immunization

GenSerally, there was a stagnation in the immunization performance during the year 2006. Pentavalent 3 coverage and OPV 3 coverage dropped slightly while Measles and Yellow Fever as compared with 2005 performance. Assin South recorded very low coverage for OPV 3and Penta 3 while AEE had very low coverage for Penta 3, all below 80% coverage. All the other 11 districts recorded either above 80 % or more.



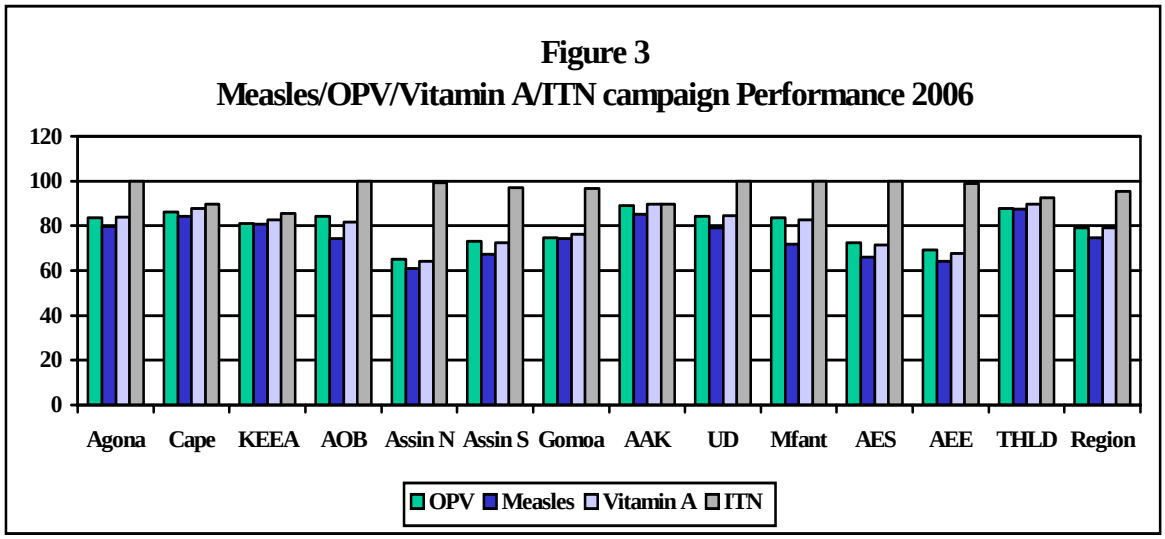
The trend for EPI coverage in children below age 1 (0-11 months) over the past three years is as shown in the graph below.



	2004	2005	2006
BCG	106	117	115
Measles	85	84	89
Penta 3	84	89	88
OPV 3	89	93	87
YF	77	78	87
TT2+	84	90	88

National Immunization Days (NIDs)

The Unit coordinated the FOUR (4) in ONE (1) immunization campaign in the in the region. This included vaccination against poliomyelitis, measles, vitamin A supplementation and distribution of bed nets. This is shown in the graph below.



Constraints / Challenges

In spite of the achievements over the previous year, there is still room for improvement. Much more is needed to over come some of the challenges listed below.

- Discrepancies in Surveillance data
- Poor documentation
- Delay in submitting weekly report
- Inadequate supervision of Surveillance activities at lower levels
- Inadequate transport leading to poor access to service
- Inadequate supply of anti-leprosy and TB drugs drugs
- Funds

Way forward

In order to overcome the hurdles that impede progress in improving on the achievements made so far the Unit has outlined the following steps;

- Revitalize the quarterly technical meetings to discuss issues concerning Disease Control Unit' strategies.
- Continue sensitization of clinicians on AFP & Measles surveillance and support Integrated Disease Surveillance and Response (IDSR) Training
- Carry out Middle level management training on EPI at sub district level

- Support training of Community-Based Surveillance Volunteers (CBSV) for case search and reporting in the communities
- Evaluating the contribution of Private Midwives involved in routine immunization
- Increase monitoring and support visits to the districts to decrease the high drop–out rates in EPI in some districts and improve on data quality.

=

2.3 Reproductive and Child Health

The Reproductive and Child Health Services aim at promoting and maintaining the Health of women and children. This is the most vulnerable group and constitutes the highest proportion of the population.

Service indicators and targets were set for the year 2006, using the projection from the 2000 Population statistics. The indicators served as basis for assessing whether set targets were achieved or not. Below is a table showing the target groups.

Women in the fertility age group (23% of pop.)	**422,425**
Expected Pregnancies (20% of WIFA)	**72,220**
Expected Deliveries (20% of WIFA)	**72,220**
Children 0-11 months (4% of population)	**72,220**
Children 12-23 months (4% of population)	**72,220**
Children 24-59 months (9.4% of population)	**169,716**

2.3.1 Safe Motherhood

This programme incorporates services and activities aimed at improving the reproductive health of women in the fertile age group (WIFA). Special attention is paid to pregnant women throughout their period of pregnancy, delivery and the six weeks post delivery period.

The principal objective is to ensure maximum safety of both mother and baby. The activities of safe motherhood include:

- Ante natal
- Labour and delivery
- Postnatal
- Family Planning
- Post abortion care

Medical practitioners, public health, midwives, community health nurses and TBAs are responsible for these activities at the district and sub district level.

2.3.2 Antenatal Care

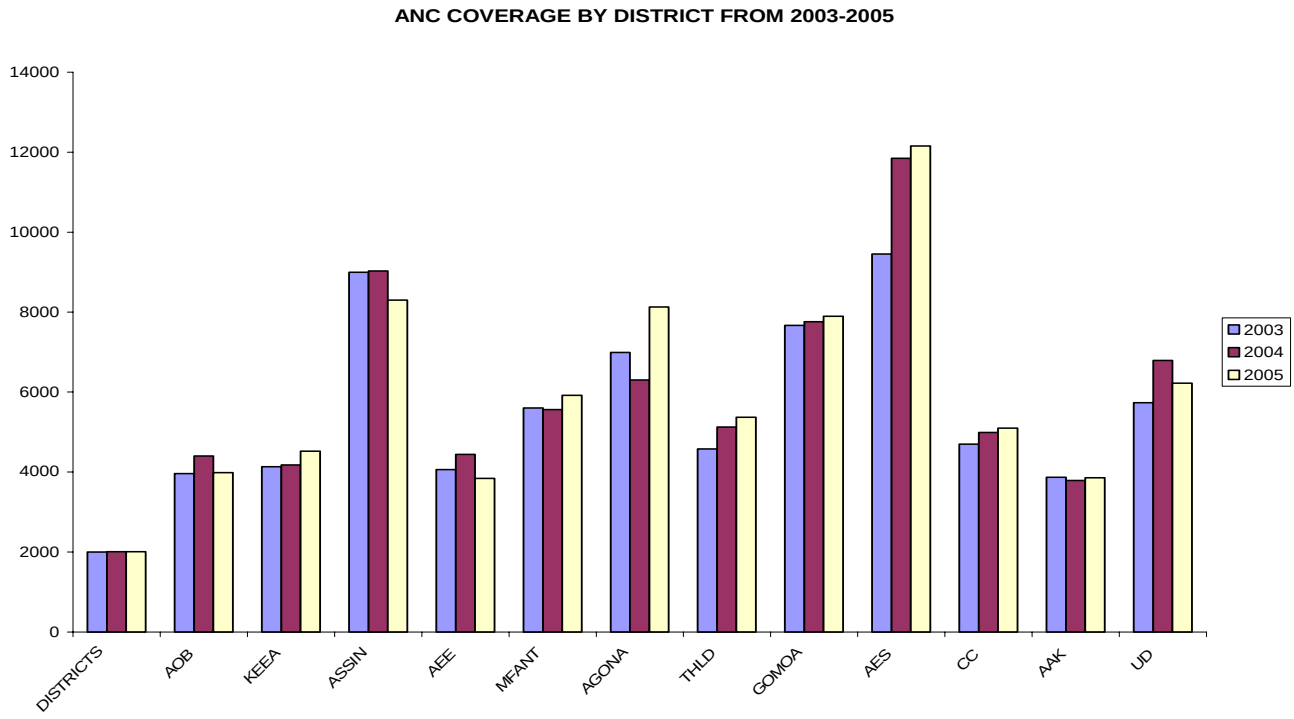
ANC Coverage for 2006 was 74,945 as against 75,287 recorded in 2005. There a slight decline from 106.4% in 2005 to 103.8% in 2006, during the year under review. The decline may be due to reduction in double registration. Six districts recorded coverage above 100%. The highest coverage was 160.5%, from Awutu Efutu Senya followed closely by Upper Denkyira, THLD, Mfantsiman and Assin North respectively. The lowest coverage of 74.4 % was recorded from Assin South as against 87.3% in 2005.

ANC Coverage By Agency

Antenatal care service is provided at Government Institutions, private health care facilities and in the community by both trained and untrained TBAs. 70.5% of pregnant women received antenatal care from Ghana Health Service facilities in 2006 as against 71% in 2005. The CHAG and Quasi Government institutions contributed 9.4 % in 2006 as compared to11% in 2004, a decrease of 1.6% in 2006.

The contribution from private hospitals and maternity homes decreased from 9% in 2005 to 7.7% in 2006. There was a slight increase in the coverage of the trained TBAs from 9% in 2005 to10.1% in 2006.

Figure 4



Average Number Of Visit

The region recorded a slight appreciation in the average visit per client, from 3.4visits in 2005 to 3.6 in 2006. The highest average number of visits of 6.5 was recorded by Cape Coast district, whilst Agona and THLD had the lowest record of number of visit per client i.e. 3.1.

Adolescent/ Early adolescent Pregnancy

A total of 74,945 pregnant women were registered in all the facilities in the region in 2006. Out of this number 11,564 representing 15.4% were adolescents. Early adolescent pregnancies (10-14years) continue to rise in number from 22 in 2003, 99 in 2004, 149 in 2005 and 168 in 2006. The trend remains the same; Agona District is still leading with the highest number of 49, followed by Mfantsiman with 24 teen pregnancies.

Figure 5

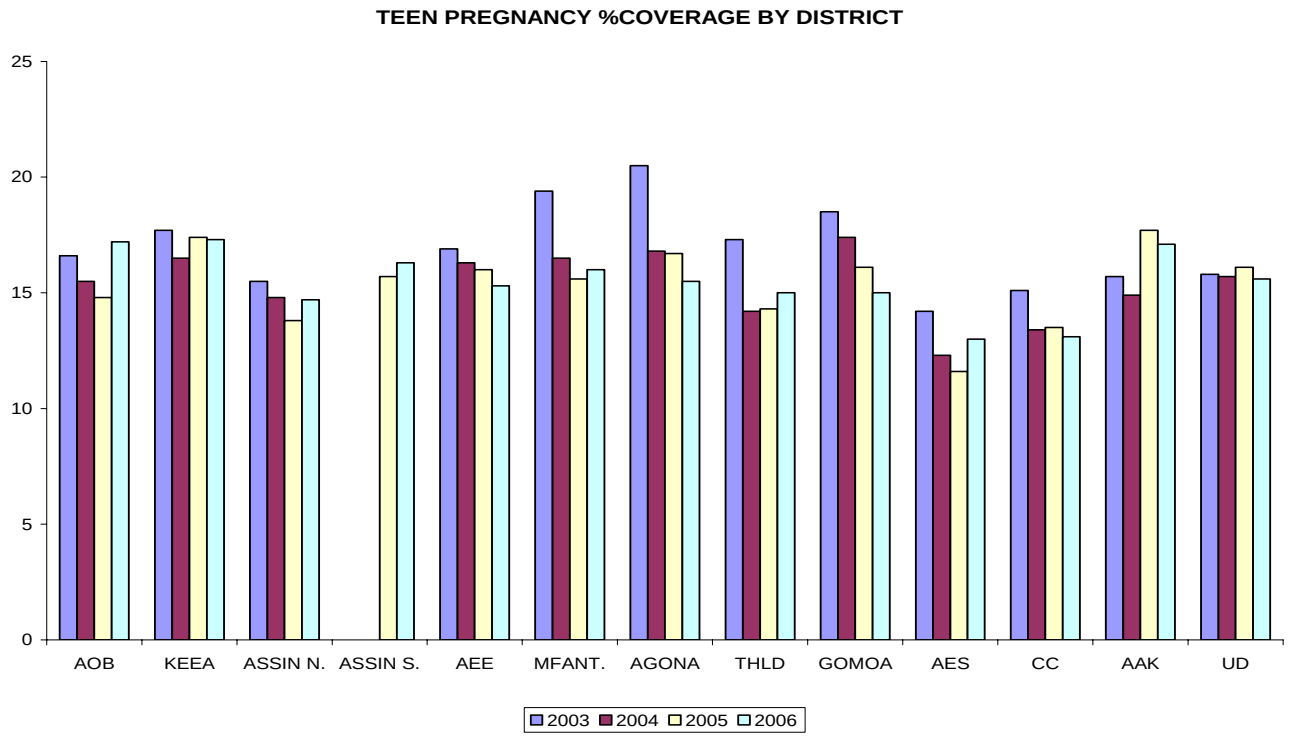
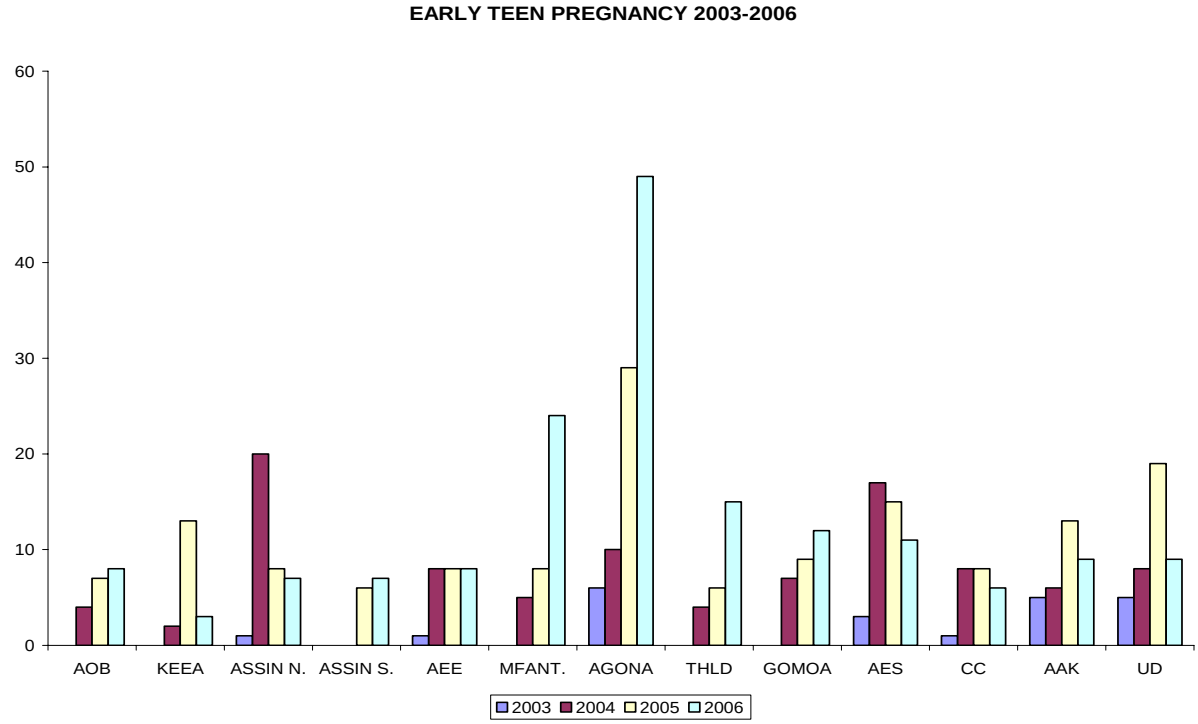

TEEN PREGNANCY %COVERAGE BY DISTRICT
25
20
15
10
5
0
AOB
KEEA
ASSIN N.
ASSIN S.
AEE
MFANT.
AGONA
THLD
GOMOA
AES
CC
AAK
UD
2003
2004
2005
2006

Figure6 6


EARLY TEEN PREGNANCY 2003-2006
60
50
40
30
20
10
0
AOB
KEEA
ASSIN N.
ASSIN S.
AEE
MFANT.
AGONA
THLD
GOMOA
AES
CC
AAK
UD
2003
2004
2005
2006

Tetanus Immunization (TT2+)

There was a decrease of 9.4% in TT2+ Coverage for 2006. The region recorded 79% as against 88.4% in 2005. AAK district recorded the highest coverage of 103.5% whilst KEEA district recorded the lowest coverage of 56.5%, a little over the previous year (42.9 %.)

Risk Factors Associated With Pregnancy

When risks are detected early measures are put in place to maintain and promote the health of the women throughout pregnancy.

The risk factors associated with pregnancy during the year 2006 as compared to 2005 is as shown in the table below.

TABLE 12 Risk Factors

YEAR	WIFA % 3RD TRIMESTER	%EARLY TEEN PREGNANCY	% LATE TEEN PREGNANCY	% OVER 35 YEARS	% PARTY 4 PLUS	% H/B <11GM at registration	%HEIGHT <5FT
2005	Early adolescent 36831 16%	149 0.20%	11289 15.0%	9834 13%	17875 24%	21482 29%	3940 5%
2006	11,433 15%	168 0.22	11,396 15.16	8,954 11.9	14,204 19	42,564 59%	4,116 5.5%

Intermittent Preventive Treatment (IPT) Using SP

During the year under review 13 districts implemented IPT as against 8 districts in 2005 and 2 in 2004.All public and some private health facilities were and are on IPT.

Promotion and distribution of ITNs

212, 800 long lasting ITNs were distributed in the region.

Table 13 IPT Doses Given 2006

Total Registrants	74,945
1st Dose	43,670 (60.5%)
2nd Dose	26,078 (36.1%)
3rd Dose	14,669 (20.3%)
Total Doses	84,417

2.3.3 SUPERVISED DELIVERY

Supervised Delivery embodies labour and delivery care provided by Obstetricians/Gynaecologists, Midwives and trained TBAs at service delivery points and community.

The main objective was to ensure safe delivery of mothers and healthy babies.

Major activities included:

- Risk detection
- Regular monitoring during labour
- Appropriate Referral System
- Aseptic Delivery Technique

During the year under review (2006), Supervised Delivery coverage went down to 74%, as compared with 79.2% in 2005.

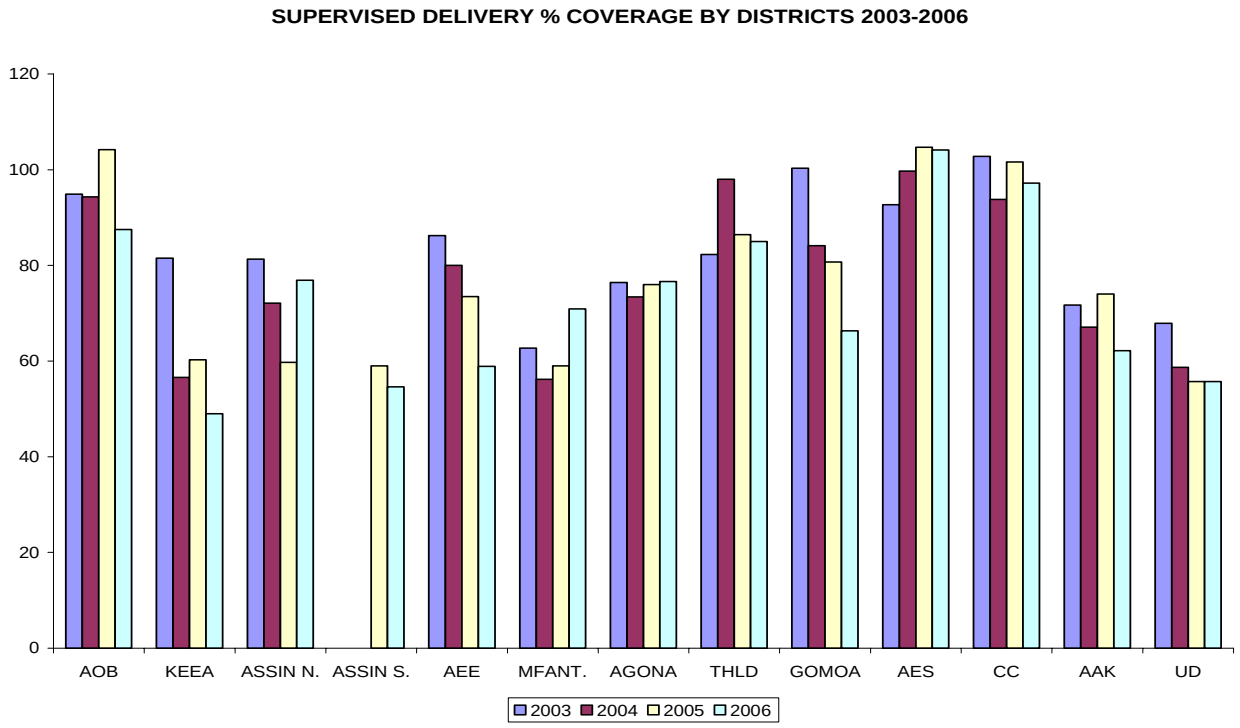
Trained TBAs conducted a total of 18,236 deliveries constituting 34.9% of the total delivery.

Out of the total delivery of 56,036, Caesarean operations performed was 3,766 (6.7%) whilst 188 (0.3%) had vacuum extraction. There was no forceps delivery during the year.

TABLE 14 Trends Of Supervised Delivery And Outcome 2004-2006

YEARS	COVERAGE	STILL BIRTH	LOW BIRTH WEIGHT	MMR
2004	77.9	2	9	1.34/1000
2005	79.2	2.1	8.1	1.04/1000
2006	74.0	2.3	5.8	1.67/1000

Figure 6

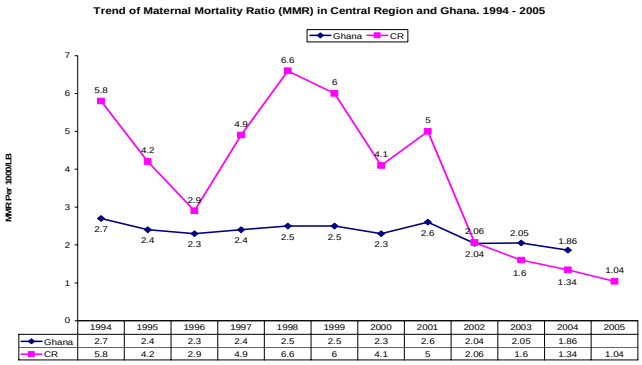


Maternal Deaths

The region recorded 87 maternal deaths,(1.67/1000) as compared to 57 (1.04/1000) in 2005.Cape Coast district recorded 23 maternal death (4.66/1000) the highest, and this is because the Central Regional Hospital is a referral point. Assin North, Agona, and AES were second with 13 maternal deaths each (3.60/1000), followed by AOB with 7 deaths (2.03/1000).

Out of the 87 total maternal deaths, 65 (76.5%) were audited and the causes were as follows:

Figure7 MATERNAL MORTALITY IN CENTRAL REGION



	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Ghana	2.7	2.4	2.3	2.4	2.5	2.5	2.3	2.6	2.04	2.05	1.86	
CR	5.8	4.2	2.9	4.9	6.6	6	4.1	5	2.06	1.6	1.34	1.04

Obstetric Causes

Haemorrhage, APH/PPH	26
Septic Abortion/Septicaemia	10
Hypertensive Disease	15
Cardio-Pulmonary Arrest	6
Severe Anaemia/Sickle Cell Anaemia	14
Obstructed Labour	3
Amniotic fluid Embolism	4
Hepatic Failure	1
Renal Failure	3
Eclampsia	2
Cerebral fluid Embolism	3

Table 15 Maternal Death By Age Distribution 2004-2006

AGE GROUP	**2004**	**2005**	**2006**
10-14	0	2	0
15-19	8	7	7
20-34	48	35	53
35+	15	13	27
TOTAL	**71**	**57**	**87**

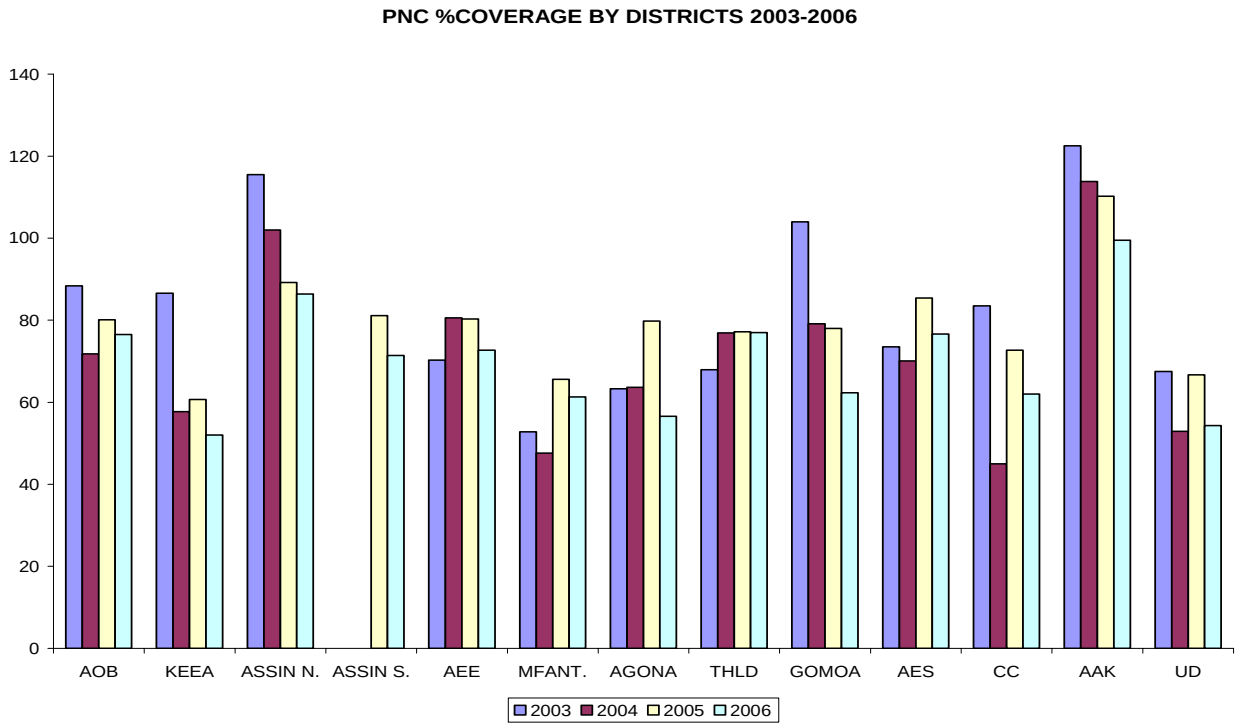
2.3.4 Postnatal Care

Postnatal care refers to the care given to mothers and their babies from the end of delivery up to six weeks post partum.

The objectives are:

- To promote and maintain physical and psychological well being of mother and baby.
- To perform screening for early detection of health conditions and abnormalities of both mother and baby for treatment and referrals.
- To provide Family Planning Services.

Figure 8



The target population for postnatal services was 72,219. During the year under review 49,477 registrants were recorded at the various service delivery points. The regions coverage for 2006 was 68.5% as compared to 78.4% in 2005. Trained TBAs provided services to 16,834 registrants. Abura Asebu Kwamankese, recorded the highest coverage of 99.5%, whilst Assin North recorded 86.4%. Komenda Edna Eguafo Abrem district recorded the lowest coverage of 52.0%.

Out of the total 49,477, postnatal registrants, 505 (1.0%) did not receive antenatal care. Postnatal registrants who accepted Family Planning were 5631 (11.4%) as compared to 10,342 (18.6%) in 2005.

The proportion of mothers receiving postnatal care from traditional birth attendants (TBA) was 17,861 (36%) as compared to 19,699 (35.5%) of 2005, an increase of .5%.

Baby Friendly Initiative

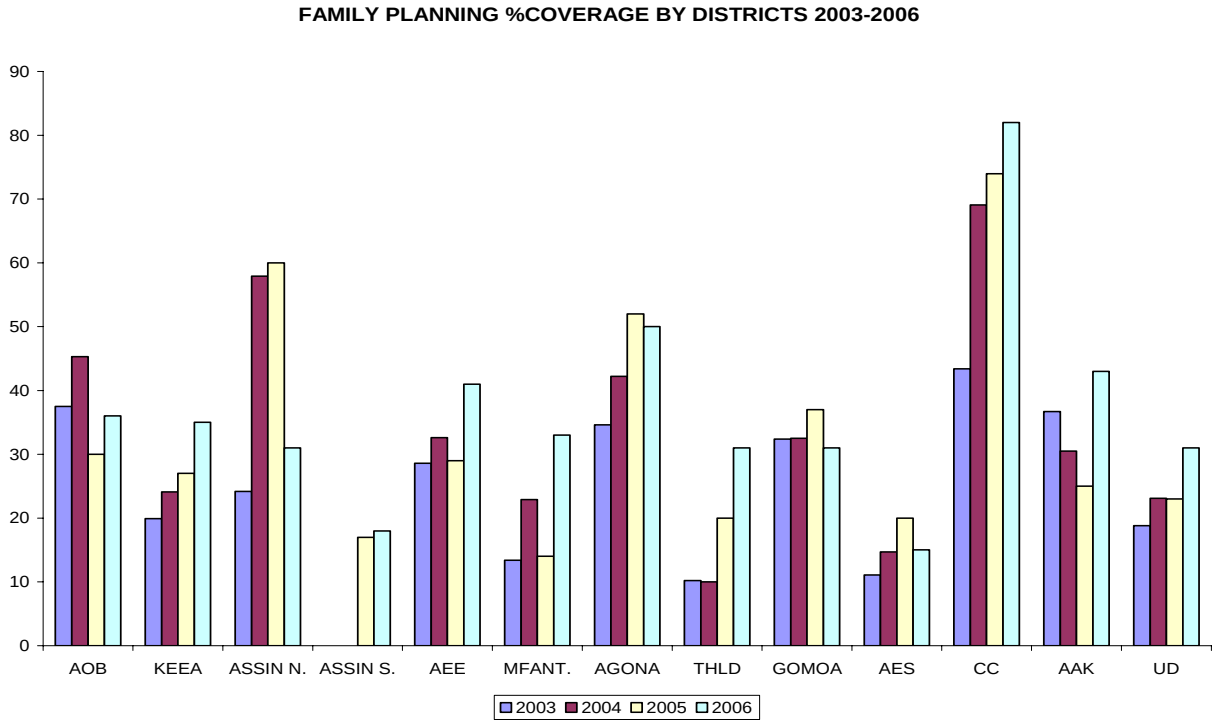
The year did not see any facility been designated baby friendly, therefore the region still has seventeen (17) facilities already designated baby friendly. All facilities in the Upper Denkyira, Assin, AAK, and Gomoa have been trained and are still waiting to be designated as Baby Friendly.

2.3.5 Family Planning

Family Planning Service is designed to assist individuals to space or limit the number of births. The region had adequate stock of all contraceptives.

For the year under review family planning accepter rate was 37% as compared with 34 % in 2005 an increase of 3%. Cape Coast district continued to record the highest acceptor coverage of 82% (due to the sitting of a family planning training centre in the district), followed by Agona with a coverage of 50%, and AAK with 43%. AES recorded the lowest of 15%.

Figure 9


FAMILY PLANNING %COVERAGE BY DISTRICTS 2003-2006
90
80
70
60
50
40
30
20
10
0
AOB
KEEA
ASSIN N.
ASSIN S.
AEE
MFANT.
AGONA
THLD
GOMOA
AES
CC
AAK
UD
2003
2004
2005
2006

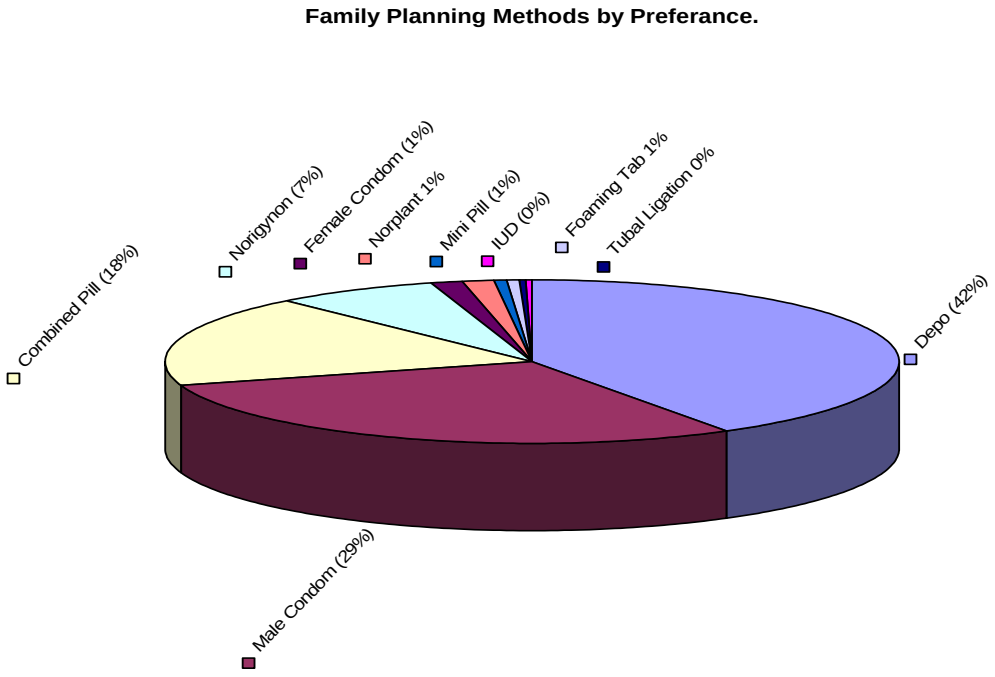
Method Preference

In GHS institutions the most preferred contraceptive method is Depo Provera 62,424 (40.3%), followed by male condom 43,807 (28.3%), then combined pill 27,436 (17.7%).

Acceptors of Norigynon, 11,126 (7.2%), female condom 2,029 (1.3%) is steadily making some impact, though very slow.

Users of IUCD and Mini Pill seem to be shifting to other methods particularly Depo Provera.

Figure 10



Couple Year Of Protection (CYP)

Fifty-nine thousand, six hundred thirty-one (59,631) couples were protected during the year under review as compared to CYP Coverage's for long and short-term method from 2003-2005.

Table 16 **Method Preference** 2004-2006

C. Y. P	**2004**	**2005**	**2006**
Short Term Method	18,591	52,748	45,261.2
Long Term Method	39,321	6,883	8,666.5
Total CYP	57,912	59,631	53,927.7

CYP for short-term family planning methods was 45,261.2 as compared to 52,748 for 2005. CYP for long-term methods for 2006 was 8,666.5 compared to 6,883 in 2005. Depo Provera has now been classified as a short term method, and this explains the continuous increase in the short term methods as compared to the long term methods

2.3.6 Child Health

The child health programme constitutes all activities aimed at promoting and maintaining the optimal growth and development of children under five. The Strategies included:

- Ensuring children are fully immunised by the age of 12 months.
- Growth promotion
- Promotion of exclusive breastfeeding for the first six (6 months) of life.
- Promotion of continued breastfeeding for at least two years with appropriate food supplementation
- Management of common childhood illness
- Home visits
- Health education /information

Coverage of children 0-11 month registered at child welfare clinics (CWC) was 103.6% as against 102.4% in 2005 coverage. AES recorded the highest coverage of 132.7% followed by AAK with 127.7% and U/D with 114.2%.Apart from Assin North, Agona, AEE and KEEA districts all the others recorded coverage above 90%. Average number of visits per registrations 0-11mth was 5.1%.

Coverage for registrants aged 12-23 months was 31.7% as against 37.8% in 2005. KEEA district recorded the highest coverage of 50.0% followed by Cape Coast with 42.9%, whilst U/D recorded the lowest coverage of 4.3%. Average visit was 5 visits in 2004.

Coverage for children aged 24-59 months were registered from outreach clinics. AES district recorded the highest coverage of 8.0% with Upper Denkyira being the lowest with 0.6%. Below is a table showing performance of the region on child health indicators from 2004to 2006

Table17 Performance on child health indicators for 2004- 2006

INDICATORS	2004	2005	2006	2006 TARGET
0-11mths coverage	98.6	102.4	103.6	95
Visits	5	8.4	5.1	9
12-23mths coverage	48.6	37.8	31.7	50
Visits	5	5.0	5.8	6
24-59mths coverage	4.1	4.5	4.7	10
Visits	6	5.6	6.9	6
EPI (PENTA3)	83.7	89.1%	88.6	95

Child Health (Malnutrition& School Health) 2004-2006

Indicators	**2004**	**2005**	**2006**	**2006 Target**
% Malnutrition. Chn.0-11mths	1.9	2.9	8.9	10%
% Malnutrition Chn.12-23mths	2.7	7.4	7.1	8
% Malnutrition Chn.24-59mths	0.7	1.4	12.9	5
% enrolled chn.phys. Examination.	42.0	47.9	46.8	50
% School received 3+ H/E talk	22.3	25.4	15.9	30

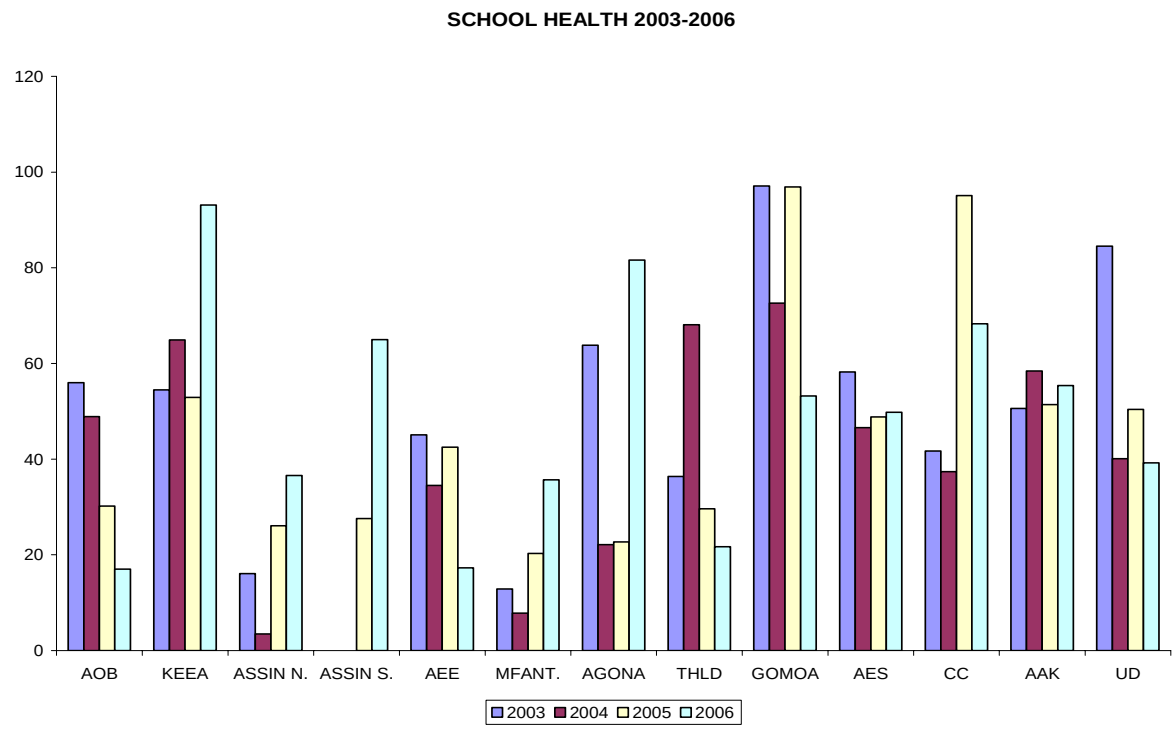
2.3.7 School Health

School Health includes all the strategies a school uses to keep pupils, families and communities healthy. The objective is to ensure that children of school going age are given the necessary health services including:

- Physical examination
- Environmental Sanitation
- Health education

A total number of 233,178 pupils were enrolled in the schools in the region out of which 109,240 were examined, representing 46.8%. Upper Denkyira recorded the highest coverage of 83.1% whilst AEE recorded the lowest of 16.6%.

Figure 11



2.3.8 Adolescent Health

Youth Friendly Centres

Central region has adolescent centres in nine districts out of the thirteen districts.Gomoa has the highest number of six, with Mfantsiman, and AAK and Ajumako having one each in their districts. Most of these centres were sponsored by AYA and the rest, by PLAN Ghana.

Time with Grandma

Time with Grandma expanded to the following areas during the year under review:

Ajumako Mando, in AEE, Abodom, Agona District, Abreshia, KEEA District

Biriwa, Mfantsiman District and Framie, in THLD District.

At these centres the youth use their grandmothers to discuss adolescent health problems, traditional practices that have positive effects on Reproductive Health. They also use other resource persons to discuss other issues like carrier counselling, and many other health issues. Games materials are also available for the youth to play together.

Table 18 Public Health facilities with adolescent health centres

DISTRICT	No. of ADH CENTRES established	List of facilities	No. of ADH centres functioning	No. of ADH centres not functioning
Gomoa	6	Gomoa oguaa H/C, Obuasi, Nyanyano, Buduatta, Okyereko and Ngyiresi	6	0
KEEA	2	Elmina H/C, Abream H/P	1	1
Mfantseman	1	Essuehyia H/P	0	1

AES	3	Bawjiase, Winneba Kasoa	2	1
AEE	1	Ajumako hospital	1	0
AAK	1	Ayeldo	1	0
Cape Coast	2	Cape Coast dist. Hosp, Ewim UHC Adisadel UHC	0	2
AOB	2	Asikuma RCH Brakwa H/C	0	2
ASSIN	4	NyankomasiH/C Bireku H/P Praso Nsuta	2	2

CHALLENGES

High number of registrants with HB below 11 gms.

- High maternal mortality rate.
- High low birth rates.
- Few adolescent friendly facility
- Strengthen community-based surveillance
- Strengthen maternal mortality audit.

CONTRAINTS

Major programme and services constraints are:

1. Inadequate staffing at districts and sub districts levels.
2. Inadequate transportation system to facilitate implementation of activities.
3. Lack of male involvement in RH activities
4. Shortage of maternal records cards, a major concern
5. Inadequate offices and residential accommodation at districts and sub districts level.

WAY FORWARD

- Improve Implementation of IPT in all the Districts
- In-Service training for Service Providers on documentation
- Provide adequate and quality adolescent friendly services in all facilities in the region
- Involve community members in Maternal Mortality issues.
- Strengthen documentation of service statistics.

- Ensure regular and adequate supply of logistics especially maternal records cards.

2.3.9 Activities Of NGOs

The region has about thirty five community based organisations working in the area of Reproductive Health .The region will only report on a few who are directly involved RH activities.

PLAN GHANA

Plan Ghana continues to give support to communities in four districts i. e. Abura – Asebu – Kwamankese, Gomoa, Mfantseman and Awutu- Efutu – Senya districts. They are involved in Reproductive Health, as well as Child Survival Activities.

A new NGO, Hope for future generation is also in the AEE district and providing RH services, but working hand in hand with PLAN Ghana.

PROLINK

This NGO focuses on Adolescent Health Issues. Techniques used in their BCC activities include the use of Stepping Stone methodology, puppetry, Drama. They also give support to people living with HIV/AIDS.

Planned Parenthood Association of Ghana

The above mentioned NGO operates in three-districts in the region, Cape Coast, AES, and THLD.

The Association has a static clinic at Cape Coast where they provide RH services to clients in the municipality and other surrounding communities. Using BCC promoters they provide information, counselling service and non-prescriptive contraceptive distribution in the three districts.

In THLD, PPAG has a project that provides Information on HIV/AIDS to five (5) communities in THLD. The aim is to motivate clients to go in for VCT and also try to reduce discrimination against HIV/AIDS clients

World Vision International

World Vision International (WVI) still continue to support three districts Viz. Mfantseman, Assin and THLD in the areas of Reproductive and Child health,

Men As Partners Reproductive Health

This is to provide male support for female actions related to reproduction and respect for women's reproductive and sexual rights. It also involve men with their spouses during counselling and other reproductive health activities. A total of 34, 898 men visited the clinic for various services.

ANC	4,917
Delivery	6,137
Postnatal	2,710
Family planning counselling	4,233
CWC	7,148
STI	284

2.4 UNFPA/GOG Project – Strengthening Community Based Reproductive Health Services In The Central Region

The project is to strengthen activities on reproductive health service. The goal is to contribute to increased adoption of better health seeking behaviour and access to quality reproductive health services. Activities carried out for the year are as follows:

- Sixteen (16) NGOs were sensitised on RH Issues
- Orientation on gender issues for Cape coast, AAK, AOB, AEE, AES Gomoa KEEA, and Mfantsiman. (574 health staff benefited)
- Development of IEC materials continued.
- A community advocacy centre was launched at New Ebu, in the AAK district.
- Six communities in the Mfantsiman district were sensitised in community decision system (CDS)
- Twenty five (25) queen mothers and seven male opinion leaders of the five other communities in Ajumako Enyan District were given orientation on the TIME with GRANDMA concept
- GPRTU sensitised seven districts on Memorandum of Understanding of RH issues.
- Communication skills workshop for thirty one (31) service providers
- Scientific session on maternal mortality for 113 participants, comprising medical officers, midwives,
- Skills training for ten community health officers (preceptors)
- Radio Health Education programme
- The regional GPRTU team embarked on a sensitisation campaign to get all members involved in the reduction of maternal deaths
- Training of staff and volunteers in CHPS zones

- Meeting of GHS staff (both region and district) and GPRTU representatives in the region to discuss the Memorandum of Understanding and together find a way forward.

3.5 NUTRITION

2.5.1 Challenges for 2006

1. Vitamin A Supplementation
   a) at least two rounds of vitamin A supplementation for children 6-59 months in the year
   b) maternal supplementation of vitamin A .
2. Increase in Diet Related Diseases
3. Inadequate food in the region or improper feeding?
4. Iodated salt consumption and Aneamia control

Activities

The main activities in the area of nutrition in the Central Region were

A. Child Health Promotion Week for vitamin A supplementation for children 6-59 months and maternal vitamin A supplementation

B. Nutrition rehabilitation

C. Intensify Exclusive breastfeeding through the Baby Friendly Initiative

D. Promote the availability of Iodated salt in the Region

E. Intensify Growth monitoring

F. Other selected activities in the districts

Table 19 Nutrition Service Indicators, Targets and Achievements 2004-2007

Indicator	2004	2005	Target 2006	Achieved 2006	Target 2007
Vit. A supplement May (6-59months) Nov	90%	99.4% 102.6%	90%	11% 79.3%	90%
Maternal Vit. A Expected Preg Supplementation Total Delivery	35% 45%	36% 46.4%	50%	22.1% 30%	50%
Malnourished chn Rehabilitation	57.5%	52.8%	70%	35.9%	50%
BFI facilities (prepared & assessed) Designated	8 -	5	10	27	10
Household iodated salt utilization	27.7%	50.8%	55%	No survey	55%

2.5.2 Vitamin A Supplementation

The supplementation started in 1998 with NID. There was no second round of supplementation in 1998 and 1999 even though children between 6-59 months are to be supplemented within the interval of 4-6 months. The two rounds supplementation started in 2000. Usually the rounds with NID recorded higher result than when vitamin A was distributed alone.

For sometime now Child Health Promotion Week was instituted to replace the distribution of vitamin A in May.

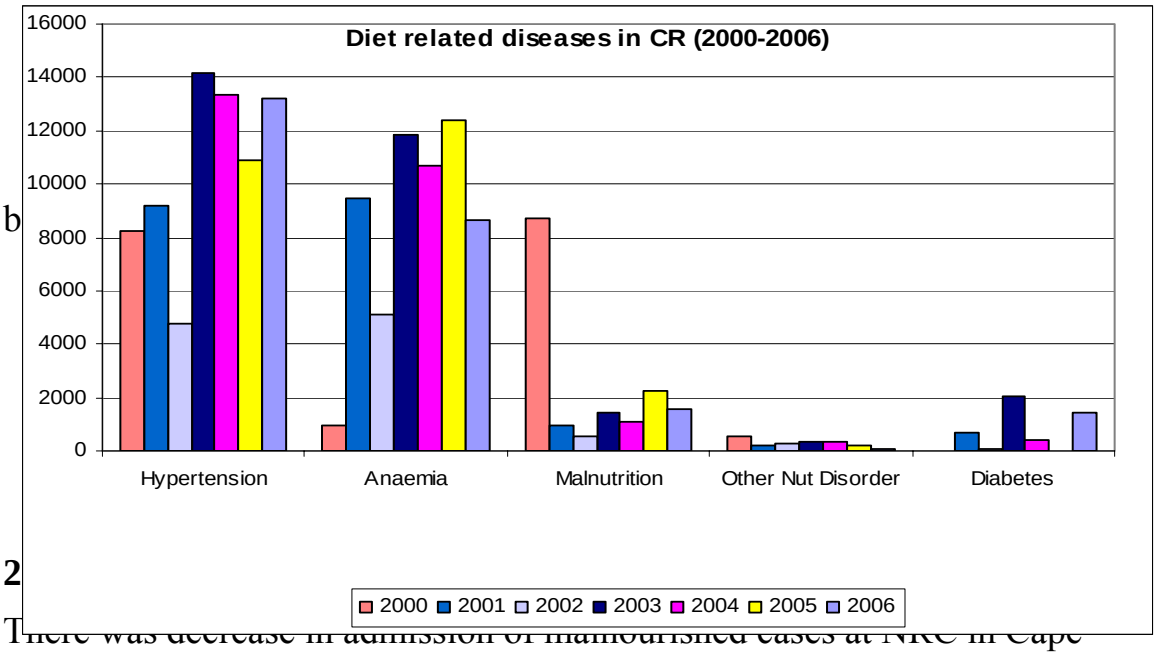
The region's coverage for children 6-59 months was 11% during the Child Health Promotion Week in May and 79.3% in November during the vaccination of Measles SIA.

The regional coverage for maternal vitamin A supplementation was 22.1%and 30%

2.5.3 Diet Related Diseases

Hypertension, anaemia, diabetes are some of the diseases that may be related to diet which were recorded over the years. Hypertension recorded the highest in 2006 as shown in the graph below.

Figure 10

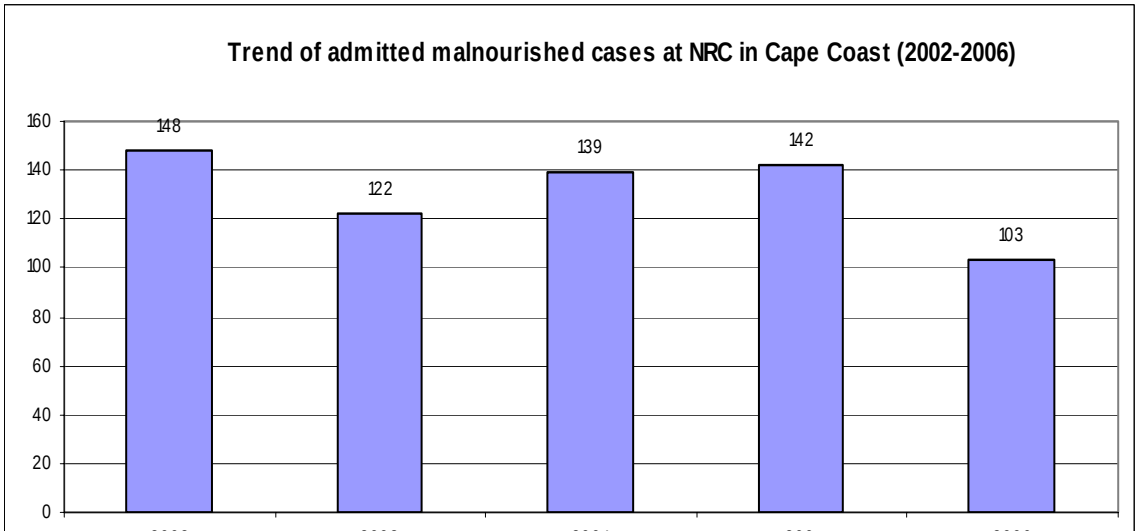


b

2

There was decrease in admission of malnourished cases at NRC in Cape Coast in the year 2006 as shown in the graph below.

Figure 11



Cape Coast recorded 60.1% of the cases reported to the centre. The rest were from 4 other districts with distribution as follows

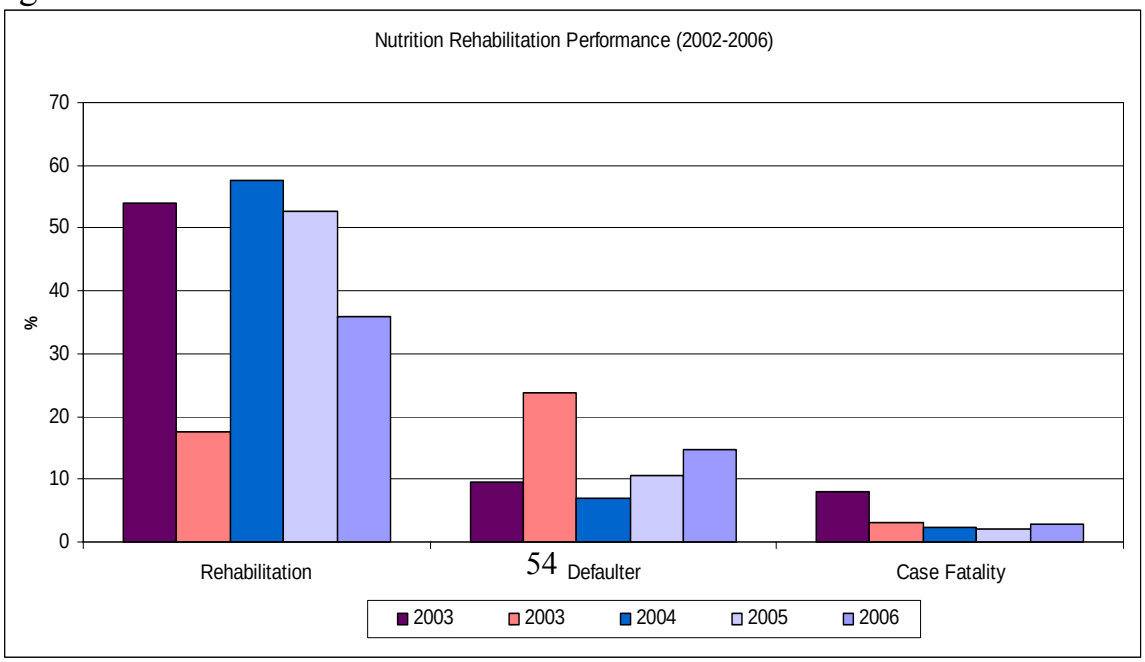
Komenda Edina Eguafo Abrem	-12.6%
Twifo Hemang Lower Denkyira	- 4.9%
Mfantseman	-10.7%
Abura Asebu Kwamankese	-11.7%

About 34% of the cases voluntarily reported to the centre due to the education they received from friends.

Most of the mothers who came to the centre were doing virtually nothing at home to support the children. Most of them were single parents or the men were not helping in any way.

Defaulter rate and case fatality have increased which may due to inadequate nutrients and other logistics as shown in the graph below.

Figure 12



There were more of undernutrition and marasmus cases over the years. Most of the cases occurred among the 12 to 23 months age group. There was however, also the problem among the 0 to 11 months.

2.5.5 Iodated Salt Consumption

Consumption rate in the region was 50.8% in 2005 from national survey. About 50% (49.4%) of the rural communities that were surveyed were consuming iodated salt whilst in the urban communities it was about 53% (52.9%).

2.5.6 Baby Friendly

Seventeen (17) institutions have been designated baby friendly so far

Regional assessment has taken in 27 facilities in 5 districts awaiting national assessment.

OTHER ACTIVITIES

- Skill development of mothers at Nutrition Rehabilitation Centre in Cape Coast especially in soap/pomade making, tie & dye and batik
- Gardening and poultry farming at Nutrition Rehabilitation Centre in Cape Coast
- Nursery Surveillance in Cape Coast district
- Giving care and support to PLWHA/TB patients in AOB district
- Community based Nutrition Rehabilitation in Assin North district
- School Feeding Programme (Strong involvement in Assin district)
- Community based growth promotion in KEEA district

CONSTRAINTS

Inadequate funding at the Nutrition Rehabilitation Centre in Cape Coast

WAY FORWARD

- Prepare more facilities for Baby Friendly Hospital Initiative
- Liase with Health promotion to intensify education on consumption of iodated salt and anaemia control
- Scale up community growth promotion
- Revival of Nutrition Surveillance in all the districts

CHAPTER THREE

3.0 CLINICAL /INSTITUTIONAL CARE

3.1 Utilization Of Hospital Service

Out patient attendance continued to show no improvement in spite the coming into force of the NHIS. Attendance per capital has remained at 0.50 after a sharp rise in 2002. wide difference were observed across the districts with Cape Coast, KEEA, Assin North showing a higher then the regional average OPD attendance per capital. Table. Stagnation was observed in eight out of the thirteen districts. Cape Coast, Upper Denkyira and AES showed increases whilst, Mfantsiman and AEE showed slight decreases in performance see table below

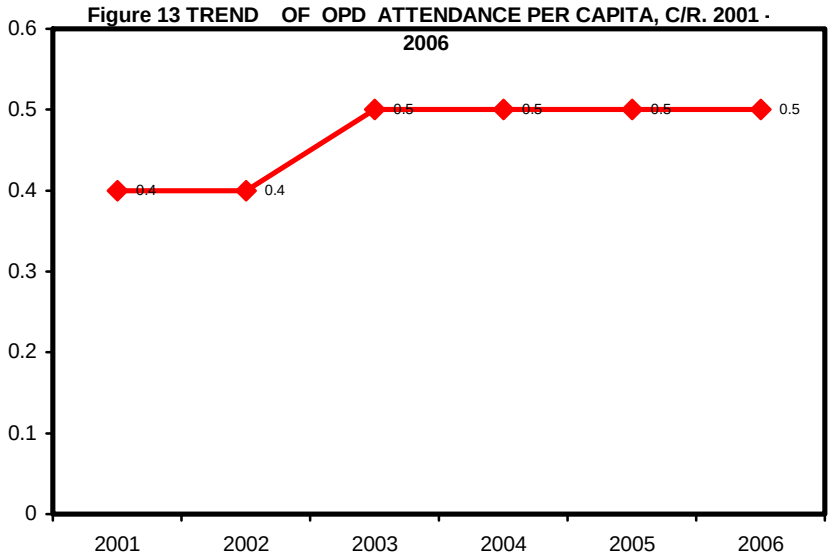


Table 20 Opdattendance Per Capita Bby District 2005- 2006

DISTRICT	POPULATION	ATTENDANCE	PER CAPITA 2005	PER CAPITA 2006
CAPE COAST	133,791	374,427	2.4	2.8
KEEA	127,369	85,613	0.7	0.7
ASSIN NORTH	121,630	71,412	06	0.6
AOB	101,267	47,520	0.5	0.5
THLD	125,007	64,888	0.5	0.5
AES	192,545	72,500	0.3	0.4
UD	122,845	50,911	0.2	0.4
AAK	102,058	37,039	0.4	0.4
ASSIN SOUTH	100,918	40,879	-	0.4
AGONA	180,065	56,861	0.3	0.3
GOMOA	220,661	58,458	0.3	0.3
AEE	104,178	25,301	0.3	0.2
MFANTSIMAN	173,155	20,557	0.2	0.1
CENTRAL	1,805,489	863,388	0.5	0.5

3.2 Ten Top Courses Of Hospital Consultation

Malaria, URTI disease of the skin, hypertension ,Rheumatism, Anaemia pregnancy and relate complication, accidents, acute Eye infection, gastro intestinal disorders were recorded as the ten top leading causes of OPD consultations. Malaria continued to be a major cause of morbidity accounting for 42.3% of all out patient attendance in 2006.

Table 21 **Ten Top Courses Of Hospital Consultation 2005-2006**

Disease	**No. of cases (2005)**	**No. of cases (2006)**
Malaria	200,687 (44.5%)	288,078 (42.3%)
Upper resp. tract. Inf.	33,661 (7.5%)	43,767 (8.9%)
Disease of the skin	23,883 (5.3%)	23,955 (4.9%)
Hypertension	11,334 (2.5%)	15,766 (3.2%)
Rheumatism/Joint Pains	10,081 (2.2%)	12,177 (2.5%)
Anaemia	12,578 (2.8%)	10,369 (2.1%)
Preg. Related complication	9,805 (2.2%)	8,691 (1.8%)
Accident	9,899 (2.2%)	8,391 (1.7)
Acute Eye Infection	7,876 (1.3%)	8,107 (1.6%)
Gastro Intestinal Disorders	12,975 (2.2%)	7,555 (1.5%)

All others	118,237 (26.2%)	67,521 (13.7%)
Total new cases	**451,016**	**494,377**

3.3 Hospital Admissions

Hospital admissions in the region increased **slightly** from 30 per 1000 in 2001 to 31 per 1000 in 2006 after a sharp drop in 2004. District distribution shows continuously Cape Coast with an admission rate of 112 per 1000 pop. AEE remains presently low due to inadequate human resources. Eight districts recorded admission rates below the regional average of 30 per 1000 population see figure below.

Figure 14

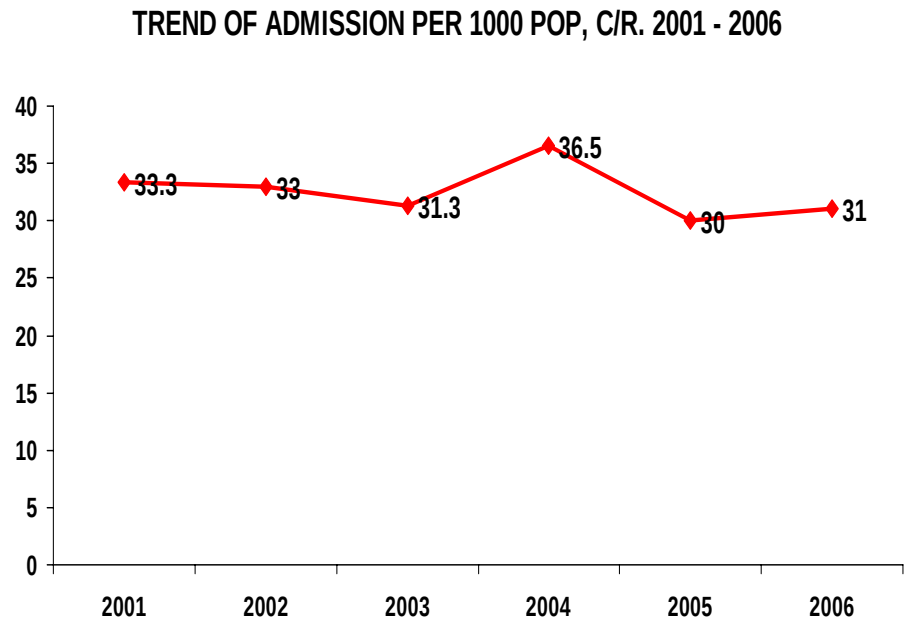
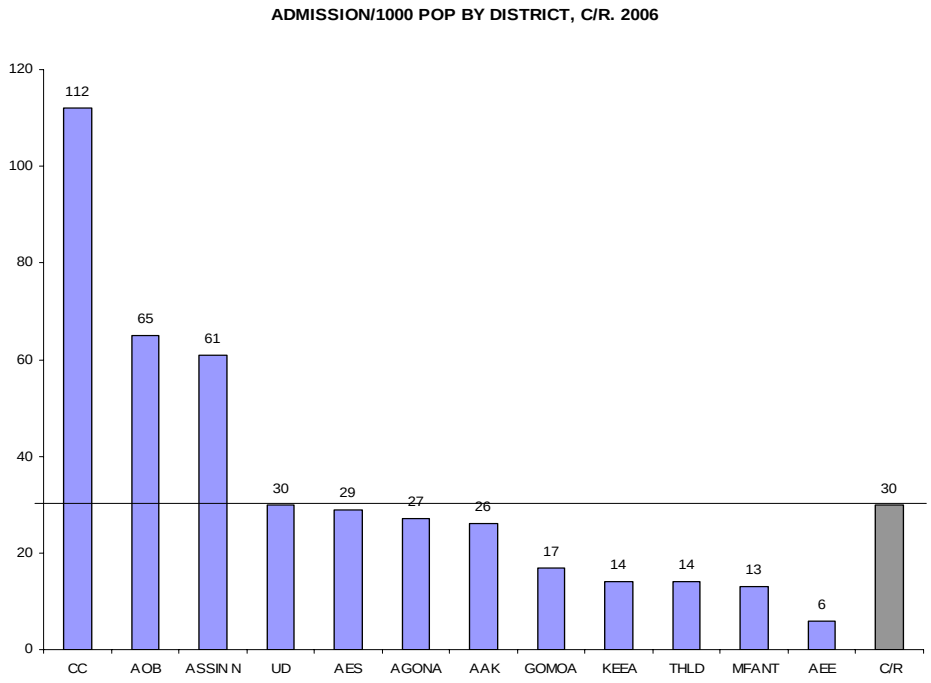


Figure 15



3.4 Causes Of Death

Malaria was the highest cause of death in health institutions with a rate of 20% of the total of all deaths in the region in 2006.

Table 22 Top Causes of Death 2005 - 2006

Disease	2005 %	2006 %
Malaria	16.9	20
Anaemia	10	9.3
Hypertension	5.9	5.8
HIV/aids	5.3	5.2
Diabetes	2.7	1.8
Others		

3.5 Bed Occupancy

Bed occupancy rate increased from an average of 49.4% to 99.1% a performance which is above the target national of 80% - 90%.

% OCCUPANCY BY DISTRICT

District	NO. OF BEDS	% Occupancy 2005	% Occupancy 2006
KOMENDA EDINA EGUAFO ABREM	322	91.6	186.7
ASIKUMA ODOBEN BRAKWA	124	53.1	128.9
CAPE COAST	387	41.5	92.5
AGONA	101	51.6	88.1
ASSIN NORTH	126	34.3	79.8
GOMOA	105	38.2	76.6
ABURA ASEBU KWAMANKESE	45	46.8	74.1
UPPER DENKYIRA	139	28.4	63.9
LOWER DENKYIRA	43	-	58.2
AWUTU EFUTU SENYA	130	27.4	57.6
MFANTSIMAN	108	33.2	34.3
AJUMAKO ENYAN ESSIAM	36	22.4	8.0
CENTRAL REGION	**1,666**	**49.4**	**99.1**

3.6 Regional Blood Bank

3.6.1 Re-Organisation Of Regional Blood Bank

The regional blood bank had performed below expectation in 2006. Substantial financial support had been put into Safe Blood mobilization but poor organization, monitoring and supervision had resulted in a poor performance.

Facilitators from the National Blood Transfusion Services were invited to support the Regional Clinical Care Team in the re-organization exercise. A meeting was organized at which the essentials of the re-organization were identified.

Additional funding of Twenty million Cedis provided by the RDHS enabled a quick implementation of the recommendations of the meeting.

Key elements of the re-organization include:

- Location of the Regional Blood Bank at the premises of the Cape Coast Municipal Hospital
- Establishment of an administrative structure for the Regional Blood

3.6.2 Regional Blood Collection And Screening Reports For 2006

- Bank.
- Identification of the Laboratory Technologists to supervise activities at the Regional Blood Bank.
- Clear definition of the roles and responsibilities of the Regional Blood Organizers.
- Acquisition of a large capacity Blood Storage Refrigerator.
- Provision of adequate logistics (including transport, laboratory supplies and motivation) to facilitate the collection of safe blood from voluntary donors.

All these elements were put in place and the Unit started functioning normally.

3.7 Specialist Outreach Services:

The only Outreach Service coordinated by the Regional Clinical Care Team was the services of the Specialist Surgeon, Dr. Kwaku Odoom. In all he performed 21 operations at the Cape Coast Municipal Hospital as detailed below.

Table24 Surgical Operations Performed At Outreach By Specialist Surgeon 2006

No.	Date	Type of Operation	Diagnosis
1	Jan. 2006	Mastectomy (Lt)	Cancer (suspected)
2	_____do _____	Excission of Kelloids	Kelloid Rt Cheek and neck
3		Removal of Breast Lump	Breast Lump
4		Removal of Growth Lt Forehead	Growth Lt forehead
5	April, 2006	Removal of Ganglion Lt Wrist	Ganglion Lt wrist
6		Removal of Breast Lump	Breast lump
7	May, 2006	Incission & Drainage Rt Foot	Foreign body Rt foot
8		POP # Rt Ankle	# Rt ankle
9	June, 2006	Removal of Haematoma Lt Arm	Old Haematoma Lt arm
10		Excission of Growth …..	Growth
11		POP # Head of Tibia	# head of tibia
12	Sept., 2006	Removal of Kelloids	Kelloids
13		MUA and POP, # Rt Leg	# Rt leg

14		MUA and POP, Elbow dislocation	Elbow dislocation
15 16	Oct., 2006	Mastectomy Removal of Breast Lump	CA Rt Breast Breast Lump
17			
18	Nov., 2006	MUA Lt Knee	Ankylosis Lt Knee
19		Removal of Fibroma Lt axilla	Fibroma Lt axilla
20			
21	Dec., 2006	Removal of Lipoma	Bursitis

4.0 HEALTH ADMINISTRATION AND SUPPORT SERVICES (HASS)

The mandate of the department in providing efficient administrative, management and technical services in collaboration with other departments did not change.

The main challenges in 2006 were as follows:

- Human Resource constraints e.g. doctors, nurses, technologists and nurse anaethetist.
- Inadequate and erratic funding.
- Effective and efficient implementation of GHS policies and programmes.

- Non-adherence to existing administrative procedures with particular regard to the management of Human Resources, Estates, Transport, etc.
- Inadequate monitoring and supervision at all levels in the region
- Deterioration of physical facilities.
- Encroachment on GHS lands, e.g. Ankaful and Cape Coast.
- Ageing vehicles.
- Inadequate and over aged medical equipment.

The main plans and strategies adopted to address them were to:

- Strengthen monitoring and supervision
- Collaborate effectively with other relevant BMCs to strengthen planning particularly in the area of hospital strategic planning
- Improve human resource planning, management and staff performance appraisal system

General Activities/Achievements:

During the year under review the following activities were carried out as part of its mandate:

- Formation of Human Resource Committee to develop regional policy guidelines and to ensure more consistency, efficiency and in the management of human resources.

- The new Staff Performance Appraisal system was piloted in collaboration with the Quality Health Partners in the Abura-Asebu-Kwamankese District

- 14 newly appointed Human Resource Officers were given orientation in human resource and general administration practices to enable them perform efficiently in the districts and facilities.

- The department also played a lead role in the establishment of the expanded Regional Health Awards Scheme. The main objective is to promote initiative, innovation, and quality in service delivery and to retain health workers in the region.

- The department also co-coordinated meetings of the Senior Managers, the Regional Health Management Team, the Regional Health Committee and staff durbars.

- The department also co-coordinated the interviews for the appointment of nine (9) house officers.

- It is also pertinent to put on record the role of the department in the preparation and collation of the Regional plans and budgets for 2007.

- It also coordinated the Regional Consultative meeting on the New Health Policy with the theme "***Creating Wealth through Health***". It also coordinated the Annual Conference of the Association of Health Services Administrators (Ghana) which also focused on the new health policy.

- The department also facilitated the administrative visit to the Awutu-Effutu-Senya District. The visit was made by the RDHS, the Deputy Directors for Clinical Care and Administration, the DDNS, DDPS and the Regional Accountant and afforded management the opportunity to interact with the general staff and familiarize with the general problems and challenges in the district.

    - Another major activity undertaken during the year was the Monitoring and Supervisory visits to the Regional Hospital, Upper Denkyira, Awutu-Effutu-Senya and the Twifu Hemang Lower Denkyira Districts. The main purpose was to assess the adequacy of the existing general administrative and support

systems and discuss with various managements the prevailing challenges and issues.

- The Deputy Director (Administration) represented the Directorate on the Management Boards of the Catholic Archdiocesan Health Services, University of Cape Coast Hospital and the Christian (Anglican) Eye Centre.

- The department through its head took advantage of his membership on the Management Board to initiate discussions on the preparation of a strategic plan for the Christian Eye Centre.

- The department participated in 25 project site meetings during the year.

4.1 General Administration:

Weak administrative internal structures and systems were observed in almost all the districts. The non-functioning of most District Health Committees, internal management committees, Hospital Advisory Committees was a source of worry .Even where they existed documentation was a problem.

General lapses in supervisory administrative procedures, poor registry practices and documentation continued to during monitoring visits.
Partly to account for this unfortunate situation was the non-availability and limited dissemination of GHS administrative manuals and policy guidelines.

One other concern was delays in communication with districts and hospitals.

4.2 Human Resource Management

The inadequate human resource continued to pose serious challenges to health care delivery. This became more acute with the implementation of the National Health Insurance Scheme in all the districts.

Despite the acquisition of a computer for the human resource unit, database continued to be the bane of the effective planning and management. This can be attributed to non submission of human resource statistics by some institutions including the Mission hospitals, training institutions and the Ankaful Psychiatric hospital.
Consequently, accurate picture of the human resource is not known for effective planning and management of human resource. The absence of job descriptions for staff/institutions and the human resource policy also did not help matters.

Setting performance objectives also continued to be a challenge for both staff and managers as well.

Inconsistent reporting relationship and unclear roles and responsibilities were also observed at all levels in the region.
There is the need for proper designation of health institutions on view of the implication for staffing norms.
No promotion interviews were conducted due to inadequate funding.

Table 25 Human Resource Situation In The Region 2003-2006b

Appointments	2003	2004	2005	2006
CHN Class	33	43	43	53
General Nurses	25	28	11	29
Midwifery			11	
Medical Officers	9	4	13	3
Housemen				2
Technical Officers	8	22	5	12
Health Aides		74	97	143
Pharmacist	1	1		
Human Resource Manager	1			
Accountants				5
HR/Executive Officers				16
Laboratory Technicians				2
Laboratory Technicians				2
Others				40
T o t a l				**299**

Table 26 STAFF MOVEMENTBY DISTRICTS 2006

District	Promo-tion	Recruit-ment	LWP	LWOP	APPR	Retire-ment	VOP/ Death
Winneba	34	30	10	1	135	2	2
KEEA	9	24	12	0	167	4	0
Gomoa	3	13	9	0	48	2	1
Asikuma	4	16	13	0	30	2	0
Mfantsiman	14	26	14	0	190	2	3
Abura Dunkwa	5	17	3	0	78	3	2
Ajumako	4	22	8	0	0	1	0
Upper Denkyira	7	31	16	1	183	5	1
Assin South	11	20	0	0	48	1	1
Assin North	7	11	9	0	50	1	0
Cape Coast	29	39	42	6	157	6	2
THLD	5	24	3	0	18	1	1
RHD	6	13	1	0	0	2	0
Total	**155**	**308**	**147**	**8**	**1,156**	**36**	**16**

4.3 ESTATE MANAGEMENT

The issues and concerns in Estate Management included:

- Delays in payment of work done probably due to the several uncompleted projects. No new projects were awarded. However, an amount of 1.6b was made available for the payment of work on projects which were at various stages of completion.
- Lack of beds made operationalization of the completed ward at the Agona Swedru Hospital impossible. This is part of general inconsistency/poor linkage between projects and recurrent costs. Inadequate fire prevention systems in most facilities become a concern following the fire outbreak at a section of the Regional Medial Stores.

It is also pertinent to report again on the devastating effects of the sea on equipment and facilities at the offices of Regional Health Directorate, Nurses Training College, District Hospital and the Medical Stores. This was manifested in the frequent breakdown of air conditioners, computers, telephone system, vehicles and buildings.

Inadequate funding and neglect also contributed to the severe deterioration of buildings. Most facilities including staff accommodation units were deplorable state of repair.

The inventory systems in facilities also did not improve.

4.3.1 Waste Management

Liquid Waste. The area is managed through sewage systematic into septic tanks which are finally carried by cesspool emptiers and transport to disposal sites.

Solid waste is managed in three ways

(1) Use of the incinerators to fire sharps and other medical non consumables

(2) Pit burning

(3) S **Regional Blood Bank** storing in waste bins and transporting the waste container which is finally transported by truck to the final disposal site.

The major type of infrastructure for waste management is ***dug pit*** and ***containers***. They are mostly used in the hospitals and the health centers. The situation of waste management is a major worry in the health facilities in the region. For example the cape coast district assembly introduced charges for the transport the waste in health facilities.

4.4 Development Projects

Table 27 Status Of Development Projects 2001 - 2006

No.	Project Title	District	Date of Award	Expected Date of Completion	Contract Sum ¢	Remarks %
1.	Construction of health centre at	Gomoa	11/11/04	1/05/05	1,329,387,710.00	80

	Gomoa Dego					
2.	Construction of CHO at Gomoa Abaase	Gomoa	8/11/04	1/02/06	368,000,000.00	95
3.	Construction of CHPS at Nkodwo	A.E.E.	8/11/04	1/02/06	368,000,000.00	100
4.	Rehabilitation of male ward at Agona Swedru Hospital	Agona	15/11/04	22/03/06	740,000,000.00	100
5.	Construction of CHPS at Benyadze	K.E.E.A.	8/11/04	1/2/06	368,000,000.00	100
6.	Construction of Semi-detached at Ajumako	A.E.E.	15/11/05	16/05/06	495,000,000.00	100
7.	Construction of Semi-detached at Nkwantanum Health Centre	A.E.E.	21/07/00	22/01/06	268,778,861.17	100
8.	Construction of CHPS at Enyinasu	A.E.E.	7/11/06	7/01/06	377,833,750.00	100
9.	Construction of semi-detached at OLA	Cape Coast	22/09/05	22/03/06	487,584,540.00	85
10.	Construction of Male ward at Dunkwa-On-Offin	Upper Denkyira	2/7/01	2/07/02	1,922,243,606.90	80
11.	OPD block at Ankaful	K.E.E.A.	1/11/	30/04/05	1,184,587,618.50	80

	Psychiatric Hospital		04			
12.	Resurface Ankaful Road	K.E.E.A.	1/11/04	30/04/05	1,960,158,880.00	99
13.	Recovery Ward Besease Health Centre	A.E.E.	01/02/05	03/05/05	352,547,811.00	50
14.	Construction of Hostel Cape Coast NTC	Cape Coast	1/11/04	01/05/06	3,946,681,719.00	50
15.	Construction of Classroom CHNTS, Winneba	A.E.S.	25/10/05	1/11/06	4,640,830,523.00	99
16.	Construction of Semi-detached CHNTS at Winneba	A.E.S.	6/09/05	11/04/06	499,893,502.02	99
17.	Construction of 3-bunaglow at Breman Asikuma for GHS	A.O.B.	11/05	19/03/06	499,265,000.00	60
18.	Rehabilitation of Fanti Nyankumasi H/C	Assin South	23/06/04	14/06/05	345,313,754.28	100
19.	Construction of 2-storey office at Cape Coast for GHS	Assin North	7/07/05	7/12/05	499,359,690.00	70

4.5 Equipment Management

The unit continued to carry out corrective maintenance on various equipment including suction machines, incubators, and syphmamometers.
New equipments (delivery beds, suction machines and operating bed) were at the cape coast, Winneba and Swedru hospitals.
The installation of new equipment at the Apam Catholic Hospital under the GE project also progressed.

New equipment list was submitted to the UNFPA for consideration.

Support from Biomedical Unit (MOH), Medical Technology Frontiers (Accra) and Clinical Engineering Unit (GHS) acknowledged.

Corrective Maintenance (31) on equipment carried out (Suction machines, incubators, BP Apparatus, etc) undertaken.

Installation of new equipment carried out Cape Coast, Winneba, Agona Swedru, Saltpond included delivery beds, suction machine, operating lamps, etc
Donations from Kakum Rural Bank to the Paediatric Ward, Infusion pump, dressing drums, wheel chairs, thermometers and oxygen, flow meters

GE installation of equipment at Apam Hospital

Data on equipment availability and performance index not available

Frequent breakdown of UNFPA items

Relocation of slightly used laundry machine for CRH to Cape Coast Hospital and Saltpond Hospital

Eight Anaesthetists and Equipment Officers trained on the use of new anaethetic machine in Accra

Regional Equipment Manager participated in workshops – Flight Orbit on Ophthalmic equipment, EPI Cold chain equipment and solar systems
Aging vehicle
Acquisition of basic equipment e.g. scales, BP apparatus, thermometer by BMCs?

4.6 Transport Management

The region took delivery of new vehicles (i.e. Toyota Hilux and Toyota Landrover to support the regional TB and EPI programmes. Six new ambulances were also allocated to the Winneba, Assin Foso, Apam, Dunkwa-On-Offin and Ajumako Hospitals. This formed part of the national programme to improve emergency services.

However, staff of the workshop benefited from training programmes at the Institute of Technical Supervision/Central Mechanical Workshop in Planned Preventive Maintenance. The workshop manager also facilitated in a umber of national training programmes in PPM and Inspection.

A few vehicles were provided with insurance cover with the SIC. One of the vehicles (Mazda GV332U) was involved in accident during the year. A source of concern or administrative lapse? was that most of the vehicles did not have valid road worthy certificates.

General under funding affected acquisition of spare parts for effective vehicle maintenance. The Regional Mechanical Workshop made strides in the pilot maintenance programme.

Table 28 Key Vehcile Indicators by District 2004 - 2006

Indicators	Year 2004	Year 2005	Year 2006
Total number of Vehicles	93	95	104
Total Kilometers	2,331,613.00	2,785,817.00	29,859.95
% Availability	88.1	89.2	85.1
% Utilisation	74.5	75.9	72.9
Kilometers/Litres	7.9	8.5	9.7
Maintenance Cost/KM	606,119,602.00	439.2	160.6
Average running Cost/KM	758.95	1,192.2	970.9

Table29 Vehicles Key Indicators – Regional Health Directorate 2006

Dist/Institution	Vehicle	Motorcycle	Bicycle	Tricycle	Total

RHD	21	10	1	0	
Cape Coast	2	3	2	0	
KEEA	2	17	11	0	
Mfantsiman	2	8	6	0	
AAK	3	14	10	0	
Assin South	2	16	13	1	
Assin North	2	6	14	0	
AOB	2	8	8	0	
AEE	2	4	8	0	
Gomoa	4	14	35	0	
Agona	5	12	5	0	
THLD	5	12	28	1	
Cape Coast District Hospital	3	2	0	0	
Ankaful Psy. Hosp.	9	2	1	0	
Winneba Hospital	2	2	10	0	
CHNTS, Winneba	3	10	1	1	
NTC, Ankaful	3	2	1	0	
Central Regl. Hosp.	10	2	1	0	
Dunkwa-On-Offin	7	2	2	0	
Abura Dunkwa Hosp	5	2	2	0	
T o t a l	**104**	**172**	**199**	**2**	**477**

Table 29b **Vehicle Key Indicators 2006**

Region	Total No. of	Total No.	% No. of vehicle Reported	Total KM	% Avail-ability	% Utili-sation	KM/L	Maint. Cost/KM	Averag runnin cost/K

	Veh.		on						
Central	104	64	61.5	29859958	85.1	72.9	9.7	160.6	970.9

Table 30 Motorcycle Key Indicators 2006

egion	Tota l No. of moto rcycl es	Tota l No.	% No. of motorc ycles Report ed on	Total KM	% Ava il- abil ity	% Utili- sation	KM /L	Main t. Cost/ KM	Aver age runni ng cost/ KM
Central	172	85	49.4	9649 9	96.9	71.1	8.3	32,75 9,350	339.5

Table 31 Number Of Types Of Vehicles 2006

Veh- icles	Saloon	Pick- ups	Station Wagon	Ambulance	Haulage	Water Tank	Bus	Bicycle	Special Van
104	2	70	6	14	2	Nil	10	199	Nil

4.7 Of Development Projects Procurement Management

During the year the unit was able to prepare the procurement plan and held seven 97) meetings.

It also provided orientation for 3 district focal persons (Winneba Hospital, Ajumako, AES districts) in procurement management. The strict legislative/regulatory exposed to weak capacity in procurement across the region.

Rampant emergency purchases were observed in most of the facilities. This is perhaps due to poor planning and inadequate funding.

Monitoring of performance of BMC in terms of procurement management focused on availability of procurement plan and updated procurement register, request for quotations, award notification letters and minutes of procurement committee meetings, the performance of some selected BMC is depicted below:

- Regional Hospital - 50%
- Dunkwa-On-Offin Hospital - 45%
- Winneba Hospital - 40%
- Twifu Praso Hospital - 35%
- Upper Denkyira (DHD) - 20%
- AES (DHD) - 15%
- THLD (DHD) - 15%
- Bawjuasi Health Centre - 10%
- Kasoa Health Centre - 10%

STORES, SUPPLIES and DRUGS MANAGEMENT

Four stock taking exercises were conducted during the year. The objectives were to ascertain the value of stock held, the value of expired items and also the storage conditions in the medical stores. The poor ventilation in the stores did not improve any significantly. The unit also organised training in Standard Operating Procedures (SOP) in Logistic Management for all district focal persons.

The unit made four (4) planned scheduled deliveries and two (2) emergency deliveries whilst four (4) planned visits were made to the Central Medical Stores.

The high indebtedness to the Central Medical Stores and to the Regional Medical Stores by the BMCs was a source of concern. This in part necessitated the re-introduction of the use of the ***Non-Availability Certificate*** as a measure to compel the BMCs to source most of their requirements from the Regional Medial Stores thereby reducing their indebtedness.

Percentage availability of items decreased from 94.5% in 2005 to 90% in 2006, while the range of items (Non-Drugs) however increased from 152 in 2005 to 159 in 2006.

Efficient disposal of unserviceable/obsolete items was observed as a challenge throughout the region.

The objective of transforming the Regional Medical Stores into an efficient and viable unit to enable it contribute to the finances of the

directorate was hampered by lack of capital. However, efforts would be made to vigorously pursue the noble objective.

SECURITY:

- Though no major security problem was encountered, ageing, poorly motivated and inadequate staff and the absence of fence walls, inadequate lighting systems in most facilities continued to the bane in ensuring proper security for staff and property.

- General lapses/shortcomings in security system

CONSTRAINTS AND CHALLENGES

- Inadequate Human resources continues to pose serious challenges to quality service delivery. This is more pronounced in districts including Twifu- Hemang Lower Denkyira and Assin South Districts where staff in all categories are woefully inadequate. Critical also are doctors and specialists (ENT,), nurses, midwives, laboratory technologists, pharmacists, supply/stores officers.
- Payment of the large number of casuals in most BMCs was a big problem for most managements following the abolishment of the ADHA and the inability to obtain financial clearance for the engagement of sufficient support staff. The posting of a number of health aides however, helped a great deal.

- Release of funds during the year was particularly inadequate and erratic. As a result implementation of most planned activities were seriously affected.
- Of serious concern were the delays in addressing the general distortions following the implementation of the new salary scheme for health workers.
- A key observation in most audit reports was the general non-adherence to procurement and administrative procedures. This remains a big challenge.

WAY FORWARD/PLANS FOR 2007.

- Co-ordinate administrative support visits to the Agona and Upper Denkyira Districts, the Regional and the Psychiatric hospitals and Upper Denkyira Districts.
- Co-ordinate meetings of senior managers, RHMT, RHC, Joint RHMT/DDHS, Medical Assistants/RDHS Meetings and meetings with the press and the HR committee.
- Co-ordinate the appraisal of BMC heads and relevant unit heads for 2006 by March
- Continue with the monitoring and supervisory visits to the Psychiatric Hospital, Cape Coast, KEEA and AAK Districts.
- Finalize development of framework for the preparation of Hospital Strategic Plans to improve hospital efficiency.
- Work towards the operationalization of the Mankessim and Abakrampa Health Centres constructed under the Saudi Fund

- Advocacy role for the early completion of ongoing projects in the region especially staff accommodation in the Praso Hospital, DHMT building for Assin South District and the expansion of facilities at the nursing training schools.
- Ensure wider dissemination and use of the GHS policy guidelines and other relevant statutory enactments to improve management and administration in the districts and institutions.

ANNEX B: PERFROMANCE INDICATORS

Performance Area	Indicators	2004 Actual	2005 Actual	2006 Actual	Comments
	Number of Infants deaths - Institutional			437	
	Number of Infants admissions - Institutional			4776	
	Number of under five deaths - Institutional			686	
HEALTH STATUS	Maternal Mortality ratio - Institutional	1.34	1.04	1.67	
	Number of Under five years who are under weight presenting under facility & Outreach				
	% Under five years who are underweight – Institutional				
ACCESS	**Clinical Care**				
	Utilization				
	Number of outpatient visits		858903	881448	
	Outpatient visits per capita	0.5	0.5	0.5	
	Number of cases seen and treated by the CHOs.	NA	NA	NA	
	Number of admissions	40595	53829	53933	
	Hospital Admission rate	36.5	30	31	
	Specialist Outreach				

Performance Area	Indicators	2004 Actual	2005 Actual	2006 Actual	Comments
ACCESS	Number of specialist visits received from the national level	31	45	45	
	Number of patients seen by national team	2298	1630	1791	
	Number of operations performed by national team	17	31	43	
	Number of specialist visits made by regional team	0	0	0	
	Number of patients seen on specialist visits to the districts	0	0	0	
	Number of operations performed by regional team by specialty at the district	0	0	21	
	DISEASE SURVEILLANCE				
	No. of TB patients Detected	1189	1387	1116	
	No. of HIV positive cases diagnosed	923	683	730	
	No. of guinea worm cases seen	0	1	0	
	No. of AFP cases seen	7	14	10	
	Total number of	298182	284482	288708	

Performance Area	Indicators	2004 Actual	2005 Actual	2006 Actual	Comments
ACCESS	malaria cases				
	Diseases targeted for Eradication				
	Number of guinea worm cases	0	1	0	
	Lymphatic filariasis treatment coverage	0	0	0	
	Reproductive & Child Health				
	Safe Motherhood				
	Number of Family Planning Acceptors	136619	136138	154730	
	%Family planning acceptors	34.3	34	37	
	% of WIFA accepting FP				
	Number of ANC registrants	76212	75287	74945	
	% ANC coverage	110	106.4	103.8	
	Proportion of ANC registrants given IPT2	3.5	10	34.8	
	Number of PNC registrants	49921	55468	49477	
	% PNC coverage	72.1	78.4	68.5	
	Total number of deliveries	53987	56036	53458	
	Number of Supervised Deliveries	36341	39480	35222	
	% of Supervised Deliveries	52.4	55.8	48.7	
	Number of deliveries by skilled attendants	36341	39480	35222	

Performance Area	Indicators	2004 Actual	2005 Actual	2006 Actual	Comments
	% of Deliveries by Skilled Attendance	52.4	55.8	48.7	
	Proportion of fresh still births to total still births				
	No. of pregnant women given ITN Vouchers	0	0	0	In progress
	CHPS				
	No. of CHPS zones demarcated	161		206	
	No. of functional CHPS zones	19	23	41	
	Child Survival				
	EPI coverage Penta 1	90.2	92	92	
	EPI coverage Penta 3	84	89	88	
	OPV3	89	93	89	
	EPI coverage Measles	85	84	88	
	Total number of Under five malaria cases – Outpatients	92554	90896	78541	
	Total number of Under five malaria cases – Admissions	6926	5661	5957	
	Exemptions Granted (No. of Patients by category)				
	Children Under 5yrs	0	0	0	DATA NOT
	Ante-natal	0	0	0	
	Deliveries	0	0	0	AVAILABLE
	Elderly (>70yrs)	0	0	0	

Performance Area	Indicators	2004 Actual	2005 Actual	2006 Actual	Comments
	Poor (Paupers)	0	0	0	
	All other Diseases	0	0	0	

Quality	number of maternal death audits	2004	2005	2006
	Total number of maternal deaths	71	57	87
	% maternal death audits	100	80.7	76.5
	Total number of Under five deaths due to malaria	222	228	
	Under five malaria case fatality rate	3.2	4.9	2.33
	of the at the cal Stores			
	Number of drugs available out of tracer drug list at the regional hospital			
	Total Number of TB Cases Cured	47	44.9	
	AFP non polio rate per 100,000 population under 15 years	1	1.7	
Efficiency	HIV seroprevalence among			Data n availab
	15 – 19 years			**Data n availa**
	20 – 24 years			**Data n availa**
	Clinical Care			
	Total number of beds	1550	1666	1623
	Total number of discharges	35854	49676	51525

	Total number of deaths	2046	2795	2643
	Number of patient days			28897
	% Bed Occupancy	61.4	49.4	99.1
	Bed Turnover Rate	46	32	32
	Doctor Patient Ratio		14976	17948
	Nurse Patient Ratio		989	876
Partnership	**Resource Allocation**			
	% total regional recurrent budget allocated to:			Data n availab
	Private sector providers			Data n availab
	Missions			
	NGOs and CSOs			Data n availab
	Other government sectors			
	Revenue Mobilization			
Financing	IGF	19,280,195,650.00	29,285,657,537	37,615
	Cash & Carry			
	NHIS			
	GOG Subsidy	5,484,420,062.00		
	Health Fund		289,011,799,771	10,317
	MOH Programmes (Earmark Funds)		12,681,316,404	7,514,7
	District Assembly Common Fund			
	Other Sources	23,017,877,472.00		
	Exemptions			
	Total Exemptions Provided		5312354068	1,744,0
	Total Exemptions Reimbursed	3,356,012,422.00	1,703,588,000	2,771,0
	Expenditure by Source			
	IGF	21,351,131,206.00	25,852,818,407	34604

	Total Exemptions Provided		5,312,354,068	1,744,(
	Total Exemptions received		1,703,588,000	2,771,(
	GOG Subsidy/Operating Grant	4,587,746,658.00	6,899,360,398	4,028,3
	Health Fund		25,812,004,337	11,288
	MOH Programmes (Earmark Funds)		12,914,206,644	7,973,(
	District Assembly Common Fund			
	Other Sources dpf	21,465,800,486.00		
	Expenditure by Item			
	Item 1: Personal Emoluments			
	Item 2: Administration Expenses		2,945,714,056	2,314,(
	Item 3: Service Expenses		3,953,646,342	1,713,9
	Item 4: Investment Expenses			
HUMAN RESOURCE	Number of doctors	49	63	50
	Population to doctor ratio	36850	35367	36110
	Number of nurses	1101	954	1024
	Population to nurse ratio	1573	1854	1763
	Number of community resident Nurses (CHOs)			
	Proportion of staff appraised			
	Proportion of Drs & Midwives Trained in Life Saving Skills	29absolute	38 absolute	72 abs
	Total number of IST programmes organized	13	19	21
	Total number of staff	347 Reg. level only	Reg. level only	467 Re

	receiving IST programmes		600	only
	% of clinical staff who received IST	NA		
Equipment, Transport & Procurement	Proportion of vehicles road worthy		71.5	74
	Proportion of motorbikes road worthy		72	83.7
	Proportion of non salary recurrent budget spent on buildings (PPM)			
	Number of Facility Based Ambulance	NA	NA	14
Procurement and Warehousing	Percentage (%) Availability of Essential Medicines	98.1	94.5	90
	Percentage (%) Availability of non-medicine consumables		152	159
	Percentage of Medicines procured from Central/Regional Medical Stores(depending on the level)			