**GHANA HEALTH SERVICE**

**GREATER ACCRA REGIONAL HEALTH DIRECTORATE**



**Theme: “Addressing Healthcare delivery gaps for equity in health coverage through: Intensifying health promotion interventions, Optimizing the use of data and technology to improve access to quality healthcare and Strengthening preventive and control measures for emergent and re-emergent public health event”**

**2023 ANNUAL REPORT**

# FOREWARD

# ACKNOWLEDGEMENT

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# LIST OF ABBREVIATIONS AND ACRONYMS

ACSM Advocacy, Communication and Social Mobilization

ACT Artemisinin Combination Therapy

AFP Acute Flaccid Paralysis

AIDS Acquired Immune Deficiency Syndrome

ANC Antenatal Care

ART Antiretroviral Therapy

BMC Budget Management Committee

CBA Community Based Agents

CHAG Christian Health Association of Ghana

CHN Community Health Nurse

CHO Community Health Officer

CHPS Community-based Health and Planning Services

CMAM Community Management of Acute Malnutrition

COVID-19 Corona Virus Disease 2019

CPT Co-trimoxazole Preventive Therapy

CYP Couple Years of Protection

DCO Disease Control Officer

DHIMS District Health Information Management System

DHMT District Health Management Team

DOT Directly Observed Therapy

DQA Data Quality Audit

DTC District TB coordinator

EDL Essential Drugs List

EPI Expanded Programme on Immunization

EQA External Quality Assurance

FRHP Focus Region Health Project

FDA Food and Drugs Administration

GAR Greater Accra Region

GHS Ghana Health Service

GOG Government of Ghana

HIV Human Immuno-deficiency Virus

HMM Home Management of Malaria

HRDD Human Resources Development Directorate

IDSR Integrated Disease Surveillance and Response

IGF Internally Generated Funds

IMCI Integrated Management of Childhood Illnesses

IUCD Intrauterine Contraceptive Device

LMIS Logistics Management Information System

MAF MDG Accelerated Framework

MDG Millennium Development Goal

MDR Multi Drug Resistant

MOH Ministry of Health

NACP National AIDS Control Programme

NGO Non-governmental Organization

NHIS National Health Insurance Scheme

NMCP National Malaria Control Programme

NTP National Tuberculosis Control Programme

OPD Outpatient Department

PHN Public Health Nurse

PMTCT Prevention of Mother to child Transmission

PNC Post Natal Care

PPM Public Private Mix

RDT Rapid Diagnostic Test

RHD Regional Health Directorate

RHMT Regional Health Management Team

RMS Regional Medical Stores

RTC Regional TB coordinator

RUM Rational Use of Medicines

TB Tuberculosis

TBA Traditional Birth Attendant

USAID United State Agency for International Development

WHO World Health Organization

# EXECUTIVE SUMMARY

The Greater Accra Regional Health Directorate is an agency within the Regional Coordinating Council (RCC) responsible for ensuring that the population in the region has access to healthcare services when they need it. It is mandated through its district directorates and health facilities to provide preventive, promotive, rehabilitative, and curative health services at all levels to ensure continuous contact and a seamless referral system that enables continuity of health services to every person.

This report reviews the performance of healthcare services in Greater Accra and provides an overview of the range of policies, roles and activities conducted aimed at provision of health services in relevant areas such as maternal health and strengthening primary health care. It highlighted best practices and achievements of programs attained during the year 2023. Furthermore, it presents both the opportunities and challenges that confront the Service in addressing health issues.

The Regional Health Directorate leadership and governance consists of six-member senior managers headed by the Regional Director of Health Services. Currently the region has 29 administrative District Health Directorates, a Regional Hospital, fourteen District hospitals, twenty-four polyclinics, one hundred and forty-nine Health centers, Three Hundred and Twenty-six Clinics, seven hundred and seven CHPS Zones and about Five hundred and eighty-four private and quasi government health facilities dotted all over the region.

Analysis of key performance indicators for health services and the fields of public health, illness prevention, and reproductive health showed modest progress over the previous years in terms of maternal health care and infant health indicators. However, more work must be done in this area to remove obstacles that prevent people from accessing and using health services. Family planning acceptance rates was 42.3% and couple year protection (155,815) increased marginally from the previous year because of better collaborations with recognized groups, community members, and our health partners, such as PPAG and community pharmacies, as well as increased availability of goods and logistics at all service delivery points.

The core clinical care activities ensured the provision of client-centered, high-quality clinical services that promote wellness and expeditiously lessen disability and suffering. The total OPD attendance significantly increased from 5,304,431in 2022 to 5,622,066 in 2023, an increase of 6.0%. Peer review monitoring of health facilities was conducted to provide a succinct but thorough, fair, and transparent assessment of all health facilities' performance and to offer suggestions on how to enhance performance to achieve excellent service delivery.

In the area of disease surveillance and control, effective early detection, treatment, and response systems continued to advance throughout the region in 2023. These steps helped to identify, treat, and stop the spread of the monkey pox sickness as well as other important public health diseases from emerging and re-emergence.

For effective human resource management, the Service has adopted DHIMS2, LHIMS, HRIMS, and the IPPD software to help with the administration of human resources and planning as part of its efforts to improve the health system through information technology. The region's overall staff strength is currently 18,709 compared to 17,988 in 2022. Out of which 14,532 were nurses of various categories, 711 were medical officers, and the remainder employees belonged to 87 different cadres, including administrators, accountants, and other public health personnel. 122 employees in total quit, with nurses making up the bulk.

Health systems administration, supply and equipment management, and transportation highlighted the use of Last Mile Distribution (LMD) system to increase the accessibility of logistics, including PPEs and medicines, at all service delivery sites throughout the time under review. The lack of permanent Office space for the Regional Health Directorate poses a serious challenge for the region as our current rented Office which is being paid for from our Internally Generated Funds is not large enough to accomodate all staff under one roof and to store documents. 54% of our vehicles are over 10 years and are very expensive to maintain. This also negatively impacts health service delivery as monitoring and supervision tend to be compromised.

Improving primary healthcare is emphasized through the implementation of numerous projects based on the Community Health Planning and Services (CHPS) idea. For better coverage and equity, initiatives like Community Scorecard and integrated essential service delivery under the CHPS idea, among others, continue to bring health services closer to communities.

The use of digital technology and other monitoring and evaluation systems to provide the populace with high-quality health services through deployment of systems like DHIMS2, LHIMS, HRIMS, and PBMIS to help with human resource management, planning, budgeting for health-related expenses, and the gathering and reporting of service delivery data for informed decision-making. The Service is thus making significant progress toward enhancing the health system through information technology. The LIGHTWAVE Health Information Management System has been implemented in all district hospitals and the regional hospital in the area to aid in the provision of high-quality medical care throughout the districts within the region.

The main challenges faced by the Regional Health Directorate in the execution of its mandate include inadequate fleet, insufficient funding assistance, uneven staff distribution, and inadequate health infrastructure. The Service anticipates advocating for the provision of vehicles in 2023, as well as finishing ongoing projects to provide vital infrastructure and remove logistical challenges faced by health staff in the provision of high-quality healthcare services. Among other things, we plan to implement preventive measures like screening and raising consciousness through the establishment of wellness centres and other interventions throughout the region.

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# 

# CHAPTER ONE

# BACKGROUND OF THE GREATER ACCRA REGION

* 1. **Geography**

The Greater Accra region is one of the sixteen administrative regions of Ghana. lt lies in the Southeast of the country along the Gulf of Guinea and has miles of beautiful coastline especially in the rural parts of the region. The shores inthe capital city Accra are unfortunately mostly polluted. The Greater Accra region is challenged by problems of equitable access to an acceptable quality of health service. The region currently has 29 local government administrative districts namely: Accra Metropolis, Tema Metropolis, Ledzokuku Municipality, Krowor Municipality, Ashaiman Municipality, Adentan Municipality, Ga East municipality, Ga West municipality, Ga South municipality, Ada East district, Ada West District, La Dadekotopon Municipality, La Nkwantang Madina Municipality, Ga Central Municipality, Kpone Katamanso District, Ningo Prampram District and Shai Osu Doku district. Accra metropolitan area, which is the largest among the administrative districts, is further sub divided into three sub metros namely Ablekuma South, Ashiedu Keteke and Okai Koi South sub-metro.

Towards the end of the year 2018, as part of decentralization, some of the more densely populated districts were broken up into several districts rather than what was existing at the beginning of the year. The names of the new districts are as follows; Okaikwei North, Ablekuma North, Ablekuma West, Ablekuma Central, Ayawaso East, Ayawaso North, Ayawaso West, Ayawaso Central, Korle Klottey, Ga North, Ga South, Tema West and Krowor municipality. This has given rise to 13 more administrative districts at the beginning of the year 2019 increasing the number of administrative districts in the region to twenty-nine (29).

#### Figure 1:Map of Greater Accra Region indicating the Twenty-Nine Districts

* 1. **Population and Demographics**

The Greater Accra region is the most populous region in the country with a projected total population of 5,570,264 based on the 2021 national population census results. This represents 17.7% of the total national population. The Region accommodates the capital city of Ghana, Accra. It has a rural-urban ratio of 20:80. The population density in Greater Accra is much higher than any other region in the country because of its small land area. The fact that the capital city of Ghana, Accra, is located within this region accounts for the high population and high urbanization. The results of the 2021 census show a population density of 1,678.3 per square kilometre, up from 1,205 in 2010. Table 1 summarizes the population of the region by districts projected at the growth rate of 2.1% from the 2021 census results.

##### Table 1: Greater Accra Regional Population by District for 2023

|  |  |  |  |
| --- | --- | --- | --- |
| **District** | **District Projection (GSS)** | **Target Population for Children Less than 1 year and Expected Pregnancy (4%)** | **Target Population for WIFA (24%)** |
| Ablekuma Central | 176325 | 7053 | 42318 |
| Ablekuma North | 165965 | 6639 | 39832 |
| Ablekuma West | 160004 | 6400 | 38401 |
| Accra Metro | 296182 | 11847 | 71084 |
| Ada East | 79654 | 3186 | 19117 |
| Ada West | 79316 | 3173 | 19036 |
| Adentan | 247628 | 9905 | 59431 |
| Ashaiman | 216890 | 8676 | 52054 |
| Ayawaso Central | 98856 | 3954 | 23725 |
| Ayawaso East | 55254 | 2210 | 13261 |
| Ayawaso North | 66076 | 2643 | 15858 |
| Ayawaso West | 78499 | 3140 | 18840 |
| Ga Central | 346332 | 13853 | 83120 |
| Ga East | 295406 | 11816 | 70897 |
| Ga North | 245278 | 9811 | 58867 |
| Ga South | 364980 | 14599 | 87595 |
| Ga West | 327638 | 13106 | 78633 |
| Korle-Klottey | 71546 | 2862 | 17171 |
| Kpone-Katamanso | 435046 | 17402 | 104411 |
| Krowor | 149082 | 5963 | 35780 |
| La-Dade-Kotopon | 146218 | 5849 | 35092 |
| La-Nkwantanang-Madina | 255060 | 10202 | 61215 |
| Ledzokuku | 226527 | 9061 | 54366 |
| Ningo Prampram | 213360 | 8534 | 51206 |
| Okai Koi North | 167256 | 6690 | 40141 |
| Shai-Osudoku | 110092 | 4404 | 26422 |
| Tema Metro | 185475 | 7419 | 44514 |
| Tema West | 204552 | 8182 | 49093 |
| Weija-Gbawe | 222743 | 8910 | 53458 |
| **Greater Accra** | **5687239** | **227489** | **1364937** |

The Accra Metropolis is so densely populated and complex, with almost half of the region’s population, that its sub-metropolitan areas are often more populous and complex than many districts. Ideally, each of its three sub-metros should be treated as a district given this complexity. This situation informed the creation of nine new districts out of Accra Metro’s previous five sub-metros in the latter part of 2018 to make health service delivery more accessible to the population and track communicable and non-communicable diseases easily.

There is a regional hospital, fourteen District hospitals, twenty-four polyclinics, one hundred and forty-nine Health centers, Three Hundred and Twenty-six Clinics, seven hundred and seven CHPS Zones and about Five hundred and Eighty-four private and quasi government health facilities dotted all over the region. The breakdown of the facility types and its ownership can be seen in the tables below.

##### Table 2: Ownership of Facilities within Greater Accra

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **District** | **Quasi-Government** | **Government** | **Private** | **CHAG** | **Mines** | **Total** |
| Ablekuma Central | 0 | 16 | 15 | 1 | 0 | **32** |
| Ablekuma North | 0 | 19 | 11 | 0 | 0 | **30** |
| Ablekuma West | 0 | 18 | 12 | 1 | 0 | **30** |
| Accra Metro | 7 | 87 | 54 | 1 | 0 | **149** |
| Ada East | 0 | 28 | 1 | 0 | 0 | **29** |
| Ada West | 0 | 19 | 0 | 0 | 0 | **19** |
| Adentan | 0 | 44 | 39 | 1 | 0 | **84** |
| Ashaiman | 0 | 76 | 32 | 1 | 0 | **108** |
| Ayawaso Central | 0 | 21 | 15 | 1 | 0 | **36** |
| Ayawaso East | 2 | 18 | 9 | 0 | 0 | **29** |
| Ayawaso North | 0 | 11 | 9 | 1 | 0 | **20** |
| Ayawaso West | 4 | 16 | 27 | 2 | 0 | **49** |
| Ga Central | 0 | 33 | 45 | 0 | 0 | **78** |
| Ga East | 3 | 48 | 26 | 0 | 0 | **77** |
| Ga North | 0 | 21 | 24 | 0 | 0 | **45** |
| Ga South | 0 | 34 | 30 | 0 | 0 | **64** |
| Ga West | 0 | 35 | 13 | 0 | 0 | **48** |
| Korle-Klottey | 5 | 22 | 25 | 0 | 0 | **52** |
| Kpone-Katamanso | 0 | 45 | 27 | 0 | 1 | **72** |
| Krowor | 0 | 13 | 12 | 0 | 0 | **25** |
| La-Dade-Kotopon | 2 | 19 | 32 | 0 | 0 | **53** |
| La-Nkwantanang-Madina | 1 | 41 | 30 | 1 | 0 | **73** |
| Ledzokuku | 0 | 13 | 13 | 1 | 0 | **26** |
| Ningo Prampram | 0 | 25 | 20 | 0 | 0 | **45** |
| Okai Koi North | 0 | 25 | 12 | 0 | 0 | **37** |
| Shai-Osudoku | 0 | 31 | 7 | 1 | 0 | **39** |
| Tema | 3 | 30 | 27 | 0 | 0 | **60** |
| Tema West | 4 | 29 | 29 | 0 | 0 | **62** |
| Weija-Gbawe | 0 | 21 | 38 | 1 | 0 | **59** |
| **Greater Accra** | **31** | **858** | **634** | **14** | **0** | **1530** |

##### 

##### Table 3: Types of Facilities within Greater Accra

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Districts** | **Hospital** | **CHPS** | **District Hospital** | **Clinic** | **Maternity Home** | **Polyclinic** | **Health Centre** |
| Ablekuma Central | 0 | 16 | 0 | 4 | 2 | 0 | 4 |
| Ablekuma North | 0 | 19 | 0 | 4 | 5 | 0 | 1 |
| Ablekuma West | 0 | 17 | 0 | 6 | 2 | 1 | 0 |
| Accra Metro | 10 | 79 | 3 | 41 | 10 | 5 | 6 |
| Ada East | 1 | 24 | 1 | 1 | 0 | 0 | 3 |
| Ada West | 0 | 16 | 0 | 0 | 0 | 1 | 2 |
| Adentan | 5 | 38 | 0 | 29 | 7 | 1 | 11 |
| Ashaiman | 5 | 75 | 0 | 21 | 2 | 2 | 7 |
| Ayawaso Central | 4 | 19 | 0 | 9 | 2 | 0 | 1 |
| Ayawaso East | 1 | 18 | 0 | 9 | 0 | 0 | 0 |
| Ayawaso North | 2 | 10 | 1 | 6 | 2 | 0 | 0 |
| Ayawaso West | 7 | 16 | 0 | 13 | 1 | 0 | 8 |
| Ga Central | 5 | 28 | 0 | 29 | 9 | 0 | 11 |
| Ga East | 7 | 47 | 1 | 12 | 2 | 1 | 7 |
| Ga North | 8 | 16 | 1 | 8 | 5 | 0 | 8 |
| Ga South | 5 | 30 | 0 | 9 | 8 | 2 | 10 |
| Ga West | 2 | 29 | 1 | 5 | 4 | 1 | 7 |
| Korle-Klottey | 7 | 19 | 0 | 17 | 5 | 1 | 2 |
| Kpone-Katamanso | 8 | 39 | 0 | 12 | 5 | 2 | 7 |
| Krowor | 2 | 12 | 0 | 5 | 0 | 1 | 5 |
| La-Dade-Kotopon | 2 | 15 | 0 | 21 | 5 | 0 | 7 |
| La-Nkwantanang-Madina | 10 | 36 | 1 | 17 | 4 | 2 | 5 |
| Ledzokuku | 4 | 12 | 1 | 6 | 3 | 0 | 1 |
| Ningo Prampram | 4 | 23 | 0 | 9 | 4 | 1 | 6 |
| Okai Koi North | 5 | 22 | 1 | 7 | 1 | 0 | 2 |
| Shai-Osudoku | 3 | 26 | 1 | 2 | 1 |  | 7 |
| Tema | 10 | 26 | 1 | 14 | 3 | 1 | 3 |
| Tema West | 4 | 28 | 0 | 9 | 3 | 1 | 13 |
| Weija-Gbawe | 3 | 19 | 1 | 22 | 11 |  | 5 |
| **Greater Accra** | **124** | **774** | **14** | **347** | **106** | **24** | **149** |

Table 3 depicts the Greater Accra Region currently has 774 functional CHPS Zones, 347 clinics, 106 maternity homes, 124 hospitals,149 health centers, 22 polyclinics and 14 districts hospitals. Also, there are two (2) psychiatric hospitals located in Korley Klottey Municipal and La-Nkwantanang Madina, namely Accra Psychiatric Hospital and Pantang Psychiatric Hospital. In addition, there is one (1) Regional Hospital, one (1) teaching hospital and one (1) University Hospital and Quaternary Hospital located with Korley Klottey Municipal, Accra Metro and Ayawaso west respectively.

A map of the accra health facility

Description automatically generated

#### Figure 2:Health Facilities in Greater Accra

##### Table 4: Types of settlement located within Greater Accra Region

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **District** | **Capital** | **Large Market** | **Urban** | **Slum** | **Coastline** | **Rural Areas** | **Age of Districts** |
| Ablekuma Central | Lartebiokoshie |  | √ |  |  |  | <5 years |
| Ablekuma North | Ablekuma North |  | √ | √ |  |  | <5 years |
| Ablekuma West | Dansoman |  | √ |  | √ |  | <5 years |
| Accra Metro | Accra | √ | √ |  |  |  | >5 years |
| Ada East | Kasseh | √ |  |  | √ | √ | >5 years |
| Ada West | Sege |  |  |  | √ | √ | >5 years |
| Adentan | Adenta |  | √ |  |  |  | >5 years |
| Ashaiman | Ashaiman | √ | √ | √ |  |  | >5 years |
| Ayawaso Central | Kokomlemle | √ | √ | √ |  |  | <5 years |
| Ayawaso East | Nima |  | √ | √ |  |  | <5 years |
| Ayawaso North | Accra New Town |  | √ | √ |  |  | <5 years |
| Ayawaso West | Dzorwulu |  | √ |  |  |  | <5 years |
| Ga Central | Sowutoum |  | √ |  |  |  | >5 years |
| Ga East | Abokobi |  | √ |  |  |  | >5 years |
| Ga North | Ofankor |  | √ |  |  |  | >5 years |
| Ga South | Ngleshie Amanfrom |  | √ |  |  | √ | >5 years |
| Ga West | Amasaman |  | √ |  |  | √ | >5 years |
| Korle-Klottey | Osu |  | √ |  |  |  | <5 years |
| Kpone-Katamanso | Kpone |  | √ |  |  |  | >5 years |
| Krowor | Nungua |  | √ |  | √ |  | <5 years |
| La-Dade-Kotopon | La |  | √ |  | √ |  | >5 years |
| La-Nkwantanang-Madina | Madina |  | √ |  |  |  | >5 years |
| Ledzokuku | Teshie |  | √ |  | √ |  | <5 years |
| Ningo Prampram | Prampram |  | √ |  |  | √ | >5 years |
| Okai Koi North | Abeka |  | √ |  |  |  | <5 years |
| Shai-Osudoku | Dodowa |  | √ |  |  | √ | >5 years |
| Tema | Tema |  | √ |  |  |  | >5 years |
| Tema West | Tema Community 2 |  | √ |  |  |  | <5 years |
| Weija-Gbawe | Weija |  | √ |  |  | √ | <5 years |
| Greater Accra | Accra |  |  |  |  |  | >5 years |

It can be deduced from table 4 that predominantly majority of the districts within Greater Accra Region are made up of urban setting covering 93%. About 17.24% of the total districts have both rural and urban setting. Districts with urban slums are Ablekuma North, Ashaiman, Ayawaso Central, Ayawaso East, and Ayawaso North covering 17.24%.

# CHAPTER TWO

# REPRODUCTIVE AND CHILD HEALTH

* 1. **Reproductive and Child Health Report**

Reproductive and Child Health Unit coordinates progmmes that ensure optimum health of women and children. Reproductive Health is defined as the physical, emotional and psychological wellbeing, and not merely the absence of disease or infirmity in all matters related to the functions and processes of the reproductive system.

Reproductive and child health unit of Regional Health Directorate continues to provide services to women and children as part of the vision to improve quality of life of persons within the reproductive age and beyond, as well as children and adolescents in the Region.

**Vision and Mission**

The Vision, Mission, Goal, and objectives of the Reproductive and Child Health Programme are in line with that of the Ghana Health Service. **A**lthough the programmes cover a wider scope, focus has been placed on the following priority action areas as outlined below:

**The scope of reproductive and child health services**

* Safe motherhood programme (Antenatal care, supervised delivery, post-natal care)
* The Prevention of Mother-to-Child Transmission (PMTCT) of HIV programme
* Family planning.
* Prevention and management of unsafe abortions and post abortion care
* Prevention and management of sexually transmitted infections.
* Prevention and treatment of infertility
* Prevention and Management of cancers in women
* Information and counseling on responsible sexual behavior
* Adolescent Reproductive Health
  1. **Strategies and interventions in RCH services**

To achieve the overall objectives in the unit, the following strategies and interventions were implemented.

* Integrate Reproductive and Child Health activities at all service delivery points.
* Intensify efforts to ensure maternal and neonatal survival through maternal and perinatal death audits’
* Sensitize and counsel pregnant women attending antenatal clinic on importance of Counselling and Testing to prevent Mother to Child Transmission of HIV/AIDS and seeking early antenatal care.
* Properly document and report on all services provided for Preschool children, JHS and S.H.S students.
* Intensify monitoring and facilitative supervision in maternal health, family planning and Comprehensive Abortion Care.
* Build capacity for practicing midwives and Family planning service providers on CAC
* Foster collaboration with partners in health to improve and promote the health of women and children.
* Integration of Comprehensive abortion care services into routine reproductive health services.
* Prevention and Management of cancers in women through health education, counselling and screening,
* Improve access to information for adolescents.
  1. **RCH Activities**
* Schedule and Participants for Knowledge Sharing and Data Management Improvement Workshop (RPHN, RHIO, CAC Focal Person, Data Manager, Service Provider- 3rd – 6th May,2023
* Sensitization of Law Enforcement on Comprehensive Abortion Care (CAC)- May, 2023.
* Regional Level healthcare workers on VCAT-
* . Training of (451) health providers made up of District; DDNS’, PHNs, HIOs nutrition officers and facility; midwives, NICU, HIO, FP nurses and RCH Nurses on RMNCAH+N Data collection tools - 4th-7th July,2023.
* Forty (40) CHNs PHNs and midwifes were trained in DMPA SC in 15th & 16th August, 2023
* Training on Early Childhood development for (20) CWC staff, RCNs and CHNs - 10th August,2023.
* District Level VCAT sensitization for all districts (192 staff) -23rd & 25th August, 2023.
* Post Abortion Care Refresher training for 78 midwives 11th – 16th September,202.
* Quarterly supportive supervision
* Training of Trainers on the Responsive Care and Early Childhood Package 4th-7th September, 2023.
* Training workshop with feedback sessions to Introduce a Self-Assessment Tool for ESeptember,2023.
* Community Pharmacists (120) sensitization, on Family Planning
* Participated in Strengthening Capacity for Delivering Equity-oriented, Gender-responsive and Right- based Health Services towards Universal Health Care in Ghana,8-10th November,2023.
* Training of 15 midwives on CAC-December,2023
* Celebration of Breast Cancer week, counselling, health education and breast screening
* Child Health Promotion Week in May, 2023.
* Celebration of Cervical Cancer Month

##### Table 5: Safe Motherhood Achievement January To December 2020 to 2023

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicators** | **2020** | **2021** | **2022** | **2023** |
| ANC Registrants | 153,224  (73.2%) | 158,848  (72.8%) | 151,799  68.1 | 140794 **(62.0%)** |
| No of ANC making 4th Visit | 120,685 (81.30%) | 148,498  (93.5%) | 155,655  102.5 | 140911 **(100.2%)** |
| Total ANC Attendance | 737,021 | 840,086 | 870,772 | 141,953 |
| No. of REC TD2+ | 52.1 | 47.3 | 49.2 | **42.7%** |
| Skilled Delivery | 99,962 (49.3%) | 115,676  (52%) | 113,817  (51.1%) | 108850 **(48.0%)** |
| PNC | 107,560 (55.30%) | 118,522  (56.2%) | 118,645 (54%) | 120,924 (50.8%) |
| Family Planning | 403,738 (33.4%) | 469,307  (32.7%) | 638,586  (45.1) | 49% |

The year under review saw significant reduction in a number of indicators, ie ANC registrants saw a sharp decrease of 18.0% over the set target of 80.0% and 12.0% over set target (65%) for skilled delivery. Family Planning Acceptors, however, saw a marginal increase of 1.9% over the set target of 40.0%. TD2+ also saw a decrease of 37.3 %.

This poor performance could be attributed to unavailability of data capturing tools like respective registers and poor data capture from some of the private facilities.

In the ensuing year, we hope to lobby National for registers, ensure effective collaboration with private facilities and motivate midwives to be calling their clients to remind them of their ANC visits. Midwives accompanying Community Health Nurses for home visits and education of community members of the importance of seeking early ANC services, by the RCH units in the districts. Quarterly conferences with RCH staff on our indicators.

* 1. **Antenatal Care**

Antenatal care aims at early detection of complications that may arise during pregnancy, thereby providing timely and effective interventions to reduce and prevent maternal and neonatal morbidity and mortality.

Antenatal coverage has recorded a significant decline in coverage comparative to 2022 and 2021, which recorded **67.3%** and **72.4%** respectively, the period under review recorded **62.0 %.** Some reasons assigned to the reduction are unavailability of data capturing tools like ANC registers, poor data capture from private facilities and late ANC reporting.

Lobby national for adequate ANC Registers and other data capturing tools, ensure effective collaboration with private facilities and motivate midwives to be calling their clients to remind them of their ANC visits. Midwives should be tasked to be accompanying Community Health Nurses for home visits. Intensify education of community members on the importance of seeking early ANC services, by the RCH units in the districts. Supportive supervision at all levels of health delivery.

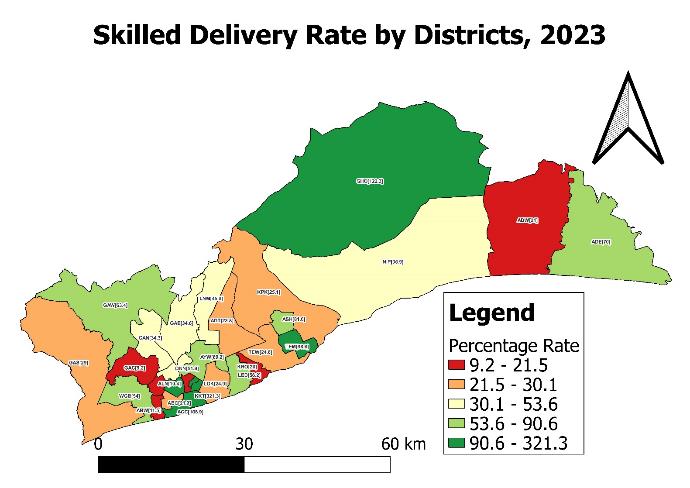
**Mothers making at least Four ANC Visits**

In line with the National RCH policy, pregnant women without any complication are expected to make at least four visits to ANC before delivery. The proportion of pregnant mothers making 4th visits within the review period was **100.2%.** Though there has been an improvement over the previous years, only **40.4%** of pregnant women visited the ANC, in their first trimester, **48.2%** in their second trimester and **11.4%** in their thirdtrimesters.Districts are encouraged to intensify the importance of ANC attendance at registration and to sustain the gain through health education during vibrant pregnancy schools and home visits.

* 1. **Supervised Delivery**

Supervised deliveries refer to deliveries conducted by midwives and doctors in the public and private health institutions. Care provided to a pregnant woman in labor include, monitoring of vital signs, monitoring labor with the use of Partograph and early risk detection and prompt referral when necessary.

Output from the Regional and Districts table indicates that, there has been a significant reduction in skill delivery **50.2%** to **47.9%** of expected pregnancy for the period under review. Districts are encouraged to improve on data capturing from all facilities and RCH unit will continue to ensure availability of data capturing tools and monthly data validation.



#### Figure 3:Percentage of Skilled Delivery 2022

* 1. **Post Natal Care**

Trend in post-natal care in the region shows a consistent decrease in coverages over the three-year trend. January to December 2021– 2023, **56.2%, 54%** and **50.0**% respectively coverage. However, PNC coverages within 48hours have been encouraging over the years 2021-2023; **98.1%, 97.1**% and **97.6%**

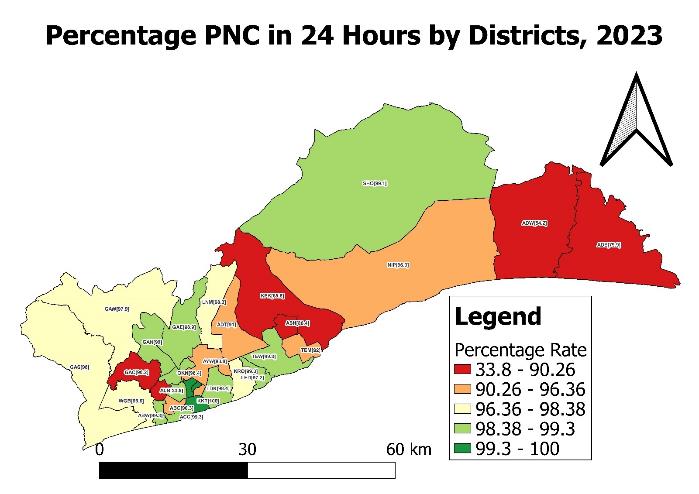


Figure 4:Postnatal Coverage within 48HRS After Birth 2022

* 1. **Maternal Deaths**

High Maternal deaths rate continue to be a challenge, even though interventions are being put in place to reduce it. There has been a significant decrease in institutional maternal mortality ratio for the year under review, 2023.

The top causes of deaths are known to be Hypertensive diseases in pregnancy and Obstetrical haemorrhages. Midwives are to detect pregnant women with high BP and refer early, for advance management. Districts are encouraged to activate all pregnancy schools to promote early detection of danger signs in pregnancy and prompt management.

##### Table 6:Maternal Deaths by Districts 2020-2023

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **2020** | **2021** | **2022** | **2023** |
| Live births | 104,862 | 114,228 | 114,061 | 109,833 |
| Total Maternal Deaths  MMR | 150  143.0/100,000LB | 187  163.7/100,000LB | 177  155.2/100,000LB | 169  154.1/100,000LB |
| Maternal Deaths Audited | 98.7 | 99.5 | 100 | 99.4 |

#### Figure 5:Institutional Maternal Mortality Ratio, 2020 - 2023

* 1. **Perinatal Mortality**

Perinatal mortality showed a marginal reduction over the three-year trend. 2021 recorded 24.2/1000LB, 2022 recorded 23.0 /1000LB and 2023 also recorded 18.7/1000LB.

Interventions are being put in place to reduce perinatal mortality. Region and Districts should strengthen and intensify Perinatal Mortality Audit and implement recommendation to prevent more mortality.

The table below shows the regional performance and District contribution to Regional perinatal mortality rate from 2021 to 2023.

##### Table 7: Perinatal mortality by District, January to December 2020 to 2022

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **2020** | **2021** | **2022** | **2023** |
| Live births | 104,862 | 114,228 | 114,062 | 110,219 |
| Fresh Still births | 521 | 547 | 513 | 489 |
| Macerated Still births | 860. | 908 | 972 | 794 |
| Total Still Birth | 1,381 | 1,455 | 1,385 | 1283 |
| SB Rate/ 1000LB | 13.0 | 12.6 | 12.0 | 11.5 |

#### Figure 6:Stillbirth Rate, 2019 - 2023

* 1. **Neonatal Mortality**

Neonatal mortality is defined as death during the first 28 days of life. The region recorded a significant decrease (31.7%). of neonatal mortality rate over the period from 10.4/1000LB in 2022 to 7.1/1000LB in 2023

##### 

##### Table 8:Institutional Neonatal Mortality Rate 2020-2022

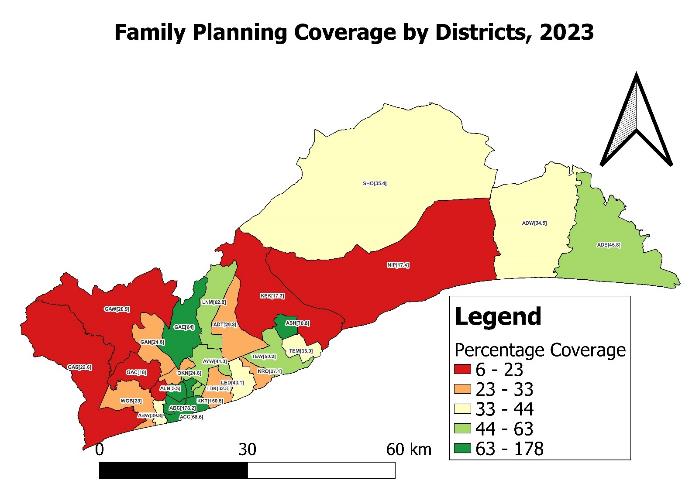
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **2020** | **2021** | **2022** | **2023** |
| Early Neonatal Deaths (0-7days) | 869 | 1043 | 896 | 651 |
| Late Neonatal death (8-28 days) | 196 | 268 | 286 | 131 |
| Total Neonatal Deaths | 1,065 | 1,311 | 1,182 | 782 |
| Institutional Neonatal Mortality - 1000 live births | 10.2 | 11.5 | 10.4 | 7.1 |

#### Figure 7:Institutional Neonatal Mortality 2020-2022

* 1. **Family Planning**

Family planning services include the provision of counselling and methods to space birth, limit family size and prevent unintended pregnancy. It also serves as a link to other reproductive health services such as prevention and management of STI and RTI including HIV and AIDs.

The Region recorded an increase in FP acceptor rate and couple year protection from 2021 to 2023. **32.7%** in 2021, **41.4%** in 2022 and **41.8%,** in 2023**.** Percentage increase of 2023 over 2022 washowever,marginal**. (0.4%)**



#### Figure 8:Family Planning Acceptor Rate 2022

## Couple Year Protection

Couple year protection increased slightly in 2022 due to the improved data capturing from private health facilities, training of more midwives and Community Health Nurses in the provision of family planning services in the region.

#### Figure 9:Total Couple Year Protection 2020-2023

* 1. **Child Health Services**

There has been significant increase of the percentage of pupils and students examined over the three-year trend. **163.6 %** were examined in 2021, 2022 saw **264.2%** examined and **276.2%** in 2023.

Out of the children examined in 2023, 1.7% were referred for further management in the health facilities with ear, hernia, undescended testis, eye problem etc.

* 1. **Adolescent Health**

Adolescents are young people between the ages 10 and 19 years and form about 22.9% of Ghana’s population (1,302,378). Adolescence is characterized by dynamic brain development coupled with physical changes and therefore Triple dividend of benefits” if adolescent’s health is Invested upon as a Country.

Adolescent pregnancy continues to be a challenge, as a region various interventions are ongoing to respond to this. There has not been a significant decrease in the adolescent pregnancy rate over the past three years. 2021 recorded **5.6%,** 2022 also recorded **5.6%** and **5.5%** in the year under review. Region and Districts will have to re-orient our strategies for more positive results in reducing adolescent pregnancy, significantly.

##### Table 9: Trend in Teenage Pregnancies 2020-2023

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INDICATOR** | **2020** | **2021** | **2022** | **2023** |
| Total ANC Registrants | 153,347 | 158,848 | 151,799 | 141953 |
| 10-14 YRS | 203 | 237 | 223 | 234 |
| 15 – 19 YRS | 8,815 | 8,665 | 8,225 | 7545 |
| Total (10-19 yrs) | 9,018(5.9) | 8,902(5.6) | 8,448(5.6) | 7,779(5.5%) |

A map of the number of pregnant women

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#### Figure 10:Percentage of Teenage Pregnancies 2022

**Current Interventions and strategy to provide adolescent and youth friendly services are:**

* Establishing adolescent corners in the various level of health facilities
* Mainstreaming adolescent and youth friendly services into health care system
* Establishing and manning of Senior High School sick bays
* Implementing the safety- net initiative in some selected districts.
* Strengthening multi sectoral collaboration like Ghana Education system, Social Welfare and DOVSU, Gender
* The Girls Iron Folate Tablet Supplementation (GIFTS) programme.
* Medaakye Initiative.

**Challenges identified in the period of review by the RCH Unit.**

* Inadequate data capturing tools for Child Welfare Clinic (CWC)
* Poor data quality due to inactive data validation teams in some districts.
* Unwillingness of some private and quasi institutions to provide data on services provided to Municipal Health Directorates**.**
* Inadequate logistics for day-to-day activities.
* Inadequate supervision at all levels.

**Recommendation**

* Headquarters should provide adequate Maternal and Child Health Record Books, Registers and Computers for effective data capturing.
* Region and Districts should engage in active data validation to improve on data quality.

Districts should strengthen private public sector collaboration to improve on service data capture.

* Scale up of safety net initiative to include more Districts.
* Intensify supportive supervision at all levels.
  1. **Disease Control and Surveillance**

The Disease Control Unit is responsible for the continuous study of both communicable and noncommunicable diseases through the regular submission of Integrated Disease Surveillance and Response 1 & 2 (IDSR 1 and IDSR 2) forms. It also studies the factors associated for their determination and distribution pattern of diseases in the region. The unit is responsible for advising the region on the necessary measures to be taken for the prevention, control, reduction, or eradication of those diseases so that it no longer becomes a public health problem. The Disease Control activities at the Regional level includes; Coordination, Policy Translation, Technical Support and Monitoring.

To effectively carry out its mandate, the unit runs eight (8) programmes listed below;

* Disease Surveillance (Weekly and Monthly IDSR).
* Expanded Programme on Immunization (EPI).
* Integrated Maternal and Child Health (IMCH) / National immunization Day (NID)
* Leprosy Control Programme.
* Neglected Tropical Disease (NTD) – Lymphatic Filariasis, School Deworming)
* Tuberculosis Control Programme. (TB)
* STI’/ HIV AIDS Control Programme
* Malaria Control Programme

## Objects for 2023

**Objective 1:** to reach everyone targeted for immunization to achieve and sustain 95% coverage in all infant immunizations and 85% Tetanus Diphtheria (Td) for all pregnant women.

**Objective 2:** Improve communication, advocacy and information dissemination.

**Objective 3:** Strengthening the surveillance system.

**Objective 4;** Improve programme management and integration with other health programmes.

**Objective 5:** Ensure immunization programs has sustainable access to predictable funding for vaccines and logistics (Injection supplies) and innovative technologies.

## Activities Carried Out in 2022

* Routine EPI and Surveillance activities
* Training of districts on COVID-19
* Visits to facilities still report positive COVID-19 cases.
* Investigation of rumours on any disease reported.
* Compilation and analysis of IDSR weekly and monthly reports.
  1. **Expanded Programme on Immunization**

As a policy, vaccine administrations for some antigens (Pentavalent & polio / measles & yellow fever) are to be given simultaneously. That is why such vaccines should under normal circumstances, achieve same percentage coverages. The year under review (2023) saw some modest increase in some immunization coverages, whilst there was a decline in some antigens such as TD2+ and Yellow fever coverages. It is important to note that the update of 2022 population based on the current census significantly affected district coverages.

#### Figure 11:Selected Antigens Coverage, 2021 – 2023

A map of the united states

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#### Figure12: BCG Antigen Coverage for 2022

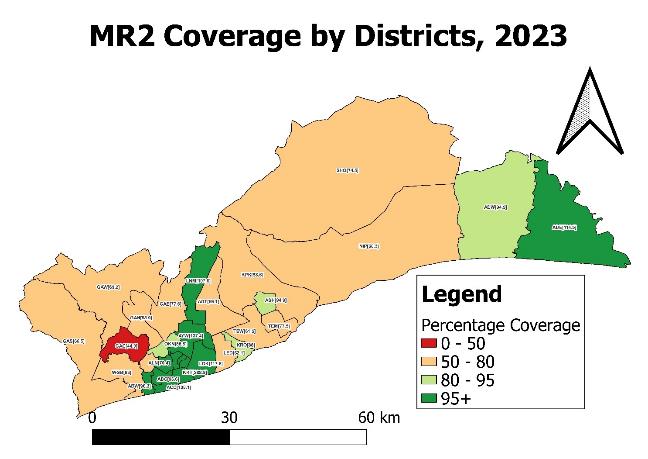
There was an increase in BCG coverage when compared to previous years. BCG coverage of 83.1% was recorded under the current year under review, which was an increase compared to the 77.2% achieved in 2022. Significant effort is required to improve and sustain the coverage in the coming year.

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#### Figure13: Penta 3 Antigen Coverage for 2022

There was an increase in PENTA3 coverage when compared to the previous year. The region attained a coverage of 96.4% as against 91.5% achieved in 2022. Despite this achievement, the region continue to implement interventions to sustain the gains.



#### Figure 14:Measles Rubella Antigen Coverage For 2022

There was an increase in Measles Rubella 2 coverage when compared to the previous year. The region attained a coverage of 82% as against 70.9% achieved in 2022. Despite this achievement, the region could not catch up with the target of 90%.

#### Figure 15:Td2+ Antigen Coverage for 20219 to 2023

There was a marginal increase in Penta 3 and BCG coverages as compared to the previous year. However, there was a decline in TD2+ coverage when compared to the year 2022. This calls for further the need to organize training for CHN’s on proper documentation and to also encourage pregnant women to visit health facilities as soon as they are pregnant.

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#### Figure 16 : TD2+ Coverage 2022

* 1. **Nutrition**

During the period under review the region had a total target population of 5687,239. Women in fertility age (WIFA) account for 1,364,937 whiles Target Population for Children Less than 1 year and Expected Pregnancy 227,490.

## Key issues for 2023

1. Low reporting on out of school GIFTS activities

* This was due to shortages of IFA. The regional team made request to Headquarters for IFA
* Nutrition officers were encouraged to continue GIFTS education in schools with emphasis on consumption of iron and vitamin C rich foods to prevent anemia in adolescents especially girls.

1. Inconsistent growth monitoring data
   * Districts that added incorrect growth monitoring data distributed per the national status were coached to check the source data. Nutrition officers were tasked to make a schedule and run the CWCs with their teams.
   * Lead persons were tasked to validate the data weekly from the source data on the field.
2. Poor quality of data on early initiation of breastfeeding
   * Staff tasked to create a column in the delivery data to capture the data.
   * Some facilities organized orientation on lactation management.
3. Low management of SAM cases due to lack of RUTF

* Some major facilities were identified where all SAM cases were referred to for care (PML, Ridge hospital, Shai Osudoku and Tema General hospital) Management of these hospital accepted to buy plumpy nuts and also prepare F75 and F100.
  + Due no CMAM commodities in the region, staff stopped active case search and the SAM reported were in their districts were referred to PML, Ridge hospital or Tem general that ere preparing Plumpty nuts and other communities.

1. Data capture flaws and inconsistencies in both source documents and DHIMS

* Staff trained on how to use validation rules to check accuracy of data.
* Regional officers give monthly feedback on data rate summary and district encourage to enter data on time.

**Objectives For 2023**

* To monitor gives data closely GIFTS programme challenges (Low out-of-school coverage, Poor in-school reporting & Poor documentation)
* To embark on mass dosing of adolescents in the community
* Nutrition staff to engage the media to sensitize the public on GIFTS to ensure increased demand of the service.
* To supervise the implementation of NFSI in 100 schools trained
* To support districts established more schools.
* To screen all staff of the RHD on anthropometric and some biochemical indicators
* To embark on a vitamin A campaign in all nurseries and preschools
* To dose all children under five (5) years in school

## Infant and Young Child Feeding

Breastfeeding is one of the most effective ways to ensure child health and survival because it provides essential, irreplaceable nutrition for a child’s growth and development. It serves as a child’s first immunization – providing protection from respiratory infections, diarrhoeal disease, and other potentially life-threatening ailments. Breastmilk contains all the nutrients required by an infant in the first six months of life. Exclusive breastfeeding for six months after birth, with early initiation, also has a protective effect against obesity and certain non-communicable diseases later in life. After six months of exclusive breastfeeding, it is recommended that caregivers gradually introduce other family foods to infants as breastmilk alone is no longer enough to meet their nutrient needs. Complementary feeding period spans from 6months to 24 months or beyond and requires that the foods introduced are timely, adequate to meet the nutritional needs, safe, and responsively fed. Complementary feeding begins at 6 months of age and continues to 24 months or beyond.

The Figure below shows three years trend of the different stages of feeding in infant and young children in the region from 2021 to 2023. There had been about 5% increase in early initiation of breastfeeding (EIBF) as the region tries to advocate and train more hospitals that do more caesarean section to support mothers to initiate breastfeeding within the first hour after birth. The rate of exclusive breastfeeding (EBF) from 2021 to 2023 there was marginal increase from about by 2 %. Timely complementary feeding (TCF) increased minimally by 4% for the year under review. During the last quarter of the year under review, nutrition officers, midwifes, community health nurses, health promotion officers, health information officers etc were trained on how to improve infant and Young thorough the Ghana Nutrition improvement program. Only 2% of the children in the region to continue to breastfeed at the age of 12 months. Clearly most of the children do not acquire the full benefits of breastfeeding as recommended.

The nutrition unit with work with the regional health directorate to put measures to ensure all the infant and young child feeding indicators are improved because any default in meeting the nutrient requirements at this period has dire consequences during childhood and later in adulthood. Delayed introduction of complementary feeding could result in wasting with frequent episodes of infections or even stunting if prolonged. These defaults in meeting nutrient needs during this critical period is known to be associated with the development of noncommunicable diseases later in life.

#### Figure 17: Infant and Young Child Feeding practices, 2021 - 2023

The table below shows the rate of early initiation of breasting in the various districts in the region. Eleven out of the 29 and 2 sub metros districts met the regional target of 90%. Tema and Ayawaso West were the only district that had a target below 80%. The unit will work with the district lead persons to coach and support staff to support mothers to breastfeed with one hour.

##### Table 10: Districts Early Initiation of Breastfeeding Rate, 2021 - 2023

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Early initiation of breastfeeding Rate** | | | | **Percentage of infants exclusively breastfeeding ( 0-3months )** | | | | **Timely initiation of complementary feeding** | | |
| **Districts** | **2021** | **2022** | **2023** | **2021** | | **2022** | **2023** | **2021** | | **2022** | **2023** |
| Ablekuma (Accra Metro) | 67.6 | 73.9 | 91.2 | 89.9 | | 87.5 | 83.7 | 77.8 | | 79.9 | 78.8 |
| Ablekuma Central | 85.4 | 79.1 | 87.2 | 95.8 | | 98.7 | 99.6 | 84.8 | | 88.7 | 96.6 |
| Ablekuma North | 99.9 | 87.6 | 86 | 87.7 | | 90.3 | 92.4 | 86.1 | | 84 | 81.5 |
| Ablekuma West | 98.3 | 97.3 | 99.9 | 70.7 | | 84.1 | 88.4 | 66.1 | | 84.2 | 85.7 |
| Accra Metro | 74.1 | 79.9 | 93.3 | 79.9 | | 67.1 | 70.1 | 77.5 | | 71.8 | 72.5 |
| Ada East | 71.4 | 76.1 | 96.8 | 75.6 | | 73.8 | 71.4 | 56.3 | | 62.1 | 60 |
| Ada West | 99 | 101.8 | 99.4 | 89.6 | | 89.9 | 89.3 | 71.8 | | 81 | 83.5 |
| Adentan | 93.6 | 91.8 | 91 | 61.2 | | 78.2 | 79.3 | 51.5 | | 56.5 | 52.2 |
| Ashaiman | 96.9 | 99.3 | 98.6 | 92 | | 93.3 | 96.3 | 76.7 | | 78.5 | 75.4 |
| Ashiedu Keteke | 98.8 | 111.3 | 99.8 | 68.6 | | 42.2 | 50.8 | 90 | | 80.4 | 80.2 |
| Ayawaso Central | 73 | 100 | 98.2 | 87.6 | | 82.9 | 80.9 | 42.6 | | 44.8 | 47.4 |
| Ayawaso East | 70.5 | 92.4 | 98.2 | 86.5 | | 88.7 | 90.4 | 52.2 | | 67.6 | 71.3 |
| Ayawaso North | 79.2 | 90.4 | 95.6 | 95.9 | | 93.3 | 94.1 | 65.4 | | 71.3 | 89.1 |
| Ayawaso West | 57.3 | 62.2 | 67.1 | 89.1 | | 84.2 | 82.3 | 55.3 | | 63.4 | 64.9 |
| Ga Central | 93.2 | 100 | 99.4 | 70.5 | | 68.1 | 74.1 | 51.9 | | 55.6 | 63.4 |
| Ga East | 82.8 | 88.9 | 88.8 | 85.7 | | 91.3 | 90.1 | 49 | | 60.1 | 54.2 |
| Ga North | 93 | 93.3 | 96.5 | 75.3 | | 80.4 | 85.7 | 63.6 | | 78.2 | 83.3 |
| Ga South | 97.7 | 97.5 | 97.2 | 85.7 | | 86.6 | 85.4 | 71 | | 67.2 | 79.4 |
| Ga West | 79.5 | 90.8 | 95.3 | 85.4 | | 87.2 | 85 | 69.4 | | 76.1 | 78.4 |
| Korle-Klottey | 94.8 | 99.7 | 99.7 | 75.7 | | 87.6 | 91.4 | 65.6 | | 78.8 | 87.9 |
| Kpone-Katamanso | 90.6 | 95 | 90.7 | 88.7 | | 90.5 | 91.5 | 60.7 | | 70.2 | 77.6 |
| Krowor | 94.9 | 99 | 100.3 | 91.3 | | 92.9 | 88.9 | 63.6 | | 88.3 | 84.8 |
| La-Dade-Kotopon | 94.5 | 98.5 | 95.9 | 93.4 | | 91.9 | 96.4 | 82.7 | | 90.6 | 97.4 |
| La-Nkwantanang-Madina | 73.8 | 84.5 | 98.5 | 82.6 | | 80.9 | 82.8 | 54.6 | | 61.8 | 68.4 |
| Ledzokuku | 86.5 | 84.2 | 87.3 | 87.4 | | 89.5 | 89.2 | 77.7 | | 80.5 | 81.8 |
| Ningo Prampram | 95.2 | 94.3 | 97.6 | 87.7 | | 88.3 | 90.4 | 76.1 | | 83.3 | 82.7 |
| Okai Koi North | 83.6 | 75.8 | 86.5 | 90.1 | | 89.9 | 90.4 | 65.5 | | 72.9 | 85.5 |
| Okai Koi South | 87.1 | 91.6 | 99 | 87.8 | | 84.3 | 83.2 | 64.8 | | 56.3 | 59.3 |
| Shai-Osudoku | 68.8 | 80.4 | 95.9 | 86.8 | | 84.2 | 84.8 | 46.6 | | 57.8 | 72.2 |
| Tema | 69.9 | 76 | 78.2 | 84.1 | | 89.2 | 88.2 | 59.3 | | 77.9 | 75.2 |
| Tema West | 85.3 | 87.9 | 91.7 | 91.5 | | 86.3 | 88.1 | 84.3 | | 83.8 | 75.5 |
| Weija-Gbawe | 79.2 | 95.9 | 102.2 | 74.8 | | 78.3 | 89.7 | 60.3 | | 60.7 | 78.4 |

## Routine Vitamin ‘A’ Supplementation

Vitamin A supplementation is one of the most cost effective high-priority public health treatment in the world. Vitamin A is essential for the functioning of the immune system and the healthy growth and development of children. Immunization contacts offer unrivalled opportunity for delivering vitamin A to children who suffer from the deficiency. A deficiency of this vitamin compromises the immune system which in turn increases the risk of diseases such as malaria measles and diarrhoea in children.

There has been an improvement in coverage of vitamin A under the year of review, especial among children 6 – 11 months as shown in Figure 2 below. Coverage among children 12 – 59 months continue to be a challenge as most children within the age group rarely visit the child welfare clinic.

#### Figure 18: Routine vitamin A coverage among children 6 - 59 months

A regional target of 90% was set for vitamin A coverage of children 6 – 11 months and 60% for children 12 – 59 months. Table 4 shows very high vitamin A coverage among children 6 – 11 months with some districts covering more than their population. Most of the districts performed poorly under 40% coverage among children 12 – 59 months.

## Growth Monitoring

Growth monitoring refers to the process of systematically tracking and recording individuals' growth patterns, usually measured by weight, height, or other anthropometric factors, over a period. This is most done in children under five years old due to the crucial role that healthy growth plays in their development.

**Underweight**

Monitoring of the growth of children under 5 years of age is done routinely at the child welfare clinics (CWC). Growth is the single most important indicator that reflects the health and nutritional wellbeing of an individual. The routine monthly growth monitoring is therefore intended to ensure that children who waver in growth are detected early for appropriate action to be taken. During the year under review there were several orientations to support staff offering effective nutrition counselling and detect children that are not growing well and intervene. As shown in Figure below, the prevalence of underweight among children under five years of age has been very low, i.e., less than 2 %, over the past three years.

#### Figure 19: Prevalence of underweight at registration, 2021 - 2023

**Stunting**

It is important to check for stunting in children to prevent later consequences such as poor cognition and educational performance, low adult wages, lost productivity amongst others. The number of children measured for stunting has marginally increased in all the districts. This is because sensitization on the importance for checking the indicator was given to CHNs at all levels. Districts lack the required infantomers and tables to conduct length and heigh measurement also procured tables on which infant meters can be placed to check for length. The unit will continue to advocate for adequate logistics to ensure more children are assessed.

#### Figure 20: Percentage of Stunting, 4th Quarter 2021 - 2023

**Community Management of Acute Malnutrition (CMAM)**

The figurebelow shows the cure, death, and defaulter rates of CMAM cases. The trend in cure rates has seen a drastic reduction during the period under review compared to the same period last year. It reduced from 83% in 2021 to 50% in 2023. The regional death and defaulter rate have reduced. This could be due to the fact the region did not have CMAM communities and the few cases that reported to the facilities relied on PML, Ridge and Tema general hospital for some locally prepared food to recover.

#### Figure 21: Regional CMAM Cure, Defaulter and Death Rates, 2021 - 2023

The region is also focusing on counselling on food diversity and fortification through the building of staff capacity on IYCF to improve complementary foods and prevent severe acute malnutrition.

## Anaemia Control

Anaemia in pregnancy is defined as haemoglobin concentration less than 11.0 g/dl. Globally, anaemia affects half a billion women of reproductive age. Anaemia impairs the capacity of blood to transport oxygen around the body and is an indicator of poor nutrition and health. Anaemia in pregnancy is a major public health issue throughout the world, particularly in the developing countries where it is an important contributor to maternal morbidity and mortality. It is also associated with increased risk of miscarriage, prematurity, stillbirth, low birth weight and consequently perinatal mortality. The **Figure** below indicates that from 2021 to 2023, there had been very slight increase in anaemic at registration and at 36 weeks of pregnancy.

#### Figure 22: Trend of prevalence of anaemia in pregnancy, 2021 - 2023

Shown in red colour in Table below are districts that have a prevalence of 40% and above at registration. The regional target for anaemia prevalence among pregnant women at 36 weeks was 35% , all districts that had anaemia at 36 weeks below 35% except 6 that has above 40 %. As causes of anaemia is multifacetted, thee unit will continue to collaborate with all other units in the region and at the facility level to improve services to the mother and reduce anaemia.

##### Table 11: Prevalence of anaemia in pregnancy at the district level

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Percentage of pregnant women anaemic at registration** | | | **Percentage anaemic at 36 weeks** | | |
| District | 2021 | 2022 | 2023 | 2021 | 2022 | 2023 |
| Ablekuma (Accra Metro) | 53.5 | 31.7 | 37.9 | 49.4 | 13.2 | 43 |
| Ablekuma Central | 22.6 | 20.8 | 29.5 | 24.3 | 21.8 | 26.7 |
| Ablekuma North | 21.8 | 23.6 | 42.1 | 14.4 | 12.9 | 21.9 |
| Ablekuma West | 31.7 | 30.6 | 25.9 | 33.3 | 24.5 | 12.2 |
| Accra Metro | 47.4 | 37 | 40.9 | 42.5 | 19.6 | 40.2 |
| Ada East | 40.3 | 38.9 | 43.6 | 37.5 | 45.1 | 46.4 |
| Ada West | 47.5 | 52.5 | 48.4 | 36.7 | 42.7 | 33 |
| Adentan | 44.3 | 41.8 | 42.2 | 45.2 | 38.5 | 35.8 |
| Ashaiman | 18.6 | 18 | 17.4 | 9.6 | 9.8 | 6.3 |
| Ashiedu Keteke | 59.7 | 58.1 | 49.9 | 51 | 50.5 | 48.7 |
| Ayawaso Central | 39.3 | 39.8 | 38.4 | 27.7 | 21.6 | 20.5 |
| Ayawaso East | 18.1 | 17 | 15 | 5.9 | 5 | 5.4 |
| Ayawaso North | 39.2 | 40.1 | 42.6 | 21.4 | 28.7 | 43.1 |
| Ayawaso West | 29.2 | 29.4 | 23.1 | 18 | 24.9 | 16 |
| Ga Central | 27.7 | 33 | 30.7 | 19.1 | 15.6 | 14.7 |
| Ga East | 24.5 | 23.5 | 23.8 | 14.8 | 18.5 | 18.1 |
| Ga North | 29 | 32.5 | 28.8 | 17.6 | 9.4 | 2 |
| Ga South | 32.5 | 36.1 | 39 | 20.7 | 25.9 | 27.1 |
| Ga West | 41.6 | 45 | 49.2 | 23.5 | 27.7 | 31.2 |
| Greater Accra | 36.3 | 35.4 | 36 | 25.5 | 23.3 | 23.5 |
| Korle-Klottey | 33.8 | 30.1 | 32 | 29.4 | 21.7 | 15.7 |
| Kpone-Katamanso | 40.9 | 42.8 | 38.7 | 41.9 | 39.3 | 27.2 |
| Krowor | 27.8 | 26.9 | 28.5 | 17.7 | 27.3 | 16.5 |
| La-Dade-Kotopon | 31.4 | 38.9 | 34.8 | 2.1 | 2.6 | 5.3 |
| La-Nkwantanang-Madina | 38.3 | 50.3 | 44.4 | 32.7 | 30.8 | 31.1 |
| Ledzokuku | 35.7 | 37.8 | 34.3 | 24.3 | 26.3 | 31.6 |
| Ningo Prampram | 54.6 | 56.9 | 50.4 | 44.1 | 51.6 | 44.1 |
| Okai Koi North | 42.3 | 40.5 | 41.9 | 45.1 | 34.3 | 26 |
| Okai Koi South | 23.7 | 32 | 41.2 | 24.3 | 21.5 | 28.3 |
| Shai-Osudoku | 35.7 | 41.4 | 37.8 | 41.1 | 32 | 26.8 |
| Tema | 44 | 30.2 | 30.8 | 28.8 | 35.4 | 28.6 |
| Tema West | 33.3 | 35.8 | 37.3 | 18.7 | 21.5 | 20 |
| Weija-Gbawe | 36.7 | 32.2 | 40.5 | 22.7 | 23 | 23.6 |

## Girls’ Iron-Folate Tablet Supplementation (GIFTS)

The Girls’ Iron-Folate Tablet Supplementation (GIFTS) Programme is a public health intervention designed to provide adolescent girls with weekly iron and folic acid tablets free of charge to help prevent anaemia.

Anaemia has been a public health problem in Ghana for several years. It is common among children, adolescent girls and women of childbearing age. Four out of ten women and seven out of ten children below five (5) years are currently affected. Among women, those within the adolescent group are most affected with almost 5 out of 10 adolescents aged 15 to 19 years (48 per cent) being anaemic..

Iron and Folic Acid (IFA) supplementation has been shown to be a cost-effective intervention for addressing anaemia. In Ghana, IFA supplementation has focused on pregnant women. Starting IFA supplementation for adolescent girls and continuing into adulthood improves girls’ iron status and reduces their susceptibility to anaemia. It is recommended by the World Health Organisation (WHO). The GIFTS programme aims to provide once-weekly Iron and Folic Acid in a combined tablet to In-school and Out-of-School adolescent girls on a fixed day.

During the year under review there were shortages and that account for the significant drop in the services provided to the adolescent girls.

##### Table 12: Girl Iron and Folate Tablet Supplementation for out of schoolgirls in 2021-2023

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Number of girls registered this month (New)** | | | **Number of girls in the register (Old + New)** | | | **Number of girls given IFA this month** | | |
| **District** | **2021** | **2022** | **2023** | **2021** | **2022** | **2023** | **2021** | **2022** | **2023** |
| Ablekuma (Accra Metro) | 322 | 683 | 327 | 1183 | 4579 | 1799 | 590 | 1510 | 627 |
| Ablekuma Central | 312 | 1717 | 1169 | 2074 | 4776 | 3096 | 860 | 4001 | 2828 |
| Ablekuma North | 139 | 146 |  | 291 | 500 |  | 336 | 285 |  |
| Ablekuma West | 581 | 3878 | 1404 | 2490 | 9444 | 5463 | 1060 | 4300 | 1940 |
| Accra Metro | 2190 | 1386 | 438 | 6992 | 10373 | 3375 | 5422 | 2599 | 753 |
| Ada East | 906 | 469 | 533 | 3984 | 4367 | 2415 | 1713 | 1481 | 1207 |
| Ada West | 133 | 385 | 46 | 963 | 1458 | 530 | 447 | 1052 | 74 |
| Adentan | 778 | 1298 | 862 | 13604 | 15863 | 11908 | 2007 | 1999 | 1377 |
| Ashaiman | 6551 | 1841 | 287 | 22182 | 4842 | 939 | 11923 | 3456 | 630 |
| Ashiedu Keteke | 1577 | 602 | 77 | 5228 | 5451 | 1498 | 4274 | 790 | 77 |
| Ayawaso Central | 134 | 313 | 663 | 4721 | 5113 | 8544 | 1238 | 723 | 1443 |
| Ayawaso East | 197 | 608 | 164 | 2733 | 3996 | 99 | 417 | 839 | 178 |
| Ayawaso North | 432 | 245 | 137 | 5016 | 2760 | 364 | 1169 | 667 | 255 |
| Ayawaso West | 191 | 670 | 369 | 4183 | 4902 | 2001 | 4397 | 3443 | 936 |
| Ga Central | 823 | 1834 | 1273 | 5448 | 8644 | 8637 | 3343 | 3362 | 2594 |
| Ga East | 582 | 6286 | 499 | 16881 | 11702 | 179360 | 1111 | 7291 | 1349 |
| Ga North | 1958 | 616 | 1160 | 19078 | 7662 | 5285 | 3637 | 1048 | 1664 |
| Ga South | 2005 | 7275 | 1902 | 17686 | 104199 | 80860 | 4962 | 56646 | 6553 |
| Ga West | 793 | 1088 | 1269 | 9373 | 11435 | 11200 | 1785 | 1970 | 2232 |
| Greater Accra | 41816 | 48420 | 19312 | 3E+05 | 373479 | 389693 | 90708 | 142977 | 37980 |
| Korle-Klottey | 102 | 24 | 35 | 1873 | 654 | 120 | 125 | 92 | 38 |
| Kpone-Katamanso | 589 | 1393 | 79 | 6291 | 4972 | 224 | 1006 | 2223 | 141 |
| Krowor | 566 | 2036 | 795 | 5825 | 15362 | 5896 | 1307 | 3813 | 1358 |
| La-Dade-Kotopon | 8687 | 1000 | 218 | 13250 | 8755 | 3591 | 8032 | 8265 | 1159 |
| La-Nkwantanang-Madina | 2357 | 2718 | 2525 | 23058 | 33859 | 17698 | 13782 | 5209 | 3081 |
| Ledzokuku | 1725 | 508 | 581 | 18106 | 5707 | 2186 | 2018 | 991 | 744 |
| Ningo Prampram | 94 | 247 | 213 | 2698 | 2914 | 1016 | 611 | 5255 | 258 |
| Okai Koi North | 933 | 1664 | 1109 | 15423 | 4459 | 5343 | 1995 | 3254 | 1693 |
| Okai Koi South | 291 | 101 | 34 | 581 | 343 | 78 | 558 | 299 | 49 |
| Shai-Osudoku | 529 | 536 | 585 | 11597 | 16938 | 15305 | 3223 | 4004 | 1279 |
| Tema | 7095 | 2263 | 319 | 58589 | 41765 | 10981 | 11227 | 6913 | 614 |
| Tema West | 132 | 349 | 653 | 724 | 1943 | 2966 | 389 | 613 | 1602 |
| Weija-Gbawe | 302 | 5627 | 25 | 1629 | 24115 | 291 | 1166 | 7183 |  |

**Strategies for Improving Service Delivery**

* Mentoring and coaching visits on nutrition activities throughout the region
* Organized orientation for nutrition officers any new nutrition program or project
* Ensure effective validation and feedback on performance and dhims data
* Sharing relevant technical information with nutrition staff swiftly.
* Tasked nutrition staff to go to the field to support with the work and also coach other staff
* Advocate for CMAM commodities
* Advocate for nutrition logistics ( weighing schales, infantometrs ,MUAC tapes etc

**Innovations**

* Involving district nutrition staff in committees to brain strong on how to implement some activities
* Ensuring that all funds received for nutrition a strategy is made to make maximum use of the funds eg training more staff.

**Challenges**

* Lack of nutrition logistics , weighing scales, infantometers ,MUAC tapre etc
* Inadequate support for effective monitoring and supervision and mentoring and coaching.
* In adequate CMAM commodities / inconsistence supply of CMAM commodities and no food aid for MAM cases.
* Challenges in getting some private facilities and other stakeholders to conform to breastfeeding

standards.

* Data validation challenges at the district levels
* Inability of some caregivers to afford adequate diet for effective complementary feeding
* Some baby friendly designated facilities not practicing baby friendly initiative
* Influx of some commercial milk producing company in some facilities influencing the usage of formula instead of initiation of breastfeeding
* Late ANC registrants making intervention in anemia in pregnancy a challenge

**Recommendations**

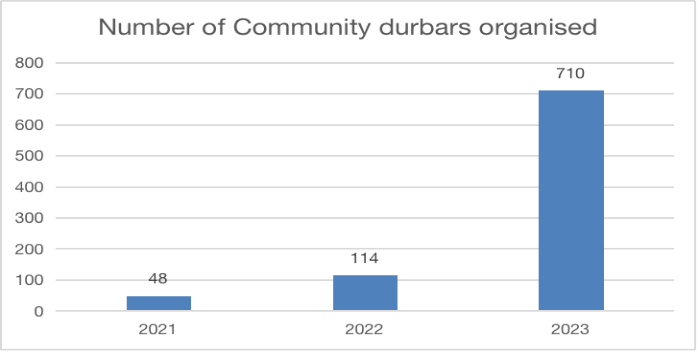
* Advocate for CMAM commodities and training of new staff on CMAM .
* Refresher training/ orientation for staff in delivery facilities on Lactation Management
* Implementing the 10 Steps to Successful Breastfeeding
* Establishing virtual mother support groups for all delivery facilities
* Every district to establish baby friendly work environments in **5** facilities both (public and private)
* Establish BFHI committees in all delivery facilities
* Facility Self-Assessment teams
* Support every woman who delivers in the facility to breastfeed
* Improved nutrition counselling generally
* Provision of visual Aids and handy measures to all CWC points
* Food Demonstrations
* Media engagement and sensitization sessions to create awareness on nutrition services
* Continuous orientation of staff to improve effective usage of MCHRB and improve continuum of care
* Embarking on sensitization to implement the GIFTS program in the communities and media to increase utilisation of GIFTS
* Intensive mentoring and supervision oof all
* Increase support to post-partum mothers in the ward to promote early initiation and exclusive breastfeeding.
* Intensify IYCF protocols to manage MAM cases and reduce severe acute malnutrition among children under 5 years. Coach staff to counsel mothers of food variety /minimum diversity
* Training and roll out of Nutrition friendly schools initiative.
* Continue to engage the community on Start Right Feed Right activities.
* Task district to form baby friendly corners in companies /institutions.
  1. **MENTAL HEALTH UNIT**

## Provision of Outreach Services; Specialist & Routine

Specialist & Routine Outreach services were conducted in various districts of the region to bring mental health care services directly to clients. These services aimed to bridge the gap between mental health professionals and individuals in need, ensuring that care is accessible and available.

## Community Durbar

Community durbars were organized in different districts of the Greater Accra Region to raise awareness about mental health and combat stigma associated with mental illness. These events provided a platform for community members to engage in open discussions about mental health topics. However, insufficient funding hindered the impact of these durbars.



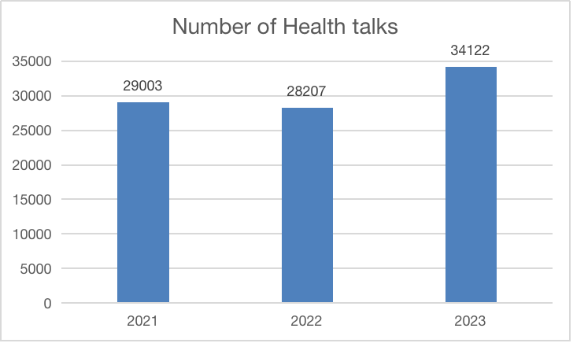
#### Figure 23: Community Durbars organized from 2021 to 2023

## School Mental Health Programs

School mental health programs were implemented across all districts of the region to educate students about mental health issues, with a particular emphasis on substance abuse prevention. These programs aimed to equip students with knowledge and skills to maintain good mental health and make informed decisions regarding their well-being.

## Health Talks

Health education activities were conducted in all districts of the Greater Accra Region to create awareness about mental illness and promote mental health. These talks provided information on recognizing signs of mental health problems, seeking help, and promoting overall well-being.

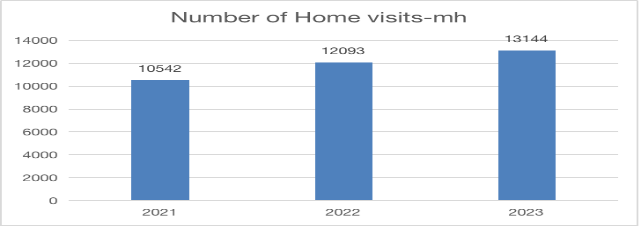


#### 

#### Figure 24: Chart depicting Health talks organized from 2021 to 2023

## Home Visits

Mental health professionals conducted home visits to clients, providing personalized mental health services. These visits involved assessments, education, and advocacy for individuals living with mental disorders. During the review period, home visits were undertaken aimed at ensuring that individuals receive the necessary care and support in their own environments.



#### Figure 25: Home Visits, 2021 - 2023

## Visit to Traditional Herbal and Faith Based Center

Community mental health workers engaged with traditional herbal and faith-based centres to strengthen collaboration and enhance the integration of mental health services. These visits aimed to promote understanding, cooperation, and the prevention of human rights abuses against individuals living with mental illness.

The table below shows a breakdown of community mental health activities carried out during the period under review.

##### Table 13: Community Based Activities, 2020 - 2023

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMMUNITY BASED ACTIVITIES** | **2020** | **2021** | **2022** | **2023** |
| Community Durbars | 47 | 51 | 114 | 710 |
| School Health conducted | 1432 | 2188 | 11087 | 1680 |
| Home Visits | 9035 | 10542 | 12076 | 13144 |
| Health Talks | 24505 | 28643 | 28197 | 34122 |
| Outreach Clinics (Routine) | 1333 | 2180 | 2590 | 3649 |
| Outreach Clinics (Specialist) | 28 | 122 | 78 | 693 |
| Service users’ fora | 76 | 74 | 167 | 141 |
| Traditional / Herbal & Faith based centers Visited | 64 | 27 | 370 | 269 |

## Virtual Regional Level Training of Mental Health Workers On Mental Health And Psychosocial Support Skills (PSS)

Mental health and psychosocial support play a crucial role in ensuring the well-being of individuals facing psychological distress or traumatic experiences. To enhance the capacity of mental health workers, regional level training programs was developed, with recent advancements in technology enabling the delivery of virtual training sessions. This training for mental health workers on Mental Health and Psychosocial Support Skills (MHPSS) was aimed at equipping mental health worker with skills to enable themprovide care during disaster, outbreaks and any other situation.

The training run for four(4) days (one day in each week) started from Friday 17th March to Wednesday 5th April 2023. In all, a total of 95 people were trained

## World Mental Health Day

On the 10th of October, the region joined the global community in commemorating World Mental Health Day, centered around the theme that mental health is a ***‘Universal Human Right’***. Throughout the entire region, a multitude of impactful awareness campaigns were organized to shed light on the theme. These initiatives aimed to educate and engage individuals from all walks of life, fostering a greater understanding and empathy towards mental health issues. By actively participating in these campaigns, the region actively promoted mental well-being and ensuring that every individual is granted the right to access quality mental health care.



*Radio Programs*



*Mental health Screening of the general public*



*Stakeholder engagements*

**Challenges**

The Greater Accra Region’s mental health unit faced several challenges during the review period, including:

1. Inadequate funds for planned activities:

Insufficient funding hindered the implementation and effectiveness of various mental health programs and initiatives.

1. Poor data management:

Challenges in data management affected the ability to accurately assess the impact of mental health interventions and plan future activities effectively.

1. Exodus of mental health nurses to Europe:

The region experienced a significant loss of mental health nurses who migrated to Europe for better employment opportunities, leading to a shortage of qualified professionals.

1. Lack of transportation for community-based activities in most districts:

Limited transportation resources posed challenges in reaching remote areas and providing mental health services to underserved communities.

1. Lack of transportation for supervision and monitoring:

Difficulties in transportation affected the supervision and monitoring of mental health programs, hindering quality assurance and performance evaluation.

* 1. **HIV/AIDs**

There are fishing communities dotted along the entire southern boundary of the region where it meets the Atlantic Ocean. There are also pockets of slum communities in the urban areas. Being a huge center for trade and commerce, the regional capital, Accra, sees a steady influx of people daily. All these features have a substantial impact on public health in general and on the incidence of Sexually Transmitted Infections including HIV/AIDS. The most current (2022) ANC prevalence of HIV in Greater Accra is 2.6%. This is a reduction over the 2021 prevalence rate of 3.5%. The national ANC prevalence rate of 2.0% has remained at 2% for three consecutive years (Ref 2021 HSS).

## Access to STI/HIV Services

Ensuring Universal access to STI and HIV Services is key to achieving Universal Health Coverage (UHC). Most Government owned, Quasi Government, CHAG, and some private facilities in the Greater Accra Region at all levels of care, offer various HIV services, the minimum being HIV testing and counseling. There are currently 103 ART sites, 493 HTC and 626 PMTCT sites in the Region. The number of service sites have increased over the years as detailed in the table below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicators** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| No of HTC Centers | 250 | 281 | 442 | 478 | 493 | 493 |
| No of PMTCT Centers | 330 | 517 | 546 | 590 | 626 | 627 |
| No of ART Centers | 79 | 81 | 83 | 91 | 93 | 103 |

##### Table 14:Sites Providing HIV Services, 2018 - 2023

In line with Differentiated Testing, provider-initiated testing and counseling is offered at various service delivery points within health facilities and on an outreach basis. Trained health workers reach out to patients accessing care at the health facility and in communities, workplaces, and worship places amongst others.

## Progress towards the 95-95-95 Targets

The UNAIDS 95-95-95 targets are guideposts for progress at all levels of care. There are still cracks along the 95-95-95 continuum in the Region which need to be filled. This year the region achieved 90-90-90 of the 95-95-95 targets. Test kit shortages especially toward the end of the year 2023 slowed progress towards achievement of the 1st 95%. VL testing improved significantly during the 4th Quarter 2022 and this welcome development largely accounts for the progress made in the Region. There were hardly any shortages in ART medicines during the year. It is expected that this trend will continue to improve the region’s pace towards the 3rd 95%.

## Activities Carried Out During the Year 2023

In pursuance of the set goals and targets, the GARHD carried out both planned and ad hoc activities across the Region. Some of these activities were carried out in partnership with implementing partners such as EQUI, HFFG and CHAG. The region carried out various activities which included the following:

## Training and Capacity building

Staff Capacity building this year has taken various forms; Coaching, on-the-job training, and the classroom (workshop) type of training.

* Workshop on Updated DSD and Consolidated Guidelines for 290 health care providers
* Region wide backlog of ART data into e-tracker
* TB/HIV diagnostic Network Optimization workshop at Prampram
* Know Your Viral Load Campaign across all ART facilities
* Refresher training on current HIV Guidelines and reporting tools for selected facilities in Ga South Health Directorate and Kokrobitey Health Centre.

## Monitoring and Onsite Supervision

Various forms of monitoring and supervision were carried out in the year 2021. Some of the challenges that were identified were addressed on site with support from management. Some of the key findings from the monitoring exercises include.

* Two rounds of monitoring and supervisory visits to all districts using a structured monitoring tool
* Onsite Data Quality audit and correction of inconsistencies identified.
* Visit to districts and selected facilities to redistribute HIV Commodities to improve access and minimize expiries.
* Routine monitoring and support visits to ART and PMTCT sites using a standard checklist.
* Monitoring and support visits to 16 selected facilities to assess DSD implementation (done in partnership with the NACP)
* Monitoring and supervision of HSS sites during 2023 HSS sample collection period
* HIV data quality audit and validation at selected ART and PMTCT sites in the Region
* Monitoring visits to specific facilities to troubleshoot and address minor technical issues identified.

## HIV Testing Services (HTS)

The on-going approach to produce high yield HIV positivity is Differentiated HIV Testing and Counselling Services (dHTS). It is an offer initiated by health care provider at all entry points in facilities such as Emergency, OPD, CWC, ANC. This strategy is crucial to meeting the first 95% target of persons living with HIV knowing their status. Since testing is the initial tool in the HIV cascade, it is necessary to ensure that effective and essential steps are taken to achieve set targets.

Presently, facilities use dual HIV/Syphilis first response test kit for pregnant population and single HIV test kit for the general population whiles diagnosing patients using three step algorithms.

##### Table 15: Table of Annual HTC Services by Sex, GAR 2018-2023

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **Sex (M/F)** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| **# Tested** | M | 44,177 | 57,006 | 42,775 | 54,591 | 55,970 | 62,739 |
| F | 58,786 | 84,010 | 71,660 | 90,091 | 89,285 | 92,194 |
| **Total # Tested** | M&F | 102,963 | 141,016 | 114,435 | 144,682 | 145,255 | 154,933 |
| **# Positive** | M | 3,458 | 4,644 | 3,434 | 3,266 | 3,530 | 3,060 |
| F | 5,713 | 7,617 | 5,825 | 5,656 | 5,533 | 5,126 |
| **Total # Positives** | M&F | 9,171 | 12,261 | 9,259 | **8,922** | 9,063 | **9,567** |
| **Yield** |  | **9.5%** | **9.1%** | **7.3%** | **6.2%** | **6.2%** | **5.3%** |

This year 154,933 non-pregnant persons were tested for HIV. 59.5% (92,194) of these were non-pregnant women. Men constituted 40.5%.

## Treatment, Care and Support (ART initiation, Retention in Care, Lost to Follow-up).

The Greater Accra Region is implementing the “Test and Treat all” policy which recommends that barring any medical reasons otherwise, all persons who test HIV positive are eligible for antiretroviral therapy. This year 8,186 non pregnant people tested positive to HIV for the first time of which 8,044 were linked to care to start ART.

## Elimination of Mother-to-Child transmission of HIV (EMTCT)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicators** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Total Positives (Actual) | 9,171 | 12,261 | 6713 | 8,928 | 7873 | 8,186 |
| Linked to Care |  |  | 6147 | 8040 | 7719 | 8,044 |
| Newly on ART | 4976 | 7166 | 5,091 | 5862 | 5600 | 6,285 |
| No clients who died | 396 | 390 | 216 | 248 | 209 | 363 |
| No Lost to follow-up (LTFU) | 90 | 6549 | 14,802 | 10,998 |  | 18,645 |
| No on 2nd Line | 531 | 3074 | 1,614 | 3200 | 2720 | 1,584 |
| No of clients with TB on ART | 199 | 523 | 209 | 213 | 261 | 1,564 |
| New clients on Cotrimoxazole | 4149 | 4788 | 2,708 | 2767 | 2297 | 2,621 |
| No of Clients on TPT | - | - | 66 | 3198 | 4400 | 1,588 |

##### Table 16: Trend Analysis (All Clients: Adults and Children) 2018-2023

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#### Figure 26: Prevention Of Mother To Child Transmission Of HIV

Mother to Child transmission (MTCT) occurs during pregnancy, labour, delivery, and breastfeeding. Many children aged 0-14 years with HIV infection were a result of MTCT evidence shows. Targeting elimination of mother to child transmission of HIV is an appropriate step to ensuring that the next generation does not suffer from this pandemic.RMNCAH services involves 3 levels of healthcare namely primary, secondary, and tertiary where EMTCT and Early infant diagnosis are firmly integrated. The various categories of healthcare, which include hospitals, polyclinics, health centers and CHPS compound have trained healthcare providers supporting PMTCT services in the region. All pregnant women receive PMTCT services at the Antenatal clinics coupled with their partners and children. With full consent of the pregnant women, provider-initiated testing is offered with confirmed positive women linked to care and lifelong ART initiated in accordance with WHO treat all policy. HIV exposed infants are initiated on ARV prophylaxis per the national guidelines.

Interventions for women with unknown status reporting in labour involves offering HIV testing when feasible and diagnosed women are initiated on ARV at the labour wards whiles the exposed infants also receive ARV prophylaxis and early infant diagnosis is also conducted. 2023 saw 91.6% of ANC registrants testing for HIV of which 1,238 (0.95%) tested positive at initial testing. 92.5% of HIV positive ANC clients were put on ART. The remaining 7.5% who were not put on treatment were those who were either already on treatment before the current pregnancy and those who declined treatment for various reasons including denial. Some women who seek care from non-ART facilities especially in the private or remotely located facilities are not linked to care.

##### Table 17: Five years trend in EMTCT Indicators, Annual 2018-2023

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicators** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| # of ANC Registrants | 157,426 | 154,096 | 153,108 | 158,783 | 151,608 | 141,630 |
| # Tested for HIV & Received post-test Counselling (**%)** | 147535 **(93.7%)** | 146,305  **(94.9%)** | 139,735 **(91.3%)** | 151,554 **(95.3%)** | 146314  (96.5%) | 129,686  (91.6%) |
| # HIV Positive at initial testing | 2643 | 3,080 | 2,378 | 1,713 | 1288 | 1238 |
| # Positive after retesting at 34wks |  |  |  | 202 | 241 | 258 |
| **Total # Positive / New HIV Positives** | 2643 | 3,080 | 2,378 | **1,915 (1.26)** | **1529** | **1,496** |
| # HIV Positive women Given ARVs at ANC | 2573 | 2714 | 1,762 | 1,668 | 1207 | 1,145 |
| % HIV Positive women Given ARVs at ANC | 97.3% | 88.1% | 74.10% | 87.1% | 79% | 76.5% |
| # of ANC Registrants Tested for Syphilis | 112,869 | 119,462 | 132,920 | 150,509 | 146,864 | 136,530 |
| % Tested for syphilis | 71.70% | 77.5% | 86.8% | 94.8% | 96.9% | 96.4% |
| # of ANC Registrants Positive for Syphilis (amongst those tested) | 2,369 | 2167 | 2,305 | 2,089 | 1985 | 1,550 |
| % Syphilis positive | 2.1% | 1.8% | 1.7% | 1.4% | 1.4% | 1.1% |
| Number treated for Syphilis | 2109 | 3232 | 2,854 | 2,814 | 2337 | 2,032 |
| % positive treated for syphilis | 89.0% | 149.1% | 123.8% | 134.7% | 118% | 131.1% |

## Early Infant Diagnosis

The Consolidated guidelines for HIV care in Ghana recommend that every HIV exposed infant goes through an initial DNA PCR test within the first six weeks of life. HIV positive infants identified are to start on antiretroviral treatment as early as possible increase their chances of survival. HIV Exposed infants who test negative are monitored keenly and discharged only when they have a negative antibody test at 18 months having completely ceased breastfeeding at least 6 weeks prior to testing.



This year DNA PCR testing has been on-going earnestly at the Central lab in Korle-bu. This has helped improve early infant diagnosis. Most of the exposed children yet to be tested have been done.

Out of the 2,502 infants born to HIV positive mothers, in the region this year only 2,270 (90.7%) had access to DNA PCR testing for early infant diagnosis.

##### Table 18: Trend in Early Infant Diagnosis (EID)-2018-2023

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Indicators | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| # of HIV exposed infants identified | 1223 |  | 1830 | 2476 | 2306 | 2502 |
| #of HIV exposed infants 0-6 weeks identified |  |  |  |  | 1183 | 1299 |
| # tested for HIV using DNA PCR @ 6 weeks |  |  | 694 | 804 | 655 | 834 |
| # tested > 6 weeks to 18 months | 1105 | 1536 | 1215 | 1,346 | 1329 | 1436 |
| Total tested | 1105 | 1536 | 1909 | 2,150 | 1984 | 2270 |
| # Positive (%) | 50 (4.5%) | 104 (6.8%) | 47(2.5%) | 21 (0.98) | 31 (1.56) | 52 |
| # Tested at 18 months | 210 |  | 436 | 384 | 499 | 560 |
| # Positive | 10 |  | 25 | 20 | 21 | 12 |
| % positive | 4.7% |  | 5.7% | 5.2% | 4.2% |  |
| Number of DNA positive infants enrolled into care |  |  |  |  | 32 | 37 |
| Number of HV antibody tested positive infants enrolled into care at 18 months |  |  | 17 | 18 | 8 | 15 |

## Viral Load Monitoring and Management

Viral Load (VL) monitoring has been on-going since the beginning of the year and about 82% of clients on ART went through VL testing. Viral load campaign started April 2023 in most ART facilities with samples taken and requested through the E-tracker and the results sent through the same software. Staff and clients will still need some assurances that results will be received for samples collected and submitted.

Meanwhile, the ongoing point of care testing pilot for VL and EID has significantly reduced the turn aound time for EID samples sent to these facilities. These POCS are Weija Gbawe Hospital, Ga West Hospital, Tema General Hospital, Ashaiman Polyclinic and Korle-bu Chest Clinic.

## Treatment of HIV in TB clients

According to consolidated guidelines, all TB clients are to be offered HIV testing and those who test positive are to be initiated on lifelong ART. HIV positive clients are screened for TB during clinical visits.The Region continued the implementation of three-months long TB preventive therapy (TPT) using Isoniazid Rifapentin combination for HIV positive clients who do not have active TB disease. This significantly reduces the risk of developing TB among PLHIVs. TPT uptake has plateaued despite transitioning from 6 months to 3 months regimen.

##### Table 19: Table of selected TB/HIV indicators, Annual 2020-2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SN** | **Indicator** | **2020** | **2021** | **2022** | **2023** |
| 1 | ART clients screened for TB | 13870 | 20445 | 16,341 | 17,921 |
| 2 | HIV Positive Clients with TB on ART | 209 | 213 | 261 | 1564 |
| 3 | New clients eligible for TPT | 390 | 3931 | 5631 | 2996 |
| 4 | New clients started on TPT | 66 | 3198 | 4400 | 1588 |

## Sexually Transmitted Infections

Sexually transmitted infections (STIs) increase the risk of HIV infection upon exposure. There is widespread untreated STIs among general population (3.6%) and increasing incidence of STIs among key population (FSW 4%, MSM 13%). Syndromic treatment has been the approach to STI management. This strategy enhances comprehensive management and access to STI care. STI services in the region include:

* Comprehensive clinical care for STI clients
* Counselling services
* IE&C on STI and HIV/AIDS
* Partner counselling, Testing and management.
* Active and passive screening of sex workers
* Condom promotion
* Behaviour change communication

Greater Accra continues to record high number of sexually transmitted infection (STI). The most common conditions seen at various OPDs are vaginal discharge, urethral discharge and genital ulcers. Below is the trend in STIs in the region over the last three years.

##### Table 20: Trend in number of STIs recorded, 2018 -2023

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicators** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Number of Urethral Discharge cases (Male) | 2399 | 3412 | 2748 | 1538 | 1,624 | 2140 |
| Number of Genital Ulcer Male cases | 1128 | 150 | 260 | 294 | 213 | 267 |
| Number of Genital Ulcer Female cases | 919 | 1059 | 601 | 687 | 768 | 773 |
| Number of Vaginal discharge cases | 14,721 | 14,585 | 12,816 | 14,381 | 15,562 | 17,816 |

Syphilis screening for pregnant women is part of the comprehensive package of antenatal care. Partners of women who test positive are also offered treatment in line with the STI treatment guidelines. The period under review saw a slight decrease in syphilis testing amongst ANC registrants from 96.9% in to 2022 to 96.4% at the end of 2023. This decrease is partly due to the shortage of Combo test kits for the third quarter of the year 2023.

**Collaboration with Partners**

This year, the GAR in line with the Regional annual theme of work has leveraged on people engagement to achieve a wider and deeper reach with HIV care. The region continued to work with private sector facilities in the delivery of HIV care and services.

The Regional HIV Committee which is anchored in the Regional Coordinating Council (RCC) held meetings in the year. The Regional Director of health Services, actively participated in planned programs and activities of the committee.

The region also collaborated with the following organizations involved in the implementation of programs under the Global Fund NFM3 as follows:

**WAPCAS**: Principal recipient – Key Population and High Risk men project

**CHAG**: Principal Recipient – Community Systems Strengthening (CSS) Project

**HFFG**: Sub recipient – Community Systems Strengthening (CSS) project

**EQUIP Health Ghana**: provision of technical support to selected ART sites and capacity building in Differentiated Service Delivery (DSD).

**Best Practices and Innovations**

Inclusion of 95-95-95 in Weekly disease surveillance (GARWEB) bulletin

Regular Feedback of district performance to districts

**Challenges**

The year 2023 has been another challenging year which saw a commodity shortages and breakdown of the PCR machine in Korle-bu. This affected progress towards achievement of the 1st 95%. Other challenges are

* Shortage of test kits and DBS cards
* Some districts don’t have ART facilities
* Gaps in HIV case management capacity
* Backlogs in viral load monitoring and EID testing
* Inadequate number and shortage of ANC registers, Client folders etc
* Operational challenges with e-tracker
* HR issues with Data Officers
  1. **Malaria Elimination Control Activities**

In response to the call to eliminate Malaria in the Greater Accra region and the nation as a whole the National Malaria Elimination Programme (NMEP) developed the National Malaria Elimination Strategic Plan (NMESP) 2024-2025 to guide the elimination process. That is there will be no incidence of locally acquired malaria infection in a geographical area through deliberate efforts to prevent reestablishment of transmission.

In the quest to reduce malaria transmission and consequently eliminate malaria in the region, the Greater Regional Malaria Elimination Unit with support from the National Malaria Elimination Programme ((NMEP) and partners carried out some activities in the year 2023.

**The Goals of the NMESP**

1. Reduce malaria mortality by 100% by 2028 (using 2022 as baseline)
2. Reduce malaria case incidence by 50% by 2028 (using 2022 as baseline)
3. Eliminate malaria in 21 districts with very low malaria burden by 2028

**Mandate**

The mandate of the Regional Malaria Elimination Programme is to lead all malaria elimination efforts in the region and coordinate the activities of all agencies and partners.

**Vision**

The vision is a Malaria-free Region which will contribute to economic and social development.

**Objectives for 2023**

* To reduce Malaria Cases by 4%
* To increase testing rate to 100%
* To reduce Under 5 years Case Fatality Rate( CFR) to 0
* To provide LLIN to 100% of both Ante Natal Care (ANC) Registrants and children at 18 months
* To reduce percentage of Malaria cases not tested but treated to zero.
* To reduce Malaria In Pregnancy
* To increase IPT3 coverage to 60%
* To improve data quality

## Key Activities

## Commemoration of 2023 World Malaria Day (WMD) 2023

In order to create awareness by celebrating the gains made and address the challenges encountered on the road to elimination of malaria, the region collaborated with the NMEP and partners to commemorate the WMD 2023.

The theme for the commemoration of the 2023 WMD is ***“Time to Deliver Zero Malaria: Invest, Innovate and Implement”*.**.

To drive home the awareness a number of activities were undertaken by the NMEP of which the National Malaria Elimination Advocate and Champion Oheneyere Gifty Anti and other distinguished persons, partners and institutions such as the media, GES, GHS staff in the region and districts and the general public also participated. These activities include;

* A visit to the ANC and Wellness Clinic of the Greater Accra Regional Hospital with the National Malaria Elimination Advocate and Champion Oheneyere Gifty Anti.
* Press Briefing on the 21st of April at the Ministry of Health Conference Room



* Health Walk.

The Health walk was on the 22nd of April 2023. The walk commenced at the Maamobi General Hospital through the streets of Accra New Town to the offices of NMEP followed by aerobics 

* The commemoration was climaxed on the 25th April at the Accra International Conference Centre with Hon. Frema Opare as the guest speaker.





* Commemoration of WMD at the Districts

The districts in the region also commemorated the WMD 2023 with various activities such as durbars, Health screening, mass media and community education etc.

Discussions on the WMD 2023 bordered on;

* Malaria though deadly is a preventable disease that should not kill anyone
* There are proven and effective tools and interventions to prevent and control malaria
* Increased investment and commitment from the government, public sector, and private sector is critical to revitalizing progress against malaria, and addressing other health challenges now and in the future
* Evidence shows that malaria elimination is feasible and within reach and provides great returns on investment.
* We all have a role to play in the malaria elimination agenda; ***“Time to Deliver Zero Malaria: Invest, Innovate and Implement”*.**  **Zero Malaria Starts with Me and You**.





## Data Quality Audit

Routine data audit is one of the key strategies to help improve the quality of data in the health facilities, districts and the region. It is in line with this that the Regional Malaria Elimination Unit in collaboration with the Health Information Unit conducted Data Quality Audit of Malaria indicators for the first quarter 2023 in some facilities.

The main objective of the Data Quality Audit is to improve the quality and use of data for effective decision making in both the public and private health facilities in the region.

The specific objectives were to;

* + Trace and verify the values of selected Malaria indicators recorded by health Facilities and districts.
  + Determine possible gaps in Malaria data management at the facilities and the districts.
  + Make recommendations to facilitate the development of good data management practices in facilities and districts.
  + To build the capacity of service providers and data managers in the collection and entry of data to improve the quality.
  + Provide on-the-job training for services providers on DHIMS 2 and its new features.
  + Contribute to M&E systems strengthening and building of district and facility level capacity to carry out RDQA.

**Key Findings**

* The use of Light wave Health Information Management System (LHIMS) for data capturing by district hospitals and some CHAG hospitals makes it difficult to compile malaria data elements. However PML has an upper hand over its data management issues and was able to retrieve most data with ease as compared to the other facilities.
* Almost all the health facilities visited enter their own data into DHIMS2 except few facilities who either forward their reports to the Sub-District or a staff from the District Health Directorate comes to the facility to compile and enter their data into DHIMS 2.
* Consulting room registers were not filled appropriately making it difficult for health information officers to collate data at the end of the month.
* The electronic medical records (HAMS) used by most private health facilities visited was not able to generate the standard reports required by the Ghana Health Service
* Most of the facilities visited did not have functional validation teams. However, those with functional teams were unable to provide evidence of validation.
* Data validation teams were more functional at government owned facilities than the private-owned apart from Manna Hospital where the data validation team is functional.
* There was no data change at all the facilities visited for the auditing period. Some facilities were not aware of its existence.
* Some facilities were still using the old registers even though they have been supplied with new standard registers. They want to complete the old registers before using the new ones.
* Most of the facilities visited use Laboratory register as their source document for OPD Malaria data capturing, because the Consulting Room Registers are not adequately used by prescribers for all clients.
* The stock out of Measles/Rubella vaccines for children aged 18months who were to be issued LLINs resulted in poor data capturing and reporting into DHIMS by some facility staff. LLINs were not given at some facilities because there was shortage of MR. However other facilities which used MEN A vaccine as proxy to issue ITNs also did not report on it into DHIMS 2.
* Some ANC units were not using IPTp Tally Books but tried to count from the Register at the end of every month leading to arithmetic errors. However, some facilities (ANC Unit at Kaneshie Polyclinic) have also designed improved data capturing tools that are worth emulating.
* Pharmacy dispensary registers were not available at most facilities visited. Staff were using improvised registers or outdated registers which make data capture and reporting quite difficult.
* In some hospitals data for the number of tests done for microscopy and RDT for both outpatient and inpatient were documented in the same book without any indication as to which ones are inpatient or outpatient.
* Shortage of SP at most private facilities, as such some midwives prescribe for the clients to buy. Some of the midwives document in the register while others do not.

**Challenges**

* Inadequate source registers (OPD registers, Consulting room registers, Laboratory registers, pharmacy registers, ANC registers and Mother and Child Health Records Book)
* Rejection of ITNs by some of the antenatal mothers because of the hard nature
* Stock out of SP in some of the facilities visited.
* Some of the facilities visited do not have Malaria Focal Persons (MFPs) .
* Some of the facility heads and MFPs do not have DHIMS2 accounts.

## Recommendations

**NMEP/PPME**

* To collaborate with software developers to resolve management issues in Ligh twave Health Information System (LIHIMS). The developers of LHIMS should be contacted to make provisional diagnosis a mandatory field.
* Regular procurement and supply of SPs to Regions, Municipalities and Districts
* To provide standardized registers and reporting forms to the districts and health facilities to avoid shortage and the use of improvised registers which lack some data variables.
* Liaise with the Regional Health Directorates to facilitate the employment of more Health Information Officers to support facilities who do not have the service of these personnel.
* Lobby for periodic training staff on quality data management .

**Regional Level**

* Collaborate with headquarters to ensure Light wave issues are being resolved
* Regional and District heads should make frequent visits to all levels to guide and assist them where necessary so the right things are done.
* Periodic in-service training on quality data should be organized for health managers.
* Health facilities especially private health facilities need to employ data managers at their various health facilities.
* Provision of regular feedback to the districts and facilities on malaria data submitted into the DHIMS2 system.

**District Level**

* District heads should make frequent visits to all levels to guide and assist them where necessary so the right things are done.
* Districts Health Information Officers should also strengthen their support visits to private facilities for effective data management.
* Form functional data validation teams with minutes documented.
* Ensure adequate registers and reporting forms are distributed.
* Collaborate with all stakeholders and facilities to ensure data management is considered as a key indicator.

**Service Delivery Sites**

* Facilities should have at least one dedicated computer for data management.
* Provision of internet access in all health facilities to ensure access to the DHIMS2 at all times.
* A group of people in a room

  Description automatically generated with low confidenceFunctional data validation teams must be formed at all levels and minutes must be written to ensure all actions points are implemented.
* All facilities should ensure to have their goals and objectives in line with the National health strategy on data management.
* Facilities should consult the Regional Health Directorate in procuring electronic data system in compliance with the Health Information

Standard Operating Procedure (SOP)

A group of people looking at a tablet

Description automatically generated with low confidenceA group of people sitting at a table

Description automatically generated

***Recount of Malaria Tested Cases at Review of Documents at Entrance***

***Maamobi General Hospital Lab Hospital***

**

***Coaching Service Providers at Review of Registers at Gbetsile Clinic***

***Prampram Polyclinic***

## Non-Governmental Organizations (NGO) Monitoring

The NMEP has over the years supported some Non-Governmental Organizations (NGOs) in Malaria Prevention. These NGOs are involved in advocacy and social mobilization in malaria prevention. One of such advocacy is prevention of malaria in pregnancy through uptake of Intermittent Preventive Treatment in pregnancy (IPTp) and pregnant women sleeping under ITNs.

In order to ensure compliance on the part of these NGOs, the region in collaboration with NMEP carried out monitoring visits to the four NGOs in the region.

**The Objectives were;**

* To assess the extent of work as reported by the NGO to the NMEP
* To assess the impact of their operation on the IPTp uptake
* To assess if the NGOs have valid certificates for operation and offices in the districts of operation.
* To ascertain the relationship between the NGOs and the DHMTs in their districts of operation.

The NGOs and districts of operation is as shown in Table 1

**Table 1: NGOS and Districts of Operation**

|  |  |  |
| --- | --- | --- |
| **No.** | **Name of NGO** | **District of Operation** |
| 1 | Strength of a Woman Foundation | Ningo Prampram |
| 2 | Concern Health Education Project | Shai Osu Doku |
| 3 | Dream Weaver Organization | Ada West |
| 4 | KEBA Africa | Ablekuma North |

**General Observations**

The criteria for selection of communities of operation is mainly based on;

* Communities not involved in previous activities
* Hard to reach communities
* increased incidence of malaria
* communities with low IPTp coverages



* The District Health Management Team is sometimes involved in financial control and management of the NGOs. The team meets and plans for activities based on budget lines and identify realistic needs and source of funds
* Monitoring of volunteers activities are done by the project manager and lead volunteer in the case of Concern Health Project and feedback given to the subdistrict.
* Each volunteer is attached directly to a health worker who provides technical support and gives them feedback
* Some private facilities do not give IPTp and others too do not document IPTp when they ran out of stock and the pregnant women have to buy it themselves.
* Defaulters from private facilities are traced by the sub district CHNs ( volunteers) who then administer subsequent doses of IPTp and give feedback to the clinic to document
* Some clients from the private facilities refuse IPTp due to varied reasons. These pregnant women were educated on the importance of IPTp. The sub district were asked to collaborate with these private facilities and educate them on the importance of IPTp so they can educate their clients
* At Ada West the CHNs register pregnant women but do not give IPTp 1. This could result in double counting or registration when the pregnant women are later registered by the midwife. The staff were coached not to register them as registrants but refer them to the ANC for proper registration and IPTp1 can also be initiated and the CHNs can then administer subsequent doses and document accordingly.



At Anyaman, inspection of the MCHRB of a pregnant who is a regular ANC client showed she has missed three doses of IPTp but could not give any reason for the default. The sub district was informed and asked be check from the registers and document accordingly.

* Some non-attendant pregnant women were identified at a prayer camp and the team educated them. The volunteers were encouraged to follow up and identify other pregnant women in the market places and refer them to the Community Health nurses or the midwives in the electoral area.
* Breeding sites were identified by the house of a pregnant woman in Sege. The house hold members were educated on environmental management and to sleep under ITNs. The pregnant woman was reminded on why she needs to sleep under the ITN and take her SP accordingly.
* IPTp6 given to one pregnant woman was not documented because there was no space for it in the MCHRB. They were encouraged to write it in the MCHRB
* Visibility of Strength of a Woman NGO is not properly established and she has promised to get assign post for direction.
* The stakeholders such as the opinion leaders are helpful in mobilizing the community members
* Megaphones are used in disseminating information. The jingles are translated into the local dialect and played at CWC and ANC. The nurses also attach the megaphone to their bikes when they go into the communities to give health education
* Concern Health Education project has no office structure in the district of operation. They usually use the DHMT conference room as a make shift office . The Project Manager has promised to get an office in the community. He coordinates and supervises the activities of the volunteers. Though he claims to have visited all 15 communities of operation there were no reports to that effect. There was only a brief report on the training conducted for the volunteers.



**Volunteer Challenges**

* Water proof clothing is needed in raining season
* Poor remuneration.

The communities are big and others are hard to reach in Ada West making commuting difficult and expensive. Increased remuneration and bicycles will help in movement.

* Using community members as volunteers in some communities did not help as they leave the work undone and attend to their private businesses, however using Community Health Nurses as volunteers also come with challenges. Some of these Community Health Nurses do not reside in the communities making home visits challenging especially in the evenings and so need extra remuneration to be able to visit
* Some clients also refuse to take the ITNs claiming the texture is very uncomfortable.
* Some pregnant women demand money before being attended to
* Tablets are needed to document activities.
* In case of stock out of SP some midwives do not document the SP purchased by clients as IPTp administered because they think it’s not programe funded
* Midwives need to be coached on other means of establishing gestational age other than ultra sound scan so that the pregnant women do not default ANC or IPTp 1 when they are unable to get the scan done due to financial constraints

**Recommendations**

* SP should be available at all times at the Regional, District, sub-district and facility levels.
* Health Education support materials should be provided to the NGOS to support education on the dangers of MIP at the community level.
* Logistics should be made available to conduct frequent home visits to identify pregnant women and ANC defaulters.
* DMFP should monitor the activities of NGOs to identify challenges and provide support as soon as they arise during the volunteer’s work
* Project Managers and other Supervisors of the NGOs must intensify supervision of the activities of volunteers to address the issues of incomplete filing of follow up and monthly reporting forms
* NGO programme officers were advised to collaborate continuously with MFPs and DHMTs
* NMEP to increase funding to NGOs to undertake their activities
* NGOs were encouraged to establish offices in their districts of operation
* Refresher trainings should be conducted regularly to reorient volunteers and opinion leaders on their responsibilities and support for the NGOs work.
* NMEP should conduct quarterly monitoring to supervise the activities of the NGOs
* Weekly verification with CHNs and volunteers must be done at the facility to ensure accurate data capture for appropriate decision making.

## Larval Source Management

The transmission of malaria to humans causes millions of deaths every year thus sustained mosquito control efforts are very necessary to control and prevent outbreaks of diseases especially malaria. It is in line with this that the Ghana Health Service(GHS) through the NMEP, in collaboration with Zoomlion Ghana Limited and its research partners implement Larval Source Management(LSM) activities annually to supplement other vector control interventions such as Indoor Residual Spraying and use of LLIN.

LSM aims at interrupting the growth of the mosquito larvae in aquatic habitat from growing into adult mosquito to transmit malaria .Twenty –four districts in the Greater Accra Region were supported to implement LSM with the following schedule of the key activities.

1. **Virtual Virtual training of regional and district supervisors** – The Regional supervisors were the Deputy Director -Public Health, Malaria Focal Persons, Health Information Officer, Environmental Officer and Zoomlion Officer. The district supervisors were, the District Directors of Health Service, Health Promotion Officers, Health Information Officers, Malaria Focal Persons, Environmental Health and Zoomlion Officers.
2. **Training of Spray Operatives** – A total of 353 Spray Operatives were trained by the supervisors in the 24 implementing districts
3. **Social and Behaviour Change**

The activities carried include

* Sensitization of stakeholders for advocacy
* Announcement and education at Community /local radio stations /Community Information Centers
* Home visiting, one on one engagement with community members



* Market campaign
* Church /mosque sensitization
* Sensitization of organized groups.
* Use of PA system of Street preachers to create awareness
* Street announcements using mobile Vans
* Education at service delivery points

## Mapping and Spraying of Sites

By the end of year 2023, 4,943 sites of varying perimeters had been mapped and 365(99.73%) had been treated

By the end of the year 2023, Four thousand nine hundred and forty-three sites with varying perimeters ranging from 10m and above were mapped and 4,832(97.8%) sprayed. The number of perimeter ranges are as shown in figure xx. The type of habitat identified and the number of sites mapped are also shown in figure xxx

**Figure xx: The number of sites and their perimeter mapped.**

|  |  |
| --- | --- |
| **PERIMETER TYPES** | **Number of sites** |
| 10 - 100m | 3012 |
| <10m | 1007 |
| >100m | 924 |
| **Total** | **4943** |

**Figure xxx: The number and type of habitat mapped**

|  |  |
| --- | --- |
| **Habitat Types** | **Number Of Sites** |
| Constructions | 78 |
| Drain/Ditch | 1904 |
| Irrigated Agriculture | 439 |
| Mining Site | 4 |
| Others | 111 |
| Pond | 298 |
| Pool | 33 |
| Puddles | 860 |
| Rice Fields | 3 |
| Stream Fringe | 142 |
| Swampy Area | 868 |
| Tyre Tracks | 203 |
|  | **4943** |





**Number Of Sites Mapped and Sprayed By Districts**

|  |  |  |
| --- | --- | --- |
| **Districts** | **Mapped Sites** | **Sprayed Sites** |
| Ablekuma Central | 86 | 84 |
| Ablekuma North | 6 | 6 |
| Ablekuma Sub Metro | 61 | 60 |
| Ablekuma West | 129 | 129 |
| Ashaiman | 353 | 349 |
| Ayawaso Central | 7 | 7 |
| Ayawaso East | 2 | 2 |
| Ayawaso North | 2 | 2 |
| Ayawaso West | 26 | 25 |
| Ga Central | 534 | 497 |
| Ga East | 128 | 128 |
| Ga South | 1163 | 1163 |
| Ga West | 450 | 390 |
| Kpone Katamanso | 85 | 84 |
| La Dade Kotopon | 6 | 6 |
| La Nkwantanang | 65 | 63 |
| Ledzokuku | 417 | 417 |
| Ningo Prampram | 135 | 135 |
| Okaikoi North | 24 | 24 |
| Okaikoi South | 112 | 112 |
| Shai Osudoku | 178 | 176 |
| Tema Metro | 581 | 580 |
| Tema West | 393 | 393 |
|  | **4943** | **4832(97.8)** |

**Data Review Meeting**

As part of the strategies to enhance data quality for planning and decision making in the elimination of malaria at all levels, the NMEP with support from Impact Malaria supported the region to conduct two rounds of Malaria Data Management coaching and mentoring visits to facilities in 15 districts in the region. The import was to enhance improvement of quality data generation for planning and decision making and build the capacity of staff on Malaria data collection tools and processes.

In order to strengthen and sustain the gains made a review meeting was organized to review the quality of malaria data , sustainability measures and share lessons learnt.

The participants include the Health Information Officers and Malaria Focal Persons in the region and the 15 districts where each district made a 15 minute presentation on the following outline

* How malaria data quality has improved after the coaching visit
* Utilization of data including the use of wall charts
* Lessons/Success stories/best practices
* Sustainability measures

**Sustainability Measures**

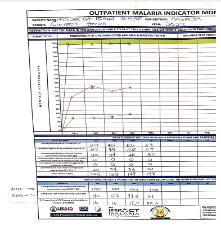
* Formation of data validation teams at the various units at the facilities and the need for regular data verification and validation
* Weekly/daily tallying of service data
* Monthly Data Review and Feedback to the facilities and Districts
* Quarterly Supportive Supervision and Coaching visits to all facilities and districts
* Bi- annually routine data quality audit to health facilities
* Monthly updates on Malaria indicators at RHMT meetings

**Current Challenges in Malaria Data Quality**

* LIGHTWAVE information System (LHIMS) issues
* Challenge in data capture by HIMS systems used by private facilities.
* Lack of understanding of variables in the consulting room registers and other registers
* No appropriate system to check double count of data reported
* Non reporting of malaria data by some facilities who have been assigned Malaria datasets
* Non segregation of OPD and IPD Malaria cases tested
* The use of correction fluid in the ANC and consulting room registers
* Improvised registers at some facilities

**Impact of Data Coaching**

* Improved data quality in health facilities and districts
* Improved data use by facility mangers for decision making.
* Data validation teams have been strengthened.
* Relevant stakeholders have been involved in data validation and decision making.
* Staff capacity built on data use and management.

**Best Practices**



* Formation of data validation team facility malaria data teams
* Utilization of wall charts for decision making by facility managers

**Way forward**

* Monthly Data Review and Feedback to the Districts
* Quarterly Supportive Supervision and Coaching visits to all districts
* Bi- annually routine data quality audit to selected health facilities.
* Monthly updates on Malaria indicators at RHMT meetings

## Preparatory Activities for Point Mass Distribution (PMD) of LLIN 2024

## Development of Microplan

As part of activities scheduled for the 2024 PMD of LLIN, the NMEP and partners scheduled various meetings with the leadership of the region and districts.

i. . A day’s virtual meeting to inform management on the plan for the 2024 PMD Campaign and the modalities in populating the microplan template.

ii. Two days physical meeting from 12th -13th October 2023 was then organized to populate the microplan template. Participants from the Regional Health Directorate were the DDPH, the Regional Malaria Focal Persons, the Regional Health Information Officer, Regional Supply Officer, Regional Transport Officer, Regional IT Officer and Health Promotion Officer.

Participants from the districts were the District Directors of health and the Malaria Focal Persons or their representatives

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The main presentation focused on populating the microplan template for PMD which included Planning and Coordination, Social and Behavior Change Communication(SBCC) activities and estimating for logistics needed for each community in each district to ensure accuracy and timely delivery.

During the training each item in the template were emphasized to ensure understanding by all participants.

## Issues discussed

* Difficulty in getting prepositioning sites for storage of the ITNs due to lack of funds for appreciation to land lords after the previous campaign. Funds should be made available for site owners to create a cordial relationship.

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* Delivery of ITNs to districts should be done during the day and not at night to avoid the inconveniences that come with it.
* Community members suggest that the ITNs be transported to their various homes just as the RAs come home to register the households.
* SBCC officers should communicate to community members that the texture of the nets is from donors and not from the country.
* Volunteers should be on board during net distribution to mobilise community members to redeem their ITNs.
* NMEP suggests that gated communities, very difficult to convince or some elite communities should not be included in the microplan as it’s very difficult to get them to register let alone to come and redeem their ITN.

At the end of the two days meeting participant were able to populate the template for onward submission to NMEP.

## School Distribution of Long Lasting Insecticide Treated Nets

The Ghana Health Service/National Malaria Elimination Program (GHS/NMEP) and partner PMI Evolve in collaboration with the School Health Education Program (SHEP) Unit of the Ghana Education Service (GES) distributed Insecticide Treated Nets (ITNs) to all Primary 2 and Primary 6 pupils in all public and private schools registered under EMIS in the regions.

The use of ITNs is one of the major interventions aimed at reducing morbidity and  mortality related to malaria. The ITN distribution which comes with a strong ITN use and care promotion component is aimed at using children as agents to promote ITNs use and care in schools and consequently in the communities . There were two phases to the programe;ie training of supervisors and distribution of ITNs in schools.

## Training of Supervisors

There were two levels of trainings; a virtual Training of Trainers for National and Regional SHEP Coordinators and Malaria Focal Persons

It was then followed by a day’s in-person training for all School Improvement Support officer(SISO) in the region facilitated by the National and Regional team at the district level in four clusters.

Objectives of the training were;

* To equip participants with appropriate knowledge and skills to implement and supervise the primary school ITN distribution
* To ensure effective planning and communication among district teams and school heads on the 2023 ITN distribution
* Master the use of Net4Schs App to collect data during distribution
* To ensure effective communication and promotion of behaviors and behavior change in relation to ITN acceptance, regular use and proper care

The content of the training included;

* Introduction to School-Based ITN Distribution
* Training Objectives and Outcomes
* Overview of Malaria
  + Insecticide Treated Nets (ITNs)
  + Continuous Distribution of ITNs
* Communication and Social Mobilization
* Organizing and Managing the School ITN Distribution Activities
* Monitoring and Record Keeping; Use of Net4Schs application
* Roles and Responsibilities
* Micro Planning and Logistics

## Distribution of ITNs at Schools

At the end of the programme 215,580 (100.1%) ITNs out of the 215,469 ITNSs received by GES had been distributed to pupils in P2 and P6 with -111 ITNs remaining as shown in Table xx. Four thousand and sixty seen (4,067) schools (98.8%) out of the 4,019 schools registered on EMIS database in the region made entries of distribution in the Net App.



##### Table 21: District Performance of School-based Distribution of ITNS

|  |  |
| --- | --- |
| Boys who received ITNs | 106,398 |
| Girls who received ITNs | 109,182 |
| **Total** | **215,580** |
| P2 who received ITNs | 107,115 |
| P6 received ITNs | 108,465 |
| **Total** | **215,580** |



## Entomological Adaptive Sampling Framework (EASF) Project

Entomological surveillance is a dynamic and ongoing process that is essential for understanding the behavior and distribution of disease vectors like mosquitoes. The data collected through these activities informs public health efforts and guides the development of targeted interventions to reduce the risk of disease transmission.

Entomological monitoring is seen as a crucial component of any malaria elimination programme. It is a key to monitor changes in vector population density and rates of infection. It also provides information to understand underlying resistance mechanisms if detected .

In line with this the Malaria Elimination Initiative (MEI), University of California San Francisco and National malaria elimination programme (NMEP) conducted the EASF project.

Its aim is to develop, pilot and evaluate an Entomological Adaptive Sampling Framework (EASF) in Ghana.

The Objective isto evaluate the statistical accuracy, representativeness, and fit-for-purpose of entomological surveillance data to optimize malaria program decision-making.

The Ga West Municipality was chosen because current data shows that Ga West has the highest malaria parasite prevalence in the region .This district is an addition to the other entomological sites in Weija Gbawe and Ada East districts in the region. Three communities in the Ga West Municipality namely Okushibiadi, Oduman and Doblo Gono were therefore selected as the entomological sites in the Ga West municipality to identify the entomological factors driving the highest prevalence in the region.

EASF project activities include;

Stakeholders’ engagement

* Recruitment and Training of volunteers and supervisors
* Monthly collection of mosquito samples
* Sorting, packaging, storage and transportation
* Logistics management
* Monitoring and supervision



**Mode of adult mosquito collection**

* **Human Landing Catches (HLC)**

Trained volunteers expose their lower limbs from 6pm to 6am the following morning to collect adult mosquitoes that land on them. Four nights in the third week of every month.

* **Human Behaviour Observations (HBOs)**

The HLC collectors inside and outside the house stop collecting mosquitoes in order to count the number of people observed inside and outside this house

* **Pyrethrum Spray catches:**

Five rooms are used . Rooms people slept in the night are sprayed using the pyrethrum spray from 6am to 7am with white sheets spread on the floor to collect mosquitoes that feed and rest indoors. Mosquitoes that fall on the sheets are then collected for species identification

* **Sorting and transportation of samples:**

Sorting of mosquitoes is done mainly by the community supervisors and supported by the MFP. The samples are packaged appropriately and transported to Noguchi Memorial Institute for Medical Research for further entomological analysis

* **Supportive Supervision**

Daily supervision by supervisors during the period

**Challenges and action taken**

Challenges in getting rooms such that one team repeated the house used the night before.

The two teams also worked in different quadrants on same day because of difficulty in getting houses for the study

Upon deliberation the supervisors and volunteers were able to find a places for the study.

Supervisors and teams complained of poor remuneration and data needs to be provided for data entry.

Teams complained about the numerous mosquito bites and expect that prophylaxis be given.

Teams and supervisors were at all time encouraged to continue the good work and the matter will be discussed with the national team

Community entry needs to be done continuously to ensure members accept and support the study

**Recommendations**

Prophylaxis should be given to volunteers and supervisors to prevent malaria infection

Incentives for teams and supervisors should be increased

**Constraints and Challenges**

* District Validation Team not validating Data as scheduled
* Difficulty in getting data from private facilities
* There’s still knowledge gap among some clinicians and midwives on the standard malaria case management protocols due to the high turnover. Staff trained usually leave the facility without debriefing or imparting knowledge and skills.
* Some facilities still prescribe antimalarials for negative malaria test results
* Some bigger facilities using soft wares that do not capture most malaria indicators
* Most Pharmacies do not have records of Antimalarial issued
* Stock out of SP in the last few months

**Way Forward**

* Review of Malaria Elimination activities and Performance indicators
* Data Quality Data improvement
* Data Quality Audit and coaching
* Ensure SP is Provided to all facilities through Last Mile distribution
* Conduct NGO monitoring
* Continuous Distribution of ITNs to Basic Schools
* Larval Source Management
* Monitoring and Supportive supervision at facilities
* Point Mass Distribution of LLIN
* Training on Malaria Case Management
* On site Training and supportive supervision
* NGO monitoring
* IPTp monitoring
  1. **TUBERCULOSIS CONTROL PROGRAMM****E**

Tuberculosis (TB) continues to be important for public health. The disease is caused by Mycobacterium tuberculosis; it is an infection that spreads through the air. This is done when a person who has the illness cough, sings, shout, or sneeze. The highly notable means is cough. A rod-shaped bacillus is expelled into the environment when people with the disease cough, sing, shout, or sneeze. It is the single highest cause of death from an infectious disease and even kills more people annually than HIV/AIDS. It causes great morbidity and mortality and escalates poverty, particularly in low- and some middle-income countries.

According to the 2014 prevalence survey, Ghana is an endemic country for TB, with a frequency of approximately 150 cases per 100,000 people. The country has implemented several initiatives under the National TB Control program to help screen, detect patients, and put them on effective treatment to interrupt the cycle of transmission. The Regional TB Unit implements these interventions through the municipal and district health directorate and health facilities.

## Directly Observed Treatment (DOT Centers)

Directly Observed Therapy Short Course (DOTS) is an intervention where TB clients are directly observed to take their medication either by health care workers in a health facility or treatment supporters in the community (community-based DOTS). This is to support clients to adhere to their treatment regimen for a successful outcome. The Greater Accra Region has 148 DOT Centers (90 public, 58 private). There are also 13 Multi Drug Resistant (MDR) TB management sites.

## Intensified Case Finding

This intervention incorporates screening for TB among clients at all health facilities who report a cough of any duration until a new intervention piloted and adapted in the last quarter of 2023 that redefines the eligibility criteria that, only cough, only loss of weight and any two of the following, fever, night sweat, difficulty breathing, chest pain and easy fatigue also makes one eligible to produce sample for testing. A screening and presumptive tool is used, and eligible clients are presumed to have TB and asked to produce a sputum sample for GeneXpert Test. Facilities are to screen at least 10% of their OPD attendance and presume 5% of the clients screened, test all presumed TB cases, and put all positive clients on effective treatment. Some facilities have Task shifting officers employed by the NTP to help with the screening at OPDS of facilities with high OPD attendance.

There are 13 task-shifting officers (TSO) in the region. These TSO’ were employed and assigned to facilities with high OPD attendance by the national TB control program. One of the objectives for this cadre of staff is to screen at least 10% of OPD attendance, test at least 90% of all presumed cases in their facilities and link them to care.

##### Table 22: Facilities with Task shifting Officers

|  |  |  |
| --- | --- | --- |
| No. | **Name of District** | **Name of Facility** |
| 1. | Korle Klottey | Greater Accra Regional Hospital |
| 2. | La Nkwantanang Madina | Madina Polyclinic, Kekele |
| 3. | Ashaiman | Ashaiman Polyclinic |
| 4. | Ga West | Ga West Municipal Hospital |
| 5. | Shai Osu-Doku | Shai Osu-Doku District Hospital |
| 6. | La Dadekotopon | Police Hospital |
| 7. | Ledzokuku | LEKMA Hospital |
| 8. | Ayawaso North | Mamobi General Hospital |
| 9. | Ayawaso West | Legon Hospital |
| 10. | Ablekuma Sub-Metro | Korle-Bu Polyclinic |
| 11. | Ningo Prampram | Old Ningo Health/Prampram Polyclinic |
| 12 | La Nkwantanang Madina | Madina Polyclinic Rawlings Circle |
| 13 | Weija Gbawe | Weija Gbawe Municipal Hospital |

However, the region only succeeded in testing 81.7%, which shows an increase in testing rate of 1.4% in 2023 as compared to 80.3% in 2023, even though it falls short of the national goal of at least 90% of cases being tested.

One factor for this discrepancy is that some individuals claim they are unable to generate sputum and also lack GeneXpert cartridges and Malfunctions of some modules of the gene-Xpert machine.

272 additional clients were diagnosed to have bacteriologically confirmed TB in 2023 which has reflected with an increase in total number of clients put on treatment to be 3.5%. The target for treatment is 100% but some clients refused treatment as they wanted to try herbal medication and spiritual prayers whereas others were referred for treatment.

##### Table 23: The trend of TB Case Notification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Districts** | **2023 Total No of TB cases of all forms diagnosed** | **2022 Total No of TB cases of all forms diagnosed** | **2021 Total No of TB cases of all forms diagnosed** | **2020 Total No of TB cases of all forms diagnosed** | **2019 Total No of TB cases of all forms diagnosed** |
| Ablekuma (Accra Metro) | 685 | 590 | 551 | 510 | 611 |
| Ablekuma Central | 14 | 7 | 7 | 10 | 11 |
| Ablekuma North | 8 | 1 | 6 | 3 |  |
| Ablekuma West | 49 | 26 | 47 | 34 | 58 |
| Ada East | 38 | 24 | 24 | 18 | 26 |
| Ada West | 19 | 11 | 5 | 17 | 20 |
| Adentan | 27 | 10 | 5 | 5 | 9 |
| Ashaiman | 141 | 111 | 86 | 90 | 144 |
| Ashiedu Keteke | 147 | 89 | 110 | 92 | 118 |
| Ayawaso Central | 10 | 7 | 11 | 7 | 20 |
| Ayawaso East | 147 | 124 | 95 | 102 | 88 |
| Ayawaso North | 71 | 72 | 53 | 46 | 76 |
| Ayawaso West | 65 | 65 | 37 | 38 | 47 |
| Ga Central | 26 | 23 | 19 | 16 | 35 |
| Ga East | 53 | 47 | 31 | 33 | 33 |
| Ga North | 61 | 51 | 37 | 59 | 41 |
| Ga South | 58 | 82 | 48 | 71 | 45 |
| Ga West | 115 | 116 | 94 | 86 | 90 |
| Korle-Klottey | 334 | 268 | 201 | 175 | 249 |
| Kpone-Katamanso | 99 | 96 | 92 | 76 | 116 |
| Krowor | 34 | 20 | 18 | 16 | 31 |
| La-Dade-Kotopon | 73 | 58 | 54 | 63 | 98 |
| La-Nkwantanang- | 174 | 92 | 86 | 82 | 106 |
| Ledzokuku | 96 | 78 | 75 | 79 | 95 |
| Ningo Prampram | 31 | 45 | 37 | 40 | 56 |
| Okai Koi North | 132 | 130 | 121 | 137 | 147 |
| Okai Koi South | 108 | 93 | 93 | 96 | 145 |
| Shai-Osudoku | 74 | 85 | 50 | 48 | 64 |
| Tema | 154 | 119 | 79 | 116 | 140 |
| Tema West | 43 | 38 | 34 | 30 | 34 |
| Weija-Gbawe | 137 | 111 | 85 | 71 | 108 |
| **GAR** | **3223** | **2689** | **2291** | **2266** | **2861** |
| Accra Metro | 940 | 772 | 754 | 698 | 874 |
| Korle-bu Teaching Hospital | 507 | 508 | 485 | 426 | 485 |
| Ridge Regional Hospital | 200 | 143 | 125 | 109 | 118 |

Considering the table above, there is a clear indication that, there has been an increase in case of notifications by 17% as against 14.8% in 2022 comparatively.

The case detection could have been higher than the 17% if the below challenges have been addressed earlier;

1. lack of GeneXpert cartridges and
2. Malfunctions of some modules of the gene-Xpert machine.

##### Table 24: Case Notification by districts

|  |  |
| --- | --- |
| **District** | **2023 Total No of TB cases of all forms diagnosed** |
| Ablekuma (Accra Metro) | 685 |
| Ablekuma Central | 14 |
| Ablekuma North | 8 |
| Ablekuma West | 49 |
| Ada East | 38 |
| Ada West | 19 |
| Adentan | 27 |
| Ashaiman | 141 |
| Ashiedu Keteke | 147 |
| Ayawaso Central | 10 |
| Ayawaso East | 147 |
| Ayawaso North | 71 |
| Ayawaso West | 65 |
| Ga Central | 26 |
| Ga East | 53 |
| Ga North | 61 |
| Ga South | 58 |
| Ga West | 115 |
| Korle-Klottey | 334 |
| Kpone-Katamanso | 99 |
| Krowor | 34 |
| La-Dade-Kotopon | 73 |
| La-Nkwantanang- | 174 |
| Ledzokuku | 96 |
| Ningo Prampram | 31 |
| Okai Koi North | 132 |
| Okai Koi South | 108 |
| Shai-Osudoku | 74 |
| Tema | 154 |
| Tema West | 43 |
| Weija-Gbawe | 137 |
| **GAR** | **3223** |
| Accra Metro | 940 |
| Korle-bu Teaching Hospital | 507 |
| Ridge Regional Hospital | 200 |

##### Table 25: MDR-TB Case Detection

|  |  |  |  |
| --- | --- | --- | --- |
| **District** | **New TB cases confirmed RR/MDR-TB (including Pre/XDR)** | **Previously treated cases confirmed RR/MDR-TB (including Pre/XDR)** | **All patients eligible for treatment (including 15 yrs) enrolled into MDR treatment** |
| Ablekuma (Accra Metro) | 10 | 0 | 10 |
| Accra Metro | 10 | 0 | 10 |
| Ada East | 1 | 0 | 1 |
| Adentan | 1 | 0 | 0 |
| Ashaiman | 2 | 0 | 1 |
| Ayawaso West | 1 | 0 | 1 |
| Ga Central | 1 | 0 | 1 |
| Ga West | 1 | 0 | 1 |
| Korle-Klottey | 0 | 1 | 1 |
| Ledzokuku | 4 | 0 | 4 |
| Tema | 2 | 2 | 4 |
| Weija-Gbawe | 4 | 0 | 4 |
| **GAR** | **37** | **3** | **38** |
| Greater Accra Regional Hospital - Ridge | 0 | 1 | 1 |
| Korle-bu Teaching Hospital | 8 | 0 | 5 |

In the year under review, new cases diagnosed with Multi-drug resistance (MDR) TB were twenty-seven, and 6 previously treated confirmed MDR all these cases were placed on treatment.

##### Table 26: MDR TD Treatment Outcome Of Patients Enrolled In 2023

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF PATIENT** | **Total No. registered in month** | **Cure** | **Treatment completed** | **Treatment Success Rate** | **Died** | **Treatment**  **Failure** | **Lost to Follow Up** | **Non-Evaluated** |
| All laboratory confirmed RR-TB and MDR-TB (excluding Pre/XDR) | 43 | 20 | 8 | 65% | 3 | 0 | 3 | 0 |
| Presumed RR/MDR | 5 | 2 | 0 | 40% | 0 | 0 | 1 | 0 |
| HIV+ bacteriologically confirmed | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| All children (0-14yrs) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

The MDR table above shows that all the cases that the regions diagnosed in 2022 were all place on treatment despite the hesitancy that at time arises from the clients .

#### Figure 27: Trend of Pediatric TB Case Detection, 2020 - 2023

There has been an astronomic increase in pediatric TB cases comparing 2022 to 2023. Below are the possible ways the region recommended to increase TB case detection in 2023.

* Research into other diagnostic samples example urine and stool for diagnosis
* Research into the possibility of an RDT for TB.
* Aside from Clinicians, NTP should Train TB coordinators and prescribers on the usage of a well-designed pediatrics screening tool
* Screening at Child welfare clinic registrant and Attendance
* Introduce periodic screening at Basic /Pre-School
* Continues screening at the Pediatric unit for all cough.

##### Table 27: District Performance Against Target

|  |  |  |  |
| --- | --- | --- | --- |
| **DISTRICTS** | **2023 Target** | **2023 Total No of TB cases of all forms diagnosed** | **% Achieved** |
| Ablekuma Central | **927** | 685 | 74 |
| Ablekuma North | **40** | 14 | 35 |
| Ablekuma Sub | **40** | 8 | 20 |
| Ablekuma West | **81** | 49 | 61 |
| Ada East | **40** | 38 | 94 |
| Ada West | **40** | 19 | 47 |
| Adentan | **40** | 27 | 67 |
| Ashaiman | **161** | 141 | 87 |
| Ashiedu Keteke | **161** | 147 | 91 |
| Ayawaso Central | **40** | 10 | 25 |
| Ayawaso East | **161** | 147 | 91 |
| Ayawaso North | **81** | 71 | 88 |
| Ayawaso West | **81** | 65 | 81 |
| Ga Central | **40** | 26 | 65 |
| Ga East | **40** | 53 | 131 |
| Ga North | **81** | 61 | 76 |
| Ga South | **81** | 58 | 72 |
| Ga West | **161** | 115 | 71 |
| Korle-Klottey | **322** | 334 | 104 |
| Kpone-Katamanso | **161** | 99 | 61 |
| Krowor | **40** | 34 | 84 |
| La-Dade-Kotopon | **81** | 73 | 91 |
| La-Nkwantanang-Madina | **121** | 174 | 144 |
| Ledzokuku | **121** | 96 | 79 |
| Ningo Prampram | **81** | 31 | 38 |
| Okai Koi North | **202** | 132 | 65 |
| Okai Koi South | **161** | 108 | 67 |
| Shai-Osudoku | **81** | 74 | 92 |
| Tema | **161** | 154 | 96 |
| Tema West | **40** | 43 | 107 |
| Weija-Gbawe | **161** | 137 | 85 |
| **GAR** | **4031** | **3223** | **80** |
| Korle-bu Teaching Hospital | **1326** | 940 | 71 |
| Accra Metro | **854** | 507 | 59 |
| Ridge Regional Hospital | **220** | 200 | 91 |

#### Figure 28: Three Year Trend of Case Notification-Bacteriologically Confirmed and Clinically

#### **Diagnosed Cases**

# Gene-Xpert Sites

There are 16 GeneXpert sites (2 private facilities) in the region as follows:

1. Greater Accra Regional Hospital
2. Achimota Hospital
3. LEKMA Hospital
4. Police Hospital
5. Shai Osu Doku Hospital
6. Mamobi General Hospital
7. 37 Military Hospital
8. Lapaz Community hospital
9. Trust Hospital
10. Weija Gbawe Municipal Hospital
11. La Nkwantanag Municipal Hospital
12. Tema General Hospital
13. Korle Bu Teaching Hospital
14. Ashaiman Hospital
15. Noguchi Memorial Institute
16. University of Ghana Medical Center

There was a shortage of GeneXpert cartridges during the period of reporting. Frequent problems with some of the modules required replacement from NTP which slowed down the rate at which samples were worked on. Examples of hubs with problems include Greater Accra Regional Hospital- Ridge, Ga West, Weija Gbawe Municipal Hospital, Tema General Hospital etc

## Microscopy Sites

Microscopy is used for following up monitoring of clients on treatment and is done at Month 2,5 and 6 for clients with Drug Susceptible TB monthly until treatment completion for clients with Multi Drug Resistant (MDR) TB. There are 67 microscopy sites in the region. External Quality Assurance (EQA) monitoring of microscopy sites to assess the use of the slides.

## Sputum Sample Transportation System (STSS)

This was started in October 2019 to transport sputum samples from facilities without a GeneXpert machine (spokes) to facilities with a GeneXpert (hub) to help expedite and increase the diagnosis of TB clients. This would expedite treatment and result in better treatment outcomes. Ghana Post was the courier system, hired and paid by NTP after submission of an invoice. The contract with Ghana Post ended in September 2021 and so the Director General of the Ghana Health Service (GHS) has directed all regions and districts to take over the management of both sputum sample transportation and Early Infant Diagnosis (EID) sample transportation. Funds have been disbursed to districts to manage the transportation system.

##### Table 28: Output of Sputum Sample Transportation System and Bidirectional Testing

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DISTRICT SSTS REPORT BREAKDOWN 2023** | | | | | | | | | | |
| District | **No. Samples dispatched** | **Samples with Results** | **No. of Courier movement** | **Test Results** | | | | | **MTB+RR Initiated on Treatment** | **MTB+RS initiated on treatment** |
| **MTB+RR** | **MTB+RS** | **MTB-** | **SM Neg** | **SM Pos** |
| **Ablekuma Central** | 43 | 21 | 38 | 0 | 1 | 18 | 1 | 1 | 0 | 1 |
| **Ablekuma Sub Metro** | 409 | 409 | 83 | 2 | 48 | 359 | 0 | 0 | 2 | 48 |
| **Ablekuma North** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Ablekuma West** | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Ada East** | 128 | 126 | 25 | 0 | 11 | 115 | 0 | 0 | 0 | 11 |
| **Ada West** | 52 | 5 | 9 | 0 | 0 | 5 | 0 | 0 | 0 | 0 |
| **Adentan** | 225 | 2 | 90 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| **ASHAIMAN** | 1033 | 1033 | 179 | 1 | 67 | 965 | 0 | 0 | 1 | 65 |
| **Ashiedu Keteke** | 169 | 141 | 44 | 0 | 23 | 116 | 1 | 1 | 0 | 23 |
| **Ayawaso Central** | 58 | 58 | 18 | 0 | 2 | 56 | 0 | 0 | 0 | 2 |
| **Ayawaso East** | 1437 | 1370 | 68 | 0 | 94 | 1255 | 21 | 0 | 0 | 94 |
| **Ayawaso North** | 200 | 201 | 23 | 0 | 17 | 184 | 0 | 0 | 0 | 17 |
| **Ayawaso West** | 343 | 224 | 66 | 1 | 17 | 206 | 0 | 0 | 1 | 17 |
| **Ga Central** | 294 | 245 | 32 | 1 | 16 | 195 | 33 | 0 | 1 | 16 |
| **Ga East** | 704 | 506 | 83 | 2 | 31 | 458 | 15 | 0 | 2 | 30 |
| **Ga North** | 475 | 436 | 176 | 0 | 45 | 364 | 27 | 0 | 0 | 45 |
| **Ga South** | 286 | 271 | 101 | 0 | 11 | 120 | 115 | 25 | 0 | 11 |
| **Ga West** | 905 | 675 | 156 | 1 | 65 | 598 | 11 | 0 | 1 | 63 |
| **Korle-Klottey** | 3352 | 3068 | 68 | 1 | 158 | 2711 | 198 | 0 | 1 | 158 |
| **Kpone-Katamanso** | 671 | 668 | 266 | 1 | 18 | 649 | 0 | 0 | 1 | 18 |
| **Krowor** | 139 | 34 | 47 | 0 | 1 | 33 | 0 | 1 | 0 | 1 |
| **La-Dade-Kotopon** | 1132 | 962 | 37 | 2 | 24 | 910 | 25 | 0 | 2 | 24 |
| **La-Nkwantanang-Madina** | 350 | 350 | 176 | 0 | 9 | 343 | 0 | 0 | 0 | 9 |
| **Ledzokuku** | 1165 | 1144 | 130 | 2 | 116 | 1026 | 0 | 0 | 2 | 115 |
| **Ningo Prampram** | 251 | 173 | 28 | 0 | 10 | 163 | 0 | 0 | 0 | 10 |
| **Okai Koi North** | 1098 | 1098 | 24 | 1 | 72 | 1007 | 18 | 0 | 1 | 74 |
| **Okai Koi South** | 738 | 727 | 153 | 3 | 63 | 661 | 0 | 0 | 3 | 63 |
| **Shai-Osudoku** | 509 | 508 | 35 | 0 | 27 | 481 | 0 | 0 | 0 | 23 |
| **Tema** | 166 | 163 | 4 | 0 | 6 | 157 | 0 | 0 | 0 | 6 |
| **Tema West** | 233 | 232 | 78 | 0 | 25 | 207 | 0 | 0 | 0 | 22 |
| **Weija Gbawe** | 596 | 594 | 38 | 0 | 64 | 523 | 6 | 1 | 0 | 64 |
| **G.A.R** | **17183** | **15444** | **2275** | **18** | **1041** | **13887** | **471** | **29** | **18** | **1030** |
| **Hubs** | 8914 | 8611 | 111 | 5 | 554 | 7801 | 232 | 1 | 4 | 524 |
| **Spokes** | 8269 | 6833 | 2164 | 13 | 487 | 6086 | 239 | 28 | 14 | 506 |

In the year under review, 17183 samples were dispatched in the region with 15444 results. 2275 movement were used for the total number of samples dispatched. Accounting for the results received, 18 turned out to be MDR and 1041 were susceptible TB with the rest being negative. About 10.1 % of sample dispatched had no results.

## TB/HIV Co-infected

#### Figure 29: TB/HIV 2021/2022 Percentage Performance

Considering the figure above, Clients who knew their status/tested for HIV has seen a decline over the years. However, comparing 2023 to 2023, there is a decline of about 7.1% and a positive decline from 95.9% 2022 to 19.5% in 2023 in patients turning out to be coinfected. It is recommended that at least 95% of HIV positive clients be placed on ART. In the year under review, 97.4% of the 19.5% coinfected patients were placed on ART.

## Chest Xray Sites

NTP has provided some facilities with a digital Xray machine. Such facilities are to attend to clients presumed to have TB and TB clients at no cost. The facilities are as follows:

1. Achimota Hospital
2. Legon hospital
3. Pantang Hospital
4. Korle Bu Teaching Hospital
5. Mamobi General Hospital
6. Kaneshie Polyclinc
7. Ga West Municipal Hospital

## Contact Tracing and TB Preventive Therapy (TPT) Enrolment

Clients diagnosed as bacteriologically confirmed TB with the GeneXpert have their contacts traced as they are infectious and can infect up to 10 close contacts in a year. A list of their contacts is generated, and they are screened for TB. If found eligible, sputum samples are taken, and they are tested for TB. If they are found to be negative, they are put on TPT for 6months using Isoniazid daily or for 3 months using an Isoniazid and Rifapentine (3HP) combination weekly for 3 months. All PLHIVs are also screened and if eligible are also put on TPT.

##### Table 29: Contact Tracing and TPT Enrollment

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DISTRICT** | **Total Pul. Case** | **Total Contacts Identified** | **Total Contact Screened - TB** | **Total Contact Screened - HIV** | **Total HIV +** | **Contact Diagnosed with TB** | **Started TB Treatment** | **Contacts Eligible for TPT** | **Contacts enrolled on TPT** |
| Ablekuma (Accra Metro) | 685 | 735 | 708 | 27 | 1 | 1 | 1 | 269 | 267 |
| Ablekuma Central | 14 | 10 | 10 | 10 | 0 | 1 | 1 | 0 | 0 |
| Ablekuma North | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ablekuma West | 49 | 131 | 131 | 115 | 7 | 1 | 1 | 38 | 18 |
| Ada East | 19 | 235 | 213 | 213 | 0 | 0 | 5 | 211 | 211 |
| Ada West | 27 | 159 | 159 | 0 | 0 | 0 | 0 | 140 | 140 |
| Adentan | 141 | 31 | 15 | 0 | 0 | 0 | 6 | 28 | 21 |
| Ashaiman | 147 | 655 | 595 | 281 | 44 | 1 | 1 | 633 | 557 |
| Ashiedu Keteke | 10 | 80 | 69 | 14 | 6 | 5 | 5 | 55 | 4 |
| Ayawaso Central | 147 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ayawaso East | 71 | 316 | 302 | 223 | 10 | 2 | 2 | 130 | 80 |
| Ayawaso North | 65 | 280 | 280 | 0 | 0 | 1 | 1 | 247 | 19 |
| Ayawaso West | 26 | 174 | 174 | 78 | 5 | 1 | 1 | 170 | 131 |
| Ga Central | 53 | 66 | 66 | 29 | 0 | 0 | 0 | 58 | 57 |
| Ga East | 61 | 67 | 65 | 4 | 1 | 0 | 0 | 50 | 38 |
| Ga North | 58 | 160 | 204 | 2 | 0 | 1 | 3 | 138 | 125 |
| Ga South | 115 | 263 | 263 | 12 | 0 | 0 | 0 | 24 | 15 |
| Ga West | 334 | 306 | 286 | 54 | 0 | 0 | 0 | 192 | 11 |
| Korle-Klottey | 99 | 1050 | 1050 | 136 | 4 | 5 | 3 | 381 | 378 |
| Kpone-Katamanso | 34 | 559 | 513 | 0 | 0 | 1 | 1 | 16 | 10 |
| Krowor | 73 | 64 | 40 | 11 | 0 | 0 | 0 | 22 | 19 |
| La-Dade-Kotopon | 174 | 123 | 123 | 0 | 0 | 0 | 0 | 4 | 0 |
| La-Nkwantanang-Madina | 96 | 782 | 754 | 35 | 0 | 1 | 29 | 668 | 461 |
| Ledzokuku | 31 | 339 | 332 | 21 | 0 | 2 | 2 | 66 | 30 |
| Ningo Prampram | 132 | 75 | 85 | 13 | 1 | 0 | 0 | 63 | 65 |
| Okai Koi North | 108 | 245 | 108 | 0 | 0 | 1 | 1 | 156 | 87 |
| Okai Koi South | 74 | 826 | 826 | 24 | 0 | 1 | 6 | 215 | 127 |
| Shai-Osudoku | 154 | 62 | 62 | 0 | 6 | 1 | 0 | 54 | 22 |
| Tema | 43 | 353 | 274 | 43 | 1 | 8 | 0 | 215 | 192 |
| Tema West | 137 | 161 | 161 | 26 | 0 | 0 | 0 | 151 | 20 |
| Weija-Gbawe | 3223 | 217 | 217 | 1 | 0 | 3 | 1 | 127 | 71 |
| **REGIONAL PERFORMANCE** | **940** | **8524** | **8085** | **1372** | **86** | **37** | **70** | **4521** | **3176** |
| Accra Metro | 507 | 1641 | 1603 | 65 | 7 | 7 | 12 | 539 | 398 |
| Korle-bu Teaching Hospital | 200 | 435 | 408 | 1 | 1 | 1 | 1 | 46 | 46 |
| Greater Accra Regional Hospital - Ridge |  | 455 | 455 | 104 | 4 | 0 | 0 | 237 | 234 |

The above table shows the output of contact tracing and eligible contacts enrolled on TPT. Out of 8524 contacts identified for all age groups, 4521 representing 53% were eligible for TPT with 0.5% diagnosed with TB.

## Treatment Outcomes

At the end of treatment, TB clients are evaluated according to the following treatment outcomes: cured, complete treatment, treatment failure, Defaulted treatment, and death.

##### Table 30: TB Treatment Outcome

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **District** | **Number of cases registered in period** | **%Cured** | **% Treatment Completed** | **% Died** | **% Lost to Follow-up** | **% Not evaluated** | **% Treatment failed** |
| Ablekuma (Accra Metro) | 529 | 17 | 52 | 16 | 14 | 2 | 0.0 |
| Ablekuma Central | 7 | 114 | 0 | 0 | 0 | 0 | 0.0 |
| Ablekuma North | 2 | 0 | 100 | 0 | 0 | 0 | 0.0 |
| Ablekuma West | 18 | 89 | 0 | 6 | 6 | 0 | 0.0 |
| Ada East | 25 | 16 | 52 | 4 | 12 | 4 | 8.0 |
| Ada West | 9 | 67 | 33 | 0 | 0 | 0 | 0.0 |
| Adentan | 1 | 2500 | 0 | 300 | 200 | 0 | 0.0 |
| Ashaiman | 109 | 55 | 21 | 7 | 17 | 0 | 0.0 |
| Ashiedu Keteke | 89 | 28 | 34 | 19 | 19 | 0 | 0.0 |
| Ayawaso Central | 4 | 50 | 25 | 0 | 25 | 0 | 0.0 |
| Ayawaso East | 119 | 31 | 42 | 25 | 2 | 0 | 0.0 |
| Ayawaso North | 72 | 82 | 18 | 0 | 0 | 0 | 0.0 |
| Ayawaso West | 65 | 46 | 37 | 6 | 9 | 0 | 0.0 |
| Ga Central | 22 | 77 | 14 | 5 | 5 | 0 | 0.0 |
| Ga East | 46 | 33 | 37 | 7 | 22 | 0 | 2.2 |
| Ga North | 49 | 51 | 29 | 4 | 16 | 0 | 0.0 |
| Ga South | 59 | 44 | 31 | 10 | 0 | 15 | 0.0 |
| Ga West | 120 | 58 | 31 | 8 | 4 | 0 | 0.0 |
| Korle-Klottey | 266 | 55 | 37 | 6 | 2 | 0 | 0.0 |
| Kpone-Katamanso | 101 | 48 | 52 | 0 | 0 | 0 | 0.0 |
| Krowor | 19 | 0 | 84 | 11 | 16 | 0 | 5.3 |
| La-Dade-Kotopon | 58 | 43 | 33 | 7 | 16 | 0 | 0.0 |
| La-Nkwantanang-Madina | 92 | 77 | 23 | 0 | 0 | 0 | 0.0 |
| Ledzokuku | 76 | 50 | 25 | 11 | 4 | 7 | 0.0 |
| Ningo Prampram | 41 | 24 | 66 | 7 | 0 | 2 | 0.0 |
| Okai Koi North | 131 | 56 | 34 | 8 | 2 | 0 | 0.0 |
| Okai Koi South | 92 | 65 | 26 | 8 | 0 | 0 | 0.0 |
| Shai-Osudoku | 80 | 35 | 33 | 19 | 5 | 0 | 1.3 |
| Tema | 117 | 49 | 39 | 8 | 2 | 2 | 0.0 |
| Tema West | 37 | 76 | 16 | 5 | 0 | 0 | 0.0 |
| Weija-Gbawe | 106 | 42 | 39 | 5 | 13 | 1 | 0.0 |
| **REGIONAL PERFORMANCE** | **2561** | **45** | **38** | **10** | **7** | **1** | **0.2** |
| Accra Metro | 710 | 25 | 46 | 15 | 13 | 2 | 0.0 |
| Korle-bu Teaching Hospital | 447 | 4 | 59 | 18 | 17 | 2 | 0.0 |
| Greater Accra Regional Hospital - Ridge | 143 | 44 | 44 | 11 | 0 | 0 | 0.0 |

**Non-Governmental Organizations (NGOs)**

Currently 9 NGOs operate in the region. They recruit volunteers who screen community members for TB and send their samples to the hubs for testing. Positive cases are managed by the health facilities in their catchment area however there is a challenge on the case reporting as to who report.

## Activities Undertaken by the Unit in the period under review.

During the period under review, the unit carried out the following activities:

1. World TB Day celebration
2. Continuation of EQA Monitoring
3. HIV data validation in selected facilities
4. Annual National TB/HIV Review Meeting
5. Regional Annual TB/HIV Review Meeting
6. Annual Review meeting
7. District Monitoring
8. Intensive case finding monitoring
9. Screening tool scale up training
10. External Quality Assurance Monitoring

## World TB Day Celebration

The region did not get any support for world TB day celebration by districts in their own way supported and organized activities to increase awareness creation. Few to mention are.

1. Lunching of World TB Day eg. At Ayawaso West district
2. TB screening in communities
3. TB education in schools, market, and lorry stations
4. Floating
5. Facility TB screening

**Challenges**

1. High staff turnover resulting in a lot of facility TB Coordinators. This affects the management of TB clients and data quality on DHMS
2. Low screening rates at our various OPDs.
3. Stock out of GeneXpert cartridges
4. Some facilities stopped sputum transportation because of the delay in the release of funds from some districts.
5. Inadequate quantities of 3HP at the RMS
6. Inadequate funds for contact Tracing
7. Lack of funds for quarterly monitoring
8. Inadequate fortified Blended Food for Clients
9. Knowledge gap among facility TB coordinators
10. Frequent Malfunction of gene xpert modules
11. Dwindling commitment of staff in TB program.
12. Lack of enabler support
13. Frequent update and uploading of TB forms with no notification.
14. Low screening in some facilities
15. Delay in receiving funds for sample transportation.

**Way forward**

1. Districts have been encouraged to organize and fund the training for their facilities in all need to train areas in TB. The regional team will support Trainers.
2. Facility Heads have been encouraged to support TB activities.
3. Facilities have been encouraged to request for and orient national service personnel to conduct the screening at the OPDs and wards to boost our case detection.
4. Districts have been encouraged to release funds allocated for sputum sample transportation.

**Specific Way forward**

**How to improve Screening**

1. Deployment of National Service personnel to facilities with a high burden of OPD attendance
2. Systematic screening at every unit within the health facility
3. Involvement of OPD nursing in screening in the afternoon, evening, and weekends
4. Annual General Staff Screening
5. Community screening

**How to strengthen sample transportation and make it more effective**

1. Provision of funds to meet the high cost of transportation.
2. Timely release of funds to avoid pre-financing.
3. Systematic screening at all points of care
4. Continuous supply of GeneXpert catridge

**How to improve on paediatric TB finding**

* Aside from Clinicians, NTP should Train TB coordinators and nutrition officers on the usage of a well-designed pediatrics screening tool
* Screening at Child welfare clinics and all points of care
  1. **HEALTH PROMOTION**

**Vision**

To contribute to the overall improvement of the health status of all people living in the Greater Accra Region through the implementation of a resilient Hhealth Ppromotion and Social Behavior Change Communication (SBCC) interventions that make individuals take well informed health decisions and exhibit healthy and acceptable health behaviors.

**Mission**

To encourage and sustain behaviors that promote health, prevent diseases or other health problems, and facilitate cure as well as rehabilitate after treatment, among all people living in the Greater Accra Region

**Main Objective**

To provide appropriate health promotion interventions on health issues targeted at individuals, communities, and society to translate into desirable behaviors.

**Specific Objectives:**

* To implement health promotion activities specific to the three thematic areas of operation of the Greater Accra Regional Health Directorate considering those of the Ghana Health Service in general.
* To identify and respond with the appropriate intervention to emerging health issues related to behaviour.
* To collaborate and network with partners and agencies to implement Health promotion activities.
* Promote the demand of essential services and wellbeing clinic services.
* Monitor and support implementation of Health promotion activities in the districts.
* Lead and collaborate with other agencies to commemorate international and national health days and week in other to sustain awareness creation and promote behaviour change.
* Provide strategic guidance for districts to educate groups and community members on disease surveillance.

## Planned Activities For 2023

* Identification of Key Stakeholders eg: NGOs, Departments, Organize groups, Institutions, and Individuals for networking towards effective collaboration for community sensitization and education on the essential services.
* Support districts to organize programmes on HIV/AIDS, Malaria, TB, NTDs, Family Planning, Adolescent Health, Maternal Health issues and other prevailing issues to disseminate information, educate and involve community members.
* Mass media public education on HIV, Malaria, TB, NTDs, NCDs, Family Planning, Adolescent Health, Maternal Health issues and other prevailing issues.
* Organize quarterly committee meetings on risk communication.
* Promotion and dissemination of regular health check and health information.
* Lead the training need assessment, training content development and training of community volunteers to sensitize communities on identification and reporting of outbreaks in the communities.
* The Regional office will support the districts to plan and observe international and national health days to create and sustain awareness.
* Besides the Region will also plan and observe health days, weeks and months as

## COVID-19 Risk Communication activities in Greater Accra Review Meeting

Regional Health Promotion Unit with support from PATH Ghana organized a COVID-19 risk communication review meeting. The participants were: one Health Promotion Officer from each of the 32 districts of the region; 15 community social mobilizers from selected districts, namely Ashiaman, Ningo Prampram, Ayawaso West, Shai Osudoku, La Dadekotopon, Krowor among others and five (5) queen mothers to represent the traditional leaders.



## Regional Risk Communication Committee meeting.

The Regional Health Promotion Unit in collaborated with Breakthrough Action Project to organize Regional Risk Communication Committee meetings. The meeting was to review implemented risk communication activities and plan other activities for efficient management of the spread of COVID-19 and other outbreaks in the region. Present at the meeting were representatives from the.

* Ghana Red Cross Society
* Information Service Department
* Ghana Education Service
* Department of Community Development
* Ghana Journalist Association
* Regional Disease Control Unit
* Regional Disease Surveillance Unit
* Department of Social Welfare
* Health Information Service
* Disease surveillance

All the organizations and agencies present made a presentation on their COVID-19 communication activities. Each of the presentations was followed by discussions. It was clear every organization was doing their own things without any proper coordination. No one was in charge of the risk communication in the region. The next presentation was by Deputy Director, Public Health for Greater Accra Region (Dr (Mrs.) Akosua Sika Ayisi). Her presentation was on the current situation in term of the spread of the covid-19 and the vaccine uptake in Greater Accra Region. The presentation was to update the committee members for better deliberation and decision making.

The committee deliberated on strategies to improve education of the public to halt the spread of COVID-19 and manage people’s perception on the vaccine to increase the vaccine uptake. The committee realised that the plans of the committee and assignments assigned to members cannot be implemented without financial support. The issues of funding of the activities of the committees were also discussed with no conclusion. The issue of no coordination, monitoring, and reporting of the risk communication activities by the various agencies was a worry and adjudged as a setback to efforts in fighting the pandemic. To improve this, it was then, agreed that the representatives of Ghana Journalist Association, National Commission for Civic Education, Red Cross, and Information Service Department with Support from Breakthrough Action should develop a reporting format for agencies to report on their activities. The committee also agreed to have monthly zoom meeting and quarterly in-person meetings. This is to enable coordinated efforts, regular peer review and planning.

## Organization, Coordination and Monitoring of Social Mobilization For Covid-19 Vaccine Deployment Campaigns

The Greater Accra Region Health in the period under review organized ten (10) mass covid-19 vaccination campaigns. The success of these campaigns greatly, depend on a good demand generation strategy, especially in a situation where the region is a major contributor (over 50% COVID-19) to the positive cases in the country. The Regional Health Promotion Unit organised support supervision to selected districts. As part of its principal mandates, to organized, coordinated, and monitored social mobilization and demand generation for all the vaccination activities including the covid-19 vaccination exercises. This was to offer the team an opportunity to assess the situation on the ground, interact with the social mobilization committee, provide onsite coaching and help districts re-strategize when necessaryThe monitoring team helped the districts to develop social mobilization strategies and tailored made activity plans that were implemented to ensure increase uptake of the vaccine by the populace.



The unit is mandated to champion and coordinated demand generation activities for all health services. Covid-19 with all the issues surrounding it needs strategic communication to get people informed to take expected action. The COVID-19 vaccination has been bedevilled with a lot of misinformation, and rumours. The regional office organized 143 sessions of radio/TV discussions to sensitize people on the campaigns. At each campaign, press releases were issued to all the media houses in the region to inform and engage them in the education of the populace for increased awareness creation and active participation in the campaigns by the people. An estimated number of over 9 million people were reached, considering that, most of the media houses used in all sixteen regions of the country had wider audience. The unit also organized 8 sessions of stakeholder engagement at the regional level.

It is, also, worth mentioning that beside the eight (8), there were special engagement with the regional leadership of People Living with Disability, Ghana Private Road Transport Union, Hairdressers, dressmakers, and beautician Associations among others at different meetings. The stakeholders were engaged in discussions for their support to get their members sensitize and ensure their active participation in the vaccination exercise and observe the preventive protocols. Vaccinators were made available at all the discussion sessions held to vaccinate participants who availed themselves after the sensitization. These sessions had over 400 people vaccinated. The unit also developed synopsis and key messages for downstream use to guide the campaigns at the district level. In addition, posters and leaflets were, also, secured from national and distributed to districts to enhance their social mobilization work. The district social mobilization activities were supported, monitored, and supervised by the region. This led to significant coverage in all the campaigns.

**Media Monitoring Analysis**

The health promotion unit is mandated to monitor the media. This is to assess what how they report issues of health determinants and importance. For lack of resource the unit is only supply with daily graphic. As such the monitoring officially here is for publications in the daily graphic alone. The period under consideration saw the above topics discussed by Daily Graphic.

**Districts Level Activities**

The district is mandated to organise health sensitization and education sessions in their districts and communities. The health educational programs were organized at the Districts, Sub-Districts and Community levels. These are categorized into key thematic areas namely:

* Nutrition
* Communicable Diseases
* Non-Communicable Diseases
* Communicable Diseases
* Reproductive Health (Safe motherhood)
* Reproductive Health (Family Planning)
* Child Health
* Personal / Environmental Hygiene
* Mental Health

The various cadres of health staff and the community volunteers educated people on health topics in the communities, child welfare clinics, OPDs, ante and post-natal sessions, durbar and through home visits. Districts, also, organized TV and Radio discussions to reach more people. They also, reached people through the community information centers available in the communities and the lorry station and organized group meetings. This is to ensure no one is left out on the drive to get people informed for behavior charge.

#### Figure 30: Advocacy Held And Child Health Topics

#### Figure 31: Number of times Channels were used for HP activities

Figure 32: Media House Engagements 2018-2023

## Community Health Screening

A number of community health screenings were organized by the districts to mark some health days and weeks celebration.Kpone Katamanso; Ga North, West and South; La Nkwantanang Madina; Shai Osudoku, Tema, Ayawaso East and West municipal health

directorates organized health screening programmes on world TB, Malaria, Sickle Cell days celebration in which many people were screened for TB in addition to Blood Pressure (BP), malaria, diabetics body mass index (BMI) and Human Immune Deficiency Virus (

HIV). Those found with conditions that needed attention wer referred to the health facilities for thorough assessment and assistant.

**Social Mobilization for Covid - 19 Mass Vaccination Campaign**

The cases of covid-19 continue to rise in Ghana from time to time after periods of decline, marking the country experience waves like many other countries. To halt the spread of ss cases in Ghana. the need for vaccination within the country, as complement to other efforts by the government, cannot be postponed. So, the government in collaborated with the development partners and had embarked on aggressive vaccination all eligible population since March 2021. The vaccine deployment marked another phase of schedules of vaccinations aimed at vaccinating about twenty million (22,900.0000) of over thirty million (30,000.000) population of Ghana. The have been many phases of vaccination campaigns in the region and the country. It has a theme “**Protect Yourself Protect Your Family** **Get vaccinated against COVID-19”**

All the 29 participating Districts actively carried out social mobilization to generate demand for the Vaccination programme. All the districts advocated for support from stakeholders and lobby for logistic support from their respective Assemblies and organizations for a successful implementation of the programme. Radio and TV discussions were also held.

A picture containing person, people, outdoor, group

Description automatically generated****

**Partnerships/Collaboration**

The unit at the Regional and District levels had partnered with other departments and organizations in her quest to improve healthy living on the various programmes. Some of the partnership was with.

* The Regional Social Welfare Department
* The Association of Private Pre-School Owners
* Information Service Department
* Environmental Health
* District Assembly
* Assembly members
* NGOs
* All Health facilities
* Local Stakeholder Abbosey Oka Spare Parts
* Ghana Police Service
* GPRTU
* The media houses in Accra
* GES (School Health Education Programme Coordinator and the Early Childhood Coordinator) among others

# CHAPTER THREE

# CLINICAL CARE

Clinical Care Division ensures that programs and policies relating to clinical practice are implemented through effective and efficient monitoring systems, and capacity building to provide good quality care to all people living in the Greater Accra Region. In performing its core functions, a multidisciplinary approach is employed all in a bid to increasing the chances of solving challenges or developing new approaches that will offer maximum benefit to our clients.

The Division has the mandate to lead, support and provide oversight towards achieving client-centred quality clinical services to promote wellness, reduce disability and suffering promptly by passionate, well-motivated trained healthcare workers. This mandate is driven by its vision to improve quality clinical care services for all persons living in Ghana.

## Key Challenges From 2023

* Poor Cause of Death data capture
* Improper coding and data capture of ICD 10 diseases
* Referral Challenges for Non-Maternal Cases.
* Patient Safety and Institutional Quality Management Gaps.
* Fragile Emergency processes and systems

## Key Activities Done 2023

* Integrated Supportive Supervision exercise in facilities.
* Monthly Data Validation Meetings with districts
* Meeting with Facility Clinical Coordinators
* Training of staff on COVID-19 Test to Treat with Oral Antivirus
* District wide zoning to facilitate Network of Practice implementation.
* Coastal hypertension project
* Prostate Cancer project
* HIV/AIDS, TB, Malaria (ATM) Quality Improvement Supportive Supervision visit to six (5) participating facilities in GAR.
* Training of Trainers on the implementation of 5S-Kaizen in 2 piloted districts (Ningo Prampram & Ga South)
* Training of staff on claim-it software and its installation for facility NHIS claims submission.
* Distribution of basic life-saving equipment for Helping Babies Breath (HBB) and Neonatal Resuscitation (NRP) to 30 facilities
* Trained selected health staff on Helping Babies Breath (HBB) and Neonatal Resuscitation (NRP).
* Maternal and perinatal audit Team visits
* Trained 18 selected health staff on dog bite and rabies management.
* Conducted peer review assessment in 34 hospitals and polyclinics.
* Conducted assessment in all health centers in the region.
  1. **Peer Review**

Peer review can be defined as facilitative and supportive supervision that is carried out by Peers of the same field of work. In the health care delivery setting, it can be described as a process where healthcare professionals come together to assess and evaluate the clinical services of one another. This is to ensure that, standard protocols, procedures, and regulations governing the health sector are adhered to.

As part of the activities of the Ministry of Health and Ghana Health Service to improve the health system and continuously provide quality health care for the admiration of both client and staff, the regional Peer Review team with the approval of the Director-General and the entire team, put together a regional team to assess the various hospitals within the region to identify their best practices and adopt them, ensure quality health service is provided and identify areas that need improvement.

The validity of a peer review process is determined by the degree to which it assesses what it is intended to assess. The reliability of a peer review process is the degree to which one can depend on the accuracy of the method’s results. Reproducibility of the results is one gauge of reliability.

**Objectives For Peer Review**.

The main objective of the Peer Review mechanism is to provide a very brief but well-informed, balanced, and transparent assessment of all health facilities' performance and to give recommendations as to how to improve on performance to attain quality service delivery. It is also to be one of the preparatory phases in getting the Regional Health Directorate (RHD) ready for the Holistic Assessment. The specific objectives of the peer review are as indicated:

1. Assess the performance of facilities using the Peer Review Checklist.

2. Identify areas that require improvement in health delivery.

3. Provide recommendations and support to improve quality and safety of care.

The priority areas for the assessment were based on the strategic health sector objectives, table 1 below shows the areas captured in the checklist.

##### Table 31: Priority Areas for Peer Review

|  |  |
| --- | --- |
|  | **Objectives** |
| **SoB 2** | Reduce Morbidity and Mortality, Intensify Prevention and Control of Non-Communicable Diseases |
| **SoB 3** | Enhance Efficiency in Governance and Management |
| **Institutional Care** | Institutional Care |

**METHODOLOGY**

The 2022 session of Peer Review took place from 24th October to 2nd November 2023. This year's assessment mainly focused on three areas: Objective two, Objective three, and Institutional care. This was done to make use of limited time available in conducting the Peer Review exercise. Assessors were selected from facilities and paired with one peer review coordinator to assess sister facilities based on facility type (hospital and polyclinic).

The pairing of facilities was carefully done to ensure that hospitals were paired among themselves likewise polyclinics. Coordinators were also assigned to provide guidance technical support to each assessment team before, during and after the assessment days.

## List of Facilities Assessed

##### Table 32: Facilities that participated in Peer Review

|  |  |  |
| --- | --- | --- |
| **No.** | **Hospital** | **Polyclinic** |
| 1 | Achimota Hospital | Adabraka Polyclinic |
| 2 | Ada East District Hospital | Amanfrom Polyclinic |
| 3 | Ga North Municipal Hospital | Ashaiman Polyclinic |
| 4 | Ga West Municipal Hospital | Bortianor Polyclinic |
| 5 | GreaterAccra Reg. Hospital | Community 22 Polyclinic |
| 6 | LEKMA Hospital | Dansoman Polyclinic |
| 7 | Maamobi General Hospital | Kpone Polyclinic |
| 8 | Mamprobi Hospital | LEKMA Polyclinic |
| 9 | Pentecost Hospital | Madina Polyclinic (Rawlings Circle) |
| 10 | PML Hospital | Manhean Polyclinic |
| 11 | Shai Osudoku Hospital | La Polyclinic |
| 12 | Tema General Hospital | Oduman Polyclinic |
| 13 | Ussher Hospital | Ogbojo Polyclinic |
| 14 | Weija-Gbawe Municipal Hospital | Prampram Polyclinic |
| 15 |  | Sege Polyclinic |
| 16 |  | Taifa Polyclinic |
| 17 |  | Tema Polyclinic |
| 18 |  | Madina Polyclinic (Kekele) |
| 19 |  | Kaneshie Polyclinic |

## Overall Scores

The overall score is computed based on strength of each facility’s performance. Figure 1 indicates weighted scores for hospitals in the year under review.

#### Figure 33: Overall Performance Score for Hospitals

From the weighted scores, the figure 1 below indicates the overall performance among hospitals. LEKMA Hospital ranked first with the highest score of 2.63 followed by Shai Osudoku Hospital with scores of 2.62. The bottom three ranked hospitals based on the overall weighted scores are Ussher Hospital, Mamprobi Hospital and Ada East Hospital with a score of 1.5, 1.5 and 1.63 respectively.

#### Figure 34: Overall Performance Score for Polyclinics

In figure 2 above, among the highly performing facilities, La Polyclinic scored 2.81 being the highest and Amanfrom Polyclinic placed second with a score of 2.75. Manhean and Tema Polyclinics were the facilities in the moderately performing category recording scores of 1.32 and 1.34 respectively. Prampram Polyclinic placed last with the overall lowest performance score of 1.19.

#### Figure 35: Trend of Overall Weighted Scores for Hospitals, 2020-2022

The figure 3 above indicates year on year performance improvement on selected sector objectives over the past three years (2020-2022). In all the sector objectives, 2022 has seen an increase with most significant being in objective 3, which was 2.89 as compared to 1.76 and 2.17 for 2020 and 2021 respectively. Institutional care also saw an increase from 1.25 in 2020 to 1.77 in 2022.

#### Figure 36: Trend of Overall Weighted Scores for Polyclinics, 2020-2022

The trend analysis of polyclinics in the figure 4 above indicates a great improvement of facility performance score comparing 2020 to 2022 performance. There was a significant improvement in objective 3, which saw a jump from 1.05 in 2020 to 2.98 in 2022.

In order of performance, the tables 1 and 2 below shows a summary performance scores on each objective and the overall weighted scores achieved by hospitals and polyclinics, respectively.

##### Table 33: Summary of Performance Scores for Hospitals on each Objective/Thematic Area

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | **Name of Facility** | **Obj 2** | **Obj 3** | **Inst. Care** | **Overall Weighted Score** | I**nterpretation** |
| 1 | LEKMA Hospital | 2.55 | 3 | 2.74 | 2.63 | **Highly Performing** |
| 2 | Shai Osudoku Hospital | 2.65 | 3 | 2.51 | 2.62 | **Highly Performing** |
| 3 | Ga East Hospital | 1.85 | 3 | 1.77 | 2.28 | **Highly Performing** |
| 4 | Ga North Muni. Hospital | 1.99 | 2.25 | 2.34 | 2.12 | **Highly Performing** |
| 5 | Ga West Muni. Hospital | 1.92 | 3 | 2.12 | 2.03 | **Highly Performing** |
| 6 | Achimota Hospital | 2.04 | 3 | 1.9 | 2.03 | **Highly Performing** |
| 7 | Greater Accra Reg. Hospital | 1.52 | 3 | 2.12 | 1.78 | **Performing** |
| 8 | Maamobi Hospital | 1.36 | 2.25 | 2.21 | 1.68 | **Performing** |
| 9 | PML Hospital | 2.1 | 3 | 0.98 | 1.67 | **Performing** |
| 10 | Tema General Hospital | 1.69 | 3 | 1.41 | 1.65 | **Performing** |
| 11 | Weija Gbawe Hospital | 1.66 | 3 | 1.41 | 1.63 | **Performing** |
| 12 | Ada East Hospital | 1.73 | 3 | 1.28 | 1.63 | **Performing** |
| 13 | Mamprobi Hospital | 1.59 | 3 | 1.15 | 1.5 | **Performing** |
| 14 | Ussher Hospital | 1.73 | 3 | 0.88 | 1.5 | **Performing** |

##### Table 34: Summary of Performance Scores for Polyclinics on each Objective/Thematic Area

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | **Name of Facility** | **Obj 2** | **Obj 3** | **Inst. Care** | **Overall Weighted Score** | I**nterpretation** |
| 1 | La Polyclinic | 3 | 3 | 2.43 | 2.81 | **Highly Performing** |
| 2 | Amanfrom Polyclinic | 2.9 | 3 | 2.43 | 2.75 | **Highly Performing** |
| 3 | LEKMA Polyclinic | 2.84 | 3 | 2.51 | 2.74 | **Highly Performing** |
| 4 | Adabraka Polyclinic | 2.6 | 3 | 2.29 | 2.51 | **Highly Performing** |
| 5 | Bortianor Polyclinic | 2.37 | 2.63 | 2.12 | 2.29 | **Highly Performing** |
| 6 | Ogbojo Polyclinic | 2.18 | 3 | 2.25 | 2.24 | **Highly Performing** |
| 7 | Sege Polyclinic | 1.95 | 3 | 2.56 | 2.19 | **Highly Performing** |
| 8 | Taifa Polyclinic | 2.09 | 2.57 | 1.72 | 2.01 | **Highly Performing** |
| 9 | Madina Kekele Polyclinic | 2.41 | 3 | 0.93 | 1.94 | **Performing** |
| 10 | Oduman Polyclinic | 1.78 | 1.29 | 1.89 | 1.78 | **Performing** |
| 11 | Kaneshie Polyclinic | 1.79 | 2.63 | 1.46 | 1.71 | **Performing** |
| 12 | Ashaiman Polyclinic | 1.31 | 2.25 | 2.29 | 1.68 | **Performing** |
| 13 | Comm 22 Polyclinic | 1.55 | 2.63 | 1.76 | 1.66 | **Performing** |
| 14 | Dansoman Polyclinic | 1.66 | 3 | 1.41 | 1.63 | **Performing** |
| 15 | Madina R.C. Polyclinic | 1.57 | 1.5 | 1.59 | 1.57 | **Performing** |
| 16 | Kpone Polyclinic | 1.55 | 1.13 | 1.46 | 1.5 | **Performing** |
| 17 | Manhean Polyclinic | 1.27 | 2.25 | 1.32 | 1.32 | **Performing** |
| 18 | Tema Polyclinic | 1.48 | 3 | 0.88 | 1.34 | **Performing** |
| 19 | Prampram Polyclinic | 1.78 | 0.75 | 0.13 | 1.19 | **Performing** |

* 1. **Total Quality Management**

By the directive of GHS all agencies are to operationalize the policy document at all levels focusing on

* Governance Structures of the Quality Management Systems QMS
  + National
  + Regional
  + District
  + Sub-district
  + Facility
* Roles and Responsibilities of QMS at all levels
  + Implementation
  + Accountability
  + Sustainability

As a result, the Regional Total Quality Management Unit (TQMU) was formed. Following its formation, the unit has seen to the implementing the tenants of the National Healthcare Quality Strategy document through the implementation guide issued by GHS.

Almost all Districts and facilities have appointed their full time QSMs and teams are being formed at all levels to safeguard the quality-of-service provision.

The Regional Health Directorate (RHD) of the Ghana Health Service (GHS) in Greater Accra Region (GAR) has strived to improve maternal and neonatal health outcomes through the institutionalization of Quality Improvement (Adaptive Learning Collaborative model) in Ghanaian healthcare system.

##### Table 35: Facilities With Quality Management Units

|  |  |  |
| --- | --- | --- |
| No | **Facilities** | **Status** |
| 1 | Ga North Mun. Hosp. | Active |
| 2 | Prampram Polyclinic | Active |
| 3 | Adabraka Polyclinic | Active |
| 4 | Ada East Dist. Hosp. | Active |
| 5 | Maamobi General Hosp. | Active |
| 6 | Mamprobi Hospital | Active |
| 7 | Ashaiman Polyclinic | Active |
| 8 | Tema General Hospital | Active |
| 9 | Ngleshie Amanfrom Polyclinic | Active |
| 10 | Lekma Hospital | Active |
| 11 | Tema Polyclinic | Active |
| 12 | Achimota Hospital | Active |
| 13 | Ga West Mun. Hosp | Active |
| 14 | Shai-Osudoku Dist. Hosp | Active |
| 15 | Lekma Polyclinic | Active |
| 16 | Kpone Polyclinic | Active |
| 17 | Comm. 22 Polyclinic | Active |
| 18 | Ussher Polyclinic | Active |
| 19 | Kaneshie Polyclinic | Active |
| 20 | Madina Polyclinic Kekele | Active |
| 21 | Madina Rawlings Circle | Active |
| 22 | Pentcost Hospital | Active |
| 23 | Ga East Municipal Hospital | Active |
| 24 | La Polyclinic | Active |
| 25 | Weija-Gbawe Municipal Hospital | Active |
| 26 | Ogbojo Polyclinic | Active |

## Infection Prevention Activities

Infection Prevention and Control (IPC) activities and practices are fundamental in health system strengthening and safety. Following The 2022 Ghana HHFA survey outcome on facilities at different levels of care, revealed that systems and guidelines to monitor nosocomial infections are less common (17%). Also, management systems for IPC were absent in most of the facilities surveyed. National Scores were below 30% for each of the IPC indicators.

In the light of the above, Institutional Care Division (ICD) of GHS with support from RISE/JHIEGO) conducted Trainer of Trainers (ToTs) training session for regions including GAR to enable the ToTs to conduct lower-level training for selected facilities in 2024.

## Wellness Clinics

Wellness is a continuous process of becoming aware of and making positive choices towards a healthy and fulfilling life. The core of every good wellness programme is behaviour change. Healthy behaviour can lead to lower health risks and less chronic diseases. In 2019, the Greater Accra Regional Health Directorate of the Ghana Health Service mandated every health facility to set up a wellness clinic/center where clients can walk-in for non-emergency services and get their medical checkups done.

The wellness clinic is a walk-in checkup clinic at the OPDs of hospitals and polyclinics in the region. Services rendered at the unit are generally free and they include consultation, counselling, physical examination, breast examination and other vital assessments ie Blood pressure, Pulse, Respiration, weight, height, BMI, WHR, among others. However, clients are required to either use NHIS or pay to undergo Laboratory or radiological investigations as may be required. The wellness clinics also serves as a place where individuals or people can walk in to access the services being rendered by the clinic/unit.

**Aims of Wellness Clinic**

To create health awareness among community members to empower them to choose preventive health over curative health and to shift the focus from curative oriented system to an integrated system aimed at preventive measures.

**Objectives**

* To screen community members and the public on hypertension and diabetes and provide prompt intervention to those who need it
* To promote positive health seeking behaviour among community members
* To educate and address misconceptions concerning non-communicable diseases
* To promote healthy living among clients who visit the unit
* To enhance caregiver’s diary

**Caregivers Diary**

The caregiver’s diary is a program of care that seeks to quickly identify individuals at risk of developing lifestyle related conditions such as Hypertension, Type 2 Diabetes, Obesity among others and offer prompt intervention.

It is offered to those who bring their sick relatives to the hospital and may not think they have any of the conditions mentioned above and therefore miss the opportunity to be assessed for risk of imminent life-threatening conditions. The target group for the care givers diary are mostly identified are mothers at the child welfare clinic, Client relatives at the OPD, Patients’ relatives at the various waiting areas and visitors.

**Activities Performed Under Caregivers Diary, Wellness Clinic**

* Education on healthy lifestyles and behaviour modifications including
  + Reduction or cessation of smoking
  + Reduction or cessation of alcohol intake
* Good personal hygiene
* Prevention of non-communicable diseases (eg. hypertension, diabetes, sickle cell diseases, cancers especially cervical, prostate, breast and childhood tumors among others)
* Counselling (healthy diets, exercising, medication, etc.)
* Follow up calls to ascertain clients’ general well-being.

**Medical Examinations/screenings**

* Checking of Blood Pressure
* Checking of FBS/RBS
* Checking of BMI
* Breast cancer screening

**Wellness Clinic Attendance for 2023**

A total of 60603 clients were screened for various conditions at the facility and community wellness outreach clinics. 19608 representing 32.4% were males whiles 40995 were females representing 67.6%. Total number of clients whose screening outcomes required referral for further observation and case management were 8537 (14.1%) of the total number screened

The table below provides a summary of the screenings conducted in the wellness clinics across the region.

##### Table 36: Summary of Screenings Conducted at Wellness Clinics

|  |  |
| --- | --- |
| **Name of Facility** | **Total Attendance** |
| Total Number Screened | 60603 |
| Clients with High Blood Pressure | 8090 |
| Clients with Borderline BP | 1655 |
| Clients with Low BP | 198 |
| Defaulted Hypertension Clients | 641 |
| Clients with High Blood Sugar Levels (Diabetes) | 791 |
| Defaulted Diabetic Clients | 52 |
| Breast Abnormalities | 504 |
| Obesity | 854 |
| Clients referred due to other conditions | 2084 |

A total of 641 and 52 clients were old cases of hypertension and diabetes respectively but had defaulted in seeking care for checkups and medications. These clients were counseled on the importance of seeking regular health care and adherence to medications. Nutritional education and counseling services were also offered to all clients who patronized the wellness clinics. Follow-up calls are also made by facilities to clients who were referred to enquire about their general health and whether they are adhering to counselling and medication service they received at the clinics.

**Health Care Awareness Programmes**

Wellness clinics in various health facilities across the region also celebrated health care awareness programmes in the year under review. Screening and educational sessions were held on these commemorative days to provide community members the opportunity to access health services and also get answers to pertinent issues relating to health that may be bothering them. Below are the health care awareness programmes celebrated.

* World Hearing Day
* World Sight Day
* World TB Day
* World Handwashing Day
* World Hypertension Day
* Breast Cancer Awareness Month
* World Diabetes Day

**Dog bite Training**

A total of 63 selected staff of One Health partners involving, human health (49persons), animal health (10persons), and environmental health (4 persons), were oriented on IBCM. The breakdown of the cadre of participants by animal, human, and environmental health sectors is presented in Appendix 2.

Participants were taken through improved knowledge of rabies and its management, including causes, mode of transmission, signs and symptoms, predisposing factors, and preventive measures.

3. The approved protocol for managing and documenting dog bite and rabies cases was discussed and internalized.

## Newborn Care Health Activities

Helping Babies Breathe (HBB) is designed to reduce newborn mortality due to Birth asphyxia. The techniques taught in the HBB training has been demonstrated as having positive impact on newborn survival.

The Church of Jesus Christ of Latter-Day Saints Charities supported the Regional Health Directorate to undertake a training on Helping Babies Breath (HBB) and Neonatal Resuscitation (NRP) for healthcare workers (midwives, nurses, doctors) in the blockchain of Newborn Care. The training programme largely involves 18 selected facilities across the region.

The goal of the training was to improve access to skilled assisted delivery for mothers and their newborns and reduce neonatal deaths in the selected facilities and beyond. The objective of the training is to equip Staff with the relevant knowledge and skills to ensure the survival of babies through HBB, NRP and IPC practices.

A total of 612 staff (midwives, Paediatric Nurses) have been trained on Helping Babies Breath (HBB) and 127 staff (Doctors, Paediatric Nurses and Midwives) trained on Neonatal Resuscitation (NRP). All Hospitals and Polyclinics have benefitted in both training types. The implementing facilities were supplied with HBB equipment (Neonatalie-3, Bulb Syringe-3, Stethoscope-3, HBB Provider Guide-20, Ambubag-3, Preterm Mask-3, Term Mask-3, Flip Charts-3, Wall Chart-1) to support babies who are not breathing at birth and to set up a practice corner where staff can regularly practice their skills on how to provide bag and mask support withing the golden minute.

List if Facilities Involved in the Training Programme

|  |  |
| --- | --- |
| Ga West Municipal Hospital | Tema General Hospital |
| Ga North Municipal Hospital | Ashaiman Polyclinic |
| Weija Gbawe Municipal Hospital | Kpone Polyclinic |
| Mamprobi Hospital | Prampram Polyclinic |
| Maamobi Hospital | Ada East Hospital |
| PML Hospital | Pentecost Hospital |
| LEKMA Hospital | Korlebu Teaching Hospital |
| Greater Accra Regional Hospital | Achimota Hospital |
| Ga East Municipal Hospital |  |
| Shai Osudoku Hospital |  |

**Training of staff on COVID-19 Test to Treat with Oral Antivirus**

In Ghana, the Ghana Health Service through the Expanded Programme on Immunization has received Emergency Use Authorization to deploy five vaccines namely Astra Zeneca, Sputnik V, Moderna, Johnson & Johnson, and Pfizer. The institutional care division of Ghana health service collaborating with the various clinical care divisions of the various regions, throughout the epidemic, has rolled out various capacity-building trainings including home-based care of mild to moderate covid 19. The latest collaboration with partners including CHAI, RISE-USAID, and AURUM was a two-day residential workshop held at Tomreik Hotel (11th-14th April 2023), Mensvic Hotel (16th-19th April 2023), and Sunlodge Hotel (19th-22nd April 2022) respectively for three batches of participants on covid 19 test to treat with oral antivirals. A total of 110 participants from eleven health facilities grouped into three (3) batches participated.

The purpose of the training was to build the capacities of participants by equipping them with relevant knowledge and skills on covid 19, covid 19 case management, and the use of oral anti-viral for the management of mild to moderate covid 19 within the first five days.

The training objectives were to:

1. Educate health professionals on covid 19 test to treat using oral antivirals

2. Develop the capacity of health professionals to develop action plans for their various health facilities on the role out of test to treat using oral anti-viral at their health facilities

3. Refresh participants’ minds on covid 19 and home-based care for mild to moderate covid 19.,

One hundred and Four (104) selected health staff participated in the training. Participants were taken through overview or update of covid-19 response in Ghana. This was followed by a presentation on laboratory diagnosis using antigen and PCR. Participants were offered the responsibility to ask questions for clarification. The content of the training also included clinical management of mild to moderate cases of covid-19, pharmacology of covid-19 oral antivirus, psychosocial support, community engagement on use of new drugs and data collection and adverse reaction tools.

**5S Kaizen Training Project**

Maternal Mortality Rate is still as high as 310 per 100,000 live births and Under Five Morality Rate is 52 per 1,000 live births (GMHS 2017). To improve maternal, newborn and child health, the Government of Ghana together with various development partners has made a collaborative effort for ensuring every mother’s and child’s access to quality care at both community and facility levels. To echo the effort which already made for quality improvement of maternal and newborn health care, this new project was developed in collaboration with MoH, GHS and JICA. The 5S approach is a methodology that results in a workplace that is clean, uncluttered, safe, and well organized to help reduce waste and optimize productivity. It is designed to help build a quality work environment, both physically and mentally.

**List of facilities under the project**

|  |  |  |
| --- | --- | --- |
|  | **Greater Accra Region** | |
| Teaching hospital | Korle-Bu Teaching Hospital | Ablekuma South |
| Regional Hospital | Greater Accra Regional Hospital  (Ridge Hospital) | Accra Metro |
| District hospital 1 | Prampram Polyclinic | Ningo-Prampram |
| District hospital 2 | Amanfrom Polyclinic | Ga South |
| Primary healthcare facility | Old Ningo Health Center | Ningo-Prampram |
| Nyigbenya CHPS | Ningo-Prampram |
| Dawa CHPS | Ningo-Prampram |
| Kofikope CHPS | Ningo-Prampram |
| Lekpongunor CHPS | Ningo-Prampram |
| Bortianor Polyclinic | Ga South |
| Kokrobite Health Center | Ga South |
| Kwame Anum Health Center | Ga South |
| Oshiyie CHPS | Ga South |
| Horbor CHPS | Ga South |

Participants after the training are expected to train their colleagues and take steps to implement 5S activities in their facilities.

## Laboratory Unit

Our focus has been on implementing some form of Laboratory Quality Management System in at least fifty percent of all Laboratories in Greater Accra Region. This I believe will lead to high quality laboratory support which will ensure accurate and efficient service to clinicians and ultimately to clinical care.

Successful treatment requires correct diagnosis based on accuracy, reproducibility and interpretation of investigations and examinations for proper management decisions. The role of the laboratory in clinical care can therefore not be underestimated.

The main objectives set by the laboratory at the beginning of the year 2023 were:

* To build capacity of laboratory managers
* To share scientific knowledge
* To bring laboratory QMS to 50% of laboratory in the region
* To collaborate with NMEP, NTP and NACP to implement their planned activities.
* To encourage Laboratories to enrolled in External Quality Assurance.

## Activities Carried out in 2023

* Training on Biorisk, and Laboratory Quality Management System training
* TB/HIV Performance review meeting. It was a joint annual performance review meeting to review activities that are of relevance to HIV and TB prevention and control. This meeting was held at Capital View Hotel.
* Greater Accra Laboratory Quality Management System Baseline survey
* Train the trainer workshop for out-patient Test and Treat of COVID-19 clients with Antivirals. This training was held at Mensvic Hotel.
* National Laboratory annual review
* SLIPTA Auditor training
* Clinical Care Review meeting.
* Regional Annual Review

**Laboratory Manager Meeting**

This was our first meeting for the year, it was held at Greater Accra Regional Hospital's maternity conference room.

The agenda for the meeting were:

* Planned activities for the year
* Update on QMS and research activities.
* National Laboratory annual review
* Other matters

Laboratory managers were briefed on the planned activities for the year. They were also updates on our data collection on LQMS activities in their facilities and were asked for their responses. I also presented to them my presentation for the National Laboratory annual review, asked them for their in-puts. Other matters discussed were:

i) Reagents Shortages

ii) Poor Laboratory infrastructure

## Greater Accra Laboratory Quality Management System Baseline survey

**Aims/Objective:**

* To determine QMS baseline as a region and to identify QMS gaps in Greater Accra Region.
* To formulate QMS training needs for the facilities, based on the gaps identified.

Data was collected using a questionnaire based ISO 15189, 12 quality management essentials with a digital device.

* Of the laboratories in the Greater Accra region, 46 responded to this survey.
* Of the **46** facilities,
* 39 Public
* 3 Quasi,
* 2 CHAG,
* 1 Private and
* 1 Clinical and Research Lab.

#### Figure 37: Facility Ownership

**Findings From QMS Baseline Survey**

* We found out that the laboratories have a basic knowledge of QMS.
* There are gaps in some of the indicators such as SOPs availability, documentation of accidents and taking corrective action, bio-safety and others.
* Therefore, there is the need to train staff from various facilities (Public, Quasi, CHAG, Private and Research labs.) to bridge the gap in QMS.

**SLIPTA Auditor Training**

The facilitators for the program were Adino Desale, Consultant, David J. Sambian, Consultant, Teferi Mekonnen, ASLM Program Manager.the training was based on the WHO/AFRO mandate given to ASLM, ASLM has developed a standardized training cur-riculum to train and certify laboratory professionals as auditor for the SLIPTA process. The training has two phases – Tier-1 includes a five-day training program where the first three days are allocated for didactic session, the fourth day for mock audit practice and the fifth day is for feedback provision on the practical session; Tier-2 includes advanced training of auditors. The evaluation mechanism for the Tier-1 training includes – 100% attendance, completion of homework, scoring above 50% in the pre- and post-tests, and a minimum of 70% in the final examination.

**Objectives of the Training Workshop:**

* To train auditors on the use of SLIPTA Checklist V2 and ISO 15189:2012 standards
* To build local and regional capacity to strengthen medical laboratories toward accreditation,
* To create awareness on accreditation and highlight quality improvement processes

**Learning Objectives:**

Right after this training workshop, participants are expected to:

* Conduct SLIPTA audits using the Version-2 checklist
* Provide guidance and technical assistance to laboratories based on ISO 15189:2012 standards
* Mentor laboratory personnel in the improvement of laboratory quality process
* Sensitize laboratory staffs on the ISO standards
* Clarify the process of accreditation

## Annual Laboratory Review

The review was organized by Clinical Laboratory Unit under Institutional Care Division. This was the first time such a review meeting was organized by the Laboratory at the National level. All sixteen Regional Medical Laboratory Scientist presented on their activities for the previous year.

**Laboratory Quality Management System Training**

Capacity building training on iso 15189 of laboratory managers and quality managers 4th to 8th September 2023 at the regional training unit, Accra Metro.

Quality laboratory services play an essential role in determining clinical decisions globally and form a core component of diagnosis, treatment, care, prevention, and control of diseases. Forty (40) laboratory staff from both public and private health facilities were trained on Laboratory Quality Management Systems ISO-15189-2022. This training was to bridge the gaps identified during the baseline survey carried out by the region.

The participants are to meet with their respective laboratory staff to provide an overview of the Laboratory Quality Management System (QMS) and ensure everyone is on the same page.

Conducting a gap analysis aiming to ensure that all necessary documents, including technical and managerial standard operating procedures (SOPs), are in place by December 2023.

The project was aimed to build the capacity of laboratory managers and quality managers on ISO 15189 accreditation and laboratory quality management system to strengthen the laboratories in the region toward accreditation.

**Objectives**

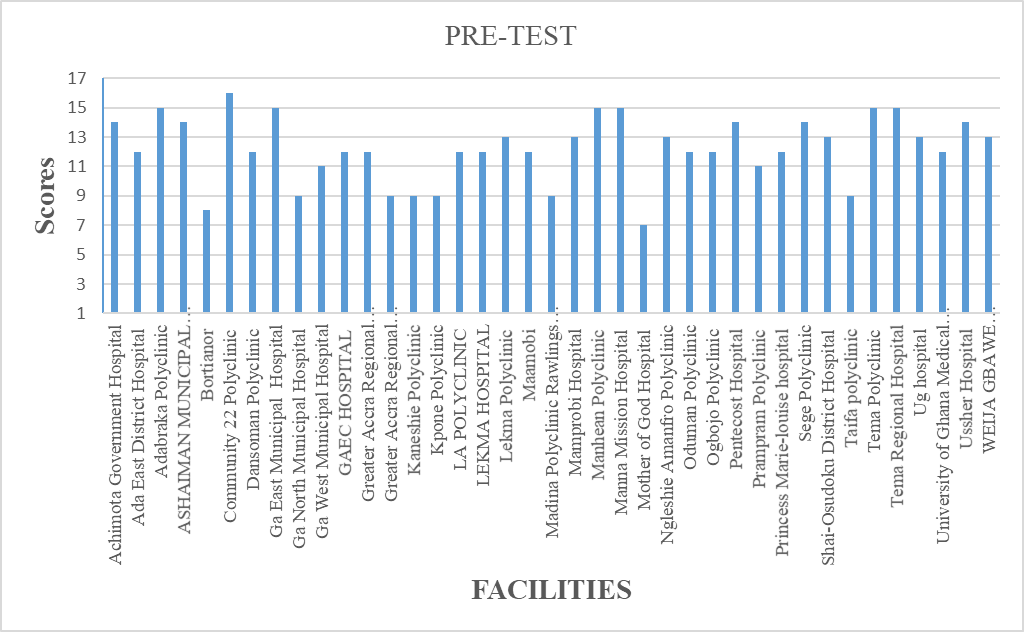
* To explain the requirements of ISO 15189 standard
* To explain the importance of laboratory quality management system (LQMS)
* To explain the quality system essential elements
* To explain the importance of Quality Manual, Safety Manual, Laboratory Handbook and other LQMS related documents
* A total number of 40 participants were drawn from Ghana Health Service (GHS), Quasi Government Institutions and private facilities.

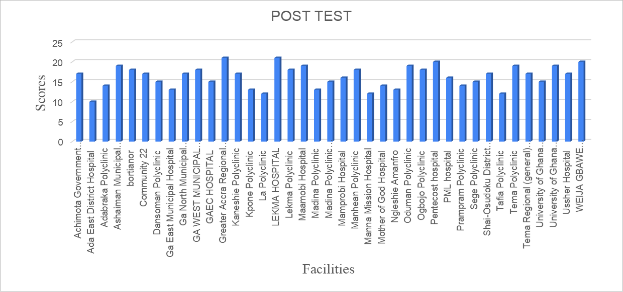
**Grades**

* The grades of participants were as follows:

|  |  |
| --- | --- |
| **GRADE** | **NUMBER** |
| Deputy Chief MLS | 2 |
| Principal MLS | 5 |
| Senior MLS | 12 |
| MLS | 15 |
| Deputy Chief MLT(T.O.) | 1 |
| Principal MLT(T.O.) | 2 |
| Sen. MLT(T.O.) | 1 |
| MLT(T.O.) | 1 |
| MLA | 1 |
| **TOTAL** | **40** |

**Performance On Pre-Test And Post Tests**

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**Challenges**

* Some delays in starting of daily schedules due to heavy traffic situation
* Health Centers were not captured in the training due to budgetary constraints
* We were not able to plan for Monitoring and Evaluation due to budgetary constraints

**Way Forward**

* Sharing of acquired knowledge at the facility level by participants
* Training of more staff to bridge the gap
* Gap analysis at the facilities level and working on them
* Monitoring and Evaluation of facilities to assess progress of implementation.

**Onsite Malaria Refresher Diagnostic Training**

Onsite Malaria Diagnostic Refresher Training (MDRT) was organized in ten facilities in Greater Accra Region by National Malaria Elimination Program in conjunction with Greater Accra Regional Health Directorate. This was done in the third quarter of the year, from 28th August to 23rd September. Facilitators were from both Regional and National level

**Objectives**

* To build and improve skills and competence of laboratory professionals towards quality malaria diagnosis and effective case management in Ghana.
* To improve the malaria parasite detection ability of lab professionals
* To improve the malaria parasite species identification skill of lab professionals
* To improve the malaria parasite density determination ability by the parasite count method
* To improve the blood film preparation skill of lab professionals
* To introduce G6PD testing in line with malaria

The expected outcome of the training is ensuring all Lab professionals are able perform quality and accurate malaria microscopy tests.

**Laboratory Managers Meeting**

This was at Greater Accra Regional Hospital Admissions Conference room. Both Public and Private Facilities Laboratory mangers were present. The agenda for the meeting is follows:

* Human Resource Norms of Ghana Health Region.
* Review of Laboratory tests and introduction of additional ones.
* Review on QMS
* The Science and Art of leadership.
* Other matters.

**Other Activities**

* Validation for Master ToT on Mpox
* Mpox training
* On-site Laboratory Monitoring and Data

**BIORISK Management (BRM) Training**

The training looked at the definition and distinction between key biorisk management terminology such as.

* Biorisk
* Biosafety
* Biosecurity
* Biorisk management and its important
* Concept of potential risks associated with biological agents
* Explanation of biorisk levels and their significance

Pillars of biorisk were also discussed which are:

* Physical security
* Personal security
* Transport security
* Material control and accountability and
* Information

Other topics that were discussed are:

* What to do to get a BRM implemented in the Laboratories
* Risk assessment principles
* Laboratory design and engineering
* PPEs
* Safe work practices and procedures

**Next Steps**

Regional training to be conducted between February and March 2023

**Successes:**

* Staffing in the Region has been improved by 50% and some of new staff were retrained to improve on their work output.
* COVID-19 Antigen testing is done in thirty-one Laboratories in the Region.
* Collection of Regional QMS data using kobo collect
* 5% charts needed in the Lab

**Challenges:**

* Frequent shortage of reagents in some Laboratories.
* Difficulties in blood mobilization in the Region due to problems with FDA certification and NBS restrictions in blood collection and testing.
* No proper plan for replacement and maintenance of equipment in some laboratories.
* Some labs lack ergonomic chairs, working space, office, rest room and others too are in bad shape and require urgent renovation
* Uneven distribution of laboratory staff due to postings based on staff’s proximity to residence.

**Way Forward**

* There should be timely procure reagents by the Hospital management and well defined system in place for proper preventive maintenance and acquisition of lab. Equipment
* There should be expansion in some of the laboratories, to create offices, sample collection area and restrooms
* Ergonomic chairs with back rest for microscopy should be procured for facilities to support their back during microscopy
* There should be incentives put in place to motivate staff who accept postings to remote areas.

**Assessment Sample Referral System**

this activity was carried out in the fourth quarter from 1 – 30 November across various facilities in the region from support from Centre for Disease Control (CDC).

**Objectives**

* To assess the existence of sample transportation systems
* To assess the effectiveness of the transportation systems
* To assess the challenges of the transportation systems

**Strengths**

* All districts/hospitals transport samples to the next level
* All districts/hospitals have some system in place for sample transportation.
* Most districts/hospitals have someone to serve as primary person for sample referral.
* Some facilities have facilities dispatch riders for sample transport.

Weaknesses/Challenges

* Coordination is weak across the systems.
* Inadequate funds for transportation
* Inadequate/no means of transportation in most /facilities
* Weak supervision and monitoring
  1. **Nursing Unit**

The Nursing Department of the Regional Health Directorate planned several activities for the entire year. These activities included the Nurse/Midwife Managers Conference and orientation of newly appointed DCNOs, posting of new entrants of nurses and midwives.

**Objectives For the Regional Nursing Unit**

* To improve upon Nursing and Midwifery standards during the covid /post covid period.
* To ensure Quarterly feedback on Nurse/Midwife-to-patient ratios (Wards, Emergency Department, OPD, Triage, Critical Care/Recovery Ward, Labour Wards, Lying-In, Antenatal clinics, Post-Natal Clinics).
* To organize leadership/management conference for Nurse/Midwife Managers.
* To participate in programs and activities organized by nursing institutions, participate in Regional as well as National programs.
* To embark on monitoring and supportive supervision to the municipal/districts and health facilities.

## Promotion Interviews

The Region interviewed Professional Nurses coming for promotion unto higher grades. The interview was in collaboration with the Human Resource Department.

## Students on Clinical Attachment 203

Students from both Government and private schools are required to have hands-on practical experiences to add up to the theories they have learnt in school.

## Nursing and Midwifery Monitoring And Supportive Supervision

The Regional Nursing Administration in collaboration with the Nurse Managers from the facilities in the Region monitors the day-to-day affairs of nurses under their care. Hence, it is appropriate to visit the facilities to obtain a first-hand information on their practices as well as help address their challenges. The students on Nursing clinical attachment in the Region also report through the Nursing Administration of the Regional Health Directorate before they are assigned to their Municipal Directorates and end up at the In-service Unit of the various Health facilities. Hence the need to follow up and support the students during clinical attachment.

Since the quality and standard of patient care is often measured from retrospective records, it is imperative to examine the practice of nursing care documentation. It is against this background that the Office of the Chief Nursing and Midwifery Officer put together a team from the Regional Health Directorate to embark on this important exercise. The supportive supervision was conducted in all hospitals and polyclinics within the region by a total of six teams made up of two members per team.

**Objectives**

* To assess the number of Nurses and Midwives trained on the NURSMID process to document nursing and midwifery care.
* To assess the number of health facilities using the NURSMID process to document nursing and midwifery practice.
* To assess the level of standard practice in nursing and midwifery at the health facilities.
* To assess the attitudes, behaviour, knowledge acquired, and challenges encountered by student nurses during their clinical attachment.
* To engage and encourage preceptors in the health facilities in their interactions with the students.
* To assess ways to improve nursing and midwifery practices for quality healthcare.
* To assess challenges affecting the nursing and midwifery staff in their various

Meeting With Community Health Nurses

A meeting was held with the Public Health Nurses in the Region. The meeting was attended by 90 nurses and was interactive with Q & A sessions. The purpose of the meeting was to present the low indicators of RCH and EPI. After indebt discussions all present agreed:

* To work collaboratively to improve on the indicators.
* To encourage staff to work hard at achieving desired results.
* Strengthen wellness clinics and
* Intensify monitoring and supervision to the peripheries of their various districts.

**Objectives**

The purpose of the Conference was to provide an opportunity to explore and examine the responsibilities of nurse/midwife managers and increase their knowledge on modern scientific methods of nursing and midwifery, using quality data to improve standards of nursing/ midwifery care.

* 1. **Pharmacy**

The novel COVID-19 pandemic continues to impact on all human activity and the practice of Pharmacy is no exception. Beside the traditional role of ensuring access to essential medicines which includes but not limited to acquisition, control, distribution and rational use of medicines, some Pharmacy departments with capacity are producing hand sanitizers and alcohol hand rubs for use in their facilities and sale to the public. Pharmacists remain responsive to patient needs and provide care that was client oriented. The services provided by the Pharmacy department are focused on disease prevention, disease management, achieving good therapeutic outcomes, slowing disease progression and the general wellbeing of the patient.

The role of Pharmacists is unique because:

* They appreciate the complexities of the distribution chain and the principles of efficient stock keeping and stock turnover.
* They are custodians of technical information on the medicinal products available on the domestic markets.
* They understand the principles of quality assurance as applied to medicines.
* They are familiar with the pricing structures applied to medicinal products within the markets they operate in.
* Pharmacists are involved in Health promotion activities, and other activities related to disease prevention.
* They are able to provide informed advice to patients with minor illness and to those with chronic conditions who are on established maintenance therapy.
* This inventory of activities identifies the dispensing of medicines as the pivotal responsibility pharmaceutical services (WHO, 1994).

The Pharmacy department collaborates with stakeholders in the region to attain standard pharmaceutical care practices in special programs, notably Malaria, Tuberculosis (TB), HIV/AIDS and STIs, Expanded Programs on Immunization (EPI), Family Planning, Reproductive and Child Health programs (RCH), Maternal/ Neonatal Care, and the Polio Eradication and MCHPs Programs.

**Objectives For 2023**

1. **Ensuring continuity of Essential Services (Universal** **Health Coverage)**
2. Patient Safety,
3. ADR (Pharmacovigilance)
4. Medication Error Reporting
5. Non-communicable diseases management.
6. HIV/AIDS and other STI, especially among the Vulnerable Groups
7. TB
8. Malaria
9. **Maintaining Effective Response to infectious Disease Outbreak.**
10. COVID-19 Logistics availability.
11. **Enhance Efficiency in Good Governance**
12. DHIMS2
13. GhiLMIS, LMD, Procurement, NHIS, Financial
14. RUM, DTC Activities
15. Tracer drug Availability
16. Public Health Medicines,

**Activities For the Year, 2023 By Pharmacy Unit (Garhd)**

1. The 2022-year annual review meeting for Pharmacy managers of the various facilities was held to discuss activities of the year under review and planned for the 2023 year at the Regional Training Unit.
2. Half year, 2023 review meeting was held for Pharmacy managers at the Regional Training Unit.
3. A few facilities were visited for Onsite Training and Supportive supervision in the Region. This activity was undertaken with the support of the RMS Manager and Accra Metro Pharmacist to assess the capacity and commodity management at the facilities.

**Findings from Supportive Supervision**

1. All facilities had some form of storage space for medicines and non-drug commodities and some there is some form of documentation on medicines use.
2. All facilities enter data into DHIMS2 on quarterly for Rational Use of Medicines (RUM) data and on monthly basis for Anti-Malaria returns.
3. All facilities provide adherence counselling for ART/HIV, TB and Hypertension/Diabetes clients
4. All facilities request for medicines and non-drug commodities from the RMS using the GhiLMIS Software.
5. Logistics from RMS is delivered to these facilities through the Last Mile Distribution (LMD).
6. All facilities visited have RUM Survey reports, which is done on quarterly basis and report disseminated to prescribers and management. Action plan on findings from RUM Survey is drawn and disseminated with relevant officers for action.
7. All facilities visited have monthly drug bulletin which is compiled and distributed to all consulting rooms.

**Challenges**

1. Some RUM indicators were not on target, especially Percentage of antibiotic use.
2. Hospital Drug Formulary List were outdated and needed to be reviewed.
3. Inadequate trained and mechanized staff to support work at the Pharmacies.

**Recommendations**

1. RUM activities to be intensified especially on antibiotic use to improve on the performance of the indicator.
2. To develop a hospital formulary list with inputs from all relevant stakeholders.

## Patient Care

## Therapeutic Decisions and Outcomes

**The Drug and Therapeutic Committee (DTC)**

Activities:

* Conducting monthly RUM surveys and quarterly reporting into DHIMS2
* Training prescribers and pharmacy staff on rational use of medicines
* Creating awareness on patient and drug safety through Pharmacovigilance trainings in collaboration with the FDA and ADR/AEFI reporting
* Developing and reviewing of Hospital medicine formulary list
* Antimicrobial stewardship committee to drive safe and effective use of antimicrobials
* Training Pharmacy and Accounts staff on NHIS claims vetting to reduce claim rejections
* Managing emergency drug trays

Issues Discussed at DTC meetings

* RUM survey reports
* Anti-microbial stewardship programs
* Emergency drug tray restocking and accountability
* Medicines availability
* Operational research (most centered on antibiotic use in the facility)
* Review of institutional formulary
* Pharmacovigilance training (ADR/AEFI reporting)
* Manufacturing of some in-house suspension
* NHIS claims rejection

## Medication Therapy Discrepancies/ Interventions

The Pharmacy departments make interventions to prescriptions with discrepancies. These medication discrepancies if not identified, can result in adverse drug event, irreparable damage or death of the patient. Therefore, promptly identifying medication discrepancy and addressing it before the patient receive his/her medication is key to ensuring patient safety as well as saving the patient and the healthcare system from needless cost that may arise from the discrepancy.

All Pharmacy departments have a prescription interventions book in place for documenting all interventions made on prescriptions. The challenge however, is the poor documentation of such interventions with the excuse of “high workload”. In most units, these are not done completely, resulting in under reporting of clinical interventions made.

Summary of reported medication discrepancy/intervention for 2023 (Achimota Hospital)

|  |  |  |
| --- | --- | --- |
| **Causes For Intervention** | **No.** | **(%)** |
| Inappropriate dosing interval | 24 | 24.5 |
| Inappropriate dose | 37 | 37.8 |
| No duration of therapy | 1 | 1 |
| Drug-Drug interactions | 3 | 3.1 |
| No strength indicated | 1 | 1 |
| Pharmacological similar medicines | 5 | 5.1 |
| Inappropriate medicine | 20 | 20.4 |
| Potential ADR | 1 | 1 |
| Variation between online/manual prescription | 0 | 0 |
| Others (Mismatch of diagnosis/ medication prescribed | 6 | 6.1 |
| **Total** | **98** | **100.0** |

**Ensuring Access to Essential Services**

The public health facilities across the region run a number of essential services depending on their level of care. Some of these services include but not limited to: ENT, Family Planning services, Psychiatry, Reproductive and child health services, support for persons living with HIV (PLHIV) through an ART centre and STI unit; a Tuberculosis (TB) unit, Out-Patients Department, Pharmacy and Laboratory services as well as specialist services such as Anaesthesia, Paediatrics. Orthopaedics, Surgery and Internal medicine.

**Affordability of Essential Medicines**

Medicines are distributed from the Regional Medical Stores (RMS) to the various facilities through the Last Mile Distribution system (LMD). At the service delivery points, most patients’ access medicines with prescriptions through the subscription to the cash and carry or NHIS.

## National Health Insurance Scheme

Most health facilities in the Greater Accra region are accredited by the scheme. Therefore, card bearing members are able to access care at these facilities.

Currently, all health facilities give medicines to pregnant women free of charge at the point of service and surcharge the NHIS scheme.  To avoid any interruptions of the scheme and to comply with the policy, routine medicines for pregnant women are always made available at the RMS and the service deliver points. These routine medicines mainly include iron supplement, folic acid and multivitamins.

## Tracer Medicines Availability

Tracer medicines are medicines that must necessarily be available in health facilities at all times. These medicines are carefully selected based on the common diseases that are presented at the health facilities and include all medicines used in emergency cases. This ensures that medicines are available for the management of diseases that pertain in our setting.

For the year under review, the average percentage tracer medicines availability (% TMA) in the region was 67.9%. This performance is below the regional target of 80%. The percentage tracer medicines availability for hospitals and Polyclinics was 69.9% and 71.6 % respectively. Health centers and clinics also had TMA% of 54.8% and 75.2% respectively. The average percentage tracer medicines availability at the RMS was 74.3%. The tracer medicines included a sample from the entire list of essential medicines, which RMS used as a benchmark in assessing availability.

##### Table 37: Tracer Medicines Availability at the various Levels of Care, 2021 – 2023

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Type | **2021** | **2022** | **2023** |
| Hospitals | 76.61 | 70.7 | 69.9 |
| Polyclinics | 72.69 | 70.5 | 71.6 |
| Health Centres | 73.44 | 75.12 | 54.8 |
| Clinics | 78.0 | 72.5 | 75.2 |
| **Regional Ave.** | **75.20** | **72.2** | **67.9** |

##### Table 40: Tracer Medicines Availability at RMS 2021-2023

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2021** | **2022** | **2023** | **TARGET** |
| RMS | 77 | 62.50 | 74.3 | 90 |

## Improving Quality of Care in Pharmacy Practice And Services

## Rational Use of Medicines

Rational use of medicine (RUM) is one of the key indicators for quality of care. The role of rational use of medicines in providing quality health care cannot be over emphasized in the GHS. It has become a major tool in measuring the quality of care and the sustenance of NHIS. During the period under review, Rational Use of Medicine indicators were assessed and monitored in all facilities in the Metro/Municipals and Districts in the region. Data for the survey was generated from OPD Folders. The regional targets set were as follows;

* The average number of medicines prescribed per prescription must be three (3) or less.
* 100% of prescribed medicines must be written with generic names.
* Not less than 97% of prescribed medicines should be on the Essential drug list (E.D.L).
* 20% or less of all prescriptions should contain injections

not more than 20% medicines prescribed should be antibiotics.

* For all prescriptions, the temperature and weight of the patient as well as diagnosis should be recorded.

##### Table 38: RUM at the various Levels of Care, 2021, 2022 and 2023

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INDICATOR** | **AVERAGE NO. OF DRUGS** | | | **% ANTIBIOTICS USE** | | | **% INJECTION USE** | | | **% GENERIC PRECRIBING** | | | **% EDL PRESCRIBING** | | |
|  | **2021** | **2022** | **2023** | **2021** | **2022** | **2023** | **2021** | **2022** | **2023** | **2021** | **2022** | **2023** | **2021** | **2022** | **2023** |
| **REGIONAL TARGET** | **3** | **3** | **3** | **20** | **20** | **20** | **20** | **20** | **20** | **100** | **100** | **100** | **97** | **97** | **97** |
| **HOSPITALS** | 2.8 | 2.5 | 2.6 | 36.7 | 29.6 | 27.2 | 3.96 | 5.2 | 7.26 | 87.4 | 92 | 97.6 | 88.7 | 93.8 | 97.96 |
| **POLYCLINICS** | 2.8 | 2.8 | 2.7 | 45.7 | 33.65 | 25.6 | 7.95 | 8.7 | 8.3 | 82.7 | 87.1 | 89.1 | 89.1 | 90.35 | 91.6 |
| **CLINICS** | 2.2 | 2.1 | 2.5 | 16 | 15 | 18.3 | 1.3 | 6.8 | 10.2 | 88.9 | 89.8 | 97 | 88.9 | 91.8 | 97 |
| **HEALTH CENTERS** | 2.3 | 2.3 | 3.15 | 24.35 | 15.7 | 27.7 | 15.35 | 8.35 | 18.5 | 100 | 100 | 93 | 100 | 100 | 96.2 |
| **REGIONAL PERFORMANCE** | **2.5** | **2.43** | **2.7** | **30.7** | **23.49** | **24.7** | **7.14** | **7.26** | **11.07** | **89.75** | **92.23** | **94.2** | **91.7** | **93.99** | **95.69** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INDICATOR** | **% TEMP RECORDED** | | | **% Rx WITH DIAGNOSIS** | | | **% 0-18YRS WEIGHT RECORDED** | | | | **% BP RECORDED** | | | **% REIEW** | | |
|  | **2021** | **2022** | **2023** | **2021** | **2022** | **2023** | **2021** | **2022** | **2023** | **2021** | | **2022** | **2023** | **2021** | **2022** | **2023** |
| **REGIONAL TARGET** | **3** | **3** | **3** | **20** | **20** | **20** | **20** | **20** | **20** | **100** | | **100** | **100** | **97** | **97** | **97** |
| **HOSPITALS** | 100 | 100 | 99.48 | 100 | 100 | 99.84 | 98.4 | 100 | 98.84 | 98.4 | | 100 | 99.14 | 96.9 | 84.85 | 95.36 |
| **POLYCLINICS** | 97.6 | 99.7 | 99.7 | 99.9 | 100 | 99.9 | 97.2 | 98.6 | 99.5 | 97.96 | | 98.2 | 99.6 | 71.5 | 73.7 | 82.6 |
| **CLINICS** | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | 100 | 100 | 100 | 100 | 97 |
| **HEALTH CENTERS** | 100 | 100 | 100 | 100 | 100 | 95.2 | 100 | 100 | 99.4 | 100 | | 100 | 100 | 97.5 | 100 | 76.6 |
| **REGIONAL PERFORMANCE** | **99.4** | **99.93** | **99.8** | **100.0** | **100.00** | **98.735** | **98.9** | **99.65** | **99.44** | **99.09** | | **99.55** | **99.7** | **91.5** | **89.64** | **87.89** |

## Average Number of Medicines per Prescription

This indicator among other things seeks to address challenges with polypharmacy. From Fig 6, the regional target of 3 drugs per prescription was met. All the various level of care were also within the expected target (figure 7).

This performance can be attributed to the effort of the Regional Health Directorate to strengthen Drugs and Therapeutics Committee (DTC) of every facility.

## Percentage Antibiotic and Injection Use

Antibiotics are required only when there is a clear indication for use as stated in the treatment guidelines and protocols. Same is expected for injection use. Regional target of 20% injection use was met across all the levels of care. This can be attributed to the reduction in the use of injectable anti-malarial in the management of uncomplicated malaria in the region. Antibiotic use in the health facilities across the region has not seen any significant improvement as target of 20% is consistently not met (figure 8). DTC needs to sensitize prescribers on antimicrobial resistance (AMR), as it poses a risk to public health.

## Generic Prescription and Prescription from the EML

Regional target for generic prescription of medicines is not met (figure 12. Prescribing from the Essential Drug List has also not improved. Hospitals and Health Centres performed better in these indicators compared to other levels of care (figure 12).

## Temperature, Weight, Blood Pressure and Diagnosis Recordings

All clients reporting for health check in our health facility must have their temperature and weight taken and documented in their health records. The temperature reading helps identify febrile condition that need urgent attention, prompt management and diagnosing. For patient 18 years and above, their blood pressure must be measured, and weight checked for those below 18years. The weight guides in medication dosing as well as an indicator for well-being (e.g., weight loss, overweight, obesity etc.) while the blood pressure reading is to identify possible asymptomatic heart condition or hypertensive urgency / emergency. A target of 100% is therefore set for these indicators. The regional average for temperature, weight and blood pressure was not on target, though they were all above 97 %.

Drugs are prescribed only after a proper diagnosis is made in accordance with approved and recognized treatment guidelines. Therefore, it is expected that all patient folders sampled for RUM survey should have clearly written diagnosis. However, the regional average for stated diagnosis was 99.8%.

The above observed trend is not encouraged, and it is important the DTC addresses these lapses in all levels of care.

##### Table 39: Comparison of Regional Performance of Temperature, Diagnosis, Blood Pressure and Weight Recording.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INDICATOR** | **% TEMP RECORDED** | | | **% Rx WITH DIAGNOSIS** | | | **% 0-18YRS WEIGHT RECORDED** | | | **% BP RECORDED** | | | **% REIEW** | | | |
|  | **2021** | **2022** | **2023** | **2021** | **2022** | **2023** | **2021** | **2022** | **2023** | **2021** | **2022** | **2023** | **2021** | **2022** | **2023** |
| **Regional Target** | **3** | **3** | **3** | **20** | **20** | **20** | **20** | **20** | **20** | **100** | **100** | **100** | **97** | **97** | **97** |
| **Hospitals** | 100 | 100 | 99.48 | 100 | 100 | 99.84 | 98.4 | 100 | 98.84 | 98.4 | 100 | 99.14 | 96.9 | 84.85 | 95.36 |
| **Polyclinics** | 97.6 | 99.7 | 99.7 | 99.9 | 100 | 99.9 | 97.2 | 98.6 | 99.5 | 97.96 | 98.2 | 99.6 | 71.5 | 73.7 | 82.6 |
| **Clinics** | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 97 |
| **Health Centers** | 100 | 100 | 100 | 100 | 100 | 95.2 | 100 | 100 | 99.4 | 100 | 100 | 100 | 97.5 | 100 | 76.6 |
| **Regional Performance** | **99.4** | **99.93** | **99.8** | **100.0** | **100.00** | **98.735** | **98.9** | **99.65** | **99.44** | **99.09** | **99.55** | **99.7** | **91.5** | **89.64** | **87.89** |

## Factors contributing to the low performance in some RUM indicators

Factors contributing to the poor performance in some of the indicators in our health facilities can be attributed to

* Challenges with diagnostic services in some health facilities compel prescribers to indulge in blind therapy or practice poly pharmacy
* Most upper respiratory tract infections are managed as bacterial infections, though most are viral in nature.
* Non-adherence to protocols in the STG
* Unregulated activities of medical representatives.
* Prescribing patterns of some prescribers.
* Non-functional DTC in some health facilities
* The use of abbreviations by prescribers e.g., BDFZ, P’mol etc.
* Healthcare professionals not being diligent in documenting client health records.
* Some facilities have challenges with logistics for checking vitals e.g. faulty BP monitors, non-functional thermometers etc

## Factors contributing to improved performance in the Regional Antibiotic Use indicators

* Training of staff and prescribers at clinical meetings on the impact of antimicrobial resistance.
* Improved prescribing patterns of some prescribers after RUM performance dissemination
* Monthly DTC meetings help resolve issues on time
* Active pharmacovigilance activities at the Pharmacy. Prescriptions are audited and evaluated before dispensing (Interventions)
* Most cases of cough and cold are tested for COVID before treatment
* STGs and EMLs have been provided to most consulting rooms for easy reference

## Good Dispensing Practices

Good dispensing practice is necessary for ensuring the safety of clients being supplied medicines from our health facilities. It minimizes and/or prevent dispensing errors. The Pharmacy department trains all categories of staff to know, practice and adhere to good dispensing practices as part of efforts to ensure better quality of care. Before drugs are dispensed to clients, prescriptions from prescribers are validated and medicines are well labelled before dispensing

The staffs at the pharmacy also ensure that all medicines are appropriately labelled before they are being served to clients. Counselling on appropriate use of medicines is provided for all patients who receive prescribed medicines. This, however, is a challenge in most facilities as a result of inadequate number of pharmacists. Moreover, most facilities operate 24HR services, yet, only a few can boast of more than a pharmacist, especially in the polyclinics, clinics and health centers. This implies that on some shifts, there is no pharmacist to screen and validate prescriptions as well as intervene on prescription errors. This put the public who visit these facilities at risk. More pharmacists are therefore needed in the Region.

**Labelling**

Health facilities in the region have self-designed sticker labels with adequate instructions already written. This has gone a long way to minimize the workload. Provision of cautionary information to patients on the labels is inadequate. In some facilities, Pharmacists check prescriptions with labels before dispensing

**Packaging**

Most pharmacies have provided plastic dispensing envelopes, customized paper envelopes and polythene bags for packaging medicines, especially tablets and capsules. Some facilities deploy the use of tablet counters and cutters.

Most facilities in the region now have customized polythene bags for packaging. The use of paper bags instead of polythene bags is being introduced in some facilities as part of effort to reduce pollution caused by this polythene.

**General Counselling**

All OPD clients are counselled on how to use the drugs dispensed to them. Counselling points include dosage forms, frequency of dosing, drug – food interactions, side effects of medicines, how to store them and any other concerns of the client. Emphasis on compliance is placed on clients with chronic conditions and those with co-morbid conditions.

In-patient clients were also counselled on drug use whiles on the ward during ward rounds. Discharge counselling are also organized in some facilities for clients before they are discharged from the facility.

All facilities do general counselling for their OPD clients, however more pharmacists are needed to ensure effective counselling for clients, especially for those with chronic, life-long and co-morbid conditions requiring the administration of so many medicines at the same time

**Infection Prevention and Control**

Infection prevention control is an important aspect of clinical care and an indicator in preventing antimicrobial resistance. Most dispensaries are clean. Overall coats are available and used by staff as protective clothing.  Water dispensers are available to provide potable water for reconstitution of pediatric medicines in some facilities. There is also proper waste management deployed in most facilities. 0.5% bleach and hand sanitizers / alcohol hand rubs are prepared in some facilities. Running water/veronica buckets are available and used in some dispensaries.

**Provision of Pharmaceutical Care**

An important pillar in healthcare provision is medicines. It is also one of the most cost-effective health interventions known to mankind. Medicines are however only effective when used appropriately, otherwise, its use can endanger lives and waste a lot resource such as time and money. The emerging and mounting evidence of medicines-use related morbidity and mortality within the population worldwide especially with regards to antimicrobials have given rise to the need to prevent problems associated with the use of medicines.

Pharmaceutical Care is the responsible provision of drug therapy for the purpose of achieving definite health outcomes that improve or maintain a patient’s quality of life. (WHO & FIP). It seeks to improve or maintain quality of life through the assessment, monitoring and modification of drug therapy regimens to ensure safety and effectiveness. In providing pharmaceutical care, all drug related problems are identified, resolved and or prevented. It assures the processes of clinical problem solving are adhered to and has positive implications for quality health delivery.

Some drug related problems that are identified, resolved and or prevented include over dosage, sub-therapeutic dosages, improper drug selection, drug interactions, adverse drug events, untreated conditions, drug non-compliance etc.

Pharmacists have the responsibility of ensuring drug use is safe and achieves therapeutic objectives. This responsibility is carried out in duties such as dispensing and counselling, clinical ward rounds, in discharge counselling, adherence counselling for HIV positive clients, making prescription interventions to prevent medication errors, providing medicines information services, and pharmacovigilance.

**Pharmacovigilance**

Pharmacovigilance has been spearheaded by pharmacists through the DTC in the various facilities. The focus has been on monitoring, prevention and reporting of adverse drug reactions. Products with quality issues such as counterfeit, therapeutic failure or defective were also reported to the FDA (Food and Drugs Authority). With the Pharmacovigilance Assessment Tool (PAT) in place, the FDA in collaboration with the Regional Health Directorate assess the facilities in the region regularly.

ADR forms were distributed to the various dispensaries, consulting rooms, public health units and wards in all health facilities. It is observed that, though ADRs are sometimes reported to prescribers, documentation is not done in most cases. The ADR reporting is still low as many are not reported.

**Discharge Counselling**

Some facilities with pharmacists on the wards offer counselling to in-patients before they are discharged home and during ward rounds. This has greatly improved with the presence of PharmD students doing their internship in some facilities eg. Ridge, Achimota and Tema General Hospitals. Information provided seeks to improve drug compliance, manage side effects, empower the patient on what to do if doses are missed, re-enforce the need to keep follow-up appointments and ensure appropriate storage of medication.

## Adherence Counselling

All Pharmacists in specialist clinics such as ART, TB, Diabetic and Hypertensive clinics provide adherence counselling for clients before treatment commences. These sections are aimed at ensuring compliance to treatment regimen and prevent complications that may arise when the patient default from taking medications. Every client receives continuous adherence counselling during a visit to the clinic. More pharmacists are needed to continually provide this very important service, especially with the increasing number of patients reporting with non-communicable chronic diseases such as Diabetes and Hypertension.

**Ward Pharmacy Practice**

Ward rounds are carried out in some of the facilities in conjunction with the various medical teams to address pharmaceutical care issues identified and provide expert opinion on therapy for patients. Despite inadequate staff numbers, ward pharmacy practice is still carried out in some facilities. Those with Intern Pharmacists and Pharm D students also carryout ward rounds with them as part of competence building and address pharmaceutical care issues The Pharmacists monitor and ensure that patients receive prescribed medicines in appropriate doses with regards to the individual, disease states and other medicines. They resolve any drug related problems they find on the wards including issues with supply of medicines. Emergency medicines are stocked and managed on the wards. Pharmacists also take active part in clinical meetings with Medical Doctors and other members of the healthcare team of most wards to be abreast with patient care issues on the wards (Paediatrics, Surgical, Gynaecology, Obstetrics wards.)

 Activities undertaken include Ward treatment sheet monitoring for incompatibilities, inappropriate dosage regimen, checking medications supplied to patients, drawing pharmaceutical care plans for selected patients and monitoring drug interactions.

Some observations made on various wards include:

* Clients were discharged but were not billed for their medicines resulting in loss of revenue
* Doses and route of administration of some medicines were inaccurate and had to be corrected
* Medicines were not given to patients but were charted as being given to them (but on interacting with patients it was found otherwise)
* Patients were not getting the medicines because they could not afford to buy them.

Pharmacist activities on the ward also include checking the stock levels and use of emergency medicines supplied to the wards. Drugs nearing expiry were changed and restocked. Reports from most health facilities indicate that input into clinical pharmacy practice is not optimal due to inadequate numbers of pharmacists.

## Drug Information Management

Drug Information services, though being provided, has not been formalized in most of the facilities because of insufficient pharmacists and space/resources to make it a functional unit. Drug Information is provided for mainly Medical Officers, Medical Assistants, Nurses and clients. The information is normally one-on-one encounters, telephone calls and walk-in services. Most of these are not documented and the facilities also lack the required reference materials for effective service. Majority of queries were on dose of medicines, drug interactions, re-constitution, administration, possible side effects and available preparations.

## Herbal Medicines

Some facilities in the region are incorporating traditional medicines into their mainstream orthodox practice. These Herbal Medicines Unit stocks and manages medicines that are prescribed by the herbal practitioners / prescribers. Such facilities include Shai Osudoku district hospital, LEKMA hospital and Tema Polyclinic. The pharmacy stocks and manage medicines prescribed by the physician assistants in these units.  However, there are reports of low patronage of the services resulting in the expiry of most of the medicines donated to the facility.

**Training**

The various pharmacies in the hospitals have been designated as training centres for pharmacy students, intern-pharmacists and as experiential training sites for PharmD students. Students from the various schools training pharmacy technicians have also been sending their students to these sites. All Pharmacists in the public health facilities were able to meet the CPD requirements for re-licensure and were in good standing to practice in 2022.

## Medicines Management

Availability of essential medicines especially Emergency drugs, Anesthetics and those of public health importance such as Anti-malaria, Anti-retroviral, Anti-tubercular drugs, Family planning commodities, Uterotonics, Anti-snake, and Anti-rabies is very critical in the healthcare system. Pharmacists play the major role in ensuring this.

**Availability of Anti-Malarial**

Malaria has been a major cause of poverty and low productivity and accounts for about 32.5 percent of all OPD attendances and 48.8 % of under-five years admissions in the country (NMCP annual report, 2013). Pharmacists in the region continue to contribute their quota towards the national agenda of reducing morbidity and mortality associated with malaria as well as towards the elimination of malaria in Ghana. Management of malaria commodities such as anti-malarials, long-lasting insecticide nets, rapid diagnostic test for malaria (RDT) and sulphadoxine-pyrimethamine for IPTp has been the key role of pharmacists in the region.

At the end of every month, pharmacy managers are required to fill and submit the Malaria Data Returns on Anti-malarias for entry into the DHIMS. In health facilities, anti-malarias are dispensed with strict adherence to guidelines for prescribing in the anti-malarial drug policy. District pharmacist also participated in on-site training and supportive supervision (OTSS) on malaria for facilities in their districts. Others also participated actively in the case management trainings in the region.

Submission of monthly returns on Anti-malarials have improved significantly, especially on DHIMS2 although there is still room for improvement.

## Anti-Retroviral Therapy

More health facilities have been roped into the provision of anti-retroviral therapy. As a result, pharmacy staff in those facilities have added on the provision of adherence counselling, management of HIV commodities and dispensing of ARVs.

Services provided include:

* HIV Testing and Counselling (HTC)
* Prevention of Mother To Child Transmission of HIV (PMTCT)
* Antiretroviral therapy (ART)
* Treatment for HIV/TB co-infections
* Treatment for opportunistic infections (OI’s)
* Treatment of other sexually transmitted infections

ART are provided to all clients who tested positive the HIV infection based on the 95-95-95 strategy which aims at 95 % of all citizens know their HIV status, 95% of those who test positive are on anti-retroviral and 95% of patients on ARVs have undetectable viral load. This is achievable through dedicated team effort on the part of the ART team, of which pharmacists have played key roles.

##### Table 40: Returns on Anti-retroviral Medicines Adabraka Polyclinic, 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Products | Opening BALANCE | Quantity received | Quantity issued | TOTAL QUANTITY AVAILABLE |
| Adult First Line |
| 1 | Abacavir+Lamivudine 600/300mg | 0 | 106 | 106 | 0 |
| 2 | Tab. Dolutegravir 50mg | 38 | 61 | 89 | 10 |
| 3 | Tab Efavirenz 600mg. | 20 | 30 | 35 | 15 |
| 4 | Emtricitabine+Tenofovir, 200mg+300mg | 216 | 311 | 380 | 147 |
| 5 | Emtricitabine+Tenofovir+Efavirenz 200mg+300mg+600 | 0 | 0 | 0 | 0 |
| 6 | Tab Tenofovir+Lamivudine 300mg+300mg | 0 | 0 | 0 | 0 |
| 7 | Zidovudine+Lamivudine+Nevirapine 300mg+150mg+200mg | 0 | 0 | 0 | 0 |
| 8 | Tab Nevirapine 200mg. | 0 | 0 | 0 | 0 |
| 9 | Tenofovir+Lamivudine+Dolutegravir 50/300/300mg | 1575 | 14201 | 13664 | 2112 |
| 10 | Tenofovir+Lamivudine+Efavirenz | 0 | 80 | 80 | 0 |
| 11 | Lamivudine+Zidovudine 150/300mg | 32 | 0 | 32 | 0 |
|  | | | | | |
| ADULT 2ND LINE | | | | | |
| 1 | Atazanavir+Ritonavir 300/100mg | 0 | 0 | 0 | 0 |
| 2 | Lopinavir+Ritonavir 200/50MG | 240 | 0 | 240 | 0 |
|  | | | | | |
| PAEDIATRIC | | | | | |
| 1 | Abacavir+Lamivudine Dispersible tablet 60/30mg | 0 | 50 | 50 | 0 |
| 2 | Tab Efavirenz 200mg | 20 | 30 | 24 | 26 |
| 3 | Lopinavir+Ritonavir tablet, 100mg/25mg | 48 | 0 | 48 | 0 |
| 4 | Nevirapine 50mg dispersible tablet | 0 | 0 | 0 | 0 |
| 5 | Nevirapine Suspension 10mg/ml | 6 | 112 | 48 | 70 |
| 6 | Lamivudine+Zidovudine 30/60mg Dispersible tablet | 60 | 175 | 199 | 36 |
| 7 | Zidovudine syrup, 10mg/ml | 4 | 120 | 76 | 48 |
| 8 | Dolutegravir 10mg dispersible tablet | 48 | 70 | 70 | 48 |

## Treatment of TB/HIV Co-Infection

TB/HIV co-infection results in increased morbidity and mortality.  A strong collaboration has been established between the TB control program and the HIV/AID’s national program to facilitate the process and using the national guidelines, place eligible clients on appropriate combination therapy.

Pharmacists are also actively involved in the management of active TB disease by ensuring the provision of anti-tuberculosis medicines with the appropriate guidance and counselling required to patients and other health care workers. This is very important because adherence to TB therapy is essential to preventing incidences of Multi-Drug Resistant strains of the bacteria.

##### Table 42: Returns on TB commodities from Achimota Hospital for 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Drug | Opening balance | Quantity received | Quantity issued | Quantity Available |
|  | Cat i&iii | 59 | 110 | 149 | 20 |
|  | Cat ii | 0 | 0 | 0 | 0 |
|  | Cat iii | 0 | 0 | 0 | 0 |
|  | Pyridoxine tab 50mg | 500 | 2400 | 1900 | 1000 |
|  | Isoniazid 100mg | 1200 | 0 | 1200 | 0 |

**Availability of Uterotonics**

In contributing to reducing maternal and neonatal deaths, pharmacists in the region ensured that uterotonics were always available in their facility. Routine visits were also made to the maternity wards to monitor their storage, expiry and proper use so as to guarantee the safety of the clients. Other key commodities such as pethidine, anti-snake and anti-rabies vaccines were also monitored throughout the year.

##### 

##### Table 43: Returns on Uterotonics and other key commodities (RMS) 2023

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medicine** | **Opening Stock** | **Quantity Received** | **Quantity Used** | **Closing Stock** |
| Inj Oxytocin 10iu | 15000 | 67500 | 81750 | 750 |
| Inj Ergometrin | - | - |  | - |
| Inj Mag. Sulphate 50% | 3832 | 44000 | 21406 | 26426 |
| Tab Misoprostol | 52440 | 199980 | 165488 | 86940 |
| Inj Pethidine | 51 | 140000 | 35730 | 104321 |
| Anti-Rabies Vaccine | 20 | 1400 | 660 | 760 |
| Anti-Snake Serum | 143 | 500 | 475 | 168 |
| Inj Vitamin K 1mg | 1340 | 55000 | 56330 | 10 |

## Regional Medical Stores

The Regional Medical Stores (RMS) is responsible for the supply of all health commodities to all public health institutions as well as some Quasi-Government and Private health institutions. It consists of seven stores namely, Program store, Project store, Surgical store, Stationery store, Detergent store, and Drug stores (CA &CB).

RMS obtains its supplies mainly from the open market and the Central Warehouses (TCMS, IHS and UNFPA).The facility renders service to 262 Facilities: 114 public facilities and 116 Private and 32 Quasi-Government facilities.

**Tracer Medicine Availability**

The table below shows the trend of Annual tracer medicine availability for the end of year 2023. The tracer medicines included a sample from the entire list of essential medicines, which RMS used as a benchmark in assessing availability. The information is displayed below.

#### Figure *37*: Tracer Medicine Availability performance by Regional Medical Stores, 2021- 2023

**Last Mile Distribution**

The Last Mile Distribution (LMD) continued in the Greater Accra Region for the year 2023. Twelve (12) rounds of distribution completed from January to December 2023 bringing the total number of rounds to 79.

There are seven routes in which facilities have been grouped, based on their geographical location. The Regional Medical Stores (RMS) supplies the last route with its own resources. Deliveries to the first 6 routes are currently managed by a 3rd Party logistics – Skynet Express from April 2021 to date.

RMS currently supply commodities to 156 health facilities and all District Health Directorates in the region.

A breakdown of the 156 facilities is as follows:

* Government Facilities - 136
* Quasi-Government - 5
* Private - 10
* CHAG - 5

Out of these, there are:

* Hospitals – 24
* District - 32
* Polyclinics – 22
* Clinics – 34
* Health Centers – 28
* CHPS Compounds – 16

## GhiLMIS

During the end of year, the region organized GhiLMIS orientations for commodities managers in the region. The orientation was to provide the needed platform to support and refreshed commodities managers on order management, warehouse management and inventory management, regional performance, challenges with system usage based on performance evaluation and performance improvement.

**Successes of the RMS in the year 2023**

* RMS maintained 100% coverage in the twelve (12) rounds in 2023.
* Refresher training for commodities managers.
* Creation of a Data Unit to ease the pressure of inventory entries on the stores.
* A facelift of the Parking space at the RMS.

**Challenges Encountered in the year 2023**

* Storage space is woefully inadequate
* Inadequate staffing and aged loaders
* Challenge with shade for drugs during LMD
* Unavailability of some drugs especially the frame work items and non-drugs
* Inadequate manual truck for loading and offloading
* Lack of motivation
* Regular walk-ins by facilities
* The use of wrong codes for when ordering
* Selection of wrong programs for items when ordering
* Changing of vendor site by facilities when ordering
* Challenge with water supply
* Littering at the back of the RMS with faecal matter by traders
* Open drainage at the front of the RMS

**Recommendations**

* Posting of more energetic laborers to the RMS
* Posting of Supply Officers to facilitate service delivery
* Facilities should ensure they follow the LMD schedule to avoid the frequent walk-ins
* To offer tailor -made training on Ghilmis for senior leadership.
* Extension of the wall at the back of the RMS
* Covering of the drains at the front of RMS

## Financial Management

It is the responsibility of the Pharmacy department to manage the Drug revolving fund. Pharmacy Managers must ensure that funds for medicines are managed prudently to avoid stock outs as this affects healthcare delivery. A study in 2002 by the Ghana National Drugs Programme identified that the drugs’ revolving fund has been dissipated in most health facilities resulting in non-availability of medicines to meet patient needs (MOH, 2002). This was attributed mainly to borrowing and use for non-drug related activities without paying back. This is in clear contravention of the purpose of setting up the drugs revolving fund and also de-capitalized such funds (MOH, 2002). These are among the reasons why the region has paid keen attention to the prudent management of drug-revolving funds in the facilities towards ensuring access to medicines.

## Procurement Management

Most facilities have a procurement committee in place. This committee is required to meet at least quarterly to decide on purchases based on identified needs.

The regional medical stores remain the first point of call for procurement of medicines. However, certificate of non-availability was issued to facilities in cases where the commodities were not available at the RMS by the regional chief pharmacist. The facility can then procure them following the required procurement process. The exception was medicines that have been listed as part of the framework contracting.

## Drug Purchases

Below are summaries of purchases by some hospitals and polyclinics in the region from both RMS and Open Market.

Drug purchases by some Hospitals *- 2023*

|  |  |  |
| --- | --- | --- |
| **Facility** | **Rms** | **Open Market** |
| **Pml** | 734,431.00 | 297,116.00 |
| **Maamobi Gen. Hospital** | 1,585,456.50 | 1,123,620.95 |
| **Ga West** | 2,196,380.65 | 1,570,368.48 |
| **Tema Gen** | 6,279,568.00 | 3,354,772.97 |
| **Ashaiman** | 820,999.18 | 118,036.28 |
| **Total** | **11,616,835.33** | **6,463,914.68** |

Drug Purchases by some Polyclinics

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2021** | | | **2022** | | | **2023** | | |
| **Facility** | **Rms** | **Open Market** | **Rms** | | **Open Market** | **Rms** | | **Open Market** |
| **Sege Pc** | 476,085.55 | 45,974.00 | 457,801.00 | | 19,418.00 | 1,033,119.38 | | 14,730.00 |
| **Lekma Polyclinic** | 531,651.75 | 30,441.41 | 463,926.26 | | 131,016.84 | 867,450.90 | | 222,434.19 |
| **Taifa Polyclinic** | 341,170.70 | 62,439.60 | 385,106.24 | | 129,732.52 | 724,286.10 | | 107,248.81 |
| **Kaneshie Polyclinic** | 730,236.30 | 166,808.94 | 830,247.64 | | 251,691.20 | 1,306,263.08 | | 290,600.21 |
| **Dansoman** | 379,133.90 | 170,641.76 | 562,959.68 | | 308,397.37 | 1,130,592.30 | | 495,571.96 |
| **Adabraka** | 554,240.70 | 71,000.15 | 366,756.20 | | 136,398.60 | 1,290,402.70 | | 161,683.40 |
| **Madina New Road** | 147,057.00 | 33,587.40 | 344,524.60 | | 424,291.68 | 1,585,456.50 | |  |
| **Community 22 Polyclinic** | 239,507.24 | 78,344.80 | 295,978.08 | | 77,523.85 | 741,852.50 | | 171,950.40 |
| **Kpone** | 427,423.84 | 67,835.00 | 502,557.00 | | 129,656.58 | 1,004,511.80 | | 209,716.68 |
| **Total** | **4,929,073.62** | **1,150,296.57** | **5,970,044.88** | | **1,921,933.92** | **9,683,935.26** | | **1,673,935.65** |

Drug Purchases by some Health Centres

|  |  |  |
| --- | --- | --- |
| **Facility** | **Rms** | **Open Market** |
| **Bortianor Hc** | 514,968.40 | 64,883.06 |
| **Ada Hc** | 2,836,888.04 | 43,330.13 |
| **Oblogo Hc** | 290,904.85 | 153,231.58 |
| **Kasseh Hc** | 158,195.00 | - |
| **Total** | **3,800,956.29** | **261,444.77** |

## Revenue from Drugs

This continues to be dependent in most cases by revenue generated through the NHIS and CASH&CARRY. Most facilities have commendable internal control systems to minimize losses. About 90% of the facilities have cashiers attached to the Pharmacy Department to collect the sales which must be paid into the drug accounts within 48 hours. Most facilities, especially the hospitals and Polyclinics, have people dedicated to work on claims before submission. Claims are vetted in most facilities before submission. This has resulted in the reduction in claim rejection and deductions.

Revenue from some hospitals *- 2023*

|  |  |  |
| --- | --- | --- |
| **FACILITY** | **CASH** | **NHIS** |
| **PML** | 764,561.58 | 98,000.00 |
| **ASHAIMAN HOSPITAL** | 718,237.00 | 406,804.10 |
| **GA WEST** | 3,461,949.48 | 1,246,374.21 |
| **TEMA GEN** | 723,620.93 | 1,620,748.51 |
| **MAAMOBI** | 2,077,715.00 | 700,397.49 |
| **TOTAL** | **7,746,083.99** | **4,072,324.31** |

Revenue from some Polyclinics *- 2023*

|  |  |  |
| --- | --- | --- |
| **Facility** | **Cash** | **NHIS** |
| **Sege** | 1,088,839.00 | 306,490.72 |
| **LEKMA Polyclinic** | 1,100,338.24 | 289,773.12 |
| **Taifa Polyclinic** | 618,997.00 | 153,157.65 |
| **Dansoman** | 1,559,605.00 | 29,304.69 |
| **Adabraka** | 1,369,052.00 | 100,628.25 |
| **Community 22 Polyclinic** | 871,684.88 | 148,571.64 |
| **Civil Service** | 132,765.10 | 143,079.78 |
| **Kpone** | 1,213,573.60 | 344,426.89 |
| **Total** | **7,954,854.82** | **1,515,432.74** |

Revenue from some Health Centres

|  |  |  |
| --- | --- | --- |
| **Facility** | **Cash** | **NHIS** |
| **Bortianor HC** | 769,696.00 | 141,785.90 |
| **Ada** | 231,985.30 | 131,073.27 |
| **Kasseh** | 184,174.70 | 63,513.20 |
| **Oblogo HC** | 441,470.00 | 62,764.12 |
| **Total** | **1,627,326.00** | **399,136.49** |

The regional health directorate carried out National Competitive Tendering (NCT) to ensure availability of essential commodities at the Regional Medical Stores to be delivered at service delivery points through the last mile distribution programme. However, the inability of suppliers to supply commodities under the framework contracting arrangement (FCA) due to various reasons affected significantly the availability of essential commodities at service delivery points.

### Professional Development

Due to the incidence of COVID-19 pandemic, most training activities are held online (Pharmacy council accredited CPDs). At the facility level, various clinical meetings and workshops were organized and attended by Pharmacists and their pharmacy staff whilst observing COVID-19 protocols

## Monitoring and Supervision

In spite of COVID-19, districts and municipal pharmacists conducted quarterly monitoring visits to facilities in their jurisdiction.  A monitoring and supervisory checklist has been developed for use in all districts in the region. Some areas of interest during the supervisory visits include rational use of medicines, stock control systems, drug information services, prescription screening, and good dispensing practice, availability of action plan, etc. Where gaps were identified, action plans were developed, and timelines set for addressing the gap.

Facilities were encouraged to measure Rational Use of Medicines and Tracer Medicines availability.

**Challenges**

The challenges of the Pharmacy department in the region includes but not limited to the following:

* Inadequate working space in most facility pharmacies
* Inadequate storage space in some facilities including the Regional medical stores.
* Some RUM targets not being met eg antibiotic use in the region.
* FRAMEWORK CONTRACT and its associated challenges such as reduced tracer medicine availability at the facilities.
* Delay in NHIS reimbursement.
* Inadequate number of pharmacists and pharmacy support staff.
* Aged loaders at RMS

**Achievements**

* Production of WHO-Recommended hand sanitizers and alcohol hand rubs by pharmacy department in some facilities eg Mamprobi and Ussher polyclinics
* Training of interns and PharmD students by Ridge, Achimota and Tema General hospital
* Ward Pharmacists available in some Hospitals and Polyclinics to provide clinical service
* Improved coverage of last mile distribution
* Functional DTC’s in most Hospitals and polyclinics
* Effective contribution to the provision of care to PLHIVs through adherence counseling, improved access, availability and rational use of ART-drugs.

**Way Forward**

* Training for clinical team in the region on Rational Use of Medicines and dissemination of RUM survey reports
* Enhance the counselling skills of pharmacists to improve the management outcomes of chronic cases
* Posting of more energetic laborers to the RMS
* Completion of the ongoing face lift at the RMS
* Advocate for more pharmacy staff.
* Collaborate with Health Information officers to ensure RUM data timeliness and completeness into DHIMS 2
* Record all prescription interventions made.
* Ensure availability of copies of current STG in all facilities
* Strengthen and improve conduction of operational research

**Challenges**

* Frequent shortage of reagents to perform testing in some Laboratories. Management of some Health facilities feel reluctant to purchase laboratory reagents because they feel they cannot break even due to NHIS charges.
* Problems with FDA certification and NBS restrictions in blood collection, and testing is affecting blood mobilization in the Region.
* Replacement and proper maintenance of equipment in some laboratories are not done as expected.
* Some labs lack space, office, rest room, others too are in bad shape and require urgent renovation.
* Inadequate storage space in some facilities including the Regional medical stores.
* Delay in NHIS reimbursement.
* Inadequate number of pharmacists and pharmacy support staff.

**Way forward**

* To organize at least two Monitoring and Supportive Supervision Visits in the coming Year.
* Hospital management must always ensure availability of reagents for testing in the laboratory, to ease burden on clients, raise revenue for facility and to offer job satisfaction for laboratory staff.
* Region should liaise with FDA and NBS to find a lasting solution to blood collection at the Facilities.
* There should be well defined system in place for proper preventive maintenance of equipment.
* There should be expansion in some of the laboratories, to create offices, sample collection area and restrooms.
* Training for clinical team in the region on Rational Use of Medicines and dissemination of RUM survey reports
* Advocate for more pharmacy staff

# CHAPTER FOUR

# RESILIENT AND SUSTAINABLE HEALTH SYSTEMS

4. 1. **Disease Surveillance**

The mandate of the Disease Surveillance in the Greater Accra Region includes keeping surveillance on priority diseases, providing response to epidemics/disease outbreaks and rumors, and helping in undertaking public health intervention measures for reducing the burden of other priority diseases in the region.

**Objective**

The Main objective is to strengthen epidemiological surveillance on priority diseases and to ensure early detection and effectively control epidemic prone and priority endemic diseases.

**Specific Objectives**

* To improve Accuracy, Completeness and Timely Submission of surveillance data at all Levels.
* To improve surveillance data utilization at all levels.
* To strengthen capacity at all levels to respond rapidly and efficiently to surveillance reports.
* To strengthen preparedness and technical capacity of Health Teams to predict, investigate and respond to Disease Outbreaks.
* To strengthen the capacity of Communities to report the occurrence of selected priority disease and unusual Health events.

**Activities Carried Out**

* Weekly feedback system through bulletin
* Timely submission of weekly and monthly IDSR reports
* Prioritization of health facilities into High, medium and low for AFP Surveillance
* Facilitative support visits to Districts/Health facilities
* Training of District and Sub district Teams on AFP Surveillance indicators
* Detection, reporting and investigation of all epidemic prone diseases.
* Distribution of specimen containers and other logistics to all Districts
* Regular sensitization of clinicians
* Training of CBSV on Priority diseases to strengthen Community Events Based surveillance activities.
* Training of Private health Facilities on Outbreak Response and case Management
* Case search on AFP and other priority diseases

##### Table 44: AFP Surveillance Districts Performance, 2023

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **District** | **Population <15yrs** | **AFP Expected** | **AFP Reported** | **% AFP Reported** |
| Ablekuma Central | 89,370 | 3 | 3 | 100 |
| Ablekuma North | 80,252 | 3 | 0 | 0 |
| Ablekuma West | 85,480 | 3 | 2 | 66 |
| Accra Metro | 231,089 | 15 | 19 | 100 |
| Ada East | 36,884 | 2 | 5 | 100 |
| Ada West | 30,514 | 2 | 2 | 100 |
| Adentan | 39,932 | 2 | 2 | 100 |
| Ashaiman | 99,172 | 4 | 6 | 100 |
| Ayawaso Central | 103,415 | 3 | 3 | 100 |
| Ayawaso East | 53,864 | 3 | 4 | 100 |
| Ayawaso North | 40,538 | 3 | 2 | 66 |
| Ayawaso West | 39,059 | 3 | 1 | 33 |
| Ga Central | 60,504 | 3 | 1 | 33 |
| Ga East | 76,873 | 3 | 3 | 100 |
| Ga North | 51,903 | 3 | 3 | 100 |
| Ga South | 141,978 | 4 | 3 | 75 |
| Ga West | 63,436 | 3 | 6 | 100 |
| Korley Klottey | 68,249 | 3 | 4 | 100 |
| Kpone Katamanso | 56,638 | 3 | 3 | 100 |
| Krowor | 47,238 | 3 | 2 | 66 |
| La Dadekotopon | 94,940 | 4 | 4 | 100 |
| La Nkwantang- Madina | 57,837 | 3 | 3 | 100 |
| Ledzokuku | 70,857 | 3 | 3 | 100 |
| Ningo Prampram | 36,644 | 3 | 5 | 100 |

##### Table 45: Measles Surveillance Districts Performance, 2023

|  |  |  |  |
| --- | --- | --- | --- |
| District | **Measles Cases Expected**  **(Suspected)** | **Reported Measles Cases**  **(Suspected)** | **% Measles Cases Reported**  **(Suspected)** |
| Ablekuma Central | 1 | 1 | 100 |
| Ablekuma North | 1 | 6 | 100 |
| Ablekuma West | 1 | 8 | 100 |
| Accra Metro | 1 | 40 | 100 |
| Ada East | 1 | 4 | 100 |
| Ada West | 1 | 12 | 100 |
| Adentan | 1 | 14 | 100 |
| Ashaiman | 1 | 22 | 100 |
| Ayawaso Central | 1 | 5 | 100 |
| Ayawaso East | 1 | 16 | 100 |
| Ayawaso North | 1 | 8 | 100 |
| Ayawaso West | 1 | 4 | 100 |
| Ga Central | 1 | 20 | 100 |
| Ga East | 1 | 65 | 100 |
| Ga North | 1 | 9 | 100 |
| Ga South | 1 | 17 | 100 |
| Ga West | 1 | 60 | 100 |
| Korley Klottey | 1 | 14 | 100 |
| Kpone Katamanso | 1 | 12 | 100 |
| Krowor | 1 | 4 | 100 |
| La Dade Kotopon | 1 | 3 | 100 |
| La Nkwantang- Madina | 1 | 11 | 100 |
| Ledzokuku Krowor | 1 | 12 | 100 |
| Ningo Prampram | 1 | 6 | 100 |
| Okaikoi North | 1 | 15 | 100 |
| Shai Osudoku | 1 | 5 | 100 |
| Tema | 1 | 12 | 100 |
| Tema West | 1 | 1 | 100 |
| Weija Gbawe | 1 | 14 | 100 |
| **Total/GAR (% of Districts Reporting)** | **29** | 420 | **100** |

##### Table 46: Yellow Fever Surveillance Districts Performance, 2023

|  |  |  |  |
| --- | --- | --- | --- |
| **District** | **Yellow Fever Cases Expected**  **(Suspected)** | **Reported Yellow Fever Cases**  **(Suspected)** | **% Yellow Fever Cases Reported** |
| Ablekuma Central | 1 | 3 | 100 |
| Ablekuma North | 1 | 1 | 100 |
| Ablekuma West | 1 | 2 | 100 |
| Accra Metro | 1 | 7 | 100 |
| Ada East | 1 | 6 | 100 |
| Ada West | 1 | 2 | 100 |
| Adentan | 1 | 3 | 100 |
| Ashaiman | 1 | 0 | 0 |
| Ayawaso Central | 1 | 3 | 100 |
| Ayawaso East | 1 | 1 | 100 |
| Ayawaso North | 1 | 4 | 100 |
| Ayawaso West | 1 | 0 | 0 |
| Ga Central | 1 | 1 | 100 |
| Ga East | 1 | 12 | 100 |
| Ga North | 1 | 3 | 100 |
| Ga South | 1 | 7 | 100 |
| Ga West | 1 | 14 | 100 |
| Korley Klottey | 1 | 3 | 100 |
| Kpone Katamanso | 1 | 2 | 100 |
| Krowor | 1 | 1 | 100 |
| La Dadekotopon | 1 | 1 | 100 |
| La Nkwantang- Madina | 1 | 2 | 100 |
| Ledzokuku Krowor | 1 | 2 | 100 |
| Ningo Prampram | 1 | 0 | 0 |
| Okaikoi North | 1 | 4 | 100 |
| Shai Osudoku | 1 | 2 | 100 |
| Tema Metro | 1 | 1 | 100 |
| Tema West | 1 | 0 | 0 |
| Weija Gbawe | 1 | 11 | 100 |
| **Total/GAR (% of District Reporting)** | **29** | **25** | **86** |

##### Table 47: Monkey Pox Surveillance Cases Reported, 2023

|  |  |  |
| --- | --- | --- |
| **District** | **Suspected Mpox Cases** | **Confirmed Cases** |
| Ablekuma Central | 0 | 0 |
| Ablekuma North | 0 | 0 |
| Ablekuma West | 2 | 0 |
| Accra Metro | 13 | 0 |
| Ada East | 1 | 0 |
| Ada West | 0 | 0 |
| Adentan | 1 | 0 |
| Ashaiman | 1 | 0 |
| Ayawaso Central | 0 | 0 |
| Ayawaso East | 1 | 0 |
| Ayawaso North | 1 | 0 |
| Ayawaso West | 5 | 0 |
| Ga Central | 9 | 1 |
| Ga East | 17 | 0 |
| Ga North | 0 | 0 |
| Ga South | 5 | 1 |
| Ga West | 5 | 0 |
| Korle-Klottey | 2 | 0 |
| Kpone-Katamanso | 3 | 0 |
| Krowor | 9 | 0 |
| La-Dade-Kotopon | 1 | 0 |
| La-Nkwantanang-Madina | 2 | 0 |
| Ledzokuku | 2 | 0 |
| Ningo Prampram | 0 | 0 |
| Okai Koi North | 16 | 0 |
| Shai-Osudoku | 0 | 0 |
| Tema | 2 | 0 |
| Tema West | 1 | 0 |
| Weija-Gbawe | 0 | 0 |
| Total | **99** | **2** |

* 1. **Cholera Surveillance**
* No Cholera case confirmed in the region though 6 suspected cases were reported during the period under review.
* Lack of Rapid diagnostic test kits hampering early case detection
* Activation of rapid response teams in all Districts.
* Public Health Emergency Management Committee activated.
* Isolation wards have been identified and equipped at all Public Health facilities.
* Procurement and distribution of specimen containers, Replacement fluids, medicines, and other logistics to all Districts
* Surveillance Outbreak Response Management and Analysis System (SORMAS) tool initiated in all the district serves as real time disease notification.
* Posters and Flyers developed and distributed to all districts.
  1. **Monkey Pox Surveillance**
* 99 suspected cases reported from the districts.
* 4 were laboratory confirmed.
* No deaths occurred during the period under review.
  1. **COVID-19 Surveillance**

**Coordination**

Public Health Emergency Management Committees have been activated at the regional level and district levels. Rapid Response have been formed across all the levels of the health system to investigate all outbreaks within all districts.

The entire regional response has been decentralized with each district empowered to conduct surveillance and response activities with their district team. Key COVID- 19 carried out by the district teams include surveillance on outbreaks, identification of new cases, case management, contact tracing and risk communication to help modify behaviour of susceptible cases, confirmed cases and exposed cases.

**Capacity Building**

Since the onset of the COVID-19 pandemic, several trainings that have focused on Infection Prevention and Control and Case Management Trainings have been done to empower frontline workers on IPC practices and in the management of suspected and confirmed cases of COVID-19.

**Contact Tracing**

Contact tracing is the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission. When systematically applied, contact tracing will break the chains of transmission of an infectious disease and is thus an essential public health tool for controlling infectious disease outbreaks. Contact tracing for COVID-19 requires identifying persons who may have been exposed to COVID-19 and following them up daily for 14 days from the last point of exposure. (WHO,2020)

Staff from the various Health facilities and District Health Directorates as well as trained health workers awaiting employment were engaged for contact tracing. These contact tracers received training at the Disease Surveillance Department of the Ghana Health Service and the Greater Accra Regional Health Directorate. This training was consolidated at the district level by a practical session. Laboratory Personnel were also given orientation as well as hands on training of sample collection at the district level. Team members also received training on effective communication as well as infection prevention and control at the district level.

**Risk Communication**

Various Health Promotion activities have been taking place since the onset of the epidemic. Some activities that have been carried out include Radio and Television discussions and Engagement, Community Durbars, Stakeholder’s engagement, and inter-personal education.

**Case Management**

Case management for COVID-19 case management for COVID-19 is coordinated by trained case management teams. Their entire system is decentralized. There is One Regional Case Management Team and 32 District Case Management Teams responsible for coordinating and managing cases within the region.

##### Table 48: COVID-19 Testing Laboratories within the Greater Accra Region

|  |  |
| --- | --- |
| No | Laboratory |
| 1. | Noguchi Memorial Laboratory |
| 2. | Veterinary Services Division |
| 3. | Public Health Reference Laboratory |
| 4. | Nyaho Medical Centre |
| 5. | Leding Laboratory |
| 6. | Synlab Laboratory |
| 7. | Mds Lancet Laboratory |
| 8. | Akai House Lab |
| 9. | Trust Hosp Laboratory |

* 1. **COVID-19 Vaccination**

COVID-19 vaccination has been proven to reduce infection rate, severity of disease and morbidity and mortality (CDC,2021). Vaccination against COVID-19 commenced in the Greater Accra Region in March 2021 as part of the National Rollout of vaccines.

**Deployment Plan and Strategies**

The Regional Vaccine Deployment Plan was developed prior to implementation and the plan is routinely updated to reflect updated National policies and operational adaptations in the deployment process. The plan covers key components such as

* Regulatory Preparedness and safety monitoring,
* Planning and Coordination,
* Vaccination Strategies,
* Deployment systems and Modalities,
* Immunization monitoring System
* Operational Research and surveillance
* Communication and information
* Supply chain processes
* Waste management
* Monitoring and Evaluation

**Vision of Vaccination Deployment Plan**

The overall vision of the vaccination deployment plan is to vaccinate the entire regional population against COVID-19.

**Initial Target group of vaccination**

The initial target group for the vaccination were all persons who were 18years and above excluding pregnant women. In November 2021, following the introduction of the mRNA vaccines by Pfizer and Moderna, the National Vaccine Deployment Plan was updated to include adolescents between the ages of 15 years and 17 years.

**Target Population for Vaccination**

The Region has an eligible population 3,230,753 who need to be vaccinated out of its 5,455,692 population.

**Vaccine Deployment Strategies and Approaches**

Due to global vaccine supply challenges, deployment to the eligible population was done in a phased approach using segmented population groups. Four main phases of the vaccination plan have been carried out in the year under review. The First Phase was implemented from March 2021 to April 2021. This phase targeted essential health workers and other critical essential workers at most risk of infection as listed below.

* Group 1: Persons at most risk
* Health Care Workers
* Frontline Security Personnel
* Persons with known underlying medical conditions.
* 60+ year old persons
* Frontline members of the Executive; Legislature; Judiciary.
* Teachers >50 Years

Vaccination sites were created at Health facilities, workplaces and designated community centres for persons belonging to the target group to access their vaccine allocations. The second phase of the vaccination covered other Essential Service providers and it commenced in May 2021. Some of the key people targeted in the second phase are underlisted below. Group 2: Other Essential Service Providers including the rest of the security agencies.

* Water supply services; Electricity supply services; Teachers & students; Supply and distribution of fuels; farmers and food value chain; telecommunications services; Air traffic and civil aviation control services.
* Meteorological services; Air transport services Waste management services; Media; Public and private commercial transport services.
* Securities and Intelligence Agencies: Police Service; Armed Forces; Prisons Service; Immigration Service; National Fire Service; CEPS Division of the rest of Ghana Revenue Authority
* Rest of the Arms of Government: Executive; Judiciary; Legislature.

Vaccine deployment was done through the creation of workplace vaccination sites in collaboration with the various agencies and staff were scheduled for their vaccinations. By May 2021, the country had received 1,515,450 doses of vaccines through various sources such as the COVAX facility, African Union, and United Arab Emirates. With expanded vaccine availability the Region commenced Phase 3 vaccine deployment to the public which included vaccinating persons 18 years and over excluding pregnant womenIn November 2021, following the introduction of the Pfizer and Moderna vaccines into the vaccination programme, the National Policy was expanded to include adolescents between the ages of 15 years and 18years.

**Key Deployment Strategies employed.**

The first two phases of the vaccine’s deployment were targeted at specific high-risk groups. The main vaccine delivery approach used to reach the target population at the time was through the fixed/ static site approach. In this approach, vaccines were made available in designated community centres, public health facilities and workplace vaccination sites. Through active demand generation, individuals were mobilized, and these persons subsequently accessed vaccines at these fixed sites. With the expansion of the vaccination campaign to Phase 3 which made vaccinations available to all persons greater than 15 years old, there was active patronage to most fixed sites initially. However, patronage began to decline gradually in most centres after a while.

A review of routine health system data as at the time showed that although vaccine uptake amongst males and females were comparable 49% and 51% respectively, intersectional analysis showed vaccine uptake was skewed towards persons in the urban and formal work sectors such as health workers, bankers, teachers and persons working in structured institutions. Such person’s accessed vaccines from these fixed sites or from workplace vaccination programmes. Persons especially women in the informal sector and hard to reach and rural communities were being left out. The Regional Health Directorate, therefore, embarked on a social listening activity engaging key stakeholders such as local leaders, traditional leaders, market women, religious leaders through key person interviews and focus group discussions with etc. Most of these activities were conducted between September 2021 – December 2021 with full scale implementation starting in 2022 with support from Health partners and Non-Governmental Organizations. From these engagements, several recommendations were outlined. These included the following:

* Introduction of house-to-house vaccination
* Night vaccinations
* Dawn vaccinations
* Event based vaccination.
* Mobile Vaccination
* Creation of Temporary vaccination in high traffic areas such as markets, lorry stations.

Implementation of the house -to house strategy considerably improved accessibility of vaccines to individuals in the informal workforce, unemployed persons, persons working from home, rural, hard to reach, and urban slum communities who typically would not come to the fixed sites. This strategy also facilitated the reach of vaccine hesitant populations within communities who were targeted for enhanced education and engagement to address their fears and concerns. The Night vaccinations were also employed to facilitate the reach of persons who could mainly be reached at night, for instance night shift workers and traders who provided nighttime services. Dawn vaccinations were also provided for persons who left home at dawn to commence their daily work activities. This approach was implemented especially in the fishing communities where the fisher folk were most likely to be found at dawn drawing their catch or selling their catch to the fish mongers at the Rivershore and Seashores.

All these strategies were designed and implemented through continuous review of data and involvement of community structures to co-create interventions to meet the needs of the community.

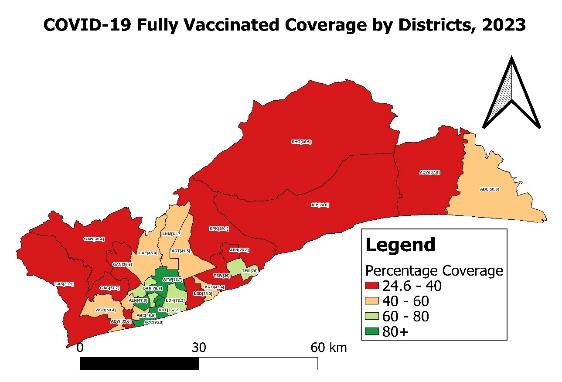
**COVID-19 Vaccine uptake as of 31st December 2023**

As of 31st December 2023, 1,861,831 of the eligible population had completed their primary series representing 50.6%. 2,421,657 (65.8%) persons had received one dose only and were awaiting their second dose.

##### 

##### Table 49: Regional Summary of COVID-19 Vaccination, 2023

|  |  |
| --- | --- |
| **Total Population in Greater Accra** | **5,687,239** |
| **Total Eligible Population for vaccination** | 3,679,643 |
| **Total Doses Administered so far** | 4,193,202 |
| **Total Fully Vaccinated** | 1,861,831 (**50.6%)** |
| **Total with at least one dose** | 2,421,657 (**65.8%)** |
| **Total First Booster Doses Administered** | 616,802(**33.1%)** |
| **Total Second Booster Doses Administered** | 90,114(**14.6%)** |



#### Figure 38: Percentage of fully vaccinated in the districts

A map of the country of covid-19

Description automatically generated

#### Figure 39: Percentage of Persons receiving at least one dose in the districts

# CHAPTER FIVE

# FINANCE

During the year under review the priority areas that the region looked at to ensure sound financial management in all facilities under the Regional Health Directorate included the following.

* Quarterly Validation of Financial reports
* Analysis of Financial reports and Feedback to BMCs’ Heads
* Intensify Financial Supervision/Monitoring
* Financial Monitoring on Program Funds and IGF

**Activities**

The following activities were undertaken

* 4th Quarterly Validation
* Financial Monitoring on Global Fund
* Public Financial Management training for Heads of finance of Hospitals, Polyclinics, DHDs and Health Centre
* Training of Heads of Finance on IGF contribution Guidelines.
* Quarterly stock taking

5. 1. **Inflow and Outflow of Funds by Sources**

Disbursement of funds to the various BMCs was successfully carried out under the year of review as per the tables below for quarter 4, 2023.

##### Table 50: Inflows by Source of Funds for 4th quarter 2023

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BMC TYPE** | **GOG** | **SBS/MAF** | **IGF** | **PROGRAMS** |
| RHD | 8,662,122.87 | 0 | 0 | 11,801,316.59 |
| REGIONAL. HOSPITAL | 101,826,194.12 | 0 | 79,712,754.16 | 0 |
| DHDS/SUB DIST | 173,732,963.70 | 0 | 39,426,466.26 | 44,249,534.71 |
| DHOS | 204,098,548.34 | 0 | 178,299,260.91 | 0 |
| POLYCLINICS | 185,153,854.86 | 0 | 102,335,826.96 | 0 |
| **TOTAL** | **673,473,683.89** | **0** | **399,774,308.29** | **56,050,851.30** |
| % OF TOTAL | **59.63** |  | **35.40** | **4.97** |

##### Table 51: Outflows by Source of Funds for 4th quarter 2023

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BMC TYPE** | **GOG** | **BS/MAF** | **IGF** | **ROGRAMS** |
| RHD | 8,662,122.87 | 0 | 0 | 11,995,142.12 |
| REGIONAL HOSPITAL | 101,826,194.12 | 0 | 80,878,022.28 | 0 |
| DHDS/SUB DIST | 173,732,963.70 | 0 | 36,932,181.57 | 34,737,037.52 |
| DHOS | 204,098,548.34 | 0 | 176,894,309.71 | 0 |
| POLYCLINICS | 185,153,854.86 | 0 | 101,785,451.00 | 0 |
| **TOTAL** | **673,473,683.89** | **0** | **396,489,964.56** | **46,732,179.64** |
| **% OF TOTAL** | **60.31** | **0** | **35.51** | **4.18** |

##### Table 52: Inflows – IGF Drugs/Non-Drugs Revenue for 4th quarter 2023

|  |  |  |  |
| --- | --- | --- | --- |
| **BMC** | **Drugs** | **Services** | **Total** |
| RHA | - | - | 0 |
| RHO | 12,148,113.81 | 67,564,640.35 | 79,712,754.16 |
| DHA/SD | 16,215,308.32 | 23,211,157.94 | 39,426,466.26 |
| DHOS | 48,358,980.53 | 129,940,280.38 | 178,299,260.91 |
| POLYCLINICS | 32,877,211.91 | 69,458,615.05 | 102,335,826.96 |
| **TOTAL** | **109,599,614.57** | **290,174,693.72** | **399,774,308.29** |
| % Of Total | 27.42 | 72.58 | 100 |

##### 

##### Table 53: Outflows – IGF Drugs & Non-Drugs Revenue for 4th quarter 2023

|  |  |
| --- | --- |
| **BMC** | **TOTAL** |
| RHA | 0 |
| RHO | 79,712,754.16 |
| DHA/SD | 39,426,466.26 |
| DHOS | 178,299,260.91 |
| POLYCLINICS | 102,335,826.96 |
| **TOTAL** | **399,774,308.29** |

##### Table 54: IGF Revenue by Source for 4th quarter 2023

|  |  |  |  |
| --- | --- | --- | --- |
| **BMC** | **NHIS** | **Cash and Carry** | **TOTAL GH** |
| RHD | - | - | 0 |
| REG. HOSPITAL | 15,834,439.28 | 63,878,314.88 | 79,712,754.16 |
| DHDS/SUD-DISTRICTS | 7,192,811.09 | 32,233,655.17 | 39,426,466.26 |
| DHOS | 41,831,634.84 | 136,467,626.07 | 178,299,260.91 |
| POLYCLINICS | 20,832,751.21 | 81,503,075.75 | 102,335,826.96 |
| **TOTAL** | **85,691,636.42** | **314,082,671.87** | **399,774,308.29** |
| % OF GRAND TOTAL | **21.44** | **78.56** | 100 |

* 1. **Indebtedness**

##### Table 55: NHIS Indebtedness to Facilities in the Region for 4th quarter 2023

|  |  |  |
| --- | --- | --- |
| **BMC** | **Amount** | **% Of Total** |
| RHOS | 15,834,439.28 | 16.94 |
| DHDS/SUD-DISTRICTS | 7,192,811.09 | 6.66 |
| DHOS | 41,831,634.84 | 52.29 |
| POLYCLINICS | 20,832,751.21 | 24.11 |
| **TOTAL** | **85,691,636.42** | **100** |

**Challenges**

* Erratic flow of Funds to the Region particularly accessing GOG allocation
* Facilities indebtedness to the Regional Medical Stores
* Some delays in depositing collected revenue at bank. The ATF stipulates in page 45, section 1 of statement of rules that “All cash collected by the main cashier from revenue officers must be banked gross daily unless the financial controller has approved a less frequent depositing arrangement for the particular BMC”.
  1. **Outlook for Full Year 2024**
* Financial supervision/monitoring to be intensified and adherence to Expenditure Controls as per the BMCs’ approved budgets
* Quarterly financial validation at Hospitals, Polyclinics, DHDS and Sub-districts level
* Financial Management Training for Finance and Non-Finance Manager
* Financial Monitoring on Program Funds
* Staff Rationalization

# CHAPTER SIX

# HUMAN RESOURCES

Implementation of National HR policies and procedures in the region continued to improve because of continuing external challenges. Strengthening of internal systems and structures in the strategic management of human resources notwithstanding enormous

6. 1. **Activities Performed in 2023**

* Human Resource Information Management Systems (HRIMS) district data validation.
* Promotion interview of category C below degree level at the various district health directorates across the region.
* Assisting the regional director of health services in the appraisal of all district directors, medical superintendent, and medical directors in the region.
* The region also had three quarters HRIMS validation meetings for all the HR managers in the region.
* The region also conducted an orientation for all most of the newly recruited staff.
  1. **Staffing**

##### Table 56: Regional Staff Strength

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR** | **MECHANIZED** | **NON-MECHANIZED** | **TOTAL** |
| 2021 | 14820 | 2293 | 17113 |
| 2022 | 16273 | 1715 | 17988 |
| 2023 | 16870 | 1839 | 18709 |

As at the end of the 2023, the Greater Accra Region has a total staff capacity of Eighteen thousand, Seven hundred and Nine [18,709] this figure comprises sixteen thousand and eight hundred and seventy[16,870] mechanized staff representing 90.2 percent of the total staff strength and one thousand seven hundred and fifteen [1,715] non-mechanized staff representing 9.8 percent of the total staff capacity in the region.

Most of the newly created districts continue to have low numbers of staff due to the limited number of facilities located in such districts. Ningo Prampram, Ada East and Ada west continue to have steady increment of staff although there’s the challenge of staff resistance to accept postings to those districts. It’s therefore obvious that the needed staff should be posted to such deprived districts.

#### Figure 40: Mechanized Staff Distribution by Districts, 2023

From the graph above, districts such as Korle Klottey, Accra Metro, Ga East, Ga West and Tema Metro have large number of staff due to location in the region and the number of larger facilities in these district. However, districts such as Ningo Prampram, Ada East and Ada west continue to have steady increment of staff although there is the challenge of staff resistance to accept postings to those districts. Its therefore obvious that the needed staff should be posted to such deprived districts. Newly created districts such as Ablekuma Central, Ayawaso West and Ablekuma North continue to have low staff strength due to the unavailability of major health facilities.

#### Figure 41: Hospital Distribution of Mechanized Staff

The above graph represents the distribution of mechanized staff across the fifteen [15] regional/district/municipal hospitals in the region. This clearly shows that most of the facilities in the center of the region are most dense with staff whiles facilities such as Ada East District hospital continue to have smaller staff strength. The regional hospital contains the greatest number of staff in the region.

#### Figure 42: Polyclinics Distribution of Mechanized Staff

The above chart shows the staff distribution at the various polyclinics in the region. Kaneshie polyclinic has the highest number of staff with a total of three hundred and forty-two (342) staff. Ashaiman polyclinic has a total of two hundred and ninety-six [296] staff. Parliament clinic and Castle clinic have the least number of staff.

#### Figure 43: Percentage of Mechanized Staff Distribution per Facility Type, 2023

From the graph above the percentage distribution of mechanized staff per facility type, the hospital has 42.4% of the total mechanized staff can be found at the hospitals. While 27.8% constitutes the percentage of staff at the polyclinics Health centers staff constitutes 12.7% of the total mechanized staff in the region.

* 1. **Distribution by Cadres**

#### Figure 44:Mechanized Distribution by Cadres

From the above chart of distribution by staff category, the region has a total of Four Thousand, Six Hundred and Fifty-Three [4,653] professional nurses and a total of Two Thousand, Eight Hundred and Fifty – Four [2,854] professional midwives.

The region has Two Hundred and Eighty [280] Physician Assistants majority of which oversee the health centers in the region. About 40% of these physician assistants are also deployed in the polyclinics and hospitals.

The number of pharmacists and biomedical scientist is still not encouraging due to the large number of facilities in the region.

There is a total of One Thousand, eight hundred and eighty – Two [1,882] Community Health Nurses and Two Thousand, Four Hundred and Fifty – Eight [2,458] Enrolled Nurses. Most of these nurses are pursuing different programmes which will lead to their conversion into other senior grades. The region has Sixteen [16] Radiographers as at the end of 2023.

* 1. **Medical Officers Distribution by Facilities**

Hospitals

#### Figure 45:Medical Officers Distribution By Hospitals, 2023

From the graph above of medical offcier – general practitioners distribution, The Greater Accra regional Hospital has a total Eighty – five [85] general practitioners. Tema General Hospital has a total of forty – five [45] general practitioners. Ussher hospital with six [6] general practitioners, and Ga North hospital aslo with eight [8] general practitioners. The rest of the distribution is displayed in the graph above.

#### Figure 46:Medical Officer-Dental, 2023

The graph above shows the distribution of dental officers in the various municipal and district hospitals. There are a total of 29 dental officers across all these hospitals.

**Polyclinics**

**Medical Officer- General Practitioners**

#### Figure 47:Medical Officer Polyclinics, 2023

1. **Medical Officer – Dental**

#### Figure 48: Polyclinic Distribution of Dental Officers

The graph above shows the distribution of dental officers across the various polyclinics in the region.

## Distribution of Medical Specialist

#### Figure 49: Medical Specialists Breakdown, 2023

The region has a total of thirteen [13] consultants, forty –five [45] Senior Specialist and One hundred and forty – seven Specialist.

#### Figure 50:Facility Distribution of Medical Specialist- Hospitals

The above graph shows the distribution of Specialist across the various hospitals in the region. Greater Accra Regional Hospital has the highest number of specialists.

**Medical Specialist Distribution by Specialty**

The below graph depicts the specialist situation in the region. There is a total of Thirteen [13] medical officer – consultant which comprises of, four [4] Obstetrics and gynaecology consultants, two [2] internal medicine and Neurology consultants each, and one [1] each for the following dental surgery, surgery, Oral Maxillofacial, Intensive care and Orthopaedics consultant each.

Senior Specialist and Specialist distribution by specialty is further highlighted in the graph below.

#### Figure 51: Specialists Distribution by Specialty

* 1. **Nurses And Midwife Breakdown**

##### Table 57: Nurses and Midwives Distribution by Grades

|  |  |  |
| --- | --- | --- |
| **Staff Category** | **Staff Grade** | **Number** |
| **Professional Midwife** | Staff Midwife | 997 |
|  | Midwifery Officer | 932 |
|  | Senior Staff Midwife | 672 |
|  | Senior Midwifery Officer | 172 |
|  | Principal Midwifery Officer | 94 |
| **Professional Nurse (Community Health)** | Staff Nurse (Community Health) | 288 |
|  | Senior Staff Nurse (Community Health) | 121 |
| **Professional Nurse (Degree)** | Nursing Officer | 1039 |
|  | Senior Nursing Officer | 630 |
|  | Principal Nursing Officer | 423 |
|  | Deputy Director of Nursing Services | 113 |
|  | Nurse Specialist | 31 |
|  | Senior Nurse Specialist | 2 |
|  | Chief Nursing Officer | 1 |
| **Professional Nurse (General)** | Staff Nurse (General) | 1157 |
|  | Senior Staff Nurse (General) | 676 |
|  | Nursing Officer | 1 |
| **Professional Nurse (Psychiatry)** | Staff Nurse (Psychiatry) | 95 |
|  | Senior Staff Nurse (Psychiatry) | 94 |
| **Grand Total** |  | **7539** |

## 2023 Recruitment

|  |  |
| --- | --- |
| **Grade** | **Number** |
| Enrolled Nurse | 264 |
| Community Health Nurse | 137 |
| Staff Nurse | 81 |
| Staff Midwife | 79 |
| Medical Officer - General | 70 |
| Nursing Officers | 22 |
| Staff Nurse (RCHN) | 18 |
| Administrative Manager | 15 |
| Medical Officer - Dental | 6 |
| Auditor | 5 |
| Staff Nurse (Psy) | 4 |
| Orderly | 4 |
| Human Resource Manager | 4 |
| Accountant | 4 |
| HR Manager | 4 |
| Executive Officer | 3 |
| Pharmacist | 2 |
| Procurement Manager | 2 |
| IT Manager | 2 |
| Technical Officer (Nutrition) | 1 |
| Records Officer | 1 |
| Private Secretary | 1 |
| Health Service Administrator | 1 |
| Supply Manager | 1 |
| Hospital Orderly | 1 |
| Driver | 1 |
| Artisan (Plumbing) | 1 |
| Clinical Psychologist | 1 |
| Accounts Officer | 1 |
| Statistician | 1 |
| IT Officer | 1 |
| Supply Officer | 1 |
| Catering Officer | 1 |
| Finance Officer | 1 |
| Biomedical Scientist | 1 |
| Laboratory Assistant | 1 |
| **Total** | **743** |

* 1. **IPPD Inputs**

#### Figure 52: Payroll Inputs

The above chart shows the number of input forms received and processed as at the end of 2023.

The IPPD unit received a total of three thousand, seven hundred and forty – two [3,742] promotion input forms. Out of which three thousand, six hundred and ninety – six were processed and an outstanding forty – six yet to be processed.

Additionally, five hundred and ninety – six new entrant forms were received for processing with one outstanding as at the end of 2023.

Outstanding recorded were mainly due to unavailability of vacancies and movements. Most outstanding pertaining to promotion is due to system dates and vacancies for the new positions.

* 1. **2023 Staff Wastages**

#### Figure 53: Staff Wastages

The above graph shows the trend of staff wastages over the last three [3] years. The data shows the number of staff on leave without pay as at the end of 2023 was three hundred and sixty [360] as compared to 2022 figure of one hundred and sixty – seven [167] and 102 as at 2021. The trend shows an increase in vacation of post and resignation of staff over the past years.

* 1. **Transfers**

##### Table 58: Breakdown of Transfers, 2022 - 2023

|  |  |  |
| --- | --- | --- |
| **Type of Transfer** | **2022** | **2023** |
| Inter-Agency Transfer In | 96 | 86 |
| Inter-District Transfer In | 452 | 380 |
| Inter-Region Transfer In | 439 | 471 |
| Transfer Out | 50 | 89 |
| **Grand Total** | **1037** | **937** |

The above table shows the transfers completed during 2023 as against 2022. A total of nine hundred and thirty – seven [937] transfers were completed as at 2023 compared to one thousand and thirty – seven [1,037] transfers completed as at the end of 2022.

However, there was an increase in Inter-region postings in 2023 with a total of four hundred and seventy – one [471] as compared to the four hundred and thirty – nine [439] received in 2022.

**Activities Performed**

1. Human Resource Information Management System [HRIMS] data validation for all

districts and facilities.

1. Organization of half-year district and regional promotion interview for all qualified

staff.

1. Training on the Training Information Management System for Human Resource

Managers, Training Coordinators and Programme Managers

1. Conversion interview for one hundred and forty-seven [147] Enrolled Nurses and

Community Health Nurses

1. Posting of Three hundred and eighty – five [385] Enrolled Nurses and Community

Health Nurses to beef up the staffing situation in the region.

1. Posting of 28 medical officers to boost the staffing gap in the region.
2. Recruitment and posting of 46 officers of different categories to bridge staffing gaps
3. Human Resource audit at Greater Accra Regional Hospital.

**Challenges**

1. Unavailability of storage devices for personnel files.
2. Digitization of personnel records
3. Continuous and persistent updating of the HRIMS
4. Staff rejecting postings to deprived districts
5. Poor geographical equity index for medical officers, nurses and midwives especially in the deprived districts

# CHAPTER SEVEN

# SUPPORT SERVICES

7. 1. **Estate Management**

The Estates Unit provides general technical and administrative support to management and other health staff for the most efficient and effective management of health estate activities in the Greater Accra Region. Health infrastructure and equipment constitutes a high proportion of the budgetary allocation for Ghana Health Service. It is therefore of primary importance that these facilities are kept in very good physical condition in order that they perform the required functions to provide a sound environment for our clients, staff as well as visitors. The Estates Management Unit generally undertakes.

* Capital Projects implementation.
* Rehabilitation/ minor works
* Land/Property management.
* Training of personnel especially Maintenance Persons and
* Technical supportive supervision of fit-for-purpose and value-for-money procurement of health projects especially at the lower levels of healthcare delivery

## Capital Project

Works progressed with respect to the following projects.

* Construction of a 40-Bed Hospital at Kpone in the Kpone Katamanso District
* Renovation of Greater Accra Regional Medical Stores
* Mallam Attah Clinic (Maternity Unit)
* Construction of Regional Hospital at Tema.

The underlisted projects however remained stalled during the period under review.

##### Table 59: Stalled Projects, 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Title** | **Contract award date** | **Expected completion** | **% complete**  **31/12/16** | **% complete**  **31/12/17** | **Remarks** |
| Construction of new Regional Health Administration. | 10/12/04 | 10/12/06 | 38% | 38% | Stalled |
| Construction of New RMS | 14/02/12 | 25/10/12 | 65% | 65% | Stalled |
| Construction of CHPS at Lolonya | 17/12/12 | 16/04/13 | 52 | 52% | Stalled |
| Upgrade of Maamobi Hospital | 24/11/05 | 10/06/06 | 45 | 45% | Abandoned |
| Const. of maternity block at Tema Gen hospital | 19/07/10 | 3/01/11 | 47 | 47 | Stalled |

With the support of the Ghana Health Service Council and the Office of the Director General, the Region has advocated and budgeted for the reactivation and completion of the new Regional Health Directorate Office Block and the new Regional Medical Stores in 2022. These are located at Adabraka in the Accra Metropolis and Pantang in the La Nkantanang Madina Municipality respectively.

 Tiling Works

##### Table 60: Project Completion Costs: RMS & RHD Office Block

|  |  |  |  |
| --- | --- | --- | --- |
| **Project** | **Unpaid Claims** | **Cost of Outstanding works** | **Total cost** |
| Construction of new Regional Medical Stores | 679,847.11 | 9,174,102.90 | 9,853,950.01 |
| Construction of new RHD office block |  | 58,400,000.00 | 58,400,000.00 |

Abandoned Maternity Block at Tema General Hospital

## Health Projects Initiated and Funded by Collaborators

The underlisted projects indicate the contribution of our collaborators to the procurement of health projects in the Region.

##### Table 61: Health Projects Initiated and Funded by Collaborators

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Facility Type** | **Collaborator** | **District** | **Remarks** |
| 1 | Construction of Polyclinic at Dansoman (Maternity Unit) | Member of Parliament | Ablekuma East | Work progressing |
| 2 | Mallam Attah Clinic (Maternity Unit) | Rotary Club | Ayawaso Central | Work progressing |
| 3 | Const. of two storey OPD/Consulting rooms at Nima Government clinic | Member of Parliament | Ayawaso East | Work progressing |
| 4 | Construction of Regional Hospital at Tema | MOH | Tema | Work in Progress |
| 5 | Provision Theatre at Manhea Polyclinic | IGF | Tema Metro | Progressing |
| 6 | Construction of Theatre at Kpone Health Centre | District Assembly | Kpone Katamanso | Progressing |
| 7 | Construction of hospital at Ga Central | District Assembly | Ga Central | Re-engineering of design required |
| 8 | Construction of 40- Bed Hospital at Kpone Katamanso District | MOH | Kpone Katamanso | Work in Progress |
| 9 | Renovation of Greater Accra Regional Medical Stores | Global Fund/RHD | Accra Metro | Works yet to start |

**Regional Health Directorate office block**

The construction of the office accommodation has stalled due to funding challenges. The completion of the Regional Health Directorate office building will address the current office accommodation challenges which has led to the staff being scattered at various areas. The project, when completed will bring all staff together thereby improving efficiency and productivity and avoid the office the embarrassment of letters from the Regional Coordinating Council always requesting to know when the Regional Health Directorate will move out. The Estates units wish to appeal to management to pursue headquarters for the re-activation and early completion of the project. The Greater Accra Regional Health Directorate is currently housed in a rented structure and yet to get a permanent office building.

**Re-Activation of Suspended Projects**

There are still several uncompleted projects in the Region at the beginning of the year 2022 due to non-payment for work done. The estates unit and the Regional Health Directorate hope for the re-activation and completion of the projects.

**Monitoring and Support Visits to BMCs**

During the year 2022, the estate unit carried out joint technical support visits to some facilities in the Greater Accra Region. The facilities include but not limited to Shai-Osudoku Municipal Hospital

1. Shai-Osudoku District Hospital
2. Infectious Disease Centre at Dodowa
3. Amanfron Polyclinic in the Ga South Municipality
4. Ashaiman Polyclinic in the Ashaiman Municipality
5. Ashaiman Polyclinic (Community 22) in the Ashaiman Municipality
6. Accra Metro Health Directorate
7. Tema General Hospital
8. PML

**Infectious Disease Centre at Dodowa.**

A joint technical inspection for handing over of the Infectious Disease Centre at Dodowa was carried out during the period under review. The project is practically completed but not ready for use due to some outstanding works. The Contractor requested two (2) months to enable him to rectify all outstanding issues.

**Construction of a 40-Bed Hospital at Kpone Katamanso Municipality.**

Construction of a 40-Bed Hospital in Kpone in the Kpone Katamanso District started in February 2022 by the Ministry of Health. The 40-Bed Hospital is part of several Hospitals and Polyclinics being constructed in some selected Regions in the country under the VAMED projects. Progress of work is at roofing level and is expected to be completed in 30 months**.**

**Renovation of Greater Accra Regional Medical Stores**

The Greater Regional Health Directorate received approval for renovation of the Greater Accra Regional Medical Stores under the Global Fund Space Optimization program through the Ghana Health Service Headquarters. Works on the project is yet to start and will be jointly managed by the Ghana Health Service Headquarters and the Greater Regional Health Directorate. Assessment of the Greater Accra Regional Medical Stores defective roof has been carried out and the procurement process is in progress for the re-roofing of all structures of the facility. The re-roofing is required because of badly leaking roofs which has a direct effect of the quality of medicines and non-medicines stored at the facility.

**Refurbishment Of Cold Chain Systems In Regions**

The Greater Regional Health Directorate has submitted estimates for the Refurbishment of the Greater Accra Regional Walk-in cold chain system to UNICEF for funding of the project. The Regional Health Directorate received approval for the refurbishment and work started during the period under review.

* 1. **Transport Management**

The Regional Transport Management Unit of the Ghana Health Service is mandated with the responsibility of ensuring that transport is made available and reliable as an essential logistic for the efficient Delivery of Health Services within the country or more specifically, within the region. To achieve this, it is required that the available vehicle fleet is highly functional and reliably fit for purpose. Currently the Greater Accra region has a total of 151 vehicles, and out of this number, about 38% are in the “Red Zone”, implying that a great chunk of our regional fleet is old and cannot be available or reliable for Health Service Delivery. With this current fleet, it is projected that by the end of 2022, the red zone percentage of 38% will increase dramatically to about 44% which will imply that almost half of the regional fleet are too old to function optimally.

**Distribution of vehicles by age blocks**

|  |  |  |
| --- | --- | --- |
| 0-5 YEARS | GREEN ZONE | 44 |
| 6-9 YEARS | YELLOW ZONE | 26 |
| 10 AND ABOVE | RED ZONE | 83 |
| TOTAL |  | 153 |

**Fleet inventory by age block-vehicles**

**Vehicle Distribution by Make**

The Region has more Toyota vehicles than any other vehicle type. Region still has about 18 Great wall pick up vehicles which are all weak and should be replaced**.**

**Vehicle Distribution by Make**

**Key Vehicle Performance Indicators**

The Key performance indicators of the vehicles given in the table below still indicate very high availability but extremely low utilization due to the unacceptably high proportion of over-aged and unreliable vehicles.

Out of the 153 vehicles in Greater Accra, the Unit only received 70% reports for vehicles within the year under review. This can be attributed to the fact that the Districts, Municipal and Health Facilities do not have any appointed transport professionals managing their transport activities, hence late submission of reports. What we usually find is that other professionals get tasked to double in the transport management role in addition to their professional roles. Hence, transport duties have been reduced to secondary roles that are usually carried out only when there is excess time after performing their primary professional duties.

It is however important to train interested Administrative Managers to take up permanent roles managing transport since transport is an administrative component in the health sector.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Region** | **Total Vehicles**  **Reported** | **Total km. Travelled** | **% Availability** | **% Utilization** | **Km/l** | **Maintenance Cost/km.** | **Fuel cost/km.** | **Average running cost/km.** |
| GAR | 263 | 959269 | 86.4 | 56.2 | 7.9 | 0.33 | 1.6 | 1.9 |

The 86.4% Availability is an indication of our good maintenance culture even though the vehicles are old. The region has implemented a Plan Preventive Maintenance Plan (PPMP) which is religiously followed.

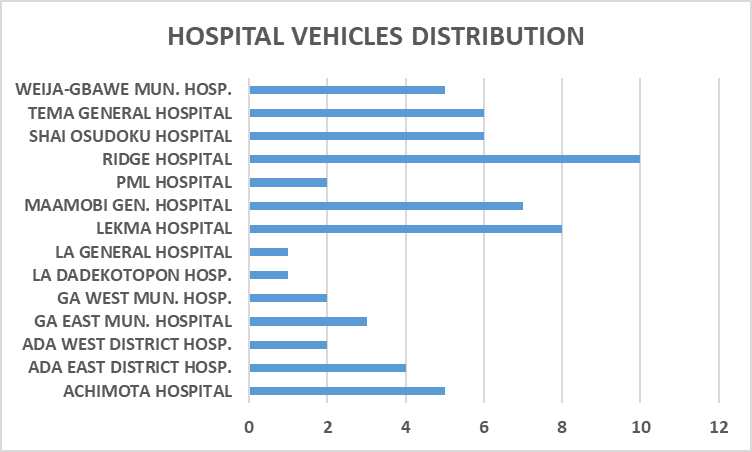
It is also important to Note that the average fuel consumption per kilometer over the period under review was 7.9 km/l which can be attributed to the efficient servicing of our vehicles.

**Driver-Vehicle Distribution**

The chart below shows clearly that the Region has more vehicles than drivers and where these are located.

**Hospital Vehicle Distribution**

The chart shows hospitals with vehicles. These vehicles include ambulances, pick-ups vehicles, buses and saloon cars.



**Polyclinics Vehicle Distribution**

This chart also shows Polyclinics with vehicles in the region.

**Drivers Age Analysis**

The Region has a total of 82 permanent drivers. The ages of the drivers have been categorized and zoned to show the regional driver-vehicle situation, and the need to employ more drivers for Health Delivery; Drivers aged between 20 to 40 years (Green Zone) indicate the young and most energetic drivers in the Region, which forms 20% of the total permanent drivers. Drivers aged between 41 to 50 years (Yellow Zone) forming 33% of the total permanent drivers of the Region; they are averagely strong and about 60% of this age group will join the Red Zone in the next five years. Drivers aged 51 to 60 years (Red Zone) form about 48% of the total permanent drivers. This implies the Region will lose about 43% of its current permanent drivers through compulsory retirement in the next 10 years; some of these drivers are also weak and cannot drive efficiently in most of our difficult terrains of the Region and the entire country as a whole.   
This information brings the driver/vehicle ratio to 2:1, this means each permanent driver is to drive two vehicles, hence the reason for the employment of casual drivers.

Comparing the 2022 and 2023 driver’s base on their ages implies the red zone drivers are becoming more and the green zone drivers have moved into yellow zone meaning strong and energetic drivers are reducing in the region.

**Boat Distribution by Age by Riverine Districts**

The boats for the riverine communities, especially the hard-to-reach Pediatorkope Health Centre on the Pediatorkope Island in the Ada East District have similar needs as the vehicles and motorbikes within the region. The Facility has no functional boat in the District which is making movement of staff and logistics movement difficult.

**The table shows in detail the age distribution on the boats.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **District** | **Boat Type** | **River Body** | **Year Manufactured** | **Age** | **No. of Parsons** |
| Ada East | Aluminum | Ada Lagoon | 2000 | 24 | 6 |
| Ada East | Aluminum | Ada Lagoon | 1995 | 29 | 9 |
| Kpone | Wood |  |  | 14 | 10 |
| Ga South | Nil | Densu | Nil | Nil | Nil |

**Motor Bikes**

The chart below shows a very bad motor bike situation in the region. The region has a total of 248 motor bikes and 146 are in the red zone and 95 are in the yellow zone, only 7 in the green zone.

|  |  |  |
| --- | --- | --- |
| 1-3 YEARS | GREEN ZONE | 7 |
| 4-6 YEARS | YELLOW ZONE | 95 |
| 6 AND ABOVE | RED ZONE | 146 |
| TOTAL |  | 248 |

The pie chart below shows that the Region has less than 30% functional motorcycles for health service delivery. One Hundred percent of the Nanfangs, Jialings, FYM and the Suzuki are generally unserviceable and scrap.

Only 3% of the service bikes are in the green zone which will certainly hamper service delivery at the lower level.

**Training on Transport Management Information (TIMS)**

As part of efforts to improve upon Key Transport Performance Indicators data, the Service has introduced the Asset and Transport Management Information (TIMS) Module for Electronic Asset Register, electronic logging of fuel and vehicle movement which is now a component on the DHMIS. In view of this, the Unit successfully organized training on TIMS where we trained Health Service Administrators, Transport Officers and Health Information Officers (HIO). All HIOs were given access to create password for drivers and other officers who have roles in TIMs in their districts. It is imperative to note that this medium will form part of the assessment tools for Directors, Administrators, Transport officers as well as their respective districts.

**Participants**

The invited participants were from Districts Hospitals, Polyclinics, Health Centers, District and Municipal Health Directorates in the region. The management members are as follows.

* Health Service Administrators
* Transport Managers
* Health Information Officers
* Administrative Managers from the Districts

**Topics Discussed**

* Registration of districts and facilities assets onto the TIMS platform.
* Enrollment of the assets onto the TIMS platform for work assignments.
* Evaluation of the vehicles for road worthiness and insurance status.
* Assignment of vehicles.
* E-logging of fuel
* Reporting accidents and incidents
* Maintenance of the vehicles
* Generation of reports for decision making

**Tricycles Training**

The Region received 24 tricycles with funding from JHPIEGO to augment service delivery at the district level. Training was scheduled and sponsored by Global Communities to ensure thatriders were well equipped with riding skills and the maintenance aspect before the tricycles were released to the districts for service delivery.

The success of Training was based on the concept of Zero-Breakdown Maintenance System (Z-BMS) which is to ensure that the tricycles are run effectively and efficiently without any breakdown.

In view of the above, Districts and Municipal Health Directors were asked to release Public Health Nurses, Mental Health Nurses, Disease Control Officers and Health Information Officers, etc. for the training. Riders were thought how to Ride, Log Book Management, PIAGGIO TRICYCLE Maintenance System, riding in Water and Muddy areas, riding in Mountainous areas, riding in Gravels and Sandy Areas and how to ride defensively on Road.



**Deputy Director of Transport speaking to the participant**



**Training participant on tricycle maintenance and precautionary measures.**

**Challenges**

* Difficulty in accessing information and sometimes logging driver information.
* Many insurance company are not uploaded into the system and therefore cannot be selected. Examples of such are Unique Insurance Company, Priority Insurance Company and Vanguard Insurance Company etc.
* The Region lost every data on DHMIS after the training.
* Headquarters is delaying in fixing the challenges on DHMIS.
* There is a need to add logistics, meetings and maintenance activities to the field created for ‘’Purpose of trip.”
* Delay in District report submission.

## Monitoring Visit

We provided Technical Support Visits and Monitoring to most of our Districts and some Health facilities. We inspected vehicle and motor bikes in our facilities and also District and Municipal Health Directorates; to ensure transport resources are available for health delivery.

We also found out the transport related issues that needed attention.

The following were some of the finding that was unraveled;

* The transport officers don’t really have much understanding on the transport KPI’s
* Lack of motor bikes for Health Delivery
* Vehicles are not reliable due to frequent breakdowns
* Some motorbikes are cannibalized for other motor bikes for service delivery.
* Lack of motor bike returns.
* Trained transport officers are sometimes transferred out of the districts making work difficult.

We provided Technical support to address the issues and encouraged the district transport officers to summit their returns promptly. One on one training was also arranged and the transport officers and focal person taken through the rudiments of reporting.

**Activities**

The following are some of the activities the Transport Management Unit facilitated:

* We assisted staff on transfers.
* We supported regional activities such as Monitoring, Supervision and workshops within and outside the Region.
* We transported drugs, EPI and NID logistics from Temporal Central Medical Stores.
* We assisted GHS Headquarters activities.
* We also distributed mosquito Net (LLIN’s)

* 1. **Clinical Engineering**

The year under review, the unit undertook several activities in the region. The unit worked in some hospitals, polyclinics, and health centers in the region. Creating equipment database for regional use, creating equipment need assert register, distribution of equipment, installation, conducted acceptance testing on all installed equipment, functional testing all installed equipment, carried out planned preventive maintenance on some equipment, carried out Corrective maintenance of some faulty or broken equipment. The region also benefited from some health projects.

**Projects**

Under the year review, some facilities in the region benefited from infrastructure and equipment project. These projects aim at expansion and improvement of quality services in those selected facilities.

1. GLOBAL FUND PROJECT: The global fund ventilator project undertaken by Ghana Health Service HQ is to manage critically ill patient and to strengthen isolation centers in these facilities. The beneficiary facilities are as follows:

* Tema General Hospital
* Ridge Hospital
* Police Hospital
* 37 Military Hospital

Installation completed. Project is awaiting technical training, end user training and handing over to facilities.

1. USAID LIQUID OXYGEN PROJECT: This project was undertaken by Ghana Health Service (HQ) to breach gap of insufficient oxygen. Availability of oxygen to eliminate usage of oxygen cylinders.

Beneficial facilities include:

* Tema General Hospital
* LEKMA Hospital

Structures completed. Facilities are awaiting equipment, technical training, end user training and handing over.

1. MOH ULTRASOUND MACHINE PROJECT: This project was undertaken by MOH the services and imaging sector of maternal unit in beneficial facilities.

All equipment well installed successfully. Technical and end user training was done successfully. Equipment were handed over and functioning properly.

**Distribution of Equipment**

The unit supervised the distribution of GIZ PSA donated equipment. The table below illustrates the distribution and beneficiary health facilities.

##### Table 62:Distribution of Equipment to Facilities

|  |  |  |  |
| --- | --- | --- | --- |
| **GIZ PSA DONATED EQUIPEMNT** | | | |
| **NO** | **FACILITY** | **EQUIPMENT** | **QUANTITY** |
| 1 | LEKMA Hospital | Finecare FIA meter II Plus SE | 1 |
| PSA Rapid Quantitative Test | 13 |
| 2 | Ga West Municipal Hospital | Finecare FIA meter II Plus SE | 1 |
| PSA Rapid Quantitative Test | 12 |
| 3 | Shai Osudoku District Hospital | Finecare FIA meter Plus | 1 |
| PSA Rapid Quantitative Test | 13 |
| 4 | Maamobi Hospital | Finecare FIA meter Plus | 1 |
| PSA Rapid Quantitative Test | 12 |
| 5 | Weija Gbawe Municipal Hospital | Finecare FIA meter II Plus SE | 1 |
| PSA Rapid Quantitative Test | 12 |
| 6 | Kaneshie Polyclinic | Finecare FIA meter Plus | 1 |
| PSA Rapid Quantitative Test | 12 |
| 7 | Ashaiman Polyclinic | Finecare FIA meter Plus | 1 |
| PSA Rapid Quantitative Test | 12 |
| 8 | Kpone Polyclinic | Finecare FIA meter Plus | 1 |
| PSA Rapid Quantitative Test | 12 |

Other equipment distributed to health facilities within the region include Hospivac, suction machine, oxygen concentrators, stabilizers, digital weighing scale with printers, bedside locker, and examination torch.

## Training

End users from various departments especially emergency, were trained on how to use the new hospivac medical suction machine and oxygen concentrators. The training included;

* Operational use
* Maintenance (especially cleaning)

The images below demonstrate end users being trained.

1. End user training of an oxygen concentrator at Madina Polyclinic (Kekele)

End user training on New Hospivac Suction Machine at Abokobi Health centre

**Response to service Calls**

The clinical engineering unit received a lot of service calls from facilities in the region. The unit respond time was positive, averagely within 12hours. This has enabled the unit to reduce the downtime of equipment drastically.

**Key Concerns**

* Mishandling of equipment by end users.
* Lack of transportation in responding to service calls
* Lack of spare parts increases the down time of medical equipment.
* Access to technical tools and manual.
  1. **Procurement Unit**

The Regional Procurement Unit comes under the Health Administration and support services (H.A.S.S) Division of the Regional Health Directorate, Ghana Health Services.

The Unit is charged with the administration and management of Procurement of goods, services and works to support Health Care delivering in the Region within the Public Procurement Management Framework.

**Objectives**

* Coordinate activities for National Competitive Tendering (NCT 2023)
* Routine Procurement Management Activities
* Coordinate Entity Tender Committee Meetings
* Initiate periodic Call Offs for frame work agreement Commodities
* Initiate periodic Call Offs for Commodities to the Regional Medical Store under N.C.T ,2023
* Make Supervisory Visits to the Service Delivery Points (Health Facilities)
* Undertake Supplier registration throughout the year
* Help Strengthen Procurement Systems both within the Directorate and the Facilities within the Region

**Key Concerns**

* Ways to maintain regular Stocks at the Regional Medical Stores in order to meet demands from the Districts
* Strengthen Procurement Systems at the Regional Health Directorate in particular and the various Delivery Points (Health Facilities)
* The need to secure qualified Supply Chain Cadres in the Districts and key Delivery Points (Health Facilities)

## Activities Undertaken

* A Procurement Plan for 2023 was prepared, reviewed and ratified by members of the Entity Tender Committee.
* One hundred and fifty-nine (159) Award Notifications and Contracts were prepared and issued to various Suppliers to Supply some selected Essential Medicines.
* Seventy-nine (79) Contracts were signed with suppliers who won bids to supply under the Frame Work Agreement (2023) as well as National Competitive Tender 2023. Their suppliers were based on periodic ‘call offs’
* Suppliers’ registration was done at no cost to suppliers. This is basically about Suppliers who had registered and paid their fees to Public Procurement Authority, as a requirement.
* Eighty (80) out of the total of One hundred and fifty-nine (159) Procured items for the year 2023 were Non-Medicine Consumables. The Items included; Sets of Tyres, Car batteries, Stationery, and auto parts, Office Furniture, Cleaning Materials, Various forms of Vehicle and Motor Bike Insurance Packages were procured for the fleet under the Directorate, Feeding. I.T Items, Electronics.
* The Following Services were also rendered; Vehicle, Equipment, Air-conditioner Servicing, Feeding, Catering and Hotel accommodation services, Refuse collection.
* The Unit facilitated then provision of Procurement Compliance Report forms the year 2022 for the Holistic Assessment. 2022 Exercise.
* During the period under review, the Entity Tender Committee has met five times to consider a lot of procurement related issues that requires a Concurrent Approval from that Level.
* The Unit Coordinated activities to ensure the launching, Evaluation and Award of Contracts for the National Competitive Tender, 2023.

##### Table 63: Procurement by Methods

|  |  |  |
| --- | --- | --- |
| **Method** | **Activity** | **Call Offs** |
| R. F. Q | 80 | 80 |
| N. C. T | 1 | 79 |
| Framework Contracting | 1 | SAME |
| **Total** | **82** | **159** |

**Essential Medicines for 2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Month** | **Item** | **Specification** | **Quantity** | **Unit Price** | **Amount (GHC)** |
| January-June | Essential Medicines | Various | Various | Various |  |
| **First half year 2023** | | | | | 50,643,556.36 |
| **Second half year 2023** | | | | | 55,860,908.74 |
| **Total** | | | | | 106,504,465.10 |

**Non-Medicine Consumables for 2023**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Item** | **Specification** | **Quantity** | **Unit Price** | **Amount (GHC)** | |
| January-June | Non-Medicine Consumables | Various | Various | Various | 480,102.53 | |
| **First half year 2023** | | | | | | **480,102.53** |
| **Second half year 2023** | | | | | | 386,512.93 |
|  | | | | | | 866,615.46 |

**Comparing The Procurement of Essential and Non-Essential Medicines For 2022 And 2023**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Year** | **Amount (Ghc)** |
| Essential Medicines | 2022 | 137,088,294.07 |
| Essential Medicines | 2023 | 106,504.465,10 |
| Non- Medicines Consumables | 2022 | 3,297,310.02 |
| Non-Medicines Consumables | 2023 | 866,615.46 |

**Achievements**

* Ability to step up with the routine Procurement Management Compliance and Documentation in accordance to what is required in the Standard Operating Procedure Manual.
* Prepared and coordinated the effective arrangement and organization of National Competitive Tender 2023
* Ability to undertake a few supervisory visits to four Health Facilities, to supervise their various Procurement Management Practices.

**Challenges**

* Inability to organize Capacity Building Programs for Supply Chain Practitioners within the Region.
* Inability to organize Supervisory Visits to the Delivery Points (Health Facilities)

**Way Forward**

* The need to organize capacity building workshops especially for Commodity Managers of District Stores.
* The need to organize a Performance Review for Supply Chain Practitioners in the Region.
* The need to organize Peer Review Conference for Supplier Chain Practitioners under the Regional Health Directorate.
* The Regional Medical Store has to help the Procurement Unit with distinct aggregate Quantity of supplies from Framework Contracting and that of National Competitive Tender respectively.

# CHAPTER EIGHT

# STAKEHOLDER ENGAGEMENT

8. 1. **Community Health Planning Services (CHPS)**

Community based health Planning and Services (CHPS) is aimed at providing care within the community. A national strategy to deliver essential community-based health services involving planning and service delivery with emphasis on community involvement and mobilization. This is to reduce health inequalities and promote equity, access, efficiency, and quality care to the community members by removing barriers at the community level.

**Objectives For the Year Under Review**

* To monitor all districts on CHPS Data base implementation
* To conduct supervisory visits to all districts.
* To contribute to service delivery indicators.

**Activities Conducted**

* Virtual orientation on CHPS quarterly indicators
* Data validation
* CHO Training –Adentan municipal

##### Table 64: CHPS Implementation Status, 2021 - 2023

|  |  |  |  |
| --- | --- | --- | --- |
| **CHPS indicators** | **2021** | **2022** | **2023** |
| Number of Demarcated CHPS Zones | 806 | 878 | 900 |
| Number of functional CHPS zones | 696 | 739 | 813 |
| Percentage of demarcated zones made functional | 86.4 | 84.2 | 90 |
| Number of Completed CHPS Zones | 487 | 549 | 593 |
| Number of functional CHPS with basic equipment | 604 | 662 | 642 |
| Number of CHPS Compounds | 56 | 60 | 63 |
| Number of Trained CHOs | 415 | 525 | 581 |
| Number of zones with active CHMC with meeting since last 3 months | 449 | 546 | 539 |
| Number of Active CHV | 497 | 566 | 524 |
| Number of functional CHPS zones with CHAP | 488 | 523 | 545 |

The table above depicts, the region had demarcated 900 CHPS zones out of which 813 are functional representing 90% for the period under review. The Greater Accra region currently has 63 CHPS Zones with compounds addedon over the previous years which was 60. Ada east and Ga South contributed to this 2and 1 new compounds respectively.

There has been a steady increase of functional CHPS Zones within the region over the years. The region currently has 86.4% of functional CHPS Zones as compared to 81.5% in 2020. It is of interest to note the regional achievement of 86.4% is currently steadily above the national target of 80%.

##### Table 65: Trend in CHPS Functionality, 2019 - 2023

|  |  |
| --- | --- |
| **Year** | **% Functionality** |
| 2019 | 82.2 |
| 2020 | 81.5 |
| 2021 | 86.4 |
| 2022 | 84.2 |
| 2023 | 90.0 |

##### Table 66: CHPS Coverage By Population, 2019 - 2023

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Annual Population** | **Population Covered by CHPS** | **% of Population Covered by CHPS** |
| 2019 | 4,943,075 | 3,409,464 | **69.06** |
| 2020 | 5,055,765 | 3,554,884 | **70.31** |
| 2021 | 5,234.243 | 4,097,861 | **78.29** |
| 2022 | 5570263 | 4435839 | **79.6** |
| 2023 | 5687239 | 4643972 | **81.7** |

It can be deduced from table 3, that the population covered by CHPS within the Greater Accra Region is 81.7% as compared to 79.6% in 2022. This has mainly been due to the increase in functional CHPS Zones within the region for the year under review.

##### Table 67: CHPS EPI Contribution, 2021-2023

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **2021**  **GAR** | **2021**  **CHPS** | **% CHPS** | **2022**  **GAR** | **2022**  **CHPS** | **%**  **CHPS** | **2023**  **GAR** | **2023**  **CHPS** | **%**  **CHPS** |
| **BCG** | 165,196 | 39,493 | 24 | 171,925 | 44,657 | 26 | 188,932 | 53,510 | 28 |
| **OPV3** | 186,368 | 91,330 | 49 | 165,642 | 86,041 | 52 | 213,374 | 120,819 | 57 |
| **PENTA 3** | 186,158 | 91,101 | 49 | 203,762 | 102,142 | 50 | 219,284 | 122,419 | 56 |
| **MR1** | 196,457 | 107,113 | 56 | 201,222 | 110,262 | 55 | 198,226 | 117,887 | 59 |
| **YELLOW FEVER** | 188,950 | 106,253 | 56 | 200,136 | 109,611 | 55 | 191,774 | 113,706 | 59 |
| **MR 2** | 160,926 | 92,542 | 56 | 17,358 | 10,187 | 59 | 180,188 | 115,369 | 64 |

The table above highlight CHPS contribution to EPI performance within the region. The highest coverage for the year under review was 64% for MR2 and closely followed by 59% for MR1and Yellow Fever. The least EPI coverage was BCG which was 28%. This can be associated to the fact that most of our CHPS Zones have a handful of midwives conducting deliveries.CHPS contributed 50% coverage to the regional target 90%.

Table 72: CHPS CWC Contribution To Regional Performance, 2020-2022

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INDICATOR** | **2021 CHPS** | **2021 Coverage** | **2022**  **CHPS** | **2022**  **Coverage** | **2023**  **CHPS** | **2023**  **Coverage** |
| ANC Registrants | 5,383 | 3.5 | 6,188 | 3.9 | 4.4 | 5,635 |
| Total Deliveries | 3,532 | 3.3 | 4,383 | 3.9 | 4.1 | 3,077 |
| Total F/P Acceptors | 127,907 | 31.3 | 142,121 | 30.0 | 24.6 |  |
| Total PNC Registrants | 4,611 | 4.0 | 4,395 | 3.9 | 4.2 | 3,166 |

* 1. **Supportive Supervision**

Regular Monitoring and supportive supervision is an essential requirement to improve the quality of health services provided at all levels of the health care system. Due to this established empirical fact, the regional team periodically embarks on supportive supervision visits to all districts within the Greater Accra Region. With support from the Global fund, Monitoring and Supportive Supervision was conducted in all 29 Districts/Municipalities/Metro’s within the Greater Accra Region. This was to Supervise and monitor essential services and continuity of care delivery, as well as covid-19 risk communication and contact tracing activities amid COVID-19 Pandemic within the selected Districts.

**A picture containing person, group

Description automatically generatedField work to Selected CHPS Zones and Compounds**

**Challenges**

Inadequate maternal and child health record booklets (MCHRB) and registers affecting documentation.

Logistic support to CHPS still remains a challenge where basic equipment to work with is unavailable.

High attrition of community health nurses to pursue higher education and to seek greener pastures affecting service delivery.

CHOs not trained to make CHPS functional under the database definition

CHPS compounds under construction in some districts abandoned.

# CHAPTER NINE

# DIGITAL HEALTH, MONITORING & EVALUATION

* 1. **Health Information Management**

The Health Information Unit (HIU) under the Regional Health Directorate serves as a pivotal component in the healthcare system, functioning as a central hub for managing, analyzing, and disseminating health-related data and information within a specific region. The HIU plays a crucial role in supporting evidence-based decision-making, monitoring health trends, evaluating health programs, and enhancing the overall performance of the regional healthcare system.

## Key Functions of the Unit

1. Data collection and compilation. It gathers, aggregates, and compiles health data from a variety of sources, including as community health initiatives, public health programmes, surveillance systems, and healthcare facilities. Standardizing data collection techniques, guaranteeing data veracity, and upholding extensive health databases are all part of this process.
2. Data Analysis and Interpretation: To find trends, patterns, and disparities in illness prevalence, health outcomes, service utilization, and other pertinent variables, the HIU thoroughly analyses health data. By use of statistical analysis, epidemiological investigations, and data visualization methodologies, the HIU produces insights that facilitate the formulation of policies, resource allocation, and strategic planning.
3. Monitoring and Reporting: In accordance with national health policies and regional health plans, the HIU keeps an eye on important performance indicators, benchmarks, and targets. To share findings with stakeholders, such as legislators, healthcare professionals, community leaders, and development partners, it regularly generates reports, dashboards, and presentations. In the delivery of healthcare, timely reporting promotes transparency, accountability, and ongoing quality improvement.
4. Early Warning and Surveillance Systems: To identify and address dangers, epidemics, and emergencies pertaining to public health, the HIU oversees disease surveillance systems. To carry out prompt interventions, preventive measures, and disaster preparedness plans, the HIU works with public health authorities to monitor epidemiological data, environmental factors, and population health indicators.
   1. **Monthly Data Validation and Verification of Health Data**

Monthly data validation involves the thorough examination and assessment of health data collected within a specified period, typically monthly. This process ensures that the data entered into health databases or records are accurate, complete, and consistent.

Verification entails cross-checking the collected data against primary sources, such as patient records, medical charts, laboratory reports, and other relevant documents. It helps to identify discrepancies, errors, or missing information that may compromise the integrity of the data.

The validation and verification process may involve comparing data entries with established standards, conducting audits, and reconciling inconsistencies through communication with data providers or stakeholders.

Through meticulous data validation and verification, healthcare organizations can enhance the reliability and credibility of their health data, which is crucial for informed decision-making, research, and quality improvement initiatives.

* 1. **Research Studies and Surveys using Health Data**

Research studies and surveys utilizing health data play a vital role in advancing scientific knowledge, understanding disease patterns, evaluating healthcare interventions, and informing health policies and practices.

Researchers design studies and surveys to investigate specific research questions, hypotheses, or trends related to public health, epidemiology, clinical medicine, health services, and other domains.

Health data sources for research studies and surveys may include electronic health records (EHRs), health registries, population-based surveys, administrative databases, and clinical trials.

Methodologies for data collection, analysis, and interpretation vary depending on the research objectives, study design, population characteristics, ethical considerations, and data quality requirements.

Collaboration among multidisciplinary teams, including clinicians, epidemiologists, statisticians, and social scientists, is often necessary to conduct rigorous research and ensure the validity and generalizability of study findings.

* 1. **Collaborate with other Units to undertake Integrated Supportive Supervision**

Integrated supportive supervision involves collaborative efforts among different units or departments within a healthcare system to enhance the quality of health services, strengthen health systems, and improve health outcomes.

Supervisory teams comprising managers, supervisors, trainers, and technical experts work together to provide supportive supervision, mentorship, guidance, and feedback to healthcare providers at various levels of the health system.

Integrated supportive supervision activities may include facility visits, performance assessments, skills building sessions, problem-solving discussions, and knowledge sharing initiatives.

The collaborative nature of integrated supportive supervision fosters teamwork, communication, mutual learning, and accountability among healthcare stakeholders.

By identifying gaps, addressing challenges, and promoting best practices, integrated supportive supervision contributes to the delivery of equitable, efficient, and patient-centered healthcare services.

* 1. **Distribution of standard Registers and Reporting forms both hard and soft copies**

The distribution of standard registers and reporting forms, in both hard copy and electronic formats, is essential for facilitating data collection, documentation, and reporting within healthcare facilities and health programs.

Standard registers and reporting forms typically capture essential information related to patient demographics, medical history, clinical encounters, diagnostic tests, treatments, and outcomes.

Distributing hard copies ensures accessibility and availability of paper-based documentation tools for healthcare providers working in settings with limited access to electronic health information systems.

Providing soft copies of registers and reporting forms enables healthcare facilities to adopt electronic health record (EHR) systems, digital data capture tools, and online reporting platforms for efficient data management and analysis.

Standardization of registers and reporting forms promotes consistency, comparability, and interoperability of health data across different levels of the health system and geographic regions. It also facilitates data aggregation, monitoring, and evaluation of health programs and interventions.

* 1. **Onsite Coaching and Technical Support Visits to Health Facilities**

Onsite coaching involves the deployment of experienced healthcare professionals or technical experts to health facilities to provide hands-on training, guidance, and support to healthcare staff.

These visits aim to strengthen the capacity of health facilities in delivering quality care, implementing best practices, and addressing operational challenges.

Onsite coaching sessions may cover a wide range of topics, including clinical protocols, infection control measures, patient management strategies, documentation practices, and utilization of medical equipment and technologies.

Technical support visits involve troubleshooting technical issues, conducting equipment maintenance, and assisting with the implementation of health information systems or digital health solutions.

Through personalized coaching and technical assistance, healthcare providers can enhance their skills, confidence, and job performance, ultimately improving the quality and efficiency of healthcare delivery.

* 1. **Prompt and Timely Feedback to All Levels on Health Indicators from the Region Level**

Prompt and timely feedback mechanisms ensure that health indicators and performance metrics are communicated effectively to relevant stakeholders at various levels of the healthcare system.

Health indicators may include measures of population health, disease prevalence, service utilization, quality of care, patient outcomes, and resource utilization.

Feedback on health indicators allows policymakers, program managers, healthcare providers, and community stakeholders to monitor progress, identify trends, and make informed decisions to address health priorities and gaps.

Feedback loops should be transparent, accessible, and responsive to the needs and preferences of different stakeholders, utilizing various communication channels such as reports, dashboards, presentations, and meetings.

Regular feedback dissemination fosters accountability, data-driven decision-making, continuous quality improvement, and collaborative efforts to achieve health goals and targets.

**Undertake Part in Any Administrative Duties Assigned:**

Healthcare professionals and support staff may be required to participate in various administrative duties to ensure the smooth operation and management of healthcare facilities and programs.

Administrative duties may include scheduling appointments, managing patient records, coordinating meetings and events, processing invoices and payments, ordering supplies, and maintaining facility infrastructure.

By fulfilling administrative responsibilities effectively, healthcare personnel contribute to the efficient allocation of resources, compliance with regulatory requirements, and optimization of service delivery workflows.

Effective communication, time management, organizational skills, and attention to detail are essential for performing administrative duties accurately and efficiently.

Collaborating with colleagues, supervisors, and external partners may be necessary to prioritize tasks, resolve issues, and streamline administrative processes to support the overall goals and objectives of the healthcare organization.

* 1. **Develop Online Data Capturing Tools for Monitoring**

Developing online data capturing tools involves designing, customizing, and implementing digital platforms or software applications to collect, store, and manage health data electronically.

Online data capturing tools streamline data entry processes, reduce paperwork, minimize errors, and improve data accuracy and completeness.

These tools may include web-based forms, mobile applications, electronic surveys, and database systems tailored to specific monitoring and evaluation requirements, such as disease surveillance, program monitoring, and research studies.

Collaborating with stakeholders, including IT specialists, data analysts, program managers, and end-users, is essential to identify user requirements, design user-friendly interfaces, and integrate data capturing tools into existing health information systems or workflows.

Training and technical support should be provided to users to ensure effective utilization of online data capturing tools and adherence to data quality standards, security protocols, and privacy regulations.

## Activities Conducted in 2023

1. Half Year and Annual Holistic Performance
2. Design of Tool for Maternal Audit documentation using Kobo Collect
3. Monthly Data Validation and Feedback to All Levels
4. Trainings and Workshop
5. One Onsite technical support visit to selected Health Facilities
6. Undertake Malaria PMD Pre- Assessment Training
7. Covid -19 Monitoring and Supervision to Health Facilities
8. Collaborated with EPI/ NTDs to undertake monitoring and Supervision.
9. Conducted Rslog and Safety Nets Data Management Training
10. Preparation of 2023 Annual Budgets for Regional, Districts and other Budget Management Centres
11. District of Tablets for Covid and other Surveillance Activities

##### Table 68: OPD Attendance 2021-2023

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2021** | **2022** | **2023** |
| Total OPD attendance | 5177512 | 5304431 | 5622066 |
| Total OPD Attendance insured | 2491860 | 2540043 | 2648976 |
| % OPD Insured | 48.1 | 47.9 | 47.1 |
| Total OPD Attendance Non- Insured | 2685652 | 2764388 | 2973090 |
| % OPD non-insured | 51.9 | 52.1 | 52.9 |
| **OPD PER CAPITA** | 0.94 | 0.94 | 0.98 |

#### Figure 54: NHIS Utilization, 2021-2023

#### Figure 55: OPD Per Capita 2021-2023

The Diagram above illustrates data on OPD Attendance, Insured and Non- Insured patients. From the above information it can be suggested that total OPD attendance has been increasing over the years, the percentage of insured has slightly decreased by 0.8% and non-insured patients also showed a sign of slight increase of about 0.8%. Additionally, the OPD per capita has also been gradually increasing over the same period. These OPD Attendance are recorded from both Public and private facilities that reports data into the DHIMS 2 system.

##### Table 69: TOP TEN CAUSES OF OPD ATTENDANCE- Jan- December, 2022-2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Disease | 2022 | % | Diseases | JAN-DEC2023 | % |
| URTI | 259,170 | 10.5 | URTI | 304565 | 9.7 |
| Malaria | 210,525 | 8.6 | MALARIA | 229972 | 7.32 |
| UTI | 150,106 | 6.1 | Acute Urinary Tract Infection | 203980 | 6.5 |
| Hypertension | 138,404 | 5.6 | Typhoid | 159269 | 5.07 |
| Typhoid Fever | 106,673 | 4.3 | Hypertension | 139925 | 4.46 |
| Diarrhoea Diseases | 96,174 | 3.9 | Anaemia | 115630 | 3.68 |
| Anaemia | 95,266 | 3.9 | Rheumatism / Other Joint Pains / Arthritis | 107074 | 3.41 |
| Rheumatism & Joint Pains | 84,283 | 3.4 | Diarrhoea Diseases | 102220 | 3.26 |
| Skin Diseases | 69,344 | 2.8 | Skin Diseases | 83804 | 2.67 |
| Diabetes Mellitus | 49,532 | 2 | Ulcer | 55550 | 1.77 |
| Total Top Ten | 1,259,477 | 51.2 | Ten Top Conditions | 377388 | 47.83 |
| All other Diseases | 1,201,306 | 48.8 | All Other Disease | 387148 | 52.17 |
| Grand Total | 2,460,783 | 100 | Grand Total | 764, 536 | 100 |

The above table shows the top ten OPD cases recorded in the Region from 2022- 2023 for the Greater Accra Regional Health Directorate. It can be deduced from the table that; Upper Respiratory tract infection still recorded the highest among the ten top diseases but showed a slight reduction in percentage as compared to 2022 recording 9.7%. Again, Malaria maintain is second place as been the next disease recorded, these can be classified as positive malaria cases that were confirmed using both RDTS and microscopies. Acute Urinary tract infection and Hypertension cases increased from their previous positions in 2023 but showing a high increase in numbers, again an increase in Anaemia in 2023, decrease in Diarrhoea Cases in 2023, skin Disease maintaining its position and Ulcer occupying the tenth position in 2023. A total case of 764,536 was recorded in 2023 which showed a high sign of decrease in OPD Cases in 2023.

##### Table 70: Some Conditions for Public Health Consideration 2021-2023

|  |  |  |  |
| --- | --- | --- | --- |
| Disease Condition | 2021 | 2022 | 2023 |
| Skin Diseases | 74668 | 69346 | 83804 |
| Rabies cases | 53 | 40 | 112 |
| Dog bite | 2952 | 3386 | 3672 |
| liver diseases | 3512 | 3326 | 4485 |

##### Table 71: Inpatient Utilization, 2019 - 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicator** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Total Admissions | 164,112 | 192,924 | 262,497 | 277,886 | 309,491 |
| Average length of stay - all wards | 5.6 | 3.3 | 4.0 | 4.2 | 4.4 |
| Bed occupancy rate - All Wards | 91.0 | 51.2 | 64.8 | 61.0 | 63.1 |
| Bed turnover rate - All wards | 6.0 | 4.0 | 4.0 | 5.0 | 5.0 |
| Institutional Mortality | 30.4 | 31.0 | 27.8 | 26.9 | 25.7 |
| Institutional Under 5 Mortality Rate | 9.9 | 10.5 | 11.0 | 10.8 | 11.3 |

**Challenges for 2023**

1. Inadequate Reporting forms and Standard Registers
2. Delay in feedback from the Low Levels
3. Inadequate Logistics (Laptops and Computers) for HIOs at all Levels
4. Inadequate funds to conduct some specific activities.
5. Inadequate staff at the Districts and Facility Levels.
6. Delay in timeliness and Completeness of Reports by Districts

**Recommendation**

1. Lobby Headquarters for Printing and supply of Reporting forms and Registers.
2. Ensure prompt and Regular Feedback to all levels.
3. Lobby and Write proposal to other stakeholders for supply of Computers and Data Management Logistics
4. Collaborate with another department to perform other HIO activities.
5. Lobby Regional Administration for posting of enough HIOs.
6. Collaborate with facilities and Districts to ensure timely and completeness in Data Submission.
7. Collaborate with other NGOs to train HIOs and other staff on Data Management.

**Outlook For 2024**

The Regional Health Information Unit in the coming year will undertake the following to consolidate the gains made and further improve the quality of Health information in all facilities in the region.

* Step up efforts to get data from quasi facilities such as 37 Hospital and Korle Bu Teaching Hospital into DHIMS 2
* Support all health facilities in the implementation of LIGHTWAVE Health Information Management System (LHIMS).
* Conduct four quarterly Regional Data Reconciliation and Validation meetings with all District Data Teams to improve on the quality-of-Service Data in DHIMS 2
* Increase the number of supportive and coaching visits to all facilities in the region to improve the use of all data collection registers and forms at the service.
* Strengthen District Data Teams to carry out more data quality assessments to improve the quality of data entry in DHIMS2.
* Train Health Information Officers from all public health facilities on all new features in the DHIMS 2 system to facilitate its use and improve upon the quality of data generated from health facilities.
* Refresher training for District Health Management Teams on the Planning Budgeting Information Management System (PBMIS).
* Conduct OTSS in collaboration with Malaria Control Department
* Strengthening Facility and Community Wellness Clinics to improve early case detection.
* Ensure the equitable distribution of Human Resource and Financial resources.
* Strengthen Disease Surveillance and Control Activities
* Intensify Stakeholder engagement / Collaborations with all relevant agencies, RCC, etc. to augment MOH /GHS support.