ANNUAL REPORT

2021

ST. ELIZABETH CATHOLIC HOSPITAL

HWIDIEM -AHAFO REGION

CONTENT

ACKNOWLEDGEMENT

We wish to express our sincere gratitude to all those who have helped us to be what we are today and those who have our interest at heart. Especially;

- Catholic Bishop of Goaso - Most Rev. Peter K. Atuahene
- Vicar General - Catholic Diocese of Goaso
- Board of Directors - Goaso Diocesan Health Service
- Director - Diocesan Health Service Goaso
- Department Of Health - National Catholic Secretariat Accra
- Nana Owusu Manu of Simplex Electronics - Accra
- Regional Director of Health - Ahafo
- Asutifi South District Assembly - Hwidiem
- District Director of Health - Asutifi South
- Volta River Authority (VRA) - Hwidiem
- Management Team - St. Elizabeth Catholic Hospital
- Christian Health Association of Ghana (CHAG) - Accra
- Staff of St. Elizabeth Catholic Hospital - Hwidiem
- Newmont Ghana limited - Kenyasi
- Nana Osuodumgya Barima Apea-Dwaah Boafo II - Chief of Hwidiem
- Nana Ataa Adwoa Agyeiwaa - Queen mother of Hwidiem
- Wilde Ganzen - The Netherlands
- Dr. Cor Stevens - Maashricht, The Netherlands
- SUN Ghana - The Netherlands
- Foreign Commonwealth & Development Office (FCDO) UKAID – Accra
- National Health Insurance Authority (NHIA)
- Naa Ashorkor (April Foundation) - Accra
- Gyinapintin Foundation & Newmont wives - Kenyasi.
- Bridge of Life Foundation - USA
- Ms Florence Adu - U.K
- Ms Rita Dzide - Kenyasi
- Pastor Jeremiah Williams - Kenyasi
- Dr. Maurits - Accra/Netherlands
- Trotro Foundation

EXECUTIVE SUMMARY

The year 2021 was a successful one despite the challenge of of delay in payment of insurance bills to the hospital. The hospital rendered preventive, curative, specialized service (Eye, Mental, ENT, Dental, Surgery, Paediatric, Physiotherapy and O&G), diagnostics,(Scan, X-ray, E.C.G) mother and child health care to its clients.

- The hospital had Planned Preventive Maintenance (PPM) of its machines and experts were invited to maintain others.
- The hospital had eight (8) in-service trainings for staff.
- The hospital had pre-Christmas and pre-Easter retreats for all the staff.
- The hospital had thirty five (35) staff in school under the sponsorship of the hospital.
- Two (2) staff were recruited within the year.
- Forty one (41) students from various health institutions and universities had their clinical / attachment at this facility.
- The institution also had Carols night before Christmas.
- The Holy sacrifice of Mass was offered two times every week for clients and staff throughout the year.
- Fifty four (54) students were posted for National Service in the hospital
- The hospital continued its huddling exercise; all Heads of Departments met at 8:00am for 30 minutes. Each head was given two (2) minutes to present what happened in the department for the past twenty-four (24) hours.
- The hospital continued with its Wednesday morning clinical meeting for Doctors.
- Seven (7) hard working staff retired in the year.
- The institution had its Annual Department Performance review.
- The kids at the children's ward were given free balanced diet breakfast every morning
- Mothers who had delivered were also given free breakfast.
- Eleven House Officers were trained within the year
- The hospital was selected as a site for the 2019 national HIV/STI Sentinel Survey
- The hospital was selected as a site for the malaria vaccine pilot implementation

evaluation project

- Outpatient attendance rose by 10.5% in 2021
- 3.3% of patient encounters surveyed had injections prescribed which is far below the 20% national target
- TB/HIV coinfection declined to 22.7% in 2021, an improvement on the 33.3% in 2020
- 642 cases of the novel COVID-19 were suspected and tested with 122 testing positive (19.0% positivity rate) and 3 deaths recorded.
- The hospital engaged the services of 6 contract staff from Verbum securities
- The Christian Health Association of Ghana (CHAG) in collaboration with the British High commssion commissioned one room isolation unit for the facility

BACKGROUND

In early 1955, a camp was set up at the present premises of the hospital. The shelter served as accommodation for victims of small pox who had been isolated from their homes.

Later in the year a Mass Education officer by name Mr. Dwamena, who was working in Hwidiem at the time, suggested to the Chief and his Elders to set up a clinic.
The then Catholic Bishop of Kumasi, Rt. Rev. Van de Bronk,was contacted, because Brong Ahafo Region was at that time under the jurisdiction of the then Kumasi Catholic Diocese. It happened that two towns, i.e, Hwidiem and Agroyesum in Ashanti Region were each asking for a hospital with a resident doctor at the same time. The Bishop proposed that any of the two communities that could provide a decent accommodation for a doctor would get a hospital and a doctor.

Under the able leadership of Nana Akwasi Nyantakyi of blessed memory, the local community was able to provide an accommodation for a doctor and a site for the hospital.

On 28th November, 1955, a young Dutch Doctor, J. A. Vervoorn arrived in Hwidiem to commence work. The shed for the small pox victims was converted into a dispensary. Work began with the construction of a block of four rooms at the site of the present females ward to start the hospital. Each family of the community contributed either two bags of maize or a bag of cocoa for sale towards the project.
On December 3, 1956, there was an official opening of the Clinic. With this humble beginning, the clinic gradually developed under the management of various Memisa Doctors and Nurses.

In 1973, when the Sunyani Diocese was erected, the ownership of the hospital was transferred from the Bishop of Kumasi to the Bishop of Sunyani.
In 1981, the then Bishop of Sunyani (the late Most Rev. James Kwadwo Owusu) invited the Missionary Sisters of our Lady of Apostles (OLA) to take over the Administration of the Hospital. The congregation finally took over on January 28 1984. Since then great efforts have been made, with the support of our partner Agencies abroad and benefactors in Ghana and the Government

of Ghana, to bring the hospital to its present status. We are convinced that with God's grace and continued support from our benefactors within and our Partner Agencies abroad, and the effort of all the staff, we hope for a continuous growth of the Hospital.

LOCATION

Asutifi South District shares boundaries with Asutifi North to the North, Tano District to the North-east, Asunafo North District to the Southwest and Ahafo Ano District (Ashanti Region) to the Southeast. The district covers a total land surface of 1500 sq km and it lies within the semi-equatorial zone marked by double rainfall between 125 mm and 200 mm, humidity is high ranging from 5% to 80%. The District has a moist semi-deciduous forest, but human activities, notably farming, lumbering, occasional bush fires and recently mining activities have disturbed the vegetation. The District has 152 settlements with two traditional Paramount chiefs at Hwidiem and Acherensua.

POPULATION

The estimated total population of the Asutifi South district is 68,394 with a growth rate of 2.5% per annum. The district has about 152 settlements and out of this, only Hwidiem is rural urban

TABLE 1: POPULATION DISTRIBUTION

INDICATOR	POPULATION	PERCENTAGE (%)
Female	35,042	51.2
Male	33,352	48.8
WIFA	16,415	24.0
Expected pregnancies	2,736	4.0
< 1 year	2,736	4.0
< 5 years	12,653	20.0

SOCIO-ECONOMIC ACTIVITIES

The common occupation in the District is subsistence Agriculture, which engages 71.8% of the economically active labour force, 22% are engaged in commerce, and 7.2% in industry. About 96% of those engaged in other occupations outside agriculture still take up agriculture as a minor activity.

Varieties of crops ranging from cash to food crops are grown in the District. The major crops cultivated include cassava, maize, cocoyam, oil palm, cocoa, vegetables, legumes, plantain and fruits.

ACCESS TO HEALTH

The District has thirteen (13) health facilities distributed in six sub-districts with St. Elizabeth Hospital being the only referral hospital for the district and beyond.

CLIMATE

The District lies within a wet semi-equatorial zone marked by double rainfall; June and October, with the main annual rainfall between 125cm and 200cm. Humidity is high ranging from 5% to 8%. The climate has changed globally so the rainfall patterns are also changing

VEGETATION

The District has a moist semi-deciduous forest type. The vegetation has however been disturbed by human activities, notably farming, lumbering, occasional bush fires and quite recently mining activities.

There are however, large areas of forest reserves.

Bia Tam Forest Reserve : 91.34km
Asukese Forest Reserve : 180.06km
Desini Forest Reserve : 150.95km

The forest reserves together cove a total land surface area of about 476.63 square kilometers, about 30% of the entire land surface area of the district.

MINING

The district has Biriman rocks, which is rich in mineral deposits (i.e. Gold and Diamond). Presently, some licensed mining companies (e.g. Newmont Ghana Gold Ltd etc) are doing surface mining. Illegal mining activities (Galamsey) are also done in the District.

WATER

Only three communities (i.e. Hwidiem, Acherensua and Dadiesoaba) have access to small town water systems. The rest have access to boreholes (20%), hand-dug wells (23%), and streams for domestic use (35%) and others (7%). The hospital depends on a mechanized borehole that supplies water to the wards and staff quarters.

ELECTRICITY

All the major towns in the district have access to electricity. The hospital is supported with a stand by generator when electricity goes off.

POST AND TELE-COMMUNICATION

The district is not connected to the national landline. There were few radiophones which either operated on Kumasi or Sunyani codes. Airtel, MTN, Tigo and Vodafone networks are now available at Hwidiem. This has improved the communication system in the district. There is 24 hour internet service at the hospital.

ORGANIZATION AND MANAGEMENT

The Management of the hospital comprises of the Administrator, the Medical Director, the Nurse Manager, the Chaplain and the Pharmacist as an extended member. They are responsible for the general Administration of the Hospital as well as the implementation of the National and Diocesan policies. The management in collaboration with Procurement Committee see to the purchases and supply of medicines, consumables and other items needed for quality health delivery in the Hospital. All committees meet regularly to address issues pertaining to the improvement, growth and development of the Hospital, they are;

- Management Team
- Heads of Department
- Drug & Therapeutic Committee
- Welfare Committee
- Disciplinary Committee
- Estate Committee
- Infection Prevention and Control Team
- Quality Assurance Committee
- Procurement
- Pastoral Committee
- Mortality Auditing Team
- Clinical Meetings
- Health and Safety Committee
- Funeral Committee
- Validation Team
- Vetting Committee

The Department of Health of the National Catholic Secretariat (NCS) and Christian Health Association of Ghana (CHAG) coordinate the activities of all the Catholic Health Institutions. These two national bodies interrelate and coordinate for successful running of the hospital.

VISION.

The vision of the hospital it to continue Christ healing ministry.

MISSION

To provide high quality health care in the most effective, efficient and innovative manner to our clients.

CORE VALUES

- Holistic Quality Service
- People Centeredness
- Professionalism
- Integrity
- Empathy

TABLE 2: RANGE OF SERVICES

GENERAL SERVICES	SONOGRAPHY
O.P.D	Ultrasound Scan
Inpatient	Electrocardiogram (ECG)
24hour Emergency Service	PREVENTIVE
Physiotherapy	Ante-netal
General Surgery	Maternal & Child Health
Medicine	Health Education
In Patient	School Health
Maternity	Immunization
Counselling / ART	Wellness Clinic
Mortuary	SPECIALIST SERVICES
Diabetic And Hypertensive Clinic	Ophthalmic
Anaemia Clinic	Ear, Nose & Throat
Pharmacy	Physiotherapy
DIAGNOSTICS SERVICES	Obstetrics & Gynaecology
LABORATORY	Dental & Maxillofacial Surgery
Hematology	Paediatric (Child Health)
Clinical Chemistry	Psychiatry
Microbiology	Dietherapy
Blood Banking	Specialist Surgery
RADIOLOGY	Restorative Dentistry
Digital X-Ray	

INTERNAL AUDIT

The internal audit aimed at full coverage of all high assessed risk areas in the hospital. Pre-auditing all payment vouchers and verifying on daily basis cash generated and sent to bank.

An end of every quarter, inventory counts were conducted at the facility. The unit continuously audited all relevant areas and communicated issues appropriately to concerned authorities. The unit took part in four successful joint audit of facilities within the Goaso Diocessan Health Directorate, and the unit also carried

out a special assignment for the Diocesan Health Service.

The year under review was a challenging one to the finances of the hospital. In the year, the National Health Insurance Authority whose signees constitute about 92% of the hospital attendance, owed the facility for Six months for services provided.

The issues raised above notwithstanding, the management of the hospital used the little resources available for the smooth running of the Hospital. Controls were supervised strictly to reduce wastage in the operational flow of the institution.

Due to the erratic nature of the re-imbursement from the NHIA, many of our vendors and commitments could not be paid for purchases and services rendered to us in the year and some preceding periods. As a result of this challenge faced, some of our vendors were reluctant to meet our requests and insisted on cash purchases.

Table 3: SUMMARY OF INCOME STATEMENT

INDICATOR	2020	2021
INCOME	GH¢	GH¢
Patient Service Fees	3,621,070.02	5,054,237.13
Drugs Fees	1,202,341.00	1,619,634.33
Government Subvention	11,160,115.86	12,670,496.31
Donations	709,991.00	303,101.49
Other Income	550,661.82	148,466.45
Total Income	17,244,179.70	20,310,457.15
EXPENDITURE		
Payroll and Related Expenses	13,033,038.92	14,481,239.21
Office Administration & General Expenses	1,533,135.91	1,769,336.95
Repairs and Maintenance	201,184.30	204,843.50
Cost of Materials Consumed	2,737,144.47	3,563,994.63
Total Expenditure	17,504,503.60	20,019,414.32

HUMAN RESOURCE

The Human Resource policy of the hospital is aimed at attracting, recruiting, retaining, and motivating health professionals to deliver quality care to all clients in our catchment area and beyond.

Table 4: STAFF STRENGTH

PROFESSION	Number of Employees (2021)	Study Leave (2021)	Number of Employees (2020)	Study Leave (2020)	Number of Employees (2019)	Study Leave 2019
Specialist (ENT)	1	1	1	1	1	0
Specialist (Child Health)	1	1	1	0	1	0
Specialist (Maxillo-facial)	1	0	1	0	1	0
Specialist (O & G)	0	0	1	0	1	0
Specialist (General Surgery)	1	0	1	0	0	0
Medical Officers	2	3	6	3	7	3
Deputy Director	1	0	1	0	1	0
Nurses	180	25	165	31	139	10
Midwives	39	3	38	6	31	0
Physician Assistant	5	1	4	1	2	0
Dental Technicians	2	1	2	0	2	0
Nutrition Staff	5	0	3	0	2	0
Anesthetists	2	3	2	0	2	0
Biomedical Scientists	7	0	6	1	5	1
Laboratory Staff	7	0	7	0	7	0
Human Resource Manager	2	0	2	0	1	0
Optometrist	1	0	1	0	0	0
Pharmacist	2	0	1	0	1	0
Pharmacy staff	6	0	8	0	8	0
Physiotherapy	5	1	5	0	5	0
Others	93	0	97	1	104	2
Total	367	36	355	43	316	16

Table 5: RECRUITMENT

PROFESSION	NUMBER
Security Guard	1
Care Taker	1
Total	2

Table 6: POSTINGS

PROFESSION	NUMBER
Nursing Officer	5
Staff Nurse	7
Staff Midwife	3
Staff Community Nurse	1
Community Health Nurse	2
Enrolled Nurse	9
Pharmacist	1
Optical Dispensing Assistant	1
Mortuary Attendant	1
Total	31

Table 7: TRANSFERRED IN

PROFESSION	NUMBER TRANSFERRED
Nursing officer	1
Senior Staff Nurse	2
Staff Midwife	1
Enrolled Nurse	1
Community Health Nurse	1
Senior Biostatistics Officer	1
Total	7

Table 8: TRANSFERRED OUT

PROFESSION	NUMBER TRANSFERRED
Obstetrician and Gynaecology specialist	1
Nursing Officer	2
Midwifery officers	2
Senior Staff Nurses	2
Principal community Health Nurse	1
Pharmacy Technician	1
Total	9

STAFF EDUCATION

The hospital has given various forms of sponsorship to thirty-five (35) staff in various schools in the country. They are made up of four (4) Medical Officers, three (3) Midwives, twenty-five (25) Nurses, one (1) Physician Assistant and one (1) Physiotherapy Technician.

PROMOTIONS

The hospital promoted/Upgraded eighteen (18) qualified staff in the year 2021.

SEPARATIONS

Retirement:
Seven (7) employees retired from active service. They were; one (1) Deputy Director, one (1), Senior Executive Officer, one (1) Chief Messenger and four (4) Superintendent Health Assistants.

Resignation:
Three (3) staff resigned from the facility in the year 2021. They consisted of one (1) Principal Nursing Officer, one (1) Senior Driver and one (1) Caretaker.

Vacation of Post:
One (1) Senior Staff Nurse and one (1) Enrolled Nurse vacated their post.

SUPPORT SERVICES

TRANSPORT

The transport unit attends to long and short distance errands for journeys on service delivery and staff welfare such as marriage and funeral. The unit attended to all fleet needs of the hospital and serviced the three functional vehicles at their due dates. One of the vehicles was involved in an accident.

The transport unit is challenged with old vehicles, the only urvan bus which is too small for the facility is seventeen years old. The functional vehicle is also too old and thus result in frequent breakdowns.

LABORATORY

There were a number of monitoring and supervision teams that visited the laboratory during the year and they were impressed with the operations at the laboratory. They praised the department for implementing recommendations that they made during previous visits. The laboratory personnel also benefited from a number of training programmes and workshops during the year. We successfully started Covid-19 testing. Also clotting profile was added to our routine tests. Improvement in laboratory consumables supply in 2021, Covid-19 testing, and clotting profile services resulted in increase in the total laboratory examinations. There was minimal impact of covid-19 on the laboratory examinations, and in addition there was frequent supply of Gene Xpert reagents for microbacterium tuberculosis compared to the year 2020.

Table 9: BLOOD BANK

ACTIVITY	NUMBER
Number of donors screened	1,400
Total blood collected	1,133
Total units of blood and blood products issued	1,257

PHARMACY

The Pharmacy Department provided quality pharmaceutical care to patients during the year. Among routinely performed activities over the period under review are; Dispensing and medication counselling services to all clients, general

education of clients on medicines at various clinics and outpatient units, medication adherence counselling for PMTCT/ART clients, education of clinical staff on medication through presentations at clinical meetings, collaboration with medical stores for sourcing of procurement committee approved essential medicines, small scale production of some disinfectant solutions and extemporaneous oral preparations, quarterly RUM and tracer medicines availability survey and procurement of essential medicines in collaboration with Procurement and medical stores.

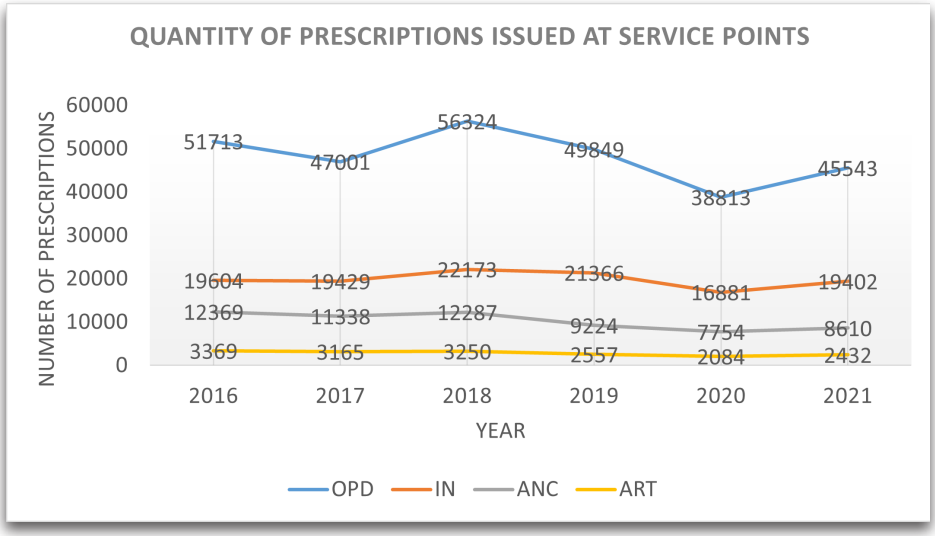

Figure 1: A line graph showing quantity of prescriptions dispensed at various service points

The diagram above shows the number of prescriptions dispensed at the various service points; Outpatient department, inpatient, antenatal care unit and the anti-retroviral therapy (HIV) unit. Clearly, over the years, the highest number of prescriptions have been issued at outpatient department followed by the inpatient, the antenatal care unit and the anti retroviral therapy (HIV) unit. Prescriptions dispensed at all service points increased in 2021.

Table 10: COMMONLY DISPENSED TABLETS

	NO. OF TIMES DISPENSED PER ANUM		
MEDICINE	2020	2021	% CHANGE
Tab Paracetamol 500mg	11,592	11,877	2.5%
Tab Folic Acid 5mg	7,151	9,310	30.2%
Tab Ferrous Sulphate	4,084	4,354	6.6%
Tab Arte+Lum	1,839	1,532	-16.7%
Tab Amoxicillin+Clavu 625mg	1,983	1,417	-28.5%
Tab Lisinopril 10mg	1,000	1,879	87.9%
Cap Omeprazole 20mg	2,095	2,105	0.5%
Tab Metronidazole 400mg	3,010	1,273	-57.7%
Tab Nifedipine 30mg	500	2,502	400.4%

Table 11: COMMONLY DISPENSED INJECTABLES

	NO. OF TIMES DISPENSED PER ANUM		
MEDICINE	2020	2021	% CHANGE
Inj Cefuroxime	1,236	1,384	12.0%
Inj Oxytocin	1,938	1,985	2.4%
Inj Metronidazole	2,646	2,745	3.7%
Inj Gentamicin	428	778	81.8%
Inj Ceftriaxone 1g	980	1,062	8.4%
Inj Phytomenadione	1,561	1,697	8.7%
Inj Ciproflaxacin	396	334	-15.7%

Table 12: RATIONAL USE OF MEDICINES

	2018	2019	2020	2021 Target	2021 Performance
Average no. of medicines prescribed per patient encounter	3.2	3.0	2.8	3.0	2.8
Percentage of patient encounters with an injection prescribed	8.3%	13.3%	3.3%	20.0%	3.3%
Percentage of medicines prescribed by generic name	49.3%	37.4%	97.6%	100.0%	88.8%
Percentage of prescriptions with antibiotics	37.5%	38.3%	35.8%	20.0%	33.3%

Four aspects that define rational use of medicines were investigated; on the average, how many medicines are prescribed for a patient per an encounter (visit), what percentage of patient encounters are injections prescribed, what percentage of medicines are prescribed using the generic name and the percentage of prescriptions that had antibiotics included in the prescription. Even though an average of 3 medicines were prescribed for patients during their visits from 2018 to 2021, it is worth noting that a slight decrease in number of medicines prescribed per visit occurred in 2020 and 2021. 3.30% of patients had injections included in their prescriptions in 2020 and 2021, a reduction in prescription of injections compared to 2018 and 2019. Medicines prescribed using their generic names declined from 97.6% in 2020 to 88.8% in 2021. Prescription of antibiotics, though above the national target in 2021, declined from 35.8% in 2020 to 33.3% in 2021.

DISEASE SURVEILLANCE

Disease surveillance is carried out by the disease control unit of the hospital in collaboration with the district health directorate's disease control unit. Some of the activities that were carried out are disease surveillance, immediate surveillance reporting (IDSR), tuberculosis screening and treatment as well as assisting in the ART activities.

Table 13: EPIDEMIC PRONE DISEASES

DISEASE	2019			2020			2021		
	SUSPECTED	INVESTIGATED	CONFIRMED	SUSPECTED	INVESTIGATED	CONFIRMED	SUSPECTED	INVESTIGATED	CONFIRMED
MEASLES	3	3	0	2	2	0	2	2	0
YELLOW FEVER	0	0	0	0	0	0	5	5	0
AFP	1	1	1	4	4	0	2	2	0
BURULI ULCER	2	2	2	0	0	0	0	0	0
NEONATAL TETANUS	1	1	1	0	0	0	2	2	2

There has been no confirmed case of measles and yellow fever over the past three years. Two cases of neonatal tetanus were recorded in 2021, and no case of acute flaccid paralysis was recorded in 2020 and 2021 after one case of acute paralysis and two cases of buruli ulcer were recorded in 2019.

Table 14: COVID-19 INFECTION

YEAR	SUSPECTED	POSITIVES	RECOVERIES	DEATH
2019	N/A	N/A	N/A	N/A
2020	300	80	76	4
2021	642	122	119	3

Surveillance activities with respect to covid-19 was stepped up in 2021, and as such 642 suspected cases were identified compared to 300 in 2020. However, the positivity rate among suspected cases dropped from 26.7% in 2020 to 19.0% in 2021. Deaths among infected patients also reduced from 4 in 2020 to 3 in 2021.

Table 15: COVID-19 INFECTION AMONG STAFF IN 2021

INDICATOR	MALE	FEMALE	TOTAL
SUSPECTED	53	29	82
CONFIRMED	20	13	33
RECOVERIES	20	13	33
DEATH	0	0	0

More male staff were suspected compared to the female staff. However, positivity rate among female staff was higher (44.8%) compared to the male staff (37.7%). No death was recorded among staff who tested positive for Covid-19 infection.

Table 16: TUBERCULOSIS SCREENING (GENE XPERT) CARRIED OUT IN 2021

TOTAL SCREENED	NUMBER PRESUMED	NUMBER TESTED	NUMBER DIAGNOSED	NUMBER INITIATED	NUMBER REFERRED
3124	380	363	37	12	25

Out of the 3,124 people screened for tuberculosis, 380 were presumed to have been infected. For those 380 presumed to have been infected, 363 were tested using Gene Xpert out of which 37 were diagnosed of tuberculosis, a positivity rate of 10.2%. The remaining 17 presumed to have the infection were tested using x-ray because they could not produce sputum.

Table 17: TUBERCULOSIS INFECTION CLASSIFICATION

INDICATOR	2019	2020	2021
SMEAR POSITIVE	15	15	11
SMEAR NEGATIVE(X- SUGGESTIVE)	14	6	9
EPTB	1	0	1
MDR-TB	1	0	1
TOTAL	31	21	23

A total of 31 tuberculosis cases were recorded in 2019, 21 in 2020 and 23 in 2021. More of the cases were confirmed through Gene Xpert (smear positive, MDR-TB) than through x-ray in 2020 compared to 2019 and 2021.

Table 18: TB TREATMENT OUTCOME

INDICATOR	2019	2020	2021
Total TB Cases	31	21	23
Cured/Completed	31	21	23
Treatment Failure	0	0	0
Defaulters	0	0	0
Death	0	0	0

All 31 tuberculosis patients were cured or completed their treatment in 2019, 2020 and 2021. This depicts a treatment success rate of 100% for all these three years.

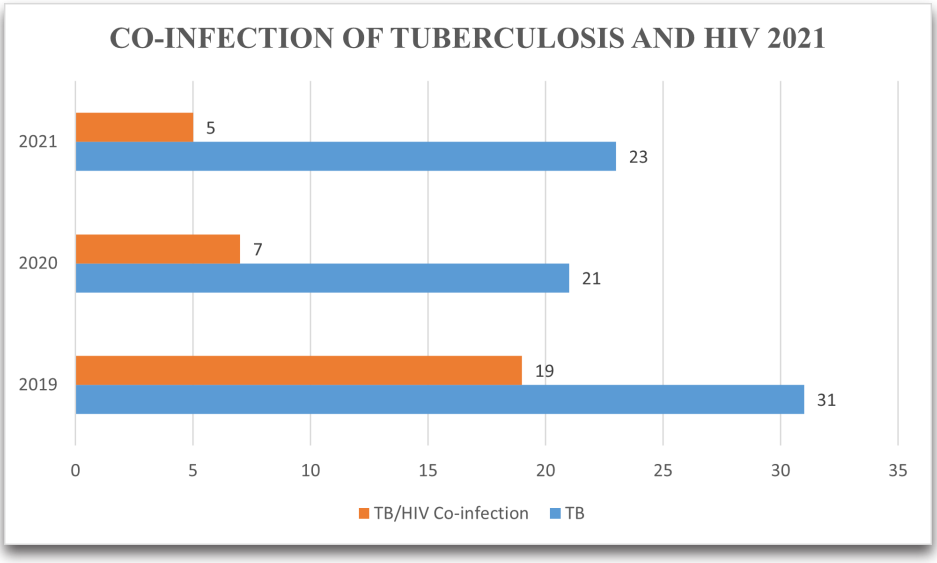

Figure 2: TB/HIV Co-infection

The proportion of tuberculosis patients who test positive for HIV has been decreasing over the past three years. Tuberculosis cases testing positive for HIV declined from 61.3% in 2019 to 33.3% in 2020 and 22.7% in 2021.

REPRODUCTIVE HEALTH, MATERNAL, NEW-BORN AND CHILD HEALTH

MATERNAL AND NEW-BORN CARE

The healthcare at the unit is rendered to citizens within the region and beyond. The year under review marked some challenges at the antenatal/postnatal care unit due to the covid-19 pandemic, such as low antenatal and postnatal care attendance due to the pandemic.

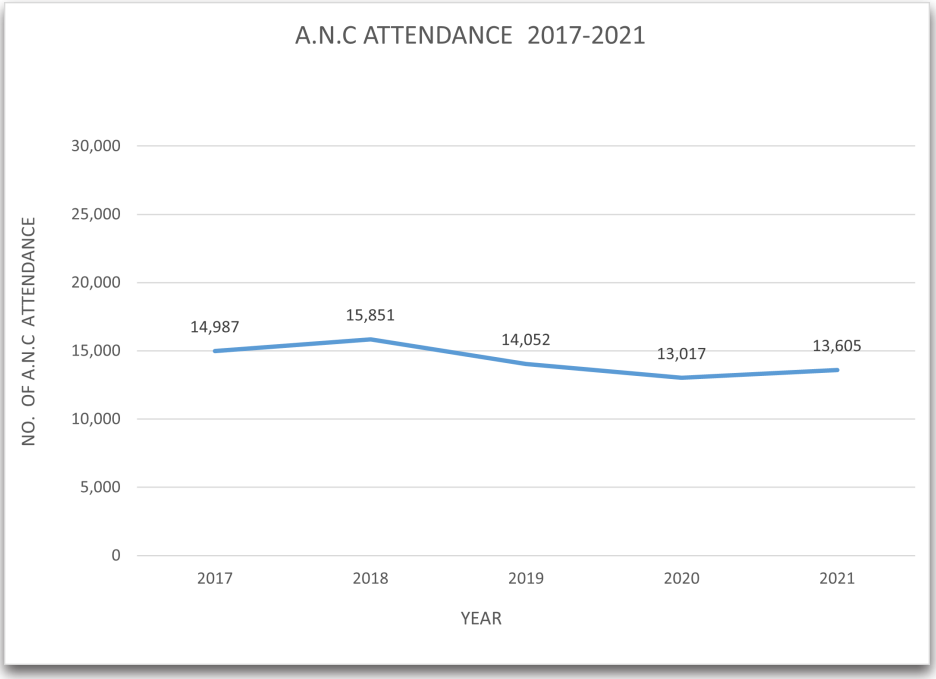

Figure 3: A bar graph depicting trend in antenatal care

The graph above shows the trend of antenatal care attendance for the past five years.

From the graph, accessing antenatal care in the hospital rose from 13,017 in 2020 to 13,605 in 2021, a percentage increase in antena-

tal care visits by 4.5% from 2020 to 2021.

PREGNANCY SCHOOL

Pregnant women had orientation to the labour ward and theatre to familiarize themselves with the delivery room and the operating theatre.

Lectures were held on birth preparedness and complications readiness for pregnant mothers to plan for the birth of their babies.

The unit had an open forum which was very effective where clients were given the platform to voice out their views.

Daily health education was done on various topics such as prevention of anemia in pregnancy and importance of antenatal care visits.

Table 19: INTERMITTENT PREVENTIVE TREATMENT

	2018	2019	2020 Performance	2021 Target	2021 Performance
IPT1	1,243	1,384	1,331	N/A	1,215
IPT2	950	1,129	1,136	N/A	1,272
IPT3 IPT3 Coverage	772 (101.1%)	948 (129.9%)	899 (120.3%)	(50%)	1,078 (139.8%)
IPT4	665	564	537	N/A	748
IPT5	86	291	243	N/A	392

Third dose of intermittent preventive treatment (IPT3) far exceeded the national target of 50.00% in 2021. The coverage of the third dose of IPT3 recorded 139.8% of the pregnant women expected to be prevented from getting malaria, and this has been the highest percentage coverage since 2018. For IPT 1, 2, 4 and 5 there was no national target set. The trend in doses of intermittent preventive treatment, over the years, has been such that doses decreases as the trimester increases.

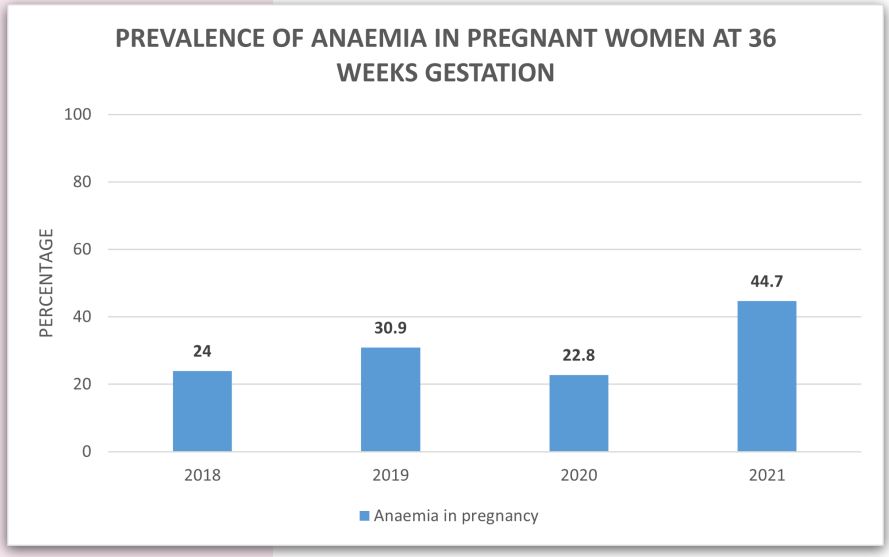

Figure 4: A bar chart showing proportion of pregnant women having anaemia

The percentage of pregnant women having anaemia declined from 30.9% in 2019 to 22.8% in 2020, but the drop could not be sustained in 2021. Prevalence of anaemia at 36 weeks of pregnancy rose from 22.8% in 2020 to 44.7% in 2021.

Table 20: SCREENING OF PREGNANT WOMEN ON SYPHILIS AND TUBERCULOSIS

	SYPHILIS			TUBERCULOSIS		
	Tested	Positive	Treated	Tested	Positive	Treated
2018	1,076	49	49	4	0	0
2019	1,140	35	35	12	0	0
2020	941	4	4	6	0	0
2021	1,046	14	14	2	0	0

Number of syphilis tests rose from 941in 2020 to 1,046 in 2021. Syphilis positivity rate among pregnant women attending antenatal care also increased marginally from 0.4% in 2020 to 1.3% in 2021.

HIV PREVENTION FROM MOTHER TO CHILD TRANSMISSION (PMTCT)

HIV testing for mothers started at the antenatal care unit in March, 2019 after staff were trained on Differentiated HIV testing Services Delivery (DSD).

Table 21: HIV TESTING AMONG PREGNANT WOMEN

	2018	2019	2020	2021
No. Initially Tested	2,974	1,680	1,115	1,026
Positive	-	-	31	20
Negatives retested at 34weeks	-	-	881	1,093
Positive after retesting at 34weeks	-	-	5	3
Total Positive	43	26	36	23
No. of positives on ARVs	43	26	34	22

NEWBORN CARE

Table 22: NEWBORN COMPLICATIONS

	2018	2019	2020	2021
Asphyxia	67	128	137	211
Jaundice	195	228	276	548
Sepsis of cord	54	48	48	17
Ophthalmia Neonatorium	14	9	11	18
Others	0	58	83	232
Total	330	471	555	1,026

Whiles the complication of sepsis of cord significantly decreased in 2021 compared to 2018 to 2020, the complication of jaundice among neonates almost doubled in 2021 compared to 2020. Cases of asphyxia also increased substantially in 2021 compared to 2020. The year 2021 recorded high number of newborn complications since 2018.

Table 23:BIRTH ABNORMALITIES

	2018	2019	2020	2021
Hare lip/cleft palate	1	1	0	2
Anencephaly	1	34	1	2
Talipes	2	2	1	0
Hydrocephalus	17	0	2	0
Undescended testes	0	0	6	1
Spina Bifida	2	0	0	0
Exomphalus	1	1	0	0
Down syndrome	0	0	1	1
Imperforate anus	0	1	0	1
Other abnormalities	6	5	4	3
Total	30	44	16	10

There has been significant drop in birth abnormalities from 2019 to 2021 as shown in the table above.

	2018	2019	2020	2021
No. of HIV Exposed Infants			91	87
No. of HIV Exposesd infants given ARV prophylaxis	-	51	69	87
No. of HIV Exposesd infants given septrin prophylaxis	-	24	11	45
No. of HIV Exposesd infants tested positive by DNA PCR	-	0	3	2
No. of HIV Exposesd infants retested ,and tested positive by DNA PCR at 9 months	-	-	0	1

ADOLESCENT HEALTH

ADOLESCENT CORNER

This clinic attends to adolescents between the ages of 10-19yrs. These adolescents are counselled, and others referred, based on their identified health needs.

Table 25: TEENAGE PREGNANCY

	2018	2019	2020	2021
TOTAL NEW PREGNANCIES	1,086	1,207	1,013	1,047
NO. OF TEENAGE PREGNANCIES	98	101	83	76
PERCENTAGE TEENAGE PREGNANCIES	9.0%	8.2%	8.2%	7.3%

There has been a drop in teenage pregnancies among female adolescents since 2018. The proportion of pregnancies among teenagers reduced from 9% in 2018 to 8.4% in 2019, 8.2% in 2020 and 7.3% in 2021. The highest number of pregnancies was, however, recorded in 2019 with 1,207 teenage pregnancies.

MENTAL HEALTH

HEALTH EDUCATION

Forty eight (48) health talks were conducted in the hospitals' main OPD, HPT/Diabetic clinics, CWC, ANC outreach services, and in various churches. The rationale is to sensitize the general public on the causes of mental illness, epilepsy and COVID -19 with its prevention and the need to seek early treatment.

OUTREACH SERVICES

Thirty- three (33) routine outreach services were conducted in the following areas; Kwahu, Amanfrom, Atta ne Atta, Wuromumuso, Hwidiem zongo, and Dormaa. In attendance were eighty one (81) clients.

HOME VISITS

Eighty- seven (87) home visits were conducted for clients living with mental illness and epilepsy. Both individual and family psychotherapy were carried out including supervision of client's medication at their residence. Education on client's condition, family support and the importance of review were stressed upon during home visits.

PSYCHOLOGICAL CARE DURING COVID- 19 MANAGEMENT

Psychological care was rendered to all COVID 19 clients and their family together with the Covid-19 response team.

Table 26: STATUS OF MENTAL HEALTH CLIENTS IN 2021

	Male	Female	Total
Insured clients	381	552	933
Non- insured clients	72	44	116
New cases- Outpatients	84	114	198
New cases through active case search	15	20	35
Voluntary treatment	459	570	1029
Involuntary treatment	0	0	0
Relapsed	5	4	9
Defaulters	8	10	18
Recurrent	1	0	1
Clients with adverse medicine reaction	1	1	2
Clients received from traditional and herbal centres	0	0	0
Clients received from faith- based healing centres	0	0	0
Patients brought to the facility in chains or shackles	0	0	0
Clients received from criminal justice institution and special institution(police cells, security services)	0	0	0
Seclusions(confinement of mental patient)	0	0	0
Vagrants treated	0	1	1
Repatriated clients received	0	0	0
Clients with physical disabilities(motor, vision, speech, hearing)	0	0	0
Perinatal depression	0	1	1
Postpartum psychosis	0	2	2
Attempted suicide	2	2	4
Suicides	0	0	0
Clients referred(in)	1	1	2
Clients referred(out)	5	4	9
New cases- Inpatients	52	38	90
Admission voluntary	64	42	106
Admission involuntary	0	0	0
Admissions court order	0	0	0
Admissions by certificate of urgency	0	0	0
Absconded	0	1	1
Deaths	1	0	1

Among the mentally derailed patients, more male required admission compared to the female. This probably could be due to the high default rate among male mentally derailed patients than the female. One male died and no death was recorded among the female.

COMMUNITY ENGAGEMENT AND PARTNERSHIP

The hospital management team, led by the administrator, paid a courtesy call on the Hwidiem Omanhene, Nana Osuodumgya Barima Apea-Dwaah Boafo II in November, 2021. The team included the District Director of health services of Asutifi South district.

The Management of the hospital also visited the District Chief Executive on many occasions to discuss the progress and programmes of the

The visit was made to update the traditional council on covid-19 situation during the year.

Management at the District Chiref Executive(DCE) office

CLINICAL/INSTITUTIONAL CARE

NEW SERVICES INTRODUCED IN 2021

Restorative dental surgery was commenced within the year. The restorative dental specialist completed his training within the period. The outpatient department also started a full 24hour service.

HEALTH INFORMATION, ICT AND HEALTH RESEARCH

HEALTH RESEARCH:
EXCERPT FROM PATIENT SATISFACTION SURVEY

Table 27: Gender of respondents

GENDER	NUMBER	PERCENTAGE
MALE	43.00	21.50%
FEMALE	157.00	78.50%
TOTAL	200.00	100.00%

More than two-third of the respondents were female (78.5%) whiles male respondents (21.5%) were less than one-third of the total respondents.

Table 28: Age of respondents

AGE OF RESPONDENT	NUMBER	PERCENTAGE
12years and below	8.00	4.00%
13-19 years	24.00	12.00%
20-49 years	130.00	65.00%
50years and above	38.00	19.00%
TOTAL	200.00	100.00%

Patients who were interviewed were mostly aged between twenty to forty-nine years, and they represented 65% of respondents. Respondents aged 50 years or more were the second highest interviewed accounting for 19% of responedents.

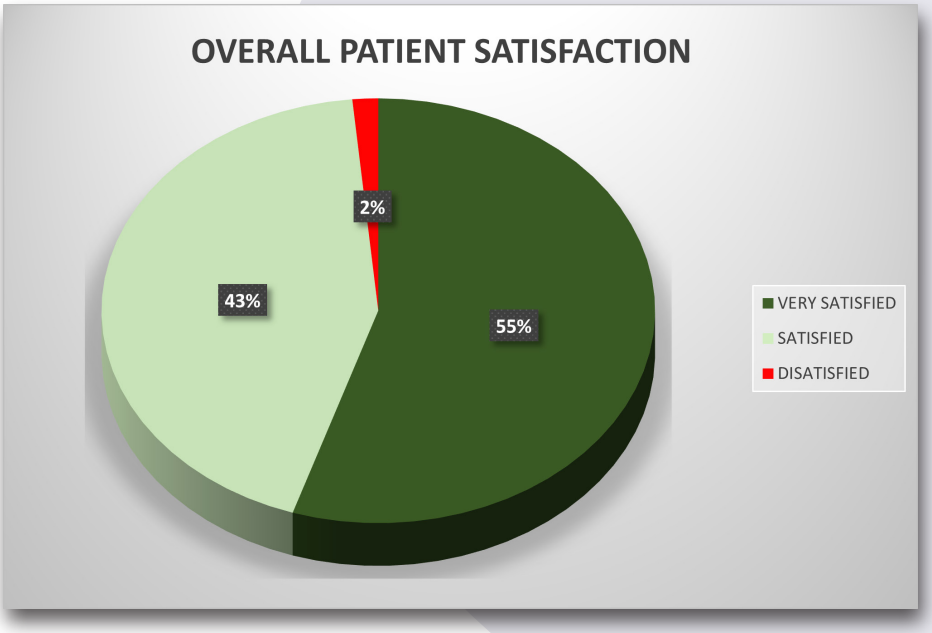

Figure 9: Pie chart showing satisfaction or dissatisfaction of respondents

Out of the 200 respondents, 110 representing 55% stated they were very satisfied, 87 representing 43% stated they were satisfied and 3 representing 2% stated they were dissatisfied.

ANNEX

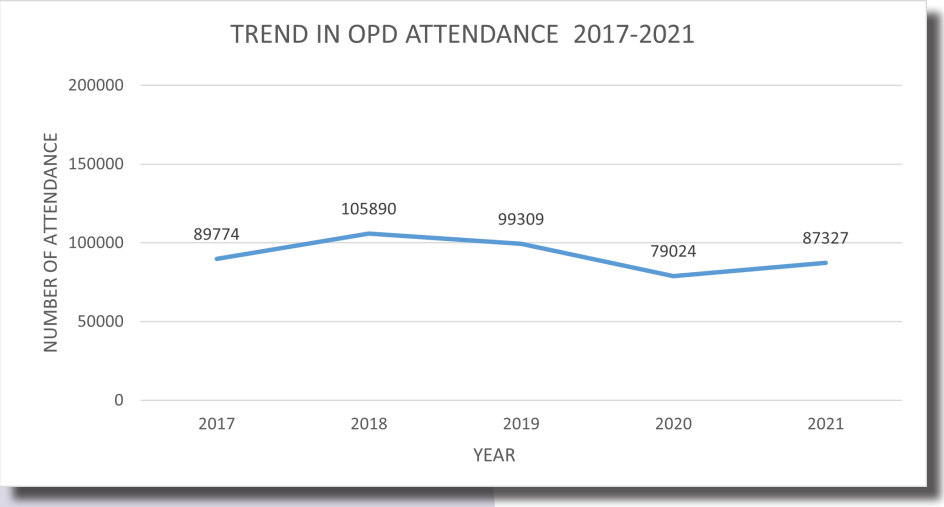

Figure 10: A line graph depicting trend in outpatient attendance

TABLE 30: ATTENDANCE AT VARIOUS OUTPATIENT POINTS

OUTPATIENT POINT	2018	2019	2020	2021
Main O.P.D	74,097	70,984	56,988	62,365
Under Five Clinic	15,942	14,273	9,019	11,357
A.N.C	15,851	14,052	13,017	13,605
Total	105,890	99,309	79,024	87,327

TABLE 31: O.P.D ATTENDANCE BY INSURED AND NON-INSURED PATIENTS

INDICATOR	2018	2019	2020	2021
Insured (% Insured)	99,802 (94.1%)	93,835 (94.5%)	74,062 (93.7%)	79,883 (91.5%)
Non-Insured (% non-insured)	6,302 (5.9%)	5,474 (5.5%)	4,962 (6.3%)	7,444 (8.5%)
Total	106,104	99,309	79,024	87,327

TABLE 32: ATTENDACE AT SPECIALIZED CLINICS

	2018	2019	2020	2021
Eye Clinic	6,300	6,031	4,412	5,773
Dental Clinic	2,286	2,461	1,966	2,517
O& G	972	2,385	866	908
Mental	1,222	1,097	1,000	963
ENT	4,504	4,097	2,970	4,004
Physiotherapy	1,540	2,786	2,117	3,536

TABLE 33: DIAGNOSTIC SERVICES

	2018	2019	2020	2021
Laboratory Examinations	323,304	292,730	254,366	308,913
X-ray	6,903	9,398	11,004	13,560
Ultra-Sound	6,158	6,699	7,620	7,223
ECG	159	301	172	400

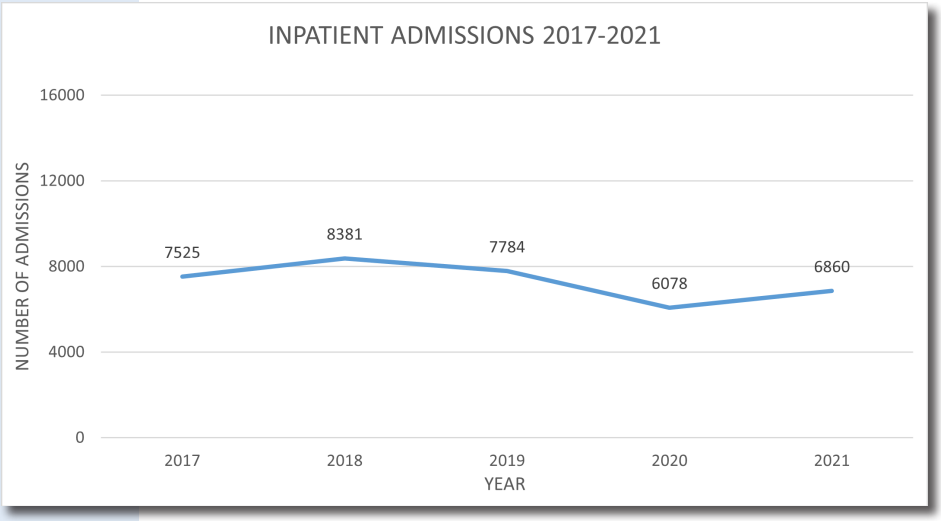

Figure 11: A line graph depicting trend in admissions

TABLE 34: ADMISSIONS BY INSURED AND NON-INSURED PATIENTS

INDICATOR	2018	2019	2020	2021
INSURED	7,440 (88.8%)	7,106 (91.3%)	5,520 (90.8%)	6,440 (93.9%)
NON-INSURED	941 (11.2%)	678 (8.7%)	558 (9.2%)	420 (6.1%)
TOTAL	8,381	7,784	6,078	6,860

TABLE 35: INDIVIDUAL WARD BED OCCUPANCY RATES IN 2021

WARDS	Bed complement	Admission	Patient days	Occupancy Rate (%)	Av. Length of stay	Turnover Per bed	Turnover Internal	Death (Rate)
Males	17	756	3,742	60.1%	5.0	43.9	3.3	60 (8.0%)
Females	20	935	4,003	54.7%	4.3	46.8	3.5	37(4.0%)
Maternity	39	2,912	8,269	57.9%	3.0	70.0	2.2	3(0.1%)
Children's	23	1,002	3,547	42.1%	3.6	43.3	4.9	10(1.0%)
NICU	10	1,096	4,133	112.9%	3.8	28.1	-0.4	58(5.3%)
PRIVATE	6	158	697	31.7%	4.2	27.7	9.0	3(1.8%)

TABLE 36: OVERALL BED OCCUPANCY RATES IN 2021

INDICATOR	2018	2019	2020	2021
Bed Complement	116	115	115	115
Admissions	7738	7784	6,079	6,860
Patient Days	27,791	26,659	20,953	24,558
Occupancy Rate	68.0%	63.5%	49.8%	58.3%
Average Length of Stay	3.6	3.4	3.5	3.6
Turnover Per Bed	72	68	52.4	59.5
Turnover Interval	1.7	2.0	3.50	2.6
Death (Rate)	127 (1.6%)	121 (1.6%)	149 (2.5%)	171 (2.5%)

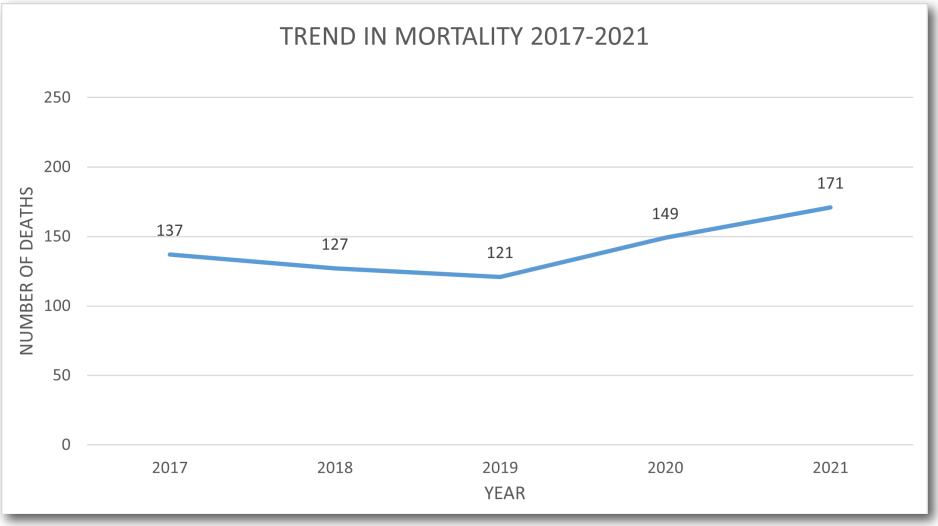

Figure 12: A bar graph showing deaths over the years

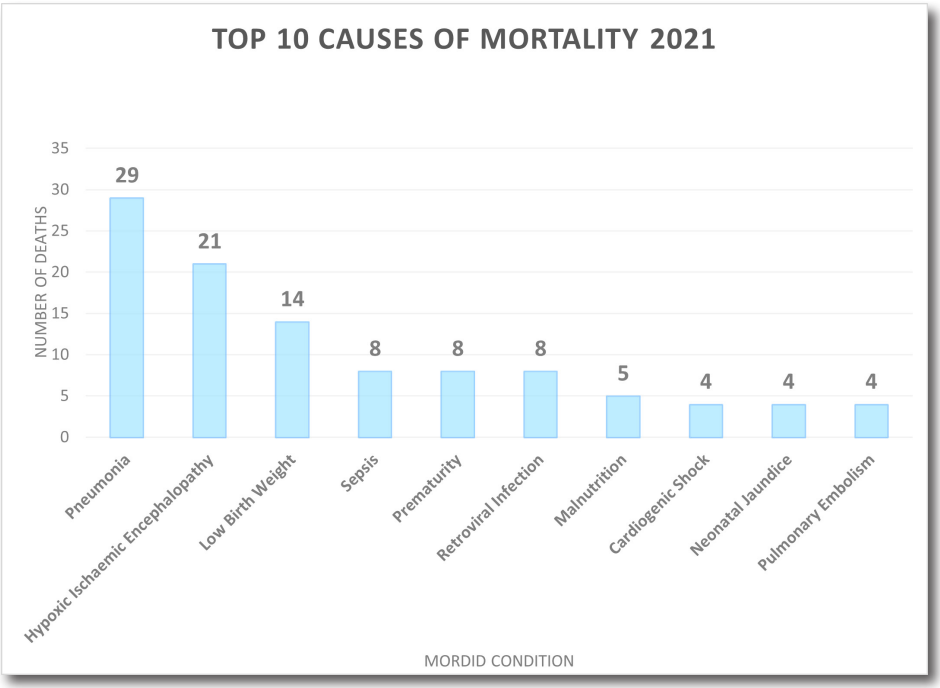

Figure 13: A bar graph illustrating causes of deaths

Table 37: ASSESSING ANTENATAL CARE

INDICATOR	2018	2019	2020	2021
ANC registrants	1,086	1,207	1,013	1,047

Table 38: HIV PREVENTION: PREGNANT MOTHER TO CHILD TRANSMISSION(PMTCT)

INDICATOR	2018	2019	2020	2021 Target	2021 Performance
PMTCT testing coverage rate	100.0%	100.00%	100.0%	80%	100%
Percentage of HIV pregnant women who received ARVs for PMTCT	100.0%	100.0%	97.2%	100%	95.6%
Percentage of infants born to HIV infected mothers who are infected	-	0.0%	0.0%	< 5%	0.0%

TABLE 39: DELIVERY AND OUTCOME OF DELIVERY

INDICATOR	2018	2019	2020	2021
Deliveries	2,455	2,294	2,064	2,075
Caesarean Sect. (Rate)	822 (33.5%)	642 (28.0%)	654 (31.69%)	750 (36.14%)
Still Birth (Rate)	35 (13.8/1000 LBs)	57 (24.0/1000 LBs)	44 (21/1000 LBs)	47 (21.9/1000 LBs)
Fresh SB (Rate)	13 (5.1/1000 LBs)	23 (9.7/1000LBs)	14 (7/1000 LBs)	18 (8.5/1000 LBs)
Macerated SB (Rate)	24 (9.5/1000 LBs)	34 (14.3/1000 LBs)	30 (14/1000 LBs)	29 (13.7/1000 LBs)
Maternal Death MMR	0 0/100,000 LBs	5 216/100,000 LBs	2 96/100,000 LBs	3 143.2/100,000 LBs

Table 40: ANALYSIS OF OUTCOME OF DELIVERY

	NO OF MOTHERS	NO OF BABIES	LIVE BIRTHS	STILL BIRTHS	WEIGHT <2.5KG	WEIGHT >2.5KG
2018	2,626	2,877	2,842	35	273	2,604
2019	2,294	2,373	2,316	57	265	1,956
2020	2,064	2,129	2,085	44	233	1,750
2021	2,075	2,140	2,097	47	271	1,659

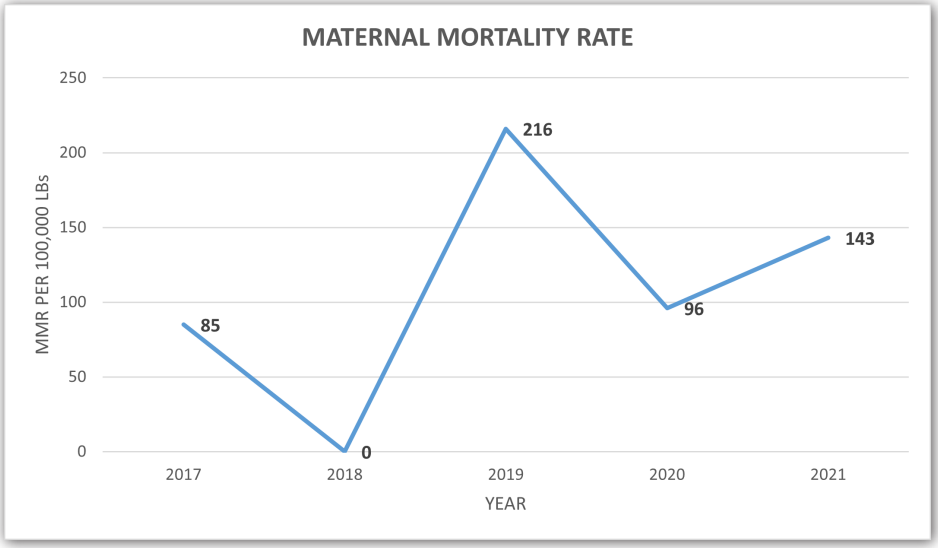

Figure 14: A line graph showing trend of maternal deaths

TABLE 41: INSTITUTIONAL UNDER FIVE MORTALITY RATES

INDICATOR	2018	2019	2020	2021
Infant Deaths IMR	35 (4/1000 LBs)	52 (20/1000 LBs)	53 (18.3/1000 LBs)	60 (26.7/1000 LBs)
Neonatal Deaths NMR	33 (10/1000 LBs)	51 (22/1000LBs)	47 (22.5/1000 LBs)	58 (27.7/1000 LBs)
Under FiveDeaths U5 MR	43 (9/1000 LBs)	58 (13/1000 LBs)	59 (27.5/1000 LBs)	65 (22.9/1000 LBs)

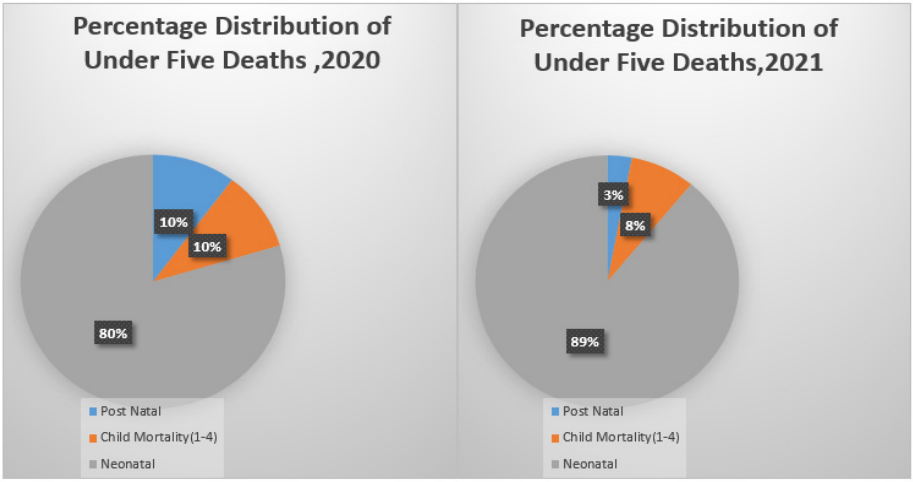

Figure 15: A pie chart illustrating distribution of under five deaths

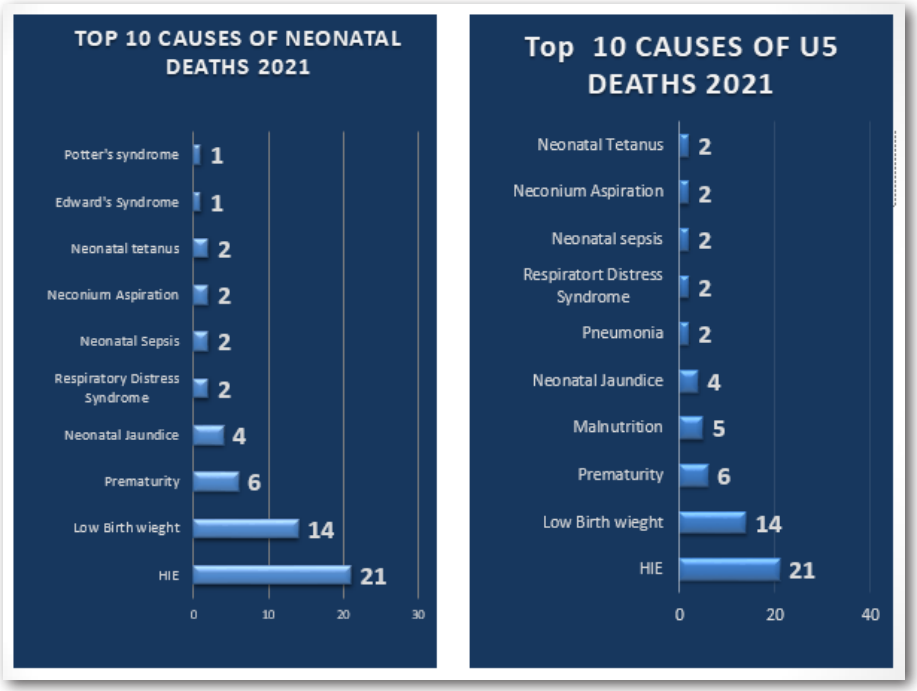

Figure 16: A bar graph illustrating causes of under five deaths

Table 42: HIV COUNSELLING AND TESTING (CT)

INDICATOR	2018	2019	2020	2021
No. Tested	2,940	3,458	2,351	2,709
No. positive	262	242	151	146
Positivity Rate	8.9%	7.0%	6.4%	5.4%

Table 43: TUBERCULOSIS DETECTION AND TREATMENT

INDICATOR	2018	2019	2020	2021 Performance	2021 Performance
NO. Of TB cases	28	30	21		23
TB case notification rate	157/100,00 pop	164/100,000 pop	113/100,000 pop	60/100,000 pop	112.5/100,000 pop
TB treatment success rate	96.4%	100.0%	100.0%	90%	100.0%

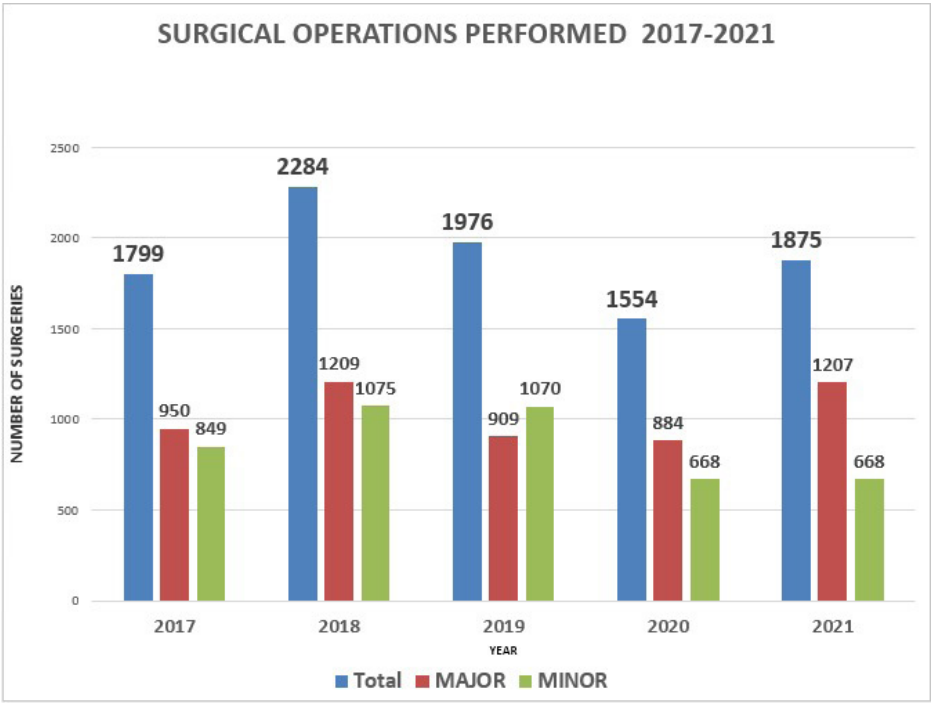

Figure 17: A bar graph showing major and minor surgeries performed

ACHIEVEMENTS

- The hospital continued to sponsor students (both serving and non-serving)
- Provision of logistics for running the hospital
- Huddling continued throughout the year
- Christmas and Easter recollection were held for staff
- Continuous provision of free breakfast to all children admitted at the kids wards.
- Provision of free breakfast for all the mothers who have delivered.
- Availability of 86.6% of tracer drugs
- Support from Wilde Ganzen for the ongoing construction of the neonatal Intensive Care Unit.
- Continuous provision of internet services
- Research trial centre
- New outstations within Hwidiem
- Engaged in External Quality Assurance for haematology and chemistry test with an European institution and our results continuously pass the test.

CHALLENGES

- Delay in payment of National Health Insurance claims
- Inadequate staff accommodation
- Inadequate staff
- Lack of standard production unit for our pharmacy department
- Congestion at the O.P.D and C.W.C clinic
- Poor Documentation
- Old and weary vehicles
- Lack of central oxygen system

- Lack of sitting space for relative at the mortuary
- Obsolete and old equipment
- Inability to pay suppliers

WAYFORWARD

- Continue to provide high quality health care to all our clients
- Continue with renovation of the hospital.
- Lobby for funds to build a production unit for Pharmacy Department
- Lobby our donors for the expansion of the O.P.D and specialized clinics.
- Lobby for modern equipment
- Lobby for staff
- Complete the construction of the Neonatal Intensive Care Unit
- Lobby for the construction of Central Oxygen system.
- Expand the Mortuary
- Lobby for funds for the construction of Child Welfare Clinic.

NOTES

NOTES

NOTES

ADMINISTRATOR

Rev. Sr. Comfort Michelle Apedzi

MEDICAL DIRECTOR

Dr. Ivan A. Muanah

NURSE MANAGER

Mrs Gladys Bediako

HOSPITAL CHAPLAIN

Rev. Fr. Matthew Kumi

2021 ANNUAL REPORT

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