ANNUAL REPORT 2020

ST. ELIZABETH CATHOLIC HOSPITAL
P. O. BOX 4
HWIDIEM- AHAFO REGION

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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
Board of Directors	-	Goaso Diocesan Health Service
Vicar General	-	Catholic Diocese of Goaso
Pastoral Team	-	St. Elizabeth Catholic Hospital
Director	-	Diocesan Health Service Goaso
Christian Health Association of Ghana (CHAG)	-	Accra
Department Of Health	-	National Catholic Secretariat - Accra
Regional Director of Health	-	Brong Ahafo
Asutifi South District Assembly	-	Hwidiem
District Director of Health	-	Asutifi South
Wilde Ganzen	-	Holland
Dr. Cor Stevens	-	Holland
St. Elizabeth Foundation	-	Holland
Volta River Authority (VRA)	-	Hwidiem
Hospital Management Team	-	St. Elizabeth Catholic Hospital
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Staff of St. Elizabeth Catholic Hospital	-	Hwidiem
Newmont Ghana limited	-	Kenyasi
Orica Ghana Limited	-	Kenyasi
Nana Osuodumgya	-	Chief of Hwidiem
Nana Adwoa	-	Queen mother of Hwidiem
Newmont Ghana Ltd	-	Kenyasi
Hon. Yaw Owusu Brempong	-	Hwidiem
MTN	-	Ghana
Academic Hospital	-	Maastricht Netherlands
Tom Schepens and family	-	Netherlands
Sun in Ghana	-	Netherlands

EXECUTIVE SUMMARY

The year 2020 was a challenge one that haulted most activites in the hospital because of Covid 19 and the non-payment of insurance bill to the hospital. The hospital rendered preventive curative, specialized (Eye, Mental, ENT, Dental, Physio-therapy and O&G), diagnostics, 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 pre-Christmas retreat.
- The hospital had forty three (43) staff in school under the sponsorship of the hospital.
- One (1) staff was recruited within the year.
- One hundred and twenty five (125) students from various health institutions and universities had their clinical / attachment at this facility.
- The institution also had a Carol's night before Christmas.
- The Holy sacrifice of the Mass was offered two times every week for clients and staff throughout the year.
- Sixty eight (68) 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..
- Two (2) hard working staff retired in the year.
- The institution had its Annual Department Performance review.
- The hospital was selected as a site for the 2020 national HIV/STI Sentinel Survey
- The hospital was selected as a site for the malaria vaccine pilot implementation evaluation project.
- 97.2% of pregnant women who tested positive for HIV were put on antiretroviral therapy.
- 300 cases of the novel COVID-19 were suspected and tested with 80 testing positive (26.67% positivity rate) with 4 deaths.

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.
They contacted the then Catholic Bishop of Kumasi, Rt. Rev. Van de Bronk, 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 Northeast, 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 140 settlements with two traditional Paramount chiefs at Hwidiem and Acherensua.

POPULATION

The estimated total population of the Asutifi South district is 67,196 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	34,136	50.8
Male	33,060	49.2
WIFA	16,127	24.0
Expected pregnancy	2,688	4.0
< 5years	13,439	20.0
Estimated school children	24,863	37.0

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 and plantain.

ACCESS TO HEALTH

The District has seven (7) 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%.

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 cover a total 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 Ltd. etc) are doing surface mining. Illegal mining activities (Galamsey) are also all over 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%), hang-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 TELECOMMUNICATION

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 Accountant as an co-opted 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 issue pertaining to the improvement, growth and development of the Hospital, they are;

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

Outpatient	Sickle Cell Anaemia Clinic (paediatrics)	Obstetrics & Gynaecology clinic
Inpatient	School Health	Dietherapy
General Medicine	Diabetic Clinic	Child Health
Psychiatry	Hypertension Clinic	Surgery
Physiotherapy	Anti-Retroviral Therapy	DIAGNOSTICS
Eye	Counseling	X- ray
Laboratory	Mortuary	Ultra sound
Pharmacy	SPECIALIST	Electrocardiograph (ECG)
Ante Natal	Ear, Nose and Throat (ENT)	Cardiotocography (CTG)
Post Natal	Dental	
Child Welfare Clinic	Oral and Maxillofacial Service	

INTERNAL AUDIT

The internal audit unit sought to continue with high level of objectivity in all assignments, maintain high level of professionalism and credibility in reportage and maintain a continuous monitoring of institutional internal controls. As such, full coverage of all high assessed risk areas in the hospital was obtained, all payment vouchers were pre-audited and on a daily basis cash generated was verified and banked.

The end of quarter inventory counts for the facility was carried out and four successful joint audit of facilities within the Goaso Diocessan Health Directorate was also conducted.

The internal audit unit achieved a 100% pre-auditing of relevant financial expenditure of the hospital. There was 75% attainment of planned diocesan facility audits due to covid-19 measures. The unit produced four reports; two internal and two external (Diocessan Health Service) reports timely.

FINANCE

The year under review was a very difficult year as far as the finances of the hospital is concerned. The National Health Insurance Authority whose signees constitute about 95% of the hospital attendance, owed the facility for eight months for services provided. The effects of the Covid-19 pandemic in the country and its associated fears and restrictions posed negative effect on our finances.

Notwithstanding the issues stated above, 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. As a result of this challenge faced, some of our vendors were reluctant to meet our requests, and as a result, the hospital had to give some prescriptions to patients to buy from pharmacy shops outside the hospital. This practice deprived the hospital of its projected revenue levels.

Table 3: SUMMARY OF INCOME STATEMENT

INDICATOR	2020	2019
INCOME	GH¢	GH¢
Patient Fees	3,621,070.02	3,728,909.34
Drugs Fees	1,202,341.00	1,374,276.58
Government Subvention	11,160,115.86	6,166,806.00
Donations	709,991.00	342,057.74
Other Income	550,661.82	425,663.53
Total Income	17,244,179.70	12,037,713.19
EXPENDITURE		
Payroll and Related Expenses	13,033,038.92	8,211,411.53
Office Administration & General Expenses	1,533,135.91	868,157.52
Repairs and Maintenance	201,184.30	168,642.64
Cost of Materials Consumed	2,737,144.47	2,921,377.65
Total Expenditure	17,504,503.60	12,169,589.34

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 (2020)	Study Leave (2020)	Number of Employees (2019)	Study Leave 2019	Number of Employees (2018)	Study Leave 2018
Specialist (ENT)	1	0	1	0	1	0
Specialist (Child Health)	1	0	1	0	1	0
Specialist (Maxillofacial)	1	0	1	0	1	0
Specialist (O & G)	1	0	1	0	1	0
Specialist (Family Medicine)	1	0	0	0	0	0
Medical Officers	6	3	7	3	8	4
Deputy Director	1	0	1	0	1	0
Nurses	165	31	139	10	134	9
Midwives	38	6	31	0	27	0
Physician Assistant	4	1	2	0	3	0
Dental Technicians	2	0	2	0	2	0
Nutrition Staff	3	0	2	0	2	0
Anesthetists	2	0	2	0	1	0
Biomedical Scientists	6	1	5	1	5	1
Laboratory Staff	7	0	7	0	6	0
Human Resource Manager	2	0	1	0	1	0
Optometrist	1	0	0	0	1	0
Pharmacist	1	0	1	0	1	0
Pharmacy staff	8	0	8	0	7	0
Physiotherapy Technicians	5	0	5	0	3	0
Others	97	1	104	2	78	2
Total	355	43	316	16	281	16

Table 5: ***RECRUITMENT AND POSTINGS***

PROFESSION	NUMBER POSTED
Optometrist	1
Nursing Officer	2
Midwifery Officer	1
General Nurses	20
Midwives	6
Biomedical Scientist	1
Technical Officer(Laboratory)	1
Pharmacy Technician	1
Biostatistics Officer	1
Statisticians	2
Accountant	1
Administrative Manager	1
Tailor	1

TRANSFER IN

Seven (7) staff were transferred from various facilities to this hospital. They were made up of; one (1) Nursing Officer, two (2) Midwives, one (1) Administrative Manager, one (1) Technical Officer (Physio.), one (1) Enrolled Nurse and one(1) Accountant.

SEPARATION

Retirement: Two (2) employees retired from active service. They are one (1) Deputy Chief Accountant and one (1) Principal Midwifery Officer.
Resignation: One (1) Senior Nursing Officer, one (1) Senior Staff Nurse resigned from their posts.

Table 6: TRANSFER OUT

PROFESSION	NUMBER TRANSFERRED
Principal Medical Officer	1
Nursing Officer	3
Senior Nursing Officer	2
Senior Staff Nurses	2
Enrolled Nurses	2
Principal Accountant	1
Senior Biostatistics Officer	1

Table 7: PROMOTIONS

PROFESSION	NUMBER PROMOTED
Medical Officer	1
Dental Technician	1
Nurses	14
Midwives	9
Enrolled Nurse	10
Community Health Nurse	4
Biomedical Scientist	1
Technologist Clinical Engineer	1
Technical Officer (Physiotherapy)	2
Health Planner	1
Human Resources Manager	1
Administrative Manager	1
I .T. Assistant	1
Record Officer	1
Biostatistics Officers	2
TOTAL	**50**

STAFF EDUCATION

The hospital has given various forms of sponsorship to forty-three (43) staff in various schools in the country. They are made up of four (4) Medical Officers, one (1) Bio-medical Scientist, thirty-two (32) Nurses, and six (6) Midwives.

SUPPORT SERVICES

TRANSPORT

The transport unit has three (3) vehicles, a Pick up with registration number GN 2064 which is 12 years old, another Pick up, GW 2363 Z which is 13 years old, and a Mini Bus, GE 1699 W which is 16 years old. They are used for long and short journeys on service delivery and staff welfare. The unit had the aim of maintaining the 100% accident free year record, but this could not be achieved as one of the pick ups was involved in an accident during the year. The unit attended to all fleet needs of the hospital and also carried out routine maintenance on vehicles; Successfully serviced two car engines, undertook one body works and one general maintenance. Minor repairs were successfully carried out to save the institution cost. An old truck was auctioned during the year.

LABORATORY

The laboratory provides services in chemical pathology, clinical microbiology, haematology and blood transfusion. The bacteriology unit under microbiology is still not functioning due to faulty equipment, and the effect of the covid-19 pandemeic impacted negatively on the total number of investigations carried out during the year. The department was actively involved in covid-19 sample collection and transportation throughout the year. Three hundred (300) samples were successfully collected and transported to KCCR for testing. Staff of the department helped staff in other districts to collect covid-19 samples.

The blood bank worked so much in its quest to solve the problem of blood shortages in the hospital. The blood bank put in measures to ensure that blood issued out to patients was replaced early. This helped to reduce the problem of frequent blood shortages in the hospital. The blood bank to increase its educational activities on the need to donate blood in other to eliminate the problem of blood shortages in the hospital.

Table 8: ***BLOOD BANK***

ACTIVITY	NUMBER
Number of donors screened	1,400
Total blood collected	1,249
Total units of blood and blood products issued	1,319

The number of blood accepted to be used was 1,249 out of the 1,400 people screened. Thus, 89.21% of screened's blood were good to be used for transfusion whiles 10.79% were rejected.

DIAGNOSTIC IMAGING

Two imaging techniques are currently being used in the hospital. Ultrasound (sonography) and x-ray imaging services provided for patients. Electrocardiogram test is also combined with other diagnostic imaging techniques to offer services to patients with heart related conditions at the radiology unit

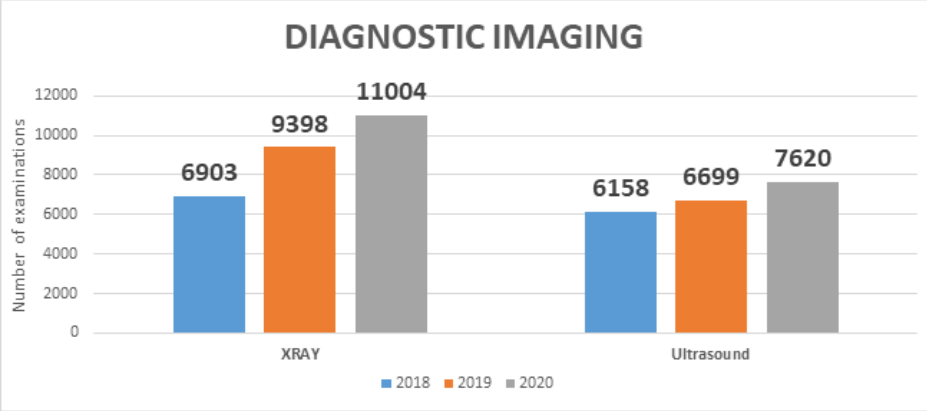

Figure 1: A bar chart portraying number of X-ray and scan diagnostics

The diagram above shows the number of examinations for X-ray and Ultrasound. From the diagram above, there has been an increase in the number of examinations for the past two years for both X-ray and Ultrasound i.e an increase from 6,903 to 11,004 From 2018 to 2020 and 6,158 to 7620 from 2018 to 2020 for X-ray and Ultrasound respectively.

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.

The department contributed towards the fight against the Covid-19 pandemic in the hospital, key among them was the preparation of alcohol-based hand sanitizers for the facility in the peak moment when the commodity was hard to come by.

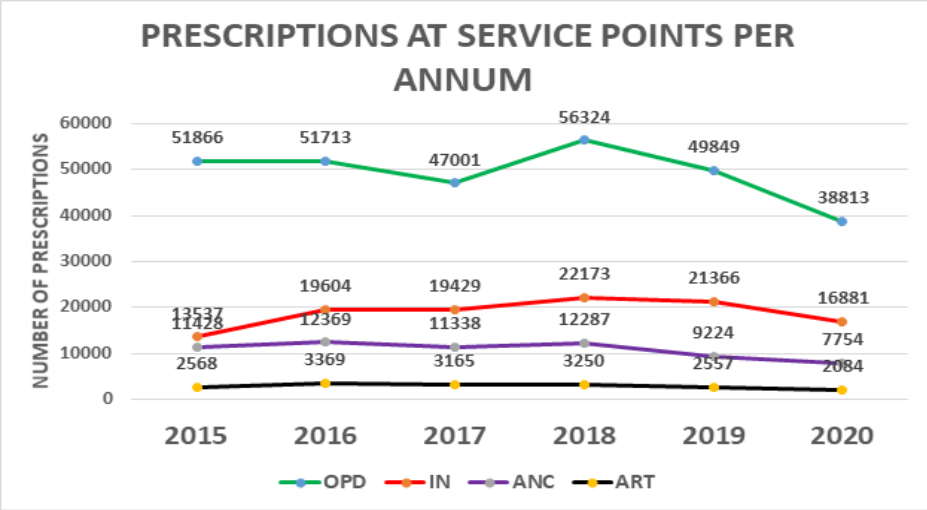

Figure 2: A line graph showing how prescriptions were dispensed at various service points

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. It could be seen that for both the outpatient department and the inpatient, 2018 recorded the highest number of prescriptions dispensed at the pharmacy.

Table 9: RATIONAL USE OF MEDICINES

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

A total of 120 patients' medical records were reviewed in each of the years to ascertain the proper use of medicines. 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. The table shows an average of 3 medicines prescribed for patients during a visit from 2016 to 2020, 3.30% of patients had injections included in their prescriptions in 2020 which was far below the national target of 20.00%, 97.60% of medicines were prescribed using their generic names, and this has been an improvement compared to 2018 and 2019.

DISEASE SURVEILLANCE AND CONTROL

Disease surveillance is carried out by the disease control unit of the hospital in collaboration of 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.

Two (2) cases measles infection and four (4) cases of acute flaccid paralysis (AFP) were suspected, all of which were properly investigated and were confirmed to be negative. However, no cases of yellow fever and buruli ulcer were suspected.

The facility recorded its first confirmed case of the novel COVID-19 (SARS-COV 2) in June, 2020. Three hundred (300) cases were suspected and total of eighty (80) cases were confirmed to be positive for the COVID -19 infection, with four (4) of the positive cases unfortunately dying and the seventy-six (76) positive cases recovered from the infection.

A total of 540 clients were screened for tuberculosis infection with 389 clients presumptive and tested for tuberculosis. Eventually, 59 of the clients were diagnosed with

pulmonary tuberculosis infection.
21 (15 smear positive and 6 smear negative) of the tuberculosis patients were put on treatment and the remaining 38 patients were referred to other health facilities in the region. All the patients put on treatment were also screened for HIV with 7 out of 21 testing positive for HIV infection, and were kept on Anti-Retroviral Therapy.

Table 10: IMMEDIATE DISEASE SURVEILLANCE REPORTING

	NO. SUSPECTED	NO. TESTED	NO. CONFIRMED	NO. OF DEATHS
COVID-19	300	300	80	4
Meningitis	0	0	0	0
Cholera	0	0	0	0
Measles	2	2	0	0
Yellow Fever	0	0	0	0
Buruli Ulcer	0	0	0	0
Acute Flaccid Paralysis	4	4	0	0
Acute Haemorrhagic Fever Syndrom	0	0	0	0

With the exception of COVID-19, all the other diseases in the table above had no confirmed cases in the year 2020.

Table 11: DONATIONS OF PPEs AND OTHER ITEMS TOWARDS COMBATTING COVID-19

DONOR	INSTITUTION/LOCATION
Christian Health Association of Ghana	Accra
Bishop of Diocessan Health Service	Goaso
Regional Health Directorate	Ahafo Region
Government Suppliers	
Newmont Ghana	Kenyasi
Orica	Kenyasi
Nexto Pharmaceuticals Ltd.	Accra
MTN Ghana	
Director, CARITAS and GODPA	Goaso
Hon. Collins Dauda	MP, Asutifi South
Hon. Robert Dwomo Mensah	DCE, Asutifi South
Mr. Yaw Owusu Brempong	Accra
Nana Ataa Adwoa Adjeiwaa	Queen Mother, Hwidiem
Marigad Pharmacy	Hwidiem
GRNMA	St. Elizabeth Catholic Hospital
TUC	St. Elizabeth Catholic Hospital
Medical Team	St. Elizabeth Catholic Hospital
Paediatric Ward	St. Elizabeth Catholic Hospital
Neonatal Intensiove Care Unit	St. Elizabeth Catholic Hospital
Dr. Richard Selormey	St. Elizabeth Catholic Hospital
Madam Cecilia Newman	St. Elizabeth Catholic Hospital
Pastoral Team	St. Elizabeth Catholic Hospital
Mr. Nicholas Tei	Newmont Ghana, Kenyasi
Mr. George Nyarko	Kenyasi

DONATION BY REGIONAL HEALTH DIRECTORATE

DONATION BY THE QUEEN MOTHER OF HWIDIEM

REPRODUCTIVE HEALTH, MATERNAL, NEW-BORN AND CHILD HEALTH SERVICES

The year under review encountered some challenges at the antenatal/postnatal care unit due to the covid-19 pandemic, such as low antenatal and postnatal care attendance, but by grace of the Almighty God we were able to come out successfully.

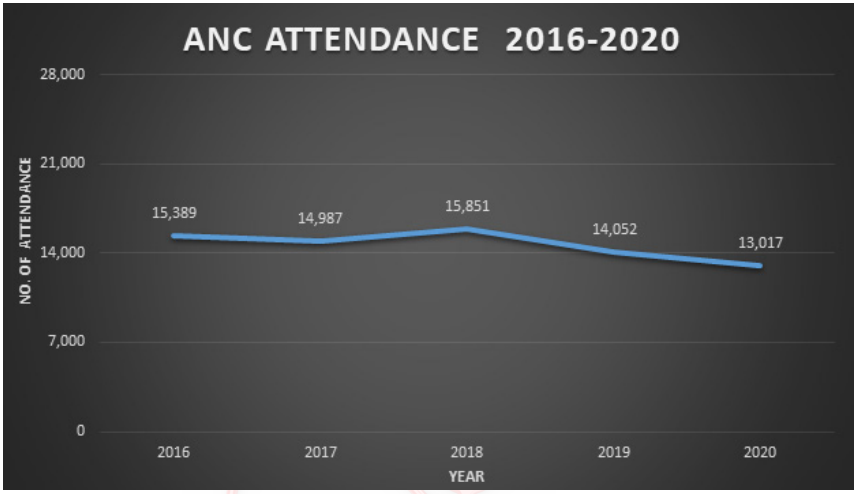

Figure 3: A bar graph depicting trend in antenatal care

The graph above shows the trend of antenatal care attendance for the past five years. From the graph, accessing antenatal care in the hospital decreased from 14,052 in 2019 to 13,017 in 2020, a reduction of 7.36%.

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 13:INTERMITTENT PREVENTIVE TREATMENT

	2018	2019	2020 Target	2020 Perfomance
IPT1	1,243	1,384		1,331
IPT2	950	1,129		1,136
IPT3 IPT3 Coverage	772 (101.1%)	948 (129.9%)	(50%)	899 (120.3%)
IPT4	665	564		537
IPT5	86	291		243

Third dose of intermittent preventive treatment (IPT3) far exceeded the national target of 50.00% in 2020. The coverage of the third dose of IPT3 recorded 120.34% of the pregnant women expected to be prevented from getting malaria, and this has been the second highest percentage coverage since 2018. The trend in doses of intermittent preventive treatment, over the years, has been such that doses decrease by the higher the trimester in which the pregnant woman is in.

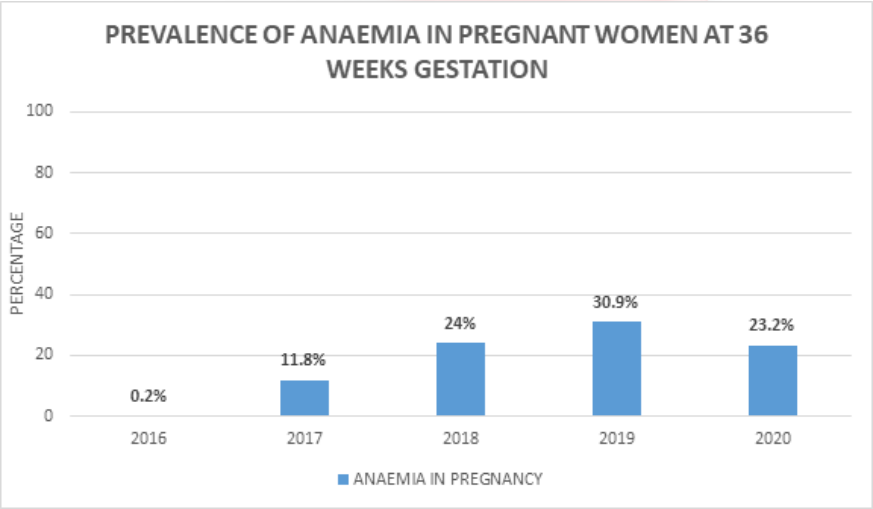

Figure 4: A bar chart showing proportion of pregnant women having anaemia

Since 2016, the percentage of pregnant women having anaemia has been increasing significantly from 0.2% in 2016 to 11.8% in 2017. But dropped from 30.8% in 2019 to 23.2% in 2020.

Table 14: SCREENING OF PREGNANT WOMEN ON SYPHILIS AND TUBERCULOSIS

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

The year 2020 recorded the least number of syphilis tests for pregnant women attending the antenatal care unit. Number of syphilis tests reduced from 1,140 to 941, a drop by 17.46%. The positivity rate for syphilis also improved in 2020 compared to 2018 and 2019. The syphilis positivity rate among pregnant women attending antenatal care declined from 4.55% in 2018 and 3.07% in 2019 to 0.43% in 2020. The number of tests for tuberculosis in 2019 recorded the highest tests with no pregnant woman testing positive since the year 2018.

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 15: HIV TESTING AMONG PREGNANT WOMEN

	2018	2019	2020
No. Tested	2,974	1,680	1,115
Positive Positivity Rate	43 (1.5%)	26 (1.5%)	35 (3.1%)
No. of positives on ARVs	43	26	35

It is worth noting that the percentage of pregnant women testing positive for HIV has doubled in 2020. In 2018 and 2019, 1.5% of pregnant women tested for PMTCT were positive. This figure doubled to 3.14% in 2020, and this is quite alarming

NEWBORN CARE

The facility records an annual live birth of 2,307 per anum. On the average 2,172 neonates are admited at the neonatal intensive care unit of the facilty per anum, with an occupancy rate of 86.8% in 2018, 92.5% in 2019 and 69.4% in 2020.
This has necessitated the expansion of the neonatal intensive care unit, but due to space a new edifice is being built to improve on care for neonates who would require admission. This is due to the courstesy of Wilde Ganzen, Dr. Cor Stevens and St. Elizabeth Foundation and Maasthrict Academic Hospital

Table 16: NEWBORN COMPLICATIONS

	2018	2019	2020
Asphyxia	67	128	137
Jaundice	195	228	276
Sepsis of cord	54	48	48
Ophthalmia Neonatorium	14	9	11
Others	0	58	83

The table above shows complications of babies admitted at the Neonatal Intensive Care Unit (NICU) of the hospital. Generally asphyxia, jaundice and cord sepsis have been the leading newborn complications among the neonates. Asphyxia, neonatal jaundice and ophthalmia neonatorium had a rise in number of cases from 2019 to 2020.

Table 17:BIRTH ABNORMALITIES

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

Birth abnormalities among neonates admitted at the NICU depicted in the table above. The year 2019 recorded the highest number of abnormality due to anencephaly. In 2020, the highest birth abnormality was undescended testes. There was, however a decline in total birth abnormalities in 2020, from 44 cases to 16 cases.

Table 18: EARLY INFANT DIAGNOSTIC (HIV)

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

CHILD HEALTH

CHILD WELFARE CLINIC (CWC)

Growth Promotion and Monitoring

The unit embarks on both static and outreach services. The outreach service was carried out in ten (10) outreach points in Hwidiem sub-district. The unit conducted pre-school child welfare clinics in 10 schools in Hwidiem sub district by our able community health nurses not forgetting our dedicated Community Health Workers (CHWs), sub-district volunteers, and preschool caretakers.

Table 19: ATTENDANCE AT CHILD WELFARE CLINIC

INDICATORS	2018	2019	2020
CWC NEW REGISTRANTS	822	1289	1425
CWC TOTAL ATTENDANCE	11887	12493	5984

EXPANDED PROGRAMME ON IMMUNIZATION

The Ghana Immunization Programme was established in June 1978 with six (6) antigens - BCG, measles, diphtheria-pertussis-tetanus (DPT) and oral polio vaccine for infants. The antigens had increased over the years to thirteen (13) antigens.

Tetanus Diphtheria (TD) vaccination was also introduced to protect against maternal and neonatal tetanus. The establishment of the immunization programme was in response to the National Health Policy to reduce morbidity and mortality due to vaccine preventable diseases (VPDs) which then

contributed significantly to both infant and child mortality in the country. Immunization performance has become a key health performance indicator for the entire health sector and is monitored at all levels.

The goal of the EPI Programme is to reduce child morbidity, mortality and disability associated with vaccine preventable diseases through the provision of high-quality immunization services.

Table 20: IMMUNIZATION

INDICATOR	2018		2019		2020	
	TARGET	DOSES ISSUED	TARGET	DOSES ISSUED	TARGET	DOSES ISSUED
BCG	714	2197(307.7%)	731	2163(295.9%)	747	1692(226.5%)
PENTA 1	714	803(112.5%)	731	870(119%)	747	751(100.5%)
PENTA 2	714	775(108.5%)	731	838(114.6%)	747	730(97.7%)
PENTA 3	714	749(104.9%)	731	813(111.2%)	747	707(94.6%)
IPV	714	436(61.1%)	731	813(111.2%)	747	707(94.6%)
MEASLES 1/ YF	714	830(116.2%)	731	968(132.4%)	747	568(76.0%)
MEASLES 2/ MEN A	714	763(106.9%)	731	881(120.5%)	747	520(69.6%)

From the table above, close observation of our EPI performance shows that we nearly met our target for most of the antigens whiles for Measles 2/MEN.A antigen there was 30.4% reduction as compared to the previous year 2019.

Table 21: ANNUAL DROP-OUT RATES

	2018	2019	2020
BCG/MEASLES	62.2	55.2	67
PENTA 1/PENTA 3	6.7	6.6	5.9
MEASLES 1/ MEASLES 2	8.1	9.0	8.4
ROTA 1/ROTA 2	3.5	3.7	2.8

In a quick evaluation of the overall annual drop-out rates for 2020, it was noted that there was a significant decrease in the annual drop-out rates for all the antigens. Drop-out rate for BCG/Measles was worth noting. This significant progress could be attributed to improvement in staff attitude towards clients, accurate tallying in the tally books, and timely referral of vaccination defaulters, daily information, education, and communication sessions. Mothers were also called to bring their wards for immunization

VITAMIN A SUPPLEMENTATION

Vitamin A is essential for the functioning of the immune system and the healthy growth and development of children, and is usually acquire through a healthy diet. Globally, it is estimated that 190 million children under five years of age are affected by vitamin A deficiency (WHO 2009).

These children suffer an increased risk of visual impairment (night blindness), illness and death resulting from childhood infections such as Measles and diarrhea. Combining the administration of vitamin A supplements with immunization services is an important part of the effort to eliminate vitamin A deficiency.

In the year under review, the target of vitamin A supplements for children 12-59 months at Hwidiem sub district was estimated at 2986. The unit, however, recorded a coverage of 1184, projecting a percentage coverage of 39.6%. This low coverage could be attributed to the COVID- 19 Pandemic where schools were closed down, s pre- school children through pre- school weighing were not done.

Table 22: VITAMIN A SUPPLEMENTS

INDICATORS	2018	2019	2020
100,000 IU (BLUE)	971	320	380
200,000 IU (RED)	2147	1074	888

LONG LASTING INSECTICIDE NETS

As part of Ghana's Malaria Control Programme, MOH recommends every child visiting a facility for second dose of Measles/Men A vaccine is given Long Lasting Insecticide Nets.

A total of 520 LLITN were given to mothers who brought their children for the Measles 2/Men A. vaccination.

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 23: TEENAGE PREGNANCY

	2018	2019	2020
TOTAL NEW PREGNANCIES	1,086	1,207	1,013
NO. OF TEENAGE PREGNANCIES	98	101	83
PERCENTAGE TEENAGE PREGNANCIES	9.0%	8.4%	8.2%

There has been a drop in teenage pregnancies among female adolescents since 2018. Teenage pregnancies reduced from 8.36% in 2019 to 8.19% in 2020. Other adolescent with other conditions visited the Clinic too.

NUTRITION

The nutrition unit is responsible for interpretation and communication of the science of nutrition for the provision of dietary advice, plans, manage food preparation, assessment and dietary management for clinical situation.

The unit collaborated with physicians, nurses and other health care professional in nutritional care of patients by enabling clients to make informed and practical choices about food and lifestyle in various conditions of health and disease.

We focused on using dietherapy to treat and manage illness and to bring good nutrition to everyone's attention in a preventive, rehabilitative and supportive manner as well as helping clients to make informed healthy choices with diet.

We aimed at reducing the incidence of malnutrition among children under five years from 0.30% to 0.10% at the end of 2020, from 47 cases in 2019 to 30 cases in 2020, to contribute in reducing incidence of non-communicable diseases, particularly diabetes mellitus and hypertension, by 10% and to improve on quality of service delivery.

Two outreaches were carried out in schools on malnutrition prevention, sixty education sessions including food demonstrations were carried out at the reproductive and child health unit, outpatient department and the pediatric ward on various topics to address childhood malnutrition prevention.

Nutrition screening was conducted for five communities to identify populations at risk

of diabetes mellitus and hypertension, nutrition education was conducted at diabetes and hypertension clinic once every month, and nutrition education on non-communicable diseases was also conducted once every quarter at the outpatient department. Radio programs were also conducted to educate the population on non-communicable diseases diabetes and hypertension.

capacity building training on nutrition interventions including nutrition care process was organised for unit staff and student interns. Some clients were supported with fortified cereal to improve their nutritional status instead preparing the feed for them. This is so because of the Covid 19 pandemic issues.

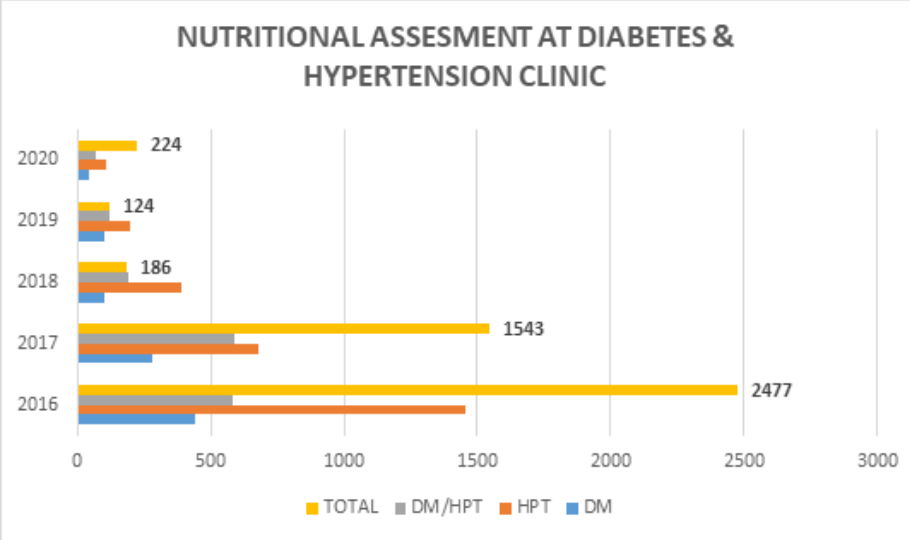

Figure 5: A bar graph showing number of diabetes and hypertensive patients' assessment

From the graph, it is seen that assessment of the nutrition of both diabetes and hypertensive patients at the diabetes and hypertension clinic of the hospital has been decreasing over the years from 2016 to 2020, and a sharp reduction occured from 2017 to 2018. There was, however, an increase in 2020 despite the covid 19 pandemic.

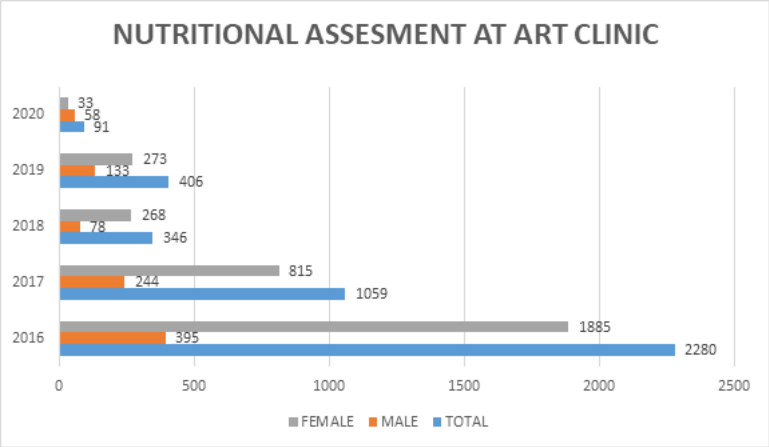

Figure 6: A bar chart showing number of HIV patients' assesmnet

HEALTH INFORMATION, ICT AND HEALTH RESEARCH

The hospital is operating folderless electronic medical records at the outpatient department. There has been plans to extend the use of the electronic medical records of patients at the inpatient but there has been slow progress to achieve this aim. The system for capturing and storing the medical records of the patients is the patient clinical and health information system (PHIS), and it is characterized by several operational challenges. The information technology unit of the hospital plays a pivotal role in ensuring the smooth running of the software. The hospital also has internet connectivity that enable staff to update their knowledge on current health related issues including emerging epidemiological issues, and particularly for the health information and disease control units, to update knowledge on emerging epidemiological surveillance. The information technology unit recommends the storage of information on cloud. There was no patient satisfaction survey conducted in the year 2020 due to the precautionary measures advised to mitigate the spread of the coronavirus.

STATISTICS (SERVICE OUTPUT)

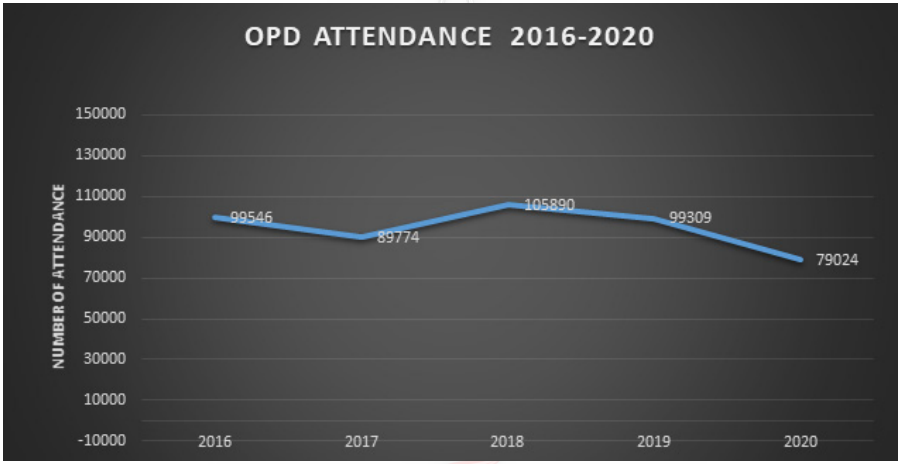

Figure 7: A line graph depicting trend in outpatient attendance

TABLE 24: ATTENDANCE AT VARIOUS OUTPATIENT POINTS

	2018	2019	2020
Main O.P.D	74,097	70,984	56,988
Under Five Clinic	15,942	14,273	9,019
A.N.C	15,851	14,052	13,017
Total	**105,890**	**99,309**	**79,024**

TABLE 25: O.P.D ATTENDANCE BY INSURED AND NON-INSURED PATIENTS

INDICATOR	2018	2019	2020
Insured (% Insured)	99,588 (94.1%)	93,835 (94.5%)	74,062 (93.7%)
Non-Insured (% non-insured)	6,302 (5.9%)	5,474 (5.5%)	4,962 (6.3%)
Total	**105,890**	**99,309**	**79,024**

TABLE 26: ATTENDANCE AT SPECIALIZED CLINICS

	2018	2019	2020
Eye Clinic	6,300	6,031	4,412
Dental Clinic	2,286	2,461	1966
O& G	972	2,385	866
Mental	1,222	1,097	1,000
ENT	4,504	4,097	2,970
Physiotherapy	1,540	2,786	2,117

TABLE 27: TOP TEN (10) OUTPATIENT MORBIDITY

No	2018	Cases	2019	Cases	2020	Cases
1	Acute Respiratory Tract Infection	8,908	Malaria	6,878	Gynaecological Conditions	4027
2	Gynaecological Conditions	6,005	Acute Eye Infection	6,124	Acute Eye Infection	2511
3	Malaria	5,281	Gynaecological Conditions	5,189	Pneumonia	1918
4	Acute Eye Infection	4,860	Acute Respiratory Tract Infection	4,027	Malaria	1660
5	Gastritis	4,239	Skin Diseases And Ulcers	3,554	Anaemia	1341
6	Rheumatism and Joint Pains	3,777	Gastritis	3,458	Hypertension	1035
7	Skin Diseases And Ulcers	3,619	Pneumonia	3,427	Diarrhoea	830
8	Pregnancy Related Complications	2,843	Rheumatism and Joint Pains	3,304	Diabetes	489
9	Anaemia	1,770	Pregnancy Related Complications	2,937	Dental problems	480
10	Acute Ear Infection	1,736	Acute Nose Infection	2,561	Vaginal discharge	447

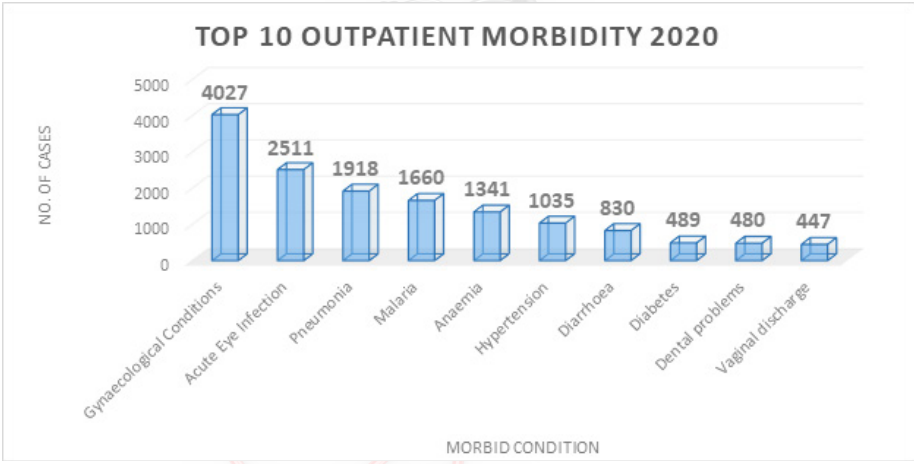

Figure 8: A bar graph showing outpatient top ten reported cases

TABLE 28: DIAGNOSTIC SERVICES

	2018	2019	2020
Laboratory Examinations	323,304	292,730	254366
X-ray	6,903	9,398	11,004
Ultra-Sound	6,158	6,699	7,620
ECG	159	301	172

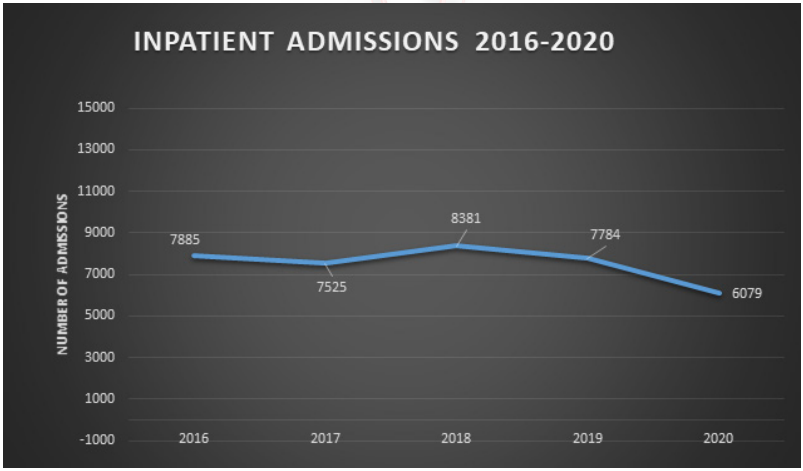

Figure 9: A line graph depicting trend in admissions

TABLE 29: ADMISSIONS BY INSURED AND NON-INSURED PATIENTS

INDICATOR	2018	2019	2020
INSURED	7,440 (88.8%)	7,106 (91.3%)	5,521 (90.8%)
NON-INSURED	941 (11.2%)	678 (8.7%)	558 (9.2%)
TOTAL	8,381	7,784	6079

TABLE 30: TOP TEN(10) IN-PATIENT MORBIDITY

No	2018	Cases	2019	Cases	2020	Cases
1	Pregnancy Related Complications	1352	Malaria	589	Malaria	316
2	Malaria	1141	Pneumonia	333	Hypertension	304
3	Anaemia	854	Hypertension	236	Neonatal Jaundice	211
4	Gynaecological Conditions	714	Anaemia	233	Anaemia	171
5	Pneumonia	512	Urinary Tract Infection	227	Urinary Tract Infection	154
6	Urinary Tract Infection	501	Neonatal Jaundice	208	Incomplete Abortion	115
7	Sepsis	396	Sepsis	190	Gastroenteritis	101
8	Diarrhoea Diseases	383	Diarrhoea Diseases	155	Diabetes Mellitus	90
9	Hypertension	330	Incomplete Abortion	144	Pneumonia	89
10	Neonatal Jaundice	301	Neonatal Sepsis	133	Neonatal Sepsis	86

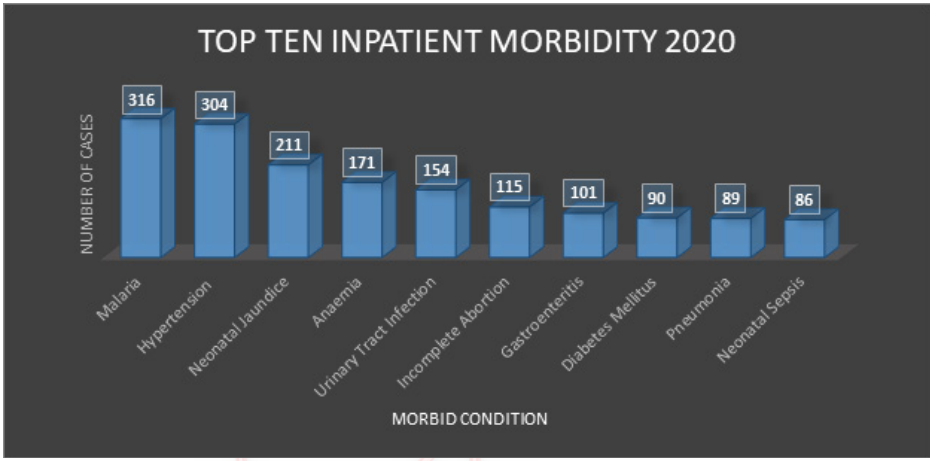

Figure 10: A bar graph showing top ten inpatient morbidity

TABLE 31: TOP TEN(10) CAUSES OF MORTALITY

No	2018	Cases	2019	Cases	2020	Cases
1	Pneumonia	17	Hypoxic Ischaemic Encephalopathy	23	Hypoxic Ischaemic Encephalopathy	31
2	Hypoxic Ischaemic Encephalopathy	16	Respiratory Failure	14	Pneumonia	16
3	Sepsis	16	Pneumonia	8	CerebroVascular Accident	9
4	Respiratory Failure	12	Sepsis	6	Sepsis	5
5	Cerebrovascular Accident	7	Septic Shock	5	Heart Failure	5
6	Severe Anaemia	6	Respiratory Distress Syndrome	5	Cerebral Toxoplasmosis	4
7	Pre-maturity	4	Hypovolemic Shock	4	Retroviral Infection	4
8	Renal Failure	4	Cerebrovascular Accident	4	Covid 19	4
9	Cerebral Toxoplasmosis	4	Neonatal Sepsis	3	End Stage Renal Failure	3
10	**Severe malnutrition**	**3**	**Meconium Aspiration Syndrome**	**3**	**Chronic Liver Disease**	**3**

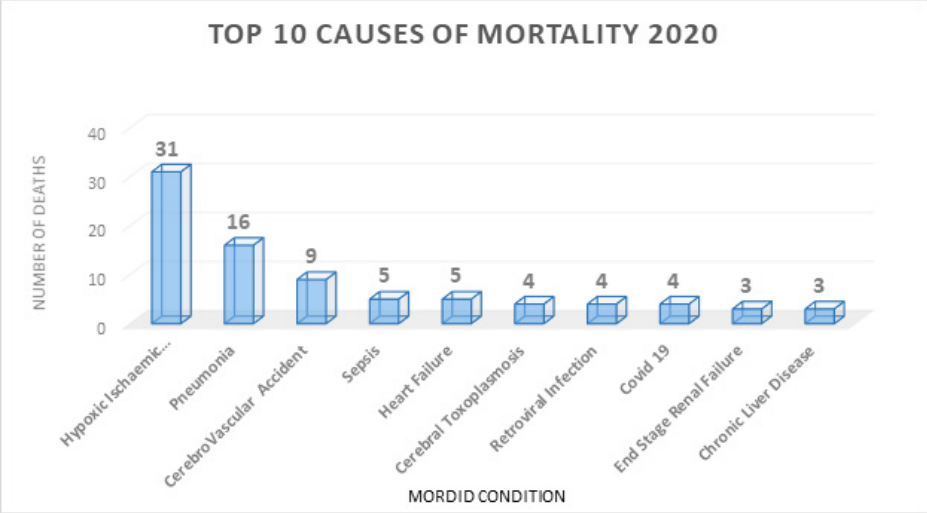

Figure 11: A bar graph illustrating causes of deaths

TABLE 32: INDIVIDUAL WARD BED OCCUPANCY RATES IN 2020

WARDS	Bed complement	Admission	Patient days	Occupancy Rate (%)	Av. Length of stay	Turnover Per bed	Turnover Internal	Death (Rate)
Children's	23	730	2362	28.06%	3.2	31.8	8.3	16(2.2%)
Males	17	762	3,094	49.72%	4.06	44.8	4.1	42(5.5%)
Females	20	944	3,700	50.54%	3.9	46.3	3.9	39(4.2%)
Maternity	39	2883	8,273	57.96%	2.9	73.1	2.1	2(0.07%)
NICU	10	682	2,541	69.42%	3.81	66.6	1.7	47(7.1%)
PRIVATE	6	77	87	19.21%	4.68	15.0	19.7	1(0.6%)

TABLE 33: OVERALL BED OCCUPANCY RATES

INDICATOR	2018	2019	2020
Bed Complement	116	115	115
Admissions	7,738	7,784	6,079
Patient Days	27,791	26,659	20,953
Occupancy Rate	68.0%	63.5%	49.78%
Average Length of Stay	3.6	3.4	3.47
Turnover Per Bed	72	68	52.4
Turnover Interval	1.7	2.0	3.50
Death (Rate)	127 (1.6%)	121 (1.6%)	149 (2.47%)

Table 34: ASSESSING ANTENATAL CARE

INDICATOR	2018	2019	2020 Target	2020 Performanec
ANC registrants	1,086	1,207		1,013
Proportion of mothers who made at least 4 ANC visits	-	-	75%	-

Table 35: HIV PREVENTION: PREGNANT MOTHER TO CHILD TRANSMISSION(PMTCT)

INDICATOR	2018	2019	2020 Target	2020 Performance
PMTCT testing coverage rate	100.0%	100.05	80%	100.0%
Percentage of HIV pregnant women who received ARVs for PMTCT	100.0%	100.0%	100%	97.2%
Percentage of infants born to HIV infected mothers who are infected	-	0.0%	< 5%	0.0%

TABLE 36: ***DELIVERY AND OUTCOME OF DELIVERY***

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

Table 37: ***ANALYSIS OF OUTCOME OF DELIVERY***

	NO OF MOTHERS	NO OF BABIES	LIVE BIRTHS	STILL BIRTHS	WEIGHT <2.5KG	WEIGHT >2.5KG
2020	2,064	2,129	2,085	44	233	1,750
2019	2,294	2,373	2,316	57	265	1956
2018	2,626	2,877	2,842	35	273	2,604

Table 38: ***VACCINATION OF CHILDREN***

INDICATOR	2018	2019	2020 Target	2020 Performance
Penta 3 coverage	92.0%	48.6%	97%	48.3%
Measles Rubella 2 coverage	89.4%	55.5%	90%	27.3%

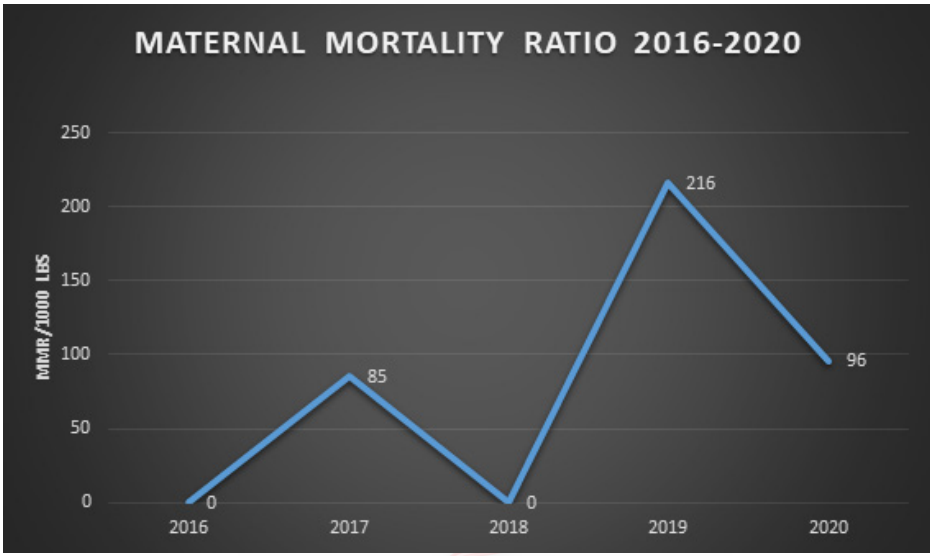

Figure 12: A line graph showing trend of maternal deaths

TABLE 39: INSTITUTIONAL UNDER FIVE MORTALITY RATES

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

Table 40: HIV COUNSELLING AND TESTING (CT)

INDICATOR	2018	2019	2020
No. Tested	2,940	3,458	2,351
No. Positive	262	242	151
Positivity Rate	8.9%	7.0%	6.4%

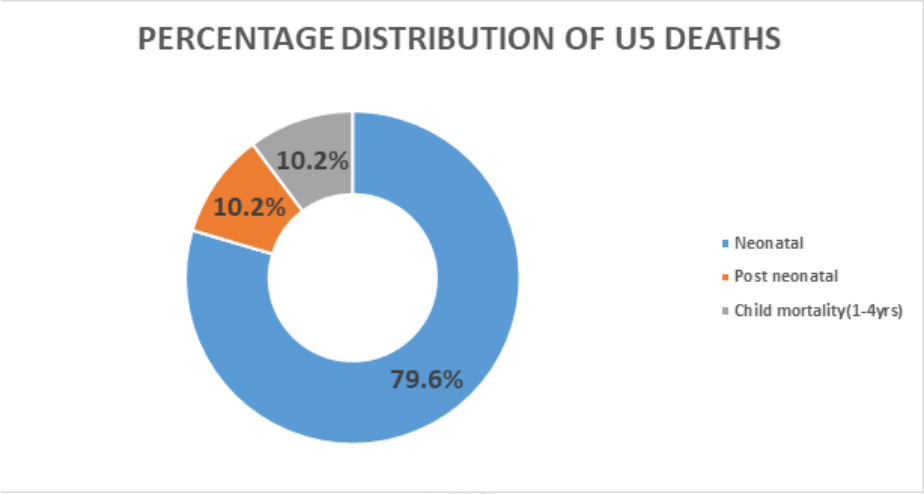

Figure 13: A doughnut chart illustrating distribution of under five deaths

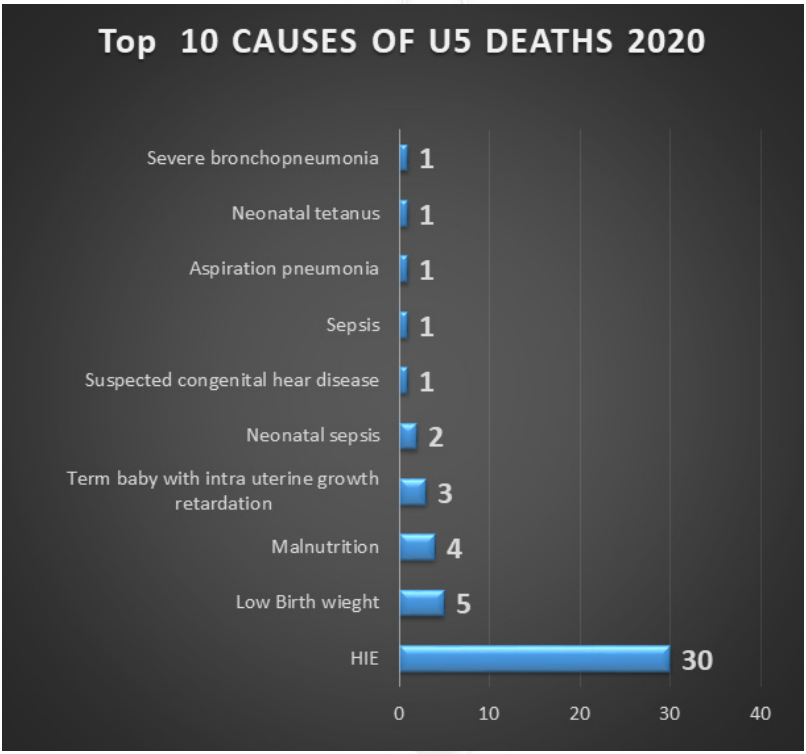

Figure 14: A bar graph illustrating causes of under five deaths

Table 40: ***HIV COUNSELLING AND TESTING (CT)***

INDICATOR	2018	2019	2020
No. tested	2,940 (8.9%)	3,458 (7.0%)	2,351 (6.4%)
No. positive	262	242	151

Table 41: ***HIV MANAGEMENT***

INDICATOR	2018	2019	2020 Target	2020 Performance
Antiretroviral testing coverage rate	33.2%	42.9%	80%	57.6%
Viral load testing coverage rate	-	-	50%	83.6%

Table 42: ***TUBERCULOSIS DETECTION AND TREATMENT***

INDICATOR	2018	2019	2020 Target	2020 Performance
NO. Of TB cases	28	30		21
TB case notification rate	157/100,00 pop	164/100,000 pop	60/100,000 pop	113/100,000 pop
TB treatment success rate	96.4%	96.8%	90%	61.9%

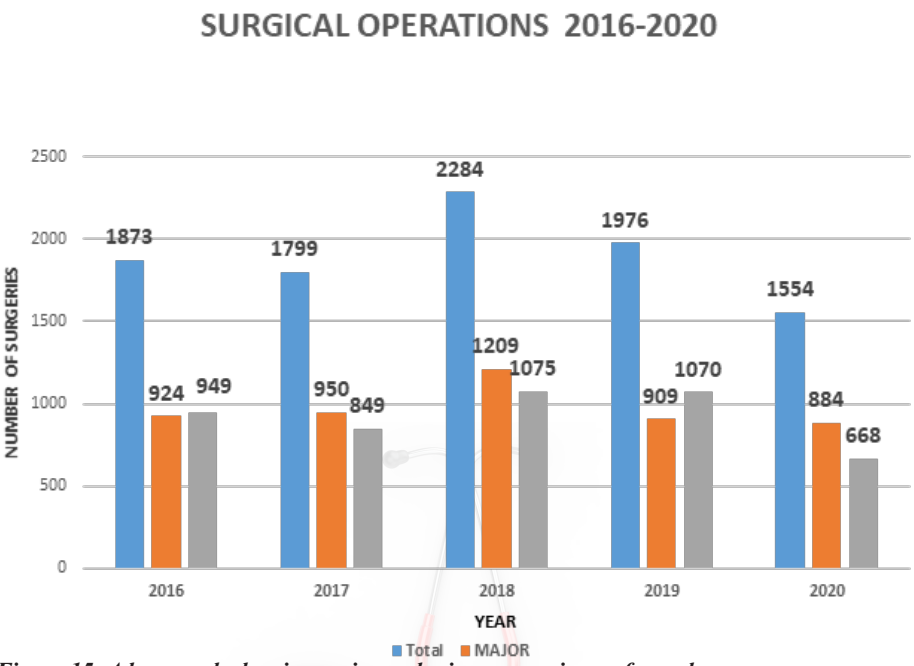

Figure 15: A bar graph showing major and minor surgeries performed

ACHIEVEMENTS

- Donation of Covid 19 items by Stakeholders
- Obtained Financial Clearance for some I. G F Staff
- Received citation from Region for unwavering commitment towards the prevention and treatment of Covid
- Construction of Neonatal Intensive Care Unit (NICU) started (Sponsored by Wilde Ganzen and St. Elizabeth Foundation, Holland)
- The facility was awarded the best COVID-19 established systems and care within the Ahafo Region
- 38 staff recruited
- Provision of logistics for running the hospital
- Huddling continued throughout the year
- Reroofing of the hospital Conference Hall.
- Continuous provision of internet services

CHALLENGES

- Delay in payment of National Health Insurance claims
- Ripping off of the conference Hall roof.
- Inadequate staff accommodation
- Inadequate staff
- Demise off Staff (Joshua)
- Lack of standard production unit for our pharmacy department
- Congestion at the O.P.D and C.W.C clinic
- Obsolete and old equipment
- Inability to pay suppliers promptly.

WAY FORWARD

- Continue to provide high quality health care to all our clients
- Continue with renovation
- Source for loan for installation of Oxygen Plant
- Source for loan to procure digital X-ray machine.
- Lobby our donors for the construction of Child Welfare Clinic
- Lobby for modern equipment
- Lobby for staff
- Pay suppliers promptly as NHIA pay our bills

REV. SR. COMFORT MICHELLE APEDZI
(ADMINISTRATOR)

DR. IVAN A. MUANAH
(MEDICAL DIRECTOR)

LINDA ABRAFI GYAMFI
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