

WASSA EAST DISTRICT HEALTH DIRECTORATE



2023 ANNUAL PERFORMANCE REPORT

ACKNOWLEDGEMENT

The annual report would not have been possible without the collective efforts of all departmental heads, and facility in-charges; we therefore acknowledge their individual efforts. We acknowledge with much gratitude the effort of all the staff at the Service Delivery Points for their dedicated services.

EXECUTIVE SUMMARY

The Health Sector goal

The goal of the health sector within the current Sector Medium Term Development Plan 2022-2025) is to increase access to quality essential health care and population-based services for all by 20230.

Policy thrusts

The sector's policy thrust is to reduce inequities in access to care and increase coverage, quality and use of health services so as to achieve a healthier national population.

Policy Objectives

Objective 1: Universal access to better & efficiently managed quality healthcare services

- 1) Scale up CHPS implementation.
- 2) Strengthen Sub-district health services (HR, Funding & Equipment).
- 3) Implement staffing norms to improve equity at regional, district & health facility levels
- 4) Re-distribution of critical Staff - Doctors (Specialists), Physician Assistants, Midwives

Objective 2: Reduce avoidable maternal, adolescent & child deaths and disabilities

- 1) Strengthen public health emergency preparedness and response
- 2) Strengthen the management of communicable diseases
- 3) Implement International conventions and treaties in health
- 4) Implement the health component of the national health policy for the Aged

- 5) Strengthen rehabilitation Services
- 6) Strengthen maternal and newborn care services
- 7) Improving adolescent health services
- 8) Intensify implementation of the national quality strategy and complete the patient safety policy
- 9) Strengthen the referral systems.
- 10) Improve access to specialized and allied health services
- 11) Improve integration of traditional medicine into existing health service delivery system.

Strengthen Mental Health Services

- 12) Strengthen the district and sub-district health systems.

Objective 3: Increase access to responsive clinical and public health emergency services

- 1) Implement the national NTD strategy.
- 2) Implement the Non-Communicable Diseases (NCDs) control strategy
- 3) Ensure TB cases notification and effective management
- 4) Continue to strengthen the National Malaria Control Programme
- 5) Improve access to specialist services at the regional & district levels.
- 6) Increase access to quality emergency healthcare services (pre-Hospital and hospitals)
- 7) Strengthen health promotion services in the health sector.

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ACRONYMS

ANC	Antenatal Care
BCS	Behavior Change Support
CBS	Community Based Surveillance
CHNs	Community Health Nurses
CHOs	Community Health Officers
CHPS	Community-based Health Planning and Services
DA	District Assembly
DDHS	District Director of Health Services
DHD	District Health Directorate
DHMT	District Health Management Team
EPI	Expanded Programme on Immunization
HMIS	Health Management Information Systems
HO	Health Objectives
HSMTDP	Health Sector Medium Term Development Plan
ICT	Information, Communication and Technology
IDSR	Integrated Disease Surveillance and Response
IGF	Internal Generated Fund
MAF	MDG 5 Accelerated Framework
MDGs	Millennium Development Goals
NGOs	Non-Governmental Organizations
NHIS	National Health Insurance Scheme
NIDs	National Immunization Days
NTDs	Neglected Tropical Diseases
OPD	Out-Patient Department

OPV	Oral Polio Vaccine
PNC	Postnatal Care
POW	Programme of Work
RHD	Regional Health Directorate
WIFA	Women in Fertility Age

CHAPTER ONE

DISTRICT PROFILE

Physical and Natural Environment

Location and Size

Wassa East District Assembly is located at the south-eastern end of the western region. The district was part of the former Wassa Fiase Mpohor District in 1988 but carved out and became Wassa East District officially in 2012. It is bounded on the north east and South east by the Twifo Hemang Lower Denkyira District, Ati Morkwa District and Komenda –Edina –Eguafo –Abrem Municipality all in the Central Region. It is bounded on the West by the Prestea Huni –Valley district and in the South by the Shama District and on East with Mpohor District. It has a total land area of 1651.992 square kilometers. The district capital is Daboase, about 6.7km from Cape Coast-Takoradi main road.

Political Administration

The District Assembly is the highest political authority in the district stated under Section 10 of the local Government Act, 1993 (462). It is empowered to coordinate the overall development of the district under section 2 of National Development Planning System (NDPS) Act (act 480). The District has two arms; The General Assembly constituting the political side which is headed by the district chief executive as a political and administrative leader. The other arm is the implementation side thus the bureaucracy also headed by the district coordinating director and acting as the administrative head.

There are four (4) area councils namely; Ekutuase Area council, Daboase Area council, Ateiku Area council and Enyinabrim Area council. The district has Presiding Member (PM) who chairs

the general Assembly and as the public relation and complaint. The district assembly has 32 assembly members made up of 21 electoral areas and 9 government appointees.

Physical Features

Landscape

The District landscape lies within the low-lying areas of the region with most part below 150 meters above sea level. The landscape is generally undulating with most part as highlands. The landscape has average height of about 70metres.It height ranges between 150 and 200 meters above sea level.

Climate

The District falls within the tropical climate zone of West Africa and south western equatorial climate of the country.

The area has two rainfall regimes with mean annual rainfall between 1500mm and 2000mm. The average temperature is 30 degrees and as low as 26 degrees in August. The humidity is 85% during the rainy season, 70% and 80% in the dry season. The wettest period in the district is between March and July while November to February is the driest. The rainfall pattern is favorable for agricultural activities.

Vegetation

The District vegetation is typically Forest. Greater part of the district forest belt could form primarily climax climatic vegetation but human transformation of some forest into farm lands and lumbering has constituted the secondary vegetation which currently could be describe as Deciduous Forest. The district has four (4) Forest Reserves namely; Subri Forest which occupies

about 375 square kilometers, the Pra Suhyen Forest Reserves occupying 204 square kilometers. The others are: Ben West Block Forest Reserves and Ben East Forest Reserves. The above four (4) Forest Reserves of the district constitutes the Virgin Forest.

Drainage/Rivers

The district's river system comprises River Pra which runs through Twifo Hemang, Lower Denkyira district through Daboase and enters the sea at Shama. Other rivers are the Subri, Whini, Suhyen, and Abetemaso which serves as tributaries to the Pra River. Most of the rivers overflow their banks in the rainy season and some virtually dry out in the dry seasons. The district drainage system follows dendritic and radial patterns.

Soils, Geology and Minerals

The main categories of rock and soil types which underlie the District are namely: Birimian and Tarkwaian. Basically the cape coast granite which are formed through granitoids in the sedimentary basin. The District soil type consists of more than half of the cape coast granitic soil. The existing underground rocks in certain communities hinders the drilling of water facilities. The District has large gold deposits (Sekyere Hemang) and traces of iron one (Daboase) and kaolin. The mining activities posed a challenge of illegal mining resulting in polluting the water resources in the District especially the Pra River but currently at a minimal rate due to government intervention of fighting illegal mining.

Social And Cultural Structures

There is one paramountcy (Wassa Fiase) with Benson known to be the seat of the paramountcy with which most communities have divisional chief functioning under the paramountcy. The administrative center of the paramountcy is Tarkwa in the Tarkwa municipality. The district has 8

divisions namely; Sekyere Hemang, Ekutuase, Edwenase and Daboase. The rest are Dompim, Mamponso, Ateiku and Enyinabrim. Mostly communities in the District select chiefs from the Asana Kona royal family. The District is heterogeneous perhaps there is peaceful co-existence between the inhabitants. The existing of cultural troupe in Domama, Atobiase, Daboase offers the opportunity to display cultural performances in durbars and other programs. The district cultural system is diversified in ethnic groups and language through migration. The Akan, Ewe and Dagomba are the major ethnic groups. These ethnic groups speak different languages with Wassa to be the dominant one. The other spoken language is Twi, Fante and Hausa. The predominant ethnic group is Wassa who are the indigenous people of the area. The District celebrate yam festival and other allied festivals usually performed between the months of October and November

Economy

Agriculture

The major occupation of the inhabitants in the District is agriculture. Cassava, plantain, maize, cocoyam and vegetables are the major staple food crops produced in the District. Farmers practice mainly traditional methods in farming in the District with their average farm size of one acre per farmer.

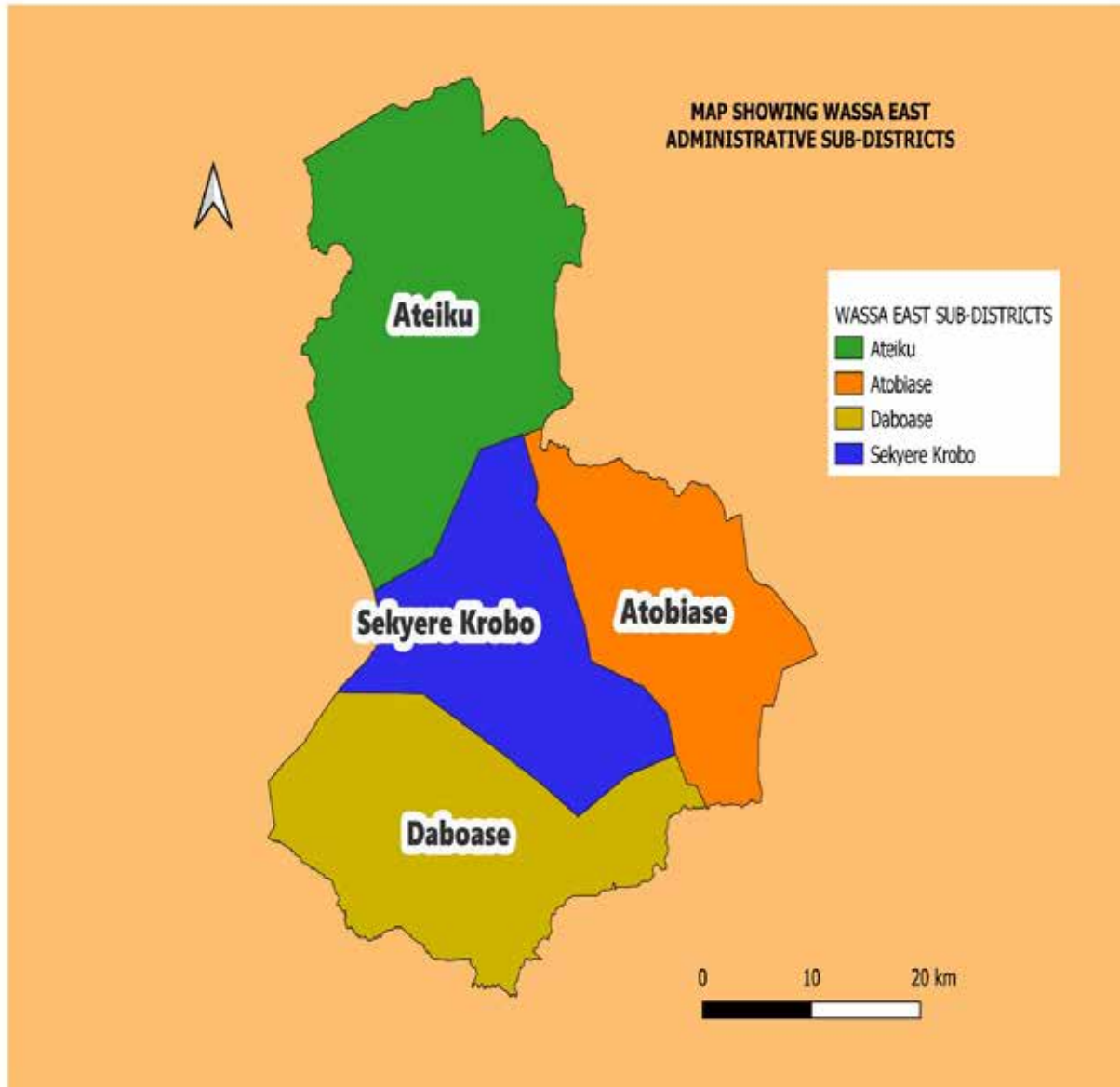
Manufacturing And Services

The District has large-scale industries such as Golden Star (Wassa Mines) Limited in Akyempim, SOCFINAF plantation limited which is into growing of rubber and oil palm. Number of micro enterprises for agro-processing can be found in most part of the District.

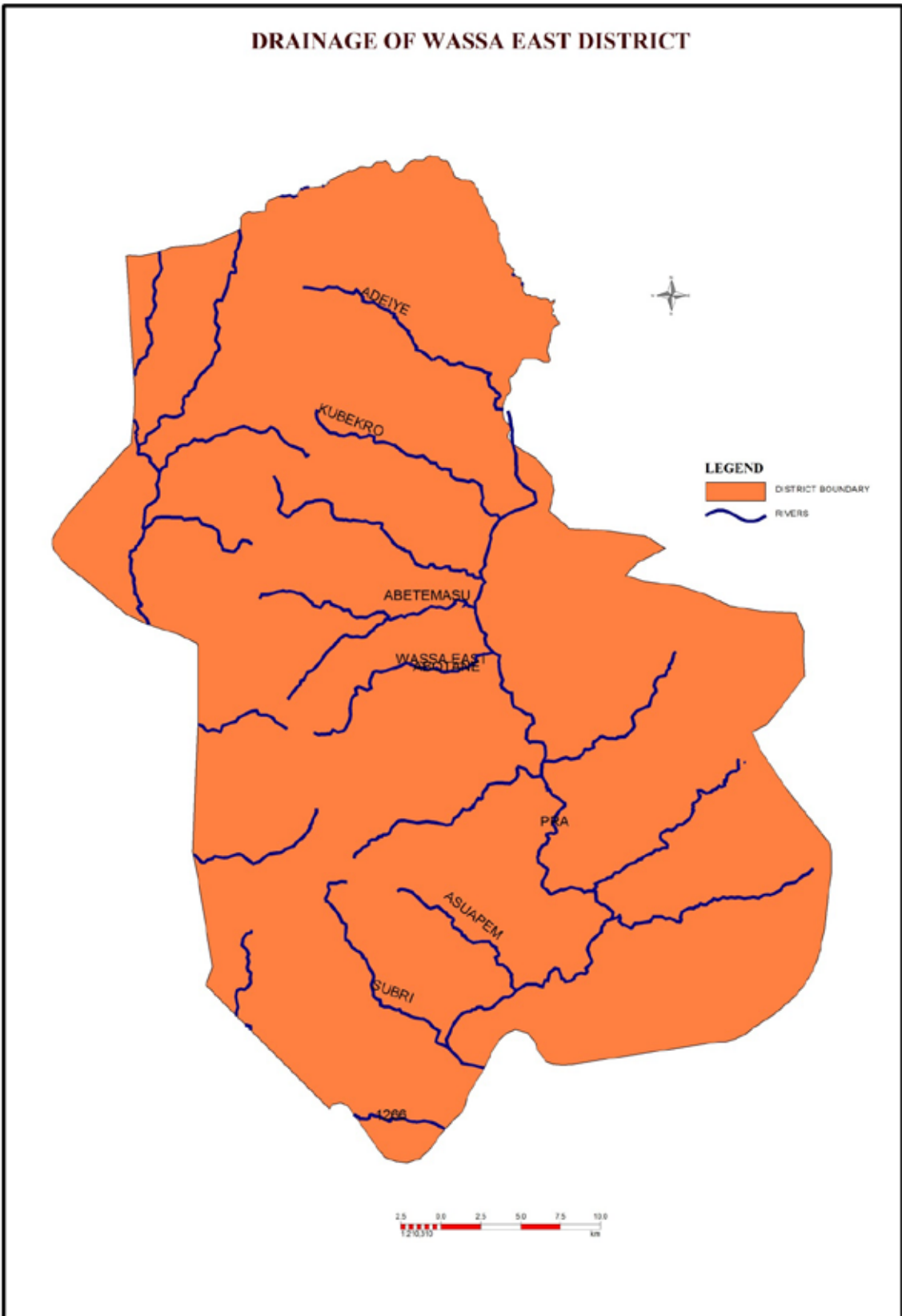
Tourism

Wassa East District is proud to have the Domama rock shrine which is a prominent tourist site in the western region and Ghana at large. The District has in addition to the Domama rock shrine the Subri River Forest reserve which occupies 375square kilometers and the Pra Suhyen forest reserve with 204 square kilometers which also attract tourist because of it canopy layout. There are two small ones namely; the Ben West Block Forest Reserves and Ben East Forest Reserves.

ADMINISTRATIVE SUB-DISTRICT



DRAINAGE OF WASSA EAST DISTRICT



**SUMMARY OF DEMOGRAPHIC CHARACTERISTICS OF WASSAEAST
DISTRICT ASSEMBLY**

POPULATION	PHC 2010(81,073)
GROWTHRATE AS OF (2010 PHC)	2.1%
FERTILITY RATE	4.5%
Crude birth rate	30.9%
Crude death rate	11.4%
Migrant	28,827(75.1%)
SEX COMPOSITION	
MALE	40,984
FEMALE	40,089
AGE STRUCTURE	
0-14	43%
15-64	53.4%
65+	3.9%
SEX RATIO	102.2
Age dependency ratio	87.3%

Child dependency ratio	80%
Old age dependency	7.3%
RATE OF NATURAL INCREASE(RNI)	1.95%
Economic activities	73% were economically active
ICT	29% had mobile phone, 1.4 use I.C.T
Disability	5% had some form of disabilities
Agriculture activities	78.7% engaged in agriculture
Housing condition	94.5% are in rural areas, 4.4% are persons with an average household size, 5.1% population per house

Source: Ghana Statistical Service 2014 (District Analytical report, 2014)

Health Institutions

FACILITY TYPE	FACILITY	SCOPE OF SERVICE
Hospitals	1. Ateiku Christian Hospital	Clinical and Public Health
	2. Ahmadiyya Hospital	Clinical and Public Health
Health Centre	1. Ateiku Health Centre	Clinical and Public Health
	2. Daboase Health Center	Clinical and Public Health
Clinics	1. Akutuase Community Clinic	Clinical and Public Health

	2. Dompim Community Clinic	Clinical and Public Health
	3. Akyempim Community Clinic	Clinical and Public Health
	3. Sekyere Krobo Community Clinic	Clinical and Public Health
	4. Socfinacf Clinic	Clinical
	5. Atobiase Community Clinic	Clinical and Public Health
Maternity Home	1. Senchem Maternity Home	Clinical and Public Health
	2. Glory of God Maternity Home	Clinical and Public Health
CHPS	1. Brofoyedur CHPS	Clinical and Public Health
	2. Kokoase CHPS	Clinical and Public Health
	3. New Subri CHPS	Clinical and Public Health
	4. Osenso CHPS	Clinical and Public Health
	5. Amposaso CHPS	Clinical and Public Health
	6. Anto CHPS	Clinical and Public Health
	7. Beenu-yie CHPS	Clinical and Public Health
	8. Domama CHPS	Clinical and Public Health
	9. Aboaboso CHPS	Clinical and Public Health
	10. Adiembra CHPS	Clinical and Public Health
	11. Ebukrom CHPS	Clinical and Public Health
	12. Sekyere Hemang CHPS	Clinical and Public Health
	13. Edwenase CHPS	Clinical and Public Health
	14. Essamang CHPS	Clinical and Public Health
	15. Kakabo CHPs	Clinical and Public Health
	16. Nsuta CHPs	Public Health
	17. Enyinabirim CHPS	Clinical and Public Health

	18. Nsadweso CHPS	Clinical and Public Health
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Working Population

Sub-district	2020	2021	2022	2023
Sekyere Krobo	13985	13950	14246	14545
Ateiku	39802	29892	30527	31168
Daboase	29045	24910	25439	25973
Atobiase	24742	30889	31544	32207
District	107574	99641	101756	103893

Health Sub-districts in the Wassa East

- i. Daboase
- ii. Ateiku
- iii. Atobiase
- iv. Sekyere Krobo

Type of Services Offered by Health Institutions

- i. Curative Medical and Surgical Care
- ii. Health Promotion and Preventive Services including Disease Control and Health Education services
- iii. Nutrition
- iv. Reproductive and Child Health Services
- v. Maternity Services

Units offering on Health services

- i. Medicare
- ii. Maternity

iii. Maternal and Child Health

iv. Disease Control

Vi. Nutrition

CHAPTER TWO
LEADERSHIP AND GOVERNANCE

The District Health Directorate (DHD) is an outstation of the Ghana Health Service and it serves as the main implementer of health policies and programs in the district. The directorate is based in the district capital Daboase and is headed by the District Director of Health Services (DDHS).

The district has two mission Hospitals, Ahmadiyya Muslim Mission hospital at Daboase in the Daboase Sub-District and Christian Adcock and Sons Christian Hospital.

For health administrative purposes, the district has been divided into four (4) Sub-districts, namely; Daboase, Atieku, Sekyere krobo and Atobiase Sub-districts.

The Sub-districts are headed by Sub-district heads, who serve as relay between the DHD and staff in the Sub-districts.

The DHD comprises of a cadre of staff called the District Health Management Team (DHMT) which has the DDHS as the head. The DHD consists of the following offices and officers;

Units Of The District Health Directorate

Office/Unit	Head	Officer- In- Charge
Office of the DDHS	DDHS	Mr. Emmanuel Affelkum
Disease Control Unit	Disease Control Officer	Miss Beauty Adiku
Reproductive & Child Health Unit	Public Health Nurse	Miss Sheila Okyere Ampadu
Nutrition Unit	Nutrition Officer	Mr. Stephen Armachie

Health Information Unit	Public Health Officer	Mr. Philip Arthur-Baidoo
Accounts Unit	Accountant	Mr. Osei Badu
Stores & Supply Unit	Supply Officer	Mr. Prince Adebisi
Health Promotion Unit	Health Promotion Officer	Miss Paulina Ackah

Integrated Supportive Supervision (ISS).

The period under review saw series of supportive supervision to facilities in the district. The District Health Directorate with support from Regional Health Directorate and JSI embarked on Data management coaching visits to all health facilities to update the knowledge of staff on variable in all the service delivery registers and data capturing tools in the year 2023.

CHAPTER THREE
HUMAN RESOURCE FOR HEALTH

Introduction

Staff category	Expected	Actual	Gap
DDHS	1	1	-
Medical officer	7	3	4
Physician Assistant	6	6	-
Pharmacist	2	2	-
Pharmacy Technician	4	1	3
Community Health Nurses	80	70	10
General Nurses	35	25	10
Public Health Nurse	2	2	-
Midwives	26	22	4
Enrolled Nurses	80	78	2
Technical Officers (Disease Control)	6	3	3
Technical Officers (Health Informatics /Biostatician)	4	2	2
Technical Officers (Health Promotion)	4	3	1
Nutrition Officer	2	2	-
Health Service Administrator	1	1	1
Field Technician	7	2	6

Accountant	1	1	-
Finance Officers	1	1	-
Executive officer	1	-	1
Executive officer	1	0	1

The District Health Directorate is responsible for mobilizing all available human and material resources for health activity and to co-ordinate, supervise and monitor activity of all health care providing institutions in both the private and public sector. The following are the staff strength within the District.

Challenges

- 1. Lack of staff accommodation in the district to sustain professional staff
- 2. Inadequate number of critical staff likes midwives, Pharmacy technicians and laboratory technicians

Next Steps /Way Forward

- 1. Liaising with the District Administration to factor staff accommodation in their budget next year.
- 2. Encourage more staff to pursue Midwifery training.
- 3. Inadequate critical staff eg. Midwives, psychiatric nurses etc. in the district
- 4. To prompt management to supply logistics for service delivery to serve as motivation of staff

CHAPTER THREE

DISEASE CONTROL AND SURVEILLANCE

Introduction

The Disease Control Unit is one of the Public Health Units of the Wassa East District Health Service, the Unit is responsible for the Prevention, Control and Management of Communicable and Non Communicable Diseases through Surveillance, Expanded Programme on Immunization (EPI), Neglected Tropical Diseases (NTD's); comprising Guinea worm, Yaws, Onchocerciasis, Schistosomiasis, Soil Transmitted Helminthiasis etc).

The unit carried out activities under the following programmes during the year under review:

- Ø Transportation of TB sample from Spokes to Hubs
- Ø TB orientation for health staff during data validation
- Ø TB screening for the mining workers
- Ø Schistosomiasis mass drug administration (in-school and out of school)
- Ø Static and outreach immunization activities throughout the year
- Ø Local, regional and national COVID-19 NIDs
- Ø Routine COVID-19 vaccination by DHD and facilities
- Ø School LLIN distribution
- Ø Yaws case search in some selected facilities
- Ø Monthly data validation and data entry into DHIMS
- Ø One TB-HIV review meeting held
- Ø 3 Public Health Emergency Management Committee meetings held
- Ø Case investigation, sample collection and transportation of suspected measles, M-POX, YF, AFP, COVID-19 to appropriate laboratories for testing

The priorities for the year under review are to

- Ø To maintain immunization coverages achieved during 2022, e.g. BCG (107%), PENTA 3 (109%)
- Ø To lobby for the procurement of cold chain equipment for 4 facilities
- Ø To improve on vaccine accountability and data validation exercise
- Ø To train staff on monthly reporting formats
- Ø To maintain the achievement for LLIN for children at 18months during 2022
- Ø Strengthen Disease Surveillance system to detect vaccine preventable diseases including COVID-19
- Ø To provide technical support to facilities on TB case detection and screening protocols
- Ø To lobby for 5 motor bikes to support service delivery

Key Challenges at the beginning of the year 2023

- Ø Data inconsistency in vaccine management in some facilities
- Ø Lack of vaccine storage equipment in some facilities (Anto, Beenuyie, Aboaboso, Nsadweso CHPS)
- Ø Low or no TB case detection in some facilities
- Ø Most facilities do not adhere to TB/HIV screening protocol
- Ø Shortage of some routine vaccines
- Ø Only four (16%) out of the 25 facilities have motor bikes for immunization activities

Key Activities Planned to Address Challenges and to Improve Health Outcomes

- Ø Orientation of newly posted staff on EPI activities
- Ø Carry out vaccine accountability and data validation exercise
- Ø Conduct quarterly monitoring and supervisory visits to health facilities
- Ø Provide timely feedback on performance to facilities
- Ø Conduct static and outreach immunization activities
- Ø Monthly collection and distribution of vaccines to facilities
- Ø Participate in local and national COVID-19 immunization exercise.
- Ø Write to stakeholders to help procure cold chain equipment for 3 facilities
- Ø Write to stakeholders to help procure 5 motor bikes to support service delivery
- Ø Assist facilities and remind facilities about LLIN requisition

Surveillance Sensitization at Facilities

- Sensitized on surveillance diseases (AFP, YF, Measles)
- Thought on specimen collection and transportation
- Empowered to write narrative reports and record keeping

Suspected Cases of Immediately Reportable Diseases 2019-2023

Diseases	2019		2020		2021		2022		2023	
	Suspected	Confirmed	Suspected	Confirmed	Suspected	Confirmed	Suspected	Confirmed	Suspected	Confirmed
AFP	2	0	3	0	5	0	3	0	4	0
Cholera	3	0	0	0	0	0	0	0	0	0
Measles	38	3	9	0	24	0	19	0	12	0
CSM	2	0	2	1	0	0	0	0	0	0
Yellow Fever	13	0	3	0	9	3	10	0	4	0
Guinea worm	2	0	1	0	2	0	0	0	0	0
MPOX	0	0	0	0	0	0	0	0	2	0
AEFI	1	0	1	0	0	0	0	0	0	0

Covid 19

INDICATORS	Total Cum. Samples Taken	Total Cumulative Positive		Total Cumulative Negative		Pending	Total Discharges	Deaths	Active Cases
		Male	Female	Male	Female				
General/Routine surveillance	469	177	63	158	94	0	237	0	0
Contact tracing	253	14	17	98	101	0	31	0	0
Travelers	2	0	0	2	0	0	0	0	0

Footballers	80	4	0	76	0	0	4	0	0
TOTAL	804	195	80	334	195	0	272	0	0

HIV Control Program

Challenges Identified at the Beginning of 2023

1. Data inconsistencies
2. Shortage of HIV test kits
3. Some staff had no or little knowledge in HIV service provision
4. Low index testing
5. Non reporting on HIV activities by some facilities
6. Low viral load/EID samples collection\

Key Priorities for the Year under Review

1. To solve issues regarding HIV data inconsistencies especially HTC and PMTCT monthly returns during monthly data validation
2. Prompt requisition for HIV commodities through the GHILMIS
3. Providing onsite training/ coaching for staff with no or little knowledge in HIV service provision
4. Making efforts to address the huge defaulter rate by facilities
5. Test all relatives of index clients (esp. partners and children under years of age)
6. Increase viral load and EID samples collections from 327 to 467 samples

Major Activities Carried Out

1. Transportation of weekly viral load/EID samples from the Spokes to the Public Health Reference Lab (PHRL), Effia Nkwanta Regional Hospital
2. Monthly facility HIV data validation
3. Monthly HIV data entries and validation on DHIMS
4. Weekly updates on viral load/EID samples transported to the PHRL
5. Mobilization of people living with HIV (PLHIV) for the launch of SEND GHANA's community led monitoring project
6. Distribution of Dried Tube Specimen-Proficiency Testing (DTS-PT) to the six ART sites and Ateiku Christian Hospital
7. Seven of our facilities participated in the round four (4) of our Dried Tube Specimen-Proficiency Testing and six out of the seven passed.
8. Through the SEND Ghana Community Led Monitoring Project, we collected and validated data on HIV service delivery and logistics management to ascertain the quality of HIV service delivery at three ART sites; Ahmadiyya Muslim Hospital, Daboase Health Centre and Ateiku Health Centre through focused group (PLHIV) discussion.
9. Occasional review of some facilities HTC and PMTCT register
10. Conducted condom activation exercise in collaboration with the District Assembly HIV focal person where we distributed 200 male condoms to about 60 men as apart of 2023 World AIDS day celebration.

HIV TESTING AND COUNSELLING

Year	Total Tested	Total Positive
2019	6921	195
2020	6378	173
2021	4527	142
2022	4055	132
2023	3449	125

The table above indicate that, the District had a decrease in the number of cases tested for HIV in 2023. This led to a decrease in the number of positive cases as compared to that of 2022.

MALARIA CONTROL PROGRAM

Malaria Testing and Positivity Rate

INDICATOR	2019	2020	2021	2022	2023
Suspected	54,943	47027	47780	48409	56135
Tested	54892	46551	47444	48383	56135
% Tested	99.9%	98.9%	99.3%	99.9%	100%
Tested Positive	37187	34028	35464	33978	39053

% Positive	67.7	68.8%	74.8%	70.2%	69.5%
% Put on Anti-Malaria	-	-	100%	100%	100%

The table above indicate that, the District had significant increase in the number of cases tested for malaria before treatment in the year 2023. Also, the District saw an increase in the number of positive cases treated for malaria in the year 2023 as compared to that of 2022.

Malaria Cases, Admissions and Death

INDICATOR	2019	2020	2021	2022	2023
Malaria Cases	37187	34028	35464	33978	39053
Admissions	3455	3375	2789	2370	2658
Deaths	1	4	4	1	0
Malaria Case fatality rate	0.002	0.01	0.01	0.002	0

In comparison to 2022, the number of malaria cases increased in the year under review. Admissions, on the other hand, increased from 2370 to 2658 in 2023. The district recorded no death on malaria in the year under review.

LLINs Distribution during CWC and ANC

	ANC Reg.	LLIN Dist.	<i>Coverage</i>	MR_2	LLIN Dist.	<i>Coverage</i>
2019	3130	3098	98.9%	4054	4054	100%
2020	3126	3103	99.3%	3914	3914	100%
2021	3235	2814	86.9%	4115	3912	95.1%
2022	3135	3026	96.5%	4122	3986	96.7%
2023	2907	2876	98.9%	4090	4109	99%

Expanded Program on Immunization

The District has ensured a steady growth in LLIN distribution from 2021 to 2023, although as seen in the table above, there has been an increase in LLIN distribution in 2022 as compared to 2021.

The EPI programme seeks to prevent child morbidity and mortality due to vaccine preventable diseases by ensuring that all children within its operational area are fully immunized against all Nine EPI target Diseases before their first birth day. Routine static (institution based) and outreach (within Communities with their collaboration) child/Maternal welfare clinics were held in all the four Sub districts to vaccinate children under five years and women in their fertility age (WIFA), especially pregnant women). EPI clinics were regularly held in 76 outreaches and 14 institutional based centres.

The EPI programme also serves as an important entry point for other public health activities and interventions such as Surveillance, Child Health Promotion week, Integrated Maternal and Child

Health Campaign, Lymphatic Filariasis / Onchocerciasis control programme and National immunization Days campaign.

Children under 1yr old, constitute 4% (4,156) of the District’s population (103,893) were targeted for the Childhood antigens namely BCG, Measles, Yellow Fever, Rota, PCV, Polio, Men“A” and Pentavalent vaccines whilst WIFA, making up for 24% (24, 934) were also targeted for Tetanus Diphtheria vaccine to ensure that they and their babies are protected against Tetanus.

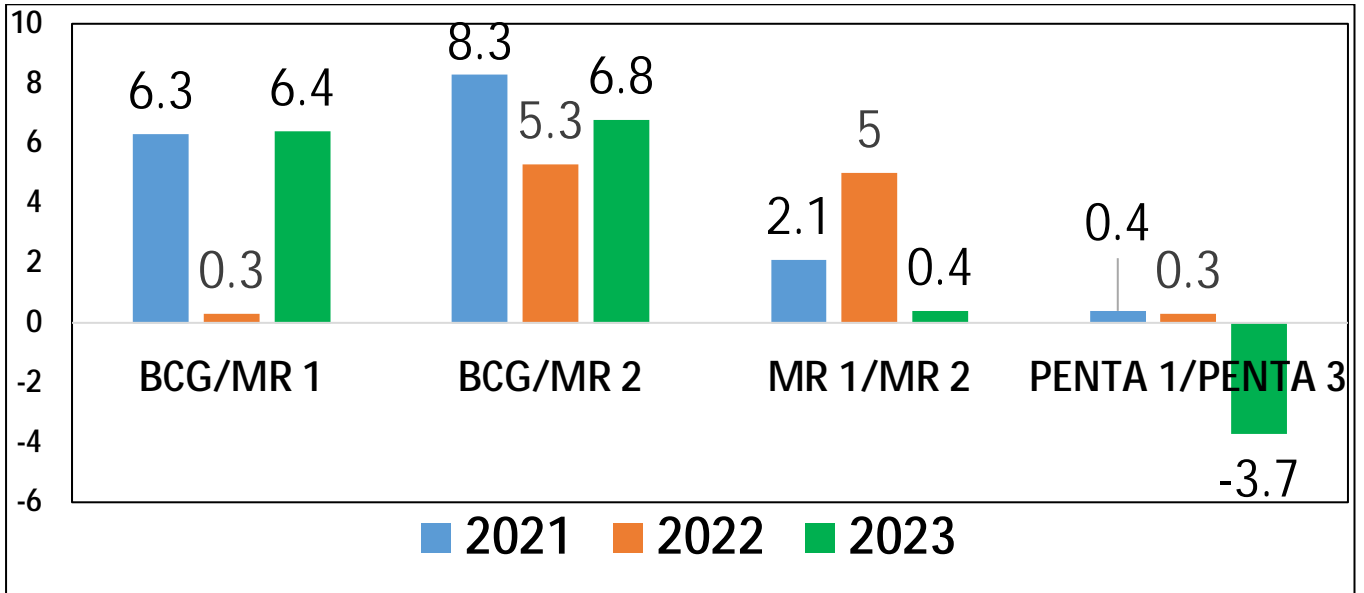
Performance in Expanded Program on Immunization

INDICATOR	2019		2020		2021		2022		2023	
	Achieved	Coverage	Achieved	Coverage	Achieved	Coverage	Achieved	Coverage	Achieved	Coverage
<i>Children under one (4%)</i>	<i>4207</i>		<i>4303</i>		<i>4400</i>		<i>4070</i>		<i>4156</i>	
BCG	4190	99.9	4188	97.3	4481	101.8	4384	107	4392	106
Penta 1/PCV 1/Rota 1/OPV 1	4288	101.9	4199	97.6	4458	101.3	4451	109	4332	104

Penta 3/PCV 3/OPV 3	4345	103.2	4181	97.2	4442	100. 9	4439	109	4495	108
Measles /Rubella 1	4070	96.7	4012	93.2	4197	95.4	4338	107	4110	99
Yellow Fever	4070	96.7	4012	93.2	4197	95.4	4373	107	4275	103
Measles /Rubella 2	3985	94.7	3914	90.9	4108	93.4	4122	101	4090	98
Men A	4054	100	3914	100	3912	95	3986	97.9	4306	104
TD2+	3501	83.2	3216	74.7	4193	95.2	3948	97	3170	76

In comparing the current year to 2023, there was an increase in the coverage of the various antigens. Meanwhile, the District outperformed the national coverage of 95% for Penta 1/PCV1/Rota1/OPV1 with 104% coverage and Penta 3/PCV 3/OPV3 with 108% coverage, yet there was a decrease for Penta 1/PCV 1/ Rota 1/ OPV 1 MR1, Yellow Fever MR2 and TD2⁺, as compared to 2022.

EPI Dropout Rate for Selected Antigens 2021-2023



TB CONTROL PROGRAM

TB Screening for the Period Under Review

Unit	Number Screened For TB (Recorded on the TB Screening Tool)	Number Presumed TB	Number Tested for TB	Number Diagnosed TB	% Initiated on TB Treatment
General OPD: G	71,872	412	412	62	62
ART Clinic: A	97	8	8	4	4
Reproductive Health (ANC) R	681	3	3	0	0
Diabetic Clinic: D	0	0	0	0	0
Household Contact Investigation: C	137	38	38	1	1
Peadiatric Clinic/Ward: P	0	0	0	0	0
Female Ward	0	0	0	0	0
Male Ward	0	0	0	0	0
Total	8797	461	461	67	67

TB CASE REGISTRATION 2019 – 2023 COMPARED

	NUMBER REGISTERED				
	2019	2020	2021	2022	2023
Bacteriologically Confirmed	57	25	38	50	42
OTHER FORMS	19	13	12	19	25
TOTAL	76	38	50	69	67
Case Detection Rate (Bacteriologically Confirmed)	74.00%	30.10%	49.40%	58%	53%
Case Detection Rate (All Forms)	47.50%	21.30%	32.90%	40%	60%
NUMBER HIV TESTED	76	38	50	69	67
% TESTED	100%	100%	100%	100%	100%

TB Cohort Analysis

INDICATOR	2018	2019	2020	2021	2022
Cases Registered	48	77	38	50	69
Smear +ve cases	42	59	25	40	50
Cured	42	57	24	40	45
Treatment Complete	6	18	13	10	19
Died	0	2(3%)	1	0	5(10%)
Defaulter	0	0	0	0	0
Loss to follow-up	0	0	0	0	0
Treatment Failure	0	0	0	0	0
Cure Rate	100%	97%	96%	100%	90%
Treatment success	100%	100%	100%	100%	100%

WAY FORWARD

- Ø Lobby through stakeholders to secure vaccine storage equipment
- Ø To conduct quarterly technical support visit to facilities on TB screening and case detection and EPI activities
- Ø Continuous reminder to facilities on TB drugs and LLIN requisition on the GHILMIS
- Ø Provide timely feedback to facilities
- Ø Lobby through stakeholders to provide motorbike for service delivery
- ✓ Continue to improve on monthly data validation exercise to help improve on data quality
- ✓ Maintain the success gain in the area of EPI
- ✓ Enhance surveillance activities to detect more cases

CHAPTER FOUR

REPRODUCTIVE HEALTH, MATERNAL, NEWBORN AND CHILD HEALTH (RMNCH)

Introduction

The RCH unit is an integral part of GHS. It accounts for all maternal and child health services.

The following are the services provided at the unit;

1. Antenatal Services
2. Deliveries Services
3. Postnatal Services
4. Family Planning
5. Adolescent Health
6. School Health
7. Health Education
8. Home Visit
9. Safe Motherhood

Working Population 2023

ITEIM	POPULATION
TOTAL POPULATION	103,893
WIFA	24,934
EXPECTED DELIVERY	4,156

Key Challenges at the Beginning of the Year 2023

1. Low ANC registrants (**77%**)
2. Low PNC coverage (61%)
3. Lack of adolescent health corners clubs. (esq. out of school)
4. Low 4th visit attendants (64%)
5. Increase in maternal death (2)
6. Shortage of FP record books/MCHR books
7. Lack of funds to carry out RCH activities and trainings.
8. Inadequate staff especially midwives and staff nurses
9. Lack of funds to carry out monitoring and supportive supervision at the various facilities.

Priorities For The Year 2023

- To increase ANC Registrarants from **77%** to **90%** by intensifying education on the importance of early ANC.
- To create 5(five) ANC outreach centres in the district.
- To organise midwives forum half yearly to deliberate on low RCH indicators/ issues.
- To collaborate with stakeholders and other N.G.O's to organise free insertions on long term FP.
- To form 5 more adolescent health clubs and corners in the sub districts to reduce adolescent pregnancy.
- Assign C.H.Ns to communities and report on them.
- To form 5 more pregnancy schools to help reduce maternal and newborn issues.
- Repositioning of TBAs as link providers to refer pregnant women.
- Reduce and audit maternal death and still birth that might occur in the district.
- To train 20 midwives on neonatal resuscitation and lifesaving skills to reduce neonatal and newborn complications.
- To organize onsite training on all RCH reporting formats.
- Orient new staff/entrants into the district.
- Monitoring and supportive supervision to all facilities

Activities Carried Out During the Year 2023

- “BE PART’ launching and meeting
- Midwives’ forum
- Training on customer care by GIZ & Golden Star Resources
- Maternal Death Audit Meeting
- Breast Cancer Awareness Month Celebration
- Training on Neonatal Resuscitation
- Cervical Cancer Training by GIZ/ Golden Star Resources
- Free Insertion Exercise by Marie Stopes
- Adolescent Health Club Activities/ Excursions
- IPC training for 50 staff by Water AID Ghana
- Integrated supportive supervision and onsite supportive supervision to some facilities
- Monthly data validation and DHIMS 2 entries
- Training of staff on CAC and Family Planning data management and RSLOG

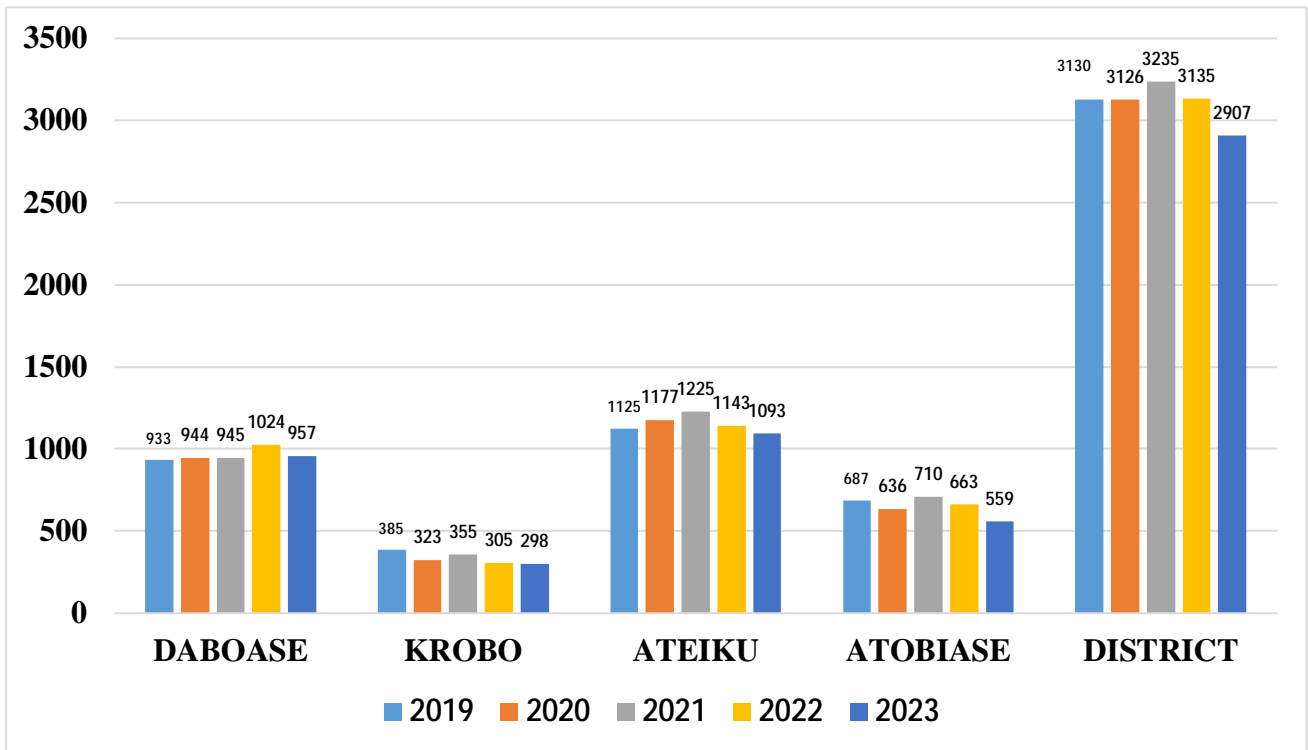
Antenatal Services

INDICATOR	ACHIEVEMENT 2019	ACHIEVEMENT 2020 (%)	ACHIEVEMENT 2021 (%)	TARGET FOR 2022 %	ACHIEVEMENT 2022 %	ACHIEVEMENT 2023 %
ANC Registrant	3130 (74.3)	3126 (72.7)	3235 (73.5)	90%	3135 (77)	2907 (70.0)
Adolescent pregnancy	433 (13.8)	438 (14)	381 (11.7)	10%	308 (10)	221 (7.6)
4th Visit	2339 (55.6)	1955 (45.4)	2128 (65.8)	70%	2005 (64)	2194 (75.5)
TD2+	3487 (83.2)	3146 (73.1)	4216 (95.8)	75%	3760 (92)	3170 (79.1)
Skilled Delivery	2274 (55)	2156 (50.1)	2526 (57.4)	60%	2431(60)	2404 (57.8)
Still Birth	11 (0.3)	22, MAC 15 FRESH 7 (1.0)	23, fresh15 Mac 8 (1.0)	<10%	15; MAC 9 FRESH 6 (0.4)	14 (Mac 9, Fresh 5) (0.5)

Maternal Death	2 (0.1)	3	5		2	2
Postnatal Care	2448 (58)	2281 (53)	2618 (59.5)	70%	2500 (61)	2460 (59.2)
Family Planning	8773 (34.7)	7043 (27.2)	11,803 (44.7)	40%	11,765 (48)	12, 225 (49.0)

Antenatal coverage decreased from 77% in 2022 to 70% in 2023 during the year under review. In 2023, the district had an increase in 4+ visits from 64% to 75.5%. Regardless, TD+ again, decreased from 92% to 79.1% in 2023.

GRAPHICAL PRESENTATION OF ANC REGISTRANTS BY SUB- DISTRICTS



Age at Registration- Adolescent Pregnancy

- Mothers aged 35 and above was 449 representing 15.4%.
- 2,907 pregnant women were registered during the year 2023, 221 representing 7.6% were adolescents.
- Early adolescent - 0- 14 years= 7

- Late adolescent - 15- 19 years = 214

Anaemia In Pregnancy

- HB checked at registration for 2023 was 2,750 making a coverage of 66.1 %
- Pregnant women with HB less than 11gld at registration was 996 ,making a coverage 23.9 %.
- HB less than 7gld at registration was 34 ,making a coverage 0.4 %.

Anaemia At 36 Weeks

- 1,432 (34.4) women had their HB checked at 36 weeks.
- 477 (11.4%) of them had their HB less than 11 gld
- Less than 7gmld 18 representing 0.4%.

Intermittent Preventive Treatment of Malaria (IPT)

Malaria prevention and control is included in the services package offered to women during the antenatal period. The medicine of choice is sulphadoxine pyrimethamine(SP) and is administered by directly observed therapy (DOT). A woman should expect to have SP administered to her at antenatal clinic starting from the time she begins to feel the movement of her unborn baby or at 16 weeks and continue at least every month until she completes five doses.

YEAR	IPT1	IPT 2	IPT 3	IPT 4	IPT 5	DROPOUT RATE (IPT 1- IPT 3)
2019	2165	1948	1643	808	370	24.1
2020	2047	1867	1542	831	326	24.6
2021	2254	2010	1708	960	559	24.2
2022	2101	1937	1594	1110	698	24
2023	2042	1880	1585	1031	623	22.3

TETANUS DIPHTHERIA IMMUNIZATION

Tetanus vaccination is initiated at first contact at the antenatal clinic with the main focus of reducing neonatal and maternal tetanus in the postnatal period. **3,170** women received TD2+ during the year 2023, making a coverage of **79.1%**

Skilled Delivery

Skilled delivery is that which is attended by skilled health personnel irrespective of the outcome. In Ghana, skilled providers include midwives, general practitioners and obstetricians. In the absence of these personnel, community health officers provide these services following training on the job. With this, total delivery for the year was 2,458, where skilled delivery was 2,404 making a coverage of **57.8%**. Delivered by TBAs was 54 making a coverage of 1.2%.

Indicator	2019	2020	2021	2022	2023
Total Deliveries	2398	2230	2602	2481	2458
Skilled Deliveries	2305	2155	2526	2431	2404
TBA Deliveries	93	75	76	50	54

Delivery Services

Indicator		2019		2020		2021		2022		2023	
		Ach.	Cov.	Ach.	Cov.	Ach.	Cov.	Ach.	Cov.	Ach.	Cov.
Total Deliveries		2398	57.0	2230	51.8	2602	59.1	2481		2458	
Skilled Deliveries		2305	54.8	2185	50.1	2526	57.4	2431	60	2404	
Live Birth		2316		2155		2535		2442		2414	
Still Birth	Fresh	4	0.1	7	0.3	15	0.6	6	0.2	5	
	Macerated	7	0.29	15	0.7	8	0.3	9	0.4	9	
Neonatal Death		5	2.1	4	1.9	3	1.2	4	1.6	3	
Maternal Death		2	0.8	3	1.13	5	1.9	2		2	

Maternal Mortality Ratio	2	86/ 100000	3	139/ 100000	5	197/100000	2	82/1000 00		
C/S	161	16.7	195	8.7	213	8.4	235	9.6	217	
TBA Deliveries	93	3.9	75	3.4	76	3	50	2.02	54	

From the table, Skilled delivery for the year under the review saw an increase from 57.4% to 60%.

There was a decrease in maternal deaths from 5 to 2 in 2022 with maternal mortality ratio of 82 per 100000.

Caesarean Section

Year	C/S	C/S rate
2019	161	67 per 1000 live birth
2020	195	87 per 1000 live birth
2021	213	82 per 1000 live birth
2022	235	96 per 1000 live birth
2023	217	90 per 1000 live birth

The period saw a decrease in C/S Rate from 96 per 1000 live birth to 90 per 1000 live birth

Still Births

The training for midwives is designed to ensure that the life of the mother and the neonate are safe.

The period under review recorded a total number of 5 fresh and 9 macerated still birth. Below is a table that showcases the number of still births recorded in the district from 2019 to 2023.

Indicator	Total Live Birth	Still Birth		Still Birth Rate (%)
		Fresh	Macerated	
2019	2316	4	7	0.4
2020	2155	7	15	1.0
2021	2535	15	8	0.9
2022	2442	6	9	0.6
2023	2414	5	9	

The year under review saw an increase in still birth rate (%) as compared to 2022 (0.6%).

Postnatal Care and Services

Postnatal care or postpartum care is a service provided to individuals in the postpartum period, to help with postpartum recuperation and restoration. The provision of postnatal care through home visits is recognized in the Newborn Care Strategy of the Ghana Health Service as one of the ways of improving child survival and this practice needs to be sustained.

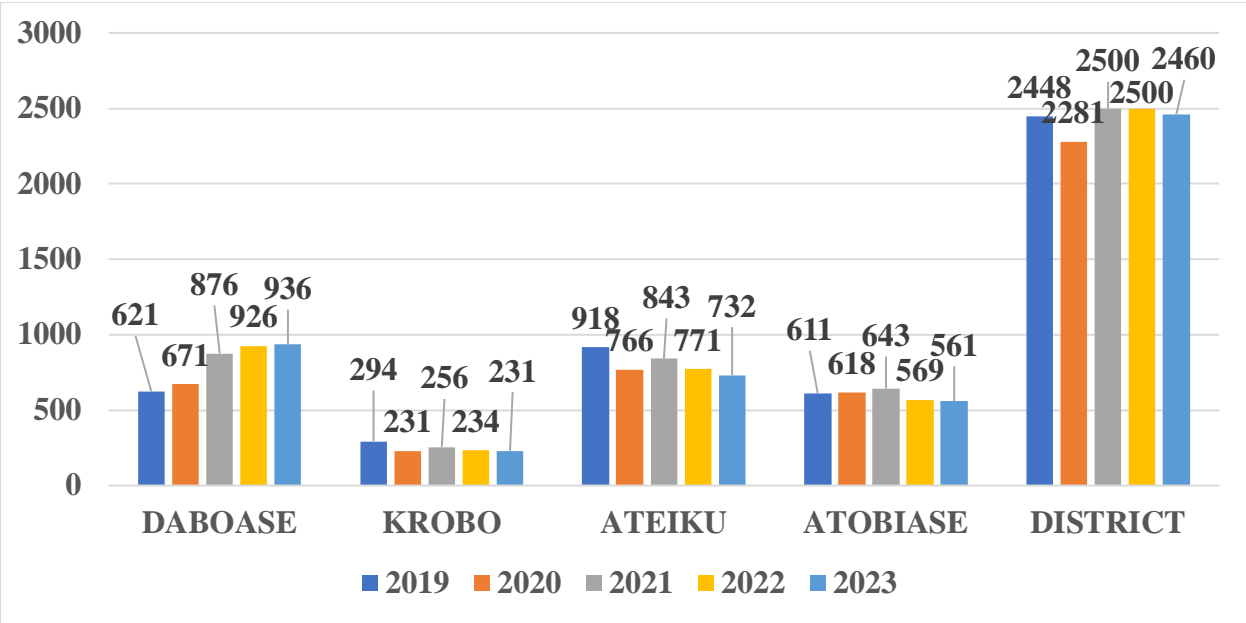
There was decrease in postnatal care coverage in 2023 as compared to the previous year.

A total of **2,460** women were seen during the year under review making a coverage of **59.2%**

Sub-District	2019		2020		2021		2022		2023	
	Achieved	Cov	Achieved	Cov	Ach.	Cov	Ach.	Cov	Ach.	Cov
Ateiku	909	58.4	74.2	46.6	843	51.8	771	63	732	58.7
Atobiase	624	64.5	614	62.0	643	63.5	569	45	561	43.5
Sekyere Krobo	294	54.7	231	57.2	256	44.8	234	41	231	39.6
Daboase	621	53.7	665	57.2	876	73.7	926	91	936	90.0
Total	2448	58.2	2252	52.3	2616	59.5	2500	61	2460	59.2

High quality of health services are provided to clients during postnatal care and services, regardless, there was a decrease from 61% to 59.2% over the review period.

GRAPHICAL REPRESENTATION OF PNC BY SUB DISTRICTS FROM 2019-2023



Family Planning Services

YEAR	NEW	CONTINUING	TOTAL ACCEPTORS
2019	4028	4745	7557 (34.7)
2020	3175	3883	7058 (27.2)
2021	4,308	7495	11,803 (44.7)
2022	3997	7,768	11,765 (48)
2023	4440	7788	12431 (49.8)

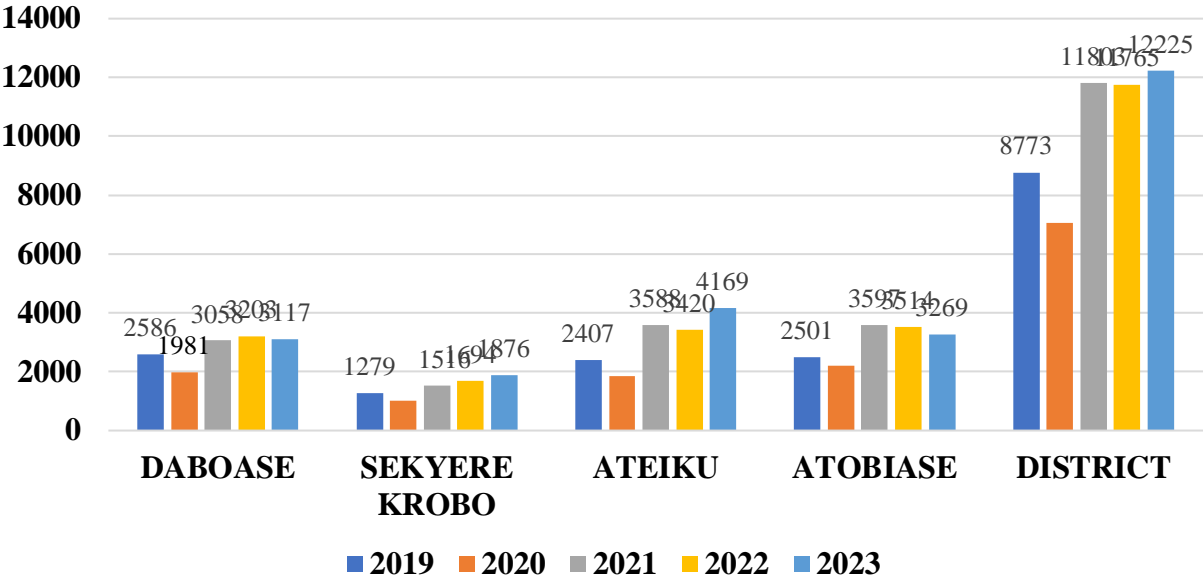
Indicator	Total Acceptors	Family Planning acceptor rate	Couple year of protection
2019	8, 773	34.7	12335.5
2020	7, 020	27.2	4508.7
2021	11, 832	44.8	6639
2022	11, 765	48	5723
2023	12, 431	49.8	8864

According to the table above, the acceptor rate for family planning increased from 48 in 2022 to 49.8 in 2023, with 12, 431 acceptors.

FAMILY PLANNING CONTRIBUTION BY SUB DISTRICTS COMPARED FROM 2018-2022

SUB DISTRICT	2019 %	2020 %	2021 %	2022 %	2023 %
DABOASE	2586 (38)	1981 (28)	3058 (43)	3203 (52)	3117 (50.0)
SEKYERE KROBO	1279 (39)	1024 (30.5)	1516 (45.4)	1694 (49)	1876 (53.7)
ATEIKU	2407 (26)	1844 (19.3)	3588 (37)	3420 (47)	4169 (55.7)
ATOBIASE	2501 (43)	2194 (37)	3597 (59.2)	3514 (46)	3269 (42.2)

Graphical Representation of FP Acceptors by Sub District From 2019- 2023



COMPREHENSIVE ABORTION CARE SERVICES (C.A.C) FOR 2022

TYPE	NO	METHOD	NO
ELECTIVE	83	ELECTRIC/VACCUM	80
SPONTANEOUS	50	D/C	0
INDUCED	39	MEDICAL	92

AGE GROUP OF WOMEN PERFORMING C.A.C FOR 2023

AGE	NUMBER
10-14	1
15-19	45
20-24	48
25-29	36
30-34	27
35 AND ABOVE	15

POST ABORTION FAMILY PLANNING

ITEM	NUMBER
NUMBER PERFORMING CAC SERVICES	172
NUMBER COUNSELLED	167
NUMBER OF FAMILY PLANNING ACCEPTORS	134

KEY CHALLENGES AT THE END OF YEAR 2022WAY FORWARD

1. Low ANC coverage
2. Low skilled delivery coverage
3. Low Post Natal coverage
4. Inadequate funds to carry out RCH activities and trainings
5. Inconsistencies in RCH reporting forms
6. Poor data capturing and documentations in some facilities
7. Inadequate funds to carry out monitoring and supportive supervision to all facilities
8. Inadequate staff especially midwives, CHNs and general nurses
9. Inadequate MCHR books/ FP Record books

WAY FORWARD FOR 2023

1. Intensify health education on the importance of early ANC.
2. Reposition practicing TBA's as link providers to refer pregnant women for proper care and management.
3. Organize on- site training for FP and ANC providers on proper data capturing and documentation.

4. Organize midwives Forum to deliberate and improve on MCH indicators.
5. Provision of funds by DHA to carry out RCH activities and trainings to improve indicators.
6. Quarterly meetings with '**BE-PART**' committee members
7. Quarterly monitoring and supportive supervision to the various facilities.
8. DHA should lobby through region for more staff especially midwives/CHN's
9. Constant supply of MCHR books from regional medical stores

CHAPTER FIVE

NUTRITION SERVICES

Introduction

The Nutrition unit is responsible for promoting nutrition in the District. The unit is responsible for implementing nutrition sensitive and nutrition specific interventions and tackles micro and macro nutrition issues in the District. The unit also collaborates with the Assembly decentralized department such as Agriculture, community Department and Social Welfare , etc to carry out its activities.

The unit is able to achieve this through 96 static Child Welfare Clinic (CWC) and outreach points strategically positioned around the District.

Challenges at the Beginning of the year

1. Shortage of vitamin A capsules for children 6 – 59 months.
2. Low uptake of Girls Iron and Folic Acid Supplementation (GIFT).
3. Lack of cooperation and Support from parents, adolescent on Girls Iron and Folic Acid tablet supplementation.
4. Low visitation for school health services
5. Inadequate supply of food supplements for children 6-59 months from Regional Health Directorate(RHD)

6. Inadequate length boards

Priorities for the Period under Review

- Increase Vitamin A Supplementation of children 6 – 59 months using multiple strategies.
- Sensitized pregnant woman and school children on anaemia prevention strategies.
- Increase coverage for the GIFTs programme for both in – school and out of school adolescent.
- Intensity education on the important of the GIFT initiative programme
- Ensure early initiation of exclusive breastfeeding and complementary feeding.
- Increase coverage for school health services
- Ensure sustainability of Nutrition Friendly School Initiative (NFSI) Programme
- Ensure early initiation of exclusive breastfeeding and complementary feeding.

Activities Carried Out for the Year 2023

- Growth monitoring and promotion.
- Capacity building for community health nurses, teachers and SISOS on Nutrition Friendly School Initiative (NFSI) programme.
- GIFT implementation among adolescent for in – school and out of school.

- Data validation and entries.
- Monitoring and supportive supervision.
- Monitoring of child health promotion week.
- CIC sensitization on world breastfeeding week.
- Vitamin A supplementation
- Breastfeeding
- Complementary feeding
- School health services
- Distribution of micronutrient powder (MNP) for children 6-59 months

Growth Monitoring and Promotion

The session were performed on monthly basis in all the 71 outreach points and 25 static points in the District.

Weight of children were taken compared to their ages and to determine their nutritional status either as normal, moderate – underweight or severe – underweight .

Heights of children is also recorded every three months and compared with their ages to determine their growth as normal, moderate – stunting or severe – stunting.

Analysis of Underweight Among Registrants 0-59 Months

Age group	No. of children weighed	No. underweight	% underweight
0 – 11 months	6769	73	1.00%
12 –23 months	5072	40	0.79%
24 –59 months	3483	16	0.45%
Total	15,324	129	0.84%

From the table, total children weighed were 15, 324, 129 (0.84%) children were underweight in the year under review.

Stunting

This indicator is when the child has low height for his or her age(Height for age) which may be as a result of undernutrition or it can be genetic factors.

Height of children were recorded every three months and compare with their ages to determine their growth as normal, moderate or severe.

Stunted Growth Recorded

Sub - District	No . measured	No. stunted	coverage
Ateiku	3874	4	0.10
Daboase	2669	3	0.11
Atobiase	2247	13	0.60
Sekyere Krobo	2655	0	0.00
District	11445	20	0.17

Above is a table that showcase the number of stunted growth recorded in the district in 2023.

Initiation of Exclusive Breastfeeding (BF) at 3 months

Years	No. of children breastfeeding	coverage
2020	7801	79.1
2021	7852	85.3
2022	8617	97%
2023	8321	99%

According to the table, mothers who initiated exclusive breastfeeding at 3 months reduced to 8321 in 2023 as compared to 2022 which was 8617.

Timely Complementary Feeding at 6 months by District

Years	Children initiated at 6 months	Children still on exclusive breastfeeding at 6 months	Coverage
2020	2405	7735	76.2
2021	6933	1500	17.7
2022	8202	222	2.6%
2023	8544	200	2.2%

A total of 8544 started complementary feeding at 6 months as compared to that of 2022 (8202)

Continue Breastfeeding at One Year

Years	# of children Breastfeeding	coverage
2020	12354	10%
2021	11757	100%
2022	14058	100%
2023	17012	100%

Vitamin A Supplementation

This was done at static and outreach services as well as visit to the facility for OPD services. An innovative approach of given vitamin A during National Immunization Days for Polio was also adopted in the period under review.

Years	% Cov 6-11months		% Cov 12-59 months		Total coverage (18%)
	Jan-Jun	Jul-Dec	Jan-Jun	July - Dec	
2020	106.3%	69.1%	34.6%	15.0%	42%
2021	66.6%	104.1%	18.8%	26.0%	35.1%

2022	109.7%	196.00%	30.2%	110.0%	108.5%
2023	116%	152.1%	66%	86%	95%

As per the table above, 268.1% of children between 6 to 11 months received Vitamin A, while 152% of children aged 12 to 59 months received Vitamin A. The total coverage declined from 108.5 to 95% in the district.

Distribution of Micronutrient Powder (MNP)

Age	Children received MNP		Total children	MNP Distributed
	Male	Female		
6-11 months	906	847	1653	5678
12-23 months	602	878	1480	3576
24-59 months	358	453	811	2933
Total	1766	2178	3944	12187

Micronutrient powder was distributed to children in the district in the year 2023. A total of 12,187 MNP were distributed, in addition, 3944 children received MNP for the year.

Intervention in Pregnancy, IFA uptake and PNC

Years	IFA3 (Times)	IFA 6 (Times)	Postnatal IFA
2019	2450	1095	2053
2022	2009	1063	1818
2021	2361	1282	2539
2022	2237	1344	2436
2023	2347	1411	2404

Anaemia in Pregnancy At Registration

The body produces more blood throughout pregnancy to support the baby's growth. If the pregnant is not getting enough iron or certain other nutrients, the body may be unable to produce the necessary amount of red blood cells to produce this extra blood.

Trend of Anaemia in Pregnancy at Registration

Years	HB checked at registration	No. Anaemia at registration HB <7g	No. Anaemia HB <11G / dl	% Anaemia Coverage
2020	2831	16 (0.56%)	793 (280%)	28%
2021	2937	22 (0.70%)	597 (20.32%)	21.07%
2022	2879	22 (0.01%)	820 (28%)	29.0%
2023	2750	34 (1.2%)	996 (36.2)	37.4%

In 2023, the number of anaemic pregnant women at the time of registration increased from 842 to 1030 with a percentage of 37.4%.

Anaemia at 36 weeks

Years	Hb checked at 36 weeks	HB < 7g / dl at 36 weeks	HB < 11g / dl at 36 weeks	% Anaemia
2020	1541	433 (28%)	18 (1.16%)	29.2%
2021	1615	413 (25%)	18 (1.11%)	27.0%
2022	1465	412 (28%)	15 (1.0%)	29.0%
2023	1432	477 (33.3%)	18 (1.25%)	34.5%

At 36 weeks, the district recorded an increase in anaemia from 427 in 2022 to 495 in 2023 with a percentage of 34.5%.

Girls Iron and Folic Tablets Supplementation (GIFTS) Program

Anaemia Prevalence has been persistently high in Ghana among women of Child bearing age and children According to Ghana Demographic and Health Survey Report 2014, 43% of women and 66% of children below 5 years are affected with anemia.

The Girls Iron and Folic Tablets Supplementation (GIFTS) program is designed to provide weekly Iron and Folic Acid (IFA) supplements through school Health Services and other channels.

District Performance on GIFT for Three Years Trends for Out-of -School Adolescence

No. of new clients enrolled	2020	2021	2022	2023
	165	795	2660	1057
Total adolescence registered (New + Old)	1962	15728	30335	29922
Number given IFA	1172	5507	9725	2042
Number screened for anaemia	166	701	2478	950
No. of adolescent exited from the register	0	0	0	10

There has been a decrease in the GIFTS program. This is because there was shortage of GIFT which affected the IFA performance in the district.

Nutrition-Friendly School Initiative (NFSI) Programme

This is a school-based health and nutrition programme being introduced to improve the nutritional status of the school children in order to reduce malnutrition in the schools

The programme started in 2021 in the district with six schools namely;

- New Subri
- Nsadweso D/A
- Daboase D/A
- KrofofromSIPL
- Akempim A

For the half, three schools have been enrolled onto the programme. Training has been conducted for eleven (11) Teachers including SISOs and six (6) nurses.

Name of Schools include;

- Senchem D/A Basic
- St. Martin's Anglican A Basic
- Sekyere Krobo D/A Basic B

Community sensitization on NFSI has been carried out in three communities in three Community Information Centres (CICs); i.e. Daboase, Sekyere Krobo and Senchem respectively.

Monitoring and Supervision has also been conducted on the NFSI in the three schools recently trained.

The minimum package was the highlight for NFSI programme includes;

- Fruits and vegetables days
- General cleaning of school compound day
- Health Inspection day
- Physical activity day
- GIFTs

As a district, only nine (9) schools have been enrolled into the Nutrition Friendly School Initiative (NFSI) programme out of 62 schools which represents 14%.

School Health Services

This strategy is designed to protect and promote optimum health of school children through planned programmes.

The overall objectives of the school health programme is to ensure that every child is healthy so that he or she can obtain the full benefit from his education.

- Total number of schools in the district = 127
- Number of schools visited in 2023 = 20
- Schools receiving 3 health education talks = 8
- Number of children examined = 192

- Number referred = 23

Number of Schools visited by Sub-district

Name of Sub-district	No. of Schools	No. Visited	% coverage
Ateiku	45	10	22
Atobiase	40	7	18
Daboase	28	2	7.1
Sekyere Krobo	14	1	7.1
District	127	20	18

CHAPTER SIX

CLINICAL/ INSTITUTIONAL CARE

Service Availability and Access

There were 28 reporting health care facilities in the district during the period under review. This comprised of a One (1) Muslim Mission hospital, One(1) private hospital, Two (2) Health Centre's, Five(5) Community Clinics, Sixteen (16) CHPS, One (1) private Maternity Homes and One (1) industrial clinic

Services that are rendered in these facilities among others include:

- Ø General OPD services
- Ø Inpatient services (Two Hospitals only)
- Ø Laboratory Services
- Ø Reproductive Health, Maternal and New-born Services
- Ø Child Health Service
- Ø Nutrition Services
- Ø X-ray Services at Christina Adcock and Son's Christian Hospital etc.

OPD by Sub-districts 2019-2023 Compared

Sub-district	2019	2020	2021	2022	2023
Daboase	39554	37,534	37,968	34,189	48,796
Sekyere Krobo	7139	6,171	6243	5,389	6,696
Ateiku	36,481	29,756	30649	30,253	30,182
Atobiase	15,560	13,659	15726	19,715	21,269
District	98,734	87,120	90586	89,546	106,943

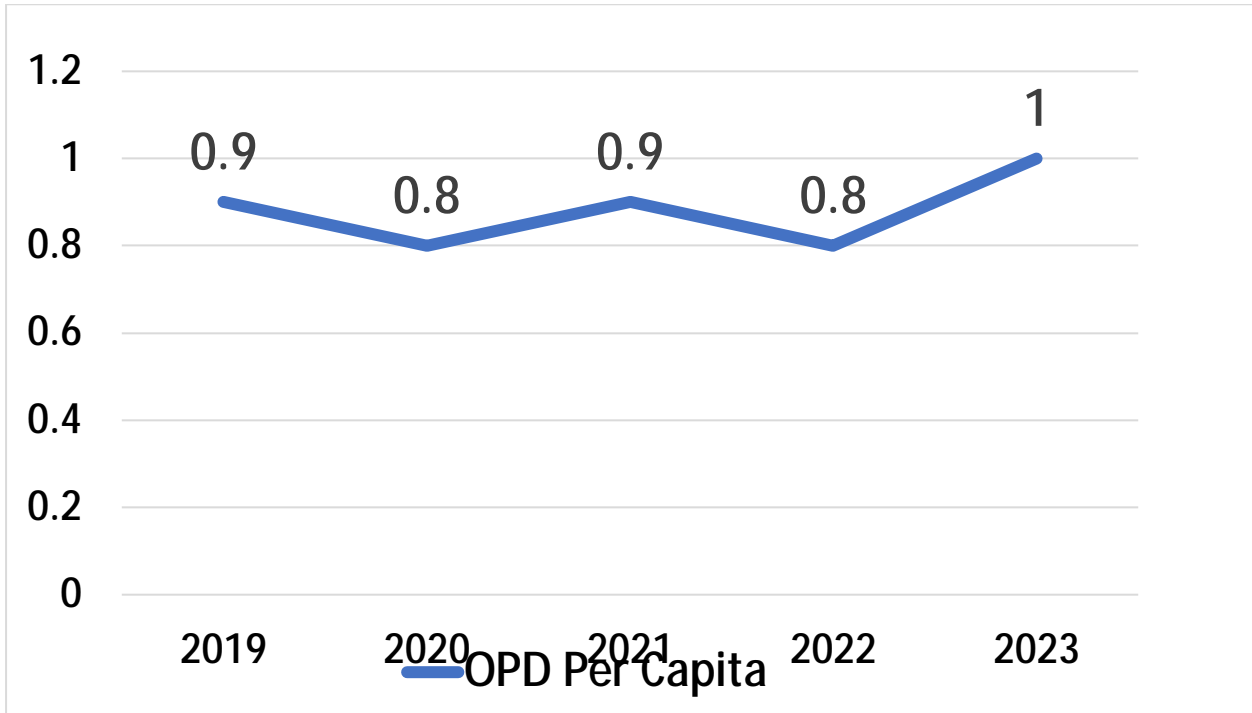
The table above describes the total number of Outpatient attendance registered during the review period by sub-districts.

Trend of OPD Attendance 2019-2023 Compared

Indicator	2019	2020	2021	2022	2023
Attendance	98734	87120	90586	89546	106943
OPD Per-Capita	0.93	0.80	0.9	0.8	1

Outpatient attendance registered during the review period was 106943, which showed an increase in OPD per capita to 1 as compared to 2022.

OPD Per Capita for the Year Under Review

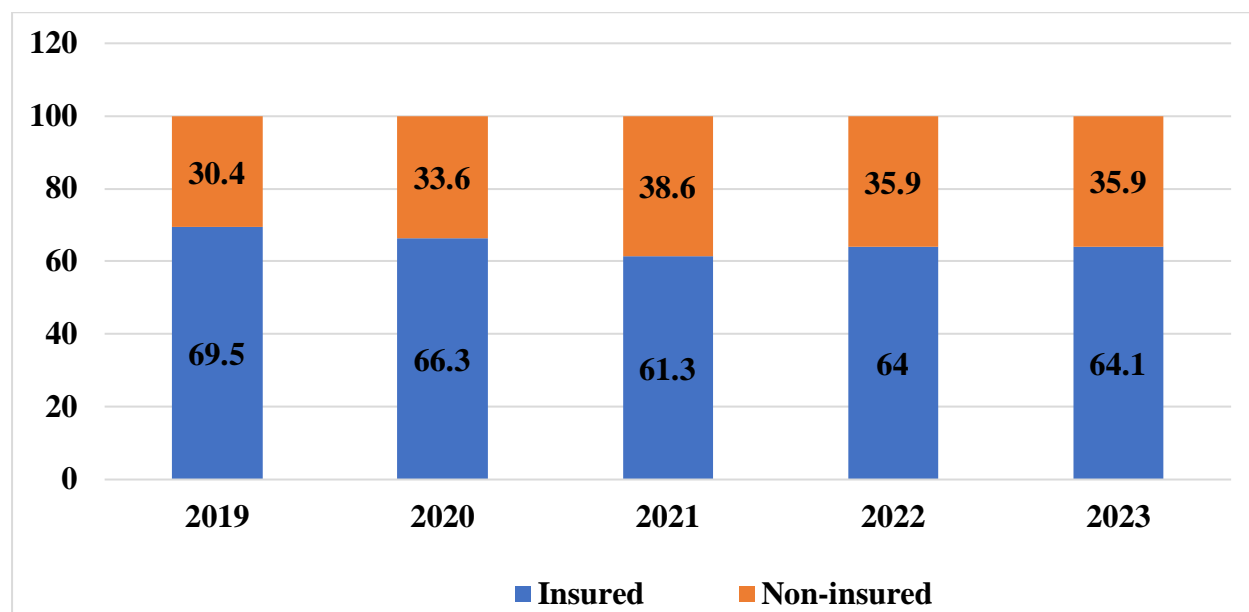


OPD Attendance by Insurance Status

Indicator	2019	2020	2021	2022	2023
OPD Attendance	98734	87120	90586	89546	106943
Insured	68643	57838	56687	57319	68538
% Insured	69.5	66.4	62.6	64.0	64.1
Non-Insured	30091	29283	33899	32227	38405
% Non-Insured	30.5	33.6	37.4	35.9	35.9

Out of 106943 Outpatient attendance, 68538 (64.1%) were by insured status whilst 38405 (35.9%) were by non-insured status.

OPD Attendance by Insurance Status



Top Ten Causes of OPD Attendance

No	2021			2022			2023		
	Diseases Condition	Total cases	%	Disease Condition	Total cases	%	Disease Condition	Total Cases	%
1	Malaria	35465	32.5	Malaria	33986	48	Malaria	39053	33.5
2	Upper Respiratory Tract Infection	14360	13.2	Upper Respiratory Tract Infection	13815	19.5	Upper Respiratory Tract Infection	15122	13.0
3	Intestinal Worms	6423	5.8	Anaemia	6260	8.8	Anaemia	8469	7.3
4	Anaemia	5927	5.4	Intestinal Worm	6259	8.8	Intestinal worms	6610	5.7
5	Rheumatism	5230	4.7	Diarrhoea	4766	6.7	Rheumatism	5323	4.6

6	Diarrhoea	5229	4.7	Rheumatism	4463	6.3	Diarrhoea	5294	4.5
7	Skin Disease	3525	3.2	Skin Disease	4162	5.8	Skin Disease	4736	4.1
8	Acute Urinary tract Infection	3451	3.2	Acute Urinary Tract Infection	3061	4.3	Acute Urinary tract Infection	4335	3.7
9	Typhoid Fever	1907	1.7	Typhoid Fever	2529	3.6	Typhoid Fever	3824	3.3
10	Acute Eye Infection	1148	1.1	Acute Eye Infection	1096	1.5	Pneumonia	1366	1.2
	All other diseases	24287	22.3	All other diseases	24337	34.3	All other diseases	22596	19.4
	Total	108,973		Total	70,748		Total	116728	100

Malaria continues to be the number one cause of OPD attendance accounting to 33.5% of OPD attendance in the district.

In Patient Services

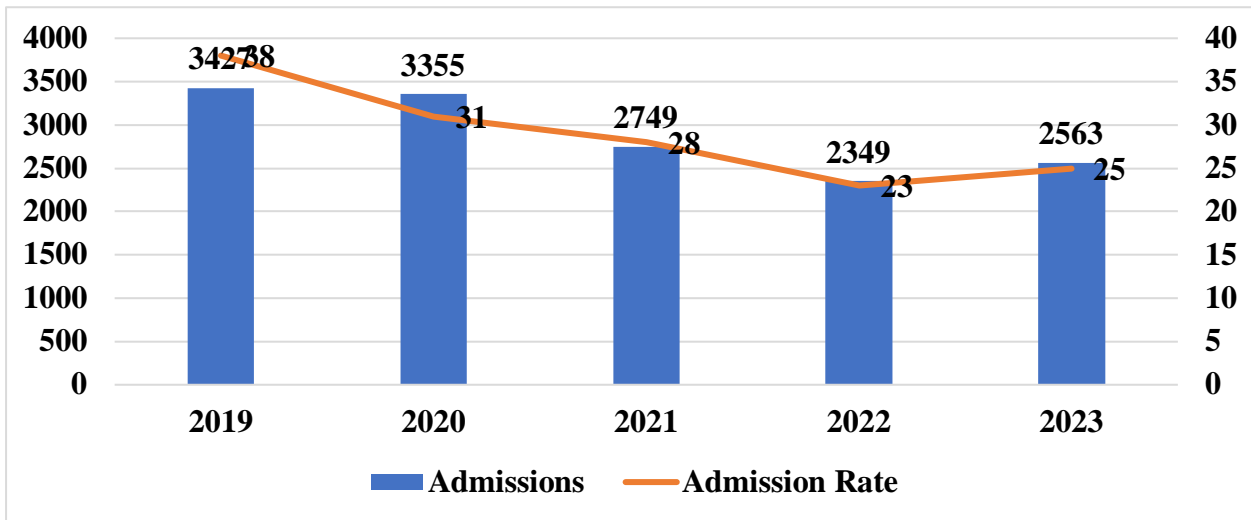
Patient Admission Rate

Year	Total Admission	Admission Rate
2019	3455	32 admissions per 1000 population
2020	3375	31 admissions per 1000 population
2021	2789	25 admissions per 1000 population
2022	2370	23 admissions per 1000 population

2023	2563	25 admissions per 1000 population
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The year under review saw an increase in admissions in the two hospitals in the districts with admission rate of 25 per a population of 1000 as compared to 23 per a population of 1000 in the year 2022.

Hospital Admission Rate per 1000



Bed State Statistics

Indicators	2019	2020	2021	2022	2023
Bed complement	113	112	98	97	94
Total admission	3455	3375	2780	2370	2658
Discharges	3129	3334	2784	2307	2541
Death	36	37	43	35	22

Available bed days	41245	40880	35770	35405	34310
No. of patient days	13092	6971	11891	7530	7520
Average daily occupancy	36	19	33	21	21
Average length of stay	4	2	4	3	3
% bed occupancy	32	17	33	21	22
Turn over per bed	28	30	29	24	27
Turn- over interval	9	10	8	12	10
Mortality Rate	1.1	1.1	1.5	1.5	0.9

Access to Surgical Operation

Year	Major operation	%	Minor operation	%
2019	780	90.7	80	9.3
2020	1061	88.4	144	11.9
2021	856	95.5	40	4.5
2022	693	96.7	23	3.2
2023	660	97.3	18	2.7

During the year under review, the district recorded 660 (97.3%) of major operations and 18 (2.7%) for minor operations.

CHAPTER SEVEN
CHPS IMPLEMENTATION

Community-based Planning and Services (CHPS)

A functional CHPS zone is defined as a geographically well-defined area within a sub-district, with an assigned a CHO who has started offering community services including home visits to clients living in the zone.

With the quest to make healthcare accessible to all persons in the district, The district has demarcated 21 communities out of 21 electoral areas for CHPs. There are eighteen (18) functional CHPS compounds in the district providing primary health care services to community members This will be realized through the collaborative efforts of the DHA, District Assembly, assemblymen and the community.

Community Information

Indicator	2019	2020	2021	2022	2023
Number of Electoral Areas	21	21	22	21	21
Number of communities in the district	197	197	214	213	217
Number of communities served by GHS	180	150	213	181	217

CHPS

	2019	2020	2021	2022	2023
Number of demarcated CHPS zones	22	22	22	21	24
Number of completed CHPS zones	19	19	16	15	15
Number of CHPS compounds	19	19	18	15	18
Number of functional CHPS with basic equipment	18	19	18	18	4
Population covered by CHPS	59373	55400	52474	54874	82085
Number of functional CHPS	19	15	18	18	4
Number of trained CHOs	15	19	4	5	4
Number of zones with active CHMC with meeting since last year	19	19			17
Number of active CHV	19	19			137
Number of functional CHPS zones with CHAP	8	19		18	4

CHPS Scale up

Indicators	2019	2020	2021	2022	2023
Number of zones planned to be made functional for the year	4		4	4	4
Number of newly constructed CHPS zones in the year	0	0	0	0	0
Number of home visits done in the year	21659	2203	16589	19395	3540
Number of durbars in the year	107	159	238	4295	

The District has a total of 74 Community health Nurses who through the MCHNP are supported to conduct home visits to households within the district. Home visit Books have been procured for

CHNs to use for defaulter tracing, Vitamin A supplementation, Immunization, counselling of household members including pregnant women, the elderly and lactating mother.

Community durbars were organized in the year 2023. Through these durbars, community members in the CHPS zone were educated on their state of health, topmost cause of morbidities, malaria, TB, Nutrition, CWC and other emerging health concerns as well as the challenges confronting the operations of the Zones.

Community Health Management Committee Meetings (CHMC)

There were 30 CHMC meetings in the year 2023. These meetings were held by the CHOs collaboration with the committee members with diverse expertise to help in the maintenance and smooth operations of the CHPS activities within the zones.

Outreaches

There are 86 outreaches points in the District and each of these points were visited and services including EPI, Nutrition, FP, ANC among others provided to mothers/ caregivers on monthly basis through out the year. This helped in bringing services to clients who would have otherwise not assess health care services.

Quarterly CHPS Monitoring

The DHA also organized quarterly monitoring and supportive visits to the four sub-districts. In all, four of such visits were conducted throughout the year. The visits enabled the DHA to coach sub-district teams on shortfalls in the MCHNP reporting, guide them through ways of conducting monitoring and the design of measurable indicators for monitoring purpose. Since there is

inadequate funding at the district level, the DHA used that opportunity to check of stock levels of medical logistics and equipment as well as other areas such as TB, HIV, malaria among others.

CHAPTER EIGHT

MENTAL HEALTH ACTIVITIES

Mental health activities in the district saw a boost in the period. The district has eleven (11) Psychiatric and community mental health nurses distributed in all the four sub-district namely: Daboase, Ateiku, Sekyere Krobo and Atobiase . These staff conduct home visits, outreaches, counselling and management as well as referral of psychiatric clients to higher levels of care. They are stationed at seven facilities and these include: Atobiase clinic, Daboase Health Centre, Ahmadiyya Mission Hospital, Dompim Clinic, Ateiku Health centre, Sekyere Krobo and Akyempim clinic and Brofoyedur CHPS. Alcoholism, stress, and drug abuse were the leading predisposing factors to mental illness in the district.

Key Performance

Sub-Districts	Number of Home visits	Number of Community durbars organized	Number of Outreach clinics conducted (Routine)	Number of faith-based healing centers visited	Number of traditional and herbal centres visited
Ateiku	123	0	100	51	19
Atobiase	465	0	196	36	0
Daboase	487	7	50	19	0
Sekyere Krobo	0	0	0	0	0
Wassa East	1075	7	346	106	19

Mental Health conditions

Conditions	2019	2020	2021	2022	2023
Schizophrenia	52	61	58	113	89
Depression	10	3	3	3	12
Substance abuse	4	10	4	13	0
epilepsy	120	94	43	117	113
Attention deficit hyperactive disorder	0	0	2	1	1
Generalized anxiety	4	7	4	1	11

CHAPTER NINE

HEALTH PROMOTION

Introduction

Health Promotion is the process of enabling people to increase control over, and to improve their health. We are always faced with health issues both communicable and non-communicable diseases.

Healthcare is getting more expensive by the day, hence, Health Promotion focuses on tackling these challenges by focusing on determinants of health and enabling individual to be drivers of their own health.

Challenges at the Beginning of the Year of 2023

- Inaccurate and inconsistency in monthly reporting.
- Low health educational activities on CICs (some due to charges), in churches/mosques, and in schools
- Under-reporting by some facilities.
- Lack/Inadequate funding for HP activities
- Inadequate SBCC materials during HP activities
- Lack of office laptop for the unit.

Planned Priority Activities for 2023

- To encourage health care providers to increase the number of health education and ensure health talks/counseling is provided to: care givers of children under 5 at CWC sessions and to ANC clients.
- To liaise with CHN to increase the number of school health talks to at least 2 school per month by each facility.
- To intensify health education/counseling on reproductive health during school health services (esp. on adolescent health and maternal health).
- To intensify health education/counseling on communicable diseases, lifestyle diseases eg. Diabetes and others
- To plan and observe selected international/national health events with key partners.
- To ensure all health facilities report on HP activities

Activities Carried Out in 2023

1. Continuous public sensitization/education on National programmes (malaria prevention, MDA, Adolescent Health, GIFTS, COVID-19).
2. Education and counselling at CWC, ANC, OPD and at homes by staff
3. Social mobilization during COVID-19 vaccination campaign
4. Celebration of World TB day, Malaria, Child Health Promotion Week, Exclusive Breastfeeding, Complementary Feeding and Diabetes Day
5. Stakeholders engagement in COVID-19 vaccination and other programmes at all levels

6. Public sensitization on school-based deworming exercise
7. Supply of SBCC materials on COVID-19
8. Continuous validation of monthly HP report on DHIMS2
9. Monitoring and supportive supervision of health-related activities
10. Continuous community involvement/engagement in healthcare delivery.
11. Trained seven newly recruited healthcare providers, eleven peers educators and fourteen community champions on how to address vaccine hesitancy issues.
12. Radio sensitization on WASH program
13. Demand Generation training to staff through zoom meeting and on-site training to improve EPI activities

Key Performance

Category of Health Topics

CATEGORY OF HEALTH TOPICS	NUMBER ACHIEVED/ PERCENTAGE				
	2019	2020	2021	2022	2023
C' cable. Disease	2012 (24.2%)	4658 (46.9%)	2357 (28.6)	2146 (29.0)	2246 (27.3)
NCDs	516 (7.2%)	368 (3.7%)	814 (9.9)	898 (12.1)	812 (9.9)
Repr. Health (SM)	636 (9.4%)	628 (6.3%)	766 (9.3)	726 (9.8)	778 (9.5)
Repr. Health (FP)	1153 (15%)	1154 (11.6%)	1228 (14.9)	1201 (16.2)	1282 (15.6)
Nutrition	662 (7.8%)	681 (6.9%)	826 (10.0)	766 (6.9)	806 (9.8)

Child Health	946 (13.6%)	1086 (10.9%)	882 (10.7)	1014 (10.4)	961 (11.6)
Personal/Env. Hygiene	484 (7.4%)	546 (5.5%)	709 (8.6)	496 (6.7)	597 (7.2)
Mental Health	167 (2.6%)	126 (1.3%)	193 (2.3)	192 (2.6)	206 (2.5)
Others	955 (13.2%)	690 (6.9%)	463 (5.6)	493 (6.6)	526 (6.4)
Total	7424	9937	8238	7392	8214

The table shows category of Health Topics/Issues education and counseling was conducted throughout the year under review. Obviously HE/HP activities on NCDs, Safe motherhood and mental health topics/issues continue to be low.

Channel of Communication Usage

CHANNELS	Channel of Communication				
	2019	2020	2021	2022	2023
Group meetings	2994 (40.3%)	3205 (44.1%)	3736 (47.0)	3576 (44.1)	3537(43.1)
Radio	0	9 (0.12%)	26 (0.3)	55 (0.7)	56 (0.7)
One -on- one	4356 (58.7%)	3725 (51.3%)	4062 (51.1)	3967 (48.9)	4215 (51.3)
Drama/Role play	4 (0.05%)	19 (0.3%)	5 (0.1)	13 (0.2)	3 (0.03)
CIC	50 (0.67%)	236 (3.2%)	113 (1.4)	382 (4.7)	337 (4.1)
Video show	1 (0.02%)	1 (0.01%)	0 (0.0)	4 (0.05)	1 (0.01)
Social Media	1 (0.01%)	0 (0.00%)	0 (0.0)	16 (0.2)	11 (0.1)

PA system	3 (0.04%)	56 (0.8%)	8 (0.1)	55 (0.7)	27 (0.3)
Others	15 (0.20%)	15 (0.2%)	3 (0.0)	43 (90.5)	27 (0.3)
Total	7424	7266	7953	8111	8214

The table shows various forms of available communication channel and the ones that are actually used to carry out Health promotion activities in Wassu East. One-one education with clients represents 51.3%, and must be encouraged more. Also, utilization of CIC has reduced to 337(4.1%) as compared to 2022.

Venues for HP Activities -1 (Community level)

VENUE -1 (Comm'ty level)	Number Used (Percentage)				
	2019	2020	2021	2022	2023
School	306(11.1%)	99 (4.1%)	298 (11.9)	405 (14.5)	311 (10.7)
Comm'ty Centr.	75 (2.7%)	136 (5.6%)	196 (7.8)	302 (10.8)	199 (6.9)
Outreach CWC	1077 (39.1%)	1101 (45.5%)	1126 (44.9)	1152 (41.3)	1085 (37.6)
Church	90 (3.3%)	142 (5.9%)	135 (5.4)	190 (6.8)	186 (6.5)
Mosque	9 (0.33%)	15 (0.6%)	30 (1.2)	22 (0.8)	10 (0.3)
Home	1142 (41.5%)	637 (26.3%)	603 (24.0)	646 (23.1)	884 (30.7)
Market	1 (0.04%)	29(1.2%)	18 (0.7)	22 (0.8)	28 (0.9)
Others	51 (1.9%)	263 (10.9%)	104 (4.1)	52 (1.9)	178 (6.17)
Total	2751	2422	2510	2791	2881

The table shows the various venues to be visited at the community level and the ones visited during the year under review to carry out HP/HE activities. Home visit increased in 2023, while Mosque continues to reduce.

Venues for HP Activities -2 (Health Facility level)

VENUE -2 (H/F level)	NUMBER USED (PERCENTAGE)				
	2019	2020	2021	2022	2023
Static CWC	548 (12.0%)	555 (10.81%)	612 (11.0)	686 (13.4)	664 (12.4)
OPD	2723 (59.5%)	2667 (51.97%)	2574 (46.4)	2171 (42.4)	2188 (41.0)
RCH (ANC/PNC/FP)	1300 (28.4%)	1851 (36.1%)	2200 (39.6)	2160 (42.2)	2354 (44.1)
Others	66 (1.4%)	58 (1.13%)	163 (2.9)	107 (2.0)	127 (2.4)
Total	4577	5131	5549	5124	5333

The table shows the various venues to be visited at H/F level and the ones visited during the year under review to carry out HP/HE activities. The table proved the key venues at H/F levels are well utilized for education.

Types of Sessions Held

SESSIONS HELD	NUMBER HELD (PERCENTAGE)				
	2019	2020	2021	2022	2023
Advocacy	11 (0.2%)	105 (1.5%)	29	7 (0.009%)	88 (1.1)
Education	7419 (99.8%)	7093 (98.5%)	7997	7499 (99.9%)	8126 (98.9)
Total	7430	7198	8026	7506	8214

The table shows the types of HP sessions that were held throughout the year 2023.

Advocacy is one of the main strategies used in HP field of practice. This revealed our performance on advocacy has increased as compared to 2022.

Factors that Accounted for Successful Attainment of Objectives and Plans

- Increased in collaboration with partners such as , 4WARD Water, Social Welfare, NCCE, ISD, Golden Star Mines, PSG etc.
- Distribution of program jingles on pen drives and printed key messages to CICs.
- Monthly data validation with source document at the sub-district level.
- District Team visits the CICs regularly to sensitize the public about campaigns and also celebrate some world health days with the people of Wassa East

Challenges Faced during the Year

- Non-compliance with monthly reporting by some health facilities on HP activities
- Excessive delay in arrival of SBCC materials during programs and inadequate I,E&C materials.
- Everybody think health promotion is easy and give it less attention.
- Inability to commemorate most of the Health Days as expected due to lack of funding and supports, leading to even poor commemoration of the days remembered

Way Forward

- To encourage all health facility to report on HP activities.
- To reduce the underreporting of HP activities through validation from the HP register.

- To ensure that all facilities at various catchment areas intensify home visit and school health services.
- To increase the number of HE done by HW in the markets, mosques and churches.
- Sub districts and facility in-charges should ensure that staffs that are sent to submit monthly reports to the DHD have adequate knowledge on the content to assist officers to do proper data validation.

CHAPTER TEN

COMMUNITY ENGAGEMENT AND PARTNERSHIPS

Intersectional Collaboration

There is a general collaboration between the District Health Administration (DHA) and the various Governmental Agencies and Departments in the district. The DHA also collaborates very well with the private sector who contributes both in cash and in kind towards the implementation of health programmes and projects. The traditional sector is also another key sector which collaborates very well with the DHA. They have been very influential and helpful in the organization of community durbars and the establishment of CHPS zones in the district.

Engagement of Development Partners and NGOs

The district has over the years benefited immensely from Development Partners and NGOs.

Among them are:

- I. World Vision International Mpohor Wassa East(ADP) a major partner in the District providing support for various activities under Health Promotion, Child Health and Maternal health. The Activities of the World Vision came to a successful end on November 2017
- II. Marie-Stopes; providing Family Planning (FP) services in some communities in the districts which has help to in the FP acceptors rate.
- III. JSI. They support the district in terms of data management, NIDs, and among others
- IV. RAFF. A partner in the district providing support for HIV and COVID-19 activities

- V. Water Aid Ghana. They supported the district to organize IPC trainings for staff in the district.

- VI. GIZ/Golden Star Wassa Mines: They supported the district by conducting training for all midwives and other health staff.

CHAPTER ELEVEN

CHALLENGES AND WAY FORWARD

- Poor data management in some facilities
- Weak community participation in public health activities
- High incidence of anaemia among WIFA.
- Lack of funding for monitoring, mentoring and supportive visits to all facilities.
- Weak data validation team at some facility
- Inadequate supply of reporting forms
- Inadequate data managers and records staff at the various facilities
- Lack of standardized registers
- Inadequate staff especially midwives and general nurses
- Shortage of routine vaccines
- Lack of vaccine refrigerator at Anto, Aboaboso, Benu-yie CHPS
- Shortage of Long Lasting Insecticide Nets (LLIN) for children at 18months
- Only two (8%) out of the 25 facilities have motor bikes for immunization activities
- Inadequate funds to be used as transportation for immunization activities
- Inadequate motorbikes for immunization services

Way Forward

- Strengthen data validation team in all facilities
- Improve data management
- Strengthen District Epidemic Preparedness Committee and Response Team
- ⌘ Strengthen community based surveillance system
- ⌘ Strengthen integrated supportive monitoring and supervision
- Strengthen monitoring and supervision
- Sustain coverage for vitamin A Supplementation
- Intensify education on iron rich foods
- Continuous reminder to facilities on LLIN requisition on the GHILMIS
- Provide timely feedback to facilities
- Lobby through stakeholders to provide motorbike for service delivery
- Continue to improve on monthly data validation exercise to help improve on data quality
- Engage midwives in Td vaccination
- Maintain the success gain in the area of EPI
- DHA should lobby through region for more staff especially midwives.

Picture Gallery

“BE PART” LAUNCHING AND MEETING



MIDWIVES' FORUM



MATERNAL DEATH AUDIT MEETING



BREAST CANCER AWARENESS MONTH CELEBRATION



FREE INSERTION EXERCISE BY MARIE STOPES



TRAINING ON CUSTOMER CARE BY GIZ & GOLDEN STAR RESOURCES



TRAINING OF NEONATAL RESUSCITATION



CERVICAL CANCER TRAINING BY GIZ/GOLDEN STAR RESOURCES



Pregnancy School and Meeting with TBAs at Accra Town



ADOLESCENT HEALTH CLUB ACTIVITIES/EXCURSION



CHPS MONITORING



SENSITIZATION OF NUTRITION FRIENDLY SCHOOLS PROGRAMME

Sensitization at CIC Centres on NFSI



Monitoring section at the three schools Trained on NFSI



St. Martins Anglican



Sekyere Krobo D/A Basic 'B'



Sechem D/A Basic



COVID-19 NID MONITORING AND SUPERVISION BY DDHS AND REGIONAL TEAM



EVIDENCE OF TRANSPORTATION FOR IMMUNIZATION ACTIVITIES



MOBILE VAN TEAM DURING COVID-19 NID



TRAINING OF SCHOOL SHEP COORDINATORS



WORLD MALARIA DAY CELEBRATION AT WASSAMAN FM



WORLD TUBERCULOSIS DAY COMMEMORATION AT DABOASE SENIOR HIGH/ TECHNICAL SCHOOL



EMPOWERING THE ADOLESCENT GIRLS CLUB AT ATOBIASE COMMUNITY CLINIC



PRESENTATION OF AWARDS



BEST FACILITY FOR 2023



BEST MIDWIFE FOR 2023



PHILANTHROPIC AWARD FOR 2023



LONGEST SERVING HEALTH WORKER