INTRODUCTION

1.0 REGIONAL BACKGROUND

Ashanti Region has a land size of 24,390sq km, which is about 10.2% of the land area of Ghana. The region in its nodal structure share common boundaries, to the north with Brong Ahafo; to the south with Central Region, to the east with Eastern Region and to the west with Western Region. It lies approximately between longitude 0.15' to 2.25' west and latitude 5.50' to 7.40' north.

Ashanti is the most heavily populated region in Ghana, with a population of 4, 270, 302 for 2005 (Projection from the 2000 Housing and Population Census, Ghana Statistical Service). About 47% of the population are in the rural areas. The region has a large proportion of hard to reach areas especially in the Afram Plains sections of Sekyere East, Ejura Sekyedumase, Sekyere West and Asante Akim North districts. Three new districts namely Adansi North, Atwima Mponua and Amansie Central were created. This has raised the number of districts to twenty-one (21) districts with 114 sub-districts.

There are five hundred and twenty five (525) health facilities in the region. The Ghana Health Service operates about 40% of all health facilities in the region. Kumasi has the highest number of facilities (42%) with Amansie Central district having the least (Source: Service Availability Mapping Survey).

1.1 Focus of the region at the beginning of the year

The focus of the region at the beginning of the year was on the following:

i. Human Resource Issues

The need to improve staff capacity and retention in the region by sponsoring nurses and doctors and other health staff for training.

ii. Estates

The need to appeal to the government in its massive estate development agenda to build houses to attract staff and enhance service delivery in the region. The needs for streamline funding arrangement for investment activities.

iii. Quality of Care

Improving the quality of health care system by fostering change in the process of care and in the performance of health worker. Assessing the facilities to bridge gaps in inputs availability for provision of quality services.

iv. Implementation of NHIS

- Embarking on establishment and implementation of National Health Insurance Scheme in the region. Encourage continuous education, training and orientation of staff on principles of health insurance.

iv. Information Management

Computer Training of data Managers to improve consistency in data and data management.

Installation of computer network providing internet access for all offices at Regional Health Directorate.

Key Priorities of the Region

The region focused on the following in health activities in the course of the year:

Improve upon disease surveillance through the operationalisation of the Integrated Disease Surveillance and Response System. Involving with the community volunteers in this program was to be strengthened. Ensure timeless and completeness in reporting

Embark on active case search as one of the strategies to support programs on Guinea worm, Buruli ulcer and Leprosy. HIV Aids, Tuberculosis, Malaria and Measles control efforts were to be intensified.

Train prescribers and health providers and monitor adherence to safe motherhood and IMCI protocols.

Prepare more facilities through providing the requisite training for their staff to make them qualify for designation as baby friendly facilities.

Expand growth promotion activities and consolidate gains in micronutrient deficiency.

Embark on community sensitization programs and retrain health service providers especially midwives using the Anaemia control during pregnancy protocols.

Work together with the media houses to reach out to the people as a way of expanding on health promotion campaigns.

Embark on a monitoring/support visit with a built in feedback system as a way of enhancing quality of care in facilities.

Adhere to a planned preventive maintenance program for equipment and estates.

REVIEW OF PERFORMANCE FOR THE YEAR

For overview of performance for the year, see Appendix.

PUBLIC HEALTH SERVICES

Key Successes – IDSR

- There was much improvement in case detection on case-base form over the years. This is an indication that Clinicians go by case definition
  - Measles cases:
    - 2003 = 429
    - 2004 = 403
    - 2005 = 86
  - Yellow Fever cases (suspected cases):
    - 2003 = 23
    - 2004 = 61
    - 2005 = 97

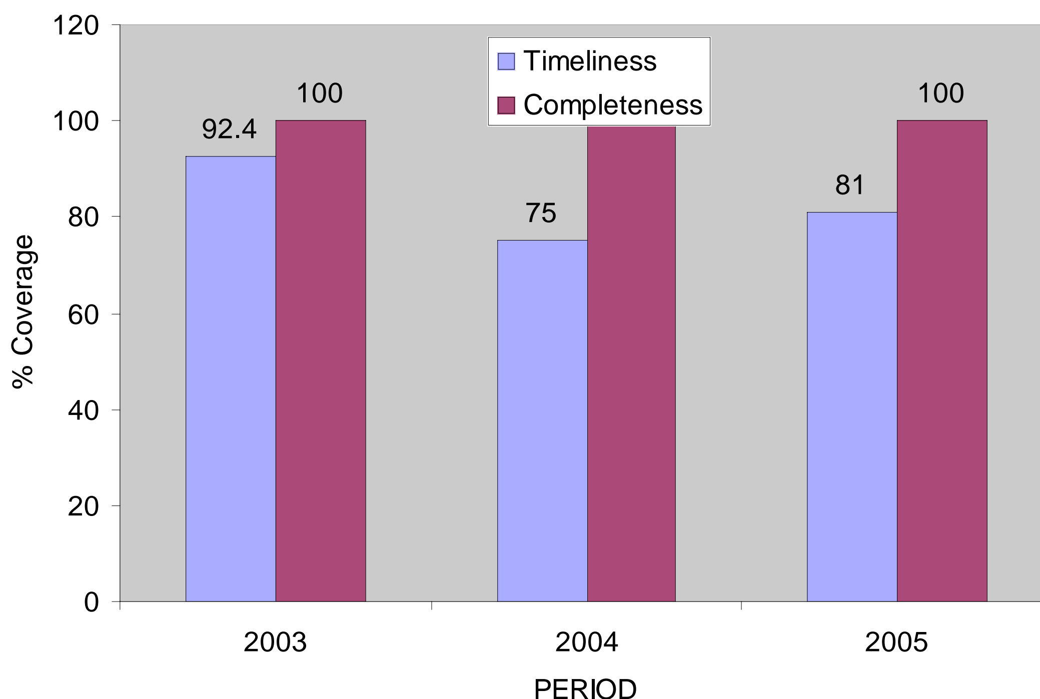
Challenges

- The outbreak response at the district level was not sharp enough (sensitive) for early detection thereby making it difficult to control epidemics.
  - For instance the region did not receive reports on Cholera cases in KATH on time
  - Laboratory investigation was not carried out on suspected CSM cases for proper action to be taken (Immunizing contacts). No meaningful analysis since all cases were lumped together.
  - Serum were picked on suspected cases and forwarded to Accra for examination and confirmation
- Inadequate stool samples of AFP were collected
  - Even if adequate, was not done within 14 days of onset of paralysis
  - Districts tend to forget the mandatory 60 days follow up
- Gross discrepancies between data captured on monthly, weekly and case based forms
- Constant movement of trained community based volunteers from their communities.

Initiatives to Address Challenges – IDSR

- Training and retraining on IDSR at district level
- Strengthening Technical Support/Monitoring Visits

Fig. 1: Monthly Communicable Disease Surveillance Reporting, Ashanti Region



For every month the districts are rated according to the time they report and submit their reports on communicable diseases to the regional office. Data collated on these reports indicate that for monthly communicable diseases all districts submitted their reports without any serious omission thus reports sent to the regional office were complete. This means that all districts achieved the 90% target with a regional performance of 100%. However on timeliness six districts failed to submit their returns on time given the region a performance of 81%.

Meningitis

The region recorded 78 cases in 2005 as against 92 in 2004 representing a reduction of 15%. However the number of deaths increased from 12 to 15 giving a case fatality rate of 19.2%.

Table 1 Reported Cases of Meningitis, 2002 – 2005, Ashanti

Year	Cases	Death	CFR
2002	17	2	11.8
2003	34	7	20.6
2004	92	12	13.0
2005	78	15	19.2

Cholera

There was an epidemic in the year under review with the region recording 1771 cholera cases of which 28 died. Education on cholera was intensified in churches, mosques, and schools and on FM stations, to create more awareness in the districts. The regional trend of cholera cases are illustrated below:

Table: 2 Reported Cases of Cholera 2002-2004

Year	Cases	Death	Case Fatality Rate
2002	16	1	**6.2**
2003	0	0	**0**
2004	0	0	**0**
2005	1771	28	**1.6**

Yellow Fever

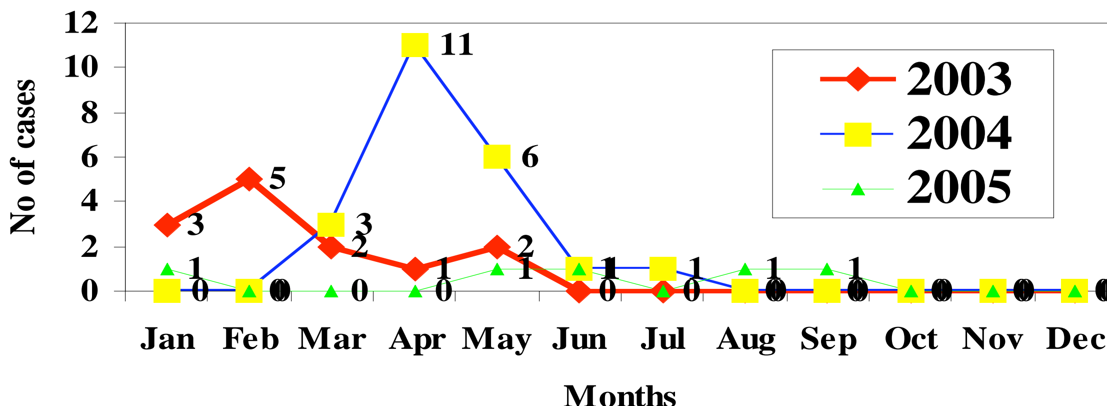
The total number of suspected cases of Yellow Fever in 2005 was Ninety-Seven (97) (2004: 61) with one confirmed positive case from Atwima Mponua District. Sera were picked for all the cases for confirmation. Three districts failed to reach the minimum target of at least one (1) case. Obuasi Municipality is commended for detecting twenty-eight (28) representing 46% of the total suspected cases.

Measles

A total of Eighty-Six (86) cases were detected as against 403 suspected cases in 2004 representing a reduction of 79%. Blood were taken and blood specimens sent to Public Health Reference Laboratory in Accra for confirmation. Five of these cases were confirmed to be positive.

The regional trend of confirmed measles cases for the past three years and distribution of cases are shwon.

Fig. 3: Confirm Measles cases in Ashanti Region by Months for 2003 -2005



AFP

Thirty-one stool specimens were collected in 2005 as against the regional target of 36. These specimens were sent to the Noguchi Memorial Institute for Medical Research for confirmation. Eighty-one percent were collected within 14 days.

Table 3a: Poliomyelitis (AFP), 2002–2005, Ashanti

Year	Pop <15 yrs	Expected Target	Reported	Rate (Min≥ Target 1.0	Timely Stool	% Timely (Target 80%)
2002	1,668,733	16	13			
2003	1,725,470	16	27	1.18	26	96.3
2004	1,784,136	17	43	2.05	39	83
2005	1,793,552	36	31	1.33	25	81

Fig 3b: Compatible Cases by districts, 2005

Districts	No. of Cases	No. Compatible	% Compatible
Atwima Nwabiagya	4	1	25
Amansie East	3	1	33
Total	7	2	28

Buruli Ulcer

There has been remarkable rise of Buruli ulcer cases throughout the years as seen in the table 4a below. It rose from 607 in 2004 to 637 in 2005. Out of the total number of cases we recorded 171 nodules against 345 Ulcers. This means that health education and active case search should be intensified to detect early nodules cases.

Fig 4a: Buruli Ulcer Cases from 2002 to 2005

Year	2002	2003	2004	2005
Number of new cases	244	330	607	637

The most affected districts were Ahafo Ano North accounting for 29% of the total cases, followed closely by Amansie West with 22.3%. See Table 5 for details.

Table 4b Buruli Ulcer Situation in Ashanti region – 2005

DISTRICTS	Nodule	Papule	Plaque	Oedema	Ulcer	Osteomyelitis	Mixed	Total
ADANSI SOUTH	0	0	0	0	23	0	0	23
ADANSI NORTH	0	0	0	0	0	0	0	0
OBUASI	1	0	0	0	24	0	2	27
AFIGYA SEKYERE	0	0	0	0	11	0	2	13
AHAFO ANO NORTH	102	0	0	28	56	0	0	186
AHAFO ANO SOUTH	0	0	0	0	3	0	0	3
AMANSIE CENTRAL	0	0	0	0	0	0	0	0

AMANSIE EAST	2	0	3	6	6	0	1	18
AMANSIE WEST	29	0	20	8	85	0	0	142
ASANTE AKIM NORTH	9	0	19	3	37	0	0	68
ASANTE AKIM SOUTH	0	0	0	3	3	0	0	6
ATWIMA MPONUA	0	0	0	0	10	0	0	10
ATWIMA NWABIAGYA	17	3	1	17	38	0	0	76
B.A.K.	7	2	2	1	13	0	0	25
EJISU-JUABEN	3	0	0	0	35	0	0	38
EJURA-SEKO	0	0	0	0	0	0	0	0
KUMASI METRO	0	0	0	0	0	0	0	0
KWABRE	0	0	0	0	0	0	0	0
OFFINSO	0	0	0	0	0	0	0	0
SEKYERE EAST	1	0	0	0	1	0	0	2
SEKYERE WEST	0	0	0	0	0	0	0	0
TOTAL	171	5	45	66	345	0	5	637

Control activities carried out included:

Case Search

Active case search were conducted in the districts, particularly Amansie West, Atwima and Ahafo Ano North.

Sensitisation

The staffs of these districts namely Ejura, Atwima Mponua, Ahafo Ano North benefited from sensitisation programme on Buruli Ulcer facilitated by the regional focal person.

Visit of American Leprosy Missions

Two representatives of American Leprosy Missions Dr. Paul R. Saunderson and Ms. Linda Leman visited some Buruli Ulcer treatment centres in the region. The main aim of the visit was to assess how far American Leprosy Mission sponsored programmes had benefited the patients. The strategies used to achieve these objectives included interview of patients that had been hospitalised.

Medical/Surgical Experts Meeting

There was a five-day International experts meeting on Buruli Ulcer in the Ashanti region in the year under review. Participants were drawn from Ghana, La Cote de

Voir Benin, Australia, France and Switzerland The objective of the meeting was to develop a training manual for international training in Ghana and La Cote de-Voir. St. Martin's Hospital in Agroyesum and Agogo Presby Hospital were inspected by the team of experts to see if these health institutions could be used for international training on Buruli Ulcer Management.

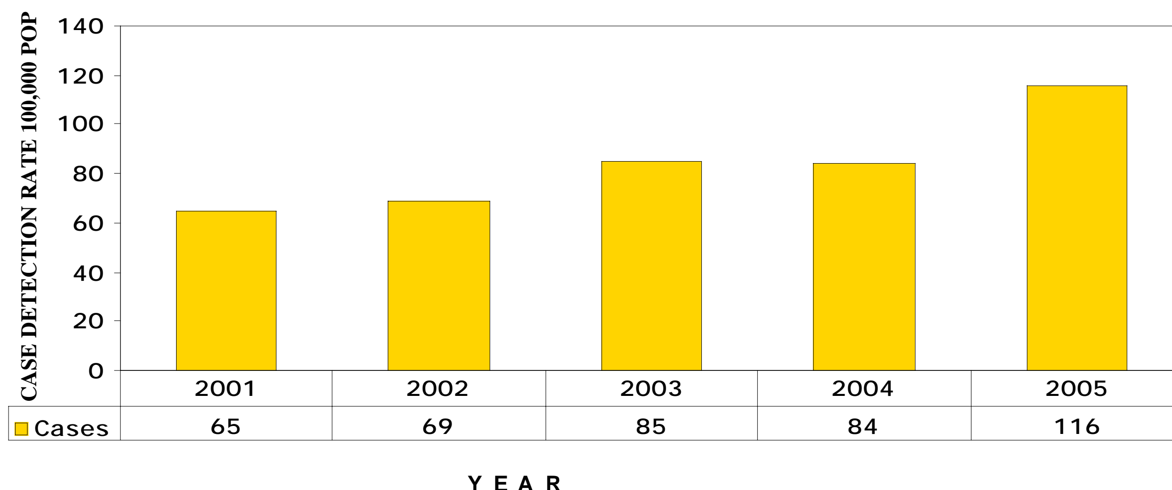
Challenges facing Buruli Ulcer Programme

1. The few health institutions that treat Buruli Ulcer are over stretched
1. Few health professionals know of techniques of excision.
2. Children of school going age hospitalised do not get the benefit of education.
3. Buruli Ulcer patients in most communities do not report because of shyness.

Leprosy

A total number of 116 (2004:84) leprosy cases were recorded in 2005, given a rise of 28% over the previous year. Case detection rate is 2.71 per 100,000 and the proportion of children under 15 years old who were among newly detected cases was 12%.

Fig 5: **TREND IN REPORTED CASES OF LEPROSY (ASHANTI, 2001-2005)**



A total number of patients at the end of the year stood at 107. This gives a prevalence rate of 0.25 per 10,000 population, an increase of 34%. It is worth mentioning that 83 patients were released from treatment with 61MB status and 22PB status. Activities carried out included training for health workers, teachers, village volunteers and opinion leaders on management of leprosy using various learning materials. Health talks on leprosy were delivered in churches/ mosques, to organisations and also on the local FM stations.

Case Search

It is very important to note that almost all the districts embarked on active Case Search. From the basic knowledge of the disease to the health worker and the village health volunteer up to the doorway of the communities. Asante Akim South once again recorded the highest number of cases – 58 in the region.

Set Back

One area of concern was Nerve assessment which most of the clinics were lacking. Asante Akim South, which recorded the highest number of cases, failed to reach the elimination target even though its prevalence rate was 3.75 per 10,000.

Way forward

It is the wish of the region to ensure that patients who report disability grade I would be released from treatment without necessary aggravating to grade II. So intensive programme would be embarked upon to enable every district to include this activity in all case holding programmes in the region.

Case search will be the tool to bring hidden patients for treatment. There will be periodic training to update the skills of Technical Officers and also intensify sensitisation programmes to village health volunteers and opinion leaders. Health education talks on leprosy will be aired on FM stations in the region.

Table 5: Leprosy Cases – Prevalence/Case Detection – 2005

DISTRICT	POPULATION	PREVALENCE		DETECTION		
		No.	RATIO 10,000	No.	RATIO 100,000	
Adansi North	132,786	0	0	0	0	
Adansi South	129,189	0	0	0	0	
Afigya Sekyere	140,362	0	0	0	0	
Ahafo A. Nouth	85,044	1	0.11	0	0	
Ahafo A. South	157,948	2	0.12	1	0.63	
Amansie Central	77,055	0	0	0	0	
Amansie East	189,252	14	0.73	26	13.7	
Amansie West	128,510	0	0	0	0	
Asante A. North	149,491	7	0.46	4	2.67	
Asante A. South	114,494	43	3.75	58	50.6	
Atwima Nwabiagya	173,103	0	0	0	0	
Atwima Mponua	107,743	4	0.37	4	3.71	
B . A . K .	172,599	1	0.05	1	0.68	
Ejisu Juaben	146,771	3	0.2	1	0.68	
Ejura Seko	95,875	5	0.52	2	2.08	
Kumasi	1,383,212	11	0.07	11	0.79	
Kwabre	194,631	0	0	0	0	
Obuasi Municipal	172,687	3	0.17	0	0	
Offinso	163,909	1	0.06	0	0	
Sekyere East	186,036	10	0.53	7	3.76	
Sekyere West	169,264	2	0.11	1	0.59	
TOTAL	**4,270,362**	**107**	**0.25**	**116**	**2.71**	

ONCHO CONTROL

Oncho Control in the Region has not been satisfactorily. It is one programme, which is not making headway. The region has always found it difficult to achieve the 80% coverage to break the transmission. The Regional coverage in 2004 was 13.2% whilst that of 2005 was 4.3%. Thirteen (13) out of the 21 districts did not take part in the treatment due to lack of drugs.

Constraints

- Irregular supply of Tabs mectizan (drug of choice)
- Inadequate drugs for the treatment
- Community-based volunteers who dispense the drugs feel reluctant to do so for they say there is nothing like "volunteerism"
- Lack of rural incentives to volunteers who dispense the drugs.
- Regular movement of volunteers from place to place
- Lack of re-training at both community and district level.

Guinea Worm

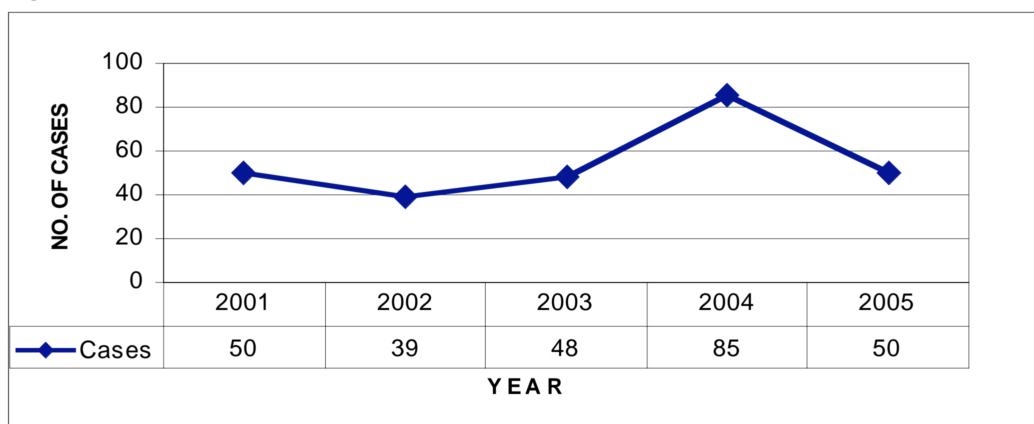
Seven (7) districts reported fifty (50) cases of guinea worm as compared to 10 districts reporting 85 cases in 2004, a decrease of 41%.

This was reported from 20 communities. One out of the 20 communities reported 11 indigenous cases whiles 19 reported imported cases from the Northern and Brong Ahafo Regions.

Line listing:

One hundred and Fifteen (115) communities are on master-line listing for active surveillance. One plus (1+) case was reported from twenty (20) of the communities whilst Eighty–five (85) communities did not report any case.

Fig. 6: TREND OF GUINEA WORM CASES (ASHANTI, 2001-2005)



Water supply:
Three (3) indigenous communities in the Offinso district have been provided with Boreholes. These communities reported 28 cases of Guinea Worm Disease in 2004 and 1 case in 2005 due to treatment of water source and filter use.

The region is maintaining all the 115 communities on the master line listing for active surveillance. Since they report to the region monthly.

Transport:
Global 200 allocated the region with 2 YAMAHA motorbikes and 6 bicycles.

These sub-districts benefited: -

Table 6: District recipient of Motorbikes and Bicycles in Ashanti

No.	District	Motorbike	Bicycles
1	Atwima Mponua • Sub-district-Sroso	1	2
2	Offinso • Sub-district – Abofour	1	2
3	Sekyere West • Afram Plains	-	2

Constrains:
- Behaviour change in communities' continues to report Guinea Worm Disease.
- Replacement of old operational vehicle needed

Achievement:
- Reduction in cases.
- Reduction in endemic villages
- Endemic villages having boreholes – (District Assembly)
- 100% filter coverage in villages without safe waste.

Way forward:
- Periodic meetings with DDHS/DDCO/DPHN.
- Training of CBS volunteers.
- Active case search
- Case containment
- Filter use
- Health Education
- Monitoring and Supervision

Malaria

Specific control activities carried out at the regional level are outlined below:
- Sensitisation of health staff and NGOs on the new Anti-malaria drug policy.
- Routine programme monitoring-Quarterly basis
- Training of health staff on Anti-malaria drug policy and IPT
- Distribution of SP (Malafan) and supply of Artesunate Amodiaquine

In general, the region trained 39 clinicians/prescribers on the new Anti-Malaria drug policy. Quantity of SP (Malafan) received by the region was 190200 instead of 193200. The shortage was encountered on transit of the drugs. Districts were thus supplied with what was received.

Specific control activities carried out at the District level were:

- IE&C on IPT
- Routine programme monitoring
- Training of health staff on Anti Malaria Drug Policy (AMDP)
- Training of health staff on IPT

All the 21 districts have undertaken the above-mentioned activities. However there are outstanding 2nd quarter activities that were to be undertaken. These activities could not be carried out as anticipated due to the late arrival of the Global funds. These outstanding activities, which are to be carried out in 2006, are as follows;

- Information, Education & Communication on IPT
- Monitor side effects of IPT in pregnant women
- Orientate health staff and NGOs on home based care strategies
- Undertake IE&C campaigns on home based care
- Routine programme monitoring

MALARIA CASES SEEN

Malaria in Pregnancy

Out of the 817028 total number of malaria cases reported, 16,330 were diagnosed in Pregnancy, contributing 2% of malaria cases.

Out & In Patients' Malaria Cases

Morbidity and Mortality due to malaria are indicated in the subsequent tables below

Table 7: Morbidity/Mortality due to Malaria – All Ages

Year	2003	2004	2005
Morbidity	671,888	682,223	817,028
Mortality	375	309	248

Table 8: Under Five Morbidity/Mortality due to Malaria

Year	2003	2004	2005
Morbidity	251938	147226	201,842
Mortality	57	109	162
CFR (per 1000)	0.23	0.74	0.80

Tuberculosis

Reported cases continue to rise over the past three years from 1470 in 2002 to 1911 in 2005. New smear positive forms over 60% of total cases for the three years. (See Table 9a)

Table 9a: Reported Cases Tuberculosis (Ashanti 2002-2005)

	2002	**2003**	**2004**	**2005**
New Smear Positive	992	1194	1213	1229
Relapses	103	115	110	100
New Smear Negative	347	431	448	527
Extra Pulm.	28	42	46	55
Total	**1470**	**1782**	**1817**	**1911**

Global TB Activities

Tuberculosis activities were carried out at the various implementing sites. Districts that are implementing PPM – DOTS are Kumasi Metro, Ejisu Juaben, Kwabre, Atwima Nwabiagya, Atwima Mponua, B.A.K, Obuasi Municipality, Amansie East, Amansie Central, Amansie West, Offinso, Sekyere West, Afigya Sekyere, Ejura Seko, Asante Akim North, Asante Akim South and Ahafo Ano South. The activities implemented focussed on Primary Health Care by both public and private health sector staff to TB patients/clients. The activities carried out included the following:

- Training of health personnel
- Training of Community Based Treatment supporters
- Promomting I E & C campaigns
- Home visiting to clients
- Provision of enablers packages at both public and private health units
- Monitoring and support visits to implementing sites
- Organization of Stakeholders review meetings

Training Sessions

A total of four hundred (400) committed Community Based Surveillance Volunteers have been trained as Community Based Treatment Supporters in Kumasi Metro, Ejisu Juaben, Atwima Nwabiagya, Amansie East, Ahafo Ano South and Kwabre Districts.

I E & C Activities

The goal of the period under review was "To de – stigmatise TB disease by promoting equitable access to prevention, care, support and treatment to all persons affected by TB through strengthened public awareness campaigns". Acdtivities that were carried out were radio talk shows with phone - in programmes, airing the TB jingles at local FM radio stations, daily talks on TB educational programmes.

Home Visiting to TB patients/ clients

There was training of TB treatment supports and assigning them to TB patients. Referrals of seriously ill patients, identification of contacts and location of patient's homes before start of treatment was done.

Enablers Package

Activities carried out were feeding, transport to TB patients, purchase of other anti – TB drugs and home visits by health staff. Enablers packages were given to both public and private health sectors.

EXPANDED PROGRAMME ON IMMUNIZATION

EPI Coverage

There was improvement of all the antigens in 2005 as compared to the previous two years. However the region could not achieve the target of 90% in all the antigens. With support from headquarters special mop up exercise on EPI were carried out in four districts namely Amansie East, Sekyere East, Kumasi and Obuasi Municipality to improve their coverages. Three-year trend of antigens are provided below and information on district performance can be found in appendix 2a.

Table 10 Expanded Programme on Immunization (EPI) Coverage 2003 – 2005

Antigen	2003	2004	2005
BCG	121567 (76%)	115,368 (69.8%)	148870 (87%)
Penta 3	103401 (65%)	106,597 (64.5%)	126799 (74.2%)
OPV 3	105872 (66.5%)	106,249 (64.3%)	133812 (78.3%)
Measles	109845 (68.8%)	109,963 (69.8%)	128832 (75.4%)
Yellow Fever	104732 (65.6%)	106,802 (67.2%)	129215 (75.6%)
TT2	107339 (67.2%)	90,848 (55%)	110689 (64.8%)

NID

Four rounds of NIDs were organised in 2005 specifically in February, April November and December. The regional achievement is as follows:

Table11: 2005 NID Results

Period	Targets	Number Immunised	% Coverage
February	170814	968,305	103.9
April	170814	972,945	103.9
November	170814	960,002	106.6
December	170814	1,021,251	110.3

HIV/AIDS/STIs Control

Key Activities

The under listed programme of activities were undertaken in the year:

- HIV Sentinnel Surveillance
- Management of AIDS and STI cases
- Training of Health staff
- Voluntary Counselling and Testing (VCT)

- Prevention of Mother to Child Transmission (PMTCT) of HIV
- Home Based Care

HIV Sentinel Surveillance

HIV Sentinel Surveillance for the region in 2004 was 3.0% as against 3.1% for national. The site prevalence is as follows:

Table11a: HIV Sentinel Surveillance Sites results

SITE	2004	2005 (HIV)	2005 (Syphilis)
Kumasi	2.4%	23+ (4.6%)	42+ (8.4%)
Mampong	3.2%	21+ (4.2%)	7+ (1.4%)
Obuasi	3.4%	26+ (5.2%)	68+ (13.6%)
Agroyesum	2.8%	38+ (8.0%)	77+ (16.3%)

Each site collected five hundred (500) samples from ANC except Agroyesum, which had 473 ANC samples collected. **Results for 2005 are provisional**

The 2005 HIV Sentinel Survey started on the 12th of September and officially ended on the 12 th of December 2005. All samples –positives and negatives from the four sites had been sent to Accra for analysis and quality control. Three of the sites were able to collect 500 samples from ANC while Agroyesum collected 473 samples.

Table11b: Trend in HIV Prevalence from 2000 to 2005

YEAR	NATIONAL MEDIAN	KUMASI - SUNTRESO	MAMPONG	OBUASI	AGROYESUM	REGIONAL
2000	2.3	3.8	1.6	-	-	2.7
2001	2.9	3.4	4.8	-	-	4.1
2002	3.4	4.2	2.4	6.0	-	4.2
2003	3.6	5.0	5.4	3.7	-	5.0
2004	3.1	2.4	3.2	3.4	2.8	3.1
2005	-	4.6	4.2	5.2	8.0	5.5

Results for 2005 are provisional

Training

Twenty-Five (25) each of Medical Assistants and Nurses Prescribers were taken trough a five-day training in syndromic management of STIs between September and October 2005. They are expected to manage STIs using the syndromic approach.

Achievements

- Establishment of PMTCT/ VCT Centres in 34 Health Institutions
- Successful 2005 HIV Sentinel Surveillance survey conducted
- Two meetings held with representatives of counsellors from the 34 sites
- Training of 50 health personnel in Syndromic Management of STIs

Challenges

- None or late submission of returns
- Staff shortage due to transfers, attrition and study leave
- Lack of access to ART (4 additional ART centres – KSH, Bomso, Obuasi Gov't and Anglogold hospitals will start offering treatment in ART early 2006. Necessary training had been done and 2 CD4 equipments would be installed at KSH, Obuasi Government early 2006).

Priorities for 2006

- Effective monitoring of PMTCT/ VCT Centres
- Meeting with Stakeholders in HIV/ AIDS prevention
- To effectively involve DDHS, Medical Superintendents/ Medical Directors and DDNS/ PNOs in-charge of PMTCT/ VCT sites to play active advocacy role
- To train other health workers in PMTCT/ VCT.
- To Establish four ART Centres.

Prevention of Mother to Child Transmission (PMTCT) Services

PMTCT Services is offered in 34 Health Institutions. Results from thirty (30) of the Institutions are presented in the Table 11c.

Table 11c PMTCT Summary Result 2005

INDICATORS	AGE GROUPS (YEARS)									
	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	TOTAL
NUMBER OF ANC REGISTRANTS	57	2073	6444	6236	4635	1569	476	57	0	21547
NUMBER RECEIVING PRETEST COUNSELLING	26	671	1519	2092	1430	638	129	28	0	6533
NUMBER TESTED	14	467	905	938	605	318	71	17	0	3335
NUMBER POSITIVE	0	6	29	54	27	7	2	0	0	125

NUMBER RECEIVING POSITIVE TEST RESULTS	0	6	29	54	27	7	2	0	0	125
NUMBER RECEIVING POST TEST COUNSELLING	14	464	905	938	607	317	71	17	0	3333
# OF PREGNANT WOMEN RECEIVING NEVIRAPINE AT ANC	0	2	17	19	14	3	0	0	0	55
# OF PREGNANT WOMEN TAKING NEVIRAPINE IN LABOUR	0	1	10	17	8	5	0	0	0	41
NUMBER OF BABIES RECEIVING NEVIRAPINE	0	1	10	16	7	4	0	0	0	38
NUMBER OF MOTHER/BABY PAIRS THAT TOOK NEVIRAPINE	0	1	10	16	7	4	0	0	0	38
TOTAL	111	3692	9878	10380	7367	2872	751	119	0	35170

VCT Services

Voluntary Counselling and Testing service (VCT) are provided in 34 institutions. The Table below shows the summary results.

Table 11d: VCT Results 2005

INDICATORS		AGE GROUPS (YEARS)									
		10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	TOTAL
Number Receiving Pretest Counselling	MALE	41	37	39	75	68	126	103	143	119	751
	FEMALE	41	24	94	83	150	123	150	113	181	959
Number Tested	MALE	40	37	38	74	67	120	101	142	113	732
	FEMALE	41	23	88	78	134	118	147	107	175	911
Number Receiving Results	MALE	40	37	42	72	68	120	103	144	111	737
	FEMALE	41	27	89	79	133	117	150	107	171	914
Number Receiving Positive Test Results	MALE	17	8	3	22	22	47	36	80	42	277
	FEMALE	14	4	32	34	63	51	85	44	102	429
Number Receiving Post Test Counseling	MALE	41	38	37	70	65	121	98	141	113	724
	FEMALE	42	23	84	77	132	114	147	105	174	898
TOTAL		358	258	546	664	902	1057	1120	1126	1301	7332

ADOLESCENT AND REPRODUCTIVE HEALTH SERVICES

School Health

School health activities provide opportunity to give messages about health disease prevention to children that can be spread to their families and communities in which they live. Supervision of school health activities in the region still remains a problem. There were training and retraining of school health coordinators in the course of the year since most people already trained have either left their schools or gone on transfer outside the region and this was affecting the service. School Health week was also organised and a number of durbars were held together with teachers to create awareness. This yielded a good result. Two thousand nine hundred and ten schools were visited and

Table: 12 School Health Activities (2003-2005)

	2003	2004	2004
Total School Enrolled	405375	438004	428852
No of Children Examined	179110	127801	192717
% of Children Examined	44.2	29.2	45.0
Schools with current Environmental Health Certificate.	2.5	4.4	4.6
No. of schools	5486	5943	5948
No. of schools Visited	499	1162	2910

45% of the target group was covered. The Health Directorate will continue to collaborate with GES for improvement.

Adolescent health

Activities carried out included facility assessment, sensitisation and orientation of staff. Peer educator’s training is still on going in the region. There has been refurbishment of some adolescent health corners. Adolescent health services are provided in 13 facilities with 17 youth corners well established. The region has 44 abstinence clubs formed. Adolescent Pregnancy in 2005 was 17553 (13.4%) with adolescent maternal deaths of 18 (10.1%).

INTEGRATED MANAGEMENT OF CHILHOOD ILLNESS (IMCI) ACTIVITIES

The IMCI approach is one of the key strategies for improvement child health and reducing mortality in children less than five years of age.

Baby friendly Hospital Initiative – 2005

Assessment of breastfeeding practices was carried out in thirty-one facilities. This represents 10% of the total health institutions offering maternity service.

Exclusive breastfeeding for the 6 months has several benefits for both the child and the lactating mother. Exclusive breastfeeding rate for infants below six (6) months is currently 54.3%.

Table 13: Baby Friendly Health Initiatives- 2005

No. of facilities conducting deliveries	**310**
No. designated as Baby Friendly	**31**
% Infants Exclusively breastfed	**54.3%**
% Institution Designated as Baby Friendly	**10.3%**

Family planning acceptor rate

Family planning services include methods and practices to space births, limit family size and prevent unwanted pregnancies. Pregnancy by choice and not by chance is basic requirement for women's health.

The regional coverage for family planning services for 2005 was 14.1% of women in their reproductive age. This represents a total of 139692 new and continuing acceptors and clients who attended or were registered at health facilities throughout the region.

Table 14a: Trend of Family Planning acceptor rate in Ashanti

YEAR	Acceptor Rate
2003	14.2%
2004	12.8%
2005	14.1%

Table 14b: Couple Years of Protection (CYP) by method

Short term method	**88,451.23**
Long term method	**56,502.43**
Total	**144,953.66**

SAFE MOTHERHOOD

The goal of the safe motherhood programme is to improve women's health in general and especially to reduce maternal morbidity and mortality and to contribute to reducing infant morbidity and mortality.

Antenatal care over the past three years has seen a steady decrease in coverage from in 119.4% 2003 to 77% in 2005. The total number of antenatal registrants for 2005 was 130980 representing 77% of the expected number of pregnancies.

Coverages for Supervised delivery and Postnatal care are shown below:

MICRO NUTRIENT DEFICIENCY CONTROL

Iodated Salt Programme

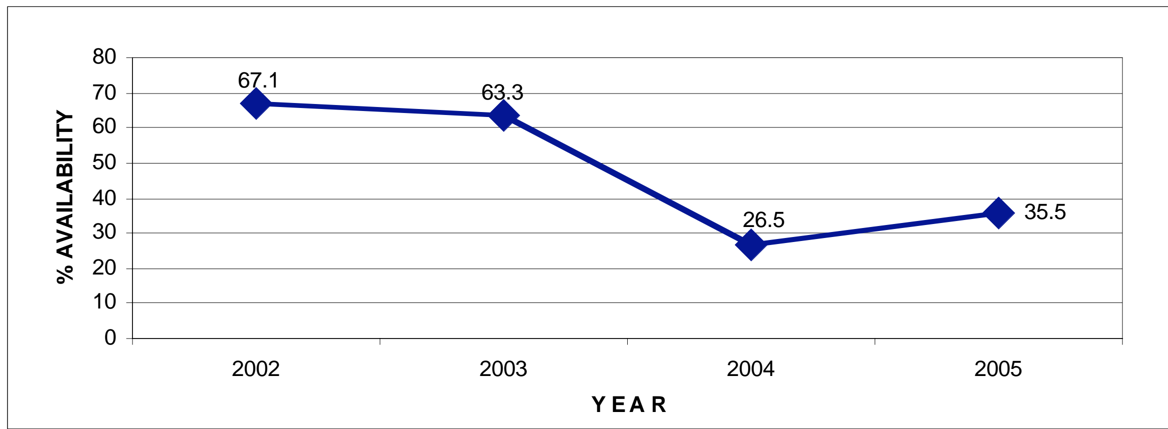
The year under review saw an increase in both the market availability of iodated salt and household use. The downward trend that started in 2002 reached its lowest level in 2004 but has shot up in 2005.

Table 15a: Iodated Salt Availability/Usage (2002-2005)

Year	2003	2004	2005
Availability	63.3	26.5	35.5
Use	57.8	38.4	43.1
Total District Iodated Salt Committees	12	11	11
Functional Committees	7	3	5

The increase of the availability is closely linked to the functionality of district committees that are responsible at the local level to oversee the programme.

Fig 7: TREND IN MARKET AVAILABILITY OF IODATED SALT (ASHANTI, 2002-2005)



VITAMIN A DEFICIENCY CONTROL PROGRAMME

Mass Supplementary for Children aged 6-59 months

The region recorded an average of 139.83% as coverage for mass supplementation of children aged 6-59 months in November 2005. There is an upward trend in the numbers of children dosed, however validation coverage surveys indicate that there is a downward trend in the percentage of children dosed from year 2002 to date.

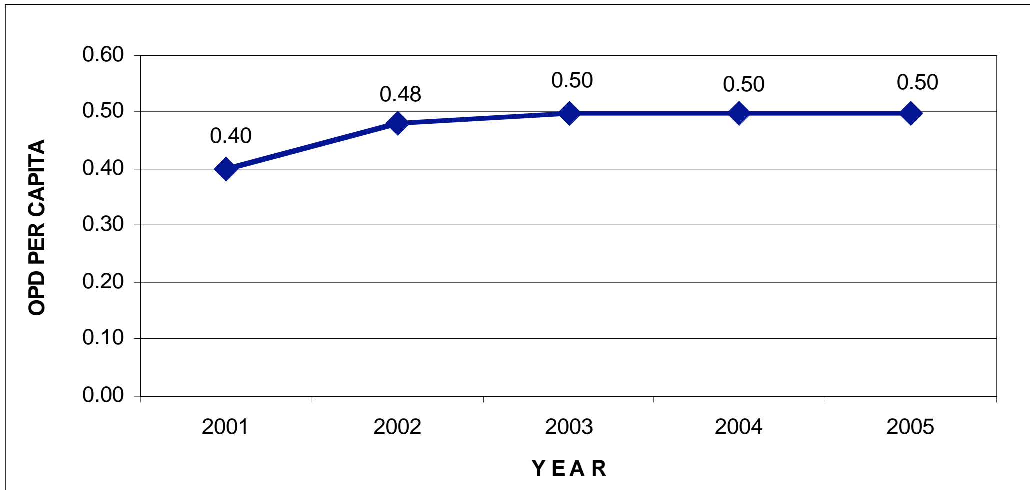
Table 15b: Vitamin A Coverage by Service and Validation 2002- 2005

Year	2003	2004	2005
Dosed	695295	822154	865826
% Dosed by Tally Card	120.5	137	139.83

CLINICAL/INSTITUTIONAL CARE

Utilization of Hospital Services

FIG. 8: **TREND IN OPD ATTENDANCE PER CAPITA (ASHANTI, 2000 – 2005)**



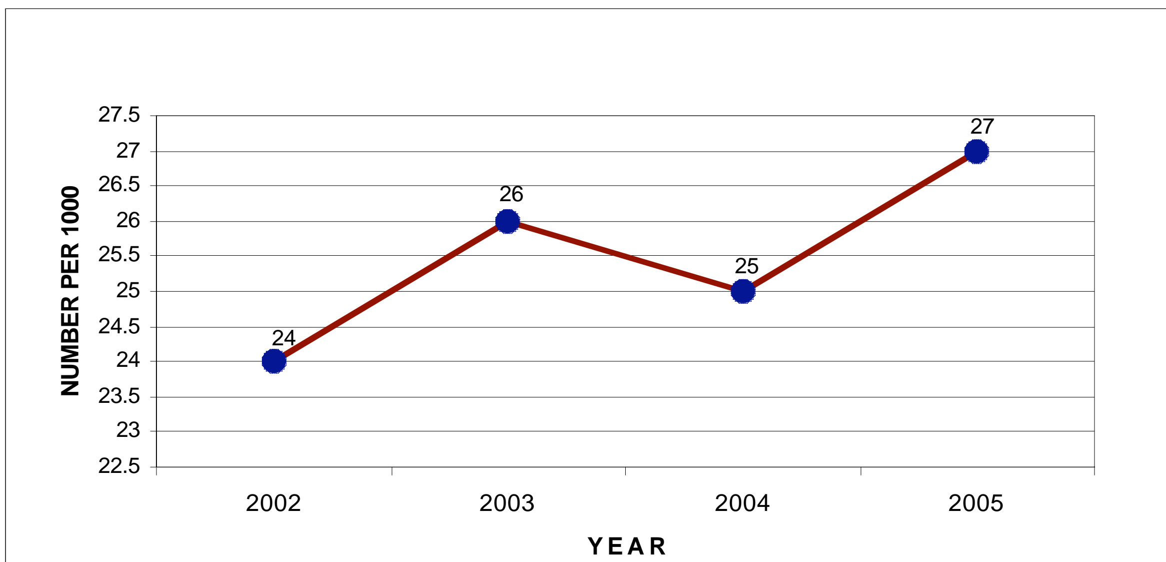
The total OPD attendance stood at 1,663,180 as against 1,499,266 in 2004. Out of this, the regional hospital, Kumasi South Hospital reported 80911 representing 5%. This is an indication that patronage at the hospital is quiet low and therefore there is the need to increase accessibility and use of health services in the region.

OPD attendance per capita remains at 0.5 meaning only about half of the population is consulting at our institutions per year.

The trend has been relatively stable for the past three years.

ADMISSIONS

Fig 9: TREND IN HOSPITAL ADMISSIONS PER 1000 POPULATION (ASHANTI, 2002-2005)



Admission rate in health facilities in the region showed an increased from 25.2 per 1000 in 2004 to 27.3 per 1000 in 2005. Clearly there was a slight improvement in the regional admission rate recorded for year 2005 over the past three years. This may be attributed to high awareness and health care seeking behaviour due to the introduction of various Insurance Schemes in the region.

The Admission rate is highest in Asante Akim North District (74.9 per 1000), and Offinso (65.4 per 1000) but lowest in Ahafo Ano South Districts (10.7 per 1000). Ahafo Ano South district has consistently being reporting of low admissions for the past four years.

Bed Occupancy Rate

The average regional bed occupancy rate observed in the districts and regional hospital in 2005 was 43.6%, a decrease from 47.8%. Health facilities in the region are operating efficiently at a level far below the national target of 80-90 percent occupancy. Low occupancy rate in the region reflects inefficient use of hospital resources.

See appendix 2d for regional performance.

SUMMARY STATISTICS

Table 16a: Clinical Care Performance Indicators 2003- 2005

Indicator	2003	2004	2005
OPD Attendance	1,987,184	2082266	1663180
Attendance Per Capita	0.50	0.5	0.5
Admissions	107,029	104,326	116444
% Bed Occupancy	40.5	47.8	43.6
Turnover per Bed	37	39	

Table 16b: Hospital Utilisation by Ownership

	GHS	MISSION	QUASI GOV'T	PRIVATE
OPD%	65%	20	9	6
ADMISSION/1000	42.6%	50.3%	6.5%	0.6%
BED OCCUPANCY	20.8%	26.2%	5.7%	0.3%
BED TURN OVER	22.5	28.5	4.1	0

CAUSES OF OPD ATTENDANCE

Analysis on morbidity pattern shows that Malaria (49.1%), ARI (6.1%), Diarrhoeal Diseases (4.5%) were the leading causes of OPD Attendance. However, it is important to note that hypertension has been appearing in the top ten list for the past three years, where as HIV/AIDS is still not included. Most of the leading causes of

morbidity are conditions that can be most cost effectively treated or prevented through non-hospital interventions.

Table 17: Top Ten Causes of OPD Attendance (Morbidity 2003-2005)

	Diseases	2003	Diseases	2004	Diseases	2005
1	Malaria	670652 (47.7%)	Malaria	682213(45.5%)	Malaria	817,028 (49.1%)
2	ARI	89664 (6.4%)	ARI	105827 (7.1%)	Cough (IMCI)	101,980 (6.1%)
3	Diarrhoea	62107 (4.4%)	Diarrhoea	69897 (4.7%)	Diarrhoeal Dx	75,058 (4.5%)
4	Skin	51305 (3.6%)	Skin	54534 (3.6%)	Skin Diseases	63,003 (3.8%)
5	Hypertension	41096 (2.9%)	Hypertension	41588 (2.8%)	Hypertension	44,622 (2.7%)
6	Rheum	36668 (2.6%)	Accidents	35128 (2.3%)	Home/Occp. Injuries	43,302 (2.6%)
7	Accidents	32023 (2.3%)	UTI	31358 (2.1%)	Acute Eye Infection	29,851 (1.8%)
8	Eye	25644 (1.8%)	Rheum	30932 (2.1%)	Rheumatic/Joint conditions	29,557 (1.8%)
9	Intst. Worm	24606 (1.7%)	Intst. Worm	30587 (2.0%)	Acute Urinary Tract Infections	22,892 (1.4%)
10	RTA	10864 (0.8%)	Eye	25258 (1.7%)	Intestinal Worms	20,984 (1.3%)
	ALL OTHERS	**362457**(25.8%)		**391944** (26.1%)		**414,903 (24.9)**
	Total	**1407086**		**1499266**		**1663180 (100.%)**

CAUSE OF HOSPITAL ADMISSIONS

Malaria was the highest among the Ten (10) leading causes of admissions. It accounted for 23475 of the total admissions. The Table below gives the ten leading causes of hospital admissions for the period under review.

Table 18: Ten Top Causes of Admission (Ashanti, 2003-2005)

No.	Diseases	2003	2004	2005
1	Malaria	19479	21394	23475
2	Anaemia	3900	4351	5391
3	Hernia	1710	2204	1824
4	Diarrhoea	3396	3122	2923
5	Pregnancy Related Diseases	3932	4929	5472
6	Gynaecological Disorders	1745	2007	1776
7	Accidents	914	-	-
8	Typhoid Fever	2053	1970	1944
9	Hypertension	437	1817	1844
10	Hepatitis	437	-	-
11	Pneumonia	-	1876	2365
12	Cough/Cold	-	1636	1444

Causes of Institutional Deaths

The mortality profile shows that Malaria and Anaemia are the leading causes of hospital deaths in the region. The number of deaths from HIV/AIDS patients in the region is gradually rising up. The position of HIV/AIDS as a cause of death is 4th in 2005 as against 5th and 6th in 2004 and 2003 respectively.

Table 19: Top Ten Causes of Death (Ashanti, 2003 – 2005)

NO.	Disease	2003	Disease	2004	Disease	2005
1	Malaria	375	Malaria	309	Malaria	248
2	Anaemia	192	Anaemia	214	Anaemia	134
3	Diarrhoeal Dis.	153	Pneumonia	106	Pneumonia	120
4	Typhoid Fever	96	CVA	94	HIV/AIDS	92
5	Pneumonia	85	HIV/AIDS	88	Hypertension	76
6	HIV/AIDS	58	Hypertension	79	Malnutrition	72
7	Malnutrition	55	Diarrhoeal Dis.	73	Cerebro Vas. Accd	64
8	Septicaemia	54	Typhoid Fever	62	Typhoid Fever	46
9	Hepatitis	54	Cardiac Diseases	60	Cardiac Diseases	46
10	Meningitis	44	Meningitis	54	Diabetes Mellitus	38

MATERNAL DEATHS

Total Maternal Deaths recorded from health facilities in the region was 178 with 115 deaths reporting from KATH. From the table below 77.5% of the deaths were audited. However KATH audited all their maternal deaths. The main causes of maternal death were attributed to postpartum haemorrhage, ruptured uterus and sepsis. The underlying contributory factors were delays at home, community and facility level. The region calls for improvement of road networks and improvement of transfusion services as a step to dealing with the problem.

Table 20: Maternal Mortality (Ashanti, 2002-2004)

	2003	2004	2005
GHS Facilities	72	52	63
KATH	101	109	115
TOTAL	173	161	178
% AUDITED	100%	75.5%	77.5%

SPECIALIST OUTREACH SERVICES

ORAL HEALTH

Table21: Oral Health Services in Ashanti

DISTRICTS	DISEASES			
	CARIES	PERIODONTAL	OTHERS	TOTAL
BAK	106	113	446	665
ASANTE AKIM NORTH	100	109	196	405
ASANTE AKIM SOUTH	13	8	6	27
KWABRE	162	150	44	356
TOTAL	374	377	692	1443

1830 Children were seen with 1443 (78%) receiving treatment.

Recommendations

1. Sweets sold on school compound must be stopped.
2. Oral health education in school should be intensified
3. Mobile Dental Equipment needed by the team

Description of Quality of Care Activities Undertaking

To upgrade the knowledge and skills of staff in order to provide quality service to clients twenty-two training programme were scheduled for 2005. However only 57.1% was achieved.

Summary of the training topics are outlined below:

Table 22:Trainings Organised

TOPIC	STAFF CATEGORY	NO. TRAINED
Emergency Preparedness	Nurses & Midwives	80
Management of Diabetes	Staff Mix	80
Reduction of Maternal Mortality	Staff Mix	80
Preparation towards retirement	Staff Mix	80
Nursing Ethics	Nurses	80
NHIS the role of the General Nurse	Nurses	80
Managerial Skills	Nurses	60
Neonatal Resuscitation	Nurses and Midwives	60

Major Challenges in overall service delivery include:

- Long waiting time for clients
- Ineffective Twenty four (24) hour service
- Inadequate release of funds for exemptions
- Poor Emergency Response at facilities
- Polypharmacy and generic prescription (is not the best)
- The use of antibiotics is still high (40% as against WHO 20%)
- Frequent power outage at the Regional Medical Store
- Poor waste disposal system
- Inadequate staff and staff mix
- Inadequate equipment/logistics for service delivery and/ or for storage of drugs and non-drugs consumables

Alternative Financing Arrangements

Most districts in the region are at various stages of development of the District Wide Insurance Health Scheme such as registration and collection of premium. At the end of the year all the schemes are operational.
GHS in partnership with the Regional Coordination Council has formed a 11-member Regional Health Insurance Committee to oversee the development, implementation and support of the scheme in the region. The committee has the regional Minister as the chairman.

At the regional level, the Civil Servant Health Insurance Scheme is still in operation. The beneficiaries are all civil servants in Ashanti Region and the monthly premium, ¢10,000 is directly deducted from their salaries.

The table below shows summary of financial statement of the civil servant insurance scheme for the periods 2003, 2004 and 2005.

Table 23: Civil Servants Health Insurance Scheme

	2003	2004	2005
Premiums	1,179,650,627	1,392,326,731	
Government Grant	898,000,000	1,169,997,996	98,371,816
Bank Interest	12,016,391	10,534,101	
Interest of treasury Bills	85,534,278	73,779,996	
Total Income	**2,175,201,296**	**2,646,640701**	
Total Expenditure	**1,702,577,656**	**2,560,340,229**	
Surplus	472,623,640	86,300,472	

3.0 SUPPORT SERVICES

Status of Health Infrastructure – Buildings

Key Challenges

1. Non involment of the Region in the initiation of some projects in region by MOH
2. Inadequate funds for building maintenance
3. Tortuous procedure for accessing approved funds for investment programs
4. The lackadaisical approach of the system for protection of public property.
5. Late Publication of approved projects for the year
6. Inadequate political and community support for development of health infrastructure
7. Non-provision of funds for certain projects

Investment Project Activities

The following investment activities took place in the year under review:

- ❖ Reactivation of construction of DHMT Office and hospital admin at Ejura
- ❖ Abrogation and re-award of contract for the up grading of Tafo Hospital
- ❖ Initiation and award of contract for the construction of Health Centre at Pankrono
- ❖ Construction of Three (3) bed room accommodation unit at Danyame
- ❖ Continuation of construction of 4-storey semi detached accommodation unit at Abrepo Junction.
- ❖ Continuation of Theatre and Ward in Kumasi South Hospital

Director General's Initiative – Accommodation Units

Initiation of construction of semi detached accommodation units in four districts as part of Director General's initiative on staff accommodation. Beneficiary districts were Atwima Nwabiagya, Afigya Sekyere, Amansie Central & Adansi North. As part of this initiative, the construction of a Guest House for Mampong Hospital was also initiated. The hospital is one of the hospital in the country that is benefiting from the General Electric of USA (GE) assistance to the Ghana health Service. All the projects with the exception of the Mampong Hospital were nearly completed by the end of the year. However no funds were received for payment of the works.

Pilot Project (Director General's Initiative) with BRRI

1. Construction of 3-bedroom accommodation unit at Kumasi South Hospital.
2. Construction of 2-bedroom accommodation unit at Kumasi South Hospital.
3. Construction of one (1) CHPS compound at Fenaso in Amansie Central District
4. Late release of funding for works done affected completion of the projects in the year.

Table 24: Funding of investment projects

Project Title	Location	2003	2004	2005	Source
Upgrading of K'si South to Hospital	Kumasi		2bn	2bn	Health Fund
Const of Mat Wing & Theatre KSH*	Kumasi				
Upgrading of Manhyia to Hosp	Kumasi	1.81bn	1.0bn	1.0bn	GOG
Const. DHMT	Ejura		300m	800m	Health Fund
Upgrading of Old Tafo to Hosp	Kumasi	1.81bn		2bn	32m
Const. CHPS compound	Kwame Agyekrom		200m	350m	Health Fund
Const. Of 4 storey semi detached bung	Kumasi	500m	500m	541m	Health Fund
Renovation of Nyinahin Hosp	Nyinahin			300m	Dist Assembly
Const. Of DHMT	Tepa				
Upgrading of Suntresu	Kumasi				
Rehab. MTS	Offinso				
Const. Classroom MTS	Mampong	451,199,000		800m	Health FUND
Completion CHNTS	Fomena		2.5bn	2bn	Health FUND

Table 25: Rehabilitation of Accommodation (Regional Health Directorate)

	2004	2005
Planned	8	8
Achieved	10	6

The non-release of the approved funds for the region affected the implementation of the planned activities in 2005.

Activities carried out by Estate Department

- **Updating of Assets register**

Room to room inventory Assets register has been updated

- **Facility Survey**

Facility survey has been completed with sketches for two facilities in the Afram plains out of 75 facilities surveyed.

- **Advocacy for new funding arrangements**

The region together with other regions presented a case for new funding arrangements in place of the existing tortuous and cumbersome arrangements at the National Senior Managers Meetings. The desired changes have however not been effected.

- **Allocation of funds for Estate Maintenance**

The Ghana Health Service expects that at least 6% of recurrent expenditure should be allocated for estates maintenance. It is very important to know that no reports have been received on how much districts and institutions put into maintenance of estates.

However, Sekyere West District is commended for the number of maintenance activities they carried out on their accommodation units

Way Forward

- Continue to carry out advocacy for a change in the funding arrangements.
- Carry out advocacy for politicians and community members to show interest and provide support for the region's capital investment programs
- Build capacity for the proper procurement of investment programs in the districts
- The region is also going to carry out advocacy for the provision of funds under recurrent expenditure for formal acquisition of land title for GHS lands so as to curtail the encroachment syndrome.
- Monitor allocation of recurrent funds for estates maintenance

4.3. Equipment

Priority Activities

- Draw a comprehensive spare parts list for procurement
- Applications for further studies drawn to upgrade the knowledge of staff in order to cope with the ever-growing technological advancement in the field.
- Training of Equipment focal persons

.

Critical Equipment Needing Replacement

The following were identified as critical equipment needing replacement.

- Infection control equipment (autoclaves)
- Surgical instruments (all types)
- Laboratory equipment (microscopes, analysers etc)
- Solar equipment
- Monitoring equipment (vital signs monitors)
- Maternity and delivery equipment (instruments and delivery tables)
- Life support equipment (anaesthesia machines)
- Theatre equipment (lamps, suction units, electro surgical units, operation tables)
- Dental chairs and accessories

Table 26a: Repairs of Broken Down Equipment

	2003	2004	2005
No that Broke down	180	220	78
No repaired	159	207	47
Repair Rate (%)	88.3	94	80.3

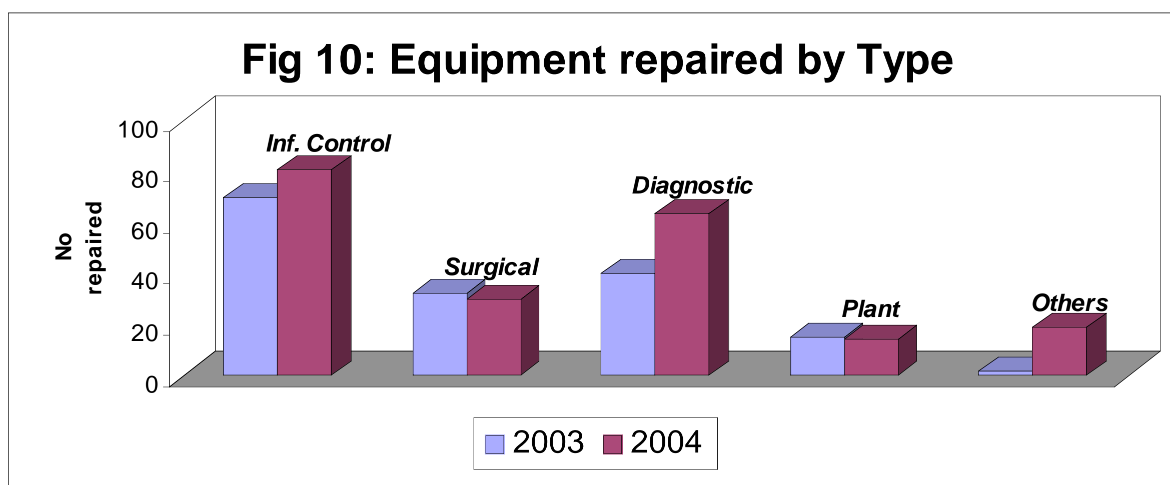


Table 26b: Equipment Performance

EQUIP	TOT IN THE REGION	TOTAL BREAKDOWN	TOT AL NO REPAIRED	TOT NOT REPAIRED	TOTAL OBSLETE
Cssd Autoclave	15	9	7	2	1
Gen Sets	27	5	4	1	6
Anaesthetic Machines	19	1	0	1	0
Ceiling Theatre Lamp	9	2	0	2	0
Tabletop Autoclaves	60	16	6	10	9
Floor Mount Lamps,Theat.	22	5	2	3	0
X-Ray	7	0			
Ultrasoud	6	0			
Monitors	9	3	0	3	0
Delivery Beds	38	4	4	0	19
Microscopes	26	4	4	0	6
Centrifuge	15	5	4	1	6
Lab Analysers	8	3	1	2	2
Suction Machine	41	9	7	2	5
Op Tables	18	2	2	0	1
Foetal Heart Monitor	8	3	2	1	1
Blood Bank Fridge	10	2	2	0	2
Solar	8	5	0	5	5
Delivery Beds	38	4	4	0	19

Equipment Achievement of the Unit

- Innovative works on automatic change over switches for generators in the region
- Supervised and monitored installation of a new generator at the regional cold room.
- Successfully installation of three sets of solar equipment at Akutreso, Gyereso and Oku health Centres.
- The unit head was selected as best innovative worker for equipment and given a national award.
- 90% of major breakdown of equipment were successfully repaired.
- Three successive training programs were carried out on general electric vital signs monitors for some selected district hospitals.

WAY FORWARD 2006

- Prepare equipment list for replacement
- Repair all broken down equipment in the Region
- Train all equipment focal persons in the various institutions
- Decommission obsolete and unserviceable equipment
- Install all newly acquired equipment
- Regular PPM in all the districts in the Region

- Advocate for new workshop equipment and tools
- Revive equipment revolving fund system

TRANSPORT

KEY CHALLENGES

- Ageing vehicles in the region
- Ageing Motorbikes
- Unlicensed Motorbikes Riders
- District Transport Officers Lack of Operational Management Knowledge
- Riders Lack of Motorbike Management Knowledge
- Inadequate knowledge of defensive driving skills
- Absence of GHS mechanical workshop to enhance regular adherence to PPM

Training

- District Motorbikes Technicians, the Regional Motorbike Technician and Master Rider were all trained on the management of the new Jailing motorbikes and four stroke motorbikes engines.
- All the assigned riders of the new Jailing motorbikes were called for training.
- New riders motorbike training was organised for new riders in Ejura Sekyedumase District.
- We provided training to GHS drivers on 3 occasions in the year when they were in Kumasi with participants on national programs.
- District Transport officers were given a one-week refresher training

Boat confidence and survival training

Twenty two (22) health staffs at BAK district have been trained in Boat Confidence and Survival skills.

Table 28a: FLEET SITUTATION

Vehicles					
Age	2004	% of Total	2005	% of Total	Zone
1-5 yrs	34	33.3	33	33.7	Green
6-9 yrs	38	37.3	34	34.7	Yellow
10 yrs +	30	29.4	31	31.6	Red
Total	**102**	**100**	**98**	**100**	
Motor Bike					
1- 3 yrs	18	13.3	46	27.4	Green
4 – 6 yrs	21	15.6	26	15.5	Yellow
6 yrs+	96	71.1	96	57.1	Red
Total	**135**	**100**	**168**	**100**	

The total number of vehicles in the region stood at 98. Of these, 31 are over aged as they are above 10 years and beyond. Ten of the aged vehicles have virtually been parked at the various district levels garages.
Total number of motorbikes in the region is 168. Similarly, 96 of motorbikes are beyond 6 years.

The region took delivery of 3 new Pick-ups, 57 motorbikes and 140 bicycles in the course of 2005.

It is evident that vehicles and motorbikes are ageing and require immediate replacement.

Table 28b: Vehicle Types and Situation

Type	Total		On Road		Off Road	
	2004	2005	2004	2005	2004	2005
Pick up	88*	84	78	78	10	10
Big Bus	1	1	1	1	0	0
Small Bus	1	1	1	1	0	0
Haulage Truck	3	3	1	1	2	2
Water Tanker						
Saloon Car						
Station Wagon	2	2	2	2	0	0
Ambulance	8	8	3	6	5	2
Total	**102**	**98**	**85**	**81**	**17**	**14**
Motor Bikes	135	168	81	104	54	64
Boat	1	1	1	1		

Fleet Inadequacy
A number of district hospitals have no vehicle or motorbikes. These include Mankranso, Asonomaso, Juaben, MCH, Agona and Kokofu Hospitals. -The region made formal request for vehicles for the 3 newly created districts. But none of them was equipped with vehicles. They relied on the RHD to support them.

Ambulances

The accident-prone areas requiring ambulance to aid referrals on urgent basis include: Konongo/Juaso ; Bekwai; New Edubiase; Nkawie; Nyinahin; Mankranso;Kuntanase and; Nkenkaasu.

Priorities for 2006

- Encourage acquisition of license for all riders in the region.
- Training for District Transport Officers and all drivers
- District Based Motorbike Training for Riders
- Undertake monitoring and supervisory visits
- Auctioning of disposable vehicles
- Research into the Impact on Boat Transport on Health. Case Study BAK
- Collaborate with GPTRU of Districts and Communities to provide priority attention for transporting pregnant women in an effort to reduce maternal death.

Human Resource Development

The region is not exceptional to the persistent human resource shortage confronting the service. There is inadequacy of staff of all categories such as doctors (both specialist and general), nurses, midwives, anaesthetics, laboratory and X ray technicians and other support staff. This is having a considerable toll on our efforts to improve access to good quality health care.

Human Resource Situation

The region's total staff strength stood at 3731as against 3630 in 2004. A summarised detail of staff strength is provided in the Table below.

Table 29a: Overview of Staff Distribution by category 2004-2005

Staff Category	In Service		No on Contract		No on Study Leave		No on Leave without pay		Total	
	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005
Doctors/Dentist	54	68	12	11	15	13	10	2	91	94
Medical Assistants	77	69	5	6		0			82	75
Nurses/Midwives	1011	1102	10	6	65	60	10	15	1096	1183
Pharmacist	24	28	0	0	3	4	2	2	33	33
Administrator	11	8	0	0	0	1			11	9
Anaesthetist	7	7	2	2	0	0			9	9
Technical Officer	0	146	0	6	0	6			0	158
Others	2293	2151	5	0	13	19			2308	2170
Total	**3477**	**3579**	**34**	**31**	**81**	**103**	**22**	**19**	**3630**	**3736**

Table 29b: Age Profile

AGE PROFILE OF SELECTED STAFF CATEGORY,

Category	Total	20-30 yrs	31- 40 yrs	41-50 yrs	51-60 yrs	60+
Medical Officers	**94**	17	32	27	7	11
Medical Assistants	**75**		11	26	32	6
Pharmacists	**33**	1	18	11	3	
Nurses	**1183**	200	219	388	370	6
Anaesthetist Assistants	**9**		1	6		2
Technical Officers	**158**	29	36	46	41	6
Health Service Administrators	**9**		7	2		

The service is still relying on retired staff to keep services going. We are urging the service in general to put in place proposal for direct training of medical assistants from the SSS level to enable us get adequate qualified people to work in the numerous facilities that do not have medical assistants.

Wastage

Ninety one (2004:70) staff disengaged from the service. Thirty nine percent (2004:41%) left through retirement. A 4-year trend on wastage is provided below in Table 2.

Table 29c: Mode of Separation 2002 – 2005

Mode	2002	2003	2004	2005
Retirement	14	34	30	42
Vacation of Post	15	19	23	9
Death	15	9	12	36
Resignation	2	4	5	3
Dismissal	0	1	0	1
Total	**46**	**67**	**70**	**91**

Unlike the previous year, which had nurse forming the bulk of staff that separated from the service, Orderlies formed the bulk of staff that separated from the service by 23.7%, followed by the nurses/midwives with 21.4% and Technical Officers and Dispensing Technician grades with 6.4% each. The mode of separation by staff category is provided in Table 29d.

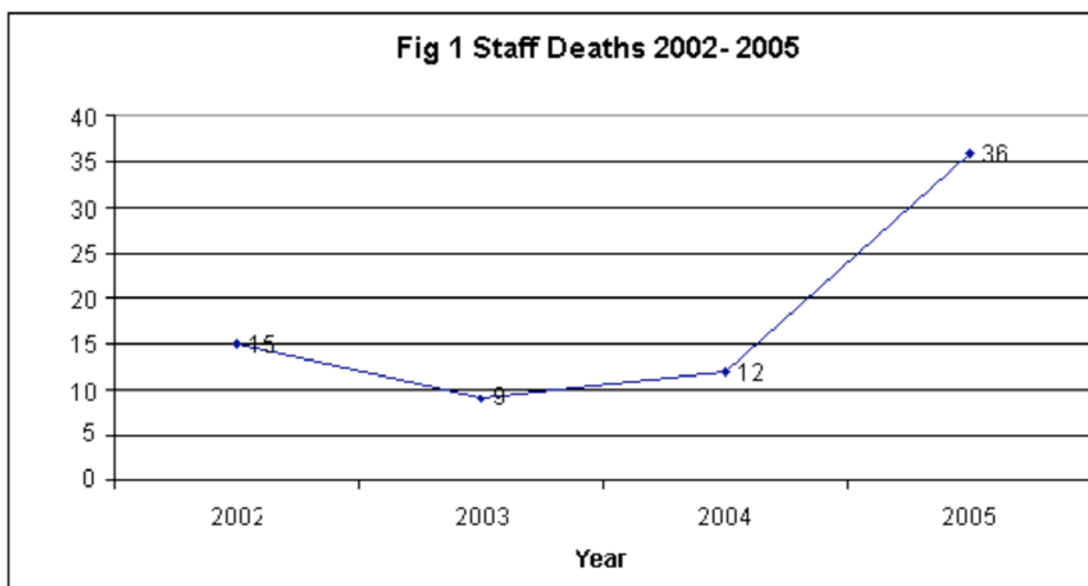
Table 29d: Mode of Separation by Staff Category and Gender 2004 –2005

Staff Category	2004		2005	
	Female	**Male**	**Female**	**Male**
Nurses	25	2	11	2
Midwives	6		8	0
Medical Officers			0	3
Medical Assistants	2	4	0	0
Anaesthetist Assistants			0	1
Technical Officers	4	2	2	5
Optometrists			0	1
Biologists			0	1

Executive Officers		1	0	1
Field Technicians		2	0	1
Drivers		1	0	1
Secretarial			0	2
Orderly/Labourer			3	23
Stores	1		0	1
Dispensing Technician		2	1	3
Dispensary/Laboratory Assistants			0	2
Biostatistics/Medical Records Assistant			2	5
Catering	1		1	0
Security		2	0	7
Ward Assistant			4	
Total	**40**	**16**	**32**	**59**

Staff Death
As shown in Table 29c above, this year witnessed a high number of staff death. The number of death trebled from 12 in 2004 to 36 in 2005. Male accounted for 55.6% of the total deaths. Staff death for a 4-year period is provided in Fig1.

Fig 11: Staff Deaths 2002-2005



orderlies/labourers formed 30.6% (11) of the total deaths, followed by the nurses/midwives formed 28.5% (10) and Ward Assistant 11.1% (4). Most deaths occurred within Ejisu Jauben district.The spate of high number of deaths caused the regional health Directorate to direct all institutions to conduct medical examination on staff and submit reports to the directorate. Sekyere East district and Obuasi Hospital

responded positively to this directive. Additionally, post mortem should be conducted on all staff who die to establish the cause of death.

Staff Retention

The region has employed two methods as a strategy to retaining staff in the region. The first strategy is the acquisition of land as land bank for sale to staff on a flexible payment system. This is to enable staff acquire their own buildings, as it is one of the main staff concern on retirement. In furtherance to this objective, additional 153 plot of land was acquired in 2005 to add to existing 176 plots of land acquired in 2004.

Table 30: Plots of Land

	2004	Location	2005	Location
No of Plots of land	176	Asenua Kenyase Atwima-Agogo	153	Achiase Afrakuma Buoho
Total cost ¢	1,501,800,000		1,889,000,000	

The other method was to find avenues to assist staff to obtain finance to ameliorate their financial difficulties. The Regional Health directorate concluded an arrangement with the Standard Charter Bank to enable staff to source loans from the Bank without necessarily being their customers.

Training

Training of Health Aides

One hundred and two health aides were trained in the course of the year. Their graduation was held on 20th December 2005. They have since been posted to the various districts to assume duty. This grade of auxiliaries would shore up the poor staff level of professional in the region.

In Service Training (IST)

Table 31a: Staff Training (Ashanti, 2003 – 2005)

	2003	2004	2005
No of In Service Training Organised	82	61	75
No of Staff trained	1,115	765	1101
Total Training Cost	1,349,646,676	373,361,370	1,009,371,287
Cost per participant per session ¢	14,762	8,001	916,777

Table 31b: Beneficiaries of IST by Staff Category

Staff Category	2003	2004	2005
Doctor	17	12	23
Nurses	273	184	427
Public Health Nurses	227	160	41
Midwives	233	107	166
Medical Assistants	71	57	57
Pharmacists	14	6	17
Administrators	1	2	35
Others	279	237	335
Total	**1064**	**1115**	**1101**

The total number of staff who received in-service training has increased from 18% in 2004 to 29% in 2005. Majority of the staff trained were nurses and technical officers. Most of the topics treated centred on Public health, Clinical care and Management of Health services.

Post Graduate Training

Eleven staffs are currently pursing various postgraduate courses. Three of the courses are being pursued outside the country.

Table 32: Post Graduate Course of study

Course	No of Staff	Place of Study
Public Health	2	School of Public Health, Legon – Ghana Harvard University, USA
Health Service	4	Kwame Nkrumah University of

Management		Science and Technology (KNUST), Kumasi – Ghana
Procurement and Strategically Management	1	University of Birmingham, UK
Health Education	1	Leeds Metropolitan University, UK
Reproductive Health	3	Kwame Nkrumah University of Science and Technology
Total	**11**	

COLLABORATION FOR HEALTH

Private Sector Involvement

Involvement of the private sector in public health service delivery was of utmost importance. Privately managed Maternity Homes were covered by the exemptions package. Information sharing sessions and training programmes organised during the year also included participants from the private sector. It is hoped that in the ensuing years greater attempts would be made to contract out services and provide logistics support to the sector

Available information gathered indicates that students from the University of Ghana and Kwame Nkrumah University of Science & Technology undertook various studies in Kumasi Metropolis with the aim of improving service delivery.

4.9. Service Availability Mapping (SAM)

The region was engaged in the nation's recent survey organised by the Ministry of Health and World Health Organization on Service Availability Mapping (SAM). The main SAM objective was to support decision making by providing national and regional planners with skills and tools required to map and monitor service resource

available on a regular basis. This was to identify and map all facilities providing health care services in the region.

In support of the programme the region received four (4) Personal Digital Assistants – PDA and One Geographical Position System (GPS) from World Health Organisation (WHO) through the Ministry of Health (MOH).

HEALTH TRAINING INSTITUTIONS

ST. PATRICK'S MIDWIFERY TRAINING SCHOOL MAASE-OFFINSO

BACKGROUND INFORMATION

St. Patrick's Midwifery Training School (MTS) is a non- profit making training institution under the umbrella of the Catholic Archdiocese of Kumasi. Located at Maase in the Offinso District, a township of about 36km from Kumasi in the Ashanti Region of Ghana on the Kumasi-Techiman main road. The School is situated on the same compound of St. Patrick's Hospital. It started in 1966 to train midwives. Over thousand midwives have been trained so far.

STUDENT POPULATION

There was no admission in 2005 due to shortage of tutorial staff. Students Population in the year 2004 stood at sixteen (16).
Regular students for 2005 licensure examination numbered twelve (12).
Eleven students were referred in 2004 final examination bringing the total number of students at the end of year 2005 to thirty nine (39).

COMMUNITY HEALTH NURSES' TRAINING SCHOOL, FOMENA

Students Population

The students' population now stands at 200, made up of 23 males and 177 females.

Table33: Students population table

YEAR GROUP	MALES	FEMALES	TOTAL
SECOND YEAR (FCHN GP 1)	8	42	**50**
FIRST YEAR (FCHN GP 2)	15	135	**150**
TOTAL	**23**	**177**	**200**

Staff Strength

There are 6 tutors in the school, comprising three males and 3 females including the Principal of the School. The tutor–student ratio stands at 1:34.

Supporting Staff

The school has now got a substantive Accountant who reported on the first of November but fully assumed duty on the 1st of December 2005. The school is therefore a B.M.C. of its own.

The school is still waiting for appointments to be given to the supporting staff who have been engaged as casuals to help in both the administrative and domestic activities in the school. The school has at the moment twenty-five (25) Casual Workers.

Challenges/Requirements

- Need of a stand-by generator since the power supply in the town is not regular.
- No communication facility in the school and this is hampering the smooth running of the school. The school intends to engage the services of Areeba to provide communication facilities in the school. In the long run the school hopes to be connected to Ghana Telecom Payphone services.
- The computers available in the school are not enough to establish a computer laboratory. More computers therefore needed.

- The school needs a bus and a truck in addition to the Nissan pick-up in order to run the school effectively. One bus would be required for students' clinicals and other field trips while the truck would be used for other purposes.
- A new site plan is to be prepared by the planning officer. This has become necessary in view of the fact that the original site plan was meant for a hospital. The new site plan would include a kitchen annex, two (2) additional hostels (for both males and females) with utility rooms, visitor's room for students, accommodation for a house keeper/warding and the Principal's bungalow.
- Fencing around the school is urgently needed to secure life and property in the school. In the interim, five security personnel have been engaged to protect the school.

FINANCIAL MANAGEMENT

Region received GOG Administration for only 1st and 2nd Quarters. There was remarkable improvement in IGF collections in 2005 with an amount of ¢54,913,961,935 as against ¢37,389,783,197 in 2004.

Table 34: Summary Inflow and Expenditure by source 2003 – 2005

SOURCE OF FUNDING	2003		2004		2005	
	INFLOWS ¢	EXPENDITURE ¢	INFLOWS ¢	EXPENDITURE ¢	INFLOWS ¢	EXPENDITURE ¢
PERSONAL EMOLUMENT	28,485,651,860	28,485,651,860				
GOG(ADMIN &SERVICE)	6,248,411,839	5,247,650,981	6,192,618,379	4,370,700,784	511,643,669	5,292,320,052
DPF	11,847,846,569	9,935,657,633	18,463,116,000	15,621,047,287	33,343,924,746	35,119,895,505
IGF	29,651,930,973	27,744,958,077	37,389,783,197	36,463,907,388	54,913,961,935	48,727,138,624
EARMARKED PROGRAMME	6,011,363,000	5,135,697,513	13,100,716,606	10,836,536,517	18,952,812,802	17,894,717,568
EXEMPTIONS	3,152,100,000	2,250,859,339	3,709,155,605	3,709,155,605	3,030,366,089	13,996,037,556
ADHA	41,508,417,600	41,508,417,600	51,509,999,161	51,509,999,161	70,774,304,263	70,774,304,263
INVESTMENT			5,236,883,392	5,236,883,392	-	-
DRUGS	10,953,255,425	9,864,562,400	14,983,634,180	14,608,148,780		
NON DRUGS CONSUMABLES	-	-	2,452,749,939	2,104,728,056		
TOTALS	**98,579,040,665**	**90,038,328,071**	**137,858,977,266**	**130,173,455,403**		

Key Innovations and Best Practices the Region had undertaken

1. The region facilitated in the formation and development of the district wide mutual health insurance scheme.

2. Construction of four (4) semidetached units at Atwima Nwabiagya, Afigya Sekyere, Amansie Central and Adansi North through the initiative of the Director General of Ghana Health Service.

3. Installation of computer network to provide Internet access for all officers at the Regional Health Directorate.

4. In the course of the year under review, the region was concerned with the unusual high number of deaths among staff and instituted compulsory medical examination for all staff.

5. Renovation of Regional Vaccine storage depot (Cold Room) and installation of new Generator.

Outlook for coming year

- The region will initiate sustainable community and facility programmes to reduce maternal and neonatal deaths, not compromising other clinical conditions.

- The referral system will be strengthened.

- There will be improvement and strengthening of outreach services especially in allied specialized services as – Dental, eye and Obstetric Gynaecology.

- Acquire Anti Virus Software from the NET for all and to develop a website for the Regional Health Directorate.

- The area of focus includes Human Resource availability and retention, acquisition and maintenance of both equipment and estates, provision of transport and putting in place effective managerial measures to keep the service going.

- Develop capacity of sub district staff in financial management and improve audit response by BMCs .

- Strengthening the capacity of HMIS/training focal persons on data management.

- Create and increase awareness among the people of Kumasi and the entire region on attitude, perceptions and behaviours that will positively influence them towards improved health.

- Sustain a permanent national institution with the capacity of design, produce, distribute and evaluate the impact of Health Learning Material (HLM) targeted at health service tutors, staff and trainees (Students

Appendix 1: TREND ANALYSIS OF REGIONAL PERFORMANCE

	INDICATOR	2003	2004	2005
HEALTH STATUS	Infant mortality rate		80/1000	
	Under five mortality rate		116 /1000	
	Maternal Mortality ratio	196/100,000LB	180/100,000LB	200/100,000LB
	% Under five years who are malnourished	12.7	14.7	
ACCESS	Population to doctor ratio	42491:1	62575:1	41460:1
	Population Nurse ratio	8037:1	8019:1	2894:1
	Outpatient visit per capita	0.5	0.5	0.5
	Hospital admission rate	26/1000	25/1000	27.3 /1000
	Total number of completed CHPS compounds	0	5	0
QUALITY	% of maternal audits to maternal deaths	86.7	86.3	77.5
	Under five malaria case fatality rate	0.023	0.074	
	% tracer drug availability	97	98	98.0
EFFICIENCY	HIV seroprevalence (among reproductive age) – MEDIA	5.0	4.6	
	Tuberculosis cure rate	69%		
	Number of guinea worm cases	48	85	50
	AFP non polio rate	1.18	2.05	1.33
	% Family planning acceptors	13.9	12.3	14.1
	% ANC coverage	83.6	60.2	76.7
	% PNC coverage	58.1	52.8	51.5
	% Supervised deliveries (skilled attendants)	56.6	42.6	54.3
	Bed occupancy rate	50.0	50.0	43.6
	EPI coverage DPT3	57.9	66.4	74.2
	EPI coverage Measles	65.1	68.4	75.4
FINANCIAL	Total budget allocated	18,673,641,028	24,658,734,379	38,455,668,415
	Total GOG recurrent budget	6,825,794,459	18,463,116,000	5,111,643,669
	Total Health Fund	11,847,846,569	6,195,618,379	33,343,924,746
	Total IGF	29,651,930,973	35,749,175,033	54,913,961,935
	Total amount spent on exemptions	1,126,093,575 68,125,308,607	3,709,155,605 88,775,801,400	13,996,037,556