

**ST. JOHN OF GOD HOSPITAL, DUAYAW  
NKWANTA**

**2019 ANNUAL REPORT**



**APRIL 2020**

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## LIST OF ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
CHAG	Christian Health Association of Ghana
CS	Caesarean Section
DA	District Assembly
DHD	District Health Directorate
GDHD	Goaso Diocesan Health Directorate
Hb	Haemoglobin
IPT	Intermittent Preventive Treatment
KATH	Komfo Anokye Teaching Hospital
NCHS	National Catholic Health Secretariat
NHIS	National Health Insurance Scheme
NHIA	National Health Insurance Authority
MEBCI	Making Every Baby Count Initiative
NICU	Neonatal Intensive Care Unit
OPD	Outpatient Department
PHIS	Patient Health Information System
PNC	Postnatal Care
PMTCT	Prevention of Mother to Child Transmission
RHD	Regional Health Directorate
SWOT	Strength Weakness Opportunity Threat
WIFA	Women in their Fertility Age

## **ADMINISTRATOR'S MESSAGE**

It is, indeed, a privilege once again to welcome you, on behalf of the hospital management team to the year 2020. The year 2019 was successful, but certainly, not one without challenges. It is important to place on record that the impressive success chalked is mainly due to the dint hard work and the resilience of our management and staff. Your commitment to duty, dedication, and relentlessness were reassuring to our loyal clients and encouraged them to trust in our services and access them even more. It is, therefore, with a deep sense of appreciation that I say a big thank you to our cherished clients. To the management and staff of this noble institution, I say Ayekoo.

St. John of God hospital, as a Centre of excellence in health care delivery, continues to realize its vision of continuing Christ's healing ministry in bringing healing to the most considerable possible number of people. In the year 2019, the hospital saw an impressive performance in the delivery of its services. This is seen primarily in OPD attendance and in-patient services. The performance at the various departments of the hospital was quite encouraging. Generally, the facility was on the top-performing side in its services to its customers. This has come about as a result of the fact that St. John of God hospital has been blessed with hard-working and enthusiastic staff. Notwithstanding challenges emanating from all angles, the facility still excelled in its performance, and it is with utmost pleasure that I congratulate all cadre of workers for their excellent contribution towards the growth of the hospital.

Moving into the year 2020, I have the firm hope that God will continue to bless all staff and their families with more favors than they would ever pray for. It is my prayer that God gives all of you the strength needed for this unique profession, the healing ministry. And to our highly valued clients, I assure you that we will continue to strive at all times to give you the best of care that you deserve and will ever expect. You can continue to count on St. John of God Hospital for your quality health care services. We are there for you and will continue to give you the best always. My heartfelt gratitude to all who in diverse ways contribute to the growth of this facility; Christian Health Association of Ghana (CHAG) National Catholic Health Secretariat (NCHS), The Bishop of Goaso Diocese, Goaso Diocesan Health Directorate (GDHD), Regional and District Health Directorates (RHD, DHD), District Assembly (DA), Traditional leaders, Ghana Commercial Bank, Duayaw Nkwanta Branch, and Religious Bodies. I also acknowledge our foreign partners, Holland and St. John of God Foundation Maastricht.



I entertain no doubt that with the steadfast support from our able staff, the year 2020 will be fruitful and even more fulfilling and excellent for all, especially our clients. Challenging though it promises to be, hard work, professionalism, and sense of commitment and dedication will lead us forward as a facility *to be first among equals*.

## Chaplaincy's Report

The chaplaincy unit of St. John of God Hospital, Duayaw Nkwanta, brings you warm greetings from our Lord Jesus Christ. We appreciate your support of promoting Christ's healing ministry in the year 2019. Over the years, Pastoral care has been an essential component of the total health care of the people of God. Catholic Health care is committed to caring for the whole person, body, soul, and spirit. The care offered is unlimited to the treatment of a disease or bodily ailment but embraces the physical, psychological, social, and spiritual dimensions of the human person. In the course of the healing, patients were assured of Christ's presence with them, which enabled them to accept the fact that they were never alone in their difficult moments, and that Christ was with them bearing their burden with and for them.

The St. John of God Hospital Chaplaincy has been offering such pastoral support to patients who visit the Hospital for healing as psychological and spiritual. The Chaplaincy also offers emotional and spiritual support to the Hospital staff through retreats and counseling. Through its activities, the chaplaincy serves as a medium of Reconciliation among staff and between staff and management. During the year under review, Holy Mass was celebrated every Tuesday, Wednesday, and Friday at 6:30 am in the Hospital. On those days, some staff and the patients who visited the Out-Patients Department (OPD) participated in the Mass.

As our appreciation to God for his protection for the staff and the hospital throughout the year, on the 22<sup>nd</sup> of December, 2019, the chaplaincy organized end of year thanksgiving service. The chaplaincy board, with support from the hospital, hosted the celebration of the year 2019 World Day of the Sick in the facility. The celebration had a Diocesan character, which brought together our sister facilities, namely, St. Elizabeth hospital, Hwediem, and St. Edward Hospital, Dwinyama at Duayaw Nkwanta. Some patients who attended the Out Patient Department (OPD) on the said day, as well as parishioners from St. John of God parish, took part in the celebration. There were four retreats organized by the chaplaincy for the staff in the months of June and December within the period. The staff had the opportunity to share the word of God and through prayer, they interceded for themselves and the hospital.

The Chaplain visited the patients who were on admission on the wards and prayed for them. Besides, the chaplain on his ward rounds encouraged them and wished them well. The Catholics among them who were communicants also received communion. One patient was baptized within the year at the ward, while some other Catholics also received the sacrament of penance and reconciliation. The chaplaincy was able to assist some patients who were unable to pay for their medical bills due to a lack of health insurance. Others had their other needs, such as feeding taken off by the chaplaincy. The chaplain was available at the hospital throughout the year to offer pastoral support to the patients, management and staff. I wish to express my appreciation to the almighty God for helping me throughout the year to offer pastoral assistance to the hospital. I also thank my Bishop, Most Rev. Peter Kwaku Atuahene, for his support and encouragement. It is my fervent hope that the work at the Chaplaincy continues to bring healing to the patients who attend the hospital and joy and fulfillment to the Staff.

## **Background Information of St. John of God Hospital, Duayaw Nkwanta**

St. John of God Hospital is one of the five healthcare facilities in the Goaso Catholic Diocese. It is the District hospital North District of the Brong Ahafo region.

The Catholic Diocese of Goaso is the sixteenth Diocese in Ghana, which was created in 1997. It has seven administrative districts, namely, Asunafo North, Asunafo South, Asutifi, Tano North, Tano South Districts, all in the Brong-Ahafo Region, and Ahafo Ano North and Ahafo Ano South Districts of the Ashanti Region. The facility is located at Duayaw Nkwanta, the district capital of Tano North district.

St. John of God Hospital remains as the District Hospital in Tano North district in the Brong Ahafo region. The facility provides general patient care to the people of the Tano North District. St. John is known for its delivery of health care services to the neighbouring towns and villages in the Ashanti Region and residents of Tano North District. The hospital is a specialized orthopaedics centre in Brong Ahafo Region. It serves as a referral centre for orthopaedic cases for the three Northern Regions, part of the Ashanti region, Central, Western region and from regions and neighbouring Burkina Faso and La Cote D'ivoir for orthopaedics and trauma cases.

St. John of God Hospital has a bed capacity of 174 divided into General, Children, NICU, Orthopaedic, Emergency and Maternity wards. The institution also has two theatres, seven private wards, Reproductive and Child Health, Physiotherapy and Rehabilitation, Pharmacy, Laundry, Hospital Engineering and Eye departments.

The institution operates 24-hour emergency service. It has six consulting rooms and a vital signs room. The medical records, cashiers, billers, laboratory, health insurance, dispensary, doctors' conference and rest rooms are all found at the O.P.D.

The administration block is separate and contains the Administrator's Office, Accounts section, the Office for Human Resource Manager, the Secretarial and Telephone Exchange Room and a classroom for in-service training. The hospital has a Medical store, which is separate from all other departments. There are three (3) morning masses every week at 6:30 am on Tuesdays, Wednesdays and Fridays.

### **Health Care Services**

We operate the following services:

- Out-patient Care
- Inpatient Care
- Medical and Surgical Care
- Pharmaceutical Services
- Laboratory
- Imaging
- Counseling and Testing/Prevention of Mother to Child Transmission (C.T/PMTCT)
- Diabetic Clinic
- Tuberculosis programme
- Orthopaedic service
- Physiotherapy and Rehabilitation
- Health Education
- Reproductive and Child Health
- Maintenance
- Hypertensive clinic
- Eye Clinic
- Club foot Management
- O&G clinic
- E&T clinic
- Urology
- Cancer Screening

**Table 1: Core Values of St. John of God Hospital, Duayaw Nkwanta**

- 
- Holistic service
  - People centeredness
  - Professionalism
  - Integrity.
- 

The overall objective of St. John of God Hospital is to provide quality health care delivery to our cherished clients in Ghana and beyond.

**Table 2: Objectives of St. John of God Hospital, Duayaw Nkwanta**

- 
- To position St. John of God Hospital as a beacon of quality health care delivery.
  - To improve the human resource capacity of the hospital.
  - To improve the hospital’s solvency.
  - To improve the infrastructural and aesthetic beauty of the environment.
  - To scale up specialized services.
  - To improve community involvement/participation in healthcare.
  - To mobilize funds to complete existing/ongoing infrastructural projects.
  - Install an oxygen plant
- 

**Governance**

St. John of God Hospital (SJGH) is a facility under the Christian Health Association of Ghana Fraternity. The National Catholic Health Service supervises the facility. SJGH is administratively organized at three key levels. The levels include the Diocesan level, NCHS, and CHAG. However, there exists collaboration with Ghana Health Service at the regional and district levels. SJGH is headed by a four-member management team chosen by the diocese to promote the welfare of the hospital through policy planning, implementation, and monitoring. These include the administrator, the medical superintendent, the matron, and the chaplain. The administrator has a role in supervising the accounts department, administrative staff, stores, transport, plants and grounds, estate, and maintenance. Security staff, mortuary, I.C.T, laundry, environmental health, and other supporting staff are also under the supervision of the administrator. Medical records staff, anesthetics, physician assistant, physiotherapy, Primary Health Care, Diagnostic, Pharmacy, medical and surgical staff are also under the supervision of the Medical Superintendent. The matron has a role in supervising nurses, midwives, and ward assistants while the Chaplain, promotes the welfare of the sick and staff.

## Summary Outlook, 2019

On Leadership and Governance, the facility sought to expand the hospital's infrastructural capacity, ensure prudent financial management, expand the scope of specialized services to improve the market share of clients in the district. Management, therefore, adopted auditing, monitoring, and evaluation tools to ensure a successful implementation of the set goals.

On infrastructure, the facility targeted the completion of the water project and the administration block, but could not achieve the set goal. To achieve prudent financial management, accounting measures were also put in place. To improve the market share of the hospital, radio sensitizations, community sensitization programs, and surveys were embarked on

Even though the hospital experienced challenges regarding reimbursement by the NHIS, in 2019, the enormity of these challenges was nothing compared to what was experienced in the previous years. Traditional healers' activities within the district and outside the district also posed a lot of threat to our service provision in 2019. Not only that, the establishment of a clinic in Duayaw Nkwanta township also continued to pose a significant threat to the facility. However, we were able to overcome the threat in 2019.

With the numerous challenges by the NHIS, GHS facilities, and the activities of Traditional healers, the facility failed to increase its market share within the Ghanaian Health care system. The hospital saw a decline in hospital admissions by 1.4% in 2019 compared to 2018. Meanwhile, a five years performance analysis indicates an improved performance since 2015. The year also saw an increase in the number of mechanized staff in 2019 over 2018 by 21.7%. It further saw a massive improvement in the number of mechanized staff over five years (2015-2019). The doctor to patient ratio saw a decline of 0.4% in 2019 over 2018. Although the number of patients decline in 2019, however, its impact on the computation of the doctor to patient ratio is not significant, suggesting an improvement in human resources.

The facility experienced an improvement in maternal, infant, and all-cause institutional mortality rates for the five years' performance. For example, maternal mortality, infant mortality, and all-cause mortality declined by 57%, 65.8%, and 14.9%, respectively. Meanwhile, there was an increase in overall under-five mortality rates from 4/1000 admissions and live births reported in 2017 to 6/1000 live births and admissions in 2018. Meanwhile, there was a high under-five mortality rate, neonatal mortality rate, and stillbirth rate of 17.4 per 1000 live births, 12.9 per 1000 live births, and 20.7 per 1000 deliveries. This narrative is very alarming. The reason is that the facility's rate is above the estimated regional and national targets of 12/1000 live births and 8/1000 deliveries and therefore needs urgent interventions like training for midwives and upgrading the current state of the maternity block to include NICU and modern delivery beds and other equipment's. We, therefore, want to take this opportunity to welcome any interventional support that aims at promoting quality health care delivery, especially in the area of maternal and child health services.

**Table 3: Key Health Indicators: 2015 – 2019**

Outcome Indicator	Year					% Change	One-year Performance	% Change	5-Year performance	National
	2015	2016	2017	2018	2019	2018 - 2019	2018 - 2019	2014 - 2019	2014 - 2019	2019
Maternal Mortality Rate (per 100,000 LB)	300	145	77	197	129	-34.5	Improved	-57.0	Improved	125 <sup>1</sup>
Neonatal Mortality Rate	1	7.3	6.9	7.2	12.9	79.2	Worsened	1190	Worsened	8 <sup>1</sup>
Infant Mortality Rate	3.8	2.9	3.1	3.3	1.3	-60.6	Improved	-65.8	Improved	30 <sup>2</sup>
Under 5 Mortality Rate	11.3	19.6	12.3	15.7	17.4	10.8	Worsened	54.0	Worsened	50 <sup>1</sup>
Still Births Rate	18	7.3	17.6	17.1	20.7	21.1	Worsened	15.0	Worsened	12 <sup>1</sup>
Institutional All-cause Mortality Rate (per 1000)	21	18	17	17	18	5.9	Worsened	-14.3	Improved	18 <sup>1</sup>

<sup>1</sup>GHS, 2019

<sup>2</sup>UN Inter-agency Group for Child Mortality Estimation 2019 Report 2019

## **Performance Indicators**

The overall performance indicators show improved performance for the five years improvement assessment (2015-2019). Although the year 2019 saw a decline in OPD attendance by 0.4% compared to 2018, when it is compared to the year 2015, OPD saw an upsurge from 91343 in 2015 to 96645 in 2019 representing a percentage increase of 5.8. The hospital also saw a decline in hospital admissions by 1.4% in 2019 when compared to 2018 with improved performance over a 5-year period. The decline in OPD attendance and admissions could be attributed to the establishment of a health center at Duayaw Nkwanta and a hospital in Bomaa. Management is encouraged to re-strategize and come out with innovative ideas towards improving their performance.

A total number of 1534 of deliveries were recorded in 2019 representing a 2.1% increase over deliveries reported in 2018. The hospital also reported a 7.9% increase in the cesarean section over the year 2018 and a sharp increase of 56.2% over the 5-year performance (2015). Cesarean section rate at the facility is beyond 10-15% recommended by the World Health Organization. The high CS rate is worrying and, therefore, needs investigation into the factors that account for this. The implementation of the results and recommendations from the study by the management could help improve the situation.

The number of children vaccinated with BCG declined by 7.3% in 2019 over 2018 and 27.6% decline over the five years performance. Ghana Health Service has established a health center at Duayaw Nkwanta Township and that has accounted for the decline in BCG vaccination. The year under review saw a decline in HTC clients counseled by 13.9% over 2018 and a decline in bed occupancy rate. The decline in bed occupancy rate was due to the upgrade of Bomaa polyclinic to the status of a hospital. The bed occupancy rate is far below the standard given by MOH, that is 70% occupancy rate for hospitals. We recommend that management through the Biostatistics department reduces the number of beds at the various wards in the hospital to boost the occupancy rate.



## Input Indicators

**Table 4: Performance Indicators.**

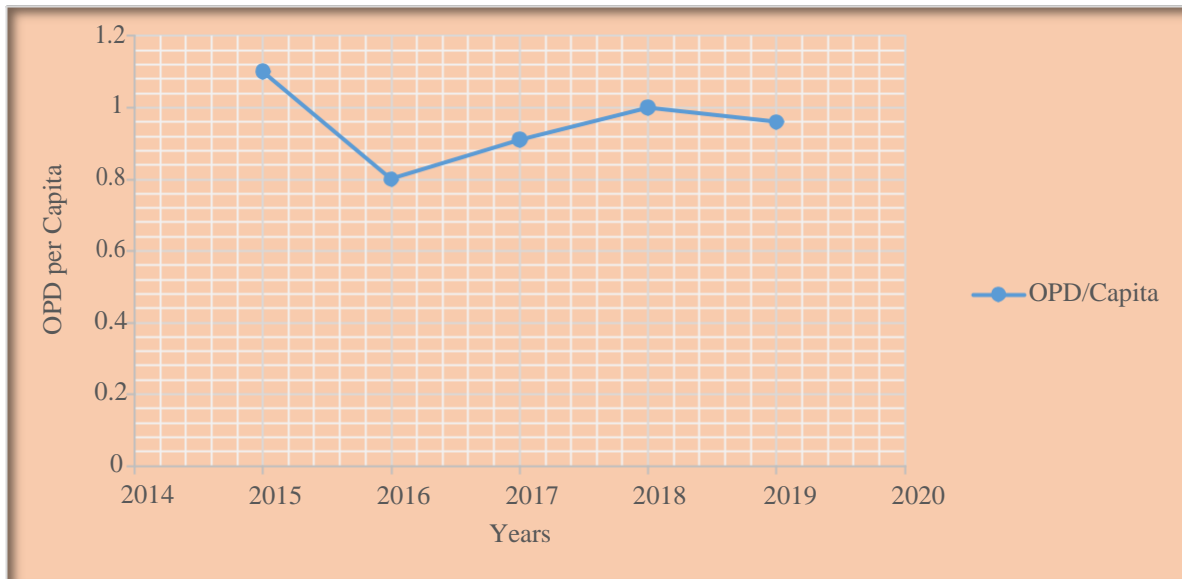
Performance indicator	2015	2016	2017	2018	2019	% Change 2018-2019	1-year Performance	% Change 2015-2019	5-year Performance
Total Out-Patients	91343	75928	86539	97059	96645	<b>-0.4%</b>	Declined	5.8%	Improved
Total Admissions	6024	6623	7177	7113	7016	<b>-1.4%</b>	Declined	16.5%	Improved
No of Deliveries	1321	1331	1225	1502	1534	<b>2.1%</b>	Improved	16.1%	Improved
Total Caesarian Sections	324	403	453	469	506	<b>7.9%</b>	Increased	56.2%	Significantly increased
Caesarian Rate	24.3%	29.2%	34.7%	30.8%	32.7%	<b>6.2%</b>	Worsened	35.6%	Worsened
Vaccination (BCG)	1961	1434	1904	1530	1418	<b>-7.3%</b>	Declined	-27.6%	Declined
HTC Clients counselled	531	538	617	794	684	<b>-13.9%</b>	Declined	28.8%	Significantly improved
Bed Occupancy Rate	66.1%	61.1%	64.2%	65.2%	56.5%	<b>-13.3%</b>	Worsened	-14.5%	Declined

Table 5 depicts an increase in the number of mechanized staff in 2019 over 2018 by 21.7%. It further saw a massive improvement in mechanized staff over five years (2015-2019). The doctor to patient ratio saw a decline of 0.4% in 2019 over 2018. However, a five-year review of doctors to patients' ratio shows an improvement of 5.8%. The doctor to patients' ratio suggests that doctors at the facility were doing more than the recommended number of patients supposed to be seen by a doctor (GHS, 2019). We, therefore, recommend that management should lobby for more doctors in order to reduce the burden on doctors. Nurses to OPD client's ratio saw improvement from the previous 1:578 to 1:476 representing 17.6% decline over 2018 and further decline of 43.7% over the five years assessment. In order to help reduce the burden of nurses, management will lobby for more nursing staff. The table continued that active midwives improved when comparing 2019 to 2018 and 2019 to 2015 representing a percentage decline of 16.5% and 16.5%. Moreover, the number of laboratory staff also improved in 2019 considering the previous lab staff to patient ratio (percentage decline of 34.2%), while pharmacy staff also saw improvement in the number of staff per client over 2018. We recommend that management should augment the number of midwives, laboratory staff, and pharmacy staff. This, when done, will improve patient waiting time and performance of the hospital.

**Table 5: Input Indicators: 2015-2019**

Input indicators	2015	2016	2017	2018	2019	% Change 2018 - 2019	1-year Performance	% Change 2015-2019	5-year Performance	National (Ghana)
<b>Total Mechanized Staff</b>	211	253	248	272	331	21.7	Increased	56.9	Improved	
<b>Doctor/OPD-Client Ratio</b>	1:9134	1:7593	1:8654	1:9706	1:9665	-0.4	Improved	5.8	Worsened	1:7,500 <sup>1</sup>
<b>Nurse/OPD-Client Ratio</b>	1:846	1:535	1:489	1:578	1:476	-17.6	Improved	-43.7	Improved	1:450 <sup>1</sup>
<b>Active Midwives/Deliveries</b>	1:97	1:87	1:84	1:97	1:81	-16.5	Improved	-16.5	Improved	
<b>Lab staff/Test</b>	1:8985	1:36338	1:40393	1:45518	1:34747	-23.7	Improved	286.7	Worsened	
<b>Lab staff/Clients</b>	1:4650	1:4937	1:5146	1:5391	1:3547	-34.2	Improved	-23.7	Improved	
<b>Pharmacy staff/OPD clients</b>	1:15224	1:12654	1:10817	1:12132	1:9675	-20.3	Improved	-36.4	Improved	

<sup>1</sup> Ghana Health Service, 2019



**Figure 1: –Line Graph of OPD Per Capita (2015-2019)**

Almost the entire population of Tano North municipality (0.96) were provided health care by the hospital. Migration for services from neighbouring districts and beyond influenced the population served by the hospital. Due to that, the OPD per capital might not be an accurate representation of the population of Tano North municipality.

## **Performance Outcome and Status for 2019**

Based on the nine (9) health building blocks adopted by CHAG in 2010, St. John of God Hospital reports on eight (6) that apply to our setting. They are as follows:

1. Health Service Delivery
2. Health Information
3. Leadership and Governance
4. Human Resource for Health
5. Health Financing
6. Health Research

### **1.0 Health Service Delivery**

St. John of God hospital is a primary health care facility and serves as the referral facility in Tano North Municipality. Services provided by the facility cut across public health services, rehabilitative, curative, and palliative services. We seek to promote Christ's healing ministry, thereby carrying out public health and curative services to improve on disease burdens in the municipality and beyond. Services are rendered based on regional priorities.

#### **1.1 Out-Patient and In-Patient Services**

Results from table 6, depict a decline in OPD attendance from 97059 to 96645 in 2019. Over the five years, OPD numbers have been fluctuating. Although the OPD attendance in the year 2019 saw a decline, we saw an increase in OPD insured patients. 2019 also saw a decrease in both OPD and inpatient services from 7113 reported in 2018 to 7016 in 2019. The decline in OPD and inpatient attendance was due to various measures taken by the Ghana Health service. The year saw the service opening nonfunctional CHPP compounds and clinics within the municipality. Within the same year, Bomaa polyclinic was converted into a hospital.

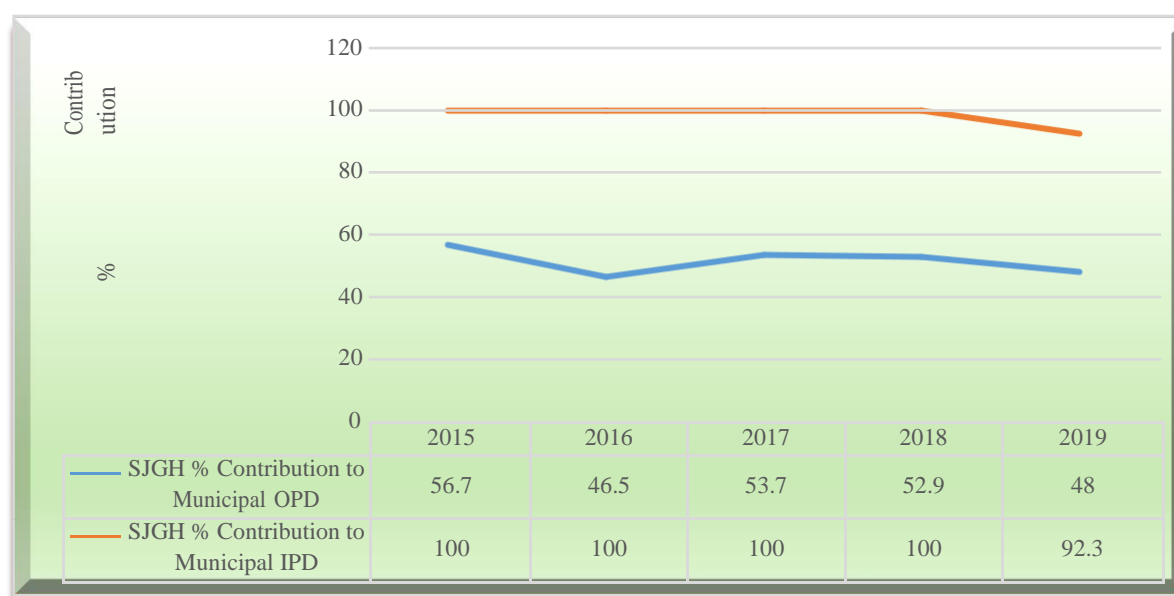
**Table 6: OPD, IPD Service Outputs and Health Insurance Status of clients: 2015– 2019**

Performance Indicator	2015	2016	2017	2018	2019	5-Years Trend
<b>OPD</b>	91343	75928	86539	97059	96645	Fluctuating
<b>OPD Insured</b>	93.4%	93.0%	94.2%	97.1%	97.9%	Increased
<b>IPD</b>	6024	6623	7177	7113	7016	Increased
<b>IPD Insured</b>	91.2%	90.5%	92.1%	91.5%	92.8%	Increased

## 1.2 The Contribution of SJGH to Municipal Outpatient and In-Patient Services

SJGH's contribution to OPD attendance at the municipal level has seen a decline since 2018. In 2018, the overall OPD contribution declined from the previous 53.7% to 52.9% and continued to decrease to 48%. The fall is due to policy measures implemented by the GHS. The service has, for instance, established various CHIPP compounds, a health center, and upgraded Bomaa Polyclinic to hospital status.

Again, in the year 2019, the facility witnessed its first decline in the contribution of IPD from the previous 100% to 92.3%. This was mainly due to the upgrades made by GHS, for example, the upgrade of Bomaa Polyclinic into a hospital.



**Figure 2: Trend of Percentage SJGH Contribution to Municipal OPD & IPD, 2019**

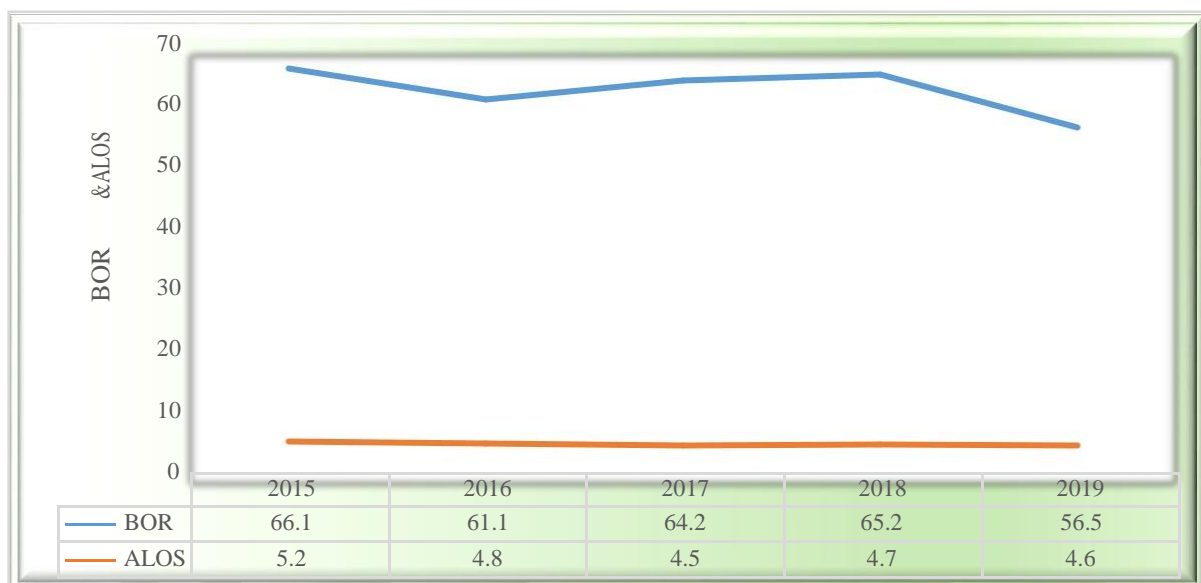
**Table 7: SJGH percentage SJGH Contribution to Municipal OPD and IPD Services, 2019**

<b>Output</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>5-year Trend</b>
<b>Municipal OPD</b>	161217	163330	161271	183385	201472	Increasing
<b>SJGH OPD</b>	91343	75928	86539	97059	96645	Increasing
<b>SJGH % Contr. to Municipal OPD</b>	56.7%	46.5%	53.7%	52.9%	48.0%	Declining
<b>Municipal IPD</b>	6024	6623	7177	7113	7601	Increasing
<b>SJGH IPD</b>	6024	6623	7177	7113	7016	Increasing
<b>SJGH % Contr. to Municipal. IPD</b>	100.0%	100.0%	100.0	100.0%	92.3%	Declining

### 1.3 Bed Occupancy Rate (BOR) and Average Length of Stay (ALOS)

Figure 3 illustrates fluctuations in the BOR since 2015. The BOR declined from the previous 65.2% in 2018 to 56.5% in 2019. That means only 85 beds were active in 2019. BOR of 56.5% is little below the National figure (59.6%) and CHAG (58.8%), but higher than BOR reported in DHIMS by Ahafo Region (46.2% in 2019). Several reasons account for the decline in BOR, ranging from the decrease in OPD attendance, an increase in the number of hospital beds, more days spent at the Orthopaedic ward to the number of detaining days at the Emergency ward. To improve on the BOR and to meet the recommended BOR by GHS and WHO, we propose a reduction in the number of beds and recommend that the Emergency unit admits patients after 24 hours.

On average, patients spent four days, 14 hours at the hospital. This, therefore, is beyond the regional target for 2019 (GHS, 2019). The number of days spent at the facility, however, saw a decline in 2019 compared to 2018. This is below the national, CHAG, and Ahafo average of 3.3, 3.5, and 2.8, as reported in DHIMS, 2019. The decline in the number of inpatient days is associated with decreased risk of infection, side effects of medication, improved treatment quality, and an increase in the profit margin of hospitals with more efficient management of beds (Baek et al., 2018). The reduction in the average length of stay at the facility by patients in 2019, therefore, indicates an increase in facility profit, improved quality healthcare delivery, decrease in risk of infections by the facility, and reduction in medication side effects.



**Figure 3: Trend of Bed Occupancy Rate and Average Length of Stay, 2015 - 2019**



**Table 8: Performance by wards 2019**

WARDS	Admission	Discharges	Death	PDs	OCCR	Active Beds	ALOS	TOPB	TOI	BC
General	1389	1279	91	5911	52.2%	16	4days, 7hrs	44pts	3days 22hrs	31
Orthopaedics	796	753	4	11275	61.8%	31	14days,21hrs	15pts	9days, 4hrs	50
Children's	1717	1683	6	4814	50.7%	12	2days,19hrs	65pts	2day, 19hrs	26
NICU	441	408	20	1701	46.6%	5	3days, 23hrs	43pts	days, 4hrs	10
Maternity	2343	23392		5803	66.2%	16	2days, 12hrs	98pts	1day, hrs	24
S.E.A Surgical Ward	340	338	3	2140	48.9%	6	6days, 7hrs	28pts	6days, 12hrs	12

#### 1.4 Reproductive and Child Health Services

Reproductive and Child Health (RCH) is extended maternal child health of family welfare or safe motherhood or child survival and safe motherhood program.

Reproductive and child health (RCH) services are a comprehensive maternal and child health welfare or child survival and safe motherhood program (Dawn, 2001). Reproductive health care has been a priority area for CHAG and hence a priority for SJGH. In 2019, supervised delivery at SJGH totaled 1534, representing a 2.1% increase in 2018 and a 16.1% increase since 2015. This makes a positive impact on the population's growth rate. The total delivery reported by the facility represents 10.7% of the total deliveries reported in DHIM, 2019 (14371), by the Ahafo Region. SJGH serves as a referral Centre for Tano North, and that accounts for the increase in deliveries in 2019. Besides, the facility is known for delivering quality health care, and due to that, the bordering districts and municipality's health facilities do refer their patients for safe delivery.

Caesarian sections accounted for 32.7% of the total deliveries conducted by the facility and that of 23.2% of Caesarian sections performed in the Ahafo region (DHIMS, 2019). The rate is higher than the WHO-approved CS rate of 10-15%, and that of the GHS approved rate of

10%. An investigation made by the Biostatistics Department revealed that most of the cases were because of late reporting and referrals from neighbouring health facilities and homes. Some of the caesarian sections were avoidable whilst others were not considering the various indications for CS. In reference to CHAG conference proceedings at Tamale in 2019 on a high CS rate, there is a need to investigate the causes of CS at the facility.

From the table, the facility reported a decline in ANC registrants by 18.3% compared to 2018. However, ANC attendance saw an increase of 2.2%, with 4th visits increasing by 13.0%. Although the number of women that made at least 4th visit increased by 13%, the rate (35.9%) was far below the recommended target of 78% by the region (GHS, 2019). This, therefore, suggests low utilization of ANC for at least four visits. It is important to investigate the factors that accounted for this massive decline. The facility continues to report a 1.5% increase in PNC registrants, and this suggests an improved maternal and newborn health in the municipality.

**Table 9: Reproductive and Sexual Health service outputs, 2015-2019**

Performance Indicator	2015	2016	2017	2018	2019	% change	1-year Performance	% change 2015-2019	5-Year performance
						2018-2019			
Total Deliveries (Live/Still)	1321	1331	1225	1502	1534	<b>2.10%</b>	Improved	16.10%	Improved
Total C-S	324	403	453	469	506	<b>7.90%</b>	Increased	56.20%	Significantly increased
C-S Rate	24.30%	29.20%	34.70%	30.80%	32.70%	<b>6.20%</b>	Worsened	35.60%	Worsened
Total ANC Registrants	1155	1212	1330	1536	1255	-18.3	Declined	8.7%	Increased
Total ANC Attendance	7328	6253	6987	7371	7533	2.2%	Increased	2.8%	Increased
ANC 4th Visit Rate	24.60%	30.8%	38.60%	32.90%	35.90%	13%	Improved	2.3%	Improved
Total PNC Registrants	1213	1479	1334	1532	1555	1.5%	Increased	28.2%	Increased
IPT 3	388	355	606	614	813	32.4%	Increased	109.5	Improved
Td 2+ vaccinations at ANC	861	1171	1478	1348	1244	-7.7%	Declined	44.5	Improved
MM Audit Rate	100%	100%	100%	100%	100%	0	Remain Constant	0	Remain Constant

## 1.8 Child Health Services

### 1.9 HIV/AIDS Services

In 2019, SJGH counselled and tested 684 HTC clients indicating a decline in cases tested by 6.3% when compared to 2018. The facility further recorded a fall in tested positive cases of HIV/AIDS. However, the five years of performance analysis revealed an increase in counselled and tested cases of HTC clients. The decline in HTC counselled and tested cases suggests poor performance after the implementation of the 90 90 intervention, which aimed at improving number testing for HIV/AIDS.

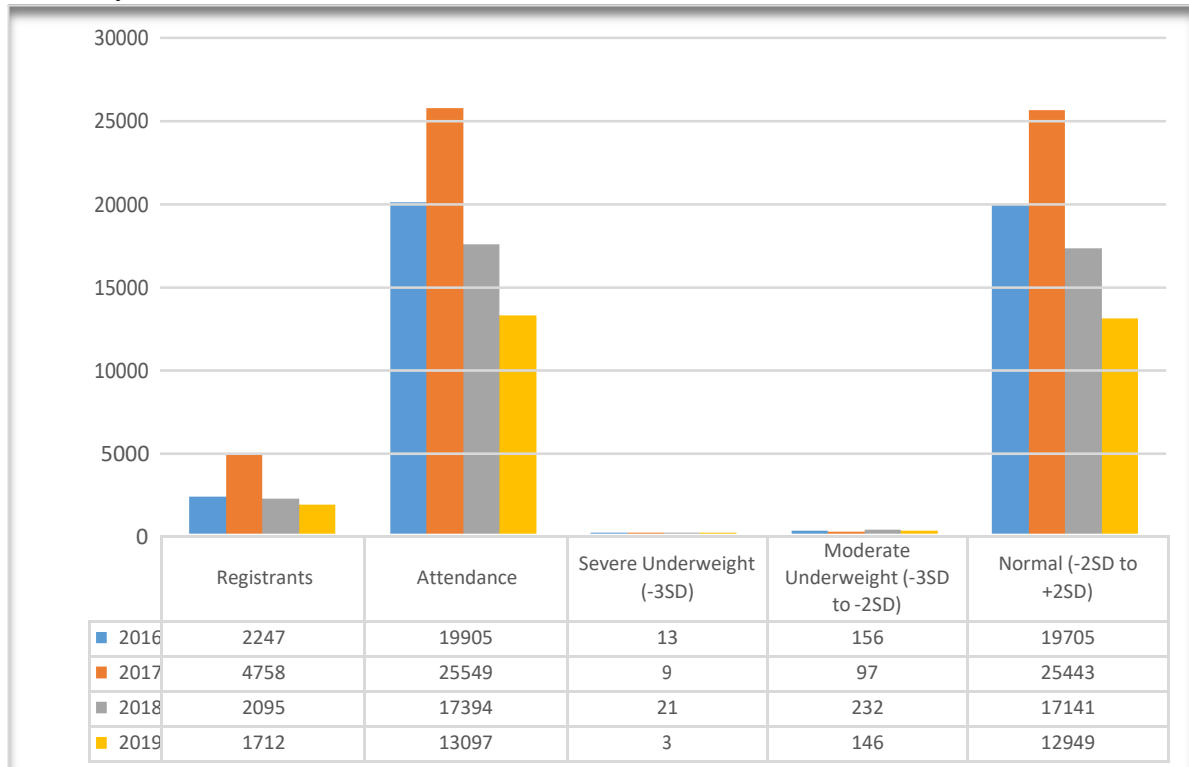
PMTCT counselled, and tested cases declined by 19.0% with an increase in positive cases by 0.6. Moreover, all other HIV positive cases saw a decline of 52.8%, with a further decline in the number of clients on ARV treatment by 39.8%. The number of PMTCT tested cases outnumbered that of ANC registrants due to migration in and previous visited facilities inability to test for HIV/AIDS. Measures are put in place to avoid that in the Municipality.

**Table 10: HIV/AIDS Service Output 2015 - 2019**

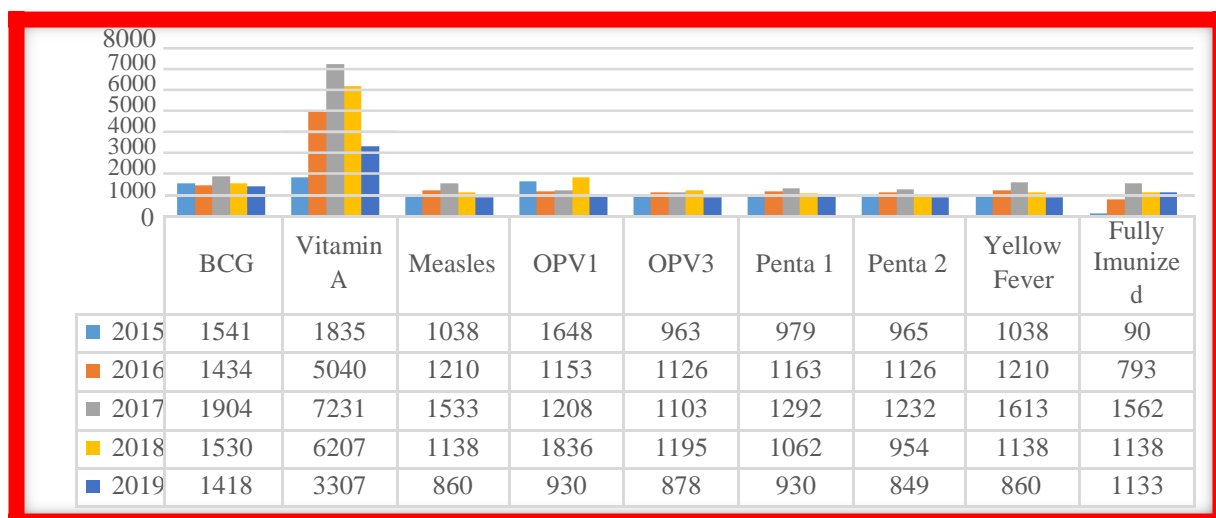
Description	2015	2016	2017	2018	2019	% Change 2018-2019	One-year Performance	% Change 2015-2019	5-Year performance
HTC Client Counselled	531	538	676	730	684	-6.3	Declined	28.8	Improved
HTC Client Tested	531	538	676	730	684	-6.3	Declined	28.8	Improved
% HTC Tested +VE	18.8%	18.0%	17.0%	9.6%	5.7%	-3.9	Declined	-13.1	Declined
PMTCT Clients Counselled	1295	1286	1541	1602	1297	-19.0	Declined	0.2	Increased
PMTCT Clients Tested	1295	1286	1541	1602	1297	-19.0	Declined	0.2	Increased
% PMTCT +VE	1.9%	1.6%	0.9%	0.4%	1.0%	0.6	Worsened	-0.9	Declined
All other HIV Tested +VE	24	61	29	36	17	-52.8	Declined	-29.2	Declined
No of Clients ARV Treatment	66	92	186	103	62	-39.8	Declined	-6.1	Declined

### 1.10 Child welfare Outreach Health Services

Figure 4 illustrates that in 2019, a total number of 1712 of children were registered, with an attendance of 13,097. Out of the total number of children that were found to have attended CWC services, three (3) were suffering from severe underweight, 146 (1.1%) moderate underweight, and 12949 normal weight. The results of severe and moderate underweight in 2019, when compared to 2018, indicates an improvement in nutrition for children. This was as a result of the introduction of nutritional education during CWC services and at the maternity unit.



**Figure 4: Child Welfare Outreach Services From 2014 – 2019**



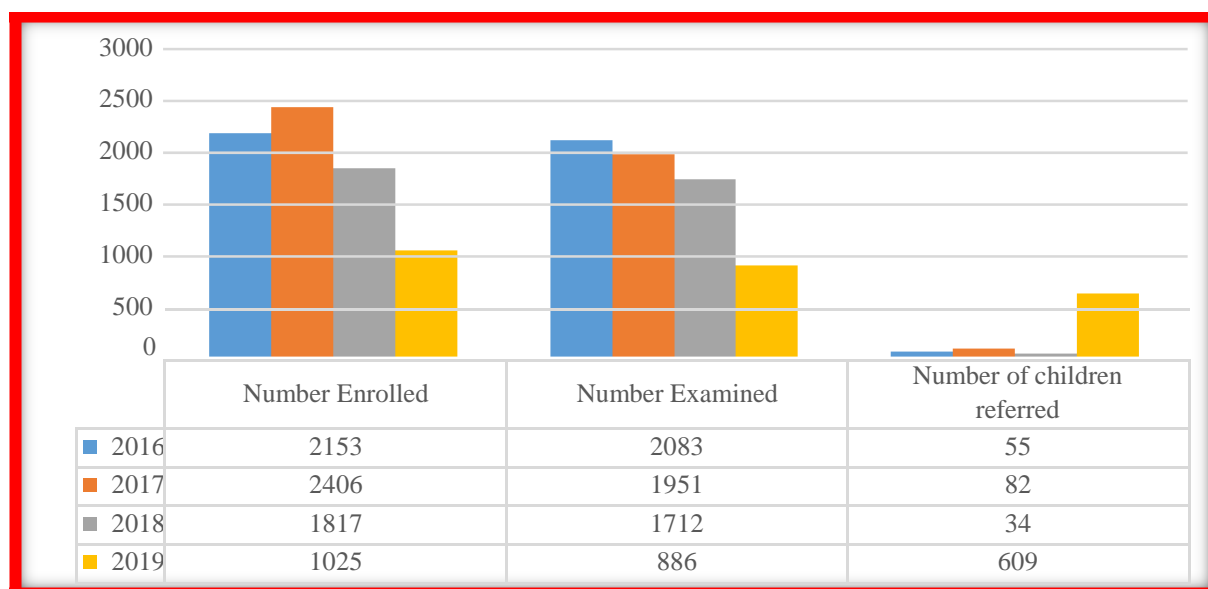
**Figure 5: Outreach Immunization Coverage and Vitamin- A Supplementation: 2014 – 2019**

As illustrated in figure 5, 1418 children under one (1), were immunized against Tuberculosis (BCG). This indicates that a significant number of children did receive BCG if the total live births were 1549. Children that were not immunized remains a threat to the spread of respiratory diseases, including Tuberculosis. The Public Health Unit is, therefore, required to put in the necessary interventions to eliminate the differences. The figure continued to show that 3307 children under five years were given at least one dose of vitamin A. For the year under review, 860 children were vaccinated with measles vaccine and that of yellow fever, respectively, as illustrated in figure 5.

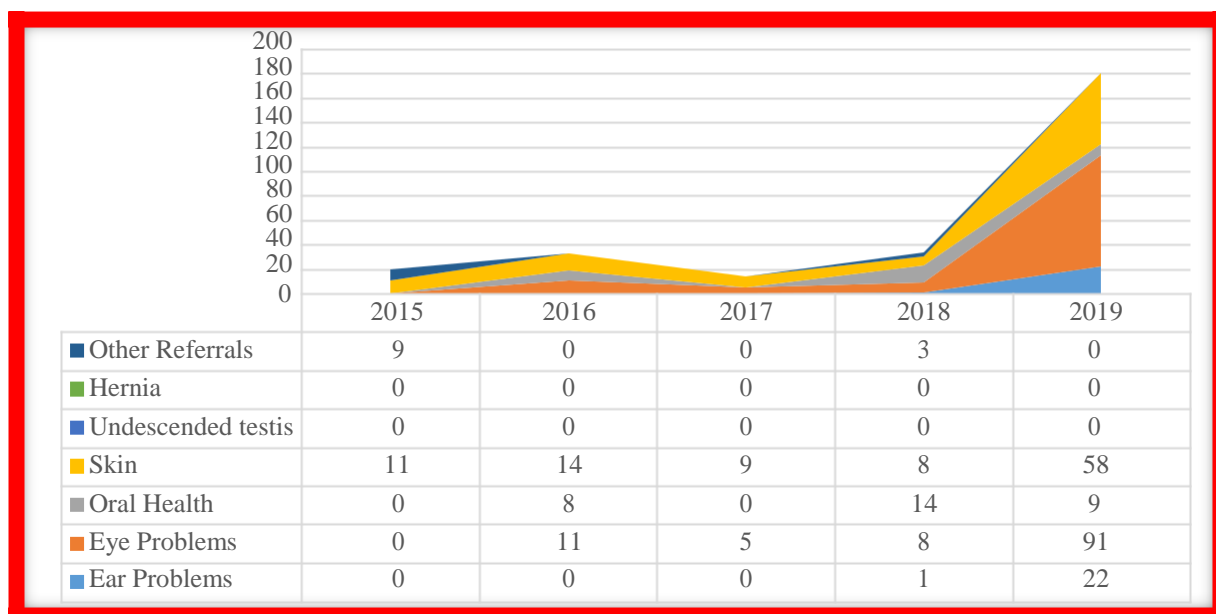
Moreover, the facility coverage rate of Penta 3 exceeded the recommended target of 97% by the region (GHS, 2019). High coverage of antigens reported by the facility indicates the preparedness of the Public Health Unit towards delivering quality health care delivery. It also suggests maximum protection for children against diphtheria, pertussis, tetanus, and hepatitis B and Haemophilus influenza type b in Duayaw Nkwanta Sub-district.

### 1.11 School Health Programme

School health services are very vital as it improves the health status of the children. In the year 2019, 1025 children were enrolled, out of which 886 were examined, and 68.7% (609) referred for further management (**Figure 6**). The data, compared to those of 2018, indicate a decline of 43.6%, 48.2%. The decline in the number of children enrolled and examined was due to the separation of some of the catchment areas of the hospital after the establishment of Duayaw Nkwanta Health Centre by the Ghana Health Service. However, the number of children referred saw a sharp increase due to enhanced Public Health service delivery embarked on at the hospital.



**Figure 6: School Health Programme from 2015– 2019**



**Figure 7: School Health Programme Diagnosed Conditions From 2015 - 2019**

The total number of children enrolled was 886. Out of that, eye problems constituted the majority (91) of the referred cases. It was followed by skin diseases (58) and ear problems (22), respectively. This, therefore, suggests that interventions at the sub-district in schools should first focus on the eye, followed by skin diseases and ear problems.

### 1.12 Nutritional Services

Growth Monitoring consists of routine measurement of weight and height of children under five to detect abnormal growth, combine some actions when it is discovered. This then aims to improve nutrition, reduce the risk of death or inadequate nutrition, helps educate caregivers, and lead to early referral for conditions manifested by growth disorders.

Tables 11 and 12 below show the number of children monitored and those identified to be deviating from the normal, considering the prevalence from 2017 - 2019. The year 2019 saw a total decrease in the number of children weighed in registrant compared to 2018. There has also been a decrease in attendance in the year under review compared to the previous year as shown in table 12. This is attributed to the division of CHPS zones with the Duayaw Nkwanta Health Centre and Mary Jacksons Clinic. Tables 11 and 12 further show the incidence and prevalence of malnutrition under an optimum nutrition for children under five 2018-2019. It



can clearly be seen that there was a decrease in the percentages of 0.4% and 0.3% for underweight in both incidence and prevalence of children weighed from 2018 to 2019, respectively. The incidence of underweight children reported by the facility in 2019 was far below the recommended target of 3% by GHS (2019). With the advent of the new maternal and child health records book, Children under five were accessed on their length/height to see the rate of stunted growth among them for appropriate intervention to be taken. This was done in March in the year under review. The trend can be seen in table 13 below. Stunting among children is far below the national threshold of 15% by 2020 (de Onis, *et al.*, 2019).

**Table 11: Incidence of Malnutrition (Underweight), 2017-2019**



**Table 12: Prevalence of Malnutrition (Underweight) 2017-2019**

Age In Months	Number Monitored(Attendance)			% With W/A <-2SD			Normal		
	2017	2018	2019	2017	2018	2019	2017	2018	2019
<b>0-11</b>	9663	5893	5415	32	68	48	9631	5825	5367
<b>12-23</b>	8304	5106	3377	42	91	54	8262	5015	3323
<b>24-59</b>	7582	5316	4305	32	76	46	7550	5240	4259
<b>TOTAL</b>	25549	16315	13097	101(0.2%)	235(1.4%)	148(1.1)	25443(99.6%)	16080(98.6%)	12949(98.8)

**Table 13: Prevalence of Stunting in 2019**

Age In Months	Number Monitored (Attendance)	Number with L/A < -3SD (Severe)	Number L/A >=3SD to <-2SD (Moderate)	NORMAL >=-2SD
Age In Months	2019	2019	2019	2019
0-11	2014	0	34	1980
12-23	1305	0	21	1284
24-59	1368	1	12	1355
<b>Total</b>	<b>4687</b>	<b>1 (0.02%)</b>	<b>67 (1.4%)</b>	<b>4619 (98.5%)</b>

### 1.13 INFANT AND YOUNG CHILD FEEDING

Infant and young child feeding focuses on nutritional needs and feeding practices in the first 1000 days of a child’s life. This is because it is the most critical period for child nutrition, after which sub-optimal growth is hard to reverse, hence a central area to improve child survival and promote healthy growth and development.

WHO & UNICEF (2017) recommend early initiation of breastfeeding within an hour of birth, exclusive breastfeeding for the first six months, and introduction of nutritionally adequate and safe complementary foods at six months together with continued breastfeeding up to 2 years of age or beyond as shown in the tables below.

From table 14, it can be seen that women who delivered at facilities and started early initiation within one hour of birth saw a decrease of 9% from 2017 and a 10% increase again from 2018-2019. Those practising exclusive breastfeeding at discharge saw a decline of 5% from 2017 with a rise of 6% from 2018 to 2019.

Table 15 shows no difference in exclusive breastfeeding at three months, comparing 2017 and 2019, but an increase of 3% when comparing 2018 to 2019. This could be attributed to the effective education and an emphasis on exclusive breastfeeding by the staff of children’s and maternity wards as well as those of A.N.C and R.CH. There was also a 1% decrease in the number of women initiating appropriate and timely complementary feeding at six months from 2018 to 2019. Table 16 also shows a progressive feeding status of children at one year. The table showed a decline of 22.6% from 2017 to 2018, and a further declined in 2019 by 10.2%. This calls for an intensive education on the importance of breastfeeding to 24 months to caregivers.

**Table 14: Early Initiation of Breastfeeding**

YEAR	Total Delivery	Mothers Initiating EBF Within 1hrs	Mothers Initiating EBF At Discharge
2017	1308	1276 (98%)	1275
2018	1502	1334 (89%)	1381
2019	1534	1521 (99%)	1510 (98%)

**Table 15: Feeding Status at Three Month**

<b>YEAR</b>	<b>Number Of Mothers Assessed</b>	<b>Number Practising EBF</b>	<b>Number Not Practising</b>
<b>2017</b>	1341	1224 (91%)	117 (9%)
<b>2018</b>	1204	1096 (91%)	108 (9%)
<b>2019</b>	749	703(94%)	46(6%)

**Table 16: Initiation of Timely Complementary Feeding at Six Month**

<b>YEAR</b>	<b>Total Number Assessed</b>	<b>No. Doing Timely Complementary Feeding</b>	<b>No. Not Doing Timely Complementary Feeding</b>
<b>2017</b>	1153	1066 (92%)	87 (8%)
<b>2018</b>	1676	1522 (91%)	154 (9%)
<b>2019</b>	729	657 (90.1%)	72 (9.9%)

**Table 17: Continued Breastfeeding at One Year (2017-2019)**

<b>YEAR</b>	<b>No. of Children Assessed</b>	<b>No. of Children Breastfeeding</b>
<b>2017</b>	3673	3673 (100%)
<b>2018</b>	3254	2842 (87%)
<b>2019</b>	5269	2551 (48%)

### 1.14 Micro Nutrient Deficiency Control

Micronutrients are essential elements needed by life in small quantities. They include micro minerals and vitamins that are required in trace amounts for healthy growth and development. These are essential for the proper functioning of every system in the body. As little as the quantities needed by the body, their deficiency is severe. Three of these micronutrients (vitamin A, iron, and iodine) affect child survival, women’s health, adult productivity, and overall resistance to illnesses. Supplementation programmes are, therefore, carried out in the country among the most vulnerable groups (pregnant women and children) to reduce its deficiencies among them.

### 1.15 Routine Vitamin Supplementation

As part of the steps to reduce deaths and improve growth among children, starting from 6 months, every child is supposed to receive a dose of vitamin A at six months’ interval until they are five years old (59months). This is achieved through routine vitamin A supplementation among children aged six to fifty-nine months, as shown in the table below from 2017-2019.

Table 18 shows the trend of the first and second semesters of 6-11 months’ coverage for 2017 to 2019, respectively. It shows as well the performance of children 12-59 months for the first and second semesters for 2017-2019. The year under review saw a decrease in the coverage compared to the previous years in both the first and second semesters for each age group. This is also attributed to the division of the catchment areas and logistical constraints for the first semester.

**Table 18: Vitamin A Supplementation 1st and 2<sup>nd</sup> Semester (6-11mths)**

Year	6-11months(first Semester)			6-11months(Second Semester)		
	Target Population	Number Dosed	Coverage	Target Pop.	Number Dosed	Coverage
2017	573	532	93%	573	597	104.1%
2018	582	804	138%	582	390	67.0%
2019	300	278	93%	300	371	124%

**Table 19: First and Second Semester 12-59 Months**

Year	12-59months(first Semester)			12-59 Months(second Semester)		
	Target Pop.	Number Dosed	Coverage	Target Pop.	Number Dosed	Coverage
2017	4585	3610	79%	4584	2644	58%
2018	4653	3101	67%	4653	1923	41%
2019	2399	1367	57%	2399	1591	66%

### 1.16 ANAEMIA IN PREGNANCY

Iron deficiency is found to be the most prevalent cause of anaemia globally, although other conditions such as chronic inflammation, parasitic infection and other inherited disorder, as well as insufficient intake of iron-rich foods, can also cause anaemia. The table below shows the trend of anaemia in pregnancy and the facility for the year under review

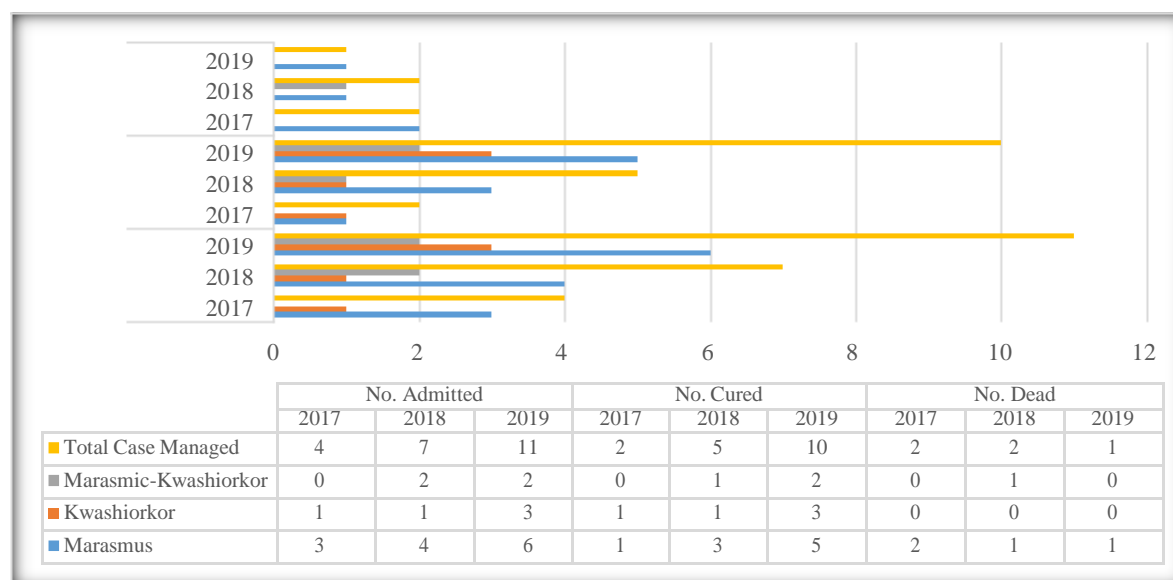
Table 20 shows the pattern of anaemia in pregnancy. From 2017 to 2019, there has been a decrease of 0.5% in 2017 and a decline of 0.2% in 2019 for <7gld (severely anaemic) at registration. Haemoglobin at 36 weeks recorded 0% from 2017 to 2019. Women who were moderately (<11gld) anaemic show an increase of 2% from 2017 to 2019 at registration. There was a rise of 1% from 2017-2019 at 36 weeks. Although, from the analysis, there has been a slight increase in the anaemia situation during pregnancy, especially at 36 weeks, it is still higher than the 25% anaemia in pregnancy target spelt out by Ghana Health Service (2019). However, there is a need to intensify education to clients on proper nutrition during pregnancy and on the need to take their iron and folate supplements to boost HB level for good health.

**Table 20: Incidence of Anaemia in Pregnancy**

	No. Registered/ Checked			<7gld			<11gld		
	2017	2018	2019	2017	2018	2019	2017	2018	2019
At Registration	1330	1536	1212	19 (1%)	7 (0.5%)	4(0.3%)	805 (61%)	812 (53%)	669 (55%)
At 36weeks	620	625	543	7 (1%)	3 (0.5%)	0 (0%)	399 (64%)	417 (67%)	371 (68%)

### 1.17 NUTRITIONAL REHABILITATION

Malnutrition refers to deficiency, excess, or imbalances in a person’s intake of energy and/or nutrients. This term covers two broad groups, thus under-nutrition and over nutrition. Under-nutrition is an aspect of malnutrition due to the deficiency of energy, protein, and other nutrients. It is most commonly seen in children and particularly during complementary feeding if feeding practices are poor. A child suffering from under-nutrition may have features of marasmus, kwashiorkor, or both (marasmic-kwashiorkor). The three-year trend in the cases managed at the rehabilitation centre is shown in figure 8 below.



**Figure 8: Severe Acute Malnutrition**

## 1.18 GIFT IRON AND FOLATE TABLET SUPPLEMENTATION PROGRAM

The GIFTS iron and folate tablet supplementation (GIFTS) program is designed to provide weekly IFA supplements through schools, health facilities and other channels. IFA supplements are provided to in-school adolescent girls and out-school adolescent girls aged 10-19 years in the municipality to help reduce the prevalence of anaemia among them.

All government schools within the sub-municipality are being rolled on the in-school supplementation programme. The hospital is also implementing the GIFTS programme to help girls who are not in school to have access to the supplementation programme in the municipality. Below are statistics for both out of school and in- school supplementation.

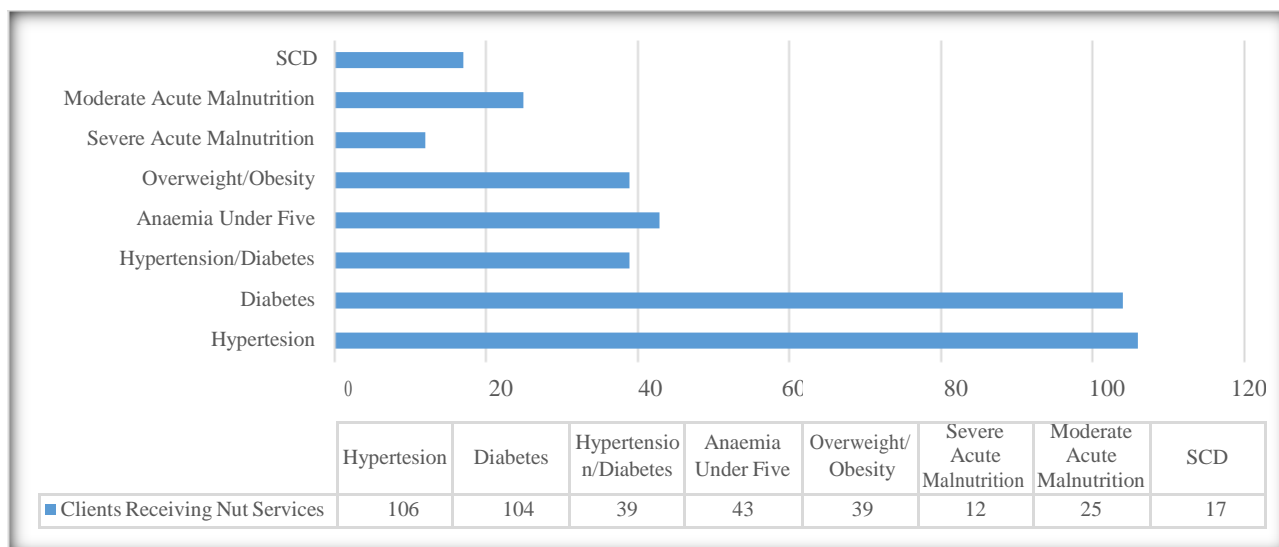
**Table 21: In-School Statistics**

Term	No. of Schools	Girls in School	Beneficiary	Programme Coverage	Effective Coverage
1 <sup>st</sup> Term	15	2640	2639	2639 (99.9%)	1199 (45%)
2 <sup>nd</sup> Term	15	1658	1612	1612 (97.2%)	783 (47%)
3 <sup>rd</sup> Term	7	1111	1101	1101 (99%)	689 (62%)

## 1.19 PROVISION OF NUTRITIONAL SERVICES TO NCD CLIENTS

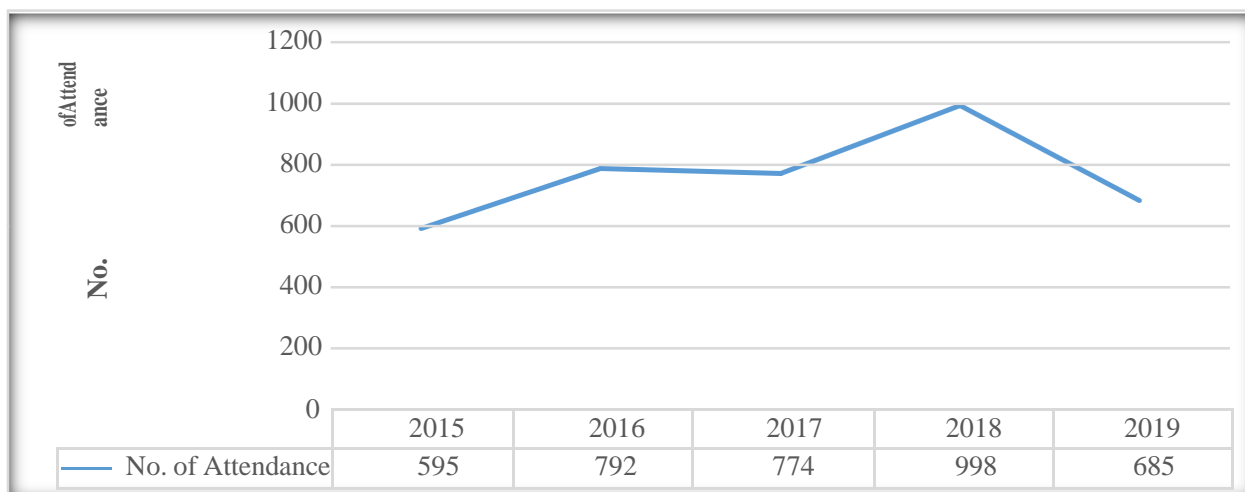
The nutrition unit saw a total attendance of four hundred and seventy-nine (479) with various conditions as compared to 2017, there was a decrease in attendance of 942 from 2018 to 2019. This is because previously, both OPD morbidity attendance on various conditions were added to the unit attendance.





**Figure 9: Number of NCD Cases Reported by the Nutrition Unit**

## 1.20 MENTAL HEALTH SERVICES



**Figure 10: Mental Health Attendance**

Figure 10 shows a decline of 31.4% in mental health OPD attendance. The decline in attendance was due to the establishment of a mental health unit at the Duayaw Nkwanta health centre by the Ghana Health Service. Maternal mental illnesses have been related to adverse birth outcomes in Ghana. However, the links between mental health and birth outcomes are complex and influenced by socioeconomic, biological, and demographic determinants in diverse populations (Villar, et al., 2003). Understanding the relationships that exist between mental health and birth outcomes is an essential base for developing mental health interventions to improve birth outcomes, and quality of life, reduce maternal and newborn morbidity and mortality in Ghana. Based on this, we recommend the mental health unit to integrate maternal mental health care into mainstream prenatal and natal care services.

From table 22, epilepsy, substance abuse, schizophrenia, alcoholism, anxiety and OCD were mostly found in men more than in women. Women were, however, found reporting with psychosis, enuresis, migraine and dementia more than their male counterparts.

**Table 22: Prevalence of Mental Health Illnesses**

Conditions	Males	Females	Total
Epilepsy	139	132	271
Psychosis	77	110	187
Substance Abuse	16	0	16
Enuresis	2	9	11
Migraine	16	32	48
Schizophrenia	47	35	82
Alcoholism	9	0	9
Dementia	9	19	28
Anxiety	2	0	2
OCD	1	0	1
Stress	1	1	2
<b>Total</b>	<b>313</b>	<b>335</b>	<b>658</b>

Table 23 depicts the total number of 183 new cases in 2019. Out of the 183, males formed the majority indicating a higher prevalence of mental illnesses among males than females. The high incidence of mental health cases among males is due to poor lifestyle behaviours of men and can be linked the study by (Velten, Bieda, Scholten, Wannemülle, & Margraf, 2018), which reported a healthy lifestyle as beneficial for individual’s mental health.

**Table 23: Incidence of Mental Health Illnesses**

Conditions	Males	Females	Total
Epilepsy	47	16	63
Psychosis	26	22	48
Enuresis	3	1	4
Substance Abuse	5	2	7
Depression	1	0	1
Delirium	0	0	0
Schizophrenia	0	0	0
Alcoholism	21	0	21
Dementia	10	8	18
Migraine	7	7	14
Anxiety Base	1	2	3
Autism	0	2	2
Neurosis	1	1	2
<b>Total</b>	<b>122</b>	<b>61</b>	<b>183</b>

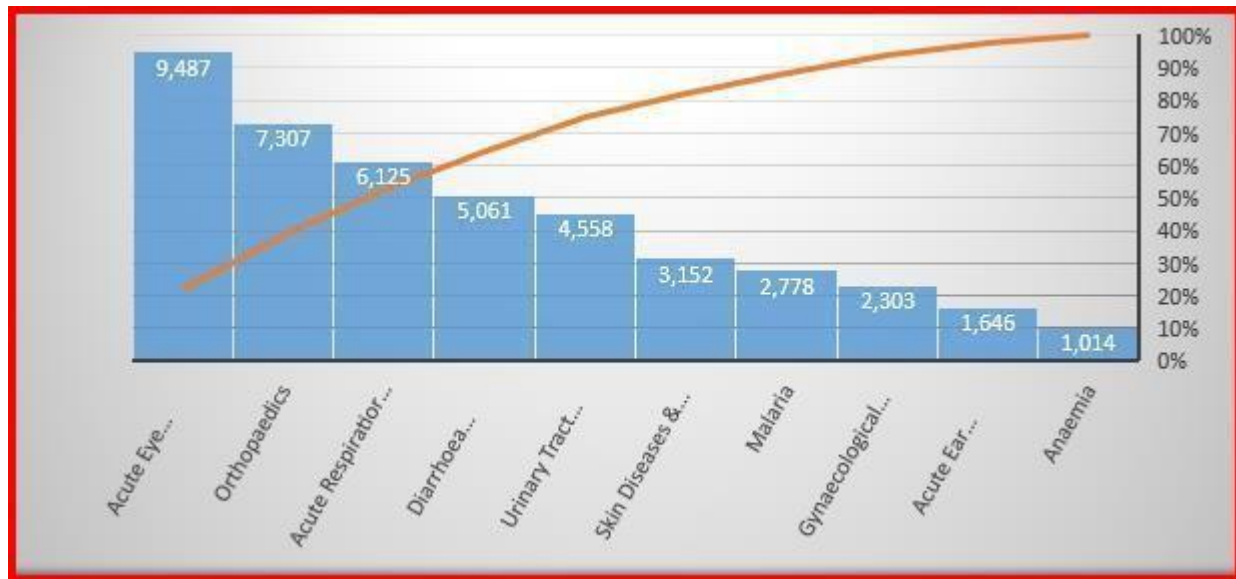
### **Community Activities**

The department successfully conducted thirty (30) home visits, five (5) case searches and nineteen (19) outreach programmes within Duayaw Nkwanta and its sub-districts.

## 1.21 Summary Burden of Disease (Epidemiology)

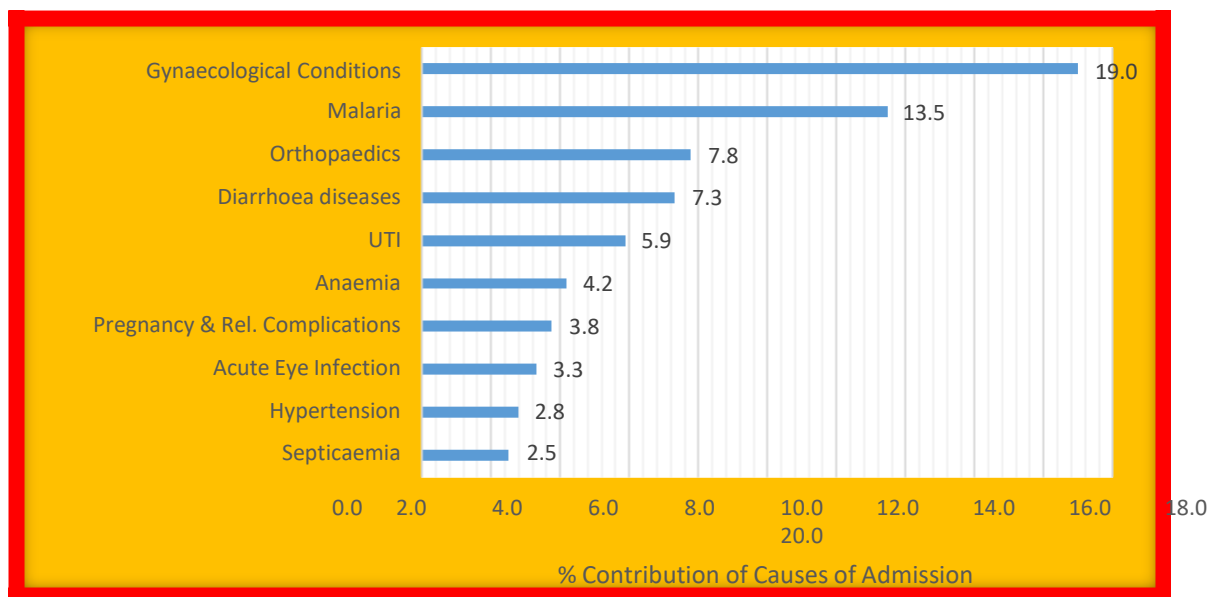
There has been very little change in the top 10 common conditions for OPD visits and admission over the past five years (2014-2019).

### 1.21.1 Morbidity



**Figure 11: Top Ten (10) Causes of OPD Morbidity for the year ending December 31, 2019**

The year 2019 reported acute eye infection as a significant incidence (9487) to occupy the first position of the top ten causes of OPD attendance (**figure 11**). This suggests a high prevalence of eye infections in the municipality. We, therefore, recommend that more attention is given to the Ophthalmology department of the hospital to help reduce the high incidence. Moreover, the research unit of the hospital should survey the prevalence and causes of acute eye infections in the municipality. The second on the list was Orthopaedics with 7307, followed by Acute Respiratory Tract Infection with 6125 and Diarrhoea with 5061. Despite our success in controlling mortality due to diarrhoea and its related diseases in Tano North Municipality, the disease burden remains unacceptably high, especially among children under five years and, therefore, needs to be investigated. Malaria occupied the seventh position with 2778 in 2019, with a decline in the number of cases recorded in 2018. The proportion of malaria incidence rate out of total OPD attendance is far below the 165/1000 attendance recommended by the Ghana Health Service (GHS, 2019). This, therefore, suggests a good stance by the prescribers towards the test before you treat the campaign by the national malaria control.



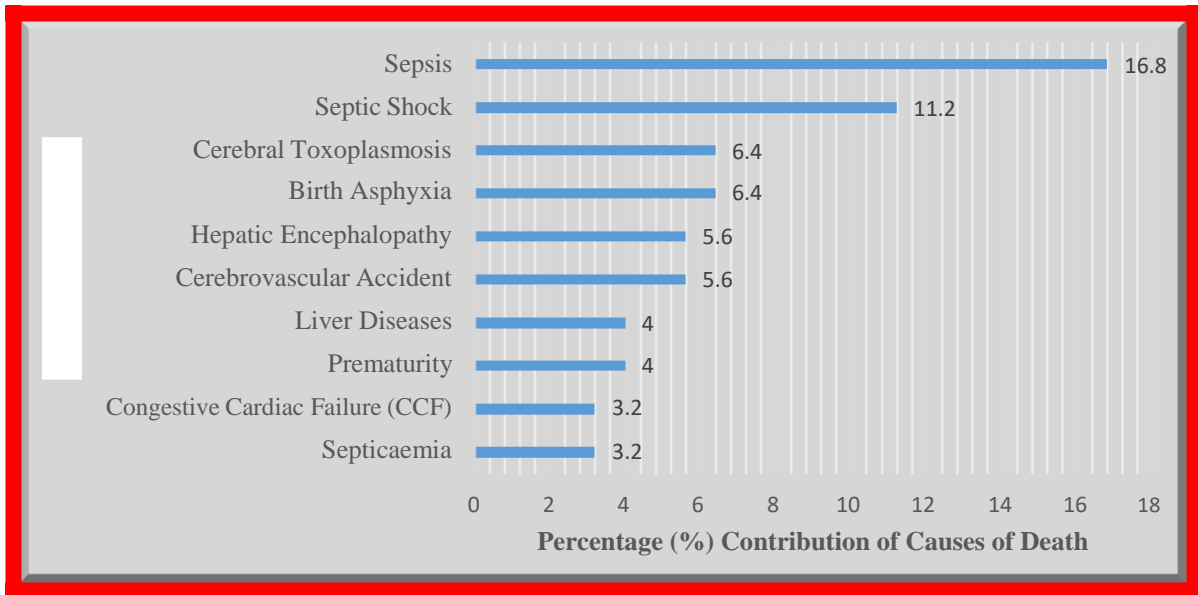
**Figure 12: Top Ten (10) Causes of Admission 2019**

During the year under review, Gynaecological conditions accounted for 19.0% of admissions followed by Malaria, 13.5%, Orthopaedics 7.8%, and Diarrhoea diseases (7.3%), respectively. Figure 12 shows the details of the top 10 causes of admission for 2019. Despite effective control of incidence of malaria at the municipality, malaria admissions remain high due to poor health-seeking behaviours and long distance to health facilities. We, therefore, implore the health promotion unit to embark on rigorous health education on malaria and other diseases.

### 1.21.2 Mortality

GHS (2019), in its Bono Ahafo regional holistic assessments, estimated 30-50% of the overall causes of death as Non-communicable diseases. Moreover, in 2016, NCD accounted for 43% of all causes of mortality, whilst 48% of all causes of deaths resulted from communicable, perinatal, nutrition, and maternal conditions (WHO, 2018). To confirm the various estimates, figure 13 as illustrated below indicates more than 50% of all deaths to be non-communicable diseases whilst sepsis constituted the primary cause of death with 16.8%, followed by 11.2% septic shock, 6.4% cerebral Toxoplasmosis, and birth asphyxia. Given the high percentage of deaths resulting from NCDs, perinatal and maternal conditions, measures have been instituted to promote health education on proper nutrition and the need to utilize maternal and child health services at the recommended time. Steps are in place to improve the accessibility of health services to the hard to reach communities and strengthen referral systems in the municipality.

Moreover, measures are in place to invite all referring facilities to participate in perinatal and maternal death audit. This will help improve our knowledge in referral policies and skills towards the delivery of health service to our cherished clients. We recommend to the Obstetrics and Gynaecology Department to revisit the Making Every Baby Count Initiative (MEBCI) project and train new staff to help reduce deaths that result from Asphyxia.



**Figure 13: Top Ten (10) Causes of Mortality for 2019**

## 1.22 Summary Health Status Indicators

The facility experienced an improvement in maternal, infant, and all-cause institutional mortality rates for the five years' performance, declining by 57%, 65.8%, and 14.9%, respectively. The maternal mortality rate was, however, a little above the accepted 125 per 100,000 live births by GHS (2019). Septic shock and cerebral haemorrhage accounted for the maternal deaths recorded in 2019. Neonatal and institutional all-cause mortality rates were, however, far below the accepted figure of 30 and 18 reported by UN (2019) and GHS (2019). The facility also experienced a high under-five mortality rate, neonatal mortality rate, and stillbirth rate of 17.4 per 1000 live births, 12.9 per 1000 live births, and 20.7 per 1000 deliveries. This is very alarming as the facility's rate is above the accepted regional and national targets of 12/1000 live births and 8/1000 deliveries (GHS, 2019). The neonatal mortality and stillbirth rates remain a challenge to the achievement of the Sustainable Development Goal 3 in Tano North Municipality. They, therefore, require immediate interventions to have them reduced. Factors that accounted for the high mortality rate included a delay in seeking care, delay in referrals, and delay in providing care due to space and old-fashioned equipment. We, therefore, use this opportunity to solicit support in aid of our NICU and ultramodern maternity block. This, combined with training of staff, rigorous health education, and introduction of mental health and nutritional services in the mainstream maternal health services, we are of the firm belief that the rates will further decline in the subsequent years.

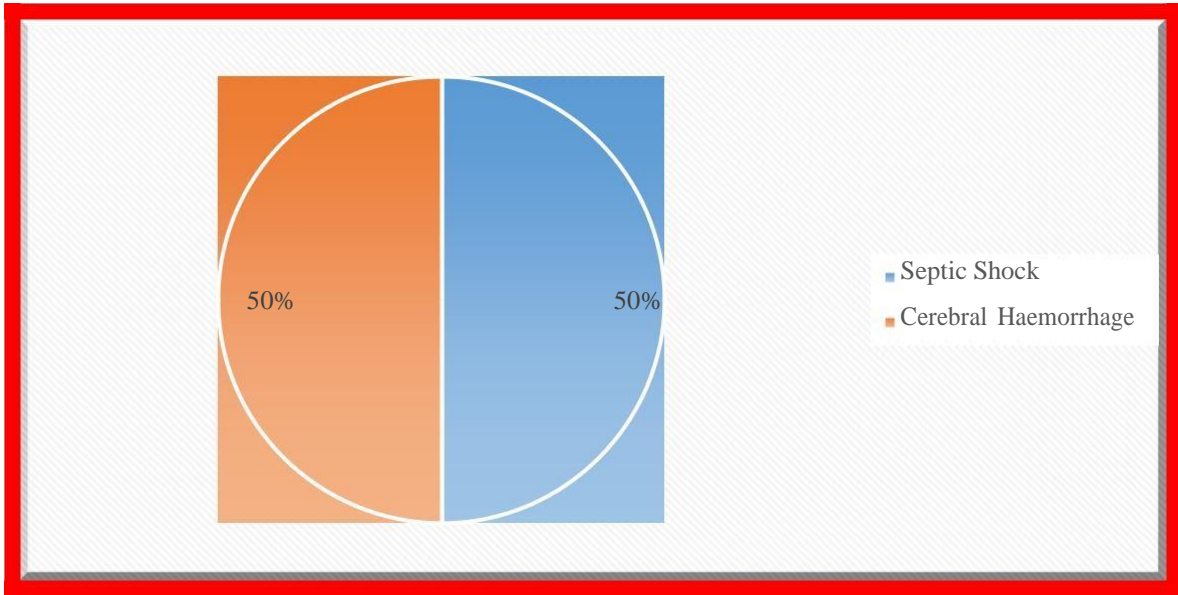
**Table 24: Key Health Indicators: 2015 – 2019**

Outcome Indicator	Year					% Change	One-year Performance	% Change	5-Year performance	National
	2015	2016	2017	2018	2019	2018 - 2019	2018 - 2019	2014 - 2019	2014 - 2019	2019
Maternal Mortality Rate (per 100,000 LB)	300	145	77	197	129	-34.5	Improved	-57.0	Improved	125 <sup>1</sup>
Neonatal Mortality Rate	1	7.3	6.9	7.2	12.9	79.2	Worsened	1190	Worsened	8 <sup>1</sup>
Infant Mortality Rate	3.8	2.9	3.1	3.3	1.3	-60.6	Improved	-65.8	Improved	30 <sup>2</sup>
Under 5 Mortality Rate	11.3	19.6	12.3	15.7	17.4	10.8	Worsened	54.0	Worsened	50 <sup>1</sup>
Still Births Rate	18	7.3	17.6	17.1	20.7	21.1	Worsened	15.0	Worsened	12 <sup>1</sup>
Institutional All-cause Mortality Rate (per 1000)	21	18	17	17	18	5.9	Worsened	-14.3	Improved	18 <sup>1</sup>

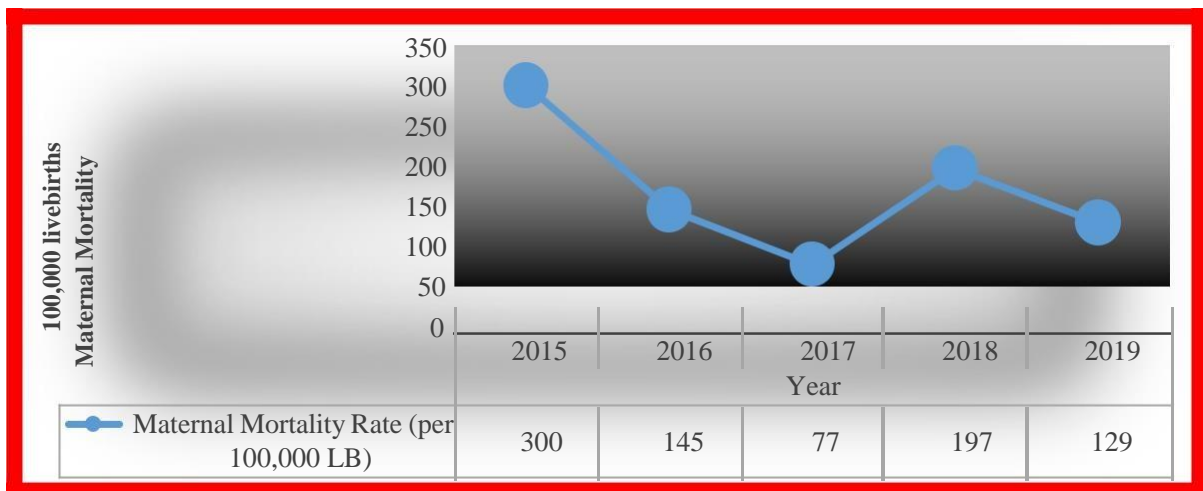
<sup>1</sup>GHS, 2019

<sup>2</sup>UN Inter-agency Group for Child Mortality Estimation, 2019

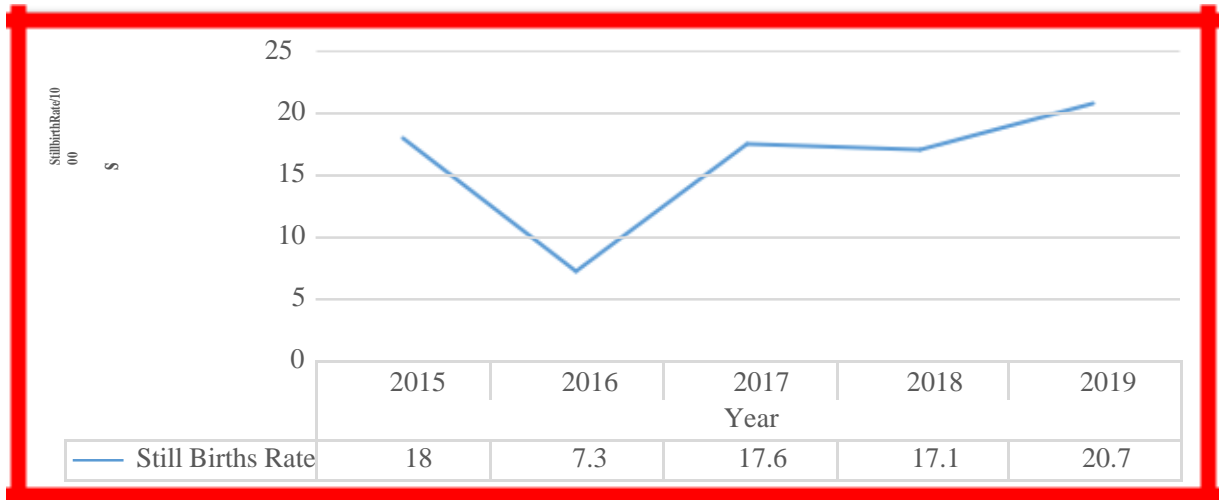




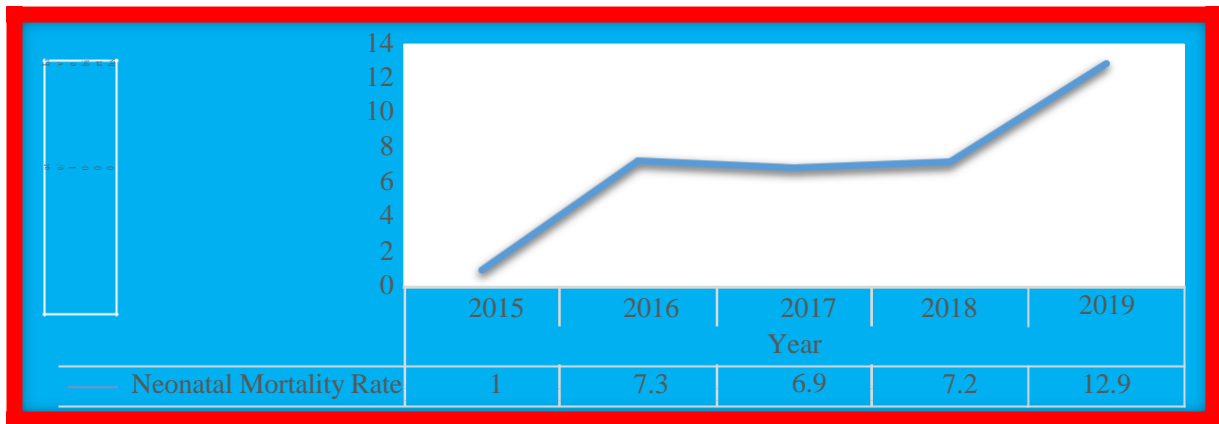
**Figure 14: Causes of Maternal Mortality for 2019**



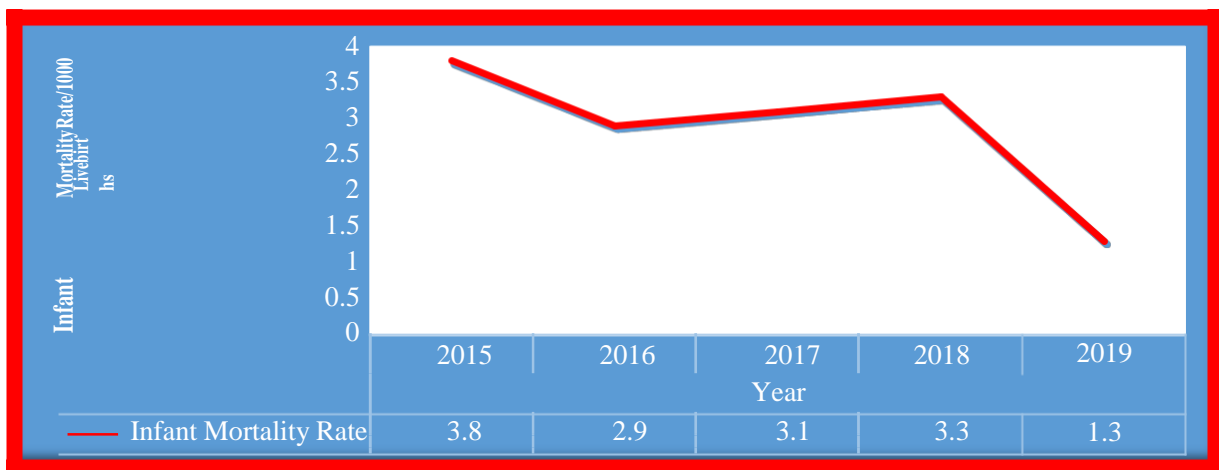
**Figure 15: Trend of Maternal Mortality Ratio: 2015 – 2019**



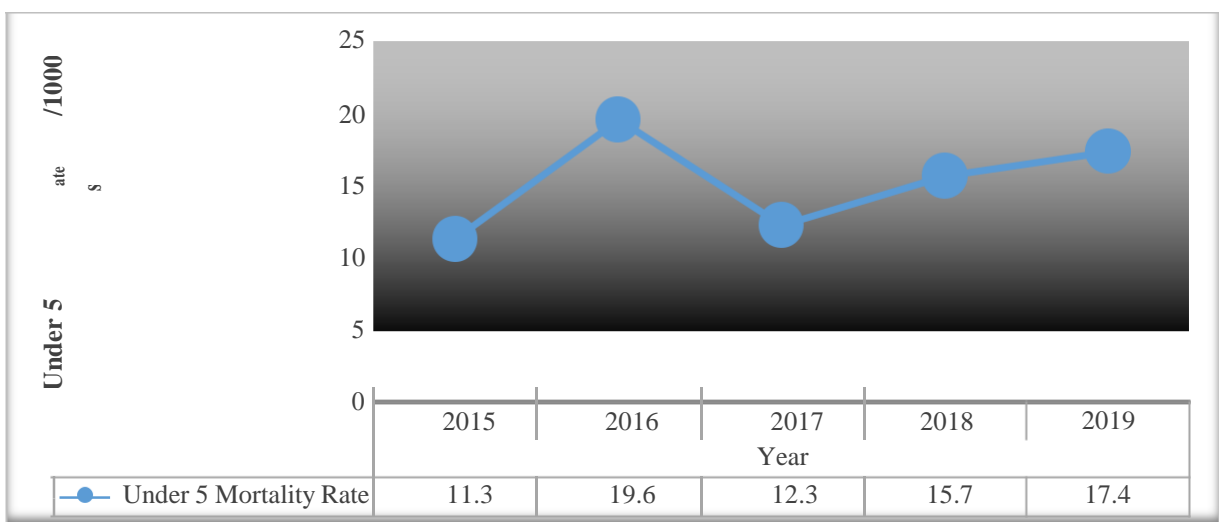
**Figure 16: Trend of Still Births Rate: 2015 – 2019**



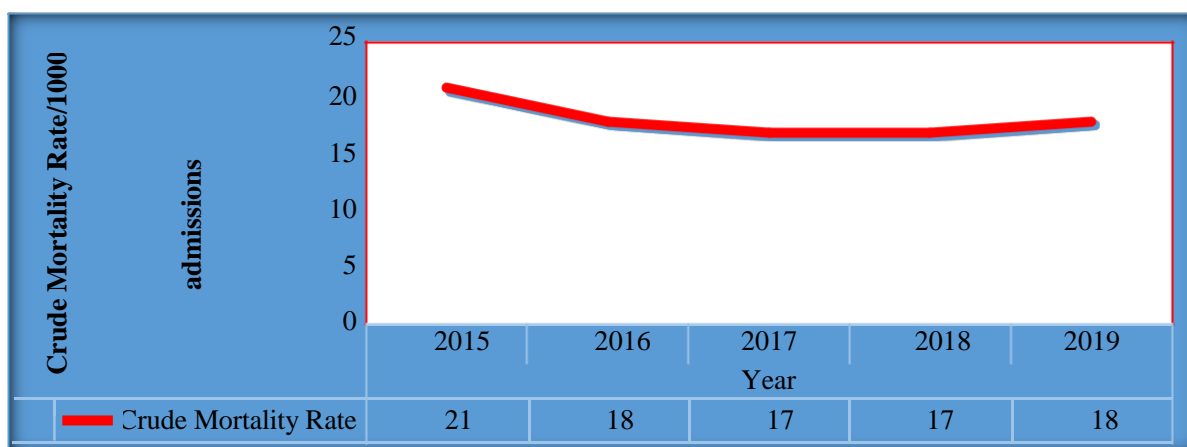
**Figure 17: Trend of Neonatal Mortality Rate: 2015 – 2019**



**Figure 18: Trend of Infant Mortality Rate: 2015 – 2019**



**Figure 19: Trend of Under 5 Mortality Rate (U5MR): 2015 – 2019**



**Figure 20: Trend of Crude Mortality Rate: 2015 – 2019**

### 1.23 Specialized Health Services

Table 25 depicts an increase of 16.1%, 14.4%, and 86.8% in Orthopaedics, Ophthalmology, and Physiotherapy for the five years' performance. Orthopedics and ophthalmology, however, fell short in terms of attendance in 2019 by 8.4% and 4.7% compared to 2018, whilst that of O & G, ENT, and Physiotherapy appreciated by 157.4%, 74.9%, and 8.5% respectively. The low number of Orthopaedics surgeons accounted for the decline in Orthopaedics attendance. Measures are in place to train two additional staff to augment the number of surgeons in the department. The increase in O&G, ENT, and Physiotherapy attendance was because of quality healthcare delivery rendered by the unit. Given the unencouraging trend of O&G services, Physiotherapy services, and ENT services, we recommend that management provides the necessary support to help improve access to and utilization of the various O&G, Physiotherapy, and ENT services at the facility and outreach points.

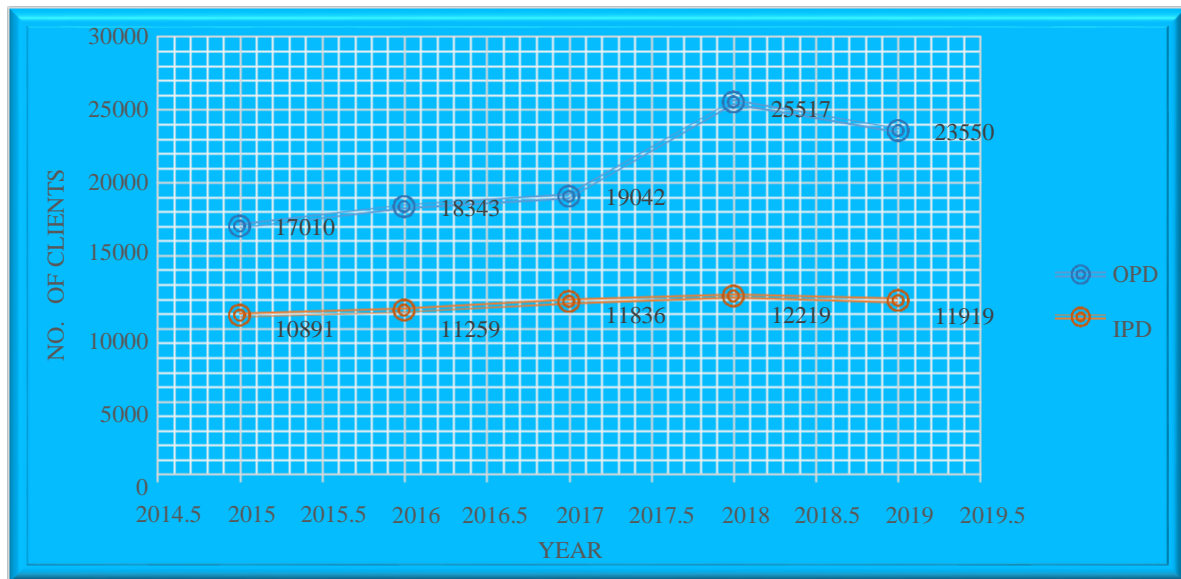
**Table 25: Delivery Output of Specialized Services**

Outcome Indicator	Year					% Change	One-year Performance	% Change	5-Year performance
	2015	2016	2017	2018	2019	2018 - 2019	2018 - 2019	2015-2019	2015 - 2019
Orthopaedics	8276	7444	8930	10491	9610	-8.4	Declined	16.1	Increased
O&G	0	79	633	1597	4110	157.4	Sharp Increase	NA	No data
Ophthalmology	7305	7272	7376	8771	8359	-4.7	Decline	14.4	Increased
E.N. T	0	0	116	764	1336	74.9	Sharp increase	NA	No data
Physiotherapy	4773	4592	4693	8214	8914	8.5	Increase	86.8	Sharp increase

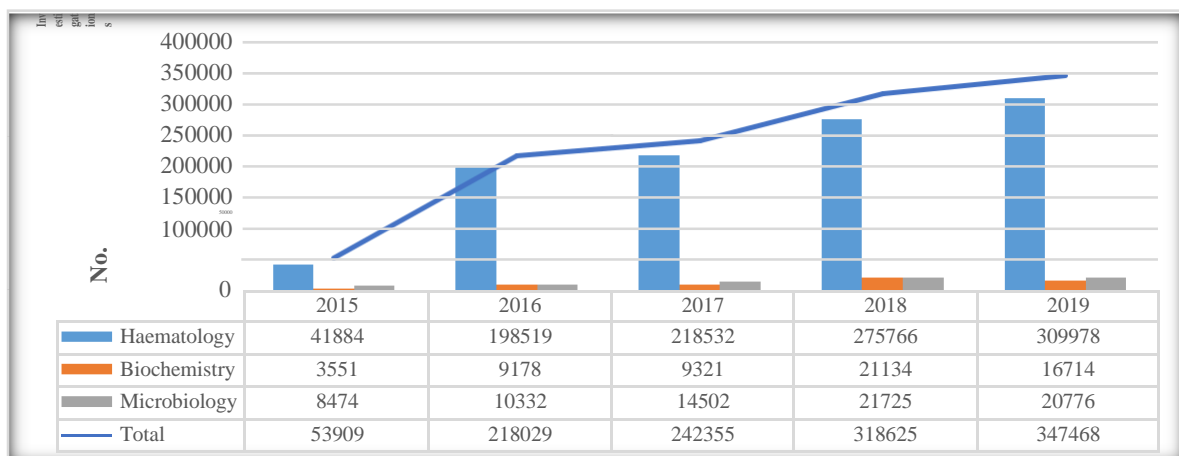
NB: NA means not applicable.

### 1.23.1 LABORATORY SERVICES

Figure 21 as illustrated below, depicts a decline in OPD laboratory attendance by 7.7% when 2019 is compared to 2018 (i.e., 25517 to 23550). IPD laboratory attendance also declined from 12219 to 11919 in 2019, representing a 2.5% decrease. Figure 13 illustrates a decline in Biochemistry and Microbiology investigations by 20.9% and 4.4%, respectively, in 2019. Breakdown in some of the laboratory equipment accounted for the decrease in laboratory attendance. Management may provide the necessary support for the department to help improve access to and utilization of laboratory services in the municipality and beyond



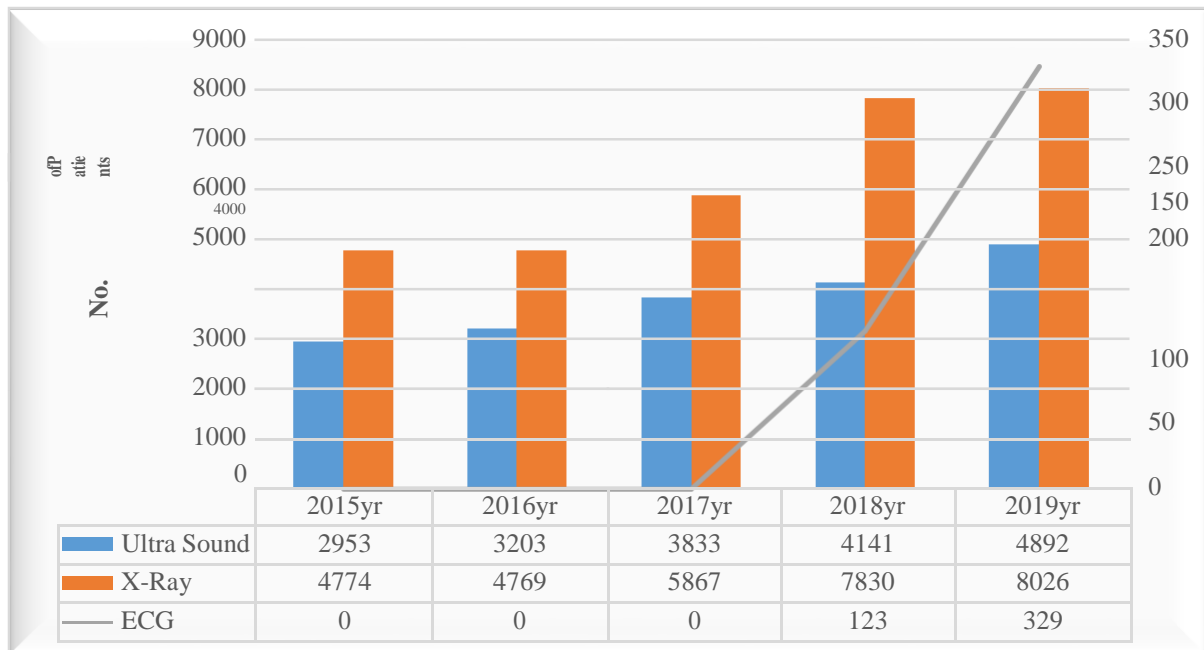
**Figure 21: Trend of Laboratory Services**



**Figure 22: Summary Diagnostic Services**

### 1.23.2 Imaging Services

During the year under review (2019), ultrasound services recorded an increase of 18.1%, X-ray, a 2.5% increase, and a 167.5% increase in ECG. From figure 23, ultrasound has, since 2015, always witnessed a rise in attendance whilst that of x-ray started in 2016. The increase in attendance was due to the quality of service delivered by the department.



**Figure 23: Imaging Service Delivery Output**

### **1.23.3 PHARMACY**

The pharmacy department was set up to specifically provide quality pharmaceutical services for both in-patients and out-patients in Tano North, its environs, and Ghana at large.

The department has two outlets, the main pharmacy and an annex at the RCH department on the premises of the hospital that seeks to provide the stated pharmaceutical objectives of the hospital.

To effectively implement its mandate, the department operates a twenty-four-hour service. To achieve the goals stated above, the department undertakes monthly Departmental meetings with in-service training to update personnel on current drug information.

Besides, weekly preparation of extemporaneous preparations is planned and executed under the tenets of GMP, whilst adhering to the dictates of approved monographs to ensure our finished products are of high quality, to minimize any shortages.

Twenty-four-hour effective and efficient pharmaceutical services are provided for both outpatient and in-patient departments with an emphasis on structured counseling steps by pharmacy personnel to ensure compliance with our clients.

Pharmacy personnel insists on timely reporting and refilling of ART's/TB drugs with specialised continuous counseling sessions for our registered clients. These services are done in tandem with other integrated medical services. These interventions help to ensure compliance with medications and alleviate the number one challenge of clients to assess ART services, i.e., stigmatization. With these measures in place, compliance is very high, and it goes a long way to reduce the incidence of drug resistance in patients.

The department reports activity of the Drug and Therapeutics Committee meeting of the hospital to management to positively influence the procurement and management of quality drugs in use by the hospital.

In line with the FDA guidelines on safety monitoring and pharmacovigilance, the department actively seeks and promptly reports all incidences of adverse drug reactions to the FDA to ensure the safety of clients on medications.

## Performance Highlights

### *Rationale drug use*

Operational research into rational drug use in the hospital indicated that from 2017 to 2019, the average number of drugs prescribed per prescription target was met and had been consistent for the last two years. This is as a result of the clinicians working tirelessly to avoid polypharmacy. There was also an increase in the percentage of generic prescriptions from 82 in 2018 to 84 in 2019, whereas the rate of antibiotic usage decreased from 30% to 28%, which was positive. The percentage use of injectable also reduced from 18 % to 10% in the year under review. Generally, the usage of essential medicines decreased from 88% to 85% in 2019. Indication of review dates on prescription forms drops by 76 in 2018 to 70 in 2019, whereas a diagnosis of patient was always indicated in folders 100% Of the time.

**Table 26: Findings from Rational Use of Medicines from 2017 - 2019**

INDICATORS	Regional. Targets	2017	2018	2019	Remarks
AVERAGE NO. OF DRUGS PRESCRIBED	3	3.2	3.00	3.00	Target Met
% GENERIC	100	78	82.00	84	Target Missed
% ANTIBIOTIC	<20	40.00	30.	28	Target Missed
%INJECTION	<10	7	18	10	Target Met
% EML	100	92	88.00	85	Target Missed
DIANOSIS%	100	100	100	100	Target Met
REVIEW DATE%	100	86	76	70	Target Missed

### *Art / TB Treatments*

In 2019, we initiated 121 clients onto ART's, and we also provided two clients with PEP. In contrast, the discovery and treatment and new TB cases decreased from 20 to 18, hence indicating the need for ART/TB teams to up their game when it comes to the discovery of new cases. Due to improved logistical management of drugs, the program had a 100% availability of drugs for the treatment and management of presented HIV and TB cases.



### *Extemporaneous preparations*

The following quantities of quality products were produced at our manufacturing unit.

**Table 27: Drug Preparations**

<b>PRODUCT</b>	<b>QUANTITY PRODUCED IN 2018</b>	<b>QUANTITY PRODUCED IN 2019</b>
Syr Paracetamol	8960	8670
Mixt. Magnesium Trisilicate	840	1426
Syr Simple Linctus Pediatric	2370	1748
Syr Simple Linctus Adult	960	957
Oint. Methyl Salicylate	210	570
Normal Saline Drops	1450	2420
Olive Oil ear drops	25	138
Hand Sanitizer	450 Litres	780 Litres
Bleach 2%	18100 Litres	19500 Litres

### *HIV and TB defaulters*

The ART team in the hospital needs to intensify its activities since some clients on ART and TB treatments were lost to follow-up even though required medications for the management and treatment of their conditions were available at the pharmacy.

### *ADR reports*

A total of 3 adverse drug reactions were detected and duly reported to the FDA for causality assessment by the technical advisory committee.

Due to the low reportage of ADR cases in the hospital, there's the need for the Institutional contact person for safety monitoring of drugs to liaise with FDA to intensify their educational activities to healthcare providers so as to actively detect and report all ADR's cases to the department for onward transmission to the FDA.

## 1.24 HEALTH INFORMATION

The Health Information Department was established to foster the management of health information and the application of statistics in the biological field. Our department sees to the development of quantitative methodologies and tools for scientific research in the clinical and public health field intending to improve the quality of care that the hospital delivers to her patients. Our vision as a department embraces all scientific methods starting from study design, data collection, statistical analysis, and interpretation of results.

The department has two medical records units, which include the main OPD and Reproductive and Child Health Unit. These units have able professionals who see to the registration of patients using the Patient Health Information System (PHIS), retrieval, and filing of folders. Staff executes their routine activities based on the code of ethics observed by all Medical Records professionals. The facility uses both paper and electronic records keeping. The hospital ICT Department, has always been supportive towards achieving the departmental goals especially the management of PHIS.

Our department is blessed with nine (9) staff that are experts in the management of patient's health information, various statistical and epidemiological methods that advance understanding of both clinical and public health practice, and also help ensure that research is done based on standards. During the year 2019, we recorded a sad demise of one of our seniour-most staff in the person of Mr. Stephen Kofi Boateng (Deputy Chief Biostatistics Technical Officer).

To improve the intellectual capacity of the department, the department continues to train staff and students on the application of statistics and health information management in both clinical and public health practice. We are also liaising with management to migrate from paper-based record keeping to electronic records keeping.

## 1.24 LEADERSHIP AND GOVERNANCE

### **Table 28: Leadership and Governance: Critical Challenges**

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The hospital was unable to achieve a 100% availability of drug stock at the pharmacy at all times throughout the year. This can be attributed to the under listed factors.

- Old or obsolete equipment.
  - Late reimbursement of NHIS claims
  - Activities of traditional healers
  - Lack of recovery ward for general theatre
  - Lack of production unit
  - Late referrals from other facilities
  - Inadequate Staff accommodation
  - Difficulty in mechanizing staff
-

## 1.25 HUMAN RESOURCES

The human resource development policy of the hospital is tailored to attract, recruit, motivate, retain and develop highly skilled and qualified both health and non-health professionals to offer quality services towards the delivery of total quality health to our patients within our jurisdiction and beyond.

The objectives for the Human Resource Department were as follow:

1. To ensure performance management and compliance.
2. To ensure sustainability of the hospital.
3. To promote and harness effective leadership.
4. To ensure staff retention.

**Table 29: Comparative Summary of Nominal Role**

PROFESSION	TOTAL NUMBER OF EMPLOYEES		2019
	2018	2017	
Doctors	7	7	6
Orth/Trauma Consultant	1	1	1
Optometrist	1	1	1
General Surgeon	1	1	1
Gynecologist	1	1	2
Physician Assistants (Medical)	1	3	1
Physician Assistant (Anesthetist)	4	3	4
SRN, RGN/Diploma	56	59	62
Midwives	31	33	36
Community Health Nurses	16	15	17
Enrolled Nurses	36	41	58
Health Assistants	29	29	29
Pharmacist	2	2	2
Pharmacy Technician	4	4	4
Dispensing Assistant	2	2	2
Laboratory Technicians	3	3	4
Biomedical Scientists	3	2	5
Lab. Assistants	1	1	1
Physiotherapists	1	2	1
Occupational Therapist	1	1	1
Field Technician	2	5	2
Physiotherapy Assistants	6	6	6
Radiographer	1	1	1
X-ray Technicians	1	1	1
X-ray Technical Assist	1	1	1
Supply Managers	2	2	2
Human Resource Manager	1	1	1
Internal Auditor	2	2	2
IT Manager	0	1	0
I.T. Technical Assist	2	1	2
Records Officers	2	2	2
Typist	1	1	1
Administrative Manager	3	2	3
Stenographer	0	1	0

Orderlies/Mortuary	25	20	25
Security	11	8	11
Biostatistics Officer	2	3	2
Health Educator	3	2	3
Technical Officer	2	1	2
BiostatAsst/Records Officer/Asst	6	5	6
Tech. Officer (Engineering)/Electricals	1	3	1
Driver	3	3	3
Occupational Therapist Assistant	2	2	2
Disease Control Officer	1	1	1
Junior/ Foreman/Artisans	5	5	5
Laundryman	2	2	2
Environ. Health Officer	1	1	1
Nutritionist	1	2	1
Public Health Officer (Informatics)	1	0	1
Technologist (Clinical Engineering)	1	1	1
<b>TOTAL</b>	<b>308</b>	<b>306</b>	<b>342</b>

## 2019 INCIDENCE

**Table 30:** Incidence

<b>1 POSTINGS</b>			<b>6 RECRUITMENT/PERMANENT POSTING</b>	
Rotation Nurses	35		Number of people recruited	60
Rotation Midwives	10			
Others	3		<b>7 ATTACHMENTS/CLINICALS</b>	
			Number of clinical students	753
<b>2 LETTERS</b>			Number of attachment students	27
Number of letters received	427			
Number of letters dispatched	234		<b>8 RETIREMENT</b>	
			Number of Retired Staff	0
<b>3 PROMOTIONS</b>				
Number of promotion Applications	55		<b>9 ORIENTATION</b>	
*Number of people Promoted	52		Number of Orientations conducted	8
Number disqualified	3			
<b>4 RELEASE/TRANSFER</b>				
In	0			
Out	0			
<b>5 ASSURANCE</b>				
Number of assurances requested	3			
Number of assurances given	2			

## **RECRUITMENT/POSTING**

• The hospital also got **forty-six (60)** qualified newly posted staff to fill various existing vacancies in the hospital. The categories of cadres posted are illustrated in the table below;

**Table 31: Recruitment**

<b>NO.</b>	<b>CADRE</b>	<b>NUMBER</b>
1	BIOMEDICAL SCIENTIST	2
2	PHYSICIAN ASSISTANT	1
3	TECHNICAL OFFICER (LAB)	1
4	TECHNICAL OFFICER (PHYSIO)	1
5	ACCOUNTS OFFICER	2
6	FINANCE OFFICER	1
7	ENROLLED NURSES	24
8	STAFF NURSES	10
9	MIDWIVES	6
10	NURSING OFFICER	1
11	COMMUNITY HEALTH NURSES	1
12	PROCUREMENT MANAGER	1
13	PURCHASING OFFICER	1
14	HUMAN RESOURCE MANAGER	1
15	HEALTH EDUCATOR	2
16	HEALTH PLANNER	2
17	HEALTH TUTOR	1
18	NUTRITION OFFICER	1
19	ESTATE MANAGER	1

## **STAFF ORIENTATION**

• A total of **9 organized group orientations** (on-board) were organized for new staff and students who came to undertake their clinical/industrial attachments or assumed duties in our facility. There were several other orientations done for individuals who joined our facility for same purpose. These were purposefully done to improve staff and student's morale, increase productiveness of them and reduce their anxieties in new working environment. Notably among things discussed at the orientation included but not limited to vision, mission, core values, code of conduct, sexual harassment policy, role/job descriptions, handbooks, organizational chart etc.

• In addition, **one (1) exit orientations** were organized in the same period to see off particularly the national service/rotation personnel's who undertook their mandatory national service in our facility. As part of the strategy, exiting national/rotation service personnel are made to write their report on specific themes including their overall experience in the hospital, the good things in the hospital that need to be sustained as well as negative things that need to be checked and corrected.

## **PAYROLL AUDIT**

The Ghana audit service conducted a payroll audit for the fiscal year 2018 within the first half of 2019. All required processes leading to compliance of stated legislation were observed during the period. However, it was established that serving staff on study leave do not submit their academic transcript to the facility for perusal and monitoring to establish whether or not our staff are performing well in school.

They recommended that all serving staff on study leave should submit their academic transcript to enable management ascertain the progression of their academic work.

## **STAFF DURBARS**

Four (4) staff durbars were held within the period under review. (Durbars held on 8<sup>th</sup> March, 31<sup>st</sup> March, 23<sup>rd</sup> April, 2019 and 5<sup>th</sup> May, 2019, 8<sup>th</sup> August, 2019 and 22<sup>nd</sup> November, 2019 respectively)

## **RETREAT**

To promote the spiritual wellbeing and upliftment of the staff, the Chaplaincy in collaboration with Human Resource department organized two (2) retreats in 2019 for staff. (6<sup>th</sup> June, 2019 and 7<sup>th</sup> June, 2019 Respectively)

## **STAFF RETENTION STRATEGY**

Our staff retention strategy tailored to manage staff turnover and retain valuable employees. This policy sets down the different ways in which the human resource department seeks to minimize staff turnover. There are considerable benefits in seeking to minimize staff turnover. The human resource department believes that if the hospital has problems retaining staff, there may be problems with employee morale and hence the high cost of recruiting and training new staff. As a result, the hospital is determined to uphold and implement fully the diocesan/CHAG/NCHS/MOH policy that all trained staff in the hospital must serve the hospital for at least 3 years before the staff can be released. Our staff retention policy includes the following:

- Staff development

- Flexible working
- Performance reviews
- Remuneration and benefits
- Communication
- Exit interviews
- Policy review.

### **LIST OF ACHIEVEMENTS**

- Several training/in-service training programs were conducted for staff.
- All required/planned recruitment were done within the period.
- Staff reporting time and general attendance has improved significantly as a result of the introduction of electronic clocking device
- All staff started their appraisal forms from the beginning of the year clearly stating their objectives, planned activities to achieve their objectives as well as stating their agreed midyear activities.
- Confidentiality in respect of staff information, administrative information improved tremendously, however little effort is required to perfect the situation.
- Management policies, decisions and organizational protocols were efficiently explained to staff and relevant stakeholders
- The HR department successfully organized on-board and exit orientation for all new staff and exiting staff respectively.

## **EMERGING CHALLENGES**

- Staff knowledge on appraisals, interviews and work-related issues very low.
- High incidence of excuse duty hampering productivity and service delivery.
- Shortage of specialized and other technical staff e.g. Physician specialist and orthopaedic surgeons etc.
- Inability to mechanize non-mechanized staff with particular reference to the difficulties in procuring financial clearance.
- Poor interview techniques by staff.
- Improper presentation of appraisals coupled with lack of understanding by staff.
- Lack of knowledge on basic procedures.

## **WAY FORWARD**

- Develop employee hand book for all staff spelling out the dos and don'ts of the hospital.
- Introduce a coaching and mentorship program to facilitate knowledge transfer from highly skilled staff to new staff as well as less skilled staff.
- Train 2 Orthopaedic specialists
- Sponsor more staff to pursue various specialties.



**Table 32: HR-Needs for 2019**

<b>NO.</b>	<b>SPECIALTY/HR NEED</b>	<b>NO OF PERSON REQUIRED</b>
1	EYE	1
2	CRITICAL CARE NURSING	2
3	ANAESTHESIA	1
4	TOP-UP (DIPLOMA RGN)	5
5	PERI-OPERATIVE NURSING	1
6	DENTAL CARE NURSING	1
7	PAEDIATRICS	2
8	POST DIP.(MIDWIFERY)	2

## **HR OBJECTIVES FOR 2020**

1. To ensure performance management and

compliance This would be achieved through:

- Effective performance management, recruitment of highly qualified and skilled personnel.
- Ensure effective and cutting edged training and development for staff
- Ensuring proper HR reporting.

2. To ensure sustainability of the hospital.

This would be achieved through:

- Talent management and strategic talent acquisition.
- Implementation of hospital's strategies
- Focusing HR development towards the hospitals succession planning program.
- Promoting diversity and innovative management.

### **3. To promote and harness effective leadership**

This would be achieved through:

- Identification of potential leaders among staff for coaching and training

### **4. To ensure staff retention.**

This would be achieved through:

- The provision of right tools to staff to work effectively
- By designing flexible schemes that allows staff to react and response to changed conditions.
- Promoting staff motivation

## 1.26 HEALTH FINANCING

		(A)	(B)	(C)	(D)
		ACTUALS	ACTUALS	ACTUALS	BUDGET
		<u>JAN- DECEMBER</u> 2019	<u>JAN- DECEMBER</u> 2018	<u>JAN- DECEMBER</u> 2017	<u>JAN - DECEMBER</u> 2019
<b>INCOME</b>	<b>NOTE</b>				
PATIENT FEES	1	7,628,385.60	6,938,766.27	6,160,340.15	8,490,293.27
GOVERNMENT SUBVENTION	3	7,845,540.06	6,767,256.48	5,980,199.88	6,933,035.51
MORTUARY FEES		146,911.00	139,681.00	124,768.00	126,904.40
OTHER INCOME	2	290,353.36	283,697.20	202,416.53	229,900.00
GIFTS AND DONATION	4	<u>145,754.58</u>	<u>219,608.55</u>	<u>106,669.80</u>	<u>129,000.00</u>
		16,056,944.60	14,349,009.50	12,574,394.36	15,909,133.18
<b>EXPENDITURE</b>					
COMPENSATION	5	9,954,447.75	8,575,993.58	7,422,733.34	8,943,947.11
PURCHASES AND SUPPLIES	6	2,946,287.42	2,970,889.32	2,744,498.45	4,406,253.74
REPAIRS AND MAINTENANCE	7	173,213.48	286,142.13	153,286.09	253,512.33
GENERAL ADMINISTRATION	8	2,352,070.49	1,781,751.62	1,665,556.23	2,046,746.57
BAD DEBT PROVISION		76,832.00	-	-	-
CAPITAL EXPENDITURE		<u>960,351.70</u>	<u>822,296.61</u>	<u>221,621.00</u>	-
		<u>16,463,202.84</u>	<u>14,437,073.26</u>	<u>12,207,695.11</u>	<u>15,650,459.75</u>
EXCESS OF INCOME OVER					
EXPENDITURE		-406,258.24	-88,063.76	366,699.25	

Source: SJGH Accounts Department (2019)

## **1.27 RESEARCH FOR HEALTH**

### **MOTIVATION VERSUS PERFORMANCE: DOES MOTIVATION INFLUENCE JOB PERFORMANCE IN CHAG FACILITIES? – A CASE STUDY AT ST. JOHN OF GOD HOSPITAL, DUAYAW NKWANTA**

#### **INTRODUCTION**

St. John of God Hospital, in 2018, had OPD attendance increased compared with 2017 and 2016. This is expected to increase further in the upcoming years. There is, therefore, the need to institute motivational staff packages to attract and retain the human capital of the hospital. If the employees are not satisfied with their jobs and not motivated to fulfill their tasks and achieve their goals, the organization cannot attain success (Ran, 2009).

Duties and responsibilities are not being adequately carried out with low scores observed in many cases, as revealed from the annual staff appraisal. Some heads of department have shown significant weakness in the supervision of their subordinates, without appraisal assessment due to lack of motivation. Some top managers are always found delegating their subordinates to carry out their duties. This demotivates the subordinates whose salaries are low. This creates resentment and the result is demotivation and poor performance. Others have ignored their supervisory role and have taken to blaming the subordinates for their failures. Some have also engaged in late coming and early departure from office, as indicated by the attendance register, which is monitored by the human resource department. Furthermore, staff retention at the hospital is endangered per statistics on the number of staff that joined different facilities in 2017 and 2018.

To eliminate factors that demotivate staff, the management of the hospital implemented forms of motivation. However, their impact for years has not been felt in the hospital, leaving gaps to be filled in. Hence, the necessity of this study to assess the effects of motivation to fill in the gaps identified at the hospital.

The study, therefore, sought to determine motivational packages available and their impact on health workers' performance at St. John of God Hospital, Duayaw Nkwanta.

To achieve the above goal, the following questions were asked:

1. Are staff satisfied with motivational packages available to them at the hospital?
2. How does motivation affect staff performance in the execution of quality health care delivery to clients?
3. What are the challenges faced by the management of St. John of God Hospital in the implementation of motivational packages?

## RESEARCH METHODOLOGY

A descriptive cross-sectional study was conducted at St. John of God Hospital, Duayaw Nkwanta, to determine the effect of staff motivation on job performance. Staff strength at the time of the study was three hundred and twelve (312). The study employed a descriptive method to describe the characteristics of the staff regarding staff motivation. A cross-sectional study method was used due to the larger population size.

The study population was made up of all staff working at St. John of God Hospital, Duayaw Nkwanta. The study frame of health workers at the facility was obtained from the departmental heads, excluding staff on study leave. The management team of the hospital was also included in the study to explore challenges faced by them during the implementation of the available motivation at the hospital. Management and staff of the hospital were included in the study due to their influence on quality healthcare delivery.

The sample size was computed using population formulae for a single population. There was no evidence on the effect of motivation on staff performance at St. John of God Hospital. The sample size was therefore computed based on 95% confidence interval and 5% degree of accuracy. The sample size was consequently calculated using the formulae below:

$$n = 1 + \frac{Z^2 \cdot p \cdot q}{d^2} \quad (2)$$

$n$  = required sample size

$N$  = population of staff (population = 312)

$d$  = degree of accuracy = 0.05

$$n = \frac{1 + \frac{1.96^2 \cdot 0.5 \cdot 0.5}{0.05^2}}{1} = \frac{1 + 7.84}{1} = 8.84 \approx 175.2$$

$n \cong 175$ . Although the computed sample size was 175, 73 staff, including two management members, were used for the study due to the shift systems for the nursing department.

A systematic sampling technique was used as the sampling technique. The study frame (list of staff) at each unit was obtained from their heads of department, excluding those on study leave. After obtaining the list, the

staff was chosen at an interval of two until the total required sample size was obtained from each unit or department. At instances where selected staff were not on duty, appointments were booked with them for the interview for the next day. This was done throughout May and June 2019 to obtain the required data.

A self-administered close and open-ended questionnaire were used for the study. The questionnaire included sociodemographic variables, effects of motivation on job performance, staff satisfaction level on the available motivational packages, and the challenges faced by management in the implementation of available motivational packages.

All the determinants and outcome constructs were measured in the form of a five-point Likert scale (1= strongly disagree, 2= disagree, 3= neutral, 4= agree, 5= strongly agree). It was then pretested on 5% of the study population in Boukrukruwa Presbyterian Health Centre.

We interviewed management using an interviewed guide to determine the challenges faced by management during the implementation of available motivational packages at the hospital. St. John of God Hospital has a five-member management team, and all were interviewed.

Mindful of the confidentiality of respondents, the questionnaire was coded, and respondents were informed to replace their names with their codes for easy identification for completeness. The principal investigator checked the completeness of data on-site. The voices were recorded using phone voice recorders and later transcribed onto a paper for easy analysis. Before the voice recording, participants consented in order not to infringe upon their rights.

Data were coded from 1-5 for questions that were structured with “strongly agree” to “strongly disagree” before the data analysis. Data analysis was done using Stata version 14. Data were first coded in excel and later exported into Stata for analysis. We used univariate and multivariate analysis to determine the effects of motivation on job performance and factors that influence staff motivation. A significance level *P*-value <0.05 was used in all cases as a cut-off point. Variables that had a *P*-value of less than 0.05 were the important predictors of health workers’ performance using the Spearman correlation analysis model.

## KEY FINDINGS

### Socio-demographic Characteristics of Staff

**Table 33: Socio-demographic Characteristics**

Item Description	Frequency (n=73)	Percentage (%)
<b>Age</b>		
<20 years	12	16.4
20-40 years	61	83.6
<b>Sex of Respondents</b>		
Male	30	41.1
Female	43	58.9
<b>Marital Status</b>		
Married	50	68.5
Unmarried	23	31.5
<b>Educational Level</b>		
Primary	3	4.1
JHS	2	2.8
SHS	6	8.2
Tertiary	62	84.9
<b>Years of Working Experience</b>		
1-5	45	61.6
6-10	17	23.3
11-15	2	2.7

16-20	4	5.5
21-25	1	1.4
26-30	1	1.4
> 30	3	4.1
<b>Category of Staff</b>		
Clinicians	2	2.7
Nursing	48	65.8
Paramedics	23	31.5
<b>Factors that motivates staff to join the facility</b>		
Job security	24	32.9
Good salary	3	4.1
No job alternative	8	11.0
Good working condition	28	38.4
Discipline	2	2.7
Promoting God healing ministry	2	2.7
Posted here	6	8.2

**Source: Field Data (2019)**

From table 33, the ages of 83.6% of staff interviewed ranged from 20-40, whilst the remaining 16.4% were less than 20 years. Two out of the five management members agreed to be interviewed. All two were above 40 years of age. The majority of the respondents were females, representing 58.9% compared to 41.1% males. One of the management members interviewed was male whilst the other was a female. From the table, 68.5% of the staff were married whilst 31.5% were not. None of the management members interviewed was married. On the level of education, 84.9% of the staff had had tertiary education, 4.1% primary, and 8.2% SHS. All two management members interviewed had had tertiary education. Sixty-six point six (61.6%) of the staff had worked for 1-5 years, followed by 6-10 years (23.3%) and 5.5% with 16-20 years of working experience.

Meanwhile, from the face-to-face interview with management of the hospital, majority of the respondents had less than two years working experience whilst the other interviewee had more than 20 years of working experience. The majority (65.8%) of the staff were nursing staff, followed by 31.5% paramedics and the remaining 2.7% being clinicians. On factors that motivated staff to join the facility, 38.4% joined the facility due to the right working conditions, 32.9% were due to job security, 11% felt they joined the facility because they had no other alternatives and 8.2% they joined the facility through postings.

## Staff Satisfaction on Available Motivation

**Table 34: How Staff are satisfied**

Item Description	N	Mean	Std. Deviation
I understand the facility long term plan	73	3.7534	.8462
I have confidence in the leadership	73	3.7397	.8975
I feel part of a team working towards shared goals	73	3.5342	1.0149
There is adequate planning of hospital objectives	73	3.6301	.8417
I contribute to the planning process at the hospital	73	3.0959	1.1804
I am proud to work for this hospital	73	3.9863	.8896
I feel I contribute to the facility plan and mission	73	3.6027	.9681
I am given enough authority to make the decision I need to make	73	2.8219	1.1346
I am satisfied with the incentives paid to me	73	2.9863	1.1606
I am satisfied with recognition for a job done	73	2.9726	1.0798
I am satisfied with the salary paid to me for my job done	73	3.1507	1.1980
I am satisfied with the training and development package at hospital	73	3.4247	1.2124
I am satisfied with how am appraised	73	3.1918	1.1384
I am satisfied with the accommodation benefits	73	2.5479	1.1431
Work is exciting and satisfied to work here	73	3.6438	1.3781
I am satisfied with the working environment	73	3.3014	1.3196
I am satisfied with job security	73	3.2192	1.3869
I am satisfied with retirement benefits	73	2.7945	1.1780
I am satisfied working as a team	73	3.3013	1.2548
I am satisfied with staff promotions	73	3.1507	1.2766
I am satisfied with staff career progression	73	3.2876	1.1841
I am satisfied with the sick leave package	73	3.0685	1.2838
I am satisfied with annual leave benefits	73	3.0274	1.2690
Have the right equipment and material to work with	73	3.2329	1.2530
I am satisfied with free health care delivery to staff and dependents	73	3.4521	1.3441
I am satisfied with life insurance available to staff	73	3.3698	1.2417
I am satisfied with the disability benefits available	73	2.9863	1.2527

**Source: Field Data (2019)**

From Table 34, it can be depicted that the mean values range from 2.6 to 3.9 on a 5-point Likert scale where 1 = strongly disagree; 2=disagree; 3=fairly agree; 4=agree and 5=strongly agree. From table 3, staff reasonably understands the long-term plan of the facility with a mean value of 3.7534 and a narrow standard deviation of 0.8462 to suggest that most of the workers somewhat understand the long-term goal of the facility. From the face-to-face interview, **FI#1& 2** revealed that staff of the facility followed the vision and mission of the hospital. However, **FI#1** was quick to add that some of the staff do overlook the mission and vision of the facility. The table continued that most of the staff moderately agreed to have confidence in the hospital



management with a mean of 3.7397 and a standard deviation of 0.8980. Most of the staff also fairly agreed to be part of a team working towards shared goals with a mean of 3.5342 and a standard deviation of 1.0149. The table continued to depict that at a mean of 3.6301 and a standard deviation of .8417, the majority of the respondents fairly agreed that there is adequate planning of hospital objectives. The majority of the staff somewhat agreed that they contribute to the planning process at the hospital with a mean of 3.0959 and a standard deviation of 1.1804. The table continued that most of the staff fairly agreed to be proud to work for the hospital with a mean of 3.9863 and a standard deviation of .8896. The majority of the respondents interviewed also fairly agreed to contribute to the facility's plan and mission with a mean of 3.6027 and a standard deviation of .9681. On decision-making, scores of staff disagreed with having enough authority to make decisions they need to make with a mean of 2.8219 and a standard deviation of 1.1346. On satisfaction with their current incentives, most of the facility staff disagreed with being satisfied with incentives paid to them with a mean of 2.9863 and a standard deviation of 1.1606. Respondents were dissatisfied about recognition for a job done ( $\bar{x} = 2.9726 \pm 1.0798$ ). The table, however, revealed the majority of the workers somewhat agreed to be satisfied with the salary paid to them for the job done at a mean value of 3.1507 and 1.1980. This can be confirmed from what **FI#2** revealed that though staff were satisfied with their salaries, they desired more.

On training and development, the majority of the staff fairly agreed to be satisfied with training and development packages available at the facility with a mean of 3.4246 and a standard deviation of 1.2124. The majority of the staff interviewed also fairly agreed to be satisfied with how they were appraised by the facility with a mean of 3.1917 and a standard deviation of 1.1384. Most of the staff disagreed with being satisfied with the hospital's accommodation with a mean of 2.5479 and a standard deviation of 1.1431. The table continued to show that an overwhelming number of staff did fairly agree to see their work as interesting and satisfied to work at the facility with a mean of 3.6438 and a standard deviation of 1.3781. Most of the respondents fairly agreed to be satisfied with the working environment of the hospital with a mean of 3.3014 and a standard deviation of 1.3196. Job security was fairly agreed upon as satisfying by the majority of the respondents, with a mean of 3.2192 and 1.3869. The majority of the staff disagreed with having been satisfied retirement benefits provided to retirees at a mean value of 2.7945 and a standard deviation of 1.1780. The

table continued that most of the respondents fairly agreed to have been satisfied working together as a team with a mean of 3.3014 and a standard deviation of 1.2548.

Staff promotions reasonably agreed to be satisfied by most of the respondents interviewed with a mean of 3.1506 and a standard deviation of 1.2766. An overwhelming number of staff fairly agreed to have been satisfied with career progression packages available at the facility with a mean value of 3.2876 and a standard deviation of 1.1841. The majority of the staff somewhat agreed to be satisfied with sick leave packages at the facility with a mean value of 3.06849 and a standard deviation of 1.2837. It continued that most of the staff fairly agreed to be satisfied with annual leave benefits provided to staff by the facility with a mean value of 3.0273 and a standard deviation of 1.2690. Workers fairly agreed to have been satisfied with the right equipment and material to work with a mean value of 3.2329 and a standard deviation of 1.2530. Most of the staff also fairly agreed to have satisfied with free health care delivery to staff and dependents with a mean value of 3.45206 and a standard deviation of 1.3441. The table continued that scores of staff fairly agreed to be satisfied with life insurance available to staff with a mean of 3.3699 and a standard deviation of 1.2417. Staff were dissatisfied about disability benefits available at the hospital ( $\bar{x} = 2.9863 \pm 1.2527$ ). On factors that determine staff performance, both **FI#1&2** revealed that safety social, esteem and physiological needs are factors that determine staff job performance. From the face-to-face interview, **FI#1** revealed that staff were equipped with practical experience in the area of their interest in addition to staff technical knowledge. It was revealed from both **FI#1&2** that staff always have available equipment to work with whenever requested.

## Effect of Motivation on Job Performance

**Table 35: How motivational Packages affects Job Performance**

Item Description	N	Mean	Std. Deviation
Incentives	73	2.9178	1.1273
Recognition	73	2.9041	1.1200
Good salary	73	2.7397	1.2136
Training and development	73	2.4383	1.2800
Job satisfaction	73	2.4657	1.1676
Staff appraisal	73	2.4931	1.1561

Accommodation	73	3.3698	1.0475
Interesting work	73	2.5342	1.2142
Working environment	73	2.5205	1.3240
Job security	73	2.4383	1.2358
Retirement and other benefits	73	2.5205	1.1798
Team work	73	2.2054	1.0402
Promotion in the facility	73	2.3561	1.1945
Career progression	73	2.7808	1.2828
Sick leave	73	2.7260	1.2501
Annual leave benefit	73	2.4520	1.2252
Availability of equipment	73	2.1780	1.1098
Free health care delivery to staff	73	2.2328	1.3283
Life insurance	73	2.6164	1.3398
Disability benefits	73	3.6986	1.2767

**Source: Field Data (2019)**

Table 35 depicts the mean values ranging from 2.0489 to 3.75 on a 5-point Likert scale where 1 = very high; 2=high; 3=very low; 4=low and 5=uncertain. From table 4, incentives were found to influence performance profoundly, as revealed by the majority of the staff interviewed ( $\bar{x} = 2.9178 \pm 1.1273$ ). Recognition was also indicated to have a high impact on staff job performance ( $\bar{x} = 2.9041 \pm 1.1200$ ), as revealed by the majority of the staff. The majority of the workers also showed a good salary to have a strong influence on job performance ( $\bar{x} = 2.7397 \pm 1.2136$ ). Most of the staff were of the view that training and development provided by the facility profoundly affected their job performance ( $\bar{x} = 2.4383 \pm 1.2800$ ). When a job is satisfying, it highly influences job performance, as revealed by the majority of respondents interviewed ( $\bar{x} = 2.4657 \pm 1.1676$ ). Staff appraisal was also found to have a high impact on staff job performance ( $\bar{x} = 2.4931 \pm 1.1561$ ).

The table further revealed that accommodation has a very low impact on staff performance ( $\bar{x} = 3.3698 \pm 1.0475$ ), as revealed by the majority of the staff. When the work is interesting to staff, it profoundly affects their productivity, as revealed by the majority of respondents ( $\bar{x} = 2.5342 \pm 1.2142$ ). The working environment was also found to have a significant influence on staff job performance ( $\bar{x} = 2.5205 \pm 1.3240$ ). Job security was also found to have a high effect on staff performance, as indicated by most of the staff ( $\bar{x} = 2.4383 \pm 1.2358$ ). Retirement and other benefits were also found to have a high impact on staff performance as revealed by greater number of staff ( $\bar{x} = 2.5205 \pm 1.1798$ ). According to most of the staff interviewed, teamwork has a strong influence on their performance ( $\bar{x} = 2.2054 \pm 1.0402$ ). Promotion at the facility level was as well found to have a high impact on staff performance ( $\bar{x} = 2.3561 \pm 1.1945$ ). Career progression and sick

leave were all found to have a high effect on staff performance at the hospital. Annual leave benefit, availability of equipment, free health care delivery to staff, and life insurance all had a high impact on ( $\bar{x} = 2.2328 \pm 1.2$ ) job performance as revealed by the majority of respondents with a mean of 2 and standard deviation of 1. Disability benefits, had no significant influence on staff performance ( $\bar{x} = 3.75 \pm 1.13283$ ).

**Table 36: Correlation between Motivation and Staff Job Performance**

Item Description	Staff Performance	
	Spearman's rho	Sig. (P-value)
Incentives	0.2231	0.05
Recognition	0.0838	0.48
Good salary	-0.0500	0.67
Training and development	0.1599	0.17
Job satisfaction	0.2516	0.03
Staff appraisal	0.1114	0.34
Accommodation	0.0230	0.84
Interesting work	0.0670	0.57
Working environment	0.1861	0.11
Job security	0.2930	0.01
Retirement and other benefits	0.2616	0.02
Team work	0.0167	0.88
Promotion in the facility	0.1360	0.25
Career progression	0.0679	0.56
Sick leave	0.1588	0.17
Annual leave benefit	0.1364	0.24
Availability of equipment	0.0200	0.86
Free health care delivery to staff and dependents	0.1948	0.09
Life insurance	0.0625	0.59
Disability benefits	0.1374	0.24

*Source: Field Data (2019)*

Results from the table reveal that job performance is related to staff motivation in terms of incentives, job satisfaction, job security, retirement, and other benefits. This is depicted by statistically significant correlation coefficients of 0.2231, 0.2516, and 0.2930 with corresponding p-values of 0.05, 0.03, 0.01 and 0.02 respectively. Recognition, good salary, training and development, staff appraisal, accommodation, interesting work, teamwork, career progression, availability of equipment, free health care delivery, life insurance, and disability benefits, etc. were, however, not correlated with staff job performance ( $p > 0.05$ ).

## Challenges Faced by Management in the Implementation of Motivational Packages

**Table 37: Challenges Faced by Management**

<b>Item Description</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>Motivation affects performance</b>		
Yes	57	78.1
No	16	21.9
<b>Total</b>	<b>73</b>	<b>100.0</b>
<b>Factors that Demotivate Staff</b>		
Inappropriate way of talking to nurses	2	12.5
Lack of teamwork	3	18.8
My conscience	1	6.3
No recognition for hard work	7	43.8
No Fairness in the treatment of staff	3	18.8
<b>Total</b>	<b>16</b>	<b>100.0</b>
<b>Management facing challenges motivating staff</b>		
Yes	24	32.9
No	49	67.1
<b>Total</b>	<b>73</b>	<b>100.0</b>
<b>Challenges faced by Management</b>		
Financial constraints	3	12.5
Inability to raise funds for rural allowance	2	8.3
Increase in the numbers of staff	3	12.5
Late reimbursement of NHIS claims	15	62.5
There are people with huge allowances	1	4.2
<b>Total</b>	<b>24</b>	<b>100.0</b>

*Source: Field Data (2019)*

Results shown in the table reveal that 78.1% of the staff believe motivation to affect job performance whilst 21.9% did not. From **FI#1&2**, motivation does work with staff. When asked to mention forms of motivation that influence them, FI#1 did indicate that the rural allowances given to staff. **FI#2** was quick to add that staff job recognition, accommodation, and mode of communication are all forms of motivation that influence job performance at the facility. According to **FI#2**, anytime staff are paid their allowances, their faces are glowing, indicating satisfaction with the end being an improvement in productivity. Out of the 16 that think motivation does not affect job performance, 43.8% said no recognition demotivates them after they have worked so hard, 18.9% demotivated due to lack of team work and unequal treatment. Thirty-two-point, nine percent (32.9%) of the staff, knew that management was facing challenges motivating staff whilst 67.1% were not. All management members interviewed did reveal the many difficulties that they face in the implementation of motivation as management (**FI#1&2**). From those that knew challenges faced by management, 62.5% of the staff indicated late reimbursement of NHIS claims as a significant challenge faced by management to staff

motivation, 12.5% revealed financial constraints, and an increase in the numbers of staff and 8.3% inability to raise funds for rural allowance. To confirm this from the face-to-face interview, **FI#2** revealed late reimbursement of NHIS claims, payment of allowances, salaries of non-mechanized staff, free health care for staff and dependents, and the increasing number of staff at the facility were the major challenge faced by the management of the hospital. Both **FI#1&2** did indicate that those challenges influenced the staff satisfaction.

Management were also aiming at building more accommodation for staff to help accommodate more staff and to extend generator (electricity supply) to all quarters (**FI#1**).

On the sustainability of motivational packages available at the facility, both **FI#1&2** reveal that forms of motivation at the facility are not sustainable. Both **FI#1&2** indicate that challenges enumerated were both external and internal. In an attempt to find out the facilities opportunities that management wants to use in mitigating the challenges, it was revealed by one management member that “*young people, infrastructure, equipment, and intellectual capacity of staff were all mentioned as opportunities to help mitigate the challenges*” (**FI#2**).

## **Conclusion**

In this study, incentives, job satisfaction, job security, retirement and other benefits were found related to staff performance. Recognition, good salary, training and development, staff appraisal, accommodation, interesting work, teamwork, career progression, availability of equipment, free health care deliver, life insurance and disability benefits etc. were however, found not to statistically correlated with staff job performance.

Lack of recognition for hard work, lack of teamwork, unequal treatment, and way of talking to nurses were factors that demotivates staff at the facility. Thirty-five-point three percent of the staff knew that management were facing challenges motivating staff.

Late reimbursement of NHIS claims, financial constraints, increase in the numbers of staff, salaries of non-mechanized staff and free health care for staff and dependents were prime challenges influencing staff motivation at the facility.

## **Recommendation**

- Management should encourage staff on savings towards retirement to prevent future challenges during retirement.
- Management should intensify the best staff awards at the facility to throw more light on recognition for hard work done.
- Staff should accept criticisms and work towards helping to improve health care delivery at the hospital.
- Management should educate staff on reasons why some staff take allowances more than others to erase the wrong perception of unfair treatment at the facility.
- Management should find measures to sustain t motivation packages available at the facility to improve staff performance.
- Heads of departments should encourage staff to work together as a team.
- It is recommended that management comes out with employee performance analysis tools before implementing the allowances for the best department.

### **1.30 POINTERS FOR ACTION**

The following are pointers for action in the ensuing years;

**A. Service Delivery**

**B. Human Resources**

**C. Health Financing**

**D. Community Ownership and Participation**

**E. Transportation**

**F. Research**

**G. Partnership**

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