

ANNUAL REPORT 2020

EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

Health care delivery in the year 2020 was greatly affected by the Coronavirus Pandemic because, much of the energy for service delivery, was diverted to responding to threats of the infection which was wreaking havoc globally and in some parts of the country. Despite the challenge that were imposed on the health delivery system by the Pandemic, the district was able to sustain service delivery and even made gains in some major service delivery areas. These included: reduction in teenage pregnancy; successful organization of two rounds of mass Polio vaccination campaigns (the second round included mass Vitamin A Supplementation for children aged 6 – 59 months, which was also successful); increase in access to Antiretroviral Therapy with the addition of another site (Pentecost hospital); initiation of Viral Load Testing to monitor the response to treatment by People- Living-With-HIV/AIDS and the successful computerization of service delivery at Diaso health centre to improve effectiveness in the management of the facility.

Some of the key areas that registered decline in performance were: Family Planning Acceptors, Skilled delivery and TB case detection. Inadequate psychotropic medications for management of some mental conditions still remained. High incidence of injuries due to Road Traffic Accidents (RTAs) in the district also continued to be a challenge with no effective solution in sight.

One major threat that reared its head was the emerging hesitancy or refusal against the Covid-19 vaccines among the general population, including health workers. This threat should however, be dealt with decisively before it is extended to other traditional vaccines, especially, the Childhood vaccines.

Putting all together, the performance of the district health services was quite satisfactory in the mist of all the challenges it faced in the year.

CHAPTER ONE

Introduction:

The report covers the Strategic Objectives of the Ghana Health Service (GHS), Priorities, Key activities under the four (4) Strategic Objectives, Performance under each of the Strategic Objectives, Achievements, Challenges, and the Way Forward for the district. The report is the output of the annual review processes at the Facility, Subdistrict and District levels.

1.1: HEALTH SECTOR STRATEGIC (POLICY) OBJECTIVES

The four (4) Health Sector Strategic Objectives are to:

- 1) Ensure affordable, equitable, easily accessible health services (Universal Health Coverage)
- 2) Reduce Morbidity and Mortality, intensify Prevention and Control of Non-Communicable Diseases
- 3) Ensure efficiency in Governance and Management
- 4) Intensify Prevention and Control of Communicable Diseases and Ensure Reduction of New HIV/AIDS and other STIs, especially among Vulnerable Groups

1.2: VISION OF THE GHS

The Vision of the Ghana Health Service is “A healthy population with Universal access to quality health services”

1.3: MISSION OF THE GHS

The Mission of the GHS is’’ Provide and Prudently Manage Comprehensive and Accessible quality health services with emphasis on Primary Health Care in accordance with approved national policies”.

Table 1: *Projected Population for 2020*

Subdistricts	Facilities	Estimated Population	(%)	Under 1 year / Expected Pregnancy (4%)	Under 5	6-11	12-59	WIFA population (24%)
Ayanfuri	Besease CHPS	3048	12	122	610	61	366	732
	Anhwiahwia CHPS	1524	6	61	305	31	183	366
	St Andrews Clinic/SDA health centre	6351	25	254	1270	127	762	1524
	Treposo CHPS	3811	15	152	762	76	457	915
	Fobinso CHPS	2032	8	81	406	40	244	488
	Pentecoct hospital	6097	24	244	1219	122	732	1463
	Nkotumso CHPS/John's Clinic	2540	10	102	508	51	305	610
Sub-total		25403	100	1016	5080	508	3049	6098
Diaso	Diaso health centre/Adonai clinic	15054	61	602	3011	301	1806	3779
	Denkyira Obuasi CHPS	5183	21	207	1037	103	622	1301
	Amenase CHPS	4442	18	178	888	89	533	1115
Sub-total		24679	100	987	4936	493	2961	6195
Ntom	Ntom CHPS	3999	29	160	800	80	480	1004
	Bethlehem CHPS	1793	13	72	359	36	215	450
	Asuadei CHPS	3448	25	138	690	69	414	865
	Nkronua CHPS	2620	19	105	524	52	314	658
	Amoaman CHPS	1931	14	77	386	39	232	485
Sub-total		13791	100	552	2759	276	1655	3462
	Subin health centre	4094	47	164	819	82	491	982
	Ampabena CHPS	1306	15	52	261	26	157	314
	Nyinawusu CHPS	1568	18	63	314	32	188	376

	Akwaboso EA	1742	20	70	348	35	209	418
Sub-total		8710	100	349	1742	175	1045	2090
TOTAL		72583		2904	14517	1452	8710	17845

CHAPTER TWO

2.1: LOCATION OF THE DISTRICT

The district lies within latitude 5° 30" and 6° 02" north of the equator and longitude 1° W and 2° W of the Greenwich Meridian. It shares common boundaries with the following districts:

- ✓ Bibiani-Anhwiaso-Bekwai District – North
- ✓ Amansie West and Amansie Central Districts – East
- ✓ Wassa Amenfi East and Wassa Amenfi West Districts – West
- ✓ Upper Denkyira East Municipality – South

2.2: **TOPOGRAPHY**: The topography is undulating and falls under a forest-dissected plateau, rising to about 250m above sea level. A prominent highland in the district is a rocky ridge at Denkyira Obuasi in the central part which is about 160 metres above sea level. The western part is gently sloped therefore well drained. However, several swamps are available in valley bottoms.

2.3: **SOILS AND VEGETATION**: The vegetation is semi-deciduous rain forest with valuable tree species such as Mahogany, Wawa, Sapele, Odum and Ofram. These are found in both on and off forest reserves. The trees consist of three layers which do not differ much from the rain forest. The trees do not shed off their leaves at the same time.

As a result of decades of farming and logging, there is a large stretch of secondary forest across the district. The secondary forest is interlaced with crop farms, mainly cocoa plantations; also groves of bamboo are usually encountered in the valley bottoms.

The soils of the district are generally of the forest cresols. This series consist of brown to yellowish brown, slightly acidic and moderately well drained clay loams developed on alluvium. There are also soil types of Akroso series favourable for plant growth. These are also rich alluvial gold.

2.4: CLIMATE AND DRAINAGE

The climate is the most semi-equatorial type. The mean temperature ranges from 24°C in the coolest month of July to about 29°C in the hottest months of March to April. The district has a bimodal rainfall pattern. The major rainy season spans from April-July, with a short dry spell in August. This is followed by a minor season from September to December. These periods are warm but very humid.

The period between January and March experiences cold dry conditions, which turns later into very hot dry conditions.

The main river is Offin, which runs along the eastern boundaries of the district. Thus, it serves as a natural boundary between Upper Denkyira West on one hand and Amansie West and Central Districts on the other. There are other rivers like Subin, Huroni, Dia and Afiefi which criss-cross the district. Areas close to the Offin River are prone to frequent flooding during heavy down pours. Some of these areas are Nyinawusu, Ampabena, Betenase, Brofoyedur, Breman. The frequent flood often affects roads leading to most communities.

2.5: DISTRICT CAPITAL

The district capital, Diaso, is located at the northern fringes of the Central Region, close to the Sefwi Traditional area of the Western Region. Human activities and heavy downpours have had serious impact on the landscape of the town.

Gully erosions are so rampant that most of the buildings are hanging high above their foundations. The predominant type of housing at Diaso, just like the other communities, can be described as Compound houses.

2.6: ECONOMIC ACTIVITIES

The good nature of the vegetation and soils tend to promote the cultivation of crops like Cocoa, Oil palm, food crops (plantain, cassava, maize, and cocoyam) and horticultural crops like citrus etc. These provide a major means of poverty alleviation as farmers generate income through the cultivation of the above-mentioned crops.

The timber industry is very vibrant and logging, as an economic activity, goes on throughout the year.

Mining is another economic activity which goes on in the district. Both Large scale and small -Scale Miners operate here. There are two types of small-scale mining; legal and illegal. The illegal small-scale mining, otherwise known as ‘galamsey’ causes a lot of environmental degradation, in that, the Miners leave behind very large and dangerous pits, pollute water bodies and destroy farmlands.

A good number of people especially the youth gain their livelihood from mining minerals such as gold, gravel, sand, clay, kaolin and silica.

Currently, Perseus Mining Company is working in Ayanfuri with good working relationship with the District Health Directorate.

2.7: TRANSPORTATION

Most of the Feeder roads in the district are not tarred and are not in good shape. The main road from Dunkwa-On-Offin to Sefwi Bekwai runs through the district through Ayanfuri. Over the past year however, the stretch from Dunkwa to Ayanfuri, most of which used to be very bad, has seen major facelift; it is likely to be tarred by the end of 2021.

The major means of transportation off the main trunk road are, commercial motorbikes and tricycles. These are, however, not safe as they are often involved in Road Traffic Accidents (RTAs) that often lead to severe injuries.

2.8: HEALTH FACILITIES IN THE DISTRICT

Table 2: Health Facilities and their Main Catchment Communities

SUBDISTRICT	FACILITIES	COMMUNITIES
	Treposo CHPS	Abora
		Adaboi
		Treposo
		Nkroful
	Besease CHPS	Besease
		Awokrom

<i>AYANFURI</i>		Nyameyedom
	Anhwiahwia CHPS	Anhwiahwia
	Fobinso CHPS	Fobinso
	Gyaman CHPS	Gyaman
	St Andrews Clinic/SDA health centre	Dominase
		Oda
		Mensakrom
		Breman
		Brofoyedur
	Pentecost health centre	Ayanfuri
		Anikokoso
		Wampaim
		Dabiasem
		Adwenpaye
Nkotumso CHPS/John's clinic	Nkotumso	
	Akrofuom	
<i>DIASO</i>	Diaso health centre & Adonai clinic	Diaso
		Aboaboso
		Amobaka
		Brepro
		Jameso Nkwanta
		Dankwakrom
		Aniantentem
		Apaho
	Denkyira Obuasi CHPS	Denkyira Obuasi
		Asantefokrom
		Ananekrom
		Kakyerenyansa
		Nkwantanum
	Amenase CHPS	Amenase
		Kotedaso
		Maudaso
		Dantuntum

SUBDISTRICT	FACILITIES	COMMUNITIES
<i>NTOM</i>	Ntom CHPS	Ntom
		Krodua
	Asuadei CHPS	Asuadei
		Agona Port
		Adeade
	Bethlehem CHPS	Bethlehem
		Tomkrom

	Nkronua CHPS	Nkronua
	Amoaman CHPS	Amoaman
		Aburi
		Pewodie
		Mempeasem
<i>SUBIN</i>	Nyinawusu CHPS	Nyinawusu
		Anhwiaso
	Ampabena CHPS	Ampabena
		Betenase
	Subin health centre	Subin
		Akwaboso
		Ameyaw
		Afiefiso
		Owusukrom

2.9: SUB-DISTRICT STRUCTURES UNDER THE DISTRICT ASSEMBLY

There are five (5) sub-district structures under the Assembly. These are

- ❖ Subin Hill Area Council
- ❖ Diaso Area Council
- ❖ Ayanfuri Area Council
- ❖ Ntom Area Council
- ❖ Dominase Area Council






2.10: THE MAIN ETHNIC GROUPS IN THE DISTRICT AND THE TRADITIONAL AUTHORITY

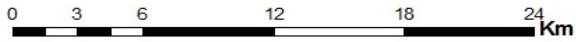
The district is predominantly made up of the Denkyira-Akan speaking people. There are however, large groups of settler-farmers who are made up of tribes from northern Ghana, Brong Ahafo and Volta Regions. The district comes under the Denkyira Traditional Council.

2.11: MAP OF THE DISTRICT

Figure 1: Map of Upper Denkyira West district showing its health facilities

UPPER DENKYIRA WEST DISTRICT MAP SHOWING SOME TOWNS AND HEALTH FACILITIES

-  facilities
-  towns
-  Ayanfuri Sub-dist
-  Diaso Sub-dist
-  Subin Sub-dist



CHAPTER THREE

3.1 MAJOR CONCERNS AT THE BEGINNING OF THE YEAR

Some of the major Concerns at the beginning of the year were:

- o High incidence of Anaemia in pregnancy
- o High incidence of Road Traffic Accidents (RTAs)
- o Low TB Case detection
- o Lack of monitoring of the Response of People Living With HIV/AIDs on treatment
- o Inadequate staff
- o Late Reimbursement of NHIS Claims
- o Inadequate Supervision of the lower levels
- o Data inconsistencies

3.2 PRIORITIES OF THE YEAR

The Priorities for the year included the following:

- o Strengthen RCH Services
- o Strengthen Nutrition Services
- o Strengthen Disease Surveillance and Control, including HIV and TB
- o Intensify Health Promotion activities
- o Strengthen Clinical Services
- o Strengthen Data management at all levels
- o Improve frequency of Supervisory visits to the lower levels
- o Improve NHIS Claims management, especially, in the two public health centres
- o Intensify Engagement with the Regional Health Directorate and Partners to address some of the issues beyond the control of the District Health Services
- o Advocate for interventions to reduce the high incidence of RTAs

3.3 ACTIVITIES CARRIED OUT

3.31 Strategic Objective One (Ensure affordable, equitable, easily accessible health services (Universal Health Coverage)

Some of the major activities that were carried out under Strategic Objective One were:

- Public education on Priority health issues.
- Construction work on various health infrastructure were initiated or continued. These included the ongoing expansion of Denkyira Obuasi CHPS Compound to enable the facility provide full Maternity services and construction of six other health facilities.
- Lobbying for staff from the Region, including submission of a proposal to the Regional Director of Health Services on the situation in the district and the need for prompt response to ensure improved service delivery.

- Collaboration with a team of Eye care professionals from Komfo Anokye Teaching Hospital to provide free services to the district.
- Organisation of both Outreach and Static clinics to provide a range of health care services to the population. Some of the services provided were Clinical care, Mental health services, Reproductive and Child health services, Adolescent health services, Nutrition Surveillance, Disease Surveillance and Control and Health Promotion. The Health Information, Human Resource/Administration, Stores and Accounts Units provided the required back-up for Service delivery.
- Application of WhatsApp to facilitate effective referral from facilities in the district to the neighbouring Dunkwa-On-Offin Government hospital. Other cases were also referred to Bibiani Government hospital.
- Installation of a health facility management Software at Diaso health centre to improve efficiency in the management of the facility.

3.32 Strategic Objective Two (Reduce Morbidity and Mortality, intensify Prevention and Control of Non-Communicable Diseases)

Some of the activities that were organised under this Strategic Objective were the following:

- Provision of routine Maternal health services
- Organisation of a 3-day in-service training for Midwives on “Basic Emergency Obstetric Care” and “Helping Babies Breathe”. It was facilitated by Resource Persons from Bibiani Government hospital and funded by World Vision
- Organisation of Nutrition Surveillance activities and a successful mass Vitamin A Supplementation exercise for children aged 6 to 59 months.
- Promotion of testing of suspected Malaria cases before treatment
- Facilitating procurement of the required health commodities for health facilities to provide services.
- Advocating for interventions to reduce RTAs in the district

3.33 Strategic Objective Three (Ensure efficiency in Governance and Management)

Some of the activities that were undertaken included the following:

- Organised Integrated Supportive Supervision (ISS) from the district to the lower levels
- Supported staff to build capacity through Workshops and Meetings at the district level as well as outside the district.
- Organisation of NHIS Claims management at the various health facilities
- Organisation of data management activities at the various levels of service delivery

3.34 Strategic Objective Four (Intensify Prevention and Control of Communicable Diseases and Ensure Reduction of New HIV/AIDS and other STIs, especially among the Vulnerable Groups)

Key activities undertaken under the Objective included the following:

- Expanded access to AIDS treatment by the establishment of an additional Anteretroviral Treatment site; bringing the total in the district to three
- Initiated Viral Load testing for “People Living with AIDS” who are on treatment and are eligible for the test. This provided an opportunity to service providers to monitor the response of clients to treatment.
- Sustained HIV Counselling and Testing as well as “Prevention of Mother-to-Child Transmission” of HIV activities.
- Sustained TB screening and Treatment activities
- Coordinated Disease Control activities including, routine vaccination programmes, two rounds of mass Polio Vaccination Campaigns and management of Skin-related Neglected Tropical Diseases that were detected.
- Organised Disease Surveillance activities including, search for immediately reportable diseases and monitoring and responding to epidemic-prone diseases, including Covid-19.

The Corona Virus Disease, which hit the Wuhan Province in China was first reported to the World Health Organisation (WHO) on December 31, 2019. In Ghana, the first two cases were reported on Thursday March 13, 2020.

In April 2020, the district recorded its first case. Some of the key measures that were put in place to Respond to the Pandemic were:

- Public education on Safety Protocols including, the need to observe basic hand hygiene, cough etiquette in public, physical distancing and correct and consistent wearing of face mask in public; the public was also sensitised on the need for early referral/reporting of cases and the effect of stigmatisation of victims and their families
- Sample collection for confirmation, contact tracing and testing and management of positive cases
- Formation of the Public Health Emergency Committee to coordinate the Response. It was chaired by the Hon. District Chief Executive.

Key organisations and individuals who donated Personal Protective Equipment to help reduce the spread of the infection among the public and health workers were:

- ✓ The District Assembly
- ✓ The Member of Parliament
- ✓ World Vision
- ✓ Perseus Mining Ghana Ltd/Edikan Trust)
- ✓ Madamfo Ghana
- ✓ Mr Daniel Appianing, Ghana Maritime Authority

3.4: PERFORMANCE/RESULTS

3.41 Strategic Objective One (Ensure affordable, equitable, easily accessible health services (Universal Health Coverage)

Some of the Performances/Results under this Objective were as follows:

3.41: OPD ATTENDANCE

Table 3: *Top 10 OPD Attendance*

S/N	Disease Condition	No. of cases	%	Disease Condition	No. of cases	%	Disease Condition	No. of cases	%
	2018			2019			2018		
1.	Malaria	34324	50.4	Malaria	33291	42.7	Malaria	40866	52.7
2.	Upper Respiratory Tract Infections	7763	11.4	Pneumonia	12145	15.6	Upper Respiratory Tract Infections	7351	9.4
3.	Anaemia	5029	7.4	Upper Respiratory Tract Infections	7696	9.9	Skin Diseases	6695	8.6
4.	Diarrhoea Diseases	4810	7.1	Anaemia	4962	6.4	Diarrhoea Diseases	4738	6.1
5.	Rheumatism/Other joint Pains/Arthritis	4415	6.5	Intestinal Worms	4894	6.3	Rheumatism/Other joint Pains/Arthritis	4530	5.8
6.	Skin Diseases	3148	4.6	Diarrhoea Diseases	4422	5.7	Anaemia	3551	4.6
7.	Intestinal Worms	2866	4.2	Skin Diseases	4262	5.5	Typhoid	3427	4.4
8.	Acute Urinary Tract Infections	2250	3.3	Rheumatism/Other joint Pains/Arthritis	2939	3.8	Acute Urinary Tract Infections	2794	3.6
9.	Septicemia	2244	3.3	Acute Urinary Tract Infections	1749	2.2	Intestinal Worms	2213	2.9
10.	Transport injuries (Road Traffic Accidents)	1204	1.8	Septicemia	1558	2.0	Transport injuries (Road Traffic Accidents)	1436	1.9
TOTAL		68,053	100		77,918	100		77,601	100

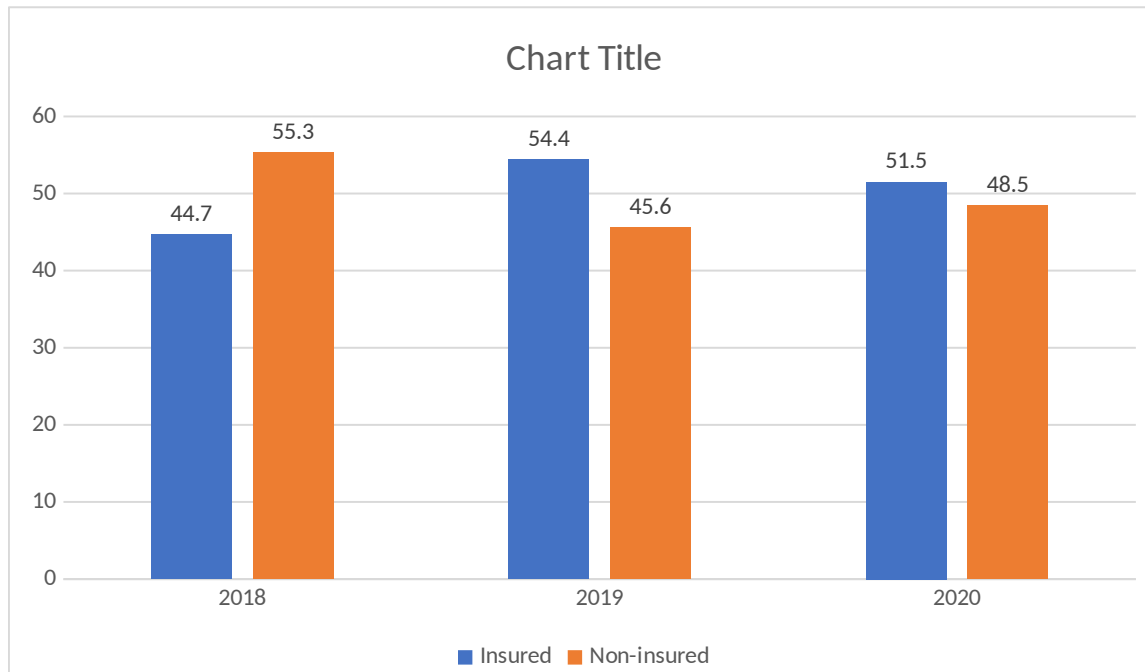
Comment: Malaria continued to be the most frequently reported condition reporting to the health facilities. On the average, it constituted about 49% of all cases reporting to the OPD over the last 3 years.

3.42: INSURANCE STATUS OF CLIENTS REPORTING AT OPD

Table 4: *OPD Attendance (insured and non-insured)*

Subdistrict	2018		2019		2020	
	Insured	Non-insured	Insured	Non-insured	Insured	Non-insured
Ayanfuri	11,989	12,132	19,595	11,893	19,890	17,097
Diaso	13,285	11,966	14,702	10,702	17,807	12,158
Ntom	1,256	5,716	2,069	5,269	2,570	6,694
Subin	3,696	7,637	5,382	7,154	6,322	7,943
District	30,226	37,451	41,748	35,018	46589	43,892

Figure 2: *Graph showing the insurance status of clients reporting at the OPD*



Comments: *Many more of the clients who accessed health care over the last 2 years were NHIS insured*

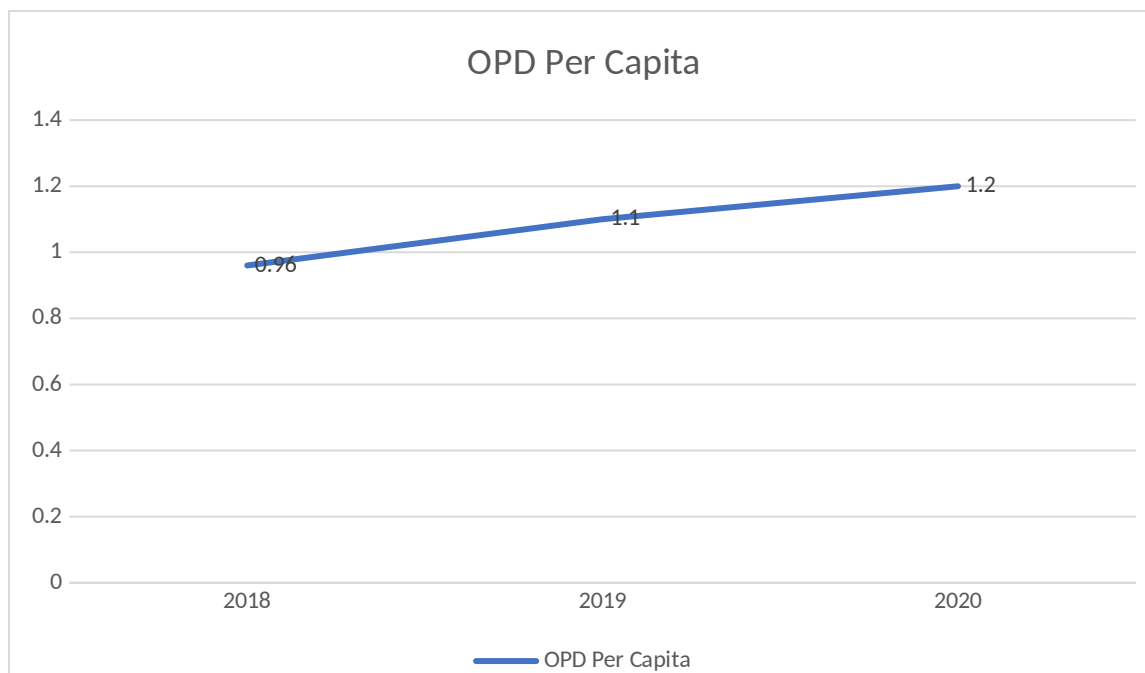
3.43: OPD PER CAPITA

Table5: *Trend of OPD Per Capita*

Year	OPD Per Capita
2018	0.96
2019	1.1
2020	1.2

Comment: *On the average, OPD Per Capita is 1.1 for the past 3 years*

Figure 3: Graph showing the trend of OPD Per Capita



Comment: *OPD Per Capita has been increasing consistently over the past 3 years*

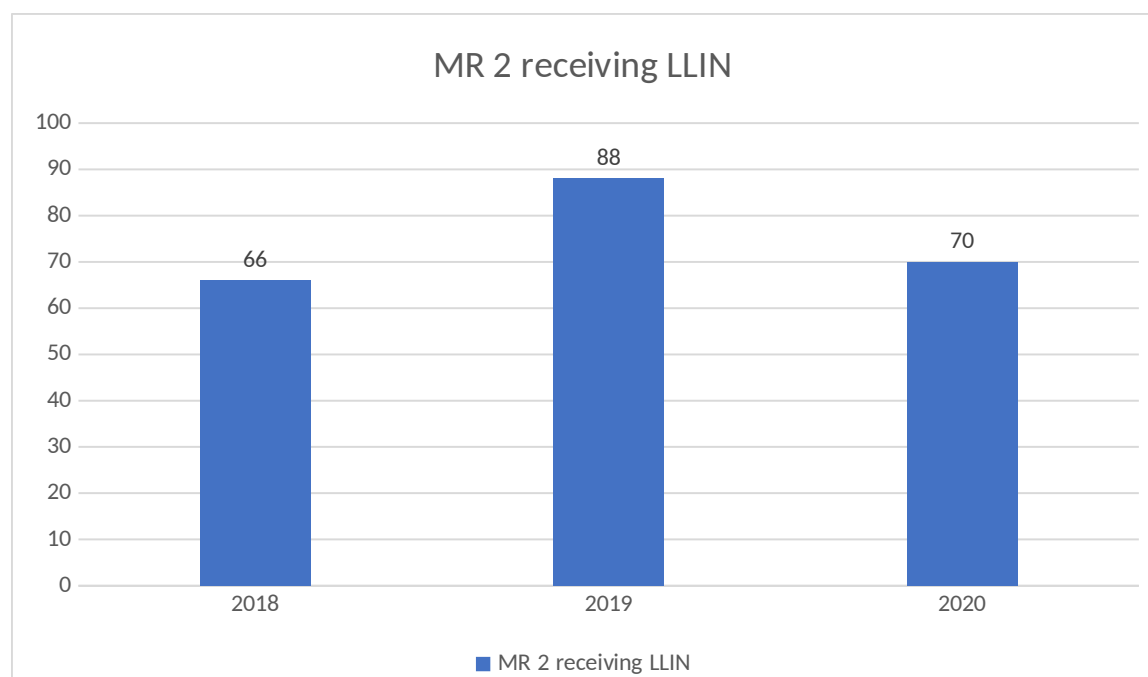
3.44: TOP 10 CAUSE OF ADMISSION

Table 6: Top 10 cause of Admission (Pentecost hospital only)

S/N	Condition	No. of cases	Percentage
1.	Malaria	333	37.8
2.	Gastroenteritis	175	19.9
3.	Hypertension	95	10.8
4.	Respiratory Tract Infections	60	6.8
5.	Diabetes	50	5.7
6.	Urinary Tract Infections	43	4.9
7.	Peptic Ulcer	39	4.4
8.	Cellulitis	38	4.3
9.	Gastritis	25	2.8
10.	Enteritis	23	2.6
TOTAL		881	100

Comment: *The most common cause of Admission was Malaria followed by Gastroenteritis*

Figure 4: Trend of Children receiving LLIN at 18 months



Comment: There was a significant decline in proportion of children given MR 2 who received LLIN compared with the previous year

3.45 ON-GOING HEALTH PROJECTS

Table 7: Details of the various health facilities under construction

Community	Project	Status	Source of funding
Denkyira Obuasi	Maternity block	At Roofing level	MP's NHIS Common Fund
Maudaso	Health centre	Roofing completed	World Vision
Ananekrom	CHPS Compound	At Lintel level	GOG
Nkroful	CHPS Compound	Roofing completed	GOG
Adaboi	CHPS Compound	Roofing completed	Community
Besease	CHPS Compound	Roofing completed	DA/GOG
Anhwianhwia	CHPS Compound	Roofing completed	DA/GOG
Aburi	CHPS Compound	Roofing completed	DA/GOG

Comment: Most of the Projects are at fairly advanced stages of completion

3.42 Strategic Objective Two ((Reduce Morbidity and Mortality, intensify Prevention and Control of Non-Communicable Diseases)

Performance under this Objective were the following:

3.421: MATERNAL DEATHS

Two Maternal deaths from the district were recorded. All were however audited with the support of the Obstetrician /Gynaecologist who has oversight responsibility for the district.

3.422: TEENAGE PREGNANCY

Teenage pregnancies reduced from 17% in 2018 to 13% at the close of the year.

3.423: VITAMIN A

About 96% Of children 6 to 59 months received, at least, one dose of Vitamin A

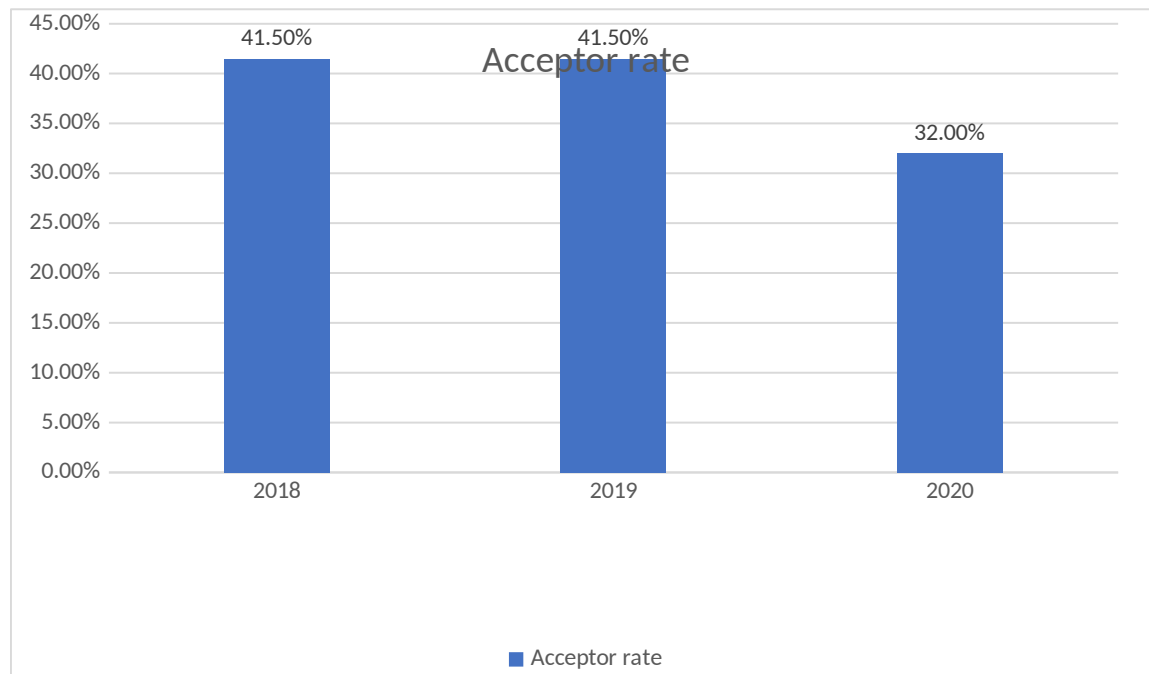
3.424: MENTAL HEALTH

Mental health care used to be a specialized area which, until recently, was available only at a few health facilities with the professionals. Now the district has been able to integrate Mental health services in the routine health delivery system.

Attendances for Mental Health care was 351, including 83 new cases. Out of the total new cases, 32 (39%) were Epileptic while 17 (20%) were clients that were using Psychoactive substances.

3.425: FAMILY PLANNING

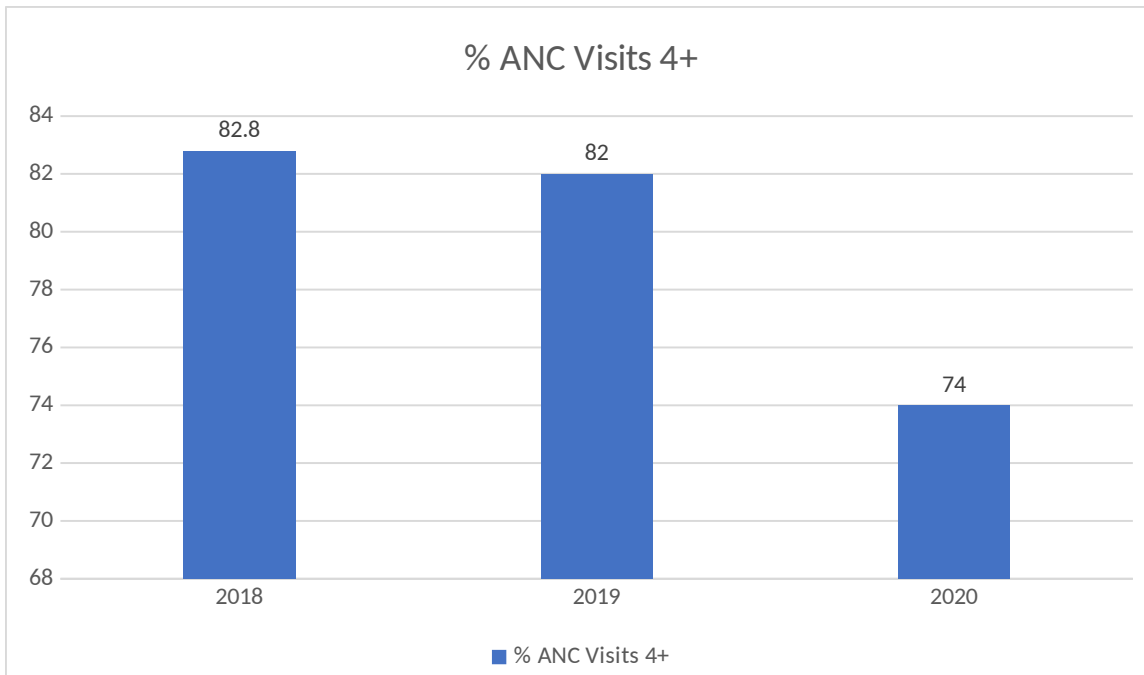
Figure 5: Graph showing the trend of Family Planning Acceptor rate



Comment: *There was a decline in Acceptor rate compared with the previous year*

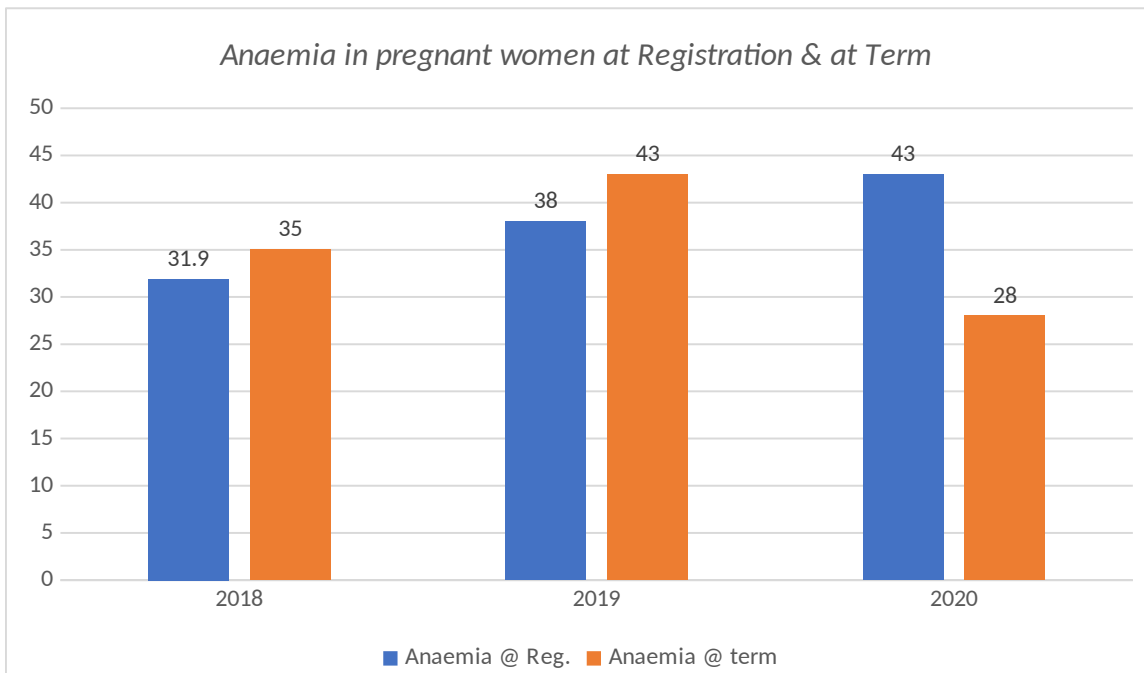
3.426: ANTENATAL CARE

Figure 6: Graph showing the trend of ANC Visits



Comment: There was a significant decline in proportion of pregnant mothers who attended, at least, 4 ANC visits compared with the previous years

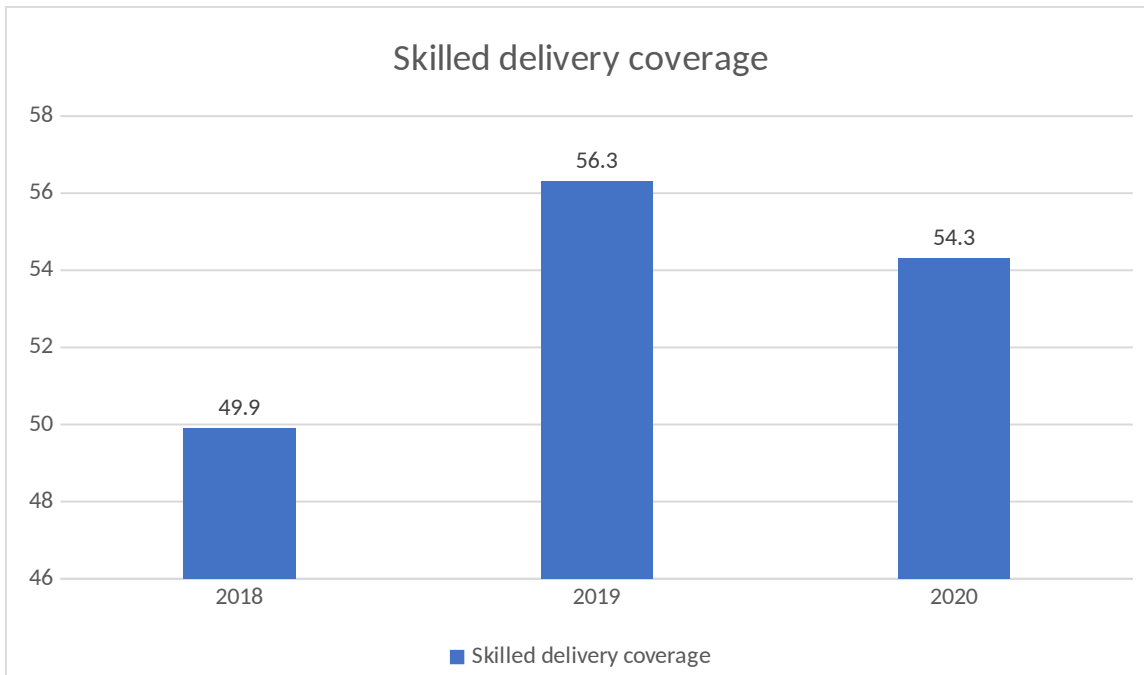
Figure 7: Graph comparing Anaemia in pregnancy at Registration and at Term



Comment: With the exception of 2020, the proportion of pregnant women whose Hb levels worsened at Term than at Registration were higher.

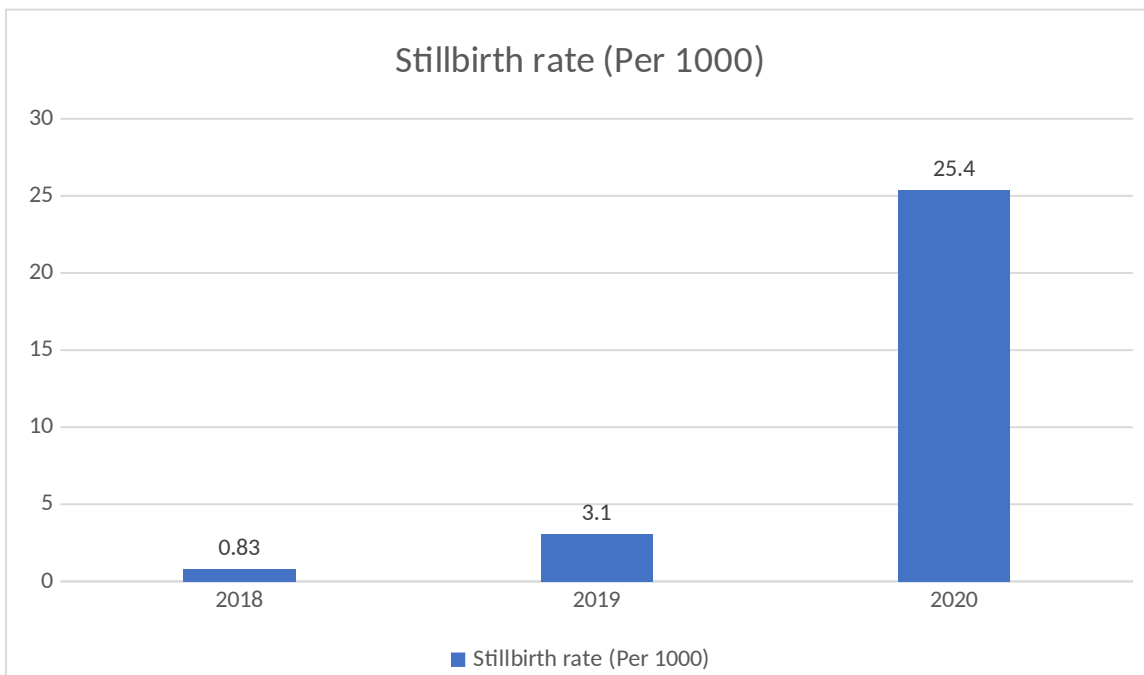
3.427: SKILLED DELIVERY

Figure 8: Trend of Skilled Delivery coverage



Comment: *There was a slight decline in performance compared with the previous year*

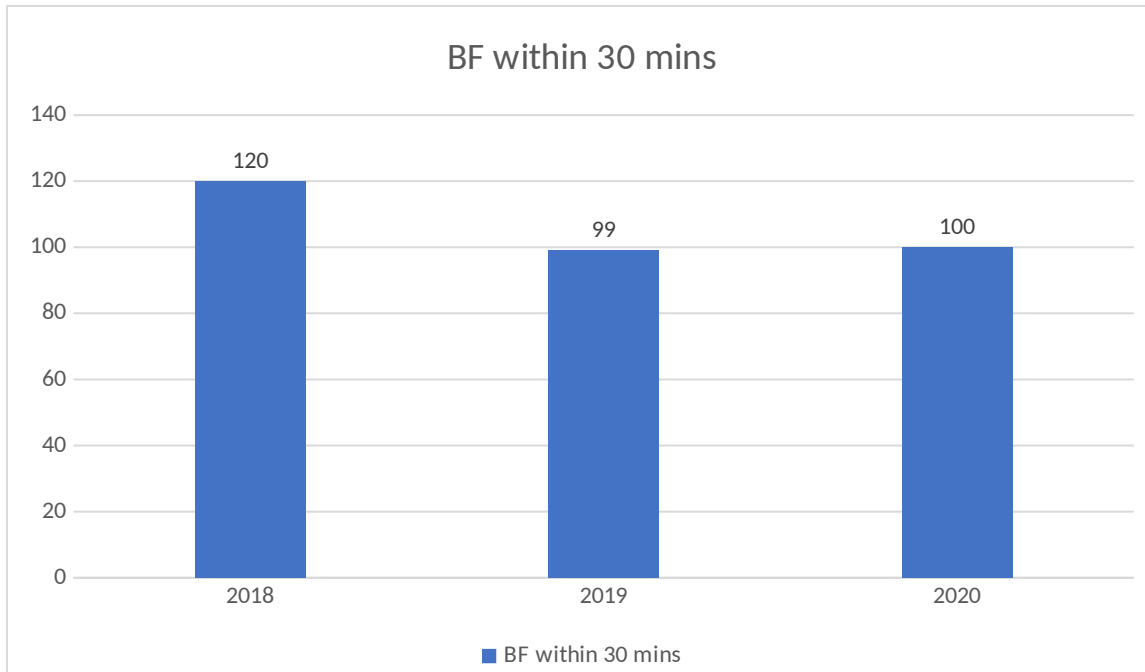
Figure 9: Still Birth Rate



Comment: *Compared with the national target of 12 per 1000 live births, the Stillbirth rate for 2020 was high. Performance for 2018 and 2019 however, may be attributed to data errors.*

3.428: BREASTFEEDING

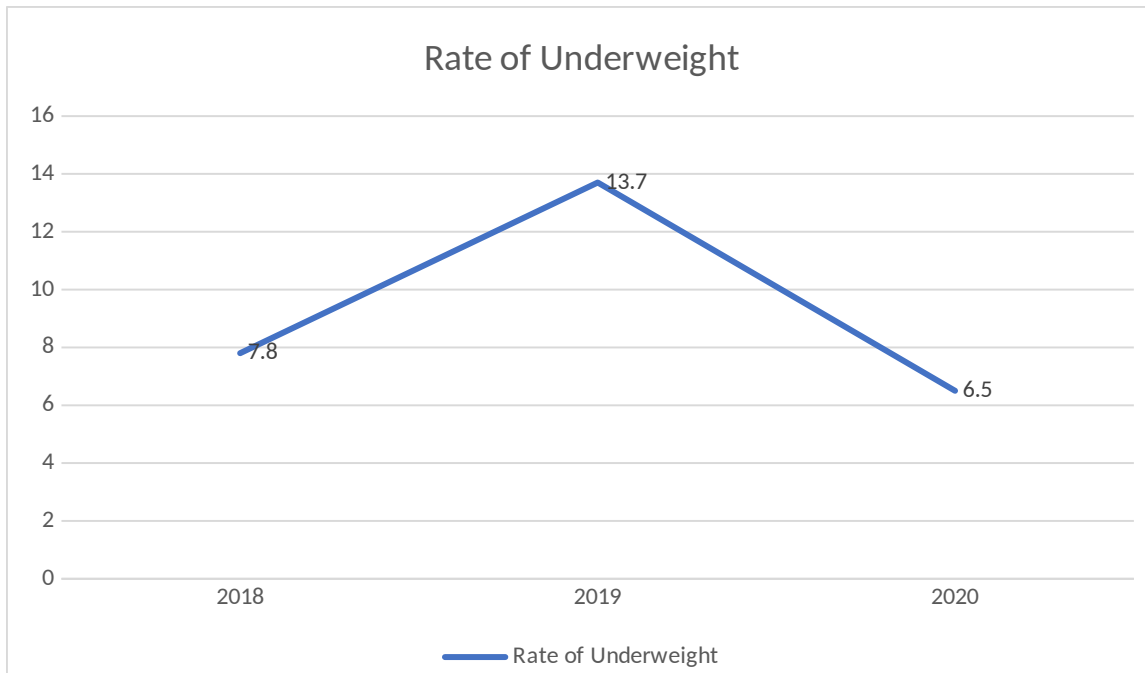
Figure 10: Graph showing the trend of Early initiation of Breastfeeding



Comment: *Proportion of babies put to breast within 30 minutes of delivery have been satisfactory so far*

3.429: NUTRITIONAL STATUS

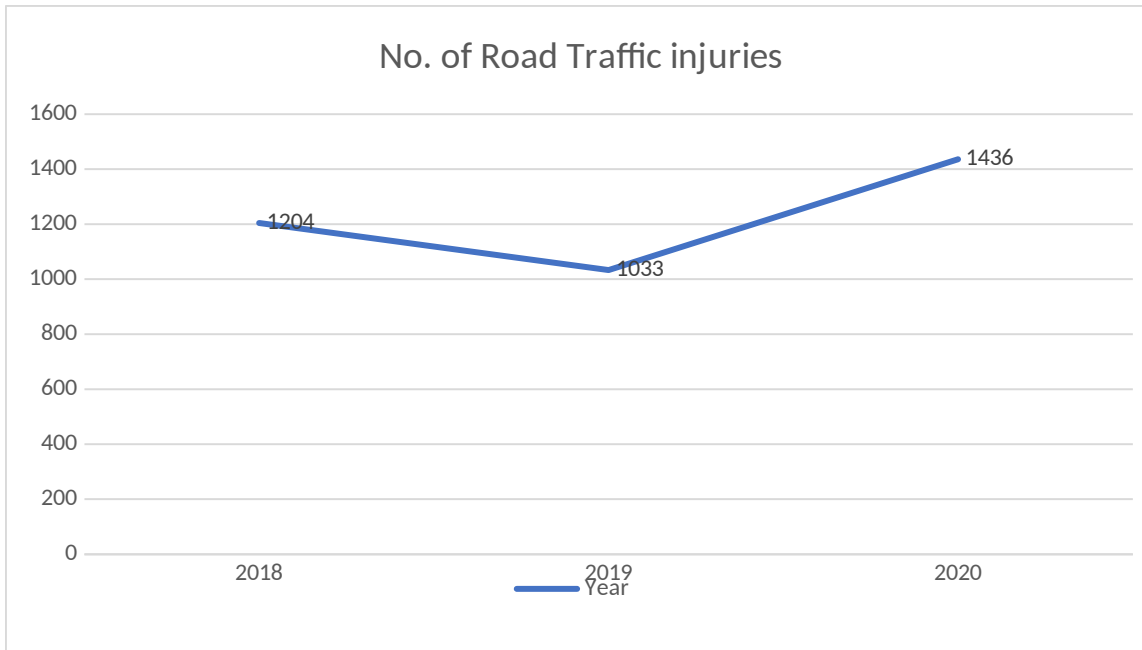
Figure 11: Graph showing the trend of Underweight among children Under 5



Comment: Underweight among children under 5 years declined compared with the past 2 years

3.430: ROAD TRAFFIC ACCIDENTS

Figure 12: Graph showing the trend of victims injured as a result of RTAs



Comment: *There was a significant rise in the number of injuries resulting from RTAs compared with the previous year*

3.43 Strategic Objective Three (Ensure efficiency in Governance and Management)

3.431: INTEGRATED SUPPORTIVE SUPERVISION

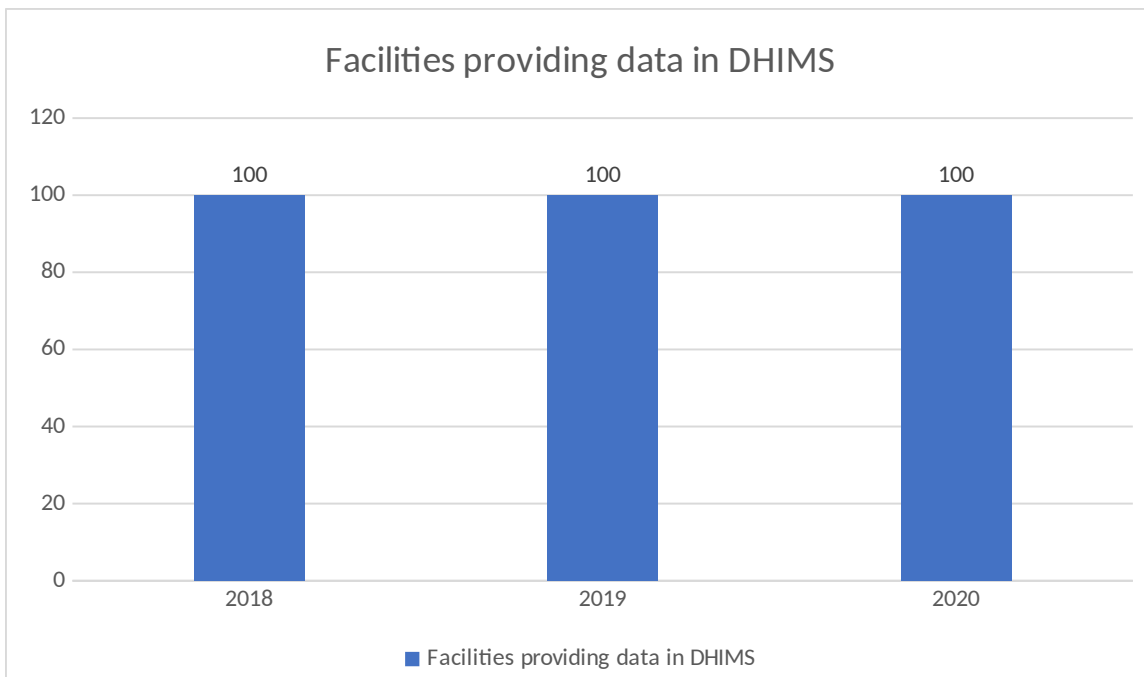
Through the ISS that was organized, some of the gaps in service delivery were identified and discussed with the facilities concerned.

3.432: MEETINGS

District Health Management Meetings, Monday Morning Meetings at the District Health Directorate, Public Health Emergency Committee Meetings, Meetings with some of the Organs at the District Assembly, Meetings at the Region and Meetings at the Subdistrict and health facility levels constituted the most important fora for Planning, reviewing performance and taking major decisions that impacted health service delivery.

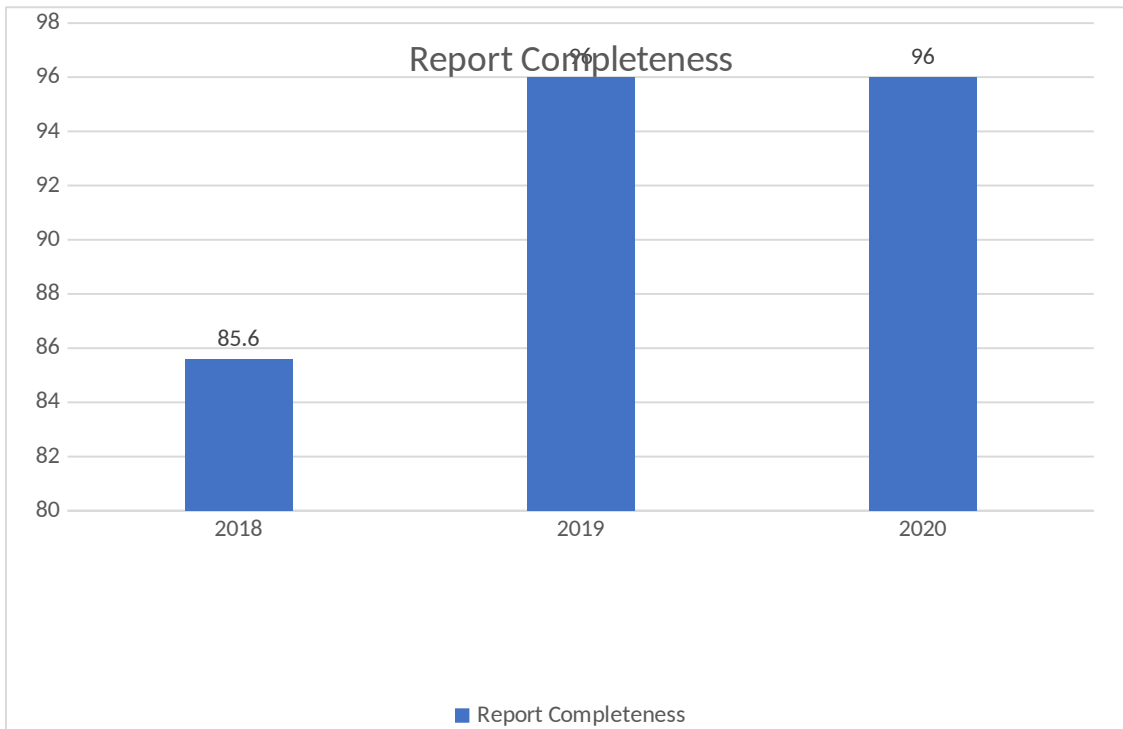
3.433: DATA MANAGEMENT

Figure 13: Proportion of facilities providing data in DHIMS



Comment: All the Public and Private facilities in the district have been providing data in DHIMS for the past 3 years

Figure 14: Completeness of Reports submitted by the facilities



Comment: Reports Completeness has improved over the last two years. The target of 96% for the previous year was maintained.

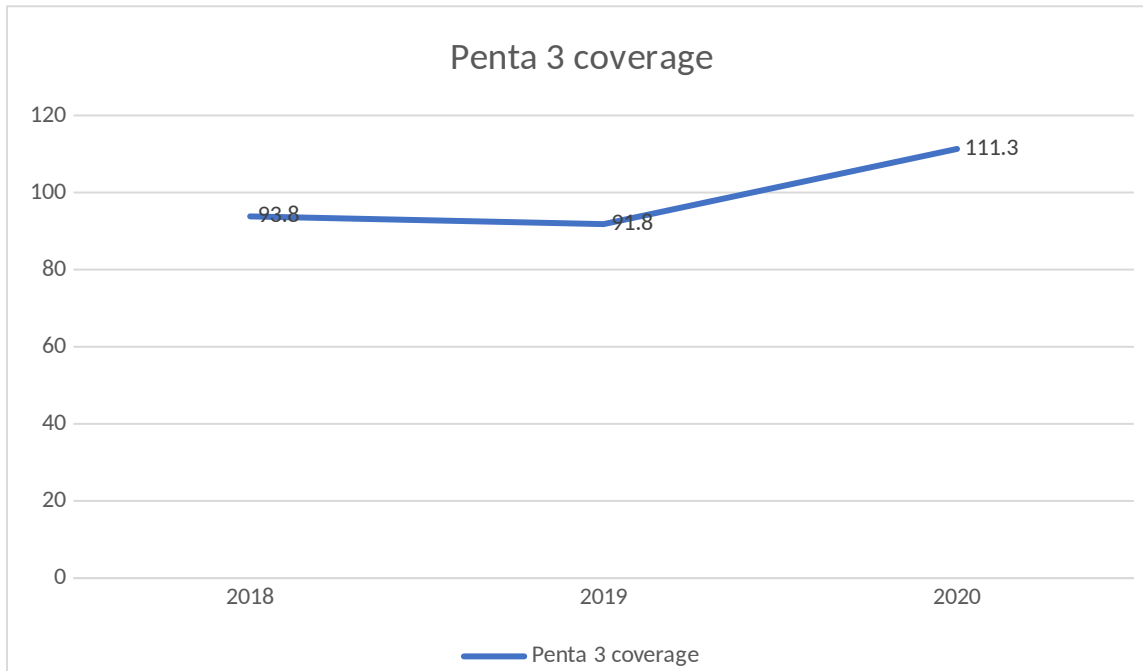
3.44 Strategic Objective four (Intensify Prevention and Control of Communicable Diseases and Ensure Reduction of New HIV/AIDS and other STIs, especially among the Vulnerable Groups)

Performance under Strategic Objective 4 include the following:

3.441: IMMUNISATION

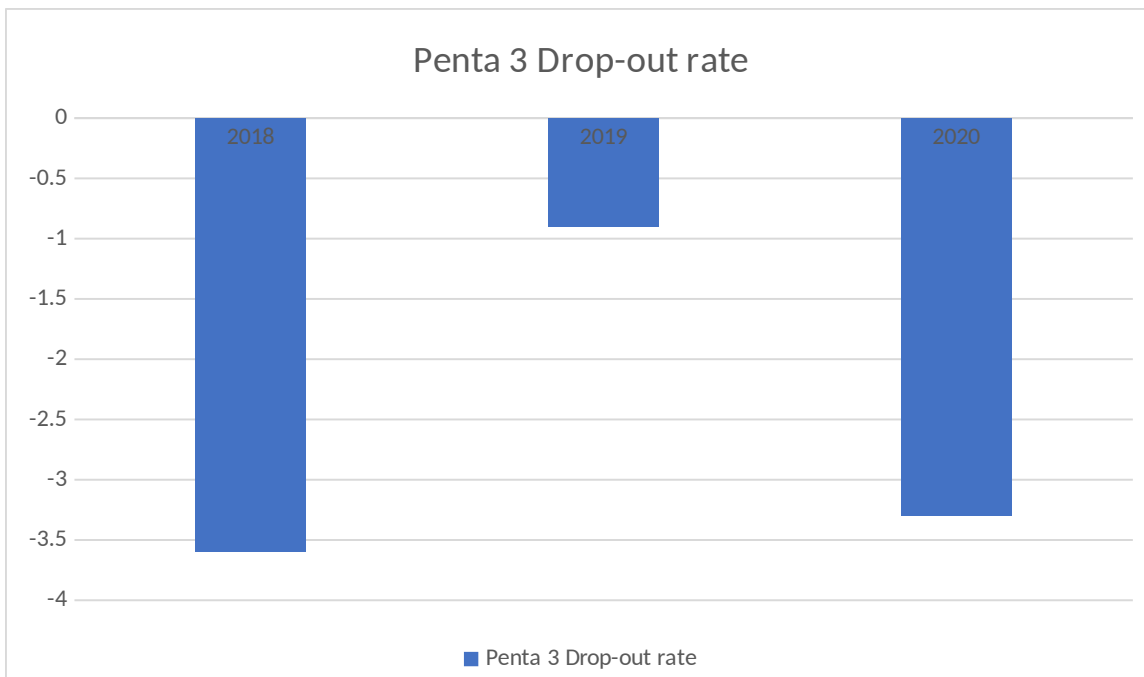
Coverage for the two rounds of Polio mass vaccination for children under 5 years were 98.7% and 101.7% for the first and second Rounds respectively.

Figure 15: Penta 3 Coverage



Comment: *There was increase in Penta 3 coverage compared with the previous year. The target of 95% was exceeded.*

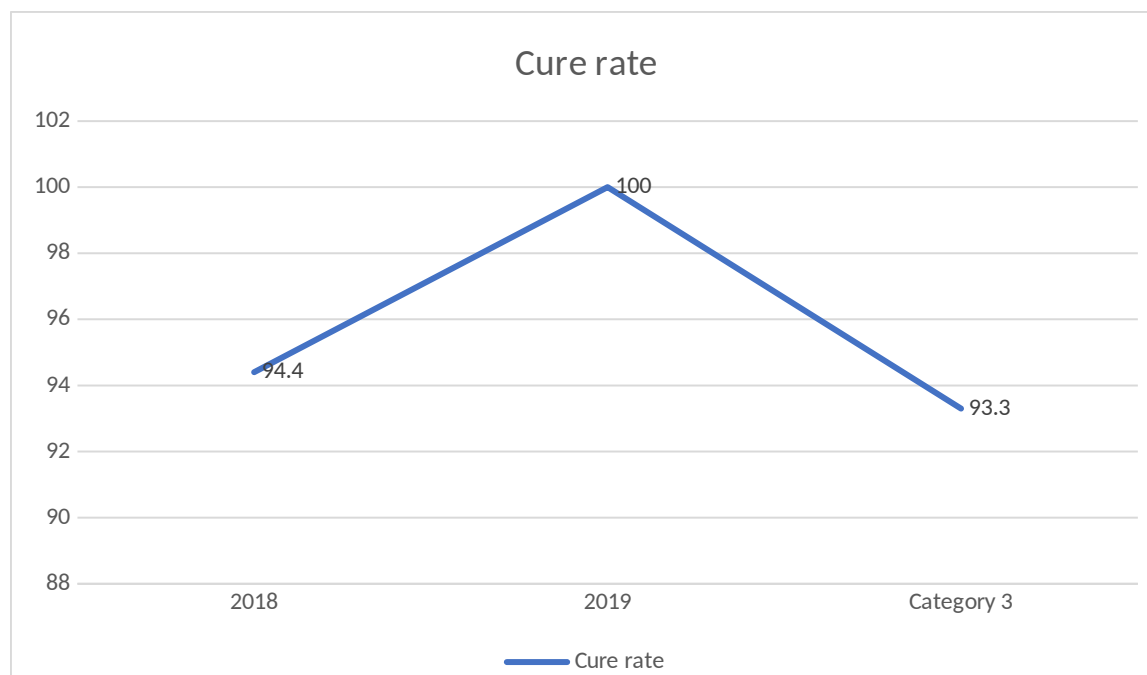
Figure 16: Penta 1/Penta 3 Drop-out rate



Comment: *The district has been recording vaccination of more children with Penta 3 than Penta 1 over the last 3 years.*

3.442: DISEASE SURVEILLANCE

Figure 17: Graph showing trend of TB Cure rate



Comment: *The Cure rate target of 100% could not be attained.*

Table 8: Trend of TB Case Notification over a 5-year period

Year	Notification
2016	36
2017	37
2018	27
2019	31
2020	26

Comment: *TB Case Notification has been low over the period under review*

Table 9: Reportable Diseases

Condition	No. suspected and investigated	Target
Poliomyelitis	2	2
Yellow Fever	4	2
Measles	3	2

Comment: *The target for detection and reporting of the above stated conditions was achieved*

3.443: SKIN NTDs

Table 10: *Common Skin NTDs over the past 3 years*

Year	Buruli Ulcer			Yaws			Leprosy		
	No. suspected	No. Tested	No. positive	No. suspected	No. Tested	No. positive	No. suspected	No. Tested	No. positive
2018	-	-	-	-	-	-	-	-	-
2019	59	59	12	5	5	1	1	1	0
2020	22	22	6	0	0	0	0	0	0
Total	81	81	18	5	5	1	1	1	0

3.444 COVID-19

Table 11: *Covid-19 situation at the end of the year*

Indicator	No.
Suspected cases	339
Samples sent for confirmation	339
Confirmed cases	49
Recoveries	47
Deaths	2
Health Workers infected	11

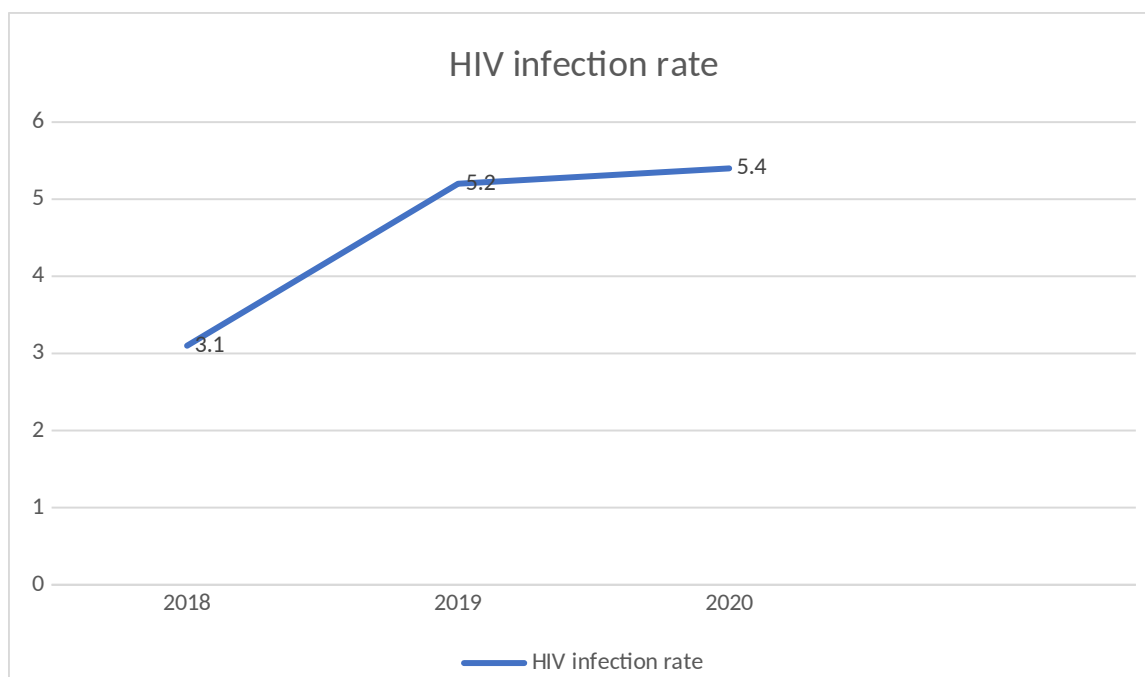
3.445: HIV/AIDS

Table 12: *HIV Testing and Counselling (HTC)*

2018			2019			2020		
No. Tested	Positive	Linked to care	No. Tested	Positive	Linked to care	No. Tested	Positive	Linked to care
830	26 (3.1%)	N/A	1816	94 (5.2%)	N/A	1097	59 (5.4%)	47 (79.7%)

Comment: *On the average, the HIV positivity rate among HTC clients tested over the last 3 years is about 4.8%*

Figure 18: *Graph showing the trend of HIV positive cases*



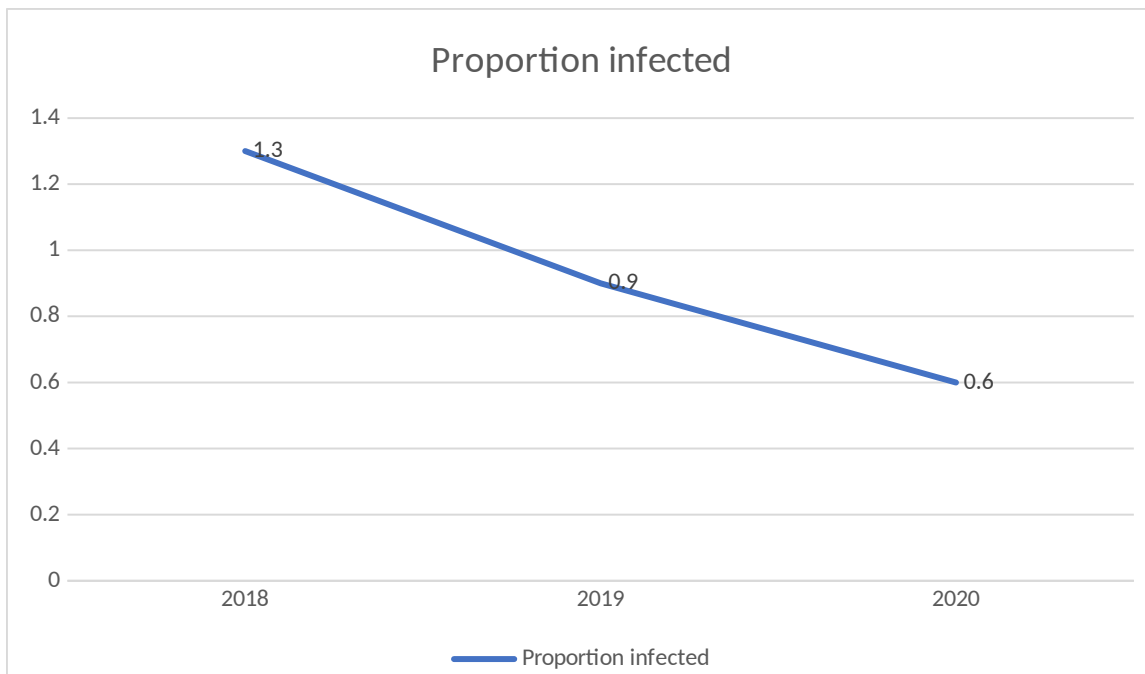
Comment: *The proportion of positive cases among those tested under HTC keep rising*

Table 13: *Prevention of Mother-To-Child Transmission of HIV*

2018			2019			2020		
No. Tested	Positive	Linked to care	No. Tested	Positive	Linked to care	No. Tested	Positive	Linked to care
2960	38 (1.3%)	N/A	2916	26 (0.9%)	0	3078	18 (0.6%)	14 (77.8%)

Comment: *On the average, the HIV positivity rate among PMTCT clients tested over the last 3 years is about 0.9%.*

Figure 19: Graph showing the proportion of Pregnant women who tested positive for HIV



Comment: *Proportion of Pregnant women positive for HIV has declined consistently over the past 3 years*

3.5: ACHIEVEMENTS

The following were some of the Major achievements that were made in the year under review:

- Health service delivery was sustained despite the challenges imposed on the health delivery system by the Covid-19 Pandemic
- The outbreak of Covid-19 was effectively managed in terms of ensuring public education on the Pandemic, Surveillance and Case Management
- Management of service delivery at Diaso health centre was successfully computerized
- There was reduction in teenage pregnancy rate
- Two Rounds of mass Polio vaccination campaigns were organized successfully
- Mass Vitamin A supplementation for children aged between 6 to 59 months was organized successfully
- The proportion of Pregnant women testing positive for HIV declined over the last 3 years
- Access to ART services improved with the establishment of an additional ART site
- Viral Load testing for People-Living-With-AIDS on treatment was initiated

3.6: CHALLENGES

- There was a reduction in performance in some major service indicators eg. Family Planning Acceptor rate, Skilled delivery, Stillbirth rate and TB case detection
- Consistent increase in injuries resulting from Road Traffic Accidents (RTAs) was recorded
- There is persistent challenge with getting adequate supply of psychotropic medications for management of mental health cases
- The growing misconception about vaccination activities leading to vaccine hesitancy and refusals is worrying
- Delivery of effective health care in the district is made difficult due to inadequate staff such as Midwives, Technical officers (Pharmacy, Laboratory, Disease Control, Health Information, Nutrition etc), Storekeepers and Security officers.
- The situation whereby the District Health Directorate financially depends entirely on the health centres and CHPS Compounds affects its ability to enforce discipline among the facility heads.

3.7: THE WAY FORWARD FOR 2021

The following activities would be carried out to help improve on low performing areas and sustain achievements made:

- Collaborate with key partners to get health facilities under construction completed and already completed ones functional
- Track performance on some key indicators, at least, quarterly.
- Support facilities to improve on management of their data
- Undertake quarterly Integrated Supportive Supervision
- Strengthen Disease Surveillance & Response in the face of the Covid-19 and other emerging epidemics
- Improve financial monitoring at all levels
- Intensify community engagement for improved service delivery
- Sustain Health Promotion activities
- Continue to Lobby the RHD for critical staff

3.8: CONCLUSION

The year 2020 would go down as one of the most challenging for the health sector. Performance was mixed. In the face of the Covid-19 Pandemic, inadequate critical staff and other constraints, staff must be commended for the good job done.

Strategies would be designed to improve on non-performing areas while the good performing areas would be sustained or further improved on.

3.9: ACKNOWLEDGEMENT

I wish to appreciate the following for the varied ways they contributed to sustaining health care delivery in the district in the year:

- o Regional Health Directorate
- o All Health Managers and staff in the district (Public, CHAG and Private)
- o The Upper Denkyira West District Assembly
- o Hon. Member of Parliament
- o Nearby Referral facilities (Dunkwa-On-Offin Government hospital & Bibiani Government hospital)
- o NGOs & other Partners operating in and outside the district (World Vision, Madamfo Ghana, Perseus Mining Gh LTD etc)
- o Community volunteers
- o Community Members/Leaders
- o Community Information Centres (CICs)

4.0: PICTURE GALLERY

PICTURE GALLERY



End of Year Party for Adolescent Health Club, Nkronua



Excursion at Lake Bosomtwi by Adolescent Health Club, Nkronua

PICTURE GALLERY



End of Year Party for Adolescent Health Club, Nkronua



Excursion at Lake Bosomtwi by Adolescent Health Club, Nkronua



School Health at Amoaman



Health Education with Community people at Amoaman



Market Storm (Family Planning Education) Diaso



Community Durbar at Amobaka



CHC Meeting at Amobaka

Outcome of some Buruli ulcer cases managed

A nodule



Minor Surgery performed



Within a month after



57

A case at Ampabena

Before

After



58

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