

KETA MUNICIPAL HEALTH DIRECTORATE



Your Health • Our Concern

3rd QUARTER REPORT

OCTOBER2022

CHAPTER ONE

INTRODUCTION

The Municipal Health Directorate operates within the local government as one of the decentralized departments with a mandate to deliver quality health care services to the population within the municipality and beyond. The operational population of **Keta municipal** as projected from the 2010 census, based on an annual growth rate of 1.9%, is as follows:

Keta Municipal - 80,528 (source National Demographic survey)

Children < 1 year - 3,741

Women in reproductive age - 22,447.

The health service operates within 2 sub-municipalities namely; Anyako and Keta.

Health services are provided by 2 hospitals, 5 health Centers, 4 CHPS compounds and 4 private clinics. Physician Assistants heads the sub districts and they work with teams of clinical and preventive health workers to provide a wide range of services to community members. The municipality has two main hospitals which serve as the referral centers for other health centers and CHPs compounds. At the community level, there are about 62 child and maternal health outreach points, 23 trained traditional birth attendants and 19 inactive Community Based Surveillance volunteers (CBSVs). The 2 hospitals have a total bed capacity of 200 (KMH-110. SHH-90). The total staff strength is over 700 with 12 Doctors (1 specialist) and 15 Physician Assistants. Nurses/Midwives constitute about 50% of the staff population with a little over 15% being para medicals and about 150 casual workers. Within this quarter, the municipality received 9 newly posted staff mainly nursing category to complement the current staffing situation.

MISSION

“To provide quality health service responsive to the needs of all persons living in Keta and beyond by implementing approved health sector policies, increase access to health service and manage prudently resources available for health service provision”.

VISION

People living in Keta municipal are healthier, wealthier and happier through the provision of the highest quality of health services through stakeholder collaboration

CORE FUNCTIONS OF GHANA HEALTH

SERVICE/MUNICIPAL HEALTH DIRECTORATE

All the activities carried by the Municipal Health Services are structured to achieve the four (4) main strategic objectives of the Ghana Health Services which are:

- 1. Ensure sustainable, Affordable, Equitable, and easily accessible Health services (Universal Health Coverage.**
- 2. Reduce Morbidity and Mortality, Intensify Prevention and Control of Non-Communicable Diseases**
- 3. Enhance Efficiency and Governance and Management**
- 4. Intensify Prevention and Control of Communicable Diseases and ensure the reduction of New HIV/AIDS and other STIS, especially among the Vulnerable Group)**

At the district level, curative services are provided by the municipal hospital and Sacred Heart hospital, a faith based at Abor. Public health services are provided by the Municipal Health Management Team and the Public Health units of the two (2) hospitals. The Municipal Health Directorate (MHD) provides supervision and management support to the lower level facilities at the sub-districts level. At the sub-district level both preventive and curative services are provided by the health centers, CHPS zones as well as outreach services to the communities within their catchment areas. Basic preventive and curative services for minor ailments are being addressed at the community and household level with the introduction of the Community-based Health Planning and Services (CHPS).

Among the key functions of the department includes:

- ❖ Ensure access to quality affordable health services at all levels
- ❖ Implement approved policies, standards and operational guidelines determined set by the ministry.
- ❖ Promote healthy lifestyles and living
- ❖ Establish effective mechanisms for disease surveillance, prevention and control
- ❖ Provide relevant in-service training to enhance the skills of staff
- ❖ Manage assets and properties of the services
- ❖ Perform any other function that is relevant to the promotion, protection and restoration of health.
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- ❖ Manage assets and properties of the services
- ❖ Perform any other function that is relevant to the promotion, protection and restoration of health.
- ❖ Collaborate with local and traditional authorities to promotes health
- ❖ Collaborate with decentralized departments to manage all Public Health Emergencies

**KEY ACTIVITIES CARRIED OUT THE 1ST QUARTER ON 2022
ACTION PLAN**

ACTIVITY PLANNED	ACTIVITY CARRIED OUT	LEVEL OF IMPLEM ENTATION	REMARKS
Organize 1 supportive supervision of CHMC meetings and community Durbars	1 rounds of supervision carried out to 4 CHMC meetings	100% of planned activity carried out	CHMCs were taken through the health issues affecting the communities. (community specific) And ways to address these issues were reached. (COVID -19 hesitancy, high TB rate etc.)
Processing and submission of	New entrants and staffs promoted letters were	100% of the salaries for	About 90% of the new entrants and

salaries for new entrant and promoted staffs to Regional Health Directorate (IPPD unit)	processed and submitted to region	new entrant and promoted staff was processed and sent to Regional Health Directorate (IPPD Unit)	staffs promoted had feedback on their current status in the service
Organize review meeting on TB control activities	Review meeting carried out in Keta Municipal Health Directorate conference room to review activities on TB Control and strategies to increase TB case detection	100% achieved	TB coordinators from national, region and district meet with the hospitals TB coordinators and community volunteers to review their activity for the quarter and wayforward.
Organize advocacy programmes on COVID 19 vaccination services using radio and community durbars	18 Radio programs and 12 community durbars were organized on maternal, neonatal and child health programs	100% of planned radio discussions carried out	
Organize weekly nutrition clinics for PLWHIV and	Weekly nutrition clinics carried out as planned	All PLWHIV and diabetic	Patients who needed special care were given nutritional

diabetic patients at the KMH		patients who needed counseling were provided per protocol	supplement (FBF) provided by GHS
Carry out Monthly salary Validation for staff	3 Monthly validation of salary was carried out for all staffs in the 12 health facilities within the Municipality	Planned activity carried out	All staff were validated
To Participate in the 3 rd quarters regional financial validation exercise	Quarterly financial validation exercise not carried out	100% the activity planned was conducted	
Monthly Processing and submission of NHIS claims to NHIA	3 months NHIS claims processed and submitted to NHIA	100% Achieved.	Claims were submitted within the stipulated time
Held procurement meeting, Municipal Health Management Meetings as required	Planned meeting carried out in	100% Achieved	Procurement meeting was organized to plan for the 4 quarters procurement as well as the year. All sub district leaders were part of this meeting
Carryout quarterly integrated supportive	1 round of Integrated supportive supervision	0%	This activity was not carried out due to

supervision to all health facilities within the municipality	was organized	achieved	other compelling activities like Polio NID, COVID-19 vaccination exercise.
Timely management of logistics at all levels to avoid stock outs of commodities	Logistics were distributed through the Last Mile Distribution from Regional Medical Stores and open market as well as donors	70% Achieved	Requisitions were processed timely and medicines and non-medicines delivered by Regional Medical Stores through the Last Mile Distribution. However few essential medicines were not available
Carry out 3 monthly data validation and verification exercise	3 data validation and verification exercises carried out as planned both at the facility and district levels before entry into the District Health Information Management System (DHIMS)	100% Achieved	Data validation exercises were carried out to ensure that high quality data is produced for analysis and decision making
Investigate all reported suspected cases of epidemic prone diseases,	cases of Suspected Measles and yellow fever were investigated and all were negative	Targets set achieved	A total of 4 suspected case of measles and a yellow fever suspected case had

including AFP, YF, NNT, Measles, COVID19 and provide feedback as per IDSR guidelines			their samples taken and sent to Accra (nugochi) for investigations and all of them were negative
Organize 1 Public Health Emergency Management Committee Meeting	The PHEMC meeting was not held.	0% achieved	PHEMC meeting was not held during this first quarter due to equally competing programs.

SOURCE OF FUNDING OF ACTIVITIES

Earmarked program funds example Funds for TB Control activities, COVID -19 vaccination and Malaria, control activities

Internally generated funded programs like health promotion programs (Radio programs) and Child welfare clinics which is co-funded.

OTHER ACTIVITIES CARRIED OUT

NUTRITION FRIENDLY SCHOOL INITIATIVE

As part of UNICEF's and Volta Regional Health Directorate (Nutrition Unit) initiative, Keta Municipal is able to sustain the implementation of the NFSI program. The program's aim is to improve healthy eating habits among school children and also control the consumption of unhealthy meals at school and out of school. A total of five school were selected in the district and three more has been added to it as away to gradually scale up this program by the unit. There is a total of eight package under this program, ranging

from fruit day to personal hygiene day. The nutrition unit paid a total of 24 visits to schools implementing the activity. A total of 3 egg days were organized, 7 fruit days, 1 general cleaning, 2 Vendors and caterers inspection and 2 stakeholders meeting.

Community sensitization and stakeholders involvement activities were carried out. CHMC meeting was held at Vodza for Vodza and Adzido community CHMC members a total of 11 CHMC members and three health staff were present at the meeting.

A followup community durbar was held in Vodza to sensitize and address some of the Challenges and solutions to help sustain this program. A total of 72 community members participated in the programme.

COVID – 19 STAKEHOLDERS MEETING AND MASS VACCINATION ACTIVITY

The directorate with directive from Regional Health Directorate organized mass vaccination within the community and the coverage was very low. This led to stakeholders engagement to brief them on the state of health issues within the municipality and ways to improve upon coverage. The aim was to ensure that, the municipality has at least 80% of the populace vaccinated and protected against COVID -19 virus and also to achieve 90% municipal sensitization on COVID 19. A total of 107 persons participated in the program, which include: the Regional Director of Health Services, Municipal Chief Executive, Member of Parliament for Keta Municipality, chiefs, Municipal Director of education, Municipal Director of Health service, Islamic Heads, Assemblymen, second cycle Heads etc. Political party representative etc.

A day after the stakeholders meeting, a mass COVID 19 vaccination was carried out in the municipality. A coverage of 110% of the target population was reached by the end of the 4days activity.

SUPPORTIVE VISIT TO CHILD WELFARE CLINIC SESSIONS

Supportive supervision is one of the key ways to improve staff quality of care and skills in delivery of care as well as identifying staff and clients needs. As part of the job of management of health service a supportive supervisory visit was paid to 32 child welfare clinic sessions at outreaches site and 12 static clinics in the facilities within the municipality. All clinic sessions carried out immunization against preventable disease and children's under five's growth were monitored.. This was to ascertain if any has malnutrition issues. The following feedback from the outreach and static sites were a total of 3,321 children were weighed out of which 2 were underweight and 64 were stunted. A total of 799 children under five were vaccinated against childhood preventable diseases.

127 newly born up to 11months were vaccinated with BCG. 521 were vaccinated with 1st to 3rd dose of polio vaccine, 170 children 0-11 months were vaccinated with pneumococcal vaccine, 97 were vaccinated with Measles and Yellow Fever vaccine and 54 and 63 children were vaccinated with measles 2 and Men A vaccine respectively.

DATA VALIDATION IN DHIMS2

Data is one of the key ways of being informed of the health status of a community, a sub district and a municipality as a whole and quality

data is the key information needed to enhance quality health care. Due to this Monthly DHIMS 2 data validation was carried out successfully by all health facilities and the various health directorate department to ensure data quality.

GHS SECTOR WIDE INDICATORS FOR DISTRICT

OBJECTIVE 1: ENSURE SUSTAINABLE, AFFORDABLE, EQUITABLE, EASILY ACCESSIBLE HEALTH CARE SERVICES (UNIVERSAL HEALTH COVERAGE)			
INDICATOR	2020	2021	2022
Family planning Acceptor Rate	23.8%	20.2%	20.7%
Total estimated protection by contraceptive methods supplied (CYP)	661.7	928.5	772.3
Proportion of deliveries attended by trained health workers (SKILLED DELIVERY)	99.4%	118.1%	95.5%
Proportion of newborns receiving postnatal care (PNC) within 48 hours from birth	97.5%	99.1%	95.4%
Proportion of mothers who made at least four (4) ANC visits	67.7%	75.9%	71.1%
Out Patient Department Attendance	30,843	35,895	28,125
Proportion of OPD patients who are insured	83%	85.7%	85.5%
Proportion of functional Community Based Health Planning and Services	38	100	100
OBJECTIVE 2: REDUCE MORBIDITY AND MORTALITY, INTENSITY PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES			
Prevalence of Anaemia In Pregnancy at 36weeks	46.7%	43.3%	51%
Teenage Pregnancy	13.4%	15.7%	15.2%
Children Under Five (5) Years who are Underweight	0.18%	3.8%	0.5%
Institutional Maternal Mortality Ratio Per 100,000	0	0	0
Percentage of Maternal Death Audited	0	0	0
Institutional Neonatal Mortality Rate Per 1000	0	0	0

Still Birth Rate	8.9	13.5%	7.5%
OBJECTIVE 3: ENHANCE EFFICIENCY IN GOVERNANCE MANAGEMENT			
INDICATOR	2020	2021	2022
Proportion of planned integrated district supervisory visits undertaken	100%	100%	100%
Percentage planned data validation meetings held	100%	100%	100%
Proportion of health facilities (public and private) providing data into dhims2	100%	100%	100%
Completeness of reporting by health facilities	100%	100%	100%
Proportion of NHIS claims submitted on time	50%	100%	100%
Proportion of BMC with functional audit committees	100%	100%	100%
OBJECTIVE 4: Intensify Prevention and Control of Communicable Diseases and ensure the reduction of New HIV/AIDS and other STIS, especially among the Vulnerable Group)			
	2020	2021	2022
Penta 3 Coverage	92.8	91.4%	80.1%
Measles-Rubella 2 Coverage	66.4%	68.2%	64.1%
BCG Coverage	136.8%	135%	99.2%
Malaria Case fatality Rate	0.22%	1.0%	0.23

KEY ISSUES ADDRESSED

In Spite of the numerous challenges in 2021, and also during the beginning of this year the MHD was able to make a remarkable progress in some areas of reproductive health, prevention of communicable and non-communicable diseases, maternal and child health services and consistent progress in quality of data that is entered into an electronic

database for the GHS (DHIMS 2). But most especially the directorate sustained the gains in Governance indicators this quarter.

Medicines and non-medicines that were supplied from the Regional medical stores constituted about 80% of the requirements of the health facilities but the MHD and the Municipal hospital managed to get drugs from the open market to supplement even though there is high indebtedness to them.

ISSUES YET TO BE ADDRESSED

1. Inadequate critical staff such as Doctors, laboratory scientist, pharmacist, dispensary assistants even though some intern doctors are providing services which was not available in previous year.
2. High incidence of teenage pregnancy, anaemia in pregnancy, and low family planning acceptor rate even though there is an appreciation compared to previous quarters.

RECOMMENDATIONS

1. Efforts should be made by the MA to support the municipal hospital to set up a physiotherapy unit
2. The MDHS should increase lobbying at the RHD to attract more critical staff into the municipality and M A should aid in providing accommodation for the staffs who are willing to stay on after their internship as a way of motivation.
3. The Municipal Assembly should provide support to the MHD other departments to roll out a plan to deal with teenage pregnancy in the municipality. The plan that was developed with the Agric department on improving nutrition outcomes in the municipality should be reviewed and funding sourced to implement them to reduce the anaemia rate in the municipality

4. Conduct regular monitoring and supportive supervision to sub-districts.
5. The municipal Assembly should aid in constructing road to motor able areas so enhance prompt health care service delivery
6. Also RHD and MA should support over-bank areas with canoe or boat to aid in service delivery.

CONCLUSION

The municipal health service has a mandate to save lives and it will do all it can to achieve this mandate. However, health does not operate in a vacuum and so all stakeholders should come together to address issues like teenage pregnancy and anemia in pregnancy.

ACTIVITY PICTURES

NUTRITION FRIENDLY SCHOOL INITIATIVE (NFSI) ACTIVITIES



SENSITIZATION OF SELECTED SCHOOLS ON NFSI



NUTRITION FRIENDLY SCHOOL INITIATIVE POSTER AT ANYAKO BASIC SCHOOL (EDUCATION POST ON SCHOOL WALL)



FRUIT DAY CELEBRATION AT BISHOP HERMAN BASIC SCHOOL NORLIVIME



ENGAGEMENT OF COMMUNITY HEALTH MANAGEMENT COMMITTEE ON NUTRITION FRIENDLY SCHOOL INITIATIVE IMPLEMENTATION



COMMUNITY SENSITIZATION ON NFSI

COVID 19 ACTIVITIES



STAKEHOLDERS MEETING ON HEALTH ISSUES AND COVID 19 HESITANCY



SENSITIZATION ON UP COMMIING COVID 19 VACCINATION



COVID 19 HOUSE TO HOUSE IMMUNIZATION SUPERVISION

SUPPORTIVE SUPERVISION ACTIVITY



SUPPORTING STAFF AT KEDZIKOPE CHILD WELFARE CLINIC (OUT REACH SITE)



SUPPORTING STAFF AT CHILDWELFARE CLINIC AT DZELUKOPE RCH (STATIC SITE)



OUTREACH SESSION AT AFIADENYIGBA



MAM (UNDERWEIGHT) CHILD IDENTIFIED AT CWC SESSION AND APPITTITE TEST CONDUCTED ON CHILD