



KETA MUNICIPAL HEALTH DIRECTORATE
2nd QUARTER REPORT

July, 2022

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 2021 census, based on an annual growth rate of 1.9%, is as follows:

Keta Municipal - 80,518 (source National Demographic survey)

Children < 1 year - 3,221

Women in reproductive age - 19324.

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

Health services are provided by 2 hospitals of which one is CHAG, 5 health Centers, 4 CHPS compounds and 4 private clinics (CHAG hospital inclusive). 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 65 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 11 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.
- ❖ Collaborate with local and traditional authorities to promotes health
- ❖ Collaborate with decentralized departments to manage all Public Health Emergencies

**MUNICIPAL HEALTH DIRECTORATE (2020) MID TERM TO LONG TERM ACTION PLAN
PROGRESS ASSESSMENT**

INDICATOR	BASELIN E 2021	ACTUAL 2022	ACTUAL 2023	TARGET 2024	ACTUAL 2024	TARGET 2025	ACTUAL 2025
Number of operational health facilities	3	4		5		6	
I. CHPS compound							
II. Clinics	3	3		3		3	
III. Health centers	5	5		6		6	
IV. Hospital	2	2		2		2	
Maternal mortality ratio (institutional)	75.3/100000 live birth	0		0		0	
Malaria case fatality ratio	0	0		0		0	
i. Sex							
ii. Age group	0	0		0		0	

THE MUNICIPAL HEALTH DIRECTORATE ANNUAL YEAR (SHORT TERM GOALS)

- Increase penta 3, and MR coverage by 15% by the end of the year.
- Increase early initiation of breastfeeding, exclusive breastfeeding and timely complementary feeding by 5% by the end of the year
- Increase skilled delivery by 5% by the end of the year
- Improve surveillance on TB, measles, Y/F, measles
- Strengthen nutrition market survey

ACTIVITY CONDUCTED TO ADRESS MID TERM GOAL

PROJECT	DEVELOPMENT DIMENSION OF POLICY FRAMEWORK	LOCATION	CONTRACTOR/ CONSULTANT	CONTRACT SUM GH¢	SOURCE OF FUNDING	DATE OF AWARD	DATE STARTED	EXPECTED DATE OF COMPLETION	EXPENDITURE TO DATE	OUTSTANDING BALANCE	IMPLEMENTATION STATUS (%)	REMARKS
HEALTH CENTER CONSTRUCTION	-	ASADAME	Meridian logistics and engineering services	-	-	-	2021	2022	-	-	100%	PROJECT COMPLETED AND COMMISSION
CHPS		SEVA	Seva community	-	-	-	-	-	-	-	100%	Compound was donated by a member in the community and staff are already at work but need some basic equipment to provide quality care.

ACTIVITIES CONDUCTED TO ADDRESS SHORT TERM ACTION PLAN

PROGRAM ME DESCRIPTION	DEVELOPMENT DIMENSION OF POLICY FRAMEWORK	AMOUNT INVOLVED SUM GH¢	SOURCE OF FUNDING	DATE STARTED	EXPECTED DATE OF COMPLETION	EXPENDITURE TO DATE	OUTSTANDING BALANCE	IMPLEMENTATION STATUS (%)	TOTAL BENEFICIARIES	REMARKS
COVID 19 VACCINATION		-	JHPIEGO	15/05/2022	22 /05 /2022	-	-	100%	250 Populace	Vaccine hesitancy by populace
COVID -19 VACCINATION			GHS	10/06/2022	13/06/2022	-	-	100%	157 Populace	Vaccination was done but social mobilization was low
MALARIA OTSS		-	NMCP(global fund)	28/03/2022	02/04/2022	-	-	100%	14 health facility	Facility were practicing the 3T but some health facilities lack Microscopy tools for testing even though there are technical officers to provide these services.
GROWTH MONITORING AND PROMOTION		-	IGF	CONTINUOUS (monthly)	NEVER	-	-	100%	8394 children under five (5) in 75 outreach point and 12 static centers.	Anthropometric tools like salter scale and infantometer and weighing scale are cumbersome to carry to outreach site which always takes a toll on the facility's IGF.
HIV/AIDS		-	Global	10/05/2022	15/05/2022	-	-	100%	14 health	

MONITORING			Fund	0					facilities	
MANAGEMENT OF ACUTE MALNUTRITION		FEED	UNICEF	CONTINUOUS	Continues	-	-	95%	33 patient (children Under five years)	Case management is based on programme feed from UNICEF and inpatient care management is through client item purchase for feed preparation and for the financially challenged, the hospital social welfare takes care of it. Currently 6 children under five years are on admission both inpatient and out patient care with the municipal facilities.
COVID 19 SBCC (Radio)		-	-	07/06/2022	09/06/2022			100%	About 80,518 people	
COVID 19 SBCC (CIC AND VAN)		-	-	14/04/2022	14/14/2022			100%	27 communities (CIC) 7 communities (NCCE VAN)	CIC were requesting for payment before educations on activity can be broadcast.

GHS SECTOR WIDE INDICATORS FOR DISTRICT (2ND QUARTER) PERFORMANCE REVIEW

OBJECTIVE 1: ENSURE SUSTAINABLE, AFFORDABLE, EQUITABLE, EASILY ACCESSIBLE HEALTH CARE SERVICES (UNIVERSAL HEALTH COVERAGE)			
INDICATOR	2020	2021	2022
Family planning Acceptor Rate (new)	31.4%	24.4%	29.3%
Total estimated protection by contraceptive methods supplied (CYP)		3378	4469
Proportion of deliveries attended by trained health workers (SKILLED DELIVERY)	131%	149.8%	125.4%
Proportion of newborns receiving postnatal care (PNC) within 48 hours from birth	99.4%	99.5%	81.3%
Proportion of mothers who made at least four (4) ANC visits	72.8%	110%	61.1%
Out Patient Department Attendance	30693	37864	36904
Proportion of OPD patients who are insured	86.3%	86.8.0%	85.1%
Proportion of functional Community Based Health Planning and Services	36.4%	100%	100%
OBJECTIVE 2: REDUCE MORBIDITY AND MORTALITY, INTENSITY PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES			

Prevalence of Anaemia In Pregnancy at 36weeks	27.1%	47.1%	63.1%
Teenage Pregnancy	15%	16%	17%
Children Under Five (5) Years who are Underweight	0.5%	0.77	2.0
Institutional Maternal Mortality Ratio Per 100,000	0	249.2	0
Percentage of Maternal Death Audited	0	0	0
Institutional Neonatal Mortality Rate Per 1000 live birth	3.4	1.7	4.9
Still Birth Rate	5.1	1.7	7.7

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	100%	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)

Penta 3 Coverage	85.9%	82.5%	63.1%
Measles-Rubella 2 Coverage	67.9%	67.4%	62.0%
BCG Coverage	124.5%	120.6%	186%
Malaria Case fatality Rate	0.22%	1.0%	0.23
SURVEILLANCE INDICATORS	2020	2021	2022
Acute Flaccid Paralysis	0	0	0
Measles	0	0	0
Yellow Fever	0	0	0
Cholera	0	0	0
Neonatal Tetanus	0	0	0
Meningitis	0	0	0
Guinea Worm	0	0	0
Adverse Events Following Immunization	0	0	0
Influenza Like Illnesses	0	0	0
Maternal Death	0	0	0
Tuberculosis	2	0	14
Multi Drug Resistant TB	1	0	0

KEY ISSUES ADDRESSED

In Spite of the numerous challenges in 2021, the MHD was able to make a remarkable progress in the area 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).

ISSUES YET TO BE ADDRESSED

1. Inadequate critical staff such as Doctors, Account officers Physician Assistants CHNs Laboratory scientist, pharmacist, radiographers, Sonographers, Dispensary assistants even though some intern doctors are providing services which was not available in previous year.
2. Delayed NHIS Claims reimbursement
3. There is high burden of arthritis and yet there is no physiotherapy unit in the municipality to offer rehabilitative services.
4. High incidence of teenage pregnancy, anaemia in pregnancy, and low family planning acceptor rate even though there is an appreciation in the coverage compared to previous quarters.

RECOMMENDATIONS

1. Efforts should be made by the Municipal Assembly 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. Municipal Assembly should support GHS in community NCD (diabetes and Hypertension)
5. Conduct regular monitoring and supportive supervision to sub- districts.
6. The municipal Assembly should aid in constructing motorable roads to enhance prompt health care service delivery
7. The Municipal Assembly should support the Municipal health Directorate with motor bikes to enable them provide quality health service to hard-to-reach areas eg Agorvinu, Lawoshime, Wenyago and it it environs

CONCLUSION

The municipal health service has a mandate to save lives and it will do all it can to achieve this mandate. Supportive supervisory activities were enhanced in all the quarters. However, health does not operate in a vacuum and so all stakeholders should come together to support the service address the issues highlighted.

