

CAPE COAST TEACHING HOSPITAL



CAPE COAST TEACHING HOSPITAL



20
25

ANNUAL
PERFORMANCE
REPORT

CAPE COAST TEACHING HOSPITAL



2025 ANNUAL PERFORMANCE REPORT

P. O. Box CT.1363, Cape Coast

Central Region, Ghana

Tel: 03321-34010-14

Digital Address: CC-071-9967

Website: www.ccthghana.com

Email: info@ccthghana.org

TABLE OF CONTENTS

LIST OF TABLES	xi
LIST OF FIGURES	xx
LIST OF ACRONYMS	xxv
ACKNOWLEDGEMENT	xxvii
MESSAGE FROM THE CHIEF EXECUTIVE OFFICER	xxix
PREFACE	xxx
SECTION 1 _ BACKGROUND	1
CHAPTER ONE	2
INTRODUCTION	2
1.0 BACKGROUND	2
1.1 PROFILE OF CCTH	2
1.1.1 MANDATE	2
1.1.2 VISION	3
1.1.3 MISSION	3
1.1.4 CORE VALUES	3
1.2 MEDIUM-TERM STRATEGIC OBJECTIVES (2020 -2025)	3
1.3 SERVICES PROVIDED AT CCTH	3
1.4 KEY PRIORITIES FOR 2025	5
1.5 SUMMARY OF 2025 CCTH PERFORMANCE UNDER THE STRATEGIC OBJECTIVES	5
SECTION 2 _ GENERAL OVERVIEW	16
CHAPTER TWO	17
HUMAN RESOURCE	17
2.1 INTRODUCTION	17
2.2 STAFF STRENGTH ANALYSIS	17
2.2.1 COMPOSITION OF MEDICAL STAFF FROM 2021 TO 2025 AT CCTH	18
2.2.2 COMPOSITION OF NURSES AND MIDWIVES FROM 2021 TO 2025 AT CCTH	18

2.2.3 COMPOSITION OF OTHER STAFF AVAILABLE AT CCTH FROM 2021 TO 2025	1
2.3 STAFF GAP ANALYSIS IN 2025	1
2.4. PROMOTIONS AND STAFF DEVELOPMENT	1
2.4.1 PERFORMANCE APPRAISAL	1
2.5 TRANSFERS	1
2.6 HUMAN RESOURCE WASTAGE	1
2.7 IMPROVING TEACHING AND LEARNING	1
2.7.1 ACCREDITATION STATUS OF POSTGRADUATE TRAINING PROGRAMMES IN 2025	1
2.7.2 POSTGRADUATE TRAINING AND RESIDENCY PERFORMANCE	1
2.7.3 IN-SERVICE TRAINING AND INTERNSHIP	1
2.7.4 INTERNATIONAL MEDICAL TRAINING COLLABORATION	1
2.8 STAFF WELFARE AND RECOGNITION PROGRAMMES	1
CHAPTER THREE	1
CLINICAL CARE SERVICES	1
3.0 INTRODUCTION	1
3.1 OUT-PATIENT SERVICES UTILIZATION	1
3.1.1 SPECIALIST OPD SERVICE UTILIZATION	1
3.2 TOP TWENTY OPD MORBIDITIES	1
3.3 EMERGENCY SERVICES UTILISATION	1
3.4 INSTITUTIONAL REFERRALS	1
3.5 IN-PATIENT SERVICE UTILIZATION	1
3.5.1 TOP TEN CAUSES OF ADMISSIONS	1
3.6 THEATRE SERVICES UTILIZATION	1
3.6.1 SURGERIES PERFORMED BY SPECIALTY	1
3.6.2 TOP TEN SURGICAL OPERATIONS	1
3.6.3 COLLABORATIVE SURGERIES	1
3.7 DIAGNOSTIC SERVICES UTILISATION	1
3.8 TRANSFUSION MEDICINE SERVICES	1

3.9 RENAL SERVICES UTILIZATION	1
3.10 INSTITUTIONAL MORTALITY	1
3.10.1 TOP TEN CAUSES OF INSTITUTIONAL MORTALITY	1
CHAPTER FOUR	1
MENTORSHIP AND OUTREACH	1
4.1 INTRODUCTION	1
4.2 MENTORSHIP	1
4.3 SPECIALIST OUTREACH SERVICES	1
CHAPTER FIVE	1
SUPPORT AND GENERAL SERVICES	1
5.1 INTRODUCTION	1
5.2 TECHNICAL SERVICES	1
5.2.1 ESTATE UNIT – PHYSICAL INFRASTRUCTURE	1
5.2.2 ICT & DIGITAL INFRASTRUCTURE	1
5.2.3 EQUIPMENT UNIT - MEDICAL EQUIPMENT, PLANT AND FURNITURE	1
5.3 GENERAL ADMINISTRATION SERVICES	1
5.3.1 SECURITY SERVICES	1
5.3.2 MEDICO-SOCIAL SERVICES	1
5.3.3 TELECOMMUNICATION SERVICES	1
5.3.4 TRANSPORT SERVICES	1
5.4 COOPERATE AFFAIRS UNIT	1
5.5 DOMESTIC SERVICES	1
5.5.1 PERFORMANCE TRENDS OF DOMESTIC SERVICES UTILIZATION	1
5.6 SUPPLY CHAIN MANAGEMENT SERVICES	1
5.6.1 PERFORMANCE TRENDS OF AVAILABILITY OF NON-MEDICINE CONSUMABLES	1
CHAPTER SIX	1
FINANCIAL PERFORMANCE	1
6.1 INTRODUCTION	1
6.2 SOURCES OF FUNDING	1
6.3 REVENUE PERFORMANCE	1

6.3.1 REVENUE BUDGET EXECUTION	1
6.3.2 INTERNALLY GENERATED FUNDS (IGF) REVENUE PERFORMANCE	1
6.4 EXPENDITURE PERFORMANCE	1
6.5 STATUS OF NHIS CLAIMS	1
6.6 ASSETS AND LIABILITIES	1
6.7 CASHFLOW	1
CHAPTER SEVEN	1
COLLABORATION AND SUPPORT	1
7.1 INTRODUCTION	1
7.2 LOCAL COLLABORATIONS	1
7.3 INTERNATIONAL COLLABORATIONS	1
SECTION 3_SUB-BMCs & UNITS DETAILED REPORTS	1
CHAPTER EIGHT	1
OUTPATIENT / FAMILY MEDICINE & POLYCLINIC SUB-BMC	1
8.1 BACKGROUND	1
8.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES	1
8.3 CLINICAL ATTENDANCE	1
8.4 TOP TEN (10) FAMILY MEDICINE OPD MORBIDITY	1
CHAPTER NINE	1
ANNEX B CENTER	1
9.1 BACKGROUND	1
9.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES	1
9.3 ANNEX B SERVICE AND UTILIZATION OUTCOME	1
CHAPTER TEN	1
REHABILITATION SERVICES	1
10.1 BACKGROUND	1
10.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES	1
10.3 TREND OF REHABILITATION SERVICES UTILIZATION	1
10.4 PHYSIOTHERAPY SERVICES UTILIZATION	1
10.5 CLINICAL PSYCHOLOGY SERVICES UTILIZATION	1

10.6 COMMUNITY PSYCHIATRY SERVICES UTILISATION	1
10.7 DIET & NUTRITION SERVICES UTILIZATION	1
10.8 SPEECH AND LANGUAGE THERAPY SERVICES UTILISATION	1
CHAPTER ELEVEN	1
ACCIDENT AND EMERGENCY SUB-BMC	1
11.1 INTRODUCTION	1
11.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES	1
11.3 A&E SERVICE UTILISATION	1
11.4 EMERGENCY CASES SEEN ACCORDING TO THE ACUITY	1
11.5 A&E DETENTION	1
11.5.1 TOP TEN CAUSES OF A&E DETENTION	1
11.6 ACCIDENT & EMERGENCY MORTALITY	1
11.6.1 TOP CAUSES OF DEATH AT A&E IN 2025	1
11.7 A&E REFERRALS	1
CHAPTER TWELVE	1
DIAGNOSTIC SERVICES	1
12.1 INTRODUCTION	1
12.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES	1
12.3 LABORATORY SERVICES UTILISATION	1
12.4 TRANSFUSION MEDICINE MANAGEMENT SERVICES	1
12.5 RADIOLOGICAL SERVICES UTILISATION	1
12.6 PATHOLOGY SERVICE UTILISATION	1
CHAPTER THIRTEEN	1
MATERNAL HEALTH SUB-BMC	1
13.1 INTRODUCTION	1
13.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES	1
13.3 MATERNAL HEALTH SERVICES OPD UTILIZATION	1
13.4 MATERNAL HEALTH EMERGENCY SERVICE UTILIZATION	1
13.5 MATERNAL HEALTH SERVICES IN-PATIENT UTILIZATION	1
13.5.1 CAUSES OF MATERNAL HEALTH ADMISSIONS	1

13.6 OBSTETRIC SERVICES UTILIZATION	1
13.7 MATERNAL-RELATED SURGERIES	1
13.8 MATERNAL MORTALITY	1
13.8.1 TOP CAUSES OF MATERNAL MORTALITY	1
13.8.2 MATERNAL DEATHS BY REFERRAL FACILITIES RECORDED	1
CHAPTER FOURTEEN	1
CHILD HEALTH SUB-BMC	1
14.1 BACKGROUND	1
14.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES	1
14.3 CHILD HEALTH OPD SERVICES UTILIZATION	1
14.4 CHILD HEALTH IN-PATIENT SERVICES UTILIZATION	1
14.4.1 PAEDIATRIC WARD PERFORMANCE	1
14.4. NEONATAL INTENSIVE CARE UNIT (NICU) WARD PERFORMANCE	1
14.5 CAUSES OF CHILD HEALTH ADMISSION	1
14.5.1 TOP TEN (10) CAUSES OF CHILD HEALTH ADMISSION	1
14.5.2 TOP TEN CAUSES OF UNDER FIVE ADMISSIONS	1
14.5.3 TOP TEN CAUSES OF NEONATAL ADMISSIONS	1
14.6 CHILD HEALTH MORTALITIES	1
14.6.1 PAEDIATRIC AND INFANT MORTALITIES	1
14.6.2 NEONATAL MORTALITY	1
14.6.3 CHILDREN UNDER-FIVE MORTALITIES	1
CHAPTER FIFTEEN	1
INTERNAL MEDICINE SUB-BMC	1
15.1 INTRODUCTION	1
15.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES	1
15.3 INTERNAL MEDICINE OPD SERVICES UTILISATION	1
15.4 INTERNAL MEDICINE IN-PATIENT PERFORMANCE	1
15.4.1 TOP TEN CAUSES OF ADMISSION AT INTERNAL MEDICINE	1
15.4.2 MORTALITY AT INTERNAL MEDICINE SUB-BMC	1
15.4.3 TOP TEN CAUSES OF DEATH AT INTERNAL MEDICINE	1

CHAPTER SIXTEEN	1
CRITICAL CARE AND ANAESTHESIA SUB-BMC	1
16.1 INTRODUCTION	1
16.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES	1
16.3 ANAESTHESIA OPD SERVICES UTILISATION	1
16.4 ANAESTHESIA ADMINISTRATION	1
16.5 THEATRE RECOVERY SERVICES	1
16.6 CRITICAL CARE UTILISATION	1
CHAPTER SEVENTEEN	1
SURGICAL SUB-BMC	1
17.1 BACKGROUND	1
17.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES	1
17.3 SURGICAL OUTPATIENT SERVICES UTILIZATION	1
17.4 SURGICAL INPATIENT SERVICES UTILISATION	1
17.4.1 TOP TEN CAUSES OF SURGICAL ADMISSIONS	1
17.5 SURGERIES PERFORMED PER SUB-SPECIALTY	1
17.5.1 CAUSES OF SURGICAL PROCEDURES	1
CHAPTER EIGHTEEN	1
DENTAL, EYE EAR NOSE & THROAT (DEENT) SUB-BMC	1
18.1 INTRODUCTION	1
18.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES	1
18.3 OVERALL DEENT PERFORMANCE	1
18.4 DEENT SUB-SPECIALTY PERFORMANCE	1
18.4.1 EYE (OPHTHALMOLOGY) SERVICES	1
18.4.2 EAR, NOSE AND THROAT (ENT) SERVICES	1
18.4.3 DENTAL AND MAXILLOFACIAL (ORAL) SERVICES	1
18.5 DEENT OUTREACH SERVICES	1
CHAPTER NINETEEN	1
PUBLIC HEALTH SERVICES	1
19.1 INTRODUCTION	1

19.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES	1
19.3 DOSES OF VACCINES PROVIDED (EXPANDED PROGRAMME ON IMMUNIZATION – EPI)	1
19.4 CHILD WELFARE SERVICES	1
19.5 ADOLESCENT HEALTH SERVICES	1
19.6 INFLUENZA SENTINEL SURVEY	1
19.7 REPRODUCTIVE AND CHILD HEALTH SERVICES	1
19.8 FAMILY PLANNING (FP) SERVICES	1
19.9 HEALTH PROMOTION ACTIVITIES	1
19.10 HIV / AIDS SERVICES UTILIZATION	1
19.11 PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) PROGRAMME	1
19.12 POST EXPOSURE PROPHYLAXIS (PEP)	1
19.13 TUBERCULOSIS SERVICES UTILISATION	1
19.14 CERVICAL CANCER SCREENING (VISUAL INSPECTION WITH ACETIC ACID - VIA)	1
CHAPTER TWENTY	1
PHARMACEUTICAL SERVICES	1
20.1 INTRODUCTION	1
20.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES	1
20.3 CLINICAL PHARMACY SERVICES, TRAINING AND RESEARCH PERFORMANCE	1
20.4 ANTI-RETRO VIRAL THERAPY (ART)	1
20.5 RATIONAL USE OF MEDICINE (RUM)	1
20.5.1 RUM SURVEY FINDINGS	1
SECTION 4_ CONCLUSION AND RECOMMENDATIONS	1
CHAPTER TWENTY-ONE	1
CHALLENGES, MITIGATING STRATEGIES, WAY FORWARD	1
21.1 CHALLENGES AND MITIGATING STRATEGIES	1
21.2 WAY FORWARD / OUTLOOK FOR 2026	1
21.3 CONCLUSION	1

LIST OF TABLES

TABLE 1.5. 1: SUMMARY OF 2025 PERFORMANCE UNDER THE STRATEGIC OBJECTIVES	5
TABLE 2.2. 1: BREAKDOWN OF TOTAL STAFF CLASSIFICATION BY DIRECTORATES	18
TABLE 2.2.1. 1: TREND OF DOCTORS COMPOSITION FROM 2021 – 2025	18
TABLE 2.2.2. 1: TREND OF NURSES AND MIDWIVES BY CATEGORY (2021 – 2025)	19
TABLE 2.2.3. 1: TREND OF OTHER STAFF (2021 – 2025)	19
TABLE 2.3. 1: GAP ANALYSIS IN 2025	20
TABLE 2.3. 2: CATEGORIES OF NEWLY RECRUITED STAFF AT CCTH IN 2025	22
TABLE 2.4. 1: TREND OF CHANGE OF GRADES BY CATEGORIES (2021 - 2025)	23
TABLE 2.4.1. 1: A FIVE-YEAR TREND OF STAFF APPRAISED (2021 – 2025)	26
TABLE 2.5. 1: CADRE OF STAFF WHO TRANSFERRED-IN AND OUT IN 2024	27
TABLE 2.7.2.1. 1: MEMBERSHIP TRAINING OF CCTH DOCTORS IN 2025	29
TABLE 2.7.2.1. 2: MEMBERSHIP TRAINING OF MEDICAL DOCTORS FROM EXTERNAL INSTITUTIONS AT CCTH IN 2025	29
TABLE 2.7.2.1. 3: FELLOWSHIP TRAINING FOR CCTH DOCTORS IN 2025	30
TABLE 2.7.2.1. 4: SUMMARY OF MEDICAL DOCTORS WHO PURSUED FELLOWSHIP PROGRAMS AT CCTH IN 2025	30
TABLE 2.7.2.1.1. 1: RESIDENCY TRAINING UNDER THE THs KPIs	31
TABLE 2.7.2.3. 1: RESIDENTS (MEMBERSHIP) TRAINING OF PHARMACISTS IN 2025 AT GCP	33
TABLE 2.7.3. 1: IN-SERVICE TRAINING HELD IN 2025	33
TABLE 2.7.3.1. 1: INTERNSHIP (NON-CLINICAL) AT CCTH IN 2025	34
TABLE 2.7.3.2. 1: INTERNSHIP (CLINICAL) AT CCTH IN 2025	35
TABLE 2.7.3.3. 1: NATIONAL SERVICE PERSONNEL POSTED TO CCTH – 2025	36
TABLE 2.7.4. 1: FOREIGN TRAINEES – 2025	36
TABLE 2.8. 1: SICK STAFF POLICY UPTAKE (2023-2025)	37

TABLE 3.1. 1: FIVE-YEAR TREND OF KEY OUTPATIENT DEPARTMENT (OPD) PERFORMANCE INDICATORS (2021–2025).....	39
TABLE 3.1.1. 1: TREND OF OPD UTILIZATION BY SPECIALTY FROM 2021 TO 2025.....	43
TABLE 3.1.1. 2: TREND IN SPECIALIST CLINIC OPD UTILIZATION (2021-2025).....	44
TABLE 3.2. 1: TOP TWENTY OPD MORBIDITIES FROM 2022 TO 2025.....	47
TABLE 3.3. 1: EMERGENCY SERVICE UTILIZATION BY CATEGORY (2021 – 2025).....	50
TABLE 3.4. 1: TREND OF INSTITUTIONAL REFERRALS (2021-2025).....	51
TABLE 3.4. 2: REFERRAL CASES ADMITTED TO THE VARIOUS SUB-BMCs (WARDS).....	52
TABLE 3.4. 3: TRENDS IN EXTERNAL REFERRAL CONTRIBUTIONS TO INSTITUTIONAL, MATERNAL, AND NEONATAL ADMISSIONS (2021–2025).....	53
TABLE 3.5. 1: IN-PATIENT SERVICE PERFORMANCE UNDER THs KPIs (2021-2025).....	55
TABLE 3.5.1. 1: TOP TEN CAUSES OF ADMISSION (2023-2025).....	57
TABLE 3.6. 1: SURGICAL SERVICE PERFORMANCE UNDER THS KPI (HOSPITAL LEVEL PERFORMANCE) (2021 TO 2025).....	59
TABLE 3.6.1. 1: SURGERIES PERFORMED BY SPECIALTY FROM 2021 TO 2025.....	60
TABLE 3.6.2. 1: TOP TEN SURGICAL OPERATIONS PERFORMED (2023- 2025).....	61
TABLE 3.6.3. 1: TREND IN COLLABORATIVE SURGICAL PROCEDURES PER PARTNER (2010-2025).....	62
TABLE 3.7. 1: DIAGNOSTICS SERVICES UTILISATION (2021 – 2025).....	64
TABLE 3.8. 1: BLOOD DONATION AND TRANSFUSION SERVICES.....	66
TABLE 3.9. 1: UTILISATION OF RENAL SERVICES FROM 2021 TO 2025.....	67
TABLE 3.9. 2: UTILIZATION OF DIALYSIS SERVICES FROM 2021 TO 2025.....	67
TABLE 3.9. 3: TOP COMPLICATIONS ENCOUNTERED DURING SESSIONS (2024-2025).....	68
TABLE 3.10. 1: INSTITUTIONAL MORTALITY CATEGORIZATION.....	69
TABLE 3.10.1. 1: TOP TEN CAUSES OF INSTITUTIONAL MORTALITY (2023-2025).....	70
TABLE 4.3. 1: SPECIALIST OUTREACH PERFORMANCE UNDER TEACHING HOSPITAL’S KPI’s	72
TABLE 4.3. 2: OUTREACHES AND BENEFICIARIES FROM 2021-2025.....	73
TABLE 5.2.3.1. 1: TREND OF SELECTED EQUIPMENT DOWNTIME OF IMAGING EQUIPMENT ..	75

TABLE 5.2.3.2. 1: EQUIPMENT UTILIZATION FOR SELECTED IMAGING EQUIPMENT	77
TABLE 5.3.4.1. 1: VEHICLE INVENTORY BY AGE BLOCK - A	80
TABLE 5.3.4.1. 2: VEHICLE INVENTORY BY AGE BLOCK IN 2025	80
TABLE 5.5.1. 1: TRENDS IN SERVICE DELIVERY OUTPUTS OF THE DOMESTIC SERVICES SUB-BMC, 2021–2025	82
TABLE 5.6.1. 1: AVAILABILITY OF NON-DRUG CONSUMABLES FROM 2021 TO 2025	83
TABLE 6.3.1. 1: REVENUE EXECUTION FROM 2021 TO 2025	86
TABLE 6.3.2. 1: IGF CATEGORY REVENUE PERFORMANCE FOR 2025 (COMPARATIVE. 2024)	88
TABLE 6.3.2. 2: IGF CATEGORY PERFORMANCE FROM 2021 - 2025	89
TABLE 6.3.2. 3: REVENUE CONTRIBUTION BY CLINICAL AND SUPPORT SERVICES (2021-2025)	90
TABLE 6.4. 1. COMPOSITION OF EXPENDITURE FROM 2021 TO 2025	92
TABLE 6.4. 2: IGF EXPENDITURE (GH¢) HIGHLIGHTS (2021-2025)	94
TABLE 6.5. 1: TREND ANALYSIS (2020-2025)	96
TABLE 6.6. 1: TREND ANALYSIS OF ASSETS AND LIABILITIES (2021-2025)	99
TABLE 6.7. 1: TREND OF CASHFLOW (2021-2025)	102
TABLE 7.2. 1: LIST OF LOCAL COLLABORATORS IN 2025	103
TABLE 7.3. 1: LIST OF INTERNATIONAL COLLABORATORS IN 2025	105
TABLE 8.2. 1: SUMMARY OF THE FAMILY MEDICINE'S SUB-BMC'S 2025 ANNUAL PERFORMANCE UNDER THE STRATEGIC OBJECTIVES	108
TABLE 8.3. 1: YEARLY ATTENDANCE TRENDS IN FAMILY MEDICINE SERVICE UTILIZATION (2021-2025)	110
TABLE 8.4. 1: TOP TWENTY OPD MORBIDITIES REPORTED AT FAMILY MEDICINE (2024-2025)	111
TABLE 9.2. 1: SUMMARY OF THE 2025 ANNUAL PERFORMANCE OF ANNEX B SUB-BMC UNDER THE STRATEGIC OBJECTIVES	113
TABLE 10.2. 1: SUMMARY OF THE 2025 ANNUAL PERFORMANCE OF REHABILITATION SERVICES UNITS UNDER THE STRATEGIC OBJECTIVES	116

TABLE 10.3. 1: BREAKDOWN OF REHABILITATION SERVICE UTILIZATION (2021-2025).....	118
TABLE 10.4. 1: COMPARATIVE ANALYSIS OF TOP TEN PHYSIOTHERAPY CONDITIONS FROM 2023 - 2025.....	119
TABLE 10.5. 1: TOP CLINICAL PSYCHOLOGY CASES SEEN (2023-2025).....	120
TABLE 10.7. 1: A FIVE-YEAR TREND OF DIET & NUTRITION CASES SEEN (2021 – 2025) .	122
TABLE 10.7. 2: TOP TEN DIET & NUTRITION CASES (2023– 2025).....	122
TABLE 10.8. 1: TOP SPEECH & LANGUAGE THERAPY CONDITIONS SEEN	124
TABLE 10.8. 2: A FOUR-YEAR TREND OF SPEECH & LANGUAGE THERAPY CASES REFERRED	124
TABLE 11.2. 1: SUMMARY OF THE 2025 ANNUAL PERFORMANCE OF A&E SUB-BMC UNDER THE STRATEGIC OBJECTIVES.....	125
TABLE 11.3. 1: COMPARATIVE PERFORMANCE TREND AT A&E (2021 – 2025).....	126
TABLE 11.4. 1: YEARLY BREAKDOWN OF EMERGENCY CASES TRIAGED PER ACUITY (2021-2025).....	128
TABLE 11.4. 2: MONTHLY TREND OF EMERGENCY CASES ACCORDING TO ACUITY IN 2025	129
TABLE 11.5. 1: COMPARATIVE PERFORMANCE TREND AT A&E	129
TABLE 11.5.1. 1: TOP TEN CAUSES OF A&E DETENTION	130
TABLE 11.6. 1: TREND ANALYSIS OF DEATHS RECORDED AT THE A&E (2020 – 2025)	131
TABLE 11.6. 2: ANALYSIS OF MONTHLY MORTALITY (TRUE MORTALITY) RATE (%) INTRA-TRIAGE IN2025	132
TABLE 11.6.1. 1: TOP CAUSES OF DEATH AT A&E FROM 2023 TO 2025.....	133
TABLE 11.7. 1: TOP REFERRING FACILITIES TO A&E (2023-2025).....	135
TABLE 12.2. 1: SUMMARY OF THE 2025 ANNUAL PERFORMANCE OF DIAGNOSTICS SERVICES UNITS UNDER THE STRATEGIC OBJECTIVES.....	136
TABLE 12.3. 1: BREAKDOWN OF SEROLOGY INVESTIGATIONS (2021-2025).....	143
TABLE 12.3. 2: HAEMATOLOGY INVESTIGATION TREND (2021-2025).....	144
TABLE 12.3. 3 : COVID-19 (SARS-CoV-2) INVESTIGATIONS (2020-2025)	144
TABLE 12.3. 4: VIRAL LOAD (HIV) INVESTIGATIONS (2021-2025).....	145
TABLE 12.3. 5: TREND OF EARLY INFANT DIAGNOSIS OF HIV (2021-2025).....	145

TABLE 12.4. 1: SOURCE OF BLOOD DONATION (2021-2025)	146
TABLE 12.4. 2: TREND OF UNITS OF BLOOD DISCARDED (2021-2025)	147
TABLE 12.4. 3: REASONS FOR DISCARDING BLOOD (2023-2025)	147
TABLE 12.4. 4: WHOLE BLOOD RECEIVED BY THE VARIOUS UNITS FROM 2021 TO 2025 ...	149
TABLE 12.4. 5: TREND OF FFP RECEIVED BY VARIOUS WARDS/SUB-BMCs 2021 TO 2025	150
TABLE 12.5. 1: TREND OF RADIOLOGY INVESTIGATIONS	151
TABLE 12.6. 1: SOURCES OF BODIES RECEIVED AT THE PATHOLOGY UNIT (2021-2025) ..	154
TABLE 12.6. 2: PROCEDURES PERFORMED AT PATHOLOGY UNIT (2021-2025)	154
TABLE 13.2. 1: SUMMARY OF THE 2025 ANNUAL PERFORMANCE OF MATERNAL HEALTH SUB-BMC UNDER THE STRATEGIC OBJECTIVES.	155
TABLE 13.3. 1: OPD ATTENDANT FOR MATERNAL HEALTH	158
TABLE 13.5. 1: MATERNAL SUB-BMCs IN-PATIENT STATISTICS PER WARD (2021 – 2025)	162
TABLE 13.5. 2: MATERNAL HEALTH IN-PATIENT STATISTICS	162
TABLE 13.5.1.1. 1: TOP 10 OBSTETRIC CONDITIONS	163
TABLE 13.5.2.1. 1: TOP 10 GYNAECOLOGY CONDITIONS FROM 2023 TO 2025	164
TABLE 13.6. 1: PERFORMANCE TRENDS IN ANTENATAL AND DELIVERY SERVICES	165
TABLE 13.6. 2: PERFORMANCE TRENDS IN LABOUR MANAGEMENT AND MODE OF DELIVERY (2021–2025)	167
TABLE 13.6. 3: TRENDS IN MIDWIFE WORKLOAD AND COUPLE YEAR PROTECTION, (2021– 2025)	168
TABLE 13.6. 4: TRENDS IN STILL BIRTHS AND STILL BIRTH RATES (2021 - 2025)	170
TABLE 13.7. 1: MATERNAL HEALTH RELATED SURGERIES PERFORMED (2021-2025)	172
TABLE 13.7. 2: OBSTETRIC RELATED SURGERIES FROM 2021 TO 2025	173
TABLE 13.7. 3: GYNAECOLOGY RELATED SURGERIES FROM 2021 TO 2025	173
TABLE 13.8. 1: BREAKDOWN OF MATERNAL MORTALITY	175
TABLE 13.8.1. 1: TOP CAUSES OF MATERNAL MORTALITY	176
TABLE 13.8.2. 1: REFERRAL FACILITIES OF THE MATERNAL DEATHS FROM 2020 - 2025 ..	177
TABLE 14.2. 1: SUMMARY OF THE 2025 ANNUAL PERFORMANCE OF CHILD HEALTH SUB- BMC UNDER THE STRATEGIC OBJECTIVES.	179

TABLE 14.3. 1: YEARLY BREAKDOWN OF CHILD HEALTH OPD CLINIC ATTENDANCE (2021 – 2025)	183
TABLE 14.4.1. 1: PAEDIATRIC WARD PERFORMANCE (2021 - 2025)	185
TABLE 14.4.2. 1: NICU WARD PERFORMANCE (2021 – 2025)	188
TABLE 14.5.1. 1: TOP TEN CAUSES OF CHILD ADMISSION (2021 - 2025)	190
TABLE 14.5.2. 1: TOP CAUSES OF UNDER FIVE ADMISSIONS FROM 2021 TO 2025	191
TABLE 14.5.3. 1: TOP CAUSES OF NEONATAL ADMISSIONS (2023 - 2025)	192
TABLE 14.6.1. 1: PAEDIATRIC AND INFANT MORTALITY (2021 – 2025)	193
TABLE 14.6.1.1. 1: TOP TEN CAUSES OF CHILD MORTALITY (2022 - 2025)	194
TABLE 14.6.2. 1: TREND OF NEONATAL MORTALITY INDICATORS	196
TABLE 14.6.2.1. 1: TOP TEN CAUSES OF NEONATAL MORTALITY (2021 – 2025)	197
TABLE 14.6.3. 1: TREND OF UNDER-FIVE MORTALITY FROM 2021 TO 2025	198
TABLE 14.6.3.1. 1: COMPARATIVE ANALYSIS OF TOP TEN CAUSES OF UNDER 5 MORTALITY	199
TABLE 15.2. 1: SUMMARY OF THE 2025 ANNUAL PERFORMANCE OF INTERNAL MEDICINE SUB-BMC UNDER THE STRATEGIC OBJECTIVES	201
TABLE 15.3. 1: INTERNAL MEDICINE OPD SERVICES FROM 2021 TO 2025	203
TABLE 15.4. 1: TREND OF OVERALL IN-PATIENT SERVICE UTILIZATION AT INTERNAL MEDICINE SUB-BMC	205
TABLE 15.4. 2: IN-PATIENT UTILIZATION AT THE INTERNAL MEDICINE'S PER WARD (2021 – 2025)	205
TABLE 15.4.1. 1: TOP TEN CAUSES OF ADMISSION AT INTERNAL MEDICINE	207
TABLE 15.4.2. 1: MORTALITY TREND AT THE INTERNAL MEDICINE SUB-BMC	208
TABLE 15.4.3. 1: TOP TEN CAUSES OF DEATH AT THE INTERNAL MEDICINE (2023-2025)	209
TABLE 16.2. 1: SUMMARY OF THE 2025 ANNUAL PERFORMANCE OF CRITICAL CARE AND ANAESTHESIA SUB-BMC UNDER THE STRATEGIC OBJECTIVES	210
TABLE 16.4. 1: TYPE OF ANAESTHESIA ADMINISTERED (2023-2025)	213

TABLE 16.5. 1: MONTHLY PERFORMANCE OF THE THEATRE RECOVERY WARD IN 2025 ...	214
TABLE 16.6. 1: CRITICAL CARE UNIT (ICU) IN-PATIENT SERVICE UTILIZATION	216
TABLE 16.6. 2: SURVIVAL RATE PER SOURCES OF ADMISSIONS/TRANS-INS TO CRITICAL CARE UNIT (ICU)	217
TABLE 16.6. 3: SURVIVAL RATE OF CASES AT CRITICAL CARE UNIT (ICU)	217
TABLE 17.2. 1: SUMMARY OF THE 2025 ANNUAL PERFORMANCE OF SURGICAL SUB-BMCs UNDER THE STRATEGIC OBJECTIVES.	219
TABLE 17.3. 1: SURGICAL SPECIALIST OPD CLINIC ATTENDANCE (2021 - 2025)	223
TABLE 17.4. 1: SURGICAL SUB-BMC IN-PATIENT SERVICES UTILIZATION	224
TABLE 17.4. 2: IN-PATIENT UTILIZATION AT THE SURGICAL WARDS	224
TABLE 17.4.1. 1: TOP TEN CAUSES OF SURGICAL ADMISSIONS	226
TABLE 17.5. 1: SURGICAL SERVICE PERFORMANCE UNDER THs KPI (SUB-BMC LEVEL PERFORMANCE)	228
TABLE 17.5. 2: SURGERIES PERFORMED PER SURGICAL SUB-SPECIALTY	228
TABLE 18.2. 1: SUMMARY OF THE 2025 ANNUAL PERFORMANCE OF DEENT SUB-BMC UNDER THE STRATEGIC OBJECTIVES.	230
TABLE 18.3. 1: GENERAL OVERVIEW OF DEENT SERVICE UTILIZATION	232
TABLE 18.4.1.1. 1: EYE OUTPATIENT SERVICES UTILIZATION	233
TABLE 18.4.1.1. 2: TOP TEN EYE CONDITIONS SEEN AT THE OPD (2023-2025)	233
TABLE 18.4.1.2. 1: OPHTHALMOLOGY CASES REFERRED	233
TABLE 18.4.1.2. 2: CAUSES OF REFERRAL OUT	233
TABLE 18.4.1.3. 1: CAUSES OF OPHTHALMOLOGY ADMISSIONS (2024-2025)	234
TABLE 18.4.1.4. 1: SURGERIES PERFORMED BY EYE SPECIALTY	235
TABLE 18.4.2.1. 1: ENT OUTPATIENT SERVICES UTILIZATION	236
TABLE 18.4.2.1. 2: TOP TEN ENT CONDITIONS SEEN (2023-2025)	237
TABLE 18.4.2.1. 3: ENT REFERRALS (2021-2025)	237
TABLE 18.4.2.3. 1: SURGERIES PERFORMED BY ENT SPECIALTY	238
TABLE 18.4.3.1. 1: DENTAL & MAXILLOFACIAL OPD SERVICE UTILIZATION (2021-2025) ...	239
TABLE 18.4.3.1. 2: DENTAL & MAXILLOFACIAL REFERRALS (2021-2025)	240
TABLE 18.4.3.1. 3: DENTAL & MAXILLOFACIAL SURGERIES PERFORMED (2021-2025)	241

TABLE 18.4.3.1. 4: TOP TEN DENTAL & MAXILLOFACIAL CONDITIONS SEEN (2023-2025)	239
TABLE 18.5. 1: DEENT SUB-BMC'S OUTREACH ACTIVITIES (2021-2025)	242
TABLE 19.2. 1: SUMMARY OF THE 2025 ANNUAL PERFORMANCE OF PUBLIC HEALTH UNIT UNDER THE STRATEGIC OBJECTIVES	243
TABLE 19.3. 1: BREAKDOWN OF TOTAL DOSES OF VACCINES PROVIDED (2021-2025)	245
TABLE 19.3. 2: ADVERSE EVENTS FOLLOWING IMMUNIZATION (2022 – 2025)	246
TABLE 19.4. 1: CHILD WELFARE CLINIC PERFORMANCE (2021-2025)	247
TABLE 19.4. 2: NUTRITIONAL ASSESSMENTS OF BABIES PRESENTED AT CHILD WELFARE CLINIC	247
TABLE 19.5. 1: ADOLESCENT SERVICE UTILIZATION IN 2025	248
TABLE 19.6. 1: INFLUENZA SENTINEL SURVEY	249
TABLE 19.7. 1: REPRODUCTIVE AND CHILD HEALTH SERVICES	250
TABLE 19.8. 1: FAMILY PLANNING ACCEPTORS BY COMMODITY	251
TABLE 19.8. 2: COUPLE YEAR PROTECTION (CYP) PER COMMODITY	252
TABLE 19.9. 1: TREND OF FREQUENCY OF HEALTH PROMOTION ACTIVITIES	253
TABLE 19.9. 2: TREND OF BENEFICIARIES OF HEALTH PROMOTION ACTIVITIES	254
TABLE 19.10. 1: UTILIZATION OF HIV/TB SERVICES	255
TABLE 19.10. 2: HIV TESTING AND COUNSELLING	257
TABLE 19.10. 3: HIV TREATMENT AND ART COHORT PERFORMANCE (2024- 2025)	258
TABLE 19.10. 4: DEFAULTER TRACING OF HIV CLIENTS (2024- 2025)	259
TABLE 19.11. 1: PREGNANT MOTHER TO CHILD TRANSMISSION (PMTCT)	260
TABLE 19.12. 1: POST EXPOSURE PROPHYLAXIS	261
TABLE 19.13. 1: TUBERCULOSIS CASE SCREENING (2021-2025)	262
TABLE 19.13. 2: TUBERCULOSIS CASE DETECTION (2021-2025)	262
TABLE 19.13. 3: TB REFERRALS TO OTHER DOT CENTRES	263
TABLE 19.13. 4: YEARLY COHORT ANALYSIS OF REGISTERED CASES	263
TABLE 19.14. 1: TREND OF CERVICAL CANCER SCREENING FROM 2021 TO 2025	264
TABLE 20.2. 1: SUMMARY OF THE 2025 ANNUAL PERFORMANCE OF PHARMACEUTICAL SERVICES UNDER THE STRATEGIC OBJECTIVES	265

TABLE 20.3. 1: TREND ANALYSIS OF KEY PHARMACY SERVICE DELIVERY AND TRAINING INDICATORS (2021–2025).....	267
TABLE 20.3. 2: PHARMACY SERVICE UTILIZATION BY OUTLET (2021-2025).....	269
TABLE 20.3. 3: PHARMACEUTICAL SERVICES PERFORMANCE UNDER THs KPI.....	269
TABLE 20.4. 1: SUMMARY OF PERFORMANCE - ANTI-RETRO VIRAL THERAPY (2021-2025).....	270
TABLE 20.4. 2: POST EXPOSURE PROPHYLAXIS SERVICES FOR HIV.....	271
TABLE 20.5.1. 1: RUM SURVEY RESULT - PRESCRIBER INDICATOR.....	272
TABLE 20.5.1. 2: DISPENSING INDICATORS.....	273
TABLE 20.5.1. 3: DRUG ADMINISTRATION INDICATORS.....	274
TABLE 21.1. 1: CHALLENGES AND MITIGATING STRATEGIES.....	276

LIST OF FIGURES

FIGURE 2.2. 1: A FIVE-YEAR TREND OF STAFF STRENGTH AT CCTH (2021 - 2025).....	17
FIGURE 2.4. 1: APPROVED STUDY LEAVES IN 2025.....	24
FIGURE 2.4. 2: STAFF IN TRAINING AS AT 2025	25
FIGURE 2.5. 1: TREND OF STAFF TRANSFERS AT CCTH (2021 – 2025).....	26
FIGURE 2.6. 1: TREND OF STAFF EXITS (2021 – 2025).....	27
FIGURE 3.1. 1: TREND ANALYSIS OF TOTAL OPD ATTENDANCE (2021-2025).....	38
FIGURE 3.1. 2: MONTHLY TREND OF TOTAL OPD SERVICES UTILIZATION (2021-2025)	39
FIGURE 3.1. 3: COMPARATIVE ANALYSIS OF OPD CASES SEEN PER DOCTOR (RATIO) AND THE NUMBER DOCTORS (2021-2025).....	39
FIGURE 3.1.1. 1: TREND IN UTILISATION OF OPD SPECIALISED SERVICES (2021-2025).....	40
FIGURE 3.1.1. 2: SPECIALIST OPD SERVICE UTILIZATION RATE (2021-2025).....	41
FIGURE 3.1.1. 3: COMPARATIVE ANALYSIS OF OPD CASES SEEN PER SPECIALIST (RATIO) AND THE NUMBER OF SPECIALISTS & CONSULTANTS (2021-2025).....	41
FIGURE 3.1.1. 4: OPD UTILIZATION BY SPECIALTIES IN 2025.....	42
FIGURE 3.1.1. 5: TREND IN SPECIALIST OPD ATTENDANCE BY DEPARTMENT (2021–2025).....	43
FIGURE 3.2. 1: DISTRIBUTION OF TOP 20 OPD MORBIDITIES BY COMMUNICABLE AND NON- COMMUNICABLE DISEASES FROM 2022-2025	47
FIGURE 3.3. 1: EMERGENCY SERVICE UTILIZATION (2021-2025).....	49
FIGURE 3.4. 1: ADMISSIONS DUE TO EXTERNAL REFERRALS (2021-2025).....	52
FIGURE 3.5. 1: TREND ON TOTAL HOSPITAL ADMISSIONS (2021-2025).....	54
FIGURE 3.5. 2: PROPORTION OF SPECIALTY ADMISSIONS IN 2025	54
FIGURE 3.6. 1: TREND ANALYSIS OF TOTAL SURGERIES PERFORMED AT THE HOSPITAL (2021 TO 2025).....	58
FIGURE 3.6. 2: TREND OF TOTAL MAJOR SURGERIES (2021-2025).....	58
FIGURE 3.6. 3: COMPOSITION OF MAJOR SURGERIES IN 2025.....	58
FIGURE 3.6. 4: TREND OF MAJOR AND MINOR SURGERIES (2021-2025).....	59
FIGURE 3.6. 5: COMPOSITION OF MINOR SURGERIES IN 2025	59
FIGURE 3.6.3. 1: TREND IN COLLABORATIVE SURGICAL PROCEDURES BY PARTNER TYPE (2021-2025).....	62
FIGURE 3.8. 1: TREND ANALYSIS OF TOTAL BLOOD UNITS COLLECTED (2021–2025).....	65

FIGURE 3.9. 1: TREND OF UTILIZATION OF RENAL OPD SERVICES (2021-2025).....	66
FIGURE 3.9. 2: COMPARATIVE ANALYSIS OF RENAL OPD SERVICES BY ADULTS AND PAEDIATRICS (2021-2025).....	66
FIGURE 3.9. 3: DISTRIBUTION OF DIALYSIS PATIENTS BY SEX (2024-2025).....	68
FIGURE 3.9. 4: DISTRIBUTION OF DIALYSIS PATIENTS BY AGE RANGE (2024-2025).....	68
FIGURE 3.10. 1: TRENDS IN MORTALITY RATE AND INSTITUTIONAL MORTALITY (2021–2025)	69
FIGURE 6.3.1. 1: COMPOSITION OF TOTAL REVENUE IN 2025	87
FIGURE 6.4. 1: COMPOSITION OF TOTAL EXPENDITURE IN 2025	94
FIGURE 8.3. 1: A FIVE-YEAR TREND OF TOTAL FAMILY MEDICINE OPD SERVICE UTILIZATION (2021 – 2025).....	110
FIGURE 9.3. 1: ANNEX B SERVICE UTILIZATION AND PATIENT OUTCOMES (2025).....	114
FIGURE 9.3. 2: MONTHLY TREND OF ADMISSIONS AT THE ANNEX B SUB-BMC, 2025	115
FIGURE 9.3. 3: CAUSES OF ADMISSION AT ANNEX B IN 2025.....	115
FIGURE 9.3. 4: MONTHLY TREND OF MORTALITY AT THE ANNEX B SUB-BMC, 2025	115
FIGURE 10.3. 1: A FIVE-YEAR TREND OF REHABILITATION SERVICE UTILIZATION (2021 – 2025).....	117
FIGURE 10.3. 2: PROPORTION OF UTILIZATION OF REHABILITATION SERVICES PER SPECIALTY IN 2025	118
FIGURE 10.4. 1: TREND OF PHYSIOTHERAPY SERVICE UTILIZATION (2020 - 2025).....	119
FIGURE 10.5. 1: A FIVE-YEAR TREND OF CLINICAL PSYCHOLOGY ATTENDANCE (2020 - 2025)	120
FIGURE 10.6. 1: A FIVE-YEAR TREND OF COMMUNITY PSYCHIATRY SERVICE UTILIZATION (2021 - 2025).....	121
FIGURE 10.8. 1: A FIVE-YEAR TREND OF SPEECH & LANGUAGE THERAPY SERVICE UTILIZATION (2021 - 2025).....	123
FIGURE 11.3. 1: TREND OF PATIENTS FLOW AT THE ACCIDENT & EMERGENCY DEPARTMENT IN 2025	127
FIGURE 11.4. 1: PERCENTAGE TREND OF CASES SEEN PER ACUITY (2021-2025).....	128
FIGURE 11.6. 1: TREND OF DEATHS RECORDED AT THE A&E (2021 - 2025).....	131

FIGURE 11.6. 2: MONTHLY TREND OF RELATION BETWEEN DURATION OF STAY AND MORTALITY AT THE A&E DEPARTMENT IN 2025	132
FIGURE 11.7. 1: TREND OF TOTAL A&E REFERRALS (2021 - 2025)	134
FIGURE 11.7. 2: TOP REFERRING FACILITIES TO A&E IN 2025	134
FIGURE 12.3. 1: UTILIZATION OF LABORATORY (2021 -2025)	139
FIGURE 12.3. 2: LABORATORY DEPARTMENT CLIENT DISTRIBUTION TREND (2021 -2025) ..	140
FIGURE 12.3.3: PROPORTION OF LABORATORY CLIENTS IN 2025	140
FIGURE 12.3. 4: TREND OF BIOCHEMISTRY INVESTIGATIONS (2021 - 2025)	140
FIGURE 12.3. 5: BREAKDOWN OF BIOCHEMISTRY INVESTIGATIONS (2021-2025)	141
FIGURE 12.3. 6: TREND OF MICROBIOLOGY INVESTIGATIONS (2021 - 2025)	141
FIGURE 12.3. 7: BREAKDOWN OF MICROBIOLOGY INVESTIGATIONS (2021 - 2025)	142
FIGURE 12.3. 8: TOTAL TREND OF SEROLOGY INVESTIGATIONS (2021-2025)	142
FIGURE 12.3. 9: TREND OF TOTAL HAEMATOLOGY INVESTIGATIONS (2021-2025)	144
FIGURE 12.4. 1: BLOOD MOBILIZATION IN 2025	146
FIGURE 12.4. 2: BLOOD TRANSFUSION SERVICES (2021-2025)	148
FIGURE 12.4. 3: PROPORTION OF WHOLE BLOOD RECEIVED BY THE VARIOUS UNITS IN 2025	148
FIGURE 12.4. 4: PROPORTION OF FFP RECEIVED BY THE VARIOUS UNITS IN 2025	149
FIGURE 12.5. 1: TREND OF RADIOLOGY SERVICE UTILIZATION (2021 - 2025)	151
FIGURE 12.6. 1: FIVE-YEAR TREND ANALYSIS OF TOTAL BODIES RECEIVED AT THE PATHOLOGY UNIT (2021-2025)	152
FIGURE 12.6. 2: COMPOSITION OF BODIES RECEIVED AT THE PATHOLOGY UNIT IN 2025 ..	153
FIGURE 12.6. 3: COMPARATIVE ANALYSIS OF BODIES RECEIVED FROM THE WARDS AND BROUGHT-IN-DEATH (2021-2025)	154
FIGURE 13.3. 1: TREND OF TOTAL MATERNAL HEALTH OPD ATTENDANCE (2021 - 2025) ..	158
FIGURE 13.4. 1: MATERNAL HEALTH EMERGENCY SERVICES UTILIZATION (2021-2025) ...	160
FIGURE 13.5. 1: TOTAL MATERNAL HEALTH ADMISSIONS (2021-2025)	161
FIGURE 13.5. 2: MATERNAL HEALTH ADMISSIONS BY WARDS (2021-2025)	161
FIGURE 13.6. 1: TREND OF TOTAL DELIVERIES AND NUMBER OF BABIES (2021-2025)	166
FIGURE 13.6. 2: TREND ANALYSIS OF FORMS OF DELIVERIES (2021 - 2025)	167
FIGURE 13.6. 3: COMPARATIVE ANALYSIS OF DELIVERIES TO MIDWIVES' RATIO AT THE FACILITY LEVEL AND DELIVERY SUITE (2021-2025)	168
FIGURE 13.6. 4: TRENDS IN STILL BIRTHS AND STILL BIRTH RATES (2021 - 2025)	170
FIGURE 13.7. 1: MATERNAL HEALTH RELATED SURGERIES PERFORMED (2021-2025)	172

FIGURE 13.7. 2: DISTRIBUTION OF OBSTETRICS & GYNAECOLOGY SURGERIES IN 2025	172
FIGURE 13.8. 1: A FIVE-YEAR TREND OF MATERNAL MORTALITY RATE (2021 – 2025)	175
FIGURE 14.3. 1: TREND OF PAEDIATRIC OPD SERVICE UTILIZATION (2021 – 2025)	182
FIGURE 14.4.1. 1: PAEDIATRIC IN-PATIENT SERVICE UTILISATION (2021-2025)	184
FIGURE 14.4.1. 2: TREND IN PAEDIATRIC DEATH RATE (%) (2021 - 2025)	185
FIGURE 14.4.2. 1: NEONATAL IN-PATIENT SERVICE UTILISATION (2021 - 2025)	187
FIGURE 14.4.2. 2: TREND OF NEONATAL ADMISSIONS DUE TO EXTERNAL REFERRALS (2021-2025)	187
FIGURE 14.4.2. 3: NEONATAL MORTALITY RATE PER 1000 LIVEBIRTHS (2021-2025)	188
FIGURE 14.5.1. 1: TOP TEN CAUSES OF CHILD HEALTH ADMISSION IN 2025	190
FIGURE 14.6.1.1. 1: TOP TEN CAUSES OF CHILD MORTALITY IN 2025	194
FIGURE 14.6.2. 1: NEONATAL MORTALITY RATE PER 1000 LIVEBIRTHS (2021 - 2025)	195
FIGURE 14.6.2.1. 1: TOP TEN CAUSES OF NEONATAL MORTALITY IN 2025	196
FIGURE 14.6.3. 1: A FIVE-YEAR TREND OF CHILDREN UNDER-FIVE MORTALITY AND RATE (2021 - 2025)	198
FIGURE 14.6.3.1. 1: TOP TEN CAUSES OF UNDER 5 MORTALITY IN 2025	199
FIGURE 15.3. 1: TREND OF INTERNAL MEDICINE TOTAL OPD ATTENDANCE (2021-2025)	203
FIGURE 15.4. 1: TREND OF TOTAL IN-PATIENT SERVICE UTILIZATION AT INTERNAL MEDICINE (2021-2025)	204
FIGURE 15.4.1. 1: TOP TEN CAUSES OF ADMISSION AT THE INTERNAL MEDICINE IN 2025	206
FIGURE 15.4.2. 1: TREND OF MORTALITY AT THE INTERNAL MEDICINE SUB-BMC (2021-2025)	208
FIGURE 15.4.3. 1: TOP TEN CAUSES OF DEATH AT THE INTERNAL MEDICINE	209
FIGURE 16.3. 1: A FIVE-YEAR TREND OF ANAESTHESIA CLINIC SERVICE UTILIZATION (2021-2025)	212
FIGURE 16.4. 1: PROPORTION OF ANAESTHESIA TYPE ADMINISTERED IN 2025	213

FIGURE 16.5. 1: COMPARATIVE PERFORMANCE OF THE THEATRE RECOVERY WARD (2024–2025)	214
FIGURE 16.6. 1: TREND OF ADMISSION AT THE INTENSIVE CARE UNIT (2021-2025)	215
FIGURE 16.6. 2: TREND OF DEATHS AT THE INTENSIVE CARE UNIT (2021-2025)	216
FIGURE 17.3. 1: A FIVE-YEAR TREND OF SURGICAL OPD ATTENDANCE (2021 - 2025) ...	222
FIGURE 17.3. 2: OPD UTILIZATION BY SURGICAL SUB-SPECIALTIES IN 2025	222
FIGURE 17.4.1. 1: TOP TEN CAUSES OF SURGICAL ADMISSIONS IN 2025	225
FIGURE 17.5. 1: TREND ANALYSIS OF SURGERIES PERFORMED BY SURGICAL SUB-BMC .	227
FIGURE 17.5. 2: SURGERIES PERFORMED PER SURGICAL SPECIALTY IN 2025	227
FIGURE 18.3. 1: GENERAL OVERVIEW OF DEENT SERVICE UTILIZATION (2021-2025)	231
FIGURE 18.4.1.1. 1:TREND OF EYE CLINIC OPD ATTENDANCE (2021-2025)	232
FIGURE 18.4.1.3. 1: TREND OF OPHTHALMOLOGY ADMISSIONS (2021-2025)	234
FIGURE 18.4.1.4. 1: TOTAL SURGERIES PERFORMED BY DEENT SPECIALTY	235
FIGURE 18.4.2.1. 1: TREND OF ENT CLINIC OPD ATTENDANCE (2021-2025)	236
FIGURE 18.4.2.2. 1: TREND OF ENT ADMISSIONS	237
FIGURE 18.4.2.3. 1: ENT SURGERIES PERFORMED (2021-2025)	238
FIGURE 18.4.3.1. 1: DENTAL & MAXILLOFACIAL REFERRALS (2021-2025)	240
FIGURE 18.4.3.1. 2: DENTAL & MAXILLOFACIAL ADMISSIONS (2021-2025)	241
FIGURE 18.4.3.1. 3: DENTAL & MAXILLOFACIAL SURGERIES PERFORMED (2021-2025)	241
FIGURE 19.3. 1: A FIVE-YEAR TREND OF TOTAL DOSES OF VACCINES PROVIDED (2021-2025)	245
FIGURE 19.5. 1: ADOLESCENT SERVICE UTILIZATION IN 2024 BY SEX	248
FIGURE 19.5. 2: ADOLESCENT SERVICE UTILIZATION IN 2024 BY AGE	248
FIGURE 19.8. 1: TREND OF TOTAL FAMILY PLANNING ACCEPTORS (2021-2025)	251
FIGURE 19.8. 2: TREND OF TOTAL COUPLE YEAR PROTECTION (2021-2025)	252
FIGURE 19.10. 1: TREND OF HIV CLINIC UTILIZATION	1
FIGURE 19.10. 2: OUTCOME OF VIRAL LOAD TESTING FROM 2024 - 2025	1

LIST OF ACRONYMS

1.	A & E	-	Accident & Emergency
2.	AIDS	-	Acquired Immune Deficiency Syndrome
3.	ANC	-	Antenatal Clinic
4.	ADR	-	Adverse Drug Reporting
5.	ARV	-	Anti-Retroviral
6.	ART	-	Anti-Retroviral Treatment
7.	BCG	-	Bacillus Calmette Guérine
8.	BID	-	Brought in Dead
9.	BMC	-	Budget Management Center
10.	CCTH	-	Cape Coast Teaching Hospital
11.	CEO	-	Chief Executive Officer
12.	CPD	-	Continuous Professional Development
13.	CSSD	-	Central Sterilization Supply Department
14.	CT	-	Computed Tomography
15.	CVA	-	Cerebrovascular Accident
16.	CWC	-	Child Welfare Clinic
17.	CYP	-	Couple Year Protection
18.	DOTS	-	Directly Observed Treatment Short Course
19.	DTC	-	Drug & Therapeutic Community
20.	EmOC	-	Emergency Obstetric Care
21.	EmONC	-	Emergency Obstetric and Neonatal Care
22.	ENBC	-	Essential Neonatal Basic Care
23.	ENT	-	Ear Nose and Throat
24.	EPI	-	Expanded Programme Immunisation
25.	ETAT	-	Emergency Triage Assessment & Treatment
26.	EQA	-	External Quality Assessment
27.	FBS	-	Fresh Still Birth
28.	FP	-	Family Planning
29.	GCNM	-	Ghana College of Nurses and Midwives
30.	GCPS	-	Ghana College of Physicians and Surgeons
31.	G. C Pham	-	Ghana College of Pharmacist
32.	GH¢	-	Ghana Cedi
33.	GHS	-	Ghana Health Service
34.	GHIMS	-	Ghana Health Information Management System
35.	GRMNA	-	Ghana Registered Nurses' and Midwives' Association
36.	GOG	-	Government of Ghana
37.	HDU	-	High Dependency Unit
38.	HIM	-	Health Information Management
39.	HIV	-	Human Immunodeficiency Virus
40.	HMS	-	Hyperactive Malarial Splenomegaly
41.	HO	-	Health Objective
42.	HOs	-	House Officers
43.	ICT	-	Information Communication and Technology

44.	ICU	-	Intensive Care Unit
45.	IGF	-	Internally Generated Fund
46.	IPC	-	Infection Prevention and Control
47.	LB	-	Live Birth
48.	LFT	-	Liver Functioning Test
49.	LHIMS	-	Lightwave Health Information Management System
50.	KFT	-	Kidney Functioning Test
51.	KHRC	-	Kintampo Health Research Centre
52.	MCH	-	Maternal and Child Health
53.	MO	-	Medical Officer
54.	MOH	-	Ministry of Health
55.	MMR	-	Maternal Mortality Rate
56.	MVPE	-	Malaria Vaccine Pilot Evaluation
57.	MSB	-	Macerated Still Birth
58.	NHIA	-	National Health Insurance Authority
59.	NHIS	-	National Health Insurance Scheme
60.	NICU	-	Neonatal Intensive Care Unit
61.	NMIMR	-	Noguchi Memorial Institute for Medical Research
62.	OBS & Gynae	-	Obstetrics and Gynaecology
63.	OPD	-	Out-patient Department
64.	PMTCT	-	Prevention of Mother-to-Child Transmission
65.	PNC	-	Postnatal Clinic
66.	PPB	-	Policy Planning and Budget
67.	PPM	-	Planned Preventive Maintenance / Measure
68.	RCH	-	Reproductive and Child Health
69.	RTI	-	Respiration Tract Infection
70.	RUM	-	Rational Use of Medicine
71.	SATS	-	South African Triage Scale
72.	SB	-	Still Birth
73.	SCBU	-	Special Care Baby Unit
74.	SMS	-	School of Medical Science
75.	STI	-	Sexually Transmitted Infections
76.	SVD	-	Spontaneous Vagina Delivery
77.	TB	-	Tuberculosis
78.	THs	-	Teaching Hospitals
79.	U5MR	-	Under-Five Mortality Rate
80.	UCC	-	University of Cape Coast
81.	UTI	-	Urinary Tract Infection

ACKNOWLEDGEMENT

Management of the Cape Coast Teaching Hospital extends its profound appreciation to all individuals, institutions and stakeholders whose support, commitment and collaboration contributed to the successful implementation of activities captured in the Hospital's 2025 Annual Performance Report and the completion of the 2021–2025 Strategic Plan cycle.

The Hospital is particularly grateful to the Board, Executive Management, Sub-BMCs, Unit Heads and staff of the Hospital for their dedication, resilience and collective efforts throughout the year under review. Their commitment to quality healthcare delivery, innovation, institutional growth and patient-centered care contributed significantly to the achievements recorded during the year.

The Hospital also acknowledges with gratitude the Ministry of Health and our local and international partners, whose sustained partnerships and support contributed immensely in diverse ways to improve service delivery, infrastructure development, training and institutional strengthening during the year under review.

The Cape Coast Teaching Hospital further acknowledges:

- The Ministry of Health
- The Hospital Board
- The Regional Coordinating Council, Central Region
- The Ghana Health Service and Central Regional Health Directorate
- The University of Cape Coast and collaborating academic institutions
- Development Partners and Donor Agencies
- Professional Bodies and Regulatory Institutions
- Corporate Organizations and Philanthropic Partners
- Patients, Clients and the General Public
- The Media

Special appreciation is extended to the Annual Performance Review Technical Working Group, the Research, Monitoring & Evaluation (RME) Unit and all Departments and Units that contributed data, reports and technical inputs towards the successful organization of the Annual Performance Review and the development of this booklet.

As the Hospital transitions into a new strategic era, Management remains grateful for the trust, cooperation and goodwill of all stakeholders and looks forward to continued collaboration in advancing quality tertiary healthcare, medical education and research.

TECHNICAL WORKING GROUP

<u>S/N</u>	<u>Name</u>	<u>Designation</u>	<u>Status</u>
1.	Mr. Kenneth Yao-Dablu	Ag. Director of Administration	Chairman
2.	Ms. Princess G. Ofori	DD, RME	Member
3.	Mr. Kafui K. Akpedonu	DD, PPB	Member

4. Mrs. Annabel F. Merson	Head, General Administration Unit	Member
5. Ms. Grace Quaye	Business Manager, A&E Sub-BMC	Member
6. Jissah Cudjoe Sefenu, PhD	Head, Expenditure	Member
7. Mr. Shadrack Frimpong Adu	HR Planner	Member
8. Mr. Alex Essel	Head, HIM Unit	Member
9. Mr. Evans Fuakye-Akyempim	Snr. Health Research Officer	Member
10 Ms. Marian Arhin	Health Planner	Member
11 Mr. Emmanuel Kwabena Fumador	Public Health Officer	Member
12 Ms. Priscilla Araba Etuah	Senior Health Planner	Member/ Secretary

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER



The year 2025 marks the successful completion of the Cape Coast Teaching Hospital's 2021–2025 Strategic Plan cycle, which is a significant milestone in our institutional journey towards becoming a leading centre of excellence in tertiary healthcare delivery, training and research. As we reflect on the year under review and the strategic cycle as a whole, we do so with gratitude, pride and renewed hope for the future.

The gains made over the years have been possible through resilience, teamwork, innovation and the unwavering commitment of staff, Management, partners and

stakeholders who have continued to support the vision and mandate of the Hospital. Despite prevailing operational and financial challenges within the health sector, the Hospital continued to make significant strides in service expansion, governance strengthening and specialized healthcare delivery.

One of the landmark achievements recorded during the year was the establishment and commencement of laparoscopic services at the Hospital, a major step towards advancing minimally invasive surgery and improving patient outcomes. To support this intervention, approximately twenty-five (25) staff, including doctors, nurses, anaesthetists and biomedical engineers, benefited from specialized training in laparoscopy through sustained institutional partnerships and collaborations. This achievement reflects the Hospital's commitment to innovation, staff capacity building and the provision of modern specialist healthcare services.

The Hospital also expanded its bed capacity from 400 to 450 beds in response to increasing service demand and patient volumes. In further strengthening institutional systems and service coordination, new Units including the Outreach Coordination Unit and the Quality Assurance Unit were established and inaugurated during the year under review. These interventions are expected to improve community engagement, service monitoring, institutional standards and overall patient experience.

As part of efforts to strengthen governance and nursing leadership, the Hospital, for the first time in its history, appointed five (5) Chief Nursing Officers (CNOs) to support clinical administration, supervision and service coordination. This represents a major institutional step towards succession planning, decentralized leadership and improved operational efficiency.

The year also witnessed important progress in digital transformation and health information management through the facilitation and implementation of the Ghana Health Information Management System (GHIMS). Though implementation challenges remain, Management remains committed to supporting the transition towards integrated digital healthcare systems that improve efficiency, accountability and continuity of care.

With the completion of the 2021 – 2025 strategic plan, we recognize that the work ahead remains substantial. However, the experiences, lessons and achievements of the past five years provide a strong foundation upon which we can build a new strategic direction for the future. We are entering a new era that demands innovation, adaptability, sustainability and stronger collaborations to meet the evolving healthcare needs of our population.

I wish to express my profound appreciation to the Ministry of Health, the Hospital Board, Management, staff, development partners, training institutions, collaborators and the people we serve for their continuous support and confidence in the Hospital.

To every member of staff, I say thank you for your dedication, sacrifices and commitment to service. Let us continue to work together with integrity, professionalism and hope as we transition into a new strategic era for the Cape Coast Teaching Hospital.

Together, we will continue to advance quality healthcare delivery and strengthen our position as a centre of excellence in tertiary healthcare, medical training and research.

Wonsom! Wonsom!!



.....
DR. ERIC KOFI NGYEDU
CHIEF EXECUTIVE OFFICER

PREFACE

The 2025 Annual Performance Booklet presents a comprehensive account of the operational and strategic performance of Cape Coast Teaching Hospital during the 2025 reporting year. The report highlights the Hospital's achievements, challenges, lessons learnt, and key interventions undertaken in pursuit of its mandate to provide quality specialist healthcare, training, and research services.

The report is organized into four (4) sections comprising twenty-one (21) chapters.

Section One, comprising Chapter One, provides an introduction and background to the report and presents a summary of the Hospital's overall performance in relation to its six strategic objectives.

Section Two, covering Chapters Two to Seven, presents analyses of the Hospital's Human Resource performance, Clinical Services performance, Mentorship and Outreach, Support and General Services performance, Financial performance, as well as Key Collaborations and Partnerships established or strengthened during the year.

Section Three contains Chapters Eight to Twenty and provides detailed performance reports of the Clinical Sub-Budget Management Centers (Sub-BMCs), Pharmaceutical Services, and other Units, highlighting their contributions to the Hospital's overall performance during the year under review.

Section Four, comprising Chapter Twenty-One, summarizes the major challenges encountered during the year, the mitigation measures implemented, the way forward for sustaining and improving institutional performance in the coming year, and concludes.

It is anticipated that this Annual Performance Booklet will serve as a useful reference by providing reliable evidence to support performance assessment, strategic planning, policy formulation, resource allocation, and institutional learning.

SECTION 1 _ BACKGROUND

CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND

This Annual Report of the Cape Coast Teaching Hospital (CCTH) provides an evaluation of the hospital's performance in year 2025, with comparative analysis against 2021-2024 reporting years. The report is aligned with the Hospital's Medium-Term Strategic Objectives. It provides a comprehensive assessment of the activities and outputs of the departments and Sub-Budget Management Centers (Sub-BMCs). It also highlights key challenges encountered during the pursuit of these achievements. The report is intended to serve as a valuable resource for planning, aimed at improving service delivery. It is also geared at supporting Management in decision-making, while also serving as a reference document for research.

1.1 PROFILE OF CCTH

The Cape Coast Teaching Hospital (CCTH) was established as a regional hospital in August 1998 and was elevated to teaching hospital status in March 2014 when the School of Medical Science was started at the University of Cape Coast. CCTH is accredited for postgraduate training by the Ghana College of Physicians and Surgeons (GCPS), Medical and Dental Council, West African College of Physicians and Surgeons (WACPS), Ghana College of Pharmacy (GCP) and Ghana College of Nursing and Midwifery (GCNM). Also, the hospital serves as a training ground for other medical and non-medical students who want to gain practical experience.

Organisationally, the hospital operates through five directorates and constitutes ten clinical and two non-clinical Sub-Budget Management Centers (Sub-BMCs), supported by five clinical and seven non-clinical units.

The hospital has a bed capacity of 450 and provides specialized healthcare services to the people of Central, Western, Western-North regions and other parts of the country. This is mainly attributed to the hospital's unique location along the Lome-Abidjan corridor highway. The hospital is situated in Cape Coast, the former capital of Ghana and the current regional capital of Central Region, and it is bordered on the north by Abura Township, on the south by Pedu Estate and Fourth Ridge, on the east by Nkanfoa, and on the west by Abura.

1.1.1 MANDATE

The mandate of the hospital, as enshrined in the Ghana Health Service and Teaching Hospital Act, 525, are to;

- ❖ Provide advanced tertiary healthcare services to the population.
- ❖ Deliver medical education and training for healthcare professionals.
- ❖ Undertake research geared towards providing evidence to support decision-making and enhance quality of lives.

- ❖ Support lower-level health facilities through technical assistance, capacity building and service collaboration.

1.1.2 VISION

To be a world-class leader in tertiary health care, medical education and research

1.1.3 MISSION

CCTH exists as a public tertiary healthcare organization providing quality services to people in Ghana and beyond; employing the services of well-trained, skilled, committed and motivated workforce using evidence-based technology.

1.1.4 CORE VALUES

- ❖ Customer Focus & Community Relationship
- ❖ Excellence
- ❖ Creativity
- ❖ Ethical Behaviour
- ❖ Teamwork & Altruism
- ❖ Honesty

1.2 MEDIUM-TERM STRATEGIC OBJECTIVES (2020 -2025)

1. Increase access to specialist service delivery
2. Improve quality of healthcare delivery.
3. Improve infrastructure and equipment base for the delivery of quality service
4. Strengthen governance system
5. Improve health research, teaching and excellence in learning
6. Intensify support to the lower level of care and service delivery points

1.3 SERVICES PROVIDED AT CCTH

The hospital offers a range of specialized services as part of its mandate in providing advanced clinical care. These services are listed below.

1. Family Medical

- General Medical (Polyclinic)
- Asthma
- Diabetes
- Hypertension
- Adolescent Clinic

2. Accident & Emergency

3. Internal Medical

- Sickle Cell Clinic
- Endocrine Clinic
- Gastro Intestinal Clinic

- Dermatology Clinic
- Hepatitis Clinic
- Cardiology Clinics
- Hemodialysis services
- Oncology Clinic
- Renal

4. Surgery

- General surgery clinic
- Thyroid & Breast (cancer & chemotherapy)
- Uro-Surgical Clinics
- Neuro-Surgical Clinic

- Burns & Plastic Surgical Clinic
- Orthopaedic Surgical clinic
- Paediatric surgical clinic
- Laparoscopy services

5. Critical Care & Anaesthesia

- Anaesthesia services
- Intensive care service

6. DEENT

- Dental & Maxillofacial
- Orthodontist services
- Eye Care Ophthalmology (Eye)
- Ear, Nose and Throat (ENT)
- Audiology

7. Obstetric & Gynaecological

- Obstetric & Gynaecological Emergencies
- Antenatal clinic
- Post-natal clinic
- Gynaecology clinic
- Reproductive Endocrinology and Fertility Services
- Gynae Oncology Clinic
- Feto-Maternal Medicine Services

8. Child Health Services

- General Paediatric
- Neonatal Care
- Paediatric Asthma
- Paediatric Neurology
- Paediatric Endocrine
- Paediatric Renal
- Paediatric Cardiology
- Paediatric Sick Cell
- Paediatric Oncology
- Paediatric Endocrine
- Osteogenesis Imperfecta Multi-Disciplinary Service

9. Rehabilitation

- Physiotherapy and Occupational Health
- Diet and Nutrition
- Clinical Psychology
- Speech Therapy
- Community Psychiatry

10. Public Health

- Child Welfare Clinic
- Family Planning
- HIV Counselling
- TB DOT Centre
- Adolescent Clinics

11. Imaging

- CT scan
- Ultrasound
- Fluoroscopy
- Mammography
- Echocardiogram

12. Laboratory Services

- Haematology
- Serology and Immunology
- Pathology
- Biochemistry
- Microbiology
- ELISA test
- Infectious markers
- Tumour/oncogenic markers
- Fertility markers
- Thyroid and cardiac profile

14. Pathology Services

- Autopsy
- Embalming
- Body Storage

1.4 KEY PRIORITIES FOR 2025

- i. Improve access to specialist and sub-specialty services
- ii. Intensify Clinical Care and Nursing Services
- iii. Expand Drug & Non-Drug Consumable and Commodity base
- iv. Deepen Institutional Public Health Interventions
- v. Sustain gains in Governance, Finance, Management and Leadership Systems
- vi. Boost Human Resource Base for service improvement
- vii. Expand Research, Training and other learning portfolio
- viii. Scale up Support to Lower Levels of care
- ix. Broaden Technology, Equipment, Infrastructure and Residential Base for service delivery

1.5 SUMMARY OF 2025 CCTH PERFORMANCE UNDER THE STRATEGIC OBJECTIVES

Table below 1.5.1 summarises the overall achievements of the hospital, based on key outputs and outcomes aligned with the six medium-term strategic objectives of the hospital.

Table 1.5. 1: Summary of 2025 Performance under the Strategic Objectives

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY							
Access	2021	2022	2023	2024	2025	Target	Remarks
HOSPITAL WIDE LEVEL ACTIVITY OUTPUTS							
Total OPD Attendance	152,364	170,441	172,839	165,640	158,653	CCTH = 5% ↑	4.2% ↓ Target not met
OPD cases seen per doctor	1:952	1:1033	1:843	1:828	1:774	THs= 1:1080	Decr Target not met
Total Specialist OPD attendance	76,990	87,063	89,505	86,402	85,707	CCTH = 5% ↑	0.8% ↓ Target not met
OPD Cases seen per specialist	1:1242	1:1146	1:861	1:785	1:794	THs = 1:1040	Incr
Total Referrals–In	4,312	6,655	4,785	7,387	11,071	-	6.9% ↑
Total Referral- Out	-	-	186	318	273	-	14.2% ↓
Total Patients admission	12,930	12,622	12,557	12,309	11,582	CCTH = 2% ↑	6.3% ↓
Specialist Nurse to Admission Ratio	1:4,310	1:3,156	1:897	1:648	1:414	-	Decr
Percentage of patients admitted due to external referrals	18.81%	19.27%	40.63%	28.03%	32.6%	-	Incr
Percentage of neonatal admissions due to external referrals	15%	13.80%	11.24%	5.95%	16.5%	THs = 30%	Incr
Percentage of maternal admissions due to external	23%	26.71%	72.74%	49.84%	41.1%	THs = 60%	Decr

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
referrals decreased							
Nurse and Midwife admission ratio	1:13	1:13	1:14	1:15	1:11	THs = 1:25	Decr
Percentage bed occupancy	52.20%	54.0%	57.5%	59.9%	61.4%	THs = 75%	incr
Total surgical operations	5,961	5,357	5,824	5,130	4,598	CCTH = 5% ↑	10.4% ↓
Surgery to Surgeon ratio	199:1	179:1	108:1	92:1	78:1	THs = 250:1	Decr
Total deliveries	3055	3,269	2,877	2,750	2,579	CCTH = 5% ↑	6.2% ↓
Delivery to midwife ratio (all midwives at the institution)	15:1	14:1	15:1	15:1	9:1	THs = 20:1	Decr
Couple year protection	2,233	2,626	2,075	2,013.8	2,177.4	TH = 2,500	Incr
Caesarean section rate	51.4%	50.4%	52.69%	57.30%	56.3%	TH = 40%	incr
% Tracer Drug Availability	95%	86.2%	93.10%	91.20%	91.5%	CCTH = 100%	incr
Prescription to pharmacy ratio	6,422:1	6,495:1	6,643:1	5,939:1	4,877:1	TH = 12000:1	Decr
Percentage antibiotic prescribed	11.6%	8.5%	10.25%	8.6%	13.6%	TH = 35%	Incr
Percentage Injectable	1.6%	7.23%	10.54%	1.67%	0%	TH = 10%	decr
Utilization of Pharmaceutical Care interventions	21.2%	97.0%	98.0%	98.9%	100.0%	TH = 30%	Improved
Utilisation of laboratory services	221.3%	524%	505.1%	555.55 %		TH = 60%	
Total laboratory Investigation	180,415	558,298	519,363	393,955	418,709	CCTH = 5% ↑	
Utilisation of radiological services	87%	123.3%	114.41 %	-		TH = 60%	
Radiology investigation	20,587	20,787	22,758	24,506	25,730	CCTH = 2% ↑	
Introduced two (2) new services; • Audiology services with 317 cases seen • Specialized Women's Health Physiotherapy Clinic with 27 cases seen							
CCTH remains the sole multidisciplinary referral centre in Ghana for paediatric Osteogenesis Imperfecta (OI) care, successfully managing a total of 10 cases in 2025, thereby maintaining national leadership in specialized paediatric OI services							
Partnered with local and international institutions to conduct a total of 920 surgeries							
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.							
Impact	2021	2022	2023	2024	2025	Target	Remarks
Total Institutional Death	1,306	1,072	994	1,076	1,065	CCTH = 5% ↓	1.02% ↓
Institutional death rate	11%	8.5%	8.4%	8.7%	9.1%	THs = 5%	Decr

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
Theatre Death Rate	0.3%	0.3%	0.2	0.5%	0.1%	THs = 0.5%	Decr
Low birth rate	19.4%	20.5%	23.2%	21.0%	21.92%	THs = 12%	incr
Stillbirth rate (/1000LB)	42	35	37	32	34	THs = 15	Incr
Total Fresh Still birth	43	54	42	36	35	-	2.8% ↓
Fresh Still Birth Rate	35.1	46.6	40.0	40.9		-	
Total Macerated Still Birth	85	86	63	52	52	-	
Institutional Maternal mortality ratio (/100,000LB)	1,050	1,186	681	862	1,351	THs = 300	Incr
% of maternal mortalities audited	100%	100%	100%	100%	100%	THs = 100%	
Number of institutional maternal deaths	32	39	20	24	32	CCTH = 50% ↓	33.3% incr
Institutional infant mortality rate (/1000LB)	88	77	67	50	51	THs = 15	incr
Number of Infant deaths	267	252	197	138	133	-	3.6% ↓
Institutional neonatal mortality rate (/1000)	78	67	58	40	43	TH = 25	incr
Number of institutional neonatal deaths	239	219	170	112	112	CCTH = 5% ↓	
Under-five mortality rate (/1000LB)	95	80	72	55	56	-	incr
Number of Institutional under-five mortality	290	264	213	152	144	CCTH = 5% ↓	5.3% ↓
Average length of stay (Proxy-C/S, Appendectomy, severe malaria in children)	5.6	5.5	6.0	6.3	6.5	THs = 6	incr
Partograph use rate	48.5%	47.6%	62.01%	63.00%	60.39%	THs = 60%	decr
Surgical site infection rate	-	-	0	-	2.4%	THs = 5%	
Average length of stay at the Emergency ward	2.9	1.0	1.1	1.1	2.3	THs = 2.0	incr
Availability and access to appropriate hand hygiene institution	0.18	0.23	0.23	0.19	-	-	
Number of hands washing basins	368	433	443	434	-	-	
Availability of toilet institution	0.42	0.41	0.37	0.38	-	THs = 0.25	
Total number of	169	165	165	165	-	-	

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
functioning toilets at the institution							
Percentage of clients satisfied with overall services at the institution	84.3%	-	82.2%	80.1%	-	THs = 95%	
Adverse Events Recorded	46	19	26	42	-	THs = 40	
Established a functional multidisciplinary stroke team to enhance coordinated, evidence-based management of stroke patients and improve clinical outcomes.							
Organized one high-impact training programme in collaboration with the National Blood Service on the Africa Society for Blood Transfusion (AfSBT) Stepwise Accreditation Programme, strengthening institutional capacity toward blood safety standards and accreditation compliance.							
Enhanced access to quality, affordable medicines through participation in the Pfizer Inc. Accord Program, contributing to improved medication availability for patients.							
Successfully secured bacteriology consumables through the Antimicrobial Stewardship (AMS) program under the Fleming Fund, enhancing laboratory capacity for microbial testing.							
Successfully enrolled the Laboratory in ISO 15189 accreditation support programme, enhancing laboratory quality management and compliance standards.							
Coordinated and successfully delivered comprehensive in-service training programmes for staff on Customer Care, Quality Assurance, Basic Life Support (BLS), and Infection Prevention and Control (IPC), strengthening service quality, patient safety, and professional competency across the facility.							
Successfully acquired and installed a new laminar airflow unit for the Oncology Pharmacy, strengthening safe handling and preparation of cytotoxic medicines and enhancing patient safety standards.							
Strengthened food safety and public health compliance through medical screening of kitchen staff and students in line with Public Health Act 851 (2012) and CCMA Bye-Laws (2023).							
Commemorated key World Health Days through public education, media sensitization (TV and radio), and community screening activities. These included major areas of childhood morbidity and mortality (e.g.; Newborn Jaundice, Prematurity, Childhood Cancer), World Kidney Day, and World Hypertension Day, World Hepatitis Day, Breast Cancer and Cervical Cancer Awareness week) — strengthening preventive care awareness and early detection within the community.							
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE							
HOSPITAL WIDE LEVEL ACTIVITY OUTPUTS							
Output	2021	2022	2023	2024	2025	Target	Remarks
Equipment Down time (proxy: CT SCAN)	82.5%	100%	0%	3.85%	0%	THs = 5%	Improved
PPM (Planned Preventive Maintenance) Output achieved	61.7%	50.0%	55.0%	64.0%	41.0%	THs = 80%	Decr
Equipment Utilisation (Proxy: CT SCAN)	21.4%	0%	14.17%	17.88%	25.5%	THs = 90%	Incr
Completed Phase I of the Eye Surgical and Training Centre							
Created a dedicated Stroke Ward to strengthen comprehensive stroke management services.							
Commissioned and operationalized the Patients' Relatives Hostel to provide decent and affordable accommodation to CCTH clients with a total of 6,689 clients accommodated.							
Completed maintenance works on Cold Room II, including repainting upon completion, thereby restoring optimal functionality.							
Successfully installed and operationalized one (1) Laparoscopy Tower machine at hospital's Annex B to enhance minimally invasive surgical services.							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
The hospital received five (5) pieces equipment from the Ministry of Health as part of government's initiative to retool health facilities with modern medical equipment and instruments, through the Temporal Central Medical Stores. The equipment received comprised;							
i. Two (2) non-invasive ventilators							
ii. One (1) urine analyzer							
iii. Two (2) anaesthesia machines with probe monitor							
Secured two dialysis machines from NHIA to enhance renal care services.							
The hospital received assorted medical equipment and consumables from key partners and philanthropic organizations and individuals to support service delivery.							
Successfully completed the installation and routine servicing of streetlights across the hospital premises, enhancing visibility, safety, and overall security within the facility.							
Completed renovation works on 1 bungalow and eight (8) residential flats (B4, C7, D4, F9, H12, I1, I3, and I4), improving the hospital's housing conditions and infrastructure.							
Drilled and operationalized three (3) boreholes, strengthening water supply reliability across the facility.							
Enhanced inter-departmental communication by procuring and installing 16 new IP phones to strengthen and modernize the hospital's intercom system.							
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM							
4.1: Governance Related Performance							
HOSPITAL WIDE LEVEL ACTIVITY OUTPUTS							
Output	2021	2022	2023	2024	2025	Target	Remarks
Number of Board meetings held	1	4	4	4	3	-	
Number of additional accreditations secured	0	3	3	9	2	-	• Emergency Medicine from West African College of Physicians and Surgeons (WACPS). • Infectious Diseases from Ghana College of Nursing and Midwifery
Conducted a summative evaluation of the hospital's 2020-2025 Medium-Term Strategic Plan of the hospital, generating evidence-based insights to guide decision-making as well the development of the next strategic plan.							
Strengthened institutional leadership through the appointment of a Director of Nursing and Midwifery Services, two Chief Nursing Officers, seven Deputy Chief Nursing Officers, and an Acting Director of Administration, enhancing governance and service delivery.							
Constituted and inaugurated the Annex B Centre Management Team to strengthen governance structures and improve clinical-administrative coordination.							
Established and inaugurated the Outreach Coordinating Unit to enhance service delivery and community engagement.							
Coordinated with the Ministry of Health to build capacity of key staff on Ghana Health Information Management System (GHIMS), facilitating a smooth transition from LHIMS to GHIMS.							
Successfully organized and facilitated a comprehensive fire safety training for critical staff in collaboration with the Central Regional Fire Service, enhancing emergency preparedness and strengthening institutional safety compliance.							
Conducted an end-of-project review of the Laparoscopic Surgical Services Initiative, documenting achievements, assessing outcomes, capturing lessons learned, and developing recommendations to guide sustainability and national scale-up.							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
4.2: Human Resource Related Performance							
Indicator	2021	2022	2023	2024	2025	Target	Remarks
HOSPITAL WIDE LEVEL ACTIVITY OUTPUTS							
Total number of staff	2,051	1,915	1,915	1,949	2,160	-	10.8% ↑
% change in total number of staffs	14.5% incr	6.6% decr	1.41% incr	0.36% incr	10.8% incr	-	incr
Number of staffs sponsored for training	60	57	115	207	138	-	decr
Proportion of Staff appraised	30.9%	45.21%	36.62%	38.42%	20.0%	TH = 100%	decr
% of staff retained after study leave	100%	-	-	-	97.5%	-	
Workplace related injury resulting in death or incapacitation	0%	0%	0%	0%	0%	THs = 1%	
Total staff injury recorded	298 (24-injury & 274 – COVID-19 infected)	115 (20-injury & 95 – COVID-19 infected)	26 Excludes COVID-19 infection	42	-	-	
Health workers who benefited from occupational health and safety interventions	100%	100%	100%	100%	-	-	
Percentage of staff satisfied at the institution	-	-	22.7%	-	-	THs = 70%	
Percentage of health staff with accidental needle injury	1.1%	0.78%	1.08%	1.33%	-	THs = 1%	
Consultant to resident doctor ratio	1:1	1:2	1:1	1:5	1:6	THs = 1:3	incr
Doctor to Nurse and midwife ratio	1:7	1:4	1:4	1:4	1:5	THs = 1:5	
Delivery to midwife ratio (i.e., all midwives at the institution)	15:1	14:1	15:1	15:1	9:1	THs = 20:1	Decr
Delivery to midwife ratio (i.e., productivity of the midwives at only the delivery suite)	46:1	50:1	52:1	60:1	36:1	-	Decr
Doctor to pharmacist ratio	6:1	8:1	9:1	7:1	8:1	THs = 10:1	incr
Prescription to pharmacy ratio	6,422:1	6,495:1	6,643:1	5,939:1	4,877:1	THs = 12000:1	Decr
Number of welfare packages available for staff	1	3	3	3	3	-	
Surgeon to surgery ratio	199:1	179:1	108:1	92:1	78:1	THs = 250:1	decr

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
Nurse and midwives to admission ratio	1:13	1:13	1:14	1:15	1:11	THs = 1:25	decr
A total of 346 staff members were recruited across various professional cadre to enhance service delivery capacity.							
The hospital demonstrated strong commitment to staff professional development by supporting 138 staff members to pursue further studies across various qualification levels through approved study leave.							
Successfully conducted change-of-grade interviews for 310 eligible staff, leading to significant career progression outcomes, including 10 new appointments, 5 conversions, 213 promotions, and 103 upgrading actions, thereby strengthening staff motivation, retention, and professional development within the institution.							
Strengthened implementation of the Sick Staff Policy, resulting in increased access and utilization by 1,862 beneficiaries (staff and their dependents) in 2025, compared to 1,278 in 2024 — representing a significant 46.0% increase in coverage and impact.							
4.3 Finance related performance							
HOSPITAL WIDE OUTCOME/IMPACT							
indicator	2021	2022	2023	2024	2025	Target	Remarks
Revenue Proxy							
Total Revenue GH¢	104,624,597.67	134,547,634.17	170,398,748.10	231,380,942.55	245,481,746.62	-	6.1% incr
% change in the hospital's revenue	12.4% incr	28.6% incr	26.6% incr	35.8% incr	6.0% incr	-	
Proportion of total revenue generated from partners/donors	0.9%	11.08%	3.1%	10.1%	4.3%	-	
Proportion of total revenue from IGF	23.1%	24.4%	29.32%	26.6%	23.9%	-	
IGF Revenue	24,217,381.36	32,100,188.39	48,472,268.32	55,182,809.05	58,725,335.23	-	6.4% incr
% change in IGF revenue	+73.9%	+32.6%	+51.0%	+13.8%	+6.4%	-	Decr
Total service income	22,786,950.76	34,979,685.32	34,979,685.32	39,999,139.81	39,386,871.63	-	1.5% decr
Proportion of IGF revenue generated from services	67%	70.99%	72.2%	72.5%	67.1%	-	decr
Total Medicine Income GH¢	8,400,679.80	9,313,237	13,492,583.00	15,183,669.24	19,338,463.60	-	27.4% incr
Proportion of IGF revenue generated from pharmaceutical services	33%	29.01%	27.8%	27.5%	32.9%	-	incr
Ratio of cash revenue to NHIA reimbursement	1.1:1	1.61:1	0.995:1	1.914:1	1.37:1	-	decr
Expenditure Proxy							
Total expenditure GH¢	105,072,692.71	133,244,009.04	169,809,951.78	231,263,251.06	253,117,653.87	-	9.5% incr
% change in the hospital's expenditure	+9.8%	+26.8%	+27.4%	+36.2%	+ 9.5%	-	decr
Total GOG Compensation	79,407,405.56	98,448,203.54	116,611,691.71	152,767,790.97	176,107,172.35	-	15.3% incr
Proportion of total	75.6%	73.9%	68.7%	66.1%	71.0%	incr	

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
expenditure from GOG Compensation							
Total IGF Expenditure GH¢	24,665,476.40	30,816,999	42,103,946	55,065,117.56	59,667,030.23	-	8.4% incr
Proportion of total expenditure from IGF	23.5%	23.1%	24.8%	23.8%	24.0%	-	incr
Total Goods & Services expenditure	22,840,421.30	31,598,000.23	47,020,334.67	59,322,895.34	59,667,030.24	-	0.6% incr
Proportion of total expenditure on Goods and Services	21.7%	23.7%	27.7%	25.7%	24.0%	-	decr
Total Investment (CAPEX)	560,721.60	323,907.74	2,054,599.56	13,297,939.82	12,401,586.40	-	6.7% decr
Proportion of total expenditure spent on investment (Goods and Services)	0.5%	0.2%	1.2%	5.8%	5.0%	-	decr
Proportion of IGF spent on PPM	5.4%	3.53%	3.55%	3.80%	3.83%	THs = 5%	incr
Percentage IGF paid as compensation	9.4%	8.93%	8.55%	10.65%	8.30%	THs = 10%	decr
NHIA Related Indicators							
Percentage of submitted claims paid	53.1%	65.97%	107.3%	89.19%	66.67%	THs = 75%	
Debtors' days	194	126.78	164.86	167.61	137.33	THs = 90	
Creditor's days	224.8	233.77	234.37	246.64	258.59	THs = 120	
Ratio of cash revenue to NHIA reimbursement	1.1:1	1.61:1	0.995:1	1.914:1	1.37:1	-	
Percentage of NHIA Claims Submitted on time	100%	100%	100%	100%	83.33%	-	This is due to challenge with the transition from LHIMS to GHIMS
Percentage of rejection on claims submitted to NHIS	-	-	-	6.16%	2.39%	-	decr
Proportion audit recommendations implemented	100%	100%	100%	100%	100%	THs = 100%	
Number of Audit Committee meetings	4	2	3	4	4	4	
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING AND EXCELLENCE IN LEARNING							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
5.1 Improve on Research:							
HOSPITAL WIDE LEVEL							
Indicator	2021	2022	2023	2024	2025	Target	Remarks
Operational research conducted	14	9	15	22	32	TH = 4	incr
Number of researches published	15	12	17	12	15	TH = 20	incr
No. of Research Applications received at the Facility	135	200	296	198	222	-	12.1% incr
No. of Researches Approved	121	187	248	197	244	-	Some of the ethical approvals granted were on applications received in 2024, hence high rate
% of research applications approved by the facility/ERC	89.6%	93.5%	83.8%	99.5%	109.9%	-	
List of Published Researches in 2025							
1. The distribution of hrHPV genotypes among cervical cancer cases diagnosed across Ghana. https://pubmed.ncbi.nlm.nih.gov/38539128/ 2. Central neurocytoma in a teenager: a rare case of hemiplegia, and a diagnostic dilemma in a resource-poor setting. https://pubmed.ncbi.nlm.nih.gov/39624201/ 3. Phenotypic and genotypic profile of Enterobacteriaceae isolated at a teaching hospital in Ghana. https://doi.org/10.1002/mbo3.70127 4. Prevalence and predictors of transfusion-transmitted infections among blood donor types at a teaching hospital in Ghana: Implications for haemovigilance. https://doi.org/10.1371/journal.pone.0335544 5. Outcomes after surgery for children in Africa (ASOS-Paeds): a 14-day prospective observational cohort study. Lancet. 2024 Apr 13;403(10435):1482-1492. doi:10.1016/S0140-6736(24)00103-X. Epub 2024 Mar 22. 6. Routine sterile glove and instrument change at the time of abdominal wound closure to prevent surgical site infection (ChEETAh): a model-based cost-effectiveness analysis of a pragmatic, cluster-randomised trial in seven low-income and middle-income countries Lancet Glob Health. 2024 Feb;12(2):e235-e242. https://doi:10.1016/S2214-109X(23)00538-7 7. Radiologic patterns of distant organ metastasis in advanced breast cancer patients: prospective review of computed tomography images. Cancer Reports (Hoboken). 2024;7(2):e1988.. https://doi:10.1002/cnr2.1988 8. Accuracy of the Wound Healing Questionnaire in the diagnosis of surgical-site infection after abdominal surgery in low-and middle-income countries Br J Surg-2024 Jan 31;111(2):znad446. https://doi.org/10.1093/bjs/znad446 9. The African Critical Illness Outcomes Study (ACIOS): a point prevalence study of critical illness in 22 nations in Africa. Lancet. 2025 Mar 1;405(10480):715–724. https://pubmed.ncbi.nlm.nih.gov/40023650/							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE

10. Global access to technologies to support safe and effective inguinal hernia surgery: prospective, international cohort study. <https://doi.org/10.1093/bjs/znae164>

Note:

- *Won BJS European Hernia Society Prize*
- *Presented at European Hernia Society Conference 2024 (<https://ehs2024.org>)*

11. Global anaesthesia practice using inguinal hernia surgery as a tracer condition: a secondary analysis of an international prospective cohort study. *Anaesthesia*. 2025 (Online ahead of print.) <https://doi.org/10.1111/anae.16686> <https://pubmed.ncbi.nlm.nih.gov/40923367/>

12. Access to and quality of elective care: a prospective cohort study using hernia surgery as a tracer condition in 83 countries. *Lancet Glob Health*. 2024 Jul;12(7):e1094-e1103. [https://doi.org/10.1016/S2214-109X\(24\)00142-6](https://doi.org/10.1016/S2214-109X(24)00142-6)

13. Variation of elective healthcare in West Africa: secondary analysis of an inguinal hernia international cohort study. *Impact Surgery*, 1(4), 145–153. <https://doi.org/10.62463/surgery.80>

14. Mechanisms and causes of death after abdominal surgery in low-income and middle-income countries: a secondary analysis of the FALCON trial. *Lancet Glob Health* 2024 Published Online September 5, 2024 <https://doi.org/10.1016/>

15. Treatment outcomes of multidrug-resistant and rifampicin-resistant tuberculosis with and without isolation of nontuberculous mycobacteria between 2018-2021: a retrospective cohort study in Ghana <https://pubmed.ncbi.nlm.nih.gov/40601698/>

5.2 Improve on Teaching and Learning:

HOSPITAL WIDE LEVEL

Indicator	2021	2022	2023	2024	2025	Target	Remarks
Resident pass rate for doctors	91%	87.5%	94.7%	100%	100%	THs= 60%	
Number of doctors enrolled in postgraduate colleges	38	25	28	35	17	-	decr
Consultant to Resident Doctor ratio	1:1.4	1:1.9	1:1.4	1:5	1:6	THs = 1:3	incr
Proportion/number of clinical staffs enrolled in postgraduate colleges	38	47 25 – Dr. 7 = Pharm. 2 = Midwives 13 Prof. Nurses	28 Dr – 27 Nurses – 1	35	17	-	They are all doctors

Secured two new accreditations for the training of Health Professionals. These included;

- Emergency Medicine from West African College of Physicians and Surgeons (WACPS).
- Infectious Diseases from Ghana College of Nursing and Midwifery

Sustained various accreditations for the training of clinicians in several specialties. These were;

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
- Partial accreditation from Ghana College of Physicians and Surgeons in Anaesthesia, Dental, - Full accreditation from Ghana College of Physicians and Surgeons in General Surgery, Neurosurgery, Internal Medicine, Obstetrics & Gynaecology, otorhinolaryngology. - Full accreditation from Ghana College of Nursing and Midwifery in Advanced Midwifery, Well Women and Perioperative. - Full accreditation from Ghana College of Pharmacists and West African Postgraduate College of Pharmacists (12 Residents in training)							
Successfully trained thirty-one (31) multidisciplinary staff — comprising surgeons, anaesthetists, perioperative nurses, and biomedical engineers — through hands-on simulation training in laparoscopic surgical services, strengthening institutional capacity in minimally invasive surgery.							
The hospital demonstrated significant progress in staff capacity development, with active enrolment of 261 staff in various academic and professional training programmes by the end of 2025, representing an increase of 26.1% from 207 enrolments recorded in 2024.							
CCTH OBJECTIVE 6: INTENSIFY SUPPORT TO THE LOWER LEVEL OF CARE AND SERVICE DELIVERY POINTS							
Indicator	2021	2022	2023	2024	2025	Target	Remarks
Outreach visits carried out	398	1,063	324	283	129	-	54.4% decr
Total number of outreaches planned visits carried out	398	1,063	324	418	300	-	28.2% decr
Number of Beneficiaries recorded	20,415	38,896	33,003	28,127	13,714	THs= 11,215	51.2% decr
Intensified mentorship to periphery health facilities Maternal health and Child health specialists have undertaken mentorship visits in various areas in the region							
Supported lower-level health facilities in the Cape Coast metropolis with TB GeneXpert investigations							
The hospital contributed to regional quality assurance and laboratory system strengthening, with some laboratory staff serving as Regional On-site Technical Support and Supervision (OTSS) and External Quality Assessment (EQA) supervisors.							
Provided technical and operational support towards the creation of a Special Care Baby Unit (NICU) at Elmina Polyclinic, strengthening neonatal care services							
Conducted cervical cancer outreach in Assin Sebinsu community with 139 people screened (VIA-92 & Pap-Smear-47).							

SECTION 2 _ GENERAL OVERVIEW

CHAPTER TWO

HUMAN RESOURCE

2.1 INTRODUCTION

Human resources are pivotal in the health system, especially within service delivery institutions, as they are central to the provision of quality health services. Their roles, expertise, and knowledge significantly impact the performance of hospitals and the overall effectiveness of the health system. Hence, CCTH continuously implements innovative strategies and approaches aimed at improving staff capacity as evident in the Second Medium-Term (2020-2025) Strategic Plan as well as the human resource needs assessment of the hospital. The chapter highlights the human resource performance of in 2024 compared to the previous years.

2.2 STAFF STRENGTH ANALYSIS

The hospital in 2025 recorded a 10.8% increase in total staff strength (from 1,949 in 2024 to 2,160 in 2024). The distribution across directorates shows that the Nursing Directorate formed the largest proportion, accounting for 51.5% (1,113) of the of the workforce. This was followed by the Medical Directorate with 22.3% (481) and the Administration Directorate with 20.4% (441). The remaining staff were distributed among the Finance Directorate 2.9% (62), Pharmacy Directorate 2.4% (52) and the Human Resource Management Directorate 0.5% (11) as illustrated in Figure 2.2.1 and Table 2.2.1 below.

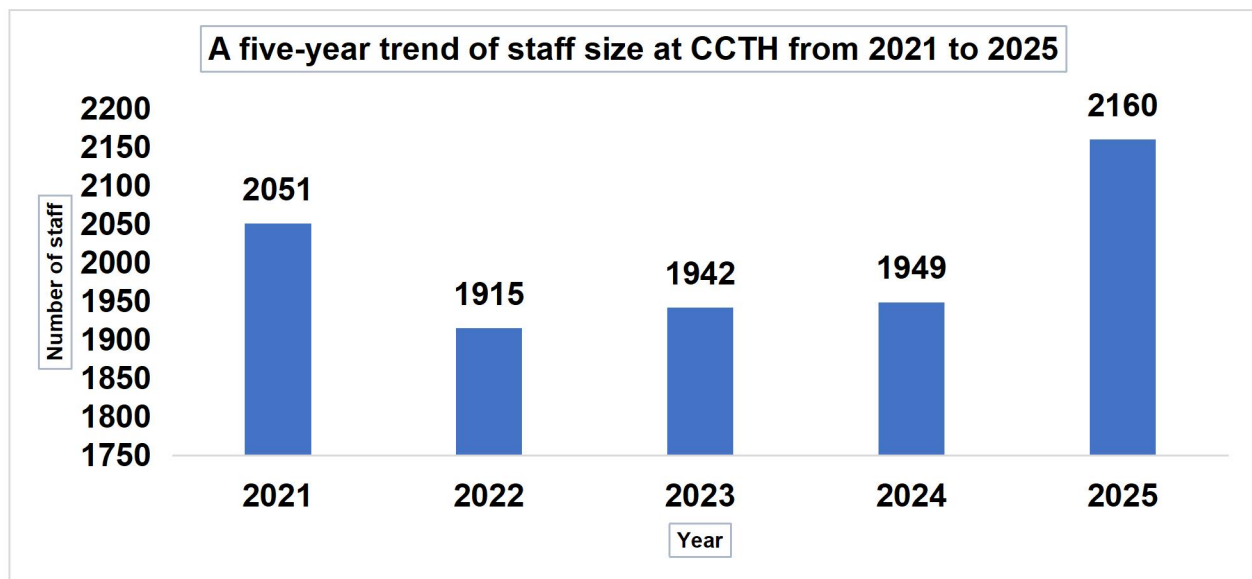


Figure 2.2. 1: A Five-Year Trend of Staff Strength at CCTH (2021 - 2025)

Table 2.2. 1: Breakdown of Total Staff Classification by Directorates

Directorate	Permanent	CCTH Staff	UCC SMS	Secondment	Total
Administration	337	100	-	4	441
Finance	61	1	-	-	62
Human Resource	11	-	-	-	11
Medical	436	19	25	1	481
Nursing	1113	-	-	-	1,113
Pharmacy	43	9	-	-	52
Total	2,001	129	25	5	2,160

2.2.1 COMPOSITION OF MEDICAL STAFF FROM 2021 TO 2025 AT CCTH

The number of medical doctors decreased from 299 in 2021 to 274 in 2024, before slightly increasing to 276 in 2025. Between 2024 and 2025, the number of senior specialists, residents, and medical officers increased by 21.1%, 10%, and 3.3%. In contrast, specialists, and house officers declined by 7.6%, and 4.1% respectively, while the number of consultants remained unchanged over the same period as shown in Table 2.2.1.1.

Table 2.2.1. 1: Trend of Doctors Composition from 2021 – 2025

CATEGORY	2021	2022	2023	2024	2025	REMARKS
Consultants	6	6	12	12	12	no change
Senior Specialist	21	21	17	19	23	21.1% increase
Specialists	49	49	75	79	73	7.6% decrease
Residents	38	50	33	60	66	10% increase
Medical Officers	46	39	68	30	31	3.3% increase
House Officers	139	116	74	74	71	4.1 decrease
Total	299	281	279	274	276	0.7% increase

2.2.2 COMPOSITION OF NURSES AND MIDWIVES FROM 2021 TO 2025 AT CCTH

The total number of nurses and midwives decreased from 1,054 in 2021 to 872 in 2024, followed by a sharp increase to 1,090 in 2025. Between 2024 and 2025, the number of professional nurses, and midwives increased by 19.6%, and 55.7% respectively. Among these, the number of Nurse Specialists increased by 31.6% during the same period. In contrast, the number of nursing assistants decreased by 27.5% during the same period.

Within this category, the enrolled nurses, and community health nurses decreased by 25.7% and 40% respectively. Details presented in Table 2.2.2.1 below.

Table 2.2.2. 1: Trend of Nurses and Midwives by Category (2021 – 2025)

CADRE	2021	2022	2023	2024	2025	REMARKS
Professional Nurses	769	737	702	649	776	19.6% increase
<i>Specialists (Membership & Fellows)</i>	3	4	14	19	25	31.6% increase
Midwives	209	231	193	183	285	55.7% increase
Nursing Assistant Clinical & Nursing Assistant Preventive	76	80	41	40	29	27.5% decrease
i. <i>Enrolled Nurses</i>	69	71	37	35	26	25.7% decrease
ii. <i>Community Health Nurses</i>	7	9	4	5	3	40% decrease
Total	1,054	1,048	936	872	1,090	25% increase

2.2.3 COMPOSITION OF OTHER STAFF AVAILABLE AT CCTH FROM 2021 TO 2025

Among other cadre of staff available at the hospital, the number of radiographers increased from 6 in 2021 to 18 in 2025. The number of pharmacists increased slightly from 25 in 2021 to 27 in 2025. Accountants and Finance Officers generally increased from 47 in 2021 to 55 in 2025. The number of Optometrists decreased from 6 in 2021 to 4 in 2025. Other Government of Ghana (GoG) payroll staff increased from 278 in 2021 to 516 in 2023, then decreased to 467 in 2025. Details presented in Table 2.2.3.1.

Table 2.2.3. 1: Trend of Other Staff (2021 – 2025)

CADRE	2021	2022	2023	2024	2025	REMARKS
Radiographers	6	5	14	14	18	28.6% increase
Pharmacist	25	22	21	19	27	42.1% increase
Pharmacist Tech	7	8	6	11	10	9.1% decrease
Accountants & Finance Officers	47	42	44	54	55	1.9% increase

CADRE	2021	2022	2023	2024	2025	REMARKS
Laboratory & Lab Tech	46	76	77	70	70	No change
Health Services Administrators	13	12	12	15	14	6.7% decrease
Optometrists	6	6	7	6	4	33.2% decrease
Other GOG Pay Roll Staff	278	236	516	485	467	3.7% decrease
CCTH Pay Roll Staff	49	51	93	111	129	16.2% increase

2.3 STAFF GAP ANALYSIS IN 2025

Human resource gap analysis is an essential management tool to identify shortages in staff strength, as well as skills and knowledge gap that could affect the attainment of the goals of an organization. Hence, the Hospital HR needs assessment was conducted in 2020 in line with the 2020-2025 Medium-Term Strategic Plan. This identified the need to have an optimal staff strength of 2,500 to deliver the various sub-specialty clinical and support services to enable the hospital to effectively achieve the set goals and objectives of the Medium-Term Strategic Plan. However, as at 2025, there were gaps across several key professional categories.

In 2025, a gap of 179 was identified in expected number of medical doctors. However, 74 were undergoing various forms of specialist training to partially bridge the gap in the medium to long term. Also, out of the 157 pharmacists required at the hospital, only 37 were available in the same period. Similarly, 118 allied health professionals were available out of the 214 minimum required while a substantial gap of 456 nurses and midwives were identified from a total requirement of 1,488. Table 2.3.1 and Table 2.3.2 below shows details of the analysis.

Table 2.3. 1: Gap Analysis in 2025

Cadre	Minimum Required	Available	Gap	Under Training
Gap Analysis for Doctors				
Medical Officers	56	31	25	-
Maxillofacial surgeon	5	3	2	0
Specialist Community Oral Health/Dentist	6	0	6	0
Specialist Orthodontist	2	2	0	1
Specialist Restorative Dentistry	4	0	4	0
Cardiologist	4	1	3	1
Dermatologist	2	0	2	1
Doctor Anesthetist	27	4	23	6
Emergency Medicine Physician	22	1	21	8

Cadre	Minimum Required	Available	Gap	Under Training
Endocrinologist	2	1	1	0
Family Physician	7	5	2	1
Gastroenterologist	4	0	4	1
Infectious Disease Specialist	4	0	4	0
Nephrologist	3	0	3	0
Neurosurgeon	2	2	0	8
Obstetrician & Gynecologist	21	12	9	9
Ophthalmologist	7	6	1	4
Paediatric Endocrinologist	2	0	2	0
Paediatric Nephrologist	2	0	2	0
Paediatric Neurologist	2	0	2	0
Paediatric Oncologist	2	1	1	0
Paediatrician (General)	16	8	8	6
Pathologist/Laboratory Medicine	6	7	-1	2
Physician Specialist	32	14	18	6
Respiratory Physician	2	0	2	0
Rheumatologist	2	0	2	1
Specialist Haematology	5	1	4	2
Specialist Microbiology	5	1	4	0
Trauma & Orthopaedic Specialist	6	2	4	3
Urologist	4	0	4	0
General Surgeon	11	20	-9	6
Paediatrics Surgeon	8	1	7	0
Clinical Medical Physicist	8	0	8	0
ENT specialist	5	2	3	3
Radiologist/Radiology	7	4	3	4
Radiation Oncologist	9	4	5	0
Specialist, Psychiatry	-	1	-	1
Total	312	134	179	74
Gap Analysis for Nurses and Midwives				
Midwives	234	285	-51	2
Community Health Nurse	19	3	16	0
General Nurse	955	674	281	6
Critical Care Nurse	183	15	168	6
Emergency Nurse	5	3	2	7
ENT Nurse	8	7	1	1
Oncology Nurse	8	3	5	2
Ophthalmic Nurse	10	5	5	9
Peri-Operative Nurse	32	13	19	4
Neonatal Intensive Care	5	3	2	1

Cadre	Minimum Required	Available	Gap	Under Training
Nephrology Nurse	8	3	5	5
Paediatric Nurse	5	10	-5	2
Paediatric Oncology	1	3	-2	2
Public Health Nurse	12	3	9	6
Speech Therapist	2	2	0	1
Orthopaedic	1	0	1	4
Total	1,488	1,032	456	58
Gap Analysis for Pharmacists				
Pharmacists	57	17	40	1
Pharmacy Specialist – Drug Information	7	0	7	0
Pharmacy Specialist- Manufacturing	6	0	6	0
Pharmacy Specialist – Oncology	6	0	6	0
Pharmacy Specialist- Infectious Diseases	5	2	3	0
Pharmacy Specialist - Renal	7	0	7	0
Pharmacy Specialist – Anaesthesia/ICU	5	1	4	0
Pharmacy Specialist – Emergency/Critical Care	6	1	5	0
Pharmacy Specialist –Radio	5	0	5	0
Clinical Pharmacist-Specialist	15	6	9	6
Pharmacy Technician	38	10	28	0
Total	157	37	120	7
Gap Analysis for Allied Health Professionals				
Physiotherapists	29	5	24	0
Physiotherapy Assistants	12	4	8	0
Dieticians	12	6	6	1
Nutritionists	7	5	2	1
Optical Technicians	2	4	-2	1
Optometrists	4	4	0	0
Radiographers/ X-ray Technicians	17	18	-1	0
Biomedical Scientists	96	43	53	5
Dental Technologist/Technicians	6	8	-2	0
Biostatistics Officers	11	10	1	0
Technical Officers (Biostatistics/HI)	18	11	7	0
Total	214	118	96	8

NB: (-) represents Surplus to requirement and (+) represents Deficit.

Table 2.3. 2: Categories of Newly Recruited Staff at CCTH in 2025

CADRE OF STAFF APPOINTED	NUMBER	PERCENTAGE (%)
Professional Nurses	176	50.9

CADRE OF STAFF APPOINTED	NUMBER	PERCENTAGE (%)
Midwives	127	36.7
Medical Officers	17	4.9
Security Guards (CCTH Staff)	12	3.5
Drivers (CCTH Staff)	4	1.2
Porters & Orderlies (CCTH Staff)	8	2.3
Audiologist (CCTH Staff)	1	0.3
IT Manager (CCTH)	1	0.3
TOTAL	346	100

2.4. PROMOTIONS AND STAFF DEVELOPMENT

The Hospital over the years has relied on staff promotion as a key strategy for enhancing staff motivation and retention, as it promotes career progression and strengthens institutional commitment. In line with this approach, change-of-grade exercises are conducted twice each year to ensure that eligible staff are given fair and timely opportunities for advancement.

In 2025, the total number of staff who experienced changes of grade declined to 310, representing a decrease of 51.9% compared to 2024. Of this number, 10 were appointed, 5 were converted, 213 were promoted, and 103 were upgraded as shown in Table 2.4.1 below.

Table 2.4. 1: Trend of Change of Grades by Categories (2021 - 2025)

Category	2021	2022	2023	2024	2025
Appointment	0	1	10	7	10
Conversion	7	9	12	10	5
Promotion	81	322	310	510	213
Upgrading	50	50	54	117	103
Grand Total	138	382	386	644	310

In addition to opportunities for promotion, the Cape Coast Teaching Hospital (CCTH) remained committed to supporting staff development through continuous education and advanced training. A key strategy has been the granting of study leave to enable staff pursue further studies, aimed at bridging critical human resource gaps and enhancing professional competencies.

During the reporting period, the institution granted study leave to 138 staff; 135 staff on study leave with pay and 3 staff members on study leave without pay. In terms of qualifications approved, the majority of study leaves were granted for Degree level programs (67) and Membership programs (47). This was followed by Master's programs

(13) and Fellowship programs (10). In terms of mode of study, the regular mode constituted the highest number of approvals (80).

Further, as at the end of 2025, a total of 261 staff were actively enrolled in various academic and professional programs. Among them, 162 were studying on regular basis while 99 studied on part time basis (sandwich, weekends, distance, and online). With regards to the type of learning, 114 staff pursued degree programs, 100 enrolled in membership programs, and 26 undertook fellowship training. By professional category, this comprised 19 Allied Health professionals, 77 Medical Doctors, 125 Nurses and Midwives, and 29 Support Staff. Details are presented in Figures 2.4.1, 2.4.2 below.

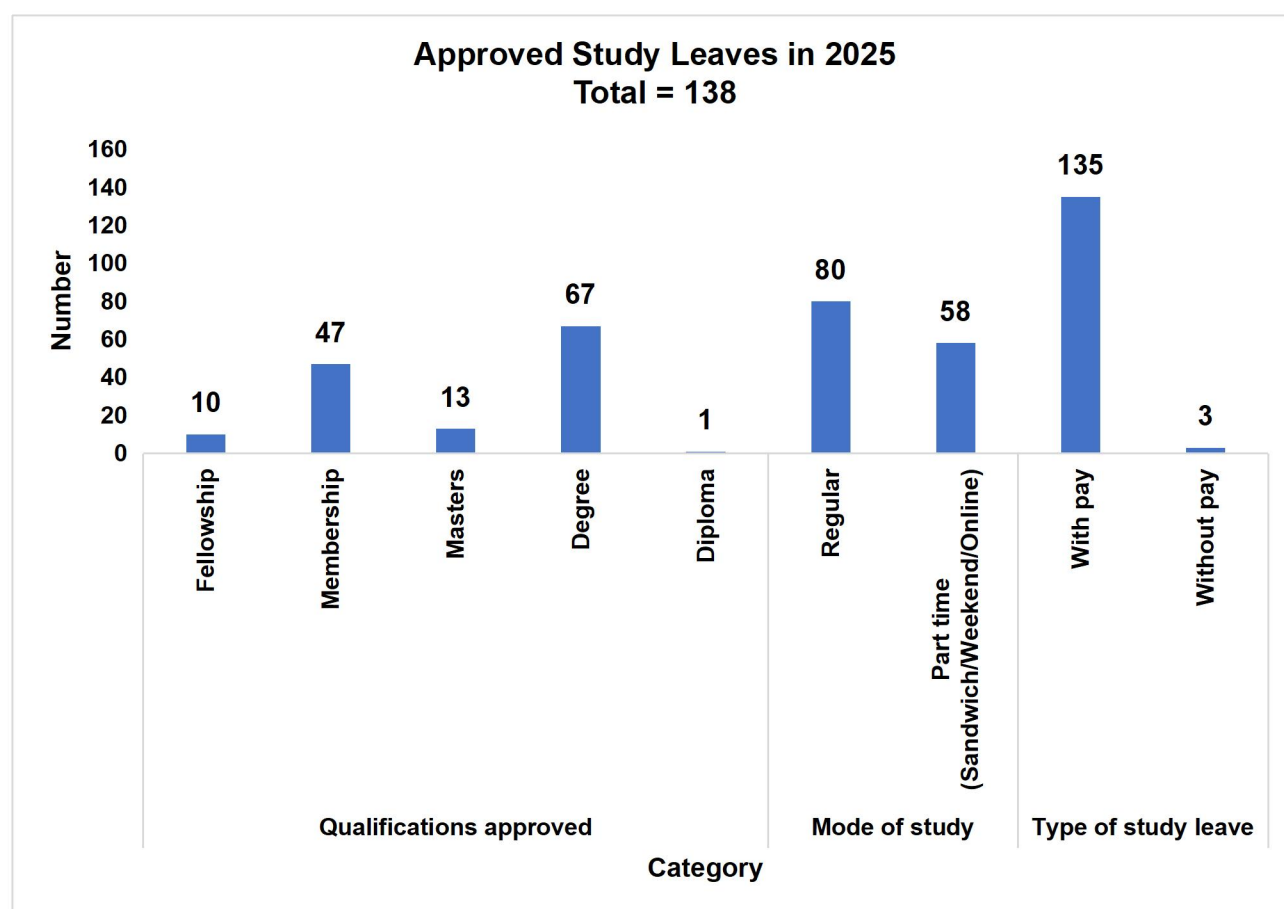


Figure 2.4. 1: Approved Study Leaves in 2025

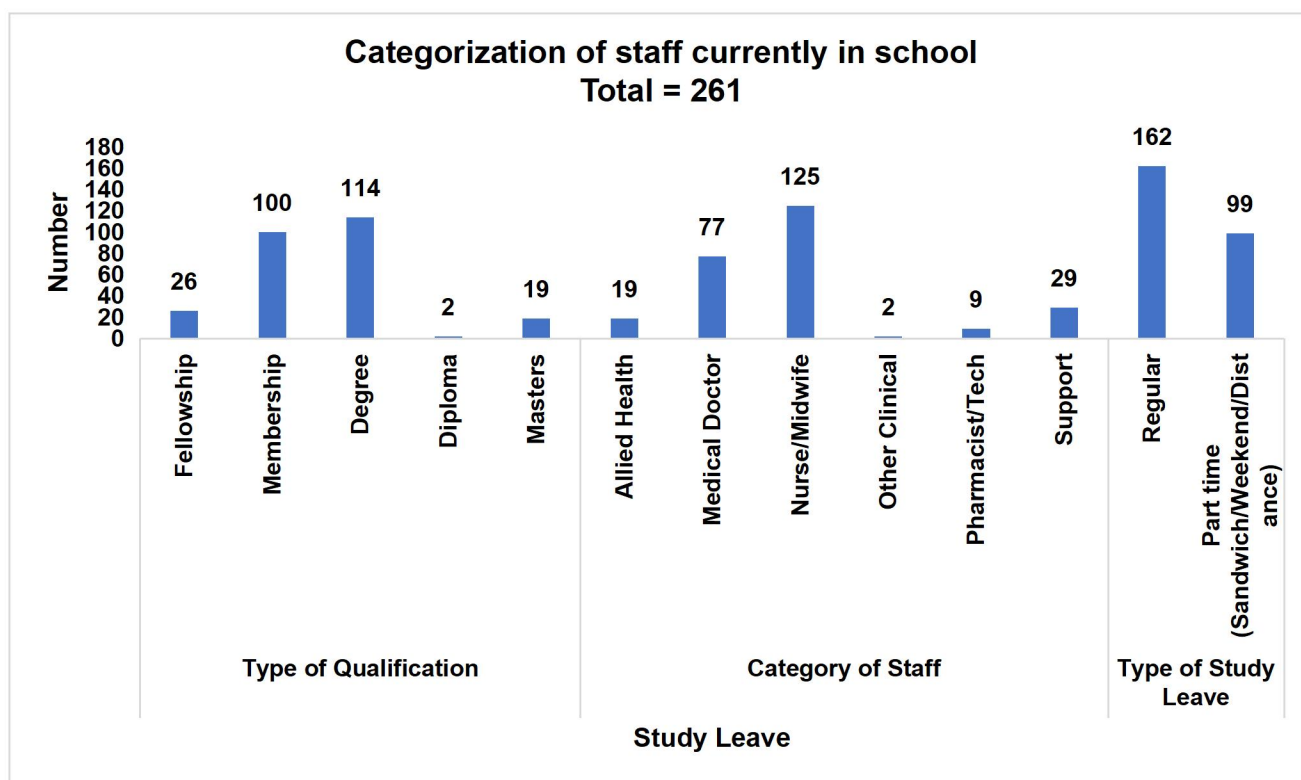


Figure 2.4. 2: Staff in Training as at 2025

2.4.1 PERFORMANCE APPRAISAL

Performance appraisal is an essential tool for assessing employee's performance. It also forms part of career development as it identifies and leverage on staff strengths to improve institutional performance while also recommending possible strategies to improve on their weaknesses. This is aimed at enhancing the performance of staff as well as the institution.

The hospital, since 2021, has consistently been unable to achieve its target of appraising all eligible staff. As shown in Table 2.4.1.1, the proportion of staff appraised declined steadily from 52.07% in 2021 to 45.22% in 2022 and further to 36.62% in 2023. A marginal improvement was recorded in 2024, where the conduct increased slightly to 38.42%, before declining sharply to 20% in 2025.

This persistent shortfall suggests that the existing sensitization efforts have not been sufficient to sustain compliance with appraisal requirements. Therefore, sensitization of staff on the benefits of performance appraisal needs to be strengthened to improve understanding of its relevance both to staff development and institutional performance.

Table 2.4.1. 1: A Five-Year Trend of Staff Appraised (2021 – 2025)

Indicator	2021	2022	2023	2024	2025
Number Expected	1594	1747	1827	1827	1845
Number Appraised	830	790	669	702	369
% Appraised	52.07	45.22	36.62	38.42	20.00

2.5 TRANSFERS

Staff transfers remain a key human resource management strategy in the hospital, ensuring equitable distribution of staff, addressing service delivery needs, and maintain operational efficiency within the hospital.

The data shows a persistent net loss of staff through transfers over the five-year period, with transfers out consistently exceeding transfers in. Although transfers out fluctuated from 44 in 2021 to 38 in 2022, increased to 50 in 2023, dropped again to 38 in 2024, and then rose sharply to 55 in 2025. On the other hand, transfers in have remained low and gradually declining from 8 in 2021 to 5 in 2025.

Majority of the staff that transferred out of the hospital in 2025 were Professional Nurses and Midwives (37 and 9 respectively). Other cadres included Medical Doctors (2), Biomedical Scientists (2), and Administrative Manager (1). The cadre of staff that transferred in to the hospital included Administrative Manager (2), Artisan (2), and Executive (1).

Figure 2.5.1 presents a five-year trend of transfers at the hospital, while Table 2.5.1 provides a detailed breakdown of staff transferred by cadre in 2025.

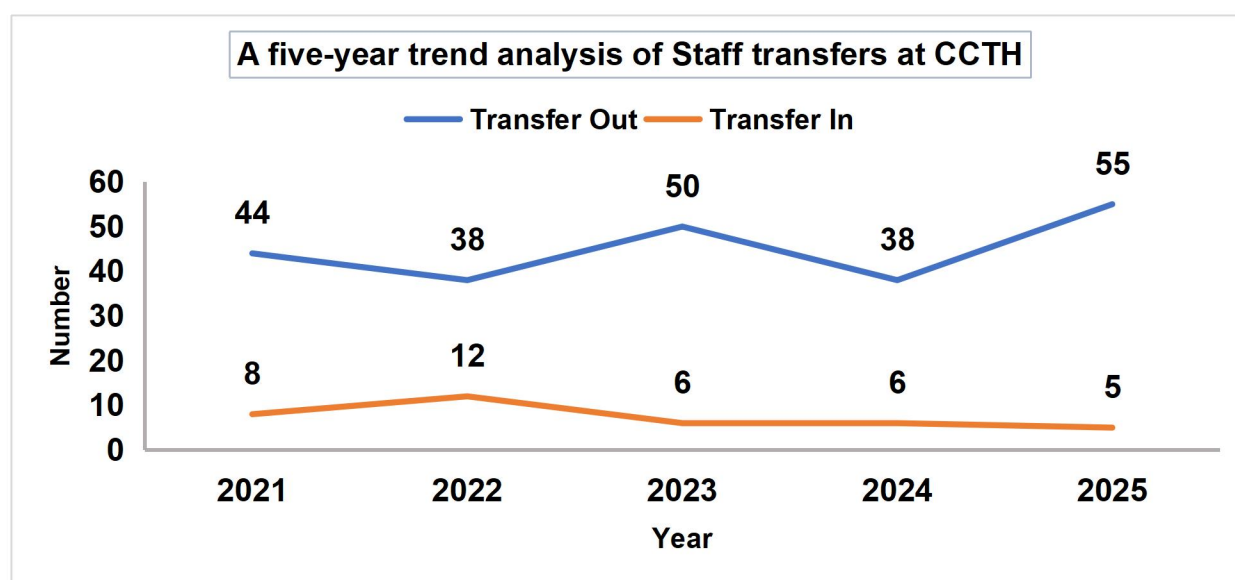


Figure 2.5. 1: Trend of Staff Transfers at CCTH (2021 – 2025)

Table 2.5. 1: Cadre of Staff who Transferred-in and out in 2024

TRANSFER OUT		TRANSFER IN	
Cadre	Number	Cadre	Number
Administrative Manager	1	Administrative Manager	2
Biomedical Scientist	2	Executive Officer	1
Biostatistics Officer	1	Artisan	2
Clinical Psychologist	1	Total	5
Medical Officer	2		
Midwife	9		
Pharmacist	1		
Professional Nurse	37		
Technical Officer - Health Information	1		
Total	55		

2.6 HUMAN RESOURCE WASTAGE

During the reporting the period, the hospital recorded an increase in the total number of staff exit by 24.6% (from 65 in 2023 to 81 in 2024). Out of that, 31 vacated their post, while an equal number (31) proceeded on leave without pay. Additionally, 6 staff resigned whiles and another 6 retired from active service. Regrettably, 5 staff passed away while in active service during year. Table 2.6.1 below provides a five-trend of the staff exits, providing insights into the patterns of human resource attrition within the hospital.

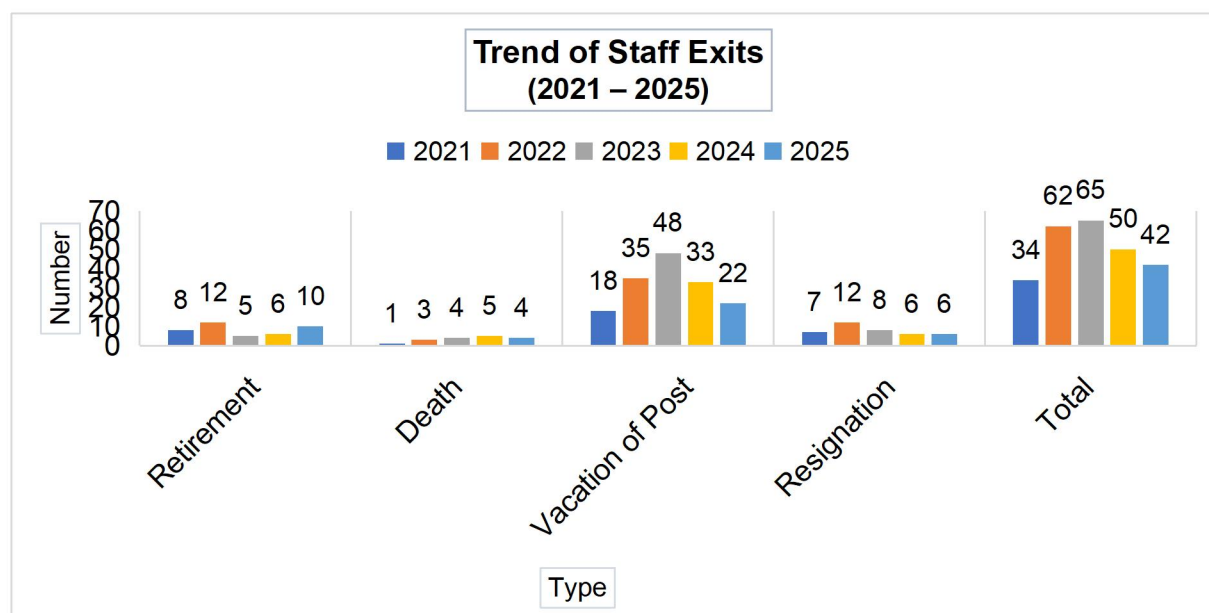


Figure 2.6. 1: Trend of Staff Exits (2021 – 2025)

2.7 IMPROVING TEACHING AND LEARNING

As part of its core mandates, the Cape Coast Teaching Hospital (CCTH) serves as a centre for training and development of health professionals. In line with this responsibility, the hospital provides an enabling academic and clinical environment that supports the training of clinical professionals aimed at enhancing the quality-of-service delivery. In addition to clinical training, the hospital also offers training opportunities for non-clinical staff to strengthen their skills and improve institutional performance.

2.7.1 ACCREDITATION STATUS OF POSTGRADUATE TRAINING PROGRAMMES IN

2025

During the year under review, the hospital strengthened its role as a centre for postgraduate clinical training by securing additional accreditations and sustaining existing accreditations across various professional training programmes. Two new accreditations were obtained to expand specialist training capacity. These included accreditation in Emergency Medicine by the West African College of Physicians and Surgeons (WACPS) and accreditation in Infectious Diseases by the Ghana College of Nursing and Midwifery. These accreditations are expected to enhance specialist training opportunities and strengthen the hospital's contribution to healthcare workforce development.

The hospital also sustained several accreditations for the training of clinicians in multiple specialties. Partial accreditation was maintained from the Ghana College of Physicians and Surgeons for training in Anaesthesia and Dental Surgery. In addition, the hospital retained full accreditation from the Ghana College of Physicians and Surgeons in General Surgery, Neurosurgery, Internal Medicine, Obstetrics and Gynaecology, and Otorhinolaryngology.

Furthermore, full accreditation was sustained from the Ghana College of Nursing and Midwifery for Advanced Midwifery, Well Woman, and Perioperative nursing programmes. The hospital also maintained full accreditation from the Ghana College of Pharmacists and the West African Postgraduate College of Pharmacists for pharmacist training programmes. These accreditations reflect the hospital's continued commitment to excellence in postgraduate education, specialist clinical training, and the development of competent healthcare professionals.

2.7.2 POSTGRADUATE TRAINING AND RESIDENCY PERFORMANCE

The Hospital continued to strengthen specialist training and capacity building in 2025 through membership and fellowship programmes for doctors, pharmacists, nurses, and midwives across various disciplines. These training initiatives contributed significantly to the development of specialised human resources and the enhancement of quality healthcare delivery within the institution.

2.7.2.1 POSTGRADUATE TRAINING OF MEDICAL DOCTORS

CCTH continued to strengthen specialist medical training during the year under review through both in-house and external membership training programmes. A total of 14 doctors pursued membership training across various specialties, with 4 doctors trained within CCTH and 10 trained in external institutions as illustrated in Table 2.7.2.1.1 below. Anaesthesia, Emergency Medicine, Internal Medicine, Ophthalmology, and Orthopaedics and Trauma each recorded two trainees, while Family Medicine, Haematology, Neurosurgery, and Radiology recorded one trainee each. The distribution of trainees across multiple specialties demonstrates the hospital's commitment to building specialist clinical capacity and improving the quality of healthcare delivery.

Table 2.7.2.1. 1: Membership Training of CCTH Doctors in 2025

AREA OF SPECIALIZATION	TRAINING CENTRE		Grand Total
	At CCTH	Out of CCTH	
Anaesthesia	-	2	2
Emergency Medicine	-	2	2
Family Medicine	-	1	1
Haematology	-	1	1
Internal Medicine	1	1	2
Neurosurgery	1	-	1
Ophthalmology	-	2	2
Orthopaedics and Trauma	2	-	2
Radiology	-	1	1
Total	4	10	14

The hospital also continued to serve as a major training centre for doctors from external institutions pursuing membership programmes. During the year under review, a total of 38 external doctors received specialist training at CCTH as illustrated in Table 2.7.2.1.2. Obstetrics and Gynaecology recorded the highest number of trainees with 13 doctors, followed by Surgery with 9 trainees. Family Medicine, Internal Medicine, and Orthopaedics and Trauma each recorded 4 trainees, while Otorhinolaryngology and Neurosurgery recorded 3 and 1 trainees respectively. This reflects the hospital's growing recognition as a centre of excellence for postgraduate medical education and specialist clinical training.

Table 2.7.2.1. 2: Membership Training of Medical Doctors from external Institutions at CCTH in 2025

Specialty	Number
Obstetrics and Gynaecology	13
Surgery	9
Family Medicine	4
Internal Medicine	4

Specialty	Number
Orthopaedics and Trauma	4
Otorhinolaryngology	3
Neurosurgery	1
Total	38

In addition, the hospital expanded fellowship training opportunities for doctors during the year under review. A total of 11 doctors pursued fellowship programmes, comprising 5 trainees within CCTH and 6 in external institutions. Orthopaedics and Trauma, Emergency Medicine, and Urology recorded the highest number of fellowship trainees, while General Surgery, Plastic Surgery, Neurosurgery, and Psychiatry recorded one trainee each.

Furthermore, CCTH hosted a total of 10 doctors pursuing fellowship programmes during the year under review. Orthopaedics and Trauma recorded the highest number of fellows with 4 trainees, followed by General Surgery with 3 trainees and Urology with 2 trainees, while Neurosurgery recorded 1 trainee. Some of the fellows were CCTH staff, reflecting the hospital's commitment to internal specialist capacity development and professional advancement. Details of the analysis are highlighted in Table 2.7.2.1.3 and Table 2.7.2.1.4.

Table 2.7.2.1. 3: Fellowship Training for CCTH Doctors in 2025

Specialty	In CCTH	Out of CCTH	Total
Urology	1	1	2
General Surgery	1	-	1
Plastic Surgery	-	1	1
Emergency Medicine	-	2	2
Neurosurgery	1	-	1
Psychiatry	-	1	1
Orthopaedics and Trauma	2	-	2
Others	-	1	1
Total	5	6	11

Table 2.7.2.1. 4: Summary of Medical Doctors who pursued Fellowship Programs at CCTH in 2025

Specialty	Number
General Surgery	3 (1 CCTH staff)
Orthopaedics and Trauma	4 (2 CCTH staff)
Urology	2 (1 CCTH staff)
Neurosurgery	1 (CCTH staff)
TOTAL	10

2.7.2.1.1 PERFORMANCE OF RESIDENCY TRAINING PROGRAMMES FOR DOCTORS

Performance of the residency training programme remained strong in 2025. The resident pass rate for doctors improved from 91.0% in 2021 to 100% in both 2024 and 2025, achieving the teaching hospital target of 100%. This sustained performance reflects effective postgraduate training systems, strong academic supervision, and improved mentorship structures within the hospital.

The Consultant-to-Resident Doctor ratio increased from 1:1 in 2021 to 1:6 in 2025, exceeding the teaching hospital target ratio of 1:3 as shown in Table 2.7.2.1.1.1. The increasing ratio suggests a growing number of resident doctors relative to available consultants and senior specialists, indicating increased demand for residency training programmes at the hospital. However, the trend also highlights the need to strengthen consultant and specialist staffing levels to ensure effective supervision, mentorship, and maintenance of training quality.

Table 2.7.2.1.1. 1: Residency Training Under the THs KPIs

KPI	2021	2022	2023	2024	2025	REMARKS	TARGETS	MEASUREMENT
Resident Pass (%) rate for doctors	91.0	87.5	94.7	100	100	incr	THs = 100%	Number of final year medical residents passes /Total number of medical residents (Students) presented
Consultant To Resident Doctor Ratio	1:1	1:2	1:1	1:4	1:6	incr	THs = 1:3	Total number of consultants and snr specialist/ Resident Doctors

2.7.2.2 POSTGRADUATE TRAINING OF NURSES

Specialist nursing training improved during the year under review, with a total of 20 nurses undertaking specialist membership training within CCTH. Advanced Midwifery recorded the highest number of trainees with 9 nurses, followed by Well Woman specialty with 8 trainees. Infectious Disease nursing recorded 2 trainees, while Peri-Operative nursing recorded 1 trainee. These training programmes contributed to strengthening specialized nursing care and improving patient management across various clinical disciplines.

In addition, 48 nurses pursued specialist membership training in other institutions. Advanced Midwifery and Well Woman specialties recorded the highest number of trainees with 9 and 8 nurses respectively. Orthopaedics and Nephrology each recorded 4 trainees, while Otorhinolaryngology recorded 3 trainees. Emergency Medicine,

Oncology, Critical Care, Paediatrics, and Infectious Disease recorded between 2 and 3 trainees, with several other specialized programmes recording one trainee each. The broad distribution of nursing specializations demonstrates the hospital's continued investment in workforce capacity development and specialized healthcare delivery. Details of the analysis are presented in Table 2.7.2.2.1 and Table 2.7.2.2.2 below.

Table 2.7.2.2. 1: Specialist (Membership) Training of CCTH Nurses in CCTH

Specialty	Number
Advanced Midwifery	9
Well Woman	8
Infectious Disease	2
Peri-Operative	1
Total	20

Table 2.7.2.2. 2: Specialist (Membership) Training of CCTH Nurses in other Institution

Specialty	Number
Advanced Midwifery	9
Emergency Medicine	2
Nephrology	4
Oncology	2
Orthopaedics	4
Otorhinolaryngology	3
Well Woman	8
Addictions	1
Critical care	2
Family Health	1
Haematology	1
Infectious Disease	3
Neonatal	1
Neuroscience	1
Ophthalmic	1
Paediatrics	2
Paediatric Oncology	1
Palliative	1
Peri-Operative	1
Total	48

2.7.2.3 RESIDENCY TRAINING OF PHARMACISTS

A total of 6 pharmacists undertook residency membership training programmes at the Ghana College of Pharmacists during 2025 as presented in Table 2.7.2.3.1. The residency programmes covered Internal Medicine, Accident and Emergency, Surgery, Obstetrics and Gynaecology, Infectious Disease, and Paediatrics, with each programme recording one resident pharmacist. The multidisciplinary nature of the residency training highlights efforts to strengthen pharmaceutical care and improve specialised clinical pharmacy services within the hospital.

Table 2.7.2.3. 1: Residents (Membership) Training of Pharmacists in 2025 at GCP

Programme	No.
Internal Medicine	1
Accident and Emergency	1
Surgery	1
Obstetrics and Gynaecology	1
Infectious Disease	1
Paediatrics	1
Total	6

2.7.3 IN-SERVICE TRAINING AND INTERNSHIP

The hospital in addition to granting study leave to staff to pursue further education and advance their career also routinely organises in-service training programmes aimed at updating staff knowledge and strengthening their skills on emerging and priority issues within their respective specialties.

In 2025, the Hospital recorded a total of 1,291 staff participants in various training and capacity-building programmes organized across the Sub-BMCs and Units. The Nursing Directorate recorded the highest participation of 380 staff through orientation, leadership, and emergency preparedness trainings, followed by the Infection Prevention and Control (IPC) Unit with 222 participants. The Human Resource Directorate and Technical Services also recorded significant participation with 109 and 108 staff respectively.

Key training areas covered included emergency response, triage, fire safety, ethics, appraisal systems, strategic planning, and specialized clinical skills such as dialysis and laparoscopy. Details of the In-Service Training held in 2025 are in Table 2.7.3.1 below.

Table 2.7.3. 1: In-Service Training Held in 2025

NO	SUB-BMC/UNIT	TOPIC	NO. OF PARTICIPANTS
1.	Nursing Directorate	Orientation For Newly Posted Nurses, Leadership Seminar, Emergency Preparedness Training for Nurses and Midwives	380
2.	A&E	Triage Workshop	33
3.	Medical Directorate	Orientation For Newly Posted House Officers, IDSR and MPOX, GHIMS	102

NO	SUB-BMC/UNIT	TOPIC	NO. OF PARTICIPANTS
		Training for Mos,	
4.	Dialysis	Dialysis Training	48
5.	Administration	Security Training	15
6.	A&E	Cardiopulmonary Resuscitation	76
8.	Surgical	Laparoscopy Training	12
9.	Pharmacy Directorate	Ethics In Hospital Pharmacy	50
10	HR Directorate	Data Matching in Excel, Education Session With HSOPS, Orientation for Mos	109
11	Annex B	Performance Appraisal	15
12	Technical Service	Workshop On Fire Safety, Driver's Training, Estate Unit Training	108
13	Research, Monitoring and Evaluation	Summative Evaluation and Strategic Plan Assessment	23
14	Blood Bank	Africa Society for Blood Transfusion (AfSBT) Stepwise Accreditation Programme	8
15	Child Health	Paediatric Advanced Life Support Training, Customer Service Training	65
16	IPC Unit	IPC Training	222
17	Maternal Health	Obstetric Triage Implementation Package (OTIP) And Modified Early Obstetric Warning Signs (Meows) Training	25
		Total	1,291

2.7.3.1 NON-CLINICAL INTERNSHIP AT CCTH IN 2025

In 2025, the Hospital received a total of 262 students from 22 tertiary and professional institutions for attachments, internship, and practical training. The University of Cape Coast (UCC) recorded the highest number of students with 149, followed by Cape Coast Technical University (CCTU) with 4 students and University of Ghana with 12 students. Other institutions including Kwame Nkrumah University of Science and Technology (KNUST), University of Education, Winneba (UEW), and University of Health and Allied Sciences (UHAS) also contributed to the number of trainees posted to the Hospital. Details can be found in Table 2.7.3.1.1 below.

Table 2.7.3.1. 1: Internship (Non-Clinical) at CCTH in 2025

NO	INSTITUTION	NUMBER
1	University of Ghana, Legon	12
2	University of Cape Coast	149
3	Cape Coast Technical University	54

NO	INSTITUTION	NUMBER
4	Kintampo College of Health and Allied Sciences	3
5	University of Education, Winneba	9
6	Takoradi Technical University	3
7	Koforidua Technical University	2
8	Kwame Nkrumah University of Science and Technology, Kumasi	11
9	University of Energy and Natural Resources, Sunyani	1
10	Ghana Christian University College	1
11	Jomars Catering Institute	1
12	University of Health and Allied Sciences	4
13	Advanced Global College	1
14	Ghana Communication Technology University	2
15	Social Welfare Girls' Technical Institute	1
16	Ghana College of Nurses and Midwives	1
17	Pentecost University	1
18	All Nations University	1
19	Central University, Accra	1
20	Pharmatrust Profession College	2
21	C. K. Tedom University of Technology and applied Sciences	1
22	AAMUSTED	1
	Total	262

2.7.3.2 CLINICAL INTERNSHIPS AT CCTH IN 2025

In 2025, the Hospital hosted a total of seven (7) clinical interns from various training programmes and institutions. The highest number of interns, four (4), were from the BSc Dental Therapy programme of Garden City University College, while two (2) interns undertook training in Otolaryngology (ENT) from the ENT Unit of Komfo Anokye Teaching Hospital. Details of Clinical Internships at CCTH can be found in Table 2.7.3.2.1 below.

Table 2.7.3.2. 1: Internship (Clinical) at CCTH in 2025

NO	PROGRAMME	INSTITUTION	NUMBER
1	Otolaryngology (ENT)	ENT Unit KATH	2
2	MPhil Clinical Health Psychology	Ghana Psychology Council	1
3	BSc Dental Therapy	Garden City University College	4
	TOTAL		7

2.7.3.3 NATIONAL SERVICE PERSONNEL POSTED TO CCTH IN 2025

In 2025, one hundred and fifty-four (154) National Service Personnel were posted to the Hospital. They included 106 Nurses and Midwives, and 48 personnel who studied various Diploma and Degree programmes in various tertiary institutions in the country. Details can be found in Table 2.7.3.3.1 below

Table 2.7.3.3. 1: National Service Personnel Posted to CCTH – 2025

CATEGORY	NUMBER
Nurses/Midwives	106
Others (Diploma/Degree)	48
Total	154

2.7.4 INTERNATIONAL MEDICAL TRAINING COLLABORATION

The hospital also collaborates with foreign medical institutions as part of strategies to improve service delivery. These partnerships provide opportunities for knowledge exchange and skills improvement. In 2025, the hospital received a total of thirty-one (31) foreign medical trainees from various countries, representing diverse professional backgrounds, including medical students, interns, and resident doctors. Further details are presented in Table 2.7.4.1 below.

Table 2.7.4. 1: Foreign Trainees – 2025

INSTITUTION	NUMBER
Charite Universitatsmedizin	1
Chatham University, Pittsburgh	1
Massachusetts College of Pharmacy	4
Paul L. Foster School of Medicine Texas Tech University	1
Princeton University	2
Rowan University School of Osteopathic Medicine	1
Siena College, New York	3
University of Texas Health Science	1
Wake Forest University	3
West Virginia School of Osteopathic Medicine	1
Yale University	1
Other institutions	12
Total	31

2.8 STAFF WELFARE AND RECOGNITION PROGRAMMES

As part of the strategies to motivate staff, the hospital introduced a sick staff policy in 2020, designed to support staff and their dependents with medical expenses. Since its introduction, the policy has seen consistent increase in utilization.

The number of beneficiaries who utilized the policy increased from 734 in 2023 to 1,899 in 2024, and slightly decreased to 1,862 in 2025. The corresponding expenditure under the policy rose from GH¢ 205,002.80 in 2023 to GH¢ 272,934.88 in 2024, and further increased to GH¢ 258,182.82 in 2025 as shown in Table 2.8.1 below.

Table 2.8. 1: Sick staff policy uptake (2023-2025)

Year	2023	2024	2025
Beneficiaries	734	1,899	1,862
Expenditure (GH¢)	205,002.80	272,934.88	258,182.82

CHAPTER THREE

CLINICAL CARE SERVICES

3.0 INTRODUCTION

This chapter provides a detailed overview of the hospital's clinical services during the reporting year, with comparisons to previous years. It further analyses trends in service utilization across different clinical specialties at both the outpatient and inpatient levels.

3.1 OUT-PATIENT SERVICES UTILIZATION

The hospital since 2021 has experienced fluctuations in the total Outpatient Department (OPD) attendance with a peak of 172,839 cases in 2023, followed by a downward trend. In 2025, the total General OPD attendance declined by 4.2% (from 165,640 in 2024 to 158,653 in 2025).

The OPD cases seen per doctor also declined from 1:828 in 2024 to 1:774 in 2025. This reduction may partly be attributed to an increase in the number of doctors over the period, in addition to the overall decrease in patient attendance.

New attendance recorded a decrease of 3.4% (from 165,640 in 2024 to 158,653 in 2025) while the average daily OPD visits also declined by 4.2% (from 145,476 in 2024 to 136,694 in 2025). The number of insured patients reduced by 6% (from 145,476 in 2024 to 136,694 in 2025) whereas the number of non-insured patients went up by 8.9% (from 20,164 in 2024 to 21,959 in 2025).

Monthly trends showed that, OPD utilization was highest in October, July and May compared to other months. Detailed analyses of these trends are presented in Figures 3.1.1, 3.1.2, 3.1.3 and Table 3.1.1.

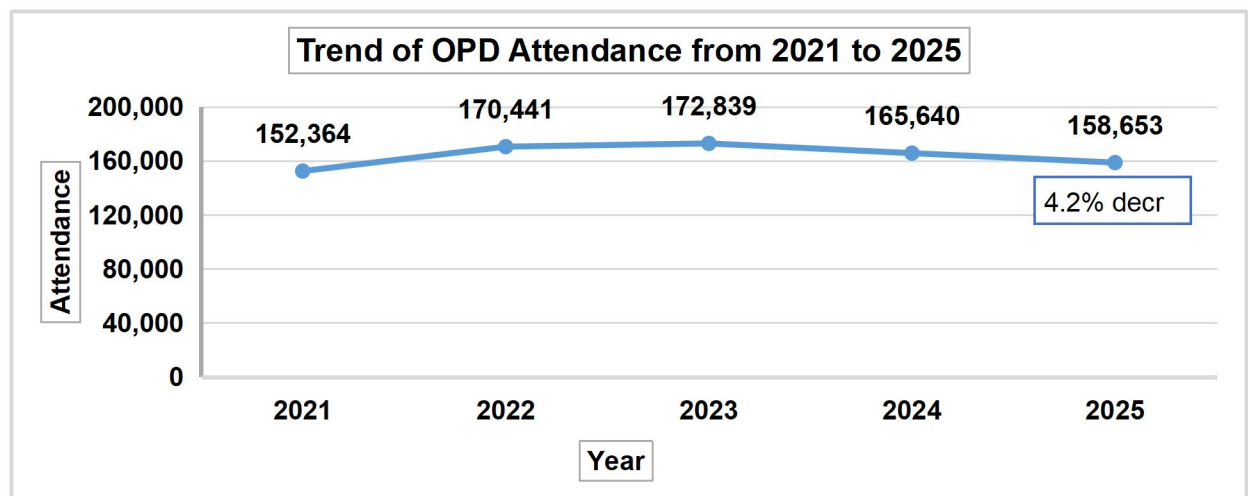


Figure 3.1. 1: Trend Analysis of Total OPD Attendance (2021-2025)

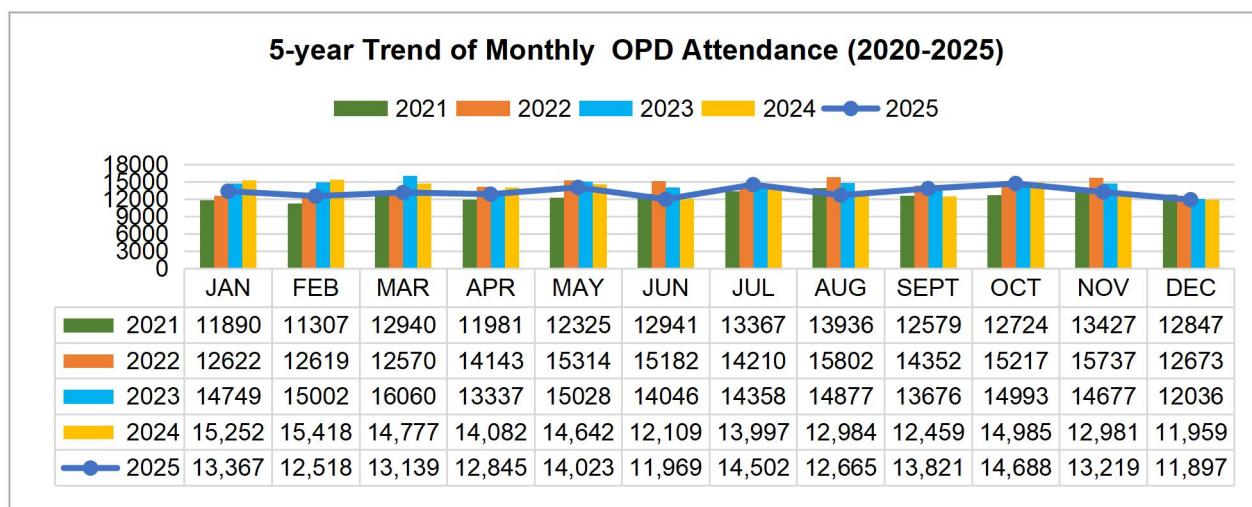


Figure 3.1. 2: Monthly Trend of Total OPD Services Utilization (2021-2025)

Table 3.1. 1: Five-Year Trend of Key Outpatient Department (OPD) Performance Indicators (2021–2025)

INDICATORS	2021	2022	2023	2024	2025	REMARKS
OPD Attendance	152,364	170,441	172,839	165,640	158,653	4.2% Decr
New OPD Registrants	24,266	22,933	22,823	21,455	20,726	3.4% Decr
Average Daily OPD Visit	417	467	474	454	435	4.2% Decr
Insured Patients	129,530	148,031	151,584	145,476	136,694	6.0% Decr
Non-Insured Patients	22,834	22,410	21,255	20,164	21,959	8.9% Incr

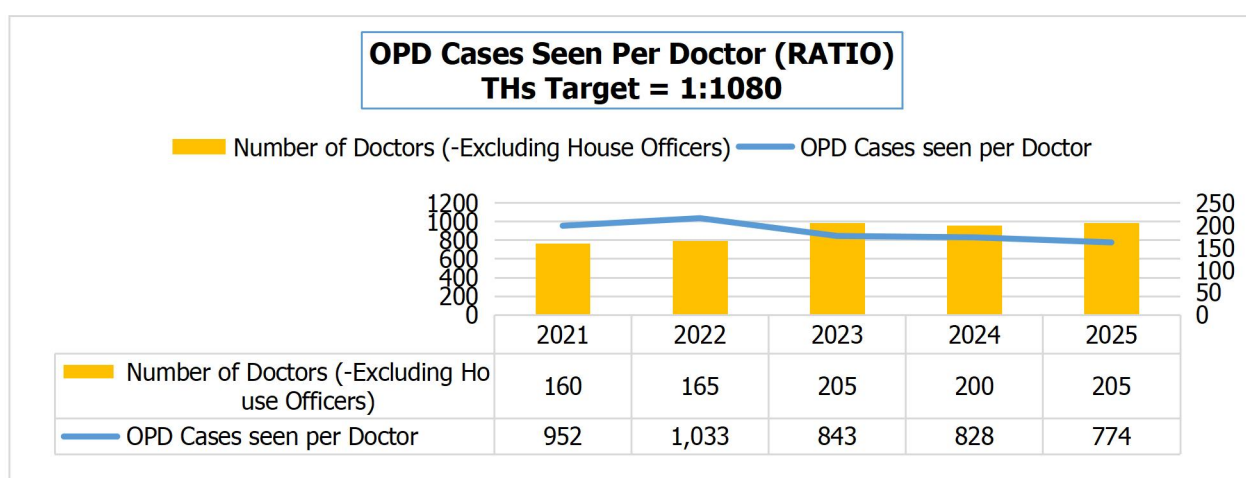


Figure 3.1. 3: Comparative Analysis of OPD Cases Seen Per Doctor (Ratio) and the Number Doctors (2021-2025)

3.1.1 SPECIALIST OPD SERVICE UTILIZATION

Total specialist OPD attendance increased steadily from 76,990 in 2021 to a peak of 89,505 in 2023. This growth suggests improved access to specialist services. However, this trend reversed after 2023, with attendance decreasing to 86,402 in 2024 and further to 85,707 in 2025, representing a marginal drop of 0.8% between 2024 and 2025. Despite the decline, attendance levels in 2025 remain significantly higher than 2021 (76,990), indicating sustained gains, although the institutional target of 5% was not achieved.

The specialist OPD service utilisation rate on the other hand experienced consistent increase over the five-year period (2021-2025). The rate increased steadily from 50.5% in 2021 to 54.0% in 2025. This shows that, specialist services accounted for a higher proportion of total OPD attendance, suggesting increased demand for specialist care over the years.

Further, the OPD cases seen per specialist show a consistent downward trend over the period. The ratio declined significantly from 1,242 cases per specialist in 2021 to 794 cases per specialist in 2025. This decline contrasts with a significant increase in the number of specialists, which rose from 62 in 2021 to a peak of 110 in 2024 before slightly reducing to 108 in 2025. This suggests that while specialist OPD attendance experienced a slight decline over the years, the hospital has significantly strengthened its specialist workforce. This has resulted in improved workload distribution, enhancing quality of care. Details presented in Figure 3.1.1.1 to Figure 3.1.1.3 below.

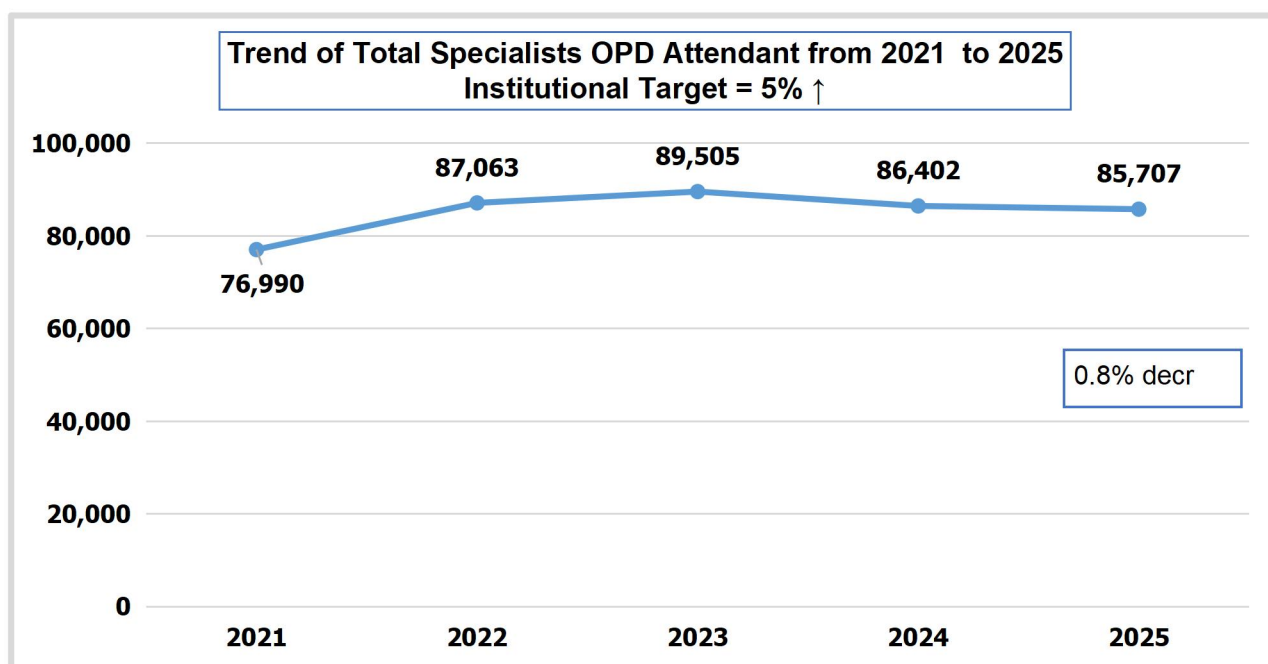


Figure 3.1.1. 1: Trend in utilisation of OPD Specialised Services (2021-2025)

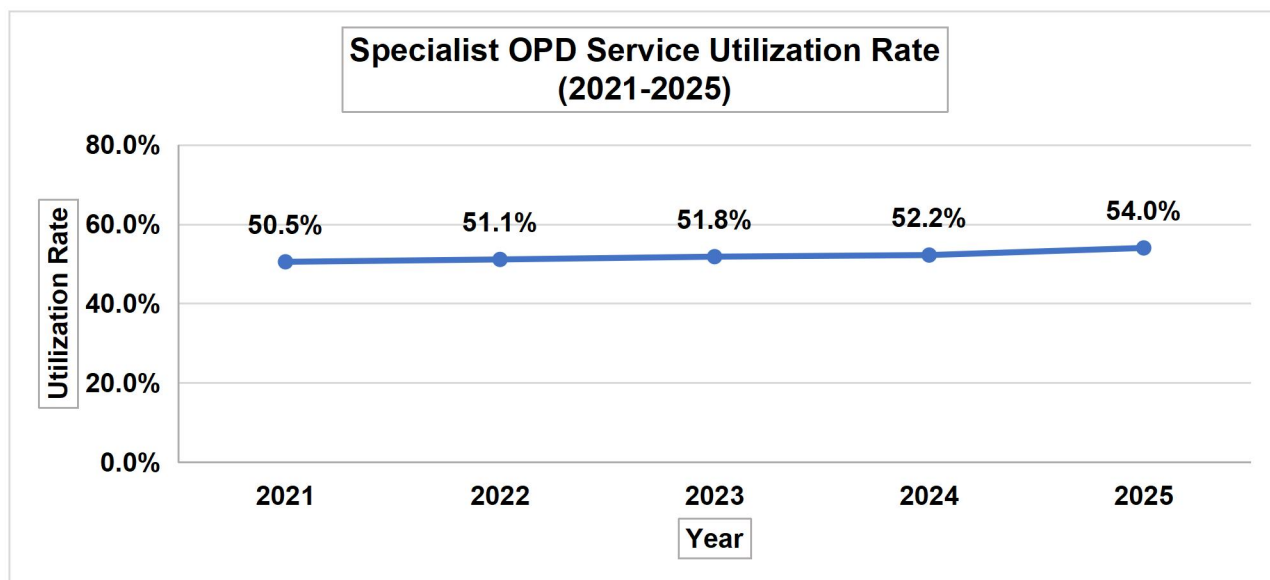


Figure 3.1.1. 2: Specialist OPD service utilization rate (2021-2025)

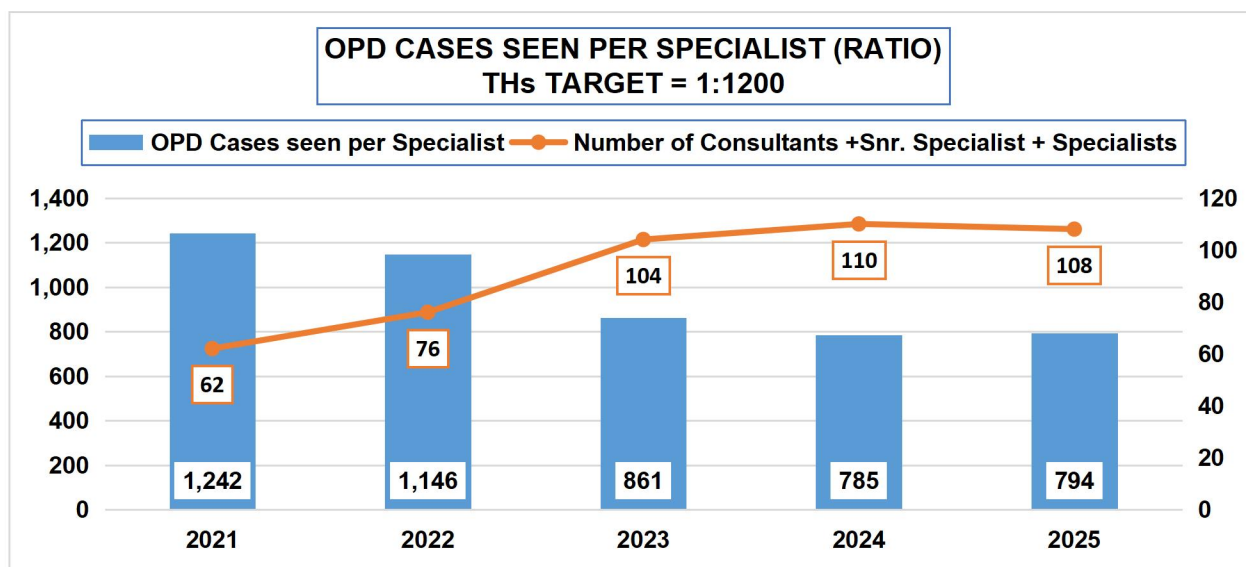


Figure 3.1.1. 3: Comparative Analysis of OPD Cases Seen Per Specialist (Ratio) and the Number of Specialists & Consultants (2021-2025)

The proportional distribution of specialist OPD attendance across various clinical specialties over the five-year (2021-2025) period reveals shift in specialist services utilization. Family medicine remained the highest share of specialist OPD attendance over the review period, constituting 26.83% in 2025 despite a reduction. Internal medicine specialist attendance declined within the five-year (2021-2025) period but

increased from 8.89% in 2024 to 9.72%. DEENT experienced consistent reduction, declining from 20.12% in 2021 to 16.61% in 2025. Maternal Health demonstrated an overall increasing trend, rising from 14.58% in 2021 to 18.13% in 2025, despite a slight reduction in 2024. This growth reflects the increased utilization of some sub-specialty services such as reproductive endocrinology and fertility services, gynae-oncology services. Child Health showed a continuous downward trend, decreasing from 10.39% in 2021 to 6.78% in 2025. The decline in proportion in 2025 mirrors the substantial reduction of 13.7% in the child health OPD attendance (9,907 in 2024 to 8,552 in 2025).

Further, surgical services showed a gradual increase from 8.71% in 2021 to a peak of 10.98% in 2024, followed by a decline to 9.75% in 2025, indicating a reduction in the surgical OPD demand after prior growth. Rehabilitation services experienced significant fluctuations, with a sharp rise from 7.21% in 2021 to 12.55% in 2022, followed by declines and a subsequent increase to 10.68% in 2025. Anaesthesia maintained the smallest proportion of OPD attendance across all years. Although it increased from 0.98% in 2021 to 1.52% in 2024, it slightly declined to 1.51% in 2025.

Details presented in Figure 3.1.1.4 to Figure 3.1.1.5 and Table 3.1.1.1 below.

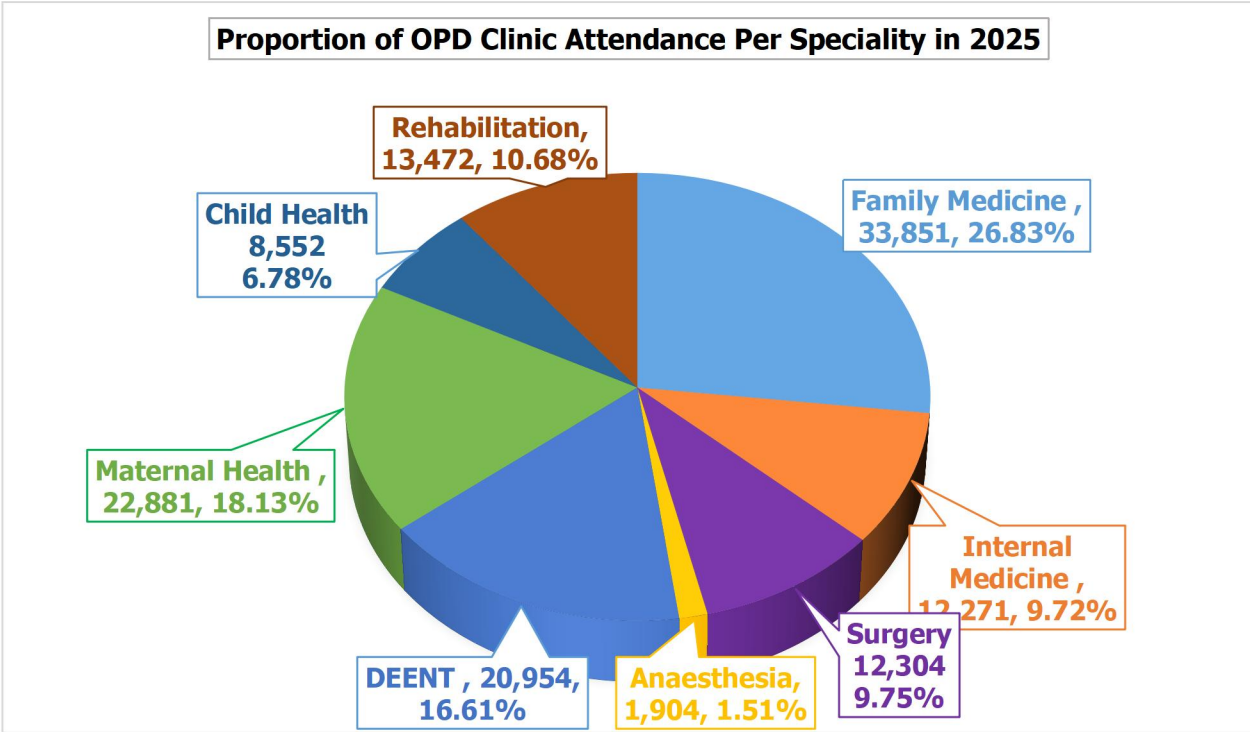


Figure 3.1.1. 4: OPD Utilization by Specialties in 2025

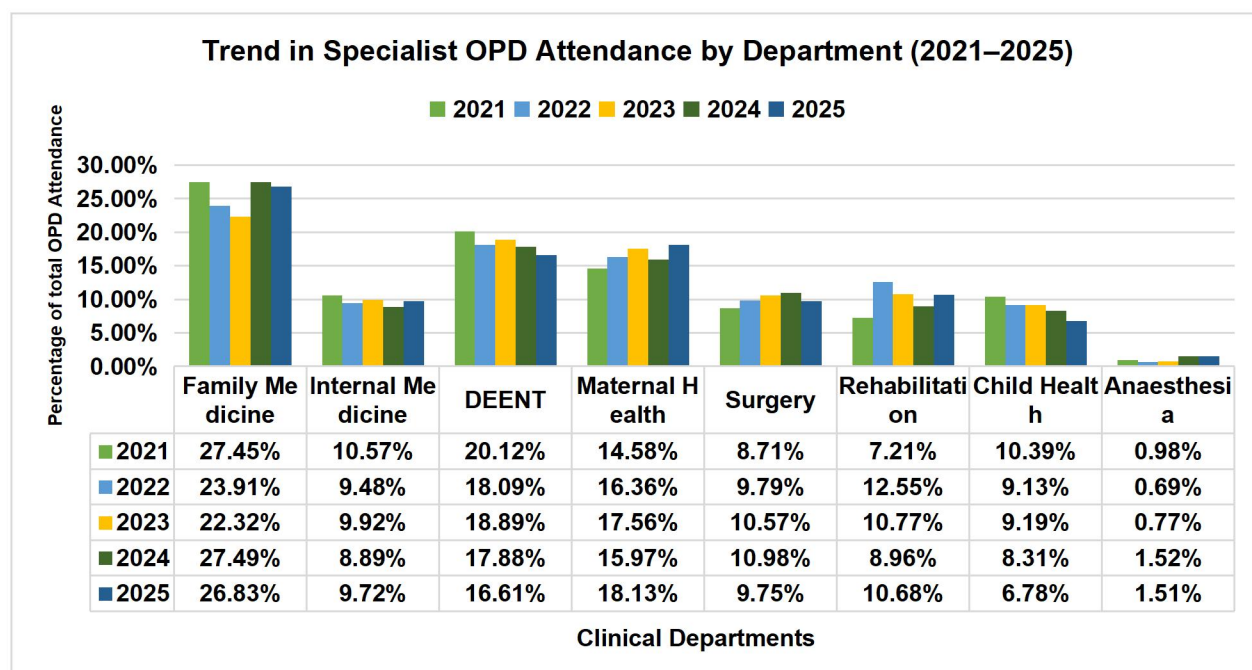


Figure 3.1.1. 5: Trend in Specialist OPD Attendance by Department (2021–2025)

Table 3.1.1. 1: Trend of OPD Utilization by specialty from 2021 to 2025

Clinical Specialty	2021	2022	2023	2024	2025	Remarks
Family Medicine	27.45%	23.91%	22.32%	27.49%	26.83%	Decreased
Internal Medicine	10.57%	9.48%	9.92%	8.89%	9.72%	Increased
DEENT	20.12%	18.09%	18.89%	17.88%	16.61%	Decreased
Maternal Health	14.58%	16.36%	17.56%	15.97%	18.13%	Increased
Surgery	8.71%	9.79%	10.57%	10.98%	9.75%	Decreased
Rehabilitation	7.21%	12.55%	10.77%	8.96%	10.68%	Increased
Child Health	10.39%	9.13%	9.19%	8.31%	6.78%	Decreased
Anaesthesia	0.98%	0.69%	0.77%	1.52%	1.51%	Decreased

The hospital in 2025 offered a total of 51 sub-specialty clinics, including two newly introduced services - Audiology and Specialized Women's Health Physiotherapy. Out of these clinics, 29 experienced an increase in attendance. The Diet Clinic recorded the highest increase, with attendance rising by 141.2% (from 442 in 2024 to 1,066 in 2025). This substantial increment was attributed to the strengthened integration of dietitians within specialist clinics and inpatient management, improved data capture system, and increased referrals (both internal and external). Similarly, notable increases were observed in Oncology (85.7%), Reproductive Endocrinology and Fertility Services (76.6%) and Paediatric Endocrine Clinic (64.1%), and other specialized services, revealing rising demand. Hepatitis B and Sickle Cell clinics recorded marginal increases of 0.2% each, indicating relatively stable utilization. On the other hand, 22

clinics experienced reductions in attendance. Hypertension Clinic (39.9%), Paediatric Asthma (33.3%) and TB Clinic saw the highest decline within the period.

A detailed analysis of the sub-specialty clinic performance over a 5-year period is presented in Table 3.1.1.2 below.

Table 3.1.1. 2: Trend in Specialist Clinic OPD Utilization (2021-2025)

CLINICS	2021	2022	2023	2024	2025	REMARKS
Diet Clinic	425	557	438	442	1,066	• 141.2% incr • Strengthened dietician attachment to specialist clinics, inpatient management, improved data capture, and increased referrals from specialist clinics contributed to the rise in Diet Unit OPD attendance in 2025.
Oncology Clinic	183	200	320	427	793	85.7% incr
Reproductive Endocrinology and Fertility Services	271	357	526	447	785	76.6% incr
Paediatric Endocrine	-	17	44	39	64	64.1% incr
Paediatric Cardio	58	38	77	60	94	56.4% incr
Paediatric Oncology	22	23	25	27	40	48.1% incr
Adolescent Clinic	102	162	110	161	161	46.4% incr
Paediatric Neuro	245	294	276	250	344	37.6% incr
HIV Clinic	4,057	4,457	4,646	3,162	4,044	29.9% Incr
PNC	2,520	3,027	4,471	4,157	5,364	29.0% incr
Neurosurgery	487	1,004	874	1,158	1,449	25.1% Incr
Gastroenterology	866	663	766	753	906	20.3% Incr
Physiotherapy	5,055	11,498	9,493	7,808	9,260	18.6% incr
Paediatric Renal	115	79	98	223	261	17.0% incr
Antenatal Clinic	9,298	10,449	9,400	8,831	10,116	14.6% incr
Occupational Therapy	-	-	-	1,076	1,207	12.2% incr
Orthopaedic	2,530	2,647	2,191	2,476	2,766	11.7% Incr
Minor Procedures (Treatment Room)	10,409	8,624	6,532	8,380	9325	11.28% incr

CLINICS	2021	2022	2023	2024	2025	REMARKS
Gynae-Oncology Services	11	77	502	567	621	9.5% incr
Anaesthesia	1,042	784	889	1,816	1,904	4.8% Incr
Polyclinic	19,046	17,068	16,404	23,274	24,386	4.8% Incr
Dental & Maxillofacial	4,922	4,627	4,540	4,364	5,175	4.4% incr
Osteogenesis Imperfecta	-	8	33	24	25	4.2% incr
Speech Therapy	415	642	556	449	466	3.79% Incr
ENT	5,588	5,126	5,569	5,739	5,946	3.6% Inc
Uro-gynae cases	-	134	255	264	272	3.0% incr
Community Psychiatry	66	225	212	223	228	2.2% incr
Hepatitis B	775	748	737	706	707	0.2% Incr
Sickle Cell	269	301	301	424	425	0.2% Incr
Audiology clinic	-	-	-	-	317	Introduced in 2025
Specialized Women's Health Physiotherapy Clinic	-	-	-	-	27	Introduced in 2024
Cardiology	2,718	2,438	2,586	2,811	2,794	0.6% Decr
Feto-Maternal Cases seen	-	912	1,256	1,891	1,863	1.5% decr
Diabetes	9,254	8,428	8,156	8,089	8,077	2.1% decr
Plastic Surgery	739	654	846	856	835	2.5% Decr
Hematology	427	366	435	690	672	2.6% Decr
Endocrinology	184	136	190	177	167	5.6% Decr
Clinical Psychology	798	428	725	717	675	5.9% decr
Asthma	626	691	734	769	718	6.6% Decr
Eye	10,837	10,755	11,310	10,613	9,833	7.3% Decr
General Surgery	2,442	2,085	3,200	2,989	2,530	15.3% Decr
Uro-surgery	3,044	4,811	5,071	5,606	4,724	15.7% Decr
NICU Follow-Up	890	958	888	661	555	16.0% decr
Gynae.	3,368	3,904	3,826	4,641	3,860	16.2% decr
General Paediatric OPD	9,244	8,461	8,408	7,678	6,435	16.2% decr
Paediatric - Sickle Cell clinic	351	463	619	801	638	20.3% decr
Renal Clinic	1,005	1,167	1,154	1,149	840	26.9% Decr
TB Clinic	271	187	123	289	205	29.1% Decr
Paediatric	102	111	118	144	96	33.3% decr

CLINICS	2021	2022	2023	2024	2025	REMARKS
Asthma						
Hypertension	-	854	509	306	509	39.9% decr
Dermatology	462	185	178	0	0	The clinic did not run as there was no specialist

3.2 TOP TWENTY OPD MORBIDITIES

Communicable diseases (CDs) continue to account for the largest share of the top 20 morbidities presented at the OPD. In 2025, despite a slight reduction in their overall proportion, they accounted for 63.92% of the top twenty conditions presented. Upper Respiratory Tract Infection ranked first as the leading cause of OPD attendance constituting 18.6% of the cases. This was followed by uncomplicated malaria (13.7%) and acute urinary tract infection (6.80%). Other communicable diseases such as pneumonia (4.2%), diarrhoea diseases (4.2%), otitis media (2.8%), viral hepatitis (1.0%) and typhoid fever (0.7%), consistently appeared among the top conditions, although most showed modest declines or fluctuations over time.

Comparatively, non-communicable diseases (NCDs) experienced noticeable upward trend within the period under review, accounting for 36.08% of the top 20 morbidities, increasing from 32.02% in 2024. This trend indicates the rising incidence of chronic conditions, driven by lifestyle, environmental and demographic factors. For instance, diabetes mellitus rose sharply from 2.15% in 2022 to 6.20% in 2025, becoming one of the top five conditions. Hypertension declined from 22.02% in 2022 to 3.79% in 2023, but rose to 4.10% in 2025. Equally, cardiac diseases and stroke maintained a consistent presence over the years, indicating the growing burden of cardiovascular conditions. Rheumatism and other joint disorders, which are largely chronic in nature, remained consistently high, although they declined in proportion in 2025. Gynaecological conditions (6.70%) and pregnancy-related complications (2.1%) showed increased prominence in 2025, indicating rising demand for women's health services.

Table 3.2.1 below presents the distribution of the top twenty OPD morbidities from 2023 to 2025, highlighting changing disease patterns over the period.

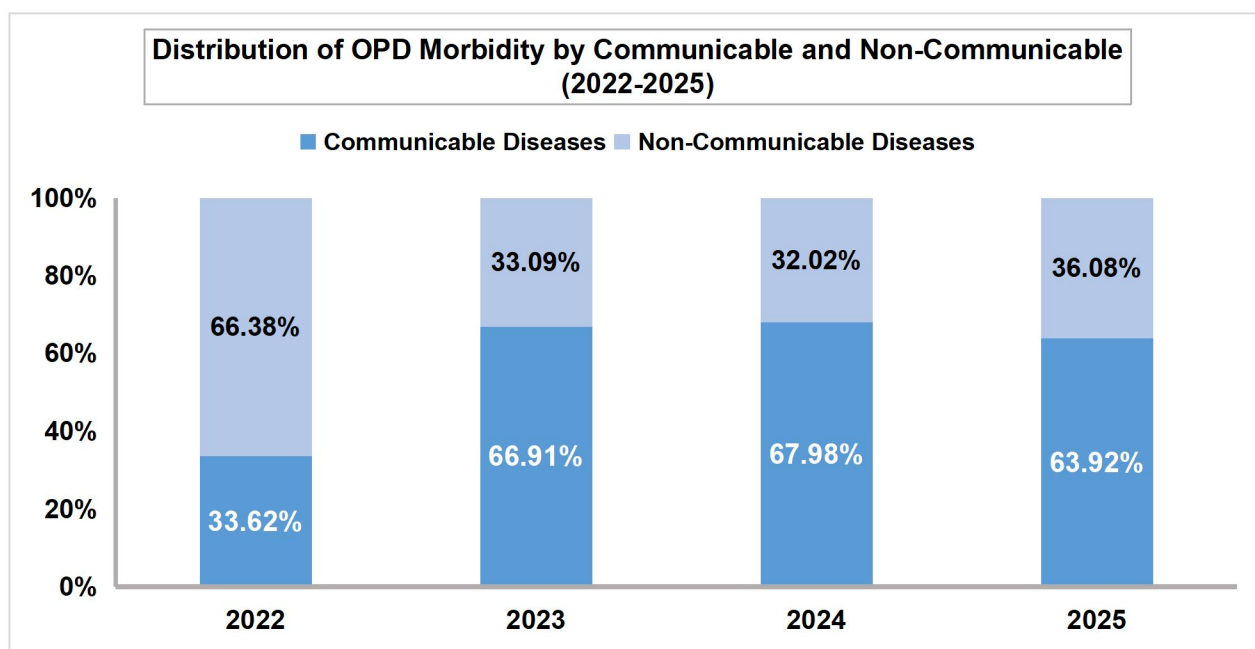


Figure 3.2. 1: Distribution of Top 20 OPD Morbidities by Communicable and Non-Communicable Diseases from 2022-2025

Table 3.2. 1: Top Twenty OPD Morbidities from 2022 to 2025

2022		2023		2024		2025	
CONDITION	%	CONDITION	%	CONDITION	%	CONDITION	%
Hypertension	5489 (22.02 %)	Upper Respiratory Infection	19.63 %	Upper Respiratory Tract Infection	2728 (26.50 %)	Upper Respiratory Tract Infection	18.60 %
Acute Urinary Tract Infection	1865 (7.48%)	Uncomplicated Malaria	6.40%	Urinary Tract Infection	923 (9%)	Uncomplicated Malaria	13.70 %
Rheumatism/Other Joint Pain/Arthritis	1445 (5.80 %)	Rheumatism/Other Joint Pain/Arthritis	5.56%	Rheumatism/Other Joint Pain/Arthritis	863 (8.4%)	Acute Urinary Tract Infection	6.80%
Gynaecological Conditions	943 (3.78 %)	Acute Eye Infection	5.03%	Anaemia	689 (6.7%)	Gynaecological Conditions	6.70%
Diarrhoea Diseases	898 (3.60 %)	Pneumonia	4.62%	Malaria	669 (6.5%)	Diabetes Mellitus	6.20%
Upper Respiratory Tract Infections	821 (3.29 %)	Diarrhoea Disease	4.55%	Acute Eye Infection	501 (4.9%)	Rheumatism/Other Joint Pain/Arthritis	4.70%
Cataract	696 (2.79 %)	Anaemia	4.33%	Cardiac Disease	500 (4.9%)	Diarrhoea Disease	4.20%
Stroke	686 (2.75 %)	Cardiac Disease	4.32%	Diarrhoea Diseases	494 (4.8%)	Pneumonia	4.20%

2022		2023		2024		2025	
Urethral Discharge	680 (2.73 %)	Hypertension	3.7 9%	Otitis Media	458 (4.4%)	Hypertension	4.1 0%
Diabetes Mellitus	537 (2.15 %)	Otitis Media	2.5 9%	Pneumonia	416 (4%)	Anaemia	3.6 0%
Pneumonia	453 (1.82 %)	Acute Urinary Tract Infection	2.2 8%	Skin Disease	394 (3.8%)	Acute Eye Infection	3.5 0%
Anomia	445 (1.79 %)	Typhoid Fever	2.2 3%	Hypertension	306 (3%)	Cardiac Diseases	3.4 0%
Prostate Cancer	437 (1.75 %)	Cataract	2.0 8%	Cataract	271 (2.6%)	Skin Diseases	3.2 0%
Periodontal Diseases	361 (1.45 %)	Periodontal Disease	1.6 8%	Periodontal Disease	260 (2.5%)	Otitis Media	2.8 0%
Kidney Related Diseases	358 (1.44 %)	Viral Hepatitis	1.3 0%	Viral Hepatitis	170 (1.7%)	Cataract	2.2 0%
Cerebral Palsy	356 (1.43 %)	Stroke	1.1 1%	Diabetes Mellitus	166 (1.6%)	Pregnancy Related Complications	2.1 0%
Acute Eye Infection	338 (1.36 %)	Skin Diseases	1.0 4%	Typhoid Fever	157 (1.5%)	Periodontal Diseases	1.7 0%
Hiv/Aids Related Conditions	327 (1.31 %)	Other Eye Acute Infection	0.8 7%	Acute Ear Infection	136 (1.3%)	Stroke	1.1 0%
Viral Hepatitis	297 (1.19 %)	Gynaecological Condition	0.8 5%	Stroke	128 (1.2%)	Viral Hepatitis	1.0 0%
Typhoid Fever	275 (1.10 %)	Diabetes Mellites	0.8 4%	Intestinal Worms	77 (0.8%)	Typhoid Fever	0.7 0%

3.3 EMERGENCY SERVICES UTILISATION

Emergency services remain a critical component of hospital's lifesaving interventions. Generally, the total number of emergency cases declined in 2025 by 24.0% (from 17,521 in 2024 to 13,316 in 2025). This reduction was largely driven by the sharp decrease of 33.8% in the number of Accident & Emergency (A&E) cases, which reduced from 12,290 in 2024 to 8,131 in 2025, resulting from the scaling up of operations at the Polyclinic. Obstetrics and Gynaecology (O&G) emergency cases also recorded decrease of 2% from 5,231 to 5,125 over the same period.

Despite the reduction in the total emergency cases in 2025, a significant proportion (69.7%) were detained or admitted. This indicates that, although fewer patients presented at emergency units, a higher proportion required inpatient care, suggesting

increased case severity and/or improved triage processes. Further, total emergency admissions (detention) generally increased over the period from 2021. However, a marginal reduction of 0.55% was observed in 2025 (from 9,327 in 2024 to 9,276 in 2025).

Total emergency discharges declined slightly by 2.3% (from 3,886 in 2024 to 3,797 in 2025). Disaggregated data revealed a 2.4% reduction in A&E discharges (from 3,493 in 2024 to 3,408 in 2025) and a 1.0% decline in O&G discharges (from 393 in 2024 to 389 in 2025).

Total emergency mortality reduced significantly by 16.3% (from 319 in 2024 to 267 in 2025). However, O&G emergency mortality went up by 33% (from 9 in 2024 to 12 in 2025), A&E mortality reduced considerably by 17.7% (from 310 in 2024 to 267 in 2025).

The emergency mortality rates showed mixed performance. The O&G mortality rate declined to 2.2% from 2023 and 2024 but rose to 3.0% in 2025. Similarly, A&E mortality rates fluctuated over the period, reaching a peak of 4.1% in 2025. These trends suggest that while overall mortality has reduced, the rising mortality rates, particularly in 2025, may reflect increased severity among presenting cases. Figure 3.3.1 and Table 3.3.1 provide details of the analysis.

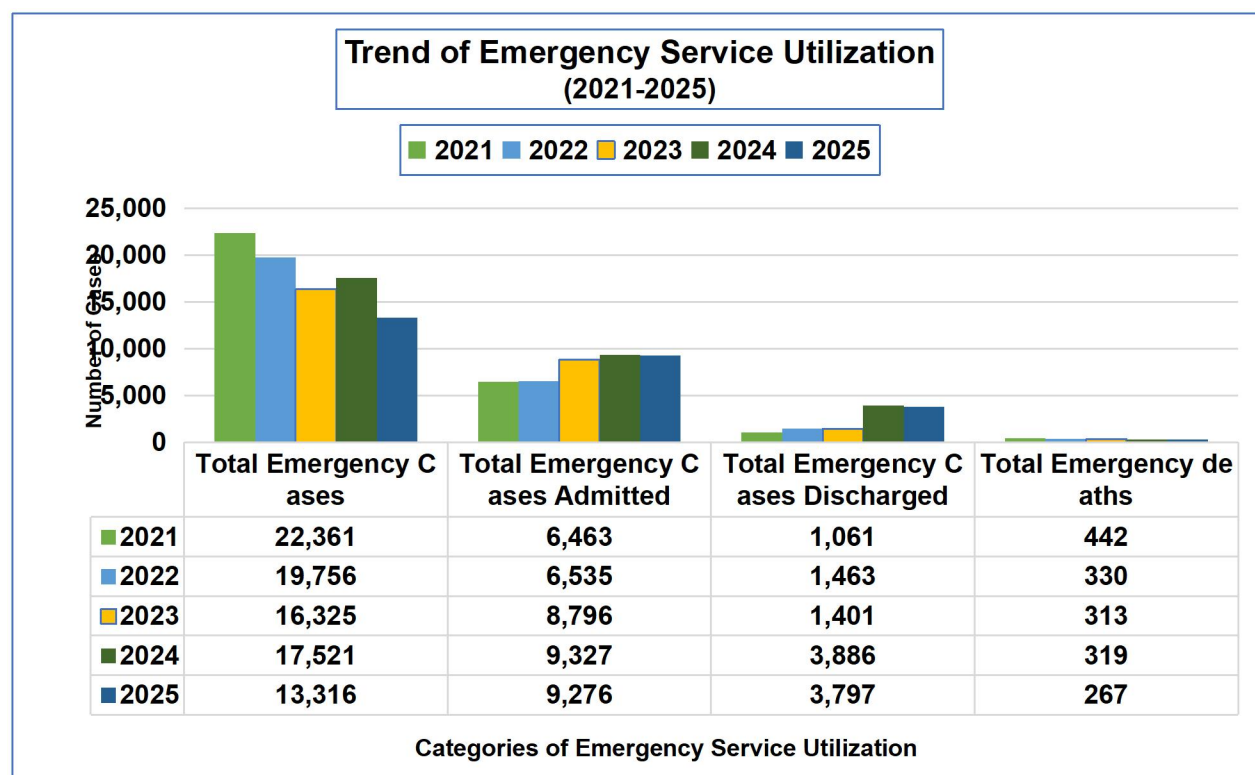


Figure 3.3. 1: Emergency Service Utilization (2021-2025)

Table 3.3. 1: Emergency Service Utilization by Category (2021 – 2025)

Indicator	2021	2022	2023	2024	2025	Remarks
Emergency Cases Seen						
Obs. & Gynae. Emergency cases	5,858	6,271	5,346	5,231	5,125	2.0% decr
Accident & Emergency cases	16,503	13,485	10,979	12,290	8,131	33.8% decr
Total Emergency Cases	22,361	19,756	16,325	17,521	13,316	24.0% decr
Emergency Cases Detained (Admissions)						
Obs. & Gynae. Emergency cases admitted/detained	1,280	1,674	1,632	1,834	1,783	2.8% decr
Accident & Emergency	5183	4,861	7,164	7,493	6,295	16.0% decr
Total Emergency Cases Admitted	6,463	6,535	8,796	9,327	9,276	0.55% decr
Emergency Cases Discharged						
Obs. & Gynae. Emergency cases discharged	153	317	270	393	389	1.0% decr
Accident & Emergency cases discharged	908	1,146	1,131	3,493	3,408	2.4% decr
Total Emergency Cases Discharged	1,061	1,463	1,401	3,886	3,797	2.3% decr
Emergency Mortality						
Number of Obs. & Gynae. Emergency deaths	6	-	8	9	12	33.0% incr
Number of Accident & Emergency deaths	436	330	305	310	255	17.7% decr
Total Emergency deaths	442	330	313	319	267	16.3% decr
Emergency mortality rate						
Obs. & Gynae. Emergency mortality rate	-	2.9%	2.2%	2.2%	3.0%	incr
Accident & Emergency mortality rate	2.60%	2.40%	2.80%	2.80%	4.1%	incr

3.4 INSTITUTIONAL REFERRALS

The hospital serves as a major referral center for lower-level health facilities in Central, Western and Western-North Regions, ensuring continuity of care, especially for cases that require specialized care.

Total institutional referrals received in 2025 went up by 49.9% (from 7,387 in 2024 to 11,071 in 2025). Referrals in to the OPD rose significantly by 87.1%. (from 4,470 in 2024 to 8,367 in 2025). This comprised of 57.1% (4,778) from lower-level facilities and 42.9% (3,589) from the CCTH Polyclinic. Overall, the majority of referrals (75.58%, 8,367) were managed through specialist outpatient clinics, 11.37% (1,259) were managed by the Accident and Emergency department, while 13.05% (1,445) were managed by the Maternal Emergency Triage Assessment Treatment center (ETAT).

The hospital also refers patients to other health facilities when services are not available. In 2025, a total of 273 cases were referred out, compared to 318 cases in 2024, representing a 14.2% decrease. Detailed referral patterns are illustrated in Table 3.4.1 below.

Table 3.4. 1: Trend of Institutional Referrals (2021-2025)

INDICATORS	2021	2022	2023	2024	2025	REMARKS
Referrals In						
Referrals-in to OPD	3,566	3,777	2,287	4,470	8,367	87.1% incr
• Referrals from CCTH Polyclinic	-	-	-	1,614	3,589	112.3% incr
• Referrals from other facilities	3,566	3,777	2,287	2,856	4,778	67.3% incr
Referrals in to A&E	746	550	866	1,192	1,259	5.6% incr
Referrals In to Obs. & Gynae ETAT	-	2,328	1,632	1,725	1,445	16.2% decr
Total Referrals In	4,312	6,655	4,785	7,387	11,071	49.9% Incr
Referrals Out						
Total Referrals Out	-	-	186	318	273	14.2% Decr

The total number of admissions from external referrals steadily increased from 2021 to a peak of 3,871 in 2024. However, in 2025, it slightly declined by 2.6% (from 3,871 in 2024 to 3,770 in 2025). Also, 34.1% (3,770) of the referred cases required admissions into various wards. Despite the reduction of 18.3% in the number of cases admitted to the Maternal Health Sub-BMC, it accounted for the largest share, receiving 55.3% (2,084) of the total admitted cases. Internal Medicine Sub-BMC followed with 24.7% (932) of admissions. Child Health constituted 14.9% (561). Surgical, and Anaesthesia and Critical Care Sub-BMCs admissions were comparatively low accounting for 5.1% (191) and 0.05% (2) respectively. Also, 561 cases, constituting 14.9% were admitted to the Child Health Sub-BMC, 5.1% (191) were admitted to the Surgical Sub-BMC while 24.7% and 0.05% (2) were admitted to the Internal Medicine, and Anaesthesia and Critical Care Sub-BMCs respectively.

The percentage of patients admitted due to external referrals in 2024 went up (from 28.03% in 2024 to 32.6% in 2025). The percentage of maternal admissions attributed to

external referrals increased sharply from 23.0% in 2021 to a peak of 72.74% in 2023, exceeding the THs target of 60%. This suggests that majority of the referred maternal cases managed required specialized care, reinforcing the hospital's critical role in handling obstetric complications. However, the proportion subsequently declined to and in 2024 (49.84%) and 2025 (41.1%), below the THs target. This declining trend may suggest improved capacity/skills at peripheral facilities, which is linked to the continuous mentorship by the maternal health department.

On the other hand, the percentage of neonatal admissions due to external referrals experienced consistent decrease and remained below the THs target of 30% over the five-year period (2021-2025) period. However, in 2025, the proportion increased significantly from 5.95% in 2024 to 16.5%. This increase may suggest improved identification and referral of high-risk neonatal cases requiring specialized care to the hospital.

Details of the analysis are presented in Figure 3.4.2 and Table 3.4.2 to Table 3.4.3 below.

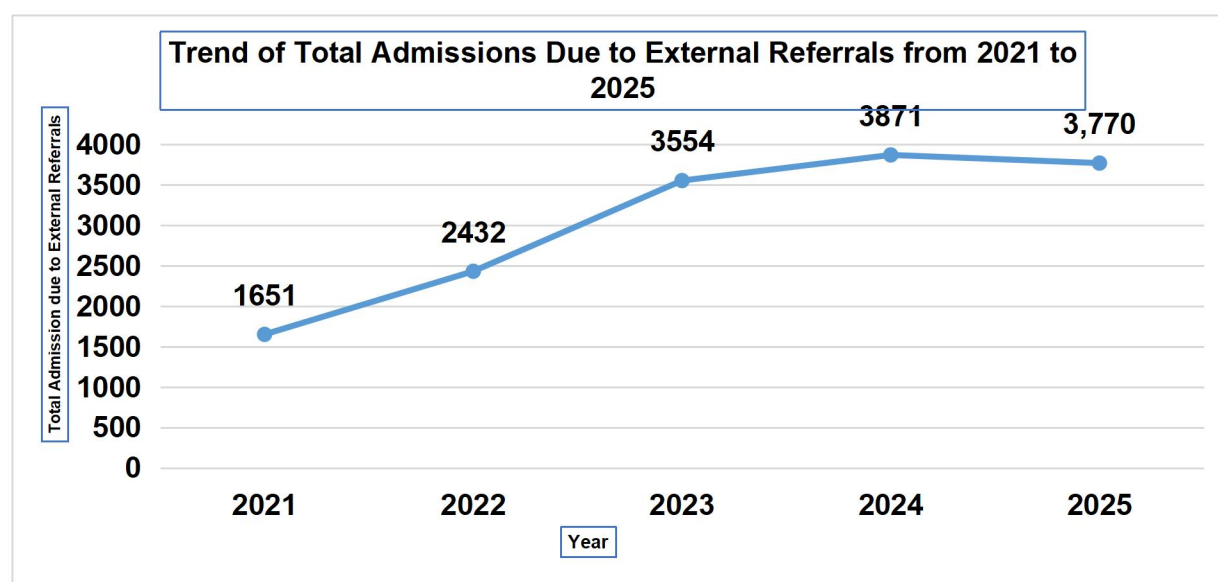


Figure 3.4. 1: Admissions Due to External Referrals (2021-2025)

Table 3.4. 2: Referral Cases Admitted to the Various Sub-BMCs (Wards)

Sub-BMC	WARD	2021	2022	2023	2024	2025	REMARKS
Maternal Health	Obstetrics & Gynaecology	161	302	399	285	106	62.8% decr
	ETAT	-	-	1,552	1,600	1,445	9.7% decr
	Delivery Suite	395	775	721	665	533	19.8% decr
	Total	556	1,077	2,672	2,550	2,084	18.3% decr

Sub-BMC	WARD	2021	2022	2023	2024	2025	REMARKS
Child Health	NICU	131	149	118	47	118	151.1% decr
	Paediatrics	347	367	116	368	443	20.4% incr
	Total	478	516	234	415	561	35.2% incr
Surgery	Male Surgical	226	328	182	69	70	1.4% incr
	Female Surgical	115	148	135	211	121	42.7% decr
	Total	341	476	317	280	191	31.8% decr
Internal Medicine	Male Medical	86	162	137	265	462	74.3% incr
	Female Medical	183	191	126	315	469	48.9% incr
	Executive Suite	-	-	4	2	1	50% decr
	Total	269	353	267	582	932	60.1% incr
Anaesthesia & Critical Care	ICU	7	10	64	44	2	95.5% decr

Table 3.4. 3: Trends in External Referral Contributions to Institutional, Maternal, and Neonatal Admissions (2021–2025)

INDICATOR	2021	2022	2023	2024	2025	REMARKS	TARGETS	MEASUREMENT
Percentage of patients admitted due to external Referrals	18.81%	19.27 %	40.63 %	28.03 %	32.6 %	incr	-	No. of admissions due to referrals / Total admissions*100
Percentage of maternal Admissions due to external Referrals	23%	26.71 %	72.74 %	49.84 %	41.1 %	Decr	THs = 60%	No. of Maternal admissions due to referrals / Total Maternal admissions* 100
Percentage of neonatal Admissions due to external Referrals	15%	13.85 %	11.24 %	5.95%	16.5 %	Incr	THs = 30%	No. of Neonatal admissions due to referrals / Total neonatal admissions* 100

3.5 IN-PATIENT SERVICE UTILIZATION

The hospital since 2021 has continuously recorded a decline in total admissions. In 2025, total admissions reduced by 6.3% (from 12,309 in 2024 to 11,582 in 2025), falling below the institutional target of 2% increase. This continued decline reflects declining number of OPD cases and improved outpatient management. With regards to case distribution, Maternal Health constituted the highest admission of 43.78% (5,071). This was followed by Child Health 20.59% (2,385) and Internal Medicine 18.43% (2,134). Surgical admissions accounted for 12.74% (1,476), while DEENT and Anaesthesia and Critical Care formed 3.78% (438) and 0.67% (78) respectively.

The admission trends are illustrated in Figures 3.5.1 and Figure 3.5.2 below.

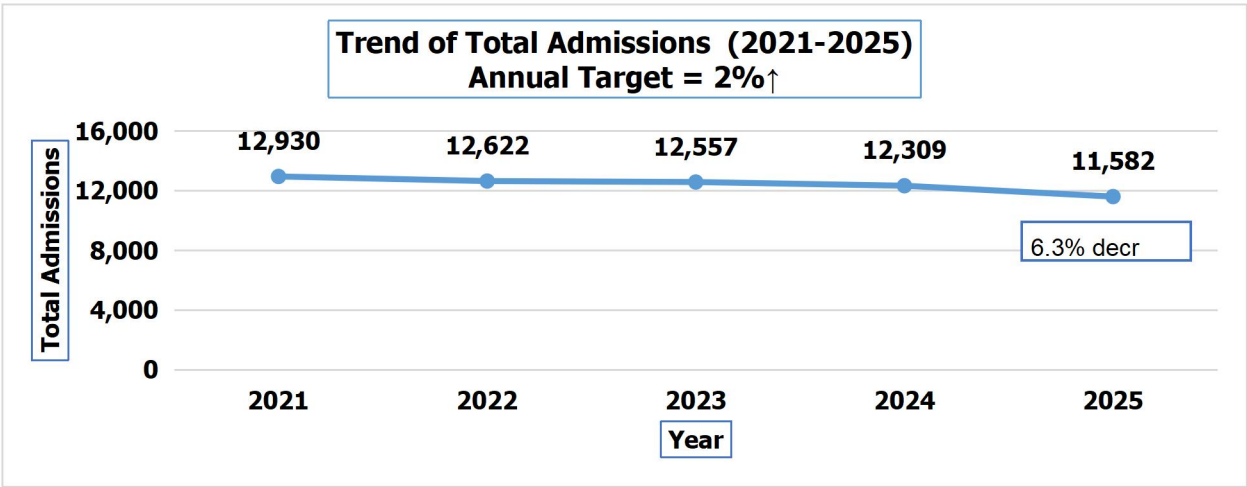


Figure 3.5. 1: Trend on Total Hospital Admissions (2021-2025)

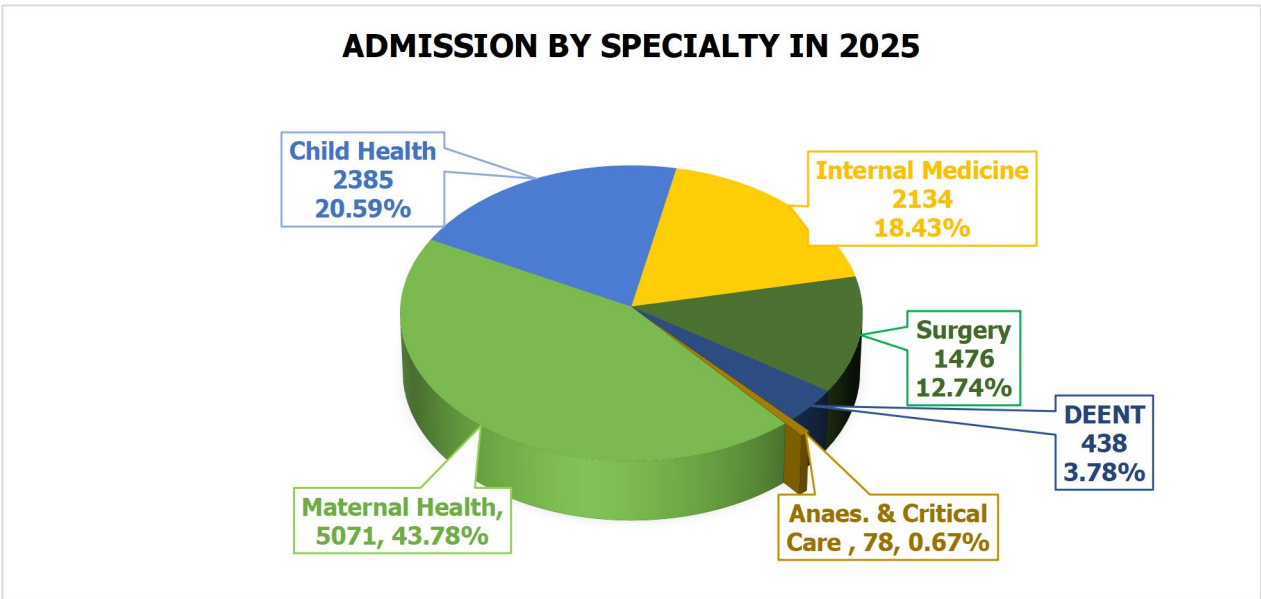


Figure 3.5. 2: Proportion of Specialty Admissions in 2025

Performance in nursing and midwifery care planning experienced significant improvement over the five-years (2021-2025) period. It, however, remains below the Teaching Hospitals (THs) target of 65%. In 2025, the proportion of inpatients managed on nursing and midwifery care plan rose from 20.8% in 2024 to 37.9%. Equally, the number of admissions managed with nursing and midwifery care plan increased by 71.5% (from 2,558 in 2024 to 4,388 in 2025).

Staffing indicators showed variations in performance. The nurse and midwife to admission ratio decreased from 1:15 in 2024 to 1:11 in 2025. Also, the specialist nurse to admission ratio improved, declining from 1:648 in 2024 to 1:414 in 2025.

Bed utilization indicators revealed mixed performance. The bed occupancy rate consistently increased since 2021, reaching 61.4% in 2025 but remained below the THs target of 75%. The average length of stay (ALOS) on the other hand decreased slightly in 2022, but increased thereafter, recording 6.5 days in 2025.

Further details are presented in Tables 3.5.1 below.

Table 3.5. 1: In-Patient Service Performance under THs KPIs (2021-2025)

INDICATOR	2021	2022	2023	2024	2025	REMARKS	TARGETS	MEASUREMENT
Proportion of inpatients managed on nursing and midwifery care plan (%)	-	17.1%	10.1%	20.8%	37.9%	incr	THs = 65%	No. of admissions managed with nursing/midwifery care plan / Total admissions *100
No. of admissions managed with nursing/midwifery care plan	-	2,156	1,269	2,558	4,388	71.5% incr	-	
Specialist Nurse admission ratio	1:4,310	1:3,156	1:897	1:648	1:414	Improved	-	Total Specialist Nurses (Member and Fellows)/Total Admission
Nurse and Midwife admission ratio	1:13.2	1:13	1:14	1:15	1:11	decr	THs = 1:25	Total no. of clients admitted / total no. of nurses and midwives

INDICATOR	2021	2022	2023	2024	2025	REMARKS	TARGETS	MEASUREMENT
% Bed Occupancy	52.2%	54.0%	57.5%	59.9%	61.4 %	incr	THs = 75%	No. of client days / No. of beds * No of days in the period
Average Length of Stay (institutional)	5.6	5.5	6.0	6.3	6.5	incr	THs = 6	No. of client days / No. of Discharges + Deaths
Percentage of patients admitted due to external Referrals	18.81%	19.27 %	40.63 %	28.03 %	32.6 %	incr	-	No. of admissions due to referrals / Total admissions*100
Percentage of maternal Admissions due to external Referrals	23%	26.71 %	72.74 %	49.84 %	41.1 %	Decr	THs = 60%	No. of Maternal admissions due to referrals / Total Maternal admissions* 100
Percentage of neonatal Admissions due to external Referrals	15%	13.85 %	11.24 %	5.95%	16.5 %	Incr	THs = 30%	No. of Neonatal admissions due to referrals / Total neonatal admissions* 100

3.5.1 TOP TEN CAUSES OF ADMISSIONS

Pregnancy related complications ranked first, persisting as the leading cause of institutional admissions since 2023. In 2025, these conditions constituted 20.2% (944) of total admissions, despite the significant 22.5% reduction from 2024. Hypertension (16.6%) emerged as second leading cause, accounting for 16.6% (775) cases, representing a substantial rise from its previous ranking of 8th position in 2024, when it accounted for only 2.9% (308) cases. This trend suggests a growing burden of hypertensive conditions'

Sepsis and 'all other pains' followed as the third leading causes, accounting for 10.6% of cases. Pneumonia and preterm conditions on the other hand continued to feature among the top causes, but with relatively lower shares of 5.7% each. Further details on the top ten causes of admissions are highlighted in Table 3.5.1.1 below.

Table 3.5.1. 1: Top Ten Causes of Admission (2023-2025)

NO.	2023		2024		2025	
	CONDITION	No. (%)	CONDITION	No. (%)	CONDITION	No. (%)
1.	Pregnancy Related Complication	1155 (26.68%)	Pregnancy related complications	1218 (11.6%)	Pregnancy related complications	944 (20.2%)
2.	Sepsis	504 (11.64%)	Leiomyoma	628 (6%)	Hypertension	775 (16.6%)
3.	Pneumonia	490 (11.31%)	Sepsis	581 (5.5%)	Sepsis	495 (10.6%)
4.	Jaundice	484 (11.18%)	Urinary Tract Infection (UTI)	500 (4.7%)	All other pain	494 (10.6%)
5.	Malaria	412 (9.51%)	Jaundice	427 (4.1%)	Jaundice	421 (9%)
6.	Hypertension	305 (7.04%)	Pneumonia	378 (3.6%)	Urinary tract infections	399 (8.5%)
7.	Pre Maturity	253 (5.84%)	Female infertility	319 (3%)	Diabetes Mellitus	319 (6.8%)
8.	Kidney Diseases	250 (5.77%)	Hypertension	308 (2.9%)	Eclampsia	295 (6.3%)
9.	Asphyxia	240 (5.54%)	Malaria	296 (2.8%)	Pneumonia	268 (5.7%)
10.	Diabetes	236 (5.45%)	Anaemia	270 (2.6%)	Preterm	265 (5.7%)

3.6 THEATRE SERVICES UTILIZATION

The hospital has since 2021 experienced fluctuations in the total surgeries performed, with the highest of 5,824 conducted in 2023. In 2025, total surgeries conducted was 4,598, representing a 10.4% reduction from 5,130 procedures in 2024. This decline was largely influenced by the 13.5% decline (from 4,829 in 2024 to 4,179 in 2025) in major surgeries. However, the number of minor surgeries went up by 39.2% (from 301 in 2024 to 419 in 2025).

In terms of specialty compositions of major surgeries performed in 2025, obstetrics and gynaecology (O&G) constituted the largest share of 43.14% (1,803 cases). This was followed by general surgery with 18.16% (759 cases), while ophthalmology formed 12.01%. Other specialties such as orthopaedics (6.89%), urology (5.17%), neurology (3.92%), ENT (3.66%), paediatrics (2.63%), plastics (2.80%), and maxillofacial surgery (1.60%) made comparatively smaller contributions.

In contrast, ENT surgeries dominated minor surgeries in 2025 constituting 28.64%, followed by general surgeries (23.15%) and urology (14.08%), orthopaedics (11.93%) and O&G (10.98%). plastics (5.97%), ophthalmology (3.34%) and maxillofacial surgeries (1.91%) formed the least share. Detailed analysis is presented in Figure 3.6.1 to Figure 3.6.4 below.

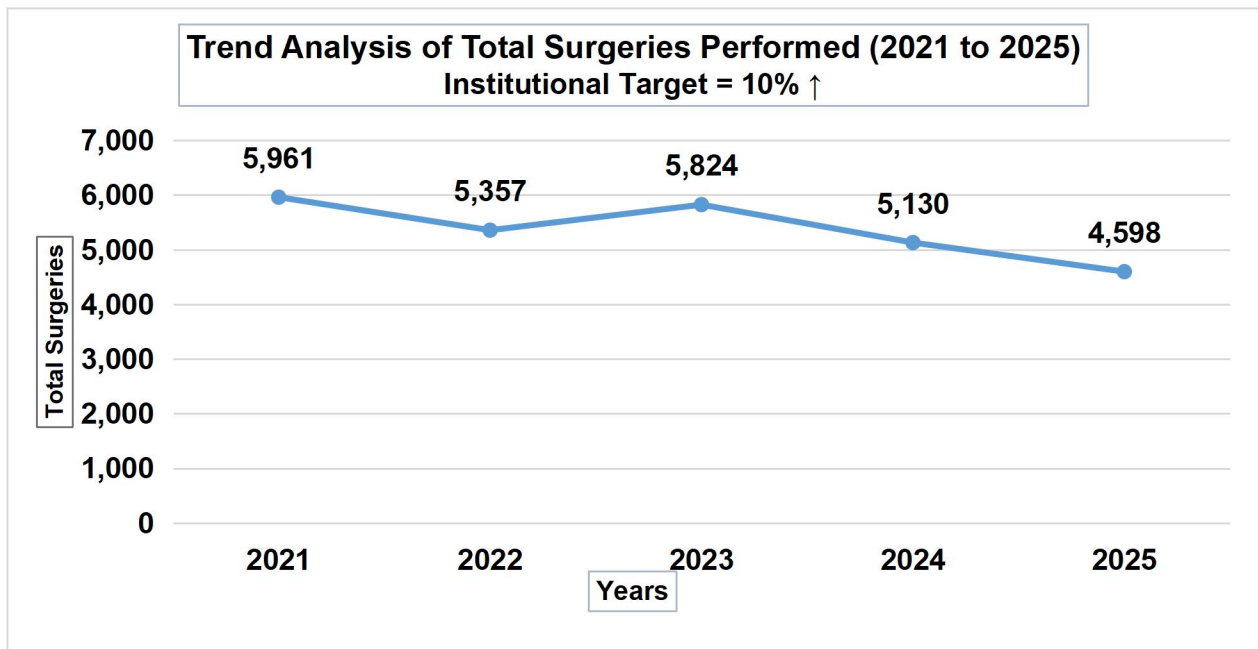


Figure 3.6. 1: Trend Analysis of Total Surgeries Performed at the Hospital (2021 to 2025)

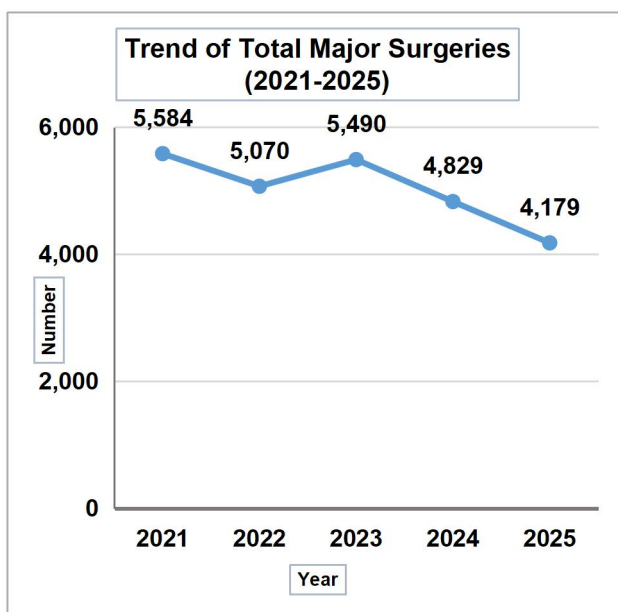


Figure 3.6. 2: Trend of Total Major Surgeries (2021-2025)

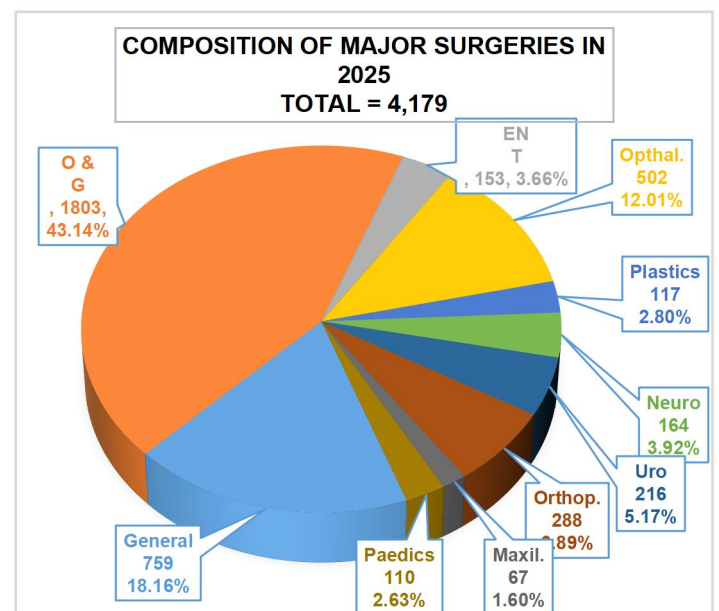


Figure 3.6. 3: Composition of Major Surgeries in 2025

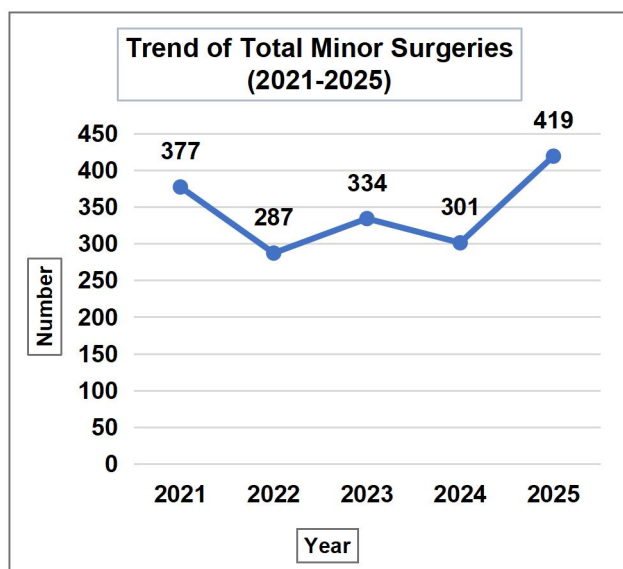


Figure 3.6. 4: Trend of Major and Minor Surgeries (2021-2025)

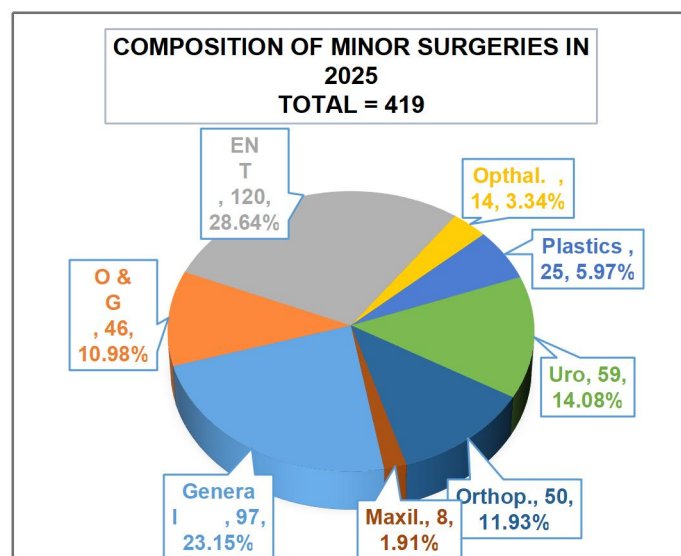


Figure 3.6. 5: Composition of Minor Surgeries in 2025

With regards to quality indicators, the surgical site infection (SSI) rate in 2025 was 2.4%, which is below the Teaching Hospital's target of 5%, suggesting good infection prevention and control practices. The surgery-to-surgeon ratio decreased substantially from 92:1 in 2024 to 78:1 in 2025.

Theatre death rate declined from 0.40% in 2021 to 0.10% in both 2022 and 2023, before rising to 0.51% in 2024. However, in 2025, the rate improved to 0.10%, below the Teaching Hospital's target of 0.5%. Details of the analysis as illustrated in Table 3.6.1 below.

Table 3.6. 1: Surgical Service Performance under THs KPI (Hospital Level Performance) (2021 to 2025)

INDICATOR	2021	2022	2023	2024	2025	REMARKS	TARGETS	MEASUREMENT
Surgical site infection rates	-	-	-	-	2.4%		THs = 5%	Total infected wounds / Total Surgeries * 100
Surgery - Surgeon Ratio	199:1	179:1	108:1	92:1	78:1	decr	THs = 250:1	
Theatre death rate	0.4%	0.1%	0.1%	0.51%	0.10%	Incr	THs = 0.5%	

3.6.1 SURGERIES PERFORMED BY SPECIALTY

Obstetrics & Gynaecology remained the leading specialty throughout the five-year (2021-2025) period, despite a marginal reduction of 3.1% in 2025. General Surgery experienced fluctuations, with a sharp rise in 2024 followed by a 22.9% decline in 2025. Further, significant increases were observed in neurosurgery (45.1%) and orthopaedic surgery (35.2%), suggesting increasing demand and/or improved capacity in trauma and specialized surgical services. Paediatric Surgery also saw a rise of 22.2% within the period.

On the other hand, substantial declines were seen in several specialties. Ophthalmology recorded the most significant reduction (57.9%), partly attributed to the strategic reduction in volumes of cataract surgeries, geared towards improving the quality of care and outcomes as well as the limited specialist availability (with reliance on trainees and periodic visiting specialists). Also, plastic surgery (30.7%), uro-surgery (17.9%), and dental & maxillofacial surgery (12.9%) also recorded decreases. ENT surgeries remained relatively stable with a slight decrease of 4.5%.

Table 3.6.1.1 below shows varying trends in surgical output across specialties from 2021 to 2025.

Table 3.6.1. 1: Surgeries Performed by Specialty from 2021 to 2025

SURGICAL SPECIALTY	2021	2022	2023	2024	2025	REMARKS
General Surgery	949	863	759	1,110	856	22.9% decr
Uro-Surgery	256	271	265	335	275	17.9% decr
Orthopaedics Surgery	173	167	177	250	338	35.2% incr
Plastic Surgery	102	93	124	205	142	30.7% decr
Neurosurgery	88	89	89	113	164	45.1% incr
Paediatrics Surgery	100	85	97	90	110	22.2% incr
Obstetrics & Gynaecology	1,703	1,937	1,830	1,909	1,849	3.1% decr
ENT	166	206	194	286	273	4.5% decr
Ophthalmology	2,295	2,666	2,093	1,226	516	57.9% decr
Dental & Maxillofacial Surgery	1,257	1,887	2,180	2,166	1,887	12.9% decr

3.6.2 TOP TEN SURGICAL OPERATIONS

Caesarean section persists as the leading surgical procedure, forming the largest component of operations since 2023. In 2025, it formed 36% (1,451), although a decline of 8% was observed compared to 2024 (1,578). Similarly, eye surgeries remained at the second rank with 21.2% (875) despite the reduction in case volume. ENT surgeries with 9.5% (383 case) rose to become the third most conducted surgery from 4th (227) rank in 2024. On the other hand, Myomectomy 2% (81), Prostatectomy 1.5% (59) and Hysterectomy 1.4% (58) ranked 8th, 9th and 10th among the top ten surgeries performed in 2025 as presented in Table 3.6.2. 1 below.

Table 3.6.2. 1: Top Ten Surgical Operations Performed (2023- 2025)

NO.	2023		2024		2025	
	CONDITION	%	CONDITION	%	CONDITION	%
1.	Caesarean Section	1518 (37.0%)	Caesarean Section	1578 (31%)	Caesarean Section	1,451 (36%)
2.	Eye Surgeries	559 (13.61%)	Eye Surgeries	1226 (24.1%)	Eye surgeries	875 (21.2%)
3.	Plastics Surgeries	255 (6.2%)	Hernia	253 (5%)	ENT surgeries	383 (9.5%)
4.	Hernia Surgeries	252 (6.14%)	ENT Surgeries	227 (4.5%)	Laparotomy	259 (6.4%)
5.	Laparotomy	246 (6.0%)	Laparotomy	179 (3.5%)	Hernia	233 (5.8%)
6.	ENT Surgeries	147 (3.6%)	Appendectomy	131 (2.6%)	Incision and Drainage	113 (2.8%)
7.	Fracture Operations	96 (2.3%)	Plastic Surgeries	115 (2.3%)	Appendicectomy	105 (2.6%)
8.	Neurosurgeries	92 (2.2%)	Operation on Fracture	105 (2.1%)	Myomectomy	81 (2%)
9.	Appendicectomy	90 (2.19%)	Neuro Surgeries	97 (1.9%)	Prostatectomy	59 (1.5%)
10.	Myomectomy	72 (1.8%)	Myomectomy	80 (1.6%)	Hysterectomy	58 (1.4%)

3.6.3 COLLABORATIVE SURGERIES

Cape Coast Teaching Hospital (CCTH) has over the years strengthened collaborations with both local and international partners to enhance access to specialized surgical services. These partnerships have been instrumental, not only in expanding the availability of complex surgical procedures that would otherwise be inaccessible to many patients, but also in promoting knowledge exchange, skills transfers, and overall improvement in the hospital's surgical capacity.

The hospital from 2023 has experienced a gradual decline in the collaborative surgeries performed. In 2025, the overall collaborative surgeries decreased by 25.3% (from 1,231 in 2024 to 920 in 2025). Total surgeries with external partners reduced considerably by 31.9% (from 1,177 in 2024 to 801 in 2025). This was mainly attributed to the decline of 39.1% (from 934 in 2024 to 569 in 2025) in the volume of cataract surgeries performed with the Himalayan Cataract Project team (Cure Blindness). This decrease reflects a strategic shift aimed at improving quality of care and surgical outcomes. Equally, the Medevac teams from Czech Republic showed declining contributions; orthopaedics surgeries reduced by 15.7% (from 51 in 2024 to 51 in 2025), while plastics surgeries decreased by 29.5% (from 105 to 74 within the same period. Similar trend was also observed in obstetrics and gynaecology procedures performed by International

Volunteers, which reduced by 30.0% within the same period. In spite of the general reduction in surgical procedures done with our external collaborators, some partnerships recorded significant increases. Prominent among them is the laparoscopic surgeries supported by the KOFIH Foundation (South Korea), which increased from 2 cases in 2024 to 24 in 2025, indicating a growing area of collaboration and capacity building.

On the other hand, procedures performed with local partners experienced an increasing trend over the five-year (2021-2025) period. In 2025, the number of cases performed increased to 119 from 54 in 2024, representing a substantial rise of by 120.4%.

Figure 3.6.3.1 and Table 3.6.3.1 below provide details of the partners and the total collaborative surgeries performed with them from 2021 to 2025.

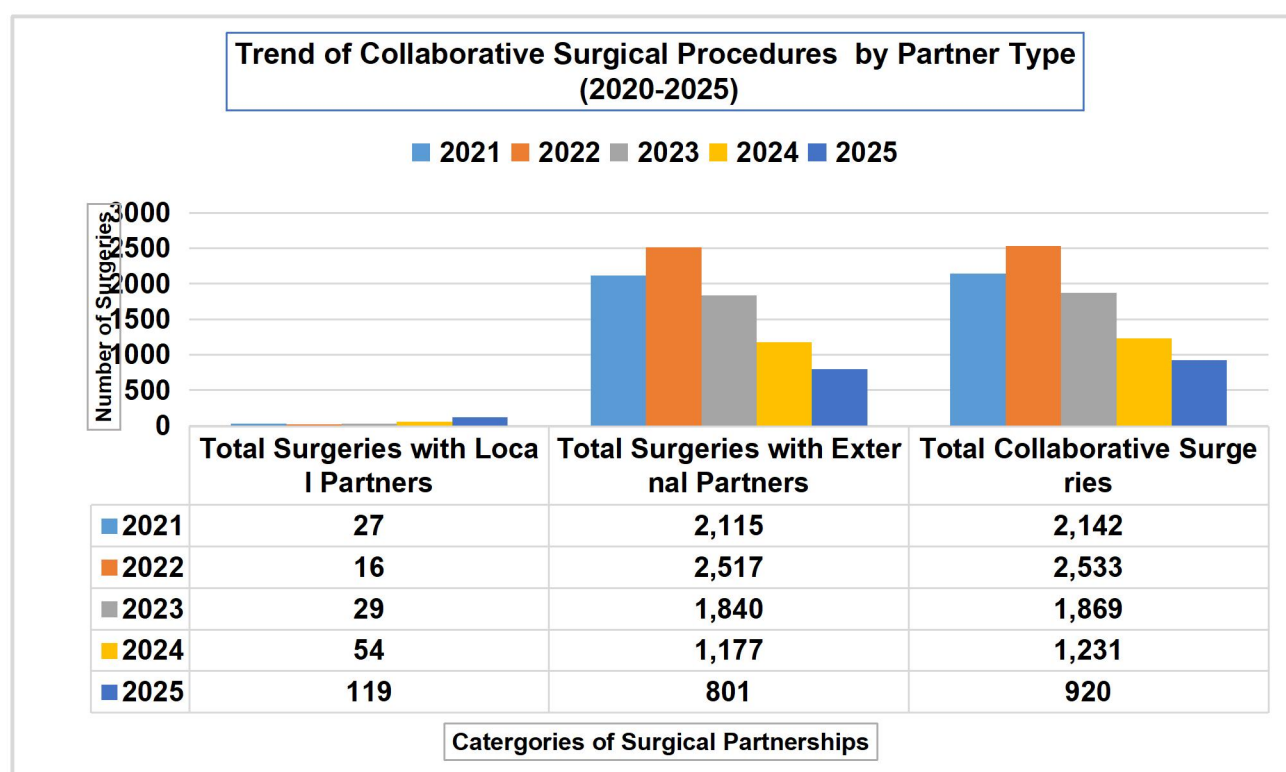


Figure 3.6.3. 1: Trend in Collaborative Surgical Procedures by Partner Type (2021-2025)

Table 3.6.3. 1: Trend in Collaborative Surgical Procedures per Partner (2010-2025)

COLLABORATORS	2021	2022	2023	2024	2025	Remarks
Surgeries with Local Partners						
Operation-Smile Ghana	27	8	29	54	119	120.4% incr
Ghana Cleft	-	8	-	-	-	

COLLABORATORS	2021	2022	2023	2024	2025	Remarks
Foundation						
Total Surgeries with Local Partners	27	16	29	54	119	120.4% incr
Surgeries with External Partners						
Himalayan Cataract Project, USA	2,083	2,415	1712	934	569	39.1%
University of UTAH ENT Team	-	23	23	56	59	5.4% incr
Phoenix Children's Hospital & Mayo Clinic Medical School, Arizona, USA	-	-	-	19	25	31.6%
International Healthcare Volunteers to perform Obstetrics & Gynaecological surgeries	0	10	12	10	7	30.0% decr
Medevac Orthopaedics Team, Czech Republic	32	43	45	51	43	15.7% decr
Medevac Plastics Team, Czech Republic	0	27	49	105	74	29.5% decr
KOFIH Foundation, South Korea (Laparoscopy surgery)	-	-	-	2	24	Incr
Total Surgeries with External Partners	2,115	2,517	1,840	1,177	801	31.9% decr
Total Collaborative Surgeries	2,142	2,533	1,869	1,231	920	25.3% decr

3.7 DIAGNOSTIC SERVICES UTILISATION

The hospital since 2021 has experienced mixed performance in the utilization of diagnostic services. The number of laboratory clients rose consistently over the years to a peak of 73,667 in 2023, before declining to 58,153 in 2024. In 2025, it further reduced to 52,945 in 2025, indicating a 9.0% reduction. This declining trend could be attributed to the reduced patient volume at the OPD and on admissions. Despite the decline in clients, the number of laboratory requests fluctuated, recording a 42.0% increase in 2025 (from 70,912 in 2024 to 100,729 in 2025). Laboratory investigations also showed similar trend, with a surge of 558,298 tests in 2022, largely attributed to the introduction of ten (10) new laboratory tests. This was followed by a gradual decline in 2023 (519,363) and 2024 (393,955). However, in 2025, the number of laboratory

investigations rose by 6.3% to 418,709, exceeding the institutional target of 5%, despite a reduction in client's volumes.

Radiology services utilization showed an increasing performance in 2025. The number of radiology clients decreased in 2022 but subsequently increased to 21,630 in 2025, representing an increase of 1.2% from 21,371 in 2024. The number of radiology investigations on the other hand increased consistently since 2021, with a 5% increase in 2025 (from 24,506 in 2024 to 25,730), exceeding the institutional target of 2%.

Autopsy services fluctuated over the period, recording 201 cases in 2025, the least reported since 2021. The reduction may be attributed to sociocultural factors, reduced consent rates, and improvements in diagnostic accuracy prior to death, thereby reducing the perceived need for autopsies.

A detailed trend analysis of the diagnostic services utilization is presented in Table 3.7.1 below.

Table 3.7. 1: Diagnostics Services Utilisation (2021 – 2025)

INDICATORS	2021	2022	2023	2024	2025	REMARKS	TARGET	MEASUREMENT
LABORATORY SERVICES								
Number of clients	55,871	64,967	73,667	58,153	52,945	9.0% decr	-	-
Total Lab request	73,953	103,638	102,820	70,912	100,729	42.0% incr	-	-
Number of laboratory tests conducted	180,422	558,298	519,363	393,955	418,709	6.3% incr	CCTH = 5% incr	
Utilization of Laboratory services	221.3 %	524%	505.1%	555.56%	415.7%	decr	THs = 60%	Total laboratory Investigations / Total Lab request * 100
RADIOLOGY SERVICES								
Number of radiology clients	17,983	16,857	19,940	21,371	21,630	1.2% incr	-	
Total Radio. request	17,962	16,857	19,940	-	-	-	-	
Number of tests conducted	20,587	20,787	22,903	24,506	25,730	5% incr	CCTTH = 2%↑	
Utilization Radiological services	87%	123.3 %	114.41 %	-	-	-	THs = 60%	Total Radiological Investigations / Total Radio. request * 100
PATHOLOGY SERVICES (AUTOPSY)								
Number of Autopsy	227	250	232	247	201	18.6% decr	-	

3.8 TRANSFUSION MEDICINE SERVICES

Blood and blood product transfusions are essential life-saving interventions in clinical care, supporting the management of emergencies, surgical procedures, and various medical conditions.

The total number of blood units collected rose steadily from 4,349 in 2021 to a peak of 7,715 in 2024, reflecting strengthened mobilization and donation efforts. However, in 2025, the total collection declined to 6,817, representing a 11.6% reduction. This decline was driven by the significant decreases in blood units obtained through mobile blood donation sessions (43.6%) and voluntary donations (38.3%), suggesting possible challenges in outreach activities and donor mobilization. Similarly, blood donation deposits at the Antenatal Clinic (ANC) decreased by 14.5% (from 62 in 2024 to 53 in 2025), signifying reduced pre-delivery preparedness among expectant mothers. In contrast, the units of blood obtained from replacement/pre-deposit and walk-in donors in 2025 went up considerably by 21.7% and 20.6% respectively.

Blood transfusion services utilization on the other hand exhibited fluctuating trend over the five years, with observed increases in 2025. The number of whole blood cross-matched went up by 14.0% (from 5,064 in 2024 to 5,774 in 2025), whole blood transfused increased by 19.5% (from 4,620 in 2023 to 5,521 in 2025), while fresh frozen plasma (FFP) transfused marginally rose by 3.0% (from 788 in 2024 to 812 in 2025).

Detailed trends are presented in Figures 3.8.1 and Table 3.8.1 below.

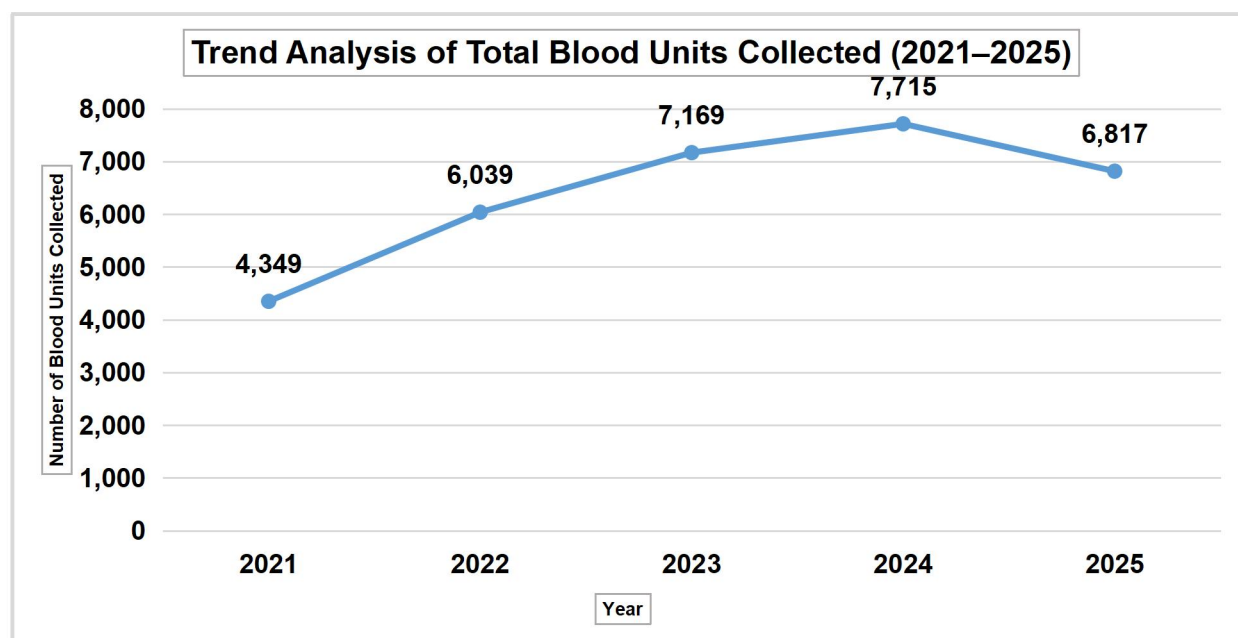


Figure 3.8. 1: Trend Analysis of Total Blood Units Collected (2021–2025)

Table 3.8. 1: Blood Donation and Transfusion Services

INDICATOR	2021	2022	2023	2024	2025	REMARKS
Blood Donation Services						
Voluntary Blood Donations	674	1,752	2,264	2,123	1,309	38.3% Decr.
Replacement/ pre-deposit Donations	2,925	2,541	2,567	3,407	4,146	21.7% Incr.
Walk-In Donations	130	88	99	175	211	20.6% Incr.
Mobile Sessions Donations -	584	1,607	2,165	1,948	1,098	43.6% Decr.
ANC Replacement Donations	36	51	74	62	53	14.5% Decr.
Total	4,349	6,039	7,169	7,715	6,817	11.6% decr.
Blood Transfusion Service						
Whole Blood Cross matched	4,127	4,296	4,703	5,064	5,774	14.0% Incr.
Whole Blood Transfused	3,971	3,571	4,251	4,620	5,521	19.5% Incr.
FFP Transfused	992	1,067	1,112	788	812	3.0% Incr.

3.9 RENAL SERVICES UTILIZATION

The utilization of renal outpatient services has demonstrated fluctuating performance since 2021 with the peak of 1,372 attendance observed in 2024. However, in 2025, total renal attendance declined by 19.8% (from 1,372 in 2024 to 1,101 in 2025). Adult renal clinic attendance consistently declined from a peak of 1,167 in 2022 to 840 in 2025. This declining trend may be attributed to patients seeking medical attention from different facilities, defaulting of patients or deaths. In contrast, the paediatric renal clinic attendance saw a decline in 2022 (79), followed by a steady rise to 261 in 2025, reflecting a 17.0% increase from 2024. This significant increase suggests enhanced case detection, referral systems and improved access to paediatric renal services. Details of the analysis is presented in Figure 3.9.1 to Figure 3.9.2 and Table 3.9.1 below.

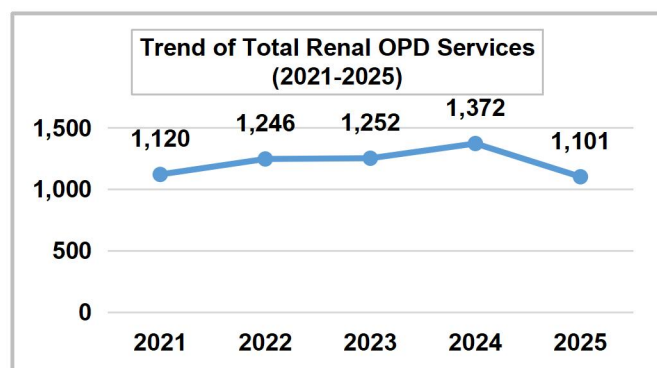


Figure 3.9. 1: Trend of Utilization of Renal OPD Services (2021-2025)

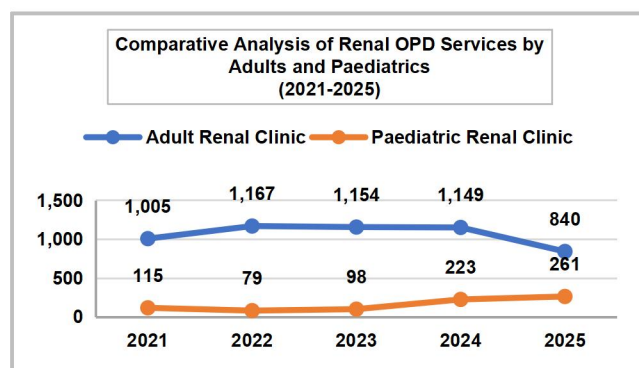


Figure 3.9. 2: Comparative Analysis of Renal OPD Services by Adults and Paediatrics (2021-2025)

Table 3.9. 1: Utilisation of Renal Services from 2021 to 2025

Indicator	2021	2022	2023	2024	2025	Remarks
Adult Renal Clinic	1,005	1,167	1,154	1,149	840	26.9% decr
Paediatric Renal Clinic	115	79	98	223	261	17.0% incr
Total Renal OPD Attendance	1,120	1,246	1,252	1,372	1,101	19.8% decr

Dialysis services utilization over the years have experienced fluctuating performance over the five-year (2021-2025) period. The number of patients on dialysis decreased steadily from 185 in 2021 to 85 in 2023. In 2024, the Government of Ghana introduced the free dialysis policy, which provides up to 8 dialysis sessions per month for patients with end-stage kidney diseases. This significantly impacted on the number of patients that sought dialysis services at the hospital, as it went up by 23.5% (from 85 in 2023 to 105 in 2024). Similarly, in 2025, the number rose to 175, representing a 66.7% increase.

In terms of sex distribution of clients, significant increases were recorded on both males and females between 2024 and 2025, with males rising from 54 to 92 – a 70.4% increase, and females from 51 to 78, representing a 52.9% increase. Further, males continued to form a higher (54.12%) proportion of dialysis patients in 2025, indicating higher utilization and/or burden of kidney failure among men.

With regards to age distribution, dialysis utilization increased across all age groups in 2025. The age group 50-59 remained the highest burden (with increase from 45 to 69). This was followed by patients aged 60 years and above (i.e.; from 23 to 45). Further, there were also significant increases among the younger age groups. Patients aged 10-19 years rose from 6 to 19, while aged 20-39 went up from 31 to 42. This increasing trend among the younger generation may suggest improving detection and referral, but could also indicate a growing burden of renal disease among younger populations.

Further, the number of dialysis sessions showed declining trend over the period. Sessions decreased from 3,534 in 2021 to 2,461 in 2024, suggesting reduced service volume over the period. However, in 2025, the number of dialysis sessions went up substantially to 5,348, representing a 117.3% increase. This indicates that patients are receiving more sessions.

Table 3.9.2 and Figure 3.9.3 and Figure 3.9.4 below provide details of the analysis.

Table 3.9. 2: Utilization of Dialysis Services from 2021 to 2025

Indicator	2021	2022	2023	2024	2025	Remarks
Patients on Dialysis	185	107	85	105	175	66.7% incr
Number of Dialysis Sessions	3,534	3,229	2,824	2,461	5,348	117.3% incr

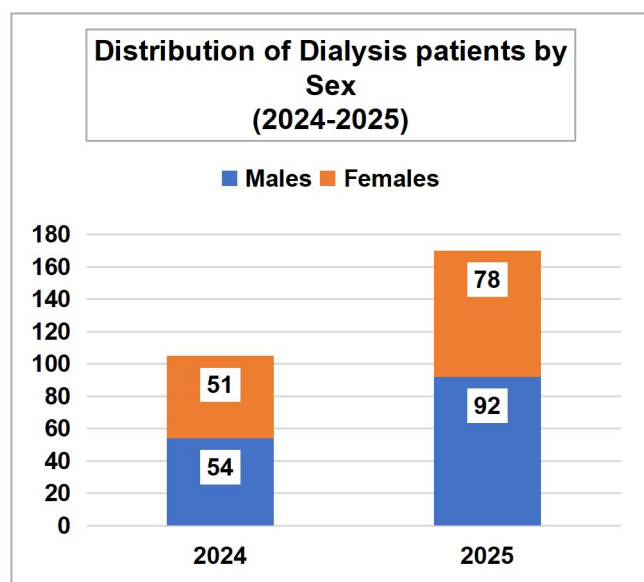


Figure 3.9. 3: Distribution of Dialysis patients by Sex (2024-2025)

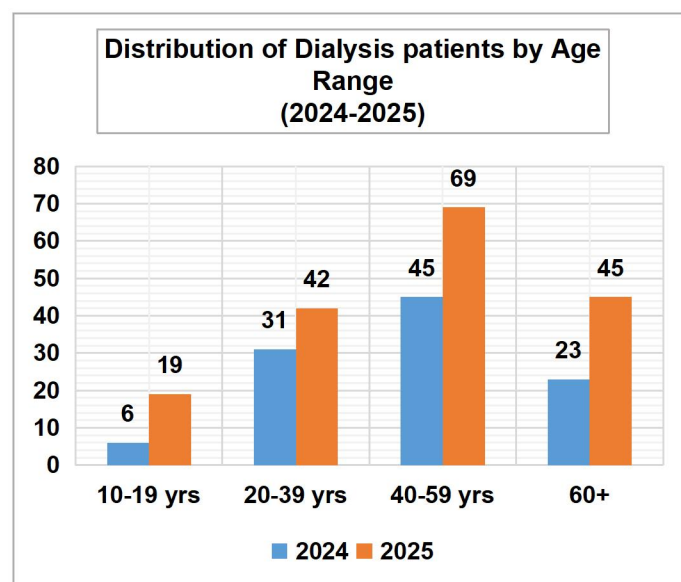


Figure 3.9. 4: Distribution of Dialysis patients by Age Range (2024-2025)

Regarding complications during dialysis sessions, there was a notable reduction in all reported complications in 2025 compared to 2024. Intradialytic hypotension, hypertension, muscle cramps, rigors, and other complications all declined significantly as illustrated in Table 3.9.3 below. This trend may indicate improvements in clinical management, staff capacity, or treatment protocols, contributing to safer dialysis sessions.

Table 3.9. 3: Top Complications Encountered During Sessions (2024-2025)

2024		2025	
Condition	Number	Condition	Number
Intradialytic Hypotension	149	Intradialytic Hypotension	42
Intradialytic Hypertension	134	Intradialytic Hypertension	23
Muscle Cramps	125	Muscle Cramps	21
Rigors	119	Rigors	33
Others	114	Others	8

3.10 INSTITUTIONAL MORTALITY

Total institutional mortality decreased steadily from 1,306 in 2021 to 994 in 2023, suggesting improvements in clinical care, early detection and case management. This performance was however not sustained in 2024, as total mortality rose to 1,076. In 2025, institutional mortality reduced slightly by 1.02% to 1,065, but this fell short of the target of a 10% reduction.

The institutional mortality rate however went up in 2025 (from 8.7% to 9.1%), reversing the declining trend of 8.5% and 8.4% observed in 2022 and 2023 respectively. This rise in mortality rate in 2025 despite the marginal reduction in total deaths reflects the 6.3% decrease in the institutional admissions.

Mortality at the unit level revealed mixed performance. Ward deaths increased by 6.6% (from 740 in 2024 to 789 in 2025). Similarly, A&E deaths reduced by 17.7% (from 310 in 2024 to 255 in 2025). Theatre deaths went up 25% (from 4 in 2024 to 5 in 2025). Mortality at the recovery wards fluctuated to a peak of 22 in 2024, but subsequently reduced by 27.3% (from 22 in 2024 to 16 in 2025). The number of brought-in dead cases also reduced by 10.9% (from 64 in 2024 to 57 in 2025). Detailed analysis is shown in Figure 3.10.1 and Table 3.10.1 below.

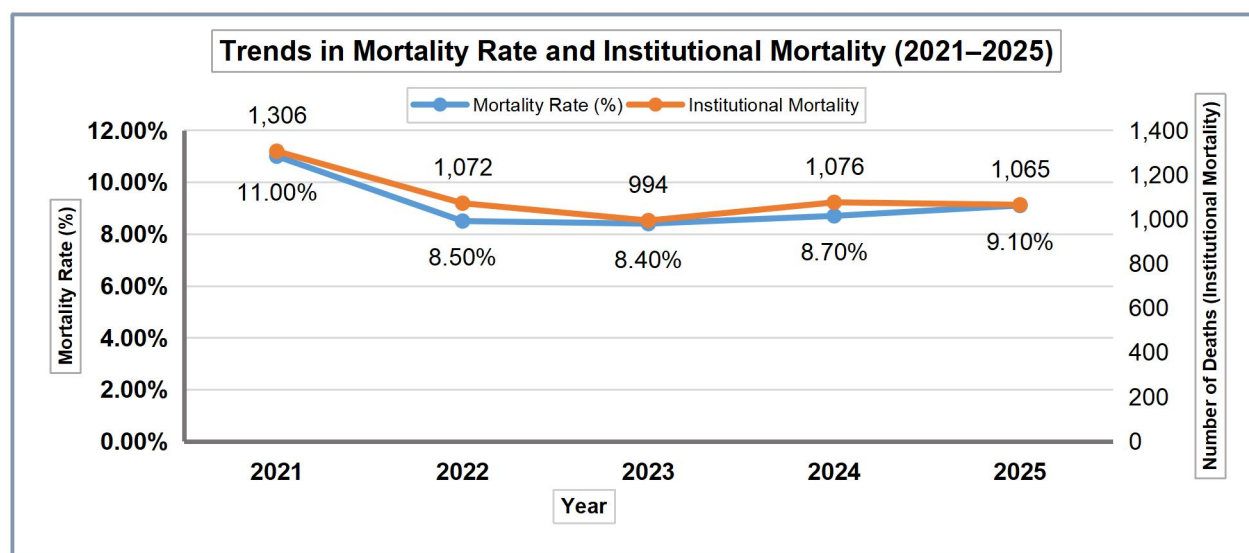


Figure 3.10. 1: Trends in Mortality Rate and Institutional Mortality (2021–2025)

Table 3.10. 1: Institutional Mortality Categorization

INDICATOR	2021	2022	2023	2024	2025	REMARKS	Target
Ward Deaths	852	736	684	740	789	6.6% incr	-
A&E Deaths	436	330	305	310	255	17.7% decr	-
Theatre Deaths	2	4	1	4	5	25.0% Incr	-
Recovery Ward Death	16	2	4	22	16	27.3% decr	-
Total Institutional Death	1,306	1,072	994	1,076	1,065	1.02% decr	10% ↓
Mortality Rate (%)	11%	8.5%	8.4%	8.7%	9.1%	Incr	THs = 5%
Brought in Dead	44	57	63	64	57	10.9% decr	

3.10.1 TOP TEN CAUSES OF INSTITUTIONAL MORTALITY

The hospital over the three-year period (2023-2025) has experienced notably shift in the pattern of causes of mortality, ranging from infectious diseases, non-communicable conditions (NCDs) and neonatal-related complications, and others.

Stroke persisted as the leading cause of deaths in 2025, forming 15.1% of total deaths, compared to 14.3% in 2024. This rise suggests the growing burden of NCDs such as hypertension (as evident from the top 20 OPD morbidities and top 10 causes of admissions), lifestyle factors, and late presentation. Sepsis remained at the second position, increasing from 14.3% cases in 2024 to 14.8% cases in 2025. This reveals perceived challenges with infection prevention, early detection and the timely management of severe infections. Pneumonia with 14.3% cases maintained its third position in 2025, although it increased from 9.7% in 2023. Chronic kidney diseases rose to the fourth rank with 12.6%, reinforcing the rising burden of chronic illnesses. Heart failure although maintained its rank increased significantly to 9.8%.

Childhood conditions such as respiratory distress syndrome (10.9%) and birth asphyxia (5.6%) also contributed to the deaths in 2025, highlighting the persistent neonatal and perinatal challenges. Other causes of mortality in 2025 included shock and cardiac arrest. Table 3.10.1.1 below provides the causes of institutional mortality at CCTH from 2022 to 2024.

Table 3.10.1. 1: Top Ten Causes of Institutional Mortality (2023-2025)

NO.	2023		2024		2025	
	CONDITION	%	CONDITION	%	CONDITION	%
1.	Sepsis	66(13.1%)	Stroke	60 (14.3%)	Stroke	54 (15.1%)
2.	Respiratory distress syndrome	51(10.1%)	Sepsis	60 (14.3%)	Sepsis	53 (14.8%)
3.	Pneumonia	49(9.7%)	Pneumonia	56 (13.3%)	Pneumonia	51 (14.3%)
4.	Kidney disease	41(8.1%)	Respiratory Distress Syndrome	38 (9.1%)	Chronic kidney diseases	45 (12.6%)
5.	Birth asphyxia	33(6.5%)	Kidney disease	36 (8.6%)	Respiratory distress syndrome	39 (10.9%)
6.	Heart failure	25(5.0%)	Heart failure	25 (6.0%)	Heart failure	35 (9.8%)
7.	Prematurity	19(3.8%)	Liver failure	23 (5.5%)	Liver Diseases	23 (6.4%)
8.	Stroke	18(3.6%)	Shock	22 (5.2%)	Birth Asphyxia	20 (5.6%)
9.	Liver failure	16(3.2%)	Anaemia	12 (2.9%)	Shock	19 (5.3%)
10.	Septic shock	14(2.8%)	Birth Asphyxia	12 (2.9%)	Cardiac Arrest	18 (5.0%)

CHAPTER FOUR

MENTORSHIP AND OUTREACH

4.1 INTRODUCTION

The Cape Coast Teaching Hospital, in line with its core mandate and strategic objective of increasing access to specialist services and supporting lower-levels of care, continues to prioritize outreach and mentorship activities. These initiatives aim at extending specialized services closer to communities and strengthen peripheral facilities.

This chapter provides an overview of the hospital's mentorship and outreach activities during the year under review, with a comparison to the previous year.

4.2 MENTORSHIP

Mentorship remain central to the hospital's institutional mandate of strengthening health system performance, enhancing clinical competence, and supporting service delivery at peripheral facilities.

During the year under review, the hospital implemented a series of structured mentorship interventions across various clinical areas. These were delivered through supportive supervision, outreach engagements, clinical attachments, and knowledge-sharing platforms. These interventions aimed to facilitate skills transfer, improve adherence to clinical standards, and promote continuous quality improvement across the regional health system.

The key mentorship activities undertaken during the year are as follows;

1. Laboratory Mentorship and Supportive Supervision

- i. Laboratory staff provided On-Site Technical Support and Supervision (OTSS) and conducted External Quality Assessment (EQA) across lower-level laboratories. These interventions focused on hands-on mentorship, quality assurance and compliance with standard laboratory procedures.
- ii. The intervention was aimed to improved diagnostic accuracy, adherence to standards, and laboratory performance within peripheral facilities.

2. Child Health Mentorship

- i. Mentorship support was provided to St. Francis Xavier Hospital to strengthen child health service delivery.
- ii. A health symposium was organised for 17 peripheral facilities, reaching 65 healthcare workers and enhancing knowledge and clinical practices in neonatal care.
- iii. On-site coaching, clinical guidance, and health education were conducted in six (6) facilities (Saltpond, Sanford, Adjumako, Ankafu, UCC and Biriwa Hospitals), reaching a total of 106 healthcare staff.
- iv. Fifteen (15) staff from Cape Coast Metropolitan Hospital underwent clinical attachment in Neonatal Intensive Care Unit (NICU) services, with a focus on neonatal resuscitation, medication administration, and the use of NICU equipment.

3. Maternal Health Mentorship

- i. Mentorship activities were conducted in collaboration with the Regional Health Directorate.
- ii. Key focus areas included antenatal care, skilled delivery, emergency obstetric care, postnatal management. The intervention also strengthened protocol adherence and referral coordination across service delivery levels.

4.3 SPECIALIST OUTREACH SERVICES

Performance against Teaching Hospital KPIs indicates a substantial decline in specialist outreach activities in 2025. The percentage of planned specialist outreach visits carried out dropped from 66.5% in 2024 to 43.0% in 2025, falling below the target of 70%. This represents a significant gap in planned versus actual implementation.

In absolute terms, the number of outreach visits conducted decreased sharply by 53.6%, from 278 in 2024 to 129 in 2025. Although the total number of planned visits also reduced by 28.2% (from 418 to 300), the reduction in actual visits was disproportionately higher. The substantial decline in specialist outreach in 2025 reflects the resource constraints and logistical challenges affecting execution during the year under review.

Equally, the number of beneficiaries reached through specialist outreach declined by 51.2%, (from 28,127 in 2024 to 13,714 in 2025). This reduction reflects decreased population coverage and potentially reduced access to specialist care at peripheral facilities. Details of the analysis is presented in Table 4.3.1 below.

Table 4.3. 1: Specialist Outreach Performance under Teaching Hospital's KPI's

KPI	2024	2025	REMARKS	TARGETS	MEASUREMENT
Percentage of specialist's outreach visit carried out	66.5%	43.0%	Decr.	THs = 70%	Total number of Specialist outreach carried out / Total visit planned*100
Total visits planned	418	300	28.2% decr	-	
Total number of outreach visits carried out	278	129	53.6% decr	-	
Total number of beneficiaries	28,127	13,714	51.2% decr	-	Count of clients seen during specialist outreach

Community outreach activities have experienced considerable fluctuations over the five-year period, with a peak in 2022 followed by a sustained decline. The number of community visits dropped drastically from 262 in 2024 to 81 in 2025, representing a 69.1% decrease. Similarly, the number of beneficiaries reached through community outreach declined sharply by 76.1%, from 26,980 in 2024 to 6,458 in 2025. This

significant drop suggests a reduction in community-level engagement and service delivery, which may impact early detection, preventive care, and health education efforts.

In contrast to the general decline in community outreach, school outreach activities recorded substantial growth. The number of school visits increased significantly from 13 in 2024 to 30 in 2025, representing a 130.8% increase. This expansion translated into a remarkable rise in the number of pupils reached, from 775 in 2024 to 4,615 in 2025, a 495.5% increase. This indicates a strategic shift towards school-based interventions, - aimed at early detection, preventive health education, and adolescent health services.

Outreach activities targeting formal organizations also showed strong improvement. The number of organizations visited increased from 8 in 2024 to 18 in 2025 (125% increase).

Correspondingly, the number of individuals screened rose sharply from 372 to 2,641, representing a 609.9% increase. This suggests enhanced engagement with workplaces and institutions, potentially improving access to screening services for the working population. Details are presented in Table 4.3.2 below.

Table 4.3. 2: Outreaches and Beneficiaries from 2021-2025

INDICATOR	2021	2022	2023	2024	2025	REMARKS
Community Outreaches						
No. of community visits carried out	398	1,059	209	262	81	69.1% decr
Number of Beneficiaries	20,415	38,247	17,570	26,980	6,458	76.1% decr
School Outreaches/Visits						
No. of School visit carried out	3	3	6	13	30	130.8% incr
Number of pupils seen	1,271	277	546	775	4,615	495.5% incr
Outreaches to Organizations						
Number of Organizations visit carried out	4	1	3	8	18	125% incr
Number of people screened	540	372	166	372	2,641	609.9% incr

CHAPTER FIVE

SUPPORT AND GENERAL SERVICES

5.1 INTRODUCTION

Support and General Services play a crucial role in sustaining the hospital's operational efficiency and overall quality of care. They help maintain a clean, safe and functional clinical environment, while ensuring that essential logistics, infrastructure, information systems and administrative processes effectively support patient care. These services are delivered through the Technical Services and Domestic Services Sub-BMCs, General Administration, Corporate Affairs, Supply Chain Management, Health Information Management, Policy, Planning and Budgeting, Research Monitoring & Evaluation as well as Internal Audit Units.

5.2 TECHNICAL SERVICES

The hospital's Technical Services are delivered through the Estate, Equipment and ICT Units, to ensure the continuous availability, reliability and safety of the hospital's physical infrastructure, biomedical equipment and digital systems to support uninterrupted clinical service delivery. The key achievements in 2025 are outlined below.

5.2.1 ESTATE UNIT – PHYSICAL INFRASTRUCTURE

In 2025, the Estate Unit prioritized on infrastructure maintenance, renovation and systems improvement to support uninterrupted clinical services. Key achievements in 2025 are as follows;

- i. Created the Manufacturing Unit of the Pharmacy Directorate
- ii. Renovated Bungalow No. 1
- iii. Renovated 8 of the hospital's flats (B4, C7, D4, F9, H12, I1, I3, & I4)
- iv. Drilled and operationalized 3 boreholes
- v. Completed the Phase 1 of the Eye Centre
- vi. Created Stroke Ward for the hospital
- vii. Installed and serviced street lights on the Hospital premises.

5.2.2 ICT & DIGITAL INFRASTRUCTURE

During the review period, the ICT unit strengthened digital connectivity, improved inter-departmental communication and supported the optimization of hospital information systems. Key achievements in 2025 included;

- i. Repaired 30 faulty power packs to beef up the number of damaged desktop computers and saved resources that would have gone into buying new power packs or new computers
- ii. Helped the Claims Processing Unit to submit claims on time on the NHIA's newly developed Claim IT Application platform
- iii. Carried out several training sessions for staff on the use of the LHIMS and GHIMS applications
- iv. Extended the hospital's network to the hospital's Annex B building
- v. Added 16 new IP phones to improve the intercom systems in the hospital

5.2.3 EQUIPMENT UNIT - MEDICAL EQUIPMENT, PLANT AND FURNITURE

The Equipment unit in 2025 focused on equipment servicing, installation, repairs and asset management. Key achievements in 2025 are as follows;

- i. Achieved 65% of planned preventive maintenance of hospital's equipment & plants
- ii. Repaired and replaced faulty instruments and equipment
- iii. Refurbished steel cabinets, trolleys, medical furniture, wheel chairs, etc.
- iv. Repaired and replaced faulty diagnostic, life support and life monitoring equipment
- v. Purchased and installed key equipment with the help of the Ministry of Health to improve patient care
- vi. Installed one (1) Laparoscopy Tower machine at hospital's Annex B
- vii. Installed Medical, Laundry, and CSSD equipment at hospital's Annex B
- viii. Medical equipment set-up for Operation Smile surgeries at hospital's Annex B

5.2.3.1 EQUIPMENT UTILIZATION AND DOWN TIME ANALYSIS

The effective utilization and optimal functioning of medical equipment are essential to ensuring uninterrupted clinical service delivery. Over the years, the Equipment Unit has continued to implement preventive maintenance schedules, troubleshoot equipment failures and undertake repairs across departments aimed at minimising downtime and improving utilisation.

The hospital continued to experience varying levels of equipment downtime over the period under review. The new CT-scan machine demonstrated significant improvement in performance, with downtime reducing from 3.85% in 2024 to 0% in 2025. However, the old CT-Scan machine and the MRI machine remained completely non-serviceable, recording 100% downtime consistently from 2022 to 2025. Similarly, the Mammogram Machine continued to record 100% downtime since 2023 after developing a fault in May 2023, with efforts to secure the required replacement parts yet to yield positive results.

The Fluoroscopy machine downtime showed some improvement, reducing from 100% downtime 2024 to 16.67% in 2025, although it remained non-operational between November and December 2025. The X-Ray machine 2 (Fuji) also recorded 16.67% downtime in 2025 due to breakdowns during the last two months of the year. In addition, the Echo machine recorded 41.67% downtime in 2025 following its non-operational period from February to June 2025. Further details are highlighted in Table 5.2.3.1.1.

Table 5.2.3.1. 1: Trend of Selected Equipment Downtime of Imaging Equipment

Equipment Type	Downtime Rate				Remarks
	2022	2023	2024	2025	
CT-Scan Machine (New)			3.85%	0%	Worked fully throughout
CT-Scan Machine (Old)	100%	100%	100%	100%	Not Serviceable
X-Ray Machine 2 (Fuji)	N/A	N/A	N/A	16.67%	Machine was non-operational from Nov,

Equipment Type	Downtime Rate				Remarks
	2022	2023	2024	2025	
					2025 to Dec, 2025.
Fluoroscopy Machine	N/A	8.09%	100%	16.67%	Machine was non-operational from Nov, 2025 to Dec, 2025.
Mammogram Machine	N/A	100%	100%	100%	This equipment developed a fault in May 2023. All efforts made to get the required parts to repair it has so far not yielded any positive results
Echo Machine	N/A	N/A	0%	41.67	Machine was non-operational from Feb, 2025 to June, 2025.
Magnetic Resonance Imaging (MRI)	100%	100%	100%	100%	Not Serviceable

5.2.3.2 UTILIZATION OF IMAGING EQUIPMENT FROM 2021 TO 2025

The utilization of imaging equipment over the period under review showed mixed performance across the various diagnostic machines. The new CT-Scan machine recorded a steady increase in utilization from 14.17% in 2023 to 17.88% in 2024 and further to 25.5% in 2025. In contrast, the old CT-Scan machine remained non-operational throughout the review period, recording 0% utilization from 2023 to 2025. The Ultrasound machines generally recorded gradual improvements in utilization, with the Siemens Ultrasound Machine increasing from 30.29% in 2023 to 43.08% in 2025, while the VINNCX1A also improved marginally from 34.06% to 36.8% over the same period. However, the VINNCX1B machine experienced a decline in utilization from 33.42% in 2024 to 29.5% in 2025. X-Ray Machine 1 (Fuji), which consistently recorded the highest utilization rates, declined sharply from 54.42% in 2024 to 34.91% in 2025 due to shortages of films for some weeks during the year.

The Fluoroscopy machine also recorded a slight reduction in utilization from 9.4% in 2024 to 8% in 2025 following breakdowns during the course of the year. Similarly, the Mammogram Machine, which recorded 8.09% utilization in 2023, remained non-operational in both 2024 and 2025 due to the discontinuation of the model and unavailability of spare parts. Notwithstanding the Echo Machine being non-operational for about five months in 2025, the equipment recorded a steady increase in utilization from 30.96% in 2023 to 48.37% in 2025. Further details are highlighted in Table 5.2.3.2.1 below

Table 5.2.3.2. 1: Equipment Utilization for Selected Imaging Equipment

Equipment Type	Avg. Equipment Operating Hours	Equipment Utilization Rate for Year				Remarks
		2022	2023	2024	2025	
CT-SCAN MACHINE (NEW)	12hrs per day (all days)	N/A	14.17%	17.88%	25.5%	
CT-SCAN MACHINE (OLD)	8 hrs. per working day 2 hours for weekends & public holidays	N/A	0%	0%	0%	
Ultrasound Machine (Siemens)	8 hrs. per working day 2 hours for weekends & public holidays	N/A	*30.29% *Utilization Rate is for the period Feb. – Dec. 2023	34.15%	43.08%	
Ultrasound Machine (VINNCX1A)	8 hrs. per working day 2 hours for weekends & public holidays	N/A	*34.06% *Utilization Rate is for the period Feb. – Dec. 2023	34.54%	36.80%	
Ultrasound Machine (VINNCX1B)	8 hrs. per working day 2 hours for weekends & public holidays	N/A	*34.06% *Utilization Rate is for the period Feb. – Dec. 2023	33.42%	29.50%	
X-Ray Machine 1 (Fuji)	8 hrs. per working day 2 hours for weekends & public holidays	N/A	54.26%	54.42%	34.91%	Out of films for few weeks
Fluoroscopy Machine	6 hrs. per working day (Tuesdays & Fridays only)	N/A	9.25%	9.40%	8%	broke down in the cause of the year.
Mammogram Machine	6 hrs. per working day (Tuesdays &	N/A	8.09%	0%	0%	model discontinued Parts not

Equipment Type	Avg. Equipment Operating Hours	Equipment Utilization Rate for Year				Remarks
		2022	2023	2024	2025	
	Thursdays only)					available
Echo Machine	6 hrs. per working day (Tuesdays & Thursdays only) plus 2 hours for emergencies	N/A	30.96%	41.75%	48.37%	went off for about 5 months

5.3 GENERAL ADMINISTRATION SERVICES

The General Administration Services supports clinical service delivery by ensuring effective provision of security, social welfare, effective communication, reliable transport logistics, and general administrative services. These services are offered through the Security, Medico-Social, Telecommunication, Transport, and General Administration Units.

5.3.1 SECURITY SERVICES

During the year, the Security Unit continued to safeguard the hospital's premises and protect staff, patients and assets. Key achievements in 2025 included;

- i. Intensified surveillance and enforcement activities, leading to the arrest of sixteen (16) unscrupulous persons involved in various unlawful activities, including theft cases, out of which four (4) were prosecuted and jailed
- ii. Implemented measures that significantly reduced the invasion of external hawkers on the hospital premises
- iii. In addition, five (5) attempted illegal encroachments on hospital lands were prevented through timely intervention by the Security Unit
- iv. A survey was conducted to assess the implementation and impact of the internal security system with the aim of identifying gaps and strengthening existing security measures within the Hospital.

5.3.2 MEDICO-SOCIAL SERVICES

The Medico-Social Unit provided essential support to socially vulnerable patients, facilitating access to care and social protection resources. Key achievements in 2025 were;

- i. Provided various forms of support and interventions to a total of seven hundred and twenty-one (721) patients
- ii. Assisted eleven (11) patients to access free medical treatment
- iii. Twenty-three (23) patients were supported to register with the National Health Insurance Scheme (NHIS), while five (5) others had their NHIS membership renewed to enable them access healthcare services.

- iv. Facilitated the recovery of an amount of GH¢ 15,180.00 from discharged patients who were unable to settle their medical bills immediately through the signing of undertakings.
- v. Coordinated and facilitated support provided by benevolent institutions, organizations, and individuals that resulted in financial support amounting to GH¢37,998.00 for the settlement of medical bills of fifty-five (55) needy patients.
- vi. An abandoned baby diagnosed with hydrocephalus and with cleft lip successfully received free head surgery to correct the hydrocephalus, and arrangements made to facilitate free cleft lip surgery for the baby at Korle Bu Teaching Hospital.
- vii. The Accident & Victim Support Group, a Non-Governmental Organization, also supported two (2) accident victims with medical supplies and a cash donation of GH¢1,000.00. In addition, a philanthropist assisted five (5) needy patients with an amount of GH¢5,800.00 to help settle their outstanding medical bills after discharge.

5.3.3 TELECOMMUNICATION SERVICES

The Telecommunication Services Unit in 2025 ensured effective communication to support clinical coordination and administrative activities within the hospital. Key performance included;

- i. Acquired a new PABX digital telephone system
- ii. Integration of new system with hospital's Annex B
- iii. Acquired twenty (20) IP telephone hands sets for internal communication
- iv. Activated some malfunctioning internal lines

5.3.4 TRANSPORT SERVICES

The Transport Unit ensured reliable mobility support for clinical and administrative activities across the hospital. Major achievements in 2025 included;

- i. Implemented and adhered to the 5000km run planned preventive maintenance schedule for operational vehicles
- ii. Renewed roadworthiness certification and insurance coverage for the all-vehicle fleet
- iii. Consistently provided fuel to support uninterrupted transport operations.
- iv. Trained twelve (12) out of the fourteen (14) drivers
- v. Recruited four additional drivers
- vi. Comprehensive bodyworks and repairs were carried out on one pickup (GV 1422).

5.3.4.1 VEHICLE INVENTORY

The Hospital's vehicle fleet increased from twelve (12) in 2021 to fifteen (15) in 2024 before reducing slightly to fourteen (14) in 2025. Over the period, there was a gradual increase in the number of newer vehicles within the 1-5-year age category, rising from three (3) in 2021 to seven (7) in 2025. However, a considerable number of vehicles still fall within the older age brackets, particularly those aged 10 years and above. Further details are highlighted in Table 5.3.4.1.1.

Table 5.3.4.1. 1: Vehicle Inventory by Age Block - A

AGE BLOCK/ZONE	2021	2022	2023	2024	2025
1-5 years	3	5	5 (1 mini bus)	7	7
6-9 years	4	4	4	5	3
10 and above	5(2)	5(1)	5(1)	3	4
Total	12	14	14	15	14

Vehicle Inventory by Age Block in 2025

The Hospital's transport fleet as at 2025 consisted of fourteen (14) vehicles and motorbikes, out of which seven (7) were within the green category of 1-5 years, indicating relatively newer and reliable vehicles. Three (3) vehicles fell within the yellow category of 6-9 years, including one mini bus, while four (4) vehicles were classified within the red category of 10 years and above, comprising three (3) pick-ups and one ambulance.

Table 5.3.4.1. 2: Vehicle Inventory by Age Block in 2025

VEHICLE	TOTAL	GREEN (1 – 5 YRS)	YELLOW (6 – 9 YRS)	RED (10 YRS/ABOVE)
Pick ups	7	2	2	3
Buses	1	-	1 (mini bus)	-
Ambulance	1	-	-	1
Motorbikes	5	5	-	-
Total	14	7	3	4

5.4 COOPERATE AFFAIRS UNIT

The Cooperate Affairs Unit is responsible for protecting and enhancing the hospital's cooperate image, ensuring efficient and transparent communication with stakeholders, and strengthening strategic partnerships. The unit in 2025 implemented a range of initiatives geared towards improving public visibility, staff engagement, service quality and community relation. Key achievements are highlighted below.

- i. Two staff durbars were successfully organized during the year to enhance communication, staff engagement, and dissemination of institutional information.
- ii. Twelve customer service training sessions were conducted for staff to strengthen client relations, improve communication skills, and promote quality patient-centered care.
- iii. Five community outreach programmes were undertaken to enhance public awareness, strengthen community engagement, and promote the hospital's services.

- iv. Two media engagement projects were implemented to improve the hospital's public visibility and communication, alongside the promotion of additional services available within the hospital.

5.5 DOMESTIC SERVICES

The domestic services of the hospital are collectively provided by the Catering, Laundry, CSSD, Tailoring, and Environmental Health Units. These units ensure quality nutrition, reliable linen supply, sterile clinical instruments, a clean environment as well overall clinical outcomes. The key achievements in 2025 are highlighted below.

- i. **Improving the Quality of Healthcare Delivery:** During the year under review, sterile packs were consistently produced and supplied to the various service points to support effective infection prevention and control practices. In addition, buffer stocks were produced and maintained as emergency supplies to ensure uninterrupted service delivery. The Sub-BMC also continued the use of double-wrapping techniques for surgical items to further enhance sterility and patient safety.

Additionally, all hospital linen was adequately processed through decontamination, washing, drying, ironing, and distribution to ensure the continuous availability of clean linen for clinical use. Nutritious and well-balanced meals were also provided to in-patients to support recovery and improve patient satisfaction. Furthermore, deep cleaning exercises were regularly undertaken at critical service areas such as Intensive Care Unit (ICU), Dialysis Unit, Theatre, and Kitchen to maintain high environmental hygiene standards.

- ii. **Reduction in Communicable Diseases:** As part of efforts to reduce the incidence of communicable diseases, medical screening exercises were conducted for kitchen staff and students in line with the provisions of the Public Health Act, 2012 (Act 851), and the Cape Coast Metropolitan Assembly Bye-Laws, 2023. In addition, fumigation exercises were carried out at selected wards, including the Paediatric Ward, Male Medical Ward, Female Medical Ward, Obstetrics and Gynaecology Ward following the discharge of patients with infectious diseases.
- iii. **Improving Infrastructure and Equipment base:** In furtherance of improving the Hospital's infrastructure and equipment base for quality healthcare delivery, the Sub-BMC received gauge cutting machines for use at CSSD. The Hospital also successfully operationalized the Patient Relatives Hostel to provide accommodation support for relatives of patients receiving care at the facility.

5.5.1 PERFORMANCE TRENDS OF DOMESTIC SERVICES UTILIZATION

Table 5.5.1.1 presents the workload outputs of the Laundry, Central Sterile Services Department (CSSD), Tailoring, and Catering Units from 2021 to 2025. During the 2025 reporting period, the Laundry Unit recorded a 5.4% decline in the number of items

laundered, decreasing from 235,765 in 2024 to 223,141 in 2025. Similarly, the Tailoring Unit experienced a marginal reduction of 5.2% in items sewn, from 15,269 in 2024 to 14,476 in 2025.

Conversely, the CSSD recorded a notable improvement in performance, with the number of items sterilized increasing by 11.4%, from 241,929 in 2024 to 269,541 in 2025. Likewise, the Catering Unit saw a 6.5% increase in meals served to inpatients, rising from 57,475 in 2024 to 61,234 in 2025.

Overall, while the Laundry and Tailoring Units experienced modest declines in workload, the CSSD and Catering Units demonstrated increased service output during the year under review.

Table 5.5.1. 1: Trends in Service Delivery Outputs of the Domestic Services Sub-BMC, 2021–2025

UNIT	2021	2022	2023	2024	2025	REMARKS
Laundry	300,000	236,116	168,617	235,765	223,141	5.4% decr
CSSD	382,000	365,421	276,314	241,929	269,541	11.4% incr
Tailoring	15,350	15,590	15,485	15,269	14,476	5.2% decr
Catering	60,772	61,971	60,691	57,475	61,234	6.5% incr

5.6 SUPPLY CHAIN MANAGEMENT SERVICES

Supply Chain Management Services form a critical operational pillar of the Cape Coast Teaching Hospital, supporting effective and uninterrupted clinical care. This function is delivered through the Procurement and Medical Stores Units, which are responsible for the forecasting, procurement, receipt, storage, distribution and documentation of both medical and non-medical consumables supplies. These activities are carried out in accordance with the Public Procurement Act, Public Financial Management regulations and the hospital Standard Operating Procedures. Key achievements in 2025 are as follows;

1. Prepared and implemented the Procurement Plan to guide procurement activities and ensure effective coordination of procurement processes within the Hospital.
2. Executed procurement processes to ensure the continuous availability of medicines, non-medicine consumables, and equipment to support efficient healthcare delivery.
3. Ensured that all supplies received by the Hospital were duly inspected by the Inspection Team to ascertain compliance with the required specifications and quality standards before acceptance.
4. Captured approximately 97% of all supplies received on the GIFMIS platform to promote accountability, transparency, and effective financial management.
5. Maintained an accurate and updated suppliers' database to facilitate efficient supplier management and improve procurement operations.

5.6.1 PERFORMANCE TRENDS OF AVAILABILITY OF NON-MEDICINE CONSUMABLES

The availability of non-medicine consumables is essential for the delivery of quality health services. During the year under review, the Hospital recorded a decline in the availability of non-medicine consumables from 88.25% in 2024 to 76.56% in 2025, representing a decrease of 11.69% points. Despite the decline recorded in 2025, the availability level remained relatively higher compared to the performance recorded in 2021 and 2022.

Table 5.6.1. 1: Availability of non-drug consumables from 2021 to 2025

Key Indicator	2021	2022	2023	2024	2025	REMARKS	Measurement
Availability of non-medicine consumables	73.06 %	71.88%	86.64%	88.25%	76.56%	11.69% points decrease	Non-drug consumables available / Total non-drug consumables in the baskets (Baskets to be determined e.g., Gloves, Gauze, Syringes, Plasters, Cannulas, Catheter, Infusion, Cleaning Agent etc.)

CHAPTER SIX

FINANCIAL PERFORMANCE

6.1 INTRODUCTION

This chapter report on the hospital's financial performance for the period under review, focusing on key revenue streams and expenditure patterns for the period in comparison with previous years as well as the budget execution trends to highlight performance.

6.2 SOURCES OF FUNDING

The hospital financial resources are derived from three main sources namely; Government Subvention (GOG), Internally Generated Funds (IGF), and Donor Support.

- a. Government Subventions: Government subventions is a key source of funding for the hospital. These funds are provided by the Government of Ghana to the hospital primarily as compensations to cover the salaries for permanent staff and support capital investments and infrastructure development. Further, government subventions also include allocations to sustain specific operational activities and public health interventions to ensure financial stability as well as continuity of services delivery.
- b. Internally Generated Funds (IGF): IGF is one of the essential sources of funding to the hospital and it is used to support both recurrent and capital expenditures. This includes the procurement of medicines and consumables, logistics, basic equipment, staff remunerations and payment of utility bills. It consists of income accrued from two main streams; health insurance (National Health Insurance Scheme and Corporate and Private insurance) and out-of-pocket payment.
- c. Donor Funds: Donor funding is received from development partners, philanthropists and cooperate organisations to support specific programs such as Paediatric Oncology, TB, Cataract surgeries and other public health initiatives. This source of funds also supports the procurement of medical supplies, equipment and other resources geared towards the improvement of healthcare delivery.

6.3 REVENUE PERFORMANCE

6.3.1 REVENUE BUDGET EXECUTION

In 2021, the institution recorded a total approved budget of GHS 107.59 million against an actual outturn of GHS 104.62 million, resulting in an overall budget execution rate of 97.2%. This performance indicates that the institution was largely able to achieve its planned revenue targets.

Internally Generated Funds (IGF) recorded a budget execution rate of 86.5%, with actual collections amounting to GHS 24.22 million against a budget of GHS 27.99

million. Government of Ghana (GoG) Compensation achieved a full execution rate of 100%, reflecting the complete release of compensation-related allocations.

Donor inflows, though not originally budgeted for, contributed GHS 999,810.75 during the year, thereby providing additional financial support to operations.

For the 2022 financial year, the institution approved a total budget of GHS 149.60 million and realized actual inflows of GHS 134.55 million, representing a budget execution rate of 89.9%. IGF performance improved significantly during the year, exceeding the approved target with actual collections of GH¢ 32.10 million against a budget of GHS 31.50 million, representing an execution rate of 101.95%. GoG Compensation also exceeded projections, achieving an execution rate of 106.3% with actual receipts of GHS 98.45 million against a budget of GHS 95.00 million.

However, the overall budget execution rate declined due largely to the non-realization of GoG Service allocations, which had a budget provision of GHS 22.10 million but recorded no actual inflows. Donor support contributed GHS 3.99 million during the year. The overall performance suggests that although core revenue streams performed strongly, the inability to realize certain expected government service allocations adversely affected total budget execution. Then in 2023, the institution recorded a strong improvement in budget performance. Against an approved budget of GHS 146.90 million, actual inflows amounted to GHS 170.40 million, resulting in an overall execution rate of 116.0%.

IGF collections increased substantially to GHS 48.47 million against a target of GHS 44.40 million, representing an execution rate of 109.2%. GoG Compensation also exceeded expectations, with actual releases of GHS 116.61 million against a budget of GHS 102.50 million, resulting in an execution rate of 113.7%. Additionally, donor support continued to increase, reaching GHS 5.31 million during the year. The improved performance in 2023 reflects enhanced revenue mobilisation efforts, improved operational activities, and increased government releases.

The institution sustained its strong performance in 2024. Total actual inflows amounted to GHS 231.38 million against a budget of GHS 198.94 million, representing a budget execution rate of 116.3%. IGF performance remained robust, with actual collections of GH¢ 55.18 million compared to a budget of GHS 50.16 million, resulting in an execution rate of 110.0%. GoG Compensation achieved an execution rate of 102.8%, with actual releases totalling GHS 152.77 million against a budget of GHS 148.58 million.

A significant development during the year was the substantial increase in donor support, which rose sharply to GHS 23.43 million. This contributed significantly to the overall financial performance and enhanced the institution's capacity to undertake planned activities. The 2024 financial year therefore recorded one of the strongest budget performances within the review period.

For the 2025 financial year, the institution achieved another strong budget performance. Total actual inflows amounted to GHS 244.50 million against an approved budget of GHS 222.25 million, resulting in a budget execution rate of 110.%.

IGF collections declined as against budget in 2025, recording GHS 58.73 million against a budget of GHS 63.68 million, representing an execution rate of 92%. GoG Compensation also exceeded budget expectations, with actual releases of GHS 176.11 million compared to a budget of GHS 158.58 million, resulting in an execution rate of 111.1%. Donor support remained significant at GHS 9.72 million, further supporting institutional operations and development activities. The 2025 performance demonstrates sustained growth in revenue mobilisation and continued improvement in the institution's financial management systems.

Trend Analysis (2021–2025)

An analysis of the five-year period reveals a generally positive trend in budget execution performance.

Total budget execution improved significantly from 97.2% in 2021 to 110% in 2025. IGF mobilisation consistently improved over the period, particularly from 2022 onwards, where actual collections exceeded budgeted targets annually. GoG Compensation remained the institution's most stable and reliable funding source, consistently achieving or exceeding budget projections. Donor support increased substantially during the review period, particularly in 2024, indicating improved collaboration with development partners and increased external funding opportunities.

The only major challenge observed during the period was the non-realization of GoG Service allocations in certain years, particularly in 2022. Overall, the institution demonstrated strong financial resilience and improved budget execution capacity over the five-year period.

Table 6.3.1. 1: Revenue execution from 2021 to 2025

Source s of Funds (SOF)	2021			2022			2023			2024			2025		
	Bud get	Act ual	% exe cuti on	bu dget	Act ual	% exe cuti on	Bu dget	Act ual	% exe cuti on	Bud get	Act ual	% exe cuti on	Bud get	Act ual	% exe cuti on
IGF	27,98 7,110 .96	24,21 7,381 .36	86.5 0%	31,5 00,0 00	32,10 0,188 .39	101. 95	44,4 00,0 00	48,47 2,268 .32	109. 20%	50,15 6,544 .36	55,18 2,809 .05	110 %	63,67 5,834 .46	58,72 5,335 .23	92%
GOG Com pens ation	79,40 7,405 .56	79,40 7,405 .56	100 %	95,0 00,0 00	98,44 8,203 .54	106. 30%	102, 500, 000	116,6 11,69 1.71	113. 70%	148,5 82,97 9.50	152,7 67,79 0.97	102. 80%	158,5 82,97 9.50	176,1 07,17 2.35	111 %
GOG Servi ce	198,2 00.00	-	-	22,1 00,0 00	-	-	-	-	-	200,0 00.00	-	-	-	-	-
Dono r	-	999,8 10.75	-	-	3,999 ,242.	-	-	5,314 ,788.	-	-	23,43 0,342	-	-	9,722 ,543.	-

Source of Funds (SOF)	2021			2022			2023			2024			2025		
	Budget	Actual	% execution	budget	Actual	% execution	Budget	Actual	% execution	Budget	Actual	% execution	Budget	Actual	% execution
					24			07			.53			22	
Total	107,592,716.52	104,624,597.67	97.20%	149,600,000	134,547,634.17	89.90%	146,900,000	170,398,748.10	116.00%	198,939,523.86	231,380,942.55	116.30%	222,258,813.96	244,555,050.80	110.00%

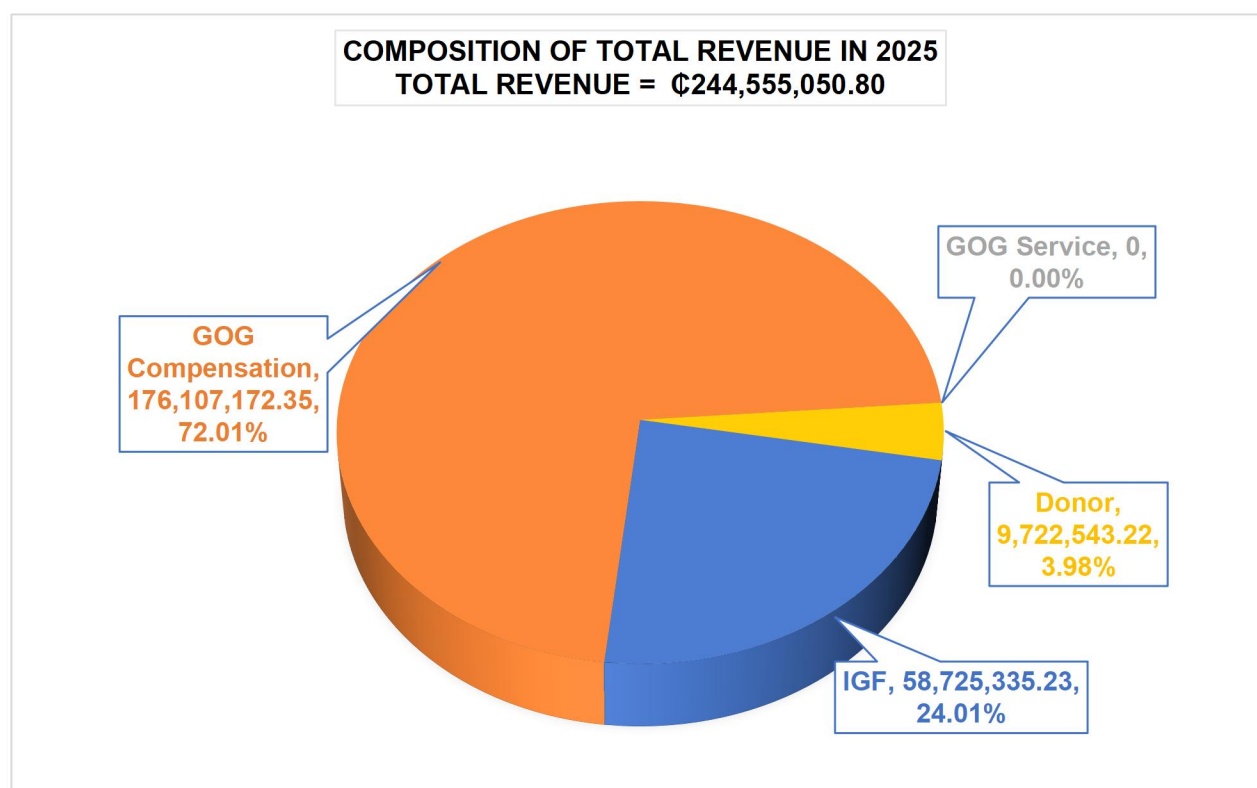


Figure 6.3.1. 1: Composition of total revenue in 2025

6.3.2 INTERNALLY GENERATED FUNDS (IGF) REVENUE PERFORMANCE

The Internally Generated Funds (IGF) performance for 2025 recorded moderate growth compared to the 2024 financial year. Total IGF increased from GHC 55.18 million in 2024 to GHC 58.73 million in 2025, representing an overall increase of approximately 6.4%. This improvement reflects sustained revenue mobilisation efforts despite some variations across the individual revenue streams.

Out-of-Pocket (OOP) revenue remained the institution's largest source of IGF in both years. Total OOP collections increased from GHC 31.09 million in 2024 to GHC 35.63 million in 2025, representing a growth of about 14.6%. The growth was mainly driven by

service revenue, which rose from GHC 24.19 million to GHC 26.12 million, as well as drug revenue, which increased significantly from GHC 6.90 million to GHC 9.51 million. Consequently, OOP contributed 61% of total IGF in 2025 compared to 56% in 2024.

NHIS submissions also showed positive growth, increasing from GHC 21.51 million in 2024 to GHC 23.14 million in 2025, representing a 7.6% increase. Drug-related NHIS claims particularly improved, rising from GHC 7.81 million to GHC 9.82 million. NHIS remained the second-largest contributor to IGF, accounting for 39% of total revenue in both years.

However, Corporate and Private Insurance revenue declined significantly, moving from a positive contribution of GHC 2.58 million in 2024 to a negative net position of GHC 44,546.85 in 2025. This suggests possible adjustments, reversals, or reduced patronage within the corporate insurance segment.

Overall, the 2025 IGF performance demonstrates resilience and improved revenue mobilisation, largely supported by strong Out-of-Pocket collections and NHIS growth.

Further details are presented in Table 6.3.2.1.

Table 6.3.2. 1: IGF Category Revenue Performance for 2025 (Comparative. 2024)

IGF Revenue Sources	2025			2024		
	Service GHC	Drugs GHC	Total GHC	Service GHC	Drugs GHC	Total GHC
Out of Pocket	26,115,207.40	9,512,362.87	35,627,570.27	24,194,617.65	6,897,174.42	31,091,792.07
% Contribution	66%	49%	61%	60%	45%	56%
NHIS Submissions	13,322,697.90	9,819,613.91	23,142,311.81	13,700,883.79	7,810,828.01	21,511,711.80
% Contribution	34%	51%	39%	34%	51%	39%
Corporate & Private Insurance	(51,033.67)	6,486.82	(44,546.85)	2,103,638.37	475,666.81	2,579,305.18
% Contribution	-0.13%	0.03%	-0.08%	5.26%	3.13%	4.67%
Total Revenue	39,386,871.63	19,338,463.60	58,725,335.23	39,999,139.81	15,183,669.24	55,182,809.05

Trend Analysis – 2021 – 2025

Table 6.3.2. 2: IGF Category Performance from 2021 - 2025

INDICATOR	2021	2022	2023	2023	2025
SERVICES					
Total Revenue Earned from Service	15,816,701.56	22,786,950.76	34,979,685.32	39,999,139.81	39,386,871.63
NHIA Component	8,366,343.13	10,537,872.74	15,697,392.05	13,700,883.79	13,322,697.90
% NHIA Component	52.90%	46.25%	44.88%	34.25%	33.83%
Revenue from Corporate Insurance	142,814.98	240,203.07	342,101.29	2,103,638.37	-51,033.67
% of corporate component	0.90%	1.05%	0.98%	5.26%	-0.13%
Out of Pocket Payment	7,307,543.45	12,008,874.95	18,940,191.98	24,194,617.65	26,115,207.40
% Out of Pocket Payment	46.20%	52.70%	54.15%	60.48%	66.30%
MEDICINES					
Total Revenue Earned from Medicine	8,400,679.80	9,313,237.63	13,492,583.00	15,183,669.24	19,338,463.60
NHIA Component	3,937,944.33	4,919,295.70	7,415,158.63	7,810,828.01	9,819,613.91
% NHIA Component	46.90%	52.82%	54.96%	51.44%	50.78%
Revenue from Corporate Insurance	24,752.54	34,480.14	39,276.05	475,666.81	6,486.82
% of corporate component	0.29%	0.37%	0.29%	3.13%	0.03%
Out of Pocket Payment	4,437,982.93	4,359,461.79	6,038,148.32	6,897,174.42	9,512,362.87
% Out of Pocket Payment	52.80%	46.81%	44.75%	45.42%	49.19%

The revenue performance from 2021 to 2025 indicates consistent growth in both service and medicine-related Internally Generated Funds (IGF), with significant changes in the composition of revenue sources over the period.

Service revenue increased steadily from GHC 15.82 million in 2021 to GHC 39.39 million in 2025, representing an overall growth of approximately 149%. This growth was largely driven by Out-of-Pocket (OOP) payments, which rose significantly from GHC 7.31 million in 2021 to GHC 26.12 million in 2025. Consequently, the OOP contribution

to service revenue increased from 46.2% in 2021 to 66.3% in 2025, indicating a growing dependence on direct patient payments.

In contrast, the NHIA component, although increasing in absolute terms from GHC 8.37 million in 2021 to GHC 13.32 million in 2025, declined proportionately from 52.9% to 33.8% of total service revenue. This suggests that service revenue growth outpaced NHIA reimbursement growth over the period.

Corporate insurance revenue remained relatively insignificant throughout the review period. Although there was a sharp increase in 2024 to GHC 2.10 million, the component declined to a negative position of GHC 51,033.67 in 2025, possibly due to adjustments, reversals, or reduced corporate insurance claims.

Medicine revenue also showed strong growth, increasing from GHC 8.40 million in 2021 to GHC 19.34 million in 2025, representing approximately 130% growth. NHIA remained the dominant contributor to medicine revenue, accounting for over 50% in most years. However, Out-of-Pocket medicine payments also increased significantly, rising from GHC 4.44 million in 2021 to GHC 9.51 million in 2025.

Overall, the data reflects improved revenue mobilisation capacity but also highlights increasing reliance on Out-of-Pocket payments as a major source of IGF.

Table 6.3.2. 3: Revenue Contribution by Clinical and Support Services (2021-2025)

SERVICES	2021	2022	2023	2024	2025	% dif f in 20 25	Proportion of Revenue	2025
							2024	
Surgical	3,544,206.00	2,955,722.25	4,710,224.80	9,909,427.45	9,220,880.41	-7%	24.71%	23.44%
Maternal Health	2,436,670.14	3,682,093.17	4,692,257.00	4,696,594.31	4,100,856.14	-13%	11.71%	10.42%
Medical	1,857,318.67	3,131,203.05	4,194,788.00	4,160,644.79	5,362,596.90	29%	10.37%	13.63%
Laboratory and other Diagnostic services	1,172,912.00	1,998,352.56	3,008,334.00	3,605,480.34	3,143,553.55	-13%	8.99%	7.99%
OPD	1,711,465.80	2,390,064.53	5,081,625.00	3,020,080.84	1,620,954.57	-46%	7.53%	4.12%
Child Health	1,191,082.97	1,730,924.84	2,329,444.00	2,187,902.74	1,891,211.17	-14%	5.46%	4.81%
CT-Scan	383,411.00	517,985.00	1,629,277.20	2,408,842.40	2,504,104.60	4%	6.01%	6.36%
X-ray	891,275.70	1,229,191.00	1,581,801.32	1,965,803.70	2,418,608.55	23%	4.90%	6.15%

SERVICES	2021	2022	2023	2024	2025	% dif f in 20 25	Proportion of Revenue	2025
							2024	
Dialysis	839,061.50	798,417.00	967,452.00	1,012,184.80	1,782,662.38	76%	2.52%	4.53%
Eye Care	702,666.70	917,873.30	1,276,429.00	954,954.00	790,420.57	-17%	2.38%	2.01%
Physiotherapy	268,317.44	286,140.08	617,282.00	702,182.96	370,175.53	-47%	1.75%	0.94%
Ear, Nose & Throat	214,559.44	344,377.11	515,528.00	719,086.06	1,017,894.07	42%	1.79%	2.59%
Dental	247,023.03	390,677.33	470,022.00	740,041.20	807,008.87	9%	1.85%	2.05%
Mortuary	329,904.20	316,047.89	320,486.00	405,243.00	331,236.21	-18%	1.01%	0.84%
Others	321,687.46	2,103,880.87	3,584,729.00	3,619,722.92	3,982,381.60	10%	9.02%	10.12%
Total	16,111,562.05	22,792,949.98	34,979,679.32	40,108,191.51	39,344,545.12	-2%	100.00%	100.00%

The analysis of revenue contribution by clinical and support services from 2021 to 2025 indicates substantial growth in service-related revenue over the review period, although overall revenue experienced a slight decline of 2% in 2025 compared to 2024. Total revenue increased consistently from GHC 16.11 million in 2021 to GHC 39.34 million in 2025, demonstrating the institution's expanded service capacity and improved revenue mobilisation efforts.

Surgical services remained the highest revenue-generating unit throughout the period, contributing GHC 9.22 million in 2025 despite a 7% decline from the 2024 performance of GHC 9.91 million. Surgical services accounted for 23.44% of total revenue in 2025, slightly lower than the 24.71% recorded in 2024.

Medical services recorded strong growth, increasing by 29% from GHC 4.16 million in 2024 to GHC 5.36 million in 2025. Consequently, its contribution to total revenue improved from 10.37% to 13.63%, making it the second-largest revenue contributor in 2025.

Maternal Health services generated GHC 4.10 million in 2025, representing a 13% decline from the previous year, while Laboratory and Diagnostic services also declined by 13% to GHC 3.14 million. Similarly, OPD revenue experienced a significant decline of 46%, dropping from GHC 3.02 million in 2024 to GHC 1.62 million in 2025, resulting in a reduced contribution to overall revenue from 7.53% to 4.12%.

Among the diagnostic and specialised services, CT-Scan and X-Ray services demonstrated positive growth. CT-Scan revenue increased by 4% to GHC 2.50 million, while X-Ray revenue increased significantly by 23% to GHC 2.42 million. Dialysis services recorded the highest growth rate of 76%, increasing from GHC 1.01 million in 2024 to GHC 1.78 million in 2025, reflecting growing demand for renal care services.

Ear, Nose and Throat (ENT) services also recorded notable growth of 42%, while Dental services increased modestly by 9%. However, Physiotherapy and Eye Care services experienced significant declines of 47% and 17% respectively.

The “Others” category including ERC fees, rent for staff accommodation, catering services, etc contributed GHC 3.98 million in 2025, representing 10.12% of total revenue and indicating the growing relevance of ancillary and support services in the institution’s revenue structure.

Overall, the data shows that while core clinical services such as Surgery, Medical Services, and Maternal Health remain the primary revenue drivers, specialised services including Dialysis, CT-Scan, and ENT are increasingly contributing to revenue growth. The institution may therefore need to sustain investments in high-performing specialised services while reviewing the factors contributing to the decline in OPD and some support service revenues. Details presented in Table 6.3.3.2 above.

6.4 EXPENDITURE PERFORMANCE

Table 6.4. 1. Composition of Expenditure from 2021 to 2025

Expenditure Line	2021	2022	2023	2024	2025	Remarks
GOG Compensation	79,407,405.56	98,448,203.54	116,611,691.71	152,767,790.97	176,107,172.35	15%
IGF Compensation	2,264,144.25	2,873,897.53	4,123,325.84	5,874,624.93	4,941,864.88	-16%
Goods & Services	22,840,421.30	31,598,000.23	47,020,334.67	59,322,895.34	59,667,030.24	1%
Investment (Capex)	560,721.60	323,907.74	2,054,599.56	13,297,939.82	12,401,586.40	-7%
Total	105,072,692.71	133,244,009.04	169,809,951.78	231,263,251.06	253,117,653.87	9%

The expenditure trend from 2021 to 2025 indicates substantial growth in operational spending, compensation costs, and capital investments, reflecting the institution’s expansion in service delivery, workforce capacity, and infrastructure development over the review period.

Total expenditure increased significantly from GHC 105.07 million in 2021 to GHC 253.12 million in 2025, representing an overall growth of approximately 141%. This

steady increase demonstrates the institution's growing operational scale and rising cost of healthcare delivery.

Government of Ghana (GoG) Compensation remained the largest expenditure component throughout the period. Expenditure under this category increased consistently from GHC 79.41 million in 2021 to GHC 176.11 million in 2025, representing an increase of about 122%. The growth reflects increases in staff strength, salary adjustments, promotions, and other compensation-related obligations. GoG compensation alone accounted for approximately 69.6% of total expenditure in 2025, highlighting the labour-intensive nature of healthcare service delivery.

IGF Compensation also increased from GHC 2.26 million in 2021 to GHC 5.87 million in 2024 before declining to GHC 4.94 million in 2025. The decline in 2025 may be attributed to cost-control measures, restructuring of temporary staffing arrangements, or reduced reliance on IGF-funded personnel.

Goods and Services expenditure recorded substantial growth over the period, increasing from GHC 22.84 million in 2021 to GHC 59.67 million in 2025, representing approximately 161% growth. This category reflects rising operational costs, including medical consumables, utilities, pharmaceuticals, maintenance, and administrative expenses. The marginal increase between 2024 and 2025 suggests a relative stabilization in operational spending after several years of rapid growth.

Investment expenditure (Capex) recorded the most significant fluctuations. Capital expenditure remained relatively low between 2021 and 2022 but increased sharply from GHC 2.05 million in 2023 to GHC 13.30 million in 2024, before slightly declining to GHC 12.40 million in 2025. This trend suggests intensified infrastructure development, acquisition of medical equipment, and expansion projects undertaken during the latter years of the review period.

Overall, the expenditure analysis reflects an institution undergoing growth and expansion, with significant investments in human resources, operational capacity, and infrastructure. While the increasing expenditure trend demonstrates improved service capacity, it also underscores the need for strengthened cost management strategies, efficient resource utilization, and sustainable revenue mobilisation to support long-term financial stability.

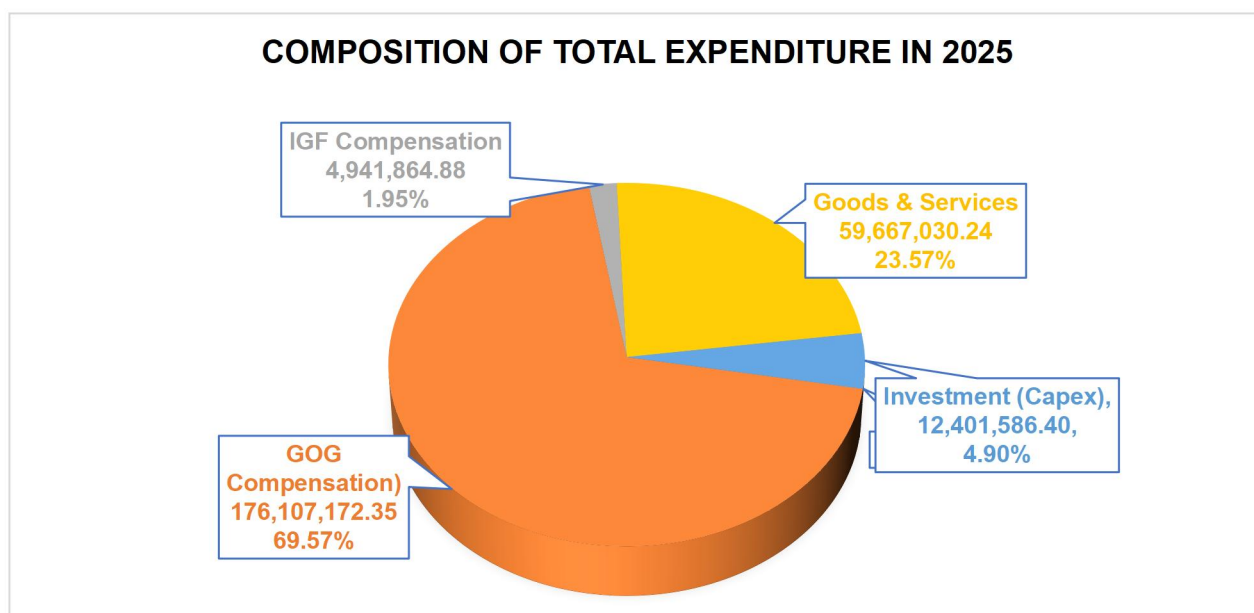


Figure 6.4. 1: Composition of Total Expenditure in 2025

Table 6.4. 2: IGF Expenditure (GH¢) Highlights (2021-2025)

Category	2021	2022	2023	2024	2025	% Change
Services	18,472,801.38	22,344,909.49	37,248,627.77	42,079,273.34	40,607,776.19	-3%
Medicines	6,192,675.02	8,451,653.77	10,634,844.23	12,985,844.23	19,059,254.04	47%
Total	24,665,476.40	30,706,563.26	47,883,472.00	55,065,117.56	59,667,030.23	8%

The analysis of Goods and Services expenditure from 2021 to 2025 indicates a consistent upward trend in operational spending, reflecting increased service delivery activities, rising healthcare costs, and expanded institutional operations over the review period.

Total Goods and Services expenditure increased from GHC 24.67 million in 2021 to GHC 59.67 million in 2025, representing an overall growth of approximately 142%. This significant increase demonstrates the institution's growing operational demands and increased consumption of medical and non-medical resources required to support healthcare delivery.

Service-related expenditure remained the largest component of Goods and Services spending throughout the period. Expenditure on services increased steadily from GHC 18.47 million in 2021 to GHC 42.08 million in 2024 before declining slightly to GHC 40.61 million in 2025. The 3% decline recorded in 2025 may indicate the implementation of cost containment measures, improved expenditure controls, or

reduced spending on certain operational activities. Despite the decline, service expenditure continued to account for a substantial proportion of total Goods and Services expenditure in 2025.

Medicine expenditure recorded the most significant growth during the period. Spending on medicines increased from GHC 6.19 million in 2021 to GHC 19.06 million in 2025, representing an increase of approximately 208%. Notably, medicine expenditure increased sharply by 47% between 2024 and 2025, suggesting increased patient utilization, rising pharmaceutical prices, expanded availability of drugs, or increased demand for specialized treatments and medications.

The overall increase in Goods and Services expenditure reflects the institution's efforts to improve healthcare delivery and sustain operational efficiency. However, the rapid growth in medicine-related expenditure highlights the need for strengthened pharmaceutical inventory management, rational drug utilization, and efficient procurement systems to ensure cost sustainability.

Overall, the expenditure pattern demonstrates increased investment in operational activities necessary to support expanding clinical services and patient care delivery across the institution.

6.5 STATUS OF NHIS CLAIMS

The analysis of NHIS claims performance from 2021 to 2025 reveals significant progress in claims management, reimbursement recovery, and operational efficiency, although some challenges remain. Over the five-year period, total claims submitted increased substantially from 12.3 million in 2021 to 25.4 million in 2024 before slightly declining to 23.7 million in 2025. This overall growth indicates increased utilization of NHIS services and improved capacity for claims processing within the institution. NHIS claims consistently formed the largest portion of submissions, while Corporate and Private HIS claims only emerged in 2024. The negative value recorded for Corporate and Private HIS claims in 2025 suggests adjustments or reversals that require further clarification.

Claims payment performance showed fluctuations but improved significantly over time. Total claims paid rose from 10.7 million in 2021 to 26.1 million in 2025, with 2023 recording payments that exceeded claims submitted. This is reflected in the NHIS reimbursement rate, which improved from 52.1% in 2021 and 65.97% in 2022 to 108.6% in 2023 and 99.3% in 2024, surpassing the institutional target of 75%. The exceptional reimbursement rate in 2023 suggests that, in addition to current claims, outstanding claims from previous years were also settled. These improvements demonstrate enhanced efficiency in claims recovery and reimbursement management.

Another notable strength was the institution's ability to maintain 100% timely submission of NHIA claims throughout the entire period. This indicates strong internal controls,

adherence to NHIA guidelines, and effective claims administration processes. However, despite this achievement, the percentage of rejected claims rose sharply to 6.16% in 2024 before reducing to 2.39% in 2025. The increase in rejected claims may have resulted from documentation errors, coding inaccuracies, or stricter NHIA verification procedures, while the decline in 2025 suggests corrective measures were implemented successfully.

Outstanding claims balances and months outstanding also improved over the period. Outstanding claims reduced from 12.1 million in 2022 to 8.0 million in 2025, while the number of months outstanding decreased from nine months in 2022 to three months in 2025. Overall, the institution demonstrated considerable improvement in financial recovery, reimbursement efficiency, and claims administration, although continued efforts are needed to minimize claim rejections and resolve persistent unpaid balances.

Table 6.5. 1: Trend Analysis (2020-2025)

INDICATOR	2021	2022	2023	2024	2025	TARGETS	MEASUREMENT
Total claims submitted	12,304,287.46	15,457,168.44	23,112,550.68	25,415,965.98	23,663,433.66	-	NHIS Claims Submitted + Corporate & Private HIS Claims Submitted
Claims Submitted NHIS	12,304,287.46	15,457,168.44	23,112,550.68	22,836,660.80	23,707,980.51	-	Total value of NHIS claims submitted during the reporting period
Claims Submitted Corporate & Private HIS	-	-	-	2,579,305.18	-44,546.85	-	Total value of Corporate & Private HIS claims submitted during the reporting period
Total Claims Paid	10,748,624.26	10,197,212.92	25,097,766.46	22,667,854.18	26,078,868.82	-	NHIS Claims Paid + Corporate & Private HIS Claims Paid
NHIS Claims Reimbursement Rate (submitted claims paid)	52.10%	65.97%	108.60%	99.30%	-	THs = 75%	Total claims settled/total submission

INDICATOR	2021	2022	2023	2024	2025	TARGETS	MEASUREMENT
Ratio Of Cash Revenue to NHIA Reimbursement	1.1:1	1.61:1	0.995:1	1.914:1	1.36:1	-	Cash Revenue/ NHIS revenue
Percentage of NHIA Claims Submitted on Time	100%	100%	100%	100%	100%	-	Total number of claims submitted to NHIS at the end of the ensuing month / Total Number of claims submitted to NHIA by all facilities * 100
Percentage of Rejection on Claims Submitted To NHIS	0%	0%	-	6.16%	2.39%	-	Total number of rejected claims received from NHIS / Total Number of claims submitted to NHIA by all facilities * 100
Total Unpaid Claims Bal B/F NHIS	11,416,564.00	6,795,023.88	-	11,502,461.42	11,671,268.04	-	NHIS Unpaid Balance B/F + Corporate & Private HIS Unpaid Balance B/F
Unpaid Claims Bal B/F NHIS	11,416,564	6,795,023.88	-	8,744,814.62	8,913,621.24	-	Outstanding NHIS claims carried forward from previous period
Unpaid Claims Bal B/F Corporate & Private HIS	-	-	-	2,757,646.80	2,757,646.80	-	Outstanding Corporate & Private HIS claims carried forward from previous period
Outstanding as at Close	6,795,023.88	12,054,979.92	10,069,763.40	8,913,621.24	8,021,274.02	-	(Unpaid NHIS Balance

INDICATOR	2021	2022	2023	2024	2025	TARGETS	MEASUREMENT
(NHIS)							B/F + NHIS Claims Submitted) – (NHIS Claims Paid + Adjustments/Write-offs)
Adjustment for Unrecoverable Claims	6,177,203.32	-	-	-	-	-	Total value of approved unrecoverable claims written off during the reporting period
No. of Month Outstanding	6	9	5	5	3	-	Outstanding Claims at Close ÷ Average Monthly Claims Submitted

6.6 ASSETS AND LIABILITIES

The analysis of the institution's financial position from 2021 to 2025 indicates significant growth in asset base, moderate increases in liabilities, and fluctuations in net assets and accumulated funds over the review period.

Total current assets increased steadily from GHC 17.35 million in 2021 to GHC 29.61 million in 2025, representing a 3% increase over the previous year and approximately 71% growth over the five-year period. The increase was largely driven by improvements in cash balances and inventory levels. Cash and cash equivalents recorded significant growth from GHC 1.07 million in 2021 to GHC 6.38 million in 2025, representing a remarkable increase of 166% over the 2024 position. This indicates improved liquidity and enhanced cash management during the year.

Accounts receivable fluctuated during the period but declined significantly by 27% in 2025, reducing from GHC 11.88 million in 2024 to GHC 8.69 million. This suggests improved debt recovery efforts and stronger receivables management. Staff receivables also declined consistently, reducing by 30% in 2025, indicating improved control over staff-related advances and recoveries.

Inventories increased substantially from GHC 7.36 million in 2021 to GHC 14.52 million in 2024 and remained constant in 2025. The growth in inventories reflects increased operational activities and stock holdings to support healthcare delivery.

Non-current assets recorded the most significant change during the review period. Property, Plant and Equipment increased sharply from GHC 6.69 million in 2023 to GHC 586.33 million in 2024 before declining slightly by 2% to GHC 576.72 million in

2025. This substantial increase suggests major asset revaluation exercises, infrastructure expansion, or acquisition of significant capital assets.

Consequently, total assets increased from GHC 21.67 million in 2021 to GHC 606.32 million in 2025, reflecting the institution's significant growth in asset base and operational capacity.

On the liabilities side, total current liabilities increased from GHC 12.01 million in 2021 to GHC 21.96 million in 2025, representing a 37% increase over the previous year. The increase was mainly driven by accounts payable, which rose sharply by 47% from GHC 14.61 million in 2024 to GHC 21.48 million in 2025. This may indicate increased procurement activities, delayed supplier payments, or rising operational obligations.

Trust monies, however, declined significantly by 66% in 2025, reducing from GHC 1.41 million to GHC 486,724.12, suggesting settlement or utilization of held funds.

Net assets increased substantially from GHC 9.66 million in 2021 to GHC 599.13 million in 2024 as a result of revaluation of assets to include legacy assets before declining slightly to GHC 584.36 million in 2025. The decline was largely influenced by the deficit recorded in 2025 amounting to GHC 7.64 million, compared to the surplus of GHC 16.66 million recorded in 2024.

The accumulated fund carried forward also declined marginally by 2% in 2025, reflecting the impact of the operational deficit during the year.

Overall, the institution's financial position demonstrates strong asset growth, improved liquidity, and significant capital expansion. However, the increase in liabilities and the deficit recorded in 2025 highlight the need for strengthened expenditure controls, efficient working capital management, and sustainable financial planning to maintain long-term financial stability. Further details are presented in Table 6.6.1.

Table 6.6. 1: Trend Analysis of Assets and Liabilities (2021-2025)

Indicator	2021	2022	2023	2024	2025	Remarks
ASSETS						
Current Assets:						
Cash & Cash Equivalent	1,073,813.65	2,097,224.17	2,488,171.72	2,398,501.93	6,379,932.43	166%
Accounts Receivables	8,873,138.10	12,412,453.51	10,611,703.78	11,884,898.27	8,690,165.18	-27%
Staff Receivables	47,200	29,750.00	17,920.00	20,720.00	14,580.00	-30%

Indicator	2021	2022	2023	2024	2025	Remarks
Inventories	7,357,920.65	7,357,920.65	11,494,653.28	14,521,209.56	14,521,209.56	0%
Total Current Assets (GH¢)	17,352,072.40	21,897,348.33	24,612,448.78	28,825,329.77	29,605,887.17	3%
Non-Current Assets						
Property, Plant & Equipment	4,315,960.38	4,639,868.12	6,694,467.68	586,326,843.12	576,717,172.92	-2%
Total Assets	21,668,032.78	26,537,216.45	31,306,916.46	615,152,172.89	606,323,060.09	-1%
LIABILITIES						
Current Liabilities						
Account Payables	11,774,418.76	15,898,019.24	14,544,922.43	14,607,296.17	21,477,747.20	47%
Trust Monies	234,448.08	1,298,059.37	967,087.64	1,413,419.95	486,724.12	-66%
Total Current Liabilities	12,008,866.84	17,196,078.61	15,512,010.07	16,020,716.12	21,964,471.32	37%
Net Assets						
Total Net Assets	9,659,165.94	9,341,137.84	15,794,906.39	599,131,456.77	584,358,588.77	
Financed By						
Accumulated Fund B/F	12,996,026.25	9,659,165.94	9,341,137.84	582,475,638.95	591,994,496.00	2%
Surplus /Deficit Recorded	1,025,181.82	1,407,844.68	-	16,655,817.82	-7,635,907.24	-146%

Indicator	2021	2022	2023	2024	2025	Remarks
Accumulated Fund Carried Over	9,659,165.94	9,341,137.84	15,794,906.39	599,131,456.77	584,358,588.76	-2%

6.7 CASHFLOW

The cash flow performance from 2021 to 2025 reflects significant growth in both cash inflows and outflows, indicating increased operational activities and expansion in service delivery over the review period. Total cash inflows increased substantially from GHC 24.07 million in 2021 to GHC 71.54 million in 2025, representing an overall growth of approximately 197%. In 2025, total inflows increased by 8% over the 2024 figure of GHC 66.05 million. The growth in inflows was mainly supported by NHIA reimbursements and other receipts.

Out-of-Pocket (OOP) collections remained a major source of cash inflows throughout the period. However, OOP revenue declined by 18% in 2025, reducing from GHC 43.38 million in 2024 to GHC 35.63 million. This decline may be attributed to reduced patient visits, changes in payment patterns, or increased reliance on NHIA and insurance-based payments.

NHIA reimbursements recorded strong improvement in 2025, increasing by 15% from GHC 22.67 million in 2024 to GHC 26.08 million. This suggests improved claims processing, enhanced reimbursement recovery, or increased NHIA-related service utilization.

Other receipts also increased significantly to GHC 9.84 million in 2025 after no recorded inflows in 2024. This reflects additional revenue streams or recoveries that contributed positively to cash flow performance during the year.

On the expenditure side, total cash outflows increased sharply from GHC 23.78 million in 2021 to GHC 67.56 million in 2025, representing approximately 184% growth over the period. In 2025 alone, outflows increased by 25% compared to 2024. Goods and Services expenditure constituted the largest cash outflow component and increased significantly by 28% in 2025, rising from GHC 48.16 million in 2024 to GHC 61.74 million. This reflects rising operational costs, increased procurement of medical supplies, pharmaceuticals, utilities, and expanded service delivery activities. IGF Compensation declined by 17% in 2025, reducing from GHC 5.87 million to GHC 4.87 million, indicating possible cost-control measures or reduced reliance on IGF-funded staff. Salary advances and GRA tax payments also contributed to cash outflows during the year.

Despite the significant increase in outflows, the institution maintained a positive net cash position throughout the review period. Net cash inflow increased from GHC 292,616.97 in 2021 to GHC 3.98 million in 2025. However, compared to the

exceptionally high net inflow of GHC 12.01 million recorded in 2024, the 2025 position represents a 67% decline, largely due to the substantial increase in operational expenditure.

Overall, the cash flow analysis demonstrates strong revenue generation capacity and sustained liquidity. However, the sharp growth in operational expenditure highlights the need for strengthened expenditure controls, improved cost efficiency, and sustainable cash management practices to maintain healthy cash flow. Further details are presented in Table 6.7.1.

Table 6.7. 1: Trend of Cashflow (2021-2025)

INDICATOR	2021	2022	2023	2024	2025	REMARKS
Cash Inflow						
Out of Pocket	11,745,526.38	16,368,336.74	24,978,870.30	43,377,845.79	35,627,570.27	-18%
NHIA Re-Imbursement	10,748,624.26	10,197,212.92	25,097,766.46	22,667,854.18	26,078,867.82	15%
Other Receipts	1,578,033.91	4,069,441.44	5,511,699.37	-	9,836,091.48	
Total Inflows:	24,072,184.55	30,634,991.10	55,655,156.13	66,045,699.97	71,542,529.57	8%
Cash Outflows:						
IGF Compensation	2,173,839.80	2,773,865.54	4,093,629.04	5,874,624.93	4,871,964.12	-17%
Goods/Services	20,176,117.65	24,235,782.43	43,875,045.86	48,160,448.97	61,740,622.10	28%
Salary Advance	45,200	-	-	-	107,408.26	
Trust Payments	-	2,925,141.64	5,606,432.58	-		
GRA-Tax Payment	543,820.51	151,426.55	1,709,669.95	-	841,104.59	
Total Outflow	23,779,567.58	30,086,216.16	55,284,644.56	54,035,073.90	67,561,099.07	25%
Net Cash Outflow	292,616.97	2,085,220.65	2,471,121.71	12,010,626.07	3,981,430.50	-67%

CHAPTER SEVEN

COLLABORATION AND SUPPORT

7.1 INTRODUCTION

Collaboration is one of the key strategies the Cape Coast Teaching Hospital leverages to enhance service delivery. In 2025, the hospital sustained and strengthened its unique partnerships with both local and foreign partners. These collaborations not only improved service delivery but also enhanced access to specialized service delivery while also building staff capacities.

The key local and international collaborations undertaken during the year, along with their respective areas of support are highlighted below.

7.2 LOCAL COLLABORATIONS

The hospital in 2025 actively collaborated with diverse group of local partners, including government agencies, health facilities, academic entities and philanthropic individuals and organizations. These collaborations enabled the exchange of knowledge, strengthened institutional capacity and referral systems,

The major local collaborators during the period under review are listed in table 7.2.1 below.

Table 7.2. 1: List of Local Collaborators in 2025

No.	Collaborators/ Partners	Nature of Collaboration	Key Support
1.	Ministry of Health	Training	- Donated five (5) medical equipment to enhance service delivery; - Two (2) non-invasive ventilators - One (1) urine analyzer - Two (2) anaesthesia machines with probe monitor - Trained critical staff on GHIMS implementation.
2.	National Health Insurance Authority	Equipment support	Donated two dialysis machines to strengthen renal care services.
3.	Ghana National Fire Service	Training	Conducted fire safety training for critical staff to improve emergency preparedness.
4.	Medtronics	Equipment donation	Supplied essential diagnostic tools (sphygmomanometer, weighing scale, tape measure, glucometer and strips) and electronic gadgets (tablets) to

No.	Collaborators/ Partners	Nature of Collaboration	Key Support
			OPD Sub-BMC
5.	MegaLife Sciences Limited	Equipment donation	Donated a biothesiometer to the OPD Sub-BMC to enhance diagnostic services
6.	Operation-Smile Ghana	Surgical support	Supported free cleft lip and palate surgical surgeries for 119 patients
7.	Vivat Turkson Foundation and National Queen Mothers association	Health education	Conducted public health education on childhood cancer and prematurity
8.	Local Media Houses	Public Health Education	Supported health promotion through radio and TV sensitization programs
9.	Philanthropists	Financial and material support	Donated equipment (laminar airflow unit) and furniture (swivel chair), settled the bills for 60 patients (GH¢ 43,798.00), and provided consumables
10.	Religious Organizations	Social support	Donated consumables and supplies for patient care and relative hostel services
11.	Accident & Victim Support Group	Patient support	Provided financial and material assistance for 2 accident victims
12.	Ghana Health Service (Headquarters and Regional)	Clinical mentorship and referrals	Provided cataract equipment and provided mentorship in maternal and newborn health
13.	University of Cape Coast (School of Medical Science)	Training and mentorship	Supported the training of medical, nursing and allied health students, granted ethical approval to researches and conducted collaborative researches
14.	Kintampo Health Research Centre (KHRC)	Research collaboration	Partnered on Malaria Vaccine Pilot Evaluation (MVPE)
15.	Noguchi Memorial Institute for Medical Research (NMIMR)	Laboratory research	Supported influenza surveillance and laboratory capacity strengthening

No.	Collaborators/ Partners	Nature of Collaboration	Key Support
16.	Ghana Police Service	Security support	Enhanced hospital security and emergency response coordination
17.	Ghana Prisons Service	Facility support	Supported maintenance works through supervised inmate engagement

7.3 INTERNATIONAL COLLABORATIONS

In 2025, the hospital further strengthened its partnerships with international institutions and organizations, which improved access to specialized services, equipment upgrade, as well as improved sanitation. Table 7.3.1 presents a list of international partners that CCTH collaborated in 2025.

Table 7.3. 1: List of International Collaborators in 2025

No.	Collaborator/ Partner	Country	Nature of Collaboration	Key Support
1.	Himalayan Cataract Project/ National Cataract Outreach Programme	United State of America	Cataract outreach	Supported community screening and performed 569 cataract surgeries
2.	The Czech Republic Governmental Medical Program (MEDEVAC)	Czech Republic	Surgical missions	Conducted 43 orthopaedic and 74 plastic surgeries
3.	University of UTAH ENT Team,	USA	Specialist surgical care	Performed 59 ENT surgeries
4.	Korea Federation of International Health (KOFIH)	Republic of South Korea	Capacity building	Trained selected staff in performing minimal access surgery
5.	International Healthcare Volunteers.	United State of America	Surgical support	Donated a Glide scope and performed 7 obstetrics and gynaecological surgeries
6.	Mayo Clinic Medical School, Arizona, USA	Arizona, USA	Paediatric specialty care	Provided mentorship and performed 25 paediatric surgeries
7.	Sisters	United State	Environmental	Supported waste

No.	Collaborator/ Partner	Country	Nature of Collaboration	Key Support
	Organizing and Advancing Recycling (SOAR)	of America	protection	segregation initiatives
8.	Sanford World Clinic and International Medical Health Organization	United State of America	Equipment support	Donated medical equipment and air- conditioning units
9.	UnikLink	Germany	Equipment support	Donated VAYU CPAP machine.
10.	Queens Club of Antwerpen	Belgium	Philanthropic support	Donated assorted medical supplies

SECTION 3_SUB-BMCs & UNITS DETAILED REPORTS

CHAPTER EIGHT

OUTPATIENT / FAMILY MEDICINE & POLYCLINIC

SUB-BMC

8.1 BACKGROUND

This Sub-BMC serves as the primary entry for patients seeking general healthcare services at the hospital and provides comprehensive primary care including early diagnosis, management of acute and chronic conditions, preventive health services and continuity of care for patients across all ages. The Sub-BMC also ensures appropriate referrals and coordination with specialist departments when advanced or multidisciplinary care is required.

Services are delivered at both the Polyclinic, which manages general outpatient and primary care cases, and the Main Hospital, where Family Medicine specialists provide advanced outpatient and follow-up services. In addition to general outpatient consultations, the Sub-BMC hosts several specialized clinics in collaboration with clinical specialists across the hospital. The Sub-BMC is managed by a five-member team responsible for planning, supervision, and performance monitoring to ensure high-quality service delivery, operational efficiency and continuous improvement in patient care.

8.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES

The table below provides a summary of the key outputs and outcomes of the Sub-BMC in line with the six medium-term strategic objectives of the hospital.

Table 8.2. 1: Summary of the Family Medicine's Sub-BMC's 2025 Annual Performance under the Strategic Objectives

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY							
Access	2021	2022	2023	2024	2025	Target	Remarks
Total OPD Attendance	19,046	17,068	16,404	23,274	24,368	-	4.7% incr.
OPD cases seen per doctor	12,381	12,845	11,823	12,909	11,200	-	Increased
Number of Doctors	-	6	9	8	12	-	50% incrs
Total FM specialist OPD Attendance	9982	10,135	9509	9325	9,730	-	4.4%incrs
OPD cases seen per Specialists	1,3327	1,10135	1,4755	24,663	1,37969	-	Decreased
The Polyclinic successfully transitioned to providing full 12-hour (7am to 7 pm) daily services despite operational and staffing challenges							
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.							
Impact	2021	2022	20223	2024	2025	Target	Remarks
Percentage of	93.4%	84.3%	82.4%	79.2%	80.1%	95%	Improved but

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
clients satisfied							target was not met
Clinical effectiveness KPI metrics across multiple conditions were fully met due to clinical compliance, I availability of laboratory services during off-hours and patient adherence to treatment protocols							
Created a priority desk at the specialist OPD to give urgent attention to clients who need immediate attention							
Enhanced staff-patient communication through; - The conduct of daily health talks and address of patients on issues affecting service delivery - Adherence to formal communication channels for clarity and accountability - Sub-BMC Management engagement to discuss and resolve concerns promptly effectively. - The use of multiple communication platforms, including Sub-BMC WhatsApp group to relay information to staff							
The average waiting time at the Polyclinic went up from 79.4 minutes (1.32 hours) in 2024 to 91.51 minutes (1.53 hours) in 2025 despite some monthly variations							
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE							
Procured key equipment, including 5 swivel chairs, 3 refrigerators (for the Laboratory, Pharmacy and Administration), 4 air conditioners, 1 Ultrasound machine, a UPS and a desktop computer							
Commenced ultrasound diagnostic services at the Polyclinic							
Received a donated wheelchair to support mobility In addition management connected Ghana water services to the polyclinic, installed a new AC at the nurse in-charge office, and acquired 2 new spirometers with a new lap top. 5 desktop computers were received for the SUB BMC.and some range of donations were also received							
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM							
4.1: Governance Related Performance							
Organised and conducted one general staff meeting to discuss institutional and Sub-BMC updates and promote team engagement 8 staff meeting were organize for nurses, nurse in-changes were given training.							
Held four management meetings to review operational progress, make informed decisions and coordinate the Sub-BMC's activities							
4.2: Human Resource Related Performance							
The following staff were assigned to the Sub-BMC; one Specialist, one Medical Officer, one Physician Assistant and one Accountant Also 3 specialist nurses completed their courses and returned to the unit							
All staff were validated to ensure accuracy in payroll processing and alignment with attendance records							
Appraised all staff							
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING AND EXCELLENCE IN LEARNING							
5.1 Improve on Research:							
Six continuous KPI operational researches were conducted on Malaria test, Urinary Tract Infection (UTI), Pneumonia, Diabetes Mellitus (DM), Hypertension, and Anaemia							
Three continuous quantitative studies were conducted on Patient Safety Indicators (PSI), Patient Wait Time and Patient Net Promoter Score (NPS)							
One qualitative staff satisfaction survey was conducted							
CCTH OBJECTIVE 6: INTENSIFY SUPPORT TO THE LOWER LEVEL OF CARE AND SERVICE DELIVERY POINTS							
Three community medical outreaches were conducted to commemorate the World Hypertension and World Diabetes Day in selected schools near CCTH, Moree and Abura Dunkwa with a total of 1,445 people benefiting							

8.3 CLINICAL ATTENDANCE

The total Family Medicine OPD attendance went up in 2025 by 4.8% (from 32,293 in 2024 to 33,951 in 2025). The General Outpatient (Polyclinic) recorded a rise in patient number, increasing by 4.8% (from 23,274 in 2024 to 24,386 in 2025). Total attendance at the Family Medicine specialist clinics also increased by 2.1% (from 9,274 in 2024 to 9,465 in 2025). Despite the marginal increase, attendance at the individual specialised clinics showed mixed performance. The diabetes clinic saw a marginal reduction of 0.5% (from 8,089 in 2024 to 8,077 in 2025). The Hypertension clinic however went up with a whopping 66.3% (from 306 in 2024 to 509 in 2025). However, the Adolescent clinic recorded a sharp decrease of 69% (from 161 in 2024 to 50 in 2025) while the Asthma clinic also recorded a slightly decrease of 4.8% (from 769 in 2024 to 718 in 2025). Further in 2025, a total of 3589 cases were referred from the Polyclinic as against 1614 in 2024, to various Specialists clinic for further management. Figure 8.3.1 and Table 8.3.1 below provide details of the analysis.

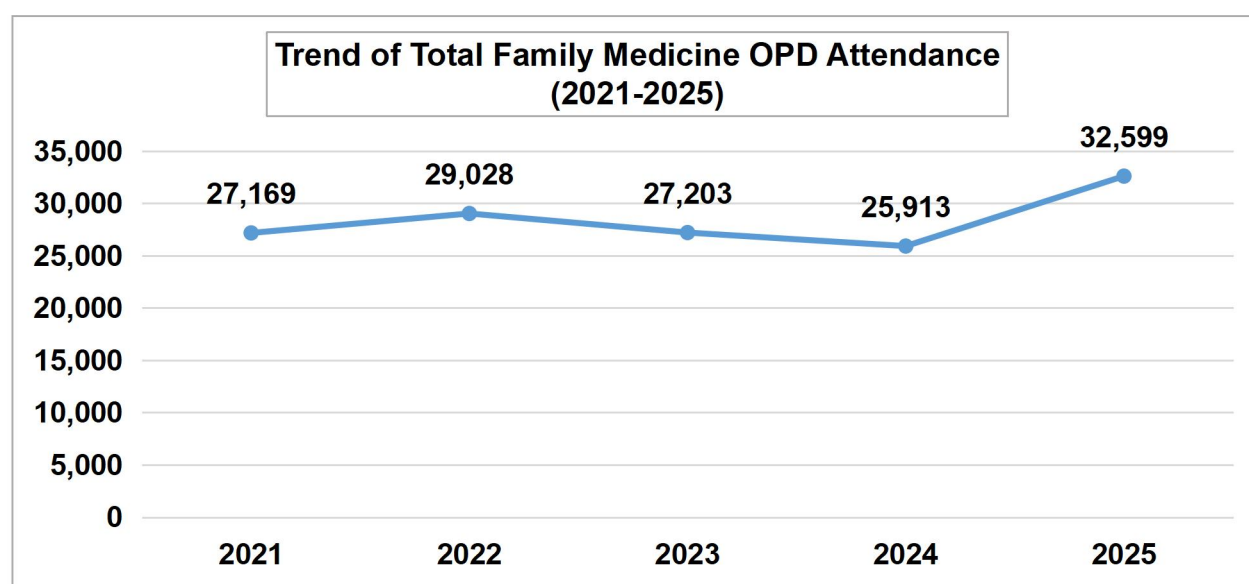


Figure 8.3. 1: A Five-Year Trend of Total Family Medicine OPD Service Utilization (2021 – 2025)

Table 8.3. 1: Yearly Attendance Trends in Family Medicine Service Utilization (2021-2025)

CLINICS	2021	2022	2023	2024	2025	REMARKS
General Outpatient (Polyclinic)	19,046	17,068	16,404	23,274	24,386	41.88% incr
Family Medicine Specialist Clinics						
Diabetes	9,254	8,428	8,156	8,089	8,077	0.82% decr
Asthma	626	691	734	769	718	4.77% incr

CLINICS	2021	2022	2023	2024	2025	REMARKS
Adolescent Clinic	102	162	110	161	50	46.36% incr
Hypertension	-	854	509	306	509	39.89%decr
Total Family Medicine Specialist Clinic Attendance	9,982	10,135	9,509	9,325	9,354	1.9% decr
Total Family Medicine OPD Clinic Attendance	27,169	29,028	27,203	25,913	32,599	25.8% incr

8.4 TOP TEN (10) FAMILY MEDICINE OPD MORBIDITY

The Family Medicine OPD morbidity profile changed considerably between 2024 and 2025. In 2024, hypertension was the leading condition, followed by Gastritis, Peptic Ulcer Disease, and Gastro-Oesophageal Reflux Disease (GAS/PUD/GERD), urinary tract infections, and respiratory tract infections, highlighting a significant burden of non-communicable diseases. In 2025, respiratory tract infections (18.6%) and uncomplicated malaria (13.7%) became the most common conditions, indicating a shift towards communicable diseases. Diabetes mellitus, gynaecological conditions, and musculoskeletal disorders also featured prominently. While hypertension remained among the top ten conditions, its reported cases declined substantially. Details provided in table 8.4.1 below.

Table 8.4. 1: Top Twenty OPD Morbidities reported at Family Medicine (2024-2025)

2024		2025	
Condition	Number	Condition	Number
Hypertension	3712	Respiratory tract infection	1922 (18.6%)
Gastritis/Peptic Ulcer Disease/Gastro-oesophageal Reflux Disease (GAS/PUD/GERD)	1380	Uncomplicated Malaria	1420 (13.7%)
Urinary Tract Infection	981	Acute Urinary Tract Infection	706 (6.8%)
Respiratory Tract Infection	771	Gynaecological condition	688 (6.7%)
Malaria	480	Diabetic Mellitus	640 (6.2%)
Diabetes Mellitus	445	Rheumatism/ Other joint Pain / Arthritis	485 (4.7%)
Pneumonia	147	Diarrhoea Disease	435 (4.2%)
Cardiovascular Accident (CVA)	94	Pneumonia	435

2024		2025	
Condition	Number	Condition	Number
			(4.2%)
Tuberculosis	16	Hypertension	424 (4.1%)
		Anaemia	376 (3.6%)

CHAPTER NINE

ANNEX B CENTER

9.1 BACKGROUND

The hospital's Annex B Center was initially constructed by the Government of Ghana as an Infectious Disease Centre to strengthen the country's preparedness and response capacity for public health emergencies, including the COVID-19 pandemic. Following changing healthcare priorities and the reduced demand for large-scale isolation facilities, the hospital repurposed the facility to support the delivery of specialised and executive healthcare services.

The Annex B center was officially inaugurated 2025 and operates under a five-member Management Team responsible for overseeing its administration, operations and service delivery.

9.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES

Table 9.2. 1 below provides a summary of the major outputs of Annex B Center during the reporting year aligned with the hospital's six medium-term strategic objectives.

Table 9.2. 1: Summary of the 2025 Annual Performance of Annex B Center under the Strategic Objectives

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY
The Centre provided medical screening services for various corporate organisations as part of efforts to expand access to preventive and specialised healthcare services.
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.
Medical screening exercises were conducted for newly recruited staff to ensure fitness for duty and promote a healthy workforce for effective healthcare delivery.
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE
The DOT Centre was operationalised to strengthen tuberculosis (TB) care services and enhance patient care capacity.
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM
<i>Governance Related Performance</i>
Several meetings and conferences were organised and participated in to enhance institutional coordination, decision-making, collaboration, and effective governance.
Hosted promotion interview sessions for eligible staff as part of efforts to strengthen human resource management, staff development, and institutional governance systems.
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING AND EXCELLENCE IN LEARNING
<i>Improve on Teaching and Learning:</i>
Simulation-based training sessions were organised for Sub-BMC staff to strengthen clinical competencies, improve service delivery, and promote continuous professional development.
CCTH OBJECTIVE 6: INTENSIFY SUPPORT TO THE LOWER LEVEL OF CARE AND SERVICE DELIVERY POINTS
Coordinated and supported several outreach programmes and medical missions by providing the necessary logistical, operational, and administrative assistance to facilitate the effective implementation of mission activities.

9.3 ANNEX B SERVICE AND UTILIZATION OUTCOME

The Annex B Center (Infectious Disease Centre) recorded a total of 185 admissions in 2025, with 155 discharges, 1 transfer-in, and 11 transfer-outs. The discharge outcomes indicate that a substantial proportion of admitted patients were successfully managed and discharged during the year.

Analysis of the monthly trend showed fluctuations in admissions throughout the year. Admissions peaked in February and March with 27 cases each, after increasing from 24 cases in January. Thereafter, admissions declined sharply to 13 cases in April and further reduced to the lowest point of 6 cases in June. Admissions subsequently fluctuated between 10 and 15 cases from July to December, ending the year with 10 admissions in December. The decline in admissions during the second quarter may reflect reduced outbreaks and lower utilization of infectious disease services during the period.

The leading causes of admission at the Centre were Gastroenteritis (56 cases), Pulmonary Tuberculosis (PTB) (38 cases), Cholera (32 cases), and Retroviral Infection (RVI) (29 cases), together accounting for the majority of admissions during the year. Pneumonia recorded the lowest number of admissions among the major conditions with 3 cases, while other conditions collectively accounted for 29 admissions. The admission pattern reflects the Centre's role in the management of infectious and communicable diseases.

Details of the analysis are illustrated in Figure 9.3.1 to Figure 9.3.3 below.

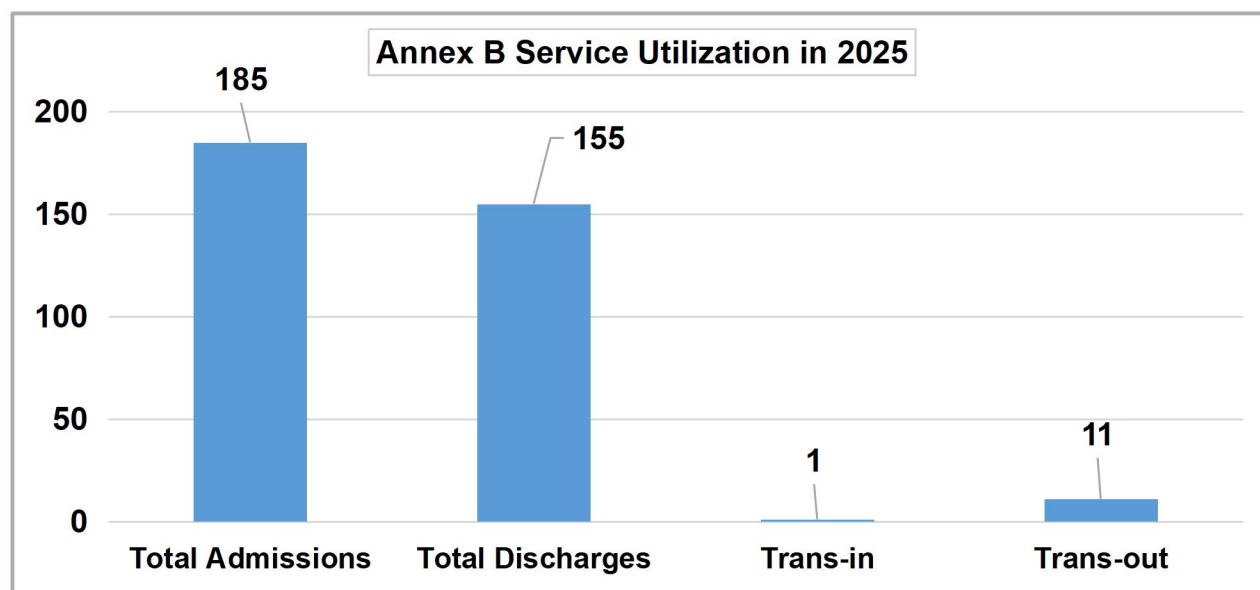


Figure 9.3. 1: Annex B Service Utilization and Patient Outcomes (2025)

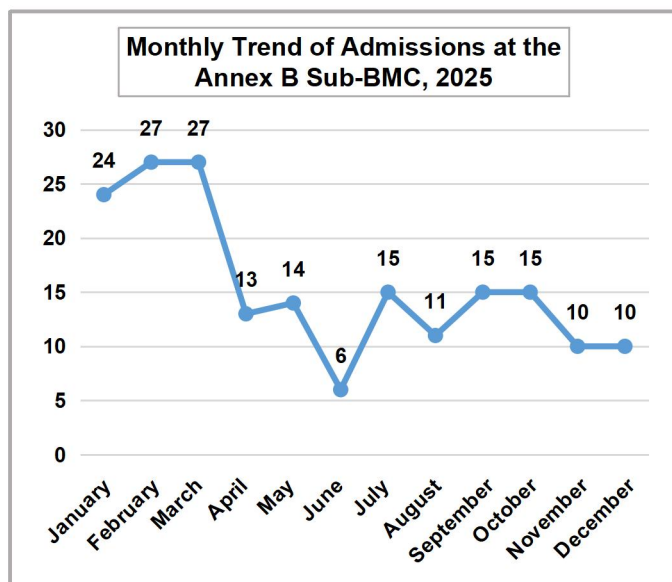


Figure 9.3. 2: Monthly Trend of Admissions at the Annex B Sub-BMC, 2025

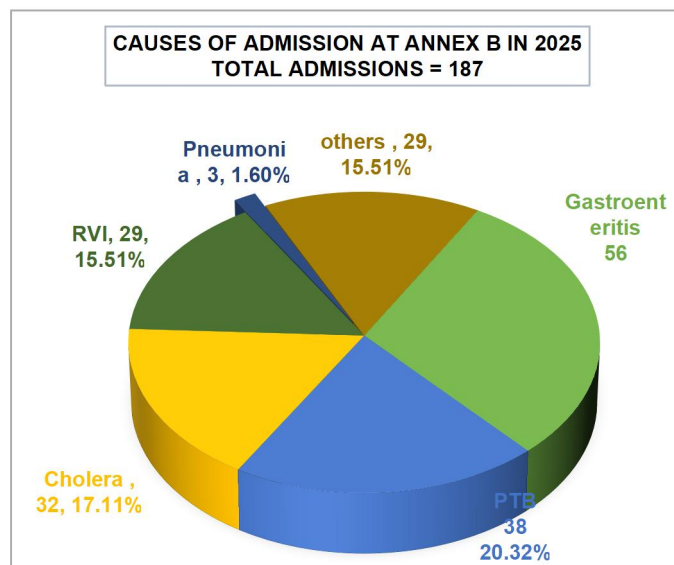


Figure 9.3. 3: Causes of Admission at Annex B In 2025

The Annex B Sub-BMC (Infectious Disease Centre) recorded a total of 19 mortalities in 2025, resulting in a mortality rate of 10.9%. Analysis of the monthly mortality trend revealed no deaths in January and February, followed by fluctuations in mortality from March to December. The highest number of deaths (3 cases each) were recorded in July, August and October, while the lowest of 1 case each were observed in March, April, September and December as illustrated in Figure 9.3.4.

The observed mortality pattern may be attributable to periods of increased severity and complexity of infectious disease cases managed at the Centre during the year under review, despite relatively moderate admission levels.

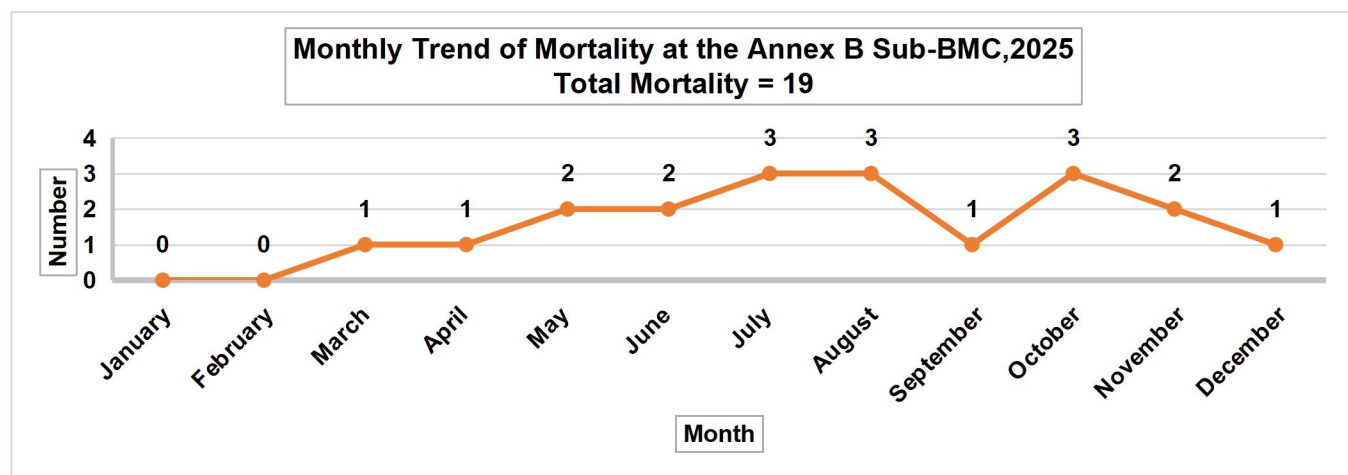


Figure 9.3. 4: Monthly Trend of Mortality at the Annex B Sub-BMC, 2025

CHAPTER TEN

REHABILITATION SERVICES

10.1 BACKGROUND

The hospital's rehabilitation services provide comprehensive and specialized support to patients recovering from injuries, surgical procedures, chronic illnesses and mental health conditions. These services aim to restore or improve physical, psychological and functional capacity, thereby improving patients' overall quality of life. The rehabilitation services provided at the hospital include Physiotherapy, Clinical Psychology, Community Psychiatry, Speech and Language Therapy as well as Diet and Nutrition Services, all of which work collaboratively to offer holistic, patient centred care across both inpatient and outpatient settings.

10.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES

Table 10.2. 1 below provides a summary of the key outputs of the Rehabilitation Services Units during the reporting year aligned with the hospital's six medium-term strategic objectives.

Table 10.2. 1: Summary of the 2025 Annual Performance of Rehabilitation Services Units under the Strategic Objectives

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY							
Access	2021	2022	2023	2024	2025	Target	Remarks
Total rehabilitation services OPD Attendance	7,561	14,361	12,404	10,873	11,493	-	10.0%incrs
Physiotherapy Unit							
Physiotherapy OPD attendance increased by 15.2% from 7,808 in 2024 to 8,991 in 2025							
Collaborated with Schrtt Furschrtt (Step-by-step) from Germany to manage club foot and the cerebral palsy in children							
A total of 1216 new clients were attended to at the clinic							
Clinical Psychology Unit							
A total of 634 outpatients' psychological cases were seen as compare with 717 in 2024 representing 11.57 decrease							
Diet & Nutrition Unit							
A total number of 1,174 were seen compared to 442 cases in 2024, representing an increase of 165.5							
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.							
-							
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE							
-							
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM							
-							
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING AND EXCELLENCE IN LEARNING							
-							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE
5.2 Improve on Teaching and Learning:
Clinical Psychology Unit
Supported the training of Twenty-one (21) undergraduate practicum students, six (6) MPhil psychology practicum student from UCC and two (2) licensure-based interns
CCTH OBJECTIVE 6: INTENSIFY SUPPORT TO THE LOWER LEVEL OF CARE AND SERVICE DELIVERY POINTS
-

10.3 TREND OF REHABILITATION SERVICES UTILIZATION

Utilization of rehabilitation services over the five-years (2021-2025) reveals fluctuating trend with a peak of 13,350 in 2022. Total attendance in 2025 increased by 19.2% (from 9,639 in 2024 to 11,493 in 2025). Physiotherapy services remained the highest utilization, accounting for 78.2% (8,991) in 2025. Diet and nutrition services constituted 10.2% (1,174), with attendance increasing by 165.5% (from 442 in 2024 to 1174 in 2025). Clinical psychology formed 5.5% (634) of the total rehabilitation services utilization, while attendance declined by 11.57% (from 717 in 2024 to 634 in 2025). Speech therapy services accounted for 4.1% (466), with attendance reducing by 3.8% (from 449 in 2024 to 466 in 2025). Community psychiatry services recorded the lowest utilization levels forming 1.9% (228). Attendance went up marginally by 2.2% (from 223 in 2024 to 228 in 2025). Figures 10.3.1, 10.3.2 and Table 10.3.2 below provides details of the analysis.

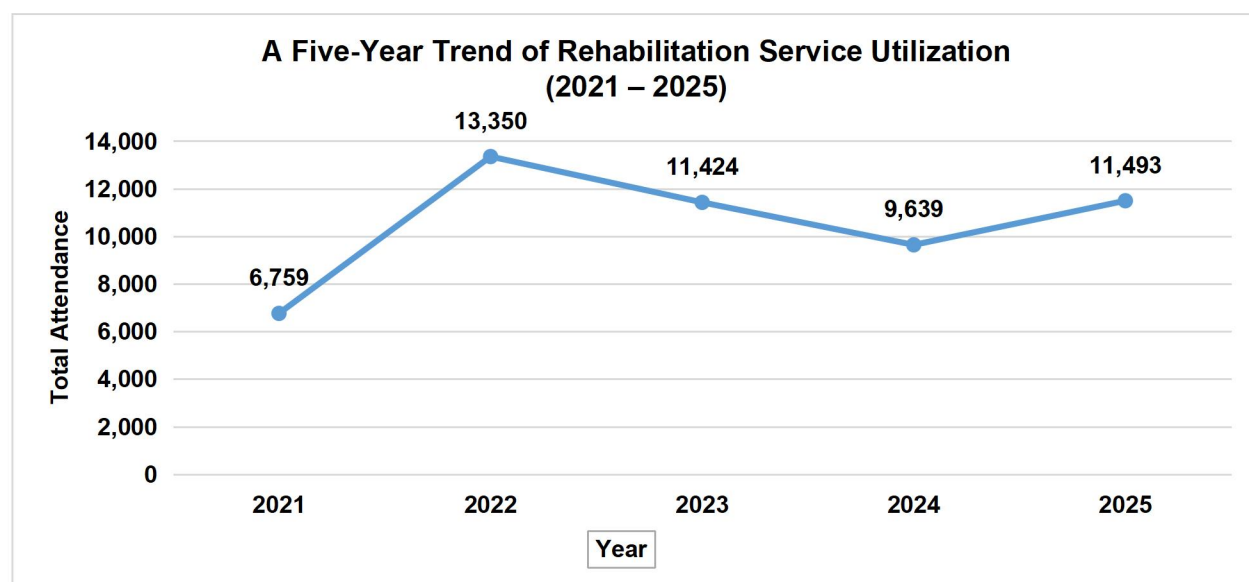


Figure 10.3. 1: A Five-Year Trend of Rehabilitation Service Utilization (2021 – 2025)

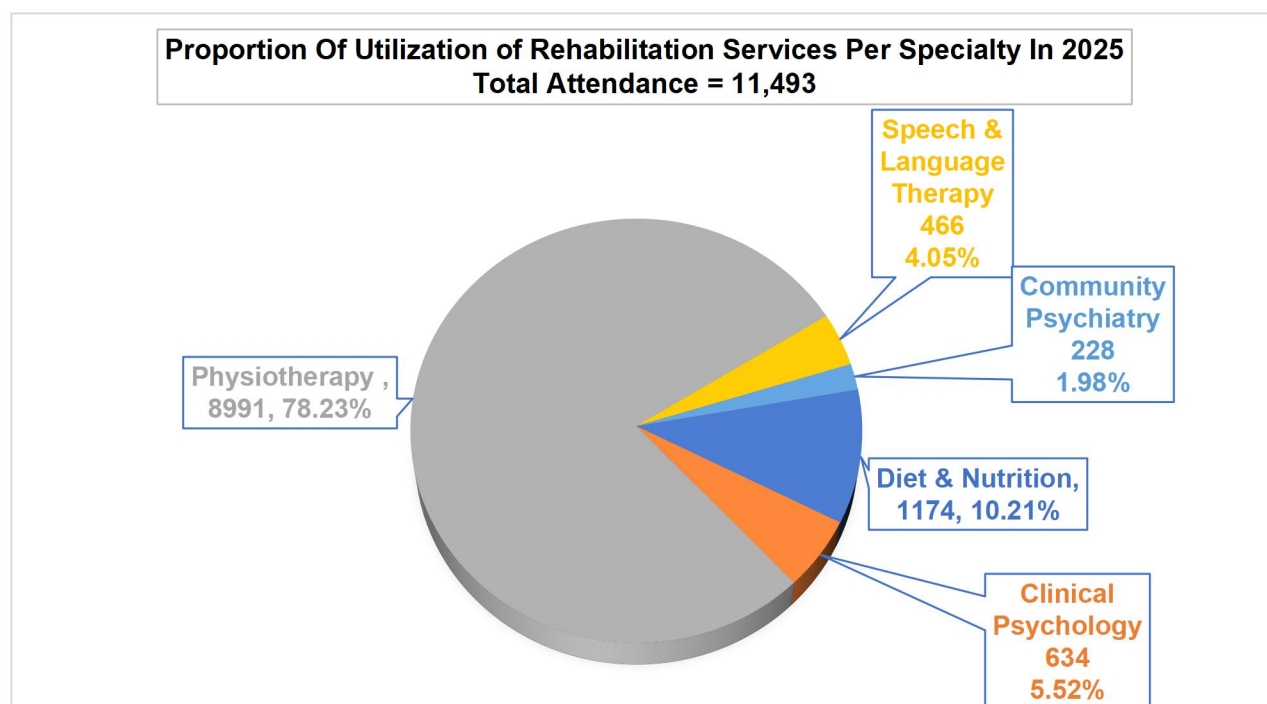


Figure 10.3. 2: Proportion of Utilization of Rehabilitation Services per Specialty in 2025

Table 10.3. 1: Breakdown of Rehabilitation Service Utilization (2021-2025)

Rehabilitation Services	2021	2022	2023	2024	2025	Remarks
Diet & Nutrition	425	557	438	442	1,174	165.5 incr
Clinical Psychology	798	428	725	717	634	11.6.% decr
Physiotherapy	5055	11498	9493	7808	8991	15..1% incrs
Speech & Language Therapy	415	642	556	449	466	3.8% decr
Community Psychiatry	66	225	212	223	228	2.2% incr
Total attendance	6,759	13350	11,424	9,639	11,493	19.2% incr

10.4 PHYSIOTHERAPY SERVICES UTILIZATION

Physiotherapy services attendance over the five-years (2021-2025) showed mixed performance with the highest recorded in 2022 (11,498). Attendance in 2025 increased by 15.1% from 7,808 in 2024 to 8,991 in 2025).

Club foot accounted for the most frequently treated condition, increasing substantially by 105.8% (from 1,106 in 2024 to 2,280 in 2025), indicating the growing burden of the conditions. Cerebrovascular Accident (CVA) with hemiplegia, dropped from the first rank in 2022 to the third position with 1,555 cases in 2025 suggesting the persistent burden

of stroke-related disabilities. Paediatric and congenital conditions such as cerebral palsy, Erb palsy and contractures improved in utilisation during the period compared to 2024, suggesting increased awareness of service availability at the institution. Again, contracture and amputation recorded the least number of cases within the period. Details of the analysis is highlighted in Figure 10.4.1 and table 10.4.1 below.

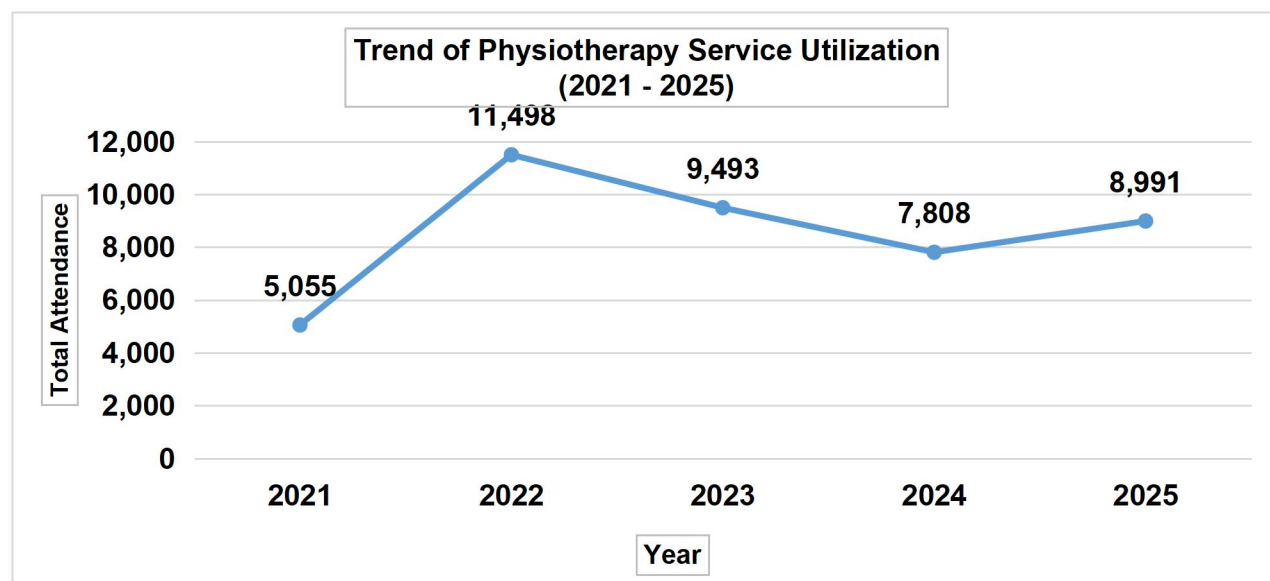


Figure 10.4. 1: Trend of Physiotherapy Service Utilization (2020 - 2025)

Table 10.4. 1: Comparative Analysis of Top Ten Physiotherapy Conditions from 2023 - 2025

2023		2024		2025	
Condition	No.	Condition	No.	Condition	No.
CVA (Hemiplegia)	1858	Low back	2302	Low Back	1874
Low back	1827	CVA (Hemiplegia)	1795	CVA (Hemiplegia)	1555
spondylitis	1453	Spondylitis	1,411	Spondylitis	725
Club foot	866	Club Foot	1106	Club Foot	2280
Knee arthritis	630	Cerebral palsy	901	Cerebral Palsy	483
Cerebral palsy	601	Knee arthritis	878	Knee Arthritis	913
Erb's Palsy	192	Erb's Palsy	498	Erb's Palsy	40
Fracture	100	Fracture	110	Fractures	121
Contracture	76	Contracture	23	Contractures	40
Amputation	41	Amputation	0	Amputation	43

10.5 CLINICAL PSYCHOLOGY SERVICES UTILIZATION

The Clinical Psychology Unit provides support to staff, inpatients, and outpatients addressing a range of psychological and emotional concerns. During the review period, attendance decreased by 11.6% (from 717 in 2024 to 634 in 2025). Stress-related conditions continuously emerged as the most prevalent conditions since 2022, with cases increasing from 197 in 2023 to 222 in 2024, and marginally reducing to 180 in 2025. This suggests the growing incidence and prevalence of stress related conditions among clients. Anxiety and depression also featured throughout the three years (2022-2025), though their relative rankings fluctuated.

Suicidal ideation and suicidal attempts, appeared consistently among the top ten cases, with a declined number of cases observed in 2025. Although relatively lower compared to stress and anxiety, their reappearance in 2025 reveals the critical role of clinical psychology services in early identification, intervention, and risk management.

Detailed analyses are presented in Figures 10.5.1, 10.5.2, and Table 10.5.1.

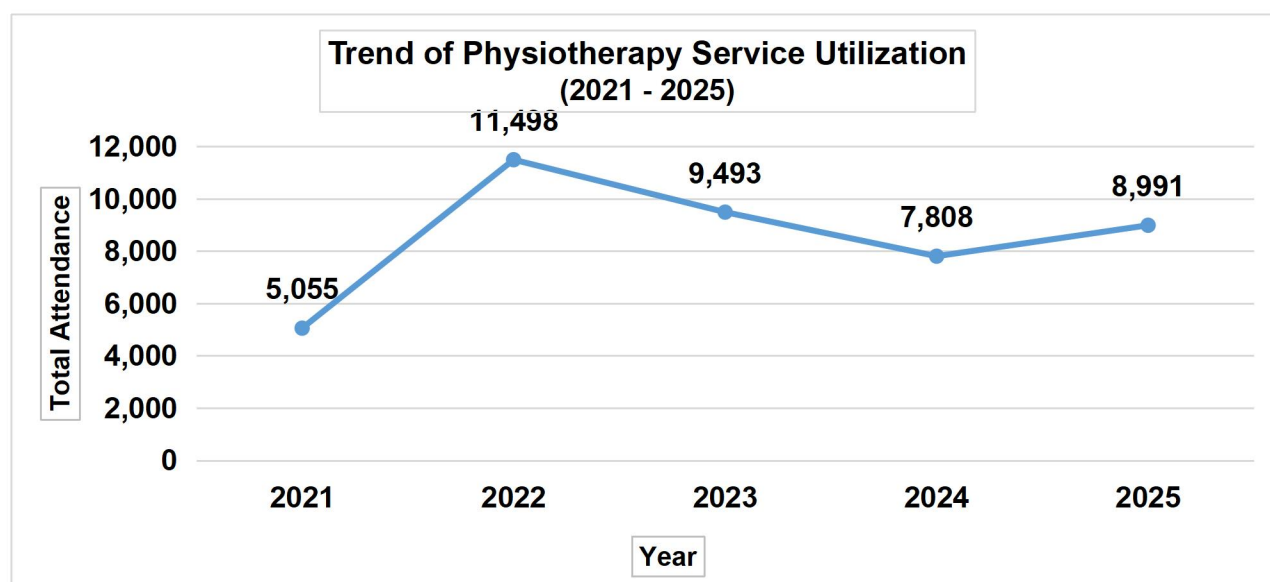


Figure 10.5. 1: A Five-Year Trend of Clinical Psychology Attendance (2020 - 2025)

Table 10.5. 1: Top Clinical Psychology Cases seen (2023-2025)

2023		2024		2025	
CONDITION	NO.	CONDITION	NO.	CONDITION	NO.
Stress	134	Stress	222	Stress	180
Anxiety	117	Anxiety	105	Anxiety	124
Depression	83	Depression	79	Grief	72
Pain management	52	Pain management	24	Depression	66

2023		2024		2025	
CONDITION	NO.	CONDITION	NO.	CONDITION	NO.
Grief	52	Grief	81	Suicidal	18
Somatoform disorder	45	Adjustment disorder	24	Pain Management	6
Cognitive impairment	28	Non-adherence	18	Non adherences	0
Suicidal Ideation	18	Suicidal attempt	16		
Suicidal attempt	15	Low affect	14		
Alcohol dependency	8	Suicidal ideation	15		

10.6 COMMUNITY PSYCHIATRY SERVICES UTILISATION

The trend in the utilization of Community Psychiatry services since the service was introduced in 2020 shows an increasing trend. This trend could be attributed to the sustained awareness creation on mental health services at the hospital through OPD education and regular media engagement (TV and radio) highlighting available services.

Attendance increased from 56 in 2020 and peaked at 225 in 2022, reflecting improved visibility and acceptance of community-based mental health care. Following this peak, attendance declined marginally to 223 in 2024. However, in 2025, attendance went up by 2.2% to 228 in 2025 indicating sustained demand for Community Psychiatry services. Details of the analysis is shown in figure 10.6.1 below.

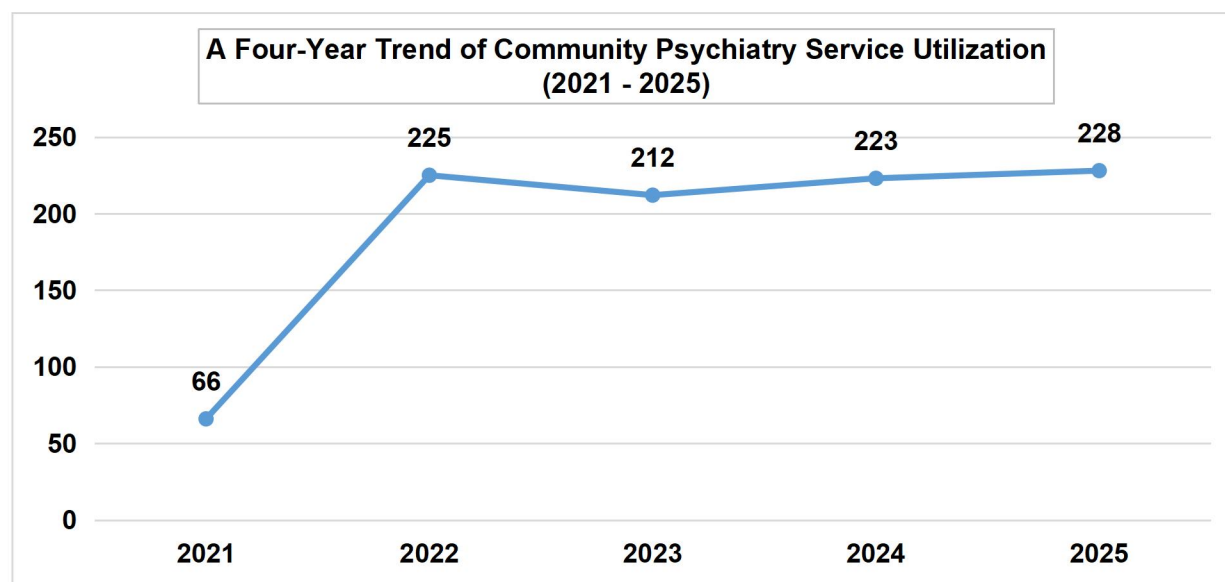


Figure 10.6. 1: A Five-Year Trend of Community Psychiatry Service Utilization (2021 - 2025)

10.7 DIET & NUTRITION SERVICES UTILIZATION

The utilisation of Diet and Nutrition services over the five-year period (2021-2025) experienced fluctuating trends to a peak of 1,568 in 2022, followed by a decline to 1,430 in 2023. In 2025, total cases seen went up by 13.3% (from 1,420 in 2024 to 1,609 in 2025). Out of the total cases managed, 33.7% (543) were inpatient while 66.3% (1,066) were outpatients. Further, the number of OPD cases went up substantially in 2025 by 143.4% (from 438 in 2024 to 1,066). This increase was attributed to the strengthened integration of dietitians within specialist clinics and inpatient management, improved data capture system, and increased referrals (both internal and external). On the other hand, the number of inpatient cases managed declined by 44.6% (from 980 in 2024 to 543 in 2025).

Non-communicable diseases (NCDs) continue to be the most predominant condition managed by the Diet and Nutrition Unit. Diabetes mellitus and hypertension remained at the top two accounting for 34.99% and 21.26% cases respectively. Cerebrovascular accidents cases increased from 3.13% in 2024 to 4.91% in 2025. Conditions such as severe acute malnutrition (SAM), underweight, anaemia, and cerebrovascular accidents (CVA) also featured recurrently, indicating a dual burden of malnutrition and chronic disease within the patient population.

Details shown in Figure 10.7.1 to Figure 10.7.4 and Table 10.7.1 below.

Table 10.7. 1: A Five-Year Trend of Diet & Nutrition Cases seen (2021 – 2025)

Indicator	2021	2021	2022	2023	2025	Remarks
Outpatient cases seen	393	425	557	438	1,066	143.4% incr
Inpatient cases seen	677	888	1,011	980	543	44.6% decr
Total cases seen	1,070	1,313	1,568	1,420	1,609	13.3% incr

Table 10.7. 2: Top Ten Diet & Nutrition Cases (2023– 2025)

2023		2024		2025	
CONDITION	%	CONDITION	%	CONDITION	%
Diabetes Mellitus	34.98%	Diabetes Mellitus	36.84%	Diabetes Mellitus	34.99%
Hypertension	18.36%	Hypertension	24.84%	Hypertension	21.26%
Obesity	15.18%	Dyslipidaemia	9.45%	Obesity	11.84%
Dyslipidaemia	6.08%	Renal	7.80%	Dyslipidaemia	6.74%
Underweight	4.69%	Underweight	4.25%	Cerebrovascular Accidents	4.91%
Renal	3.50%	Severe Acute Malnutrition	3.45%	Severe Acute Malnutrition (SAM)	4.11%
Anaemia	2.34%	Cerebrovascular Accidents	3.13%	Renal	3.17%
Severe Acute Malnutrition (SAM)	2.34%	Anaemia	2.60%	Underweight	3.12%

2023		2024		2025	
CONDITION	%	CONDITION	%	CONDITION	%
Cerebrovascular Accidents (CVA)	1.31%	Liver Diseases	1.80%	Anaemia	3.12%
Surgical	1.23%	HIV	1.38%	Surgical	1.64%

10.8 SPEECH AND LANGUAGE THERAPY SERVICES UTILISATION

The Speech and Language Therapy (SLT) Unit offers comprehensive treatment, support, and care to paediatric and adult patients experiencing difficulties with communication. Since its introduction in 2018, the hospital has implemented targeted campaigns to promote awareness of the service's availability, utilizing various mass media and social media platforms. This strategy led to the increase in the utilisation of SLT services over the years. In 2025, there was a marginal increase of 3.8% in the utilisation of the service (from 449 in 2024 to 466 in 2025). Further, the number of SLT cases referred to the hospital went up to 41, from 19 in the previous year, representing an increase of 115.8%. On the other hand, the number of cases referred out remained at 13.

The most managed conditions in 2025 were language delay (303), speech delay (73) and autism spectrum disorder (44), indicating the ongoing demand for services addressing developmental communication disorders. Figure 10.8.1, as well as Table 10.8.1 and Table 10.8.2 below illustrate the trend of utilization.

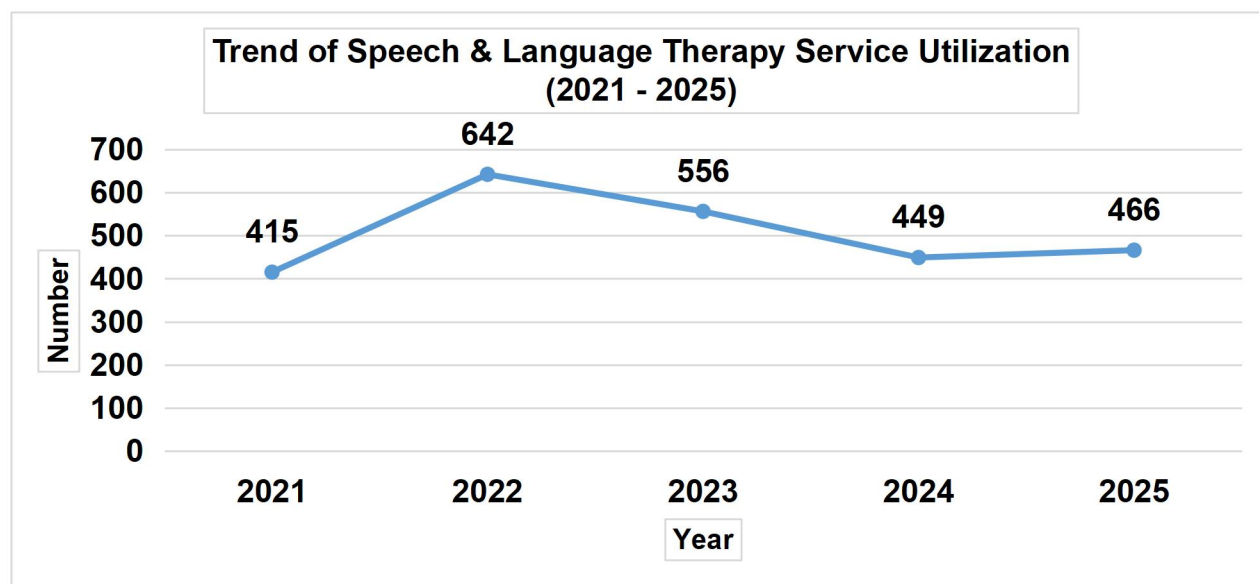


Figure 10.8. 1: A Five-Year Trend of Speech & Language Therapy Service Utilization (2021 - 2025)

Table 10.8. 1: Top Speech & Language Therapy Conditions Seen (2023-2025)

2023		2024		2025	
Condition	No.	Condition	No.	Condition	No.
Language Delay/ Disorder	407	Language Delay/ Disorder	315	Language Delay/Disorder	303
Speech delay	78	Speech Disorder	71	Speech Delay/Disorder	63
Autism Spectrum Disorder (ASD)	26	Aphasia	35	Autism Spectrum Disorder (ASD)	44
Aphasia	28	Autism Spectrum Disorder (ASD)	21	Aphasia/Dysphasia	18
Stammering	3	Dysarthria	15	Stammering	13
Dysarthria	11	Dysphonia	7	Dysarthria	12
Dysphonia	1	Stammering	7	Dysphonia	12
Others	1	Others	5	Dysphagia	1

Table 10.8. 2: A Five-Year Trend of Speech & Language Therapy Cases Referred (2021 - 2025)

Referrals	2021	2022	2023	2024	2025	REMARKS
Referrals - In	75	106	19	19	41	115.8% Increase
Referrals - Out	47	21	14	13	13	No change

CHAPTER ELEVEN

ACCIDENT AND EMERGENCY SUB-BMC

11.1 INTRODUCTION

The Accident & Emergency Sub-BMC is one of the integral departments of the hospital, serving as the primary point of contact for patients requiring immediate medical care. As a 24-hour operational unit, the A&E Sub-BMC is responsible for providing comprehensive emergency support through multidisciplinary team of clinicians, nurses and allied health professionals who work collaboratively to ensure prompt, safe and patient-centred care.

The scope of services provided by the Sub-BMC are triaging and emergency assessment, acute medical care, resuscitation, referral and coordination, emergency procedures, observation and short-stay care, etc.

11.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES

A summary of the 2025 key outputs and outcomes of the A&E Sub-BMC in line with the hospital's six medium-term strategic objectives are provided in the table below

Table 11.2. 1: Summary of the 2025 Annual Performance of A&E Sub-BMC under the Strategic Objectives.

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY							
Provided triage and specialist emergency services to 8,131 patients during the reporting period.							
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.							
Impact	2021	2022	2023	2024	2025	Target	Remarks
Average length of stay at the Emergency ward (days)	2.9	1.0	1.1	1.1	1.8	THs = 2.0	Increased but within target
Conducted one (1) IPC training sessions, equipping 58 staff with updated infection prevention practices.							
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE							
Received 16 essential equipment items from Central Management, including: • Critical care equipment: 1 ventilator, 1 Theatre Lamp • Monitoring devices: 2 SPO2 • Oxygen delivery equipment: 4 mobile oxygen flowmeters, 1 wall flowmeter ,1 mobile oxygen cylinder • Furniture and accessories: 4 stretchers, 2 Wheelchairs							
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM							
4.2: Governance Related Performance							
Organised one (1) CPR training workshop, benefitting 63 staff							
Conducted one (1) triage workshop for 57 A&E staff							
4.2: Human Resource Related Performance							
Five staff were sponsored for advanced professional training; • 2 in Emergency Medicine • 1 MSc. in health informatics							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE
• 1 Emergency Nursing membership • 1 enrolled in BSc Emergency Nursing programs
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING AND EXCELLENCE IN LEARNING
5.2 Improve on Teaching and Learning:
109 Medical students, Physician Assistants and Pharm D students rotated through the department
CCTH OBJECTIVE 6: INTENSIFY SUPPORT TO THE LOWER LEVEL OF CARE AND SERVICE DELIVERY POINTS
Organised three (3) radio education programs to enhance public awareness of emergency health issues.

11.3 A&E SERVICE UTILISATION

The hospital over the period 2021 to 2025 demonstrated varied performance in the utilization of A&E services. Total A&E cases decreased from 16,503 in 2021 to 10,979 in 2023, increased marginally to 12,391 in 2024, and subsequently declined to 8,131 in 2025. This represents a 34.4% decrease between 2024 and 2025. It is important to note that all figures for 2025 are based on data available from January to September only.

Detention fluctuated within the review period, rising from 5,183 in 2021 to a peak of 7,493 in 2024, before declining to 6,295 in 2025, representing a 16% decrease compared to 2024. Discharges showed a general upward trend, increasing substantially from 908 in 2021 to 3,493 in 2024, with a slight decline to 3,408 in 2025, representing a 2.4% decrease compared to 2024. The 2025 figures should be interpreted with caution as they cover only the first nine months of the year.

The number of procedures performed increased steadily from 1,247 in 2021 to a peak of 12,583 in 2024, followed by a decline to 3,000 in 2025, representing a reduction of 76.2% compared to 2024. Patients transferred out showed minor fluctuations over the period, increasing from 3,567 in 2021 to 3,690 in 2024, before decreasing to 2,632 in 2025, representing a 28.7% decrease compared to 2024.

The number of deaths recorded at the A&E steadily decreased from 436 in 2021 to 310 in 2024 and further to 255 in 2025, representing a 17.7% decrease compared to 2024. However, the 2025 figure is based on partial-year data (January to September). Figure 11.3.1 and Table 11.3.1 provide details of the analysis.

Table 11.3. 1: Comparative Performance Trend at A&E (2021 – 2025)

PARAMETER	2021	2022	2023	2024	2025	REMARKS
Total A&E Cases	16,503	13,485	10,979	12,391	8,131	34.4%decr
Detention	5183	4,861	7,164	7,493	6,295	16% decr
Discharges	908	1,146	1,131	3,493	3408	2.4% decr
Procedures	1247	2,000	3,457	12,583	3000	76.2% decr
Trans-out	3,567	3,269	3,348	3,690	2,632	28.7% decr
Deaths	436	330	305	310	255	17.7% decr

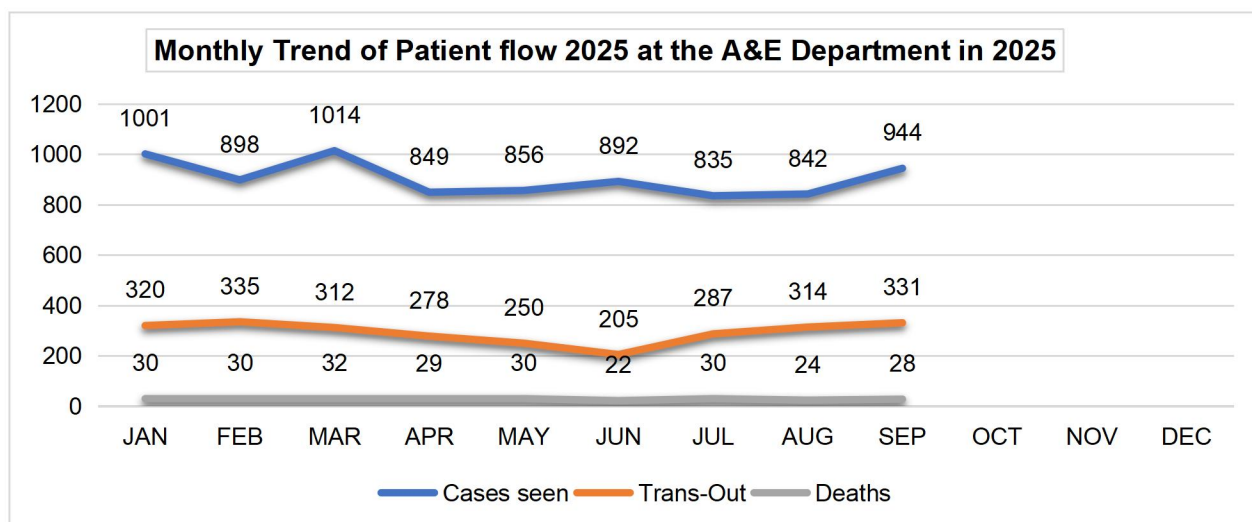


Figure 11.3. 1: Trend of Patients Flow at the Accident & Emergency Department in 2025

11.4 EMERGENCY CASES SEEN ACCORDING TO THE ACUITY

The Accident and Emergency Sub-BMC since 2015 continue to utilize the South African Triage Scale (SATS), to guide timely and appropriate emergency care based on the severity of condition – Red (immediate) for life-threatening cases requiring prompt intervention, Orange (very urgent) for high-risk presentations, Yellow (urgent) for stable but serious conditions, Green (Routine) for non-urgent cases and Blue (Deceased) for cases with low survivability. The unit ensured that patients were attended to base on clinical priority, improving overall response times and care outcomes.

In 2025 (January–September), a total of 8,131 cases were seen, distributed across the SATS categories as follows: Red – 8.1% (660), Orange – 35.6% (2,895), Yellow – 33.7% (2,740), Green – 21.9% (1,779) and Blue – 0.7% (57). A year-on-year analysis revealed key fluctuations in acuity pattern. Higher-acuity (red and orange) cases continue to rise as a proportion of total cases, reinforcing the increasing demand for the completion of the Accident and Emergency expansion project and the recruitment and training of additional emergency specialists.

Red-coded cases recorded a 25.5% decrease (from 886 in 2024 to 660 in 2025 Jan–Sep), though this reflects partial-year data; orange-coded cases also decreased by 5.6% (from 3,066 in 2024 to 2,895 in 2025 Jan–Sep). However, the percentage share of red and orange combined increased from 31.9% in 2024 to 43.7% in 2025 January–September, indicating a continued upward acuity trend when adjusted for total volume decline.

On the other hand, yellow-coded cases recorded a reduction of 21.2% (from 3,477 in 2024 to 2,740 in 2025 Jan–Sep). This reduction may indicate improved alternative pathways for managing stable patients instead of managing them at the A&E department.

Furthermore, green-coded cases decreased significantly by 63.7% (from 4,898 in 2024 to 1,779 in 2025 Jan–Sep). This significant drop is attributed to the operationalization of the the Polyclinic, which managed these non-critical cases. In addition, blue-coded cases continuously declined within the period, reducing by 10.9% (from 64 in 2024 to 57 in 2025 Jan–Sep).

Further, cases volume varied monthly throughout the review year, with March (1,014 cases) and January (1,001 cases) recording the highest number while July (835) had the least number of cases. Figure 11.4.1 and Tables 11.4.1, 11.4.2 provide further graphical and tabulated details on these patterns.

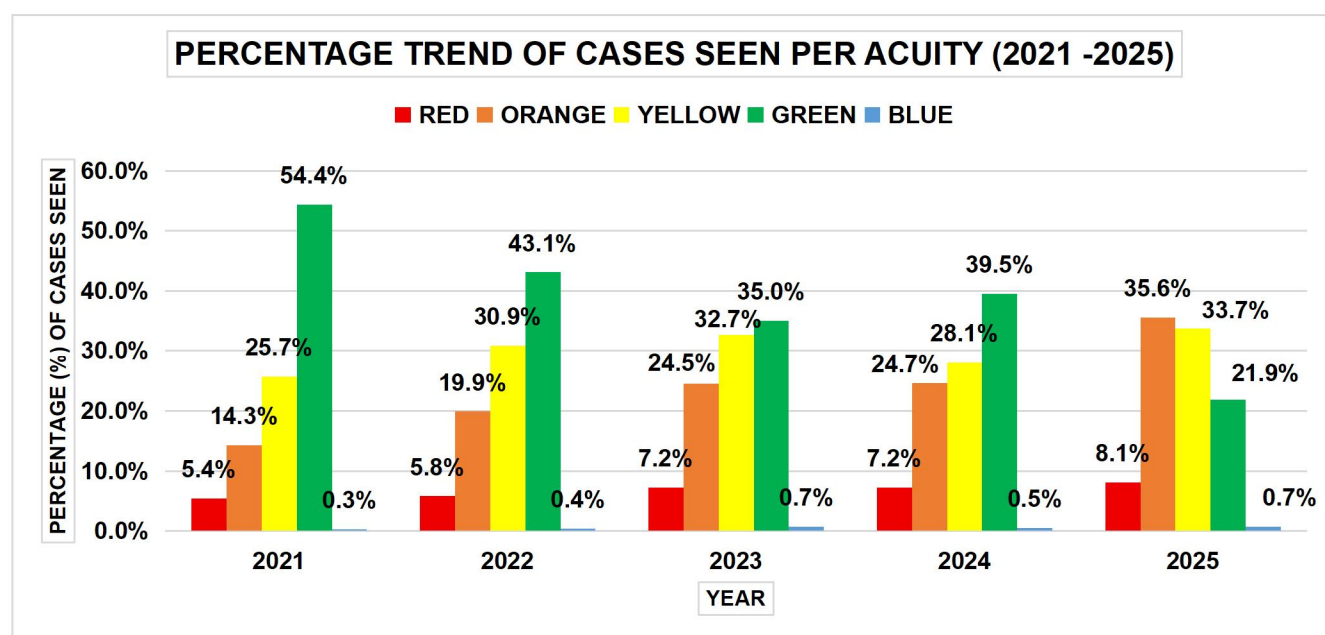


Figure 11.4. 1: Percentage Trend of Cases Seen Per Acuity (2021-2025)

Table 11.4. 1: Yearly Breakdown of Emergency Cases Triage Per Acuity (2021-2025)

COLOR CODES	2021	2022	2023	2024	2025	REMARKS
Red	885	779	788	886	660	25.5% decr
Orange	2359	2,679	2,687	3,066	2,895	5.6% decr
Yellow	4234	4,158	3,594	3,477	2,740	21.2% decr
Green	8981	5,812	3,834	4,898	1,779	63.7% decr
Blue	44	57	76	64	57	10.9% decr
Total	16,503	13,485	10,979	12,391	8,131	34.4% decr

Table 11.4. 2: Monthly Trend of Emergency Cases According to Acuity in 2025

MONTH	COLOUR CODES					
	Red	Orange	Yellow	Green	Blue	Total
January	67	266	291	372	5	1001
February	96	378	351	71	2	898
March	99	400	392	114	9	1014
April	74	319	266	184	6	849
May	73	271	308	197	7	856
June	56	263	248	320	5	892
July	63	325	292	149	6	835
August	60	328	268	174	12	842
September	72	345	324	198	5	944
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
Total	660	2,895	2,740	1,779	57	8,131

11.5 A&E DETENTION

In 2025 (January–September), the number of detentions at the Accident and Emergency Department recorded a decrease of 16.0% (from 7,493 in 2024 to 6,295 in 2025 Jan–Sep). Out of the 6,295 patients seen at the department, 41.8% (2,632) were transferred-out to specialized wards for further treatment, compared to 3,690 in 2024, representing a decrease of 28.7%. The average length of stay at the A&E ward increased (from 1.1 days in 2024 to 1.8 days in 2025 Jan–Sep), though it remains below the Teaching Hospital's target of 2.0 days. Table 11.5.1 provides a detailed illustration of the analysis.

Table 11.5. 1: Comparative Performance Trend at A&E

PARAMETER	2021	2022	2023	2024	2025	REMARKS
Detention (Admissions)	5,183	4,861	7,164	7,493	6,295	16% decr.
Discharges	908	1,146	1,131	3,493	3,408	2.4% decr.
Trans-Out	3,567	3,269	3,348	3,690	2,632	28.7% decr.
Average Length of Stay	2.9	1.0	1.1	1.1	1.8	63.6% incr.

11.5.1 TOP TEN CAUSES OF A&E DETENTION

Acute Pain (219, 3.45%) and fracture (179, 2.84%) were the leading causes of detention at the Accident and Emergency department in 2025 (January–September), followed by Acute pain due to Trauma (167, 2.65%) and Gastroenteritis and colitis (144, 2.29%). Dehydration (57, 0.91%) recorded the lowest number of detentions within the

top ten in 2025. Other conditions collectively accounted for 81.78% in 2025 (January–September), as shown in Table 11.5.1.1 below.

Table 11.5.1. 1: Top Ten Causes of A&E Detention

2023		2024		2025	
Diagnosis	No. Of Cases (%)	Diagnosis	No. Of Cases (%)	Diagnosis	No. Of Cases (%)
Gastroenteritis	533 (19.56%)	Pneumonia	664 (18.81%)	Acute Pain	219 (3.45%)
Pneumonia	498 (18.28%)	Gastroenteritis	589 (16.69%)	Fracture	179 (2.84%)
Trauma	408 (14.97%)	Trauma	516 (14.62%)	Acute pain due to Trauma	167 (2.65%)
Chronic Kidney Disease & Hypertension Emergencies	380 (13.95%)	CVA	442 (12.52%)	Gastroenteritis and colitis	144 (2.29%)
Chronic Lung Disease & Complications	225 (8.26%)	Diabetic Emergencies	368 (10.42%)	Bacterial infection	99 (1.57)
Diabetic Emergencies	219 (8.04%)	Heart Failure	294 (8.33%)	Gastritis	87 (1.38%)
Malaria	188 (6.90%)	Chronic Lung Disease & Emergencies	221 (6.26%)	Sepsis	74 (1.18%)
Asthma	108 (3.96%)	Chronic Kidney Disease & Hypertension Emergencies	201 (5.69%)	Essential primary hypertension	61 0.97%)
CVA	99 (3.63%)	Acute Abdomen	147 (4.16%)	Injuries	60 (0.95%)
Acute Abdomen	67 (2.46%)	Malaria	88 (2.49%)	Dehydration	57 (0.91%)
Other Conditions	4,439 (62%)	Other Conditions	8,760 (71%)	Other Conditions	5,148 (81.78%)
Total	7,164	Total	12,290	Total	6,295

11.6 ACCIDENT & EMERGENCY MORTALITY

Total A&E deaths increased from 305 in 2023 to 310 in 2024, a marginal increase of 1.6%. However, in 2025 (January–September), total A&E deaths recorded a decrease of 17.7% (from 310 in 2024 to 255 in 2025 Jan–Sep).

Mortality rate on the other hand showed significant fluctuations over the same period. Despite a peak of 8.9% recorded in 2021, the mortality rate decreased to 2.4% in 2022, increased to 2.8% in 2023, and then declined to 2.5% in 2024. However, in 2025 (January–September), the mortality rate increased significantly from 2.5% in 2024 to

4.1% in 2025 (Jan–Sep), suggesting a reversal in improved survival outcomes of A&E cases at the hospital.

Brought-in dead (BID) cases fluctuated over the period. Cases brought in dead peaked at 76 in 2023 but reduced by 15.8% (from 76 in 2023 to 64 in 2024). In 2025 (January–September), BID cases further reduced by 10.9% (from 64 in 2024 to 57 in 2025 Jan–Sep).

A review of monthly intra-triage mortality revealed that, red-coded patients, representing most critically ill, recorded the highest proportion of deaths in 2025 (January–September), with January accounting for the highest proportion with 28.36% and February the lowest (13.54%). Mortality among orange-coded cases remained consistently low across months, while yellow-coded mortality was minimal, with no deaths in January, March, April, May, June, July and September.

Detailed analysis is provided in Figures 11.6.1, 11.6.2, and Tables 11.6.1 and 11.6.2 below.

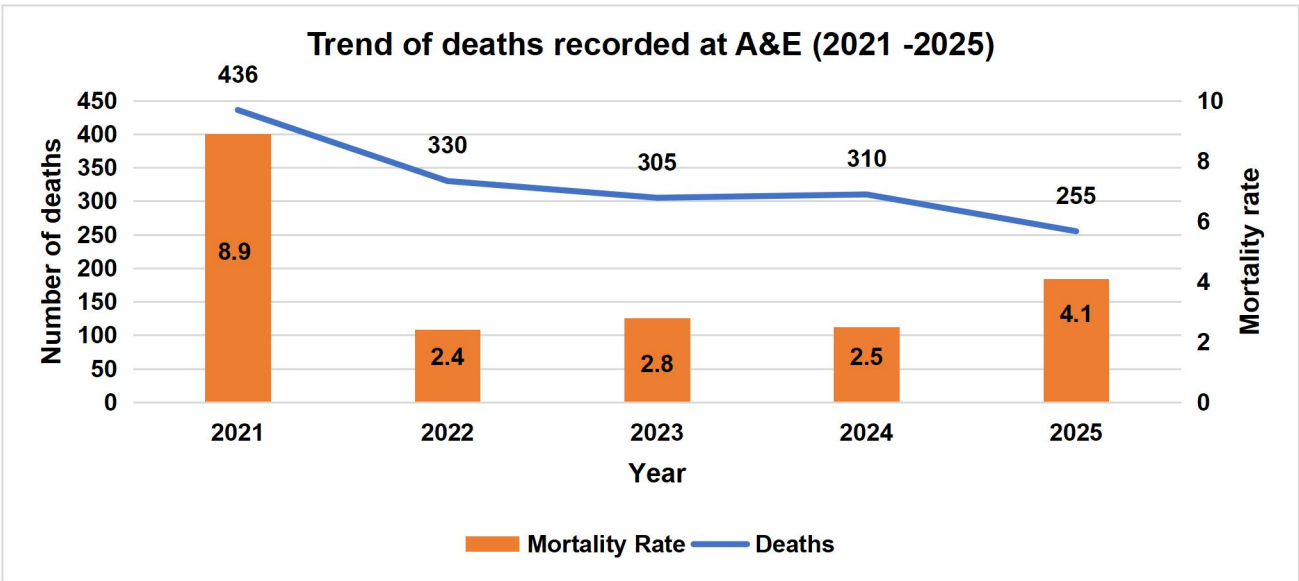


Figure 11.6. 1: Trend of Deaths Recorded at the A&E (2021 - 2025)

Table 11.6. 1: Trend Analysis of Deaths Recorded at the A&E (2020 – 2025)

PARAMETER	2021	2022	2023	2024	2025	REMARKS
Number of A&E Deaths	436	330	305	310	255	17.7% decr
Mortality Rate	8.9	2.4	2.8	2.5	4.1	64% incr
Brought in Dead (BID)	44	57	76	64	57	10.9% decr

Table 11.6. 2: Analysis of Monthly Mortality (True Mortality) Rate (%) intra-triage in2025

Month	Red/Tot al deaths	Red/A ll Red	Orange/Tot al deaths	Orange/A ll Orange	Yellow/Tot al deaths	Yellow/A ll Yellow	Green / Total death s	Green/A ll Green
January	1.90	28.36	0.30	1.13	0.00	0.00	0.00	0.00
February	1.45	13.54	0.45	1.06	0.11	0.28	0.00	0.00
March	1.68	17.17	1.08	2.75	0.00	0.00	0.00	0.00
April	1.42	16.22	0.36	0.94	0.00	0.00	0.00	0.00
May	1.64	21.92	1.43	5.17	0.00	0.00	0.00	0.00
June	1.21	17.86	1.45	4.56	0.00	0.00	0.00	0.00
July	1.56	20.63	1.92	4.92	0.00	0.00	0.00	0.00
August	1.07	15.00	0.12	0.30	0.12	0.37	0.00	0.00
Septemb er	1.37	18.06	0.63	1.74	0.00	0.00	0.00	0.00
October	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Novembe r	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Decembe r	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

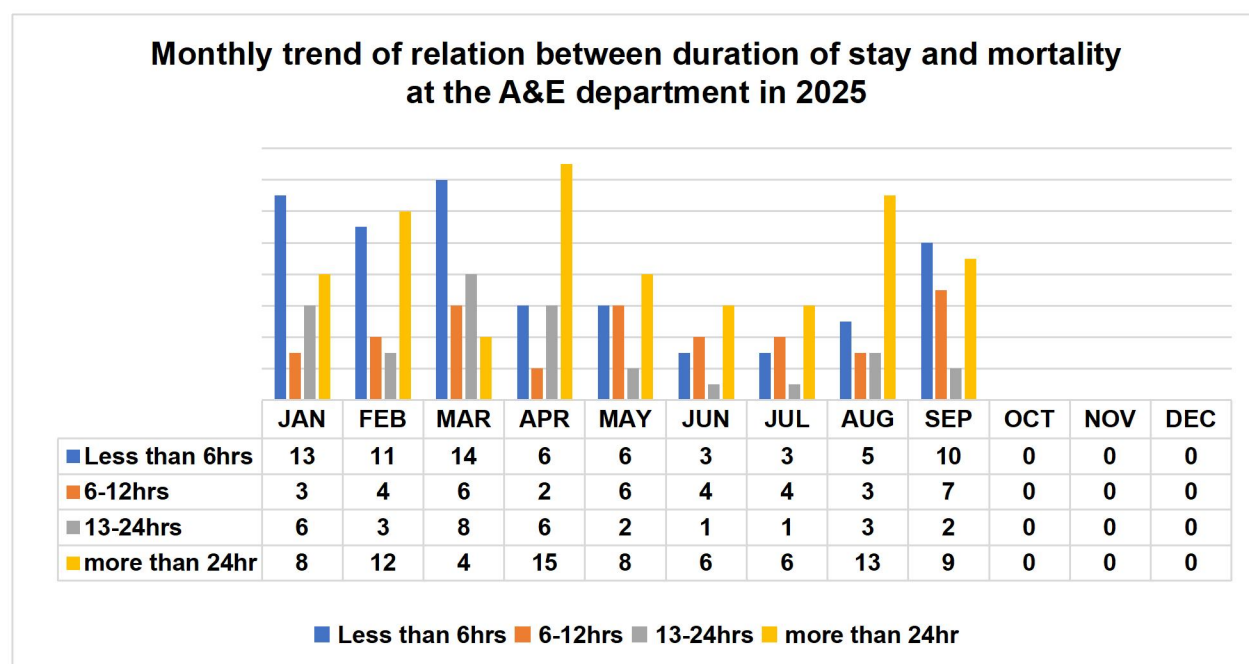


Figure 11.6. 2: Monthly Trend of Relation between Duration of stay and mortality at the A&E Department in 2025

11.6.1 TOP CAUSES OF DEATH AT A&E IN 2025

Cerebrovascular Accident (CVA)/Stroke continues to be the leading cause of A&E mortality constituting 23.1% of total deaths (59 out of 255) in 2025 (January–September), marking a significant increase from 35 cases in 2024. Malignancy rose to the second rank in 2025 with 35 cases (13.7%), followed by Sepsis/Septic shock with 28 cases (11.0%). Pneumonia with complications accounted for 18 cases (7.1%), while Trauma (head/C-spine injury) contributed 17 cases (6.7%). Other notable contributors included Heart failure (15 cases, 5.9%), End stage kidney disease (14 cases, 5.5%), Chronic liver disease complications (12 cases, 4.7%), and Diabetes Mellitus complications (4 cases, 1.6%). Table 11.6.1.1 below provides the top causes of death at the hospital's emergency room from 2023 to 2025 (January–September).

Table 11.6.1. 1: Top Causes of Death at A&E from 2023 to 2025

2023		2024		2025	
DIAGNOSIS	NO	DIAGNOSIS	NO	DIAGNOSIS	NO
Cerebrovascular Accident (CVA)	63	Stroke (infarctive/hemorrhagic)	35	Stroke Cerebrovascular Accident (CVA)	59
Heart Failure	36	Pneumonia	21	Malignancy	35
Malignancies	30	Heart failure	12	Sepsis/ Septic shock	28
Sepsis	30	End Stage Kidney Disease	11	Pneumonia with complications	18
Chronic Liver Disease	27	Breast cancer	10	Trauma (head/ C-spine injury)	17
Pneumonia	27	Heat injury	8	Heart failure	15
Severe Head Injure	18	Chronic Liver Disease		End stage kidney disease	14
End Stage Kidney Disease	12	Acute abdomen	8	Chronic liver disease complication	12
Acute Abdomen	9	Prostate cancer	7	Diabetes Mellitus complications	4

11.7 A&E REFERRALS

In 2025 (January–September), the A&E department recorded an increase of 29.4% in the number of referred cases to the department (from 1,192 in 2024 to 1,543 in 2025 Jan–Sept). The highest proportion of these referrals were from the CCTH Polyclinic, which accounted for 124 cases (8.0%). This was followed by Adisadel Health Center, contributing 74 cases (4.8%). Ewim Polyclinic referred 73 cases (4.7%), placing third among the major referral sources. Additionally, UCC Hospital accounted for 59 cases (3.8%), while Moree Health Centre and St. Francis Xavier Hospital each contributed 41 cases (2.7%) and 39 cases (2.5%) respectively. On the other hand, Sanford World Clinic and Mercy Women Health Centre each referred 38 cases (2.5%), while Cape Coast Metro Hospital and Twifo-Atti-Morkwa Hospital contributed 37 cases (2.4%) and 36 cases (2.3%) respectively.

Details of the referral patterns and facility contributions are shown in Figure 11.7.1, Figure 11.7.2, and Tables 11.7.1 through 11.7.2.

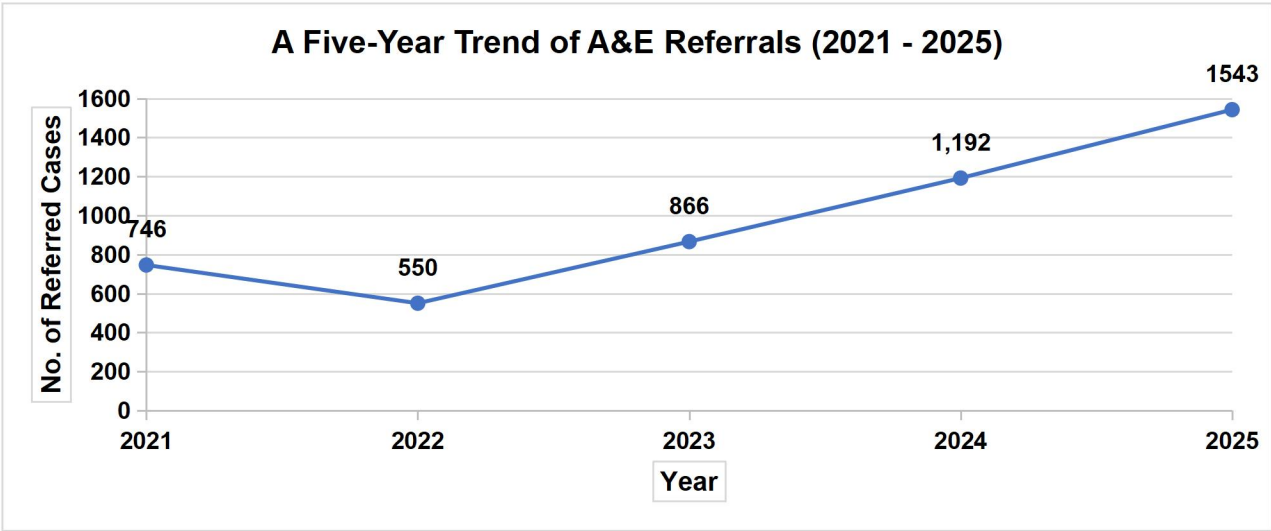


Figure 11.7. 1: Trend of Total A&E Referrals (2021 - 2025)

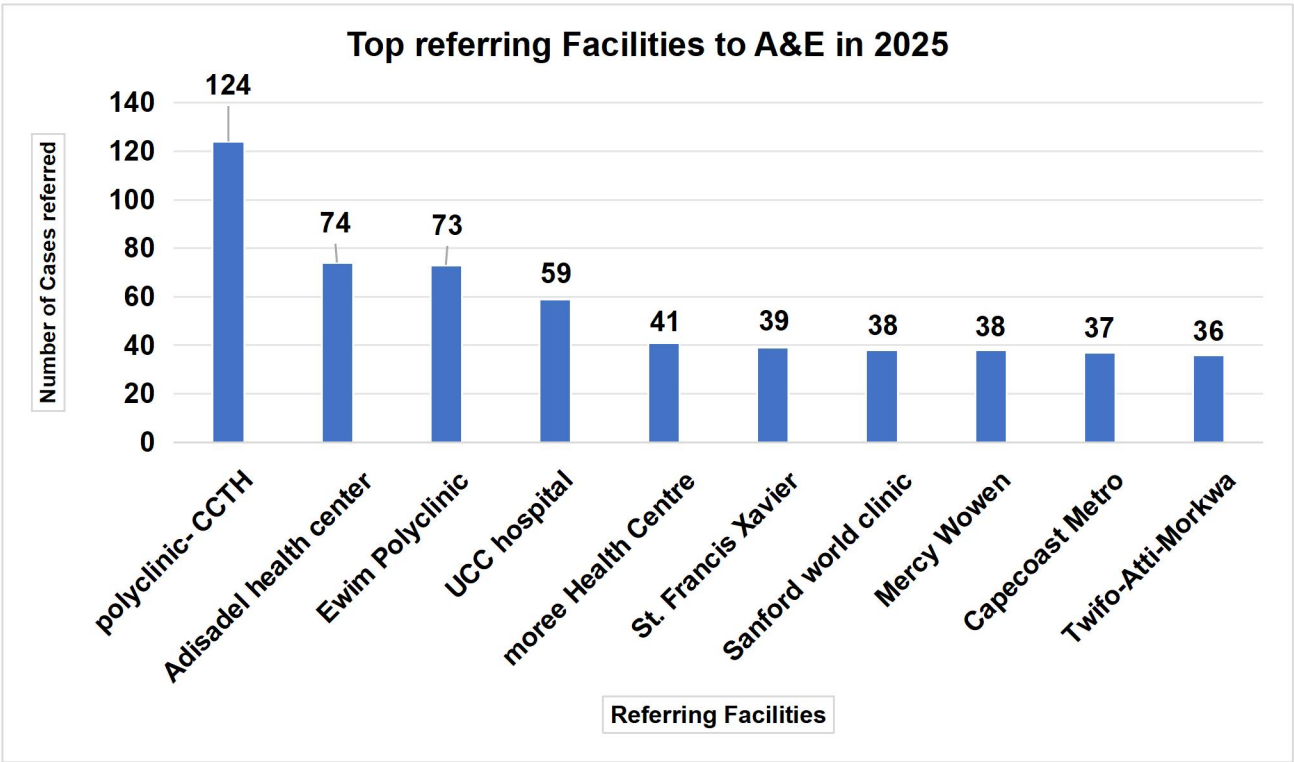


Figure 11.7. 2: Top Referring Facilities to A&E in 2025

Table 11.7. 1: Top Referring Facilities to A&E (2023-2025)

2023		2024		2025	
Facility	No.	Facility	No.	Facility	No.
UCC Hospital	124	ST Francis Xavier Hospital	96	CCTH polyclinic	124
Ewim polyclinic	99	Twifo Attimorkwa Hospital	78	Adisadel health center	74
Elmina polyclinic	88	UCC Hospital	78	Ewim polyclinic	73
St. francis Xavier Hospital	75	Ewim Polyclinic	74	UCC hospital	59
Effia Nkwanta Hospital	75	CCTH Polyclinic	59	Moree Health Centre	41
Adisadel Urban Health	68	Mercy Women Centre	51	St. Francis Xavier	39
Saltpond Hospital	62	Cape Coast Metro Hospital	51	Sanford world clinic	38
Mercy Woman Health Centre	61	Moree Health Centre	44	Mercy Women Health Centre	38
Assin Praso Hospital	61	Saltpond Municipal Hospital	39	Cape Coast Metro Hospital	37
Abura Dunkwa Hospital	58	Efia Nkwanta Hospital	38	Twifo-Atti-Morkwa	36

CHAPTER TWELVE

DIAGNOSTIC SERVICES

12.1 INTRODUCTION

The hospital's diagnostic services are rendered through the Imaging Sub- BMC, Laboratory, Pathology and the Transfusion Medicine Units. Together, these units ensure the availability of comprehensive diagnostic investigations for both inpatients and outpatients. The Laboratory services offered include a broad range of investigations covering biochemistry, bacteriology, parasitology, and serology. Imaging modalities provided include X-radiation (X-ray), computed tomography (CT scan), ultrasound, mammography, echocardiogram and fluoroscopy. The pathology services include autopsies, body storage and embalmment. The transfusion medicine unit provides blood safety services as well as transfusion services.

12.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES

In line with the hospital's six medium-term strategic objectives, the table below summarizes the 2025 key outputs and outcomes of the Diagnostic Services Units.

Table 12.2. 1: Summary of the 2025 Annual Performance of Diagnostics Services Units under the Strategic Objectives.

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY							
Access	2021	2022	2023	2024	2025	Target	Remarks
Utilisation of laboratory services	221.3%	524%	505.1%	555.55%	415.68%	TH = 60%	Decr (Target not met)
Total laboratory Investigation	180,415	558,298	519,363	393,955	418,709	CCTH = 10% ↑	6.3% Incr (Target not met)
Utilisation of radiological services	87%	123.3%	114.41%	102.11%	118.96%	TH = 60%	Incr. (Target not met)
Radiology investigation	20,587	20,787	22,758	24,506	25,730	CCTH = 10% ↑	5.0% incr (Target not met)
Number of autopsies conducted	227	250	232	247	201	-	18.6% decr
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.							
<i>Laboratory Unit</i>							
Participated in External Quality Assessment (EQA) training for tuberculosis (TB), Malaria and Human Immunodeficiency Virus (HIV)							
Conducted training on IPC, QMS, TB and Malaria for staff							
Conducted customer satisfaction survey.							
Conducted Risk Assessment, Management Review, Internal Audit, Revision/Review of policies and procedures for the unit.							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE
Imaging Sub-BMC
Tutorial sessions held with all cadre of clinical staff Monthly
Conducted in-service training on fire prevention & safety
Haematology Unit
Conducted education for patients on nutrition/hydration and preventive measures for non-communicable diseases
Transfusion Medicine Unit
1 training organised in collaboration with National Blood Service on Africa Society for Blood Transfusion (AfSBT) Stepwise Accreditation Programme.
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE
Laboratory Unit
Received the following equipment and supplies; • Bacteriology consumables through AMS Program (Fleming Fund) • 1 Hb electrophoretic apparatus from VM foundation • 1 HbA1c analyzer
Pathology Unit
Refurbished two (2) trollies.
The Maintenance works carried-out on cold room 2 and painted upon completion
Imaging Sub-BMC
Renovated two Staff wash rooms
Held discussions with Central Management on acquiring MRI and OPG machines.
Transfusion Medicine Unit
Submitted expansion plan of the unit to Management for review and consideration.
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM
4.1: Governance Related Performance
Laboratory Unit
Conducted regular laboratory meetings, presentations and continuous professional education.
Facilitated seminars/workshops to support staff development
Transfusion Medicine Unit
One (1) meeting held with Central Management
One (1) departmental meeting was organized
Pathology Unit
Organised One (1) Management meeting & Three staff durbars were organized at the department
Imaging Sub-BMC
All Radiologists, Radiographers and Sonographers participated in their professional AGMs
Conducted tutorial sessions for clinical staff
Five (5) Sub-BMC management meetings and three (3) staff durbars were organized.
In service training on fire prevention & safety organized for staff
Haematology Unit
Continued to supervise house and medical officer as well as other staff at various levels.
4.2: Human Resource Related Performance
Transfusion Medicine Unit
Two (2) nurses were posted to the Unit.
One (1) donor organizer was posted to the Unit
4.3 Finance related performance
-
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING AND EXCELLENCE IN LEARNING
Laboratory Unit
Two (2) researches were published.
Partnered with KHRC and NMIMR in undertaking the MVPE program and Influenza surveillance

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE
respectively.
Pathology Unit
Conducted and published two (2) research papers; 1. Distribution of hrHPV genotype among cervical cancer cases diagnosed across Ghana. 2. Central Neurocytoma in a teenager, a rare case of hemiplegia, & a Diagnostic Dilemma in a resource poor setting
5.2 Improve on Teaching and Learning:
Pathology Unit
The following students had their rotation in the Sub-BMC; • 2 postgraduate doctors • 2 specialist pharmacists • 1 House Officer • 12 Forensic Sciences
Imaging Sub-BMC
The following students had their rotation in the Sub-BMC; • 117 Sonography students and 102 radiography students • 4 OBGYN residents
Transfusion medicine
100 students rotated through the Unit
Haematology Unit
Continued teaching sessions during daily ward rounds and in the laboratory.
CCTH OBJECTIVE 6: INTENSIFY SUPPORT TO THE LOWER LEVEL OF CARE AND SERVICE DELIVERY POINTS
Laboratory Unit
Provided diagnostic support to lower facilities, such as TB GeneXpert services
Staff facilitated key training programs and also served as Regional OTSS and EQA supervisors

12.3 LABORATORY SERVICES UTILISATION

Laboratory service utilization has fluctuated over the past five years with 2022 recording a substantial rise of 209.4% (180,422 in 2021 to 558,298 in 2022) following the introduction of ten new laboratory tests. However, the upward trend was not sustained in subsequent years. In 2025 however, the total number of tests conducted increased by 6.3% (from 393,955 in 2024 to 418,709 in 2025).

Biochemistry continued to be the highest contributor to the overall laboratory investigations in 2025, recording an 8.6% increase in investigations, from 258,518 in 2024 to 280,677 in 2025. The increase was largely driven by higher demand for routine chemistry investigations, particularly Kidney Function Tests (KFT) and Liver Function Tests (LFT). In contrast, requests for Lipid Profile tests declined during the year.

Specialized biochemistry investigations recorded notable reductions. Thyroid profile tests declined by 64.7% (from 708 in 2024 to 250 in 2025). Fertility marker investigations also reduced by 65.6% (from 273 in 2024 to 94 in 2025), while tumour markers declined by 61.8% from 301 to 115 over the same period. Other 4,972 biochemistry investigations (uric acid, glucose, magnesium, calcium, phosphorus, amylase, HbA1c, insulin and ferritin) were conducted.

Total microbiology tests recorded an increase of 1.8% (from 14,408 in 2024 to 14,737 in 2025). Similarly, all the various sub-units such as parasitology, bacteriology and

mycobacteriology recorded higher test volumes in 2025. Haematology investigations conducted in 2025 summed up to 72,133, representing a 10.6% increase from the 65,230 tests in 2024. On the other hand, serology investigations declined by 24% (from 48,646 in 2024 to 36,964 in 2025). This was driven by decreased screening for infectious disease markers such as Widal/Typhidot, Rheumatoid factor, HIV viral load and Hep. B profile.

The laboratory unit conducted a total of 635 HIV viral load tests in 2025, representing a 48% decline from 1,175 in 2024. Viral suppression rate decreased from 88.9% in 2024 to 87.5% in 2025, whereas the number of virologic failure rose from 11.1% in 2024 to 12.5% in 2025. COVID-19 testing increased significantly in 2025. The number of COVID-19 test conducted increased by 179.4% (from 155 in 2024 to 433 in 2025) also the number of confirmed cases increased by 166.7% (from 3 in 2024 to 8 in 2025). COVID-19 test positivity rate dropped to 1.85% from 1.94% in 2024.

Further, during the reporting year, 52,945 clients were attended to by the laboratory unit, consisting of 51% (27,002) out-patients and 49% (25,943) in-patients. Further details are presented Figures 12.3.1 to 12.3.9 and Tables 12.3.1 to 12.3.5 below.

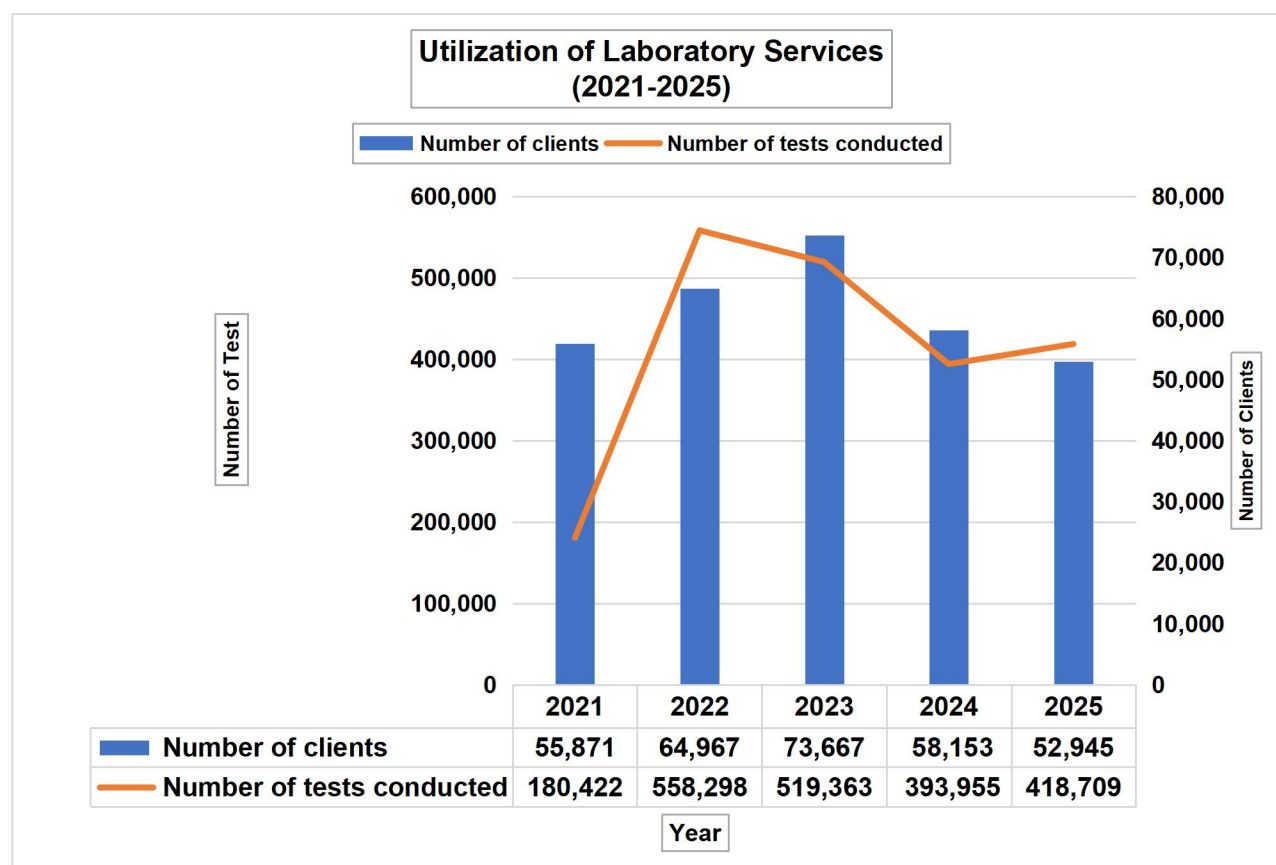


Figure 12.3. 1: Utilization of Laboratory (2021 -2025)

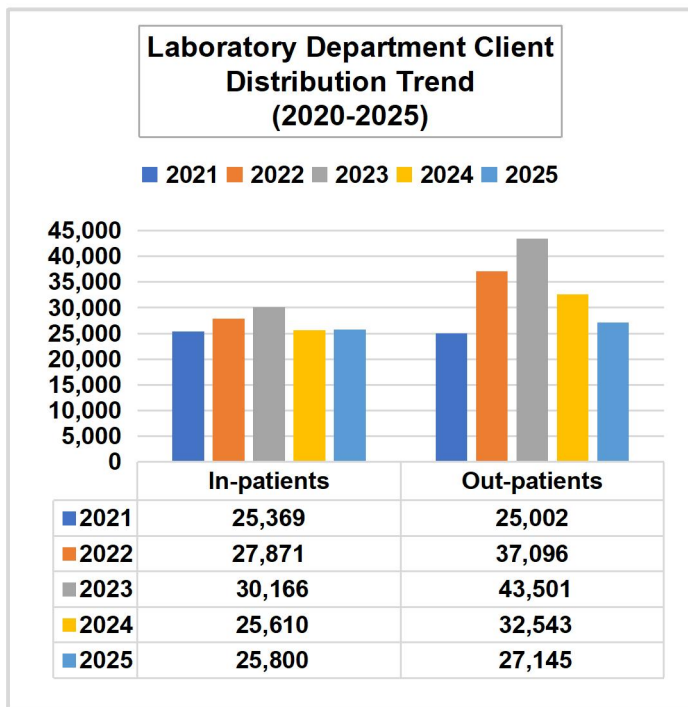


Figure 12.3. 2: Laboratory Department Client DistributionTrend (2021 -2025)

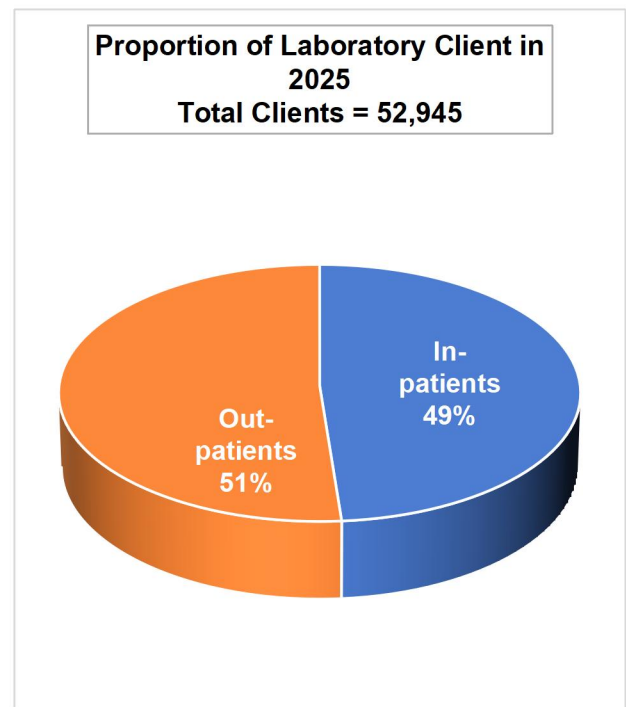


Figure 12.3.3: Proportion of Laboratory Clients in 2025

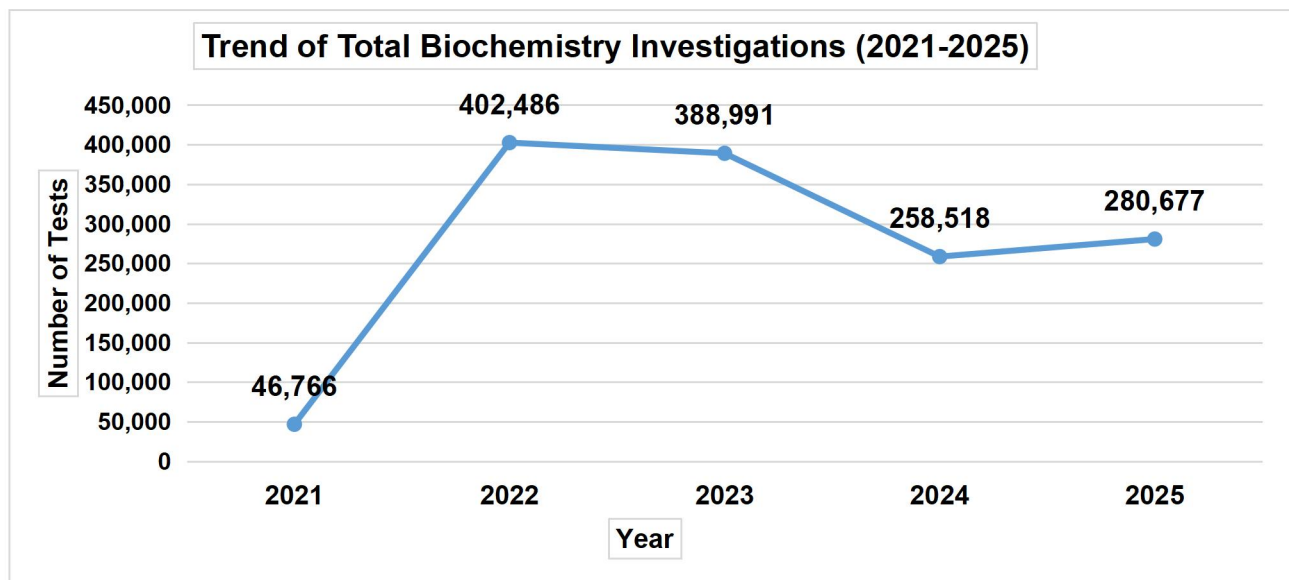


Figure 12.3. 4: Trend of Biochemistry Investigations (2021 - 2025)

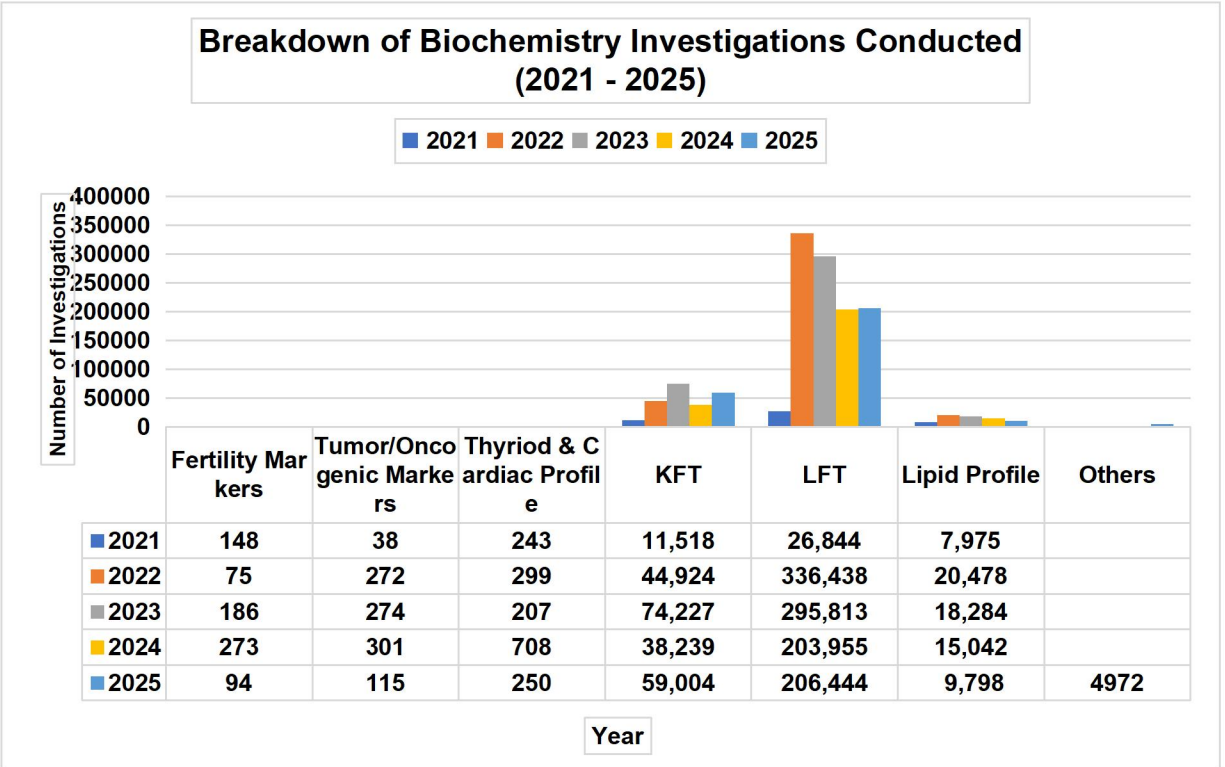


Figure 12.3. 5: Breakdown of Biochemistry Investigations (2021-2025)

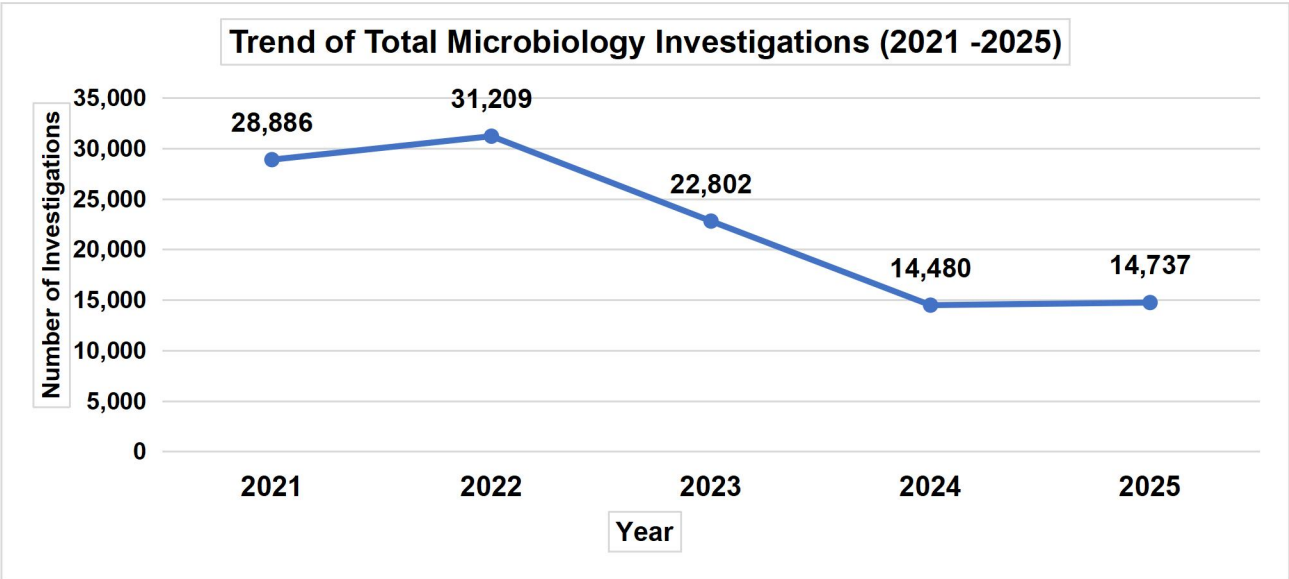


Figure 12.3. 6: Trend of Microbiology Investigations (2021 - 2025)

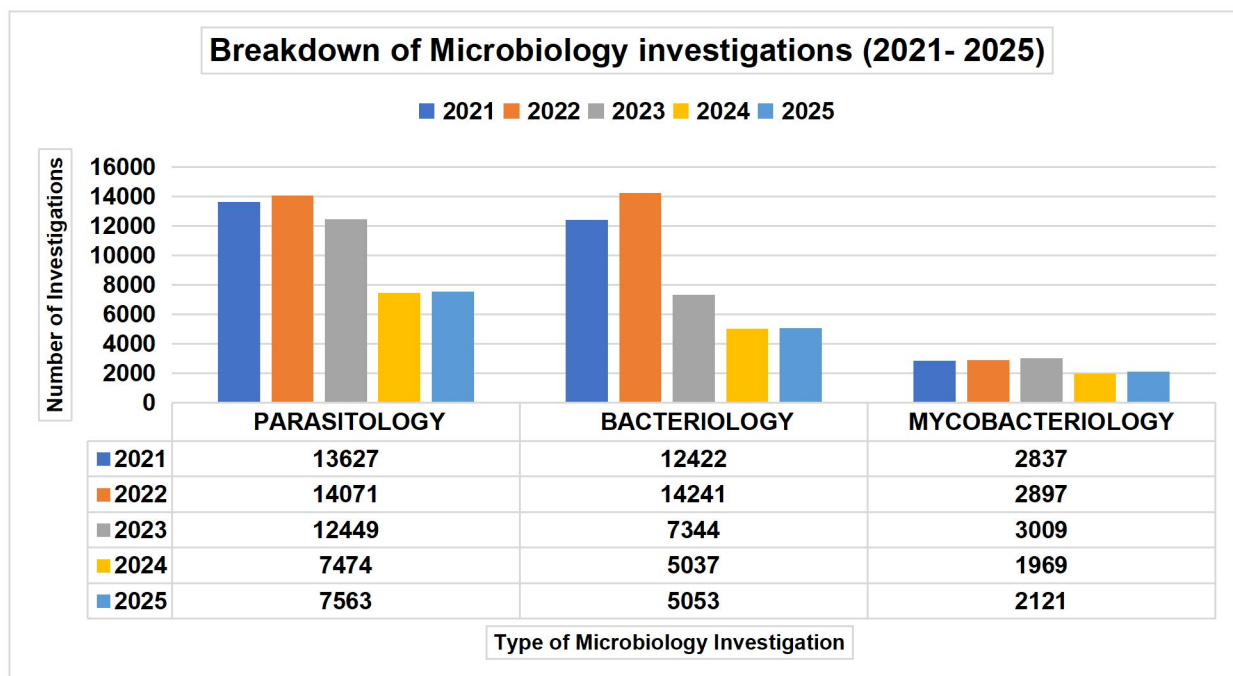


Figure 12.3. 7: Breakdown of Microbiology Investigations (2021 - 2025)

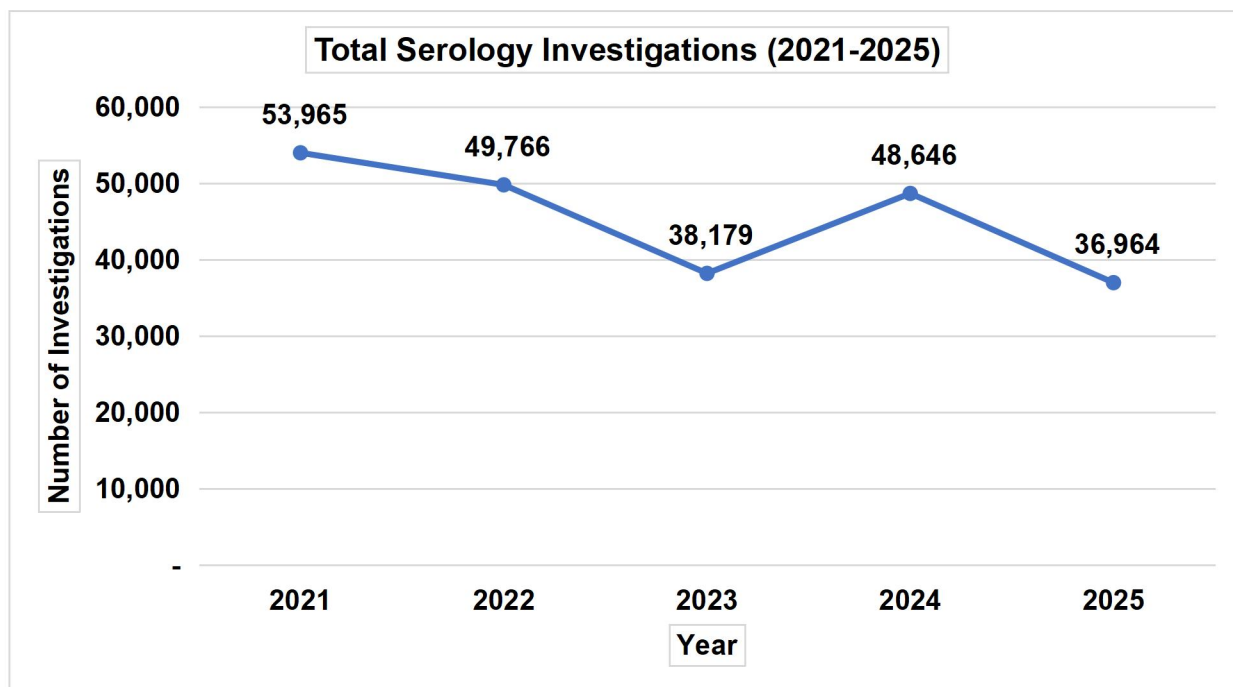


Figure 12.3. 8: Total Trend of Serology Investigations (2021-2025)

Table 12.3. 1: Breakdown of Serology Investigations (2021-2025)

SEROLOGY COMPONENT	2021	2022	2023	2024	2025	REMARKS
Infectious Disease Serology						
Bacterial Infection Markers						
Widal/Typhidot	3,518	2,414	1,243	3,017	2,853	5.4% decr
VDRL	6,079	6,425	4,670	6,780	6,620	2.4% decr
Syphilis (Confirmatory);	24	0	0	0	0	-
Antistreptolysin O (ASO);	0	0	0	0	0	-
Viral Infection Markers						
HBsAg (Screening)	8,716	7,702	5,159	7,887	8,157	3.4% incr
Hepatitis B Profile (Combo);	93	167	127	151	143	5.3% decr
HBsAg (Confirmatory);	14	0	0	3	0	100% decr
HBsAg (Quantification);	0	0	0	0	0	-
Hepatitis C Antibody/ Hepatitis C (Screening)	7,337	7,497	4,943	7,760	7,853	1.2% incr
HCV (Confirmatory);	8	0	0	2	0	100% decr
Hepatitis A (IgM/IgG);	0	0	0	0	0	-
Hepatitis E (IgM/IgG)	0	0	0	0	0	-
HIV (Screening);	8,762	7,803	7,844	7,884	8,437	7.0% incr
HIV (Confirmatory)	17	4	0	6	0	100% decr
HSV 1	-	-	-	2	0	100% decr
HSV 2	-	-	-	2	0	100% decr
Other Bacterial/Viral Markers						
Helicobacter pylori (Antigen & Antibody)	2,031	1,096	1,261	1,187	1,480	24.7% incr
CD4 Count	-	-	-	-	10	-
DBS/EID	633	623	384	41	125	202.4% incr
HIV Viral Load	2807	4,045	1,542	1,175	635	46% decr
Rheumatoid Factor (RF);	51	60	38	36	0	100% decr
C-Reactive Protein (CRP)	63	150	88	320	651	103.4% incr
Pregnancy Test (hCG)	-	-	-	-	-	-
HBsAg (Donor);	3,453	3,089	2,828	3,107	-	
HCV Antibody (Donor);	3,453	3,049	2,808	3,087	-	
HIV Antigen/Antibody (Donor);	3,453	2,554	2,763	3,092	-	
Syphilis Antibody (Donor)	3,453	3,088	2,481	3,107	-	
Total	53,965	49,766	38,179	48,646	36,964	24% decr

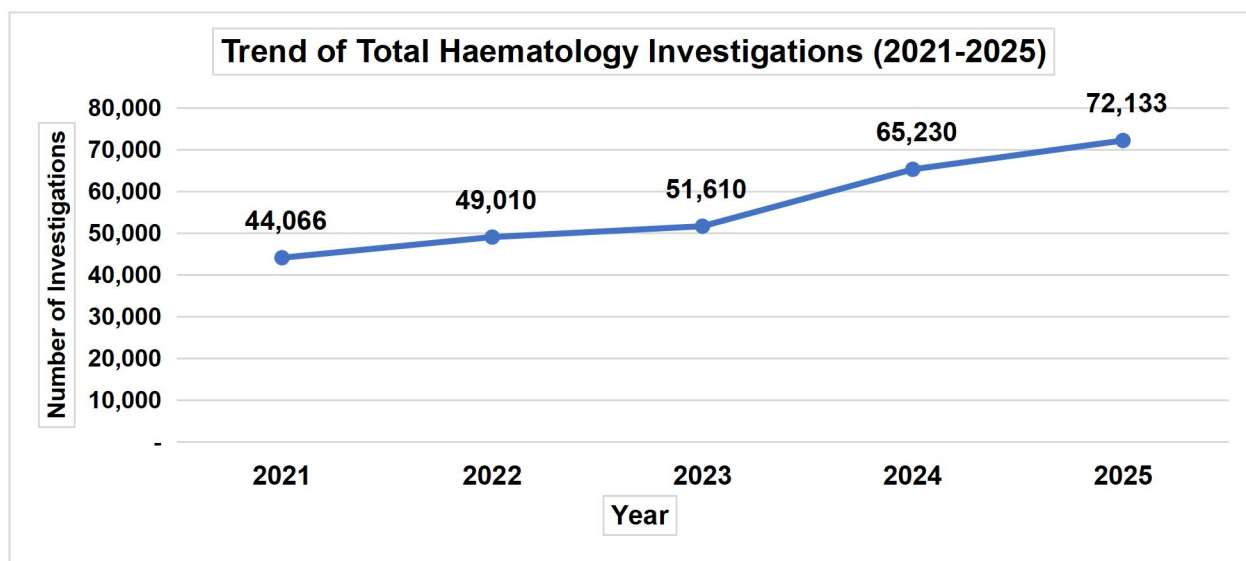


Figure 12.3. 9: Trend of Total Haematology Investigations (2021-2025)

Table 12.3. 2: Haematology Investigation Trend (2021-2025)

TEST	2021	2022	2023	2024	2025	Remarks
FBC	23,106	34,510	26,597	24,110	27,186	12.8% incr
Rectics Count	-	15	-	423	2,265	435.5% incr
Sickling	1,697	1,645	1,448	1,756	803	54.3% decr
ESR	1,250	1,951	2,776	2,523	1,334	47.1% decr
BF-MPs	4,966	6,863	6,301	6,861	6,489	5.4% decr
G6PD	1,030	1,826	1,826	1,602	1,446	9.7% decr
Blood Group	16,122	21,248	23,059	27,433	30,728	12.0% incr
Bleeding & Clotting Time	-	-	-	-	-	-
Clotting Profile (PT, INR, APTT)	346	443	447	215	481	123.7% incr
D-Dimer	-	15	110	16	4	75% decr
Coomb's Test	42	113	65	0	0	-
Film Comment	187	104	225	291	417	43.3% incr
Hb Electrophoresis	264	0	0	-	980	-
Total	44,066	49,010	68,743	65,230	72,133	10.6% incr

Table 12.3. 3 : COVID-19 (SARS-CoV-2) Investigations (2021-2025)

Indicator	2021	2022	2023	2024	2025	Remarks
Total number of Cases	3,468	1,471	1,473	155	433	179.4% incr
Total number of Positives	1,198	277	201	3	8	166.7% incr
Total number of Negatives	2,270	1,194	1,272	152	425	179.6% incr
Test Positivity Rate (%)	34.544%	18.831%	13.646%	1.936%	1.85%	decr.

Table 12.3. 4: Viral Load (HIV) Investigations (2021-2025)

HIV LOAD	2021	2022	2023	2024	2025	REMARKS
Total Patients Tested	2,807	4,045	1,542	1,104	635	42.5% decr
HIV Viral Load	2807	4,045	1,542	1,175	635	46% decr
Viral Suppression	1,880 (75.02%)	2,701 (74.5%)	799 (74.9%)	840 (88.9%)	525 (87.5%)	decr
Virologic Failure	626 (24.98%)	924 (25.5%)	267 (25.1%)	104 (11.1%)	25 (12.5%)	decr
Invalid	301	420	467	160	35	78.1% decr

Table 12.3. 5: Trend of Early Infant Diagnosis of HIV (2021-2025)

INDICATOR	2021	2022	2023	2024	2025	REMARKS
Total Infants Tested	633	623	384	53	48	9.4% decr
Positives	36 (5.75%)	30 (4.82%)	14 (3.65%)	0	7(14.58%)	
Negatives	590 (94.25%)	593 (95.18%)	370 (96.35%)	53	41	22.6% decr
Invalid	7	0	0	0	0	No change

12.4 TRANSFUSION MEDICINE MANAGEMENT SERVICES

Blood and blood product transfusions are crucial to patient survival. Globally, health facilities rely on a consistent and adequate supply of these products to improve the survival of patients in critical condition. In 2025, the hospital recorded decline in the availability of whole blood and increase in blood products.

The total units of blood collected in 2025 decreased by 11.6% (from 7,715 in 2024 to 6,817). This drop was primarily driven by the decrease in mobile blood donation sessions and voluntary blood donations. Blood replacement/pre-deposit went up by 21.7% (from 3,407 in 2024 to 4146 in 2025) and was the largest contributor (60.8%) to the total blood mobilized, whereas walk-in donations increased by 20.6% (175 in 2024 to 211 in 2025), while also contributing 3.1% of the blood mobilized within the period. On the other hand, blood mobilized through voluntary blood donations and mobile blood

donation sessions decreased by 38.3% and 43.6% respectively, whereas ANC-related replacement donations also declined by 14.5% (from 62 in 2024 to 53 in 2025).

Further, the blood discard rate in 2025 increased from 3.5% (268 out of 7,715) in 2024 to 4% (273 out of 6817) in 2025. This rise was significantly attributed to the increase in expired blood, which rose from 8 in 2024 to 47 in 2025, and partially transfused blood (65). Other factors that contributed to the increase in the number of discarded units of blood in 2025 were Transfusion-Transmitted Infections (115), clotted (2), insufficient volume (19), expiration (8), haemolysis (1), polycythaemia (17), broken cold chain (6), and leakage (1).

Figure 12.4.1 details the proportion of blood mobilized from the various sources whiles Table 12.4.1 to Table 12.4.3 below present the comparative performance trends of the sources of blood donation, trends of units of blood discarded and reasons for discarding blood.

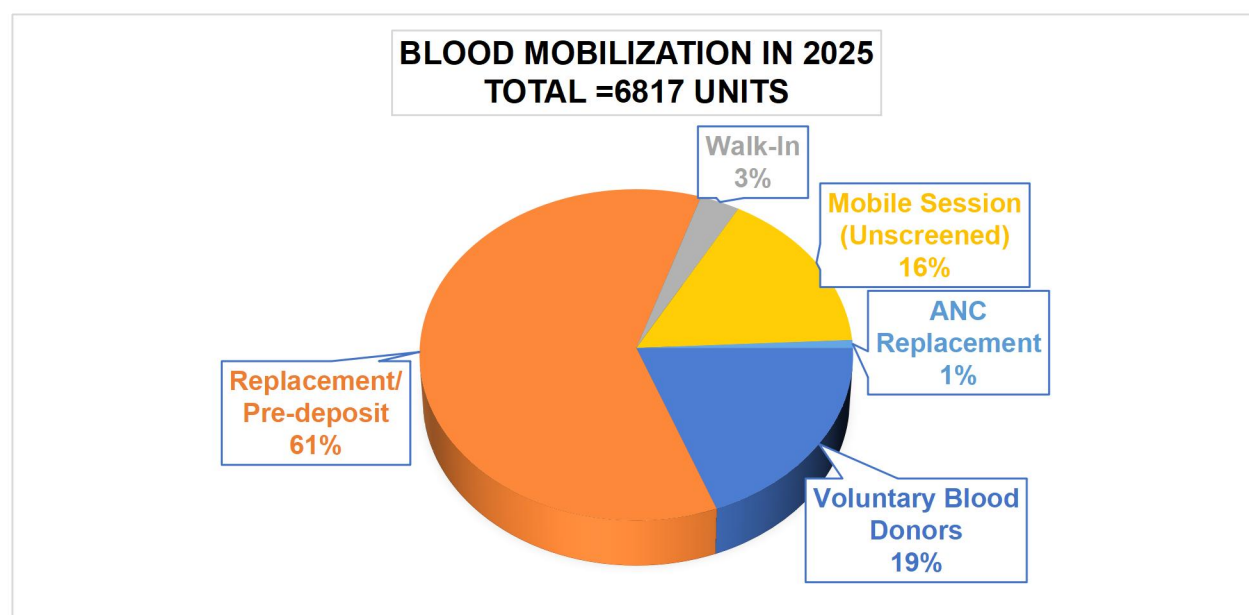


Figure 12.4. 1: Blood Mobilization In 2025

Table 12.4. 1: Source of Blood Donation (2021-2025)

GROUPS	2021	2022	2023	2024	2025	REMARKS
Voluntary Blood Donors	674	1,752	2,264	2,123	1,309	38.3% decr
Replacement/ pre-deposit	2,925	2,541	2,567	3,407	4,146	21.7% incr
Walk-In	130	88	99	175	211	20.6% incr
Mobile Sessions (Unscreened)	584	1,607	2,165	1,948	1,098	43.6% decr
ANC Replacement	36	51	74	62	53	14.5% decr
Total	4,349	6,039	7,169	7,715	6,817	11.6% decr

Table 12.4. 2: Trend of Units of Blood Discarded (2021-2025)

GROUPS	2021	2022	2023	2024	2025	REMARKS
Unsafe Blood / Discarded	242	107	371	268	273	1.9% incr

Table 12.4. 3: Reasons for Discarding Blood (2023-2025)

REASON	NUMBER			REMARKS
	2023	2024	2025	
Transfusion-Transmitted Infections (TTIs)	293	181	115	36.5%Decr.
Clotted	1	0	2	-
Expired	1	8	47	487.5%Incr.
Haemolysis	3	2	1	50% Decr.
Unsuccessful	38	30	0	-
Unaccounted	35	0	0	-
Insufficient volume	0	0	19	-
Partially transfused	0	0	65	-
Polycythaemia	0	0	17	-
Broken cold chain	0	0	6	-
Leakage	0	0	1	-
Total Blood Discarded	371	221	273	23.5%Incr.

With regards to blood utilization, the number of units of whole blood crossmatched increased by 14% (from 5,064 in 2024 to 5,774 in 2025), whereas the whole blood transfused went up by 19.5% (from 4,620 in 2024 to 5,521 in 2025). Departments across the hospital collectively received 5,521 units compared to 4,885 in 2024, representing a 13% increase. The Accident & Emergency, Child Health and Internal Medicine recorded substantial increase of 72.8%, 12.3% and 12% respectively in the units of whole blood transfused compared to 2024.

Similarly, the total units of fresh frozen plasma (FFP) transfused in 2025 increased by 3% from 788 in 2024 to 812 in 2025. Maternal Health Sub-BMC received the highest proportion of 62.6% (508) and was followed by Anaesthesia & Critical Care Sub-BMC – 17.7% (144) and Surgical Sub-BMC – 6.4% (52) while 1.6% (13) were received by peripheral facilities (outstations). Further analysis is provided in Figures 12.4.2 to 12.4.4 and Table 12.4.4 to 12.4.5 below.

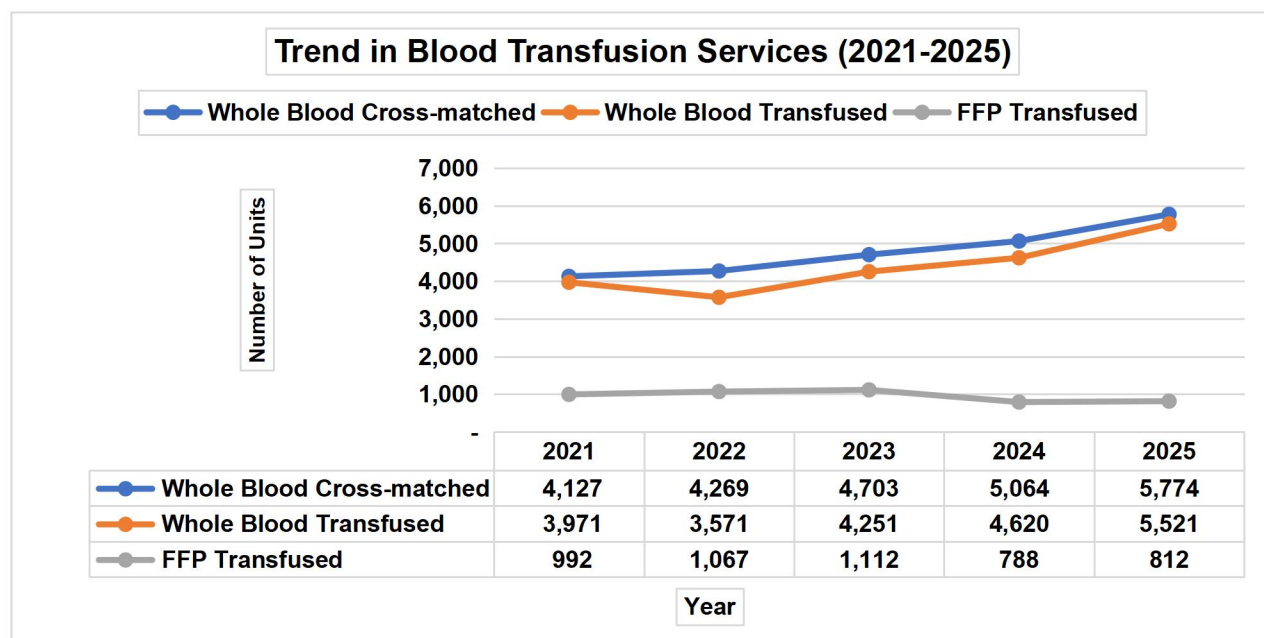


Figure 12.4. 2: Blood Transfusion Services (2021-2025)

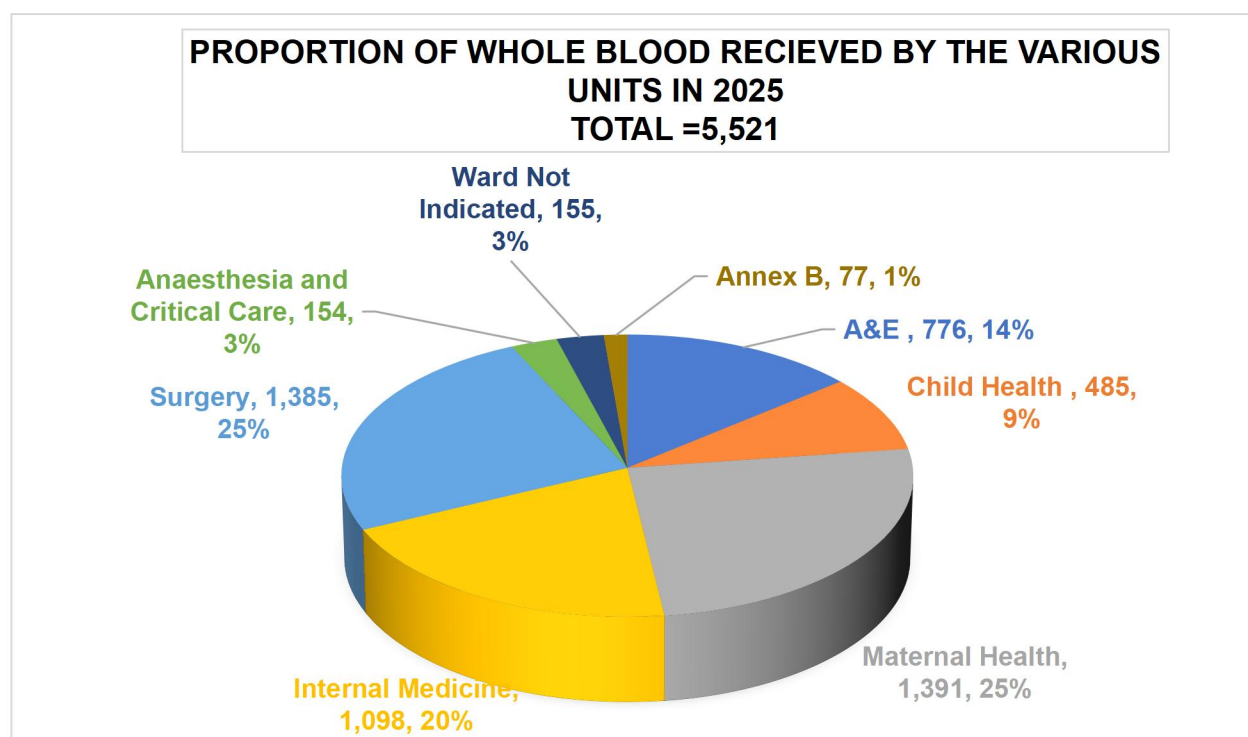


Figure 12.4. 3: Proportion of Whole Blood received by the various Units in 2025

Table 12.4. 4: Whole Blood received by the various Units from 2021 to 2025

Department	2021	2022	2023	2024	2025	Remarks
A&E	379	355	470	449	776	72.8% Incr.
Child Health	465	504	748	553	485	12.3% Decr.
Maternal Health	987	1,176	1,336	1,393	1,391	0.1% Decr.
Internal Medicine	721	736	757	980	1,098	12.0% Incr.
Surgery	1,132	1,070	1,092	1,311	1,385	5.6% Incr.
Anaesthesia and Critical Care	97	126	291	169	154	8.9% Decr.
Ward Not Indicated	61	21	23	8	155	1,837.5% Incr.
Out-Stations	67	197	82	22	0	100% Decr.
COVID-19 Treatment Centre	17	-	-	0	0	-
Annex B	-	-	-	-	77	-
Total	3,926	4,201	4,798	4,885	5,521	13.0% Incr.

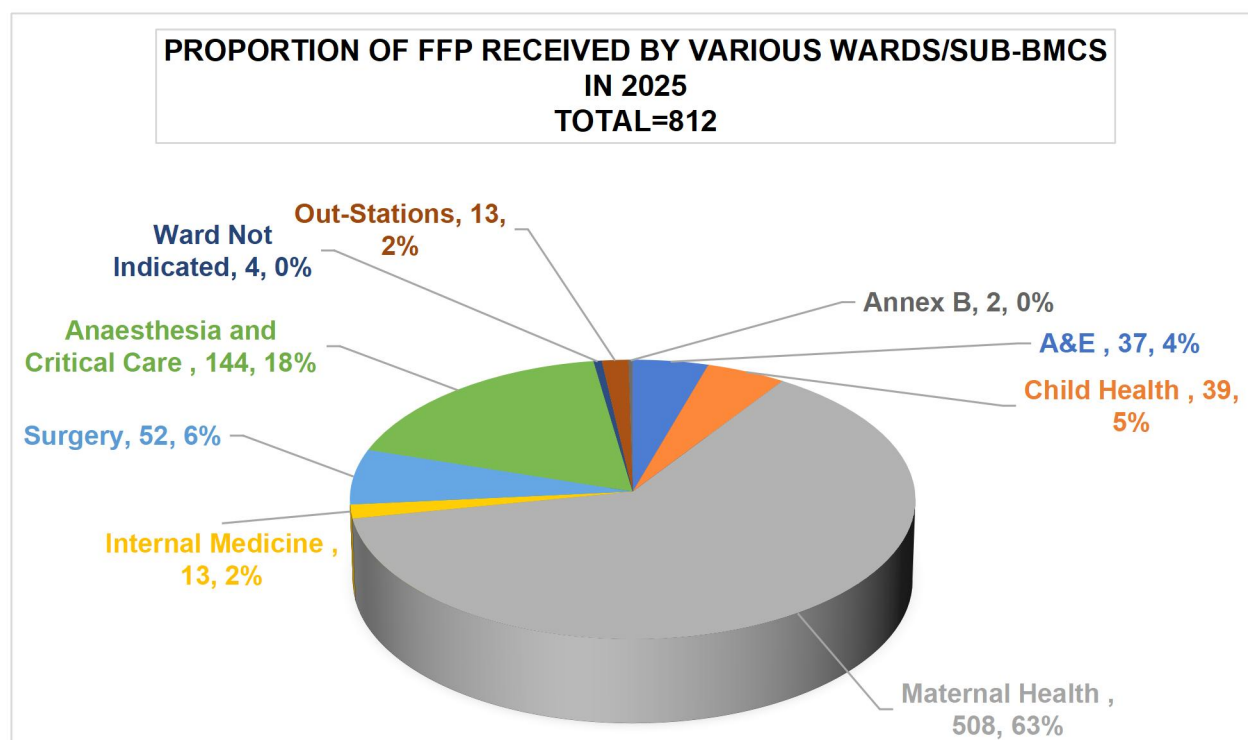


Figure 12.4. 4: Proportion of FFP received by the various Units in 2025

Table 12.4. 5: Trend of FFP Received by Various Wards/Sub-BMCs 2021 to 2025

Department	2021	2022	2023	2024	2025	Remarks
A&E	47	41	12	83	37	55.4% Decr.
Child Health	378	435	73	39	39	0
Maternal Health	581	614	805	423	508	20.1% Incr.
Internal Medicine	77	347	14	24	13	45.8% Decr.
Surgery	108	115	27	46	52	13.0% Incr.
Anaesthesia and Critical Care	62	70	129	143	144	0.7% Incr.
Ward Not Indicated	17	12	0	0	4	-
Out-Stations	29	31	52	30	13	56.7% Decr.
Annex B	-	-	-	-	2	-
Total	992	1,665	1,112	788	812	3.0% Incr.

12.5 RADIOLOGICAL SERVICES UTILISATION

The Imaging Sub-BMC provides a wide-range of radiological services, such as ultrasound, X-ray, CT-Scan, echocardiogram, fluoroscopy and other specialised imaging investigations. Since 2021, radiology service utilization has increased over the years. In 2025, the total number of radiology investigations increase by 5% (from 24,506 in 2024 to 25,730 in 2025). Similarly, the number of clients served also went up by 1.2% (from 21,371 in 2024 to 21,630 in 2025).

Further, the individual investigations showed varied performance. Fluoroscopy investigations decreased by 43.9% (from 335 in 2024 to 188 in 2025), CT scan investigations went up by 35.5% (from 3,141 in 2024 to 4,256 in 2025), ultrasound scan investigations rose by 2.6% (from 9,454 in 2024 to 9,704 in 2025), while x-ray investigations declined by 1.8% (from 10,769 in 2024 to 10,575 in 2025). Also in 2025, a total of 107 other special radiological investigations (Hsg, Mcug Rug, Dental, Ba. studies) were conducted, representing 88.3% compared to 913 investigations performed in 2024. In addition, echocardiogram tests conducted declined by 27.5% (from 944 in 2024 to 684 in 2025). No mammogram investigations were performed in 2025 as a result of the breakdown of the mammogram machine.

Figure 12.5.1 and Table 12.5.1 provides details of the analysis above.

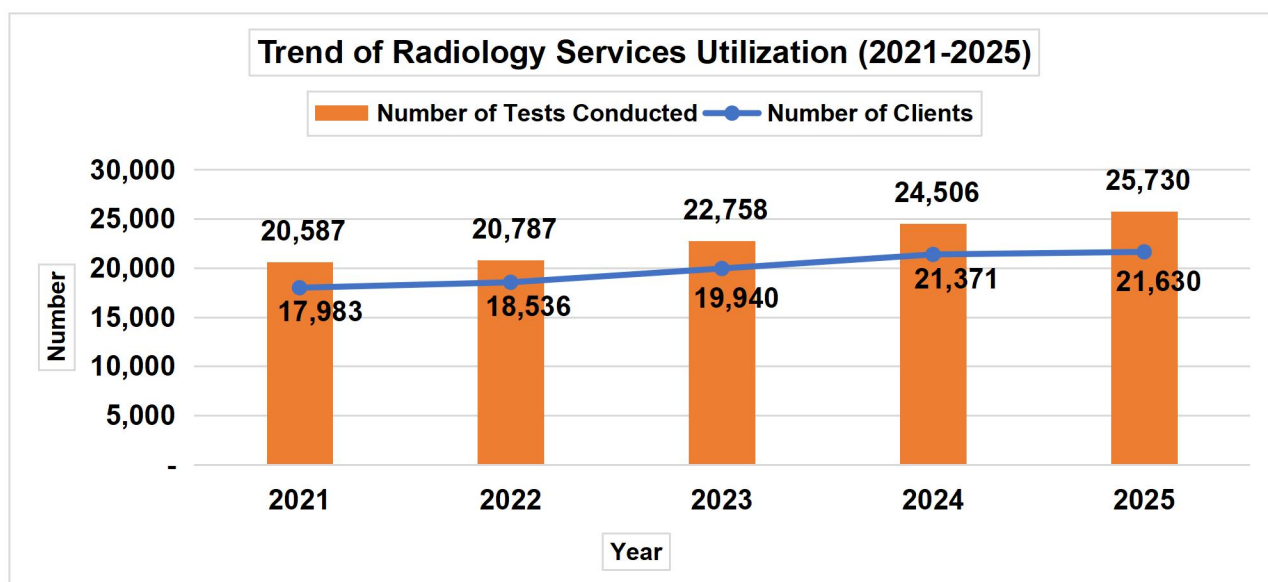


Figure 12.5. 1: Trend of Radiology Service Utilization (2021 - 2025)

Table 12.5. 1: Trend of Radiology Investigations

Investigation	2021	2022	2023	2024	2025	Remarks
CT scan	471	0	1928	3141	4256	35.5%Incr.
Ultrasound Scan	7,033	7,470	8,818	9,454	9704	2.6% Incr.
X-Ray	12,363	12,001	10,687	10,769	10575	1.8% Decr.
Echocardiogram	-	-	-	944	639	32.3%Decr
Interventional Radiology	9	1	-	-	-	-
Fluoroscopy	413	288	197	335	188	43.9%Decr
Mammogram	206	359	67	0	0	
Other Specials (Hsg, Mcug Rug, Dental, Ba. studies)	515	956	189	913	33	96.4% decr

12.6 PATHOLOGY SERVICE UTILISATION

Generally, a total of 1,152 bodies were received at the Pathology Unit in 2025, representing a 2.8% decrease from 1,185 bodies in 2024. Out of the total received in 2025, 89% (1,026) were received from the Wards, 2% (24) were brought-in-dead, while 9% (102) were received from other sources.

The total bodies received from the wards increased by 11.9% (from 917 in 2024 to 1,026 in 2025). This rise was driven by the increases from A&E (by 18.5% from 362 in 2024 to 429 in 2025), Maternal Health (by 40.7% from 27 in 2024 to 38 in 2025), and Internal Medicine (by 31.2% from 255 in 2024 to 337 in 2025). On the other hand,

bodies received from Child Health and Surgical Sub-BMCs declined by 31.3% (from 144 in 2024 to 99 in 2025) and 4.7% (from 129 in 2024 to 123 in 2025) respectively. Brought-in-dead cases decreased sharply by 90.3% (from 247 in 2024 to 24 in 2025).

Further, procedure volumes showed mixed trends in 2025. The total number of autopsies performed decreased by 18.6% (from 247 in 2024 to 201 in 2025). Embalment and bodies bathed also declined by 15.7% (from 503 in 2024 to 424 in 2025) and 14.3% (from 511 in 2024 to 438 in 2025) respectively. However, general handling increased by 6.3% (from 796 in 2024 to 846 in 2025), while the number of bodies stored went up by 2.7% (from 1,102 in 2024 to 1,132 in 2025), which may be attributed to longer storage durations linked to delayed burials, administrative processes, or family-related factors. Below in Figure 12.6.2 to 12.6.3 and tables 12.6.1 to 12.6.2 provides detailed trend analysis

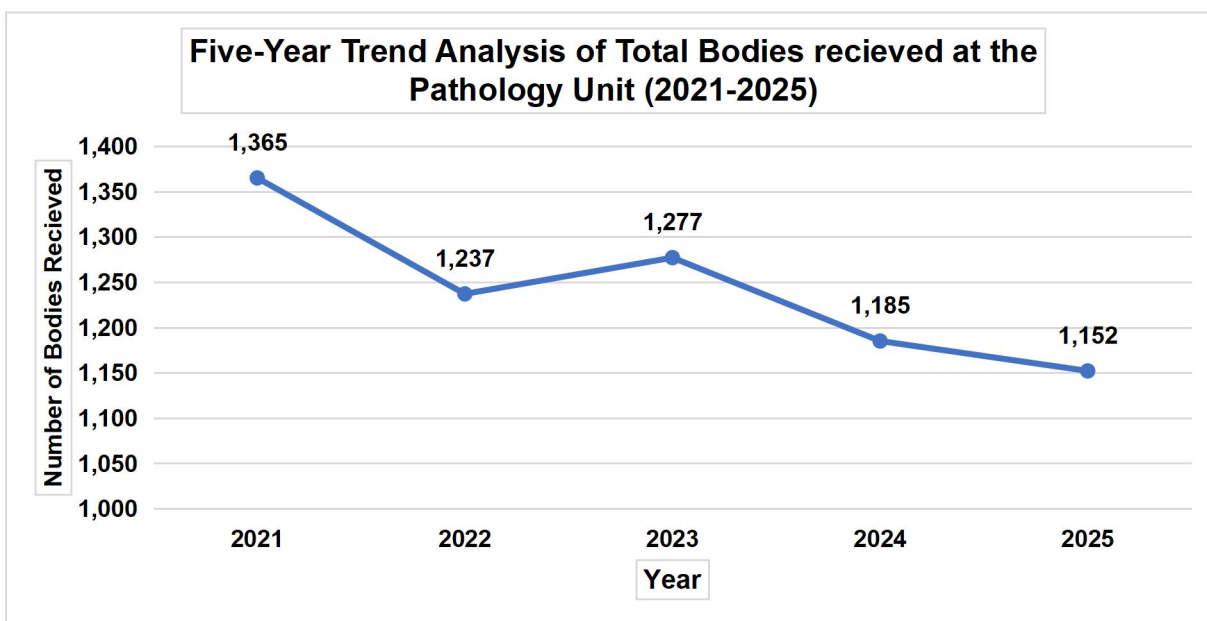


Figure 12.6. 1: Five-Year Trend Analysis of Total Bodies received at the Pathology Unit (2021-2025)

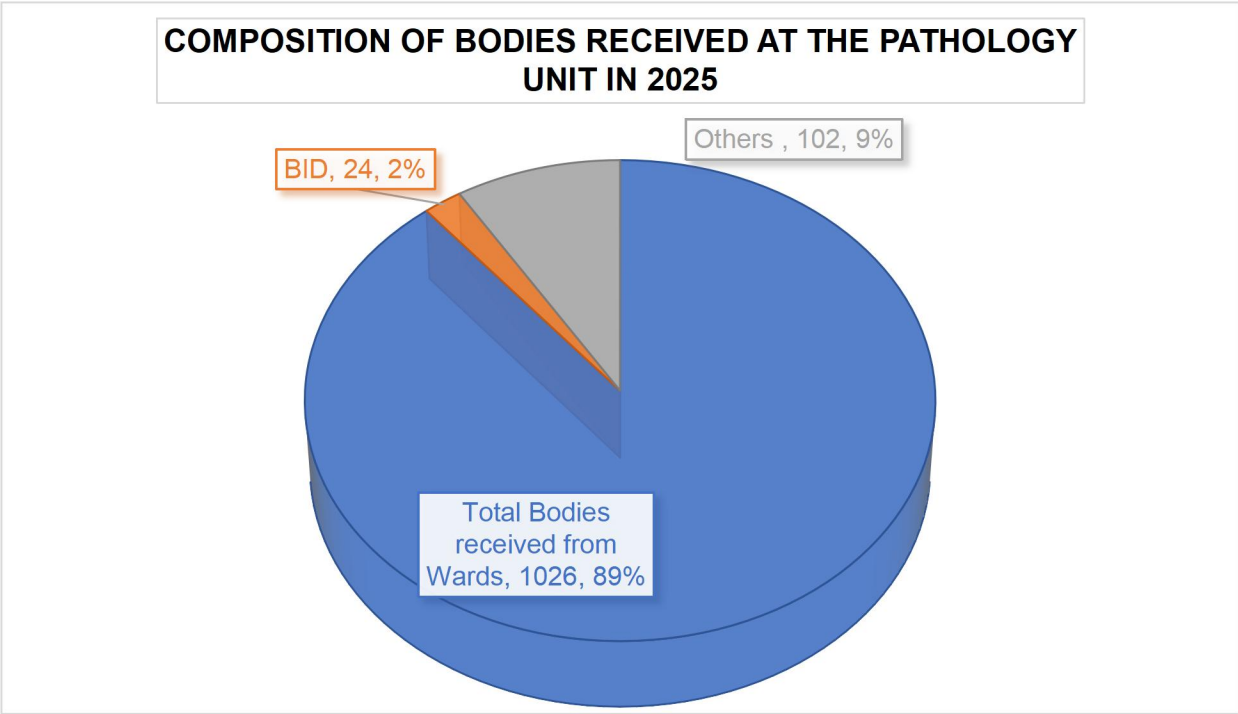


Figure 12.6. 2: Composition of Bodies received at the Pathology Unit in 2025

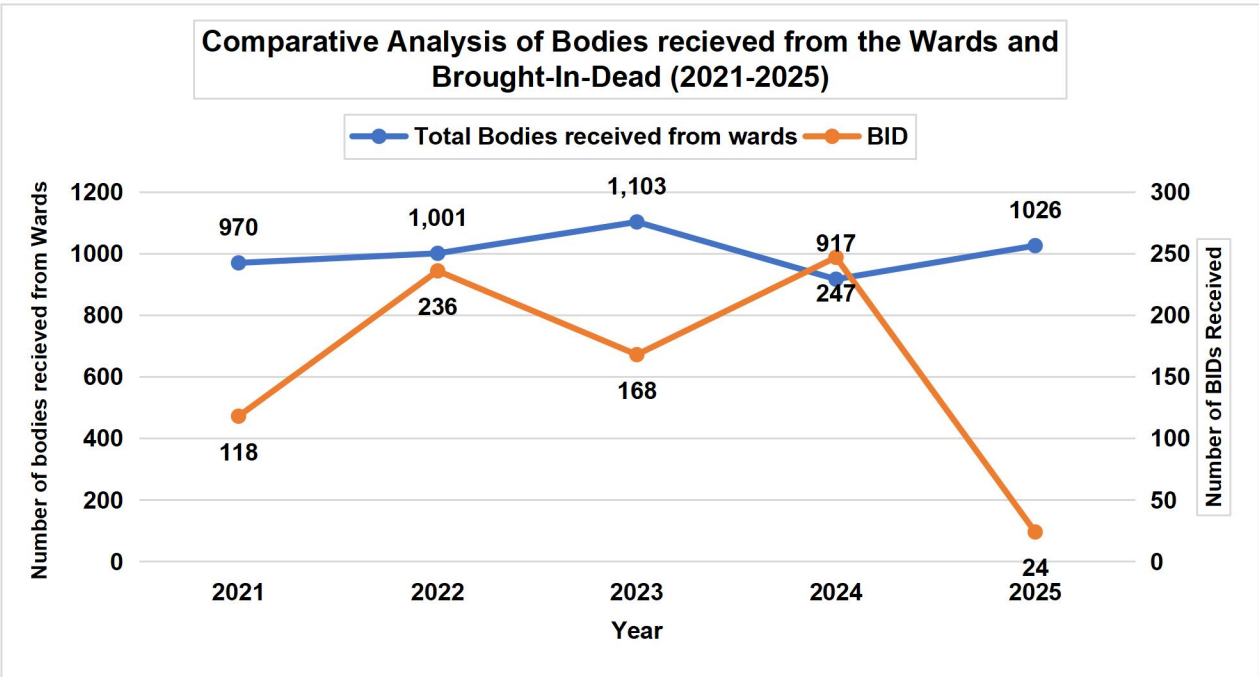


Figure 12.6. 3: Comparative Analysis of Bodies received from the wards and Brought-In-Death (2021-2025)

Table 12.6. 1: Sources of Bodies Received at the Pathology Unit (2021-2025)

SOURCE	2021	2022	2023	2024	2025	REMARKS
Bodies Received from the Wards						
A&E Sub-BMC	468	330	410	362	429	18.5% incr
Child Heath Sub-BMC	41	286	230	144	99	31.3% decr
Maternal Health Sub-BMC	37	39	20	27	38	40.7% incr
Internal Medicine Sub-BMC	296	250	278	255	337	31.2% incr
Surgery Sub-BMC	128	96	126	129	123	4.7% decr
ICU	-	-	39	-	-	
Total Bodies received from Wards	970	1,001	1,103	917	1026	11.9% incr
BID	118	236	168	247	24	90.3% decr
Others	-	-	19	21	102	385.7% Incr
Total bodies received	1,088	1,237	1,271	1,185	1152	2.8% decr.

Table 12.6. 2: Procedures performed at Pathology Unit (2021-2025)

INDICATOR	2021	2022	2023	2024	2025	REMARKS
Number of Autopsy conducted	227	250	232	247	201	18.6% decr
Number of General Handling	929	724	789	796	846	6.3% incr
Number of Embalmmment	540	380	485	503	424	15.7% decr
Number of bodies Bath	550	397	619	511	438	14.3% decr
Number of Bodies stored	993	757	1,019	1,102	1,132	2.7% incr

CHAPTER THIRTEEN

MATERNAL HEALTH SUB-BMC

13.1 INTRODUCTION

The Maternal Health Sub-BMC is one of the specialist departments of the hospital. In addition to providing specialist gynaecological treatments, the department is positioned to providing comprehensive care to women through all phases of pregnancy, childbirth, and postnatal period. Reproductive endocrinology and reproduction services, gynaecological oncology, feto-maternal medicine, prenatal and postnatal care, labour, and emergency obstetric care are among the main services offered by the Maternal Health Sub-BMC.

Six-member team manages this Sub-BMC. Obstetric and gynaecological ward, delivery suite, delivery suite theatre and recovery wards, antenatal and postnatal clinics (ANC & PNC), gynaecological clinic and Emergency Triage Assessment and Treatment (ETAT) centre forms the functional units of the Sub-BMC. These various units all together provides a well patient-centred maternal and gynaecological care through their individual efforts.

13.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES

The table below provides a summary of the 2025 key outputs and outcomes of Maternal Health Sub-BMC in line with the six medium-term strategic objectives of the hospital.

Table 13.2. 1: Summary of the 2025 Annual Performance of Maternal Health Sub-BMC under the Strategic Objectives.

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY							
Access	2021	2022	2023	2024	2025	Target	Remarks
Total OPD Attendance	15,468	18,860	21,237	20,798	22,881	-	10.0% incr
Total Patients admission	2,058	5,706 (Admission included ETAT)	5,305 (Admission included ETAT)	5,236 (Admission included ETAT)	5,072	-	3.13% decr
Percentage of maternal admissions due to external referrals	23%	26.71%	72.74%	48.7%	41.1%	THs = 60%	Decr (Target not met)
Percentage bed occupancy	52.20%	54.0%	57.5%	71.9%	58.2	THs = 75%	Decr (Target not met)
Total surgical operations	1,728	1,917	1,786	1,887	1,687	-	10.6% decr
Total surgical	1,728	1,913	1,862	1,951	1,777	-	8.92%

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
operations							decr
Total deliveries	3055	3,269	2,877	2,750	2,579	CCTH = 5% ↑	6.2% decr (Target not met)
Delivery to midwife ratio (all midwives at the institution)	15:1	14:1	15:1	15:1	9:1	THs = 20:1	Decr
Couple year protection	1196.7	831.7	1,343.9	2,013.8	2,177.4	TH = 2,500	Incr
Caesarean section rate	51.4%	50.4%	52.69%	57.4%	56.3%	TH = 40%	Incr (Target not met)
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.							
Impact	2021	2022	2023	2024	2025	Target	Remarks
Live births	3,048	3,288	2,937	2,782	2,591	-	6.9% decr
Low birth rate	19.4%	20.5%	23.2%	21.0%	21.9%	THs = 12%	Incr
Stillbirth rate (/1000LB)	42	35	37	32	34	THs = 15	6.3% incr (Target not met)
Total Fresh Still birth	43	54	42	36	35	-	2.8% decr
Total Macerated Still Birth	85	86	63	52	52	-	No chng.
Institutional Maternal mortality ratio (/100,000LB)	1,050	1,186	681	862	1,351	THs = 300	56.7% incr (Target not met)
Number of institutional maternal deaths	32	39	20	24	32	CCTH = 50% ↓	33.3% incr
% of maternal mortalities audited	100%	100%	100%	100%	100%	THs = 100%	Sustained
Partograph use rate	48.5%	47.6%	62.01%	63%	60.39%	THs = 60%	Decr Target met
The department successfully organised and conducted eight (8) capacity-building trainings for staff comprising; • One (1) training on Infection Prevention and Control (IPC) • Two (2) trainings on Life-Support Systems • Two (2) trainings on Emergency Readiness • One (1) training on Quality Improvement • One (1) training on Helping Babies Breathe • Two (2) training on Customer Care							
• Audited all (100%) maternal mortalities with 40% audit recommendations implemented. • Audited 100% perinatal mortalities with 80% audit recommendations implemented to inform quality improvement actions.							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE	
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE	
The following clinical equipment were acquired in the department to continue the enhancement of patient care and operational efficiency. Among these included;	
• One (1) CTG machine • Ten (10) patients monitor • Two (2) adjustable delivery beds • Two (2) examination lamps • Two (2) vital signs monitors • Two (2) adjustable patient trolleys • Fifteen (15) trip stands	
Completely tiled the floor of delivery suite theatre one (1).	
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM	
4.1: Governance Related Performance	
Conducted orientation for all newly posted staff to ensure smooth integration into the Sub-BMC.	
Six (6) Sub-BMC meetings were held	
4.2: Human Resource Related Performance	
90% of eligible staff were successfully promoted and/or upgraded	
4.3 Finance related performance	
-	
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING AND EXCELLENCE IN LEARNING	
5.1 Improve on Research:	
Eleven (11) Midwives were recommended for specialist training in Advance Midwifery to enhance skilled maternal care delivery	
Trained seventy-five (75) medical students.	
CCTH OBJECTIVE 6: INTENSIFY SUPPORT TO THE LOWER LEVEL OF CARE AND SERVICE DELIVERY POINTS	
In light to strengthening maternal services delivery and clinical capacity with the region and beyond, the department collaborated with Regional Health Directorate and conducted mentorship support for peripheral facilities in Central Region	
Conducted One (1) cervical cancer outreach for 139 people (VIA-92 & Pap- Smear-47) in Assin Sebinso community.	

13.3 MATERNAL HEALTH SERVICES OPD UTILIZATION

The Maternal Health Sub-BMC recorded an overall improvement in outpatient service utilization in 2025. Following a marginal decline of 2.1% in 2024 (from 21,237 attendances in 2023 to 20,798), total OPD attendance went up by 10.0% to 22,881 attendances in 2025, indicating renewed demand for maternal and reproductive health services.

Attendance across the major maternal health clinics generally increased during the year. Antenatal Care (ANC) continued to account for the highest patient attendance, increasing by 14.6% from 8,831 visits in 2024 to 10,116 in 2025. Postnatal Care also recorded a substantial improvement, with attendance rising by 29.0% from 4,157 to 5,364 visits. Gynaecology clinic attendance has seen fluctuations over the years. However, it recorded an increase of 16.8% in attendance (from 4,641 in 2024 to 3,860 in 2025)

The performance of the attendance of the various clinics under this sub-BMC recorded some significant increases with a marginal decrease in few of the clinics. Over the period, Antenatal care has remained the highest service rendered at the maternal health sub-BMC with an increase of 14.6% (from 8,831 in 2024 to 10,116 to 2025). Within the same period, post-natal services recorded a 29% increase in attendance (from 4,157 in 2024 to 5,364 in 2025). Gynaecology clinic attendance has seen fluctuations over the years, recording a decline of 16.8% in attendance (from 4,641 in 2024 to 3,860 in 2025)

Utilization of specialist maternal health clinics improved in 2025, with approximately 80% of the specialized clinics recording increased attendance compared with the previous year. Although the Feto-Maternal Clinic remained the busiest specialist clinic, attendance declined marginally by 1.6%, from 1,891 visits in 2024 to 1,860 in 2025. In contrast, the Reproductive Endocrinology and Fertility Clinic recorded the highest proportional growth, with attendance increasing by 75.6% from 447 to 785 visits. The Uro-gynaecology Clinic also experienced a modest increase of 3.0%, rising from 264 to 272 visits.

Gynaecology oncology clinic has over the years recorded an increase in attendance. This was not different for 2025 which recorded a 9.5% increase in attendance (from 567in 2024 to 621 in 2025). The Uro-gynaecology Clinic also experienced a modest increase of 3.0%, rising from 264 to 272 visits.

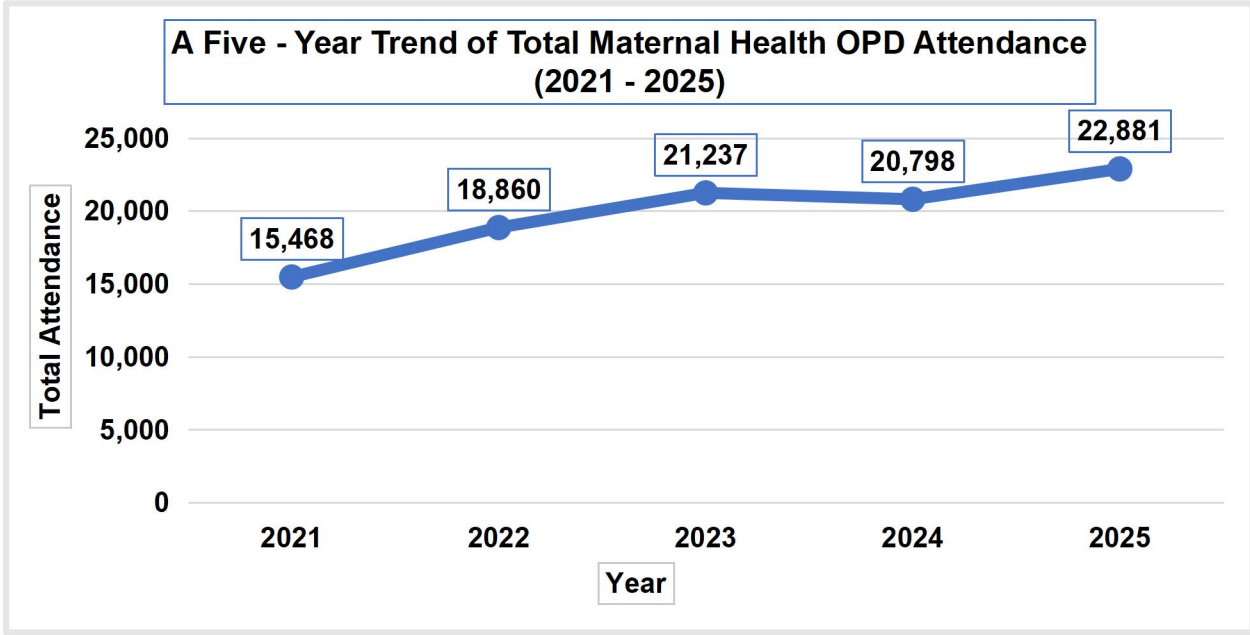


Figure 13.3. 1: Trend of Total Maternal Health OPD Attendance (2021 - 2025)

Table 13.3. 1: OPD Attendant for Maternal Health

Clinic	2021	2022	2023	2024	2025	Remarks
ANC	9,298	10,449	9,400	8,831	10,116	14.6% incr
PNC	2,520	3,027	4,471	4,157	5,364	29.0% incr

Clinic	2021	2022	2023	2024	2025	Remarks
Gynae	3,368	3,904	3,826	4,641	3,860	16.8% decr
Specialized Services						
Reproductive Endocrinology and Fertility clinic	271	357	526	447	785	75.6% incr
Gynae. Oncology	11	77	502	567	621	9.5% incr
Uro-gynae	-	134	255	264	272	3.0% incr
Feto-Maternal	-	912	1,256	1,891	1,860	1.6% decr
Total Attendance	15,468	18,860	21,237	20,798	22,881	10.0% incr

13.4 MATERNAL HEALTH EMERGENCY SERVICE UTILIZATION

The hospital in its quest to improve on maternal emergency care established the Maternal Health Emergency Triage, Assessment, and Treatment (ETAT) center in 2018 in collaboration with stakeholders. Following its operationalization, maternal emergency attendance has recorded steadily increase till it peaked in 2022. Since then, however, utilization has consistently declined over the past three years.

Maternal health emergency cases decreased by 14.8%, from 6,271 in 2022 to 5,346 in 2023, followed by a further 2.2% decline to 5,231 cases in 2024. In 2025, the downward trend continued, with cases reducing by an additional 2.0% to 5,125.

Admissions to the ETAT Centre have also fluctuated over the review period. In 2025, total admissions declined by 2.8%, from 1,834 in 2024 to 1,783. Of the admitted cases, 389 (21.8%) were successfully managed and discharged, representing a marginal 1.0% decrease from the 393 discharges recorded in 2024.

Similarly, referrals to the Obstetrics and Gynaecology Department reduced by 10.7%, from 1,725 in 2024 to 1,540 in 2025. In contrast, maternal deaths increased by 33.3%, rising from nine (9) in 2024 to twelve (12) in 2025. Although overall emergency attendance and admissions declined, the increase in maternal deaths warrants further investigation to identify contributory factors and inform targeted quality improvement interventions.

Figure 13.4.1 presents the trends in maternal health emergency service utilization and patient outcomes over the review period.

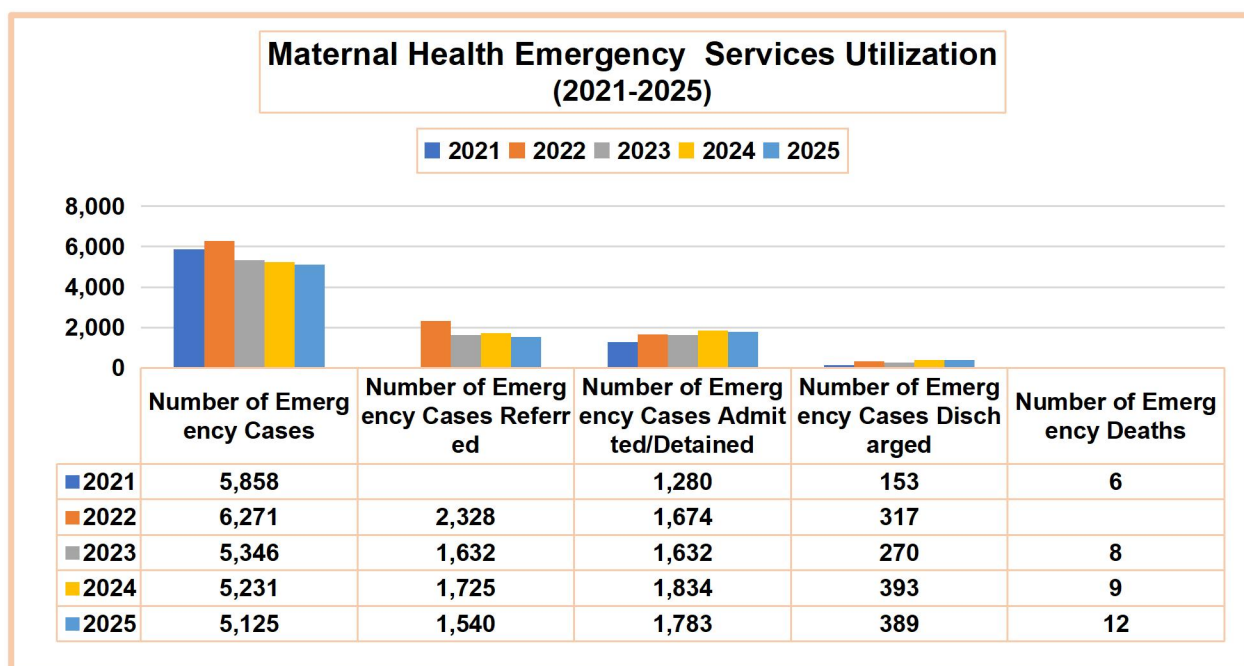


Figure 13.4. 1: Maternal Health Emergency Services Utilization (2021-2025)

13.5 MATERNAL HEALTH SERVICES IN-PATIENT UTILIZATION

Maternal health inpatient utilization continued its downward trend in 2025. Total admissions declined by 3.1%, from 5,236 in 2024 to 5,072 in 2025. Similarly, the proportion of maternal admissions resulting from external referrals decreased from 48.7% in 2024 to 41.1% in 2025, falling below the Teaching Hospital's target of 60%.

The overall bed occupancy rate declined from 71.9% in 2024 to 58.2% in 2025, representing a 19.1% reduction. The average length of stay (ALOS) also improved, decreasing from 4.3 days in 2024 to 3.4 days in 2025. The number of maternal inpatient deaths remained at 36.

Ward-level analysis revealed declines in admissions across all maternal health units. Admissions to the Obstetrics and Gynaecology (O&G) Ward decreased by 2.2%, from 1,755 in 2024 to 1,716 in 2025. The Delivery Suite recorded a 4.6% decline, from 1,647 to 1,572 admissions, while ETAT admissions fell by 2.8%, from 1,834 to 1,783.

Average length of stay also declined across all wards. The O&G Ward reduced its ALOS from 5.0 days in 2024 to 4.4 days in 2025. At the Delivery Suite, ALOS declined from 2.9 days to 2.1 days, while ETAT recorded a reduction from 3.9 days to 3.4 days. Bed occupancy rates similarly declined across the maternal wards. The O&G Ward experienced the largest reduction, with occupancy decreasing from 197.7% in 2024 to 68.7% in 2025 (please verify the percentage reduction). The Delivery Suite's bed occupancy rate declined from 49.7% to 33.1%, while ETAT decreased from 107.2% to 62.1%.

Mortality performance varied across the wards. The Delivery Suite recorded one maternal death in 2025, unchanged from 2024. Deaths at the O&G Ward declined by

11.5%, from 26 to 23. However, the ETAT mortality figures require verification, as the reported values (9 deaths in 2024 and 12 in 2025) indicate a 33.3% increase rather than a decline.

The trends are further illustrated in Figure 13.5.1, 13.5.2 and Tables 13.5. 1, 13.5.2.

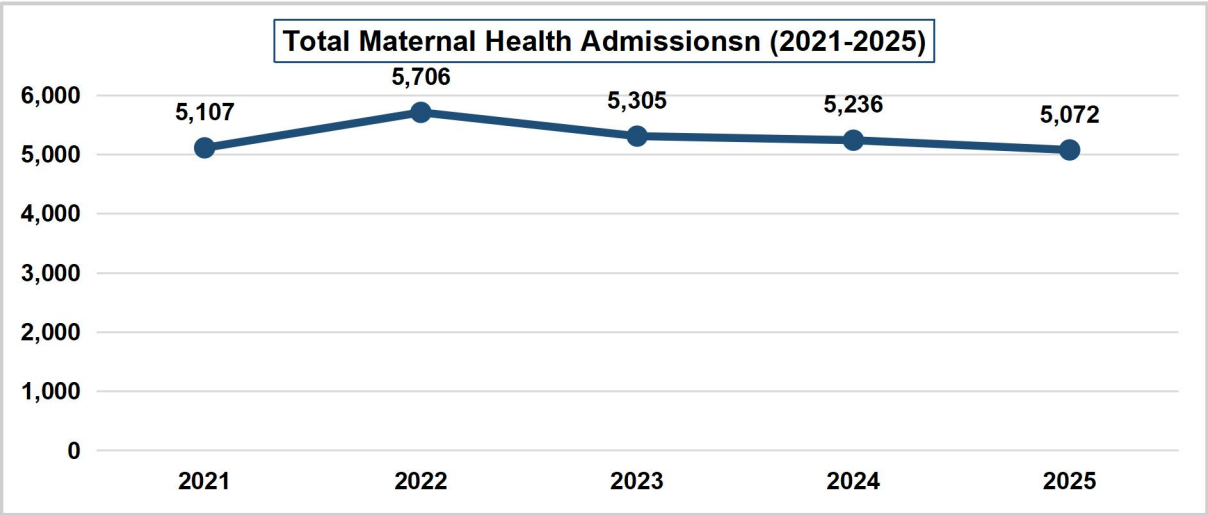


Figure 13.5. 1: Total Maternal Health Admissions (2021-2025)

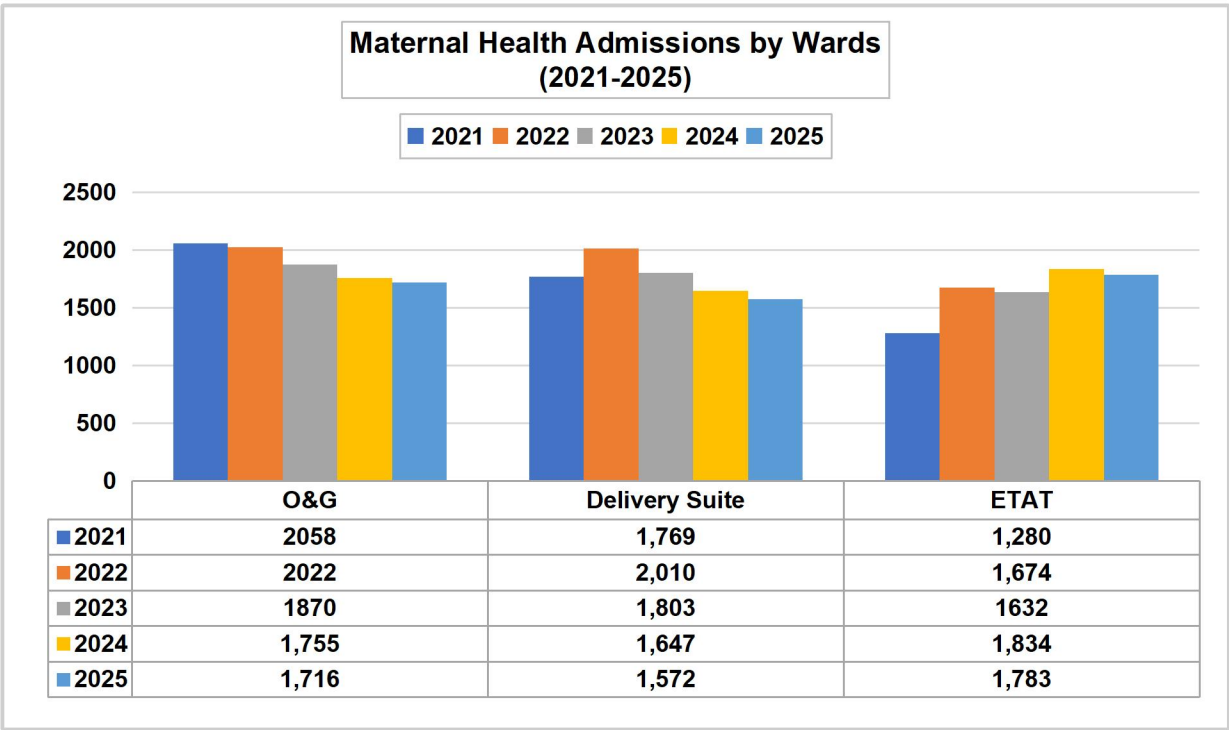


Figure 13.5. 2: Maternal Health Admissions by Wards (2021-2025)

Table 13.5. 1: Maternal Sub-BMCs in-patient statistics per Ward (2021 – 2025)

INDICATOR	O&G Ward					Delivery Suite					ETAT				
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025
Admissions	2058	2022	1870	1,755	1,716	1,769	2,010	1,803	1,647	1,572	1,280	1,674	1632	1,834	1,783
Discharges	2,730	2,820	2,583	2,558	2,533	1,412	1,573	1,409	1,192	1,131	153	317	270	393	389
Average Length of Stay (days)	4.2	4.3	4.5	5.0	4.4	1	1.7	4.7	2.9	2.1	1	4.2	4.5	3.9	3.4
Average Daily Bed Occupancy	32	33.7	33.6	35.1	30.9	8	7.5	11.7	9.5	6.6	8	7.5	11.7	4.8	3.7
% Bed Occupancy	70.3	71.8	73.8	197.7	68.7	27.7	30.3	61.8	49.7	33.1	63	82.6	86.6	107.2	62.1
Number of Deaths	16	21	10	26	23	0	1	2	1	1	6	-	8	9	12
Death Rate (%)	0.50	0.70	0.53	1.0	0.9	0.0	0.10	0.11	0.1	0	-	-	0.49	2.2	3

Table 13.5. 2: Maternal Health In-Patient Statistics

Indicator	2021	2022	2023	2024	2025	Remarks	Target
Total Admission	5,107 (Admission included ETAT)	5,706 (Admission included ETAT)	5,305 (Admission included ETAT)	5,236 (Admission included ETAT)	5,072	3.1% decr	-
Number of maternal admissions due to external referrals	556	1,077	2,672	2,550	2,084	18.3% decr	
Percentage of maternal admissions due to external referrals	23%	26.71%	79.6%	48.7%	41.1%	Decr	60%

Indicator	2021	2022	2023	2024	2025	Remarks	Target
Total Discharges	4,295	4,710	4,262	4,143	4,459	7.6% incr	-
Trans-In	1,157	1,455	1,130	1,164	1,274	9.5% incr	-
Trans-Out	460	2,404	2,064	2,220	2,254	1.5% incr	-
Average Daily Occupancy	32	45	52.4	48.9	41.3	7.6% decr	-
% Bed Occupancy	71%	66.0%	77.1%	71.9%	58.2%	13.7% decr	-
Average Length of Stay	4.2 days	3.5 days	4.5 days	4.3 days	3.4 days	Decr	-
Total Death	22	22	20	36	36	No chng	-

13.5.1 CAUSES OF MATERNAL HEALTH ADMISSIONS

13.5.1.1 TOP 10 OBSTETRIC CONDITIONS

Gestational hypertension was recorded as the most predominant obstetric condition seen in 2024, with 21% (420) cases. This was closely followed by genitourinary infections which recorded 20.5% (409). Eclampsia remained a major concern, accounting for 15.9% (318) cases. Haemorrhage ranked fourth with 9.6% (192) cases. Anaemia in pregnancy (5.6%), malaria in pregnancy (7.0%), and gestational diabetes/diabetes mellitus in pregnancy (6.9%) persisted as important contributors to obstetric morbidity. Abortion cases declined to 130 (6.5%) from 11.09% (180) in 2023, while ectopic pregnancy (2.8%) and obstetric lacerations (1.3%) represented the least reported conditions among the top ten. Table 13.5.1.1 below provides a three-year trend of the top ten obstetric conditions from 2023 to 2025.

Table 13.5.1.1. 1: Top 10 Obstetric Conditions

2023		2024		2025	
CONDITION	No (%)	CONDITION	No (%)	CONDITION	No (%)
Eclampsia	402 (24.77%)	Gestational hypertension	420 (21%)	Gestational hypertension	518 (35.0%)
Other hypertensive disorders of Pregnancy	262 (16.14%)	Genitourinary infections	409 (20.5%)	Genitourinary Infections	317 (21.4%)
UTI in Pregnancy	214 (13.19%)	Eclampsia	318 (15.92%)	PET/Eclampsia	295 (20%)
Abortion	180 (11.09%)	Haemorrhage	192 (9.61%)	Abortion	174 (11.8%)
Malaria in Pregnancy	116 (7.15%)	Anaemia in Pregnancy	171 (5.6%)	Anaemia	95 (6.4%)
Gestation diabetes mellitus/ Diabetes Mellitus in pregnancy	103 (6.36%)	Malaria in pregnancy	139 (7%)	Hyperemesis Gravidarum	94 (6.4%)

2023		2024		2025	
CONDITION	No (%)	CONDITION	No (%)	CONDITION	No (%)
Hyperemesis gravidarum	88 (5.42%)	Gestation diabetes mellitus/ Diabetes Mellitus in pregnancy	137 (6.86%)	Preterm Labor	70 (4.7%)
Haemorrhage/bleeding	87 (5.18%)	Abortion	130 (6.51%)	Premature rupture of membrane	63 (4.3%)
Anaemia in Pregnancy	87 (5.18%)	Ectopic pregnancy	55 (2.75%)	Malaria in Pregnancy	61 (4.1%)
Ectopic	84 (5.18%)	Obstetric laceration	26 (1.30%)		

13.5.2.1 TOP 10 GYNAECOLOGY CONDITIONS

Among the top ten (10) gynaecology conditions recorded for 2025, abnormal uterine bleeding, leiomyoma and pelvic inflammatory disease were recorded as the leading gynaecology conditions recorded in 2025 with 89 (25.0%), 82 (23.1%) and 46 (13.0%) cases respectively. On the other hand, within the same period, ovarian cysts, female infertility and uterine vaginal prolapse were the least recorded gynaecology conditions with 10 (2.82%), 8 (2.25%) and 8 (2.25%) respectively. Below in Table 13.5.2.1.1 provides a three-year trend of the above.

Table 13.5.2.1. 1: Top 10 Gynaecology Conditions from 2023 to 2025

2023		2024		2025	
CONDITIONS	NO. OF CASES	CONDITIONS	NO. OF CASES	CONDITIONS	NO. OF CASES
Leiomyoma	33.33% (135)	Leiomyoma	30.45% (638)	Abnormal uterine bleeding	25.0% (89)
Abnormal uterine bleeding	20.49% (83)	Female Infertility	15.23% (319)	Leiomyoma	23.1% (82)
Pelvic Inflammatory disease	15.06% (61)	Pelvic Inflammatory disease	10.60% (222)	Pelvic Inflammatory disease	13.0% (46)
Endometritis	11.11% (45)	Abnormal uterine bleeding (aside leiomyomas)	9.31% (195)	Endometritis	11.55% (41)
Malignant neoplasm/ cancers of the female reproductive	7.41% (30)	Candidiasis	8.64% (181)	Embolism	9.30% (33)

2023		2024		2025	
CONDITIONS	NO. OF CASES	CONDITIONS	NO. OF CASES	CONDITIONS	NO. OF CASES
system					
Ovarian cyst	3.7% (15)	Malignant neoplasm	6.97% (146)	Malignant neoplasm	6.20% (22)
Cervical Polyps	3.21% (13)	Ovarian cyst	6.73% (141)	Candidiasis	4.51% (16)
Endometriosis	3.21% (13)	Uterine Vaginal prolapse	5.92% (124)	Ovarian cyst	2.82% (10)
Dysmenorrhea	1.48% (6)	Polycystic Ovarian Syndrome	3.72% (78)	Female Infertility	2.25% (8)
Acute Vaginitis	0.99% (4)	Acute Vaginitis	2.43% (51)	Uterine Vaginal prolapse	2.25% (8)

13.6 OBSTETRIC SERVICES UTILIZATION

Obstetric service utilization recorded mixed performance in 2025. Antenatal Care (ANC) services showed improvements, while institutional deliveries and related birth outcomes declined. The number of ANC registrants increased by 7.2%, from 774 in 2024 to 830 in 2025. Although this represents continued growth over the past two years, the performance fell short of the hospital's target of a 10% increase. Similarly, total ANC attendance increased by 14.6%, rising from 8,831 visits in 2024 to 10,116 visits in 2025, indicating increased utilization of antenatal services.

On the other hand, institutional deliveries declined in 2025. A five-year trend analysis (2021 – 2025) shows a downward trajectory in the number of deliveries conducted at the hospital. Total deliveries decreased by 6.2% (from 2,750 in 2024 to 2,579 in 2025), against the institutional target of a 5% increase. The reduction in deliveries corresponded with decreases in both the total number of babies delivered and live births. Babies delivered reduced by 6.8% (from 2,872 in 2024 to 2,678 in 2025), while live births declined by 6.9%, from 2,782 to 2,591 over the same period.

The low-birth-weight rate increased marginally from 21.0% in 2024 to 21.9% in 2025. Despite the relatively small increase, the rate remained substantially higher than the hospital's target of 12%, highlighting the need for strengthened interventions to improve maternal nutrition, antenatal care outcomes, and neonatal health.

Details of the above is illustrated in Table 13.6.1 and Figure 13.6.1 below.

Table 13.6. 1: Performance Trends in Antenatal and Delivery Services

Indicators	2021	2022	2023	2024	2025	Remarks	Target	Measurement
ANC Registrants	768	808	697	774	830	7.2% incr	CCTH = 10% Incr	-
ANC Attendance	9,298	10,449	9,400	8,831	10,116	14.6% incr	-	-

Indicators	2021	2022	2023	2024	2025	Remarks	Target	Measurement
Deliveries	3,055	3,269	2,877	2,750	2,579	6.2% decr	CCTH = 5% Incr	Total No. of Deliveries undertaken
% Supervised Deliveries	100	100	100	100	100%	Sustained	-	-
Number of Babies	3,176	3,408	3,042	2,872	2,678	6.8% decr	-	-
Live births	3,048	3,288	2,937	2,782	2,591	6.9% decr	CCTH = 5% Incr	-
Low birth Weight Rate (%)	19.40	20.50	20.00	21.0%	21.9%	Incr	THs = 12%	Total no. of babies < 2.5kg/ Total live births *100

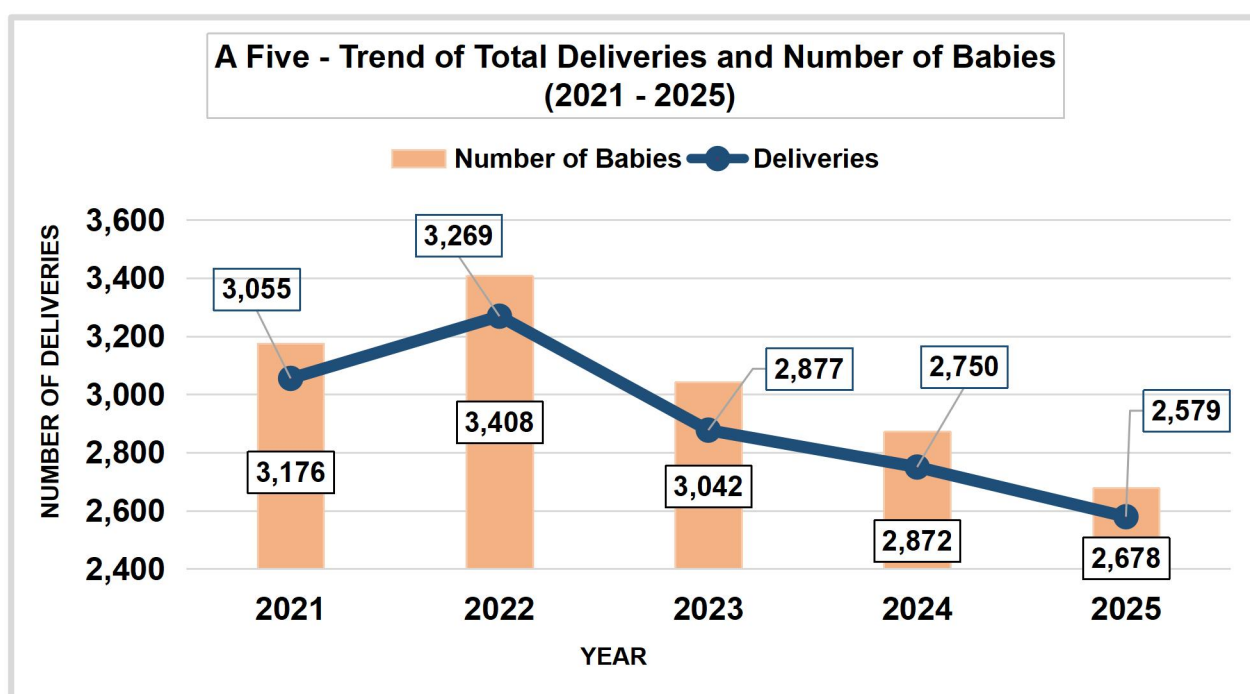


Figure 13.6. 1: Trend of Total Deliveries and Number of Babies (2021-2025)

Partograph utilization, an important measure of labour monitoring, declined marginally from 63.0% in 2024 to 60.4% in 2025. This indicates the need to strengthen adherence to standard labour monitoring protocols.

The caesarean section (C/S) rate also reduced slightly, from 57.3% in 2024 to 56.3% in 2025. Despite this improvement, the rate remained well above the hospital's target of

40%, indicating the continued need to review the underlying clinical and operational factors contributing to the high proportion of caesarean deliveries.

Regarding the mode of delivery, spontaneous vaginal deliveries (SVD) accounted for 42.0% of all deliveries, while assisted vaginal deliveries (AVD) constituted 1.7%. Together, these figures reflect the distribution of delivery methods during the year. Detailed trends and distributions are presented in Figure 11.6.2 and Table 11.6.2.

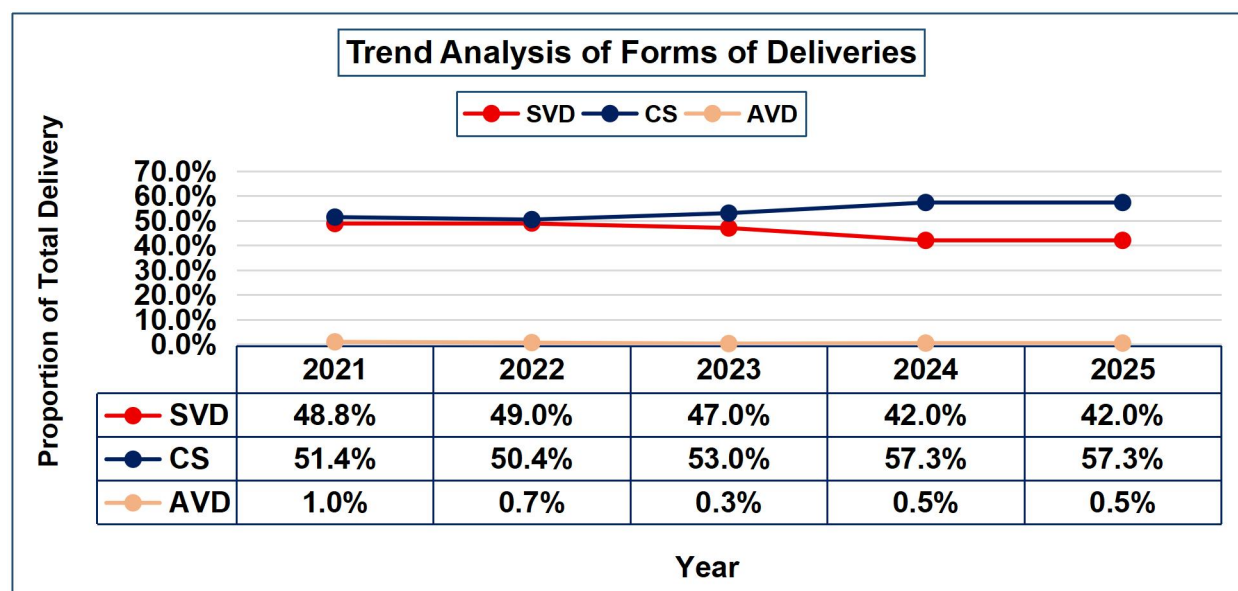


Figure 13.6. 2: Trend Analysis of Forms of Deliveries (2021 - 2025)

Table 13.6. 2: Performance Trends in Labour Management and Mode of Delivery (2021–2025)

Indicators	2021	2022	2023	2024	2025	Remarks	Target	Measurement
Partograph use rate	48.50 %	47.60 %	62.01 %	63%	60.4 %	Decr	THs = 60%	Deliveries done with use or support of Partograph / Total deliveries * 100
Assisted vaginal delivery rate (AVD)	1.0%	0.7%	0.3%	0.5%	1.7%	Incr	-	-
Spontaneous vaginal delivery (SVD)	48.8%	49.0%	47.0	42.0 %	42.0 %	decr	-	
Caesarean Section rate	51.40 %	50.35 %	52.69 %	57.3 %	56.3 %	Decr	THs = 40%	No. of women delivered by

Indicators	2021	2022	2023	2024	2025	Remarks	Target	Measurement
								CS in a specified time period / Total no. Delivery within a specified time period *100
Number of Caesarean Section	1,573	1,646	1,516	1,578	1,451	8.1% decr	-	

On the average, workload on midwives at the facility level over the years has shown some level of stagnation. In 2025, the delivery-to-midwives ratio at the facility decreased from 15:1 in 2024 to 9:1 in 2025. On the other hand, the workload on midwives at the delivery suite saw steady increase across the years, but decreased significantly from 60:1 in 2024 to 36:1 in 2025.

A trend analysis of the Couple year protection (CYP) over the years showed a mixed performance. Although the CYP performance increased significantly by 8.1% (from 2,013.8 in 2024 to 2,177.4 in 2025) in 2025, it still did not meet the teaching hospital's target of 2,500. Details of the analysis is presented in figures 13.6. 3 through 13.6. 4 and table 13.6. 3 below.

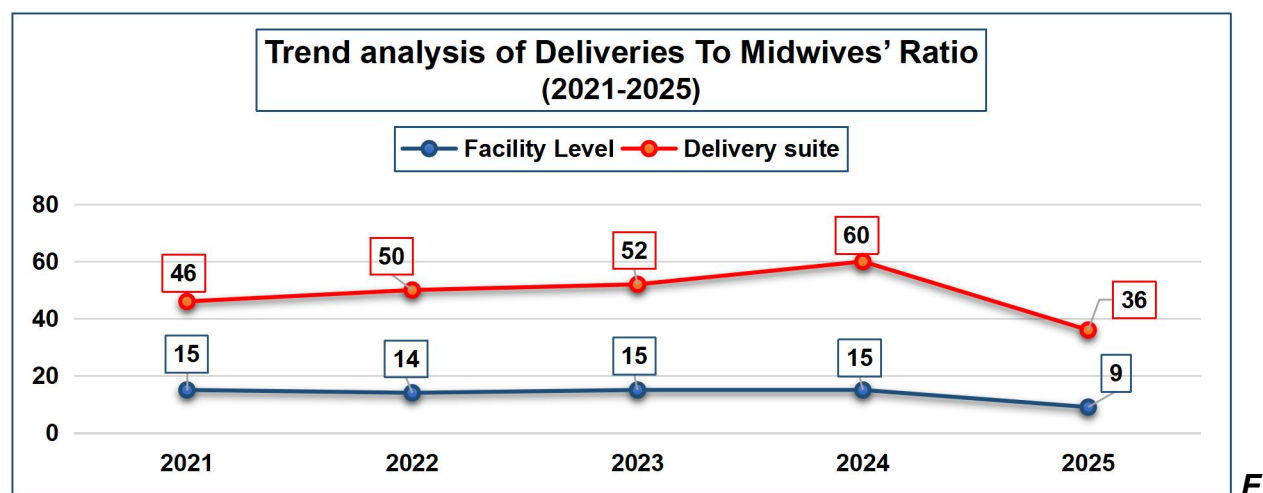


Figure 13.6. 3: Comparative Analysis of Deliveries to Midwives' Ratio at the Facility Level and Delivery Suite (2021-2025)

Table 13.6. 3: Trends in Midwife Workload and Couple Year Protection, (2021–2025)

Indicators	2021	2022	2023	2024	2025	Remarks	Target	Measurement
Delivery to midwife's ratio at the	15:1	14:1	15:1	15:1	9:1	Decr	-	Total Number of deliveries /

Indicators	2021	2022	2023	2024	2025	Remarks	Target	Measurement
facility								Total No. of midwives at the hospital
Delivery midwife's ratio at the Delivery suite	46:1	50:1	52:1	60:1	36:1	Decr	-	Total Number of deliveries / Total No. of midwives at the delivery suite
Couple year protection	2,233	2,626	2,075	2,013.8	2,177.4	Incr	THs = 2,500	Total No. of Commodities dispensed / CYP factor

The total number of stillbirths have shown a declining trend since reaching a peak of 140 cases in 2022. During the review year, total stillbirths reduced marginally by 1.1%, from 88 cases in 2024 to 87 cases in 2025. This modest decline may reflect continued improvements in intrapartum care and immediate perinatal management.

Analysis by type of stillbirth shows that fresh stillbirths decreased slightly by 2.8%, from 36 cases in 2024 to 35 cases in 2025, while macerated stillbirths remained unchanged at 52 cases in both years.

Despite the slight reduction in the absolute number of stillbirths, the stillbirth rate increased from 32 to 34 per 1,000 live births in 2025. This indicates that the decline in stillbirths did not translate into an improvement in the stillbirth rate, likely due to a reduction in the total number of live births during the period. Furthermore, the hospital remained above the teaching hospitals' target of 15 stillbirths per 1,000 live births, highlighting the need to strengthen maternal, intrapartum, and newborn care interventions to further reduce preventable stillbirths and improve perinatal outcomes.

The trend is presented in Table 13.6.4 and Figure 13.6. 4

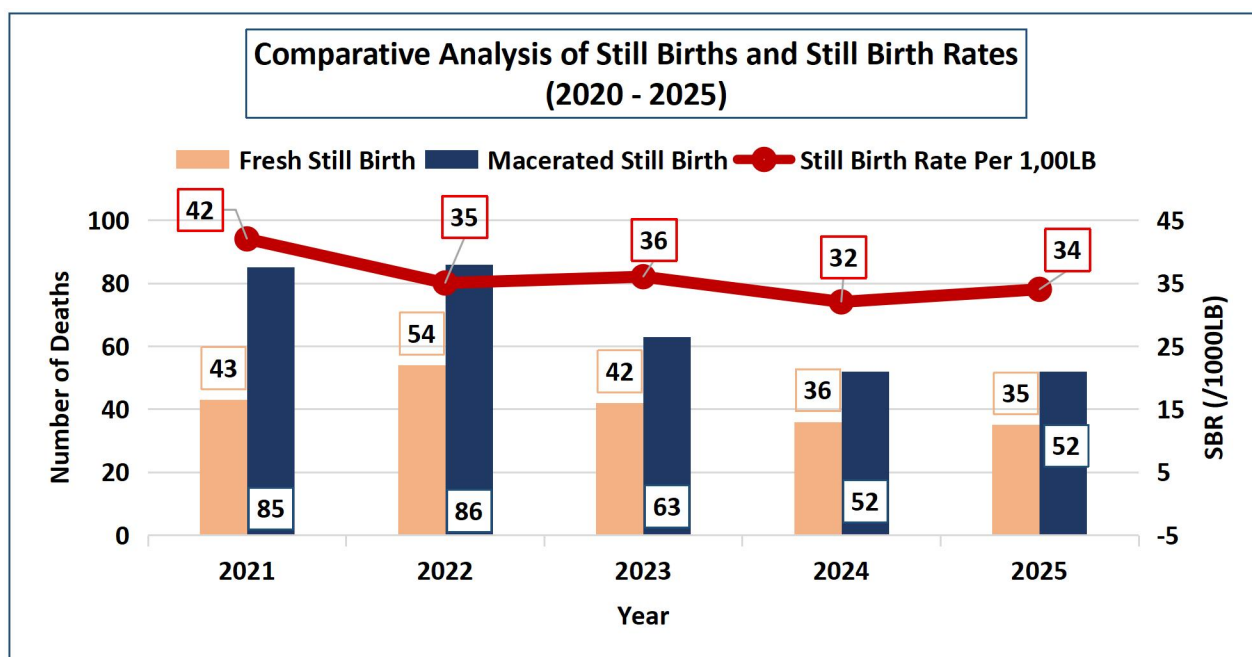


Figure 13.6. 4: Trends in Still births and Still Birth Rates (2021 - 2025)

Table 13.6. 4: Trends in Still births and Still Birth Rates (2021 - 2025)

Indicators	2021	2022	2023	2024	2025	Remarks	Target	Measurement
Total Still Birth	128	140	105	88	87	1.1% decr	-	Number of stillbirths (count of babies born with no signs of life at ≥28 weeks of gestation)
Number of Fresh Still Birth	43	54	42	36	35	2.8% decr	-	Count of fresh stillbirths
Number of Macerated Still Birth	85	86	63	52	52	No chng	-	Count of macerated stillbirths
Still Birth Rate Per 1,000 Livebirth	42	35	36	32	34	Incr	THs = 15/1000LB	No. of babies born with no signs of life / Total no. of deliveries.

13.7 MATERNAL-RELATED SURGERIES

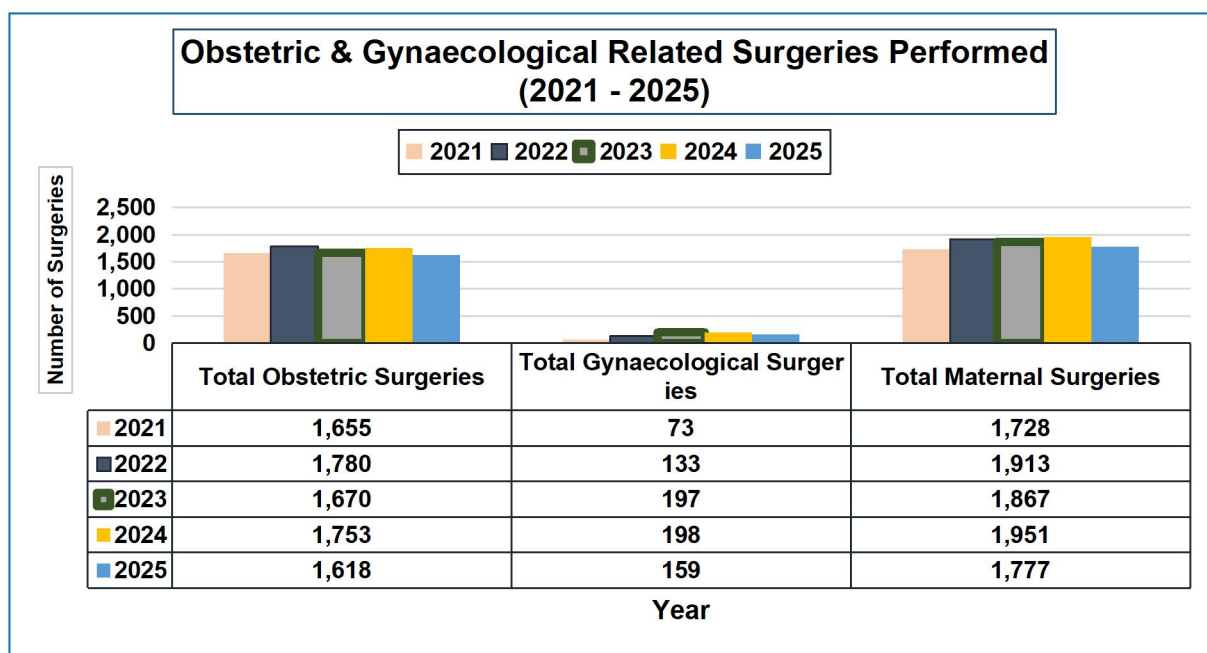
The hospital recorded an overall decline in maternal-related surgeries in 2025, continuing the fluctuations observed over the past five years. A total of 1,777 maternal surgeries were performed, representing an 8.9% decrease from 1,951 procedures in 2024. The decline was attributable to reductions in both obstetric and gynaecological surgeries.

Obstetric surgeries remained the predominant category of maternal surgical procedures, accounting for 1,618 (91.1%) of all maternal surgeries performed in 2025, while 159 (8.9%) were gynaecological surgeries. Obstetric surgeries declined by 7.7%, from 1,753 procedures in 2024 to 1,618 in 2025, whereas gynaecological surgeries recorded a steeper decline of 19.7%, decreasing from 198 to 159 procedures over the same period.

Within obstetric surgeries, major obstetric procedures decreased by 11.1%, from 1,710 in 2024 to 1,520 in 2025. Caesarean section remained the most frequently performed major obstetric procedure, accounting for 1,451 surgeries (95.5%) of all major obstetric operations. However, the number of Caesarean sections declined by 4.3%, from 1,516 in 2024 to 1,451 in 2025. In contrast, laparotomy for ectopic pregnancy increased by 30.2%, rising from 53 procedures to 69 procedures. Minor obstetric surgeries increased by 18.4%, from 38 procedures in 2024 to 45 procedures in 2025, although they constituted only a small proportion of obstetric surgical activity.

Gynaecological surgeries declined by 19.7%, from 198 procedures in 2024 to 159 procedures in 2025. Myomectomy remained the most commonly performed gynaecological surgery, accounting for 81 procedures (50.9%), representing a 6.6% increase from 76 procedures in 2024. Total abdominal hysterectomy (TAH) followed with 48 procedures (30.2%), reflecting an 11.6% increase from 43 procedures in the previous year. Conversely, vaginal hysterectomy declined by 33.3%, from 15 to 10 procedures, while cervical cerclage recorded the largest reduction, decreasing by 71.4%, from 35 procedures to 10 procedures. Fistula/vesico-vaginal fistula repairs increased markedly from one procedure in 2024 to 10 procedures in 2025, representing a 900% increase, although the absolute number of cases remained relatively low.

Figures 11.7.1, 11.7.2 and Tables 11.7.1 to 11.7.3 below gives a further representation of the above.



Fi

Figure 13.7. 1: Maternal Health Related Surgeries Performed (2021-2025)

Table 13.7. 1: Maternal Health Related Surgeries Performed (2021-2025)

Indicator	2021	2022	2023	2024	2025	Remarks
Total Obstetrics Surgeries	1,655	1,780	1,670	1,753	1,618	7.7% decr
Total Gynaecological Surgeries	73	133	197	198	159	20% decr
Total Maternal Surgeries	1,728	1,913	1,867	1,951	1,777	8.92% decr

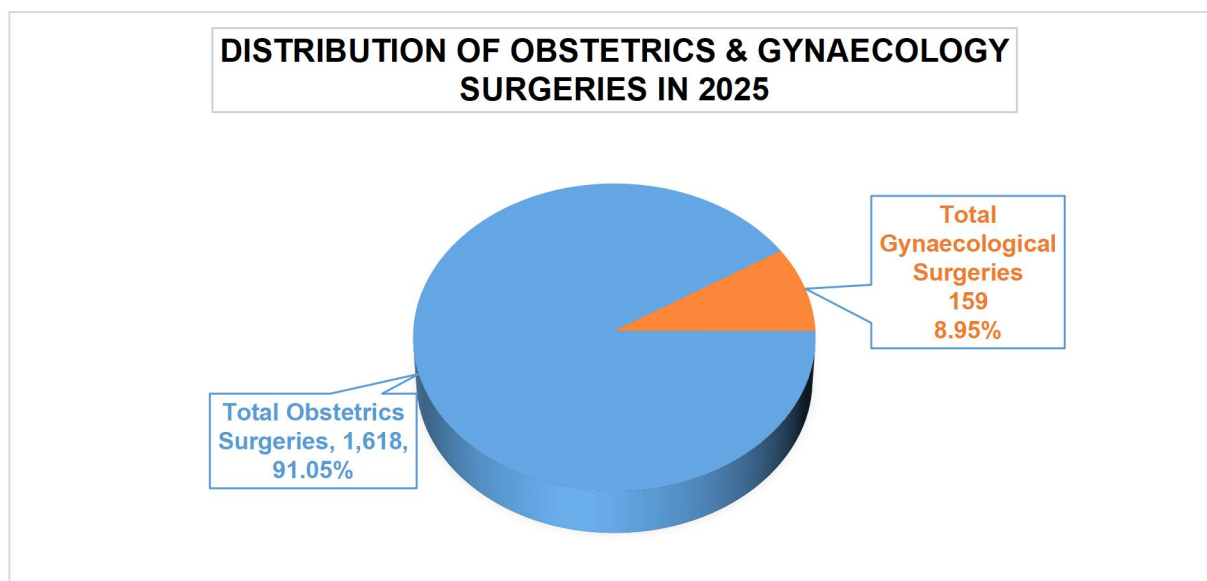


Figure 13.7. 2: Distribution of obstetrics & gynaecology surgeries in 2025

Table 13.7. 2: Obstetric Related Surgeries from 2021 to 2025

Procedure	2021	2022	2023	2024	2025	Remarks
Major Obstetric Surgeries	1,571	1,780	1,598	1,710	1,520	11.1% decr
Caesarean Section	1,462	1,646	1,516	1,578	1,451	8.1% decr
Hysterectomy	7	-	-	-	-	-
Sterilization	0	-	-	-	-	-
Laparotomy for,						
• Ectopic	58	89	64	53	69	30.2% incr
• Ovarian Cyst	17	17	3	11	18	Decr
• Exploratory	27	28	15	67		
Ex Utero Intrapartum Treatment (EXIT) Procedure	-	-	-	1 <i>1st of its kind performed in West Africa</i>	-	
Minor Obstetric Operations	84	-	67	38	45	18.4% incr
Cerclage	-	-	62	35	10	71.4% decr
Others (e.g. EUA, biopsy, perineal tear)	84	-	5	5	35	Incr
Total	1,655	1,780	1,670	1,753	1,618	7.7% decr

Table 13.7. 3: Gynaecology Related Surgeries from 2021 to 2025

Procedure	2021	2022	2023	2024	2025	Remarks
Myomectomy	48	69	79	76	81	6.6% incr
C/S	-	-	10	28	-	-
Total Abdominal Hysterectomy (TAH)	20	50	32	43	48	11.6% incr
Vaginal Hysterectomy	0	8	5	15	10	33.3% decr
Cervical cerclage	5	5	68	35	10	71.4% decr
Fistula/VVF repair	-	1	3	1	10	Incr
Total	73	133	197	198	159	19.7% decr

13.8 MATERNAL MORTALITY

Reducing maternal mortality remains a key institutional priority for Cape Coast Teaching Hospital (CCTH). To improve maternal survival outcomes, the hospital continues to implement several interventions, including collaboration with the Regional Health

Directorate to strengthen targeted mentorship and capacity-building programmes for peripheral health facilities. These interventions are intended to improve the early identification, stabilization, and referral of obstetric emergencies while enhancing the management of maternal complications across the referral network.

Despite these efforts, maternal mortality recorded at the hospital fluctuated over the five-year period (2021–2025). In 2025, maternal deaths increased by 33.3%, rising from 24 deaths in 2024 to 32 deaths. Analysis of the deaths indicates that referred cases continued to account for majority of maternal mortalities, increasing from 21 deaths (87.5%) in 2024 to 28 deaths (87.5%) in 2025. On the other hand, maternal deaths among women who initially accessed care at CCTH accounted for only four deaths (12.5%) in 2025. This pattern underscores the significant contribution of delayed referrals and the presentation of critically ill patients from lower-level facilities to the hospital's maternal mortality burden.

In line with national quality assurance standards, the hospital maintained a 100% maternal death audit rate throughout the review period, ensuring that every maternal death was reviewed to identify avoidable factors, strengthen clinical governance, and inform quality improvement interventions.

The increase in maternal deaths in 2025 was reflected in a corresponding rise in the institutional Maternal Mortality Ratio (MMR), which increased from 862 per 100,000 live births in 2024 to 1,351 per 100,000 live births in 2025—the highest level recorded during the five-year period. The MMR remained substantially above the Teaching Hospital's target of 300 per 100,000 live births, highlighting the persistent challenge of maternal mortality within the referral system.

Although the hospital continues to strengthen emergency obstetric care and quality improvement measures, the high proportion of maternal deaths among referred patients suggests that greater emphasis should be placed on strengthening the continuum of maternal care across the referral network. This includes improving the early detection and management of obstetric complications at peripheral facilities, enhancing referral coordination, and sustaining targeted mentorship and emergency obstetric capacity-building initiatives. Strengthening these interventions is expected to improve maternal survival outcomes and contribute to reducing institutional maternal mortality over time.

Details of the analysis above is further presented in Figures 13.8.1 and Tables 13.8.1 below.

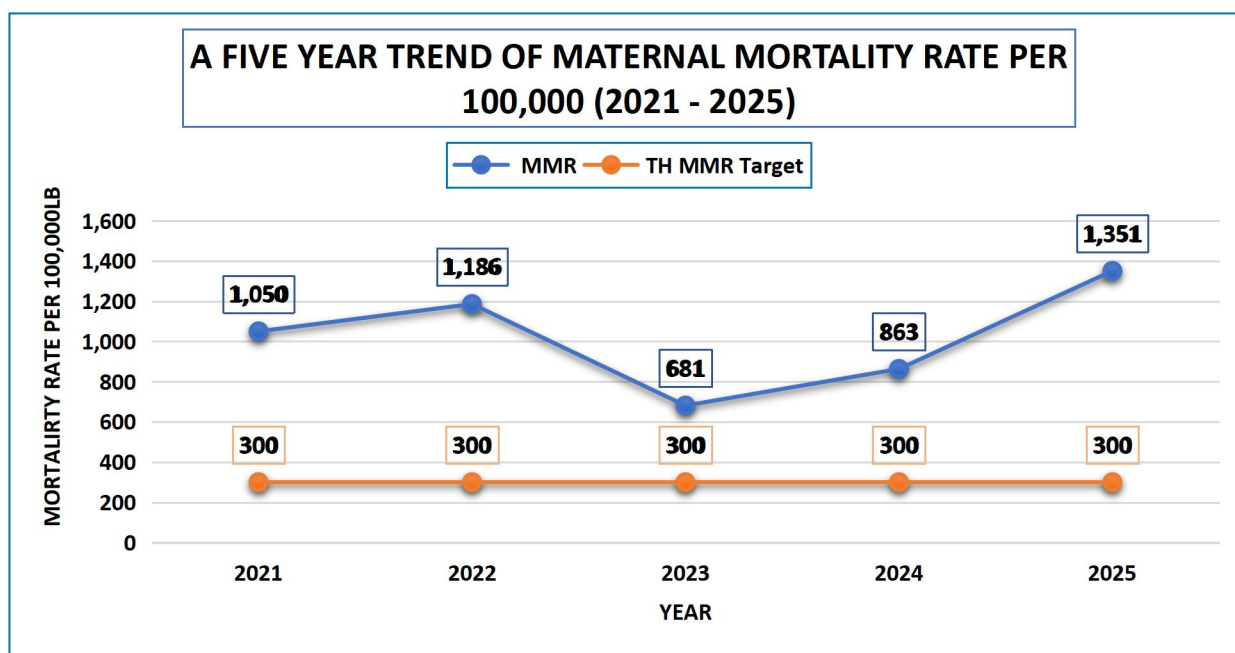


Figure 13.8. 1: A Five-Year Trend of Maternal Mortality Rate (2021 – 2025)

Table 13.8. 1: Breakdown of Maternal Mortality

INDICATORS	2021	2022	2023	2024	2025	REMARKS	TARGET	MEASUREMENT
Maternal Death	32	39	20	24	32	33.3% incr	50% ↓	-
<i>Referred cases</i>	75.0% (24)	82.1% (32)	85% (17)	87.5% (21)	87.5 (28)	<i>Sustained</i>	-	
<i>CCTH cases</i>	25.0% (8)	17.9% (7)	15% (3)	12.5% (3)	12.5% (4)	<i>Sustained</i>	-	
Maternal Mortality Ratio Per 100,000 Live Births	1,050	1,186	681	862	1,351	Incr	THs = 300	Number of maternal deaths / total live births * 100 000
% of maternal mortalities audited	100	100	100	100	100	Sustained	100	No. of reported maternal deaths audited according to established guidelines. / Total no. of reported maternal deaths within a specified period * 100

13.8.1 TOP CAUSES OF MATERNAL MORTALITY

The pattern of maternal mortality from 2023 to 2025 indicates that direct obstetric complications remained the leading causes of maternal deaths at the hospital. Hypertensive disorders of pregnancy (including eclampsia and severe pre-eclampsia), obstetric haemorrhage, and sepsis consistently accounted for the majority of maternal deaths over the review period.

Hypertensive disorders of pregnancy remained the leading cause in 2023 and 2025, accounting for 7 deaths (35.0%) and 7 deaths (21.9%), respectively, while obstetric haemorrhage was the leading cause in 2024 with 8 deaths (33.3%). Although haemorrhage-related deaths declined to 6 (18.8%) in 2025, it remained the second leading cause of maternal mortality. Sepsis also showed a gradual decline from 5 deaths (25.0%) in 2023 to 3 deaths (9.4%) in 2025.

The emergence of cardiopulmonary arrest/pulmonary embolism, severe anaemia, and HELLP syndrome among the leading causes in 2025 reflects the increasing complexity of maternal cases managed at the hospital. This underscores the need to strengthen antenatal risk screening, emergency obstetric care, timely referral systems, and multidisciplinary management of high-risk pregnancies to reduce preventable maternal deaths.

Details of the analysis are presented in Table 13.8.1.1.

Table 13.8.1. 1: Top Causes of Maternal Mortality

2023		2024		2025	
Condition	%	Condition	%	Condition	%
Hypertensive Disorders in Pregnancy (Eclampsia)	7 (35%)	Obstetric Haemorrhage	8 (33.3%)	Hypertensive Disorders in Pregnancy (Eclampsia + pre-eclampsia with severe features)	7 (21.9%)
Sepsis	5 (25%)	Hypertensive Disorders in Pregnancy (Eclampsia + pre-eclampsia with severe features)	7 (29.2%)	Obstetric Haemorrhage	6 (18.8%)
Obstetric Haemorrhage (PPH=2) (APH=2)	4 (20%)	Sepsis	4 (16.7%)	Sepsis	3 (9.4%)
Acute Kidney Injury	1 (5%)	Hyperemesis gravidarum (complicated by severe hypokalemia)	2 (8.33%)	Cardiopulmonary Arrest / pulmonary embolism	3 (9.4%)

2023		2024		2025	
Condition	%	Condition	%	Condition	%
Empyema Thoracis	1 (5%)	Severe Anemia	1 (4.17%)	Severe Anemia	2 (6.3%)
Pulmonary Embolism	1 (5%)			HELLP Syndrome	2 (6.3%)
Total Maternal Death = 20		Total Maternal Death = 24		Total Maternal Death = 32	

13.8.2 MATERNAL DEATHS BY REFERRAL FACILITIES RECORDED

Out of the 32 maternal deaths recorded in 2025, 28 (87.5%) were among women referred from other health facilities, highlighting the significant contribution of referred cases to the hospital's maternal mortality burden. Saltpond Hospital recorded the highest number of referral-related maternal deaths (5 cases; 17.9%), followed by Twifo-Atti Morkwa District Hospital (TAMDH), St. Francis Xavier Hospital, Sanford Hospital, and UCC Hospital, each with 2 cases (7.1%). The remaining 11 facilities each recorded 1 case (3.6%).

The high proportion of maternal deaths among referred cases underscores the need to strengthen the referral system and emergency obstetric care across the lower-level facilities. The hospital should therefore continue its collaboration with the Regional Health Directorate to provide targeted mentorship and capacity-building in Emergency Obstetric and Newborn Care (EmONC) for these lower-level facilities, with emphasis on early identification, stabilization, and timely referral of obstetric emergencies.

Table 13.8.2.1 below presents the distribution of maternal deaths by referring facility.

Table 13.8.2. 1: Referral Facilities of The Maternal Deaths from 2020 - 2025

2023		2024		2025	
Institution	No.	Institution	No.	Institution	No.
Twifo-Attimorkwaa District Hospital (TAMDH)	3	Cape Coast Teaching Hospital	3	Saltpond Hospital	5
Swedru Municipal Hospital	2	Adisadel Urban Health	2	Cape Coast Teaching Hospital	4
self-Referred	2	Twifo-Attimorkwaa District Hospital (TAMDH)	2	Twifo-Attimorkwaa District Hospital (TAMDH)	4
Biriwa Polyclinic	2	Effia Nkwanta Regional Hospital	2	Tarkwa Municipal Hospital	2
Mercy Women's Hospital	1	Mercy Women's Hospital	1	St. Francis Xavier Hospital	2
Nkwantanah CHPS	1	Anomabo Health Centre	1	Sanford Hospital	2

2023		2024		2025	
Institution	No.	Institution	No.	Institution	No.
Ankaful Psychiatry Hospital	1	Kissi Health Centre	1	UCC Hospital	2
Ankaful Lep/Gen Hospital	1	Our Lady of Grace Hospital	1	Ashiaman Municipal Hospital	1
Komenda Health Centre	1	St. Francis Xavier Hospital	1	Biriwa Hospital	1
Elmina Polyclinic	1	Salt pond Municipal Hospital	1	Elmina Polyclinic	1
Ajumako District Hospital	1	UCC Hospital	1	Frami Hospital	1
Premier District Hospital	1	St. Luke Catholic Hospital, Apam	1	St. Luke Catholic Hospital, Apam	1
Moree Health Centre	1	Narkwa Polyclinic	1	Yamoransa Health Center	1
St. Francis Xavier Hospital, Assin Fosu	1	Premier Specialist Hospital (Tarkwa)	1	German Hospital	1
Cape Coast Teaching Hospital	1	VRA Health Centre (Aboadze)	1	Adisadel Urban Health Centre	1
		Kwesimintsim Hospital	1	Mercy Women's Hospital	1
		Ajumako Besease Health Centre	1	Jukwa	1
		Agona Swedru Municipal Hospital		Cape Coast Metro Hospital	1
		Asomdwe CHPS compound	1		
Total (Referrals)	17	Total (Referrals)	21	Total (Referrals)	28
CCTH cases	3	CCTH cases	3	CCTH cases	4
Grand Total	20	Grand Total	24	Grand Total	32

CHAPTER FOURTEEN

CHILD HEALTH SUB-BMC

14.1 BACKGROUND

The Child Health Sub-BMC is the department of the hospital charged with the management of both medical and surgical cases of patients aged between zero (0) and sixteen (16) years. Also within this sub-BMC is the Special Care Baby Unit (NICU) which is responsible for overseeing infants with life-threatening illnesses. The Child Health Sub-BMC is manned by a six-member management team who supervise the day-to-day activities of the sub-BMC.

14.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES

Table 14.2.1 below provides a summary of the key outputs and outcomes of Child Health Sub-BMC in line with the six medium-term strategic objectives of the hospital.

Table 14.2. 1: Summary of the 2025 Annual Performance of Child Health Sub-BMC under the Strategic Objectives.

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY							
Access	2021	2022	2023	2024	2025	Target	Remarks
Total OPD Attendance	11,027	10,444	10,591	9,907	8,552	-	18.37% decr
Percentage of neonatal admissions due to external referrals	15%	13.80%	11.24%	5.95%	16.5%	THs = 30%	Incr Target not met
Specialist paediatric OPD attendance increased by 3.9% from 2,959 in 2024 to 3073 in 2025							
One (1) additional Specialist Paediatricians was added to increase the specialist expertise in 2025							
Expansion of access to paediatric oncology care through; - Continued the services of satellite paediatric oncology with a 48.2% (from 27 in 2024 to 40 in 2025) increase in patients seen. - Increased paediatric oncology human resource through addition of; - One (1) paediatric oncologist - Four (4) oncology nurse specialists							
Strengthened the delivery of specialized paediatric services through; Continued operation of the Paediatric Osteogenesis Imperfecta (OI) Clinic in 2025 with seventeen (17) patients managed. The hospital remains the only facility in Ghana providing coordinated multidisciplinary paediatric OI care.							
Improved availability of specialised pharmaceuticals for neonatal and paediatric care; Surfactant and intravenous caffeine citrate stocked at the hospital 24hr pharmacy for the management of premature infants							
Expanded respiratory support services for neonates and infants by; - Increasing access to Continuous Positive Airway Pressure (CPAP) therapy for premature babies and infants with respiratory distress - Acquiring additional eight (8) new VAYU CPAP machines and some oxygen blenders for non-invasive respiratory support to augment existing respiratory care capacity.							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.							
Impact	2021	2022	2023	2024	2025	Target	Remarks
Low birth rate	19.4%	20.5%	23.2%	21.0%	21.9	THs = 12%	Incr Target not met
Institutional infant mortality rate (/1000LB)	88	77	67	50	51	THs = 15	2.0% incr Target not met
Number of Infant deaths	267	252	197	138	133	-	3.6% decr
Institutional neonatal mortality rate (/1000)	78	67	58	40	43	TH = 25	7.5% incr
Number of institutional neonatal deaths	239	219	170	112	112	CCTH = 5% ↓	Sustained
Under-five mortality rate (/1000LB)	95	80	72	55	56	-	1.8% incr
Number of Institutional under-five mortality	290	264	213	152	144	CCTH = 5% ↓	5.3% decr. Target met
The sub-BMC in collaboration with paediatric society of Ghana continued to intensify public awareness on neonatal campaigns on neonatal jaundice, prematurity, and childhood cancers through radio and television platforms within Cape Coast Metropolis with three (3) campaigns organised in 2025.							
Collaborated with Collaboration with Vivat Turkson Foundation and National Queen Mothers association to organize one (1) health screening and community education event held at the Chapel Square.							
Conducted the following in-service trainings for staff: - Two (2) Emergency, Triage and Treatment (ETAT) trainings with 65 staff trained. - Two (2) Infection Prevention Control (IPC) trainings with seventy-eight (78) staff trained - One (1) customer service training with a total of sixty-one (61) staff trained. Fifty-three (53) CCTH and eight (8) UCC hospital staff trained in caffeine citrate use. - Fifty-two (52) participants undertook Continuous Positive Airway Pressure (CPAP) training from CCTH and peripheries 1 patient satisfaction survey was conducted with a 83.3% satisfaction rate.							
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE							
Procured key medical and support equipment to strengthen paediatric and neonatal care, including: - Eight (8) new VAYU CPAP machines - One (1) Nebuliser - Two (2) Phototherapy machines - Two (2) cardiac monitors - Three (3) Air Conditioners - Five (5) Oxygen blenders - Five (5) Oximeters - One (1) Television set - One (1) Patient monitor - One (1) Incubator with in-built weighing scale - Two (2) infusion pumps							
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM							
4.1: Governance Related Performance							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE
Organised Sub-BMC meetings and one (1) staff durbar with 45 staff attendance.
4.2: Human Resource Related Performance
Strengthened staff capacity through professional development; • Two (2) Medical Officers commenced residency training in orthopaedics and internal medicine. • Four (4) Nurses commenced associate membership training; ➢ Two (2) paediatric ➢ One (1) Neonatal and ➢ One Paediatric oncology
Facilitated the integration of one (1) paediatric specialist and two (2) neonatal associate nurses returning from Study leave.
4.3 Finance related performance
Recorded an increased revenue in internally generated revenue from all sources, including NHIS, out-of-pocket payment (cash & carry) corporate insurance and intramural practice.
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING AND EXCELLENCE IN LEARNING
5.1 Improve on Research:
Conducted research activities in Paediatric and Neonatal care, including: • Ongoing collaborative research with KNUST on “Rotavirus Surveillance” • Ongoing study on Pneumonia in children (NSPIRE)
5.2 Improve on Teaching and Learning:
Continued to provide clinical training for medical, physician assistant, pharmacy, and nursing students in paediatrics’
Facilitated paediatric clinical rotation for thirty-three (33) House Officers
Provided clinical training to four (4) Medical Officers in Paediatrics
Provided clinical training to four (4) family medicine/ OBGYN residents who rotated through the unit.
CCTH OBJECTIVE 6: INTENSIFY SUPPORT TO THE LOWER LEVEL OF CARE AND SERVICE DELIVERY POINTS
Organised one (1) symposium in May on Newborn Jaundice with seventeen (17) peripheral health facilities and sixty-five (65) CCTH staff in attendance.
Organised one (1) mentorship programme for St. Francis Xavier Hospital in Assin Fosu.
Visited six (6) peripheral health facilities including UCC, Saltpond, Sanford, Adjumako, Ankafu, Biriwa with beneficiaries of 106 healthcare workers during health awareness and education campaigns.
Provided clinical training in NICU to 15 staff from Cape Coast Metropolitan Hospital. • Practice sessions in neonatal care, resuscitation, medications and the operation of equipments at the NICU.

14.3 CHILD HEALTH OPD SERVICES UTILIZATION

Analysis of the five-year trend (2021–2025) indicates that paediatric outpatient service utilization fluctuated over the review period, with consecutive declines recorded in the last two years. In 2025, total paediatric outpatient attendance decreased by 13.7%, from 9,907 visits in 2024 to 8,552 visits, largely driven by a 16.2% decline in general paediatric clinic attendance (from 7,678 in 2024 to 6,435 in 2025), the lowest level recorded during the review period. Specialist paediatric clinic attendance, which had consistently increased in previous years, also declined slightly by 5.0%, (from 2,229 in 2024 to 2,117 in 2025).

Performance across the paediatric sub-specialty clinics was mixed. Among clinics recording declines, the NICU Follow-up Clinic, which remained the highest-utilized sub-specialty service, experienced a 16.0% reduction in attendance (from 661 in 2024 to

555 in 2025). The Paediatric Asthma Clinic recorded the largest decline (33.3%), with attendance falling from 144 in 2024 to 96 in 2025, while the Paediatric Sickle Cell Clinic declined by 20.3%, (from 801 in 2024 to 638 in 2025). These reductions may reflect changes in referral patterns, improved disease control, decentralization of follow-up services, or other service delivery factors that require further evaluation.

On the other hand, several sub-specialty clinics experienced notable growth in utilization during 2025. The Paediatric Endocrine Clinic recorded the highest percentage increase, with attendance rising by 64.1% (from 39 in 2024 to 64 in 2025), followed by the Paediatric Cardiology Clinic, which increased by 56.7% (from 60 in 2024 to 94 in 2025), and the Paediatric Oncology Clinic, which rose by 48.1% (from 27 in 2024 to 40 in 2025). Attendance at the Paediatric Neurology Clinic also increased substantially by 37.6% (from 250 in 2024 to 344 in 2025), while the Paediatric Renal Clinic and Osteogenesis Imperfecta Clinic recorded modest increases of 17.0% (from 223 in 2024 to 261 in 2025) and 4.2% (from 24 in 2024 to 25 in 2025), respectively. The growth observed in these specialist services may reflect expanding specialist capacity, increased referrals, improved case detection, or growing demand for specialized paediatric care.

Details of the analysis above can be seen in Figure 14.3.1 and Table 14.3.1 below.

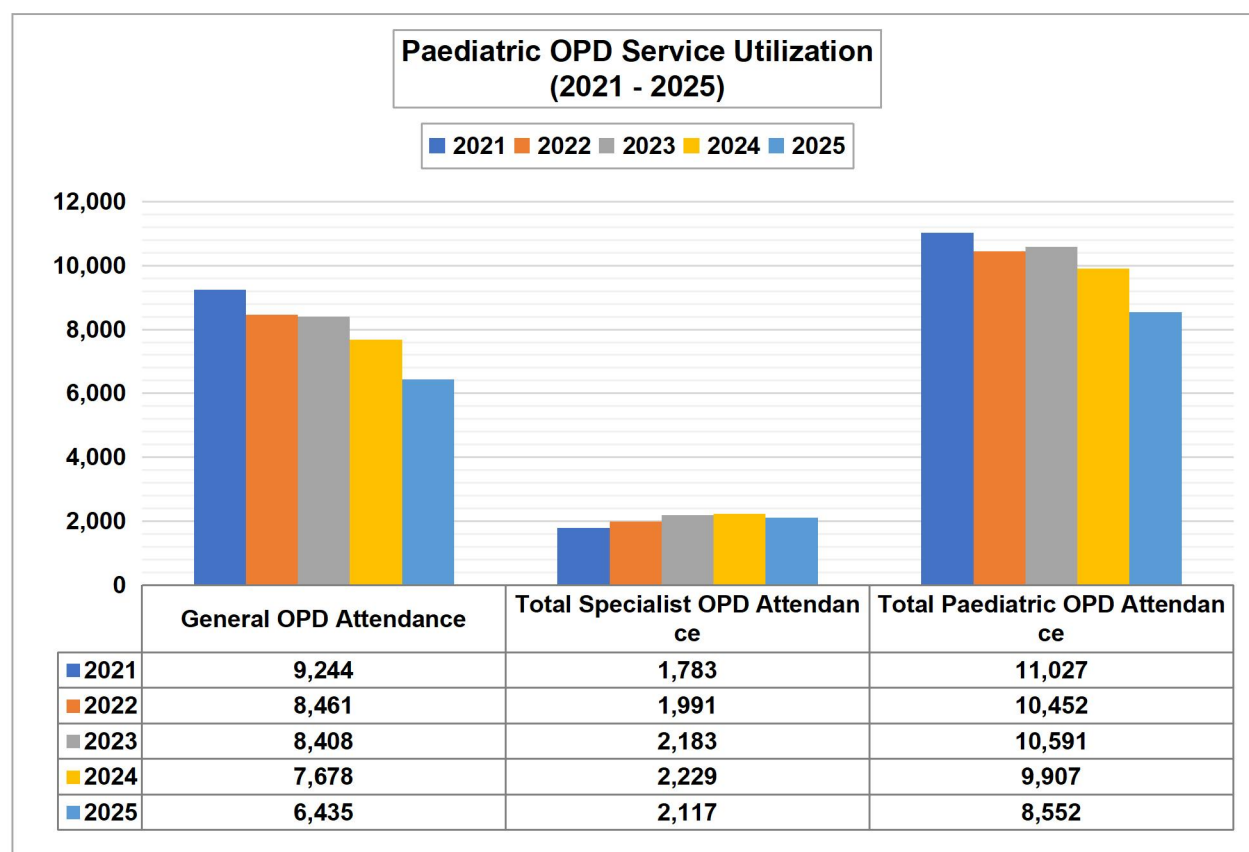


Figure 14.3. 1: Trend of Paediatric OPD Service Utilization (2021 – 2025)

Table 14.3. 1: Yearly Breakdown of Child health OPD Clinic Attendance (2021 – 2025)

CLINICS	2021	2022	2023	2024	2025	REMARKS
General Paediatrics Clinic	9,244	8,461	8,408	7,678	6,435	16.2% decr
Paediatric Specialist Clinic						
Total Paediatric Specialist Clinic Attendance	1,783	1,991	2,183	2,229	2,117	5.0% decr
• NICU Follow-Up	890	958	888	661	555	16.0% decr
• Paediatric Asthma	102	111	118	144	96	33.3% decr
• Paediatric Neurology	245	294	276	250	344	37.6% incr
• Paediatric Renal	115	79	98	223	261	17.0% incr
• Paediatric Cardiology	58	38	77	60	94	56.4% incr
• Paediatric Sickle Cell	351	463	619	801	638	20.3% decr
• Paediatric Oncology	22	23	30	27	40	48.1% incr
• Paediatric Endocrine	-	17	44	39	64	64.1% incr
• Osteogenesis Imperfecta	-	8	33	24	25	4.2% incr
Overall Paediatric OPD Attendance	11,027	10,452	10,591	9,907	8,552	13.7% decr

14.4 CHILD HEALTH IN-PATIENT SERVICES UTILIZATION

14.4.1 PAEDIATRIC WARD PERFORMANCE

Overall, paediatric inpatient service utilization exhibited mixed performance during the 2021–2025 review period, with declines observed in admissions and discharges, alongside improvements in mortality outcomes.

In 2025, paediatric admissions declined by 8.3% compared with the previous year (from 1,820 in 2024 to 1669 in 2025). Infant admissions also declined by 10.8%, from 1,494 in 2024 to 1,333 in 2025, suggesting a reduction in inpatient demand among children under one year of age.

Similarly, patient discharges continued their downward trend, decreasing by 9.9% from 1,829 in 2024 to 1,648 in 2025, following an earlier 5.9% decline recorded between 2023 and 2024. The reduction in admissions and discharges generally reflects lower inpatient service utilization during the year.

Bed utilization indicators showed mixed performance. Average daily occupancy declined marginally from 32.9% in 2024 to 31.7% in 2025, representing the lowest level recorded during the five-year period. Similarly, the bed occupancy rate declined from 68.6% in 2024 to 62.2% in 2025. The average length of stay also increased from 6.3 days to 6.8 days, suggesting that admitted patients required longer periods of inpatient

management, possibly reflecting increased case complexity or the management of more severe conditions.

Clinical outcomes improved during the year. Paediatric deaths decreased by 11.7%, from 77 deaths in 2024 to 68 deaths in 2025. Despite the reduction in the absolute number of deaths, the paediatric mortality rate remained unchanged at 4.0%, indicating that the decline in deaths was proportionate to the reduction in admissions. While the stable mortality rate suggests that overall inpatient outcomes did not deteriorate, continued efforts are required to further reduce paediatric mortality through strengthened clinical quality improvement initiatives, timely case management, and enhanced referral systems.

Details of the analysis are presented in Figures 14.4.1.1 and 14.4.1.2 and Table 14.4.1.1.

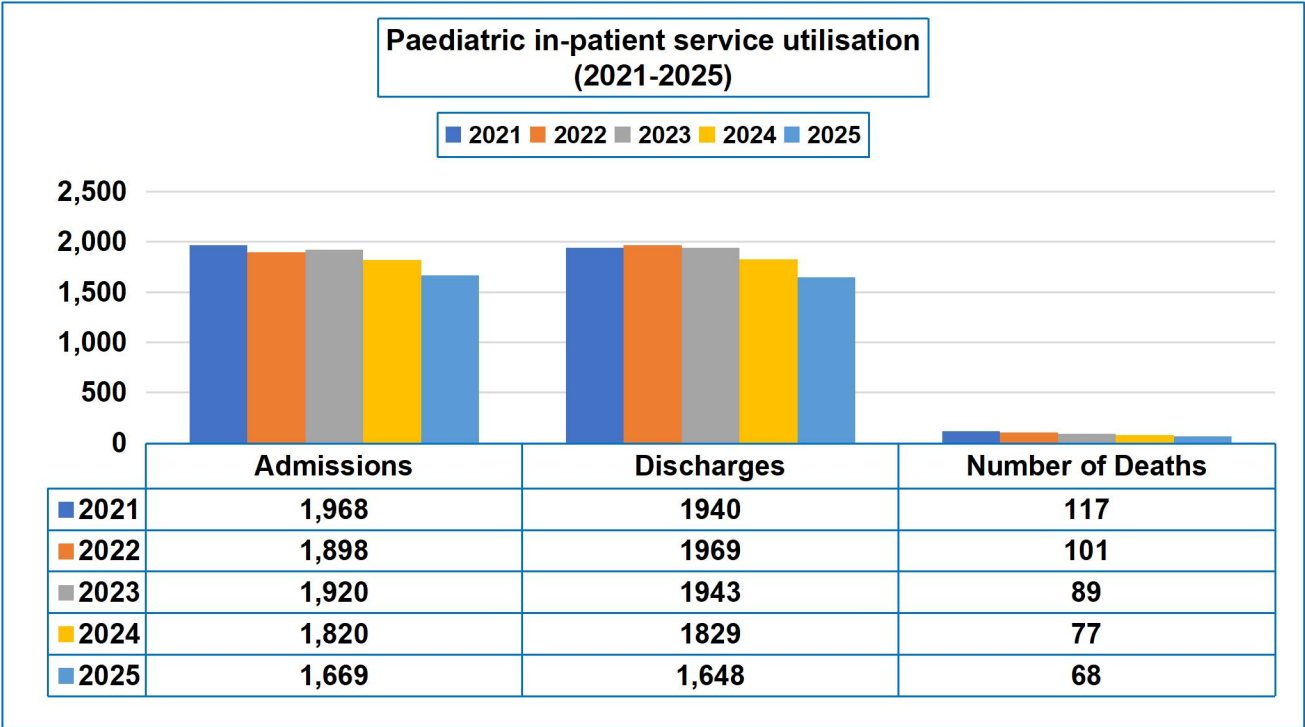


Figure 14.4.1. 1: Paediatric in-patient service utilisation (2021-2025)

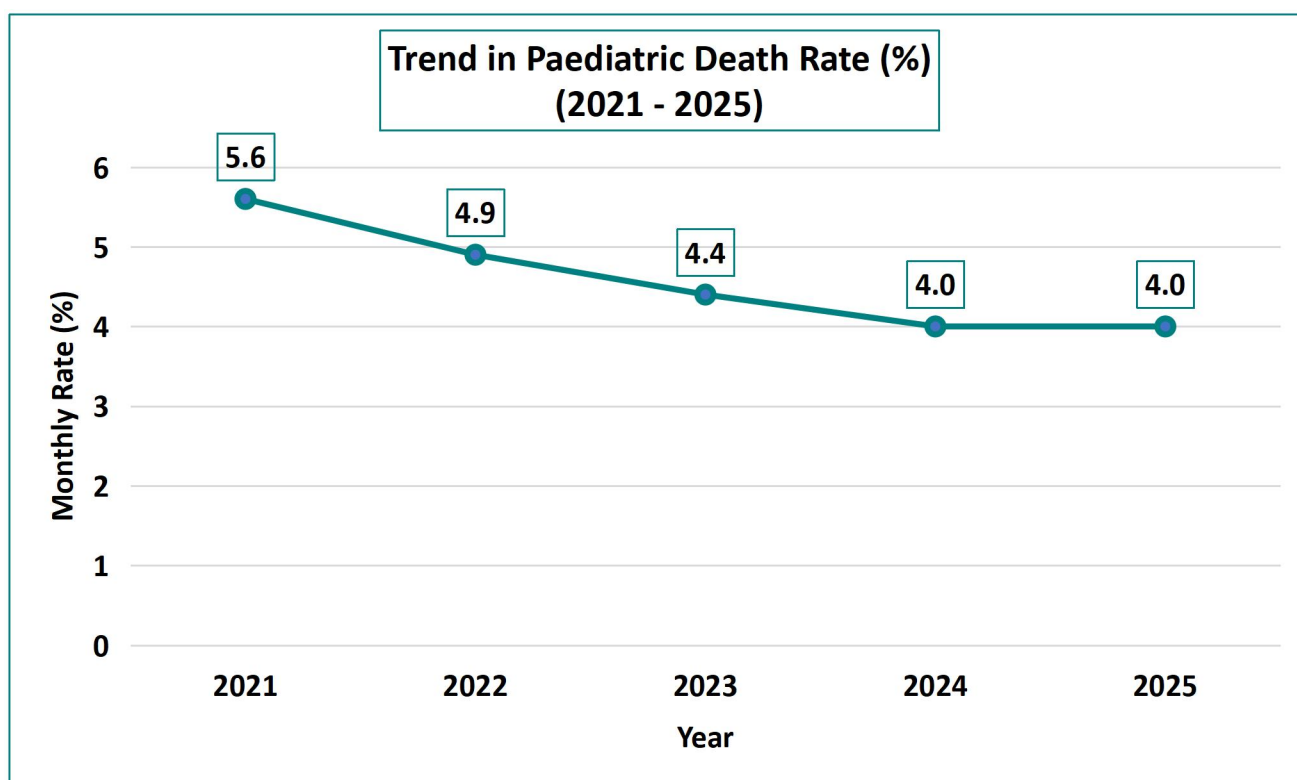


Figure 14.4.1. 2: Trend in Paediatric Death Rate (%) (2021 - 2025)

Table 14.4.1. 1: Paediatric Ward Performance (2021 - 2025)

INDICATOR	2021	2022	2023	2024	2024	REMARKS
Total Paediatric Admissions	1,968	1,898	1,920	1,820	1669	8.3% decr
Infants Admissions-Institutional	1,734	1,975	1,933	1,494	1,333	10.8% decr
Discharges	1,940	1,969	1,943	1,829	1,648	9.9% decr
Average Daily Occupancy Rate (%)	33	33.7	33	32.9	31.7	decr
% Bed Occupancy	69	63.1	68.6	68.6	62.2	decr
Average Length of Stay (Days)	5.9	5.4	5.9	6.3	6.8	incr
Number of Deaths	117	101	89	77	68	11.7% decr
Death Rate (%)	5.6	4.9	4.4	4.0%	4.0%	Sustained

14.4. NEONATAL INTENSIVE CARE UNIT (NICU) WARD PERFORMANCE

The Neonatal Intensive Care Unit (NICU), as a specialized component of the Child Health Sub-BMC, continued to record the lowest admission volume among paediatric inpatient units over the 2021–2025 review period, reflecting its highly specialized mandate and limited bed capacity. In 2025, total neonatal admissions declined by 9.4%,

from 790 admissions in 2024 to 716 admissions, indicating a reduction in overall utilization of NICU services.

Despite the decline in total admissions, neonatal admissions resulting from external referrals increased markedly by 151.1%, rising from 47 cases in 2024 to 118 cases in 2025. Consequently, the proportion of neonatal admissions attributable to external referrals increased substantially from 5.9% to 16.5% during the period. Although this represents a significant improvement in the hospital's referral function, the indicator remained below the Teaching Hospital target of 30%, suggesting further opportunities to strengthen referral linkages and expand access to specialized neonatal care across the referral network.

Service outputs similarly declined during the review period. Total neonatal discharges decreased by 11.2%, from 653 in 2024 to 580 in 2025, consistent with the reduction in admissions. Operational efficiency indicators also showed mixed performance. The Average Daily Occupancy rate declined from 17.7% in 2024 to 14.3% in 2025, while the Bed Occupancy Rate (BOR) fell significantly from 73.9% to 49.5%, indicating reduced utilization of available neonatal beds. Conversely, the Average Length of Stay (ALOS) improved from 8.7 days to 7.7 days, reflecting earlier discharge of neonates and potentially improved efficiency in patient management, provided that discharge quality and clinical outcomes were maintained.

With respect to quality of care, the absolute number of neonatal deaths remained unchanged at 112 deaths in both 2024 and 2025. However, because fewer live births were recorded during the year, the Neonatal Mortality Rate (NMR) increased from 40 to 43 deaths per 1,000 live births. Despite sustained clinical interventions, the hospital's neonatal mortality rate remained considerably above the Teaching Hospital's target of 25 deaths per 1,000 live births, underscoring the need to strengthen evidence-based neonatal care, infection prevention and control practices, early identification of high-risk newborns, and timely referral and stabilization systems both within the hospital and across referring facilities.

Further details are presented in Figures 14.4.2.1–14.4.2.3 and Table 14.4.2.1.

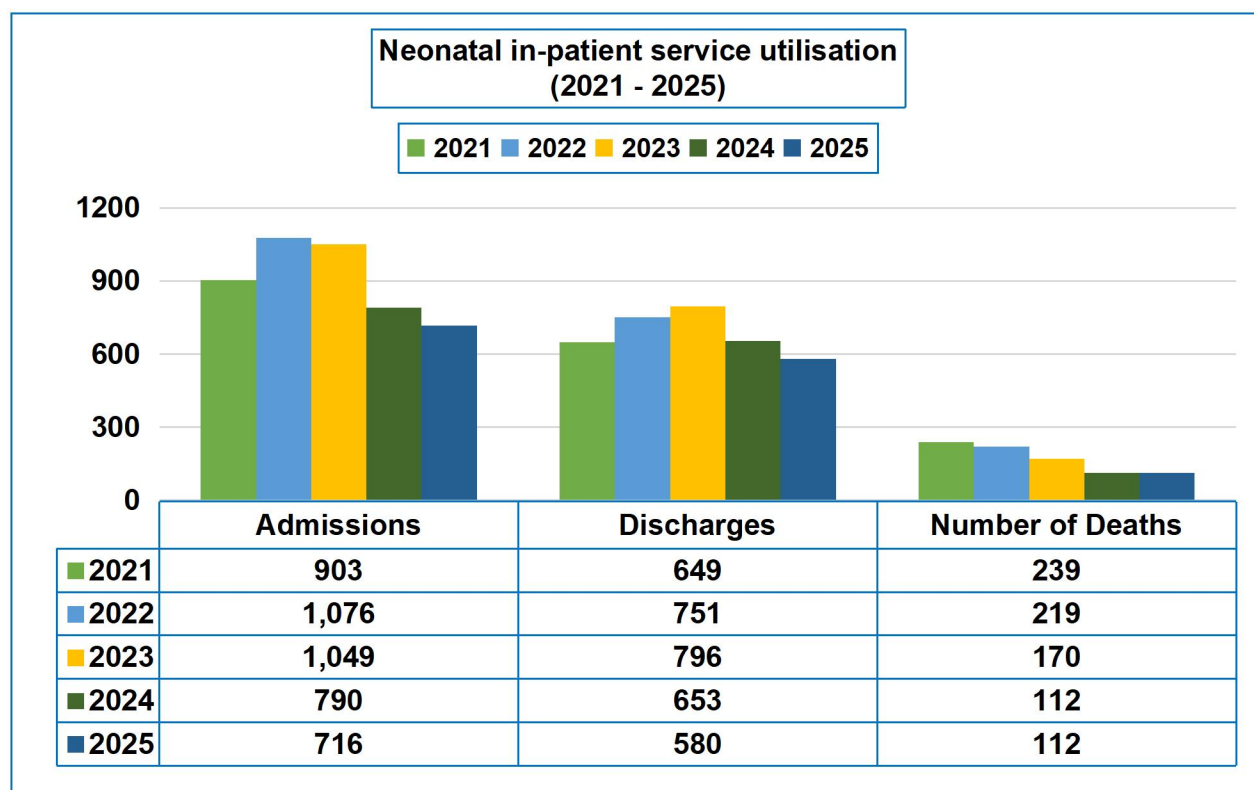


Figure 14.4.2. 1: Neonatal in-patient service utilisation (2021 - 2025)

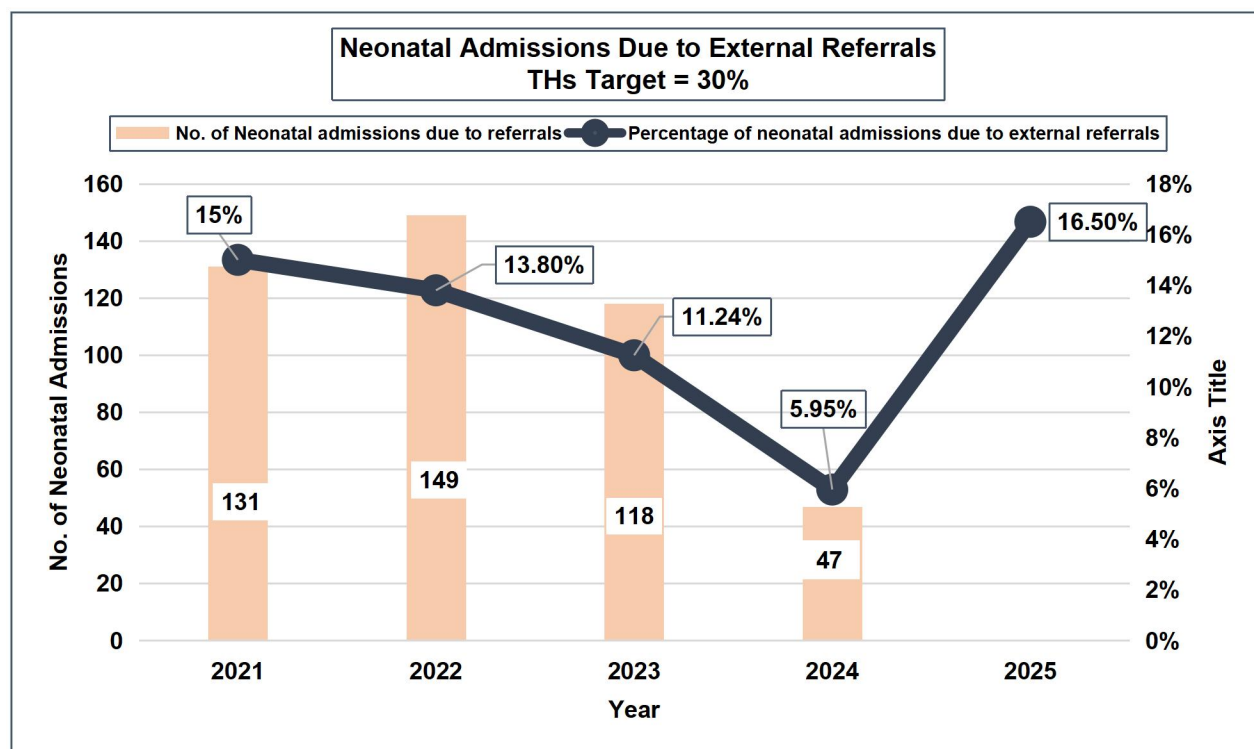


Figure 14.4.2. 2: Trend of Neonatal Admissions Due to External Referrals (2021-2025)

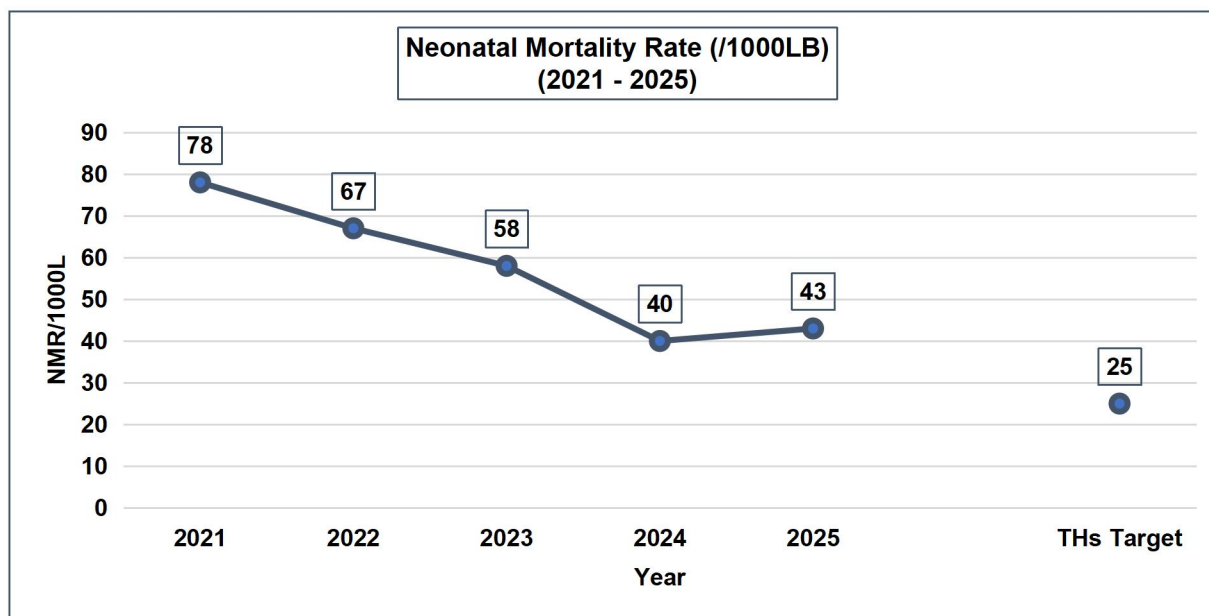


Figure 14.4.2. 3: Neonatal Mortality Rate per 1000 Livebirths (2021-2025)

Table 14.4.2. 1: NICU Ward Performance (2021 – 2025)

Indicator	2021	2022	2023	2024	2025	Remarks	Target	Measurement
Total neonatal Admissions	903	1,076	1,049	790	716	9.4% decr	-	-
No. of Neonatal admissions due to referrals	131	149	118	47	118	115.1% incr	-	-
Percentage of neonatal admissions due to external referrals	15%	13.8 %	11.24 %	5.95%	16.5%	10. 6%Incr	30%	No. of Neonatal admissions due to referrals / Total neonatal admissions
Discharges	649	751	796	653	580	12.6% decr	-	-
Average Daily Occupancy	19	18.8	21	17.7	14.3	Decr	-	-
% Bed Occupancy	80.6	63.0	85.7	73.9	49.5	Decr	-	-

Indicator	2021	2022	2023	2024	2025	Remarks	Target	Measurement
Average Length of Stay	7.8	7.3	8.0	8.7	7.7	Decr	-	-
Number of Deaths	239	219	170	112	112	Unchanged	-	-
Neonatal Mortality Rate (/1000LB)	78	67	58	40	43	incr	THs = 25/1000LB	-
Death Rate (%)	23.6	22.2	15.0	12.6	14.6	Incr	-	-

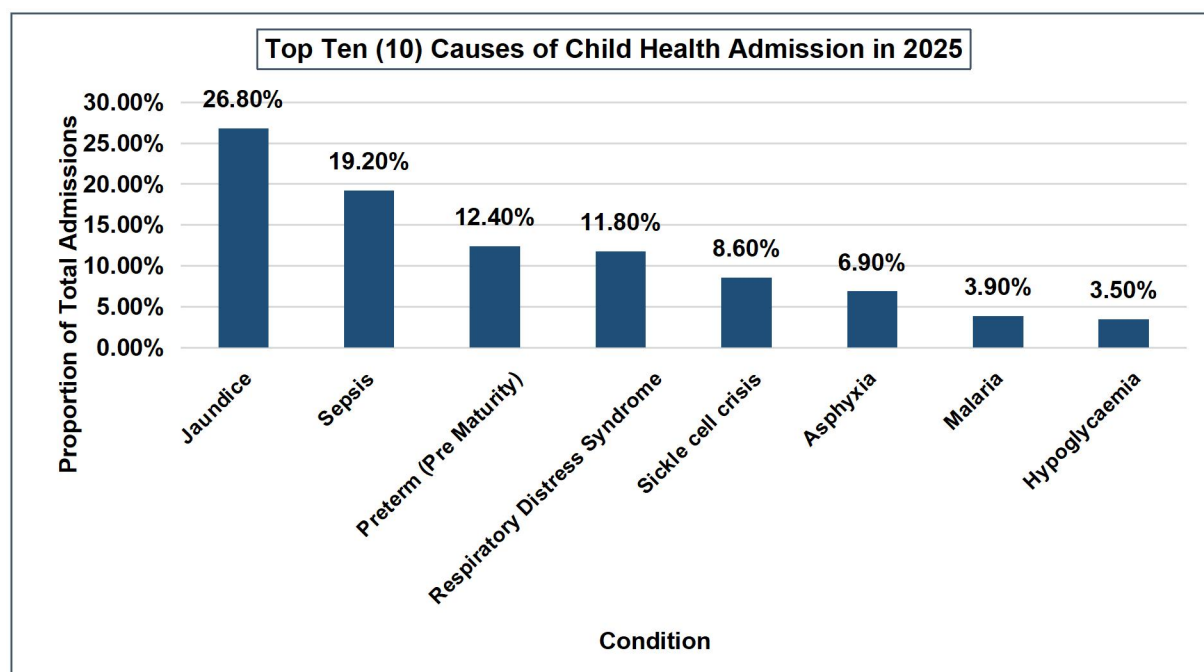
14.5 CAUSES OF CHILD HEALTH ADMISSION

14.5.1 TOP TEN (10) CAUSES OF CHILD HEALTH ADMISSION

Neonatal and infectious conditions continued to dominate paediatric admissions in 2025, with jaundice and sepsis remaining the leading causes. Jaundice accounted for 421 admissions (26.8%), followed by sepsis with 301 admissions (19.2%). Together, these two conditions represented nearly 46% of all admissions among the top ten causes, highlighting the substantial burden of neonatal illnesses on child health services.

Other leading causes of admission included respiratory distress syndrome (185 cases; 11.8%), Sickle Cell Disease (135 cases; 8.6%), and Birth Asphyxia (108 cases; 6.9%). Pneumonia (56 cases; 3.6%), Hypoglycaemia (55 cases; 3.5%), and Bacterial Infections (54 cases; 3.4%) were among the least common causes of admission within the top ten conditions.

The admission pattern underscores the continued burden of neonatal conditions and the need to strengthen newborn care, infection prevention, and timely management of neonatal complications. Further details are presented in Figure 14.5.1.1 and Table 14.5.1.1.



Fi

Figure 14.5.1. 1: Top Ten Causes of Child Health Admission in 2025

Table 14.5.1. 1: Top ten Causes of Child Admission (2021 - 2025)

2021		2024		2025	
CONDITION	NO.	CONDITION	NO.	CONDITION	NO.
Jaundice	480 (23.80%)	Jaundice	425 (28.30%)	Jaundice	421 (26.8%)
Sepsis	348 (17.30%)	Sepsis	404 (26.80%)	Sepsis	301 (19.2%)
Pre-Maturity	253 (12.60%)	Pneumonia	122 (8.10%)	Preterm (Pre Maturity)	195 (12.4%)
Asphyxia	240 (11.90%)	Preterm (Pre Maturity)	115 (7.60%)	Respiratory distress syndrome	185 (11.8%)
Malaria	188 (9.30%)	Asphyxia	107 (7.10%)	Sickle cell crisis	135 (8.6%)
Pneumonia	115 (5.70%)	Malaria	99 (6.60%)	Asphyxia	108 (6.9%)
Sickle Cell Crisis	102 (5.10%)	Respiratory distress syndrome	69 (4.60%)	Malaria	61 (3.9%)
Respiratory distress syndrome	99 (4.90%)	Gastroenteritis & colitis	57 (3.80%)	Pneumonia	56 (3.6%)

2021		2024		2025	
CONDITION	NO.	CONDITION	NO.	CONDITION	NO.
Transient Tachypnoea	95 (4.70%)	Meningitis	54 (1.50%)	Hypoglycemia	55 (3.5%)
Gastroenteritis & colitis	94 (4.70%)	Sickle cell crisis	53 (3.50%)	Bacterial Infection	54 (3.4%)

14.5.2 TOP TEN CAUSES OF UNDER FIVE ADMISSIONS

Neonatal conditions continued to dominate under-five admissions in 2025, with neonatal jaundice, neonatal sepsis, and prematurity (preterm birth) remaining the three leading causes. These accounted for 419 cases (30.4%), 284 cases (20.6%), and 195 cases (14.1%), respectively. Compared with 2024, admissions due to neonatal jaundice declined marginally by 1.4% (from 425 in 2024 to 419 in 2025), while prematurity-related admissions increased substantially by 69.6% (from 115 in 2024 to 195 in 2025). Birth asphyxia was the fourth leading cause, accounting for 107 cases (7.8%).

Respiratory conditions also featured among the leading causes of admission. Pneumonia admissions declined by 38.5% (from 91 in 2024 to 56 in 2025), while the reported trend for transient decreased from 51 in 2024 to 40 in 2025, representing a reduction of 21.6%. Other less common causes included dehydration (34; 2.5%), anaemia (31; 2.2%), and meningitis (29; 2.1%).

Details are presented in Table 14.5.2.1.

Table 14.5.2. 1: Top Causes of Under Five Admissions from 2021 to 2025

2023		2024		2025	
CONDITION	NO.	CONDITION	NO.	CONDITION	NO.
Jaundice	440 (30.5%)	Jaundice	425 (30.8%)	Jaundice	419 (30.4%)
Sepsis	247 (17.1%)	Sepsis	391 (28.4%)	Sepsis	284 (20.6%)
Prematurity	228 (15.8%)	Prematurity	115 (8%)	Preterm (Prematurity)	195 (14.1%)
Asphyxia	211 (14.6%)	Asphyxia	107 (8.4%)	Respiratory distress syndrome	185 (13.4%)
Respiratory distress syndrome	88 (6.1%)	Pneumonia	91 (6.6%)	Asphyxia	107 (7.8%)
Transient Tachypnoea	87 (6.0%)	Respiratory distress syndrome	69 (5.0%)	Pneumonia	56 (4.1%)
Low Birth	81	Transient	51	Transient	40

2023		2024		2025	
CONDITION	NO.	CONDITION	NO.	CONDITION	NO.
Weight	(5.6%)	Tachypnoea	(3.7%)	Tachypnoea	(2.9%)
Meconium Aspiration	28 (1.9%)	Malaria	46 (3.3%)	Dehydration	34 (2.5%)
Syphilis	1.9 (1.3%)	Gastroenteritis & colitis	43 (3.1%)	Anaemia	31 (2.2%)
Anaemia	12 (0.8%)	Meningitis	40 (2.9%)	Meningitis	29 (2.1%)

14.5.3 TOP TEN CAUSES OF NEONATAL ADMISSIONS

In 2025, neonatal jaundice remained the leading cause of neonatal admissions, accounting for 368 cases (32.9%). This was followed by neonatal sepsis (204; 18.3%), prematurity-related complications (180; 16.9%), respiratory distress syndrome (RDS) (173; 15.5%), and birth asphyxia (103; 9.2%). Collectively, these five conditions constituted the overwhelming majority of neonatal admissions, underscoring the continued burden of preventable and treatable neonatal complications. Less common causes included pneumonia (10; 0.9%), dehydration (5; 0.4%), and haemorrhage (5; 0.4%).

Further details are presented in Table 14.5.3.1.

Table 14.5.3. 1: Top Causes of Neonatal Admissions (2023 - 2025)

2023		2024		2025	
CONDITION	NO.	CONDITION	NO.	CONDITION	NO.
Jaundice	474 (28.5%)	Jaundice	373 (35.5%)	Jaundice	368 (32.9%)
Sepsis	313 (18.8%)	Sepsis	293 (27.9%)	Sepsis	204 (18.2%)
Pre-Maturity	253 (15.2%)	Pre-Maturity	114 (27.9%)	Preterm (pre-maturity)	180 (16.9%)
Asphyxia	240 (14.4%)	Asphyxia	106 (10.4%)	Respiratory distress syndrome	173 (15.5%)
Respiratory distress syndrome	98 (5.9%)	Respiratory distress syndrome	66 (6.3%)	Asphyxia	103 (9.2%)
Transient Tachypnoea	95 (5.7%)	Transient Tachypnoea	42 (4.0%)	Transient Tachypnoea	38 (3.4%)
Low Birth Weight	91 (5.5%)	Meningitis	16 (1.5%)	Hypoglycaemia	23 (2.1%)
Pneumonia	35 (2.1%)	Necrotizing Enterocolitis	14 (1.3%)	Pneumonia	10 (0.9%)
Meconium Aspiration	33 (2.0%)	Haemorrhage	14 (1.3%)	Dehydration	5 (0.4%)

2023		2024		2025	
CONDITION	NO.	CONDITION	NO.	CONDITION	NO.
Anaemia	32 (1.9%)	Pneumonia	12 (1.1%)	Haemorrhage	5 (0.4%)

14.6 CHILD HEALTH MORTALITIES

14.6.1 PAEDIATRIC AND INFANT MORTALITIES

The hospital recorded an overall improvement in paediatric mortality outcomes over the 2021–2025 period. In 2025, paediatric deaths declined by 13.5%, from 77 deaths in 2024 to 68 deaths, while the paediatric mortality rate remained unchanged at 4.0%. The reduction in the number of deaths, together with the stable mortality rate, suggests that the hospital maintained the quality of paediatric inpatient care and clinical case management during the year.

Similarly, infant deaths continued their downward trend, decreasing by 3.6%, from 138 deaths in 2024 to 133 deaths in 2025, following the substantial 30.0% decline recorded between 2023 and 2024 (197 to 138 deaths). Despite the reduction in the absolute number of infant deaths, the institutional infant mortality rate increased marginally from 50 to 51 per 1,000 live births, remaining significantly above the teaching hospital's target of 15 per 1,000 live births. This indicates that, although fewer infants died, infant survival outcomes remain a significant concern and require sustained improvements in neonatal and infant care across the continuum of care.

Details are presented in Table 14.6.1.1.

Table 14.6.1. 1: Paediatric and Infant Mortality (2021 – 2025)

INDICATORS	2021	2022	2023	2024	2025	REMARKS	TARGET
Number of Paediatric Deaths	117	101	89	77	68	13.5% decr	-
Paediatric Death Rate (%)	5.6	4.9	4.4	4.0%	4.0%	Sustained	-
Infant Deaths	267	252	197	138	133	3.6% decr	-
Institutional Infant mortality rate (/1000LB)	88	77	67	50	51	2.0% incr	THs = 15/1000LB

14.6.1.1 TOP TEN CAUSES OF CHILD MORTALITY

Over the three-year period (2023–2025), respiratory distress syndrome, complications of prematurity, and birth asphyxia remained the leading causes of child mortality at the hospital. In 2025, these conditions accounted for 30 (26.3%), 29 (25.4%), and 20 (17.5%) child deaths, respectively.

Compared with 2024, deaths due to respiratory distress syndrome and complications of prematurity declined by 21.1% (38 to 30) and 21.6% (37 to 29), respectively, suggesting modest improvements in the management of respiratory and prematurity-related conditions. In contrast, deaths from birth asphyxia increased by 17.7% (17 to 20), highlighting the continued need to strengthen intrapartum care and neonatal resuscitation services.

Other notable causes of child mortality in 2025 included sepsis (9; 7.9%) and apnoea of prematurity (6; 5.3%), while septic shock (4; 3.5%), meningitis (3; 2.6%), and aspiration pneumonia (3; 2.6%) were among the less frequent causes.

Details of the analysis are presented in Figure 14.6.1.1.1 and Table 14.6.1.1.1 below.

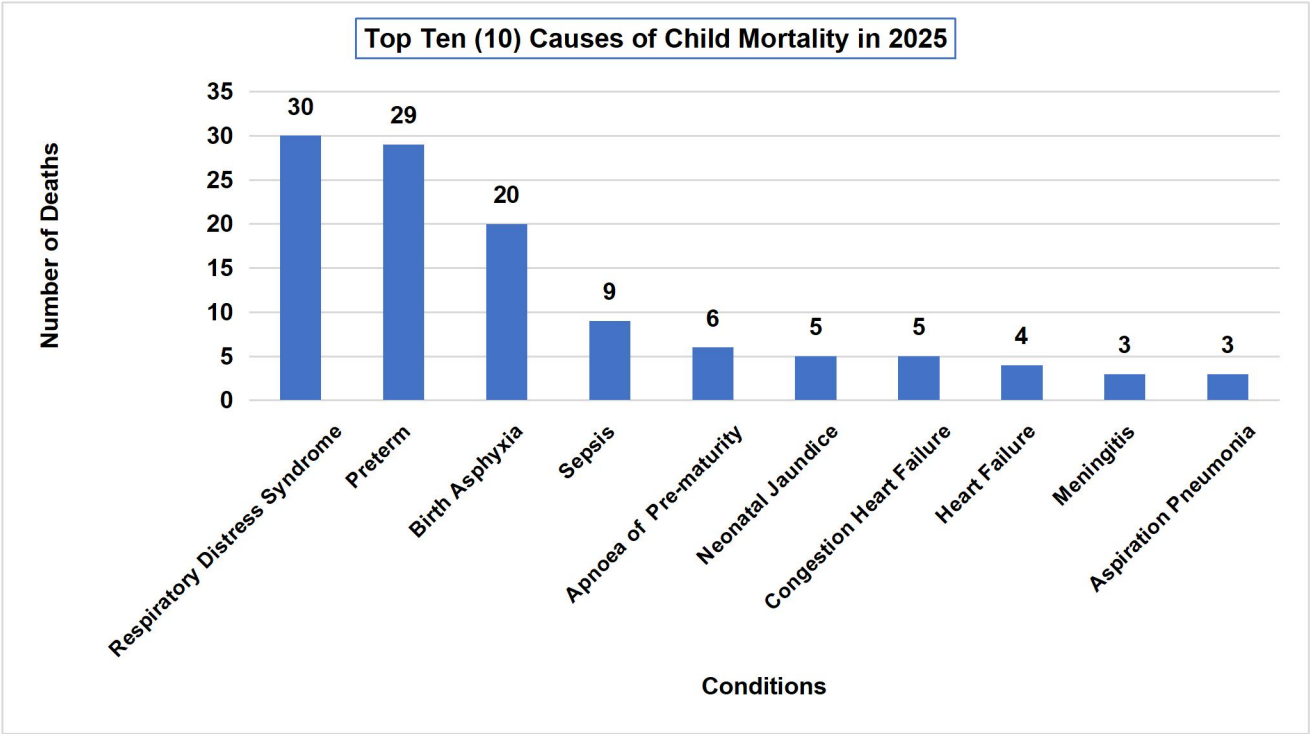


Figure 14.6.1.1. 1: Top Ten Causes of Child Mortality In 2025

Table 14.6.1.1. 1: Top Ten Causes of Child Mortality (2022 - 2025)

2022		2023		2024	
CONDITION	NO. (%)	CONDITION	NO. (%)	CONDITION	NO. (%)
Respiratory distress syndrome	49 (29.0%)	Respiratory distress syndrome	38 (27.5%)	Respiratory distress syndrome	30 (26.3%)
Birth Asphyxia	33 (19.5%)	Sepsis	37 (26.8%)	Preterm	29 (25.4%)
Preterm	19 (11.2%)	Birth Asphyxia	17 (12.3%)	Birth Asphyxia	20 (17.5%)
Sepsis	16	Bronchopne	10	Sepsis	9

2022		2023		2024	
CONDITION	NO. (%)	CONDITION	NO. (%)	CONDITION	NO. (%)
	(9.5%)	umonia	(7.2%)		(7.9%)
BIND	13 (7.7%)	Heart failure	8 (5.8%)	Apnoea of Prematurity	6 (5.3%)
Jaundice	10 (5.9%)	Hypoglycae mia	7 (5.1%)	Neonatal Jaundice	5 (4.4%)
Pneumonia	9 (5.3%)	Jaundice	7 (5.1%)	Congestive Heart failure	5 (4.4%)
Congenital Heart Disease	8 (4.7%)	Preterm	7 (5.1%)	Septic Shock	4 (3.5%)
Severe Acute Malnutrition	7 (4.1%)	Acute Fulminant Hepatitis	5 (3.6%)	Meningitis	3 (2.6%)
Meningitis	5 (3.0%)	Meningitis	2 (1.4%)	Aspiration Pneumonia	3 (2.6%)

14.6.2 NEONATAL MORTALITY

Neonatal mortality performance showed mixed results over the review period. Following a 34.1% decline in neonatal deaths from 170 in 2023 to 112 in 2024, the hospital maintained 112 neonatal deaths in 2025. Despite this, the Neonatal Mortality Rate (NMR) increased from 40 to 43 deaths per 1,000 live births, exceeding the hospital's target of 25 deaths per 1,000 live births. This indicates that while the absolute number of neonatal deaths remained unchanged, the mortality burden relative to live births worsened in 2025.

To strengthen quality of care and identify preventable causes of neonatal deaths, the hospital sustained a 100% neonatal death audit rate in 2025. All neonatal deaths were reviewed, and recommendations from the audits were implemented to support continuous quality improvement in newborn care. Further details are presented in Figure 14.6.2.1, Table 14.6.2.1, and Table 14.6.2.2.

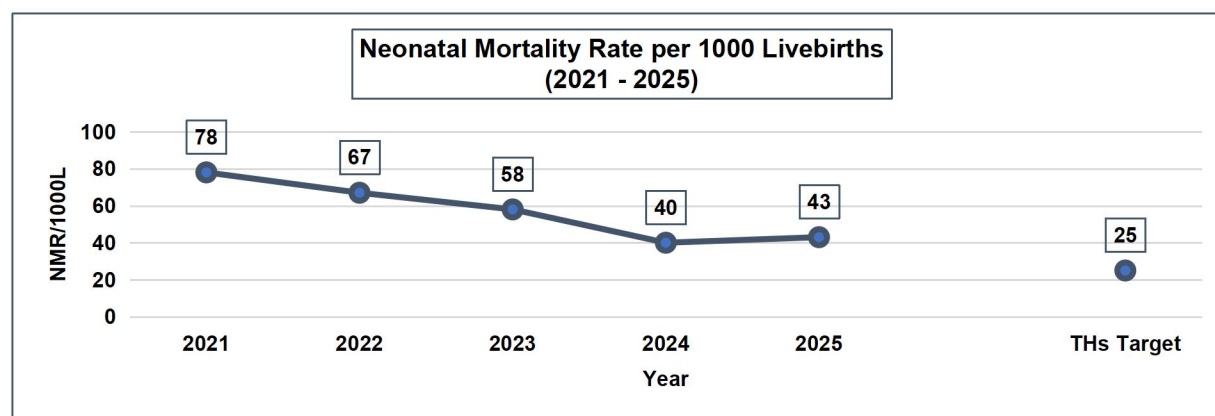


Figure 14.6.2. 1: Neonatal Mortality Rate per 1000 Livebirths (2021 - 2025)

Table 14.6.2. 1: Trend of Neonatal Mortality Indicators

INDICATORS	2021	2022	2023	2024	2025	REMARKS	TARGET
Number of neonatal Deaths	239	219	170	112	112	Sustained	5% ↓
Neonatal Mortality Rate (/1000LB)	78	67	58	40	43	7.5% incr but target not met	THs = 25/1000LB
Percentage to neonatal deaths audited	100%	100%	100%	100%	100%	Sustained	

14.6.2.1 TOP TEN CAUSES OF NEONATAL MORTALITY

Respiratory distress syndrome, prematurity and birth asphyxia remained the three leading causes of neonatal deaths in 2025, accounting for 30 (28.3%), 29 (27.4%) and 20 (18.9%) deaths, respectively. Together, these conditions contributed nearly three-quarters of all neonatal deaths, underscoring the continued burden of complications related to prematurity and intrapartum care. Sepsis 7 (6.6%), apnoea of prematurity 6 (5.7%), and neonatal jaundice 5 (4.7%) were the next most common causes. Other causes, including transient tachypnoea of the newborn, bronchopneumonia, hypoglycaemia and aspiration pneumonia, accounted for relatively few deaths. Detailed findings are presented in Figure 14.6.2.1.1 and Table 14.6.2.1.1.

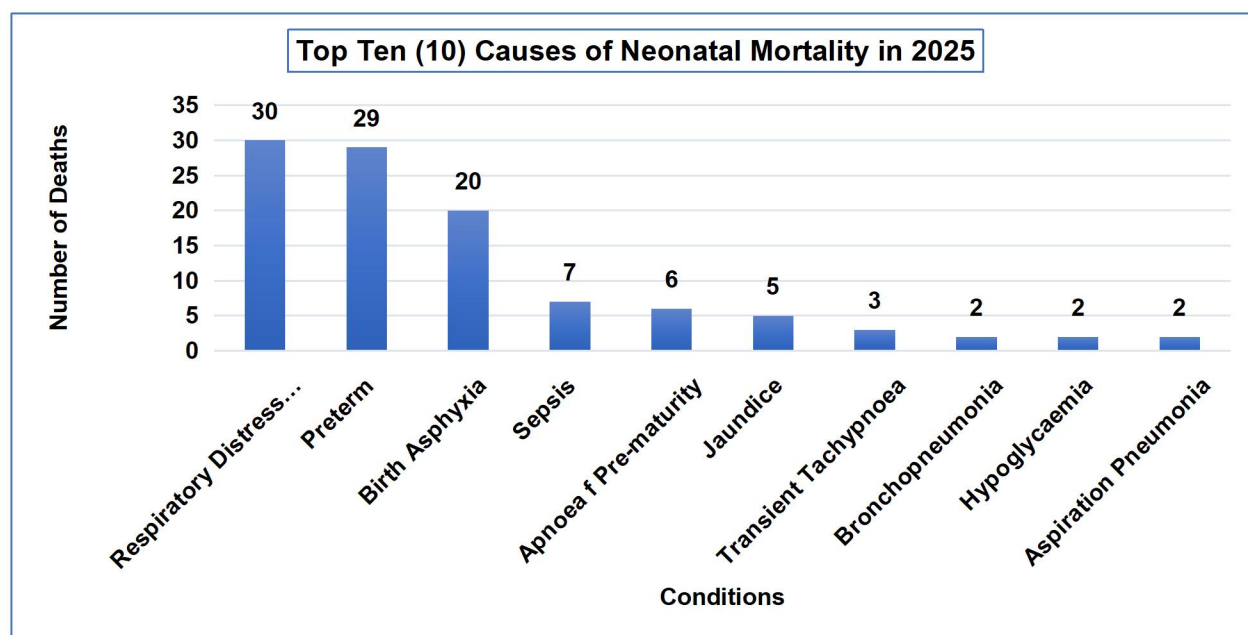


Figure 14.6.2.1. 1: Top Ten Causes of Neonatal Mortality in 2025

Table 14.6.2.1. 1: Top Ten Causes of Neonatal Mortality (2021 – 2025)

2022		2023		2024	
CONDITION	NO. (%)	CONDITION	NO. (%)	CONDITION	NO. (%)
Respiratory distress syndrome	48 (31.6%)	Respiratory distress syndrome	38 (36.2%)	Respiratory distress syndrome	30 (28.3%)
Birth Asphyxia	33 (21.7%)	Sepsis	20 (19%)	Preterm	29 (27.4%)
Preterm	19 (12.5%)	Birth Asphyxia	17 (16.2%)	Birth Asphyxia	20 (18.9%)
Sepsis	14 (9.2%)	Preterm	7 (6.7%)	Sepsis	7 (6.6%)
BIND	13 (8.6%)	Jaundice	7 (6.7%)	Apnoea of Prematurity	6 (5.7%)
Jaundice	10 (6.6%)	Hypoglycaemia	6 (5.7%)	Jaundice	5 (4.7%)
Congenital Heart Disease	5 (3.3%)	Bronchopneumonia	4 (3.8%)	Transient Tachypnoea	3 (2.8%)
Meningitis	4 (2.6%)	Heart failure	3 (2.9%)	Bronchopneumonia	2 (1.9%)
Hypoglycaemia	3 (2.0%)	Recurrent Apnea of prematurity	2 (1.9%)	Hypoglycaemia	2 (1.9%)
NEC	3 (2.0%)	Meningitis	1 (1%)	Aspiration Pneumonia	2 (1.9%)

14.6.3 CHILDREN UNDER-FIVE MORTALITIES

The hospital sustained improvements in child survival, as reflected in the continued decline in the number of under-five deaths over the review period. In 2025, under-five deaths decreased by 5.3%, from 152 in 2024 to 144, following a more substantial 28.6% reduction recorded between 2023 and 2024 (213 to 152 deaths).

Despite the reduction in the absolute number of deaths, the under-five mortality rate increased marginally by 1.8%, from 55 to 56 deaths per 1,000 live births in 2025. This indicates that although fewer under-five deaths were recorded, the mortality burden relative to live births remained largely unchanged, warranting sustained efforts to further improve neonatal and child survival outcomes.

Further details are presented in Figure 14.6.3.1 and Table 14.6.3.1.

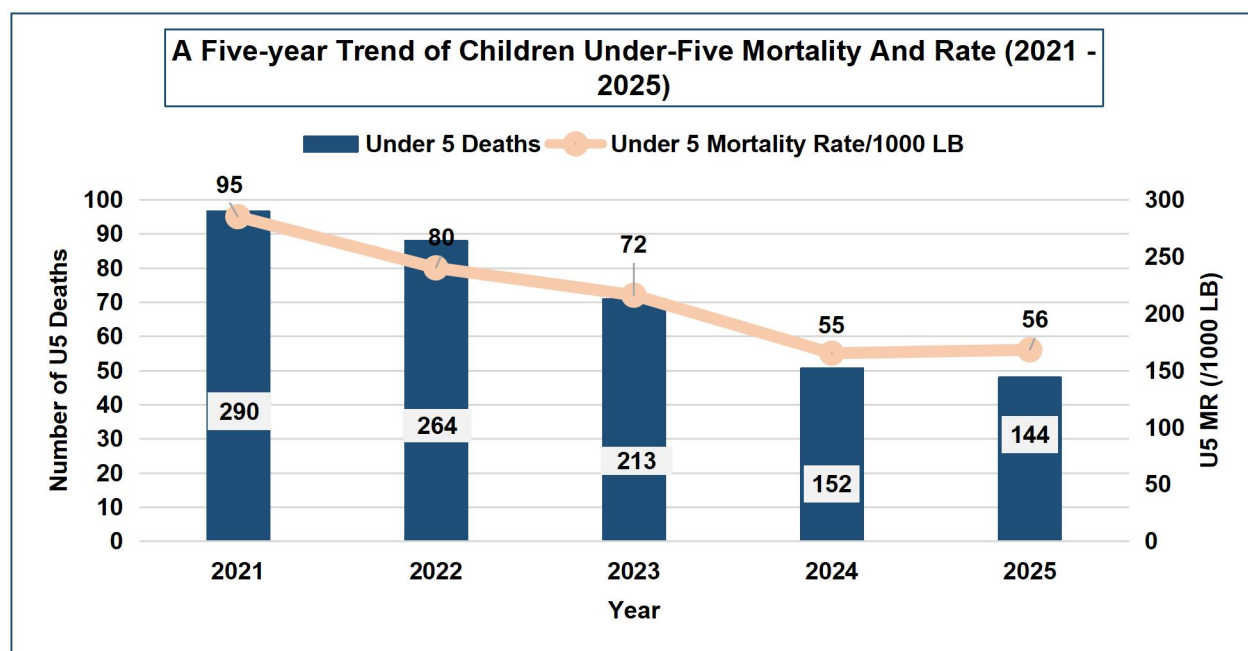


Figure 14.6.3. 1: A Five-year Trend of Children Under-Five Mortality and Rate (2021 - 2025)

Table 14.6.3. 1: Trend of Under-Five Mortality from 2021 to 2025

INDICATORS	2021	2022	2023	2024	2025	REMARKS
Number of under-five Deaths	290	264	213	152	144	5.3% decr
Under-five Mortality Rate (/1000 LB)	95	80	72	55	56	1.8% incr

14.6.3.1 TOP TEN CAUSES OF UNDER-FIVE MORTALITIES

Neonatal conditions continued to account for the majority of under-five deaths between 2023 and 2025, with respiratory distress syndrome, prematurity, birth asphyxia, and sepsis consistently remaining the leading causes. In 2025, these conditions accounted for 30 (27.5%), 29 (26.6%), 20 (18.3%), and 7 (6.4%) deaths, respectively, together contributing nearly four-fifths of all under-five mortality.

Other notable causes included apnoea of prematurity [6 (5.5%)], jaundice [5 (4.6%)], and congenital heart disease [5 (4.6%)]. Transient tachypnoea, aspiration pneumonia, and hypoglycaemia were among the least frequently reported causes of death during the year.

The predominance of neonatal complications underscores the need to strengthen evidence-based newborn care, including the prevention and management of prematurity,

birth asphyxia, respiratory complications, and neonatal infections. Details are presented in Figure 14.6.3.1.1 and Table 14.6.3.1.1 below.

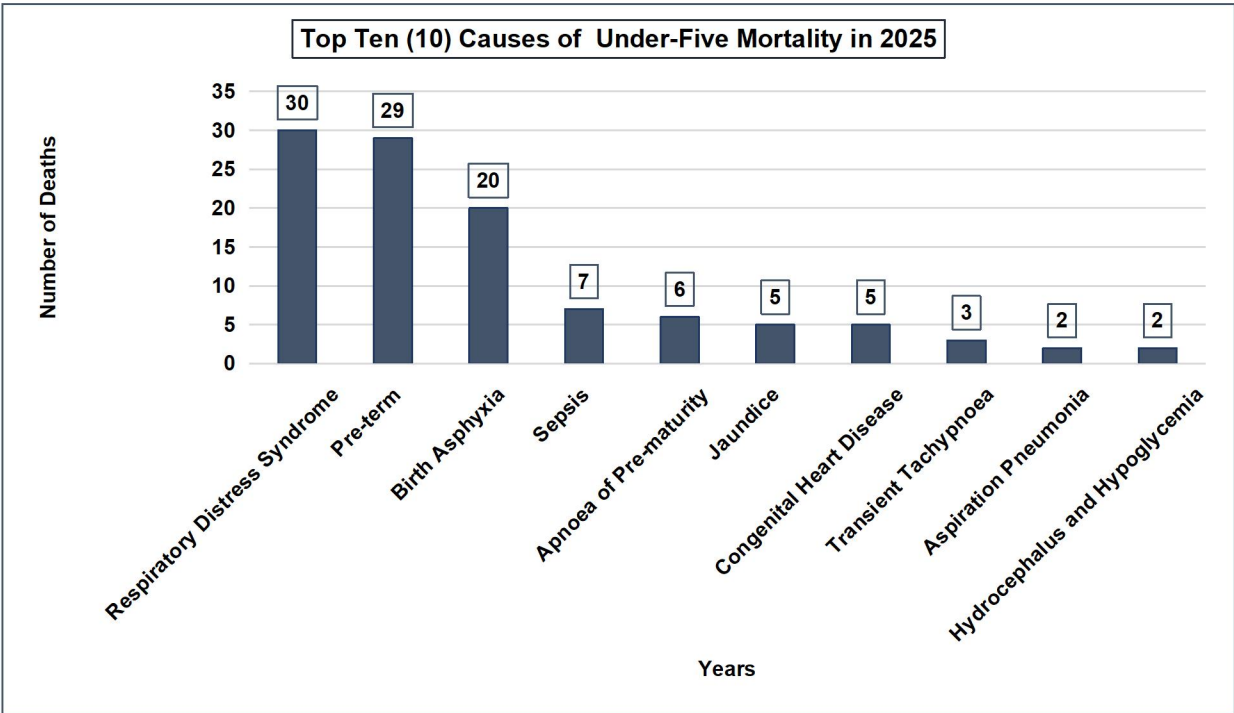


Figure 14.6.3.1. 1: Top Ten Causes of Under 5 Mortality in 2025

Table 14.6.3.1. 1: Comparative Analysis of Top Ten Causes of Under 5 Mortality

2023		2024		2025	
CONDITION	NO. (%)	CONDITION	NO. (%)	CONDITION	NO. (%)
Respiratory distress syndrome	49 (29.00%)	Respiratory distress syndrome	38 (29.00%)	Respiratory distress syndrome	30 (27.5%)
Birth Asphyxia	33 (19.50%)	Sepsis	34 (26%)	Preterm	29 (26.6%)
Preterm	19 (11.20%)	Birth Asphyxia	17 (13%)	Birth Asphyxia	20 (18.3%)
Sepsis	16 (9.50%)	Broncho Pneumonia	10 (7.6%)	Sepsis	7 (6.4%)
BIND	13 (7.70%)	Heart Failure	8 (6.1%)	Apnoea of Prematurity	6 (5.5%)
Jaundice	10 (5.9%)	Preterm	7 (5.3%)	Jaundice	5 (4.6%)
Pneumonia	9 (5.3%)	Jaundice	7 (5.3%)	Congenital Heart Disease	5 (4.6%)
Congenital	8	Hypoglycaemia	6	Transient	3

2023		2024		2025	
CONDITION	NO. (%)	CONDITION	NO. (%)	CONDITION	NO. (%)
Heart Disease	(4.70%)		(4.6%)	Tachypnoea	(2.8%)
Severe Acute Malnutrition	7 (4.10%)	Meningitis	2 (1.5%)	Aspiration Pneumonia	2 (1.8%)
Meningitis	5 (3.90%)	Recurrent Apnea of prematurity	2 (1.5%)	Hypoglycemia	2 (1.8%)

CHAPTER FIFTEEN

INTERNAL MEDICINE SUB-BMC

15.1 INTRODUCTION

The Internal Medicine Sub-BMC, also referred to as general medicine, is a medical specialty that focuses on treating, diagnosing, and preventing adult medical conditions. There are 97 beds in the department, which includes the Intensive Care Unit, Dialysis, Executive Suite, Male Ward, and Female Ward.

15.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES

The table below summarizes the main results and outputs of the Internal Medicine Sub-BMC in accordance with the six medium-term strategic goals of the hospital.

Table 15.2. 1: Summary of the 2025 Annual Performance of Internal Medicine Sub-BMC under the Strategic Objectives

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY							
Access	2021	2022	2023	2024	2025	Target	Remarks
Total OPD Attendance	11,217	10848	11,436	10,588	11800	-	11.5% incr
Total Admission	1,752	1,931	2,207	2,271	2,134	-	6.0% dcr
Establishment of a Stroke Unit to improve acute neurological care							
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.							
Impact	2021	2022	2023	2024	2025	Target	Remarks
Total number of deaths	321	249	278	326	323	-	0.92% decr
Overall Sub-BMC death rate	18.4%	12.9%	12.5%	14.4%	15.0%	-	Decreased
Organised training for doctors and nurses on Advanced Life Support/Basic Life Support (ALS/BLS) to enhance emergency response capacity.							
Implemented the ISBAR (Introduction, Situation, Background, Assessment, and Recommendation) protocol and handing over system.							
Deployed a Renal Pharmacist to improve dialysis care.							
Trained 39 internal medicine staff on infection control prevention.							
Celebrated key World Health Days to promote prevention and public awareness; - World Kidney Day: Screened 401 people and conducted public education on kidney disease - World Hepatitis Day: commemorated the Hepatitis B and C and intensified campaigns within senior high schools and churches.							
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE							
Painted the female medical waiting area and the Sub-BMC office.							
Improved ward environment by; - Replacing four (4) fans at the male and female account stations and the house officers' room. - Providing two (2) new computers for the male medical account clerk and female nurse's station. - Provided patients' monitors for male and female medical HDUs. - Procuring of three (3) 150 litres Veronica Buckets for the Sub-Units (Male, Female, and Dialysis) - Repairing ten (10) patient mattresses with new Mackintosh covers.							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM
4.1: Governance Related Performance
Held nine (9) Sub-BMCs meetings to enhance clinical governance
Achieved 90% staff attendance at clinical meetings, contributing to improved staff knowledge and competence
4.2: Human Resource Related Performance
-
4.3 Finance related performance
Successfully reviewed and implemented the ward procedure and side ward fees.
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING, AND EXCELLENCE IN LEARNING
5.1 Improve on Research:
Started three (3) collaborative research projects with publications done.
5.2 Improve on Teaching and Learning:
Two housemanship training workshops were organized for house officers
Continued the facilitation of postgraduate training for existing resident doctors
Two (2) specialist physicians started training in neurology and gastroenterology
One (1) specialist physician graduated
Two (2) neuroscience nurse specialists graduated.
Eleven (11) nurses were granted study leave to undergo specialist training. • 1 Critical care nurses • 6 Nephrology • 1 Infectious disease • 1 Neurosciences • 1 Oncology • 1 Family Health Nursing

15.3 INTERNAL MEDICINE OPD SERVICES UTILISATION

The Internal Medicine Sub-BMC Outpatient Department (OPD) recorded fluctuating attendance between 2021 and 2025 but demonstrated an overall improvement in service utilization during the review period. Total attendance increased significantly to 11,800 in 2025, representing an 11.4% increase from 10,588 in 2024, the highest attendance recorded during the five-year period.

The HIV Clinic remained the largest contributor to Internal Medicine OPD attendance throughout the review period, recording 4,044 visits in 2025 after a 39.1% decline observed in 2024. The Cardiology Clinic also continued to account for a substantial proportion of OPD visits, with attendance remaining relatively stable despite a marginal decline. Together, these clinics continued to drive overall outpatient utilization within the Sub-BMC.

Notable improvements in service utilization were observed in the Oncology, Sickle Cell, and Gastroenterology clinics, with attendance increasing by 85.7%, 58.5%, and 20.3%, respectively, compared with 2024. In contrast, attendance declined in the Renal and Tuberculosis (TB) clinics by 26.9% and 29.1%, respectively, while Haematology recorded a slight reduction of 2.6%.

The Dermatology Clinic remained non-operational in 2025 due to the absence of a specialist, highlighting the need to strengthen specialist staffing and optimize service availability to sustain equitable access across all Internal Medicine subspecialties.

Further details are presented in Figure 15.3.1 and Table 15.3.1.

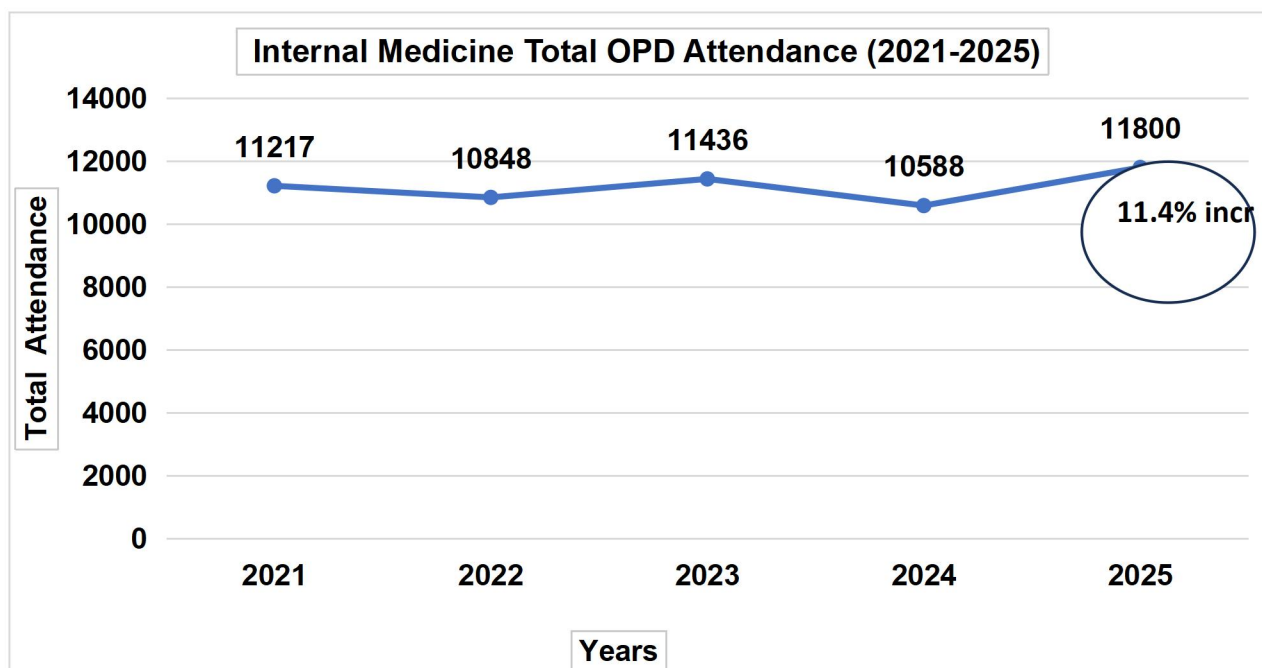


Figure 15.3. 1: Trend of Internal Medicine Total OPD Attendance (2021-2025)

Table 15.3. 1: Internal Medicine OPD Services from 2021 to 2025.

CLINICS	2021	2022	2023	2024	2025	REMARKS
Dermatology	462	185	178	0	0	The clinic did not run as there was no specialist
Sickle Cell	269	301	301	424	672	58.5% incr
Gastroenterology	866	663	766	753	906	20.3% incr
Cardiology	2718	2,438	2,586	2,811	2794	0.6% decr
Hepatitis B	775	748	737	706	707	0.1% incr
TB Clinic	271	187	123	289	205	29.1% decr
HIV Clinic	4,057	4,457	4,646	3,162	4,044	27.9% incr
Endocrinology	184	136	190	177	167	5.6 % decr
Haematology	427	366	435	690	672	2.6% decr
Renal Clinic	1,005	1,167	1,154	1,149	840	26.9% decr
Oncology Clinic	183	200	320	427	793	85.7% incr
Total Attendance	11,217	10,848	11,436	10, 588	11,800	11.4% incr

15.4 INTERNAL MEDICINE IN-PATIENT PERFORMANCE

The Internal Medicine Sub-BMC experienced an overall upward trend in inpatient service utilization between 2021 and 2024, with admissions increasing from 1,752 to 2,271. However, this trend reversed slightly in 2025, as admissions declined by 6.0% to 2,134. A similar pattern was observed for discharges, which increased from 1,425 in 2021 to 1,947 in 2024 before decreasing by 5.8% to 1,826 in 2025.

Ward-level performance was mixed. The Male Medical Ward continued its upward trend, recording an increase of 17.8% (from 982 in 2024 to 1,059 in 2025), while the Female Medical Ward recorded a decline of 20.2% (from 1205 in 2024 to 961 in 2025). Conversely, Executive Suite admissions increased by 35.7% (from 84 in 2024 to 114 in 2025).

Efficiency indicators showed increased pressure on inpatient bed capacity. The average length of stay increased marginally in the Male Medical Ward from 6.8 to 7.0 days and more substantially in the Female Medical Ward from 6.4 to 7.9 days. Similarly, bed occupancy in the Male Medical Ward improved significantly from 42.9% to 64.8%, while average daily bed occupancy increased across the Male Medical Ward and Executive Suite. In contrast, the Executive Suite recorded a decline in bed occupancy from 90.7% to 65.5%.

Overall, although inpatient admissions and discharges declined modestly in 2025, the increase in average length of stay and bed occupancy—particularly in the Male Medical Ward—suggests sustained demand for inpatient medical services and increased utilization of available bed capacity. These trends underscore the need to improve patient flow and discharge planning while maintaining quality of care.

Further details of the analysis are presented in Figure 15.4.1 and Table 15.4.1.

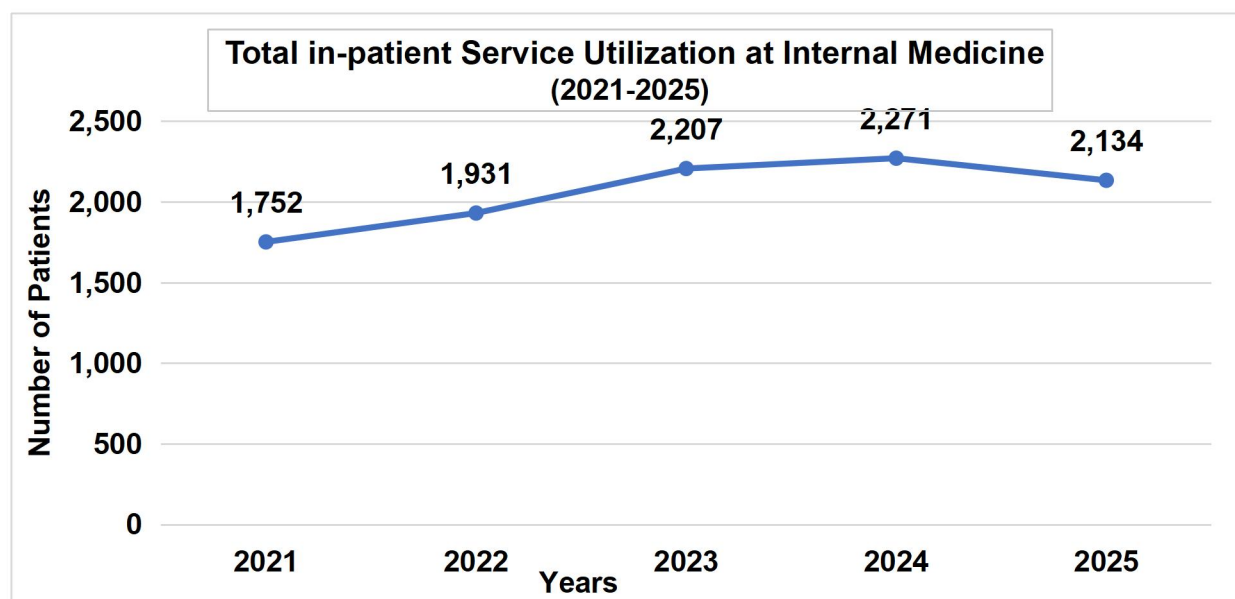


Figure 15.4. 1: Trend of Total In-Patient Service Utilization at Internal Medicine (2021-2025)

Table 15.4. 1: Trend of Overall In-Patient Service Utilization at Internal Medicine Sub-BMC

INDICATOR	2021	2022	2023	2024	2025	REMARKS
Overall Admissions	1,752	1,931	2,207	2,271	2,134	6.0% decr
Overall Discharges	1,425	1,686	1,947	1,939	1,826	5.8% decr

Table 15.4. 2: In-Patient Utilization at the Internal Medicine's per Ward (2021 – 2025)

Indicator	WARD	2021	2022	2023	2024	2025	REMARKS
Admission	Male Medical	797	911	999	982	1,059	7.8% incr
	Female Medical	865	960	1,094	1,205	961	20.2% decr
	Executive Suite	90	60	114	84	114	35.7% incr
Discharges	Male Medical	626	771	861	815	878	7.7% incr
	Female Medical	709	845	966	1,032	827	19.9% decr
	Executive Suite	90	70	120	92	121	31.5% incr
Average Length of Stay (days)	Male Medical	6.6	7.1	6.9	6.8	7	incr
	Female Medical	6.4	6.4	14.3	6.4	7.9	Incr
	Executive Suite	8.7	0.9	4.7	10.7	9.3	decr
Average Daily Bed Occupancy	Male Medical	17.1	15	17.8	18.4	30.1	incr
	Female Medical	17.2	15	16.8	20.7	21.0	incr
	Executive Suite	1.7	2	0.9	2.7	3.3	incr
Bed Occupancy Rate (%)	Male Medical	50.2	34.1	50.2	42.9	64.8	incr
	Female Medical	40	35.6	40	48.2	48.8	incr
	Executive Suite	55.6	70.8	55.6	90.7	65.5	decr

15.4.1 TOP TEN CAUSES OF ADMISSION AT INTERNAL MEDICINE.

The pattern of admissions to the Internal Medicine Sub-BMC evolved markedly over the 2023–2025 review period, reflecting a shift in the disease burden from predominantly communicable diseases to non-communicable diseases (NCDs). This changing epidemiological profile underscores the need to strengthen preventive interventions, chronic disease management, and integrated NCD care, while sustaining capacity to manage infectious diseases.

In 2023, pneumonia was the leading cause of admission (435 cases), followed by kidney diseases (324 cases) and hypertension (305 cases). Pneumonia remained the leading cause in 2024 (309 cases), narrowly followed by hypertension (308 cases) and diabetes mellitus (244 cases).

However, in 2025, hypertension emerged as the leading cause of admission (423 cases), followed by diabetes mellitus (232 cases) and pneumonia (189 cases). Other major causes of admission included nausea and vomiting (187 cases), unspecified pain (182 cases), heart failure (173 cases), bacterial infections (160 cases), end-stage kidney disease (150 cases), dehydration (145 cases), and sepsis (132 cases).

Detailed trends are presented in Table 15.4.1.1 and Figure 15.4.1.1.

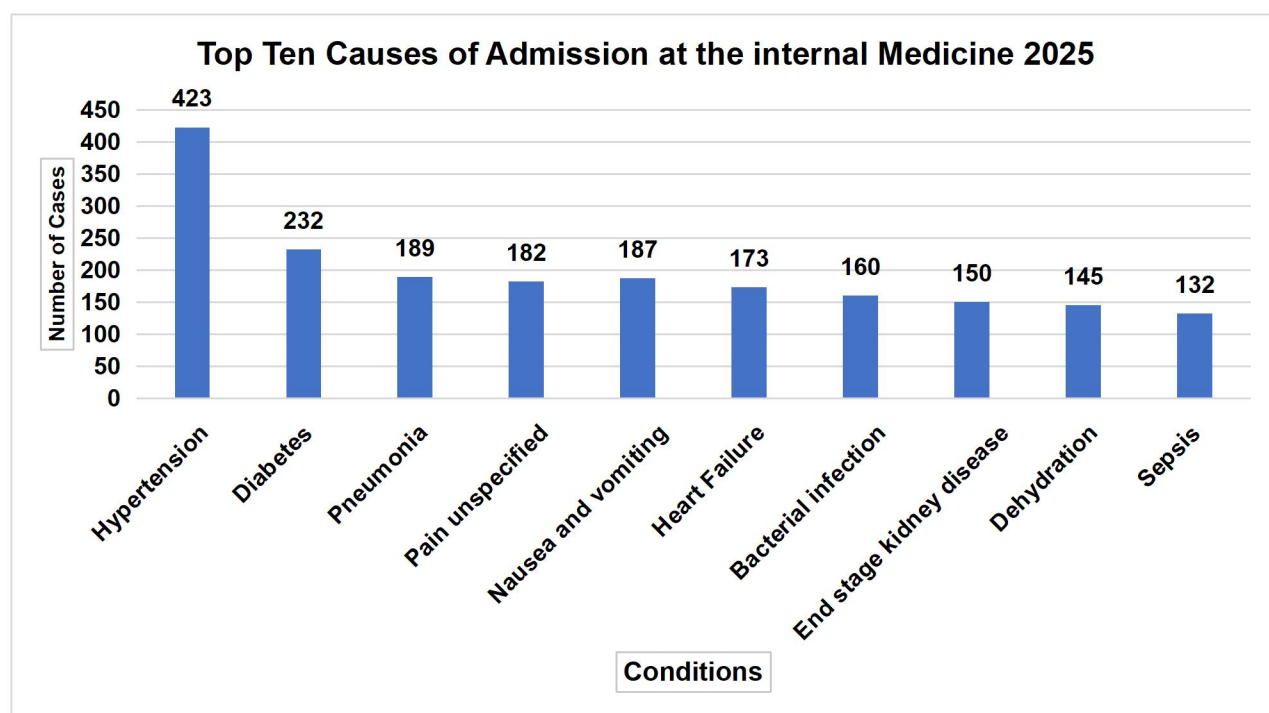


Figure 15.4.1. 1: Top Ten Causes of Admission at The Internal Medicine in 2025

Table 15.4.1. 1: Top Ten Causes of Admission at Internal Medicine

2023		2024		2025	
CONDITION	NO.	CONDITION	NO.	CONDITION	NO.
Pneumonia	435	Pneumonia	309	Hypertension	423
Kidney Diseases	324	Hypertension	308	Diabetes	232
Hypertension	305	Diabetes Mellitus	244	Pneumonia	189
Diabetes	236	Stroke	202	Pain unspecified	182
Heart Failure	200	Gastritis	171	Nausea and vomiting	187
Gastritis	171	Heart Failure	166	Heart Failure	173
Stroke	170	Sepsis	163	Bacterial infection	160
Sepsis	156	Kidney Diseases	129	End stage kidney disease	150
Anaemia	132	Sickle Cell Crisis	71	Dehydration	145
Urinary Tract Infection (UTI)	116	Urinary Tract Infection (UTI)	65	Sepsis	132

15.4.2 MORTALITY AT INTERNAL MEDICINE SUB-BMC

Overall mortality within the Internal Medicine Sub-BMC improved over the five-year review period, although a modest increase was observed after 2023. Total deaths reduced marginally by 0.9% (from 326 in 2024 to 323 in 2025). Similarly, the mortality rate decreased from 12.5% in 2024 to 15.0%.

At the ward level, the Male Medical Ward reduced its mortality rate from 20.3% in 2021 to 16.3% in 2025, despite recording more deaths, reflecting a corresponding increase in patient admissions over the period. Conversely, the Female Medical Ward recorded a slight reduction in the absolute number of deaths (from 152 to 146); however, its mortality rate increased from 13.1% in 2024 to 15.0% in 2025, largely attributable to a decline in admissions. The Executive Suite consistently recorded the fewest deaths throughout the review period, with fluctuations in mortality rates largely influenced by its relatively low patient volumes.

Figure 15.4.2.1, Table 15.4.2.1 To Table 15.4.2 below shows details of the analysis.

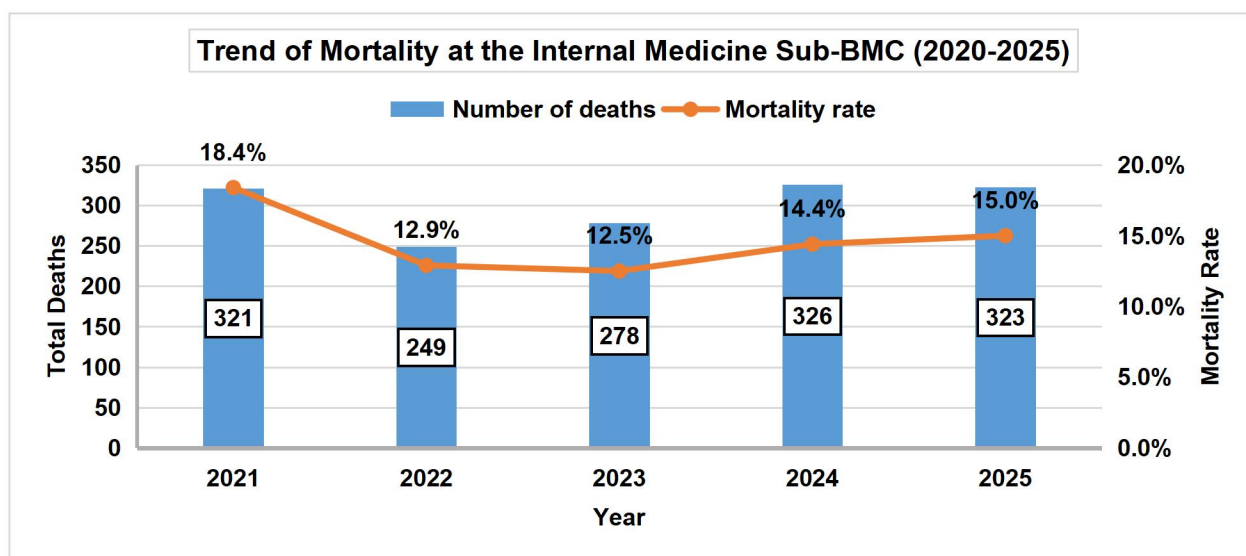


Figure 15.4.2. 1: Trend of Mortality at the Internal Medicine Sub-BMC (2021-2025)

Table 15.4.2. 1: Mortality Trend at the Internal Medicine Sub-BMC

Indicator	WARD	2021	2022	2023	2024	2025	REMARKS
Male Medical	Number of deaths	165	136	147	170	170	
	Mortality rate	20.3%	15.0%	14.6%	17.3%	16.3%	3.8%decr
Female Medical	Number of deaths	152	112	127	155	146	5.8% decr
	Mortality rate	21.2%	17.4%	11.7%	13.1%	15%	1.9% Incr
Executive Suite	Number of deaths	1	4	1	1	7	75% decr
	Mortality rate	1.4%	4.0%	1.4%	1.1%	5.5%	4.4% Decr
Overall	Number of deaths	488	321	249	326	323	0.9%decr
	Mortality rate	32.7%	18.4%	12.9%	12.5%	15.0%	increase

15.4.3 TOP TEN CAUSES OF DEATH AT INTERNAL MEDICINE

Analysis of mortality trends in the Internal Medicine Sub-BMC from 2023 to 2025 indicates a persistent dual burden of communicable and non-communicable diseases. While Sepsis was the leading cause of death in 2023 (51 deaths), Stroke ranked first in 2024 (60 deaths), before kidney disease became the leading cause in 2025 (50 deaths). Pneumonia remained among the top three causes of death throughout the review period, underscoring the continued impact of severe infectious diseases alongside chronic medical conditions.

This shift in mortality towards kidney disease and stroke highlights the growing burden of non-communicable diseases and reinforces the need to strengthen early detection, timely referral, multidisciplinary management, and continuity of care, while sustaining effective prevention and treatment of severe infections.

Further details are presented in Figure 15.4.3.1 and Table 15.4.3.1 below.

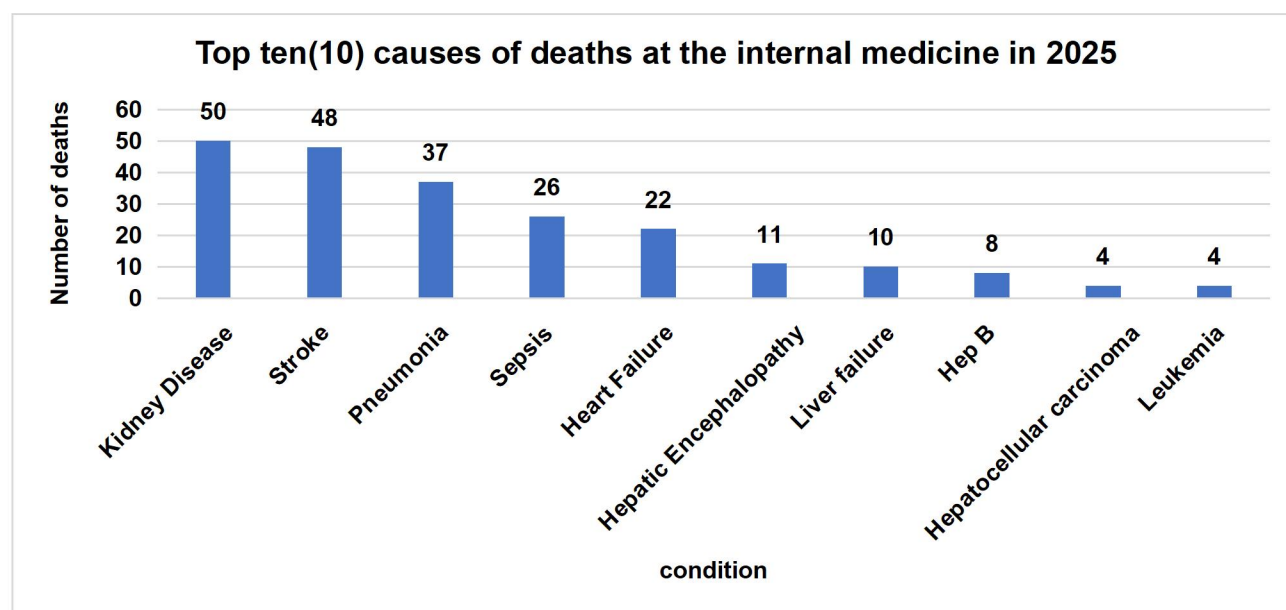


Figure 15.4.3. 1: Top Ten Causes of Death at The Internal Medicine

Table 15.4.3. 1: Top Ten Causes of Death at The Internal Medicine (2023-2025)

2023		2024		2025	
CONDITIONS	No.	CONDITIONS	NO.	CONDITIONS	NO.
Sepsis	51	Stroke	60	Kidney Disease	50
Pneumonia	48	Pneumonia	49	Stroke	48
Kidney Disease	43	Sepsis	41	Pneumonia	37
Heart Failure	26	Kidney Disease	36	Sepsis	26
Stroke	24	Liver Failure	23	Heart Failure	22
Liver Failure	23	Heart Failure	20	Hepatic Encephalopathy	11
HIV	10	Anaemia	12	Liver failure	10
Tuberculosis	8	Tuberculosis	11	Hep B	8
Shock	8	Pulmonary Embolism	10	Hepatocellular carcinoma	4
Pulmonary Embolism	6	Shock	8	Leukemia	4

CHAPTER SIXTEEN

CRITICAL CARE AND ANAESTHESIA SUB-BMC

16.1 INTRODUCTION

The Critical Care and Anaesthesia Sub-BMC of the hospital are mandated to provide anaesthesia services for surgeries, as well as managing patients with acute or chronic critical illnesses in an Intensive Care Unit (ICU). The sub-BMC is also responsible for the training of undergraduate medical students and postgraduate residents in anaesthesia and critical care and to conduct research.

The services provided by the Sub-BMC are:

- Critical care services
- Anaesthesia
- Theatre recoveries
- NICU/PICU- assistance
- Specialist clinics

These departments focus on skills such as airway management, advanced life support, and pain control, often taking a multidisciplinary approach to the care of critically ill patients.

16.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES

The table below provides a summary of the key outputs and outcomes of Critical Care and Anaesthesia Sub-BMC in line with the six medium-term strategic objectives of the hospital.

Table 16.2. 1: Summary of the 2025 Annual Performance of Critical Care and Anaesthesia Sub-BMC under the Strategic Objectives.

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY							
Access	2021	2022	2023	2024	2025	Target	Remarks
Anaesthesia Clinic OPD Attendance	1,042	784	889	1,816	1904	-	4.85% incr
Anaesthesia Clinic was effectively managed by a single Anaesthesiologists							
Clinic operational days were increased from one to three days per week, improving patient access and service coverage							
Advanced anaesthetic techniques were introduced, including epidural anaesthesia/analgesia and peripheral nerve blocks, broadening the scope of clinical services							
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.							
Impact	2021	2022	2023	2024	2025	Target	Remarks
Deaths	63	65	56	78	79	-	1.28% incr
ICU Death rate	50.00%	28.40%	44.40%	52.30%	48.2%	-	Incr
Specialist-led perioperative consultations and reviews were consistently conducted to enhance patient outcomes							
Enhanced the quality of care by introducing modern equipment and standards, including infusomats, syringe pumps, and revised monitoring charts							
Ultrasound services were introduced at the Sub-BMC, improving diagnostic and procedural support							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE
Organised regular in- service training for staff on Basic Life Support (BLS) and ACLS
Held mortality and morbidity audit committee meetings to promote clinical governance and continues quality improvement
Standard operating protocols were developed and formally adopted to guide anaesthesia practice
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE
Patient monitors were acquired for the recovery room, improving postoperative monitoring and patient safety
Periodic servicing of equipment by the Biomedical scientists
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM
4.1: Governance Related Performance
Staff appraisals were conducted and reports submitted to the Human resource directorate.
Four (4) management meetings were held
4.2: Human Resource Related Performance
Facilitated the training of: • 3 House Officers, • 5 Medical Officers • Resident Anaesthesiologists • Critical Care nurses under rotation
Conducted appraisal for all staff
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING AND EXCELLENCE IN LEARNING
5.1 Improve on Research:
Operationalized the research desk at the sub-BMC
Two (2) researches currently ongoing to support evidence-based practice
5.2 Improve on Teaching and Learning:
Clinical seminars were held regularly to promote continuous professional development and knowledge sharing among staff
Basic Life Support/Paediatric Advanced Life Support training were organized for selected staff to enhance emergency response capacity

16.3 ANAESTHESIA OPD SERVICES UTILISATION

The hospital since 2021 has experienced fluctuating pattern in the utilization of Anaesthesia OPD services, with 2025 recording the highest of 1,904, representing an increase of 4.85% from 1,816 in 2024 as illustrated in Figure 16.3. 1 below. The increase is primarily attributable to the hospital's strengthened implementation of mandatory preoperative anaesthetic assessment for patients scheduled for surgery, particularly elective procedures. This policy has enhanced compliance with perioperative care protocols, resulting in improved utilisation of Anaesthesia OPD services.

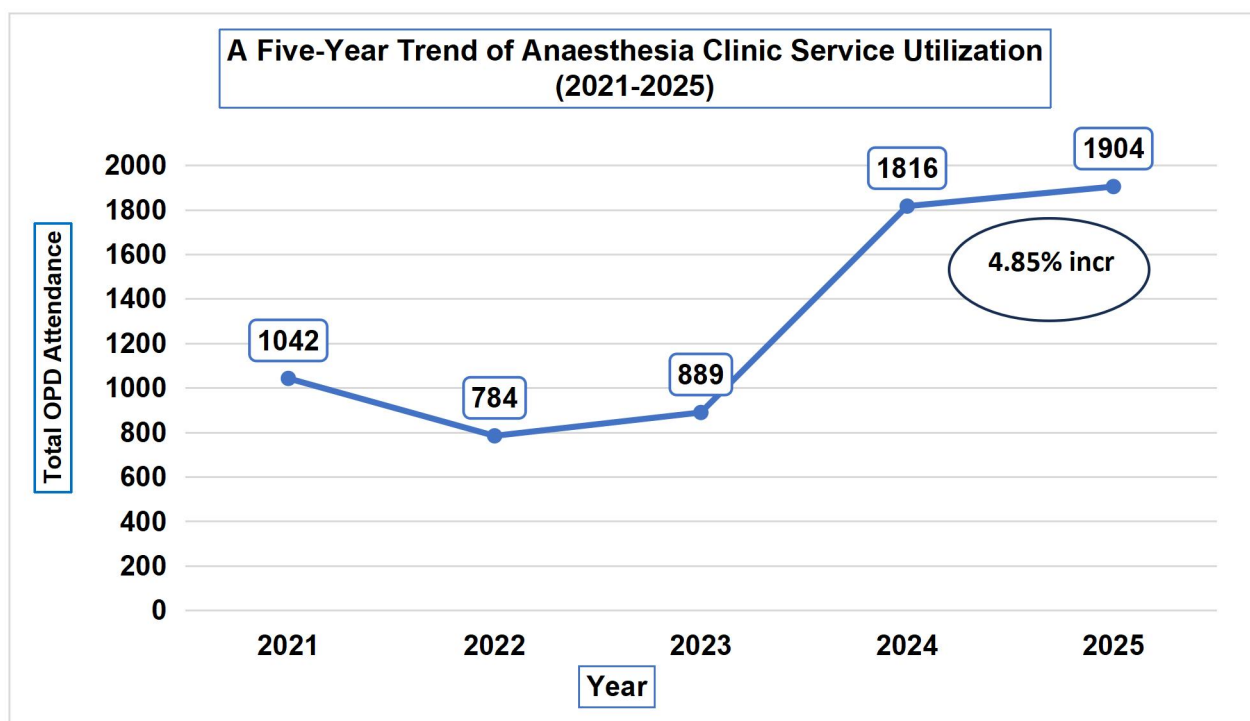


Figure 16.3. 1: A Five-Year Trend of Anaesthesia Clinic Service Utilization (2021-2025)

16.4 ANAESTHESIA ADMINISTRATION

The volume of anaesthetic procedures performed at the hospital declined in 2025, despite increased utilisation of Anaesthesia Outpatient Department (OPD) services. A total of 4,212 anaesthetic procedures were administered in 2025, representing a 5.5% decrease from 4,455 procedures in 2024. This suggests that although more patients accessed anaesthesia consultations, fewer progressed to procedures requiring anaesthetic intervention.

The distribution of anaesthesia types demonstrated a mixed performance. Spinal anaesthesia remained the predominant technique, accounting for 50.0% of all procedures. However, its utilisation declined by 3.8%, from 2,185 cases in 2024 to 2,102 cases in 2025. In contrast, general anaesthesia was the only modality to record growth, increasing by 7.3% from 1,517 to 1,627 cases, and contributing 38.6% of all anaesthetic procedures during the year.

Utilisation of other anaesthetic procedures declined considerably. Local anaesthesia recorded the largest reduction, decreasing by 38.5% from 636 to 391 cases, accounting for 9.3% of all procedures. Sedation procedures reduced marginally by 3.2%, from 94 to 91 cases, representing 2.2% of the total workload. Epidural anaesthesia remained the least utilised modality, with only one case performed in 2025 compared with three cases in 2024, representing a 66.7% decline.

Details of the distribution and trend in anaesthetic procedures are presented in Figure 16.4.1 and Table 16.4.1 below.

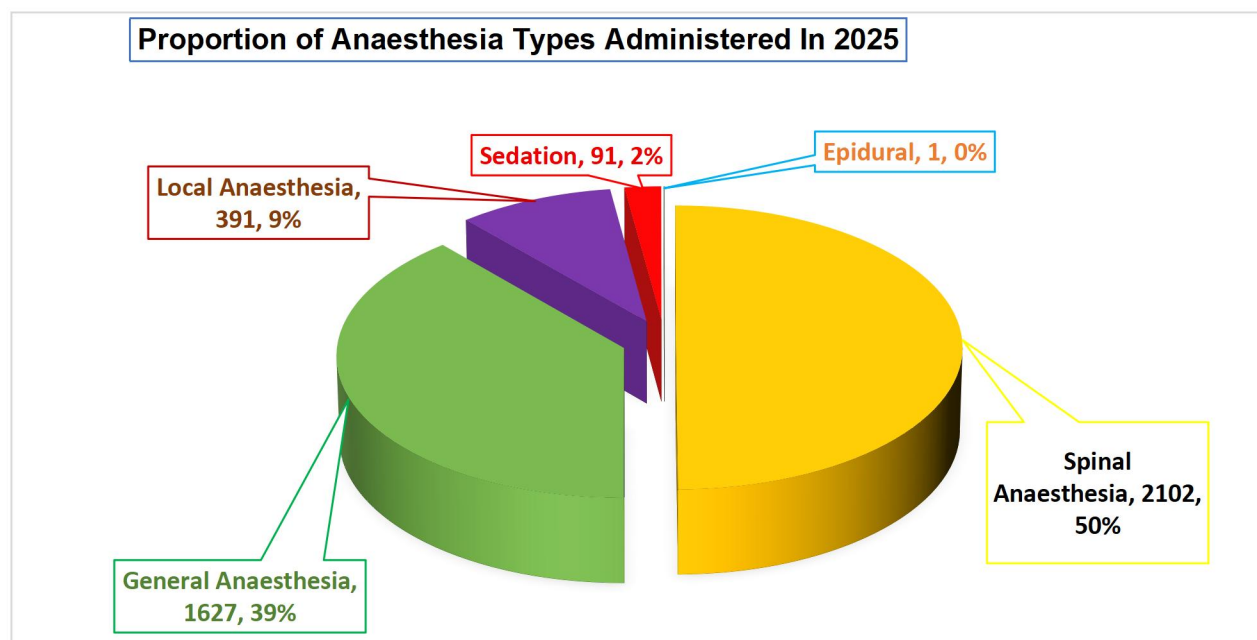


Figure 16.4. 1: Proportion of Anaesthesia Type Administered In 2025

Table 16.4. 1: Type of Anaesthesia Administered (2023-2025)

Anaesthesia Type Administered	2023	2024	2025	Remarks
Spinal Anaesthesia	2,235	2,185	2102	3.80% decr
General Anaesthesia	1,219	1,517	1627	7.25% incr
Local Anaesthesia	391	656	391	40.40% decr
Sedation	120	94	91	3.19% decr
Epidural	2	3	1	66.67% decr
Total Cases	3,967	4,455	4,212	5.45% decr

16.5 THEATRE RECOVERY SERVICES

The Theatre Recovery Ward recorded an overall decline in service utilization in 2025, consistent with the reduction in surgical activity across the hospital. Total managed cases decreased from 3,354 in 2024 to 2,559 in 2025, representing a reduction of 23.7% (795 cases).

Despite a reduction in the absolute number of cancelled surgical cases from 72 in 2024 to 62 in 2025, the cancellation rate increased slightly from 2.1% to 2.4%. Monthly analysis showed that the highest number of cancellations was recorded in September, October, and December, each with eight cancelled cases, while June recorded no cancellations. The underlying causes were multifactorial and can be grouped into three broad categories; patient-related, staff-related, and infrastructure and equipment-related. Patient-related factors included uncontrolled hypertension, non-compliance with fasting instructions, failure to attend the anaesthesia clinic, abnormal laboratory results, infected urine conditions, and the need for specialist cardiology review. Staff-related

factors included surgeon fatigue, unavailability of surgeons, delays in laboratory services, unavailability of blood, and the need for further clinical reassessment with senior colleagues. Infrastrucutre and equipment factors included inadequate theatre space and faulty equipment, including cystoscopes and other essential threatre devices.

Postoperative transfers from the recovery ward to the Intensive Care Unit (ICU) declined by 20.0%, from 45 cases in 2024 to 36 cases in 2025, reflecting the overall reduction in surgical workload. The highest number of ICU transfers occurred in May (nine cases), suggesting a temporary increase in the complexity or severity of postoperative cases managed during that period.

Recovery ward mortality also improved during the review period, with deaths decreasing by 27.3%, from 22 in 2024 to 16 in 2025. Although mortality remained low overall, July recorded the highest number of deaths (six cases), while no deaths were reported in April, May, September, and October.

Further details are illustrated in Tables 16.5.1 and 16.5.2 below.

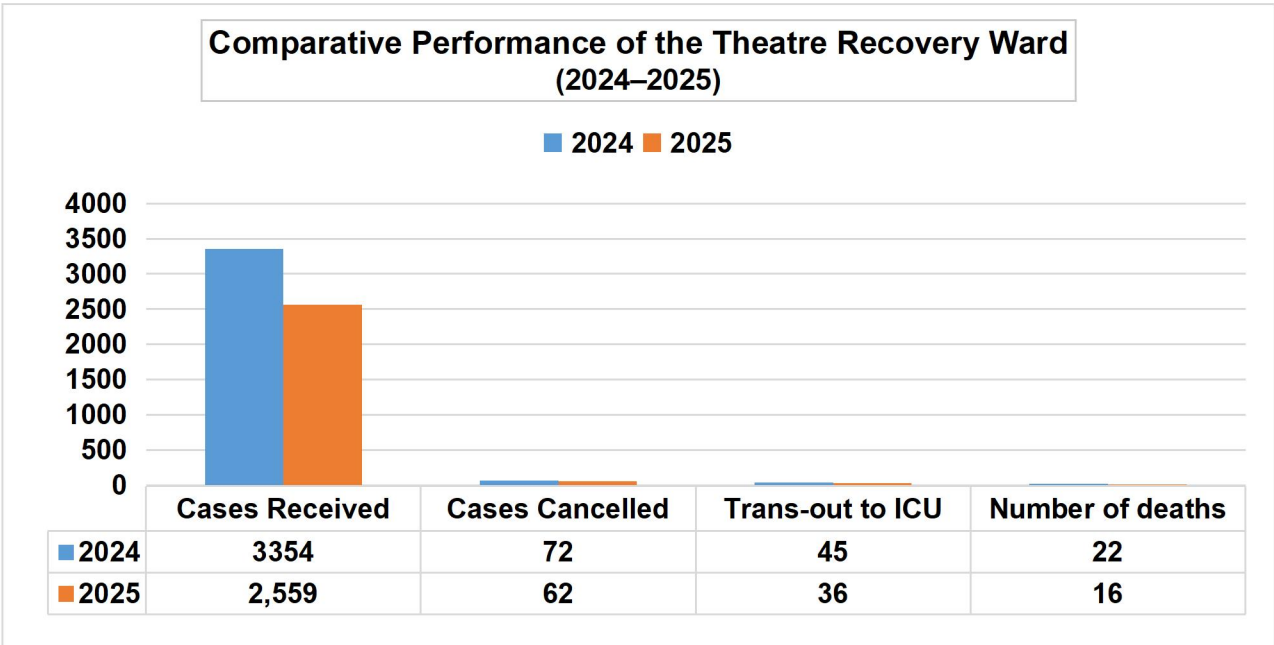


Figure 16.5. 1: Comparative Performance of the Theatre Recovery Ward (2024–2025)

Table 16.5. 1: Monthly Performance of the Theatre Recovery Ward in 2025

Month	Cases Received	Cases Cancelled	Cases Trans-in to ICU	Number of Death
January	219	6	4	2
February	167	5	2	2

Month	Cases Received	Cases Cancelled	Cases Trans-in to ICU	Number of Death
March	217	6	2	1
April	211	5	4	0
May	200	2	9	0
June	181	0	0	1
July	251	6	4	6
August	197	3	3	1
September	218	8	0	0
October	320	8	2	0
November	195	6	4	2
December	183	8	2	1
Total	2559	62	36	16

16.6 CRITICAL CARE UTILISATION

Critical care unit (ICU) service utilization has experienced upward trend over the period, particularly in 2025. Admissions at the ICU in 2025 went down by 4.79% (from 146 in 2024 to 139 in 2025), the second highest number of admissions recorded within the last five-year period. The average length of stay (ALS) increased from 12.8 days in 2024 to 18.5 days in 2025. Also, the average daily occupancy increased from 2.8% in 2024 to 3.1% in 2025, with bed occupancy rate increasing by 31.9% from 46.6% in 2024 to 78.5% in 2025. Mortality patterns remain a major concern. The number of deaths declined by 20.5% (from 78 in 2024 to 63 in 2025). Similarly, the mortality rate decreased by 5.8% (from 52.3% in 2024 to 46.5% in 2025). Further trend analysis is provided in Figure 16.6.1 to Figure 16.6.2 and Table 16.6.1 below.

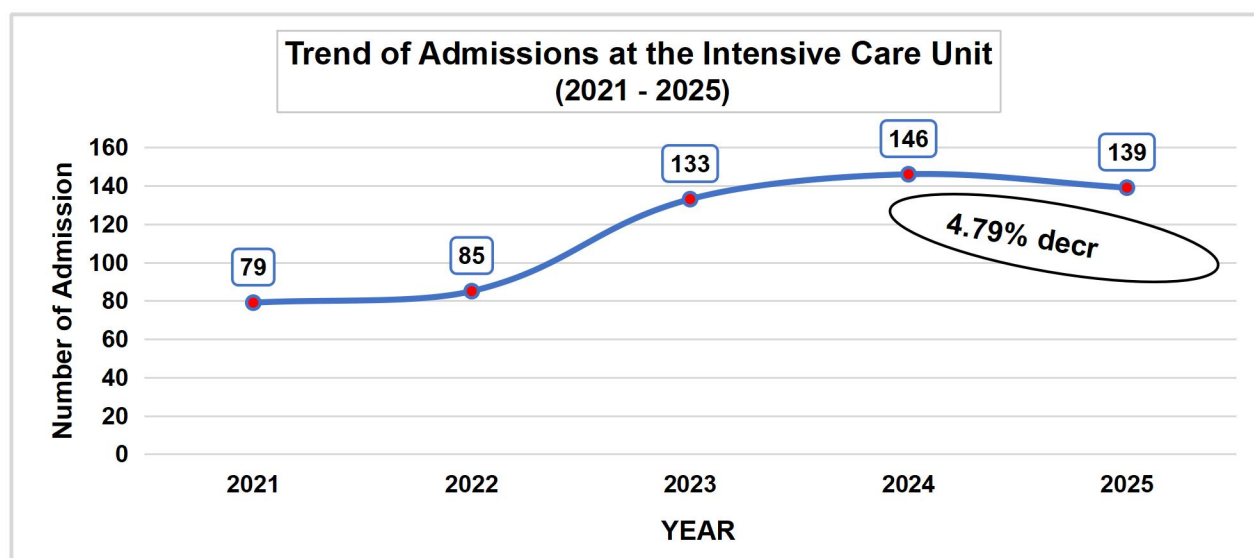


Figure 16.6. 1: Trend of Admission at the Intensive Care Unit (2021-2025)

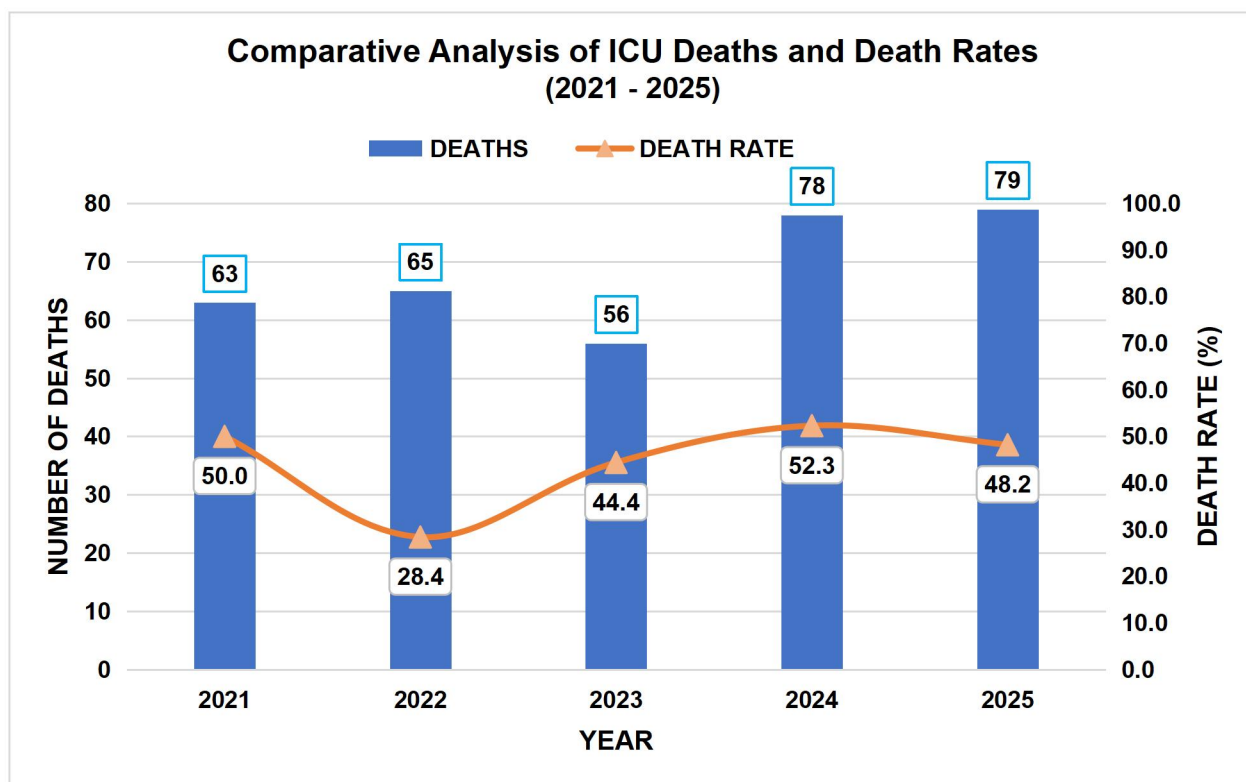


Figure 16.6. 2: Trend of Deaths at the Intensive Care Unit (2021-2025)

Table 16.6. 1: Critical Care Unit (ICU) In-patient Service Utilization

KPI	2021	2022	2023	2024	2025	REMARKS
Admission	79	85	133	146	139	4.79% decr
Discharge	12	15	12	2	0	100 decr
Transfer-in	-	-	64	56	56	0
Transfer-out	-	-	66	69	71	2.9% incr
Average length of stay	6.3	10.2	16.4	12.8	18.5	5.7days incr
Average daily occupancy	2.0	2.2	3.1	2.8	3.1	0.3days incr
% Bed occupancy	38.0%	58.4%	51.1%	46.6%	78.5	31.9% incr
Deaths	63	65	56	78	79	1.28% incr
Death rate	50.0%	28.4%	44.4%	52.3%	46.5%	Incr

Table 16.6. 2: Survival Rate per Sources of Admissions/Trans-Ins to Critical Care Unit (ICU)

Source (Ward)	Number Of Patient	Survivals	Deaths	Survival Rate (%)
A&E	46	26	20	56.5
Theatre	30	16	14	53.3
Delivery Suite	12	5	7	41.7
Paediatric Ward	8	3	5	37.5
Maternal Emergency Triage Assessment and Treatment (ETAT)	7	2	5	28.6
Female Surigal Ward	6	2	4	33.3
Female Medical Ward	6	2	4	33.3
Male Medical Ward	6	5	1	83.3
Male Surigal Ward	3	1	2	33.3
Dialysis Suite	2	2	0	100.0
Executive Suite	1	1	0	100.0

Abdominal Surgery was the only diagnosis with 100% survival (4/4), followed by respiratory failure also recording relatively good survival rate of 81.8% (9 out of the 11 cases survived). For traumatic Brain Injury (TBI), had 50% survival rate (8 out of 16 cases survived). Meaning every patient admitted with TBI died. Septic Shock on the other hand was the dominant diagnosis by far 35% of all admissions and the biggest driver of ICU mortality in 2025 and a survival rate of 67.6%. Post cardiac arrest had the starkest outcome with a 0% survival (4 deaths out of 4 cases). Further details are provided in Tables 16.6.3 below.

Table 16.6. 3: Survival Rate of Cases at Critical Care Unit (ICU)

DIAGNOSES	DEATHS	SURVIVALS	ADMISSIONS	SURVIVAL RATE (%)
Septic Shock	23	11	34	32.4
Traumatic Brain Injury	8	8	16	50.0
Respiratory Failure	2	9	11	81.8
Pre-Eclampsia, Eclampsia	2	6	8	75.0
Pulmonary Embolism	3	3	6	50.0
Post Craniotomy	2	3	5	60.0
Chronic Kidney Disease	2	3	5	60.0
Post Cardiac Arrest	4	0	4	0.0

DIAGNOSES	DEATHS	SURVIVALS	ADMISSIONS	SURVIVAL RATE (%)
Post Partum Haemorrhage	2	2	4	50.0
Abdominal Surgery	0	4	4	100.0

CHAPTER SEVENTEEN

SURGICAL SUB-BMC

17.1 BACKGROUND

The Surgical Sub-BMC of the hospital provides specialized care and surgical treatment for patients with conditions that require manual or instrumental procedures. This includes routine elective surgery, emergency surgery, specialized procedures, medical training (teaching and research) as well as outreaches within its catchment area and beyond. With a bed capacity of 77, the department comprises of surgical wards, operating rooms and specialist outpatient clinics, and is staffed by surgeons, nurses, pharmacists and administrative staff. The department is divided into various sub-specialties, such as General Surgery, Orthopaedic, Urology Neurosurgery, Plastic & Reconstructive Surgery, Paediatric Surgery and Colorectal surgery services at both outpatient and inpatient level.

17.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES

The table below provides a summary of the key outputs and outcomes of Surgical Sub-BMC in line with the six medium-term strategic objectives of the hospital.

Table 17.2. 1: Summary of the 2025 Annual Performance of Surgical Sub-BMCs under the Strategic Objectives.

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY							
Access	2021	2022	2023	2024	2025	Target	Remarks
Total surgical OPD Attendance	9,242	11,201	12,182	13,085	11,725	-	10.4% decr
Surgical OPD cases seen per doctor	1:258	1:370	1:268	1:247	1:199	-	decr
Total surgeries conducted by the Sub-BMC	1,668	1,568	1,511	2,103	1817	-	13.6% decr
Surgery to Surgeon ratio	48:1	52:1	38:1	41:1	78.1	THs = 250:1	Incr
Commenced laparoscopic and endoscopy services with 24 cases performed							
Collaborated with visiting surgical teams and performed 569 surgeries.							
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.							
Impact	2021	2022	2023	2024	2025	Target	Remarks
Theatre Death Rate	0.30%	0.30%	0.20%	0.5%	0.1%	0.5%	incr
All recorded mortalities were audited and recommendations implemented, strengthening accountability, clinical review and quality improvement processes							
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE							
Renovated three (3) doctors' rooms at male surgical ward to improve working conditions							
Replaced all missing ceiling cards at the Male and Female Wards and the Theatre, and the collapsed ceiling at the Isolation Ward was repaired							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE	
Replaced torn nets at both the male and female surgical wards.	
Collapsed ceiling and leakage at MSW, FSW & SUS in-charges office fixed	
Acquired eighty-two (48) medical equipment, including; 3 suction machines, 4 Patient Monitor IE 50, 2 anesthesia machines, 4 operating stools, 3 mattresses, 30 pieces of bedsheets (FSW), & 2 Air-Conditioners)	
Painted the Male Surgical Ward	
Two Air-Conditioners were fixed at the Theatre room 1 & 4	
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM	
4.1: Governance Related Performance	
Conducted fifty-nine (59) clinical meetings to enhance case review and clinical coordination	
Organized laparoscopic training for selected staff	
Four (4) management meetings were held, including two (2) sessions with In-Charges, to strengthen leadership and coordination.	
Organised one (1) BLS and (1) Customer care training for staff	
4.2: Human Resource Related Performance	
-	
4.3 Finance related performance	
-	
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING AND EXCELLENCE IN LEARNING	
5.1 Improve on Research:	
- Conducted and published ten (13) collaborative research on the ff topics; - Radiologic patterns of distant organ metastasis in advanced breast cancer patients: Prospective review of computed tomography images. <i>Cancer Rep (Hoboken)</i>-2024 Feb;7(2):e1988. doi:10.1002/cnr2.1988 - Accuracy of the Wound Healing Questionnaire in the diagnosis of surgical-site infection after abdominal surgery in low-and middle-income countries <i>Br J Surg</i>-2024 Jan 31;111(2):znad446. doi: 10.1093/bjs/znad446. - The African Critical Illness Outcomes Study (ACIOS): a point prevalence study of critical illness in 22 nations in Africa. African Critical Illness Outcomes Study (ACIOS) Investigators. <i>Lancet</i>. 2025 Mar 1;405(10480):715-724. doi: 10.1016/S0140-6736(24)02846-0 https://pubmed.ncbi.nlm.nih.gov/40023650/ - Radiologic patterns of distant organ metastasis in advanced breast cancer patients: Prospective review of computed tomography images <i>Cancer Rep (Hoboken)</i>-2024 Feb;7(2): e1988. doi: 10.1002/cnr2.1988. - Accuracy of the Wound Healing Questionnaire in the diagnosis of surgical-site infection after abdominal surgery in low- and middle-income countries <i>Br J Surg</i>-2024 Jan 31;111(2): znad446. doi: 10.1093/bjs/znad446. - Outcomes after surgery for children in Africa (ASOS-Paeds): a 14-day prospective observational cohort study <i>Lancet</i>. 2024 Apr 13;403(10435):1482-1492. doi: 10.1016/S0140-6736(24)00103-X. Epub 2024 Mar 22. - Routine sterile glove and instrument change at the time of abdominal wound closure to prevent surgical site infection (ChEETAh): a model-based cost-effectiveness analysis of a pragmatic, cluster-randomised trial in seven low-income and middle-income countries. <i>Lancet Glob Health</i>-2024 Feb;12(2):e235-e242.doi: 10.1016/S2214-109X(23)00538-7. - Global access to technologies to support safe and effective inguinal hernia surgery: prospective, international cohort study. https://doi.org/10.1093/bjs/znad164 This paper won the <i>BJS</i> European Hernia Society	

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE
Competition prize and was presented at the European Hernia Society Conference, Prague, 2024 (https://ehs2024.org). 2.Global anaesthesia practice using inguinal hernia surgery as a tracer condition: a secondary analysis of an international prospective cohort study. NIHR Global Health Research Group on Environmentally Sustainable Hospitals in Low- and Middle-income Countries ¹Anaesthesia. 2025 Sep 9. doi: 10.1111/anae.16686. Online ahead of print.PMID: 40923367 https://pubmed.ncbi.nlm.nih.gov/40923367/ - Access to and quality of elective care: a prospective cohort study using hernia surgery as a tracer condition in 83 countries. <i>Lancet Glob Health</i>. 2024 Jul;12(7):e1094-e1103. doi: 10.1016/S2214-109X(24)00142-6. Epub 2024 May 23. - Variation of elective healthcare in West Africa: secondary analysis of an inguinal hernia international cohort study. <i>Impact Surgery</i>, 1(4), 145–153. https://doi.org/10.62463/surgery.80 - Mechanisms and causes of death after abdominal surgery in low-income and middle-income countries: a secondary analysis of the FALCON trial. <i>Lancet Glob Health</i> 2024 Published Online September 5, 2024 https://doi.org/10.1016/S2214-109X(24)00318-8
5.2 Improve on Teaching and Learning:
Organized laparoscopic training for some selected staff to build institutional capacity in minimally invasive surgery.
Supported the training of medical students, physician assistants and nurses, reinforcing the hospital's teaching mandate

17.3 SURGICAL OUTPATIENT SERVICES UTILIZATION

The utilization of surgical OPD services has consistently shown an upward trend over the past -years, but there was a reverse in 2025. Total surgical outpatient attendance declined by 10.4%, (from 13,085 in 2024 to 11,724 in 2025). Despite the overall decrease, performance across the various sub-specialty clinics was mixed.

Urology continued to be the major surgical specialty utilized accounting for 40.3% (4724) of the attendance in 2025, but decreased by 15.7% compared to 5,606 visits recorded in 2024. Orthopaedic services ranked second, forming 23.6% of total attendance, and recording a rise of 11.7% (from 2,476 in 2024 to 2,766 in 2025).

General Surgery was the third most utilized specialty, accounting for 17.7% (2,073) of total attendance. The clinic declined by 30.6% (from 2,989 in 2024). Neurosurgery utilization also fell significantly by 24.9%, from 1,158 to 870 visits, representing 7.4% of total surgical outpatient attendance. Similarly, Plastic Surgery recorded a marginal 2.5% reduction in attendance, decreasing from 856 to 835 visits, and accounted for 7.1% of total utilization in 2025. The trends and distribution of surgical outpatient utilization are presented in Figure 17.3.1 to Figure 17.3.3 and Table 17.3. 1 below.

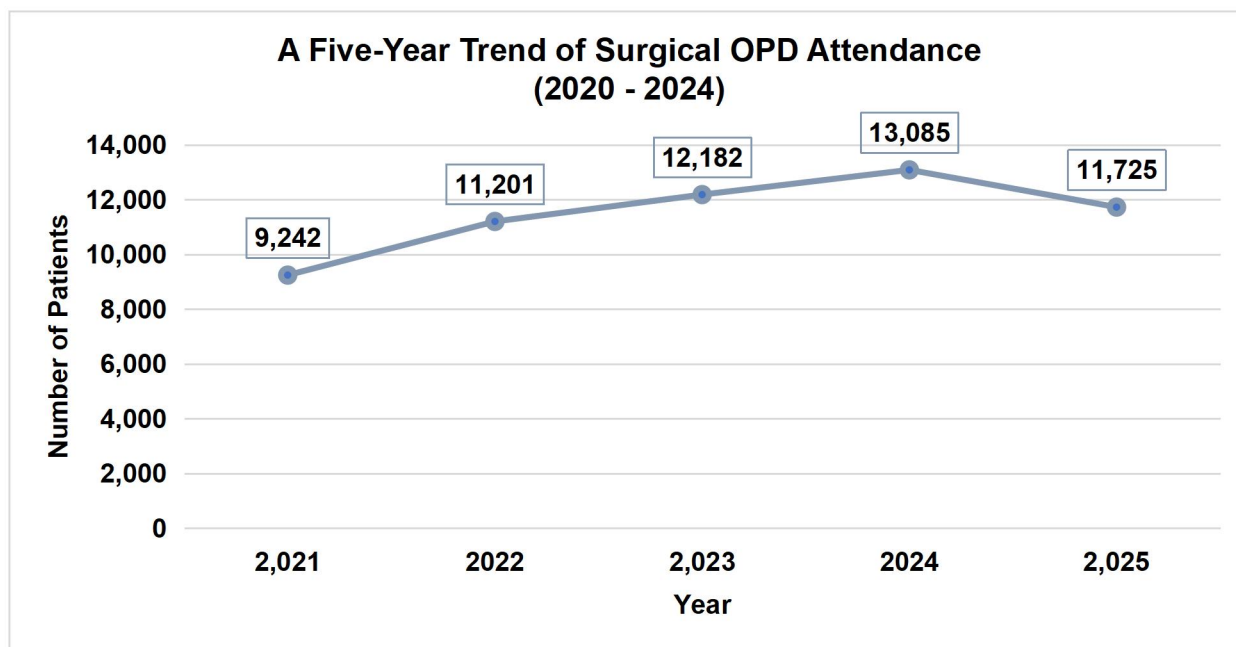


Figure 17.3. 1: A Five-Year Trend of Surgical OPD Attendance (2021 - 2025)

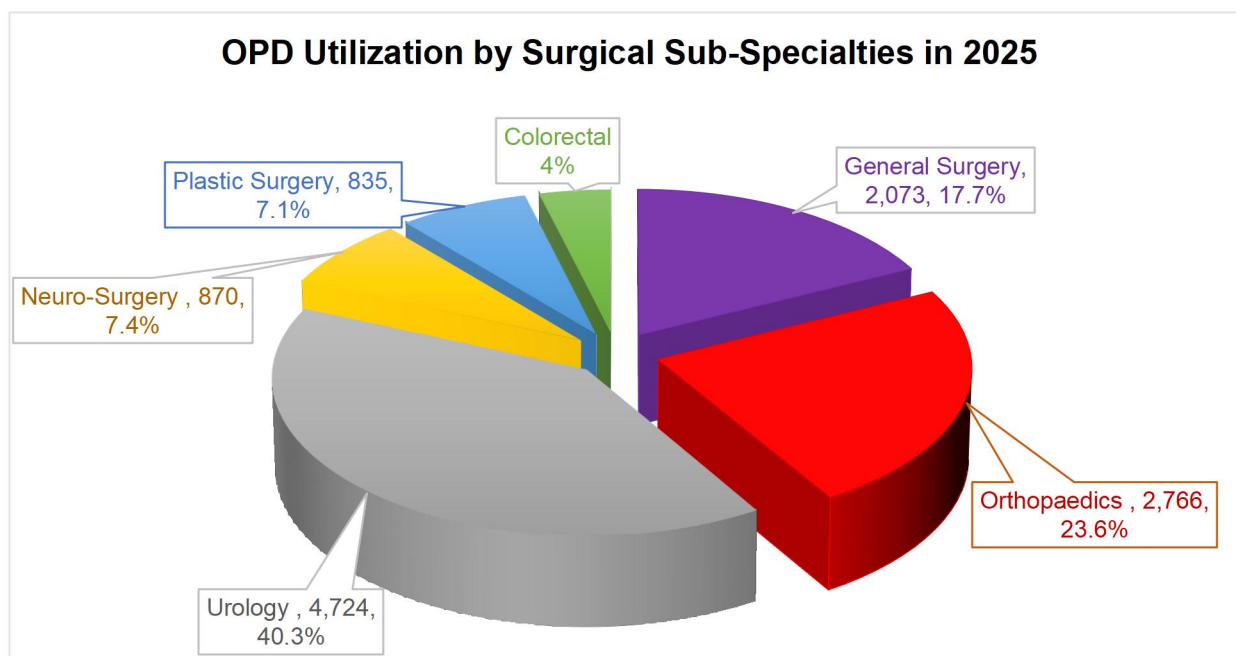


Figure 17.3. 2: OPD Utilization by Surgical Sub-Specialties in 2025

Table 17.3. 1: Surgical Specialist OPD Clinic Attendance (2021 - 2025)

CLINICS	2021	2022	2023	2024	2025	REMARKS
General Surgery	2,442	2,085	3,200	2,989	2073	30.6% decr
Orthopaedics	2,530	2,647	2,191	2,476	2766	11.7% incr
Urology	3,044	4,811	5,071	5,606	4724	15.7% decr
Neuro-Surgery	487	1,004	874	1,158	870	24.9% decr
Plastic Surgery	739	654	846	856	835	2.5% decr
Colorectal	300	270	272	507	457	9.9%decr
Total	9,242	11,201	12,182	13,085	11725	10.4% decr

17.4 SURGICAL INPATIENT SERVICES UTILISATION

Surgical in-patient service utilization showed fluctuating trend over the five-year period. Total admissions declined in 2022, but subsequently went up, recording an increase in 2023 and 2024 (from 1,944 in 2023 to 2,091 in 2024). However, admissions declined by 8.9% in 2025

Mortality outcomes showed mixed performance. Overall surgical deaths declined substantially by 34.7% in 2025 after increasing from 118 deaths in 2023 to 167 in 2024, reflecting an improvement in inpatient survival. The theatre death rate also improved, decreasing from 0.5% in 2024 to 0.1% in 2025. However, the absolute number of theatre deaths increased marginally from 4 to 5 deaths (25.0%), suggesting that although the risk of death per procedure declined, isolated adverse events persisted. In contrast, recovery ward deaths decreased from 22 in 2024 to 16 in 2025, representing a 27.3% reduction, indicating improved immediate postoperative care.

Performance at the ward-level was varied. Admissions declined across both surgical wards in 2025. The Female Surgical Ward (FSW) recorded a decline of 15.2% (from 828 in 2024 to 702 in 2025) in admissions while admissions at the Male Surgical Ward (MSW) decreased by 4.9% (from 1,274 in 2024 to 1,212 in 2025). Despite lower admissions, discharge performance differed between the two wards. The Male Surgical Ward recorded a marginal 1.2% increase in discharges (1,291 to 1,307), whereas the Female Surgical Ward experienced a 15.5% decline in discharges (800 to 676), consistent with the reduction in admissions.

The Average Length of Stay (ALOS) on both wards increased, suggesting increased case severity and/or prolonged inpatient management. Female Surgical Ward ALOS went up marginally from 8.4 days in 2024 to 10.5 days in 2025, while the Male Surgical Ward ALOS increased from 9.0 days in 2024 to 9.4 days in 2025. Similarly, the average daily bed occupancy experienced a rise on both wards, culminating into a higher bed occupancy rate (BOR). The BOR at the Female Surgical Ward rose from 78.0% in 2024 to 83.8% in 2025 while at the Male Surgical Ward, the BOR increased from 54.0% to 59.8% in 2025.

Mortality performance improved across both wards during the review period. The Male Surgical Ward death rate declined from 5.1% in 2024 to 4.1% in 2025, while the Female Surgical Ward death rate decreased from 8.2% to 7.3%. Similarly, the number of deaths

reduced by 20.0% at the Male Surgical Ward (70 to 56) and by 25.4% at the Female Surgical Ward (71 to 53), reflecting improved clinical outcomes despite longer hospital stays.

Detailed trend analysis is provided in Figure 17.4.1 and Table 17.4.1 to Table 17.4.2 below.

Table 17.4. 1: Surgical Sub-BMC In-Patient Services Utilization

INDICATOR	2021	2022	2023	2024	2025	REMARKS
Total Admission	2,120	1,926	1,999	2,102	1914	8.9% decr
Total Discharges	2,112	1,926	1,944	2,091	1983	5.2% decr
Surgical Death (MSW + FSW+ Surgical Suite + Recovery Ward + ICU surgical cases + Paedics surgical cases)	128	96	118	167	109	34.7% decr
Death (Theatre)	2	4	2	4	5	25% incr
Theatre Death Rate	0.30%	0.30%	0.20%	0.5%	0.1%	incr
Death (Recovery ward)	16	2	10	22	16	27.3% decr

Table 17.4. 2: In-patient utilization at the Surgical Wards

Indicator	WARD	2021	2022	2023	2024	2025	REMARKS
Admission	Male Surgical	1,316	1,203	1,258	1,274	1212	4.9% decr
	Female Surgical	804	723	741	828	702	15.2% decr
Discharges	Male Surgical	1,331	1,206	1,231	1,291	1307	41.2% incr
	Female Surgical	781	720	713	800	676	15.5% cr
Average Length of Stay (days)	Male Surgical	7.4	8.2	5.9	9.0	9.4	Incr
	Female Surgical	7.4	8.7	8	8.4	10.5	2days Incr
Average Daily Bed Occupancy	Male Surgical	30	28.1	25.4	33.5	35.2	1.7 Incr
	Female Surgical	18	18.2	17.4	20.0	20.9	0.9 Incr
Bed Occupancy Rate	Male Surgical	70.1	67.6	59.1	78	83.8	5.8% Incr
	Female Surgical	48.8	51.9	46.9	54	59.8	5.8% Incr
Number of	Male Surgical	65	52	53	70	56	20.0% decr

Indicator	WARD	2021	2022	2023	2024	2025	REMARKS
Deaths	Female Surgical	63	44	58	71	53	25.4% decr
Death Rate	Male Surgical	5.7%	4.4%	4.1%	5.1%	4.1%	1.0% Incr
	Female Surgical	6.9%	7.0%	5.8%	8.2%	7.3%	0.2% decr

17.4.1 TOP TEN CAUSES OF SURGICAL ADMISSIONS

The pattern of surgical admissions changed considerably over the three-year period, reflecting a shift from predominantly elective surgical conditions to trauma- and infection-related presentations. In 2023 and 2024, hernia, benign neoplasms, and malignant neoplasms were among the leading causes of admission, indicating a substantial burden of elective and oncological surgical cases.

In 2025, however, bacterial infections (250 cases) and acute pain due to trauma (224 cases) emerged as the leading causes of admission, followed by fractures (136 cases). This shift suggests an increasing demand for emergency surgical and trauma services. Conversely, admissions for hernia declined substantially from 176 cases in 2023 to 50 cases in 2025, while benign and malignant neoplasms also reduced substantially, potentially reflecting changes in referral patterns, service utilisation, or surgical case mix.

Detailed trends are presented in illustrated in Figure 17.4.1.1 and Table 17.4.1.1

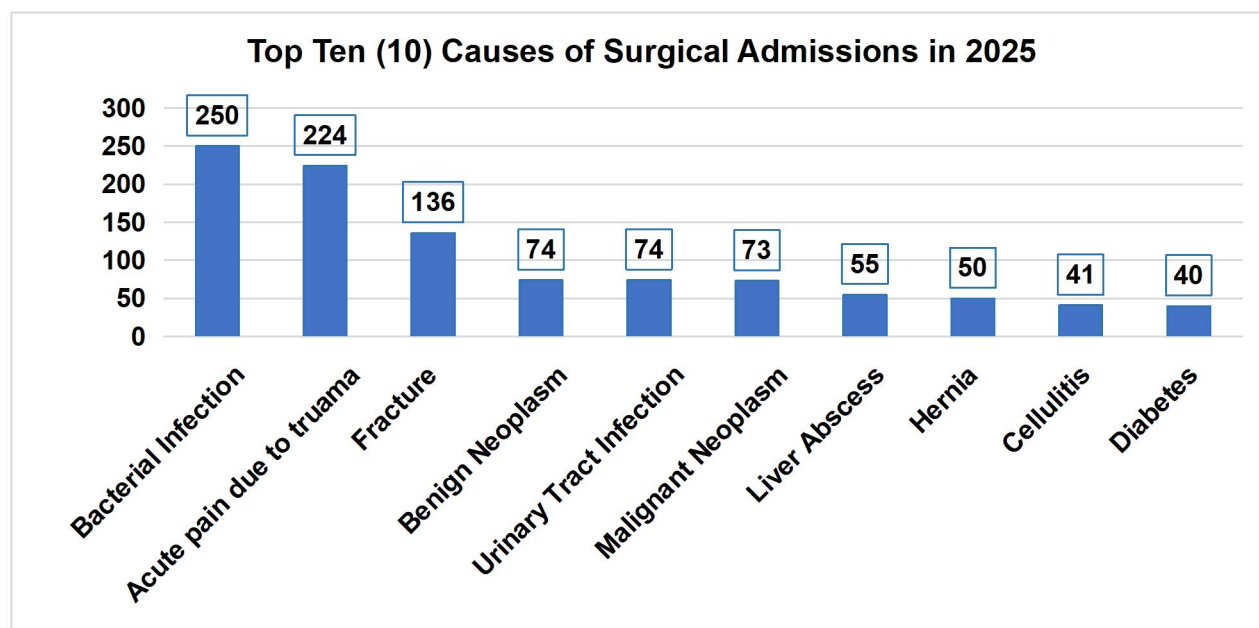


Figure 17.4.1. 1: Top Ten Causes of Surgical Admissions in 2025

Table 17.4.1. 1: Top Ten Causes of Surgical Admissions

2023		2024		2025	
Condition	No.	Condition	No.	Condition	No.
Hernia	176	Malignant Neoplasm	140	Bacterial Infection	250
Benign Neoplasm	159	Urinary tract infection	140	Acute pain due to trauma	224
Malignant Neoplasm	149	Hernia	140	Fracture	136
Fracture	116	Benign Neoplasm	132	Benign Neoplasm	74
Acute pain due to trauma	107	Fracture	121	Urinary tract infection	74
Anaemia	79	Intestinal Obstruction	78	Malignant Neoplasm	73
Urinary tract infection	66	Sepsis	70	Abscess	55
Appendicitis	65	Liver Abscess	68	Hernia	50
Cellulitis	64	Cellulitis	52	Cellulitis	41
Gastritis	64	Appendicitis	50	Diabetis	40

17.5 SURGERIES PERFORMED PER SUB-SPECIALTY

The overall number of surgeries performed by the Surgical Sub-BMC over the five-year period showed a fluctuating trend. Although surgical activity increased in 2024, total procedures declined by 13.6% in 2025, from 2,103 to 1,817 surgeries, indicating a reduction in overall surgical service utilization.

Performance across the surgical sub-specialties was mixed. General Surgery remained the largest contributor, performing 844 procedures and accounting for 46.5% of all surgeries. However, this represented a 24.0% decline compared with 1,110 procedures in 2024. Uro-surgery recorded 295 procedures (16.2% of total surgeries), reflecting an 11.9% decrease from 335 in 2024. In contrast, Orthopaedic Surgery showed improved performance, increasing by 16.4% from 250 to 291 procedures and contributing 16.0% of the total surgical workload.

Among the remaining sub-specialties, Plastic Surgery experienced the largest proportional decline, with procedures falling by 30.2% from 205 to 143, representing 7.9% of all surgeries. Neurosurgery also recorded a substantial decline of 29.2%, decreasing from 113 to 80 procedures. Conversely, Paediatric Surgery demonstrated the strongest growth, increasing by 82.2% from 90 to 164 procedures, highlighting expanded service delivery within the specialty.

The surgery-to-surgeon ratio declined from 41 procedures per surgeon in 2024 to 31 procedures per surgeon in 2025, indicating lower surgical output per surgeon and suggesting reduced workforce productivity during the reporting period.

Figure 17.5.1 to Figure 17.5.3 and Tables 17.5.1, 17.5.2 below provide detailed trend analysis.

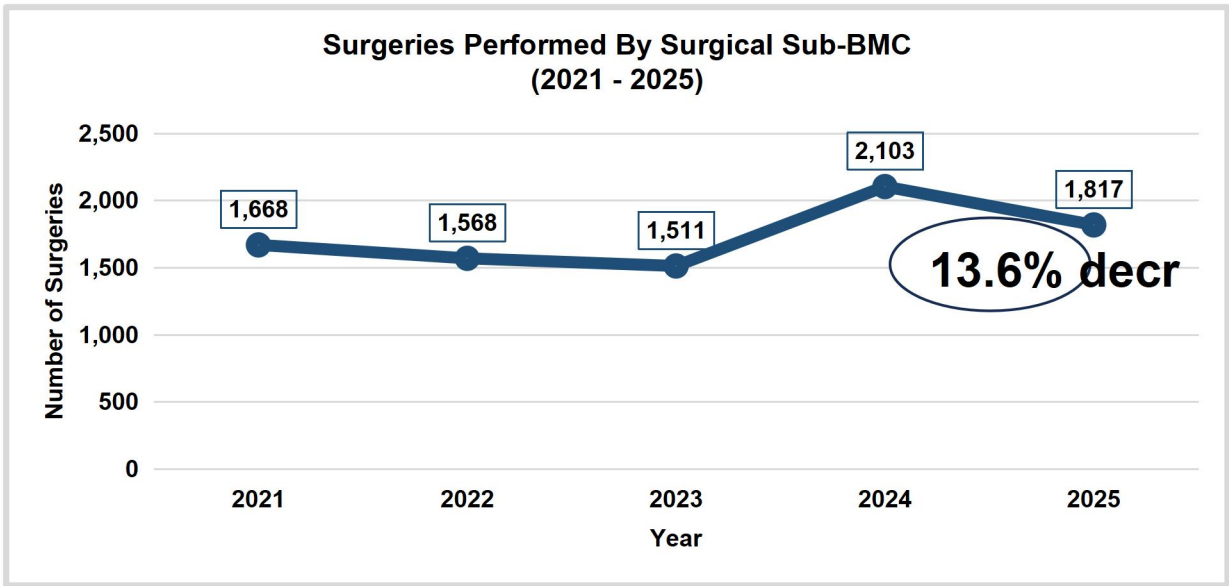


Figure 17.5. 1: Trend Analysis of Surgeries Performed by Surgical Sub-BMC (2021 - 2025)

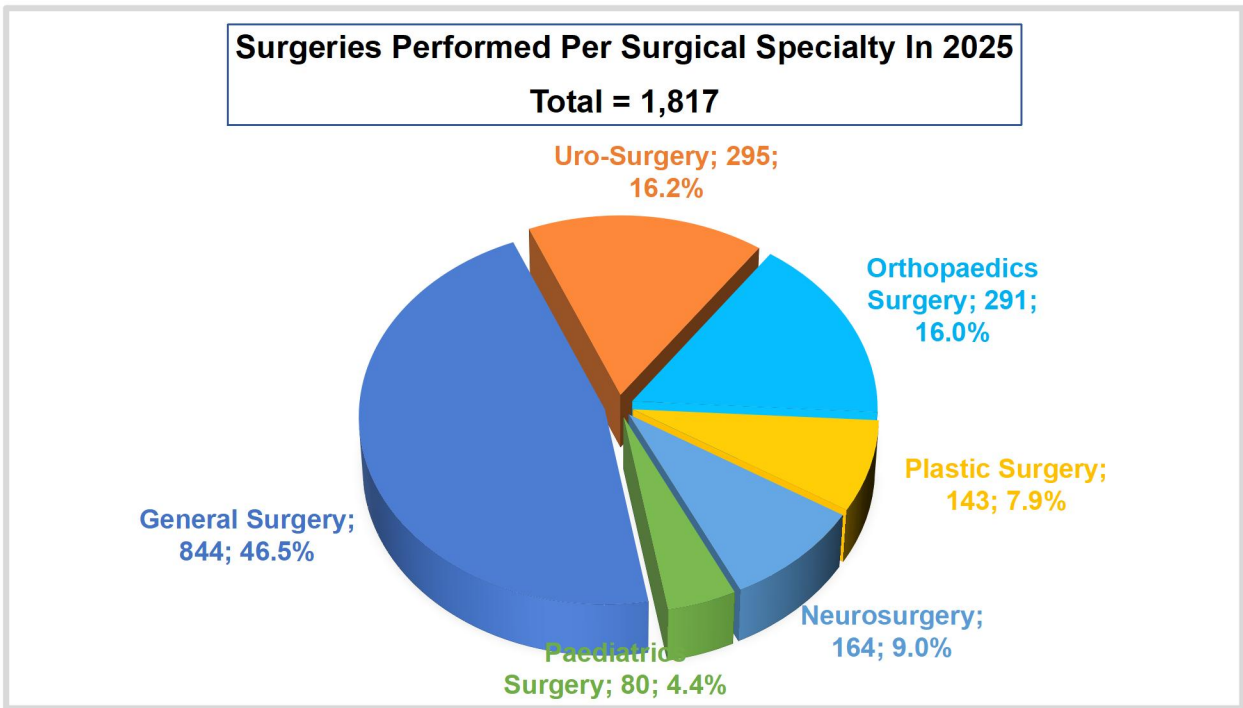


Figure 17.5. 2: Surgeries Performed Per Surgical Specialty In 2025

Table 17.5. 1: Surgical Service Performance under THs KPI (Sub-BMC Level Performance)

KEY INDICATORS	2021	2022	2023	2024	2025	REMARKS	MEASUREMENT	TARGET
Surgery - Surgeon Ratio	45:1	52:1	38:1	41:1	31:1	decr	Total no. of surgeries performed/ total no. of Surgeons	THs = 250:1
Number of surgeons at the Surgical Department	35	30	40	51	59	Incr		-

Table 17.5. 2: Surgeries Performed per Surgical Sub-Specialty

Sub-Specialty	2021	2022	2023	2024	2025	REMARKS
General Surgery	949	863	759	1,110	844	24.0% decr
Uro-Surgery	256	271	265	335	295	11.9% decr
Orthopaedics Surgery	173	167	177	250	291	16.4% incr
Plastic Surgery	102	93	124	205	143	30.2% decr
Paediatrics Surgery	100	85	97	90	164	82.2% iccr
Neurosurgery	88	89	89	113	80	29.2% decr
Total Surgeries	1,668	1,568	1,511	2,103	1817	13.6% decr

17.5.1 CAUSES OF SURGICAL PROCEDURES

The pattern of the top ten surgical procedures changed considerably over the three-year period, reflecting shifts in service demand and the hospital's surgical case mix. Caesarean section remained the leading procedure for the second consecutive year, although the number of cases declined by 8.0%, from 1,578 in 2024 to 1,451 in 2025. Eye surgeries also remained a major contributor despite a 30.3% reduction in volume (1,226 to 855 procedures).

In 2025, ENT surgeries emerged as the third most frequently performed procedure, increasing substantially from 227 to 383 cases (68.7%). Laparotomies increased by 44.7% (179 to 259), while hernia surgeries declined modestly by 7.9% (253 to 233). Other notable changes included reductions in appendicectomies (131 to 105) and myomectomies (80 to 81, largely stable), alongside the introduction of incision and drainage, prostatectomy, and hysterectomy among the top ten procedures in 2025. Overall, the findings indicate a changing surgical workload, with sustained demand for obstetric and ophthalmic procedures alongside growing volumes of ENT and major abdominal surgeries. Details shown in table 17.5.1. 1 below.

Table 17.5.1. 1: Top 10 Surgical Operations by Sub-BMC level (2023 - 2025)

2023		2024		2025	
Type of Case	No.	Type of Case	No.	Type of Case	No.
Cataract surgeries	1,913	Caesarean section	1,578	Caesarean section	1451
Laparotomy	245	Eye surgeries	1,226	Eye surgeries	855
Hernia repair	187	Hernia Surgeries	253	ENT surgeries	383
Biopsy	99	ENT surgeries	227	Laparotomy	259
Myomectomy	72	Laparotomy	179	Hernia Surgeries	233
Appendicectomy	68	Appendicectomy	131	Incision and Drainage	113
Cornea repair	62	Plastic surgeries	115	Appendicectomy	105
Caesarean section	60	Operation Fracture	105	Myomectomy	81
Thyroidectomy	54	Neurosurgeries	97	Prostatectomy	59
Prostatectomy	41	Myomectomy	80	Hysterectomy	58

CHAPTER EIGHTEEN

DENTAL, EYE EAR NOSE & THROAT (DEENT)

SUB-BMC

18.1 INTRODUCTION

The Dental, Eye, Ear, Nose, and Throat (DEENT) Sub-BMC provides a comprehensive suite of specialized clinical and diagnostic services for oral, visual, auditory, and upper respiratory conditions. As of 2025, the Sub-BMC comprises 81 staff members and is overseen by a six-member management team.

18.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES

The general performance of the DEENT Sub-BMC is outlined against the hospital's strategic objectives. This is provided in table 18.2.1 below

Table 18.2. 1: Summary of the 2025 Annual Performance of DEENT Sub-BMC under the Strategic Objectives.

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE	
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY	
Triaged 19,968 patients and facilitated their consultation with various specialists' units	
Established the Audiology Unit	
- New Audiologist was employed - A total of 317 cases were seen from April to December)	
A total of 2,576 DEENT-related surgical procedures across service areas were provided	
The Unit organized weekly eye surgeries	
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.	
Conducted training for Staff on Infection prevention and control and its implementation	
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE	
New air-conditioners were installed in all Dental Unit's consulting units	
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM	
4.1: Governance Related Performance	
Conducted Sub-BMC management meetings to review operational progress, make informed decisions and coordinate the Sub-BMC's activities	
4.2: Human Resource Related Performance	
One ophthalmologist resumed from study leave	
New Staff Joining the SUB BMC:	
Eye - 2 (Ophthalmic Nurses)	
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING AND EXCELLENCE IN LEARNING	
5.2: Research:	
5.2 Teaching and Learning:	
2 Medical Officers (MOs) completed specialized training in ophthalmology at GCPS - Eye Unit: One ophthalmologist had a short course training in Small Incision cataract Surgery (SICS) in India 4 General Nurses gained admission to pursue ophthalmic nursing	
CCTH OBJECTIVE 6: INTENSIFY SUPPORT TO THE LOWER LEVEL OF CARE AND SERVICE DELIVERY POINTS	
- Conducted Outreaches to 7 District (Communities-44 with a total of 3,559 benefiting) - Eye – 2,655 beneficiaries	

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE	
○ ENT – 541 beneficiaries	
○ Dental – 363 beneficiaries	
• Conducted Outreaches to 7 Organisations with a total of 579 people benefiting	
• Conducted Outreaches to 14 School with a total of 1,964 pupils benefiting	

18.3 OVERALL DEENT PERFORMANCE

The Sub-BMC exhibited varied performance trends across key service indicators between 2021 and 2025, demonstrating growth in specific areas alongside declines in others. Total OPD visits declined by 6.3%, dropping (from 21,308 in 2024 to 19,968 in 2025). Admissions increased by 10.6%, rising (from 396 in 2024 to 438 in 2025). Also, the number of surgical procedures performed across various specialties decreased by 30.0%, dropping (from 3,678 in 2024 to 2,576 in 2025). Referrals from peripheral facilities increased by 53.5%, rising (from 482 in 2024 to 740 in 2025). However, referrals made decreased by 14.7%, dropping from 143 in 2024 to 122 in 2025. Details highlighted in Figure 18.3. 1 and Table 18.3. 1 below.

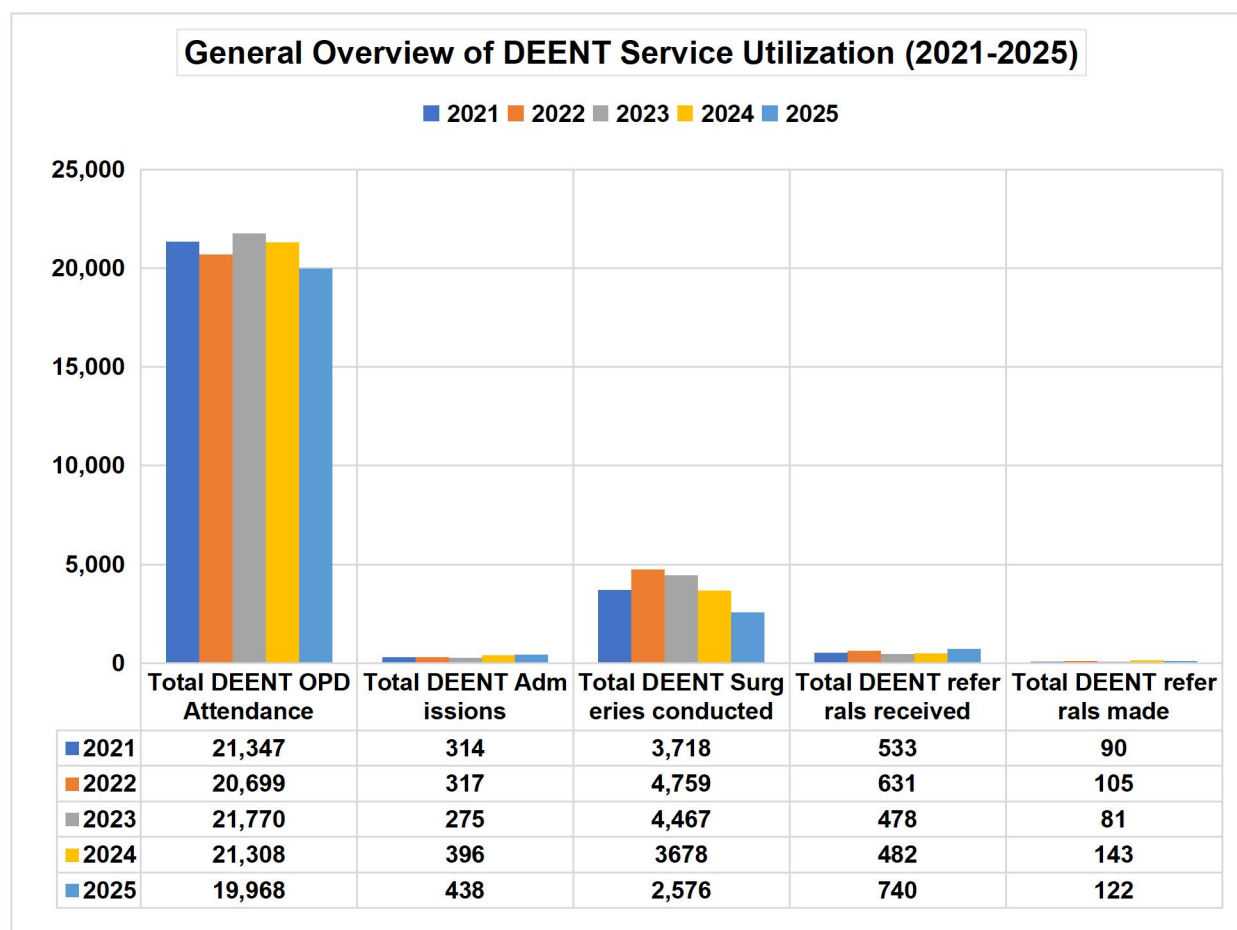


Figure 18.3. 1: General Overview of DEENT Service Utilization (2021-2025)

Table 18.3. 1: General Overview of DEENT Service Utilization

INDICATOR	2021	2022	2023	2024	2025	REMARKS
Total DEENT OPD Attendance	21,347	20,699	21,770	21,308	19,968	6.3% decr
Total DEENT Admissions	314	317	275	396	438	10.6% incr
Total DEENT Surgeries conducted	3,718	4,759	4,467	3678	2,576	30.0% decr
Total DEENT referrals received	533	631	478	482	740	53.5% incr
Total DEENT referrals made	90	105	81	143	122	14.7% decr

18.4 DEENT SUB-SPECIALTY PERFORMANCE

18.4.1 EYE (OPHTHALMOLOGY) SERVICES

The Eye Unit specializes in the prevention, diagnosis, and treatment of eye diseases and visual impairments. Its comprehensive core services include: cataract surgeries, glaucoma management, refraction and low vision-services, retina care and school-based eye screening programs. Between 2021 and 2025, the Unit exhibited fluctuating performance trends across its key service indicators. While certain operational areas recorded significant performance increases in 2025, overall Outpatient Department (OPD) attendance and surgical output experienced a notable decline.

18.4.1.1 EYE OUTPATIENT SERVICES UTILIZATION

The Outpatient Department (OPD) attendance decreased by 7.4%, decreasing from 10,613 in 2024 to 9,833 in 2025. This reduction may be attributed to a shift in patient utilization toward private eye care clinics. Conjunctivitis (all forms) was the most frequently recorded diagnosis, accounting for 1,208 cases while Retinopathies was the least common diagnosis, with 99 recorded cases. Figure 18.4.1.1.1 and Tables 18.4.1.1.1 and 18.1.1. below provides details of analysis.

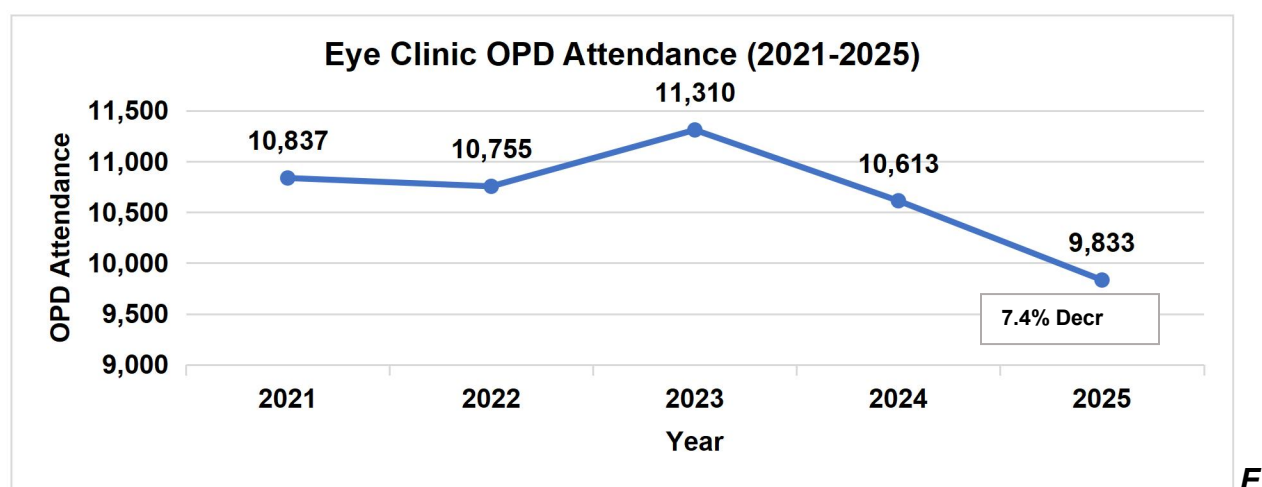


Figure 18.4.1.1. 1: Trend of Eye Clinic OPD Attendance (2021-2025)

Table 18.4.1.1. 1: Eye Outpatient Services Utilization

CLINICS	2021	2022	2023	2024	2025	REMARKS
Eye	10,837	10,755	11,310	10,613	9,833	7.4% decr

Table 18.4.1.1. 2: Top Ten Eye Conditions Seen at the OPD (2023-2025)

2023		2024		2025	
Condition	No.	Condition	No.	Condition	No.
All Forms of Conjunctivitis	805	All Forms of Conjunctivitis	811	All Forms of Conjunctivitis	1,208
Refractive Error	537	Refractive Error	610	Glaucoma	920
Cataract	522	Cataract	380	Cataract	876
Glaucoma	309	Glaucoma	238	Refractive error	754
Pterygium	182	Pterygium	155	Pterygium	542
Normal Eyes	62	Uveitis	63	Normal Eyes	177
Retinopathies	40	Cornea Ulcer	49	Trauma	142
Cornea Ulcer	39	Lid Abnormalities	46	Corneal Ulcers	121
Trauma	26	Trauma	35	Lid Abnormalities	102
Lid Abnormalities	25	Retinopathies	26	Retinopathies	99

18.4.1.2 EYE REFERRALS

The number of referrals received (in) increased by 41.0%, rising (from 232 in 2024 to 327 in 2025), which indicates an increased influx of cases to the hospital. Conversely, referrals made (out) decreased by 18.1%, falling from (83 in 2024 to 68 in 2025). The necessity for outward referrals reflects the ongoing unavailability of certain sub-specialty ophthalmic services. During the year under review, the primary conditions necessitating outward referral included Post Evisceration: (12 cases, Congenital Ptosis (10 cases) and Congenital Cataract (10 cases). Table 18.4.1.2.1 to Table 18.4.1.2.2 presents details of the analysis. Table 18.4.1.2.2 presents details of the analysis.

Table 18.4.1.2. 1: Ophthalmology cases referred

Referral Type	2021	2022	2023	2024	2025	REMARKS
Referral In	293	309	269	232	327	41.0% incr
Referral out	47	62	48	83	68	18.1% decr

Table 18.4.1.2. 2: Causes of Referral Out

Condition	No.
Post Evisceration	12

Condition	No.
Congenital Ptosis	10
Congenital Cataract	10
Others	36
Total	68

18.4.1.3 EYE INPATIENT SERVICES UTILIZATION

The total number of admissions declined by 22.9%, falling (from 96 in 2024 to 74 in 2025). Within the Eye Department, corneal perforations and lacerations were the primary cause of admission, representing 24.3% (18 cases) of the recorded total. Conversely, preseptal cellulitis was the least frequent cause, accounting for 4.1% (3 cases) of admissions in 2025. Detailed data are presented in Figure 18.4.1.3.1 and Table 18.4.1.3.1 below.

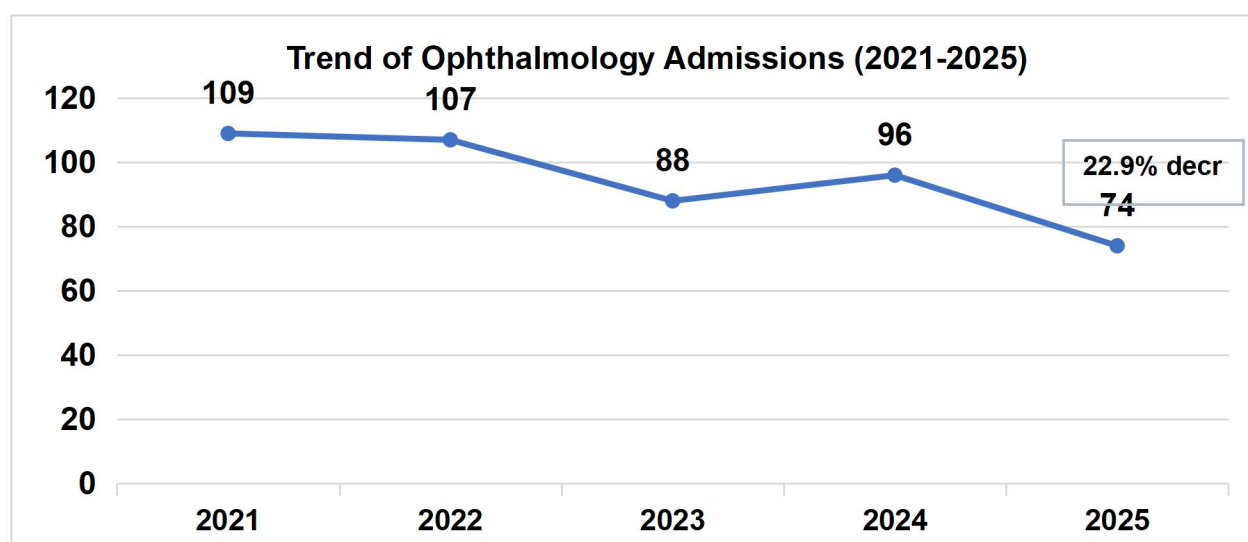


Figure 18.4.1.3. 1: Trend of Ophthalmology Admissions (2021-2025)

Table 18.4.1.3. 1: Causes of Ophthalmology Admissions (2024-2025)

2024		2025	
Condition	No. (%)	Condition	No. (%)
Corneal Laceration with Iris Prolapse	23 (26.0%)	Cornea perforations/Laceration	18 (24.3%)
Cataract	17 (17.7%)	Orbital Cellulitis	9 (12.2%)
Cornea Scleral Laceration	4 (4.2%)	Eyelid Laceration	8 (10.8%)
Preseptal Cellulitis	4 (4.2%)	Hyphema	7 (9.5%)
Lid Laceration	4 (4.2%)	Cataract	5 (6.8%)
Raptured Staphyloma	3 (3.1%)	Pterygium	4 (5.4%)

2024		2025	
Condition	No. (%)	Condition	No. (%)
Broom stick injury Iris Prolapse	1 (1.0%)	Preseptal Cellulitis	3 (4.1%)
Others	40 (41.7%)	Others	20 (27.0%)
Total	96	Total	74

18.4.1.4 EYE SURGICAL PROCEDURES

Overall, the Eye Department recorded a 26.9% decrease in surgical output. Major surgeries dropped by 30.3%, declining (from 1,142 in 2024 to 796 in 2025). Similarly, minor surgeries experienced a decline (from 84 in 2024 to 79 in 2025), representing a 6.0% reduction, as illustrated in Figure 18.4.1.4.1 and Table 18.1.4.1.4.1 below.

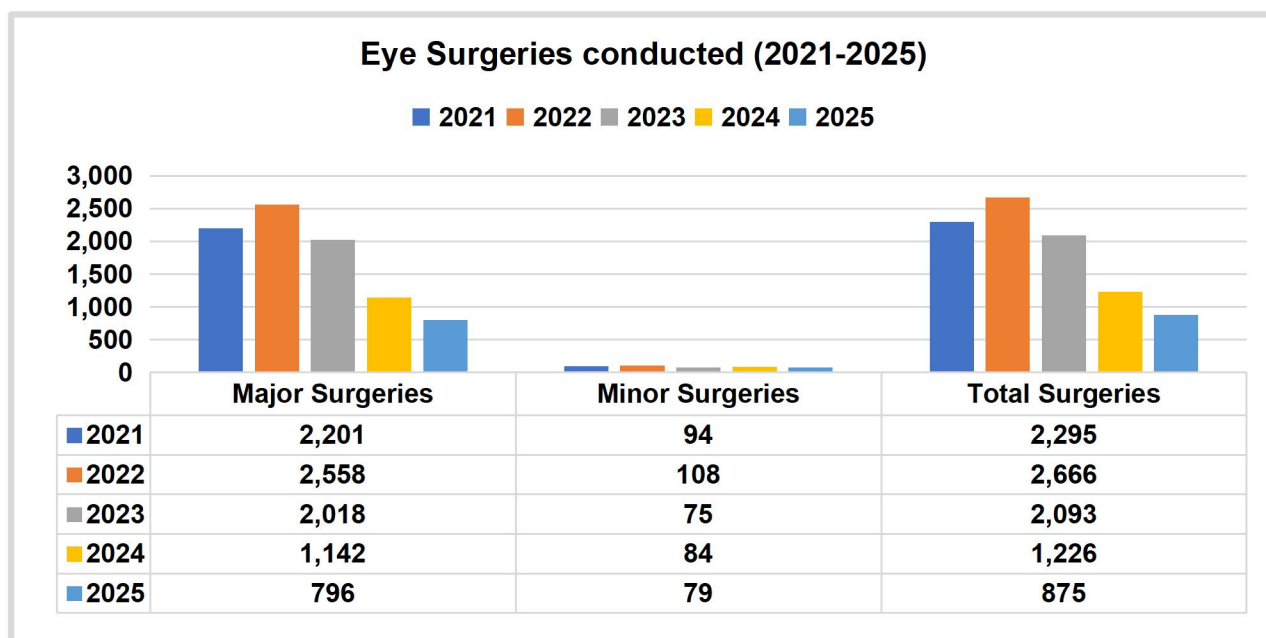


Figure 18.4.1.4. 1: Total Surgeries Performed by DEENT Specialty

Table 18.4.1.4. 1: Surgeries Performed by Eye Specialty

Eye Surgeries	2021	2022	2023	2024	2025	REMARKS
Major Surgeries	2,201	2,558	2,018	1,142	796	30.3%decr
Minor Surgeries	94	108	75	84	79	6.0%decr
Total Surgeries	2,295	2,666	2,093	1,226	875	26.9%decr

18.4.2 EAR, NOSE AND THROAT (ENT) SERVICES

The Ear, Nose, and Throat (ENT) Unit provides comprehensive diagnostic, medical, and surgical care for conditions affecting hearing, balance, swallowing, and the upper respiratory tract. The scope of services offered by the department encompasses rhinology, otology and neurotology, laryngology, and head and neck surgery. In addition to hospital-based care, the ENT Unit conducts community and school outreach programs focused on hearing screenings, ear and throat health education, and the early detection of communication disorders. The performance of the unit over the five-year period is detailed below.

18.4.2.1 ENT OUTPATIENT SERVICES UTILIZATION

The OPD attendance increased by 3.6%, rising (from 5,739 in 2024 to 5,946 in 2025). Although, Otitis Media remained the most frequently diagnosed condition, its incidence decreased (from 872 cases in 2024 to 677 in 2025). Conversely, Hearing Loss was the least frequently diagnosed condition, with 122 recorded cases. Further, referrals received (in) increased by 90.9% (from 176 in 2024 to 336 in 2025). Also, the number of cases referred out went up by 37.5% (from 32 in 2024 to 44 in 2025).

Detailed analyses are presented in Figure 18.4.2.1.1, Table 18.4.2.1.1 and Table 18.4.2.1.2 below.

Table 18.4.2.1. 1: ENT Outpatient Services Utilization

CLINIC	2021	2022	2023	2024	2025	REMARKS
ENT	5,588	5,126	5,569	5,739	5,946	3.6% incr
Audiology clinic	-	-	-	-	317	Introduced in 2025
Total OPD Attendance	5,588	5,126	5,569	5,739	6,263	9.1%incr

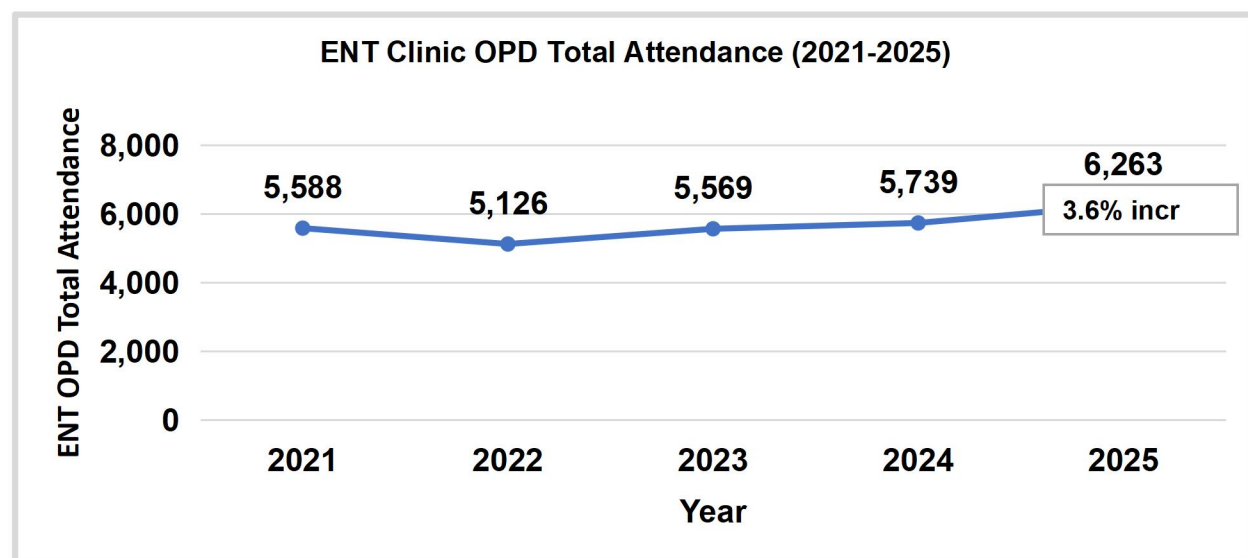


Figure 18.4.2.1. 1: Trend of ENT Clinic OPD Attendance (2021-2025)

Table 18.4.2.1. 2: Top Ten ENT Conditions Seen (2023-2025)

2023		2024		2025	
Condition	No.	Condition	No.	Condition	No.
Otitis Media	887	Otitis Media	872	Otitis Media	677
Impacted wax	680	Impacted Wax	647	Impacted Wax	639
Tonsillitis/Pharyngitis	499	Otitis Externa	615	Otitis Externa	489
Otitis Externa-	441	Tonsillitis/Pharyngitis	433	Tonsillitis/Pharyngitis	425
Sinusitis	372	Sinusitis	432	Sinusitis	417
Allergies/Rhinitis	298	Allergies/Rhinitis	283	Adenoids Hypertrophy	294
Adenoids Hypertrophy	249	Adenoids Hypertrophy	241	Rhinitis/Allergies	288
Foreign Body	130	Foreign Body	136	Foreign Body	224
Otomycosis	92	Hearing Loss	119	Otomycosis	133
Hearing Loss	67	Otomycosis	99	Hearing Loss	122

Table 18.4.2.1. 3: ENT Referrals (2021-2025)

CLINIC	2021	2022	2023	2024	2025	REMARKS
Referral In	214	224	190	176	336	90.91%incr
Referral out	28	24	20	32	44	37.5%incr

18.4.2.2 ENT ADMISSIONS

ENT admissions saw an increase of 21.4%, rising (from 238 in 2024 to 289 in 2025). This increment reflects both an increase in case complexity and the unit's enhanced capacity to manage inpatients requiring surgical and postoperative care.

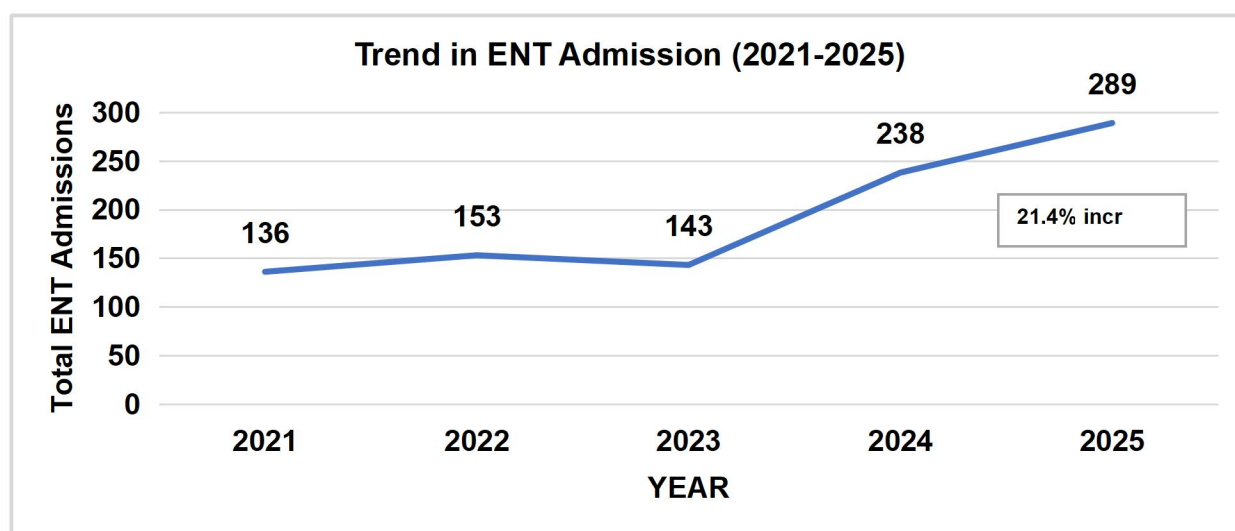


Figure 18.4.2.2. 1: Trend of ENT Admissions

18.4.2.3 ENT SURGERIES

The total ENT surgeries increased by 33.9%, (from 286 procedures in 2024 to 383 in 2025). This growth was driven by a 35.0% rise in major surgeries (from 183 in 2024 to 247 in 2025) and a corresponding 32.0% increase in minor surgeries (from 103 in 2024 to 136 in 2025). The significant expansion in surgical volume demonstrates a significant enhancement in the unit's operational productivity. Further details are presented in Figure 18.4.2.4.1 and Table 18.4.2.4.1 below.

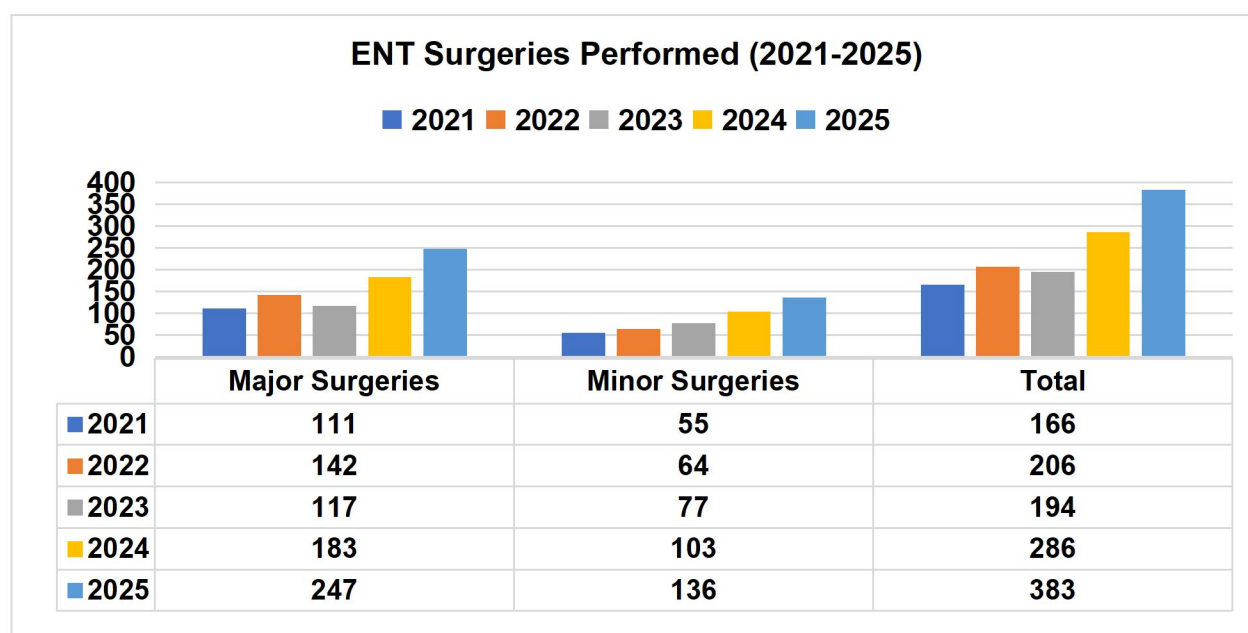


Figure 18.4.2.3. 1: ENT Surgeries Performed (2021-2025)

Table 18.4.2.3. 1: Surgeries Performed by ENT Specialty

Surgical Procedure	2021	2022	2023	2024	2025	REMARKS
Major Surgeries	111	142	117	183	247	35.0%incr
Minor Surgeries	55	64	77	103	136	32.0%incr
Total	166	206	194	286	383	33.9%incr

18.4.3 DENTAL AND MAXILLOFACIAL (ORAL) SERVICES

The Dental and Maxillofacial Unit provides comprehensive general and specialized care for a wide range of conditions and diseases affecting the orofacial region. During the reporting year, the Unit achieved significant improvements across key performance indicators, as detailed below.

18.4.3.1 UTILIZATION OF DENTAL AND MAXILLOFACIAL SERVICES

Overall utilization of Dental and Maxillofacial outpatient services increased modestly by 4.4%, from 4,956 attendances in 2024 to 5,175 in 2025. In terms of specialty cases seen during the review year, 65.4% (3,383) were dental cases, 19.1% (986) were maxillofacial cases while 15.6% (806) were orthodontic cases.

Analysis of the leading conditions presented at the OPD showed that malocclusion was the most frequently managed condition, accounting for 693 cases, whereas periapical abscess was the least common among the top ten diagnoses, with 56 cases.

Further, the number of dental and maxillofacial cases referred-in increased marginally by 4.1% (74 to 77), suggesting a slight rise in referrals from other facilities. In contrast, cases referred out declined substantially by 64.3% (28 to 10), reflecting improved capacity to manage cases within the hospital. Inpatient admissions increased by 21.0% (62 to 75), indicating a higher volume of patients requiring admission for specialized management.

Despite these improvements, total surgical procedures declined by 12.9%, from 2,166 in 2024 to 1,887 in 2025, suggesting reduced surgical workload or shifts in case mix and treatment approaches. Further details are presented in Tables 18.4.3.1.1 and 18.4.3.1.2.

Table 18.4.3.1. 1: Dental & Maxillofacial OPD Service Utilization (2021-2025)

CLINICS	2021	2022	2023	2024	2025
Dental & Maxillofacial	4,922	4214	4,045	3,771	-
• Dental	-	-	-	-	3,383
• Maxillofacial	-	-	-	-	986
• Restorative Dentistry clinic	-	413	495	593	-
• Orthodontist services	25	191	351	592	806
Total OPD Attendance	4,947	4,818	4,891	4,956	5,175

Table 18.4.3.1.2: Top Ten Dental & Maxillofacial Conditions Seen (2023-2025)

2023		2024		2025	
Condition	No.	Condition	No.	Condition	No.
Apical Periodontitis	674	Apical Periodontitis	538	Malocclusions	693
Plaque Induced Gingivitis	414	Malocclusions	461	Apical Periodontitis	542
Reversible Pulpitis	392	Irreversible Pulpitis	442	Irreversible Pulpitis	446
Chronic Periodontitis	313	Plaque induced gingivitis	427	Plaque induced gingivitis	396
Reversible	288	Chronic Periodontitis	284	Chronic Periodontitis	256

2023		2024		2025	
Condition	No.	Condition	No.	Condition	No.
Malocclusions	231	Reversible	267	Retained Root	228
Retained Root	226	Retained Root	218	Reversible	221
Fractured Tooth	134	Fractured Tooth	158	Fractured Tooth	147
Periapical abscess	111	Periapical Abscess	128	Displaced Tooth	78
Cracked tooth Syndrome	87	Impaction	98	Periapical abscess	56

Table 18.4.3.1.3: Dental & Maxillofacial Referrals (2021-2025)

Indicator	2021	2022	2023	2024	2025	Remarks
Referrals In	26	98	19	74	77	4.1%incr
Referrals Out	15	19	13	28	10	64.3%decr

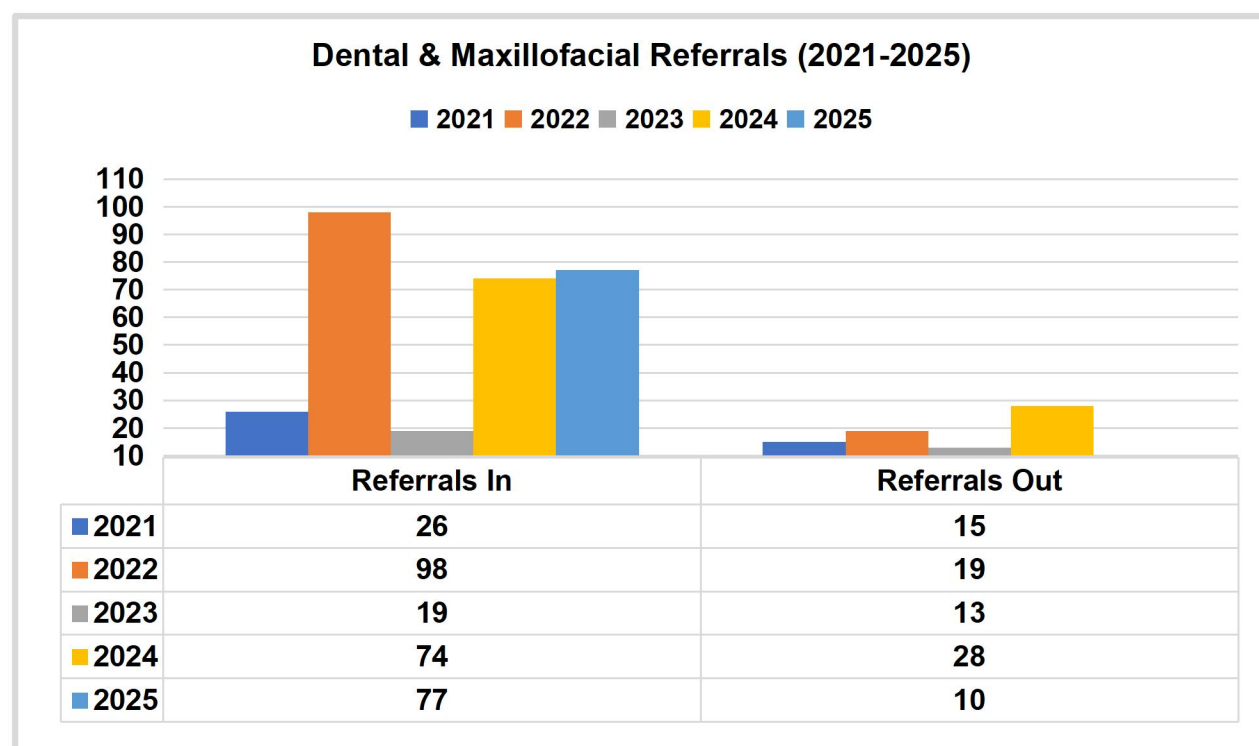


Figure 18.4.3.1. 1: Dental & Maxillofacial Referrals (2021-2025)

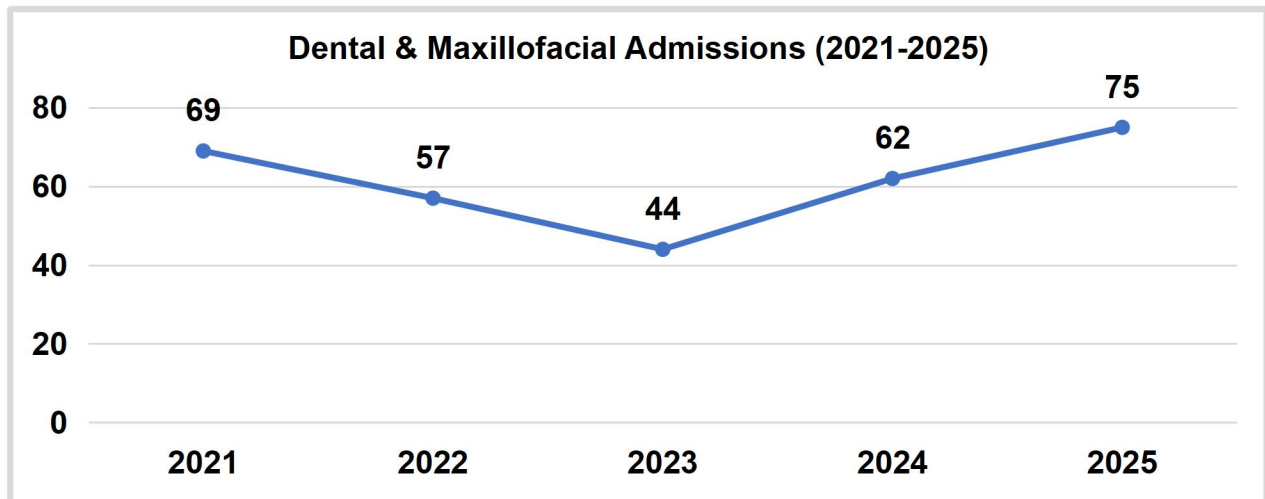


Figure 18.4.3.1. 2: Dental & Maxillofacial Admissions (2021-2025)

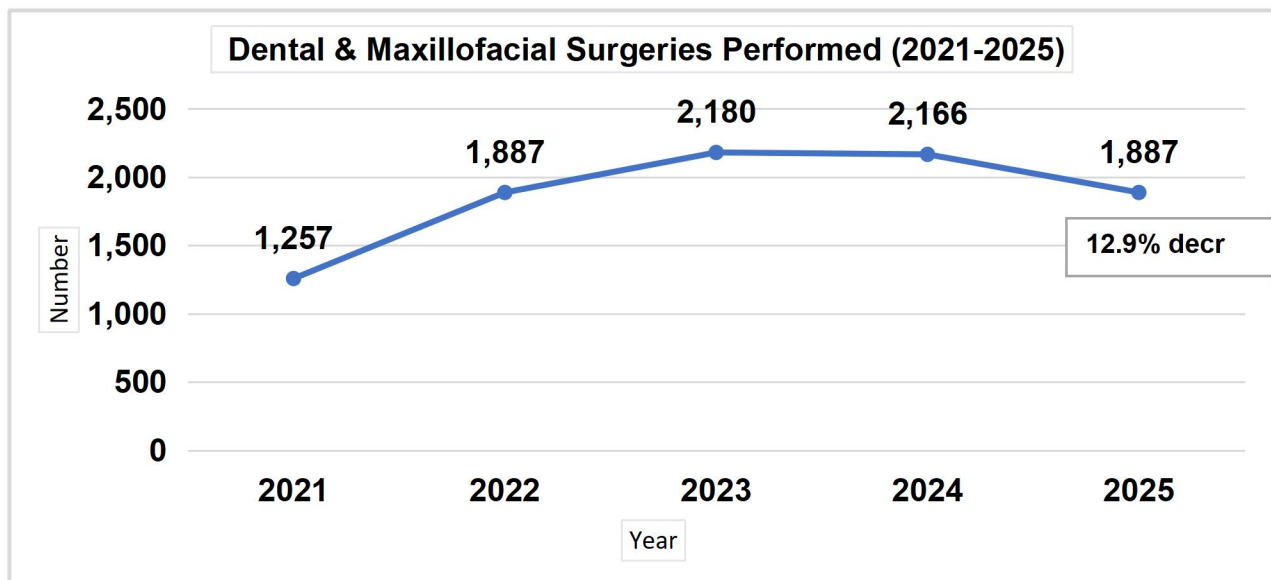


Figure 18.4.3.1. 3: Dental & Maxillofacial Surgeries Performed (2021-2025)

Table 18.4.3.1.4: Dental & Maxillofacial Surgeries Performed (2021-2025)

Indicator	2021	2022	2023	2024	2025	Remarks
Major Surgeries	96	35	25	42	53	26.2% incr
Minor Surgeries	1,161	1,852	2,155	2,124	1,834	13.7% decr
Total Surgeries	1,257	1,887	2,180	2,166	1,887	12.9% decr

18.5 DEENT OUTREACH SERVICES

The DEENT Sub-BMC sustained its commitment to community engagement through community, school, and corporate outreach programmes during the 2025 reporting period. Overall outreach activities demonstrated a shift in focus across service delivery platforms.

Community outreach activities declined by 50.0%, from 88 outreaches in 2024 to 44 in 2025. Despite the reduction in the number of outreach sessions, community programmes remained the highest coverage, reaching 3,559 beneficiaries across the 44 communities visited, indicating sustained population coverage.

Outreach to schools expanded considerably, with school visits increasing from 7 in 2024 to 14 in 2025, representing a 100% increase. The number of beneficiaries reached also went up significantly by 134.1% from 839 in 2024 to 1,964 in 2025, reflecting strengthened health promotion and screening activities among school populations.

Corporate outreach services remained an important platform for adult health education and screening. During the year, four corporate outreach programmes were conducted, providing services to 579 beneficiaries. Detailed performance statistics are presented in Table 18.4.3.1.

Table 18.5. 1: DEENT Sub-BMC's Outreach Activities (2021-2025)

INDICATOR	2021	2022	2023	2024	2025
Community Outreaches					
Total Districts visited	8	6	5	11	7
Total Communities Visited	398	-	209	188	44
Number of Beneficiaries	20,415 • Eye Unit = 19,098 • ENT Unit = 641 Dental Unit = 676	16,887 • Eye - 16,182 • ENT – 338 • Dental - 105 • STL - 262	17,570 • Eye - 16,793 • ENT – 596 • Dental - 181	14,241 • Eye- 12,330 • ENT- 1,020 • Dental – 891	3,559 • Eye-2,655 • Dental- 363 • ENT - 541
School Outreaches					
Number of Schools visited	-	3	6	7	14
Number of Beneficiaries	-	277	546	839	1,964
Outreaches to Organizations					
Number of Organizations visited	-	1	3	2	4
Number of beneficiaries	-	372	166	272	579

CHAPTER NINETEEN

PUBLIC HEALTH SERVICES

19.1 INTRODUCTION

The Public Health Department is a critical division committed to enhancing the health and well-being of the population through the provision of holistic and preventive healthcare services. Comprising a multidisciplinary team of professionals, the department is dedicated to disease prevention and health promotion. Key services provided by the unit include:

- Health Promotion
- Expanded Programme on Immunization
- Child Welfare Clinic
- Family Planning
- Adolescent Health Care
- Counselling
- Post Natal Care
- Disease Surveillance and Control
- School Health
- Home Visit
- TB Management
- HIV Management
- Health Education

19.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES

The performance of the Public Health Unit, evaluated against the hospital's strategic objectives, is detailed in Table 19.2.1.

Table 19.2. 1: Summary of the 2025 Annual Performance of Public Health Unit under the Strategic Objectives.

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY							
Intensified community awareness and education on family planning to improve knowledge and uptake of contraceptive services.							
Conducted on-the-job refresher training for staff to strengthen competencies in the insertion and removal of contraceptive methods.							
Access	2021	2022	2023	2024	2025	Target	Remarks
Couple year protection	2,233	2,626	2,075	2013.8	2,177.4	TH = 2,500	Target not met
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.							
Intensified public health education on the prevention and control of communicable and non-communicable diseases.							
Strengthened early detection and screening for communicable and non-communicable diseases through targeted public health interventions.							
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE							
Collaborated with hospital management to improve ICT infrastructure through the acquisition and installation of computers at service delivery points.							
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM							
4.1: Governance Related Performance							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE
Collaborated with hospital management to facilitate the timely release of eligible staff for further education and professional development.
Conducted annual performance appraisal for all staff to support performance management and professional development
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING AND EXCELLENCE IN LEARNING
5.1 Improve on Training
Provided clinical orientation, mentorship, and in-service training for health professionals, students, and other trainees attached to the unit.
CCTH OBJECTIVE 6: INTENSIFY SUPPORT TO THE LOWER LEVEL OF CARE AND SERVICE DELIVERY POINTS
Conducted community-based outreach programmes to improve access to preventive and promotive health services.
Implemented adolescent health outreach programmes in selected Junior High Schools (JHS) and Senior High Schools (SHS) to promote healthy behaviours and improve access to adolescent-friendly health services.

19.3 DOSES OF VACCINES PROVIDED (EXPANDED PROGRAMME ON IMMUNIZATION – EPI)

Immunization remains one of the most cost-effective public health interventions for preventing vaccine-preventable diseases and reducing childhood morbidity and mortality. Analysis of the hospital's Expanded Programme on Immunization (EPI) performance from 2021 to 2025 indicates fluctuating vaccine uptake, with a modest decline in overall service delivery in 2025. Total vaccine doses administered declined by 3.8% compared with 2024 (from 17,162 in 2024 to 16,514 in 2025) as illustrated in Figure 19.3.1.

Despite the overall decline, several antigens recorded improved uptake in 2025. Tetanus vaccinations among non-pregnant women saw a substantial rise, increasing from 30 in 2024 to 204 in 2025. Other vaccines that showed positive growth included Inactivated Polio Vaccine (IPV) (58.0%), Measles-Rubella first dose (MR1) (1.1%), Measles-Rubella second dose (MR2) (19.3%), Tetanus-Diphtheria (TD1/TD2) (46.7%), and Rotavirus vaccine (0.9%). Distribution of Long-Lasting Insecticidal Nets (LLINs) also increased markedly by 67.6%, reflecting strengthened malaria prevention efforts.

On the other hand, some vaccines recorded a decline in 2025. Tetanus for pregnant women declined by 5.9% (from 608 to 572). Other notable decreases occurred in RTSS (5.0%), Polio (15.8%), and the Pneumococcal vaccine (7.9%). Vitamin A supplementation saw a decline, with the 100,000 IU and 200,000 IU doses falling by 24.0% and 6.1%, respectively. General distribution metrics also declined by 6.7%. While the total number of Adverse Events Following Immunization (AEFI) increased (from 1 in 2024 to 50 in 2025), this may reflect an encouraging improvement in surveillance sensitivity and reporting protocols rather than a decrease in vaccine safety. A detailed trend analysis is presented in Tables 19.3.1 to Table 19.3.2 below.

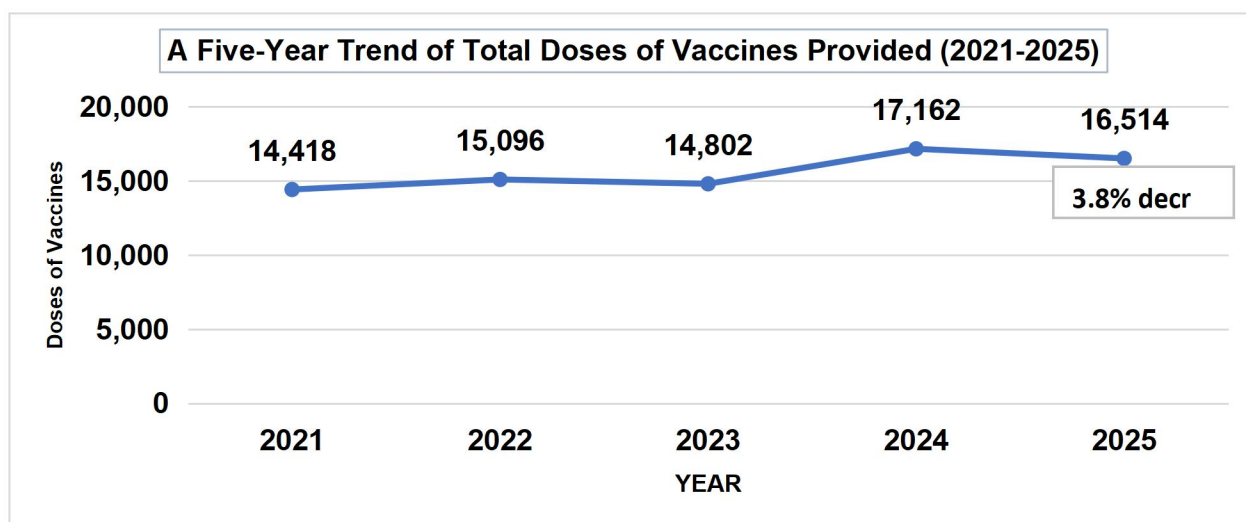


Figure 19.3. 1: A Five-Year Trend of Total Doses of Vaccines Provided (2021-2025)

Table 19.3. 1: Breakdown of Total Doses of Vaccines Provided (2021-2025)

Vaccines	2021	2022	2023	2024	2025	Remarks
BCG	2,462	2,596	2,196	2564	2262	11.8%decr
Polio	3,853	3,232	3,506	4419	3723	15.8%decr
Pentavalent (1-3)	1,948	1,858	1,857	1937	1827	5.7%decr
• Pentavalent 1	998	1,023	1,037	-	-	-
• Pentavalent 2	551	446	472	-	-	-
• Pentavalent 3	399	389	348	-	-	-
Rota Virus Vaccine (ROTA 1&2)	1,122	1,327	1425	1811	1827	0.9%incr
Yellow Fever	176	308	269	296	285	3.7%decr
TD1/TD2	623	610	637	530	776	46.4%incr
Vitamin 'A' 100,000 IU	281	189	291	329	250	24.0%decr
Vitamin 'A' 200,000 IU	343	424	550	669	628	6.1%decr
Pneumococcal Vaccine	1,418	1,843	1732	1865	1718	7.9%decr
M.R. 1	179	285	248	284	287	1.1%incr
M.R 2	143	205	206	181	216	19.3%incr
Tetanus Pregnant	718	791	333	608	572	5.9%decr
Tetanus non-pregnant	158	162	14	30	204	Incr

Vaccines	2021	2022	2023	2024	2025	Remarks
Inactivated Polio Vaccine (IPV)	296	348	342	407	643	58%incr
RTSS (Malaria Vaccine)	560	725	990	1059	1006	5.0%decr
LLIN	138	193	206	173	290	67.6%incr
Total	14,418	15,096	14,802	17,162	16,514	3.8%decr

Table 19.3. 2: Adverse Events Following Immunization (2022 – 2025)

VACCINATION	ADVERSE EVENTS	2022	2023	2024	2025	REMARKS
Routine EPI Vaccination	Serious AEFI	2	1	0	1	Decr
	Non-Serious AEFI	0	4	1	4	Incr
Covid-19 Vaccination	Serious AEFI	1	0	0	0	
	Non-Serious AEFI	0	0	0	0	
	Total	3	5	1	5	Incr

19.4 CHILD WELFARE SERVICES

The Child Welfare Clinic (CWC) remains a key component of the Public Health Unit, providing preventive and promotive healthcare services for children under five years of age. These services comprise growth monitoring, immunization, health education, and maternal counseling.

An analysis of the five-year performance period (2021–2025) indicates fluctuating trends across key health indicators. In 2025, new child registrations declined by 79.8% (from 1,623 in 2024 to 328 in 2025). The majority of newly registered children were infants aged 0–11 months, representing 91.5% (300) of all new registrations, while children aged 12–23 months and 24–59 months accounted for 8.8% (29) and 0.6% (2), respectively.

Despite the reduction in new registrations, total CWC attendance increased by 10.9%, from 4,444 in 2024 to 4,927 in 2025, indicating sustained utilization of child welfare services among existing clients. Attendance among infants (0–11 months), who constituted the largest proportion of clinic visits, increased by 10.1% (3,618 to 3,986), while attendance among children aged 24–59 months rose by 17.7% (164 to 193), suggesting improved retention and follow-up within these age groups.

Additionally, nutritional assessment data for 2025 showed substantial clinical improvements increased by 11.6%, reaching 4,918 compared to 4,408 in the previous

year. Moderate Underweight babies fell sharply by 79.2%, (from 53 in 2024 to 11 in 2025). Notably, no cases of severely underweight were recorded during the reporting period. These performances suggest an overall improvement in the nutritional status of children attending the clinic and may indicate the effectiveness of nutrition counselling, growth monitoring, and early intervention strategies.

The five-year performance trends for Child Welfare Services are presented in Tables 19.4.1 to 19.4.2.

Table 19.4. 1: Child Welfare Clinic Performance (2021-2025)

Age (Months)	2021	2022	2023	2024	2025	REMARKS
Registration						
0-11	548	359	1,188	1190	300	74.8%decr
12-23	156	29	362	350	26	92.6%decr
24-59	68	18	104	83	2	97.6%decr
Total	772	406	1,654	1,623	328	79.8%decr
Attendance						
0-11	3,346	3,923	3,629	3618	3986	10.1%incr
12-23	748	671	652	662	748	13.0%incr
24-59	297	167	189	164	193	17.7%incr
Total	4,391	4,761	4,470	4,444	4,927	10.9%incr

Table 19.4. 2: Nutritional Assessments of babies presented at Child Welfare Clinic (2021-2025)

Indicator	2021	2022	2023	2024	2025	REMARKS
Severe Underweight	0	0	2	0	0	
Moderate Underweight	0	44	118	53	11	79.2%decr
Normal Weight	2636	4717	3950	4408	4918	11.6%incr

19.5 ADOLESCENT HEALTH SERVICES

Adolescent health services at the hospital continued to provide comprehensive care for young people aged 10-24 years. Over the five-year (2021-2025) period, service utilization showed fluctuations over the period, reflecting variations in adolescent engagement with health services. Registration and attendance records remained consistent, indicating that adolescents who enrolled for services generally accessed the care provided.

In 2025, adolescent health service utilization recorded a substantial increase, with total attendance rising by 297.8%, from 91 clients in 2024 to 362 clients in 2025. This significant improvement suggests increased awareness, accessibility, and uptake of

adolescent-focused health services compared with the previous year. Females accounted for the majority of the service users, constituting 58.3% (211) of total attendance, while males accounted for 41.7% (151).

Age-specific analysis showed that adolescents aged 15–19 years formed the largest proportion of service users, contributing 44.5% (161) of total attendance. This was followed closely by young adults aged 20–24 years, who accounted for 41.9% (152) of attendees. Adolescents aged 10–14 years represented the smallest proportion, contributing 13.5% (49) of total attendance.

Details trends and demographic distributions of adolescent health services are presented in Figure 19.5.1- Figure 19.5.2 and Table 19.5.1.

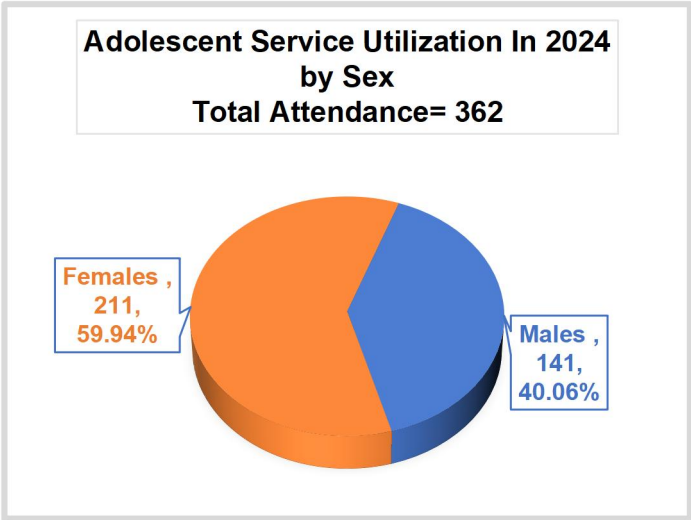


Figure 19.5. 1: Adolescent Service Utilization in 2024 by Sex

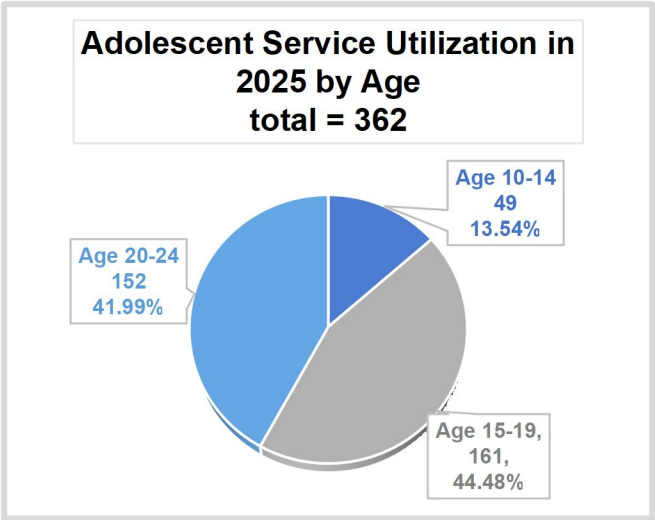


Figure 19.5. 2: Adolescent Service Utilization in 2024 by Age

Table 19.5. 1: Adolescent Service Utilization in 2025

Age (Years)	Sex	2022	2023	2024	2025	REMARKS
Registration						
10-14	Male	0	0	2	34	Incr
	Females	1	0	4	15	Incr
15-19	Male	2	0	4	69	Incr
	Females	20	23	27	92	Incr
20-24	Male	1	0	10	48	Incr
	Females	26	61	44	104	Incr
	Total	50	84	91	362	Incr
Attendance						
10-14	Male	0	0	2	34	Incr
	Females	1	0	4	15	Incr

Age (Years)	Sex	2022	2023	2024	2025	REMARKS
15-19	Male	2	0	4	69	Incr
	Females	20	23	27	92	Incr
20-24	Male	1	0	10	48	Incr
	Females	26	61	44	104	Incr
	Total	50	84	91	362	Incr

19.6 INFLUENZA SENTINEL SURVEY

The hospital is a sentinel site for influenza, sending suspected samples to Noguchi Memorial Institute for confirmation. The total number of influenza-like cases detected in 2025 decreased by 11.3% (from 1,394 in 2024 to 1,236 in 2025). The number of samples sent for confirmatory testing increased by 62.8% (from 266 in 2024 to 433 in 2025). Confirmed RTI cases however increased significantly from (from 12 in 2024 to 53 in 2025).

Further, 75 SARI samples were sent for confirmation out of which 4 proved positive. Table 19.6.1 below shows the five-year trend analysis of the ILI and SARI cases, samples sent and the confirmed results. Table 19.6.1 below highlight details of the analysis.

Table 19.6. 1: Influenza Sentinel Survey

INDICATOR	2021	2022	2023	2024	2025	REMARKS
INFLUENZA LIKE ILLNESS						
RTI cases	2,247	1,877	1,693	1394	1236	11.3%decr
Samples Sent	26	725	241	266	433	62.8%incr
Positive Cases	5	12	27	12	53	Incr
SEVERE ACUTE RESPIRATORY INFECTION (SARI)						
RTI Admitted	0	13,074	398	-	-	
Samples Sent	0	36	135	72	75	4.2%incr
Positive Cases	0	3	15	3	4	33.3%incr

19.7 REPRODUCTIVE AND CHILD HEALTH SERVICES

The hospital remains committed to enhancing maternal and neonatal outcomes through the promotion of supervised deliveries, the strengthening of postnatal care (PNC), and the provision of comprehensive immunization services via the Expanded Program on Immunization (EPI).

The hospital recorded a 6.2% decline in supervised deliveries, falling from (2,750 in 2024 to 2,579 in 2025). Total livebirths decreased by 6.9% (from 2,782 in 2024 to 2,591 in 2025), while the total number of babies delivered saw a parallel reduction of 6.8%. The administration of the BCG vaccine also decreased by 11.8%, dropping (from 2,564 in 2024 to 2,262 in 2025).

Post-natal registrant experienced a 6.2% reduction, decreasing (from 2,749 in 2024 to 2,579 in 2025). This downward trend in PNC registrations is primarily attributed to a strategic shift in the hospital's referral policy. To optimize patient convenience and decentralize care, mothers are currently being referred to primary health facilities closer to their residences for postnatal follow-up, rather than returning to the Cape Coast Teaching Hospital (CCTH).

Table 19.7.1 provides a detailed breakdown of Reproductive and Child Health service performance over the five-year period from 2021-2025.

Table 19.7. 1: Reproductive and Child Health Services

INDICATOR	2021	2022	2023	2024	2025	REMARKS
Total Deliveries	3,055	3,269	2,877	2,750	2,579	6.2%decr
Total babies	3,176	3,408	3,042	2,872	2,678	6.8%decr
Total Live Births	3048	3288	2937	2,782	2,591	6.9%decr
Number of BCG vaccination	3,217	2,596	2,196	2,564	2,262	11.8%decr
Number of Post-natal Registrants	3,155	4,943	4,351	2,749	2,579	6.2%decr
Number of Still Birth	128	118	105	88	87	1.1%decr
Number of Maternal Deaths	32	38	20	24	32	33.3%incr
Number of Low Birth Weight (<2.5KG)	604	676		590	568	3.7%decr

19.8 FAMILY PLANNING (FP) SERVICES

Family Planning (FP) services remain an integral component of the hospital's reproductive, maternal, and child health interventions. Through the Public Health Unit, the hospital continues to provide access to a range of contraceptive methods aimed at promoting informed reproductive choices, preventing unintended pregnancies, improving birth spacing, and contributing to reductions in maternal and neonatal morbidity and mortality. The performance of FP services is assessed through key indicators including contraceptive uptake, method mix, and Couple-Year Protection (CYP).

In 2025, Family Planning service utilization recorded a significant decline compared with the previous year. Total FP acceptors decreased by 68.6%, declining from 6,343 in 2024 to 1,989 in 2025. This reduction represents the lowest level of FP acceptance recorded during the reporting period and highlights a potential gap in access, demand generation, and commodity availability.

Analysis of contraceptive method uptake showed varying trends across methods. Among short-term methods, male condom distribution experienced the most significant decline, decreasing by 96.2% from 4,383 clients in 2024 to 168 in 2025. Uptake of injectable contraceptives, including Depo-Provera and Norigyn, also declined during the

period. The reduction in short-term method utilization contributed substantially to the overall decline in FP acceptors.

For long-acting reversible contraceptive (LARC) methods, performance was mixed. Jadelle implant uptake declined by 34.8%, reducing from 69 acceptors in 2024 to 45 in 2025, while Copper Intrauterine Device (IUD) uptake remained relatively stable, increasing marginally from 23 to 24 acceptors. Conversely, Implanon uptake improved significantly by 58.1%, increasing from 31 acceptors in 2024 to 49 in 2025, indicating continued client preference for selected implant methods.

Despite the decline in total FP acceptors, the hospital recorded an improvement in Couple-Year Protection (CYP), increasing from 2,013.8 in 2024 to 2,177.4 in 2025. This represents the highest CYP performance achieved within the five-year reporting period and suggests that although fewer clients accessed FP services, the method mix increasingly contributed to longer contraceptive protection.

Detailed trends in FP acceptors, contraceptive methods, and CYP performance are presented in Figure 19.8.1, Figure 19.8.2, Table 19.8.1, and Table 19.8.2.

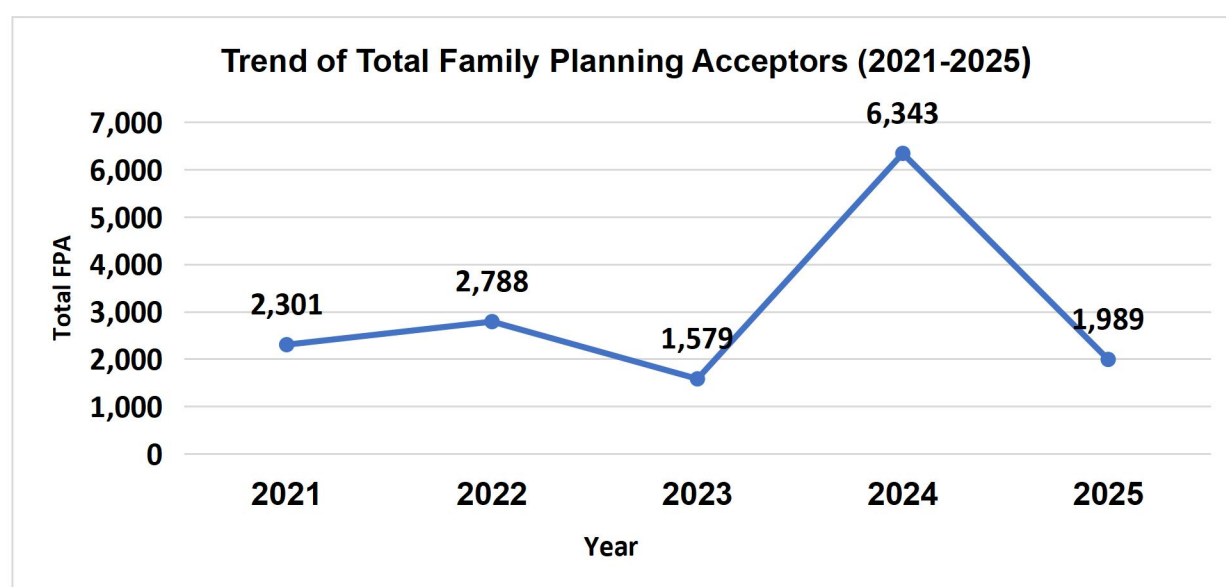


Figure 19.8. 1: Trend of Total Family Planning Acceptors (2021-2025)

Table 19.8. 1: Family Planning Acceptors by Commodity

Acceptors	2021	2022	2023	2024	2025	Remarks
Condom M	710	687	211	4383	168	96.2%decr
Condom F	0	0	0	0	0	
Copper T	27	25	11	23	24	4.3%incr
Depo Provera	308	342	59	386	247	36.0%decr
Jaddelle	24	44	11	69	45	34.8%decr

Acceptors	2021	2022	2023	2024	2025	Remarks
Implanon	21	60	34	31	49	58.1%incr
Cycle Beads	0	0	1	11	18	63.6%incr
Micro G	67	114	61	-	-	
Micro N	4	48	0	-	-	
Lus	0	0	0	-	-	
Mini Lap/BTL	57	0	81	107	88	17.8%decr
Vasectomy	0	0	0	-	-	
Norigynon	34	0	5	54	-	
Emergency Contraceptives (Postinor)	0	0	0	0	0	
LAM	982	1,354	1,083	1127	1115	1.1%decr
Pills	67	114	22	152	14	90.8%decr
Total	2,301	2,788	1,579	6,343	1,989	68.6%decr

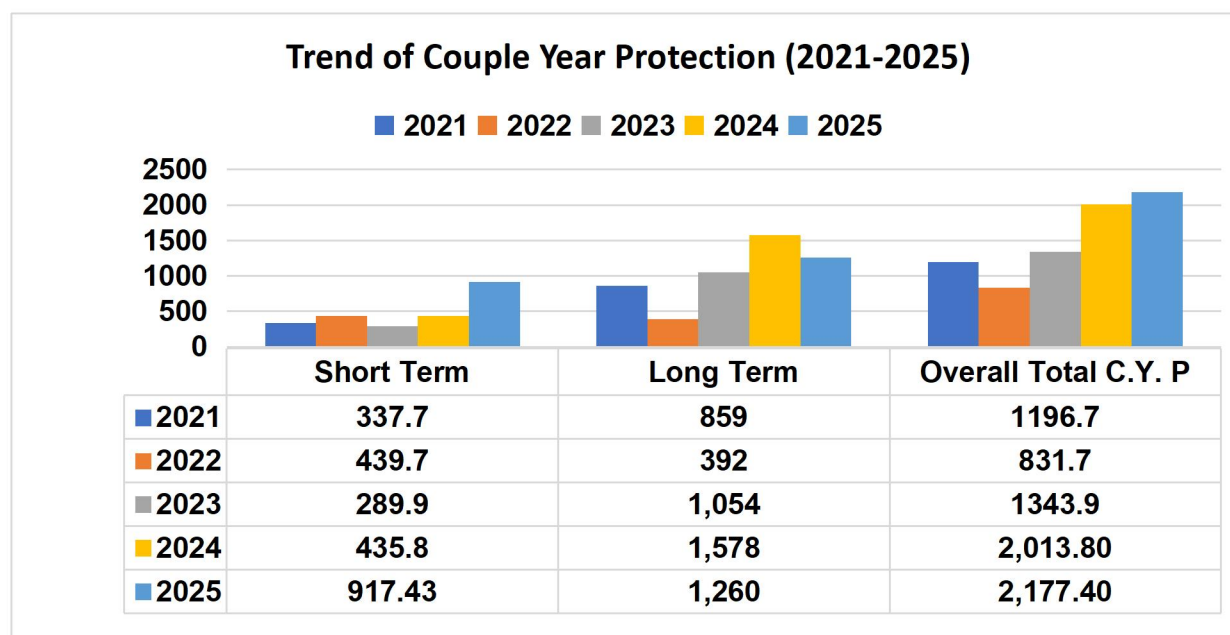


Figure 19.8. 2: Trend of Total Couple Year Protection (2021-2025)

Table 19.8. 2: Couple Year Protection (CYP) per Commodity

Commodity	2021	2022	2023	2024	2025	Remarks
Short Term						
Pill	5.0	9.0	2.0	12.0	12	
Condom	5.9	5.7	1.6	37	401.52	incr
LAM	246.0	339	270.8	281.8	278.75	1.1%decr

Commodity	2021	2022	2023	2024	2025	Remarks
Depo	77.0	86.0	14.8	97.0	217	incr
Cycle Beads	1.0	0	0.3	3.0	4.5	50%incr
Norigynon	2.8	0	0.4	5.0	3.66	26.8%decr
Total	337.7	439.7	289.9	435.8	917.43	110.5%incr
Long Term						
Jadelle	84.0	154	39	242	112	53.7%decr
Implanon	53	150	85	78	117.5	50.6%incr
Copper - T	95.0	88.0	39.0	81	73.5	9.3%decr
C/S BTL	627.0	0	891.0	1177	957	18.7%decr
Total	859.0	392.0	1,054	1,578	1,260	20.2%decr
Overall Total C.Y. P	1196.7	831.7	1343.9	2,013.8	2,177.4	8.2%incr

19.9 HEALTH PROMOTION ACTIVITIES

The Public Health Unit remains dedicated to implementing comprehensive health promotion and awareness campaigns. These initiatives are strategically tailored to diverse target audiences and deployed across multiple platforms, including Outpatient Departments (OPDs), mass media (radio and television), educational institutions, and faith-based organizations.

During the 2025 reporting period, there was a notable decline in the total volume of health promotional sessions. Total activity sessions reduced from 2,910 in 2024 to 1,509 in 2025. This downward trend was observed across several key delivery channels. Health education sessions within the OPD decreased by 60.0% (from 981 in 2024 to 393 in 2025), while collaborative community outreach programs saw a 69.1% reduction (from 262 in 2024 to 81 in 2025). Also, radio discussions experienced a 71.0% decline, falling from 303 in 2024 to 88 in 2025. Similarly, School Health Talks reduced by 54.7%, from 53 in 2024 to 24 in 2025. Focus client education and audio-visual decreased by 39.1%, (from 1,060 in 2024 to 646 in 2025).

The distribution of program beneficiaries largely mirrored the fluctuations in activity frequency. Beneficiaries of community outreaches declined by 76.1% (from 26,980 in 2024 to 6,458 in 2025), while beneficiaries of school health talks increased by 57.0% (from 2,940 in 2024 to 4,615 in 2025). However, the number of beneficiaries from focus client education declined by 45.4% (from 2,033 in 2024 to 1,110 in 2025). Tables 19.9.1 to 19.9.2 below summarizes the frequency of health promotional activities and beneficiary distribution for the five-year (2021-2025) period.

Table 19.9. 1: Trend of Frequency of Health Promotion Activities

ACTIVITY	FREQUENCY					REMARKS
	2021	2022	2023	2024	2025	
OPD Health Talk	245	315	1,110	981	393	60.0%decr

ACTIVITY	FREQUENCY					REMARKS
	2021	2022	2023	2024	2025	
Radio Discussion	161	226	243	303	88	71.0%decr
TV Discussion	88	219	-	-	36	
Community Outreach	429	199	293	262	81	69.1%decr
School Health Talks	9	99	94	53	24	54.7%decr
Focus Client Education	197	301	743	1060	646	39.1%decr
Video Show	7	151	231	251	241	4.0%decr
Total	1,136	1,510	2,714	2,910	1,509	48.1%decr

Table 19.9. 2: Trend of Beneficiaries of Health Promotion Activities

Activity	2021	2022	2023	2024	2025	Remarks
OPD Talk	All OPD attendants	All OPD attendants	All OPD attendants	All OPD attendants	All OPD attendants	
Radio / TV Discussion	General Public	General Public	General Public	General Public	General Public	
Community Outreach	21,820	21,360	29,851	26,980	6,458	76.1%decr
School Health Talks	785	3,450	3,610	2,940	4,615	57.0%incr
Other Focus Client Education	266	355	1,334	2,033	1,110	45.4%decr
Video Show	All OPD's Attendants	All OPD's Attendants	All OPD's Attendants	All OPD's Attendants	All OPD's Attendants	

19.10 HIV / AIDS SERVICES UTILIZATION

The hospital continues to provide comprehensive HIV prevention, testing, treatment, and care services through the HIV Clinic, integrating tuberculosis (TB) screening, diagnosis, and treatment within routine HIV care. These interventions contribute to national and global HIV control targets, particularly the UNAIDS 95-95-95 goals, which aim to ensure that 95% of people living with HIV know their status, 95% of those diagnosed receive sustained antiretroviral therapy (ART), and 95% of those on treatment achieve viral suppression.

Over the five-year period (2021–2025), HIV clinic attendance demonstrated fluctuations, reflecting changes in service utilization patterns, client retention, and programme dynamics. HIV clinic attendance increased from 4,057 clients in 2021 to 4,044 clients in 2025, representing a marginal reduction of 0.3% over the five-year period. However, compared with 2024, attendance increased significantly by 27.9%, rising from 3,162 clients to 4,044 clients in 2025 as shown in Figure 19.10.1. This recovery suggests improved engagement with HIV services following the decline observed in 2024 and may reflect strengthened client follow-up, improved retention strategies, and enhanced service accessibility.

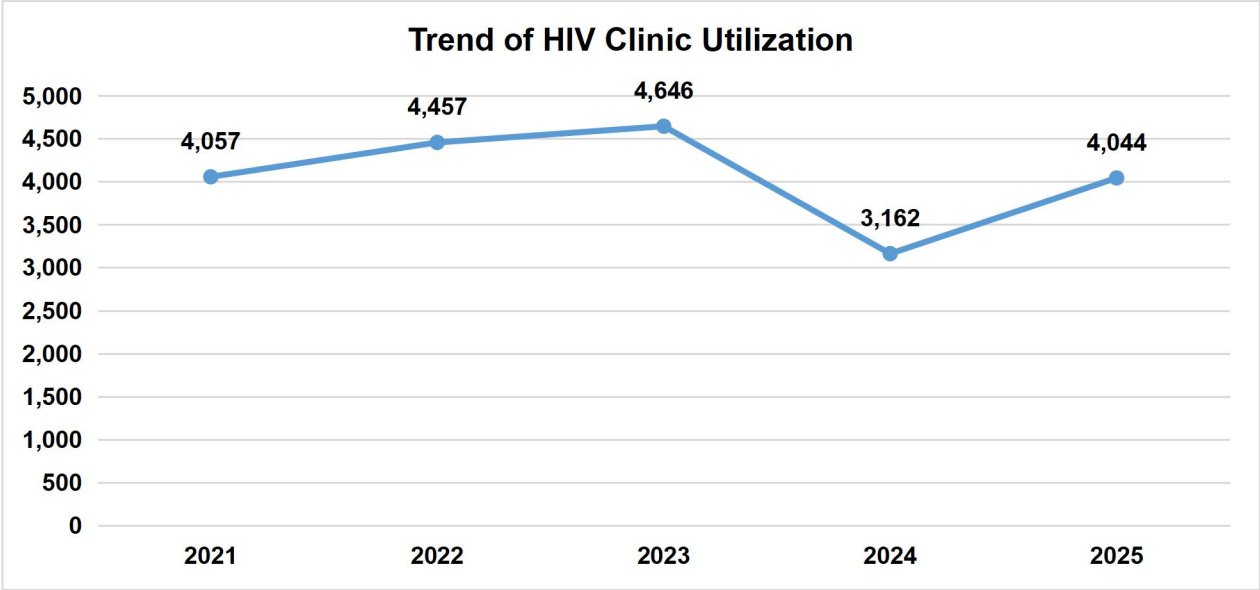


Figure 19.10. 1: Trend of HIV Clinic Utilization

HIV/TB Collaborative Activities

The integration of TB screening into HIV services remains an important strategy for reducing HIV-related morbidity and mortality. In 2025, 4,423 HIV clients were screened for TB, comprising 4,167 adults and 256 children. This represented a decline compared with 2024, when 5,499 clients were screened. TB diagnosis among HIV clients declined significantly, from 24 cases in 2024 to 6 cases in 2025. All diagnosed clients were initiated on TB treatment, demonstrating effective linkage between diagnosis and treatment initiation. Further details are presented in Table 19.10.1.

Table 19.10. 1: Utilization of HIV/TB Services

INDICATOR	2022			2023			2024			2025		
	Adult	Kids	Total	Adult	Kids	Total	Adult	Kids	Total	Adult	Kids	Total
Total suspected Cases	-	-	4,457	-	-	3,600	-	-	2,822	2,923	289	3,212

INDICATOR	2022			2023			2024			2025		
	Adult	Kids	Total	Adult	Kids	Total	Adult	Kids	Total	Adult	Kids	Total
New Cases	70	4	74	105	6	111	-	-	78	195	10	205
Clinical Follow Ups	236	4,288	4,524	203	4,449	4,652	-	-		4,167	256	4,423
Total Death	0	1	1	-	-	-	-	-	34	-	-	30
Number Screened For TB	169	4,288	4,457	203	4,449	4,652	4839	600	5499	4,167	256	4,423
Number Diagnosed with TB	7	29	36	4	7	11	22	2	24	6	0	6
Number placed on TB Treatment	7	29	36	4	7	11	22	2	24	6		6
Total number of HIV Cases Receiving ARV	28	1,631	1,659	60	932	992	-	-	1073	1,083	54	1,137

HIV Testing, Diagnosis and Treatment Initiation

HIV testing and counselling services recorded a positive improvement in 2025. The number of individuals screened increased by 15.3%, from 2,822 in 2024 to 3,254 in 2025, although screening volumes remained below the peak recorded in 2021 (4,057 clients). The increase in screening indicates improved case-finding efforts and continued demand for HIV testing services.

The number of HIV-positive clients identified increased from 208 in 2024 to 236 in 2025, representing a 13.5% increase. Despite the increase in absolute positive cases, the HIV positivity rate declined slightly from 7.4% in 2024 to 7.3% in 2025, suggesting that the increase in detected cases was largely associated with increased testing coverage rather than increased transmission risk.

The number of newly confirmed HIV clients placed on ART increased substantially by 34.6%, from 78 clients in 2024 to 105 clients in 2025. This demonstrates improvement in linking diagnosed clients to treatment services. Further details are presented in Table 19.10.2.

Table 19.10. 2: HIV Testing and Counselling

Indicator	2021	2022	2023	2024	2025	Remarks
Number Screened	4,057	2,765	3,600	2,822	3,254	15.3% incr
Number of HIV Positives	225	221	319	208	236	13.5% incr
HIV Positivity Rate	5.5%	7.6%	9%	7.4%	7.3%	decr
Actual Positive	-	-	-	161	186	15.5% incr
Number of new clients placed on ART treatment	225	221	319	78	105	34.6% incr
Number screened for TB	225	221	4,457	105	105	-
Number of Exposed Babies Tested	37	34	25	58	48	17.2%decr
Number of Babies positive	1	1	0	0	2	incr

HIV Treatment and ART Cohort Performance

The hospital recorded improvement in ART cohort outcomes in 2025. The number of clients currently receiving ART increased from 1,073 in 2024 to 1,137 in 2025, representing a 6.0% increase. Similarly, total client visits increased from 3,162 in 2024 to 4,423 in 2025, reflecting improved engagement and continuity of care.

A major programme achievement was the improvement in viral suppression among clients receiving ART. Viral load results showed that the proportion of clients achieving viral suppression increased from 70.0% in 2024 to 80.0% in 2025. This represents significant progress toward the UNAIDS viral suppression target, although performance remains below the desired benchmark of 95% viral suppression among clients on ART. Continued emphasis on adherence counselling, differentiated service delivery models, and timely viral load monitoring will be required to further improve treatment outcomes.

The proportion of clients without viral suppression declined from 21.0% in 2024 to 18.7% in 2025, indicating improved treatment effectiveness. Viral load testing challenges also reduced considerably, with failed/error/other results declining from 9.0%

to 0.9% during the period. Details of the analysis are presented in Table 19.10.3 and Figure 19.10.2.

Table 19.10. 3: HIV Treatment and ART Cohort Performance (2024- 2025)

INDICATOR	2024	2025
Newly on ART	78	105
Loss to follow up	273	69
Stop treatment due to death	34 (6)	30
Total clients currently on ART	1,073	1,137
Total Client Visit	3162	4,423
Viral Load Results		
Results received	1055	925
Results with Viral Suppression	740 (70%)	744(80%)
Number of patients with viral suppression	740	744
Number of patients without suppression	218 (21%)	173(18.7%)
Error/Failed/others	97 (9%)	8(0.9%)
HIV Resistance testing	-	1

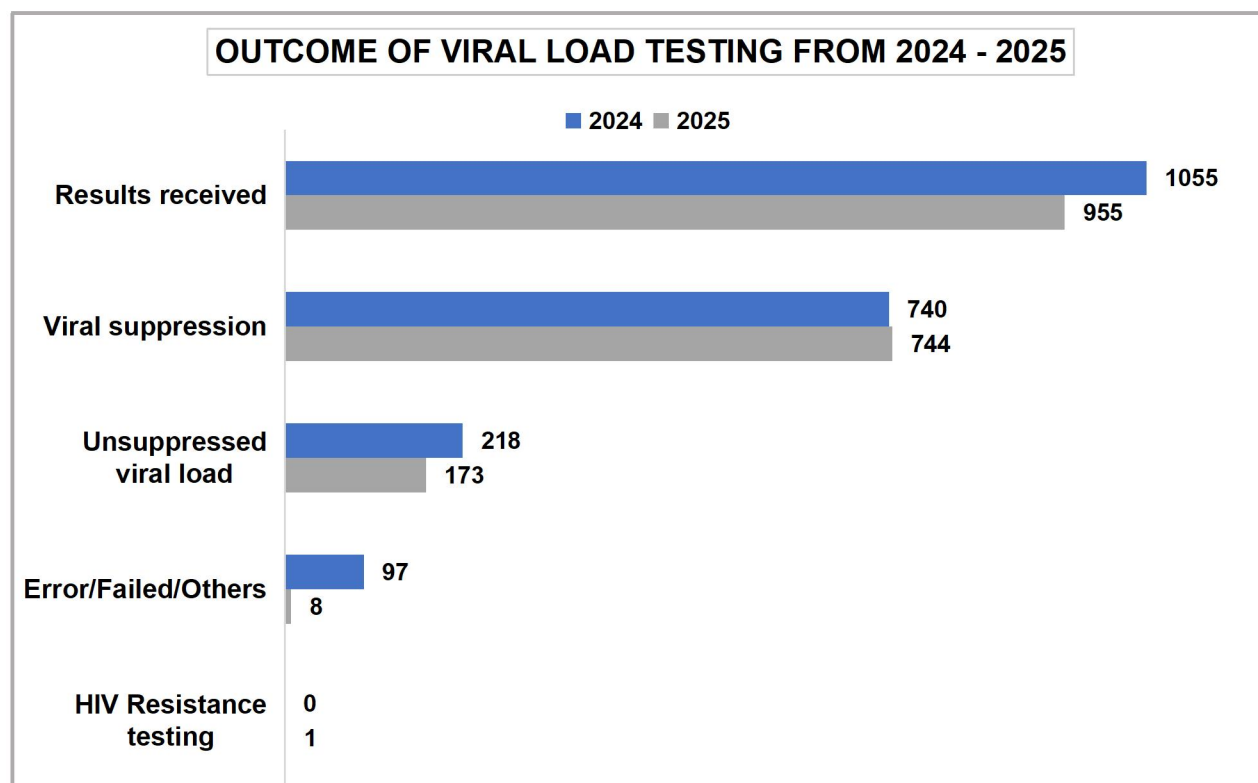


Figure 19.10. 2: Outcome of Viral Load Testing From 2024 - 2025

HIV Client Retention and Defaulter Management

Retention in HIV care remains a critical determinant of treatment success. In 2025, the programme recorded a substantial reduction in loss to follow-up (LTFU), decreasing from 273 clients in 2024 to 69 clients in 2025. This represents a 74.7% reduction and reflects improved client tracking and retention interventions.

Defaulter tracing activities, however, declined in coverage, with clients contacted reducing from 190 in 2024 to 64 in 2025. Among clients traced in 2025, 12 returned to care, while 23 were unreachable and 10 had incorrect contact information. The high proportion of unreachable clients highlights persistent challenges related to contact accuracy, mobility of clients, and the need to strengthen documentation and client information systems.

The number of deaths among traced defaulters declined from 28 in 2024 to 3 in 2025 as illustrated in Table 19.10.4. This may indicate improved early identification and management of clients at risk of poor outcomes.

Table 19.10. 4: Defaulter Tracing of HIV Clients (2024- 2025)

INDICATOR	2024	2025
Loss to follow up	273	69
Clients contacted	190	64
Outcome of Defaulter Tracing		
Returned to care	27	12
Non-compliant/adherent	7	-
Not a defaulter	9	11
Self-transfer	29	5
Unreachable	49	23
Wrong number	35	10
Number of deaths among traced defaulters	28	3
Disease is spiritual/willing to die	4	-
Financial reason	2	-

19.11 PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) PROGRAMME

The Prevention of Mother-to-Child Transmission (PMTCT) intervention is a comprehensive health strategy designed to mitigate the vertical transmission of HIV from mothers to their newborns. This program is executed through a collaborative framework between the Public Health Unit and the Maternal Health Sub-BMC,

prioritizing routine screening, counselling, the initiation of Antiretroviral Therapy (ART) for seropositive pregnant women, and rigorous follow-up for HIV-exposed infants.

In 2025, the hospital achieved high coverage in maternal screening. Of the 830 ANC registrants, 99.3% (824) underwent HIV testing and counselling. 4 registrants were diagnosed with HIV. The number of ANC registrants initiated on ART decreased (from 6 in 2024 to 2 in 2025), representing a 66.7% reduction in new maternal treatment initiations. Performance indicators for HIV-exposed infants showed mixed results. The number of infants receiving antiretroviral (ARV) prophylaxis increased significantly from 10 in 2024 to 27 in 2025, indicating improved uptake of preventive interventions for exposed newborns. However, Early Infant Diagnosis (EID) declined by 23.8%, from 63 infants in 2024 to 48 in 2025, highlighting the need to strengthen postnatal follow-up and ensure timely virological testing of HIV-exposed infants.

Table 19.11.1 presents the detailed PMTCT programme performance for 2024 and 2025.

Table 19.11. 1: Pregnant Mother to Child Transmission (PMTCT)

INDICATORS	2021	2022	2023	2024	2025	REMARKS
Number of ANC Registrants	768	808	697	774	830	7.2%incr
Number Tested & Received Post-test Counselling	768	808	692	769	824	7.2%incr
Percentage (%) of Clients Tested	100%	100%	99.3%	99.4%	99.3%	0.1%
Number Positive	0	6	2	2	4	100%incr
Number Positive at 34wks	0	3	3	2	0	100%decr
Number Given ARVs	0	12	14	6	2	66.7%decr
Number of Babies on ARVs	42	0	0	10	27	170%incr
EARLY INFANT DIAGNOSIS FOR HIV						
Number of infants Tested (EID)	34	25	58	63	48	23.8%decr
Number tested (PCR)	34	25	58	62	48	22.6%decr
Number of EID Positive (6wks - 18mths)	1	0	0	-		-
Number put on Scepterin	34	24	58	29	31	6.9%incr
Given ARVs as	42	15	45	42	27	35.7%decr

INDICATORS	2021	2022	2023	2024	2025	REMARKS
Prophylaxis						
No. retested at 18 months with Antigens	34	24	0	1	0	decr

19.12 POST EXPOSURE PROPHYLAXIS (PEP)

Post-Exposure Prophylaxis (PEP) services remain an essential component of the hospital's HIV prevention programme, providing timely assessment, counselling, testing, and antiretroviral therapy to individuals following potential occupational and non-occupational HIV exposure.

In 2025, 48 clients accessed PEP services, representing a 14.3% increase compared with 42 clients in 2024. The increase may reflect improved awareness of PEP services, enhanced reporting of exposure incidents, or a rise in occupational and community-related exposure events.

Risk assessment of the reported exposures showed that 15 (31.3%) clients were classified as high-risk, 28 (58.3%) as low-risk, and 5 (10.4%) as very low-risk. All eligible clients received appropriate clinical management in accordance with national HIV PEP guidelines and completed the recommended HIV follow-up testing schedule. Further, the outcomes remained favourable, with no HIV seroconversions recorded among clients who received PEP during the reporting period. This outcome demonstrates the continued effectiveness of the hospital's PEP programme, timely initiation of prophylaxis, and adherence to established clinical management protocols.

Table 19.12.1 presents the detailed performance of the hospital's PEP services in 2025.

Table 19.12. 1: Post Exposure Prophylaxis

INDICATORS	2021	2022	2023	2024	2025	REMARKS
Number of Cases Reported	26	34	47	42	48	14.3%incr
Number at Very Low Risk	21	5	9	2	5	Decr
Number at Low Risk	2	26	30	13	28	115.4%incr
Number at High Risk	3	3 (3 rape)	8 (6 rape)	27 (3 Rape)	15	44.4%decr
Number who Tested Positive	0	0	0	0	0	

19.13 TUBERCULOSIS SERVICES UTILISATION

Tuberculosis (TB) remains a priority public health condition, necessitating the immediate screening of suspected cases and the timely initiation of treatment for laboratory-

confirmed infections. The hospital continues to enhance its case-finding, diagnostic, and monitoring frameworks to mitigate TB-related morbidity and mortality.

In 2025, the hospital expanded its surveillance activities through the routine screening of symptomatic clients. A total of 24,365 individuals were screened for TB, representing a substantial 123.1% increase over the 10,919 individuals screened in 2024. Of those screened, 1,282 were identified as presumptive TB cases. All presumptive cases underwent confirmatory testing, resulting in 75 laboratory-confirmed positive cases (11.8%), all of whom were promptly initiated on clinical treatment. Routine program data for 2025 revealed a shift in the epidemiological profile of the disease; normal TB cases detected rose by 29.1% (from 103 in 2024 to 133 in 2025). Conversely, cases of Multi-Drug-Resistant TB (MDR-TB) declined by 41.2%, falling (from 17 in 2024 to 10 in 2025).

Out Of the 133 Normal Cases Detected, 93 were referred to external Directly Observed Treatment (DOT) centers, while 40 were registered for management within the hospital. Among the registered cohort, 18 were classified as pulmonary-positive, 10 as pulmonary-negative, and 12 as extrapulmonary TB cases. The 2025 cohort analysis highlights specific growth across all diagnostic categories: Pulmonary-positive cases increased by 20% (from 15 in 2024 to 18 in 2025), and pulmonary-negative cases rose by 40% (from 3 in 2024 to 10 in 2025). Extrapulmonary TB also showed a significant upward trend, reaching 12 cases. The majority of registered cases (36) were identified as new infections, with no recorded instances of patients returning to care after a previous default.

Despite the increase in case detection, the data indicates a decline in clinical performance with the cure rate falling to 20% and the overall treatment success rate reaching 60%. Detailed trend analysis provided in Tables 19.13.1, 19.13.4 below.

Table 19.13. 1: Tuberculosis Case Screening (2021-2025)

INDICATOR	2021	2022	2023	2024	2025	REMARKS
Number Screened For TB	11,453	12,762	13,399	10,919	24,365	123.1% increase
Number Presumed TB	568	982	1330	1,111	1,282	15.4% of number screened were presumed TB
Number Tested for TB	486	843	1293	1,108	1,282	15.7% of presumed TB were tested
Number Diagnosed TB	65	93	77	87	75	11.8% of tested were confirmed TB positive
Number Initiated on TB Treatment	65	93	77	87	75	13.8% were initiated into TB care

Table 19.13. 2: Tuberculosis Case Detection (2021-2025)

Indicator	2021	2022	2023	2024	2025	Remarks
Normal Cases Detected	147	116	123	103	133	29.1%incr
MDR Cases	0	22	28	17	10	41.2%decr

Indicator	2021	2022	2023	2024	2025	Remarks
Total Referred	113	87	84	77	93	20.8%incr
Total Registered	26	14	28	26	40	53.8%incr
Total ward Deaths	-	12	8	10	0	Decr

Table 19.13. 3: TB Referrals to Other DOT Centres

	GENDER	2021	2022	2023	2024	2025	REMARKS
Adult	Males	70	38	35	44	59	34.1%incr
	Females	39	29	47	25	29	16%incr
Paediatrics	Males	2	11	9	7	3	57.1%decr
	Females	2	6	4	1	2	100%incr
	Total	113	84	95	77	93	20.8%incr

Table 19.13. 4: Yearly Cohort Analysis of Registered Cases

Category of Cases	2021	2022	2023	2024	2025	Remarks
Pulmonary positive	14	15	20	15	18	20% incr
Pulmonary negative	3	4	5	3	10	233.3%incr
Extrapulmonary	3	3	3	8	12	50%incr
Total	19	27	28	26	40	53.8%incr
<i>comprising</i>						
• <i>New</i>	14	24	25	24	36	50%incr
• <i>Relapse</i>	4	1	2	0	1	incr
• <i>Return after Defaulter</i>	0	0	0	1	-	
• <i>Other previously</i>	0	1	1	1	3	200%incr
• Total cases	19	27	28	26	40	53.8%incr
Outcomes						
Cured	-	-	5	10	8	20%decr
Treatment completed	-	-	4	5	8	60%incr
Died	-	-	15	7	7	No change
Treatment failed	0	1	1	2	0	
Default	-	-	0	-	-	
Loss to follow	5	4	0	4	2	
Cure rate (%)	-	-	19.4%	36.7%	32.%	
Treatment success (%)	-	-	36.0%	54%	64%	
Not evaluated	0	0	1	0	1	

19.14 CERVICAL CANCER SCREENING (VISUAL INSPECTION WITH ACETIC ACID - VIA)

Cervical cancer remains one of the leading causes of cancer-related morbidity and mortality among women, despite being largely preventable through effective screening

and early treatment of precancerous lesions. In line with national and global recommendations, the hospital provides Visual Inspection with Acetic Acid (VIA) screening to promote early detection and timely management of cervical abnormalities.

Performance in 2025 showed a substantial decline in service utilization. Only 5 women were screened during the year, compared with 1,390 women in 2024, representing a 99.6% decrease in screening uptake. Of the five women screened, none (0%) had findings suggestive of cervical malignancy, with all screening results reported as negative.

The marked decline in screening coverage underscores the need to strengthen cervical cancer prevention services. Priority actions should include intensifying community awareness and demand-generation activities, restoring and expanding access to VIA screening services, increasing uptake of the Human Papillomavirus (HPV) vaccine, and addressing operational challenges—including possible service disruptions, supply constraints, workforce limitations, or data quality issues—that may have contributed to the decline in screening coverage.

Table 19.14.1 presents the detailed cervical cancer screening performance for 2025.

Table 19.14. 1: Trend of Cervical Cancer Screening from 2021 to 2025

INDICATOR	2021	2022	2023	2024	2025	REMARKS
No. of Women Screened	151	132	11	390	5	98.7%decr
No. Suspected for Cancer.	2	5	0	23	0	100%decr
No. Tested Positive	2	1	0	21	0	100%decr
No. Tested Negative	149	131	11	346	5	98.6%decr

CHAPTER TWENTY

PHARMACEUTICAL SERVICES

20.1 INTRODUCTION

Pharmaceutical Services are essential to the delivery of quality healthcare. The Pharmacy Directorate is committed to ensuring the safe, rational and effective use of medicines by continuously providing medications and contributing to essential clinical expertise. This mandate directly supports clinical decision-making and enhances positive health outcomes.

The pharmaceutical services offered by the hospital include; medication management and distribution, clinical support and patient safety: pharmacy preparation as well as education and outreach support.

20.2 PERFORMANCE UNDER CCTH STRATEGIC OBJECTIVES

The general performance of Pharmaceutical Services is aligned with the hospital's strategic objectives, as outlined in the table below

Table 20.2. 1: Summary of the 2025 Annual Performance of Pharmaceutical Services under the Strategic Objectives.

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE							
CCTH OBJECTIVE 1: INCREASE ACCESS TO SPECIALIST SERVICE DELIVERY							
Access	2021	2022	2023	2024	2025	Target	Remarks
% Tracer Medicine Availability	95%	86.2%	93.10%	91.20%	91.50%	• CCTH = 100% • TH = 90%	Decr
Prescription to pharmacy ratio	6,422:1	6,495:1	6,643:1	5,939:1	4,877:1	TH = 12000:1	Decr
Doctor to Pharmacist ratio	6:1	10:1	10:1	7:1	8:1	THs =10:1	
Percentage antibiotic prescribed	11.6%	8.5%	10.25%	8.60%	13.6%	TH = 35%	Decr
Percentage Injectable	1.6%	7.23%	10.54%	1.67%	0.0%	TH = 10%	Decr
Utilization of Pharmaceutical Care interventions	21.2%	97%	98%	98.9%	100%	TH = 30%	Target not met incr
CCTH OBJECTIVE 2: IMPROVE QUALITY OF HEALTH CARE DELIVERY.							
Enhanced access to quality, affordable medicines through participation in the Pfizer Inc. Accord Program, contributing to improved medication availability for patients.							
Enhanced pharmaceutical care services through participation in 162 multidisciplinary general ward rounds and 126 pharmacist-only ward rounds.							
Provided discharge counselling services to 455 patients at the wards to enhance medication adherence, continuity of care, and patient understanding of prescribed therapies.							

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE
Collaborated with the Drug and Therapeutics Committee (DTC) to conduct two antimicrobial stewardship (AMS) ward rounds at the Intensive Care Unit (ICU) and Paediatric wards to promote rational antimicrobial use.
CCTH OBJECTIVE 3: IMPROVE INFRASTRUCTURE AND EQUIPMENT BASE FOR THE DELIVERY OF QUALITY SERVICE
Successfully acquired and installed a new laminar airflow unit for the Oncology Pharmacy, strengthening safe handling and preparation of cytotoxic medicines and enhancing patient safety standards.
Renovated the Manufacturing Unit into three functional sections comprising the Quality Control Unit, Labelling Unit, and Production Area to improve workflow efficiency, quality assurance, and pharmaceutical production processes.
Expanded the 24-hour Pharmacy Store to enhance storage capacity, accessibility, and uninterrupted pharmaceutical service delivery.
CCTH OBJECTIVE 4: STRENGTHEN GOVERNANCE SYSTEM
4.1: Governance Related Performance
Ensured effective monitoring and reporting through the submission of 12 monthly reports by pharmacy managers.
Strengthened staff attendance monitoring and workforce management through the preparation and submission of 12 monthly attendance reports by managers.
Organised six monthly management meetings to enhance coordination, communication, and operational decision-making within the department.
4.2: Human Resource Related Performance
Conducted performance appraisal for all staff to assess performance, support staff development, and strengthen accountability within the department.
CCTH OBJECTIVE 5: IMPROVE HEALTH RESEARCH, TEACHING AND EXCELLENCE IN LEARNING
5.1 Improve on Training
Achieved successful specialist training outcomes, with two pharmacists graduating from the Ghana College of Pharmacists and subsequently appointed as specialist pharmacists.
Enhanced continuous professional development through participation of 28 pharmacists and 6 pharmacy technologists in their respective Annual General Meetings (AGMs).
Facilitated international professional exposure, with two pharmacists participating in the International Pharmaceutical Federation Congress in Denmark.
Supported staff professional development through the grant of study leave to three pharmacists pursuing Membership training at the Ghana College of Pharmacists, one pharmacist pursuing Fellowship training at the Ghana College of Pharmacists, and one Pharmacy Technician pursuing a PharmD programme.
Provided clinical training and mentorship to a total of 288 students comprising 12 postgraduate resident pharmacists, 18 house officers, and 258 undergraduate students.
Strengthened continuous professional education and clinical learning through the organisation of 47 clinical meetings and 70 case presentations.
5.2 Conduct Research
Organised a workshop on Ethics in Hospital Pharmacy Practice for all pharmacy staff to strengthen professional conduct and ethical standards in service delivery.
Conducted one Rational Use of Medicines (RUM) survey to assess medicine use practices, with dissemination of findings pending.
Promoted research and academic collaboration through participation in five collaborative research activities with resident pharmacists.
CCTH OBJECTIVE 6: INTENSIFY SUPPORT TO THE LOWER LEVEL OF CARE AND SERVICE DELIVERY POINTS
Provided pharmaceutical support for key medical collaborations including; • Medevac (Both orthopaedic & plastic surgeries) • Operation Smile

2025 ANNUAL OUTCOME AND OUTPUT PERFORMANCE

Supported community health outreach activities in four communities, namely Nkanfua, Brafo Yaw, Siwdo, and Bakaano, to improve access to healthcare services and promote community health education.

20.3 CLINICAL PHARMACY SERVICES, TRAINING AND RESEARCH PERFORMANCE

Performance in clinical pharmacy services and pharmaceutical care showed significant improvement in 2025 after periods of decline in previous years. Clinical pharmacy practice on the wards showed significant improvement in 2025, increasing from 54.0% in 2024 to 90.5% in 2025. This improvement reflects strengthened clinical pharmacy activities, increased participation in ward rounds, and enhanced pharmaceutical care services within the hospital.

The issuance of drug bulletins declined over the review period. While four bulletins were issued in 2021 and two in 2022, no bulletins were produced from 2023 to 2025. This indicates a gap in regular dissemination of medicine information and pharmaceutical updates to healthcare staff. Student training activities recorded steady increase over the five-year period. The number of students trained increased from 106 in 2021 to 288 in 2025, representing a 42.57% increase, demonstrating the department's growing contribution to pharmaceutical education, clinical mentorship, and workforce development.

The total number of prescriptions served declined from 166,289 in 2024 to 141,456 in 2025, representing a 14.93% decrease. Despite this reduction, the prescriptions-to-pharmacist ratio improved from 5,939:1 in 2024 to 4,877:1 in 2025, indicating a reduced workload per pharmacist and potentially improved efficiency and quality of pharmaceutical service delivery. Research activities remained relatively active, although there was a slight decline in 2025. The number of researches conducted decreased from seven in 2024 to six in 2025. Nonetheless, performance in 2025 remained considerably higher than the levels recorded between 2021 and 2023, reflecting sustained interest in research, academic collaboration, and evidence-based pharmacy practice within the department.

Further details of these trends are presented in Table 20.3.1 to Table 20.3.3 below.

Table 20.3. 1: Trend Analysis of Key Pharmacy Service Delivery and Training Indicators (2021–2025)

Indicator	2021	2022	2023	2024	2025	Remarks
Clinical Pharmacy Practice on Wards	90.0%	76.0%	52.0%	54.0%	90.5%	Incr
No of Drug Bulletins issued	4	2	-	-	-	
No of Students trained	106	90	171	202	288	42.57% incr

Indicator	2021	2022	2023	2024	2025	Remarks
Total number of prescriptions served	160,563	149,390	152,800	166,289	141,456	14.93% decr
Prescriptions to Pharmacists ratio	6,422:1	6,495:1	6,643:1	5939:1	4,877:1	Decr
No of Researches conducted	2	1	1	7	6	Decr

Pharmacy service utilization across the various dispensing outlets showed varied performance trends over the five-year period, with an overall decline in total prescriptions served in 2025. Total prescriptions decreased from 166,289 in 2024 to 141,456 in 2025, representing a 14.93% reduction. This decline may be associated with reduced patient attendance and admission within the period.

The Out-Patient Department (OPD) Main Pharmacy recorded a steady decline over the review period, decreasing from 10,980 prescriptions in 2024 to 9,452 prescriptions in 2025, representing a 13.92% decrease. Similarly, the OPD Annex Pharmacy, which had shown continuous increase from 2021 to 2024, declined significantly by 26.26% in 2025 (from 27,095 prescriptions to 19,980 prescriptions). The Accident and Emergency (A&E) Pharmacy experienced the highest decline among the major outlets, reducing by 38.64% (from 27,777 prescriptions in 2024 to 17,043 prescriptions in 2025). The In-Patient/Ward Pharmacy also recorded a notable decline of 21.98%, decreasing from 22,640 prescriptions in 2024 to 17,664 i prescriptions n 2025, reflecting reduced admissions within the period.

In contrast, the 24-Hour Pharmacy maintained relatively stable performance and recorded a modest increase of 3.28% in 2025, rising from 55,571 prescriptions to 57,394 prescriptions. The consistently high utilization of this outlet over the years underscores its critical role in ensuring uninterrupted pharmaceutical services.

Specialized service points demonstrated varied performance. The Oncology Suite showed consistent rise increasing from 264 prescriptions in 2021 to 936 in 2025. This growth may reflect increasing oncology service uptake, improved cancer diagnosis, and expanded access to oncology care. The Polyclinic Pharmacy, introduced in 2023, experienced rapid growth from 1,925 prescriptions in 2023 to 15,636 in 2024, before declining slightly by 10.74% to 13,957 in 2025.

The TB Clinic and ART Clinic both recorded declines in 2025. TB Clinic prescriptions decreased by 15.34%, while ART Clinic prescriptions reduced by approximately 12.67%. These declines may be associated with improved disease control measures, decentralization of chronic disease management services, and reduced clinic

attendance. Annex B recorded minimal activity in 2024 and no utilization in 2025, suggesting discontinuation or integration of services into other outlets.

Details of these trends are presented in Table 20.3.2 to Table 20.3.3 below.

Table 20.3. 2: Pharmacy Service Utilization by Outlet (2021-2025)

OUTLETS	2021	2022	2023	2024	2025	REMARKS
Out-Patient Dept. (OPD) Main	21,677	19,159	19,223	10,980	9,452	13.92% decr
Out-Patient Dept. (OPD) Annex	22,377	22,445	22,803	27,095	19,980	26.26% decr
Accident & Emergency	26,265	22,947	25,016	27,777	17,043	38.64% decr
In-Patient/Ward Pharmacy	20,600	21,815	22,428	22,640	17,664	21.98% decr
24hour Pharmacy	62,996	57,180	55,154	55,571	57,394	3.28% incr
Oncology suite	264	649	718	787	936	18.93% incr
Polyclinic	-	-	1,925	15,636	13,957	10.74% decr
TB Clinic	663	299	376	378	320	15.34% decr
ART Clinic	5721	4,896	5,157	5,393	4,710	12.66% decr
Annex B	-	-	-	32	-	
Total	160,563	149,390	152,800	166,289	141,456	14.93% decr

The tracer medicine availability improved to 91.5% in 2025, exceeding the Teaching Hospital target of 90%, while workload distribution improved as reflected by the reduced prescriptions-to-pharmacist ratio of 4,877:1. Clinical pharmacy services strengthened considerably, with utilization of pharmaceutical care interventions increasing from 21.2% in 2021 to 100% in 2025. Similarly, the utilization of clinical pharmacist inputs during ward rounds remained consistently high, reaching 100% in 2025, demonstrating strong multidisciplinary collaboration and acceptance of pharmacist recommendations.

Details of the analysis are presented in Table 20.3.3.

Table 20.3. 3: Pharmaceutical Services Performance under THs KPI

KPI	2021	2022	2023	2024	2025	REMARKS	TARGET	MEASUREMENT
Tracer Medicine Availability (%)	95.00	86.25	93.10	91.20	91.50%	incr	CCTH = 100% TH = 90%	Medicines available / Total medicines in the tracer medicines list * 100
Prescriptions - Pharmacist Ratio	6422:1	6495:1	6,643:1	5939:1	4,877:1	decr	TH = 12000:1	Total no. of prescription served / total no.

KPI	2021	2022	2023	2024	2025	REMARKS	TARGET	MEASUREMENT
								of pharmacists
Doctor to Pharmacist ratio	6:1	10:1	10:1	7:1	8:1	incr	THs =10:1	Total number of doctors/ Total Pharmacist in the Hospital
Utilization of pharmaceutical care interventions	21.2%	97%	98%	98.9%	100%	incr	TH = 30%	No. of interventions / no. of cases seen * 100
Proportion of ward round inputs by clinical pharmacist utilized	100%	100%	95%	98%	100%	incr	-	Number of clinical pharmacist inputs utilized / Total number of inputs

20.4 ANTI-RETRO VIRAL THERAPY (ART)

The ART programme recorded a general decline in total clinic attendance, decreasing by 12.66% from 5,721 clients in 2021 to 4,710 in 2025, with a corresponding reduction in average monthly attendance. Despite this, new adult HIV enrolments showed a slight overall increase, with notable improvement among males. Paediatric HIV enrolment remained low but relatively stable, with a slight increase in children initiated on ART and improved female representation. HIV-exposed infants receiving prophylaxis showed a modest increase, indicating sustained PMTCT performance.

Post-exposure prophylaxis (PEP) services declined by 9.26% in 2025, although needle prick injuries remained the most common exposure type. Mucocutaneous exposures increased, while rape-related cases reduced to zero. A detailed analysis of HIV services is presented in Table 20.4.1 and Table 20.4.2 respectively.

Table 20.4. 1: Summary of Performance - Anti-Retro Viral Therapy (2021-2025)

INDICATOR	2021	2022	2023	2024	2025	REMARKS
Attendance (Total no. of Clients)	5,721	4,896	5,157	5,393	4,710	12.66% decr
Average. number of Client Seen per month	477	408	430	449	393	12.47% decr
New Adults	77	57	86	50	54	8.00% incr
• <i>Males</i>	26	19	31	14	17	21.43% incr
• <i>Females</i>	51	38	55	36	37	2.78% incr
Number of Children below 14yrs put AVR drugs	3	4	3	5	5	
• <i>Males</i>	1	3	1	3	1	66.67% decr

INDICATOR	2021	2022	2023	2024	2025	REMARKS
• <i>Females</i>	2	1	2	2	4	1005 incr
Number of HIV exposed babies given prophylaxis	65	56	56	57	58	1.75% incr
Number of post exposure prophylaxis	39	34	50	54	49	9.26% decr

Table 20.4. 2: Post Exposure Prophylaxis services for HIV

INDICATOR	2023	2024	2025	REMARKS
Number of cases Seen	50	54	49	9.26% decr
• <i>Needle Prick</i>	35	40	37	7.50% decr
• <i>Mucocutaneous exposure</i>	7	7	9	28.57% incr
• <i>Rape</i>	5	2	0	Decr
• <i>Defilement</i>	3	5	2	60.00% decr
• <i>Injury with sharp object</i>	-	-	1	-

20.5 RATIONAL USE OF MEDICINE (RUM)

Rational use of drugs remains a major global public health concern. Irrational medicine use, including inappropriate prescribing, dispensing, and consumption of medicines—such as overuse, underuse, and misuse—can lead to medicine shortages and significant patient safety risks. This challenge is further worsened by polypharmacy. The World Health Organization (WHO, 1988; WHO, 2019) defines rational use of medicines as ensuring that patients receive medications appropriate to their clinical needs, in doses that meet their individual requirements, for an adequate period, and at the lowest possible cost to both the patient and the health system.

In line with this definition, the hospital, in collaboration with the Pharmacy Directorate and the Drug and Therapeutics Committee, conducts periodic Rational Use of Drugs (RUD) surveys. These surveys assess prescribing patterns, dispensing practices, and medicine-use behaviours. The findings are used to guide targeted interventions aimed at improving patient safety, enhancing medicine availability, and strengthening pharmaceutical stewardship.

20.5.1 RUM SURVEY FINDINGS

The Rational Use of Medicines (RUM) survey prescriber indicators from 2021 to 2025 show a mixed performance pattern, with improvements in some areas but recent declines in key prescribing practices. Average consultation time improved, increasing steadily from 14.50 minutes in 2024 to 15.5 minutes in 2025. This reflects a positive trend toward more adequate patient–prescriber interaction time, although it remains slightly below the 2021 baseline of 16.12 minutes.

The percentage of generic medicines prescribed remained relatively high across all years. The percentage of antibiotic prescribed showed a rising trend, increasing from 8.6% in 2024 to 13.6% in 2025. Although still below the 35% Target, this increase suggests a potential weakening in antimicrobial stewardship efforts and warrants closer monitoring.

The percentage of injectable prescribed declined to 0.0%, reflecting improved prescribing practices and adherence to treatment. Prescribing from the Essential Drug List (EDL) shows improvement up to 2024 (100%) but declined to 95.5% in 2025. Detailed trends are provided in table 20.5.1.1 below.

Table 20.5.1. 1: RUM Survey Result - Prescriber Indicator

Indicators	2021	2022	2023	2024	2025	Remarks	Target
Average consulting time	16.12	10.27 mins	12.5 mins	14.50 mins	15.5 mins	Incr	-
Percentage of Generic medicine prescribed	92.60%	92.29%	96.5%	96.5%	94.5%	Decr	-
Percentage of Antibiotics prescribed	11.58%	8.5%	11.6%	8.60%	13.6%	Incr	TH = 35%
Percentage of injectable prescribed	1.61%	7.23%	0.5%	1.67%	0.00%	Decr	TH = 10%
Percentage of medicines prescribed from Essential Drug List (EDL)	85.85%	89.88%	92.5%	100%	95.5%	decr	-

Analysis of dispensing indicators from 2021 to 2025 shows notable improvements in dispensing quality and patient education, although service efficiency has declined. The average dispensing communication time increased over the period, rising from 70.20 seconds in 2021 to 135.4 seconds in 2025. However, the communication time remained above the recommended benchmark of 60 seconds throughout the period, suggesting that improvements in counselling quality may have come at the expense of dispensing efficiency.

Average waiting time has shown a deteriorating trend, increasing from 10.27 minutes in 2022 to 21.5 minutes in 2025. This upward trend indicates increasing pressure on pharmacy services and rising patient volumes. In contrast, dispensing quality indicators demonstrated sustained improvement. The proportion of medicines adequately labelled increased from 86.0% in 2021 to 98.6% in 2025. Despite a marginal decline in 2024,

performance remained consistently close to the 100% target, reflecting strengthened adherence to dispensing standards and quality assurance practices.

Similarly, patients' knowledge of the correct dosage regimen improved from 79.3% in 2021 to 89.5% in 2025. Although performance remains below the desired 100% target, the steady upward trend suggests enhanced effectiveness of patient counselling and medicine-use education.

Detailed trends are provided in Table 20.5.1.2 below.

Table 20.5.1. 2: Dispensing Indicators

Indicators	2021	2022	2023	2024	2025	Remarks	Target
Average dispensing communication time	70.20 sec	80.00 sec	126.70 sec	96.00 sec	135.4 Sec	Incr	60 seconds
Average waiting time	24.45 mins	10.27 mins	12.5 mins	16.9 min	21.5 mins	Incr	-
Percentage of medicines adequately labelled	86.00%	94.24%	97.50%	94.50%	98.60%	Incr	100%
Percentage of with knowledge of correct dosage regimen	79.25%	85.92%	79.50%	81.50%	89.50%	incr	100%

The Drug Administration Indicators for the 2023–2025 period demonstrate consistently strong prescribing documentation but highlight persistent weaknesses in medication administration and documentation practices. Compliance with documenting prescribed medicines on the Drug Administration Chart (DAC) remained at 100% throughout the three-year period, consistently achieving the target and reflecting adherence to prescribing standards. Likewise, documentation of prescribed dosage regimens maintained 100% performance across all three years, indicating sustained compliance with clinical prescription requirements.

In contrast, performance in documenting medicine administration was inconsistent. The indicator improved from 65.5% in 2023 to 81.8% in 2024, suggesting enhanced compliance with medication administration recording. However, performance declined sharply to 45.5% in 2025, representing the lowest level during the review period. This decline points to significant gaps in medication administration documentation and may be associated with increased workload, inadequate adherence to documentation protocols, or weaknesses in supervision and quality assurance.

The proportion of missed doses also exhibited considerable variation over the period. Missed doses decreased from 10.5% in 2023 to 42.5% in 2024 before declining to 12.5% in 2025. While the reduction in 2025 reflects an improvement over the previous year, the persistence of missed doses indicates that opportunities remain to strengthen medication administration processes and ensure timely delivery of prescribed treatments.

Detailed trends are provided in Table 20.5.1.2 below.

Table 20.5.1. 3: Drug Administration Indicators

Rum Prescribing Indicators	2023	2024	2025	Remarks	Target
Medicines indicated on DAC	100%	100%	100%	Sustained	100%
Dosage Regimen indicated on DAC	100%	100%	100%	Sustained	100%
Medicine Administration Charted	65.50%	81.80%	45.50%	Decr	100%
Missed Doses	10.50%	42.50%	12.50%	incr	100%

SECTION 4_ CONCLUSION AND RECOMMENDATIONS

CHAPTER TWENTY-ONE

CHALLENGES, MITIGATING STRATEGIES, WAY FORWARD

21.1 CHALLENGES AND MITIGATING STRATEGIES

During the year under review, the Hospital encountered a number of operational, financial, infrastructural and service delivery challenges that impacted institutional performance and healthcare delivery. Despite these challenges, Management and the Hospital Board implemented strategic interventions and mitigation measures to minimize their impact and ensure continuity of essential services. The key challenges and corresponding mitigating strategies are presented in Table 21.1.1 below.

Table 21.1. 1: Challenges and Mitigating Strategies

Key Challenges	Mitigation Strategies
High institutional mortality	Engaged with GHS to strengthen peripheral referral facilities through training initiatives and supportive supervision visits.
Potential loss of critical data during the transition from LHIMS to GHIMS, which may affect continuity, completeness, and reliability of institutional health records.	Conducted comprehensive data reconciliation exercises, improved backup and data management systems, and implement monthly data validation by clinical Sub-BMCs to enhance data reliability.
Illegal sale, development, and encroachment on hospital lands	Continued legal actions and other enforcement measures to prevent unauthorized development on portions of hospital's undeveloped land.
Inadequate staff accommodation	Advanced the PPP arrangement for the construction of 270 staff accommodation units.
Lack of Neonatal and Paediatric Intensive Care Units (NICU/PICU)	Collaborated with key stakeholders to mobilize support for establishing NICU and PICU services.
Inadequate and ageing equipment, including power generators and CSSD machinery	Collaborated with the Ministry of Health (MOH) to replace obsolete equipment and upgrade critical machinery such as critical care and CSSD equipment, and power generator sets.
Malfunctioning MRI machine resulting in delayed diagnostics, increased referrals, and possible revenue losses	Explored Public-Private Partnership (PPP) opportunities for the replacement of MRI machine.

21.2 WAY FORWARD / OUTLOOK FOR 2026

According to the strategic mission and dedication to raising the standard of care, the hospital plans to give the following top priority in 2026:

1. Develop and operationalize a New Medium-Term Strategic Plan.
2. Improve key institutional health outcomes and patient safety indicators.
3. Commission and operationalize the Eye Surgical and Training Centre.
4. Expand minimally invasive surgical capacity.
5. Intensify mentorship to peripheral facilities.
6. Complete and operationalize the Accident and Emergency expansion facility.
7. Strengthen specialist and subspecialist workforce capacity.
8. Enhance institutional research and innovation.

21.3 CONCLUSION

Despite the difficulties faced, 2025 was marked by notable progress. The organization maintained its dedication to providing high-quality healthcare services through strategic alliances, aggressive leadership, and focused interventions. CCTH will be able to maintain gains, enhance performance, close systemic gaps, and advance the hospital's objectives of closing the gaps in access to specialized services and raising the standard of health outcomes as a result of the mitigating strategies that have been outlined and the outlook for the upcoming year. The hospital is well-positioned to fulfill its mission and enhance health outcomes with ongoing support and commitment from stakeholders.

— 2025 —



Annual Report of the Cape Coast Teaching Hospital (CCTH)