

GOVERNMENT OF THE REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

**FORMAT AND GUIDELINE
FOR
THE 2001/2002 ANNUAL REPORT:**

INTERMEDIATE AND NATIONAL HOSPITALS

MINISTRY OF HEALTH AND SOCIAL SERVICES

FORMAT AND GUIDELINE FOR THE 2001/2002 ANNUAL REPORT:

INTERMEDIATE AND NATIONAL HOSPITAL

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PART 1:

INTRODUCTION

The Annual Report provides on a yearly basis a comprehensive account of the achievements and constraints of all programmes in the ministry.

So far no standard reporting format for all levels of the MoHSS has been in place. However, it is of importance to utilize a standard format, which will permit comparison of the achievements and constraints between the various management units and across the program levels in the ministry.

This document therefore provides the format as well as a guideline for the compilation of the annual report. There are separate guideline documents for:

- Districts, Regions and the Overall MOHSS;
- The Referral Hospitals;
- The National Directorates;

Once all regions, referral hospitals and national directorates utilize this common reporting format, analysis of achievements and constraints across districts, regions, and various programmes will be enhanced. Also, main problem areas within specific programmes and the difference in progress between the various districts, regions and management units will become more evident.

It also needs to be appreciated that the annual report produced by each management team is the final product of an annual review process. This process is important, since it should provide a forum for wide discussion of problems and constraints experienced. It thus prepares for the next phase in the annual planning cycle and forms the basis for the compilation of the workplans for the following year(s). Therefore, the following issues are important and should be noted during the review process:

- the time and care taken in concluding the exercise;
- the depth and breadth of discussions and consultations held;
- the emphasis placed on the detailed analysis of achievements and constraints;
- the lessons drawn during the review exercise; and
- the recommendations and resolutions agreed upon.

The timeframe of completing the annual report at the different levels of the MOHSS must also be such, that the annual review and report-writing process by the next higher level can be informed by the report of the lower level. In other words:

- the district annual report builds on the reports and inputs from the subdistricts (clinics and health centres), the hospital, the PHC-programmes, the developmental social welfare programmes, the general management services and the functional management services;
- the regional annual reports build on the district annual reports; and
- the Overall MoHSS report is compiled through inputs from all the national directorates, regions and referral hospitals.

The compilation of the annual reports for the 13 regions, the four referral hospitals and the five national directorates must be completed by the end of June in order to be in time for presentation and discussion at the National Management Meeting which is held during July of every year.

At the National Management Meeting in July the overall MoHSS planning brief for the next planning cycle will be developed based on the recommendations included in the various reports and presented by the relevant managers. This ensures that the planning sessions which then follows at all levels of the ministry are informed by and focused on the overall priorities of the ministry.

PART 2:

FORMAT OF THE ANNUAL REPORT

2.1 FORMAT FOR THE OVERALL MOHSS

Note: Below is the Annual Report Format for the Overall MoHSS report, which is compiled by the Directorate of Policy, Planning and HRD based on the reports submitted by the various directorates, referral hospitals and regions. The format is included here to explain the outline of the final product and to indicate how and where your reports fit into the overall report.

(i) Executive summary

CHAPTER 1:

INTRODUCTION

CHAPTER 2:

GENERAL MANAGEMENT AND DEVELOPMENT OF THE HEALTH AND SOCIAL WELFARE SYSTEM (=MANAGERIAL PROCESS)

- 2.1 Organization of the System
- 2.2 Communication and Coordination
- 2.3 Policy Development and Planning
- 2.4 Legislation, Regulation and Private Health Facility Registration and Licensing
- 2.5 Financing of the System
- 2.6 Development Cooperation
- 2.7 Monitoring, Evaluation and Management Information
- 2.8 Research Human Resource Development and Training
- 2.9 Information Resource Services
- 2.10 Facility Planning and Capital Development

CHAPTER 3:

RESOURCE (FUNCTIONAL) MANAGEMENT PROGRAMMES AND SUPPORT SERVICES (=INPUTS)

- 3.1 Personnel Management
- 3.2 Financial Management
- 3.3 Physical Facilities Management
- 3.4 Transport

MISCELLANEOUS LOGISTICS

- 3.5 Information Technology Management
- 3.6 Procurement and Supplies (tenders and contract management)
- 3.7 Stores and Stock Management
- 3.8 Auxiliary Services
- 3.9 Registry, Medical Records and Archives
- 3.10 Catering Services
- 3.11 Laundry Services
- 3.12 Security Services
- 3.13 Housing and Accommodation Services
- 3.14 Cleaning Services

CHAPTER 4:

PUBLIC HEALTH SERVICES (HEALTH STATUS) (= OUTPUTS)

4.1 Family Health

- 4.1.1 Community Based Health Care
- 4.1.2 Outreach Services
- 4.1.3 School Health and Adolescent Services
- 4.1.4 Food and Nutrition Programme
- 4.1.5 Safe Motherhood and New Borne Care
- 4.1.6 Family Planning
- 4.1.7 Cancer Prevention
- 4.1.8 Non-communicable Disease Control
- 4.1.9 Immunization/EPI
- 4.1.10 Control of Diarrhoeal Diseases
- 4.1.11 Control of Acute Respiratory Infections
- 4.1.12 Oral Health and Dental Services

4.2 Disease Control

- 4.2.1 STD/HIV/AIDS Control Programme
- 4.2.3 TB and Leprosy Control Programme
- 4.2.4 Disease Surveillance and Epidemic Control
- 4.2.5 Health Information System (HIS)

4.3 Public and Environmental Health Services

- 4.3.1 Water and Sanitation
- 4.3.2 Public Hygiene Services
- 4.3.3 Food Quality Assurance
- 4.3.4 Vector Borne Disease Control (malaria, schistosmiasis, plague)
- 4.3.5 Occupational Health Services
- 4.3.6 Radiation Protection Services
- 4.3.7 Other Health Inspectorate Work

4.4 IEC (Health Promotion and Education)

4.5. Disability Prevention and Rehabilitation

- 4.5.1 Prevention of Blindness and Deafness
- 4.5.2 Mental Health
- 4.5.3 Community Based Rehabilitation
- 4.5.4 Medical Rehabilitation
- 4.5.5 Orthopaedic Technical Services

CHAPTER 5:

HOSPITAL SERVICES (=OUTPUTS)

5.1 Emergency Services

- 5.1.1 Ambulance Services
- 5.1.2 Casualty Services
- 5.1.3 Disaster and Emergency Preparedness

5.2 Medical Services

- All hospitals:
 - 5.2.1 General Outpatient Services
 - Referral hospitals only:
 - 5.2.2 Specialized Outpatient Services; e.g.:
 - Surgery
 - Internal Medicine
 - Paediatrics
 - Obstetrics & Gynaecology
 - Orthopaedics
 - Urology
 - Ear, Nose and Throat
 - Ophthalmology
 - Psychiatry
 - Radiology
 - Radiation Oncology
 - Nuclear Medicine
 - Dental Services (maxillo-facial; orthodontics, etc)
 - All hospitals:
 - 5.2.3 General Inpatient services; e.g:
 - General wards
 - Operating Theatre
 - Referral hospitals only:
 - 5.2.4 Specialised Inpatient Service Departments; e.g.:
 - Surgery
 - Internal Medicine
 - Paediatrics
 - Obstetrics & Gynaecology
 - Orthopaedics
 - Urology
 - Ear, Nose and Throat
 - Ophthalmology
 - Anaesthetics
 - Intensive Care Medicine

- Psychiatry
 - Radiology
 - Radiation Oncology
 - Nuclear Medicine
 - Dental Services (maxillo-facial; orthodontics, etc)
- 5.2.5 Referral Services
- 5.2.6 Specialist Outreach Services

5.3 Nursing Services

- All hospitals:
 - 5.3.1 Casualty Nursing
 - 5.3.2 Outpatient Nursing Care and Patient Screening
 - 5.3.3 General Nursing Care
 - 5.3.4 Midwifery
 - 5.3.5 Operating Theatre Nursing
 - 5.3.6 CSSD
 - 5.3.7 High Care Nursing
 - 5.3.8 Infection Control
 - Referral hospitals only
 - 5.3.9 ICU Nursing
 - 5.3.10 Mental/Psychiatric Nursing
 - 5.3.11 Oncology Nursing
 - 5.3.12 Diagnostic Nursing (lab, radio, nuclear med. etc.)

5.4 Clinical Support Services

- All hospitals:
 - 5.4.1 Medical Laboratory services
 - 5.4.2 Radiographic Services
 - 5.4.3 Pharmaceutical Services and Essential Drugs
 - 5.4.4 Blood Transfusion Services
 - 5.4.5 Medical Equipment Management/ Health Care Technical Services
 - Referral hospitals only:
 - 5.4.6 Hospital/Medical Social Work
 - 5.4.7 Nutrition/dietetics
 - 5.4.8 Speech Therapy
 - 5.4.9 Optometry
 - 5.4.10 Clinical Psychology
 - 5.4.11 Physiotherapy
 - 5.4.12 Occupational Therapy

5.5 Medical Forensic Services

- All hospitals:
 - 5.5.1 Mortuary Services
 - 5.5.2 Medico-legal and District Surgeon Services
- Referral hospitals/national hospital only:
 - 5.5.3 Forensic Medicine

CHAPTER 6:

DEVELOPMENTAL SOCIAL WELFARE SERVICES (SOCIAL WELFARE STATUS) (=OUTPUTS)

6.1 Promotion of Human Security and Prevention of Social Problems

- 6.1.1 Advocacy (macro level) for Equal Opportunities, and Mobilization for Women's and Children's Rights
- 6.1.2 Community Development and Poverty Prevention, Reduction and Alleviation.
- 6.1.3 Responsible Lifestyles Promotion.
- 6.1.4 Supporting the Role of Kinship and Family Systems.

6.2 Provision of Social Welfare Services

- 6.2.1 Child and Family Welfare:
 - 6.2.1.1 Preventive and Remedial Work on Family Dysfunctioning ("pathologies")
 - 6.2.1.2 Child Care and Protection
 - 6.2.1.3 Children in Especially Difficult Circumstances:
 - Orphans
 - Street Children
 - Children of Single Parents
 - Children with Disabilities
 - Children of Teenage Mothers
 - Younger Offenders
 - Marginalized Children
 - 6.2.1.4 Early Childhood Development
- 6.2.2 Personal Social Welfare Services
- 6.2.3 Protection of Women and Children
- 6.2.4 People with Disabilities
- 6.2.5 Alcohol and Drugs/Substance Use
- 6.2.6 Mental health
- 6.2.7 Ageing/ The Aged
- 6.2.8 People with AIDS and other chronic illnesses
- 6.2.9 General Social Work Services and Referrals
- 6.2.10 Hospital/Medical Social Work
- 6.2.11 Support to Welfare Organisations

6.3 Provision of Social Assistance and Support

- 6.3.1 Group - specific Grants
- 6.3.2 Child and Family Allowances
- 6.3.3 Social Relief
- 6.3.4 Subsidies to Welfare Organizations

6.4 General Management of the Social Welfare System

- 6.4.1 SWIS and Monitoring
- 6.4.2 Coordination and Collaboration with Partners

CHAPTER 7:

OUTLOOK FOR THE FUTURE

- 7.1 Main priorities for immediate attention (current year)
- 7.2 Main priorities to be addressed in next financial year

2.2 FORMAT FOR INTERMEDIATE AND NATIONAL HOSPITALS

Note: Following is the format of the Annual Report for Intermediate and the National Hospitals, i.e. Rundu, Oshakati, Katutura and Windhoek Central. The guideline with explanatory notes on how to compile the report follows in Part 3. The following chapters must be included in the sequence as indicated:

- (i) Executive summary

CHAPTER 1:

INTRODUCTION

CHAPTER 2:

GENERAL MANAGEMENT AND DEVELOPMENT OF THE HOSPITAL (=MANAGERIAL PROCESS)

- 2.1 Organization
- 2.2 Communication and Coordination
- 2.3 Policy and Planning
- 2.4 Legislation
- 2.5 Financing
- 2.6 Development Cooperation
- 2.7 Monitoring, Evaluation and Management Information
- 2.8 Quality Assurance/Total Quality Management
- 2.9 Research
- 2.10 HRD and Training
- 2.11 Information Resource Services
- 2.12 Facility Planning and Capital Development

CHAPTER 3:

RESOURCE (FUNCTIONAL) MANAGEMENT AND SUPPORT SERVICES (=INPUTS)

- 3.1 Personnel Management
- 3.2 Financial Management
- 3.3 Physical Facility Management
- 3.4 Transport
- 3.5 Information Technology Management
- 3.6 Procurement and Supplies
- 3.7 Stores and Stock Management
- 3.8 Auxiliary Services
- 3.9 Registry, Medical Records and Archives
- 3.10 Catering Services

- 3.11 Laundry Services
- 3.12 Security Services
- 3.13 Housing and Accommodation Services
- 3.14 Cleaning Services

CHAPTER 4:

SERVICE PROVISION PROGRAMS (=OUTPUTS)

4.1 Emergency Services

- 4.1.1 Ambulance Services
- 4.1.2 Casualty Services
- 4.1.3 Disaster and Emergency Preparedness

4.2 Medical Services

- 4.2.1 General Outpatient Services
- 4.2.2 Specialized Outpatient Services (as available/rendered):
 - Surgery
 - Internal Medicine
 - Paediatrics
 - Obstetrics & Gynaecology
 - Orthopaedics
 - Urology
 - Ear, Nose and Throat
 - Ophthalmology
 - Psychiatry
 - Radiology
 - Medical Rehabilitation
 - Radiation Oncology
 - Nuclear Medicine
 - Dental Services (general and maxillo-facial; orthodontics, etc)
 - Acupuncture
- 4.2.3 General Inpatient Services:
 - General Wards
 - Operating Theatre
- 4.2.4 Specialised Inpatient Service Departments (as available/rendered):
 - Surgery
 - Internal Medicine
 - Paediatrics
 - Obstetrics & Gynaecology
 - Orthopaedics
 - Urology
 - Ear, Nose and Throat
 - Ophthalmology
 - Psychiatry
 - Radiology
 - Anaesthesiology
 - Intensive Care Medicine
 - Radiation Oncology
 - Nuclear Medicine

- Dental Services (maxillo-facial; orthodontics, etc)
- 4.2.5 Referral Services
- 4.2.6 Specialist Outreach Services

4.3 Nursing Services

- 4.3.1 Casualty Nursing
- 4.3.2 Outpatient Nursing Care and Patient Screening
- 4.3.3 General Nursing Care
- 4.3.4 Midwifery
- 4.3.5 Operating Theatre Services
- 4.3.6 CSSD
- 4.3.7 High Care/ICU Nursing
- 4.3.8 Infection Control
- 4.3.9 Mental/Psychiatric Nursing
- 4.3.10 Oncology Nursing
- 4.3.11 Diagnostic Nursing (lab, radio, nuclear med. etc.)

4.4 Clinical Support Services

- 4.4.1 Medical Laboratory Services
- 4.4.2 Radiographic Services
- 4.4.3 Pharmaceutical Services and Essential Drugs (full expenditure report)
- 4.4.4 Therapeutic Committee
- 4.4.5 Blood Transfusion Services
- 4.4.6 Medical Equipment Management/ Health Care Technical Services
- 4.4.7 Therapy
- 4.4.8 Optometry
- 4.4.9 Clinical Psychology
- 4.4.10 Physiotherapy
- 4.4.11 Occupational Therapy
- 4.4.12 Orthopaedic workshop
- 4.4.13 Medical Rehabilitation

4.5 Medical Forensic Services

- 4.5.1 Mortuary Services
- 4.5.2 Medico-legal and District Surgeon Services
- 4.5.3 Forensic Medicine (National hospital only)

CHAPTER 5:

OUTLOOK FOR THE FUTURE

- 5.1 Main priorities for immediate attention
 - 5.1.1 Service provision programs
 - 5.1.2 General management
 - 5.1.3 Resource management
- 5.2 Main priorities to be addressed in the next financial year

Part 3:

GUIDELINE FOR COMPILATION OF THE ANNUAL REPORT:

Note:

- This Part provides explanatory notes to each specific chapter/section in the annual report. It lists the detailed subheadings of each chapter. It states the essential indicators which must be reported on (and indicates the Essential Indicator Numbers as to be found in the separate Guideline on Essential Indicators). It also provides possible additional indicators, which may be reported on and puts questions to prompt analysis of issues relevant to the specific chapter/section.

 - For the detailed drafting of the various sections, your report should mainly be guided by the questions provided in this document. For (the different programme or service categories) the basic outline for compilation of your report on each subsection/programme should be the following:
 - (a) output and results planned for the year
 - (b) achievements realized during the year
 - (c) constraints/problems encountered
 - (d) lessons learnt and recommendations for further improvement

 - The same sequence of chapters, headings and subheadings as stated below should be utilized by all management teams when compiling their annual report.
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(ii) Executive summary

CHAPTER 1:

INTRODUCTION

This section provides a brief introduction to the report. It should state how the report was put together, who contributed, what meetings were held to discuss and finalize the report, etc.

CHAPTER 2:

GENERAL MANAGEMENT AND DEVELOPMENT OF THE HOSPITAL (=MANAGERIAL PROCESS)

2.1 Organization

This section explains the different service and management units in the hospital and states their main roles.

- 2.1.1 **Management Structure and Service Departments:**
Describe here both: (a) the organizational/administrative hierarchy of your hospital and the role of these various units/and (b) the service units, e.g. department, wards, etc. State briefly their size, number of beds, etc.
- 2.1.2 **Private practice in/from the hospital:**
Provide here a list of all those medical staff, who are permitted to operate a private practice. Also state those specialists, who have rooms in your hospital.
- 2.1.3 **System Development :**
Describe here any achievements related to management reform, decentralization, commercialization, public-private joint ventures etc.

2.2 Communication and Coordination

- 2.2.1 **Internal Management Mechanisms (within the hospital):**

Essential Indicators:

Percentage (%) management meetings held (3.1)

Percentage (%) of completeness of core management team during the year (3.3)

Discuss the presence, membership, and frequency of meetings of the main management teams, i.e. hospital management committee, etc.

Also discuss the presence, membership and frequency of meetings of specific internal functional or program management committees, e.g. Economising, Transport, Personnel and HRD; Asset Management; Therapeutic/Drugs; Mortality; Medical Audit; etc.

- 2.2.2 **External Management Mechanisms, Community Involvement and Intersectoral Collaboration:**
Discuss here the presence, membership and frequency of meetings of any intersectoral, or community committees, e.g. Hospital and Health Coordinating Committee, Regional Development Committee; communication and coordination with NGO's, CBR's, private sector service providers, business, etc.

2.3 Policy Development and Planning

Report on issues related to the development and/or introduction of any new policies both inside and outside the ministry that affect the general management of your hospital. Report on completion and introduction/implementation of any new internal policies and guidelines. State areas where a lack of policies/guidelines is experienced. Briefly review the last planning activities (process of planning, involvement of other stakeholders, feasibility of plans, need for strategic plans, overall lessons for next planning cycle, etc.).

2.4 Legislation and Regulation

Describe here any activities related to the implementation of new Acts and Regulations. Report on issues related to these. Also review problems experienced with existing legislation and recommend improvements.

2.5 Financing

Who and what are the main sources of financing the hospital? How sustainable are these sources? State whether and which donations were received. Also indicate any community contributions in cash, kind or labour.

2.6 Development Cooperation

List here briefly all donor funded projects implemented in your hospital. State the relevant donor and provide an indication of the main objectives of the project, the main outputs achieved, as well as the total funds disbursed during the year.

3.7 Monitoring, Evaluation and Management Information

Essential Indicators:

Percentage (%) of joint supervision visits carried out (3.2)

Possible Indicators:

Number of supervisory visits by higher level received

Provide an overview over achievements related to monitoring and reporting. What is the situation with regard to information support through the overall Management Information System (MIS)(including HIS, Fin. IS, Personnel IS etc) and ready availability as well as utilization of information for decision making?

Supervision and quality/performance assurance of the overall hospital and specific services/programmes:

Discuss the frequency and outcome of supervision visits to lower level management units and service departments. Are the supervisory mechanisms adequate?/ effective?

Review and evaluation of the performance of the hospital, programmes and services: Briefly describe any specific large-scale programme review/evaluation/audit that may have been executed. Describe the process of your annual review exercise and the steps that were followed to compile this annual report. What lessons related to process and content for the next review session were learnt?

3.8 Research

Describe and list any research projects completed or ongoing in your hospital, implemented either by own staff or by external researchers (e.g. UNAM, or others). State areas that may require research in future. Report on any capacity strengthening exercise for research executed in your hospital.

3.9 Human Resource Development and Training

Indicate whether any training needs assessment was executed. Indicate the main training needs (program areas, knowledge, skills, attitudes) identified in your hospital. List the main training courses offered in your hospital during the year (annex). State the number of courses attended by staff. Have all courses been useful?

Possible Indicators:

Training rate (total training days: total staff).

3.10 Information Resource Services

Describe here achievements and constraints related to the establishment, operation and utilization of an information resource centre (library) in your hospital.

3.11 Facility Planning and Capital Development

List the main capital projects ongoing or completed in your hospital during the past year. Indicate problems experienced and recommend improvements. Identify areas still requiring attention in future.

CHAPTER 3:

RESOURCE (FUNCTIONAL) MANAGEMENT AND SUPPORT SERVICES (=INPUTS)

3.1 Personnel Management

Essential Indicators:

Post Filled Rate (4.1)

Provide a list of staff numbers by cadre and rank (annex)

Questions for analysis:

Are staffing levels adequate? What is the proportion of vacant posts?

Is performance appraisal being applied?

Is general performance of staff satisfactory?

How are the labour relations?

3.2 Financial Management

Essential Indicators:

Percentage (%) over/under expenditure related to total allocated recurrent budget (5.3)

Percentage (%) Expenditure on Personnel (5.4)

Percentage (%) Expenditure on Catering (5.5)

Possible Indicators:

% expenditure on S & T

% expenditure on overtime

% expenditure on materials & supplies

% expenditure on pharmaceuticals

% expenditure on transport
% expenditure on maintenance
Total development expenditure (capital projects, other development budget, donors)
Total revenue (state patients, private patients, other)
Average revenue per patient factor

Questions for analysis:

Briefly review the budgeting process. Are commitment registers kept? Have there been any budget cuts and what was their influence. How far and well has financial management been decentralised to cost-centres at department level in the hospital? How is revenue collection organized? What problems were experienced?

3.3 Physical Facility Management

Questions for analysis:

What is the physical state of the existing facilities?
What maintenance and repair works were executed during the year? How is your cooperation with the Department of Works, private repairs/maintenance contractors, others? Is maintenance adequately managed?

3.4 Transport

Essential Indicators:

Percentage (%) of vehicles in running condition (7.1)

Average mileage (in km) of the fleet (7.2)

Accident rate (7.4)

Down rate(%) (7.5)

Possible Indicators:

Number of vehicles in place

Average area (sq km) per vehicle

Average population per vehicle

Total kilometres travelled

Average running cost per vehicle

Average running cost per kilometre

Percentage of vehicles older than 5 years

3.5 Information Technology and Communication Systems

Report on issues related to computers and telecommunication (radio/telephone, sleeper systems or similar, fax, etc.)

3.6 Procurement and Supplies (Tenders and Contract Management)

Report on the procurement and reception of materials and supplies.

3.7 Stores and General Stock Management

Report on storage and stock control, as well as on the disposal of redundant property/materials/furniture, etc.

3.8 Auxilliary Services

Report on secretarial, typing and photocopying support.

3.9 Registry, Medical Records and Archives

Do all management units have space in the registry? Do all units utilize a relevant filing system? How is the system for the safe keeping of medical records organized and managed? Are the provisions of the Archives Act followed?

3.10 Catering Services

Report on the overall contract management, quality assurance of meals, timely provision of food rations, etc.

3.11 Laundry Services

Report on adequacy, effectiveness and quality of laundry services. Are services provided by own staff or contracted out? What quality assurance is applied? What is the condition of equipment in the laundry?

3.12 Security Services

Report on the general security of premises and control measures in place. To what extent is theft a problem? Have there been any security incidents during the year?

3.13 Housing and Accommodation Services

Report on the adequacy of accommodation, the allocation of accommodation, and the general management of housing for staff.

Possible Indicators:

% of staff utilizing MoHSS/GRN accommodation

3.14 Cleaning Services

Report on the general cleanliness of your premises (both internal and external [gardens etc]). What initiatives were taken to improve the situation? What problems are being experienced? How is solid waste disposed? How is hospital waste disposed?

CHAPTER 4:

SERVICES PROVISION PROGRAMS (=OUTPUTS)

4.1 Emergency Services

4.1.1 Ambulance Services

4.1.2 Casualty Services

4.1.3 Disaster and Emergency Preparedness

4.2 Medical Services

4.1.1 General out patient services

Essential Indicators:

Under 5 year olds:

Top 10 causes of outpatient diseases (number of visits) (2.1.1)

5 year olds and above:

Top 10 causes of outpatient diseases (2.1.2)

4.1.2 Specialised outpatient services

- Surgery
- Internal Medicine
- Paediatrics
- Obstetrics & Gynaecology
- Orthopaedics
- Urology
- Ear, Nose and Throat
- Ophthalmology
- Intensive Care Medicine
- Anaesthetics
- Psychiatry
- Radiology
- Radiation Oncology
- Nuclear Medicine
- Dental Services (maxillo-facial; orthodontics, etc)

4.1.3 General inpatient services

- General wards/Lodgers

Essential Indicators:

Top 5 causes of death by age group and sex (2.2.1)

Percentage (%) of newborns weighing less than 2500g (2.3.1)

Average length of stay (overall) (8.11)

Bed Occupancy Rate (overall) (8.12)

4.1.4 Specialised inpatient services

Essential Indicators:

Average Length of Stay (per department)

Bed Occupancy Rate (per department)

Possible Indicators:

No. of minor theatre cases

No. of major theatre cases

No. of caesarean sections

Case fatality rate (CFR) for the 5 most common diseases (malaria; TB; diarrhoeal diseases, HIV/AIDS; Injuries)

- Surgery
- Internal Medicine
- Paediatrics
- Obstetrics & Gynaecology
- Orthopaedics
- Urology
- Ear, Nose and Throat
- Ophthalmology
- Intensive Care Medicine
- Anaesthetics
- Psychiatry
- Radiology
- Radiation Oncology
- Nuclear Medicine
- Dental Services (maxillo-facial; orthodontics, etc)

4.1.5 Referral services

Describe here developments regarding the referral of patients to higher level facilities or specialists. Also describe briefly specialist services received by visiting (super) –specialists. Briefly review the organization and functioning of the referral system and its components.

4.1.6 Specialist outreach services

Describe services provided by the various specialist departments of your hospital to the (intermediate and) district hospitals in your catchment area. Provide details on numbers and types of patients seen, as well as on types of training sessions and supervision of district medical officers and nurses provided.

4.2 Nursing Services

Report on the nursing care process, patient classification system, etc. related to the following:

4.2.1 Casualty Nursing

4.2.2 Outpatient Nursing Care and Patient Screening

- 4.2.3 General Nursing Care
- 4.2.4 Midwifery
- 4.2.5 Operating Theatre Nursing
- 4.2.6 CSSD
- 4.2.7 High and Intensive Care Nursing
- 4.2.8 Infection Control
- 4.2.9 Mental/Psychiatric Nursing
- 4.2.10 Oncology Nursing
- 4.2.11 Diagnostic Nursing (lab., radiol., med., etc.)

4.3 Clinical Support Services

4.3.1 Medical Laboratory Services

Possible Indicators:

Total No. of laboratory units utilized

Average laboratory units per patient factor (=total inpatient days plus 1/3 of total OPD visits).

4.3.2 Radiology Services

Possible Indicators:

Total No. of x-rays taken

Total No. of exposures taken

Average No. of x-rays per patient factor

Average No. of x-rays per examination

4.3.3 Pharmaceutical Services and Essential Drugs

Possible Indicators:

Availability of essential drug sample

Wastage rate =
$$\frac{\text{Value of wasted stock} \times 100}{\text{Value of annual stock}}$$

4.3.4 Blood Transfusion Services

Possible Indicators:

Average No. of Blood units per 1000 admissions administered

HIV prevalence amongst first time blood donors

Wastage rate =
$$\frac{\text{Value of wasted} \times 100}{\text{Value of annual stock}}$$

4.3.5 Medical Equipment/Health Care Technical Services

4.4 Medical Forensic Services

4.4.1 Mortuary Services

Possible Indicators:

Total number of bodies kept in mortuary

Average length of storage in mortuary (days)

4.4.2 Medico-legal and district surgeon services

Possible Indicators:

Total number of post mortem examinations executed

4.4.3 Forensic Medicine

CHAPTER 5

OUTLOOK FOR THE FUTURE

5.1 Main priorities for immediate attention

5.1.1 Service provision programs

5.1.2 General management

5.1.3 Resource management

5.1.4 Main priorities to be addressed in the next financial year

NOTE: This Socio-economic trends, Social Welfare and Health Status can only be reported on if major changes has occurred, otherwise this will form part of the District/Regional Profile, (appendix 1 and 2).

APPENDIX 1

TRENDS IN SOCIO-ECONOMIC DEVELOPMENT, THE ENVIRONMENT AND LIFE STYLES

This section describes the wider context for health and social welfare in the catchment area. It spells out the main developments during the year that had and/ or may still have influence on the health and social welfare status of the community you are responsible for. Also take care to report on all those aspects of wider development and the environment which occurred during the reporting period and which constitute particular risks that negatively affect the community's health and/or social well-being (and therefore may have increased or will in future raise the demand for MoHSS services and programmes).

Demographic Development

Essential Indicators: (must be reported on)

Total catchment population (1.1)

Total size in square kilometre of the catchment population (1.2)

Expected No of births (No. of pregnancies) (1.3)

Estimated number of children under 1 year old (1.4)

Estimated No. of children under 5 years (1.5)

Estimated No. of teenagers 10 – 19 years (1.6)

Estimated No. of adolescents 13 - 19 years (1.7)

Estimated No. of children < 17 years (0-16) (1.8)

Estimated No. of women of childbearing age 15 - 49 years (1.9)

Estimated No. of people with disabilities (1.10)

Estimated No. of age people (1.11)

Questions for analysis:

Have there been more or less births than expected in the catchment population during the last year? What may be the reasons?

Have there been more or less deaths than expected in the catchment population during the last year? What may be the causes and underlying factors?

Urban –rural: What is the percentage of the rural and urban population in the catchment area?

Has there been a marked increase in migration to urban areas? What have been the effects of this?

Economic Development

Possible Indicators:

Electricity for lighting (% of population)

GNP per capita

GNP growth rate

Questions for analysis:

Overall, is the economy of the area growing or declining? What new industries have sprung up? Are there any new industries that may have detrimental effects on health or social welfare? Is infrastructure (roads, telecommunication, power supply, housing, radio/TV access) expanding? What other effects on health and social well-being related to the economic development of the catchment area have been noted?

Social Development

Possible Indicators:

Percentage of poor out of total population

Percentage of people living in rural areas or remote

Adult literacy rate (male)

Adult literacy rate (female)

Questions for analysis:

Education: Is the educational level of the population improving? Are illiteracy levels decreasing? Are there specific groups who have higher illiteracy levels than the average population? Who are they? Have you noted any specific health or social welfare issues that may be related to this?

Employment: Is unemployment a problem? Getting better/worse?

Women: What initiatives took place in the community to strengthen the role and position of women?

Family and social cohesiveness: **Are families generally intact? Are there many single parent families?** What is the role of grandparents? Are there specific factors in place that negatively affect family cohesiveness, e.g. migrant labour, inadequate housing, “compound hostels”, etc.

Vulnerable groups: Are there any groups in the community that are specifically marginalised? Who are they? Are these groups increasing in size? Are there groups that are at specific risk of contracting diseases or becoming victims of specific social problems? Are young children and the elderly cared for adequately? Are there any other specific groups that may need support?

Food Supply and Nutritional Risk Factors:

Questions for analysis:

Is the food supply situation reasonable in the community? How were the rains during the year? Has drought had any specific effect? What is the percentage of families out of the total who obtain food rations/support? What is the situation regarding the availability or absence of foods in the staple diet that are related to protein-energy malnutrition, iodine deficiency, iron deficiency and Vit A deficiency? Are there any specific reasons for the shortage of specific food stuffs, e.g. due to the environmental situation, cultural factors, socio-economic effects etc.?

The Environment

This section should describe developments regarding the general situation of the environment within which the catchment population lives and works. Particular emphasis should be placed on any specific newly established risks in the environment that may negatively affect health and social welfare.

Questions for analysis:

Air: Were there any incidents of serious air pollution (chemicals, dust, etc)?

Soil: Were there any incidents related to the pollution of the soil? How are industrial oils and chemicals disposed of?

Waste removal and disposal: Are dumping sites properly kept? Are health-care wastes, such as needles and infectious materials adequately disposed of? Are there any other hazardous wastes that are inadequately disposed of?

Water supply and quality: What is the coverage (%) of the community with safe water sources? Were there any incidents of serious water pollution? Are open sources of drinking water properly protected? Are there any chemical components in the generally available drinking water that may have detrimental health effects?

Sanitation: What is the coverage (%) of the community with access to proper sanitation facilities? Which parts of the catchment area are not yet well covered with latrines?

Food safety: Have there been any cases of food-borne disease? Have new food outlets or markets been opened/started, which do not comply with minimum hygiene standards?

Chemical safety: Have there been any incidents related to pollution and disease due to unsafe handling, storage or disposal of chemicals in industries, homes and/or the environment?

Housing: Have there been developments to improve the housing situation in the area? Is the general standard of housing acceptable? Have new slumareas or shanty towns sprung up? Which groups are more affected by inadequate housing?

Work place: How safe are the conditions of work in the area? Are there any specific industries, which constitute particular occupational risk environments? Have any new industries been established? Has their occupational safety been considered? What types of work-related hazards have occurred in the catchment area during the past year?

Life Styles and Risks

Describe here the prevalence in your district/region of lifestyles and behaviours that are potentially threatening to the health and/or social welfare status of the population. Were any risky lifestyles and/or behaviours observed that have started to occur more frequently in the past year than previously? Which are these? Look particularly at: alcohol and substance abuse, smoking, lack of

exercise, road traffic use etc. Also consider the specific groups that may be particularly vulnerable to certain risky lifestyles: the youth, women, children, young adults, etc.