

**GOVERNMENT OF THE REPUBLIC OF NAMIBIA**

**MINISTRY OF HEALTH AND SOCIAL SERVICES**

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

**DISTRICTS AND REGIONS**

# **MINISTRY OF HEALTH AND SOCIAL SERVICES**

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

### **DISTRICTS AND REGIONS**

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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 discussions 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 the overall MoHSS planning brief for the next planning cycle will be developed based on the recommendations included in the various reports presented by the relevant managers. This ensures that the planning sessions which then follow 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 DISTRICTS, REGIONS AND THE OVERALL MOHSS**

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Note: The same sequence of chapters, headings and subheadings as stated below must be utilized by all management teams.  
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- (i) **Executive summary**

#### **CHAPTER 1:**

##### **INTRODUCTION**

#### **CHAPTER 2:**

##### **GENERAL MANAGEMENT AND DEVELOPMENT OF THE HEALTH AND SOCIAL WELFARE SYSTEM (=MANAGERIAL PROCES)**

- 2.1 Communication and Coordination
- 2.2 Legislation, Regulation and Private Health Facility Registration and Licensing
- 2.3 Research
- 2.4 Human Resource Development and Training
- 2.5 Information Resource Services
- 2.6 Facility Planning and Capital Development

#### **CHAPTER 3:**

##### **RESOURCE (FUNCTIONAL) MANAGEMENT PROGRAMMES AND SUPPORT SERVICES (=INPUTS) (*Reports only if major changes have occurred on annual basis*)**

- 3.1 Personnel Management
- 3.2 Financial management
- 3.3 Physical Facilities Management
- 3.4 Transport
- 3.5 Information Technology Management

## **MISCELLANEOUS LOGISTICS**

- 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 Diarrhea 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
- 4.2.2 TB and Leprosy Control Programme
- 6.2.3 Disease Surveillance and Epidemic Control
- 6.2.4 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)**

##### **4.4 Disability Prevention and Rehabilitation**

- 4.4.1 Prevention of Blindness and Deafness
- 4.4.2 Mental Health

- 4.4.3 Community Based Rehabilitation
- 4.4.4 Medical Rehabilitation
- 4.4.5 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
- 5.2.2 General Inpatient services; e.g:
  - General wards
  - Operating Theatre
- 5.2.3 Referral Services
- 5.2.4 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

#### **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

#### **5.5 Medical Forensic Services**

- All hospitals:
- 5.5.1 Mortuary Services
- 5.5.2 Medico-legal and District Surgeon Services

## **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

## **PART 3:**

# **GUIDELINE FOR COMPILATION OF THE ANNUAL REPORT:**

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### **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 indicator 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 includes 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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### **(i) Executive Summary**

This section should provide a summary of the highlights of the year focusing on the main achievements, main constraints and main recommendations.

## **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 HEALTH AND SOCIAL WELFARE SYSTEM (=MANAGERIAL PROCESS)

*NOTE: Chapter 2+3 will only reported on if major changes have occurred, otherwise this should be part of the district/regional profile data.*

#### 2.1 Organizational Structure:

This section describes the different organizations and players in the health arena and states their main roles.

##### 2.1.1 MOHSS:

Describe here both: (a) the organizational/administrative hierarchy of your organization and the role of the various units/levels and (b) the levels of care, i.e.: local community level, outreach clinics and visiting points, clinics, health centres, hospitals. Name the relevant facilities and provide the total numbers.

##### 2.1.2 Other government institutions/agencies/line-ministries involved in health and social welfare:

List the main agencies and state the role they play in health/social welfare.

##### 2.1.3 Private providers:

List the main health/social welfare service providers in the private sector and provide total numbers.

##### 2.1.4 Traditional providers:

List the main health/social welfare providers and provide total numbers.

##### 2.1.5 NGO's in the health and social welfare sector

List the main NGO's involved, state the role they play, and provide total numbers.

##### 2.1.6 System Development :

Describe here any developments related to organizational changes, health sector reform, decentralization, commercialization, public-private joint ventures, etc.

#### 2.2 Communication and Coordination

##### 2.2.1 Internal Mechanisms (MoHSS)

###### **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. the DCC, RMT's, district hospital management committees, 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; TB; etc.

- 2.2.2 External Mechanisms, Community Involvement and Intersectoral Collaboration:  
Discuss here the presence, membership and frequency of meetings of any intersectoral and wider community committees, e.g. local/community/clinic committees; Constituency Development Committees or Regional Development Committees; communication and coordination with NGO's, CBR's, private sector service providers, farmer organizations, business, etc.

### **2.3 Policy Development and Planning**

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

### **2.4 Legislation, Regulation and Private Health Facility Registration and Licensing**

Describe here any activities related to the implementation of new Acts and Regulations. List all newly registered private health facilities (annex) and describe activities related to the licensing of existing private facilities.

### **2.5 Financing of the System**

Who and what are the main sources of financing the health and social welfare system? 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 district/region. 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.

### **2.7 Monitoring, Evaluation and Management Information**

#### **Essential Indicators:**

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

Possible Indicators:

Number of supervisory visits to lower level executed

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 system and specific services/programmes:

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

Review and evaluation of the performance of the system, programmes and services: Briefly describe any specific large-scale programme review/evaluation 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?

## **2.8 Research**

Describe and list any research projects completed or ongoing in your district/region, implemented either by own staff or by external researchers. State areas that may require research in future. Report on any capacity strengthening exercise for research executed in your district/region.

## **2.9 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 district/region. List the main training courses offered in your district/region 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).

## **2.10 Information Resource Services**

Describe here achievements and constraints related to the establishment, operation and utilization of information resource centres (libraries) in your district/region.

## **2.11 Facility Planning and Capital Development**

List the main capital projects ongoing or completed in your district/region during the past year. Indicate problems experienced and recommend improvements.

## **CHAPTER 3:**

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

#### **3.1 Personnel Management**

**Essential Indicators:**

**Posts Filled Rate (4.1)**

**Population per Doctor (4.2)**

**Population per Social Worker (4.3)**

**Population per Registered Nurse (practicing) (4.4)**  
**Population per HIV/AIDS Counsellor (4.5)**

Possible Indicators:

Population per doctors (private sector)  
Population per registered nurse  
Population per enrolled nurse  
Population per pharmacists (total)  
Population per pharmacists (public sector)  
Population per pharmacists (private sector)  
Population per dentists (total)  
Population per dentists (public sector)  
Population per dentists (private sector)  
Population per health inspector

**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:**

**Total Recurrent Expenditure (GRN) per person (N\$) (5.1)**

**Total Development Expenditure per person (N\$) (5.2)**

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

**Percentage (%) Expenditure on Personnel (5.4)**

**Percentage (%) Expenditure on Catering (5.5)**

**Average Revenue per person (N\$) (5.6)**

Possible Indicators:

Total national health expenditure as % of GDP  
Total national social welfare expenditure as % of GDP  
Total MoHSS budget as % of the total GRN budget  
MoHSS oper. budget as % of GRN oper. budget  
MoHSS dev. budget as % of GRN dev. budget  
Total operating expenditure (district, region, reg.dir. nat.) (recurrent budget)  
Total expenditure per capita  
% over / - under expenditure related to original budget  
% expenditure on personnel  
% expenditure on S & T  
% expenditure on materials & supplies  
% expenditure on pharmaceuticals  
% expenditure on catering  
% expenditure on transport  
% expenditure on maintenance  
Total development expenditure (GRN, donors) (districts, region, reg.dir., nat.)  
Total revenue (district, region, reg. dir., nat.)

- Average revenue per capita
- Average revenue per patient factor
- % expenditure on outreach services
- % expenditure on clinics and health centers
- % expenditure on environmental services
- % expenditure on social services
- % expenditure on social grants and allowances
- % expenditure on pensions only
- % expenditure on curative/hospital services
- % expenditure on management services (DCC, RMT, RDT)

**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? How is revenue collected organized? What problems were experienced?

**3.3 Physical Facility Management:**

**Essential Indicators:**

**Average area per fixed health facility (square kilometres) (6.1)**

**Average population per health facility (6.2)**

**Average population per state inpatient bed (6.3)**

Possible Indicators:

- Number of outreach clinic routes
- Number of outreach points
- Average population per outreach point
- Average area (sq. km) per clinic
- Average area (sq. km) per health facility (clinics, HC's, Hospitals)
- Average population per clinics and health centers
- Average population per hospital
- Average population per health facility
- Average population per service provision point (physical facilities plus outreach points)
- % of population living within 10km of a health facility
- Number of available beds at hospital and health centers per district, region, regional directorate, nation
- Total beds (hospitals and health centers) per 1000 population

**Questions for analysis:**

Is coverage of the area by outreach services adequate?  
 Is coverage of the area by fixed facilities adequate? ? Are there any specific parts of your catchment area or specific population groups that may not have adequate access to health services?  
 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 in all facilities in your district/region?

### **3.4 Transport**

#### **Essential Indicators:**

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

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

**Population per MoHSS vehicle (in running condition) (7.3)**

**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, fax, etc.)

### **3.6 Procurement and Supplies ( Tenders and Contract Management)**

Report on the procurement and reception of material 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 Auxiliary Services**

Report on secretarial, typing and photocopy support.

### **3.9 Registry, Medical Records and Archives**

Do all management units have registries? Do all facilities have a system for the safe keeping of medical records? Are the provision of the Archives Act followed?

### **3.10 Catering Services**

Report on the overall contract management, quality assurance of meals, timely provision of food rations to clinic staff 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 laundries?

### **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?

## **CHAPTER 4:**

### **PUBLIC HEALTH SERVICES (=OUPUTS) (HEALTH STATUS)**

#### **4.1 Family Health**

##### **4.1.1 Community Based Health Care**

##### **4.1.2 Outreach Services**

**Essential Indicator:**

**Outreach Coverage Rate (%) (8.1)**

Possible Indicators:

Average No. of mobile visits per outreach point during the year

Average No. of clients per outreach clinic

Average No. of clients served per outreach point per visit

##### **4.1.3 School and Adolescent Health Services**

##### **4.1.4 Food and Nutrition Programme**

**Essential Indicators:**

**Early Breastfeeding Rate (8.4)**

Report on growth monitoring, breastfeeding promotion, prevention of Vit A and Iodine deficiency, etc.

##### **4.1.5 Safe Motherhood and New-borne Care**

**Essential Indicators:**

**Attended Deliveries Rate (8.3)**

**Teenage ANC Visitors Rate (8.5)**

**ANC Coverage Rate (8.7)**

Possible Indicators

% of facilities providing, ANC/delivery/PNC services

% of expected deliveries that took place in health facilities

% of deliveries attended by trained personnel (both trained professional and lay persons)

Average ANC visits per pregnant woman  $\frac{\text{(total ANC visit (new and revisits))}}{\text{Total number of ANC first visits}}$

4.1.5 Family Planning

**Essential Indicator:**

**Couple years of protection (CYP) Contraceptive Coverage Rate (8.6)**

4.1.6 Cancer Prevention

4.1.7 Non-communicable Disease Control

4.1.8 Immunization/EPI

**Essential Indicator:**

**Percentage (%) children under 1 year old with EPI schedule complete**

4.1.9 Control of Diarrhoeal Disease

4.1.10 Control of Acute Respiratory Infections

4.1.11 Oral Health and Dental Services

**4.2 Disease Control**

4.2.1 STD/HIV/AIDS Control Programme

4.2.2 Tuberculosis and Leprosy Control Programme

4.2.3 Disease Surveillance and Epidemic Control

4.2.4 HIS

**4.3 Public and Environmental Health Services**

4.3.1 Water and Sanitation

Describe main achievements related to health education sessions held; number of water points safeguarded; number of VIP latrines constructed; etc.

4.3.2 Public Hygiene Services

Describe activities related to the approval of building plans, pest control, general environmental inspections, etc.

#### 4.3.3 Food Quality Assurance

Describe here activities on

- Port Health
- Meat Inspections
- Food Outlets Inspections (include inspection for Iodized Salt, etc.)
- Health Education Sessions at open food markets, etc.

#### 4.3.4 Vector-Borne Disease Control Programme (Malaria, Schistosomiasis, Plague)

#### 4.3.5 Occupational Health

Possible Indicators:

Total number of work-related disease/injury OPD visits

Total number of work related disease/injury inpatient days.

#### 4.3.6 Radiation Protection Services

#### 4.3.7 Other Health Inspectorate Work

Describe here other activities and/or administrative work not mentioned above.

### **4.4 IEC**

Describe here the achievements related to health education, health promotion and IEC.

Possible Indicators:

Total number of health education sessions executed

### **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**

5.2.1 General out patient services

**Essential Indicators:**

**Average No. of OPD Visits per person (8.9)**

5.2.2 General inpatient services

- General wards:

**Essential Indicators:**

**No. of Admissions per 10,000 population (8.8)**

**Average No. of Inpatient Days per person (8.10)**

**Average Length of Stay (overall) (8.11)**

**Bed Occupancy Rate (overall) (%) (8.12)**

Possible Indicators:

Case fatality rate (CFR) for the 5 most common disease (malaria; TB; HIV/AIDS; DD; Injuries)

- Operating Theatre:

Possible Indicators:

No. of minor theatre cases

No. of major theatre cases

No. of caesarean sections

5.2.3 Referral services

Describe here developments regarding the referral of patients to higher level facilities or specialists. Briefly review the organization and functioning of the referral system and its components.

5.2.4 Specialist outreach services

Describe her the services received by specialists from the main referral hospital. Provide details on members types of patients seen, as well as on types of training sessions and support received.

#### **5.3 Nursing Services**

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

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

#### **5.4 Clinical Support Services**

5.4.1 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).

5.4.2 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

5.4.3 Pharmaceutical Services and Essential Drugs

Possible Indicators:

Per capita expenditure on pharmaceuticals

Availability of essential drug sample in health facilities

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

5.4.4 Blood Transfusion Services

Possible Indicators:

Average No. of Blood units per 1000 admissions administered

HIV prevalence amongst first time blood donors

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

5.4.5 Medical Equipment/Health Care Technical Services

#### **5.5 Medical Forensic Services**

5.5.1 Mortuary Services

Possible Indicators:

Total number of bodies kept in mortuary

Average length of storage in mortuary (days)

Total number of post mortem examinations executed

#### 5.5.2 Medico-legal and district surgeon services

### **CHAPTER 6:**

## **DEVELOPMENTAL SOCIAL WELFARE SERVICES (SOCIAL WELFARE STATUS)**

### **6.1 Promotion of Human Security and Prevention of Social Problems**

6.1.1 Advocacy for Equal Opportunities and Mobilization for Women's and Children's Rights

6.1.2 Promotion of Community Development and Enabling Living Conditions.

6.1.3 Responsible Life Style 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")

Describe here activities related to implementation of the Guardian's (Child Care and Protection Act), e.g. custody and control; adoptions; foster care; maintenance; canalizations; and residential care.

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
- Young Offenders
- Marginalised Children

6.2.1.4 Early Childhood Development

6.2.2 Personal Social Welfare Services

Describe here activities related to counselling, mediation, conflict resolution, marriage advice, etc.

6.2.3 People with Disabilities

- 6.2.4 Alcohol and Substance Abuse Prevention and Rehabilitation
- 6.2.5 Mental Health
- 6.2.6 The Aged/Ageing
- 6.2.7 People with AIDS
- 6.2.8 General Social Work Services and Referrals  
Describe here activities related to provision of information, follow up, support of clients, etc.
- 6.2.9 Support to Welfare Organizations  
Describe her activities related to the registration process, the provision of guidance and technical support, etc.
- 6.2.10 Hospital/Medical Social Work

### **6.3 Provision of Social Allowances and Support**

- 6.3.1 Group specific grants  
**Essential Indicators:**  
**Welfare Pensioners Rate (9.1)**  
**Old Age Pension Coverage Rate (9.5)**
- 6.3.2 Child and Family Allowance
- 6.3.3 Social Relief
- 6.3.4 Subsidies to Welfare Organizations

### **6.4 General Management of the Social Welfare System**

- 6.4.1 SIS and Monitoring
- 6.4.2 Coordination and collaboration with partners in social welfare (NGO's, ministries, private sector).

## **CHAPTER 7:**

### **OUTLOOK FOR THE FUTURE**

- .1 Main priorities for immediate attention in the current financial year:
  - 7.1 .1 Main priorities regarding health and social welfare status and community needs;
  - 7.1.2 Main priorities regarding general management of the health and social welfare system;
  - 7.1.3 Main priorities regarding resource programmes and functional management services;

7.1.4 Main priorities regarding services and programme provision;

*NOTE: The Socio-economic trends, Health Status and Social Welfare can only be reported on if major changes has occurred, otherwise this will form part of the District/Regional Profile, (Annex 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 slum areas 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.

## **APPENDIX 2:**

### **THE HEALTH AND SOCIAL WELFARE STATUS (OUTCOME)**

#### **Health:**

Morbidity (diseases)

##### **Essential Indicators:**

##### **Under 5 year olds:**

**Top 10 causes of outpatient diseases (number of visits; rate per 10,000 population) (2.1.1) (2.1.4)**

##### **5 year olds and above:**

**Top 10 causes of outpatient diseases (number of visits; rate per 10,000 population) (2.1.2) (2.1.5)**

Mortality (deaths)

##### **Essential Indicators**

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

**Perinatal Mortality Rate (2.2.2)**

**Stillbirth Rate (2.2.3)**

**Neonatal Mortality Rate (2.2.4)**

**Infant Mortality Rate (2.2.5)**

**U5 mortality rate (2.2.6)**

**Maternal Mortality Rate (2.2.7)**

Nutritional status

##### **Essential indicators:**

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

**Percentage (%) of children aged 0 to 5 months old with moderate or severe underweight. (2.3.2)**

**Percentage (%) of children aged 6-11 months with moderate or severe underweight. (2.3.3)**

**Percentage (%) of children aged 12-23 months with moderate or severe underweight. (2.3.4)**

**Percentage (%) of children aged 24-35 months with moderate or severe underweight. (2.3.5)**

##### **Possible Indicators:**

- Number of cases of anaemia in pregnant women;
- Number of cases of goitre/iodine deficiency diagnosed;
- Number of cases of Vit A deficiency.

## Disability

### Possible Indicators:

- number of disabled people
- prevalence of blindness

### **Social Welfare:**

#### **Essential Indicators:**

**Top 10 problems attended to by social workers (related to clients) (2.4.1)**

**Top 10 social welfare problems in the community (2.4.2)**

### Possible Indicators:

Teenage pregnancy rate