



**UNIVERSITY OF GHANA
LIBRARY**



**RA552.G5
Ar 2
blthr C.1
G347522**



**AN EXPLORATORY STUDY INTO THE USEFULNESS
OF THE DISTRICT HEALTH ANNUAL REPORT TO
THE DHMT* IN THE MANAGEMENT OF THE
DISTRICT HEALTH SYSTEM**

BY

DR. A.A. ARDE-ACQUAH



**A DISSERTATION SUBMITTED TO THE SCHOOL
OF PUBLIC HEALTH, LEGON**

**IN PARTIAL FULFILMENT FOR THE AWARD OF MASTER
OF PUBLIC HEALTH OF THE UNIVERSITY OF GHANA**

DECEMBER 1995

(* DISTRICT HEALTH MANAGEMENT TEAM)

G. 347522
RA552.G5Ar2

Theses Room



DECLARATION

I declare that all the work in this study has been the result of my own research, except where specific references have been made; and that it has not been submitted towards any other degree, nor is it being submitted concurrently in candidature for any other degree.

1. Signed: A. A. Arde Acquah

Candidate: DR A A ARDE ACQUAH

2. Signed: S. Ofosu Amaah

Supervisor: Prof S. OFOSU-AMAAH

3. Signed: K. J. Stab

Supervisor: Dr Z. K. M. BATE

4. Signed:

Supervisor:

5. Signed:

Supervisor:

DECLARATION

I declare that all the work in this study has been the result of my own research, except where specific references have been made; and that it has not been submitted towards any other degree, nor is it being submitted concurrently in candidature for any other degree.

1. Signed: AA Ade Acquah

Candidate: DR. ANDREW - A. ADE-ACQUAH

2. Signed:

Supervisor:

3. Signed:

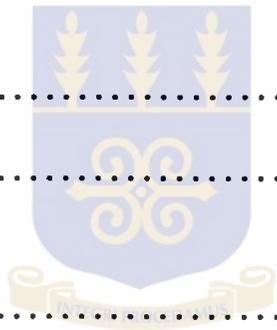
Supervisor:

4. Signed:

Supervisor:

5. Signed:

Supervisor:



DEDICATION

This study is dedicated to Cecilia, my wife, and to Timothy, Beryl, Phoebe, and Paul in acknowledgement of the immense support and encouragement given to me during the entire duration of my study course.

TABLE OF CONTENTS

	PAGE
Title Page	i
Declaration	ii
Dedication	iii
Table of Contents	iv
Acknowledgements	v
List of Abbreviation	vi
Executive Summary	viii
CHAPTER ONE: INTRODUCTION	1
Foreward/Preface	1
Framework of the Study	4
Problem Statement	5
Hypothesis	6
Objectives of the Study	6
CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL BACKGROUND	7
CHAPTER THREE: METHODOLOGY AND WORK DESIGN	12
CHAPTER FOUR: RESULTS AND OBSERVATIONS	20
CHAPTER FIVE: DISCUSSION AND COMMENTS	67
CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS	78
RERERENCES	84
APPENDIX	86

ACKNOWLEDGEMENTS

I acknowledge with special thanks the advice and suggestions offered by my Supervisors, namely: Professor S. Ofori-Amaah, Dr. Z. Batse and Dr. Gerard de Vries, with whom I discussed the study at every stage. I am very grateful to them.

My deepest thanks go to Dr. Gerard de Vries who provided his office, transport and the necessary introductory protocols for me to reach all the DHMTs whom I had to interview. He was personally also interviewed by me; and he willingly offered his time, home, literature and every advice to see me complete the work. To him and his family I say 'Thank you'. I am also grateful to the entire management and staff of the Catholic Hospital for hosting me so hospitably during my entire field placement period. They have really taken good care of me.

I am grateful to Mr. Mintah of the Catholic Hospital, Assin Foso, and also to Ms. Maud Tamakloe of RIPS for the typing work.

I owe a big debt also to the entire Central Regional Health Administration, and to the Regional Director of Health Services, Dr. E.K. Sory, who welcomed me to his region and willingly gave me the permission to freely conduct my study in the districts.

To the many whom I cannot mention for space, I say 'I am aware of and grateful to you all for all your help.

But to God be all the glory!

LIST OF ABBREVIATIONS

AR	-	Annual Report of the District Health Service
CD & SW	-	Community Development and Social Welfare
CHAG	-	Christian Health Association of Ghana
CM	-	Community Mobilisation
CR	-	Central Region
DA	-	District Assembly
DDHS	-	District Director of Health Services (same as District Medical Officer of Health DMOH)
DHMT	-	District Health Management Team
ECG	-	Electricity Corporation of Ghana
EHO	-	Environmental Health Officer
EPI	-	Expanded Programme on Immunization
EPID	-	Epidemiology
FE's	-	Financial Encumbrances
FGD	-	Focus Group Discussion
FP	-	Family Planning
GWSC	-	Ghana Water and Sewerage Corporation
M/A	-	Medical Assistant
MCH	-	Maternal and Child Health
MIS	-	Management Information system
M.O	-	Medical Officer
Min. of Agric	-	Ministry of Agriculture
MOE	-	Ministry of Education
MOH	-	Ministry of Health
NFED	-	Non-Formal Education Division
NGO	-	Non-governmental Organisation
PEM	-	Protein Energy Malnutrition
PHC	-	Primary Health Care

RDHS	-	Regional Director of Health Services
RHMT	-	Regional Health Management Team
SDHT	-	Sub-District Health Team
TB	-	Tuberculosis
TBA	-	Traditional Birth Attendant
T.O	-	Technical Officer
WHO	-	World Health Organization
UNICEF	-	United Nations Children's Fund

EXECUTIVE SUMMARY**I. INTRODUCTION**

For a developing country like Ghana, which has chosen the PHC strategy to achieve health for all by 2000 AD, the management of the district health system is understandably of vital importance. The government's support of its health policy is shown in its decentralization moves on the past few years. In 1995, not only personnel, but now, the financial administration has been brought to the district level. Health managers and teams therefore now bear the responsibility of managing the district health system. To do this successfully, information generation as well as its use in the widest sense is very essential. It is necessary to find out if this realization is present, for indeed a lot of data and information is commonly being already generated in the health system.

II. PROBLEM STATEMENT

The Annual report production, and indeed data collection and information generation, is very expensive and time consuming. The logistics and effort expended must be justifiable to all, if it is to continue. It is necessary therefore to explore and describe the extent to which the Annual Report, in particular, and the available data and information in general, are put to use by the DHMT in the management of the district health system.

HYPOTHESIS

There is the unproven feeling that while a wealth of information exists and is being generated in the health system, it is not being maximally used.

III. OBJECTIVES

The main objective of the study was to explore and identify the uses that DHMTs are putting to their district annual reports. It touched also on the benefits that they derived themselves as far as producing, disseminating and utilizing it as a management tool are concerned. It is hoped that these findings will be an assessment of the present, but even more a spur to improve upon the management capability and output of the DHMT.

IV. LITERATURE REVIEW

Annual Reports on every aspect of the country were kept very regularly by the British Colonial government during the Gold Coast era. Reports dating as far back as 1948 on health and social welfare can be found in libraries today. In 1953, the first report on the Ministry of Health was put out - that was the very year the Ministry of Health was established. Since then annual reports have been written irregularly down the years but often with restarts. These restarts have often been stimulated from the central or national headquarters, which at the very least needed to collect information from the regions and districts to plan for the health care delivery at the national level. Site

1978, when Ghana adopted the PHC strategy to help it implement its goal of health for all, annual reports have tended to extend their attention beyond the medical facilities to the wider field of public health.

In 1990 with the promulgation of PNDC Law 207, on decentralization through local government, the district has been recognised as the level of implementation of health care

delivery. The districts have been defined more clearly; more districts have also been created. The MOH has adopted these geographical districts to define its district health system. Now annual reports on the districts have a greater public health dimension, and the hospital and physical facilities are seen as part of an integrated whole - the district health system. To manage such a system, the information requirement is getting more widely defined.

In 1995, the MOH headquarters prepared a format for health reporting at the regional level. This will also cause the regions to make a demand on the districts to report in a way that is meaningful to such a data compilation process.

The use of such information at the national level is already well understood - policy formulation, planning, monitoring and evaluation. At the district, it will surely be needed for implementation. Therefore it is necessary to appraise the use of Annual Reports in implementing, at least, the recognised components of PHC (see appendix).

V. METHODOLOGY

The study was exploratory in design; and both secondary and primary data were collected through the use of the district's annual reports, and open ended questionnaires which were administered through focus-group discussions. Three(3) districts were selected purposively with the aim of arriving at a composite picture for the whole region. Two other districts were used for pre-testing the instruments of the study.

VI. RESULTS

Report writing is in various formative stages in all the

districts and reflects the level of stability, organization, and leadership in and among the DHMT members. Because of the interactive nature of the study, the reporting of the results is also often interjected with comments, impressions and observations which were made during the study.

The usefulness is related to the extent of dissemination. Availability of finance and the use of the proper type of binding aid the dissemination. Interactive feedback is yet to be fully developed between the DHMT and the stakeholders in the district health system.

CONCLUSION AND RECOMMENDATION

The DHMT will be greatly benefitted if all its members own a copy of the District Annual Report. Members should be encouraged to read it. The usefulness of the AR can only be realized when all members actively read and then discuss its contents among themselves. Then this can be followed by further discussion of the contents with other health related officers in a seminar or workshop. This will serve as a way of generating ideas for improving on their work, as well as stir up and encourage various people to provide information and suggestions for problem-solving and decision-making. Financial considerations should not be allowed to limit this at all.

Literacy and Numeracy should be encouraged among all the DHMT. These are the pre-requisites for management people. The acquiring mind soon becomes inquisitive. This leads to questioning the status quo which leads to research, and hence the improvement of every present condition. And that is the essence of public health!

CHAPTER ONE: INTRODUCTION**FOREWORD**

Management in every field relies heavily on the tools of data and information. In the Ministry of Health in Ghana, a lot of data is generated every month at all its organisational levels. Even at the District level alone, there are over fifteen (15) report forms which must be filled, covering many aspects of the PHC's strategy and programmes' implementation. At the end of each year, the DHMT also puts out an Annual Report on the District's health. There is therefore already a great quantity of data generated within the health sector itself.

There is also a lot of data and information generated outside the health sector by various local and international agencies, by other sector ministries of government, by non-governmental organisations and private mission organisations, and by the communities as well. All these organisations are stakeholders in the management of the district health system as a whole.

That the district health system produces a lot of data is indisputable. This data only requires to be collated to give the necessary and sufficient data-base for the management of the district's health. The Annual Report, which is the leading summary document in the district attempts to do this.

What is even more important is the fact that the information produced from the data must be efficiently and adequately utilised! Firstly, this is necessary to improve upon the health of the district; and secondly to justify the enormous quantity of effort, personnel, time and logistics which are continuously expended in the data generation and processing. It is logical from the latter reason that the greatest benefit should be

derived from the obtained information. The Annual Report of the District Health Management Team for instance is about the biggest of all the reports in the district; it draws upon the greatest amount and number of sources of data and reports in the district for its compilation. Its planning and drafting, its typing, production, and binding alone can take months as well as lots of personnel effort, time and stationery. It must therefore be utilised to the utmost.

The Annual Report is also notable for study not only because it is the most outstanding report in the district, but also because of the regularity with which it is produced, the permanence of the document itself, as well as its availability from district to district.

It is desirable ideally to study the utilisation of all the data available to the district for the management of its health system, as a whole. However, in view of various constraints, and for the above reasons, the study will be limited to only the utilisation of the District Health Annual Report. This report, though only a single component, is a regular item of the whole health data-base in the district. The study will also be limited to the use of the Annual Report by the DHMT members,-- those very immediate people in the district who compile it--, in the management of the district health system based on primary health care.

The management here refers, as usual, to the planning, implementation and evaluation of the district health programmes. These are carried out to attain goals in immunisation, disease control, curative care, health education, food adequacy and

nutrition, water and sanitation, mother and child health/family planning, and essential drugs,-- which are the operational components of the PHC.

These programmes are usually implemented at all the levels (A,B,C) in the district health system by joint action, requiring inter-sectoral collaboration and community participation, as well as the integration of vertical programmes.

The study seeks to find out how the data and information contained in the District Health Annual Report are utilised; and how this utilisation can be enhanced, if need be, to fulfil all these goals.

The schematic representation below shows how information use is a part of management, which in turn is an important component of the field of public health practice for the attainment of health for all among any people.

H E A L T H

P U B L I C H E A L T H

M A N A G E M E N T

I N F O R M A T I O N U S E

THE FRAMEWORK OF THE STUDY:

Ghana has adopted the policy of Health for All by the year 2000. She has also chosen the P.H.C strategy to achieve this goal. The implementation of P.H.C has been greatly enhanced through the decentralization process being carried by the present government. Currently, even the management of the financial encumbrances (F.E's) have been decentralized to the district level, and the District Medical Officer is now substantively the spending Officer for the District.

The responsibility through this process of decentralization, now rests at the district level; and it is a responsibility for district health management.

It is clear that information is one of the needed resources to manage the district. This information must be well presented as data, it must be analysed, interpreted and collated so that

its documentary form serves as a management tool.

The information itself must also be useful for policy formulation, planning, implementation, monitoring and evaluation; for public relation promotion and networking; and for intersectoral collaboration; even community mobilization towards involvement in health development, as well as for the integration of all vertical programmes.

PROBLEM STATEMENT:

The DHMT is charged with the onerous responsibility of managing the district health system with the goal of improving the health status of its people. Management of the district health service - just as of any field of endeavour - relies heavily on the availability and effective use of accurate and up-to-date data and information. A lot of data is generated each year at the district level. The Annual Report is produced as the leading informative document of the district.

This is very expensive and time-consuming. To put it to the maximum use therefore, is necessary to justify the effort and logistics expended.

It is intended to study in an explorative and descriptive manner, the extent to which the Annual Report, in particular, and the available data and information in general, are put to use by the DHMT in the management of the district health system

HYPOTHESIS:

There is the unproven feeling that district health system managers do not always have adequate and relevant data, nor especially use to the full the A.R. they put out, or much of the data available to them in their management activities.

OBJECTIVES OF THE STUDY:

GENERAL: The general objective of the study is to find out if the Annual Report (A.R.) in particular and any other data are useful and beneficial to the DHMT in its work or not.

Specifically:

1. It is to find out if the data and information are adequately and effectively presented so that they are easily available and accessible for use.
2. It is to find out how often the A.R. is adequate, as far as the DHMT, is concerned for the uses it is put to.
3. It is to find out if the A.R. is used and for what purpose.
4. To find out how use is made of the various recommendations made in annual reports in the successive planning of objectives and strategies
5. To study the trends in the content of the Annual Report to see if it reflects any reciprocal "communication" between the producers and users of the report.
6. To find out if other data are used in the management activities of the DHMT.
7. To recommend ways of improving upon the A.R.'s usefulness.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL BACKGROUND OF THE STUDY

LITERATURE REVIEW

There is not much literature to show how the ARs are used after they have been produced, and especially so in Ghana. Since the middle of the nineteenth century, the British colonial Government kept regular reports on the Gold Coast Colony. This always contained a section on health. In 1948 a formal single document on health in the country was first produced and this continued in the 1950's. Since independence in 1957, however, report writing has been sporadic in the Ministry of Health. In the 1960's and 1970's reports were mainly concentrated on hospital and facility care; and only a small portion was devoted to public health care. Now since the adoption of the PHC strategy by the MOH in Ghana in 1978, public health reporting has assumed increasing importance. Indeed, now district health reporting has won pre-eminence over hospital reporting since the district health system is now recognised as the unit domain for health practice and also as the implementation level of the PHC strategy. Presently MOH reporting procedure directs that district reports be sent to regional health offices from where they will be collated into regional reports which are sent to the national headquarters. There is presently (1995) a new format setting out how a regional health report should be written on a uniform basis for all the regions. A format for the district health report seems to have come from the regional level though some feel it is not comprehensive enough (Twifo Praso DHMT). There is no guideline on how ARs can be disseminated by DMOHS

except the formal forwarding to the regional level; and therefore much will depend on the DMOH's initiative and drive (Personal search).

It seems the reports (AR) are self recommending to the DHMT as far as what action they should take, based upon it. The DHMTs regard the reports as being helpful for planning (financial, logistics, personnel, training needs, transport, disease control and health programs etc) for the following year both in terms of objectives as well as strategies, programmes and activities. Their use in monitoring and self-evaluation is also well understood.

Feedbacks are now being sent regularly regarding MIS reports forwarded by the DHMTs. If this one is done for ARs from the region this will also be an incentive to improve both upon the technical and the administrative functions of the DHMTs.

However, many feel that when it comes to recommendations whose implementation fall outside the power and strength of the DHMT to fulfil, they are disappointed at the apparent neglect shown them by the higher authorities, whether regional or national. This leads often to disappointments and frustration to the DHMT, and is a disincentive to their making future recommendations, since they think that their reports achieve nothing. For example, most accounts officers and their DMOHs feel this way about FE allocations and the way their budget estimates are overlooked in the regional allocation exercises.

However, it is also to be said that resources are always economical goods which face competing demands for attention and must therefore be bargained for. It is necessary to back

recommendations with follow-ups and evidence which convince resource allocators that you are really doing substantive work in your district. The DHMT and its Annual Report must both be loud promoters of the district health interest.

Finally, there are recently coming up few articles in the British Medical Journal (1989, 1990) in which are being discussed the format for writing annual reports. It started with the general practice reports; and is now extending to public health practice. There are a few surveys which have been conducted in the last decade. Health practitioners are eager to know the purpose for the writing of annual reports, even, of all types; and there is the felt need for a format, which has been standardized, for use by all the practitioners. This is especially so in the district health reporting. One can therefore clearly see that this study is very justified; and it is hoped that it could make some contribution to knowledge in this area.

THEORETICAL BACKGROUND OF THE STUDY

Information is very useful in the management process; and the Annual reports serves as one example of information. Annual Reports can be utilized in the management process to improve upon health services.

Firstly, this can take place when it comes to the matter of planning.

It helps to do this by giving a form of situational analysis and assessment of the district and by giving an appraisal of the district's priorities.

Through this, objectives and targets can be planned and one can estimate the services required to achieve the targets. Strategies can then be developed, and then programmes and plans and budgets can be drawn. Information received for ARs also help in problem solving and decision-making.

Secondly, the AR helps the DHMT when it comes to organization.

Its writing causes one to consider various areas of the health set up, such as the organizational structure (people and work) of the officers in the district, as a whole, and even also of the DHMT. It draws one attention to resource management, which includes drugs supplies, logistics, maintenance and finances.

Another area that the AR is useful in, is the area of Personnel Management and Training needs identification. The staff distribution and mix at the end of each year will help the DHMT to consider what to do to meet staff needs.

It also helps any unit head in directing subordinates, in delegating tasks; and gives direction in his general supervisory duties.

The AR has a motivating value, it can be used as a documentary evidence to award prizes and incentives to the members of the health team in the district; it also serves to assist in team building.

Finally, it is universally recognized as a tool of evaluation. Here it will be used for monitoring and also for control of the district health programmes and activities.

Information derived from the AR can also be utilized to achieve joint action in the district. This can take the form of

community mobilization through both formal and non-formal education; with a view to harnessing their participation in their community development.

At the institutional level information sharing will greatly facilitate intersectoral collaboration; and within the MOH body itself, it will enable the integration of vertical programmes into a comprehensive health care delivery system.

CHAPTER THREE: METHODOLOGY AND WORK DESIGN

This is an exploratory study using both secondary and primary data. Primary data collection involved the use of FGDs and an interviewer - administered structured questionnaire. Secondary data was obtained through the use of a structured questionnaire as the survey instrument.

The study was conducted in the Central Region of Ghana, and covered the three (3) year period from 1992 to 1994, both inclusive. Three (3) districts were used for case - studies.

1. DATA REQUIREMENT :

These include the ff:

BACKGROUND INFORMATION ON DMOH/DHMT LEADER:

- (i) position
- (ii) Duration of serving in that position.
- (iii) Duration of serving in this district.

DETAILED INFORMATION ON:**1. ADEQUACY OF DATA PRESENTATION****2. LEVEL OF DISSEMINATION**

- 1. Who receives your report?
- 2. why is the report sent to each specific organization?
- 3. Is there any feedback received?
- 4. What is the form of feedback?

3. USE:

- 1. For what purpose do you use the report?
- 2. How adequate was the report for the purpose?

4. SUGGESTIONS FOR IMPROVEMENT**5. THE PLACE OF OTHER DATA**

Do you receive other data?

What type(s)?

Do you give feedback?

Are they useful?

Are they adequate?

2. DATA COLLECTION METHODS

(i) Sample size determination was based on convenience. Three (3) districts were used for the study out of the 12 districts in the Central Region. Logistics, finance, and the availability of time were used to make this judgement.

The sample selection (sampling process) was purposively done, choosing :

1.The regional capital's district

CAPE- COAST DISTRICT

2.An old and well -established district

ASSIN FOSO DISTRICT

3.A newly created district

ABURA-ASEBU-KWAMANKESE DISTRICT

The rationale is to be able to build a composite picture out of all the differences, in the levels of availability, and use of the Annual Report and any other data, in all the various types of districts.

(ii) Data collection instruments which were used were:

(a)Focus- group discussion

(b)Structured questionnaire

3. METHODS OF ANALYSIS

This involved:

(i) collation and analysis of FGD reports

- (ii) description of findings (using simple frequencies)
- (iii) explanations
- and (iv) interpretations to arrive at implications of findings.

EXPECTED OUTPUT

The expected outcome of the study was to include :

1. A report on the usefulness of the Annual Report (AR) to the DHMT in the management of the District Health System.
2. Identification of the various uses put to, by the DHMT, of the AR, and a report on the level of dissemination of the AR.
3. A determination of the trend relationship in the Annual Report from year to year.
4. A report on means of improving the AR's usefulness and adequacy as perceived by the DHMT, for its work.
5. Recommendations on strategies for improving and enhancing the AR's usefulness.
6. Dissemination of study findings through publications and presentation opportunities.

ETHICAL ISSUES

Since this is an exploratory study, and purely intended for the fulfilment of academic requirements, it was necessary to state explicitly, right from the beginning, that it was not meant to be an assessment or supervisory exercise, as would be conducted by a supervisor or superior who had authority over the district. This was explained to every respondent so as to allay any fears during the conduct of study. In addition, it was intended that feedback to the respondents would be given at the

end of the study so that findings and recommendations could be used positively to enhance their work.

Permission for Regional/District Entry :

This was requested officially from the Regional Director of Health Services after explaining the content and purpose of the study to him. This gave us the necessary institutional clearance for regional entry to conduct the study. It was hoped that through him, and also through the field and academic supervisors, suggestions would be obtained for the improvement of the study design, so that it will be more beneficial and arouse more interest toward participation among all the stakeholders of the study.

Letters

Letters were written to the DHMTs followed by introductory visits to inform them of the study and to arrange an appointment date for the interview with them.

Incentives

To encourage participation, refreshments were served during the conduct of the interviews and FGD in the form of soft drinks.

PROJECT MANAGEMENT

1. WORK PLAN

Within the time allocated by the School of Public Health, the following were the proposed duration of the major studies. They were all carried out by the resident personally under supervision by the Field and Academic Supervisors.

Study Component	Duration	PERIOD
TOPIC DEVELOPMENT AND APPROVAL	2 MONTHS	JULY TO AUG. 1995
PROJECT DESIGN	1 MONTH	AUGUST 1995
LITERATURE REVIEW	2 MONTHS	JULY TO AUG. 1995
QUESTIONNAIRE DEV. AND DESIGN	6 WEEKS	AUG. SEPT. 1995
QUESTIONNAIRE PRE-TESTING AND REDESIGN	1 WEEK	SEPT. 1995 TO OCT 1995
SURVEY		
- DATA COLLECTION	2 WEEKS	OCT. 1995
- DATA TIDYING-UP	1 WEEK	OCT. 1995
- DATA ANALYSIS	1 WEEK	OCT. 1995
REPORT WRITING	2 WEEKS	OCT/NOV 1995
PRINTING AND BINDING	3 WEEKS	NOV. 1995
SUBMISSION	1 WEEK	EARLY DEC. 1995

This gave a total of six (6) months duration for the project, as could be seen from the Gantt chart (see Appendix)

2. PROJECT ADMINISTRATION AND MONITORING

The planning and execution of the study was under the joint direction of four supervisors (academic and field supervisors). They are :

1. PROF. S OFOSU-AMAAH - DIRECTOR OF THE SCHOOL OF PUBLIC HEALTH
- Academic Supervisor.
2. DR. Z.K.M. BATSE - RESEARCH FELLOW I.S.S.E.R. UNIV. OF GHANA
LEGON/PART-TIME LECTURER SCH OF PUBLIC HEALTH LEGON. Academic Supervisor.
3. DR. E.K. SORY - REGIONAL DIRECTOR OF HEALTH SERVICES,
CENTRAL REGION. The Principal field Supervisor.
4. DR. GERARD DE VRIES - DISTRICT DIRECTOR OF HEALTH SERVICES,
ASSIN DISTRICT, CENTRAL REGION.
The immediate field Supervisor.

The work itself was be done by the resident himself with the assistance of one cassette-recorder which was employed during the conduct of the FGD.

The School of Public Health was the principal agency for whom the study was done. A computer literate secretary was hired to do all the typing of questionnaire, of draft reports and of final reports. She also made all the data entry as and when they came in.

3. PLAN FOR UTILISATION AND DISSEMINATION

The results of this study will be disseminated to various principal clients, interested parties and stakeholders.

These are :

1. The School of Public Health, in partial fulfilment of requirements for the award of MPH degree - 3 COPIES.
2. The Field and Academic Supervisors of this study. - 4 COPIES.
3. The District Health Management Teams involved in the study - 3 COPIES.
4. Personal Copies - 2 COPIES.

It is also hoped that there will be opportunities to make class presentations, to attend workshop and services to address health workers on the study and its related issues and to facilitate meetings and conferences on DHMT, PHC, and information utilisation. It will also be presented to the Regional Health Administration of the Central Region for its consideration and to assist it in the training of DHMTs and DDHSSs.

BUDGET

TIME : AUGUST 7TH TO DECEMBER 1 1995.

TRAVELS TO THREE (3) DISTRICTS		
TRANSPORT		20,000.00
PRE-TESTING		10,000.00
FGD- TOKENS FOR PARTICIPANTS		
(REFRESHMENT)		30,000.00
TYPING ASSISTANT'S HONORARIUM		15,000.00
STATIONERY		
FOR QUESTIONNAIRES DESIGN}		
PRE-TESTING} 10 REAMS		150,000.00
FINAL }		
FOR RECORDING FACILITY }		
H IRING AND PURCHASE OF CASSETTE TAPES}		
ENVELOPES/ PENS/STENCIL FOR		
DUPLICATION/ INK		20,000.00
WASTAGE		30,000.00
SECRETARIAL FEES		50,000.00
REPORT WRITING		
DRAFTING 5 COPIES		25,000.00
STENCILS		20,000.00
PRINTING AND BINDING - FINAL 12 COPIES		150,000.00
DISSEMINATION		50,000.00
CONTINGENCY		150,000.00
COMPUTER USE/DISKETTES		50,000.00
TOTAL		770,000.00

BUDGET JUSTIFICATION

Research work is a very expensive project for one to undertake. Many resources are needed - including time, personnel and logistics (stationery, transport etc). Even when inter-personal relations are very good, and networking exists, one

still has to incur expenses.

Secondly, the prices of very basic logistic items kept rising by the day. Estimates were soon outdated - because of continuing inflation in the country. Therefore the prices given were just optimal.

It was expected that the school's contribution would be used to start the study. However it was hoped that assistance could come from various stakeholders and interested parties.

IMPLEMENTATION

It was expected that with the inclusion of the district and the regional field supervisors in the discussions regarding the study, right from the start, the study would prove very useful to the districts and to the region. It is hoped that the region and the districts involved in the study will be the first to implement the findings and recommendations of the study.

CHAPTER FOUR

R E S U L T S

CHAPTER FOUR: RESULTS AND OBSERVATIONS

I: INTERVIEW AT ABURA DUNKWA

INTRODUCTORY BACKGROUND INTERVIEW WITH DHMT LEADER 16/11/95

Q: Please tell us a bit about yourself, your DHMT, and about your Annual Report.

A: DHMT Leader:

I have been posted here only since last June 1994 from another district. I am therefore new here. My other team members are also relatively new having been here two or three years. The longest serving officer is Ms. Justine Coffie who has been here for seven (7) years.

I have seen from the files that we have the A.R. for 1994 and 1993 but none for 1992.

Checking from DHMT, we produced 11 copies in all using the services of a friend typist (-by then we did not have a typist) (1 copy each for DHMT, DA, RHMT; 3 copies for our three subdistricts and 4 for the various divisional units of our DHMT, and 1 copy was sent to an NGO called CEDECOM).

We usually start compiling them in early part of December and we complete it by the end of January. The total cost to us for the last AR was ₵15,000. We did not have any FE's in particular allocated to it. We used some paper bought for stationery.

The report is usually written using the contributory reports from all the units of the DHMT written by the respective heads. The DHMT leader then collates all of them into a final report.

**RESULTS ON INTERVIEW AT ABURA DUNKWA CONDUCTED ON 16TH NOVEMBER
1995**

INTRODUCTION

The Abura-Asebu-Kwamankese District is one of the newly created districts in the Central Region of Ghana, It was created in 1989. It has a population of 83,643 (1993) and its capital is Abura Dunkwa. The DHMT is composed of the following members:

Name	In-charge of	Position
Mr. John Cudjoe	Medical care	Chairman
Ms. Justina Coffie	MCH/FP	Secretary
Mr. Peter Dieter	Disease Control (EPID)	Member
Mr. Isaac Debrah	Disease Control (EPID)	Member
Mr. Michael Forson	Environmental Health	Member
Mr. E.Y. Mensah	Accounts Officer	Member
Ms. Joyce Bondzie	Nutrition Officer	Member

(Health Education and Statistics are additional duties of already serving DHMT officers)

Session 1

Topic: Availability of Annual Report/Dissemination

Questions:

1. Do you each have a copy or do you each have easy access to a copy of the Annual Report for last year 1994?
2. Have you read it through?
3. Do you refer to it in the course of carrying out your work? How often? and for what purpose?

There is one copy of the A.R. which serves as the DHMT's copy and is available for use by any DHMT member. It is placed in the medical assistant's consulting room in a file. The MCH/FP unit also has a copy. Two (2) members have read the entire report. One had read the portion that concerned his unit, and

the rest had not read it nor even seen it at all.

For those who had read it, reference is made often to it for comparisons of present year's figures with previous years' and for setting targets for the next year.

TOPIC USE/BENEFIT OF A.R.

Question: What benefit/use do you derive from the Annual Report (its data and analysis) for

1. Your work in your unit or division (Asked each person in turn)
2. Your teamwork. (ie. the coordination among the various units of the DHMT).

MCH/FP Officer: I have used the A.R. many times - often to make various references; to compare the previous year's* coverage figures or service figures and to set targets for the next year or quarter.

I used it also for evaluation of my work in the unit. I have also used it to assess my staff situation and to request for more staff.

EPID Officer: I use it to compare disease trends

Medical Assistant : I also use it to follow the trend of diseases seen at the OPD from year to year.

EPID Officer: For me, it enables me to see the utilisation and patronage of the health facilities. By it, I also keep a check on transportation, stationery, drugs and equipment and to determine when they are not adequately available in the system. As a document, I have used it to talk about office facilities at Abakrampa.

Other Contributions: It has also been a reference and base line data for ourselves as members of the DHMT, and for medical and nursing and other students for their research work.

I also use it to compare it with other districts to find out how well we are performing.

It is also a baseline data for other health-related services.

We also use it to project for subsequent years.

TOPIC: SUGGESTIONS FOR IMPROVEMENT OF A.R.

Question: What suggestion do you have for the improvement in usefulness of the Annual Report?

What should, for example, be included which is left out presently?

MCH/FP: We need a computer and the necessary computer literacy to help our work to present our work-data better and to analyse the figures better in order to derive more information for planning our work.

SESSION 2

Topic: Extent level of Dissemination

Question: Whom do you send copies of your AR to?

The DHMT sent copies of the A.R. to

1. The District Assembly, Abura Dunkwa
2. The Regional Health Administration, C.R.
3. CEDECOM

In the case of CEDECOM it was because they requested for it in particular. The others were sent copies as a matter of routine. In all cases, no direct feedback on the District A.R. has been

received. However, the Regional Headquarters in turn regularly sent its Regional Annual Report to the District. The MCH unit at the regional headquarters also sends regularly its annual report to the MCH/FP unit at the district.

No copy of the district A.R. is sent to MOE, NFED, C.M, CD & SW, GWSC, ECG.

TOPIC: USE

Question: What use have you put your AR to in particular instances?

MCH/FP Officer: I have used the A.R. at various health talks. The first was at a durbar organised by the D.A. There I gave a talk on Family Planning issues. Recently, I have also used it to give another talk during the Malaria Awareness Month on malaria prevention and treatment; and again I used the data information from the A.R. to talk to my communities on AIDS.

EPID Officer: We have also found the A.R. useful in providing us the background data to plan our treatment of Yaws, and to conduct a survey on yaws.

Medical Assistant: I have used it to observe the trend on the utilization at our facilities (to see if it is increasing or not). There is an increase in OPD attendance but many are coming from afar, suggestive of the fact that our catchment population extends beyond our district borders. For me our figures still show that we are not yet ready to have a medical officer posted here, even though the town people still are crying for one.

TOPIC: EXTERNAL REPORTS FOR YOUR WORK

B. DO YOU RECEIVE OTHER REPORTS?/FROM WHOM?/WHICH TYPE?/ARE THEY USEFUL?/HOW ABOUT THEIR ADEQUACY FOR YOUR WORK?

DHMT Members: . We receive reports!

We receive population reports, reports on HIV/AIDS etc from the regional level and from the national levels.

Our TBAs also send us reports on their work. We give them feedback verbally when we visit them through our MCH/FP health workers. Officially we give feedback in the form of organizing of training and refresher courses.

We have received the WHO Report 1995 from the WHO Office, Accra, and another on Infant, Child and Maternal Mortality Studies from the Ghana Statistical Services.

. The reports we receive are not adequate for our work. The information is coming according to vertical lines. For example the TB report is one sided, altogether involved with tuberculosis; or the Family Planning (FP) report, or EPID report - they are all one sided. We want other areas, indeed all the other programme areas to be brought together in reporting.

. I have information on the District's environmental profile but the District Assembly says that there is no money.

. We want to learn proposal writing to follow up on the information we generate to obtain resources for needed action.

. We need information on new approaches to disease control.

. We need information on what national level is doing about staffing and promotions.

. We have a few constraints, and these are lack of transport and of adequate personnel.

Government should make sure anybody put to do this job should do as is expected of him both technically and as a DHMT member.

Interviewer: Have you received any particular format for writing A.R. for the District?

Answer: No

Q. How about for any of your units?

Ans: Yes, for the MCH unit

No, for the other units

Impressions:

All DHMTs should set up libraries to collect needed information from all the stakeholders in the district health system for the management of the district. This library should also serve as a conference room where news and information are gathered and discussed. Reading and discussion of annual report for the district and for the various divisions (MCH, Env. Health, Disease Control) obtained from various centres, districts and regional and national levels should be encouraged. This will generate ideas to enhance the work of the DHMT.

Limitation

Where the A.R. was not compiled, it was not possible to ask further questions, since they often did not apply.

When certain members of the DHMT had not read the A.R. it was also difficult for them to answer further questions and therefore have their full participation as would be desirable in a FGD. At certain stages of lively discussions it became difficult to keep track of which person said what since two or more spoke at the same time. In this case, only the point made

was recorded.

Comments: It is important that the compiling of the A.R. should be done first and foremost for the interest of the District, and not for the regional level. For the district the first use is for operational purposes, while the region mainly needs it for its supervisory and coordination functions. DHMT must therefore see the A.R. as a necessary information tool which they must produce to assist their work. This is one essential tool by which they will have proper command and use of the resources in their hands. It is then that decentralisation will take on a greater practical meaning to the DHMT. Information is needed to manage resources well- whether they be finances, or logistics.

Before DHMTs are inaugurated, and before DDHS are appointed to take up office, these members should actually formally undergo an orientation course, using formal instruction methods and manuals, to acquire the requisite knowledge on the work of the DHMT and of the particular and respective function of each member. Each should be told his job description both as a technical officer and a DHMT member. It would be good for DMOHs and DHMTs to be trained so that they will know how to write A.R. meaningfully and use A.R. for the benefit of their district eg. to attract the necessary attention of policy makers and the resources for health development. The trainers need to follow them up, supervising their work and helping them to solve their problems in writing the ARs and to improve upon them.

It seem there will be a rapid turnover of staff at health facilities and especially at District level if the staff feel that by accepting postings to various districts and places far

away from the regional head office, their promotion and training and career development opportunities will be forgotten about. This is a matter of motivation. Rapid turnover at a facility is a disincentive to information gathering, to continuity of information collection, analysis, collation and reporting, from which ideas are needfully generated for planning, improvement and advance in health concerns.

Handing over should be taught. Especially useful is the fact that it includes not only physical equipment and inventory but also completed information and data records. Handing over notes should be written when one is handing over to a successor. This should be taught. Information culture in any organization can only come from top down. If those at the top use information, evaluate it, question it, then those lower down will also learn and follow suit.

It seems very important for DHMTs to have very regular meetings, if they are going to be able to discuss and make full use of the information which they continually receive. Regular Monday meetings are very helpful because regular monitoring and feedbacks are essential for creating the awareness among all about the importance of information to their work. All monthly meetings must have regular minutes kept, acted upon and reviewed, for effective management of the district.

FORMAT CHECK RESORT: ABURA-ASEBU-KWAMANKESE DISTRICT REPORT

PRESENTATION			
	1994	1993	1992
Map of the District	✓	*	-
Organogram - of DHMT - of MOH	*	*	-
Objectives of year review	*	*	-
General review of the year or Executive Summary	*	*	-
Strengths and Achievements in the District health services	✓	✓	-
Major constraints and challenges facing the district	✓	*	-
Training and development with the district towards health improvement	*	*	-
Future directions/outlook/plans and objectives and opportunities	✓	*	-
Evidence of trend analysis/feedback/continuum	*	*	-
Acknowledgements	*	*	-
Appendix - Funding from other sources -Human Resource Distribution	* ✓	*	-

✓ = REPORTED AND/OR HIGHLIGHTED

* = ABSENT

- = NO REPORT AVAILABLE

II: RESULT OF INTERVIEW AT CAPE COAST DISTRICT

CONDUCTED 15/11/95

Introductory Interview/Background Information

Cape Coast Municipality is the Central regional capital's municipality and has a population of 100,817 (1993). Its health system is under the administration of a Municipal Health Management Team and its team members are:

<u>NAME</u>	<u>UNIT HEAD</u>	<u>POSITION</u>
Dr. Constance Marfo	DDHS	Chairman
Absent on study leave	EPID	Secretary
Ms. Doris Awuku	MCH/FP	Treasurer
Mr. Solomon Mensah	Env. Health	Member
Mr. Amoah	Accounts	Member
Mr. Coffie	M/A Adisadel	Member
Dr. Quainoo	M.O. Ewim	Member
-	Nutrition	} These Unit functions are currently carried out by members of the health team as additional responsibilities.
-	Health Education	
-	Biostatistics	

The DDHS has only been in the District since 1993. There is a 1994 Annual Report for the Municipality but there is none available for 1992 and 1993. Ten (10) copies of the 1994 report were produced. (1 each for MCH Nutrition, Epid. and Environmental Health Division - 1 for the Regional Headquarters of the MOH, 1 for the Municipal Assembly and 4 for the 4 sub-districts of the Municipality Health System making a total of 10 copies. The total cost of production of the AR was ₵60,000. Funds and stationery were obtained from usual FE allocation. The

AR's compilation started around the end of November, at the end of last year and the report was out and ready for circulation by early April 1995. As far as its timeliness is concerned, it is considered adequate because "we know what we are about for the year - we are aware of our plans - before the AR comes out".

Introduction used before the interview

Good morning. I am Dr. Arde-Acquah - a Senior Medical Officer with the MOH, Accra, and currently a post-graduate resident at the School of Public Health, Legon.

I am currently on field work attachment in the DHA office of the Assin District at Foso. As part of my activities I am conducting a survey towards my dissertation project. I am interested in finding out the use to which DHMTs put their annual reports, in the management of their district. My study is being conducted in the Central Region and I have chosen three districts, namely Abura -Asebu-Kwamankese, Assin, and Cape Coast districts to form the representative sample for the region.

It is purely an exploratory study. There are no right or wrong answers. Your answers will rather help me, and I hope all of us as DHMT members, to consider the wealth of information which is potentially available to us for our use.

Information comes to us or is collected in various forms. The Annual Report is only used because it serves as an index report, drawing largely upon the other reports or pointing us to them. Secondly, it is the uniformly produced document easily found in all the districts.

The results will be firstly submitted to the SPH as an academic requirement. It will also be sent as feedback to each

DHMT interviewed during the study; and I hope it will prove very useful to your work.

Thank you for your assistance in my study.

Session 1

TOPIC: DISSEMINATION/AVAILABILITY

Question: Do you each have a copy of last year's AR or do you each have easy access to a copy? Have you read it?

Answer: Some of us have copies of the 1994 AR; all of us have access to a copy whenever we want to read it.

Three of us have read it completely.

No.1. Yes I have read it.

No.2. I have also read it.

No.3. I have read it.

No.4. I, as an Accounts Officer, read only the portion dealing with accounts.

No.5. I have not even seen it. I was promised a copy but never got it.

Question: Do you refer to it in your work? What use or benefit is derived from it?

No.1. I am a newly posted Medical Officer to my sub-district. I read through the AR to fill up my lack of knowledge about my sub-district. It has also enabled me to learn the use of substitute fluids like coconut fluid, rice water, light soup in oral rehydration therapy, beside the use of the packaged ORS.

No.2. The AR has been useful to me as an Accounts Officer. I had to refer to it during a Budget estimate conference which I attended at Ankafu in the early

part of the year. I also use it during my work in the Accounts Office.

No.3. It is valuable to me because from it I can tell the whole condition of the Health Centre's set up. It also gives me information on the staff movement within the district and enables me to tell if there are adequate personnel or not.

No.4.* It has also been useful to me because it helps us detect if there is about to be or is an outbreak of some communicable disease.

* Here the officers of the DHMT were allocated various numbers.

Topic: Use of Annual Report

Question: How useful is the AR? cite instances

Answers:

No.1 The AR helps us identify the disease pattern in the district and this helps us in our diagnosis of disease in patients when they come to the clinic.

No.2 It helps us in planning the use of our FEs.

No.3 In our medical unit it has helped us to plan on communicable disease control programmes especially with diarrhoeal diseases and with cholera in particular. We know from the AR whom to contact for resources, and the personnel to use.

No.4 It has also been useful in getting us to work together as a team. It has also helped us to know what each

member in the DHMT is doing and this helps us to work together.

TOPIC: SUGGESTIONS FOR IMPROVEMENT OF THE ANNUAL REPORT'S USE

Question: What suggestions do you have for improvement of the AR's use?

No.5: I have not even seen a copy yet, more so not read one.

No.2: When I take the AR I only read the portion that concerns me, that is the Accounts Section.

No.3: In budget preparation, our estimates which we propose are not given us. If we are not going to be given what we ask for, then it is no use that we go and waste our time at the budget hearing and then prepare all the detailed accounts report. At the end we are given money without any explanation. Writing of Annual Report is boring if we don't get what we request for.

No.4: The writing of Annual Report becomes boring because we don't execute the action plans we put out, but have to keep writing them again and again.

TOPIC: DISSEMINATION

Question: Whom do you send copies of your AR to?

Answers: All: We give copies of our AR to:-

1. Awim, Adisadel, MCH, University sub-districts
2. University Hospital
3. Municipal Assembly
4. Epid Division
5. Environmental Health Division
6. MCH/FP Division

7. Nutrition Division
8. DHMT
9. Regional Director, The Regional Health Administration,
Cape Coast.

We do not as yet give any copy to the Central Hospital.

TOPIC: SUGGESTIONS FOR IMPROVEMENT IN PRODUCING/DISSEMINATING THE

A.R.

Question: What suggestions do you have towards improving the production and dissemination of the AR?

No.3 I think more copies of the A.R. should be produced next time. If we produced about 10 copies for last year, we should produce 15 this year.

All We should give the additional copies to:-

1. Central Regional Minister
2. MCH needs 2 copies instead of 1
3. Accounts Department needs its own copy
4. A copy for the MCH Regional Public Health Nursing Officer,
Cape Coast.
5. Ministry of Education - the Regional Office needs
6. Medical School Libraries - in Accra, Kumasi, and Tamale
7. Nurses Training College, Cape Coast
8. Ankaful Hospital
9. Ankaful Leprosarium

No.4 As we have mentioned, the report should be sent to the Central Regional Minister. Included in it should be also a summary form which can be easily read. Here we can highlight the problems (and achievements) of the Cape Coast Municipality such as:

1. Poor Sanitation
2. Outbreak of Typhoid
3. Cholera
4. Tuberculosis

To him.

These should be highlighted in the summary.

This is not being done now but should be done in the future.

DO YOU RECEIVE ANY REPORTS FROM OTHER DEPARTMENTS?

No.3 I don't know if the DMOH is sent a copy also, but I receive A.Rs from the Community Psychiatric Nurses Association on their activities undertaken in the year.

Q: Do you give them any feedback?

A: No

Q: Any other reports?

A: The DMOH attends meetings of the Municipal Assembly quarterly, and minutes of these are sent to her regularly.

Q: When you sent your A.R to the Regional (MOH) headquarters did you receive any feedback?

A: They also sent their Regional Report to us. It is a matter of routine.

Q: Was there a specific feedback on the Cape Coast District Report?

M.O.- I remember seeing a feedback in the form of a letter on the Cape Coast District Report congratulating the DMOH for the situational analysis which she had done, and for the activities she had carried out in the year. These included TB, EPI, FP, Malaria survey etc.

Q: How about MOE, Min. of Agric. CM, CD & SW?

A: We don't receive their reports nor send any reports to them.

Q: Do you work in collaboration with any NGO's?

Receive any reports from them?

A: Yes. We work with PPAG, Red Cross, Catholic Relief Services (CRS). We are housed in a Red Cross building premises; the CRS are in charge of the Nutritional Rehabilitation Centre. No there is no direct flow of information from them to us. But they send information to the Regional headquarters and to their parent organisation.

FACILITATOR'S COMMENT:

So we can see that there is the need for a lot of information flow so that our management activities will be very well informed and we can be more effective.

FOLLOW-UP

Interview with DMOH*

(Because she was partially absent from the interview meeting)

Q: Which organisation do you send the AR to? Why? Feedback?

A: I especially sent a copy of the 1994 AR to the Municipal Assembly, Cape Coast. I did this to keep them informed on the health status of the municipality. I highlighted the important matters of poor sanitation, food hygiene and housing to them. I also make it a point to attend every district Assembly meeting which is called, and to make a representation for health.

Q: For what purposes do you use the AR?

Is the AR adequate for these?

A: I use it for planning, for review of our programmes and activities, for assessment of our performance and also as a reference manual. As far as their adequacy is concerned,

I will say yes adequate to a fair extent.

Q: What suggestions do you have for improving upon the AR?

A: I would say we need logistic support. I think Item 3 in the FEs should be increased for producing the AR. Then we can have more copies done.

Q: Do you receive other reports?

A: Yes we do.

The regional office sends us its Annual Report, and the MCH Report.

The national level sends us its Annual Report too.

NGO's like UNICEF and WHO send us their report.

Disease Control Units send us some, such as TB Unit.

Q: Do you give them feedback? If so how?

A: Yes, we do. We write back; and sometimes we give oral feedback when we meet their officials at health seminars, workshops and conferences.

Q: What suggestion do you have for improving upon the AR?

A: I think the District profile should be regularly updated. Secondly, we need two of our missing members replaced (EPID. Nutrition) to enhance our work.

FORMAT CHECK RESULTS

DISTRICT : CAPE COAST REGION : CENTRAL REGION	1994	1993	1992
Map of the District	-	*	✓
Organogram			
- of DHMT	-	✓	*
- of MOH	-	*	*
Objectives of year review	-	*	✓
General review of the year on Executive Summary	-	*	✓
Strengths and Achievements in the District health services	-	*	✓
Major constraints and challenges facing the district	-	*	✓
Training and development with the district towards health improvement	-	*	✓
Future directions/outlook/plans and objectives and opportunities	-	✓	✓
Evidence of trend analysis/feedback/continuum	-	*	✓
Acknowledgements	-	*	✓
Appendix - Funding from other sources	-	*	✓
- Human Resource Distribution	-	*	✓
- Relevant Graphs + Tables	-	*	✓

Key: ✓ = Feature present and highlighted

* = Not highlighted or absent

- = No annual report available

RESULTS III**TOOL II****INTERVIEW WITH ASSIN FOSO DHMT****INTRODUCTION/BACKGROUND INFORMATION**

The Assin District is the largest of the 12 districts in the Central Region, having both the largest population of 160,000 and largest land size.

Its capital is Assin Foso. It is also a Unicef-sponsored district under the Bamako Initiative Programme.

It has a very active DHMT led by Dr. Gerard de Vries, the District Director of Health Services, a physician. The DDHS has been in this position for 3 years ie since 1993.

This district had its A.Rs readily available- as far as 1992, 1993, and 1994 are concerned - very well prepared, documented and bound and easily portable and amenable for daily work use and reference.

There are enough copies for purposeful dissemination and for all stakeholders in health. As many as 80 copies of the 1994 A.R. were produced for about ₵200,000. Half the cost was borne by the DHMT from the FEs, indeed from money detailed for stationery while the other half was by a personal contribution made by the DDHS. Annual Report compilation starts from mid December to January and the final report comes out from print in April/May.

Below are the members of the DHMT:

Dr. Gerard de Vries	Medical Officer of Health	Chairman *FGD Nos.
Mr. Albert Acquah	T.O. Epid. Division	Secretary (2)
Ms. Adriana de-Heer	Nursing Officer MCH/FP	Treasurer
Dr. Morrison	SMO i/c Catholic Hospital	Member
Rev. Sister Lourdes Sanz	Matron, Catholic Hospital	Member
Mr. Isaac Mintah	Hospital Secretary	Member
Mr. Cobbinah	District Health Superintendent	Member (1)
Mr. Moses Edu-Kyei	Health Inspector	Member (5)
Ms. Georgina Asimadi	PHN MCH/FP	Member (3)
Mr. Seth Brako	T.O. Nutrition	Member (4)
Mr. E.K. Boakye	Accounts Division	Member (7)
Mr. J. Hammond	Leprosy Control Officer	Member (6)

In the FGD held, the various numbers were used to designate those present.

Qu.1

Topic: Dissemination/Availability

Q: Do you each have a copy or do you each have easy access to a copy of the Annual Report for last year? Have you read it and do you refer to it in your work. How often and for what?

A: All: Each one of us, as DHMT members, has a copy for his unit.

No.4: I have read the whole report

3: So have I

2: And I also

1: And so have I also

7: I have read the accounts portion through, since that's of great interest to me.

Q. Do you refer to it?

A. Nos.2, 3, and 4: I do

Q. How often?

No.4: I have all the information in summary form in my head.
I therefore know all the problems.

No.6: My aim is to keep reducing the incidence of disease,
so I keep referring to my AR to see if I am on course
or not.

No.1: I refer to it continually.

Topic: Use

Q: What benefits or use do you derive from the Annual Report?

A: No.3: In the MCH department we refer to it when compiling
our immunization reports. We compare the previous year's
report with current figures to see how well we are doing,
or how well we are solving our problems. It is also to
check on target achievement - ie. whether we have achieved
the targets we set for ourselves or not.

No.8: In effect, the AR is there as a guideline for us.

No.2: It is helpful and useful because it is portable, easy
to carry; and so wherever I am, I am able to
refer to the problems encountered in the past year
and to determine what course of action to take.

It is also a shorter and easier way to obtain information,
than going through many files. As a teamwork document, and
reflecting the team's suggestions and views, the AR help us
as members in our daily work to see if we are a course or
not.

- No.4: The AR also motivates us. It gives a quick and overall picture of all the health activities in the district, and on our performance levels as well. It also seems to give you the information in the other divisions in the DHMT, and their plans.
- No.1: In Environmental Health, it helps us to determine the progress of environmental health development in the district. It helps us to know what is happening in the other divisions too.
- No.2: As far as MIS is concerned, the AR makes for easy collection of facts, and for easy comparison of figures and trends (because the AR usually has the year to year figures on health activities and programmes and health status indicators). The very fact that all the DHMT units are represented in one reporting form or in one book makes easy accessibility for reference.
- No.7: In the Accounts Unit, we can see clearly by comparing this year's account record and last year's that the Regional Headquarters has rather increased our funds - both as totals and even in the various quarters. This is encouraging. We have also received more petrol coupons. I think our AR helped us attract more attention among the resource allocators.
- No.5: For me in Environmental Health, I can say that when you read the AR you wake up from your slumber. You have no choice but to get up to address the problem areas. This year, for example, I have been able to

buy sanitary tools worth c3.5 million, and to increase my labour strength by 7(seven) labourers, through the District Assembly. Now I can see that sanitation in this town is improving.

No.6: Regarding special programmes, we motivate ourselves through the data. We use it in this way: For example in 1994 we found that our coverage in FP was low; and so we decided to take the FP service to outreach points to increase our coverage. Secondly, in the case of TB, in the past years our records were not up to date. With the government supporting this programme now, it is helping us to keep better records and intensify our effort to bring the disease under control. When it comes to Leprosy, our AR figures have been very helpful. The trend from year to year helps us to monitor our performance at trying to bring this disease under control. Now we are encouraged to work harder to increase our output. Our figures from our Guinea Worm Education Programme also help us to monitor the disease incidence and be vigilant in the various villages.

Q: How about working as a team? How does the AR help you to work as a team?

No.6: Yes, without the AR I will not know what each unit eg. Env. Health is doing. Now I know what is happening in each unit, through the AR; and this helps us to understand each other and to work together.

- No.5: It is improving integration of our activities. We plan and work, or even often go out together. It is helping us to have a total picture of the district healthwise.
- No.2: The AR gives the impression to people outside that the team in this district is very solid.
- No.1: It brings cordial relationship among the DHMT. A health inspector, based upon information in the AR, can direct a malnourished child whom he finds on his rounds in town, to the MCH department or the hospital for proper treatment.
- No.4: What my AR showed has helped me to work with people outside the Ministry of Health. For example I learnt that 28 cases of PEM were admitted to the district hospital last year. This year, around August, I noticed that we were already exceeding the 28th incidence figure for PEM, so I drew a Nutrition programme in conjunction with the Ministry of Education. The response has been quite tremendous we got 55 to 60 parents educated as a result. The AR has given us feedback for planning our intervention.
- No.3: I feel when I go out to the community, I can talk about Environmental Health issues because I have learnt about it from my E.H.O's unit report. Similarly, I believe, he can also share information about FP when he meets a young family in the reproductive age which is already saddled with many children.

No.5: Every DHMT member is involved in the immunization programme.

No.1: We read about each other's work in the AR.

No.8: Proper planning results from the information we generate in the AR.

Q: How do you go about writing the AR?

A: Nos.4 & 6: Every unit leader writes his unit report. And then we submit them to the DMOH, who in turn compiles and edits them.

TOPIC: SUGGESTIONS FOR THE IMPROVEMENT OF THE AR

Q: What suggestion do you have towards improving your AR

A: No.2: Concerning the cost, it is a problem for the district to sponsor it. So if we do not get funds from the region or the district FEs to sustain it, we may not be able to continue with it. We will find ourselves stopping somewhere in the middle. Right now, the cost of production is not covered by FE. It is the DHMT which is seeing to how to print it, on its own initiative. Funds for printing are usually held back at the regional level. It is hard to get access to this fund.

No.8: We have to press for the funds from the region, for the funds to be sent alongside or included in our FEs.

Q: WHO DO YOU CIRCULATE YOUR AR TO?

TELL US A BIT ABOUT EACH OF THEM

A: ALL: Many bodies receive copies of our report. We send to:

1. The Dutch Embassy - because they have been helping the District with digging of

wells, putting up of Mozambique
toilets etc.

2. The Regional Health Administration, Cape Coast.
 - We send this routinely as a matter of obligation because we are under them.
 - As a matter of fact, the regional office has also expressed delight about the way we have bound the AR - so this district is an example to other districts.
3. All the sub-districts
 - All level Bs - no feedback is received from them. Indeed the AR may be feedback to all the information that they may have sent to us all through the year.
4. UNICEF - They give us feedback in the form of visits.
5. WHO - We send them a copy for them to know how we are faring in this district and for their support. Feedback has been forthcoming - in the form of visits.
6. DISTRICT ASSEMBLY - They have been very actively supportive of us in health delivery in the district. Recently they have built a bore-hole in one area where there had been an epidemic of Guinea Worm disease.
7. HEAD OFFICE, MOH, ACCRA - We send them a copy to keep them also informed of our work.
Feedback is in the form of visits

by people from the Regional office. In addition, delegations to the region are often directed to visit us, and so it is a kind of recommendation. We can see that our AR gets people interested in our district.

8. CHAG - The district hospital is a member of CHAG; and the DMOH is also employed under the auspices of CHAG and so it is necessary to send a report to them.
9. DHMT member - the feedback from us is that we improve upon our work.
10. Catholic Hospital, Assin Foso
 - We send a report to them, to emphasize the district health system concept, and show them that we recognise that they are an integral part of our district health delivery system.
11. Others - Including Mennonite Mission

RECEIVING REPORTS FROM OTHERS

Q: From whom have you received reports?

A: We have received:-

- (i) both national and regional reports for MCH/FP
- (ii) Guinea Worm Eradication Programme Reports
- (iii) Newsletters from the Regional Office
- (iv) "Health Today" from the Health Education Unit at the National Level, along with various posters and pamphlets on health issues.
- (v) Annual report from the Regional Nutrition Office.

(vi) Special Programme Reports eg. TB, Leprosy.

Q: Do you give feedback?

A: No.1: Most often it's no, personally.

No.4: I gave feedback by writing an article as was requested for publication in the 'Health Centrale' Newsletter.

Q: How about the NGOs?

A: No.6: With the Catholic Archdiocese we have had good communication with effective exchange of reports and feedback.

SUGGESTIONS

Q: What suggestion do you have for the improvement of information communication.

A: No.4: There should be a national report on Nutrition so that we can learn more.

No.7: I would like to be sent brochures on the Annual Estimates; it is unfortunate that they let us prepare estimates but we get no feedback.

No.7: I send them reports and figures but get no feedback.

No.3: I think that the MCH unit at the region and national levels are doing very well presently.

Nos.1 & 5: We all like to hear about trends in Environmental Health.

III: ANNUAL REPORT FORMAT CHECK RESULTS: ASSIN DISTRICT

Tool 1: RESULTS

✓ = A TICK MEANS THAT THE FEATURE IS INDICATED CLEARLY IN THE REPORT

- = A DASH MEANS THAT THE FEATURE IS ABSENT

DISTRICT : ASSIN REGION : CENTRAL REGION	1994	1993	1992
Map of the District	✓	✓	✓
Organogram - of DHMT - of MOH	- -	- -	- -
Objectives of year under review	✓	✓	✓
General review of the year on Executive Summary	✓	✓	✓
Strengths and Achievements in the District health services	✓	✓	✓
Major constraints and challenges facing the district	✓	✓	✓
Training and development within the district towards health improvement	✓	✓	✓
Future directions/outlook/plans and objectives and opportunities	✓	✓	✓
Evidence of trend analysis/feedback/continuum	✓	✓	✓
Acknowledgements	✓	✓	✓
Appendix - Funding from other sources	✓	✓	✓
-Human Resource Distribution	✓	✓	✓
- Relevant Graphs + Tables	✓	✓	✓

COMMENT

Assin Foso stood out so well in the study that an in-depth interview was arranged with the DDHS in order to explore further the factors that could be used to enhance the usefulness of ARs and therefore promote the management work carried out by the DHMT.

The DDHS felt strongly that copies of the AR should be freely made available to members of the DHMT and that the first step is to use it for discussion. This is the way to stimulate the team and other interested people to proffer ideas for health development. It also engenders a corporate feeling, where every member feels part of the institution and has something to show for its work. It is necessary for the DHMT to produce and use the AR because primarily "we the DHMT are the planning organ in the district for health". The importance of the AR even to the DHMT should encourage them to produce it even in the face of severe financial constraints.

The Annual Report "should not be the end of the road for the year, but rather the starting part for discussion to improve upon managing the district health service better each time".

The Annual Report is a good way to let people even know about what is happening in a district. It is a very informative document.

As an informative document it opens the way for dialogue with very august bodies. The resulting linkages and networking will harness a lot of resources which will yield immense public health benefits; and positively affect the communities which we serve.

The Annual Report is a very informative document to various readers. For those who write it, the whole process makes them apply all the lessons taught them and the skills they have acquired during their training.

Liaising or exchanging AR with other selected districts of interest can also enable exchange of ideas for improving health delivery.

In the following pages are excerpts of the interview with him:

**IV: IN-DEPTH INTERVIEW WITH DR. G. DE VRIES, DDHS ASSIN FOSO
AS FOLLOW UP FOR THE FGD WITH THE ASSIN DHMT**

Good Morning, Dr. Gerard de Vries

You are the District Director of Health Services for the Assin District. I am a resident of the School of Public Health; and I am here to hold a short interview with you concerning the usefulness of the Annual Report (AR) to the DHMT. This interview is an exploratory one, in approach and design. Very little, it seems, is known about this subject of study - that is, of the use of the Annual report. Therefore the initial findings will only depict a descriptive study. There are no right or wrong answers. We count on your subjective appraisal of the information that you generate, compile and use. This study may therefore only be a base-line study or perhaps just simply a case-study. Your sincere and frank answers will go a long way to improve upon or open up new avenues for the utilization of information. It is in no way an evaluation of your work; and all the necessary confidentiality will be protected in reporting the findings. Thank you.

Q: I have already spoken to your DHMT and I thought I should have this in-depth interview with you. After talking to your DHMT, the district seems to stand out in the Central Region as far as the prominence given to the AR -in its production as well as its dissemination and use -is concerned. Please tell me about its production (ie. how many copies etc.), its costs and how often you refer to the AR in your work.

A: I have produced so far two(2) Annual reports and the number of copies is about 70. Last year, 1994, it cost about ₵200,000 and was printed overseas. We produced two different kinds; a limited number of 15 copies in colour print and also 55 copies in black and white print. The colour print was made for donor organisations and people who have been assisting this district, just to show them our work and some appreciation for their support.

The first A.R. in 1993 was paid for by UNICEF. They have been the main supporters in our district. After we presented it to them, I did not ask them, but they said they would pay for it; we had a picture on the front cover showing one of the clinics they had helped open. From 1994 we decided with the DHMT, that I would contribute half the cost, and the DHMT from its funds would also bear half of the cost of printing.

Q: Tell us a bit about how often you refer to the A.R. in your work.

A: A lot of data is in my head; and so very often when I need some data or someone asks me for some information, I will just pick it and refer just for exactness. But I will say, every week, when I work on the computer, and I want to know for example, the number of deliveries at any health station or post I would just pick it up and refer to it. I would even say it is more than once a week.

Q: What benefit do you derive from the A.R. for your work, both as an individual DMOH and as a DHMT.

A: Well the first thing is that it is a collection of data.

At the end of the year you have a lot of data together and if you write AR you (that process is very important) take a critical look at your data. At the beginning of the year I start working on it and I ask all the departments to submit their unit annual reports. We all sit down and look back at the data, we analyse it and we plan for the future. This is the benefit I get from the AR.

Q: How about its use in the clinical work

A: For the TB clinical work which I am also involved in at the district hospital I don't use it much presently.

Q: How about its usefulness to you as a clinician

A: The hospital gives us data on care facilities and on case fatalities. For example, it is often the case that people ask me for data: this week two students from FOSCO (Fosu Training College) came to me; they wanted to know a few facts, for example figures on AIDS. I quickly referred to the AR; and got it for them. So it is a way to make data available on the diseases. But as a clinician I can't think of its use now.

Q: How does it help you get an overview of the district so that you can serve the district better?

A: May be a little. Here I can talk about neo-natal tetanus. The number of cases we get helps us to do something for such a preventable disease which has a high case fatality rate. We can plan better strategies for our MCH services to help us reduce it through increasing supervised deliveries and making sure pregnant women receive all their tetanus toxoid shots. Also the other way around is that,

the hospital is also feeding us with information. Through its annual reports it feed us with figures on diseases. Disease incidences tell us how effectively otherwise our district health activities and programmes are in improving the health of our people.

Q: How does the AR help team work in the DHMT?

A: I was surprised, when I came here in 1994, to notice that individual members did not have copies of the AR. It is necessary that each DHMT obtains a copy of what you write down as a team. If you don't have a copy or file you cannot refer to it and tell anything when asked. So it is a document which you can refer to and decide as a team where you want to go. Team work is both necessary for the production of the AR as well as for planning where you want to go.

Q: What suggestion do you have for the improvement in usefulness of the Annual Report?

A: I think we should first of all use the A.R for discussion. The A.R. is not an end in itself we should hold discussions among ourselves as DHMT, with the subdistricts, and also with the District Assembly (D.A.) we could make it more formalised in that we organize workshop, say on health care ... where we use the A.R. as a tool for the discussion. So it should be more a start of a discussion of the year's activities. Most of the planning is done by us from the health department, but it will be helpful to receive contributions from the other health related sectors as well.

- Q: What should for example be included or left out in the A.R. as at present?
- A: I would like to add more about the in-patients records. For a clinician it is important to have information such as the in-patients morbidity and mortality records. I want to add a table of data on our fridges, motorbikes etc.. At present there is not much to delete.
- Q: What proposal do you have for its improvements, for example as far as its timing for production. Both reports came out by late March.
- A: I don't think it is possible to come earlier than the present. The overseas printing takes time. The beginning of March is possible if we could print it here.
- Q: How would you prevent some units presenting the same data year after year.
- A: The A.R. is a result of the year's hard work. Data can only be collected from hard work. Therefore we cannot say that the water wells are at the same number when we know that people are digging wells all through the year, therefore, for example, the Environmental Department must focus on getting more data during the year to update the Environmental health profile of the district.
- Q: How about the presentation of the data, regarding its improvement?
- A: I can't say much to that.
- Q: How about improving availability?
- A: For the moment the AR is already widely circulated. It is good as has been suggested to leave a copy also on the

office desk but I think, as my experience has been, it will disappear with every visitor, because they always ask for a copy.

Q: How will you see to it that the AR as a document continues to be published even if you are not around?

A: First of all, the AR is a document needed for planning. When it comes out will not matter. The same argument can be made for its continuation down the years. These are working papers, they help us to plan. I have asked the DHMT to find money to contribute to the production of the AR in a way which is not too donor-dependent. I want to use my new "Business for health" venture to have some way to support the production of the AR. I want to make use of the continuous improvement in communication, and in technological development to get it printed. And this development, I know will soon reach Ghana.

Q: As for its size and compactness how can this be done in Ghana?

A: I don't know what is available in the printing industry in Ghana. But it can be done. It is just photocopy. Then it can be printed, and the stapling too can be done. If it is not possible, may be you can go to another printing format which may not be as portable as this, but will still be very presentable; and then you make enough copies which will be helpful. However, I think its portability is a big advantage and the DHMT should carry on with it; so I would highly recommend keeping this compact form.

Q: I notice, you did not include your organogram in your AR.

A: Accepted. Our organogram came only this year. Some of

these things have to be presented to you from above before you can know what it exactly is. Now we know how to work within our district and how to go about inter-sectoral collaboration (ISC) and so we will put it in our AR from next year. It is a matter which had to come from the region. Then we can adapt it for our local situation.

Q: Is it necessary at all to have an A.R. and for whom should it be primarily prepared?

A: Yes, it is very necessary. The AR is primarily for ourselves; we write it for ourselves! The first thing is that we write it for ourselves because we are collecting the data throughout the year. The AR is based on data. The 2nd step is analysis of the data. We collect a lot of report during the year and at the end of the year, you have your year's figures and you want to compare it with the previous year's to see if you are in line with what you want to achieve; you want to set new targets, you want to develop new strategies. The AR is a good way to look at data critically, to lay down some strategies, and to look at some new causes of disease which are coming up. If no one else is interested, we are interested because we are the planning organ in our district. We can see where we want to go next year. We have seen what we have done this year; we have discussed; we can see our problem, plan new strategies to solve our health problems and improve upon our coverage. So, first of all, it is for ourselves. I use it therefore for the district as a whole. Secondly, it is also necessary to produce the AR for the sub-district,

they are the main implementers of all the work we plan. As for us we sit at the district, plan and collect data and analyse it but they are the real implementers. And so it is necessary to send the AR as a feedback to them. They should know what we have done. Thirdly, we also send them to the region. They have never requested for it formally from me but I send it to them, because they need the districts' annual reports to plan for the region. We also send it to various organization like UNICEF, WHO etc. who have been supporting us, and this is to let them know about our district and what we are doing here. Some may not read it but other donors will read every detail, even being interested to know how many nurses we have in our establishment.

Some districts face financial problems in producing the AR but I think this discussion throws light on the subject and should encourage DHMTs to produce reports even if there are financial constraints.

Q: Why do you produce many copies?

A: Anyway, my first experience was in Zambia when I had to write Hospital Annual Reports. And I saw that people were interested to read. By that time I also produced enough copies for all the staff in the hospital. So there was one particular year -I gave to every staff an Annual Report so they could take it home! It is to get this corporate feeling to be part of the company. You have something that you can show to people that this is where I am working and that, for example, this is the number of operations done

last year or this is what we have been doing. So I saw the benefit of making a lot of copies in Zambia. Here, as I said, nobody has an AR of 1992. Also none of the divisional departmental heads had a copy of the AR. I felt that all these heads in our district should have a copy. Some would not read it but some would and I am sure those who read it would benefit. An example is the SDHT in Kushea. He used the same format in writing his AR too for his sub-district. He had been reading the AR so carefully and he has seen that it has encouraged him also to write an AR for his subdistrict. Then last year (I initially prepared 40 copies in 1993; then later I got 20 extra copies, people asked for more may be because of the format and the content.

I can also tell you some more how I used it.

I sent them:

1. to lecturers who gave a lot of feedback and criticisms,
2. to my school (Royal Tropical Institute) I hope it will help me some how in my career,
3. I am sending it to some international agencies. It is a way for myself to keep contact with those who are interested in health work, and
4. in Ghana I have been sending them to WHO, just for their information, to Dutch Embassy, to SCF and to PPAG.

Whenever you want to say something about your district, it is a proper presentation. If they are interested, they can read it. I believe that for some, they are not even familiar with what a district is doing. For example, I have received feedback

that for some people, it was just useful to know what PHC is even all about. An AR is useful, If you are not so familiar with the health system. For eg. we had an ODA representative coming and asking us about PHC. She read our AR and was so impressed about it because it showed her what PHC is all about.

It is a very informative document too; maybe not about Assin District in particular. To me too, when I did a course in Holland before I came, I learnt a lot of things there, which I have been able to put into my work and into the AR; - in a lot of planning activities. Then we did SDHS;- that also I have put to use. Also MIS which was introduced in the Central Region was very useful because data should be very useful to you. If you have too much data and you don't know how to look at it then it is not useful. And in my introduction in the 1993 report I talked a lot about MIS. The MIS is helping a lot to put essential things into the annual report. Just one page of data tells you so much about a district when we use the MIS method. You could equally have 20 pages of data which may be irrelevant for your work. I was happy to know when I was in Holland that Central Region was one of the 3 regions in Ghana, where MIS had been implemented.

Q: Would you like to send any copies to any libraries or reference centres or other districts for others to team from?

A: I think it is for others to say it if it is helpful or not. I have been careful because if you push too much then it is like you want to make a name or leave something behind. I would not like to do that. I have already sent out a lot

of copies. I see it lying in the RHA office, and so it is already available at the regional level.

Q: Do you send any copies of the AR or excerpts of it to institutions you collaborate with? MOE, Ministry of Agric., NFED, ECG, CD & SW, CM, GWSC,

A: No, not yet. First of all this ISC idea started at the end of 1994 and this is when I got involved with some of their officers. AR should not just be the end of the year affair but the starting point to have some discussion. It will be good to have heads of departments meeting, therefore we need a workshop to discuss it to discuss health and how to collaborate among ourselves.

Q: How about NGOs?

A: I have sent it to PPAG, save the children's Fund, ODA, the Dutch Embassy among others. It is a good way for many people to even know about what happens in a district. It is a very informative document.

Q: How do you think the AR could be used to work more effectively with the NGOs for the benefit of our communities.

A: I think that is more in the dialogue that we have with the NGOs. For example, in the case of PPAG, I discuss with them verbally. We use the AR as a document and it shows how NGO's are important for our work in our district. This strengthens the relationship with them. They see that we recognize the role which they play in our district. They are encouraged. This helps in the process of building the district's health delivery system.

QUESTIONNAIRE: RESULT OF INTERVIEW WITH DDHS, ASSIN DISTRICT ON SPECIFIC USES OF HIS ANNUAL REPORT

I EXTENT/LEVEL OF DISSEMINATION WHO RECEIVES YOUR REPORTS?

Whom sent to? LIST ALL ORGANIZATIONS	Why sent to the specific organizations	Feedback received Yes or No	*Form of feedback
DHMT + SDHT members	1. for information 2. background information 3. document for one to refer to	Yes	Verbally
District chief executive 2. District Coordinating Director	For information, showing our problems, achievements etc.	Yes	Verbally
Member of Parliament Assin District	For information	Yes	Verbally
Regional Health Adm. 3 copies	Document of our year's performance, Analysis of problems	Yes	Verbally
UNICEF, WHO	Document of year's performance, with problems & achievements	Yes	Letter of acknowledgement
PPAG, Dutch Embassy, Pro Salus	Donors- to show them the result of their support	Yes	Verbally letter resources
Univ. of Amsterdam Royal Tropical Inst.	Feedback to trainees	Yes	Some corrections
Friends, Overseas Colleagues	Show them some of the work I am involved in	Yes	Verbally

Forms of feedback: .Workshop .Verbally . Resources (money, personnel etc)
.Meeting .Letter of acknowledgement only . Policy (change(s)) . Other

I USE

OR WHAT PURPOSE DO YOU USE THE REPORT?

LAST TIME YOU USED THE REPORT	FOR WHAT PURPOSE	HOW ADEQUATE WAS THE REPORT FOR THE PURPOSE
For visitors to retrieve data	eg. Number of schools in district	Very much
Request for information by School of Public Health	Enquire about the Number of staff available	Good
Presentation of donors eg. SCF Eg. SPA	to ask for funds for further discussion	Good Good
To compare Statistics	Revenue received	Good

SUGGESTIONS FOR IMPROVEMENT

1. Few areas are missed (motorbikes, fridges) in-patient records
2. Annual Report should be discussed at various meetings eg. with District Assembly. Its not an end on its own.

DO YOU RECEIVE ANY OTHER REPORTS [] YES [] NO
 IF YES, FROM WHOM?

LIST ORGANISATIONS	TYPE OF REPORTS ANNUAL, QUARTERLY, HALF YEARLY, NEWSLETTER	DID YOU GIVE FEEDBACK	USES OF THESE REPORTS TO YOU	HOW ADEQUATE IS IT TO YOU?
Regional Health Administrator	Annual Report C/R	No	Some data	Good
WHO	Annual Report	No	-	Not
MCH Region	Annual Report	No	Some important statistics	Good
Other hospitals Asikuma, Apam	Annual Report	Yes	for comparison	Good
Other district AOB	Annual Report	Yes	For comparison	Good
Subdistricts	Monthly	Yes	Supervision, monitoring, compilation	Good

CHAPTER FIVE: DISCUSSION AND COMMENTS**TOOL ONE:****I. PRESENTATION****1. Abura Dunkwa:**

In the Abura Dunkwa District only one out of the three requested ARs was available. This was the 1994 report.

An analysis of the presentation showed that:

It contained a map of the district; highlighted the strength and achievements in the District Health, as well as the major constraints and challenges facing the District. There was also an outline of future directions and outlook as well as plans and objectives.

There was an appendix showing various data including the human resource distribution.

There was however no organogram of the DHMT or the links of the DHA with the district and the region.

The objectives of the year under review were not clearly stated. Training and development activities with the district towards health improvement were not mentioned.

There was no evidence of trend analysis, or feedback or continuum in the reports; and an acknowledgement section was missing.

Cape Coast

In the Cape Coast District, there was one fully completed AR, for 1994, available. There was none for 1992. There were few unit reports/notes gathered also for 1993 with no formal attempt at a full report. They showed an organogram for the DHMT

and the future directions and objectives for the coming year. All other items were absent. The 1994 AR is however very full and complete with all the details. It has a map of the district. There is a clear statement of the health objectives for the year an executive summary and a general review of the year's activities. Strengths and achievements are outlined. Major constraints, weaknesses and challenges are highlighted; training and development activities and plans within the district towards health improvement are mentioned. There is a plan with clear objectives for the coming year. There is evidence of some trend and continuum in the report. The appendix shows relevant acknowledgements and graphs.

3. Assin Foso, Assin District

This is the only district where all three annual reports were obtained easily and in a completely documented (and bound) form. The reports are available and the DHMT has a full grasp and awareness of the importance of the AR. With the exception of the organogram which is not found in the AR booklet but rather on the wall chart in the DHMT office, all the headings and features in the AR study Tool I are fully covered in the Annual reports of the Assin District.

All the ARs have a map of the district, objectives for the year under review, a general review of each year; strengths and achievements in the district health services; major constraints and challenges and threats facing the district are clearly stated; training and development activities within the district towards health improvement are covered; there is a section on future directions and plans for the coming year. There is

evidence of trend, feedback and continuum in the report text as well as in graphs and tables. There is a profuse list of acknowledgements each year and a sizeable appendix; all these depict the tremendous amount of work and networking with all the government and non-governmental agencies, as well as recognise them as vital stakeholders in the promotion of the district's health.

The report is printed, as compared to others where it is often typed. The initial work is done on a computer. The report is bound and stapled into a book form, much like a small diary as far as the size is concerned. It is easily readable, also portable and can therefore be carried along anywhere in one's bag, and presents itself more as a working document (tool) rather than something for a file or file cabinet or shelf. There are also very informative pictures which highlight each year's activities. All these are outstanding characteristics in the District's data and information presentation, dissemination and usefulness.

DISCUSSION AND ANALYSIS OF THE RESULTS

TOOL TWO:

The use of FGD to administer the method of data collection makes both for the answering of many questions and for the discussion of the issues involved already, when the interviews are read. Therefore it is necessary to proceed straightaway with their analysis.

CAPE COAST

There is one Annual report (AR) produced in the last 3 years. One of the principal DHMT officers had not even seen the AR produced last year.

There is dissemination of the AR to some of the DHMT Units, to the subdistricts, the Municipal Assembly, and the Region. The hospital is however left out. There is the felt need for producing more copies so that each unit will have one or two copies to itself. The various hospitals as well as Central Regional Minister, NTC, Medical School libraries must also be furnished with copies.

The report sent to the Central Regional Minister should also have, included in it, a summary form which he can easily or quickly read. In this can be highlighted the problems and achievements of the Cape Coast Municipality such as 1. poor sanitation, 2. outreach of typhoid fever, 3. Cholera, 4. tuberculosis for his information and attention.

Report dissemination and exchange between the DHMT and government agencies seem limited to only a few and is a matter of routine in the district such as with the regional and national health administrative offices.

Information flow to and from the NGOs is non-existent. The District however, receives the Annual Reports of International NGO's such as UNICEF and WHO.

There is the strong feeling that the AR usefulness can be improved upon by keeping the district profile regularly updated. The DMOH has only been here two years; and has recommendably already produced the first detailed district report (ie 1994).

Before her tenure only very scanty reports can be found. It seems many new DMOHs have to grapple with a lot of difficulty in finding all the data and information on the district. It may also seem that short posting periods for a DMOH may hinder adequacy and completion of data collection for a district.

Abura Dunkwa

This is a district with DHMT members who are relatively new to the district; they have only been recently posted here. This district also complained that no FEs in particular is allocated to it and has to produce its AR from any little funds it can spare from DHMT funds.

There is only one copy of the AR for the DHMT. It is placed in the medical assistant's consulting room in a file and can be obtained for reading on request by any of the DHMT members.

Out of the 7 members, two had read the entire report, one had read the portion that related to his unit, and the rest had not read it or even seen it at all.

When reports are received from the subdistrict level, feedbacks are given; and this can take the form of the organizing of trainings and refresher courses. One of the officers has a felt need for training in proposal writing so that he can follow up on the information he gathers, to obtain resources for needed action.

This district has not received any particular format for writing the AR for the district. The MCH unit so far has a format and seems to send reports both to the DHMT, and to the region; and at the same time receives reports regularly for the MCH/FP unit at the regional level.

Impression

Computer literacy will add a lot to the report of AR writing. This will need to be learned by every DMOH and later by the DHMT members. Acknowledgements are important because they show to a reader the degree of inter-sectoral collaboration, the networking and the extent of good public relations which the DHA maintains with various stakeholders in health. It encourages prospective NGOs and the international agencies to join in efforts to promote health in the district knowing that other recognized bodies must have very good reasons for already devoting their time and resources to collaborate their effort to the DHA.

COMMENTS

The study was carried out in November, a little later than planned, due to the difficulty in finding adequate districts to conduct the pre-study trials of the survey instruments (one thing that came to light was the paucity of ARs and the difficulty which new DMOHs have in settling down as far as their district data-base is concerned). After two pre-testings of the survey instruments in Apam and Twifo-Hemang Lower Denkyira district were conducted, the FGD questionnaire was adjusted and facility in its use was gained.

The study itself was carried in Cape Coast, Abura Dunkwa and in Assin Fosu on 15th, 16th and 20th November respectively, interviewing the DHMT together and then asking for further details in extended interviews with the DHMT leader or DDHS.

The two tools as outlined in the methodology were used and the results findings follow the format in which the questionnaire

were framed.

Limitation

OBSERVATION

Choosing the field sites for the study was not a problem. But when it came to choosing additional sites for pre-testing then it became clear that not all the districts are easy to reach for study purpose.

1. In Apam, it was found that there were regular hospital reports but they had been no District AR for the last 5 years. It was difficult to do a pretest there.
2. In Saltpond, the M.A. was on leave.
3. In Asikuma, the District MOH was on leave.

Due to budgetary constraints the FGD had to be conducted without the help of an assistant. The recording was done by cassette tape recorder. It was very difficult to keep the function of facilitator as well as writing the responses or indicating the respondents. Therefore the answers are sometimes transcribed without indication to the particular respondent.

DISCUSSION

It is clear from the questionnaire in the study that the A is meant to be read by at least the DHMT members, the District Assembly's Chief executive and his coordinating director; and then by all the various stakeholders both governmental and non-governmental.

For it to be read, it must present itself as readable and communicative, giving the necessary information in clear presentations. This is what the first tool sets about to

presentation tools. All kinds of people must be attracted to read and be fully informed of all our work if we are going to attract their interest, support, commitment, resources, to assist us run and manage the district health system.

Then, it must actually be read, discussed, and must produce an effect on all. The second tool looks at those who have actually read it, and how much they access it to provide information for their daily work in decision making, problem solving, and even information dissemination.

The uses and benefits of information may be realized either in the work at the unit level or for the whole team. Only familiarization with the information in the annual report, through its continual use, would unearth the various areas of need for improvement in its collection and presentation.

The next stage is the dissemination of the information contained in the AR to various stakeholders in the district health system. A district is a wide geographical sphere, and as a complete unit in which national policies can be implemented, it must tap on all the resources on the ground by attracting the attention of all its population sectors, which have an impact on health. The search for identification of these sectors is an ever-continuing task, and must even be ever-widening in scope.

After reports are produced, it is therefore necessary to disseminate them very meaningfully and strategically. It is also necessary to follow them up to highlight various necessary issues to those who have power to change and improve things, or who allocate resources. It is also important to expect feedback which will mean that some action towards positive results are

being taken. Not only must we do this, it is also necessary to keep ourselves informed of what others in the district are doing. We will then know about, their contribution to health or their adverse impact on health in the district. This means we can liaise with not only the health organizations, but also the non-health organizations like Ministries of Education and Agriculture, Departments of Community Mobilization, of Community Development and Social Welfare, Division of Non-formal Education, Ghana Water and Sewerage Corporation, National Service Secretariat, Electricity Corporation of Ghana, Veterinary Service, Ghana Fire Service, Ghana Police Service etc. It is necessary to pro-actively establish a network with all these through the various inter-departmental meetings and workshops that we attend and to show active interest in their periodic reports. In this way we can receive regular reports from them on the district. These could help us make informed decisions in our planning for the district. It is necessary also to provide them with meaningful feedback and to keep the lines of communication continually open.

Again, the continuous use of information received from others and the sending of information to others opens up to all the various possibilities of enhancing the usefulness, the adequacy, the relevance, the timeliness, and the accuracy of information to our work. This will stimulate in us the need to ensure better record collection and keeping methods and techniques at all levels to provide for better and better data. The management then will have better input for information generation.

Dissemination is a big step in making information available. Its sphere or scope must be exhaustive; its method of implementation must also be varied, reaching not only the organizations who work to 'provide' health, but also be directed at the public, the very populace who 'receive' health. Therefore various means of communication for health education of all the classes and age groups of the district population must be developed and used, to reach them with the information we generate. These will include home visitations by health workers, school visits and talks, factory visits, market place durbars, community health seminars, talks to youth, women and church groups, one-on-one counselling and education of the general public. Then the use of posters, banners, bill boards, film shows on topical issues like AIDS and population explosion, All these are I.E.C. methods which can be directed towards a population to enable its members make informed choices and decisions, and these in turn will bring about improvement in their health status.

The background of the DHMT leader does not seem to affect the production of the AR. It however, is clear that training in public health goes a long way to enhance awareness of the importance of information (including AR writing) and the usefulness to which it can be put. It therefore seem to influence the dissemination of information (including AR) and the scope of his influence. Public health training will also constitute in one, the requisite confidence; and the adequate preparation for the leadership position which is thrust upon him. Since the health manager is a real manager and must negotiate

with other real managers across the board in the whole district, I will suggest that they should all be university graduates, first of all, and that they could later go on to have post-graduate training in public health. The hard work, the liaison, the negotiating, the public relations work, the networking involved in acting as de facto 'Minister of Health' for a district will not demand anything less in these modern times. The boldness and confidence of the DHMT leader to bargain hard for his district for resources and attention requires him to have sound training (to the university level) in nursing, in environmental health, planning, medicine etc) and an appreciation for the use of information.

All the offices and departments he will enter in his district will be manned by high level personnel and he must be convincing in his understanding and presentations to be able to attract attention and cooperation.

There is therefore the need for all who constitute the DHMT as team members to further their education in the university in their field to broaden, and deepen their appreciation of issues for work in the district, as a preparation for a time when they could be called to serve as DHMT leaders.

The new schools of Public Health and Nursing are therefore a welcome avenue for the beginning of meeting the demand for stronger and more effective leadership in the DHMTs.

CHAPTER SIX CONCLUSION AND RECOMMENDATIONS

In order that the Annual Report be very useful, there are at least four (4) factors that must be taken care of, besides the trademarks of timeliness, accuracy and relevance that must accompany every information's communication, in order for it to be most useful:

1. The Annual report as a record or data which can be sourced must be clearly, accurately and effectively presented ie. PRESENTATION. Here, the use of the maps, figures, charts and tables with appropriately placed and couched explanations are most helpful.
2. The Annual Report should be regarded as a management tool (in terms of its contents). It must be informative, well analysed, interpreted and explained so that raw data is now processed into information which management can use to plan, to monitor and to evaluate health programmes ie. MANAGEMENT TOOL.
3. The Annual Report is also to be regarded as a document of interest to all the stakeholders in the district health system. It must lend itself therefore to be utilized in full to communicate with others, and even among ourselves as DHMT members; to attract resources; to enhance team building; and to influence policy making - all in a bid to effectively implement plans. This matter of utilization relates to the extent of dissemination. Here the dissemination is helped greatly in one district where the document is in a booklet form and so is very handy and very

easy for everyone to carry wherever he goes, ie.

UTILIZATION AND DISSEMINATION.

4. The Annual Report's very compilation process, that is the very routine process of record collection and compiling must be explained to all who collect data and to the DHMT members who often receive unit records. This is essential if the records are going to be accurate. The records must be meaningful to the collectors before it can be to the receivers. The DHMT members must give meaningful feedback of the work performance of their units so as to motivate them to improve on their work strategy and outputs. It is very desirable also if reporting enhances integration of vertical programmes so that all the unit officers now begin to see themselves a new as part of a comprehensive health delivery system and work as a team ie. COMPILATION. The Annual Report, its very production, depicts the level of organization and effectiveness of any DHMT. As one district put it "in 1992 we could not come out with an AR because at that time we were scattered, not organized as a team".

A study of the ARs show all these factor portrayed, however, in varying degrees among the districts. These can be strengthened by more training of the DHMT leaders. There should be yearly regular trainings at which these are taught, practised and reviewed, as well as supervised. Actual annual report writing for the district along with proposal writing and other report writing should be taught. The need for orientation and training of DMOH's or DHMT leaders is already mentioned.

Furthermore practical supervision in the district must be carried out. When the need for AR writing and information use is fully recognised at the DMOH level, this realisation can gradually seep down the whole DHMT fabric. It is also necessary that DMOH's postings should not be less than three (3) years at any one particular district, if annual reporting is to be improved upon. It takes at least some time for the DMOH to come to grip with the analysis and understanding of the situation of his district and to begin to compose a meaningful and comprehensive picture of his district- before he can write a very purposeful report - One which is well grounded in the past, and fully aware of the present, and then also able to envisage or capture the future in terms of pragmatic plans. Quick transfers and short stays of DMOH's interrupt the build up of a data-base and information system in a place, and newly appointed DMOHs to a place are left alone not knowing what to do for a considerable amount of time. Districts must also open up a library in their District Health Administrative office block. This along with other current medical literature, will hold the copies of the unit reports, and of the annual reports on a yearly basis, providing adequate reference material background for all information search and report writing.

Presently, one district produced 3 copies, another 12 copies, another 80 copies, the latest shows that there is a great potential which can be explored through dissemination of ARs. Another point which needs attention is the matter of feedback. It is very important that feedback are sent to the subdistricts by the DHMT since that is where most of the information on the

district originate from, and where the health workers do much of the work at the subdistrict and community level. It is they, who work, will affect the health of the people, they are the implementors of the plans made by the DHMT. They should have the feedback in addition to being sent copies of the districts AR.

The DHMT also is the information base for the community and district as far as health is concerned and therefore information on health should be largely abundant and easily accessible through them. A small library in the office with which they themselves are very conversant is very desirable. When the DHMT pursues feedback both to and from its stakeholders in health, it is building up a networking framework which will attract their attention as well as their resources to assist it in carrying out the district health work. The benefits of the resulting linkages between the DHMT and the various departments and agencies and sector ministries of government, and the NGOs, are very great. It is clear from the example of Assin Foso that the opportunities and privileges open to the DHMT which is actively involved in networking are ever-increasing, and will benefit the district's health development greatly. Even the publication of their AR was paid for at one stage by an international NGO.

If we are going to learn to use information well, it begins with the promotion of a culture of record keeping. Even from early age, children should be taught to record events, notice happenings, dates and simple things. Later diary keeping should be taught and encouraged.

The AR is useful to the DHMT whenever it is produced. This is affirmed by all the DHMT members. It seems there only remains

to be tackled the matter of exploring its use to the full. Financial constraints seem to be a limiting factor to the adequate production and the full utilization of the AR.

Information from other sources must be pursued as equally well as those gathered routinely by the DHMT office. These include for instance the number of new wells dug or bore-holes sunk in the district in the past year, as well as the number of new KVIP toilets, or public latrines which are constructed. The environmental health profile is one piece of information that must be upgraded regularly year by year. It is in this way that the district will lend itself to a continuous situational analysis, and therefore to effective planning for its management.

There is a vast field open for public relations activity by health managers, in which the AR through dissemination can serve as a tool towards establishing linkages with the various sectors; and this can contribute towards health development.

The various recommendations made in the AR can often be implemented at the district level; and so can be incorporated into the various plans of action for the succeeding year. There is also some degree of continuum in the AR from year to year when either good reports are written or one DMOH stays continuously in a place for some time.

The use of other data in the management activities does not presently seem to be a point of emphasis. It seem that with the introduction of the concept of inter-sectoral collaboration into the public sense, there will be a lot of exchange of vital and documented information among the various departments of governments; and this will be beneficial to health development.

One effective resource person, will be the newly designated District Coordinating Director who will be coordinating all the major activities of the heads of departments in the district. He will have access to a wealth of information and will also therefore be able to serve in an advisory position to the DMOH in any information need situation.

Management of Public Health in the district relies heavily on accurate and timely information for its programmes. District work requires team work, and the requisite team work can largely be done through constant and adequate information sharing and information accessibility.

A written report is fundamental to communicating health information obtained from analysis of the district health data or from an investigation or survey; and a good report carries a great deal of influence and status. Information engenders the generation of ideas and can be the spur to initiative and drive in a DMOH's work. Information is not an end in itself. It is just the beginning of action, and its acquisition alone must not exhaust anyone. One must pursue the desirable actions which it calls for and achieve results.

REFERENCES**BOOKS**

1. Amonoo-Lartson R. et al: District Health Care - Challenges for Planning Organization, and Evaluation in Developing Countries 1993.
2. MOH Publications: Annual Reports:
Assin-District, 1993, 1994
Assin-Foso Catholic Hospital 1993, 1994
Cape Coast District 1994
Central Region 1993
Greater Accra Region 1992, 1994
Ministry of Health 1993
WHO (Annual Report) on Ghana 1993
Format for Presentations at the Annual Review Conference, 1995.
3. Rakish & DARR: Principles and Practices of Health Service Administration.
4. WHO Publications:
Manual of Epidemiology of District Health Management by Vanghan J.P. and R.H. Morrow 1992.
On being in Change, 1990
Strengthening District Health Systems, 1991
Towards a Healthy District by E. Tarimo, 1991.
5. World Bank Publication: Better Health for Africa, 1993.

JOURNALS

1. A review of general practice reports: the need for standardization BMJ, 300(6728); 851-3 1990 March 31
Authors: WILTON J.
2. The practice annual report: post-mortem or prescription?
Journal of the Royal College of General Practitioners
Authors: KEEBLE B.R., CHIVERS C.A., GRAY, J.A.
3. Survey of practice annual reports. Journal of the Royal College of General Practitioners
Authors: WILSON A., JONES, S., O'DOWO, T.C.
4. Annual Reports on public health (editional) Author: BLACK, N., BMJ 299(6707): 1059-60, 1989 Oct. 28.
5. A slow death or eternal life? Future directions for annual public health reports. Author: BRUCE, N., PRICE, C., WHINCUP, P., Public Health 108(6): 439-46, 1994 Nov.
6. Write a practice annual report. Author: CEMBROWICZ, S., BMJ 298(6678): 953-4 1989 April 8.

7. General Practitioners' news about the statutory annual practice report. Authors: RECORD, M.C. SPENCER, J.A., JONES, R.H., JONES, K.P.

COMMUNICATIONS

1. Personal communication with Dr. Gerard de Vries DDHS, Assin Foso, (1995).
2. Personal communication with Mr. Joseph Mensah DHMT leader Twifo Praso (1995).
3. History of the Gold Coast colonial Medical: Personal communication with Prof. S. Ofosu Amaah, (1995).

APPENDIX

TOOLS FOR THE STUDY

ORGANIZATION TOOL A:

BROAD SCHEME FOR ORGANIZING THE STUDY ON THE USEFULNESS OF THE ANNUAL REPORT

				HOW TO OBTAIN THIS INFORMATION
I. THE ANNUAL REPORT	AS A RECORD A REPORT DATA WHICH CAN BE SOURCED	IS IT CLEARLY ACCURATELY AND EFFECTIVELY PRESENTED?	PRESENTATION	SECONDARY DATA
II. THE ANNUAL REPORT	AS A MANAGEMENT TOOL FOR THE DHMT	IS IT INFORMATIVE WELL ANALYSED INTERPRETED EXPLAINED SO THAT IT CAN USED TO PLAN AND TO EVALUATE HEALTH PROGRAMMES	CONTENT	SECONDARY DATA
III. THE ANNUAL REPORT	AS A DOCUMENT OF INTEREST TO STAKEHOLDERS	IS IT UTILISED IN FULL TO COMMUNICATE TO ATTRACT RESOURCES FOR TEAM BUILDING TO INFLUENCE POLICY- MAKING SO THAT IT CAN BE USED TO IMPLEMENT PLANS	UTILIZATION AND DISSEMINATION	PRIMARY DATA BY: - INTERVIEW - FGD
IV. THE ANNUAL REPORT	AS A RECORD COMPILING PROCESS FOR THE DHMT	DOES IT GIVE YOU MEANING FOR FEEDBACK OF YOUR PERFORMANCE SO AS TO MOTIVATE YOU TO IMPROVE ON WORK STRATEGY. DOES IT HELP INTEGRATION OF VERTICAL PROGRAMMES	COMPILATION	PRIMARY DATA BY: - INTERVIEW - FGD

STUDY TOOL I:

DISTRICT: REGION: CENTRAL REGION	1992	1993	1994
1. Map of the District			
2. Organogram (Organizational Structure or Matrix) (i) For the District Health Management Team (ii) Of the Ministry of Health in the Region			
3. Objectives for the Year under review			
4. General review of the year or Executive Summary			
5. Strengths and Achievements in the District's Health Services			
6. Major constraints and challenges and threats facing the district			
7. Training and development within the district towards health improvement			
8. Future directions and outlook/plan and objectives (i) For the coming year/and opportunities (ii) Evidence of trend/feedback/continuum?			
9. Acknowledgements			
Appendix- To include 1. Funding from other sources beside MOH 2. Human resource distribution (ie. Staff list & Mix) 3. Relevant Graphs + Tables			

STUDY TOOL II:**QUESTIONNAIRE FORMAT FOR LEADING FOCUS GROUP DISCUSSION
AMONG D.H.M.T. MEMBERS**

I.

A. **DISSEMINATION/AVAILABILITY**

Do you each have a copy or do you each have access to a copy of the Annual Report for last year?

Have you read it?

Do you refer to it in your work? How often? For what?

B. **USE**

What benefit/use* do you derive from the Annual Report (its data and analysis) for

1. Your work in your unit [Medical care, MCH/FP, epidemiology (disease control) environmental health, health education, nutrition, MIS Accounts, Special Programmes eg. Leprosy, Guinea worm, AIDS, TB Oncho]

2. Your teamwork ie. the coordination among the various units of the DHMT.

C. **SUGGESTION**

What suggestions do you have for the improvement in usefulness of the Annual Report? What should, for example, be included in the Annual Report which is left out presently?

QUESTIONNAIRE (CONTD.)**II****A. EXTENT/LEVEL OF DISSEMINATION****1. WHO RECEIVES YOUR REPORTS?**

Whom sent to (List all Organizations)	Why sent to the specific organizations	Feedback? received Yes or No	Form of Feedback

* Forms of feedback: .Workshop .Verbally . Resources (money, personnel
 .Meeting .Letter of acknowledgement . Policy (change(s) only
 etc) released

B. USE**1. FOR WHAT PURPOSE DO YOU USE THE REPORT?**

LAST TIME YOU USED THE REPORT	FOR WHAT PURPOSE	HOW ADEQUATE WAS THE REPORT FOR THE PURPOSE

C. SUGGESTIONS FOR IMPROVEMENT

- 1.
- 2.
- 3.
- 4.

III. DO YOU RECEIVE ANY OTHER REPORTS [] YES [] NO
IF YES, FROM WHOM?

LIST ORGANISATIONS	TYPE OF REPORTS ANNUAL, QUARTERLY, HALF YEARLY, NEWSLETTER	DID YOU GIVE FEEDBACK	USES OF THESE REPORTS TO YOU	HOW ADEQUATE IS IT TO YOU?

IV. WHEN DID YOUR LAST ANNUAL REPORT COME OUT?

HOW MANY COPIES?

HOW MUCH DOES IT COST TO PRODUCE IT?

HOW LONG DOES IT TAKE TO COMPILE AND PRINT IT?

INFORMATION CHARACTERISTICS

[] Availability [] Adequate [] Accurate [] Timely
[] Relevant [] Effectively Organized [] Continuity
+ Presented

SUGGESTIONS FOR IMPROVEMENT

**APPRAISING THE DISTRICT PRIORITIES USING THE
EIGHT BASIC COMPONENTS OF THE PHC STRATEGY**

PROJECT WORK FLOW CHART**MOBILISATION AND PREPARATION**

Activities: Preliminary discussion with SPH, Academic and Field supervisors and DHMTs

DATA REQUIREMENT AND DETERMINATION AND COLLECTION**Activities:**

1. Determining of data requirements
2. Sample design
3. Questionnaire design
4. FGD guide preparation

FIELD WORK

Activities: Collection of 2ry and 1ry data

DATA ANALYSIS

Activities: Collection and Analysis of both the quantitative and the qualitative data

REPORT WRITING**Activities:**

1. Draft report formulation
2. Outline of the content of the report

DRAFT REPORT PRESENTATION AND DISCUSSION**FINAL REPORT**

1995

ACTIVITY	JULY	AUG	SEPT	OCT	NOV	DEC
Preliminary discussion with SPH, Academic and Field Supervisors and DHMTs						
Data requirement determination and collection						
Field Work						
Data Analysis						
Report Writing						
Draft Report Presentation and Discussion						
Final Report						
Presentation and Dissemination						