11/1/2017

ANGLICAN EYE CLINIC

ANNUAL REPORT

2016

TABLE OF CONTENTS

ABBREVIATIONS USED

CHAG	Christian Health Association of Ghana
NHIS	National Health Insurance Scheme
IGF	Internally Generated Funds
OPD	Out Patient Department
NHIA	National Health Insurance Authority
GoG	Government of Ghana

CHAPTER 1: INTRODUCTION:

1.1 Background

1.1.1 District

Bosomtwe District is located at the central portion of the Ashanti Region. The District is bounded on the North by Atwima Nwabiagya and Kumasi Metropolis and on the East by Ejisu-Juaben Municipal. The Southern section is bounded by Amansie West and East Districts. Kuntanase is the District Capital.

According to the 2000 Population and Housing Census, the Bosomtwe District has a population of approximately 146,028 covering a land mass of 68,179km^2. This forms 2.81% of the surface area of the Ashanti Region.

1.1.2 Anglican Eye Clinic

Established in 2002, the Anglican Eye Clinic is duly registered under the laws of the Republic of Ghana. It is a non-profit, faith-based organization set up to meet the need for an effective national eye-care programme aimed at preventing blindness.

The facility is under the purview and control of the Anglican Health Ministry, Anglican Diocese of Kumasi. The Anglican Health Ministry is a member of the Christian Health Association of Ghana (CHAG) under the Ministry of Health in Ghana.

The clinic is a philanthropic faith-based organization whose main aim is the provision of quality eye care to the needy. Returns from the clinic are invested back into the organization to expand its coverage. Part of the returns is used to cater for clients who have lost their eye sight.

1.1.3 Who Are We

The Bosomtwe District has a number of health facilities and the Anglican Eye Clinic is one of the four eye care centres in the District. The clinic which can pride itself as one of the leading provider of eye care services in the district has a reputation for providing the high quality ophthalmic care for all and sundry. With staff strength of 19, the Anglican Eye Clinic is committed to sustaining and building on its core vision and ensuring that it remains at the cutting edge of development in the eye care delivery in the district.

1.1.4 What Do We Do?

Vision

Our vision is to be an eye centre of choice providing diagnosis and first class treatment of eye conditions diagnostics that meets the needs of all patients regardless of colour or creed and in fulfilment of the healing Ministry of Christ.

Mission

1. To provide quality eye care that is accessible and affordable in a pleasant environment with the highest quality sterilization procedure in place.
2. To implement preventive eye care by embarking on outreach programmes in schools and communities
3. To provide opportunity for mission minded eye care professionals to volunteer their services within the ambit of the Diocesan Health Ministry.

Values

1. We strive to give people the best possible visual health so that they can live their lives to the fullest.
2. We put the patient at the centre of all we do by treating them with respect and compassion
3. We undertake to use our resources to effectively and efficiently provide high quality eye care.
4. We aim to provide seamless care through professional, team working and strong innovative partnerships.
5. We are committed to acting responsibly and being held accountable for all we do.

Objectives

1. Bridge gaps in access to eye health care
2. Improve and strengthen efficiency in eye health delivery
3. Intensify education on preventive eye care.

1.1.5 Where We Work

We treat people at our main clinic located at Jachie in the same premises as the Jachie Health Centre. We also embark on outreach programs. This enables us to provide eye care services to

people closer to their homes, schools, workplaces and communities. Our unique patient care – mix and the number of people we treat means that our clinicians have expertise in ophthalmic specialities listed below:

CLINICAL SERVICE	WHAT IT DOES
Comprehensive eye care	Treatment for general eye problems and referral to specialist ophthalmologist, if required.
Refraction	Treatment of refractive errors using precise corrective lenses
Optical services	Glazing of bifocal and varifocal lenses and frame repairs.
Glaucoma	Treatment of glaucoma clients by checking their IOP (Intraocular Pressure), VFT (Visual Field Testing) and Optic Disc Assessment.

1.2 Main Priorities For 2016

The annual plan for 2016 continued to use the strategic and enabling theme of our vision as framework for the year's strategic position.

1. Technology: To provide software and other logistics to ensure early submission of NHIS claims.
2. Transformation : To intensify the outreach programmes in schools, churches, workplaces and communities
3. Education: To sponsor staff for further training (at least one staff) and also organize in – service training programmes for staff.
4. Quality: To maintain our commitment to improving our patient experience focussing on what they tell us.
5. Conduct at least two client and staff satisfaction surveys.

Challenges for 2016.

The clinic experienced internal and external setbacks in its operations in the year under review.

1. Asked to stop receiving NHIS by CPC
2. Delay in payroll mechanization of professional staff
3. Delay in payment of NHIS claims
4. Limited space in the clinic causing overcrowding in some departments
5. No canteen or eating place for staff
6. Drug shortage and procurement challenges
7. The use of IGF for paying personal emoluments

Achievements

Notwithstanding the challenges that confronted the clinic in the year under review, there were some remarkable achievements.

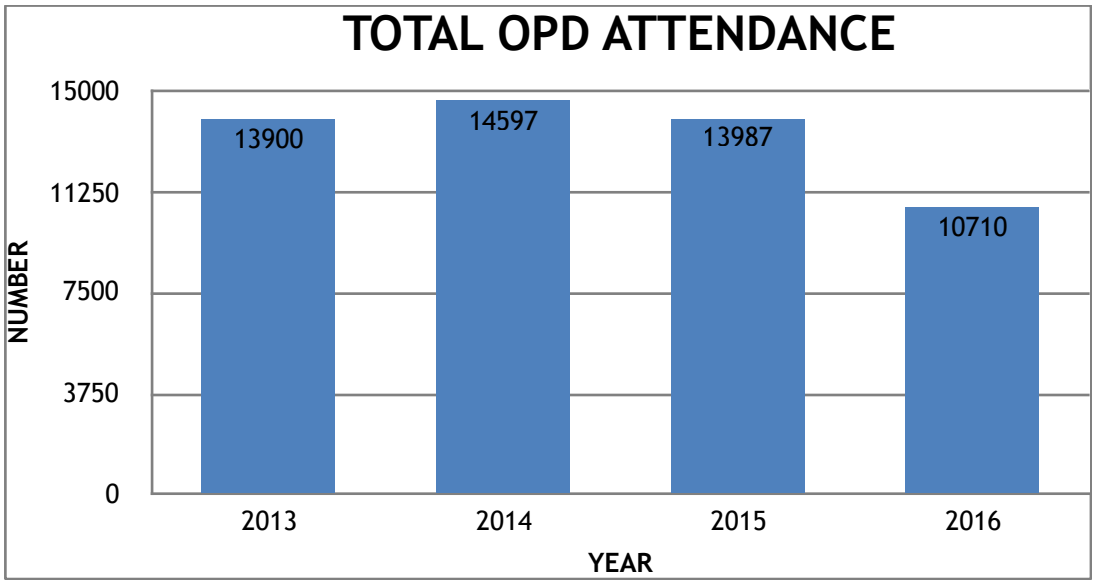
1. The clinic continued it long term social responsibilities by financially supporting 30 blind children at all levels of education including 5 who have now graduated from university.
2. The clinic was able to sponsor two of its staff for further studies in Ophthalmic Nursing and Dispensing Optics.
3. Onsite training of 35 optical students from Oyoko School of Optics, 4 national service personnel and 10 pre-registration optometrists from the universities of Kumasi and Cape Coast.
4. The Visual Field Testing service is now fully functional and available to the clinics and hospitals.
5. Staff and Client Satisfaction Surveys were conducted during the year under review.

6. The turnover of glazed spectacles and the quality of service at the Optical Lab has improved significantly.

CHAPTER 2: INSTITUTIONAL CARE

2.1 Utilization of OPD Services

Utilisation of health services is one of the measures of both geographical and financial access to these services. Over the past years, the utilization of OPD services has been decreasing steadily as shown by the total OPD attendance. Total OPD attendance fell from 13987 in 2015 to 10710 in 2016. This amounts to a 23.43% decrease over the 2015 performance. Much of this decline can be attributed to the National Health Insurance which has created significant funding gaps in healthcare delivery in the country.

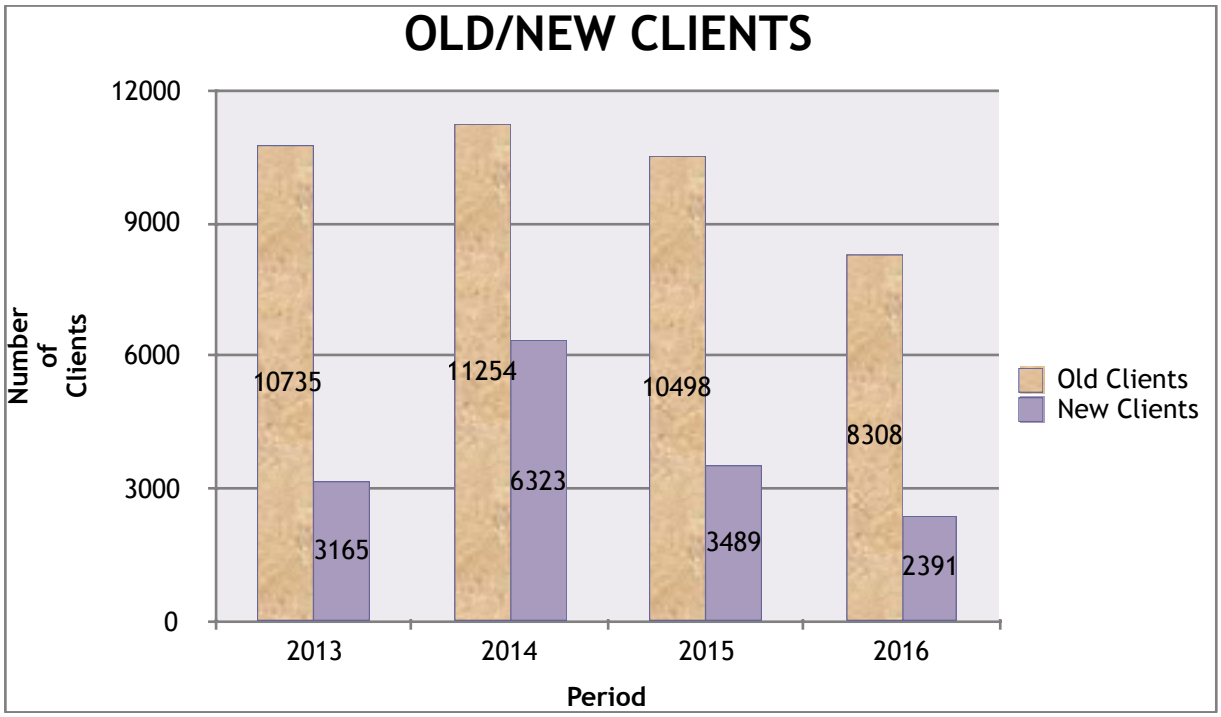


From the graph it can be seen that 2014 recorded the highest OPD attendance which is 14597.This is an appreciation of 697 from 2013 figure of 13900. There was a decline in total OPD attendance in the year 2015 by 610 from the 2014 figure. Again, there was a sharp decrease in attendance in 2016 by 3277 from 2015 figure of 13987. This sharp decrease brought the 2016 attendance down to 10710. The sharp decrease in attendance in 2016 can be attributed to the new insurance policy by the national health insurance authority.

Summary of the OPD attendance from 2013 to 2016 is listed below in a table form;

YEAR	TOTAL ATTENDANCE

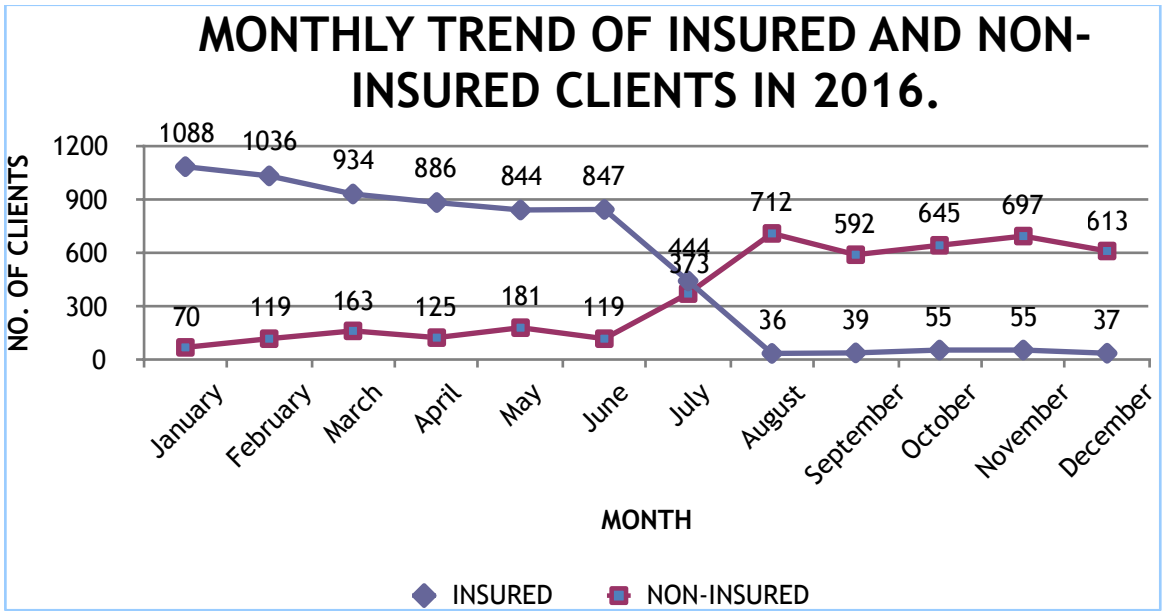
2013	13900
2014	14597
2015	13987
2016	10710



The number of new clients that attended the clinic on OPD basis was also directly related to the number of Old Clients and hence total OPD attendance over the course of the years being compared. As compared to the previous year, attendance for both old and new clients decreased in 2016 by 2190 and 1098 respectively.

Below is a table showing the figures of old and new clients for the years considered;

YEAR	OLD CLIENT	NEW CLIENT
2013	10,735	3,165
2014	11,254	6,323
2015	10,498	3,489
2016	8,308	2,391

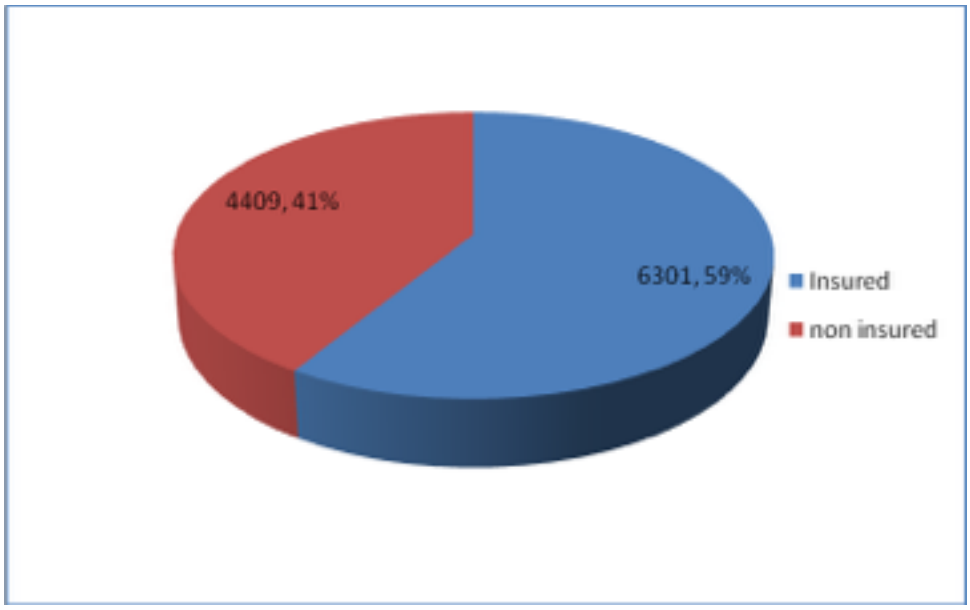


From the chart above, the month of August recorded the lowest number of insured clients which is 36 and January recording the highest of 1088 clients. In the case of non-insured clients, the month of January recorded the lowest number of clients of 70 whilst August recorded the highest of 712 clients. From the graph, it is clear that there is an inverse relationship between insured and non-insured clients.

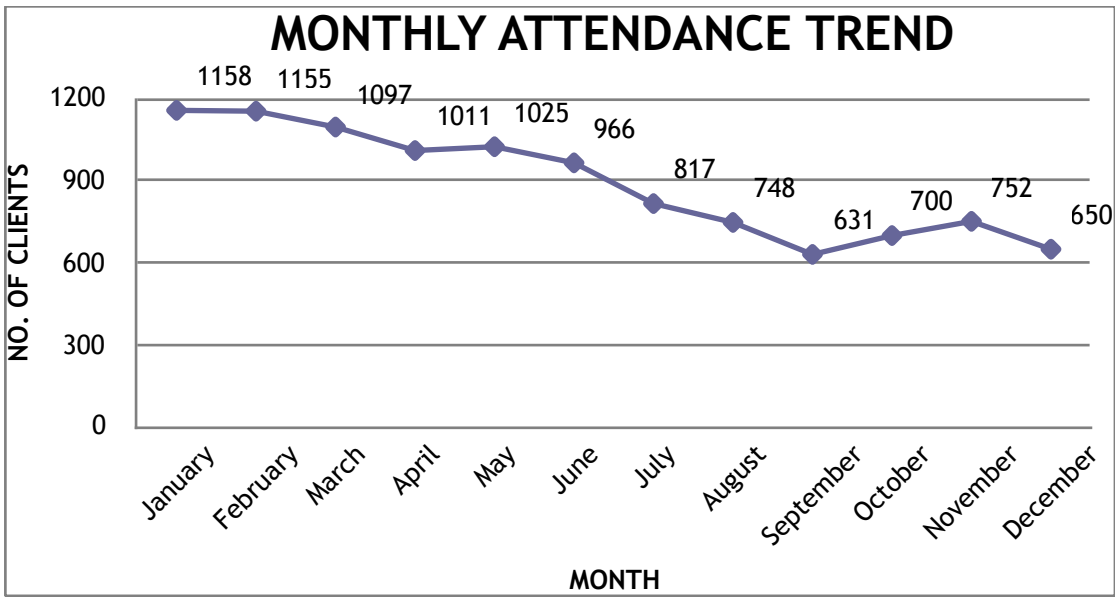
The table below gives a monthly summary of insured and non- insured clients;

MONTH	INSURED	NON-INSURED
January	1088	70
February	1036	119
March	934	163
April	886	125
May	844	181
June	847	119
July	444	373
August	36	712
September	39	592
October	55	645
November	55	697
December	37	613

TOTAL INSURED AND NON-INSURED CLIENTS IN 2016



A total insured client in the year 2016 is 6301 which represents 59% of the total attendance in the year under review whilst a non-insured client is 4409 which represents 41%.



From the chart, it can be established that the attendance continued to decline month after month except in the month of October which increased to 700 clients from the previous month of 631 clients and November which increased to 752 clients. The general decline in numbers for service can be attributed to the new insurance policy by the national health insurance authority as mentioned earlier and the general deteriorating economic conditions in the country.

The clinic is therefore taking actions to address the trend. Such actions include, reducing the consultation fee, writing to NHIA, communicating directly with the DHD and improving on the quality of our service.

The table below gives a summary of the monthly attendance trend;

MONTH	NUMBER OF ATTENDANCE
January	1158
February	1155
March	1097
April	1011
May	1025
June	966
July	817
August	748
September	631
October	700
November	752
December	650

2.2 Outreach Services

The clinic could not embark on many outreach programs as planned due to a directive from the national health insurance authority which does not allow us to accept health insurance on outreach programs. Notwithstanding this directive, the clinic was able to visit a community called Amakom in the Bosomtwe District. The program was very successful as we were able to provide eye care to 110 clients in the month of November. Again we visited a school in Kumasi called St. Louis Jubilee in the month of February and screened 500 clients of which 56 were referred. Nyameani community was also visited in the month of March of which eleven clients were screened of which three clients were referred. St. Louis Jubilee School was again visited in the month of March and 293 clients were screened out of which 24 clients were referred.

The table below gives a summary of the figures from 2013 to 2016.

YEAR	NUMBER OF CLIENTS SCREENED
2013	12,904
2014	6,323
2015	5,292
2016	914

2.3 Outpatient Morbidity

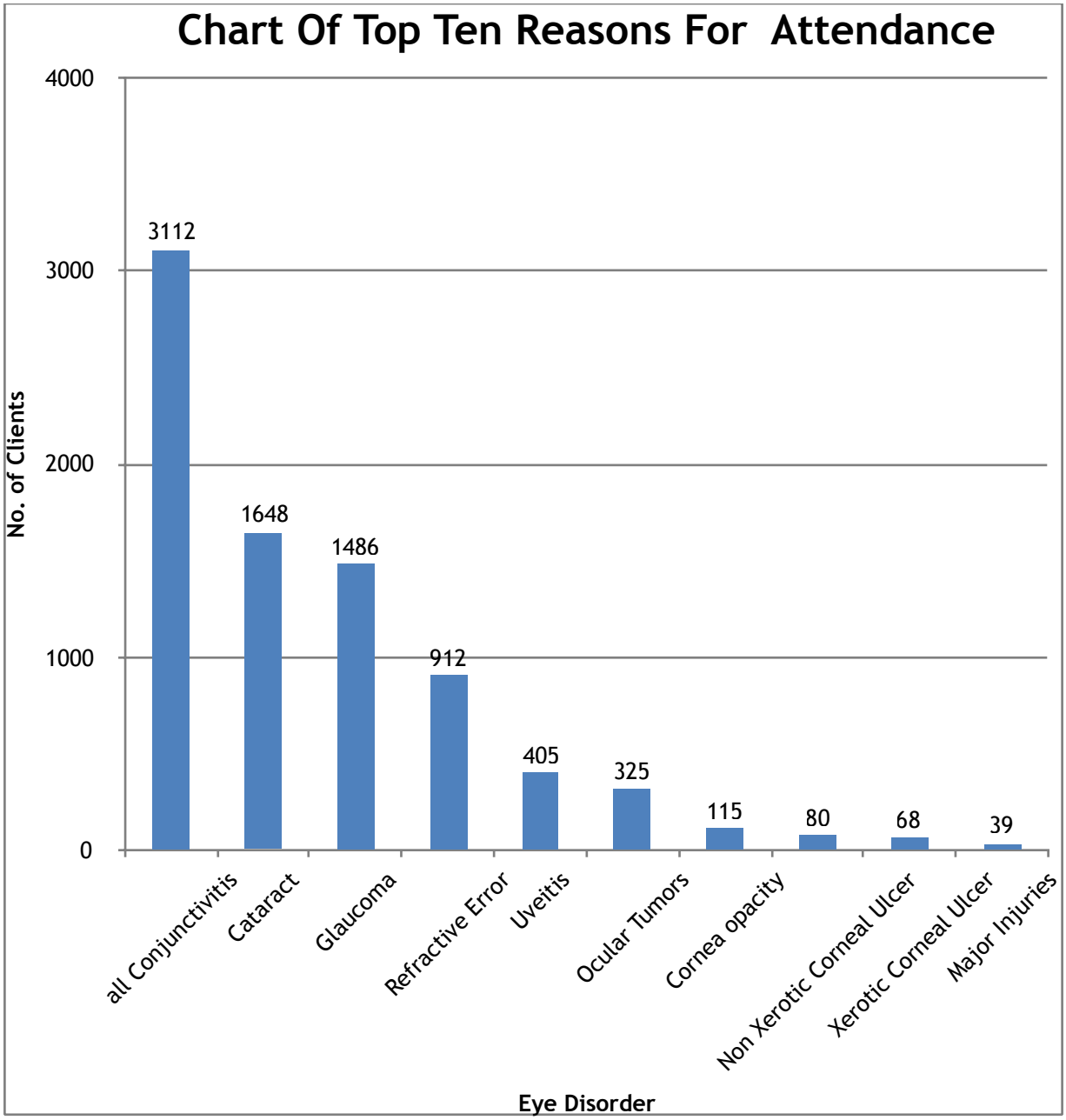
Cataract is a leading cause of avoidable blindness in Ghana and worldwide. Other causes of preventable blindness in Ghana include Trachoma and Onchocerciasis. It is estimated that in Ghana, Cataract is responsible for between 45-50% of blindness. The incidence of new cases of Cataract blindness is relatively unknown though the disease is associated with aging.

As with previous years, the year under review saw Cataract and Glaucoma still leading the major eye disorders though all other types of conjunctivitis collectively gave the highest prevalence.

The top ten causes of OPD attendance in 2016 include Conjunctivitis, Cataract, Glaucoma, Refractive Error, Uveitis, Ocular Tumour, Cornea Opacity, Non-Xerotic and Xerotic Corneal Ulcer and Major Eye Injuries. This is virtually the same picture as in 2015 except that Glaucoma which was second on the chart last year is now third on the chart this year and cataract which was third last year is second on the chart this year. Again, cornea opacity which was sixth last year is seventh on the chart this year and ocular Tumours which was seventh last year is now sixth on the chart this year. Xerotic cornea ulcer is on the ninth position this year whilst it was on the eighth position last year and non-Xerotic cornea ulcer which was ninth is now on the eighth position on the chart. Minor injuries which were on the tenth position last year is now taken over by Major injuries on the top ten OPD attendance.

The table below shows the top ten number of OPD cases with their percentage in the year under review;

CODITIONS	**TOTAL NUMBER OF CASES**	**PERCENTAGE**
All conjunctivitis	3112	19.86%
Cataract	1648	10.52%
Glaucoma	1486	9.48%
Refractive error	912	5.82%
Uveitis	405	2.58%
Ocular Tumour	325	2.07%
Cornea Opacity	115	0.73%
Non- Xerotic cornea ulcer	80	0.51%
Xerotic cornea ulcer	68	0.43%
Major injuries	39	0.25%



A case by case analysis of the major causes of blindness revealed that cases of Cataract reported at the clinic decreased by 20.35% from 2015 figure, Glaucoma also declined by 42.34% and clients who were diagnosed with Refractive Error also decreased by 34.34%.

The table below gives the figures of previous year and current year and percentage change for the purpose of comparison;

CONDITIONS	NUMBER OF CASES IN 2015	NUMBER OF CASES IN 2016	PERCENTAGE CHANGE	REMARKS

All conjunctivitis	4368	3112	28.75%	Decrease
Cataract	2069	1648	20.35%	Decrease
Glaucoma	2577	1486	42.34%	Decrease
Refractive error	1389	912	34.34%	Decrease
Uveitis	481	405	15.80%	Decrease
Ocular Tumour	178	325	82.58%	Increase
Cornea opacity	330	115	65.15%	Decrease
Non-Xerotic cornea ulcer	91	80	12.09%	Decrease
Xerotic cornea ulcer	105	68	35.24%	Decrease
Major injuries	51	39	23.53%	Decrease
Minor injuries	50	29	42%	Decrease

2.4 Refraction

As aforementioned, the number of clients with refractive errors increased as compared to the previous year. As a consequence, the number of lenses glazed increased by 459.

INDICATOR	**2013**	**2014**	**2015**	**2016**
Refraction	667	693	637	1096

2.5 Health Education

The clinic in the year under review, instituted a health education program to address the issues of compliance with ocular drugs prescribed at the clinic and proper use of the health service system. It is planned to get feedback from the client in the near future.

2.6 REFERRED CASES.

Cases beyond the capabilities of the clinic are referred to the following Hospitals.

St. Michael's Hospital (Pramso), St. Dominic Hospital (Akwatia), Kumasi South Hospital (Kumasi), and Komfo Anokye Teaching Hospital (KATH).

The table below gives a summary of the referred cases;

NAME OF HOSPITAL	NUMBER OF REFERRED CASES
St. Michael's Hospital (Pramso)	71
St. Dominic Hospital (Akwatia)	5
Kumasi South Hospital	3
Komfo Anokye Hospital (KATH)	2

2.7 CHARITY

The clinic is committed to ensuring affordable eye treatment to the poor and the needy in the society. In the year under review, the clinic provided cost- free eye treatment to 77 clients.

CHAPTER 3: ADMINISTRATION AND SUPPORT SERVICES

3.1 Governance:

The Anglican Eye Clinic has at its apex, the Board of Trustees which oversees the management of the Clinic at the Diocesan level. Internally, the Management Team is in charge of the daily running of the Clinic. They are supported by a number of Committees which include Unit Heads, Procurement Committee, Quality Assurance and Clinical Team.

3.2 Finance

The clinic is run with internally generated fund and proceeds from the NHIS. It is however worth noting that most of these funds are from the NHIS and as a matter of fact delays in payment causes the clinic to delay lots of its planned activities. The last payment received from the National Health Insurance Authority was for the month of March 2016. The Clinic also benefits from donations both in cash and in kind in the form of equipment from Benefactors from around the World.

3.2.1 Revenue Mobilization

The clinic generated revenue for its operations as indicated from the table below. These were from both Insured and Non-Insured Clients.

3.2.1.1 Receipts

INDICATORS	2013	2014	2015	2016
Drugs	188,130.10	207,459.19	231,264.46	199,088.00
Non – drugs	125,941.57	131,667.40	139,678.41	230,141.91

3.1.1.2.Expenditure

Monies expended during the year under review are tabulate below:

INDICATORS	2013	2014	2015	2016
Personal emoluments (GoG)	81,214.31	82,790.17	211,033.56	335,979.16
Personal emoluments (IGF)	68,489.48	69,762.19	177,806.47	159,708.19
General and Administrative expenses	71,377.18	100,816.14	106,080.39	226,962.84
Investment expenses	_	30,264	_	10,335.00

Personal Emoluments paid consists of staff salaries paid by the Government of Ghana and Internally Generated Funds from the Clinic. General and Administrative expenses cover all supplies and service charges, whilst investment expenses have to do with capital costs related to infrastructure.

3.3 Human Resources

The situation of human resources for the Anglican Eye Clinic has continued to improve. However there are still major challenges to overcome in order to roll out all the available cost effective health interventions. Efforts to increase access to quality health services will continue to be constrained by the limited supply of adequately trained optometrists, ophthalmic nurses, staff nurses and other skilled health service providers.

The clinic currently has staff strength of 19. This number has not witnessed any significant change during the last 3 years. One optometrist, one staff nurse, one enrolled nurse and one administrator were transferred out of the facility at the later part of the year under review.

STAFF STRENGTH

INDICATOR	**2016**
Deputy Director of Nursing Services	1
Doctor of Optometry	2
Staff Nurses	2
Optician	2
Accountant	1
Supply Officer	1
Biostatistician Assistant	1
Records Assistant	1
IT Technician/Executive Officer	1
Medicine Counter Assistant	2
Enrolled Nurse	2
Health Aids	2
Driver	1
Total	**19**

3.4 Transport

There are millions of blind and disabled people across the globe that has no access to health screenings, sight evaluation, or blindness prevention and rehabilitation services. Services are being successfully provided only to a small fraction of those who need them. The Anglican Eye Clinic therefore sought to extend and improve upon its outreach services in order to care for more blind and disabled people. The clinic is currently has 3 road worthy vehicles for undertaking day to day administrative work and outreach programs.

The table below shows how the transport situation has improved from 2013 to 2016.

INDICATOR	**2013**	**2014**	**2015**	**2016**
Number of road worthy vehicles	1	1	2	3

3.5 Quality Assurance

- Patients Satisfaction Survey: In its quest to improve quality of care, the clinic conducted patients' satisfaction survey.
- Improving Provider-patient / family relationship
- Fastidious and religious administration of drugs.
- Claims management and clinical audits.

3.6 Social Responsibilities

The vision of the Ghana Health Sector is to create wealth through health and to contribute to the national vision of attaining middle income status by 2015. Realising that sight is vital in wealth creation, the Anglican Eye Clinic has taken it upon itself to improve access to priority eye care interventions and to manage prudently resources available for provision of eye care services.

There are hundreds of blind and disabled people in Ghana who are stigmatized and ostracized from their families and communities. With no access to education to build their capacities, these blind people sink lower into poverty which tend to have a boomerang effect on the community.

As part of its Social Responsibilities, the Anglican Eye Clinic currently caters for the educational needs of 28 blind people in different educational levels. Sponsorship comprises of the school fees,

special materials needed such as a Braille Machines, Braille books, personal clothing and effects, talking clocks, food, monthly stipends and any other item(s) required by the school.

The clinic sponsors people to the Akropong School for the Blind, Okuapeman Senior High School, University of Cape Coast, University of Ghana and a myriad of other schools all across the country.

Below is a breakdown of the various educational levels that the Anglican Eye Clinic sponsors people into:

Level of Education	**Number of Students**
University	5(Completed)
Senior High	4
School for the Blind	19

Four (4) other children (Nobel, Priscilla, Richard and Clinton) were yet to be enrolled in school. The ages of the children ranges from Three (3) to Twenty-Five (25) with Nobel being the youngest. The Management of the Clinic is currently undertaking an assessment so that a lot more children can be enrolled on its sponsorship programme.

In furtherance of the Alma-Ata declaration in 1978, we aim to achieve the goal of Health for all by providing an equitable field where the poor and blind can compete fairly and contribute their quota to society.

We believe that everyone has the inherent ability to excel and that with a little support and training, the capacity of the unfortunate blind and poor can be enhanced to make our collective future brighter.

CHAPTER 4: SUMMARY AND CONCLUSION

PRIORITIES FOR 2017

1. Working with NHIA Authorities to install back into the scheme.
2. Plans to extend the records and optical department. Present records room is clearly fast running out of space.
3. To purchase software and other logistics to ensure early submission of reports.
4. Refurbish a treatment room and optical showroom with increased patient privacy.
5. To initiate the construction of an Eye Hospital at Akwaduo in the Bosomtwe District in Ashanti Region.
6. To refurbish outpatient department for patient comfort and to reduce dust.
7. To improve the main entrance for easy access.
8. Conduct staff and client satisfaction surveys.
9. To improve our services to our cherished clients by continuing sponsoring and encourage staff to further their education and offering internal training using our visiting specialist.

WAY FORWARD

To overcome the challenges faced in the year under review, the clinic was able to provide some solutions to curtail the internal setbacks to some degree however the external problems still pose a challenge.

1. Intensify the needed in-service training for staff.
2. Continue the good relationship with NHIA to curtail the rejection of submitted claims and eliminate deductions made.
3. Encourage more health talks on our Public Address system.
4. To ensure discipline through the standards and ethics of the Ministry of Health and the Christian Health Association of Ghana.

5. Seek support from stakeholders for provision of equipment, machinery, and infrastructure and to procure some through IGF.

ACKNOWLEDGEMENT

The Management of the Anglican Eye Clinic would like to express their deepest appreciation to all those who made it possible to complete this report. A special gratitude goes to all who made a direct input, whose contribution in stimulating suggestions and encouragement, helped to coordinate especially in writing this report.

Furthermore I would also like to acknowledge with much appreciation the crucial role of the staff of Anglican Eye Clinic, Jachie, who gave up their best during the year.

Special thanks go to our Benefactors from Europe and the world over, Dr. Cowley, the entire congregation of St. Barnabas Church in the United Kingdom, Eye Aid for Africa, Dr. Tim Kenny. We will be forever being in their debt for the medications, equipment and support we have enjoyed from you over the years. We have to appreciate the guidance given by other facilitators as well as supervisors especially the District Directorate of Health Services in Bosomtwe District that has improved our outlook for 2016. Thanks to their comment and advices. We also appreciate the effort of NHIS (Kuntenase), Management of St Michael's Hospital (Pramso), Management of Kumasi South Hospital and Management of Jachie Health Centre.