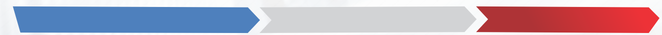
STRATEGIC FRAMEWORK 2017-2021



Innovations and Excellence

Building a Resilient Health Network towards achieving the SDGs

January 2017

The Christian Health Association of Ghana

STRATEGIC FRAMEWORK

2017-2021

Innovations and Excellence

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January 2017

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ABBREVIATION

AC	Annual Conference
CHAG	Christian Health Association Ghana
CHCU	Church Health Coordination Unit
CHPS	Community-based Health Planning and Services
CMI	Christian Health Association of Ghana Member Institution
D-by-D	Decentralisation by Devolution
DANIDA	Danish International Development Agency
DHMT	District Health Management Team
DHMIS	District Health Management Information System
EPI	Expanded Programme on Immunisation
FP	Family Planning
GHS	Ghana Health Service
GOG	Government of Ghana
GSGDA	Ghana Shared Growth and Development Agenda
HEFRA	Health Facilities Regulatory Agency
HR	Human Resources
HRH	Human Resources for Health
HSS	Health System Strengthening
HSMDTP	Health Sector Medium Term Development Plan
HTI	Health Training Institutions

IPD	In-Patient Department
IGF	Internally Generated Funds
MAF	Millennium Accelerated Framework
MTDP	Mid-Term Development Plan
MDG	Medium Development Goals
MOH	Ministry of Health
MOF	Ministry of Finance
MOU	Memorandum of Understanding
M&E	Monitoring and Evaluation
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
O&I	Organisation and Institutional Development
OPD	Out Patient Department
OPAT	Organisational Performance Assessment Tool
PHC	Primary Health Care
PPP	Public Private Partnership
POW	Plan of Works
RHMT	Regional Health Management Team
SDHMT	Sub-District Health Management Team
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
TWG	Technical Working Group

FOREWORD

This document provides the context that informs the Christian Health Association of Ghana's (CHAG) activities over the next 3 – 5 years. It is the second strategic framework for CHAG as a network organisation that presents the collective strategic direction of CHAG Member Institutions (CMIs) and the network at large. The purpose of this framework is to present the aspirations of CHAG to improve its contributions to the achievement of national health outcomes in partnership with all stakeholders in the health sector. This framework was developed after the end of the first strategic framework which was from year 2014 through to 2016. An early plan developed from 2012 to 2016 had to be reviewed in 2014 as a result of change in policy direction of CHAG. The 2014-2016 plan has successfully been executed and at its expiration, a new strategic plan is needed hence this new strategic plan. Again, drawing from the various experiences and lessons learnt over the 3-year period coupled with changes in the health sector nationally and globally, it became necessary for CHAG to review its strategic framework to align with these changes.

The Board of Trustees of CHAG recognises the proactive and visionary leadership of the CHAG Secretariat and the enthusiasm and commitment of network members to be more efficient, effective and self-sustaining in their support to the achievement of national health outcomes.

It is our hope that this Strategic Framework will adequately serve the purpose for which it was developed, that is to enable CHAG better support the achievement of national health outcomes geared towards a universal health coverage for all Ghanaians.

We welcome any support and contribution(s) towards the realization of the strategic objectives and goals contained therein.

Dr. Kwabena Adu Poku
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Executive Summary

This is a strategic document for CHAG and its network for the period 2017 to 2021. It defines the goals, objectives and strategies that will drive the operations of the Christian Health Association of Ghana (CHAG) over the next five years. CHAG, the second largest health service delivery agency of Ghana's Ministry of Health, is a Faith-based network organization owned by 25 Christian church denominations involved in the provision of health care and training of health professionals. CHAG's 2012-2016 Strategic framework, which was updated in 2014 by the Board of Trustees, ended in December 2016 and thereby paved way for the development of another strategic framework for the network. Through the life of the previous framework, membership increased by 111 and there were both successes and challenges that called for review of strategy in order to sustain the gains made while addressing the challenges and strengthen weaknesses identified. The key successes included reduction in institutional maternal and neonatal mortality rates while the challenges included lack of funds to implement the framework, delayed NHIS for NHIS, non-utilization of OPAT by members for M&E and un-satisfactory institutional performance in some areas of the HSS among others. These called for review of the 2014-2016 strategic framework to address the emerging challenges.

This strategic plan was developed through collaboration and consensus building approach. Review work by two external consultant teams; one commissioned by the Danish International Development Agency (DANIDA) and another by Pyxera, fed into the review. Strengths, weakness, opportunities and threats (SWOT) of CHAG were identified while the political, economic, sociocultural, technological (PEST) environment in which CHAG operates were assessed. The findings helped in identifying critical issues and factors upon which the strategic goals, objectives and activities were developed for the next five years.

The theme for the 2017-2021 strategic framework is "*building a resilient Health Network towards achieving the Sustainable Development Goals (SDGs)*". To achieve this aim, five annual strategic goals were set, key among them are; (1) build strong leadership and governance structures, (2) build structures for financial sustainability, and to (3) consolidate effective leadership and financial system achieving these will pave way for a system that is responsive, adaptive, diverse, self-regulatory and integrated. There are strategic objectives and activities for each of these goals. These strategic objectives are in tandem with the changes that are occurring within the health sector, particularly taking cognizance of the Sustainable Development Goals (SDGs), the MoH 2014-2017 Health Sector Medium Term Development Plan, and the National Quality Assurance Strategy. Key areas in this framework include focus on non-communicable diseases with a view of setting up one screening Centre per district

(one district one screening Centre for hypertension, diabetes and cancers), starting e-medicine program, establishing centers of excellence and capacity building for strategic leadership. CHAG also seeks to improve health outcomes in Malaria, maternal and child health, TB and HIV/AIDs. By working with these strategic objectives, CHAG will contribute to the achievement of national health outcomes.

This strategic plan is structured into six chapters. In chapter one, the strategic plan is introduced with a background information and history of CHAG. Chapter one also explains the rationale for developing the plan as well as the processes adopted in developing the strategic plan. Chapter two gives an overview of the Health Sector, policy, legal and regulatory framework of health care in Ghana and the changes occurring in the health sector. Specifically, it shows the 17 SDGs and its implications for health care delivery in Ghana. Strategic drivers for CHAG developed from SWOT and PEST analyses are presented in chapter three. Chapter four presents the Vision, Mission, and Core Values which define the strategic identity of CHAG. In chapter five, strategies for each year, activities, and indicators are presented. The last chapter, six, presents the implementation plan matrix – strategy, activities, expected results, and timeframe within which the action is to be taken.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This is a strategic document for CHAG and its network for the period 2017 to 2021. It defines the goals, objectives and strategies that will drive the operations of CHAG over the next five years.

1.2 Background of the Christian Health Association of Ghana (CHAG)

The Christian Health Association of Ghana (CHAG) is a Faith-based network organization of 25 Christian church denominations involved in the provision of health care and training of health professionals. It is the second largest provider of health services in Ghana. CHAG facilities are found mostly in the remote and deprived communities of Ghana and provide services to the poor and marginalized communities where the Ghana Health Service (GHS) has no or few facilities.

CHAG was initially founded, in 1967, as a Voluntary Professional Association and subsequently registered as a Body Corporate in 1968 under the Trustees (Incorporation) Act 1962, Act 106. The Ghana Catholic Bishops' Conference and the Christian Council of Ghana are the main stakeholders in the Association. The Ghana Pentecostal Council was later admitted into membership as an Associate Member. Membership has gone up from 25 in 1967 to 300 in 2016 and comprises 74 hospitals, 208 health Centres and clinics, and 18 health-training institutions. There is potential for further growth of the network however, since more church health facilities have yet to be registered with CHAG. The network members collectively have staff strength of approximately 16,000 as at the end of 2016, compared to 7,302 in 2010. In 2016 the total number of outpatient contacts were approximately 6,000,000 and inpatients exceeded 450,000 persons.

1.3 Membership and Governance

Membership of CHAG is subject to a Christian identity, subscribing to CHAG's constitution and consecutive articles, payment of an annual membership subscription fee and a regular membership audit. Governance is participatory in nature and secured through a full member Council, which meets annually to discuss and approve the strategic direction of the network. A Board with nominated representatives of the 3 Founding Church denominations of CHAG oversees the Secretariat, the apex organisation of the network at the National level, charged with its daily management.

CHAG is a recognised agency of the Ministry of Health (MOH) and works within the ministry's policies, guidelines and strategies. Nonetheless, CHAG is autonomous and takes an independent position to advocate and promote improvements in the health sector and to advocate the interest of its members. CHAG is directed by Christian values and professional and medical ethics and norms. CHAG's primary beneficiaries are the most vulnerable and underprivileged population groups, particularly those in the rural areas of Ghana.

1.4 Organization of CHAG

At the national level, CHAG has a Secretariat providing stewardship of the network, developing strategic partnerships in support of capacity development of its members for improved service delivery and articulating the association's position and interest in national policy dialogue and discourse for health sector developments and –improvements. In the year 2016, the Board reviewed the structure of the Secretariat which resulted in the creation of five functional units instead of the initial six. The secretariat presently has about 25 full time staff.

The larger Church denominations of CHAG operate health coordinating units (CHCUs) at the National level. These units operate autonomously but are accountable to their respective churches. They provide technical, logistical and program support to their corresponding health facilities. To some extent they also mobilise funding for their members. In addition, some Churches operate supplementary and decentralized health coordinating units at the Presbytery and Diocesan levels. CHAG presently have a total of 25 Church denominations.

1.5 CHAG Health Infrastructure

The CHAG network comprises a membership of 300 health facilities and 18 Health Training Institutions owned by 25 different Christian Church denominations (Annex 3). The health facilities are made up of clinics (51%, 152), hospitals (25%, 74), health centres (14%, 43), primary health care (PHC) centres (4%, 11), CHPS Compounds (1%, 2) and training schools (6%, 18). In all, the network accounts for approximately 5.5% of the total health infrastructure in Ghana.

CHAG facilities are predominantly located in the more isolated districts and localities. They are unevenly distributed over the 10 regions of Ghana with a larger presence in Ashanti (72), Brong Ahafo Region (41), Western (33) and Eastern (30) a smaller presence in the remaining Regions of Ghana.

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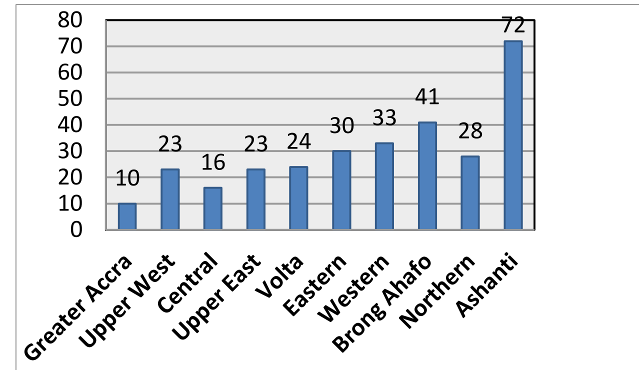
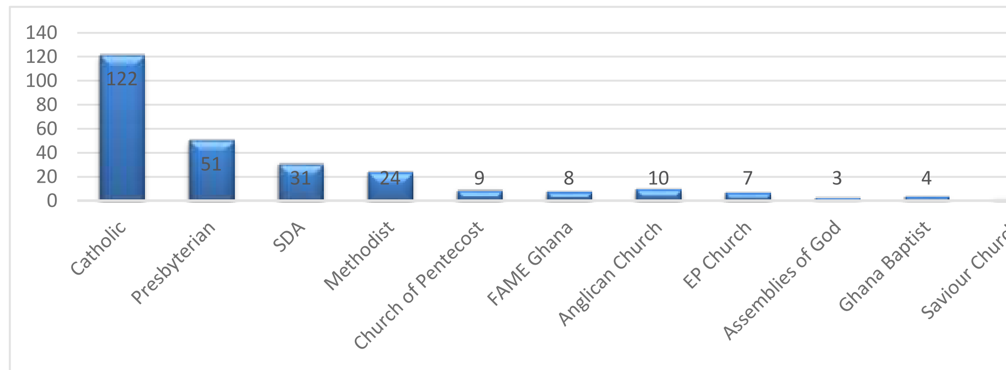
[1] CHAG is registered as a 'Trustee-ship' and its board comprises representative from the Ghana Catholic Bishops Conference, the Christian Council of Ghana and the Ghana Pentecostal Council, the 'Founding Fathers' of CHAG.

[2] The relationship between CHAG and MOH is guided and agreed upon in a Memorandum of Understanding (2006).

A large majority of CHAG facilities is owned by the Catholic Church (43.5%) followed by the Presbyterian Church (16.5%), the Seventh Day Adventist Church (9%) and the Methodist Church. The Salvation Army, Anglican Church, the EP Church, the FAME Ghana and the Church of Pentecost each own about 5% of facilities. The remaining 14 Charismatic Churches constitute about 11% of CHAG membership base with each operating just one health facility.





1.6 Rationale for the Strategic Plan

In the year 2012, a strategic framework was developed for CHAG covering a period of five years (2012-2016). However, in 2014, the Board of CHAG having gained much deeper appreciation and experiences from managing the affairs of the network directed the review of the Framework to align with both the Health Sector as well as the new directions of CHAG. Therefore, an updated Strategic Framework was developed in 2014 for a period of three years (2014-2016). The updated Strategic framework ended in December 2016 therefore paving way for the development of another strategic framework for the network.

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[3] Currently the 4 functional units within the Secretariat are: (1) Administration; (2) Finance; (3) Human Resources; (4) Health Financing; (5) M&E. Next to these functional units the secretariat operates a Directorate and a Compliance and Audit unit.

[4] Church denomination operating national health coordination units are: the Catholic Church, the Presbyterian Church, the Seventh Day Adventist Church, the Salvation Army, the Anglican Church, the Methodist Church, Ghana Baptist convention, True Faith Church, Saviour church, Church of Christ, Assemblies of God, Church of God, FAME Ghana, EP Church, Global Evangelical, Word Alive Mission, Luke Society Mission, Manna Mission, Run Mission, the Church of Pentecost, Faith Mission, Siloam Gospel.

[5] All other denominations includes; Word Alive Mission, WEC, Siloam, Run Mission, Church of God, Assemblies of God, Manna Missions, Lighthouse, Luke Society Missions, Faith Evangelical Mission, Global Evangelical and AME – Zion.

Through the life of the 2014-2016 strategic plan, there were both successes and challenges that call for review of strategy in order to sustain the gains made while addressing the challenges and strengthen weaknesses identified. Again, the membership of the network increased by the addition of 111 new facilities giving a reasons for redirection to maximize impact in the health sector.

1.6.1 Successes of the 2014-2016 strategic framework

1. The development of key partnerships with CRS, DFID and IMA World Health
2. Strengthening of partnerships with MOH and UNFPA to the extent that CHAG became an implementer of MOH programs such as the MDC accelerated framework for maternal and child health
3. Capacity building for CHAG member institutions (CMIs) in the use of OPAT as an Evaluation (M&E) tool.
4. Reduction in key health service indicators including maternal mortality (from 194 in 2011 to 145/100,000 live births in 2015); neonatal mortality (6.7/1000 to 6.5/1000 live births in 2015) and under 5 mortality (from 21/10,000 in 2011 to 15/10,000 in 2015)
5. Increase in OPD attendance by 9.8% and in-patient care increased by 15.5%
6. Natural visibility and advocacy for mental health services. To this end CHAG trained over 1,000 health professionals and provided logistics for the provision of mental health services in all its institutions. Consequently, CHAG received additional fund from DFID for mental health services. .

1.6.2 Challenges and weaknesses of the 2014-2016 strategic framework

The implementation of the 2014-2016 strategic plan was not without challenges and weaknesses. These challenges and weaknesses hindered the achievement of some of the targets and objectives. Among them was;

(1) difficulties encountered with getting funding for some key activities in the plan. As result of this challenge, HR forum and staff development were not done. Planned training for CMIs on claim processing and capitation could not be carried out.

(2) For the network, NHIS reimbursement for services provided was characterised by prolonged delays to the extent that it affected all facets of service provision.

(3) In spite of the training given to CMIs on the use of OPAT, not many facilities used it routinely.

(4) The CHAG-GHS partnership is still strained especially given the absence of regional and district levels administrative structures for CHAG.

(5) Ppartnership for research within the network could not be developed, meanwhile CMIs have diverse areas that could be researched to potentially solve contextual problems.

(6) The 2014-2016 strategic plan was not widely disseminated, and as such facilities could not use the framework for their annual plans as anticipated. There was therefore the need review the framework in order to address the challenges and weaknesses mentioned supra.

In the course of the last plan, several factors in the health sector changed including policies, leadership and governance and legal framework. Equally so, some internal factors limited to CHAG changed that call for a review of the plan to reflect these changes.

1.6.3 Performance of the Health systems strengthening approach

The Health Systems strengthening approach became the preoccupation of the global health community and was still the case during implementation of the 2014-2016 plan. Following the Ouagadougou declaration in April 2008, African Health systems, including Ghana have been focusing achieving better healthcare for the new millennium. Consequently, CHAG in its 2014-2016 Strategic Plan sought to achieve "Improvements in Health Outcomes by Strengthening the various blocks in the Health Systems". At the end of the period, whereas the performance in Service delivery, Health Financing and Health Technology were satisfactory, the performance in Leadership and governance and human resources were not satisfactory. This calls for systems rethinking; how to build strong leadership within the network for a resilient health system. For CMIs within the network, wherever performance in leadership was low, it affected most of the other health systems blocks, particularly on human resources, health finance, partnerships and research. This is to be expected as leadership influences all facets of health care delivery, both at the primary and national levels. As a result of this leadership development is to be given attention in the next plan.

1.6.4 Change of global health focus: the SDGs

The health sector in recent times is experiencing changing priorities in tandem with changing health needs of the population and the global health agenda. The Millennium Development Goals (MDGs) which until 2015, was driving the health agenda globally, is now replaced with the Sustainable Development Goals (SDGs). The health related goals of the SDGs seek to ensure healthy lives and promote well-being for all at all ages. While much attention was given to maternal and child health under the MDGs, there is now a new focus on non-communicable diseases and the achievement of universal health coverage.

At the national level, Ghana made significant progress towards achieving the MDGs from 1990 to 2015. However, the outcomes of the health related goals have been mixed. According to the UNDP (2015), targets such as halving extreme poverty (MDG 1A), halving the proportion of people without access to safe drinking water (MDG 7B) were attained. Also, substantial progress was made in reducing HIV prevalence (MDG 6C). However, slow progress was made in the following areas,

(1) Reducing under-5, child mortality (MDG 4)

(2) Reducing maternal mortality (MDG 5),

(3) Improving sanitation (MDG 7). Within the CHAG network, institutional Maternal mortality rate stood at 109/100,000 live births at the end of 2016. Neonatal mortality and infant mortality rates were respectively 6.5 per 1,000 and 8.6 per 1,000 live births, both below national averages of 28 and 43 per 1000 live births. These were key achievements in service delivery and consistent with the findings of performance assessment commissioned by DANIDA. Now the MDGs are being replaced by the SDGs, with a slight shift in focus.

With the foregoing in mind, there was the need to develop a new strategic plan that addresses the issues internally and externally, with the competencies within the network and within the confines of the core mandate of CHAG. To do this, the work and functions of CHAG over the period were subjected to analysis in terms of strengths, weaknesses, opportunities and threats (SWOT). Again, the political, economic, social, and technological environments were scrutinized. The findings of these two analyses informed the development of the strategic plan. It is hoped to provide solutions to the challenges and weaknesses that the network has whilst bringing mechanisms to take care of the opportunities that are available to deliver on its mandate.

1.7 The Strategic Plan Development Process

The development of the 2017-2021 went through phases. Each phase involved reviews, agreements and forecasting. The process started with the review of the review of 2014-2016 strategic plan and the 2016 program of work. The review was done by a team of six managers of the secretariat. This review was largely enhanced by earlier reviews done by two external consultants; one commissioned by the Danish International Development Agency (DANIDA) and led by Dr. Nazzar. The other was commissioned by Pyxera and executed by a team of two – Marta Bezoari who works with Pacific Investment Management Co (PIMCO) of USA and Thomas Fuhrken who works with DOW. The DANIDA review assessed CHAG's performance using the, Operational Performance & Assistant Tool (OPAT). HSS while the Pyxera review entailed a desktop review of the operations of CHAG and personal interview of key personnel at the Secretariat and some facilities within the network. The review team then identified the strengths, weakness, opportunities and threats of CHAG using the SWOT analysis tool. The political, economic, sociocultural, and technological environment (PEST) in which CHAG operates were also assessed. The findings of the various reviews were used to identify critical issues and critical success factors upon which the theme, goals, objectives and strategies for the next five years were developed. Areas in the previous plan that need ed to be sustained are maintained in the new plan while others that need review were done appropriately.

1.8 The Structure of the 2017-2021 Strategic Plan

There are six chapters in this strategic plan. In chapter one, the strategic plan is introduced with a background information and history of CHAG. Chapter one also explains the rationale as well as the processes adopted in developing the strategic plan. Chapter two gives and overview of the Health Sector, policy, legal and regulatory framework of health care, the ministry of health and changes occurring in the sector. Specifically, it shows the 17 SDGs and its implications for health care delivery in Ghana and the need to include them in the 2017-2021 strategic plan. Strategic drivers for CHAG developed from SWOT and PEST analyses are presented in chapter three. Chapter four presents the Vision, Mission, and Core Values which define the strategic identity of CHAG. In chapter five, strategies for each year, activities, and indicators are presented. The last chapter, six, presents the implementation plan matrix – strategy, activities, expected results, and timeframe within which the action is to be taken.

CHAPTER TWO

OVERVIEW OF GHANA'S HEALTH SECTOR

2.0 Introduction

This chapter gives an overview of the Health Sector in Ghana, the Ministry of Health and changes occurring in the sector. It also presents the 17 SDGs and its implications for health care delivery in Ghana.

2.1 Structure of Health Care Delivery in Ghana

Health care delivery in Ghana is provided by both the public and private sectors. The Ministry of Health has oversight responsibility of the sector and in addition, formulates polices, monitors and evaluates progress of its program of work. The Ghana Health Services (GHS) and the Teaching hospitals are the main public sector agencies for health care delivery. GHS, the largest service provider, operates a three tiered system for service delivery with regional, district, and sub-district elements. The districts and sub-districts within each region are supervised and indirectly managed by the Regional Health Administration while the District Health Administration provides supervision and administrative support to the sub-districts. Largely, Health Centres operate the sub-district level to provide both preventive and curative services as well as outreach services to their respective communities. Although CHAG operates in the districts and rural areas, it has no district and regional administrative structures. To function effectively in these areas, CHAG needs to introduce similar structures.

2.3 Policy, Legal and Regulatory Framework

The MOH is responsible for policy formulation which are implemented by its agencies.
Generally, the health sector operations are directed by the Health Sector Medium Term Development Plan (HSMTDP) which is based on the National Medium Term Development Plan (NMTDP). Agencies and stakeholders in the sector are guided by this document which provides the framework for planning and other developments within the sector, constituting the overall basis for achieving the health sector goals. A new HSMTDP is currently being developed as the existing plan (2014-2017) ends December 2017.

The sector has a legal and regulatory framework that operate under the purview of various Acts such as the Constitution of Ghana, the Public Service Commission Act, the Civil Service Act and Acts establishing the various agencies. Several of the legal frameworks governing the health sector and its agencies are outdated and new bills are proposed and currently under review. However, it is unclear whether these new bills under consideration will contribute to streamlining the sector as they appear to create a multiplicity of new and parallel structures and overlapping responsibilities of existing institutions. Moreover, some new bills appear to strengthen centralization of governance functions rather than decentralizing them, in sharp contrast with the overall decentralization policy of the GOG. Nevertheless, as the decentralization policy gets implemented, CHAG needs to establish its regional and district structures in order to be in sync with the policy.

Health Facilities Regulatory Agency (HEFRA) has taken over the regulatory mandate of the Ministry of Health. However, the requirements for Health facilities, especially CHAG Member Institutions with the Agency still remains a challenge. Many of the requirements are capital intensive and the delay in NHIS reimbursement it makes it further difficult to meet such requirements

2.2.1 The Ministry of Health

The mandate of the MOH is to provide strategic direction, policy development, oversight and coordination, resource mobilization and M&E for the health sector. Notwithstanding progress in recent years, the MOH still performs many functions outside its core mandate. CHAG needs to strengthen its partnership with the ministry in its program implementation. A serious concern for the MOH over the years has been the substantial increase of the wage bill, posing serious challenges for expanding and maintaining current staffing and salary levels. The Ministry's present HSMTDP which is in its last year of operation sought to achieve the following:

2.1.3 The Health Sector Medium Term Development Plan Framework 2014-2017

1) *Bridge the equity gaps in geographical access to health care* through;
2) *Ensure sustainable financing for health care delivery and financial protection of the poor.*
3) *Strengthen efficiency in governance and management of the health system*
4) *Improve quality of health services delivery including mental health services*
5) *Enhance national capacity for the attainment of the health related MDGs and sustain gains*
6) *Intensify prevention and control of communicable and non-communicable diseases*

It is anticipated that the new HSMTDP to be developed 2018-2022 will focus on the 17 new SDG health related goals.

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[6] Health Sector Medium Term Development Plan , Ministry of Health, 2014-2017

[7] Health Institutions and Facility Bill, mental Health Bill, Medical training and research Bill, health profession Regulatory Bodies Bill, Traditional and Alternative Medicine Bill, Health service Bill, Public Health Bill.

[8] Institutional and Organisational Assessment of the MOH and its Agencies, HERA, Ghana, March 2012.

2.3 Changes in the Health Sector

2.3.1 SDGs

The health sector is witnessing changes, some of which are programmatic while others border on policies for which CHAG must align itself

From MDGs to SDGs

Since 2016, global attention is on the SDGs. The health related goals of the SDGs which seek to ensure healthy lives and promote well-being for all at all ages has 17 goals. These include;

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

3 (a) Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

3(b) Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

3(c). Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and Small Island developing States

3(d). Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks. These are the new areas that will engage country health systems in the next fifteen years. The Medium Term Development Plan of MOH, currently being developed is likely to place more emphasis on some of these SDGs. CHAG as an agency is positioning itself to achieve the targets in the SDGs.

CHPS Policy

2.3.2

Not long ago, MOH introduced the Community Health and Planning Services (CHPS) policy and is seeking to build 6,000 CHPS compounds nationwide. It is a new sub-structure of the health care system intended to provide basic preventive and curative services for minor ailments at the community and household levels with the purpose of attaining universal health coverage for all.

Development partners

2.3.3

The sector development partner landscape rapidly and continuously changes with reduced funding levels from bi-lateral and multi-national donors. This is due to the prolonged worldwide economic crises, a paradigm shift in development aid towards economic collaboration and more support for fragile and underdeveloped countries. Ghana moved out of this bracket when it attained a lower middle-income country status. Development partners in health are gradually withdrawing their support, a situation that is likely to affect vaccination and other vital health programs in Ghana in the coming years. If this is not anticipated and catered for it is likely to undo some of the gains made in child health. CHAG needs fund raisers and strategic thinking to make it into another funding stream.

Changes in political Leadership & Governance

2.3.4

In December 2016, Ghanaians voted for a change of government. Following the change in the governance structure of the country, and paving way for a new government from a new political party to be in place, there is anticipated change in policies and strategic directions in the health sector. The operations of the MOH will have to align with the government's strategy and objectives. Impliedly, these changes potentially will affect the functions of the MoH and its relationship with its agencies and partners. CHAG appreciates this anticipated change and is ready to align its plans and strategies with any change that is likely to occur in the years ahead.

Health Financing

2.3.5

The NHIS which has become the major funding source in the health sector for service delivery is suffering from chronic shortage of funds to reimburse facilities. Delays in payments up to about 8-10 months is gradually crippling facilities in terms of smooth administration and service provision. This has the tendency to erode all the gains made in creating access to care which the country witnessed following the introduction of the NHIS. Going ahead in time, it does not appear to get any better and health institutions must find alternate ways of funding their services.

Being an agency of the MOH, CHAG is an integral part of the Health Sector and thus need to appreciate and anticipate these changes and developments of the sector as well as the wider legal and political context in Ghana. There has been a gradual shift from not being well known within the health sector over the past two years. CHAG gradually is becoming a formidable force to be reckoned with especially when it comes to delivering on her mandate within the health sector. This has placed CHAG in a position where it can become an institution of excellence for other players within the Sector to emulate.

CHAPTER THREE

THE STRATEGIC DRIVERS OF CHAG

3.0 Introduction

This section describes the strategic drivers of CHAG, a result of the findings of the various analyses – review of the 2016 program of work, the 2014-2016 strategic plan, SWOT and PEST. These findings informed the prioritization of strategies for the 2017-2021 strategic plan.

3.1 PEST Analysis

An environmental scan was done assessing the political, economic, social, and technological environments. The results is shown in table 1 below. These are factors that are likely to affect the programmes of CHAG in the next five years.

Table 1: PEST Analysis

Political	Economic
1. *Ghana is politically stable, providing good environment for health care delivery.* 2. *Change in government has the potential to change health policies and strategic direction* 3. *Frequent change of the Ministers of Health has potential to affect commitment to policies including the CAH-MOH MOU.* 4. *Government's decentralization policy not effective yet and could affect implementation of health policies at the grass -root level* 5. *Over politicization of NHIS makes the operations of the NHIS in effective and difficult to tell which direction NHIS will take* 6. *Ghana has signed on to the SDGs and there is a political will to implement its strategies of the SDGs. CHAG can take advantage of the political will and implement the SDGs.*	1. Ghana's growth rate is below the average for Sub-Saharan African average of 5.0% (IMF 2015). This could affect funding of health programmes for the health sector, including CHAG. 2. Changing patterns of donor funding has the potential to change CHAG's focus 3. The oil and gas industry has the potential to grow to support the economic growth of Ghana in the future if it is managed well. This could create a positive platform for growth in the health sector 4. High cost of power and unreliable supply can negatively affect the economic situation of CHAG health facilities particularly those in the rural areas 5. Widespread poverty in many parts of the country can affect the overall health of the population particularly where CHAG facilities operate

Socio-cultural	Technological
1. *Socio-cultural beliefs and practices that influence health negatively are deep seated in rural areas especially in Northern Ghana* 2. *Some cultures and religious groups shun contraception and lead to low contraceptive uptake rates* 3. *Some social protection policies and interventions are available that protect HIV/AIDS patients the aged poor people (LEAP) and NHIS* 4. *Myths and misconceptions affect many areas of health care delivery For example HIV/AIDS patients are stigmatized, delivering babies in hospital for certain tribes are also frowned upon*	1. Mobile phone penetration in Ghana is over 100% and this could be a beneficial means to disseminate health information and for advocacy purposes 2. Cloud computing, which developing at a fast pace could be used to store health data for enhanced decision making 3. Application of ICT for data collection, analysis and dissemination has positive implications for health services delivery 4. Expansion of ICT potentially can improve networking and partnership development 5. Expansion of ICT creates the basis for e-health

3.2 SWOT Analysis

Analysis of the internal situation and performance of the network is based on review of annual reports of members scrutiny of relevant documents, operational research and feedback from CMIs and stakeholders of the health sector. Table 2 below summarizes this analysis.

Table 2: SWOT Analysis of CHAG

Strengths	Weaknesses
1. *Human capital -competencies exist to deliver desired outcomes within the CHAG network.* 2. *CHAG has a good corporate image in the west African sub region which can be leveraged on.* 3. *adequate structures are and systems exist for service and program implementation within the CHAG network.* 4. *There is a good platform ability and capability to build partnerships effective / healthy partnerships worldwide.* 5. *There is strong leadership, and capability for lobbying and advocacy*	1. Available structures within the CHAG network do not promote effective monitoring and supervision as well as coordination of CMIs by the Secretariat. 2. Communication and collaboration within the CHAG network is not effective 3. There is lack of robust and uniform data collection and management system within the network 4. There is limited sources of funding for CHAG programs 5. There is lack of decentralized structures within the network 6. Inadequate office space at the Secretariat to support effective work by officers. 7. Lack of performance contract with CHCUs and CMIs leaves much room for accountability

Opportunities

1. *There is increasing interest of development partners' in CHAG, i.e. Global fund, IMA, CRS, PharmAccess, USAID SHOPS, UNFPA*
2. *There is the availability of church health coordinators unit or church health services to achieve more diversification of programmes.*
3. *The existence of MoU with the MoH and GHS is a leverage for continuous engagement with government.*
4. *The presence of three safe spaces (Churches, schools and health facilities) in almost all communities in Ghana provide avenues for further engagement at the community level.*
5. *The focus on Sustainable Development Goals (SDGs) has set the agenda for global and national health systems.*
6. *The availability of MoH Health Sector Medium Term Development Plan provides additional framework for the entire sector activities.*
7. *There are sufficient regulations in the health sector to promote quality health services delivery*
8. *There is favourable public perception of CHAG.*
9. *There is a widespread acceptance of ICT within the nation that can be leveraged for effective and efficient health service deliver. The presence of a new regulatory body (HEFRA) provides opportunity for CMIs to upgrade to secondary or tertiary levels under the NHIS.*
10. *The absence of selection interviews for health professionals undermines the ethical values of CHAG. Poor data management affects timely and effective decision making.*
11. *The lack of operational research at all levels of CHAG hinders opportunities to attract support from development partners locally and internationally*

Threats

1. New partnerships with GHS for the establishment of 3,000 health facilities all over Ghana will affect the prominence of CHAG within the sector
2. The government's CHPS Policy has a potential of eroding CHAG's relevance in the rural areas
3. Delayed NHIS reimbursement potentially will affect the prompt quality health services provision by CMIs.
4. Introduction of staff incentive packages by other service provider agencies / competitors has the potential to affect staff retention within the CHAG
5. There is limited accreditation levels for CHAG facilities under the NHIS and this potentially limits the ability of MIs to grow into tertiary levels.

3.3 Critical Driving/Success factors

Given the opportunities, threats and other factors prevailing in the health sector, the following factors are critical for the success of CHAG

1) Strong and dynamic leadership
2) Competent Human Capital
3) Ability to respond to health emergencies and contextual problems
4) Reliable partnerships
5) Financial viability
6) Technological compliance
7) Evidence based decisions

3.4 Critical Challenges

Although there are marked differences in the extent and quality of health service provision among members within the CHAG network, all members are primarily pre-occupied with maintaining and improving organizational performance for better-quality health service provision. Critical challenges across the network which was comprehensively analyzed and discussed and also with inputs from the various CHCUs are summarized in Annex 1. Addressing these challenges will ensure that CHAG is able to achieve the desired outcomes and outputs required in support of contributing to National health outcomes.

Table3: Critical Challenges across the CHAG Network

HSS Block	Critical Network Issues to be addressed during 2017 to 2021
Leadership and Governance	1) Limited and capacity on strategic leadership and governance practices especially in the area of organisational and institutional development 2) Weak coordination of CHAG activities at all levels but more especially at the regional and district level 3) Members selectively comply to internal CHAG network processes and guidelines 4) Absence of performance management 5) Limited awareness of the CHAG network 6) Disconnect between the CHAG Secretariat and the CMIs - there is intrinsic need by CMIs for external relations/support/supervision from the CHAG Secretariat 7) Some CMIs selectively comply with some MoH ploicies and procedures 8) Use of varied HR management guidelines
Human Resources for Health	1) Shortage and un-equal distribution of key professional health staff across the network 2) Significantly high attrition of professional staff, mainly due to retirement; 3) Inadequate capacity amongst members in human resource planning, management and supervision across the network;
Health Service Delivery	1) Health planning for service delivery does not always address the local disease burden 2) Patient safety and quality of care is not consistently nor systematically addressed. 3) Good practices of network members and within the sector are not documented and sufficiently shared 4) Member institution do not have focus on some important neglected health conditions and services (mental health, EMS NCDs)

Thematic Area	Challenges
Health Financing	1) Persistent delays in NHIS claim reimbursement; 2) Low NHIS tariffs for medicines and specialist services in particular; 3) Network members have insufficient funds for capital investments and maintenance of equipment 4) Inability to provide comprehensive financial data on CHAG operations. 5) Withdrawal of government subsidies on utility 6) Limited sources of income
Health Technology	1) Dilapidated health facility plant and equipment; 2) High cost of equipment and medicines 3) most facilities do not have the needed equipment and most of them are obsolete
Health Information Management	1) In-adequate data management and use at all levels of the network 2) In-ability of DHIMS-II to provide disaggregated data on CHAG 3) Un-timely, inaccurate and incomplete submission of data by CMIs to CHAG secretariat.
Community Ownership and Participation	1) Limited engagement of health facilities with communities in planning of health services
Partnerships for health development	1) Limited collaboration between CHAG health facilities and GHS at the Region, District and sub-district levels; 2) Limited knowledge, understanding and compliance with MOH/CHAG Memorandum of Understanding (MOU) amongst network members Prospects of securing long-term funding from current development partners is dwindling 3) Members are not aware of or not adequately accessing new partnership opportunities
Health Research	1) Limited capacity within the network to do research (design, implement, document and disseminate) 2) No comprehensive agreed to research agenda 3) Good practices of network members are not documented and sufficiently shared

4.4 Network Values

CHAG's Christian identity stands for a core set of principles, values and norms. These provide direction, guidance and the internal driving force and commitment to all its members, resulting in a unique culture of the network, a distinct ethical conduct and professional standards of its members and employees towards CHAG's customers and clients. The values of CHAG as a network is presented in table 4 below.

Table 4: Network Values

Network Values	
Christian identity and values	Health services and patient care is provided in the spirit of love, service, justice, compassion, community, forgiveness and truthfulness.
Unity in Diversity	Each member is autonomous and contributes in a unique way to CHAG's shared vision, mission and objectives.
Respect dignity and gender of the pe	Non-discriminatory, appreciating that each person is equally and fairly entitled to life, liberty, security, protection, recognition and equal rights and treatment irrespective of sex, sexual orientation, race, color, religion, political orientation, birth-or societal status.
Holistic Care	Taking all aspects of people's needs into account, including psychological, physical and social while at the same time comprehensively addressing under performance of health service delivery.
Creativity and Excellence	Working towards high quality performance, quality of services and patient care by constantly reflecting on on-going practices and looking for new ideas, approaches, methods and alternatives for improvement.
Accountability and transparency	Taking responsibility for ones actions in an open and honest manner.
Co-operation and partnership	Recognizing the value of others as equal, necessary and complementary to the achievement of CHAG's vision, mission and goals.
Option for the poor and marginalized	Targeting the most vulnerable and less privileged population groups in society.

CHAPTER FOUR

STRATEGIC IDENTITY OF CHAG

4.1 Network Vision

CHAG's over-riding and unique network aspiration and direction for the future ('Vision') is inspired by Christian identity and witness. The Vision of CHAG is:

Health in Body, Mind and Soul, Christ's healing Ministry fulfilled

Guided by its Christian identity and associated core values, the central purpose of CHAG ('Mission') defines the overall objective of the network to which all members describe and which reflects in all the network and individual member plans, actions, strategies and operational decisions.

4.2 CHAG's Mission

The mission of CHAG is *to promote the healing Ministry of Christ and be a reliable partner in the health sector in providing the health needs of the people in Ghana in fulfillment of Christ's mandate to go and heal the sick*

4.3 Network Goal and Main Objectives

The long term goal of CHAG is *"to support the achievement of National Health Sector outcomes"*

CHAG is well aware that it can only play a limited part in the achievement of National health outcomes. Nonetheless, CHAG is also conscious that its contribution to provide health services to Ghana's more vulnerable population groups is already significant and can only improve over time. The purpose and main objectives of CHAG are:

1. *To foster a closer partnership between Church health services and the Ministry of Health to promote health care in Ghana.*
2. *To assist in planning and coordinating the training programmes and other medical work or services of all its members.*
3. *To assist all members with respect to the employment of staff, provision of supplies to the hospitals or other medical services maintained or supported or controlled or supervised by any member of the Association.*
4. *To encourage and assist the members to promote the healing ministry for the benefit and the welfare of the people of Ghana.*
5. *To implement policies set by the members and do such other things in cooperation with the members that are conducive to the attainment of the objectives of the Association and generally to act for the benefit and welfare of the people living in Ghana.*

4.5 Network Outcomes and Outputs

The network outcomes are different for the secretariat, CHCUs and the member Institutions, in line with their respective mandates. Outcomes at these various levels are described in terms of what they are expected to deliver as their contribution to realizing CHAG's overall long-term goal. The Network outcomes are as follows:

1. *<u>Health Facilities</u>: Provision of quality health services that meet client expectations;*
2. *<u>Church Health Coordinating Unit</u>: Provision of high standard technical, logistical, administrative and programme support to health facilities;*
3. *<u>Secretariat</u>: Provision of leadership and direction of CHAG, represent CHAG in the health sector and provide facilitative and capacity support to members and CHCUs.*

Though the efforts and activities of the secretariat, CHCUs and member institutions are noticeably different, all plans and activities are designed to ensure that CHAG's health facilities perform well and provide quality health services. Work plans and support activities of member institutions, the secretariat and the CHCUs respectively are thus targeted to achieve the following outputs or deliverables at facility level within the period 2017-2021:

4.6 Strategic Goal for 2017-2021

"To Build a Resilient Health Network towards achieving the Sustainable Development Goals (SDGs)"

The overarching goal of CHAG for the period 2017-2021 is "to build a resilient health network through effective leadership and sustainable financing".

The strategic plan is driven by five main goals, each defined for a specific year in the life of this strategic plan. CHAG will navigate through the next five years with specific strategic goals as listed in table 5 below.

Table 5: Strategic Goals by Year

Goal	Year	Strategic Goal
Goal 1	2017	Build leadership and governance structures
Goal 2	2018-2021	Improve structures for financial sustainability By 2021 CHAG's systems are expected to be resilient being aware of its environment adaptive, diverse, self-regulatry and integrated.

The following sections gives the rationale for the strategic goals.

4.6.1 Goal 1: To build Strong Leadership and Governance Structures

In line with the policy objective 3 of the Ministry of Health's 2014 - 2017 HSMTDP which seeks to improve efficiency in governance and management of health system, CHAG will build the capacity of the various levels of leadership and governance structures particularly in the areas of strategy and organisational development across the network. CHAG believes that good leadership and governance structures will positively influence performance in the other blocks of the health systems. Specifically, in response to the critical factors of CHAG, this will address the weakness in coordination of CHAG activities especially at the regional and district levels. Again, it is hoped to improve compliance to internal process and guidelines as well as the regulations and policies of the MOH.
Not only the above but also, it will improve performance management at all levels

4.6.2 Goal 2: To build robust structures for financial sustainability

In line the policy objective 2 of the HSMTDP which seeks to ensure sustainable financing for health care delivery and financial protection for the poor, and taking cognisance of the financial difficulties that characterise the health system in Ghana, CHAG will develop robust financial structures that will ensure sustainability of its systems. CHAG believes that sustainable financial system underpins development in the various health system blocks. Services will improve if there is financial means to purchase equipment, drugs and non-consumable items. Leadership, governance and human resources can be developed if there is capital for training. Likewise health information and technology can be improved with funding. Specifically, in response to the critical factors of CHAG, this will address the persistent delays in NHIS reimbursement, lack of funds for capital investment, high expenditure and inability to provide financial information for decision making.

4.6.3 Goal 3: Strengthen effective leadership and financial systems

In the 3rd year of the life of this strategic plan, CHAG will develop systems the will sustain the gains made in leadership and governance and financial systems built in years 1 & 2 of this plan. CHAG will strengthen internal controls of systems developed, build the capacity of managers at all levels to monitor systems and facilitate the establishment of centres of excellence within the network. Specifically, year 3 will address and improve performance management systems, limited funding sources as well as quality data for leadership and financial decision-making processes

Expected Outcomes

Having built strong leadership, governance financial, monitoring and performance structures in the preceding 3 years, CHAG will be well placed to secure sustainable financing for health care delivery and ensure financial protection for the poor in line with its pro-poor policy and HSMTDP policy objective 2. CHAG will expand partnerships that support programs in NCDs, TB, HIV, Malaria, maternal health and mental health. In addition, CHAG will collaborate with international and local universities for health research and share best practices with wider network, partners and other agencies.

By 2021 when CHAG has implemented all the strategies in this plan and achieved the goals of the previous years, it will become more resilient. The CHAG network will become sensitive to its environment and have the right kind of leadership and capacity to respond to critical issues including disease outbreaks, national disasters, and research. CHAG will be integrated and diverse, have the capacity and specialties to tackle issues in all the blocks of the health systems. CHAG will become a lead agency in the health sector, leading
innovative areas in e-medicine, advocacy and preventive medicines.

4.7 Strategic Objectives

Each of the annual goals has a number of objectives defining how those how goals will be achieved. Consequently, for each of these objectives there are a number of strategies and priority activities designed to realize it. The strategic objectives are designed for each of the Health system blocks and presented in the table below.

Table6: Goals and Strategic Objectives per HSS Block for 2017

Goal 1: To build Strong Leadership and Governance Structures

HSS BLOCK	Strategic Objectives (SOs)
LEADERSHIP & GOVERNANCE	**SO1**: Leadership and governance structures within the CHAG network are re-aligned to promote effective coordination, communication, monitoring and supervision
	SO2: Capacity for strategic leadership and governance and organizational development of all facility managers and CHCUs are built
	SO3: There is compliance with Health Sector Regulations and Policies
	SO4: CHAG is re-branded and marketed and has an improved visibility
HUMAN RESOURCES FOR HEALTH	**SO5**: Institutional and employee performance management is strengthened
	SO6: Capacity of CMIs in HR planning, management and supervision is built
	SO7: Survey on HR attrition is conducted to inform staff recruitment and retention management in CHAG
	SO8 Training and development of technical and professional staff within the CHAG network is facilitated
	SO9: MOH policy on CHPS is implemented within the CHAG network
	SO10: Capacity of institutions and communities to promote behaviours that prevent Non-Communicable Diseases (NCDs) is built

Thematic Area	Strategic Objective
SERVICE DELIVERY	**SO11:** Mental Health services is integrated into the continuum of care of the CHAG network
	SO12: Capacity of CMIs on reducing maternal and child mortality and morbidity is built
	SO13: Capacity of CMIs to continuously improve patient safety and quality of care practices is built
HEALTH FINANCING	**SO14:** Delays in NHIS reimbursement to Member institutions is reduced
	SO15: Capacity of Member Institutions is built to provide timely, accurate and complete financial data to CHAG
	SO16: Potential donors for project/program funding are identified
	SO17: Capacity of heads of institutions to identify potential funding sources for their services and programs is built
	SO18: Capacity of facility managers is built to properly cost services they provide by the end of 2017
HEALTH INFORMATION	**SO19:** Data management system and utilization within the CHAG network is improved
	SO20: Capacity of CMIs is built to submit timely, accurate and complete health service delivery and financial information
HEALTH TECHNOLOGY	**SO21:** Utilization of ICT for data management and service delivery is improved
	SO22: Supply chain management / pool procurement for equipment and medicines for non NCHS facilities is started
COMMUNITY PARTICIPATION AND OWNERSHIP	**SO23:** Capacity of CMIs is built to effectively engage community structures in planning of health services
PARTNERSHIPS DEVELOPMENT FOR HEALTH	**SO24:** The collaboration between CMIs and GHS and other stakeholders is improved
	SO25: Capacity of CMIs is built to establish new partnerships and strengthen existing ones
	SO26: Partnerships and alliances with International and local development agencies is built for competitive advantage
RESEARCH	**SO27:** Research agenda for CHAG is established
	SO28: Capacity of CHAG for research is built

Table7: Goals and Strategic Objectives per HSS Block for 2018

Goal 2: Improve Structures for Financial Sustainabilty

HSS BLOCK	Strategic Objectives (SOs)
LEADERSHIP & GOVERNANCE	**SO1:** Concept for a robust structure for financial sustainability is developed and disseminated.
	SO2: Policy and regulatory framework to promote financial sustainability is developed
	SO3: Institutional leadership and governance capacities at all levels is strengthened
	SO4: Institutional and organization performance management is strengthened
	SO5: Institutional and employee performance management is strengthened
HUMAN RESOURCES FOR HEALTH	**SO6:** Capacity of CMIs in HR planning and management is strengthened
	SO7: Training and development of technical and professional staff is facilitated
	SO8: Utilization, retention and performance of available health workforce is optimized
	SO9: Capacity of health training institution is built to produce the quality health professionals for improved service delivery
SERVICE DELIVERY	**SO10:** Potential centres in the 3 ecological zones are identified for establishment as Centres of excellence
	SO11: Medical research and resource centres are established
	SO12: Primary health care system (CHPS) is strengthened
	SO13: Quality of health service delivery is improved
	SO14: Catering services are introduced in selected CMIs to supplement nutritional needs of clients
	SO15: Malaria, TB, Maternal health and HIV outcomes are improved through Health Systems Strengthening
HEALTH FINANCING	**SO16:** Cost containment and efficient gain measures are established to ensure value for money
	SO17: Systems for diversifying sources of revenue are established
	SO18: Alternate sources of water and energy supply are identified and utilized
	SO19: Capacity of heads of institutions is built to identify potential funding sources for their services and programs
HEALTH INFORMATION	**SO20:** Data management systems and utilization within the CHAG network is improved
	SO21: Capacity of CMIs is built to submit timely, accurate and complete health service delivery and financial information
HEALTH TECHNOLOGY	**SO22:** Electronic payment system (eps - mobile money) is introduced for the secretariat and network
	SO23: Targeted infrastructure - facilities and equipment is developed to meet standard performance
	SO24: CMIs are retooled in partnership with financial institutions
	SO25: Technology for information management and knowledge transfer (e-health) is built
COMMUNITY PARTICIPATION AND OWNERSHIP	**SO26:** Community Systems (CSS) are strengthened to improve health outcomes; particularly NCDs, TB, HIV, Malaria, maternal health and mental health
DEVELOPMENT FOR HEALTH	**SO27:** Collaboration between CMIs and GHS and other stakeholders is improved
	SO28: Capacity of CMIs is built to establish new partnerships and strengthen existing ones
	SO29: Partnerships and alliances with International and local development agencies are established for competitive advantage
	SO30: Partnerships that support programs in NCDs, TB, HIV, Malaria, maternal health and mental health are established
RESEARCH	**SO31:** Capacity of CMIs is built to establish new partnerships and strengthen existing ones

Table 8: Goals and Strategic Objectives per HSS Block for 2019

Goal 2: Improve Structures for Financial Sustainabilty	
HSS BLOCK	**Strategic Objective (SOs)**
LEADERSHIP & GOVERNANCE	**SO1:** Capacity of managers at all levels is built to monitor sustainability systems developed
	SO2: Policy and regulatory framework to promote financial sustainability established in year 2 is complied with
	SO3: Institutional leadership and governance capacities at all levels is further strengthened
	SO4: Institutional and organization performance management is further strengthened
HUMAN RESOURCES FOR HEALTH	**SO5:** Implementation of HR plan is monitored and evaluated for effectiveness
	SO6: Training and development of technical and professional staff is facilitated
	SO7: Utilization, retention and performance of available health workforce optimized
	SO8: Capacity of health training institutions to produce quality health professionals is strengthened for improved service delivery
SERVICE DELIVERY	**SO9:** Centres of excellence in the 3 ecological zones are established
	SO10: Medical research and resource centres are equipped
	SO11: Primary health care system (CHPS) is further strengthened
	SO12: Quality improvement in health service delivery is deepened
	SO13: Catering services are introduced in selected facilities to supplement nutritional needs of clients
	SO14: Malaria, TB, Maternal and HIV outcomes are improved through Health Systems Strengthening
HEALTH FINANCING	**SO15:** Internal controls are strengthened to ensure value for money
	SO16: Sources of revenue are expanded
	SO17: To scale up utilization of alternate sources of water and energy supply
	SO18: Capacity of heads of institutions are further strengthened to identify potential funding sources for their services and programs
HEALTH INFORMATION	**SO19:** Data management system and utilization within the CHAG network is further improved
	SO20: Capacity of CMIs is built to submit timely, accurate and complete health service delivery and financial information
	SO21: Health Information Management System that communicates with national Health information database is set up in CHAG
HEALTH TECHNOLOGY	**SO22:** Implementation of electronic payment system (eps) for CMIs is scaled up
	SO23: Infrastructural development is expanded
	SO24: CMIs are retooled in partnership with financial institutions
	SO25: Technology for information management and knowledge transfer (e-health) is expanded
	SO26: There is ready access to affordable medicines
COMMUNITY PARTICIPATION AND OWNERSHIP	**SO27:** Community Systems (CSS) are further strengthened to improve health outcomes; particularly NCDs, TB, HIV, Malaria, maternal health and mental health
PARTNERSHIPS DEVELOPMENT FOR HEALTH	**SO28:** More partnerships that support programs in NCDs, TB, HIV, Malaria, maternal health and mental health are established
	SO29: Capacity of CMIs is strengthened to establish new partnerships and strengthen existing ones
RESEARCH	**SO30:** There is at least one collaboration with international university for health research for CHAG
	SO31: There is an ongoing health research in CHAG Member institutions

Table 9: Goals and Strategic Objectives per HSS Block for 2021

Goal 5: To become a resilient Health Network being aware of the environment, adaptive, self regulating, divers and integrating

HSS BLOCK	2021: A year when CHAG has attained a resilient health system
LEADERSHIP & GOVERNANCE	**SO1:** Best practices within the network are evaluated and documented for dissemination and for improvement
	SO2: Strategic plan for 2022-2026 is developed
HUMAN RESOURCES FOR HEALTH	**SO3:** Implementation of HR plan is evaluated and reviewed
	SO4: New HR strategic plan for CHAG is developed
	SO5: Utilization, retention and performance of available health workforce is optimized
	SO6: Capacity of health training institutions to produce quality health professionals is evaluated
SERVICE DELIVERY	**SO7:** Established centres of excellence in the 3 ecological zones are evaluated
	SO8: Medical research and resource centres are evaluated
	SO9: Implementation of the CHPS program in CHAG is evaluated
	SO10: Quality improvement program in health service delivery is evaluated
	SO11: Implementation catering services in CMIs is evaluated
	SO12: Health Systems response to Malaria, TB, NCDs, Maternal and HIV outcomes is evaluated
HEALTH FINANCING	**SO13:** Implementation of internal controls systems developed is evaluated
	SO14: New strategic plan for 2022-2026 is developed
HEALTH INFORMATION	**SO15:** Information management systems and utilization within the CHAG network is evaluated
HEALTH TECHNOLOGY	**SO16:** Electronic payment system (eps) in CMIs for improvement is evaluated
	SO17: Infrastructural development is evaluated
	SO18: Retooling of CMIs is evaluated
	SO19: Technology for information management and knowledge transfer (e-health) is evaluated
	SO20: Accessibility to medicines and consumable items is evaluated
COMMUNITY PARTICIPATION AND OWNERSHIP	**SO21:** Community Systems (CSS) response to NCDs, TB, HIV, Malaria, maternal health and mental health programmes is evaluated
PARTNERSHIPS DEVELOPMENT FOR HEALTH	**SO22:** Partnerships and relationships between CHAG and other agencies are evaluated
RESEARCH	**SO23:** Outcome of research activities on service delivery is evaluated

HSS 2.0: HUMAN RESOURCES FOR HEALTH

Critical issues:

1. *Shortage and un-equal distribution of key professional health staff across the network*
2. *Significantly high attritionof professional staff, mainly due to retirement;*
3. *Inadequate capacity amongst members in human resource planning, management and supervision across the network;*

	Strategic Activities	Measurement indicators	Means of verification	Freq. of measurement	Q1	Q2	Q3	Q4
Objective 1: Optimizing the utilization, retention and performance of the available healthworkforce								
1.1	Conduct an HR retention survey to inform staff recruitment and retention management in CHAG	1.# Surveys	Survey report	1			X	
1.2	Design and implement retention strategies that will attract and retain skilled workers	1. Rate of staff turnover/attrition	Annual HR report	1				X
1.3	Strengthen Employee Performance Management System	Proportion of CMIs implementing PMS	1. PMS document 2. Annual HR report	1				X
***Objective 2*: Improve/Strengthen capacity of CMIs in HR planning, & management**								
2.1	Improve health workforce information and evidence	1. Proportion of CMIs with functional HRMIS; 2. Number of CHAG employees captured on HRMIS	1. Availability and functionality of HRMIS					
2.2	Develop and implement a composite strategic HR plan	1. Implementation rate of composite HRH strategic plan	1. CHAG Network composite HR plan 2. Annual HR Report	2		X		X
2.3	Develop and implement mechanisms for equitable and rational distribution of HR	1. Workforce equity index	HR gap analysis report	2		X		X
2.4	Disseminate and monitor implementation of HR policies, guidelines and regulations for harmonious industrial relations	1. # of institutions implementing policies, guidelines and regulation have been disseminated to 2. Rate of compliance to HR policies, guidelines and regulations	HR Monitoring Report	2		X		X
***Objective 3* : Facilitate training and development of technical and professional staff**								
3.1	Implement composite training and development plan	1. Implementation rate of training and development HRH strategic plan	1. CHAG Network training and development report 2. Annual HR report	2		X		X
3.2	Institutionalize in-service training	1. Proportion of CMIs organizing structured in-service training	1. Training reports 2. Annual HR report	2		X		X
3.3	Source and administer fellowships for CHAG employees	1. # of employees granted fellowship programmes 2. Quantum of funds dedicated for fellowships	1. Sponsorship Letters 2. Training and Development report	2		X		X

Table 10: Goals and Strategic Objectives per HSS Block for 2021

Goal 5: To become a resilient Health Network being aware of the environment, adaptive, self regulating, divers and integrating	
HSS BLOCK	**2021: A year when CHAG has attained a resilient health system**
LEADERSHIP & GOVERNANCE	**SO1:** Best practices within the network are evaluated and documented for dissemination and for improvement
	SO2: Strategic plan for 2022-2026 is developed
HUMAN RESOURCES FOR HEALTH	**SO3:** Implementation of HR plan is evaluated and reviewed
	SO4: New HR strategic plan for CHAG is developed
	SO5: Utilization, retention and performance of available health workforce is optimized
SERVICE DELIVERY	**SO6:** Capacity of health training institutions to produce quality health professionals is evaluated
	SO7: Established centres of excellence in the 3 ecological zones are evaluated
	SO8: Medical research and resource centres are evaluated
	SO9: Implementation of the CHPS program in CHAG is evaluated
	SO10: Quality improvement program in health service delivery is evaluated
	SO11: Implementation catering services in CMIs is evaluated
	SO12: Health Systems response to Malaria, TB, NCDs, Maternal and HIV outcomes is evaluated
HEALTH FINANCING	**SO13:** Implementation of internal controls systems developed is evaluated
	SO14: New strategic plan for 2022-2026 is developed
HEALTH INFORMATION	**SO15:** Information management systems and utilization within the CHAG network is evaluated
	SO16: Electronic payment system (eps) in CMIs for improvement is evaluated
HEALTH TECHNOLOGY	**SO17:** Infrastructural development is evaluated
	SO18: Retooling of CMIs is evaluated
	SO19: Technology for information management and knowledge transfer (e-health) is evaluated
	SO20: Accessibility to medicines and consumable items is evaluated
COMMUNITY PARTICIPATION AND OWNERSHIP	**SO21:** Community Systems (CSS) response to NCDs, TB, HIV, Malaria, maternal health and mental health programmes is evaluated
PARTNERSHIPS DEVELOPMENT FOR HEALTH	**SO22:** Partnerships and relationships between CHAG and other agencies are evaluated
RESEARCH	**SO23:** Outcome of research activities on service delivery is evaluated

CHAPTER FIVE

: IMPLEMENTATION OF THE 2017-2021 STRATEGIC PLAN

The CHAG Secretariat with its office in Accra is the body mandated by the Board of Trustees of CHAG to coordinate and lead the implementation of this strategic plan. The plan will be implemented in phases according to the annual goals set. The various strategic objectives will be achieved through the HSS approach. Implementation Matrix is shown in table 10 below

Table 11: Implementation Matrix

HSS1: Leadership and Governance

Critical Issues:

1	*Limited awareness and capacity on strategic leadership and governance practices especially in the area of organisational and institutional development across the network;*
2	*Weak coordination of CHAG activities at all levelsbut more especially at the regional and district level*
3	*Members selectively comply to internal CHAG network processes and guidelines*
4	*Absence of performance management*
5	*Limited awareness of the CHAG network*
6	*Disconnect between the CHAG Secretariat and the GMIsthe intrinsic need by CMIs for external relations/support/supervision from the CHAG Secretariat*
7	*There is a communication gap between the CHAG Secretariat and CMIs*
8	*Non-compliance with some MoH policy and procedures*
9	*Use ofvaried HR management guidelines*

	Strategic Activity	Measurement indicators	Means of verification	Freq. of measurement	Q1	Q2	Q3	Q4
***Objective 1*: Realign structures within the CHAG network to promote effective coordination, communication, monitoring and supervision**								
1.1	Finalize the restructuring of functions and processes within the network	1. # of CMIs having access to the document	Restructuring document	1		X		
1.2	Align managerial / supervisory functions of CHAG to MOH policies in respect of the CHAG/MOH & CHAG/GHS MOU, performance contract agreement with Minister of Health and restructuring by the Board of Trustees	1. Proportion of CMIs complying with policies 2. # of supervisory visits conducted	1. Survey report 2. Supervision report	1				X
1.3	Facilitate the implementation of restructured functions and processes	1. Level of compliance with restructuring	1. Restructuring document 2. Organogram	1				X
Objective 2*: *Strengthen institutional leadership and governance capacities at all levels								
2.1	Build capacity of managers at all levels on strategic Leadership and Governance practices and organizational and institutional development	1. # trainings organized 2. # of managers trained	1. Training reports 2. Annual HR report	2		X		X
Objective 3: Facilitate Health Sector Regulatory and Policy compliance								
3.1	Facilitate accreditation and credentialing of health facilities and professionals	1. Proportion of institutions and health professionals accredited and or credentialed	1. List of accredited and credentialed CMIs and health professional	12	X	X	X	X
3.2	Develop and disseminate protocols, policies, guidelines and SOPs	1. # of protocols, policies, guidelines & SOPs developed disseminated; 2. Proportion of CMIs with relevant protocols, policies, guidelines and SOPs	1 Stores receipts 2. Protocols, policies, guidelines and SOPs available at CMIs level	1				X

Objective 4 : Rebrand and market CHAG to improve visibility								
4.1	Initiate activities to rebrand CHAG	1. # of rebranding activities initiated and carried out	1. Report on rebranding initiatives	2				
4.3	Strengthen Advocacy and Public Relations	1. # of advocacy activities done 2. # of public relations activities carried out	1. Advocacy and public relations report	2				
Objective 5 : Strengthen institutional and organizational performance management								
5.1	Operationalize performance contract with CHCUs and Heads of CMIs	1. Proportion of CHCUs CMIs that have signed performance contract agreement	1. List of institutions that signed performance contracts. 2. performance reports	2				
5.2	Institutionalize organizational performance management system; including rewards systems	1. # of CMIs implementing performance system	1. Performance management report	2				

HSS 3.0: HEALTH SERVICE DELIVERY

Critical Issues

1	***Health planning for service delivery does always address the local disease burden***
2	***Patient safety and quality of care is not consistently nor systematically addressed.***
3	***Good practices of network members and within the sector are not documented and sufficiently shared***
4	***Member institution do not have focus on some important neglected health conditions and services (mental health, EMS NCDs)***

	Strategic Activities	Measurement indicators	Means of verification	Freq measure	Q1	Q2	Q3	Q4
***Objective 1*: Facilitate the implementation of MOH policy on CHPS within the CHAG network**								
1.1	Hold an advocacy (follow-up) / CHPS project definition meeting with CHPS Coordinator of MOH and coordinators of CHCU by the end of quarter 1	1. Meeting held 2. Functional & operational requirements and design limitations for the implementation developed 3. Data requirements / management developed	1. Minutes of meeting 2. Document / paper on expectations available	1		X		
1.2	Advocate / secure funding for CMIs to implement CHPS by September 2017	1. # of engagements / advocacy meetings held 2. Fund is available	1. CHAG's Financial statement 2. Service data	1			X	
1.3	Train one facility manager and one prescriber each from per facility (implementing CHPS) on the CHPS concept, operational requirements and design limitations and services provision by December 15, 2017	1. # of facility managers/prescribers trained 2. # of facilities reporting on CHPS 3. # of facilities having issues with NHIA 4. No. of CMIs implementing CHPS	1. Training reports 2. DHIMS	1				X
1.4	Monitor and evaluate progress of CHPS implementation by December 2017	1. Report on CHPS available 2. # of monitoring visits undertaken	1. File on CHPS	1				X
***Objective 2*: Build the capacity of institutions and communities to screen and promote behaviours that prevent NonCommunicable Diseases (NCDs)**								
2.1	Create awareness on the burden of NCDs in Ghana through position papers, TV and radio	1. # of TV programmes held 2. # of radio programs held 3. # of position papers written by on NCDS 4. # of people who are aware on NCDs	1. Activity records book 2. Simple Survey	1				X
2.2	Organize 2-day training for Public Health nurses and Prescribers (2 per facility) on effective community screening for Hypertension, Diabetes & Cancers for 100 CMIs	1. # of health personnel trained 2. # of CMIs participating in training	1. Activity records book 2. Records from accounts	1				X

2.3	Site one community centre for routine 6 monthly screening on HPT, DM, and Cancers ***(One district, one screening centre)*****Centres could be churches or outreach sites for existing programs**	1. # of screening centres set up 2. # of existing screening centres identified	1. Activity report book 2. Reports on screening	1			X	
2.3	Provide equipment and resources for periodic screening of communities for Hypertension, Diabetes & Cancers for 100 CMIs	1. # of equipment and consumable items secured 2. # of partnerships developed for this purpose 3. # of facilities that conducted screening for NCDs	1. Stores receipt vouchers 2. Letters from file 3. Reports from facilities	1				X
Objective 3 **: Promote the Integration of Mental Health services into the continuum of care within the CHAG network**								
3.1	Train one prescriber/head of Mental Health units of 240 CMIs on WHO-mHGAP for Mental Health services delivery	1.# of prescribers / heads of MH units trained 2.# of facilities submitting reports to CHAG 3.# of patients attended to annually	1. Training reports 2. Reports to DFID 3. Service data from HMIS unit	1	X			
3.2	Establish 3 centres for adolescents and children with mental health disorders in 3 ecological zones - Northern, middle and southern Ghana	1. # of centres established 2. # of centres running MH services for adolescents and children with MH disorders	1. Project reports 2. Fixed assets register	1	X	X		
3.3	Establish 3 Community Day centres for patients with mental health disorders in 3 ecological zones - Northern, middle and southern Ghana	1. # of centres established 2. # of centres running Day care MH services	1. Project reports 2. Fixed assets	1	X	X		
3.4	Train additional Management Members from 300 CHAG Member Institutions in four batches on strategic planning and resource mobilization to support mental health provision	1. # of Management Members trained. 2. # of Facilities with Strategic plans 3. # of Facilities with resource mobilization plans to support MH provision	1. Training report 2. Letters of invitation 3. Copies of Facilities' SPs.	1	X			
3.5	Organize outreaches to provide mental health services	1. # of outreaches undertaken	1. Reports from CMIs 2. Fund release vouchers	2	X		X	
3.6	Review curriculum of Training Institutions on mental health	1. # of Curriculum reviewed 2. # of Training Institutions identified	1. Review report 2. Draft Curriculum available	1		X		
3.7	Engage a consultant for 45 days to cost for mental health service	1. Consultant engaged	1. ToR 2. Contract of engagement 3. Costing report	1		X		

3.8	Train 1 Community Volunteer and 1 Staff from 100 Communities and 100 CHAG Member Institutions on use of the mobile application for reporting on Mental Health Service provision at the Community and Facility Level	1. # of Volunteers trained 2. # of Staff trained 3. # of Facilities selected	1. Training report 2. Letters of invitation 3. Training report	1		X		
3.9	Hold a Meeting with BN, MHA and MoH to advocate for the passing of the LI on mental health	1. # of Meetings held	1. Meeting report 2. Advocacy papers written	1		X		
3.10	Train 300 Staff from 71 CHAG Member Institutions to improve DHIMS data quality	1. # of Staff trained 2. Level of improvement in DHIMS data quality	1. Training Report 2. Quality of data from DHIMS	1			X	
3.11	Organize 1 sensitization meeting with relevant stakeholders (interested parties) on the need for the passage of the LI on Mental Health	1. # of sensitization meetings held	1. Meeting report	1			X	
3.12	Undertake site visits/conduct half year monitoring to implementing facilities to provide technical support and monitor the mental health service provision	1. # of sites visits undertaken 2. # of facilities monitored and supported	1. Site visits technical report 2. Half year monitoring report	2	X			X
3.13	Train psychiatrists to serve as focal person for all mental health facilities and outreach services within the CHAG network	1. # of Psychiatrists trained	1. Admission letters 2. Research dissertations 3. Receipts from tuition payment	1		X		
3.14	Disburse block funds to 100 selected facilities for refurbishing consulting rooms /wards	1. # of Facilities refurbished 2. # of Facilities supported	1. Refurbishment proposals 2. Circular to CMIs 3. Reports from CMIs 4. Payment vouchers/Receipts	1		X		
3.15	Procure 218 Motorbikes for community mental health nurses for community visits	1. # of Motorbikes procured 2. # of Facilities benefited	1. Procurement process report 2. Contract award letter 3. Purchase invoice 4. Waybill on supply 5. Distribution list	1	X	X		
3.16	Ensure the availability of Psychotropic medicines in at least 30% of CHAG Member Institutions	1. # of Position paper written 2. # of advocacy meetings held 3. Availability of revolving fund 4. # of Facilities stocking psychotropic medicines	1. Position paper 2. Dissemination report 3. Revolving fund account 4. Advocacy meeting reports 5. Monitoring report from Facilities	2	X	X		

3.17	Reduce the incidence and Stigma towards mentally ill persons by 30%	1. # Management Teams Members of CHAG sensitized on mental health Act. 2. # of Faith Based/Religious leaders/Imams sensitized 3. # of advocacy meetings held on the passing of the LI on the mental health bill 4.# Church leaders & Muslims Clerics/Imams sensitized. 5.# of Traditional Leaders/ Faith based/Prayer Camp Leaders sensitized on the management of mentally ill persons	1. Sensitization report 2. Invitation letters 3. Advocacy meeting reports	4	X	X	X	X
3.18	Facilitate the posting of MH nursing staff to CHAG facilities	1. # of RMNs posted to CHAG 2. # of RMNs posted to CMIs	1. Posting letters from MoH 2. Posting/distribution letters to CHCUs and MI's	4	X	X	X	X
3.19	Distribute PA systems and Hand Megaphones to 50 CHAG Member Institutions to support community durbars and outreach programmes on Mental Health Service	1.# of CMIs benefiting from the PA Systems	1. Inventory list 2. Distribution list	1	X			
3.20	Purchase mobile application for capturing data on mental health service provision at the Facility and Community Level within the CHAG Network	1.Mobile application purchased # of Staff trained on the use of Mobile 2.application 3. # of Facilities submitting reports to through the mobile application	1. ToR 2. Contract of engagement 3. Training report 4. Data on MH received through mobile application	1	X			
3.21	Mental Health Celebration ; create a awareness through TV documentary, best performing Facility Award and donation to Mental Health institutions	1. # of TV documentaries 2. # of Facilities awarded 3. # of MH institutions supported	1. Report from TV documentaries 2. Report from award ceremony 3. Letters to Selected Facilities for award and support	2		x		x
3.22	Sensitize 30 communities on case identification and early reporting of mental health conditions	1. # of Communities sensitized	1. Sensitization report	2	X	X		
3.23	Air documentary/TV advert by religious leaders once every quarter to increase awareness on MH conditions	1. # of TV adverts aired 2. # of Religious Leaders supported	1. Except recording from advert placed	1	X			
3.24	Train 90 staff using the WHO MH Intervention Action Plan-Gap in modules at the CHAG training institutions	1. # of Staff trained	1. Training report 2. WHO MH Gap Modules handouts 3. Certificates of participation	1	X			
3.25	Fully sponsored 30 CHN for a 1 year diploma in community mental health and 10 Physician Assistants in community mental psychiatry	1. # of CHNs trained 2. # of Physician Assistants Trained	1. Admission letters 2. Bond forms 3. final dissertations	1			X	

Goal 4 **: Strengthen capacity of CMIs to reduce maternal and child mortality and morbidity**								
4.1	Continue mentorship program - for three (3) supportive supervisory visits to underserved facilities (EmNC 5 under MAF)	1. # of field visits embarked on by mentors 2. Institutional Maternal Mortality Ratio	1. Reports from mentors 2. HMIS	1				X
4.2	Train 150 midwives in Ultrasound scan for the identification and management of high risk pregnancies	1. # of midwives trained 2. Institutional Maternal Mortality Ratio	1. Training reports 2. HMIS	1				X
4.3	Produce news updates / newsletters on maternal mortality	1. # newsletters on MMR produced	1. Physical newsletter 2. Stores receipt vouchers	1				X
Goal 5: **Build the capacity of CMIs to continuously improve patient safety and quality of care practices**								
5.1	Facilitate the formation of or strengthen QI teams in 100 CMIS	1. # of QI teams formed	1. Activity reports	1				X
5.2	Train heads of QI teams	1.# of persons trained in QI processes 2. # of client satisfaction surveys Conducted. 3.# of staff satisfaction surveys conducted	1. Activity reports 2. Client satisfaction survey reports	1				X
5.3	Provide materials and assessment tools for QI processes to QI teams in CMIs	1. # of assessment materials /tools distributed	1. Stores receipt vouchers 2. Reports on distribution	1				X

HSS 4.0: HEALTH FINANCE

Critical Issues

1. ***Persistent delays in NHIS claim reimbursement;***
2. ***Low NHIS tariffs for medicines and specialist services in particular;***
3. ***Network members have insufficient funds for capital investments and maintenance***
4. ***Inability to provide comprehensive financial data on CHAG operations.***
5. ***Outdated criteria for calculating membership subscriptions***

Objective 1: ***Facilitate the reduction of delays in NHIS reimbursement to Member institutions***								
	Strategic Activities	**Measurement indicators**	**Means of verification**	**Freq. measure**	**Q1**	**Q2**	**Q3**	**Q4**
1.1	Lobby the MoH/MoF and advocate for the timely release of NHIF to the NHIA	1. Length of delay 2. # of meetings	1. Reports on meetings 2. Advocacy briefs 3. NHIS reports from CMIs	4				
1.2	Train 400 facility finance and claims officers in Claimit software in all CHAG MI's	1. # and categories of persons trained 2. Rate of utilization of claim-it software	1. Training report 2. Vetting reports	2				
1.3	Institute and hold monthly reconciliation meeting with NHIA claims directorate	1. # of meetings held	Minutes of meeting	4				
Objective 2**: Build the capacity of Member Institutions to provide timely, accurate and complete financial data to CHAG**								
2.1	Hold one day meeting for managers and heads of finance of CHAG MI's on need for the submission of financial data	1. # of meetings held	1. Minutes of meeting	1	X			
2.2	Collect, collate financial data and give feedback on use of same to MI's	1. Feedback on data sent	Report on financial data	1		X		
2.3	Train facility accountants on public financial management	1. # of trainings done	Training report	1		X		
Objective 3**: To identify and partner potential donors for project/program funding**								
3.1	Identify potential development partners	1. # of potential partners contacted	1. Shortlist of potential partners 2. Database on potential partners	12	X	X	X	X
3.2	Develop proposals and sign MOUs on agreed upon support areas with partners	1. # of MOUs signed 2.# of proposals written	1. Signed MOUs	4				
Objective 4: B**uild the capacity of managers at all levels to identify potential funding sources for their services and programs**								
4.1	Train 350 managers at all levels on proposal writing and project funding	1. # of managers trained	Training report	1			X	
4.2	Train 320 Accountants and finance officers on IFRS	1. # of accountants/Fos trained	Training report	1			X	
4.3	Facilitate the implementation of SHOPS and PharmAccess program	1. # of facilities supported by SHOPS & PharmAccess	Reports on programs	4				
Objective 5: **Build the capacity of facility managers to properly cost services they provide by the end of 2017**								
5.1	Convene a 1 day workshop to reach	1. # of meetings held	Reports on workshop	1				

	consensus on the purpose, objectives, and scope of the costing exercise.							
5.2	Select and train facility 20 working teams for data collection and analysis	1. # teams mobilized	Training report	1				

HSS5.0: HEALTH TECHNOLOGY

Critical issues

1. ***Dilapidated health facility plant and equipment;***
2. ***High cost of equipment and drugs.***
3. ***most facilities do not have the needed equipment and most of them are obsolete***
4. ***In-adequate data management and use at all levels of the network***

Objective 1: ***Strengthen ICT usage for data management and service delivery***								
	Strategic Activities	**Measurement indicators**	**Means of verification**	**Freq. measure**	**Q1**	**Q2**	**Q3**	**Q4**
1.1	Rollout the HAMS software in remaining CHAG Mis	1. # of facilities using HAMS	1. Reports from Infotech	4	X	X	X	X
1.2	Set up CHAG's database a dashboard that is interoperable with DHIMS-2							
***Objective 2*: Initiate supply chain management / pool procurement for equipment and medicines for non NCHS facilities**								
2.1	Develop and Sign MOU with PharmAccess and other partners on operationalising supply chain management for non-Catholic facilities	1. Signed MOU	MOU	1		X		
2.2	Set up seven member working group for supply chain management	1. Functional team	Meeting reports	2		X		X
2.3	Organize 4 two days quarterly meetings for working group on implementation of supply chain for medicines and equipment	1. # of meetings held	Meeting reports	4	X	X	X	X
2.4	Organize 4- one-day meetings to update stakeholders on progress of implementing supply chain	1. # of meetings held	Meeting reports	4	X	X	X	X

HSS 6.0: HEALTH INFORMATION MANAGEMENT SYSTEM

Critical Issues

1. *In-ability of DHIMSII to provide disaggregated data on CHAG at all levels;*
2. *Un-timely, inaccurate and incomplete submission of data by members to CHAG secretariat.*

Objective 1: To improve data management system and utilization within the CHAG network								
	Strategic Activities	**Measurement indicators**	**Means of verification**	**Freq. measure**	**Q1**	**Q2**	**Q3**	**Q4**
1.1	Develop systems for and collect data on NCDs from screening sites	1. Report formats developed for NCDs 2. Availability of data on NCDs	1. DHIMS - 2 2. HMIS office	1				X
1.2	Develop systems for and collect data on CHPS from implementing facilities	1. Report formats developed for CHPS 2. Availability of data on CHPS	1. HMIS 2. DHIMS-2	1				X
1.3	Collate and analyse reports on Mental Health	1. Report on analysis 2. # of reports sent to MHA 3. # feedback messages given to CMIs	1. HMIS 2. Mental Health file 3. Feedback record book	1				X
1.4	Collate and analyse reports on Maternal Mortality	1. Report on analysis 2. # of reports sent to CHAG 3. # feedback messages given to CMIs on MMR	1. HMIS 2. Maternal Mortality file	1				X
1.5	Develop and collect data on QI	1. Reports on QI from CMIs	1. HMIS 2. Reports on Customer satisfaction survey	1				X
Objective 2: To build the capacity of CMIs to submit timely, accurate and complete health service delivery and financial information								
2.1	Train Technical Advisors and managers of CHAG secretariat on data management	1. # of personnel trained	1. Training reports	1				X
2.2	Train Coordinators of CHCUs on data management	1 # Coordinators trained 2. # of CMIs & CHCUs submitting complete reports to HMIs	1. Training reports 2. HMIs	1				X
2.3	Train 100 Health Information Officers on data management and utilization	1. # of personnel trained 2. # of complete, accurate data submitted	1. Training reports 2. HMIs	1				X

HSS7.0: COMMUNITY OWNERSHIP AND PARTICIPATION

Critical Issue

1	***Limited engagement of health facilities with communities in planning of health services***

Objective 1 **: To build the capacity of CMIs to effectively engage community structures in planning of health services**

	Strategic Activities	Measurement indicators	Means of verificatior	Freq. of measure	Q1	Q2	Q3	Q4
1.1	Train 100 CMIs on community entry and engagement & stakeholder analysis	1. # of CMIs trained 2. # CMIs engaging communities	Training reports	1		X		
1.2	Site/MAP a community centre for screening HPT, Diabetes and cancers every 6 months (*See activity 2.3 under service-One*) *District one screening centre*	1. # of districts having screening centres 2. # of screening centres sited	1. Activity report book	1			X	

HSS8.0: PARTNERSHIP FOR HEALTH DEVELOPMENT

Critical Issues

1	*Limited collaboration between CHAG health facilities and GHS at the Region, District and sub district levels;*
2	*Limited knowledge, understanding and compliance with MOH/CHAG Memorandum of Understanding (MOU) amongst network mem ects of securing long-term funding from current development partners is dwindling*
3	*Members are not aware of or adequately accessing new partnership opportunities*

Objective:1 Improve collaboration between CMIs and GHS and other stakeholders								
	Strategic Activities	**Measurement indicators**	**Means of verification**	**Freq. of measure**	**Q1**	**Q2**	**Q3**	**Q4**
1.1	Print and disseminate MOH/CHAG & GHS/CHAG MOUs	1. # of MOUs distributed	1. Reports on distribution	2		X		X
1.2	Hold dissemination sessions for Coordinators of CHCUs, Medical Superintendents of CHAG and GHS DDHS	1. # of dissemination meetings held	1. Meeting reports	2		X		X
***Objective 2*: Build the capacity of CMIs to establish new partnerships and strengthen existing ones**								
2.1	Train 100 CMIs in Advocacy and negotiations in healthcare	1. # of personnel trained 2. # of Partnerships developed	Reports of training	1				X
***Objective 3*: Build partnerships and alliances with International and local development agencies for competitive advantage**								
3.1	Train managers from the secretariat on proposal / grant writing, networking and negotiation skills	1. # of persons trained	Reports on training	1		X		

HSS9.0: RESEARCH FOR HEALTH

Critical Issues

1	***Limited capacity within the network to do research (design, implement, document and disseminate)***
2	***No comprehensive agreed to research agenda***
3	***Good practices of network members and within the sector are not documented and sufficiently shared***

***Objective 1*: Establish research agenda for CHAG**								
	Strategic Activities	**Measurement indicators**	**Means of verification**	**Freq. of measure**	**Q1**	**Q2**	**Q3**	**Q4**
1.1	Form a research a 5-member team for research	1. Team members identified 2. Team formed	1. Letters of invitation	1		X		
1.2	Organize three 1-day meeting with team to define aims and objectives for the team, set up agenda road map for the 5 years and discuss and solicit for funding for the group	1. # of meetings held 2. Aims, objectives and agenda are available	1. Minutes of meetings	3		X	X	X
Objective 2: *To build the capacity of CHAG for research*								
2.1	Organise 5-day training on basic research and research methodology for research team, Technical advisors and selected managers of CHAG	1. # of training done	1. Training report	1			X	
2.2	Take an orientation visit (research team) to Noguchi Memorial Research Centre and University of Ghana School of Public Health to explore areas of collaboration	1. # visits by the research team	Report on orientation visit	1	X			

ANNEXES

ANNEX 1 SUMMARY STRATEGIC GOALS AND OBJECTIVES

***THEME*: Building a Resilient Health System through effective Leadership and Financial Sustainability**

SUB-THEME / HSS BLOCK	2017: A year when CHAG builds strong leadership and governance structures	2018: A year when CHAG builds robust structures for financial sustainability	2019: A year when CHAG consolidates effective leadership and robust financial systems	2020: A year when CHAG becomes financially sustainable
LEADERSHIP & GOVERNANCE	Realign structures within the CHAG network to promote effective coordination, communication, monitoring and supervision	Develop and disseminate concept note for robust structure for financial sustainability.	Build capacity of managers at all levels to monitor sustainability systems developed	Strengthen capacity of managers at all levels to monitor sustainability systems developed
	Build capacity of managers at all levels on strategic leadership and governance practices and organizational and institutional development	Develop policy and regulatory framework to promote financial sustainability	Ensure compliance to policy and regulatory framework to promote financial sustainability	Evaluate and advocate review of relevant policy and regulatory framework
	Facilitate Health Sector Regulatory and Policy compliance	Strengthen institutional leadership and governance capacities at all levels	Strengthen institutional leadership and governance capacities at all levels	Strengthen institutional leadership and governance capacities at all levels
	Brand and market CHAG to improve visibility of CHAG Strengthen institutional performance management	Strengthen institutional and organization performance management	Strengthen institutional and organization performance management	Strengthen institutional and organization performance management
HUMAN RESOURCES FOR HEALTH	Build capacity of CMIs in HR planning, management and supervision	Strengthen capacity of CMIs in HR planning and management	Monitor and evaluate implementation of HR plan for effectiveness	Monitor the implementation of HR plan
	Conduct a survey on HR attrition to inform staff recruitment and retention management in CHAG	Facilitate training and development of technical and professional staff	Facilitate training and development of technical and professional staff	Facilitate training and development of technical and professional staff
	To facilitate training and development of technical and professional staff within the CHAG network	Optimize the utilization, retention and performance of available health workforce	Optimize the utilization, retention and performance of available health workforce	Optimize the utilization, retention and performance of available health workforce
	Strengthen employee performance management	Strengthen the capacity of health training institution to produce quality health professionals for improved service delivery	Strengthen the capacity of health training institution to produce quality health professionals for improved service delivery	Strengthen the capacity of health training institutions to produce quality health professionals for improved service delivery
SERVICE DELIVERY	Facilitate the implementation MOH policy on CHPS within the CHAG network	Identify and facilitate the establishment of centres of excellence in the 3 ecological zones	Facilitate the establishment of centres of excellence in the 3 ecological zones	Facilitate the establishment of centres of excellence in the 3 ecological zones
	Build the capacity of institutions and communities to promote behaviours	Establish medical research and resource centres	Equip medical research and resource centres	Equip medical research and resource centres

	that prevent Non-Communicable Diseases (NCDs)			
	Promote the Integration of Mental Health services into the continuum of care within the CHAG network	Strengthen primary health care system (CHPS)	Strengthen primary health care system (CHPS)	Strengthen primary health care system (CHPS)
	Strengthen capacity of CMIs to reduce maternal and child mortality and morbidity	Facilitate Continuous quality improvement in health service delivery	Facilitate Continuous quality improvement in health service delivery	Facilitate Continuous quality improvement in health service delivery
	Build the capacity of CMIs to continuously improve patient safety and quality of care practices	Facilitate introduction of catering services to supplement nutritional needs of clients	Institutionalize catering services to supplement nutritional needs of clients	Institutionalize catering services to supplement nutritional needs of clients CMIs
		Strengthen Health Systems to improve Malaria, TB, Maternal health and HIV outcomes	Strengthen Health Systems to improve Malaria, TB, Maternal and HIV outcomes	Strengthen Health Systems to improve Malaria, TB, Maternal and HIV outcomes
HEALTH FINANCING	Facilitate the reduction of delays in NHIS reimbursement to Member institutions	Strengthen internal controls to ensure value for money	Strengthen internal controls to ensure value for money	Strengthen internal controls to ensure value for money
	Build the capacity of Member Institutions to provide timely, accurate and complete financial data to CHAG	Develop a system for diversifying sources of revenue	Evaluate and expand sources of revenue	Evaluate and expand sources of revenue
	To identify and partner potential donors for project/program funding	To identify and utilize alternate sources of water and energy	To scale up utilization of alternate sources of water and energy	To scale up utilization of alternate sources of water and energy supply
	Build the capacity of heads of institutions to identify potential funding sources for their services and programs	Build the capacity of managers at all levels to identify potential funding sources for their services and programs	Build the capacity of managers at all levels to identify potential funding sources for their services and programs	Strengthen the capacity of heads of institutions to identify potential funding sources for their services and programs
	To build the capacity of facility managers to properly cost services they provide by December 2018	To build the capacity of facility managers to properly cost services they provide by 2018	Review systems for costing health services	Facilitate the reduction of delays in NHIS reimbursement to Member institutions
HEALTH INFORMATION	To improve data management system and utilization within the CHAG network	To improve data management system and utilization within the CHAG network	To improve data management system and utilization within the CHAG network	To strengthen information management system and utilization within the CHAG network
	To build the capacity of CMIs to submit timely, accurate and complete health service delivery and financial information	To build the capacity of CMIs to submit timely, accurate and complete health service delivery and financial information	To build the capacity of CMIs to submit timely, accurate and complete health service delivery and financial data	Strengthen the capacity of CMIs to submit timely, accurate and complete health service delivery and financial data
		Set up CHAG Health Information management system that communicates with national Health information database	Strengthen CHAG Health Information management system that communicates with national Health information database	Evaluate CHAG Health Information management system
HEALTH	Strengthen ICT usage for data	Partner Telecommunication companies	Scale up implementation of	Evaluate implementation of

	that prevent Non-Communicable Diseases (NCDs)			
	Promote the Integration of Mental Health services into the continuum of care within the CHAG network	Strengthen primary health care system (CHPS)	Strengthen primary health care system (CHPS)	Strengthen primary health care system (CHPS)
	Strengthen capacity of CMIs to reduce maternal and child mortality and morbidity	Facilitate Continuous quality improvement in health service delivery	Facilitate Continuous quality improvement in health service delivery	Facilitate Continuous quality improvement in health service delivery
	Build the capacity of CMIs to continuously improve patient safety and quality of care practices	Facilitate introduction of catering services to supplement nutritional needs of clients	Institutionalize catering services to supplement nutritional needs of clients	Institutionalize catering services to supplement nutritional needs of clients CMIs
		Strengthen Health Systems to improve Malaria, TB, Maternal health and HIV outcomes	Strengthen Health Systems to improve Malaria, TB, Maternal and HIV outcomes	Strengthen Health Systems to improve Malaria, TB, Maternal and HIV outcomes
HEALTH FINANCING	Facilitate the reduction of delays in NHIS reimbursement to Member institutions	Strengthen internal controls to ensure value for money	Strengthen internal controls to ensure value for money	Strengthen internal controls to ensure value for money
	Build the capacity of Member Institutions to provide timely, accurate and complete financial data to CHAG	Develop a system for diversifying sources of revenue	Evaluate and expand sources of revenue	Evaluate and expand sources of revenue
	To identify and partner potential donors for project/program funding	To identify and utilize alternate sources of water and energy	To scale up utilization of alternate sources of water and energy	To scale up utilization of alternate sources of water and energy supply
	Build the capacity of heads of institutions to identify potential funding sources for their services and programs	Build the capacity of managers at all levels to identify potential funding sources for their services and programs	Build the capacity of managers at all levels to identify potential funding sources for their services and programs	Strengthen the capacity of heads of institutions to identify potential funding sources for their services and programs
	To build the capacity of facility managers to properly cost services they provide by December 2018	To build the capacity of facility managers to properly cost services they provide by 2018	Review systems for costing health services	Facilitate the reduction of delays in NHIS reimbursement to Member institutions
HEALTH INFORMATION	To improve data management system and utilization within the CHAG network	To improve data management system and utilization within the CHAG network	To improve data management system and utilization within the CHAG network	To strengthen information management system and utilization within the CHAG network
	To build the capacity of CMIs to submit timely, accurate and complete health service delivery and financial information	To build the capacity of CMIs to submit timely, accurate and complete health service delivery and financial information	To build the capacity of CMIs to submit timely, accurate and complete health service delivery and financial data	Strengthen the capacity of CMIs to submit timely, accurate and complete health service delivery and financial data
		Set up CHAG Health Information management system that communicates with national Health information database	Strengthen CHAG Health Information management system that communicates with national Health information database	Evaluate CHAG Health Information management system
HEALTH	Strengthen ICT usage for data	Partner Telecommunication companies	Scale up implementation of	Evaluate implementation of

TECHNOLOGY	management and service delivery	to introduce electronic payment system (eps) (mobile money) for the network	electronic payment system (eps) for the network	electronic payment system (eps) for CMIs
	Initiate supply chain management / pool procurement for equipment and medicines for non NCHS facilities	Facilitate targeted infrastructural development - facilities and equipment to meet standard performance	Facilitate the expansion of infrastructural development - facilities and equipment to meet standard performance	Facilitate the expansion of infrastructural development - facilities and equipment to meet standard performance
		Facilitate retooling of CMIs in partnership with financial institutions	Facilitate retooling of CMIs in partnership with financial institutions	Facilitate retooling of CMIs in partnership with financial institutions
		Build technology for information management and knowledge transfer (e-health)	Expand technology for information management and knowledge transfer (e-health)	Expand technology for information management and knowledge transfer (e-health)
		Facilitate access to affordable medicines	Facilitate access to affordable medicines	Facilitate access to affordable medicines
COMMUNITY PARTICIPATION AND OWNERSHIP	To build the capacity of CMIs to effectively engage community structures in planning of health services	Strengthen Community Systems (CSS) to improve health outcomes; particularly NCDs, TB, HIV, Malaria, maternal health and mental health	Strengthen Community Systems (CSS) to improve health outcomes; particularly NCDs, TB, HIV, Malaria, maternal health and mental health	Strengthen Community Systems (CSS) to improve health outcomes; particularly NCDs, TB, HIV, Malaria, maternal health and mental health
PARTNERSHIPS DEVELOPMENT FOR HEALTH	To improve collaboration between CMIs and GHS and other stakeholders	To develop partnerships that support programs in NCDs, TB, HIV, Malaria, maternal health and mental health	Strengthen partnerships that support programs in NCDs, TB, HIV, Malaria, maternal health and mental health	Expand partnerships that support programs in NCDs, TB, HIV, Malaria, maternal health and mental health
	Build the capacity of CMIs to establish new partnerships and strengthen existing ones	Strengthen the capacity of CMIs to establish new partnerships and strengthen existing ones	Strengthen the capacity of managers at all levels to establish new partnerships and strengthen existing ones	Strengthen the capacity of managers at all levels to establish new partnerships and strengthen existing ones
	Build partnerships and alliances with International and local development agencies for competitive advantage			Strengthen and expand partnerships for capacity building
				Strengthen and expand partnerships for equipment and infrastructural development for CHAG network
RESEARCH	To establish research agenda for CHAG	To develop partnerships that support programs in NCDs, TB, HIV, Malaria, maternal health and mental health	Collaborate with international universities for health research for CHAG	Collaborate with international universities for health research for CHAG
	To build the capacity of CHAG for research	Build the capacity of CMIs to establish new partnerships and strengthen existing ones	Undertake health research in CHAG Member institutions	Publish research findings

ANNEX 2

CHAG MEMBERSHIP

Annex 1 table 4 outlines a status overview of the membership of CHAG as at December 2016. Health facilities are registered as individual members subject to a defined set of criteria and a periodic membership audit.

Table 12: CHAG Membership by Type, Region and Church Denomination

#	Facility Name	Type		Denomination
1	Janie Speaks A.M.E Zion Hospital, Afrancho	Hospital	Ashanti	AME ZION
2	Anglican Eye Clinic, Jachie	Clinic	Ashanti	
3	Anglican Health Centre, Tano-Odumase	Health Centre	Ashanti	
4	St. Mary Anglican Clinic, Apenkra	Clinic	Ashanti	
5	Bishop Ackon Memorial Christian Eye Centre, Cape Coast	Specialist Clinic	Central	
6	Anglican Clinic, Widnaba	Clinic	Upper East	
7	Anglican Clinic, Yelwoko	Clinic	Upper East	Anglican
8	Anglican Clinic, Sefwi-Bonzain	Clinic	Western	
9	Bishop Anglonby Memorial Clinic, Sefwi Bodi	Clinic	Western	
10	St. Mark's Anglican Clinic, Subiri	Clinic	Western	
11	Christian Eye Centre, Abesim	Clinic	Brong Ahafo	
12	Nakpanduri Health Centre	Health Centre	Northern	
13	Saboba Medical Centre, Saboba	Hospital	Northern	Assemblies of God
14	The Kings Medical Centre, Bontanga	Hospital	Northern	
15	Samuel Seidu Memorial Clinic, Bayiri	Clinic	Northern	Baptist Mid Mission

16	Benito Menni Health Centre, Dompoase	Health Centre	Ashanti	
17	Catholic Clinic, Oku Ejura	Clinic	Ashanti	
18	Sacred Heart Health Centre, Bepoase	Health Centre	Ashanti	
19	St. Ann's Maternity Clinic, Donyina	Clinic	Ashanti	
20	St. Edward's Clinic, Dwinyama	Clinic	Ashanti	
21	St. John's Health Centre, Domeabra	Health Centre	Ashanti	
22	St. Joseph's Clinic, Abira	Clinic	Ashanti	
23	St. Louis Health Centre, Bodwesango	Health Centre	Ashanti	
24	St. Luke's Health Centre, Seniagya	Health Centre	Ashanti	
25	St. Martin's Hospital, Agroyesum	Hospital	Ashanti	
26	St. Mary's Clinic, Yapesa	Clinic	Ashanti	
27	St. Michael's Hospital, Pramso	Hospital	Ashanti	
28	St. Patrick's Hospital, Maase-Offinso	Hospital	Ashanti	
29	St. Peter's Clinic/Maternity Home, Ntobroso	Clinic	Ashanti	
30	St. Peter's Hospital, Jacobu	Hospital	Ashanti	Catholic
31	St. Thomas Gen. & Maternity Clinic, Hiaa	Clinic	Ashanti	
32	Catholic Clinic, Esaase Bontefufuo	Clinic	Ashanti	
33	Catholic Clinic, Sikaman	Clinic	Ashanti	
34	Hopexchange Medical Centre, Christian Village - Kumasi	Hospital	Ashanti	
35	Madonna Maternity Clinic, Besease	Clinic	Ashanti	
36	Pope John Paul II Medical Centre, Jamasi	Hospital	Ashanti	
37	St. Anthony's Clinic, Anyinasu	Clinic	Ashanti	
38	St. Michael's Midwifery Training College, Pramso	Training Institution	Ashanti	
39	St. Patrick's Midwifery School, Maase-Offinso	Training Institution	Ashanti	
40	St. Theresa's Clinic, Nope, Nope Obrayentoboase	Clinic	Ashanti	
41	St. Vincent's Clinic, Drobonso	Clinic	Ashanti	
42	Holy Family Midwifery/Nurses Training	Training	Brong	

	College, Berekum	Institution	Ahafo	
43	Holy Family Nursing Training College, Techiman	Training Institution	Brong Ahafo	
44	Holy Spirit Clinic, Dantano	Clinic	Brong Ahafo	
45	Physiotherapy & Orthotic Training School, Duayaw Nkwanta	Training Institution	Brong Ahafo	
46	St. Alban's Clinic(The Refugee Camp Clinic), Fetentaa	Clinic	Brong Ahafo	
47	St. Anthony's clinic, Badu	Clinic	Brong Ahafo	
48	St. Jame's Clinic, Abesim	Clinic	Brong Ahafo	
49	St. Joseph's Clinic, Wenchi Koasi	Clinic	Brong Ahafo	
50	St. Mattews Clinic, Apenkro	Clinic	Brong Ahafo	
51	St. Peter's Clinic, Donkorkrom	Clinic	Brong Ahafo	
52	Holy Family Hospital, Berekum	Hospital	Brong-Ahafo	
53	Holy Family Hospital, Techiman	Hospital	Brong-Ahafo	
54	Mathias Hospital, Yeji	Hospital	Brong-Ahafo	
55	Our Lady of Fatima Health Centre, Abease	Health Centre	Brong-Ahafo	
56	St. Elizabeth Hospital, Hwidiem	Hospital	Brong-Ahafo	

57	St. John of God Hosp., Duayaw-Nkwanta	Hospital	Brong-Ahafo	
58	St. Mary's Hospital, Drobo	Hospital	Brong-Ahafo	
59	St. Theresa's Hospital, Nkoranza	Hospital	Brong-Ahafo	
60	Mercy Women's Centre, Mankessim	Hospital	Central	
61	Our Lady of Grace Hospital, Breman-Asikuma	Hospital	Central	
62	St. Francis Xavier Hospital, Assin-Fosu	Hospital	Central	
63	St. Gregory Catholic Hospital, Gomoa Budumburam	Hospital	Central	
64	St. Luke Catholic Hospital, Apam	Hospital	Central	
65	Catholic Clinic and Maternity, Akim Swedru	Clinic	Eastern	
66	Holy Family Hospital, Nkawkaw	Hospital	Eastern	
67	Holy Spirit Clinic & Maternity Home, Kwasi Fante	Clinic	Eastern	
68	Notre Dame Clinic, Nsawam	Clinic	Eastern	
69	St. Dominic Hospital, Akwatia	Hospital	Eastern	
70	St. John's Clinic/Maternity, Akim Ofoase	Clinic	Eastern	
71	St. Joseph Clinic & Maternity Home, Kwahu-Tafo	Clinic	Eastern	
72	St. Joseph's Hospital, Koforidua	Hospital	Eastern	
73	St. Martin's de Porres Hospital, Agomanya	Hospital	Eastern	
74	St. Michael's Catholic Clinic/Maternity, Ntronang-Akim	Clinic	Eastern	
75	Holy Family Nurses Training College, Nkawkaw	Training Institution	Eastern	
76	Orthotics & Prosthesis Training School, Nsawam	Training Institution	Eastern	
77	St. Monica's Clinic and Maternity, Akim Sekyere	Clinic	Eastern	
78	St. John of God Clinic, Amrahia	Clinic	Greater-Accra	
79	St. Andrew's Clinic and Maternity, Kordiabe	Clinic	Greater-	

			Accra	
80	Catholic Clinic/PHC, Salaga	Clinic	Northern	
81	Good Shepherd Health Centre, tuna	Health Centre	Northern	
82	Holy Cross Maternity Home and Clinic, Sambuli	Clinic	Northern	
83	Martyrs of Uganda Health Centre, Bole	Health Centre	Northern	
84	Our Lady of Rocio PHC, Walewale	Primary Health Care	Northern	
85	St. Joseph Clinic & Mat Home, Chamba	Clinic	Northern	
86	St. Joseph's PHC, Kalba	Primary Health Care	Northern	
87	Tatale District Hospital, Tatale	Hospital	Northern	
88	West Gonja Hospital, Damango	Hospital	Northern	
89	St. Lucy Polyclinic, Tamale	Polyclinic	Northern	
90	Kayeresi Clinic, Kayeresi	Clinic	Upper East	
91	Immaculate Conception Health Centre, Kongo	Health Centre	Upper East	
92	Martyrs of Uganda Health Centre, Sirigu	Health Centre	Upper East	
93	St. Joseph Health Centre, Nakolo	Health Centre	Upper East	
94	St. Lucas Health Centre, Wiaga	Health Centre	Upper East	
95	St. Martin's PHC/ Maternity Clinic, Biu	Clinic	Upper East	
96	St. Theresa Health Centre, Zorko	Health Centre	Upper East	
97	St. Joseph's Hospital, Jirapa	Hospital	Upper West	
98	St. Theresa's Hospital, Nandom	Hospital	Upper West	
99	Wa Diocese PHC Project	Primary Health Care	Upper West	
100	All Saints Clinic, Piina	Clinic	Upper West	

101	Jirapa Community Health Nursing Training School, Jirapa	Training Institution	Upper West	
102	Nativity of Our Lady Health Centre, Ko	Clinic	Upper West	
103	Our Lady of Lourdes Clinic, Yagha	Clinic	Upper West	
104	Queen of Peace Clinic, Sabuli	Clinic	Upper West	
105	St. Catherine of Sienna Health Centre, Jirapa	Health Centre	Upper West	
106	St. Christoper Clinic, Dapuori	Clinic	Upper West	
107	St. Evarist Clinic, Ullo	Clinic	Upper West	
108	St. Gerhardt Health Centre, Fielmuo	Health Centre	Upper West	
109	St. Gregory's Clinic, Nanvilli	Clinic	Upper West	
110	St. Ignatius Clinic, Lasia Tuolu	Clinic	Upper West	
111	St. John's Clinic, Funsi	Clinic	Upper West	
112	St. Joseph's Midwifery Training School, Jirapa	Training Institution	Upper West	
113	St. Joseph's Nurses' Training College, Jirapa	Training Institution	Upper West	
114	St. Martin de Porres Clinic, Eremon	Clinic	Upper West	
115	St. Paul's Clinic, Kundungu	Clinic	Upper West	
116	St. Stella's Clinic, Karne	Clinic	Upper West	
117	Anfoega Catholic Hospital, Anfoega	Hospital	Volta	

118	Catholic Hospital, Battor	Hospital	Volta	
119	Comboni Hospital, Sogakope	Hospital	Volta	
120	Margaret Marquart Cath. Hosp, Kpando	Hospital	Volta	
121	Mary Theresa Hospital, Dodi-Papase	Hospital	Volta	
122	Mater Ecclesiae Clinic, Sokode	Clinic	Volta	
123	Sacred Heart Hospital, Weme-Abor	Hospital	Volta	
124	St. Anthony's Hospital, Dzodze	Hospital	Volta	
125	St. George's Clinic, Liati	Clinic	Volta	
126	St. Joseph's Hospital, Nkwanta	Hospital	Volta	
127	St. Luke's Clinic, Chinderi	Clinic	Volta	
128	Fr. Cuniberto's Clinic, Lume	Clinic	VR	
129	St. Anne's Clinic & Maternity Home, Tagadzi	Clinic	VR	
130	St. Francis Clinic, Saviefe Agorkpo	Clinic	VR	
131	Fr. Thomas Alan Rooney Memo. Hosp., Asankragwa	Hospital	Western	
132	Holy Child Clinic, Egyam	Clinic	Western	
133	Holy Child Clinic, Fijai	Clinic	Western	
134	St. John of God Hospital, Sefwi-Asafo	Hospital	Western	
135	St. Martin de Porres Hospital, Eikwe	Hospital	Western	
136	Angela Memorial Catholic Clinic, Yawmatwa	Clinic	Western	
137	St. John of God Clinic, Oseikojokrom	Clinic	Western	
138	Church of Christ Mission Clinic, Bomso-Kumasi	Clinic	Ashanti	Church of Christ
139	Hope Christian Hospital, Gomoa Feteh	Hospital	Central	
140	Church of Christ Mission Clinic, Yendi	Clinic	Northern	
141	Church of God Clinic Essienimpong	Clinic	Ashanti	Church of God

142	Church of God Clinic, Ahwerewa	Clinic	Ashanti	
143	E. P. Church Clinic, Wapuli	Clinic	Northern	Evangelical Presbyterian
144	E. P. Church Dan Moser Memo. Clinic, Dambai (Hohoe)	Clinic	Volta	
145	E. P. Church Health Services, Ho	Primary Health Care	Volta	
146	Nazareth Healing Complex, Vane Avatime	Clinic	Volta	
147	E. P. Clinic, Hatorgodo	Clinic	Volta	
148	E. P. Clinic, Jamani	Clinic	Volta	
149	International Health Development Network Mission Hospital, Wheta	Hospital	Volta	
150	Faith Evangelical Mission Hospital, Bubuashie	Hospital	Greater-Accra	Faith Evangelical Mission
151	Fame Clinic, Ekumdi	Clinic	Northern	Fellowship Associates & Medical Evangelism (FAME) Ghana
152	Fame Clinic, Loagri	Clinic	Northern	
153	Fame Clinic, Makango	Clinic	Northern	
154	Fame Clinic, Tobali/Tatindo	Clinic	Northern	
155	Fame Clinic, Yezesi	Clinic	Northern	
156	Fame Clinic, Benwoko	Clinic	Upper East	
157	Fame Clinic, Akplale	Clinic	Volta	
158	Baptist Medical Centre, Abuakwa	Hospital	Ashanti	Ghana Baptist Convention
159	Calvary Baptist Micro-Clinic, Cape Coast	Clinic	Central	
160	Coast for Christ Baptist Hospital, Winneba	Hospital	Central	
161	Baptist Medical Centre, Nalerigu	Hospital	Northern	
162	Global Evangelical Mission Hospital, Apromase	Hospital	Ashanti	Global Evangelical
163	Lighthouse Mission Hospital, North Kaneshi	Hospital	Greater-Accra	Lighthouse
164	St. Luke's Hospital, Kasei va Ejura	Hospital	Ashanti	Luke Society Missions
165	Emmanuel Eye/ Medical Centre, East Legon	Specialist Hospital	Greater-Accra	

166	Manna Mission Hosp, Teshie-Nungua	Hospital	Greater-Accra	Manna Mission
167	Lake Bosumtwi Methodist Clinic, Amakom	Clinic	Ashanti	Methodist
168	Methodist Clinic, Aburaso	Clinic	Ashanti	
169	Methodist Clinic, Bebu - Anyiaem	Clinic	Ashanti	
170	Methodist Clinic, Brodekwano	Clinic	Ashanti	
171	Methodist Clinic, Nyameani	Clinic	Ashanti	
172	Methodist Clinic, Senchi	Clinic	Ashanti	
173	Methodist Faith Healing Hospital, Ankaase	Hospital	Ashanti	
174	Apagya Methodist Clinic, Apagya	Clinic	Ashanti	
175	Tafo Methodist Clinic, Tafo	Clinic	Ashanti	
176	Wesley Cathedral Methodist Clinic, Adum	Clinic	Ashanti	
177	Kwakuanya Methodist Clinic, Kwakuanya	Clinic	Brong Ahafo	
178	Methodist Asuakwaa Clinic, Asuakwaa	Clinic	Brong Ahafo	
179	Yawsae Methodist Clinic, Yawsae	Clinic	Brong Ahafo	
180	Methodist Hospital, Wenchi	Hospital	Brong-Ahafo	
181	Hweehwee Methodist Clinic, Hweehwee	Clinic	Eastern	
182	Mpraeso Methodist Clinic, Mpraeso	Clinic	Eastern	
183	Osuben Methodist Clinic, Osuben	Clinic	Eastern	
184	Zanzugu Yipala Methodist Clinic, Zanzugu Yipala	Clinic	Northern	
185	Methodist Clinic, Lawra	Clinic	Upper West	
186	Gwira Eshiem Methodist Clinic, Gwira Eshiem	Clinic	Western	
187	Kwawu Bethel Methodist Clinic Kwawu	Clinic	Western	

188	Nzulezu Methodist Clinic, Nzulezu	Clinic	Western	
189	St Luke Methodist Clinic, Adwuofua	Clinic	Western	
190	Methodist Clinic, Dagyamen	Clinic	Brong Ahafo	
191	Presbyterian Hospital, Agogo, Ashanti-Akim	Hospital	Ashanti	Presbyterian
192	Presbyterian PHC , Agogo, Ashanti-Akim	Primary Health Care	Ashanti	
193	Nursing & Midwifery Training College, Agogo	Training Institution	Ashanti	
194	Presbyterian Clinic, Abasua	Clinic	Ashanti	
195	Presbyterian Clinic, Mesewam	Clinic	Ashanti	
196	Presbyterian Clinic, Antwirifo	Clinic	Brong Ahafo	
197	Presbyterian Clinic, Buokrukruwa	Clinic	Brong Ahafo	
198	Presbyterian Clinic, Gyankufa	Clinic	Brong Ahafo	
199	Presbyterian Clinic, Tanoboase	Clinic	Brong Ahafo	
200	Presbyterian Clinic, Yaakrom	Clinic	Brong Ahafo	
201	Presbyterian Midwifery Training School, Dormaa Ahenkro	Training Institution	Brong Ahafo	
202	Dormaa Presby PHC Project, Dormaa-Ahenkro	Primary Health Care	Brong-Ahafo	
203	Presbyterian Health Centre, Jenjemireja	Health Centre	Brong-Ahafo	
204	Presbyterian Health Centre, Kyeremasu	Health Centre	Brong-Ahafo	
205	Presbyterian Health Centre, Aboabo	Health Centre	Brong-Ahafo	
206	Presbyterian Health Centre, KwadwoKumikrom	Health Centre	Brong-Ahafo	

207	Presbyterian Health Centre, Kwamesua	Health Centre	Brong-Ahafo	
208	Presbyterian Health Centre, Suma Ahenkro	Health Centre	Brong-Ahafo	
209	Presbyterian Hospital, Dormaa-Ahenkro	Hospital	Brong-Ahafo	
210	Presbyterian Church Health Center, Assin-Praso	Health Centre	Central	
211	Presbyterian Health Centre, Assin Nsuta	Health Centre	Central	
212	Presbyterian Health Centre, Abetifi	Health Centre	Eastern	
213	Presbyterian Health Centre, Ekye	Health Centre	Eastern	
214	Presbyterian Health Centre, Kom- Aburi	Health Centre	Eastern	
215	Presbyterian Health Centre, Kwahu Praso	Health Centre	Eastern	
216	Presbyterian Hospital, Donkorkrom	Hospital	Eastern	
217	Presbyterian Primary Health Centre, Tease	Primary Health Care	Eastern	
218	Tease Presby Health Centre, Afram Plains	Health Centre	Eastern	
219	Presbyterian Health Centre, Obregyima	Health Centre	Eastern	
220	Presbyterian Health Centre, Langbinsi-Gambaga	Health Centre	Northern	
221	Kuwani Health Centre, Kuwani	Health Centre	Northern	
222	Presbyterian Clinic, Fooshegu	Clinic	Northern	
223	Presbyterian Health Centre, Loloto	Health Centre	Northern	
224	Presbyterian CHPS Centre, Tolla	CHPS	Upper East	
225	Presbyterian Clinic, Namolgo	Clinic	Upper East	
226	Presbyterian Health Centre, Siniensi	Health Centre	Upper East	
227	Presbyterian Health Centre, Sumaduri	Health Centre	Upper East	
228	Presbyterian Nurses Training College, Bawku,	Training Institution	Upper East	
229	Presbyterian Regional Eye Centre, Bolgatanga	Specialist Hospital	Upper East	

230	Presbyterian Health Centre, Widana	Health Centre	Upper East	
231	Presbyterian Health Centre, Garu	Health Centre	Upper East	
232	Presbyterian Health Centre, Woriyanga	Primary Health Care	Upper East	
233	Presbyterian Hospital, Bawku	Hospital	Upper East	
234	Presbyterian PHC, Bawku	Primary Health Care	Upper East	
235	Presbyterian PHC, Bolgatanga	Primary Health Care	Upper East	
236	Presbyterian PHC, Sandema	Primary Health Care	Upper East	
237	Presbyterian Clinic, Papueso-Enchi	Clinic	Western	
238	Presbyterian PHC, Enchi	Primary Health Care	Western	
239	Presbyterian Health Centre , Kwamebikrom	Health Centre	Western	
240	Presbyterian CHPS Compound, Amonie	Health Centre	Western	
241	Presbyterian Clinic, Ohiamatuo	Clinic	Western	
242	Sight for Africa Eye Clinic, Darkuman	Clinic	Greater-Accra	Run Mission
243	Saviour Church Clinic, Bonwire	Clinic	Ashanti	Hawa Memorial Saviour
244	Saviour Church Clinic, Subriso	Clinic	Ashanti	
245	Hawa Mem. Saviour Hospital, Akim-Osiem	Hospital	Eastern	
246	Akoma Memorial SDA Hospital, Kortwia-Abodom	Hospital	Ashanti	Seventh Day Adventist
247	Seventh Day Adventist Clinic, Konkoma	Clinic	Ashanti	
248	Seventh Day Adventist Hospital, Asamang	Hospital	Ashanti	
249	Seventh Day Adventist Hospital, Dominase	Hospital	Ashanti	
250	Seventh Day Adventist Hospital, Kwadaso-Kumasi	Hospital	Ashanti	
251	Seventh Day Adventist Hospital, Wiamoasi-Ashanti	Hospital	Ashanti	

252	Adventist Hospital, Breman	Hospital	Ashanti	
253	HART Adventist Hospital, Ahinsan	Hospital	Ashanti	
254	SDA Clinic, Anyinasuso	Clinic	Ashanti	
255	Seventh Day Adventist Clinic, Apaah	Clinic	Ashanti	
256	Seventh Day Adventist Clinic, Nobewam	Clinic	Ashanti	
257	Seventh Day Adventist Hospital, Namong	Hospital	Ashanti	
258	Seventh Day Adventist Hospital, Obuasi	Hospital	Ashanti	
259	Seventh Day Adventist Nurses Training College, Kwadaso	Training Institution	Ashanti	
260	Valley View University Hospital, Techiman	Training Institution	Brong Ahafo	
261	Seventh Day Adventist Midwifery Training School, Asamang	Training Institution	Ashanti	
262	Seventh Day Adventist Hospital, Sunyani	Hospital	Brong-Ahafo	
263	Seventh Day Adventist Clinic, Dominase	Clinic	Central	
264	Seventh Day Adventist Hospital, Koforidua	Hospital	Eastern	
265	Seventh Day Adventist Clinic, New Gbawe	Clinic	Greater A	
266	Seventh Day Adventist Hospital, Tamale	Hospital	Northern	
267	Seventh Day Adventist Clinic, Wa	Clinic	UWestern	
268	Nagel Memorial Clinic, Takoradi	Clinic	Western	
269	Seventh Day Adventist Clinic and Maternity, Sefwi-Asawinso	Clinic	Western	
270	Seventh Day Adventist Clinic, Kofikrom	Clinic	Western	
271	Mary Ekuba Ewoo Memorial Adventist Clinic, Akwidaa	Clinic	Western	
272	Seventh Day Adventist Clinic and Maternity, Sefwi Punikrom	Clinic	Western	
273	Seventh Day Adventist Clinic, Dadieso	Clinic	Western	
274	Seventh Day Adventist Clinic, Sefwi Amoaya	Clinic	Western	

275	Seventh Day Adventist Clinic, Wassa Nkran	Clinic	Western	
276	Seventh Day Adventist Health Asst. Training School, Asanta	Training Institution	Western	
277	Siloam Gospel Clinic, Bonyere	Clinic	Western	Siloam Gospel
278	Bryant Mission Hospital, Obuasi-Adansi	Hospital	Ashanti	The Church of Pentecost
279	Pentecost Clinic, Kasapin	Clinic	Brong-Ahafo	
280	Pentecost Clinic, Ayanfuri	Clinic	Central	
281	Pentecost Community Clinic, Twifu Agona	Clinic	Central	
282	Pentecost Hospital, Madina	Hospital	Greater-Accra	
283	Pentecost Clinic, Kpassa	Clinic	Volta	
284	Pentecost Clinic, Tarkwa	Clinic	Western	
285	Pentecost Clinic, Yawmatwa	Clinic	Western	
286	Pentecost Clinic, Enchi	Clinic	Western	
287	The Salvation Army Clinic, Wiamoase	Clinic	Ashanti	The Salvation Army
288	The Salvation Army Rehabilitation Centre, Begoro	Rehabilitation Centre	Eastern	
289	Salvation Army CHPS Centre, Anidasofie	CHPS	Ashanti	
290	The Salvation Army Clinic, Agona-Duakwa	Clinic	Central	
291	The Salvation Army Clinic, Baa	Clinic	Central	
292	The Salvation Army Clinic, Akim-Wenchi	Clinic	Eastern	
293	The Salvation Army Clinic, Anum	Clinic	Eastern	
294	The Salvation Army Clinic, Begoro	Clinic	Eastern	
295	Urban Aid Health Centre, Mamobi	Health Centre	Greater-Accra	
296	The Salvation Army Clinic, Adaklu-Sofa	Clinic	Volta	
297	Jesus Care Voluntary Clinic, Kumawu Besoro	Clinic	Ashanti	True Faith
298	Evangelical Church of Ghana Hospital,	Hospital	Northern	Evangelical

	Kpandai			Church of Ghana (ECG)
299	Koni Health Centre, Kpassa	Health Centre	Volta	
300	Word Alive Community Health Nursing Training College, Esiama	Training Institution	Western	Word Alive