

CHRISTIAN HEALTH ASSOCIATION OF GHANA(CHAG)



2009 Comprehensive Annual Work Plan

‘Change for Results, Professionalism, Partnerships and Performance’

January 2009

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List of abbreviations

AWP	Annual Work Plan
BMC	Budget Management Centre
CCG	Christian Council of Ghana
CHCU	Church Health Coordinating Unit
CHAG	Christian Health Association of Ghana
DANIDA	Danish International Development Assistance
DHMT	District Health Management Team
DHMIS	District Health Management Information System
DPs	Development partners
DPF	Donor Pooled Funds
DKK	Danish Kroner
ED	Executive Director
GCBC	Ghana Catholic Bishops Conference
GHS	Ghana Health Service
GOG	Government of Ghana
GPC	Ghana Pentecostal Council
HSAO	Health Sector Advisory Office
HMIS	Health Management Information System
HMT	Hospital Management Team
HPG	Health Partners Ghana
HR	Human resources
HRD	Human resource development
HSSP	Health Sector Support Programme
IGF	Internally generated funds
KIT	Royal Tropical Institute
MI	Member Institution (of CHAG)
MOH	Ministry of Health

MOU	Memorandum of Understanding
NHIS	National Health Insurance Scheme
NHIA	National Health Insurance Authority
NGO	Non-governmental Organisation
OPD	Outpatients Department
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
POW	Programme of Work
PSC	Partnership Steering Committee (between CHAG and MOH)
RHMT	Regional Health Management Team
SDA	Seventh Day Adventist
TOR	Terms of Reference

KEY DATA ON CHAG (2008)

Total number of denominations	18
Total number of member institutions	168
Total number of hospitals	61
Total number of health clinics	91
Total number of PHC programmes	6
Total number of Training Institutions	10
% of regions where CHAG is operating	10/10
Number of districts with CHAG facilities	81
Number of CHAG staff on government payroll	7251
Number of medical doctors on government payroll	????
Number of nurses on government payroll	????
Number of other staff on government payroll	????

1. *Executive summary*

The present document - CHAG's 2009 Annual Work Plan (AWP) - summarises the main interventions the Association will be undertaking in the coming year.

This 2009 AWP reinforces and complements the medium-term health plans, the various member Churches and Institutions are currently implementing and/or in process of preparing. The document should therefore be read in conjunction with these plans in conjunction with the CHAG's 2008 - 2012 Strategic Plan.

With a view of synchronising CHAG's operations with the Programme of Work (POW) of the national health sector, agreed upon within the framework of the Memorandum of Understanding between the MOH and CHAG, this AWP is structured around the four strategic objectives of the 2009 POW. By so doing, CHAG's role within the health sector becomes more visible.

Following last year's policy decision by the Executive Board and the recommendations of the MOH-CHAG Partnership Steering Committee (PSC), this year's AWP has been compiled in such a way that all planned activities constitute part of one single framework, irrespective of funding arrangements.

Particular emphasis will be put on result-based management. As such, the management responsibilities, expected results and indicators to measure performance have been more clearly defined in this planning document.

Funding of this plan shall be secured from government contributions (mainly to cover salary costs), membership dues and development assistance. To date, DANIDA, SNV and the NHIA have in principle agreed to provide technical and/or financial assistance to the implementation of this plan. CORDAID/ICCO, UNFPA and WHO are likely to subscribe as well.

This plan was compiled in a concerted effort between Member Institutions (MIs); Church Health Coordinators and the CHAG Secretariat during the last quarter of 2008, much earlier than last year. It was subsequently approved by the Executive Board and endorsed by the MOH-CHAG Partnership Committee.

To ensure better alignment with the preparation of the 2010 POW, efforts shall be made to further advance the planning in 2009.

Philibert Kankye
Executive Director

2. Vision and Mission

Vision

“A Healthy Nation, Christ’s Healing Ministry Fulfilled”

Mission

CHAG is a non-governmental Organization bringing together Churches involved in the provision of Health Services to provide support to members (Church Leaders, Church Health Coordinating Units and Member Institutions). CHAG serves as a link between government and other development partners on the one hand and members on the other through capacity strengthening, coordination of activities, lobbying and advocacy, public relations and translation of government policies; using professionals and well motivated staff who are honest, accountable, transparent and committed. In all these CHAG respects the diverse nature of members and individual church’s philosophy.

3. Introduction:

Despite the heavy investments in health service delivery, there has not been appreciable improvement in health status. Service data suggest that there is still a long way to go before key health indicator targets can be met. For instance maternal and infant mortality rates are as high as they were a decennium ago.

Inadequate (sufficiently qualified and equitably distributed) staff and funding at the district and service delivery-facility levels are often referred to as some of the main reasons for the slow progress in health outcomes. However there are as well other - cultural, organisational, institutional and managerial factors that contribute to the situation.

Under the current Programme of Work (POW) of the health sector, concerted efforts are being made between public (e.g. the MOH, GHS, teaching hospitals and the NHIA) and private stakeholders within the sector (including CHAG) to address these identified challenges.

Committed to national health policies and practices, as spelt out in its Memorandum of Understanding (MoU) with the MOH, CHAG has aligned its 2009 AWP with the 4 strategic objectives of the 2009 Programme of Work (POW).

These objectives are:

Objective 1: Promote individual lifestyle and behavioural models for improving health and vitality

Objective 2: Scale up high impact health, reproduction and nutrition interventions and services, targeting the poor, disadvantaged and vulnerable groups

Objective 3: Strengthen health system capacity to expand, manage and sustain high coverage of services

Objective 4: Improve governance and sustainable financing

CHAG, which, in recent years has evolved towards the largest not for profit provider network organization within the sector, will be facing some important challenges which will need to be addressed in the immediate future.

The country's epidemiological profile is in transition, and this calls for different strategies and approaches at service provision level.

Following the establishment of a 'purchaser-provider' mechanism and therefore the need for accreditation to satisfy the NHIA requirements to qualify for contractual arrangements with the District Health Insurance Schemes for service provision quality of care will remain an issue of very significant attention for CHAG service providers.

Due to mounting pressure on the health budget, there is an irreversible trend that government contribution in respect of salary payment, investment programmes and public health initiatives can be obtained under the same terms and conditions as before. New challenges will therefore also come up in the areas of resource management. Alternative options for managing health care therefore, need to be identified; these may include intensified technical collaboration with other health care providers, be it public or private.

CHAG's collective response to these new challenges is summarized in the present document, which was prepared during a planning meeting in Kumasi on 22nd and 23rd September, 2008 and a series of technical consultation meetings between CHCUs, the Secretariat and the Executive Board in the last quarter of 2008.

Having reflected on progress made and lessons learned during the previous implementation period in chapter 3, the document starts by identifying the main challenges for the immediate future in chapter 4.

From this analysis, the operational objectives and strategies for 2009 are derived and presented in chapter 5. Chapter 6, constituting the core of the document, sets out how these plans will be implemented this entails in terms of (resource) planning. This chapter also includes the indicators for performance measurement.

For an administratively complex and large network organisation as CHAG to function effectively, there is a need for transparent and proper planning, management, coordinating and reporting arrangements. These issues are dealt with in more detail in chapters 7, 8, 9, 10 and 11.

Main assumptions and risks are summarised in chapter 12.

Further details on the governance structure, the internal organisation, and the funding modalities are presented separately in a series of the annexes

4. *Summary of main achievements and lessons learnt in 2008*

Late start, but rapid take off in the implementation of the 2008 APW

Due to a variety of reasons, the start of the 2008 AWP experienced some delay. It was only in June when operations effectively started. Since then a considerable number of activities have been undertaken, ranging from strengthening the managerial capacities at the Secretariat, establishing a (technical) coordination platform between Church Health Coordinators and the Secretariat, the establishment of a Management Information System, the conduct of numerous training programmes, the implementation of a HR study and modernisation of the central office of CHAG.

The key objective of the 2008 AWP was to “*improve the technical and managerial capacities of the various management layers within CHAG (i.e. MIs, CHCUs and Secretariat) to deliver an integrated and affordable package of preventive, curative and rehabilitative services*”.

Accordingly four ‘result areas’ were defined:

1. Appropriate (technical and financial) planning, management, support and information systems strengthened and functioning at the level of MIs;
2. Strengthened capacity at CHCU level for monitoring, supervision and evaluation of MIs;
3. Strengthened capacity of the Secretariat in health sector planning, health financing, resource mobilisation, coordination and technical support to the CHCUs and MIs ;
4. Strengthened capacity of CHAG for policy development, advocacy and engagement with public and private stakeholders

Main achievements

During the year, an initiative aimed at systematically collecting data for decision making, was launched. Initial results are encouraging, but there is still a lot of work outstanding to roll out this initiative across all CHAG institutions and link it to the recently introduced District Health Management Information System (DHMIS).

With the appointment of a health planner and health management advisor, the Secretariat also succeeded in building up more expertise **in the areas of health financing, insurance and system development.**

To better position itself towards its main ‘customer groups’ (i.e. MIs, CHCU’s, MOH and the Executive Board), the Secretariat defined a ‘**product and service package**’ for each of these 4 groups. Work is in progress to tailor these products and services to the needs of respective ‘customer groups’.

Successful efforts towards **integrating technical and financial planning** and reporting were also made in 2008. The Secretariat is now in the position to timely produce integrated (technical and financial) progress reports, irrespective of funding sources.

Internal efficiency improved significantly, though further gains can still be made, particularly as regards the establishment of uniform administrative and financial procedures and timely completion of the annual audit.

With the establishment of a monthly ‘**Church Health Coordinators**’ meetings, coordination between member churches has also improved significantly. Major challenges however remain to further promote involvement of all MIs in the accounting reporting process of the Association.

Main achievements under each of the 2008 AWP programme components

Main results and outputs achieved under the 2008 AWP are summarised below:

Component I: Appropriate (technical and financial) planning, management, support and information systems strengthened and functioning at the level of MIs

Main interventions planned	Progress made
Sustainable health financing	<ul style="list-style-type: none"> • A training in budgeting was conducted for all CHAG facilities
Business planning	<ul style="list-style-type: none"> • The development of a medium-term health plan was initiated at the Church of God and Church of Christ clinics
Establishment of management support systems	<ul style="list-style-type: none"> • 76 MIs received computer equipment and user training to improve data capturing
Performance monitoring	<ul style="list-style-type: none"> • Supervisory and monitoring visits were made to some selected MIs
Human resource development	<ul style="list-style-type: none"> • An overview of CHAG staff on the government payroll was made

Component II: Strengthened capacity at CHCU level for monitoring, supervision and evaluation of MIs

Main interventions planned	Progress made
Updating database on CHAG's profile	<ul style="list-style-type: none"> Accurate data on MIs was entered into the data base at the Secretariat.
Improving knowledge management and sharing among CHCU's	<ul style="list-style-type: none"> Monthly meetings between CHCU's and the Secretariat to review progress and plan future activities, were initiated
Capacity development	<ul style="list-style-type: none"> Two training workshops on data collection and health management information initiative

Component III: Strengthened capacity of CHAG Secretariat in health sector planning, health financing, resource mobilisation, coordination and technical support to the CHCUs and MIs.

Main interventions planned	Progress made
Improving service package to its MIs and CHCUs	<ul style="list-style-type: none"> A concept paper on the proposed internal management arrangements within CHAG was prepared
Organisational and staffing structure	A proposal for restructuring the Secretariat was finalised and submitted to the Board for approval
<ul style="list-style-type: none"> Staff development: 	<ul style="list-style-type: none"> A leadership and teambuilding workshop was organised for the staff of the Secretariat One staff member attended the Flagship course at the World Bank Head Quarters in Washington An HR study was commissioned, the results are being awaited for
System development:	<ul style="list-style-type: none"> A computerised accounting system (Tally) became operational CHAG's Website was redeveloped
Office management:	<ul style="list-style-type: none"> Financial and administrative procedures were updated
Upgrading the office of the Executive Secretariat	<ul style="list-style-type: none"> The office of the Secretariat was upgraded and equipped

Component IV: Strengthened capacity of CHAG for policy development, advocacy and engagement with public and private stakeholders

Main interventions planned	Progress made
Quality improvement of the committees:	<ul style="list-style-type: none"> CHAG staff actively participated in the routine meetings of the MOH Budget Committee, the Inter Agency Committee on Health, and the MDG 5 Committee Technical input was provided to Health Partners Business meetings and the Health Summits

5. *Main challenges for 2009*

The health sector has in the recent past gone through a rapid process of change and transformation that brings new challenges for the MIs of CHAG, its 18 CHCU's and the Secretariat.

Some of the challenges currently confronting the Association include:

Challenges at CHAG health facility level:

- Due to the introduction of the national health insurance scheme (NHIS), quality of care, proper contract management and sustainable health financing are becoming increasingly important issues;
- Senior managers of CHAG institutions will have to become more familiar with sector policies;
- Due to the increasing pressure on government health sector resources, CHAG institutions will be required to make judicious use of available resources, including the workforce;
- CHAG institutions will be increasingly required to provide evidence-based information on performance; hence the need for renewed focus on health management information;
- For a variety of technical and economic reasons, it is likely that CHAG institutions must enter into more strategic partnerships with public and/or other private facilities;

Challenges at CHCU level:

- CHCUs need addressing above mentioned challenges within the health sector, for which they must be adequately equipped;
- To enable CHCUs to play a more pro-active role in health care planning and management, related capacities need strengthening;
- To avoid possible duplication in functions, interventions between CHCUs and the Secretariat need streamlining and effective coordination

Challenges at the level of the CHAG Secretariat:

- To comply with the administrative requirements under CHAG's "Memorandum of Understanding" with the MOH, (the quality of) technical and financial reporting need to improve considerably;
- Accurate data on service delivery, human resources and service financing are required for planning, decision making, advocacy and lobbying purposes;
- In view of the Secretariat's envisioned role as advocacy, coordinating and technical support and advisory body for its members, its capacities need readjustment accordingly;
- To meet the expectations from the MOH- CHAG Partnership Committee and from the Board of Directors to introduce a better integrated planning and management approach, internal systems and procedures need standardising and synchronising;
- To sustain the operations of the Secretariat in the long run, funding of core staff needs to be secured.

6. *Objectives and strategies in 2009*

Overall objectives:

Subscribing to the POW of the health sector, the 4 strategic objectives of the 2009 AWP are:

Objective 1: Promote individual lifestyle and behavioural models for improving health and vitality

Objective 2: Scale up high impact health, reproduction and nutrition interventions and services, targeting the poor, disadvantaged and vulnerable groups

Objective 3: Strengthen health system capacity to expand, manage and sustain high coverage of services

Objective 4: Improve governance and sustainable financing

Specific strategies:

In 2009, the following strategies will be adopted:

A. Promoting integrated and joint planning:

CHAG will increasingly synchronise and align its planning at facility level with district, regional and national health sector plans. Partnership with other stakeholders implementing the POW (e.g. MOH, GHS and NHIA) will be further intensified, both at national and - more importantly - at district level.

B. Increased focus on public health initiatives:

Addressing the determinants of health, ongoing emphasis will be given to public health and health promotion. In this context, technical cooperation with (public and private) development agencies involved in promoting safe water & sanitation shall be promoted.

C. Using data for decision making:

Recognising the importance of evidence-based planning, the use of data for planning and decision making purposes will be given serious attention. Strengthening ongoing initiatives aimed at establishing a functioning health management information system at facility level and related staff training will be further pursued.

D. Strengthening internal coordination within the CHAG network:

Capitalising on the individual strength of member churches and CHAG health facilities, priority will be given to intensified technical cooperation within the network. In addition to promoting synergy at the monthly coordination meetings between CHCUs and the Secretariat, options for collective resource mobilisation and strengthening support systems (e.g. HMIS, claim management and procurement systems) will be further pursued. As such, the role of the Secretariat shall be increasingly geared towards a professional 'coordination, advocacy, technical and training support' body, serving the interests of the members. At the same time the involvement of church leaders, senior administrators and CHAG's Executive Board in policy development shall be promoted.

E. Alignment of planning and (administrative) management procedures:

Responding to earlier decisions of the Executive Board and the recommendations of the MOH-CHAG Partnership Steering Committee (PSC), ongoing efforts towards developing a

more comprehensive planning and medium-term financing framework will be further pursued under the 2009 AWP.

7. *Main activities in 2009*

Considering the specific nature of CHAG being a network of 168 faith-based health care and training institutions, each operating in a decentralised system, this AWP is limited to those activities that are taking place at 'associational' level. As such, this 2009 AWP reinforces and complements existing annual and medium-term health plans that Church Health Coordinating Units and Member Institutions will be undertaking separately.

Similar to last year, it has been decided to concentrate the main activities on a limited number of intervention areas for two reasons: (a) many of the activities planned (including the establishment of management support systems, capacity building programmes, operational research and advocacy) are time consuming by nature and require a lot of (management) attention for successful completion within the given timeframe; (b) the management, technical coordination and supervisory capacities at the Secretariat are still limited at the moment.

Taking into consideration CHAG's 2008-2011 Strategic Plan, main priorities identified in the POW of the health sector, a need analysis carried out among MIs and CHCUs and recent experience gained under the 2008 AWP, the following areas of work will be given main emphasis in 2009:

A. Strengthening the management and provision of health care at CHAG facility level, this includes among others:

- Upgrading the planning and management skills of Managers of MIs;
- Promoting the use of data for planning and decision making purposes;
- Promoting the preparation of (medium-term) facility plans, to be aligned with district health plans;
- Capacity building in the areas of accreditation, quality assurance, health financing and claim management.

B. Improving technical cooperation and partnership among Member Institutions (MIs), CHCUs and the Secretariat, this includes among others:

- Improving the knowledge among MIs and CHCUs of ongoing developments within the health sector;
- The development of performance-based management systems and tools;
- Identifying options for improving drugs management;
- Support to human resource planning and development;
- The development, production and dissemination of management and training tools ;
- The organisation of the Annual Health Council;

C. Strengthening the restructuring process at the CHAG Secretariat to perform its designated role and functions , this includes among others:

- Regular coordination meetings and training workshops at ‘zone’ level ;
- The recruitment of additional staff;
- Upgrading the technical capacities of the Secretariat;
- The establishment of administrative and financial support systems;
- Periodic monitoring, supervision and the provision of management and training support;
- Periodic updating of CHAG’s Website.

D. (Pro) actively contributing to the policy dialogue, this includes among others:

- The compilation of policy briefs;
- Operational research in the areas of health insurance, HRD and drugs management;
- Participation in ‘ standing health sector’ committees;
- The organisation of workshops and conferences
- Capacity development programmes for Church Leaders and senior managers of health and training institutions.

The general scope of activities for 2009 is summarised in more detail in the logframe presented on the following pages. Proposed activities, which are clustered around above mentioned 4 strategic objectives, include all activities deemed necessary, irrespective whether funding has already been secured or not.

Stressing the importance to measure the relevance of each of the planned interventions, performance indicators have also been added in this planning document. Depending on the results of the HMIS initiative, it will ultimately be possible to assess the operations of CHAG against agreed sector. Work is still in progress to get to that stage.

8. *DPs supporting the 2009 AWP*

General

To date, a large number of CHAG institutions have been benefiting from financial and/or technical support from mother churches and/or faith-based- funding agencies overseas. Type, nature and magnitude of this contribution is reported to have decreased significantly in recent years, particularly as for capital development projects (infrastructure and medical equipment). As a result, many CHAG institutions are now largely dependent on government resources, (proportion of salaries and operational costs), income from health insurance and internal generated funds (which also applies for public health initiatives).

Encouraging, however, is that an increasing number of (international and bilateral) DP's has expressed interest to enter into partnership with network organisations such as CHAG (e.g. PEPFAR, the Global Fund, and the President's Emergency Fund for Malaria etc).

At this point in time, DANIDA, UNFPA, SNV and the NHIA have already committed themselves to support (part of) CHAGs 2009 AWP. Discussions on possible partnership agreements with the CORDAID/ICCO consortium, WHO and the World Bank are ongoing.

Danida

Under a 5 year agreement between the Government of Ghana and the Kingdom of Denmark, budget support, assistance to the National Aids Commission and technical assistance is being provided to the health sector. CHAG is also benefitting from the DANIDA funded HSPS IV programme. This support is mainly earmarked for improving CHAG's capacity for health policy development, advocacy and engagement with government, (particularly on public health issues and the needs of the poor) supporting the institutional development process of CHAG and strengthening of the management systems and capacity of its Secretariat. According to plan, there will be a review of this component around the same time as the annual review of the sector in March/April 2009.

SNV

In 2008, CHAG has entered into a MoU with SNV. Under this partnership agreement periodic consultancy services are being provided to establish and roll out a health information management system across the Association. This arrangement is expected to be extended in 2009.

UNFPA

In April 2006 a new partnership was established between the Christian Health Association of Ghana (CHAG) and the United Nations Fund for Population Activities (UNFPA) to promote reproductive Health in Ghana. Under this partnership, CHAG and UNFPA have committed themselves alongside other implementing partners to a project aimed at creating a supportive environment that promotes and ensures Reproductive Health (RH) rights and increased access to and utilization of high-quality Reproductive Health Services (RHS) through:

- Improved access to Maternal Health Care (MHC) and Youth Friendly Services (YFS) in programme districts
- Improvements in RH behaviour among men, women and young people, living in UNFPA supported districts.

- Strengthened capacity of CHAG institutions to manage, plan, implement, monitor and evaluate reproductive and adolescent health services at the national level and in targeted districts.
- Strengthening of advocacy and awareness of RH, Adolescent Sexual Reproductive Health (ASRH), reproductive rights and gender, and the reduction of STI/HIV/AIDS and unwanted pregnancies among the age group 10-24 years in eight (8) of UNFPA Intervention districts in five (5) regions of Ghana.

In 2008, UNFPA on behalf of CHAG commissioned Management Strategies for Africa (MSA) to undertake an assessment in 10 CHAG facilities in the Volta region, with a focus on Comprehensive Emergency Obstetric Care and the provision of Youth Friendly and Adolescent Reproductive Health Services. This assessment was completed in the 3rd quarter of 2008.

Following a planning workshop in December 2008 a new programme between CHAG and UNFPA was agreed upon, which is now also incorporated in this 2009 AWP.

NATIONAL HEALTH INSURANCE AUTHORITY

The World Bank is the largest funding agency in support of Ghana's initiative of introducing a comprehensive health insurance scheme throughout the country. Under a soft-loan substantial financial resources have been made available to the MoH to establish a nationwide electronic network for future claim management, policy development and training. Under this Health Insurance Project (HIP) it is also possible for beneficiary organizations to fund specific projects through 'Statement of Expenses' (SOE). SOE may be used to finance any of the following activities:

- Development of policies;
- Development of project strategies;
- Implementation of project strategies;
- Preparation of project plans;
- Project monitoring and evaluation;
- Project communication; and
- In-service training

Despite slow implementation of this project, all agencies providing care under the MOH (e.g. GHS, Komfo Anokye Teaching Hospital, the Ghana Armed Forces, the MOH and the NHIA itself) successfully managed to obtain funding following the first call for proposals. Needing more time to prepare a more comprehensive proposal as part of a longer term strategy, CHAG decided not to submit a proposal for the 1st round, but instead solicit for longer term funding. This proposal is now an integrated part of the 2009 AWP.

CORDAID/ICCO CONSORTIUM

In May 2005, CHAG entered into agreement with CORDAID and ICCO to run a pilot project on health information management. The project aimed at assisting CHAG in building a comprehensive data set that (a) would link with other data collection systems in use within the health sector, (b) provide basic information about the activities of CHAG Member Institutions (MIs), (c) facilitate the main business of CHAG (lobbying and advocacy) and (d) Strengthen planning and management within CHAG facilities.

Implementation of the HMIS pilot project unfortunately came to a standstill in the course of 2006, due to a variety of reasons such as lack of consensus on the architecture of the system, delay in data entry, absence of sufficient qualified staff at the CHAG Secretariat, and insufficient coordination and leadership. However, from July 2008 onwards initiatives to strengthen health management information throughout CHAG were re-launched. A full time HMIS officer was appointed and an HMIS Implementation Team with representatives of MIs was composed.

In the last quarter of 2008, a short-term ‘health management information’ advisor was recruited to provide expert advice and technical back-up support services in further design of the CHAG health management information initiative, alignment with other information systems, report generation and data analysis.

On the basis of this consultancy, the overall objectives of CHAG’s HMIS initiative for the remainder of the 2007-2010 ‘Strategic Plan’ period (including feasible, realistic and measurable targets) were defined, along with a detailed Activity Plan for CHAG’s HMIS Implementation Team in 2009. This project now also constitutes an integral part of this 2009 AWP.

World Bank

A. Contribution to country status report

The Secretariat serves on the Technical Working Group, which is preparing the World Bank ‘Country Status Report. This report will describe the actual status of the health sector, identify constraints and successes, and propose possible options to improve sector performance. The document, which is expected to be completed by mid 2010 will also input into the next 5 year planning cycle.

B. Operational research:

The Secretariat has been approached by the World Bank's ‘Development Dialogue on Values and Ethics’ to participate in a study on the role of faith-based organizations in service delivery for education, health, etc.

The study will be about two main topics: (a) Targeting health services and subsidies in Ghana and (b) Analysis of Ghana Health Sector Using Survey Data. The ultimate objective of the exercise will be to develop a way for health service providers to better target their health programs and subsidies.

Specific terms of reference of the operational research and the modalities of CHAG’s involvement are currently being discussed. Should it be decided that one of the case studies would be done in partnership with CHAG, those involved in the study will be invited for a major meeting of faith and development leaders in July 2009 in Africa, where successful partnerships on delivering health services by faith-based organizations in Africa be discussed.

GLOBAL FUND

Under the Round 9 proposal to the Global Fund interesting opportunities will come up for CHAG to take advantage of the possibility of obtaining resources for health system strengthening interventions. The Global Fund would particularly welcome applications that

include cross-cutting health system strengthening interventions needed to overcome constraints to improved outcomes for AIDS, TB, or malaria. This could be relevant for CHAG to further strengthen human resources (especially Community Health nurses, and production of Medical Assistants), laboratory infrastructure and monitoring and evaluation

WORLD HEALTH ORGANISATION-HEALTH ACCESS NETWORK (WHO-HAN)

CHAG in collaboration with Health Access Network and with support from WHO successfully completed a three (3) module training on drug management and the use of functions of the Drug and Therapeutic Committees (DTCs) in hospitals. These training were aimed at improving the skills of prescribers, managers and pharmacists in drug management and therefore to improve efficiency and access of to quality drugs and medicines in the CHAG hospitals.

To ensure that:

- the above objectives are achieved
- action plans developed by the participants were being implemented
- CHAG encourages the institutionalisation of the use of DTCs in CHAG hospitals

CHAG will, with Technical Assistance from Health Access Network, in 2009, facilitate two (2) follow-up monitoring and technical support visits to all hospitals that benefited from the above training.

9. *Managing the 2009 AWP*

At operational level

In principle, CHAG MIs operate in different (district and regional) health systems, where planning, management and coordination of health services takes place under auspices of the MOH in partnership with local public, faith-based and private health care providers, local government agencies and community groups..According to the Memorandum of Understanding agreed upon between the MOH and CHAG, responsible managers of CHAG health institutions are to participate in District (Regional) Health Management Teams and to report on (technical and financial) progress as per mandatory reporting requirements within the sector.

It must be acknowledging that not all MI's are familiar with this standard practise yet. Consequently, in 2009 the Secretariat will make serious efforts to ensure that all CHAG health facilities comply with agreed administrative requirements.

This will be done by:

- Familiarising MI's with applicable (technical and financial) planning and reporting procedures within the sector;
- Management training ;
- Strengthening coordination between CHAG institutions and regional and district health authorities;
- Synchronising CHAG's HMIS initiative with the DHMIS.

CHAG Secretariat level:

The 2009 AWP has been prepared following a consultative process between MIs, CHCU's and the Secretariat. Subsequently this Plan was extensively reviewed by the 'Project & Programmes', Policy & Advocacy' and 'Finance' Committees of the Board.

Following final approval of the Board of Directors and endorsement of the MOH- CHAG Partnership Committee, the CHAG Secretariat (formally represented by the Executive Director) will bear overall responsibility for the day to day management of the 2009 AWP. In order for the Secretariat to improve its visibility within the health sector and provide the necessary 'added value' for the MIs and CHCUs, the need to restructure and reorganise the functional units at the Secretariat to respond more effectively to emerging challenges, was identified in 2008. A new organisational structure is now being proposed. Subject to Board approval and the recruitment of identified new staff the Secretariat is likely to further improve its performance in 2009.

Meanwhile, the following management arrangements have been adopted at the Secretariat to ensure proper and timely implementation of the 2009 AWP:

- a departmental activity plan will be agreed upon between the Executive Director and respective Deputy Directors.
- Each respective Deputy Director will compile a detailed activity plan for all subordinate staff he/she is responsible for. This plan will include specific indicators for performance measurement
- A weekly Management Team meeting will be held, where progress (at individual and unit level) will be discussed and possible bottlenecks and solutions identified
- At the end of each quarter, each line manager will submit a detailed progress report to the Executive Director, accompanied by a plan of activities for the forthcoming period in conformity with the existing AWP
- On the basis of this contribution, an integrated technical and financial progress report shall be compiled under auspices of both Deputy Directors and the Executive Director CHAG.

To enable the Secretariat to concentrate more on its main tasks and functions, CHCUs and MIs shall be engaged more actively in the preparation and implementation of specific programme activities than has been the case to date. In the event of delegating specific (financial) management responsibilities to one of the members, a 'performance management contract' shall be drawn up between the Secretariat and that party, clearly specifying mutual responsibilities and expected 'deliverables'. Administratively, the rules and regulations as laid down in the Finance Manual apply.

10. *Budget and funding arrangements*

Estimated Income and Expenditure:

To cover the costs of all activities planned under the 2009 AWP, an amount of Two million four hundred and eight thousand five hundred and fifty-five Ghana cedis only (GH¢2,408,555.00) will be required, broken down per line item as can be seen in subsequent tables that follows:

The following table summarizes the main funding sources and expenditure areas for the 2009 work plan:

For each of the above planned activities, budget details and a log frame are attached in the annexes provided to this document:

2009 Income Projections

Source of Funds	2008		2009
	Projection	Actual	Projection
	GHC	GHC	GHC
IGF (membership dues & other income)	51,165.00	81,425.33	328,559.00
Government contribution (salaries)	181,994.00	158,755.81	249,362.00
Government contribution (administrative costs)	1,800.00	1,131.83	18,321.00
Government contribution (service activities)	77,408.00	77,408.00	60,876.00
UNFPA project funding	137,200.00	49,598.00	237,317.00
Danida funding	611,030.00	611,030.00	1,200,000.00
Cordaid/Icco funding	-	-	29,000.00
NHIA	-	-	204,528.00
Global Fund/NACP	-	-	63,600.00
International Aid	-	-	76,320.00
Total	1,060,900.00	983,252.38	2,441,495.00

2009 Expenditure Projections

Cost Code	Item Description	2008		2009
		Budget	Actual	Budget
		GHC	GHC	GHC
102	Personnel Emol. (GoG +IGF+ Danida)	181,994.00	199,515.29	417,036.00
202	Administrative Expenses	82,068.00	34,974.50	42,144.00
204	Website and other publications	7,000.00	1,983.1	-
206	Vehicle Running Cost	36,000.00	26,440.91	42,099.00
208	Financial Charges	4,000.00	6,024.63	12,720.00
301	Service Activities	645,288.00	319,016.19	1,806,803.00
402	Purchase Computer software	30,550.00	32,482.10	6,000.00
403	Repair & Maintenance of Office B'lding	74,000.00	45,643.95	81,754.00
Total		1,060,900.00	*666,080.67	2,408,555.00

* **Note:** There are Danida funds totalling **GHC305,515.00** that have been committed against 2008 Service and capital costs for which payment will be made in 2009 that will bring the total actual expenditure for 2008 to **GHC971,595.67**

11. *Key Notes on Estimated revenues and Expenditures*

Funding of the 2009 AWP shall be secured through three main sources of income, namely government contribution, development assistance and membership fees.

In principle, all salary costs pertaining to the employment of core staff at the Secretariat shall be either born from government contribution and/or IGF. IGF shall also be used to cover the operational expenses at the Secretariat, including depreciation and maintenance of building, vehicles and office equipment. External (project) funds are earmarked for essential investments, capacity building of staff (be it Secretariat or CHCUs), training, consultancies, research & development).

To date GOG and DANIDA have in principle committed themselves to fund a substantial part of the 2009 budget. The same applies for the NHIA. Funding from UNFPA and CORDAID/ICCO will however be subject to the outcome of a technical and financial proposal yet to be submitted.

Analysing above mentioned budget figures, it can be concluded that CHAG's annual turnover is likely to increase substantially in 2009. Though government and DANIDA funding seems secured there is a potential risk of underfunding.

Taking into consideration this possible budget deficit, the possibilities of cost containment and more revenue collection (e.g. increase in membership fees, government contribution and income generating activities) will need to be more actively explored in 2009.

12. *Administrative Arrangements*

In 2006, the MOH and CHAG entered into a Memorandum of Understanding, which lays down mutual roles and responsibilities. This MoU and accompanying administrative instructions continue to apply in 2009. In practise CHAG will be making intensified efforts to ensure that the principles of this MoU will be more systematically adhered to, particularly in the areas of planning, budgeting and reporting.

CHAG and its MIs have also entered into direct partnerships with DPs. Currently; the Secretariat has a long-term partnership with DANIDA and SNV. Cooperative agreements with other DP's (e.g. the NHIA, CORDAID/ICCO) are currently being discussed subject to Board approval.

Working along the principles of the 'Paris Declaration on Aid Effectiveness (Ownership, Harmonisation, Alignment, Results and Mutual Accountability)', the CHAG Secretariat is currently in the process further streamlining its internal planning, management and (technical and financial) reporting systems and procedures. To a large extent this is already reflected in integrated work plans and (technical and financial) progress reports.

Meanwhile, good progress has also been made in synchronising and standardising internal (administrative, financial and procurement) procedures. A draft finance manual has been prepared and formal approval by the Board is now being awaited for.

In 2008, a computerised accounting system was established at the Secretariat, which makes it possible to account for all funds received. Financial data are increasingly being used for analytical and planning purposes.

Due to its designated new role as coordinating and technical support & training body, the Secretariat will increasingly reduce its (project) implementation responsibilities. Instead it will designate specific tasks and duties to CHCUs, thereby ensuring proper monitoring. In the latter case, an administrative agreement shall be signed between the Secretariat and relevant CHCU.

13. *Reporting and monitoring*

Reporting by MIs

According to the MoU between the MOH and CHAG, MIs of CHAG institutions are to prepare and submit reports to the MOH and its agencies in line with agreed formats and timelines within the sector.

Recent information from the Centre for Health Management Statistics (CHIM) does suggest that a large proportion of CHAG facilities fail to comply with these reporting requirements; hence the need for the Secretariat to advise MIs to comply with agreed procedures.

In order to improve the quality of reporting, MIs shall also be encouraged to more systematically enter key data into the District Health Information Management System (DHMIS) software, which will be scaled up for use at all levels of the health system in 2008. Managers of CHAG health facilities shall be trained accordingly.

Reporting by CHAG

In accordance with the MoU between CHAG and the MOH, the CHAG Secretariat is to submit a progress report to the MOH and its agencies annually. In addition, the Secretariat is contractually bound to periodically report on (financial and technical) progress to its DPs.

In response to the expressed directive of the Executive Board and the recommendation from the MOH-CHAG Partnership Steering Committee, the preparation of quarterly (technical and financial) progress reports has become standard practise since 2008. This arrangement will continue to apply in 2009.

Now that CHAG has synchronised its 2009 AWP with the 4 strategic objectives of the POW of the health sector, reporting can also be further mainstreamed. Against that background plans are underway to establish a data base (software) at CHAG facility level, on which basis reports can be generated for different customer groups beyond the direct scope of the District Health Management Team, including facility managers, CHCUs and the Secretariat. CHAG will thus be able to generate its service data and report on them as part of its mandatory reporting requirements with the MOH. In 2009 it is envisaged to compile two of such (performance monitoring) reports prior to Annual Health Summits scheduled for March/April and November.

Periodic reporting will also take place in the MOH-CHAG Partnership Steering, which became operational in 2008. The possibilities of extending partnership of this Committee to other DPs shall be examined shortly.

The planning and reporting cycle in 2009 will be as follows:

January	<ul style="list-style-type: none"> • Annual progress report, combined with Q 4 technical and financial progress • MOH/CHAG Partnership Committee
February	<ul style="list-style-type: none"> • 2008 External Audit Report
March	<ul style="list-style-type: none"> • Performance Monitoring report • Annual Health Meeting
April	<ul style="list-style-type: none"> • MOH/CHAG Partnership Committee • Q1 Technical and financial progress report
May	<ul style="list-style-type: none"> •
June	<ul style="list-style-type: none"> •
July	<ul style="list-style-type: none"> • MOH/CHAG Partnership Committee • Q2 Technical and financial progress report
August	<ul style="list-style-type: none"> •
September	<ul style="list-style-type: none"> •
October	<ul style="list-style-type: none"> • Q3 Technical and financial progress report • Performance Monitoring report (in preparation for Annual Review) • MOH/CHAG Partnership Committee
November	<ul style="list-style-type: none"> • Preparation of 2010 AWP & budget • Annual Health Meeting
December	<ul style="list-style-type: none"> • Approval 2010 AWP by Executive Board • Endorsement of 2010 AWP by MOH/CHAG Partnership Committee

14. *Risks and assumptions*

The major risks and assumptions associated with the implementation of this Annual Work Plan are outlined as follows:

- Both the GOG and DP's adhering to the Paris Declaration and Accra Agenda for Action (alignment, harmonisation, mutual accountability and use of country systems) expect the Secretariat to put in place agreed internal (administrative and financial) management and procurement procedures. As the latter has not yet materialised to date, some DPs may refrain and/or delay (co)funding of the 2009 AWP;
- The 2009 AWP is developed on the assumption that the Secretariat will be adequately staffed in accordance with the manpower requirements defined in the restructuring proposal of the Secretariat. Awaiting Board approval and possible delay in obtaining additional funding to cover the salary costs of proposed staff extension, there is possible risks of understaffing; ;
- Recent experience has shown that the Secretariat is not in the position to attract the necessary professional staff to provide technical support, coaching and training services to the MIs. This is partly due to reportedly unfavourable employment conditions. Though

initiatives to improve the conditions of staff have meanwhile been taken , final decision making is still outstanding;

- Existing resource constraints are likely to have a negative impact on the number of CHAG staff on the government payroll. In addition to the already perceived increase in workload among medical and nursing staff of CHAG member institutions, this may result in a drop in performance: both qualitative and quantitative.
- For CHAG as a provider network organization to lobby for additional (financial and human) resources, the availability of accurate data is essential. Data collection, management and analysis will thus be given increased attention in 2009. Nonetheless, it has proven to be difficult to obtain accurate and timely service, financial and HR data from MIs;
- Despite collectively benefitting from the advantages of membership (e.g. staff mechanization), technical cooperation between MIs is still very limited. The Association would experience efficiency losses in case it would be unable to enter into mutual technical partnerships and joint-ventures;
- Considering the unbalanced ratio between internal and external funding, the long-term financial sustainability of the Secretariat is potentially at risk. An increase in its 'Internally Generated Funds' (particularly membership dues) would be a reliable indicator for the type of services it is providing.

15. *Financial Reviews for 2008*

Income

The total income for 2008 realised was Nine hundred and eighty-one thousand four hundred and seventy-three Ghana Cedis only (GH¢981, 473.00). Of this, Internally Generated Fund (IGF) was GH¢91, 012.00 – 9% - , Government Grant was GH¢237, 062.00 – 42% , and the Contributions from Development Partners was GH¢653, 399.00 – 67%. The most outstanding contribution to IGF was Annual Membership Subscription which was GH¢51, 853.00. Payment of Personnel Emolument for the Secretariat constituted the biggest contribution in Government Grant. This was GH¢158, 756.00. Danida's contribution of Six hundred and eleven thousand and thirty Ghana Cedis (GH¢611, 030.00) In terms of the highest contributor of funds from Development Partners,.

Expenditure

The total expenditure of the Secretariat for 2008 was GH¢585, 015.00. The highest expenditure was incurred on organizing meetings, workshops, etc. This cost GH¢321, 649.00. The other outstanding expenditure was on Personnel Emoluments which cost the Secretariat GH¢199, 515.00.

16. *2009 Budget*

Key Budget Assumptions

This budget has been prepared under the following assumptions:

General

- a. Expected rate of inflation is 24%.
- b. Development Partners are expected to contribute 75% of our expected revenue for this year. This rest will be met by IGF and Grant from Government of Ghana (GoG).

Income

- c. Personnel Emoluments will be paid by Government grant
- d. With the exception of GH¢8,720 which will be used to meet anticipated audit cost and will be financed by a development partner, the rest of Administration Cost will be borne by Government of Grant and IGF.
- e. Greater portion of the Service Cost will be borne Development Partners.

Expenditure

2009 Expenditure covers four main areas: Personnel Emoluments, Administrative Costs, Service Activity and Investment into Fixed Assets.

Due to budgetary constraints, 4 additional staff will be hired to join the team at the Secretariat. These are:

- a. 1 Public Health Officer
- b. 1 Finance Manager
- c. 1 Human Resource Manager
- d. 1 Accounts Officer

It is expected that the Human Resource Manager and the Public Health Officer will be hired from amongst the CHAG family. The salaries of the Finance Manager, HMIS Officer and the Accounts Officer will be met with IGF.

All employment allowances will be financed by IGF.

Overview of Budgetary Estimates

Income

The estimated income for the year under consideration is Two million four hundred and nineteen thousand one hundred and twelve Ghana Cedis only (GH¢2,419,112.00). This will be generated from:

- | | | |
|-------------------------|---|-----------------|
| a. IGF | - | GH¢292,699; |
| b. GoG Grant | - | GH¢315,649; and |
| c. Development Partners | - | GH¢1,810,765. |

Estimated Expenditure

Estimated Expenditure for the year under consideration is Two million three hundred and thirty-two thousand eight hundred and fifteen Ghana Cedis only GH¢2,332,815. The breakdown of this expenditure is as follows:

- | | | |
|-------------------------|---|--------------|
| a. Personnel Emoluments | - | GH¢ 342,967; |
|-------------------------|---|--------------|

- b. Administrative Cost - GH¢ 96,963;
- c. Service Cost - GH¢1,806,885; and
- d. Investment Cost - GH¢86,000.

Funding Surplus

A funding surplus of Eighty-six thousand two hundred and ninety-seven Ghana Cedis (GH¢86,297) is estimated to be achieved from this budget.

The summarised itemised details of this budget are contained below.

2009 Itemised Budget						
Budget	Details	Note	Amount			
Cont. Code	Estimated Expenditure		Total	IGF	GoG	DP
			GH¢	GH¢	GH¢	GH¢
101	Secretariat GoG Salaries	1	361,596	62,116	249,362	50,118
101	Other staff allowances	1	55,440	55,440	-	
202	Office Running Costs	2	42,144	37,823	4,321	
206	Vehicle Running Costs	2	42,099	30,099	12,000	
208	Financial Charges and Fees	2	12,720	2,000	2,000	8,720
301	Service Activity Costs	2	1,806,803	81,754	60,876	1,664,173
402	Property Purchase (Accounting Software)	2	6,000			6,000
403	Rehabilitation Expenses: Existing Assets	2	81,754			81,754
	Total		2,408,555	269,231	328,559	1,810,765
Sources of Funding						
intently Generated Funds (IGF)						
	Membership Subscription	3	-	72,538		
	Annual Conference Fees		33,396	33,396		
	Sundry Income		15,161	15,161		
	Projects Admin. Fees	10%	181,077	181,077		
	Sub Total		302,171	302,171		-
Government Support (GoG)						
	GoG Salaries	1	249,362		249,362	-
	GoG Administration		18,321		18,321	
	GoG Services**		60,876		60,876	
	Sub Total		328,559		328,559	-
Development Partners' Support (DPs)						
	Danida	4	1,200,000			1,200,000
	UNFPA	4	237,317			237,317
	Cordaid/Icco	4	29,000			29,000
	National Aids Control Programme	4	63,600			63,600
	WB-National Health Insurance Authority	4	204,528			204,528
	International Aid	4	76,320			76,320
	Sub Total		1,810,765			1,810,765
	Total		2,441,495	302,171	328,559	1,810,765
	Funding Surplus		32,940	32,940	-	0

Annex I: Costing Rates

The following 'unit prices have served as the basis for budgeting purposes, irrespective of sources of funding:

Table of Rates used for 2009 Budget

Cost Area Item	GH¢
Kilometre price (including petrol, repair, maintenance, depreciation, insurance and licensing costs)	0.25
Average running cost Secretariat office per month (including water, electricity, internet subscription, repairs of office equipment, minor maintenance of building and stationery)	3,512.00
Honorarium board and board sub-committee members (per sitting)	50.00
Travel allowances in the event of overnight stay	
Director	
<i>(with receipts)</i>	
Accommodation (lodging)	100.00
DSA (boarding)	50.00
<i>(without receipts)</i>	
Accommodation (lodging)	50.00
DSA (boarding)	25.00
Other management and Senior Staff	
<i>(with receipts)</i>	
Accommodation (lodging)	80.00
DSA (boarding)	20.00
<i>(without receipts)</i>	
Hotel Accommodation	40.00
DSA (boarding)	20.00
Drivers/other junior staff	
<i>(with receipts)</i>	
Accommodation (lodging)	40.00
DSA (boarding)	20.00
<i>(without receipts)</i>	
Accommodation (lodging)	20.00
DSA (boarding)	20.00

<i>Cost Area Item</i>	GH¢
Consultancy and Facilitation Fees	
Senior Consultant (per day)	500.00
Consultant (per day)	350.00
Junior Consultant (per day)	200.00
Non Consultant Facilitator (GH¢– GH¢100.00) per day	60.00 - 150.00
Average cost of workshops per participant per day	106.00
Average cost of Health Coordinators meeting per meeting	3,193.50
Average cost of Board meetings per meeting	2,045.90
Average cost of Sub-committee meetings	652.50
Average overnight cost per staff per day on M&E & support visits	90.00

No	Name	Position
1	Rev. Msgr. Frank Cletus Egbi	Board Chairman
2	Dr. (Mrs.) Maama Etsua Mensah-	Vice Board Chairman
3	Dr. Gilbert Buckle	Member
4	Mr. Simon Kwaku Amuzu	Member
5	Mr. James Tobiga	Member
6	Rev. Sr. Wilhelmina A Mensah	Member
7	Rev. D A Koranteng	Member
8	Ms. Annie Adeodata Appoh	Member
9	Mr. Sam Sarpong Appiah	Member
10	Ms. Gladys A Odoi	Member
11	Mrs. Isabella Abban	Member
12	Dr. Moses Adibo	Member
13	Cdr (rtd.) Godwin E. Osei	Member
14	Dr. Wilfred Larbi-Addo	Member
15	Mrs. Selina Ardayfio	Member
16	Mr. Kwame Wumbee	Member
17	Mr. Philibert Kankye	Ex- Officio Member

**Annex II:
Composition of
CHA
G
Executive
Board**

Annex III Composition of Sub-Committees of the Executive Board

Standing Committee

- | | |
|----------------------------------|---------------------------------------|
| 1 .Rev. Msgr. Frank Cletus Egbi | Chair |
| 2. Dr. (Mrs) Mamaa Entsua-Mensah | Member/Alternate Chair |
| 3. Ms Gladys A. Odoi | Member (Finance Committee Chair) |
| 4. Mr. Sam Sarpong Appiah | Member (Proj./Progs. Committee Chair) |
| 5. Dr. Gilbert Buckle | Member (Advocacy & Policy Committee |
| Chair) | |

Finance Committee

- | | |
|---------------------|--------------|
| 1. Ms Gladys A Odoi | Chair person |
| 2. Mr. John Tietaa | Member |

- | | |
|-----------------------|--------|
| 3. Mr George Yeboah | Member |
| 4. Mr Fred Kuchen | Member |
| 5. Rev. D A Koranteng | Member |

Projects and programmes Committee

- | | |
|-----------------------------------|----------|
| 1. Mr. Sam Sarpong-Appiah | Chairman |
| 2. Mr. Benard Clement Kwesi Botwe | Member |
| 3. Rev. Sr Wilhelmina Mensah | Member |
| 4. Mr. Willing Vanderpuije | Member |
| 5. Mr. Enoch Osafo | Member |

Policy/Advocacy Committee

- | | |
|--------------------------|-------------|
| 1. Dr. Gilbert Buckle | Chairperson |
| 2. Mr. Kwame Wumbee | Member |
| 3. Mr. Alex Ofori Mensah | Member |
| 4. Dr. Moses Adibo | Member |
| 5. Ms Annie A. F. Appoh | Member |

Annex IV: Current Staff composition CHAG Secretariat

Functional Units	Functions	Names
Directorate and Policy Administration	Executive Director	Philibert Kankye
	Health Management Advisor	Charles Gerhardt
Finance/ Administration	Finance Manager	Ronald Acquah
	Administrations Manager	Rev. Bro. Henry Surnye
	Transport Officer	Frank Owusu Sekyere
	Transport Officer	Gabriel Turkson
	Transport Officer	Dominic Akowuah
	Principal Accountant	Joseph Ofori Darko
	Junior Account Officer	Ali Yakubu
	IT officer/ in-charge of Website	Victor Akoto
	Administrative Secretary	Appiah Sarah Bruce-Tagoe
	Senior Security Guard	Kwarteng Asabre
Cleaner	William Agyarko	
Technical Support Services	Manager Project & Programmes	James Yaw Boateng
	Principal Health Services Administrator	Alex Ofori Mensah
	Health Planner	Georgina Benyah

Annex V: Over-view of Health Coordinators by Denominations

No.	Denomination	Health Coordinator	Contact No/s.	E-mail
1	AME Zion	Rev. H. K. Amoah	0244-817465	N/A
2	Anglican	Rev. Dr. E. Bentsi-Enchill	0243-268881	cobina40@yahoo.com
3	Assemblies	Wumbee Joseph	020-7693967	wumbee@agreds.org
4	Baptist	John Azabu	0243-875587	johnzabs@yahoo.com
5	Catholic	Dr Gilbert Buckle	020-8123223	Gilbert@yahoo.com /doh.ncs@ghanacbc.org
6	Church of Christ	Avril Keoughan	0244-2935181	akeoughan@hotmail.com
7	Church of God	Isaac Owusu	0244-638029	cogchurch2009@yahoo.com
8	E.P church	Atiemo Ganyo	020-8177836	epchurch@gh.com
9	Global	Kwasi Adjei	0244-666123	pimagben@yahoo.com
10	Methodist	Lucretia Quist	679223/228160	mcghq@ucomgh.com
11	Pentecost	Dr. Yao Yeboah	0234-581014	yaoyeboah@yahoo.com
12	Presbyterian	Sam Sarpong Appiah	662511/664761	ssappiah@ucomgh.com
13	Salvation	Wendy Leavey	0244-229762	majwendy@hotmail.com
14	SDA	Pastor Annor Boafo	020-8152090	Kwabenabofo@yahoo.com
15	Siloam	Rev. Egya Blay	020-8718728	egya1938@yahoo.co.uk
16	WEC Mission	Daniel Gbande	0276-614367	
17	Manna Mission			
18	Word Alive Missions			
19	RUN Missions			