

CHRISTIAN HEALTH ASSOCIATION OF GHANA



Annual report

JUNE 2005 - MAY 2006

THEME: WITNESSING CHRIST IN THE HEALING MINISTRY II

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ACRONYMS

CHAG	Christian Health Association of Ghana
DHMT	District Health Management Team
DPF	Donor Pooled Fund
GHS	Ghana Health Service
GoG	Government of Ghana
HMT	Hospital Management Team
MDA	Ministry, Departments and Agencies
MHO	Mutual Health Organizations
MI	Member Institutions
MoH	Ministry of Health
NGO	Non-Governmental Organizations
OPD	Out Patients' Department
PHC	Primary Health Care
PPRHAA	Peer and Participatory Health Appraisal and Action
QC	Quality of Care
SDA	Seventh Day Adventist
SP	Strategic Plan
TA	Technical Assistance
ToT	Trainer of Trainers
TUC	Trade Union Congress

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11. Rev. Sr. Mary Ann Tregoning - Member
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- | | | | |
|-----|--|---|-------------------|
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EXECUTIVE COMMITTEES

- | | | |
|----------------------------|---|------------------------|
| Public Relations Committee | - | Mrs. Josephine Vanlare |
| Policy/Advocacy Committee | - | Dr. Gilbert Buckle |
| Finance Committee | - | Mr. George Adjei |
| Development Committee | - | Mr. Kwame Wumbee |

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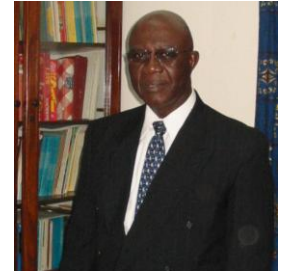
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WELCOME ADDRESS BY DR. ALBERT B. QUAINOO, CHAG EXECUTIVE BOARD *CHAIRMAN*

My Dear Respectable invited Guest,
Ladies and Gentlemen,



We have to be grateful to God for the privilege and honour he has bestowed on us to be here on the occasion of the 38th General Assembly of the Christian Health Association of Ghana (CHAG). CHAG is a creation of man and yet a family and an instrument of God that the majority Christian Community in Ghana uses to collaborate and partner with the Ministry of Health and for that matter the Government of Ghana to deliver health services to many of the most deprived and sometimes hard to reach rural people of Ghana. Our role as Christian Health Service Providers is unique; because to us it is the continuation of the Healing Ministry of Christ as depicted by the theme for the Conference.

We also need to thank God for all the blessings he has bestowed on us throughout the past year and for leading all of us from our various destinations to this eventful occasion. May he inspire us in a special manner at this conference and help us to meditatively reflect on the above theme which is dear to us as people who follow the footsteps of Christ in our daily encounter of caring and having compassion for the sick. By reflecting on this theme, it will also enable us to honestly account for our stewardship to the various institutions and communities we serve.

Before I continue may I on my own behalf and that of the CHAG Board wish all of you a hearty welcome to this important General Assembly of the Christian health providers in Ghana. In a special manner I will also like to offer a warm welcome to our august guests, partners and well wishers who in spite of their tight schedules have left other very important commitments and responded to our invitation to the opening ceremony of our conference this morning. We value and appreciate your presence and participation.

Let us in prayer also remain united with those members of this large family who were in the course of the year called to eternity, and ask the good Lord to give them a resting place in His Kingdom.

At about the same time last year, I presented to you an agenda for the then new CHAG Board whose tenure was to span 2005 through 2007.

This agenda included the following:

Building a strong and visible public image and establishing a closer Christian brotherhood amongst members and with our clientele.

Ensuring the Memorandum of Understanding signed with the Ministry of Health is operational. A Committee to determine the operational parameters has already been formed by the Board.

Forming and strengthening National and Regional CHAG advocacy groups to ensure sufficient input into national affairs as well as having our concerns addressed. The groups will also work closely with the communities whose interests we serve and provide the necessary leadership at the community level.

Instituting a National Christian Health Week for all Churches to observe. During this week, very pertinent health programmes will be carried out and the public educated on health issues. Ordinary church members will demonstrate their care and support for the poor, the marginalized and the sick.

ACHIEVEMENTS IN 2005

One year into the pursuit of the above agenda, I am happy to inform members that through the instrumentality of the Executive Board, aided by our responsive Executive Secretary and with an unprecedented support and cooperation of a visionary and focused Minister for Health, a team was put together to come out with a document that would help make the CHAG-MoH Memorandum of Understanding (MoU) that was signed in December 2003 practically operative, i.e. a CHAG-MoH MoU Administrative Instructions.

The CHAG Board is a delighted to announce to this Council that the CHAG-MoH collaboration was given a further boost by the development of the Administrative Instructions Document to guide the implementation of the MoU.

The CHAG Constitution has been revised and the Board is seeking its approval from the Owners.

The strengthening of the health services delivery capacities of member institutions through the Peer Participatory Rapid Hospital Appraisal and Action mechanism was up-scaled to cover all CHAG hospitals and Polyclinics. The reports from this exercise will be disseminated and discussed this afternoon.

PARTNERSHIP FOR DEVELOPMENT

In recognition of her role and the impact of her services on the health of the hard to reach rural communities in Ghana CHAG's relationship with the Ministry of Health continues to improve while other development partners in health continue to show keen interest in collaborating with CHAG.

CHAG – DANIDA COLLABORATION

Danida Health Sector Support Office remains the financier of CHAG's Five-Year Strategic Plan (2003 – 2007).

FUNDING FROM GOVERNMENT OF GHANA

Funding from Government of Ghana continues to form a significant proportion of the total revenues of CHAG hospitals and clinics. This forms between 45 – 60% of the total operational revenues. However, about 80% of this goes into salaries of about 7,000 CHAG health staff.

DONOR POOLED FUND

About 2% of the total health fund (Donor Pooled Fund) is allocated to CHAG facilities. It is important to note however that when we put this against the proportion of health services delivered by CHAG health institutions it will be easy to state that there is high level of inequity here.

NATIONAL HEALTH INSURANCE SCHEME

CHAG and her members worked hard to ensure the granting of provisional accreditation to all members as Service Providers with the Accreditation Board of the National Health Insurance Council. Our duty now is for member institutions to close their ranks and work harder towards ensuring the continuous renewal of their accreditation for now and into the future.

CHALLENGES

CHAG like many other faith-based organisations around the world faces many challenges, prominent among these are:

1. Placement of Accounting Personnel on new approved grades.

Despite the concerted efforts by CHAG and the Health Service Workers Union of TUC in the submissions of a number of petitions to the Honourable Ministers of Health and Finance and Economic Planning and the intervention by our Honourable Minister of Health to place the Accounting staff of CHAG on the appropriate salary levels approved for the Accounting class since May 1, 2003 the problem still lingers on.

2. Human Resources for Health.

Staff replacement, recruitment and training remain a challenge for our members.

3. National Health Insurance

Health insurance tariffs were successfully negotiated and approved by the National Health Insurance Council for CHAG institutions. However in the use of these tariffs for claims administration, some schemes have complained that the CHAG tariffs are high and these complaints have started attracting some unfortunate and unfair remarks from officialdom. CHAG is ready and willing to review the tariff structure with the National Health Insurance Council.

CONCLUSION

In conclusion let us collectively and individually continue to reflection on the theme for this year's conference to give it true meaning as we relate it to our collective and individual roles in our various institutions and the communities we serve.

Always remember that in so doing, challenges, obstacles and frustrations are bound to come your way. But as good shepherds following the example of your master Jesus, look to him for inspiration and support to overcome these difficulties when ever they come.

Once again, I wish to welcome all of you to this conference and wish you all fruitful deliberations and good health. May the Lord bless you.

1.0 INTRODUCTION

CHAG is the short form for Christian Health Association of Ghana. The Christian Health Association of Ghana (CHAG) is an umbrella organization that coordinates the activities of the Christian Health Institutions and Christian Churches' Health programmes in Ghana. It is a body through which all or most of the Christian Church related health facilities /programmes liaise with the Ministry of Health to ensure proper collaboration and complementation of the government efforts at providing for the health needs of Ghanaians.

CHAG membership grew from 25 health institutions in 1967 to 152 institutions in 2005. These institutions are 56 hospitals, 83 primary health care bodies and 8 Health manpower-training centres in the country. See Table 1.

The Christian Health Association of Ghana (CHAG) member institutions are located predominantly in the rural areas and are aimed at reaching the marginalized and poorest of the poor. A few are in big towns now but were built there when the towns were small and rural. A few can now also be seen in the slumps of some of the Cities. These are targeted at serving the health needs of the poor and vulnerable populations that have been created by urbanisation.

Together, the members of CHAG cater for an estimated 35-40% of the national population, mainly in the hard to reach rural parts of Ghana, thus making it second only to the government as the single largest provider of health care in Ghana. The hospitals and clinics have an aggregated total of about 6500 beds with an average of 60 beds per hospital.

CHAG institutions provide a whole range of curative, preventive, promotive and rehabilitative services. Many of the mission hospitals in the rural areas providing primary level curative services also provide one or two specialized services such as eye care or specialist gynaecological surgery for which clients would otherwise have had to travel long distances to bigger centres. Some of these hospitals have been designated centres of good practices by government and are sites for training health professionals.

The primary health care services include immunization, family planning, maternal and child health services and health education, adolescent reproductive health services.

1.1 MEMBERSHIP

Membership is open to all Christian churches in Ghana and shall be determined by the Constituent Assembly from time to time.

The institutional members are the hospitals, clinics, institutionalised independent rural health programmes and health related training institutions owned by the church members and who fulfil the criteria for membership.

Notwithstanding the above the Constituent Assembly may revoke the membership of a member who deviates from the vision and mission of CHAG.

1.2 ORGANIZATIONAL STRUCTURE & FUNCTIONS

The organizational structure of CHAG as spelt out in the constitution comprises:

- The Trustees/Owners
- The Council
- The Board
- Steering Committee
- Other Sub-Committees and
- Office of the Executive Secretary

The Trustee or legal owners of CHAG are the Christian Council of Ghana and the Ghana Catholic Bishops Conference.

The Council is the highest governing body and is made up of representatives of the churches and institutions that make up the association. The Council is responsible for top appointments at the secretariat, major disciplinary issues and financial investment policies. It meets once a year.

The Board is the Executive arm of the Council and though with a composition similar to the Council is much smaller. The Board formulates policy including technical policy for the approval of the Council and monitors the implementation of policies by the Secretariat and members. It meets three times a year.

The Steering Committee is a sub-committee of the CHAG Board created to take urgent decisions. Other sub-committees of the CHAG board are those of Finance, Development, Public Relations, and the Advocacy sub-committee (the latter is not in CHAG's constitution).

There is a CHAG Secretariat based at the national capital and comprises the Executive Secretary who is the leader, five other senior managers and other supporting staff. The office of the Executive Secretary is subordinate to the CHAG board and is responsible for the day to day running of the affairs of the association.

2.0 THE VISION AND HEALTH GOALS OF CHAG

As a major collaborator of the Ministry of Health and Ghana Health Service, CHAG is committed to the goals, objectives and targets of the Ministry of Health as captured in the Memorandum of Understanding signed in December 2003 between CHAG and the Ministry of Health.

VISION

As an ecumenical organization, the vision of CHAG is to be a dynamic partner in the health sector development of Ghana recognized for creativity and excellence in delivering holistic quality health services that meets clients' and other partners expectations:

MISSION

The Mission of CHAG is to encourage and assist member institutions to promote the healing ministry of Christ for the benefit and welfare of the people living in Ghana in fulfilment of Christ's mandate to go and heal the sick.

DEVELOPMENT OBJECTIVE

To improve the health status of people living in Ghana, especially the marginalized and the poorest of the poor, in fulfilment of Christ healing ministry.

OVERVIEW OF 2005 ANNUAL PLAN

In pursuance of its five year strategic plan drawn up in 2003, CHAG continues to lay emphasis on strengthening the financial, human resource and health and information management systems as well as service delivery of member institutions.

During the period under review CHAG continued to focus on prioritised key activities in the strategic plan that will ensure the steady progress made so far.

The following objectives informed the planned activities for the year 2005 and 2006:

OBJECTIVES

1. Strengthening of management capacities of CHAG institutions facilitated.
2. Quality and Utilization of Christian Health Services improved to meet especially the needs of the poor and the deprived.
3. Capacity of CHAG strengthened to perform its core functions (of advocacy, networking and public relations, resource mobilization etc.) more effectively and efficiently

Summary Achievements

1. Sixty-two (62) CHAG hospitals and polyclinics have so far been appraised and monitored to identify and strengthen their capacity caps in areas of hospital management through the peer appraisal and self monitoring mechanisms.
2. Thirty (30) clinics staffs have been trained in basic computing skills. Ten (10) computers have been acquired and will be given to 10 clinics to enhance the preparation of MTEF/BPEMS budgets.
3. Workshops on budgeting and public expenditure management systems (BPEMS) were organized for the accounting and administrative staff of all CHAG institutions by their respective Church Health Services. CHAG Secretariat provided the funds.
4. The CHAG/AYA Window of Hope project successfully came to an end with a national dissemination of the results. CHAG is looking forward to future collaboration with Pathfinder International.
5. Population Council/Frontiers in Reproductive health assisted CHAG to undertake a study to ascertain the economic costs and costs recovery levels of some reproductive health in some CHAG facilities.

6. A Ministry of Health – CHAG Partnership Steering Committee has been jointly set up by the Minister for Health and CHAG Board to draft the administrative instructions to guide the implementation of the Memorandum of Understanding signed between the two parties in December 2003
7. CHAG member institutions were given Accreditation by the National Health Insurance Council to provide health services to clients of the National Health Insurance Schemes.
8. The revision of the CHAG Constitution has reached its final stages with the final draft presented to the Ghana Catholic Bishops Conference and the Christian Council of Ghana for their consideration and approval.
9. The Secretariat has been networked to facilitate improved intranet and internet communication. A broad band internet facility has been installed through the continuous support of Danida and this has improved the communication between CHAG and its member institutions particularly those with the internet connections. CHAG is also properly linked with the outside world.
10. Three members of the administrative staff attended short courses in GIMPA as part of the human resource development plan of the Secretariat. The courses were in Human Resources Management, Monitoring and Evaluation, and Secretarial and administrative duties.
11. CHAG also enjoyed successful partnership with CORDAID/ICCO who is supporting the implementation of the HMIS in CHAG secretariat and at the various offices of the CHAG health coordinators.

Other achievements for the year under review are;

12. CHAG out-dooed its bulletin, printed and distributed 2006 calendars to member Institutions, collaborators and other institutions.
13. CHAG also printed some cloths for use by CHAG institutions.
14. A resource centre is also set up in the CHAG secretariat.

CHALLENGES:

Some planned activities could not be undertaken due to varied reasons. Some of the reasons include poor programming, and insufficient financial resource flows.

1. CHAG was not able to establish the standard computerized financial management systems in 10 of its institutions because of technical reasons
2. The Home Based care program for HIV/PLWHA could not also be expanded and scaled up because of difficulties in accounting and reporting by implementing institutions.
3. The youth friendly services also could not be scaled up because of the AYA program coming to an end. However, CHAG has entered into a new relationship with UNFPA to run a similar program. Interested churches and institution will be encouraged to participate if things are put in place.
4. The improvement of the technical skills in Advocacy and Analysis of CHAG Board and Health Coordinators could not take off. Discussions are still in progress to contract a consultant to undertake the training.
5. Payment of membership dues and other commitments remain a challenge to the secretariat.

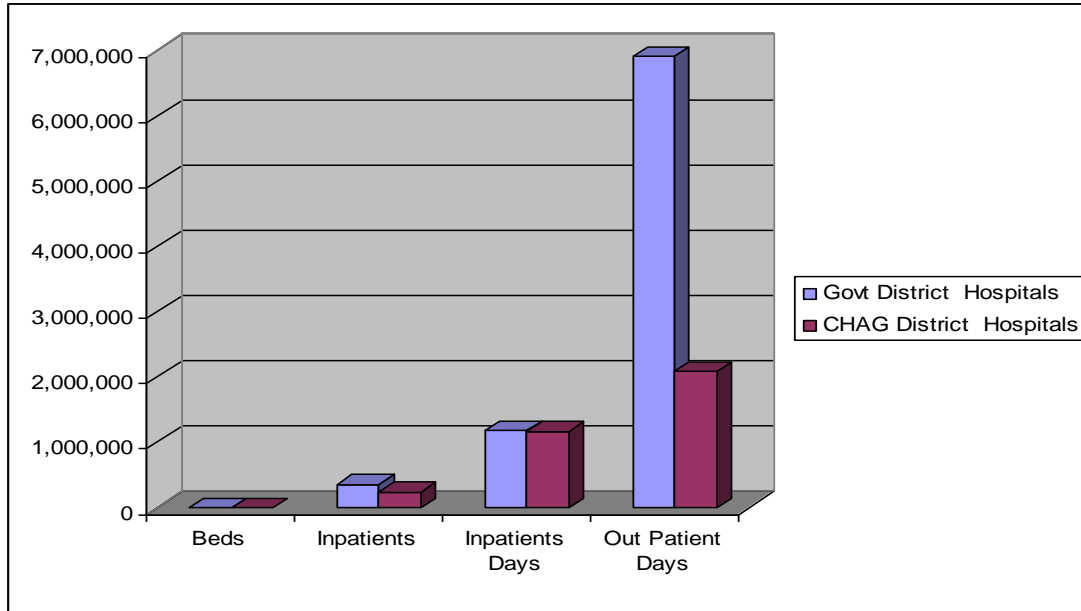
Other challenges faced for the period under review are that;

6. The problem of placement of CHAG accounting personnel on the approve grade is still not resolved. The Health services Workers Union of TUC is currently intervening on behalf of CHAG.
7. Equitable allocation and distribution of resources in the health sector continues to be a problem that affects the delivery of health services by member institutions.
8. CHAG is working hard with its counterparts in the GHS and other agencies to find a lasting solution to the problems of recruitment, replacement and post-basic training of health staff.
9. Members' responses to data submission is not encouraging and this in turn makes is difficult for the Secretariat to submit service activity reports to the Ministry of Health to justify the financial support members receive from government for service delivery. With the setting up of the HMIS, the Secretariat expects to receive, in good time, all the information needed to ensure accurate and timely reporting on activities.

Utilization of Services

The table below shows the contribution of CHAG health facilities to total health care at the district level in the country. In 2005 CHAG provided about 46% of hospitals beds and 40% of inpatient care at the district level. This shows the important role CHAG plays in the delivery of health services to the deprived rural communities in Ghana.

UTILISATION OF CHAG HEALTH SERVICES



Data Source: CHIM, MOH

3.0 FINANCE

Proportion of CHAG's Contribution to District Level Health Care

		GOVT District Hospitals	CHAG District Hospitals	Total	Proportion of CHAG
1	Beds	7,026	5,874	12,900	45.53%
2	Inpatients	357,507	241,478	598,985	40.31%
3	Inpatients Days	1,186,240	1,168,552	2,354,792	49.62%
4	Out Patient Days (2004 figures)	6,904,045	2,092,239	8,996,284	23.25%

GOVERNMENT OF GHANA SUBVENTION

DONOR POOLED FUNDS/ GOG GRANTS ALLOCATIONS

Amount in Millions of Cedis

Year	Expected	Actual	Variance
2001	3,900	3,948	48
2002	5,452	3,741	(1,711)
2003	5,452	3,265	(2,187)
2004	5,452	7,295	1,843
2005	4,600	3,845	(755)

DEVELOPMENT PARTNERS ACCOUNTS

YEAR	DANIDA	AYA	POPULATION COUNCIL	ICCO/ CORDAID	TOTAL
2005	1,481,851,200	289,400,000	168,150,840	788,911,076	2,728,313,116

PROPOSED BUDGET FOR 2006

INCOME	BUDGET 2005	ACTUAL 2005	BUDGET 2006
Internally Generated Funds	459,740,000	445,701,869	599,740,000
Government subvention	2,533,848,302	2,707,790,276	1,770,998,586
Donors	2,2229,680,788	2,309,793,670	2,223,065,000
Grand Total	5,223,269,090	5,463,185,815	4,593,803,586
Personnel Emoluments	773,648,302	818,722,407	835,133,085
Administration	395,200,000	268,725,118	353,960,501
Service Activity	3,855,620,788	3,935,613,232	3,456,220,000
Fixed Assets	198,800,000	16,340,000	
GRAND TOTAL	5,223,269,090	5,036400,757	4,645,313,586
BUDGET SURPLUS / DEFICIT		426,785,058	

3.1 ANNUAL PLAN 2006

Notwithstanding our commitment to the Ministry of Health's objectives and targets the objectives set in our strategic plan remain the focus for implementation in the year 2006. The following activities have been lined up for 2006.

1. To facilitate the setting up of up standard Computerised Financial Management Systems in at least 10 CHAG Hospitals by Dec 2006.
2. Facilitate the improvement in financial sustainability of CHAG member institutions.
3. Establish a human resource development strategy for all CHAG institutions.
4. To improve the quality of services and financial access for users of primary health care and hospital services especially for the very poor and the deprived.
5. To assist in the formation of regional CHAGs where they do not exist. and to strengthen those in existence
6. To ensure that all CHAG Health Facilities are re- accredited as service providers by National Health Insurance Accreditation Board (NHIC) (Act 650).
7. To improve technical skills in Advocacy and Policy Analysis of CHAG 16 Board members, 16 Health Coordinators, 10 Regional CHAG Executives and 5 CHAG Secretariat staff.
8. To improve professional capacity of 5 members of staff of CHAG Secretariat.
9. To enhance external and internal resource mobilization on behalf of Institutional members
10. To establish a framework for monitoring of member institutions and CHAG programmes
11. To undertake a functional reorganisation of CHAG (Re-engineering and Organisational Change Sustained) for CHAG.
12. To facilitate the establishment of a Health Information Management System (HMIS) by Dec 2007. Pilot HMIS in ten CHAG Institutions.
13. To refurbish the CHAG Secretariat in line with reorganisation of CHAG by December 2006.

4.0 DEVELOPMENTAL ISSUES

A. PPRHAA

The adoption of the peer review mechanism for member institutions since 2003 has revealed that:

In Patient Care Management all the hospitals provided a wide range of services at both the outpatients department and in the wards and all hospitals have a doctor available 24 hours a day. Emergencies including obstetric gynaecological cases are seen promptly. However, clinical and mortality conferences are not held in the majority of the institutions. Institutions of clinical meetings/mortality conferences are very important activities that need to be internalized by all hospitals.

In the areas of Health Management Information Systems & Service Outputs there is evidence that most hospitals are making an effort to upgrade this department in terms of space and use of computers.

For internal Hospital Management all the hospitals have management teams albeit the differences in size and composition and middle level managers are also being encouraged and supported to meet and take decisions that positively affect their performance. Despite this, support and supervision at all levels were noted to be weak in all the hospitals. All the hospitals have evolved policies and incentive packages for retaining staff. Most of the hospitals maintain separate Drugs Accounts.

On external relations and linkages, the relationship between District Health Administrations and CHAG hospitals is in most cases not collegial. Patients who cannot genuinely afford to pay are allowed to go home free and their amounts are written off as a bad debt.

The situation of Equipment and Infrastructure has also improved most hospitals have adequate numbers of beds and mattresses, sufficient quantities of bed linen, and other basic equipment. Planned preventive maintenance was however found to be lacking.

In the area of Financial Accounting, even though the numbers were inadequate most of the hospitals were found to have a good level of trained accounting personnel. Majority of the hospitals prepare monthly and quarterly income and expenditure statements and circulated among management personnel.

For satisfaction with Services, clients were generally satisfied with the services that are provided by CHAG hospitals. The clients are however concerned about high cost of care, long waiting time at the OPD, inadequate communication between the hospital and the community and absence of accountability to the community

In conclusion, the appraisal has revealed that some hospitals have developed practices and systems that are quite advanced in relation to other hospitals in CHAG and the MoH and are sites for best practice. Much can be learnt by other hospital managers if they go to these hospitals either on short term attachments or on study tours.

PPRHAA is a useful tool for rapidly and comprehensively assessing the performance of hospitals and recommend that institutions adopt the tool and collaborate with each other to carry out the assessment to sharpen their knowledge and skills in the use of the tool. The exercise is however expensive and participating institutions will need to budget for it to make it sustainable.

B. Costing Of Health Services

The Secretariat facilitated the building of capacity of member institutions in the area of Costing of Health Services. In collaboration with Population Council/Frontiers the Secretariat undertook learning by doing economic cost study in four (4) CHAG Hospitals

The study results showed the following:

That the average costs of outpatient consultations across the four hospitals ranged from Cedis..... (US\$5 to US\$12).

That the main sources of variation were costs of personnel and medical and laboratory supplies.

That first visits were more costly than revisits because providers spent more time with clients and used more materials and supplies than on subsequent visits.

That of the three consultation types studied, Voluntary Counselling and Testing had the highest unit costs and Family Planning the lowest.

That policies governing use of laboratory tests also influenced cost recovery, since laboratory fees were by far the largest component of consultation revenue.

The Information above would serve the following purposes

as an empirical evidence and economic benchmarks for evaluating efforts to control costs,

for use in approaching donors and the Ghanaian government with requests for funding,

basis for negotiating for reimbursement under the Ghana National Health Insurance Scheme (NHIS) and,

setting cost recovery and containment policies.

Collaboration With UNFPA

For the exemplary results achieved in the implementation of the CHAG/African Youth Alliance Window of Hope project CHAG has been identified and invited to participate in a new UNFPA project for strengthening improvement of reproductive health in Ghana towards the achievement of Ghana's Growth and Poverty Reduction and the achievement of the Millennium Development Goals. The Church Health Coordinators have been sensitized on this and are requested to decide whether or not they would like their institutions to participate in the programme.

D. Development of HMIS

Information Management System is basically an effective and efficient system that enables data capture, data storage, and data processing to produce the required information for decision making. This system has become very crucial in today's world that the lack of it at any level in an organization can render the organization ineffective and inefficient.

At the beginning of 2005, ICCO / CORDAID, CHAG's development partners in Netherlands, agreed to co-fund the CHAG HMIS project which is suppose to last for a year.

Project Goals

The Project Goals include the following:

- a. To build a comprehensive data bank reflecting the activities of all CHAG Health Units.
- b. For Monitoring and Evaluation of CHAG member Institutions.
- c. For Lobbying and Advocacy to improve the recognition of the contribution of the CHAG facilities.
- d. To make data/information timely, complete, accurate, and available at all times.
- e. To strengthen the collection and use of data at all levels.
- f. To provide the Owner Churches and Health Coordinators of the member Churches with data/information on the developments of their units.
- g. To be able to inform development partners on progress and problems of the Health Units.
- h. To contribute to the Consolidated Health Information System of Government.

In summary the project is to help CHAG Secretariat to perform it Core Business and also make information available for use at all CHAG Levels.

Project Activities

The HMIS project is being carried out in five (5) phases:

1. Development of content:

This is to come up with a form for capturing data and it will be developed together with the Health Coordinators and in consultation with major stakeholder.

2. Development of tools.

Under this four (4) tools would be developed

- a) Monthly and Annual data collection forms.
- b) Data manual, defining and explaining all entries on the form.
- c) Data entry software to capture data into the computer for storage and analysis.
- d) User guide for the software.

3. Carry out pilot project.

The system will be piloted in ten (10) facilities and the main goals of the pilot project are to test the tools and to learn about the impact of the new data collection procedures in the Facilities.

4. Exchange visit to the UCMB.

The goal of the visit is to learn from their design, data collection, data analysis and dissemination practices to improve upon our new HMIS.

5. Capacity building at CHAG, Health Coordinators and all Health Units.

This is to build the necessary capacity to run and sustain the system.

Project Implementation & the Way forward

At the moment the first two phases have been completed and the third phase is at its beginning stage. Planning for the third phase has been completed and the first workshop to train Personnel (16 Health Coordinators, Heads of Managements and Records Department of each of the 10 pilot site, 4 CHAG Secretariat Staff and the 2 Consultants) will begin in May 2006.

After the phase four (4) i.e. Exchange visit to the UCMB and all issues in the pilot phase have been ironed out, the system will be rolled out to cover the whole CHAG membership.

Selection of Hospitals and Clinics for Pilot sites.

The following institutions were selected by their respective coordinators to be the pilot sites for the programme:

Church	Hospital Name	Clinic Name	Total Number
Catholic	1. St. Michael Hospital Pramso. 2. Sacred Heart Weme-Abor	1. Catholic Clinic Wiaga	3
Presbyterian	1. Bawku Presbyterian Hospital	1. Widana Health Centre	2
Methodist		1. Lake Bosumtwi Clinic, Amakom	1
Salvation Army		1. Salvation Army Clinic, Adakulo Sofa	1
Pentecost		1. Alpha Medical Centre	1
Baptist	1. Baptist Medical Centre, Nalerigu		1
Seven Day Adventist	1. SDA Hospital Asamang		1
			10

Each hospital or clinic will be provided with a computer for the pilot.

NHIS and CHAG Tariff Structure

Reports reaching the Secretariat indicate that some Health Insurance Schemes are refusing to re-imburse CHAG health facilities for services provided with the argument that the levels of service fees in the CHAG Tariff Structure are high. It is unfortunate that the Health Insurance Schemes are taking this position at this time because, CHAG and the National Health Insurance Council properly negotiated and agreed to use these tariffs for the first year of the implementation of the NHIS. It is only proper that the two parties should meet and review the fees.

Nonetheless, CHAG has stated its willingness to meet the National Health Insurance Council to review the tariff structure to address some of the problems. Members are advised to sign proper contracts with the Schemes before they start to provide services to the Scheme members to avoid one party taking undue advantage over the other.

PARTNERSHIP WITH THE MINISTRY OF HEALTH

CHAG and the Ministry of Health have finally developed the Administrative Instructions for the implementation of the Memorandum of Understanding (MoU) signed between the Ministry Health (MoH) and the Christian Health Association of Ghana (CHAG) on 4th December 2003.

These instructions which establish the fundamental basis of the relationship between the MoH and CHAG shall be underpinned by the following principles and general management arrangements;

This document recognizes the need to improve collaboration between CHAG and the MoH with a view to attaining the collective tenets or principles enshrined in the MoU between CHAG and MoH.

CHAG shall recognize the MoH as the over all policy making body responsible for the supervision and monitoring of all health providers, both governmental and non-governmental, to ensure that government policies are implemented and objectives achieved.

MoH shall lead the development of national policies for the health sector to which, CHAG and all other Agencies and stakeholders shall subscribe to and derive direction from it.

MoH shall ensure formal and institutionalised representation of CHAG at all levels, enhanced integration of CHAG institutions in the health delivery system, and greater information sharing by all partners shall be aspired to.

CHAG shall recognize MoH and its agencies /statutory bodies and institutions as working towards a common goal, alongside other health providers in the country, towards improving the health status of all people living in Ghana.

CHAG shall recognise the complementary role of other health service providers at any level.

To avoid duplication and promote efficiency and effectiveness in service delivery among GHS and CHAG institutions, MoH shall promote regular dialogue, joint planning in building of facilities and delivery of services as well as monitoring and evaluation of activities of all service providers.

In the context of the Act 525 of 1996,

CHAG recognises the objects and functions of the GHS as stated in the said Act 525 section 3.

CHAG institutions shall not be considered as included in the GHS as stated in the said Act 525 section 55.

CHAG shall maintain their own internal management systems and operational policies but will ensure that the ultimate health policy objectives of the government of Ghana are achieved.

CHAG shall maintain the ownership of their training institutions and health facilities irrespective of government funding and support.

MoH shall involve CHAG in the development of national health policies and programmes.

MoH shall provide adequate human and material support, within its resource limitations, to CHAG institutions to enable them effectively complement government's efforts in providing quality healthcare throughout the country.

CHAG shall abide by MoH policies and standard guidelines; it shall also participate in the formulation and development of such policies and guidelines in so far as these do not affect the religious and moral positions of CHAG.

MoH shall orient its agencies on their mandates and responsibilities with respect to MoH /CHAG MoU and AI to ensure effective and efficient delivery of services and synergy.

CHAG institutions shall sign contract/performance agreement with the GHS at the District level with respect to service, administration and investment programmes.

CONCLUSION.

In conclusion, a lot has been achieved in the period under review and we can still do better through the joint effort and collaboration of all. Let us therefore look positively at the future and ask the Good Lord to shepherd us through all our devours.

5.0 CHAG DENOMINATIONAL NATIONAL HEALTH CO-ORDINATORS

1. The Health Coordinator, National Catholic Secretariat,
P.O. Box 9712, Airport – Accra
Tel: 021-500491/2
2. The Health Coordinator, Presbyterian Church Headquarters
P.O. Box 1800, Accra
Tel. 021 – 662511
3. The Health Coordinator, Methodist Church Headquarters
P.O. Box 403, Airport – Accra
Tel: 021-28128/228160

Fax: 021-227008
4. The Health Coordinator, Salvation Army Headquarters
P.O. Box 320 , Accra
Tel. 021 – 776971
Fax: 021-772695
5. The Health Coordinator, Anglican Church
P.O. Box 8, Accra
Tel: 021-662292/663595
6. The Health Coordinator, Church of Pentecost Health Services
P.O. Box DS803 Dansoman-Accra
Tel. 021 – 304785/662511
7. The Health Coordinator, Baptist Mission Health Services
Private Mailbag CCC36, Accra-Cantonments
Tel: 021-777542
8. The Health Coordinator, SDA Health Services,
P.O. Box 480 , Kumasi
Tel. 051 –23686
9. The Health Coordinator, AME Zion Mission
P.O. Box 22, AFRANCHO, via AKUMADAN–Ashanti
10. The Health Coordinator, Church of God Health Services,
P.O. Box 3306, Kumasi
Tel. 051 – 26090
11. The Health Coordinator, Church of Christ Health Services
P.O. Box KNUST 316, Kumasi
Tel: 051-29569

12. The Health Coordinator, WEC Mission Health Services
P.O. Box 5150, Accra
Tel. 021 – 778903
13. The Health Coordinator, Siloam Gospel Mission Health Services
P.O. Box 5150, Airport
Tel: 021-778903
14. The Health Coordinator, Global Evangelical Presbyterian Church,
Ghana
P.O. Box OS1742, Osu-Accra
Tel. 021 – 402525
15. The Health Coordinator, Evangelical Presbyterian Church, Ghana
P.O. Box 18, Ho
16. The Health Coordinator, Presbyterian Church Headquarters
P.O. Box C482, Cantonments
Tel. 021 - 229062
17. The Health Coordinator, Manna Mission Hospital,
P.O. Box TN 1032, Teshie Nungua Estate
Tel : 021-712892

9.1 APPENDIX 2

MEMBERSHIP BY CHURCH AFFLIATION

DENOMINATION	Number of Institutions
Catholic	78
Presbyterian	21
Evangelical Presbyterian	7
Anglican	8
Methodist	5
Salvation Army	8
Baptist	1
Assemblies of God	3
World Evangelical Crusade	1
Seventh-Day Adventist	10
Church of Pentecost	7
Church of God	1
Church of Christ Mission	1
Siloam Gospel Mission	1
AME Zion Mission	1
Global Evangelical Church of Ghana	1
TOTAL	152

9.2 APPENDIX 3

CHAG SECRETARIAT STAFF

NO	NAME	POSITION
	MANAGEMENT STAFF	
1	Mr. Philibert Kankye	Executive Secretary
2	Mr. James Yaw Boateng	Administrative Manager
3	Mr. Alex Amoah-Mensah	Finance Manager
4	Rev. Bro. Henry M. Surnye	Programmes Coordinator
5	Mr. Bismark Boateng	ICT Manager
	OTHER STAFF	
6*	Mr. E.K. Danquah	Administrative Officer
7	Mr. Abraham Nerthey	Senior Accountant
8	Mrs. Elizabeth Adjei	Asst. HR Manager
9	Mr. Ali Yakubu	Cleaner
10	Mr. Asabre Kwarteng	Security
11	Mr. J.O. Dako	Senior Accountant
12	Mr. J.N.T. Acquah	Security
13	Mr. Owusu Sekyere	Driver
14	Mrs. Christiana Ametepey	Administrative Assistant
15	Mrs. Sarah Bruce-Tagoe	Telephonist/Receptionist
16	Mrs. Constance Mpomaa Twum	Accounts Officer
17	Mr. Gabriel Turkson	Driver

***Mr. Danquah Retired**

Mr. Emmanuel Danquah one of the longest serving staff of CHAG Secretariat has gone on retirement with effect from the 1st April 2006. We thank him for the invaluable services he has rendered to the secretariat and to CHAG Institutions. Mr. Danquah we wish you a restful time and success in your future endeavours

9.3 APPENDIX 4

FACILITIES THAT PARTICIPATED IN THE PPRHAA EXERCISE

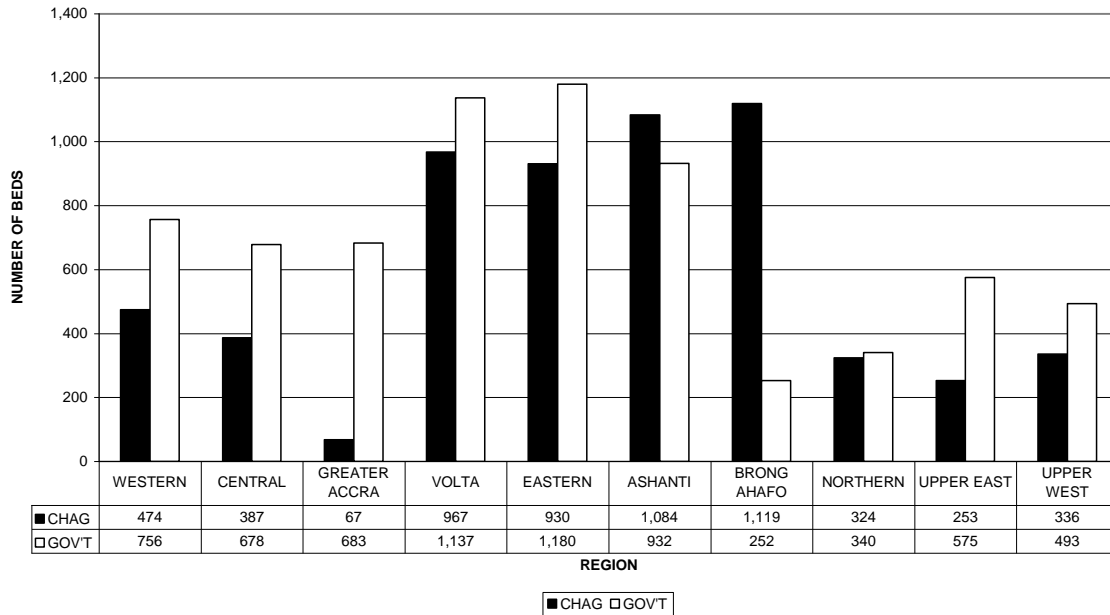
	NAMES OF INSTITUTION	REGION
1.	Akormaa Memorial SDA Hospital, Kortwia-Abodom	Ashanti
2	Alpha Medical Centre, Madina	Greater-Accra
3	Anfoega Catholic Hospital, Anfoega	Volta
4	Baptist Medical Centre, Nalerigu	Northern
5	Bryant Hospital, Obuasi-Adansi	Ashanti
6	Catholic Hospital, Apam	Central
7	Catholic Hospital, Battor	Volta
8	Catholic Hospital, Binde	Northern
9	St. Theresa's Hospital, Nandom	Upper-West
10	E. P. Church Hospital, Adidome	Volta
11	E. P. Church Hospital, Worawora	Volta
12	Fr. Thomas Rooney Memo. Hosp., Asankragwa	Western
13	Global Evangelical Church Medical Centre, Apromase	Ashanti
14	Holy Family Hospital, Berekum	Brong-Ahafo
15	Holy Family Hospital, Nkawkaw	Eastern
16	Holy Family Hospital, Techiman	Brong-Ahafo
17	Janie Speaks AME. Hospital, Afrancho	Ashanti
18	Manna Mission Hosp, Teshie-Nungua	Greater-Accra
19	Margaret Marquart Cath. Hosp, Kpando	Volta
20	Mary Theresa Hospital, Dodi-Papase	Volta
21	Mathias Hospital, Yeji	Brong-Ahafo
22	Methodist Faith Healing Hospital, Ankaase	Ashanti
23	Methodist. Hospital, Wenchi	Brong-Ahafo
24	Nagel Memorial Hospital, Takoradi	Western
25	Our Lady of Grace Hospital, Breman-Asikuma	Central
26	Presbyterian Hospital, Agogo, Ashanti-Akim	Ashanti
27	Presbyterian Hospital, Bawku	Upper-East
28	Presbyterian Hospital, Donkorkrom	Eastern
29	Presbyterian Hospital, Dormaa-Ahenkro	Brong-Ahafo
30	Saboba Medical Centre, Saboba	Northern
31	Sacred Heart Hospital, Weme-Abor	Volta
32	Seventh-Day Adventist Hospital, Asamang	Ashanti
33	Seventh-Day Adventist Hospital, Dominase	Ashanti
34	Seventh-Day Adventist Hospital, Kwadaso-Kumasi	Ashanti
35	Seventh-Day Adventist Hospital, Onwe	Ashanti
36	Seventh-Day Adventist Hospital, Tamale.	Northern
37	Seventh-Day Adventist Hospital, Wiamaasi-Ashanti	Ashanti
38	St. Anthony Hospital, Dzodze	Volta
39	St. Dominic's Hospital, Akwatia	Eastern
40	St. Elizabeth Hospital, Hwidiem	Brong-Ahafo

	NAMES OF INSTITUTION	REGION
41	St. Francis Xavier Hospital, Assin-Foso	Central
42	St. John of God Hosp. Duayaw-Nkwanta	Brong-Ahafo
43	St. John of God Hospital, Sefwi-Asafo	Western
44	St. Joseph's Hospital, Jirapa	Upper-West
45	St. Joseph's Hospital, Koforidua	Eastern
46	St. Joseph's Hospital, Nkwanta	Volta
47	St. Louis Gen. Hospital, Bodwesango	Ashanti
48	St. Luke's Hospital, Kasei	Ashanti
49	St. Martin de Porres Hospital, Eikwe	Western
50	St. Martin's Hospital, Agomanya	Eastern
51	St. Martin's Hospital, Agroyesum	Ashanti
52	St. Mary's Hospital, Drobo	Brong-Ahafo
53	St. Michael's Hospital, Pramso	Ashanti
54	St. Patrick's Hospital, Maase-Ofinso	Ashanti
55	St. Peter's Hospital, Jacobu	Ashanti
56	St. Theresa's Hospital, Nkoranza	Brong-Ahafo
57	West Gonja Hospital, Damango	Northern

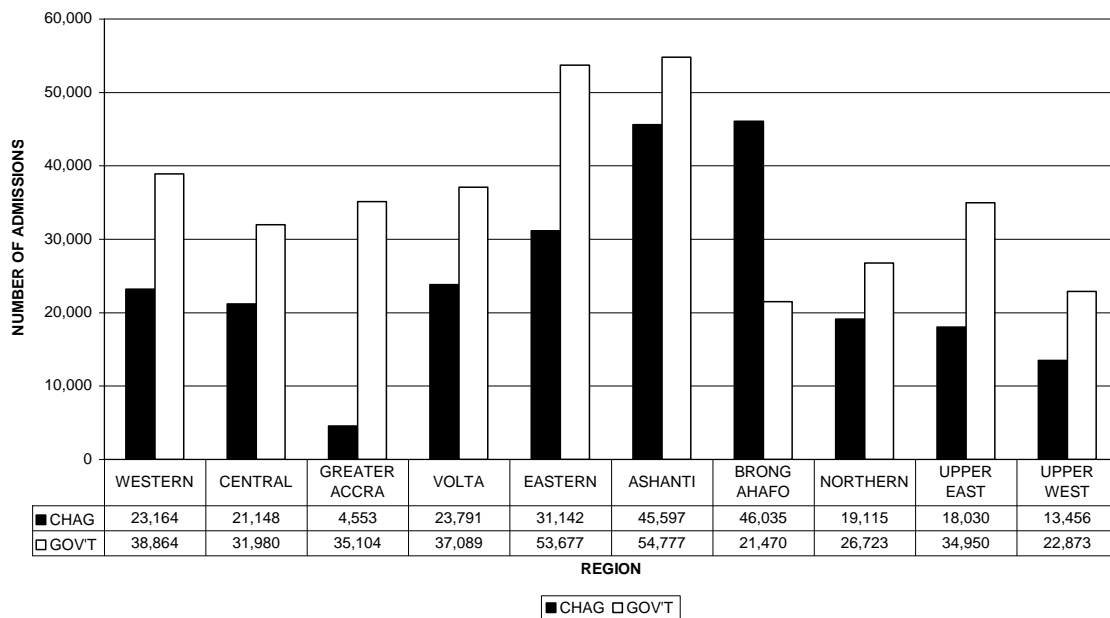
UTILISATION OF CHAG HEALTH SERVICES

BEDSTATE STATISTICS - GOVERNMENT AND CHAG DISTRICT HOSPITALS 2005

BEDS - GOVERNMENT VS. CHAG DISTRICT HOSPITALS 2005

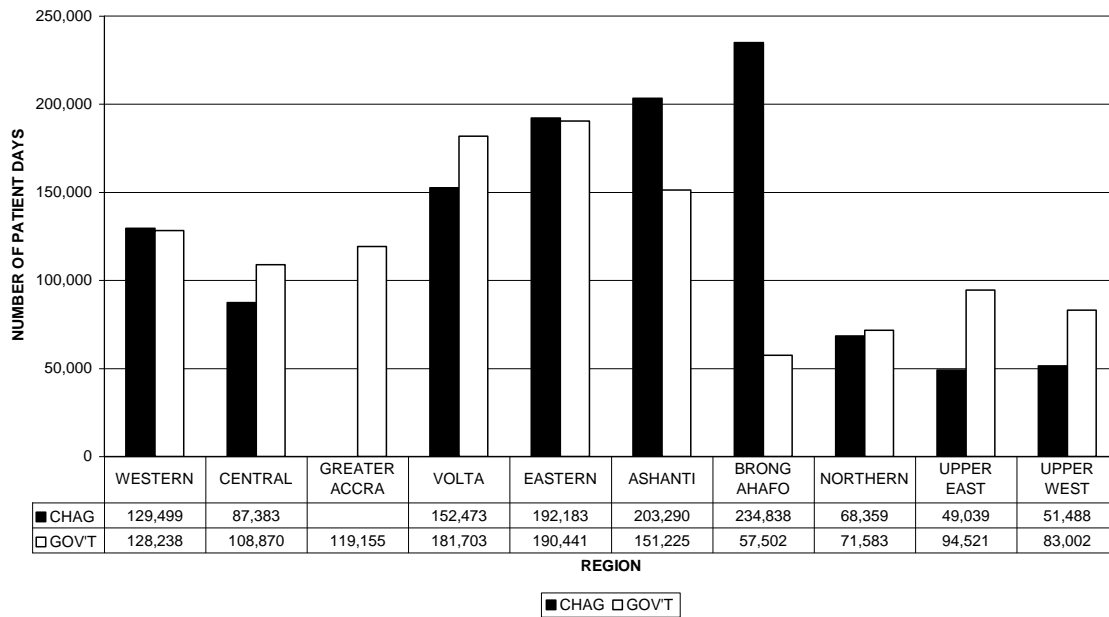


ADMISSIONS - GOVERNMENT VS. CHAG DISTRICT HOSPITALS 2005

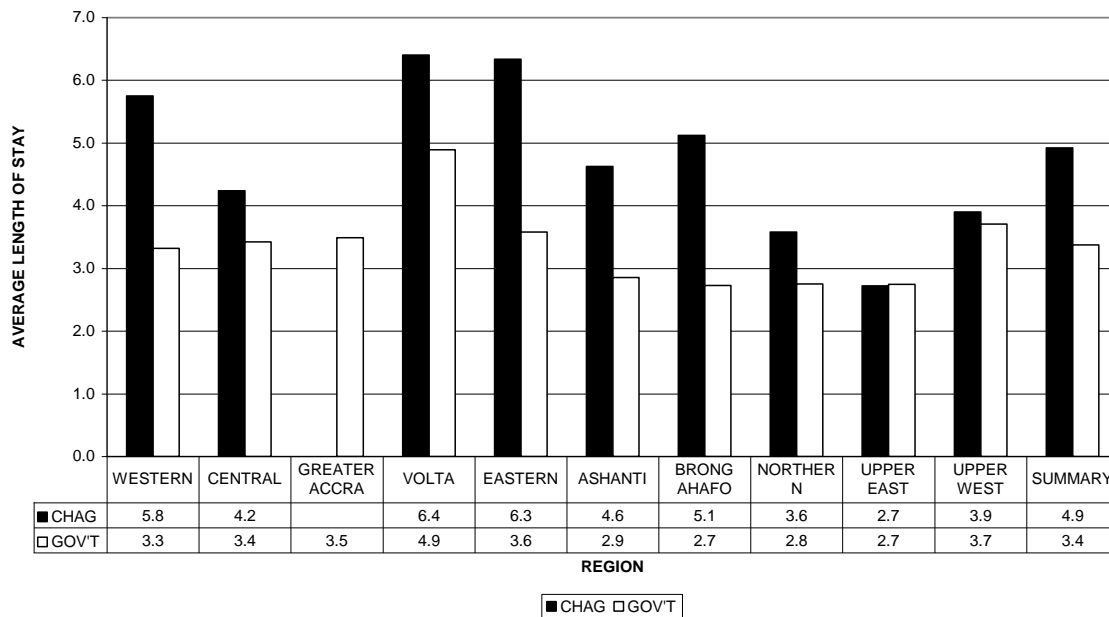


9.5 APPENDIX 6

PATIENT DAYS - GOVERNMENT VS. CHAG DISTRICT HOSPITALS 2005

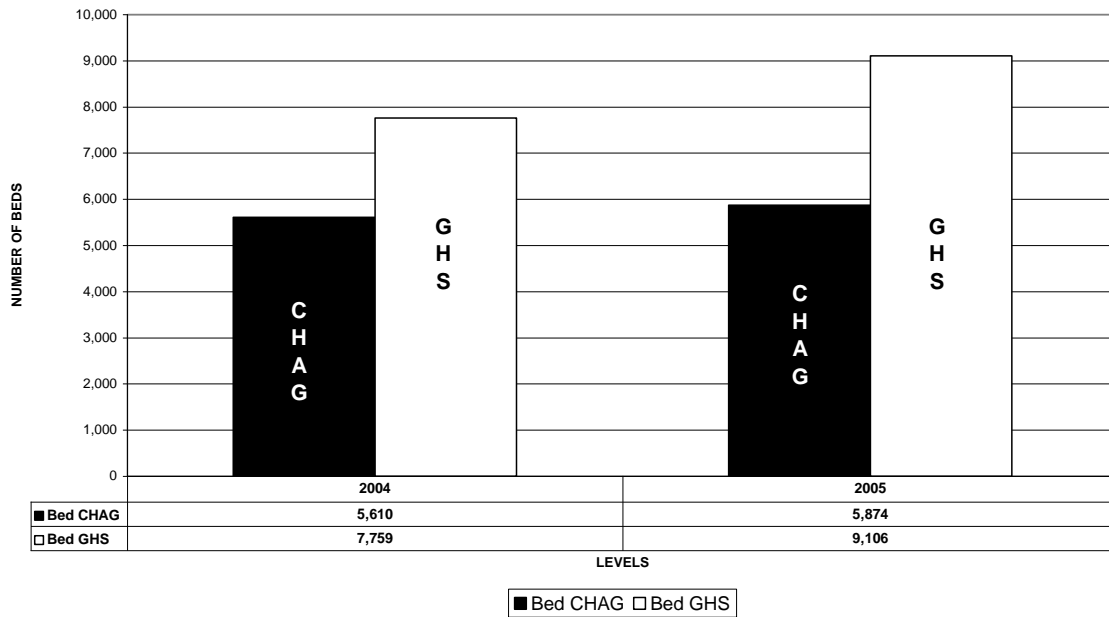


AVERAGE LENGTH OF STAY - GOVERNMENT VS. CHAG DISTRICT HOSPITALS 2005

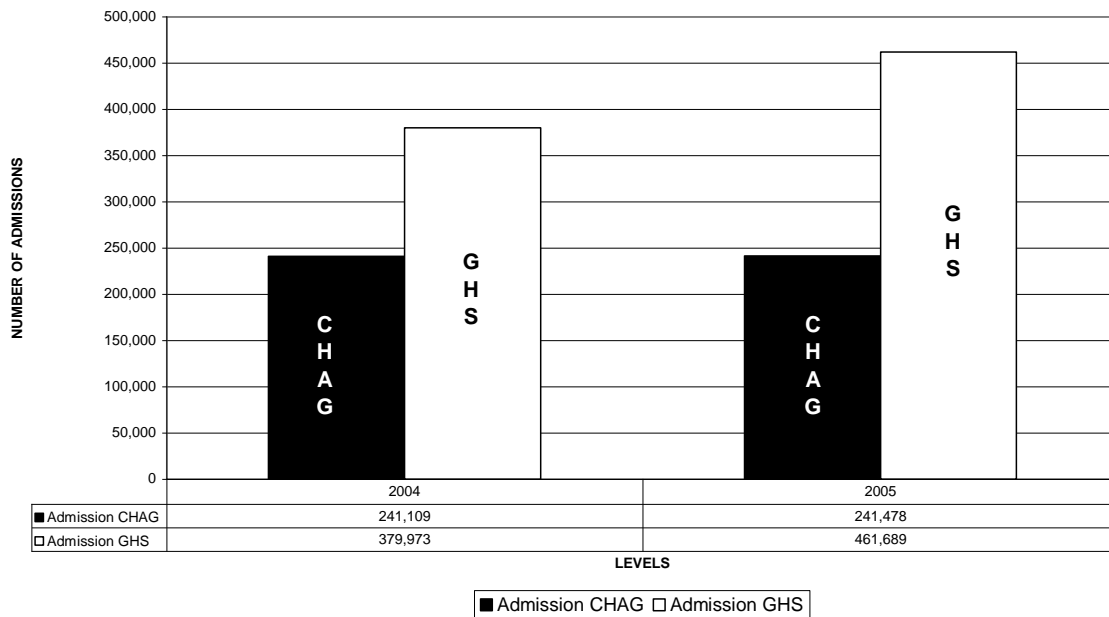


9.6 APPENDIX 7

BEDS - CHAG VS. GHS 2004- 2005

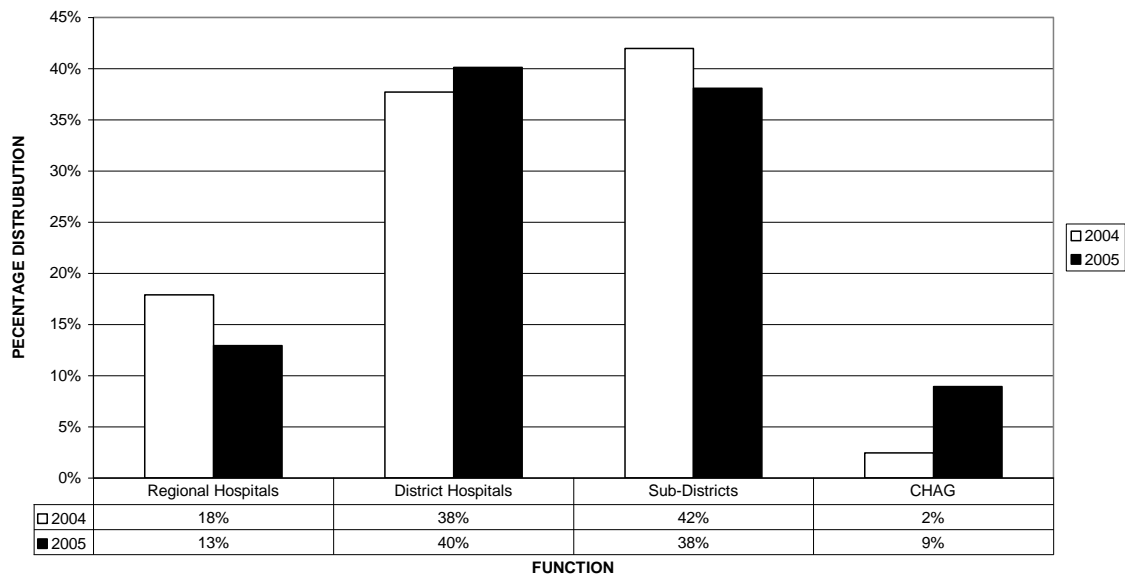


ADMISSIONS - CHAG VS. GHS 2004-2005

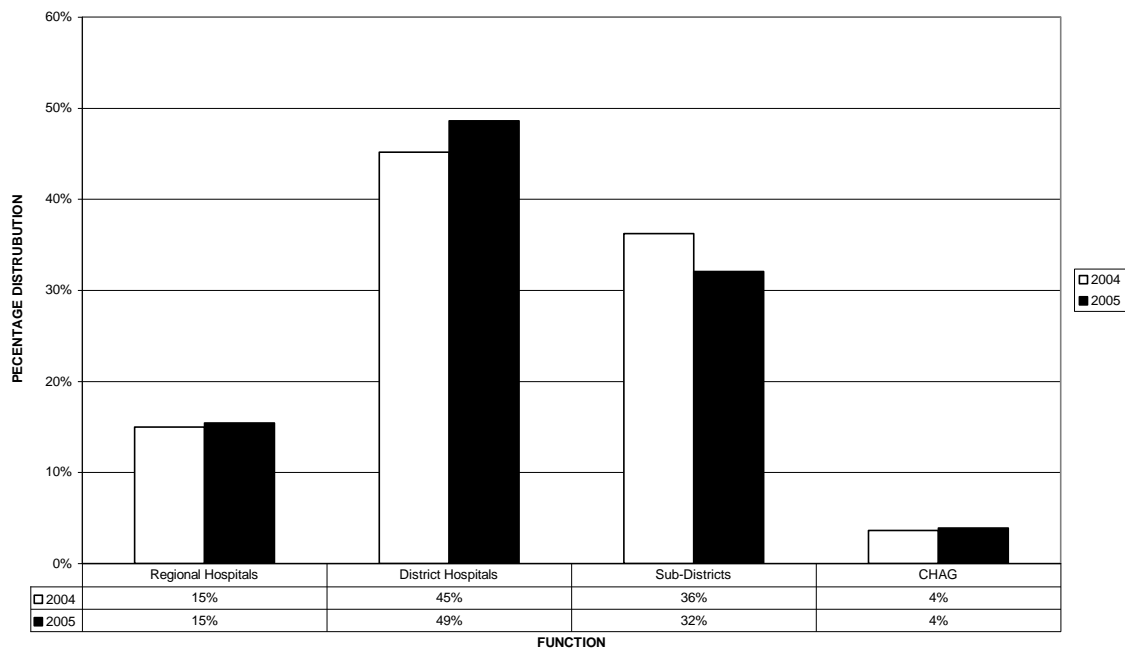


9.7 APPENDIX 8

PERCENTAGE GOG ADMINISTRATION FUNDS ALLOCATION, CHAG VS. REGIONAL, DISTRICT & SUB-DISTRICT HOSPITALS.

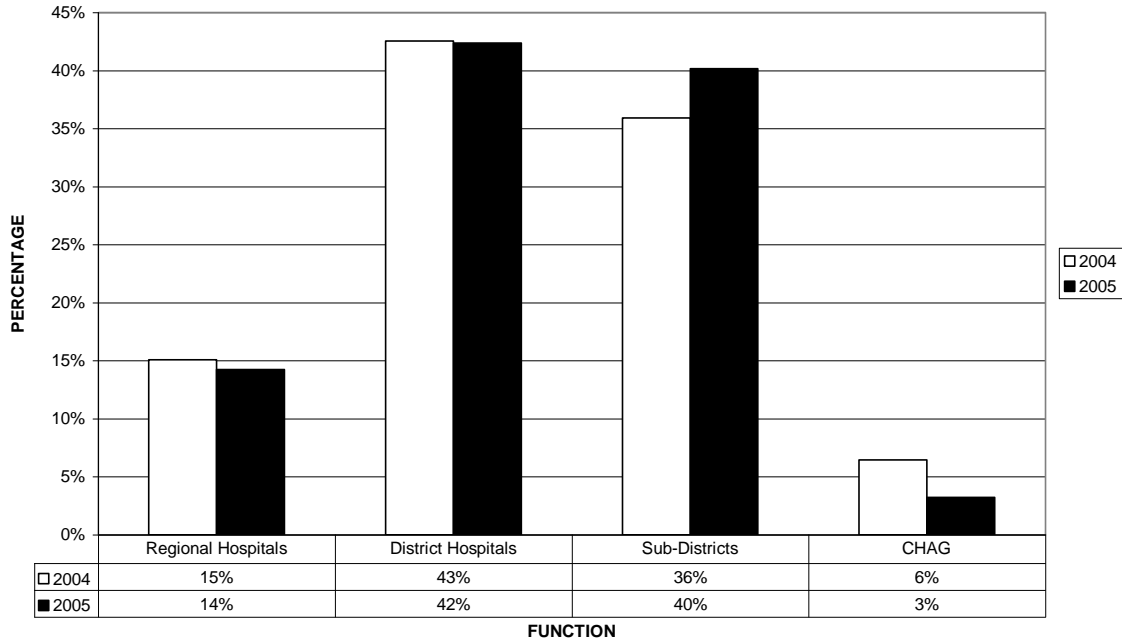


PERCENTAGE GOG SERVICE FUNDS ALLOCATION, CHAG VS. REGIONAL, DISTRICT & SUB-DISTRICT HOSPITALS.

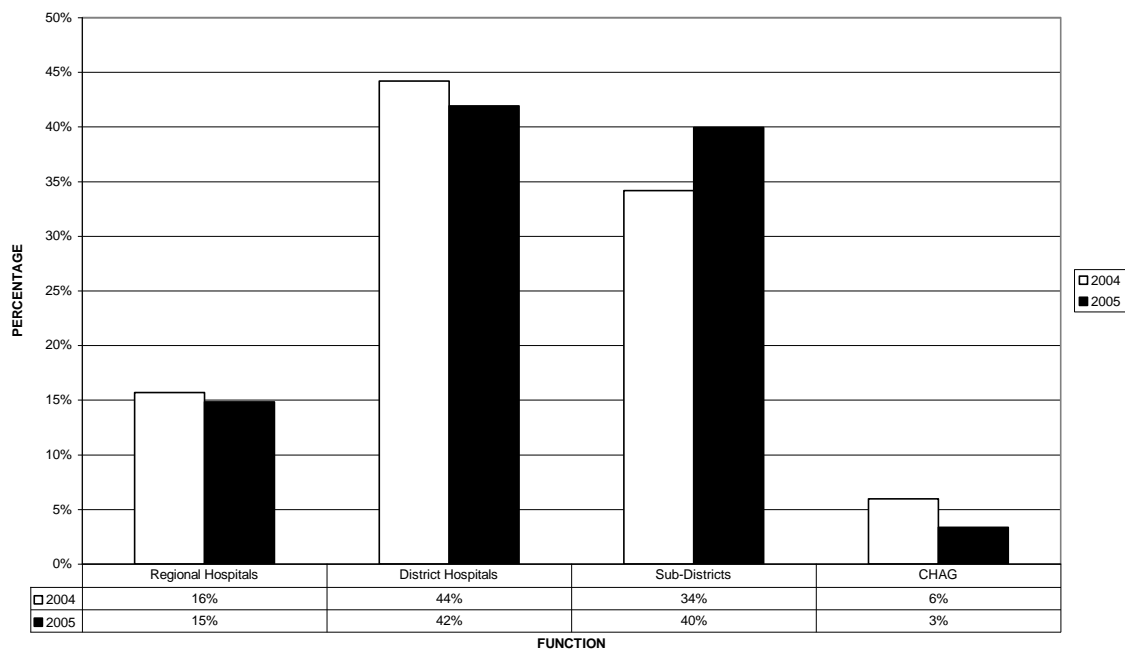


9.8 APPENDIX 9

PERCENTAGE DONOR ADMINISTRATION FUNDS ALLOCATION, CHAG VS. REGIONAL, DISTRICT & SUB-DISTRICT HOSPITALS



PERCENTAGE DONOR SERVICE FUNDS ALLOCATION, CHAG VS. REGIONAL, DISTRICT & SUB-DISTRICT HOSPITALS



9.9 APENDIX10

2004 - 2005 Human Resource Transactions							
No.	Name	Mechanized		Non-mechanized		Staff Number	
		2004	2005	2004	2005	2004	2005
1	Abease PHC. Project, Prang/Abease	5	5				
2	Akormaaa Memorial SDA Hospital, Kortwia-Abodom		11				
3	Alpha Medical Centre, Madina	7	8	37	42	44	50
4	Anfoega Catholic Hospital, Anfoega	62	59	28		90	
5	Anglican Clinic Yelwoko						
6	Anglican Clinic, Sefwi-Bonzain	8	8			0	8
7	Anglican Clinic, Widnaba						
8	Anglican Eye Clinic, Jachie						
9	Anglican Health Centre, Tano-Odumase						
10	Ass. of God H'lth Services, Nakpanduri	10	11				
11	Baptist Medical Centre, Nalerigu	120	127	62		182	
12	Benito Menni Health Centre, Dompouse						
13	Bishop Anglioby Clinic, Sefwi-Wiawso	3	4	6	5	9	9
14	Bryant Hospital, Obuasi-Adansi	13	23				
15	Bui Clinic, Bui, Navrogo-Bolga			7	14	7	14
16	Catholic Clinic, Akim-Swedru	26	26				
17	Catholic Clinic, Navrongo Wiaga	11					
18	Catholic Clinic, Oku Ejura, Ashanti	3	4	5		8	
19	Catholic Clinic, PHC Unit .Salaga		8	7		7	
20	Catholic Clinic, Tuna	21	23				
21	Catholic Hospital, Apam	80	83				
22	Catholic Hospital, Battor, Bator	118	117	91		209	
23	Catholic Hospital, Binde	10	36	22		32	
24	Catholic Hospital, Nandom	122	118				
25	Catholic P.H.C. Bole Tamale						
26	Christian Eye Centre, Abesim-Sunyani	1	1				
27	Christian Eye Centre, Cape Coast	17	28				
28	Church of Christ Mission Clinic, Bomso-Kumasi	11	11				
29	Church of God Clinic Essienimpong	7	13	9		16	
30	Comboni Polyclinic, Sogakope	17	16				
31	Dormaa Presby PHC. Project, Dormaa-Ahenkro	194			194		194
32	E. P. Church Clinic, Wapuli	9	11				
33	E. P. Church Dan Moser Memo. Clinic, Dambai (Hohoe)	8	6				
34	E. P. Church Health Post., Amedzofe						

No.	Name	Mechanized		Non-mechanized		Staff Number	
		2004	2005	2004	2005	2004	2005
35	E. P. Church Hospital, Adidome	133	130				
36	E. P. Church Hospital, Worawora						
37	E. P. Social Services Centre/Clinics, Ho	10	10				
38	Emmanuel Medical Centre, East Legon			38	34	38	34
39	Fr. Thomas Rooney Memo. Hosp., Asankragwa		58				
40	Global Evangelical Church Medical Centre, Apromase						
41	Holy Cross Clinic/maternity, Sambuli Tamale						
42	Holy Cross Mobile Clinic, Tamale	2	2	6		8	
43	Holy Family Hospital, Berekum	223	216	68	81	291	297
44	Holy Family Hospital, Nkawkaw	177	165				
45	Holy Family Hospital, Techiman	184	176	58	24	242	200
46	Holy Family Midwifery School, Berekum	101	29				
47	Holy Family Nurses Training College ,Nkawkaw	14	88				
48	Holy Family Nurses Training College, Berekum	104	144				
49	Janie Speaks AME. Hospital, Afrancho	10	10	4		14	
50	Kom Clinic, Aburi						
51	Kongo Clinic, Bolgatanga	13	12		1	13	13
52	Kpandai Health Centre, Kpandai	9	10				
53	Kwesi Fantse Clinic PHC Nkawkaw			0	0		
54	Lake Bosumtwi Clinic, Amakom	20	20				
55	Manna Mission Hosp, Teshie-Nungua	18	19	45	46	63	65
56	Margaret Marquart Cath. Hosp, Kpando	112	110	56	53	168	163
57	Mary Theresa Hospital, Dodi-Papase	72	75	15	11	87	86
58	Mathias Hospital, Yeji	104	104	26		130	0
59	Methodist Faith Healing Hospital, Ankaase	34	46				
60	Methodist. Clinic, Lawra	6	9				
61	Methodist. Hospital, Wenchi	91	93	51	49	142	142
62	Nagel Memorial Hospital, Takoradi			17	16	17	16
63	Nazareth Healing Comp, Vane Avatime	5	5				
64	Nokolo Clinic, Bolga			16		16	
65	Notre Dame Clinic, Nsawam	7	7	11	11	18	18
66	Nurses Training College, Agogo	133					
67	Orthopaedic Training Centre, Nsawam	19	19				
68	Our Lady of Grace Hospital, Breman-Asikuma	121	135				

No.	Name	Mechanized		Non-mechanized		Staff Number	
		2004	2005	2004	2005	2004	2005
69	Our Lady of Rocio Clinic, Walewale	3	4	15		18	
70	Pentecost Clinic, Dunkwa-on-Offin	13	14				
71	Pentecost Clinic, Tarkwa	2	2				13
72	Pentecost. Clinic, Kpasa	6	6			4	
73	Presbyterian Church Clinic, Assin-Praso	14	13		4	4	17
74	Presbyterian Clinic , Kwamebikrom			9		9	
75	Presbyterian Clinic, Aboabo						
76	Presbyterian Clinic, Assin Nsuta	8	9	2	3	10	12
77	Presbyterian Clinic, Kojokumikrom						
78	Presbyterian Clinic, Kwamesua.						
79	Presbyterian Clinic, Kyeremasu						
80	Presbyterian Clinic, Langbinsi-Walewale	3	15				
81	Presbyterian Clinic, Papueso-Enchi						
82	Presbyterian Hospital, Agogo, Ashanti-Akim	274	267	31		305	
83	Presbyterian Hospital, Bawku	290	285			82	89
84	Presbyterian Hospital, Donkorkrom	93	104				
85	Presbyterian Hospital, Dormaa-Ahenkro	194	223				
86	Presbyterian Nurses Training College, Bawku,	68	111				
87	Presbyterian P.H.C.. Bolgatanga	33	37			29	
88	Presbyterian PHC , Agogo, Ashanti-Akim	10	9	295		305	
89	Presbyterian PHC, Aowin-Suaman, Enchi			9		9	
90	Presbyterian PHC, Bawku		92	17		17	17
91	Saboba Medical Centre, Saboba		56				
92	Sacred Heart Hospital, Weme-Abor	79	74	23	30	102	104
93	Salvation Army Clinic, Adaklu-Sofa	3	2	9	10	12	12
94	Salvation Army Clinic, Agona-Duakwa	37	38	12	12	49	50
95	Salvation Army Clinic, Akim-Wenchi	11	11	10		21	
96	Salvation Army Clinic, Anum	14	14	6	6	20	20
97	Salvation Army Clinic, Ba		13				
98	Salvation Army Clinic, Begoro	31	31				
99	Salvation Army Clinic, Wiamoase	30	30	5	4	35	34
100	SDA Clinic and Maternity, Sefwi-Asawinso						
101	Senchi Clinic						
102	Seventh-Day Adventist Clinic, Dominase	57	48				
No.	Name	Mechanized		Non-		Staff	

				mechanized		Number	
		2004	2005	2004	2005	2004	2005
103	Seventh-Day Adventist Hospital, Asamang	70	82	18	14	88	96
104	Seventh-Day Adventist Hospital, Dominase			53		53	
105	Seventh-Day Adventist Hospital, Kwadaso-Kumasi		86	107		107	
106	Seventh-Day Adventist Hospital, Onwe	43	37				
107	Seventh-Day Adventist Hospital, Tamale.			14	6	14	6
108	Seventh-Day Adventist Hospital, Wiamaosi-Ashanti	27	45				
109	Siloam Gospel Clinic, Bonyere	8	9				
110	Sirigu Clinic, Bolga			8	6	8	6
111	St. Ann's Maternity Clinic, Donyina	9	9				
112	St. Anthony Hospital, Dzodze	123	116	35	60	158	176
113	St. Dominic's Hospital, Akwatia	185	179				
114	St. Edward's Clinic, Dwinyama			0	0		
115	St. Elizabeth Hospital, Hwidiem	98	89	20		118	78
116	St. Francis Xavier Hospital, Assin-Foso	92	100				
117	St. George's Clinic, Liati	9	9	2		11	
118	St. John of God Hosp. Duayaw-Nkwanta	130	123				
119	St. John of God Hospital, Sefwi-Asafo	95	90				
120	St. John's Clinic, Akim-Ofoase	15	18				
121	St. John's Health Centre, Domeabra	3	3				
122	St. Joseph Clinic & Mat Home, Chamba	7	10				7
123	St. Joseph Clinic & Mat, Kwahu-Tafo	22	21				
124	St. Joseph's Clinic, Abira	13	13			12	12
125	St. Joseph's Clinic, Kalba		2	10	8	10	10
126	St. Joseph's Hospital, Jirapa	209	196	44		253	
127	St. Joseph's Hospital, Koforidua	105	115				
128	St. Joseph's Hospital, Nkwanta	42	47	13		55	
129	St. Joseph's Midwifery School, Jirapa	28	25				
130	St. Joseph's Nurses Training College, Jirapa	122	228				
131	St. Louis Gen. Hospital, Bodwesango	6	10				
132	St. Luke Health Centre, Seniagya			8	8	8	8
133	St. Luke's Catholic PHC Clinic, Chinderi	18	16	2	4	20	20
134	St. Luke's Hospital, Kasei	8	7	43	40	51	47
135	St. Martin de Porres Hospital, Eikwe	127	128	54	51	181	179
136	St. Martin's Hospital, Agomanya	57	58				
137	St. Martin's Hospital, Agroyesum	85	82				
138	St. Mary's Clinic, Yapesa			134		134	

No.	Name	Mechanized		Non-mechanized		Staff Number	
		2004	2005	2004	2005	2004	2005
139	St. Mary's Hospital, Drobo	120	120		1		121
140	St. Michael's Cath.. Clinic, Ntronang-Akim	9	11				
141	St. Michael's Hospital, Pramso	91	87				
143	St. Patrick's Midwifery School, Maase-Offinso	14	14				
144	St. Peter's Clinic/Maternity Home, Ntobroso			6	7	6	7
145	St. Peter's Hospital, Jacobu	28	30				
146	St. Theresa's Hospital, Nkoranza	90	99	38	24	128	123
147	St. Thomas Gen & Maternity Clinic, Hiaa						
148	Tatale Health Centre, Tatale			4	8	4	8
149	Urban Aid Health Centre, Mamobi		13	0			
150	Wa Diocese P.H.C. Project			0	0		
151	West Gonja Hospital, Damango	114	119			25	25
152	Zoko Clinic, Bolgatanga			10	6	10	6
				0	0		