



STRATEGIC FRAMEWORK 2022-2026

LEADERSHIP & RESPONSIVENESS

BUILDING A RESILIENT
CHAG NETWORK
TOWARDS ACHIEVING GHANA'S
UNIVERSAL HEALTH COVERAGE
(UHC) 2030 AGENDA

DECEMBER 2021

The Christian Health Association of Ghana

Strategic Framework 2022-2026

Leadership and Responsiveness

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DECEMBER 2021

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ABBREVIATIONS

AC	Annual Conference
ANC	Antenatal Clinic
CCG	Christian Council of Ghana
CHAG	Christian Health Association Ghana
CHCU	Church Health Coordination Unit
CHS	Church Health Service
CHSG	Christian Health Services of Ghana
CHPS	Community-based Health Planning and Services
CMI	Christian Health Association of Ghana Member Institution
CHTI	CHAG Health Training Institutions
COVID	Corona Virus Disease
CSS	Community Systems Strengthening
CSO	Civil Society Organisation
CPD	Continuous Professional Development
CRIB	Covid-19 Response and Institutional Capacity Building
DANIDA	Danish International Development Agency
DIFAEM	German Institute for Medical Mission (DIFAEM)
DHA	District Health Administration
DHMT	District Health Management Team
DHMIS	District Health Management Information System
EP	Evangelical Presbyterian
EPI	Expanded Programme on Immunisation
EHR	Electronic Health Records
FAME	Fellowship Associates...
FCDO	Foreign Commonwealth and Development Office
FP	Family Planning
GCBC	Ghana Catholic Bishops' Conference
GCPS	Ghana College of Physicians and Surgeons
GHS	Ghana Health Service
GIZ	German Agency for International Cooperation
GOG	Government of Ghana
GPCC	Ghana Pentecostal and Charismatic Council
HEFRA	Health Facilities Regulatory Agency
HF	Health Finance
HIMS	Health Information Management System
HIO	Health Information Officer
HIV	Human Immune Deficiency Virus
HR	Human Resources
HRH	Human Resources for Health
HRHD	Human Resources for Health Development
HRIMS	Human Resource Information Management System

HSS	Health System Strengthening
HSMTTP	Health Sector Medium Term Plan
HSMDTP	Health Sector Medium Term Development Plan
HT	Health Technology
HTI	Health Training Institutions
ICT	Information Communication Technology
IHI	Institute for Healthcare Improvement
IPD	In-Patient Department
IMF	International Monetary Fund
IGF	Internally Generated Funds
MOH	Ministry of Health
MOF	Ministry of Finance
MOU	Memorandum of Understanding
M&E	Monitoring and Evaluation
NCD	Non-Communicable Diseases
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NTD	Neglected Tropical Diseases
OPD	Outpatient Department
OPAT	Organisational Performance Assessment Tool
PHC	Primary Health Care
PPM	Planned Preventive Maintenance
PPP	Public Private Partnership
POW	Plan of Works
RD	Research Development
RHMT	Regional Health Management Team
SDG	Sustainable Development Goal
SP	Strategic Plan
SOP	Standard Operating Procedure
TLM	Teaching and Learning Materials
TB	Tuberculosis
UHC	Universal Health Coverage

FOREWORD

This document provides the context that informs the Christian Health Association of Ghana's (CHAG) activities over the next 5 years. It presents the collective strategic direction of CHAG as an organization and the network at large. The purpose of this framework is to present the aspirations of CHAG to improve its contributions to the achievement of national health outcomes in partnership with stakeholders in the health sector. After the successful implementation of the 2017-2021 Strategic Framework which expired in December 2021, there was the need to re-strategize for the ensuing years. The current framework takes cognizance of the major shifts in the health sector brought on by the Covid-19 pandemic. It exposed the weaknesses in our emergency care and highlighted the need for a resilient health care system. Such a system is anticipated not only to contain the shocks associated with such pandemics but also, help build a formidable network that is well equipped to support the attainment of Universal Health Coverage (UHC) in Ghana by 2030. To achieve this and in the light of systemic shifts, CHAG is re-aligning its strategies accordingly.

The current Strategic Framework, which spans 2022 to 2026, harnesses experiences learnt from the 2017-2021 Strategic Framework as well as Programmes of Work that were implemented over the life of the previous Strategic Plan. A key strategy contained in this plan is the strengthening of the CHAG Network to be able to support the attainment of the national UHC targets. Another area of focus for the 2022-2026 plan is leveraging on Information Communication Technology (ICT) at all levels to enhance service delivery and resource mobilization for efficient and effective health service provision.

The Board of Trustees of CHAG recognises the proactive and visionary leadership of the CHAG Secretariat as well as the enthusiasm and commitment of the network members to be more efficient, effective, and self-sustaining in their support towards the achievement of national and global health outcomes. In particular, the bold ambition of establishing a Medical School for the CHAG network to complement the training and development needs of Medical Doctors for the entire health sector is historic and laudable.

It is our hope that this Strategic Framework would adequately serve the purpose for which it was developed, that is to enable CHAG to fulfil its role as the nation's most reliable partner in the achievement of national health outcomes.

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

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EXECUTIVE SUMMARY

This is a Strategic Document for CHAG and its network for the period 2022 to 2026. It defines the goals, objectives and strategies that will drive the operations of the Christian Health Association of Ghana (CHAG) over the next five years. As the largest non-state actor in health and second largest provider of health services in Ghana, CHAG has contributed immensely to health services delivery particularly in rural and urban poor areas. CHAG continues to make strides to make more meaningful contributions to the health sector. Over the period of CHAG's 2017-2021 Strategic framework, the CHAG network chalked successes in several areas. Among these are the establishment of the SafeCare Quality Improvement programme with national leadership structure to lead and supervise the implementation of quality improvement in CHAG facilities, the introduction of the digital supply chain programme for medicines and digitalisation of care for people with non-communicable diseases among others. Important partnerships were formed in the life of the 2017-2021 strategic plan. These include the Global Fund, Foreign Commonwealth and Development Office (FCDO) and PharmAccess Foundation. Consequent to these partnerships, critical grants were received that contributed towards improving Human Immune Deficiency Virus (HIV), Tuberculosis (TB) and Maternal health care. The Global Fund Community Systems Strengthening (CSS) grant received during the period continues to make impactful contributions to HIV and TB care in Ghana. Leadership drive has been critical in these achievements.

Key protocols and guidance materials were developed to strengthen leadership and governance systems so as to deliver on results.. These included the Financial Administration Manual (2021), Monitoring and Evaluation (M&E) Manual, Internal Audit Manual and Safeguarding Policy among others. The Secretariat took concrete steps to develop the capacity of staff to be able to deliver on results. Staff training was organized using both international and local facilitators. The Secretariat further restructured its systems and leadership to reflect the changing times. In spite of these achievements, several challenges remain to be addressed. Among them is the need to develop systems that address emergencies, outbreaks, and other emerging health issues. Quality of some aspects of health services delivery is still a challenge despite the Quality Improvement programmes that were undertaken. Staff attrition from the network is high and worsened by the shocks in international health workforce exacerbated by the COVID-19 pandemic.

There was a significant shift in priorities for the health sector when the COVID-19 pandemic was declared. Donor funding shifted to COVID-19 with few funding areas outside the pandemic. This shift in donor funding is likely to continue in the next couple of years. Consequent to this, there are changing priorities

which are also in tandem with changing health needs of the population and the global health agenda. The Ministry of Health has prioritized increasing access to quality essential health care and population-based services for all by 2030 as contained in the UHC roadmap.

This 2022-2026 strategic plan has been developed to address these mentioned challenges and in keeping with the national priorities. The goal for the plan is to “Build a resilient CHAG network towards achieving Ghana’s Universal Health Coverage (UHC) 2030 Agenda”. This strategic plan was developed through a consultative process. Review of the previous strategic plan vis-à-vis the critical national policies including Ministry of Health’s Medium Term Development Plan and the UHC roadmap. Strengths, weakness, opportunities, and threats (SWOT) of CHAG were identified while the political, economic, socio-cultural, technological (PEST) environment in which CHAG operates were also assessed. The results of these assessments informed the strategies contained in this plan.

It is hoped that successful implementation of the plan will enhance CHAG’s role and contribution to national outcomes

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This is a strategic document for CHAG and its network for the period 2022 to 2026. It defines the goals, objectives and strategies that will drive the operations of CHAG over the next five years.

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

The Christian Health Association of Ghana (CHAG) is a Christian network organization of 34 Christian church denominations involved in the provision of health care and training of health professionals. It is the largest non-state actor in health and the second largest provider of health services in Ghana. CHAG facilities are found mostly in the remote and deprived communities and provide services to the poor and marginalized communities where the government of Ghana has few or no facilities.

CHAG was initially founded, in 1967, as a Voluntary Professional Association and subsequently registered as a Body Corporate in 1968 under the Trustees (Incorporation) Act 1962, Act 106. The Ghana Catholic Bishops' Conference (GCBC) and the Christian Council of Ghana (CCG) are the main stakeholders in the Association. The Ghana Pentecostal and Charismatic Council (GPCC) was later admitted into membership as an Ordinary Member with all other denominations not belonging to these three groups being admitted as Associate Members. Membership has gone up from 25 in 1967 to 349 in 2021 and comprises 106 hospitals, 222 health centres, clinics and rehabilitation centres, and 21 health-training institutions. The network members collectively have staff strength of approximately 37,000 as at the end of 2021, compared to 16,000 in 2016. In 2021 the total number of outpatient contacts were approximately 6.3 million and inpatients exceeded 568,000 persons.

1.2 Membership and Governance

Membership is subject to a Christian identity, subscribing to CHAG's constitution and consecutive articles, an annual membership subscription fee and a regular membership audit. Governance is participatory in nature and secured through Councils and Conferences of Christian Church denominations who constitute the General Assembly, which meets annually to discuss and approve the strategic direction of the network. A Board of Trustees with nominated representatives of 2 key Founding Church denominations, Ordinary and Associate Members of CHAG oversees the Secretariat, the apex organisation of the network at the National level, charged with its daily management.¹ The Secretariat exercise oversight and coordination of the Church Health Services who are directly responsible for their respective Member Institutions.

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

CHAG is a recognised partner/agency of the Ministry of Health (MOH)² and works within the ministry's policies, guidelines and strategies. Nonetheless, CHAG is autonomous and takes an independent position to advocate and promote improvements in the health sector and to advocate for the interest of its members. The organogram and functional relationships of CHAG and its constituents and partners are outlined under 1.4.

CHAG is directed by Christian values and professional and medical ethics and norms. CHAG's primary beneficiaries are the most vulnerable and underprivileged population groups, particularly those in the rural and urban poor areas in Ghana.

1.3 Organization of CHAG

At the national level, CHAG has a Secretariat providing stewardship and coordination of the network, developing strategic partnerships in support of capacity development of its members for improved service delivery and articulating the association's position and interest in national policy dialogue and discourse for health sector developments and –improvements.

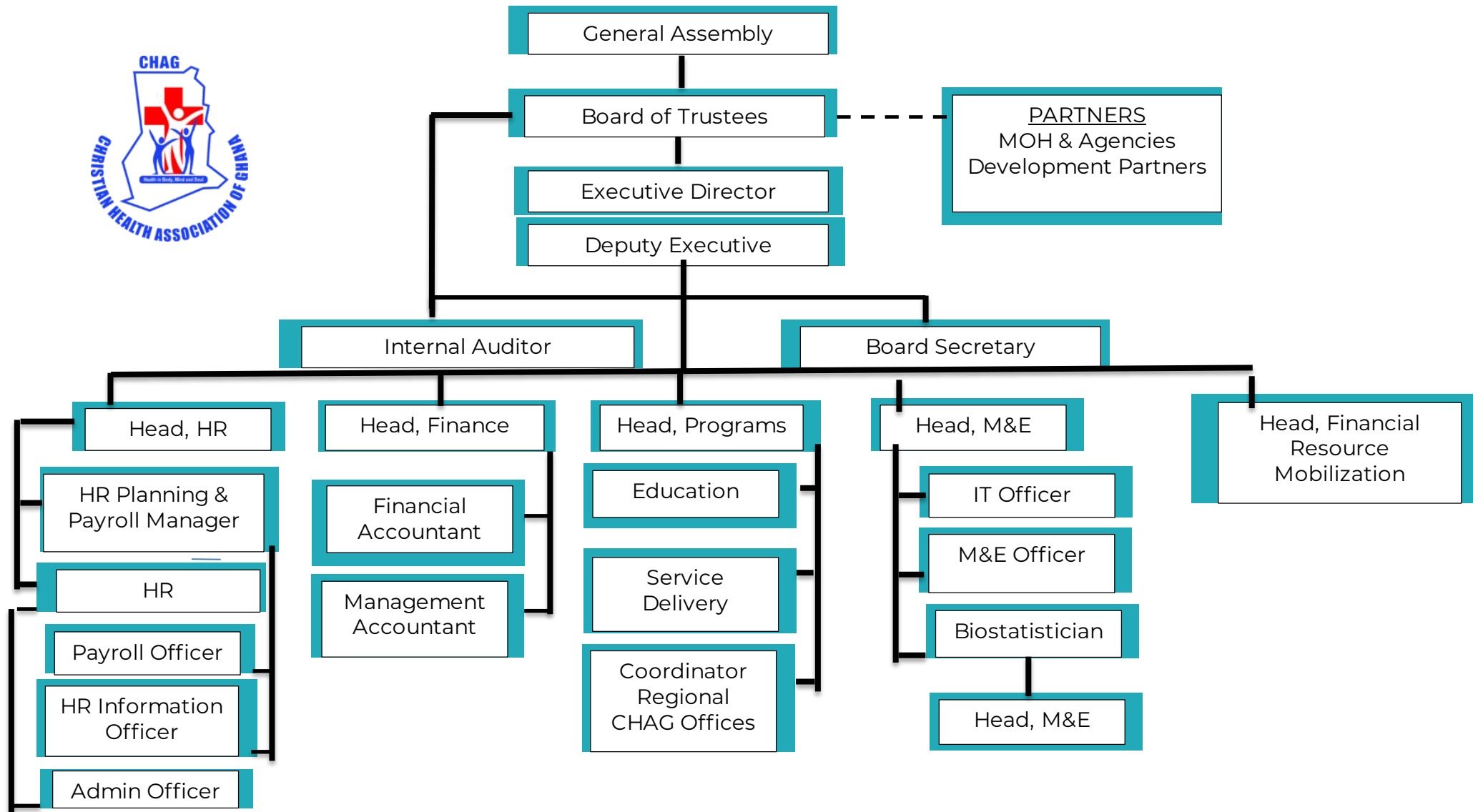
The larger Church denominations of CHAG operate Church Health Coordinating (CHC) offices (CHO)³ at the National level. These CHCOs operate autonomously but are accountable to their respective churches.

They provide technical, logistical and program support to their corresponding health facilities. To some extent, they also mobilise funding for their members. In addition, some Churches operate supplementary and decentralized health coordinating units at the Presbytery and Diocesan levels. CHAG presently have a total of 34 Church denominations.

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

³ Church denominations operating National Health Coordination units are: the Catholic Church, the Presbyterian Church, the Seventh Day Adventist Church, the Salvation Army, the Anglican Church, the Methodist Church, Ghana Baptist Convention, True Faith Church, Saviour Church, Church of Christ, Assemblies of God, Church of God, FAME Ghana, EP Church, Global Evangelical, Word Alive Mission, Luke Society Mission, Manna Mission, the Church of Pentecost, Faith Mission, Siloam Gospel.

1.4 CHAG'S Organogram and Functional Relationships



1.5 CHAG Health Infrastructure

The CHAG network comprises a membership of 349 health facilities and 21 health training institutions owned by 34 different Christian Church denominations (Annex 3). The health facilities are made up of 161 clinics (46%), 106 hospitals (30%), 46 health centres (13%), 10 primary health care (PHC) centres (3%), 2 CHPS Compounds (1%), 2 rehabilitation centres (1%) and 21 training schools (6%). In all, the network has approximately 7.5% of the total health infrastructure in Ghana.

CHAG facilities are predominantly located in the more rural and deprived localities. They are unevenly distributed over the 16 regions of Ghana as shown in figure 1 below.

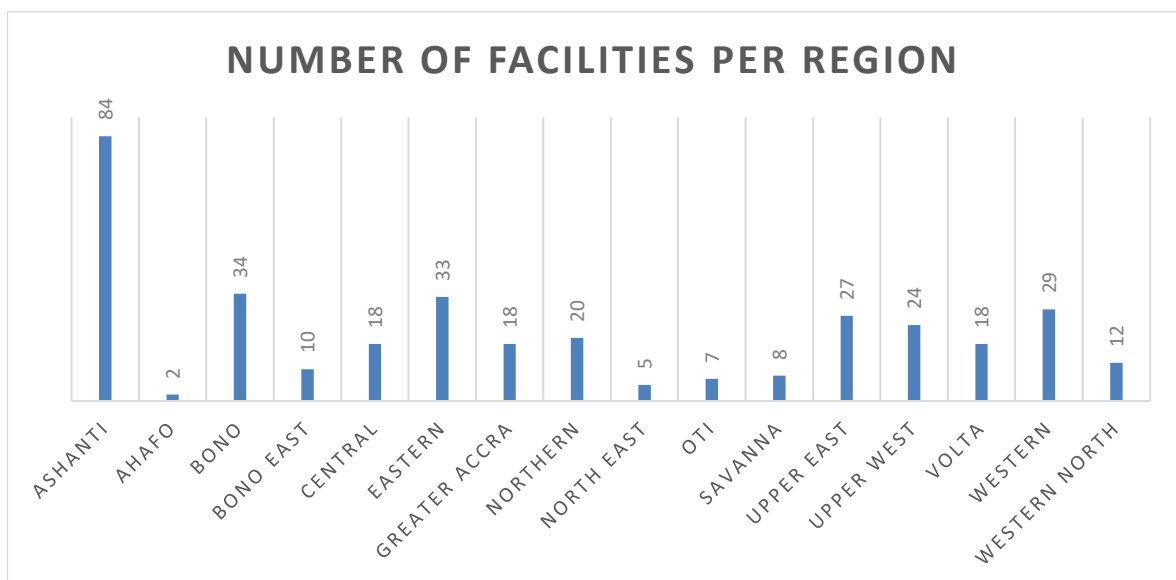


Figure 1: Number of CHAG Facilities Per Region

A large majority of CHAG facilities is owned by the Catholic Church (40.1%) followed by the Presbyterian Church (15.8%), the Seventh Day Adventist Church (9.2%) and the Methodist Church (7.4%). The Salvation Army, Anglican Church, Ghana Baptist Convention, Evangelical Presbyterian (EP) Church, Church of God, FAME Ghana and the Church of Pentecost each own about 2.5% of facilities. The remaining 23 Charismatic Churches constitute about 23.6% of the CHAG membership base, with each operating just 1, 2 or 3 health facilities.⁴

⁴ All other denominations include; Word Alive Mission, WEC, Siloam Gospel, Run Mission, Church of Christ, Assemblies of God, Manna Mission, Lighthouse, Luke Society Missions, Powerhouse, The Apostles Continuation, The Apostolic Church, Bryant Mission, King of Kings, Harvesters Evangelistic, Hawa Memorial Saviour Church, True Faith, Faith Evangelical Mission, Theo vision, Grace Spring Mission, Global Evangelical, Baptist-Midwest and AME – Zion.

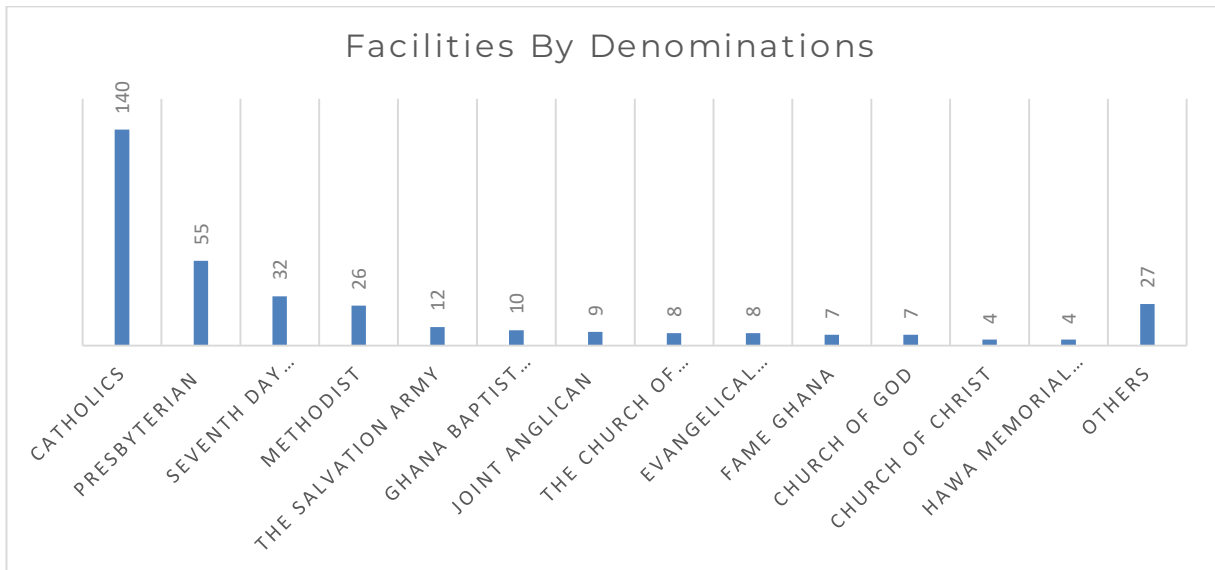


Figure 2: Number of CHAG Facilities by Denominations

1.6 Rationale for the Strategic Plan

In the last two years of implementing the 2017-2021 Strategic Plan (SP), there were significant shifts in the healthcare system triggered by the COVID-19 pandemic, which revealed the inherent weaknesses of health systems globally. These identified weaknesses and gaps include suboptimal emergency and critical care, health promotion, equipment and infrastructure requirements, infection prevention and control systems, and human resource needs. Consequently, the ongoing COVID-19 response actions have highlighted health system strengthening issues comprising staff capacity development, technology and equipment needs, and reinforced the critical importance of continuous infection prevention and control structures. Clearly, the context for which the previous SP was developed has changed. Importantly, the 2017-2021 SP expired in December 2021. Therefore, this 2022-2026 SP has been formulated in line with the changing context for healthcare delivery, and the need to support the CHAG Network to be responsive, robust and resilient in the years ahead.

1.6.1 Successes of the 2017-2021 strategic framework

The CHAG network chalked successes in several areas. Among these are: the establishment of the SafeCare Quality Improvement Programme with national leadership structure to lead and supervise the implementation of quality improvement in CHAG facilities. In line with the overall goal of the 2017-2021 strategic plan, the Secretariat restructured its systems and leadership to reflect the changing times. Accordingly, a directorate for Resource Mobilization was set up. Additionally, Internal Audit and Training & Development units were also

setup with the appointments of a substantive Auditor, Training and Development Officer and Health Informatician. Additional staff were recruited to support leadership units that were created.

To strengthen leadership and governance system, key protocols and guidance materials were developed. These include Financial Administration Manual (2021), Monitoring and Evaluation (M&E) Manual, Internal Audit Manual and Safeguarding Policies. Aside these, other important policy documents were developed including Fraud, Anti-Money Laundering, Whistle-blower, and Transport policies. Piloting of decentralized leadership at the regional level was initiated. To operationalize it, 15 Regional Representatives of CHAG administrative wings were also created in the course of the 5 years on a pilot basis. Reviews would be done during the current plan and then strengthened. Ten (10) Internationally Certified SafeCare Assessors as well as four (4) seasoned Health Service Administrators and a renowned Clinician well versed in Administration were identified and appointed to represent CHAG in their respective regions.

The Secretariat took concrete steps to develop the capacity of staff to be able to deliver on results. Consequently, staff training was organized using both international and local facilitators. Some of such training sessions included Managing for results training, facilitated by DANIDA; Monitoring and Evaluation; Grant and Proposal writing; Pitching for projects among others. The impact of these trainings was very telling over the period of review. CHAG was able to secure several grants and projects which resulted in significant contributions to the national health outcomes.

One such grant which the Secretariat secured was the Global Fund grant for Community Systems Strengthening (CSS) for HIV, TB and human rights issues related to HIV and TB. On this grant project, CHAG worked as the Principal Recipient (PR), together with 99 Civil Society Organizations (CSOs) in all the 16 regions and 153 districts to improve TB and HIV case detection and treatment in Ghana.

Another important project CHAG carried out over the life of the 2017-2021 strategic plan was the SafeCare Quality Improvement for CHAG health facilities. The aim was to develop the capacities of facilities to deliver quality health services that guarantee safety to all clients in all CHAG facilities. To this end, 28 staff were carefully selected from within the network and trained to international certification standards, to lead the improvement programme

within the CHAG network. The programme is still being run and leading international accreditation?? whilst building confidence of clients in CHAG facilities. Additionally, 100 staff (25 coaches and 75 quality improvement leads) were trained by the Institute for Healthcare Improvement (IHI) to facilitate quality of care in 25 facilities with high volume deliveries. All the 25 facilities undertook collaborative learning sessions to facilitate cross learning among facilities to improve quality of care. The Foreign Commonwealth and Development Office (FCDO) supported CHAG to establish quality and safety culture in 75 CHAG facilities to improve quality of care by adopting the Royal College of Physicians (RCP) quality improvement collaborative learning approach. Per this approach, CHAG brought groups of professionals from 75 facilities together to learn from and motivate each other to improve the quality of health service.

CHAG developed key partnerships that supported various aspects of the strategic plan including supporting the network through the COVID-19 pandemic. Some of the key partners include Foreign Commonwealth and Development Office (FCDO) formerly DFID, PharmAccess Foundation, the Global Fund, GIZ, Difaem, STAR Ghana Foundation, among others.

Although the COVID-19 pandemic came unexpectedly with potential ramifications to disrupt the network and health services provision, our partners continued to support in mitigating the impact of the pandemic. Through the support of FCDO, CHAG set up the COVID-19 and Institutional Capacity Building (CRIB) project that consistently supported 40 District Hospitals where the government has no district hospitals to respond to COVID-19. The support was extended to 40 District Health Administrations (DHAs) to respond to COVID-19. Together, the hospitals and DHAs led prevention campaigns on Covid-19 within their catchment areas.

The project complemented government's efforts with COVID-19 testing, case management and risk communication.

The CHAG-MOH and CHAG-GHS partnerships were strengthened to the extent that CHAG became a key implementer of MOH programs such as the Covid-19 Emergency Response Plan. The government supported and forged another level of partnership with CHAG through the State-Church Partnership for COVID-19. This partnership was spearheaded by the Ministry of Finance and led to enhanced mobilization of the church space for risk communication. To enhance data use for decision making and contribute to national outcomes, the

number of CHAG facilities that contributed data on the DHIMS II Platform increased from 206 to 322.

One of the key successes in health service delivery was the integration of Mental Health services into the continuum of care for CHAG facilities. As at the end of 2021, about 140 facilities now have functional mental health units that provide mid-level care to persons with mental health conditions. Two years prior to the expiration of the outgone strategic plan, the Secretariat received funding from Ghana Somubi Dwumadie to train staff on psychosocial support services in relation to the Covid-19 pandemic. These staff are working in various CHAG facilities and providing care.

Another key success chalked within the period, was the reduction in key health service indicators including reduction in maternal mortality from 145 in 2015 to 117/100,000 live births in 2020; neonatal mortality from 13 in 2016 to 9.3/1000 live births in 2020; and Under 5 mortality from 18.3 in 2016 to 15.1/ 1000 live births in 2020. Outpatient (OPD) attendance increased over the period by 9.8% while inpatient care increased by 15.5%. In addition to the above, CHAG started a model programme for people with Non-Communicable Diseases (NCDs) in 85 facilities. The programme, which is ongoing, allows patients to be reached in their homes via a technology led system (Empower health) by their physicians, nurses, and tele-counsellors.

To improve Human Resource Management, CHAG developed and disseminated a harmonized Human Resource policy manual, and also developed and deployed a Human Resource Information and Management Systems (HRIMS) jointly with Ghana Health Service. HR fora were held annually with participation from CHAG Member Institutions (CMIs). About 18 CHAG Health Training Institutions were also supported to develop strategic plans for their respective Schools to improve student pass rate and the schools' performance. A functional Monitoring and Evaluation (M&E) Unit was created to support and improve project outcomes.

1.6.2 Challenges and Weaknesses of the 2017-2021 Strategic Framework

The implementation of the 2017-2021 strategic plan was not without challenges. Among them was difficulty in funding some key activities in the plan such as the HR retention study. Consequently, some interventions were not executed because they were contingent on others. An example is the development of staff retention plan, which was contingent on the HR retention study. Donor preferences drove certain interventions. The plan on NCDs was to

have screening centres in 30 districts. Even though NCDs intervention was funded, it was done according to donor interest.

Quality of some aspects of health services delivery was still a challenge in spite of the Quality Improvement programmes that were undertaken. In part, this is attributable to the fact that some interventions required financial inputs which was difficult for some of the facilities. Again, quality is a continuous process, it may take time for facilities to be fully conversant and see changes in their service delivery.

There was a significant shift in priorities for the health sector when the COVID-19 pandemic was declared. Donor funding shifted to COVID-19 with few funding areas outside the pandemic.

With regards to health information, there were diverse health information systems within the network which were not interoperable with existing systems. CHAG does not own a national data repository leaving data in silos and thereby making it difficult to generate data for informed decisions when the national data system is unstable. It was also realized that the capacities of Health information officers on Electronic Health Records (EHR) management was low.

Partnership for research within the network could not be developed. Meanwhile, CMIs have diverse areas that could be researched to potentially solve contextual problems. Again, the 2017-2021 strategic plan was not widely disseminated, and as such facilities could not use the framework for their annual plans as anticipated.

Two years of dealing with COVID-19 pandemic has taught several lessons including the weaknesses in emergency care, the requirements for critical staff and the need for equipment and commodities to address emergencies. The challenges of continuous provision of basic essential health care while fighting a pandemic have been noted. In particular, the disconnect between public health and clinical care has been highlighted. Consequently, health sector policies are changing and so are priorities. These changing contexts have informed the need for a new strategic plan, hence the 2022 – 2026 plan.

1.6.3 Performance of the Health Systems Strengthening Blocks

The Health Systems approach became the preoccupation of the global health community and was still the case during implementation of the last plan. Following the Ouagadougou declaration in April 2008, African Health systems,

including Ghana have been focusing on achieving better healthcare. Consequently, CHAG in its 2017-2021 Strategic Plan sought to achieve “Improvements in Health Outcomes by Strengthening Health Systems”. At the end of the period, whereas the performance in Service delivery, Health Financing and Health Technology were satisfactory, the performance in Leadership and governance and human resources were not satisfactory. This calls for systems rethinking; how to build strong leadership within the network for a resilient health system. In particular, leadership capacity for some CMLs within the network is not optimal but it is critical to delivering on the mandate of CHAG. Leadership development is thus given attention in this plan.

1.6.4 Change of Global Health Focus: The Universal Health Coverage (UHC)

The health sector in recent times is experiencing changing priorities in tandem with changing health needs of the population and the global health agenda as well as the Covid-19 pandemic. The health-related goals of the SDGs seek to ensure healthy lives and promote well-being for all at all ages. Consequently, the world is now rallying around Universal Health Coverage (UHC). In Ghana, there has been extensive planning on ensuring that all Ghanaians have timely access to quality health services at the point of need irrespective of the ability to pay. The Ministry of Health has thus developed the UHC roadmap. With the changing context, there is the need to develop a new strategic plan that addresses issues internally and externally using the competencies within the network and within the confines of the core mandate of CHAG. To do this, we subjected the work and functions of CHAG over the period to robust strengths, weaknesses, opportunities and threats (SWOT) analysis. Again, we scrutinized the political, economic, social, and technological environments and the findings of these two analyses informed the development of the strategic plan. It is envisaged to provide solutions to the challenges and weaknesses of the network as well emerging threat of outbreaks and pandemics whilst bringing mechanisms to take care of the opportunities that are available to deliver on its mandate.

1.7 The Strategic Plan Development Process

The development of the 2022-2026 plan went through four (4) key phases. The first phase was the review of the 2017-2021 SP as well as the review of CHAG’s 2021 PoW. Additional reviews were done through brainstorming sessions coupled with reports on quality improvement assessments carried out on CHAG under the CHAG SafeCare QI programme. Gaps and challenges confronting the network were identified. This was followed by a review of current national plans and policies to align the strategic plan with. These national policy documents

include the Health Sector Medium Term Plan (HSMTP) and the UHC Roadmap. The second phase involved SWOT and PEST analysis done to inform planning for CHAG. Following this, a quantitative strategic planning matrix was used in developing the draft Strategic plan. Further to these analyses, consultative reviews with stakeholders were done. Selected facility heads critiqued the draft and also made inputs into it. The third phase involved a review and approval by the Board of Trustees. The fourth (4th) phase involved the publication and dissemination of the SP within the CHAG network.

1.8 The Structure of The Strategic Plan

There are four (4) main chapters in this strategic plan. Chapter one is the introductory chapter, and it highlights the background of CHAG, membership, and governance as well as CHAG's organogram and functional relationships. It further outlines CHAG's infrastructure, successes and weaknesses of the just ended Strategic Framework (2017-2021), the performance of the HSS Blocks and also the changes in the global health focus as well as the structure of the SP. The second chapter gives an overview of Ghana's Health sector, and it outlines the structure of healthcare delivery in Ghana, policies, legal and regulatory framework as well as the 2022-2025 MoH Health Sector Medium Term Development Framework. It further highlights the UHC roadmap of Ghana, essential health services for Ghanaians from 2022-2025, management of clinical and public health emergencies among others. It also throws more light on improvement of quality of care and information management as well as funding for the health sector. Chapter three (3) outlines the Political, Economic, Social and Technological (PEST) as well as Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the CHAG network and also outlines the critical challenges as well as the critical driving and success factors of the network. Chapter four (4) which is the last chapter, outlines the vision, mission, main goal and main objectives as well as core values of CHAG. It further outlines the network outcomes and outputs as well as the strategic goal for the 5-year framework and its accompanying objectives detailed per the HSS blocks. This is followed by the annexes which outlines the summary objectives, strategies and expected outcomes as well as the membership of CHAG.

CHAPTER TWO: OVERVIEW OF GHANA'S HEALTH SECTOR

2.0 Introduction

This chapter gives an overview of the Health Sector in Ghana, the Ministry of Health and changes occurring in the sector. It also presents the Ghana's UHC 2030 agenda and its implications for health care delivery and the need to include them in the 2022-2026 strategic plan.

2.1 Structure of Health Care Delivery in Ghana

Health care delivery in Ghana is provided by both the public and private sectors. The Ministry of Health has oversight responsibility of the sector and in addition, formulates policies, monitors and evaluates progress of its program of work. The Ghana Health Services (GHS) and the Teaching hospitals are the main public-sector agencies for health care delivery. GHS, the largest service provider, operates a three-tiered system for service delivery with regional, district, and sub-district elements. The districts and sub-districts within each region are supervised and indirectly managed by the Regional Health Administration while the District Health Administration provide supervision and administrative support to the sub-districts. Largely, Health Centres and Community Health Planning & Services (CHPS) operate within the sub-district level to provide both preventive and curative services as well as outreach services to their respective communities.

2.2 Policy, Legal and Regulatory Framework

The MoH is responsible for policy formulation which are implemented by its agencies. Generally, the health sector is governed by the Health Sector Medium Term Development Plan (HSMTDP)⁵ which is based on the National Medium-Term Development Plan (NMTDP) for Ghana. Agencies and stakeholders in the sector are guided by this document which provides the framework for planning and other developments within the sector, constituting the overall basis for achieving the health sector goals. There is a new UHC roadmap and HSMTD (2022-2025) developed by the Ministry.

The sector has a complex legal and regulatory framework and operates under the purview of various Acts such as the Constitution of Ghana, the Public Service Commission Act, the Civil Service Act and Acts establishing the various agencies. Health Facilities Regulatory Agency (HeFRA) has taken over the regulatory mandate of the Ministry of Health. However, public facilities seem

⁵ Health Sector Medium Term Development Plan, Ministry of Health, 2014-2017

not regulated while the requirements for private and non-state health facilities, especially CHAG, still remains a challenge.

2.1.1 The Ministry of Health

The mandate of the MoH is to provide strategic direction, policy development, oversight and coordination, resource mobilization and M&E for the health sector. Notwithstanding progress in recent years, the MoH still performs many functions outside its core mandate. There are adequate policies to guide the health sector. There is however the need for harmonization and policy and practice connection. A serious concern for the MoH over the years has been the substantial increase of the wage bill, posing serious challenges for expanding and maintaining current staffing and salary levels. The goal of Ministry of Health's present HSMTDP is to increase access to quality essential health care and population-based services for all by 2030. The objectives include the following:

2.1.1.1 The Health Sector Medium Term Development Plan Framework 2022-2025

- 1) Universal access to better and efficiently managed quality healthcare services.
- 2) Reduce avoidable maternal, adolescent and child deaths and disabilities.
- 3) Increase access to responsive clinical and public health emergency services.

2.1.1.2 Universal Health Coverage Roadmap for Ghana (2020 – 2030)

- 1) Universal access to a better, efficiently managed, high quality primary health system.
- 2) Reduce unnecessary maternal, adolescent and child deaths and disabilities.
- 3) Increase access to responsive clinical and public health emergency services.

2.2 Essential Health Services for Ghanaians (2022- 2025)

The health sector is witnessing changes, some of which are programmatic while others border on policies. Specifically, the Ministry of Health has defined the goals and critical areas for essential for the Ghanaian populace. These include the following:

- 1) Increase the availability of essential health services packages across the continuum of care at all levels.
- 2) Improve EPI coverage in urban centres.
- 3) Eliminate mother-to-child transmission of HIV.
- 4) Improve school health and nutrition service.
- 5) Improve access to specified packages of adolescent and youth services.

- 6) Improve access to mental health services.

2.3 Management of Clinical and Public Health Emergencies

The Health Sector will strengthen clinical and public health emergencies over the next four

(4) years. The specific areas include:

- 1) Strengthen institutions to deliver responsive pre-hospital and clinical emergency services.
- 2) Setting up and strengthen institutions to deliver responsive public health emergency services.

2.4 Improve Quality of Care and Information Management

The following are the interventions that the MoH has targeted to put in place to improve quality of care and information management

- 1) Institutionalize quality standards and practices in the delivery of health services.
- 2) Ensure provision of quality essential maternal health service.
- 3) Improve accountability for the lives of women and children.
- 4) Improve the quality-of-service delivery at all levels for ANC, intrapartum care, PNC, and newborn care.
- 5) Improve the quality of care to babies delivered outside health facilities.
- 6) Increase the quality and coverage of perinatal death audits.
- 7) Improve the quality-of-service delivery for the care of children.
- 8) Improve the quality of adolescent and youth-friendly services.
- 9) Improve collection, entry, analysis, and utilization of data on NCDs in Ghana.
- 10) Establish a system for the generation of nationally representative data on mental health.
- 11) Improve the availability of data for adolescent health.
- 12) Reduce Burden of Unsafe Abortion.
- 13) Increase the use of Information and Communication Technology for Emergency Care and Surveillance.
- 14) Improve Infrastructure, Logistics and Supplies for Emergency Care.
- 15) Strengthen the management and quality assurance of national laboratories and infectious disease centres.

2.5 Funding for the Health Sector

Development Partners

The sector development partner landscape rapidly and continuously changes with reduced funding levels from bi-lateral and multi-national donors. This is due to the prolonged worldwide economic crises, a paradigm shift in

development aid towards economic collaboration and more support for fragile and underdeveloped countries. Ghana moved out of this bracket when it attained a lower middle-income country status. Development partners in health are gradually withdrawing their support, a situation that is likely to affect vaccination and other vital health programs in Ghana in the coming years. If this is not anticipated and catered for it is likely to undo some of the gains made in child health.

Changes in Political Leadership & Governance

In December 2016, Ghanaians voted for a change of government, paving way for a new government from a new political party to be in place. The change in the governance structure of the country came with, changes in policies and strategic directions in the health sector. The resulting changes were all factored into the development of this Strategic Plan.

Health Financing

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

Health Insurance Capitation

Having piloted the capitation in the Ashanti region, it is now being scaled up in other regions. The outcome of this is uncertain and may pose challenges on the current level of public health financing which can adversely affect financial liquidity and sustainability of certain category of health facilities.

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

CHAPTER THREE: THE STRATEGIC DRIVERS OF CHAG

3.0 Introduction

This section describes the strategic drivers of CHAG, a result of the findings of the various analyses – review of the 2021 program of work, the 2017-2021 strategic plan, SWOT and PEST. These findings informed the prioritization of strategies for the 2022-2026 strategic plan.

3.1 PEST Analysis

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

Table 1: PEST Analysis

Political	Economic
<ol style="list-style-type: none"> 1. Ghana is politically stable, providing good environment for health care delivery. 2. Stability at the Ministry of Health has the potential to strengthen commitment to policies including the CHAG-MoH MoU. 3. Over politicization of NHIS makes the operations of the NHIS not effective and difficult to tell which direction NHIS will take. 4. Ghana has signed on to the UHC and there is a political will to implement strategies of the UHC 2030 agenda. 	<ol style="list-style-type: none"> 1. Ghana's growth rate is below the average for Sub-Saharan African average of 5.0% (IMF 2015) and could affect funding of health programmes. 2. Changing patterns of donor funding, deepened by the COVID-19 pandemic has the potential to affect continuous delivery of essential services. 3. The oil and gas industry has the potential to grow to support the economic growth of Ghana in the future if it is managed well. This could create a positive platform for growth in the health sector. 4. High cost of power and unreliable supply can negatively affect the economic situation of CHAG health facilities particularly those in the rural areas. 5. Widespread poverty in many parts of the country can affect the overall health of the population particularly where CHAG facilities operate.
Socio-cultural	Technological
<ol style="list-style-type: none"> 1. Some social protection policies and interventions are available that protect HIV/AIDS patients (2004), the aged (2010), poor people (LEAP) and NHIS. 2. Myths and misconceptions affect many areas of health care delivery 	<ol style="list-style-type: none"> 1. Government's commitment to e-health creates the basis for improved health services. 2. Mobile phone penetration in Ghana is over 100% and this could be a beneficial means to disseminate health information and for advocacy purposes.

<p>including disease outbreaks and pandemics. For example, many communities do not believe the reality of COVID-19.</p>	<ol style="list-style-type: none"> 3. Cloud computing, which developing at a fast pace could be used to store health data for enhanced decision making. 4. Application of ICT for data collection, analysis and dissemination has positive implications for health services delivery. 5. Expansion of ICT potentially can improve networking and partnership development.
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3.2 Swot Analysis

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

Table 2: SWOT Analysis of CHAG

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Human capital: There is adequate human capital with competencies required to deliver desired outcomes within the CHAG network. 2. There is strong leadership with vast experience, and capacity for lobbying and advocacy at the national level. 3. There is leadership capacity to mobilize at all levels (national, regional, district and sub-district levels). 4. The Secretariat is responsive to demands of the health sector, stakeholders, including partners and clients. 5. Strong support from the “Owners” of CHAG 6. Leadership has advocacy and partnership skills that makes CHAG visible. 	<ol style="list-style-type: none"> 1. There is inadequate leadership capacity within some denominational members at some levels 2. Monitoring and supervision, though undertaken, is not enough to provide feedback in all critical areas. 3. There is lack of centralised Information Management Systems within the CHAG network. 4. There is somewhat weak employee performance management including performance contracting with CHCUs and CMIs.
Opportunities	Threats
<ol style="list-style-type: none"> 1. Ghana’s UHC road map (2020-2030) and the Health Sector Medium Term Development Plan sets the agenda for planning health services by network members. 	<ol style="list-style-type: none"> 1. Government’s agenda 111 Policy has a potential of eroding CHAG’s relevance in the rural areas. 2. Limited accreditation levels and delayed reimbursements for CHAG facilities

<ol style="list-style-type: none"> 2. Covid-19 Pandemic creates the avenues for emergency preparedness, staff capacity development, improved infrastructures, and other resources to address future emergencies. 3. The existence of MoU with the MoH and GHS is a leverage for continuous engagement with government. 4. Widespread acceptance and political commitment to ICT can be leveraged for effective and efficient health service deliver. 5. The active role of HeFRA credentialing and quality assurance provides opportunity for CMIs to upgrade to secondary or tertiary levels under the NHIS and improve quality of care. 6. The Government's agenda 111 provides opportunity for enhancing church-state collaboration for infrastructure development for CHAG facilities. 	<ol style="list-style-type: none"> under the NHIS potentially limits the ability of MIs to grow and provide prompt services. 3. There is high cost associated with adopting technology in health information management which cannot be passed on to the patient. 4. There is higher staff attrition of health workers from within the CHAG network. 5. The negative impact of COVID-19 on international health workforce creates opportunities for migration of Ghanaian health workforce and potentially threatens human capacity in country. 6. Prioritizing funding for COVID-19 pandemic poses a threat to continuous provision of essential and basic health services particularly in rural communities 7. Climate change and sanitation. 8. Posturing and interference in administrative processes and procedures from some Church Owners lead to staff attrition.
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3.3 Critical Driving/ Success Factors

Given the opportunities, threats and other factors prevailing in the health sector, the following factors are critical for the success of CHAG in the next five (5) years;

- 1) Strong and dynamic leadership.
- 2) Competent Human Capital.
- 3) Ability to respond to health emergencies and contextual problems.
- 4) Reliable partnerships.
- 5) Financial viability.
- 6) Technological compliance.
- 7) Availability of reliable data for evidence-based decisions.

3.4 Critical Challenges

The Secretariat will work to address present and emerging challenges that confront CMIs and as well create opportunities to facilitate delivery of health services. Presently, there are marked differences in the scope and quality of health service provision among members within the CHAG network. All member facilities are primarily pre-occupied with maintaining and improving

organizational performance for better-quality health service provision. Critical challenges identified across the network are summarized in Table 3 below. Addressing these challenges will allow CHAG to contribute meaningfully to National health outcomes and targets.

Table 3: Critical Challenges Across the CHAG Network

HSS Block	Critical Network Issues to be addressed during 2022 to 2026
Leadership and Governance	Inconsistencies in the accreditation and credentialing of some CHAG facilities by HeFRA and NHIA.
	Challenges in supervision at various levels
	The name "Association" sometimes limits effective engagements
	Ownership challenges regarding some CHAG Institutions
	Some CMI (20%) could not credential with NHIA/ HEFRA.
	Policies and guidelines not widely disseminated.
	Best practices within the network are not documented and shared.
Human Resources for Health	Human Resource Plan for CHAG not yet developed
	High attrition of critical staff within the network
	Inadequate management capacity in Institutional and Organizational Management.
	Training programmes are not CPD accredited and certified.
	Weak employee performance management system.
	Inadequate Health Information Management Workforce
	Challenges with step-down training.
	Weak monitoring and evaluation of HR performance within the network
Challenges with career progression of certain cadres of staff including Clinical Psychiatry Officers, Doctor of Pharmacy, Dr. of Laboratory etc.	
Health Service Delivery	Challenges with implementation of PHCs / CHPS within the CHAG network
	Rising burdens of Non-Communicable Diseases (NCDs)
	Absence of centres of excellence for Neonatal and Paediatric care
	Ineffective and redundant QI teams in some CHAG facilities
	Challenges with viral load testing
	Challenges with sputum transportation
	Stockout of HIV commodities in some CHAG facilities

	Continuity of basic and essential services as amidst the COVID-19 response
	Gaps in emergency services
	There are still gaps in mental health service provision in some communities
	Payment mechanism incentivizing curative care to the peril of health promotion and other public health activities
Health Financing	Inadequate funding for certain programmes
	Limited capacity in resource mobilization
	Costing of services is not done.
	High initial capital outlay for the automation of services
	A greater proportion of facilities are yet to diversify
	Challenges with claims management
	Limited number of Internal Auditors within the network
Withdrawal of government support for capital infrastructure, goods, and services.	
Health Technology	Obsolete equipment and dilapidated infrastructure
Health Information Management	CHAG does not have its own national data management information system
	Limited number and capacity of Health Information Officers
	Inadequate data use for decision making
Partnerships for health development	Inadequate leadership capacity of some CMIs to engage at the district and sub-district levels
Health Research	Difficulty in accessing resources for research
	Limited research on NCDs
	Limited capacity in project proposal development and reporting
	Weak capacity in both operational and scientific research
ICT	Existing Health Information Systems within the network are not interoperable with national systems
	Lack of ICT strategic plans for CMIs to provide strategic direction on systems and interoperable platforms.
	Inadequate ICT infrastructure
	Fear in adopting technology
	Absence of CHAG App for improved communication

CHAPTER FOUR: STRATEGIC IDENTITY OF CHAG

4.0 Network Vision

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

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

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

4.1 CHAG'S Mission

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

4.2 Network Goal and Main Objectives

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

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

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

the objectives of the Association and generally to act for the benefit and welfare of the people living in Ghana.

4.3 Network Values

CHAG's Christian identity stands for a core set of principles, values and norms. These provide direction, guidance and the internal driving force and commitment to all its members, resulting in a unique culture of the network, a distinct ethical conduct and professional standards of its members and employees towards CHAG's customers and clients. CHAG has a non-strike convention that restrains all of its workers from embarking on strike action. This non-strike convention always saves the nation whenever there is industrial disharmony in the health sector. The public fall on CHAG facilities for service during those periods. The values of CHAG as a network are presented in table 4 below.

Table 4: Network Values

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

Co-operation and partnership	Recognizing the value of others as equal, necessary, and complementary to the achievement of CHAG’s vision, mission and goals.
Option for the poor and marginalized	Targeting the most vulnerable and less privileged population groups in society.

4.5 Network Outcomes and Outputs

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

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

Though the efforts and activities of the Secretariat, CHCOs and member institutions are noticeably different, all plans and activities are designed to ensure that CHAG’s health facilities perform well and provide quality health services. Work plans and support activities of member institutions, the Secretariat and the CHCOs respectively are thus targeted to achieve the outputs or deliverables at facility level within the period 2022-2026.

4.6 Strategic Goal For 2022-2026

The goal of CHAG for the period 2022-2026 is “Building a resilient CHAG Network towards Achieving Ghana’s Universal Health Coverage (UHC) 2030 Agenda”. The strategic plan is driven by this main goal with specific objectives per the Health Systems Blocks (HSS). Year on year there will be specific strategies to contribute to achieving the aforementioned strategic goal. The following section gives the rationale for the strategic goal.

GOAL: BUILDING A RESILIENT CHAG NETWORK TOWARDS ACHIEVING GHANA’S UNIVERSAL HEALTH COVERAGE (UHC) 2030 AGENDA

The chosen goal is influenced by several factors. These include the lessons from COVID-19 that brought to bear the need for a robust system that addresses emerging local outbreaks and pandemics and the need for critical service areas and human resource. Again, the goal is influenced by national agenda and policy to make healthcare accessible to all citizens in all areas as contained in the UHC roadmap (2020-2030). Additionally, the goal seeks to enhance CHAG's relevance and role in contributing to National outcomes.

4.7 Strategic Objectives

To achieve the overall goal for the 5-year plan, there are several objectives that define how the goal will be met per the HSS blocks as outlined below.

4.7.1 Leadership And Governance

Overview

The backbone of every organisation is its leadership and governance structures. The governance structures of CHAG encompass five (5) key levels namely, the Owners, Board of Trustees, CHAG Secretariat, CHCOs and CMIs. Over the past 5 years, there has been significant improvement in the governance structure of CHAG. These were:

- a) Decentralisation of CHAG to the regional levels that was initiated during the last year of the 2017-2021 plan. Accordingly, 15 virtual offices were established with internationally certified SafeCare Assessors, seasoned Health Service Administrators and Medical experts elected as temporary office holders. This intervention contributed towards promoting effective coordination, communication, monitoring and supervision at those levels.
- b) Capacity building of heads of CMIs in strategic planning, organisational development, and resource mobilization.
- c) Dissemination of Health Sector Regulations and policies especially Collective agreements/ Conditions of Service, HR Policies within the network.
- d) Supporting the credentialing of 80% of CMIs with the NHIA and HeFRA out of which 60% were directly facilitated by the Secretariat.
- e) Rebranding of CHAG through various activities including building an interactive and functional website.

All these notwithstanding, the network is challenged with inconsistencies in the accreditation and credentialing of some CMIs by HeFRA and NHIA. There are some disputes over ownership in some CMIs due to government take-over. Some policies and guidelines developed by CHAG were not widely disseminated hence not adequately implemented within the network. In addition, best practices within the network were mostly not documented and shared. The name "Association" also limits CHAG in some of its engagements. There is potential duplication of health facilities because of Government's agenda 111 policy. In the next 5 years, the Secretariat will focus on strengthening leadership and governance structures within the network. Furthermore, the office will Promote Church-State engagements on equitable resource allocation within the health

sector. Attention will also be given to the rebranding of CHAG to enhance its visibility within the sector.

L&G Objective 1:

Ensure effective Leadership and Governance Systems across the CHAG Network

Strategies

- 1) Assess Leadership and Management situations at all levels and determine their corresponding requirements.
- 2) Support all CMIs to develop and implement the strategic plan.
- 3) Develop and facilitate the implementation of sound succession planning systems at all levels.
- 4) Establish Leadership and Management Development Programme to build capacity at all levels of the Network.
- 5) Develop, implement, and sustain coaching and mentorship systems at all levels of the Network.
- 6) Institutionalize Performance Contract between CHAG Secretariat and various Church Health Services.

Expected outcomes

- 1) All Institutional Management Teams Trained in identified areas.
- 2) At least 50% improvement in the efficiency of institutional management.
- 3) At least 70% of CMIs with succession plans in place.
- 4) At least 50% of CMIs have clearly outlined and functional governance structures.

L&G Objective 2

Strengthen oversight responsibility over all CHAG Member Institutions to ensure compliance with Policies and regulations.

Strategies

- 1) Provide regular policy directives on all existing guidelines and manuals to guide the operations of Church Health Services and member institutions.
- 2) Institute monitoring systems to ensure compliance to policies and regulations within the Network.
- 3) Ensure effective supervision, monitoring and evaluation of existing policies, regulations, programmes and outcomes.
- 4) Re-instate quarterly Church Health Coordinators' meetings with the Secretariat.
- 5) Engage Church Leaders annually on key / critical issues.

- 6) Develop and institute reward mechanisms for CMIs to promote the achievement of set targets in the strategic plan.

Expected Outcomes

- 1) Over 90% Policy and Regulatory Compliance by CMIs.
- 2) Basic and essential health services are continuously provided in at least 80% of CMIs.
- 3) Strategic Plan targets aligned and implemented in at least 50% of CHCUs and CMIs.

L&G Objective 3

Strengthen advocacy to address ownership challenges, credentialing, inequities in resource allocation.

Strategies

- 1) Provide periodic advocacy updates to Owners on key network challenges.
- 2) Facilitate regular engagement between Owners, Presidency and the health sector leadership.
- 3) Develop a strategic advocacy document on the government's agenda 111 and how the church can benefit from the programme and in turn how the government can leverage on the churches' structures.

Expected Outcomes

- 1) The Government projects (Agenda 111) in earmarked districts where CHAG is present are given to CHAG to manage.
- 2) At least 70% CMIs appropriately credentialed by NHIA and HeFRA.
- 3) Ownership of at least 30% lost CMIs reclaimed.

L&G Objective 4

Facilitate the rebranding and positioning of CHAG to enhance its visibility and leverage in the Health Sector.

Strategies

- 1) Facilitate the rebrand of CHAG (change name) to "Christian Health Services of Ghana" (CHSG)/ CHAG Health Services".
- 2) Create a map of all CMIs and CHCUs with their digital address.
- 3) Set up a dedicated communications department at the national Head office.
- 4) Update the website with relevant and key policy guidelines and Standard Operating Procedures (SOPs).

Expected outcomes

- 1) CHAG is rebranded and repositioned for increased leverage.
- 2) Increase online visibility of CHAG by at least 80%.
- 3) Improved content of CHAG website

L&G Objective 5

Establish CHAG Medical School

Strategies

- 1) Conduct feasibility studies
- 2) Engage a team to develop curriculum
- 3) Identify potential Partners
- 4) Engage relevant stakeholders
- 5) Obtain accreditation
- 6) Set up infrastructure
- 7) Recruit appropriate staff
- 8) Commence training

Expected outcomes

At least 70% of the CHAG Medical School establishment processes completed.

4.7.2 Human Resources for Health Development

Overview

Human resources for health (HRH) relate to all aspects of availability, management, functionality and effective performance of human resources to attain optimum workforce productivity. It involves the production, distribution, development, retention, utilization and compensation of a health workforce of the appropriate quantity, quality and the proper skill mix to ensure effective and quality health services. The Human Resource Directorate is responsible for providing the framework, systems and capacity for the planning, development and management of the human resources for the CHAG network. The Directorate facilitates and coordinates policy formulation, systems, planning, strategies development, and implementation. It facilitates effective recruitment, equitable deployment, development, and utilization of human resources, for improved employee performance and productivity. Healthcare is labour-intensive and the human resource is the personification of the system's core value. This ensures the effective

utilization of all other resources to treat and care for people, ease pain and suffering, prevent diseases and mitigate risk, while providing value for money. The directorate, therefore, links and connects competences to health actions to produce the desired health outcome.

CHAG recognizes its Human Resource for Health (HRH) as the most valuable and important asset. The HRH must be well managed and motivated to ensure continued improved performance for effective contribution to national health outcome, towards achieving Universal Health Coverage. CHAG has invested in the health workforce in terms of production, training development and compensation, to ensure availability of sufficient quantity, quality and mix of the required workforce. From 2017 to 2021, the following were achieved.

- a. Development and dissemination of Human Resource policy manual (2018),
- b. Development and deployment of Human Resource Information and Management Systems (HRIMS) in conjunction with the Ghana Health Service.
- c. Built capacity of managers on human resource policies, conditions of service/ collective agreement, electronic salary payment voucher validation and monitoring, payroll legislation and the labour law among others.
- d. Organised two (2) human resource conferences where critical and emerging human resource issues were discussed.
- e. Facilitated the development of strategic plans for 20 CHAG Health Training Institution.

These achievements notwithstanding, the network is still confronted with shortage of some critical and professional staff in some facilities. In addition, there is attrition, inequity in health workforce distribution, weak monitoring and evaluation, limited capacity in institutional management and organizational development still remains a challenge. Importantly, there is imminent migration of health professionals from Ghana to other countries. The HR requirement to meet the Government's agenda 111 policy will worsen the human resource situation with the network. Similarly, the rising numbers in the population have unintended effect on service delivery which in turn will place a high demand on requisite staff to provide needed interventions.

In the next 5 years, the HRHD of CHAG will develop a framework for ensuring the continued attraction, deployment, development, retention and utilization of suitably qualified, appropriately skilled, well-motivated and responsive health workforce. These measures are anticipated to mitigate the increasing attrition and the imminent migration of health workforce, limited technical and management

capacity among others. The strategic framework aims at strengthening the human resource system and improving Leadership and Technical capacity within the network. It will further strengthen the human resource information management, planning, training, and development capacity. The framework will further ensure policy and regulatory compliance as well as strengthen monitoring and evaluation to enable CHAG to contribute effectively to national health outcomes. Specifically, the Directorate will focus on the following:

- a. Effective production and development of human resources based on priorities and needs of the country in general and the network in particular.
- b. Ensuring availability of systems and competent health workforce, that is efficiently and equitably deployed to appropriate locations on the basis of defined priorities and needs.
- c. Effective management and utilization available workforce to support the provision of quality health service for the attainment of UHC.
- d. Ensuring policy and regulatory compliance within the network and the health sector as a whole.
- e. Building CHTIs capacity to operate fully as tertiary institutions.

HRH Objective 1

Build the capacity of CHTIs to produce the required quantity, quality and mix to address health service delivery needs within the CHAG network.

Strategies

- 1) Facilitate accreditation of CHAG Health Training Institutions (CHTIs) and programmes with relevant regulatory bodies.
- 2) Facilitate the recruitment of new staff and build the capacity of existing faculty for the CHTIs.
- 3) Facilitate the upgrade of CHTIs to operate at full capacity as Tertiary Institutions (Infrastructure; staff, curriculum, TLMs).
- 4) Facilitate the implementation of CHTI's strategic plans.

Expected Outcomes

- 1) Adequate quantity, quality and mix of health professionals in CHAG institutions.
- 2) At least 50% CHTIs are upgraded to function fully as Tertiary Institutions at full capacity.

HRH Objective 2

Build Capacity of all CMTIs to train and develop its workforce for improved performance by the end of 2026.

Strategies

1. Strengthen capacity of CMIs in planning, design, implementation, and evaluation of training and development activities.
2. Institutionalize orientation and induction for new employees.
3. Coordinate and facilitate training and development of Health Professionals (both clinical and non-clinicals) within the network.
4. Develop and implement CPD/ In-service training programmes to address training needs within the network.

Expected Outcomes

1. Improved average performance of CMIs on the SafeCare QI programme by at least 10%.
2. Clients' satisfaction of services of CMIs increased by 20% over the 2021 baseline.

HRH Objective 3

Ensure effective recruitment and equitable distribution of Health Professionals within the CHAG Network.

Strategies

1. Update HRIMS with Equity gap index and equity distribution mechanism.
2. Strengthen capacity in Human Resource planning and implementation within the CHAG Network.
3. Develop and implement composite HR Plan for the CHAG Network.
4. Ensure adequate and equitable distribution of Health Professionals within the CHAG Network.

Expected Outcomes

Equitable distribution of human resources across the CHAG Network using the HR equity index.

HRH Objective 4

Develop and institute mechanisms to ensure retention of health workforce within the CHAG Network by December 2026.

Strategies

1. Conduct a study to determine factors influencing the movement of health workforce from the CHAG Network to other agencies.
2. Develop strategies for retention of Staff within the Network.
3. Implement retention strategy within the network.
4. Advocate for the decentralization of GCPS programmes to include qualified CHAG Facilities as study sites.

Expected Outcomes

Attrition rate within the CHAG network reduces by 60% over the 2021 figures.

HRH Objective 5

To ensure optimal performance of the health workforce to achieve higher productivity and improved health outcomes by 31st December 2026

Strategies

- 1) Establish and Institutionalize effective Employee Performance Management System with the CHAG Network.
- 2) Strengthen Institutional capacity in Employee Performance Management.
- 3) Automate Employee Performance Management for the CHAG Network.
- 4) Coordinate implementation of Employee Performance Management System within the Church Health Services for improved performance and health Outcomes.
- 5) Ensure that all Church Health Services develop and implement comprehensive employee assistance programmes to provide psychological and emotional support to employees in times of need.

Expected Outcomes

- 1) Functional Employee Performance Management System with the CHAG Network established.
- 2) Staff satisfaction improves by 30% across the CHAG network over 2022 baseline.

HRH Objective 6

Develop and institute reward mechanisms for optimum performance by end of 2026.

Strategies

- 1) Develop reward strategies for the achievement of set targets in the Strategic Plan for the network.
- 2) Disseminate the Strategic Plan and the reward strategies among the CHCUs and CMIs.
- 3) Implement reward strategies.

Expected Outcome

- 1) 2022-2026 Strategic Outcomes achieved by the network.
- 2) Staff satisfaction improves by 30% across the CHAG network over 2022 baseline.

4.7.3 Health Service Delivery**Overview**

Over the past 55 years, CHAG has made significant contributions in service delivery particularly in rural, marginalized and recently in urban poor segments of Ghana. The contribution of CHAG to national service delivery outputs has been around 29-35%. Indeed, in certain regions, for example the Bono East and Bono

regions, the contribution of CHAG to health service delivery has been over 70%. Over the last decade, health services provision experienced challenges including slow and delayed reimbursements of funds, declining quality of care, low utilization particularly for in-patient services among others. Importantly, the burden of NCDs, HIV and maternal mortality began to rise with corresponding declining health indicators. In the last 5-years, CHAG's Strategic plan sought to develop capacity of CMIs to improve quality and patient safety, improve HIV, TB and reduce maternal and child mortality and morbidity. The strategy also sought to integrate mental health services in the continuum of care in CHAG facilities.

Whilst improvements were made particularly in driving quality of health services, there are still a myriad of challenges that confront health services delivery. These include the rising burden of NCDs, HIV and TB; relatively slow progress in maternal and child health indicators; quality of some aspects health services delivery and limited financial resources to meet health commodities and medicines demand. The increasing numbers in the population has brought with it unintended demand for healthcare interventions to meet the demands. Most especially, rural-urban migration which has led to many inhabitants in major cities residing in aluminium and wooden infrastructure, posing major health risks.

In the next 5 years, in line with Ghana's UHC roadmap and Health Sector Medium Term objectives (2022-2025), CHAG will contribute to reducing inequities of health access in rural and urban poor areas; reduce fluctuations in quality of health services; and improve management of HIV, TB and NCDs by developing the capacity of health personnel and leveraging on technology - empower health.

HSD Objective 1

To ensure universal access to better and efficiently managed quality healthcare services in line with the targets in Ghana's UHC roadmap 2030

Strategies

1. Strengthen and integrate quality improvement culture in all CHAG institutions.
2. Strengthen the SafeCare Quality Improvement programme.
3. Re-engage Church Health Coordinating Offices (CHCOs) and facility heads on CHPS implementation, Patient Safety, Quality Assurance and increasing burden of Medico-Legal issues within the network.
4. Expand the number of CHAG facilities, especially in rural, deprived, and urban centres in keeping with expanding access to care in unreached populations.

Expected Outcomes

At least 70% coverage for people within the catchment populations of CHAG facilities and having access to essential services.

HSD Objective 2

Avoidable Maternal, Adolescent and Child deaths and disabilities are reduced by 20%.

Strategies

- 1) Strengthen capacity of midwives and Medical Doctors for safe antenatal and post-natal care.
- 2) Strengthen Child Welfare Clinics and home visit programmes.
- 3) Strengthen feedback system on health service delivery indicators including mortality audits.
- 4) Institutionalize client satisfaction surveys at the facility level to improve quality.
- 5) Conduct training on Medico-Legal and patient safety issues.

Expected Outcomes

- 1) Maternal mortality ratio reduced by 90% over 2021 figures.
- 2) Neonatal, Child and Adolescent disabilities reduced by 40% over 2021 figures by 2026.
- 3) New-born, infant and child mortality rates reduced by 90% over 2021 figures.

HSD Objective 3

Increase access to responsive clinical and public health emergency services within the CHAG network.

Strategies

- 1) Develop the capacity of health personnel in selected CHAG facilities in Emergency Care including Infection Prevention and Control by 2026,
- 2) Develop capacity of selected CMIS (2 per region) for COVID-19 testing including other diseases of public health importance.
- 3) Using Covid-19 management as a guide, develop capacity for case management of diseases including oxygen supplementation at the primary hospital level.

Expected Outcomes

- 1) Capacity developed in 50% of CMLs in Emergency Care.
- 2) At least 30% of hospitals have essential oxygen equipment.

HSD Objective 4

Reduce the burden of Non-Communicable Diseases (NCDs).

Strategies

- 1) Leverage on technology (Empower health) for Hypertension and diabetes care.
- 2) Develop capacity of Medical Doctors and nurses for NCD care.
- 3) Conduct research on the rising burden of NCDs.

Expected Outcomes

- 1) Mortality from Hypertension and Diabetes reduced by 30% over 2021 figures within the entire CHAG network.
- 2) Mortality from Hypertension and Diabetes reduced by 70% over 2021 figures within the facilities implementing the GIZ Akomapa Project.

HSD Objective 5

Improve HIV and TB care through Community Systems Strengthening (CSS).

Strategies

- 1) Implement the CSS project for HIV, TB and Human Rights related abuses.
- 2) Support CSOs to implement CSS.
- 3) Evaluate the CSS programme of the Global Fund for CHAG.

Expected Outcomes

- 1) CSO contribution to national HIV/ TB care increased by 14% over 2020 figures.
 - 2) TB case detection raised by 14%.
-

4.7.4 Health Financing

Overview

Health Financing concerns the mobilisation, allocation and distribution of resources for health services delivery. In its optimal sense, health financing ensures the availability, accessibility and affordability of health services that meet patient needs.

Over the last five years, CHAG set for itself to mobilise adequate funds for the operations of the various programs across the nine health system blocks. Budgeting, costing of services, claims management, financial statements preparation, among other areas were other focal points for the department.

Within these five years under review, CHAG contributed enormously to secure substantive funding from different development partners for various projects and programs. Facilitation of credentialing and reimbursement of claims have improved tremendously. There were some capacity developments for some facility managers in budgeting, costing and claims management.

In spite of the aforementioned, adequate resource mobilization and some financial administration challenges among some facility managers remained. Majority of the facilities and their managers capabilities could not be built in the areas of claims management, costing and financial statements preparation. There is lack of adequate financial structures at the facility level

In the next five years, CHAG will concentrate on resource mobilization and effective resource utilization, diversification of services, claims management, costing of services, financial reports preparation and budgeting. CHAG will contribute to developing the financial systems in some of the facilities

HF Objective 1

Strengthen the capacity of facility managers in resource mobilization and effective resource prioritization and utilisation over the five-year period.

Strategies

- 1) Evaluate sources of revenue in member facilities.
- 2) Conduct training for facility managers on different streams of resource generation and effective resource utilization.
- 3) Strengthen financial structures at the facility level.
- 4) Build the capacity of facilities on resource flows, utilization, and prioritization.
- 5) Scope, scan and write proposals for various programmes and projects.

Expected Outcome

- 1) Resources generated for service delivery in at least 10% CMLs.
- 2) Sustainable healthcare provision assured.
- 3) Facilities efficiently utilize resources.

HF Objective 2

Build the capacity of facility managers to conduct costing of healthcare services, and prepare timely financial reports over the five-year period.

Strategies

- 1) Conduct baseline assessment on service costing among facilities within the network.
- 2) Train facility managers in costing of healthcare services.
- 3) Evaluate the financial reporting systems in selected facilities.

- 4) Build capacity of facility managers and accounting personnel in financial reporting & budgeting.
- 5) Review, adopt and disseminate Harmonized Financial Statement Guidelines for the CHAG network.

Expected Outcome

- 1) Services properly costed by 50% of facilities.
- 2) Appropriate financial reports prepared by 30% of facilities.

HF Objective 3

Strengthen the capacity of facility managers to efficiently manage claims over the five-year period

Strategies

- 1) Conduct a desk review of various claims management systems within member facilities.
- 2) Conduct training for facility managers in the claims management.
- 3) Institute quarterly engagement with NHIA (Leadership and Technical Team) and other Partners on claims management.
- 4) Re-activate monitoring mechanisms for claims vetting and reports.
- 5) Post intervention evaluation of claims management.

Expected Outcomes

- 1) Improved claims management within CHAG facilities.
- 2) Not more than 5% adjustment in claims submitted.

HF Objective 4

Facilitate diversification of income sources within the network by the end of 2023

Strategies

- 1) Evaluate the current services and explore opportunities for service expansion.
- 2) Build capacity of facility managers to diversify services.

Expected Outcomes

- 1) Sustained health services delivery outcomes.
- 2) Improved revenue generation beyond traditional sources.

4.7.5 Health Technology

Overview

Health Technology is the application of organised knowledge and skills in the form of devices, medicines, vaccines, procedures and systems developed to solve a health problem and improved quality of life (WHO). It is imperative to the present and future systems within CHAG, therefore, the need to harness it for effective and efficient health delivery system within the network. For the past five years, CHAG set for it itself to address the high cost of drugs & equipment, dilapidated/ obsolete health facility plants & equipment, and inadequate data management & usage.

Digital supply chain platform (Med4All) for some facilities has been successful. Some facilities were able to retool based on the capacity and opportunities CHAG gave them in diverse ways. The pilot was successful, and it has been scaled from 29 facilities to 64 facilities. Access to interest free financing (up to GHS400,000) was given to Members for the procurement of medicines at zero interest rates. The claim-it application was successfully rolled out in 98% of CMIs.

However, there is more room for improvement as most of the earmarked areas could not be fulfilled. In the next five years, the department will: Identify and link member Institutions to funding opportunities for equipment supplies. Build capacity of facility managers in equipment and infrastructure management. Identify and engage facilities not participating in the digital procurement(Med4all). Develop capacity of facilities to join the programme.

HT Objective 1

Identify and link member Institutions to funding opportunities for equipment supplies by the end of 2026.

Strategies

- 1) To undertake assessment of the functionality of equipment within the network.
- 2) Scope, scan and write proposals to potential equipment suppliers and funding Agencies.
- 3) Engage stakeholders (Church Leaders, CHCs, facility managers) on equipment acquisition and retooling (infrastructures).
- 4) Identify potential equipment manufacturers locally.

Expected Outcomes

- 1) 30% of Member facilities retooled in partnership with stakeholders.
- 2) Ultra-modern equipment acquired in 30% CMIs to promote health service delivery.

HT Objective 2

Build capacity of facility managers in equipment and infrastructure management by end of 2024.

Strategies

- 1) Assess Planned Preventive Maintenance (PPM) practices within the network.
- 2) Review and adopt existing PPM for equipment and disseminate within the network.
- 3) Conduct training for facility managers in equipment and infrastructure management.
- 4) Establish systems to monitor and evaluate equipment and infrastructure management within the network
- 5) Implement equipment engineering systems in selected CHAG facilities.

Expected Outcome

Functional PPM for equipment and infrastructure management established in all CMIs.

HT Objective 3

Scale up the implementation of the Digital Supply Chain (Med4All) platform to all CMIs by end of 2024

Strategies

- 1) Evaluate the performance of the Digital Supply Chain (Med4ALL) platform.
- 2) Identify and engage facilities and CHCs not participating in digital procurement platform.
- 3) Develop capacity of facilities on Digital Supply Chain to join the digital platform.

Expected Outcome

Access to quality and affordable medicines is improved in at least 60% CMIs.

HT Objective 4

Enhance access and utilization of CHAG Website within the network by end of 2024

Strategies

- 1) Develop applications that will enhance utilization of the website by CMIs to create traffic.
- 2) Improve upon the CHAG Website.

Expected Outcome

70% of information to CMIs accessed through the website.

4.7.6 Health Information Management System

Overview

Over the past five years, CHAG has been developing and applying health informatic tools for monitoring, research and health information management. CHAG also developed and applied statistical methodologies and performed supervisory role to improve data quality and utilization within the network. CHAG further aimed at building capacity of CMIs to submit timely, accurate and complete data within the network.

CHAG was able to increase the number of CHAG facilities on DHIMS 2 from 206 to 322. CHAG also built online data submission form for the CHAG Minimum Data Set with the use of kobo tool. Staff capacity was built by training HIOs/ Facility Heads from 135 lower-level facilities on data submission into DHIMS, conducted data audit in 34 CMIs, trained 30 Facility Managers on the use of OPAT for monitoring. These, therefore, improved data quality within the network.

However, these challenges faced were multifaceted. These included diverse systems within the network which were not interoperable with existing systems, lack of CHAG's own data repository, thus leaving data in silos. Furthermore, the network was faced with inadequate capacity of health information officers in Electronic Health Records (EHR) management, inadequate data use by senior managers, selective compliance, data quality issues, inadequate health information workforce for the entire network and high attrition rates.

The aforementioned challenges go a long way to affect quality health care service delivery, hence the need for an improved data quality management system and data use within the network.

HIMS Objective 1

To improve quality of health service data within the CHAG network by ensuring data submission, completeness and timeliness from 95% to 98% at the end of 2026.

Strategies

- 1) Develop and deploy an effective CHAG HIMS for the CHAG network by December 2022.
- 2) Develop standard definitions and procedures for service data and integrate user-friendly reporting forms into the CHAG HIMS.

- 3) Develop a data quality assessment mechanism based on a combination of self-assessment and supervision.
- 4) Strengthen HIS supervision and feedback focused on data quality and performance standards adherence.

Expected Outcomes

- 1) Centralised health information system, interoperability of the system with DHIMS 2 and other health information systems developed.
- 2) Improved, collated, analysed data generated and reported in all CMIs.
- 3) Improved capacity on supportive supervision and an established data quality assessment mechanism in all CMIs.

HIMS Objective 2

To facilitate compliance to health information regulations (data protection, reporting requirements from the Ministry and CHAG) in 95% of network member institutions by 31st December 2026.

Strategies

- 1) To sensitize CMIs about the current requirement on data.
- 2) Include in routine reporting, number of facilities that are in good standing with Data Protection Agency.
- 3) To set up monitoring mechanisms to ascertain compliance with data protection regulations.

Expected Outcomes

- 1) 95% of CMIs complied with data protection regulations.
- 2) Data security assured in all Health Information generated.
- 3) Potential litigation and medico-legal issues reduced by 90%.

HIMS Objective 3

To promote evidence-based decision making among 70% of CMIs Senior Managers by 31st December, 2026.

Strategies

- 1) Strengthen the capacity of HI staff in data analysis and reporting.
- 2) Build capacity on data use and reporting for Senior Managers.
- 3) Provide pre-service training to newly recruited health information professionals in problem solving skills.
- 4) Conduct baseline assessment on data use by managers for informed decision making.
- 5) Develop an assessment tool to ascertain data use among senior managers.

Expected Outcomes

- 1) Management decisions in 70% of CMI's are informed by evidence-based data.
- 2) Improved service delivery by 30% within the network over 2021 figures.
- 3) Feedback mechanisms and responsiveness enhanced .

4.7.7 Health Research Development

Overview

Health research is aimed at addressing knowledge gaps in order to improve health systems and health service delivery. It involves five broad phases: Problem identification; Problem analysis; Formulation of alternatives; Improve practices and procedures; and M and E.

CHAG within the last 5 years has established a Research Unit, an Institutional Review Board, collaborated with external research institutions and conducted couple of research within its network. CHAG over decades has also collected data from its facilities and need to mine deep learning / insight from the amassed data. Good practices within the network also need to be documented and shared across the globe.

Overall, we anticipate that 2022-2026 health research strategy will improve client-focused services (patient-providers relations); patient safety (reduction of iatrogenic risks); clinical practice (evidence-based procedures); management systems and accountability (supervision, information) in CHAG.

RD Objective 1

Establish a research resource platform for CHAG Network by 31st December 2022

Strategies

- 1) Develop and disseminate Research policy guidelines to all CHAG facilities.
- 2) Offer scientific and technical support to all researchers within CHAG.
- 3) Document and publish research projects conducted within the network.
- 4) Conduct demographic research on the population and its implications on health interventions.

Expected Outcomes

- 1) Clear guidelines for research in CHAG published and disseminated.
- 2) More Research conducted in CHAG.
- 3) Some resources generated to support research within the network.

HR Objective 2

Promote transactional research in CHAG for improved health outcomes throughout 2022-2026

Strategies

- 1) Offer scientific and technical support to all researchers within CHAG.
- 2) Strengthen research capacity of institutions and individuals to undertake research activities within the network.

Expected Outcomes

- 1) Number of published peer-reviewed research within the network increased by 20%.
- 2) Policy recommendations for improved health outcomes in the Health Sector disseminated.

RD Objective 3

Conduct research in at least 40 CHAG Facilities on NCDs and Neglected Tropical Diseases (NTDs) and COVID-19 in 2022 and 2023.

Strategies

- 1) Review Research protocols on NCDs and NTDs submitted by members and partners.
- 2) Develop a research grant proposal on NCDs and NTDs to promote research within the CHAG network.

Expected Outcomes

- 1) New knowledge on NCDs and NTDs is generated through research.
- 2) New and innovative interventions developed for managing NCDs and NTDs within the network.

4.7.8 Information Communication & Technology

Overview

There is a growing interest in ICT Over the past 5 years and COVID-19 has laid more emphasis on the importance of ICT in the health sector. Information Technology is important to the success of any organization and involves arranging the right mix

of skilled individuals and systems that share common objectives and defined processes to deliver services and solutions that supports the mission of CHAG. CHAG's ICT unit comprises a dedicated team whose purpose is to deliver technological innovations to member institutions and staff in an accountable and cost-effective manner.

ICT is more of a strategic tool rather than a support tool. In the next 5 years, CHAG will develop an ICT strategic plan, reduce the fear of technology in **among facility managers**, strengthen skills of ICT staff within the Network and build resilient interoperable systems to support CHAG's mission.

ICT Objective 1

Develop and disseminate a functional ICT strategic plan within the CHAG network by December 2022

Strategies

- 1) Conduct a baseline study on ICT infrastructure available within the network.
- 2) Develop and disseminate ICT strategic plan.
- 3) Monitor the utilisation of the developed ICT strategic plan.

Expected Outcome

ICT Strategic plan developed and disseminated to all facilities to be used as a guide to implement new systems and support existing ones.

ICT Objective 2

Develop the capacity of management and staff in the use of ICT within 50% of CMIs by December 2023.

Strategies

- 1) Conduct re-orientation workshops for management and staff from CMIs on ICT use.
- 2) Conduct skills training for IT staff within the CHAG network.
- 3) Conduct ICT resource mobilization and management training to enable staff maximise the use of available resources.

Expected Outcome

50% of facilities are using ICT across the network by December 2026.

4.7.9 Internal Audit

Overview

Internal Audit is charged with the responsibility of ascertaining whether the ongoing processes for controlling operations throughout the organisation are adequately designed and functioning in an effective manner. Internal audit is also responsible for reporting to the Board of Trustees on the adequacy and effectiveness of the CHAG Secretariat's systems of internal control, together with ideas, counsel, and recommendations to improve the systems. The functions of the CHAG's ICT unit are not well established.

Critical Challenges: Lack of funding for internal audit activities, inadequate staff, irregular report generation and meetings. However, the department is developing an Internal Audit manual. It also facilitated the establishment of Audit Committee, developed Audit Charter, Plan and Programme. For the next 5 years, CHAG will focus on finalising the internal audit manual, develop strategic and annual plan and establish a risk register for the Secretariat. CHAG will also regularly generate quarterly and annual IA reports.

IA Objective 1

To strengthen internal audit structures, functions and systems at the CHAG Secretariat by the end of 2026.

Strategies

- 1) To Facilitate the Development of robust and functional internal Audit structures.
- 2) Develop and effectively execute an annual internal audit plan.
- 3) Facilitate Quality Assurance and Improvement Programs for Internal Audit Dept within the CMLs.

Expected Outcome

Effective internal controls established at the CHAG Secretariat.

IA Objective 2

Facilitate capacity building of internal audit Staff within the CHAG network.

Strategies

- 1) Assess the capacity of internal audit units within the network.
- 2) Develop training programmes.
- 3) Implement and evaluate training programmes.

Expected Outcomes

- 1) Skilled Internal Auditors available within all CHAG Hospitals and CHCUs.
- 2) Capacity of Internal Auditors within CHAG Hospitals and CHCUs developed.

IA Objective 3

To facilitate statutory and Regulatory compliance at the CHAG Head office.

Strategies

Institute mechanisms to assess statutory and regulatory compliance levels at the CHAG Head office.

Expected Outcomes

CHAG Head office is statutory and regulatory compliant.

IA Objective 4

Facilitate the sensitization of Owners and CHCUs on internal Audit Policies.

Strategies

Sensitize Owners and CHCUs on internal Audit Policies.

Expected Outcome

Owners and CHCUs embrace and strengthen Internal Audit units within their Church Health facilities.

4.7.10 Monitoring and Evaluation

Overview

CHAG has over the years been implementing different Programme of Work and have been reporting on its performance. There is an elaborate system to ensure that CHAG accounts for its stewardship. There is the need therefore, for arrangements and processes, that will measure the performance, track objectives, milestones and set targets. This will ensure that resources are efficiently deployed to achieve the greatest impact and keep the Service on track. over the past 5 years, an M&E unit was created at the headquarters of CHAG. Consequently, a comprehensive M&E manual has also been developed to guide monitoring and evaluation of programme implementation within the network.

In the next 5 years, guided by the M&E manual that has been developed, CHAG will track all programmes and projects of the network. CHAG will also focus on identifying challenges in implementation of programmes and projects for learning.

M&E Objective 1

Monitor progress and performance of the CHAG 2022-2026 Strategic plan every two years and at least 70% of programmes and projects.

Strategies

- 1) Track progress and performance of the SP every two (2) years.
- 2) Ensure that all projects and programmes have M&E Plans.

- 3) Conduct quarterly performance reviews for programmes and projects.
- 4) Monitor and evaluate the quality of healthcare provided in CHAG.
- 5) Leverage OPAT to evaluate CHAG health system (HSS) blocks performance and strengthen at facility level.
- 6) Evaluate 2022-2026 programme and policy Implementation within CHAG network annually.

Expected Outcomes

- 1) Performance of projects and programmes improved.
- 2) SP effectively implemented
- 3) Donor contribution to programmes and projects increased.

M&E Objective 2

Track service delivery performance within the network.

Strategies

- 1) Use existing HIMS for data analysis and reporting.
- 2) Institute performance league among CHAG facilities on certain key indicators.
- 3) Strengthen feedback mechanisms.

Expected Outcome

Improved health outcomes within CHAG healthcare facilities by 30%.

M&E Objective 3

Strengthen collaboration with Health Information Officers at the facility level to improve data collection, analysis and reporting.

Strategies

Leverage on the capacity building for Health Information Managers and Senior Management to advance the course of M&E.

Expected Outcomes

- 1) Improved data reporting.
- 2) Improved management decision making.

ANNEX 1:

Annex 1 is a summary of all the strategic objectives outlined for the entire period. It also includes the various strategies and expected outcomes.

ANNEX 1: SUMMARY STRATEGIC OBJECTIVES, STRATEGIC ACTIVITIES AND FUTURE IMPLICATIONS

Table 5: Summary of Strategic Objectives, Strategies and Expected Outcomes

HSS BLOCK	STRATEGIC OBJECTIVE	STRATEGIES	EXPECTED OUTCOMES
Leadership & Governance	Ensure effective leadership and Governance Systems across the CHAG Network	<ol style="list-style-type: none"> 1) Assess Leadership and Management situation at all levels and determine their corresponding requirement 2) Support all CMIs to develop and implement the strategic plan 3) Develop and facilitate the implementation of sound succession planning systems at all levels. 4) Establish Leadership and Management Development Programme to build capacity at all levels of the Network 5) Develop, implement, and sustain coaching and mentorship systems at all levels of the Network 6) Institutionalize Performance Contract between CHAG Secretariat and various Church Health Services 	<ol style="list-style-type: none"> 1) All Institutional Management Teams Trained in identified areas 2) At least 50% improvement in the efficiency of institutional management. 3) At least 70% of CMIs with succession plans in place. 4) At least 50% of CMIs have clearly outlined and functional governance structures.
	Strengthen oversight responsibility over all CHAG Member Institutions to ensure compliance with Policies and regulations	<ol style="list-style-type: none"> 1) Provide regular policy directives on all existing guidelines and manuals to guide the operations of Church Health Services and member institutions 2) Institute monitoring systems to ensure compliance to policies and regulations within the Network 	<ol style="list-style-type: none"> 1) Over 90% Policy and Regulatory Compliance by CMIs. 2) Basic and essential health services are continuously provided in at least 80% of CMIs.

		<ul style="list-style-type: none"> 3) Ensure effective supervision, monitoring and evaluation of existing policies, regulations, programmes and outcomes. 4) Re-instate quarterly Church Health Coordinators' meeting with the Secretariat 5) Engage church leaders annually on key / critical issues 6) Develop and institute reward mechanisms for CMI's to promote the achievement of set targets in the strategic plan. 	<ul style="list-style-type: none"> 3) Strategic Plan targets aligned and implemented in at least 50% of CHCUs and CMI's.
	<p>Strengthen advocacy to address ownership challenges, credentialing, inequities in resource allocation.</p>	<ul style="list-style-type: none"> 1) Provide periodic advocacy updates to Owners on key network challenges 2) Facilitate regular engagement between Owners, Presidency and the health sector leadership 3) Develop a strategic advocacy document on the government's agenda 111 and how the church can benefit from the programme and in turn how the government can leverage on the churches' structures 	<ul style="list-style-type: none"> 1) The Government projects (Agenda 111) in earmarked districts where CHAG is present are given to CHAG to manage. 2) At least 70% CMI's appropriately credentialed by NHIA and HeFRA. 3) Ownership of at least 30% lost CMI's reclaimed.
	<p>Facilitate the rebranding and positioning of CHAG to enhance its visibility and leverage in the Health Sector</p>	<ul style="list-style-type: none"> 1) Facilitate the rebrand of CHAG (change name) to "Christian Health Services of Ghana" (CHSG)/ CHAG Health Services". 2) Create a map of all CMI's and CHCUs with their digital address. 	<ul style="list-style-type: none"> 1) CHAG is rebranded and repositioned for increased leverage. 2) Increase online visibility of CHAG by at least 80%.

		<ul style="list-style-type: none"> 3) Set up a dedicated communications department at the national Head office 4) Update website with relevant and key policy guidelines and Standard Operating Procedures (SOPs). 	<ul style="list-style-type: none"> 3) Improved content of CHAG website
	<p>Establish CHAG Medical School</p>	<ul style="list-style-type: none"> 1) Conduct feasibility studies 2) Engage a team to develop curriculum 3) Identify potential Partners 4) Engage relevant stakeholders 5) Obtain accreditation 6) Set up infrastructure 7) Recruit appropriate staff 8) Commence training 	<p>At least 70% of the CHAG Medical School establishment processes completed.</p>
<p>Human Resource for Health Development</p>	<p>Build the capacity of CHTIs to produce the required quantity, quality and mix to address health service delivery needs within the CHAG network.</p>	<ul style="list-style-type: none"> 5) Facilitate accreditation of CHAG Health Training Institutions (CHTIs) and programmes with relevant regulatory bodies 6) Facilitate the recruitment of new staff and build the capacity of existing faculty for the CHTIs 7) Facilitate the upgrade of CHTIs to operate at full capacity as Tertiary Institutions (Infrastructure; staff, curriculum, TLMs) <p>Facilitate the implementation of CHTIs strategic plans</p>	<ul style="list-style-type: none"> 1) Adequate quantity, quality and mix of health professionals in CHAG institutions 2) At least 50% CHTIs are upgraded to function fully as Tertiary Institutions at full capacity

	Build Capacity of all CMIs to train and develop its workforce for improved performance by the end of 2026	<ol style="list-style-type: none"> 1) Strengthen capacity of CMIs in planning, design, implementation, and evaluation of training and development activities 2) Institutionalize orientation and induction for new employees 3) Coordinate and facilitate training and development of Health Professionals (both clinical and non-clinicals) within the network 4) Develop and implement CPD/ In-service training programmes to address training needs within the network. 	<ol style="list-style-type: none"> 1) Improved the average performance of CMIs on the SafeCare QI programme by at least 10%. 2) Clients' satisfaction of services of CMIs increased by 20% over the 2021 baseline.
	Ensure effective recruitment and equitable distribution of Health Professionals within the CHAG Network	<ol style="list-style-type: none"> 1) Update HRIMS with Equity gap index and equity distribution mechanism 2) Strengthen capacity in Human Resource planning and implementation within the CHAG Network 3) Develop and implement composite HR Plan for the CHAG Network 4) Ensure adequate and equitable distribution of Health Professionals within the CHAG Network 	Equitable distribution of human resources across the CHAG Network using the HR equity index.
	Develop and institute mechanisms to ensure retention of health workforce within the CHAG Network by December 2026	<ol style="list-style-type: none"> 1) Conduct a study to determine factors influencing the movement of health workforce from the CHAG Network to other agencies 2) Develop strategies for retention of Staff within the Network. 3) Implement retention strategy within the network 	Attrition rate within the CHAG network reduces by 60% over the 2021 figures.

		<p>4) Advocate for the decentralization of GCPS programmes to include qualified CHAG Facilities as study sites.</p>	
	<p>To ensure optimal performance of the health workforce to achieve higher productivity and improved health outcomes by 31st December 2026</p>	<p>6) Establish and Institutionalize effective Employee Performance Management System with the CHAG Network 7) Strengthen Institutional capacity in Employee Performance Management 8) Automate Employee Performance Management for the CHAG Network 9) Coordinate Implementation of Employee Performance Management System within the Church Health services for improved performance and health Outcomes. 10) Ensure that all Church Health Services develop and implement comprehensive employee assistance programmes to provide psychological and emotional support to employees in times of need.</p>	<p>3) Functional Employee Performance Management System with the CHAG Network established. 4) Staff satisfaction improves by 30% across the CHAG network over 2022 baseline.</p>
	<p>Develop and institute reward mechanisms for optimum performance by end of 2026.</p>	<p>4) Develop reward strategies for the achievement of set targets in the Strategic Plan for the network 5) Disseminate the Strategic Plan and the reward strategies among the CHCUs and CMIs Implement reward strategies</p>	<p>1) 2022-2026 Strategic Outcomes achieved by the network. 2) Staff satisfaction improves by 30% across the CHAG network over 2022 baseline</p>
	<p>To ensure universal access to better and efficiently managed</p>	<p>1) Strengthen and integrate quality improvement culture in all CHAG institutions</p>	<p>At least 70% coverage for people within the catchment</p>

Health Service Delivery	quality healthcare services in line with the targets in Ghana's UHC roadmap 2030	<ol style="list-style-type: none"> 2) Strengthen the SafeCare Quality Improvement programme 3) Re-engage Church Health Coordinating Units (CHCUs) and facility heads on CHPS implementation, Patient Safety, Quality Assurance and increasing burden of Medico-Legal issues within the network. 4) Expand the number of CHAG facilities, especially in rural, deprived, and urban centres in keeping with expanding access to care in unreached populations 	populations of CHAG facilities and having access to essential services
	Avoidable Maternal, Adolescent and Child deaths and disabilities are reduced 20%	<ol style="list-style-type: none"> 1) Strengthen capacity of midwives and Medical Doctors for safe antenatal and post-natal care 2) Strengthen Child Welfare clinics and home visit programmes 3) Strengthen feedback system on health service delivery indicators including mortality audits 4) Institutionalize client satisfaction surveys at the facility level to improve quality 5) Conduct training on Medico-Legal and patient safety issues 	<ol style="list-style-type: none"> 1) Maternal mortality ratio reduced by 90% over 2021 figures 2) Neonatal, child and adolescent disabilities is reduced by 40% over 2021 figures by 2026 3) New-born, infant and child mortality rates reduced by 90% over 2021 figures
	Increase access to responsive clinical and public health emergency services within the CHAG network	<ol style="list-style-type: none"> 1) Develop the capacity of health personnel in selected CHAG facilities in emergency care including infection prevention and control by 2026 	<ol style="list-style-type: none"> 1) Capacity developed in 50% of CMIs in Emergency Care 2) At least 30% of hospitals have essential oxygen equipment

		<ul style="list-style-type: none"> 2) Develop capacity of selected CMIS (2 per region) for COVID-19 testing including other diseases of public health importance 3) Using Covid-19 management as a guide, develop capacity for case management of diseases including oxygen supplementation at the primary hospital level. 	
	Reduce the burden of Non-Communicable Diseases (NCDs)	<ul style="list-style-type: none"> 1) Leverage on technology (empower health) for Hypertension and diabetes care 2) Develop capacity of Medical Doctors and nurses for NCD care 3) Conduct research on the rising burden of NCDs 	<ul style="list-style-type: none"> 1) Mortality from Hypertension and Diabetes reduced by 30% over 2021 figures within the entire CHAG network. 2) Mortality from Hypertension and Diabetes reduced by 70% over 2021 figures within the facilities implementing the GIZ Akomapa Project.
	Improve HIV and TB care through Community Systems Strengthening (CSS)	<ul style="list-style-type: none"> 1) Implement the CSS project for HIV, TB and Human Rights related abuses 2) Support CSOs to implement CSS 3) Evaluate the CSS programme of the Global Fund for CHAG 	<ul style="list-style-type: none"> 1) CSO contribution to national HIV/ TB care increased by 14% over 2020 figures 2) TB case detection raised by 14%
Health Finance	Strengthen the capacity of facility managers in resource mobilization and effective resource prioritization and	<ul style="list-style-type: none"> 1) Evaluate sources of revenue in member facilities. 2) Conduct training for facility managers on different streams of resource generation and effective resource utilization. 	<ul style="list-style-type: none"> 1) Resources generated for service delivery by in at least 10% CMIs.

	<p>utilisation over the five-year period.</p>	<ol style="list-style-type: none"> 3) Strengthen financial structures at the facility level 4) Build the capacity of facilities on resource flows, utilization, and prioritization. 5) Scope, scan and write proposals for various programmes and projects. 	<ol style="list-style-type: none"> 2) Sustainable healthcare provision assured. 3) Facilities efficiently utilize resources
	<p>Build the capacity of facility managers to conduct costing of healthcare services, and prepare timely financial reports over the five-year period</p>	<ol style="list-style-type: none"> 1) Conduct baseline assessment on service costing among facilities within the network. 2) Train facility managers in costing of healthcare services. 3) Evaluate the financial reporting systems in selected facilities. 4) Build capacity of facility managers and accounting personnel in financial reporting & budgeting. 5) Review, adopt and disseminate Harmonized Financial Statement Guidelines for the CHAG network. 	<ol style="list-style-type: none"> 1) Services properly costed by 50% of facilities 2) Appropriate financial reports prepared by 30% of facilities
	<p>Strengthen the capacity of facility managers to efficiently manage claims over the five-year period</p>	<ol style="list-style-type: none"> 1) Conduct a desk review of various claims management systems within member facilities. 2) Conduct training for facility managers in the claims management. 3) Institute quarter engagement with NHIA (Leadership and Technical Team) and other Partners on claims management. 	<ol style="list-style-type: none"> 1) Improved claims management within CHAG facilities. 2) Not more than 5% adjustment in claims submitted

		<ul style="list-style-type: none"> 4) Reactivate monitoring mechanisms for claims vetting and reports. 5) Post intervention evaluation of claims management 	
	Facilitate diversification of income sources within the network by the end of 2023	<ul style="list-style-type: none"> 1) Evaluate the current services and explore opportunities for service expansion. 2) Build capacity of facility managers to diversify services 	<ul style="list-style-type: none"> 1) Sustained health services delivery outcomes 2) Improved revenue generation beyond traditional sources
Health Technology	Identify and link member Institutions to funding opportunities for equipment supplies by the end of 2026	<ul style="list-style-type: none"> 1) To undertake assessment of the functionality of equipment within the network. 2) Scope, scan and write proposals to potential equipment suppliers and funding Agencies. 3) Engage stakeholders (church leaders, CHCs, facility managers) on equipment acquisition and retooling (infrastructures) 4) Identify potential equipment manufacturers locally. 	<ul style="list-style-type: none"> 1) 30% of Member facilities retooled in partnership with stakeholders. 2) Ultramodern equipment acquired in 30% CMIs to promote health service delivery
	Build capacity of facility managers in equipment and infrastructure management by end of 2024	<ul style="list-style-type: none"> 1) Assess Planned Preventive Maintenance (PPM) practices within the network. 2) Review and adopt existing PPM for equipment and disseminate within the network. 3) Conduct training for facility managers in equipment and infrastructure management 	Functional PPM for equipment and infrastructure management established in all CMIs

		<ul style="list-style-type: none"> 4) Establish systems to monitor and evaluate equipment and infrastructure management within the network 5) Implement equipment engineering systems in selected CHAG facilities. 	
	Scale up the implementation of the Digital Supply Chain (Med4All) platform to all CMIs by end of 2024	<ul style="list-style-type: none"> 1) Evaluate the performance of the Digital Supply Chain (Med4ALL) platform 2) Identify and engage facilities and CHCs not participating in digital procurement platform. 3) Develop capacity of facilities on Digital Supply Chain to join the digital platform 	Access to quality and affordable medicines is improved all at least 60% CMIs
	Enhance access and utilization of CHAG Website within the network by end of 2024	<ul style="list-style-type: none"> 1) Develop applications that will enhance utilization of the website by CMIs to create traffic 2) Improve upon the CHAG Website 	70% of information to CMIs accessed through the website.
Health Information Management System	To improve quality of health service data within CHAG network by ensuring data submission, completeness and timeliness from 95% to 98% at the end of 2026.	<ul style="list-style-type: none"> 1) Develop and deploy an effective CHAG HIMS for the CHAG network by December 2022 2) Develop standard definitions and procedures for service data and integrate user-friendly reporting forms into CHAG HIMS 3) Develop a data quality assessment mechanism based on a combination of self-assessment and supervision. 4) Strengthen HIS supervision and feedback focused on data quality and performance standards adherence 	<ul style="list-style-type: none"> 1) Centralised health information system, interoperability of the system with DHIMS2 and other health information systems developed 2) Improved collated, analysed data generated and reported in all CMIs 3) Improved capacity on supportive supervision and an established data quality

			assessment mechanism in all CMIs
	To facilitate compliance to health information regulations (data protection, reporting requirements from the ministry and CHAG) in 95% of network member institutions by 31st December 2026	<ol style="list-style-type: none"> 1) To sensitize CMIs about the current requirement on data 2) Include in routine reporting number of facilities that are in good standing with Data Protection Agency 3) To set up monitoring mechanisms to ascertain compliance with data protection regulations 	<ol style="list-style-type: none"> 1) 95% of CMIs complied with data protection regulations. 2) Data security assured in all Health Information generated 3) Potential litigation and medico-legal issues reduced by 90%
	To promote evidence-based decision making among 70% of CMI Senior Managers by 31st December, 2026	<ol style="list-style-type: none"> 1) Strengthen the capacity of HI staff in data analysis and reporting. 2) Build capacity on data use and reporting for Senior Managers 3) Provide pre-service training to newly recruited health information professionals in problem solving skills 4) Conduct baseline assessment on data use by managers for informed decision making 5) Develop an assessment tool to ascertain data use among senior managers 	<ol style="list-style-type: none"> 1) Management decisions in 70% of CMIs are informed by evidence-based data. 2) Improved service delivery 30% within the network over 2021 figures. 3) Feedback mechanisms and responsiveness enhanced
Health Research	Establish a research resource platform for CHAG Network by 31st December 2022	<ol style="list-style-type: none"> 1) Develop and disseminate Research policy guide to all CHAG facilities. 2) Offer scientific and technical support to all researchers within CHAG. 	<ol style="list-style-type: none"> 1) Clear guidelines for research in CHAG published and disseminated.

		<ul style="list-style-type: none"> 3) Document and publish research projects are conducted within CHAG network. 4) Conduct demographic research on the population and its implications on health interventions. 	<ul style="list-style-type: none"> 2) More Research conducted in CHAG. 3) Some resources generated to support research within the network.
	Promote transactional research in CHAG for improved health outcomes throughout 2022-2026	<ul style="list-style-type: none"> 3) Offer scientific and technical support to all researchers within CHAG. 4) Strengthen research capacity of institutions and individuals to undertake research activities in CHAG. 	<ul style="list-style-type: none"> 1) Number of published peer-reviewed research within the network increased by 20%. 2) Policy recommendations for improve health outcomes in the Health Sector disseminated.
	Conduct research in at least 40 CHAG Facilities on NCDs and Neglected Tropical neglected Disease(NTDs) and COVID-19 in 2022 and 2023.	<ul style="list-style-type: none"> 1) Review Research protocols on NCDs and NTDs submitted by members and partners. 2) Develop a research grant proposal on NCDs and NTDs to promote research within the CHAG network. 	<ul style="list-style-type: none"> 1) New knowledge on NCDs and NTDs is generated through research. 2) New and innovative interventions developed for managing NCDs and NTDs within the network.
Information Communication & Technology	Develop and disseminate a functional ICT strategic plan within the CHAG network by December 2022	<ul style="list-style-type: none"> 1) Conduct a baseline study on ICT infrastructure available within the network. 2) Develop ICT strategic plan 3) Disseminate ICT Strategic Plan. 	ICT Strategic plan developed and disseminated to all facilities to be used as a guide to implement new systems and support existing ones

		4) Monitor the utilisation of the developed ICT strategic plan	
	Develop the capacity of management and staff in the use of ICT within 50% of CMI's by December 2023.	<ol style="list-style-type: none"> 1) Conduct re-orientation workshops for management and staff from CMI's on ICT use 2) Conduct skills training for IT staff within the CHAG network 3) Conduct ICT resource mobilization and management training to enable staff to maximise the use of available resources. 	50% of facilities are using ICT across the network by December 2026.
Internal Audit	To strengthen internal audit structures, Functions and Systems at the CHAG Secretariat by the end of 2026.	<ol style="list-style-type: none"> 1) To Facilitate the Development of robust and functional internal Audit structures. 2) Develop and effectively execute an annual internal audit plan. 3) Facilitate Quality Assurance and Improvement Programs for Internal Audit Dept within the CMI's. 	Effective internal controls established at the CHAG Secretariat.
	Facilitate capacity building of internal audit Staff within the CHAG network	Institute mechanisms to assess statutory and regulatory compliance levels at the CHAG Head office.	CHAG Head office is statutory and regulatory compliant
	Facilitate the sensitization of Owners and CHCUs on internal Audit Policies	Sensitize Owners and CHCUs on internal Audit Policies	Owners and CHCUs embrace and strengthen Internal Audit units within their Church Health facilities
Monitoring And Evaluation	Monitor progress and performance of the CHAG 2022-2026 Strategic plan every two	<ol style="list-style-type: none"> 7) Track progress and performance of the SP every two (2) years 8) Ensure that all projects and programmes have M&E Plan 	<ol style="list-style-type: none"> 1) Performance of projects and programmes improved. 2) SP effectively implemented

	years and at least 70% of programmes and projects	<p>9) Conduct quarterly performance reviews for programmes and projects.</p> <p>10) Monitor and evaluate the quality of healthcare provided in CHAG.</p> <p>11) Leverage OPAT to evaluate CHAG health system (HSS) blocks performance and strengthen at facility level.</p> <p>Evaluate 2022-2026 programme and policy Implementation within CHAG network annually.</p>	3) Donor contribution to programmes increased
	Track service delivery performance within the network.	<p>1) Use existing HIMS for data analysis and reporting</p> <p>2) Institute performance league among CHAG facilities on certain key indicators</p> <p>3) Strengthen feedback mechanisms.</p>	Improved health outcomes within CHAG healthcare facilities by 30%.
	Strengthen collaboration with Health Information Officers at the facility level to improve data collection, analysis and reporting.	Leverage on the capacity building for Health Information Managers and Senior Management to advance the course of M&E.	<p>1) Improved data reporting.</p> <p>2) Improved management decision making.</p>

ANNEX 2: CHAG MEMBERSHIP

Annex 2 table 13 outlines a status overview of the membership of CHAG as at 31st December 2021. Health facilities are registered as individual members under the respective Churches subject to a defined set of criteria and periodic membership audits.

Table 6: CHAG Membership by Type, Region, Church Denomination and Ownership

No	Facility Name	Type	Region	Denomination	Ownership	Location	District
1	Presbyterian Chps Compound, Tolla	Chps	Upper East	Presbyterian	CCG	Tolla	Talensi
2	Presbyterian Chps Compound, Amonie	Chps	Western	Presbyterian	CCG	Enchi	Aowin Suaman
3	Anglican Clinic, Sefwi-Bonzain	Clinic	Western North	Anglican	CCG	Bonzain	Juaboso
4	St. Mark's Anglican Clinic, Subiri	Clinic	Western North	Anglican	CCG	Subiri	Bibiani Anhwéaso Bekwai
5	St. Mary Anglican Clinic, Apenkra	Clinic	Ashanti	Anglican	CCG	Apenkra	Ejisu Juaben
6	Anglican Clinic, Yelwoko	Clinic	Upper East	Anglican	CCG	Yelwoko	Bawku West
7	Bishop Anglonby Memorial Clinic, Bodi	Clinic	Western North	Anglican	CCG	Sefwi Bodi	Juaboso
8	Episcopal Clinic, Nyankamam-Enchi	Clinic	Western	Anglican	CCG	Nyankamam Near Enchi	Aowin - Suaman
9	Kumasi Academy Clinic	Clinic	Ashanti	Baptist	CCG	Asokore Mampong	Asokore Mampong
10	Calvary Baptist Micro-Clinic, Cape Coast	Clinic	Central	Baptist	CCG	Cape Coast	Cape Coast Metropolitan
11	Samuel Seidu Memorial Clinic, Bayiri	Clinic	Upper West	Baptist Mid Mission	CCG	Bayiri	Wa East
12	St. Peter's Clinic, Donkorkrom	Clinic	Bono	Catholic	GCBC	Donkorkrom	Asutifi North
13	Bachabordo Catholic Clinic	Clinic	Northern	Catholic	GCBC	Barchabordo	Mion
14	Catholic Clinic And Maternity, Akim Swedru	Clinic	Eastern	Catholic	GCBC	Akim Swedru	Birim South

15	Fr. Cuniberto Clinic And Maternity Home, Lume.	Clinic	Volta	Catholic	GCBC	Lume	Akatsi South
16	Don Bosco Clinic, Tainso	Clinic	Bono	Catholic	GCBC	Tainso	Tain
17	Holy Spirit Clinic, Dantano	Clinic	Ahafo	Catholic	GCBC	Dantano	Asunafo South
18	St. John Of God Clinic, Amrahia	Clinic	Greater Accra	Catholic	GCBC	Amrahia	Adenta East
19	St. Anthony Ann Hospital, Donyina	Clinic	Ashanti	Catholic	GCBC	Donyina	Ejisu Juaben
20	St. Joseph Clinic & Maternity Home, Kwahu-Tafo	Clinic	Eastern	Catholic	GCBC	Kwahu Tafo	Kwahu East
21	St. Anthony's Clinic, Badu	Clinic	Bono	Catholic	GCBC	Badu	Tain
22	St. George's Polyclinic, Liat	Clinic	Volta	Catholic	GCBC	Liat	Afadjato South
23	Mother Of God Clinic, Esaase Bontefufuo	Clinic	Ashanti	Catholic	GCBC	Esaase	Amansie West
24	St. Anthony Clinic, Sikaman	Clinic	Ashanti	Catholic	GCBC	Sikaman	Adansi South
25	Catholic Clinic, Oku Ejura	Clinic	Ashanti	Catholic	GCBC	Oku Via Ejura	Kwabre
26	Madonna Health Centre, Besease	Clinic	Ashanti	Catholic	GCBC	Besease	Ejisu-Juaben
27	St. Anthony's Clinic, Anyinasu	Clinic	Ashanti	Catholic	GCBC	Anyinasu	Ejura Sekyedumas e
28	St. Joseph's Clinic, Abira	Clinic	Ashanti	Catholic	GCBC	Abira	Kwabre-East
29	St. Mary's Clinic, Yapesa	Clinic	Ashanti	Catholic	GCBC	Yapesa	Adansi-East
30	St. Peter's Clinic/ Maternity Home, Ntobroso	Clinic	Ashanti	Catholic	GCBC	Ntobroso - Via-Nkawie	Atwima-Mponua

31	St. Theresa's Clinic, Nope, Nope - Obayentoboase	Clinic	Ashanti	Catholic	GCBC	Nope - Obayentoboase	Obuasi Municipal
32	St. Thomas Gen. & Maternity Clinic, Hiaa	Clinic	Ashanti	Catholic	GCBC	Hiaa	Amansie Central
33	St. Vincent's Clinic, Drobonso	Clinic	Ashanti	Catholic	GCBC	Drobonso	Sekyere Afram Plains
34	St. Matthews Clinic, Ampenkro	Clinic	Bono	Catholic	GCBC	Ampenkro	Dormaa East
35	St. Alban's Clinic(The Refugee Camp Clinic), Fetentaa	Clinic	Bono	Catholic	GCBC	Fetentaa	Berekum West
36	St. Jame's Clinic, Abesim	Clinic	Bono	Catholic	GCBC	Abesim	Sunyani East
37	St. Joseph's Clinic, Wenchi Koasi	Clinic	Bono	Catholic	GCBC	Wenchi	Wenchi
38	Our Lady Of Fatima Health Centre, Abease	Clinic	Bono East	Catholic	GCBC	Abease	Atebubu
39	Pope Francis Clinic, Komfourkrom	Clinic	Bono East	Catholic	GCBC	Komfourkrom	
40	St. Dominic Health Centre, Cherembo	Clinic	Bono East	Catholic	GCBC	Cherembo	
41	Infant Jesus Catholic Clinic, Kasoa	Clinic	Central	Catholic	GCBC	Kasoa	Awutu Senya East
42	Holy Spirit Clinic & Maternity Home, Kwasi Fante	Clinic	Eastern	Catholic	GCBC	Kwasi Fante	Kwahu North/ Afram Plains
43	Notre Dame Clinic, Nsawam	Clinic	Eastern	Catholic	GCBC	Nsawam	Akwapim South

44	Orthopaedic Training Centre, Adoagyiri	Clinic	Eastern	Catholic	GCBC	Adoagyiri	Akwapim South
45	St. John's Clinic/ Maternity, Akim Ofoase	Clinic	Eastern	Catholic	GCBC	Akim Ofoase	Akyemansa
46	St. Michael's Catholic Clinic/ Maternity, Ntronang-Akim	Clinic	Eastern	Catholic	GCBC	Akim Ntronang	Birim North
47	St. Monica's Clinic And Maternity, Akim Sekyere	Clinic	Eastern	Catholic	GCBC	Akim Sekyere	East Akim Municipal Ass.
48	St. Pauline Clinic, Accra	Clinic	Greater Accra	Catholic	GCBC	Shiashie	Accra Metro. Assembly
49	Catholic Clinic/ Phc, Salaga	Clinic	Northern	Catholic	GCBC	Salaga	East Gonja
50	Holy Cross Maternity Home And Clinic, Sambuli	Clinic	Northern	Catholic	GCBC	Sambuli	Saboba
51	St. Joseph Clinic & Mat Home, Chamba	Clinic	Northern	Catholic	GCBC	Chamba	Nanumba North
52	St. Francis Clinic, Saviefe Agorkpo	Clinic	Oti	Catholic	GCBC	Saviefe Agorkpo	Ho West
53	Donald Richard Memorial Health Centre, Nakwabi	Clinic	Savanna	Catholic	GCBC	Sawla – Tuna Kalba	Sawla - Tuna - Kalba
54	Kayeresi Clinic, Kayeresi	Clinic	Upper East	Catholic	GCBC	Kayeresi	Talensi
55	St. Joseph The Worker Clinic, Guabuliga	Clinic	Upper East	Catholic	GCBC	Guabuliga	East Mamprusi
56	St. Martin's Phc/ Maternity Clinic, Biu	Clinic	Upper East	Catholic	GCBC	Biu	Kassena-Nakana

57	St. Patrick's Clinic, Wulungu	Clinic	Upper East	Catholic	GCBC	Wulungu	East Mamprusi
58	Villa Regina Maternity Clinic, Gwenia	Clinic	Upper East	Catholic	GCBC	Gwenia	Kassena-Nankana West
59	All Saints Clinic, Piina	Clinic	Upper West	Catholic	GCBC	Kane Lanbussie	Karne Lanbussie
60	Immaculate Conception Clinic, Kaleo	Clinic	Upper West	Catholic	GCBC	Nadoli	Nadoli Kaleo
61	Nativity Of Our Lady Health Centre, Ko	Clinic	Upper West	Catholic	GCBC	Ko	Nandom
62	Our Lady Of Lourdes Clinic, Yagha	Clinic	Upper West	Catholic	GCBC	Yagha	Lawra
63	Queen Of Peace Clinic, Sabuli	Clinic	Upper West	Catholic	GCBC	Sabuli	Jirapa
64	St. Christopher Clinic, Dapuori	Clinic	Upper West	Catholic	GCBC	Dapuori	Nadoli Kaleo
65	St. Evarist Clinic, Ullo	Clinic	Upper West	Catholic	GCBC	Ullo	Jirapa
66	St. Gregory's Clinic, Nanvilli	Clinic	Upper West	Catholic	GCBC	Nanvilli	Nadoli Kaleo
67	St. Ignatius Clinic, Lasia Tuolu	Clinic	Upper West	Catholic	GCBC	Tuolu	Lassia Tuolu
68	St. John's Clinic, Funsu	Clinic	Upper West	Catholic	GCBC	Funsu	Wa East
69	St. Martin De Porres Clinic, Eremon	Clinic	Upper West	Catholic	GCBC	Eremon	Lawra
70	St. Paul's Clinic, Kundungu	Clinic	Upper West	Catholic	GCBC	Kundungu	Wa East
71	St. Stella's Clinic, Karne	Clinic	Upper West	Catholic	GCBC	Kane Lanbussie	Karne Lambussie
72	St. Anne's Clinic & Maternity Home, Tagadzi	Clinic	Volta	Catholic	GCBC	Tagadzi	Tongu Central

73	St. Luke's Clinic, Chinderi	Clinic	Volta	Catholic	GCBC	Chinderi	Krachi Nchumuru
74	Holy Child Clinic, Egyam	Clinic	Western	Catholic	GCBC	Egyam	Ahanta West
75	Angela Memorial Catholic Clinic, Yawmatwa	Clinic	Western North	Catholic	GCBC	Yawmatwa	Bia
76	St. John Of God Clinic, Oseikojokrom	Clinic	Western North	Catholic	GCBC	Sewfi Asafo	Wiawso
77	Ave Maria Clinic, Bepoh	Clinic	Western	Catholic	GCBC	Bepoh	
78	Church Of Christ Mission Hospital Bomso	Clinic	Ashanti	Church Of Christ	CCG	Bomso	Oforikrom Municipal
79	Church Of Christ Mission Clinic, Yendi	Clinic	Northern	Church Of Christ	CCG	Yendi	Yendi
80	Dzodze Ghana Mission Clinic	Clinic	Volta	Church Of Christ	CCG	Dzodze Ablorme	Ketu North
81	Church Of God Clinic, Ahwerewa	Clinic	Ashanti	Church Of God	CCG	Ahwerewam	Ahafo Ano South East
82	Church Of God Clinic. Apaaso	Clinic	Ashanti	Church Of God	CCG	Sokoban - Apaaso	Atwima Kwanwoma
83	Abrafi Memorial Clinic, Brahabebome	Clinic	Ashanti	Church Of God	CCG	Dichemso	Kumasi Metro
84	Church Of God Clinic & Maternity Home, Asempanaye	Clinic	Ashanti	Church Of God	CCG	Asempanaye	Offinso North
85	E. P. Church Dan Moser Memo. Clinic, Dambai (Hohoe)	Clinic	Volta	Evangelical Presbyterian	CCG	Dambai (Hohoe)	Krachi East
86	E. P. Church Clinic, Wapuli	Clinic	Northern	Evangelical Presbyterian	CCG	Wapuli	Saboba

87	Ep Church Clinic Maternity Home, Blajai	Clinic	Northern	Evangelical Presbyterian	CCG	Blajai	Kpandai
88	E. P. Church Clinic, Dzemeni	Clinic	Volta	Evangelical Presbyterian	CCG	Jamani	South Dayi
89	E. P. Church Clinic, Hatorgodo	Clinic	Volta	Evangelical Presbyterian	CCG	Hatorgodo	Keta Municipal
90	Ep Church Clinic, Adaklu Waya	Clinic	Oti	Evangelical Presbyterian	CCG	Adaklu Waya	Adaklu Anyigbe
91	Nazareth Healing Complex, Vane Avetime	Clinic	Volta	Evangelical Presbyterian	CCG	Vane	Ho West
92	Fame Clinic, Ekumdi	Clinic	Northern	Fame	CCG	Ekumdi	Kpandai
93	Fame Clinic, Loagri	Clinic	Northern	Fame	CCG	Loagri	Yagaba-Kubore
94	Fame Clinic, Makango	Clinic	Northern	Fame	CCG	Makango	East Gonja
95	Fame Clinic, Tobali/ Tatindo	Clinic	Northern	Fame	CCG	Tobali/ Tatindo	Tatale-Sanguli
96	Fame Clinic, Yezesi	Clinic	Northern	Fame	CCG	Yezesi	Mamprugu-Moadugri
97	Fame Clinic, Benwoko	Clinic	Upper East	Fame	CCG	Benwoko	Garu
98	Fame Clinic, Akplale	Clinic	Oti	Fame	CCG	Akplale	South Tongu
99	Methodist Medical Centre, Adum Kumasi	Clinic	Ashanti	Methodist	CCG	Kumasi Metro	Kumasi Metro
100	Methodist Medical Centre, Amakom	Clinic	Ashanti	Methodist	CCG	Amakom	Bosomtwe
101	Methodist Medical Centre, Apagya	Clinic	Ashanti	Methodist	CCG	Apagya	Afigya Kwabre

102	Methodist Medical Centre, Bebu - Anyiaem	Clinic	Ashanti	Methodist	CCG	Bebu-Ahyaem	Atwima Kwanwoma
103	Methodist Medical Centre, Brodekwano	Clinic	Ashanti	Methodist	CCG	Brodekwano	Bosomtwe
104	Methodist Medical Centre, Nyameani	Clinic	Ashanti	Methodist	CCG	Nyameani	Bosomtwe
105	Methodist Medical Centre, Senchi	Clinic	Ashanti	Methodist	CCG	Senchi	Afigya East
106	Methodist Medical Centre, Tafo	Clinic	Ashanti	Methodist	CCG	Tafo	Kumasi Metro
107	Methodist Medical Centre, Asuakwa	Clinic	Bono	Methodist	CCG	Asuakwa	Sunyani West
108	Methodist Medical Centre, Dagyamen	Clinic	Bono	Methodist	CCG	Dagyamen	Tano North
109	Methodist Medical Centre, Kwakuanya	Clinic	Bono	Methodist	CCG	Kwakuanya	Dormaa West
110	Methodist Medical Centre, Kyerekyewere	Clinic	Bono	Methodist	CCG	Kyerekyewere	
111	Methodist Medical Centre, Yawsae	Clinic	Bono	Methodist	CCG	Yawsae	Sunyani Municipal
112	Methodist Medical Centre, Hweehwee	Clinic	Eastern	Methodist	CCG	Hweehwee	Kwahu East
113	Methodist Medical Centre, Osuben	Clinic	Eastern	Methodist	CCG	Osuben	Kwahu Praso
114	Methodist Medical Centre, Zanzugu Yipala	Clinic	Northern	Methodist	CCG	Zanzugu Yipala	East Gonja

115	Methodist Medical Centre, Lawra	Clinic	Upper West	Methodist	CCG	Lawra	Lawra
116	Methodist Medical Centre, Adjoafua	Clinic	Western North	Methodist	CCG	Adwuoafua	Bia West
117	Methodist Medical Centre, Kwawu	Clinic	Western	Methodist	CCG	Kwawu	
118	Methodist Medical Centre, Nzulezu	Clinic	Western	Methodist	CCG	Nzulezu	Aowin
119	Methodist Medical Centre, Takoradi	Clinic	Western	Methodist	CCG	Takoradi	Secondi - Takoradi
120	Methodist Medical Centre, Gwira Eshiem	Clinic	Western North	Methodist	CCG	Gwira Eshiem	Evalue Gwira
121	Presbyterian Clinic, Abasua	Clinic	Ashanti	Presbyterian	CCG	Abasua	Sekyere East
122	Presbyterian Clinic, Mesewam	Clinic	Ashanti	Presbyterian	CCG	Mesewam	Ejisu Juaben
123	Presbyterian Clinic, Antwirifo	Clinic	Bono	Presbyterian	CCG	Antwirifo	Dormaa Central
124	Presbyterian Clinic, Buokrukruwa	Clinic	Bono	Presbyterian	CCG	Buokrukruwa	Tano North
125	Presbyterian Clinic, Gyankufa	Clinic	Bono	Presbyterian	CCG	Gyankufa	Dormaa Central
126	Presbyterian Clinic, Tanoboase	Clinic	Bono	Presbyterian	CCG	Tanoboase	Techiman
127	Presbyterian Clinic, Yaakrom	Clinic	Bono	Presbyterian	CCG	Yaakrom	Dormaa East
128	Presbyterian Church Clinic, Nungua	Clinic	Greater Accra	Presbyterian	CCG	Nungua	Krowor
129	Presbyterian Clinic, Fooshegu	Clinic	Savanna	Presbyterian	CCG	Fooshegu	Tamale Metropolis

130	Presbyterian Clinic, Namolgo	Clinic	Upper East	Presbyterian	CCG	Namolgo	Talensi
131	Presbyterian Clinic, Ohiamatuo	Clinic	Western	Presbyterian	CCG	Ohiamatuo	Wasa Amenfi West
132	Presbyterian Clinic, Papueso-Enchi	Clinic	Western	Presbyterian	CCG	Papueso-Enchi	Aowin Suaman
133	Sight For Africa Eye Clinic, Darkuman	Clinic	Greater Accra	Run Mission	CCG	Darkuman	Accra Metro. Assembly
134	Saviour Church Clinic, Bonwire	Clinic	Ashanti	Saviour Church	ASSOCIATES	Bonwire	Ejisu Juaben
135	Saviour Church Clinic, Subriso	Clinic	Ashanti	Saviour Church	ASSOCIATES	Subriso	
136	Seventh Day Adventist Clinic, Apaah	Clinic	Ashanti	Seventh Day Adventist	ASSOCIATES	Apaah	Manpong Municipal
137	Seventh Day Adventist Clinic, Anyinasuso	Clinic	Ashanti	Seventh Day Adventist	ASSOCIATES	Anyinasuso	Offinso South Municipal
138	Seventh Day Adventist Clinic, Konkoma	Clinic	Ashanti	Seventh Day Adventist	ASSOCIATES	Konkoma	Bosumtwe
139	Seventh Day Adventist Clinic, Nobewam	Clinic	Ashanti	Seventh Day Adventist	ASSOCIATES	Nobewam	Ejisu-Juaben
140	Seventh Day Adventist Clinic, Dominase	Clinic	Central	Seventh Day Adventist	ASSOCIATES	Denkyira Dominase	Upper Denkyira West
141	Seventh Day Adventist Clinic, Wa	Clinic	Upper West	Seventh Day Adventist	ASSOCIATES	Wa	Wa

142	Mary Ekuba Ewoo Memorial Adventist Clinic, Akwidaa	Clinic	Western	Seventh Day Adventist	ASSOCIATES	Akwidaa	Agona Nkwanta
143	Seventh Day Adventist Clinic And Maternity, Sefwi Punikrom	Clinic	Western North	Seventh Day Adventist	ASSOCIATES	Punikrom	Wiawso
144	Seventh Day Adventist Clinic And Maternity, Sefwi-Asawinso	Clinic	Western	Seventh Day Adventist	ASSOCIATES	Sewfi Asawinso	Sefwi Wiawso
145	Seventh Day Adventist Clinic, Dadieso	Clinic	Western	Seventh Day Adventist	ASSOCIATES	Dadieso	Suaman Dadieso
146	Seventh Day Adventist Clinic, Kofikrom	Clinic	Western North	Seventh Day Adventist	ASSOCIATES	Kofikrom	Juaboso
147	Seventh Day Adventist Clinic, Sefwi Amoaya	Clinic	Western North	Seventh Day Adventist	ASSOCIATES	Sefwi Amoaya	Juaboso
148	Seventh Day Adventist Clinic, Wassa Nkran	Clinic	Western	Seventh Day Adventist	ASSOCIATES	Wassa Nkran	Nsuaem
149	Siloam Gospel Clinic, Bonyere	Clinic	Western	Siloam Gospel	GPCC	Bonyere	Jomoro
150	Holy Bridge Clinic And Maternity Home, New Mmai	Clinic	Greater Accra	The Apostles Continuation	CCG	New Nmai, Near Ashaley Botwe	La Nkwantanang Madina
151	Pentecost Clinic, Kpassa	Clinic	Oti	The Church Of Pentecost	GPCC	Kpassa	Nkwanta South
152	Pentecost Clinic, Kasapin	Clinic	Bono	The Church Of Pentecost	GPCC	Kasapin	Asunafo North

153	Pentecost Community Clinic, Twifu Agona	Clinic	Central	The Church Of Pentecost	GPCC	Twifu Agona	Twifo Hemang Lower Denkyira
154	Pentecost Clinic, Enchi	Clinic	Western	The Church Of Pentecost	GPCC	Enchi	Suaman
155	Pentecost Clinic, Yawmatwa	Clinic	Western North	The Church Of Pentecost	GPCC	Yawmatwa	Bia West
156	Salvation Army Clinic, Akim-Wenchi	Clinic	Eastern	The Salvation Army	CCG	Akim Wenchi	Kwaebibirem
157	Salvation Army Clinic, Anum	Clinic	Eastern	The Salvation Army	CCG	Anum	Asuogyaman
158	Salvation Army Clinic, Begoro	Clinic	Eastern	The Salvation Army	CCG	Begoro	Fanteakwa
159	Salvation Army Clinic, Adaklu-Sofa	Clinic	Oti	The Salvation Army	CCG	Adaklu Sofa	Adaklu Anyigbe
160	Tree Of Life Medical Centre	Clinic	Greater Accra	Theo Vision	CCG	Accra	Adentan Municipal

161	Bishop Ackon Memorial Christian Eye Centre, Cape Coast	Eye Clinic	Central	Anglican	CCG	Cape Coast	Cape Coast Metropolitan
162	Presbyterian Regional Eye Centre, Bolgatanga	Eye Clinic	Upper East	Presbyterian	CCG	Bolgatanga	Bolgatanga Municipal
163	Anglican Health Centre, Tano-Odumase	Health Centre	Ashanti	Anglican	CCG	Tano-Odumase	Atwima Mponua
164	Assemblies Of God Health Centre, Nakpanduri	Health Centre	North East	Assemblies Of God	GPCC	Nakpanduri	Bunkpurugu/ Nakpanduri
165	Tanoah Memorial Baptist Health Centre, Opuniase	Health Centre	Ashanti	Baptist	CCG	Opuniase	Asante Akyim North
166	Holy Rosary Health Centre, Amankwakrom	Health Centre	Eastern	Catholic	GCBC	Amankwakrom	Kwahu Afram Plains North
167	Martyrs Of Uganda Health Centre, Sirigu	Health Centre	Upper East	Catholic	GCBC	Sirigu	Kasena Nankana West - Paga
168	Sacred Heart Health Centre, Bepoase	Health Centre	Ashanti	Catholic	GCBC	Maase-Offinso	Sekyere South
169	St. John's Health Centre, Domeabra	Health Centre	Ashanti	Catholic	GCBC	Domeabra	Ahafo Ano-South West
170	St. Joseph's Health Centre, Kalba	Health Centre	Savanna	Catholic	GCBC	Kalba	Sawla-Tuna-Kalba
171	St. Theresa Health Centre, Zorko	Health Centre	Upper East	Catholic	GCBC	Zorko	Bongo
172	St. Louis Health Centre, Bodwesango	Health Centre	Ashanti	Catholic	GCBC	Bodwesango	Adansi North

173	St. Luke's Health Centre, Seniagya	Health Centre	Ashanti	Catholic	GCBC	Seniagya	Sekyere East
174	St. Joseph's Health Centre, Bechem	Health Centre	Bono	Catholic	GCBC	Bechem	Tano South
175	Our Lady Of Rocio Health Centre, Walewale	Health Centre	North East	Catholic	GCBC	Walewale	West Mamprusi
176	Good Shepherd Health Centre, Tuna	Health Centre	Savanna	Catholic	GCBC	Tuna	Sawla-Tuna-Kalba
177	Martyrs Of Uganda Health Centre, Bole	Health Centre	Savanna	Catholic	GCBC	Bole	Bole
178	Immaculate Conception Health Centre, Kongo	Health Centre	Upper East	Catholic	GCBC	Kongo	Kaleo-Nadowli
179	St. Joseph Health Centre, Nakolo	Health Centre	Upper East	Catholic	GCBC	Nakolo	Kassena-Nakana
180	St. Catherine Of Sienna Health Centre, Jirapa	Health Centre	Upper West	Catholic	GCBC	Jirapa	Jirapa
181	St. Gerhardt Health Centre, Fielmuo	Health Centre	Upper West	Catholic	GCBC	Fielmuo	Sissala West
182	Presbyterian Health Centre, Jenjemireja	Health Centre	Bono	Presbyterian	CCG	Jenjemireja	Jaman South
183	Presbyterian Health Centre, Kyeremasu	Health Centre	Bono	Presbyterian	CCG	Kyeremasu	Dormaa West Municipal
184	Presbyterian Health Centre, Aboabo	Health Centre	Bono	Presbyterian	CCG	Aboabo	Dormaa West Municipal
185	Presbyterian Health Centre, Kwamesua	Health Centre	Bono	Presbyterian	CCG	Kwamesua	Dormaa West Municipal

186	Presbyterian Health Centre, Suma Ahenkro	Health Centre	Bono	Presbyterian	CCG	Suma Ahenkro	Dormaa West Municipal
187	Presbyterian Health Centre, Kwadwokumikrom	Health Centre	Bono East	Presbyterian	CCG	Kwadwokumikrom	Dormaa West Municipal
188	Presbyterian Hospital, Assin Praso	Health Centre	Central	Presbyterian	CCG	Assin Praso	Assin North
189	Presbyterian Health Centre, Assin Nsuta	Health Centre	Central	Presbyterian	CCG	Assin Nsuta	Assin South
190	Presbyterian Health Centre, Abetifi	Health Centre	Eastern	Presbyterian	CCG	Abetifi	Kwahu South
191	Presbyterian Health Centre, Ekye	Health Centre	Eastern	Presbyterian	CCG	Ekye	Kwahu North
192	Presbyterian Health Centre, Kom- Aburi	Health Centre	Eastern	Presbyterian	CCG	Kom - Aburi	Akuapem South
193	Presbyterian Health Centre, Kwahu Praso	Health Centre	Eastern	Presbyterian	CCG	Kwahu Praso	Kwahu South
194	Presbyterian Health Centre, Obregyima	Health Centre	Eastern	Presbyterian	CCG	Obregyima	Kwahu East
195	Tease Presby Health Centre, Afram Plains	Health Centre	Eastern	Presbyterian	CCG	Tease	Kwahu North
196	Presbyterian Health Centre, Langbinsi-Gambaga	Health Centre	North East	Presbyterian	CCG	Langbinsi	East Mamprusi
197	Presbyterian Health Centre, Loloto	Health Centre	North East	Presbyterian	CCG	Loloto	Kpandai
198	Kuwani Health Centre, Kuwani	Health Centre	Savanna	Presbyterian	CCG	Kuwani	East Gonja

199	Presbyterian Health Centre, Widana	Health Centre	Upper East	Presbyterian	CCG	Widana	Bawku Municipal
200	Presbyterian Health Centre, Garu	Health Centre	Upper East	Presbyterian	CCG	Garu	Garu - Tempene
201	Presbyterian Health Centre, Siniensi	Health Centre	Upper East	Presbyterian	CCG	Siniensi	Talensi
202	Presbyterian Health Centre, Sumaduri	Health Centre	Upper East	Presbyterian	CCG	Sumaduri	Garu Tempene
203	Presbyterian Health Centre , Kwamebikrom	Health Centre	Western	Presbyterian	CCG	Kwamebikrom	Bia
204	Presbyterian Health Centre, Enchi	Health Centre	Western	Presbyterian	CCG	Enchi	Aowin Suaman
205	Salvation Army Health Centre, Ajumako-Ochiso	Health Centre	Central	The Salvation Army	CCG	Ajumako Baa	Ajumako Enyan Essiem
206	The Salvation Army Anidasofi Clinic, Kokomlele	Health Centre	Greater Accra	The Salvation Army	CCG	Kokomlele	Ayawaso East
207	Urban Aid Health Centre, Mamobi	Health Centre	Greater Accra	The Salvation Army	CCG	Mamobi	Accra Metro. Assembly
208	Koni Health Centre, Kpassa	Health Centre	Volta	Wec Mission	CCG	Kpassa	Nkwanta South
209	Janie Speaks A.M.E Zion Hospital, Afrancho	Hospital	Ashanti	Ame Zion	CCG	Offinso Afrancho	Offinso North
210	Anglican Eye Hospital, Jachie	Hospital	Ashanti	Anglican	CCG	Jachie Pramso	Bosomtwe

211	The Kings Medical Centre, Bontanga	Hospital	Northern	Assemblies Of God	GPCC	Bontanga	Kumbungu
212	Assemblies Of God Hospital, Saboba	Hospital	Northern	Assemblies Of God	GPCC	Saboba	Saboba
213	Baptist Medical Centre, Nalerigu	Hospital	North East	Baptist	CCG	Nalerigu	East Mamprusi
214	Central Charismatic Baptist Hospital, Gyinase	Hospital	Ashanti	Baptist	CCG	Gyinase	Asokwa Municipal
215	Baptist Medical Centre, Abuakwa	Hospital	Ashanti	Baptist	CCG	Abuakwa	Kumasi Metropolitan
216	Calvary Charismatic Baptist Medical Centre, Atwima Mim	Hospital	Ashanti	Baptist	CCG	Atwima Mim	Atwima Nwabiagya
217	Living Spring Baptist Medical Centre	Hospital	Ashanti	Baptist	CCG	Atasomanso	Kumasi Metropolitan t Assmbly
218	Atiaba Memorial Baptist Medical Centre	Hospital	Upper East	Baptist	CCG	Sandema	Builsa North
219	Nzema Baptist Hospital	Hospital	Western	Baptist	CCG	Nvellenu-Half Assini	Jomoro
220	Catholic Hospital, Battor	Hospital	Volta	Catholic	GCBC	Battor	North Tongu
221	Holy Family Hospital, Techiman	Hospital	Bono East	Catholic	GCBC	Techiman	Techiman South
222	St. Theresa's Hospital, Nandom	Hospital	Upper West	Catholic	GCBC	Nandom	Nandom Municipal Assembly

223	St. Edward's Hospital, Dwinyama	Hospital	Ashanti	Catholic	GCBC	Dwinyama	Ahafo Ano South East
224	St. John Of God Hospital, Duayaw-Nkwanta	Hospital	Bono	Catholic	GCBC	Nkwanta Duayaw	Tano North
225	St. Martin De Porres Hospital, Eikwe	Hospital	Western	Catholic	GCBC	Eikwe	Ellembelle
226	St. Elizabeth Hospital, Hwidiem	Hospital	Ahafo	Catholic	GCBC	Hwidiem	Asutifi-South
227	St. Patrick's Hospital, Maase- Offinso	Hospital	Ashanti	Catholic	GCBC	Maase-Offinso	Offinso South
228	St. Peter's Hospital, Jacobu	Hospital	Ashanti	Catholic	GCBC	Jacobu	Amansie Central
229	Tatale District Hospital, Tatale	Hospital	Northern	Catholic	GCBC	Tatale	Tatale/ Sangu le
230	St. Luke Catholic Hospital, Apam	Hospital	Central	Catholic	GCBC	Apam	Gomoa West
231	Benito Menni Hospital, Dompoase	Hospital	Ashanti	Catholic	GCBC	Dompoase	Adansi-West
232	Hopexchange Medical Centre, Santasi	Hospital	Ashanti	Catholic	GCBC	Santasi	Kumasi Metro
233	Pope John Paul Ii Medical Centre, Jamasi	Hospital	Ashanti	Catholic	GCBC	Jamasi	Adwira
234	St. Martin's Hospital, Agroyesum	Hospital	Ashanti	Catholic	GCBC	Agroyesum	Amansie West
235	St. Michael's Hospital, Pramso	Hospital	Ashanti	Catholic	GCBC	Pramso	Bosomtwe
236	Holy Family Hospital, Berekum	Hospital	Bono	Catholic	GCBC	Berekum	Berekum
237	St. Mary's Hospital, Drobo	Hospital	Bono	Catholic	GCBC	Drobo	Jaman South

238	Mathias Hospital, Yeji	Hospital	Bono East	Catholic	GCBC	Yeji	Pru
239	St. Theresa's Hospital, Nkoranza	Hospital	Bono East	Catholic	GCBC	Nkoranza	Nkoranza South
240	Mercy Women's Hospital, Mankessim	Hospital	Central	Catholic	GCBC	Mankessim	Cape Coast
241	Our Lady Of Grace Hospital, Breman-Asikuma	Hospital	Central	Catholic	GCBC	Breman Asikuma	Asikuma Odobeng Brakwa Dist Ass.
242	St. Francis Xavier Hospital, Assin-Fosu	Hospital	Central	Catholic	GCBC	Assin Fosu	Assin North Municipal
243	St. Gregory Catholic Hospital, Gomoa Budumburam	Hospital	Central	Catholic	GCBC	Budumburam	Gomoa East
244	Holy Family Hospital, Nkawkaw	Hospital	Eastern	Catholic	GCBC	Nkawkaw	Kwahu South
245	St. Dominic Hospital, Akwatia	Hospital	Eastern	Catholic	GCBC	Akwatia	Kwaebibirem
246	St. Joseph's Hospital, Koforidua	Hospital	Eastern	Catholic	GCBC	Koforidua	New Juaben
247	St. Martin's De Porres Hospital, Agomanya	Hospital	Eastern	Catholic	GCBC	Agomanya	Lower Manya Krobo
248	St. Andrew's Catholic Hospital, Kordiabe	Hospital	Greater Accra	Catholic	GCBC	Kordiabe	Dangme West
249	St. Joseph's Hospital, Nkwanta	Hospital	Oti	Catholic	GCBC	Nkwanta	Nkwanta South
250	St. Mary Theresa Hospital, Dodi-Papase	Hospital	Oti	Catholic	GCBC	Papase	Kadjebi
251	West Gonja Hospital, Damango	Hospital	Savanna	Catholic	GCBC	Damango	West Gonja
252	St. Lucas Hospital, Wiaga	Hospital	Upper East	Catholic	GCBC	Wiaga	Builsa

253	St. Joseph's Hospital, Jirapa	Hospital	Upper West	Catholic	GCBC	Jirapa	Jirapa
254	Anfoega Catholic Hospital, Anfoega	Hospital	Volta	Catholic	GCBC	Anfoega	Kpando
255	Margaret Marquart Cath. Hosp, Kpando	Hospital	Volta	Catholic	GCBC	Kpando	Kpando
256	Mater Ecclesiae Hospital, Sokode	Hospital	Volta	Catholic	GCBC	Sokode	Ho Municipal
257	Richard Novarti Memorial Hospital, Sogakope	Hospital	Volta	Catholic	GCBC	Sogakope	South Tongu
258	Sacred Heart Hospital, Weme-Abor	Hospital	Volta	Catholic	GCBC	Abor	Keta Municipal
259	St. Anthony's Hospital, Dzodze	Hospital	Volta	Catholic	GCBC	Dzodze	Ketu North
260	Fr. Thomas Alan Rooney Memo. Hosp., Asankragwa	Hospital	Western	Catholic	GCBC	Asankragwa	Wasa Amenfi West
261	Holy Child Catholic Hospital, Fijai	Hospital	Western	Catholic	GCBC	Fijai	Sekondi Takoradi Metro Ass.
262	St. John Of God Hospital, Sefwi-Asafo	Hospital	Western North	Catholic	GCBC	Sewfi Asafo	Sewfi Asafo
263	Jubilee Catholic Children Hospital, Apowa	Hospital	Western	Catholic	GCBC	Apowa	
264	Hope Christian Hospital, Gomoa Fetteh	Hospital	Central	Church Of Christ	CCG	Gomoa	Gomoa East
265	Church Of God Hospital, Essienimpong	Hospital	Ashanti	Church Of God	CCG	Essienimpong	Ejisu Municipal

266	Todah Hospital, Obuasi	Hospital	Ashanti	Church Of God	CCG	Obuasi	Adansi
267	Church Of God Hospital, Banda Nkwanta	Hospital	Savanna	Church Of God	CCG	Banda-Nkwanta	Bole
268	Faith Evangelical Mission Hospital, Bubuashie	Hospital	Greater Accra	Faith Evangelical Mission	CCG	Bubuashie	Accra Metro. Assembly
269	Power House Hospital, Old Tafo	Hospital	Ashanti	Full Gospel	CCG	Old Tafo	Kumasi Metropolitan Assembly
270	Global Evangelical Mission Hospital, Apromase	Hospital	Ashanti	Global Evangelical	CCG	Apromase	Ejisu
271	Dabaa Hope Hospital, Dabaa	Hospital	Ashanti	Harvesters Evangelistic Ministry	CCG	Dabaa	Atwima Nwabiagya
272	St. Martin Memorial Hospital, Ashaiman	Hospital	Greater Accra	King Of Kings	CCG	Ashaiman	Ashaiman
273	St. Martin Memorial Hospital, Dansoman	Hospital	Greater Accra	King Of Kings	CCG	Dansoman	Ablekuma West
274	St. Martin Memorial Hospital, Shukura	Hospital	Greater Accra	King Of Kings	CCG	Shukura	Ablekuma Central
275	Lighthouse Mission Hospital, North Kaneshie	Hospital	Greater Accra	Lighthouse Mission	ASSOCIATES	North Kaneshie	Accra Metro. Assembly
276	St. Luke's Hospital, Kasei Via Ejura	Hospital	Ashanti	Luke Society Missions	CCG	Kasei Via Ejura	Ejura Sekyedumase

277	Emmanuel Eye/ Medical Centre, East Legon	Hospital	Greater Accra	Luke Society Missions	CCG	East Legon	Ga East
278	Manna Mission Hosp, Teshie-Nungua	Hospital	Greater Accra	Manna Mission	CCG	Teshie-Nungua	Kpeshie
279	Methodist Faith Healing Hospital, Ankaase	Hospital	Ashanti	Methodist	CCG	Ankaase	Afigya Kwabre
280	Methodist Hospital, Aburaso	Hospital	Ashanti	Methodist	CCG	Aburaso	Atwima Kwanwoma
281	Methodist Hospital, Wenchi	Hospital	Bono East	Methodist	CCG	Wenchi	Wenchi
282	Presbyterian Hospital, Agogo, Ashanti-Akim	Hospital	Ashanti	Presbyterian	CCG	Agogo	Asante Akim North
283	Presbyterian Hospital, Dormaa-Ahenkro	Hospital	Bono	Presbyterian	CCG	Dormaa Ahenkro	Jaman South
284	Presbyterian Hospital, Donkorkrom	Hospital	Eastern	Presbyterian	CCG	Donkorkrom	Kwahu North
285	Presbyterian Hospital, Bawku	Hospital	Upper East	Presbyterian	CCG	Bawku	Bawku Municipal
286	Presbyterian Orthopaedic Hospital, Bawku	Hospital	Upper East	Presbyterian	CCG	Bawku	Bawku Municipal
287	Hawa Mem. Saviour Hospital, Akim-Osiem	Hospital	Eastern	Saviour Church	ASSOCIATES	Akim Osiem	East Akim Municipal Ass.
288	Seventh Day Adventist Hospital, Sunyani	Hospital	Bono	Seventh Day Adventist	ASSOCIATES	Sunyani South Ridge	Sunyani West
289	Seventh Day Adventist Hospital, Koforidua	Hospital	Eastern	Seventh Day Adventist	ASSOCIATES	Koforidua	New Juaben South

290	Hart Adventist Hospital, Ahinsan	Hospital	Ashanti	Seventh Day Adventist	ASSOCIATES	Ahinsan	Asokwa Municipal
291	Sda Valley View Hospital, Oyibi	Hospital	Greater Accra	Seventh Day Adventist	ASSOCIATES	Oyibi	Kpone Katamanso
292	Adventist Hospital, Breman	Hospital	Ashanti	Seventh Day Adventist	ASSOCIATES	Breman	Kumasi Metropolitan Assembly
293	Seventh Day Adventist Hospital, Kwadaso-Kumasi	Hospital	Ashanti	Seventh Day Adventist	ASSOCIATES	Kwadaso	Kwadaso Municipal
294	Seventh Day Adventist Hospital, Tamale	Hospital	Northern	Seventh Day Adventist	ASSOCIATES	Tamale	Tamale Metro
295	Akoma Memorial Sda Hospital, Kortwia-Abodom	Hospital	Ashanti	Seventh Day Adventist	ASSOCIATES	Kortwia Abodom	Bekwai Municipal
296	Seventh Day Adventist Hospital, Asamang	Hospital	Ashanti	Seventh Day Adventist	ASSOCIATES	Asamang	Sekyere South
297	Seventh Day Adventist Hospital, Dominase	Hospital	Ashanti	Seventh Day Adventist	ASSOCIATES	Dominase	Amansie East
298	Seventh Day Adventist Hospital, Namong	Hospital	Ashanti	Seventh Day Adventist	ASSOCIATES	Namong	Offinso North
299	Seventh Day Adventist Hospital, Obuasi	Hospital	Ashanti	Seventh Day Adventist	ASSOCIATES	Obuasi	Obuasi Municipal
300	Seventh Day Adventist Hospital, Wiamoasi-Ashanti	Hospital	Ashanti	Seventh Day Adventist	ASSOCIATES	Wiamoase	Sekyere South
301	Valley View University Hospital, Techiman	Hospital	Bono East	Seventh Day Adventist	ASSOCIATES	Techiman	Techiman

302	Seventh Day Adventist Hospital, New Gbawe	Hospital	Greater Accra	Seventh Day Adventist	ASSOCIATES	New Gbawe	Ga South
303	Nagel Memorial Adventist Hospital Takoradi	Hospital	Western	Seventh Day Adventist	ASSOCIATES	Takoradi	Shama Ahanta East
304	Grace Spring Mission Hospital, Takoradi	Hospital	Western	Spring Of Life Evangelistic Ministry	CCG	Eeffia-Kwasiminstim	Secondi - Takoradi
305	Rev. Walker Mission Hospital Ltd., Kokobra	Hospital	Ashanti	The Apostolic Church	CCG	Fumesua - Kokobra	Ejisu Juaben
306	Bryant Mission Hospital, Obuasi-Adansi	Hospital	Ashanti	The Church Of Pentecost	GPCC	Obuasi	Obuasi Municipal
307	Pentecost Clinic, Ayanfuri	Hospital	Central	The Church Of Pentecost	GPCC	Ayanfuri	Upper Denkyira East
308	Pentecost Hospital, Madina	Hospital	Greater Accra	The Church Of Pentecost	GPCC	Madina	Ga East
309	Pentecost Hospital - Tarkwa	Hospital	Western	The Church Of Pentecost	GPCC	Tarkwa	Wassa West
310	Salvation Army Hospital, Wiamease	Hospital	Ashanti	The Salvation Army	CCG	Wiamease	Sekyere South

311	Salvation Army Hospital, Agona- Duakwa	Hospital	Central	The Salvation Army	CCG	Agona Duakwa	Agona East
312	True Faith Hospital, Bethel Juaben	Hospital	Ashanti	True Faith	ASSOCIATES	Bethel	Ejisu Juaben
313	True Faith Hospital, Kumawu Bodomase	Hospital	Ashanti	True Faith	ASSOCIATES	Kumawu	Sekyere Kumawu
314	Evangelical Church Of Ghana Hospital, Kpandai	Hospital	Northern	Wec Mission	CCG	Kpandai	Kpandai
315	St. Lucy Polyclinic, Tamale	Poly Clinic	Northern	Catholic	GCBC	Tamale	Tamale Metro - West Dagomba
316	Salvation Army Polyclinic, Baa	Polyclinic	Central	The Salvation Army	CCG	Baa	Ajumako Enyan Essiem
317	Wa Diocese Phc Project	Primary Health Care	Upper West	Catholic	GCBC	Wa	Wa
318	E. P. Church Health Centre, Ho	Primary Health Care	Volta	Evangelical Presbyterian	CCG	Ho	Ho
319	Presbyterian Phc , Agogo, Ashanti-Akim	Primary Health Care	Ashanti	Presbyterian	CCG	Agogo	Asante Akim North
320	Dormaa Presby Phc , Dormaa-Ahenkro	Primary Health Care	Bono	Presbyterian	CCG	Dormaa Ahenkro	Dormaa West Municipal
321	Presbyterian Primary Health Centre, Tease	Primary Health Care	Eastern	Presbyterian	CCG	Tease	Afram Plains

322	Presbyterian Phc, Salaga	Primary Health Care	Northern	Presbyterian	CCG	Salaga	East Gonja
323	Presbyterian Health Centre, Woriyanga	Primary Health Care	Upper East	Presbyterian	CCG	Woriyanga	Garu - Tempene
324	Presbyterian Phc, Bawku	Primary Health Care	Upper East	Presbyterian	CCG	Bawku	Bawku Municipal
325	Presbyterian Phc, Bolgatanga	Primary Health Care	Upper East	Presbyterian	CCG	Bolgatanga	Bolgatanga Municipal
326	Presbyterian Phc, Sandema	Primary Health Care	Upper East	Presbyterian	CCG	Sandema	Builsa
327	The Salvation Army Rehabilitation Centre, Begoro	Rehabilitation Centre	Eastern	The Salvation Army	CCG	Begoro	Fanteakwa North
328	The Salvation Army Rehabilitation Centre, Duakwa	Rehabilitation Centre	Central	The Salvation Army	CCG	Duakwa	Agona West
329	St. Joseph's Midwifery Training College, Jirapa	Training Institution	Upper West	Catholic	GCBC	Jirapa	Jirapa
330	Br. Tarcisius Prosthetics And Orthotics Training College Nsawam	Training Institution	Eastern	Catholic	GCBC	Nsawam Adoagyiri	Nsawam Adoagyiri Municipal District
331	St. Michael's Nursing And Midwifery Training College	Training Institution	Ashanti	Catholic	GCBC	Pramso	Bosomtwe
332	St. John Of God College Of Health, Duayaw Nkwanta	Training Institution	Bono	Catholic	GCBC	Duayaw Nkwanta	Tano North

333	St. Patrick's Midwifery School, Maase-Offinso	Training Institution	Ashanti	Catholic	GCBC	Maase-Offinso	Offinso South
334	Holy Family Midwifery/ Nurses Training College, Berekum	Training Institution	Bono	Catholic	GCBC	Berekum	Berekum
335	Holy Family Nursing Training College, Techiman	Training Institution	Bono East	Catholic	GCBC	Techiman	Techiman
336	Holy Family Nurses Training College, Nkawkaw	Training Institution	Eastern	Catholic	GCBC	Nkawkaw	Kwahu South
337	Jirapa Community Health Nursing Training School, Jirapa	Training Institution	Upper West	Catholic	GCBC	Jirapa	Jirapa
338	St. Joseph's Nurses' Training College, Jirapa	Training Institution	Upper West	Catholic	GCBC	Jirapa	Jirapa
339	Margret Marquart Catholic Nursing Training College, Kpando	Training Institution	Volta	Catholic	GCBC	Kpando	
340	Presbyterian Nursing And Midwifery Training College	Training Institution	Upper East	Presbyterian	CCG	Bawku	Bawku Municipal
341	Nursing & Midwifery Training College, Agogo	Training Institution	Ashanti	Presbyterian	CCG	Agogo	Asante Akim North
342	Presbyterian Midwifery Training School, Dormaa Ahenkro	Training Institution	Bono	Presbyterian	CCG	Dormaa Ahenkro	Dormaa Central
343	Presbyterian Midwifery Training School, Duayaw Nkwanta	Training Institution	Bono	Presbyterian	CCG	Duayaw Nkwanta	Tano

344	Saviour Church Nursing And Midwifery Training College, Osiem	Training Institution	Eastern	Saviour Church	ASSOCIATES	Akim Osiem	Abuakwa North
345	Seventh Day Adventist Nursing And Midwifery Training School, Kwadaso	Training Institution	Ashanti	Seventh Day Adventist	ASSOCIATES	Kwadaso	Kwadaso Municipal
346	Seventh Day Adventist Midwifery Training School, Asamang	Training Institution	Ashanti	Seventh Day Adventist	ASSOCIATES	Asamang	Sekyere South
347	Seventh Day Adventist Health Asst. Training School, Asanta	Training Institution	Western	Seventh Day Adventist	ASSOCIATES	Asanta	Ellembelle
348	New Life College, Tamale	Training Institution	Northern	Wec Mission	CCG	Tamale	Sagnarigu
349	Word Alive Community Health Nursing Training School, Esiam	Training Institution	Western	Word Alive	CCG	Esiam	Nzema East Municipal



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