GHANA HEALTH SERVICE

2004 Programme of Work & Budget
FORWARD

The **2004 GHS programme of Work** is the main product of the first phase of reforms in the way plans and Budgets are prepared, implemented and monitored within the GHS. In 2002, GHS PPME began a gradual transformation of the planning and budget process by enhancing and deepening the MTEF process. **Our fundamental objective was to improve the usefulness of the plans and budget prepared each year and to build capacity for planning and budget at the district level.** In 2002 our immediate concern was to ensure that each Budget and Management Centre had a copy of its approved plans and budget in a more reader friendly volume. This was achieved in the first year of the PPME taking over the GHS planning and budget (2002)

The focus during the 2003 process was to improve resource allocation and distribution by making it more transparent and dynamic. This process though not fully achieved began in 2003 with a modest revision and documentation of the resource allocation process at the national level. A lot of lessons were learnt from the regional resource allocation process which is participatory and dynamic.

The 2004 planning and budget process saw a major change in principle, concept and content of the process with the view of challenging health managers and decision makers in looking beyond the horizon of budget ceilings. This fundamental deviation from the norm was in a way necessitated by the urgency to scale up health interventions to meet both local and international performance targets and commitments.

The need based planning process (also referred to as output based, results based) was the brain child of the GHS and strongly supported by WHO Ghana and the RBM team. The process was fully designed and implemented by a local team from the GHS. Today, the results of the process that we have all supported is what is enshrined in the first ever **GHS PoW** that can be used as a monitoring tool. Though not a perfect document, it is supported by a series of documentation from the 2004 planning process that had never before been prepared and shared with GHS Managers in the past.

This document has three main sections. The first part is a summary of the overall approved budget for the GHS. This is followed by a list of selected performance indicators, planned activities and investment plans by national, regional and district BMC groups. The document ends with a quarterly cashflow plan and funding gap for the entire GHS PoW. This document is supported by ten regional programme of work that goes into details on the priorities, activities, performance targets and financing for each region. Other documents from the 2004 planning process are **performance agreement**, detailed **BMC human resource plan**, a **procurement plan** (only for item 2) drawn from the process and a **performance monitoring framework** for each BMC.

It is important to note the contribution of the Headquarters Divisional Directors, Regional and District Directors and most importantly the regional and district budget teams in making this process achievable. Worth mentioning is the support and encouragement given by the Director General, GHS. The PPME welcomes comments, suggestions and contributions towards the improvement of this process to ensure that better plans are drawn, implemented and monitored to contribute to the achievement of improvement in health outcomes.

**Dr. Frank Nyomator**  
**Director, PPME. GHS**
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<th>Administration DPF</th>
<th>Service GoG</th>
<th>Service DPF</th>
<th>Investment GoG</th>
<th>Investment DPF</th>
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<td>146,404,000,000</td>
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<td>190,889,420</td>
<td>237,000,000</td>
<td>321,000,000</td>
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<td>Evaluation</td>
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<td>Health Administration and Support</td>
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<td>Services</td>
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<td>Supplies, Stores &amp; Drug Management</td>
<td>1,571,872,350</td>
<td>194,632,350</td>
<td>263,000,000</td>
<td>256,000,000</td>
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<td>Institutional Care Division</td>
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<td>1,503,864,563</td>
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<td>Public Health</td>
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<td>12,694,000,000</td>
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<td>722,006,000</td>
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<td>Finance Division</td>
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<td>Internal Audit</td>
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<td>181,000,000</td>
<td>156,435,000</td>
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<tr>
<td>Division Name</td>
<td>Total Estimates</td>
<td>Personnel Emoluments</td>
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<td>Total Psychiatry</td>
<td>41,647,042,354</td>
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<td>5,122,000,000</td>
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<td>Accra Mental Hospital</td>
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<td>4,703,692,752</td>
<td>1,826,301,747</td>
<td>3,001,972,011</td>
<td>2,884,195,645</td>
<td>7,078,069,381</td>
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<td>Pantang Hospital</td>
<td>11,556,869,712</td>
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<td>1,096,499,208</td>
<td>1,172,142,973</td>
<td>1,411,342,235</td>
<td>4,207,516,156</td>
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<td>Ankaful Hospital</td>
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<td>1,643,980,462</td>
<td>857,199,045</td>
<td>947,885,016</td>
<td>1,032,462,120</td>
<td>3,414,414,463</td>
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<td><strong>Total Regional Health Services</strong></td>
<td><strong>123,913,939,677</strong></td>
<td><strong>43,435,939,677</strong></td>
<td><strong>5,792,000,000</strong></td>
<td><strong>9,254,000,000</strong></td>
<td><strong>7,441,000,000</strong></td>
<td><strong>21,338,000,000</strong></td>
<td><strong>5,553,000,000</strong></td>
<td><strong>31,100,000,000</strong></td>
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<tr>
<td>Office of Regional Director</td>
<td>46,360,866,695</td>
<td>1,621,155,295</td>
<td>582,575,000</td>
<td>2,194,452,000</td>
<td>1,438,537,400</td>
<td>3,871,147,000</td>
<td>5,553,000,000</td>
<td>31,100,000,000</td>
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<td>Regional Support Services</td>
<td>11,746,466,672</td>
<td>5,916,559,672</td>
<td>849,804,000</td>
<td>1,151,607,000</td>
<td>923,334,000</td>
<td>2,905,162,000</td>
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<td>Regional Hospitals</td>
<td>49,513,025,338</td>
<td>32,415,241,338</td>
<td>2,492,268,000</td>
<td>3,377,406,000</td>
<td>2,903,593,000</td>
<td>8,324,517,000</td>
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<tr>
<td>Regional Public Health Care Unit</td>
<td>11,216,658,568</td>
<td>2,371,175,568</td>
<td>1,289,371,000</td>
<td>1,747,288,000</td>
<td>1,502,166,000</td>
<td>4,306,658,000</td>
<td>—</td>
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<tr>
<td>Regional Clinical Care Unit</td>
<td>5,076,922,404</td>
<td>1,111,807,804</td>
<td>577,982,000</td>
<td>783,247,000</td>
<td>673,369,600</td>
<td>1,930,516,000</td>
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</tr>
</tbody>
</table>

3
## Summary Approved Budget for Year 2004

<table>
<thead>
<tr>
<th>Division Name</th>
<th>Total Estimates</th>
<th>Personnel Emoluments</th>
<th>Administration GoG</th>
<th>Administration DPF</th>
<th>Service GoG</th>
<th>Service DPF</th>
<th>Investment GoG</th>
<th>Investment DPF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total District Health Services</td>
<td>346,333,763,957</td>
<td>208,357,263,957</td>
<td>17,034,500,000</td>
<td>30,399,000,000</td>
<td>23,377,000,000</td>
<td>67,166,000,000</td>
<td>—</td>
<td>—</td>
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<tr>
<td>District Health Administration</td>
<td>71,284,433,060</td>
<td>25,005,031,378</td>
<td>5,592,153,000</td>
<td>11,376,793,184</td>
<td>6,877,771,596</td>
<td>22,432,683,902</td>
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<tr>
<td>District Hospitals</td>
<td>114,636,318,333</td>
<td>67,643,948,805</td>
<td>5,252,083,719</td>
<td>9,528,344,000</td>
<td>8,765,129,065</td>
<td>23,464,812,744</td>
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<tr>
<td>Sub-Districts</td>
<td>107,459,294,323</td>
<td>68,407,689,715</td>
<td>5,847,322,115</td>
<td>8,046,098,485</td>
<td>7,027,465,257</td>
<td>18,130,718,751</td>
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## Selected Performance Indicators and Targets

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2004</td>
</tr>
<tr>
<td>Antenatal Care Coverage</td>
<td>99%</td>
</tr>
<tr>
<td>Minimum number of antenatal visits</td>
<td>4</td>
</tr>
<tr>
<td>Supervised delivery including trained TBAs</td>
<td>50%</td>
</tr>
<tr>
<td>Supervised delivery (Institutional)</td>
<td>80%</td>
</tr>
<tr>
<td>Low Birth Weight Rate</td>
<td>5%</td>
</tr>
<tr>
<td>Still Birth Rate</td>
<td>1.5%</td>
</tr>
<tr>
<td>Postnatal Care Coverage</td>
<td>80%</td>
</tr>
<tr>
<td>Maternal Mortality Ratio (Institutional)</td>
<td>1.8/1000</td>
</tr>
<tr>
<td>TT2+ Immunization</td>
<td>90%</td>
</tr>
<tr>
<td>CYP Short Term Method</td>
<td>750,000</td>
</tr>
<tr>
<td>CYP Long Term Method</td>
<td>450,000</td>
</tr>
<tr>
<td>Number of Baby Friendly Health facilities</td>
<td>98</td>
</tr>
<tr>
<td>Increase Exclusive Breastfeeding rate (6mths)</td>
<td>30%</td>
</tr>
<tr>
<td>ORT use</td>
<td>80%</td>
</tr>
<tr>
<td>EPI (PENTA-3)</td>
<td>90%</td>
</tr>
<tr>
<td>Growth monitoring (0-11 months)</td>
<td>90%</td>
</tr>
<tr>
<td>Average number of visits</td>
<td>9</td>
</tr>
<tr>
<td>Growth monitoring (12-23 months)</td>
<td>40%</td>
</tr>
<tr>
<td>Indicator</td>
<td>Target</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Average number of visits</td>
<td>2004</td>
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<tr>
<td></td>
<td>4</td>
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<tr>
<td>Growth monitoring (24-59 months)</td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>9%</td>
</tr>
<tr>
<td>Average number of visits</td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td>% Malnourished children (0-11months)</td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>1.1%</td>
</tr>
<tr>
<td>% Malnourished children (12-23 months)</td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>1.5%</td>
</tr>
<tr>
<td>% Malnourished children (24-59 months)</td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>4%</td>
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<tr>
<td>% School receiving 3+ health education talks</td>
<td>2004</td>
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<tr>
<td></td>
<td>30%</td>
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<tr>
<td>Organised NIDS in all 110 District.</td>
<td>2004</td>
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<tr>
<td></td>
<td>100%</td>
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<tr>
<td>Attain non polio AFP rate of 1 per 100,000 in children &lt; 15 year per region</td>
<td>2004</td>
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<tr>
<td>High coverage achieved- 90% of children in about 90% of districts immunised</td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>90%</td>
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<tr>
<td>Case based surveillance instituted in all districts</td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>80%</td>
</tr>
<tr>
<td>TT campaigns organised in 39 high risk district (3 rounds)</td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>92%</td>
</tr>
<tr>
<td>Case based surveillance instituted in all districts</td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>80%</td>
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<tr>
<td>High coverage achieved.</td>
<td>2004</td>
</tr>
<tr>
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<td>90%</td>
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<tr>
<td>National IEC strategy on home-based care for malaria available to guide implementers. Posters and Leaflets and TV/Radio Campaigns</td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>Caretakers, parents and general public in 60 districts well informed on early symptoms, signs and management of malaria</td>
<td>2004</td>
</tr>
<tr>
<td></td>
<td>40%</td>
</tr>
<tr>
<td>Indicator</td>
<td>Target</td>
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<tr>
<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Community based health workers, chemical sellers, private pharmacies giving correct information on malaria drug/dosage to clients</td>
<td>40%</td>
</tr>
<tr>
<td>Teachers in 60 districts able to treat school children with uncomplicated malaria</td>
<td>40%</td>
</tr>
<tr>
<td>i. Training materials and treatment guidelines available for use in 90% of targeted health facilities in all districts</td>
<td>60%</td>
</tr>
<tr>
<td>ii. Prescribers (200 doctors, 600 nurses etc yearly) up to date with current malaria management and managing malaria appropriately</td>
<td>30%</td>
</tr>
<tr>
<td>iii. 100 Laboratory personnel up to date yearly with correct malaria microscopy and carrying out quality microscopy</td>
<td>40%</td>
</tr>
<tr>
<td>iv. Resistance levels of anti-malaria drugs determined to guide policy</td>
<td>Yes</td>
</tr>
<tr>
<td>v. Policy on anti-malaria drugs produced and available to all stakeholders in all districts</td>
<td>Yes</td>
</tr>
<tr>
<td>i. General public informed on importance of using ITMs</td>
<td>30%</td>
</tr>
<tr>
<td>ii. Targeted groups motivated to use ITMs</td>
<td>30%</td>
</tr>
<tr>
<td>iii. Importance of ITM obvious to 90% of school children in all districts who will serve as agents of change</td>
<td>30%</td>
</tr>
<tr>
<td>iv. At least one manufacturer of ITM in place by 2006</td>
<td>0%</td>
</tr>
<tr>
<td>v. Local expertise built in net re-treatment in 60 districts</td>
<td>30%</td>
</tr>
<tr>
<td>vi. Net/material re-treatment sites established in 60 districts</td>
<td>30%</td>
</tr>
<tr>
<td>i. Capacity built on malaria research in 60 districts</td>
<td>30%</td>
</tr>
<tr>
<td>Indicator</td>
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<tr>
<td>ii. Up to date with current policies on malaria control</td>
<td></td>
</tr>
<tr>
<td>iii. Current research findings disseminated to all stakeholders</td>
<td></td>
</tr>
<tr>
<td>i. All stakeholders up to date with planned activities; and progress made in malaria control each quarter, half-yearly and annually</td>
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<tr>
<td>Proportion of private health units who are able to provide correct TB diagnosis and treatment in accordance with National guidelines</td>
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<tr>
<td>Case detection coverage proportion of new smear positive cases that are diagnosed in the Metropolis</td>
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<tr>
<td>The proportion of newly diagnosed sputum positive patients who have completed treatment and declared cured.</td>
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<tr>
<td>TB Defaulter rates</td>
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<table>
<thead>
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<th>2005</th>
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<tr>
<td></td>
<td>30%</td>
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</tbody>
</table>
Workplans

GHS HEADQUARTERS

Office of Director General

- DGs special initiative to reduce poverty
- Provide free healthcare for U5, ANC and elderly
- Reduce poverty and deprivation

Policy Planning Monitoring & Evaluation

Policy Unit

- GHS/Health Development Partners Deliberation Forum
- Hold National Network on MHOs to improve network of community based health financing schemes
- National Health Forum for Close-to-Client Services Strategies -CHPS
- Regional consultations on Gender Mainstreaming framework and strategy
- Review Hospital Pricing System (Consumables mark-up on drugs)
- Support for National SMM

Planning and Budget Unit

- Coordinate the preparation and collation of plans and budget
- Institutionalise hospital costing in 10 District Hospitals
- Organise Regional Planning and budget workshops
- Prepare 2005 POW for GHS
- Review 2003 Planning Process
- Undertake joint monitoring of Plans and Budget
Information Monitoring & Evaluation Unit

- Prepare quarterly and annual reports
- Review GHS reporting format and develop guidelines
- Review National and BMC specific indicators for GHS

Health Research Unit

- Conduct at least (2) two Operational Researches
- Supervise National Health Research Centres
- Coordinate the Ghana/Dutch Programme

Health Administration & Support Services

- Building master plans for GHS/MOH
- Carry out support visits to the regions
- Conduct 2No. Zonal seminars (North/South)
- Provide counterpart support for the MOH Assistance
- Provide preventive maintenance for special equipment

Supplies, Stores & Drug Management

- Develop implementation guidelines
- Develop implementation plans for preferred option
- Development of SBD
- Professional training in procurement for senior managers
- Strengthen SSDM unit
Institutional care

Director

- Develop Policy on in-service training of Pharmacy personnel including development of curricular and training manual.
- Developments of guidelines for clinical care
- Meetings to review QA Manual
- Training in Research Methodology
- Provide specialist outreach services (dental and eye)
- Provide support for Cuban Doctors

Pharmacy Unit

- Attend International Pharmaceutical Federation Conference in California, USA
- Attend West African Health Community Advisory Council Meeting in Lagos
- Attend West African Post Graduate College of Pharmacists meeting
- Coordinate Outreach service of Pharmaceutical Students Association
- Deputy Director of Pharmaceutical Services meetings
- Develop Policy on in-service training of Pharmacy personnel including development of curricular and training manual.
- Drug Evaluation Study
- Training in Research Methodology
- Training of Trainers workshop on Standards for Pharmaceutical Care
- Undertake support Supervision and Monitoring Visits
Workshop to develop policy on In-service Training on Pharmacy Personnel including development of curricula and training manual

Workshop to develop Policy on Management of Emergencies

Workshop to develop Policy on Minimum set of Pharmaceutical Care Activities by levels and on District Pharmacist Concept

Workshop to Develop SODs for standard for Pharmaceutical Care

N.P.O.C

Management meeting of regional heads and local supervisors.

Organise monitoring visits to regional prosthetics and orthotics centre.

Oral Health Unit

Provision of outreach dental services for under served population in 10 regions

Nursing Unit

Continuous Training Programme PLWHA

Formulation of Policy Guidelines on Clinical Supervision

Global Partners - Atlanta

Hold meetings of National Salt Iodation Committee

International Conference - Uganda

Maintenance and repairs of office fixtures and furniture

Monitoring and support visit (Middle Zone)

Monitoring and support visit (Northern Zone)
Oral Health Unit

- Monitory and support visit (Southern Sector)
- Review of Nursing Format-Fluid chart, vital signs, Morning and Evening T.P.R
- Senior Nurse Managers Conference

Catering Unit

- Develop management guidelines for Dieticians
- Launching of Booklet
- Printing of Healthy Eating Booklet
- Public Education on Healthy Eating
- Technical Monitoring of Dieticians
- Training of Diet Cooks

Monitoring Unit

- Workshop on develop guidelines on clinical monitoring and supervision.
- Workshop to disseminate the findings on clinical care assessment and the infection prevention and control policy and procedure.
- Disease Control Unit
- Celebrate World Diabetes Day 2004
- Celebrating World Heart Day (Launch)
- Collecting data on cancer
- Conduct survey on NCD risk factors
- Hold Diabetes Advisory Board Meeting
Launch diabetes awareness month-August 2004
Organise health education Programme on diabetes on Radio/TV
Produce IE&C materials on healthy lifestyles on diabetes, hypertension and cancers
Train health personnel on cancer and how to recognise them early
Train Officers and conduct pre-test for NCD risk factors
Training of Doctors, Nurses, Record Officers on collection of cancer data

National Blood Transfusion Service
Capacity Building -in-service training of all of the staff of the BTS to ensure blood safety and improve quality
Conduct a Baseline Assessment of the Blood Transfusion Centres and Hospital Blood Banks in the Country.
Train voluntary blood donor recruiters in various Educational and Religious Institutions, Communities, Red Cros
Society Personnel etc in Blood Donor Education to assist in recruitment of donors

Eye Care
Strengthen Outreach Eye Care Services
Undertake Eye Care Monitoring Visits
Undertake Trachoma Control Monitoring Visits
Organise World Sight day
Develop manual on operative corneal Ulcer management
Undertake operational research on cataract surgery coverage
Attend International Agency for the Prevention of Blindness Conference Dubai
Facilitate training of staff at GIMPA
Organise the development of Regional Eye Care Plans.
Organise Eye Care review meeting
Organise Trachoma review Meeting
Prevention of Blindness Advisory Board meeting
Organise Trachoma Task Force Meeting
Assist in procuring cataract sets and bulbs for Ophthalmic Equipment

Public Health

Director

Prepare quarterly, half-year and annual report
Prepare quarterly business plans
Procure contraceptives
Procure vaccines and injection safety supplies
Provide logistics for emergencies
Support Buruli Ulcer control
Support contraceptive procurement
Support control of epidemic prone diseases
Support control of cutaneous leishmaniasis in Volta Region
Support control of Oncho Support HIV/AIDS activities
Support IEC activities of NGOs and other organisations
Support NIDs
Support vaccine procurement for routine EPI
Training of staff
Visit regions and districts to provide technical support

Nutrition
- Develop/adapt draft guidelines for management of malnourished children
- Conduct impact study on iodated salt consumption.
- Hold dissemination seminar for expansion of salt winner’s salt iodisation.
- Holding Dissemination seminar on dietary guidelines for PLWHA
- Identify and provide other support activities to enhance food production, processing and storage.

MONITORING IYCF IN ACTIVITES DISTRICTS AND SUB DISTRICTS
PRODUCTION AND PROCUREMENT OF GROWTH PROMOTION MATERIALS &TOOLS
- Sensitisation visit to sites for nutritional surveillance

RCH(Reproductive and Child Health)

Scale up of IMCI
- Conduct training in Prevention of Mother to Child Transmission (PMTCT)
- Conduct training in Safe Motherhood clinical and management skills
- Conduct Child Health Promotion
- Facilitate new and refresher training for TBAs
- Facilitate training in comprehensive FP (4 Centres)
- Facilitate training in STI management for service providers
- Facilitate training of doctor/nurse teams in minilap and Norplant insertion and removal
- Monitor training in EP counselling skills
Print and distribute Maternal Health Record Books
Train health personnel in cervical cancer screening and management skills
Train Pharmacists and Dispensary Technicians in Family Planning (Public Health Facilities)
Training in STI management for service providers

**Occupational Health**

Completion of development of curriculum and manual on basic Occupational Health

**Health Promotion Unit**

Community Mobilization and PLA Training
Finalization, Printing and dissemination of HP policy

**EPI**

Annual Report Writing
Conduct quarterly EPI review meeting
Monitor monthly returns from regions
National Polio Expert Committee meeting
Organisation of sub-National immunisation days
Training logisticians
Training of cold chain managers
Surveillance Unit

- Conduct monitoring, supervision and technical support visits to regions and districts
- Develop and distribute framework for epidemic preparedness plan for commonly
- Develop Epidemic preparedness plan for highly infectious diseases e.g. Viral haemorrhagic fever
- Develop Epidemic preparedness plan for highly infectious diseases e.g. Viral haemorrhagic fever
- Develop strategic plan for community based surveillance
- Develop strategic plan for surveillance and control of Leishmaniasis
- Finalize core data analysis electronic template
- Hold IDSР technical committee meeting
- Organise forum to review international health regulations
- Organise quarterly and yearly surveillance meetings
- Organize quarterly and yearly surveillance meetings
- Provide rapid response support to regions and districts during outbreaks

Human Resource Development

Director's Secretariat

- Conference - Both Local and International
- Human Resource for Health Forum
- Human Resource Manager's Forum
- Human Resource Research
- Human Resource Strategy Review
- Monitoring Visits
Planning Unit
- Development of HR Information - Fellowship
- Development of HR Information - Nominal Roll/Personnel
- Development of HR Information - Production of Newsletter
- Development of HR Information - Records Management
- Monitoring visits
- Study on Workload Utilisation and Review of staffing

Management / Training Unit
- Accident & Emergency Nursing Programme
- Implementation of Anatomical Pathology
- Technician Programme, Prosthetic & Orthotics Programme
- Implementation of Paediatric Nursing Programme
- Midwifery, Eye and Public Health Programme
- Support ENT Nursing Programme, Dental Technician and Oral Community Nursing Programme
- In-Service Training Unit
- Capacity development on career guidance and counselling
- Compilation of training calendar: Develop and disseminate policies & guidelines on career guidance and counselling
- Develop and disseminate policies and guidelines on HR Functions
Support ENT Nursing Programme, Dental Technician and Oral Community Nursing Programme

- In-Service Training Unit
- Capacity development on career guidance and counselling
- Compilation of training calendar. Develop and disseminate policies & guidelines on career guidance and counselling
- Develop and disseminate policies and guidelines on HR Functions
- Develop capacity of focal persons in Regions, Districts and headquarters.
- Develop designed SIST areas
- Develop Records Management Manual
- Development of checklist on pre-monitoring checklist and monitoring visit
- DISHOP (Stand Alone)
- Hold a 4 day seminar to orientate staff in Records Management Practices for the Northern Sector
- Hold a 4 day seminar to orientate staff in Records Management Practices for the Southern Sector
- Manual Development
- Monitor processes and procedures for decentralisation
- Operationalise the Appraisal System
- Orientate 200 Health Managers on decentralised HR functions
- Recruitment and promotion interviews
- Research on career guidance and counselling
- Review of In-service training system
- Training Assessment for Executive Manager
Training Assessment for Institutional Manager
Training Assessment for Senior Managers Training GIMPA
Training Assessment for Sub-district Managers
Training Assessment for TOT for developed courses - Curriculum Development
Training Assessment for TOT for developed courses - Facilitator's preparation
Training Assessment for Training Design for SIST

Finance Division

- Bi-annual Senior Finance Officers meeting
- Conduct efficiency studies in 10 DHOs. 3 RHO
- Continuous IT Courses for FD staff preparing for BPEMS
- Data collection in 10 regions, 5 tertiary institutions, preparation of quarterly financial report
- Develop a procedure Manual for the Finance Division
- Develop Human Resource Information System in Headquarters
- Develop Management Accounting Information System
- Development of a Standard Monitoring Check List
- Forum to Sensitise Regional and RHO Accountants on BPEMS
- Review Accounting Procedures for Subvented Organisation
- Review the ATF Manual
- Review the Sub-district Supplement of the ATF
- Supervisory visits by R&A to BMCs
- Training of Internal Audit Staff in ATF Rules and Instructions
**Internal Audit**

- Routine Audit Inspection of BMCs
- Training of Audit Staff

**REGIONAL LEVEL**

**Regional Health Directorates**

- Increase access to Healthcare for the Poor, Deprived and Health staff
- Enhance access to primary health services
- Strengthen and monitor community based services
- Ensure equitable distribution of health care services
- Coordinate activities of technical group on health insurance
- Strengthen regional emergency response readiness
- Improve quality of Care at all levels
- Provide logistics and training to enhance staff performance
- Ensure routine preventive maintenance of all assets
- Improve the management and performance of BMCs
- Develop and organise in service training programmes for all staff
- Strengthen management of health information in all regions
- Improve and supervise optimal use of resources especially in new facilities
- Undertake operational research for policy
Establish and operationalise system for performance appraisal

Improve collaboration with stakeholders in health  Strengthen financial management systems

**Regional Hospitals**

- Improve access to Diagnostic services in health facilities and Public Health
- Improve reproductive and child health services
- Increase coverage of Specialist Outreach Services
- Improve the dietary requirement in food for patients
- Conduct and disseminate routine clinical and medical audits
- Increase and improve access to outpatient care services
- Improve quality and efficiency of specialised health care services
- Improve quality of Care in all regional hospitals
- Provide logistics and training to enhance staff performance
- Develop and organise in service training programmes for all staff
- Strengthen and increase surveillance activities
- Training in Procurement procedures and Systems
- Develop and organise in service training programmes for all staff
- Develop and disseminate regional hospital business plans
- Undertake operational research for policy
- Improve collaboration with stakeholders in health
- Strengthen financial management systems and increase revenue base
DISTRICT LEVEL

**District Health Administrations**

- Increase access to Healthcare for the Poor, Deprived and Health staff
- Improve access to primary healthcare services
- Strengthen, improve and increase outreach services
- Develop and disseminate BMCs/district business plans
- Strengthen the food supplementation programme for children
- Improve access to Diagnostic services in health facilities and Public Health laboratories
- Improve the management and performance of BMCs
- Provide logistics and training to enhance staff performance
- Undertake operational research for policy
- Training in Procurement procedures and Systems
- Ensure routine preventive maintenance of all assets
- Provide support, supervision monitoring and evaluation of district plans
- Provide logistics and training to enhance staff performance
- Develop and organise in service training programmes for all staff
- Strengthen management of health information in all districts
- Strengthen district emergency response readiness
- Improve collaboration with stakeholders in health
District Hospitals

- Improve access to Diagnostic services in health facilities and Public Health
- Improve reproductive and child health services
- Strengthen, improve and increase outreach services
- Improve the dietary requirement in food for patients
- Conduct and disseminate routine clinical and medical audits
- Enhance in-patient care provision
- Increase and improve access to outpatient care services
- Ensure implementation of recommendations of clinical and maternal audits and research findings
- Improve quality and efficiency of specialised health care services
- Improve quality of Care at district hospitals
- Provide logistics and training to enhance staff performance
- Strengthen and increase surveillance activities
- Training in Procurement procedures and Systems
- Develop and disseminate BMCs/district business plans
- Develop and organise in service training programmes for all staff
- Undertake operational research for policy
- Improve collaboration with stakeholders in health
- Establish and operationalise system for performance appraisal
- Improve collaboration with stakeholders in health
- Strengthen financial management systems and increase revenue base
Sub-districts

- Provide clinical services
- Improve reproductive and child health services
- Improve awareness of communities on public health issues
- Strengthen, improve and increase outreach services
- Strengthen and increase surveillance activities
- Improve quality of Care in all health centres and clinics
- Strengthen data management
- Provide logistics to enhance staff performance
- Identify and manage diseases of public health importance
- Identify and operationalise specific areas for research
- Develop and organise in service training programmes for all staff
- Improve collaboration with stakeholders in health
- Strengthen financial management systems and increase revenue base

Community Service Provision - “Close - to - Client” Services

- Improve awareness of communities on public health issues
- Provide basic Services within the communities
- Supervise Volunteers and TBA
- Organise meetings with Community Health Committees
Capital Investment

Office of The Director General

- Construction of Physiotherapy Building - Koforidua and Ridge Hospitals
- Rehabilitation of 5No. Dental Clinics in the Greater Accra Region
- Redevelopment of Guesthouse at Adabraka (Demolition works and Pre-contract)
- Construction of GHS Head Office Complex
- Remodelling of Workshops into Offices, paving of yard and improvement of drainage system LFC
- Outstanding Bills payable by GHS

Psychiatry Hospitals (Tertiary Health Service)

Accra Mental Hospital

- Completion of 2-storey block of flats at Accra Mental Hospital
- Rehabilitation of Wards

Pantang Hospital

- Completion of 3 No. Staff flats
- Completion of Wards

Ankaful Hospital

- Completion of OPD Complex
- Regravelling of internal access roads, rehabilitation of staff flats
Greater Accra

- Completion of Health Centre, Madina
- Construction of RHMT Office in Accra
- Completion of 2 Storey at USSER Fort
- Construction of staff bungalow at Ada Hospital - Phase 3
- Completion of Health Centre at Bortianor

Volta Region

- Rehabilitation of 3No. Staff flats at Hohoe
- Completion of DHMT at Keta
- Rehabilitation of 2No. Bungalows of 3-Bedrooms and A-Bedroom boys quarters each at Medical Village at Ho
- Construction of Offices for RHMT
- Installation of 4No. Boreholes pumps at Dambai, Jasikan, Dzemeni and Kwamekrom Health Centres
- Construction of 3No. CHIPS facility at Kadjebi, Jasikan, Hohoe

Eastern Region

- Rehabilitation of Koforidua Regional Hospital
- Completion of ward block at Asamankese
- Rehabilitation of Health Centre at Abomosu
- Construction of Sewerage Treatment Plant at Koforidua Regional Hospital
Central Region
- Rehabilitation of Male Ward at Agona Swedru Hospital
- Rehabilitation of Health and Construction of 1No. Bedroom at Fanti Nyankumasi
- Rehabilitation of Nkwantanum Health Centre
- Completion of Bisease Maternity Ward
- Construction of Male Ward at Dunkwa District Hospital Accommodation for RHA
- Construction of 3No. CHPS facilities at selected areas
- Construction of Gomoa Dego Health Centre

Western Region
- Construction of 2No. Additional Semi-detached quarters at Sekondi
- Major rehabilitation of Sefwi Wiase district hospital
- Completion of Health Centre at Bonzain
- Completion of Health Centre at Benso
- Construction of Adabokrom Health Centre
- Construction of 4No. Cluster unit semi detached quarters at Sekondi
- Construction of Asawinso Health Centre
- Completion of Staff Accommodation at Axim
- Upgrade of Shama Health Centre
- Rehabilitation of General Ward at Dixcove
Ashanti Region

- Upgrade of Kumasi South Health Centre to Regional Hospital
- Construction of 3-Units JSQ at Abrepo
- Completion of X-ray complex at Ejura Hospital
- Upgrade of Manhyia Health Centre to a Polyclinic
- Construction of 1No. CHPS facility at Kwame Agyefrom-Offinso District

Brong Ahafo Region

- Rehabilitation of Health Centre at Nkrankwanta
- Rehabilitation of Health Centre at Wamfie
- Rehabilitation of Subinso Health Centre
- Construction of Surgical Ward at Beecham Hospital
- Rehabilitation of Sampa Hospital
- Construction of Health Centre at Dawadawa
- Rehabilitation of Health Centre at Sene
- Rehabilitation of Akrodie Health Centre

Northern Region

- Rehabilitation of Wulensi Health Centre
- Construction of Health Centre at Sawla
- Construction of Health Centre at Yapei
- Provision of Electrical and Water Systems at Nkanchina Hospital
Rehabilitation of 1No. Ward at Damango Hospital
Rehabilitation of Staff Houses at Saboba Hospital
Construction of 3No. CHPS facilities at selected areas

Upper East Region
Construction of Mortuary at Zebilla District Hospital
Completion of Health Centre at Bongo-Soe
Completion of Kologo Health Centre
Completion of Health Centre at Sapeliga
Rehabilitation of Chiana Health Centre
Rehabilitation of Sandema District Hospital
Completion of Fence Wall at Navrongo Hospital
Construction of 3No. CHPS facilities at selected areas

Upper West Region
Completion of Administration Block at Tumu Hospital
Construction of Bawiesibelle Health Centre
Extension of water to residential facility at Airstrip
Completion of Bungalow for Regional Hospital at Wa
Major rehabilitation of Wa Regional Hospital (Detailed A+E Studies)
Completion of Maternity Block at Nandom Hospital
Completion of Twin Maternity Block at Nadowli
Construction of 3No. CHPS facilities Sissala, Nadowli and Lawra districts
## Cashflow Plan
### Quarter 1 : Jan - Mar 2004

<table>
<thead>
<tr>
<th>Division Name</th>
<th>Total Estimates</th>
<th>Personnel Emoluments</th>
<th>Administration GoG</th>
<th>Administration DPF</th>
<th>Service GoG</th>
<th>Service DPF</th>
<th>Investment GoG</th>
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<td><strong>Total GHS</strong></td>
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### Quarter 4: Oct - Dec 2004

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<td>66,658,722,982</td>
<td>12,970,761,148</td>
<td>16,258,613,852</td>
<td>14,546,250,000</td>
<td>36,601,000,000</td>
<td>525,150,000</td>
<td>1,740,000,000</td>
</tr>
<tr>
<td><strong>Total GHS Headquarters</strong></td>
<td>29,397,411,485</td>
<td>1,456,161,485</td>
<td>6,319,136,148</td>
<td>5,064,863,852</td>
<td>5,509,750,000</td>
<td>10,800,000,000</td>
<td>62,500,000</td>
<td>185,000,000</td>
</tr>
<tr>
<td><strong>Total Psychiatry</strong></td>
<td>9,671,760,589</td>
<td>2,254,260,589</td>
<td>945,000,000</td>
<td>1,280,500,000</td>
<td>1,332,000,000</td>
<td>3,675,000,000</td>
<td>185,000,000</td>
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</tr>
<tr>
<td><strong>Total Regional Health Services</strong></td>
<td>23,647,884,919</td>
<td>10,858,984,919</td>
<td>1,448,000,000</td>
<td>2,313,500,000</td>
<td>1,860,250,000</td>
<td>5,334,500,000</td>
<td>277,650,000</td>
<td>1,555,000,000</td>
</tr>
<tr>
<td><strong>Total District Health Services</strong></td>
<td>86,583,440,989</td>
<td>52,089,315,989</td>
<td>4,258,625,000</td>
<td>7,599,750,000</td>
<td>5,844,250,000</td>
<td>16,791,500,000</td>
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</tbody>
</table>
## Funding Gap for 2004

<table>
<thead>
<tr>
<th>Item</th>
<th>Type of Activities</th>
<th>Deficit (¢)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>Minor Rehabilitation of Hospitals and Offices</td>
<td>400bn</td>
</tr>
<tr>
<td></td>
<td>Preventive Maintenance</td>
<td>100bn</td>
</tr>
<tr>
<td>Service</td>
<td>Priority Interventions e.g. HIV/AIDS, Malaria, TB, EPI, CHPS etc</td>
<td>500 bn</td>
</tr>
<tr>
<td></td>
<td>Exemptions</td>
<td>80 bn</td>
</tr>
<tr>
<td></td>
<td>NHIS</td>
<td>12 bn</td>
</tr>
<tr>
<td>Investment</td>
<td>Civil works and Equipment</td>
<td>175 bn</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>1,147 bn</strong></td>
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</tbody>
</table>