CHRISTIAN HEALTH ASSOCIATION OF GHANA

Organisation and Management Arrangements Executive Secretariat

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Abbreviations

ACCM	Annual Council and Conference Meeting
CHAG	Christian Health Association of Ghana
CHCU	Church Health Coordinating Units
DHMIS	District Health Management Information System
GHS	Ghana Health Service
GOG	Government of Ghana
HRM	Human Resources Management
HSS	Health System Strengthening
ICT	Information Communication Technology
I&O	Institutional & Organisation
MOH	Ministry of Health
MOF	Ministry of Finance
NHIA	National Health Insurance Authority
SOP	Standard Operation Procedures
TOR	Terms of Reference

Preamble

The purpose of this document is to provide a concise overview of the mandate, organizational structure and management arrangements of the secretariat of CHAG. After a brief introduction of CHAG (chapter 1), the document elaborates the main responsibilities of the secretariat and the various strategies it applies (chapter 2). Chapter 3 describes the main functions of the various departments of the secretariat. Chapter 4 concludes with a brief description of the main management arrangements. As organisational structures and responsibilities change over time, this document is under review at a regular interval.

We welcome any comment or suggestions.

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1.   Introduction

CHAG is a network comprising a membership of 173 health facilities and 10 health training institutions owned by 21 different Christian Church denominations. In all, the network accounts for approximately 5.5% of the total health infrastructure in Ghana. CHAG health facilities are predominantly located in the more isolated districts and localities. Membership of CHAG is subject to Christian identity, subscription to CHAG's constitution, payment of an annual fee and a periodic membership audit. Governance is participatory in nature. Members meet annually to discuss and agree on strategic decisions for the network. A board with nominated representatives of the 3 founding church denominations oversees the functioning of CHAG. The larger Church denominations of CHAG operate health coordinating units at the National level (CHCU).   These units operate autonomously and 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 decentralised health coordinating units at the Presbyterian and Diocesan levels.

2.   The Executive Secretariat

At the National level, CHAG has a Secretariat that provides stewardship of the network and support to the members. Specific responsibilities and operational modalities are mentioned in next paragraphs.

2.1   Mandate, Role and Functions

The Executive Secretariat of CHAG is mandated to represent the interests of the network within the health sector as well as to support members to achieve the objectives of the association and espouse its values. The primary task of the secretariat is to support the members of CHAG by providing services that makes them more efficient and effective in service delivery. These services are provided in a manner that does not infringe on the autonomy of the members and their individual policy and management arrangements. In order to sustain capacity support to the network and its members, the secretariat develops and maintains strategic partnerships with key stakeholders in the health sector such as the MOH, GHS as well as with development agencies.

The secondary most important task of the secretariat is to articulate CHAG's position in the National policy dialogue and discourse. The main aim is to reinforce member's position and contribution to achieving National health outcomes. In addition, CHAG stance is to contribute in a supportive and constructive manner to health sector developments and improvements.

2.2   Goal and Main Objectives

The purpose of the secretariat is to support the goal of the network to contribute to the achievement of National health sector outcomes. Within this context the *goal of the secretariat* is to:

Provide leadership and direction of CHAG, represent the interests of CHAG in the health sector and provide facilitative and capacity support to members and CHCUs.

Derived from this goal, the *main objectives of the secretariat* are to: (1) Navigate the Network; (2) Represent the Network; (3) Capacitate the Network.

2.2.1 Navigate the Network

Navigating the network is a main determination of the secretariat and involves 3 major and strategic objectives: (1) Provide stewardship and governance; (2) Manage network performance and administration and; (3) Consolidate and develop the network. Stewardship and governance of the network relate to maintaining strategic direction in context of developments and opportunities in the health sector. It relates to providing leadership and guidance in achieving the strategic goals of the network and its contribution to the health sector in the most transparent and accountable manner. Management of network performance and administration involves the assessment of longer-term strategic plans as well as formulation and implementation of annual work-plans and budgets. It involves the formulation of network policies, guidelines and procedures, development of internal communications mechanisms and designing performance assessment systems for periodic review and analysis of network performance and outcomes. Consolidating the network relate to all institutional and organizational arrangements to adequately represent the interests of the members and to improve efficiency, effectiveness and outcomes of the network.

2.2.2 Represent the Network

Representing the network is the second main purpose of the secretariat and includes the following main objectives: (1) Improve health sector policy and policy discourse; (2) Progress health sector practices and; (3) Develop strategic partnerships. Improving health sector policy and progressing practices is mainly done through a dedicated advocacy agenda to influence legislation, policies, regulations, guidelines and procedures that are of interest and enhance or positively benefit CHAGs members. Strategic partnership development involves establishing relationships and collaboration with external agencies which are beneficial to the network or its members. It concerns mobilizing new funding sources for innovative programs or projects.

2.2.3 Capacitate the Network

The last purpose of the secretariat is to strengthen the network which includes the following main objectives: (1) Capacity support to members; (2) Provision facilitative services to members and; (3) Health systems research. Capacity support of members involves all training activities targeting the members to improve their organizational performance as well as improving professional capacity of designated staff cadres. Provision of facilitative services concerns all support provided by the secretariat to the members vis-à-vis external agencies such as MOH, GHS, MOF, external donors, training institutions, etc. Finally, health systems research is the last main objective of the secretariat. Research is conducted in relation to identifying best practices. It may relate to the operational level as well to the policy level.

2.3 Strategies

In recognition of the strategic framework of CHAG (2014-2016), the following *strategies* are central to the secretariat: (1) Health System Strengthening; (2) Focussed Partnerships Development; (3) National Thinking but Local Action; (4) Facilitation and Empowerment and; (5) Monitoring for performance improvement.

2.3.1 Health System Strengthening

The secretariat applies the Health System Strengthening approach (HSS) with a view to improve organizational capacity, service delivery and health outcomes in a more systematic and comprehensive manner. In addition the approach lends itself to the systematic analysis of sector issues enabling a more efficient and effective contributions to influence policy discourse and improved public administration and functioning of the health sector. The HSS approach is used to strengthen, monitor and evaluate organizational performance and health service delivery at the individual member health institutions level, across and within member church health services and ultimately aggregated for analysis of the performance of the entire network.

2.3.2 Focused Partnership Development

In line with the National Health Policy, CHAG views partnerships as a core strategy for the effective functioning of the health system and for achieving health sector objectives and outcomes. CHAG appreciates partnership development as involving the encouragement of different institutions and stakeholders both, public and non-public agencies, to work together to achieve the common objective of improving health, based on mutually agreed roles and the principle of sharing resources, risks and results. Partnerships within and across sectors, rather than working alone, offers advantages such as access to complementary resources, improved focus and coordination, the achievement of greater scale and reach and is, in general, an impetus for learning and further development. Partnerships will be pursued in relation to: (1) network members; (2) MOH and GHS; (3) Donor agencies and; (4) research institutions.

2.3.3 National Thinking and Local Action

Orientation of the secretariat and CHAG members are in support of the achievement of described and targeted National health outcomes however, the design of programs, activities and interventions respect the autonomy of members, secures their ownership, recognises local context and the fact that they are best able to appreciate and implement interventions at their respective level of operation.

2.3.4 Facilitation and Empowerment

The secretariat itself does not implement interventions directly benefitting the population; rather it facilitates and empowers member institutions to acquire the requisite skills. The secretariat operates in a facilitative, empowering and supportive mode that promotes members ownership and commitment to improve organisational performance and better health services and - outcomes. In its operations, the secretariat takes a participatory approach, complements other on-going support activities within the network and avoids duplication of functions between itself, the members and their coordinating offices.

2.3.5 Monitoring for Performance Improvement

The secretariat continuously collects and analyses data in a systematic manner with the intent to support members to improve organisational performance for the achievement of health sector outcomes and to support the health sector to comprehensively improve systems.

3 Organisational Structure and Responsibilities

The secretariat has 6 departments as follows: (1) Operations; (2) Finance; (3) HSS Technical Support; (4) Performance; (5) Human Resources; (6) Internal Audit and lastly; (7) the office of the Executive Director (figure 1). Each department has its own specific functions and tasks in relation to the mandate and operations of the secretariat. Each department is guided and overseen by the executive director. The secretariat is overseen by the CHAG board with respective technical committees. A summary of main functions of each department is described in the next paragraphs.

3.1 Operations Department

The operations department is central to the secretariat's functioning as it acts as the 'hub' for internal coordination and external communication. The department has 5 main tasks as follows: (1) Administration and Secretarial Services; (2) Communication; (3) Estate, Equipment and Transport Management; (4) Human Resource Management of Secretariat Staff, and lastly; (5) ICT Management. The Operations Department is responsible for all administration and secretarial support services relating to the secretariat as well as for all communications both, internally as well as external. The unit takes care for documentation, records management, management and adherence to standard operation procedures (SOPs). The department is central in procurement of goods and services as well in the organisation and management of events such

as the Annual Conference and Council Meeting (ACCM). The department is responsible for the upkeep of the office building, plant and equipment and maintaining security protocols. The department is charged with the management of all secretariat staff, including administration, recruitment, training and development. Finally, the department provides for ICT management of the secretariat involving adoption and maintenance IT innovation, applications and infrastructure, website development and technical support to other departments and CHAG members.

Figure 1: Organogram & Departments of CHAG Secretariat
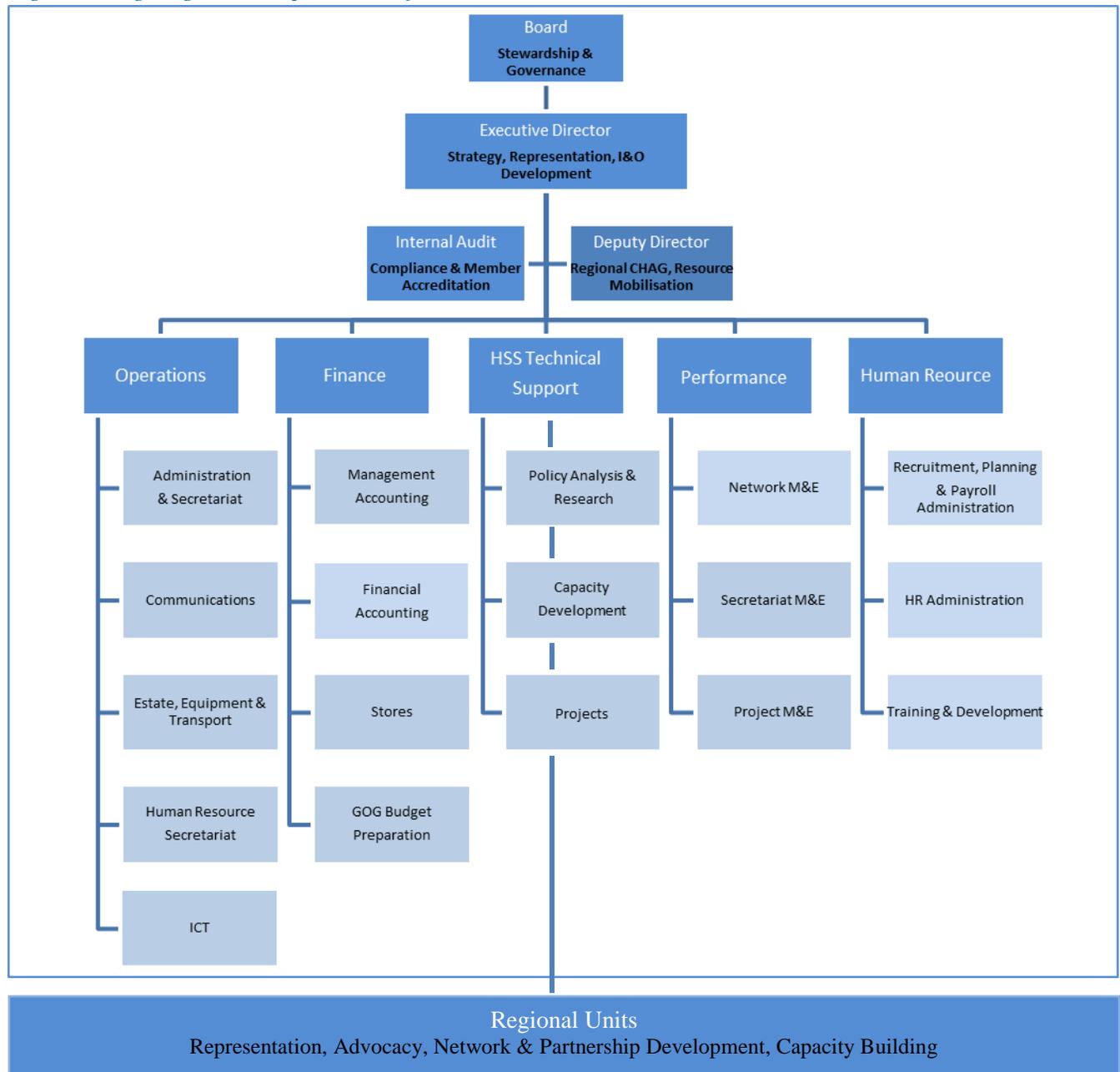
3.2   Finance Department

The finance department is central to the management of secretariat's finances. In addition, the department is important to consolidate the network's annual budget for the MOH. The main functions of the department are: (1) Management Accounting; (2) Financial Accounting; (3) Stores Management and lastly: (4) Budget Preparation GOG. Management accounting relates to financial forecasting, planning and analysis, budgeting and budget management. Financial accounting involves all financial administration including periodic internal as well as external reporting. Stores Management is mainly dealing with maintaining the asset registry of the secretariat as well as the management of all inventories. Finally, the department provides facilitative support to members to prepare their annual budget for the GOG and prepares a consolidated network budget for the GOG.

3.3   HSS Technical Support Department

The purpose of the HSS Technical Support Department is to provide technical support to the network members in all aspects of the 9 Health System Blocks.[1] The main activities evolve around 3 areas: (1) Policy Analysis & Research; (2) Capacity Development, and lastly; (3) Project Management. Policy analysis and research is focussed to influence and contribute to the National health sector policy discourse. It involves analysis of current health sector policies and researching and developing alternatives to influence the policy dialogue in the health sector with key partners such as the MOG, GHS, NHIA, parliament select committee and other key agencies. The department is engaged and facilitates health system research and is instrumental to document and publish best practices. Capacity development mainly relates to training and consultancy support to CHAG members to improve performance of respective health facilities. It includes identification of training demands, formulation of capacity trajectories, design of training curricula, facilitating and conducting customised training in all relevant areas of the 9 HSS blocks. Finally, the unit is responsible to promote innovative programs to improve health services in certain otherwise neglected health conditions. This involves formulation of proposals, secure external financing and management and implementation of programs either directly or indirectly via sub-contractual arrangements.

3.4   Performance Department

The Performance Department is the coordinating unit responsible for assessment and evaluation of performance and outcomes of the secretariat and for the CHAG network as a whole. The department has 3 main functions: (1) M&E of the CHAG Network; (2) M&E of the Secretariat, and lastly; (3) M&E of Projects. The department is responsible for the management of CHAGs

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[1]   Since 2010, CHAG applies the HSS model to improve organizational performance and outcomes of the individual health facility. Moreover, the model is used to improve the institutional performance of the CHAG network in support of strengthening the Ghana health system. The HSS model distinguishes 9 HSS blocks: Leadership and Governance, Human Resources, Service Delivery, Finances, Technology, Health Information, Community Participation, Partnerships, Research. The blocks are interdependent and mutually contribute to the delivery of quality health services.

corporate M&E system. This involves the assembling, follow-up and analysis of organisational performance of members as well as the collection, verification, collation and analysis of regular health services data (DHMIS) of all the members of the network (input, output and impact). Next to training, support and verification missions, this requires the production of regular periodic reports. The department is also responsible for assessing extent and quality of implementation of the plan of operations of the secretariat. Moreover, the department monitors the progress of designated projects run by the secretariat. This involves the design of specific project M&E plans, regular M&E visits and the production of periodic progress reports.

3.5   Human Resources Department

The Human Resource Department is essentially providing support to CHAG members with respect to HR management. In doing so, the department provides a vital liaison function between members and MOH. The chief functions of the department are to assist the members with: (1) HR Recruitment, Planning and Payroll Administration; (2) HR Administration, and lastly; (3) Capacity Development. HR recruitment, planning and payroll administration involves all activities with respect to posting and allocation of staff to member institutions. This includes advising and supporting an equitable distribution of staff considering staffing norms and workload variables. HR planning mainly relates to forecasting and costing staffing needs and assisting members and the secretariat in making realistic longer-term HR projections and budgets. HR administration requires a lot of liaison and coordination between the members and the MOH and its agencies. Furthermore the department facilitates harmonious relations between employer and employees and harmonizes HR policies and guidelines for the network. Lastly, the department is central in training and development programs to improve members' staff capacity, competency and skills. The department develops staff capacity support trajectories, identifies opportunities for continuous professional education and acquires and manages study grants. Finally, the department acts as a competency centre for the secretariat and the network for training development and methodology.

3.6   Internal Audit Department

The internal audit department is responsible for: (1) Compliance, and; (2) Membership Accreditation. The department is responsible to assess and advice on internal control systems and procedures and to ensure compliance to Standard Operating Procedures (SOPs), performance standards and measures. The unit looks into the extent of efficient and effective use of resources and implementation of programs. The department is also responsible for the periodic review of compliance of members to membership requirements.

3.7   Office of Executive Director

The office of the director is responsible for the proper functioning of the secretariat and the network in relation to its mandate. The 3 principle functions are: (1) Maintaining Strategic Direction; (2) Representation, and; (3) Institutional and Organisational Development of the Network. Strategic direction is safeguarded by developing a corporate Vision and translating this

into a viable longer-term strategy and a periodic review of network performance. The executive director is the figurehead of CHAG, representing the secretariat and promoting the interests of the network and its members. The director is responsible to develop and manage internal and external partnerships and provide leadership in promoting and engaging health sector policy dialogue. I&O development concerns a number of important aspects for which the office of the executive director bears special responsibilities such as safeguarding corporate governance, promoting staff growth and development, managing internal network cohesion and cooperation, ensure financial sustainability of the secretariat and maintain organisational identity and culture.

3.8   Regional CHAG Offices

The regional CHAG offices focus on three main areas: representation, advocacy and partnerships; network development and –synergy, M&E; and capacity building and support implementation of the annual plan of works (POW) of the secretariat. The regional unit will spearhead the representation of CHAG in the region and in the districts. The purpose of representation is twofold: to profile CHAGs contribution and interest in the health sector more visibly for health sector stakeholders and the general public; and to promote the collective interests of the network and individual members more prominently. A most important aspect is to improve collaboration with GHS and the regional and local government. A second main purpose of the regional unit is to further strengthen the network in order to improve its functionality and relevance for the members. Particularly, regional units should facilitate collaboration among members, develop and increase synergy in projects and programmes, support peer-review and facilitate operational research. A third important function of the regional CHAG office is to provide an effective linkage between the secretariat, members and CHCUs and to facilitate smooth cooperation in all matters pertaining planning and implementation of the secretariat's POW, network operations and administration, capacity building, programme implementation and M&E.

4.   Management Arrangements

The secretariat is a professional organisation characterised by clear and formal management modalities and arrangements with short and direct lines of communication. The main standard operating modalities are described in the following paragraphs.

4.1   Board Meeting

The board oversees the functioning of the secretariat and the strategic direction of the network. It comprises of nominated representatives of the 3 founding church denominations of CHAG (15pp). Membership changes every 3 year. The board has 4 standing committees: (1) Finance; (2) Advocacy; (3) Project & Programmes; (4) the Board Standing Committee. The Board meets 3 times a year (Feb, July and November). The purpose of the board meeting is: (1) to provide the board members an update of the progress of programs and activities of the secretariat; (2) provide a brief on current and evolving issues and development in the network and health sector and; (3) seek guidance and approval on outstanding strategic and operational issues where necessary. The 4 standing committees of the board meet irregularly on an ad-hoc basis.

4.2   Executive Management Meeting

An executive management meeting is convened weekly and on an ad-hoc basis, if required. The meeting is attended by the executive director and the heads of the finance and operations department. The purpose of the meeting is to discuss pertaining issues related to the internal functioning of the secretariat and to take executive decisions. Moreover, the meeting is to align plans and programs and to prepare for other internal or external meetings.

4.3   Management Team Meeting

A management team meeting is convened monthly (2nd Tuesday) and attended by the executive director and the heads of the finance, operations, HSS Technical support and performance departments. The purpose of the meeting is to discuss progress of plans and activities and to identify, discuss and agree on solutions and alternatives to overcome challenges and constraints.

4.4   Technical Advisory Meeting

A technical advisory meeting is convened monthly (1st Tuesday) and attended by heads and senior staff of all departments. The purpose of the meeting is to discuss and brainstorm on pertinent and emerging issues related to developments within the health sector and to reflect on CHAG's role, priorities and approaches. The meeting takes the format of a learning and critical reflection session in which relevant policy issues and topics are discussed in order to come to common understanding and direction.

4.5   Program Performance Review Meeting

A 2-days program performance review meeting is held quarterly (April, July, October) and attended by senior staff of all departments. The purpose of the meeting is to review progress of achieving output and outcome of the annual plan and to make adjustment where necessary. The performance reviews are also used a basis to inform the next annual plan. Status progress reports are prepared prior to the review meetings by respective department heads.

4.6   Annual Planning Meeting

The annual planning meeting is held once a year (October). It builds on the outcomes of various program performance review meetings. The purpose of the meeting is to draft and agree on the next annual plan and budget.   The annual planning meeting is attended by all senior staff from all departments and representative sample of the Church Health Coordinators.

4.7   Department (Team) Meeting

Department meetings are conducted monthly and attended by all staff of the respective departments. The purpose of the meeting is to discuss all relevant issues for the department related to department tasks, processes, procedures and the progress and implementation of work-plans and activities. The meetings are used to provide support to the individual staff members in executing their respective jobs and to identify and overcome challenges and constraints. If need

be, department meetings can be attended by staff from other departments or by the executive director if required or demanded.

4.8   General Staff Meeting

A general staff meeting is attended by all staff and convened half yearly. The meeting is concerned with general staff issues concerning work environment and staff well-being.

4.9   External Performance Review

An external performance review is carried out every 18th month. It is done by an external evaluator based on a specific Term of reference (TOR). All aspects of the functioning of the secretariat as well as program review are subject to this evaluation.

4.10   Standard Operating Procedures

All routine processes and procedures are standardized and described in 'Standard Operating Procedures' (SOPs). SOPs clearly outline protocols, sequential steps and levels of authority of routine activities to which all departments adhere to. Compliance is regularly reviewed by the internal audit unit as well by the annual external audit. SOPS are subject to periodic review and updated where necessary.

4.11   Performance Monitoring

Each department is subject to a periodic performance review based on a set of indicators and measures related to the core tasks of each respective department and in relation to targets of the annual plans. The secretariat operates a well-structured bi-annual performance review methodology which is aligned to the corporate M&E system of CHAG.

4.12   Staff Appraisal

All staff is appraised at an annual interval based on performance in relation to defined job-descriptions and progress of work.

Annex   Main Functions & Tasks Department

Department			(Unit) Functions		Main Tasks	
I	Operations	1	Administration & Secretarial Services	1.1	Documentation & Records Management	
				1.2	Logistics	
				1.3	Management SOPs	
				1.4	Procurement, Management Contracts & Services	
				1.5	Event Management	
				1.6	Reception and Client Service	
				1.7	Legal Support	
		2	Communication	2.1	Internal Communication	
				2.2	External Communication members	
				2.3	External Communication Partners & Stakeholders	
		3	Manage Estate, Equipment & Transport	3.1	Maintain & Replace Transport, Plant & Equipment	
				3.2	Inventory Management	
				3.3	Management Security Protocols	
		4	HR Management Secretariat staff	4.1	HR Administration	
				4.2	HR Planning, Recruitment & Payroll Administration	
				4.3	Staff Training & Development	
		5	ICT Management	5.1	Adopting & Maintain IT application	
				5.2	Adopting & Maintenance IT infrastructure	
				5.3	Website Development & Management	
				5.4	Technical support	
				5.5	IT Innovation and process improvement	
II	Finance	1	Management Accounting	1.1	Financial forecasting and planning	
				1.2	Budgeting & budget management	
				1.3	Financial statement analysis	
		2	Financial Accounting	2.1	Financial administration	
				2.2	Periodic internal financial reporting	
				2.3	Periodic external financial reporting	
		3	Stores Management	3.1	Maintain Asset registry	
				3.2	Inventory Management	
		4	GOG Budget Preparation	4.1	Member Support	
				4.2	Consolidation Network Budget	
III	HSS Technical Support	1	Policy Analysis & Research	1.1	Analysis & Contribute to National health sector policy discourse	
				1.2	Analysis & Contribute to Network & Member policies	
				1.3	Facilitate & Execute health system research	
				1.4	Document & Disseminate Best Practices	
		2	Capacity Development	2.1	Develop Skills, Competency & Systems in 9 HS Blocks	
				2.2	Provide Consultancy & Advisory services	
		3	Project Management	3.1	Acquisition & Mobilization of Resources	
				3.2	Management & Implementation	
IV	Performance	1	M&E Network	1.1	Analyse Network Health Service Data (input, output & impact)	
				1.2	Analyse Network Organisational Performance	
				1.3	Provide periodic feedback	
		2	M&E Secretariat	2.1	Analyse Secretariat Program of Work (input, output & impact)	
				2.2	Analyse Secretariat Organisational Performance	
				2.3	Provide periodic feedback	

		3	Project M&E	3.1	Analyse Project Performance (input, output & impact)	
				3.2	Provide periodic feedback	
V	Human Resources	1	Recruitment, Planning & Payroll Administration	1.1	HR Planning & Forecasting	
				1.2	HR Recruitment, Posting & Allocation	
				1.3	Payroll Management	
		2	HR Administration	2.1	Coordination with MOH and its Agencies	
				2.2.	Support Industrial Relationships	
				2.3	Harmonise HR Policies & Guidelines	
		3	Capacity Development	3.1	HR Training & Development	
				3.2	Acquisition, Allocation & Management of Sponsorships	
				3.3	Training Competency Centre	
VI	Internal Audit	1	Compliance	1.1	Assess & Advice on internal control Systems & Procedures	
				1.2	Ensure Compliance	
		2	Membership Accreditation	2.1	Assess compliance to CHAG membership requirements	
VII	Office of Executive Director	1	Maintain Strategic Direction	1.1	Strategic Planning	
				1.2	Review Network Performance	
		2	Representation	2.1	Spokesperson	
				2.2	Promote interest CHAG	
				2.3	Develop & Manage Partnerships	
				2.4	Engage & Promote Health Sector Dialogue	
		3	I&O Development	3.1	Safeguard Corporate Governance	
				3.2	Promote Staff Growth & Development	
				3.3	Maintain Network Internal Cohesion & Cooperation	
				3.4	Ensure Financial sustainability Secretariat (resource mobilisation)	
				3.5	Maintain Organisational Identity & Culture	
VIII	Regional CHAG Office	1	Representation, advocacy and partnerships	1.1	Participate in health sector forums (RHMT, DHMTs, etc.)	
				1.2	Improve collaboration with GHS (RDs), NHIS and local government	
				1.3	Representation of CHAG ('Regional CHAG')	
		2	Network development and synergy	2.1	Strengthen network collaboration, synergy & relations	
				2.2	Support horizontal collaboration, learning & peer review	
				2.3	Facilitate and implement operational research	
		3	Capacity building and Implementation annual plan of work	3.1	Facilitate planning & implementation	
				3.2	Capacity needs assessment and training of CHCUs and members	
				3.3	M&E, Organisational Performance Review, reporting	