CHRISTIAN HEALTH ASSOCIATION OF GHANA (CHAG)

How do we work together with the GHS at the Region and the District?

Report on Findings & Recommendations from Survey Among CHAG Member Institutions

January 2013

Content

Executive Summary

This paper describes the findings of a survey among CHAG member Institutions (MIs) looking into the extent and quality of the current collaboration with the Ghana Health Service (GHS) at the region, district and sub-district levels. On the whole, apart from some good exceptions, operational collaboration is perceived to be far from optimal. Many MIs give the impression that they operate in relative isolation rather disconnected from the public health sector.

A mix of contributing factors is evident such as inadequate cross-sector trust, insufficient understanding and appreciation; considerable fragmentation within the sector with limited coordination and lastly; restricted skills and institutional arrangements to establish and maintain a constructive dialogue and collaboration. There is much room for improvement in working with the GHS in the technical areas of health planning, continuous professional education, services delivery, technical support and health information management.

At the level of the MIs, improved partnership arrangements could be achieved through a changed mindset in favour of a much more open and proactive approach to explore and capitalize on opportunities for collaboration and partnerships. It is also evident that MIs could play a more prominent role in liaising with RHMTs, DHMTs and SDHMTs and that these teams probably need strengthening. CHAG, at the National level, could work towards such improvements through a deliberate sensitization of its members and the GHS on the memorandum of understanding between the Ministry of Health and CHAG especially among the GHS at the various levels. Lastly CHAG could consider to establish a more visible, structured and meaningful representative role at the region in support of its constituency.

1. Preamble

During the last quarter of 2012, CHAG initiated a survey to investigate the current level of partnership between CHAG and the GHS (annex 1). In addition to assessing the extent and quality of partnership, the survey also solicited ideas to improve and sustain CHAG-GHS partnerships.

Involvement of CHAG in the health sector is governed by a Memorandum of Understanding (MoU) with the Ministry of Health (2006). Issues agreed upon under the MoU are: (1) the contribution of CHAG within the national health sector; (2) the mutual responsibilities in planning and delivery of health services; (3) the guiding principles of (co) funding and; (4) guidelines for human resource planning, -development, health financing and health information management. Under the MOU, CHAG operates as an agency of the MoH and is expected to comply to the administrative instructions of the MoU in close collaboration and partnership with the GHS in the delivery of its services.

This paper provides a descriptive analysis of the survey findings on the extent and quality of the current partnership between CHAG and the GHS as perceived by CHAG member institutions (MIs). It is based on information obtained through a survey covering partnership arrangements in selected functional areas such as: (1) participation in standing technical health committees (RHMT, DHMT); (2) continued professional education through training opportunities and seminars; (3) technical support and supervision; (4) composite district health planning and lastly; (5) health information management. After the descriptive analysis, this paper discusses implications and suggests preliminary ideas to improve partnerships between MIs and the GHS at region and (sub-) district.

2. DESCRIPTIVE ANALYSIS

This chapter provides the descriptive analysis of the survey. Analysis is based on qualitative and quantitative information. Basic statistical analysis was done using X-cell.

2.1 Representativeness of Sample

On the whole, respondents are representative of the membership of CHAG, both geographically as well as by denomination. 53 out of 173 MIs (30.5%) responded, made up of 10 different denominations (47.5%) within CHAG (21). A majority of responses is received from the Catholic membership (44%), with equal distribution of reply among the remaining denominations. Relative response rate for hospitals is considerably higher compared to health centers and clinics combined, 21% and 12.5% respectively. Overall, 9 out of the 10 regions are represented in the responses received. The highest response rate is recorded for Western and Brong Ahafo regions with 20% and 16% respectively. 3 regions (Central, Ashanti and Upper East) have an equal reply rate of 12%. 3 other regions (Eastern, Greater Accra and Northern) have score between 4% and 8% whereas nothing was received from Upper East region. Responses from Hospitals represent 70% of the regions, whereas answers from health center and clinics represent just 50% from all regions.

2.2 Knowledge of Memorandum of Understanding CHAG-MOH

MIs are asked if, to their knowledge, the GHS at the region and district is aware of the MoU between CHAG and the MoH. Slightly more than half of the respondents (56%) indicate that they don't know whether the GHS at the region or the district is aware of the MoU. 34% of the MIs indicate that the GHS at the region or the district is aware, whereas 9% indicates that the GHS at these levels is not aware of the MoU. A vast majority of MIs (81%) feel that they fully comply to the administrative instructions of the MoU, whereas 13.5% indicate that they are not sure whether they comply to all the administrative instructions. 4.5% of MIs are sure that they don't comply to all administrative instructions.

2.3 Overall Appreciation of Cooperation with GHS

Respondents were asked to describe in general terms, the nature, extent and quality of their relationship and cooperation with the GHS, irrespective of the administrative level of the region, district or sub-district. On the whole, a rather even distribution was seen of MIs appreciating the current collaboration with the GHS as good and cordial (44.5%) as opposed to MIs having reservations in their dealings with the GHS (29%) or having serious problems and complaints about interactions with the GHS (26.5%). In addition 48% of MIs felt they are treated as equal partners by the GHS whilst 52% indicate little appreciation for the GHS and felt treated as competitors.

Overall, approximately 2/3rd of the MIs (68%) frequently interact with the GHS, mainly through GHS site visits to the facility. However, visits (and meetings) are not very regular, not timely planned and mostly ad-hoc (56%). A large majority (85%) of MIs value interaction with the GHS as supportive and helpful. This picture is similar for the hospitals, health centers and clinics. However, 61.5% of the hospitals indicate that cooperation with the GHS is not always very helpful and could be improved considerably.

2.4 Collaboration with Regional, District and Sub-District Health Management Teams

As expected, the vast majority of MIs (87.5%) is not a member of the RHMT and only 1 hospital has attended a RHMT meeting in the past year.

A majority of MIs (56.5%) don't know whether CHAG is represented in the RHMT by another MI or another representative body (e.g. the diocesan health coordinator). It is strongly felt that MI hospitals should be better represented in the RHMT (68%) with a majority (90%) indicating that they would prefer to be a member themselves rather than to be represented.

About 40% of MI hospitals are members of the DHMT but active participation during 2012 is restricted to just 48% of them. 56% of respondent indicate that, other than the DHMT, they have attended what is called an 'extended DHMT' meeting, referring to a broader stakeholder meeting at the district level involving the DHMT, all health care providers in the district and the District Assembly. 2/3rd of MIs (69%) who are not a member of the DHMT don't know whether another MI is representing CHAG in the DHMT. 71% of MIs don't feel properly represented by other MIs in the DHMT. There is a high level of awareness (86%) that participation in the DHMT needs improvement and a large majority of MIs (95%) would like to see active involvement with the DHMT.

Membership to the SDHMT is more evenly distributed compared to the DHMT, with 45% of the MIs being a member. A large proportion of health centers have attended a SDHMT meeting during first half of 2012 compared to the clinics, 70% and 12.5% respectively. A majority of 75% indicate that these meetings were very useful however, the same majority expressed the need for improved performance of the SDHMT most notably with respect to health planning.

2.5 Meetings, Continuous Professional Education and Technical Support

78% of MIs, evenly distributed among hospitals, health centres and clinics, indicate that they are usually invited to attend meetings and trainings organized by the GHS however, these occasions are not very regular. 6% of MIs point out that they are never invited for such occasions. 27% of MIs indicate that they occasionally invite GHS representatives to attend CHAG meetings, trainings and workshops. Attending meetings of the Regional or District Coordinating Council (R/DCC) is not at all common with an just 13% of MIs attending such meetings in first half of 2012. On the whole, there is common understanding that invitations should be reciprocal and that timeliness of information on scheduled trainings, meetings and conferences can be improved by both parties.

A vast majority of MIs (88%) receives visits from either the RHMT, the DHMT or both. However, the mainstream (72%) feels that supportive supervision visits are irregular, often unexpected and mostly not communicated in advance. A small minority of MIs (16.5%) has participated in joint supervision visits ('Peer Reviews') to either a GHS or another CHAG facility. MIs are unanimous in their wish for improved technical support visits by the R/DHMT.

2.6 Participatory Health Planning and Health Information Management

It is not common but rather an exception, that MIs participate in health planning at the sub-district, district and region (17%). A vast majority of MIs (81%) are not aware of the existence of a regional or district Plan of Work (POW). Participation in planning of vertical programs or special events (e.g. world Aids Day, etc.) is more regular but still low (39%). However, MIs are undivided in their commitment and desire to participate in health planning and would wish that they are invited for such occasions particularly at the sub-district level. A large majority of MIs (90%) prepare annual plans and budgets for their respective health facilities.

Whereas MIs are unanimous in their claim that they submit the DHIMS report in time, a significant majority of MIs (65%) also indicate that they don't usually get any feedback on these reports from the GHS. 68% of MIs point at a serious delay in receiving updated information on new policies, protocols and guidelines from the MoH/GHS.

3. DISCUSSION & RECOMMENDATIONS

3.1 General

It is evident that CHAG MIs are desirous of an improved partnership relationship with the GHS at the Regional, District and sub-district levels. A stronger and more pro-active approach can be adopted by CHAG and MIs to improve the interaction with the GHS.

It appears that the limited collaboration and strained partnership seem to be the result of a number of interrelated factors such as: (1) poor cross-sector understanding and appreciation of each other role and contribution to the health sector; (2) poor cooperation and coordination within , both in the public sector as well as within CHAG; (3) poor horizontal as well as vertical sector coordination amongst stakeholders at the various levels ; (4) insufficient leadership and lastly; (5) lack of skills and trust. It is therefore recommended that:

1. A comprehensive approach should be adopted to improve partnership in full consideration of the underlying hindering factors;
2. CHAG at all levels should take a proactive and positive approach towards improving the partnership with GHS.
3. CHAG Secretariat should review the extent and quality of CHAG representation in all standing committees at national level with the MOH, GHS and all its other agencies where relevant agencies.

3.2 Knowledge of Memorandum of Understanding CHAG-MoH

Knowledge of the MOH/CHAG MoU and its administrative instructions seems rather limited, as a majority of the GHS at the region and district are perceived not to be aware of its existence. If indeed this is the case, this could possibly hint at a serious flaw and a contributing factor for the currently felt shortcomings in collaboration with the GHS and the perceived negative attitude of the GHS in appreciating MIs as respected partners. It is of paramount importance that the MoU is well understood by the GHS representatives at the region and district as it constitutes the formal position of MIs as agencies working in the health sector. Moreover, through its administrative instructions, it sets out important operational modalities and procedures how MIs need to interact with the GHS at the various levels. It is therefore recommended that:

4. The existing MOH/CHAG MoU and administrative instructions needs to be wider distributed among GHS and relevant government departments at the region and district, and this is best done in the context of a targeted sensitization effort by CHAG in collaboration with GHS at all levels;
5. A similar MoU between GHS and CHAG should be prepared, premised on the MOH/CHAG MoU. This MoU should address the challenges currently experienced and lead to improved effective and efficient partnership between the GHS and CHAG at all levels. This document will in turn constitute the legal framework for consecutive operational agreements and partnerships at the district and sub-district (refer annex 2).

3.3 Collaboration with Region, District and Sub-District Health Management Teams

Participation and attendance in RHMTs is nearly not existent with un-clarity about actual membership status, confusion about statutory entitlement to be member of the RHMT and perceived little interest from the RDHS to invite MIs. Yet, MIs are unanimous that representation at this level is important. It is recommended that:

1. CHAG should identify a legitimate regional representative and advocate for their membership at RHMT. The role and responsibility of this representative should be clearly defined.

Although the rate of membership to the DHMT and the SDHMT is relatively much better compared to the RHMT, actual participation in DHMT and SDHMT meetings is very limited either because they are not conducted or MIs are not (timely) invited. In result the current level of participation in DHMTs and SDHMTs is certainly not optimal nor an impetus for developing a useful interaction and a constructive level of collaboration and partnership. Where MIs are participating in DHMTs or SDHMTs they do that for their own interest rather than representing other CHAG MIs. There is little to no communication between CHAG MIs in the (sub-)district prior or after DHMT and SDHMT meetings. Participation in other dialogue platforms with the GHS or the district assembly (quarterly stakeholder meetings and bi-annual reviews) is also far from optimal, either because these dialogue platforms are not instituted or they are not properly functioning. Given the fact that membership of MIs in the DHMT, the SDHMTs and other relevant dialogue forums is highly relevant it is recommended that:

1. CHAG-Secretariat to negotiate and agree with GHS that CHAG hospitals are nominated members of the DHMT and that CHAG health centers and clinics are nominated members of the SDHMT.
2. CHAG at all levels, to actively promote establishment and functioning of the decentralized level dialogue platforms such as the quarterly stakeholder meetings and the annual performance reviews and that relevance of these meetings is improved by updating its Terms of Reference (refer annex 3).
3. CHAG MIs should actively participate in these meetings whether at the region or in the district.

3.4 Meetings, Continuous Professional Education and Technical Support

Although MIs indicate that there is some level of participation in GHS meetings, workshops and trainings, it appears that this is not very frequent and certainly not timely communicated. It appears that most training and workshops are implemented rather ad-hoc and that it is not clear to what extent these investments are made in the context of longer-term capacity building considerations for e.g. institutional or staff development. Moreover it doesn't seem that training investments are jointly planned or agreed upon. In view of improving attendance to important meetings and capitalize on staff training opportunities it is recommended that:

1. MIs proactively communicate, plan and prepare meetings with GHS and government offices.
2. MIs be mindful that inviting GHS to participate or facilitate training and workshops helps to build a good working relationship and is an investment in future partnerships;
3. MIs to develop longer term staff development plans and these plans are shared with the GHS for information, planning and possible support.

It is obvious that supportive supervision by the R/DHMT is far from optimal and doesn't provide the desired and required technical input wished for by the MIs. Rather than providing technical support, most R/DHMT visits seem to be skewed to inspection, to the collection of data and information or to follow up or monitor vertical, donor funded programs. It is therefore recommended that:

1. CHAG to advocate for proper mechanisms and protocols for supportive supervision with clear lines of authority and roles and responsibilities of the RHMT vis-à-vis the DHMT;
2. MIs to agree with R/DHMTs on clear terms of reference and schedule for supportive supervision.

3.5 Participatory Health Planning and Health Information Management

There is significant room to improve participatory health planning in the region, district and sub-districts and, on the whole, apart from some hospitals, involvement of MIs is very limited. Improving involvement and participation in the health planning cycle is important as it provides opportunities to negotiate plans and budgets and to establish a potential agenda for follow-up, supportive supervision, M&E, collaboration and partnerships. It is anticipated that participatory health planning may gain impetus with the introduction of the proposed composite district planning under the Local Government Act. Meanwhile, it is recommended that:

1. MIs proactively promote engagement in participatory planning for health particularly at the district and sub-district based on their strategic facility plans and annual operational plans and budget, informed through participatory community involvement.
2. If need be, CHAG-ES to develop and provide guidelines for: (1) participatory community involvement in health planning; (2) guidelines for strategic health facility
3. planning; (3) guidelines for district health planning; and advocate for these guidelines with the MoH/GHS at the National level.

Annex 1: Survey Questionnaire

How do we work together with the GHS at the Region and in the District?
&
Questionnaire for CHAG Member Institutions & CHCUs

We like to thank you for your time and assistance to answer this questionnaire. The objective of the survey is to get an idea how your health facility or CHCU and the Ghana Health Service (GHS) are working together! We would like to know your experiences both, positive as well as negative. We also like to hear your ideas how to improve working relations with the GHS and what ***you*** find important! This survey will be used to suggest best ways to improve working relations between CHAG health facilities and CHCUs with the GHS at the Region and in the (Sub-)Districts. We all believe that good collaboration with the GHS is key to provide better health services to our clients as is clearly stated in the National Health Policy, 'Creating Wealth through Health', 2007.[1]

This Survey is best answered by the officer in charge of your health facility or CHCU.
Kindly return this survey to CHAG Executive Secretariat, PO Box AN 7316, Accra not later than 15th November 2012. You may also send a scanned copy of this survey to the following email: georgina.benyah@chag.org.gh

This questionnaire is a mix of ***Questions and 'Opinion Statements', 60 in total***. Kindly just tick ***one answer*** from a given range of options that best reflect your opinion ***(Multiple Choice)***. We expect that you need about ***30 minutes*** to answer all questions. If questions are not applicable for your health facility or CHCU, you may skip them. Would you like to elaborate on certain questions or statements please do so in the empty text-box at the end of each section.

All information will be treated with the highest confidentiality

Would you require any explanation, kindly contact Ms. Georgina Benyah at the CHAG Executive Secretariat, Tel. 020 8440980 or 030 2777815

We kindly ask you to provide us with your name, your position in your health facility and contact details. In case we would like to have some additional information we request your permission to contact you by phone or email.

Contact Information

Full Name of Respondent:	Dr./Mr./Mrs./Ms./Sr./Br.
Position in the Health facility:	
Telephone Contact:	
E-mail Contact:	
May we contact you for extra information?	(a) Yes (b) No (c) In case of Yes, okay to contact by: (d) Cell Phone (e) E-mail or (f) Both d/e

[1] The National Health Policy of MOH (2007) acknowledges ***partnerships*** as an important strategy for the effective functioning of the health system and for achieving health sector objectives and outcomes. The policy appreciates partnership and teamwork at the core of health delivery. Partnership involves 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 (MOH Health Policy, pg. 45).

Kindly provide details on your Health Facility, name, type of facility, ownership and its geographical location.

Health Facility Information

Name of Health Facility or CHCU:		
Type of Health Facility: (*Tick)*	(a) Hospital (b) Clinic (c) Health Centre (d) Health Post (e):	
Facility is owned by:	Church/Agency:	
Region:	District:	Sub-District:
Town/Village:	PO Box:	

Firstly, we would like to know your *general opinion and appreciation* of *the extent and quality* of the *current cooperation* with the GHS (***Indicate for each Statements which of the 4 answers options corresponds best your view. You may only tick one answer! Add additional comment, if any, in the empty textbox***!).

Extent and Quality of Cooperation with GHS

1	We often have meetings with staff from the GHS.	strongly agree / agree / disagree / strongly disagree
2	GHS is regularly visiting our facility for assistance and support.	strongly agree / agree / disagree / strongly disagree
3	Meetings with the GHS are regular and well planned.	strongly agree / agree / disagree / strongly disagree
4	Meetings with the GHS are helpful and supportive.	strongly agree / agree / disagree / strongly disagree
5	Cooperation with GHS is good and we have no complaints.	strongly agree / agree / disagree / strongly disagree
6	We participate in trainings/workshops of the GHS.	strongly agree / agree / disagree / strongly disagree
7	Contacts with GHS are hostile and of no support to us.	strongly agree / agree / disagree / strongly disagree
8	GHS treats us as equals and appreciates CHAG's contribution based on Christian values and ethics.	strongly agree / agree / disagree / strongly disagree
9	R/DHMTs are aware of the MoU between CHAG and Ministry of Health. [2]	(a) Yes (b) No (c) Don't know
10	We comply fully to the MoU between CHAG and MoH.	strongly agree / agree / disagree / strongly disagree / Don't know
Explain or Clarify (1-9.) Write clearly!		

We would like to know if your *Health Facility or CHCU* is a formally, *appointed member* of various Health Management Teams in the Region, District or Sub-District. If you participate in these management teams, we like to know your assessment of their *relevance and usefulness*. If you are not a member of these management teams we would like to have your suggestions how to improve cooperation with these teams (***Answer the next questions and***

[2] In 2006, MoH and CHAG entered into a MoU agreeing on the following: (1) the role/contribution of CHAG within the national health sector; (2) the mutual roles and responsibilities in planning and delivery of health services; (3) the guiding principles of (co) funding; (4) the areas of collaboration between the MOH, its agencies (GHS) and CHAG in the areas of human resource planning & development, health financing, communication and reporting.

indicate for all Statements which of the 4 answer options corresponds best with your view. You may only tick one answer! Add additional comment, if any, in the empty textbox!).

Membership & Participation in Regional Health Management Team (RHMT)

11	Are you member of the **R**HMT?	(a) Yes (b) No (c) Don't know
12	If you are not a member of the **R**HMT, would you know what CHAG health facility in the Region is representing CHAG in the **R**HMT?	(a) Yes (b) No
13	Have you or other staff attended a **R**HMT meetings in first half of 2012 (Jan-June) and how often?	(a) Yes (b) No (c) __ Times
14	**R**HMT meetings I attended were very useful.	strongly agree / agree / disagree / strongly disagree
15	I would like to attend **R**HMT meetings.	strongly agree / agree / disagree / strongly disagree
16	CHAG representation in **R**HMT needs improvement.	strongly agree / agree / disagree / strongly disagree
Explain or Clarify (10-15) / Suggestions to improve relations with RHMT. Write clearly!		

Membership & Participation in District Health Management Team (DHMT)

17	Are you member of the **D**HMT?	(a) Yes (b) No (c) Don't know
18	If you are not a member of the **D**HMT, would you know what CHAG health facility in the District is representing CHAG in the **D**HMT?	(a) Yes (b) No
19	Have you or other staff attended a **D**HMT meeting in first half of 2012 (Jan-June) and how often?	(a) Yes (b) No (c) __ Times
20	Have you or your staff attended an *extended DHMT* meeting during 2012? [3]	(a) Yes (b) No (c) __ Times
21	I would like to attend **D**HMT meetings.	strongly agree / agree / disagree / strongly disagree
22	CHAG representation in **D**HMT needs improvement.	strongly agree / agree / disagree / strongly disagree
Explain or Clarify (16-21) / Suggestions to improve relations with DHMT? Write Clearly!		

Membership & Participation in Sub-District Health Management Team (SDHMT)

23	Are you member of the **SD**HMT?	(a) Yes (b) No (c) Don't know
24	If you are not a member of the **SD**HMT, would you know what CHAG health facility in the Sub-District is representing CHAG in the **SD**HMT?	(a) Yes (b) No
25	Have you or other staff attended a **SD**HMT meeting in first half of 2012 (Jan-June) and how often?	(a) Yes (b) No (c) __ Times
26	**SD**HMT meetings I attended were very useful.	strongly agree / agree / disagree / strongly disagree
27	I would like to attend **SD**HMT meetings.	strongly agree / agree / disagree / strongly disagree

[3] *Extended DHMT meetings* are meetings held every quarter in which *all healthcare providers in a District* are invited to plan and reflect on progress and implementation of the health plan.

28	CHAG representation in the **SD**HMT needs improvement.	strongly agree / agree / disagree / strongly disagree
Explain or Clarify (22-27) / Suggestions to improve relations with SDHMT. Write clearly!		

Next to participation in health management teams there are other interactions with the GHS and GoG at the various levels for instance through meetings, workshops, trainings and conferences. We would like to hear *to what extent you participate* in such meetings, whether they are *useful* and how we can improve participation in the future (***Answer the next questions and indicate for all Statements which of the 4 answer options corresponds best with your view. You may only tick one answer! Add additional comment, if any, in the empty textbox***!).

Participation in GoG & GHS Meetings, Seminars, Training etc.

29	Did you attend a meeting of the Regional/District Coordinating Council (RCC/DCC) in first half of 2012 (Jan-June), if yes, how often?	(a) Yes (b) No (c) __ Times
30	How often did your Health Facility participate in a GHS workshop, training, seminar or Conference during first half of 2012 (Jan-June), how many staff were involved?	(a) __ Times (b) __ Staff
31	Our staff is always invited for a GHS workshop, training, etc.	strongly agree / agree / disagree / strongly disagree
32	We always invite GHS staff in CHAG workshops, trainings, etc	strongly agree / agree / disagree / strongly disagree
33	GHS & CHAG should participate much more in each other meetings, trainings etc.	strongly agree / agree / disagree / strongly disagree
34	GHS & CHAG should engage much more in exchange of information on training, workshops, conferences, etc.	strongly agree / agree / disagree / strongly disagree
Explain or Clarify (28-33) / Suggestions to improve participating and interacting with GHS/GoG. Write clearly!		

Other important areas for consultation and cooperation with the GHS have to do with *technical support*, *supportive supervision*, *health planning* and *health information*. For all these areas we like to receive your opinion on positive and less positive experiences in working with the GHS. We also like to hear your practical suggestions how to improve collaboration in these areas with the GHS (***Answer the next questions and indicate for all Statements which of the 4 answer options corresponds best with your view. You may only tick one answer! Add additional comment, if any, in the empty textbox***!).

Technical Support & Supportive Supervision

35	Have you been visited by RHMT or DHMT in first half of 2012 (Jan-June) for technical support visits and supervision, if yes, how often?	(a) Yes (b) No (c) __ Times
36	Did you participate in a joint support supervision visit in first half of 2012 (Jan-June) together with R/DHMT to any other GHS or CHAG health facility, how often?	(a) Yes (b) No (c) __ Times
37	R/DHMT technical support to our facility is regular and well planned.	strongly agree / agree / disagree / strongly disagree

38	CHAG and GHS should intensify collaboration to improve regular supportive supervision.	strongly agree / agree / disagree / strongly disagree
Suggestions to improve Technical & Supportive Supervision (34-37). Write clearly!		

Health Planning

39	Did you participate in the annual planning for the Regional/District Health Plan (POW) for 2012?	(a) Yes (b) No (c) Don't know
40	Would you know if there was any other CHAG health facility in your district taking part in the annual planning for the Regional/District Health Plan (POW) for 2012?	(a) Yes (b) No
41	Do you take part in joint planning with the GHS for vertical health programs such as Immunization, HIV/AIDS programs, World Health Day, etc.	(a) Yes (b) No (c) Don't know
42	Participation in the preparation of annual District health plan (POW) is important and will improve collaboration with GHS.	strongly agree / agree / disagree / strongly disagree
43	We are committed to participate in the planning for the District health plan (POW).	strongly agree / agree / disagree / strongly disagree
44	We are not aware of any Regional/District health plan (POW) for 2012.	strongly agree / agree / disagree / strongly disagree
45	Did your health facility prepare an annual plan and budget for the year 2012?	(a) Yes (b) No (c) Don't know
46	In case you do have an annual plan & budget for your health facility for 2012, would you mind to submit a copy with this survey to the ES (if yes; kindly submit)	(a) Yes (b) No
Suggestions to improve joint Health Planning (38-45). Write clearly.		

Health Information & Guidelines

47	Did you submit all the required DHIMS reports to the R/DHMT during 2012?	(a) Yes (b) No (c) __ Times
48	Did you get feedback from R/DHMT on the submitted DHIMS reports?	(a) Yes (b) No (c) Don't know
49	Do the consolidated District/Regional DHIMS reports have disaggregated information on CHAG health facilities?	(a) Yes (b) No (c) Don't know
50	We receive copies of MOH policies, Guidelines & Regulations in time.	strongly agree / agree / disagree / strongly disagree
51	We submit all our reports (Financial, Audits, DHIMS, HR-returns) in time to GHS	strongly agree / agree / disagree / strongly disagree
52	We hardly use our Health Data (DHIMS-2) internally.	strongly agree / agree / disagree / strongly disagree
Suggestions to improve collaboration for Health Management Information (46-52). Write clearly!		

Finally we like to ask some questions about the *cooperation among CHAG facilities* in your District and Region, and the support you receive from your *Church Health Coordination Unit (CHCU)*. ***Answer the next questions and indicate for all Statements which of the 4 answer***

options corresponds best with your view. You may only tick one answer! Add additional comment, if any, in the empty textbox!.

Cooperation with other CHAG Health Facilities in the Region & District

53	We often communicate with other CHAG facilities on operational issues.	strongly agree / agree / disagree / strongly disagree
54	We have strong relationships with other CHAG health facilities in the District & Region.	strongly agree / agree / disagree / strongly disagree
55	We feel adequately represented by other CHAG facilities in the SDHMT.	strongly agree / agree / disagree / strongly disagree
56	We feel adequately represented by other CHAG facilities in the R/DHMT	strongly agree / agree / disagree / strongly disagree
57	Technical Support by our CHCUs is irregular, weak and should be improved.	strongly agree / agree / disagree / strongly disagree
Suggestions to improve relations with other CHAG Health facilities & CHCUs (53-57). Write clearly!		

Feedback on Survey

58	Most questions of this Survey were not difficult to answer.	strongly agree / agree / disagree / strongly disagree
59	This Survey is useful.	strongly agree / agree / disagree / strongly disagree
60	I have missed some aspects important to improve cooperation with GHS?	(a) Yes (b) No (c) Don't know
If YES (question 60); mention these important aspects in this text box! Write clearly!		

Thank you very much for answering this questionnaire!

Kindly return all 5 pages of this survey Before 15th November 2012

to CHAG Executive Secretariat, PO Box AN 7316, Accra
You may also send a scanned copy of this survey or respond "On Line" to the following email:
georgina.benyah@chag.org.gh
chag@chag.org.gh

Annex 2: MoU CHAG-GHS (draft)

MEMORANDUM OF UNDERSTANDING
for
PUBLIC - PRIVATE PARTNERSHIP

In reference to the Ghana Health Service and Teaching Hospital Act (Act 525, 1996) and in order to contribute to the achievement of the National Health Sector outcomes through improved Communication, Coordination and Cooperation;

The Ghana Health Service of XX Region, represented by the Regional Director of Health Services, Dr. XX, herein after referred to as 'GHS' on the one part;

and,

The Christian Health Association of Ghana in XX Region, represented by:

(1) Diocese XX;
(2) Diocese XX;
(3) Diocese XX;

Being the legal owners of respective health facilities in XX Region, herein after referred to as 'CHAG' on the other side;

Hereby agree to enter into a Memorandum of Understanding for a Public-Private Partnership, herein after referred to as 'MoU-PPP';

PREAMBLE

Mutual desire and commitment towards the MoU-PPP is based in adherence of and understanding that:

A. It is in line with the overall policy, guiding principles and institutional arrangements of the Government of Ghana for Public-Private-Partnerships and the National Health Policy; [4]

B. The GHS and CHAG respect each other as autonomous and complementary agencies under the MOH, each with particular responsibilities and mandates adhering to enacted Government Acts, standing Government regulations and policy directives, and guided by professional standards, values and ethics;

C. It is guided by the principles and general management arrangements agreed upon between MoH and CHAG in their Memorandum of Understanding and Administrative Instructions (2006), which form the overarching framework of this MoU-PPP;

[4] The National Policy on PPP; Private participation in infrastructure and services for better public services delivery, GoG (2011) & The National Health Policy, creating wealth through health, MoH, 2007.

D. It provides a general *framework* agreeing a set of principles which may be used for defining more operational and performance based agreements at the Region, Municipal, District or Sub-District levels, appropriate and realistic to support quality, efficiency, effectiveness in equitable health service delivery;

E. It may relate to any priority area of the health system deemed appropriate by either party; [5]

F. It concedes to the Local Government Act (2003) and emerging, decentralized institutional arrangements;

THEREFORE IT IS AGREED AS FOLLOWS

In *Leadership & Governance*:

1. The GHS will provide stewardship and technical oversight through the Regional Health Management Team (RHMT), the District Health Management Team (DHMT) and the Sub-District Health Management Team (SDHMT);
2. CHAG is full member of and actively participate in the RHMT, the DHMT, the extended DHMT, the District health Committee (DHC) and the SDHMT;

Furthermore, the GHS and CHAG:

3. Shall jointly prepare annual comprehensive and integrated health plans (POW) for the Region, Districts and Sub-Districts in accordance with the MOH planning and budgeting guidelines and -cycle;
4. Conduct regular joint monitoring and supportive supervision visits to GHS and CHAG health facilities in the Region, Districts and Sub-Districts;
5. May agree to institute additional governance- and partnership/dialogue platforms at Regional, District and Sub-District level, if appropriate;
6. Engage their respective administrative levels and health facilities to adhere to MoU-PPP and consequent agreements;
7. Engage the Political and Church leadership respectively, to ensure adherence to MoH policies;

In *Health Service Delivery*, the GHS and CHAG:

8. Are committed to work together and to complement each other to provide comprehensive health services to contribute to achieving the National Health Sector outcomes;
9. Are permitted to engage in innovative health service delivery projects and pilots and are committed to cooperate, where feasible and appropriate;

In *Human Resources, the GHS and CHAG:*

10. Will institute and collaborate in a joint Regional HR Committee in support of an integrated Regional HR plan (e.g. HR requirements, training investments, HR management, distribution, appointments, promotions, etc.);
11. Are committed to a fair and proportionate distribution of technical staff over GHS and CHAG facilities based on workload and other critical factors;
12. Will hold joint promotion interviews;

[5] The nine priority areas of the health system (WHO & Ouagadougou Declaration): (1) Leadership & Governance; (2) Health Service Delivery; (3) Human Resources; (4) Health Information; (5) Health Technology; (6) Health Financing; (7) Community Ownership & Participation; (8) Partnership for Health Development; (9) Health Research.

13. Will manage a joint Regional IPPD database;
14. Will participate on a buy-in basis in each other training, seminars and professional education programs;

In *Health Information:*

15. CHAG will submit all MoH/GHS mandatory reporting requirements timely and completely;
16. CHAG will submit to MoH/GHS all required financial reports and audited accounts timely and comprehensively;
17. GHS will provide timely feedback on all reports received;
18. GHS consolidated financial and performance reports shall clearly disaggregate CHAG input, output and performance;

In *Health Technology, GHS and CHAG:*

19. Will be transparent in resources management (medical equipment, drugs etc) and where possible and appropriate, share resources equitably;

In *Health Financing:*

20. GHS will support CHAG facilities to be awarded appropriate accreditation levels with the NHIA;
21. GHS and CHAG will jointly evaluate NHIS procedural and operational issues (e.g. accreditation, claim disbursement, etc.);

In *Community Ownership & Participation:*

22. GHS and CHAG are committed to institute and manage CHPS zones in a complementary approach and to ensure community engagement and ownership;

In *Partnership for Health Development:*

23. GHS and CHAG will inform each other of partnerships (local or international) in support of health services delivery or health system strengthening and will coordinate, if possible and appropriate;

In *Health Research*, GHS and CHAG:

24. Are entitled to engage in operational Health Research and are committed to joint research and evaluation, if feasible and appropriate;

MANAGEMENT OF MoU-PPP

25. The MoU-PPP may be amended by mutual consent of both parties;
26. The extent and quality of partnership between GHS and CHAG will be subject to a joint annual appraisal by GHS and CHAG;
27. Misunderstandings and disputes shall be dealt with amicably, timely, appropriately and at the relevant levels;
28. Support and mediation may be provided by the MoH or the CHAG Executive Secretariat.

WHEREFORE parties solemnly signify entering into this MoU-PPP by appending their signatures this: Day XX Month XX Year XX

GHS XX Region, represented by the Regional Director of Health Services, Dr. XX	Signatory/Stamp:

CHAG XX Region, Diocese XX (1), represented by Dr XX	Signatory/Stamp:

CHAG XX Region, Diocese XX (2), Represented by Dr XX	Signatory/Stamp:

CHAG XX Region, Diocese XX (3), Represented by Dr XX	Signatory/Stamp:

in Witness of:

MoH, The Minister	Signatory/Stamp:

GHS, the Director General, Dr XX	Signatory/Stamp:
GHS, Chairman of the Board	Signatory/Stamp:

CHAG ES Director CHAG Board Chairman, Dr XX	Signatory/Stamp:

Annex 3: Terms of Reference for the District Health Forum (draft)

Goal: Working in partnership to improve the status of health in the district.

Vision: Equitable and quality health care provision in the District.

Mission Statement: Strengthen networking, coordination, collaboration and partnerships among actors.

Core Values:

1. Transparency and accountability**:** information is shared freely and voluntarily and members account for their actions;
2. Respect for diversity**:** members respect each other irrespective of size of their institutions, ownership, programmes, client or resource base or corporate identity and values;
3. Government leadership**:** members appreciate overall stewardship of the Government and respect government policies and guidelines;
4. Harmonization**:** stakeholders contribute to joint planning, monitoring and reporting and align and complement efforts, programs and resources towards achieving better health outcomes;
5. Health System Strengthening: members work towards strengthening priority areas of the health system.

Objectives:

1. Facilitate sharing of information, best practices and consultation among the members;
2. Enhance cooperation and coordination of members and health programs;
3. Operationalize, monitor and review district health planning (POW), budgets and implementation;
4. Promote understanding and compliance of members to district health priorities and plans;
5. Review performance of member institutions as per agreed plan, standards and resources;
6. Specific objectives are best agreed upon through a series of participatory meetings in the district. The process must ensure that justifiable interests and views of the majority of stakeholders are incorporated.

Membership:

1. Membership is open to: (i) all organizations providing health services in the district; (ii) organizations outside health sector but contributing towards better health outcomes in the district (multi-sector collaboration);
2. Membership is free and voluntary;
3. The DHMT shall encourage all stakeholders to join;
4. Members are free to withdraw from the Forum.

Office Bearers / Steering Committee:

1. Chairperson; convenes and presides over all meetings of the steering committee and the forum, unless prevented by illness or other sufficient cause;
2. Vice-Chairperson; performs any duties of the chairperson in his/her absence or any such duties as delegated by the chairperson or the steering committee;
3. Secretary (DHMT representative by virtue of office): deals with all correspondences of the Forum, organization and planning of the meetings in consultation with the chairperson and is custodian of all the information of the Forum;

4. Treasurer; responsible for the management of the financial resources flowing in and out of the forum (e.g. grants from assembly, development partners or resources pooled by member organizations.
5. Members (3); add impetus to decision making process.

Election of Steering Committee:

1. Elections to be presided by the DHMT. The officials to be elected include the Chairperson, Vice-Chairperson, Secretary, Treasurer and three officials;
2. The candidates shall fulfill minimum conditions: (i) qualified and experienced in the critical management areas like finance, human resource, planning and budgeting, among others; (ii) must have a clean record of professional and ethical conduct; (iii) committed and consistent in meeting attendance;
3. Members shall determine the most appropriate method of election and the period of office.

Conduct of Meetings:

1. Frequency of meetings and agenda are determined by health sector development in the districts and general planning, implementation and monitoring activities and timelines;
2. The DHSF shall preferably meet quarterly;
3. The steering committee shall preferably meet monthly;
4. The quorum for all meetings shall be two-thirds of the members;
5. Members are expected to contribute consciously in line with core values and objectives of the DHSF: (i) participate actively and provide inputs; (ii) support equitable participation of all members; (iii) be punctual, prepared and maintain regular attendance.

Functional differences between the DHMT and the DHSF:

Function:	***DHMT***	***DHSF***
Stewardship	Leadership and technical oversight of health services in district	Assist to focus on joint programming & implementation within shared vision and Government policies and guidelines
Planning	Identification health priorities in the district in relation to National health policy, National health strategic plans, MoH/GHS guidelines and formulating annual health plans (POW)	Participate in planning (POW), give feedback & input on priorities, provide intra- & inter sector perspective, support members and hold them accountable to work within defined health plans and priorities
Implemen-tation	Ensures & oversees a coordinated implementation of POW, follow up on bottlenecks	Recommends on POW implementation, provide members progress reports and support members to progress implementation their part of the POW
M&E	Providing supportive supervision, producing monthly/quarterly progress reports, facilitating review meetings	Discuss and critically reflect on progress reports & provide recommendations in context of set objectives and targets

Remarks:

1. In case the DHMT is not willing/able to organize DHSF, CHAG facilities in the district/Region could consider to start DHSF on their own (internal CHAG District/SubDistrict meeting + other agencies willing to join!)?