



THE REPUBLIC OF GHANA

MINISTRY OF HEALTH

2012 PROGRAMME OF WORK

Theme:

Going Beyond Strategy to Action: Strengthening Health Systems, Monitoring and Evaluation To accelerate Achievement Of The Millennium Development Goals



THE GHANA HEALTH SECTOR

2012 PROGRAMME OF WORK

THEME:

Going Beyond Strategy to Action: Strengthening
Health Systems, Monitoring and Evaluation
To accelerate Achievement Of The Millennium
Development Goals

MINISTRY OF HEALTH

ACRONYMS

ABFA	Annual Budget Funding Allocation
AfDB	African Development Bank
APOW	Annual Programme of Work
ARV	Anti-Retroviral
BADEA	[Arab Bank for Economic Development in Africa]
BMC	Budget Management Centres
CDC	Centres for Disease Control
CHAG	Christian Health Association of Ghana
CHIM	Centre for Health Information Management
CHPS	Community-based Health Planning & Services
DFID	Department for International Development
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DMHIS	District Mutual Health Insurance Scheme
DP	Development Partner
EM	Earmarked (funds)
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric and Neonatal Care
EPA	Environmental Protection Agency
EPI	Expanded Programme on Immunisation
5yPOW	Five-year Programme of Work
GAVI	Global Alliance for Vaccines and Immunisations
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GH¢	Ghana cedi
GHS	Ghana Health Service
GNDP	Ghana National Drug Programme
GOG	Government of Ghana
GSS	Ghana Statistical Service
HATS	Health Assistants Training School
HIPC	Highly Indebted Poor countries

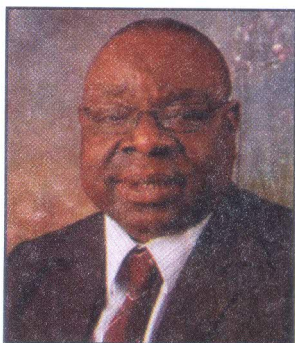
HIRD	High Impact Rapid Delivery
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HRH	Human Resources for Health
HSMTDP	Health Sector Medium Term Development Plan
HSS	Health Systems Strengthening
IALC	Inter-Agency Leadership Committee
ICT	Information Communication Technology
IGF	Internally Generated Fund
IMR	Infant Mortality Rate
IPPD	Integrated Payroll and Personnel Database
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Net
JICA	Japan International Cooperation Agency
KATH	Komfo-Anokye Teaching Hospital
KBTH	Korle-Bu Teaching Hospital
LDP	Leadership Development Programme
M&E	Monitoring and Evaluation
MAF	MDG Acceleration Framework
MCH	Maternal and Child Health
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MICS	Multi-Indicator Cluster Survey
MLGRD	Ministry of Local Government and Rural Development
MMDAs	Metropolitan, Municipal and District Assemblies
MOFEP	Ministry of Finance and Economic Planning
MOH	Ministry of Health
MRI	Magnetic Resonance Imaging
MTEF	Medium Term Expenditure Framework
MTS	Midwifery Training School
NACP	National AIDS Control Programme
NAS	National Ambulance Service

NCD	Non-Communicable Diseases
NDPC	National Development Planning Commission
NGOs	Non-Governmental Organisations
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHIS	National Health Insurance Scheme
NMC	Nurses and Midwives Council
NTC	Nursing Training College
NTD	Neglected Tropical Diseases
OPD	Out-patient Department
OPEC	Organisation of the Petroleum Exporting Countries
OPIC	Overseas Private Investment Corporation
ORET	[Development-Related Export Transactions]
PBB	Programme-Based Budget
PIP	Priority Intervention Programmes
PMTCT	Prevention of Mother To Child Transmission
PPM	Planned Preventive Maintenance
PPME	Policy Planning Monitoring and Evaluation
PPP	Public Private Partnership
RCH	Reproductive and Child Health
RHN	Regenerative Health and Nutrition
SBS	Sector Budget Support
SIP	Social Intervention Programmes
SUN	Scaling Up Nutrition
TB	Tuberculosis
TBA	Traditional Birth Attendant
TMPC	Traditional Medicine Practice Council
TTH	Tamale Teaching Hospital
U5MR	Under-Five Mortality Rate
USAID	United State Agency for International Development
WFP	World Food Programme
WHO	World Health Organisation

TABLE OF CONTENTS

ACRONYMS	i
TABLE OF CONTENTS	iv
MESSAGE FROM THE HONOURABLE MINISTER OF HEALTH	1
1. INTRODUCTION	2
1.1 NATIONAL CONTEXT	3
1.2 PERFORMANCE DURING 2011	3
1.2.1 ACHIEVEMENTS	3
1.2.1. CHALLENGES	5
2. POLICY FRAMEWORK	6
2.1. SECTOR CONTEXT	6
2.1.1. VISION	6
2.1.2. MISSION	6
2.1.3. SECTOR GOAL	6
2.1.4. POLICY THRUST	6
2.2. OBJECTIVES	6
3. HEALTH SECTOR PRIORITIES FOR 2012	7
4. THE 2012 HEALTH SECTOR BUDGET	19
4.1. APPROVED GOVERNMENT BUDGET FOR 2012	19
5. PERFORMANCE ASSESSMENT FRAMEWORK	26
5.1 PERFORMANCE ASSESSMENT INDICATORS AND TARGETS	26
5.1.1. MILESTONES	26
5.1.2 SECTOR-WIDE INDICATORS AND TARGETS	27
5.2 RISKS AND ASSUMPTION	31
Annex A Allocation of 2012 GOG and SBS budget by level / BMCS	33
Annex B Detailed 2012 breakdown for former item 3 (element of goods and services)	35
Annex C 2012 infrastructure	37
Annex D Fellowship plan 2012	40
Annex E 2012 Procurement Plan	41
Annex F 2012 Capital investment Plan	46
Annex G 2012 Appropriation	51

MESSAGE FROM THE HONOURABLE MINISTER OF HEALTH



In 2012, the Ministry of Health would have been operating under the SWAp arrangement for fifteen years in its efforts to ensure adequate health of the people. Although a lot has been achieved and the health status of the population improved, there still remain challenges notably bridging equity gaps in access to health care and nutrition, efficiency and effectiveness of health systems, and quality maternal, neonatal and child health services. The 2012 program of work consequently focuses on strategies and activities that will address these challenges. Under the theme “Going beyond strategy to Action: Strengthening Health Systems, Monitoring and Evaluation to Accelerate the Attainment of the MDGs”, my emphasis would be

on scaling up functional CHPS compounds as a way of bringing minimum health care to all people, implementation of activities to improve maternal, neonatal and child health including supervised delivery, and the creation of the environment that would foster greater access to family planning services. It is evident that the Ministry of Health cannot provide the health of the nation single handedly. Efforts will therefore be made to involve all collaborating sector ministries and agencies in the provision of health services.

The private sector would be encouraged to play its collaborative role while the on-going institutional re-structuring would be accelerated to place the Ministry in its rightful role to lead the sector. Emerging structures such as the Health Facilities Regulatory Authority will be assisted to further improve governance. Emphasis will also be placed on ensuring that agencies perform as is expected of them. To that extent the agency performance contracting initiated last year would be extended to all other agencies including the training institutions. I recognize the importance of quality data and so the Ministry will complete the setting up of the health sector data repository which will enable us effectively access our performance year by year. Action would also be taken to evaluate some major strategies that the ministry had introduced in the past such as the High Impact Rapid Delivery initiative, the free maternal delivery and the utilization of internally generated funds. (I.G.F). For some time now our EPI indicators have been stagnating. As part of the 2012 POW, new vaccines will be introduced to enable Ghana achieve the MDGs. All efforts will therefore be made to ensure that the new vaccines are introduced. Furthermore, adolescent and youth friendly activities will be accelerated. Additionally, the implementation of the national strategy for non-communicable disease control including regenerative health will be emphasized. The 2012 Programme of Work has been developed with the aim of making it easy to implement and monitor. It is my hope that all staff, Agencies and Partners of the health sector will play their role to make the achievement of targets stated possible. Agencies and Development Partners have played very active role in enabling us develop this POW and I am very grateful..

A handwritten signature in blue ink, appearing to read 'Joseph Yieleh Chireh'. There is a small 'Play' icon above the signature.

Joseph Yieleh Chireh (MP)
Minister of Health

1. INTRODUCTION

The year 2011 represented the second year of implementation of the Health Sector Medium Term Development Plan 2010–2013 (HSMTDP). Having successfully completed one year of implementation of the HSMTDP, the Ministry of Health (MOH) is in the position to assess how the plan is addressing pertinent health issues in the country. The theme "**Going Beyond Strategy to Action: Accelerating activities towards achieving the Millennium Development Goals**" was meant to let the Ministry begin to implement what it spelt out year by year. A review of the 2011 performance will give an indication of whether truly the Ministry moved in that direction. The theme was also in line with the fact that Ghana is a signatory to the Millennium Development Declaration in 2000 and remains committed to attaining the eight Millennium Development Goals (MDGs) and other related international declarations through strengthened Health Systems.

In 2012, the top priorities for the Ministry of Health and its agencies will be the following:

- Accelerating the scaling up of the Community-based Health Planning and Services (CHPS) under the 'close-to-client' service delivery policy;
- Continued implementation of the MDG Acceleration Framework for achieving MDG5, and related emergency services.
- Finalising the staffing norms and implementing the Human Resource for Health (HRH) deployment plan in order to provide more of skilled middle level health workers for deprived areas;
- Increasing the strategic use of Information Communication and Technology (ICT) for improved health outcomes, especially as it relates to the data repository;
- Stepping up of disease control activities, particularly surveillance, in anticipation of the country achieving certification as guinea worm free in a few years;
- Introduction of three new vaccines¹ and a second dose of measles to the routine immunization programme; and
- Preparation towards the full implementation of Programme-Based Budgeting (PBB), and the strengthening of district health services through composite budgeting in line with government decentralization policy.

The Annual Programme of Work (APOW) is an overview of the priority areas for investment. It provides a strategic direction to all stakeholders in developing agency specific operational programmes towards the realization of the overall sector objectives. It is the result of several consultations and inter-agency reviews as well as consultations with development partners, governmental and non-governmental partners in health and other stakeholders at regional and district level.

* Pneumococcal conjugate, meningitis group A conjugate and rotavirus

1.1. NATIONAL CONTEXT

The estimated 2010 Census population for Ghana was 24.22 million. The inter-censal growth rate fell slightly from 2.7% to 2.4%. The country is divided into 170 Metropolitan, Municipal and District Assemblies (MMDAs). Government has recently proposed the creation of an additional 43 new municipal and district assemblies which has implications for health service planning and delivery. In 2010, the Ghana Shared Growth and Development Agenda 2010-2013 (GSGDA) was adopted as the national framework to accelerate growth and attain the MDGs. With the announcement of the Gross Domestic Product (GDP) rebasing exercise in October 2011, Ghana joined the group of middle income countries.

The performance of the economy have substantially improved as Ghana continues to experience macroeconomic stability, indicated by the prudent fiscal and macroeconomic management put in place by the government as part of the Better Ghana Agenda². This has been accompanied by accelerated economic growth, with the year-on-year real GDP growth rate projected at 13.6% for 2011, up from real growth of 7.7% in 2010³. This is largely due to the inflows from petroleum revenue. Significant decline in the domestic inflation rate in the last 18 months has also been recorded, reaching 8.41% in August 2011⁴. Also noted was considerable performance of the external sector, aided by increased production of cocoa, gold and oil which might trigger a trade surplus by end of year in 2011.

1.2. PERFORMANCE DURING 2011

1.2.1. Achievements

Progress has been recorded against a number of stated priorities from the 2011 POW. As at half year 2011 the following have been attained: skilled delivery went up from 16.8% to 27.1% whilst antenatal coverage moved from 32.4% in 2010 to 46.0% in 2011⁵. To address gaps in maternal and neonatal care, an Emergency Obstetric and Neonatal Care (EmONC) assessment was carried out nationwide, and a MDG Acceleration Framework (MAF) was developed and is being used as a planning and resource mobilization tool. Two rounds of national polio immunization days were organised to protect children from polio infection and to sustain the polio free status of Ghana. Malaria case fatality rate declined from 1.40% to 1.23%. Rising outpatient utilisation continues to increase workload. No new guinea worm cases have been recorded since May 2010. Between January and June 2011, 326 new functional CHPS zones were established making a total of 1,607 functional zones. Draft guidelines for facility screening of hypertension, diabetes, sickle cell disease and cancers have been developed.

A site for the training of emergency medical technicians and other health workers in the management of trauma and emergency care has been acquired at Nkenkasu in the Ashanti region. In order to scale up the National Ambulance Service (NAS), government initiated the process of procuring 161 ambulances, while 250 personnel were trained as Emergency Medical Technicians and 150 officers are still undergoing training.

2. The Budget Statement and Economic Policy of the Government of Ghana for the 2012 Financial Year

3. GSS Press release 18 Oct 2011, downloaded from www.mofep.gov.gh on 21 Oct 2011.

4. www.statsghana.gov.gh

5. Ministry of Health input to 2012 Budget Statement

To ensure universal access to insecticide-treated nets (ITN), long lasting ITNs are being provided through house-to-house campaigns in Eastern, Volta and Northern regions. Indoor residual spraying is still on-going in nine districts in the three Northern regions.

The National Health Insurance Scheme (NHIS) has continued to grow, with increases in active membership, utilisation and in claims submissions by health providers. The number of days taken to reimburse claims to health providers has reduced from 150 days (5 months) to 60 days (2 months). There has been an increase in the number of health facilities accredited as well as in the number clinically audited. The capitation pilot has started in Ashanti Region.

Seven bills have been laid in Parliament: Health Services Bill, Health Coordination Council Bill, Mental Health Bill, Health Professions Regulatory Bodies Bill, the Medical Research & Training Bill, the Health Institutions & Facilities Bill, and Traditional & Alternative Medicine Bill. The Health Institutions and Facilities Act (2011) has been passed which, among other things, will assist in the regulation of mortuaries, providers of diagnostic services, and ambulance services.

As part of Government's efforts to improve traditional medicine practice, fifteen Herbal Medicine Graduates have been recruited for deployment, while a database of information on herbal medicine and clinical data has been pre-tested and is ready for use in the herbal medicine Units.

To improve access to quality health, the following projects have been completed: four (4) CHPS compounds⁶, five polyclinics in the Northern region (Kpandai, Tatale, Janga, Chereponi and Karaga), nineteen health centres and four district hospitals (Winneba, Teshie, Essam, Zabzugu). Further, as part of enhancing access to care, the outpatient department of Manhyia Hospital was completed, as was the second phase of the rehabilitation of the Bolgatanga Regional Hospital. The construction of the first phase of two regional and six district hospitals has started in four sites: Wa, Salaga, Tepa and Nsawkaw.

A feasibility study has been completed for the supply and installation of 23 digital X-rays in selected district hospitals nationwide. Funds have also been secured to re-equip 30 health centres, 90 district hospitals, 8 regional hospitals and 3 teaching hospitals.

Five health training institutions were completed, in Tamale, Akim Oda, Ashanti Mampong, Berekum and Bolgatanga.

6. Contact MLGRD for information on CHPS compounds constructed by MMDAs

1.2.2. Challenges

Despite the significant achievements listed above, the sector still faces a number of challenges as shown in Box 1 below.

Box 1: Challenges to the Health Sector

- Inadequate production and inequitable distribution of human resources for health
- Inadequate capacity to tackle the rising burden of non-communicable diseases
- Inadequate financial resources given our needs and ever expanding scope, and no decision yet taken on strategy for financing the sector
- Reduced funding for antiretroviral therapy and the Prevention of Mother To Child transmission given decreasing external support, including from the Global Fund
- Inadequate systems for ensuring commodity security
- Lack of comprehensive framework for monitoring and evaluation throughout the sector
- Declining immunization coverage for the various antigens
- Congestion in our health facilities because of increased utilization generated by health insurance
- Slow deployment of ICT which affects service delivery and management efficiency
- Inadequate health facilities in the newly created districts, inadequate staff housing , deteriorating health infrastructure, and obsolete equipment and transport
- Inadequate capacity to respond to emergencies
- Regulatory challenges in the areas of diagnostics, food safety, fake drugs, accreditation of private health providers, and Traditional Medicine practice
- Weak inter-sectoral collaboration

2. POLICY FRAMEWORK

2.1. SECTOR CONTEXT

2.1.1. Vision

The vision of the health sector is to have a healthy population for national development.

2.1.2. Mission

The mission is to contribute to socio-economic development and the development of a local health industry by promoting health and vitality through access to quality health for all people living in Ghana using motivated personnel.

2.1.3. Sector goal

The goal of the health sector is to have a **healthy and productive** population that **reproduces** itself safely.

2.1.4. Policy thrust

The sector's policy thrust is to reduce inequities in access to care and increase coverage, quality and use of health services so as to achieve a healthier national population.

2.2. OBJECTIVES

The health sector objectives are to:

1. Bridge equity gaps in access to health care and nutrition services and ensure sustainable financing arrangements that protect the poor
2. Strengthen governance and improve the efficiency and effectiveness of the health system
3. Improve access to quality maternal, neonatal, child and adolescent health services
4. Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyles
5. Improve institutional care, including mental health service delivery.

3. HEALTH SECTOR PRIORITIES FOR 2012

The Ministry will strive to consolidate the gains made so far by implementing key activities outlined in the HSMTDP for 2012 in addition to those already being implemented. The priorities for 2012 are listed under the various health policy objectives below.

HO1. Bridging equity gaps in access to health care and ensure sustainable financing arrangements that protect the poor

- Continue to expand CHPS coverage to achieve five hundred (500) additional functional zones
- Improve local government support for CHPS through providing orientation to regional and local government staff on the revised CHPS policy and strategy
- Update and begin to institutionalise the National Health Accounts (NHA)
- Complete the development of a comprehensive Health Financing Strategy
- Complete the Human Resource strategy, and implement the deployment plan.

HO2. Strengthen governance and improve the efficiency and effectiveness of the health system

- Improve quality service delivery by upgrading skills of District Health Management Teams (DHMTs) and sub-district teams in management and leadership in 50 deprived districts
- Introduce structured in-service training for the senior MOH and agency personnel to improve evidence-based policy-making and programme monitoring
- Implement performance contracts for all agencies and training institutions
- Establish Health Facilities Regulatory Authority, Ambulance Agency and the Mental Health Authority to improve governance
- Develop and implement a plan for strengthening inter-sectoral collaboration
- Complete the revision of the private sector policy and implement the same
- Finalise and implement the national Monitoring and Evaluation (M&E) framework
- Complete the establishment of the national health sector data repository and operationalise it

HO3. Improve access to quality maternal, neonatal, child and adolescent health and nutrition services

- Implement the MAF including activities to address the gaps identified in the EmONC assessment
- Evaluate the free maternal care policy, disseminate report, and implement recommendations
- Provide emergency obstetric care equipment to three remaining regions namely Upper West, Greater Accra and Volta.
- Establish the baseline and introduce three new vaccines and second dose of measles vaccine

- Implement community case management of malaria, pneumonia and diarrhoea
- Implement standards for adolescent and youth friendly health services in Ghana
- Scale up national nutrition interventions in support of Scaling Up Nutrition (SUN)

HO4. Intensify prevention and control of communicable and non-communicable diseases

- Provide additional ICT equipment support to 86 district level disease surveillance units
- Maintain status as a polio free country, initiate certification steps for maternal and neonatal tetanus elimination and validate eradication of guinea worm and polio
- Raise public awareness on healthy lifestyles
- Support the alcohol/substance abuse centre at Pantang
- Implement the national strategy for cancer control and expand screening program for hypertension, diabetes and sickle cell in all regional hospitals

HO5. Strengthen institutional care including mental health service delivery

- Scale up availability of ambulance services
- Complete various infrastructure projects as per Capital Investment Plan (see Annex C for details)
- Upgrade Radiotherapy and Nuclear Medicine at Korle Bu and Komfo Anokye Teaching Hospitals (KBTH and KATH)
- Supply and install medical equipment, including digital x-ray equipment, in hospitals and health centres nationwide
- Implement gatekeeper and referral policy
- Scale up patient safety and quality improvement initiatives
- Develop systems for effective and efficient blood services nationwide
- Finalise the community mental health strategy

HO1 : Bridging equity gaps in access to health care and nutrition services, and ensure sustainable financing arrangements that protect the poor

Strategies		Priority action		Activity	Lead agencies	Expected Output
1.1	Strengthen district health system with a particular emphasis on primary health care	1.1.1	Improve coverage of PHC services at sub-district level through community health systems	Continue to expand CHPS coverage to achieve 500 new functional zones	GHS, CHAG	500 new CHPS zones functional
				Improve local government support for CHPS through providing orientation to regional and local government staff on the revised CHPS policy and strategy	GHS	Staff in 10 regional and 170 district local government offices oriented on revised CHPS policy and strategy to support implementation
1.2	Develop sustainable financing strategies that protect the poor and vulnerable	1.2.1	Develop comprehensive health financing framework	Develop a comprehensive Health Care Financing Strategy	MOH	Construction of increased number of CHPS compounds initiated using MMDA funds A comprehensive health financing strategy developed and disseminated
				Update National Health Accounts and initiate institutionalisation	MOH	National Health Accounts II completed
				Piloting of capitation payment in Ashanti region	NHIA	Pilot project in progress
1.2		1.2.1	Develop comprehensive health financing framework	Pilot project on identification of the poor using the common targeting instrument	MOH	Improved mechanisms for identification of very poor for NHIS coverage
1.3	Increase availability and efficiency of human resource	1.3.1	Revise and implement the human resource	Develop and implement Human resource deployment plan	MOH (HRH)	New HRH deployment plan available and implementation started

HO2: Strengthen Governance and improve the efficiency and effectiveness of the health system					
Strategies	Priority action	Activity	Lead agencies	Expected Output	
2.1 Develop capacity to enhance the performance of the National Health system	2.1.1	Leadership and management capacity development at all levels	GHS	Train and equip DHMTs and sub-district teams in managerial and leadership skills (LDP) in 50 deprived districts to improve quality service delivery	50 deprived districts trained and equipped
				MOH (PPME)	Introduce a structured in-service training for the senior personnel of the MOH and Agencies in evidence-based policy making and programme monitoring
			Use technical assistance to strengthen capacity in priority areas, including M&E and Public Financial Management (PFM)	MOH	Improved capacities in priority areas
	2.1.2	Performance Contracting	MOH (HRH)	Implement performance contracting for all agencies and training institutions	Performance contract signed with all agencies and training institutions and implemented
	2.1.3	Enforce adherence to sound PFM practices	MOH	Prepare agencies in readiness for decentralization (composite budgeting etc) and for full implementation of PBB	All agencies familiar with composite budgeting PBB being implemented

HO2: Strengthen Governance and improve the efficiency and effectiveness of the health system					
Strategies	Priority action	Activity	Lead agencies	Expected Output	
2.2	Strengthen the regulatory framework	2.2.1	Support the implementation of the revised health sector regulation	Development of Legislative instruments (LI) for Acts that were passed in 2011	LIs developed for the health Acts passed in 2011
				Establish Health Facilities Regulatory Authority, Ambulance Agency and the Mental Health Authority	Health Facilities Regulatory Authority, Ambulance Agency, and Mental Health Authority established
2.3	Strengthen inter-sectoral collaboration and public-private partnership	2.3.1	Finalize and implement private sector policy	Complete the revision of the private sector policy and disseminate same	Revised Private Sector Policy disseminated and implemented
		2.3.2	Promote inter-sectoral collaboration	Develop and implement a plan for strengthening inter-sectoral collaboration	Plan developed and being implemented
2.4	Strengthen systems for improving the evidence base for policy and operations research	2.4.1	Develop a national monitoring and evaluation framework for the sector	Finalise and implement the expanded National M&E Framework for the sector	National M&E Framework finalized and implemented
		2.4.3	Strengthen health information management	Establish the national health sector data repository	National health sector data repository established (including private sector data)

HO3: Improve access to quality maternal, neonatal, child and adolescent services

Strategies		Priority action	Activity	Lead agencies	Expected Output
3.1	Reduce the major causes contributing to maternal and neonatal deaths	3.1.1 Implement the MAF Country Action Plan for improved maternal and newborn care	Evaluate the free maternal care policy, disseminate report, and implement recommendations	MOH, NHIA, GHS	Report available and recommendations taken on board
			Implement the MAF and activities that will address the gaps identified in the EmONC assessment	GHS, CHAG	At least 50% of identified health centres provided with basic obstetric care equipment
			Provide blood safety equipment to selected hospitals	BTS	At least 25% of hospital blood banks nationwide appropriately equipped and made functional
			Provide emergency obstetric care equipment to three remaining regions namely Upper West, Greater Accra and Volta	MOH, GHS	EmOC equipment provided and in place for the three regions

H03: Improve access to quality maternal, neonatal, child and adolescent services

Strategies		Priority action	Activity	Lead agencies	Expected Output
3.2	Reduce the major causes contributing to child morbidity and deaths	3.2.1	Implement the Child Health policy and strategy	GHS	Baseline for new vaccines established
					Three new vaccines and a second dose of measles introduced
3.4	Improve nutritional status of women and children		Implement community case management of malaria, pneumonia and diarrhoea	GHS	Community case management services in a number of districts
		3.4.1	Develop and implement National Nutrition Policy and Strategy	GHS	Nutrition policy and strategy disseminated in 10 regions
3.3	Improve the health of adolescents and youth		Scale up national nutrition interventions in support of Scaling Up Nutrition (SUN)	GHS	National nutrition interventions scaled up
		3.3.1	Implement the Strategic Plan for adolescent health and development	GHS	Standards implemented in a number of regions / districts

HO4: Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyle

Strategies		Priority action	Activity	Lead agencies	Expected Output
4.1	Improve upon prevention, detection and case management of communicable diseases	4.1.1	Prevention and control of communicable diseases	Provide ICT equipment support to 86 district level disease surveillance units	GHS 86 districts provided with ICT equipment
		4.1.2	Prevention, detection and management of HIV/AIDS, TB and malaria	Implement national strategic plan to reduce new HIV cases Implement national strategic plan to increase TB case detection and cure rate Implement national strategic plan to reduce malaria case fatality among pregnant women and children	GHS GHS GHS New HIV cases reduced TB case detection and cure rate increased Case fatality reduced
	4.1.3	Prevention, detection and management of diseases of epidemic potential and those targeted for eradication	Maintain polio free status and validate eradication of guinea worm and polio Increase coverage of community activities for Neglected Tropical Diseases (NTDs) especially onchocerciasis, lymphatic filariasis, trachoma, yaws and leprosy	GHS GHS Increased case detection for NTDs 50% reduction in yaws prevalence achieved	Guinea worm and polio eradication status maintained Increased case detection for NTDs 50% reduction in yaws prevalence achieved

HO4: Intensify prevention and control of communicable and non communicable diseases and promote healthy lifestyle				
Strategies	Priority action	Activity	Lead agencies	Expected Output
4.2 Improve prevention, detection and management of non communicable diseases	4.2.1	Implement Regenerative health and nutrition programme	MOH, GHS	Healthy lifestyles incorporated into curricula
			MOH, GHS	Improved functioning of the Pantang alcohol/substance abuse services
	4.2.2	Scale up detection and management of non communicable diseases	Implement the national strategy for cancer control and expand screening program for hypertension, diabetes and sickle cell in all regional hospitals	MOH, GHS, CHAG, TH

H05: Improve Institutional care, including Mental health service delivery

Strategies	Priority action	Activity	Lead agencies	Expected Output
5.1 Enforce standards, guidelines and protocols to improve the quality of institutional care	5.1.1 Ensure the availability of equipment and infrastructure required for adherence to standards, guidelines and protocols	Complete and commission the Tarkwa District hospital	MOH	Tarkwa District hospital completed and commissioned
		Construct District hospital at Bekwai	MOH	Bekwai District hospital 50% completed
		Completion of 5 Polyclinics at Babile/Brefo, Wechau, Ko, Lambuse and Han	MOH	5 Polyclinics at Babile/Brefo, Wechau, Ko, Lambuse and Han completed and commissioned
		Construct 30 CHPS compound in 6 regions	MOH	30 CHPS compound constructed in 6 regions and commissioned
		Completion of Offices for the Nurses' and Midwives Council (NMC) at Okponglo, Accra	MOH	Offices for the NMC at Okponglo, Accra completed and commissioned
		Expansion of 6 Health Training Institutions at Goaso, Nandom, Agogo, Pantang, Hohoe and Wa	MOH	6 Health Training Institutions expanded
		Major Rehabilitation and upgrading of Tamale Teaching Hospital (TTH) including housing programme for staff	MOH	Upgrading and rehabilitation of TTH completed and commissioned

including housing programme for staff completed and commissioned

H05: Improve Institutional care, including Mental health service delivery					
Strategies	Priority action	Activity	Lead agencies	Expected Output	
5.1 Enforce standards, guidelines and protocols to improve the quality of institutional care	5.1.1. Ensure the availability of equipment and infrastructure required for adherence to standards, guidelines and protocols	Major Rehabilitation and upgrading of Tamale Teaching Hospital (TTH) including Housing programme for Staff.	MOH	75% of housing programme for staff at Tamale Teaching Hospital completed	
		Major Rehabilitation and upgrading of Phase 3 of Bolgatanga Regional Hospital	MOH	Phase 3 rehabilitation of Bolgatanga regional hospital about 50% completed	
5.2 Strengthen the system capacity for emergency response	5.2.1 Develop and strengthen framework for emergency response	Upgrade Radiotherapy and Nuclear Medicine project at KBTH and KATH	MOH, TH	Upgrading of radiotherapy and nuclear medicine project in KATH and KBTH about 80% completed	
		Supply and Install Medical equipment in 8 regional, 3 teaching and 90 District hospitals nationwide	MOH	First phase of medical equipments supplied and installed in 8 regional, 3 teaching and 90 district hospitals nationwide	
		Supply and install digital X-Ray equipment for 23 hospitals		Digital X-Ray equipment for 23 hospitals supplied and installed	
		Expand coverage of ambulance service	NAS	80 operational district ambulance stations established	

HO5: Improve Institutional care, including Mental health service delivery

Strategies		Priority action	Activity	Lead agencies	Expected Output
5.1	Enforce standards, guidelines and protocols to improve the quality of institutional care	5.1.1. Ensure the availability of equipment and infrastructure required for adherence to standards, guidelines and protocols	Major Rehabilitation and upgrading of Tamale Teaching Hospital (TTH) including Housing programme for Staff.	MOH	75% of housing programme for staff at Tamale Teaching Hospital completed
			Major Rehabilitation and upgrading of Phase 3 of Bolgatanga Regional Hospital	MOH	Phase 3 rehabilitation of Bolgatanga regional hospital about 50% completed
5.2	Strengthen the system capacity for emergency response	5.2.1 Develop and strengthen framework for emergency response	Upgrade Radiotherapy and Nuclear Medicine project at KBTH and KATH	MOH, TH	Upgrading of radiotherapy and nuclear medicine project in KATH and KBTH about 80% completed
			Supply and Install Medical equipment in 8 regional, 3 teaching and 90 District hospitals nationwide	MOH	First phase of medical equipments supplied and installed in 8 regional, 3 teaching and 90 district hospitals nationwide
			Supply and install digital X-Ray equipment for 23 hospitals		Digital X-Ray equipment for 23 hospitals supplied and installed
			Expand coverage of ambulance service	NAS	80 operational district ambulance stations established

H05: Improve Institutional care, including Mental health service delivery

Strategies	Priority action	Activity	Lead agencies	Expected Output
5.3	5.3.1 Expand access to safe blood and blood products	Develop systems for blood safety and availability in health facilities	MOH, GHS, BTS	Systems developed for effective and efficient blood services nationwide
5.4	5.4.1 Ensure commodity security of health technologies for medical products including traditional medicines	Implement the commodity security recommendations	MOH, GHS	Recommendations of commodity security report implemented ⁷
5.5	5.5.1 Increase access to mental health services	Develop community mental health strategy	MOH, GHS, CHAG, Mental Health Service	Community mental health strategy developed and disseminated

⁷ Director of P&S to provide 2 critical activities

4. THE 2012 HEALTH SECTOR BUDGET

4.1. Approved government budget for 2012

The approved health sector budget for 2012, as set out in the 2012 Budget Statement, indicates a total for the sector of GH¢1,799,434,809⁸. This comprises the discretionary budget GOG, Donor, IGF and Annual Budget Funding Amount (ABFA)⁹ plus the statutory allocation. The statutory allocation is to the National Health Insurance Fund (NHIF). However, due to possible double counting of retained IGF this could be an overstatement of the true value of the approved budget.

Table 1: presents the discretionary part of the budget including an allocation under the new category of Priority Interventions Programmes (PIP)¹⁰. sector's share of the total government budget in 2012. It also shows the allocation to the NHIF, but without adding the two components of the budget.

Table Sectoral allocation as share of total Government budget in 2012 (GH¢ million)

(a)	(b) Source of Funds					Total Budget	(b6) Includes (b4) Statutory
	(b1) GOG	(b2) Donor	(b3) IGF	(b4) PIP(SIP)	(b5) ABFA		
MOH	443.44	205.85	468.00	69.86	-	1,187.15	682.14
Total MDAs	4,184.51	1,829.91	1,140.99	1,145.00	576.01	8,876.42	2,590.66
Total Funding (incl. others)	6,151.80	3,031.71	1,140.99	1,145.00	614.54	12,084.04	2,590.66
MOH share of Total MDAs	10.6%	11.2%	41.0%	6.1%	0.0%	13.4%	26.3%
MOH share of Total Funding (incl. others)	7%	6.8%	41.0%	6.1%	0.0%	9.8%	26.3%

Source: MOFEP 2012 Budget Statement

Notes: This figure differs from the total given in the official Budget Statement appendix tables. Statutory funding for the health sector comes from the NHIL. The discretionary and statutory components of the budget cannot be added due to partial double-counting of IGF and also PIP(SIP) which is drawn from the NHIL allocation.

Table 2 presents a comparison of the approved 2012 budget with that of 2011, adjusting for the double-counting. This shows an increase from GH¢ 1.1bn to GH¢ 1.4bn, indicating that the sector resource envelope is projected to be 30.3% higher in 2012 in nominal terms. Deflating by the targeted inflation rate for 2011 of 9.0%, the real increase is 19.5%.

8. MOFEP (2011). 2012 budget statement, Appendix 9E, p306. The motion in Parliament corrected the budget statement figure of GH¢1,799,434,809 to GH¢1,799,434,808

9. Annual Budget Funding Amount is the revenue account created by the PRMA 2011, Act 815 for the management of the oil revenue.

10. Details of the projects under PIP are given in appendix 17a of the 2012 budget statement on page 315

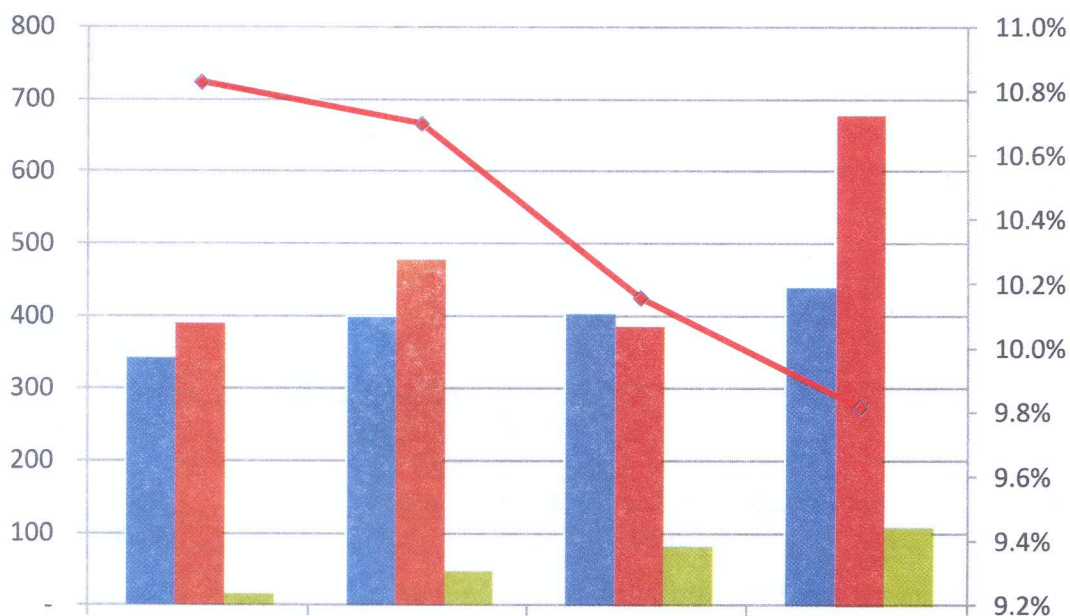
Table 2 : Year on year change in sector budget, 2011-2012 (GH¢ million)

	2011	2012	% change
GOG	414.14	443.44	7.1%
<i>Compensation</i>	388.93	400.60	3.0%
<i>G&S</i>	13.48	13.61	1.0%
<i>Assets</i>	11.73	29.23	149.2%
Donor	219.49	205.85	-6.2%
IGF	356.41	468.00	31.3%
SIP/PIP	4.94	69.86	1314.0%
Total discretionary (incl. SIP/PIP)	994.98	1,187.27	19.3%
C&C/IGF adjustment (24%)	85.54	112.32	31.3%
NHIF (to Health)	384.05	682.00	77.6%
Total Approved Bgt	1,108.15	1,444.61	30.4%

Note: This table includes adjustments to the Totals to take account of double-counting and is therefore not directly comparable with the official budget documents.

Comparison with the previous year's budget shows that the approved total available budget to the sector has increased by 30.3% in nominal terms. Item-wise changes are indicated for GOG using the new classification of staff compensation (formerly personal emoluments) Goods and Services (formally administration and service), and assets (formally capital/investment). Apart from the donor which is a reduction (-6.2%) the others show increases in nominal terms. In all however, the provision still falls short of the Abuja Declaration which requires a 15% allocation of the national budget to health.

Figure Progress towards Abuja target: Health share of domestic budget, 2009-2012



Source: computed from Budget Statement, Appendix tables, 2009-12; MOH data on share of IGF coming from NHIS.

4.2. Sector allocations, including off-budget external funding

Table 3: Sector resource envelope by source of funding 2009-2012 (GH¢ million)

	2009	2010	2011	2012
GOG	344.40	400.45	406.66	443.44
Donor	234.66	318.63	408.49	624.06
SBS	63.34	79.05	70.32	98.10
Health Fund	0.52	0.78	0.35	-
Donor-Earmarked Grants	105.65	141.97	144.6	272.60
Donor-Loans/Mixed Credits	65.15	96.83	193.22	253.36
IGF	108.31	208.02	507.49	468.00
PIP	11.43	8.00	4.94	69.86
Total Discretionary Funding	698.80	935.10	1,327.58	1,605.37
NHIF(direct funding)			61.4	
Total Sector Resource Envelope	698.80	935.10	1,388.98	1,605.37
Year on year % change		33.8%	48.5%	15.8%

Source: 2009, 2010, 2011 Annual Programmes of Work and MOH budget data

Table 3 presents a trend of sector resource envelope by source between 2009 and 2012. The year on year change indicate 33.8%, 48.5% and 16.0% nominal increases from 2009 to 2010, 2010 to 2011, and 2011 to 2012 respectively.

Table 4: 2012 allocation by economic classification and source of funding (GH¢ million)

Economic Classification	GOG	Donor funding			IGF	SIP/NHIL PIP	Total Discretionary Funding	%
		SBS	Ear marked grants	Loans/Mixed Credits				
Compensation of Employees	400.60	-	-	-	38.96	-	439.55	27.38
Goods & Services	13.61	81.65	272.60	24.16	351.93	38.86	782.82	48.76
Assets	29.23	16.45	-	229.20	77.11	31.00	382.99	23.86
Total Discretionary Funding	443.44	98.10	272.60	253.36	468.00	69.86	1,605.37	100.00
%	27.62	6.12	16.98	15.78	29.15	4.35	100.00	

Table 4 summarizes the 2012 allocation by the new economic classification and source of funding. All donor funds including loans and mixed credit total 38.9% with sector budget support contributing 6.12%. GOG and IGF contribute 27.62% and 29.15 % respectively while SIP makes up the remaining 4.35%. By and large, internally generated funds constitute a major source for service provision. This is not to play down on the SBS which exceeds GOG provision for goods and services.

Details of allocation by Economic Classification

Table 5: Allocation of compensation of employees by functional classification and source of funding (GHS '000)

Functional Classification	GOG	IGF	Total by Functional classification
Established Posts	400,596		400,596
Non-established Posts		38,956	38,956
Total-Compensation of Employees	400,596	38,956	439,552

Established posts constitutes 91.2% of total compensation while non established constitutes the remaining 8.8%. Established post component is financed from the GOG provision while the IGF caters for non established posts.

Details of Goods and Services are presented in Table 6. The functional classification component of administration constitutes 5.82% of the total Goods and services while service, which is the core functional area of the sector, constitutes 46.08%. Operational cost which is what goes directly to BMCs for their routine execution constitutes 48.10%.

A more detailed breakdown of the former Item 3 component of Goods and Services is included in Annex A.

Table 6: 2012 Allocation of Goods and Services by functional classification, programmes and source of funds (GHS '000)

Functional Classifications/ Programmes		GOG	SBS	IGF	Donor-EM grants	Donor- Loans/MC	PIP	Total- Functional Classification
Goods	Operational costs	13,188.38	11,408.91	351,931.32	-			376,528.60
	Cuban Medical Brigade		1,800.00				28,860.00	30,660.00
	Reviews & Summits		900.10					900.10
	ICT Maintenance		150.00					150.00
	Port charges, demurrage, etc.		1,100.00					1,100.00
	Printed Materials		790.42					790.42
	International treaties and obligations		64.00					64.00
	Commitment		11,396.92					11,396.92
	Overseas conference		500.81					500.81
	Services	RCH		32,636.22		111,618.39	12,080.00	
Communicable Diseases			6,008.39		153,482.43		10,000.00	169,490.82
Non-communicable Diseases		100.00	2,631.20					2,731.20
Mental Health			4,393.08					4,393.08
Emergency Preparedness		79.00	1,620.00					1,699.00
PFM			1,870.00					1,870.00
HSS		247.00	4,383.65		7,502.66	12,080.00		24,213.31
Total Goods & Services	13,614.38	81,653.70	351,931.32	272,603.48	24,160.00	38,860.00	782,822.87	

Table 7 summarizes the assets (formerly capital) by functional classification and by source of funds. Mixed credits/loans constitute the largest contributor (59.84%) followed by proceeds from IGF (20.13%), PIP (8.09%), GOG (7.63%) and SBS (4.30%). Further details on assets are provided in Annex C.

Table 7: 2012 Allocation of Assets by functional classification and source of funds (GHS '000)

Functional Classification	Source of Funds						Total by Functions
	GOG	Donor - SBS	Donor-EM grants	Loan/Mixed Credit	IGF	PIP	
EmONC Equipment		1,800.00					1,800.00
Other equipment				175,000.00		6,000.00	181,000.00
CHPS construction		3,000.00					3,000.00
Other infrastructure	29,230.15	11,650.00		54,200.70	77,111.69	25,000.00	197,192.53
Total Assets	29,230.15	16,450.00	-	229,200.70	77,111.69	31,000.00	382,992.53

4.3. Allocation of 2012 budget by level/BMCs

The detailed allocation of GOG and SBS to the various Budget and Management Centres (BMCs) is included in Annex A. Except some Headquarters BMCs, virtually all other BMCs generate IGF of one sort or the other. Share out of the sector's budgetary allocation to BMCs is gradually being guided by IGF generation capacity with Psychiatry hospitals, District and Regional Health Administrations and similar BMCs benefiting more from the sector's share of the discretionary budget. From the recent budget hearing with the Parliamentary Select Committee on Health, it has become abundantly clear to all BMCs that it is of utmost importance to declare accurately all IGF which is generated, budget on what is allowable to be used by the BMC and have this approved through Parliament. Failure to declare IGF for approval means BMCs cannot utilize the generated IGF.

Table 8: Expected external inflows to the sector in 2012 (GHS '000)

Type	Partner	Detail	GH¢ 000
Sector budget Support	Danida	Support to APOW	20,016.90
	DFID		19,183.20
	JICA		3,720.00
	Netherlands		38,946.60
	EU	MDG Acceleration (Maternal Health)	21,637.00
Earmarked grant funding	UNAIDS	Support national AIDS response	1,500.00
	Unfpa	Reproductive Health	4,983.00
	GAVI	EPI	30,978.87
	Global Fund	Tuberculosis, Malaria & HIV/AIDS	97,557.00
	JICA	Health system strengthening, Maternal and Neonatal Health, HIV/AIDS (PMTCT)	6,696.00
	Unicef (tbc)	MDG 4,5,6	33,069.00
	USAID	Reproductive health, Family Planning, HIV/AIDS, Maternal Health, Nutrition, TB, Wash	86,548.95
	WFP	Supplementary feeding, Health and Nutrition	6,000.00
	WHO	Health systems and services	5,270.66
Earmarked loans/mixed credits	World Bank	NMCCSP	12,080.00
		HIP	12,080.00
		Completion of 5 Polyclinics at Wechau, Babile/Brifo, Lambuissie, Ko and Hain in the Upper West	2,793.00
	ORET (NL)	Major Rehabilitation and Upgrading of Tamale Teaching Hospital	36,907.70
	BADEA/OFID	Upgrade Radiotherapy and Nuclear Medicine centres at KBTH and KATH with BADEA and OPEC Funding	7,500.00
	KfW	Purchase of 161 Ambulances	7,000.00
	KBC Belgium	Radiology Improvement Project in 23 District Hospitals	75,000.00
	OPIC	Replacement of equipment in selected facilities	100,000.00
Total expected external funding for the Annual POW			629,467.88
Sub-total sector budget support			103,503.70
Sub-total earmarked grants			272,603.48
Sub-total earmarked loans/mixed credit			253,360.70

Table 8 indicates the total expected external funding to the sector. Earmarked grant constitutes the highest with 43.31%, followed by earmarked loans/mixed credit and sector budget support with 40.25% and 16.44% respectively.

5. PERFORMANCE ASSESSMENT FRAMEWORK

In 2012, the health sector shall complete the development of a national monitoring and evaluation framework for implementation. The monitoring of the Abuja and Maputo declarations shall be integrated into the national monitoring and evaluation system. The normal year on year tracking of sector performance based on the sector wide indicators will be continued.

The Ministry and stakeholders will continue to organize series of technical field visits to the regions as a way of getting first hand information on challenges confronting the sector. Emphasis will be placed on using the logical frameworks developed by the various agencies to monitor performance in the sector. This will complement existing approaches and ensure the sector meets reporting obligations to the MoFEP and the office of the President.

The Ministry will strengthen monitoring and evaluation by disseminating the national M&E framework to stakeholders to ensure appropriateness and timeliness of reporting in the sector.

The 2011 Multiple Indicator Cluster Survey will be produced and disseminated in early 2012, and used to inform policy-making and planning for 2013 and beyond. In addition, work will be undertaken to ensure that the health component of the sixth round of the Ghana Living Standards Survey is appropriately updated and expanded to capture the needs of the sector, including the household component of the National Health Accounts.

5.1. *Performance assessment indicators and targets*

5.1.1. Milestones

Milestones for each APOW were developed and included in the HSMTDP. For 2012, the milestones are summarised in Table 9 below. Although most follow the original table, the repositioning of CHPS and the delayed completion of the HRH policy and strategy have resulted in the repeat of a component of the 2011 milestone on HRH rather than the specified CHPS milestone.

Table 9: Milestones for 2012

Health Policy Objective	2012 milestone
HO1: Bridge equity gaps in access to health care and nutrition services and ensure sustainable financing arrangements that protect the poor	Human resource deployment plan developed and implemented
HO2: Strengthen governance and improve efficiency and effectiveness of the health system	System for performance contracting introduced
HO3: Improve access to quality maternal, neonatal, child and adolescent health and nutrition services	Pneumococcal and rotavirus vaccines successfully introduced
	Indicator on Family Planning included in M&E Framework and measured in 2012
HO4: Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyles	Healthy lifestyles integrated into basic school and teacher training curricula
	50% reduction in Yaws prevalence
HO5: Strengthen institutional care, including mental health service delivery	Functional ambulance stations in 60% of district capitals

5.1.2. Sector-wide indicators and targets

As in the past, the performance of the sector will be assessed using a limited set of indicators, combined through the Holistic Assessment. The indicator table is given below, showing targets for 2012. Actual 2010 values and mid-year values for 2011 are also given.

Table 10: Values for sector-wide indicators.

	Indicators	Base-line 2009	Actual	Half year	Targets		Data sources	Measurement	Monitoring Frequency
			2010	2011	2012	2013			
<i>Health Objective 1: Bridge equity gaps in access to health care and nutrition services and ensure sustainable financing arrangements that protect the poor</i>									
1	% children 0-6 months exclusively breastfed	62.8	N/A	N/A	70	70	DHS/MICS-Survey	% infants who received only breast milk and vitamins, mineral supplements, or medicine in the 24 prior to the interview	5 years/ 3 years
2	Equity Index: Poverty (U5 Mortality Rate)	1 : 2.18	N/A	N/A	1 : 1.5	1 : 1.5	DHS / MICS	Ratio of lowest to highest quintiles for U5MR	5 years/ 3 years
3	Equity Index: Geography (services) (Supervised deliveries)	1 : 1.97	1 : 79		1 : 1.7	1 : 1.6	RCH Annual Report-Routine	% Deliveries attended by a trained health worker, ratio of lowest to highest region (TBAs not included)	Annual
4	Equity Index: Geography (resources) (Nurses : Population)	1 : 2.03	1 : 1.83		1 : 1.95	1 : 1.9	Payroll data	Nurse: population ratios for highest and lowest regions	Annual

5	Equity Index: NHIS Gender (Female/Male cardholder ratio)	1 : 0.92	n/a	n/a			NHIS	NHIS cardholders above 18 years, (ratio of Male/Female)	Annual
6	Equity Index: NHIS Poverty (Ratio lowest quintile to whole population who holds NHIS cards)		N/A	N/A	N/A		DHS / MICS	NHIS cardholders; ratio of lowest to average population socio-economic groups	5 years/ 3 years
7	Outpatient attendance per capita (OPD)	0.77	0.89	0.47	0.88	1.0	CHIM-Routine	Total OPD encounters / population	Annual
8	Access to Health facility (Geographic)	N/A	N/A	N/A	N/A	N/A	DHS-Survey	% population live within 8km of a health centre	Periodic
9	Doctor : population ratio	1 : 13,449	1 : 11,479	n/a	1:9,700	1:9,500	IPPD	No. doctors / population	Annual
10	Nurse : population ratio	1:1,353	1 : 1,510	n/a	1 : 900	1 : 800	IPPD	No. nurses / population	Annual

Health Objective 2: Strengthen governance and improve efficiency and effectiveness in the health system

1	% total MTEF allocation to health	14.9	15.1		≥15	≥15	Budget statement, MOFEP	Total MTEF expenditure is defined as total GOG allocation to health	Annual
2	% non-wage GOG recurrent budget allocated to District level and below	49	47		50	50	MOH budget	% Items 2 and 3 budget allocated to the district level and below	Annual
3	Per capita expenditure on health	US\$ 23	28.64		US\$ 30	US\$ 31	MOH Financial report	Health expenditure / population	Annual
4	Budget execution rate (%) (Item 3 as proxy)	97	94		≥95	≥95	Financial Report	Total disbursement/ total Budget	Annual
5	% of annual budget allocations to items 2 and 3 (GOG and SBS) disbursed to BMCs by end of year	23	31	n/a	50	50	MOH Financial Report	Disbursement of item 2 and 3 for GOG and SBS at end of year	Annual
6	% of population with valid NHIS membership card	45	34 ¹	n/a	70	75	NHIA Annual Report	No. people with NHIS membership/Annual budget	Annual

	Indicators	Base-line 2009	Actual		Targets		Data sources	Measurement	Monitoring Frequency
			2010	2011	2012	2013			
7	Proportion of NHIS claims settled within 12 weeks (%)	N/A	N/A	N/A	70	80	NHIA and GHS Annual Reports	Time of reception of claims by DMHIS to reception of reimbursement of claim to facility	Annual
8	% of IGF from NHIS	66.5	79.4	n/a	75	75	GHS Annual report	Total claims paid / total IGF	Annual
H03: Improve access to quality maternal, neonatal, child and adolescent health and nutrition services									
1	Maternal mortality rate per 100,000 live births	451	n/a	n/a	N/A	226	Maternal Mortality survey, DHS/MICS	Deaths per 1000 live births	Periodic
2	Total fertility rate	4.0	n/a	n/a	3.8	3.8	DHS/MICS	Average number of children per women	Periodic
3	Institutional Maternal Mortality rate per 1000 live births	196	164	201	160	150	DHS/MICS CHIM	Maternal deaths recorded in health facilities / 100,000 live births	Periodic
4	% of pregnant women attending at least 4 Antenatal visits	62.4	71 ¹²	n/a	80.1	85.7	GHS Annual Report/ DHS	Total number of antenatal registrants who receive four or more visits/ number of expected pregnancies	Annual/ periodic
5	Infant Mortality Rate (IMR) per 1,000	50	n/a	n/a	<30	<30	DHS/MICS	The number of deaths of infants below one year of age per 1000 live births at a given period of time	Periodic
6	Under 5 Mortality Rate (U5MR) per 1,000	80	n/a	n/a	<50	<50	DHS/MICS	The number of deaths of children below five years of age expressed per 1000 live births during a given period of time	Periodic
7	% deliveries attended by a trained health worker	39	48.2	27.1	52	55	CHIM Routine and DHS/MICS Surveys	Number of deliveries supervised by trained health worker/ total expected number of deliveries	Annual/ periodic

12. Source: CHIM routine data

	Indicators	Base-line 2009	Actual	Half year	Targets		Data sources	Measurement	Monitoring Frequency
			2010	2011	2012	2013			
8	Under 5 prevalence of low weight for age (%)	13.9	N/A	N/A	8.0	8.0	DHS/MICS survey	% of children who are below -2 standard deviation units from the median NCHS/CDC/WHO international reference population	periodic
Health Objective 4 Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyles									
1	HIV+ prevalence among pregnant women 15-24 years (%)	2.2	2.0	n/a	<1.7	<1.6	NACP-Sentinel surveillance sites	% of pregnant women aged 15-24 years who are tested HIV+ at NACP sentinel sites	Annual
2	% of U5s sleeping under ITN	40.5	n/a	n/a	70	75	NMCP/MICS/DHS-Survey	% children 0-59 months who slept under an ITN during the previous night	Annual/Periodic
3	% of children fully immunized by age one - Penta 3	86.6	84.9	39.0	91.4	93.5	EPI/DHS-Routine and Survey	Number of children 12-23 months who received penta 3 vaccination/ number of children aged 12-23 months	Annual/Periodic
4	HIV+ clients receiving ARV therapy	23,614	47,559	n/a	80,014	94,114	NACP-Routine	Number of people with HIV infection receiving ARV combination treatment	Annual
5	Incidence of Guinea Worm	501	8	0	<50	0	Guinea worm eradication programme -Routine	Number of new Guinea Worm cases registered during the year	Annual
6	% of households with improved sanitary facilities	11.3	N/A	n/a	21.3	21.3	MICS	% population or households who use improved sanitary facilities	Periodic
7	% of households with access to improved source of drinking water	77.3	N/A	N/A	80	80	MICS	% of household or population using safe drinking water	Periodic
8	Obesity in adult population (women aged 15-49 years)	30%	N/A	N/A	N/A	28%	DHS-Survey	% of population who are clinically obese	Periodic

	Indicators	Base-line 2009	Actual	Half year	Targets		Data sources	Measurement	Monitoring Frequency
			2010	2011	2012	2013			
9	TB treatment success rate	84.7	n/a	n/a	89	90	NTP-Routine	% of patients who are proven to be cured using smeared microscopy at end of treatment	Annual
Health Objective 5 Strengthen institutional care, including mental health service delivery									
1	Equity Index: Ratio of mental health nurses to patient population	Baseline to be established	5% over base-line	n/a	25% over baseline	30% over baseline	Annual Report for Psychiatry	Nurse: patient population ratio	Annual
2	Number of community psychiatry nurses trained and deployed	Baseline to be established	5% over base-line	n/a	25% over baseline	30% over baseline	Annual Report for Psychiatry	Total number of community psychiatry nurses trained and deployed	Annual
3	% tracer psychotropic drug availability in hospitals	Baseline to be established	70%	n/a	75%	80%	Annual Report for Psychiatry	Total tracer psychotropic drug availability/ expected tracer drug availability	Annual
4	Institutional Infant mortality rate	TBD		n/a			Annual report GHS	Infant deaths recorded in health facilities/ 1000 live births	Annual
5	Installed base of functional equipment in hospitals (%)	Baseline to be established	80	n/a	80	85	Annual report BMU		Periodic
7	% Tracer drug availability in hospitals	68	80	n/a	90	90	Annual Report GHS, THs, Psychiatry hospitals	Total tracer drug availability/ expected tracer drug availability	Annual
8	% of hospitals assessed for quality assurance and control	Baseline to be established	70	n/a	90	100	Annual report, Service delivery agencies		
9	Institutional under five mortality rate	TBD		n/a			Annual Report, GHS	Under five deaths recorded in health facilities/ 1000 live births	Annual

5.2. Risks and assumptions

The successful implementation of the 2012 APOW depends on a number of assumptions. Primary among these is that funds will be made available in the quantities and at the time agreed in the budget, both by the Government of Ghana and by development partners. Other assumptions include the following:

- Strong collaboration, willingness and ownership from other sectors and MMDAs, particularly in relation to CHPS;

- Commitment within MOH to adhere to the revised staffing norms and performance contracting agreements;
- Continued economic and political stability;
- Improved collaboration from the private sector with respect to data and reporting.

Implementation of the 2012 APOW is also subject to a number of risks, the major one being the upcoming elections at the end of the year. Others include the following:

- Competing priorities at local government level resulting in lower than anticipated support for CHPS and other interventions;
- Delays in Parliamentary approval of mechanisms to ensure the sustainability of the NHIS;
- Increasing fragmentation within the sector with the passing of new legislation and creation of new agencies;
- Unforeseen outbreaks or other emergencies or natural disasters.

Annex A: Allocation of 2012 GOG and SBS budget by level/BMCs

BMCs	Compensation	Goods & Services		Assets	
	2012 GOG	2012 GOG	2012 SBS	2012 GOG	2012 SBS
MOH HQ					
Office of the Minister	2,458,449.60	185,117.32	127,585.00		
Office of the Chief Director	2,051,000.00	136,156.33	21,846,195.04 ¹³		
General Administration Directorate	-	100,019.77	63,392.65		
Policy, Planning, Monit. & Evaluation Directorate	-	193,458.74	212,496.84		
Research and Information Directorate	-	63,901.92	63,688.61		
Human Resource Development Directorate	-	57,400.08	51,683.27		
Dir. of Traditional & Allopathic Medicine Practice	-	62,459.51	74,384.84		
Procurement and Supply Directorate	-	87,714.47	97,348.59		
Finance Directorate	-	82,160.45	69,233.42		
Blood Transfusion Service	300,655.00	150,105.05	62,233.42		
Internal Audit	189,599.00	85,283.57	81,341.77		
Regulatory Agencies					
Food & Drugs Board	3,007,098.00	21,799.12	17,068.42		
Medical & Dental Council	237,705.00	100,560.11	96,998.00		
Nurses & Midwives Council	290,670.00	39,515.02	42,027.98		
Pharmacy Council	635,980.00	76,187.44	59,118.51		
Traditional Medicine Practice Council	35,432.00	98,638.72	84,169.16		
Private Hospitals & Maternity Homes Board	10,855.00	32,470.30	68,626.89		
Subvented Organisations					
Centre for Scientific Research into Plant Medicine	1,350,375.00	151,826.90	116,205.52		
National Ambulance Service	1,843,522.00	248,494.75	194,937.66		
World Health Organisation	-	70,733.46	-		
West African Health Community	-	172,295.31	-		
Ghana Red Cross Society	-	91,947.94	60,015.58		
Saint John's Ambulance Brigade	161,861.14	137,479.39	67,485.98		
Ghana Institute of Clinical Genetics	97,349.00	84,289.70	67,183.00		
Ghana College of Physicians & Surgeons	122,428.00	144,467.60	56,639.87		
Health Students' Association	-	-	49,600.00		
Civil Servants' Exemption	-	-	-		

¹³ All of the EU contribution towards the MAF implementation has been lodged here as ring fenced.

BMCs	Compensation	Goods & Services		Assets	
	2012 GOG	2012 GOG	2012 SBS	2012 GOG	2012 SBS
Teaching Hospitals					
Korle Bu Teaching Hospital	27,708,122.00	134,888.63	129,723.00		
Komfo Anokye Teaching Hospital	23,772,723.00	130,458.79	115,712.68		
Tamale Teaching Hospital	21,351,289.00	136,798.99	105,709.75		
Ghana Health Service					
Ghana Health Service HQ	17,053,508.28	898,239.69	786,186.73		
Regional Health Service					
Office of the Regional Director	5,978,186.00	261,540.44	260,057.56		
Regional Support Services	6,800,356.00	223,027.17	280,772.87		
Regional Hospital	21,768,442.00	400,794.15	152,476.98		
Regional Public Health Care Unit	6,338,902.00	307,307.63	380,573.17		
Regional Clinical Care Unit	5,785,000.00	230,253.76	304,363.15		
District Health Service					
District Health Administration	18,945,764.00	1,196,253.80	814,484.18		
District Hospital	93,208,911.00	803,949.26	371,855.66		
Sub-Districts	51,427,034.00	2,152,834.66	2,175,148.03		
Psychiatric Hospitals					
Accra Mental Hospital	5,133,880.00	837,193.96	706,258.53		
Pantang Hospital	5,000,867.00	772,490.85	670,100.38		
Ankaful Hospital	2,903,474.15	606,546.30	646,574.40		
CHAG					
Hospitals	41,353,634.00	225,185.22	154,287.92		
Clinics, etc	9,299,789.00	191,253.58	561,586.08		
Training Institutions					
Training Institutions	23,972,894.83	1,004,875.17	700,373.99		
Ring Fenced for new BMCs	-	147,000.00	1,229,880.00		
Ring Fenced	-	279,000.00	52,777,913.67		
Total	400,595,755.00	13,614,375.01	87,053,698.75	29,230,147.00	16,450,000.00

Annex B: Detailed 2012 breakdown of former Item 3 (element of Goods and Services) (GHS '000)

	GOG	Donor - SBS	Donor-EM grants	Donor-Loan/MC	IGF	PIP	Total
Operational cost - Goods and Services							
Operational cost for MOH and its agencies excluding NHIA	13,188.38	11,408.91	-	-	351,931.32	-	376,528.60
Cuban Medical Brigade	-	1,800.00	-	-	-	28,860.00	30,660.00
Reviews and Summits	-	900.10	-	-	-	-	900.10
ICT Maintenance	-	150.00	-	-	-	-	150.00
Procurement: Port charges, demmorage, etc.	-	1,100.00	-	-	-	-	1,100.00
Procurement: Printed materials	-	790.42	-	-	-	-	790.42
Commitments	-	11,396.92	-	-	-	-	11,396.92
International treaties and obligations	-	64.00	-	-	-	-	64.00
Overseas conferences	-	500.81	-	-	-	-	500.81
<i>Sub-total (Operational cost)</i>	<i>13,188.38</i>	<i>28,111.16</i>	<i>-</i>	<i>-</i>	<i>351,931.32</i>	<i>28,860.00</i>	<i>422,090.85</i>
Reproductive and Child Health							
Free maternal care initiative	-	1,600.00	-	-	-	-	1,600.00
MDG Acceleration (Maternal Health)	-	21,637.00	-	-	-	-	21,637.00
Evaluation of Free Maternal Care Initiative	-	160.00	-	-	-	-	160.00
EPI	-	3,537.76	33,210.87	-	-	-	36,748.63
Family Planning	-	3,250.00	22,052.04	-	-	-	25,302.04
Nutrition	-	800.00	21,270.63	12,080.00	-	-	34,150.63
Adolescent Health	-	150.69	-	-	-	-	150.69
MCH Campaigns	-	1,500.77	18,550.35	-	-	-	20,051.12
Other RCH	-	-	16,534.50	-	-	-	16,534.50
<i>Sub-total (RCH)</i>	<i>-</i>	<i>32,636.22</i>	<i>111,618.39</i>	<i>12,080.00</i>	<i>-</i>	<i>-</i>	<i>156,334.61</i>
Communicable Diseases							
Malaria	-	150.47	69,739.45	-	-	10,000.00	79,889.93
Tuberculosis	-	810.55	26,736.06	-	-	-	27,546.61
HIV/AIDS	-	2,400.00	57,006.92	-	-	-	59,406.92
Diseases targeted for eradication	-	654.00	-	-	-	-	654.00
Diseases of public health importance	-	738.14	-	-	-	-	738.14
Neglected tropical diseases	-	1,255.22	-	-	-	-	1,255.22
<i>Sub-total (communicable diseases)</i>	<i>-</i>	<i>6,008.39</i>	<i>153,482.43</i>	<i>-</i>	<i>-</i>	<i>10,000.00</i>	<i>169,490.82</i>
Non-communicable diseases							
NCD prevention	-	400.00	-	-	-	-	400.00
Regenerative health	100.00	531.20	-	-	-	-	631.20
Cancer screening and control	-	100.00	-	-	-	-	100.00
Sickle cell screening	-	-	-	-	-	-	-
Occupational health	-	-	-	-	-	-	-
Tetanus Immunoglobulin	-	600.00	-	-	-	-	600.00
Anti-Snake & Rabies	-	1,000.00	-	-	-	-	1,000.00
<i>Sub-total (NCD)</i>	<i>100.00</i>	<i>2,631.20</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>2,731.20</i>
Mental Health							
Development of community mental health strategy	-	100.00	-	-	-	-	100.00
Half way house at Pantang	-	100.00	-	-	-	-	100.00
Psychiatric Care	-	4,043.08	-	-	-	-	4,043.08
Drug and Alcohol rehabilitation	-	150.00	-	-	-	-	150.00
<i>Sub-total (Mental Health)</i>	<i>-</i>	<i>4,393.08</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>4,393.08</i>

	GOG	Donor - SBS	Donor-EM grants	Donor-Loan/MC	IGF	PIP	Total
Emergency preparedness							
Ambulance service	-	1,120.00	-	-	-	-	1,120.00
Emergency/disaster preparedness	79.00	500.00	-	-	-	-	579.00
<i>Sub-total (Emergency)</i>	<i>79.00</i>	<i>1,620.00</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,699.00</i>
Public finance management							
Budget and Programme of Work	-	455.00	-	-	-	-	455.00
Audit Charges	-	600.00	-	-	-	-	600.00
PFM Strengthening	-	365.00	-	-	-	-	365.00
National Health Accounts	-	450.00	-	-	-	-	450.00
<i>Sub-total (PFM)</i>	<i>-</i>	<i>1,870.00</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,870.00</i>
Health System Strengthening							
Fellowships	-	903.77	-	-	-	-	903.77
Leadership and Management development	-	145.00	-	-	-	-	145.00
Institutional reform (IALC)	-	200.00	-	-	-	-	200.00
Strengthening monitoring systems	-	343.00	-	-	-	-	343.00
Research innovation Fund	-	300.00	-	-	-	-	300.00
West African Colleges	-	250.00	-	-	-	-	250.00
Orientation on revised CHPS Strategy	-	170.00	-	-	-	-	170.00
Development and implementation of the human resource deployment plan	-	100.00	-	-	-	-	100.00
Development of legislative instruments for Acts that were passed in 2011	-	200.00	-	-	-	-	200.00
Strengthening surveillance for disease control	-	172.00	-	-	-	-	172.00
Health Financing Strategy Development	-	120.00	-	-	-	-	120.00
Commodity security	-	150.00	-	-	-	-	150.00
ABCE	-	100.00	-	-	-	-	100.00
Other Health Systems Strengthening	-	-	7,502.66	12,080.00	-	-	19,582.66
Ring-fenced for new BMCs (including new DHA)	247.00	1,229.88	-	-	-	-	1,476.88
<i>Sub-total (HSS)</i>	<i>247.00</i>	<i>4,383.65</i>	<i>7,502.66</i>	<i>12,080.00</i>	<i>-</i>	<i>-</i>	<i>24,213.31</i>
Total Goods & Services	13,614.38	81,653.70	272,603.48	24,160.00	351,931.32	38,860.00	782,822.87

Annex C: Infrastructure

	GOG	Donor - SBS	Donor-EM grants	Donor-Loan/MC	IGF	PIP	Total
Selected CHPS, HC, DH, DHMT, RHMT, headquarters and staff accomodation with high level of completion and sunk cost	1,200.00	2,325.00	-	-	9,930.00	-	13,455.00
Completion of disease control unit project at Korle bu	1,500.00	-	-	-	-	-	1,500.00
Matching fund for Saudi projects- Rehabilitation of Bolgatanga regional hospital phase III	-	200.00	-	-	-	-	200.00
Completion of mortuary at Accra Psychiatric Hospital	-	150.00	-	-	-	-	150.00
Completion of ward at Pantang Psychiatric Hospital	-	200.00	-	-	-	-	200.00
Reconstruction of office block for GNDP	200.00	400.00	-	-	12.90	-	612.90
Construction of offices for Regulatory/Statutory bodies	-	-	-	-	20,328.21	-	20,328.21
Monitoring and evaluation of projects	-	300.00	-	-	-	-	300.00
Development of selected facilities in 3 psychiatric institutions	250.00	150.00	-	-	88.00	-	488.00
Rehabilitation of infrastructure in selected CHAG institutions	-	800.00	-	-	25,804.45	-	26,604.45
Refurbishment of children's block at Korle bu teaching hospital	2,000.00	500.00	-	-	-	2,000.00	4,500.00
Completion and equipping of maternity and children's block at KATH	8,000.00	200.00	-	-	-	10,000.00	18,200.00
Selected project at Teaching Hospitals	-	-	-	-	13,299.16	-	13,299.16
Completion of Pankrono Health Centre	-	200.00	-	-	-	-	200.00
Completion of polyclinic at Shama	-	800.00	-	-	-	-	800.00
Completion of Sipe Tinpon health centre	-	300.00	-	-	-	-	300.00
Contingency (provision for arrears 2011)	1,000.00	-	-	-	-	-	1,000.00
Completion of offices for the Nurses' and Midwives Council at Okponglo, Accra	1,000.00	300.00	-	-	-	2,000.00	3,300.00
Construction of health centre at atorkor	500.00	-	-	-	-	-	500.00

	GOG	Donor - SBS	Donor-EM grants	Donor-Loan/MC	IGF	PIP	Total
Procurement of office equipment for Medical and Dental Council	-	200.00	-	-	-	-	200.00
Construction of Health centre at Wechau, Wa West	600.00	-	-	-	-	-	600.00
Completion of Breman Health centre, Asikuma District	200.00	-	-	-	-	-	200.00
Rural Health Services Project	-	-	-	-	-	-	-
Completion of Maternity Block at Donkorkrom Hospital	400.00	-	-	-	-	-	400.00
Matching Funds for ADB III/NDF Projects	-	300.00	-	-	-	-	300.00
Completion of GHS learning centre at Pantang	1,200.00	-	-	-	-	-	1,200.00
Major Rehabilitation and Upgrading of Tamale Teaching Hospital	-	-	-	36,907.70	-	-	36,907.70
Upgrade Radiotherapy and Nuclear Medicine project at KBTH and KATH	1,000.00	-	-	7,500.00	-	-	8,500.00
Purchase of 161 Ambulances	-	-	-	7,000.00	-	-	7,000.00
Construction and equipping of national CHPS compounds	-	3,000.00	-	-	-	-	3,000.00
Construction of new maternity facility at Tema General Hospital	1,500.00	800.00	-	-	-	2,000.00	4,300.00
Water improvement project for health facilities	-	300.00	-	-	-	-	300.00
Rehabilitation of Bechem Hospital	100.00	125.00	-	-	-	-	225.00
Construction of Office Complex and Training Centre for National Ambulance Service in Accra	-	500.00	-	-	-	-	500.00
Rehabilitaion of Axim hospital	500.00	-	-	-	-	1,000.00	1,500.00
Rehabilitation works and Construction of new facilities in 7 training institutions nationwide (Goaso MTS, Cape Coast NTC, Agogo NTC, Pantang HATS, Hohoe MTS, Wa NTC and Nandom MTS)	1,500.00	1,500.00	-	-	7,648.97	5,000.00	15,648.97
Completion of 5 Polyclinics at Wechau, Babile/Brifo, Lambuissie, Ko and Hain in the Upper West	-	-	-	2,793.00	-	-	2,793.00
Completion of Maternity at Tafo Hospital, Kumasi	600.00	300.00	-	-	-	-	900.00

	GOG	Donor - SBS	Donor-EM grants	Donor-Loan/MC	IGF	PIP	Total
Refurbishment/Upgrading of the Kaneshie Polyclinic to District Hospital	1,000.00	-	-	-	-	-	1,000.00
Completion of Upgrading of Maamobi Polyclinic	500.00	-	-	-	-	-	500.00
Rehabilitation of Tema Mechanical Workshop	300.00	-	-	-	-	-	300.00
National Staff Housing Project	1,500.00	-	-	-	-	-	1,500.00
Refurbishment of the offices of Planning and Budget Unit of the Ministry of Health	-	250.00	-	-	-	-	250.00
Fomena NTC project	-	-	-	-	-	3,000.00	3,000.00
<i>Sub-total (infrastructure)</i>	<i>26,550.00</i>	<i>14,100</i>	<i>-</i>	<i>54,200.70</i>	<i>77,111.69</i>	<i>25,000.00</i>	<i>196,962.38</i>
Medical Equipment	-	-	-	-	-	-	-
Replacement of equipment in selected facilities	-	-	-	100,000.00	-	-	100,000.00
Rehabilitation of Theatre equipment, KBTH	-	-	-	-	-	6,000.00	6,000.00
Procurement of Assorted Medical Devices	1480.15	-	-	-	-	-	1,480.15
Radiology Improvement Project in 23 District Hospitals	-	-	-	75,000.00	-	-	75,000.00
Emergency Obstetric Care Equipment	-	1,800.00	-	-	-	-	1,800.00
<i>Sub-total (Medical Equipment)</i>	<i>1488.15</i>	<i>1,800.00</i>	<i>-</i>	<i>175,000.00</i>	<i>-</i>	<i>6,000.00</i>	<i>184,280.15</i>
Transport	-	-	-	-	-	-	-
Supply of 110 Ambulances	1,200.00	-	-	-	-	-	1,200.00
Purchase of No. 5 Station Wagons	-	550.00	-	-	-	-	550.00
<i>Sub-total (Transport)</i>	<i>1,200.00</i>	<i>550.00</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1,750.00</i>
Total Assets	29,230.15	16,450.00	-	229,200.70	77,111.69	31,000.00	382,992.53

2

Annex E: Draft 2012 Procurement Plan

Draft 2012 Procurement Plan: MOH HQTS						
Ref No.	Procurement Package (Description)	Estimated Need Gh¢	Source of Funding	Procurement Method	Start Date	Expected Contract Completion Date
1	Procurement of Pharmaceuticals	12,000,000.00	Drug Revolving Fund	ICB	30/11/2011	7/08/2012
2a	Procurement of Non Drug Medical Consumables	6,000,000.00	CMS Non -Drugs A/C	RT	23/05/2011	21/03/2012
2b	Procurement of Non Drug Medical Consumables	6,000,000.00	CMS Non -Drugs A/C	ICB	23/01/2012	15/09/2012
3a	Expanded Programme on Immunization (EPI) Vaccines	18,000,000.00	GAVI	UNICEF	29/10/2011	17/07/2012
3b	Expanded Programme on Immunization (EPI) Vaccines	3,537,000.00	SBS	UNICEF	23/01/2012	20/04/2012
4a	Procurement of Contraceptives	3,250,000.00	SBS	ICB	01/02/2012	31/07/2012
4b	Procurement of Contraceptives	4,478,000.00	GOG	ICB	26/12/2011	31/07/2012
4c	Procurement of Contraceptives	1,400,000.00	WAHO	ICB/UNFPA	26/12/2011	27/04/2012
4d	Procurement of Contraceptives	9,943,000.00	USAID	USAID	06/02/2012	26/09/2012
4e	Procurement of Contraceptives	2,445,000.00	UNFPA	UNFPA	23/01/2012	26/08/2012
5	Procurement Psychotropics Drugs	4,043,008.00	SBS	ICB	10/02/2012	27/07/2012
6a	Procurement of HIV/AIDS /Antiretroviral Drugs	2,400,000.00	SBS	ICB	10/02/2012	27/07/2012
6b	Procurement of HIV/AIDS /Antiretroviral Drugs	22,350,874.00	Global Fund	ICB	10/02/2012	27/07/2012

Draft 2012 Procurement Plan: MOH HQTS						
Budget Period: January - December, 2012						
Ref No.	Procurement Package (Description)	Estimated Need Gh¢	Source of Funding	Procurement Method	Start Date	Expected Contract Completion Date
7	Procurement of Opportunistic Infection (Ois) Medicines	175,377.20	Global Fund			
8	Procurement of Rapid Diagnostic Test Kits	4,219,283.04	Global Fund	ICB	10/02/2012	30/08/2012
9	Procurement of other Diagnostic products, supplies and equipment	5,982,242.39	Global Fund	ICB	10/02/2012	30/08/2012
10	Procurement of Insecticide Treated Nets (ITNs) (Global Fund)	150,470.00	SBS	ICB	10/02/2012	27/07/2012
11	Procurement of Artemisinin Combination Therapy Tablets	23,409,065.30	Global Fund	ICB	8/03/2012	28/09/2012
12	Procurement of other Antimalarial Medicines	1,376,234.10	Global Fund	ICB	8/03/2012	28/09/2012
13	Procurement of Rapid Diagnostic Test Kits	8,066,255.89	Global Fund	ICB	10/02/2012	30/08/2012
14	Procurement of Anti-Rabies Vaccines	500,000.00	SBS	ICB/NCB	27/01/2012	21/06/2012
15	Procurement of Tatanus Immunoglobulin	600,000.00	SBS	ICB/NCB	02/02/2012	25/07/2012
16	Procurement of Anti-Snake Venom Serum	1,000,000.00	SBS	ICB	27/01/2012	21/06/2012
17	Procurement of CSM Vaccines & Drugs	1,000,000.00	SBS	ICB	27/01/2012	21/06/2012

Draft 2012 Procurement Plan: MOH HQTS						
Budget Period: January - December, 2012						
Ref No.	Procurement Package (Description)	Estimated Need Gh¢	Source of Funding	Procurement Method	Start Date	Expected Contract Completion Date
18	Procurement of Hospital equipment, Beds & other Accessories	1,800,000.00	SBS	ICB	8/03/2012	28/09/2012
19a	Printing Material and other, Publications	790,000.00	SBS	NCT	27/01/2012	28/12/2012
19b	Printing of Medical Forms, Publications (CHR, Imm. Cards, etc)	2,400,000.00	Gap	RT	19/12/2011	29/06/2012
20	Procurement of Office Equipment & Stationery for the Various Directorate	1,000,000.00	Gap	NCT	27/01/2012	28/12/2012
21	Procurement of Medical Consumables/Office Sanitation Items for NAS	1,120,000.00	GOG	NCT	16/03/2012	22
22	Supply of Logistics for Cholera	79,000.00	GOG	RT	27/01/2012	21/06/2012
23	Extension of Contracts: Clinical Laboratory Strengthening Project. Phases 1 and 2	16,765,302.40	GOG	Contract Extension	12/07/2011	21/06/2012
24	Procurement of 1000 Saloon Cars Under MOH, SVHPS (Health Workers)	37,852,500.00	Car Revolving Fund	ICB	23/06/2011	25/05/2012
25	Procurement of Hand Sanitizer	2,640,000.00	Gap	RT	10/11/2011	24/05/2012
26	Procurement of Dental Equipment	114,400.00	Gap	NCT	26/12/2011	15/06/2012

Draft 2012 Procurement Plan: MOH HQTS						
Budget Period: January - December, 2012						
Ref No.	Procurement Package (Description)	Estimated Need Gh¢	Source of Funding	Procurement Method	Start Date	Expected Contract Completion Date
27	Procurement of Supplies and Printing of forms for Buruli Ulcer Programme	400,000.00	SBS	RT	28/11/2011	25/05/2012
28	Capital Investment Projects	717,347,070.00	GOG/SBS/EM GRANTS/MIXED GRANTS/IGF/SIP/NHIL	NCT	27/01/2012	28/12/2012
Grand Total		921,534,062.32				

Annex F: 2012 Capital Investment details.

ITEM	TITLE OF PROJECT	PROJECT MANAGEMENT	2012 BUDGET PROVISION	EXTERNAL FUNDING SOURCE	SOURCE OF FUNDING (GHC)				
					GOG	SBS	LOANS/MC	PIP	IGF
A	GHANA HEALTH SERVICE								
	Selected CHPS, HC, DH, DHNT, RHMT, Headquarters & staff accommodation projects with high level of completion and sunk cost that can be completed in 2012	GHS/MOH	13,455,000.00		1,200,000.00	2,325,000.00	-	-	9,930,000.00
1	Completion of GHS Learning Centre at Pantang	GHS	1,200,000.00		1,200,000.00	-	-	-	-
2	Completion of Disease Control Unit Project at Korle Bu	GHS	1,500,000.00		1,500,000.00	-	-	-	-
3	Sub Total		16,155,000.00		3,900,000.00	2,325,000.00	-	-	9,930,000.00
	% of 2012 Investment Budget		4.2%		13.3%	14.1%	0.0%	0.0%	12.9%
B	REGIONAL HOSPITAL PROJECTS								
1	Rehabilitation of Bolgatanga Regional Hospital	PIU	200,000.00	Saudi Fund	-	200,000.00	-	-	-
	Sub Total		200,000.00		-	200,000.00	-	-	-
	% of 2012 Investment Budget		0.1%		0.0%	1.2%	0.0%	0.0%	0.0%
C	GHS DISTRICT LEVEL PROJECTS								
1	Rehabilitation of Bechem Hospital	MOH/GHS	225,000.00		100,000.00	125,000.00	-	-	-
2	Construction of new maternity facility at Tema General Hospital	MOH/GHS	4,300,000.00		1,500,000.00	800,000.00	-	2,000,000.00	-
3	Completion of Maternity at Tafo Hospital in Kumasi	MOH/GHS	900,000.00		600,000.00	300,000.00	-	-	-
4	Completion of Upgrading of Maamobi Polyclinic	MOH/GHS	500,000.00		500,000.00	-	-	-	-
5	Refurbishment/Upgrading of the Kaneshie Polyclinic to District Hospital	MOH/GHS	1,000,000.00		1,000,000.00	-	-	-	-

ITEM	TITLE OF PROJECT	PROJECT MANAGEMENT	2012 BUDGET PROVISION (GH¢)	EXTERNAL FUNDING SOURCE	SOURCE OF FUNDING (GH¢)					
					GOG	SBS	LOANS/MC	PIP (NHIL)	IGF	
	GHS DISTRICT LEVEL PROJECTS									
6	Rehabilitation of Axim Hospital	MOH/GHS	1,500,000.00		500,000.00	-	-	1,000,000.00	-	-
7	Construction of Health Centre at Atorkor	MOH/GHS	500,000.00		500,000.00	-	-	-	-	-
8	Construction of Health Centre at Vieri	GHS	600,000.00		600,000.00	-	-	-	-	-
9	Completion of Polyclinic at Shama	GHS	800,000.00		-	800,000.00	-	-	-	-
10	Completion of Breman Health Centre, Asikuma District	GHS	200,000.00		200,000.00	-	-	-	-	-
11	Completion of Pankrono health centre	GHS	200,000.00		-	200,000.00	-	-	-	-
12	Completion of Sipe Tinpon health centre	GHS	300,000.00		-	300,000.00	-	-	-	-
13	Rural Health Services Projects	MOH/GHS	-		-	-	-	-	-	-
14	Matching Funds for ADB III/NDF Projects	PIU	300,000.00	AfDB	-	300,000.00	-	-	-	-
15	Construction & Equipping of nationwide CHPS compounds	MOH/GHS	3,000,000.00		-	3,000,000.00	-	-	-	-
16	Completion of 5 Polyclinics at Wechau, Babile/Brifo, Lambuisie, Ko and Hain in the Upper West	MOH	2,793,000.00		-	-	2,793,000.00	-	-	-
	Sub Total		17,118,000.00		5,500,000.00	5,825,000.00	2,793,000.00	3,000,000.00	-	-
	% of 2012 Investment Budget		4.5%		18.8%	35.4%	1.2%	9.7%	0.0%	0.0%
D	PSYCHIATRIC HOSPITALS									
1	Completion of mortuary at Accra Psychiatric Hospital	MOH/PH	150,000.00		-	150,000.00	-	-	-	-
2	Completion of ward at Pantang Psychiatric Hospital	MOH/PH	200,000.00		-	200,000.00	-	-	-	-
3	Development of selected facilities in 3 Psychiatric Institutions	MOH/PH	488,000.00		250,000.00	150,000.00	-	-	-	88,000.00
	Sub Total		838,000.00		250,000.00	500,000.00	-	-	-	88,000.00
	% of 2012 Investment Budget		0.2%		0.9%	3.0%	0.0%	0.0%	0.0%	0.1%

ITEM	TITLE OF PROJECT	PROJECT MANAGEMENT	2012 BUDGET PROVISION (GH¢)	EXTERNAL FUNDING SOURCE	SOURCE OF FUNDING (GH¢)					
					GOG	SBS	LOANS/MC	PIP	IGF	
E	SUPPORT FOR CHAG INSTITUTIONS									
1	Completion of Maternity Block at Donkorkrom Hospital		400,000.00		400,000.00	-	-	-	-	-
2	Rehabilitation of infrastructure in selected CHAG institutions	CHAG/BMC	26,604,445.00		-	800,000.00	-	-	-	25,804,445.00
	Sub Total		27,004,445.00		400,000.00	800,000.00	-	-	-	25,804,445.00
	% of 2012 Investment Budget		7.1%		1.4%	4.9%	0.0%	0.0%	0.0%	33.5%
F	EQUIPMENT AND TRANSPORT									
1	Emergency Obstetric Care Equipment	GHS	1,800,000.00		-	1,800,000.00	-	-	-	-
2	Replacement of Equipment in selected facilities	MOH/GHS	100,000,000.00	OPIC	-	-	100,000,000.00	-	-	-
3	Rehabilitation of theatre equipment (KBTH)	KBTH	6,000,000.00		-	-	-	6,000,000.00	-	-
4	Radiology Improvement Project in 25 District Hospitals	GHS	75,000,000.00	KBC Belgium	-	-	75,000,000.00	-	-	-
5	Purchase of 161 ambulances	GHS	7,000,000.00	KfW	-	-	7,000,000.00	-	-	-
6	Supply of 110 Ambulance (Chrispod Projects)		1,200,000.00		1,200,000.00	-	-	-	-	-
7	Water Improvement Programme		300,000.00		-	300,000.00	-	-	-	-
8	Procurement of Assorted Medical Devices		1,480,147.00		1,480,147.00	-	-	-	-	-
	Sub-Total		192,780,147.00		2,680,147.00	2,100,000.00	182,000,000.00	6,000,000.00	6,000,000.00	-
	% of 2012 Investment Budget		50.3%		9.2%	12.8%	79.4%	19.4%	19.4%	0.0%
G	TRAINING SCHOOLS									
1	Rehabilitation works and Construction of new facilities in 7 training institutions nationwide (Goaso MTS, Cape Coast NTC, Agogo NTC, Pantang HATS, Hohoe MTS, Wa NTC and Nandom MTS)	MOH/TI	8,000,000.00		1,500,000.00	1,500,000.00	-	-	5,000,000.00	-
2	Fomena NTC Project		3,000,000.00		-	-	-	-	3,000,000.00	-
	Sub-Total		18,648,970.00		1,500,000.00	1,500,000.00	-	-	8,000,000.00	7,648,970.00
	% of 2012 Investment Budget		4.9%		5.1%	9.1%	0.0%	25.8%	25.8%	9.9%

SECTOR / MDA / MMIDA of Emp	Central GOG and CF		I G F		MDF /		D O N O R		Grand Total Comp.
	Compensation of Employees Goods/Service/Assets	Assets (Capital)	Comp. of EmpGoods/Service/Assets (Capital)	Assets of EmpGoods/Service/Assets	F U N D S / OTHERS STATUTOR F U N D S / OTHERS ABFA/NREG/COCOA/ MDF / Comp.	Assets Comp. of EmpGoods/Service Assets	Others Comp. of EmpGoods/Service Assets	Less NREG/ STATUTOR	
SECTOR / MDA / MMIDA Assets	Compensation of Employees (Capital) Tot. Donor	Assets (Capital)	Comp. of EmpGoods/Service/Assets (Capital) Tot GoG Comp.	Assets of EmpGoods/Service/Assets Total IGF	F U N D S / OTHERS STATUTOR ABFA	Others	Assets Comp. of EmpGoods/Service Assets	Less NREG/ STATUTOR	
KOFORDIA NURSING	61,543	0	0	0	0	0	0	0	61,543
Nikwakaw Nursing	7,308	0	3,359	0	1,032,800	1,035,959	0	5,957	1,244,269
Critical Care	144,109	0	32,013	13,596	66,500	107,050	0	0	423,063
PERI-OPERATIVE NURSING	0	0	0	0	0	0	0	0	0
DENTAL TECHNOLOGY SCHOOL	0	0	0	0	0	0	0	0	0
KORLE-BU MIDWIFERY	8,843	0	281,191	0	182,011	182,011	0	5,957	469,159
KORLE-BU NURSING	254,398	13,763	268,161	1,999	182,011	184,010	0	5,957	468,128
Korfe-Bu School of Hygiene	474,191	9,057	483,248	3,215	7,598	11,173	0	5,957	500,377
Nurse Anaesthetist, Ridge	893,300	10,517	593,817	69,979	0	69,979	0	5,957	669,753
OPHTHALMIC NURSING	164,717	102,473	267,191	6,298	40,107	77,495	0	0	344,596
Pantang HATS	463,732	12,090	475,823	5,678	9,804	215,582	0	5,957	897,361
Pantang Psychiatry	752,077	13,074	765,152	0	228,038	228,038	0	5,957	999,146
Public Health Nursing	324,777	10,262	335,039	0	22,887	14,500	37,387	5,957	376,382
Teshie HATS	351,400	8,273	359,673	14,156	77,337	420,560	512,053	5,957	877,682
Damangpo HATS	290,901	12,602	303,503	20,634	312,644	100,000	433,278	5,957	742,737
Koembo HATS	105,316	8,824	114,140	17,995	162,873	28,500	209,467	5,957	329,564
Narelligi HATS	244,433	16,675	261,108	1,799	327,085	247,988	575,963	5,957	843,048
Tamale CHNTS	321,738	8,843	330,581	0	172,194	59,500	231,694	5,957	566,232
Tamale Midwifery	353,969	23,192	377,161	13,196	0	338,000	351,196	5,957	734,314
TAMALE NURSING	229,630	15,928	245,558	0	182,011	182,011	0	5,957	433,525
Tamale School of Hygiene	342,750	10,437	353,187	16,265	75,799	390,168	484,231	5,957	843,375
Yendi HATS	14,546	8,274	313,123	43,227	270,669	125,000	438,896	15,320	767,339
Yendi HATS	595,363	8,371	596,734	2,065	225,309	37,200	264,594	5,957	837,286
Bawku Nursing	128,135	10,614	138,749	0	182,011	182,011	0	5,957	326,717
BOLGATANGA HATS/ZUARUNGU	712,527	36,324	748,851	144,389	700,647	377,600	1,222,635	5,957	1,977,443
Bolgatanga Midwifery	88,074	11,069	100,991	0	182,011	182,011	0	5,957	386,218
BOLGATANGA PB MIDWIFERY	450,596	30,169	480,765	109,629	199,289	30,563	339,481	5,957	826,262
BOLGATANGA NURSING	217,221	9,571	226,793	0	182,011	182,011	0	5,957	414,790
NAVRONGO CHNTS	107,119	65,678	172,937	2,807	100,741	74,500	177,048	5,957	355,891
JERPA CHNTS	422,697	5,108	441,276	11,601	182,011	182,011	0	5,957	261,976
JERPA DIPLOMA	58,300	18,879	62,008	11,601	224,799	46,000	289,799	5,957	717,331
Jirapa Post Basic Midwifery	12,518	33,397	44,515	52,164	262,407	0	314,691	5,957	396,473
Jirapa Nursing	76,153	11,265	86,419	4,162	58,486	84,500	147,148	5,957	239,523
Lawra HATS	10,340	43,500	53,860	0	32,400	110,400	142,800	5,957	202,717
Niadenom Midwifery	9,473	10,340	239,200	12,235	7,642	31,500	51,378	5,957	296,535
Wa HATS	14,953	0	261,982	1,999	182,011	184,010	0	5,957	457,929
HO CHNTS	249,999	25,068	703,864	17,729	162,353	0	179,648	5,957	889,469
Ho Nursing	979,816	7,466	1,037,744	1,859	4,564	18,500	24,723	5,957	524,414
Ho School of Hygiene	462,206	1,466	156,004	290	156,004	0	156,294	5,957	330,907
Hohoe Midwifery	170,306	6,328	186,143	0	70,909	70,988	138,807	5,957	253,845
Keta HATS	3,335	10,650	268,656	260,000	268,656	260,000	565,370	5,957	906,269
Asankragwe HATS	343,092	0	394,643	18,714	384,558	168,000	562,558	5,957	1,052,462
Asantia HATS	31,157	0	732,688	37,462	88,125	168,000	293,617	5,957	1,052,462
Esiama CHNTS	210,529	17,088	227,617	16,617	37,463	285,930	342,240	5,957	575,814

SECTOR / MDA / MMDA of Emp	Central GOG and CF Compensation of Employees Goods/Service/Assets		I G F Comp. of Emp Goods/Service/Assets (Capital)		STATUTOR F U N D S / OTHERS Total IGF (Capital) Total IGF STATUTOR		M D F / M D F /		D O N O R Cocoe / Others		Grand Total Comp.
	Assets (Capital)	Comp. of Emp Goods/Service/Assets (Capital)	Comp. of Emp Goods/Service/Assets (Capital)	Comp. of Emp Goods/Service/Assets (Capital)	STATUTOR	IGF	STATUTOR	OTHERS	STATUTOR	OTHERS	
Sefor - Wisco HATS	164,700	0	203,343	44,691	0	0	0	5,957	0	5,957	785,631
Sekondi Michawity	791,670	0	624,659	18,874	0	0	0	5,957	0	5,957	2,078,797
SEKONDI NURSING	261,526	0	271,491	0	0	0	0	5,957	0	5,957	459,459
Tarava Midwifery	158,945	0	170,052	15,715	0	0	0	5,957	0	5,957	290,765
Subvented Organisations	3,701,083	0	4,623,961	646,867	0	0	0	2,065,269	11,540,000	13,605,269	35,947,368
Centre for Scientific Research into Plant	1,347,873	0	1,475,259	132,860	0	0	0	116,205	0	116,205	4,267,884
National Ambulance Service	1,839,838	0	2,060,367	0	0	0	0	1,314,938	11,540,000	12,854,938	27,770,942
World Health Organisation	0	0	0	0	0	0	0	0	0	0	0
West Africa Health Community	0	0	158,374	41,136	0	0	0	250,000	0	250,000	618,169
Ghana Red Cross Society	0	0	85,289	472,871	0	0	0	60,000	0	60,000	67,486
St. John's Ambulance Brigade	161,661	0	284,548	0	0	0	0	67,486	0	67,486	364,134
Ghana Institute of Clinical Genetics	151,754	0	229,950	0	0	0	0	200,000	0	200,000	606,800
Ghana College of Physicians and Surgeons	200,057	0	329,174	0	0	0	0	58,640	0	58,640	1,785,315
Health Students Association	0	0	0	0	0	0	0	0	0	0	0
Civil Service Exemption	0	0	0	0	0	0	0	0	0	0	0

