



REPUBLIC OF GHANA

# MINISTRY OF HEALTH

## THE GHANA HEALTH SECTOR 2011 PROGRAMME OF WORK

*Theme:*

**Going Beyond Strategy to Action:**

Accelerating activities towards achieving the Millennium  
Development Goals

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## 2011 PROGRAMME OF WORK

THEME: Going Beyond Strategy to Action:  
Accelerating activities towards achieving the Millennium  
Development Goals

MINISTRY OF HEALTH



## 2011 Programme of Work

### ACRONYMS

AFP	Acute Flaccid Paralysis
ARI	Acute Respiratory Infections
ART	Anti-Retroviral Therapy
ARV	Anti-Retrovirus
ASRH	Adolescent Sexual and Reproductive Health
ATF	Accounting, Treasury & Financial Regulations
BCC	Behavioural Change Communication
BMC	Budget Management Centres
BPEMS	Budget, Public Expenditure Management Systems
CAGD	Controller and Accountant-General's Department
CEO	Chief Executive Officer
CHAG	Christian Health Association of Ghana
CHO	Community Health Officer
CHPS	Community-based Health Planning & Services
CHS	Community Health Service
CMS	Central Medical Stores
CMR	Child Mortality Rate
CPR	Cardio-Pulmonary Resuscitation
C/S	Caesarean Section
CSRPM	Centre for Scientific Research into Plant Medicine
DHMT	District Health Management Team
DP	Development Partner
DEENT	Department of Ear, Eye, Nose & Throat
EPA	Environmental Protection Agency
EPI	Expanded Programme on Immunisation
FDB	Food & Drugs Board
5yPOW	Five-year Programme of Work
GCPS	Ghana College of Physicians & Surgeons
GHS	Ghana Health Service
GOG	Government of Ghana
GPRS	Growth and Poverty Reduction Strategy
HIRD	High Impact Rapid Delivery
HIV/AIDS	Human Immunodeficiency Virus / Acquired

### Immune Deficiency Syndrome

HMIS	Health Management Information System
HR	Human Resource
ICC	Inter-agency Coordinating Committee
ICT	Information Communication Technology
IE&C	Information, Education and Communication
IGF	Internally Generated Fund
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Net
KATH	Komfo-Anokye Teaching Hospital
KBTH	Korle-Bu Teaching Hospital
KNUST	Kwame Nkrumah University of Science and Technology
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MLGRD	Ministry of Local Government and Rural Development
MMDAs	Metropolitan, Municipal and District Assemblies
MOESS	Ministry of Education, Science and Sports
MOFEP	Ministry of Finance and Economic Planning
MOH	Ministry of Health
MOTI	Ministry of Trade and Industry
MOWAC	Ministry of Women and Children's Affairs
MRI	Magnetic Resonance Imaging
MTEF	Medium Term Expenditure Framework
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
OPD	Out-patient Department
POW	Programme of Work

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PPM	Planned Preventive Maintenance
PPP	Public Private Partnership
RGNs	Registered General Nurses
RHMT	Regional Health Management Team
RHN	Regenerative Health and Nutrition
RTA	Road Traffic Accident
SMTDP	Sector Medium Term Development Plan
STD	Sexually Transmitted Diseases
STG	Standard Treatment Guidelines
TB	Tuberculosis
TMPC	Traditional Medicine Practice Council
TTH	Tamale Teaching Hospital
WHO	World Health Organisation

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**MESSAGE FROM THE HONOURABLE MINISTER OF  
HEALTH**



**T**he 2011 Programme of Work (POW) focuses on putting in place the necessary building blocks that will enable Ghana make rapid progress towards the attainment of the Millennium Development Goals (MDGs). Being a signatory to the Millennium Development Declaration in 2000, Ghana is fully committed to attaining the health-related Millennium Development Goals by 2015. This is reflected in the theme **"Going Beyond Strategy to Action: Accelerating activities towards achieving the Millennium Development Goals"**.

**Accelerating activities towards achieving the Millennium Development Goals"**.

The main policy thrust underpinning the 2011 POW is in the area of bridging equity gaps in access to health care delivery and improvement of health outcomes. To be able to do this, we need, as a sector, to accelerate the scaling up of the CHPS concept under the 'close-to-client' service delivery policy, redeploy and align appropriate skill-mix of human resource to areas where they are most needed, and improve upon the current health financing strategy particularly, claims management.

The 2011 POW specifically looks closely at sector-wide performance measurement through the signing of performance contracts with key agencies and directorates. District level health services will continue to remain our priority and we will make conscious efforts to ensure basic minimum services are made available especially to that level.

The year 2011 also presents special demands with respect to disease

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control activities. Communicable diseases, for which preventive and simple curative measures are widely available, still persist primarily because of our attitude towards personal hygiene and environmental sanitation. It is becoming increasingly evident that the future of health in this country will be determined not by huge sums spent on drugs and health infrastructure but primarily by efforts to manage the environment. I will therefore like to call for a renewed approach to collaboration to ensure that we engage with the appropriate Ministries, Departments and Agencies to ensure that we put the issues of health firmly on the cross-sector agenda.

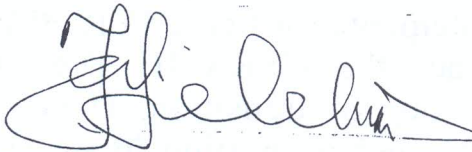
While we are struggling to attain the MDGs, the growing burden related to high-cost chronic and degenerative conditions such as hypertension, cancers, other cardiovascular diseases and diabetes need to be taken into account.

My predecessor initiated steps to ensure that all hospitals put an end to the practice of admitting patients on the floor. A lot has already gone into improving this by way of making hospital beds available where needed. We will continue to implement this programme and at the same time initiate additional steps to improve efficiency in the system and reduce wastage.

I have some concerns about the level of unbudgeted expenditure in the area of financial management within the sector. A key characteristic of any good financial management system is budget discipline, which forms the basis for efficient running of the organization. We need to spend only what we have budgeted for if we are to remain focused. I entreat all heads of agencies and the budget management centres to align their respective plans to the approved budgets. This is because we cannot spend on what has not been approved.

Our regulatory agencies have recently come under scrutiny. Though it is all well for us to police the system to ensure the safety of our citizenry, we can be more effective if we take a proactive stance with

regard to our mandate and take a facilitative approach to regulation. This approach, for me, will be more cost effective and beneficial to our people. I wish to acknowledge the contributions of my staff at the Ministry of Health, Agencies and Development Partners in coming out with such an elaborate Programme of Work for the Health sector. It is my fervent belief that this document will be implemented comprehensively so as to give real meaning to the **“Better Ghana Agenda”** that we all strive for.



**Joseph Yieleh Chireh (MP)**  
Minister of Health

### 1. INTRODUCTION

The year 2010 represented the first year of implementation of the new Health Sector Medium Term Development Plan (2010–2013) defined under the auspices of the NDPC. Although the policy context may differ from the third 5 Year Programme of Work III (5YR POWIII), many of the elements are rooted in a clear health sector needs assessment, based on the performance of the sector in the implementation of the 5YR POWIII and the achievements made under the GPRS II. The 2010 Programme of Work was largely one of transition. Hence the implementation framework was focused on putting in place the necessary building blocks that will allow a smooth realignment of health sector priorities to that of the overall demands of the new Medium Term Strategy. In this regard, several issues remain relevant for the 2011 period. This is reflected in the theme of "**Going Beyond Strategy to Action: Accelerating activities towards achieving the Millennium Development Goals**". This is also in line with the fact that Ghana is a signatory to the Millennium Development Declaration in 2000 and is committed to attaining the eight Millennium Development Goals and other related international declarations through strengthened District Health Systems.

A number of policies are expected to be fully implemented or reviewed based on the early performance observed during the 2010 period. Particularly in the area of health financing, the new one time premium payment is expected to be mainstreamed during the year. The need to accelerate the scale up of the CHPS under the 'close-to-client' service delivery policy, realignment of the Human Resource to address the need for more skilled middle level health workers for deprived areas, and the strategic use of ICT for improved health outcomes are among the issues that define the priorities for the 2011 period. Several management challenges also continue to mitigate sector performance and in 2010 a number of these were highlighted.

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In particular, management of key programmes and activities under the NHIS, such as claims management, client ID card management and overall financial management systems within the scheme came under severe scrutiny. In 2010 steps to streamline these have been defined and will be implemented in 2011.

The scope and quality of health services and the need for improvements have also been raised especially in the context of third party payment arrangements increasing demand for quality. Specific areas that contribute to the 2011 priorities include the need for better work load standards that will help in defining human resource and infrastructure needs and an urgent need for more precise performance measures to support the implementation of a more robust institutional and health worker performance assessment regime. District health services remain a prime priority in this context and the 2011 POW makes clear multidimensional provisions to ensure that basic minimum services are made available across board. In particular, maternal and child health services, emergency services and capacity for information management and reporting will be highlighted.

The year 2011 also presents special demands with respect to performance in disease control activities. With the elimination of Guinea worm in sight, particular efforts will be made to sustain the surveillance and ensure that no case emerges in the course of the year and to address other neglected endemic diseases. Malaria control will also be kept in the fore by ensuring continuing focus on all key control activities. Preparations for the introduction of additional vaccines (pneumococcal, rotavirus and second dose measles) in 2012 will continue. Opportunities to introduce meningococcal vaccines in the Northern part of Ghana will also be explored. Non-communicable diseases will also be highlighted to provide more information for planning appropriate interventions in a multi-sectoral approach.

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The need to strengthen health systems remains a recurrent feature of the 2011 Programme of Work since many of the challenges can be resolved through a cohesive systems approach to health service planning and delivery. Efforts would be made to highlight the cross-cutting systems issues outlined in the Framework for Implementing the Ouagadougou Declaration on Health Systems and Primary Health Care in Africa.

This programme of work provides an overview of the priority areas for investment based on the above needs. It provides a strategic direction to all stakeholders in developing agency specific 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.

### ***1.1. SECTOR CONTEXT***

The 2010 Census population for Ghana was 24.22 million. The year 2011 has been declared as a year of action, as the sector counts down the five years left to the MDG deadline. The economy is stabilising, as indicated by the reduced fiscal deficit, continued stability in consumer prices and optimistic projections for economic growth, aided by the expected inflows from oil and gas.

### ***1.2. ACHIEVEMENTS AND CHALLENGES OF 2010***

Progress has been recorded against a number of stated priorities from the 2010 POW. Key among these was maternal and child health, including actions to address stunting, wasting and other nutritional problems. The sector embarked on a complementary feeding programme, and also organized training in infant and young

children's nutrition. In addition, training materials were developed in the area of nutritional assessment and counselling support, and essential nutrition actions were implemented in all the regions aimed at preventing neonatal deaths, and enhancing health services for children.

Maternal health remains a national priority, and multiple strategies were employed towards the achievement of MDG5. A MDG Acceleration Framework specifically for maternal health was developed, and a national assessment of emergency obstetric and neonatal care was undertaken. Both are informing priority actions for 2011. Emergency obstetric care equipment was procured and has been distributed to facilities in seven of the ten regions, and renewed focus was given to family planning as a means of reducing maternal mortality. Supervised delivery continues to be the trigger for Multi-Donor Budget Support (MDBS), and by mid-year the supervised delivery rate was 22% compared to 12% for the same period in 2009. The post basic certificate midwifery training program which was cancelled in 2006 was re-introduced, five new midwifery training colleges have been opened, and an additional five existing colleges are also now offering this course. This will enable the requisite numbers of midwives to be produced to support the high workload brought about by the introduction of the free maternal health care CHPS remains a core strategy for enhancing access to Primary Health Care. By June 2010, the number of functional CHPS zones increased from 868 to 911, while construction of 13 new compounds was initiated later in the year. A training manual was developed and piloted to be used in the training of CHPS health committee members.

Improvement in the handling of emergencies, trauma and injuries was highlighted in 2010. In order to scale up the National Ambulance Service, government initiated the process of procuring an additional 375 ambulances, while 400 personnel were recruited and began training as Emergency Medical Technicians (EMT).

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The control of communicable diseases focused on diseases for eradication, of public health importance, and then malaria which continues to be the major cause of morbidity and mortality in the country. Progress under the Guinea Worm Control Programme continued well, with only eight (8) cases detected between January and June compared with 229 for the same period in 2009. Six hundred thousand malaria Rapid Diagnostic Test kits were supplied for confirmation of malaria cases. Additionally, 70 health workers have also been equipped with skills to provide training for other health workers on the Home Management of Malaria, Diarrhoea and Respiratory Infections.

The implementation of the NHIS has generated significant growth in health care utilization among members, from about 600,000 in 2005 to 19,000,000 as at June 2010. Claims payment has consequently risen from GH¢18 million in 2005 to over GH¢384 million in December 2009.

A multidisciplinary team has finalized the referral policy, which has been adopted by the Sector and its stakeholders. However, full implementation of the policy will take effect in 2011 after a system for international referrals has been incorporated into the document

Seven bills have been approved by Cabinet and forwarded to Parliament for enactment. They include Health Coordination, Mental Health, Health Professionals and Regulatory, the Public Health and Traditional and Alternative Medicine bills.

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 ready for use in the herbal medicine Units. Progress was also recorded in the expansion of physical infrastructure in under-served areas with the completion of district/general hospitals in Winneba and Teshie, five polyclinics in

northern region, and twenty-one (21) health centres around the country. Despite the significant achievements listed above, the sector still suffers from a number of challenges as shown in Box 1.

### Box 1: Challenges to the Health Sector

Large gaps in access to health care between urban and rural as well as the rich and poor; absence of an appropriate legal framework for the health sector; high infant and maternal mortality; high morbidity and mortality from communicable diseases such as malaria, HIV and tuberculosis; increasing prevalence of non-communicable diseases with high disability and mortality e.g. cancers and cardiovascular diseases; threats of epidemic prone diseases and diseases of pandemic potential such as influenza; and low level of overall health expenditure and inadequate social protection.

Others are: inadequate and unequal distribution of health infrastructure; limited access to health facilities especially by deprived communities; inequitable distribution of workers at different levels of services delivery; inadequate staff numbers; low morale and motivation of health workers; inadequate support /facilitative supervision; high attrition rate of health workers, weak performance management systems; limited training capacity to meet increasing numbers into the training institutions; and inadequate collaboration between MOH and Ministry of Education training institutions; lack of integration of traditional medicine practice into the existing healthcare system; inadequate mental health services; as well as weak governance and accountability.

*Source: GoG 2010, Ghana Shared Growth and Development Agenda 2010-2013, Page 79*

## 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 within the current Sector Medium Term Development Plan (2010 to 2013) is to ensure a **healthy and productive** population that continues to **reproduce** 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. POLICY OBJECTIVES

The health policy objectives within the Sector Medium Term Development Plan 2010-2013 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 2011

For 2011, priority activities have been drawn from the second year of the Sector Medium Term Development Plan. The expectation is that agencies and BMCs in the sector will work according to their particular mandates and comparative advantage to ensure that these priorities are met and the expected outputs delivered over the course of the year.

- 1) **Bridge equity gaps in access to health and nutrition services and ensure sustainable financing arrangements that protect the poor**
  - a) Thirty uncompleted and ongoing CHPS Compounds will be completed, while an additional 30 will be constructed and equipped to be functional.
  - b) Health training institutions will be expanded and renovated, and training and certification provided to more preceptors
  - c) Production of middle level cadres, such as Community Psychiatric Nurses, Midwives, Medical Assistants, Laboratory Technologist and core auxiliary staff will be scaled up; and
  - d) A human resource redeployment plan developed based on revised staffing norms.

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- 2) **Strengthen governance and improve the efficiency and effectiveness of the health system**
  - a) The Leadership Development Programme and similar initiatives will be scaled up in order to strengthen governance at various levels of the health system
  
- 3) **Improve access to quality maternal, neonatal, child and adolescent services**
  - a) Initiate implementation of recommendations from the MAF and EmONC assessments studies
  - b) Implement the National child health policy and strategy
  - c) Implement the Adolescent health policy and strategy
  - d) Develop and implement measures to ensure safe blood and blood product transfusion, including the establishment of blood transfusion centres in Accra and Kumasi
  
- 4) **Intensify prevention and control of communicable and non-communicable diseases**
  - a) Strengthen surveillance, reporting and emergency response systems
  - b) Improve case detection and management at health facility level
  - c) Scale up vector control strategy
  - d) Intensify healthy lifestyle promotion by implementing Behaviour Enhancing Communication, including the intensification of public health education with state of the art communication
  
- 5) **Strengthen institutional care, including mental health service delivery**
  - a) Develop subsidiary legislation following passing of the Act

- b) Adopt a community mental health care strategy to facilitate the implementation of the Act
- c) Ensure basic utilities such as water and electricity provided in institutions where these facilities are lacking
- d) Provide beds where necessary to remove patients on the floor.
- e) Funds to be sought for the completion of about 391 health uncompleted infrastructure projects dotted around the country

### **3.1. *SECTOR EXPENDITURE PRIORITY AREAS***

The 2011 Programme of Work falls within Government's Medium Term Expenditure Framework. The Ministry expects that the available resources to the sector will be reflected in a prudent and judicious use to deliver effective services. Within the year, all Agencies will be requested to align their budgets with the sector's priorities through an effective resource allocation process. In pursuance of this, off-budget expenditures will not be encouraged.

The priority expenditure areas within the context of the Sector Medium Term Development Plan are shown in Box 2.

### **Box 2: Priority Expenditure Areas for 2011**

Existing contractual commitments; Maternal, Adolescent, Child and Neonatal Health; Communicable and non communicable diseases; Safe blood and blood product transfusion CHPS; Running costs of Ambulance Fleets; Feeding of psychiatric patients; Operational costs at the district level; Operational cost of selected non-IGF-generating BMCs; Ongoing and uncompleted projects; Central procurement of essential public health commodities, eg vaccines, contraceptives, psychotropic drugs, anti-rabies drugs, snake serum, and benzathene penicillin; Payment of Utilities; Ring-fenced priority interventions; Commitments relating to printed materials, ports & demurrage charges; Trainee & internship allowances; Ministerial priority programmes; Obligations arising out of international treaties: WHO, WAHO; Matching fund requirements of capital projects; Retention claims of executed capital projects; Cuban Medical Brigade; Sector reviews, health summit, planning & budgeting; Implementation of Public Financial Management (PFM)

## Sector programme of action in 2011

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 outputs	
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	Review of the CHPS strategy New functional CHPS zones operationalised	GHS GHS	Updated strategy document 800 new functional zones operationalised	
	1.1.2 Leadership capacity development of district and sub-district teams	Provide accommodation, transportation and service delivery kits Train Sub-district Teams to support approved service providers in the sub-district Strengthen DHMTs and develop the District Health Depts to operate in accordance with LI 1961	GHS, CHAG GHS GHS	Service delivery kits available to all functional CHPS zones 20-40% S-D teams trained under LDP 20-40% of DHMTs trained under LDP	
1.2 Develop sustainable financing strategies that protect the poor and vulnerable	1.2.1 Develop comprehensive health financing framework	Develop a national health financing strategy	MOH	Team in place; interim documents under preparation	
		Update and institutionalise National Health Accounts	MOH, GHS	Team in place; fieldwork and analysis underway	
		Provide leadership and support for the review and passage of the NHIS bill, including definition of the "indigent"	MOH, NHIA	450,000 people captured under revised definition of poor and indigent	
		Implement NHIS one lifetime contribution	NHIA	One lifetime contribution launched and implemented	
		Identify additional funding sources for the NHIF, MOH, NHIA and other social support schemes	NHIF, MOH, NHIA	Additional funding sources identified	

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<b>H01: Bridging equity gaps in access to health care and nutrition services, and ensure sustainable financing arrangements that protect the poor</b>			
<b>Strategies</b>	<b>Priority action</b>	<b>Activity</b>	<b>Expected outputs</b>
1.3	Increase availability and efficiency of human resources	1.3.1 Revise and implement the Human Resource Strategy	Develop a new HR strategy
			MOH, GHS, CHAG, TH, PH New strategy document available
		Review establishments, staffing norms and develop and implement deployment plan	MOH, GHS, CHAG, TH, PH Revised staffing norms and deployment plan in place, and being implemented
		Agree and implement incentive package to public health sector workers in under-served	MOH, GHS CHAG Incentive package agreed and being implemented
		Increase availability of tutors, including support to private sector institutions training middle level cadres	MOH, TI 30 additional tutors trained
<b>H02: Strengthen governance and improve the efficiency and effectiveness of the health system</b>			
<b>Strategies</b>	<b>Priority action</b>	<b>Activity</b>	<b>Expected outputs</b>
2.1	Develop capacity to enhance the performance of the national health system	2.1.1 Leadership and management development at all levels	MOH, GHS Programme developed and implementation plan underway; 70% of managers trained
		Introduce an effective internal communication system within MOH and among health sector players	MOH Statutory committees in place and functional in MOH
	2.1.2 Performance contracting	Review and refine the system for performance contracting within the sector	MOH Signed performance contract with GHS
	2.1.3 Enforce adherence to sound public financial management practices	Review and implement public financial management strengthening plan	MOH 2011 activities on revised plan implemented
2.2	Strengthen the regulatory framework	2.2.1 Support the implementation of the revised health sector regulations	MOH Legislative Instruments drafted for half of new Acts

HO2: Strengthen governance and improve the efficiency and effectiveness of the health system			
Strategies	Priority action	Activity	Lead agencies
2.3 Strengthen inter-sectoral collaboration and public-private partnerships	2.3.1 Finalise and implement private sector policy	Revise and implement the private sector policy	MOH
	2.3.2 Promote inter-sectoral coordination	Establish advisory committee on PPP Establish multi-sector Technical Advisory Committee to advise Minister on health and health-related issues	MOH MOH
		Engage with Ministry of Local Government to implement composite planning and to promote safe water and environmental sanitation	MOH, GHS
		Collaborate with Ministry of Employment and Social Welfare in implementation of health-related components of National Social Protection Strategy	MOH, GHS, NHIA
		Collaborate with Ministry of Education to integrate concepts of healthy lifestyles into school health programmes	MOH, GHS
		Collaborate with National Commission on Civic Education to engage in mass public education campaigns to promote healthy lifestyles in the population	MOH, GHS
		Engage with Ministry of Water Resources, Works and Housing and MMDAs to improve staff housing and other infrastructure, and to expand safe water supply	MOH, GHS, CHAG
		Develop strategies to determine and respond to the influence of climate change on disease patterns	MOH
			Expected outputs
			Revised policy available
			Advisory committee in place
			Multi-sector Technical Advisory Ctftee in place and functional; inter-sectoral dialogue institutionalised on priority health issues
			Evidence of engagement, eg minutes of relevant meetings
			Progress in implementation of common targeting and MOU agreements
			Revised school health programme content
			Joint mass campaign undertaken
			Progress in joint work on staff housing and water supply
			Strategies in place

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<b>HO2: Strengthen governance and improve the efficiency and effectiveness of the health system</b>				
<b>Strategies</b>	<b>Priority action</b>	<b>Activity</b>	<b>Expected outputs</b>	
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	Prepare and implement a national M&E framework for the sector Establish district league table and reward system	National M&E framework in place District league table and reward system in place	
	2.4.2 Develop, implement and coordinate a national research agenda	Update the health module in GLSS and other national surveys	MOH	GLSS survey module updated and expanded
		Allocate dedicated recurrent budget to health research	MOH	0.2% of Item 3 GOG/SBS in ring-fenced budget
		Finalise and disseminate a national health research agenda	MOH	Research agenda disseminated
2.4.3 Strengthen health information management	Support the conduct of operational research	MOH	Operational research reports available	
	Support the conduct of clinical trials	MOH	Reports on clinical trials available	
	Integrate and harmonise the national health data platforms	MOH	Data repository established	
3.1 Reduce the major causes contributing to maternal and neonatal deaths	3.1.1 Implement the MDG Acceleration Framework Country Action Plan for improved maternal and newborn care	Implement the DHIMS II	DHIMS II operational in 40% of districts	
		Develop capacity for data collection, analysis and use	MOH, GHS, CHAG, TH, PH, NHIA Evidence of district analysis and use of data in annual planning and reporting	
<b>HO3: Improve access to quality maternal, neonatal, child and adolescent services</b>				
<b>Strategies</b>	<b>Priority actions</b>	<b>Activities</b>	<b>Expected outputs</b>	
3.1 Reduce the major causes contributing to maternal and neonatal deaths	3.1.1 Implement the MDG Acceleration Framework Country Action Plan for improved maternal and newborn care	Increase access to modern FP services	Increased FP coverage	
		Finalise and implement recommendations of the report on EmONC assessment	50% skilled delivery rate 50% of DH providing CEEmONC	
		Strengthen implementation of Life Saving Skills at district and sub-district level and build Regional Resource Teams	40% of district and sub-district staff trained in LSS; Regional resource teams in place	

<b>H03: Improve access to quality maternal, neonatal, child and adolescent services</b>					
<b>Strategies</b>	<b>Priority actions</b>	<b>Activities</b>	<b>Lead agencies</b>	<b>Expected outputs</b>	
3.1 (cont)	Reduce the major causes contributing to maternal and neonatal deaths	Implement the MDG Acceleration Framework Country Action Plan for improved maternal and newborn care	MOH	Evaluate the impact of HIRD	HIRD impact evaluation report available and disseminated
			GHS	Raise awareness on socio-cultural barriers to access to maternal and newborn care	Improved awareness
			BTS, GHS, CHAG, TH	Improve access to safe blood for expectant mothers and newborns	New blood storage facilities provided in at least 100 health facilities
			MOH, TI	Increase number of midwives trained and expand training in midwifery to CHO	Five new midwifery training schools functional
			MOH, TI	Enhance training schools' curriculum to produce cadres of staff with skills mix in the areas of midwifery, obstetric care, child health and health promotion	Revised curriculum in place
3.2	Reduce the major causes contributing to child morbidity and deaths	Implement the Child Health Policy and Strategy	GHS, CHAG	Increase the uptake of EPI services	Increase in children fully immunised by age one to 89%
			GHS, CHAG	Train relevant Community Health Workers (CHWs) on integrated Community Case Management of Diarrhoea/Pneumonia/Malaria	Community Case Management for major childhood killers scaled-up
			GHS	Scale up school health programmes	School health programmes increased
3.3	Improve adolescent health	Implement adolescent health policy and strategy	GHS, CHAG	Implement priority activities under adolescent health strategy	Priority activities implemented
3.4	Improve nutritional status of women and children	Develop and implement National Nutrition Policy and Strategy	MOH, GHS	Develop National Nutritional policy and strategy	Documents finalised and disseminated
			GHS, CHAG	Scale-up essential nutrition actions for women and children	Essential nutrition actions scaled up to cover 3 regions

## 2011 Programme of Work

HO4: Intensify prevention and control of communicable and noncommunicable diseases and promote healthy lifestyles			
Strategies	Priority Action	Activity	Supplementary activities undertaken
4.1 Improve upon prevention, detection and case management of communicable diseases.	4.1.1 Prevention and control of communicable diseases	Implement supplementary immunization activities for polio and yellow fever	GHS, CHAG
	4.1.2 Prevention, detection and management of HIV/AIDS, TB and Malaria	Implement national strategic plans to reduce new HIV cases Implement national strategic plans to increase TB case detection and cure rate Expand coverage of ITN/Ms	GHS, CHAG GHS, CHAG GHS CHAG
	4.1.3 Prevention, detection and management of diseases of epidemic potential and those targeted for eradication	Implement national strategic plans to reduce malaria case fatality among pregnant women and children Maintain status and validate elimination of guinea worm and polio	GHS, CHAG GHS, CHAG
4.2 Improve prevention, detection and management of non-communicable diseases	4.2.1 Implement Regenerative Health and Nutrition Programme	Increase activities for the control and elimination of onchocerciasis, lymphatic filariasis, yaws and leprosy Promote healthy lifestyle awareness among the general population	GHS, CHAG MOH, GHS
	4.2.2 Scale up detection and management of non-communicable diseases	Establish National NCD Epidemiology Reference Group Expand screening programmes for selected non-communicable diseases: hypertension, diabetes, sickle cell and selected cancers. Increase effective clinical management of NCDs	GHS GHS, TH GHS, TH

<b>H05 Improve institutional care, including mental health service delivery</b>				
<b>Strategies</b>	<b>Priority actions</b>	<b>Activities</b>	<b>Lead agencies</b>	<b>Expected outputs</b>
5.1 Increase access to Mental Health Services	5.1.1 Ensure the passage and operationalisation of the Mental Health Act	Advocate for the passage of the LI under the Mental Health Bill	MOH	Mental Health Act and associated LI(s) available and operational
	5.1.2 Establish mental health services in all health facilities	Develop community mental health strategy Establish community and facility-based mental health services Disseminate and train health care providers on the guidelines and protocols for mental health services Increase public awareness and mobilise communities in support of mental health patients	PH, GHS, CHAG PH, GHS, CHAG MOH, TI, PH PH, GHS, CHAG	Community mental health strategy developed 20% of health facilities offering community and facility-based mental health services All mental health providers trained on guidelines and protocols for mental health services Radio broadcast message developed and aired
5.2 Enforce standards, guidelines and protocols to improve the quality of institutional care	5.2.1 Ensure availability and use of standards and protocols	Intensify research, surveillance, monitoring and evaluation of psychiatric conditions Review and develop standard protocols and guidelines for institutional care including referrals	PH, GHS, CHAG GHS	Improved evidence base for mental health Standard protocols and guidelines for institutional care available in all HF
	5.2.2 Ensure the availability of equipment and infrastructure required for adherence to standards, guidelines and protocols	Develop new Capital Investment Plan, to include infrastructure, equipment, transport and ICT Develop and implement medical equipment replacement plan Rehabilitate, renovate or build required new infrastructure	MOH MOH MOH	Updated CIP in place and implemented Equipment replacement plan in place Completion of new infrastructure according to CIP

## 2011 Programme of Work

H05 Improve institutional care, including mental health service delivery			
Strategies	Priority actions	Activities	Expected outputs
5.3 Strengthen the system capacity for emergency response	5.3.1 Develop and strengthen framework for emergency response	Develop and disseminate national strategies and guidelines for response to accidents and medical emergencies	National strategy and guidelines for emergency response in place
		Promote local initiatives to further expand emergency transport for pregnant women, children and others	Local initiatives for emergency transport in place around the country
	5.3.2 Strengthen capacity of Accident & Emergency depts of health facilities	Train emergency medical teams for district, regional and tertiary hospitals	MOH, TH, GHS
5.4 Expand access to safe blood and blood products	5.4.1 Operationalise blood services	Construct or allocate office accommodation	Office accommodation secured
		Expand network of ambulance stations	40 new functional ambulance stations
		Provide ambulances and other transport and communication equipment	40 districts covered by ambulance services
5.5 Ensure commodity security of health technologies for medical products including traditional medicines	5.5.1 Finalise and implement guidelines for health technologies for medical products including traditional medicines	Procure and install equipment	New equipment installed
		Recruit and train more Emergency Medical Technicians (EMT)	400 new EMTs recruited and trained
		Upgrade the skills of existing EMTs from basic to Advanced	20% EMTs with upgraded skills
5.4	5.4.1	Agree on organisational structure and establishment for the service	Organisational structure and establishment agreed
		Develop and disseminate guidelines on safe blood, blood products and transfusion	Guidelines produced and disseminated
5.5	5.5.1	Review and expand standards and guidelines for the supply and regulation of traditional medicines and drug products	Revised guidelines developed and disseminated
		Hold round table meeting to update pharmaceutical sector policy note	Updated policy note disseminated
	5.5.2		MOH

## 4. 2011 HEALTH SECTOR BUDGET

The 2011 health sector budget is derived from the government's overall economic policy and budget which has the theme “Stimulating growth for development and job creation”, and which is itself drawn from the Shared Growth and Development Agenda 2010-13.

The 2011 POW will be financed largely from the same sources as in recent years, namely the Government of Ghana (GOG) discretionary budget, development partner funding (both grant and loan), Internally Generated Funds (IGF) and the statutory National Health Insurance Fund (NHIF). No allocation has been in 2011 made of debt relief under the Highly Indebted Poor Countries initiative. There are, however, some changes in the relative shares of each source. The general principles of allocating significant funding to Item 3, to non-IGF generating BMCs, and to the district level and below are maintained.

As in 2010, the POW includes two different values for donor funding: Donor MTEF reflects the “on-budget” figures which have been given in the official Budget Statement, while Donor APOW includes all funding made known to the MOH during budget preparation, and can therefore be considered “on-plan”. Discussion of the figures from this point will specify which definition is being used.

### **4.1. Sector share of the total government budget**

Table 1 presents the sector budget in 2011 in comparison with the total government budget (TGB) by source of funding, as reflected in the annual Budget Statement. After adjusting for the Social Investment Programmes and discounting the IGF to eliminate double-counting, the share of the health sector budget is recorded as 12.4%.

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**Table 1 Sectoral allocation as a share of Government budget, by source (GH¢ '000)**

	<i>Discretionary funding</i>					<i>Statutory Funds</i>
	GOG	Donor - MTEF	IGF	SIP	Total Discretionary	NHIF
MOH	406,642	167,364	356,408	4,938	<b>935,352</b>	477,673
Total MDAs	3,195,070	2,158,400	819,325	308,478	<b>6,481,273</b>	
Total Govt budget	4,594,292			354,206	<b>7,926,223</b>	1,392,503
<i>MOH share of MDAs</i>	12.7%			1.6%	14.4%	
<i>MOH share of TGB</i>	8.9%	7.8%	43.5%	1.4%	11.8%	34.3%

Source: 2011 Budget Statement, Appendix tables; MOH Finance Division data on IGF split between NHIS and user fees

Notes: Denominator for NHIF is sum of 5 main statutory funds (GETFund, Road Fund, District Assemblies Common Fund, Petroleum Related Fund and NHIF), and the total allocation to those Funds is included here, ie prior to deductions to fund Social Intervention Programmes.

Although calculation of progress towards the Abuja target should ideally be made using expenditure data, budget figures show that the allocation to the sector has fallen quite substantially in 2011, as shown in Table 2 and Figure 1.

**Table 2 Health share of domestic budget, 2009 – 11 (GH¢ million)**

In 2011, in the absence of HIPC funding, cuts between 20% and 30% have been made to the statutory funds to finance Social Intervention Programmes in various sectors. See 2011 Budget Statement, Appendix 9 for details.

## 2011 Programme of Work

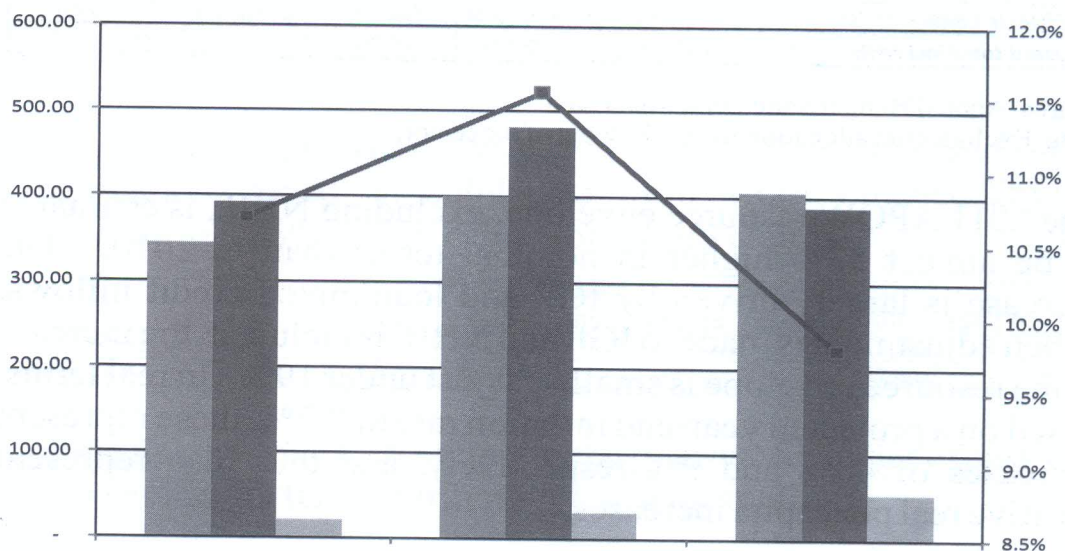
	2009	2010	2011
MOH GOG	344.40	400.45	406.64
NHIF on Health	391.82	480.91	388.51
Non-NHIF retained IGF	21.66	31.20	53.46
<b>Total Health</b>	<b>757.88</b>	<b>912.56</b>	<b>848.61</b>
Domestic total	8,570.36	9,249.27	10,494.78
Domestic less debt servicing	7,092.23	7,903.11	8,663.48
<i>Health as % Domestic</i>	<i>8.8%</i>	<i>9.9%</i>	<i>8.1%</i>
<i>Health as % Domestic (excl debt)</i>	<i>10.7%</i>	<i>11.5%</i>	<i>9.8%</i>

Source: Budget Statements 2009-11. MOH Finance Division data on IGF (2009) extrapolated for 2010 and 2011

Note: "NHIF on Health" adjusts for allocation of 20% of 2011 NHIF to funding of Social Intervention Programmes outside the sector

The table shows that the proportion of the domestic budget allocated to the health sector has fallen dramatically in 2011, to less than 10%, its lowest level in three years. This is shown in Figure 1 below.

**Figure 1 Health allocation and share of domestic resources, 2009-11**



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### 4.2. Total 2011 resource envelope for the POW

Table 3 presents the estimated resource envelope for the sector in 2011, from all sources, and gives a year-on-year comparison with 2010. The donor contribution includes funds provided as sector budget support (SBS), some limited Health Fund contributions, earmarked grants (EM), and earmarked loans and mixed credits (MC). Earmarked grants largely remain under the control of the development partners.

**Table 3 Year-on-year comparison of the nominal APOW resource envelope, by source (GH¢ '000)**

	2010	2011	Year on year % change	% total excl. NHIF (2011)	% adjusted total incl. NHIF
GOG	400,451	406,662	1.6%	28.5%	27.6%
Donor - APOW					
SBS	79,823	70,660	-11.5%	5.0%	4.8%
Earmarked grants	141,966	135,970	-4.2%	9.5%	9.2%
Loans/mixed credits	96,829	305,013	215.0%	21.4%	20.7%
HIPC	8,000		-100.0%	0.0%	0.0%
IGF	208,021	507,493	144.0%	35.6%	
<b>Total (excl. NHIF)</b>	<b>935,090</b>	<b>1,425,799</b>	<b>52.5%</b>		
NHIF	480,908	477,673	-0.7%		32.4%
15% IGF (ie C&C)	31,203	76,124	144.0%		5.2%
<b>Adjusted total incl NHIF</b>	<b>1,239,180</b>	<b>1,472,103</b>	<b>18.8%</b>		

Source: Annual Budget Statement; MOH data

Note: Excludes net allocation from NHIF out of the sector;

The 2011 APOW resource envelope, excluding NHIF, is estimated to be almost 53% higher in nominal terms than in 2010. The increase is largely driven by IGF and loan/mixed credit inflows. When adjustment is made to IGF and NHIF is included, the increase in the resource envelope is smaller, at just under 19%. In real terms, based on a projected year-end inflation rate of 9.2%, these represent increases of 40% and 9% respectively, and thus also represent positive real per capita increases.

### 4.3. Allocation of the 2011 sector resource envelope

Table 4 below shows the 2011 allocation by source across the different expenditure items. As in past years, Item 1 is predominantly funded by GOG, while Item 3 is largely funded by development partners, whether SBS or Earmarked. The total allocation to NHIF is shown for information only – with the majority of funding to the sector from this source captured in the budget through IGF.

**Table 4 APOW allocation by source and item, GH¢ '000**

	GOG	SBS	EM grants	Loans/MC	IGF	GOG SIP	TOTAL	NHIF
Item 1	388,928	-	-	-	17,607		406,535	
Item 2	8,701	7,370	-	-	83,684		99,756	
Item 3	4,783	49,112	146,949	9,910	183,164	4,938	398,857	
Item 4	4,230	13,838	4,584	185,469	71,952		280,073	
<b>TOTAL</b>	<b>406,642</b>	<b>70,321</b>	<b>138,634</b>	<b>184,119</b>	<b>356,408</b>	<b>4,938</b>	<b>1,161,062</b>	<b>384,673</b>

Note: NHIF is shown net of the deduction of 20% to fund Social Intervention Programmes, largely in other sectors.

The following tables show the allocation by item and by source of funds in more detail.

**Table 5 Item 1 allocation by source of funds and programmes (GH¢ '000)**

When including NHIF, only 15% of IGF is included in the calculation, based on 2009 data from MOH Finance Division showing that 85% of IGF came from NHIS claims.

	GOG	Donor - SBS	EM grant	Loans/ MC	IGF	GOG SIP	Total
Established post	388,928	-	-	-	17,607	-	406,535
<b>Total Item 1</b>	<b>388,928</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>17,607</b>	<b>-</b>	<b>406,535</b>

Table 5 shows that GOG remains the primary financier of salaries in the sector, with IGF contributing 4% of the total.

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**Table 6 Item 2 allocation by source of funds and programmes (GH¢ '000)**

	GOG	Donor - SBS	EM grants	Loans/ MC	IGF	GOG SIP	Total
Operational costs for MOH & agencies excluding NHIA	8,701	2,203			83,684		94,588
Cuban Medical Brigade	-	2,000					2,000
Reviews and Summits		804					804
ICT maintenance		90					90
Procurement: Port charges, demurrage, etc	-	1,700					1,700
Procurement: Printed materials		573					573
<b>Total Item 2</b>	<b>8,701</b>	<b>7,370</b>	<b>-</b>	<b>-</b>	<b>83,684</b>	<b>-</b>	<b>99,756</b>

Table 6 shows the funding of overhead and administrative expenses within the sector. All GOG funding is allocated to operational costs, with some SBS top-up to regain 2008 levels for the majority of BMCs. IGF accounts for 84% of planned spending on Item 2.

**Table 7 Item 3 allocation by source of funds and programmes (GH¢ '000)**

	GOG	Donor - SBS	EM grants	Loans/ MC	IGF	GOG SIP	Total
<b>Operational costs</b>							
Operational costs for MOH & agencies excluding NHIA	4,783	9,236	-	-	183,164	-	197,183
Commitments		10,716					10,716
International treaties		22					22
MDG acceleration		5,758					5,758
Overseas conferences		427					427
Social Intervention programmes: DA and MPs						4,938	4,938
<b>Sub total</b>	<b>4,783</b>	<b>26,159</b>	<b>-</b>	<b>-</b>	<b>183,164</b>	<b>4,938</b>	<b>219,044</b>
<b>Reproductive and Child Health</b>							
Free maternal care initiative		1,600					1,600
EPI		3,883					3,883
Family planning/RH		3,099	18,808				21,907
Nutrition		800	18,321	3,185			22,306
Adolescent Health		85					85
MCH Campaigns		1,051					1,051
Other RCH			9,467				9,467
<b>Sub total</b>	<b>-</b>	<b>10,518</b>	<b>46,595</b>	<b>3,185</b>	<b>-</b>	<b>-</b>	<b>60,299</b>
<b>Communicable Diseases</b>							
Malaria		628	69,087	3,185			72,900
Tuberculosis		691	1,131				1,822
HIV/AIDS		1,620	12,272				13,892
Diseases targeted for eradication		500					500
Diseases of public health importance		702					702
Other communicable disease support			5,593				5,593
<b>Sub total</b>	<b>-</b>	<b>4,142</b>	<b>88,083</b>	<b>3,185</b>	<b>-</b>	<b>-</b>	<b>95,410</b>

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	GOG	Donor - SBS	EM grants	loans/ MC	IGF	GOG SIP	Total
<b>Non-communicable diseases</b>							
NCD prevention		30	129				159
Regenerative health		433					433
Cancer screening and control		102					102
Sickle cell screening		129					129
Occupational health		48					48
Anti Snake & Rabies		1,000					1,000
<i>Sub total</i>	-	1,742	129	-	-	-	1,871
<b>Mental Health</b>							
Psychiatric care		1,745					1,745
Drug and alcohol rehabilitation		131					131
<i>Sub-total</i>	-	1,876	-	-	-	-	1,876
<b>Emergency preparedness</b>							
Ambulance service		819					819
Emergency/disaster preparedness		300	634				934
<i>Sub-total</i>	-	1,119	634	-	-	-	1,753
<b>Public financial management</b>							
Budget and Programme of Work		320					320
Audit charges		550					550
PFM strengthening		364					364
National Health Accounts		100					100
<i>Sub total</i>	-	1,334	-	-	-	-	1,334
<b>Health System Strengthening</b>							
Fellowships		810					810
Leadership Development Programme		100					100
Mainstreaming gender issues		28					28
Institutional reform (IALC)		25					25
Pharmaceutical system strengthening		30					30
Strengthening monitoring systems		35					35
Coverage of the poor		150					150
Research Innovation Fund		150					150
West African Colleges		250					250
Procurement: Orthotics and prosthetics		280					280
Specialist outreach services		100					100
Regulation of medical assistants		64					64
LEKMA hospital - seed fund for drugs etc		200					200
Other Health Systems Strengthening			11,508	3,539			15,048
<i>Sub-total</i>	-	2,222	11,508	3,539	-	-	17,269
<b>Total Item 3</b>	<b>4,783</b>	<b>49,112</b>	<b>146,949</b>	<b>9,910</b>	<b>183,164</b>	<b>4,938</b>	<b>398,857</b>

Table 7 shows the allocations by category to Service, which is jointly financed from all sources. Again, IGF accounts for the largest share, at 46%, while earmarked grants contribute 37% of the Item 3 total. The government contribution through the GOG discretionary budget and SBS sums to GHC54m, representing 14%, with the allocation to the District Assemblies and MPs health programmes adding another GH¢5m.

Of the programmatic categories, Communicable diseases accounts for the highest proportion of Item 3, largely due to earmarked malaria funding, with Reproductive and Child Health being the second highest.

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**Table 8 Item 4 allocation by source of funds and programmes (GH¢ '000)**

	GOG	Donor - SBS	Donor - EM	Loans/ MC	IGF	GOG SIP	Total
Emergency/Essential obstetric care equipment		500	3,834				4,334
Other equipment		300					300
CHPS construction		2,500					2,500
Other infrastructure	4,230	7,875	750	185,469	71,952		270,276
Other costs		2,178					2,178
<b>Total Item 4</b>	<b>4,230</b>	<b>13,353</b>	<b>4,584</b>	<b>185,469</b>	<b>71,952</b>	-	<b>279,587</b>

Planned spending on Item 4 is significantly higher in 2011 than in previous years, and is largely financed from loans/mixed credits (66%) followed by IGF.

### 4.4. Budget allocation by level

Table 9 below shows the allocation of the various funds between different levels of the health system. It should be noted that in some cases, funds may be managed by a different agency/level from the beneficiary BMC or level, and some ring-fenced activities cut across agencies/levels (eg those classified as Sector-wide) but in general the table attempts to capture the beneficiary level.

The table shows that, overall, the district level (including CHAG) is expected to receive 49% of the budget, including earmarked funding. For Item 3, this proportion rises to 57%.

Figure 2 below shows the allocation by level for the operational funding to BMCs, excluding ring-fenced items.

**Figure 2 BMC group shares of operational funds (Items 2-3 only, excludes ring-fenced items)**

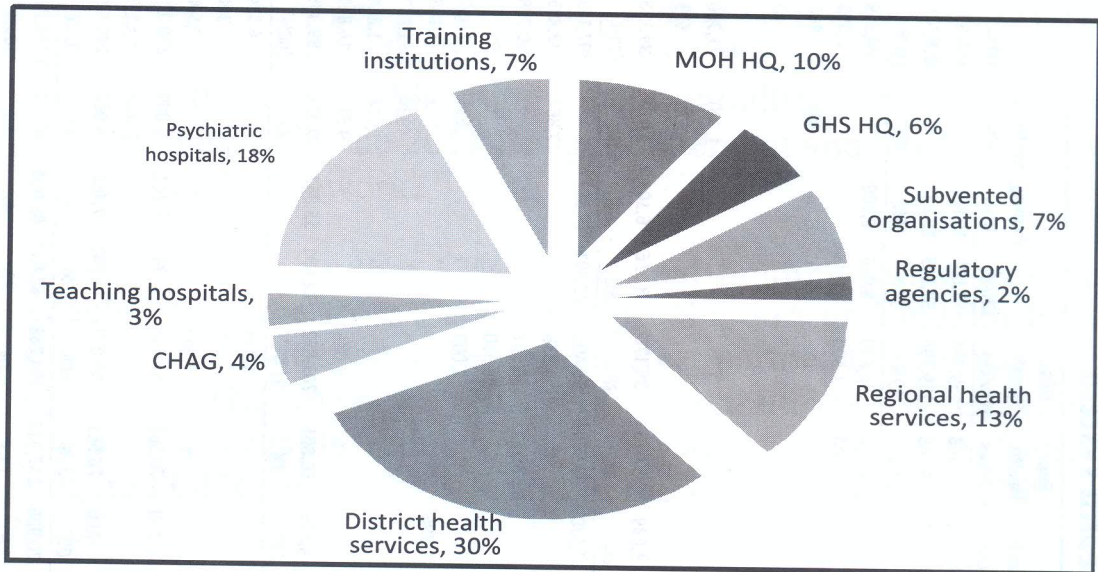


Table 9 Summarised allocation by level of the health system

Item	Description	MOH HQ	GHS HQ	Subv. Org	Reg. Agencies	Teaching hosp.	Psych. Hosp.	Reg. Health services	Dist. Health services	CHAG	Training inst.	Sector-wide	TOTAL	% by Item
1	Established posts	3,860	10,625	3,398	5,137	88,356	12,932	45,548	159,194	57,603	19,882	-	406,535	
	<b>Sub-total Item 1</b>	<b>3,860</b>	<b>10,625</b>	<b>3,398</b>	<b>5,137</b>	<b>88,356</b>	<b>12,932</b>	<b>45,548</b>	<b>159,194</b>	<b>57,603</b>	<b>19,882</b>	-	<b>406,535</b>	<b>34%</b>
	% by level	1%	3%	1%	1%	22%	3%	11%	39%	14%	5%	0%	100%	
2	Operational	1,406	492	859	5,215	29,554	3,639	4,628	34,670	8,016	6,109	-	94,589	
	Cuban Medical Brigade					100		400	1,500				2,000	
	Reviews and Summits											804	804	
3	ICT maintenance	90											90	
	Procurement: Port charges, demurrage, etc											1,700	1,700	8%
	Procurement: Printed materials											573	573	
4	<b>Sub-total Item 2</b>	<b>1,496</b>	<b>492</b>	<b>859</b>	<b>5,215</b>	<b>29,654</b>	<b>3,639</b>	<b>5,028</b>	<b>36,170</b>	<b>8,016</b>	<b>6,109</b>	<b>3,077</b>	<b>99,756</b>	<b>100%</b>
	% by level	1%	0%	1%	5%	30%	4%	5%	36%	8%	6%	3%	100%	
	Operational	1,693	892	2,370	15,723	62,663	2,520	33,579	39,400	22,491	15,852	-	197,183	
3	Ring-fenced operational							4,938				17,867	22,805	
	RCH					160		3,221	56,917				60,299	
	Communicable disease								95,510				95,510	
3	NCDs			318				1,000				535	1,853	
	Mental health						1,796						1,796	34%
	Emergency prep.											934	1,867	
4	Public Fin. Mgt			933								1,214	1,214	
	Health system str.	433	430						6,086			9,873	16,821	
	<b>Sub-total Item 3</b>	<b>2,126</b>	<b>1,640</b>	<b>3,303</b>	<b>15,723</b>	<b>62,823</b>	<b>4,316</b>	<b>36,801</b>	<b>203,852</b>	<b>22,491</b>	<b>15,852</b>	<b>30,423</b>	<b>399,349</b>	<b>100%</b>
% by level	1%	0%	1%	4%	16%	1%	9%	51%	6%	4%	8%	100%		
4	Obstetric care equip							4,334					4,334	
	Other equipment							300					300	
	CHPS construction							2,500					2,500	
4	Other infrastructure	441	150	200	13,236	88,747	100	70,561	87,938	742	7,161	1,000	270,276	24%
	Other costs	178										2,000	2,178	
	<b>Sub-total Item 4</b>	<b>619</b>	<b>150</b>	<b>200</b>	<b>13,236</b>	<b>88,747</b>	<b>100</b>	<b>70,561</b>	<b>95,072</b>	<b>742</b>	<b>7,161</b>	<b>3,000</b>	<b>279,587</b>	<b>100%</b>
% by level	0%	0%	0%	5%	32%	0%	25%	34%	0%	3%	1%	100%		
TOTAL		<b>8,101</b>	<b>12,907</b>	<b>7,760</b>	<b>39,311</b>	<b>269,580</b>	<b>20,986</b>	<b>157,938</b>	<b>494,288</b>	<b>88,852</b>	<b>49,004</b>	<b>36,501</b>	<b>1,185,227</b>	<b>100%</b>
	% by level	1%	1%	1%	3%	23%	2%	13%	42%	7%	4%	3%	100%	

#### 4.5. *External funding to the sector in 2011*

Table 10 shows expected external funding to the sector POW of GH¢408m in 2011. It should be noted that as some financing remains off-budget, this figure substantially exceeds that of GH¢167m given in the 2011 Budget Statement and Medium Term Expenditure Framework.

The estimates show that 17% of external funding to the sector is expected to come from Sector Budget Support and Health Fund contributions, with Japan being the latest partner to provide such support. The expected SBS/HF contributions of GH¢70m represent a sizeable reduction both in absolute terms – from a budgeted GH¢80m in 2010 – and in the share, which was 25% in 2010.

Just over a third (35%) of expected external funding is coming from earmarked grants, with the volume of funding rising only slightly, from GH¢142m to GH¢145m. USAID is by far the largest contributor to this figure, providing over half of the total, while the Global Fund is expected to contribute a further 17% of the earmarked grants.

Both the estimated volume and share of loans and financial/mixed credits have grown in the 2011 budget, from GH¢97m and 30% in 2010, to GH¢193m and 47% of the total expected external funding. The majority of such funding is for capital investment in the sector.

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Table 10 Expected external inflows to the sector in 2011 (GH¢ '000)

Type	Partner	Detail	GH¢ '000	
Sector budget support	Danida	Support to POW	18,584	
	DFID		17,039	
	Netherlands		31,144	
	JICA		3,200	
Health Fund	Unfpa		354	
Earmarked grant funding	Danida	TA, reviews & studies	929	
	GAVI	?? Health systems strengthening - tbc	6,020	
	Global Fund	Support for malaria, tuberculosis and HIV & AIDS	24,677	
	JICA	Improve maternal and neonatal health services in UWR	1,133	
	Unfpa (tbc)	Support to reproductive health	5,259	
	Unicef (tbc)	Child health, ITMs, Nutrition, PMTCT	8,801	
	USAID	Improved family health	73,909	
	WFP		15,474	
	WHO	Various support activities	7,691	
	World Bank	Results-based financing pilot	708	
Earmarked loans/ mixed credits	AfDB/NDF	2 DH; 3 blood transfusion centres	8,579	
	BADEA	Radiotherapy & nuclear medicine, KBTH	3,539	
	Euroget	Construction of 2 regional and 6 district hospitals	132,368	
	OFID	Radiotherapy & nuclear medicine, KATH	3,539	
	ORET (NL)	Tamale Teaching Hospital	25,117	
	Saudi Fund	Rehabilitation of Bolgatanga RH	3,077	
	Vamed (Austria)	Construction of 5 polyclinics in Northern Region	8,500	
	World Bank	Malaria and Nutrition, Health Insurance	8,494	
<b>Total expected external funding for the Annual POW</b>			<b>408,135</b>	
<i>Sub-total sector budget support (and Health Fund)</i>			70,321	17%
<i>Sub-total earmarked grants</i>			144,601	35%
<i>Sub-total earmarked loans/mixed credits</i>			193,213	47%

## 5. PERFORMANCE ASSESSMENT FRAMEWORK

In 2011, the health sector will consolidate and intensify its monitoring activities to ensure that key policies and priorities as contained in the programme of work are achieved. Monitoring and reporting on the performance of the health sector will be based on six perspectives. The normal year on year tracking of sector performance based on the sector wide indicators will be continued. Attempts will however be made during the year to consolidate indicators generated from the regional consultations after further consultations to agree on definitions and criteria for collecting such information.

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A project and programme register will be introduced this year to register all ongoing and new projects and programmes in the sector to facilitate easy tracking. All agencies will be expected to submit project and/or programme status reports to the Minister of Health.

Guidelines on inter- and intra-agency performance hearing system will be provided. Efforts will be made to improve the structures and process that will make such exercises more relevant and meaningful.

The Ministry and stakeholders will 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.

The structure of the budget committee meetings will be reviewed to ensure agencies report adequately and regularly on their financial performance other than resource allocation. Annual review activities will include in-depth and independent review exercises.

Monitoring and evaluation in the sector is confronted with some challenges which will be addressed to ensure readily availability of information for decision making. The key issues and priority activities to be tackled this year are indicated below.

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### Box 3: Key Issues and priority activities

#### Key Issues

- \* Insufficient framework for reporting by agencies to the Ministry of Health
- \* Incomplete and untimely reporting by agencies
- \* Inadequate tracking of progress of all projects and programmes in the sector
- \* Inadequate evaluation of health interventions in the sector

#### Priority activities

- \* Develop relevant reporting frameworks for use by agencies to report to Ministry
- \* Engage agencies on need for timely and complete reporting
- \* Institute a mechanism for regular status reporting monthly
- \* Consolidate all monitoring plans of directorates and units and agencies
- \* Develop a programme to systematically evaluate priority programmes and activities

#### 5.1. *Risks and Assumptions*

The successful implementation of the 2011 POW is based on the assumptions that all resources required will be made available and that all programmes and activities outlined will be implemented to the latter and will translate into authentic outcomes that will lead to the attainment of set objectives. It also assumes that:

- \* Pledges of financial support for the health sector's programmes and activities will be honoured
- \* All BMCs will have the requisite absorptive capacities and competencies in the utilization of resources for activities outlined
- \* The continuing demand for service will continue to rise. .
- \* There is no force majeure

The successful execution of the programme of work will depend on:

- \* Timely release of approved budgets
- \* Continuing economic and political stability
- \* Absence of major disasters

### 5.2. *Performance assessment indicators and targets*

#### 5.2.1. **Milestones**

Key milestones have been agreed for 2011 as additional measures for measuring performance in the health sector. These milestones are issues considered to be foremost and complementary in reinforcing the achievement of the sector's policies and priorities

Access to health care has become a major issue and as a first step in addressing the staff distributional inefficiencies in the system and ensuring the appropriate staff mix at all levels of the health delivery system, the existing staffing norms in the public health sector will be revised. Similarly, a staff deployment plan based on the revised staffing norms will be developed and implemented.

To further improve efficiency and strengthen the governance of the health system, in-service training on leadership and management will be initiated. Furthermore the health sector through the Ministry will improve access to quality maternal, neonatal, child and adolescent reproductive health by equipping district hospitals with comprehensive EmONC equipment, whilst community mental health strategy will also be developed as part of efforts to strengthen mental health service delivery.

As part of efforts aimed at intensifying the prevention and control of communicable and non-communicable disease activities including the promotion of healthy lifestyles, a universal coverage of ITN/Ms would be achieved. The elimination status attained for poliomyelitis

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and Guinea worm would be maintained.

The 2011 milestones are summarised in Table 11 below.

**Table 11 2011 milestones**

<b>HO1:</b> Bridge equity gaps in access to health care and nutrition services and ensure sustainable financing arrangements that protect the poor	Revised staffing norms and deployment plan developed and implementation begun
<b>HO2:</b> Strengthen governance and improve efficiency and effectiveness of the health system	Leadership and management in-service training initiated
<b>HO3:</b> Improve access to quality maternal, neonatal, child and adolescent health services	District hospitals equipped with Comprehensive EmONC equipment
<b>HO4:</b> Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyles	Universal coverage of ITN/Ms achieved
	Elimination status of Guinea Worm and polio maintained
<b>HO5:</b> Strengthen institutional care, including mental health service delivery	Community mental health strategy developed

### 5.2.2. Sector-wide indicator targets

The agreed sector-wide indicator targets, on which the holistic assessment will be based, are shown in the table below.

**Table 12 Performance assessment indicators and targets**

	Indicators	Base-line 2009	Targets 2010 – 2013				Data sources	Measurement	Monitoring Frequency
			2010	2011	2012	2013			
<b>Health Objective 1: Bridge equity gaps in access to health care and nutrition services and ensure sustainable financing arrangements that protect the poor</b>									
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: 1.9	1: 1.8	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
	Indicators	Base-line 2009	Targets 2010 – 2013				Data sources	Measurement	Monitoring Frequency
			2010	2011	2012	2013			

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4	Equity Index: Geography (resources) (Nurses : Population)	1 : 2.03	1 : 1.2	1 : 1.2	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					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	0.82	0.85	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 : 11,500	1 : 10,500	1:9700	1:9,500	IPPD	No. doctors / population	Annual
10	Nurse : population ratio	1:1,353	1: 1,100	1:1000	1:900	1:800	IPPD	No. nurses / population	Annual
<b>Health Objective 2: Strengthen governance and improve efficiency and effectiveness in the health system</b>									
1	% total MTEF allocation to health	14.9	11.5	15	≥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	50	50	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	US\$ 26	US\$ 28	US\$ 30	US\$ 31	MOH Financial report	Health expenditure / population	Annual
4	Budget execution rate (%) (Item 3 as proxy)	97	≥95	≥95	≥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	40	42	50	50	MOH Financial Report	Disbursement of item 2 and 3 for GOG and SBS at end of year	Annual
	<b>Indicators</b>	<b>Base-line 2009</b>	<b>Targets 2010 – 2013</b>				<b>Data sources</b>	<b>Measurement</b>	<b>Monitoring Frequency</b>
			2010	2011	2012	2013			
6	% of population with valid NHIS membership card	45	60	65	70	75	NHIA Annual Report	No. people with NHIS membership/Annual budget	Annual

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7	Proportion of NHIS claims settled within 12 weeks (%)	N/A	40	60	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	70	70	75	75	GHS Annual report	Total claims paid / total IGF	Annual
<b>Health Objective 3 Improve access to quality maternal, neonatal, child and adolescent health services</b>									
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	185	170	160	150	DHS/MICS	Maternal deaths recorded in health facilities / 100,000 live births	Periodic
4	% of pregnant women attending at least 4 Antenatal visits	62.4	70.0	74.6	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	47	50	52	55	CHIM Routine and DHS/MICS Surveys	Number of deliveries supervised by trained health worker/ total expected number of deliveries	Annual/ periodic
	<b>Indicators</b>	<b>Base-line 2009</b>	<b>Targets 2010 – 2013</b>				<b>Data sources</b>	<b>Measurement</b>	<b>Monitoring Frequency</b>
			2010	2011	2012	2013			
8	Under 5 prevalence of low weight for age (%)	13.90	N/A	N/A	8.00	8.00	DHS/MICS survey	% of children who are below -2 standard deviation units from the median NCHS/CDC/WHO international reference population	periodic
<b>Health Objective 4 Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyles</b>									
1	HIV+ prevalence among pregnant women 15 – 24 years (%)	2.2	<1.9	<1.8	<1.7	<1.6	NACP-Sentinel surveillance sites	% of pregnant women aged 15-24 years who are tested HIV+ at NACP sentinel sites	Annual

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2	% of U5s sleeping under ITN	40.5	50	65	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	87.9	89	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	51,814	65,914	80,014	94,114	NACP-Routine	Number of people with HIV infection receiving ARV combination treatment	Annual
5	Incidence of Guinea Worm	501	<100	<70	<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	N/A	28%	DHS-Survey	% of population who are clinically obese	Periodic
	<b>Indicators</b>	<b>Base-line 2009</b>	<b>Targets 2010 – 2013</b>				<b>Data sources</b>	<b>Measurement</b>	<b>Monitoring Frequency</b>
			2010	2011	2012	2013			
9	TB treatment success rate	84.7	86	88	89	90	NTP-Routine	% of patients who are proven to be cured using smeared microscopy at end of treatment	Annual
<b>Health Objective 5 Strengthen institutional care, including mental health service delivery</b>									
1	Equity Index: Ratio of mental health nurses to patient population	Baseline to be established	5% over baseline	10% over baseline	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 baseline	10% over baseline	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%	70%	75%	80%	Annual Report for Psychiatry	Total tracer psychotropic drug availability/ expected tracer drug availability	Annual

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4	Institutional Infant mortality rate	TBD					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	80	80	85	Annual report BMU	No. of Hospitals that have minimal equipment requirements/Total No. of Hospitals	Periodic
7	% Tracer drug availability in hospitals	68	80	85	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	80	90	100	Annual report, Service delivery agencies	Total number of hospitals that meet quality assurance standards/Total number of Hospitals	Annual
9	Institutional under five mortality rate per 1000 live birth	TBD	100	95	90	80	Annual Report, GHS	Under five deaths recorded in health facilities/ 1000 live births	Annual
10	Institutional Maternal Mortality rate per 1000,000 live births	TBD	125	120	118	115	Annual Report, GHS	Maternal deaths recorded in health facilities/1000 live births	Annual

## A. Fellowship plan

No.	Course Programme	Country	Duration		Unit Cost in GHS	Number	Total Cost in GH¢
			Start Date	End Date			
<b>Foreign Continuing</b>							
1	Urology	Russia	2007	2012	42,140.00	1	42,140.00
2	Urology	Germany	2007	2012	36,838.20	1	36,838.20
3	Dental Technology	United Kingdom	2008	2012	43,200.00	1	43,200.00
4	Finance	United Kingdom	2009	2011	7,776.00	1	7,776.00
5	Health Policy	United Kingdom	2009	2013	43,200.00	1	43,200.00
6	Intensive Care	Germany	2005	2011	33,329.80	1	33,329.80
7	Plastic Surgery	Germany	2007	2011	33,329.80	1	33,329.80
8	Cardiovascular Technology	Denmark	2009	2011	15,120.00	2	30,240.00
Sub-Total							270,053.80
<b>Foreign New</b>							
1	Paediatric Cardiology	United States	2011	2012	112,665.00	1	112,665.00
2	Health Policy & Planning	United Kingdom	2011	2012	34,555.92	2	69,111.84
Subtotal							181,776.84
<b>Local Continuing*</b>							
1	PGDE	Ghana	2010	2012	443.31	8	3,546.48
2	Dip. B.ED	Ghana	2010	2013	1,597.82	92	146,999.44
3	Degree B.ED	Ghana	2010	2012	1,600.00	44	70,400.00
4	B.ED (Sandwich)	Ghana	2010	2012	1,492.54	67	100,000.18
5	M.Sc	Ghana	2010	2011	2,564.33	22	56,415.26
6	Varied (MOH Hq.)	Ghana	2008	2012	5,378.20	15	80,808.00
Overall Total							910,000.00

Exchange Rates (June 30, 2010): Euro 1: GH¢ 1.7542 British Pound Sterling 1: GH¢ 2.1600 US\$ 1: 1.4351

\*GH¢ would be sourced from Internally Generated Funds of the Health Training Institutions

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## B. Procurement plan

MOH 2011 Consultancy Services										
3. Consultancy	Procurement package (Description)	Estimated cost (GHC)	Available budget (GHC)	GAP (GHC)	Source of Funds	Proc Method	Start Date	Expected Contract completion date		
1	Development of Advocacy Strategy	142.00	150.00	0.00	Health Fund	CQ	08-Jun-10	17-Mar-11		
2	Consultant for Development of Nutrition Policy	142.00	150.00	0.00	Health Fund	CQ	08-Jun-10	17-Mar-11		
3	Website Development & Update	71.00	71.00	0.00	Health Fund	CQ	30-Aug-10	07-May-11		
4	Documentary of the NMCCSP for 3 years	71.00	71.00	0.00	Health Fund	CQ	30-Aug-10	07-May-11		
5	Short term contracts to strengthen administrative capacity in PPME & Nutrition dept (For 3 Years)	61.34	61.34	0.00	Health Fund	CQ	16-Aug-10	15-Aug-13		
6	One Nutrition Officer to provide technical support/coordination to the Nutrition Dept (For 3 Years)	51.12	51.12	0.00	Health Fund	CQ	16-Aug-10	15-Aug-13		
7	Consultant to Conduct baseline using LQAS for 18 new districts*	284.00	284.00	0.00	Health Fund	QCBS	27-Oct-10	10-Mar-11		
8	Procurement Audit, 2009/2010	275.00	275.00	0.00	SBS	QCBS	20-Sep-10	10-Jun-11		
9	Financial Audit 2010	275.00	275.00	0.00	SBS	QCBS	24-Jan-11	10-May-11		
10	Consultant to facilitate 2011 November Health Summit	809.24	809.24	0.00	SBS	CQ	20-Oct-11	30-Nov-11		
11	Sensitization Campaign Programme on Cholera	250.00	150.00	100.00	Health Fund	CQ	18-Jan-11	10-May-11		
	Prevention Campaign for Yellow Fever in 44 High Risk areas	12,600.00	12,600.00	0.00	SBS	UN AGENCY	05-Jul-11	15-Nov-11		
	Prevention Campaign for Yellow Fever in Wa East	2,900.00	2,900.00	0.00	SBS	UN AGENCY	04-Mar-11	04-May-11		
12	Port Clearing Charges	3,000.00	1,700.00	1,300.00	SBS	Sole Source	04-Jan-11	30-Dec-11		
	Capital Investment Consultancies	7,653.00	7,653.00	0.00	NHIS, IGF & Earmarked	Open Competitive Tender	15-Feb-11	22-Nov-11		
13	<b>Total</b>	<b>28,584.70</b>	<b>27,200.70</b>	<b>1,400.00</b>						

Exchange Rate: USD 1 = GHC 1.50

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Procurement Entity: MOH HQTS Budget Period: January - December, 2011		Source of Funding:		Goods				
		GOG/IGF						
Ref. No.	Procurement Package (Description)	Estimated Gh ¢ (000)	Available budget Gh ¢ (000)	GAP Gh ¢ (000)	Source of Funding	Procurement Method	Start Date	Expected Contract Completion Date
1.0	Pharmaceuticals	12,000.00	8,000.00	4,000.00	Drugs Revolving Fund	ICB	16-May- 2011	19-Aug- 2011
2.0	Non-Drug Medical Consumables	6,000.00	4,500.00	1,500.00	CMS Non- Drugs A/c	Restrictive	28-Mar- 2011	28-Jul-2011
3.0	Expanded Programme on Immunization (EPI) Vaccines	500.00	110.00	390.00	Sector Budgetary Support	Restrictive	26-Mar- 2011	10-Aug- 2011
4.0	Contraceptives	5,250.00	5,250.00	-	Sector Budgetary Support	UN Agency	15-Sep- 2011	30-Dec- 2011
5.0	TB Drugs & Laboratory Reagents	1,821.93	691.13	1,130.80	Global Fund	UN Agency	4-Mar- 2011	10-Dec- 2011
6.0	Psychotropics Drugs	2,000.00	1,745.00	255.00	Sector Budgetary Support	Restrictive	14-Jan- 2011	20-Jul-2011
7.0	HIV/AIDS/Anti-Retroviral Drugs	14,566.00	14,566.00	-	Global Fund	ICB	15-Feb- 2011	20-Jul-2011
8.0	Artemisinin Based Combination Therapies	9,892.20	9,892.20	-	Global Fund	ICB	5-Jan-2011	18-May- 2011
9.0	ITNs	41,000.00	13,191.00	27,809.00	Global Fund	ICB	4-Mar- 2011	25-Jul-2011
10.0	Anti-Rabies Vaccines	3,600.00	1,000.41	2,599.59	Sector Budgetary Support	Restrictive	18-Apr- 2011	31-Aug- 2011

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10.1	Procurement of Anti Tetanus Serum	600.00	0.00	600.00		Sector Budgetary Support		13-Jul-2011	20-Oct-2011
10.2	Anti-Snake West African Polyvalent Sera (PFR)	998.14	998.14	-		Sector Budgetary Support	Restrictive	22-Apr-2011	31-Sept-2011
10.3	Anti-Snake West African Polyvalent Sera (liquid)	2,226.19	2,226.19	-		Sector Budgetary Support	Restrictive	23-Apr-2011	31-Sept-2011
11.0	CSM Vaccines & Drugs Procurement	805.00	379.98	425.02		Sector Budgetary Support	Restrictive	18-Apr-2011	29-Aug-2011
12.0	Procurement of Drugs for Yaws Elimination Programme	300.00	163.57	136.43		Sector Budgetary Support	Restrictive	31-Mar-2011	10-Aug-2011
13.0	Emergency & Essential Obstetric Equipment	660.20	500.00	160.20		Sector Budgetary Support	ICB	10-May-2011	28-Nov-2011
13.1	Emergency Obstetric Equipment	3,833.82	3,833.82	-		DFID	ICB	10-May-2010	28-Nov-2011
13.2	Procurement of Hospital Equipment, Beds & other Accessories	1,713.96	1,713.96	-		Sector Budgetary Support	ICB	10-Jun-2011	20-Dec-2011
14.0	Printing of Medical Forms, Publications (CHR, Imm. Cards, etc)	2,000.00	2,000.00	-		Sector Budgetary Support	Shopping	5-Jan-2011	30-Dec-2011
14.1	Printing of various Communication Materials for the Malaria & Nutrition Project	4,350.00	4,350.00	-		World Bank	ICB	2-May-2011	20-Sep-2011
15.0	Laboratory Equipment for National Malaria Control Project)	441.00	441.00	-		USAID	ICB	18-Aug-2011	30-Mar-2012

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16.0	Procurement of 200 Ambulances and others accessories	20,000.00	20,000.00	-	OPUS	ICB	20-Apr-2011	24-Oct-2011
17.0	Vehicles (Nutrition and Malaria Project)= (51No 4x4 Pick-ups, 2 No Station Wagons)	2,812.50	2,812.50	-	World Bank	ICB	21-Nov-2010	22-Jun-2011
18.0	Office E equipment & Stationery for the various Directorates	1,200.00	1,200.00	-	Sector Budgetary Support	NCB, ICT, SHOPPING	4-Jan-2011	30-Dec-2011
19.0	Procurement of Training Materials for National Ambulance Service	2,600.00	2,600.00	-	HIPIC	NCB	9-Mar-2010	31-Mar-2011
20.0	Proc of One Unit (1) CT SCAN for Komfo Anokye Teaching Hospital	3,750.00	3,750.00	-	NHIS	Sole Source	18-Dec-2010	20-May-2011
21.0	Printing of Revised NHIS Prescription Forms	6,400.00	6,400.00	-	NHIS	Restrictive	20-Dec-2010	30-Mar-2011
22.0	Printing of Standard Treatment Guidelines and Essential Medicines List	351.72	128.60	223.12	NHIS	Sole Sourcing	13-Jan-2011	19-Apr-2011
23.0	Procurement of 3 No Pick Ups and 5 No. Station Wagons for MOH Headquarters	810.00	810.00	-	GOG	Restrictive	18-Dec-2010	20-Apr-2011
24.0	Procurement of Spare parts for MOH Fleet of Vehicles	2,925.00	2,925.00	-	GOG	Restrictive	20-Dec-2010	30-Jun-2011
25.0	Procurement of 2No. Magnetic Resonance Systems (MRIs) for Volta & Central Regional Hospitals	14,700.00	14,700.00	-	GOG	Sole sourcing	25-Nov-2010	25-Mar-2011
26.0	Procurement of 8No. Boreholes for Brong Ahafo Region	6,000.00	6,000.00	-	GOG	Restrictive Tendering	17-Jan-2011	18-Apr-2011
27.0	Procurement of Vehicle Tyres for MOH Hqts (Various Sizes)	51.78	51.78	-	GOG	Shopping	4-Apr-2011	28-Jul-2011

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27.1	Procurement of Vehicle Batteries for MOH Hqts (Various Plates)	10.62	10.62	-	GOG	Shopping	4-Apr-2011	28-Jul-2011
28.0	Procurement of 2 No. Pickups and 1 No. Station Wagon for CMS, Tema	186.00	186.00	-	CMS Non-Drugs A/c	NCT	15-Feb-2011	27-May-2011
29.0	Uniforms and Accountments for Emergency Medical Training School (620*2*600)	744.00	744.00	744.00	GOG	NCT/ Shopping	4-Apr-2011	31-May-2011
29.1	Medical Consumables/Office Sanitation Items for NAS	151.20	151.20	151.20	GOG	NCT/ Shopping	13-Jan-2011	19-Apr-2011
29.2	Electrical Equipment for NAS	126.00	126.00	126.00	GOG	NCT	1-Mar-2011	31-May-2011
29.3	Medical Equipment for NAS	90.40	90.40	90.40	GOG	Shopping	10-May-2011	28-Nov-2011
29.4	Emergency Care Text Books	50.00	50.00	50.00	GOG	Shopping	10-May-2011	28-Nov-2011
29.5	Training Manikins(Materials)	42.50	42.50	42.50	GOG	Shopping	10-May-2011	28-Nov-2011
29.6	Tyres & Batteries for Ambulances	136.00	136.00	136.00	GOG	NCT/ Shopping	4-Apr-2011	31-May-2011
30.0	Procurement of Office Equipment and various supplies for National Newborn Screening Programme(SCD)	750.00	750.00	-	Sector Budgetary Support	Shopping	15-Feb-2011	27-May-2011
31.0	Logistics for Cholera Outbreak	500.00	500.00	-	Sector Budgetary Support	Restrictive Tendering	4-Mar-2011	30-Jun-2011
	<b>Total Goods</b>	<b>178,946.16</b>	<b>137,126.90</b>	41,819.26				
	<b>WORKS</b>			-				
32.0	Capital Investment	151,976.61	151,976.61	-	NHIS,IGF,& Earmark	ICB	15-Feb-2010	27-May-2011

## SUMMARY OF 2011 PROCUREMENT PLAN FOR THE HEALTH SECTOR

<b>GOODS</b>	<b>GHC</b>
Headquarters (PU)	178,946,160.00
GHS	
KBTH	
KATH	28,628,697.23
<b>SUB-TOTAL</b>	<b>207,574,857.23</b>
<b>WORKS</b>	
Headquarters (CIMU)	151,976,610.00
GHS	
KBTH	
KATH	741,000.00
<b>SUB-TOTAL</b>	<b>152,717,610.00</b>
<b>CONSULTANCIES</b>	
Headquarters (PU & CIMU)	28,584,700.00
GHS	
KBTH	
<b>SUB-TOTAL</b>	<b>28,584,700.00</b>
<b>TECHNICAL SERVICES</b>	
KBTH	
KATH	741,000.00
<b>SUB-TOTAL</b>	<b>741,000.00</b>
<b>GENERAL SERVICES</b>	
KATH	1,090,000.00
<b>SUB-TOTAL</b>	<b>1,090,000.00</b>
<b>GRAND TOTAL</b>	<b>GHC 390,708,167.23</b>

# 2011 Programme of Work

## C. Capital investment plan

MINISTRY OF HEALTH											
2011 CAPITAL INVESTMENT BUDGET											
ALLOCATIONS BY BENEFICIARY AGENCY/BMC GROUP											
S/N	TITLE OF PROJECT	PROJECT MANAGEMENT	EXTERNAL FUNDING SOURCE	TOTAL 2011 BUDGET PROVISION (GH¢)	GOG	SECTOR BUDGET SUPPORT	SOURCE OF FUNDING (GH¢)	EARMARKED GRANTS	EXT. FINANCIAL MIXED CREDITS	IGF	NOTES/ COMMENTS
<b>A GHANA HEALTH SERVICE</b>											
<b>GHS national level projects</b>											
1	Selected nationwide HC, DH, DHNT, RHMT, Headquarters & staff accommodation projects with high level of completion and sunk cost that can be completed in 2011	MOH/GHS		1,000,000	-	1,000,000					
2	Completion of Disease Control Unit project at Korle-Bu	GHS		150,000	-	150,000					
	<b>Sub-total GHS national projects</b>			<b>1,150,000</b>	<b>0%</b>	<b>1,150,000</b>	<b>9%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	
	<i>% of 2011 investment budget</i>										
<b>GHS Regional level projects</b>											
3	Construction of Staff Housing for Sunyani Regional Hospital	MOH/GHS	Saudi Fund	800,000	500,000	800,000			3,076,560		
4	Rehabilitation of Bolgatanga Regional Hospital	PIU	Euroget de Invest	3,576,560							
5	Construction of Wa and Kumasi Regional Hospitals	Turnkey		66,183,975					66,183,975		50% of total in absence of breakdown RH/DH
	<b>Sub-total Regional projects</b>			<b>70,560,535</b>	<b>12%</b>	<b>800,000</b>	<b>6%</b>	<b>0%</b>	<b>69,260,535</b>	<b>0%</b>	
	<i>% of 2011 investment budget</i>			<b>25%</b>					<b>37%</b>	<b>0%</b>	
<b>GHS District level projects</b>											
6	Completion of rehabilitation & upgrading works at Kanceshie, Manprobi, Maamobi, Usher Polyclinics & Achimota Hospital	MOH/GHS		300,000		300,000					
7	Construction of new maternity facility at Tema General Hospital	MOH/GHS		800,000		800,000					
8	6 District hospitals - Madina, Twifo Praso, Naawkaw, Kononogo, Tapa, Salaga	Turnkey	Euroget de Invest	66,183,975					66,183,975		50% assumption as no info on RH/DH
9	3 District Hospitals - Essam, Adjumako, Zabzugu	PIU	OPEC II	590,000	100,000				490,000		
10	Rehabilitation of Bechem Hospital	MOH/GHS		125,000		125,000					
11	2 Health centres - Bui, Senyabaku	PIU	OPEC II	259,915					259,915		
12	Completion of Taarkwa, Bekwai DH	PIU	AIDB/NDF	10,378,973	1,800,000				8,578,973		Covers both AIDB and NDF-funded projects
13	5 poly-clinics in UWR: Lambusic, Babile/Brifo, Ko, Wechian and Funsu	Turnkey	Austria (Vamed)	8,500,000					8,500,000		
14	Water Improvement Programme in Selected Health Facilities nationwide	MOH/GHS		800,000		800,000					
15	Construction of 30 CHPS Compounds nationwide	GHS		2,500,000		2,500,000					
	<b>Sub-total GHS district projects</b>			<b>90,437,863</b>	<b>45%</b>	<b>4,525,000</b>	<b>34%</b>	<b>0%</b>	<b>84,012,863</b>	<b>45%</b>	<b>0%</b>
	<i>% of 2011 investment budget</i>										
	<b>Sub-total GHS projects</b>			<b>162,148,398</b>	<b>57%</b>	<b>2,400,000</b>	<b>48%</b>	<b>0%</b>	<b>153,273,398</b>	<b>83%</b>	<b>0%</b>
	<i>% of 2011 Investment Budget</i>										

# 2011 Programme of Work

S/N	TITLE OF PROJECT	PROJECT MANAGEMENT	EXTERNAL FUNDING	TOTAL 2011 BUDGET	SOURCE OF FUNDING (GH)				NOTES/ COMMENTS
					GOG	SECTOR	EARMARKED	EXT. FINANCIAL	
<b>B PSYCHIATRIC HOSPITALS</b>									
1	Development of a centre for Alcohol & Drug Addiction Planting	MOH/PH		100,000	-	100,000	-	-	-
	Sub-total Psychiatric hospitals			100,000	-	100,000	-	-	-
	% of 2011 Investment Budget			0%	0%	1%	0%	0%	0%
<b>C SUPPORT FOR CHAG INSTITUTIONS</b>									
1	Rehabilitation of infrastructure in selected CHAG institutions	CHAG/BMC		491,691		100,000			391,691
2	Construction of Admin Block for Bator Hospital	MOH/CHAG		100,000		100,000			
3	Rehabilitation of Nandom Hospital	MOH/CHAG		150,000		150,000			
	Sub Total CHAG			741,691	-	350,000	-	-	391,691
	% of 2011 Investment Budget			0%	0%	3%	0%	0%	1%
<b>D TRAINING SCHOOLS</b>									
1	Rehabilitation works and Construction of 15 new facilities in training institutions nationwide	MOH/TI		6,711,164	-	1,000,000			5,711,164
2	Ghana College of Physicians and Surgeons	BMC		450,000					450,000
	Sub-Total Training institutions			7,161,164	-	1,000,000	-	-	6,161,164
	% of 2011 Investment Budget			3%	0%	7%	0%	0%	9%
<b>E TEACHING HOSPITALS</b>									
<b>Korle Bu Teaching Hospital</b>									
1	Expansion of radiotherapy/nuclear medicine	PIU	BADEA	3,539,250				3,539,250	
2	Rehabilitation of selected facilities: Maternity, Children, (Surgical, )	BMC		46,921,497	-	-	-	-	46,921,497
	Sub-Total KBTH			50,460,747	-	-	-	3,539,250	46,921,497
	% of 2011 Investment Budget			18%	0%	0%	0%	2%	65%
<b>Komfo Anokye Teaching Hospital</b>									
1	Expansion of radiotherapy and nuclear medicine	PIU	OFID	4,039,250	500,000			3,539,250	
2	Completion of Eye Centre at KATH	BMC	USAID	750,000		750,000			
3	Various construction/rehabilitation projects	BMC		4,456,511					4,456,511
	Sub-Total KATH			9,245,761	500,000	750,000		3,539,250	4,456,511
	% of 2011 Investment Budget			3%	12%	16%		2%	6%
<b>Tamale Teaching Hospital</b>									
1	Major rehabilitation and upgrading of Tamale Teaching Hospital and Staff Housing Project	Turnkey	ORET	28,446,786	1,330,147	2,000,000		25,116,639	-
2	Construction/rehabilitation at TTH			594,000					594,000
	Sub-Total TTH			29,040,786	1,330,147	2,000,000	-	25,116,639	594,000
	% of 2011 Investment Budget			10%	31%	15%	0%	14%	1%
<b>Sub Total for Teaching Hospitals</b>									
	% of 2011 Investment Budget			32%	43%	15%	16%	17%	72%

# 2011 Programme of Work

S/N	TITLE OF PROJECT	PROJECT MANAGEMENT	EXTERNAL FUNDING SOURCE	TOTAL 2011 BUDGET PROVISION (GH¢)	SOURCE OF FUNDING (GH¢)				NOTES/ COMMENTS
					GOG	SECTOR BUDGET SUPPORT	EARMARKED GRANTS	EXT. FINANCIAL MIXED CREDITS	
<b>F</b>	<b>STATUTORY BODIES/REGULATORY BODIES</b>								
1	Construction of Offices and Laboratories for Food and Drugs Board	BMC		11,251,200	-	100,000			11,151,200
2	Construction of Offices for the Private Hospitals and Maternity Homes Board	BMC		100,000		100,000			-
3	Office Complex and Training Centre for National Ambulance Service & St. Johns Ambulance in Accra	BMC		150,000		150,000			-
4	Construction of Offices for the Nurses and Midwives Council	BMC		1,800,000		100,000			1,700,000
6	Pharmacy Council	BMC		85,000					85,000
7	Centre for Scientific Research into Plant Medicine	BMC		50,000					50,000
8	Blood Transfusion Service	BMC		440,837					440,837
	<b>Sub-Total Regulatory and Subvented</b>			<b>13,877,037</b>	<b>-</b>	<b>450,000</b>	<b>-</b>	<b>-</b>	<b>13,427,037</b>
	<i>% of 2011 Investment Budget</i>			<b>5%</b>	<b>0%</b>	<b>3%</b>	<b>0%</b>	<b>0%</b>	<b>19%</b>
<b>G</b>	<b>EQUIPMENT AND TRANSPORT</b>								
1	Equipment and motorbikes for CHPS	MOH/GHS		-		-			
2	Procurement of Hospital Beds and other assorted equipment	MOH		300,000		300,000			
3	Equipment for Emergency & Essential Obstetric Care	MOH/GHS	DfID	4,333,820		500,000		3,833,820	
	<b>Sub-total Transport and equipment</b>			<b>4,633,820</b>	<b>-</b>	<b>800,000</b>	<b>-</b>	<b>3,833,820</b>	<b>-</b>
	<i>% of 2011 Investment Budget</i>			<b>2%</b>	<b>0%</b>	<b>6%</b>	<b>84%</b>	<b>0%</b>	<b>0%</b>
<b>H</b>	<b>MOH HEADQUARTERS/NATIONAL</b>								
	Monitoring and Evaluation of Projects Nationwide			77,938		77,938			
	Provision for arrears from 2009 and 2010 and Retention on Projects in the sector			2,000,000		2,000,000			
	Preparatory works including feasibility studies, Needs & site assessment, appraisals & surveys for proposed projects (Medical Assistants Training Schools in Volta, Western & Northern Regions, Cape Coast Teaching Hospitals projects & New Midwifery Training School in Northern Region at Damango & Nalerigu, Specialised Neurology and Urology Centres at Korle-Bu Teaching Hospital,			100,000		100,000			
	<b>Sub-total MOH/NATIONAL</b>			<b>2,177,938</b>	<b>-</b>	<b>2,177,938</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<i>% of 2011 Investment Budget</i>			<b>1%</b>	<b>0%</b>	<b>16%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
<b>GRAND TOTAL</b>	<b>% of Sources of funding for Item 4</b>			<b>279,587,342</b>	<b>4,230,147</b>	<b>13,352,938</b>	<b>4,583,820</b>	<b>185,468,537</b>	<b>71,951,900</b>
				<b>2%</b>	<b>5%</b>	<b>2%</b>	<b>66%</b>	<b>26%</b>	

<b>PIPELINE PROJECTS</b>			
<b>Project</b>	<b>Funder</b>	<b>Currency</b>	<b>Amount</b>
1	X-ray Improvement Programme in 23 hospitals in Ghana	Euro	4,970,000
2	Improving TB case detection - treatment centres & equipment	Euro	
3	161 ambulances	Euro	9,400,000
4	12 district hospitals, 200 ambulances, 2 air ambulances, 50 mobile clinics, 10 health education vans	Euro	442,000,000
5	Equipment replacement programme	US dollars	250,000,000
6	2 regional hospitals: Sekondi, Ridge	US dollars	100,000,000
7	391 uncompleted projects	Euro	300,000,000
8	450-bed hospital (Cape Coast upgrade)	US dollars	380,000,000
9	40 ambulance, 14 district hospitals, 30 poly-clinics, 300 units of accommodation	US dollars	530,680,000
10	5 dialysis centres	Euro	35,000,000

## 2011 Programme of Work

### *D. Details of Agency/BMC operational budget allocations*

BMCs	Item 1	Item 2			Item 3		
		GOG	SBS	TOTAL	GOG	SBS	TOTAL
<b>MOH HQ</b>							
Office of the Minister	1,998,648	137,537	12,098	149,635	97,580	85,487	183,067
Office of the Chief Director	1,385,112	102,845	9,179	112,024	123,311	520,016	643,327
General Administration Directorate	-	64,939	17,065	82,004	42,081	56,328	98,409
Policy, Planning, Monit. & Evaluation Directorate	-	69,825	10,439	80,264	113,634	71,818	185,452
Research and Information Directorate	-	23,000	-	23,000	20,902	23,689	44,591
Human Resource Development Directorate	-	29,528	-	29,528	37,872	21,683	59,555
Dir. of Traditional & Allopathic Medicine Practice	-	32,153	9,154	41,307	30,306	65,231	95,537
Procurement and Supply Directorate	-	44,315	8,584	52,899	43,399	88,765	132,164
Finance Directorate	-	48,813	10,602	59,415	33,347	58,753	92,100
Blood Transfusion Service	293,758	249,105	22,233	271,338	-	-	-
Internal Audit	182,960	41,936	8,334	50,269	43,348	33,008	76,356
<b>Regulatory Agencies</b>							
Food & Drugs Board	2,928,327	21,799	17,068	38,868	-	-	-
Medical & Dental Council	230,571	15,909	4,025	19,934	82,652	32,973	115,625
Nurses & Midwives Council	675,367	39,515	22,028	61,543	-	-	-
Pharmacy Council	624,874	12,425	13,343	25,768	63,762	35,776	99,538
Traditional Medicine Practice Council	283,607	20,037	7,093	27,130	80,602	42,076	122,678
Private Hospitals & Maternity Homes Board	226,768	8,262	4,738	13,000	24,208	28,889	53,097
<b>Subvented Organisations</b>							
Centre for Scientific Research into Plant Medicine	1,229,340	98,756	28,774	127,530	53,071	67,432	120,503
National Ambulance Service	1,158,375	87,903	17,839	105,742	260,591	277,099	537,690
World Health Organisation	-	-	-	-	40,733	-	40,733
West African Health Community	-	172,295	-	172,295	-	-	-
Ghana Red Cross Society	-	34,313	17,183	51,495	57,635	32,833	90,468
Saint John's Ambulance Brigade	138,104	23,510	18,787	42,297	113,969	28,699	142,668
Ghana Institute of Clinical Genetics	88,707	26,540	11,539	38,079	57,750	25,644	83,394
Ghana College of Physicians & Surgeons	184,349	144,468	16,640	161,107	-	-	-
Health Students' Association	-	-	-	-	-	24,600	24,600
Civil Servants' Exemption	-	-	-	-	-	-	-
<b>Teaching Hospitals</b>							
Korle Bu Teaching Hospital	38,489,982	134,889	129,723	264,612	-	-	-
Komfo Anokye Teaching Hospital	31,233,372	130,459	115,713	246,171	-	-	-
Tamale Teaching Hospital	13,249,726	136,799	105,710	242,509	-	-	-
<b>Ghana Health Service</b>							
Ghana Health Service HQ	10,625,080	384,296	108,089	492,385	513,943	378,098	892,041
<b>Regional Health Service</b>							
Office of the Regional Director	5,793,992	165,028	14,729	179,757	96,512	245,328	341,841
Regional Support Services	6,654,654	104,110	9,292	113,403	118,917	271,480	390,397
Regional Hospital	21,432,723	400,794	132,477	533,271	-	-	-
Regional Public Health Care Unit	6,102,448	163,438	34,530	197,968	143,870	546,044	689,913
Regional Clinical Care Unit	5,564,609	154,174	74,932	229,106	76,080	529,431	605,511
<b>District Health Service</b>							
District Health Administration	18,654,078	860,844	49,511	910,355	335,410	634,973	970,383
District Hospital	93,305,438	803,949	121,856	925,805	-	-	-
Sub-Districts	47,234,506	1,421,600	223,879	1,645,479	731,235	2,251,269	2,982,503
<b>Psychiatric Hospitals</b>							
Accra Mental Hospital	5,088,157	570,294	125,930	696,224	266,900	680,329	947,228
Pantang Hospital	4,993,380	553,873	120,482	674,355	218,618	626,618	845,236
Ankaful Hospital	2,850,425	407,434	118,183	525,617	199,113	528,391	727,504
<b>CHAG</b>							
Hospitals	38,353,634	225,185	154,288	379,473	-	-	-
Clinics, etc	9,278,875	121,254	72,606	193,860	70,000	446,980	516,980
<b>Training Institutions</b>							
Training Institutions	18,393,970	413,048	204,276	617,324	591,828	476,098	1,067,926
<b>Total</b>	<b>388,927,918</b>	<b>8,701,197</b>	<b>2,202,948</b>	<b>10,904,145</b>	<b>4,783,178</b>	<b>9,235,839</b>	<b>14,019,016</b>
Ring-fenced items	-	-	5,167,379	5,167,379	-	40,368,242	40,368,242
<b>Final</b>	<b>388,927,918</b>	<b>8,701,197</b>	<b>7,370,327</b>	<b>16,071,524</b>	<b>4,783,178</b>	<b>49,604,081</b>	<b>54,387,258</b>

