



ANNUAL REPORT 2023

JANUARY 2024

CHRISTIAN HEALTH ASSOCIATION OF GHANA

2023 **ANNUAL REPORT**



JANUARY 2024

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MESSAGE FROM THE BOARD CHAIRMAN



Dear Esteemed Partners and Beneficiaries,

As Chairman of the Board of Trustees of CHAG, it is with great pride that I present the 2023 CHAG annual report. CHAG continues to play an essential role in Ghana's health system, providing critical healthcare services to millions of Ghanaians, particularly in remote and underserved areas. Our efforts are vital to supporting the government's Universal Health Coverage (UHC) roadmap, ensuring that every Ghanaian has access to quality healthcare services.

We extend our heartfelt gratitude to all our

partners for their unwavering support and collaboration. In particular, the government of Ghana through the Ministry of Health, PharmAccess, the Global Fund, FCDO, GIZ, Project Hope and others. Your contributions have been invaluable in helping us achieve our goals and deliver essential health services.

We also deeply appreciate the beneficiaries of CHAG's services for their continuous faith and confidence in us. Your trust is the cornerstone of our commitment to providing excellent healthcare.

Looking ahead to 2024, we promise to continue delivering quality health services, striving to meet and exceed the expectations of those we serve.

We call upon well-meaning Ghanaians to lend their support to our mission. Your feedback is crucial in helping us improve our services, and we welcome any suggestions that will enhance our efforts.

Thank you for your ongoing support.

Warm regards,

Dr Elias Sory

Board Chair

CHAG Board of Trustees

MESSAGE FROM THE EXECUTIVE DIRECTOR



Dear Friends,

Thank you for your unwavering support and partnership with CHAG over the years. We are pleased to share our 2022 journey, highlighting our successes and challenges in serving nearly 10 million Ghanaians in remote areas. We hope this report's insights will strengthen our collective efforts to build a robust health service in Ghana and inspire continued support for CHAG.

2023 brought significant challenges, but it also unveiled remarkable capabilities. Notably, our network achieved its best Institutional Maternal Mortality ratio of 102 per 100,000 live births. Other key mortality indicators also showed substantial reductions:

- Neonatal mortality declined by 11.69% to 6.8 per 1,000 live births.
- Under-5 mortality recorded% to 15.8 per 1,000 live births.
- Stillbirth rate dropped by 4.83% to 13.8 per 1,000 live births.
- Crude mortality rate remained 18.9 per 1,000 admissions.

These achievements were made possible by your support. In 2023, our network recorded 6,260,339 OPD attendances, 549,219 patient admissions, and conducted 98,578 surgeries. We remain committed to serving more people in alignment with Jesus' Healing Ministry.

In line with the Ministry of Health's NCD policy, we adopted a primary healthcare approach, reaching more people with diabetes and hypertension in remote areas. Tele-counseling services improved treatment adherence, reduced default rates, and boosted confidence in health services. Early diagnosis and treatment for nearly 80,000 people helped prevent family poverty by maintaining good health for economic activity.

On the technology front, our Med4All digital supply chain program expanded from 29 to 60 facilities, reducing stockouts and achieving over 80% availability of tracer medicines.

In 2024, we aim to maintain our 2023 gains, explore new interventions to support Ghana's UHC goal, strengthen our SafeCare quality improvement program, and enhance our institutions' research capacity to deliver essential health services for better outcomes.

We appreciate your comment. Contact us on:

CHAG
P. O. Box AN 7316
Accra-North **OR**
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Accept our appreciation for your continuous support and partnership with CHAG.

Dr Peter Yeboah
Executive Director, CHAG





REMINISCING OUR HISTORY AND LIVING OUR PROMISE

For the past 56 years, the CHAG network has been bringing health and healing to the unreached and marginalized segments of Ghana. Our journey began in 1967, when faith-based health providers and missionaries across the country recognized the urgent need to support the government in providing healthcare to deprived communities. At the time, churches played a pivotal role in addressing the interconnected needs of Ghanaians in education, health, water, and sanitation. In some communities, faith leaders prayed for rain during droughts; provided schools where there were no formal educational setups; supported the poor and needy while catering to their spiritual needs. Spontaneously, health became the next area of focus. As a result, missionaries began offering health services in rural areas, with the first facilities being Kom Clinic, Agogo Presby Hospital, Holy Family Hospital Berekum, and others.

Given the significant contributions of the church to critical sectors and the effective management of early missionary facilities, the government entrusted the management of health facilities in Jirapa, Bawku, and West Gonja hospitals to the

church. These facilities became known as “agency hospitals.” The contribution of the Church to health services in Ghana became too substantial to ignore. Consequently, Dr. Moses Adibo, the Chief Medical Officer at the time, led the Adibo Committee to assess the church’s contributions to health services and recommended government support for church health services in 1975. Since then, Church Health Services have maintained a formal working relationship with the Ministry of Health, with the government consistently supporting CHAG facilities by paying the salaries of critical staff. In 2006, a formal Memorandum of Understanding (MoU) was signed between the MoH and CHAG. Again, in 2013, CHAG signed an MoU with Ghana Health Service (GHS), outlining the roles, responsibilities, partnerships, and complementarities in providing health services to the people of Ghana.

Since its establishment, CHAG has grown from a few facilities in remote areas to a robust network that provides over 30% of health services in Ghana annually. CHAG is known for its innovations in healthcare provision.

In the 1980s, CHAG introduced home-based care for HIV clients and the training of Nurses in Anaesthesia. In the 1990s, CHAG pioneered and piloted a community-based health insurance scheme in Nkoranza, which was later scaled up in different areas. Based on its success, the government nationalized the program in the early 2000s into what is now known as the National Health Insurance Scheme (NHIS). Indeed, the contributions of CHAG health providers to Ghana's health system are enormous.

Geographical Coverage and Capacity

Today, CHAG has a presence in over 200 districts across all 16 administrative regions of Ghana. CHAG tailors its services to the needs of clients, offering higher levels of care and higher competencies in several facilities, including St. Dominic Hospital, Akwatia; Battor Catholic Hospital; Wenchi Methodist Hospital; Presby Hospital, Agogo; and St. Francis Xavier Hospital, Assin Fosu, among others. In strategic locations and border towns, CHAG facilities are found in Bawku, Nandom, Dormaa, Saboba, Dzodze, and more. These facilities play critical epidemiological roles in containing disease outbreaks.

Complementing the National Health System

We take pride in our contributions to the development of Ghana's health system. In recent years, we have explored feasible interventions with partners, resulting in tangible outcomes and impactful health benefits. These efforts include establishing mental health units in over 140 rural health facilities. Support from the Foreign Commonwealth and Development Office (FCDO) has ensured that these units are filling gaps in mental health service provision in rural areas. These mental health units remain functional, bringing mental health services to clients' doorsteps. With funding support from the UK government, CHAG has now trained its first two psychiatrists, one serving the Northern sector and the other the South. CHAG is exploring ways to make their services available to the larger CHAG network.

COVID-19 Response

Since the first case of COVID-19 was identified in Ghana, CHAG, with funding support from FCDO, worked closely with the Ghanaian government and GHS in 40 districts (where CHAG facilities are designated district hospitals) through the COVID-19 Response and Institutional Capacity Building (CRIB) project. This project complemented the government's COVID response in critical areas such as testing, contact tracing, case management, risk communication, addressing vaccine hesitancy, and supporting vaccination efforts in rural areas.

HIV, TB, and Human Rights

From January 2021 to December 2023, CHAG was a Principal Recipient of the Global Fund Grant for Community Systems Strengthening (CSS) for HIV, TB, and Human Rights. Through this grant, CHAG collaborated with 99 CSOs and partners to enhance health services for people living with and affected by HIV and TB. An innovative Community Led Monitoring (CLM) program led by community cadres highlighted health system issues and navigated them through district, regional, and national levels for resolution. The CSS intervention proved particularly effective in using community cadres to retain people affected by HIV and TB in care. The program provided psychosocial support, counseling, and other essential services that helped clients achieve viral load suppression.

How You Can Get Involved

As a network, we are diverse in our work areas and have wide coverage (200 districts across all 16 regions). Over the past 56 years, we have developed competencies in major health service delivery areas with community participation. Our track record and trusted brand are our assets, and we are eager to work with partners who value reaching out to the poor and needy in deprived segments and urban areas of this country.

Reach out to us via email at chag@chag.org.gh
or call us at **0206301032**.

KEY PROJECT INTERVENTIONS

Saving Lives and Livelihood

The SLL project was part of an Africawide project funded by MasterCard Foundation through Africa CDC. It aimed at saving the lives and livelihood of people in Africa and to hasten the continent's economic recovery in the wake of the COVID 19 pandemic. CHAG became sub-recipient (SR) to AMREF to implement the SLL project Ghana. The consideration of CHAG was based on its capacity for implementing large grants, its coverage in delivering essential health services and the rich experience in complementing government's effort at creating access to live saving vaccines including COVID 19.

Amongst other things, the objective of the project was to provide support to African Union Member States to set up local CVCs to meet the target of vaccinating at least 60% of the national population by adding to and reinforcing existing national or other partner-driven efforts to do the same. Key activities included:

- training & deployment of workforce needed to efficiently administer vaccines and manage CVC sites
- data collection, monitoring, tracking, and reporting on COVID-19 vaccination data
- Vaccine infrastructure support

About one month into the implementation of the project, the WHO declared that COVID-19 no longer constituted a public health emergency of international concern. Consequently, after three months, the project ended with Africa CDC re-prioritization. Although short, the project chalked significant successes.

Achievements

- Three Hundred and Sixty-Four (364) Covid Vaccination centres were setup
- 156 administrative staff, 104 vaccinators and 52 data managers were trained
- A strong Technical Working Group (TWG) from with membership from MOH, GHS, FDA, Noguchi and Red Cross Society was set up
- 43,374 doses of COVID-19 vaccines were administrated within three months.

Challenges

- Shortage of vaccine and logistics in some of the districts
- Seasonal factors such as raining and farming seasons affected the ability of vaccinators to reach out
- Vaccine hesitancy was rife probably due to misinformation on the side effect of the vaccines

Figure 1 below shows the data on the SLL project over a period of 3 months

May Performance Summary- Ghana

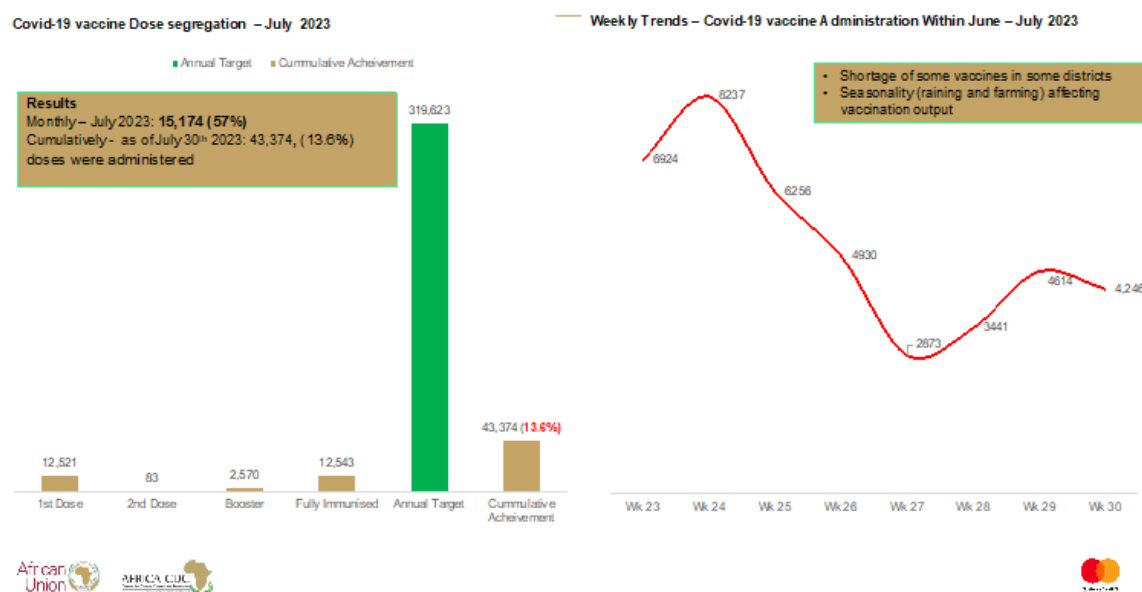


Fig 5: CHAG's Contribution to COVID-19 vaccination through the Saving Lives and Livelihood Project 2023

Club Foot Program

Clubfoot deformity is one of the most common congenital malformations. It is estimated that approximately 1 out of every 833 children born in Ghana are affected by clubfoot deformity, compared to the global estimate of 1 in 1,000 children. Despite the availability of effective treatments, delays in seeking treatment are common due to various reasons, including myths, disparities in access to health services, and more. In many communities, mothers with children born with clubfoot deformities face stigma, and some even attempt to dispose of their children.

With funding support from Hope Walks, CHAG started clubfoot clinics in four locations: St. John of God Hospital – Duayaw Nkwanta, SDA Hospitals at Kwadaso and Gbawe, and Tamale Teaching Hospital. Later, 37 Military and Komfo Anokye Teaching Hospitals were added. These clinics provide free treatment for children with clubfoot deformity, offer counseling services, conduct home visits, and reimburse transport costs for socioeconomically disadvantaged mothers. The program has shown remarkable success since its inception.

In 2023, the number of children receiving free treatment increased significantly from 227 in 2022 to 736. This represents a substantial growth of 224.23% from the previous year. Similarly, the number of clinic visits surged to 2,687 from 2,039 in 2022, indicating a significant expansion of services and outreach efforts.

The provision of braces also saw a considerable increase, with 217 children receiving their first braces compared to 166 in the previous year, translating to a 30.12% increase compared to 2022. In addition, there were 2,006 counseling sessions and 2,102 follow-up phone calls to support families.

Awareness and Sensitization Efforts

There was a strong commitment to raising awareness about clubfoot deformities. For the year under review, the program conducted outreach programs and training sessions for medical personnel, community health workers, and the public. Efforts were intensified to engage faith-based leaders and provide disability inclusion training. Home visits were undertaken to provide affected families with physical and spiritual support and document their experiences. During the year, the clinic supported 7% of families (identified as most vulnerable) with transportation assistance for their clubfoot children's follow-up visits.

New Clinic Establishment

In 2023, an additional clinic was established. The establishment of this new clubfoot clinic emphasizes the program's dedication to improving access to treatment and coverage in more geographical areas. The substantial increase in enrollment, clinic visits, and the provision of braces reflects the program's growing impact and effectiveness in ensuring that every child with clubfoot deformity receives the care they need for a better quality of life.



Fig. 9: A Child receiving a cast for correction of a clubfoot deformity.



Fig. 10: Home Visit to Affected Children and Family

HIV/TB Community Systems Strengthening (CSS) Program

CHAG's funding arrangement with the Global Fund for the rollout of the Community Systems Strengthening (CSS) intervention for HIV, TB, and Human Rights concluded in 2023. CHAG served as the Principal Recipient of the Global Fund's New Funding Model 3 from 2021 to 2023, implementing the HIV/TB CSS program to enhance linkage and retention in care for individuals living with HIV and TB, while prioritizing their right to health.

In collaboration with the National HIV and STI Control Program (NACP), National TB Control Program (NTP), and people living with and affected by HIV and/or TB in Ghana, CHAG provided support for community-based HIV and TB treatment, care, and support, extending beyond hospital settings. Peer mentors, including Mentor Mothers, Models of Hope, Community Adolescent Treatment Supporters, and Community Peer Paralegals, were primarily responsible for these community-level interventions. They underwent comprehensive training to deliver essential services such as psychosocial support, medication adherence, clinical appointment accompaniment, and addressing human rights violations. In remote areas, peer mentors even delivered HIV medications directly to their clients.

This peer-led approach, driven by the experiences and knowledge of people living with or affected by HIV and TB, was crucial

for promoting comprehensive care and support in the community. Peer mentors fostered meaningful connections with their mentees, empowering them to navigate the challenges associated with HIV and TB, thereby improving health outcomes and overall well-being. The CSS program, in its final year of implementation in 2023, worked across 240 health facilities in 160 districts spread across 13 regions. Through these efforts, CHAG remains committed to strengthening community systems, ensuring comprehensive care for individuals living with and affected by HIV and TB, and upholding their right to health.

Results

Significant progress was achieved through the 3-year implementation of the CSS program. Here are some key achievements within the year under review:

1. Treatment, Care, and Support for PLHIV

- A total of 123,392 People Living with HIV (PLHIV) received support and remained on treatment within health facilities with community cadres.
- The program ensured prompt initiation of treatment for 20,596 out of 24,336 newly diagnosed HIV clients in 2023.

2. Index Testing and Linkage to Care

- Index testing for partners and children of index clients was conducted in 240 facilities with community cadres, resulting in 9,089 tests.
- Of these tests, 1,413 individuals (15.5%) were found to be HIV positive and successfully connected to care.

3. Prevention of Mother-to-Child Transmission (PMTCT)

--- In CHAG's 154 PMTCT intervention sites, 3,956 out of 3,961 HIV-positive pregnant women received antiretroviral (ARV) treatment, achieving a PMTCT coverage rate of 99.8%.

--- Virological testing for 2,871 HIV-exposed infants within two months of birth ensured early detection and appropriate care for 25 positive infants (0.87%).

4. TB Case Notification and Treatment

--- TB Champions within the CHAG CSS program successfully supported the treatment of 378 out of 481 previously diagnosed TB patients, with a treatment success rate of 78.6%.

--- In 2023, the program identified 1,387 new TB cases. TB Champions, TB NGOs, outreaches, and community pharmacies all played crucial roles in case identification and linkage to care. Notably, TB Champions identified 433 cases, TB NGOs notified 874 cases, community outreaches identified 57 cases, and community pharmacies identified 23 cases. TB Champions had a linkage rate of 94.0% and TB NGOs had a linkage rate of 96.6%.

5. Peer Support Services

--- HIV community cadres directly enrolled and provided peer support services to 89,000 PLHIV, with a majority (75.53%) being female.

6. Human Rights Advocacy

--- Community peer paralegals played a crucial role in identifying and resolving 90 human rights infractions. Their work ensured that the rights of PLHIV/TB were protected and upheld.

7. CSO Capacity Building

--- CHAG facilitated capacity building for staff from six Civil Society Organization (CSO) networks, including Stop TB Partnership, TB Voice Network, Ghana Coalition of NGOs in Health, GHANET, Malaria Coalition, and the Network of People Living with HIV (NAP+).

--- The focus of the capacity building was on project and financial management, M&E, and grant writing to enhance the effectiveness of these CSOs in their efforts to support individuals affected by HIV and TB.

The CSS program's holistic approach, including peer support, human rights advocacy, and capacity building, contributed to comprehensive care and community empowerment. The CHAG CSS program's impact is commendable, with the involvement of community cadres in providing peer support, human rights advocacy, and capacity building of community actors, leading to comprehensive care and community empowerment. CHAG has achieved remarkable results in HIV and TB care, especially offering timely diagnosis, treatment initiation, and support for vulnerable populations, which are crucial towards providing quality care for people living with HIV and TB.



SERVICE DELIVERY

OPD, Admissions, Deliveries, and Surgeries

In 2023, healthcare utilization patterns in Ghana, particularly within CHAG facilities, showed notable changes. Despite ongoing efforts to provide accessible and quality healthcare services, the data showed fluctuations in utilization trends over the past two years. Table 2 below shows 5-year trends in OPD, admissions, deliveries, surgeries, and BCG vaccinations.

Outpatient visits saw an increase of 4.55% from 2022 to 2023. This rise can be attributed to several factors, including demand creation, improved client confidence, and quality of care. Similarly, hospital admissions increased by 2.92% compared to 2022. Compared to the total admissions nationally, this represents 24.81%. Though modest, this rise indicates a stable upward trajectory in inpatient care over the last 5 years.

Regarding deliveries, there was a decline of 4.11% compared to 2022, representing 16.54% of national deliveries. The decline could be attributed to the rising number of health

centres, CHPS, and the strengthening of existing facilities near CHAG facilities.

As in the case of deliveries, the number of Caesarean Sections (CS) declined by 4.29% compared to the previous year. However, the CS rate increased marginally by 0.21%, reflecting a general increase in CS nationally, constituting 26.39% of national deliveries.

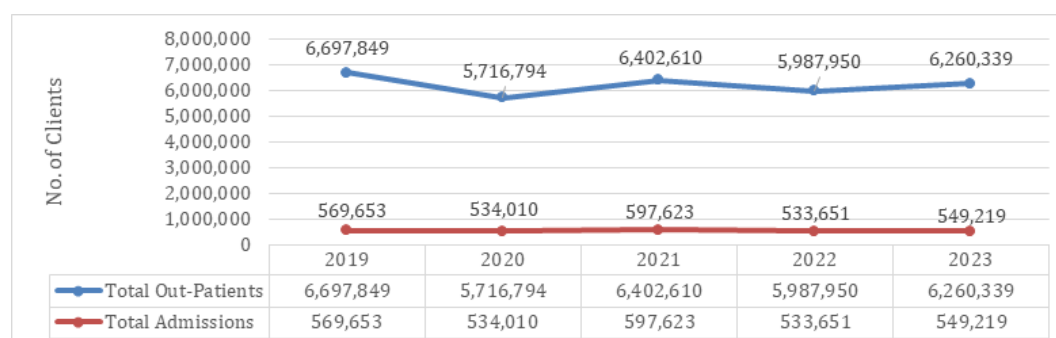
Surgeries over the period increased by 2.35%, reflecting a notable upward trend and contributing 23.94% to the national total. Access to surgical care, especially in rural settings of Ghana, has increased with the training of more surgeons by the Ghana College of Physicians and Surgeons.

Regarding BCG vaccinations, there was a 5.58% decline. This decline in immunizations could have far-reaching public health implications. It is unclear whether this was due to shortages of the vaccines or issues with access. This will be investigated and reported in the next report.

In line with the decline in hospital admissions, the bed occupancy rate fell by 3.8%, now standing at 54.8%. The occupancy trends over the last five years point to the need to reconsider the propensity to build bigger facilities.

Table 2: Trend of Key Health Service Indicators 2019–2023

	2019	2020	2021	2022	2023	% Change 2022- 2023	National	% Contribution to National
Total Out-Patients	6,697,849	5,716,794	6,402,610	5,987,950	6,260,339	4.55%	34,616,363	18.08%
Total Admissions	569,653	534,010	597,623	533,651	549,219	2.92%	2,214,127	24.81%
Number of Deliveries	144,180	136,460	139,531	134,298	128,783	-4.11%	778516	16.54%
Total Caesarian Sections	34,459	29,795	28,718	28,268	27,056	-4.29%	102520	26.39%
Caesarian Rate	23.90%	22.00%	20.30%	20.80%	21.01%	0.21%	13.17%	
Surgeries Performed	79,279	88,463	95,986	98,578	100,897	2.35%	421403	23.94%
Vaccination (BCG)	131,817	120,734	131,960	122,721	115,868	-5.58%	1,206,850	9.60%
Bed Occupancy Rate	58.60%	49.60%	53.00%	58.60%	54.80%	-3.80%	54.9	

Fig. 13: Trend of OPD and Admissions: 2019-2023

Insurance Status of Clients

Of the 6,260,339 OPD visits in 2023, approximately 82% (81.86%) of them were insured which represents 1.24% decline compared to the previous year. Despite the decline, the proportion of insured clients in CHAG was higher than the national average. Nationally, 75.75% of OPD clients were insured, and 24.25% were non-insured.

Regarding 549,219 admitted cases in 2023, about 8 out of every 10 (81.03%) had NHIS. Although this represented a fall of 6.27% compared with the previous year, it was better than the national average of 73.16%. The decline in the proportion of insured attending OPD and on admission means that more clients must pay out of pocket. At a time when NHIA has digitalized NHIS card renewals one expects a higher proportion of NHIS clients. The declining trend ought to be investigated.

Table 3: Trend of NHIS Status among clients who are attended to in CHAG facilities: 2019-2023

Performance Indicator	2019	2020	2021	2022	2023	% Change 2022–2023	National
OPD	6,697,849	5,716,794	6,402,610	5,987,950	6,260,339	4.55%	34616363
OPD Insured	87.80%	84.40%	84.20%	83.10%	81.86%	-1.24%	75.75%
OPD Non-Insured	12.20%	15.60%	15.80%	16.90%	18.14%	1.24%	24.25%
IPD	569,653	534,010	597,623	533,651	549,219	2.92%	2214127
% IPD Insured	84.50%	83.20%	83.10%	87.30%	81.03%	-6.27%	73.16%
% IPD Non-Insured	15.50%	16.80%	16.90%	12.70%	18.97%	6.27%	21.96%

Maternal, Neonatal, Under-5, Stillbirth, and Crude Mortality Rates

Several key health indicators reveal notable trends when comparing local data with national statistics over the reviewed period:

Maternal Mortality Rate (MMR) decreased from 123 to 102 per 100,000 live births (4.39% reduction), slightly better than the national average of 109.3.

Neonatal Mortality Rate (NMR) dropped from 9.3 to 6.8 per 1,000 live births (11.69% reduction), though still higher than the national average of 5.1.

Under-5 Mortality Rate (U5MR) increased from 8.3 to 15.8 per 1,000 live births (14.49%

increase), compared to the national average of 10.9.

Stillbirth Rate declined from 17.9 to 13.8 per 1,000 live births (4.83% decrease) but remains above the national average of 10.2.

Crude Mortality Rate (CMR) remained stable at 18.9 per 1,000 population, similar to the national CMR of 18.7.

Factors contributing to these trends include improved prenatal care, enhanced antenatal education, better neonatal care services, and challenges in maternal and under-5 healthcare access.

Table 4: Trend of Maternal, Neonatal, Under-5, Stillbirth, Birth, Crude Mortality Rates, 2019–2023

Outcome Indicators	2019	2020	2021	2022	2023	% Change	National
Maternal Mortality Rate (per 100,000 LB)	123	117	113.4	75.9	102	34.39%	109.3
Neonatal Mortality Rate (per 1000 LB)	9	9.3	9.3	7.7	6.8	-11.69%	5.1
Under-5 Mortality Rate (per 1000 LB)	8.3	15.1	16.2	13.8	15.8	14.49%	10.9
Stillbirth Rate (per 1000 LB)	17.9	18.1	18.1	14.5	13.8	-4.83%	10.2
Crude Mortality Rate (per 1000)	14.5	20.3	19.4	18.9	18.9	0.00%	18.7

NON-COMMUNICABLE DISEASES (NCDs)

From 2019 to 2023, CHAG facilities showed changes in non-communicable disease (NCD) management:

Diabetes: Cases decreased by 24.67% from 28,386 in 2022 to 21,382 in 2023. CHAG managed 11.74% of the national total of 182,081 cases.

Hypertension: Cases dropped by 29.60% from 94,040 to 66,206. CHAG contributed 12.02% of the national total of 550,634 cases.

Cancer: Cases reduced by 30.39% from 10,960 to 7,629. CHAG handled 19.52% of the national total of 39,079 cases.

Sickle Cell Disease: Cases fell by 34.39% from 10,130 to 6,646. CHAG managed 15.54% of the national total of 42,773 cases.

The reductions in these NCD cases might indicate challenges in continuously utilizing health services, possibly due to inability to pay evidenced by the decline in NHIS subscriptions. However, CHAG's proactive NCD program, focusing on community screenings and public education, helped maintain the observed numbers. The fluctuation in cancer cases highlights the need for more training and better diagnostic capacity.

Table 5: Trend of NCDs attended to in CHAG Facilities: 2019 to 2023

Indicators	2019	2020	2021	2022	2023	% Change (2022-2023)	National	CHAG's Contribution
Diabetes	27,081	33,039	26,463	28,386	21,382	-24.67%	182,081	11.74%
Hypertension	86,452	97,070	102,626	94,040	66,206	-29.60%	550,634	12.02%
Cancer	16,862	9,455	9,485	10,960	7,629	-30.39%	39,079	19.52%
Sickle Cell Diseases	9,185	10,310	11,809	10,130	6,646	-34.39%	42773	15.54%

The trend of key non-communicable diseases (NCDs) as a proportion of OPD attendance within CHAG facilities from 2019 to 2023 reveals notable patterns. Over this period:

- The proportion of diabetes cases to OPD attendance decreased from 0.40% in 2022 to 0.3% in 2023.
- Hypertension cases also showed a similar trend, decreasing from 1.40% in 2022 to 1.1% in 2023.
- Cancer incidence per OPD attendance declined from 0.30% in 2022 to 0.1% in 2023.
- Sickle Cell Disease (SCD) incidence remained relatively stable at 0.1% across the years.

Table 6 below shows these trends.

Table 6: Trend of Incidence of Key NCDs as a proportion of OPD Attendance (2019 – 2023)

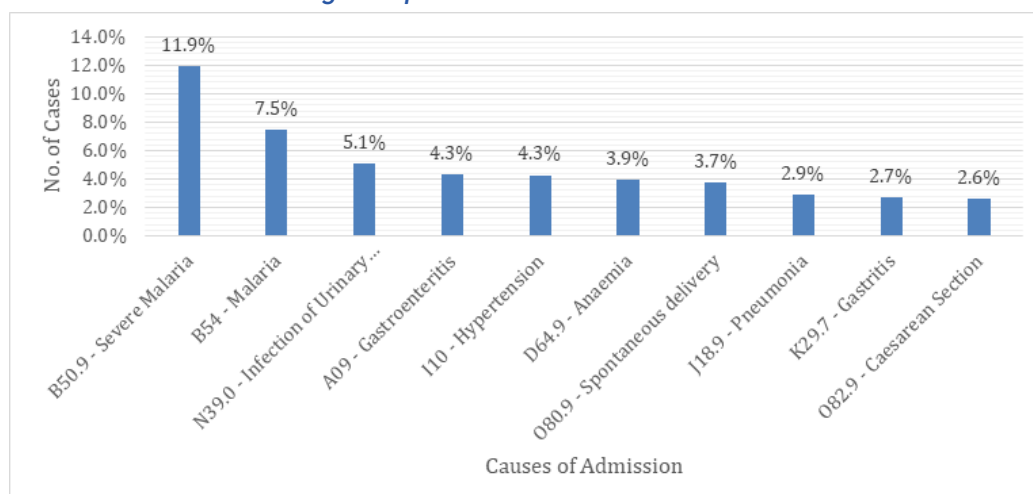
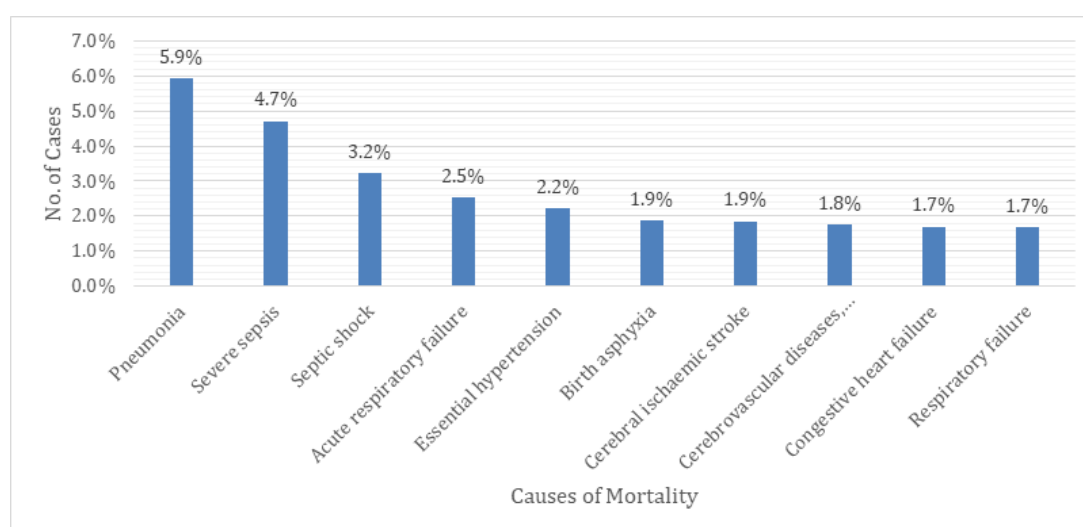
Indicators	2019	2020	2021	2022	2023	National
Incidence of Diabetes (using OPD as proxy)	0.40%	0.50%	0.40%	0.40%	0.30%	0.57
Incidence of Hypertension (using OPD as proxy)	1.30%	1.40%	1.50%	1.40%	1.10%	1.7
Incidence of Cancer (using OPD as proxy)	0.20%	0.10%	0.10%	0.30%	0.10%	0.1
Incidence of Sickle Cell Disease (using OPD as proxy)	0.10%	0.20%	0.20%	0.10%	0.10%	0.1

Common Causes of OPD, Admissions, and Mortality

During the period under review, the top 5 causes of OPD attendance were Malaria, Upper Respiratory Tract Infections (RTIs),

Rheumatic joint pains/arthritis, acute Urinary Tract Infections (UTI), and Anaemia. For admissions, the top 5 causes were Severe Malaria, Malaria, UTI, Gastroenteritis, and Hypertension.

The top 5 most common causes of mortality were pneumonia, severe sepsis, septic shock, acute respiratory failure, and hypertension. Figures 14, 15 and 16 show these observations.

Fig 15: Top 10 Causes of Admissions: 2023**Fig 16: Top 10 Causes of Mortality: 2023**

Mental Health

Mental health remains one of the key services provided by CHAG at the community level. Since the establishment of mental health units in 140 facilities, supported by FCDO, services continue to be delivered to clients. Between 2022 and 2023, the total number of mentally ill people attended to by CHAG facilities decreased by 4.09% for males and 8.28% for females. Compared to the previous year, new client seen fell by 1.97% for males and a more significant reduction of 7.75% for females.

Similarly, re-attendance rates decreased, with males declining 5.05% and females by 8.50%. Tables 7 and 8 below show key mental health indicators, including cases seen at the OPD level and on admissions.

Changes in the availability of mental health services, such as outreach programs and community-based initiatives, may have affected the number of new clients seen. Additionally, improvements in the quality of care or changes in referral practices could have impacted re-attendance rates. Social and economic factors, such as stigma associated with mental illness or shifts in employment status, could also

have influenced the overall utilization of mental health services among different demographic groups, as seen in table 18-20 below.

It is crucial to prioritize NHIS registration and renewal for individuals with mental illnesses. The opening of additional mental health units within government-managed health facilities may have contributed to the reduced utilization compared to the

previous year. Following COVID-19, there was a strong emphasis on mental health resilience. With funding support from Project Hope, CHAG trained 80 Clinical Psychiatric Officers, Community Mental Health Officers, and Registered Mental Health Nurses. These professionals then cascaded the training to their respective facilities, collectively training 1,348 staff on mental health resilience. This training played a significant role in managing post COVID-19 related stresses.

Table 7: Trend of Key Mental Health Indicators (2019-2023)

Indicator	2019	2020	2021	2022	2023	2Yrs % Change
OPD - MH	32,803	32,129	35,085	33,042	30,932	-6.4%
Admissions - MH	1,581	1,708	1974	1,897	1,542	-18.7%
Attempted Suicide	289	240	293	250	290	16.0%
Suicide	19	11	27	27	34	25.9%

Table 8: Mentally Ill Persons by Gender and Insurance Status seen in 2022-2023

Indicators	2022		Total	2023		Total	Dif. (2 Years)	
	Male	Female		Male	Female		Male	Female
Insured	11,486	15,052	26,538	11,372	14,116	25,488	-0.99%	-6.22%
Non-insured	3,456	3,048	6,504	2,959	2,485	5,444	-14.38%	-18.47%
Total	14,942	18,100	33,042	14,331	16,601	30,932	-4.09%	-8.28%
Grand Total	33,042			30,932				
% Females	54.78%			53.67%				
% Insured	80.32%			82.40%				

Table 9: New and Re-attendances of Mentally Ill persons seen in CHAG facilities by Sex (2022-2023)

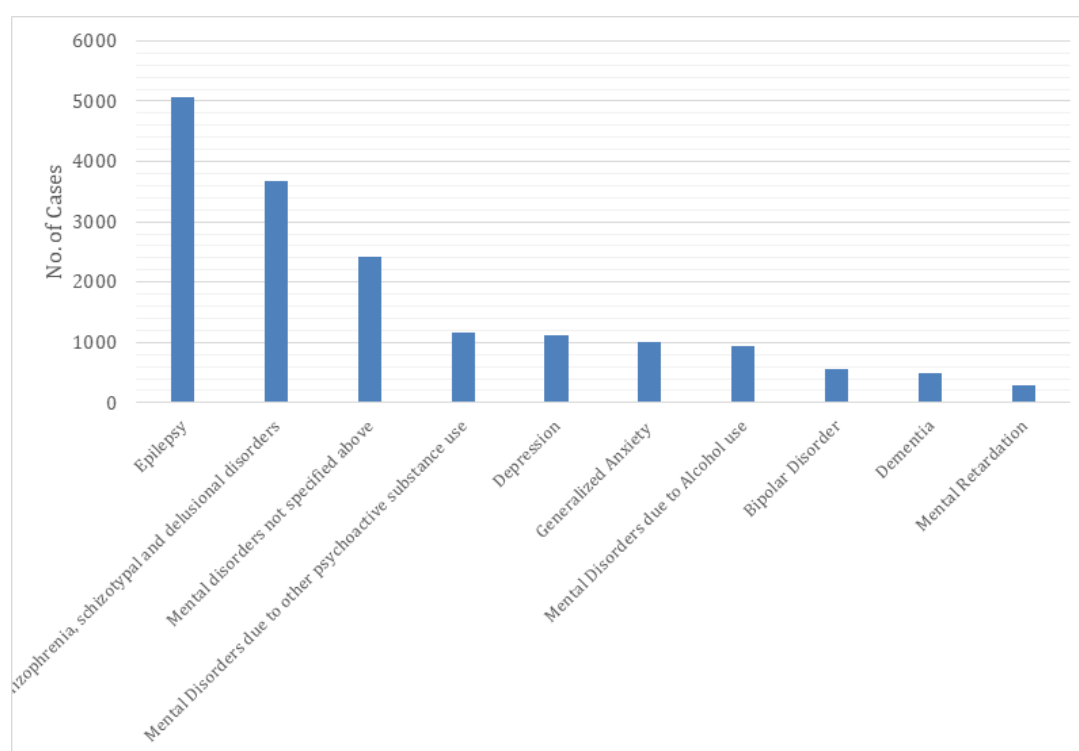
Indicator	2022		Total	2023		Total	% Diff (2 Yrs Trend)	
	Male	Female		Male	Female		Male	Female
New Clients	4,670	5,366	10,036	4,578	4,950	9,528	-1.97%	-7.75%
Re-Attendance	10,272	12,734	23,006	9,753	11,651	21,404	-5.05%	-8.50%
Total Attendance	14,942	18,100	33,042	14,331	16,601	30,932	-4.09%	-8.28%
Grand Total	33,042			30,932				
% Females	54.80%			53.67%				

Table 10: Admissions, Deaths, and Discharges for Mentally Ill persons for 2022-2023

Indicator	2022		Total	2023		Total	%Diff (2 Yrs)	
	Male	Female		Male	Female		Male	Female
Admission	1,013	884	1,897	749	793	1,542	-26.06%	-10.29%
Discharge	908	796	1,704	709	736	1,445	-21.92%	-7.54%
Deaths	63	52	115	75	76	151	19.05%	46.15%
Fatality Rate	6.75%			10.45%				

Table 11: Suicide and Attempted Suicides (2022-2023)

Indicator	2022		Total	2023		Total	%Diff (2 Yrs)	
	Male	Female		Male	Female		Male	Female
Attempted Suicide	143	107	250	120	170	290	-16.08%	58.88%
Suicide	13	14	27	13	21	34	0.00%	50.00%
% Suicide	9.10%	13.10%	10.8%	10.83%	12.4%	11.7%	1.73%	-0.75%

**Fig. 19: Common Mental Health Causes of OPD Attendance in 2023**

The conditions that were seen in 2023 were similar to those seen in 2022, including neuro-psychiatric conditions. The top five (5) causes of OPD attendance were epilepsy, schizophrenia/schizotypal and delusional disorders, mental disorders due to other psychoactive substances, and depression, as shown in figure 19 above.

HUMAN RESOURCES

HR Situation

As of December 2023, the CHAG network shows notable gender differences, with women comprising 62.8% of the workforce and men accounting for 37.2%. Out of the 35,271 staff members on payroll, 22,136 were female and 13,135 were male, indicating a higher representation of women in healthcare roles within CHAG.

Among the top five professional groupings within CHAG:

- Professional Nurses: 24.8% of the workforce (8,748 staff), with 59.8% female.
- Enrolled Nurses: 25.7% of the workforce (9,067 staff), with 77.1% female.
- Midwives: 12% of the workforce (4,221 staff), with only 0.6% male.
- Community Health Nurses: 4.4% of the workforce (1,537 staff), with 85.9% female.
- Allied Health Professionals: 7.5% of the workforce (2,652 staff), with 65.4% male.

Doctors (1,089), though a smaller proportion of the workforce, play a critical role in the CHAG network. The breakdown is:

- Specialist Doctors (251)
- Medical Officers (664)
- House Officers (170)

These groups combined represent 3.1% of the total workforce, with females making up only 19.1% and males 80.9%.

The human resource data underscores the significant role of women in delivering healthcare services within CHAG. While allied health professionals are more prevalent in other agencies, they form less than 10% of the CHAG workforce. The multidisciplinary nature of the healthcare workforce is crucial for effective healthcare delivery in Ghana. Table 10 below shows the breakdown of the workforce

Table 10: Details of Professional Groupings in CHAG

NO	PROFESSIONAL GROUP	Gender		TOTAL
		FEMALE	MALE	
1	Health Tutors	137	122	259
2	Pharmacy Technicians	89	311	400

3	Physician Assistants	184	446	630
4	Registered Certified Anaesthetists	45	143	188
5	Professional nurses	5236	3512	8748
6	Nurse specialist	20	5	25
7	Midwives	4195	26	4221
8	Community Health Nurses	1321	216	1537
9	Enrolled Nurses	6987	2080	9067
10	Hospital Administrator	4	18	22
11	Health Services Administrator	16	44	60
12	Accountant	270	533	803
13	Public Health Officer	21	37	58
14	Auditor	16	52	68
15	Psychologist	2	6	8
16	Support staff (clinical)	779	507	1286
17	Support staff (Non-Clinical)	1598	2418	4016
18	Allied Health	917	1735	2652
19	Specialist (Doctors)	48	203	251
20	Consultants	2	2	4
21	Medical Officers	162	502	664
22	House Officers	46	124	170
23	Pharmacist	36	79	115
24	Specialist Pharmacist	5	14	19
Total		22,136	13,135	35,271

Doctor and Nurse to Patient Ratios

In 2023, the Christian Health Association of Ghana (CHAG) reported the following:

--- **Doctor-to-patient ratio:**

Approximately 1:5,749.

--- **Nurse-to-patient ratio:**

Approximately 1:265.

Figure 20 below shows the trends of doctor to patient and Nurse to patient ratios from 2019 to 2023.

The nurse-to-patient ratio increased from 2022 to 2023, despite a 3.5% increase in the number of nurses. This rise indicates a strain on nursing resources, likely due to increased patient numbers and the complexity

of healthcare needs outpacing the increment in nursing staff.

Factors influencing the nurse-to-patient ratio include:

- Changes in patient demographics (aging population, increase in chronic diseases) requiring more clinic visits.
- Fluctuations in healthcare policies and funding diminishing the capacity of the government to recruit more.
- Shifts in healthcare delivery models and brain drain that affected more nurses.

To address these challenges, CHAG needs to monitor workforce dynamics, plan strategically, assess staffing needs continually, and implement policies to support nursing staff. This approach will help maintain an appropriate nurse-to-patient ratio and ensure quality healthcare services.

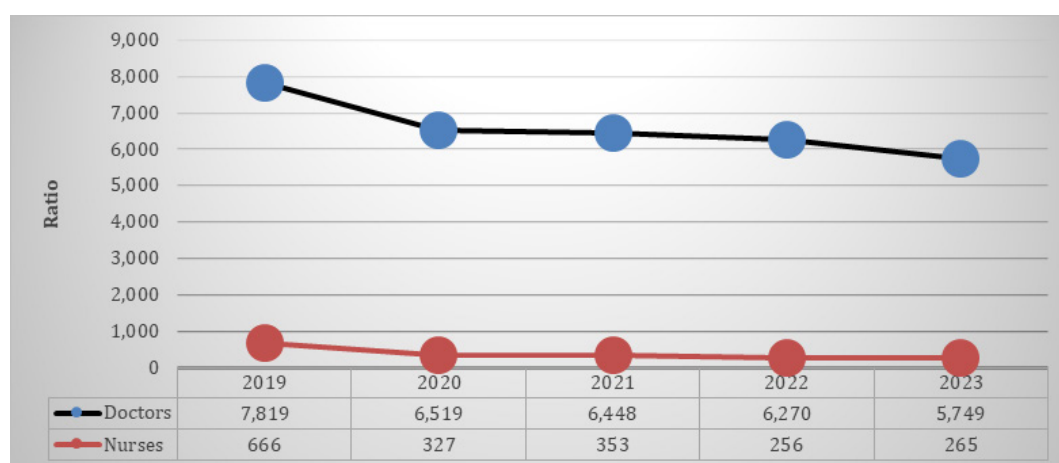


Fig 20: Trend of Doctor to Patient and Nurse to Patient Ratios: 2019 - 2023

Clinical to Non-Clinical Staff

There have been fluctuations in the ratio of clinical to non-clinical staff over the years:

- 2019: 79% clinical staff
- 2022: 86% clinical staff
- 2023: 85% clinical staff

While clinical staff (including doctors, nurses, midwives, and allied health professionals) are essential for providing direct patient care, non-clinical staff (such

as administrative and support personnel) play a crucial role in facilitating healthcare operations. The reduction in non-clinical staff due to government financial policies may negatively impact the overall quality of care in the long term.

CHAG's primary focus is on delivering holistic healthcare services, and a balance between clinical and non-clinical staff is necessary to maintain quality care. The emphasis on recruiting and retaining clinical staff should not overshadow the importance of non-clinical staff in the healthcare system.

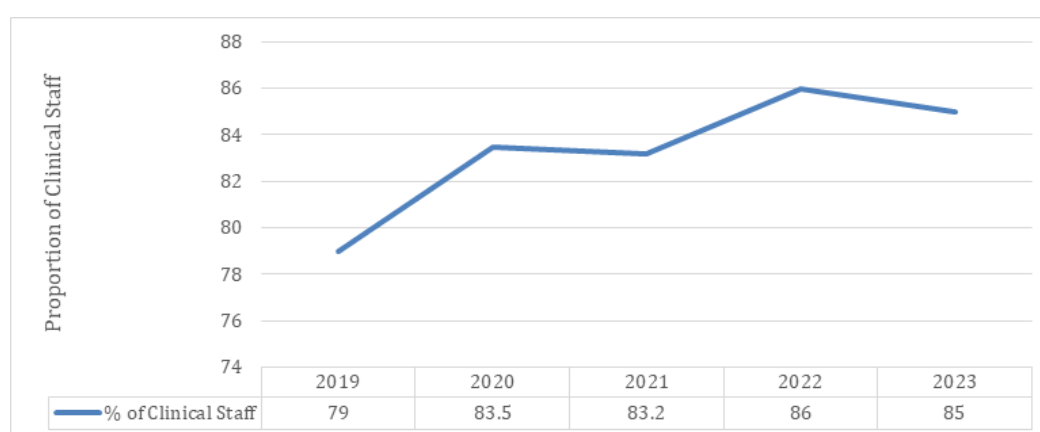


Fig 21: Trend of Ratio of Clinical to Non-Clinical Staff 2019 – 2023

Staff Recruitment, Transfers and Separation, 2022

Here's a summary of the 2023 Human Resource data CHAG over the period of reporting

Recruitment and Assumption of Duty

- Medical Doctors: 158 recruited, 142 assumed duty (89.9%).
- Nurse Assistant Clinical: 1,525 recruited, 1,489 assumed duty (102.4%).
- Nurse Assistant Preventive: 162 recruited, 152 assumed duty (106.6%).
- Professional Nurses: 1,221 recruited, 1,220 assumed duty (99.9%).
- Professional Midwives: 453 recruited, 456 assumed duty (99.3%).

The data highlights efficient recruitment and posting processes, with most recruited staff seamlessly assuming their roles.

Transfers

- Out of CHAG: 225 transfers.
- Into CHAG: 29 transfers.
- Intra-CHAG: 287 transfers.

These transfers illustrate CHAG's adaptability to personnel needs and resource allocation.

Key HR Activities in 2023

1. Payroll Management Training: Enhanced facility management's ability to generate mandatory monthly salary reports and reduced payroll errors.
2. HR Forum: Facilitated discussions and monitoring visits to assess HR practices.
3. Rural Incentive Packages: Collaboration with MoH and WHO to introduce retention incentives for rural staff.

These activities aim to strengthen HR management and ensure compliance with HR practices within CHAG.

HEALTH FINANCE / NHIS

Claims Payment

Claims payment to facilities improved in 2023. The NHIA managed to pay providers at least once a month in most cases. Payment for claims submitted in 2023 commenced during the last quarter of the year. However, some claims from previous years remain unpaid. It is expected that all outstanding claims from previous years will be cleared to ensure the continuity of essential services at all levels of care.

Tariffs Review

The NHIA has begun a comprehensive review of the G-DRG to address the challenge of low tariffs and compensate for inflation and the depreciation of the Ghana cedi. The process for reviewing medicine prices also commenced, with expert pharmacists in the network leading the exercise.

Credentialing of CHAG Facilities

In the year under review, the CHAG Secretariat facilitated the credentialing of over 200 facilities. Credential letters were collated and sent to facilities from the Secretariat to reduce waiting times and the cost of travel for follow-ups.

Developing the Capacity of CMIs for Financial Management, Audit, and Assurance

As part of efforts to build institutional capacity of CMIs to ensure the continuity of essential services, the development of the financial administration manual funded by the FCDO through the CRIB Project was finalized in 2023. The Finance Committee of the CHAG Board of Trustees spearheaded the exercise, with experts from member institutions and training schools providing input. The manual is expected to guide facilities in financial administration, audit, and assurance. Representatives (104) from 52 facilities were trained on the use of the manual, including audit and assurance.



HEALTH RESEARCH

Health Research Department Overview

The Health Research department aims to address knowledge gaps to improve health systems and service delivery. This involves five broad phases: Problem identification, Problem analysis, formulating alternatives, improving practices and procedures, and Monitoring and evaluating health policies.

CHAG established a Research Unit five years ago, along with an institutional review board (IRB), intending to collaborate with external research institutions within the network. Over the years, CHAG has been collecting data from its facilities and needs to mine insights from the amassed data. Documenting and sharing good practices within the network globally is also essential.

Research Protocols in 2023

In 2023, 42 more research protocols were received compared to previous years since

the CHAG IRB's inception in 2018, marking a 1300% increase in protocols received compared to 2018. By 31st December 2023, a total of 120 protocols were received, with 108 out of 120 reviewed protocols approved.

Types of Research in 2023

Research conducted in 2023 included:

- Biomedical Research: 10 protocols
- Social or Behavioural Research: 23 protocols
- Other Types of Research: 9 protocols

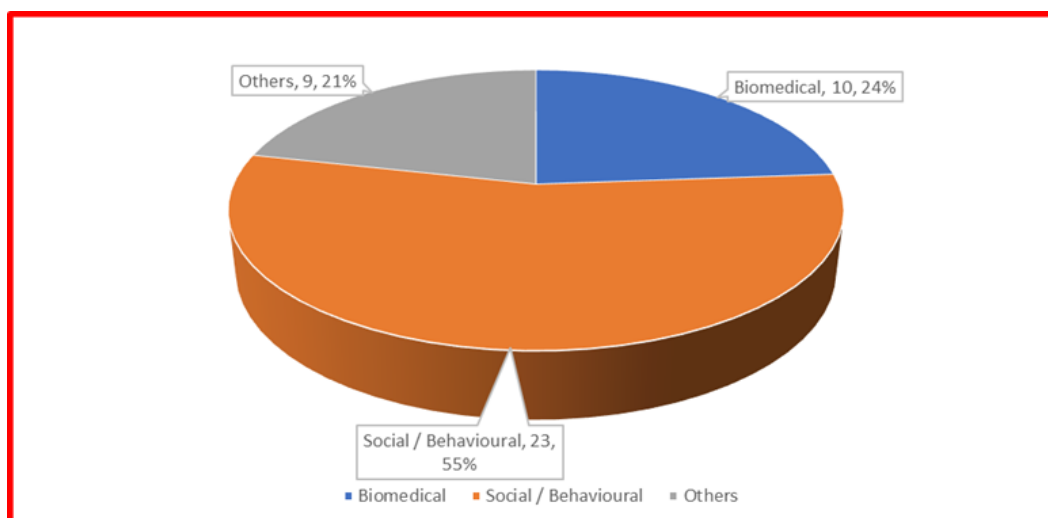


Figure 23: Proportion of research types proposed in 2022

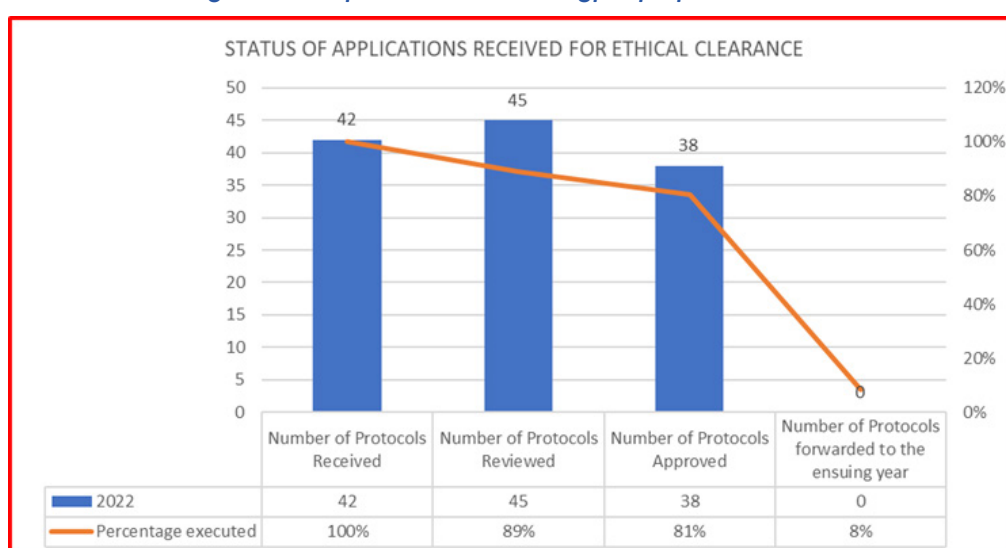


Fig.24: Status of Application in 2023

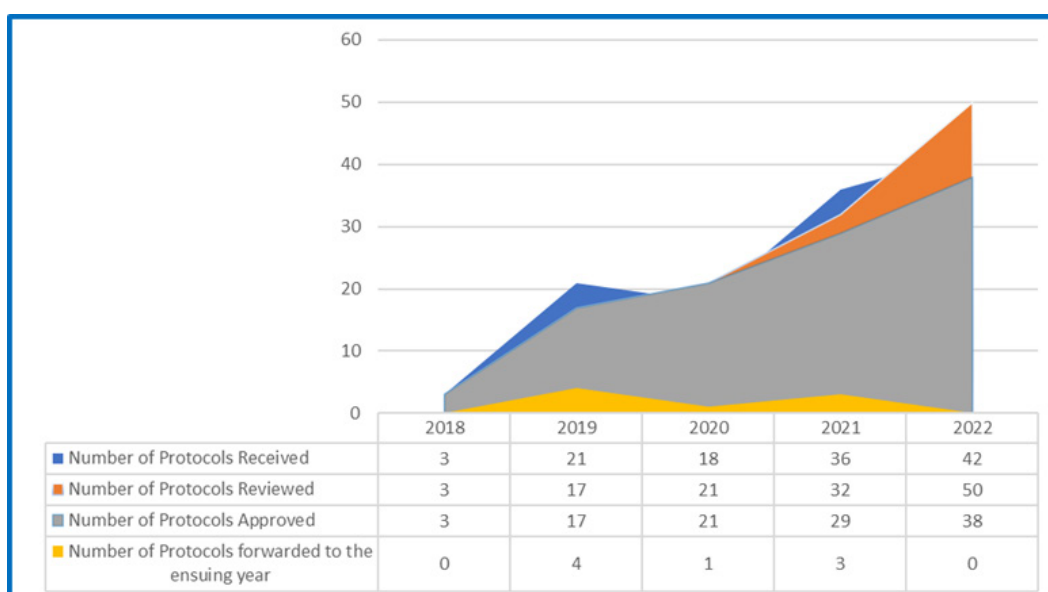


Fig25: Area Graph of Application Status from 2018 -2023



SAFECARE QUALITY IMPROVEMENT

Over the past four years, CHAG has successfully implemented the SafeCare Quality Improvement program, which has enhanced healthcare delivery and achieving a 91% improvement in overall quality of care across 330 facilities. With 70% of facilities moving from one SafeCare level to a higher level, this program not only improved patient satisfaction and operational efficiency but also set a benchmark for national standards, prompting the Ghana Health Services to pilot its implementation in the Bono East and Savanna regions.

The SafeCare initiative serves as a model for quality healthcare systems, demonstrating the profound impact of structured quality improvement on health outcomes in Ghana. With only 4 facilities at level 4 initially, there are now 39 CHAG facilities at SafeCare level 4 as at the end of 2023.

Until the beginning of the SafeCare program, no single CHAG facility was a secondary level facility. Through the program, and its

ripple effects, six (6) CHAG facilities have now been credentialed to secondary level facilities concurrently by the National Health Insurance Authority (NHIA) and Health Facilities Regulatory Authority (HeFRA). The unanimous accreditation is a testament to improved quality of care and processes of care.

Claims Payment

Claims payment to facilities improved in 2023. The NHIA managed to pay providers at least once a month in most cases. Payment for claims submitted in 2023 commenced during the last quarter of the year. However, some claims from previous years remain unpaid. It is expected that all outstanding claims from previous years will be cleared to ensure the continuity of essential services at all levels of care.



PRIORITIES FOR 2024

The specific goal for 2024 is “Strengthening Oversight and quality of care to Contribute to Ghana’s UHC 2030 agenda”. The goal was informed by emerging issues in supervision and the need for quality of care.

Key Focus Areas:

1. Leadership and Institutional Management.
2. Compliance and Alignment with Health Sector HR Policies.
3. Non-Communicable Diseases (NCDs).
4. Quality of Care through SafeCare Quality Improvement Program.
5. Resource Mobilization.
6. Capacity Building for Reproductive, Maternal, Newborn, Child Health Services and Nutrition.

Strategic Collaborations

1. Scaling up Akomapa NCDs with the WHO Ghana country office.
2. Strengthening Value-Based Care with PharmAccess.
3. Feasibility of NCD Care for hypertension and diabetes management.

We will work with the WHO to scale up the Akomapa NCDs to more facilities with priorities on screening and education. Again, we will work with PharmAccess to strengthen the Value Based Care program that was started in selected facilities in 2023. We will also explore the feasibility of using NCD Care up for the management of hypertension and diabetes in selected facilities.

SafeCare Quality Improvement Program

Regarding the SafeCare Quality improvement program, we will work with the Ghana Health Service to scale up in order to achieve mass effect of quality in the overall health system. The plan is to institutionalize the program with all the structures required for sustainability. To achieve this an office will be established at the Head Office and recruit a full complement of staff to drive quality of care.

Consolidating the progress made in the Digital Supply Chain for Medicines (Med4All)

will also be a priority. We will bolster their implementation in existing facilities and expand their reach by incorporating additional facilities, ensuring more healthcare centers can benefit from these invaluable innovations.

The CHAG Secretariat is committed to collaborating closely with the respective Church Health Coordinating Offices and CHAG Member Institutions (CMIs). We will strive to enhance our stewardship function of the network through regular engagements with our constituent members.

We would like to express our profound gratitude to the Board of Trustees, the Government of Ghana (GoG) through the Ministry of Health (MoH) and Ministry of Finance (MoF), Foreign Commonwealth and Development Office (FCDO), PharmAccess Foundation, the Global Fund, and GIZ for their unwavering support throughout the years. We also acknowledge the invaluable collaboration with Ghana Health Service, Mental Health Authority, Clinton Health Access Foundation (CHAI), and our Member Institutions (MIs).

We remain reliant on the continued support of all stakeholders and development partners as we strive to provide comprehensive care to millions of Ghanaians residing in rural and underserved areas. Together, we can make a significant difference in improving healthcare access and outcomes for our fellow citizens.

SafeCare Level 3 Facilities

S/N	Facility Name	SafeCare Rating	District	Region
1	Presbyterian Hospital, Dormaa Ahenkro	3	Dormaa	Bono
2	St. Mary's Hospital, Drobo	3	Jaman South	Bono
3	St. John of God Hospital, Duayaw-Nkwanta	3	Tano North	Ahafo
4	Father Thomas Alan Rooney Memorial Hospital	3	Wasa Amenfi West	Western
5	St. Martin de Porres Hospital, Eikwe	3	Ellembelle	Western
6	St. Theresa's Hospital, Nkoranza	3	Nkoranza South	Bono East
7	St. Martin's Catholic Hospital, Agroyesum	3	Amansie South	Ashanti
8	SDA Hospital, Kwadaso-Kumasi	3	Kwadaso	Ashanti
9	St. Joseph's Hospital, Jirapa	3	Jirapa	Upper West
10	St. Theresa's Hospital, Nandom	3	Nandom	Upper West
11	St. Anne's Hospital, Damongo	3	West Gonja	Savanna
12	Pentecost Clinic Kpasa	3	Nkwanta North	Kpassa
13	St. Andrew's Catholic Hospital, Kordiabe	3	Shai-Osudoku	Greater Accra
14	Holy Child Catholic Hospital, Fijai	3	Sekondi-Takoradi	Western
15	Valley View Adventist Hospital, Oyibi	3	Kpone-Katamanso	Greater Accra
16	Church of God Hospital, Essienimpong	3	Ejisu Juaben	Ashanti
17	Assemblies of God Hospital Saboba	3	Saboba	Northern
18	Emmanuel Eye Medical Centre	3	Ayawaso West	Greater Accra
19	Emmanuel Eye Medical Centre	3		
20	Salvation Army Health Centre - Adaklu - Sofa	3	Adaklu	Volta
21	Faith Evangelical Mission Hospital	3	Accra Metro	Greater Accra
22	EP Church Clinic - Dzemeni	3		
23	Methodist Medical Centre, Apagya	3	Afigya Kwabre South	Ashanti
24	St. Francis Clinic - Saviefe	3	Ho West	Volta
25	St. Patrick Health Centre, Wulugu	3	West Mamprusi	North East
26	St. Joseph the Worker Clinic, Guabuliga	3	Guabuliga	North East
27	St. Joseph's Clinic-Wenchi Koasi	3	Wenchi Koasi	Bono
28	True Faith Hospital - Kumawu Bodomase	3	Sekyere Kumawu	Ashanti
29	Tree of Life Medical Centre- Accra	3	Adentan	Greater Accra
30	SDA Hospital, Obuasi	3	Obuasi East	Ashanti

31	Mary Ekuba Ewoo SDA Clinic, Ak-widaa	3	Ahanta West	Western
32	Salvation Army Hospital, Agona-Du-akwa	3	Adaklu	Volta
33	Nzema Baptist Hospital - Nvellenu	3	Jomoro	Western
34	Presbyterian Health Centre, Abetifi	3	Kwahu East	Eastern
35	Dzodze Ghana Mission Clinic	3	Ketu North	Volta
36	Grace Spring Mission Hospital	3	Secondi - Tako-radi	Western
37	Infant Jesus Catholic Clinic, Kasoa	3	Awutu Senya East	Central
38	St. Alban's Clinic (The Refugee Camp)	3	Berekum West	Bono
39	Holy Spirit Clinic, Dantano	3	Asunafo South	Ahafo
40	Pentecost Hospital, Ayanfuri	3	Upper Denkyira East	Central
41	E.P. Church Clinic, Wapuli	3	Saboba	Northern
42	Fame Clinic - Benwoko	3	Tempane	Upper East
43	St. Martin's Health Centre, Biu	3	Kassena-Nankana	Upper East
44	Villa Regina Health Centre, Gwenia	3	Kassena-Nankana West	Upper East
45	Anglican Clinic, Yelwoko	3	Bawku West	Upper East
46	Our Lady of Fatima Health Centre	3	Pru West	Bono East
47	Todah Hospital, Obuasi	3	Obuasi East	Ashanti
48	SDA Hospital, Koforidua	3	New Juaben North	Eastern
49	Hawa Memorial Saviour Hospital	3	Abuakwa North	Eastern
50	Salvation Army Health Centre, Ajumako Ocho	3	Ajumako-Enyan-Essiam	Central
51	St. Kathryn's Hospital, (Lighthouse Mission Hospital, Bubuashie)	3	Accra Metro	Greater Accra
52	St. John Polyclinic, Akim Ofoase	3	Akyemansa	Eastern
53	SDA Clinic, Nobewam	3	Ejisu-Juaben	Ashanti
54	Baptist Medical Centre, Abuakwa	3	Atwima Nwabi-agyaa	Ashanti
55	Evangelical Church of Ghana Hospital, Kpandai	3	Kpandai	Northern
56	Saviour Community Hospital, Bonwire	3	Ejisu Juaben	Ashanti

57	St. Vincent DePaul Clinic, Drobonso	3	Sekyere Afram Plains	Ashanti
58	Fr. Cuniberto Clinic & Maternity Home, Lume	3	Akatsi South	Volta
59	St. Anne's Catholic Hospital, Tagadzi	3	North Tongu	Volta
60	Manna Mission Hospital	3	Ledzokuku	Greater Accra
61	St. Lucy Hospital, Tamale	3	Sagnarigu	Northern
62	Presbyterian Hospital, Donkorkrom	3	Kwahu Afram Plains North	Eastern
63	Holy Spirit Clinic & Maternity Home, Kwasi Fante	3	Kwahu Afram Plains South	Eastern
64	Holy Rosary Health Centre, Afram Plains	3	Kwahu Afram Plains North	Eastern
65	Global Evangelical Mission Hospital Apromase	3	Ejisu Juaben	Ashanti
66	St. Georges Clinic, Liati	3	Afadjato South	Volta
67	Sacred Heart Hospital, Weme-Abor	3	Keta	Volta
68	Methodist Medical Centre, Asuakwa	3	Sunyani West	Bono
69	PH Anglican Eye Clinic, Jachie	3	Bosomtwe	Ashanti
70	Methodist Medical Centre, Brodekwano	3	Bosomtwe	Ashanti
71	St. Peter's Health Centre, Ntobroso	3	Birim North	Eastern
72	Bishop Anglionby Memorial Clinic	3	Bodi	Western North
73	Bebu Methodist Clinic	3	Atwima Kwan-woma	Ashanti
74	Martyrs of Uganda Health Centre, Bole	3	Bole	Savanna
75	Sacred Heart Health Centre, Bepoase	3	Sekyere South	Ashanti
76	Good Shepherd Health Centre, Tuna	3	Sawla-Tuna-Kalba	Savanna
77	SDA Hospital, Dominase, Essumejaman	3	Upper Denkyira West	Central
78	Pope John Paul II Medical Centre	3	Sekyere South	Ashanti
79	Presbyterian Health Centre, Ekye	3	Kwahu Afram Plains South	Eastern
80	St. Benito Menni Hospital, Dompooase-Adansi	3	Adansi-West	Ashanti
81	Martyrs of Uganda Health Centre, Sirigu	3	Kassena-Nakana	Upper East

82	St. Joseph Health Centre, Nakolo	3	Kassena-Nakana	Upper East
83	St. Theresa Health Centre, Zorko	3	Bongo	Upper East
84	Presbyterian Health Centre, Suman-duri	3	Tempene	Upper East
85	Immaculate Conception of Mary Health Centre, Kongo	3	Nabdam	Upper East
86	Methodist Medical Centre, Amakom	3	Bosomtwe	Ashanti
87	Akomaa Memorial SDA Hospital	3	Bekwai	Ashanti

SafeCare Level 2 Facilities

S/N	Facility Name	Safe-Care Rating	District	Region
1	St. Luke's Clinic, Chinderi	2	Krachi Nchumuru	Oti
2	Pentecost Clinic, Yawmatwa	2	Bia West	Western North
3	SDA Community Clinic, Wassa Nkran	2	Prestea-Huni Valley	Western
4	The Kings Medical Center, Botanga	2	Tolon-Kumbungu	Northern
5	Salvation Army Health Centre - Anum	2	Asuogyaman	Eastern
6	St. Luke Methodist Clinic, Adjoafua	2	Bia West	Western North
7	Presby Health Centre - Kwame-bikrom	2	Bia West	Western North
8	Presbyterian Health Centre, Aboabo	2	Dormaa Central	Bono
9	Presbyterian Health Centre, Kwame-sua	2	Dormaa Central	Bono
10	Presbyterian Health Centre, Kyeremasu	2	Dormaa Central	Bono
11	Presbyterian Health Centre, Suma Ahenkro	2	Jaman North	Bono
12	Salvation Army Polyclinic, Ajumako-Baa	2	Ajumako-Enyan-Essiam	Central
13	Salvation Army Polyclinic, Ajumako-Baa	2		

14	Nagel SDA Hospital	2	Sekondi-Ta-koradi	Western
15	Bryant Mission Hospital	2	Obuasi East	Ashanti
16	Fame Clinic, Loagri	2	Yagaba-Kubore	North East
17	Salvation Army Health Centre-Anidasofie	2	Ayawaso Central	Greater Accra
18	Holy Bridge Clinic and Maternity Home-New Nmai	2	Adentan	Greater Accra
19	St. Peter's Clinic, Donkorkrom	2	Asutifi North	Ahafo
20	St. Anthony's Health Centre, Badu	2	Tain	Bono
21	SDA Clinic - WA	2	Wa	Upper West
22	St. Thomas General and Maternity Clinic - Hiaa	2	Amansie Central	Ashanti
23	Pentecost Clinic - Kasapin	2	Kasapin	Ahafo
24	SDA Clinic - Anyinasuso	2	Offinso	Ashanti
25	The Salvation Army Health Centre, Akim-Wenchi	2	Denkyembour	Eastern
26	St. James Clinic	2	Sunyani	Bono
27	Episcopal Health Centre	2	Western North	Aowin
28	Church of God Clinic, Asempanaye	2	Offinso North	Ashanti
29	Janie Speaks A.M.E Zion Hospital, Afrancho	2	Offinso North	Ashanti
30	St. Joseph's Clinic, Bechem	2	Tano South	Ahafo
31	Pope Francis Health Centre, Kom-fourkrom	2	Pru West	Bono East
32	St. Dominic Clinic, Cherembo	2	Pru West	Bono East
33	Kumasi Academy Clinic	2	Asokore Mampong	Ashanti
34	Methodist Medical Centre, Hweeh-wee	2	Kwahu East	Eastern
35	Mother of God Clinic, Esaase-Bontefufuo	2	Amansie West	Ashanti
36	St. Anthony's Clinic, Sikaman	2	Adansi Akrofuom	Ashanti
37	St. Anthony Health Centre, Anyinasu	2	Ejura-Sekyedumase	Ashanti
38	Fame Clinic, Kumdi	2	Kpandai	Northern
39	Presbyterian PHC, Agogo	2	Asante Akim North	Ashanti

40	Madonna Health Centre, Besease	2	Ejisu-Juaben	Ashanti
41	Siloam Gospel Clinic, Bonyere	2	Jomoro	Western
42	St. Michael Catholic Clinic & Maternity, Akim Ntronang	2	Birim North	Eastern
43	Presbyterian Primary Health Centre - Fooshegu	2	Tamale	Northern
44	Presbyterian Health Centre, Obregyimah	2	Nsawam-Adoagyiri	Eastern
45	Fame Clinic, Akplale	2	South Tongu	Volta
46	Holy Child Clinic, Egyam	2	Ahanta West	Western
47	Catholic Clinic - PHC Salaga	2	East Gonja	Savanna
48	E. P. Church Clinic, Blajai	2	Kpandai	Northern
49	E. P. Dan Moser Memorial Clinic, Dambai	2	Blajai	Northern
50	Fame Clinic, Makango	2	East Gonja	Savanna
51	Methodist Medical Centre, Osubeng	2	Kwahu South	Eastern
52	E. P. Health Centre, Ho	2	Ho	Volta
53	Presbyterian PHC, Salaga	2	East Gonja	Savanna
54	SDA Hospital, Sefwi Kofikrom	2	Juaboso	Western North
55	Presbyterian PHC, Loloto	2	Kpandai	Northern
56	Methodist Medical Centre, Enchi-Kwahu	2	Kwahu East	Eastern
57	Methodist Medical Centre, Kwakuan-ya	2	Dormaa West	Bono
58	St. Monica's Maternity and Clinic	2	East Akim	Eastern
59	Methodist Medical Centre Yaw Sae	2	Sunyani	Bono
60	Nativity of Our Lady Polyclinic, Ko	2	Nandom	Upper West
61	Methodist Medical Centre - Kyekyewere	2	Tain	Bono
62	Presby Clinic, Jenjemireja	2	Jaman South	Bono
63	Catholic Clinic, Oku	2	Sekyere Central	Blono
64	St. Joseph's Polyclinic, Abira	2	Kwabre-East	Ashanti
65	Dabaa Hope Hospital, Dabaa	2	Atwima Nwabiga	Ashanti
66	Methodist Medical Centre, Tafo	2	Tafo	Ashanti
67	Catholic Clinic and Maternity, Akim Swedru	2	Birim South	Eastern

68	St. Joseph's Clinic and Maternity Home, Kwahu-Tafo	2	Kwahu East	Eastern
69	SDA Clinic, Konkoma	2	Bosomtwe	Ashanti
70	Presbyterian Health Centre, Langbinsi	2	East Mamprusi	North East
71	Presbyterian Health Centre, Kwadwokumikrom	2	Dormaa West	Bono
72	Methodist Medical Center, Nyameani	2	Bosomtwe	Ashanti
73	SDA Clinic, Apaah	2	Asante Mampong	Ashanti
74	Kom Presbyterian Clinic	2	Akwapim South	Eastern
75	SDA Hospital, Namong	2	Offinso North	Ashanti
76	Queen of Peace Clinic, Sabuli	2	Jirapa	Upper West
77	Methodist Medical Center, Adum	2	Kumasi Metro	Ashanti
78	Presbyterian Health Centre, Kwahu Praso	2	Kwahu South	Eastern
79	Assemblies of God Health Centre, Nakpanduri	2	Bunkpurugu -Nakpanduri	North East
80	Fame Clinic, Tatindo	2	Tatale-Sanguli	Northern
81	Methodist Medical Centre, Senchi	2	Sekyere East	Ashanti
82	Our Lady of Lourdes Health Centre, Yagha	2	Jirapa	Upper West
83	St. Martin's De Porres Health Centre, Eremon	2	Eremon	Upper West
84	St. Evarist Health Centre, Ullo	2	Jirapa	Upper West
85	St. Christopher Health Centre, Dapouri	2	Nadowli-Kaleo	Upper West
86	St. Gregory Health Centre, Nanvili	2	Nadowli-Kaleo	Upper West
87	Immaculate Conception Health Centre, Kaleo	2	Nadowli-Kaleo	Upper West
88	Anglican Health Centre, Tano-Odu-mase	2	Atwima Mponua	Ashanti
89	St. Marks Anglican Clinic	2	Bibiani-Anhwiaso-Bekwai	Western North
90	St. Mary's Anglican Clinic, Apinkra	2	Bosomtwe	Ashanti
91	St. Edward's Hospital, Dwinyama	2	Ahafo Ano South	Ashanti

92	St. John's Health Centre, Domeabra	2	Ahafo Ano South	Ashanti
93	Presbyterian CHPS, Tolla	2	Talensi	Upper East
94	Holy Cross Clinic and Maternity Home, Sambuli	2	Saboba	Northern
95	St. Ignatius Health Centre, Lassia Tuolu	2	Wa West	Upper West

SafeCare Level 1 Facilities

S/N	Facility Name	Safe-Care Rating	District	Region
1	Church of Christ Mission Clinic, Yendi	1	Yendi	Northern
2	Presbyterian Clinic-Antwirifo	1	Dormaa Central	Bono
3	Presbyterian Clinic-Tanoboase	1	Techiman North	Bono East
4	SDA Clinic - Denkyira Dominase	1	Upper Denkyira West	Central
5	St. John of God Clinic, Oseikojokrom	1	Bia West	Western North
6	Samuel Seidu Memorial Clinic - Bayiri	1	Wa East	Upper West
7	Methodist Medical Centre, Dag-yamen	1	Tano North	Ahafo
8	E. P. Church Clinic, Adaklu Waya	1	Adaklu	Volta
9	Methodist Medical Centre, Ben-yin-Nzulezo	1	Nzema East	Western
10	Abrafi Memorial Clinic	1	Kumasi Metro	Ashanti
11	Presbyterian Health Centre, Assin Nsuta	1	Assin South	Central
12	Presbyterian Health Centre, Yaakrom	1	Dormaa West	Bono
13	Presbyterian Health Centre, Ohiamatuo	1	Wasa Amenfi West	Western
14	Kuwani Health Centre	1	East Gonja	Savanna
15	Presbyterian Primary Health Centre, Tease	1	Kwahu Afram Plains South	Eastern

16	Presbyterian Clinic, Buokrukruwa	1	Tano North	Ahafo
17	St. Stella's Clinic, Karni	1	Lambussie	Upper West
18	St. Gerhardt Health Center, Fielmuo	1	Sissala West	Upper West
19	Valley View Adventist Hospital, Techiman	1	Techiman	Bono East
20	Church of God Medical Centre, Banda-Nkwanta	1	Bole	Savanna
21	Church of God Clinic, Apaaso	1	Atwima Kwanwoma	Ashanti
22	Pentecost Community Clinic, Twifo-Praso (Agona)	1	Twifo-Ati-Mokwa	Central
23	Anglican Clinic, Bonzain	1	Juaboso	Western North
24	Pentecost Clinic, Enchi-Kwahu	1	Aowin	Western North
25	Adventist Hospital, Brehman	1	Suame	Ashanti
26	Hart Adventist Hospital	1	Asokwa	Ashanti
27	Methodist Medical Centre, Gwira Eshiem	1	Nzema East	Western
28	Angela Memorial Catholic Clinic, Yawmatwa	1	Bia West	Western North
29	SDA Clinic and Maternity, Sefwi Punikrom	1	Sefwi-Wiawso	Western North
30	SDA Clinic - Sefwi Amoaya	1	Bodi	Western North
31	E.P. Church Clinic, Hatorgodo	1	Keta	Volta
32	St. Theresa Clinic, Nope	1	Wassa Amenfi West	Western



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