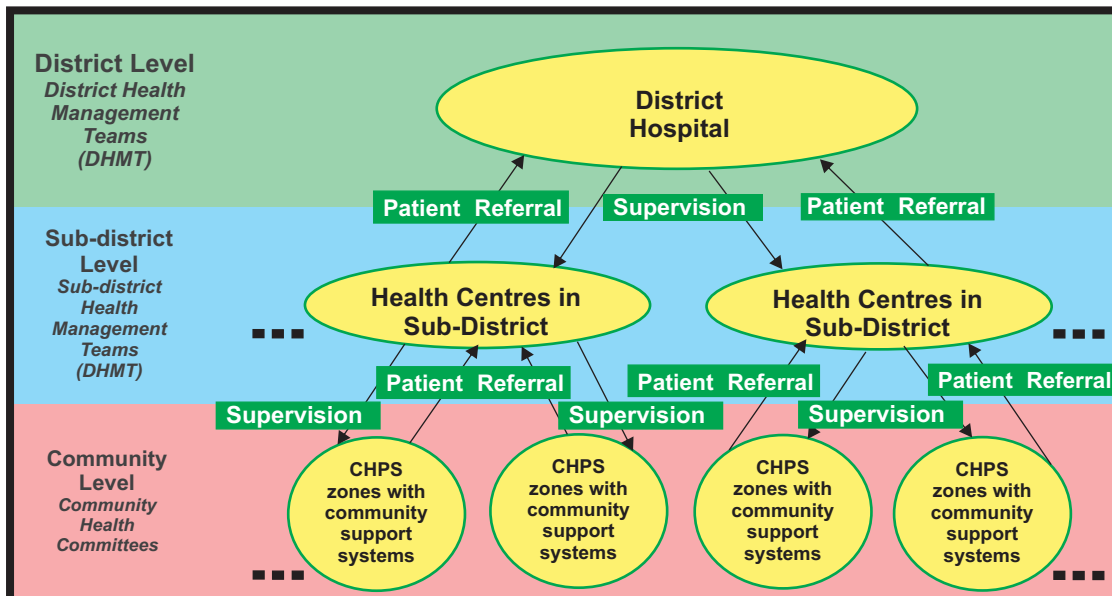




GHANA HEALTH SERVICE

MANUAL FOR SUB-DISTRICT MANAGEMENT TEAM



October 2020

MOH/GHS



MINISTRY OF HEALTH
REPUBLIC OF GHANA



The Global Fund
To Fight AIDS, Tuberculosis and Malaria



Abbreviations/Acronyms

A/C	Account
AIDS	Acquired Immune Deficiency Syndrome
AR	Ashanti Region
ARIC	Audit Report Implementation Committee
ATF	Accounting Treasury and Financial Reporting Rules and Instructions
BMC	Budget Management Center
CHC	Community Health Committee
CHMC	Community Health Management Committee
CHO	Community Health Officers
CHPS	Community-Based Health Planning and Service
CSO	Civil Society Organization
DDHS	District Director of Health Service
DHD	District Health Directorate
DHMT	District Health Management Team
FAA	Financial Administration Act
FAR	Financial Administration Regulations
FD	Finance Division
GAVI	Global Alliance for Vaccine Initiative
GCR	General Counterfeit Receipt
GES	Ghana Education Service
GHS	Ghana Health Service
GPRTU	Ghana Private Road and Transport Union
HIV	Human Immunodeficiency Virus
HRDD	Human Resource Development Division
HTS	HIV Testing Service
IAA	Internal Audit Agency
IME	Information Monitoring and Evaluation

ITN	Insecticide Treated Nets
MoH	Ministry of Health
NCDs	Non-Communicable Diseases
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
NHLMC	National Health Learning Materials Center
NTDs	Neglected Tropical Diseases
PMTCT	Prevention of Mother To Child Transmission
PO	Purchasing Order
POP	Plaster of Paris
PP	Procurement Plan
PPA	Public Procurement Act
PPMED	Policy Planning Monitoring and Evaluation Division
PV	Payment Voucher
RDHS	Regional Director of Health Service
RTD	Retired
SDHC	Sub-District Health Committee
SDHT	Sub-District Health Team
SDHMT	Sub-District Health Management Team
SRA	Stores Receipt Advice
SSDMD	Supplies Stores and Drugs Management Division
SSNIT	Social Security and National Insurance Trust
SWOT	Strengths, Weaknesses, Opportunities and Threats
TB	Tuberculosis
URTI	Upper Respiratory Tract Infection
UTI	Urinary Tract Infection
VAT	Value added Tax

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Planning and Budgeting

Dr. Ben Bempah	Deputy Director, PPMED, GHS
Mrs. Sophia Kesewa Ampofo Kusi	Planning Department, PPMED, GHS
Mrs Maame Esi Amekudzi	Planning Department, PPMED, GHS
Ms. Paulina A. Ofori-Adu	Planning Department, PPMED, GHS
Ms. Edith Akosua Mansah	Planning Department, PPMED, GHS
Mr. Winnard Agbeko	Planning Department, PPMED, GHS

Financial Management and Audit

Mr. Robert Annan	Deputy Director, FD, GHS
Mrs. Regina Okan	Deputy Director, FD, GHS
Mr. George Asamoah	Reporting Department, FD, GHS
Mr. Godwin Nimor	Reporting Department, FD, GHS
Mr. Yaw Okyere (Rtd.)	Greater Accra RHD, GHS
Mr. Ralph Hope Ankrah	Internal Audit Division, GHS

Administration and Human Resources

Dr. Margaret Chebere	Director Human Resources, GHS
Mr. Yaw Brobbey – Mpiani	Deputy Director Administration, GHS
Mr. Francis Ekey	Deputy Director HRDD, GHS
Mr. Micah Asare Bediako	Deputy Director Administration, Ashanti RHD
Mr. Hamza Ismaila	Administration, HRDD, GHS

Procurement and Supply

Mrs. Araba Kudiabor	Director, SSDMD, GHS
Mr. Bernard Asamany	Deputy Director, SSDMD, GHS
Mr. Kwabena Adu Agyei	Procurement, SSDMD, GHS

Service Delivery

Dr. Koku Awoonor-Williams	Director PPMED, GHS
Dr. L. K. Senaya (Rtd)	External Consultant
Dr. Alfred Yawson	External Consultant
Mr. Seth Adjei	External Consultant

Health Information Management

Dr. Anthony Ofosu	Deputy Director, PPMED, GHS
Mrs. Emma Hammond	IME, PPMED, GHS
Mr. Dominic Atweam	IME, PPMED, GHS

Leadership and Management

Dr. Ben Bempah

Mr. Said Al-Hussein

Mr. Zanu Dassah (Esq.)

Mr. Mohit Pramanik

Ms. Edith Akosua Mansah

Deputy Director, PPMED, GHS

Consultant

Deputy Director, HRDD, GHS

ASPEN Representative, GHS

Planning Department, GHS

Methodology

GAVI funded the Ghana Health Service to develop the first edition of the Management Manual and Guidelines for Sub-districts in 2010 and 2011. The manual was used to train Sub-district teams for the existing 216 Districts in the country from 2011 to 2012. The critical gaps identified in the previous manual were primarily the absence of a module on Human Resource Development and Health Information Management at the Sub-district level. It has also been observed that a new CHPS implementation policy and guidelines have been developed and disseminated. Moreover the financial management architecture of the health service has undergone some changes over the years. In the light of the aforementioned developments, the GHS decided to revise the 'Management Manual for Sub-districts to take account of the identified gaps and emerging management challenges.

The 2nd edition of the 'Management Manual for Sub-districts' was developed through an extensive participatory learning approach, using consultations and working sessions with participants from the GHS Headquarters, Regional, District and Sub-district levels. The team met to review relevant policy-related materials and standard operating procedures to address the identified gaps. The following key activities were undertaken in the course of revising first edition of the Manual:

- Appraisal of the 1st edition of the 'Management Manual for Sub-districts' to identify key gaps in content.
- Working sessions to draft the 2nd edition.
- Circulation of the drafted 2nd edition to all GHS Divisional and Regional Directors for their inputs.
- Consultations with selected technical experts from the regions to review and finalize the Manual.
- Task team meeting for editing, formatting and validation prior to printing

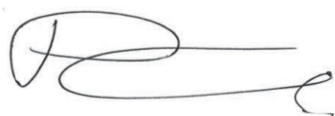
Foreword

The Ghana Health Service has taken steps to strengthen management capacity for service delivery at the district and sub-district levels. It is worthy to note that capacity development needs at the sub-district level have been reiterated at high-level management forums. Sub-district health teams are challenged to play a wide-ranging role of planning, budgeting, financial management, service delivery, human resource management, procurement and much more. Strengthening and building the capacity of managers at this level can therefore not be underestimated. This manual, therefore comes at the right time to guide capacity building for effective leadership and management at the sub-district level.

The first edition of the manual was used to train sub-district teams for the existing 117 Districts in the country from 2011 to 2012. New and emerging challenges facing the health sectors demand innovative leadership and management to deliver on integrated service delivery interventions to achieve high-performance. These have necessitated the need for a revised manual to address current management challenges at the sub-district level.

The current version takes into account modules on human resource development, health information management and leadership and management at the sub-district level. The other modules on Service Delivery, Planning and Budgeting, Financial Management, Procurement, Auditing and Administrative functions have been revised to respond to current policies and operational requirements for the provision of services at the primary health care level.

I urge all managers at the sub-district level to apply this manual as a key reference document and toolkit to guide the implementation of routine leadership and management functions at the sub-district level.



DR. PATRICK KUMA-ABOAGYE
DIRECTOR GENERAL.
GHANA HEALTH SERVICE

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Introduction

It has been recognised that management at the Sub-district level has been weak and needs to be strengthened. Currently, there is no direct instructional manual to guide planning and management at the sub-district level. This manual has therefore been developed to serve as a management guide and training tool to strengthen sub-district management capacity. This manual has seven (7) main chapters namely; Service Delivery, Planning and Budgeting, Administration and Human Resource Management, Financial Management, Auditing, Procurement and Supply and Health Information Management.

It is expected that staff at the sub-district will use this management manual to contribute to the overall objective of the Ghana Health Service to enhance primary healthcare.

Chapter One

Service Delivery

Overview

The Sub-district level plays a critical role in Ghana's deconcentrated health system, which aims at linking the district to the community level, delivering services directly and overseeing service delivery at the community level. This chapter of the manual aims to improve the management ability of sub-district teams to deliver the essential package of services directly and effectively oversee services in the communities. It provides an overview of Ghana's primary healthcare system including the sub-districts' role, clarity on the composition of the sub-district teams, and the essential package of services provided at the sub-district and community levels.

The current operational strategic policy of the Ghana Health Service and Ministry of Health is to have a three-tier level of service provision within a district; made-up of District Level, the Sub-district Level and Community Level (CHPS Zones).

The district level is the apex service delivery point of Primary Health Care (PHC) organization and management in Ghana. The District Health Management Team (DHMT) serves as the decision-making, programme development and coordinating body for health services within the district. The district hospital provides support to the Sub-district in various activities such as referrals, emergencies, training, supportive supervision and monitoring.

The Sub-district levels of the health sector were demarcated in the 1980s to become the service delivery level outlet of districts. A Sub-district has an average population of about 20,000 to 30,000 with administrative classification generally corresponding to the Area Councils in the local government classification.

The focus of Primary Health Care delivery is the CHPS zones, which are demarcated geographical areas of the Sub-district up to 5000 population or 750 households in densely populated areas and should be coterminous with electoral areas where feasible.

At the Sub-district level, there should be a Sub-District Health Committee (SDHC) with the primary role or function of advising the Sub-District Health Management Team (SDHMT). The membership of the Sub-District Health Committee should include:

- Head of the Sub-district – Medical Officer / Physician Assistant in charge of the Health Centre
- Midwife
- Chief of catchment Community or a representative
- Assemblyman
- Representative of Religious Bodies
- Representative of Transport Unions
- Representative of Women Groups
- Representative of Ghana Education Service (GES)
- Environmental Health Officer

The Sub-district head will be the secretary and the committee will select its own chairman. The committee can also co-opt other members.

The functions of the SDHMT include:

- Supervision of staff at CHPS zones and other health providers (including private providers). The Community Health Volunteers should be directly supervised by the Community Health Officers (CHOs) with oversight from the SDHMT.
- Liaison to the District Health Management Team.
- Planning and budgeting of health activities within the Sub-districts.
- Management of resources (Essential Medicine, Supplies and Equipment within the Sub-districts)
- Data management within the Sub-district
- Community Mobilization
- Conflict Resolution

Services are provided in the zones by the CHOs using the Community-based Health Services (CHPS) strategy with active assistance from the community structures and volunteer systems. CHPS is a national strategy or vehicle to deliver essential community-based health services involving planning and service delivery with the communities. Its primary focus is on bringing health services closer to the communities, especially in deprived areas.

CHPS Implementation Steps

CHPS policy strategy is the vehicle/platform on which all services at the CHPS zones of the Sub-districts are delivered to the communities close to their doorsteps. The implementation of the CHPS strategy in the right manner therefore, is so critical. It demands a systematic, joint planning and execution by the DHMT, the SDHMT and the community leader as well as the citizenry at large. Table 1 outlines the fifteen (15) step-by-step activity sequence and the six (6) milestones that each series of step should achieve. In practice, the steps are carried out as needed and not necessarily in order to improve the implementation process. The Sub-District Health Teams (SDHTs) must familiarise themselves with the CHPS Policy and the CHPS Implementation Guidelines.

Table 1: The 15 Steps and 6 Milestones of CHPS implementation¹

Step	Key Task	Activities	Responsible persons	Output	Milestones achieved
One	Plan	- Situation analysis and problem identification at the DHMT level - Consultation with District Assembly (DA), District Chief Executive (DCE) and Social Services Sub-Committee - Zoning of communities in the district - District CHPS Scale-up Plan	DHMT (DDHS, and Public Health Nurse/Midwife)	- Compiled situation analysis of available resources and programme requirements - Detailed report showing the list of demarcated CHPS zones prioritised by year of implementation	Detailed plan developed
Two	Consult and raise awareness of CHPS	- Consultation and sensitization of health workers	DHMT	Health workers accept CHPS strategy	
Three	Dialogue with Community leadership	- Identify contact persons e.g. Assembly member - Meet with community leadership - Sensitize the Chief and his elders highlighting key support areas from the Chief and Community (e.g. community durbar, workplace, land etc.)	DHMT (DDHS, and Public Health Nurse/Midwife)	Chief and elders of the communities making up the CHPS zone sensitized	
Four	Organise community information	- Community information durbar - Participation by all communities making up the CHPS zone	Community leaders/DHMT	Informed community created.	

¹ Ghana Health Service, GHS (2016). Community-Based Health Planning and Service (CHPS) National Implementation Guidelines. *Ghana Health Service. Accra*

Step	Key Task	Activities	Responsible persons	Output	Milestones achieved
	durbar	- Address questions and concerns of community members - Site selection and approval - Roles and responsibilities of stakeholders including community members			Community entry conducted
Five	Select and train staff as CHOs	- Assess, counsel and select staff who are interested in community work - Train/orient staff as CHOs - Discuss with each CHO the zone where she/he will be assigned	DHMT/SDHT	Certification of CHOs	
Six	Select, approve and orient CHMC	- Selection of CHMC members based on the criteria provided and orient CHMC - Durbar for approval of CHMC - Orientation of CHMC	Community leadership, SDHT and DHMT	CHMC members confirmed and have signed a social commitment contract during the durbar	
Seven	Compile community profile	- Compilation of community profile: information on geographic and demographic characteristics, settlement patterns, existing human habitation, and health features and facilities - Read any available literature about the communities making up the CHPS zones especially where the compound will be sited	DHMT, SDHT, CHMC members, DA, Community leadership	Community profile brief and register established	

Step	Key Task	Activities	Responsible persons	Output	Milestones achieved
		- Ask individuals in the community about the history, norms, taboos, sacred places, occupations, etc. - Conduct a transect walk to identify important landmarks including schools, churches, mosques, chief palace, market, etc. - Inform the opinion leaders on the necessity and time needed to register community members - Register community members by community and household - Summarise the results to obtain population by community, number of households by community, etc.			Community entry conducted (Cont.)
Eight	Construct/ operationalise CHPS Compound	- Procurement (construction, renovation, hiring, renting, or rehabilitation) of CHPS compound for CHO residence	CHMC	Community Health Compound constructed	Community Health Compound operationalized
Nine	Provide CHPS logistics	- Provide sufficient supplies, medicines, equipment, furniture and transport to CHPS zone for service provision	DHMT	Logistic stocking and management system established	Essential equipment supplied
Ten	Organise community information	- Organize Community information durbar to formally launch CHPS in the Community	Community leaders supported by	Community awareness, understanding and support for CHPS and the CHOs	CHO posted

Step	Key Task	Activities	Responsible persons	Output	Milestones achieved
	durbar to launch activities of the CHPS Zone	- Formal introduction of CHPS to the Community at the durbar	DHMT/SDHT/DA		
Eleven	Select CHVs	- Selection of CHVs by CHMCs with support of SDHT based on criteria provided by DHMT	CHMC, SDHT	CHVs' acceptance of status	CHVs deployed
Twelve	Approve CHV selection	- Host durbar to finalise the selection and gain approval of CHVs from community members and community leadership	CHMC, SDHT	Community approval obtained	CHVs deployed
Thirteen	Train CHVs	- Train the CHVs as per CHPS guidelines	DHMT, SDHT	Certification of CHVs	CHVs deployed (Cont.)
Fourteen	Procure logistics, supplies, equipment and volunteers	- Mobilisation of logistics and equipping the volunteers	DHMT/SDHT	Logistics and equipment systems established	
Fifteen	Launch the CHPS zone	- Launch the CHPS zone - Introduce the CHMC, CHVs and CHO during the durbar - Introduce security guard for the CHPS compound etc.	Chiefs, CHMC, DHMT and SDHT	CHPS zone launched and services provided	

Sub-district Disease and Management Profile

Sub-District Health Management Team (SDHMT) should be able to use simple root cause analysis/SWOT analysis to determine the disease and management profile and prioritise them.

The top ten diseases which normally occur in the Sub-districts include the following:

1. Malaria
2. Upper Respiratory Tract Infection (URTI)
3. Wounds
4. Hypertension
5. Diabetes
6. Diarrhea
7. Dermatological Conditions (scabies, boils, carbuncle etc.)
8. Urinary Tract Infections (UTIs)
9. Conjunctival Conditions
10. Snake, Insect Bites, etc.

This list is to serve as an example and the SDHMTs should be able to determine their own list of prevailing conditions based on disease morbidity and mortality, prevalence, public health importance and feasibility of management at the Sub-district level.

The Standard Treatment Guidelines and Essential Drug List can be used as references for disease management.

Minimum Service Package

A. Clinical Care

Management of communicable and non-communicable diseases involves:

- History taking
- Diagnosis
- Treatment
- Follow-up
- Counselling
- Referral where necessary

Some of the range of services at the Sub-district level includes:

- i. General outpatient care
 - Basic medical and surgical care, follow-ups
- ii. Obstetrics and Gynaecology
 - Focus Antenatal Care, deliveries (normal),
 - Manual removal of placenta

- Management of low birth weight (uncomplicated) and neonatal resuscitation
- Postnatal service
- Family planning
- Basic abortion care
- Sexually transmitted diseases (Syndromic Management)
- Pelvic inflammatory diseases
- Cervical cancer screening
- Adolescent reproductive health services
- Health promotion against harmful practice e.g. female genital mutilation

iii. Child Health

- Uncomplicated Malaria
- Diarrhea
- Respiratory infections
- Health promotion and prevention of diseases among children – e.g. Childhood immunizations, nutrition, growth monitoring, health education, management of simple childhood accidents and injuries, etc.

iv. Surgery

- Common surgical operations - Incision and drainage, suturing, POP application in simple fractures
- Emergency surgical procedures - Nasal packs for nose bleeds, recognition of foreign bodies, removal of foreign bodies or referrals
- Resuscitation, first aid and wound management

v. Treatment of minor eye conditions

- Allergies, red-eye, conjunctivitis, corneal ulcers, removal of corneal foreign bodies

vi. Laboratory/Pathology services

- Haematology - Hb, total and differential WBC, blood grouping, blood film for malaria parasites, Rapid Diagnostic Test (RDT), sickling test
- Biochemistry - Blood glucose, Urine RE, Urine pregnancy test
- Microbiology/ Parasitology - Urethral smear for routine test, HVS for routine examination,
- Serology/Virology - HIV screening, Syphilis screening

vii. Pharmaceutical services

- Prescription drugs on Essential medicine list
- Supplies- cotton wool, gauze etc.

B. Public Health

i. Reproductive Health Service

- Focused Antenatal Care Services
- Delivery care (promote skilled attendance at delivery)

- Postnatal Care
- Family Planning Service
- Essential Newborn Care
- Comprehensive Abortion Care
 - ❖ Counseling and referral for abortion care services (as permitted by law)
 - ❖ Post Abortion Care with FP
 - ❖ Social and Behaviour Change Communication (SBCC) on the dangers of unsafe abortion and the prevention of unintended pregnancy using FP
- Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS
- Education and screening for reproductive system cancers e.g. breast and cervical cancers.
- Adolescent and youth-friendly services
- Education and referral on concerns about menopause and andropause (male climacteric)
- SBCC on harmful traditional practices

ii. Child Health Services

- Immunization
- Growth monitoring
- Promoting the usage of Insecticide Treated Nets (ITN)
- Micronutrient supplementation
- Essential newborn care
- Integrated Management of Neonatal and Childhood illness
- School health programmes
- Birth Registration Services

iii. Health Promotion

- SBCC activities
- Demonstrations and skills development
- Hygiene and sanitation
- Healthy lifestyles and Regenerative health
- Primary Health Screening (Wellbeing Clinic)
- Community Mobilization for participation in health services

iv. Disease Control

- HIV Testing services
- Emergency preparedness and response
- Immunization services
- Rehabilitation services
- Surveillance of communicable and non-communicable diseases
- Data management

v. Nutrition Services

- Breastfeeding
- Micronutrient supplementation (e.g. Vitamin A, Iron, Folate)
- Nutrition Rehabilitation
- Community Management of Acute Malnutrition (CMAM)

Specific Responsibilities of SDHT

- Ensuring effective and efficient service delivery,
- Referral service and feedback
- Engagement of the community for a dialogue on CHPS with advocacy and diplomacy
- Supervision and monitoring service delivery at the health centre and CHPS zones within the Sub-district
- Holding of management meetings with Community Health Officers
- Organize monthly health family meetings with all stakeholders
- Consultation of communities in setting up new CHPs zones
- Collation and analysis of service delivery data from Health Centre, CHOs, CHVs and CHMC
- Managing supplies and monitoring usage of medicines and family planning materials
- Managing resources (financial, human, logistics, infrastructure) for service delivery in the Sub-district
- Submission of periodic validated reports to the DHMT
- Welfare and staff motivation
- Staff capacity building

Service Delivery Strategies

The SDHT should select the appropriate strategy to solve identified problems:

- Static
- Outreach
- Home visits
- Health promotion
- Community mobilization
- CHPS
- Service integration
- Mass campaigns (national immunization days, integrated maternal and child health campaigns, national child health week)
- Surveillance
- Supportive supervision
- Monitoring and evaluation
- Reporting

Referral System

Referral is from the CHPS Zone to Health Centre (specialised facility) and then to the District or Regional Hospital. Feedback should be provided to the respective lower referral level. The following conditions need prompt referral:

- Complications during pregnancy and delivery
- Severe acute gynecological emergencies (e.g. ectopic pregnancy etc.)
- Severe febrile conditions especially in children
- Surgical emergencies (e.g. acute abdomen, severe trauma)
- Severe Acute Childhood Illness (e.g. severe malaria, severe pneumonia, etc.)
- Meningitis
- Acute psychiatric conditions

Key Staff at the Sub-district Level

The key staff for optimal delivery of health services at the Sub-district level includes:

- Medical Officer/ Physician Assistant
- Public Health Nurse
- Clinical Nurses
- Community Health Nurse
- Community Mental Health Officer
- Midwives
- Dispensary Technician/Assistants
- Laboratory Technicians/Assistants
- Disease Control Officers/ Field Technicians
- Technical Officers (Nutrition)
- Technical Officers (Health Promotion)
- Health Assistants
- Health Information officer/ Biostatistics Assistants
- Accounts Officer
- Drivers
- Orderlies
- Security Officers

The SDHT should refer to the GHS staffing norms to determine the job description of each staff and should also develop a task description for each staff.

Minimum Package of services at the CHPS Zone

- Maternal and reproductive health (FP, ANC)
- Emergency delivery (normal deliveries when the midwife is available in the CHPS Zone)
- Neonatal and Child Health services (neonatal care, immunisation, nutrition education and support and growth monitoring and promotion, Community Integrated Management of Childhood Illnesses, etc.) ·
- Management of minor ailments according to national protocols for the community level including fever control, first aid for cuts, burns and domestic accidents, and referrals ·
- Health promotion
- Sanitation activities

- Counseling on healthy lifestyles and good nutrition
- Outreach and home visits
- Follow up on defaulters
- Community mobilization - durbars, mass campaigns, etc.
- School health services

Chapter Two

Planning and Budgeting

Overview

Well-developed plans and budgets are critical for effective and efficient service delivery. This chapter aims to improve the management skills of sub-district managers to develop, administer as well as monitor and evaluate plans and budgets. It provides an overview of how the national planning process influences the GHS planning cycle and components and principles of the planning cycle. It also outlines simple techniques to develop need-based plans and budgets as well as how to monitor and evaluate the implementation of the developed plans and budgets.

All Budget Management Centres (BMCs) are expected to produce their annual plans and budgets. In the preparation of the plans and budgets, BMCs are required to follow the GHS planning guidelines and also meet the deadline for submission. The Sub-District Heads are to ensure the effective coordination of plans and budget preparation at their respective levels. There is a need to ensure that plans and budgets are submitted on time to the District Director of Health Services (DDHS).

The process of Planning and Budgeting is participatory, hence all key stakeholders at the Sub-District level should be involved. The key stakeholders in the process include the Community Health Management Committees (CHMC) and Civil Society Organizations (CSOs) among others.

The process starts with the provision of guidelines from the Ministry of Finance (MOF) through the Ministry of Health (MOH) to its agencies. The guidelines provide the resource allocation, the policies and priorities for the year.

The GHS allocates the funds based on agreed criteria to its Headquarters and the Regional Health Directorates (RHDs). The RHDs in turn, use their regional level resource allocation criteria to disburse funds to their BMCs (Districts, Sub-Districts and Hospitals).

As part of the Medium Term Expenditure Framework (MTEF) planning and budgeting process for public sector organizations, the Government of Ghana has introduced Performance-Based Budgeting (PBB) to explain the relationship between planned expenditure and expected results. The MTEF approach is strategy-oriented and demands the formulation of mission, vision, goals and objectives. The MTEF plans and budget is three-year rolling with the first year representing the operational plan for the fiscal year, out of which an action plan has to be prepared for implementation. All SDHMTs are required to use the GHS annual standard template for planning and budgeting to facilitate the process.

The sub-district level will have to employ the following seven (7) key processes in every planning cycle:



Figure 1: The Generic Planning and Budgeting Process

Sub-district managers should undertake a situational analysis using SWOT. This will be done through performance review meetings at the Sub-district. The SWOT analysis results in the setting up of priorities and targets in terms of outputs and activities for the coming year. These are then translated into inputs, and the costing of the inputs becomes the new budget.

Some of the key planning questions to guide the Sub-districts in developing their plans and budgets are:

- Is there a Sub-district planning and budget committee in place?
- What are the activities to be carried out to achieve set objectives?
- What are the resources needed and what is available to produce the outputs required? (Managers should also consider alternative sources of funds and ensure reasonable costing).
- What are your anticipated challenges and what will be needed to overcome them?
- What are the common complaints of clients and how do you solve these to the satisfaction of all stakeholders?
- How do opinion leaders assess key issues and their solutions?
- What new policies have come up since the last planning process and what resource implications do these have?
- How does the Sub-district respond to new policies?
- What are the common complaints of health staff and what do you need to satisfy them?
- What are your morbidity and other statistical trends?
- What is the situation with equipment, transport and supplies? What do you need?
- What is the state of the infrastructure and what do you need to put these in a good state? Is there the need to plan for new infrastructure and expansion of existing facilities? (This should be planned and costed at the appropriate level).
- What is your staffing situation and attrition? (categories, numbers, quality and skills of staff e.g. accountants, community health nurses).
- What do you need to retain and keep them motivated?

- Is supervision and monitoring catered for in the budget?

GHS Planning and Budget Cycle²

The Planning and Budget Season of the GHS starts from July- September each year. This involves the following:

- Formulation of annual policies and priorities
- Preparation of planning and budget guidelines
- Development of resource allocation criteria
- Sub-district / district planning and budget meetings
- Regional planning and budget workshops
- Planning and budgeting workshops for headquarters
- Completion and submission of regional and Headquarters plans and budget to PPMED
- Collation and consolidation of regional headquarters plans and budget to GHS plans and budgets.
- Discussion of GHS final plans and budgets with GHS Council
- Submission of plans to MOH

Budgeting

The budget gives an indication of the cost of the activities and how the Sub-district intends to finance these activities. Therefore, it is important that the Sub-district identifies the main source of funding and indicate how activities would be financed. This may include; GoG, IGF, support from NGO and other sources of funding that the Sub-district is expecting.

Monitoring and Evaluation

Monitoring and Evaluation are essential steps that aim at enhancing the achievement of the set objectives. Plans of the Sub-district have to be monitored and evaluated to provide the necessary feedback to improve the performance of the Sub-district.

Once budgets are set, monitoring systems are required to provide the SDHMT with information as to the current and projected situation at the end of the year.

Therefore, there is a need for continuous improvement efforts that demonstrate an institutional commitment to implement the activities and strategies that bring result. This means that every stage of the planning cycle needs to be monitored to ensure that resources both human and materials are effectively and efficiently utilized in achieving improved service delivery.

² Ministry of Health. MoH, (2016) Guidelines for the Preparation of 2017-2019 Budget. *Ministry of Health, Accra.*

Table 2: Planning and Budgeting Steps

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
1.	Situational Analysis should look at the demographics, physical environment, management support systems, health status of the population, infrastructure and equipment, service delivery data and community participation. (e.g. SDHMT problems: diseases, malnutrition, poor sanitation, inadequate access to potable water)	Identify sources of information (e.g. Record, Reports, Community profile, interviews and observations)	Constitute Sub-district planning and budget team and organize periodic performance review meetings (Peer Review Meetings, Community Durbars, Client Satisfaction Surveys, Reports from traditional medicine practitioners)	Sub-district head
2.	SWOT Analysis Consider the following in the analysis (Prevalence/Common diseases, Seriousness, Level of concern and how easy to change)	List Strengths	Internal factors that can support Sub-district health service delivery	SDHMT
		List Weaknesses	Internal factors that can have a negative impact on the Sub-district health service delivery	
		List Opportunities	External factors that can positively contribute to improving service delivery at the Sub-district health service delivery implementation e.g. NGO Support in capacity building and service delivery	
		List Threats	External factors that can have a negative impact on the delivery of health service at the Sub-district	
3.	Set Goals and Objectives	Draw a problem and an objective tree.	Set a broader goal to achieve in the medium term and formulate objectives to address identified problems. The objectives should be Specific, Measurable, Achievable, Realistic and Time-	SDHMT

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
			bound. (SMART) e.g. To reduce the prevalence of malaria by 10% by the year 2018 at (name of Sub-district)	
4.	Determine Priorities, Formulate Strategies and Set Targets	- Outline Sub-district key priorities for the year. - Align sub-district policies and priorities to the overall GHS policies and priorities.	- Establish intervention based on resources to improved problems identified and existing situations. - Rank priorities in order of importance based on (Urgency, available resources, existing activities or program, future activities)	SDHMT
5.	Determine Activities, Output and targets	Detail out activities to achieve the priorities	- For each key priority, SDHMT discusses a number of activities to achieve related objectives. - Establish output and targets e.g. Hold 4 community durbars in 4 communities by the end of the fourth quarter. Target: Hold at least 1 durbar per quarter. - Rank the activities in order of importance	SDHMT
6.	Budget Allocation and Action Plans	- Identify all sources of funding and resources. (DA, NGOs, DHMT). - Determine inputs for each activity - Determine the frequency for an activity and corresponding input - Cost each all inputs for all activities - Add all subtotal budget to derive a total budget	Based on approved resources and other sources of funds such as IGF, Project Funds, Donation and community support, develop the budget for the sub-district. E.g. of Resources: Fuel and lubricants Transport Electricity Vaccines Contraceptives Non-drug consumables Essential Drugs Stationery	SDHMT

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
7.	Budget Submission and Approval	- Submit Sub-district plans and budgets to the DHMT - DHMT vets Sub-district plans and budgets and provide feedback to SDHMT	- Plans and budgets are finalised and submitted to the DHMT - Vetting and collation at the District level	SDHMT & DHMT
8.	Plan Implementation and Management	- Refer to the approved budget provided by the DHMT to guide implementation - Re-prioritise activities if necessary. - Make a request using the appropriate means (requisition books, letter, memos)	Implement activities according to approved budget and re-prioritise as and when necessary during implementation	SDHMT & DHMT
9.	Monitoring and Evaluation	Plan for routine supervision, Hold periodic SDHMT review meetings to discuss progress of plan implementation	Monthly, Quarterly, half-year and annual reviews must include the extent of implementation of planned activities.	SDHMT & DHMT

Table 3: Example of an Action Plan

Main Activity	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Resource Required GH¢	Responsible Person	Target
Organise 10 durbars in 10 communities by the end of the fourth quarter	2	3	3	2	1000	Sub-district Head	80% of community durbars held by the end of the fourth quarter

Chapter Three

Administration and Human Resource Management

Overview

The administrative and human resource management functions of the Sub-district are largely vested in the District Health Directorate. This situation is largely due to some inadequacies in the management structure of the Sub-district. This section aims to improve the management capacity of Sub-district teams by providing clarity about their roles and responsibilities for relevant administrative functions and offers information on human resource management. It provides practical step-wise guidance on the execution of key administrative functions such as official communication with all levels of GHS, managing records, and assets.

This section of the manual discusses the administrative and human resource management functions of the Sub-district level in very simple terms in order to improve the management capacities at that level.

Sub-district Administrative and Human Resource Management Responsibilities include the following key functions (see Tables 4):

1. Draw up, implement and supervise action plan for Sub-district
2. Records management
3. Management of registry
4. Adherence to Communication channels within GHS
5. Internal correspondence
6. Writing of official correspondence
7. Minuting of official correspondence
8. Organise staff meeting and durbars
9. Manage resources of Sub-district
10. Building facilities maintenance & management
11. Movable and Fixed assets management
12. Disposal of assets
13. Handing over of official duties
14. Maintain staff discipline
15. Performance review
16. Orientation
17. Leave management
18. Facilitating Appointment and promotion of staff
19. Capacity building
20. Nominal roll
21. Occupational health safety and environmental management

Table 4: Administration and Human Resource Management³

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
1.	Draw up an action plan for Sub-district	Undertake a review of past performance	Performance review in the Service aims at enabling managers to assess the Sub-district's performance and to identify gaps and challenges.	Sub-district Head
		Identify gaps and challenges		
		Draw up an action plan to address the gaps and challenges	Plans and strategies are then developed to address these gaps and challenges	
2.	Records Management- Creation and Storage of official documents	Create files	Files should be created for the storage of all official correspondence/ documents	Sub-district Head
		Create files for key subject areas	Key subject areas include personal files, assets register, correspondence on audits, general correspondence, monthly, quarterly and yearly reports, etc.	
		Provide titles to files created	The file index is used for the title of the files created in the facility. It is normally a combination of letter codes for which the file belongs. Sequence is name of organisation /region/district/Sub-district /filename/ file number- e.g. GHS/AR/SWD/SD/TB/1	
		Identify the files	Assign reference numbers to the files you have created	
		Ensure that files are stored appropriately	Files can be stored in a filing cabinet, on shelves or electronically. (files should be kept under well-secured system)	

³ Ghana Health Service, GHS. (2006). General Administrative Practices in the Ghana Health Service. *Ghana Health Service. Accra*

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
		Ensure periodic review of files - Update files	Remove inactive files and send to archives	
3.	Management of Registry (Receipt and dispatch of official correspondence)	Establish registers for the receipt and dispatch of mails	The mail receipt and dispatch registers assist the facility to keep track of in-coming and out-going correspondence. Such registers should have the following details: - Date of receipt/dispatch - Reference number of the correspondence - From whom/To whom - Subject matter - General/Confidential classification - File trail for tracking correspondence within the Sub-district	Sub-district Head & other relevant officers
4.	Communication channels within the GHS	Adhere to approved communication channels within GHS. - Sub District Head - District Director of Health Service - Regional Director of Health Service - Director - General - Minister of Health	Communication channels are developed to ensure uniformity in the sending and receiving of information in organizations and facilities. When agreed channels are not adhered to, it could lead to the breakdown of effective management decisions and interactions at all levels of the organizations.	M/DDHS & Sub-district Head

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
		Label all departments and units of the facility to facilitate functional flow and easy identification	In the health service, we have two main types of communication (i.e. Intra and inter-organisational communication)	Sub-district Head & other relevant officers
5.	Internal correspondence via the writing of memoranda (memo)	Use a standard format for writing memos	A memo refers to an internal letter or correspondence used to ask an officer to act on an issue, request for feedback or advice. The main features of a memo include the following: - Sender - Receiver - Copy - Date - Subject matter - Content - Signature	M/DDHS & Sub-district Head
6.	Writing of official correspondence	Use a standard format for writing an official correspondence	Official correspondence with the GHS may be in the form of letters, reports, petitions, queries, etc. These correspondences must have the following key features: - Official letterheads - Typed where possible	

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
			- Address of the institution - Date written - Reference Number - Heading or subject matter e.g. request for vaccines - Indication of enclosures such as documents or receipt - Signature, title and name of the sender - Address(es) of recipients	
7.	Minuting of official correspondence	Use a standard format for writing official correspondence for minuting of official correspondence	Minuting refers to action(s) taken on an official correspondence by an officer. The first minute is assumed to be No.2 and should include remarks to another officer for action, comments, etc. It should also include the name, rank/grade, signature and date of the officer who minuted on the correspondence	Sub-district Head & other relevant officers
8.	Organise staff meetings and durbars	Use a standard format for capturing of minutes of meetings and durbars	Meetings/durbars are held at the Sub-district to explain or solicit views of managers/staff on key policy and management issues. The standard format for capturing minutes of meetings and durbars should include the following: - Date and venue for the meeting/durbar - Agenda - Minutes/reports of the meeting/durbar - Names of participants and apologies - Name and signature of recorder and Chairperson	Sub-district Head or designated officer

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
9.	Manage resources of Sub-district: Establish an Assets Register for the facility	Use a notebook or computer to record all assets of the facility	An Assets Register provides an up to date inventory of all movable and immovable properties of the facility. These include: - Management of properties and monitoring of losses. - Opening of Assets Register for furniture, equipment, buildings, vehicles, motorbikes, etc.	Sub-district Head or designated officer
		Use special features to create an Assets Register	The special features used to create an Assets Register for a facility include the following: - Name of Asset e.g. motorbike - How it was acquired (direct procurement or donation) - Date acquired - Cost of asset - Location of asset - Officer assigned to - Year of manufacture - Serial number of Asset - Depreciation factor and rate	
		Review the assets register	Regularly update the Assets Register when new ones are added or when some are disposed off	
		Ensure security of assets	Identify assets of the facility by embossing unique codes on them	
	Manage resources of Sub-district: Vehicle/Motorbike Logbook	Use logbook to record all vehicle/motorbike movements, repairs and maintenance	The features of a logbook include the following: - Date Reason for trip Meter at start of trip, Meter at end of trip, litres of fuel - Signature of Driver, Signature of officer, Information on maintenance and repairs (Planned Preventive Maintenance Checks)	Users of the motorbikes /vehicles/Transport Officers
	Manage resources of Sub-district:	Use standard forms for all vehicle/motorbike repairs and	Maintenance of a motorbike or a vehicle is the responsibility of keeping such assets in good condition by	Sub-district Head & Transport Officer

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
	Vehicle/ Maintenance and Repairs	maintenance	regularly checking and repairing them when necessary.	
10.	Building facilities maintenance & management	Use appropriate registrations forms to ensure accurate inventory of all health facilities and sites to provide an accurate database for making decisions regarding facility use.	Registration is an integral part of an efficient maintenance system. It involves taking on charge all physical and significant elements, their components and characteristics into a database for a facility.	Regional Estate Manager
			Collection of these information only needs to be done once.	
		Record or review existing health facility site inventory and planning information for use	Completed registration file of facility is an important tool for building maintenance	District Estate Officer/
			Buildings and rooms can be quickly and easily identified. A quick reference point for maintenance planning and implementation. An aggregate of all registered information on a spatial plan would constitute an ‘as built drawings’ for a built environment.	Representative
		Use an appropriate assessment checklist to peruse Health facility physical condition Survey	Inspection leads to a condition survey of a facility.	Regional Estate Manager
		Analyse and prioritise identified defects in the facility	Organise a “walk through” to identify and record the state of the facility over the time of inspection. Defects that are noted are analysed.	District Estate Officer

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
			Physical condition survey of facilities includes: - The general condition of significant structures and systems. - The survey is not intended for detailed assessment and accounting. It will identify physical conditions at site that is visually verified without destructive testing.	Representative
		Develop standards for ranking building maintenance needs	A Maintenance plan precedes maintenance works. Defects are analysed, prioritised, ranked, into needs, urgency, resource availability, etc .	Regional Estate Manager
		- Develop Maintenance Plan - Prioritise defects for input into the Maintenance plan	Maintenance is spread over short and medium terms	District Estate Officer/Representative
11.	Fixed assets management	Use a notebook or computer to record all assets of the facility	An Assets Register must be updated to provide an up to date inventory of all movable and immovable properties of a facility. These include: - Management of properties and monitoring of losses. - Opening of Assets Register for furniture, equipment, buildings, vehicles, motorbikes, etc.	Sub – District Head / District Estate Officer MP/Designated Officer
		Use special features to create an Assets Register	Data for an Asset in a Register for a facility primarily include : - Asset Location Data - Asset Description / ID Data - Asset Procurement Data - Asset Financial Data	Sub-district Head / District Estate Officer or Maintenance Person (MP) /Designated Officer

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
		Review the assets register	Regularly update the Assets Register when new ones are added or when some are disposed off	Sub-district Head / District Estate Officer MP/Designated Officer
12.	Disposal of Assets	Adhere to GHS/MOH /Public Procurement Act Guidelines on disposal of Assets	It is advisable to dispose of assets that are no longer needed in the facility.	Sub-district Head/ In-charge
		Compile list of unserviceable items that should be disposed off	Assets such as equipment, vehicles that are unserviceable could be disposed off through public auction and other acceptable means.	
		Forward the above list to the District level for necessary action		
13.	Handing Over of Official Duties	Adhere to the GHS Protocol for Handing over	Handing over notes is very important when a manager or head of a Unit is proceeding on leave, transfer, retirement, resignation, dismissal or travel out of station.	Sub-district Head/ other staff as applicable
		Prepare handing over notes to cover the following: - Background information	Background information should cover management structure, organogram, and reporting relationships in the facility	
		Operational committees	List existing committees. State their membership, functions, meeting times, etc. (e.g. EPI, QA, Procurement)	

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
		Finance/Accounts	- State the number, types and signatories to the various accounts held by the facility. - State the banks that the institution operates with. - State the balances standing on the various accounts, cash balance, current audit reports and responses or queries answered	
		Institutional commitments	List all outstanding debts to be paid by individuals, companies, institutions, etc.	
			Lists all individuals, companies, institutions, etc. who owe the facility and the amount of indebtedness	
		Stocks and Inventory	State your stock of drugs and non-drug consumables where applicable.	
			State equipment, transport, machines, etc. in offices and official residences.	
		Other unfinished business	These include actions or on-going activities that need follow-up and any other relevant information that the incoming officer needs to know.	
		Outgoing and In-coming officers should sign the handing over notes	The endorsement of the handing over notes by these officers validates all the issues raised in the notes.	
14.	Maintain staff discipline: Code of Conduct and Disciplinary Procedures in the GHS	Know the Disciplinary Proceedings of the Service.	Bank or other agencies should be served with copies of handing over notes	Sub-district Head
			Staff managers of the Service must know what constitutes acts of discipline and indiscipline, types of offences and corresponding penalties.	

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
		Provide orientation on GHS Patient Charter, Code of Ethics and Customer Care Adhere to provisions in the GHS Code of Conduct and Disciplinary Procedures in addressing matters pertaining to indiscipline, insubordination and other offences. Provide orientation on GHS Code of Conduct and Disciplinary procedures to staff of your facility to minimise grievances. Conduct client satisfaction survey	The Ghana Health Service has established procedures for addressing matters that bother on the conduct of staff and their relations with clients of the Service.	Sub-district Head
15.	Performance Review	Undertake routine review of performance at the Sub-district in line with approved plans and performance targets.	Performance review basically enables managers to identify achievements, challenges and way forward.	M/DDHS or Sub-district Head
16.	Orientation	Ensure that all new staff posted to the Sub-district are given orientation.	This is a formally organized initiation of new entrants into the Service or preparation of employees who assume new positions or responsibilities. It shall include employees who are re-deployed or re-assigned with new responsibilities. Orientation should cover the following key issues: - Structure of the GHS/MOH - Current Operational Policies - Highlights of relevant manuals	M/DDHS & Sub-district Head

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
17.	Leave Management	Ensure that staff adhere to approved policies on leave	Leave is a vital human resource instrument aimed at promoting a healthy and productive workforce. The following are recognized leaves in the Service: - Annual leave - Casual leave - Sick Leave - Maternity leave - Disembarkation leave - Study leave with/without pay - Leave without pay - Compassionate leave	M/DDHS & Sub-district Head
18.	Appointment and Promotion	Ensure that staff are recruited and promoted in line with approved policy and guidelines	- Recruitment and Promotion in the Service aim at improving the delivery of quality of care through the appointment of adequate numbers of competent staff in their right mix to fill vacancies at all levels. - Motivating employees, nurturing their commitment and encouraging retention of competent and experienced employees.	M/DDHS
19.	Capacity Building	Ensure continuous updating of the knowledge and skills of staff in line with approved policy and guidelines.	Capacity building programmes are learning experiences designed to improve competencies of employees and job performance while in service. These programmes include: - Structured and Standardized In-Service Training (SIST) - Remedial. - Induction and Orientation.	M/DDHS & Sub-district Head

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
20.	Nominal Roll	Use a standard format for the capture and maintenance of details of Sub-district staff	The features of a nominal roll include: - Name of staff - Grade/Job Title - Date of Birth - Gender - Date of 1st Appointment - Date of Current Appointment - Qualification	M/DDHS or Sub-district Head
21.	Occupational health safety (OHS) and environmental management	Ensure the health and safety of clients, staff and visitors to the facility Conduct OHS risk assessment - Identify hazards - Identify people at risk - Evaluate, remove, reduce and protect from risk - Record, plan, inform, instruct and train - Review the OHS Plan Ensure healthy environmental management in the health facility - Identify where wastes are generated in the facility - Categorize the wastes into two general categories based on whether or not they pose a risk - Describe general characteristics of the wastes	OHS ensures a safe working environment; healthy working practices; programs to promote health and to address psychosocial risk factors at the workplace. Most healthcare waste can be Non-hazardous general wastes. Few healthcare waste are potentially hazardous and can be associated with high health risk. Healthcare waste has to be effectively segregated and disposed professionally.	Sub – District Head / District Estate Officer MP/Designated Officer

Chapter Four

Leadership and Management

Overview

The sub-district health management team oversees all financial, material and human resources for the delivery of high-quality health service delivery. This chapter aims to build the competences and commitment of the sub-district management team to understand, cultivate and apply key leadership and management principles in the areas of leadership styles, teamwork, organization of meetings and providing feedback. This will enable the teams to function more cohesively and be successful in operationalising the guidance provided in this manual.

Leadership

Leadership at the sub-district level is aimed at implementing interventions aimed at contributing to the attainment of the overall GHS vision. It is equally important that at the sub-district level, the health management team provides leadership and oversight responsibility for activities undertaken at the lower level including outreach services, community-based activities such as home visits, home-based care, supportive supervision, coaching among others. Since activities are integrated at this level, effective management of resources is important in the implementation of activities. It will also include the ability to plan and communicate effectively on program activities at the sub-district level.

For the sub-district management team to be effective in achieving high performance, the following management principles are fundamental:

- Develop activities that are aligned to local priorities but also contribute to the overall attainment of the GHS vision
- Mobilize the sub-district health team as well as the community health teams in implementing local health activities
- Focus on achieving measurable results
- Promote and cultivate a culture of innovation and learning
- Coaching and mentorship for personal growth and development

Types of Leadership Styles

Since the leadership at the sub-district level comprises staff from a multidisciplinary professional background, it is important to recognize the different leadership styles that are brought on board the team. Recognising these different leadership styles helps the staff to effectively engage with each other in terms of dialogue and decision making as well as a joint undertaking of activities. It is important to note that the different leadership styles may be adapted in a different context or in combination to achieve the desired objectives. The table below provides the six key leadership styles and when they can be applied:

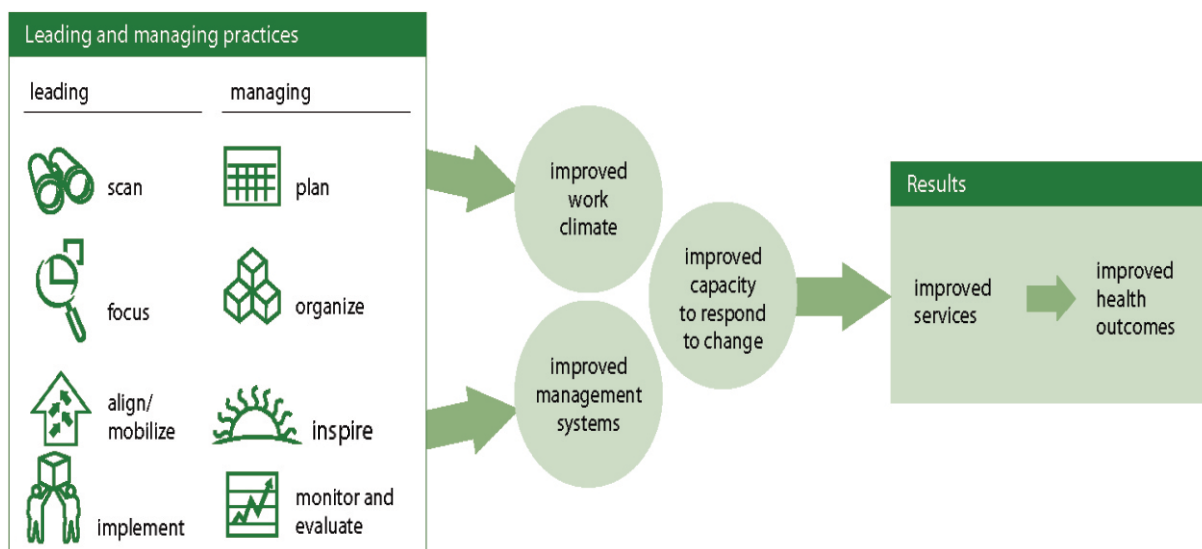
Table 5: Key Leadership Styles and its impact⁴

SIX LEADERSHIP STYLES					
Leadership Type	Method	Style	Emotional intelligence competencies	When the style works best	The overall impact on the organizational environment
Coercive	Demands immediate compliance	Do what I tell you	Drive to achieve, initiative, self-control	In a crisis, to kick-start a turnaround, or with a problem employee	Negative
Authoritative	Mobilises people towards a vision	Come with me	Self-confidence, empathy, change catalyst	When changes require a new vision, or when a clear direction is needed	Most strongly positive
Affiliative	Creates harmony and builds emotional bonds	People come first	Empathy, building relationships, communication	To heal a rift in a team or to motivate people during stressful circumstances	Positive
Democratic	Forges consensus through participation	What do you think?	Collaboration, team leadership, communication	To build in or buy consensus, or to get input from valuable employees	Positive
Pacesetting	Sets high standards for performance	Do as I do now	Conscientiousness, drive to achieve, initiative	To get quick results from a highly motivated and competent team	Negative
Coaching	Develops people for the future	Try this	Developing others, empathy, self-awareness	To help an employee improve performance or develop long-term strengths	Positive

⁴ Coleman, D. (2000). Leadership that gets results. Harvard Business Review. Issue: March – April 2000.

The role of the sub-district team in leadership and management

The diagram below provides the key roles for leading and managing for improved services and health outcomes⁵.



Source: 5 Managers who lead: A Handbook for Improving Health Services Cambridge, MA: Management Sciences for Health, 2005.

Figure 2: The Key Roles for leading and managing for improved service and health outcomes

Within the context of the sub-district health management team, the roles are defined as follows:

First and foremost, the sub-district health management team needs to determine the type and coverage of health services that address the health needs of their communities. Additionally, the following have to be undertaken:

Leadership Roles

- **Scanning:** The SDHMT conducts situational analysis to identify challenges, strengths and weaknesses, potentials and opportunities (SWOT) in the communities.
- **Focusing:** The SDHMT prioritize challenges and actions that impact on service delivery based on available resources.
- **Aligning and mobilizing:** This involves engagement and advocacy with the stakeholders at the district and community levels to contribute resources to support service delivery. Resources must be harmonized and aligned to address prioritized activities in order to ensure efficiency.
- **Inspiring:** Members of the SDHMT must be given the needed recognition and rewards for high performance to motivate and sustain their commitment.

Motivating Staff

The best way that sub-district managers can meaningfully and sustainably motivate frontline health staff is through intrinsic incentives by enriching their jobs and providing opportunities to grow professionally. This can be done in the following ways:

- Increasing staff's accountability by increasing flexibility and reducing controls;
- Allocating responsibility to staff for an entire, discrete piece of work;
- Making relevant information directly available to staff instead of through managers first;
- Empowering and enabling staff to take on more difficult responsible roles;
- Increasing opportunities for staff to become experts by assigning specialized tasks.

Source: Herzberg, F. 2002. One more time – How Do You Motivate Employees? Harvard Business Review.

Management Roles

The specific management role performed by SDHMTs are outlined below:

Plan: All SDHMTs are required to develop their annual plans and budget which indicate planned activities, timelines and responsibilities. The plans are prepared to take into consideration available resources and needs. In addition to this are the action plans that have to be approved by the DHD for implementation.

Organise: In organising the SDHMT ensures that all needed resources are timely mobilised in adequate quantities for the delivery of health services.

Implement: It involves the undertaking of planned activities with stakeholders. This has to be done through a mix of skills such as decision making, problem-solving, coordination, communication and negotiation.

Monitor and Evaluate: This involves assessing the progress against planned objectives and also providing feedback on the performance of respective activities carried out. Managers through the feedback process during supportive supervision should also ensure that they provide the appropriate coaching and mentoring.

Teamwork at the Sub-District Level

Managing the diverse team and activities at the sub-district level is critical to ensuring that activities are delivered according to plan. The SDHMT should manage activity schedules effectively by identifying routine and periodic activities that need to be timely planned, implemented and managed. Among the key things to consider are the following:

1. Periodic SDHMT meetings: This is needed to share information and assign task amongst the team
2. Periodic meetings and interactions with communities: Plan for key service delivery activities including durbars, outreaches and home visits.
3. Periodic external meetings: This should also take into account travelling times for attending workshops and training. Plan for external meetings with the DHMTs (e.g. half-year performance review meetings and planning and budget meetings).
4. Effective delegation and assignment of tasks among individuals
5. Plan schedules for periodic reporting (both monthly and programmatic reports)
6. Undertaking Planned Preventive Maintenance activities.

Conducting a Meeting

Types of Meetings

Meetings may be categorized by the functions, which they serve, but it is important to note that in real life many meetings fulfil more than one function, as indicated below:

- **Planning:** Problem-solving, to reach a decision on a problem/difficulty or a grievance
- **Negotiation:** Regulatory/Monitoring function, by requiring participants to give up-to-date reports and comment on each other's reports.
- **Information sharing between departments (pooling of information):** Information giving, communicating the decision of management or communicating the findings in a report to staff.

To run an effective meeting, it is important to decide in advance what kind of meeting will be held and prepare accordingly.

Problems with Meetings

1. Meetings not having a clear objective
2. Minutes and agenda may not be available before the start of the meeting.
3. Not started on schedule/the commencement is usually delayed.
4. Too long/not timed.
5. Usually dominated by the leader or a few people with strong personalities.
6. Procrastination and indecisiveness in actions.
7. Failure to reach decisions.
8. Discussions are dominated by trivialities.

Organizing and Holding Effective Meetings

Chairing a meeting: The success of any meeting depends on the one who chairs the meeting.

Before the Meeting:

Plan the agenda and provide enough information to the participants and structure the flow of issues in a logical sequence/order.

A well-developed agenda is a key to a well-run productive meeting. The following tips can be considered while developing an effective agenda⁶:

- Seek input from team members
- Frame agenda items as questions that require answers
- State the purpose of the agenda item: information sharing, input seeking or decision making
- Allocate a realistic amount of time for discussing each topic
- Propose a process for discussing each item on the agenda
- Specify what preparation (if any) needs to be done before attending the meeting

⁶ Schwarz, R. 2015. How to design an agenda for an effective meeting. Harvard Business Review.

- Identify the person responsible for leading each topic
- End the meeting with a quick review for action. Activity, persons responsible and timelines.

During the meeting

The chairperson or convener of the meeting should pay attention to the following:

- Start by clearly defining the objectives of the meeting.
- Set a time-scale for each item on the agenda and keep to the time
- Make sure each item is thoroughly discussed and a firm conclusion reached and recorded.
- Introduce each topic briefly and allow other members to contribute.
- Invite a team member to speak if he/she has not spoken
- Bring people back on course if they stray from the topic/discussion.
- Allow disagreement and expression of different points of view between members but step in if the discussion threatens to degenerate or become too contentious.
- At appropriate moments during the meeting, summarize the discussion.

Participating in Meetings

All participants to a meeting should pay attention to the following considerations:

- Be punctual.
- Prepare thoroughly for the meeting
- Make your points clearly, positively and keep your contributions short and simple.
- Remain silent if you have nothing to say.
- If you are not sure, avoid making a statement; instead, pose a question to the chairman of the meeting and follow-up to meetings.

Role of a recording secretary:

Keeping a written record of the discussions during a meeting is very important (and is often mandated by law) to ensure follow-up.

- The secretary may, or may not be a person who takes the notes but is responsible for ensuring that adequate and accurate records are kept.
- Collaborates with the chairman to set the agenda and plan the meeting.
- The secretary usually is the meeting's store of previous wisdom/information.
- An experienced and attentive secretary can keep the meeting on track, by offering timely summaries and reminding the meeting of the agenda or item being discussed.
- The minutes are the only valid record of a meeting and may be important in law. Check the finished version thoroughly before circulation.
- The secretary is permitted to take an active part in the discussion during a meeting.
- It is important to adopt a standard style of writing minutes.
- Minutes should be written as soon as possible after the meeting and checked and counter checked for inaccuracies.

- Circulate minutes to all members of the meeting and others who need to be aware of the proceedings.
- Keep the use of the participant's name to the minimum.
- Use short sentences and avoid the use of jargon.
- The minutes must indicate who is responsible for action by name.

Reaching decisions at meetings

The following are some of the ways of arriving at decisions at meetings:

- The use of vote
- The meeting continues until a consensus is reached
- The chairperson of the meeting hears all views and then takes the final decision

After meeting: action and follow-up

It is important to ensure that there is a clear understanding of the agreements reached and decisions taken at the meeting. Thereafter, it is important to ensure that for the actionable items originating from the meeting, there is clarity on the following points⁷:

- The name(s) of the person(s) responsible for carrying out the actionable items
- The deadline by which the actions will be completed
- The names of the people who will be affected by the decisions taken at the meeting
- The names of the people whose contribution and support is needed for the completion of the actionable items
- The names of the people who have to be informed about the decisions taken at the meeting, even if they are not affected

Constructive Feedback⁸

Providing feedback is a key component of teamwork, yet it is often not done. When giving constructive feedback, a sub-district leader or staff should keep in mind and practice the following steps::

- 1. Starting with fact-based conversations:** Being clear about the following three elements is important to start the conversation in a fact-based manner:
 - **Situation** – When/Where did it happen?
 - **Behaviour** – What did you see/observe?
 - **Impact** – The effect this had on you and other people
- 2. Asking questions driven by curiosity:** Thereafter, it is wise to stop talking and listen carefully to the other party
 - Ask questions to understand where they are coming from
 - Listen - Try to understand why they did what they did

⁷ Drucker, P. 2004. What makes an effective executive? Harvard Business Review.

⁸ African Management Initiative. www.africanmanagers.org. Accessed on December 4, 2019.

- Reflect on the role you/others played in the situation

3. Have a dialogue (two-way discussion)

- Don't just tell them when and what to do/fix – get *their* thoughts on how things could be done differently next time
- Do as much *asking* rather than *telling*

4. Agree on the next steps

- Agree together on how you will handle the situation in future
- Offer support

Chapter Five

Financial Management

Overview

Financing the various levels of the Ghana Health Service is done from the headquarters to the Divisions, Regions, Districts and the Sub-districts. The District level transfers Sub-district funds into their designated accounts. When the Sub-district does not have a designated account, the District level holds the funds in trust for the Sub-district. If a Sub-district has a finance staff, the officer becomes a signatory to the account.

This section of the manual seeks to define the functions and roles in terms of finance at the Sub-district as an attempt to strengthen financial management capacity at that level. The manual covers the following broad functions;

1. Value Books Management
2. Revenue Management
3. Expenditure Management
4. Banking Arrangement
5. Financial Reporting

Table 5: Financial Management Functions^{9/10}

NO.	DUTY AREA	TASKS	BROAD GUIDELINE	PERSON(S) RESPONSIBLE
1.0	VALUE BOOK MANAGEMENT			
1.1	Procure value books e.g. GCRs , revenue collection books, summary cash books, departmental cash books, petty cash books, etc.	• Prepare requisition • Seek approval for requisition from the DDHS • Submit approved requisition for supply at the DHD/RHD/BANK	• Write Requisition indicating quantities required. • Signing of requisition. • The requisition should be sent to the District Medical stores/District Health Directorate	M/DDHS, Finance Staff or Facility Head
1.2	Receipt and storage of value books	• Value books (GCRs) must be receipted at stores and issued to the finance unit. • Record value books serially in the value book register (both used and unused). • Keep value books safely and restrict access	• The storekeeper receives and issues to finance unit. • The value books should be serially recorded and kept under lock and key.	Storekeeper / Facility Head or Finance Staff
1.3	Issuing of value books for use	• Check if pages are intact. • Issue value books for use. • Recipient acknowledges the receipt of the value book issued.	• All value books must be checked for completeness. • The value books should be issued serially in bits to the schedule officer after the return of the	Finance Staff or Facility Head

⁹ Government of Ghana. GoG, (2003a). Financial Administration Act, 2003 (Act 654). *Government of Ghana. Accra*

¹⁰ Government of Ghana. GoG. (2004). Financial Administration Regulation. *Government of Ghana. Accra*

NO.	DUTY AREA	TASKS	BROAD GUIDELINE	PERSON(S) RESPONSIBLE
			- previous one. - Receiving officer writes his/her name and signs in the value book register upon receipt	
1.4	Receiving completed value books	- Receive and check if book copy pages are intact. - Sign off returned value book. - Keep returned (used) value books safely and restrict access to only the stockholder	- Flip through pages of book to ensure completeness of leaflets. - Officer returning must sign off in the value book register. - All used value books must be kept in a secure place for auditing purpose	Finance Staff or Facility Head
2.0	REVENUE MANAGEMENT			
2.1	Receiving cash revenue	- Issue GCR to the payee - Record GCR in the revenue collection book - Hand over daily cash collected, GCR and Revenue collection cash book to the finance officer (where applicable) - Acknowledge receipt of daily collections - Keep all collection in a safe - Bank daily collections within 24 hrs. (where applicable).	- Original copy of GCR should be detached and given to the payee and duplicate sent to the service delivery point and triplicate retained in the booklet. - Write revenue collected in the revenue collection book using a triplicate copy of GCR. Revenue Officer must present cash collected and other supporting documents to the head of finance (where applicable) - Receive cash and reconcile to revenue collection book and GCR - Put All cash received into safe under lock and key	Revenue Officer/Finance staff

NO.	DUTY AREA	TASKS	BROAD GUIDELINE	PERSON(S) RESPONSIBLE
2.2	Banking of daily cash collections	• Prepare cash bank pay-in slips for medicines and service bank accounts • Lodge collections to the appropriate bank account • Receive and confirm lodgment • Record in HC IGF medicine / Service Analysis Cash Books	• Cash pay-in slips should be prepared for respective bank accounts as per previous day balance on analysed cashbook. • Present cash together with cash pay-in slips to the bank for deposit into respective bank accounts. • Compare duplicate copy of cash pay-in slips per previous day with analysed cash book. • Update respective IGF analysis cashbook with cash pay-in slips	Finance Staff/ Facility Head
2.3	Recording notional revenue	• Receive daily claims forms • Review and record daily claims form (e.g. NHIS) • Compile a monthly summary of claims • Receive and vet monthly claims • Prepare final monthly claims summary and patient bill (invoice) • Record patient bill • Submit claims monthly	• Receive daily claims forms from service delivery points. • Check for completeness of data on claims forms and record in the claims register. • Prepare a monthly summary of all claims for vetting. • Vet all claims forms as per monthly summaries. • Update monthly claim summary with vetted claims forms and prepare patient (NHIA) bill • Record patient bill in the bill Revenue Ledger and Debtors Control Ledger. • Present monthly patient bill together with supporting claims	Finance Staff /Facility Head, Vetting Committee

NO.	DUTY AREA	TASKS	BROAD GUIDELINE	PERSON(S) RESPONSIBLE
2.4	Receiving of notional revenue / other receipts	• Issue GCR to corporate body (e.g. NHIS) • Record receipt in appropriate Book	• Acknowledge receipt with GCR upon receiving the cheque • Record receipt in the respective analysis cash book and other relevant ledgers using the book copy of the GCR	Finance Staff/ Head of Finance at DHMT
2.5	Banking of cheques	• Prepare cheque pay-in slips for deposit • Lodge cheques to the appropriate bank A/C • Receive and confirm lodgment	• Write cheque pay-in slips for respective bank accounts. • Present cheque together with pay-in slips to the bank for deposit into respective bank accounts. • Confirm deposit with a duplicate copy of cheque pay-in-slip	Finance staff/ Head of finance at M/DDHS
3.0	EXPENDITURE MANAGEMENT			
3.1.	Operation of petty cash	• Establish petty cash float as enshrined in the ATF • Obtain approval of petty cash float • Withdraw petty cash float • Disburse petty cash • Record petty cash • Recoup petty cash	• Agree on petty cash float with M/DDHS and document it. • Memo should be raised to M/DDHS for approval • Raise PV for the approved amount. • Write a cheque for withdrawal and enter petty cash float into the petty cash book • Issue petty cash voucher on the release of petty cash • Retire petty cash voucher with receipts and honour certificate (where receipts are not obtainable) • Summarise all petty cash receipts and recoup the total amount utilised	Facility Head/Finance Staff

NO.	DUTY AREA	TASKS	BROAD GUIDELINE	PERSON(S) RESPONSIBLE
3.2	Recording commitment (Supplies)	- Obtain approval to initiate the procurement process - Receive approved Purchase Order (PO) - Receive Supplier Invoice and Store Receipt Advice (SRA) - Record Supplier Invoice in commitment Register - File Approved PO, SRA and Supplier Invoice - Enter Invoice Amount in the Creditors Register	- Prepare memo and submit for approval from M/DDHS - Receive an approved PO and SRA. - Match Supplier Invoice to SRA and PO for completeness - Record Invoice amount in the commitment Register. - File Copies of PO, SRA and Supplier Invoice for easy retrieval - Update the Creditors Register	Finance Staff/ Facility Head
3.3	Payment of Commitment (Supplies)	- Receive or retrieve PO, SRA, and Supplier Invoice etc. - Obtain Approval for payment - Raise payment document for approval - Send documents to DHD for review and authorization - Prepare cheque for signature - Effect payment to the payee - Enter the net amount in the Cash Analysis Book and tax element in the withholding tax ledger	- Retrieve PO, SRA and supplier Invoice from designated File - Prepare Memo for approval indicating the amount to be paid. - Raise Payment voucher on approved memo together with other relevant document - Relevant officers sign the payment voucher - Write cheque(s) on payment voucher and obtain signatures	Finance Staff/Facility Head

NO.	DUTY AREA	TASKS	BROAD GUIDELINE	PERSON(S) RESPONSIBLE
		Enter the gross amount in the Creditors Register	- Release cheque(s) to the Supplier. Supplier acknowledge receipt by signing the PV and issuing receipt - Update the creditors Control Register	
4.0	BANKING ARRANGEMENT			
4.1	Banking	- Maintain two bank accounts (service and Medicines) - Signatories are required to operate these bank accounts - Undertake monthly reconciliation of both accounts	- Obtain authorization to open two bank accounts (medicine and service accounts) - Signatories to Bank accounts should be in line with provisions in the ATF - Monthly bank reconciliation must be prepared to reconcile bank statements with respective cash books and seek approval	Facility Head / M/DDHS / RDHS/Finance Staff
5.0	FINANCIAL REPORTING			
5.1.	Reporting	- Close all books daily or monthly as appropriate as per the provisions of the ATF - Report on revenue and expenditure activities on monthly basis to the DHD - Prepare the Reconciliation Worksheet (Trial Balances) - Prepare the HC's Financial Reports - Submit the Financial reports or returns to the DHD on monthly basis	- All books or ledgers must be closed by the 10th day of the ensuing month - Prepare summary schedule of revenue and expenditures - Prepare a reconciliation worksheet by the 10th day of the ensuing month	Finance staff / Head of Finance at the DHD

Chapter Six

Auditing

Overview

Audit plays an important role in ensuring compliance of funding flows, managing risks and strengthening internal control and governance processes. This chapter aims to improve the sub-district team's management capacity in supporting the audit process. It provides a clear distinction between internal and external audit processes and clarity on the roles and responsibilities of sub-district staff at each stage of the audit process.

Auditing is the independent examination of financial statements with the underlying records to enable the auditor express an opinion on the truth and fairness of the financial statements of a given entity.

Objectives of Auditing

Auditing is carried out at all levels of MOH/GHS. The two main objectives of auditing are Assurance and Management Support Service.

Assurance

This is to provide assurance to stakeholders that financial resources released to the MOH/GHS to provide health care delivery have been used as intended and are properly accounted for.

Management Support Service

This is to assist the SDHMT in risk management, internal control and governance processes to support in attainment of the goals and objectives of the MOH/GHS.

Types of Audit

There are two main types of audits; that is internal and external. All MOH/GHS financial operations are subject to both internal and external audits by law.

Internal Audit

Internal Auditors are employees of MOH/GHS and report to Management, Audit Committee and Director-General of the Internal Audit Agency quarterly. Internal Audit is an independent appraisal within MOH/GHS to provide reasonable assurance to management on the following:

- Staff complies with laws, policies, standards, procedures etc. established by management
- MOH/GHS established controls are adequate and provide the assurance that resources are safeguarded and used judiciously
- Reported financial and programme information are reliable, timely and devoid of material misstatements
- MOH/GHS programme and operational objectives have been or are being met.

External Audit

The external audit of MOH/GHS is carried out by the Auditor-General or jointly by the Auditor-General and a private Accounting Firm (appointed by the Auditor-General in consultation with Development Partners and the MOH). Unlike the internal auditors, they are not employees of MOH/GHS and report directly to Parliament.

The Audit Process

This involves careful planning and execution of the audit to ensure that sufficient and reliable evidence is obtained to support audit findings and conclusions. The audit process therefore involves, planning, execution, reporting and follow-up.

Audit Planning

This is the preliminary stage in the audit process.

i. Preliminary Audit Survey

The audit planning stage begins with the preliminary survey of the BMCs/facility operations by the auditors. The purpose is to enable the auditors to understand and familiarise themselves with BMCs/facility operations regarding the objectives of the operations to be reviewed as well as the policies, procedures, standards, etc. to be followed by BMCs/facility staff to achieve them. The procedure includes review of documents such as operational manual and tour of BMCs/facility premises. It involves information gathering to enable the auditor perform the assignment.

ii. Audit Assignment Plan

After the preliminary survey, an audit assignment plan is developed based on the auditors' own assessment of the BMCs/facilities risk exposures, statutory requirements and any concerns or expectations expressed by management.

The audit plan includes objectives and scope of the audit, a schedule of BMCs/facility to be visited, audit staff to be engaged and timing of audit tests. The plan also has provision for special management request, concerns and expectations.

Factors that are considered in assessing the risk level of BMCs/facilities to be audited include:

- Result of the last audit of the BMC/facility and length of time since the last audit
- The size and complexity of the BMCs/facilities' operations
- Potential risk of financial loss
- Major changes in operation, programme, system or controls

Audit Execution

This is the on-site stage of the audit process to gather, analyse and evaluate information to form audit conclusions and opinions. Audit execution involves: Letter of Notification, Entrance Conference, Fieldwork and Exit Conference.

i. **Notification Letter**

The field visit is preceded by an audit notification letter to management of the BMCs/facilities to be audited. In this letter, the auditors indicate the purpose, scope and timing of the audit as well as the audit methodology to be followed. This will enable the BMCs/facilities prepare for the audit to avoid delays which could affect the total audit cost of the Ministry.

ii. **Entrance Conference**

At the beginning of each audit, a meeting is scheduled with the BMC/facility head and other appropriate personnel to discuss the scope and objectives, time schedule and audit review process. Proceedings of this meeting should be recorded in the form of minutes. Any concerns raised by the BMCs/facilities staff are also discussed.

iii. **Fieldwork**

The fieldwork consists of gathering, analysing and evaluation of information. The procedures include but are not limited to: examination on test basis, supporting documents to the records, interview of personnel, physical inspection of properties, request for third party representations and analytical review.

The emphasis of the evaluation is to determine if there are adequate control systems and whether the systems are functioning effectively as intended. Areas of deficiency and potential risks as well as recommendations are discussed with the appropriate staff in the form of audit observations. Management has to respond within three (3) days.

iv. **Exit Conference**

A meeting is scheduled with the BMC/facility managers. At this meeting, the draft audit report is presented by the audit team for parties to understand the elements of the findings and agree on the possible solutions to any problem areas. Any misunderstanding or possible wrong statements contained in the report are identified and resolved.

Any deficiencies identified during the auditing, which are not significant enough to be included in the audit report, but still represent a potential risk, are also discussed. BMCs/facility managers are mandated to record proceedings of this meeting in the form of minutes.

Audit Reporting and Follow-up

This is the last stage of the audit process. It is the stage at which auditors communicate the results of their audit to stakeholders in the form of Assignment/Management Report, Final Audit Report and Audit Follow-up.

Assignment/Management Report

After the exit conference, a draft of the audit report is finalized and sent to the head of BMC/facility for comments. The report contains the Executive Summary, Introduction, Purpose, Scope, Methodology, Findings, Recommendations and any necessary attachments. The Head of BMC/facility must refer relevant portions of the report to the technical staff involved for their responses. Responses received must be collated and forwarded to the auditors within 30/10 days as prescribed by law in external and internal audit respectively.

Final Audit Report

The BMCs/facilities' responses are incorporated into the audit report and any other corrections are also made. The final report is printed and forwarded to both the Director-General of GHS and the Executive Director of Internal Audit Agency through the official channel of communication, when it is an internal audit report. In the case of external audits, the final reports are sent to Parliament by the Auditor-General.

Audit Follow-up

This is carried out by both internal and external auditors to ascertain the status of implementation of recommendations contained in the previous audit report.

Role of BMCs/facilities' Management in the Audit Process

The roles of BMCs/facilities' management in auditing include the following:

- To ensure early and smooth completion of audits
- To minimize audit cost and inconveniences to BMCs/facilities
- To ensure that the management and staff cooperate and support the audit team throughout the audit process
- To ensure the implementation of audit recommendations

The specific actions to be taken by Sub-district managers at each stage of the audit process and the staff responsible are summarized in the table below.

Table 6: Financial Audit Functions

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
1.	Responding to audit notification	Acknowledge receipt of audit notification letter from audit team	The audit notification letter will specify the audit objectives, scope and timing of the audit. Agree on the above and confirm it in your reply.	Facility Head
		Update all records required for the audit	Instruct all staff who will be involved in the audit to prepare their books up-to-date and be ready for the audit	
2.	Organising entrance meeting	Hold entrance meeting with audit team	Discuss action taken by BMC with respect to the previous audit as well as other issues of concern you would like the audit team to address and record proceedings of the meeting in the form of a minute.	Facility Head Schedule Officers
3.	Gathering relevant documents for audit team	Avail all relevant staff, books, documents and properties to audit team	Inform all schedule officers to submit books, documents and properties under their care for inspection as and when required.	Facility Head
4	Responding to spot queries	Schedule Officers must be made to respond to spot queries	Responses to spot observations must be submitted to audit team through facility head before completion of the on-site stage of the audit, i.e. before audit team leaves your premises.	Facility Head / Schedule Officers
			Support such explanations with original copy of relevant documents such as Payment Vouchers, Memoranda, Receipts, Invoices, Purchase Orders, Store Receipt Advice, payment sheets etc.	
			File copy of written responses to spot observations for reference.	

NO.	ACTIVITY	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
5.	Organising exit Meeting	Hold exit meeting with audit team	Request audit team to debrief management of its findings and obtain draft audit report and record minutes of proceedings Offer explanations for errors and or offences. The explanation must be relevant, valid, complete, accurate and verifiable. Agree on audit recommendations and their implementation plan with audit team	Facility Head Facility Head Facility Head
6.	Implementation of recommendation	Hold meeting with key staff to discuss the audit report implementation plan	Instruct and monitor staff concerned to take the necessary corrective actions as agreed with audit team. The corrective actions required may be either system strengthening, rectification of errors or recovery of lost assets, depending on the problem involved. Adopt mechanisms to sustain such corrective measures identified	Facility Head
7.	Receipt of audit Report	- Contact audit team for audit report when it delays. - Acknowledge receipt of the report. - File audit report.	- Acknowledgement of audit report should be in writing - File copy of acknowledgement letter and audit report	Facility Head
8.	Responding to Audit Report	Prepare and submit responses to internal audit report within 10 days upon receipt of the audit report and for the external audit report within 30 days upon receipt of the audit report as required by law.	Indicate in your response the action taken or to be taken by management in respect of each finding raised in the report. Support action taken with documentary evidence (Photocopies), where appropriate. The responses must be submitted to internal audit team within 10 days upon receipt of internal audit report and within 30 days upon receipt of external audit report Request audit team to follow-up on actions taken for certification.	Facility Head Facility Head Facility Head Facility Head

Chapter Seven

Procurement and Supply

Overview

The procurement activities of the Sub-district level are coordinated from the District Health Directorate. It has become imperative to improve the management capacity at the Sub-district level to understand the simple terms of the issues involved in procurement and supply of goods and services. This section of the manual seeks to address such issues, thereby improving the management capacity at the Sub-district level and make them more effective and efficient for their prioritization, procurement and supply.

Table 7:Procurement Functions¹¹

NO.	ACTIVITIES	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
1.	Procurement Planning	• Prepare annual plan and budget using bottom-up approach to identify priority activities. • Developing the procurement plan should include the following steps: - Identify procurement needs - Insert procurement needs into the plan. - Group procurement plan into packages e.g. stationery, equipment. - Estimate cost of each package. - Identify the procurement method. - Indicate processing steps and timeline.	Inputs from unit heads e.g. RCH, Disease Control and Health Centers, CHPS zones etc.	Sub-district Head
2.	Submission of Procurement plan to District Health Directorate (DHD)	• Submit Sub-district procurement plan to DHD by September of the year preceding the implementation of the plan. • Prioritise procurement plan after approval of budget.	• Discuss Procurement Plan (PP) with DHD for approval and submission. • Meet the Sub-district team to revise and prioritise PP based on budget approval on quarterly basis.	Sub – District Head

¹¹ Government of Ghana. GoG, (2003b). Public Procurement Act, 2003 (Act 663). Accra: Ghana Publishing Corporation

NO.	ACTIVITIES	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
3.	Selection of suppliers	Liaise with DHD to create suppliers' database	Have a list of pre-qualified suppliers	Sub – District Head
4.	Procurement Procedures	- Request for quotations from at least 3 suppliers from the suppliers' database (the letter should state the detailed specification of items requested). - Compare offers for quality and pricing and rank them. - Select the best evaluated offer (considering both cost and quality).	- Write letters independently asking for quotations from registered suppliers with the Sub-districts indicating the following: - Date and time of submission - Place of submission (placed in a tender box). - Open tender box immediately after the close of tenders. - After tender opening, pro-forma invoices are compared for quality and pricing to rank offers.	Sub-district Head
		- Notify the best-evaluated suppliers of their success and do it for unsuccessful suppliers. - If offer is accepted, award contract and issue a Purchase Order (PO). - If offer is rejected, consider the next in ranking and repeat the above step - Monitor contract for prompt delivery	- Write to notify the selected suppliers and give them time to accept or reject the offer. Notify the unsuccessful bidders. - If offer is accepted, award contract and indicate the contract conditions i.e. - Delivery date - Training (if applicable) - After sales service (if applicable) - Warranty (if applicable) - Payment terms. - Issue PO indicating the item,	Sub – District Head

NO.	ACTIVITIES	STEPS	DESCRIPTION	PERSONS RESPONSIBLE
			description, quantity on tender, unit and total prices (note: a purchase order cannot be substituted for a contract as it is only an indication of availability of funds for the procurement). • If the selected supplier rejects offer, contact the 2nd in the ranking and repeat the above step. • Liaise with the suppliers to ensure prompt delivery.	
5.	Receipt of items (Supplies)	• Receive items at receiving bay. • Inspect for quantity and quality using contract, PO and way bill. • If items delivered meet the orders, accept the supplies into stores; if at variance reject and officially inform supplier of rejection. • If accepted, record the receipts in the stores ledger and on tally or bin cards. • Prepare SRA • Submit SRA to accounts officer to initiate payment.	• Identify a place other than the store for the receipt of the item (create a receiving bay). • If items are not in large quantities, do physical count to confirm quantities. If in larger quantities, sample check from the packages. • Physically check for any defect, expiry dates and packaging to ensure that the items delivered meet the required specification per the contract.	Storekeeper/ Independent Verifier

NO.	ACTIVITIES	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
6.	Payment (where applicable)	On receipt of all necessary documentations i.e. contract, PO, SRA: • Prepare and sign Payment Voucher. • Prepare and sign Cheque. • Issue cheque to supplier. • Collect relevant receipt from supplier and attach to Payment Voucher. • File appropriately all the Payment Vouchers and other attachments. • Ensure that the statutory deductions are made (e.g. VAT, NHIL).	• The finance office on receipt of SRA and other documents will prepare the payment voucher for the approval of the head of the Sub-district. • On approval, the cheque is signed and delivered to the supplier who shall issue a receipt confirming payment. • Ensure payment documents are filed to maintain the audit trail.	Finance officer and Sub- District Head
7.	Storage	• Ensure that proper storage facilities are available. • Create the various sections of the store to reflect the categories of items procured e.g. medicines, non-medicine consumables, liquids, food items, cold storage supplies, dangerous medicines etc. • On receipt of supplies, store according to the step above.	A standard store should have: - Cold room or fridges/ deep freezers and vaccines carriers. - Adequate lighting and ventilation. - Pallets and racks. - Accessible to vehicles for easy delivery. - Adequate security (under lock and key, night watchman, security lighting). - Well-labelled stocks	Storekeeper/Sub-District Head

NO.	ACTIVITIES	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
8.	Requisition and Issues	- Review items regularly (monthly/quarterly/annually) to confirm stock levels. - Submit requisition to head of facility /sub- district for vetting and approval. - Submit approved requisitions to stores. - Vet requisition and issue items. - Update stores ledgers and tally/bin cards appropriately after issue.	- Count usable stock on hand if below re-order level, prepare requisition to replenish stock. - If equal to or more than the re-order quantity – no action is taken on requisition. - Write requisition indicating stock balance and quantity being requested for and submit to unit head for vetting and approval. - Check requisition to ensure judicious use of supplies. Check the availability of supplies and issues as appropriate. - Write a memo to the head of facility informing him/her of the stock status for action to be initiated to procure. - Record the issues in the stores ledgers and on bin cards to determine and record stock balance.	Supply Officer/Head of facility
9.	Disposal of Assets/Stocks including medicines and consumables	- Report unserviceable, expired or obsolescence to head of facility. - Compile list of obsolete, unserviceable or expired items and submit to the DHD - Follow up at DHD to initiate disposal procedures. - After disposal, update the facility inventory with certificate of disposal	- Check for performance of equipment, expiry of stocks and availability of spare parts/consumables to determine unserviceability, expiry and obsolescence. - Compile list of stocks/equipment indicating expiry, obsolescence, and	Supply Officer/ Head of Facility

NO.	ACTIVITIES	STEPS	DESCRIPTION	PERSON(S) RESPONSIBLE
		from the DHD.	unserviceability and provide justification for disposal. • Liaise with DHD for the formation of Board of Survey to inspect and confirm unserviceability, obsolescence and expiry of equipment/stocks. • Remove the list of all equipment/stocks disposed-off from the facility asset register.	
10.	Conduct suppliers' forum.	Liaise with DHD to undertake the following: • Invite suppliers on your database for a meeting. • Discuss procurement procedures. • Give them feedback on their performance. • Obtain comments from suppliers. • Give certificate of participation.	Liaise with DHD to organize a meeting with the suppliers at least once a year to: • take them through the emerging procurement issues. • review performance of suppliers and the Sub-district in the area of procurement.	Sub – District Head

Chapter Eight

Health Management Information System (HMIS)

Overview

This chapter aims to enhance the management functions and activities of the sub-district staff with respect to leveraging the HMIS for monitoring and evaluating services. It makes reference to the developed Standard Operating Procedure (SOP) to provide guidance on capturing, collating, storing, auditing and analysing data as well as report writing.

Sub-district Health Management Information Processes

At all levels in the Service, staff are involved in data management especially at the Sub-district and the facility levels. Specified supervisory personnel are responsible for the monitoring and evaluation of all services at the Sub-district levels. For all related Health Management Information Systems (HMIS) all Sub-districts are to refer to the GHS Standard Operating Procedure (SOP)¹² for HMIS.

The GHS SOP for HMIS ensures all managers and staff at the Sub-districts follow the same procedures and that the procedures do not change as a result of change of personnel. The districts have Sub-district levels that incorporate a community health delivery system where health interventions are packaged and delivered in communities and clinics. The Sub-district has its management functions and activities so far as Information Management in the Sub-district is concerned.

Steps in managing routine service data at the Sub-district level

As specified in the GHS SOP for HMIS, the steps for the management of routine service data collected from service delivery points at the Sub-district level are:

1. Recording of services rendered into standard registers.
2. Weekly, monthly or quarterly collation from these registers into standardized reporting forms.
3. Validation and occasional verification for entry into the District Health Information Management System (DHIMS).
4. The head of the facility shall review and endorse the collated facility/Sub-district data after it has been cleared by the data validation team, before submission to district.
5. Facilities data compilation and entry shall be completed by the 5th day of the ensuing month.
6. Sub-district and Hospital activity reports shall be provided to the District Health Directorate (DHD) on a quarterly basis.
7. Reports shall be provided by the end of the second week of the month after the quarter.

¹² Ghana Health Service. GHS, (2016). Standard Operating Procedures (SOP) on Health Information Management III. *Ghana Health Service, Accra.*

Facilities without internet access and computers

Facilities/Sub-districts without requisite logistic or skill personnel to enter data have up to the 5th of the following month to submit their data to the DHD. The district will then validate the data for entry into the DHIMS.

Data capture for Sub-district facilities

Outpatient services

a) Manual Registration:

- Check if patient has visited facility before and therefore has a patient number and folder.
- If patient has visited before, locate the patient number and retrieve folder.
- If patient has not visited before and therefore has no patient number, then assign a patient number and issue a folder.
- Register patient in outpatient register.
- Designate patient as NEW PATIENT or OLD PATIENT as appropriate.
 - NEW PATIENT is one making first attendance at the facility in the calendar year.
 - OLD PATIENT is one making subsequent attendance at the facility in the calendar year.
- For other services use appropriate standard registers to register the patient e.g. Physiotherapy Register. (Refer Medical Records Policy for guidance).
- Record using blue or black indelible ink/pens so that it is readable, write legibly.
- Record entries in ALL fields in the register.

b) Electronic Registration:

- Perform electronic search to determine if patient has visited before.
- If patient has visited before locate the patient number and retrieve folder.
- If patient has not visited before and therefore has no patient number then register patient electronically, assign a patient number and issue a folder.
- Designate patient as NEW PATIENT or OLD PATIENT as appropriate.
- Complete all fields in the electronic register using font size 12 and SANS SERIF font type.

Instructions for Completing Consulting Room Register

a) Manual Register:

- Register the client using the standard consulting room register.
- Complete register with assistance from prescriber.
- Complete ALL field and make sure no field is blank.

b) Electronic Register:

- Follow instructions given for the particular software.
- Complete ALL fields and make sure no field is blank.
- Use font size 12 and sans serif font type.
- OPD cases seen outside the regular consulting hours should be recorded and added to the general OPD cases. E.g. clinical cases seen at ANC such as malaria in pregnancy.

Outreach services

a) Manual Registration

- Register clients using the appropriate register.
- Complete ALL Fields (make sure no field is left blank).
- Include total number of clients served for each service area during outreach for every given month to the relevant service report for the month e.g.
 - Total ANC attendance = Facility ANC attendance + Outreach ANC attendance
 - Total OPD attendance = Facility OPD attendance + Outreach OPD attendance

b) Electronic Registration

The DHIMS2 e-Tracker is used at the Sub-district level to electronically capture services delivered at outreach sessions and static points (CHPS and small health centres). It enables sub-district facilities, especially CHPS to collect, manage and analyse transactional, case-based data records electronically.

Using the e-tracker, health workers can store information about individuals and track these persons over time using a flexible set of identifiers. CHOs using the e-tracker in the Sub-district are to register all their target population for services into the e-tracker to facilitate service follow up and reduce drop out. As at when services are offered then the clients are enrolled electronically to programmes in the e-tracker.

The CHOs will use the e-tracker to send SMS-reminders; track missed appointments and generate visit schedules.

Data Collation

1. Receive and record all reports from facilities under the Sub-district
2. The receiving officer should stamp and append his/her name, signature, date and time of receipt to the reports being received. One copy should be retained and the other given to the submitting facility for their records.
3. Check for the number of returns expected from that particular facility - Use a log-book with the list of facilities in the sub- district and the reports expected from each of them. Write the date submitted for every report submitted by facility in the log book. Check to ensure that every required field on all the forms is filled.
4. Glance through the reports and give an immediate feed-back if person submitting the report is appropriate or written feed-back within 72 hours on completeness to person submitting the reports. If data is submitted by e-mail, written feedback shall be sent to the Community Health Officer of the CHPS Compound to acknowledge receipt. This should indicate any follow-ups needed.
5. If the Sub-district is capable of entering data into DHIMS, check to see whether all facilities have reported.
6. Re-check totals of every event/disease from each facility.
7. Keep reporting forms from all facilities filed for audit purposes.
8. Enter data from the reporting forms into the appropriate screens in DHIMS.

Data Validation

All Sub-districts health Management shall form Sub-district Data Validation Teams.

The team shall meet monthly to validate data before signing off data. Write minutes of all monthly data validation meetings and file the minutes.

- The Medical Assistant/Physician Assistant or the Head of the Health Centre is the chairperson of the team.
- Post dates for data validation meetings on Health Centre's notice board.
- Establish data validation routine

Data validation routine

- Meet monthly to validate data before signing off data.
- Data validation meetings shall be held by 5th of the ensuing month.
- Check for accuracy and completeness of reports.
- Cross check data consistency across reports.
- Look for unusually low or high values for events/diseases.
- Look for rare events e.g. guinea worm, yellow fever, lassa fever diphtheria.
- Compare with previous months and same period of previous years.
- Alert facilities on inconsistencies, discrepancies and rare events.
- Take appropriate action for unusual and rare events.

Chairperson of the validation team should sign off the reports as having been validated. Upon approval of request for data update from facilities, changes made shall be communicated to the district accordingly.

Data Transmission

Transmission of data shall be through the DHIMS.

The Sub-district Head (Medical Assistant/Physician Assistant/Midwife) is to ensure that the data has been entered if the facility has the means to do their own data entry or they are to submit the summary forms to the District level with the appropriate documentation to acknowledge submission.

Data Analysis

There shall be data analysis and interpretation of service data at the Health Centre (Sub-district office). This shall form the basis for all planning, monitoring and decision-making process to guide service implementation.

In doing the analysis:

- Always indicate the level of completeness of data being used for the analysis.
- Run simple frequencies for events and cases and any other variables of interest.
- Cross tabulate events/cases by months, age, sex, location etc.

- Compare Sub-district performance with targets and or historical data.
- Compare performance between facilities.
- Draw graphs to demonstrate performance and trends.
- Interpret findings and discuss results.

Report Writing

The Sub-district must write a Quarterly Activity Report. The timeline is the 15th of April, July, October and January. Use findings from analysis to write the Quarterly Activity Report using standardized report writing format. Write exception report; that is reports on special events and activities such as disease outbreak response, rare diseases and diseases targeted for eradication or elimination.

Data Storage

All reporting forms shall be kept for life or archived electronically if there is need to destroy manual documents.

Sub-district office shall ensure that all facilities have an archival system to ensure the storage of the manual registers for references and evidential purposes when the need arises

If the facilities under the Sub-district are not fully automated, the Sub-district office should ensure that facilities have adequate secured space for storage of documents. All reporting forms must be filed by type chronologically and stored in secured place.

Data Quality Audit

The Sub-district Data Quality Audit (DQA) teams shall perform data quality audit for Health Centres and CHPS Compounds.

Sub-district shall:

- Set up DQA team.
- Select relevant indicators for each audit for a defined period
- Note and write down the figure for each chosen indicator
- Visit facility (CHPS) and count chosen variable/indicator in the registers and compare to the summarised chosen.
- Check on data collection and management processes.
- Write report, develop action plan to address identified gaps.
- Implement the action plan.
- Provide feedback to all stakeholders.

Dissemination

- Develop a dissemination plan for the Sub-district
- Identify and make a list of all stakeholders (E.g. Unit committees, Sub-district Management Health Committees, NGOs, Opinion Leaders, Community members etc.)
- Identify the relevant information to be communicated to the stakeholders.
- Identify appropriate communication channel for dissemination (e.g. Gong-Gong, Information Centres, FM Stations, Workshops, Durbars, Print Media, Bulletin, Internet, and Mobile Phones etc.)
- Implement and document dissemination activities.

Table 8: Summary of Data Management at Sub-district Level

LEVEL	FUNCTIONS	TIMELINE
Health Facility	Data collation, compilation and verification	4 th of the ensuing month
	Data entry	5 th of the ensuing month
	Quarterly activity report	15 th April, July, October, January
Sub-District	Validation, Data entry and analysis	5 th of the ensuing month
	Quarterly activity report	15 th April, July, October, January

References Materials

Chapter One - Service Delivery

Chapter Two -Planning and Budgeting

1. Yearly Planning Guidelines, Minutes, Annual Reports, District and Sub-district Plans, GHS PoW
2. Sub-district reports, Annual Planning and Budgeting Guideline
3. Sub-district reports, Reports from other health service delivery Partners
4. GHS Template for Planning and Budgeting, Annual Planning and Budgeting Guideline
5. Sub-district reports, Annual Planning and Budgeting Guideline, GHS staffing norms
6. Sub-district reports, Annual Planning and Budgeting Guideline
7. GHS Template for Planning and Budgeting, Annual Planning and Budgeting Guideline, Sub-district reports
8. GHS Template for Planning and Budgeting, Annual Planning and Budgeting Guideline
9. Reports and GHS manuals
10. GHS Strategic Plan Document
11. GHS Template for Planning and Budgeting, Annual Planning and Budgeting Guideline
12. Sub-district Action Plan

Chapter Three - Administration

1. GHS Manual on General Administrative Practices and Procedures, ATF, IAA, FAA
2. GHS Manual on General Administrative Practices
3. MoH Guidelines on Donations and Voluntary Medical Mission, PPA
4. GHS format on disposal of Assets
5. Public Procurement Act, 2003 (Act 663)
6. Finance and Administration guidelines
7. Administrative Practices and Procedures
8. GHS Code of Ethics
9. GHS Code of Conduct and Disciplinary Procedures

Chapter Four – Leadership and Management

1. Harvard Business Review
2. African Management Initiative
3. A Handbook for Improving Health Services

Chapter Five – Financial Management

1. GHS Manual on General Administrative Practices and Procedures, ATF, IAA, FAA
2. GHS Manual on General Administrative Practices and Procedures
3. Procurement Act 663

4. MoH Guidelines on Donations and Voluntary Medical Mission
5. GHS format on disposal of Assets
6. Procurement law
7. Finance and Administration guidelines
8. Administrative Practices and Procedures
9. Code of Ethics

Chapter Six– Auditing

1. GHS Code of Conduct and Disciplinary Procedures
2. Patient’s Charter
3. GHS Audit reports
4. MoH Accounting Treasury and Finance (ATF) Manual
5. GHS Audit Manual, Financial Administration Regulation (FAR), ATF
6. GHS Audit Manual/MoH ATF Manual
7. GHS Audit Manual, Circulars & other policy documents, Financial
8. Regulation, Financial Administration Act
9. Internal Audit Agency Act, 2003 (ACT 658)/Audit Service Act, 2000(ACT 584)/GHS Audit Manual
10. GHS Audit Manual
11. 1992 Constitution of the Republic of Ghana, Article 186
12. Final audit report
13. Audit Service Act, 2000 (ACT 584)

Chapter Seven – Procurement

1. Section 21: Public Procurement Act 2003 (663)
2. Section 42 of Public Procurement Act 2003
3. Stores regulations Financial Administration Act.
4. Financial Administration Act.
5. Store regulation
6. Stores procurement, ATF rules and regulations
7. Section 83 and 84 of Public Procurement Act 2003 (663)
8. Schedule 1B of Public Procurement Act, Act 914, 2016.

Chapter Eight– Health Information Management

1. Standard Operating Procedures (SOP) on Health Information Management III