


TRAINING MATERIALS
FOR
CHO REFRESHER TRAINING

COMMUNITY MOBILIZATION




Project for improvement of Maternal and Neonatal Health Services utilizing CHPS system in the Upper West Region

April, 2015

7th Edition

Ghana Health Service /Japan International Cooperation Agency

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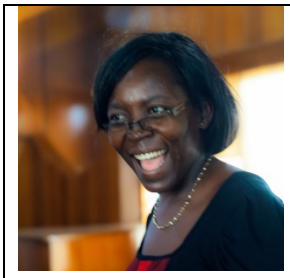
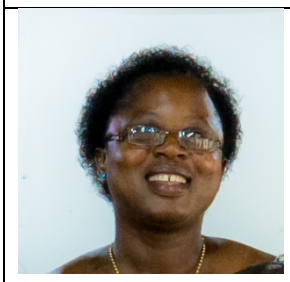
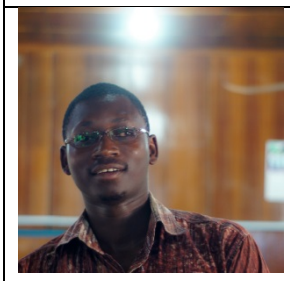
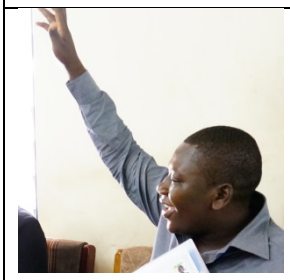
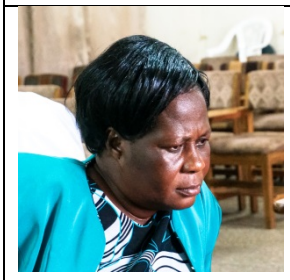
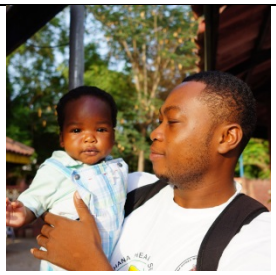
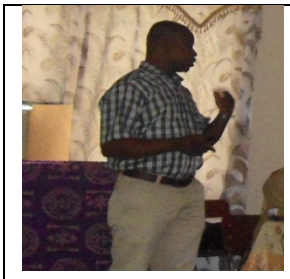
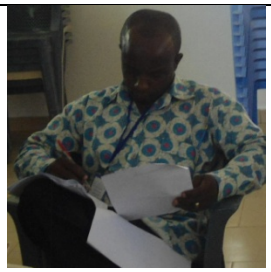
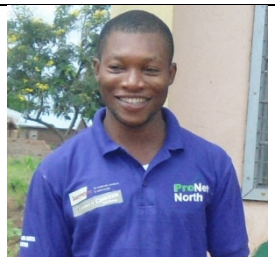
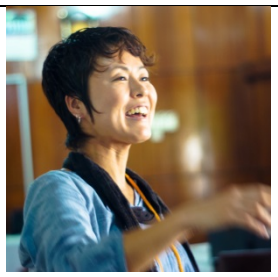
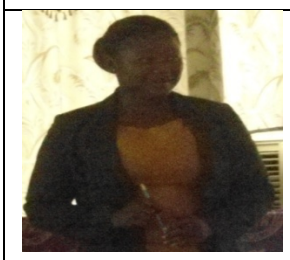
Acknowledgement

This Trainers kit for CHO refresher training (3) was developed by the technical working group for Community Mobilization and Facilitative Supervision of the Project for improvement of Maternal and Neonatal Health Services utilizing CHPS system in the Upper West Region through series of workshops, meetings and consultations. The development of this kit was coordinated by Mr. ZacchiSabogu, Regional CHPS Coordinator and Mr. Prosper Tang, Assistant Regional CHPS Coordinator of the Upper West Region. The Ghana Health Service acknowledges all officers who contributed to the development of this kit. We would especially like to acknowledge the following officers:

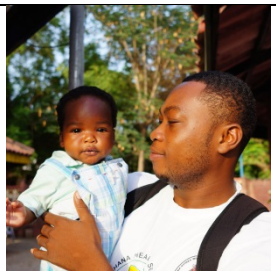
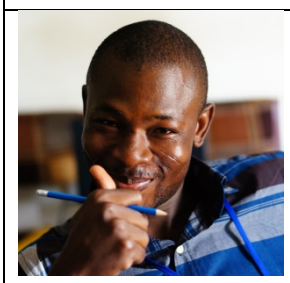
Ms.Beatrice Kunfah	Wa Municipal, District Director of Health Service
Ms. Phoebe Bala	Jirapa, District Director of Health Service
Ms. Florence Angsomwine	Nadowli West, District Director of Health Service
Ms.Rebecca Alalbila	Lambussie, District Director of Health Service
Ms. BasiliaSalia	Wa West, District Director of Health Service
Mr. ZacchiSabogu	RHA, Regional CHPS Coordinator
Mr. Prosper Tang	RHA, Asst. Regional CHPS Coordinator
Ms. Tomoko Watanabe	JICA expert, Community Health Planning
Mr. Chiko Yamaoka	JICA expert, Community Health Planning
Mr. Joachim Gornah	JICA, Project Senior Coordinator
Mr. Alhassan Abu Dokuwie	JICA, Project Local Coordinator

Technical Working Group and Modules

	Ms. Phoebe Bala Jirapa, District Director of Health Service Module CM1: Community Mobilization Adviser for CM3: PLA tools		Ms. Beatrice Kunfah WaMuncipal, District Director of Health Service Adviser for Module CM2: Community Entry Skills
	Ms. Florence Angsomwine Nadowli/Kaleo, District Director of Health Service Adviser for Module CM4: CHMC/CHVs Module CM7: MAPs		Ms. BasiliaSalia Wa West, District Director of Health Service Adviser for Module CM5: CHAP Module CM6: CETs
	Ms.Rebecca Alalbila Lambussie, District Director of Health Service Adviser for Module CM8: Field work (orientation)		Mr. ZacchiSabogu RHA, Regional CHPS Coordinator Module CM0: Introduction Overall Coordination of training
	Mr. Prosper Tang RHA, Asst. Regional CHPS Coordinator Assisting coordination of training		Ms. Cecilia Kakariba Jirapa, CHPS Coordinator Module CM2: Community Entry Skills
	Mr. Dam Edwin Nandom CHPS Coordinator Module CM3: PLA tools		Mr. Kuuridong Alexis Lawra, CHPS Coordinator Module CM4: CHMC/CHVs Module CM7: MAPs
	Ms. RukayaWumnaya Sissala West, CHPS Coordinator Module CM6: CETS		Mr. Ali Musah, Wa West, DHIO Module CM9: Action Planning to support CHOs

 Mr. Benin Yakubu Sissala West, Asst. CHPS coordinator Module CM5: CHAP	 Mr. Daniel Yeboah RHA, Regional Health Promotion Officer Module CM7: MAPs
 Mr.ForkorKasim Sissala East, CHPS Coordinator, Module CM8: Field Work (orientation)	 Mr. Alhassan Abu Dokuwie JICA, Project Local Coordinator Support for Modules on Community Mobilization
 Mr. Chiko Yamaoka JICA expert, Community Health Planning Technical advice for Modules on Community Mobilization	 Ms. Tomoko Watanabe JICA expert, Community Health Planning Technical advice for Modules on Community Mobilization
 Ms. Shameema Abdul-Samad, Wa Municipal CHO, Public Health Unit Assistants for community mobilization module:	

Technical Working Group and Modules (Facilitative Supervision)

	Mrs. Rosina Yenli RHA, DDNS Module FSV2: PS: Schedule Management		Mr. Ralph Hadzi RHA, DDPS Module FSV3: PS: Logistic Management
	Mr. Zacchi Sabogu RHA, Regional CHPS Coordinator Module FSV1: FSV system in UWR		Mr. Prosper Tang RHA, Asst. Regional CHPS Coordinator Module FSV4: PS: Preventive Management (QI)
	Mr. Joachim Gornah JICA, Project Senior Coordinator Support for Modules on Facilitative Supervision and Community Mobilization		Mr. Ali Musah, Wa West, DHIO Module CM9: Action Planning for CHOs, Assistant for FSV and Community Mobilization modules
	Mr. Al-Hassaan Seidu, Sissala West, DHIO Module FSV1: FSV system in UWR Assistant for FSV and Community Mobilization modules		Mr. Oswald Dachaga, Wa Municipal, DHIO Module FSV5: PS: Reporting Assistant for FSV modules
	Mr. Dery Lazarus RMS/Manager Assistant for Module FSV3: PS: Logistic Management		

We appreciate any kind of comments for the improvements of this kit. If you have any comments on the kit, we would like to ask you to send them to the following address:

Contact address

The Project for improvement of Maternal and Neonatal Health Services utilizing CHPS system in the Upper West Region

Regional Health Directorate, PO. Box 298, Wa, UWR, Ghana

Tell: 020-895-2424

Table of Contents

This Training materials are for community mobilization training under the Project for improvement of Maternal and Neonatal Health Services utilizing CHPS system in the Upper West Region. The file contains the following contents.

1. Agenda

CHO REFRESHER TRAINING ON COMMUNITY MOBILIZATION

Agenda

Update: April 21-24, 2015

							FACILITATORS ALLOCATION	
		Module#	Module Title	Time	(From)	(To)	GNAT HALL	TIEGBER
DAY 1 (Tue, April-21, 2015)	AM	TM1	Register	0:30	8:00	8:30	CHPS Unit	CHPS Unit
		TM2	Opening	0:30	8:30	9:00	TBA	TBA
		TM4	Training orientation	0:30	9:00	9:30	Prosper	Musah
		TM5	Pre-Assessment	0:30	9:30	10:00	Prosper	Musah
		CM0	Self introduction	0:30	10:00	10:30	Edwin	Phoebe
		TB	Tea Break	0:15	10:30	10:45		
		CM1	Community Mobilization	0:30	10:45	11:15	Edwin	Phoebe
		CM2	Community Entry Skills	2:00	11:15	13:15	Cecilia	Beatrice
	PM	LB	Lunch Break	1:00	13:15	14:15		
		CM3	PLA tools	2:30	14:15	16:45	Edwin	Phoebe
		TM9	Daily Reflection	0:15	16:45	17:00	Person in charge	Person in charge
DAY 2 (Wed, April-22, 2015)	AM	TM8	Recap	0:30	8:00	8:30	Person in charge	Person in charge
		CM4	CHC/CHVs	2:00	8:30	10:30	Florence	Alexis
		TB	Tea Break	0:15	10:30	10:45		
		CM5	CHAP	3:00	10:45	13:45	Basilia	Benin
	PM	LB	Lunch Break	1:00	13:45	14:45		
		CM6	CETS	1:00	14:45	15:45	Basilia	Rukaya
		CM8-1	Orientation of Field Work	0:30	15:45	16:15	Forkor	Rebecca
		CM8-2	Preparation of Field Work	1:00	16:15	17:15	All	All
		TM9	Daily Reflection	0:15	17:15	17:30	Person in charge	Person in charge
DAY 3 (Thu April-23, 2015)	AM	CM8-MB	Move to/ Back from field	1:00	7:00	8:00	All	All
		CM8-3	Field Work	4:00	8:00	12:00	All	All
		TB	Tea Break	0:15	12:00	12:15		
		CM8-MB	Move to/ Back from field	1:00	12:15	13:15	All	All
	PM	LB	Lunch Break	1:00	13:15	14:15		
		CM8-4	Resume of Field Work	1:00	14:15	15:15	All	All
		CM8-5	Presentation of Field Work	1:00	15:15	16:15	Teams	Teams
		CM7	MAPs	0:45	16:15	17:00	Florence	Alexis
		TM9	Daily Reflection	0:15	17:00	17:15	Person in charge	Person in charge
DAY 4 (Fri April-24, 2015)	AM	TM8	Recap	0:30	8:00	8:30	Person in charge (Conduted at Gnat hall)	
		CM9	Action Planning of CHOs	2:00	8:30	10:30	Musah	
		TB	Tea Break	0:15	10:30	10:45		
		FSV1	FSV system in UWR	0:30	10:45	11:15	Prosper	
		FSV2	FIVE-S	1:00	11:15	12:15	Prosper	
	PM	LB	Lunch Break	1:00	12:15	13:15	Break	
		TM6	Post-Assessment	0:30	13:15	13:45	Person in charge	
		TM7	Course Evaluation	0:30	13:45	14:15	Person in charge	
		TM10	Photo sesion	0:15	14:15	14:30	All	
		TM3	Closing	0:30	14:15	14:45	All	

2. Participants’ list

CHO Refresher Training (3) FSV-Community Mobilization Batch 5

List of Participants

S/n	District	Name of participants	Position	Sex	CHPS zone	Hall	Hostel
1	Jirapa	Alhassan Bagaree	CHO	M	Douripuo	GNAT	GNAT
2	Jirapa	Maxwell Narah	CHO	M	Tankpeela	Tiebger	Tiebger
3	Jirapa	Maxwell Kpokpori	CHO	M	Tamapuo	GNAT	GNAT
4	Jirapa	Omar Mohammed	CHO	M	Sigri	Tiebger	Tiebger
5	Jirapa	Janet Achim	CHO	F	Tamapuo	GNAT	GNAT
6	Jirapa	Selimda Adusei	CHO	M	Nambeg	GNAT	GNAT
7	Jirapa	Rashid Seidu	CHO	M	Doggo/Konzokaala	GNAT	GNAT
8	Lambussie	Chrysantus Dabuo	CHO	M	Naabala	GNAT	GNAT
9	Lambussie	Rose Debang	CHO	F	Diidee	Tiegber	Tiegber
10	Lambussie	Mercy Loggah	CHO	F	Nanbala	Tiegber	Tiegber
11	Lambussie	Alice Tuorizie	CHO	F	Banwon	Tiegber	Tiegber
12	Lambussie	Mavis Kansabayele	CHO	F	Kpare	GNAT	GNAT
13	Lambussie	Gifty Nateng	CHO	F	Suke	GNAT	GNAT
14	Lambussie	Faustina Yelviel	CHO	F	Chetu	GNAT	GNAT
15	Lambussie	Evelyn Kantadi	CHO	F	Kulkarni	GNAT	GNAT
16	Lawra	Abdallah Imoro	CHO	M	Dikpe	GNAT	GNAT
17	Lawra	Ophelia Songlayeng	CHO	F	Naburnye	Tiegber	Tiegber
18	Lawra	Gabriel Kabiri	CHO	M	Gbier	GNAT	GNAT
19	Lawra	Nuuriyele Cynthia	CHO	F	Tongoh Zagkpee	Tiebger	Tiebger
20	Lawra	Nyovur Abdulai	CHO	M	Cha	GNAT	GNAT
21	Lawra	Anthony Daborkuu	CHO	M	Biro	Tiebger	Tiebger
22	Lawra	Dery Matthew	CHO	M	Boo	GNAT	GNAT
23	Nandom	Eugenia Tie	CHO	F	Tankyara	GNAT	GNAT
24	Nandom	Matilda Dooyuori	CHO	F	Guo	Tiegber	Tiegber
25	Nandom	Halim Abdulai	CHO	M	Auri	GNAT	GNAT
26	Nandom	Juliet Tie	CHO	F	Naapaal	Tiebger	Tiebger
27	Nandom	Soyie Titus	CHO	M	Kokoligu	GNAT	GNAT
28	Nandom	Patience Itaar	CHO	F	Yielpeela	Tiebger	Tiebger
29	Nandom	Joseph Yabang	CHO	M	Tom	GNAT	GNAT
30	Nandom	Akanwari Mathilda	CHO	F	Beariiteng	GNAT	GNAT
31	Nandom	Rahinatu Abdul-Rahman	CHO	F	Nandom-	Tiegber	Tiegber
32	Nadowli -Kaleo	Ngminie A. Noah	CHO	M	Mantari/Meguo	GNAT	GNAT
33	Nadowli -Kaleo	Konkuri Hannah	CHO	F	Kaaha/Ombo	Tiegber	Tiegber
34	Nadowli -Kaleo	Diibuzie Daniel B.	CHO	M	Loho	GNAT	GNAT
35	Nadowli -Kaleo	Esther Vaah	CHO	F	Vogjoni	Tiebger	Tiebger
36	Nadowli -Kaleo	Ankaarah Josephine	CHO	F	Duong	GNAT	GNAT
37	Nadowli -Kaleo	Rebeeca Nsowaa	CHO	F	Gbankor	Tiebger	Tiebger
38	Nadowli -Kaleo	Kpankpari Alfredina	CHO	F	Nanvilli	GNAT	GNAT
39	Nadowli -Kaleo	Bagrvia Selina	CHO	F	Mwawari/Bamaara Urban	GNAT	GNAT
40	Nadowli -Kaleo	Elvis Sanyeng	CHO	M	Naro	GNAT	GNAT
41	Nadowli -Kaleo	James Katuole	CHO	M	Nyimbali	GNAT	GNAT
42	DBI	Grace Dambolnaa	CHN	F	Sazie	GNAT	GNAT
43	DBI	Isaac Langu	CHO	M	Tuori/Wuorgber	Tiegber	Tiegber
44	DBI	Angsofanga Dabanga	CHO	M	Wogu	GNAT	GNAT
45	DBI	Joshua Daang	CHO	M	Challa	Tiebger	Tiebger
46	DBI	Ophilia Baguri	CHO	F	Duang	GNAT	GNAT
47	DBI	Illionna Anguolo	CHO	F	Daayie	GNAT	GNAT
48	Sissala East	Puoba-e-daga Isaac	CHO	M	Chinchang	GNAT	GNAT
49	Sissala East	Seidu kamara	CHO	M	Bugubelle	GNAT	GNAT
50	Sissala East	Abasimi Renaitha Teni	CHO	F	Bawiesibelle	GNAT	GNAT
51	Sissala East	Kanyeri Mary Rose	CHO	F	Peing	Tiebger	Tiebger
52	Sissala East	Aabeyir Victoria	CHO	F	Chinchan	GNAT	GNAT
53	Sissala East	Seukuu Hanna-Windy	CHO	F	Kasana	Tiebger	Tiebger
54	Sissala East	Dakurah Lawrencia	CHO	F	Sentie	Tiebger	Tiebger
55	Sissala East	Abdul Rahman Maridia	CHO	F	Banu	GNAT	GNAT
56	Sissala East	Baku Nihera	CHO	F	Dolibizon	GNAT	GNAT
57	Sissala West	Zinekiengu Cordilia	CHO	F	Buo	GNAT	GNAT
58	Sissala West	Betran Dabuo	CHO	M	Gbal	Tiebger	Tiebger

CHO Refresher Training (3) FSV-Community Mobilization Batch 5

List of Participants

S/n	District	Name of participants	Position	Sex	CHPS zone	Hall	Hostel
59	Sissala West	Alexandra Bankpiebo	CHO	M	Kupulima	Tiegber	Tiegber
60	Sissala West	Bonye Enoch	CHO	M	Jefissi	Tiebger	Tiebger
61	Sissala West	John Dassah	CHO	M	Jefissi	GNAT	GNAT
62	Sissala West	Chorkodi Sumaila	EN	M	Jawia	Tiegber	Tiegber
63	Sissala West	Sovitey Moses	CHO	M	Du-West	GNAT	GNAT
64	Sissala West	Vengyellu Gifty	CHO	F	Zini	GNAT	GNAT
65	Sissala West	Juliet Galyoun	CHO	F	Gwollu	GNAT	GNAT
66	Wa East	Justine Dabuo	CHO	M	Kpaglagthe	GNAT	GNAT
67	Wa East	Joshua Senti	CHO	M	Ducie	Tiebger	Tiebger
68	Wa East	Ali Adam	CHO	M	Jeyiri	GNAT	GNAT
69	Wa East	Prosper Konlan	CHO	M	Biitenge	Tiebger	Tiebger
70	Wa East	Gilbert Naedegr	CHO	M	Katua	GNAT	GNAT
71	Wa East	Nancy Zobasegh	CHO	F	Buffiama	GNAT	GNAT
72	Wa East	Gilbert Kulah	CHO	M	Du-West	GNAT	GNAT
73	Wa Municipal	Sunliedong Comfort	CHO	F	Nachanta	GNAT	GNAT
74	Wa Municipal	Eric Batung	CHO	M	Yibile	Tiegber	Tiegber
75	Wa Municipal	Amata Rahaman	CHO	F	Tampalipaani	GNAT	GNAT
76	Wa Municipal	Bavia Mariam	CHO	F	Boli	Tiebger	Tiebger
77	Wa Municipal	Ahemmed Habib Chindo	CHO	M	Bamahu	GNAT	GNAT
78	Wa Municipal	Adongo Augustina	CHO	F	Gbegru	GNAT	GNAT
79	Wa Municipal	Basharat Mahamood	CHO	F	Dandafuuro	GNAT	GNAT
80	Wa Municipal	Sadick Abdulaih Mufeeda	CHO	F	Sorkpayiri	GNAT	GNAT
81	Wa Municipal	Musah Memuna	CHO	M	Dobile	GNAT	GNAT
82	Wa West	Cudjoe Efuoma	CHO	M	Mettou	GNAT	GNAT
83	Wa West	Samuel Mwintuure	CHO	M	Kuuchiliyiri	Tiegber	Tiegber
84	Wa West	Natalie Mwinso	CHO	F	Dornye	GNAT	GNAT
85	Wa West	Joyce Dandeebo	CHO	F	Talawonaa	Tiebger	Tiebger
86	Wa West	Vierine Frimpong	CHO	M	Asse	GNAT	GNAT
87	Wa West	Mary Yelama	CHO	F	Dabo	Tiebger	Tiebger
88	Wa West	Habubakari Hidir	CHO	M	Varempire	GNAT	GNAT
89	Wa West	Zinekpiegu Louise	CHN	M	Ga	GNAT	GNAT
90	Wa West	Mariata Tahi Haliku	CHO	F	Siriyiri	GNAT	GNAT
91	Wa West	Bagah Noella	CHO	F	Bultuo	GNAT	GNAT

3. Participants' guide

The CHO Refresher training (3)

Community Mobilization and Facilitative supervision

(April, 2015)

Course Guide for the Participants

1. Introduction

This CHO refresher training (3) Community mobilization and Facilitative supervision (FSV) is supported by the Project for improvement of Maternal and Neonatal Health Services utilizing CHPS system in the Upper West Region. The contents of the training are composed of the following:

The Training modules for FSV

FSV1: FSV system in UWR
FSV2: PS: Schedule Management
FSV3: PS: Logistic Management
FSV4: PS: Preventive Management (QI: Quality Improvement)
FSV5: PS: Reporting (Data Management)

The Training modules for Community Mobilization

CM1: Community Mobilization
CM2: Community Entry Skills
CM3: PLA tools
CM4: Community Health Committee and Community Health Volunteer (CHMC/CHVs)
CM5: Community Health Action Plan (CHAP)
CM6: Community Emergency Transport System (CETS)
CM7: Men as Partners (MAPs)
CM8: Field work
CM9: Action Planning for CHOs

2. Objectives of the training

Objectives of FSV components

After the training, the participants (CHOs) are able to;

(1) Understand performance standard of CHOs in various necessary fields at CHPS level.
(2) Perform their expected work according to the performance standards at CHPS level.
(3) Understand the purpose and process of FSV from CHOs to community level (CHMC and CHV).

Objectives of Community Mobilization components

After the training, the participants (CHOs) are able to;

(1) Identify and understand the situation of the community (collecting, analyzing and sharing information in community)
(2) Plan, implement, monitor and evaluate health activities (managing activities)
(3) Facilitate to community members to realize health activities by themselves involving the CHMC and CHV (Facilitating and empowering community)

3. Participants

The training targets CHOs (one batch of training participants are about 45, total 90 to be trained in 2015)

4. Methodology of the training

The training is structured in two parts, theory (including practice) and field work. During the theoretical training, methodology such as lecture, case study, practice and group discussion are applied. Utilization of PLA tools and CHAP processes are to be practiced in the field work.

5. Course outline

The course will be conducted for 5 days. The schedule of the course is as below.

Day	Contents & activities
1	Opening, Training orientation, Pre-assessment, Module FSV1: FSV system in UWR Module FSV2: PS: Schedule Management Module FSV3: PS: Logistic Management Module FSV4: PS: Preventive Management Module FSV5: PS: Reporting
2	Module FSV5: PS: Reporting (Continue) Module CM1: Community Mobilization Module CM2: Community Entry Skills Module CM3: PLA tools Module CM4: CHMC/CHVs
3	Module CM5: CHAP Module CM6: CETS Module CM7: MAPs Module CM8: Field work (Orientation and preparation)
4	Module CM8: Field work
5	Module CM9: Action Planning for CHOs Post assessment, Course Evaluation, Closing

6. Evaluation

CHO's knowledge on community mobilization and facilitative supervision will be evaluated through pre-post assessment and the result will be feedback them during or after the training.

7. Materials

The participants will receive the following materials on the 1st day of the course.

- Participants' Guide
- Agenda
- Participants list.
- Presentation
- Work sheets
- Evaluation form
- Other additional materials will be provided during the course if necessary.

8. Norms

Participants are expected to follow the rules below mentioned.

- Present during the whole course. Do not leave the classroom without permission. In case they cannot participate in the course due to unavoidable reason, they have to contact the facilitators. In such a case, they have to learn the modules by themselves and complete exercise sheet.
- Review what was introduced in the training. There will be recap session every morning at 8:00.
- Respect schedule and time.
- Switch off mobile phone or change to vibration mode.
- Participate in the discussion actively.
- Respect opinions of other participants and listen.
- No smoking in the class.
- No sleeping.
- No unnecessary (up and down) movement.
- No sub meetings.

9. Responsibility of leaders

2 leaders should be selected to assist the training. Leaders are responsible for:

- Arrangement of lunch
- Check of attendance record
- Other necessary logistic arrangement
- Time keeping, in particular, punctual start of the morning session, lunch and tea break
- Other necessary assistance during the course.
- Check of daily evaluation by participants at the end of the day
- Appointment of reporters and collection of reports (Daily)

- Responsible for module evaluation

10. Accommodation and daily allowance

- Accommodation will be arranged and paid by the project for CHOs.
- Breakfast and Dinner are included to accommodation.
- Per diem is paid GHC10/night.
- Participants are kindly requested to sign on the attendance record daily.
- The details of the arrangement will be explained in the 1st day of the training.

5. Presentation

(Facilitative Supervision)

CHO Refresher Training
(Community Mobilization and Facilitative supervision)

Training Orientation

- For the strengthening of CHPS Level activities in UWR-

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

Introduction

- Facilitators
- Support staff
- Participants

Objetives of the course (1)

To strenghten the capacity of CHOs n the field of community mobilization

1. Identify and understand the situation of the community (collecting, analyzing and sharing information in community)
2. Plan, implement, monitor and evaluate health activities at community (managing activities)
3. Facilitate to community members to realize health activities by themselves with involvement of CHCs and CHVs (Facilitating and empowering community)

Objetives of the course (2)

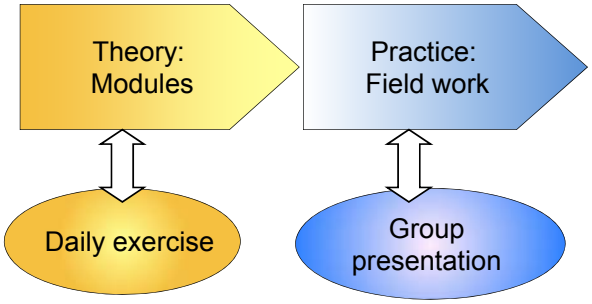
To strenghten the capacity of CHOs in facilitative supervision (FSV)

1. Understand performance standard of CHOs in various necessary fields at CHPS level.
2. Perform their expected work according to the performance standards at CHPS level.
3. Understand the purpose and process of FSV from CHOs to community level (CHC and CHV).

Course program

Day 1	**Introduction, Pre-assessment** **FSV (up to day2 morning)**
Day 2-3	**Community mobilization modules 1-9 (Theory/practice)** **Action Planning of yourself (at Night)**
Day 4	**Field visit: 4 community at Wa municipal (Application of PLA tools to CHAP)**
Day 5	**Post-assessment** **Action plans** **Closing**

Methodology of the course



Course materials distributed

1) Agenda
2) Participants' list
3) Participants' guide
4) Power point materials
5) Worksheet
6) Evaluation form

Course rules

- Get permission in case of absence
- Be present at class at **8:00**
- Respect schedule and time.
- Switch off mobile phone or vibration mode.
- Participate in the discussion actively.
- No sleeping.
- No unnecessary movement.
- No sub meetings.
- ……Others

Arrangements: Meals & Accomodation

1. Daily attendance record
2. Accommodation arrangement
3. Meal arrangement
   - Break fast
   - Snack
   - Lunch
   - Dinner
   - Special arrangements
4. Payment
   - (GHC 10/day as incidentals)
   - T&T

Thanks

- Any special concerns……

CHO Refresher Training

Facilitative Supervision (FSV) on CHPS

- For the strengthening of CHPS Level activities in UWR-

Presented by
Mr. Zacchi Sabogu

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

Outline

- Understanding FSV
  - Definition
  - Process
  - Benefits etc
- Performance standards

Objectives

By the end of this session, the participants should be able to.....

1. Define FSV system in UWR
2. List the processes and flow of FSV
3. Identify benefits of FSV
4. Explain Performance standards of CHOs

Difinition of Performance Standard (1)

What is Performance Standard in general?

- **A monitoring tool/checklist**
  specifies health worker's duties and roles
- **A criterion or benchmark**
  that defines a desired result without specifying the techniques
- **Measures expected output**
  Expected output of a staff, department or an institution within a specific time frame

S 2-20

Significance of Performance Standard

- **To improve quality of supervision**
  - Systematic, objective supervision
- **To standardize supervision**
  - Use same tools and methodology for any supervisor
- **To Clarify duties and tasks.**
  - Enable self evaluation and peer review
- **To improve performance**

S 2-21

Introduction of FSV

- Based on Performance standards
- Focused on the needs of the staff they oversee
- A management tool

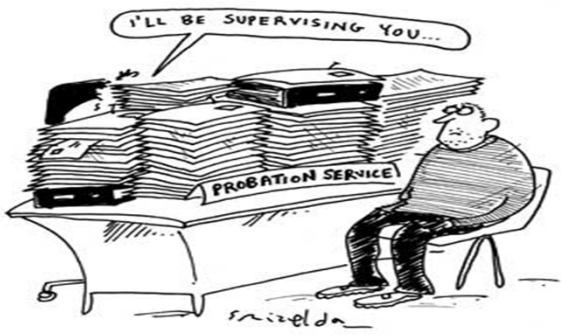
6

Introduction cont'd

- Approach is focused on:-
  - staff as customers
  - Mentoring
  - Joint problem solving {participatory} and
  - Two way communication between supervisors and supervisees
- The process is:-
  - Continuous
  - Systematic
  - Standardized

Traditional Type of Supervision

FSV is evidenced base

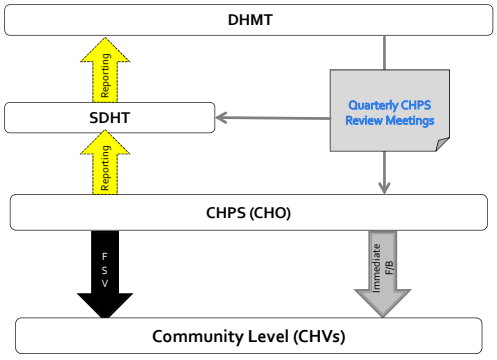


Process

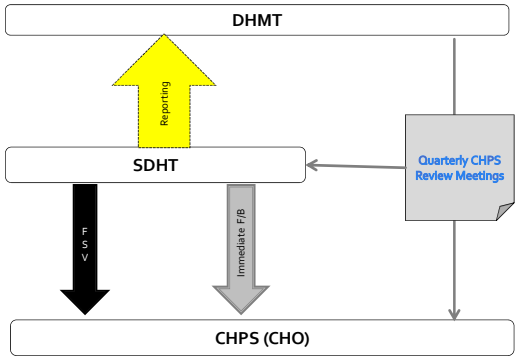
- **Preparatory**
  - Communication
  - Logistics and tools
- **Actual**
  - Use of Monitoring tools, gaps & needs
  - Immediate verbal Feedback, Action planning of problems identified
- **Follow – ups**
  - Report writing, dissemination & filing
  - Identifying resources to solve problem

10

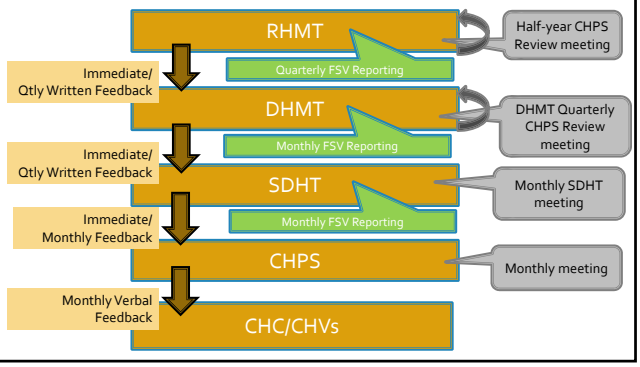
Steps of FSV at CHVs
From CHO to CHVs (Monthly)



Steps of FSV at CHPS
From SDHT to CHO (Monthly)



Overall Flow/Structure of FSV in UWR



FSV from C-------C

1. List of all volunteers by category
2. Status of Meetings organized by CHC's
3. CHAP implementation
4. Performance of CHVs/CBAs/CBSVs/TBAs
5. Supervision of all volunteers

Example of action plan

Category	Problems	Action to be taken	Person responsible	Time frame
Report writing	Late submission of reports	Weekly summary of reports	CHO	10/02/2013
Information management	(1) Standard directory not consistent with arrangement of files (2) Only April report for CHO was filed	Directory to be retyped to suit the filing system	CHO	11/03/2013
Management of supplies	Ledgers not fully updated	Updating of ledgers	Sub district I/C	30/03/2013
Technical support to CHO	Irregular FSV to CHO	FSV to be conducted soon	Sub district DCO	09/04/2013
Referral procedures	(1) No standard referral forms (2) Inadequate referral feedbacks	Staff to make follow up on referral forms	CHO	09/03/2013

Method of feedback of results of FSV

1. OJT during FSV:
   - Verbal feedback during FSV
   - Complete the summary sheet
   - Telephone call to confirm the follow up action
2. Presentation of results during review meeting
   - Presented CHPS performance in main health indicators
3. Reports of FSV
   - Compile and submit reports to SDHT

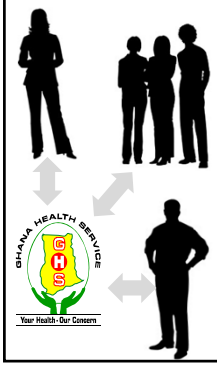
Benefits of FSV

1. Enhances problem identification, coaching, joint solutions and practical in nature
2. Supervisor consider supervisee as clients

Benefits of FSV (2)

3. It motivates both supervisor and supervisee
4. It enhances quality improvement processes in stores, documentation and reporting etc

Benefits of FSV (3)



5. To strengthen the linkage within health facilities, such as CHPS, HC and Hospitals, DHMT, as well as RHA in a systematic manner

6. It enhances resource allocation and distributions

Components of FSV tools

The focus now is from the CHO to the community including all CHVs and CHCs covering the 5 areas listed

D--
1. Basi
2. Rep and
3. Mgmt of Supplies
4. Info. Mgmt
5. Mgmt of meetings
6. Tech. Support
7. Referrals

3. Repo… documentation
4. Program Based activities
5. Equipment and Supplies
6. Referral and Feedback

C-------C
1. Volunteer groups
2. Status of meetings and durbars organized
3. Status of community activities organized
4. CHAPs
5. Performance of volunteer groups on key activities etc

Questions, comments?

THANK YOU!!!!

CHO Refresher Training

Schedule Management

Presented by Grace Tanye

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

Objectives

By the end of this session, participants will be able to.....

1. Identify important activities of the month
2. Prepare a calendar for CHO activities
3. Implement planned monthly activities
4. Monitor and evaluate CHO activities

Time Management

- Good time management will help generate effective work and productivity.
- It is the art of arranging, organizing, scheduling and budgeting one's time.
- One important aspect of time management is planning in advance.
- Good time management involves keeping a schedule of tasks and activities that have been considered as important.

Prepare your calendar

Q. Why Should we prepare the calendar?

- ✓ Clarify priority of activities
- ✓ Effective time management
- ✓ Remember and focus on important activities
- ✓ Share scheduled information with supervisors and others

Sample of Monthly Calendar

Question

Q.

What are the important routine activities CHO has to conduct every month?

Development of Monthly Calendar

List all routine activities you have to conduct for the month

- Home Visits
- Meeting/ Durbars
- School Health
- FSV
- Outreach
- Reporting

Development of Monthly Calendar (2)

Some activities like reporting have a set deadline, and other activities like outreach or meeting can be confirmed with the Supervisor and/or community!!!

- Home Visits
- Meeting
- School Health
- FSV
- Outreach
- *Reporting

Development of Monthly Calendar (3)

- Home Visits
- Meeting
- School Health
- FSV
- Outreach
- Reporting

Set Schedule should be marked in the calendar from the beginning

Development of Monthly Calendar (4)

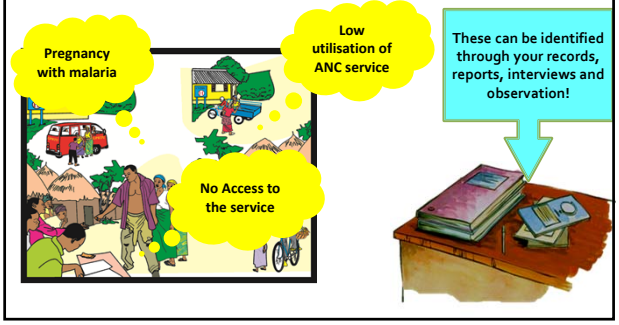
- Home Visits
- Outreach
- School Health

For other activities, let's set objectives & targets through the following steps!

1. Problem Identification
2. Problem Analysis
3. Setting of priorities

1. Problem Identification

What are the problems in the community?



2. Problem Analysis & 3. Setting of priorities

What is the most important problem?

Prevalence
How common?

Level of concern
By local community?

Seriousness
How serious?

Ease of change
How easy to change?

Setting of Priorities

Setting objectives for the month

Based on your priority, now you will set objectives and targets, then identify activities:

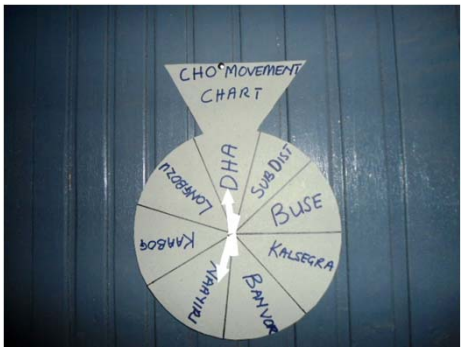
Ex. ***Increase utilization of early ANC services in community***

Specific Activities include:

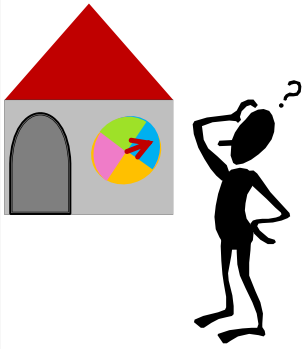
1. **Home Visit**: At least xxxx HHs to be visited to track and monitor Pregnant women
2. **Outreach activities:** during each outreach session, CHO will give health talk related to importance of early ANC service (no of outreaches)
3. **CHAP development related to ANC topics** (at least one)

Activities will give you an idea of your schedule. For example, how many days you have to spend to conduct planned home visits.

Development of Daily Movement Chart



Purpose of Daily Movement Chart



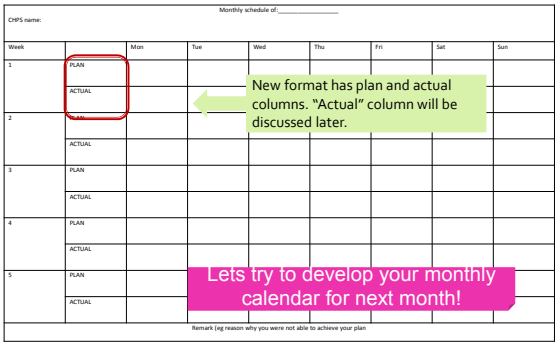
Daily Movement Chart tells your important client and partners like CHVs and supervisors where you are.

Your monthly movement chart should be made available

Exercise Time

Lets develop your monthly schedule & Movement Chart!!!

Sample format of Monthly Calendar



New format has plan and actual columns. "Actual" column will be discussed later.

Lets try to develop your monthly calendar for next month!

Tips for Good Schedule Management

- No one is perfect!
- It is still GREAT if you can accomplish 80% of what you planned to do
- What is important is to **LEARN** why you were not able to accomplish the rest of 20%, and **REFLECT** your lesson on your next schedule.

For that purpose, let's improve your monthly calendar!!!!!!

Monthly Schedule of Feburary 2013

CHPS Name: Kperisi CHPS

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	PLAN					Report Writing 1	2	3
	ACTUAL					Done	Report Writing	Report Writing
2	PLAN	Home Visiting 4	Report Submission 5	FSV by SDHT 6	Home Visiting 7	Meeting@SDHT 8	9	10
	ACTUAL	Not-Done. Postponed	Done	Done	Done. Visited 10HH	Done		
3	PLAN	School Health 11	Home Visiting 12	Home Visiting 13	Maintenance of Motorbike 14	Outreach/ CHAP 15	16	17
	ACTUAL	Not Done Went to Maintenance of Motorbike	School Health	Done	Home Visiting	Done at Zongo Community		
4	PLAN	Outreach/CHAP 18	Outreach 19	CHPS Review Meeting 20	Home Visiting 21	School Health 22	23	24
	ACTUAL	Done at Wassamu	Done at Baanyeben	Done	Not Done	Done		
5	PLAN	School Health 25	Home Visiting 26	Report Writing & Inventory 27	Report Writing 28			
	ACTUAL	Done	Not Done	Done	Done			

NOTE: (e.g. Reason why you were not able to accomplish your plan)

Write your plan at the beginning of each month

Record actual work done everyday

Analyze the performance gap (1)

Scheduled Activities

Carried out activities

GAP

Analysis of the Performance gap between "Scheduled activities" and "Carried out activities" is important to reset your objectives and targets to make it more feasible.

Analyze the performance gap (2)

How to analyze performance gap???

Review the following:

- Check plan and actual performance
- Find possible causes of the gap
- Prioritize the gaps on the basis of their continuing importance, availability of resources etc.

How big is the gap?

How did it happen?

Monthly Schedule of Feburary 2013

CHPS Name: Kperisi CHPS

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	PLAN					Report Writing 1	2	3
	ACTUAL					Done	Report Writing	Report Writing
2	PLAN	Home Visiting 4	Report Submission 5	FSV by SDHT 6	Home Visiting 7	Meeting@SDHT 8	9	10
	ACTUAL	Not-Done. Postponed	Done	Done	Done. Visited 10HH	Done		
3	PLAN	School Health 11	Home Visiting 12	Home Visiting 13	Maintenance of Motorbike 14	Outreach/ CHAP 15	16	17
	ACTUAL	Not Done Went to Maintenance of Motorbike	School Health	Done	Home Visiting	Done at Zongo Community		
4	PLAN				isiting 21	School Health 22	23	24
	ACTUAL				one	Done		
5	PLAN	School Health 25	Home	Inventory 27	Report Writing 28			
	ACTUAL	Done	Not Done	Done	Done			

NOTE: (e.g. Reason why you were not able to accomplish your plan)

I had to allocate more time on report writing. I wasn't able to do planned Home Visit due to mechanical problems of my motorbike

At the end of month, analyze your planned and actual schedule, then write notes for your achievement and challenges

THANK YOU!!!!

CHO Refresher Training

Logistic Management
Revised at 5th May 2014
by Mr. Lazarus Dery

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

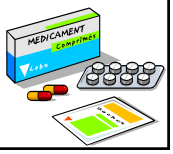
Objectives

By the end of this session, you should be able to.....

1. State the importance of logistic management
2. Organize your store
3. Set maximum , re-order and emergency stock levels
4. Fill-out important documents related to inventory management
5. Request and receive items

Importance of Logistic Management

- Health Centres and CHPS use medicines and related supplies in delivering high-quality services
- Ensure that medicines and related supplies are available in the right quality to be used in service delivery



How to prepare & organize your store

Importance of store organization

- Storage conditions will affect the quality of the product being stored
- Maintaining store rooms in the best condition will reduce chances that the products will become damaged or unusable
- It also simplifies your work by reducing your search time to find things

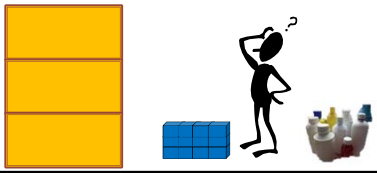
Basic guidelines for store organization

- Zoning for items:
  1. A cold storage area for vaccines & other items
  2. A secure room or locked cage for narcotics and controlled substances
  3. An area for flammable materials (ideally in a separate building or room)

Basic guidelines for store organization: STEPS

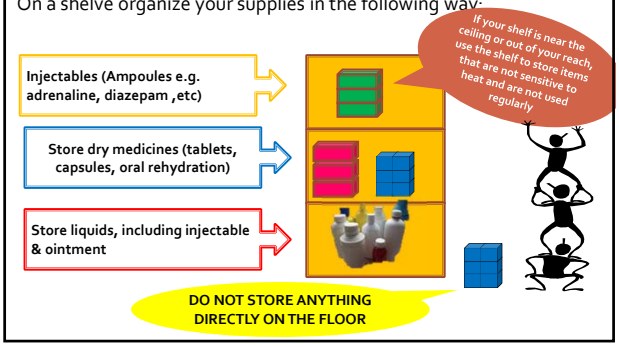
1 Store similar items together

- Route of administration: "external", "internal" or "injectable"
- Form of preparation: "dry" ("tablets/capsules") or "liquid" (syrups & infusions)



Tips for Shelving

On a shelve organize your supplies in the following way:



Basic guidelines for store organization : STEPS

2 Find the generic name of each medicine in your store

- Grouping of medicines by **the generic name**

Exception!!!

Contraceptive to be grouped by **Brand Name**

Generic & proprietary names of some medicines

No	Generic name	proprietary name
1	Amoxycillin caps	Kinamox caps
2	Ciprofloxacin tabs	Ciprokin
3	Ketoconazole tabs	Enoral
4	Doxycycline caps	Doxykin
5	Chloramphenicol Ear Drops	Aurophenicol
6	Paracetamo syrup	Paramol syrup
7	Flucloxacillin suspension	Fluxakin susp

Basic guidelines for store organization : STEPS

3 Arrange and label the supplies on the shelves

- Arrange the supplies in alphabetical order by generic name
- Have a specific place for each item
- Mark the shelf with the generic name of the health commodity or non-drug consumable
- Organize the storage in an orderly manner to make sure health commodities can be re-stocked easily
- Organize the store to ensure adequate space for handling

Basic guidelines for store organization : STEPS

4 Store all medicines and related supplies with expiry dates by using "FEFO" procedures

What is "FEFO"?

- FEFO means "**FIRST-TO-EXPIRE, FIRST-OUT**"
- All health commodities should be organized and issued according to FEFO.
- Those commodities that will expire first should be stacked in front of those to expire later, and be issued first
- Sometimes, it is possible that you can receive items with earlier expiration than those you already have in store. Always check the date when receiving new items!!!!

Product Shelf Life

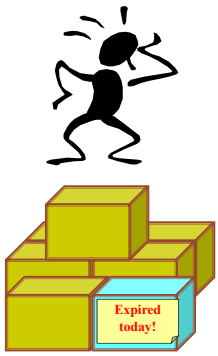
- The shelf life is the length of time a product can be stored under adequate conditions without affecting its usability, safety, or potency
- When a commodity reaches the end of its shelf life, it has expired and should not be distributed for use
- Most tablets have a **three-year** shelf life
- Most injectable have a **two-year** shelf life.

Tips to prevent wastage of health commodities

- Mark expiratory dates on outside of cartons or boxes
- Place cartons or boxes so stocks first to expire are stacked in front of or on top of stocks that will expire later

Tips to prevent wastage of health commodities

- Issue commodities from front to back, or top to bottom so older commodities are issued first
  *this can apply for those with no expiry dates (e.g. soaps & detergents)
- When having two or more batches of the same commodities with different expiry dates, **use a separate bin card** for each expiry date.



Basic guidelines for store organization : STEPS

5 Remove expired and poor quality items

- Identify all expired and other poor quality medicines and related supplies
- Identify overstocked items and any items that are no longer used at your CHPS
- Keep a record of the removal of medicines and related supplies

- Separate damaged and expired health items from usable items to avoid wrong use.
- Return these to SDHT/DHMT or dispose items according to established procedures.

Why do we have to keep records of supplies?

Keeping records help you to know…

- What items are available in stock
- How much is available of each item in stock
- How much stock is used on a regular basis
- When and how much of an item should be reordered

Types of logistic records & reports

- Inventory Control Card
- Ledger Book
- Requisition Book
- RRIRV: Report, Requisition, Issue and Receipt Voucher
- Store Receipt Voucher
- Prescription Register
- Family planning Daily Summary and Monthly Total Form
- Vaccine Return Form
- Other Program Specific forms

Tips for good management of logistic records

- Original forms and copies must be kept in a manner that makes them easily accessible
- Establish and maintain filing system for all stock keeping and transaction records, maintain records in reverse chronological order, the most recent records in front of older records
- Establish and maintain a filing system for reports received, by facility reporting, in reverse chronological order
- Keep all ledgers updated

Inventory Control Card/Bin Card

- Inventory Control Card should be placed for each item
- Keep the card with the item on the shelf or pallets with the items
- Record on the card every time you receive or issue an item
- Keep an accurate running tally of the number of units in the balance in stock
- Keep all related ledgers updated

What is "Inventory Management"?

1. Monitoring the qualities of stock on hand
   - Through stocktaking/stock check on a regular basis
2. Monitoring the quality of products
   - Through regular visual inspection of the products and maintenance of the stores in good order

Question

Q. How often do we have to conduct stock checks?

Any time stocks are issued Monthly/Quarterly/At the end of the year

How to order supplies based on past consumption

- Successful supply management means that the required items are always available
- Appropriate order and regular requisition are essential
- The amount of supplies to be ordered should be based on the amount your facility has used in the past, and the amount that you anticipate you will need in the future

Setting Maximum and Re-order Levels

Let's Determine quantity to order by setting Maximum and Re-order levels

Maximum Stock Level:
The maximum quantity of a product a facility should have! In other word, **the facility should not stock more than** this level

Re-Order Level:
The quantity that is used to determine if an order needs to be placed or not.

The above data will be calculated based on the recent consumption!

WORKSHEET FOR SETTING MAXIMUM STOCK AND RE-ORDER QUANTITIES
(to be completed every six months)

Facility Name: _____ District: _____ Region: _____

Product	A Total dispensed past 6 mos	B Average Monthly consumption =A/6	C Maximum Stock Qty =B x 3	D Re-Order Quantity = C/ 2	E Emergency Order Point = D/ 3
Tablets and Capsules					
Acetylsalicylic Acid Tab 300mg					
Albendazole Tab 200mg					
Amoxiciline Cap 250mg					
Artesunate + Amodiaquine Tab 50/153mg (6+6 Tab Blister Pack)					
Chloroquine Tab 150mg					
Metronidazole Tab 200mg					
Paracetamol Tab 500mg					
Oral Liquids					
Chloroquine Base 80mg/5ml					
Amoxiciline suspension 125mg/5ml, 100ml					
Injections					
Chroloquine Injection 40mg/ml					
Streptomycin Injection 1gm					
Banzethine penicilline Injection 2.4mu					
Medical Supplies					
Blood Bags (Double)					

Copy the Maximu Stock Quality, Re-order Quantity and Emergency Order Point in the approparate box on the Inventory Control Card for each product

Completed by: _____ Title: _____ Date: _____

Verified by: _____ Title: _____ Date: _____

How to calculate the maximum and re-order level (Sample)

Check your past 6 months consumption from ledgers or tally cards

If your usable stock on hand is equal to or less than this, you will need to place an order!

Product	A Total dispensed past 6 mos	B Average Monthly consumption = A/6	Maximum Stock Qty = B x 3	D Re-Order Quantity = C/2	E Emergency Order Point = D/3
Tablets and Capsules					
Acetylsalicylic Acid Tab 300mg	3,420	570	1,710	855	285

Calculate monthly average:
3,420 ÷ 6 = 570

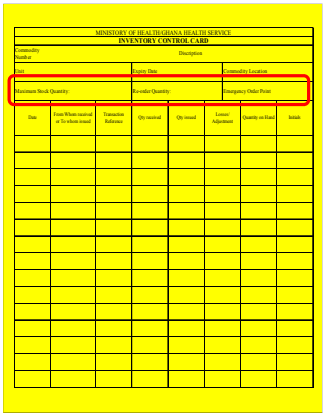
This is the greatest number of item you wish to have in the store. **The facility should not have the item more than this.**

If the stock is below this point, **the facility need to place an emergency order**

Let's practice now!

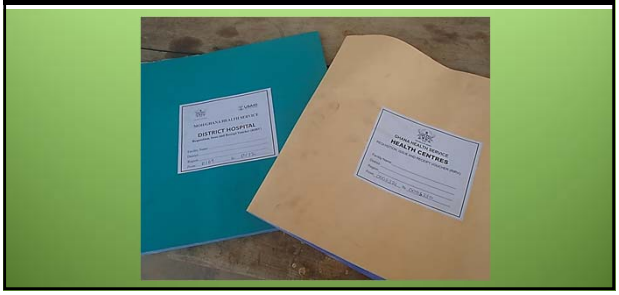
Product	A Total dispensed past 6 mos	B Average Monthly consumption = A/6	C Maximum Stock Qty = B x 3	D Re-Order Quantity = C/2	E Emergency Order Point = D/3
Tablets and Capsules					
Acetylsalicylic Acid Tab 300mg	3,420	570	1,710	855	285
Albendazole Tab 200mg	1,580				
Amoxiciline Cap 250mg					
Artesunate + Amodiaquine Tab 50/153mg (6+6 Tab Blister Pack)	360				
Chloroquine Tab 150mg	1,200				
Metronidazole Tab 200mg	280				
Paracetamol Tab 500mg					
Oral Liquids					
Chloroquine Base 80mg /5ml	20				
Amoxiciline suspension 125mg /5ml, 100ml	240				
Injections					
Chroloquine Injection 40mg /ml	80				
Streptomycin Injection 1gm					
Banzethine penicilline Injection 2.4mu	120				
Medical Supplies					
Blood Bags (Double)	20				

When you calculate your maximum and re-order stock level, please make sure you enter the information in your bin card!!!!



How to order supplies

Let's find out new operational procedure for requisition



Preparing requisition at CHPS Level

Q. What is the procedure for preparing requisition for items?

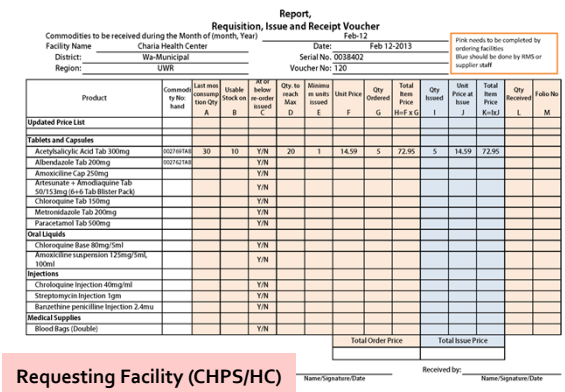
Ans.
CHO will prepare their requisition by using the RRIRV forms or Requisition book on regular basis

Requisition, Issue and Receipt Voucher

Commodities to be received during the Month of (month, Year) _____
Facility Name _____ Date: _____
District: _____ Serial No. 0038402
Region: _____ Voucher No: _____

Product	Commodity No/ hand	Last mos consumption Qty A	Usable Stock on B	At or below re-order issued C	Qty. to reach Max D	Minimum units issued E	Unit Price F	Qty Ordered G	Total Item Price H=F x G	Qty Issued I	Unit Price at Issue J	Total Item Price K=IxJ	Qty Received L	Folio No M
Updated Price List														
Tablets and Capsules														
Acetylsalicylic Acid Tab 300mg	002769TAB			Y/N										
Albendazole Tab 200mg	002762TAB			Y/N										
Amoxiciline Cap 250mg				Y/N										
Artesunate + Amodiaquine Tab 50/153mg (6+6 Tab Blister Pack)				Y/N										
Chloroquine Tab 150mg				Y/N										
Metronidazole Tab 200mg				Y/N										
Paracetamol Tab 500mg				Y/N										
Oral Liquids														
Chloroquine Base 80mg/5ml				Y/N										
Amoxiciline suspension 125mg/5ml, 100ml				Y/N										
Injections														
Chroloquine Injection 40mg/ml				Y/N										
Streptomycin Injection 1gm				Y/N										
Banzethine penicilline Injection 2.4mu				Y/N										
Medical Supplies														
Blood Bags (Double)				Y/N										
									Total Order Price			Total Issue Price		

Requisitioned by: _____ Name/Signature/Date
Picked by: _____ Name/Signature/Date
Received by: _____ Name/Signature/Date



Report,
Requisition, Issue and Receipt Voucher

Commodities to be received during the Month of (month, Year) Feb-12
Facility Name Charia Health Center
District: Wa-Municipal
Region: UWR
Date: Feb 12-2013
Serial No. 0038402
Voucher No: 120

Pink needs to be completed by ordering facilities
Blue should be done by RMS or supplier staff

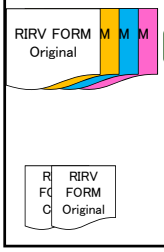
Product	Commodity No	Last mon consumption Qty A	Usable Stock on hand B	At or below re-order issued C	Qty to reach Max D	Minimum units issued E	Unit Price F	Qty Ordered G	Total Item Price H=F x G	Qty Issued I	Unit Price at Issue J	Total Item Price K=IxJ	Qty Received L	Folio No M
Updated Price List														
Tablets and Capsules														
Acetylsalicylic Acid Tab 300mg	002769TAB	30	10	Y/N	20	1	14.59	5	72.95	5	14.59	72.95		
Albendazole Tab 200mg	002762TAB			Y/N										
Amoxiciline Cap 250mg				Y/N										
Artesunate + Amodiaquine Tab 50/153mg (6+6 Tab Blister Pack)				Y/N										
Chloroquine Tab 150mg				Y/N										
Metronidazole Tab 200mg				Y/N										
Paracetamol Tab 500mg				Y/N										
Oral Liquids														
Chloroquine Base 80mg/5ml				Y/N										
Amoxiciline suspension 125mg/5ml, 100ml				Y/N										
Injections														
Chrolioquine Injection 40mg/ml				Y/N										
Streptomycin Injection 1gm				Y/N										
Banzethine penicilline Injection 2.4mu				Y/N										
Medical Supplies														
Blood Bags (Double)				Y/N										
								Total Order Price				Total Issue Price		

Name/Signature/Date

Received by: Name/Signature/Date

Requesting Facility (CHPS/HC) will fill out pink marked area.

Flow of Requisition

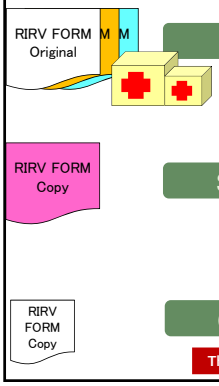


DHMT reviews the document and processes the requisition to the RMS between the 9th and 10th of every month.

SDHT consolidate all the requisition request from CHPS, prepare RRIRV forms (official), Send the document to DHMT between 5th and 8th of every month

RIRV Forms are prepared and send to SDHT

Obtaining items from the RMS



Based on order, RMS deliver the requested items to SDHT

SDHT receives items, and make payment (for the previous), then send items to CHPS

CHPS receives or pick-up items from SDHT

Then, items will be recorded in a bin card & Ledger book

How to receive supply

When you have received the items, the following activities should be conducted:

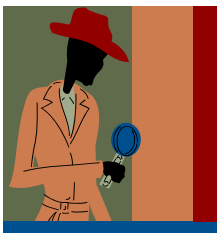
1. Check the supplies received against the items on the requisition form
2. Check the expiry dates of all items
3. Check the basic quality of all items in delivery
4. Document all discrepancies

Check your supplies!

MOH requires that product have **at least 1.5 years (18 months)** remaining in the usable shelf life, when procured from manufacturers or obtained from local supplies

Ministry of Health Ghana

Monitoring the Quality of Stock



- Visual Inspection: examining products and their packaging for obvious problems including:
  - Colour change of medicines and vaccines
  - Broken containers and for leakages
  - Unsealed or unlabeled items
  - Unusual odour in tables and capsules. Check for cracked broken, powdery or sticky contents

Monitoring the Quality of Stock (2)

- if there is any defective products, inform your supervisors immediately for replacement
- Disposal of Unserviceable Commodities has to be done according to the guidelines, as quickly as possible

Handling discrepancies

- A discrepancy may occur when a product move from one level of the system to another, due to damage, misplacement, incorrect packing or theft.
- **All discrepancies must be reported through a discrepancy report** to the responsible level, and have to be corrected either through an account credit or debit, or through the supply of additional commodities.

Inform your supervisor/ DHMT immediately for any discrepancy (excess or lacking)

How to handle your loss?

- All losses should be reported on **the Stock Valuation Form**
- Record your loss also in your Bin Card and Ledger book
- Report to your supervisor on any loses.

Lastly, Managing Finances

- Each facility will determine how to document their supply movement, using vouchers, notebooks or others to ensure accountability and accuracy
- Staff will dispense commodities to clients, collect money from them or note exemptions for each client
- At the end of each day, CHO checks all funds collected and document all exemptions so that they can be reported at the of the month

Questions, comments?

THANK YOU!!!!

Quality Improvement (QI)

for the satisfaction
of the workers and customers

1-SORT
2-SET
3-SHINE
4-STANDARDIZE
5-SUSTAIN
5S-KAIZEN for Organisational Strengthening

Presented by
Musah Ali

What is QI and 5S

- **QI-SYSTEMATIC** processes that leads to **CHANGE** and results in **IMPROVEMENT** in an aim
- **5S**- it is a principle for eliminating WASTE & enhancing the work place environment

Meaning of 5S

S 1	**Sort**	Sort out unnecessary items in the workplace and discard them (including useless movements)
S 2	**Set**	Categorize and arrange necessary items in good order so that they can easily be selected for u…
S 3	**Shine**	Clea… …ly so that ther… …ines or equi…
S 4	**Standardize**	Maintain… …workplace so that it is prod… …ve and comfortable by repeating Sort-S…t-Shine
S 5	**Supervise** (or, Sustain, or Self - Discipline)	Train people and supervise to follow good work habits and to strictly follow workplace rules or regulation (again and again)

In our setting, we will conduct this activity through FSV!!

Advantage of 5S

1. Reduction of working time

2. Reduction of cost
   Cause ⅰ : reduction of space
   Cause ⅱ : efficiency
   Time is Money;
3. Reduction of errors;
4. Safety at the workplace;
5. Satisfaction of staff and patients.

Example: waste reduction in the movement of staff at the PNC unit.

Previously, the nurse, who consults 20-30 children daily, used to sit on the left and to always go to the right for vaccination.

Now, she sits on the right, near the work surface to facilitate the work of vaccination.

4

Some Areas for Quality Improvement

5S activity can contribute to the improvement of the following areas:

I. Preventive Maintenance

II. Infection Control

III. Physical Environment

IV. Supply Management

V. Others-Households(Kitchen , wardrobes etc)

Preventive Maintenance

– Proper storage of items

Filing of Records

THEN

NOW

All health related records (e.g., files, books, registers etc) are kept in an appropriate manner

Area to improve

Unnecessary documents are around the flat files that should be removed

Good example

GBEGRU CHPS

All equipment and assets are stored and maintained properly

Area to improve

Non-functioning equipment is separated for discard or repair, functioning equipment should be stored well

II. Infection Prevention

-Re-useable equipments
-Waste management

All reusable medical equipment are cleaned, disinfected or sterilized routinely for readily use

Area to improve

All dressing items were scattered in box and sink

All items are set to serve to the client. This type of practices should be also done

All items must be ready for emergency use

Type of waste

1. General waste
Non hazardous, No risk of injury or infection

2. Medical waste
Material used for treatment/diagnosis
- Materials with blood, body fluids
- Organic waste (tissue, placenta)

3. Hazardous chemical waste
Chemicals that are potentially toxic or poisonous.

12

Waste from facility are managed properly

Area to improve

DANGEROUS !

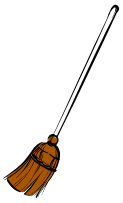
Kept in safety box up to ¾ full, and destructed immediately

INCINERATOR

or

PIT

III. Physical Environment



General cleanliness of the facility is kept for employee and client health and safety

Area to improve

Area to improve

Area to improve

S 1	**Sort**	Sort out unnecessary items in the workplace and discard them (including useless movements)
S 2	**Set**	Categorize and arrange necessary items in good order so that they can easily be selected for use (if necessary with labels)

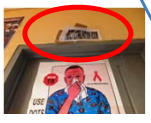
IMPROVED WAITING ROOM

THEN

NOW

The plates for indications, posters, announcements, flip chart are fixed properly.

Area to improve



Good examples

WA CENTRAL SDHT

DONDOLI CHPS

Implementation of routine cleaning ……Shinning day!!!

- Cleaning is conducted everyday
- There is no trash around the facility. (especially the backside of the building)
- There is no dust or trash in the facility (including back or top of the shelf, back of the refrigerator, everywhere)

IV. Supply Management

Proper Inventory Management is conducted at facility

Good example

Shelves with tally card/proper labels.

Area to improve

Good example

All commodities clearly marked in good condition, and organized and issued according to FEFO

ACHIEVEMENT : DRUG STOCK ROOM

Before

After

Shinning Day!!!!!

Let's have a shining day to brighten our work environment. Cheers!!

CHO Refresher Training

Data Management

Presented by Dachaga Oswald.
Revised at 1st December, 2013

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

Objectives

By the end of this session, you should be able to.....

1. Understand what is data
2. Understand data collection
3. Quality data
4. Practice session

UNIT 1:

Understanding data

1. Define data
2. Understand data sources
3. Methods of data collection
4. Tools for data collection

What are the necessary reports CHPS facilities have to submit?

MANDATORY	CAPACITY	(DISTRICT DEPENDENT)
Monthly Midwife's Returns	Monthly Clinical IMCI Returns	RCH Booklet
Family Planning Returns	Fridge Temperature Monitoring Chart	Monthly drugs returns
Monthly Adolescent Health report		Monthly Stores returns
Monthly Child Health Returns		
Monthly Vaccination/EPI Report		
Monthly Data on Antimalarials		
Antenatal/Maternity Monthly Malaria Data Returns		
CMAM Monthly Reports		
Monthly outpatients Morbidity		
Statement of Outpatients		
IDSR FORM 2		
Monthly Nutrition report		
Monthly TBA returns		
Monthly CBA Returns		
Monthly CBSV/Guinea worm Report		
Monthly PMTCT report		
Monthly HTC Returns		
Monthly Health Education and Promotion Returns		
Monthly work schedule		

At least 20 reports

What is data?

What is data?

Data is a collection of facts which conclusion may be drawn through:

- Interviewing
- Observations
- Measurement
- Recording, etc

Health Information Data Sources

Population
- population census
- vital registration
- Surveys
- NIDs

Institutional
- Individual record
- Service records
- Administrative records

Sources of data

CHPS Facility provides these essential data!!!

Source
- Primary → Clients (e.g., Mothers), Volunteers, registers
- Secondary → Annual reports etc

Methods of data collection

- Interviewing
- Observations
- Measurement
- Recording
- FGD, etc

Tools for data collection

- Registers
- Reporting formats
- Tally books/sheets
- Bin cards
- Recording device
- Digital camera
- GPS, PDA, Scanners, etc

Classification of data collection tools

- **Standard Registers**
(E.g., ANC, FP, EPI, IMCI, OPD, Outpatient Postpartum & Postnatal Care, IMCI, Referral etc…)

- **Ledger Book/Standard Book**
(E.g., Vaccine Ledger, Store Ledger, Requisition and Tally book etc…)

- **Supplementary Book for recording**
(E.g. ANC notebook, Home visit book, Expenditure, tally book etc)

Supplementary books are your original methods to make your work easier and more efficient!

Some relevant questions for data collection

No	Relevant question	Response
1	What is/are the use(s)	Assess performance, planning etc
2	who should do the collection	Qualified, trained staff
3	where to obtain the data	Clinic sessions, HV, Comm. Durbar etc
4	How will the data be collected	Interview mothers, observe surroundings, Measure children's height, weight etc
5	where to record it	Registers, forms, summary sheets

Let's think……

Q .

How should we store our reports and files?

Tips for good file management

- Use of "Standard Directory" for Monthly Reporting
- Use of "Standard Directory" for Registry & Books
- Files & Books with Clear Labels
- Sorting items by type (E.g. Finance related, OPD, EPI, Family Health)

UNIT 2: Practice of filling out essential reporting formats

Lets fill out our reporting formats!!!!

Reporting Channels & Timelines

Volunteers	2 days
CHOs	3 days
Sub-district	5 days
District	10 days
Regional	10 days
HQ	

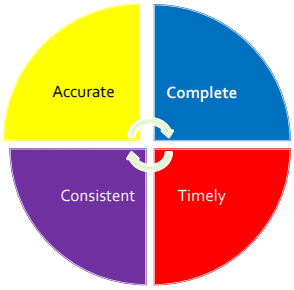
Data Quality

Data are of high quality
"If they are fit for their intended uses in operations, decision making and planning"

-J. M. Juran

Think of :
Over reporting
Under reporting

Four attributes of data quality

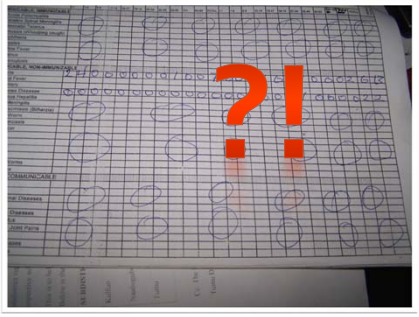


Accuracy

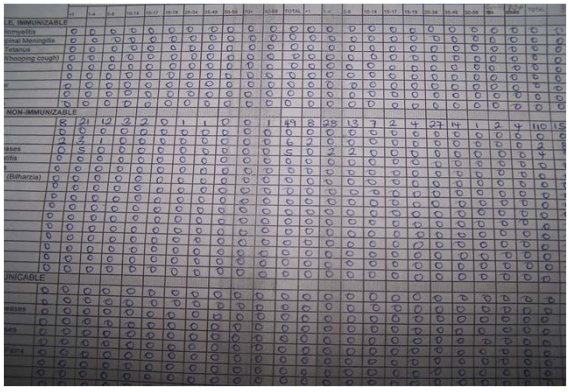
- Free from errors
- Representative

Completeness

- All values are present

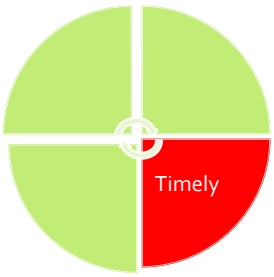


Ideal-If some can why can't others?



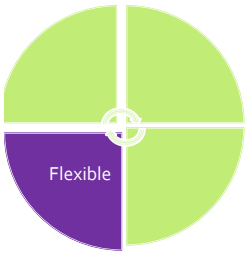
Timeliness

- Recorded immediately
- Available when needed



Consistent

- Data definitions understood
- Can be used for multiple purposes



Exercise 1: Monthly Midwives Returns

What is the content of this report?

The report covers the information related MCH services provided at health facility

What are the related registers/books to fill out this form?

1. ANC Register
2. Outpatient Postpartum & Postnatal Care Register
3. Know Your Status (KYS)
4. Referral Register

Section 1: Basic Info & Antenatal

MONTHLY MIDWIVES RETURNS

Facility Name				District			Region		Month		Year	
EMONC Service				Blood Transfusion services			PMTCT		Conduct Delivery		Baby Friendly Service	
None	Basic	Comprehensive		Yes	No		Yes	No	Yes	No	Yes	No

Antenatal											
Registrants	Attendances	Making 4th visit	TT2+	Age of mother at registration						Mothers below 150 cm/5 ft	
				10-14	15-19	20-24	25-29	30-34	≥ 35		

Syphillis screening		Parity				IPT					
Tested	Positive	0	1-2	3-4	5+	IPT1	IPT2	IPT3	IPT4	IPT5	with reaction

Heamoglobin at registration & 36 weeks						Duration of pregnancy at		
Hb Checked at registration	<11gm/dl at registration	<7 gm/dl at registration	Total Checked at 36 weeks	Registrants with < 11gm/dl at 36 weeks	Registrants with <7 gm/dl at 36 weeks	Primigravidae screened at 36weeks	Primigravidae with Hb<7gm/dl at 36wks	1st trimester	2nd trimester	3rd trimester

Section 2: Delivery

Deliveries

PMTCT				Primigravidae outcomes			Total births				
Counseled	Tested	Positive	Babies on ARV	Mothers on ARV	Live Births to Primigravida		Primigravida Still births	Live		Still	
					Male	Female		Male	Female	Macerated	Fresh	Total

Outcome of delivery			Age group of mother at delivery						Birth weight			
	Mothers	Children							Below 2.5 kg			2.5kg and above
Single			10 -14	15-19	20-24	25-29	30-34	≥ 35	Primapara	Multipara	Total	
Twin												
Triplet												
Others			Deliveries with atleast 2 IPT doses	Receiving Oxytocin for 3rd stage of labour	Morbidities							
Total					Vesisco-vaginal fistula			Drop foot cases	Puerperal psychosis	Endometritis(Infection)	Mastitis	
Type of delivery					Seen	Repaired	Referred					
Normal												
C/section			Age group of maternal deaths						Total Maternal deaths	Maternal deaths audited	Neonatal deaths (<1 month)	Post neonatal deaths (1-11
Vacuum			10 -14	15-19	20-24	25-29	30-34	≥ 35				
Forceps												
Total												

Section 3: Postnatal, Referral, Abortions & male involvement

Postnatal

Baby friendly hospital initiative		Registrants			Age group of postnatal registrants					
Mother/Infant pairs discharged	Exlusive breastfeeding at discharge	Breastfeeding within first 1 hour	1st PNC on day 1 or 2	1st PNC on day 3-7	1st PNC from day 8 and above	10-14	15-19	20-24	25-29	30-34	≥ 35

Post Partum FP	Post Partum Vit A to mother	Baby's weight (6-10 days)		Site of Delivery							
		< 2.5 kg	≥ 2.5 kg	TBA (Trained/Untrained)	Government HC and HP	Teaching Hospital	Government Hospital (Region/Dist	Private Hospital	Private Midwife	CHAG	Quasi Govt institution	Mines

Birth Abnormalities	Newborn Complication	Referrals							
Hare lip/Cleft palate	Asphyxia	Antenatal		Labour		Postnatal			
Anencephaly	Jaundice	In	Out	In	Out	In	Out		
Talipes	Sepsis of Cord								
Hydrocephalus	Ophthalmia Neonatorum	Age group for referrals							
Undescended Testes	Others	10-14	15-19	20-24	25-29	30-34	≥ 35		
Spina Bifida									
Exomphalus		Abortions							
Downs syndrome		Type			Method		Deaths from post-abortion complicatio	Post abortion complications recorded	
Imperforate Anus		Elective	Spontaneous	Induced	Electric/Manual Vacuum	D&C	Medical	Bleeding	Sepsis	Perforations
Others										

PA - FP		Age group of mothers performing abortions (Years)						Male involvement				
Counselled	Acceptors	10 -14	15-19	20-24	25-29	30-34	≥ 35	ANC	Delivery	PNC	FP	CWC

To be submitted not less than the 5th day of the following month to the District Director of Health Services

Completed by:_____ Authorised by:_____

Exercise 2: Family Planning Returns

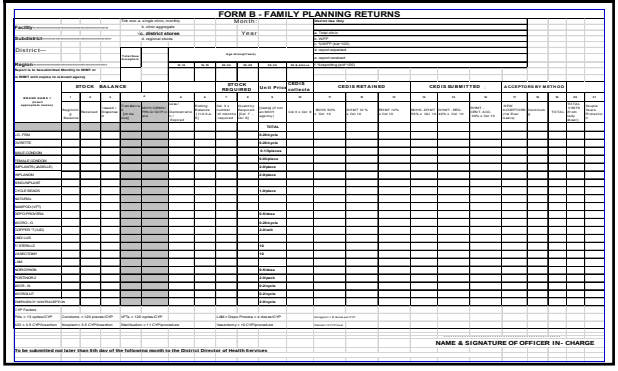
What is the content of this report?

The report covers the information related FP commodities, such as stock, consumption of the month, sales, and no. of users.

What are the related registers/books to fill out this form?

1. Family Planning Client Card & Registers
2. Tally Card/Store Ledger

Family Planning Return



FORM B - FAMILY PLANNING RETURNS

Month:

Year:

BRAND NAME = (insert appropriate names)	STOCK BALANCE						STOCK REQUIRED		Unit Price	CEDIS collected
	1	2	3	4	5	6	7	8	9	10
	Beginning Balance	Received	Issued / Dispensed	Transferred (circle one)	MOH/ GRMA / PPAG/ CCP/ Private	Loss / Demonstration / Expired	Ending Balance [1+2-3-4-5]	Col 3 x number of months required	Quantity Required (Col 7 - Col 6)	[Cedis] (if not an MOH agency)	Col 3 x Col 9
										TOTAL	0
LO - FEM										0.20/cycle	
OVRETTE										0.20/cycle	
MALE CONDOM										0.10/pieces	
FEMALE CONDOM										0.03/piece	
IMPLANTS (NORPLANT)										2.0/piece	
NATURAL											
SAMPOO (VFT)											
DEPO PROVERA										0.5/dose	
MICRO - G										0.20/cycle	
COPPER 'T (IUD)										2.0/unit	
F/ STERILIZ										10	
VASECTOMY										10	
LAM											
NORIGYNON										0.5/dose	
POSTINOR 2										2.0/pack	
MICR - N										0.2/cycle	

Family Planning Return

CEDIS RETAINED			CEDIS SUBMITTED			ACCEPTORS BY METHOD				
11	12	13	14	15	16	17	18	19	20	21
SDHS 50% x Col 10	DHMT 10 % x Col 10	RHMT 10% x Col 10	SDHS - DHMT 50% x Col 10	DHMT - REG. 40% x Col 10	RHMT - CENT. A.CC. 30% x Col 10	NEW ACCEPTORS (1st Ever Users)	Continuing	TOTAL	TOTAL VISITS(from tally sheet)	Couple Years Protection
0	0	0	0	0	0					

Exercise 3: Monthly Vaccination Returns

What is the content of this report?

The report sometimes interchangeably called "Immunization Reports". It covers comprehensive information related to vaccines (e.g., coverages, no. given, IEC conducted, waste management, status of cold chain, vaccine stocks and logistics, disease surveillance)

Exercise 3: Monthly Vaccination Returns

What are the related registers/books to fill out this form?

1. CWC Book
2. EPI Register (Tally Sheets/Cards/Book)
3. Vaccine Ledger
4. Fridge Temperature Monitoring Charts

Monthly Vaccination Return(1)

MONTHLY VACCINATION REPORT

Region: _____ District: _____ Name of Reporting Facility: _____

Month: _____ Year: _____

1. Demographic data		
Total Population		A
Infants 0-11 months: annual target		B
Infants 0-11 months: monthly target		C = (B / 12)
Expected Pregnancy		D
Expected deliveries: monthly target		E = (D / 12)
Children 12 - 23 months: annual target		
Children 12 - 23 months: monthly target		

2. Completness & Timeliness of reports	
2.1 No. of health facilities in the District	
2.2 No. of vaccination posts (Fixed and outreach)	
2.3 No. of reports received during the month	
2.4 No. of reports received on time during the month	

3. Vaccination coverages	BCG	Penta-1	Penta-3	Measles	YF	TT 2+	PCV-3
3.1 Monthly coverage (%)							
3.2 Cumulative coverage (%)							
3.3 Dropout rate (%)	Cum (Penta-1 - Penta-3) *100 / Penta-1			Cum (BCG - Measles) * 100 / BCG			

4. Monthly vaccinations given by strategy				
Vaccine	Number Given (By age group)			
doses	0 - 11 months	12 - 23 months	> 24 months	Total Administered
BCG				
Hepatitis B				
OPV-0				
OPV-1				
OPV-2				
OPV-3				
Rotavirus - 1				
Rotavirus - 2				
Penta-1				
Penta-2				
Penta-3				
PCV-1				
PCV-2				
PCV-3				
Measles - 1				
Measles - 2				
LLIN - Children				
YF				
Fully Immunized				
	Pregnant Women	Non-Pregnant		Others
TT-1				
TT-2				
TT-3				
TT-4				
TT-5				
TT-5+ (Not vaccinated)				
LLIN - Pregnant Women				
	6-11 months	>=12 months	Post Partum	
Vitamin A				

5. Information Education and Communication	
No. of IEC sessions conducted	
No. of participants at sessions	
No. of radio/TV spots conducted	
No. of home visit sessions conducted	

6. A.E.F.I.	
No. of cases reported	

7. Waste management	
No. of safety boxes used during the month	
No. of safety boxes disposed during the month	
No. of hub-cutters used during the month	
No. of hub-cutters disposed during the month	

8. Cold chain temperatures at Health Facilities	
No. of facilities that have reported temp. status	
No. of health facilities with temperature <+2°C	
No. health facilities with temperature >+8°C	
Minimum temperature recorded	
Maximum temperature recorded	

9. Stocks of safe injection equipment			
Safe injection equipment	Stock levels		
	Beginning	received	stock at end
ADS_0.05ml			
ADS_0.5ml			
Sdilution_2ml			
Sdilution_5ml			
Safety boxes			
Hub-cutters			

Monthly Vaccination Return(3)

10. Status & utilisation of vaccine stocks and other logistics							
	Stock at district store				Losses due to:		No. of vials opened
	Beginning	Received	Issued	stock at end	VVM status (3 or 4)	Expired	
BCG							
Hepatitis B							
OPV							
Rotavirus							
Penta							
PCV							
Measles							
YF							
TT							
LLIN							
Vit.A (Blue)							
Vit.A (Red)							
Child Health Records							

These CHPS facilities without cold-chain fridge should write "**NIL**" as this section is not applicable.

Monthly Vaccination Return(4)

11. Disease surveillance

		AFP	Measles	NNT	Diarrhoea	Yellow fever	Meningitis	Pneumonia
0-11 months	cases							
	deaths							
12-59 months	cases							
	deaths							
5-15 years	cases							
	deaths							
>15 years	cases							
	deaths							
Vaccination status	No. vaccinated							
	No. not vaccinated							
	No. with vac status unknown							

12. Remarks

Exercise 4: Statement of Outpatients

What is the content of this report?

This report counts the number of patients admitted at health center by age, gender, the status of NHIS

What are the related register/books to fill out this form?

1. OPD Health Insurance Register
2. Tally book for OPD
3. Outpatient Register

Statement of Outpatient

STATEMENT OF OUTPATIENTS
GHANA HEALTH SERVICE

Institution: ..... District: ..... Region: ....20.....

AGE GROUPS	INSURED PATIENTS				NON-INSURED PATIENTS				TOTAL	
	NEW		OLD		NEW		OLD			
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0 - 28days										
1 - 11 months										
1 – 4 Years										
5 – 9 Years										
10 – 14 Years										
15 – 17 Years										
18 – 19 Years										
20 – 34 Years										
35 – 49 Years										
50 – 59 Years										
60 – 69 Years										
70 Yrs & Above										
Total All Ages										

.....
Medical Officer In-Charge

- *To be submitted not later than the 5th day of the following month to the District Director of Health Services.*

01/14

Exercise 5: Monthly Outpatient Morbidity

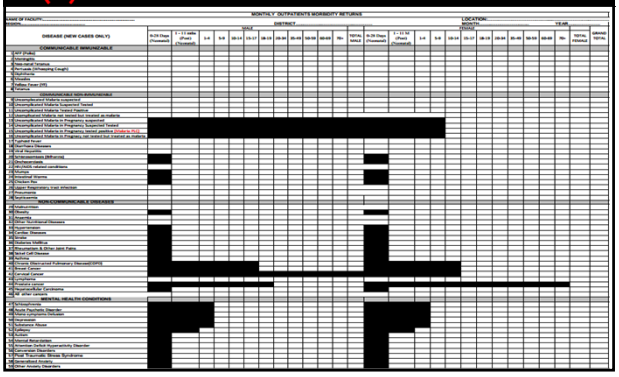
What is the content of this report?

This report counts the number of New cases (Disease conditions) that were recorded at the Facility by Age and Sex.

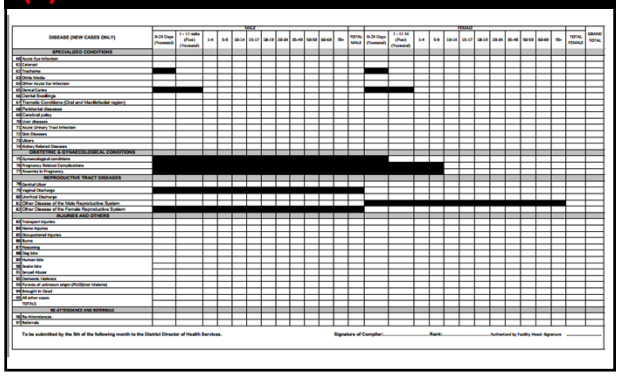
What are the related register/books to fill out this form?

1. Consulting room register
2. Referral register

Monthly Outpatient morbidity form (1)



Monthly Outpatient morbidity form (2)



Introduction of Home Visit Form

For better management of your home visit

Exercise 5: Home Visiting Reporting Form

What is the content of this report?

Indicate the number of houses and HH in the community, with the number you visited, and health issues discussed.

What are the related reporting format to fill out this form?

1. Monthly Health Education and Promotion Returns
2. Home Visit Records (usually your own note?)

Home Visiting Reporting Form

Reporting Form For Home Visit

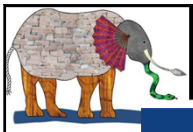
Name of CHPS: Tuopare
Sub-District: Ko
District: Lawra

Month: May
Year: 2012

Name of Community	No. of Houses in the community	No. of HH in the community	No. of HH visited	Female	Male	Health Issues Discussed	Remark
Zongo	22	41	3	5	2	Importance of ANC & EBF	Use of Flip Chart on ANC
Baanyeben	18	37	4	6	3	Environmental Hygiene	
Wassamu	20	40	4	4	1	Prevention of Malaria, Late ANC registration	Use of Flip Chart on ANC

Name of Reporting Officer: Prosper Tang Sign:

Name of Receiving Officer: Zacchi Sabogu Sign: Date: June 15, 2012



Blind men and an elephant - Indian fable

THANK YOU!!!!

4. Presentation

(Community Mobilization)

CHO Refresher Training (Community Mobilization)

Module 1: Community Mobilization

- For the strengthening of CHPS Level activities in UWR-

Presented by
Ms. Phoebe Bala

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

Contents

Objectives

At the end of the session, participants will be able to;

- Explain the concept of Community Mobilization
- Know the benefits of Community Mobilization
- Identify key stakeholders for CHPS

UNIT 1: Getting to know your community

What is a community?

- Geographical area where people live and share common interest & social network
- A group of people with defined demographic characters & power structure
- Groups of people who may be physically separated but who are connected by other common characteristics such as; profession, interests, ethnic origin, beliefs and values, age, culture or language

UNIT 2: Community Mobilization and Participation

What is Community Mobilization for health?

- Community mobilization for health services is making conscious efforts of **involving and motivating people** and policy makers /influential people to organize and take action for a common purpose of providing equitable and accessible health information

What is Community Participation?

A process through which a community **is motivated to take action** to improve its state of development.

It should be planned, carried out and evaluated by community members and or with others on participatory and sustained basis for the achievement of the community's developmental goals

Why Community Mobilization ?

- The community is a key stakeholder for health and can not be ignored
- The primary producers of health are the individual households
- The decision to seek health care and which health care is sought depends on information available to the household
- Communities have enormous resources that can be tapped

Why Community Mobilization ??

- To increase the uptake of health services by households,

(It is necessary to provide health information and education to the households in a way and manner that is acceptable and convenient to them).

- Donor fatigue

Benefits of Community Mobilization (I)

- It encourages local initiatives
- Promotes ownership and sustainability of health programmes.
- Successful community mobilisation empowers women to exert their reproductive preferences.
- It acknowledges the contribution of the vulnerable in the society

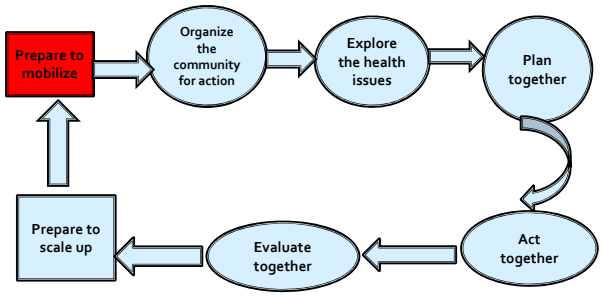
Benefits of Community Mobilization (II)

- Program objectives will be achieved
- You gain community support
- Establishes strong good working relationship
- Brings together material and human resources
- Community participation is health by the people and not for the people.

Steps in Community Mobilization

1. Identify stakeholders
2. Meet with stakeholders to discuss health issue
3. Establish a community mobilization team
4. Gather information about the community
5. Develop a community mobilization plan
6. Train team on community mobilization tools
7. Implement your mobilization plan using appropriate tools

Community Action Cycle



How to mobilize?

Go to people
Love with them
Live with them
Learn with them
Link your knowledge with theirs
Start with what they have
When you finish your job
The people will say
We did it all by ourselves

(A proverb adapted from the words of Lao Tsu, China)

UNIT 3: Stakeholder Analysis

Stakeholder Analysis

- A stakeholder is a person, or group of persons, having an interest or concern in a particular process resulting from some direct or indirect involvement
- These can be categorized into four namely; suppliers, providers, controllers and customers

Key Stakeholders to involve in PLA exercise

- Chiefs and elders
- Assembly persons
- Unit committee chairperson
- Social groups (e.g. youth group)
- CHC& CHVs,
- TBAs & traditional healers
- Opinion leaders
- NGOs

CHO Refresher Training (Community Mobilization)

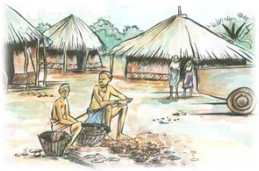
Module 2. Community Entry

- For the strengthening of CHPS Level activities in UWR-

Presented by
Ms. Cecilia/Ms. Beatrice Kunfah

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

Contents



Objectives

By the end of the session participants will be able to:

- Identify the appropriate approaches to community entry.
- Explain the benefits of appropriate community entry.
- Identify characteristics of community leadership structure.
- Identify various sources of information and stakeholders to facilitate the community entry process.
- Explain the factors for priority setting.

Unit 1: Community Entry

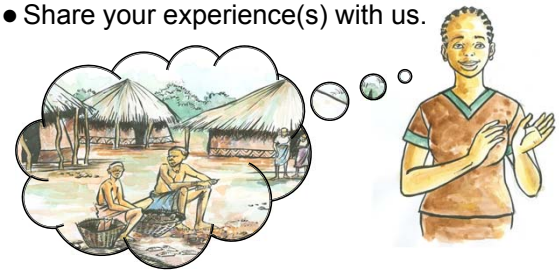
What is community entry?

Community entry involves:

- Recognizing the community, its leadership & people
- Adopting the most appropriate processes to interact and work with community members

Sharing of experiences

- What approaches can one use to enter a community?
- Share your experience(s) with us.



Importance of Community Entry .

- Builds trust between program officer and community
- It's a learning process for the community and the officer
- It offers an opportunity for better understanding by leadership of the community.
- It helps build allies within the community
- It empowers community leaders to explain to others on programs

Preparations for Community Entry

- Gather as much information about the community as possible
- Read about the community. Read reports from the DHMT, SDHT, District Assembly, newspapers, journals or special reports
- Collect informal information about the community using PLA tools eg interviews, Timelines, Seasonal calenders, FGDs, mapping, Transect walk, observation etc.

Critical actions in Community Entry 1

- Identify the leadership and recognize their positions and roles
- Meet them upfront to let them understand your message, purpose, mission and vision
- Organise several meetings to convey message
- Work with them to organize community durbars to present your message to the wider community.

Critical actions in Community Entry 2

Follow Protocol

- Meet the community leader first
- Meet with sub leaders
- Identify other interest groups and use them as contact persons.

Skills Required to facilitate community Meeting

- Introduce self, greet in a relax atmosphere
- Build rapport
- Encourage, control discussion and involve minority
- Ensure action areas are clear to all
- Agree on follow up issues
- Summarise and evaluate the session to see if objectives has been met

Meeting with community leaders

- Establish rapport
- Brief them on what you are there to do
- Ask community members to freely support you
- Ensure the message is clear and avoid unnecessary jargons and encourage questions
- Encourage effective dialogue through the use of 2 –way communication skills
- Create an enabling environment for effective interpersonal relationship

Using Contact persons

Qualities
- They must be good organizers and well respected in the community
- Their presence should motivate people to see the issues as important
- They should be credible and trustworthy

Examples of contact persons could be
- Assembly members
- Unit committee members
- Area council members
- Heads of schools
- Teachers, religious leaders
- Popularly elected/selected members who represent the people

Process of Community Entry

Meet Leader	
Explain your message, mission and vision	Respond to his questions
Meet Sub-Leaders	
Explain your message, mission and vision. Be consistent	Respond to their questions
Meet community members at a Durbar	
Explain your message, mission and vision. Be consistent	Respond to their questions

Steps in Effective Community Entry

- **Planning**
  Deciding how to enter the CHPS zone needs planning on how, when and with what resources to do it is important. This can be on paper.
- **Organizing**
  This involves bringing together all the available human and material resources together for a successful program implementation
- **Communication**
  Giving the right message to community members and receiving feedback for action. To get your message across you need to know your subject and what you want to achieve

Steps in Effective Community Entry

- **Observing**
  Looking closely at the behaviour of community members in order to learn from them
- **Listening**
  Showing that you are genuinely interested in what community members say
- **Recording**
  It is important to record all that is discussed during the community entry process for consideration during the implementation

Skills and attitudes required by Health workers in undertaking community Entry

Skills
- Maintain good eye contact
- Listen to both sides of the issue
- Paraphrase
- Show interest
- Be empathetic
- Encourage others to listen

Attitude
- Patience
- Tolerance
- Respect for other people
- Good listening attitude
- Humility

Who are stakeholders in community?

- Assembly member
- Member of Parliament
- Traditional authority
- NGOs
- CBOs
- Religious leaders
- District Assembly
- Citizens living outside the community
- Opinion leaders
- Community Members

Community Stakeholder Participation

Why is it important to involve community members in Community Health Programs?

Community Participation Methods

- Meetings
- Durbars
- Mother-to-Mother Support Groups
- Fathers' Support groups
- Peer education clubs(adolescent clubs)
- Community-Client Oriented Provider Efficient Services (C-COPE)
- PLA
- CHAP

Unit 2: Community Needs Assessment

Objectives

By the end of the unit, participants should be able to;

- Explain Community needs assessment
- Know the importance of community needs assessment
- Understand the processes involved in community needs assessment

Definition

- Needs assessment is a **process** of finding out and **prioritizing** the local problems of a community, identifying the environmental and socio-cultural factors influencing such problems and structuring **resources available** in the community to solve the problems.

Why Needs Assessment?

- Seeks to gather accurate information representative of the needs of a community.
- Used to determine current situations and identify issues for action.
- Establish the essential foundation for vital planning.
- Identifies the strengths and resources available in the community to meet the needs of children, youth, and families.

Community needs assessment process

- Collect information & organize discussion on health needs with community members
- Discuss and analyze community health issues with community members, SDHT and other health workers
- Hold meetings with chiefs & leaders & social groups, e.g. Mothers club
- Use information to develop action plan with community members
- Implement action plan.

Data collection methods

- Interviews
- Focus group discussion
- Observation
- Surveys
- Review available records & reports

Priority Setting

1. How common is the problem? (Prevalence)
2. How severe is the problem in terms of death, illness, long term suffering and handicap? (Seriousness)
3. Does the problem worry the local community? (level of concern)
4. Is there a simple way of dealing with the problem with available resources?(ease of change)

Priority Setting

Problem	Prevalence	Seriousness	Level of Concern	Ease of Change	Total Priority
Malaria	●●●●● ●●●	●●●●● ●●	●●●●● ●●●●	●●●●● ●	30
Diarrhea	●●●●● ●	●●●●●	●●●●	●●●●	19
Measles	●●●	●●●	●●	●	9

ACTION PLAN

- After community members and CHOs have identified the needs to be addressed the true cause of the problem can be determined using the **But Why** or **Problem Tree method**
- After the solutions to the problems have been identified (Details are mentioned in Module of CHAP)
  - Set Targets
  - Prepare a calendar of activities
  - Mobilise resources
  - Conduct activities as planned
  - Monitor and report on activities

Case Study

- Ms Mary Dery is a newly deployed CHO to the Sing CHPS zone. In an earlier CHPS durbar organised by the DHMT as part of the CHPS implementation process in the district, she was introduced to the chiefs and opinion leaders of the 15 satellite communities forming the zone with a population of 3,500.
- Sing is a farming community in the UWR. The farmers are mainly corn and yam growers. There are 2 traditional birth attendants, one assembly man, 3 unit committee members and 3 traditional leaders representing specific ethnic groupings in the zone.

Case Study

- To meet their health care needs, the people of Sing routinely travel for two hours on a feeder road to visit the nearest health centre. Reproductive and Child Health (RCH) Services are extended to their communities on a monthly basis and there are limited community education programmes to inform them about health habits and health prevention strategies. There is only one river which is about 30 minutes walk within the zone. This dries up in the dry season.
- There is one primary school with only 2 teachers teaching all the subjects from primary 1 to 6. Most of the children aged 5-8 years are not in school and children aged 0-5 years are not completely immunized. Sanitation is unorganised, and there is indiscriminate dumping of refuse behind people's houses.

GROUP WORK

1.Case Study: Sing CHPS zone

- Form groups and discuss case study
- Present your group work

2. Role Play on community entry

- Discussion

Case Study

Supposing you were Ms. Dery:

1.What do you understand by community entry?

2. Since you have just been introduced to the leaders of the communities, describe the process you will use in organising individual visits to the compounds of community leaders.

3.What will be the role of contact persons in your community entry process?

Case Study

Supposing you were Ms. Dery:

4.Which of the contact person will you prefer and why?

5.Name two special contact persons and their influence on community entry

6.What are the critical actions to consider in a community entry process?

Thank you!

CHO Refresher Training (Community Mobilization)

Module 3: PLA tools

- For the strengthening of CHPS Level activities in UWR-

Presented by
Ms. Phoebe Bala

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

Contents

Objectives

At the end of the session, participants will be able to;

- Identify the PLA tools used for Community Mobilization
- Use PLA tools to effectively mobilize communities for health activities

What is PLA ?

Participatory **L**earning and **A**ction (PLA)

- PLA are methods and approaches that enables local people to analyze, share and enhance their knowledge of life and conditions and to plan, prioritize, act, monitor and evaluate.

What is PLA ?

- **Participatory** because it involves transparent communication with community members.
- There is **learning** because community members are directly involved in the process of identifying the issues and concerns.
- **Actions** are taken immediately because the various groups come together to find solutions

What is PLA?

Learning from and with community members is the principle of PLA

Things to keep in mind;

- **Community members know** the most about their situation
- They are the ones who will ultimately be responsible for improving their conditions
- They have solutions appropriate to their environment

Application of PLA in CHPS implementation

- PLA can be used at any stage of CHPS implementation
- The process can ensure effective "Community Entry"
- PLA is used to **mobilize communities and increase their awareness and participation** in quality health service delivery by CHPS.
- It helps to **identify local resources and social groups** e.g. mother support groups, traditional leaders, youth groups vulnerable groups etc.
- Analyze status of the resources and relationships among the groups in the communities

PLA tools

Information gathering tools (Familiar to CHO)	• Transect walk & observation • Community Mapping • Daily Activity • Seasonal calendar • Timelines • Responsibility audit • Priority setting (Ranking) • Brain storming • Story telling, Role Play • Focus Group Discussion • Interviews
Analytical tools (New to CHO)	• Pair wise ranking • Matrix • Venn diagram • Pie chart

PLA tools in CHAP implementation

1. Transect walk & observation (i)
2. Community Mapping (i)
3. Pair wise ranking (A)
4. Matrix (A)
5. Venn Diagram (A)
6. Pie Chart (A)
7. Daily activity (i)
8. Seasonal calendar (i)
9. Timelines (i)

(i) = Information gathering tool
(A)= Analytical tool

PLA tool 1: Transect Walk

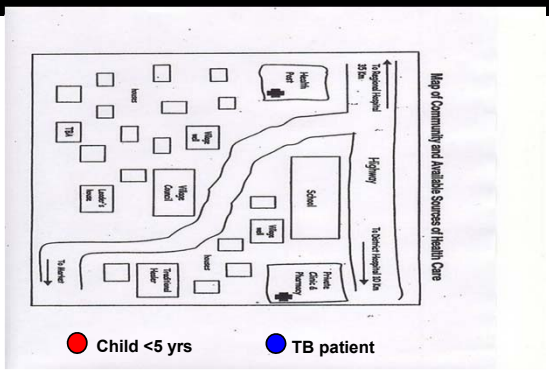
- It is a purposeful walk with key informants through the area of interest e.g. walking in community whilst observing, asking, listening and seeking problems and for solutions

PLA tool 2: Community Mapping

What is Community Mapping?

A process of creating a drawing of an area with a specific theme
e.g. health facilities, diseases

Sample of Community Map



Components of Community Map

1) Number of households, families
2) Location of resources and land marks
   - Water point, House of TBAs
   - Fuel station
3) General community/health problems
   - Guinea worms, TB
4) Specific characteristics of community
   - Tribes, Religion
5) Infrastructure

PLA tool 3: Pair wise ranking

- It is used with a large group of people (more than ten) to help them compare several items relating to one another by comparing two items at a time
- It gives community members the opportunity to compare every other item in the group to come out with their priority

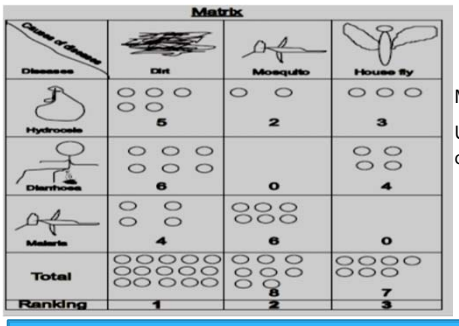
Example of Pair wise ranking

Issues to be tackled by community	A) construction of CHPS compound	B) Poor attendance at meetings	C) Bad roads linking CHPS communities	D) CHV support system	E) CHO support system
A) construction of CHPS compound		B	C	D	E
B) Poor attendance at meetings	B		B	B	B
C) Bad roads linking CHPS communities	C	B		C	C
D) CHV support system	D	B	C		E
E) CHO support system	E	B	C	E	
Total point	0	4	3	1	2
Ranking	5	1	2	4	3

PLA tool 4: Matrix

- This technique is used in establishing relationships e.g. between problems and causes, needs and solutions. This tool can easily provide priorities on an issue by community members
- The most typical application of this tool is to find out the relation between diseases seen in the community and the community's perception about the causes

Sample of Matrix (2)



Matrix:

Used in community

Result of Ranking will be used for discussion to set priority

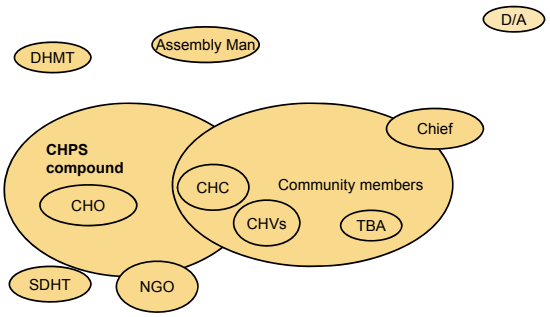
Sample of Matrix (3)

Use symbols so that everybody in the community can understand and participate in the exercise

PLA tool 5: Venn diagrams

- Used to **analyze the relationships** among institutions both formal and informal or stakeholders and know important individuals and the roles they play in the community.
- It also **shows the relationship** among these institutions, how important such institutions/stakeholders are in people's lives and how the people perceive their relationship with them
- This method is best used with a group rather than individuals, the discussions and debate that accompanies the analysis is as important as the final visual output

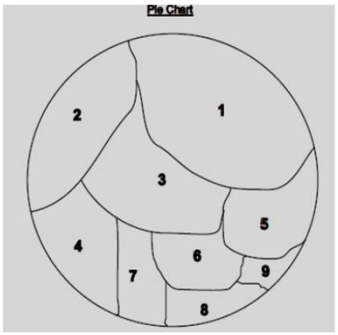
Sample of Venn diagrams



PLA tool 6: Pie Chart

- It is generally known as a circular chart divided into sectors illustrating relative magnitude or frequency or percents
- In CHPS implementation there are several applications of this tool
- The most typical usage is to analyze expenditure pattern in a community, allow community members to discuss how to contribute to CHPS in cash and or in kind

Example of Pie Chart



1. Funerals
2. Drinks
3. Hospital bills
4. Foodstuff
5. School fees and supplies
6. Building of houses
7. Cloths
8. Bride price
9. Petty trading

PLA tool 7: Daily Activity

Daily Activity is used to map out all of the activities in the typical day of men, women or children in the community.

A purpose of using daily activity is to **identify a typical pattern of how community people spend a day**. It can visually describe how much time is spent for certain activities.

Daily activity can focus on special issues such as:

1. Domestic chores
2. Tasks outside the home farming, marketing
3. A typical day at the health center, outreach point, house- to-house service delivery

Source: Community-Based Health Planning and Services CHPS: Participatory Learning and Action (PLA) Training Manual: GHS January 2002.

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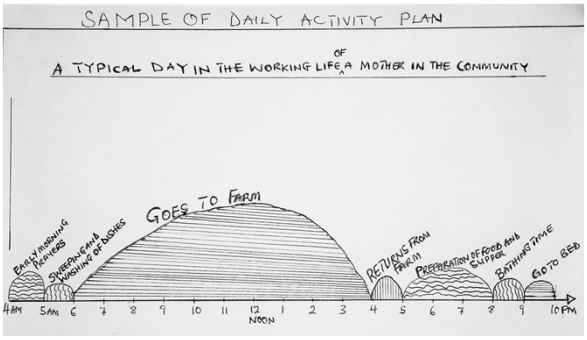
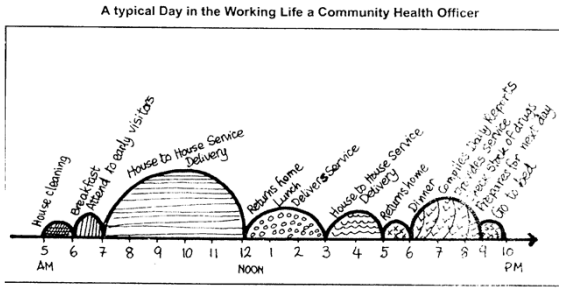
SAMPLE OF DAILY ACTIVITY PLAN OF A MOTHER IN THE COMMUNITY



Sample of Daily Activity



JHU/CCP-TREND community Entry and PLA Training, Oda. EasternRegion June 2001

PLA tool 8: Seasonal Calendar

Seasonal Calendar is to **identify cycles of activities** that occur within the life of a community on a regular basis.

Seasonal calendar is often drawn within the months of the year laid out in a horizontal row.

It can include item such as workload of mother, labor availability, amount of rainfall, temperature changes, migration, pregnancy patterns, number of malaria cases, number of other diseases

Source: Community-Based Health Planning and Services CHPS: Participatory Learning and Action (PLA) Training Manual: GHS January 2002.
Participatory Rural Appraisal Handbook: Clark University, Program for International Development, 1994.

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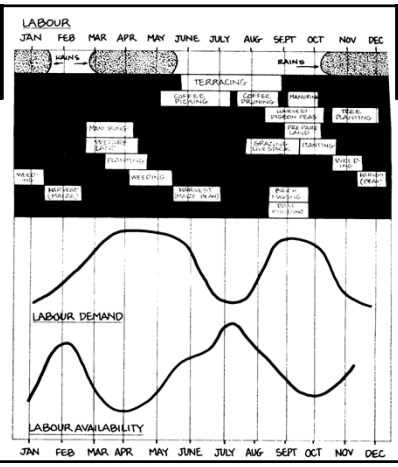
Sample of Seasonal Calendar



Source: Participatory Rural Appraisal Handbook: Clark University, Program for International Development, 1994.

PLA tool 9: Timelines

Timeline is time-related data gathering tools that links dates with historical events.

A time line usually divided into many sections, with the date written on one side and the event written on the other side.

Timeline is most commonly used to **examine a sequence of events over many years**.

It can be used to describe a community's history, political events, major disease outbreaks, and changes in natural resources, development of infrastructure, etc.

Source: Community-Based Health Planning and Services CHPS: Participatory Learning and Action (PLA) Training Manual: GHS January 2002.

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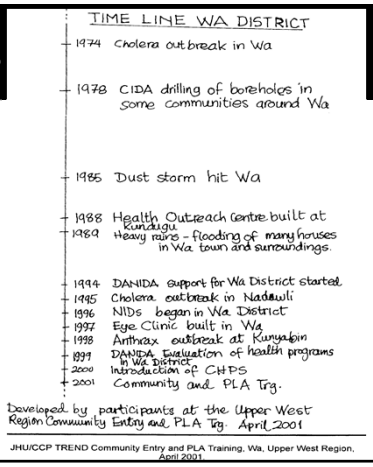
Sample of Timeline



JHU/CCP TREND Community Entry and PLA Training, Wa, Upper West Region, April 2001

UNIT : Role of CHO

Role of CHO in Community Mobilization

CHO should facilitate community members to use PLA tools to enable them to :

- Get necessary information
- Identify and analyze health problems to solve
- Learn and understand the process of problem solving through participation
- Develop an activity plan by using **Community Health Action Plan (CHAP)** processes

How can we overcome?

Conclusion

- Failure for communities to participate in Health Programmes fatally weakens the Ghana Health Service health programmes.
- Let us Team up together to improve the health status of our people
- No contribution is small
- Every one in society is very important and can contribute to the development of his/her society

Exercise (1)

- Discussion: Case Study "Nangbaviella CHPS zone"

1. Read Case Study "Nangbaviella CHPS zone" in Worksheet
2. List the steps the CHO will use in mobiliisng the community
3. What type of PLA tools will Geravse use to gather information and mobilse the community to participate in immunisation activities

Exercise (1)

- Discussion: Case Study "Nangbaviella CHPS zone"

4. Which of the PLA tools will he use to help him prepare his calendar of activities
5. Gervase also heard about the community health action plan (CHAP) from a colleague CHO and has decided to facilitate the development of CHAP in his zone. Which PLA tools will you recommend to him and why

Exercise (2)

- Practice 1: PLA tool: Matrix

1. Make groups (9 persons per group. Each group should include 1 person from Jirapa or Wa West)
2. Find 3 top diseases and 3 top causes in CHPS zone
3. Make a Matrix form in flip chart and put 3 diseases and 3 causes in the format.
4. Discuss the causes and distribute 10 point among 3 causes.
5. Sum the points for each cause and rank
6. Present in the class

Exercise (3)

- Practice 2: Pie Chart

1. Make groups (6 or 7 persons per group).
2. List and discuss expenditure pattern of group members
3. Make a Pie Chart
4. Analyze Pie Chart and Rank the expenditures
5. Suggest for improvement
6. Present in the class

CHO Refresher Training (Community Mobilization)

Module 4: Community Health Management Committee Community Health Volunteers

Presented by
Alexis Kuuridong & Florence A.

- For the strengthening of CHPS Level activities in UWR-

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

Content

- Introduction
- Objectives
- What is CHMC?
- How are the CHMC Selected
- What are their Roles and responsibilities

2

Introduction

- To ensure community participation in CHPS, some community structures are needed to be in place. These structures include the existence of active Community Health Management Committees (CHMC), Community Health Volunteers (CHV) and the community as a whole.
- They all serve as an important link between community members and Health Service

3

Introduction cont.

- Effective mobilization of communities and their participation in CHPS also requires the active involvement of the community's own appointed leaders and functionaries .

4

Objectives

- To understand the community structures in CHPS implementation
- To Understand the criteria in CHMC and CHV selection
- To know the Roles and Responsibilities of CHMCs and CHVs to effectively mobilize communities for health

5

Community Health Management Committee (CHMC)

Who are CHMCs?

Community Health Management Committees are representatives of various communities, selected to oversee the administration, organization and community aspect of service delivery in a CHPS zone

6

Share experience

- Who are responsible for the selection of CHMCs?
- How were CHMCs selected in your CHPS zones ?
- What are the challenges in selecting CHMC ?

7

Criteria for selection of CHMCs

The composition of CHMC should be gender balanced

- A representative from each village within the zone
- A generally recognized and respected women's leader
- A generally recognized and respected male personality/opinion leader in the community
- Representative of the unit committee/Area council
- The Assembly member of the area
- Representative of the paramount chief and
- Any other personality the community deems necessary

8

Expected roles and responsibilities of CHMCs

- Liaison between traditional leaders and health authorities
- Support in Resource Mobilization
- Assist in the facility maintenance
- Ensure security at the compound
- Welfare of CHO and Volunteers in the community
- Support health programs (Health Education)
- Settle disputes between CHOs ,CHVs and community

9

Role of Health Staff in CHMC performance in CHPS

- Sensitized communities on the CHPS concept with emphasis on their roles
- Train CHMCs on their roles and responsibilities
- Continuous effective communication with CHMCs (use motivational language, dialogue etc)
- Participate in their meetings and durbars
- Establish and sustain good interpersonal relationship

10

Community Health Volunteer (CHV)

Who is a CHV?

- Community Health Volunteer:
- Is a man or woman who is recruited by chiefs and elders with support from the SDHT and the CHO to support CHPS implementation.

11

Experience sharing

- Who are responsible for the selection of CHVs?
- How were the CHVs selected in your CHPS zone?

12

Qualities and Criteria for selection of CHVs

- Hold leadership and membership of existing social groups and networks in the community
- Active participation in communal work
- Record of stable character, volunteerism, trustworthiness and honesty
- Long residence in the community
- Ready to work under supervision of community leaders and health staff

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Qualities and Criteria for selection of CHV

- Willingness to commit his/her time
- Community development oriented
- Ability to communicate effectively
- Effective social mobilizer
- Previous experience in voluntary work

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Expected Roles and Responsibilities of CHV

Assist CHO in conducting;

• Home Visits • Health Education • Ante Natal Clinic • Emergency delivery • Post Natal Clinic • Child Welfare Clinic • Referral of serious cases to the CHO and above	• Disease Surveillance and Control • Sanitation • Community Meetings/Durbar • Immunization • Nutrition • Family Planning

Role of Health Staff in CHV performance in CHPS

- Sensitize communities on the CHPS concept with emphasis on their roles and responsibilities
- Train CHVs on their roles and responsibilities
- Need to communicate effectively with CHVs (use motivational language, dialogue etc)
- Monitor and supervise CHVs activities
- Participate in their meetings and durbars
- Motivate them (involve community)
- Establish and sustain good interpersonal relationship

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Exercise: Group Discussion

- Form 6 groups

Group 1	Read Case Study and answer questions
Group 2	
Group 3	
Group 4	
Group 5	Discuss questions
Group 6	

- Note answers on Flip Chart
- Make a presentation

17

Group 1 to 4: Case Study: Nyembali case

- Two people started running diarrhea in Nyembali which is five kilometers from Kaleo. The population of Nyembali was 2300 people. There was a CHPS compound at Kaleo where the CHO lived. The diarrhea situation was not reported to the CHO though all the support structure were around.
- By the third day fifteen people have started running diarrhea in Nyembali and four deaths have occurred, due to the diarrhea.

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Group 1 to 4: Question on Case Study

Group 1: What went wrong? what should have been done?

Group 2: What Role had the CHMC to Play in the case study?

Group 3: What Role had the CHV to Play in the case study?

Group 4: Suggest possible solutions to this problem

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Group 5 and 6 Discussion

Group 5:
How would you work effectively with the CHMCs and CHVs to resolve the situation?

Group 6: What are the different roles between CHMC and CHV?

20

Thank you!

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CHO Refresher Training (Community Mobilization)

Module 5. Community Health Action Plan (CHAP)

- For the strengthening of CHPS Level activities in UWR-

Presented by
Ms. Basilia Salia

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

Objectives

By the end of this session, participants will be able to...

- Explain the concept and purpose of drawing Community Health Action Plan (CHAP)
- Share CHPS experience about CHAP to improve maternal & neonatal health (MNH)
- Draw sample CHAP, and recognize points to implement, review and update CHAP successfully

Experience Sharing

- Who has tried CHAP implementation in his/ her CHPS zone?
- Share your experience(s) with us:
  1. How did you get started?
  2. What difficulties and challenges did you experience?
  3. What would you do better next time?

Community Action Plan

- A community Action Plan is a living document, usually time-based that enables a community to structure its activities around a common purpose and to prioritize needs
- An action plan outlines what should happen to achieve the vision for a healthy community.
- It portrays desirable changes and proposed activities (action steps), timelines, and assignment of accountability - a detailed road map for collaborators to follow.

Why community action planning

Regardless of the complexity of any problem at hand within a community, action planning helps you:

- Understand the community's perception of both the issue at hand and its potential solutions
- Assure inclusive and integrated participation across community sectors in the planning process
- Build consensus on what can and should be done based on the community's unique assets and needs
- Specify concrete ways in which members of the community coalition can take action
- Participatory processes enable communities to analyze their situation, which in turn generates a sense of urgency among community members to respond

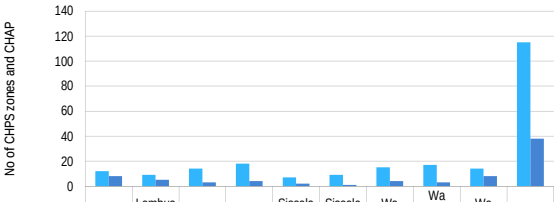
Community Health Action Plan (CHAP)

- An action plan developed by community members in a participatory manner with the facilitation of CHO to solve common issues or problems which hinder the health of community members or the operations of the CHPS.
- It indicates what community would like to achieve within specified period.

Rationale for CHAP

- To promote community involvement & develop ownership
- To help set a vision for the CHPS zone
- To serve as a monitoring & evaluation tool
- To attract donors and philanthropists
- In CHPS implementation, CHAP highlights the "P" component of CHPS

Status of CHAP (2012)



	Jirapa	Lambussie	Lawra	Nadowli	Sissala East	Sissala West	Wa East	Wa Municipal	Wa West	UWR
CHPS zones	12	9	14	18	7	9	15	17	14	115
CHAP	8	5	3	4	2	1	4	3	8	38

In UWR, updated CHAP more than annually is 38, and 77 of CHPS zones never had CHAP before.

When is CHAP Developed?

- ❑ As outputs of community needs assessment marking community entry using PLA tools
- ❑ As a tool for promoting community health improvements
  - ✓ To provide guide or direction for local actors (SDHT, CHO, CHC, CHVs)
  - ✓ When community participation becomes dormant in identified communities or a CHPS zone

Application of CHAP

1. General
   - Establish common fund for health issues e.g. Community Emergency Transport System
   - Increase/improve low performing areas e.g.
     - ➢ Increase ANC registrants
     - ➢ Increase facility delivery
2. CHPS related issues
   - Construction of extra space for CHPS
   - Gardening, Water fetching, security guard etc.

SDHT Role in CHAP Implementation

Process	Main player	Supported by	Through
Develop CHAP	Entire Community	CHO, SDHT	Community meeting
Implement CHAP	Entire Community	CHO,SDHT, DHMT	Various occasions
Monitoring, review& feedback	CHO *SDHT	SDHT, DHMT	Community meeting Monthly CHO visits
Re-plan CHAP	Entire Community	CHO,SDHT	Community meeting
Reporting	CHO *SDHT	SDHT	Monthly report to GHS

* If SDHT is implementing the CHAP

How to Develop CHAP

1st Step: Gathering and analyzing information

2nd Step: Sharing, identifying and prioritizing problems

3rd Step: Drawing action into CHAPs format

4th Step: Implement CHAP - including monitoring, review & update

Repeat this processes for CHAP update

1st step: Gathering & analyzing information

Gathering & analyzing information (1)

Need to collect information on the following:

- Disease pattern
- Economic and nutrition pattern
- Sickness and health seeking behavior
- Population characteristics
- Physical characteristics
- Traditional/Informal structure
- Formal political structure
- Community resources
- Role of formal/ informal health workers

Must do !

To have a broader picture of community

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Gathering & analyzing information (2)

- Interview with opinion leaders (Chief, elders , Imam, queen-mothers etc.)
- Focus Group Discussions (FGD) with men, women, children, youth, socio-economic minority (e.g. people in remote area, tribe)
- Interview with school teachers, elderly, assembly men.
- Regular/ Adhoc meeting with community

Step 2: Sharing, identifying & prioritizing problems/actions

Sharing, identifying & prioritizing problems/actions (1)

After information gathering by all groups,

- Provide support for the individual target group/community to prepare report/ presentation on the issues/problems and possible solutions/actions.
- Each target group/community identify a reporter to present.

Sharing, identifying & prioritizing problems/actions (2)

During community-wide meeting:

- Health worker/CHO Ask reporters from each group/community to present their issues/problems and possible solutions/actions identified
- Allow time for comments/clarifications
- Health worker/CHO/CHV paste all reports on focal board/wall
- Health worker/CHO/CHV prepare 2 flip charts one titled Consensus issues and the other Consensus actions
- Health worker/CHO/CHV facilitate participants to identify crosscutting issues/problems and solutions/actions
- Record the crosscutting issues/problems and the solutions/actions on the respective flip charts

Sharing, identifying & prioritizing problems/actions (3)

- Health worker/CHO/CHV now assist community group to rank the consensus issues and actions considering:
  - Sectorial advocacy issues
  - Community support system for CHPS (CHO/CHVs), outreach services
  - Ways of reducing diseases
- Write out the first 4 actions to be implemented in the 1st quarter and get confirmation and consensus of all the people present

3rd step: Drawing action into CHAPs format

Drawing action into CHAPs format (1)

- Introduce CHAP format to community members and paste it on a focal board or wall
- Explain the components/headings for better understanding
- Facilitate community members to transfer their 4 priority activities onto the CHAP format

To introduce CHAP format to community members, the health worker/CHO should have good knowledge on the format

Components of CHAPs format

1	2	3	4	5	6	7
i.Target / ii.implementing community/ iii.overall time frame ⇩	Main activities ⇩	Schedule for another 3 Months ⇩	Resources required ⇩	Persons in charge ⇩	Indicators ⇩	Remarks ⇩
Target originates from issues/ problems prioritized. Rephrase to results earmarked	Originates from actions prioritized Key tasks to carry out to achieve target	When activity is to be carried out	Logistics/ material needed to carry out the activities	Community members selected as lead implementers	Mile stone or sign post	Status of planned activities

CHAP Format (Sample)

Target/Implementing Community/Overall Time Frame	Main Activities	Schedule			Resources Required	Persons in Charge	Indicator	Remarks
		1st Month (Sept., 13)	2nd Month (Oct., 13)	2nd Month (Nov., 13)				
i.Target: 1								
ii. Implementing Comm'ty								
iii. Overall Time Frame								

Drawing action into CHAP format (2)

Health worker/CHO assist community members to:

- Assign persons to lead activities
- Identify local resources required for the implementation of the activities
- Fix reasonable & specific time frame to accomplish activities
- Set SMART indicators for each activity

Completed CHAP Format (Sample)

Target/Implementing Community/Overall Time Frame	Main Activities	Schedule			Resources Required	Persons in Charge	Indicator	Remarks
		1st Month (Sept., 13)	2nd Month (Oct., 13)	2nd Month (Nov., 13)				
Target: 1 Advocate for the construction of culvert between road and CHPS compound **Implementing Comm'ty.** All CHPS Communities **Overall Time Frame** Sept. 13 to Nov. 13	1. Organize a community wide meeting to discuss the issue				Daworo Time Minutes Book	Chief Assemblyman CHC	1. Meeting attendance 2. Minutes of Meetings	
	2 Make follow up to DA on application sent earlier for support.				Paper Pen Envelop T & T	Chairman Sambonaa Dongyiel	1. Copy of application letter	
	3. Fetch sand, stones, and water to support construction of culvert		Communal labour to fetch sand, stones and water		Pick-axes Pans Shovels Time	Sambonaa Dongyiel Kpiiba Kwaku	1. No. of trips of stones and sand fetched 2. No. of days of communal labour	

4th step: Implementation of CHAP

Implementation of CHAP (1)

During CHAP Implementation, the SDHT/ CHO assists;

•CHC/CHVs to monitor the implementation

•Community to:

- ✓ do effective advocacy e.g. Get a truck from DA to assist to collect sand for kulvert construction
- ✓ invite people or institution to community level program/activities
- ✓ give feedback to stakeholders (durbar)
- ✓ Conduct CHAP review

Implementation of CHAP (2)

Why is it important to review and update CHAP?

- CHAP is updated when a target is replaced with a different one either that target has been achieved, or no longer relevant or difficult to achieve within the set time.
- The progress and achievements reviewed are used for community feedback durbars to keep them motivated in health issues.

CHAP Review and Update (1)

- Health worker/CHO reminds chief and responsible persons of CHAP review
- During the review, the community:
  - ➢ Recap previous actions planned
  - ➢ Review & Evaluate activities carried out from list of previous activities
  - ➢ Members are applauded for activities carried out
  - ➢ Find out reasons for the inability to perform planned activities

CHAP review and update (2)

- List problems for current quarter and prioritize them
- Current problems are added to previously unimplemented activities
- Rotation of responsible persons at each review
- New action plan drawn
- Next review dates fixed with CHO follow up as usual

Sample of CHAP Review (CHO)

2nd quarter CHAP review 2012

#	Main Activity	Apr	May	Jun	Resource needed	Mode of work	Person rep	Remarks
1	Continue build the watchman's room	✔	✔	✔	Hoes Water pickaxes	Building	Headmen	Bit delay
2	Improvement of skilled delivery	✔	✔	✔	CETS, CBAs Land ladies Husbands Nurses	Support from other women and family	CBA MTSMG TBAs	Need more detailed action
3	Fetching water for nurse	✔	✔	✔	Water basin	Fetching water	CBAs	Well done
4	Providing farm for nurses			✔	Land Hoes	Farming	Headman	Proceeding as planned

Note on implementation of CHAP

- Community members should take full initiative for implementation
- CHAPs should be publicize in the communities in the 1st implementation cycle
- Progress of implementation should be monitored & reviewed regularly. For CHPS, through the monthly meetings of CHC/CHV and CHO
- Update CHAPs at least every 3 months

Full responsibility of CHAP implementation belongs to the community

Practice 1: Development of CHAP(1)

Information for practice

From a PLA activities in Siriyiri community, the following health issues emerged from various community groups meetings:

- Low skilled delivery
- Malaria is the most common disease
- Bushy surroundings
- No water for CHO
- Low turn out for health activities

Practice 1: Development of CHAP(2)

1. Make groups (6-7 persons per group)
2. Prioritize the identified health issues in Siriyiri
3. Formulate a CHAP with your top three consensus issues/problems and solutions/actions
4. Present at plenary
   i. The prioritized consensus issues and solutions/actions
   ii. Your CHAP.

Summary of CHAP Implementation

- Assess needs of community using PLA tools
- Hold meetings to sensitize communities on CHAP
- Hold a durbar involving all the communities
- When communities embraced the idea, facilitate them enumerate challenging issues and prioritize
- Community draw Action Plan facilitated by health worker/CHO
- Display Action plan on wall for reference
- Health worker/CHO/CHC/CHVs to make follow up to persons responsible for activities specified in the plan to ensure commitments for implementation of plan as pledged by community members
- Fix dates for review
- Hold quarterly feedback durbars

Thank you !

"Planning is bringing the future into the present so that you can do something about it now (Alan Lakein)" - *We can* do something for the bright future!

CHO Refresher Training: Community Mobilization

Module 6: Community Emergency Transport System (CETS)

- For the strengthening of CHPS Level activities in UWR-

Presented by
Ms. Rukaya/Ms. Basilia Salia

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

Objectives

At the end of the session, participants would be able to understand:

- Concept and importance of CETS
- Process to establish CETS
- What and how to implement CETS, and
- Share experiences in CETS

2

Exercise 1: Experience Sharing

- Have you implemented CETS in your CHPS zone?
- What are the benefits?
- What challenges and difficulties did you encounter?

3

What is CETS

Community **E**mergency **T**ransport **S**ystem (CETS)

- Pre-arrangement and payment for transport services to health facility with emergency cases and urgent referrals by community members. **That is community ambulance**

4

Community ambulance

- A community ambulance refers to any vehicle within and outside the community that has been chosen and designed to transport the referred or emergency cases from the community level to the nearest health facility.

5

Some conditions that need community ambulance system

- Pregnant women in labour
- Acute stomach problems
- Snake bites
- Seriously sick children
- Eye problems etc

6

Why it is important to implement CETS

- **CETS** is aimed at:
  - bridging financial inaccessibility
  - ensuring timely and effective referral of clients to prevent delay and avoidable deaths
- CETS can be established through CHAPs

7

Benefits of CETS (1)

- A laudable system towards reducing maternal deaths and increasing institutional deliveries
- Transport owners have the confidence of receiving prompt payment thus, respond quickly for emergency calls
- It promotes referrals

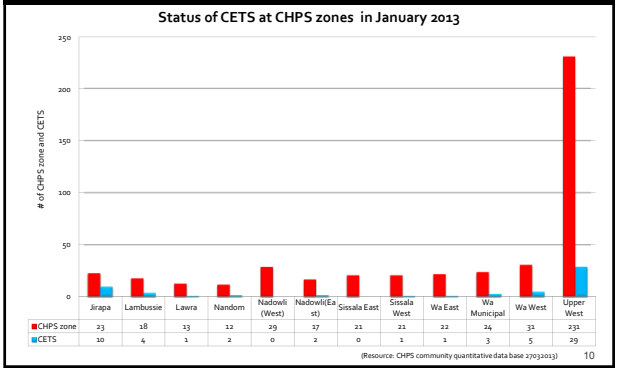
8

Benefits of CETS

- It saves lives that might otherwise have been lost through the use of alternative means of transport such as bicycles, pushed trucks etc.
- Community members are not under pressure during emergencies to sell their properties and food stuff

9

Status of CETS (Jan 2013)



10

How does CETS work?

- Community members are encouraged to contribute money into a common pot.
- Identify transport and negotiate with private owners including National Ambulance Service
- Clarify communication channels in case of emergency.
  -Telephone directory with assigned person that can be contacted
- When members use transport, user can borrow money from CETS fund.
- Users put back the same amount he/she borrowed to CETS fund

System varies from community to community

11

How to Implement CETS

Step 1: Share CETS concept

Step 2: Organize a durbar to introduce CETS

Step 3: Organize a community durbar and decide the amount of money to be collected for the CETS' fund

Step 4: Select the executive members of CETS at the community durbar

Step 5: Make and agree on the guideline of CETS at the community durbar and start to collect the dues

13

How to Implement CETS

Step 6: Open a bank account for the CETS fund

Step 7: Appoint and negotiate with the owner of the vehicle for CETS

Step 8: Announcement of the CETS service to the community members

Step 9: Manage/Sustain CETS

14

Step 1: Share CETS Concept

- Share CETS concept with CHC and CHVs
- Sub district staff, CHC and CHVs explain and clarify CETS to key people in the community
- Share situation and analyze how CETS can benefit the community. The need for community to considerer that emergency transport is a problem which can be resolved

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Step 3: Organize community durbar and decide the amount of money to be collected for the CETS' fund

- Community members who attended the first meeting should debrief on what they heard from the first durbar with the support of CHO.
- If the community members agreed on the initiation of CETS in their community, a community leader or CHO should facilitate the discussion on the amount of money to be collected (either every month or every quarter) to make and run the CETS fund.

16

Step 4: Select the executive members of CETS at the community durbar (1)

Chairperson: should be the administrative head of the Association and who should preside over its meetings and functions of the association.

Secretary: should take down minutes of all Association's meeting and also convene meetings on the instructions of the chairperson.

Treasurer: should receive registration fee and dues, lodge them in the bank account under the name of CETS and keep the financial record.

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Step 4: Select the executive members of CETS at the community durbar (2)

The following members can be also added to the executive members if necessary:

- **Organizer:** should go house to house to inform the date and time of the meeting.
- **Trustee**: should oversee the work of executive committee and support them when necessary.

After selecting the executive members, decide on date of the next durbar to make the CETS Guideline and collect the registration fees/dues.

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Step 5: Agree on guideline and collection of dues (1)

The guideline should state the basic rules of CETS including the followings:

- Name of association
- Aims and objectives
- Membership
- Registration fee and dues
- Executive Members and their roles
- Meeting on CETS
- Basic rules to use the CETS fund

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Step 5: Agree on guideline and collection of dues (2)

- The draft guideline should be prepared by the executive committee to facilitate the discussion at the community durbar well.
- After community members agree with the guideline, Treasurer should collect the registration fee and dues from community members.
- The treasurer with the help of secretary should keep a register book which should indicate the name of registered members and the record of their payment.

20

Put money in common pot.

Book keeping on the fund is essential.

21

Step 6: Open a bank account (1)

- The CETS fund should be preferably saved in the bank in order to prevent the possible dispute over the management of the CETS fund.
- Constitution (bye laws) and resolution as well as the application cover letter will be necessarily to open a bank account.
- The constitution and resolution can be written based on the CETS guideline which was created in step 5.
- The constitution should state the basic rule to govern the CETS and its fund.

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Step 6: Open a bank account (2)

Content of the Constitution

- Name of Association
- Aims and Objective
- Membership
- Management (composition of executive committee members and their roles)
- Finance
- General Meeting

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Step 6: Open a bank account (3)

- The resolution should state the basic rules for the group's banking to include;

1. Name of the bank
2. Name of signatories
3. Rules for transactions

- All the members of the community should be involved in making and agreeing on such documents for CETS to run successfully.

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Step 6: Open Bank Account (4)

- The signatures by and presence of two executive members (Chairperson and Treasurer) should be the prerequisite for the withdrawal of the fund.
- The name of the bank account can be "Community Name Community Emergency Transport System Fund".
- In addition to the above documents, three passport-size photos of each signatory and the minimum cash deposit will be necessary to open the group bank account

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Step 7: Appoint/Negotiate with Transport Owner

- Community members identify driver
- Executive members negotiate price transport service to nearest health facilities.
- It is better to have more than one driver to have the backup of the necessary service.
- It is better to utilize the ambulance service of the district hospital if within reasonable reach.
  - The ambulance is equipped with a patient bed and can communicate well with the hospital.

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Step 8: Announcement of the CETS service to the community members

When all the 1 to 7 steps are completed, the initiation of CETS should be announced to the community at a community durbar

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Step 9: Sustenance of CETS (1)

- Negotiating with a reliable and trustworthy driver
- Agreeing on terms of payment and distance per charge.
- Making driver be aware to have enough fuel in the vehicle at the end of each day.
- All agreeing on contributions to run the ambulance (cash or kind).
- Regular meeting among the executive committee members
- Include CETS progress report during CHAP feedback durbars

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Step 9: Sustenance of CETS (2)

- The CETS should be owned and run by the community member.
- CHO to monitor and support CETS in order to ensure sustainability
- CHOs to refer patients promptly when necessary
- Problems concerning the guideline, the payment of dues, refund etc, to be handled by the executive committee
- Executive to seek the consensus from the registered members on how to solve such issues by discussing them at the community durbars well.

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Practice 1: Group exercise

- Case study

The staffs of Lakandanga CHPS had well-functioning CETS using a vehicle provided by a philanthropist in the community since 2011. In 2013, the transport owner decided to withdraw his vehicle for commercial purposes. This action left the CHPS zone with no other means of transport which saw the collapse of CETS in Lakandanga CHPS .

In your groups, answer the following questions based on the scenario:

1. What do you think led to the collapse of the CETS in Lakandanga CHPS zone?
2. How can they revive the CETS in their CHPS zone?
3. What should be considered when establishing CETS in
   - Rural setting
   - Urban setting
   - Peri-urban setting

30

Summed tips to start/conduct CETS

- Discuss the importance of establishing a community emergency transport system
- Build consensus on the amount and mode of payment
- Election of executive members to manage the fund
- Identify roles of executive members
- Find members who can read and write and have knowledge in book keeping
- Open bank account
- Identify transport owners and negotiate with them on mode of operation and payment (Public and Private and National Ambulance)
- Set rules on payment
- Clarify communication channel in case of emergency (tel. no, who to contact, etc)

Thank you!

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CHO Refresher Training
(Community Mobilization)

Module 7: Men as Partners (MAPs)

gender equality healthy relationship

- For the strengthening of CHPS Level activities in UWR-

Presented by
Alexis Kuuridong & Florence A.

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

Mobilizing Men for Gender Justice

Content

- Introduction
- Objectives
- What is MAP?
- Mission and importance of MAP
- Main areas to involve men
- stakeholders in MAP
- Role play and discussion

3

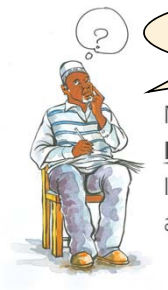
objectives

By the end of the session participants will be able to*:*

- Understand MAP
- Know the mission of MAP
- Know the importance of MAP

4

Definition of MAP



What is MAP?

MAP is an acronym for
Men **A**s **P**artners
It is a process of focusing men's role as partners in health issues

5

Mission of MAP

- MAP seeks to create a society in which men and women can enjoy equitable, healthy, and happy relationships that contribute to the development of a just and democratic society.
- A society where men are involved and a society where the voices of women are heard.

6

Importance of MAPs

- Men have more power in the family
- Can easily solve family related issues
- Men have more power & influence in the community
- Can influence decision making
- Can get better collaboration in the community

7

Exercise 1: Share experience

- Group shares experience on MAP implementation. Then brainstorm on the ff;

How is MAP implemented?

Have you had some benefit of MAPs?

Have you had some difficulties in implementing MAPs?

8

Main areas to involve men (1)

Family level:

- Family planning
- Birth preparedness
- Maternal & child care(ill health, immunization etc)
- Sharing of household chores
- Financial contribution

9

Main areas to involve men (2)

Community level:

- Community participation
- Resource mobilization
- Advocacy and Decision making
- Policy influence/change
- Men's sexual behavior
- Peer education/counseling (father to father support groups)
- Care of special cases at home (PLHIV, malnuorished child)
- Serve as CHVs

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Community Mobilization Strategies: Partnership & Integration

- Work with established advocacy organizations to integrate emphasis on men and gender equality—Father support groups, GPRTU etc
- Community Education Events, Marches and Rallies.
- Emphasize partnership with media

Stakeholders in MAPs implementation

- Chiefs and elders
- Assembly Members
- Religious organization
- Schools
- Government
- NGOs

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Exercise 2: Discussion

- Discussion

How do we involve Men as Partners?

How are men involved as partners

- Meetings
- Durbars
- Functions

Exercise 3: Role play and Discussion

- Role play
  - Read: Case Study on "Men as Partners"
  - 4 volunteers act:
    - Case A: Mr. and Ms. Numbu
    - Case B: Mr. and Ms. Kpeninye
- Group Discussion
  - Discuss based on questions

Case A: Mr. and Mrs. Numbu case

- Mr. and Mrs Numbu have been married for nine years. Mrs Numbu is six months pregnant with their third child. Mr. Numbu shows her love, and gives her emotional support by encouraging her. He reminds her when it is about two days to antenatal clinic visit and promises to accompany her. He tells his wife on return from antenatal clinic that he will cook so that she can rest as she is tired.

Case A: Cont.

- He sits down with her and they decide together how many more children they want to have and the method they would use to space this pregnancy and the next one. They both went to the family planning clinics and it was detected that Mr Numbu had high blood pressure. The nurse referred him to the hospital for further examination and treatment and he is now okay. Their second child, Zunuo is taken ill and he tells his wife to rest whilst he take him to the hospital

Case B: Mr. and Mrs. Kpeninye case

- Mr and Mrs Kpeninye have been married for three years. After their first child was born, Mr Kpeninye asked his wife to stop working and stay at home and take good care of the baby. This was not her preference but he insisted, saying he is the man and must be obeyed. Their second child Nakuma, is 3 weeks old. She was supposed to have been taken back to the clinic for neonatal care last week, but because Mrs Kpeninye has no money for transportation and the husband says he neither has money, she could not take the baby to the clinic.

Case B: cont.

- She pleads with the husband to give her some money they got last week from the baby's outdooring ceremony, all of which he has taken, saying he has to decide what to use the money for. He picks up quarrel with her, saying he has important things to use that money for. Mrs. Kpeninye reminds her husband that she carried the baby in her womb for nine months and went through labour pains alone. Besides, if he had not asked her to stop working, she would not ask him for money. The man gets angry and beats her up.

Questions

1. What can you say about the two types of relationships and why?
2. What did Mr. Numbu gain by accompanying his wife to the clinic?
3. In what ways can unhealthy relationships affect the health of the family
4. What was Mr. Kpeninye expected to do ?

Questions

5. What lessons have you learnt from these two types of relationships?
6. How will you ensure that other families treat their partners like Mr.Numbu did to Mrs. Numbu?

CHO Refresher Training: Community Mobilization

Module 8. Field work
Unit 1. Orientation for field work

- For the strengthening of CHPS Level activities in UWR-

Presented by
EDWIN/FORKOR

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

Content

- Presentation objectives
- Objectives of field work
- Rules of field work
- Planning
- PLA tools
- Introduction to community
- Collection of information
- Schedule
- Video show

Presentation objectives

By the end of this session, participants should be able to…..

1. Identify the purpose, procedures and rules of field work.
2. Prepare for the field work in groups
3. Have a practical knowledge of community entry
4. Develop their field work objectives

Objectives of field work

By the end of field work, participants should be able to…..

1. Collect information with community members by using PLA tools
2. Share collected information with community members
3. Prioritize necessary actions with community members.
4. Formulate/up-date activities in CHAP based on the results.
5. Share information with community members
6. Report field findings to other participants.

Rules of field work

- Be punctual
- Respect community people
- Listen to the voice of community people carefully
- Take notes on your findings and share with other people
- Do not be shy, but do not be a dictator
- Every one should contribute to have a good field work

Planning

- Set your objectives
- Identify possible PLA tools and master them
- Interact with community members using information gathering tools
- Choose appropriate PLA analytical tools and use them based on the outcome of the interaction
- Draw an action plan based on the outcomes of the interaction
- Summarize issues and give feedback to the community members.

PLA tools

Information gathering tools (CHPS)	• Transect walk & observation • Community Mapping • Daily Activity • Seasonal calendar • Timelines • Focus Group Discussion • Responsibility audit • Priority setting (Ranking) • Brain storming • Story telling, Role Play • Interviews
Analytical tools (CHPS)	• Pair wise ranking • Matrix • Venn diagram • Pie chart

Introduction at community

- On arrival teams should observe community entry protocol
- Introduce group members and let CHMC and CHV introduce themselves.
- Explain objectives of your visit and schedule.
- Participants should facilitate meeting with the help of CHO.
- Participants and community people are divided into two sub-groups.
- Each sub-group should select a leader and a secretary for group work.

(45 minutes)

Collect and share information with Community people

- Each group should collect health information with community members by using different PLA tools according to the situation of community.
- Each group should analyze the information obtained and pick up important issues and possible solutions.
- Before you leave thank and say good bye to chief and elders.

(1 hour)

Schedule of field work

Time	Schedule
7:00-8:00	Move to field by minibus
8:00-11:00	Greeting with community Community assessment by PLA tools
11:00-12:00	Back to training centre by minibus
12:00-13:00	Lunch Break
13:00-14:00	Plenary sessions (Presentation of field work result)

Let's formulate groups

Participants will be divided into four(4) groups . Each group visits a CHPS zone and facilitate the meeting with CHO, CHC and CHVs to assess needs of community and ideas for actions. Each group should select group leader and secretary.

Group	CHPS zone (Community)
1	
2	
3	
4	

Place of field work

- Group 1
- Group 2
- Group 3
- Group 4

Groupings for fieldwork

#	GROUP 1	GROUP 2	GROUP 3	GROUP 4
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Thank you

Enjoy your field work and learn a lot from community!

Video show

- VIDEO ON COMMUNITY ENTRY

Practice Field Work

CHO Refresher Training: Community Mobilization

Module 9. Action Planning for CHOs

- For the strengthening of CHPS Level activities in UWR-

Presented by:
Musah Ali

GHS & JICA PROJECT FOR THE IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILIZING CHPS SYSTEMS IN THE UPPER WEST REGION

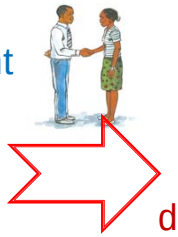
Session Objectives

At the end of the session participants will be able to;

1. Explain the importance of Planning for improvement at CHPS level.
2. Develop the Action Plan of activities in their own CHPS zone.

Concept of change and improvement

All improvement requires change…



yet all change does not lead to improvement

Proper planning is important !

Points for proper planning

When you plan your action, the following points must be clear. If it is not clear your action may not lead improvement.

1. What are we trying to accomplish? ⟵ Your Objective

Logical thinking

2. How will we know that our objectives are achieved? ⟵ Indicators

Logical thinking

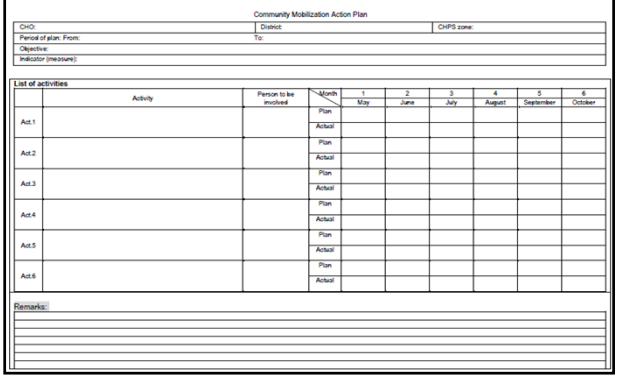
3. What should we do to fulfill indicators? ⟵ Activities

Through appropriate planning and progress monitoring, you can see "what activities worked" and "what did not", and improve your activities.

Action Plan Format

Item	What to write
Period of plan	Basically 6 months from the date of planning
Objective	Write your prioritized aim to deal in the coming 6 months.
Indicator	Indicate measurable data to identify achievement of your objective.
List of activities	• List up activities to achieve your objectives. • Identify persons to work with you. • Put timing of each activities at "Plan" and record your actual progress at "Actual" at end of each month.
Remarks	Take notes on important information.

Action Plan Format



Community Mobilization Action Plan

CHO: | District: | CHPS zone:

Period of plan: From: To:

Objective:

Indicator (measure):

List of activities

	Activity	Person to be involved	Month	1 May	2 June	3 July	4 August	5 September	6 October
Act.1			Plan						
			Actual						
Act.2			Plan						
			Actual						
Act.3			Plan						
			Actual						
Act.4			Plan						
			Actual						
Act.5			Plan						
			Actual						
Act.6			Plan						
			Actual						

Remarks:

Action Plan Format (Sample)

Community Mobilization Action Plan

CHO: Agnes Kpokpori | District: Jirapa | CHPS zone: Chajuri

Period of plan: From: May 2013 To: October 2013

Objective: Community participation in health activities at Chajuri is increased

Indicator (measure): Number of community people participating in health activities improved from 50 to 85 by October 2013

List of activities

	Activity	Person to be involved	Month	1 May	2 June	3 July	4 August	5 September	6 October
Act.1	Meeting with CHV and CHC to discuss the importance of community participation	CHVs / CHCs	Plan	1st meeting		2nd meeting		3rd meeting	
			Actual		1st meeting			2nd meeting	
Act.2	Educate them on the channels such home visiting, drinking spots and meeting grounds	CHVs / CHCs	Plan		10 members		10 members		
			Actual				20 members		
Act.3	Provide book and pen for documenting data	CHVs / CHCs	Plan			10 members	10 members		
			Actual				20 members		
Act.4	Facilitating and monitoring the CHV and CHC	CHVs / CHCs	Plan				10 members	10 members	10 members
			Actual					5 members	8 members
Act.5			Plan						
			Actual						
Act.6			Plan						
			Actual						

Remarks:

Meeting with CHV and CHC to discuss the importance of community participation was delayed because of harvest season of xxxx.

CHCs and CHVs decided to conduct drama show to community people to participate health activities at durbar (9th Aug 2013)

How to utilize your action plan

- Review your activities in every month and record it in the action plan.
- At quarterly, report the progress at district CHPS review meeting, and receive necessary advices or supports from district.
- When district CHPS coordinator or other monitors visit your CHPS zone, you can explain your activities with this action plan format.
- Every half year, review your progress and modify your action plan or develop new plan with new objective.

THANK YOU

5. Work sheet

CHO Refresher Training
Community Mobilization

WORKSHEET

2015

WORKSHEET GUIDE

This worksheet is an instruction of case studies, practices, exercises and discussions. They have been designed to help you acquire skills as a CHO in community mobilisation and facilitation skills. The cases in the worksheet are arranged the same order as the course modules.

You are advised to fully participate in the exercises and address any questions you may have on them to your facilitator.

FSV5: PS: Reporting

Practice

1. Form five groups
2. Each group will be given a sample register covering a period
3. You are expected to extract the data from the register to complete the reporting format.
4. Make a brief presentation on the process used in extracting the information

Module 1: Community Mobilization

Module 2: Community Entry Skills

Ms Mary Dery is a newly deployed CHO to the Sing CHPS zone. In an earlier CHPS durbar organised by the DHMT as part of the CHPS implementation process in the district, she was introduced to the chiefs and opinion leaders of the 15 satellite communities forming the zone with a population of 3,500.

Sing is a farming community in the UWR. The farmers are mainly corn and yam growers. There are 2 traditional birth attendants, one assembly man, 3 unit committee members and 3 traditional leaders representing specific ethnic groupings in the zone.

To meet their health care needs, the people of Sing routinely travel for two hours on a feeder road to visit the nearest health centre. Reproductive and Child Health (RCH) Services are extended to their communities on a monthly basis and there are limited community education programmes to inform them about health habits and health prevention strategies. There is only one river which is about 30 minutes walk within the zone. This dries up in the dry season.

There is one primary school with only 2 teachers teaching all the subjects from primary 1 to 6. Most of the children aged 5-8 years are not in school and children aged 0-5 years are not completely immunized. Sanitation is unorganised, and there is indiscriminate dumping of refuse behind people's houses.

1. Case Study: Sing CHPS zone
    - Form groups and discuss case study
    - Present your group work

2. Role Play on community entry
    - Discussion

<Discussion Points>

Supposing you were Ms. Dery:

1. What do you understand by community entry?
2. Since you have just been introduced to the leaders of the communities, describe the process you will use in organising individual visits to the compounds of community leaders.
3. What will be the role of contact persons in your community entry process?
4. Which of the contact person will you prefer and why?
5. Name two special contact persons and their influence on community entry
6. What are the critical actions to consider in a community entry process?

Module 3: PLA tools

Discussion: Case Study

Dakura Gervase is a twenty-five year old CHO who has just been posted to Nangbaviella CHPS zone, a rural farming community with a population of 3000. They produce cash crops such as maize, yam and millet.

Their main source of water is from a stream and the main health problems are diarrhea, malaria and skin infections. Most children have also not been immunized against the vaccine preventable diseases. The chief of the village is very dynamic and interested in health activities, but the community members have some cultural beliefs with regards to their health problems.

(1) List the steps the CHO will use in mobiliisng the community
(2) What type of PLA tools will Gervse use to gather information and mobilse the community to participate in immunisation activities
(3) Which of the PLA tools will he use to help him prepare his calendar of activities
(4) Gervase also heard about the community health action plan (CHAP) from a colleague CHO and has decided to facilitate the development of CHAP in his zone. Which PLA tools will you recommend to him and why

Practice 1: PLA tool Matrix

1. Make groups (9 persons per group)
2. Find 3 top diseases and 3 top causes in the sub-district
3. Make a Matrix form in flip chart and put 3 diseases and 3 causes in the format.
4. Discuss the causes and distribute 10 point among 3 causes.
5. Sum the points for each cause and rank
6. Present in the class

Practice 2: Pie Chart

1. Make groups (6 or 7 persons per group).
2. List and discuss expenditure pattern of group members
3. Make a Pie Chart
4. Analyze Pie Chart and Rank the expenditures
5. Suggest for improvement
6. Present in the class

Module 4: CHMC/CHV

Group Discussion

1. Form 6 group
2. Group 1 to 4: Read Case Study and answer questions.
3. Group 5 and 6: Discuss questions

(1) For group 1 to 4: Red next Case Study and ansew questions

Case Study "Nyembali case"

Two people started running diarrhea in Nyembali which is five kilometers from Kaleo. The population of Nyembali was 2300 people. There was a CHPS compound at Kaleo where the CHO lived. The diarrhea situation was not reported to the CHO though all the support structure were around.

By the third day fifteen people have started running diarrhea in Nyembali and four deaths have occurred, due to the diarrhea.

1) What went wrong? what should CHO have been done? (Group 1)
2) What Role had the CHMC to Play? (Group 2)
3) What Role had the CHV to Play in the case study? (Group 3)
4) Suggest possible solutions to this problem. (Group 4)
5) How would you work effectively with the CHO, CHMCs and CHVs to resolve the situation? (Group 5)
6) What are the difference roles of CHMC and CHV? (Group 6)

Module 5: CHAP

Practice

1. As a CHO who intends to introduce CHAP in your CHPS zone after receiving training on CHAP processes, demostrate the following:
   (1) Organize a meeting of those you wish to participate in formulating the CHAP
      - In the gathering, explain the purpose of the meeting highlighting why there is the need to have a CHAP in a community of the CHPS zone
      - Gather information on the pressing health issues of the community
      - Prioritize the identified health issues to work with the three priority issues
   (2) Formulate a CHAP with your identified action point

2. From a PLA exercise in Siriyiri, the following health issues emerged from various community groups meetings:
   - Low skilled delivery
   - Malaria is the most common disease
   - Bushy surroundings
   - No water for CHO
   - Low turn out for health activities

In your groups

1. Prioritize the identified health issues in Siriyiri
2. Formulate a CHAP with your top three consensus issues/problems and solutions/actions
3. Present at plenary
   i. The prioritized consensus issues and solutions/actions
   ii. Your CHAP.

Module 6: CETS

Group Work

Lakandanga CHPS had well-functioning CETS using a vehicle provided by a philanthropist in the community since 2011. In 2013, the transport owner decided to withdraw his vehicle for commercial purposes. This action left the CHPS zone with no other means of transport which saw the collapse of CETS in Lakandanga CHPS.

In your groups, answer the following questions based on the scenario:

1. What do you think led to the collapse of the CETS in Lakandanga CHPS?

2. How can they revive the CETS in their CHPS zone ?

3. what should be considered when establishing CETS in

a) Rural setting
b) Urban setting
c) Peri-urban setting

Module 7: MAPs

Shares experience

1. How is MAP implemented?
2. Have you had some benefit of MAPs?
3. Have you had some difficulties in implementing MAPs?

Discussion

How do we involve Men As Partners?

Role play and Discussion

1. Role play
   (1) Read next Case Study "Case A: Mr. and Mrs. Numbu case" and "Case B: Mr. and Mrs. Kpeninye case"
   (2) Act 4 volunteers Case A and Case B

Case A: Mr. and Mrs. Numbu case

Mr. and Mrs. Numbu have been married for nine years. Mrs Numbu is six months pregnant with their third child. Mr. Numbu shows her love, and gives her emotional support by encouraging her. He reminds her when it is about two days to antenatal clinic visit and promises to accompany her. He tells his wife on return from antenatal clinic that he will cook so that she can rest as she is tired.

He sits down with her and they decide together how many more children they want to have and the method they would use to space this pregnancy and the next one. They both went to the family planning clinics and it was detected that Mr Numbu had high blood pressure. The nurse referred him to the hospital for further examination and treatment and he is now okay. Their second child, Zunuo is taken ill and he tells his wife to rest whilst he take him to the hospital.

Case B: Mr. and Mrs. Kpeninye case

Mr. and Mrs. Kpeninye have been married for three years. After their first child was born, Mr Kpeninye asked his wife to stop working and stay at home and take good care of the baby. This was not her preference but he insisted, saying he is the man and must be obeyed. Their second child Nakuma, is 3 weeks old. She was supposed to have been taken back to the clinic for neonatal care last week, but because Mrs Kpeninye has no money for transportation and the husband says he neither has money, She could not take the baby to the clinic. She pleads with the husband to give her some money they got last week from the baby's outdooring ceremony, all of which he has taken, saying he has to decide what to use the money for. He picks up quarrel with her, saying he has important things to use that money for. Mrs. Kpeninye reminds her husband that she carried the baby in her womb for nine months and went through labour pains alone. Besides, if he had not asked her to stop working, she would not ask him for money. The man gets angry and beats her up.

2. Group discussion

Discuss based on the following questions

1) What can you say about the two types of relationships?
2) What did Mr. Numbu gain by accompany his wife to the clinic?
3) In what ways can unhealthy relationships affect the health of the family
4) What was Mr. Kpeninye expected to do?
5) What lessons have you learnt from these two types of relationships?
6) How will you ensure that other families treat their partners like Mr. Numbu did to Mrs. Numbu

Module 8: Field Work

Field work: Visit CHPS zone for CHAPs exercise

Partcipants will be divided into 3 groups. Each group visit 1 CHPS zone and facilitate the meeting with CHO, CHMC and CHVs to collect infromation of community by using PLA tools. Check your group and community to visit. The list of groups will be placed at the door of traning room.

1. **Venue of field work:**

Group	Venue
Group 1	
Group 2	
Group 3	

2. **Rules of field work**

- Be punctual
- Respect community people
- Listen to the voice of community people carefully
- Take notes on your findings and share with other people
- Do not be shy, but do not be a dictator
- Every one should contribute to have a good field work
- Watch video on field work

3. **Before the field work, plan what your group are going to do in the field**

- Set your objectives
- Identify possible PLA tools and master them
- Interact with community members using information gathering tools
- Choose appropriate PLA analytical tools and use them based on the outcome of the interaction
- Draw an action plan based on the outcomes of the interaction
- Summarize issues and give feedback to the communities

4. **At CHPS zone:**

1) On arrival teams should observe community entry protocol
2) Introduce group members of participants and let CHMC and CHV introduce themselves.
3) Explain objective of your visit and schedule.
4) Participants facilitate meeting with the help of CHO.
5) Participants and community people are divided into 2 sub-groups.

6) Each sub-group select leader and secretary for group work.
7) Each group should collect health information with community members by using different PLA tools according to the situation of community.
8) Each group should analyze the information obtained and pick up important issues and possible solutions.
9) If time allows, try to discuss time frame, resources, person in charge of prioritized solutions, and put them into CHAP of the community. When time is up, give collected data and draft CHAP format to CHOs for her/his future work.
10) Thank community and CHO(s) and move back to training centre.

5. **At Training Centre:**

Each group makes following presentation materials in flipchart at training centre.

1) Data collected by PLA tools and how it is related to actions in CHAP.
2) Prioritized community actions for CHAP.
3) Lessons learned from field work (Which points were successful?, Which points were difficult?, any suggested way in your CHPS zone?)

CHAP format

CHPS ZONE: **CHPS Community:**

Date: **Facilitators:**

Target/Implementing Community/Overall Time Frame	Main Activities	Schedule			Resources Required	Persons in Charge	Indicator	Remarks
		1st Month (Nov., 14)	2nd Month (Dec., 14)	3rd Month (Jun., 15)				
i.Target: 1 **ii. Implementing Comm'ty** **iii. Overall Time Frame**								

Community Mobilization Action Plan

CHO: Agnes Kpokpari	District: Jirapa	CHPS zone: Chapuri
Period of plan: From: May 2013	To: October 2013	
Objective: Community participation in health activities at Chapuri is increased		
Indicator (measure): Number of communities/people participating in health activities improved from 0 to 3 by October 2013		

List of activities

	Activity	Person responsible	Month	1 Jan	2 Feb	3 Mar	4 April	5 May	6 June
Act.1	Two Planning Meetings with CHV and CHC to discuss the Problem and the need to intensify	CHVs / CHCs	Plan	1		1	1	1	
			Actual	1	0	0	0	0	0
Act.2	Community durbar and PLA to Educate to assess community needs and prioritize problem to draw CHAP	CHVs / CHCs/Community	Plan		1				1
			Actual		1				1
Act.3	Implement CHAP in three communities to increase community participation	CHVs / CHCs	Plan	0	2	3	3	3	2
			Actual	0	1	1	1	1	1
Act.4	Monthly Facilitation and monitoring of CHV and CHC	CHVs / CHCs	Plan	1	1	1	1	1	1
			Actual	0	1	1	1	1	1
Act.5			Plan						
			Actual						
Act.6			Plan						
			Actual						

Remarks:

Only one Meeting was held with CHV and CHC to discuss issues of community participation because of harvest season of xxxx.
CHCs and CHVs decided to conduct drama show on importance of community participation to get community people to participate health activities at durbar (9th Aug 2013)

Community Mobilization Action Plan

CHO:	District:	CHPS zone:
Period of plan: From:	To::	
Objective:		
Indicator (measure):		

List of activities

	Activity	Person responsible	Month	1	2	3	4	5	6
Act.1			Plan						
			Actual						
Act.2			Plan						
			Actual						
Act.3			Plan						
			Actual						
Act.4			Plan						
			Actual						
Act.5			Plan						
			Actual						
Act.6			Plan						
			Actual						

Remarks:

Handout for
Data management

MONTHLY RETURNS ON DELIVERIES

INSTITUTION: GHS **FACILITY**: GA CHPS **DISTRICT**: WA WEST **MONTH**: JULY **YEAR**: 2013

SERIAL No.	ANC No.	FHR	NAME	AGE (yrs)	ADDRESS	OCCUPATION	PARITY	GESTATION	TYPE OF DELIVERY	IPT	FGM	VIT A	BABE'S CONDITION
1	13/24	136	Osman Ayisha	41	Kunbiehi, Osmans Hse	Housewife	G 8 P 4A 2D	Term	SVD	1 dose	No	Yes	Sex: Male Weight: 3.7
2	13/25	137	Suglo Daman	38	Sombo, Suglo's hse	Police Officer	G 5 P 4A	Term	CS	1 dose	No	Yes	Sex: Female Weight: 2.8
3	13/26	138	Bayor Sala	32	Tagrayiri, Bayor's hse	Housewife	G 7 P 6A	Term	SVD	3 dose	Yes	Yes	Sex: Female Weight: 2.5
4	13/27	139	Dakurah Emeli	24	Wapaani, Dakurah's hse	Teacher	G 1 P 0	Term	CS	2 dose	No	Yes	Sex: Male Weight: 1.81
5	13/28	140	Fauzia Adams	28	Tamarimuni, Adam's hse	Housewife	G 1 P 1A	Term	SVD	3 dose	No	Yes	Sex: Male Weight: 2.1
6	13/29	141	Latifa Sidik	19	Eggu, Sidik's hse	Housewife	G 1 P 0	Term	SVD	3 dose	No	Yes	Sex: Female Weight: 3.8
7	13/30	142	Francis Mabel	20	Ga, Francis hse	Housewife	G 2 P 1A	Term	SVD	3 dose	No	Yes	Sex: Male Weight: 3.2
8	13/31	143	Dery Mary	14	Ga, Dery's hse	Teacher	G 2 P 1D	Term	FC	3 dose	Yes	Yes	Sex: Female Weight: 3.1
9	13/32	144	Sam Chelema	25	Ga, Sam's hse	Housewife	G 4 P 3A	Term	SVD	2 dose	No	Yes	Sex: Female Weight: 2.9
10	13/33	145	Dam Alice	15	Piisie, Dam's hse	Trader	G 1 P 0	Term	SVD	3 dose	No	Yes	Sex: female Weight: 3.1

DEFINITION OF ABBREVIATIONS

1. **FHR**: Fetal Heart Rate
2. **SVD**: Spontaneos Vaginal Delivery
3. **CS**: Caesarean Section

ANTENATAL REGISTER-PART A

INSTITUTION: GHS **FACILITY**: GA CHPS **DISTRICT**: WA WEST **MONTH**: JULY **YEAR**: 2013

No.	DATE	SERIAL No.	REG No.	NAME	ADDRESS	AGE (yrs)	PARITY	BP	HT (Cm)	WT (Kg)	GEST	FHt	HB at Reg (gm/ld)	HB at 36 wks	BLOOD GROUP
1	15/7/13	17/11	13/24	Nisaira Alhassan	N 46	23	G 4 P 3	120/60	144	60	8wks	EP	10.3	9.5	A
2	15/7/13	17/12	13/25	Riyana Abas	H 47	25	G 10 P 9	110/60	150	48	12wks	EP	12		A
3	15/7/13	17/13	13/26	Mansara Adams	N 48	18	G 2 P 1	100/70	140	94	16wks	18cm	12	13.1	0
4	15/7/13	17/14	13/27	Hawawu Nuhu	R49	38	G 4 P 3	100/70	155	56	16wks	18cm	11.4	12.5	O
5	15/7/13	17/15	13/28	Amama Nuhu	N 50	14	G 3 P 2	100/90	150	53	8wks	EP	8.1	9.5	O
6	15/7/13	17/16	13/29	Sakina Mahama	V51	33	G 1 P 0	120/70	160	59	24wks	30cm	7.7		O
7	16/7/13	17/17	13/30	Amina Abu	N 52	24	G 2 P 1	90/80	155	54	12wks	EP	10.2	10.1	AB
8	16/7/13	17/18	13/31	Anisa Sam	N 5	20	G 1 P 0	100/60	160	76	8wks	EP	9.8	10.1	B
9	16/7/13	17/19	13/32	Juliana George	D 54	30	G 12 P 11	110/60	150	64	36wks	37cm	11.4		
10	16/7/13	17/20	13/33	Daina Nanzelle	S55	32	G 6 P 5	100/60	155	85	8wks	EP	11	11.1	

ANTENATAL REGISTER-PART B

INSTITUTION: GHS **FACILITY**: GA CHPS **DISTRICT**: WA WEST **MONTH**: JULY **YEAR**: 2013

PMTCT		MPS	SUBSEQUENT VISITS					TT			IPT			ITN	REMARKS
TEST Result	Post-Test Counsellin g		BP WT FHt	2	3	4	5	1	2	3	1	2	3		
Neg-	Yes	Neg-	Date	23/8/13	23/8/14			√	√		√	√	√	Yes	Deliverd
			BP	100/60	100/61										
			WT	65	66										
			FHt	18cm	18cm										
Neg-	Yes	Seen +	Date	23/8/13	23/8/14	23/8/15	23/8/16	√	√	√	√	√		Yes	Deliverd
			BP	100/60	100/61	100/62	100/63								
			WT	65	66	67	68								
			FHt	18cm	18cm	18cm	18cm								
Neg-	Yes	Neg-	Date	23/8/13				√			√	√		No	Deliverd
			BP	100/60											
			WT	65											
			FHt	18cm											
Neg-	Yes	Seen +	Date	23/8/13	23/8/14			√	√		√			Yes	Deliverd
			BP	100/60	100/61										
			WT	65	66										
			FHt	18cm	18cm										
Neg-	Yes	Neg-	Date	23/8/13	23/8/14	23/8/15		√						No	Deliverd
			BP	100/60	100/61	100/62									
			WT	65	66	67									
			FHt	18cm	18cm	18cm									
Neg-	Yes	Neg-	Date	23/8/13	23/8/14						√			No	Deliverd
			BP	100/60	100/61										
			WT	65	66										
			FHt	18cm	18cm										
Neg-	Yes	Neg-	Date	23/8/13								√	√	Yes	Deliverd
			BP	100/60											
			WT	65											
			FHt	18cm											
Neg-	Yes	Neg-	Date	23/8/13	23/8/14	23/8/15	23/8/16	√	√		√	√		Yes	Deliverd
			BP	100/60	100/61	100/62	100/63								
			WT	65	66	67	68								
			FHt	18cm	18cm	18cm	18cm								
Neg-	Yes	Neg-	Date	23/8/13	23/8/14						√			Yes	Deliverd
			BP	100/60	100/61										
			WT	65	66										
			FHt	18cm	18cm										
Neg-	Yes	Neg-	Date	23/8/13	23/8/14	23/8/15		√	√	√	√	√	√	Yes	Deliverd
			BP	100/60	100/61	100/62									
			WT	65	66	67									
			FHt	18cm	18cm	18cm									

POSTPARTUM AND POSTNATAL CARE REGISTER (JULY)

MOTHER

S No.	NAME	AGE	ADDRESS	SITE OF DELIVER	No. ANC	EBF (Y/N)	ITN USAGE	TT2+ (Y/N)	CLIENTS COUNSE	CLIENTS ACCEPTIN	PP VIT A	VITAL SIGNS AT EACH VISIT	1st PP	2nd PP	3rd PP
1	Sumaila Alima	39	G24 A	H/C	13/194	Y	Y	Y	Y	Y	Y	Date	2013/12/6		
												BP	100/60		
												Pulse			
												Temprature	35.9		
												Weight	65kg		
												Fundal Hgt			
												Lochia C&S			
2	Micheal Luciana	18	G25 B	Home	13/15	N	Y	N	Y	Y	Y	Date	2013/12/6	16/6/2013	
												BP	110/70	100/60	
												Pulse			
												Temprature	36.9	35.9	
												Weight	65kg	65.9kg	
												Fundal Hgt			
												Lochia C&S			
3	Yakubu Alima	20	G26 B	Home	13/166	N	Y	Y	Y	N	Y	Date	13/6/2013	2013/12/6	2013/12/6
												BP	110/60	100/60	100/70
												Pulse			
												Temprature	35.9	35.9	35.9
												Weight	65kg	65kg	67kg
												Fundal Hgt			
												Lochia C&S			
4	Shaibu Kende	27	G27 J	H/C	13/217	Y	Y	Y	Y	Y	Y	Date	16/6/2013	20/6/2013	27/6/2013
												BP	100/70	110/60	100/60
												Pulse			
												Temprature	35.9	35.9	35.9
												Weight	65kg	65kg	66kg
												Fundal Hgt			
												Lochia C&S			
5	Abu Amina		G28 X	H/C	13/118	Y	Y	N	Y	N	Y	Date	14/6/2013	2013/12/6	
												BP	100/60	100/60	
												Pulse			
												Temprature	35.9	35.9	
												Weight	65kg	65kg	
												Fundal Hgt			
												Lochia C&S			

BABY

DOB	WEIGHT	SEX	VITAL AT EACH VISIT	1st	2nd	3rd	MOTHERS CONDITION	BABY'S CONDITION
2013/12/6	3.7kg	F	Date	2013/12/6			FINE	FINE
			Age	1day				
			Weight	3.5kg				
			Temprature	36.6				
			Respiration					
			Pulse					
			Cord					
			EBF	yes				
2013/10/7	3.5kg	F	Date	2013/12/6	16/6/2013		FINE	FINE
			Age	2day	6day			
			Weight	3.5kg	4.5kg			
			Temprature	36.6	35.6			
			Respiration					
			Pulse					
			Cord					
			EBF	yes	yes			
13/6/2013	3.4kg	F	Date	13/6/2013	21/6/2013	2013/12/6	FINE	FINE
			Age	1day	8day	34day		
			Weight	3.5kg	4.2kg	4.5kg		
			Temprature	36.6	37.6	38.6		
			Respiration					
			Pulse					
			Cord					
			EBF	yes	yes	No		
13/6/2013	3.5kg	M	Date	16/6/2013	20/6/2013	27/6/2013	FINE	FINE
			Age	3day	7day	14day		
			Weight	3.5kg	3.5kg	3.5kg		
			Temprature	36.6	37.6	38.6		
			Respiration					
			Pulse					
			Cord					
			EBF	yes	yes	yes		
14/6/2013	2.4kg	M	Date	14/6/2013	20/6/2013		FINE	FINE
			Age	1day	6day			
			Weight	2.5kg	3.5kg			
			Temprature	36.6	36			
			Respiration					
			Pulse					
			Cord					
			EBF	yes	yes			

S No.	NAME	AGE	ADDRESS	SITE OF DELIVER Y	No. ANC VISIT	EBF (Y/N)	ITN USAGE (Y/N)	TT2+ (Y/N)	CLIENTS COUNSELL FP	CLIENTS ACCEPTING FP	PP VIT A	VITAL SIGNS AT EACH VISIT	1st PP	2nd PP	3rd PP
6	Alia Alima	27	G24 A	H/C	13/194	Y	Y	Y	Y	Y	Y	Date	2013/12/6		
												BP	100/60		
												Pulse			
												Temprature	35.9		
												Weight	65kg		
												Fundal Hgt			
												Lochia C&S			
7	Micheal mary	19	G25 B	Home	13/15	N	Y	N	Y	Y	Y	Date	2013/12/6	16/6/2013	
												BP	110/70	100/60	
												Pulse			
												Temprature	36.9	35.9	
												Weight	65kg	65.9kg	
												Fundal Hgt			
												Lochia C&S			
8	Baluri Alima	22	G26 B	H/C	13/166	N	Y	Y	Y	N	Y	Date	13/6/2013	2013/12/6	2013/12/6
												BP	110/60	100/60	100/70
												Pulse			
												Temprature	35.9	35.9	35.9
												Weight	65kg	65kg	67kg
												Fundal Hgt			
												Lochia C&S			
9	Shaibu Harida	27	G27 J	H/C	13/217	Y	Y	Y	Y	Y	Y	Date	16/6/2013	20/6/2013	27/6/2013
												BP	100/70	110/60	100/60
												Pulse			
												Temprature	35.9	35.9	35.9
												Weight	65kg	65kg	66kg
												Fundal Hgt			
												Lochia C&S			
10	Samual Emeli	23	G28 X	H/C	13/118	Y	Y	N	Y	N	Y	Date	14/6/2013	2013/12/6	
												BP	100/60	100/60	
												Pulse			
												Temprature	35.9	35.9	
												Weight	65kg	65kg	
												Fundal Hgt			
												Lochia C&S			

DOB	WEIGHT	SEX	VITAL AT EACH VISIT	1st	2nd	3rd	MOTHERS CONDITION	BABY'S CONDITION
2013/12/6	3.7kg	F	Date	2013/12/6			FINE	FINE
			Age	1day				
			Weight	3.5kg				
			Temprature	36.6				
			Respiration					
			Pulse					
			Cord					
			EBF	yes				
2013/10/7	3.5kg	F	Date	2013/12/6	16/6/2013		FINE	FINE
			Age	2day	6day			
			Weight	3.5kg	4.5kg			
			Temprature	36.6	35.6			
			Respiration					
			Pulse					
			Cord					
			EBF	yes	yes			
13/6/2013	3.4kg	F	Date	13/6/2013	21/6/2013	2013/12/6	FINE	FINE
			Age	1day	8day	34day		
			Weight	3.5kg	4.2kg	4.5kg		
			Temprature	36.6	37.6	38.6		
			Respiration					
			Pulse					
			Cord					
			EBF	yes	yes	No		
13/6/2013	3.5kg	M	Date	16/6/2013	20/6/2013	27/6/2013	FINE	FINE
			Age	3day	7day	14day		
			Weight	3.5kg	3.5kg	3.5kg		
			Temprature	36.6	37.6	38.6		
			Respiration					
			Pulse					
			Cord					
			EBF	yes	yes	yes		
14/6/2013	2.4kg	M	Date	14/6/2013	20/6/2013		FINE	FINE
			Age	1day	6day			
			Weight	2.5kg	3.5kg			
			Temprature	36.6	36			
			Respiration					
			Pulse					
			Cord					
			EBF	yes	yes			

FAMILY PLANNING REGISTER

MONTH: JULY

Sno.	REG No.	DATE	NAME	METHOD OFCHOICE	1st Ever Use	AGE (yrs)	PARITY	DATE OF VISIT			REMARKS
								JUL	AUG	SEP	
1	2013/24	2013/1/7	Abu Umuhera	Depo	No	26	G1, P1				
2	**2013/25**		Amamata Seidu	Depo	No	38	G3, P2				
3	2013/241		Sheilla Addo	Norigynon	No	27	G1, P1				
4	2012/27		Hanah Dery	Jadelle	No	22	G2, P1				
5	**2013/28**		Yussif Niamatu	M G Pills	No	23	G1, P0				
6	2013/29		Abu Hawa	Depo	No	30	G1, P1				
7	2013/30		Issahaku Bushira	Depo	No	26	G2, P1				
8	2013/31		Adu Muna	Depo	No	15	G3, P2				
9	2012/32		Ayaisha Hama	Depo	No	21	G1, P1				
10	**2013/33**		Lucy Dery	Norigynon	Yes	14	G1, P0				
11	2013/34		Francis Mary	Norigynon	No	26	G3, P2				
12	**2013/35**		Pearl Asante	Norigynon	Yes	31	G5, P4				
13	2013/36		Shameera Sam	Norigynon	Yes	24	G5P3,1D				
14	**2011/37**		Sahada Briamah	Depo	Yes	14	G1, P1				
15	**2013/38**		Atia Dam	Depo	Yes	17	G3, P2				
16	**2013/39**		Esther Wie	Depo	No	22	G1, P1				
17	2013/40		Samata Waheed	Depo	No	21	G2, P1				
18	2013/41		Iadia Akurugu	Depo	No	36	G1, P0				
19	**2013/42**		Christy Dery	Depo	Yes	37	G1, P1				
20	2012/43		Mary Felix	Depo	No	29	G2, P1				
21	**2013/44**		Samiatu Fuseini	Depo	No	17	G3, P2				
22	2013/45		Ayaisha Jamal	Depo	No	34	G1, P1				
23	**2013/46**		Sharifa Hashim	Depo	No	27	G1, P0				
24	2013/47		Charlotte Ganaah	Depo	Yes	30	G3, P2				
25	**2011/48**		Elizabeth Dakura	Depo	Yes	29	G5, P4				
26	2013/49		Christaina Worlayor	Depo	Yes	18	G1, P1				
27	**2013/50**		Ramatu Ahmed	Jadelle	No	24	G2, P1				
28	2013/51		Evelyn Dornye	Depo	Yes	27	G1, P0				
29	2013/52		Gifty Adda	Depo	No	24	G1, P1				
30	2013/53		Anisah Musah	Norigynon	No	32	G2, P1				
31	2013/54		Nuratu Abdulai	Norigynon	Yes	37	G3, P2				
32	**2013/55**		Gillian Venkumini	Norigynon	No	23	G1, P1				
33	2013/56		Ruth Bayor	Depo	Yes	19	G1, P0				
34	2013/57		Theresa Paali	Depo	Yes	21	G3, P2				
35	2013/58		Lydia Quansah	Depo	No	24	G5, P4				
36	**2013/59**		Amatu Muslim	Norigynon	No	28	G2, P1				
37	2013/60		Vida Samba	Norigynon	No	27	G3, P2				
38	2013/61		Amanda Nminyelle	MG	No	30	G1, P1				
39	2013/62		Asanata Sumani	Depo	Yes	32	G1, P0				
40	2013/63		Freda Kumbal	Depo	Yes	31	G5, P4				

ADDITIONAL INFORMATION

1. A male client purchased 10 pieces of male condoms
2. Two females also purchased 8 pieces of female condoms and 8 male comdoms respectively for the second time

Please Note:
The ending balance for the month of June for the various family planning commodities are as follows:

* Male condom: 350
* Female condom: 28
* Depo: 110
* Micro-G: 89
* Norigynon: 53
* Jadelle

OPD REGISTER

FACILITY: BOLI CHPS DISTRICT: WA MUNICIPAL REGION: UPPER WEST MONTH: JULY YEAR:2013

Date	Patient Number	Name of Patient	Address (Locality)	Age	Sex	Status of Patient		NHIS Patient?
						New	Old	(Yes/No)
2-Jul-13	0152/13	Abu Salifu	Abu's House, Boli	6mths	M	√		Yes
2-Jul-13	0153/13	Adams Seidu	Adams's House, Boli	6yrs	M	√		Yes
2-Jul-13	0154/13	Eric Addo	Eric's House, Boli	12yrs	M	√	√	Yes
5-Jul-13	0001/13	Hanah Dery	Hanah's House, Boli	78yrs	F		√	Yes
8-Jul-13	0155/13	Yussif Saheed	Yussif's House, Boli	23yrs	M	√		No
8-Jul-13	0123/12	Abu Hawa	Abu's House, Boli	43yrs	F		√	Yes
8-Jul-13	0111/11	Issahaku Bushira	Issahaku's House, Boli	27yrs	F		√	Yes
9-Jul-13	0156/13	Dery Amatus	Dery's House, Boli	1month	M	√		No
11-Jul-13	0435/11	Ayaisha Hama	Ayaisha's House, Boli	3wks	F		√	No
11-Jul-13	0157/13	Lucy Dery	Lucy's House, Boli	28days	F	√		Yes
15-Jul-13	0158/13	Francis Nabali	Francis's House, Boli	22yrs	M	√		Yes
15-Jul-13	0013/12	Pearl Asante	Pearl's House, Boli	23yrs	F	√	√	Yes
19-Jul-13	0067/13	Shameera Sam	Shameera's House, Boli	27mths	F		√	Yes
25-Jul-13	0099/12	Sahada Briamah	Sahada's House, Boli	45yrs	F		√	Yes
31-Jul-13	0152/13	Dabuo Azaanamali	Dabilipuo, Dabuo's House	60yrs	M	√		Yes

MINISTRY OF HEALTH

EXPANDED PROGRAMME ON IMMUNIZATION

GHANA
<< Devise du pays>>
… - … - …

MONTHLY VACCINATION REPORT

District: WA MUNICIPAL Month: Year:

1. Demographic data

Total catchment population		A (Estimation RGP/H)
Surviving infants 0-11 months: annual target		B
Surviving infants 0-11 months: monthly target		C = (B / 12)
Total population of pregnant women		D
Total new born/month		E = (D / 12)

2. Completness & Timeliness of reports

2.1 No. of HC in the District	
2.2 No. of vaccination units	
2.3 No. of reports received during the month	
2.4 No. of reports received in time during the month	

3. Vaccination coverages

	BCG	Penta-1	Penta-3	Measles	YF	TT2&+	PnC-3
3.1 Monthly coverage (%)							
3.2 Cumulative coverage (%)							

3.3 Dropout rate (%): (Penta-1 - Penta-3) / Penta-1 = ; (BCG - Measles) / BCG =

4. Monthly vaccinations given by strategy

Vaccine doses	Childrens 0 - 11 months: Fix post	Outreach	Mobile	Outside zone	infants: 12 months &+
BCG					
Penta-1					
Penta-2					
Penta-3					
OPV-0					
OPV-1					
OPV-2					
OPV-3					
Measles					
YF					
PnC-1					
PnC-2					
PnC-3					
	Fix post	Outreach	Mobile	Outside zone	Outside target
TT-1					
TT-2+					
Vitamine A	<1year	>1year	P-Partum		
Vit. A					

5. IEC

No. of IEC sessions conducted	
No. of participants at sessions	
No. of radio/TV spots conducted	
Home visits conducted	

6. A.E.F.I.

No. of cases	

7. Waste management

No. of safety boxes used during the month	
No. of safety boxes disposed during the month	

8. Cold chain temperatures at HC

No. of HC that have reported temp. status:	
Health centres with t°mini <+2°C	
Health centres with t°maxi >+8°C	
Temp. mini recorded	
Temp. maxi recorded	

9. Status & utilisation of vaccine stocks

	Stock at district store: received	stock at end	Stock wasted: VVM status	Expired	No. of doses of vials opened
BCG					
Penta					
OPV					
Measles					
TT					
YF					
PnC					
Vit.A 100,000 IU					
Vit.A 200,000 IU					

10. Stocks of safe injection equipment

Safe injection equipment	Stock at district store: received	stock at end
ADS_0.05ml		
ADS_0.5ml		
Sdilution_2ml		
Sdilution_5ml		
Safety boxes		

11. Disease surveillance

		AFP	Measles	MNT	Pertusis	Yellow fever	Meningitis	Pneumonia
0-11 months	cases							
	deaths							
	vaccination status							
12-59 months	cases							
	deaths							
	vaccination status							
5-15 years	cases							
	deaths							
	vaccination status							
>15 years	cases							
	deaths							
	vaccination status							

12. Transmission of report

Date of expedition of the report at higher level

Names & signature of manager

MONTHLY MIDWIVES RETURNS

Facility Name | **District** | **Region** | **Month** | **Year**

EMONC Service None Basic Comprehensive | **Blood Transfusion services** Yes No | **PMTCT** Yes No | **Conduct Delivery** Yes No | **Baby Friendly Service** Yes No

Antenatal

Registrants	Attendances	Making 4th visit	TT2+	Age of mother at registration						Mothers below 150 cm/5 ft
				10–14	15–19	20–24	25–29	30–34	≥ 35	

Syphillis screening		Parity				IPT					
Tested	Positive	0	1–2	3–4	5+	IPT1	IPT2	IPT3	IPT4	IPT5	with reaction

Heamoglobin at registration & 36 weeks								Duration of pregnancy at		
Hb Checked at registration	< 11gm/dl at registration	< 7 gm/dl at registration	Total Checked at 36 weeks	Registrants with < 11gm/dl at 36 weeks	Registrants with < 7 gm/dl at 36 weeks	Primigravidae screened at 36weeks	Primigravidae with Hb<7gm/dl at 36wks	1st trimester	2nd trimester	3rd trimester

Deliveries

PMTCT					Primigravidae outcomes			Total births				
Counseled	Tested	Positive	Babies on ARV	Mothers on ARV	Live Births to Primigravida		Primigravida Still births	Live		Still		
					Male	Female		Male	Female	Macerated	Fresh	Total

Outcome of delivery			Age group of mother at delivery						Birth weight			
	Mothers	Children							Below 2.5 kg			2.5kg and above
Single			10 –14	15–19	20–24	25–29	30–34	≥ 35	Primapara	Multipara	Total	
Twin												
Triplet												
Others			Deliveries with atleast 2 IPT doses	Receiving Oxytocin for 3rd stage of labour	Morbidities							
Total					Vesisco–vaginal fistula			Drop foot cases	Puerperal psychosis	Endometritis(Infection)	Mastitis	
Type of delivery					Seen	Repaired	Referred					
Normal												
C/section			Age group of maternal deaths						Total Maternal deaths	Maternal deaths audited	Neonatal deaths (<1 month)	Post neonatal deaths (1–11
Vacuum			10 –14	15–19	20–24	25–29	30–34	≥ 35				
Forceps												
Total												

Postnatal

Baby friendly hospital initiative			Registrants			Age group of postnatal registrants					
Mother/infant pairs discharged	Exlusive breastfeeding at discharge	Breastfeeding wihtin first 1 hour	1st PNC on day 1 or 2	1st PNC on day 3–7	1st PNC from day 8 and above	10–14	15–19	20–24	25–29	30–34	≥ 35

Post Partum FP	Post Partum Vit A to mother	Baby's weight (6–10 days)		Site of Delivery								
		< 2.5 kg	≥ 2.5 kg	TBA (Trained/Untrained)	Government HC and HP	Teaching Hospital	Government Hospital (Region/District	Private Hospital	Private Midwife	CHAG	Quasi Govt Institution	Mines

Birth Abnormalities		Newborn Complication		Referrals					
Hare lip/Cleft palate		Asphyxia		Antenatal		Labour		Postnatal	
Anencephaly		Jaundice		In	Out	In	Out	In	Out
Talipes		Sepsis of Cord							
Hydrocephalus		Ophthalmia Neonatorium		Age group for referrals					
Undescended Testes		Others		10–14	15–19	20–24	25–29	30–34	≥ 35
Spina Bifida									
Exomphalus		Abortions							
Downs syndrome		Type			Method			Deaths from post–abortion complications	Post abortion complications recorded		
Imperforate Anus		Elective	Spontaneous	Induced	Electric/Manual Vacuum	D&C	Medical		Bleeding	Sepsis	Perforations
Others											

PA – FP		Age group of mothers performing abortions (Years)						Male involvement				
Counselled	Acceptors	10 –14	15–19	20–24	25–29	30–34	≥ 35	ANC	Delivery	PNC	FP	CWC

To be submitted not less than the 5th day of the following month to the District Director of Health Services

Completed by……. Authorised by……..

GHANA HEALTH SERVICE

FORM B - FAMILY PLANNING RETURNS

Tick one: a. single clinic, monthly
b. clinic aggregate
√c. district stores
d. regional stores

Month:

Year

Facility----------

Subdistrict----------

District---

Region----------

Report is to besubmitted Monthly to DHMT or to RHMT with copies to relevant agency

District Use Only
a. Total clinic
b. W/FP
c. %W/FP (b/a*100)
d. report expected
e. report received
f. %reporting (e/d*100)

Total New Acceptors	**Age Group(Years)**					
	10-14	**15-19**	**20-24**	**25-29**	**30-34**	**35 & Above**

BRAND NAME = (Insert appropriate names)	**STOCK BALANCE**							**STOCK REQUIRED**		**Unit Price**	**CEDIS collected**	**CEDIS RETAINED**			**CEDIS SUBMITTED** :			**ACCEPTORS BY METHOD**				
	1	2	3	4		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	Beginning Balance	Received	Issued / Dispensed	Transferred [circle one]	MOH/GRMA/PP AG/CC/Private	Loss / Demostration / Expired	Ending Balance [1+2-3-4-5]	Col 3 x number of months required	Quantity Required [Col 7 - Col 6]	[Cedis] (if not an MOH agency)	Col 3 x Col 9	SDHS 50% x Col 10	DHMT 10 % x Col 10	RHMT 10% x Col 10	SDHS - DHMT 50% x Col 10	DHMT - REG. 40% x Col 10	RHMT - CENT. ACC. 30% x Col 10	NEW ACCEPTORS (1st Ever Users)	Continuing	TOTAL	TOTAL VISITS (from tally sheet)	Couple Years Protection
										TOTAL												
LO - FEM										**0.20/cycle**												
OVRETTE										**0.20/cycle**												
MALE CONDOM										**0.1/3pieces**												
FEMALE CONDOM										**0.03/piece**												
IMPLANTS (JADELLE)										**2.0/piece**												
INPLANON										**2.0/piece**												
SINO-INPLANT																						
CYCLE BEADS										**1.0/piece**												
NATURAL																						
SAMPOO (VFT)																						
DEPO PROVERA										**0.5/dose**												
MICRO - G										**0.20/cycle**												
COPPER 'T (IUD)										**2.0/unit**												
LNG/LUS																						
F/STERILIZ										**10**												
VASECTOMY										**10**												
LAM																						
NORIGYNON										**0.5/dose**												
POSTINOR 2										**2.0/pack**												
MICR - N										**0.2/cycle**												
MICROLUT										**0.2/cycle**												
EMERGENCY CONTRACEPTION										**2.0/cycle**												

CYP Factors

Pills = 13 cycles/CYP Condoms = 120 pieces/CYP VFTs = 120 cycles/CYP LAM = Depo Provera = 4 doses/CYP Norigynon = 12 doses per CYP

IUD = 3.5 CYP/insertion Norplant = 3.5 CYP/insertion Sterilisation = 11 CYP/procedure Vasectomy = 10 CYP/procedure Natural = 2 CYP/user

.....

NAME & SIGNATURE OF OFFICER IN- CHARGE

To be submitted not later than 5th day of the following month to the District Director of Health Services

MONTHLY OUTPATIENTS MORBIDITY RETURNS

NAME OF FACILITY:..... **LOCATION:**.....
REGION..... **DISTRICT**..... **MONTH**..... **YEAR**.....

	DISEASE {NEW CASES ONLY}	MALE												TOTAL MALE	FEMALE												TOTAL FEMALE	GRAND TOTAL
		0-28 Days (Neonatal)	1 - 11 mths (Post) (Neonatal)	1-4	5-9	10-14	15-17	18-19	20-34	35-49	50-59	60-69	70+		0-28 Days (Neonatal)	1 - 11 M (Post) (Neonatal)	1-4	5-9	10-14	15-17	18-19	20-34	35-49	50-59	60-69	70+		
	COMMUNICABLE IMMUNIZABLE																											
1	AFP (Polio)																											
2	Meningitis																											
3	Neo-natal Tetanus																											
4	Pertussis (Whooping Cough)																											
5	Diphtheria																											
6	Measles																											
7	Yellow Fever (YF)																											
8	Tetanus																											
	COMMUNICABLE NON-IMMUNIZABLE																											
9	Uncomplecated Malaria suspected																											
10	Uncomplicated Malaria Suspected Tested																											
11	Uncomplicated Malaria Tested Positive																											
12	Ucomplicated Malaria not tested but treated as malaria																											
13	Uncomplicated Malaria in Pregnancy suspected																											
14	Uncomplicated Malaria in Pregnancy Suspected Tested																											
15	Uncomplicated Malaria in Pregnancy tested positive (Malaria PLC)																											
16	Uncomplicated Malaria in Pregnacy not tested but treated as malaria																											
17	Typhoid Fever																											
18	Diarrhoea Diseases																											
19	Viral Hepatitis																											
20	Schistosomiasis (Bilharzia)																											
21	Onchocerciasis																											
22	HIV/AIDS related conditions																											
23	Mumps																											
24	Intestinal Worms																											
25	Chicken Pox																											
26	Upper Respiratory tract infection																											
27	Pneumonia																											
28	Septicaemia																											
	NON-COMMUNICABLE DISEASES																											
29	Malnutrition																											
30	Obesity																											
31	Anaemia																											
32	Other Nutritional Diseases																											
33	Hypertension																											
34	Cardiac Diseases																											
35	Stroke																											
36	Diabetes Mellitus																											
37	Rheumatism & Other Joint Pains																											
38	Sickel Cell Disease																											
39	Asthma																											
40	Chronic Obstructed Pulmonary Disease(COPD)																											
41	Breast Cancer																											
42	Cervical Cancer																											
43	Lymphoma																											
44	Prostate cancer																											
45	Hepatocellular Carcinoma																											
46	All other cancers																											
	MENTAL HEALTH CONDITIONS																											
47	Schizophrenia																											
48	Acute Psychotic Disorder																											
49	Mono symptoms Delusion																											
50	Depression																											
51	Substance Abuse																											
52	Epilepsy																											
53	Autism																											
54	Mental Retardation																											
55	Attention Deficit Hyperactivity Disorder																											
56	Conversion Disorders																											
57	Post Traumatic Stress Syndrome																											
58	Generalized Anxiety																											
59	Other Anxiety Disorders																											

DISEASE {NEW CASES ONLY}	MALE													FEMALE														
	0-28 Days (Neonatal)	1 - 11 mths (Post) (Neonatal)	1-4	5-9	10-14	15-17	18-19	20-34	35-49	50-59	60-69	70+	TOTAL MALE	0-28 Days (Neonatal)	1 - 11 M (Post) (Neonatal)	1-4	5-9	10-14	15-17	18-19	20-34	35-49	50-59	60-69	70+	TOTAL FEMALE	GRAND TOTAL
SPECIALIZED CONDITIONS																												
60 Acute Eye Infection																												
61 Cataract																												
62 Trachoma																												
63 Otitis Media																												
64 Other Acute Ear Infection																												
65 Dental Caries																												
66 Dental Swellings																												
67 Tramatic Conditions (Oral and Maxillofacilal region)																												
68 Peridontal diseases																												
69 Cerebral palsy																												
70 Liver diseases																												
71 Acute Urinary Tract Infection																												
72 Skin Diseases																												
73 Ulcers																												
74 Kidney Related Diseases																												
OBSTETRIC & GYNAECOLOGICAL CONDITIONS																												
75 Gynaecological conditions																												
76 Pregnancy Related Complications																												
77 Anaemia in Pregnancy																												
REPRODUCTIVE TRACT DISEASES																												
78 Genital Ulcer																												
79 Vaginal Discharge																												
80 Urethral Discharge																												
81 Other Disease of the Male Reproductive System																												
82 Other Disease of the Female Reproductive System																												
INJURIES AND OTHERS																												
83 Transport injuries																												
84 Home injuries																												
85 Occupational Injuries																												
86 Burns																												
87 Poisoning																												
88 Dog bite																												
89 Human bite																												
90 Snake bite																												
91 Sexual Abuse																												
92 Domestic Violence																												
93 Pyrexia of unknown origin (PUO)(not Malaria)																												
94 Brought in Dead																												
95 All other cases																												
TOTALS																												
RE-ATTENDANCE AND REFERRALS																												
96 Re-Attendances																												
97 Referrals																												

To be submitted by the 5th of the following month to the District Director of Health Services.

Signature of Compiler:……**Rank:**…… Authorized by Facility Head- Signature ……

STATEMENT OF OUTPATIENTS
GHANA HEALTH SERVICE

Institution: ..……..…… District: …….. Region: ……..…. ……..…20..….

AGE GROUPS	INSURED PATIENTS				NON-INSURED PATIENTS				TOTAL	
	NEW		OLD		NEW		OLD			
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0 - 28days										
1 - 11 months										
1 – 4 Years										
5 – 9 Years										
10 – 14 Years										
15 – 17 Years										
18 – 19 Years										
20 – 34 Years										
35 – 49 Years										
50 – 59 Years										
60 – 69 Years										
70 Yrs & Above										
Total All Ages										

……..……..

Medical Officer In-Charge

- *To be submitted not later than the 5th day of the following month to the District Director of Health Services.*

6. Evaluation Forms

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: FSV1
Module title: FSV system in UWR

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: FSV2
Module title: PS: Schedule Management

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: FSV3
Module title: PS: Logistic Management

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: FSV4
Module title: PS: Preventive Management

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: FSV5
Module title: PS: Reporting

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: CM1
Module title: Community Mobilization

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: CM2
Module title: Community Entry Skills

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: CM3
Module title: PLA tools

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: CM4
Module title: CHMC/CHVs

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: CM5
Module title: CHAP

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: CM6
Module title: CETS

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: CM7
Module title: MAPs

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: CM8
Module title: Field work (Orientation)

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: CM8
Module title: Field work (Practice at field)

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

Daily Evaluation Form

1. Course Title: The CHO refresher training (3): Community Mobilization and FSV
2. What is your assessment of the topic(s) treated? Evaluate each module of the day as 1) Poor, 2) Fair or 3) Good, and describe reasons of your evaluation or any general comments (Good points, difficult points to understand, questions for trainers etc).

Module #: CM9
Module title: Action Planning of CHOs

#		Poor	Fair	Good
1	Clarity of the objectives			
2	Content of the module			
3	Method of presentation			
4	Mastery of the subject			
5	Appropriate interaction with participants			
6	Time allotted for presentation			

Reasons/ Comments

GHANA HEALTH SERVICE
HUMAN RESOURCES DIRECTORATE

PARTICIPANT'S IN-SERVICE TRAINING EVALUATION FORM

1. **Course Title:** The SDHT Staff Training: Community Mobilization

2. **Educational Aspects**
   (**NB**: *Please, evaluate each of the following aspects of the training by ticking the one that best describes your assessment of programme.*)

No	Item	Good	Fair	Poor
A	**The programme objectives were met**			
B	**The Programme met my personal objectives**			
C	**Content of the training was relevant to my present job**			
D	**The training method(s) used were**			
E	**The Pre-training Information were**			
F	**Organization of the programme**			
G	**Content of the learning materials were**			

3. **What is your perception about the duration of the programme?** It is…
   A. Too long☐ B. Too short☐ C. Just right☐ (*Please tick the appropriate box*)

4. **If the answer in (3) above is either (A) or (B), what should be the optimum duration?**
   ……

5. **Relevance of Work**

a. Please list modules treated that will be **most relevant** to your work (List the first three)

   i.……

   ii. ……

   iii. ……

b. Please list modules treated that will be **least relevant** to your work (State the least relevant first)

   i.……

   ii. ……

   iii. ……

c. On which modules would you like to have spent more time? Please give reasons.

No	Module name	Reasons
i		
ii		
iii		

d. Which additional topics would you like to be included in the programme? Please give reasons.

No	topics	Reasons
i		
ii		
iii		

6. Social Aspect/Administration

(*Please tick the one that best describes your impression about the training*)

No	Item	Good	Fair	Poor
A	Reception on arrival			
B	Accommodation			
C	Training/Conference Room			
D	Meals			
E	Administrative Support			

7. Any other relevant comment:

……

……

……

……

……

……

……

……

……