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**OUR WORK**

We work to improve Universal Health Coverage (UHC) through CHPS

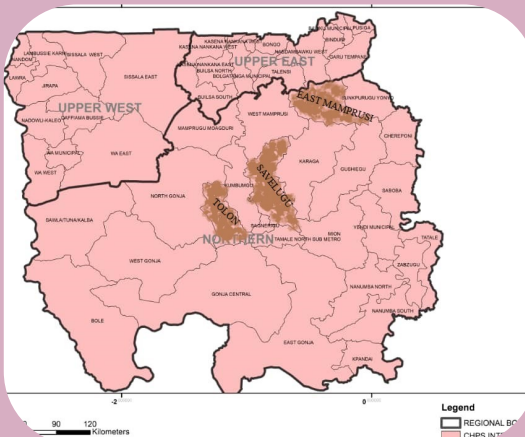
- ⇒ Capacity building
- ⇒ Health System Strengthening : Referral , CHPS Database, Supervision etc.
- ⇒ Piloting of LCA in UWR
- ⇒ Promoting District Assembly participation in CHPS implementation.

**WHERE WE WORK**

The project presently works in the 3 regions in the North

- All 11 districts in Upper West Region.
- All 13 districts in Upper East Region.
- All 26 districts in Northern Region with focus on 3 districts.

**Map Showing CHPS for Life Intervention Regions**



**2ND JOINT COORDINATION COMMITTEE MEETING HELD**

The Joint Coordination Committee (JCC) meeting, the highest decision-making platform of the CHPS for Life project, was held at Upland Hotel in Wa, Ghana on June 28, 2018. The event was chaired by Dr. Patrick Kuma-Aboagye, Director, Family Health Division, on behalf of Dr. Anthony Nsiah-Asare, Director General (DG) of the Ghana Health Service. At least 65 key stakeholders including representatives of the Ministry of Health, Embassy of Japan, JICA Ghana office, GHS Head Quarters (HQ), Regional Health Management Teams, District Directors of Health Services, Heads of Hospitals, Regional Coordinating Councils and Heads of Training Schools in the Upper West, Upper East and Northern Regions as well as Project Staff were in attendance. Among other things, the meeting achieved the following key milestones:

(1) The JCC meeting itself was preceded by a study tour in UWR by participants on June 27, 2018. Participants from regions other than the UWR picked up useful lessons relevant for strengthening CHPS implementation in their regions especially the Upper East and Northern regions which are the other two project regions. Participants shared observations made during the tour and offered constructive feedback for enhancing the quality of CHPS services in the Upper West region.

(2) The meeting also discussed and approved the progress of project activities, results of CHPS database, findings of baseline study, Life-course approach (LCA) concept in the project as well as the strategies and plan for the rest of term 1 of the project. The knowledge gains, and lessons learnt by participants of study tour in Japan were also shared and discussed by the house.



**A snapshot from the study tour in the Upper West Region.**



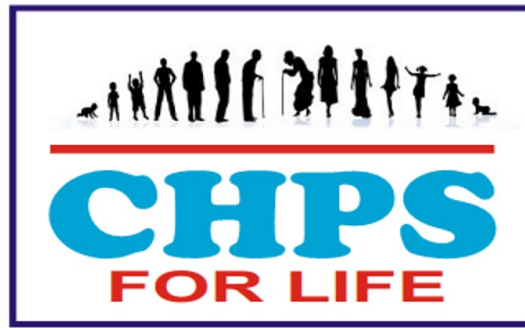
**A group photograph from the JCC at Upland Hotel in Upper West Region.**

**NR PROJECT OFFICE OPENED**

The Northern Region (NR) Office opened and became operational on August 3<sup>rd</sup> 2018. It is Located within the in-service training unit of the RHA with a project staff strength of three including a Senior Program Manager,

an Administrative Officer and a Driver/logistics Officer .The office is tasked to coordinate the project’s activities in the Northern region in collaboration with the Regional Health Administration .





## LIFE-COURSE APPROACH CONCEPT (LCA) DEVELOPED



A Ghanaian team in a photograph with Japanese counterparts during an LCA study tour in Japan



A Ghanaian delegation being practically exposed to the health system in Japan



A snapshot from an LCA meeting to deepen the understanding of the concept

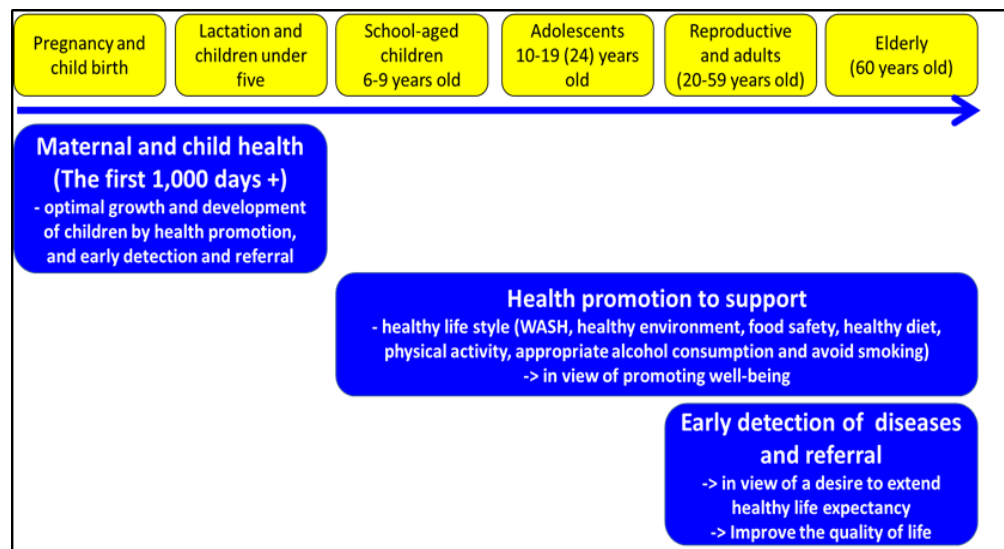
The LCA interventions are targeted at all categories of age groups and aimed at addressing the increasing trend of morbidity and mortality associated with both communicable and non-communicable diseases etc. A series of meetings at the national level to clearly define the concept, strategies, approaches in the Project and to prioritise key activities based on the available resources were held.

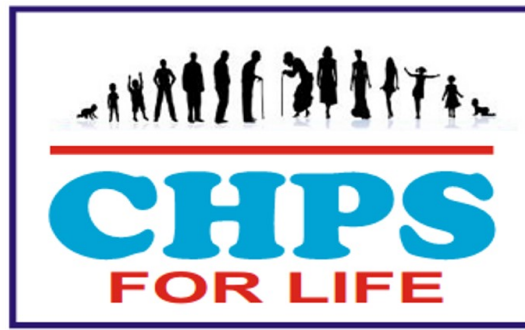
The operational definition of LCA at CHPS level in Ghana was defined as follows: *“To ensure healthy lives and promote well-being for all ages. This would be done through promoting quality primary health care services and community participation with accessible resources. Studies show that early interventions within the first 1000 days (from conception to 2 years) of life lead to optimal growth and development, low health risks across all ages, high life expectancy and economic benefits. A special focus would therefore be placed on the first 1000 days of life.”*

The scope of LCA as envisaged under the CHPS for Life Project was shared and agreed among participants as follows:

- ⇒ Emphasize CHPS services during **the first 1,000 days of life and interventions for newborns and infants**
- ⇒ Extend CHPS services to children, adolescents, adults and elderly to **meet the health needs of all age cohorts.**
- ⇒ Strengthen **health promotion** activities to support **optimal growth and development** of children and **establish healthy life style** for all community members, with the view to **preventing diseases** and **promoting well-being.**
- ⇒ Strengthen **early detection of diseases and referral**

The concept of LCA within the CHPS for Life Project was illustrated and agreed among participants as follows:





### TRAINING OF FACILITATORS AND CHOs CONDUCTED

A Community Health Officer (CHO) with the right skills is key to ensuring quality CHPS services are available at the doorstep of community members thereby making the attainment of Universal Health Coverage (UHC) possible.

Giving CHOs the technical skills required for quality CHPS services is largely dependent on the availability of trained facilitators who have the right skills and experience to build capacity of CHOs. Recognizing the existing gaps both in the numbers of trained facilitators and CHOs in the Upper West, Upper East and Northern regions of Ghana, the CHPS for Life project organized a joint facilitators/CHO training in the Upper West Region from July 23<sup>rd</sup> to August 3<sup>rd</sup>, 2018.

The training was handled by well experienced CHO technical skills training facilitators who through mentoring and coaching, built the capacities of both facilitators and CHOs. Twenty of the newly trained facilitators were from the Northern Region whilst ten came from the Upper East region. A total of 70 CHOs drawn from all eleven (11) Municipalities/districts in the Upper West region were also trained.

Commenting on the quality of the training and its intended benefits especially to the Northern region, Mr. Mohammed Malle, the DDHS for Tatale District and a newly trained facilitator had this to say:

*“Generally speaking I will say this training is very rich and very comprehensive by all standards.”*

Subsequent to the joint facilitators/CHO training that took place in the Upper West region, the Northern Region with support from the CHPS for Life project, organized its maiden technical skills training for CHOs from 13<sup>th</sup> to 24<sup>th</sup> August 2018 at the M&J hospitality center in Tamale. Forty (40) CHOs drawn from three districts (East Mamprusi 16, Savelugu 15 and Tolon 9) were taken through the harmonized CHO training materials equipping them with the knowledge and skills to provide quality health services in the communities. In addition, thirteen other would-be facilitators were taken through the training to shore up the numbers of facilitators in the NR to ensure the availability of adequate number of facilitators and to put them in a position to organize parallel trainings in the future.

Five experienced facilitators from the Upper West Region were on hand to support the newly trained facilitators in conducting the training.



Snapshots from the CHO training in the Upper West and Northern regions

Generally everything was well done. We must commend the organizers and JICA for the hard work. Planning was well done. The materials superb; all materials used by participants and facilitators were updated and printed for use. For us, it is only JICA who is able to print these materials for facilitators as well as participants to use. In the previous trainings that we conducted, we could not afford to print these materials.

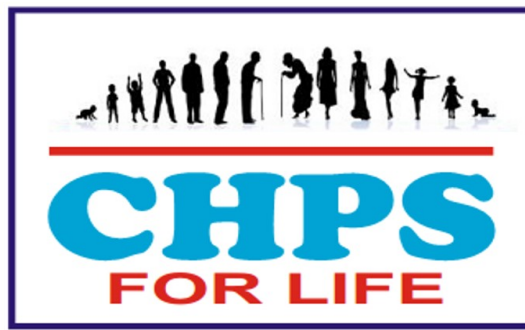


The facilitators were very experienced; so practical issues from the field were discussed and inputs were made.

The feedback sessions were also very good. It gave us an opportunity to discuss and share our experiences from the field, learnt from each other, engaging the community and giving the community feedback towards drawing an action plan.

District Director of Health Services, Nandom, UWR

The field work was well organized, well planned. Health staff and communities were informed. The passion that the community has concerning their health and the way they are so receptive when it comes to health s, it tells us that it will improve participation in their catchment areas and impact their health outcomes.



## REFERRAL TRAINING IN UPPER EAST AND NORTHERN REGIONS ORGANIZED

The referral system is a critical and essential component of the continuum of care of clients from the CHPS zone level at the community to the secondary and tertiary levels of care. A well-functioning referral system is of great importance to the health system and society at large. Essentially, information is readily available for both initiating and receiving facilities in attending to the needs of referred clients. Although, referral systems have several components such as transportation, communication, documentation etc, the project focused on documentation. A good documentation system using a standardized referral register and a written communication system using the referral and feedback forms can enhance optimal care at the appropriate level, save lives and increase the reputation of service providers.

The CHPS for Life Project sought to strengthen the referral system under output one; Capacity of CHOs and health management teams (SDHT, DHMT and RHMT), carried out several activities towards strengthening referral documentation.

The project in partnership with the Institutional Care Division (ICD) of GHS-HQ, deputy Directors of Clinical Care from the three regions and other key members organized strategic meetings and formed a Technical Working Group (TWG) that developed the referral training materials.

The TWG developed five modules; Introduction to referral system and management, Standard referral procedure, Referral documentation, Customer Care and Quality Assurance in management of Referrals and Support Services. Over 600 health workers in both public and private health facilities were trained in the five modules in the Northern and Upper East regions while the training for health staff in the UWR will be carried out in 2019. These health workers were selected from CHPS zones, clinics, maternity homes, health centers, polyclinics and hospitals. Similarly, over 500 health facilities were also provided with the referral registers and referral forms to enhance referral documentation. The project supplied referral forms and registers to all facilities represented in the trainings.

### UPCOMING EVENTS

October 29 to November 9 2018	CHO Fresher Training in NR
November 7 2018	LCA Meeting in UWR
November 16 2018	Referral meeting in UWR
November 28-30 2018	JCC/Study tour in NR

#### Edition

Project for Strengthening Community-Based Health Services Focusing on the Life-course Approach in the Upper West, Upper East and Northern Regions (CHPS for Life)

Ghana Health Service (GHS)  
Japan International Cooperation Agency (JICA)

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Snapshots from the referral trainings