

NEWSLETTER

INTRODUCTION

Ghana Health Service (GHS) in collaboration with Japan International Cooperation Agency (JICA) has rolled out a five-year project in northern Ghana to meet changing demographics and disease patterns in a cost-effective way.

The project, named CHPS for Life, unlike previous projects is a solely technical support project which seeks to accelerate the attainment of Universal Health Coverage (UHC) through implementation of Community-based Health Planning and Services (CHPS) policy to create a resilient health system.

It is a two-term project, the first one commencing in July 2017 and ending in July 2019, while the term two spans from October 2019 through July 2022.

The project is in line with the Sustainable Development Goal 3 (SDG 3), and its successful implementation would strengthen community-based health services as it focuses on life-course approach (LCA) to health service delivery in Northern Ghana.

This edition of the newsletter chronicles some of the events that took place during the period after the 2nd publication in October 2018 including piloting of a cost-effective model of training Community Health Officers (CHOs), capacity building of CHOs to deliver services using the LCA and development of tools for effective joint planning and monitoring to improve health.

It also includes establishment of a revolving fund system to ensure continuous availability of referral tools, and the dissemination of innovations and best practices by the project.

tems through training of frontline health workers and the establishment of a “revolving system” to ensure sustainability in the supply of referral logistics.

Other achievements also covered training of 157 CHOs that greatly increased the number of functional CHPS zones, the development of various tools that have improved community mobilization and District Assembly support for CHPS and the roll-out of LCA in the Upper West Region...(Continued in Page 2)

GHS/JICA CHPS FOR LIFE PROJECT ORGANISES END OF FIRST TERM DISSEMINATION FORUM

The first term of the Project successfully came to a close in April 2019 which was commemorated together with key partners in a day’s dissemination forum in Bolgatanga on 10th May 2019. It created an opportunity to share with the implementing partners and stakeholders, successes of the project, best practices, challenges, and lessons learned in the delivery of its mandate in the first term.



Group Photo after the 1st term dissemination at Bolgatanga, Upper East Region.

The forum, which was chaired by Dr Erasmus Agongo, a Former Director of Policy, Planning Monitoring and Evaluation Department (PPMED) of Ghana Health Service (GHS), had in attendance representatives from the Ministry of Health, GHS, JICA Ghana, other Development Organizations, officers from Regional and District Health Directorates, various Regional Coordination Councils and Assemblies, project staff and the media.

Dr Agongo said the CHPS for Life project and its predecessors had contributed significantly to its successes and called on partners not to relent in their efforts at ensuring Universal Health Coverage for Ghanaians.

The outgoing Director-General of GHS, Dr. Anthony Nsiah Asare, who doubled as the Project Director, was thankful for JICA support and also urged greater collaboration from development partners, particularly in CHPS, saying: “It is the surest for the country to attain Universal Health Coverage”.

Implementing partners made presentations on project outputs and activities, their successes, challenges, and lessons learned.

Some key successes were highlighted and included, establishment of a CHPS database system that has greatly improved the availability of accurate and reliable CHPS data, strengthening of referral sys-

... (From Page 1) **GHS/JICA CHPS FOR LIFE PROJECT ORGANISES END OF FIRST TERM DISSEMINATION FORUM**

But there were some challenges that the project implementers had to grapple with such as high staff attrition and inadequate equipment. It was observed that communities were willing to take charge of their health while cross-sector engagements, particularly between district Assemblies and District Health Directorates, were found to yield greater success in health delivery.

Dr. Asare expressed satisfaction about the successes of the project within its first term and assured partners and stakeholders that the GHS would do its best to address the challenges.

He also expressed gratitude to JICA and other development partners for their efforts at improving UHC in Ghana.

UPPER WEST CHO'S TRAINED ON LIFE-COURSE APPROACH

Building the capacity of Community Health Officers (CHOs) to use Life-course Approach (LCA) for health service delivery has been adopted and rolled out for implementation in the Upper West Region.

The LCA targets people of all ages and aims at addressing the increasing trend of morbidity and mortality associated with communicable and non-communicable diseases.

Twenty-four CHOs providing service in CHPS zones and 12 Sub-district Health Teams (SDHT) staff who are supervisors of CHOs have already participated in a training programme that successfully defined strategies for LCA implementation in Ghana.

There were observers from all the 11 District Health Directorates (DHDs) of the Upper West Region and others from the Regional Health Administration (RHA) who shall provide continuous support for LCA activities in the CHPS zones.

The training was implemented over a five-day period



Snapshots from the CHO training in Upper West Region

with the objective of strengthening capacity for LCA related services at CHPS and developing a standardized training model and materials for national adoption.

The training topics were organised into nine modules and included introduction to Life-course Approach,

Regenerative Health and Nutrition, Maternal and Child Health as well as Care for School-aged Children. Others were Adolescent Health and Development, Care for Adults and Aged; Channels for providing care for all age cohorts, Mobilizing Communities for LCA, Facilitative Supervision for CHPS and SDHT.

Similar trainings would be conducted in the course of time and a standardized model developed for strengthening LCA related services at CHPS level for national scale up.

TOOLS FOR EFFECTIVE JOINT PLANNING AND MONITORING TO IMPROVE HEALTH INTRODUCED BY CHPS FOR LIFE PROJECT IN UWR

Ghana aims to achieve Universal Health Coverage (UHC) by 2030 and in line with this aim, the Government and development partners have rolled out numerous interventions to make it a reality.

One of such is the JICA funded CHPS for Life Project which uses a systems approach to strengthen community-based health services and as such, interventions are anchored on the belief that a strong collaboration between key actors in health service delivery is needed for quality and sustainable health services.

It considers joint planning and monitoring for health at the District and Regional levels as not only relevant for providing an impetus for increased resource allocation to health but also ensures the sustainability of interventions.

It is against this backdrop that the project facilitated the formulation of Health-integrated Annual Action Plans (HIAPs) in the districts of UWR.

Cognizant of the fact that these plans may not be implemented if no monitoring framework is available, the project put in place



Snapshot from a stakeholder's engagement on HIAP implementation in Upper West Region.

a HIAP monitoring system as part of routine District Planning Coordinating Unit (DPCU) and Regional Planning Coordinating Unit (RPCU) monitoring frameworks to track the implementation of the HIAPs. In the remaining term, the Project is expected to see a dissemination of HIAPs to cover Upper East, and selected districts in Northern and North East regions.

GHS/JICA SUPPORTS ESTABLISHMENT OF A REVOLVING FUND SYSTEM FOR REFERRAL MATERIALS IN NORTHERN GHANA

According to health officials, inadequate tools for referral documentation are one of the challenges facing the referral system in most facilities in northern Ghana and as a consequence, facilities have been conducting referrals without any documentation or have had to use unapproved tools that do not capture all the information necessary for improving care of patients.

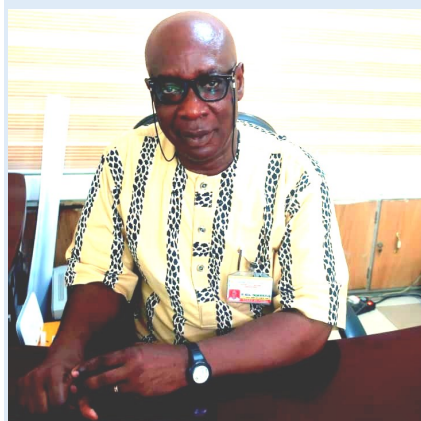
To address the concern, the Project provided referral tools to various health facilities in Northern, Upper East and Upper West regions. The requisite referral materials included referral registers, referral forms, and feedback forms to all facilities within the project intervention districts in the regions, following a training programme rolled out for health workers at both public and private facilities on national referral guidelines and how to utilize these tools to improve their referral systems.

Provision of the tools to three Regional Health Directorates further facilitated establishment of revolving systems in the region. The system ensures the continuous availability of the tools at health facilities for referral documentation. Referrals play a significant role in healthcare delivery, according to health experts, and when done correctly, ensure a continuum of care for patients. Documentation of referral processes and procedures is a bedrock of the referral system as it improves communication between the referring and receiving facility as well as ensures traceability.

These views were supported by Dr Abdul-Razak Dokurugu, Deputy Director Clinical Care for the Upper East Region in his comment;



Referral materials being presented to the Upper East RHMT



“First of all, referral is a major component of quality of care and an integral part of client management, am therefore very grateful to JICA for supporting to improve the referral system in the region”.

“The tools provided by the project have not only tremendously improved documentation but generate data for analysis, reduced time of care at a receiving facility, serves as evidence on medico-legal issues, provide evidence-based care and an opportunity for learning”.

He added that plans in the region were far advanced in making sure the revolving system worked, saying: *“Series of meetings and proposals have been discussed and sanctioned by RDHS who has authorized that all, money from referral materials to be re-fenced unless authorized by him”.*

“The necessary procurement processes are underway to replenish the existing stock. With the current commitment from all stakeholders in the region am sure our

referral system will continue to improve. it is clear that bright changes in referral are on the way to Northern Ghana..”

How does “Revolving System” work?

The "revolving system" is a self-sustaining system in which an initial stock of six months' supply of the referral materials have been made available through the three regional medical stores.

Health facilities would then purchase them at a fee lower than if they had to procure the tools on their own in the open market.

The amount realized from the sale is then used to produce more of the materials and in this way, the materials will always be available for the facilities for use.

UPPER WEST REGION PILOTS A COST EFFECTIVE APPROACH TO TECHNICAL SKILLS TRAINING OF COMMUNITY HEALTH OFFICERS

CHO Fresher Training has over the years served as the main approach to churning out CHOs to man CHPS Zones in Ghana.

However, the approach is beset with constraints that had impeded sustainability, especially during periods donors withdraw their support, Therefore, the CHPS for Life project is seen as establishing a more sustainable system for producing quality CHOs at an affordable cost.

Integration of CHO training using the harmonized CHO training modules described as costly into pre-service training within the school curriculum would be the main strategy in this regard.

Also, the District CHO Orientation would serve as a supportive system of CHO training by augmenting it with intensive field practicum

Newly assigned CHOs would go through one-month field practicum at CHPS zones where they get to work under experienced supervising CHOs, who will guide them and ensure the quality of their services.

District and sub-district staff are encouraged as well as experienced CHOs to collaborate effectively with the Project to use the District CHO Orientation approach to produce quality CHOs to render quality services in CHPS zones.

Mrs Florence Angsomwine, DDHS of Jirapa Municipality, said;



“I am very impressed with the District CHO Orientation because it has really come to solve a lot of problems”.

“Some of the successes includes an increase in the number of CHOs we had because we were able to train more. It also increased our home visiting and improved our surveillance because the training has helped reduce the impact of CHO attrition”.

“Also, Functionality has improved since CHO availability is key in the determination. Considering cost, I would say the District CHO Orientation is more cost effective.

“In the first place, the CHN is not taken away from his or her workplace for two weeks.

“The other area is that the Project or GHS or whoever is sponsoring the training would not have to accommodate and feed the nurse for two weeks.

“So, the money or resources spent on the CHN in the District CHO Orientation is twice lesser than bringing them for the conventional training”.

She added that *“considering the challenges, we faced in the pilot process, I would recommend that the Project provides more training manuals for the districts”.*

The District Health Directorates would assume the mandate of organizing and spearheading the orientation.

From March to April 2019, the District CHO Orientation was piloted in six CHPS zones each from Wa and Jirapa municipalities to test the possible gains of the strategy.

The remaining second term of the Project is expected to see orientation in the remaining districts of Upper West and extend to cover Upper East Northern, Savannah and North East regions.

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Edition

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