NEWSLETTER

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Brief

The CHPS for Life Project is the third phase of a technical cooperation project between Ghana Health Service and JICA, leveraging on the over 10 years experience in CHPS implementation in the UWR to strengthen the health system in the (3) three traditional regions in the north. The first and second phases were implemented between 2006 to 2010 and 2011 to 2016 respectively, while the first phase focused on scaling up CHPS implementation, the second phase targeted the improvement of maternal and neonatal health care services in the Upper West Region. The current project is using the life - course approach to community health by building the capacity of health workers

The fifth edition of the CHPS for Life newsletter embodies articles on some of the core activities that took place after the publication of the last edition in December 2020

1,500 Health Staff Trained on COVID-19 Infection Prevention and Management

The Japan International Cooperation Agency (JICA) through the CHPS for Life Project has organized training for over 1500 Community Health Officers (CHO). The training targeted CHO from the various CHPS Zones in all 55 districts of Northern, Upper East, Upper West, Savannah and North East Regions due to the crucial role they play in promoting community health.

Community spread is on the ascendancy. Not only at urban settings but rural areas as well and the CHPS zones are the first point of call when a community member is taken ill. The Community Health Officers live in the communities in which they serve and are expected to relate with the community members which predispose them to possible infection of COVID-19.

The Community Health Officers are responsible for basic services in relation to COVID-19 such as surveillance, immunization and health education. It is therefore important to make sure that they are equipped with the requisite knowledge to work safely, protected and well-prepared; this will also protect the community members they serve from the upsurge of the community spread of COVID-19.

The two-day training took participants through various topics such as risk communication and social support, screening and triaging, IPC and psychosocial support

Participants being taught how to properly wear PPEs

among others in order to reduce the risk of infection and the hazards of COVID19 among others.

Dr. Richard Wudah Sieme, Deputy Director, Public Health for UWR had this to say about the trainings

"*For now, we are beginning to see an increasing trend in infections among health care workers. We may not be able to say for now what is accounting or contributing to those high numbers that we have recorded so far. But we know that training well plays an integral role in infection prevention. it is our considered opinion that the Covid 19 trainings will equip particularly those at the lower level more on infection prevention so that even if we are going to be recording infections among health care workers, the numbers will be coming down.*

The trainings basically are going to be district based. so, we are trying to empower the district to take charge. the training content was designed with inputs from the districts and we are hoping that once that is done, in the event that Jica does not continue to support such trainings, the districts should be able on their own to continue providing fresher and refresher orientations for staff but we are hoping Jica will continue to support us".

Wa MDHS reading a press statement on behalf of the 5 intervention regions

Stakeholder meeting held to discuss the progress of implementation and monitoring of Health-integrated Annual Action Plans (HIAPs) conducted in UWR

The CHPS for life project uses systems strengthening approaches to improve community health service delivery in its target areas. In the light of this, the project considers joint planning, implementation and monitoring of health interventions at the district and regional levels as a necessary imperative for not only increasing resource allocation to health but also ensuring that scarce resources are invested in the most priority areas. It is against this backdrop that the project continues to initiate processes to facilitate the formulation of HIAPs in the target districts. For the year 2020, the project worked to ensure all districts in the UWR formulated HIAP for implementation. In recognition of the importance of reviews as a tool for improving quality, the project saw the need to provoke some conversation about the extent to which Municipal and District Assemblies implemented and monitored the implementation of the plans drawn in 2020.

Consequently, the project convened a meeting of stakeholders including the leadership of the Upper West Regional Coordinating Council, Municipal and District Assemblies in the Upper West Region, the Upper West Regional Health Directorate and District Health Directorates. Participants shared the successes chalked in HIAP implementation. Among other things, it emerged that HIAP has strengthened collaboration between health authorities and the Municipal/District Assemblies thereby ensuring effective planning and implementation of health activities. The challenges that militate against HIAP implementation including irregular funds flow from central government were also discussed and commitments made to improve the situation.

Scaling-up of District CHO Orientation (DCHOO) in Savannah, North East, Northern, Upper East and Upper West regions; A Cost-effective Approach to Producing CHOs

The CHPS for Life Project successfully piloted the District CHO orientation in the Jirapa and Wa Municipalities in 2019 as an alternative to the harmonized CHO training. During the pilot phase, twelve (12) Community Health Nurses (CHN) were attached to (9) model CHPS zones for four weeks prior to a one-day orientation session held at each Municipality.

Historically, CHOs are trained at the regional level using the harmonized CHO training materials for two-weeks. The two weeks training is divided into three session; Six (6) days theory, one day demonstration and three (3) days field practice. The two weeks technical skills training for CHO takes the participants through community diplomacy to understand, recognize, form or strengthen community health structures

A trained CHO taking trainees through PLA tool application

to support CHPS implementation. Beside the community diplomacy, the participants are also taken through various topics in maternal and child health services, disease surveillance, management of minor ailments and resource management. Others include home visits and school health, nutrition and communication. The field practical part consisted of community entry, home visits and school health and the application of PLA tools. The cost of conducting the harmonized CHO training is very high, unsustainable and limiting the number of CHN that could be trained.

In contrast, the DCHOO is organized at the district level in a three-tier activity approach; orientation, field practicals and feedback. The trainees are taken through sixteen practical areas during the four weeks period under the supervision of an experienced CHO, SDHT and DHMT staff. This approach reduces cost, promotes continuity of service delivery. It is organized depending on the resources available and the needs of the district.

Currently, the CHPS for Life Project has scaled up the DCHOO to twenty (20) out of the 55 districts in the five regions of the north. This includes 11 districts in UWR, 5 districts in UER, 2 districts in NR and one district each in SR and NER regions. In all about 200 CHO have been trained under this approach. The project has also organized regional feedback meetings which will be climaxed with a feedback meeting involving the 5 regions and GHS-HQ.

A snapshot from a field practical orientation session

Notwithstanding accommodation and logistical challenges, feedback from the districts indicated a high level of cost effectiveness, acceptability, sustainability and offers on-the-job training for many staff including SDHT staff with limited understanding of CHPS implementation.

This approach also compliments the Pre-service training and address the time lag between training and deployment.

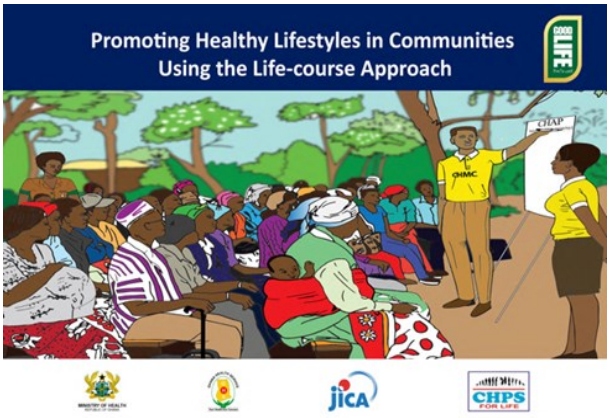
Social and Behavior Change Communication (SBCC) Materials Developed to Disseminate Life-course Approach Concept

The Ghana Health Service (GHS) and Japan International Corporation Agency (JICA) through the CHPS for life project in the bid to ensure healthy lives and promote well-being among all ages has developed a flip-chart to enhance Life-course Approach services and activities among communities.

One of the critical focus areas under the scope of the LCA is to strengthen health promotion activities to support optimal growth and development of children and establish healthy life-styles for all community members, with the view to preventing diseases and promoting wellbeing.

In this light, the material will be used to strengthen the capacity of Community Health Management Committees (CHMCs), Community Health Volunteers (CHVs) and Community Health Workers (CHWs) to recognize their roles and responsibilities to be positioned well enough to promote Life-course Approach activities in their respective communities and CHPS zones.

The flip-chart has been segregated in two parts with the first part focusing on the relationship of the community and CHPS and the second part focusing on the Life-course Approach to health. The flip-chart is a participatory and facilitation tool designed to engage community members to discuss, analyze and determine feasible actions to be implemented to improve the community wide health situation.



Cover page of the flip-chart document

A Step to Strengthen a Two-way Referral System for an Effective Health Care System

An effective referral system is an important part of a well-functioning health system in the country. One may think that health referral is a one-way activity where health facilities transfer patients to other health facility in response to their inability to provide the necessary care. However, health referrals require a two-way relationship between the primary care facilities and referral health facilities to become truly effective. CHOs at CHPS, like any other primary care practitioners, depend on the feedback from the upper health facilities like Health Centers and hospitals in order to care for returning patients effectively. Unfortunately, only few health workers at the CHPS and Health Center levels receive feedbacks on their clients from the upper facilities.

The CHPS for life project in 2019, conducted a referral assessment in selected health facilities of 3 regions namely UWR, UER and NR and found out that only 11% of health centers received referral feedbacks from the hospital. In response to this shocking truth, members of Health System Strengthening (HSS) Technical Working Group and the project came up with the idea of developing a referral monitoring tool (RMT) to be used to monitor the referral status at any given time.

Mr. John Kundiyiri, a CHO from Tibani CHPS zone in Nadowli district in UWR shared his views on the referral feedback he recently received. "*I recently received a client with diarrhea which I treated and discharged but the client was back 2 days after my treatment with the same condition so I referred him to Jang Health Center. The client was subsequently treated and discharged . He was given feedback to be given to my facility which he brought back. I was able to see the course of the condition and the treatment given to him. The feedback received was a learning tool to me* ".

Dr. Abdul-Razak Dokurugu is the Deputy Director, Clinical Care (DDCC) of UER, is one of the pioneers of the tool and this is what he had to say;

"The only source of referral data in the past was in DHIMS2 which captured only total referrals made. This situation made it difficult to tell which facility has referred a case to the other and which was expecting feedback. The only means of monitoring referral activities was to visit all health facilities to count the number of referrals made within a certain period. The referral monitoring tool was therefore developed to capture referrals in and out, and also feedback given and received at all levels of health facilities where applicable

it is sustainable and I would therefore recommend a national scale-up of the referral monitoring tool"

In January 2021, the Project conducted orientation and introduced the referral monitoring tool to the pilot districts of the three regions namely Talensi (UER), Nadowli (UWR) and Savelugu (NR). All health facilities of the district, except some hospitals which are yet to schedule their orientation, began the use of the tool. While conducting technical monitoring of the facilities, the GHS counterparts and the Project are currently waiting to receive the first set of data from the pilot districts.

Mr. Philip Aboagye, the regional referral focal person for UER in sharing his experience in the usage of the tool said "*it helped to detect which facilities were not keeping accurate information in their referral registers as some inconsistencies in data capture was revealed on the tools submitted within specific periods. This has helped managers at all levels within the District and at the Regional level to take action in addressing the issues".*

the Project hopes to expand the use of the tool to all the project intervention areas once the effectiveness of the tool is confirmed after which recommendation will be given to GHS-HQ for possible inclusion into DHIMS.

Snapshots from an orientation session where the referral monitoring tool was introduced

COVID 19 IS REAL! , FOLLOW ALL THE NECESSARY PROTOCOLS TO KEEP YOURSELF AND YOUR FAMILY SAFE.

Follow the Link below or scan the QR code to learn more on Covid 19 (Source; WHO) :

https://www.youtube.com/watch?v=1APwq1df6Mw&feature=emb_title