

Strengthening Community-Based Health Services Focusing on the Life-Course Approach in the Upper West, Upper East and Northern Regions

Brief

The GHS/JICA CHPS for Life Project has made giant strides over the past few years towards the realization of its purpose of strengthening community-based health services focusing on the Life-course approach (LCA) in its implementing regions. This technical cooperation project between the Ghana Health Service (GHS) and JICA also aims at implementing cost-effective strategies to create

robust health systems that meet the health needs of people of all age cohorts while enhancing the attainment of UHC. The project term, originally scheduled to end in July 2022 has been extended by a year to July 2023 due to implementation delays caused by the COVID-19 pandemic. In this 6th edition of the Newsletter, excerpts of some of the major project events and interventions that took place after

the 5th publication in December 2020 are recounted. Key amongst the articles presented in this edition are; CHPS database national dissemination, Savannah Region's study tour to the UWR, 6th Joint Coordination meeting held in Accra, donation of basic equipment to MOH/GHS, production of a Physical Exercise Video and LCA SDHT/CHO Refresher Training in UWR.

CHPS Database System disseminated nationally

The Ghana Health Service, in collaboration with the Project for Strengthening community-based health services focusing on the life-course approach in the Upper West, Upper East, and Northern Regions dubbed "CHPS for Life" held a National CHPS database dissemination workshop from 16th to 18th Nov. 2021 at Tang Palace Hotel in Accra. The event was chaired by Dr. Patrick Kuma-Aboagye, Director-General of GHS, and in attendance was the Director of Policy Planning Monitoring and Evaluation Division (PPMED) and her team, the ten (10) Regional Directors of Health Services (RDHSs) and their deputies, regional CHPS coordinators, Regional Health Information Officers (RHIOs) of all regions, and key staff from selected districts across the nation.

The CHPS database system was developed jointly by GHS and JICA to collect reliable, concise, and consistent CHPS data. The system has since helped to generate information that could be used in monitoring the overall CHPS

implementation, planning training, mobilizing resources, and improving the quality of CHPS related services. Subsequently, the system has proven to be cost-effective since it does not require lots of resources to implement and it is flexible, reliable, and easy to process for interpretation among others. The system was first introduced to six (6) regions, i.e. the five (5) northern regions, and the Eastern region. In 2022, the Project will technically support the remaining Regional Health Management Teams (RHMTs) to introduce the CHPS database system in their respective regions.

The technical session of the dissemination forum, among other things, created a platform for technical officers from the various regions to network among themselves and also foster peer learning for capacity building. It was agreed that the five (5) regions of the North will provide continuous mentorship and support to the other regions till they gain a full grasp of the CHPS database system. It is hoped that by the end of 2022, the CHPS database will be used to churn out quality CHPS data in all regions of the nation.

Savannah region undertakes a learning visit to the UWR as a model of CHPS

The Savannah Region like its colleague newly created regions in the country has numerous challenges in terms of healthcare delivery. Some of these include poor access to quality healthcare services, inadequate staff, and low staff capacity in terms of CHPS implementation.

As a national strategy, the Community-based Health Planning and Services (CHPS) approach has been adopted to bridge the access gap by sending high-quality health services "to the doorstep of the people". This low-cost approach when implemented well, offers an opportunity to introduce a wide array of services to communities.

Nationally, the Upper West Region has been identified as one of the

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best, if not the best region in terms of CHPS implementation. As a result of the strengthened CHPS systems in the Region, a wide range of community-based activities including the Life-course Approach (LCA) are being implemented in the Upper West Region. This feat was attained through the support of JICA, which has rolled out three (3) phases of projects towards CHPS system strengthening.

The GHS/JICA CHPS for Life Project acting on a request from the Savannah Regional Health Directorate supported thirty-four (34) officers of the region to embark on a four (4) day Study Tour to the Upper West Region from 1st to 4th June 2021. The officers were drawn from hospitals, polyclinics, CHPS, Sub-districts, DHMTs, and the RHD and comprised different cadre of staff.

As the main purpose of the study tour was to understudy CHPS systems and the LCA activities piloted in the Upper West Region, the Savannah Regional team was divided into two (2) groups thus the CHPS group and the LCA group.

Day one (1) of the study tour was used for an inception meeting, where the Savannah Regional team met interacted with members of the Upper West Regional Health Directorate and project staff. Officers of the Upper West RHD and the project took turns to orient the SR team on key issues

including the status of CHPS implementation in the Region, the CHPS database system, the rationale and strategy of the Life Course approach among others.

Day two (2) and three (3) of the tour were dedicated to field visits, whilst the 4th was used for a closeout meeting where the Savannah team made presentations on their key learning points and also drafted action plans to guide their implementation of the things they learned.

For the field visits, the CHPS teams visited the Wa West District where they were taken through an orientation on CHPS strategy development, compiling the CHPS database and monitoring of CHPS activities, SDHTs role in CHPS implementation, community engagement activities just to mention a few.

The LCA team on the other hand were taken through the steps involved in rolling out the Life-course including community engagement activities. The team saw first-hand a demonstration of some services including the use of the Healthy Lifestyle Assessment Questionnaire (HLAQ), screening of clients, and support to the aged.

At the end of the study tour, the RDHS of Savannah Region had this to say *“the tour was revealing and the experiences gathered would greatly influence the quality of CHPS services including wellness clinics in my Region”*.

6th Joint Coordination Committee (JCC) meeting held

The highest decision-making forum of the CHPS for Life Project is the Joint Coordination Committee (JCC) meeting. On July 9, 2021, the 6th in the series of JCC meetings of the Project came off at the Accra City Hotel and was attended by fifty-eight (58) participants drawn from the Ministry of Health, Ghana Health Service headquarters, JICA/project, Regional Coordinating Councils, Regional Health Directorates, District Health Directorates, and training schools. Dr. Addo Offosu, Deputy Director, GHS chaired the meeting on behalf of the Director-General. Key among the issues discussed included the following;

Progress of project activities:

- Contributory factors such as COVID-19, delay in the return of Japanese Experts, delay in the release of the revised curriculum for training nurses, and security threats from neighboring Burkina-Faso had a significant effect on project activities. These factors did not only cause the delay in the implementation of key activities but also the need to re-strategize the organization of some activities. Members, therefore, agreed that the one (1) year extension proposed by the project was needful and appropriate.
- Despite these challenges, implementation of some project activities continued except for activities that required the presence of Experts. The ingenuity of the



A group photograph after the opening session of the 6th JCC at Accra City hotel.

project to use the Regional Management Meetings for decision-making to support these activities was commendable.

Current Situation of the regions:

- Even though the project has rolled out innovative activities such as the District CHO Orientation (DCHOO), Supportive Supervision (SS), Health Integrated Annual Action Plan (HIAP) amongst others, inadequate funding to supervise these activities and to fully support pilot activities were of major concern to the regions and the pilot districts. It was therefore discussed that Members of Parliament (MPs) need to be brought on board to

explore other funding mechanisms.

- Inadequate registers to capture data during service delivery was another concern for the regions and it was agreed that the project should engage PPMED to standardize and integrate the LCA register into a national NCD register and to explore opportunities of making the existing registers into electronic registers. In addition, it was agreed that the project should work with PPMED and the SS Coordinator to adopt the revised Community Health Action Plan (CHAP) format and to adapt the SS checklists customized by the Project for supervising lower facilities and to ensure that they are uploaded onto the appropriate online platforms.

Modification of PDM:

- The modified PDM which was presented to members was approved by popular acclamation on the basis that all the assumptions considered in developing the PDM will not change significantly within the project period.

In her submission, the Chief Advisor of the Project, Ms. Satoko Ishiga, announced that the National dissemination of the CHPS database is tentatively planned for November 2021. The dissemination forum has since been held under the leadership of the PPMED and facilitated by experienced officers from the five (5) Regions of the North. The 7th JCC is scheduled for January 2022.

JICA donates medical equipment worth GH¢ 6.5 million to over 1500 CHPS zones based on gaps identified through the CHPS database

The Japan International Cooperation Agency (JICA), donated assorted medical equipment at an estimated cost of GH¢ 6.5 million to the Ghana Health Service (GHS) and the Ministry of Health (MOH) to support health service delivery in over one thousand five hundred (1500) CHPS zones in the five (5) intervention regions in Northern Ghana.

This became necessary after the country's fragile health system experienced service delivery disruptions amid the COVID-19 pandemic where Ghana recorded its first two (2) cases in March 2020 and the surge in cases over time. To mitigate the worrying situation and ensure continuity of essential health services, the MOH and GHS requested medical equipment support through the GHS/JICA CHPS for Life project. The equipment gaps were identified based on evidence from the CHPS database that was introduced by the CHPS for Life project.

The support is intended to complement the country's effort towards the attainment of Universal Health Coverage (UHC) by improving access to quality healthcare services and strengthening the network of care within the Primary Healthcare System in the five (5) regions in the North namely, Upper West, Upper East, Northern, North-East, and Savannah regions.

Different types of medical equipment, numbering eighteen (18), were prioritized by the five regions using



Chief Representative of JICA Ghana presenting the medical equipment to the Director-General of GHS in Accra.

the CHPS Database system developed by the CHPS for Life project. The equipment will enhance the provision of essential health services for people of all ages through the Life Course Approach. Some of the equipment provided includes pulse oximeters, glucometers, hemoglobin meters, and their respective strips, BP apparatus, stethoscopes, weighing and height scales, dressing instrument set, sterilizing drums, veronica buckets, vaccine carriers among others.

Mr. ARAKI Yasumichi, the Chief Representative of JICA Ghana Office in presenting the items to a team from GHS lead by the Director-General, Dr. Patrick Kuma Aboagye acknowledged the strong collaboration between the

MOH, GHS, and JICA that has led to many impactful interventions such as improving geographical access to health through the CHPS strategy and addressing maternal and newborn care issues. He stressed that in line with JICA's initiative for Global Health and Medicine, the medical equipment support will help strengthen the Primary Health Care system, ensuring continuity in the provision of essential health services and strengthening the preparedness for pandemics including the COVID-19 pandemic. He expressed excitement that fifty-two (52) districts in the North and over one thousand, five hundred (1500) functioning CHPS zones will benefit from this intervention.

Using physical exercise as an essential conduit to promoting healthy living

The CHPS for life project together with GHS in line with the Social and Behavior Change Communication (SBCC) approach to health has developed a physical exercise video to be used as one of the essential conduits in mitigating the increasing Non-communicable Diseases (NCDs) prevalence among the Ghanaian population.

This became necessary as Ghana like many other modern societies is beginning to see a significant shift in disease patterns where studies have shown an increasing emergence of NCDs. The six (6) minute video consists of fourteen (14) simple movements designed to be practiced easily by people of all ages. The movements can also be practiced at all locations irrespective of the space available. The main aim of the video is simply to create awareness within the Ghanaian population on the need to exercise regularly as one of the key activities among others to reduce NCDs

The physical exercise video is the latest addition to the pool of SBCC videos developed to promote LCA namely. Before this, five (5) videos had already been developed to address issues of antenatal care and male support, breastfeeding, complementary feeding, growth monitoring, regular health screening, referral, healthy dieting, personal and menstrual hygiene, and safe sex.

Overall, the intent is to attempt to replicate the level of popularity of the Japanese radio exercise in Ghana. The physical exercise video just like the other LCA videos would be disseminated by health care workers utilizing opportunities such as meetings, trainings, Durbars, etc.

All the LCA videos can also be downloaded directly from the GHS/HPD repository platform (<https://sbcc.ghs.gov.gh/xmlui/>). They can also be viewed on the project's Facebook and Instagram handles @ CHPS for Life.



A snapshot from the material development session using trainees of the 3rd LCA training in Techiman, Bono East Region.



A snapshot from the 4th LCA training in Wa, Upper West Region.

A fourth and final training on life-course approach in the Upper West Region

The CHPS for Life Project and GHS conducted the 4th and final Life-course Approach (LCA) training in the Upper West Region. The four (4) day training from 1st to 4th November 2021 mainly targeted forty-eight (48) Community Health Officers (CHOs) and fifteen (15) Sub District Health Team (SDHT) leaders from the Upper West Region. However, taking full advantage of this invaluable opportunity, two (2) officers from the Family Health Division (FHD) of GHS, CHPS coordinators, and nutrition officers from the other four (4) northern regions were invited as observers.

The participation from GHS headquarters in particular was an important opportunity to have each training material reviewed based on the national guidelines and approved as a national standard. Once the materials have been accepted from GHS headquarters, it is expected that they will be used in other regions other than the five (5) northern regions.

Indeed, during the training and facilitators' feedback meetings, both officers from the FHD actively added their voices to offer the right knowledge and skills for the participants, stimulate the discussions, and improved the training materials. The Project is now ready to integrate the materials into the national education curriculum.

The trainees were taken through seven (7) modules, which include the effective use of the MCH handbook, LCA concept and tools, age-cohort health strategy, response to COVID-19, and community mobilization with flipchart, and accompanying practical sessions. After the series of training courses, observers from FHD and other northern regions visited the Loho CHPS zone in Nadowli-Kaleo district which is located within a 20 minutes driving distance from Wa municipal. The visit provided a good opportunity for them to know how services are been provided on the ground. Though this was the last LCA training, monitoring of CHPS where the trainees' work is scheduled to be conducted after a three (3) month and six (6) month period to ascertain the effectiveness of the training as well as to understand challenges they face. These processes are critical in raising awareness and improving the capacity building of CHOs to ultimately improve the health of the population.