

## 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 funded by Japan International Corporation Agency (JICA) continues to make great strides in CHPS implementation with a focus on Life-course Approach (LCA)

in the Upper West, Upper East, Northern, Savannah, and North East Regions of Ghana.

The project is committed to supporting Ghana to accelerate the attainment of Universal Health

Coverage (UHC) by introducing a range of innovative and cost-effective interventions. This issue highlights some of the notable interventions since the last issue in January 2022

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## CHPS Database Disseminated to All Regions in Ghana

The Community Health and Planning Services (CHPS) Database is an essential tool for assessing the status of CHPS implementation, as it collects data on human resources, compounds, amenities, service delivery, and the status of Community Health Management Committees (CHMCs) and Community Health Volunteers (CHVs). Initially introduced to the five regions of the north in 2017, the database has since been used to identify gaps and seek support from stakeholders and development partners.

Building on the success of the initial regions, a National CHPS Database Dissemination was held in Accra in August 2022, and fifteen (15) regions have since adopted the database with the support of the pioneer regions acting as ‘buddy’ regions to help establish the system. The CHPS for Life Project has also organized orientation and follow-up

sessions in each region.

Despite the arduousness of the initial data collection and updating process, each region is working diligently to establish the system. The Project is aiming to have complete data from all regions on CHPS implementation. The main challenges identified so far are the inadequate number of Community Health Officers (CHOs) and basic equipment. The Project will support the regions to find the best way to address these challenges, drawing on the experiences of the five pioneer regions.

The database is designed to enable District and Regional Directors of Health Services to plan and develop strategies based on data-driven insights to improve CHPS implementation. It will also provide useful information for resource mobilization, distribution, and tracking in a systematic manner.



• A group of trainees engaging community leadership as part of community entry

## Increasing CHPS Functionality in Eastern Region Through the District CHO Orientation (DCHOO) Approach

CHPS functionality is largely hinged on the availability of trained Community Health Officers (CHOs) deployed to deliver health services in communities, yet the cost of training them in Ghana is prohibitively expensive and unsustainable. Against this backdrop, the GHS/JICA CHPS for Life Project developed the District-based CHO Orientation which has proven to be a more cost-effective and sustainable approach for training CHOs.

Additionally, the CHPS database was successfully introduced in the Eastern Region, and analysis of the data revealed that CHPS functionality in the region was only 7% with only 156 CHOs and over 1,516 CHNs. Dr. Winfred Ofose (RDHS) and his team realized that CHPS functionality in the region could be improved significantly if most of the CHNs (1,516) received orientation on CHPS. The GHS/JICA CHPS for Life Project supported the introduction of the District CHO Orientation (DCHOO) in the Eastern Region.

From April 25 to 27, 2021, participants from six (6) out of the thirty-three (33) districts in Eastern Region received a TOT orientation on conducting the DCHOO using the DCHOO Field Practicum Guide and relevant modules from the Harmonized CHO Fresher Training materials. The districts conducted a 1 or 2-day(s) orientation at the DHA level and deployed trainees (CHNs) to understudy experienced CHOs in selected CHPS zones for four weeks.

By the end of August 2022, it is expected that the number of CHOs in the Eastern Region will have increased significantly, with an additional 30 CHOs who will also become trainers of the remaining CHNs. This will be a major step forward in improving CHPS functionality in the region.

# CHPS For Life Project Trains Over 1900 CHMC Members and Volunteers on LCA in UWR

Community mobilization is arguably one of the most important components of CHPS implementation, and Community Health Management Committees (CHMCs) and Community Health Volunteers (CHVs) are at the forefront of that aspect of the CHPS strategy. Their role fosters a sense of ownership among community members and improves their health-seeking behaviors. Life-course Approach (LCA) is a relatively new concept in Ghana and requires an aggressive health promotional campaign to bring all people on board. Pursuant to this, the “CHPS for Life” project has provided training to over 1900 CHMC members, volunteers, and other influential community members in all 11 districts in the Upper West Region to promote LCA activities in their communities.

To maximize results, two (2) approaches were implemented. The first approach, implemented from August to November 2021, involved creating model CHPS zones at strategic locations in each district for other CHPS zones to learn from and replicate. The second approach, implemented from February to June 2022, brought together all CHOs within each district to the district capital for a one-day orientation session and subsequently conducted step-down trainings at the CHPS level.

The training is structured in two main components: the first addresses the roles and responsibilities of CHMC and CHV in CHPS implementation, while the second focuses on understanding and the importance of the Life-Course Approach. The structure provides participants with the skills and hints to take initiative to promote LCA-related activities using the Community Health Action Plan (CHAP).

The training has enabled the integration of LCA activities into CHAPs. For example, Tampala CHPS Zone in the Jirapa District now includes geriatric care in their CHAP, which addresses issues of neglect and inadequate supervision, ultimately improving the health and wellbeing of the elderly in the community. As a result, communities are beginning to recognize and actively contribute to the LCA concept.



• A CHO practicing the use of the LCA flip-chart during one of the district level trainings.

## Improving NCD Services in CHPS Zones Through LCA Post-training Follow-up in UWR

After the third and fourth Life-Course Approach (LCA) trainings for Community Health Officers (CHOs) and Sub District Health Teams (SDHTs) in the Upper West Region (UWR) were completed, the Project carried out post-training monitoring at selected CHPS zones for a two-week period in April 2022. This was to evaluate and monitor the implementation of LCA services at the community level. Of the ninety-six (96) trained CHOs, the monitoring teams visited fifty-five (55) CHPS zones in the eleven (11) districts in the UWR; for each district, five (5) selected CHPS zones were visited.

The data collected in the field revealed some issues related to inadequate or inappropriate records of LCA activities, maternal and child health activities, as well as school health activities. The feedback meeting among the monitoring teams identified several findings and specific challenges. For instance, some CHOs were found to

have difficulty with BMI calculation and categorization of the results, as well as measuring length properly. Findings indicated that CHOs had limited opportunities to receive on-the-job training and supervision from the upper level, which had affected their understanding of the comprehensive work and led to their low confidence and performance during the monitoring.

Utilization of the glucometer was another concern, as it was rarely used at the CHPS level even though CHOs were familiar with its usage. This was likely due to the fact that such a service requires an extra fee for the patient. On the other hand, LCA-related activities had been relatively well implemented at the CHPS level. Many CHOs were able to demonstrate their practical skills to measure blood pressure, child height, weight, and eyesight, and most of the LCA-relevant equipment was confirmed to be present at CHPS compounds

After identifying both pros and cons



• A group of LCA facilitators providing on-site support to an LCA trained CHO

from the monitoring, a feedback meeting was held with Regional and District stakeholders in July 2022 to bridge the issues for future improvement. It is expected that each stakeholder will create an action plan to contribute to the further enhancement of CHO's performance and environmental issues. To address some of these challenges, an orientation/refresher training session will be conducted in all 11 districts of the UWR.

## Capacity Building of Principals and Tutors of 25 Health Training Schools on CHPS and LCA in the CHPS For Life Focus Regions

The CHPS for Life project, as part of its efforts to bolster CHPS implementation in the five northern regions of Ghana, conducted multiple trainings to ensure CHPS staff have the necessary skills to discharge their duties. Given the unsustainable nature of the conventional CHO training approach (Harmonized CHO Training) which is hindered by cost, time, and other factors, the project devised a more sustainable approach, the District CHO Orientation (DCHOO), for training both serving and newly deployed staff. This approach involves providing CHNs with a concise orientation on CHPS, after which they are assigned to experienced CHOs for a month to observe and practice CHPS activities.

To give a further boost to sustaining CHO production, the project

developed a pre-service approach to CHO training. To do this, the project collaborated closely with the Nurse Assistant Preventive (NAP), the Nurse Assistant Clinical (NAC), and the Midwifery training schools in the five northern regions. Through that collaboration, a review of the curricula of these cadres was done to adequately reflect content relevant to CHPS. Following that, the project worked with the Nursing and Midwifery Council of Ghana (NMCG) to consider adopting these proposed contents into the training schools' curricula. The modified curricula, incorporating the proposals shared with the NMCG were released in December 2021. To position the training schools to handle these CHPS-related contents, the project developed materials including

PowerPoint presentations and Field log sheets to train tutors in all NAP, NAC, and MTS schools in Northern Ghana. Consequently, from May 10th to 13th, 2022, selected tutors of the NAP, NAC, and MTS in the north were trained on the modified curricula. The NAP schools were trained over a two-day period while the NAC and MTC received a day's training each. Experienced trainers were drawn from the five Regional Health Directorates to handle the training. Five community health tutors, a nutrition tutor, and a principal were trained from each NAP school whilst five community health tutors and a principal were trained for the NAC and MTC. The training schools have committed to using the reviewed curricula in the next semester. The project will organize a review meeting in the future to discuss challenges, and lessons learned and adopt measures for improvement.

# Strengthening Referral System: The Talensi Experience

In order to strengthen the referral system in the region, Talensi District was selected as a pilot to serve as a platform for replication across the region. Various stakeholder engagement meetings were held to solicit ideas and direction to improve the referral system in Talensi. On May 13th, 2022, the second stakeholder meeting was held at GANAS Hotel as a follow-up to the previous one to review and restructure the way forward. Forty key officers from Talensi District, three selected districts, staff of the RHMT, and participants from hospitals, health centers, and CHPS zones were brought together to brainstorm. Notable personalities such as Dr. Emmanuel Kofi Dzotsi, Regional Director of Health, Ms. Estella Abazesi, Talensi DDHS, and directors of the three participating districts were in attendance.

The health referral system is a network of health facilities with different service capacities, processes, and activities that connect facilities to ensure clients receive continuity of care. Different types of health problems, ranging from common ailments to life-threatening conditions, require management at different levels. Therefore, an effective referral system is needed to ensure the proper management and intervention of patient care by the right health personnel in the required facility. This requires the strengthening of the primary care system with the gatekeeper in mind to help reduce outpatient visits with minor ailments at higher health facilities. The two-way relationship is essential in referral, as the continuity of care includes follow-up treatment at the primary level after the patient is discharged from the hospital. Thus, it is necessary to strengthen partnerships and support between primary health care and referral facilities.

The CHPS for Life Project has made significant progress in the Upper East Region of Ghana, particularly in Talensi District, despite some initial difficulties. All health facilities in the region have now completed referral training and are utilizing the two-way referral and feedback forms, which can be procured from the Regional Medical Stores. Furthermore, a communication platform has been established among health facilities through the WhatsApp application and a standardized referral telephone directory. Additionally, referral registers and monthly referral returns (MRR) have been introduced to ensure that staff can track clients' referral status, thus guaranteeing the continuity of health care services for clients.



• A group of participants brainstorming during a referral strategic meeting.

The newly introduced system identified several areas for improvement in the referral system, such as the gap between sent referral cases and received referral feedback cases at health facilities. Facility monitoring by the RHMT and the project revealed challenges in proper documentation and data consistency, as well as a lack of understanding of the referral process among some staff, particularly newly assigned health workers. Changes in the data management system at regional hospitals also had an impact on the referral process. In response, the district has implemented a range of pilot activities to strengthen the network of health facilities and ensure client continuity of care. These include the development of GPS referral facility mapping, referral awareness posters, intensified supervision, and on-site training. Mr. Emmanuel Apambilla Ayeeba, the DPHN, noted that the district previously lacked the data to make informed decisions, but with the various interventions introduced by the CHPS for Life Project, the district now has a proper data capture and reporting system. He believes that the improvement of the referral system will lead to better health outcomes in the district and hopes that the success of Talensi can be replicated as a model in other districts of the region. He concluded that staff commitment is essential for the success of these activities.