

**Project for the Scaling up of CHPS Implementation
in the Upper West Region**

Final Report

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The Project for the Scaling up of CHPS Implementation in the Upper West Region

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8. Comments on the Project from Director General of GHS
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Reference materials (Products):

- (1) Supervision Guideline & Manuals
- (2) Referral Guideline
- (3) Guideline for CHPS Health Information Management
- (4) Manual for Community Participation in CHPS
- (5) Manual for Community Health Action Plans (CHAP) Preparation in CHPS
- (6) Collection of Good Practices from CHPS Implementation in the Upper West Region

Materials in CD:

1. RHMT/DHMT Training Materials
2. SDHT Training Materials
3. CHO/CHN Training Materials
4. Referral Training Materials
5. Performance Standard
6. Monitoring Tools

Abbreviations

ANC	Antenatal Care
CBA	Community Based Agent
CETS	Community Emergency Transport System
CHAP	Community Health Action Plan
CHC	Community Health Committee
CHN	Community Health Nurse
CHO	Community Health Officer
CHPS	Community-based Health Planning & Services
CHPS-TA	CHPS Technical Assistance
CHV	Community Health Volunteer
C/P	Counterpart
DA	District Assembly
DG	Director General
DHA	District Health Administration
DHMT	District Health Management Team
FSV	Facilitative Supervision
GHS	Ghana Health Service
H/C	Health Centre
HLM	Health Learning Material Centre
NGO	Non-governmental Organization
PDM	Project Design Matrix
PLA	Participatory Learning and Action
PPME	Policy Planning Monitoring and Evaluation Division
PS	Performance Standard
RDA	Regional Health Directorate
RDHS	Regional Director of Health Services
RHA	Regional Health Administration
RHMT	Regional Health Management Team
SD	Sub District
SDHT	Sub District Health Team
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
UWR	Upper West Region

Photographs of the Project



**RHMT conducting FSV to DHMT
Sissla East District**



**RHMT conducting FSV to DHMT
Lawra District**



**CHPS review meeting in
Lawra District**



**DHMT conducting FSV to SDHT
Wa West District**



**SDHT (Issa) conducting FSV to CHO
(Tabiesi)**



**SDHT(Hamile) conducting FSV to CHO
(Dahile)**



**TOT for CHO Refresher Training
on Emergency & First aid**



**Theory Session on Delivery at
CHO Fresher Training**



**Practice of Community Profile &
Mapping
CHO Fresher Training**



**School Health Practical
CHO Fresher Training**



**Home Visit Practical
CHO Fresher Training**



**Theory Session on First Aid
CHO Refresher Training**



TOT for Referral Training



Contribution by the community members for Community Emergency Transport System (CETS)



**Workshop on Community Participation
CHV training by NGO**



CHAP Session facilitated by CHO

1 Outline of the Project

1.1 Background of the Project

The Community-based Health Planning and Services (CHPS) is a strategy adopted by the Ministry of Health to bridge the gap in healthcare access. The Upper West Region is considered one of the most deployed region and health indicators shows high maternal and infant mortality. The Project for the Scaling up of CHPS implementation in the Upper West Region ('Project') was launched in March 2006 under the cooperation of the Japan International Cooperation Agency (JICA), the Ghana Health Service (GHS), and the Ministry of Health of Ghana primarily to improve the health status and improve geographical access to health care. This final report details the activities of the entire period of the Project from March 2006 to February 2010.

The first Project Purpose described in the Project Design Matrix (PDM) was "Community members in the Project Area (the Upper West Region) have increased access to quality health care due to improved coverage of functional CHPS". By the mid-term evaluation study in July 2008, the overall progress of the Project was reviewed and the implementation plan of the Project was revised. The challenges to be tackled for the scaling up of CHPS until the end of the project period were clearly addressed and shared among the project stakeholders. The modified objectives and expected outputs are shown in the next section.

1.2 Objectives of the Project

At the Joint Coordinating Committee (JCC) meeting in July 2008, the PDM was modified. The following are the modified Overall Goal, Project Purpose and Expected Outputs.

- | | |
|--------------------------|--|
| [Overall Goal] | To increase coverage of functional CHPS. |
| [Project Purpose] | The institutional capacity of the GHS on CHPS implementation in the UWR is strengthened. |
| [Output 1] | Improving the knowledge and skills of the RHMTs, DHMTs and SDHTs for better management of CHPS implementation. |
| [Output 2] | Improving the knowledge and skills of the CHOs in connection with CHPS implementation. |
| [Output 3] | Establishing and implementing a facilitative supervision system. |

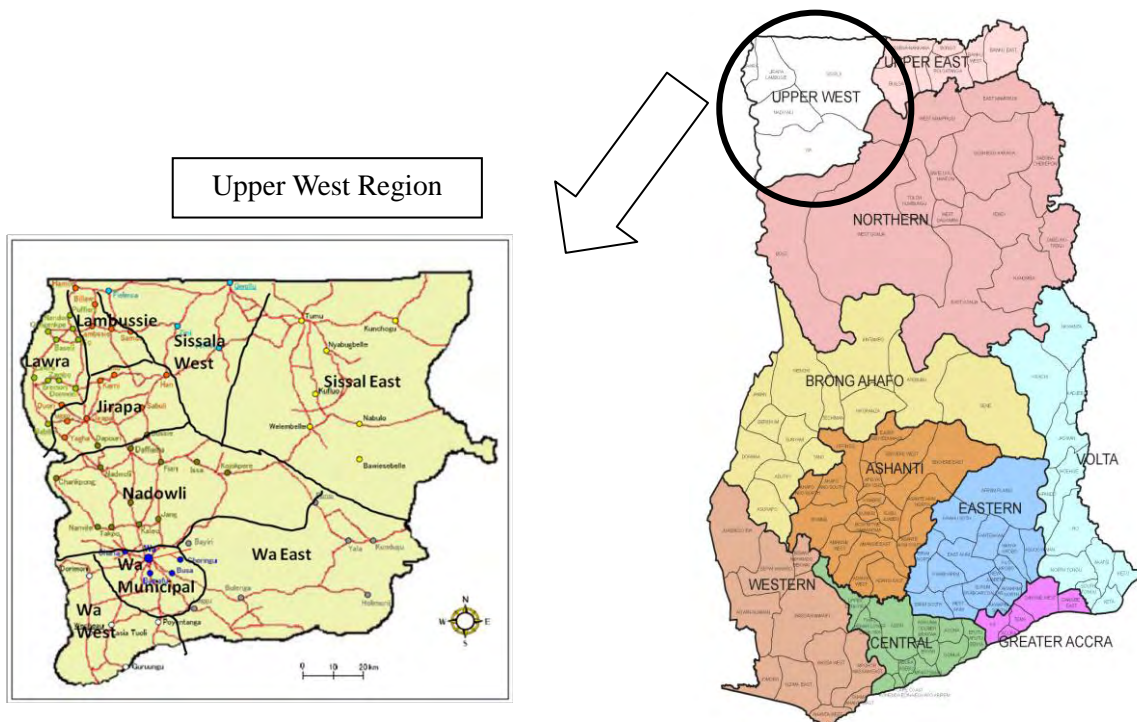
- 【Output 4】** Strengthening the existing referral procedures used by hospitals, health centres and CHOs.
- 【Output 5】** Improving the procedures for the promotion of community participation in CHPS.
- 【Output 6】** Selecting and showcasing models of best practices/innovations for potential replication.

1.3 Target Area of the Project

The target area of the Project was the Upper West region. Of the nine districts in the region, several pilot projects were conducted in the 1st and 2nd years of the Project in Wa-West and Jirapa/Lambussie, or ‘Stage 1 Districts’. Then, in the 3rd year the Project activities were expanded to the rest of the districts in the Upper West Region, namely Lawra, Nadowli, Sissala East, Sissala West, Wa-East and Wa Municipal.

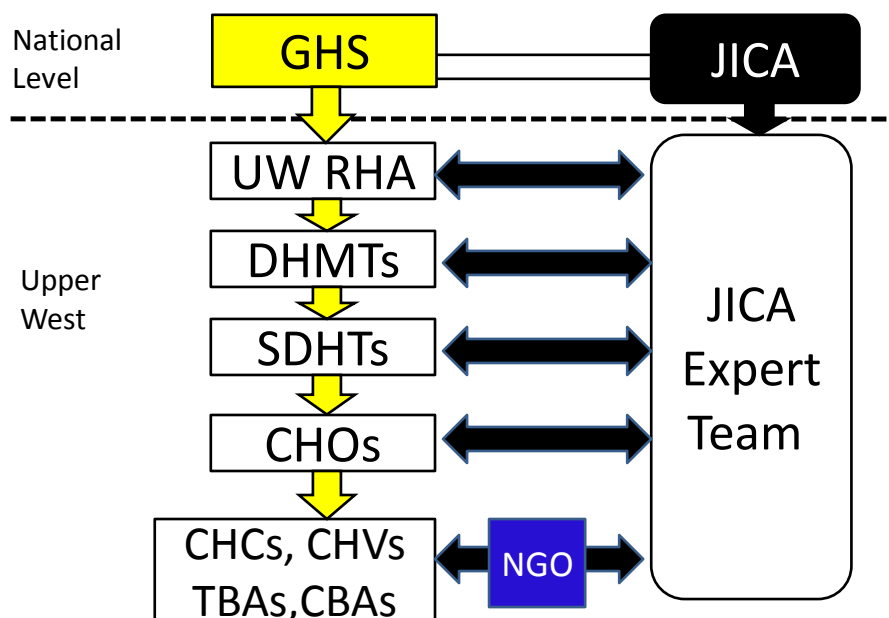
The Regional Health Directorate (RHD) led by the Regional Director of Health Services (RDHS) is supervising the operations of District Health Administrations (DHA) in the Upper West Region including the CHPS implementation. Until 2007, there were eight (8) districts. In 2008, the Jirapa-Lambussie district was divided into two districts, the Jirapa district and the Lambussie-Karni district increasing the total number of districts in the region to nine.

Figure 1: Location of the Project Site



1.4 Implementing Structure of the Project

Figure 2: Organization Chart of the Project



The implementing structure of the Project is shown above. The Project Director, the Director of Policy Planning Monitoring and Evaluation (PPME) of the GHS, and other directors of the central level monitored the progress of the Project through JCC and visits to the project site. The Project Manager, and the RDHS of the Upper West Region, supervised the entire implementation of the Project. Throughout the project period, every activity was conducted through a continuous collaboration between the GHS staff and Japanese experts at all levels. The JICA Ghana Office supervised the team of Japanese experts.

- To achieve Output 1, activities for strengthening managerial capacity of the RHMT, DHMTs and SDHTs were carried out.
- To achieve Output 2, activities for strengthening the CHOs to implement CHPS were carried out.
- To achieve Output 3, activities have been conducted for strengthening the whole system of supervision and feedback¹ of supervisory results. The supervision system includes supervisions from region to district, district to sub-district, sub-district to CHO and CHO to CHC& CHV.

¹ Feedback on the results of supervision of supervisees is recommended to improve the quality of the activities of the supervisees. Three types of feedback have been strengthened by the Project, i.e., immediate feedback after supervision, written feedback by handing out an analysis report, and feedback through review meetings.

- To achieve Output 4, activities for strengthening the system of referrals and counter referrals were conducted. The referral system includes referrals from community to CHPS zone, Health Centre, district hospital and regional hospital.
- To achieve Output 5, activities to promote community participation were carried out including sub-contracting to NGOs.
- To achieve Output 6, experiences and lessons by all implementers from the Project, i.e., the RHMT, DHMTs, SDHTs, CHOs and community members have been compiled and presented to stakeholders inside and outside of the Upper West Region.

1.5 Activities during the Project Period

The Project was implemented for four years; from March 2006 to February 2010.

1.5.1 First Fiscal Year (March 2006)

The first fiscal year was devoted to introducing to all stakeholders the edited Inception Report, and the objectives and plan of the Project. This period was only one (1) month.

1.5.2 Second Fiscal Year (April 2006 – March 2007)

The first fiscal year was only one month and the actual launching of the Project was conducted in second fiscal year. Before starting the activities, JICA experts had to set up their project office in Wa, which took 6 months, from May to September 2006. To deepen the understanding of CHPS activities, study tour to other regions were conducted in October 2006. The challenges and good practices which are needed to implement CHPS were shared between Ghanaian and Japanese project members through the tour. From September to December in 2006, a baseline survey and KAP survey were conducted in Stage 1 districts by a sub-contracted NGO to analyse the current health status and needs in the health sector of the region. The baseline survey included the status of CHPS and other health indicators. The KAP survey included the level of health related knowledge of the community members as well as their health seeking behaviour.

The challenge for CHPS in the UWR was the inadequate numbers of CHOs. Partly due to insufficient funding, CHO fresher training was rarely held. Additionally, there were very few trained facilitators and lack of practical training materials in GHS. To take measures against these issues, the Project implemented CHO fresher training programs, while developing practical training materials to improve the quality of training, and training facilitators at the same time.

Another challenge for the scaling up of the CHPS implementation was the delayed construction of CHPS compounds. Therefore the Project conducted training on proposal writing, inviting an external facilitator to strengthen the capacity of requesting external resources.

Additionally, an awareness of supervision as a measure to manage CHPS implementation was insufficient among the RHMT and DHMT personnel. Therefore an introduction and discussion on performance standards and facilitative supervision (FSV) was conducted during the training sessions to increase the quality of supervision.

Regarding the promotion of community participation; community entry methods, which are necessary for the implementation of CHPS, were not clear. From December 2006 to February 2007, verifying activities to establish a model of community entry were conducted by sub-contracted NGOs in Stage 1 districts. The NGOs also trained CHVs, who were key persons in bringing together CHPS and communities. They were also the key concerning the roles and activities of the CHVs in the CHPS implementation to strengthen the capacity of the CHVs to support CHPS.

Regarding dissemination; the first regional CHPS forum was held. At this forum, the objectives and plans of the Project were presented to members of DAs, DHAs, chiefs and other development partners since there were no accumulated experiences and lessons of the Project to be shared as yet.

1.5.3 Third Fiscal Year (April 2007 – May 2008)

Activities started in the second fiscal year were further developed and strengthened. Sustainability and independence were addressed in the third fiscal year. Additionally, the preparation for introducing Facilitative Supervision (FSV) to the RHMT and DHMTs as a tool for the management of CHPS implementation began.

To continue CHOs fresher training in the future, the capacity of the Ghanaian counterparts needed to be strengthened. Therefore the project continued to conduct intensive training programs to strengthen the capacity, and increase the number of facilitators. In addition, the improvement of training material and the standardisation of training procedures were carried out to ensure that the replication of high quality training could be maintained. Six months after conducting the CHO fresher training, the CHO refresher training was carried out to re-strengthen the skills and knowledge of CHOs and conduct follow ups on the fresher training.

Study tours to visit other CHPS were also started in the third fiscal year. The sharing of good practices, which is difficult to include in CHO training because of time constraints, is done during the study tours. Through trial and error, an effective procedure for conducting study

tours among the CHOs of Stage 1 districts was established in the third fiscal year.

Training for persons in charge of the SDHTs, who are responsible to support and supervise CHOs directly, was started to disseminate the concepts and the importance of supervision. This was a preparatory step to introduce FSV at the beginning of the fourth fiscal year.

For DHMTs and the RHMT, training on the concepts and procedures of FSV started in the third fiscal year to consolidate the base for implementation of supervision.

The Project conducted a survey on the state of the referral system in August of 2007 because there was no baseline data on referrals. Findings of survey revealed that the referral rate is low, and low capacity of staffs at all levels. Based on the findings, the project conducted referral procedure training, modified the existing guideline and introduced the standard referral forms and registers. For the promotion of community participation, sub-contracted NGOs conducted community entry programs and the activation of community participation in 12 CHPS zones in Stage 1 districts using the method developed in the second fiscal year. The method of community entry had been improved through these practices. CHV training was continued in the third fiscal year in different communities and training materials for the CHVs were developed.

In the third fiscal year, one of the key activities was disseminating good practices through workshops. The participants were members of District Assembly, development partners and GHS staff. One of the good practices highlighted was Community Emergency Transportation System (CETS) ², which has also become one of the good innovations in the Project. Until the third fiscal year, the project office was located far from the GHS regional directorate office and insufficient communication between JICA experts and Ghanaian counterparts was a problem. The GHS released an old building on their premise. JICA renovated the building and started to use as a project office from the fourth fiscal year. Communication between Japanese team and the Ghanaian counterparts has improved significantly since then.

1.5.4 Fourth Fiscal Year (April 2008 – March 2009)

In the fourth fiscal year, there was a change of RDHS in June of 2008. The Project Design Matrix (PDM) was modified drastically based on the results of a mid-term evaluation survey. As a result of this modification of the PDM, the scaling up of CHPS coverage became the overall goal and strengthening the institutional capacity of the GHS in the UWR was decided as new project purpose to ensure proper scaling up and to improve the quality of CHPS implementation. During this fiscal year, the introduction of full-scale FSV was started.

² The Community Emergency Transportation System is a system developed by a sub-contracted NGO and the DDHS of Wa West. Members of CETS contribute dues to the fund every month. And members and their families can borrow money from the fund for fuel and or vehicles in case emergency transportation is necessary.

Concerning the CHO fresher training, the Ghanaian counterparts conducted the training independently and the Project trained more than the targeted number of CHOs. Therefore the focus of the Project was shifted to the CHO refresher training in order to strengthen the capacity of existing CHOs. For supervision, a training session for the SDHT on the tools and procedure of FSV was conducted in May 2008 as the tools and manual for the SDHT were already developed. However, the implementation rate of FSV was low, partially because FSV from the higher levels were yet to be started. The monitoring tools and manual were modified to be more user friendly in January 2009 in order to increase the implementation rate.

In June of 2008, a training course on FSV to the DHMT was conducted and FSV on site started from July of 2008. However the implementation rate was low and feedback rate of the supervision results of FSV by DHMT was also low. Therefore, on the job training was conducted in all nine districts to improve the implementation rate of FSV. For the RHMT, initially FSV training focused on only CHPS coordinator and few RHMT staff. RHMT staff did not fully appreciate the usefulness of FSV as a result of lack of exposure of FSV. And more importantly the project focused on only CHPS at first. Therefore, there were delays in the development of tools and manuals.

For referral, a TOT workshop was held in February 2008. The objective of the workshop was to equip DHMT staff to go back to train their staff on referral procedures. In August 2008 a follow up workshop was held with the participants of all levels. It was observed at the workshop the objectives of the cascading the training to the lower levels was not achieved in terms of the numbers. It was also revealed that the referral feedback rate by hospitals was very low.

In November, a survey was conducted to outline modalities on how to monitor the referral procedures. Based on the results of this survey, the referral section of the monitoring sheets to the CHOs, SDHTs and hospitals were modified.

Concerning the promotion of community participation, the priority was placed on the Community Health Action Plan (CHAP). The CHAP was a spontaneous action plan put together by community members to improve the health status of their community including some activities to support CHPS. Sub-contracted NGOs facilitated the dissemination of CHAPs in 20 communities in Stage 1 districts. Additionally, guidelines and manuals for the promotion of community participation were developed in the fourth fiscal year based on the activities and experiences of the NGOs. A training course on the participatory learning approach (PLA) to CHOs, DHMTs and members of DAs in Jirapa, Lambussie, Wa West and Wa municipal was conducted to strengthen the level of community participation. In the CHO refresher training course held in January 2009, training on CHAPs in general was included for half of the existing CHOs.

A study tour was held in the fourth fiscal year. Participants of this study tour included not only

CHOs, but also CHVs and CHC from Stage 2 districts to make best use of the activity. Three dissemination workshops were held in Accra to present the training materials and manuals developed by the Project.

1.5.5 Fifth Fiscal Year (April 2009 – February 2010)

The fifth fiscal year was the last year of the Project, therefore the collection and processing of data for the final evaluation was emphasized. The Project accelerated most activities and supported a smooth transition of some to the Ghanaian counterparts.

In August, a CHO fresher training course was conducted almost entirely by the Ghanaian counterparts. With this training, 160 CHOs in total were trained during the Project period, exceeding the targeted number of the project, 140 CHOs, by 2010. This training course confirmed that the Ghanaian counterparts can conduct the CHO fresher training course without support by Japanese experts. For all the CHOs who had not participated in CHO refresher training courses, training courses on CHAPs and emergency care were conducted in January 2010. This training was to ensure the expansion of CHAPs to the whole region.

For SDHTs, in May 2008 training on feedback of FSV was carried out for all SDHTs to ensure the effective implementation and quality of FSV. In this training session, two members each from SDHT were trained to ensure the effective implementation of FSV to CHOs regularly. Monitoring tools and arc files were supplied during this training. Training for DHMT was conducted on how to analyse FSV data and provide feedback to various levels, which is the most important role of the DHMT. For the RHMT, the Project and the RDHS reviewed the details of FSV currently on-going at lower levels of GHS and discussed the roles of RHMT in order to enhance this system in the region. RHMT meeting was held with all the core members of the RHMT. The RDHS led the meeting, and FSV was officially introduced to the RHMT. During the meeting, the importance of FSV was discussed, and details of process and methods of FSV at RHMT level were also explained to the members. RHMT supervisory team was established at this meeting, and the FSV at the RHMT level finally began in September 2010. RHMT members are already recognizing the impact and values of FSV although their FSV has just started. For referral, check points on the appropriate procedures of referral were included in the monitoring sheets of the FSVs to make it possible to monitor the referral procedures effectively. A referral workshop was held in August and based on the results of this work shop, referral criteria were revised and included in the Referral Procedure Guideline. The laminated referral criteria sheet was distributed to RHMT, DHMTs, SDHTs and CHPS zones to promote the appropriate referrals.

In relation to the promotion of community participation, a monitoring and update of CHAPs for all CHPS zones supported by NGOs was conducted. In every Stage 2 district, one CHPS zone was selected, and given support to have CHAPs to act as a model within the district.

Some CHPS zones have developed CHAPs independently without support from NGOs. From now on, the development on use of CHAPs and the continuation of community health activities are highly dependent on the capacity of the CHO. Continuous training for CHOs in this area is therefore necessary.

With regards to the dissemination of good practices; study tours have been conducted consisting of participants from nine districts equally. From these study tours, the sharing of experiences of good practices was promoted among all districts. The tools of the study tour were modified to clarify good practices and lessons learnt. The Project collected good practices and compiled them. The documented good practices were distributed to all districts. In the final dissemination workshop held in Accra, the document of Good Practice was presented and distributed to the GHS headquarter, the MOH, the GHS from other regions and development partners for possible replication.

2 Outputs of the Project

2.1 Output 1: Improvement of knowledge and skills of the RHMT, DHMTs, and SDHTs for better management of CHPS implementation

The Project implemented capacity building on CHPS management for the RHMT, DHMTs and SDHTs to achieve the Project’s Objective, which is to provide support to carry out the scaling up of the CHPS implementation. The table below shows the main activities for each level.

Table 1: List of the Activities on Capacity Building

Level	Activities on capacity building by the Project
RHMT	<ul style="list-style-type: none"> ● Provide support to write a proposal on the construction of CHPS compound ● Provide support to establish a FSV implementation system and the development of FSV tools ● Provide support to implement FSV ● Disseminate proper skills for coaching
DHMT	<ul style="list-style-type: none"> ● Provide support to write a proposal on the construction of a CHPS compound ● Provide support to establish a FSV implementation system and the development of FSV tools ● Provide support to implement FSV ● Disseminate proper skills for coaching
SDHT	<ul style="list-style-type: none"> ● Provide support to enhance a better understanding of CHPS implementation ● Disseminate proper skills for coaching ● Provide support to enhance the capacity of the referral system ● Provide support to establish a FSV implementation system and the development of FSV tools ● Provide support to implement FSV

2.1.1 Improvement of the Knowledge and Skills of the RHMT

(1) Methods for the Improvement of the Knowledge and Skills of the RHMT

Regarding the scaling up of CHPS; the RHMT has an important role which includes coordinating with various stakeholders, providing support and supervision oversight for sub-ordinates at the district level, conducting information management at the regional level, assisting with resource mobilisation, providing specialists for referral services and

implementing training courses which are conducted at the regional level such as the CHO fresher training course. The Project first focused on building capacity in supervision skills and proposal writing skills. Improving supervision skill was important for RHMT to supervise the staff related to CHPS activities at all levels, while skills in proposal writing helps RHMT to ensure the necessary resources attainable. Then, from 2007 to 2009, the Project conducted FSV training to strengthen the supervision of DHMTs by the RHMT. All training courses were conducted jointly with DHMTs because the RHMT is expected to understand the DHMT's activities in order to supervise them. However capacity building on other topics such as report writing, information management and supply management was not sufficiently covered during the training course. Some areas of capacity building for RHMTs, such as coordination with various stakeholders, assistance in distributing resources, and information management, are incorporated into the monitoring sheets of the FSV. These areas are expected to be strengthened through FSV. Joint training sessions with the DHMT from 2007 to 2009 have been conducted as shown in the following table. (Detailed information is provided in chapter 2.1.2).

Table 2: List of RHMT Trainings

Fiscal year	Content	Date	Period (days)	No. of participants	Level of Satisfaction	Result of pre-post test
2	Proposal writing, lectures on Performance Standards	26 Feb. 2007	3	8		
3	Organisation analysis and problem analysis in current supervision	4 July 2007	3	18	88%	69%-90%
4	Lectures and practice sessions of FSV using monitoring sheets	2 July 2008	3	20	84%	69%-90%
5	Tabulation, analysis and feedback after FSV implementation	3 June 2009	3	5	100%	

(2) The achievements of capacity building for RHMT

1) Implementation of FSV to DHMTs by the RHMT

FSVs to be conducted by the RHMT are; (a) FSV to DHMTs and (b) Self-monitoring of the RHMT. The RHMT's implementing capacity of these two types of FSV is described as follows.

(a) Implementation of FSV to DHMTs by the RHMT

FSV to DHMTs by the RHMT started from September 2009. Two sessions of supervision were conducted by the end of December 2009. Delay in starting FSV at RHMT level was mostly attributed to the following reasons;

- The project initially focused on the district level and below;
- The Project prioritise the establishment of FSV at lower levels such as DHMT and SDHT;
- Delay in development of monitoring tool for FSV of RHMT to DHMT, originally RHMT was represented by the CHPS coordinator.

The RHMT and Japanese experts had a series of discussions. It was in the fifth fiscal year that these issues were resolved and an agreement made between them.

Regional Supervisors of FSV were officially assigned, and they were divided into Three (3) teams. Each team is responsible for conducting supervision of three Districts every quarter. RHMT supervision of DHMT officially started in September 2009. Each team compiled the results of their supervision, and presented their finding at RHMT meeting. Action plans at regional level were formulated based on the results of FSV during the RHMT meeting. Analysis reports of supervision results were also written by each supervisory team and submitted to the RDHS and DHMTs.

In conclusion, the RHMT's capacity to implement FSV of DHMTs has improved a great deal through the operations mentioned above. However, a strong commitment of the top management is still necessary to ensure the continuity of FSV at RHMT level. In addition, training on FSV is still necessary for RHMT members as some members are still not familiar with facilitative methods used in supervision.

(b) Implementation of RHMT Self-monitoring

Self-monitoring by the RHMT started from October 2009, and the self-monitoring was conducted twice by the end of December 2009. Delay in starting self-monitoring by the RHMT was due to the following reasons:

- Delay in development of monitoring tools;
- Trainees from the RHMT hardly started RHMT self monitoring due to the conflicting programmes ;
- Difficulties in reaching agreements as to whether the RHMT self-monitoring covers general management issues or stays in CHPS issues;
- RHMT self-monitoring was not in the scope of the supervision at the beginning.

In the RHMT meeting in August 2009, it was agreed that actual FSV should be deemed as a preparatory step to conduct an integrated supervision system in the future. The members agreed to partially include general management issues as a trial. After this, the RDHS and other core members of the RHMT promised to continue RHMT self-monitoring. RHMT self-monitoring teams were then organised. Each team is responsible to analyse and utilise the results of the self-monitoring program. It has been agreed that the Regional Information Unit will help the self-monitoring teams who are not fully capable to analyse the results by themselves. Another agreement was that feedback to RHMT members should be given in the regular RHMT meeting. In order for the continuation of the RHMT self-monitoring to be successful, the effectiveness of the RHMT self-monitoring needs to be widely understood by all RHMT members. This can be accomplished through the implementation of appropriate analysis and feedback of the results from the RHMT self-monitoring program.

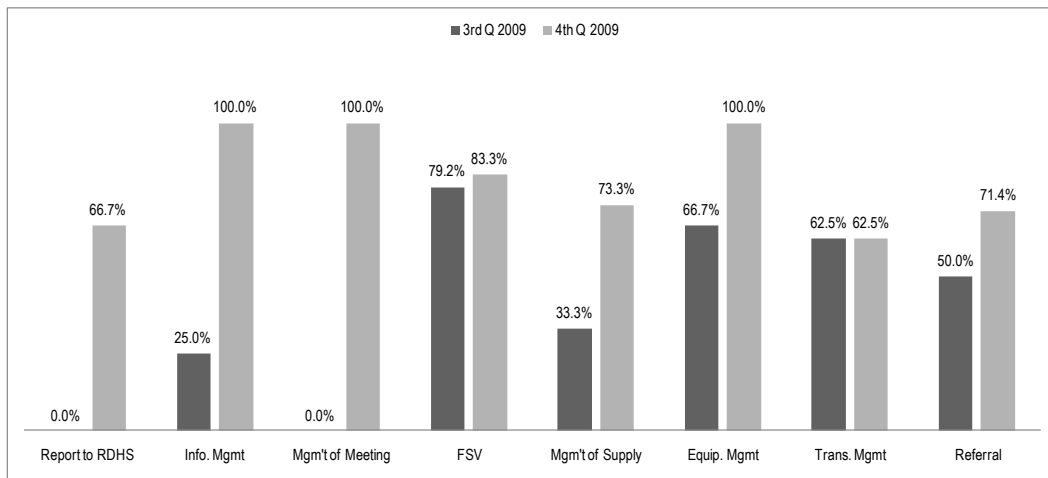
2) Performance of the RHMT by the RHMT Self-monitoring

As described above, the RHMT has a role in coordination with various stakeholders, in reporting, information management, providing technical assistance to the DHMT and other subordinates, assisting in resource distribution, providing for the maintenance of equipment and transportation, and referrals in region. These topics are monitored by the RHMT self-monitoring.

Presently the technical area supervised as contained in the monitoring sheet are; coordination, reporting information management on CHPS, FSV to DHMTs, management meetings and referrals. In addition, the following general management areas are also incorporated in the monitoring sheet. such as general information management, supply management of equipment and consumables, maintenance of equipment, and maintenance of transportation.

Figure 3 shows the performance of RHMT in third and fourth quarter of 2009 based on the monitoring sheet. The figure points out that reporting, information management and management meetings are weak in CHPS related performance. In general management, the management of supply seems to be relatively weak.

Figure 3: Performance of RHMT through FSV
(By the results of RHMT self-monitoring)



(3) Lessons learnt

- There has been a long argument on how to measure RHMT's performance in CHPS. One idea was to limit the area of measurement only in CHPS coordination, while another was to cover the general management areas, such as management of resource (e.g. medical supplies) for example. Japanese experts were not familiar with the duties and responsibilities of the RHMT particularly dealing with general management issues, and consequently the development of monitoring tools was also delayed. Consolidating the duties and responsibilities of RHMT, and discussions on the scope of RHMT self-monitoring should have been done from the early stage of the Project.
- Including general management issues in PS and monitoring sheets to conduct integrated FSV has a greater level of effectiveness and efficiency than conducting FSV limited in CHPS operation. The actual monitoring sheet partially includes general management issues. It is necessary to continue discussion on the inclusion of general management issues. Further inclusion of general management in FSV monitoring sheet needs to be discussed more, and revision of monitoring sheets and tools are necessary if there is any change.
- Only RHMT personnel closely related to CHPS participated in the RHMT training. The level of cooperation at RHMT, therefore, was low at the beginning. This was attributed to the delay in reaching an agreement of FSV and starting FSV at an early stage. Concerning workloads for monitoring and objectivity of assessment, it is not possible for the Regional CHPS Coordinator to undertake FSV alone at RHMT. It was, therefore, necessary to involve more RHMT members in FSV to be able to organize FSV teams.
- The implementation of FSV to the DHMTs by the RHMT was delayed because of the reasons given above. As a result, FSV rates of the DHMTs and SDHTs to their lower levels

were low leading to slow resolution of performance related challenges. It was necessary to train more members of RHMT and support their implementation of FSV since FSV uses a top-down approach in facilitating and motivating personnel at lower levels.

2.1.2 Improvement of Knowledge and Skills of the DHMTs

(1) Method of Training for DHMT

The DHMT is an organisation that directly implements CHPS and their role in CHPS implementation is very important. Among their many duties and responsibilities, providing supervision and technical support to SDHTs was considered as the highest priority from the early stages of the Project. The results of the workshop which was conducted to analyse the strength and weakness of DHMTs coincided with this consideration in June 2007. Thus the Project introduced FSV to enhance the managerial capacity of the DHMTs on CHPS implementation through the implementation of FSV to SDHTs by DHMTs. Particularly, the analysis of the data from FSV was focused on capacity building for DHMTs since only DHMTs have computers and an information officer within the district.

The Project also carried out training for capacity building for the DHMTs on proposal writing, referrals, promotion of community participation and, report writing. In February 2007, training on proposal writing was conducted to teach how to make a submission to a possible fund provider in order to construct a CHPS compound, the reason being that one of the biggest obstacles for scaling up CHPS was the delay of CHPS compound construction. The training was conducted jointly with the RHMT.

For referrals, the identification of problems with referrals, the edition of guidelines for the referral procedure, trainer training for personnel to be facilitators in each district was conducted. (See 2.4.) On-the-job training for DHMT personnel on the participatory learning Approach (PLA) was implemented for the promotion of community participation, together with sub-contracted NGOs. (See 2.5.) To strengthen report writing, the Project provided support to make the report directory in each district consistent with the national health management information system and addressed the specific requirements of each district.

Another important role of the DHMT in CHPS implementation is to provide essential medical supplies. Particularly the capacity to make plans for the distribution of equipment was low in general and the inappropriate distribution of equipment was commonly observed. Thus equipment supply was incorporated into the FSV monitoring sheet for DHMTs by the RHMT. The RHMT is expected to supervise the equipment supply in order to strengthen the DHMT's capacity.

Table 3: List of DHMT Trainings

Fiscal year	Content	Date	Duration (days)	No. of participants	Level of Satisfaction	Result of pre-post test
2	Proposal writing, lecture on performance standards	26 Feb. 2007	3	16		
3	Organisation analysis and problem analysis in current supervision	4 July 2007	3	24	88%	69% – 90%
	OJT of supervision using performance standards (implemented in each district)	25 Oct. – 22 Nov. 2007	2 days for each district	84 in total	77% - 100%	Difference Minimum 9% Maximum 61%
4	Lectures and practice sessions on FSV using the monitoring sheet	2 July 2008	3	26	84%	69% – 90%
	OJT of FSV using the monitoring sheet (implemented in each district)	18Dec. 2008 – 10Mar. 2009	2 days for Each district	72 In total	84% - 100%	Difference Minimum 9% Maximum 27%
5	Tabulation, analysis and feedback after FSV implementation	3 June 2009	3	31	95%	

The first DHMT training session was conducted on proposal writing and invited an external facilitator to connect possible fund providers for CHPS compound construction, which was one of the biggest obstacles for scaling up of CHPS. Some staff from the RHMT also participated this training. As a result of this training, the DDHS and other participants from DHMTs obtained basic knowledge on proposal writing. Additionally the DHMT needed to understand the concepts of PS and FSV from the early stages of the project period in order to be introduced FSV. Therefore lectures on FSV and discussions on PS were also conducted in this training session.

From the second DHMT training, the subject of the training was focused on capacity building on FSV. (Details of these training sessions are described in 2.3.)

The second training session for DHMTs was conducted in July 2007. It was conducted to discuss what the main issues were in the current supervision system, and what measures were to be taken. Subsequently, from October to December 2007, on-the-job training for supervision administration using PS was conducted in each district. However the PS utilised in this training was merely a list of duties without a standard indicator to measure if the duties were achieved or not. Therefore monitoring sheets with concrete indicators for each duty were developed and

utilised in the FSV training courses for the DHMTs in July 2008. Only on one occasion was the training not enough to implement FSV on a regular basis, except in a few districts. Thus on-the-job training for FSV using monitoring sheets was conducted from December 2008 to March 2009 in each district.

In the fifth fiscal year, the implementation rate of FSV in each district was improved. However the tabulation, analysis and feedback of the results of FSV were not fully implemented in most districts. Therefore training on these topics was conducted in June 2009. This was done jointly including participants from RHMT members.

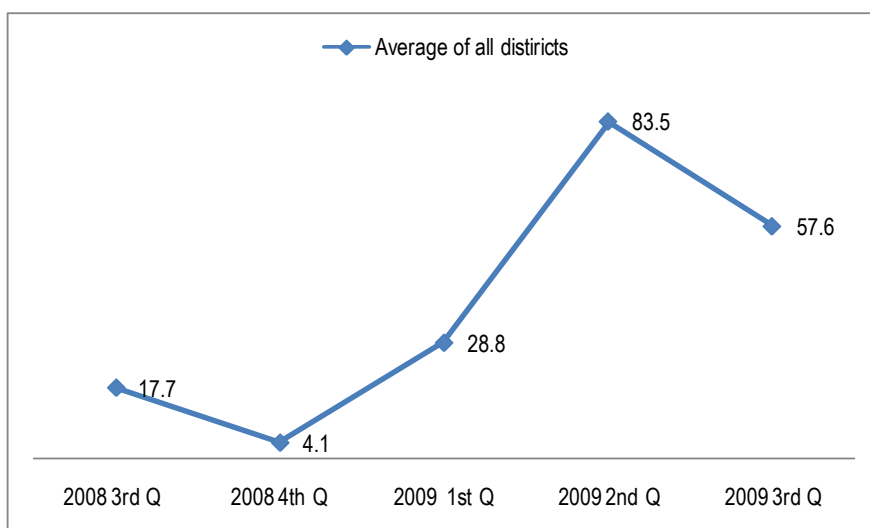
(2) Achievements of Capacity Building for DHMTs

The capacity of DHMTs on CHPS implementation was evaluated by two (2) aspects, implementation of FSV to SDHTs and, the results of performance by FSV conducted by the RHMT.

1) Capacity to Implement FSV to SDHTs

The following figure shows the implementation situation of FSV to SDHTs by DHMTs based on 126 data points of FSV during the 15 months from July 2008 to September 2009.

Figure 4: Status of Implementation of FSV to SDHTs



FSV to SDHTs started after the training sessions for DHMTs in June 2008. At first, only five (5) districts out of nine implement FSV. From the graph, there was the decline in FSV rate from the 3rd quarter, 17.7 to 4.1 of the 4th quarter in 2008. This is partly attributable to conflicting programmes particularly in the end of the year. After the second quarter in 2009, the

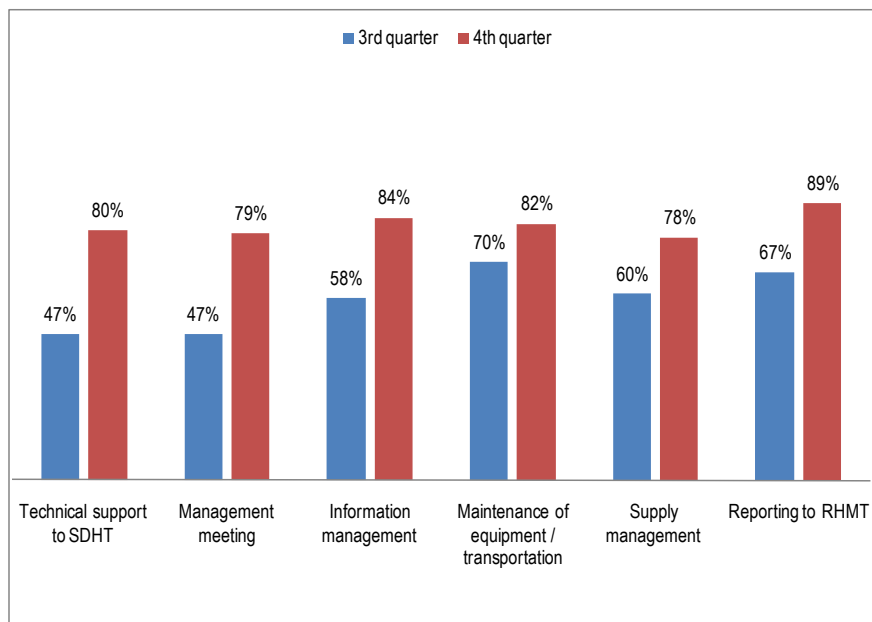
implementation rate increased because of the OJT courses conducted after January 2009 and the distribution of easy to use practical monitoring sheets. The implementation rate decreased slightly in the third quarter again because of other competitive programmes and rainy seasons. The average rate of implementation in 2008 and 2009 was 10.9% and 56.7% respectively. Implementation rate increased slightly above average.

2) Performance of DHMTs by Results of FSV conducted by the RHMT

FSV to DHMTs by the RHMT was conducted twice during the period from September to November in 2009. Since there are only two data points, reliability is not high. However some tendencies can be observed as follows:

- The average performance improved, being 82% in the 4th quarter compared with 58% in the 3rd quarter of 2009. The main reasons for this improvement are due to the improvement of categories for reporting to the RHMT, namely, supply management, information management, management meeting and technical support to SDHTs, which were relatively low in the 3rd quarter. Low performance in conducting CHPS review meetings and the level of technical support to SDHTs seemed to be the main reasons for the low implementation of FSV from SDHTs to CHOs until the 2nd quarter in 2009. The implementation of FSV to SDHTs later improved because DHMTs had instructions from the RHMT to implement FSV monthly.

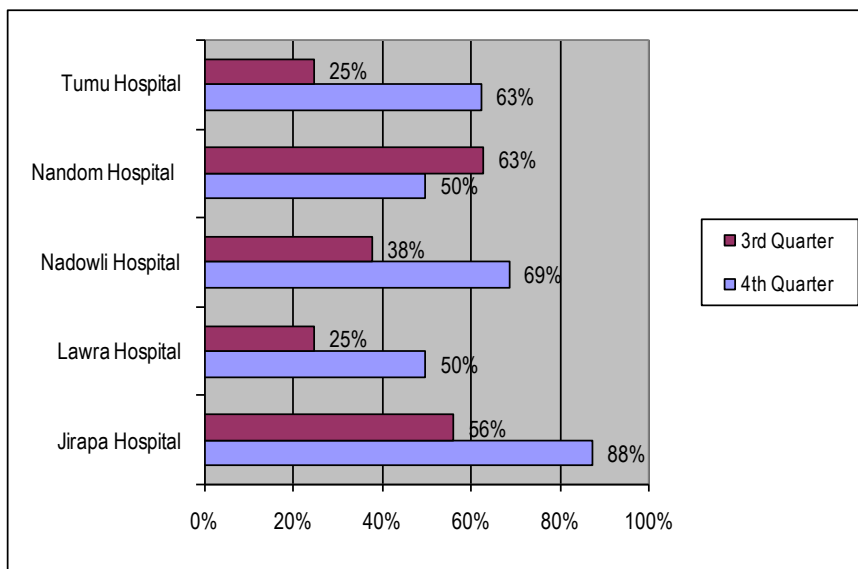
Figure 5: Performance of DHMT by Categories



The management of district hospitals is also a duty of the DHMTs. FSV to DHMTs cover the appropriateness of procedures concerning referrals and counter-referrals for five (5) district hospitals. The performance of the referral system is improving except in the case of Nandom

Hospital. However all district hospitals still need a great deal of improvement in terms of referral procedures.

Figure 6: Referral Procedures in District Hospitals



According to the results of FSV to the DHMT in the 3rd and 4th quarter of 2009

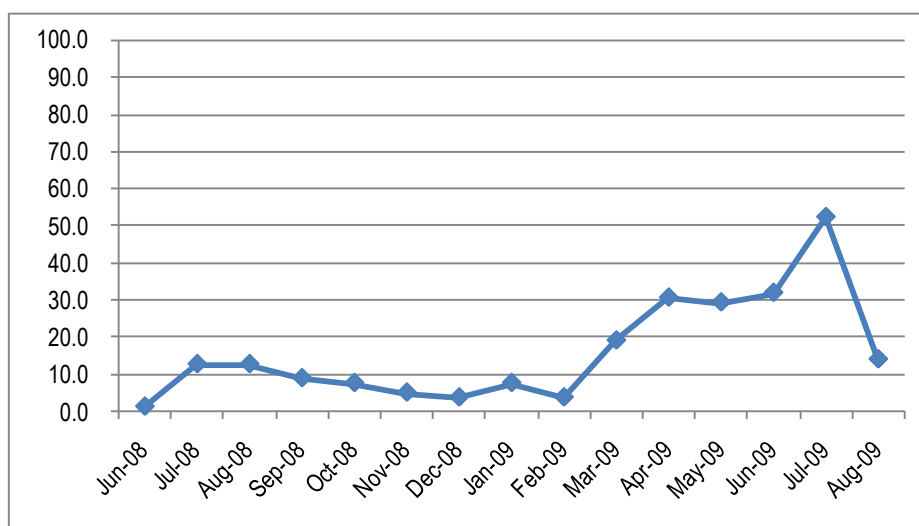
(3) Lessons learnt

- The development of monitoring tools was delayed and training of FSV using monitoring tools was not necessarily conducted efficiently. DHMTs are required to perform highly in all aspects of support to SDHTs. They are to provide data analysis of FSV and feedback to SDHTs because DHMTs supervise SDHTs, which are weak in terms of management. It is necessary to conduct training by lectures, practice sessions and OJT for all of these aspects in order to introduce FSV. Preparation for a training plan and training material was not enough.
- The Project let DHMTs determine FSV teams to SDHTs spontaneously. However some districts comprised their FSV team using health specialists and others selected mainly administration specialists. Ideally a FSV team should be well-balanced with a combination of specialists in both health and administration.
- Data analysis and feedback are key components of FSV. However the implementation of FSV was prioritised, and training on the other aspects was less than it should have been. More time should have planned for data analysis and feedback.

2.1.3 Improvement of Knowledge and Skills of SDHTs on CHPS Implementation

After the project trained a sufficient number of CHOs, the next main task was to let CHPS function continuously to give standardized services to communities. SDHTs therefore need to monitor and support CHPS activities through supervision. The project considered training for SDHTs, who are the direct supervisors of CHOs, to be the second most important task and started conducting training from an early stage. As a result, SDHTs were aware of their responsibility as supervisors and facilitative supervision was conducted beginning in June 2008; the earliest at all levels. However, the implementation rate hardly increased due to poor feedback and support from the upper levels. In July 2009, the implementation rate increased to 52.6% because support from the DHMT improved because supervision from DHMT to SDHT began and the revised monitoring tools were also made available. The average implementation rate increased from 7.5% in 2008 to 23.7% in 2009. If supervision from DHMT to SDHT is conducted continuously, the implementation rate of SDHTs will simultaneously increase in the future. The actual implementation rate at the SDHT level is higher as it is usually conducted on a monthly basis while it is conducted on quarterly basis at the upper levels. It is necessary to strengthen the capacity of SDHTs as supervisors continually since the quality of facilitative supervision is not yet high. The weaknesses which will be identified through supervision by the DHMT should be addressed as much as possible.

Figure 7: Trends of the Implementation Rate of FSV to CHOs by SDHTs



*Implementation in August is decreased as all data have not been collected yet.

(1) Needs Assessment of SDHTs

Needs assessment of SDHTs was the first among SDHT related activities. The needs of SDHTs were examined through meetings with the RHMT and DHMTs, interviews and visits to SDHTs, and revision of training materials from the perspective of the supervisors of CHOs. As a result, inadequate experiences and skills of supervisors, a poor knowledge of community health

activities and a poor understanding of CHPS implementation as well as the activities of CHOs were identified. It was agreed by counterparts of the necessity to improve these weaknesses through SDHT training; which started from the 2nd year of the project.

(2) Implementation of SDHT Training

Although strengthening the capacity of SDHT is a key to improving CHPS implementation, there were no national modules/ programs or training materials. The project developed modules and materials for each training course. The developed training materials consist of modules, facilitator's guides, participant's guides, power point presentations, worksheets and pre-post assessment tests. Field works at the CHPS zones were also included. The input and output of the implemented training courses are presented in Table 4. The objectives and framework of the training courses are explained as follows.

(3) Flow of SDHT Training

1) The 1st SDHT Training

The project conducted the 1st SDHT training session for SDHTs from all districts for 3 days in May and September 2009. The objectives of the training courses were to clarify the roles and responsibilities of the SDHTs to the CHOs, to introduce facilitative supervision to the CHOs and to improve the SDHTs' understanding of the CHOs activities. The supervision to CHOs using a Monitoring Tool was practiced for the first time. Low self awareness as supervisors, a capacity gap among SDHTs and a lack of supervisor training was identified. As a result of the training SDHTs could recognize their roles in CHPS implementation and deepen their understanding of the activities of the CHOs. It was found that the performance standard was not practical enough and sometimes did not suit the reality of the situation. The project confirmed the necessity to develop more practical oriented tools for supervision.

2) The 2nd SDHT Training

The performance standard was revised to be a more practical Monitoring Tool for SDHT supervision. During the 2nd SDHT training session in June 2008, the concept and usage of Monitoring Tools were introduced to the SDHTs. They were also trained on data filing, and methods of providing feedback and report writing. There were some gaps among SDHTs in terms of experience and capacities as some SDHTs did not have CHPS zones yet. Supervision had not started at that time at the upper level, and the system was not structured; however, there was a need to start monitoring the CHPS implementation as soon as possible, supervision of CHOs by SDHTs started immediately after the training.

3) The 3rd SDHT Training

After the 2nd SDHT training, supervision of CHOs was conducted for almost a year. However, the implementation rate decreased due to the absence of feedback from the DHMTs and a shortage of trained personnel capable of conducting supervision to CHO by SDHT. SDHT training was conducted in June 2009 to improve the situation. A total of 130 SDHTs, 2 from each SDHT from all districts, were trained to double the number of trained SDHT's who can conduct supervision. Apart from introducing the revised monitoring tools, frequently observed mistakes were presented and procedures were clearly explained. Monitoring sheets which are more practical with non carbonated triplicate paper were distributed to SDHTs. Implementation of supervision after the training improved to 52.6% in July, the highest implementation rate.

Table 4: List of SDHT trainings

Year	Date	Duration (Days)	No. of Participants	Level of satisfaction	Result of pre-post assessment	Remarks
3	17 May 2007	2	4			Training of Trainers (TOT)
	21 May 2007	3	31	100%	56.0-73.0	Roles of SDHTs in CHPS implementation, referral, organization of documents, concepts of facilitative supervision. (FSV)
	20 Sep. 2007	3	28	93%	81.3-91.5	FSV, revised version of the training which was conducted in May 2007.
4	4 June 2007	2	11			TOT
	16 June 2008	4	34	94%	No test	Documentation and procedures on FSV. Practice.
	23 June 2008	4	32	94%	No test	Documentation and procedures on FSV. Practice.
5	15 June 2009	3	10			TOT
	22 June 2009	2	44	97.6%	No test	Documentation and procedures on FSV. Practice.
	25 June 2009	2	40	97.6%	No test	Documentation and procedures on FSV. Practice.
	29 June 2009	2	42	97.6%	No test	Documentation and procedures on FSV. Practice.

(4) Lessons learnt

- There are capacity gaps among staff of SDHT. It is important to identify the gap among SDHT staff. DHMT should give adequate follow up for the staff of SDHTs who do not reach to the satisfactory level.
- On the job training is indispensable for supervision. It is necessary to conduct on the job training after the theory training in class.
- SDHT training should not be limited to only supervision but made very comprehensive so as to improve performance of SDHTs in general. Emphasis should be put on more practical training.
- Staffing levels at SDHTs should be improved to address the current heavy workload on them.

2.2 Improvement of Knowledge and Skills of CHOs on CHPS Implementation

The establishment of CHPS zones in the Upper West Region started in 2002; with a targeted number of 197 by 2015. When the project started in 2006, the number of CHPS zones was only 24. One of the main factors that hindered their establishment was the delays in training CHNs. Therefore, CHO fresher training and capacity building of CHOs were considered the most important activities, and the project first gave priority to these. A total of 8 CHO fresher training courses were conducted and 160 CHNs were trained to be certified as CHOs exceeding the targeted number of 140. Since the project did not conduct training for stage I & II districts separately, there are no gaps in the quality of CHOs or a lack of availability of CHOs to be assigned. The materials used for the training were user friendly and very practical. They were developed by the project team based on the national modules, with an objective to conduct high-quality training. The project involved the National Health Learning Materials Centre in the process of development and the revision of training modules. The number of facilitators increased from 6 to 13 and the quality of facilitation also improved. Thus, CHO fresher training courses are standardized with a sufficient number of facilitators and facilitators are able to conduct quality and sustainable training by themselves.

According to the results of FSV, the performance rate of CHOs improved from 56.1% in 2008 to 62.6% in 2009. Regarding the implementation rate of FSV, CHO has the highest implementation rates at all levels are 52.5% to CHVs and 85.2% to TBAs. The levels are generally stable. The details of the activities from the 2nd year to 5th year are presented as follows.

Figure 8: Trends of the Performance Rate of CHOs

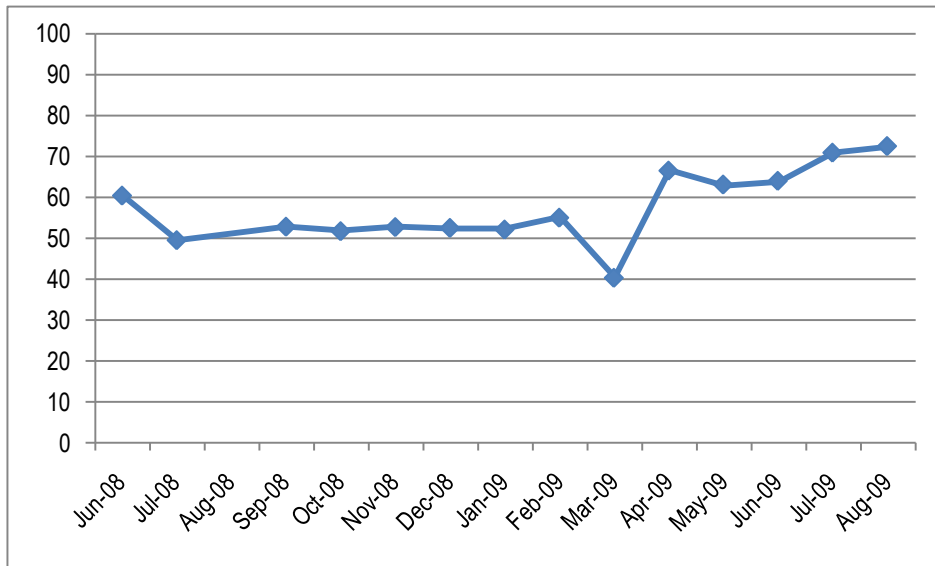
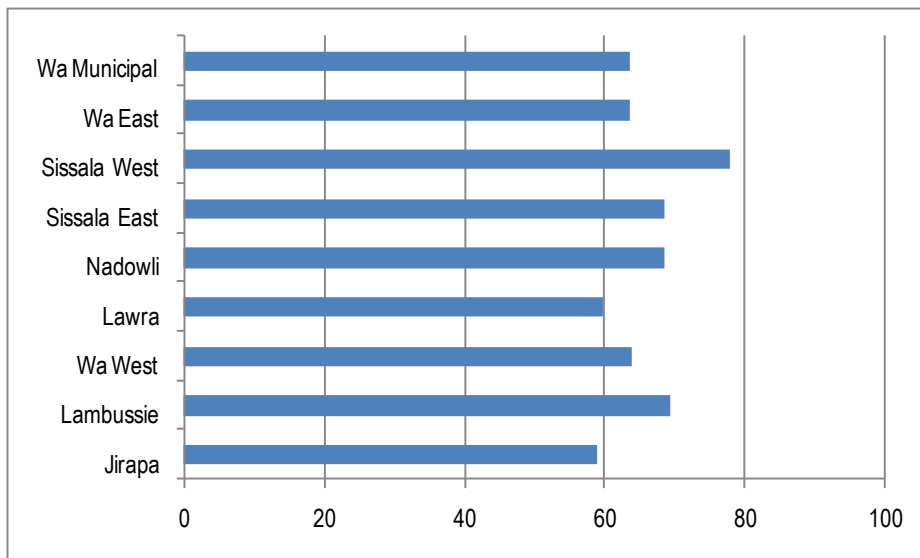


Figure 9: Performance Rate of CHOs by District



2.2.1 Achievements of Capacity Building for CHNs and CHOs

(1) Needs Assessment of CHNs and CHOs

There are two CHO-related training sessions, which are the CHO fresher training course and the CHO refresher training course. The study was conducted in 2006 to grasp the best situation that will help improve both the quantity (frequency) and quality of the training. Interviews with CHNs and CHOs on their work, experiences and expectations from the training, visits to CHPS zones, interviews with SDHTs, DHMTs and the RHMT were done during the study. The experts assigned to the project participated in the training as observers with a view to analyse the

contents of the training and capacity of facilitators. As a result, the following issues were identified. CHO fresher training targets not only stage I but also stage II districts. The development of practical training materials based on the national modules is essential. Some modules which are not included in the national modules such as reporting, infection prevention, first aid & emergencies, field work in the CHPS zones should also be added in the training. Regarding the CHO refresher training, there were the following findings. CHOs expect to have opportunities to exchange information with other CHOs. CHOs need more frequent visits from SDHT members and DHMT members. The need to train CHOs on collaborating with the community was also identified. More facilitators should be trained since the few available are over burdened with huge workloads.

(2) Implementation of CHO Fresher Training

To conduct CHO fresher training continuously, is a vital step to increase the number of CHPS zones. Aside from budget constraints, the second reason why CHO fresher training was not conducted was the unavailability of practical training materials and the challenges in organizing logistics which gave a huge workload to facilitators. To solve these problems, the project developed practical training materials as well as a systematic training program. Also, capacity building was done in both facilitation and logistic skills of the facilitators. The facilitator training can be considered as a capacity building program for the RHMT and DHMTs since facilitators are mostly CHPS coordinators, directors of DHMTs and some key staff from the RHMT. Training materials were reviewed during each training session and revised if necessary. Facilitator training was conducted prior to each training session to train new facilitators and to strengthen the capacity of facilitators. The training materials which are developed by the project are modules, facilitator's guides, participant's guides, PowerPoint presentations for 14 modules, worksheets, pre-post assessment tests, daily tests, field work materials, and materials for special lectures. The input and output of the implemented training are presented in Table 5.

(3) History of CHO Fresher Training

1) The 1st CHO Fresher Training

Facilitators led the 1st CHO training while the JICA expert participated in the training as observer with the view to identify and analyse the weaknesses and problems of the training. As a result, the following problems were identified. The objectives of field work were not clear and contents and procedures were not organized, and evaluations were not done. Facilitators spent a great deal of time on preparation, such as handwriting the presentation contents on flip charts, which put a huge workload on them. The findings were shared with the facilitators and the development of practical training materials and systematic programs by the next training

was agreed upon.

2) The 2nd CHO Fresher Training

The experts and counterparts developed practical training materials and tools which were consistent with the existing national modules. Also, facilitation and logistic management skills were strengthened through facilitator training, which was the chief aim of building up the capacity of facilitators. The project developed a complete program of CHO fresher training for two weeks.

3) From the 3rd to 5th CHO Fresher Training

The 3rd to 5th CHO fresher training was conducted within the period of July 2007 to January 2008. The following activities were implemented to improve the quality of the training. First, the project promoted the participation of facilitators from the RHMT and DHMTs to increase the number of facilitators. For example, we invited new facilitators from the RHMT for special lectures and invited facilitators from outside to increase the awareness of training among the staff. About 10 facilitators were secured by January 2008 to conduct training. Secondly, the objectives of the fieldwork were clarified and the contents of the practical to improve the quality of field work were standardized. Additionally, the project purchased 4 sets of medical equipment for the field work since some equipment is very essential to practice home visits and school health. This consequently added more quality and a higher standard to the content of field work. Again, the project developed illustrations for CHO training materials in collaboration with National Health Learning Material Centre, as a way of further improving the quality. Additionally, the consistency of the training materials with the National Health Learning Material Centre was examined by both parties. A series of work with NHMC did not only improve the quality of the materials but also motivated counterparts to improve their facilitation quality.

4) From the 6th to 8th CHO Fresher Training

The project, focusing on strengthening the logistic part of the training since September 2008, gave practical training to the regional CHPS coordinator on the preparation of each training course. From 2008 to 2009, it was arranged that counterparts conduct training by their own to ensure sustainability. Additionally, the project calculated the cost of the training based on experiences and asked the GHS to prepare the budget for training accordingly.

Table 5: List of CHO fresher training

Year	Date	Duration	No. of Participants	Level of satisfaction	Result of pre-post assessment	Remarks
2	26 Nov. 2006	1	6			Training of Trainers (TOT)
	27 Nov. 2006	12	19	78%	No test	CP led the training JICA expert participated in the training as observers to assess needs.
	9 Jan. 2007	3	9			TOT
	22 Jan. 2007	12	20	95%	69.0-81.0	The 1 st training which was conducted by using developed material.
3	7 June 2007	2	4			TOT
	11 June 2007	12	20	100%	56.0-73.0	Capacity building of facilitators.
	20 Aug. 2007	5	6			TOT
	27 Aug. 2007	12	20	95%	69.7-84.5	Check the consistency of the materials with national modules by invitation of the NHMC. Development of illustrations.
	10 Jan. 2008	3	9			TOT
	14 Jan. 2008	12	20	100%	76.5-84.5	
4	9 Sep. 2008	2	8			TOT
	15 Sep. 2008	12	20	100%	70.0-83.5	Repetition of high quality training by the CP themselves
	16 Nov. 2008	1	7			TOT
	17 Nov. 2008	12	20	100%	77.3-89.0	Repetition of high quality training by the CP themselves
5	27 Nov. 2006	1	13			TOT
	10 Aug. 2009	12	21	100%	75.3-85.2	Repetition of high quality training by the CP themselves

(4) Implementation of CHO Refresher Training

The working and living conditions of the CHOs who are assigned alone in remote areas are tough. It is necessary to not only to strengthen their capacity but also to motivate the CHOs regularly and to psyche them up mentally. The CHO refresher training was designed as an opportunity for interaction and communication with the Regional/District Directors as well as

building their capacities. Regarding the contents of the refresher training, first aid /emergency, community health activities and supervision of CHVs and TBAs were added to complement the contents of the training. Since there are big needs for these skills in the CHPS zones, this was considered necessary. The training on first aid/emergency was conducted in collaboration with a member of JOCV, especially the practical aspects. This was possible because of the cooperation between the project and JOCV. Although it was not conducted frequently, CHO refresher training was very important as a follow-up to the fresher training. Below are details of each training course.

(5) History of CHO Refresher Training

1) The 1st Refresher Training

CHO refresher training started since July 2007 after 6 months of CHO fresher training. The 1st training classes focused on replicating CHO fresher training, presentations by CHOs, and an exchange of information to promote interaction among CHOs. Due to constraints of shortage of staff at CHPS zones, only one CHO was assigned. Difficulties in forming collaborations with communities were identified during the training. The good practices were also identified and shared as well, while comments were given by District Directors on how to solve the problems identified.

2) The 2nd CHO Refresher Training

Two training sessions for capacity building were conducted in 2009 as the number of CHOs increased. Counterparts and the experts examined the modules which are not included in the CHO fresher training but were very necessary. As a result, training for first aid for emergency cases and CHAPs which is central for cooperation with communities were chosen. Also, supervision of CHVs and TBAs were added to harmonize the supervision at all levels. A member of the JOCV participated in the practical as a facilitator, which was a good example of cooperation between project and program. Additionally, the training on how to use the Ambu-bag (Resuscitation kit) was given to enable CHOs use it as requested by counterparts during the distribution of these equipments. Regarding CHAPs, an NGO who has conducted many CHAP activities in stage 1 districts participated in the training as a facilitator and trained both participants and other facilitators.

Table 6: List of CHO Refresher Training

Year	Date	Duration	No. of Participants	Level of satisfaction	Result of pre-post assessment	Remarks
3	17 Sep. 2007	3	33	97%	No test	No test as the contents was a summary of CHO fresher training.
4	12 Jan. 2009	2				TOT
	20 Jan. 2009	3	46	90%	38.0-76.0	Training on First aid, CHAPs and FSV for the 1 st group.
5	16 July 2009	4	46	93%	39.0-69.0	Above training for the 2 nd group.

2.2.2 Lessons learnt from the CHO Fresher and Refresher Training

- Training sessions gave facilitators a heavy workload. A key to conducting high quality training continuously is to reduce their workload and motivating the facilitators. It is ideal to develop localised and practical training materials and programs that suit the schedule of facilitators, and increase the number of facilitators. It is also important to deepen the facilitators' understanding of the contents of the training material and the proper assignment of roles according to the capacity of facilitators by conducting facilitators training before the training of others. These points should be considered especially for the CHO fresher training as the period is relatively long and the workload of facilitators is heavy.
- The issue that the project should conduct SDHT training, CHO refresher training and CHO fresher training within the short period in which the experts stay was realised. The workload became very heavy and it affected the relation between the Japanese and Ghanaian teams as the counterparts found it difficult to carry out other duties. At least 2 weeks for preparation and 1 week for reporting and finalization of materials should be given to experts when new training to be conducted. Otherwise, it leaves a heavy workload on the counterparts, too.
- The CHO refresher training should aim to strengthen the weaknesses that are identified through the supervision and to specify diseases and health problems in future.
- Some districts are short of CHNs, which can be a hindering factor in the training of CHOs in future. It is necessary that the GHS request to the DA to provide support not only for the construction of CHPS compounds but also the training of CHVs, since it seems that the DA does not give enough support for scholarships to be CHNs.

2.3 Development of the FSV System and Implementation of FSV

2.3.1 Development of the FSV system

CHPS implementation is a national strategy and every district is implementing CHPS.

It was decided to incorporate FSV into the CHPS operation in the UWR by a preparatory workshop for this Project which was conducted in 2005. FSV which was introduced to put emphasises on coaching method from upper to lower levels which is periodic and facilitative in nature. Prior to implementation, manuals, tools and databases were developed and used.

(1) Development of Manuals and Tools

The Project developed the manuals and tools shown in the table below. A monitoring sheet is a checklist to ensure all relevant issues are captured. Manuals contain the whole procedures of FSV including preparation, implementation, filling in the monitoring sheets, feedback to lower levels, and how to utilise the results of FSV. FSV was introduced using these manuals and monitoring sheets through the training, and practice in the field, and re-training. However, the development of manuals and monitoring sheets for the RHMT was delayed because of delays in capturing the duties of the RHMT and delays in the involvement of the RHMT staff.

Table 7: FSV guideline, manuals and tools developed by the Project

Target group	Title	Month and year	Modification
RHMT, DHMT, SDHT and CHO	Supervision guideline	June 2009	November 2009
RHMT	Manual on FSV to DHMTs	November 2009	
	Monitoring tools	September 2009	
DHMT	Manual on FSV to SDHTs	July 2009	
	Monitoring tools	July 2008	September 2009
SDHT	Manual on FSV to CHOs	August 2008	June 2009
	Monitoring tools	June 2008	June 2009
CHO	Manual on FSV to CHWs	December 2008	May 2009
	Monitoring tools	December 2008	

(2) Development of FSV System

Key characteristics of the FSV system developed by the Project for improvement of management for CHPS operation are as follows.

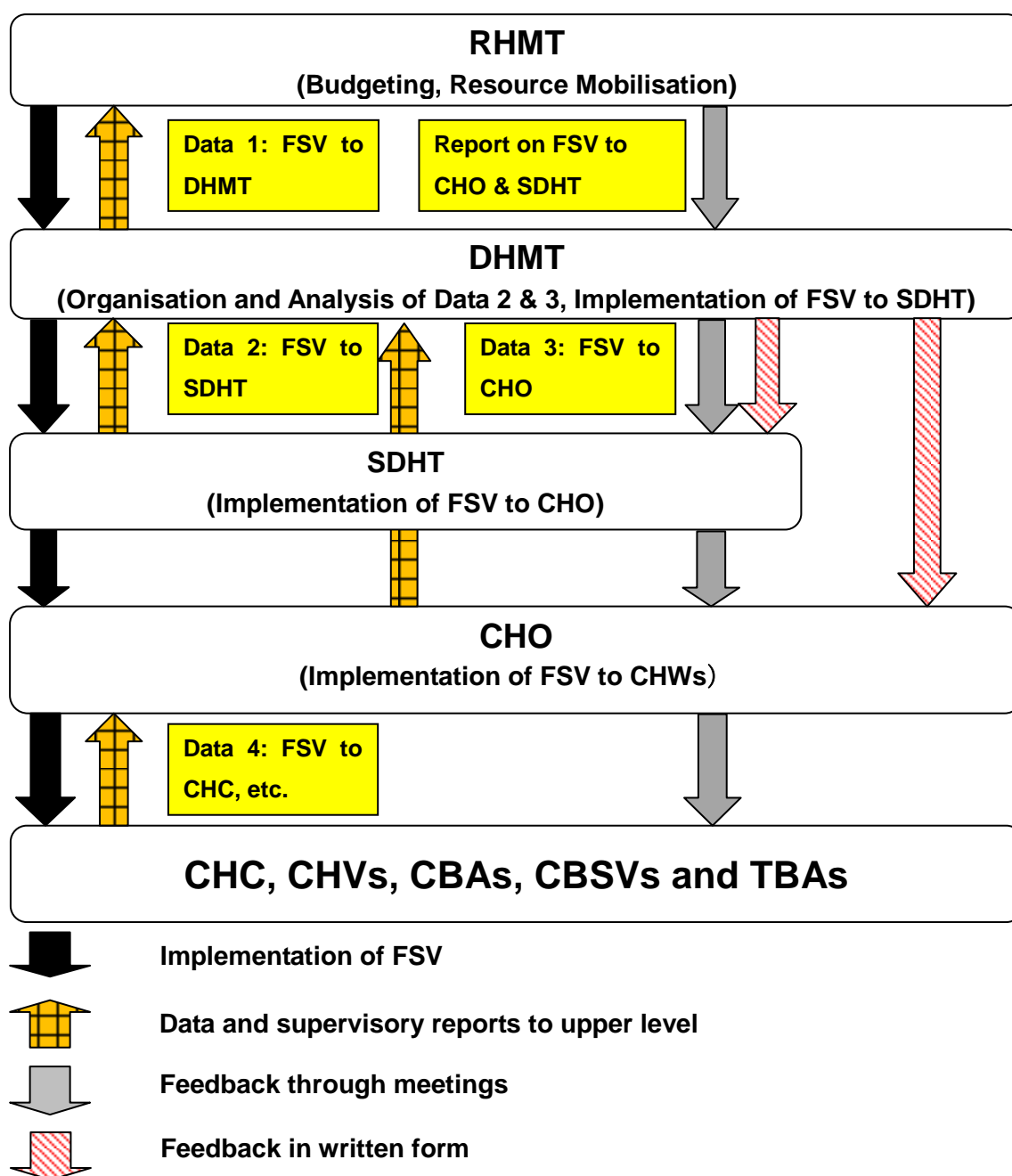
- Incorporate all parties from the RHMT to the CHOs enabling total management including

the upper level. CHOs can get support from upper levels. This, however, came in late.

- Standardise methods and procedures of FSV by utilizing tools and manuals throughout all levels. Anyone using the same procedures and tools can conduct FSV and produce the same results.
- Using monitoring tools (monitoring sheets and manuals) enables comparison of results by facilities before and after.
- Systematic feedback to supervisees and the utilisation of results to strengthen the cycle of plan – do – see – improvement.
- Use of facilitative skills improves the problem solving capacity of each staff member.
- The process of FSV includes preparatory stage, actual implementation and follow-up.

Figure 10 shows the whole system of FSV. Black arrow downward shows FSV from upper level to lower level and immediate feedback. Upward arrows with cross-lines show the flow of data and reports of FSV. The data of FSV which is conducted by SDHTs to the CHOs are delivered to the DHMT since SDHTs do not have computers and personnel to analyse the data. Thus the data of FSV to CHOs is shared by SDHTs and DHMTs. A simple summary of FSV results is written as analysis reports, and is also submitted to the higher level. Supervisory reports are utilised to highlight findings to be informed immediately to a higher level. Gray arrows pointing downward show feedback sent to the supervisees by meetings. Arrows with diagonal lines pointing downward show feedback sent to supervisees which is sent by written form. Feedback from the RHMT to DHMTs is conducted during the Annual and Half-year Review Meeting. Analysis of report is also given to districts every quarter. Feedback to SDHTs and CHOs is done during monthly CHPS review meetings in each district. The analysis of the reports is also distributed in CHPS review meetings. The analysis report contains a comparison by facilities and trends.

Figure 10 : Flow of Supervision in UWR



2.3.2 Implementation of FSV

(1) FSV by RHMT

RHMT has the responsibility for planning CHPS establishment and monitoring progress of CHPS in the whole region. RHMT captures situation of CHPS establishment and reflect it to budgeting and planning for equipment distribution. RHMT also needs to capture information of managerial capacity on CHPS that ensures uniformity and good quality services. Management

of information related to CHPS at regional level is also the duty of RHMT.

At first, FSV was thought to be necessary to SDHTs and DHMT only. The former is direct supervisor of CHOs and the latter is directly responsible for health services on site. Therefore FSV to CHOs by SDHTs and FSV to SDHTs by DHMTs started earlier. However it was discovered that many problems remain unsolved without the involvement of RHMT who is responsible for budgeting and provision of equipment for CHPS implementation.

Besides, low implementation rate of FSV from DHMTs to SDHTs was caused by lack of supervision from RHMT to DHMTs. Thus a consistent system of supervision to all levels was considered to be necessary. However, many personnel at RHMT were of the view that supervision is supposed to be conducted only by the Regional CHPS coordinator; therefore, it took a long time to involve entire RHMT members in this activity. Finally, in August 2009, RDHS and core members of RHMT had series of meetings and discussed the role of RHMT in FSV.

The role of RHMT is; to motivate DHMTs and sub-ordinates to implement FSV, to compare the results of FSV of one district to other districts. The system will strengthen management of CHPS, which is closer to beneficiaries among all public health services, connects to improvement of any other health programme in the future. Based on this agreement, in September 2009, FSV to DHMTs by RHMT and RHMT self-monitoring started. RDHS had strong commitments to continue activities of FSV and second FSV was conducted in November.

The results of the FSV were shared by RHMT staff and DDHS during RHMT meeting in December 2009. Analysis reports were also distributed. Through these experiences, the importance of role sharing in supervision among RHMT staff became clear to all at RHMT. Future challenges in RHMT supervision include further involvement of RHMT who are not yet engaging in CHPS activities, effective utilisation of FSV results and timely feedback to supervisees at DHMTs.

(2) FSV by DHMT

DHMTs are directly responsible for service provision by CHPS. DHMTs need to conduct regular monitoring of CHPS status in their district to make necessary follow up on CHPS implementation. DHMTs also have a responsibility to instruct SDHTs, whose ability is varied by person, to ensure their effective support to CHOs. DHMTs also conduct analysis of FSV data which was submitted by SDHTs, and give feedbacks on performance to SDHTs and CHOs.

Training of DHMT, on FSV using standardised monitoring sheets was conducted in June 2008. Then, DHMTs started their first supervision of SDHT in July 2008. Unfortunately, implementation rate of FSV at DHMTs was low, and did not increase at the beginning due to competitive activities in GHS and other reasons. The Project conducted OJT in each district from December 2008 to March 2009. From 2009, utilisation of standardised monitoring sheet

started. Simultaneously, the Project conducted training and OJT on tabulation and data analysis, report writing, and feedback methods and process through a monthly CHPS review meeting at DHMTs.

Implementation rate of FSV to SDHTs by DHMTs in 2009 was 56.7%. It is necessary to improve further. Big variance exists between districts in capacity of analysis and feedback. Capacity building for DHMTs on FSV is still a challenge. However, since RHMT started FSV to DHMTs, it is expected to improve gradually overtime.

(3) FSV by SDHT

It is physically impossible for DHMTs to conduct supervision to 197 CHPS zones which is expected to be established by 2015. Therefore, it is crucial that SDHTs supervise CHOs in the future. However, SDHT was the lowest level of service delivery before CHPS implementation started. The project conducted SDHT training from May 2007 as way of strengthening their capacities. Monitoring tool and manual were developed by May 2008. The training on the procedures and usage of tool were conducted in June. The 1st FSV to all levels started at SDHT level in July. However, implementation rate did not increase due to the lack of feedback from upper levels (DHMT and RHMT) since the beginning of FSV had not started and the system to implement FSV was not organized at these levels. Implementation rate increased in 2009, but was parallel with the implementation rate of FSV from DHMT to SDHT. The project revised the monitoring tool to a more practical one and conducted training to check the consistency in the procedures and to also improve filling of the monitoring tool. Implementation rate increased to 52.6% in July 2009. FSV from DHMT to SDHT should be conducted continuously to increase implementation rate of FSV to CHO and to improve the quality as well.

(4) FSV by CHO

The collaboration with CHVs and TBAs is vital for CHOs to implement CHPS activities.

CHOs have an obligation to meet all TBAs and CHVs for consultation; and supervision at CHO level is to promote collaboration. Therefore, this supervision is different from supervision at other levels. Supervision at CHO level covers a wide range of activities through meetings to individual communication. Monitoring tool was developed in December 2008 to record supervisory activities. The tool was distributed during the training in January 2009, and the record of FSV started. The average implementation rate of FSV to CHVs is 52.5% and 85.2% to TBAs in 2009. Actual implementation rate might be better since there are informal communications which were not recorded. However, some activities were wrongly recorded or not recorded at all, and thus SDHTs should deem it necessary to check the records regularly.

2.3.3 Lessons learnt from Supervision

- Development of monitoring tools and manuals for RHMT and DHMT was delayed since it took a long period to grasp duties and roles of staff members on CHPS related activities. Also, it took a while to let GHS staff understand that FSV was not an additional duty but a fundamental system to help improve their work in general.
- FSV is basically a system which goes from upper level to lower level. Therefore, it will not be implemented continuously if no commitment is made by upper level. It was more effective to start supervision at RHMT and DHMT level or to start at all levels simultaneously.
- As of a time RHMT seems to contribute the increase of implementation rate at lower levels. Therefore RHMT members should have been involved in the supervision process from the early stage.
- The complete and comprehensive system of FSV was finally developed when FSV at RHMT level started. However, the activities after FSVs, particularly feedback from upper level to lower level was still not sufficiently done. Training on feedback should be given and opportunities such as CHPS review meeting be used to give feedback to the lower level.
- One of the roles of DHMT in FSV is to analyse the data of FSV at lower level. However, FSV data analysis is not done sufficiently, as it depends on the capacity of Information Officer and/or CHPS coordinator. It is very important that RHMT follow up and train them through FSV.
- There are huge gaps on the supervisory capacity among SDHTs. This is because of the limited number of SDHT staff with too many responsibility. Over time RHMT should endeavour to increase the number of SDHT and build their capacities on FSV to about same level across board.

2.4 Strengthening Capacity of Referrals at Hospitals, Health Centres and CHOs

2.4.1 Activity / Output Achievements

The activity/output achievements for referral strengthening are summarized according to PDM outputs.

(1) Review Current Referral Procedure

In 2007, a task-force was constituted to study 13 facilities and seven communities in three

districts (Jirapa/Lambussie, Wa West and Nadowli) to review the current referral system.

This survey revealed that the average referral rate and the compliance rate were 1.1% and 82 % respectively, which differed by location and season. The survey found low feedback rate of 17% and lack of standardization of referral form, feedback and case registration, highlighting need for development of guideline and formats for referral procedure standardization, and enhancement of the referral feedback.

The follow-up survey in 2008 showed improvement of referral procedure at referring facilities while feedback from receiving facilities was still inadequate. The referral workshop in August 2008 was used for reviewing the feedback route and the standard referral form due to be introduced. This was a good opportunity for staff both from referring and receiving facilities to conduct joint review of the current referral situation and share the problems regarding procedure; staff at referring facilities identified busy and overburden situation at hospital while hospital staff acknowledge referring facilities' staff strong demand for feedback on the cases they refer.

(2) Develop Guideline and Necessary Formats for Referral with Health Personnel

A practical referral guideline along with standard referral and feedback forms and register were drafted in 2007 in conformity with the GHS referral policy.

The standard referral and feedback forms and register were developed in late 2007 and early 2008. The referral procedure guideline was developed to standardize the procedure including use of the standard referral form in February 2008 and distributed to health facilities including CHPS in the region.

Following GHS updating the standard referral form, the referral procedure guideline was revised in 2009 with change of feedback route into official route. It was distributed through the referral workshop to Regional and District Hospitals as well as DHAs. Utilization of this guideline is to be monitored through FSV.

(3) TOT and GHS Staff Trainings on Referrals

Training of Trainers (TOT) was conducted in November 2007, using the drafted guideline, referral and feedback form, and register developed. A total of 29 staff from DHMTs, regional and district hospitals participated in the TOT in 2007, where they discussed referral form and register, and feedback procedure for their revision into development of the guideline.

This TOT was followed by eight district-level training from December 2007 to February 2008 with a total of 233 participants who discussed standardization of the referral procedure, and reviewed drafted referral guideline, forms and register through practices. A decision was made to use these guideline and forms without further revision. District Health Administrations (DHAs) were designated to be in charge of photocopying, storing and distributing the referral

forms for their health facilities. The referral register had been distributed as a format, and were improvised later at each facility.

The referral review workshop in 2008 was attended by 48 staff including CHOs from districts and facilitated by five regional health and hospital staff.

The referral review workshop in 2009 was attended by 58 staff involved in referral including medical superintendants of district and agency hospitals and personnel from the National Ambulance Service. Those participants from districts and hospitals will become facilitators for district-level training and supervisors to CHOs following the action plans developed by districts.

(4) Monitoring of Referral Status - Stage I and Stage II Districts

Follow-up study on referral situation was conducted in the middle of 2008 for monitoring of the referral procedure standardized by the referral guideline in early 2008; checking use of standard referral form and register at referring facilities such as CHPS, and delivery of feedback notes at referred facilities.

Monitoring referral status in 2008 compared to 2007 showed more improvement at referring facilities than receiving facilities. The rates of referral advice and compliance in 2008 increased from 2007 (Table 2). It also revealed that 67% of referring facilities used the standard referral form and register compared with only 38% and 54% of facilities using the form and register in the previous year. On the other hand, referral feedback rate at receiving facilities in 2008 was still as low as 30%, though the rate had improved from 17% in 2007. Some hospitals still used only inpatient registers for recording referral cases. Standard referral form was out of stock at some facilities, which highlighted need for DHAs to make continuous distribution of the forms. Some facilities had a good filing system for the referral forms.

Table 8: Change in Indicators Related to Referral Procedure from 2007 to 2008

Indicators related to referral procedures	2007	2008
Referral (advice) rate	1.0%	2.0%
Referral compliance rate	71%	89%
% of CHPS using standard referral form	38%	67%
% of CHPS using standard referral register	54%	67%
Referral feedback rate	17%	30%

A total of 31 sets of the radio system were provided through the Japanese grant aid and installed in 27 health centres, and in 4 ambulances. Through this technical cooperation project, a total of 18 sets of the radio system were provided and installed in 17 CHPS facilities and 1 hospital. This was to facilitate communication at all levels of service delivery.

(5) Promotion of Regular Referral Case Review.

Referral case review in the region had been limited to district health half-year review and hospital maternal death review meeting except for monthly report on childhood cases associated with IMCI. Referral case review was conducted during the workshop in August 2008 based on the summary report of referral cases by the outpatient ward matron of the regional hospital and the case report on clinical appropriateness by a medical doctor at the regional hospital.

Referral case criteria was necessary for CHOs as the existing Ghana Standard Treatment Guideline was too complicated and IMCI was limited only to major childhood diseases. Referral case criteria for CHOs was developed in 2009 to improve appropriateness in referral cases at CHPS level and distributed to health facilities through the RHA and DHAs. Monitoring referral procedure in FSV is also expected to assess appropriateness of referral cases through examination of referral register and the referral forms..

2.4.2 Lessons learnt

- It was learnt that clear understanding of communities' care-seeking behaviour and referral compliance are important for CHPS to provide quality care to communities.
- Improvement in feedback from hospital for referral cases was slow due to inadequate involvement of hospital staff into referral strengthening at the initial stage and unclear guidance for feedback route either via patients or official route.
- Different referral forms in addition to the GHS standard form had been used at first, which facilitated subsequent integration into the standard form unique to the region. However, the GHS new form was developed for national use so that unique standard form had to be withdrawn. A lesson learned was more communication for the GHS referral procedure and alignment with it.
- Monitoring of referral cases and procedure using routine health information system was inadequate; it had relied on annual surveys until its incorporation into FSV.
- Referral case analysis had been periodic and partial until its incorporation into FSV as it had been limited to half-year reviews at district level and maternal death reviews at hospitals. Development of referral criteria for CHOs also lagged behind strengthening of referral procedure.
- Radical improvement of referral system required geographical and economical accessibility, which highlighted necessity for more registration into the national health insurance scheme and consolidation of transportation and communication system.

2.5 Enhancement of Community Participation in CHPS Implementation

2.5.1 Outline of Promotion of Community Participation

The project has taken below five approaches for enhancement of community participation. In those five approaches, the first four tasks were sub-contracted to NGOs to implement. The chart below shows their terms of references.

- 1) Training for CHV/CHC
- 2) Training for GHS staff
- 3) Support Development of Community Health Action Plan (CHAP)
- 4) Conduct study tour
- 5) Development and distribution of Manual for Community Participation in Community-Based Health Planning and Services (CHPS) and Manual for Community Health Action Plans (CHAPs) Preparations in CHPS

Table 9: NGOs' Terms of Reference

Year	Name of NGO	Assignment of their Work	Target Area
2	1. Cooperative League of the USA (CLUSA) 2. PRONET North 3. Planned Parenthood Association of Ghana	<ul style="list-style-type: none"> • Conduct needs assessment on community health • Development of training module for CHV • Conduct CHV/CHC training • Promote health awareness activities in a community level • KAP survey 	Stage I district (Jirapa-Lambussie, Wa West District)
3	1. Northern Network of CIVC League (NONETCU) ³ 2. PRONET North	<ul style="list-style-type: none"> • Conduct CHV/CHC training • Conduct training for GHS staff on participatory approach (includes field practice) • Development of CHV training materials and revision of the training module 	Stage I district
4	Network for Sustainable Development	<ul style="list-style-type: none"> • Conduct CHV/CHC training • Conduct training to GHS staff on Participatory Learning and Action approach at stage II district 	Stage I and some Stage II districts (Wa Municipal and Nadowli district)

³ NONETCU is an umbrella organization of CLUSA. A staff of CLUSA was moved to NONETCU on the 3rd year and subcontracted work from the Project. In the 4th year, a core staff of NONETCU developed NSD. Thus, quality of service from NGOs was stable.

		<ul style="list-style-type: none"> • Conduct study tour • Help develop manuals and guidelines for community participation and CHAP development 	
5	Network for Sustainable Development	<ul style="list-style-type: none"> • Assist directly to CHO to facilitate community session for development of CHAP at the stage I districts • Conduct workshops on participatory approach and CHAP development at each district in the stage II districts • Make one CHAP at one CHPS zone at each district • Conduct interview survey on equipment procured by the project • Conduct study tour for CHOs, CHVs and CHCs of the stage II districts 	The whole Upper West Region

(1) Trainings for CHVs/CHCs

The main actors in CHPS system are CHOs who provide primary health care at community level. According to the CHPS policy, there supposed to be one CHO per compound. However, there seems to be a physical limitation for CHOs to provide quality services to all the population in their coverage area.

GHS has practiced community entry activities that are described in the CHPS operational policy. However community entry process appeared not properly to have been carried out in many places.

In order to improve that situation, the project considered that capacity building and awareness-creation of CHVs and CHCs are the most prioritized agendas. Thus, training for CHVs/CHCs and community re-activation were carried out at some CHPS zones in the stage I districts (Wa West, Jirapa-Lambussie⁴ districts) The training focused on understating about CHPS concepts, clarification of CHVs and CHCs, community participation methods, basic health knowledge, facilitation skills, etc. In the second year of the project (April 2006-March 2007), training were conducted for 5 days at two CHPS zones. This type of 5 day CHV and CHC training were continued until the end of the fourth year of the project (March 2009). Modules and materials for the CHV/CHC training were created by the training task force of the project.

⁴ These two districts were separated from 2009. Until then, it was one district.

(2) Trainings for GHS Staff on Community Entry Skill

Even though it was found out that by improvement of knowledge, skills and motivations of CHVs and CHCs, community participation would become more active, GHS staffs' understanding level about community participation was varied. Hence, it was necessary to built GHS staff's capacity in community participation through trainings using Participatory Learning and Actions (PLA) methods.

(3) Promotion of Community Health Action Plans (CHAPs)

Apart from the above activities, Community Health Action Plan (CHAP), an action plan implemented by community members to improve health condition of a CHPS zone, was used. This tool was started being utilized at some CHPS zones from the fourth year of the Project (between April 2008 and March 2009). CHAP was started being acknowledged as an effective tool for enhancement of community participation at the mid-term evaluation of the Project in the fourth year. Thus, from May 2009 to March 2011, the Project supported CHAP development at CHPS zones with assistance of NGO. At stage I districts, NGO staff facilitated community meetings with CHOs to develop CHAPs at 19 CHPS zones.

At stage II districts, workshops were held for GHS staff and District Assembly (DA) staff at each district. The workshop was focused on practical skills in community participation and knowledge about CHAP development. At those three-day workshops, one CHPS zone was selected to develop a CHAP and at the final day of the workshops, all the participants observed a process of CHAP development. In those workshops, 91 GHS staff and 8 DA staff participated in total. These training have become good opportunities for CHOs to start preparing CHAP.

According to the survey taken in October 2009, 40 CHPS zones out of 81 functional CHPS zone have and are implementing CHAP.

(4) Conduct of Study Tour

In November 2009, a study tour was organized to disseminate good practice of CHPS implementations and to motivate CHOs, CHVs, and CHCs. Ten participants from two CHPS zones per district (stage II) were selected and in total, 60 people participated in the study tour to learn good practices at different CHPS zones. Participants were divided into three groups and visited three different CHPS zones in stage I districts which have been successful in community participation. After observing CHPS compounds and discussing with hosting CHOs and hosting community people, participants reviewed their observations by groups and made action plans for their own CHPS zones. Through this study tour, exchanging information and opinions among CHOs, CHVs, and CHCs were enhanced. This activity made points of improvements for participating CHPS zones and motivated CHVs and CHCs for stronger commitment in CHPS operations.

(5) Development of Manuals

Based on the first four year experience, the project developed two manuals.

1. Manual for Community Health Action Plan (CHAPs) Preparation in CHPS
2. Manual for Community Participation in Community-Based Health Planning and Services (CHPS). (Refer to the attachment 6 and 7.)

The first manual explains about a concept of community participation and steps to be taken for community mobilisation, some useful PLA tools in CHPS context. The second manual shows what CHAP is and suggested steps to be taken for development of CHAP as well as an example of CHAP. Those manuals were made in February 2008 and officially distributed in the region in August, 2009.

2.5.2 Lessons learnt

Existence of CHAPs does not always means that community participation is very active and smooth, but through CHAPs, there are more chances for community people to participate and cooperate for CHPS implementation. Since community participation is fundamental and essential for an active CHPS implementation, increase in the numbers of CHAPs will contribute to improvement of CHPS implementation.

2.6 Dissemination of Good Practices and Innovations

2.6.1 Publication of ‘Collection of Good Practices from CHPS Implementation in the Upper West Region’

Seven good practices of community members, CHCs, CHVs, CHO, SDHT, DHMT and RHMT in the area of community participation, referral, FSV and the dissemination of good practices were identified and compiled into the booklet called Collection of Good Practices from CHPS Implementation in the Upper West Region. The target readers of this booklet are all the CHPS practitioners including CHOs, SDHTs, DHMTs and RHMTs in the region as well as those in the other regions and in the headquarter. The brief summaries of seven good practices are as follows.

(1) Outlook of ‘Collection of Good Practice’

1) Community Mobilization through the Use of Community Health Action Plans (The Good Practices of Community Members, CHC, CHV and CHO on Community Participation)

The following three CHAP practices were documented as a good practice of community mobilisation.

- The construction of additional rooms to the CHPS compound for the ANC and emergency delivery services in the Sampina CHPS zone, Nadowli District

The general service room of the Sampina CHPS was too small for the CHO to provide family planning services or emergency delivery in a way to respect the privacy of the clients. When the Sampina CHO introduced the CHAP to her community members, one of the community members suggested building additional rooms to the CHPS compound with the use of CHAP and the whole community agreed. Community members proceeded with the construction according to their CHAP and completed the construction within three months. The rooms are now in use especially for emergency delivery and ANC services. The Sampina CHO did not receive any training for the CHAP practice; however, she learnt how to facilitate CHAPs from her fellow CHO in Nato when she happened to visit her during their CHAP planning session.

- Increasing ANC registrants in the Dahile Community, Lambussie-Karni District

The Dahile CHO has been practicing CHAPs since February 2009. One of the first CHAP target was to increase ANC registrants in the catchment area. The specific activities to achieve the target were set as registering all the pregnant women for ANC in the community by CBAs and TBAs, reporting defaulters to the CHO and educating them on the importance of ANC. According to the CHO, all the activities were implemented and the number of registrants of ANC increased in the following months; however, the average number of ANC registrants became stagnant shortly afterwards. Then the CHO raised the issue of ANC registrants as well as the issue of low skilled delivery during one of the CHAP updating session. Community members prioritized the target to increase skilled delivery and decided to hold the durbar to tackle the issue as the whole community.

- Planting of fruit trees in the Dornye CHPS zone, Wa West District

Planting of fruit trees in order to support the feeding of malnourished children was selected as the CHAP target in the Dornye CHPS zone. The specific activity as well as the indicators was set such as trees are planted, trees are fenced and trees are growing. The planted trees are taken cared by the community members and they are growing well.

2) Good Communication for Effective Referral and Feedback (The Good Practice of CHO on Referral)

Referrals are one of the most important duties of the CHO. However, the CHO is having difficulty in ensuring the clients' compliance to the referral and receiving referral feedback from the referred health facility. Here the strategies employed by the CHO in the Ping CHPS zone in Jirapa district such as pre-counselling for the referral clients about the importance of referral and referral feedback, involvement of family members of the client, frequent communication with

the health workers at the referring facilities were introduced to promote referral compliance and feedback.

3) The Community Emergency Transport System (The Good Practice of Community Members, CHV, CHC and CHO on referral)

Many communities in the Upper West Region are inaccessible and the community members have difficulty in hiring and paying for vehicles or ambulance service in times of emergency or referral to a higher level. In order to improve such situation, communities in 31 CHPS zones in the Upper West Region established the Community Emergency Transport System, in which community members negotiate the price with the owner of the vehicle or ambulance services in advance for emergency transportation and establish the community fund with the contribution of community members to pay for such services. Here the specific cases of Dabo CHPS zone in Wa West District and Sentu CHPS zone in Lambussie District were introduced to share the different system as well as the voices of beneficiaries.

4) The Effectiveness of District/Municipal CHPS Review Meetings as a Medium to Provide Feedback on Facilitative Supervision (The good practice of DHMT)

Providing feedback is one of the most important components of effective facilitative supervision. Organising monthly district/municipal CHPS review meetings with all CHOs and their supervisors to share their findings from the supervisions is effective way of giving feedback. The case of Wa Municipal CHPS Review meeting was introduced to show how the SDHT and CHO are motivated to perform better by knowing their shortfalls and finding solutions together with the supervisors at the CHPS review meeting.

5) Inter District Study Tours for CHOs, CHVs, and CHCs (The Good Practice of RHMT)

The Upper West Regional Health Team with the support of the technical cooperation project organises one and half day inter district study tours for CHOs, CHVs and CHCs to well performing CHPS zones in the region to enable participants learn good practices in other districts. The study tour was introduced as an effective method of sharing experiences among colleagues and disseminating good practices for replication.

In addition to the publication of the booklet, the video documentary was also made using the four good practices of 1, 4, 5 and 6 in order to disseminate those practices more effectively for replication in other areas.

(2) Lesson learnt

- There were no designated Ghanaian counterparts specifically for the production of Good Practice Collection. So the production was led by the JICA expert and significant inputs

were made by the Regional Director, Regional CHPS Coordinator, Regional Health Promotion Officer, and Stage One District Directors. However, it would have been more ideal if the Ghanaian counterparts had let the production of Good Practice Collection with some support of the JICA expert. The heavy routine workload and conflicting project activities were also some challenges to assure the full ownership.

- Similarly, the identification and selection of specific good practices were made by the JICA expert through individual consultation with the main project counterparts; however, it would have been ideal for the designated team to sit, identify and select such practices in order to sustain fairness of selection and good quality of content.
- It is important for CHPS supervisors to try to identify good practices on CHPS on a regular basis, create the opportunities to share such information and to encourage their supervisees to replicate applicable good practices.
- In future any good practice should be presented at a CHPS review forum, discussed and accepted by all as being good.

2.6.2 Study Tour

(1) Method of Study Tour

SDHTs and CHOs have hardly opportunities to exchange experiences and ideas with other colleagues in other district and CHPS zone. The Project considered that dissemination of good practices and information exchange at the site of CHPS was very important to improve implementation of CHPS and also to motivate CHOs. So study tour as an opportunity of mutual visit between small groups to promote information exchange was conducted targeting CHOs, CHVs and SDHTs.

Table 10: List of Study Tour

Name	Period	No. of participants	Facilitators
1 st study tour	September 2007 1 night and 2 days	SDHTs and CHOs in Stage 1, 21 persons	DDHS of Stage 1 districts, CHPS Coordinators, Health Information Officers
2 nd study tour	July 2008 1 night and 2 days	CHOs, CHVs and CHCs of Stage 2 districts, 22 persons	CHPS Coordinator of Stage 1 districts, Regional CHPS Coordinator
3 rd study tour	August 2008 1 night and 2 days	CHOs, CHVs and CHCs of Stage 2 districts, 22 persons	CHPS Coordinator of Stage 1 districts, Regional CHPS Coordinator
4 th study tour	October 2008 2 nights and 3 days	CHOs, CHVs and CHCs of Stage 2 districts, 22 persons	CHPS Coordinator of Stage 1 districts, Regional CHPS Coordinator
5 th study tour	July 2009 2 nights and 3 days	CHOs, CHVs and CHCs of 3 districts, 33 persons	CHPS Coordinator of 3 districts, Regional CHPS Coordinator
6 th study tour	September 2009 2 nights and 3 days	CHOs, CHVs and CHCs of 3 districts, 33 persons	CHPS Coordinator of 3 districts, Regional CHPS Coordinator
7 th study tour	October 2009 2 nights and 3 days	CHOs, CHVs and CHCs of 3 districts, 33 persons	CHPS Coordinator of 3 districts, Regional CHPS Coordinator

The first study tour was conducted in September 2007 as trial targeting 21 participants from SDHTs and CHOs of Wa West and Jirapa districts. Participants visited one excellent CHPS of each districts and conducted interview with CHO and CHVs and community members. After the field visit, participants had discussions and group work and made reports of findings. The Project developed a programme and interview guide for the study tour. Study tour was approved to be effective as follow up of training. Study tour also facilitates to make good relations between CHOs and SDHTs. It was possible to conduct by small number of persons and in short time being fewer loads to facilitators. Thus study tour was agreed to continue next fiscal year.

From the second to fourth study tour was conducted in July, August and November 2008. Study tour in 2007 was targeted only CHOs and SDHTs in Stage 1 districts. However information exchange among CHCs and CHVs who are conducting community activities supporting CHPS activities was also considered to be very important. Therefore CHCs and CHVs were incorporated in 2008. In these study tour, participants were from Stage 2 districts. Almost same programme was used as the first study tour, but the fourth study tours was conducted by two (2) nights and three (3) days based on the opinions that more time was needed for discussion and report making. Preparatory meeting was held on the first day to share information on the CHPS to be visited in next day. Besides, CHPS zones in remote areas can be used to be visited. Longer time was assigned for information sharing and discussions and consequently participants could understand better. Impressive findings for participants were CHAP, method to promote community participation, CETS, document management and filing, reporting and method of home visits.

From the fifth to seventh study tour was conducted July, September and October in 2009. To have opportunities equally to all districts, participants from Stage 1 districts were included in this fiscal year. In fifth fiscal year, interview guide and checklist were modified to support learning of participants more effectively. According to questionnaire from the participants, highly useful findings were high commitment of CHOs, CHVs and CHCs, merit of repeating update of CHAP to support these high commitments.

(2) Lessons learnt

- Study tour can be a good opportunity to learn experiences of other CHPS zones for CHOs, CHVs and CHCs. It also motivated participants to work positively in CHPS implementation.
- Study tour is less exhaustive for facilitators and less costly than massive training. So it is appropriate conducting follow-up of training intensively focusing on small number of group.
- It is important to develop interview guide according to objectives to target the issues to be focused. Brief explanation about the CHPS to be visited in preparatory meeting was very helpful to make study tour more effective. At least two (2) nights and three (3) days are necessary to have enough time for group work after field work.

2.6.3 Regional CHPS Forum

(1) Method of Regional CHPS Forum

Cooperation among DAs and other development partners are highly important for scaling up of CHPS. As an opportunity to meet together these stakeholders and communicate the significance of CHPS and clarify the role of each organisation, the Project held regional CHPS forum every year from 2006.

1) History of Regional CHPS Forum

First regional CHPS forum was held in November 2006 with participants from RHMT, DHMTs, SDHTs, CHOs, DA staff, NGOs and other development partners. Regional Deputy Minister of RCC also participated. There are no achievements at this time and presentation on progress of CHPS in the region, brief of the project, results of baseline survey and study tour to other region were presented at the forum. Every district presented progress of CHPS in their district. Participants pledged their cooperation for scaling up of CHPS.

The second regional CHPS forum was held in October 2007. The objective was same as the first one; disseminate broadly understanding of CHPS to stakeholders in the region. At the first forum, key stakeholders such as DAs and traditional chiefs in Stage 2 districts were not invited.

Therefore, at the second forum, DAs and paramount chief in all districts were invited.

The RDHS presented outlook of CHPS implementation. After the speech from DCEs and representative of RCC, GHS staff presented examples of good practices, e.g., FSV using PS, promotion of community participation and study tour. Video clip on CHPS filmed in UWR with support of JOCV members was presented during the forum

At the third CHPS forum, presentation focused on good practices in Stage 1 districts. Some of the good practices included were district CHPS review meeting using results of FSV, example of CHAP, referral procedure fully consistent with national treatment guideline, etc. Through these presentations, importance of regular CHPS review meeting, promotion of CHAP and appropriate referral procedures were stressed.

The fourth regional CHPS forum was held in December of fifth fiscal year having participants from RCC, DAs, traditional chiefs, development partners, GHS and journalists. RDHS presented outlook of CHPS implementation and outputs of the Project. And then video clip developed by the Project on good practices was presented. The presentations were made in the following areas;

- Promotion of community participation
- Community referral
- FSV
- Implementation of CHAP, CETS
- Involvement of stakeholders
- Sustainability of the Project

(2) Lessons learnt

- Regional CHPS forum is a good opportunity to share the actual situation of CHPS in the region. However preparation of allowances was very difficult because the number of participants was uncertain until the day of forum. It was necessary to confirm number of participants through DHMTs.
- Some forums had a few participants from DAs who are highly important for CHPS compound construction and scholarship for CHNs. Preparation and communication from DHMT should have done with enough time periods.

2.6.4 Dissemination Workshop

Disseminating activities and achievements of the Project with their significance to core

personnel of GHS in central level is very important to get supports for implementation and commitments to sustain project outputs after the Project. The Project conducted dissemination workshops once in third fiscal year, three (3) times in fourth fiscal year and three (3) times in fifth fiscal year to disseminate achievements of the Project.

Presentations shown in the following table was conducted. Japanese project members technically assisted preparation of presentation material.

Table 11: List of Dissemination Workshops

Name	Month & Year	Place	Presentation	Main participants
First dissemination WS	July 2007	Accra, Conference hall of GHS HQ	<ul style="list-style-type: none"> ● Presentation of the Project ● Presentation of performance standard 	Director General of GHS, PPME, KLM Centre, CHPS – TA, JICA Ghana office, project members
Second dissemination WS	September 2008	JICA Ghana Office	<ul style="list-style-type: none"> ● Presentation of the Project 	GHS, PPME, WHO, UNICEF, UNIFPA, USAID, DANIDA, CHPS – TA, JICA Ghana office, project members
Third dissemination WS	October 2008	JICA Ghana Office	<ul style="list-style-type: none"> ● Training material of CHO fresher training 	GHS, PPME, WHO, CHPS – TA, JICA Ghana office, project members
Fourth dissemination WS	January 2009	MOH Conference Hall	<ul style="list-style-type: none"> ● Progress of the Project ● Best practices 	GHS, PPME, WHO, UNICEF, UNFPA, USAID, DANIDA, JICA Ghana office, project members
Fifth dissemination WS	July 2009	MOH Conference Hall	<ul style="list-style-type: none"> ● Progress of the Project ● FSV guideline and manuals ● District CHPS review meeting 	GHS, PPME, WHO, UNICEF, UNFPA, USAID, DANIDA, JICA Ghana office, project members
Sixth dissemination WS	September 2009	UWR, Project sites, Library of RHA	<ul style="list-style-type: none"> ● Progress of the Project 	Director General of GHS, PPME of GHS, HRDD, Chief Director of MOH, PPME of MOH, UNICEF, Nurses & Midwives Council, JICA Ghana office, project members
Seventh dissemination WS	January 2010	Novotel Conference Hall	<ul style="list-style-type: none"> ● Progress of the Project ● Good practices 	Director General of GHS, PPME of GHS, HRDD, Chief Director of MOH, PPME of MOH, RDHS & R. CHPS Co. of other regions, WHO, UNICEF, UNFPA, DANIDA, Nurses & Midwives Council, JICA Ghana office, project members

In July 2007, first dissemination workshop was conducted in conference hall of GHS Head Quarter, since understanding about the Project was low among stakeholders in central level before that time. Director General of GHS was just assigned to the position and he participated in the workshop. Besides, staff from National Health Learning Material Centre also participated. Performance standards developed by the Project and training material for CHO fresher training were presented by Regional CHPS Coordinator. This workshop enabled us introduce to core members of GHS central about the Project activities and material developed by the Project.

After the mid-term evaluation in 2008, donor coordination was promoted by JICA Ghana Office. Based on the request from JICA Ghana Office, the Project carried out three (3) presentation

from September 2008 to January 2009. The presentations were on;

- Project overview
- Development of training material
- Documentation of good practices

Participants were drawn from staff of MOH and GHS at all level, WHO, UNICEF, UNFPA USAID, DANIDA, CHPS-TA and some NGOs. From January 2009, the workshop was held on the day of JCC so that participants from UWR did not need to travel many times.

September 2009, the Project invited stakeholders of central level to UWR and organised site tour not only the Project but also JICA's entire programme in health development. Participants from central level were Director General of GHS, Director of PPME, Director of HRDD, Chief Director of MOH, PPME of MOH, Nurses and Midwives Council, UNICEF and NGOs working in UWR such as Plan Ghana and SNV. Participants saw implementation of FSV, updating CHAP, had interaction with JOCVs and CHOs. After field observation, RDHS presented outlook of achievements of the Project. This workshop served to motivate GHS personnel in UWR very much since core directors of central level understood the achievements of the Project. And this opportunity made basis to disseminate the project experiences to other regions in the future.

Final workshop was conducted in January 2010 with the following purposes;

- To share experiences and achievements of the Project as well as challenges to stakeholders in central levels and other regions
- To show achievements of UWR can be model in other regions and enhance presence of the Project; and
- To strengthen commitment of Ghanaian counterpart to sustain and further develop outputs of the Project.

For this workshop, many persons participated including representative of Minister and Japanese Ambassador, persons of GHS and MOH central, main donors in health sector, RDHS and Regional CHPS Coordinators from other nine (9) regions. Ghanaian counterparts presented achievements according to indicators of PDM and presented video clip on good practices. Products of the Project e.g., FSV guideline and manuals, manuals for CHAP, training material were handed out to representatives of other regions.

(2) Lessons learnt

- GHS central showed their interest from 2008 after JICA Ghana Office started donor coordination actively and increased the number of dissemination workshop to three (3) times. To conduct dissemination workshop effectively, establishment of good relation with participants particularly from GHS central and other donors and increase number of

dissemination workshop was necessary.

- To introduce activities and achievements of the Project in short time in dissemination workshop, visual material such as video clip or pamphlets with figures and photographs are effective.
- Ghanaian counterparts presented by their own word and this was good to convey the actual nuance of the project implementation to participants. It was also good for motivating Ghanaian counterparts.
- Site visits in UWR was effective to let participants understand about the project activities and see things for themselves.

2.7 Other Activities

2.7.1 Joint Coordinating Committee (JCC)

(1) Holding JCC

During the project period, eight (8) JCC meetings were held. This was done every six months. Most JCC was conducted in Accra but three (3) JCC were held in Wa to make JCC members visit and know the Project site. In JCC meetings, progress of the Project, modification of PDM, way forward based on evaluation were discussed mainly. The following table shows topics discussed in each JCC meeting.

Table 12: Summary of JCC meetings

Name/Date/Venue	Main issues and discussion
First JCC 12/June/2006, Accra	<ul style="list-style-type: none"> ● Confirmation of priority of CHPS in Ghanaian health development strategy ● Project Director Dr. Nyongtor (Director of PPME) explained objectives and outlook of the Project ● JICA presented programme in UWR. JICA also explained basic medical equipment to H/Cs and Nursing School by grant aid. ● The Project member explained to conduct promotion of community participation by sub-contracted NGOs
Second JCC 22/2/2007 Accra	<ul style="list-style-type: none"> ● Confirmation of minutes of previous JCC. ● RDHS presented progress of the Project from September 2006 to February 2007. ● Role of Ghanaian and Japanese project members was clarified. ● Confirmation of importance of information sharing between Ghanaian and Japanese members.

	<ul style="list-style-type: none"> ● Modification of PDM to clarify indicators of Project Purpose and Outputs (PDM2)
Third JCC 16/10/2007 Accra	<ul style="list-style-type: none"> ● Confirmation of minutes of previous JCC ● RDHS presented progress of project activities from March 2007 to October 2007 ● Director General of GHS approved performance standard developed by the Project. ● Minor modification of PDM (PDM3) to clarify means of verification of indicators of Outputs and increased Inputs
Fourth JCC 17/1/ 2008 Wa	<ul style="list-style-type: none"> ● Participants visited project sites and observed CHO fresher training one day before of JCC ● Confirmation of minutes of previous JCC ● RDHS presented progress of project activities from November 2007 to January 2008 ● Discussion on installation of radio communication system by Japanese grant aid ● Modification of PDM to clarify indicators of Project Purpose and Outputs (PDM4) ● Discussion on date of mid-term evaluation
Fifth JCC 22/7/2008 Wa	<ul style="list-style-type: none"> ● Mid-term evaluation meeting was held in the morning. ● Confirmation of minutes ● Deputy RDHS presented project activities from January 2008 to July 2008 ● Way forward was discussed based on results of mid-term evaluation ● Replacement of Project Purpose, clarification of indicators in PDM, setting Overall Goal (PDM5) ● Information of change of JICA project office to inside of GHS UWR
Sixth JCC 16/1/2009 Accra	<ul style="list-style-type: none"> ● Confirmation of minutes of previous JCC ● Regional CHPS Coordinator presented project activities from July 2008 to January 2009 ● Discussion on duties of CHOs and assist in delivery by CHOs.
Seventh JCC 22/7/2009 Accra	<ul style="list-style-type: none"> ● Confirmation of minutes of JCC in previous JCC ● Regional CHPS Coordinator presented progress of project activities from January 2009 to July 2009 ● Presentation about FSV ● Discussion on exit strategy of the Project
Eighth JCC 30/11/2009 Wa	<ul style="list-style-type: none"> ● Final evaluation meeting was held in the morning ● Confirmation of minutes of previous JCC ● Discussion based on recommendation of final evaluation ● Discussion on exit strategy and preparation for second phase of the Project

(2) Lessons learnt

- Since the Project located far from Accra, JCC was an important opportunity to inform actual situation of the Project and propose issues to be solved to JCC members in Accra. JCC can be an effective platform to solve problems if the Project prepares adequately before the JCC and makes concrete proposals
- The Project held these two meetings on the same day, having first half for JCC and second half for dissemination workshop. Combining two different meetings on one day reduced load of participants and also reduced logistic works.

2.7.2 Coordination among the Programme Stakeholders

(1) Coordination among the Programme Stakeholders

Efforts were made to coordinate the activities of the Project and the JICA programme volunteers throughout the entire life of the Project. As a result, the linkage between the programme volunteers and the technical cooperation was strengthened and the technical cooperation supported the following activities of the programme volunteers.

- The Project provided some advice on the training plan and content for the TBA training organized by the programme volunteer in Lawra in 2009. The project provided a vehicle and some equipment as well.
- The Project provided a vehicle for community events for nutrition education organized by the programme volunteer in Jirapa in 2009.
- The Project provided some equipment and a vehicle for the health durbars on CHPS organized by the programme volunteers in Nadowli in April 2009.
- The Project provided the information on how to establish Community Emergency Transport System for the programme volunteer in Nadowli.
- The Project organized a programme meeting in December 2009. The participants were the new programme volunteers in Lawra and Nadowli, Regional CHPS Coordinator and Regional Deputy Director of Nursing Services and the JICA experts. The meeting was to brief the programme volunteers about the programme and good practices of CHPS implementation and to discuss the area of cooperation with the volunteers. As for the discussion on the area of cooperation, programme volunteers' support on health durbars on CHPS and CHPS training such as the study tour, promotion of CETS and CHAP, and OJT to promote the use of Grad Aid equipment and the improvement of ANC services were positively discussed among the participants. The programme volunteers said they will plan their two year activities utilizing the information they got at this meeting.

- The project organized a study tour to Jirapa Community Health Nurse Training School and Upper West Regional Hospital with the request by the programme volunteers.

The programme volunteers also supported the technical cooperation as follows;

- Six programme volunteers participated in the CHO Fresher training.
- Four programme volunteers participated in the CHO Refresher training.
- Two programme volunteers participated in the study tour.
- Four programme volunteers participated in the Regional CHPS forum and prepared the presentation on good practices of CHOs in the Nadowli district.
- One programme volunteer supported the training for facilitators for CHO Refresher training and supported the lecture and demonstration of the CHO Refresher training twice.
- One programme volunteer produced a short documentary about CHPS operation in the region.

(2) Lesson Leant

- The position of the Programme Coordinator (JICA expert) to encourage the linkage of different programme components was created for the technical cooperation project at the latter part of the programme period. The TOR of the program coordinator was not so clear and the Ghanaian counterpart was not assigned either. Therefore, it took time for the programme coordinator to seek the direction of activities.
- When the programme volunteers were dispatched at the beginning period of the programme, not much communication was made between the programme stakeholders and the volunteers. The volunteers were not clear about what they want to do or are expected to do as the programme volunteers.
- The Programme Coordinator provided information about the project activities to the programme volunteers and also approached them to get the information from their side. Once the information sharing between the technical cooperation and the programme volunteers started to take place, the programme linkage was strengthened naturally.
- Most of the programme volunteers were posted to the DHMT in different districts and there was some physical distance between the technical cooperation and the programme volunteers. In addition, it was difficult for all the JICA experts of the different fields to meet the programme volunteers for information sharing as the timing of the dispatch of JICA experts varied from one another.
- There were some challenges for the collaboration activities because of the regulation of the

programme volunteers' activity site. For example, some grant aid equipment was located in the different district from the volunteer's post and it was difficult for her to work with the equipment in the different district.

- The JICA volunteers work with their GHS counterparts in the field as their routine activities. So the volunteers are more aware of problems or issues which the technical cooperation project members are not aware of. Therefore, it is important to have a meeting on a regular basis with the volunteers in order to share their finding in the project activities and also to plan on effective programme activities.
- The JICA volunteers make a two year work plan within the first four months after the dispatch. So it is ideal to provide them information about the programme and exchange ideas among the programme stakeholders before the volunteers finalize the work plan.

2.7.3 The Development of Programme Homepage

(1) Programme Homepage

In order to increase the publicity about programme activities in a timely manner, the technical corporation project tried to develop a programme homepage both in English and Japanese. However it ran into some technical difficulties and was abandoned.

(2) Lesson learnt

Involvement of key stakeholders from the inception is necessary.

2.7.4 Provision of equipment

Table 13: List of equipment provided

Equipment	Fiscal year	Quantity
Medical equipment (38 items)	2 nd year	12 sets
	3 rd year	8 sets
	4 th year	20 sets
	5 th year	11 sets
Communication radio (+battery)	3 rd year	6 sets
	4 th year	12 sets
Motorbike (+ Helmet & lock)	2 nd year	12 sets
	3 rd year	16 sets
	4 th year	14 sets
	5 th year	9 sets
Bicycle (+ Inflater)	2 nd year	120 sets
	4 th year	140 sets
Laptop computer (+ accessories)	5 th year	11sets

(1) Medical Equipment:

6 medical equipments which are listed in “CHPS operational Policy” are not sufficient to improve the service at CHPS zones. The Project chose 38 items through the consultation with C/Ps on medical equipments and distributed to CHPS zones. Distribution was done only to the stage I districts at the beginning of the Project. Then, distribution was expanded to the stage II districts according to the modification of PDM. The situation of utilization is quite good such as 21 items of distributed 38 items were often used by more than 50% of CHPS zones which received equipments. On the other hand, there are some CHPS zones which keep many spares due to the duplication of equipment from other donors and GHS. Virginal speculum was rarely utilized since CHOs are not trained to use it.

(2) Communication Radio

It is planned to promote communication between CHOs and higher management/hospitals and give CHOs appropriate instruction and effective support equipping communication radio with solar battery in CHPS compounds. It was a new approach for supporting CHO’s activity since there was no CHPS compound equipped with communication radio before the Project. Compatibility with communication radios already installed in H/Cs and hospitals in 2007 by Japanese grant aid was considered very important to increase effectiveness of the communication radio. In total 18 sets of communication radio were installed in CHPS zones of Stage 1 districts. Although there were problems sometimes with compatibility in communication

with existing communication radios, results of questionnaire collected in fifth fiscal year reveals that about 90 % of communication radios was functional. Frequency of utilisation was also high; more than half of CHOs use the communication radio every week. Purpose of usage according to the questionnaire reveals that major part of receiving message was for work issues, such as information of meeting and others. In sending message, work issues are also more frequent followed by referral usage.

(3) Motorcycles

CHOs frequently visit homes in their CHPS zones and motorcycles are essential means of transportation. Therefore, the Project provided 51 motorcycles from the 2nd year to the 5th year (April 2006 to March 2009). Considering bad road conditions of rural areas in the Upper West Region, the Project procured relatively more durable motorcycles. When the Project conducted a survey on usage of equipment in the 5th year, all the motorcycles were used properly. All the CHOs bring their motorcycles to servicing monthly. However, it was also found out that available spare parts and lubricant oil have been very limited at GHS vehicle maintenance stores and often broken motorcycles have not been repaired completely. A part of the cause of this situation is that very limited availability of appropriate spare parts in the Upper West Region and it has made the maintenance of motorcycles difficult.

(4) Lessons learnt

- Regarding medical equipment, some equipment are stocked as spare. Also, there are cases that CHOs could not use it since they are not trained. Good record keeping and organization of stocked equipment is indispensable.
- Equipment procurement demanded the Project large amount of time and workload due to the distance between Wa and Accra. The process and/or the system of equipment procurement should be improved.
- As for medical equipment, the weakness of documentation and record keeping on equipment is observed at DHMTs. Capacity of organization of stock at CHOs is varied and can be improved.
- GHS needs to secure budget to provide necessary spare parts and lubricant oil to maintain the motorcycles.
- The reason of installing radio communication systems at CHPS compound was that most of them were located in remote areas with no network coverage of most mobile phone services. They therefore served as means of communication for general work even though they were originally targeted at emergencies and referrals.

3. Suggestions

3.1 Strengthening the Capacity of RHMT, DHMT and SDHT on their Knowledge and Skills to Manage CHPS Implementation

The Facilitative Supervision which the Project implemented is a means of monitoring CHPS implementation. In the future GHS should consider FSV as a system of monitoring CHPS implementation in the other regions as well. The method should be decided first then necessary areas of trainings for capacity building at each level should be identified. The following suggestions are made based on the experiences of the project.

3.1.1 RHMT

All technical staff of RHMT should be targeted for FSV training so that everyone can conduct FSV. Training of FSV for new comers is recommended to be conducted once a year. For staff already received FSV training, it is recommend to have refresher training twice a year to improve quality of FSV as issues of analysis, information sharing and feedbacks are still weak for most staff. FSV team in RHMT can undertake facilitator and conduct OJT of FSV to other staff to improve quality of work.

3.1.2 DHMT

DHMTs are required to implement FSV, analysis of data and feedback with high quality. Thus training with lecture, practice session and OJT should be done for each issue. Particularly analysis of results and feedback need long time because these are new skills for many staff of DHMTs since new computer software and format have been introduced. It is necessary to make plans of combining lecture, practice sessions and OJT. In UWR, status of implementation of FSV to SDHTs is varied by district. Actions to be taken for this situation are strengthening FSV to DHMT by RHMT to identify problems. Then, appropriate measures should be taken for those districts with low performance. There is also a big gap by district in capacity of analysis of results of FSV. RHMT's instruction should be strengthened and training for HIO who can undertake analysis in district is necessary. Peer-education from good HIOs to other HIOs is also recommended. It is possible that actual monitoring sheets for SDHT and CHO needs to be modified in the future. At that time training for new tabulation software will be necessary for each DHMT staff. A monthly CHPS review meeting is an important opportunity to give feedback to SDHTs and CHOs. Implementation of a monthly CHPS review meeting is also different in frequency by district. Obstacle for holding a regular CHPS review meeting should be assessed as soon as possible. DHMT should take actions in order to conduct a CHPS review meeting regularly. Exchanging experiences and opinions with other districts may be helpful to formulate an action plan. Annual and half-year review meeting can be a good opportunity for such information sharing among districts.

3.1.3 SDHT

The position of SDHT requires the capacity as direct supervisor of CHOs. The regular supervision and feedback from upper level to SDHT is extremely desirable to strengthen their capacity to understand the activities of CHOs, to give technical training and to monitor CHPS implementation. There are gaps among SDHTs in terms of experiences and skills. DHMT should adjust the shuffling of personnel at SDHT level appropriately such as assigning capable SDHT staff as supervisor of CHOs or combining highly capable staff and less capable ones. Otherwise, a big gap among the performance of SDHTs will occur. Target number of CHPS zones in UWR by 2015 is 197. It is therefore necessary to assign 2 trained supervisors at each SDHT level so that one SDHT will be in charge of an average of 3 CHPS zones. The training should be conducted regularly since the quality of supervision by SDHTs is not yet high. At least two training are required per year. The unavailability of motorbike is a factor to hinder the implementation of supervision. Driving and maintenance training should be included in the training.

3.2 Improvement of Knowledge and Skills of CHOs in CHPS implementation

3.2.1 CHO Fresher Training

CHO fresher training should be planned based on the CHPS establishment plan. CHPS establishment plan should be renewed every year; and training should be planned parallel to this plan. According to the experiences of the Project, if CHOs are trained twice as much as the number of CHPS zones, situations that make CHOs absent from the duty post will be effectively managed. These situations may include illness, CHOs, maternity leave and reshuffling of personnel. Regarding the number of participants for each training, it is possible to increase the number from 20 to 40 for theory session and keep 20 for the fieldwork. This is due to the unavailability of equipment and transport. Given the 197 targeted number of CHPS establishment by 2015, 21 CHPS zones should be established every year starting from 2010, which demands the training of 42 CHNs per year. Then, two CHO fresher training for each 21 CHNs should be conducted or as alternatively spelled out, one theory session for 42 CHNs and two field work for each 21 CHNs should be conducted. It is important that DHMT grasp the situation of CHPS implementation and adjust the number of the participants so that CHO can work at CHPS zones immediately after the training. Regarding the number of facilitators, if only 2 training will be conducted per year, 13 facilitators are sufficient. However, if it is possible to increase the number of facilitators to 20, the workload of facilitators would be reduced and they can cope with reshuffling of personnel. The Project has submitted all materials developed during the project period. GHS should review and revise all materials available if necessary and make them available to other interesting regions in the country.

3.2.2 CHO Refresher Training

GHS does not have the national training program and manuals for the CHO refresher training. The development of a systematic training program and manual for CHO refresher training is expected to follow up CHO fresher training. Training should be conducted at least once, if possible twice a year. The number of training target, CHOs, increases in parallel with the increasing number of CHO fresher training. It is important to plan CHO refresher training by considering the exact number of CHOs who are assigned and are at their duty stations.

Currently CHOs are stationed alone and they have no colleague to turn to. Also, the position of being a CHO is not considered as carrier path to a higher level. Therefore, it is very important to motivate CHOs and to give them support strongly and continuously. It is necessary to give CHOs an opportunity to interact and exchange information with other CHOs regularly. The best solution is to assign two CHOs for a CHPS zone. When CHPS compound building is constructed in the future, it should have two accommodations.

3.3 Development of FSV System and Implementation of FSV

3.3.1 Suggestion for National CHPS Strategies

- CHPS policy at GHS at central level should be reviewed. In particular, duties and responsibilities of SDHTs, DHMTs and RHMT in CHPS implementation should be clarified concretely.

3.3.2 Suggestions for UWR

- It is necessary to review role of FSV whether the scope of assessment should just be focusing on CHPS implementation or expand to other areas to be more general or practical. PS and monitoring sheets should be modified accordingly. For RHMT self-monitoring, it is important to continue monitoring of issues highly related with CHPS, i.e., information management, equipment and consumable management, equipment management and transportation management.
- It is recommended to re-organise FSV team. Since CHPS operation is related with many programmes, it is recommended to integrate supervision of other programmes into FSV system to be conducted jointly by actual FSV implementation. It is also necessary to train all technical staff of RHMT. Assigning a staff in charge of monitoring one district is also recommended to ensure continuity of FSV.
- It is necessary to train FSV for all technical staff of DHMT. Assigning a staff in charge of

monitoring one SDHT is also recommended to ensure continuity of FSV.

- Since FSV is top-down system, it is necessary to get strong leadership by top management. FSV to DHMTs by RHMT ensures regular implementation of FSV in district level. Thus FSV to DHMTs by RHMT is particularly important to be implemented regularly.
- Merits and impact of FSV can be realised through sharing results of FSV and giving feedbacks to the subordinates. To do so, FSV must be implemented regularly. It is necessary to conduct supervision at least four cycles in order for staff to understand the impact of such supervision; therefore, strong commitment of top-management is particularly necessary to sustain activities at the beginning.
- Since SDHTs and CHOs are conducting FSV monthly, and RHMT and DHMTs are conducting quarterly, consequently some issues are arising such as delays in timely feedback. It is recommended to review frequency of FSV for RHMT and DHMTs.
- For teaming of FSV in RHMT and DHMTs, it is recommended that supervisory team should consist of both health and administrative specialists for better supervision.
- Actual managerial capacity of SDHTs differs largely, particularly in the stage 2 districts. Therefore DHMTs need to re-assess the capacity of SDHTs and assign at least one additional staff with supervising capacity to each SDHT.
- SDHTs should be involved in CHO fresher training to be fully aware of the duties and responsibilities of CHOs as supervisor. Also, it is ideal if ex-CHO would be assigned as SDHT staff to supervise CHO. The type of FSV to CHWs by CHOs is different with FSV of other levels. Thus it is necessary to modify monitoring sheets to capture informal communication with CHCs, CHVs and TBAs.

3.4 Recommendations for Referral System

3.4.1 Basic Policy

Referral system strengthening for improvement of CHPS service requires principal policy as follows:

- 1) Strengthening of monitoring and supervision
- 2) Standardization of referral procedure
- 3) Improvement of appropriateness of referral cases
- 4) Strengthening coordination among CHPS-SD-District/Regional Hospital
- 5) Community participation

6) Transport and communication system strengthening

It is required for RHMT to facilitate District Health Administration and other facilities concerned, to adhere to the national policy through the referral guideline and training workshops. Furthermore, it is necessary to update the national policy, when necessary, based on monitoring and evaluation.

District Health Administrations are expected to manage referral procedures according to the national policy through FSV to CHPS and SDHT, and referral case reviews.

Receiving regional/district hospitals need to be more actively engaged in standardization of referral procedures based on the national policy and the guideline, and strengthening of linkage with CHPS and sub-district health centres (SD-H/C) through improvement of feedback to them.

CHPS and SD-H/C are expected to maintain standards and quality of their referral through utilization of standard referral form, register and case criteria, as well as to facilitate community participation in referral system; for example, through Community Emergency Transport System (CETS). Particularly important, is supervision and monitoring followed by continuous improvement for smooth implementation of activities, procedures and assistances for referral system.

3.4.2 Suggestions

1) Strengthening of Monitoring and Supervision

Monitoring and supervision system needs to be established and strengthened for ensuring the subsequent contents of the basic policy, which should be followed by continuous improvement of referral system. Concrete activities of supervision and monitoring are to be implemented using indicators for referral system and procedures shown in the table. Simultaneously, comprehensive survey on referral system situation needs to be conducted regularly, say, once a couple of years, at facility and community levels including investigation into communities' care-seeking behaviour and referral compliance

Table 14: Monitoring indicators for Referral System/Procedures

Indicators for referral system /procedures	2007	2008	2009	2010	2011
Referral (advice) rate	1.0%	2.0%			
Referral compliance rate	71%	89%			
% of CHPS using standard referral form	38%	67%			
% of CHPS using standard referral register	54%	67%			
Referral feedback rate	17%	30%			

2) Standardization of referral procedure

It is important to monitor execution of standardized referral procedure according to the referral procedure guideline through FSV by the referral taskforce, and referral coordinator at the various hospitals. Incorporating monitoring of referral into FSV is necessary as the routine record and reporting system are not able to capture referral procedures. Referral form, register and guideline should be updated and revised if necessary.

Improvement in feedback from hospital for referral cases is particularly important through involvement of hospital staff and clear guidance for feedback route either via patients or official route. Region-wide referral workshop should be a good opportunity not only for training but also for referral case review and sharing referral issues with hospitals, CHPS and SD-H/C staff.

3) Quality Improvement of Referral Cases

To increase appropriate referral cases requires discussion on referral cases in CHPS review meetings as a part of FSV. Appropriate assessment for referral cases at CHPS requires active use of referral criteria for CHOs, which should be monitored through supervision from SDHTs and DHMT.

4) Strengthening Coordination between CHPS-SD-District/Regional Hospital

Smooth functioning of referral system requires strong coordination among CHPS-SD-District/Regional Hospital. Coordination strengthening requires regular monitoring of CHO, SDHT staff and hospital staff by their supervisors. Feedback from hospital to CHPS or SD-H/C is essential to reinforce relationship between them.

5) Community Participation

Community participation is important for strengthening referral system at the CHPS level as care-seeking behaviour and compliance for referral advice at community level have an impact on it. Adherence to referral advice will be improved with increased registration of the national health insurance scheme and establishment of CETS, which CHOs and CHVs are expected to facilitate.

6) Strengthening Transport and Communication System

Radical improvement of referral system requires geographic and financial accessibility, which is supported by strong transport and communication system. Further utilization of radio system and ambulance services requires development of the guideline for them at district level, and the policy-making for them at regional level.

3.5 Improvement of Community Participation in CHPS Implementation

- Through the project, effective community participation has been promoted by utilizing a tool known as CHAP in the Upper West Region. However, individual knowledge and skills of CHOs, CHVs, and CHCs varies and there are still many CHPS zones without active community participation. Thus, capacity building of CHOs, CHVs, and CHCs in community mobilisation should be continued and intensified especially in stage II districts.
- One of the reasons for success in community participation at stage I districts is assistance by NGOs. NGOs visited CHPS zones directly to help CHOs develop CHAPs. All of those CHPS zones where NGO supported directly have CHAP now and some of them can update CHAP by themselves without NGO support. Therefore, NGO's direct intervention in CHAP development is an effective way of enhancing community participation.
- On the other hand, there is a case that community participation is active and CHAP was made by CHOs and community people without NGO's intervention. Some CHOs shared information about what they learned at CHO Refresher Training and practiced CHAP by themselves. The number of CHPS zones like this case is still very limited, but it is hoped that such CHPS zones will be increased in the future. Not only CHO Refresher Training but also CHO Freshman Training and SDHT Trainings need to be reviewed and revised in quality and quantity about community participation component.
- Direct effects of study tour has not been confirmed yet, but since it has been one of the few ways that CHVs and CHCs can see other CHPS practices and communicate with other volunteers directly, it is also an effective approach to disseminate good practices as well as motivating CHOs, CHVs, and CHCs. Study tour as a form of information sharing and dissemination should be continued.
- Since the manuals made in this phase were officially distributed to project related members this year, impacts of these manuals still have not been clearly recognized yet, but some training were conducted based on them and many CHAPs were made based on the information in these two manuals. Thus, it has a certain level of impact of these manuals in promotion of community participation. However, GHS staff should monitor how those manuals will be used and if necessary, revise contents of these manuals with a new example

and with more practical and detailed information to make them better.

- Currently, there are cases that some CHVs and CHCs have not been active in CHPS implementation. Some community leaders believe that CHVs and CHCs receive money and feel that they do not want to cooperate with CHPS implementation. One cause of those attitudes is that community entry was not been carried out properly. The main purpose of community entry is for developing a relationship between GHS and community leaders. Community entry includes dialogue with community leaders, selection of volunteers, and orientation of community people on CHPS. To make community entry more effective, sometimes, it should be done intensively when community people get interests on CHPS implementation. Therefore, DHMT needs to have enough numbers of staff who understand community participation well and have the requisite skills to do so. Currently the health promotion staffs of the GHS are over burdened with other programmes to give adequate attentions to community participation relating to CHPS. And so, sometimes, it is difficult for DHMT to spend enough time for conducting community entry activities and doing it on a timely manner. Also, not all the DHMT staffs have appropriate knowledge and practical skills for community participation. Community entry is the first and important step for GHS to ask community people to support for CHPS implementation. There is a plan of establishing more CHPS in the future. Thus, strengthening implementation of community entry is necessary and there will be a need to build capacity of DHMT staff to undertake community entry more effectively. Taking advantage of NGOs' support can be one effective way to improve situation of implementing community entry but cost money.
- If RHMT, DHMT, and SDHT staff can participate more in community level meetings and durbars etc., CHVs and CHCs' motivations would be raised and other community members' awareness level to CHPS implementation and health problems would also be raised. Thus, it is desired that those staff participate more in community level gatherings.
- Many CHVs and CHCs have never been trained on basic health knowledge and community mobilisation. If CHVs and CHCs can have both positive attitudes and have knowledge on basic health, they could be more effective and those CHPS would be more sustainable. Then, if SDHT staff and CHOs can provide formal training in basic health information such as preventive health, family planning, sanitation, etc, health condition in community level would be improved. For those training, community participation component can be integrated and NGOs can be in charge of that part to train CHVs and CHCs.
- Although some CHOs have already obtained practical skills in community participation, many of them still can learn more about community participation. They should especially have an opportunity to transform their knowledge about community participation into skills. Thus, CHO Freshman Training and CHO Refresher Training need to be reviewed in community participation component.

- Creating an occasion where active CHVs and CHCs can exchange information and opinions. If there is an opportunity like that, those active volunteers could review their contribution and evaluate it better. It would be a good motivation for them and can maintain them as active volunteers.
- In the stage II districts, rate of CHPS which has CHAP is 28% (Data taken in October, 2009) and the figure is much lower than the stage I district. Thus, supporting CHOs in the stage II districts by increasing the number of CHAP would enhance more active community participation in the entire Upper West Region.
- CHPS zones which already have CHAP should improve quality of their CHAPs. CHAP is originally intended to improve quality of the health services in the community. However, many CHAPs focus on betterment of CHOs lives such as fetching water, farming for them, etc. GHS needs to instruct CHOs to improve contents of it to make it more oriented toward improvement of health issues.
- There are still many community leaders who are not cooperative to CHPS implementation. Without their supports, getting active community participation is difficult. Thus, conducting a study tour for community leaders is considered very effective to change their perceptions about CHPS. There are also many community leaders who have been actively involved with CHPS implementation. Changing community leaders' minds and attitudes toward CHPS help promote community participation.
- CETS is a system that community provides transportation to emergency patients. Currently, a ratio of CHPS zones which have CETS is 41% in the Upper West Region. Since there are limited ambulances services, more CETS should be established at different CHPS zones. The community needs to discuss and agree on rules for operation of CETS. Enhancement of community participation for promotion of CETS is necessary because if communities already have cohesiveness through CHPS implementation, it would be easier to create CETS.
- Some nearby CHOs communicate often to exchange information and to monitor each other's situation. In rural area with limited resources, colleagues' supports can be very helpful and useful. If GHS can officially establish CHO to CHO support system for the purpose of dissemination of good practices and exchange information, they could learn about community participation from each other on a regularly basis. For example, a newly assigned CHO can be mentored by a nearby experienced CHO periodically. It could be either a group support system or peer review type of support system in an area and/or a district level. This idea will help improve quality of activities and services.

3.6 Dissemination of Good Practices and Innovations

Following actions are suggested for the GHS to sustain or continuously disseminate good practices and innovations on CHPS.

- The Dissemination of good practice and innovation models within and also to the outside of the region cannot be done by the regional CHPS coordinator alone. The CHPS Unit or the dissemination team should be established with the specific responsibilities or roles assigned. The suggested roles or responsibilities are as follows;
 - The Team is aware of well performing CHPS zones and continue to organize a study tour to such a CHPS zone for CHOs, CHCs, and CHVs.
 - Good practices should be identified and selected at least once a year by the Team and Good Practice Collection should be updated, documented and disseminated for replication.
 - The RHMT and the Team continue to organize the Regional CHPS forum to promote the information sharing on good practices of CHPS among the districts.
 - The Team prepares for receiving a study tour from other regions. For instance, the Team should select the study tour site, prepare necessary educational materials, arrange accommodation, plan and allocate necessary budget, etc.
- In addition to the points above, it is important for CHPS supervisors to collect good practices of their supervisees on a regular basis, create chances to share such information and promote replication. The roles and responsibilities of the supervisees in each level are as follows;
 - CHPS supervisors of RHMT should collect information on good practices by participating in the CHPS review meeting in the district level or through FSV to DHMTs or District hospitals and reflect their finding in the Good Practice Collection or presentation at the Regional CHPS Forum
 - CHPS supervisors of DHMT should collect information on good practices on CHPS of their district through regular implementation of FSV or CHPS review meeting. DHMT Supervisors should share their finding on good practices with their supervisees and should encourage them to replicate applicable good practices.
 - SDHT should try to identify good practice of their CHOs through regular FSV.
 - CHO should share the information on good practices with CHVs and CHCs and try to replicate what is applicable to their CHPS zone with them. They should be encouraged to initiate their own good practices.

3.7 Coordination among the Programme Stakeholders

- It is necessary to make the programme coordination as part of the technical cooperation project activities. The TOR needs to be clarified and the Ghanaian counterpart needs to be assigned.
- It is ideal for the JICA programme volunteers to be briefed before the dispatch and at the JICA Ghana Office about what they are expected to do as programme volunteers. In addition, the member of the technical cooperation project with the Ghanaian counterpart should brief about the programme and project activities to create the basis for the volunteer to work as the programme volunteer. The members of the technical cooperation project with the Ghanaian counterparts should make plan for regular meetings with programme volunteers for effective information sharing. It is ideal for the Ghanaian counterparts of the volunteers to attend such meetings.
- It is preferable to get an agreement from the recipient office of the volunteer about widening the coverage area of the volunteer activities for the volunteer to work as the programme volunteer.

3.8 The Development of Programme Homepage

With the new JICA information policy, running of the original programme homepage with the external internet server is only possible when the counterpart agency is fully responsible in terms of the arrangement of the server and updating the information. However, such arrangement or dissemination of information is not possible especially in terms of information infrastructure in the regional capital yet without the support of the technical cooperation project. The new JICA information policy is not very considerate about this point and interferes with the good opportunity to disseminate programme information; the JICA information policy should be partially reconsidered in this regard.

3.9 Provision of Equipment

- It is necessary to examine the items and quantity of medical equipments together with C/Ps both in the region and district level to decrease the number of items which are kept as spares or to switch to more prioritized items. Also, it is important to consider the balance between CHPS zones and H/Cs since there is a contradictory situation where CHPS zones

are better equipped than health centres.

- Equipment should be distributed only after the training of use or with training to CHOs.
- It is necessary to train DHMT members on data management of equipments so that they can distribute equipment appropriately and update necessary registers on them.

Annex 1 Annual Plan of Operation (April 2008 – March 2009)

Activities		2008-2009												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1 Preparation of mid-term evaluation study	Plan			■	■	■	■	■	■	■	■	■	■	■
	Actual			■	■	■	■	■	■	■	■	■	■	■
Output1. Improving knowledge/skills of RHMT/DHMT/SDHT regarding management of CHPS implementation														
2 Conduct training on facilitative supervision	Plan		■	■	■									
	Actual				■							■	■	■
3 Support GHS staff in development of CHPS implementation plan	Plan									■	■	■	■	■
	Actual										■	■	■	■
4 Facilitating the establishment of productive relationship between DHMT and stakeholders	Plan									■	■	■	■	■
	Actual										■	■	■	■
5 Conduct SDHT trainings	Plan			■	■									
	Actual			■	■									
6 Support GHS in formulation of SDHT training plan in 2009	Plan											■	■	■
	Actual											■	■	■
Output2. Improving knowledge and skills of CHO regarding CHPS implementation														
7 Conduct follow-up tour to review CHO trainings	Plan		■	■										
	Actual		■	■										
8 Conduct CHO trainings (freshmen, and refreshers)	Plan						■	■	■	■	■	■	■	■
	Actual						■	■	■	■	■	■	■	■
9 Support GHS in formulation of CHO training plan in 2009	Plan											■	■	■
	Actual											■	■	■
Output3. Establishing and implementing a facilitative supervision system														
10 Develop monitoring sheets for RHMT, DHMT, SDHT and CHO	Plan		■	■	■	■								
	Actual		■	■	■	■								
11 Support GHS in implementation of facilitative supervision in stage 1 districts	Plan					■	■	■	■	■	■	■	■	■
	Actual					■	■	■	■	■	■	■	■	■
12 Monitor implementation status of facilitative supervision in stage 2 districts	Plan					■	■	■	■	■	■	■	■	■
	Actual					■	■	■	■	■	■	■	■	■
Output 4: Strengthening a referral procedure by hospitals, health centers and CHOs														
13 Monitor status of referral procedure in stage 1 districts.	Plan		■	■	■	■	■	■	■	■	■	■	■	■
	Actual			■	■	■	■	■	■	■	■	■	■	■
14 Support GHS in organizing referral case analysis meetings	Plan					■	■	■	■	■	■	■	■	■
	Actual					■	■	■	■	■	■	■	■	■
15 Consider effective utilization of equipment	Plan					■	■	■	■	■	■	■	■	■
	Actual					■	■	■	■	■	■	■	■	■
Output 5: Improving procedure of promotion of community participation in CHPS														
16 Make TOR on promotion of community participation, and selection of a local NGO	Plan		■	■	■	■								
	Actual		■	■	■	■								
16-1 Conduct CHV/CHC training	Plan						■	■	■	■	■	■	■	■
	Actual						■	■	■	■	■	■	■	■
16-2 Conduct study tours for dissemination of best practices.	Plan								■	■	■	■	■	■
	Actual								■	■	■	■	■	■
16-3 Conduct training on promotion of community participation for GHS staff	Plan			■	■	■	■	■	■	■	■	■	■	■
	Actual			■	■	■	■	■	■	■	■	■	■	■
16-4 Support CHC/CHV in organizing quarterly meetings	Plan					■	■	■	■	■	■	■	■	■
	Actual					■	■	■	■	■	■	■	■	■
17 Develop a manual for CHC/CHV implementation and a guideline for promotion of community	Plan					■	■	■	■	■	■	■	■	■
	Actual					■	■	■	■	■	■	■	■	■
Output 6: Model of best practices/innovations disseminated for potential replication														
18 Conduct study tour for stage 2 districts	Plan				■	■	■	■	■	■	■	■	■	■
	Actual				■	■	■	■	■	■	■	■	■	■
19 Identify and compile best practices/innovations	Plan							■	■	■	■	■	■	■
	Actual								■	■	■	■	■	■
20 Disseminate best practices in the Upper West Region.	Plan								■	■	■	■	■	■
	Actual									■	■	■	■	■
21 Introduce project-developed products to stakeholders at central level	Plan						■	■	■	■	■	■	■	■
	Actual							■	■	■	■	■	■	■
Other Activities														
22 Organizing JCC meeting	Plan				■	■	■	■	■	■	■	■	■	■
	Actual				■	■	■	■	■	■	■	■	■	■
23 Submit a progress report	Plan							■	■	■	■	■	■	■
	Actual								■	■	■	■	■	■

Annex 2: Dispatch of Japanese Experts (Actual)

No.	Name of Expert	Title	Y R	Period of Assignment																																		
				2006												2007												2008						2009			2010	
				1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
1	Mr. Takaharu IKEDA	Chief Advisor /Community Health Administration	1	06.03.10 - 06.03.25																																		
			2	06.05.20 - 06.07.18																																		
			2	06.09.02 - 06.11.15																																		
			2	(06.11.16 - 06.12.05)																																		
			2	07.01.13 - 07.02.26																																		
			2	(07.02.27 - 07.03.03)																																		
			3	07.05.08 - 07.07.16																																		
			3	07.09.29 - 07.11.07																																		
			3	08.01.05 - 08.01.29																																		
			3	(08.01.30 - 08.03.05)																																		
			4	08.05.10 - 08.07.08																																		
			4	(08.07.09 - 08.07.28)																																		
			4	08.10.18 - 08.12.26																																		
			4	09.01.05 - 09.03.17																																		
			4	(09.03.18 - 09.03.20)																																		
5			5	09.05.08 - 09.07.31																																		
			5	09.08.23 - 09.12.15																																		
			5	10.01.05 - 10.02.03																																		
			5																																			
			5																																			
2	Ms. Miho KAWASAKI	Community Participation	1	06.03.10 - 06.03.25																																		
			2	06.05.20 - 06.08.25																																		
			2	06.10.20 - 06.12.24																																		
			2	07.01.10 - 07.03.11																																		
3	Ms. Satoko ISHIGA	Maternal and Child Health	2	06.11.21 - 06.12.11																																		
			2	07.01.10 - 07.02.17																																		
			3	07.07.31 - 07.10.03																																		
			3	08.01.05 - 08.02.13																																		
			4	08.06.01 - 08.06.30																																		
			4	09.01.05 - 09.02.13																																		
			5	09.06.03 - 09.08.01																																		
			5	09.09.30 - 09.12.03																																		
4	Ms. Chisaki SATO	Project Coordinator	2	(06.05.20 - 06.08.18)																																		
			2	(06.10.20 - 06.12.05)																																		
		Training Coordinator 2/ Community Health Administration 2	2	(06.12.20 - 07.03.15)																																		
			5	09.07.20 - 09.10.02																																		
			5	(09.10.03 - 09.10.07)																																		
5	Mr. Hiroshi OGAWA	Deputy Chief Advisor/ Monitoring/ Community Participation	3	07.05.08 - 07.07.06																																		
			3	(07.07.07 - 07.07.13)																																		
			3	07.10.12 - 07.12.10																																		
			3	(07.12.11 - 07.12.13)																																		
			3	08.02.01 - 08.03.01																																		
			3	(08.03.02 - 08.03.14)																																		
			4	08.05.31 - 09.07.29																																		
			4	(08.07.30 - 08.08.03)																																		
			4	08.09.03 - 09.11.06																																		
			4	(08.11.07 - 08.11.11)																																		
			4	09.01.05 - 09.03.05																																		
			4	(09.03.06 - 09.03.10)																																		
6	Dr. Yasuhiko KAMIYA	Health Information System/ Referral System	3	07.07.09 - 07.08.22																																		
			3	07.10.20 - 07.12.18																																		
		Referral Planning	4	08.08.01 - 08.08.30																																		
			5	09.08.07 - 09.09.05																																		
			5																																			
7	Ms. Momoko YOSHITAKE	Project coordinator	3	07.05.08 - 07.06.11																																		
			3	(07.06.12 - 07.08.05)																																		
		Training Coordinator	3	(07.08.18 - 07.11.20)																																		
			3	08.01.05 - 08.01.29																																		
			4	08.05.10 - 08.09.06																																		
4			4	08.10.20 - 08.12.18																																		
			4																																			
8	Ms. Mayu SHIMIZU	Training Coordinator/Community Participation	4	09.01.05 - 09.03.10																																		
9	Mr. Kohei HATTA	Program Liaison and Coordination 1	4	08.11.12 - 08.12.21																																		
			4	09.01.14 - 09.03.20																																		
			5	09.05.09 - 09.07.05																																		
			5	09.09.11 - 09.10.07																																		
10	Ms. Mari ONO	Program Liaison and Coordination 2/ IEC	5	09.07.20 - 09.09.17																																		
			5	09.10.24 - 09.12.07																																		
11	Mr. Masafumi NAKANISHI	Training Coordinator 1/ Monitoring 2/ Community Participation 2	5	09.05.29 - 09.08.25																																		
			5	09.09.28 - 09.12.22																																		
12	Mr. Yasuo OHNO	Monitoring 4	5	09.10.16 - 09.11.01																																		

添付資料3 研修員受入実績(投入実績3)

Annex 3: List of Acceptance of Ghanaian Counterparts for Training in Japan and in the 3rd country

Project for the Scaling up of CHPS implementation in the Upper West Region

Project Year	Position	Name	Organization	Course Title	Period of Training	
					Starting Date	Ending Date
3	Regional Director of Health in UW	Dr. Erasmus AGONGO	GHS	Seminar on How to Reduce Child Deaths and International Cooperation	2007.05.07	2007.06.24
3	Regional CHPS Coordinator	Ms.Florence Angsomwine	GHS	Planning Management of Community Health	2007.11.29	2007.12.21
3	District Director of Health in Wa West	Ms. Phoebe Bala	GHS	Planning Management of Community Health	2007.11.29	2007.12.21
4	District Director of Health in Jirapa/Lambussie	Ms. Beatrice Kunfah	GHS	Planning Management of Community Health	2007.11.29	2007.12.21
4	Regional Director of Health in UW	Dr. Alexis Nang-Beifubah	GHS	Health Administration for Regional Health Officer for Africa	2008.06.29	2008.08.10
4	Regional Training Coordinator	Ms. Rebecca Alalbila	GHS	Health Administration for Regional Health Officer for Africa	2008.06.29	2008.08.10
4	District Director of Health in Wa Municipal	Ms. Basilia Salia	GHS	Health Administration for Regional Health Officer for Africa	2008.06.29	2008.08.10
4	Regional sub Director	Dr.Kofi Issah	GHS	Maternal Health (Assistance for improvement of regional level maternity care)	2008.09.07	2008.10.04
4	District hospital, Gynecologist	Dr. ChrisOpoku Fofie	GHS	Maternal Health (Assistance for improvement of regional level maternity care)	2008.09.07	2008.10.04

Equipment Administration for the Project

Project Name		Project for the Scaling up of CHPS implementation in UWR (Year 1 to 5)												
Counterpart Organization		Ghana Health Service, UWR					Budget Subject		Office Items					
Cooperation Period		2006-2009					Consultant Name		IC NET LTD					
No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration/Labeling Number	Registered Date in Project (D/M/Y)	Condition of Equipment	Transferred/ Purchased Date (D/M/Y)	Receiver	User/CHPS compound	Reference
1	Year 2	Printer	HP Laser Jet 1320	1	GHC	500.00	Kalgaston Ent	JICA/CHPS/OE/001	15/6/2006	Good	2/6/2006	GHS/CHPS UNIT		Office
2	Year 2	Photocopier	Conon iR 1210	1	GHC	2,250.00	Kalgaston Ent	JICA/CHPS/OE/002	15/6/2006	Out of Use	19/6/2006	GHS/CHPS UNIT		Office
3	Year 2	Stabilizer	Binatone Deluxe Series	1	GHC	120.00	Kalgaston Ent	JICA/CHPS/OE/003	15/6/2006	Good	15/6/2006	GHS/CHPS UNIT		Office
4	Year 2	Printer	Deskjet 6543	1	GHC	525.00	Odatech Port Ventures	JICA/CHPS/OE/004	15/6/2006	Good	19/6/2006	GHS/CHPS UNIT		Office
5	Year 2	UPS	Ablerec	1	GHC	1,350.00	Odatech Port Ventures	JICA/CHPS/OE/005	27/6/2006	Good	27/6/2006	GHS/CHPS UNIT		Office
6	Year 2	CPU	Dell PIV	1	GHC			JICA/CHPS/OE/006	27/6/2006	Good		GHS/CHPS UNIT		Office
7	Year 2	Monitor	Dell PIV	1	GHC			JICA/CHPS/OE/007	27/6/2006	Good		GHS/CHPS UNIT		Office
8	Year 2	Key board	Dell PIV	1	GHC			JICA/CHPS/OE/008	27/6/2006	Good		GHS/CHPS UNIT		Office
9	Year 2	Three door open cabinet	N/A	1	GHC	175.00	Foka Ent	JICA/CHPS/OE/018	9/9/2006	Good	14/6/2006	GHS/CHPS UNIT		Office
10	Year 2	DVD Player	LG	1	GHC	150.00	Kalgaston Ent	JICA/CHPS/OE/019	9/9/2006	Good	21/7/2006	GHS/CHPS UNIT		Office
11	Year 2	Colour Television	LG CT-14D79KE	1	GHC	150.00	Kalgaston Ent	JICA/CHPS/OE/020	9/9/2006	Good	21/7/2006	GHS/CHPS UNIT		Office
12	Year 2	Digital Camera	Nikon Coolpix S610c	1	YEN	30,953	LA OX	JICA/CHPS/OE/029	9/9/2006	Good	10/5/2006	GHS/CHPS UNIT		Office
13	Year 2	Video Camera	Panasonic NV-as300	1	YEN	128,200	LA OX	JICA/CHPS/OE/030	9/9/2006	Good	10/5/2006	Mr. Simon/ GHS	Health Promotion's Office	Already Transferred
14	Year 2	Video Stand	Panasonic	1	YEN	5,696	LA OX	JICA/CHPS/OE/031	9/9/2006	Good	10/5/2006	Mr. Simon/ GHS		Already Transferred
15	Year 2	Laptop	Toshiba PPM30Z01M00Z	1	YEN	197,000	LA OX	JICA/CHPS/OE/032	9/9/2006	Good	12/5/2006	GHS/CHPS UNIT		Office
16	Year 2	Laptop	Toshiba PSAA0Z	1	YEN	384,300	Ishimaru Electric	JICA/CHPS/OE/033	9/9/2006	Good	12/5/2006	GHS/CHPS UNIT		Office
17	Year 2	Laptop	Toshiba PSAA0Z	1	YEN		Ishimaru Electric	JICA/CHPS/OE/034	9/9/2006	Good	12/5/2006	Mr. Simon/ GHS	Health Promotion's Office	Already Transferred
18	Year 2	Scanner	HP 3800	1	GHC	450	IPMC	JICA/CHPS/OE/037	1/8/2007	Out of Use	6/2/2007	GHS/CHPS UNIT		Office
19	Year 2	CPU	Dell	1	GHC	1,350.00	Odatech Port Ventures	JICA/CHPS/OE/038	1/9/2007	Good	9/8/2006	Ms. Florence/GHS	Ms. Rebecca Alalbila/GHS	CHPS Coordinator's Office
20	Year 2	Monitor	Dell	1				JICA/CHPS/OE/039	1/9/2007	Good	9/8/2006			
21	Year 2	Mouse/Keyboard	Dell	1				JICA/CHPS/OE/040	1/9/2007	Good	9/8/2006			
22	Year 2	UPS	Dell	1				JICA/CHPS/OE/041	1/9/2007	Good	9/8/2006			

No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration/Labeling Number	Registered Date in Project (D/M/Y)	Condition of Equipment	Transferred/ Purchased Date (D/M/Y)	Receiver	User/CHPS compound	Reference
23	Year 2	CPU	Dell	1	GHC	1,350.00	Odatech Port Ventures	JICA/CHPS/OE/042	1/9/2007	Out of Use	9/8/2006	GHS/CHPS UNIT		Office
24	Year 2	Key board/Mouse	Dell	1				JICA/CHPS/OE/043	1/9/2007	Good	9/8/2006	GHS/CHPS UNIT		Office
25	Year 2	Monitor	Dell	1				JICA/CHPS/OE/044	1/9/2007	Good	9/8/2006	GHS/CHPS UNIT		Office
26	Year 2	UPS	T-People	1				JICA/CHPS/OE/045	1/9/2007	Good	9/8/2006	GHS/CHPS UNIT		Office
27	Year 2	Projector	Sony	1	GHC	1,670	Dealers COS Ltd	JICA/CHPS/OE/050	15/5/2007	Good	21/11/2006	GHS/CHPS UNIT		Office
28	Year 2	Printer	HP Laser jet 2600n	1	GHC	993.00	IPMC	JICA/CHPS/OE/051	15/5/2007	Not well	22/12/2006	GHS/CHPS UNIT		Office
29	Year 2	Stabilizer	Binatone Deluxe Series	1	GHC	560.00	Kalgaston Ent	JICA/CHPS/OE/052	15/5/2007	Good	7/12/2006	GHS/CHPS UNIT		Office
30	Year 2	Stabilizer	Binatone Deluxe Series	1	GHC	48.00	Kalgaston Ent	JICA/CHPS/OE/057	15/5/2007	Good	8/1/2007	GHS/CHPS UNIT		Office
31	Year 2	Stabilizer	Binatone Deluxe Series	1	GHC	48.00	Kalgaston Ent	JICA/CHPS/OE/058	15/5/2007	Good	8/1/2007	GHS/CHPS UNIT		Office
32	Year 2	Megaphone	Yaochen	1	GHC	13.90	Melcom Ltd.	JICA/CHPS/OE/059	15/5/2007	Good	13/1/2007	GHS/CHPS UNIT		Office
33	Year 2	Photocopier	Canon iR 2000/iR1600	1	GHC	1,702.00	Oman Fofor	JICA/CHPS/OE/060	15/5/2007	Good	13/1/2007	GHS/CHPS UNIT		Office
34	Year 2	Printer	HP Laser Jet 1320	1	GHC	390.00	IPMC	JICA/CHPS/OE/061	15/5/2007	Good	6/2/2007	GHS/CHPS UNIT		Office
35	Year 2	Projector	Sony	1	GHC	1,700.00	Dealers COS Ltd	JICA/CHPS/OE/062	15/5/2007	Good	6/2/2007	GHS/CHPS UNIT		Office
36	Year 2	Laptop	Dell Latitude D520	1	GHC	1,750.00	Dealers COS Ltd	JICA/CHPS/OE/065	15/5/2007	Good	2/12/2007	GHS/CHPS UNIT		Office
37	Year 2	Laptop	Dell Latitude D520	1	GHC	1,750.00	Dealers COS Ltd	JICA/CHPS/OE/066	15/5/2007	Good	21/2/2007	GHS/CHPS UNIT		Office
38	Year 2	Scanner	HP Scanjet 8200	1	GHC	565.00	IPMC	JICA/CHPS/OE/067	15/5/2007	Good	21/2/2007	GHS/CHPS UNIT		Office
39	Year 2	Printer	HP color laserjet 2605DN	1	GHC	1,142.00	IPMC	JICA/CHPS/OE/068	15/5/2007	Not well	21/2/2007	GHS/CHPS UNIT		Office
40	Year 2	Speaker	Creative 3220	1	GHC	137.00	Dealers COS Ltd	JICA/CHPS/OE/069	15/5/2007	Good	21/2/2007	GHS/CHPS UNIT		Office
41	Year 2	Projector Screen	NOBO	1	GHC	256.00	Kingdom Books and Stationary	JICA/CHPS/OE/070	1/8/2007	Good	6/2/2007	GHS/CHPS UNIT		Office
42	Year 2	4 Door Cabinet	Steeline	1	GHC	270.00	Foka Ent	JICA/CHPS/OE/071	1/8/2007	Good	1/2/2007	GHS/CHPS UNIT		Office
43	Year 2	4 Door Cabinet	Rigid	1	GHC	270.00	Foka Ent	JICA/CHPS/OE/072	1/8/2007	Good	5/3/2007	GHS/CHPS UNIT		Office
44	Year 4	Printer	HP Laserjet P2015	1	GHC	490	Ultimate Supplies	JICA/CHPS/OE/074	30/5/2009	Good	4/3/2009	GHS/CHPS UNIT		Office
45	Year 2	Garbage Containers	N/A	4	GHC	120	La Frans Ent	JICA/CHPS/OE/075	30/5/2009	Good	23/6/2006	GHS/CHPS UNIT		Office
46	Year 2	Generator (Large)	Honda	1	GHC	920	La Frans Ent	JICA/CHPS/OE/076	30/5/2009	Good	13/6/2006	GHS/CHPS UNIT		Office
47	Year 2	Generator (Small)	Honda	1	GHC	350	La Frans Ent	JICA/CHPS/OE/077	30/5/2009	Good	13/6/2006	GHS/CHPS UNIT		Office

No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration/Labeling Number	Registered Date in Project (D/M/Y)	Condition of Equipment	Transferred/ Purchased Date (D/M/Y)	Receiver	User/CHPS compound	Reference
					USD	5,395.51 US\$								
48	Year 4	Photocopier	Nashuatec MP 2500	1	USD	5,395.51 US\$	Ultimate Supplies	JICA/CHPS/OE/078	30/5/2009	Good	11/11/2008	GHS/CHPS UNIT		Office
49	Year 4	Lap Top Computer	HP Pavilion NB DV 3510	1	GHC	2380	Ultimate Supplies	JICA/CHPS/OE/082	30/5/2009	Good	4/3/2009	Dr. Alexis (GHS)	Office of GHS Director, UWR	Already Transferred
50	Year 4	Printer	HP Color Laserjet CP1515n	1	GHC	620	Ultimate Supplies	JICA/CHPS/OE/083	30/5/2009	Good	5/6/2009	GHS/CHPS UNIT		Office
51	Year 4	Video Camera with stand	Sony	1	YEN	155160.6	Best Price Rac	JICA/CHPS/OE/084	30/5/2009	Good	2019/12/9	GHS/CHPS UNIT		Store Room in the office
52	Year 5	Lap Top Computer	HP Compaq 6730S	1	GHC	1,391.46	IPMC	JICA/CHPS/OE/085	20/11/2009	Good	14/12/2009	Mr. Wisdom Tengey	RHMT Information Officer's Room	Already Transferred
53	Year 5	Lap Top Computer	HP Compaq 6730S	1	GHC	1,391.46	IPMC	JICA/CHPS/OE/086	20/11/2009	Good	14/12/2009	Ms. Rebecca Lamisi	RHMT CHPS Coordinator' Office	Already Transferred
54	Year 5	Lap Top Computer	HP Compaq 6730S	1	GHC	1,391.46	IPMC	JICA/CHPS/OE/087	20/11/2009	Good	14/12/2009	Mr. Beatrice Kunfah	Wa Municipal DHMT	Already Transferred
55	Year 5	Lap Top Computer	HP Compaq 6730S	1	GHC	1,391.46	IPMC	JICA/CHPS/OE/088	20/11/2009	Good	14/12/2009	Ms. Basilia Salia	Wa West DHMT	Already Transferred
56	Year 5	Lap Top Computer	HP Compaq 6730S	1	GHC	1,391.46	IPMC	JICA/CHPS/OE/089	20/11/2009	Good	14/12/2009	Mr. Thompson Dumba	Wa East DHMT	Already Transferred
57	Year 5	Lap Top Computer	HP Compaq 6730S	1	GHC	1,391.46	IPMC	JICA/CHPS/OE/090	20/11/2009	Good	14/12/2009	Ms. Crescentia Duopar	Nadowii DHMT	Already Transferred
58	Year 5	Lap Top Computer	HP Compaq 6730S	1	GHC	1,391.46	IPMC	JICA/CHPS/OE/091	20/11/2009	Good	14/12/2009	Ms. Phoebe Bala	Jirapa DHMT	Already Transferred
59	Year 5	Lap Top Computer	HP Compaq 6730S	1	GHC	1,391.46	IPMC	JICA/CHPS/OE/092	20/11/2009	Good	14/12/2009	Ms. Francisca Bagni	Lambussie DHMT	Already Transferred
60	Year 5	Lap Top Computer	HP Compaq 6730S	1	GHC	1,391.46	IPMC	JICA/CHPS/OE/093	20/11/2009	Good	14/12/2009	Dr. Sebastian Samdare	Lawra DHMT	Already Transferred
61	Year 5	Lap Top Computer	HP Compaq 6730S	1	GHC	1,391.46	IPMC	JICA/CHPS/OE/094	20/11/2009	Good	14/12/2009	Mr. Joseph Bolibie	Sissala East DHMT	Already Transferred
62	Year 5	Lap Top Computer	HP Compaq 6730S	1	GHC	1,391.46	IPMC	JICA/CHPS/OE/095	20/11/2009	Good	14/12/2009	Ms. Grace Tanye	Sissala West DHMT	Already Transferred
63	Year 5	Computer Bag	Logic NSV-1	1	GHC	41.04	IPMC	JICA/CHPS/OE/096	20/11/2009	Good	14/12/2009	Mr. Wisdom Tengey	RHMT Information Officer's Room	Already Transferred
64	Year 5	Computer Bag	Logic NSV-1	1	GHC	41.04	IPMC	JICA/CHPS/OE/097	20/11/2009	Good	14/12/2009	Ms. Rebecca Lamisi	RHMT CHPS Coordinator' Office	Already Transferred
65	Year 5	Computer Bag	Logic NSV-1	1	GHC	41.04	IPMC	JICA/CHPS/OE/098	20/11/2009	Good	14/12/2009	Mr. Beatrice Kunfah	Wa Municipal DHMT	Already Transferred
66	Year 5	Computer Bag	Logic NSV-1	1	GHC	41.04	IPMC	JICA/CHPS/OE/099	20/11/2009	Good	14/12/2009	Ms. Basilia Salia	Wa West DHMT	Already Transferred
67	Year 5	Computer Bag	Logic NSV-1	1	GHC	41.04	IPMC	JICA/CHPS/OE/100	20/11/2009	Good	14/12/2009	Mr. Thompson Dumba	Wa East DHMT	Already Transferred
68	Year 5	Computer Bag	Logic NSV-1	1	GHC	41.04	IPMC	JICA/CHPS/OE/101	20/11/2009	Good	14/12/2009	Ms. Crescentia Duopar	Nadowii DHMT	Already Transferred
69	Year 5	Computer Bag	Logic NSV-1	1	GHC	41.04	IPMC	JICA/CHPS/OE/102	20/11/2009	Good	14/12/2009	Ms. Phoebe Bala	Jirapa DHMT	Already Transferred
70	Year 5	Computer Bag	Logic NSV-1	1	GHC	41.04	IPMC	JICA/CHPS/OE/103	20/11/2009	Good	14/12/2009	Ms. Francisca Bagni	Lambussie DHMT	Already Transferred
71	Year 5	Computer Bag	Logic NSV-1	1	GHC	41.04	IPMC	JICA/CHPS/OE/104	20/11/2009	Good	14/12/2009	Dr. Sebastian Samdare	Lawra DHMT	Already Transferred
72	Year 5	Computer Bag	Logic NSV-1	1	GHC	41.04	IPMC	JICA/CHPS/OE/105	20/11/2009	Good	14/12/2009	Mr. Joseph Bolibie	Sissala East DHMT	Already Transferred

No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration/Labeling Number	Registered Date in Project (D/M/Y)	Condition of Equipment	Transferred/ Purchased Date (D/M/Y)	Receiver	User/CHPS compound	Reference
73	Year 5	Computer Bag	Logic NSV-1	1	GHC	41.04	IPMC	JICA/CHPS/OE/106	20/11/2009	Good	14/12/2009	Ms. Grace Tanye	Sissala West DHMT	Already Transferred
74	Year 5	Mouse	Logitech U96	1	GHC	29.59	IPMC	JICA/CHPS/OE/107	20/11/2009	Good	14/12/2009	Mr. Wisdom Tengey	RHMT Information Officer's Room	Already Transferred
75	Year 5	Mouse	Logitech U96	1	GHC	29.59	IPMC	JICA/CHPS/OE/108	20/11/2009	Good	14/12/2009	Ms. Rebecca Lamisi	RHMT CHPS Coordinator' Office	Already Transferred
76	Year 5	Mouse	Logitech U96	1	GHC	29.59	IPMC	JICA/CHPS/OE/109	20/11/2009	Good	14/12/2009	Mr. Beatrice Kunfah	Wa Municipal DHMT	Already Transferred
77	Year 5	Mouse	Logitech U96	1	GHC	29.59	IPMC	JICA/CHPS/OE/110	20/11/2009	Good	14/12/2009	Ms. Basilia Salia	Wa West DHMT	Already Transferred
78	Year 5	Mouse	Logitech U96	1	GHC	29.59	IPMC	JICA/CHPS/OE/111	20/11/2009	Good	14/12/2009	Mr. Thompson Dumba	Wa East DHMT	Already Transferred
79	Year 5	Mouse	Logitech U96	1	GHC	29.59	IPMC	JICA/CHPS/OE/112	20/11/2009	Good	14/12/2009	Ms. Crescentia Duopar	Nadowli DHMT	Already Transferred
80	Year 5	Mouse	Logitech U96	1	GHC	29.59	IPMC	JICA/CHPS/OE/113	20/11/2009	Good	14/12/2009	Ms. Phoebe Bala	Jirapa DHMT	Already Transferred
81	Year 5	Mouse	Logitech U96	1	GHC	29.59	IPMC	JICA/CHPS/OE/114	20/11/2009	Good	14/12/2009	Ms. Francisca Bagni	Lambussie DHMT	Already Transferred
82	Year 5	Mouse	Logitech U96	1	GHC	29.59	IPMC	JICA/CHPS/OE/115	20/11/2009	Good	14/12/2009	Dr. Sebastian Samdare	Lawra DHMT	Already Transferred
83	Year 5	Mouse	Logitech U96	1	GHC	29.59	IPMC	JICA/CHPS/OE/116	20/11/2009	Good	14/12/2009	Mr. Joseph Bolibie	Sissala East DHMT	Already Transferred
84	Year 5	Mouse	Logitech U96	1	GHC	29.59	IPMC	JICA/CHPS/OE/117	20/11/2009	Good	14/12/2009	Ms. Grace Tanye	Sissala West DHMT	Already Transferred
85	Year 5	Printer	HP Laserjet P1006	1	GHC	254.82	IPMC	JICA/CHPS/OE/118	20/11/2009	Good	14/12/2009	Mr. Wisdom Tengey	RHMT Information Officer's Room	Already Transferred
86	Year 5	Printer	HP Laserjet P1006	1	GHC	254.82	IPMC	JICA/CHPS/OE/119	20/11/2009	Good	14/12/2009	Ms. Rebecca Lamisi	RHMT CHPS Coordinator' Office	Already Transferred
87	Year 5	Printer	HP Laserjet P1006	1	GHC	254.82	IPMC	JICA/CHPS/OE/120	20/11/2009	Good	14/12/2009	Mr. Beatrice Kunfah	Wa Municipal DHMT	Already Transferred
88	Year 5	Printer	HP Laserjet P1006	1	GHC	254.82	IPMC	JICA/CHPS/OE/121	20/11/2009	Good	14/12/2009	Ms. Basilia Salia	Wa West DHMT	Already Transferred
89	Year 5	Printer	HP Laserjet P1006	1	GHC	254.82	IPMC	JICA/CHPS/OE/122	20/11/2009	Good	14/12/2009	Mr. Thompson Dumba	Wa East DHMT	Already Transferred
90	Year 5	Printer	HP Laserjet P1006	1	GHC	254.82	IPMC	JICA/CHPS/OE/123	20/11/2009	Good	14/12/2009	Ms. Crescentia Duopar	Nadowli DHMT	Already Transferred
91	Year 5	Printer	HP Laserjet P1006	1	GHC	254.82	IPMC	JICA/CHPS/OE/124	20/11/2009	Good	14/12/2009	Ms. Phoebe Bala	Jirapa DHMT	Already Transferred
92	Year 5	Printer	HP Laserjet P1006	1	GHC	254.82	IPMC	JICA/CHPS/OE/125	20/11/2009	Good	14/12/2009	Ms. Francisca Bagni	Lambussie DHMT	Already Transferred
93	Year 5	Printer	HP Laserjet P1006	1	GHC	254.82	IPMC	JICA/CHPS/OE/126	20/11/2009	Good	14/12/2009	Dr. Sebastian Samdare	Lawra DHMT	Already Transferred
94	Year 5	Printer	HP Laserjet P1006	1	GHC	254.82	IPMC	JICA/CHPS/OE/127	20/11/2009	Good	14/12/2009	Mr. Joseph Bolibie	Sissala East DHMT	Already Transferred
95	Year 5	Printer	HP Laserjet P1006	1	GHC	254.82	IPMC	JICA/CHPS/OE/128	20/11/2009	Good	14/12/2009	Ms. Grace Tanye	Sissala West DHMT	Already Transferred
96	Year 5	External Hard Drive	Seagate 250GB	1	GHC	185.88	IPMC	JICA/CHPS/OE/129	20/11/2009	Good	14/12/2009	Mr. Wisdom Tengey	RHMT Information Officer's Room	Already Transferred
97	Year 5	External Hard Drive	Seagate 250GB	1	GHC	185.88	IPMC	JICA/CHPS/OE/130	20/11/2009	Good	14/12/2009	Ms. Rebecca Lamisi	RHMT CHPS Coordinator' Office	Already Transferred

No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration/Labeling Number	Registered Date in Project (D/M/Y)	Condition of Equipment	Transferred/ Purchased Date (D/M/Y)	Receiver	User/CHPS compound	Reference
98	Year 5	External Hard Drive	Seagate 250GB	1	GHC	185.88	IPMC	JICA/CHPS/OE/131	20/11/2009	Good	14/12/2009	Mr. Beatrice Kunfah	Wa Municipal DHMT	Already Transferred
99	Year 5	External Hard Drive	Seagate 250GB	1	GHC	185.88	IPMC	JICA/CHPS/OE/132	20/11/2009	Good	14/12/2009	Ms. Basilia Salia	Wa West DHMT	Already Transferred
100	Year 5	External Hard Drive	Seagate 250GB	1	GHC	185.88	IPMC	JICA/CHPS/OE/133	20/11/2009	Good	14/12/2009	Mr. Thompson Dumba	Wa East DHMT	Already Transferred
101	Year 5	External Hard Drive	Seagate 250GB	1	GHC	185.88	IPMC	JICA/CHPS/OE/134	20/11/2009	Good	14/12/2009	Ms. Crescentia Duopar	Nadowii DHMT	Already Transferred
102	Year 5	External Hard Drive	Seagate 250GB	1	GHC	185.88	IPMC	JICA/CHPS/OE/135	20/11/2009	Good	14/12/2009	Ms. Phoebe Bala	Jirapa DHMT	Already Transferred
103	Year 5	External Hard Drive	Seagate 250GB	1	GHC	185.88	IPMC	JICA/CHPS/OE/136	20/11/2009	Good	14/12/2009	Ms. Francisca Bagni	Lambussie DHMT	Already Transferred
104	Year 5	External Hard Drive	Seagate 250GB	1	GHC	185.88	IPMC	JICA/CHPS/OE/137	20/11/2009	Good	14/12/2009	Dr. Sebastian Samdare	Lawra DHMT	Already Transferred
105	Year 5	External Hard Drive	Seagate 250GB	1	GHC	185.88	IPMC	JICA/CHPS/OE/138	20/11/2009	Good	14/12/2009	Mr. Joseph Bolbie	Sissala East DHMT	Already Transferred
106	Year 5	External Hard Drive	Seagate 250GB	1	GHC	185.88	IPMC	JICA/CHPS/OE/139	20/11/2009	Good	14/12/2009	Ms. Grace Tanye	Sissala West DHMT	Already Transferred
107	Year 2	Picture 1.6 (CD-Rom)	Nikon	1	GHC	N/A	LA OX	JICA/CHPS/CD/001	1/8/2006	Good	10/5/2006	GHS/CHPS UNIT		Store Room in the office
108	Year 2	Picture 1.6 (CD-Rom)	Nikon	1	GHC	N/A	LA OX	JICA/CHPS/CD/002	1/8/2006	Good	10/5/2006	GHS/CHPS UNIT		Store Room in the office
109	Year 2	Motion DV Studio 5.6 LE for DV	Panasonic	1	GHC	N/A	LA OX	JICA/CHPS/CD/003	1/8/2006	Good	10/5/2006	GHS/CHPS UNIT		Store Room in the office
110	Year 2	Acrobat 7.0 professional (CD-Rom)	Adobe	1	YEN	242,000	Yodobashi Camera	JICA/CHPS/CD/004	1/8/2006	Good	12/5/2006	GHS/CHPS UNIT		Store Room in the office
111	Year 2	Office professional 2003 (CD-Rom)	Microsoft	1	YEN		Yodobashi Camera	JICA/CHPS/CD/005	1/8/2006	Good	12/5/2006	GHS/CHPS UNIT		Store Room in the office
112	Year 2	Office professional 2003 (CD-Rom)	Microsoft	1	YEN		Yodobashi Camera	JICA/CHPS/CD/006	1/8/2006	Good	12/5/2006	GHS/CHPS UNIT		Store Room in the office
113	Year 2	Office professional 2003 (CD-Rom)	Microsoft	1	YEN		Yodobashi Camera	JICA/CHPS/CD/007	1/8/2006	Good	12/5/2006	GHS/CHPS UNIT		Store Room in the office
114	Year 2	Product Recovery, Satellite 100 (DVD-Rom)	Toshiba	1	GHC	N/A	LA OX	JICA/CHPS/CD/008	1/8/2006	Good	12/5/2006	GHS/CHPS UNIT		Store Room in the office
115	Year 2	Personal Firewall (CD-Rom)	Norton 2006	1	USD	200	IPMC	JICA/CHPS/CD/009	1/8/2006	Good	22/5/2006	GHS/CHPS UNIT		Store Room in the office
116	Year 2	AntiVirus 2006 (CD-Rom)	Norton	1	USD		IPMC	JICA/CHPS/CD/010	1/8/2006	Good	22/5/2006	GHS/CHPS UNIT		Store Room in the office
117	Year 2	Photoshop Premire Elements 2.0/4.0	Adobe	1	YEN	22,000	Yodobashi Camera	JICA/CHPS/CD/011	1/8/2006	Good	31/5/2006	GHS/CHPS UNIT		Store Room in the office
118	Year 2	Deskjet 6500 series Driver Install (CD-Rom)	HP	1	GHC	N/A	Odatech Port Ventures	JICA/CHPS/CD/012	1/8/2006	Good	19/6/2006	GHS/CHPS UNIT		Store Room in the office
119	Year 2	User Software (CD-Rom)	Canon iR 1200	1	GHC	N/A	Yea	JICA/CHPS/CD/013	1/8/2006	Good	19/6/2006	GHS/CHPS UNIT		Store Room in the office
120	Year 2	Drivers and Utilities (CD-Rom)	Dell	1	GHC	N/A	Odatech Port Ventures	JICA/CHPS/CD/015	1/8/2006	Good	27/6/2006	GHS/CHPS UNIT		Store Room in the office
121	Year 2	Drivers and Utilities (CD-Rom)	Dell	1	GHC	N/A	Odatech Port Ventures	JICA/CHPS/CD/016	1/8/2006	Good	27/6/2006	GHS/CHPS UNIT		Store Room in the office
122	Year 2	Oeprating System Reinstallation CD	Dell	1	GHC	N/A	Odatech Port Ventures	JICA/CHPS/CD/017	1/8/2006	Good	27/6/2006	GHS/CHPS UNIT		Store Room in the office

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123	Year 2	Operating System Reinstallation CD	Dell	1	GHC	N/A	Odatech Port Ventures	JICA/CHPS/CD/018	1/8/2006	Good	27/6/2006	GHS/CHPS UNIT		Store Room in the office
124	Year 2	Driver for Monitor, User Documentation (CD-Rom)	Dell E773c	1	GHC	N/A	Odatech Port Ventures	JICA/CHPS/CD/019	1/12/2007	Good	9/8/2006	GHS/CHPS UNIT		Store Room in the office
125	Year 2	UPS (CD-Rom)	Rups 2000	1	GHC	N/A	Odatech Port Ventures	JICA/CHPS/CD/020	1/12/2007	Good	9/8/2006	GHS/CHPS UNIT		Store Room in the office
126	Year 2	UPS (CD-Rom)	Rups 2000	1	GHC	N/A	Odatech Port Ventures	JICA/CHPS/CD/021	1/12/2007	Good	9/8/2006	GHS/CHPS UNIT		Store Room in the office
127	Year 2	Printer Driver (CD-Rom)	HP 1160/1320	1	GHC	N/A	IPMC	JICA/CHPS/CD/023	1/12/2007	Good	6/2/2007	GHS/CHPS UNIT		Store Room in the office
128	Year 2	Scanner software (CD-Rom)	HP scanjet 3800	1	GHC	N/A	IPMC	JICA/CHPS/CD/024	1/12/2007	Good	6/2/2007	GHS/CHPS UNIT		Store Room in the office
129	Year 2	Printer Driver (CD-Rom)	HP color laserjet 2600N	1	GHC	N/A	IPMC	JICA/CHPS/CD/025	1/12/2007	Good	21/2/2007	GHS/CHPS UNIT		Store Room in the office
130	Year 2	Driver for Scanner (CD-Rom)	HP Scanjet 8200	1	GHC	N/A	IPMC	JICA/CHPS/CD/026	1/12/2007	Good	21/2/2007	GHS/CHPS UNIT		Store Room in the office
131	Year 2	Office Professional Business Contact Manager Update (Outlook) 2003	Microsoft	1	GHC	322	IPMC	JICA/CHPS/CD/027	1/12/2007	Good	22/2/2007	GHS/CHPS UNIT		Store Room in the office
132	Year 2	Office Professional Business Contact Manager Update (Outlook) 2003	Microsoft	1	GHC		IPMC	JICA/CHPS/CD/028	1/12/2007	Good	22/2/2007	GHS/CHPS UNIT		Store Room in the office
133	Year 4	MS Office 2007	for HP Pavillion NB DV 3510	1	GHC	550	Ultimate Supplies	JICA/CHPS/CD/034	30/8/2009	Good	4/3/2009	Dr. Alexis (GHS)	Office of GHS Director, UWR	Already Transferred
134	Year 4	Color Laserjet CP1510 Series (CD-Rom)	HP	1	GHC	N/A	Ultimate Supplies	JICA/CHPS/CD/035	30/8/2009	Good	4/3/2009	GHS/CHPS UNIT		Store Room in the office
135	Year 5	Laserjet P2015 Series (CD-Rom)	HP	1	GHC	N/A	Ultimate Supplies	JICA/CHPS/CD/036	30/8/2009	Good	5/6/2009	GHS/CHPS UNIT		Store Room in the office
136	Year 5	Business Marketing Design (CD-Rom)	HP	1	GHC	N/A	Ultimate Supplies	JICA/CHPS/CD/037	30/8/2009	Good	5/6/2009	GHS/CHPS UNIT		Store Room in the office
137	Year 5	Marketing Assistant Software (CD-Rom)	HP	1	GHC	N/A	Ultimate Supplies	JICA/CHPS/CD/038	30/8/2009	Good	5/6/2009	GHS/CHPS UNIT		Store Room in the office
138	Year 4	File Maker Pro 9 Advance	File Maker	1	YEN	60,800	Big Camera	JICA/CHPS/CD/039	6/12/2009	Good	6/12/2009	GHS/CHPS UNIT		Store Room in the office
139	Year 5	Anti-Virus Software	Kaspersky 2010	1	GHC	390	Kwatsons Electricals	JICA/CHPS/CD/040	6/12/2009	Good	6/12/2009	GHS/CHPS UNIT		Store Room in the office
140	Year 5	Anti-Virus Software	Kaspersky 2010	1	GHC	390	Kwatsons Electricals	JICA/CHPS/CD/041	6/12/2009	Good	6/12/2009	GHS/CHPS UNIT		Store Room in the office
141	Year 5	Anti-Virus Software	Kaspersky 2010	1	GHC	390	Kwatsons Electricals	JICA/CHPS/CD/042	6/12/2009	Good	6/12/2009	GHS/CHPS UNIT		Store Room in the office
142	Year 5	Anti-Virus Software	Kaspersky 2010	1	GHC	390	Kwatsons Electricals	JICA/CHPS/CD/043	6/12/2009	Good	6/12/2009	GHS/CHPS UNIT		Store Room in the office
143	Year 5	Anti-Virus Software	Kaspersky 2010	1	GHC	390	Kwatsons Electricals	JICA/CHPS/CD/044	6/12/2009	Good	6/12/2009	GHS/CHPS UNIT		Store Room in the office
144	Year 5	Anti-Virus Software	Kaspersky 2010	1	GHC	390	Kwatsons Electricals	JICA/CHPS/CD/045	6/12/2009	Good	6/12/2009	GHS/CHPS UNIT		Store Room in the office
145	Year 5	Office Professional 2007	Microsoft	1	GHC	486.85	IPMC	JICA/CHPS/CD/047	20/11/2009	Good	14/12/2009	Mr. Wisdom Tengey	RHMT Information Officer's Room	Already Transferred

No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration/Labeling Number	Registered Date in Project (D/M/Y)	Condition of Equipment	Transferred/ Purchased Date (D/M/Y)	Receiver	User/CHPS compound	Reference
146	Year 5	Office Professional 2007	Microsoft	1	GHC	486.85	IPMC	JICA/CHPS/CD/048	20/11/2009	Good	14/12/2009	Ms. Rebecca Lamisi	RHMT CHPS Coordinator' Office	Already Transferred
147	Year 5	Office Professional 2007	Microsoft	1	GHC	486.85	IPMC	JICA/CHPS/CD/049	20/11/2009	Good	14/12/2009	Mr. Beatrice Kunfah	Wa Municipal DHMT	Already Transferred
148	Year 5	Office Professional 2007	Microsoft	1	GHC	486.85	IPMC	JICA/CHPS/CD/050	20/11/2009	Good	14/12/2009	Ms. Basilia Salia	Wa West DHMT	Already Transferred
149	Year 5	Office Professional 2007	Microsoft	1	GHC	486.85	IPMC	JICA/CHPS/CD/051	20/11/2009	Good	14/12/2009	Mr. Thompson Dumba	Wa East DHMT	Already Transferred
150	Year 5	Office Professional 2007	Microsoft	1	GHC	486.85	IPMC	JICA/CHPS/CD/052	20/11/2009	Good	14/12/2009	Ms. Crescentia Duopar	Nadowli DHMT	Already Transferred
151	Year 5	Office Professional 2007	Microsoft	1	GHC	486.85	IPMC	JICA/CHPS/CD/053	20/11/2009	Good	14/12/2009	Ms. Phoebe Bala	Jirapa DHMT	Already Transferred
152	Year 5	Office Professional 2007	Microsoft	1	GHC	486.85	IPMC	JICA/CHPS/CD/054	20/11/2009	Good	14/12/2009	Ms. Francisca Bagni	Lambussie DHMT	Already Transferred
153	Year 5	Office Professional 2007	Microsoft	1	GHC	486.85	IPMC	JICA/CHPS/CD/055	20/11/2009	Good	14/12/2009	Dr. Sebastian Samdare	Lawra DHMT	Already Transferred
154	Year 5	Office Professional 2007	Microsoft	1	GHC	486.85	IPMC	JICA/CHPS/CD/056	20/11/2009	Good	14/12/2009	Mr. Joseph Bolibie	Sissala East DHMT	Already Transferred
155	Year 5	Office Professional 2007	Microsoft	1	GHC	486.85	IPMC	JICA/CHPS/CD/057	20/11/2009	Good	14/12/2009	Ms. Grace Tanye	Sissala West DHMT	Already Transferred
156	Year 5	Anti-Virus Software	Norton 2009	1	GHC	41.69	IPMC	JICA/CHPS/CD/058	20/11/2009	Good	14/12/2009	Mr. Wisdom Tengey	RHMT Information Officer's Room	Already Transferred
157	Year 5	Anti-Virus Software	Norton 2009	1	GHC	41.69	IPMC	JICA/CHPS/CD/059	20/11/2009	Good	14/12/2009	Ms. Rebecca Lamisi	RHMT CHPS Coordinator' Office	Already Transferred
158	Year 5	Anti-Virus Software	Norton 2009	1	GHC	41.69	IPMC	JICA/CHPS/CD/060	20/11/2009	Good	14/12/2009	Mr. Beatrice Kunfah	Wa Municipal DHMT	Already Transferred
159	Year 5	Anti-Virus Software	Norton 2009	1	GHC	41.69	IPMC	JICA/CHPS/CD/061	20/11/2009	Good	14/12/2009	Ms. Basilia Salia	Wa West DHMT	Already Transferred
160	Year 5	Anti-Virus Software	Norton 2009	1	GHC	41.69	IPMC	JICA/CHPS/CD/062	20/11/2009	Good	14/12/2009	Mr. Thompson Dumba	Wa East DHMT	Already Transferred
161	Year 5	Anti-Virus Software	Norton 2009	1	GHC	41.69	IPMC	JICA/CHPS/CD/063	20/11/2009	Good	14/12/2009	Ms. Crescentia Duopar	Nadowli DHMT	Already Transferred
162	Year 5	Anti-Virus Software	Norton 2009	1	GHC	41.69	IPMC	JICA/CHPS/CD/064	20/11/2009	Good	14/12/2009	Ms. Phoebe Bala	Jirapa DHMT	Already Transferred
163	Year 5	Anti-Virus Software	Norton 2009	1	GHC	41.69	IPMC	JICA/CHPS/CD/065	20/11/2009	Good	14/12/2009	Ms. Francisca Bagni	Lambussie DHMT	Already Transferred
164	Year 5	Anti-Virus Software	Norton 2009	1	GHC	41.69	IPMC	JICA/CHPS/CD/066	20/11/2009	Good	14/12/2009	Dr. Sebastian Samdare	Lawra DHMT	Already Transferred
165	Year 5	Anti-Virus Software	Norton 2009	1	GHC	41.69	IPMC	JICA/CHPS/CD/067	20/11/2009	Good	14/12/2009	Mr. Joseph Bolibie	Sissala East DHMT	Already Transferred
166	Year 5	Anti-Virus Software	Norton 2009	1	GHC	41.69	IPMC	JICA/CHPS/CD/068	20/11/2009	Good	14/12/2009	Ms. Grace Tanye	Sissala West DHMT	Already Transferred
167	Year 2	Desk table and chair	Wood	1	GHC	110.00	Licos Ent	JICA/CHPS/OF/001	5/6/2007	Good	5/6/2009	GHS/CHPS UNIT		Office
168	Year 2	Desk table and chair	Wood	1	GHC	110.00	Licos Ent	JICA/CHPS/OF/002	5/6/2007	Good	5/6/2009	GHS/CHPS UNIT		Office
169	Year 2	Desk table and chair	Wood	1	GHC	110.00	Licos Ent	JICA/CHPS/OF/003	5/6/2007	Good	5/6/2009	GHS/CHPS UNIT		Office

No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration/Labeling Number	Registered Date in Project (D/M/Y)	Condition of Equipment	Transferred/ Purchased Date (D/M/Y)	Receiver	User/CHPS compound	Reference
170	Year 2	Desk table and chair	Wood	1	GHC	110.00	Licos Ent	JICA/CHPS/OF/004	5/6/2007	Good	5/6/2009	GHS/CHPS UNIT		Office
171	Year 2	Desk table and chair	Wood	1	GHC	110.00	Licos Ent	JICA/CHPS/OF/005	5/6/2007	Good	15/6/2006	GHS/CHPS UNIT		Office
172	Year 2	Desk table and chair	Wood	1	GHC	110.00	Licos Ent	JICA/CHPS/OF/006	5/6/2007	Good	15/6/2006	GHS/CHPS UNIT		Office
173	Year 2	Conference table and chairs	Wood	6	GHC	200.00	Licos Ent	JICA/CHPS/OF/007	5/6/2007	Good	5/6/2006	GHS/CHPS UNIT		Office
174	Year 2	Photocopier table	Wood	1	GHC	260.00	Licos Ent	JICA/CHPS/OF/008	5/6/2007	Good	16/6/2006	GHS/CHPS UNIT		Office
175	Year 2	Desk table and chair	Wood	1	GHC	70.00	Hammer Wood Works Ent	JICA/CHPS/OF/009	1/8/2007	Good	1/8/2006	GHS/CHPS UNIT		Office
176	Year 2	Desk table and chair	Wood	1	GHC	70.00	Hammer Wood Works Ent	JICA/CHPS/OF/010	1/8/2007	Good	1/8/2006	GHS/CHPS UNIT		Office
177	Year 2	Desk table and chair	Wood	1	GHC	70.00	Hammer Wood Works Ent	JICA/CHPS/OF/011	1/8/2007	Good	1/8/2006	GHS/CHPS UNIT		Office
178	Year 2	1sofa, 2arm chairs and table	Wood	1 set	GHC	185.00	Jah Love Ent.	JICA/CHPS/OF/012	1/8/2007	Good	15/6/2006	GHS/CHPS UNIT		Office
179	Year 2	Printer table	Wood	1	GHC	10.00	Kalgaston	JICA/CHPS/OF/013	1/8/2007	Good	15/6/2006	GHS/CHPS UNIT		Office
180	Year 2	Photocopier table	Wood	1	GHC	20.00	St. Augustine's furniture works	JICA/CHPS/OF/014	1/8/2007	Good	15/6/2006	GHS/CHPS UNIT		Office
181	Year 2	Long Table	Wood	1	GHC	75.00	St. Augustine's furniture works	JICA/CHPS/OF/015	1/8/2007	Good	30/1/2007	GHS/CHPS UNIT		Office
182	Year 2	Printer table	wood and steel pipe	1	GHC	40.00	Jah Love Ent.	JICA/CHPS/OF/016	1/8/2007	Good	27/12/2006	GHS/CHPS UNIT		Office
183	Year 2	Printer table	wood and steel pipe	1	GHC	40.00	Jah Love Ent.	JICA/CHPS/OF/017	1/8/2007	Good	28/12/2006	GHS/CHPS UNIT		Office
184	Year 2	Big Bookshelf	wood	1	GHC	152.00	St. Augustine's furniture works	JICA/CHPS/BS/001	1/8/2007	Good	29/1/2007	GHS/CHPS UNIT		Office
185	Year 2	Bookshelf	wood	1	GHC	282.00	Licos ent	JICA/CHIPS/BS/002	1/8/2007	Good	24/7/2006	GHS/CHPS UNIT		Office
186	Year 2	Bookshelf	wood	1	GHC	100.00	Hammer Wood Works Ent	JICA/CHIPS/BS/003	1/8/2007	Good	24/7/2006	GHS/CHPS UNIT		Office
187	Year 2	Bookshelf	wood	1	GHC	50.00	Hammer Wood Works Ent	JICA/CHIPS/BS/004	1/8/2007	Good	10/8/2006	GHS/CHPS UNIT		Office
188	Year 2	Bookshelf	wood	1	GHC	50.00	Hammer Wood Works Ent	JICA/CHIPS/BS/005	1/8/2007	Good	10/8/2006	GHS/CHPS UNIT		Office
189	Year 5	Bookshelf	wood	1	GHC	165.00	St. Augustine's furniture works	JICA/CHIPS/BS/006	3/12/2009	Good	14/12/2009	Mr. Wisdom Tengey	RHMT Information Officer's Room	Already Transferred
190	Year 5	Bookshelf	wood	1	GHC	165.00	St. Augustine's furniture works	JICA/CHIPS/BS/007	3/12/2009	Good	14/12/2009	Ms. Rebecca Lamisi	RHMT CHPS Coordinator' Office	Already Transferred
191	Year 5	Bookshelf	wood	1	GHC	165.00	St. Augustine's furniture works	JICA/CHIPS/BS/008	3/12/2009	Good	14/12/2009	Mr. Beatrice Kunfah	Wa Municipal DHMT	Already Transferred
192	Year 5	Bookshelf	wood	1	GHC	165.00	St. Augustine's furniture works	JICA/CHIPS/BS/009	3/12/2009	Good	14/12/2009	Ms. Basilia Salia	Wa West DHMT	Already Transferred
193	Year 5	Bookshelf	wood	1	GHC	165.00	St. Augustine's furniture works	JICA/CHIPS/BS/0010	3/12/2009	Good	14/12/2009	Mr. Thompson Dumba	Wa East DHMT	Already Transferred
194	Year 5	Bookshelf	wood	1	GHC	165.00	St. Augustine's furniture works	JICA/CHIPS/BS/0011	3/12/2009	Good	14/12/2009	Ms. Crescentia Duopar	Nadowli	Already Transferred

No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration/Labeling Number	Registered Date in Project (D/M/Y)	Condition of Equipment	Transferred/ Purchased Date (D/M/Y)	Receiver	User/CHPS compound	Reference
					GHC									
195	Year 5	Bookshelf	wood	1	GHC	165.00	St. Augustine's furniture works	JICA/CHIPS/BS/012	3/12/2009	Good	14/12/2009	Ms. Phoebe Bala	Jirapa	Already Transferred
196	Year 5	Bookshelf	wood	1	GHC	165.00	St. Augustine's furniture works	JICA/CHIPS/BS/013	3/12/2009	Good	14/12/2009	Ms. Francisca Bagni	Lambussie	Already Transferred
197	Year 5	Bookshelf	wood	1	GHC	165.00	St. Augustine's furniture works	JICA/CHIPS/BS/014	3/12/2009	Good	14/12/2009	Dr. Sebastian Samdare	Lawra	Already Transferred
198	Year 5	Bookshelf	wood	1	GHC	165.00	St. Augustine's furniture works	JICA/CHIPS/BS/015	3/12/2009	Good	14/12/2009	Mr. Joseph Boilbie	Sissala East	Already Transferred
199	Year 5	Bookshelf	wood	1	GHC	165.00	St. Augustine's furniture works	JICA/CHIPS/BS/016	3/12/2009	Good	14/12/2009	Ms. Grace Tanye	Sissala West	Already Transferred

Annex 4: List of equipment

Equipment Administration for the Project												
Project Name		Project for the Scaling up of CHPS implementation in UWR (Year 1 to 5)						Budget Subject		Motorbike		
Counterpart Organization		Ghana Health Service, UWR					Consultant Name		IC NET LTD			
Cooperation Period		2006-2009										
No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration Number	Registered Date in Project (D/M/Y)	Transferred Date (D/M/Y)	Receiving District	User/CHPS compound
1	Year 2	Motobike	Yamaha AG100	1	USD	3,118.80	Japan Motors	GT2414Y	5/2/2007	31/1/2007	Wa-West	Chogsia
2	Year 2	Motobike	Yamaha AG100	1	USD	3,118.80	Japan Motors	GT2415Y	5/2/2007	31/1/2007	Wa-West	Dornye
3	Year 2	Motobike	Yamaha AG100	1	USD	3,118.80	Japan Motors	GT2417Y	5/2/2007	31/1/2007	Wa-West	Dabo
4	Year 2	Motobike	Yamaha AG100	1	USD	3,118.80	Japan Motors	GT2418Y	5/2/2007	31/1/2007	Wa-West	Eggu
5	Year 2	Motobike	Yamaha AG100	1	USD	3,118.80	Japan Motors	GT2419Y	5/2/2007	31/1/2007	Wa-West	Kunchliyiri
6	Year 2	Motobike	Yamaha AG100	1	USD	3,118.80	Japan Motors	GT2420Y	5/2/2007	31/1/2007	Wa-West	Vieri
7	Year 2	Motobike	Yamaha AG100	1	USD	3,118.80	Japan Motors	GT2413Y	5/2/2007	31/1/2007	Jirapa/Lambu ssie	Ping
8	Year 2	Motobike	Yamaha AG100	1	USD	3,118.80	Japan Motors	GT2416Y	5/2/2007	31/1/2007	Jirapa/Lambu ssie	Heneteng
9	Year 2	Motobike	Yamaha AG100	1	USD	3,118.80	Japan Motors	GT2421Y	5/2/2007	31/1/2007	Jirapa/Lambu ssie	Sentu
10	Year 2	Motobike	Yamaha AG100	1	USD	3,118.80	Japan Motors	GT2422Y	5/2/2007	31/1/2007	Jirapa/Lambu ssie	Tampaala
11	Year 2	Motobike	Yamaha AG100	1	USD	3,118.80	Japan Motors	ER6470X	5/2/2007	31/1/2007	Jirapa/Lambu ssie	Suke
12	Year 2	Motobike	Yamaha AG100	1	USD	3,118.80	Japan Motors	ER6458X	5/2/2007	31/1/2007	RHA	CHPS Coordinator
13	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV2867Y	10/12/2007	11/12/2008	Jirapa/Lambu ssie	Dahile

No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration Number	Registered Date in Project (D/M/Y)	Transferred Date (D/M/Y)	Receiving District	User/CHPS compound
					USD							
14	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV2868Y	10/12/2007	11/12/2008	Jirapa/Lambu ssie	Kogri
15	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV2871Y	10/12/2007	11/12/2008	Jirapa/Lambu ssie	Tapuma
16	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV27Z	14/2/2008	14/2/2008	Jirapa/Lambu ssie	Tampuo
17	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV29Z	14/2/2008	14/2/2008	Jirapa/Lambu ssie	Nambeg
18	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV30Z	14/2/2008	14/2/2008	Jirapa/Lambu ssie	Somboro
19	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV31Z	14/2/2008	14/2/2008	Jirapa/Lambu ssie	Gbare
20	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV35Z	28/2/2008	28/2/2008	Jirapa/Lambu ssie	Koro
21	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV36Z	28/2/2008	28/2/2008	Jirapa/Lambu ssie	Guoripuo
22	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV2869Y	10/12/2007	11/12/2007	Wa-West	Ga
23	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV2870Y	10/12/2007	11/12/2007	Wa-West	Siiriyeri
24	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV24Z	14/2/2008	14/2/2008	Wa-West	Jenebob
25	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV25Z	14/2/2008	14/2/2008	Wa-West	Piisie
26	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV26Z	14/2/2008	14/2/2008	Wa-West	Manyayire
27	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV33Z	14/2/2008	28/2/2008	Wa-West	Talawona
28	Year 3	Motobike	Yamaha AG100	1	USD	3,132.60	Japan Motors	GV34Z	28/2/2008	28/2/2008	Wa-West	Varenpare
29	Year 4	Motobike	Yamaha DT 125	1	USD	4,608.60	Japan Motors	GN1978Z	21/8/2009	25/2/2009	Jirapa/Lambu ssie	Doggoh

No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration Number	Registered Date in Project (D/M/Y)	Transferred Date (D/M/Y)	Receiving District	User/CHPS compound
					USD							
30	Year 4	Motobike	Yamaha DT 125	1	USD	4,608.60	Japan Motors	GN1983Z	21/8/2009	25/2/2009	Jirapa/Lambu ssie	Cheboggo
31	Year 4	Motobike	Yamaha DT 125	1	USD	4,608.60	Japan Motors	GN1975Z	21/8/2009	25/2/2009	Jirapa/Lambu ssie	Kpare
32	Year 4	Motobike	Yamaha DT 125	1	USD	4,608.60	Japan Motors	GN1967Z	21/8/2009	25/2/2009	Wa-West	DHA
33	Year 4	Motobike	Yamaha DT 125	1	USD	4,608.60	Japan Motors	GN2023Z	21/8/2009	25/2/2009	Wa-West	Gurungu Health Center
34	Year 4	Motobike	Yamaha DT 125	1	USD	4,608.60	Japan Motors	GN1980Z	21/8/2009	25/2/2009	Wa-West	Wechiau Health Center
35	Year 4	Motobike	YamahaXTZ125	1	USD	3,448.90	Japan Motors	M-09-GT177	27/2/2009	17/3/2009	Wa-West	Wechiau Health Center
36	Year 4	Motobike	YamahaXTZ125	1	USD	3,448.90	Japan Motors	M-09-GT178	27/2/2009	17/3/2009	Jirapa/Lambu ssie	UI-Kpong
37	Year 4	Motobike	YamahaXTZ125	1	USD	3,448.90	Japan Motors	M-09-GT179	27/2/2009	17/3/2009	Wa-West	Poyentanga (SDHT)
38	Year 4	Motobike	YamahaXTZ125	1	USD	3,448.90	Japan Motors	M-09-GT180	27/2/2009	17/3/2009	Jirapa/Lambu ssie	Chupuri
39	Year 4	Motobike	YamahaXTZ125	1	USD	3,448.90	Japan Motors	M-09-GT181	27/2/2009	17/3/2009	Wa-West	Gurungu Health Center
40	Year 4	Motobike	YamahaXTZ125	1	USD	3,448.90	Japan Motors	M-09-GT182	27/2/2009	17/3/2009	Wa-West	Lassia Tuolu H. Center
41	Year 4	Motobike	YamahaXTZ125	1	USD	3,448.90	Japan Motors	M-09-GT183	27/2/2009	17/3/2009	Jirapa	Sigri
42	Year 4	Motobike	YamahaXTZ125	1	USD	3,448.90	Japan Motors	M-09-GT184	27/2/2009	17/3/2009	Lambussie	Karne
43	Year 5	Motobike	Yamaha AG100	1	USD	3,921.90	Japan Motors	M-09-GT744	9/7/2009	5/10/2009	Sissala West	Not yet decided
44	Year 5	Motobike	Yamaha AG100	1	USD	3,921.90	Japan Motors	M-09-GT749	9/7/2009	1/10/2009	Wa East	Ducie
45	Year 5	Motobike	Yamaha AG100	1	USD	3,921.90	Japan Motors	M-09-GT728	9/7/2009	N/A	Not yet decided	Not yet decided

No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration Number	Registered Date in Project (D/M/Y)	Transferred Date (D/M/Y)	Receiving District	User/CHPS compound
46	Year 5	Motobike	Yamaha AG100	1	USD	3,921.90	Japan Motors	M-09-GT743	9/7/2009	30/9/2009	Nadowli	Samambo
47	Year 5	Motobike	Yamaha AG100	1	USD	3,921.90	Japan Motors	M-09-GT748	9/7/2009	6/10/2009	Sissala East	Santijan
48	Year 5	Motobike	Yamaha AG100	1	USD	3,921.90	Japan Motors	M-09-GT-722	9/7/2009	1/10/2009	Lawra	Guo
49	Year 5	Motobike	Yamaha AG100	1	USD	3,921.90	Japan Motors	M-09-GT726	8/7/2009	2/10/2009	Lambussie	Hineteng
50	Year 5	Motobike	Yamaha AG100	2	USD	3,921.90	Japan Motors	M-09-GT746	8/7/2009	9/10/2009	Jirapa	Tie (SDHT)

Annex 4: List of equipment

Equipment Administration for the Project												
Project Name		Project for the Scaling up of CHPS implementation in UWR (Year 1 to 5)										
Counterpart Organization		Ghana Health Service, UWR					Budget Subject		Bicycle			
Cooperation Period		2006-2009					Consultant Name		IC NET LTD			
No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration Number	Registered Date in Project	Tranferred Date (D/M/Y)	Receiving District	User/CHPS compound
1	Year 2	Bicycle	Phoenix	30	GHC	57.00	FOKA	N/A	N/A	31/1/2007	Wa-West	Chogsia, Vieri, Kunchieliyiri, Dornye, Dabo, Eggu Health Center, Lassa Tuolu Health Center, Wechiau Health Center
2	Year 2	Bicycle	Phoenix	30	GHC	57.00	FOKA	N/A	N/A	31/1/2007		
3	Year 2	Bicycle	Phoenix	30	GHC	57.00	FOKA	N/A	N/A	1/2/2007	Jirapa/Lambu ssie	Heneteng, Hain SDHT, Tamapala, Sentu, Hamile, Ping, Tapuma
4	Year 2	Bicycle	Phoenix	30	GHC	57.00	FOKA	N/A	N/A	9/2/2007		
5	Year 4	Bicycle	Phoenix	30	GHC	77.00	FOKA	N/A	N/A	15/9/2008	Wa-West	Matteu, Pisie, Manyayeri, Dorimon Health Center, Pyantenga Health Center, Gurungu Health Center

6	Year 4	Bicycle	Phoenix	30	GHC	77.00	FOKA	N/A	N/A	15/9/2008	Jirapa/Lambu ssie	Somboro Nambeg Koro Cheboggo Kpare
7	Year 4	Bicycle	Phoenix	6	GHC	100.00	FOKA	N/A	N/A	1/8/2009	Jirapa	Gbare, Kogri
8	Year 4	Bicycle	Phoenix	6	GHC	100.00	FOKA	N/A	N/A	1/8/2009	Lambussie	Kpare, Chaboggu
9	Year 4	Bicycle	Phoenix	12	GHC	100.00	FOKA	N/A	N/A	1/8/2009	Lawra	Bu, Lysaah, Naapal, Yiripelle, Biro, Guo, Gbier, Kokorigu, Nanyaare, Tuopare, Tanchara, Dikpe
10	Year 4	Bicycle	Phoenix	15	GHC	100.00	FOKA	N/A	N/A	1/8/2009	Nadowli	Sampina, Naro, Tabiesi, Duong, Challa, Kpazie, Kamahego, Saamanbo, Kanyiri, Sanakana, Chari-sombo, Goli, Nator, Mwaawari/Bawaara DHMT

11	Year 4	Bicycle	Phoenix	9	GHC	100.00	FOKA	N/A	N/A	1/8/2009	Sissala East	Muandunu, Bugubel, Santija, Wuru, Kong, Kufu, Bawiese, Belle, Sakai
12	Year 4	Bicycle	Phoenix	8	GHC	100.00	FOKA	N/A	N/A	1/8/2009	Sissala West	Duwie, Fatchu, Buo, Du West
13	Year 4	Bicycle	Phoenix	8	GHC	100.00	FOKA	N/A	N/A	1/8/2009	Wa East	Bintenge, Jeyiri, Katua, Kataa, Naaha, Buffiama, Manwe, Danyawkora
14	Year 4	Bicycle	Phoenix	8	GHC	100.00	FOKA	N/A	N/A	1/8/2009	Wa Municipal	Jonga, Kperisi, Boli
15	Year 4	Bicycle	Phoenix	8	GHC	100.00	FOKA	N/A	N/A	1/8/2009	Wa West	Ga, Talawona, Jenbob

Annex 4: List of equipment

Equipment Administration for the Project													
Project Name		Project for the Scaling up of CHPS implementation in UWR (Year 1 to 5)											
Counterpart Organization		Ghana Health Service, UWR				Budget Subject		Medical Equipment					
Cooperation Period		2006-2010				Consultant Name		IC NET LTD					
No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification / Standard	Quantity	Unit Price		Provider	Registration Number	Registered Date in Project	Tranferred Date (D/M/Y)	Receiving District	User/CHPS compound	Reference
1	Year 2	Medical Equipment	N/A	6 sets	GHC	2,650	Baron Health Care Ltd.	N/A	N/A	19/2/2007	Wa West	Chogsia Dornye Eggu Health Center Jenbob Kunchielleyiri Vieri	
2	Year 2	Medical Equipment	N/A	6 sets	GHC	2,650	Baron Health Care Ltd.	N/A	N/A	7/2/2007	Jirapa/Lambussie	Dahile Heneteng Ping Sentu Suke Tappaala	
3	Year 3	CHO training materials (Medical Equipment)	N/A	4 sets	GHC	1,392.94	Baron Health Care Ltd.	N/A	N/A	31/07/2007	JICA Project Office, WA	N/A	There is a list of medical equipment for CHO training.
4	Year 3	Medical Equipment	N/A	2 sets	GHC	696.47	Baron Health Care Ltd.	N/A	N/A	14/3/2008	Wa West	Dabo Manyayiri	
5	Year 3	Medical Equipment	N/A	2 sets	GHC	696.47	Baron Health Care Ltd.	N/A	N/A	22/2/2008	Jirapa/Lambussie	Guoripuo Kogri	
6	Year 4	Medical Equipment	N/A	3 sets	GHC	1,268.33	Benco Hospitex Ghana Ltd.	N/A	N/A	6/3/2009	Jirapa/Lambussie	Kpare Koro Gbare	
6	Year 4	Medical Equipment	N/A	3 sets	GHC	1,268.33	Benco Hospitex Ghana Ltd.	N/A	N/A	6/3/2009	Wa West	Mateu Ga Piisi	
7	Year 4	Medical Equipment	N/A	3 sets	GHC	1,268.33	Benco Hospitex Ghana Ltd.	N/A	N/A	6/3/2009	Jirapa/Lambussie	Hapa-Bline Tapuma-Chetu Cheboggo	
8	Year 4	Medical Equipment	N/A	3 sets	GHC	1,268.33	Benco Hospitex Ghana Ltd.	N/A	N/A	6/3/2009	Wa West	Poyantenga Health Center Gurungu Health Center Wechiau Health Center	
9	Year 4	Medical Equipment	N/A	1 set	GHC	1190.19	Benco Hospitex Ghana Ltd.	N/A	N/A	23/3/2009	Wa West	Dorimon Health Center	
10	Year 4	Medical Equipment	N/A	1 set	GHC	1190.19	Benco Hospitex Ghana Ltd.	N/A	N/A	2/4/2009	Jirapa/Lambussie	Somboro	
11	Year 4	Medical Equipment	N/A	1 set	GHC	1190.19	Benco Hospitex Ghana Ltd.	N/A	N/A	3/4/2009	Lawra	Kokoligu	

No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification / Standard	Quantity	Unit Price		Provider	Registration Number	Registered Date in Project	Transferred Date (D/M/Y)	Receiving District	User/CHPS compound	Reference
12	Year 4	Medical Equipment	N/A	1 set	GHC	1190.19	Benco Hospitex Ghana Ltd.	N/A	N/A	24/3/2009	Nadowli	Tabiesi	
13	Year 4	Medical Equipment	N/A	1 set	GHC	1190.19	Benco Hospitex Ghana Ltd.	N/A	N/A	24/3/2009	Sissala East	Mwanduno	
14	Year 4	Medical Equipment	N/A	1 set	GHC	1190.19	Benco Hospitex Ghana Ltd.	N/A	N/A	24/3/2009	Sissala West	Sorbelle	
15	Year 4	Medical Equipment	N/A	1 set	GHC	1190.19	Benco Hospitex Ghana Ltd.	N/A	N/A	24/3/2009	Wa East	Kataah	
16	Year 4	Medical Equipment	N/A	1 set	GHC	1190.19	Benco Hospitex Ghana Ltd.	N/A	N/A	25/3/2009	Wa Municipal	Nakore	
17	Year 5	Medical Equipment	N/A	1 set	GHC	1312.5	Benco Hospitex Ghana Ltd.	N/A	N/A	11/8/2009	Lawra	Guo	
18	Year 5	Medical Equipment	N/A	2 sets	GHC	1312.5	Benco Hospitex Ghana Ltd.	N/A	N/A	30/7/2009	Nadowli	Duong Sampina	Provided medical cupboard to Kamahego and Kpazie
19	Year 5	Medical Equipment	N/A	1 set	GHC	1312.5	Benco Hospitex Ghana Ltd.	N/A	N/A	6/8/2009	Sissala East	Pieng	
20	Year 5	Medical Equipment	N/A	1 set	GHC	1312.5	Benco Hospitex Ghana Ltd.	N/A	N/A	30/8/2009	Sissala West	Du-West	
21	Year 5	Medical Equipment	N/A	1 set	GHC	1312.5	Benco Hospitex Ghana Ltd.	N/A	N/A	17/8/2009	Wa East	Jeyiri	
22	Year 5	Medical Equipment	N/A	2 sets	GHC	1312.5	Benco Hospitex Ghana Ltd.	N/A	N/A	27/7/2009	Wa Municipal	Gbegru Nakore	
23	Year 5	Medical Equipment	N/A	1 set	GHC	1,417.08	Benco Hospitex Ghana Ltd.	N/A	N/A	2/10/2009	Lambussie	Not yet Decided and stored at DHMT	
24	Year 5	Medical Equipment	N/A	1 set	GHC	1,417.08	Benco Hospitex Ghana Ltd.	N/A	N/A	20/10/2009	Jirapa	Nambeg	
25	Year 5	Medical Equipment	N/A	1 set	GHC	1,417.08	Benco Hospitex Ghana Ltd.	N/A	N/A	13/10/2009	Wa West	Varinpare	
26	Year 5	Medical Equipment	N/A	1 set	GHC	1,410.00	Benco Hospitex Ghana Ltd.	N/A	N/A	15/12/2009	Sissala West	Fatchu	
27	Year 5	Medical Equipment	N/A	9 sets	GHC	1,410.00	Benco Hospitex Ghana Ltd.	N/A	N/A	15/12/2009	Lawra	Biro Tankyara Tuopare Lyssah Dikpe Gbier Naapaal Bu Nanvaare	
28	Year 4	Ambu bag	1.Adult(1) 2.Infant(1)	6 sets	GHC	1. 75.00 2. 65.00	Benco Hospitex Ghana Ltd.	N/A	N/A	15/12/2008	Wa West	Wechiau Health Center Lassia Tuolu Health Center Dorimon Health Center Poyantenga Health Center Gurungu Health Center Eggu Health Center	
29	Year 4	Ambu bag	infant	1	GHC	65.00	Benco Hospitex Ghana Ltd.	N/A	N/A	25/11/2008	JICA Project Office, WA	N/A	This is for training use.
30	Year 4	Ambu bag	1.Adult(1) 2.Infant(1)	4 sets	GHC	1. 75.00 2. 65.00	Benco Hospitex Ghana Ltd.	N/A	N/A	10/2/2009	Jirapa	Kogri Somboro	2 sets each in Kogri and Somboro CHPS.

No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification / Standard	Quantity	Unit Price		Provider	Registration Number	Registered Date in Project	Transferred Date (D/M/Y)	Receiving District	User/CHPS compound	Reference
31	Year 4	Ambu bag	1.Adult(1) 2.Infant(1)	4 sets	GHC	1. 75.00 2. 65.00	Benco Hospitex Ghana Ltd.	N/A	N/A	10/2/2009	Lambussie	Dahile Sentu Koro Kpare SDHT	Sentu uses infant one and Piina SDHT uses adult one.
32	Year 4	Ambu bag	1.Adult(1) 2.Infant(1)	8 sets	GHC	1. 75.00 2. 65.00	Benco Hospitex Ghana Ltd.	N/A	N/A	10/2/2009	Lawra	Gbrie Dikpe Tanchara Kokoligu Biro Guo Tuopare Nanyare	
33	Year 4	Ambu bag	1.Adult(1) 2.Infant(1)	12 sets	GHC	1. 75.00 2. 65.00	Benco Hospitex Ghana Ltd.	N/A	N/A	10/2/2009	Nadowli	Challa Sankana Naro Sampina Tabiesi Duong Kpazie Sammanbo Kanyiri Nator Goli Charisombo	
34	Year 4	Ambu bag	1.Adult(1) 2.Infant(1)	2 sets	GHC	1. 75.00 2. 65.00	Benco Hospitex Ghana Ltd.	N/A	N/A	10/2/2009	Sissala East	Bawisibelle Sakai	
35	Year 4	Ambu bag	1.Adult(1) 2.Infant(1)	2 sets	GHC	1. 75.00 2. 65.00	Benco Hospitex Ghana Ltd.	N/A	N/A	10/2/2009	Sissala West	Buo Du Wie	
36	Year 4	Ambu bag	1.Adult(1) 2.Infant(1)	7 sets	GHC	1. 75.00 2. 65.00	Benco Hospitex Ghana Ltd.	N/A	N/A	10/2/2009	Wa East	Katua Buffiema Kulpong Bienteng Kpaglahi Ducie Kataa	
37	Year 4	Ambu bag	1.Adult(1) 2.Infant(1)	10 sets	GHC	1. 75.00 2. 65.00	Benco Hospitex Ghana Ltd.	N/A	N/A	10/2/2009	Wa Municipal	Kperisi Dobile Jonga Nakore Piisi Gbegru Tampaalipaani Kumbiehi and 2 more sets at DHMT	

No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification / Standard	Quantity	Unit Price		Provider	Registration Number	Registered Date in Project	Transferred Date (D/M/Y)	Receiving District	User/CHPS compound	Reference
38	Year 4	Ambu bag	1.Adult(1) 2.Infant(1)	11 sets	GHC	1. 75.00 2. 65.00	Benco Hospitex Ghana Ltd.	N/A	N/A	10/2/2009	Wa West	Dorneye Vieri Chogsia Kunchileyiri Ga Matteu Manyayiri Dabo Jenbob Piisie Talawona	
39	Year 4	Ambu bag	1.Adult(1) 2.Infant(1)	10 sets	GHC	1. 75.00 2. 65.00	Benco Hospitex Ghana Ltd.	N/A	N/A	7/1/2009	JICA Project Office, WA	JICA Project Office	Those are for training use.
40	Year 5	Ambu bag	1.Adult(1) 2.Infant(1)	2 sets	GHC	1. 85.00 2. 75.00	Benco Hospitex Ghana Ltd.	N/A	N/A	10/9/2009	Jirapa	Gbare Tampala	
41	Year 5	Ambu bag	1.Adult(1) 2.Infant(1)	2 sets	GHC	1. 85.00 2. 75.00	Benco Hospitex Ghana Ltd.	N/A	N/A	25/9/2009	Lambussie	Samoa Health Center Lambussie Health Center	
42	Year 5	Ambu bag	1.Adult(1) 2.Infant(1)	2 sets	GHC	1. 85.00 2. 75.00	Benco Hospitex Ghana Ltd.	N/A	N/A	7/9/2009	Lawra	Gengenkpe Bu	
43	Year 5	Ambu bag	1.Adult(1) 2.Infant(1)	2 sets	GHC	1. 85.00 2. 75.00	Benco Hospitex Ghana Ltd.	N/A	N/A	15/9/2009	Nadowli	Kamahego Nadowli Health Center	
44	Year 5	Ambu bag	1.Adult(1) 2.Infant(1)	2 sets	GHC	1. 85.00 2. 75.00	Benco Hospitex Ghana Ltd.	N/A	N/A	1/10/2009	Sissala East	Mwanduonu Pieng	
45	Year 5	Ambu bag	1.Adult(1) 2.Infant(1)	3 sets	GHC	1. 85.00 2. 75.00	Benco Hospitex Ghana Ltd.	N/A	N/A	14/9/2009	Sissala West	Kupluma Fatchu Duwest	
46	Year 5	Ambu bag	1.Adult(1) 2.Infant(1)	2 sets	GHC	1. 85.00 2. 75.00	Benco Hospitex Ghana Ltd.	N/A	N/A	7/9/2009	Wa East	Nahaa Jeyiri	
47	Year 5	Ambu bag	1.Adult(1) 2.Infant(1)	2 sets	GHC	1. 85.00 2. 75.00	Benco Hospitex Ghana Ltd.	N/A	N/A	25/9/2009	Wa Municipal	Boli Kpoogu	
48	Year 5	Ambu bag	1.Adult(1) 2.Infant(1)	2 sets	GHC	1. 85.00 2. 75.00	Benco Hospitex Ghana Ltd.	N/A	N/A	18/9/2009	Wa West	Not yet Decided and stored at DHMT	

Annex 4: List of equipment

Equipment Administration for the Project													
Project Name		Project for the Scaling up of CHPS implementation in UWR (Year 1 to 5)											
Counterpart Organization		Ghana Health Service, UWR					Budget Subject		Radio				
Cooperation Period		2006-2009					Consultant Name		IC NET LTD				
No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration Number	Registered Date in Project	Tranferred Date (D/M/Y)	Receiving District	User/CHPS compound	Reference
1	Year 3	Communication Equipment	Motorola	3	USD	3,189.00	Dizengoff Ghana Ltd.	N/A	N/A	8/11/2009	Wa West	Chogsia Kuncheleyiri Dornye	
2	Year 3	Communication Equipment	Motorola	3	USD	3,189.00	Dizengoff Ghana Ltd.	N/A	N/A	9/11/2009	Jirapa/Lambu ssie	Suke Hineteng Sentu	
3	Year 4	Communication Equipment	Motorola	6	USD	4,666.70	Dizengoff Ghana Ltd.	N/A	N/A	6/3/2009	Jirapa/Lambu ssie	Dahile Somboro Kogri Ping Koro Nambeg	
4	Year 4	Communication Equipment	Motorola	3	USD	4,933.12	Dizengoff Ghana Ltd.	N/A	N/A	6/3/2009	Wa West	Manyayiri Talawona Egg Health Center	
5	Year 4	Communication Equipment	Motorola	3	USD	4,933.12	Dizengoff Ghana Ltd.	N/A	N/A	6/3/2009	Jirapa/Lambu ssie	Kpare Tampaala Maternity Ward- Jirapa Hospital	

Annex 4: List of equipment

List of Medical Equipments for CHO Training

No.	Item	Qty	Check	Label #
1	Weighing Scale (Adult)	1		JICA/CHPS/CHOT/001
2	Weighing Scale (Infant)	1		JICA/CHPS/CHOT/002
3	Measuring Tape	2		JICA/CHPS/CHOT/003
4	Blood Pressure Cuff	1		JICA/CHPS/CHOT/004
5	Stethoscope	1		JICA/CHPS/CHOT/005
6	Fetoscope	1		JICA/CHPS/CHOT/006
7	Thermometer	1		JICA/CHPS/CHOT/007
8	Ordinary Scissors	1		JICA/CHPS/CHOT/008
9	Home Visiting Bag	1		JICA/CHPS/CHOT/009
10	Cord Clamp	1		JICA/CHPS/CHOT/010
11	Episotomy Scissors	1		JICA/CHPS/CHOT/011
12	Cord Scissors	1		JICA/CHPS/CHOT/012
13	Dressing Set	1		JICA/CHPS/CHOT/013
a	Instrument Tray	1		JICA/CHPS/CHOT/013/a
b	Surgical blade #24	1		JICA/CHPS/CHOT/013/b
c	Dissecting Forceps(thoothed)	2		JICA/CHPS/CHOT/013/c
d	Dissecting Forceps(non-thoothed)	2		JICA/CHPS/CHOT/013/d
e	Kidney Dish	5		JICA/CHPS/CHOT/013/e
f	Galipot	2		JICA/CHPS/CHOT/013/f
g	Scissors	2		JICA/CHPS/CHOT/013/g
h	Needle holder	1		JICA/CHPS/CHOT/013/h
i	Artery Forceps	2		JICA/CHPS/CHOT/013/i
j	Towel Forceps	2		JICA/CHPS/CHOT/013/j
14	Resuscitation Kit(Mucus Extractor)	1		JICA/CHPS/CHOT/014
15	Plastic Apron	1		JICA/CHPS/CHOT/015
16	Snellen chart (Eye chart)	1		JICA/CHPS/CHOT/016
17	Vaginal Speculum	1		JICA/CHPS/CHOT/017

Project for the Scaling up of CHPS implementation in the Upper West Region

添付資料5 現地業務費実績(投入実績5)

Annex 5 Budget (Local Cost) by Japanese Government

(JPY)

	Items	Y 2005 (1st Year)		Y 2005-2006 (2nd Year)		Y 2006-2007 (3rd Year)		Y 2008-2009 (4th Year)		Y 2009-2010 (5th Year)		Grand Total (From 1st to 4th Year)
		Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	
Local Cost	Local Cost (Total)	514,000	335,000	35,849,000	32,308,000	45,154,000	41,148,000	40,902,000	40,344,000	30,712,000	27,700,000	114,135,000
	General Cost	307,000	239,000	16,305,000	11,305,000	26,716,000	21,897,000	23,156,000	18,797,000	16,822,000	13,966,000	52,238,000
	Equipment (for grant)	0	0	10,971,000	14,654,000	6,464,000	8,380,000	10,314,000	14,529,000	6,953,000	6,907,000	37,563,000
	Shipping of Equipment (for grant)	0	0	0	0	0	0	0	0	0	0	0
	Equipment (general)	0	0	0	24,000	0	0	0	274,000	0	0	298,000
	Shipping of General Equipment (taxable)	77,000	0	189,000	25,000	0	0	0	0	0	0	25,000
	Other Equipment	0	0	0	0	0	0	0	0	0	0	0
	Shipping of Other Equipment (taxable)	91,000	58,000	50,000	23,000	49,000	46,000	49,000	23,000	24,000	24,000	150,000
	Printing Cost for Official Report	39,000	38,000	66,000	66,000	124,000	104,000	136,000	135,000	185,000	185,000	343,000
	Printing Cost for Official report (Other: translation and	0	0	107,000	87,000	112,000	91,000	132,000	30,000	48,000	48,000	208,000
	Sub Contract (Consultant)	0	0	0	0	0	0	0	0	0	0	0
	Sub Contract (NGO)	0	0	6,048,000	5,191,000	9,736,000	9,021,000	6,775,000	6,454,000	6,084,000	6,056,000	20,666,000
	Construction Cost	0	0	0	0	0	0	0	0	0	0	0
Meeting Cost	0	0	2,113,000	933,000	1,953,000	1,609,000	340,000	102,000	596,000	514,000	2,644,000	

* Ghana Health Service bears the utility Charges for the Project office (such as electricity and Water) since June 2008.

Annex 6: CHANGES OF PDM

The PDM of the Project was changed as follows with agreement of Joint Coordinating Committee.

Versions of PDM	Date of change (Name of JCC)	Main changes	Reasons of change
PDM version 1	7/Nov/2005		
PDM version 2	22/Feb/2007 (The second JCC)	<ol style="list-style-type: none"> 1. Clarification of the indicators of “Project Purpose” <ul style="list-style-type: none"> ● Definition of “functional CHPS” ● Clarification of Maternal and Child Health indicators ● Clarification of expected accomplishment within a specific time period ● Definition of “community participation” 2. Clarification of indicators of “Outputs” <ul style="list-style-type: none"> ● Deletion of some indicators that are difficult to measure ● Change of an output in relation with referral to be consistent with the project activities ● Clarification of expected accomplishment within a specific time period 	<ul style="list-style-type: none"> ● Selection of measurable indicators
PDM version 3	16/Oct/2007 (The third JCC)	<ol style="list-style-type: none"> 1. Clarification of “Means of Verification” 2. Correction of “Activities” <ul style="list-style-type: none"> ● From “Implementation of FSV training to SDHT” to “Implementation of FSV training to RHMT, DHMT, SDHT and SDHT” 3. Addition of the column “Input” 	<ul style="list-style-type: none"> ● Clarification of “Means of Verification” ● Clarification of “Activities”

PDM version 4	17/1/2008 (The fourth JCC)	<p>1. Clarification of indicators of the “Project Purpose”</p> <ul style="list-style-type: none"> ● From “Number of households covered by CHPS” to “Number of households covered by CHPS (i.e. geographically located in a zone with functional CHPS)” and “Number of households covered by CHO home visits” ● From “health indicators” to “health service coverage indicators” ● From “at least 50% of the Stage 2 Districts introduce a supervisory system” to “at least 50% of the Stage 2 Districts introduce supervision system established in Stage 1 Districts” <p>2. Clarification of indicators of “Outputs”</p> <ul style="list-style-type: none"> ● From “CHPS coverage plan” to “CHPS coverage expansion plan” ● Division of indicators relating to RHMT and DHMT ● Clarification of indicators on supervision ● From “community activities = meetings, health education, sanitation, maintenance of CHPS and others” to “community activities include; meetings/durbars organised by CHC/CHVs, health education by CHVs, sanitation practice by community members, maintenance of CHPS compound by community members, CHO-supporting activities by community members” 	<ul style="list-style-type: none"> ● Indicators of the “Project Purpose” and “Outputs” were further clarified toward data collection for mid-term evaluation in July 2008 to be conducted by NGOs
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PDM version 5	22/Jul/2008 (The fifth JCC)	<ol style="list-style-type: none"> 1. Change of the “Project Purpose” <ul style="list-style-type: none"> ● From “Community members in the Project Area (Upper West Region) have increased access to quality health care due to improved coverage of functional CHPS” to “Institutional capacity of GHS on CHPS implementation in UWR is strengthened” ● Change of target area from only Stage 1 to all districts including Stage 2 districts 2. Addition of “Overall Goal: To increase coverage of functional CHPS.” 3. Shift of issues in relation with capacity building of SDHT from Output 2 to Output 1 4. Clarification of indicators of the “Project Purpose” <ul style="list-style-type: none"> ● Addition of indicators on utilisation of equipment ● Addition of indicators on the “proportion of cases appropriately referred” ● Addition of indicators on the “proportion of CHPS zones implementing Community Health Action Plan” 5. Clarification of indicators of “Outputs” <ul style="list-style-type: none"> ● Clarification of indicators in relation with trainings ● Clarification of indicators in relation with good practices of the Project ● Addition of indicators in relation with introduction of innovations and good practices to GHS/MOH policy makers 	<ul style="list-style-type: none"> ● Compound construction for CHO, which was an external assumption of the Project, was removed. ● Improvement of health indicators, which are achieved as a result of increase of CHPS zones, was removed. ● A practical “Project Purpose”, i.e., Institutional capacity of GHS on CHPS implementation in UWR is strengthened” was selected. ● “Overall Goal” was selected to be consistent with the new “Project Purpose” ● Practical indicators were selected to be able to conduct monitoring toward final evaluation. ● Capacity building of SDHT was shifted to “Output 1” because, in CHPS implementation, managerial capacity is more required for SDHT rather than service delivery capacity
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添付資料 7 : JCC 会議録

Annex 7: Minutes of JCC meetings (From the first to eighth)

MINUTES OF THE FIRST JOINT COORDINATION COMMITTEE MEETING ON SCALING UP CHPS IMPLEMENTATION IN UPPER WEST REGION (1st)

Date: 12th June 2006

Place: MOH Conference Room

Agenda:

1. Opening statement
Prof. Auyeman Badu Akosa, Director-General of Ghana Health Services
2. Overview of the Project
Dr. Frank Nyonator, Director of Policy, Planning, Monitoring & Evaluation
Division of GHS
3. Presentation of JICA's Program for promotion of community health in Upper West Region
Mr. Shinji Obuchi, Deputy Resident Representative of JICA Ghana Office
4. Presentation of Overall Scope of the Project
Dr. Daniel Yayemain, Deputy Director of RHMT, Upper West Region
5. Questions and Answers

Names and titles of the participants

1. Prof. Akosa, Director-General of GHS
2. Dr. Frank Nyonator, Director PPMED
3. Dr. Henrietta Odoi-Agyarko, Director of Reproductive Health
4. Dr. Daniel Yayemain, Deputy Director of RHMT, UWR
5. Ms. Florence Angsomwine, CHPS Coordinator, UWR
6. Ms. Phoebe Bala, District Director, Wa West
7. Ms. Beatrice Kunfaa, District Director, Jirapa
8. Mr. Shinji Obuchi, Deputy-resident Representative of JICA Ghana Office
9. Mr. Makoto Shinkawa, Assistant Resident Rep of JICA Ghana Office
10. Ms. Yoshiko Fujiwara, Project Formulation Advisor of JICA Ghana Office
11. Ms. Juliana A. Pwamang, Health Program Coordinator USAID Ghana Office
12. Ms. Barbara Jones, Deputy Chief of Party, Population Council
13. Ms. Liv Elden, Program Coordinator of UNICEF Ghana Office
14. Mr. Takaharu Ikeda, Chief Advisor of the Project
15. Mr. Divine, PPMED
16. Ms. Joyce, PPMED

1. Opening statement by Prof. Akosa, Director-General of GHS

Prof. Akosa said CHPS is the most important strategy developed by GHS. CHPS helps redress the inequality in access to primary health service. With a decentralized close-to-client approach in health service delivery, CHPS helps promote healthy life style, support preventive measures in good nutrition, immunization and treating minor ailments and early referral, making the system holistic. He said CHPS was a system that makes health holistic and urges all to give it maximum support.

He said that Upper West Region is expected to lead the other regions with improved indicators e.g., increase in immunization and family planning and decrease in morbidity and mortality. He thanked all development partners for this achievement.

2. Overview of the Project

Dr. Frank Nyonator said the Project is an integral part of District Health Systems development and there has been an unprecedented interest of partners in this initiative. He discussed CHPS in the context of a district health system. He stated that hospitals cover 5%, Regional Hospital 15%, district health 45%, and health center 65% of the population, respectively. If 85% of the population is to be covered, the CHPS strategy is indispensable. He emphasized that through CHPS the health-related Millennium Development Goals would be achieved in Navrongo and elsewhere.

He explained essential components of the Project, goals and specific objectives, what has been done so far, coverage and timelines, key stakeholders, and Joint Coordinating Committee. He ended with the summary of responsibilities of HQ (JCC), Region and JICA contractor.

3. Presentation of JICA's Program for promotion of community health in Upper West Region

Mr. Obuchi stated that the objective of the program is to improve the health status of people in UWR through enhancement of rural health system (improvement of health services delivery by health institutions and promotion of community participation). The beneficiaries of the Program are staff of GHS in UWR (direct beneficiaries) and Community Health Volunteers. Final beneficiaries are nearly 620,000 people of UWR, according to the statistics of 2004.

He also said that the program, from field-level experience, will give feedback to policy on technical assistance to enhance management of DHA and training for CHN, promote community participation and improve referral and supervision.

4. Presentation of Overall Scope of the Project

Dr. Daniel Yaemain, the Regional Deputy Director of Health Services of UWR, made a presentation on the overall scope of Project. He talked about CHPS implementation status by district in the region, the rationale and formulation of the project, project outputs, and project design matrix, policies for project implementation, task force flow, and baseline survey on monitoring and key milestones.

5. Questions and Answers

Participants' concerns were addressed in an open forum.

1. Participants discussed if JICA follows standard modules for training and supervisory tool. JICA will use modules for training and supervisory tools if they are standardized. But JICA does not want to be rigid and people should learn by doing.
2. Although JICA wants to support expansion of CHPS, some participants wanted to know how such expansion scheme would work as JICA will not take part in compound construction. There was also the issue of the need for vehicles to strengthen supervision. GHS said constructing CHPS compounds and provision of vehicles was a responsibility of the Ghanaian government. Some believe that other local buildings could be improved for use as CHPS compound.
3. Contracting NGOs for surveys and community mobilization was discussed. GHS urges people to learn to work with the private sector, because evidence indicates that certain things are best done by private firms.
4. It was suggested that GHS staff should be involved in NGO activities to enable NGOs to sustain the project after the project period is over.

5. JICA said that it is ready to provide some basic equipment for CHPS and CHN School. JICA, USAID are to coordinate their activities to avoid duplication in the procurement of basic equipment to CHN School.
6. Whatever structures put in place should go with those of GHS.

MINUTES OF THE SECOND JOINT COORDINATION COMMITTEE MEETING ON SCALING UP CHPS IMPLEMENTATION IN UPPER WEST REGION

Date: February 22nd, 2007

Venue: COCONUT GROVE HOTEL, ACCRA

Time: 9:00AM – 1:00PM

1. Introduction

The objectives of the meeting was to share the progress of the project activities from September 2006 to February 2007 and make the necessary adjustment to advance the scaling up of CHPS among the stakeholders consisting of respective members of the Ghana Health Service and JICA.. The Chairman of the JCC, the Director General of the Ghana Health Service, was out of the country and as such, the meeting was chaired by Dr. Frank Nyonator, Director of PPMED.

2. Attendance

Chairman: Dr. Frank Nyonator, Director of PPMED, GHS and Director Project

Present were:

1. Dr. Erasmus E. A. Agongo, Regional Director of health Services UWR and Manager of project.
2. Mrs. Beatrice Kunfah, DDHS, Jirapa/Lambussie, UWR
3. Ms. Phoebe Bala, DDHS, Wa West, UWR
4. Ms. Florence Angsomwine, CHPS Coordinator, UWR
5. Mr. Takaharu Ikeda, Chief Advisor of the Project, UWR
6. Ms. Chisaki Sato, JICA CHPS Coordinator UWR
7. Ms. Cynthia Elide, JICA CHPS, UWR
8. Ms. Mihoko Nakagawa, Project Formulation Advisor, JICA Office Accra
9. Mr. Hiroshi Murakam, Resident Representative, JICA Office, Accra
10. Ms. Rejoice Nutakor, Rep. of Director of Reproductive Health
11. Ms Caroline Adda, PPMED, GHS
12. Ms. Veronica E. Apetoregbor, CHPS Secretariat, PPMED, GHS
13. Mr. Divine Amanieh, PPMED, GHS

Absent with apology:

1. Prof. Agyeman-Badu Akosa, Director General, GHS
2. George Amofah, Director, PHD, GHS
3. Dr. Daniel Yayemain, Deputy Director of Public Health, PPMED, GHS
4. Dr. Eddie Addai, Director PPMED MOH
5. Dr. Ken Sagoe, HRDD, GHS
6. Chief Director, MOH
7. Dr. Henrietta Odoi-Agyarko, RCH, GHS
8. Dr. Caroline Jehu-Appiah, DDP, PPMED, MOH
9. Dr. John Koku Awoonor-Williams, National CHPS Coordinator, GHS

3. Agenda

Issues focused on the agenda were:

- 1) Welcome Speech
- 2) Objectives of the JCC meeting
- 3) Overview and current implementation of the project (Result of baseline survey, Training, Performance Standards and Community Mobilization)

- 4) Discussions
- 5) Revision of PDM, Presentation of the next fiscal year
- 6) Other matters (Relationship with other implementing partners and the role of advisory team)
- 7) Remarks

1) Welcome Speech

In his welcome speech, Dr. Frank Nyonator on behalf of the Director General welcomed all to the meeting by expressing his hope that they were going to have successful deliberations. He asked the participant for their cooperation and full participation to the meeting. This was followed by a self-introductory exercise for familiarization purposes.

2) Objectives of the JCC meeting

The chairman focused on the importance of the CHPS strategy to reduce the inequality in access to primary health services. He stated that the objectives of the JCC meeting are; to review the progress of the project activities; to plan for the activities for next year; to make necessary revision of the project design matrix (PDM).

Dr. Nyonator also gave the background of the JCC. He said JCC has been established for the effective and successful implementation of technical cooperation for the project and is chaired by the Director General of the GHS. He then outlined the various key stakeholders and spelt out their roles and responsibilities as below;

Head Quarters; plays a coordinating role in the project implementation, monitor and evaluate project implementation with JICA. The Project Director looks at administrative and implementation of the project.

Region; provides supervisory and facilitative support to districts and Sub-district teams on project planning and implementation. It facilitates project implementation by ensuring best model practices. Director GHS UWR serves as the Project Manager looks at managerial and technical matters of the project.

JICA team (IC-Net); Japanese chief advisor will make necessary recommendations and advice to the project director and project manager on any matters pertaining to the implementation of the project. IC-Net serves as the channel for funding and support for project the implementation, the secretariat *advices* on the training for the staff of Ghana Health Service who are involved in the project implementation. The team also gives advices on the development of monitoring tools and implementation of the project.

Presidential Excellence Awards for Public Service Delivery. He concluded his presentation by informing the group that GHS recently received an award of: Gold medal for partnership and Sliver medal for innovations, for rolling out CHPS under the President's excellence award for public service delivery. He finally expressed GHS gratefulness to all partners especially JICA and USAID, for making this possible.

3) Overview and current implementation of the project

Dr. Agongo outlined the profile of the UWR and also the current health status of the people. He also gave the resume of the JICA program in the UWR, which consists of Technical Cooperation, Grant Aid Cooperation, and Japan Overseas Cooperation Volunteers.

Result of Baseline Survey

The objectives and contents of the baseline survey were explained. Below were some of the findings at the various levels:

- Most Community Health Committees (CHC) and Community Health Volunteers (CHV) were not functioning well at several CHPS zones due to insufficient sensitization and a lack of incentives. The roles and responsibilities of CHC and CHV are not clearly defined, which also causes the problem.
- The capacity of CHOs needs to be strengthened. Additional staff members are needed to support CHOs especially at CHPS zones due to a large number of the population (ranging between 7,000 and 9,000) which needs to be covered by each CHPS zone.
- At the district level, a lack of funding was identified as a major problem hindering the implementation of CHPS activities.
- Community mobilization is necessary although it is difficult to obtain active participation from communities to CHPS activities. It is also difficult to involve NGOs and other development partners for community mobilization.

Training

Dr. Agongo presented that the objectives of the training were to clarify duties and responsibilities of the staff members at each level, to update skills and/or knowledge, and also to strengthen capacity of supervision. The target of the training includes the members of the RHMT, DHMT, SDHT, CHOs and CHVs. Training has been carried out for all the target groups except the RHMT and DHMT training scheduled for February 26th to 28th, 2007.

Performance Standards

The development of performance standards for the five levels have been done and training is scheduled.

The usage of performance standards in relation to supervision was elaborated. Dr. Agongo, however, mentioned the following as challenges in supervision; difficulty of access and communication, a lack of human resource, a lack of experience and skills in supervision, and a lack of proper monitoring tools such as a check list.

Community Mobilization

JICA has subcontracted two NGOs such as CLUSA and ProNet for community mobilization in two CHPS zones; Kuncyilleyiri and Tampala in Wa West and Jirapa/Lambussiedistricts respectively.

Budget line

Dr. Agongo presented the budget line consisting of Local in-country training, Meeting/Workshop and Provision of Equipment. He mentioned the following constraints and challenges;

- Human resources
- Funds for constructing new CHPS compounds
- Means of transportation and communication
- Motivation for management and supervision

He concluded with the plan of next fiscal year as;

- Expansion of CHPS implementation
- Development of supervision and referral system and training of capacities of RHMT, DHMT, SDHTs and CHOs

4) Discussions

The following concerns were raised by Dr. Agongo, the project manager;

- The concept of Stage 1 and 2 districts and application;
The significance of this concept is uncertain. A stage 1 district (Jirapa/Lambussie and Wa-West) is supposed to be pilot districts, and the lessons learnt from these districts are meant to be disseminated to stage 2 district. However, some of the activities already include Stage 2 district (e.g., training of CHOs). There are few functional zones in stage 1 districts for the project to have build a significant impact especially the fact that they are not providing CHPS compounds
- Limitation of resources;
The scarce resource makes it difficult to increase capacity of the district. Resource and capacity have to be balanced. For example, Wa-West district does not even have accommodation for the staff members in their district.
- Constraint on training;
The training schedule for some of the programs for example the training on supervision, performance standards and proposal writing are too short for skills acquisition techniques.
Training for RHMT/DHMT should cover wider participants. The upcoming training does not cover some of the key people in implementation of CHPS activities. For example, only 8 out of 33 people at RHMT are to attend the training for this year.
- Transparency of the project;
The duties and activities of the various parties of the project are not spelt out well. JICA team is the advisor of the project, not the implementer of the project. For example, the project manager does not know the finance of the project and how project expenses are managed by JICA team. In addition, the project manager does not have any knowledge regarding the salaries of the staff members employed by JICA team.
- Decision-making;
All the decisions related to the project activities are made by JICA team. The information was only presented to the project manager after such decisions were made.

Other issues raised during the discussions are as follows;

- Ms. Beatrice Kunfah, the District Director of Health in Jirapa/Lambussie expressed her appreciation of the support from JICA, but thinks that there is always duplication of activities. For example, in community mobilization activities, JICA team started working on the CHPS zone where the district has already started in stead of starting the activities in the newly selected CHPS zone. She also remarked that JICA team met directors of the Stage 1 district individually in stead of passing information through the Project manager.
- Ms. Phoebe Balagumyetime, the District Director of Health in Wa-West, thinks that JICA team is too strict on their dealings with the district. She indicated that JICA's support to the district blocks the opportunity of the district receiving support from other donors or NGOs as they think that JICA has already given the assistance for the district to be operational. On the other hand, to some extent, it is not the case as JICA provides incomplete support for the district to meet their target due to JICA's budget constraints. Additionally, she mentioned that there were cases that JICA insisted that CHO should be posted to the CHPS compounds where they have been trained to go, and asked them to distribute all the equipment to the CHPS compounds they have decided for their

monitoring purposes. She advised that JICA should be flexible in its activities so that other donors who come later can also supplement the efforts of JICA. She also stressed that the number of functional and operational CHPS zones would depend on the availability of CHPS compounds which JICA is unable to construct due to their budget constraints. In response to the last issue, Dr. Nyongator, the chairman, said that it was earlier made clear that building of CHPS compound was not included in the project, and that such funds should be sourced from other donors. In addition, the creation of functional CHPS zone should not depend on the availability of CHPS compounds.

- Ms. Mihoko Nakagawa, the Project formulation advisor of JICA, explained that JICA has been working in partnership with other NGOs and donors so that the activities will not be duplicated.
- Ms. Florence Angsomwine, Regional CHPS coordinator, indicated that some activities are taking place in some communities while the CHPS zones itself are not completed (without compound). She said that CHOs have been trained and posted to these zones; communities are mobilized and registration are in place, while they are organizing logistics for them.
- Mr. Takaharu Ikeda, the Project chief advisor, said that the project team will have a better dialogue with the GHS concerning the next two year plan in order to identify areas that can increase involvement of DHMT and SDHT.

After the discussion, the following recommendations and suggestions were made;

- Dr. Agongo, the project manager, oversees all the activities of the project. Therefore, he should be equipped with the necessary information and document so that he can manage the activities effectively.
- Roles and responsibilities of IC-NET/JICA and GHS/Project Manager should be understood.
- Management team should be involved in decision making process.
- Increase quality of training (e.g., increase number of participants/training days).
- Issues of capacity building should be also looked in terms of the infrastructural development, not only in terms of the training.
- Secretariats and staff members of the project are there to support the project manager in the management of the project.
- Next JCC meeting should be held in Upper West Region so that more JCC meeting members can have the opportunity to go on field visit.
- Project Manager should submit the report of the project to the headquarter of GHS and JICA. Its then responsibility of GHS and JICA to disseminate them to other development partners.
- At regional level, they should hold the regular monthly meeting to monitor the progress of the project activities.

5) Revision of PDM, Presentation of the next fiscal year

The proposed revision of PDM was presented by Dr. Agongo. The committee agreed on such revision, and the PDM was revised as it shows on the attached sheet.

6) Other matters (Relationship with other implementing partners and the role of advisory team)

According to the GHS, JICA team is to give technical advice regarding the dissemination of the information; therefore, JICA team is advised not to contact directly with CHPS TA, USAID and other donors unless they are permitted by GHS. On the other hand, the representative of JICA opposed to the above suggestions as the JICA team in UWR is the representative of JICA.

Dr. Nyonator concluded the meeting by thanking all participant in JCC meeting, and wishing that the report of the meeting is disseminated to all the stakeholders of the project. He noted that this project will be showcased to the whole Ghana as well as international world. The meeting ended successfully.

MINUTES OF THE THIRD JOINT COORDINATION COMMITTEE MEETING ON SCALING UP CHPS IMPLEMENTATION IN UPPER WEST REGION)

Date 16th October, 2007
Venue MOH Conference Room
Time 2:30 – 5:00

1. Introduction

This third JCC was held to take a look at the project activities from the period of May 2007 to October 2007. The out come of the meeting will indicate the progress of the project and update all the partners involved in the scaling up of CHPS in the Upper West Region. It is also hoped that participants will make the necessary input to streamline further activities on the project. The chairperson was Dr. Elias Sory, Director General (DG) of Ghana Health Service (GHS).

2. Attendance

Present:

1. Dr. Elias Sory, DG, GHS
2. Dr. Daniel Yayemain, Dep. Director IME PPMED
3. Ms. Rejoice Nutakar, Pogramme Manager, ADH
4. Ms. Veronica Apetorgbor PPMED
5. Dr. Erasmus Agongo, Regional Director of Health Services
6. Ms Florence, Regional CHPS Coordinator
7. Ms Beatrice Kurfah, District Director of Health Services, Jirapa
8. Ms. Phoebe Bala, District Director of Health Services, Wa West
9. Mr. Hiroshi Murakami, Resident Representative, JICA Ghana Office
10. Mr Yuji Wakasugi, Assistant Resident Representative, JICA Ghana Office
11. Ms. Miki Motomura, Staff, JICA Ghana Office
12. Mr Takaharu Ikeda, Chief Advisor of the Project
13. Mr. Hiroshi Ogawa, Deputy Chief Advisor of the Project / Community Participation
14. Ms Momoko Yoshitake, Training Coordinator of the Project
15. Mr Joachim Paala, Coordinator of the Project

Absent:

1. Dr George Amofah, DDG
2. Chief Director, MOH
3. Dr Frank Nyonator, Director PPMED
4. Dr Ken Sagoe, Director HRDD
5. Dr. Henritta Odoi-Agyarko, RCH
6. Veronica Apetorgbor PPMED
7. Dr Caroline Jehu-Appiah, Dep. Director Policy, PPMED
8. Dr. Eddie Addai, PPMED
9. Dr. J. Koku Awoonor, National CHPS Coordinator, GHS

3. Agenda

The following were the main issues discussed in the agenda.

1. Brief profile of UWR and objective of the Project
2. Plan and achievements of the Project
3. Brief explanation of the activities
 - (1) CHO freshman training
 - (2) SDHT training
 - (3) CHO refresher training
 - (4) RHMT/DHMT training
 - (5) Promotion of community participation
 - (6) Dissemination of experiences
4. Products of the Project
5. Revision of PDM
6. Budget of the 3rd. fiscal year

4.Presentation of items in the agenda

a) Welcome address by the Director General

The DG welcomed all participants present and immediately confessed that he was learning a lot from the project and lay emphasis of the performance standards that has been developed by the project team. According to him he was so much impressed with the performance of the project and wished it well.

b) Objectives of the JCC Meeting

Dr. Dan presented the objectives of the meeting and focused on areas such as striving earnestly to strengthen the referral system, dissemination of best practices among others. He recapped issues since the last JCC meeting to update all members and plan for further progress.

c) Overview and current implementation of the Project by Dr. Agongo.

The following were the areas he focused on in his presentation. Please refer to detail presentation on the attachment.

1. Brief profile of UWR and objective of the Project
2. Plan and achievements of the Project
3. Brief explanation of the activities
 - (1) CHO freshman training
 - (2) SDHT training
 - (3) CHO refresher training
 - (4) RHMT/DHMT training
 - (5) Promotion of community participation
 - (6) Dissemination of experiences
4. Products of the Project
5. Revision of PDM

6. Budget of the 3rd. fiscal year

5. Comments and discussions after Dr. Agongo's presentation

1. Dr. Dan, asked if any further steps were taken to follow up to ensure the proper use of the facilitative supervision has been done after the training? His second concern was how the issue of referral could be effective without any serious registration of the NHIS which was poorly patronized. He therefore suggested that the hospitals should be included to make the referral system more effective. The Director General also added his voice saying that the link between the lower level (CHPS) and that of the higher levels (Hospitals) is not well defined. Again Dr. Sory was of the opinion that there might be good referral system but without any feedback system and asked if the project is putting in place any mechanism to check that. One other area of concern from the director general was the issue of paradigm shift. Whether the project is making any effort to handle it. That is helping the people to acquire good habits and take good care of them even when the project is over.

Dr. Agongo in response to the above issues said supervision is still ongoing to ensure the right application of the facilitative supervision as such the report is not ready yet hence the inability to present it at this meeting. With regard to the hospitals being included in the referral training, he said they were already included and has had some training on the facilitative supervision as well as the recent referral survey that was conducted. Dr. Agongo also added that the CHVs will be the agents for the paradigm shift and they were in the process of developing a manual for that purpose and will also include the 16 key household messages for IMCI in the manual.

DG again talked about the life style of the people in the region concerning their habit of drinking. He said CHPS should be tailor made to address the specific problems of the region particular the bad drinking habit that is killing many of the people. The region should be able to benefit a lot from the project because of the good things that the project is doing. The DG was still of the view that supervision was still a problem especially the facilitative supervision. He wondered if the FS was just donor driven or has come to stay forever. "if no JICA, will FS still be use". He said he will hold people responsible according to the PS. If they are able to perform as stipulated in the PS, so much the better if not they have to sit up and fulfill their task as expected by the PS.

Beatrice Kunfah indicated that she has personally benefited a lot from the training on PS and FS and has even orientated her staff as well. Already, they have conducted one facilitative supervision using PS in the district and the supervisees are very interested and are looking forward for another such visits. She also added that indicators are improving as a result of the new approach.

Dr. Agongo informed participants that lack of hotels to accommodate supervision panel could be a serious hindrance. But it was realized that it could only be a problem with those at the regional capitals but not at the district level where supervisors could return the very day to the district after the supervision.

Ms. Florence said that she was still collecting reports on FS carried out in the districts after the regional training but were not completed yet. The few she has received were very impressive. She again said the hospitals were actually included in the research on the referral system involving the DDNS and the Quality control officer and are also part of the preparation team for the referral training.

Ms. Rejoice Nutakar also added her voice saying that Jirapa/Lambussie district has spent time improved a lot wondered why the public health nurses could not be assigned to be visiting the CHPS. She was immediately made to understand that the public health nurses were the CHPS coordinators in the districts.

Ms. Phoebe Bala was of the opinion that the major challenge was insufficient staff and conflicting programmes. She explained that the few staff available always have so many programmes to attend to and cannot possibly satisfy all of them. One other concern of Ms. Phoebe was with the issue of feedback. According to her, it is not clear in the system who should be responsible in providing the feedback. As result, it might still bring difficult on the feedback if not resolved.

In response to Ms Phoebe's concern on who should be responsible in providing feedback, Dr. Dan. Said feedback is meant to be for continued learning and education. That is to help the receiver learn from the referred case and for easy handling to the referred centre should there be a similar situation. For the above reasons Dr. Dan said it was the duty of the clinician to write all referrals as stated earlier to help the receiver in particular learn. DG gave some examples like the maternity heads and clinicians should provide feedback and added that all such people should have their duties outlined and even included in the PS. Dr. Agongo informed them that all the issues raised concerning the issue of feedback will be included in the guidelines for the up coming referral training. Ms. Rejoice again suggested that some clinicians should be included to share their experiences with the others to help them understand issues much better.

Dr. Dan suggested that all the hospital staff should have PS and was supported by DG who wished that the GHS in Wa can take that up even before he comes out with that idea for the whole nation for all staff to have job description.

Mr. Ikeda, acknowledged the way the PS was well appreciated by the DG and others but was emphatic on the fact that the project could not go further to develop PS for the rest of the hospital staff because that was out of the PDM. He outlined what they can do to help is by using a simple format, practical and sustainability and practicability

The DG suggested if there could be a review 2years after the project to enable them measure their impact regarding sustainability. The DG was told by Mr. Yuji Wakasugi of JICA Ghana Office that they do impact evaluation even after 3 to 5 years after the project.

6. Revision of PDM

At this juncture Dr. Agongo requested the formal acceptance of revision of the PDM. He highlighted the various issues that needed amendment for consideration and acceptance. All were carefully examined by the participants for the meeting. The final one was to hold JCC meeting twice a year.

7. Any Other Matters

Mr. Hiroshi Murakami from the JICA Ghana office appreciated the coordination between JICA – IC NET and GHS and encouraged them to keep it up. He also reiterated the need to link up CHPS with the hospitals and announced the items they were bringing including equipment and ambulances etc to be distributed in the region.

8. Closing Remarks

The DG in his closing remarks once again said he has learnt a lot from the JICA Team and was very much impressed with their vivid reports of their activities which were likely to have an impact on GHS nationwide. He cited an example of how the members of the project were down to earth in going to communities to discharge their duties and was optimistic that there will be a change the way things are done. He said he was ever ready to chair any of their meetings and challenged the team to write the names of some of the achievements. According to him the region was in wealth but being portrayed as poor all because people do not know of what is existing in it. He said he will continue to support any collaboration in the process of this project to improve the health status in the region and urged all to continue with their good works.

The venue for the next JCC meeting was scheduled to be in Wa - Upper West Region however the exact date is yet to be determined and announced to members accordingly.

The meeting ended with a closing prayer from Mr. Ikeda the project chief advisor.

**MINUTES OF THE FOURTH JOINT COORDINATION COMMITTEE
MEETING ON SCALING UP CHPS IMPLEMENTATION IN UPPER WEST
REGION**

Venue: Upland Hotel

Date: 17th January 2008

Introduction

The JCC has the responsibility of ensuring that the project is implemented according to the terms of agreement between the Government of Ghana and Japanese International Cooperation Agency (JICA). The Committee meets at least twice in a fiscal year to review the progress and guide the implementation of the project.

At the third JCC meeting in Accra in September 2007 it was agreed that the fourth JCC meeting be held in Wa, the Upper West Regional Capital, so that members could also use the opportunity to go to the field to observe what is happening in the project area.

The members arrived in Wa on the 16th January 2008. During the morning of 17th January they observed Community health officers training that was taking place at the time in the In-Service Training Centre in Wa, and then held the meeting in the afternoon at Upland Hotel from 15.00 pm to 16.05 pm.

Attendance

	Members present	Organisation
1	Dr. Elias K. Sory, Director General, Chairman	GHS Headquarters
2	Dr. Frank Nyonator, Director PPMED, Project Director	„
3	Dr. Ken Sagoe, Director HRDD	„
4	Dr. Daniel Yayemain, Dep. Director IME PPMED	„
5	Emmanuel M Longi, Deputy Director/legal Matters	MOH
6	Dr. Erasmus E. A. Agongo, RDHS, Project Manager	UWRHD
7	Ms. Florence Angsomwine, Regional CHPS Coordinator	„
8	Ms Beatrice Kunfah, DDHS	Jirapa DHA
9	Ms. Phoebe Balagumyetime, DDHS	Wa West DHA
10	Mr. Kunihiro Yamauchi, The Resident Representative	JICA Ghana Office
11	Mr. Yuji Wakasugi, Assistant Resident Representative	„
12	Mr Takaharu Ikeda, Chief Advisor of the Project	Project Office, Wa
	Members Absent	
1	Dr. J. Kwaku Awoonor, National CHPS Coordinator	GHS Headquarters
2	Dr Mrs Odoi-Agyarko Dep. Director	„
	In Attendance	
1	Mr. Said Al Hussein, HRDD	„
2	MS Satoko Ishiga, Maternal and Child Health	Project Office, Wa
3	Ms Momoko Yoshitake, Project Training Coordinator	„
4	Mr Joachim Paala, Coordinator of the Project	„
5	Ms Evelyn Ngaanuma, Project Assistant	„

6	Mr. Kenji Yoshimura, Japanese Grant Aid Consultant	International Techno Center Co., Ltd
7	Mr. Martin Taabazuing, Equipment officer	UWRHD
8	Ms Mari Ono, IEC specialist, JOCV	UWRHD

3. Programme outline

Day 2 (17th January 2008)

Morning: 9:00 – 12:00 – Observe CHO training

Afternoon: JCC Meeting

Agenda

- 1) Opening prayer
- 2) Welcome address by DG
- 3) Short remarks by Dr. Frank Nyonator Director PPME
- 4) Discussion of previous minutes.
- 5) Plan and achievement of the project
- 6) Discussion of the report
- 7) Revision of PDM
- 8) Proposed plan for the fourth fiscal year
- 9) Any other matters
- 10) Presentation on grant aid
- 11) Short remarks by JICA representative
- 12) Closing remarks by DG
- 13) Closing prayer

4. Minutes details

The meeting started at 3.00 pm with an opening prayer by the Ms Phoebe, DDHS Wa West.

This was followed by the welcome address by the Chairman, Dr Sory the Director-General of GHS. He stated that the project was doing very well and achieving a lot in line with the project objectives and outputs. He was also happy with the fact that the JICA representative was present for this JCC meeting. All were formally welcome and the project director then delivered a short address.

(1) **Short address Dr. Frank Nyonator – Project Director**

Dr. Nyonator gave an overview of the project spanning the period March 2006 to February 2010. He stated the project aim being to promote the expansion of CHPS Implementation in the Upper West Region thereby strengthening community health services. He also outlined the ultimate goal of project as improving the health status of the people of Upper West Region through the achievements of outputs in six areas:

1. Capacity of RHMT & DHMT in Stage 1 Districts to support the delivery of functional CHPS developed
2. Capacity of SDHT and CHOs in Stage 1 Districts to support the delivery of functional CHPS developed

3. Facilitative supervision system improved in Stage 1 Districts
4. Referral system strengthened in Stage 1 Districts
5. Community participation in CHPS strengthened in Stage 1 Districts
6. Models of Best Practices disseminated for potential replication.

He stated that the project will cover the entire region but implementation will initially be focused in two districts (Stage 1 districts): Wa West and Jirapa Lambussie.

Dr. Nyonator also outlined the structure and operation of the project, including the functions of the JCC, the implementation teams at the regional and district levels, and the lead role GHS should play at all levels and own the project. The other elements of the project included JICA experts to provide the necessary technical guidance and advice to their Ghanaian counterparts on technical matters pertaining to the implementation.

The mid-term and end term evaluation of the project, which is expected to be carried within the third year and last year of the project implementation respectively, will be jointly carried out by JICA and the Ghanaian authorities concerned, and GHS playing the lead role.

He finally expressed his delight to the fact that the meeting was being held at the project site the first time since its inception because it provided the JCC members the opportunity to see first hand some of the activities being implemented and to interact with some of the staff directly involved in the implementation.

He ended by expressing his gratitude to all partners for the support to the project.

(2) Previous minutes

After Project director's presentation the 3rd JCC meetings meeting's minutes were read and a few corrections made which were typographical errors and clarification of some issues.

Dr. Yayemain moved for the acceptance of the minutes and was seconded by Dr. Agongo after which the chairman opened the floor for discussion. As the agenda covered most the matters arising from the previous minutes, it was decided that we moved to the next item on the agenda which was the presentation of the progress of implementation of the project by the Dr Agongo, the project manager.

(3) Plan and achievement of the project by Dr. Agongo

Dr Agongo, the project manager, in his turn presented the progress of implementation since its inception, the next fiscal year plan and indicative budget. He focused his presentation in the following areas:

1. Brief Overview of Project
2. Plans & achievements of the Project from Oct - December 2007.
3. Lessons learnt from the trainings
4. Procurement of equipment & transport
5. Budget & Expenditure the 3rd. Fiscal Year (till December 2007)

6. Proposed plan for the fourth fiscal year

The content of his presentation was already made available to members the morning prior to the meeting in the form of handouts.

For details of the above topics please refer to the handouts that were given on the meeting day.

(4) Comments and contributions after the Project Manager's Presentation

Mr. Yuji Wakasugi, Assistant Resident Representative, JICA Ghana Office commented on the regularity of supervision which was proposed to be done on quarterly basis. According to him that could affect output, he rather suggested supervision should be conducted according to findings during the first supervision. In response to the above, Dr. Agongo said the quarterly supervision was not going to be so rigid but that specific issues will be addressed as and when they arise.

Mr. Said also added that it was even possible for the CHOs to invite the higher authorities for support.

Dr. Ken Sagoe commended the project for their achievement and hoped that the pace is maintained but enquired whether approval has been granted by the National Communications Authorities (NCA) for the radio communication systems being installed in the region. This information was not available. Hence, the project director was assigned to confirm the above situation.

Madam B. Kunfah asked if the radio system could be linked to all levels especially the DHMTs. According to the grant aid consultant there was technical problem of compatibility between the old and new systems. They were trying to see how link up the two system. Mr. Taabazuing was the one assigned to pursue the linkage problem and report accordingly.

[Actions to be taken]

The director PPME will confirm the license status of the radio and also find out how DANIDA obtained the initial license.

The equipment officer will pursue the linkage problem and report accordingly

(5) Revision of PDM.

With regard to this topic not much was done on it as some of the issues needed more clarifications. It was obvious that there was no consistency regarding smartness of some issues on the PDM. Whiles some were smart others were not as result it was a bit difficult revising the whole PDM. Proposal of the PDM presented in the JCC meeting was accepted to continue the Project. Those issues that were smart were examined and revised and the remaining was to be made smart for onward consideration. Using the

opportunity of mid-term evaluation, Objectively verifiable indicators and Important assumptions will be revised and continued for acceptance in the next JCC meeting.

[Actions to be taken]

The Project will prepare draft of objectively verifiable indicators for the mid-term evaluation.

The Project will coordinate with JICA and Ghanaian authorities the suitable date for the mid-term evaluation.

The project to communicate suitable date for mid term evaluation of the project.

Proposed plan for the fourth fiscal year.

The major comment here was whether the Midterm evaluation of the project could be conducted in July. This evaluation was deemed to be very crucial as it will enable the project set objectively achievable targets. Although July was the ideal month for this evaluation it was not possible to conduct it because there is the need for some preparation according to the project chief advisor. He added further that the month of March is meant to write the progress report of the project and April was also the end of Japanese year and no work will be done within that period. This explains the reason why he felt the month of July was too close because they need some more preparation to enable effective evaluation of the project. On this note, the project chief advisor and his team were to communicate the suitable date for the evaluation as soon as possible to the appropriate authorities by the end of January 2008.

One other issue that was on focus was counterparts training in Japan. Accordingly such trainings are usually part of the project plan and not just a favor as was the case of the three counterparts training in Japan recently. It was therefore requested that it should be included as part of the project for JICA to determine the next date of training for another set of people to go.

[Actions to be taken]

The Project will coordinate possibility of counterpart training and inform them

(6) Radio communications

The major concern after this presentation was related to the exact time that they could make sure the radio systems are functioning effectively. They were tasked to make this possible by the end of January 2008.

There was also the issue of handing over of the radio systems after installation for immediate usage because there was no point for them to be available in any facility but cannot be used in times of emergency.

[Actions to taken]

Tasked to make radios function by end of Jan. 2008

Japanese radio consultants to meet DG on 21st January, 2008 to radio training to take place in Wa.

(7) Ambulances from the Grant Aid.

Dr. Agongo raised concerns about the plans to organise the ambulance training for a few people in Accra. This will seriously affect the deployment because of the high turnover of staff, hence the need to have the training in Wa which will enable more nurses and drivers to be trained.

It was unanimous that the training should take place in Wa. The Director-General then requested the Japanese consultant and his team to meet him on the following Monday (21st January, 2008) in his office and resolve the issue.

The Dr Agongo also raised the need to relocate the ambulances because priorities have changed. The Director-General remarked that when resources are received in the region, it was possible for the region to re-allocate based on the needs of the respective districts.

(8) Remarks from JICA representative

Mr. Kunihiro Yamauchi, was happy the project was on course and expressed the hope that the project will achieve the set goals. He encouraged all the stakeholders to play their roles well and positive attitude to work to enable the project achieve the desired results.

(9) Chairperson closing remarks - DG.

DG expressed his appreciation to the fact that all the relevant stakeholders were present for this meeting, especially the JICA resident representative. He added that the Grant Aid has brought a lot of support to this region besides what other development partners like DANIDA has brought earlier. As result any failure to live up to expectation cannot be compromised. What ever JICA achieves in this region is also meant for the entire nation. The meeting ended with a closing prayer by the DDHS of Jirapa/Lambussie District at 16.05 pm

**Mid-term Evaluation &
MINUTES OF THE FIFTH JOINT COORDINATION COMMITTEE MEETING
ON SCALING UP CHPS IMPLEMENTATION IN UPPER WEST REGION**

Date: 22 nd July 2008 Venue : Upland Hotel, Wa. UWR. Time: 08:50 am		
Discussion of activities		
No.	Activity	Remarks
1	<p>Opening prayer and Chairperson acceptance speech</p> <p>An opening prayer was said by Ms. Phoebe Bala the DDHS of Wa West for the Lord to take control and direct issues for a successful meeting.</p> <p>Dr. Anemana in his acceptance speech stressed on the importance of the meeting which has necessitated people to travel from afar to attend although it is just one day. He called on all the participants to contribute their best in order to achieve the goals of the meeting. He again urged that the results of the meeting should be used as a guide to direct affairs for the smooth operation of the project. He then called on Dr. Issah the acting director of GHS in the UWR to give his welcome address.</p>	
2	<p>Welcome Address</p> <p>Dr. Issah delivered the welcome address and assured the participants of an enabling environment during their stay in the region to carry out their duties effectively.</p>	
3	<p>Outline on progress of the project by Ms. Florence.</p> <p>The presentation covered the following broad areas:</p> <ul style="list-style-type: none"> • <i>The regional profile and project area</i> The map of the region was shown indicating the districts that comprised stage 1 and those that constituted stage 2. The focus of the project is on the stage 1 districts but with a little extension to the stage 2. She said there were 6 hospitals, 64 health centres and 45 CHPS zones in the whole region. The resume of the JICA program was given to include Technical Cooperation Project for Scaling Up CHPS Implementation, Grant Aid for medical equipment and training materials and Japan Overseas Cooperation Volunteers. The program over all goal was stated to “Improve Health status of the People Living in Upper West Region” • <i>Objectives and expected outputs of the project</i> The project objective was “Community members in the project area (UWR) have increased access to quality care due to improved 	

	<p>coverage of functional CHPS.” The expected outputs to help realise the objective were stated as follows:</p> <ol style="list-style-type: none"> 1. Capacity building of RHMT & DHMT 2. Capacity building of SDHT & CHOs 3. Strengthening Facilitative supervision 4. Strengthening referral system in CHPS 5. Strengthening community participation 6. Dissemination for potential replication <ul style="list-style-type: none"> • <i>Progress of activities on each output</i> Each of these outputs was explained and the level of progress made clearly spelt out. 	
4	<p>Presentation of results of joint evaluation by the evaluation team by Ms. Akemi Serizawa</p> <p>The team presented their findings including the 6 main outputs, the project purpose achievement and the 5 evaluation criteria used. For details please refer to annex 1 for the complete version of the report.</p>	
5	<p>Recommendation from the evaluation team by Dr. Yayemain</p> <p>The recommendations by the evaluation team were presented separately by Dr. Yayemain. The recommendations were directed to three categories of people to ensure whose responsibility it was and the appropriate actions to be taken. The three categories people included the Project management, GHS and JICA. Refer to annex 1 again for detail recommendations for each category.</p> <p><i>Discussion of findings and recommendations of the mid-term evaluation</i></p> <p>Dr. Sory who initiated the discussion raised the following issues:</p> <ol style="list-style-type: none"> 1. According to the DG, flexibility was key for the achievement of the project goal. How far were the partners ready for this flexibility to make a maximum input of the project? 2. The project also has some positive sides in terms of the Performance Standards developed. He wanted to know if the evaluation team could confirm the authenticity of such products for a possible replication 3. He also asked of the stand of JICA in relations to other donors joining UWR. Is JICA ready to shoulder GHS UWR or can they allow other donor partners to join? Will the project go beyond its five year planned term in the region? 4. Sustainability: Can the project demonstrate the cost effectiveness to engage local NGOs in community mobilisation activities at least to ease GHS staff whose main focus is service delivery? 5. Compound Construction: there was emphasis that the concept of CHPS is partnership where GHS is to produce equipment, 	

	<p>provide the necessary skills through training to deliver the relevant services. On the part of the community, it is their duty to provide the labour for the construction of CHPS compounds. He ended up by restating that the project is looking forwards to cover the entire country and not just for UWR alone.</p> <p>6. Ms. Phoebe Bala stated the fact that the DHMTs are unable to participate fully in community mobilization activities because of limited staff unlike the NGOs with the sole responsibility to perform that duty and can stay over a longer period in the communities. The Chairman responded to the above by reiterating that the main thrust of community mobilization was on how to replicate the NGO activities in community mobilization when the project ends. If NGOs cannot be contracted, other avenues within the districts should be explored and utilized for the purpose of community mobilization. The meeting made suggestions for the project to involve the department of community and development, NCCE and other statutory bodies at the local level in community mobilization. The main issue was replicating community mobilization to stage 2 districts and the country at large. It was resolved that all social mobilization experts within the region should be collaborated with to assist in community mobilization</p> <p>7. Mrs. Veronica Apetorgbor of PPMED suggested that although the DHMTs have busy schedules, they should still make efforts to participate in the community mobilization by the NGO and also build the capacity of the CHOs to enable them mobilize communities effectively.</p> <p>8. Dr. Ahorsu also raised the issue of career development in relation to CHOs to enable them give out their best in CHPS implementation. He added that there should be appropriate transfers to motivate the CHO, but not to be allowed to over stay at one facility and get demoralised which may result in poor performance. According to DG in responding to Dr. Arhosu's concern reiterated that there were structures in place to take care of the situation and that the pathways for career development are there for management to utilize and initiate postings and transfers. He added that the issue could be discussed further outside the forum.</p> <p>9. DG also stated that in future, CHOs should as much as possible be natives of their CHPS zones because they know much of their own people and can deal well with them than a CHO from else where who may know very little at the zones they operate.</p> <p>10. The chairman reminded the participants of the following 2 issues that were raised earlier but had not been responded to.</p> <p>a) Buying equipment for stage 2 districts and</p>	<p>CHOs career development issues could be discussed after the evaluation meeting.</p>
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	<p>b) Is JICA ready to go into compound construction with support from community members</p> <p>Mr. Yamauchi responded on behalf of JICA and said that they were flexible enough for any meaningful collaboration but added that the focus of the project was on sustainability such that provision of equipment for the stage 2 districts will mean doing every thing which will not address sustainability. With regard to the compound construction, Mr.Yamauchi wondered what will be the role of the different parties and a suitable mechanism that could be put in place to enhance it. At this juncture, DG wanted to know if the 15 steps were actually considered before implementing CHPS in the region. According to him, the DDHS are the representatives of the Ministry of Health/GHS in their respective districts and could go ahead to contract any form of local expertise or use any available community resources or structures to cut down cost and improve service delivery in CHPS.</p>	
6	<p>Remarks from the following:</p> <p><i>Ghanaian evaluation team by Dr. Yanyemain</i></p> <p>Dr. Yanyemain expressed his profound appreciation on behalf of the Ghanaian team for having had the opportunity to work with their Japanese counterparts, the project team as well as the communities that were visited during the evaluation. He said the level of cooperation showed that the report was jointly owned by all the evaluators. He added that they had learnt and gained experiences from each other which will prove useful even beyond the evaluation process.</p> <p><i>Japanese evaluation team by Prof. Ogawa</i></p> <p>Prof. Ogawa on behalf of her team appreciated the opportunity given to them to participate in the evaluation. She recounted her experiences at Okinawa in Japan as a public health nurse by showing pictures depicting the activities of the post war period. She made an observation on the weakness of the filing system in the facilities that were visited during the evaluation and called for improvement. One other concern of Pro. Ogawa was the career progression of the CHOs to motivate them give out their best. According to her the strategy to use the CHPS compound to help the village health care system was the best option and the welfare of the CHOs should be of great concern.</p> <p><i>Mr. Yamauchi</i></p> <p>Mr.Yamauchi said activities of the project can be improved and all partners in the project could benefit immensely from it. The major issue was on the community mobilization and he requested further discussions on it. He also added that the JOCV are working on the ground to help improve the health status of the people in the region.</p>	

	On other issues, he said he was aware of an Ultra Sound machine not used at Nadowli hospital and that a radio system is not also working at Sombo health centre for effective communication in referrals.	
7	<p><i>Closing remarks by DG</i></p> <p>He thanked the evaluation team for a good job done and added that CHPS was not meant for the community alone but should be regarded as a partnership in providing health care to communities. Everything revolves around the community mobilisation which is a joint responsibility. DG finally cautioned GHS UWR that they should take advantage of the JICA CHPS to improve the health delivery system in the region. He reminded GHS that other donors had come and gone without any drastic change in the health status of the people and hoped that the JICA support could be an opportunity to prove critics wrong.</p>	

5 th JCC meeting. Date: 22 nd July, 2008. Time: 14:20pm		
Chairperson - Dr. Elias Sory. DG		
No.	Activity	Remarks
1.	<p>Discussion on the issues raised by the mid-term evaluation team and determination of the actions to be taken.</p> <p>According to the recommendation of the Mid-term evaluation team, the Project has revised its PDM. The new version (version 5) was attached as annex 2 in their report in which the old phrases from version 4 were also shown and the modified points were underlined for easier reference.</p>	
2.	<p>Revision of PDM</p> <p>In order to revise the PDM, Mr. Ogawa presented it and gave detailed explanation on changes needed to be made. The explanation put all the participants at the same level with the issues to be revised to make informed contributions during the revision sessions. DG led the participants in the exercise and the PDM was reviewed page by page. This approach was used in order to find out if the purpose of the project could be achieved by the outputs and subsequently achieve the over all goal. The members made significant contributions and produced a revised version that was accepted and signed by the JICA resident representative and the DG. The revised version is attached in annex 2 of this report.</p>	
3.	<p>Short remarks by the Project implementers and others – Dr. Issah, Dr. Anemana , Ms. Phoebe, Ms. Kunfah and Ms. Florence.</p> <p>Each of the above had the opportunity to say a word but there was no significant difference in their messages. Essentially, they thanked the evaluation team and all other supporters of the project. They admired the project document and hoped that the implementation of activities will help</p>	

	achieve project objectives.	
4.	<p>Short remarks from the Resident Representative of JICA Ghana Office by Mr. Yamauchi</p> <p>Mr. Yamauchi was happy with the new project office located near GHS to enhance communication and to facilitate coordination of activities. He was also particularly happy about the objective of the project that was very appropriate and serving the relevant needs of the people of UWR. He finally expressed his willingness to work closely with other partners for the sustainability of the project.</p>	

5.	<p>Signing of minutes of meeting</p> <p>This was done 15 minutes after the meeting because copies had to be made available for that purpose. The main documents here were the evaluation report and PDM which were all revised during the meeting and are attached as the annexes of these minutes. This was to demonstrate the collective agreement of all the parties during the meeting.</p>	
6.	<p>Closing remarks by DG</p> <p>The DG remarked that the meeting was useful just like the last one that was held in January. He reiterated that such meetings are helping to improve processes to enable the project objectives come to fruition. DG also appreciated the fact that the capacity building off GHS staff was not only done in Ghana but also involved sending some counterparts to Japan for training.</p>	
7.	<p>Closing prayer by DDHS Jirapa</p> <p>Ms. Kunfah thanked the Lord for a successful completion of the meetings as well as exhausting all items in the agenda. She also asked for travelling mercies for all participants irrespective of how far they were going and the JCC officially ended with a popular wonderful Japanese melody which was sung by participants led by the DG and the JICA resident representative at exactly 17:00pm.</p>	

Annex 1. Revised mid-term evaluation report (**Recommendations only**)

Recommendations for the Project

- 1) To further improve the referral system by taking steps to improve the feedback system, communication systems put in place a system to ensure the use referral data for health management decision making to improve service delivery.
- 2) To review and finalise the tools (Performance standards, facilitative supervision, referral systems) by the end of the Project period so that they are user-friendly and utilised on a sustained basis.
- 3) To strengthen the capacity of MDAs (Ministries, Departments and Agencies) within the District Assembly and community based organisations within the district (through orientation and study tours) to make them more effective in their social mobilisation activities in support of the DHMT.
- 4) To facilitate collaboration between the health promotion unit and the training unit of the GHS and the Project to document the training sessions and the process of community mobilisation for the purpose of developing training materials for the GHS
- 5) To revise the PDM to ensure that the Project objectives are more relevant, measurable and realistic.

Recommendation for the GHS

- 6) To promote partnership between the communities, DAs and other stakeholders in collectively working towards reducing the cost CHPS compound construction.
- 7) To develop institutional homes for sustainability of the best practices of the Project.
- 8) To consider career progression of CHOs to increase motivation as a part of its human resource policy.

Recommendation for JICA

9) To discuss the possibility of revising the strategies (particularly the provision of basic equipment and community participation activities) in the Stage 2 districts to ensure better regional balance

10) To conduct a post-implementation study to measure the impact of the Project with respect to the findings of the baseline studies for the JICA Programme.

11) To consider extending assistance to CHPS compound construction, as it is not within the current Project framework

**MINUTES OF THE SIXTH JOINT COORDINATION COMMITTEE
MEETING ON SCALING UP CHPS IMPLEMENTATION IN UPPER WEST
REGION**

Venue: MOH

Date: January 16th, 2009.

Introduction:

The meeting started at 13: 25 pm with an opening prayer by Ms. Phoebe Bala (DDHS Wa West) in the MOH Conference Hall. It was chaired by Dr. Daniel Yayemain, PPMED, and ended at exactly 16:45 pm

1.0 Present

GHS Headquarters

1. Dr Daniel Yayemain Acting Director PPMED
2. Dr. Caroline Jehu-Appiah, Dep. Director Policy, PPMED
3. Dr. Godwin Afenyadu, PPMED

MOH

4. Dr. Amankwa, MOH
5. Mr. Emmanuel M. Longi, MOH
6. Mr. Sulemana Bening, MOH

Regional/District Counterparts

7. Ms. Rebecca Lamisi, Regional Training Coordinator
8. Ms. Florence Angsomwine, Regional CHPS Coordinator
9. Ms. Beatrice Kunfah, District Director of Health Services, Jirapa
10. Ms. Phoebe Bala, District Director of Health Services, Wa West
11. Ms. Mika Iwaoka, JOCV, Nutritionist Jirapa

JICA Ghana Office

12. Mr. Kunihiro Yamauchi, Resident Representative,
13. Mr. George Graves Woode, JICA, Ghana Office
14. Ms. Kayo Yokomori, Project Formulation Advisor (Health)
15. Ms. Seiko Tomizawa, Evaluation consultant

Japanese Embassy

16. Mr. Ken Mizuuchi, (Coordinator for economic cooperation)

GHS-JICA CHPS Project

17. Mr Takaharu Ikeda, Chief Advisor of the Project
18. Mr. Kohei Hatta, Programme coordinator
19. Mr Joachim Gornah, Coordinator of the Project

Partners Present

1. USAID
2. DFID
3. RNE
4. UNICEF

2.0 *Agenda*

- 1) Opening prayer
- 2) Welcome Address
- 3) Discussion of previous minutes and acceptance
- 4) Outline on progress of the Project by each output
- 5) Presentation by the Project
- 6) Remarks from the participants
- 7) Closing remarks

4.0 Discussions

No.	Details	Action/ Remarks
4.1	<ul style="list-style-type: none"> • Self-Introduction Participants introduced themselves so that they could easily address each other properly in the process of the meeting. 	
4.2	<ul style="list-style-type: none"> • Welcome Address Dr. Daniel Yayemain (Chairperson) explained the essence of the JCC for the benefit of those who might be attending for the first time. According to him, JCC was a forum to share ideas in relation to the project especially the good practices CHPS. This was the first of such meeting in the year 2009 to listen to some of the activities of the project and contribute in which ever way that is deemed expedient. He also added that discussions of such project activities have always been frankly and hope today's will be the same. He ended by wishing participants a belated happy new year since this was the first time of meeting for this new year. 	
4.3	<ul style="list-style-type: none"> • Reading, acceptance and discussion of matters arising from previous minutes The previous minutes was read by the individuals page by page let by the chairperson. The only correction in the minutes was a name that was wrongly spelt. In the absence of further corrections Mr. Godwin Afenyadu, PPMED moved for the acceptance of the minutes and was seconded by Ms. Beatrice Kunfah, DDHS of Jirapa District. <i>Discussions on the Minutes</i> ➤ Dr. Amankwa raised the issue of whether JICA was willing to take up complete responsibility of health in the UWR or could other donors join. The chair person explained that during the last meeting, several recommendations were made to different levels and when those are attended to, it will be clearer what each level is expected to contribute. He however answered "YES" to the specific issue of whether other donors could join in the UWR. JICA also expressed their clear position to open for other donors to improve health status but to avoid any duplication. Dr. Amankwa further added that since JICA was on the ground in the UWR they should be in the position to recommend the relevant areas that need donor support. ➤ Sustainability of the project was also discussed from the minutes. Dr. Amankwa wanted to know the kind of mechanism put in place to sustain the project. The response was that the project is building the capacity of the GHS staff particularly in training and community mobilization to take over at the end of the project. There is however inadequate staff to participate in the community mobilization activities to 	<p>JICA project to recommend other areas that need donor support.</p> <p>GHS & D/As to identify</p>

<p>4.4</p>	<p>benefit as desired. Management of GHS staff and D/As were therefore advised to find a strategy of training more staff to support the existing ones especially in the community mobilization activities. Mr. Ikeda also further explained that the concept of FSV did not start with using the monitoring tool and the scoring system. He said adequate time was made available for supervisors to familiarize with the concept of facilitative supervision before the introduction of the monitoring tool and the scoring system. Dr. Amankwa finally cautioned that all the relevant steps must always be followed in the implementation of CHPS to enhance sustainability</p> <p>• Outline on progress of the Project by each output</p> <p>The below activities of the project were presented by Ms. Florence Angsomwine, the regional CHPS coordinator. She stated the number of participants, venues, duration, objectives, and the content of each of the activities amongst others.</p> <ol style="list-style-type: none"> (1) DHMT&SDHT training on facilitative supervision (FSV) (2) CHO freshman training & CHO ref. Training (3) Modification of monitoring tools and utilization of results of FSV (4) Referral monitoring (5) Progress of CHAP expansion (6) Regional CHPS forum <p><i>Discussions after presenting the above activities.</i></p> <p>Dr. Amankwa gave the following cautions to the project because of his several years of experience in the implementation of CHPS in the Upper East Region.</p> <ul style="list-style-type: none"> ➤ Supervisors on the FSV should have a good grasp of the subject matter and master the relevant skills such as coaching to enable them supervise effectively. Otherwise supervisor may end up ticking the tools alone without necessarily applying the concept of facilitative supervision to achieve the desired results. ➤ If care is not taken mini clinics will be created in the sense that the CHOs have been added extra responsibilities and that has compelled them to operate for longer periods in their compounds rather than going out to provide preventive services. The CHOs should not engage much on curative services and the DHMTs are also expected to give them support on monthly basis at the CHPS zones to carry out other activities. This was cautioned against the backdrop of the CHOs demanded to complete the national referral format which was rather too detailed and might end up providing curative service contrary to the expectation. ➤ Another issue discussed was the request by USAID whether CHOs could conduct delivery in their CHPS zones. The consensus was that they could empower them to conduct delivery but with some expansion at the compounds. That is by adding a small structure (one room) and with mid-wife joining the CHO to take care of the 	<p>ways to train more staff.</p>
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delivery cases and the CHO is also out there providing preventive services. It was however possible for the CHO to occasionally conduct delivery during her rounds if the need arises.

4.5

- Mr. Godwin Afenyadu also asked of the manner in which the FSV was done. Accordingly, the FSV is not done by observing the supervisee perform the tasks, but by going through the activities expected to be performed and if there are difficulties identified, they are addressed jointly
- An issue was also raised whether D/As and the sub districts are involved in establishing the CHPS compounds. The response was that both the D/As and sub districts are all involved in community mobilization to enhance sustainability.

Dissemination Workshop

1) Welcome Address

Ms. Yokomori gave the address and outlined some of the project achievements as having developed a training manual, the concept of FSV and were now encouraging the D/As to do more in constructing CHPS compounds to utilise the CHOs being trained. The community Health Action Plan was another area she touched on which was making useful impact on the project. She ended by thanking all for coming and hopes that they will continue to attend and share ideas as partners in development.

2) Presentation by the Project

The presentations made by the project covered the following topics.

- Findings of FSV
- Best practices on:
 - FSV
 - Promotion of community participation
 - Referral

After these presentations, participants were given the chance to clarify issues, asked questions or contribute in which ever way appropriate and are outlined below:

- Graphs on the results of FSV did not show any previous performance to enable comparison after implementing FSV – Almost all previous supervision was narrative and such data was not available to use for such comparison as in the case of the FSV.
- Was the project coordinating with other institutions such as schools in carrying out its activities? – all such institutions are usually involved in carrying out the project activities
- The supervision results also revealed shortage of some materials such as OPD cards. – Members were advised on alternatives ways of obtaining such materials promptly to keep the system going.
- Another useful contribution was to improve the communication channel between the

<p>4.6</p>	<p>region and the national to enable finding solutions to some issues promptly.</p> <ul style="list-style-type: none"> • Can the community members keep farming for the CHO? – This was the community own initiative and they hope to continue. Besides, other communities also have different ways of assisting their CHOs on regular basis and could be sustainable. • What was the impact of good record keeping on the project? – The good records keeping can be replicated to others who are not doing so. Records in general are fundamental in decision making; therefore such good records will enhance proper planning and good decisions taking. • It was also observed that the number forms that have to be filled by the CHOs and onwards to the higher levels were so many. National has started taking steps to reduce them and will welcome any institution that could assist to reduce the forms. – The DDHS of Jirapa said her district has also made such attempt by reducing 44 forms to about 22. They were however in the process of testing for effective usage. <ul style="list-style-type: none"> • Conclusion remarks <ol style="list-style-type: none"> 1) JICA Resident Representative He was thankful to all the participants for honouring the dissemination meeting and went further to outline the CV of the project. According to him the project covers capacity building for the GHS staff, provision of equipment and the JOCV. He said all these areas were striving to meet their respective requirements and specify the JOCV who were on the grounds and have observed that there is more room for improvement for the national and RHMT to do better. He was equally happy with some of the achievement one of the JOCV who has improved the Districts Health Information Management System (DHIMS). He also thanked other partners who are always present to give feedback and all of which are always positive and wished that this kind of collaboration will continue. 2) Chairperson The chairperson (Dr. Dan) commended the active contributions of members that made the meeting lively and worth attending. Headquarter is making an effort to be able to speak with one voice in all its activities especially improving the policy in CHPS. <p>Since CHPS started in the last 5 years, working is on going in the UWR. He urged them to keep responding to such forums where they can always receive feedback for the betterment of CHPS in the region and for the whole nation. He also noted that the partnership was gaining grounds and was now very strong. The DDHSs were encouraged to urge the D/As to do more particularly in the area of building CHPS compounds. Dr. Dan finally thanked participants on behalf of DG to end proceedings of the meeting.</p> <ul style="list-style-type: none"> • Schedule of the next JCC Meeting Next meeting – To be determined at GHS HQ and communicated to all participants. Venue - same Time - same 	
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**MINUTES OF THE SEVENTH JOINT COORDINATION COMMITTEE
MEETING ON SCALING UP CHPS IMPLEMENTATION IN UPPER WEST
REGION**

Venue:MoH

Date: 22nd July, 2009

3.0 Introduction:

The meeting started at 13: 20 pm with an opening prayer by Ms. Phoebe Bala (DDHS Jirapa) in the MOH Conference Hall. It was chaired by Dr. Dan Osei, Acting Director of PPME, and ended at exactly 16:35 pm

4.0 Present

GHS Headquarters

20. Dr. Dan Osei, Acting Director PPME
21. Dr. S. Anemana, Director HRD
22. Dr. Gloria Quansah Asare, Director, Family Health Division
23. Mr. Kwame Quandahor, Planning Officer, PPME
24. Mr. Isaac Akumah, Administrator, PPME
25. Mr. Alex Nazzar, PPME

MOH

26. Mr. Sulemana B.B. Bening, Health Planner MOH

Regional/District Counterparts

27. Dr. Kofi Issah, DDPH, UWR
28. Ms. Rebecca Alalbila, Regional CHPS Coordinator
29. Mr. Elvis Duffour, Human Resource Manager
30. Ms. Beatrice Kurfah, Municipal Director of Health Services, Wa
31. Ms. Phoebe Bala, District Director of Health Services, Jirapa

JICA Ghana Office

32. Mr. Kunihiro Yamauchi, Resident Representative,
33. Mr. George Graves Woode, Program Officer (Health)
34. Ms. Kayo Yokomori, Project Formulation Advisor (Health)

GHS-JICA CHPS Project

35. Mr. Takaharu Ikeda, Project Chief Advisor
36. Ms. Satoko Ishiga, Deputy Chief Advisor/Maternal and Child Health
37. Ms. Chisaki Sato, Community Health Administration/Training Coordinator
38. Ms. Mari Ono, Programme Coordinator

39. Mr. Joachim Gornah, Project Coordinator

Partners Present

1. Ms. Susan Wright USAID
2. Ms. Juliana Pwamang USAID
3. Mr. Theophilus Ayigane, Programme Officer, RNE
4. Mr. Bertram Vander Wal, Health Coordinator, SNV
5. Ms. Kristy Hill, Consultant, SNV
6. Ms. Judith Olsen, JPO, HSAO
7. Ms. Camilla Christensen, First Secretary, Danish Embassy
8. Ms. Asuka Tekawa, Coordinator for Economic Cooperation, Embassy of Japan

5.0 Agenda

- 8) Opening prayer
- 9) Welcome Address
- 10) Discussion of previous minutes and acceptance
- 11) An overview of the Project by each output
- 12) Preparation for post – project
- 13) Remarks from the participants
- 14) Closing remarks
- 15) Dissemination workshop

4.0 Discussions

No.	Details	Action/ Remarks
4.1	<ul style="list-style-type: none">• Welcome Address Dr. Osei (Chairperson) welcomed all the participants and indicated the importance of the meeting because the concept of CHPS is key to GHS. He went further to apologize for some key members like DG who were absent due to some other equal important activities. He also said PPME has keen interest in CHPS and the JICA project which explained why they are well involved in the affairs of the project.	
4.2	<ul style="list-style-type: none">• Reading, acceptance and discussion of matters arising from previous minutes The previous minutes was read by the individuals participants page by page let by the chairperson. The minutes were confirmed as the true reflection of the last meeting and Mr. Sulemana Bening moved for the acceptance of the minutes and	

was seconded by Ms. Phoebe Bala, DDHS of Jirapa.

Discussions on the Minutes

Issues arising out of the minutes had to do more with presentations that were to be made in the next item of the agenda. As a result, the presenter was called upon to make the presentation so that issues could be clearer for meaningful discussions.

4.3 • An overview of the Project by each output

Ms. Rebecca Alalbila, the regional CHPS coordinator in the Upper West Region presented the overview of the project and outlined the activities carried out under each output. There were six outputs in all and the activities carried out under each are listed below: Also, with each activity, she stated the number of participants, duration, objectives, evaluation results, and the accumulated number of trainees. An additional consideration as part of the presentation was the planned activities of each output within the period in question.

- (1) RHMT, DHMT&SDHT training on facilitative supervision (FSV)
- (2) Refresher training for CHO
- (3) FSV training for R/DHMT. SDHT and CHO and data validation
- (4) Review of Referral using FSV data.
- (5) Follow up and promotion of CHAP as well as provision of technical support to CHOs to conduct PLA exercise
- (6) This output covers documentation of good practices, development of programme home page, and the activities of JOCV

Discussions after presenting the above activities.

The discussions after this presentation were mostly on some of the challenges that were identified particular with effective implementation of FSV.

The first was on inadequate trained staff to conduct supervision. It was explained that initially, only few staff were trained to conduct FSV but after identifying the challenges few more were trained again and even still others are also in the process of being trained. Presently, there are now many more supervisors than before.

The second challenge was on how conflicting programmes were to be handled in order to implement supervision effectively. Several ideas were suggested including joint planning at all levels to reduce conflicting programmes as well as prioritizing issues in such a way that equal due attention is given to whatever that needs to be done at the

	<p>right time. It was also suggested that in order to improve the low performance on supervision as was indicated by the presentation figures that GHS head office to show more commitment. Another solution was to conduct supervision during integrated routine work rather than to be waiting for some accumulated allowance before undertaking supervision.</p> <p>The third issue was whether trainings could be conducted by staff of UWR when left alone. They confirmed that if budget is provided they were capable of carrying out CHO training on their own. There was also a call on system strengthening particularly at the SDHT level. The structures at the SDHT level did not seem to know what exactly to do especially in the CHPS concept including their respective duties.</p> <p>In conclusion, all the above discussions centred on the following; the need to harmonize work plan and integrate supervision. The need to look at the SDHT structures which are not able to carry out their functions. Efforts should be made at the SDHT level most especially on teambuilding and coaching skills of the staff at that level to be more effective.</p> <p>4.4</p> <ul style="list-style-type: none"> • Preparation for post-project <p>The following were the recommendations by the project chief advisor as preparation for the post – project.</p> <ol style="list-style-type: none"> 1. To implement CHO trainings at least one fresher per year for 20 participants 2. To print monitoring tools for FSV 3. To mobilize resources for regular supervision 4. The project ends Jan. 2010; GHS is responsible in preparing all relevant resources for CHPS to operate effectively. <p><i>Discussions</i></p> <p>Discussions here focused on sustainability of the project.</p> <p>According to the district representatives, they were willing to give out their best but added that since CHPS was a national priority, some additional resources should be provided to complement their efforts.</p> <p>It was also suggested that the issue of sustainability needs to be discussed at a bigger forum to share the good practices of the project so that the right authorities can support the good course already started by the project. At least there should be funding for the monitoring tools for supervision to be continuous. The DDHSs in the project area were also cautioned to sharpen their skills and share with the other districts that were not exposed to the right approach to the concept of CHPS.</p>	
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	<p>There was also a request on the modality and framework of the takeover of the project as it comes to an end. JICA Ghana office indicated there was the likelihood of the second phase of the project in which case the project office in particular will be needed again for that purpose. A two week time frame was given to finalise issues on the second phase of the project so as to make the exit strategy of the project clearer. Other wise the situation as things are now does not show continuity of the project. It was further emphasised that notwithstanding the possibility of the second phase, there should be a mechanism in place to take charge of the project for a period of six (6) months. There was also another caution to ensure community involvement to the Sub Districts structures as well.</p> <p>4.5 ➤ Closing remarks</p> <p>Mr. Yamauchi stated that he is always happy to be part of the JCC. The discussions that usually take place indicate whether they are on the right track or not. He hopes that GHS will make their budget arrangement and performance plans to cover the human resource aspect as well as the FSV. On their part, they will continue to offer their support particularly the JOCV as part of their contribution to the project.</p> <p>Dissemination Workshop</p> <p>3) Welcome Address</p> <p>Mr. Yamauchi once again reiterated his happiness in sharing the project activities with the participants although there are also some associated challenges involved. According to him, these challenges are rather regarded as opportunities to strengthen their efforts. He also enlightened participants on the purpose of the project as an effort to meeting the MDG targets in Ghana (i.e. reducing maternal and enfant mortality) by the year 2015.</p> <p>4.6</p> <p>4) Presentation by the Project</p> <p>i. The Guideline & manuals on FSV were presented with the following highlights:</p> <ul style="list-style-type: none"> ⊙ Introduction ⊙ Purpose of guidelines and manuals ⊙ Link between guidelines and manuals ⊙ Status of development & distribution of the guidelines and manuals on FSV ⊙ Structure of guidelines and manuals ⊙ Main issues introduced in the guidelines <p>➤ Implementation of FSV, data analysis and utilisation – Wa Municipal in focus</p> <ul style="list-style-type: none"> ⊙ Introduction of Wa Municipal 	
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- ⊙ Implementation of FSV from Jan. to June 2009
- ⊙ Overall performance by SDHT data 1st quarter and 2nd quarter
- ⊙ Performance by category of one SDHT
- ⊙ Method of feedback of results of FSV
- ⊙ Changes after introduction of FSV
- ⊙ Challenges of FSV
- ⊙ Plan to improve FSV

3) **Discussions on project presentation**

After making the above presentations, participants were given the chance to clarify issues, asked questions or contribute in which ever way appropriate.

A few issues were raised but resolved through clarifications and explanations either by the presenters or GHS/JICA CHPS project members. For example, a participant wanted to know the coordination between the monitoring tools and implementation. i.e. why CHO reports go straight to the DHMT instead of to the SDHT. It was explained that the system was transparent and feedback is given to the SDHT as well as other channels such as monthly review meetings where information is shared and does not weaken the SDHTs. Another issue that was clarified was what elements constituted the content of the tool. Both hard and soft copies of the tools were available and given to participants which they read through and were satisfied.

One other area that was discussed was the weak leadership ability of the CHOs. This was noticed as a major challenge and efforts should be made towards strengthening their leadership skills to handle their community work effectively.

The issue of unifying all reports in the system was discussed and concluded that very soon it will be rectified. However, DHIMS was currently considered as the accepted software for all reporting in GHS.

i. **Chairperson Conclusion remarks**

The chairperson commended the presentation which showed a structured level of approach to CHPS. Tools are developed and reviewed showing active participation by all parties and that is positive. These tools according to him will help structure the whole approach to CHPS. Finally, he commended GHS/JICA CHPS Project for the tools and thanked all for coming to help grow the process.

**FINAL EVALUATION AND MINUTES OF THE EIGHTH JOINT
COORDINATION ON THE SCALING UP OF CHPS IMPLEMENTATION IN
THE UPPER WEST REGION**

Date: 30th November, 2009

Venue: Up – Land Hotel Conference Room, Wa

Agenda:-

A. Final Evaluation Meeting

1. Welcome address – Dr. Kofi Issah, DDPH, UWR
2. Outline on progress of the project – Dr. Alexis-Nang-Beifubah, RDHS, UWR
3. Presentation of the results of joint evaluation by Mr.Satoshi Otani, AMDA, Consultant
4. Recommendation/actions to be taken discussions, by Dr.Moses Aikins, University of Ghana
5. Remarks from the Ghanaian evaluation team, by Mr. Suelemana Benning, PPME, MoH
6. Remarks from the Japanese evaluation team by Prof. Ogawa and Mr. Yamauchi
7. Closing remarks by Dr. Elias Sory, DG, GHS

B. JCC Meeting

1. Discussion of previous minutes and acceptance led by Dr. Elias Sory, DG, GHS (Chairperson)
2. Discussions of the issues raised by the final evaluation team and determination of the actions to be taken – by Dr. Elias Sory, DG, GHS (Chairperson)
3. Way forward by Dr. Kofi Issah, DDPH, UWR
4. Short remarks by the project manager and the project team members – by Dr. Alexis-Nang-Beifubah, RDHS, UWR and Mr. Takaharu Ikeda, Chief Advisor
5. Short remarks by the JICA Ghana office by Mr. Yamauchi and Ms. Yokomori.
6. Closing remarks by the chairperson by Dr. Elias Sory, DG, GHS

Names and titles of the participants

Please refer to annex 2 at the end of minutes

A. Proceedings of the Final Evaluation Meeting

The meeting began straight away with the regional minister' remarks because he was very punctual and had other equal important commitment to attend to besides ours. The opportunity was given to him to make his remarks to enable him attend to the other assignments.

1. OPENING REMARKS BY REGIONAL MINISTER

- The minister felt honoured to be part of the final evaluation of the project and extended a warm welcome to all participants. He further lauded the efforts of JICA evidenced by the improvements in the health indicators and urged JICA to scale-up the project with the construction of CHPS compounds in the next phase which he was hopeful will come on so that the region will be able to meet its target MDG goals. He also pledged that on their part, other social amenities such as feeder roads, lights etc will be provided to help alleviate poverty in the region. He ended by requesting a copy of the evaluation report should be made available to him when it is finalised at the end of all deliberations. **NOTE; Give a copy of the final evaluation report to the regional minister**
- Mr. Yamauchi also gave a word to the regional minister that he has also seen lot of progress about the project which will be discussed later in the meeting. He added that after reviewing the evaluation report with the associated challenges the second phase can duly be considered.

2. Outline of the program by RDHS

- He alluded to the fact that JICA assisted the region to produce locally CHO instead of taking them back to the training colleges for the two week orientation .Training materials were developed and facilitators trained
- The number of CHPS compounds increased from 24 in 2006 to 81 in 2009. Challenges enumerated included slow compound construction ;budgetary constraint and slow community entry
- Some recommendations he made included their willingness to continue to train 42 CHOs a year and provide medical equipment to improve the quality services
- The FSV tools that were developed through the project was actively in use at all levels of the region to evaluate the level of performance
- Some of the challenges he also mentioned include, poor involvement of staff who are less connected to CHPS activities; competing activities amongst others.

- According to the RDHS, equipment were used and well maintained although there were duplication of some equipment due to the fact that other donors had provided same equipment
- Low capacity of CHO and CHV to implement CHAPS was another concern of the RDHS in his outline
- The project has actually strengthened the capacity of GHS to implement CHPS
- It has fashioned out a sustainable and work system at all levels in the region

3. Presentation of final evaluation results by Mr. Otani (JICA consultant)

You may please refer to the final evaluation results for detail

Questions and responses after the presentation

- DG wanted to find out whether there was no clear definition of home visits as was indicated by the evaluation team presentation.
- The RDHS said he discussed with Ikeda (Project team) the definition that home visit should be seen as a household visit. Mr. Sulemana B. added that the number of households were defined and meant to be the individual families
- Ms. Beatrice Kunfah further clarified that, CHOs are reporting on households' basis and not on compounds visited and any other definition will be out of place.
- DG agreed with them and said the definition is clear and that the data available is talking about households but nothing else.

4. Presentation of five evaluation criteria and recommendations by Dr. Moses Aikins

You may please refer to the final report for details

Questions and responses after the presentation

- DG said that the outcome of the discussion of this meeting and its products (report) will finally inform the future direction of CHPS at the national level.
- DG said hospital have a big role in referral but have been down played and that is a weakness of the project and should seriously be looked at in the next phase if considered.
- RDHS said home visit issue of definition was clarified but the interpretation of the numbers presented should be looked at carefully; trends are more desirable and figures should be viewed in context as some of them were figures for half-year. The linkage between the project and the national CHPS secretariat is weak and no visit has been paid to the region to find out what is going on in CHPS. AGAIN lessons learnt should be shared with the CHPS TA project.(the project is about to fold

up).Exit strategy should be fashioned out; what happens to the project office when it ends?

- **Some Responses.** The project is owed by GHS but support by JICA therefore GHS will continue with the activities at the end of the first phase. The project is supporting the effort of GHS. The new project on the hand is expected to start in September when it is approved. There will be an impact survey of the project as a follow-up before the new project starts.
- DG however cautioned that there should not be a void when the project ends so GHS will strongly want the project office to run actively as it was during the project period.
- Resident Representative said he will do his best to facilitate the commencement of the second phase of the project and will continue to count on the financial and institutional support from GHS and Ghana for that matter.
- **Issues on sustainability**
- DG; made it clear that GHS head office does not control disbursement of funds directly to the regions but recommended that IGF could however be made available to facilitate continuity of activities of the project if the money does not come from the national level on time. Locally, money is available i.e. the IGF which could be made available within the first quarters of the year. The only problem associated with the usage of the IGF is the inability of the NHIS to make refunds on time.
- **DG;** HIRD is district based, so when funding comes and you think CHPS is most important you can use that fund for that priority and make a report accordingly. RDHS said since CHPS is a vehicle for rolling out primary health care e.g. funding for HIRD can be used for malaria and other public health interventions in the name of CHPS.
- It was also explained to the evaluation team that the staff were not sufficient enough to appoint a CHPS coordinator at the sub-district level as they recommended; the emphasis is rather on integration of services for efficiency. It was also observed that there was a fundamental mistake of an initial direct link between DHMT and that of the CHOs that subsequently made the SDHTs weak. GHS/JICA was tasked to identify what exactly is making the SDHTs weak and correct it. The major issue according Ms. Beatrice Kunfah was to make sure the SDHTs are strengthened.
- DG; again cautioned that care should be taken not to turn the CHPS Zones into maternity homes most especially if CHOs become mid-wives and delivery is done at the CHPS compounds regularly.
- Ms, Beatrice Kunfah suggested that strengthening the community participation components in terms of training should be part of the JICA recommendation.

- **Equipment issues raised by the evaluation team.**
- Ms. Beatrice Kunfah again explained the rationale behind why some equipment was not used regularly or not at all in some facilities. According to her some equipment are only scarcely used because the instances of their usage is once in while. Even, in some cases some CHOs do not actually provide those services and that is why such equipment is not used at all in some facilities. The RDHS also added that the region will review the list of equipment and recommend those that are essential.
- **Information management and other issues**
- On the part of information management, DG has commissioned the PPME to ensure that the same information is generated for each program and not separately
- It was suggested that the monitoring sheets for supervision should be duplicated by the GHS when the project runs out
- Ms. Phoebe Bala indicated the need for genuine spares parts for the motor bikes which should be looked at before the project ends especially linking up with Japan motors to supply such parts at the expense of the various BMCs. Again, she also noted that the JICA project is not getting the desired exposure at the national level compared to other partners. She was assured by the DG that this project will equally receive exposure just like any of the other partners.
- **Mr Sulemana in giving his remarks** said the MOH will continue to play the advocacy role for the CHPS policy as they were not rigid and also lauded one of the outputs of the project i.e. CHAPS development and encouraged the UWR to continue with it. He was equally happy with the kind good coordination that was going on between JICA Accra office, the Project office and the RDHS.
- **Prof Ogawa gave a presentation as part of her remarks** of the history of community health services in Okinawa in Japan including lessons learnt and emphasized that community ownership and sticking to benefits of community was key to the success of concept of CHPS.
- **The Resident Representative** in his remarks said the successes chalked through this project can be replicated nationwide and even to other countries and referred to the strong ownership which has resulted to this gains. He also pledged to continue working with MOH/GHS to improve the health outcomes of the people of Ghana which is one of their priority countries to work with.
- **DG/GHS in his concluding remarks** said from the Navrongo experiment the implementation process is a learning process and JICA support has enable GHS to identify strengths that could not be identified earlier such as CHAPS. According to him what the project has achieved indicates that they are on the right path since Japan has once walked on a similar road. There is political will from all angles to

sustain the CHPS concept. Compound construction alone with out the soft ware will not make CHPS work. DG added that all other African countries are looking up to the Ghana strategy and possible replication. He finally added that the Performance Standard developed by the project will be used to appraise all the DDHS.

8TH JCC MEETING (Afternoon Session) 2:00pm

- There was an individual review of the previous minutes with a few wrong titles corrected to some names and was moved for acceptance by Mr. Elvis Duffour and seconded by Mr Ikeda as the true reflection of the minutes. Almost all the content was already discussed during the morning session hence proceedings went straight to issues raised by the final evaluation team.

ISSUES RAISED BY THE FINAL EVALUATION (RECOMMENDATIONS)

The focus of the issues raised was based on the recommendations of the evaluation team. However before the recommendations were projected for the discussions, participants were invited to bring out any issue in relation to the findings of the evaluation that were presented in the morning session.

- A participant wanted to know what was going to be the mode of replication regarding the achievements chalked so far by the project in relation to the rolling out time table.
- **DG**; In order to put the issues in perspectives he explained the genesis of the whole concept of CHPS. According to him it was from family planning and health project in Navrongo that demonstrated the concept of CHPS and this was followed by the Nkwanta experience which demonstrated that other things could happen which led to the 15 steps in CHPS implementation. He went further and asked GHS/JICA project readiness to accept any group of people for such replication purpose especially on study tours. In principle GHS said “yes” but added that there was the need to fashion out a modality of receiving such study tours. GHS and the JICA project team were tasked to develop a dissemination method and or a proposal in preparedness for such study tours. Already, CHPS zones such as Sanpina, Dornye, and Tampaala amongst other were mentioned as potential zones for study tours. It was further emphasised that the CHPS unit at the RHMT should be strengthened
- **IKEDA**: In response to the level of preparedness’ for study tours, he said the project has prepared study materials to accept people on study tours but it will not be possible to implement this within the life of the project. This issue can be discussed with the preparatory team for the next phase of the project.

The Resident Representative; also further suggested that a proposal with cost can be developed to undertake this whole replication/study tour and presented to JICA and other stakeholders to buy into.

Other discussions based on the recommendation of the evaluation.

- The attention of the evaluation team was drawn to the fact that the wording “**project developed module**” was not very appropriate since the project did not develop the module by itself but adopted them from the national module. Either wise, it will look like the project is claiming entire ownership of the modules while they developed them out of the national modules.
- **DG;** observed that the role of the ministry has been downplayed since the issue carrier progression is a policy decision at that level and all emphasis seemed to be on nurses and midwives council who can do very little in this regard.
- It was also suggested that establishing a CHPS unit at the RHMT should be changed to strengthening it as was recommended since there was already an existing one.
- The evaluation team were also advised to separate the recommendations such that GHS role at the national level and that of GHS at the regional level are clearly identified to work on effectively.
- The RDHS made a request for an additional recommendation to be added to JICA to support the development of a proposal to make the region a centre of excellence.
- There was a point amended under lessons learnt to include commitment from all the following levels; national ,regional and DHMTs

Way forward

- Preparation for the Last dissemination workshop and the dissolution of the JCC on the 19th January, 2010.
- RHMT meeting for feedback regarding the project implementation status to be organized
- Best practices that are well concluded should be disseminated
- Regional CHPS forum as a final dissemination at the region will be held on the 8th December 2009
- The need to draw up a comprehensive exit strategy for the first phase of the project.
- GHS will takeover running of project activities for sustainability when the first phase ends.
- The need to develop a project proposal for the purpose of hosting study tours in the region.
- Mr. Ikeda the project chief advisor informed the participants that there are still a lot of things to be done especially on supervision. Also, a lot need to be done for the quality of CHAP We have to consolidate what we have done now

Remarks

1. Mr Ikeda in his remarks thanked the GHS staff high commitment to work as well as all others for their contributions towards the project.
2. The RDHS was equally thankful to all for their contributions to bring the project this far. He also admitted that he has learnt more about the concept of CHPS especially the CHPS with the “**P**” and what it stands for. He was optimistic that the work that the project has started will be well taken care of. The RDHS did not forget to thank the project team members for their patience, and others such as both JICA Accra and head office for their immense support.
3. From JICA Accra office, they were grateful to all and most especially availing the opportunity to identify some gaps in the project which they will endeavour to bridge. He was hopeful that the next phase of the project is about 99.9% to take place. He final thanked the DHMTs that are always with the CHOs and urged them to keep up the good works.
4. Before DG made is remarks, he confirmed that after the last dissemination there will be a JCC meeting for the purpose of its dissolution. He expressed his delight in chairing the meeting and was very positive that the next phase of the project will be the same. He however cautioned that if the good works of the first phase of the project were not well taken care of, he will not hesitate to divert the next phase of the project to a different region. He urged that the kind of commitment that has been demonstrated should be the same during the next phase and through out. He ended by encouraging all to make good use of the benefits that have resulted from the project.

添付資料 8 : GHS 総裁からのコメント

Annex 8: Comments on the project from the Director General of Ghana Health Service(DG/GHS)

Community-based Health Planning and Services (CHPS) is a pro poor primary health care strategy aimed at bringing health care delivery to the doorsteps of the people with the involvement of community structures by placing a trained community health officer in the community. The strategy evolved from a Research Project that demonstrated better positive health indicators with the placement of such a trained health worker within the community structures than placing a trained village volunteer alone in such primary health care setting. The cardinal health delivery in CHPS implementation is home visiting to deliver services rather than providing services at a static centre.

The success of CHPS as an experiment showed increased uptake of preventive health services including reproductive health services and the significant decrease of communicable diseases in areas where CHPS was made functional through the required established processes. Since the late 1990s, the Ministry of Health through its lead Agency, the Ghana Health Services, has made CHPS the leading primary health care strategy with a call on development partners to get involved in its implementation.

JICA response to the call was the support to the Upper West Region. The Upper West Region is among the four most deprived regions in the country. It also has the worse health indicators on child and maternal health in the country. The Project for scaling up CHPS implementation in the UWR in partnership with the Regional Health Services was therefore a national priority.

The success of the Project was not only in the number of increased functional CHPS zones and the provision of essential equipment to institutions in UWR, but also includes the demonstration of simplified and sustainable working activities that

were not demonstrated in the implementation of CHPS in other parts of the country. These include facilitative supervision that did not only provide increase technical skill to the Community Health Officers (CHOs), but was a major motivational factor in keeping them in such rural areas. The other is the realization of the “P” in CHPS, which stands for Planning in the CHPS implementation. The inclusion of training communities to produce community health action plans and actually implementing them will further improve CHPS implementation countrywide. Also the performances standards produced through the project serves now as the basis of performing monitoring system that is being adopted nationwide.

As Director General of the Ghana Health Service, let me extending my sincere gratitude to JICA for the support. For all the experts, volunteers from Japan and the Project staff I say thank you. To my team in UWR you have done well, but I challenge you to make the lessons learnt be part of you, which I trust will never depart from you. In thanking all of you, let me single out someone for special mention. Kayo Yokomori your communication skills have brought all of us to this successful end. If I had the final say, I would have retained you for the next phase, which I am 99.999% sure will come the way of Upper West Region again.

Thank you to all of you.

Dr. Elias Kavinah Sory

Director General

Ghana Health Service

プロジェクト備品管理台帳 Equipment Administration for the Project													
Project Name		Project for the Scaling up of CHPS implementation in UWR (Year 1 to 5)											
Counterpart Organization		Ghana Health Service, UWR					Budget Subject	プロジェクト譲渡品目リスト					
Cooperation Period		2006-2010					Consultant Name	IC-NET LTD					
No	Purchased Year (Project Year)	Description/ Name of Equipment/Goods	Specification/ Standard	Quantity	Unit Price		Provider	Registration/Labeling Number	Registered Date in Project	Condition of Equipment	Transferred Date (D/M/Y)	Receiver	Reference
1	Year 2	White board	N/A	1	GHC	60.00	Danwell's Design Center	JICA/CHPS/OE/017	2006/9/9	Good			
2	Year 2	Network Hub	D-Link	1	GHC	42.00	Dealers COS Ltd	JICA/CHPS/OE/046	2007/4/1	Good			
3	Year 2	Paper Cutter(Trim)	Artter	1	GHC	93.00	Kingdom Books and Stationary	JICA/CHPS/OE/063	2007/4/1	Good			
4	Year 2	Fixed Wireless Phone	Motorola	1	GHC	110.00	DIZENGOFF GH. LTD	JICA/CHPS/OE/064	2007/4/1	Good			
5	Year 4	Safebox	TAIYO	1	GHC	300.00	Kingdom Books and Stationary	JICA/CHPS/OE/080	2009/4/1	Good			
6	Year 3	Antenna for Internet Service	HUGHES	1	USD	2500.00	Accelon Gh. Ltd.	JICA/CHPS/OE/083	2009/8/30	Good			
7	Year 3	Modem for Internet Service		1				JICA/CHPS/OE/084	2009/8/30	Good			
8	Year 4	Veronica Buckets	N/A	2	GHC	28.00	Kalgaston Ent	JICA/CHPS/OE/88	2009/10/15	Good			
9	Year 2	Flip Chart Stand	N/A	2	GHC	240.00	Kalgaston Ent	JICA/CHPS/OE/89	2009/10/15	Good			
10	Year 5	Long Bench	Wood	1	GHC	27.00	Daud Yak & Sons Furniture	JICA/CHPS/OF/022	2009/10/15	Good			
11	Year 2	Notice Board	Wood	1	GHC	60.00	Kalgaston Ent		2009/10/15	Good			

添付10: 収集資料一覧表

Annex 10: List of Collected Information

Region	Africa	Project	Project for the Scaling Up of CHPS Implementation in UWR			Type of Project	Technical Cooperation	Prepared by			
Country	Ghana		Period of Project	April 2006 to March 2010		Last updated	15-Feb-10				
Ref. No.	Title		Type	Edition	Page No.	Original /Copy	QTY.	Publisher	Donation /Purchase (Price)	classification	Remark
1	Project document on the Project for Scaling up of CHPS Implementation in the Upper West Region March 2006-Feb 2010		Paper	Inception Report	59	Copy	2	Development Initiative Consult	N/A	Public	
2	Project for the Scaling up of CHPS Implementation in the UWR March,2006		Paper	Inception Report	40	Copy	7	IC-NET LTD	N/A	Public	
3	Community Based Health Planning and Services Implementation Guide		Paper	A Guide	34	Copy	1	Ministry of Health June 2000	N/A	Public	
4	Nurses and Midwives' Council for Ghana-Curriculum for the Semester Course Unit System of the Community Health Nursing Programme, 2003		Paper	Curriculum	50	Copy	3	Nurses and Midwives' Council	N/A	Public	
5	PPAG-Middle Zone		Paper	2004 third quarter report	11	Copy	1	JICA-GHANA	N/A	Public	
6	Ministry of Health. The Ghana Health Sector 2006		Paper	Programme of work	101	Copy	1	Ministry of Health Jan. 2006	N/A	Public	
7	Rapid Assessment of Referral Care Systems		Paper	A guide for programme managers	79	Original and Copy	1	Center for child health	N/A	Public	
8	Training Needs Assessment for Community Health Officers (CHPS)		Paper	Report	32	Copy	3	Human Resource Development Division Ghana Health Services	N/A	Public	
9	Facilitator's Training Guide: Module 4-14		Paper	Guide	409	Original	1each	JICA Study Team	N/A	Public	
10	Facilitator's Training Guide: Module 1-3		Paper	Guide	135	Original	2 (1&2) and 1(3)	JICA Study Team	N/A	Public	
11	Planned Parenthood Association of Ghana (PPAG) Financial Statements 31 December 2003 Dollar Account.		Paper	Financial statements	18	Copy	1each	PKF Chartered Accountants	N/A	Public	
12	Preservice Implementation Guide. A Process for Strengthening Preservice Education		Paper	Guide	64	Copy	1	USAID	N/A	Public	
13	Community -Based Health Planning and Services (CHPS). The Policy (Draft)		Paper	Policy	34	Copy	1	Ghana Health Service January, 2005	N/A	Public	
14	Strategic Plan for Rolling Out CHPS in Ghana		Paper	Report	25	Copy	1	Dr Frank Nyongator, February, 2004.	N/A	Public	

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Ref. No.	Title			Type	Edition	Page No.	Original /Copy	QTY.	Publisher	Donation /Purchase (Price)	classification	Remark
15	The United Nations Population Fund Country Action Plan 2006-2010			Paper	Action Plan	22	Copy	1	UNFPA	N/A	Public	
16	Operational Guidelines for District Assemblies Nomination and Sponsorship into Community Health Nurses Training Schools in Ghana			Paper	Report	28	Copy	1	HRHO/MOH	N/A	Restricted	
17	CHPS Amansie West District Experience			Paper	Report	10	Copy	1	N/A	N/A	Restricted	
18	Manual for Economic and Financial Tools, 2001			Paper	Report	71	Copy	1	Kwame Agbodza. Nov. 2001	N/A	Public	
19	CHPS Rapid Readiness Assessment -Selected Deprived Districts			Paper	Report	26	Copy	1	N/A	N/A	Restricted	
20	The Review Report on the JICA Health In-Service Training Project			Paper	Report	25	Copy	1	Dr. Toshio Akiba & Dr. Ken Sagoe	N/A	Public	
21	In-Service Training LogBook. Ministry of Health			Paper	Report	31	Copy	1	JICA. Feb. 2001	N/A	Public	
22	Comprehensive Health Management Capacity in Morogoro Region			Paper	Report	44	Copy	1	Morogoro Health Project	N/A	Public	
23	Empowering Community & Schools for Education-First Quarter Report and Last quarterly report Nov. 2005-Jan 2006 and Profile of ProNet North.			Paper	Report	37	Copy	1	ProNet North	N/A	Public	
24	Regional Plans for Rolling Out CHPS in Upper West Region. ORD 2004-2006 Action Plan			Paper	Action Plan	17	Copy	1	JSA Consultants Limited	N/A	Public	
25	Newsletters of Plan Ghana			Paper	Newsletter	11	Original	2	Plan Ghana	N/A	Public	
26	Onetouch and Space Phone Coverage Maps			Paper	Coverage Maps	7	Copy	1	Vodafone	N/A	Public	
27	The Ghana CHPS Initiative: Fostering Evidence Based Organizational Change and Development in a Resource Constrained Setting.			Paper	Report	24	Copy	1	Dr. Nyongator and others.	N/A	Public	
28	PPAG-Middle Zone -2004 Fourth Quarter Reports and Funds Accountability Statement April 2004-Sept. 2004 and Rural and Health Improvement Project.			Paper	Report	12	Copy	1 each	PPAG	N/A	Public	
29	CHPS-Community Mobilization and Participation Training Manual			Paper	Manual	54	Copy	1	Ministry of Health-Ghana 2002	N/A	Public	

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Ref. No.	Title			Type	Edition	Page No.	Original /Copy	QTY.	Publisher	Donation /Purchase (Price)	classification	Remark
30	JICA/PPAG. The Rural Health improvement Project, Modification of the Project Design			Paper	Project Design	45	Copy	1	PPAG/JICA	N/A	Public	
31	Intergrated Human Development Programme, Annual Report 2002			Paper	Report	40	Copy	1	JICA	N/A	Public	
32	Ghana Health Sector Review. October 2004			Paper	Report	47	Copy	1	Dr. Moses Aikins, JSA Consultants Ltd.	N/A	Restricted	
33	Upper West Regional Health Service, 2005 Mid Year Report			Paper	Report	121	Copy	1	Dr. Erasmus E. A. Agongo	N/A	Restricted	
34	The Basic Study on the Present Environment Regarding the Health Sector in Ghana			Paper	Report	52	Copy	1	Dr. Moses Aikins, JSA Consultants Ltd.	N/A	Restricted	
35	Ministry of Health Programme of Work 2003 report of the External Review Team			Paper	Report	93	Copy	1	Ministry of Health	N/A	Restricted	
36	Social Accountability-Final Report for Wa District Health, 2005			Paper	Report	25	Copy	1	ProNet North	N/A	Restricted	
37	Project Design Matrix. 2006 - 2010			Paper	Project Design	59	Copy	1	JICA	N/A	Restricted	
38	Community-Based Health Planning and Services (CHPS). Implementation Steps and Milestones.			Paper	Steps and Milestone	4	Original	1	Ghana Health Service	N/A	Restricted	
39	CHPS Community Mobilization and Participation Training Manual			Paper	Manual	54	Copy	1	Ghana Health Service.	N/A	Restricted	
40	What Works? What Fails?			Paper	Report	201	Original	2	Ghana Health Services	N/A	Restricted	
41	Participatory Learning and Action (PLA) Training Manual			Paper	Manual	77	Original	1	Ghana Health Service	N/A	Restricted	
42	Competitive Edge for Development Consultants.			Paper	Report	23	Copy	1	ECFA Japan	N/A	Restricted	
43	CHPS Community Mobilization and Participation Training Manual			Paper	Manual	54	Original	1	Ghana Health Service	N/A	Restricted	
44	Sissala East District Health Services UWR, 2006 Half year Report.			Paper	Report	75	Copy	1	Ghana Health Service	N/A	Restricted	

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Ref. No.	Title			Type	Edition	Page No.	Original /Copy	QTY.	Publisher	Donation /Purchase (Price)	classification	Remark
45	Lawra District Hospital 2006 Half Year Performance Review			Paper	Report	54	Copy	1	Ghana Health Service	N/A	Restricted	
46	Republic of Ghana Project for the Scaling up of CHPS Implementation in the Upper West Region. March 2006.			Paper	Inception Report	40	Copy	3	IC-NET LTD	N/A	Restricted	
47	A Study on Access to continuing Professional Education Among Health Workers in Ghana			Paper	Report	61	Original	1	FASID	N/A	Public	
48	Community Voices			Paper	Magazine	26	Original	1	Institute of policy Alternatives	N/A	Public	
49	A Study on the Intergrated Holistic Rural Development and Soil Conservation Programme in the Schoonoord Area in Sekhukhune District, Limpopo Province, Republic of South Africa.			Paper	Progress Report	37	Copy	1	LPDA & JICA	N/A	Public	
50	CHPS. The Operational Policy			Paper	Policy	44	Original	2	Ghana Health Service	N/A	Public	
51	Recommendation for CHPS Human Resource Improvement			Paper	Report	20	Copy	1	JICA	N/A	Public	
52	Bridging the Gap-Citizens' Action for Accoutability in Water and Sanitation-WaterAid			Paper	Report	28	Copy	1	WaterAid	N/A	Public	
53	In-Service Training Assessment 2005			Paper	Report	14	Original	1	JICA	N/A	Public	
54	Participatory Development Approach. Oreintation Workshop.			Paper	Report	78	Copy	1	RULIV	N/A	Public	
55	Dawuro-The Newsletter of WaterAid Ghana Programme			Paper	Newsletter	11	Original	1	WaterAid	N/A	Public	
56	Child Health Records			Paper	Records	14	Original	1	MOH	N/A	Public	
57	CHPS Community Mobilization and Participation Hand Book.			Paper	Hand book	31	Original	1	MOH	N/A	Public	
58	Where there is no Docter, a V i llage health Care Hand Book for Africa.			Paper	Hand book	427	Original	2	TALC	N/A	Public	
59	Project for the Scaling up of CHPSImplementation in the UWR, Inception Report (Abstract)			Paper	Inception Report	11	Copy	2	IC-NET LTD	N/A	Public	

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Ref. No.	Title			Type	Edition	Page No.	Original /Copy	QTY.	Publisher	Donation /Purchase (Price)	classification	Remark
60	ProNet Association-Report and Accounts for 2003			Paper	Report	15	Copy	1	Badiko, Soglo & Associates	N/A	Restricted	
61	ProNet Association-Report and Accounts for 2004			Paper	Report	13	Copy	1	Badiko, Soglo & Associates	N/A	Restricted	
62	ProNet North Annual Report April, 2004 to March, 2005			Paper	Report	8	Original	1	ProNet North	N/A	Public	
63	Phase 1 of the Navrongo Community Health and Family Planning Project. Key Findings and lessons for Policy.			Paper	Report	33	Copy	1	Alex Nazzar, MD, MPH & James F. Philips	N/A	Public	
64	CBD Supervision Training Curriculum			Paper	Curriculum	33	Copy	1	PPAG	N/A	Public	
65	Family Planning Client and Antenatal Care			Paper	PNC Register	12 of 12	Original	1	Ghana Health Service	N/A	Public	
66	Home Visits Consulting Register			Paper	Register	100	Original	1	Ghana Health Service	N/A	Public	
67	Disease Surveillance and Community Health Promotion Register			Paper	Register	100	Original	1	Ghana Health Service	N/A	Public	
68	CHPS in Ghana: A Multilevel, Qualitative, Assessment in the Volta Region.			Paper	Report	50	Copy	1	Alex Nazzar, MD, MPH & James F. Philips	N/A	Public	
69	2004 Annual Report, Upper West Regional Health Service			Paper	Report	119	Copy	1	Dr. Erasmus E. A. Agongo	N/A	Public	
70	The Review of the Accelerated Child Survival and Development Programme in the Upper East Region			Paper	Report	69	Original	1	UNICEF	N/A	Public	
71	CHPS Document			Paper	Document	18	Copy	1	Ghana Health Service	N/A	Public	
72	CHPS In-service Training Review For JICA future Support to Health Sector			Paper	Report	28	Original	1	Dr. Delanyo Daylo Consultant.	N/A	Public	
73	Listen to and Talking with Communities in Ghana			Paper	Report	79	Copy	1	UNICEF	N/A	Public	
74	CHO Training Module 1-7			Paper	Report	45	Copy	1	JICA-CHPS Project	N/A	Public	

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Ref. No.	Title		Type	Edition	Page No.	Original /Copy	QTY.	Publisher	Donation /Purchase (Price)	classification	Remark
75	CHO Training Module 8-10		Paper	Report	79	Copy	1	JICA-CHPS Project	N/A	Public	
76	CHO Training Manual 11-14		Paper	Report	35	Copy	1	JICA-CHPS Project	N/A	Public	
77	Government of Ghana-UNICEF. Country Programme Action Plan (2006-2010)		Paper	Action Plan	44	Copy	1	GOG-UNICEF	N/A	Public	
78	Hygiene Promotion Planning and Implementation Framework		Paper	Frame work	13	Copy	1	ProNet North	N/A	Public	
79	Navrongo Health Research Center 2004 Annual Report		Paper	Report	56	Original	1	Ghana Health Service	N/A	Public	
80	Project for the Scaling up of CHPS in the UWR, Progress Report (2)		Paper	Report	25	Original	2	IC-NET LTD	N/A	Public	
81	Training Needs Assessment for Community Health Officers (CHPS)		Paper	Report	32	Original	1	Ghana Health Service	N/A	Public	
82	CHPS Implementation Guide, June 2000		Paper	Guide	35	Original	1	Ghana Health Service	N/A	Public	
83	Report on a Study tour to Navrongo and Birim North Districts		Paper	Reports	31	Original	1	JICA CHPS	N/A	Public	
84	Upper West Regional Health Service, 2005 Annual Report		Paper	Reports	91	Copy	1	Dr. Erasmus E. A. Agongo	N/A	Public	
85	Mother's Counselling Cards For Children, Integrated Management of Childhood Illness (I.M.C.I)		Card	Pictures	21	Original	1	Unicetf/MOH-Ghana	N/A	Public	
86	Listen to and Talking with Communities in Ghana, In Support of the Accelerated Child Survival and Development Approach.(About IMMUNASATION)		Card	Pictures	9 cards	Original	1	Unicetf/Republic of Ghana	N/A	Public	
87	Listen To & Talking with Communities in Ghana, In support of the Accelerated Child Survival and Development Approach. ACUTE (About RESPIRATORY INFECTION)		Card	Pictures	6 cards	Original	1	Unicetf/Republic of Ghana	N/A	Public	
88	Listen to & Talking with Communities in Ghana, In Support of the Accelerated Child Survival and Development Approach.(About MALARIA)		Card	Pictures	11 cards	Original	1	Unicetf/Republic of Ghana	N/A	Public	
89	Listen to & Talking with Communities in Ghana, In Support of the Accelerated Child Survival and Development Approach. (About PERSONAL HYGIENE)		Card	Pictures	8 cards	Original	1	Unicetf/Republic of Ghana	N/A	Public	

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Ref. No.	Title			Type	Edition	Page No.	Original /Copy	QTY.	Publisher	Donation /Purchase (Price)	classification	Remark
90	Listen to & Talking with Communities in Ghana, In Support of the Accelerated Child Survival and Development Approach. (About COMPLEMENTARY FEEDING)			Card	Pictures	7 cards	Original	1	Unicef/Republic of Ghana	N/A	Public	
91	Listen to & Talking with Communities in Ghana, In Support of the Accelerated Child Survival and Development Approach. (About PREGNANCY)			Card	Pictures	11 cards	Original	1	Unicef/Republic of Ghana	N/A	Public	
92	Listen to & Talking with Communities in Ghana, In Support of the Accelerated Child Survival and Development Approach. (About IODATED SALT)			Card	Pictures	9 cards	Original	1	Unicef/Republic of Ghana	N/A	Public	
93	Listen to & Talking with Communities in Ghana, In Support of the Accelerated Child Survival and Development approach. (About DEWORMING)			Card	Pictures	7 cards	Original	1	Unicef/Republic of Ghana	N/A	Public	
94	Listen to & Talking with Communities in Ghana, In Support of the Accelerated Child Survival and Development Approach. (About EXCLUSIVE BREAST FEEDING)			Card	Pictures	6 cards	Original	1	Unicef/Republic of Ghana	N/A	Public	
95	Listen to & Talking with Communities in Ghana, In Support of the Accelerated Child Survival and Development Approach. (About VITAMIN A)			Card	Pictures	7 cards	Original	1	Unicef/Republic of Ghana	N/A	Public	
96	Listen to & Talking with Communities in Ghana, In Support of the Accelerated Child Survival and Development Approach. (About DIARRHOEA)			Card	Pictures	9 cards	Original	1	Unicef/Republic of Ghana	N/A	Public	
97	Listen to & talking with communities in Ghana, In support of the Accelerated Child Survival and Development approach. (About DOMESTIC HYGIENE)			Card	Pictures	9 cards	Original	1	Unicef/Republic of Ghana	N/A	Public	
98	Community Based Health Planning and Services(CHPS) Implementation Steps and Milestones			Paper	Cards	3	Original	1	MOH	N/A	Public	
99	Community Base Health Planning and Services (CHPS) Subcontract Implementation Report, October 2007			Paper	Report	79	Original	1	CLUSA/NONETCU to JICA/IC NET	N/A	Public	
100	Baseline Reproductive Health KAP Survey for Women Final Report-July 2000			Paper	Report	35	Original	1	Chhlong Operational District, Kratie Province	N/A	Public	
101	Maternal Health Record Book, 2004.			Paper	Book	11	Original	1	MOF/GHS	N/A	Public	
102	Child Health Records			Paper	Book	13	Original	2	MOF/GHS	N/A	Public	
103	Lymphatic Filariasis			Paper	Book	16	Original	2	World Health Organisation	N/A	Public	
104	KAP Survey on Health in the WA West and Jirapa/Lambussie Districts of the UWR, Dec 2007			Paper	Report	21	Original	1	PPAG/IC NET LIMITED	N/A	Public	

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Region		Africa	Project	Project for the Scaling Up of CHPS Implementation in UWR			Type of Project	Technical Cooperation		Prepared by		
Country		Ghana					Period of Project	April 2006 to March 2010		Last updated	15-Feb-10	
Ref. No.	Title			Type	Edition	Page No.	Original /Copy	QTY.	Publisher	Donation /Purchase (Price)	classification	Remark
105	GHS-JICA CHPS Project in Upper West Region, Community Participation Report (4)			Paper	Report	20	Original	1	IC NET LIMITED	N/A	Public	
106	Baseline Survey on Health Status of People and CHPS Progress in the Wa West and Jirapa/Lambussie Districts of the UWR, Aug 2006			Paper	Report	41	Original	1	PPAG/IC NET LIMITED	N/A	Public	
107	An Evaluation of Maternal Referrals in the Sissal			Paper	Report	66	Original	1	SANDAARE SEBASTIAN NGMENENSO	N/A	Public	
108	Community-Based Health Planning and Services Question and Answers,Nov 1999			Paper	Report	13	Original	1	MOH,Ghana	N/A	Public	
109	Community-Base Health Planning and Services CHPS Participatory Learning and Action Handbook Jan,2002			Paper	Report	54	Original	1	MOF/GHS	N/A	Public	
110	Community-Based Health Planning and Services HandBook, Nov 1999			Paper	Report	31	Original	1	MOH/GHS	N/A	Public	
111	JICA/GHS/CHPS Community Mobilisation Project,Jirapa Lambussie District, PHASE ONE REPORT OCT,2007			Paper	Report	25	Original	1	ProNet	N/A	Public	
112	Lawra District Hospital 2007 Annual Performance Review,			Paper	Report	56	Original	1	Dr.Abdulai Abukari,Abu Samson,Valens Duah, Saeed Abdulai and Micheal Donkor.	N/A	Public	
113	Supervision Guidelines for CHPS Implementation,GHS/JICA Project for the Scaling up of CHPS Implementation in the Upper West Region Feb,2008			Paper	Report	14	Original	1	JICA	N/A	Public	
114	Guidline for Referral Procedure,Feb,2008.GHS/JICA Project for the Scaling up of CHPS Implementation in the Upper West Region			Paper	Report	19	Original	1	GHS/JICA	N/A	Public	
115	GHS-JICA Projectfor Scaling Up oCHPSImplementation in Upper West Region, Monitoring Tool (version 1.2) CHO Facilitative Supervision to Community Health Volunteers			Paper	Report	16	Original	1	GHS/JICA	N/A	Public	
116	2007 Annual Report,Jirapa/Lambussie District Health Directorate,PMTCT Center, Hain			Paper	Report	136	Original	1	Jirapa/Lambussie Health Directorate	N/A	Public	
117	Republic of Ghana Project for the Scaling up of CHPS Implementation in the Upper West Region.Progress Report(1) March 2006.			Paper	Report	4 Annexes	Original	1	IC NET LIMITED	N/A	Public	
118	Republic of Ghana project for the scaling up of CHPS Implementation in the Upper West Region Progress Report(3) March 2007			Paper	Report	Appendix 5-3	Original	1	IC NET LIMITED	N/A	Public	
119	Republic of Ghana Project for the Scaling up of CHPS Implementation in the Upper West Region.Progress Report(4) Sep 2007.			Paper	Report	Appendix X	Original	3	GHS/JICA	N/A	Public	

Annex 10: List of Collected Information

Region	Africa	Project	Project for the Scaling Up of CHPS Implementation in UWR			Type of Project	Technical Cooperation		Prepared by			
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Ref. No.	Title			Type	Edition	Page No.	Original /Copy	QTY.	Publisher	Donation /Purchase (Price)	classification	Remark
120	Republic of Ghana GHS/JICA Project for the Scaling up of CHPS Implementation in the Upper West Region.Progress Report(6) Sep 2008.			Paper	Report	Vol.6 appen 1x	Original	1	GHS/JICA	N/A	Public	
121	GUIDLINE FOR CHPS Health Information Management,GHS/JICA Project for the scaling up of CHPS Implementation in the Upper WesRegion,March 2008			Paper	Report	17	Original	1	GHS/JICA	N/A	Public	
122	PC SKILL TRAINING October,2007			Paper	Report	4 Annexes	Original	1	IC NET LIMITED	N/A	Public	
123	Facilitative Supervision HandBook,EngenderHealth's Quality Improvement Series			Paper	Hand book	5.32	Original	2	EngenderHealth	N/A	Public	
124	Transport Policy,Ministry of Health.			Paper	policy book	18	Original	1	Reprinted,Dec 2004	N/A	Public	
125	MOH, Regenerative Health-Shifting the Emphasis from Cure to PreventionPpolicy Briefing Paper 002JJanuary 2007			Paper	paper	20	Original	1	PPME-MOH	N/A	Public	
126	ProNet,Professional Network Association,NGO Ghana.			Paper	booklet		photocopy	1	ProNET	N/A	Public	
127	Dagaare, Language Guide			Paper	booklet	66	Original	1	Bureau of Ghana Languages,Accra.	N/A	Public	
128	Nation Health Insurance Regulations, 2004,Arrangement of Regulations.L.I.1809			Paper	book	51	Original	1	National Health Insurance	N/A	Public	
129	The Sunday Times,How toWrite Reports & Proposals.			Paper	Report	118	Original	1	Patrick Forsyth	N/A	Public	
130	Community-Base Health Planning and Services CHPS,The Operational Policy-GHS PolicyDocNo20 May,2005			Paper	Report	43	Original	1	Ghana Health Service	N/A	Public	
131	SNV, One Meal Many Benefits-A National Inventory of the Ghana School Feeding Programme Nov,2008			Paper	Report	68	Original	1	SNV,Ghana.	N/A	Public	
132	SNV, Netherlands Development Organisation-Ghana			Paper	Report	28	Original	1	SNV,Ghana.	N/A	Public	
133	Stengthening the Referral Component of the Scaling up of CHPS in the Upper West Region of Ghana,Review of Referral in CHPS Zones,Health Centers and Hospitals			Paper	Report	25	Original	1	GHS.Wa West and ajairapa/Lambussie Districts	N/A	Public	
134	Project for the Scaling up of CHPS Implementation in the Upper West Region. Report on the Training Needs Assessment of RHMT and DHMT for CHPS Management, Nov-2006			Paper	Report	22	Original	1	GHS/JICA CHPS Project	N/A	Public	

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Ref. No.	Title			Type	Edition	Page No.	Original /Copy	QTY.	Publisher	Donation /Purchase (Price)	classification	Remark
135	Health Sector AID Coordination Report for January,2009			Paper	Report	7	Original	1	Health Sector AID Coordination Report	N/A	Public	
136	In-depth Review of the Community-Based Health Planning Services(CHPS) Programme,A Report of the Annual Sector Review,Aprial 2009-Final Report.			Paper	Report	19	photocopy	1	N/A	N/A	Public	
137	Tanzania Morogoro Health			CD	Report	15	Original	1	N/A	N/A	Public	
138	CHO Jan,2009			CD	Report	12	Original	1	N/A	N/A	Public	
139	GHS, Referral Policies and Guidelines. Feb, 2006			Paper	Guidelines	12	photocopy	1	USAID/GHANA,QHP	N/A	Public	
140	Case Study Report on Capacity Development, Project for Stengthening District Health Services in the Morongo Region, Tanzania.Feb, 2008			Paper	Report	74	Original	2	IIC/JICA in JAPANESE & ENGLISH	N/A	Public	
141	Human Resource Policies and Strategies for the Health Sector 2007-2011.Sept, 2007			Paper	Report	85	photocopy	1	MOH,WHO,QHP	N/A	Public	
142	Report of Project for Improvement of Health Services with a Focus on Safe Motherhood in Kisii and Kericho Districts,Report No_Hands/xiv/2008			Paper	Report	49	Original	1	Samokike project	N/A	Public	
143	Joint Evaluation Report on the Japanese Technical Cooperation for the Lusaka District Primary Health Care project(PHASE II),Jan,2007.Written in ENGLISH			Paper	Report	270	Original	1	JICA/MOH/Republic of Zambia	N/A	Public	
144	Final Evaluation Report on the Japanese Technical Cooperation for the Lusaka District Primary Health Care Project			Paper	Report	93	Original	1	J R, 01--22	N/A	Public	
145	Joint Evaluation Report on the Japanese Technical Cooperation for the Lusaka District Primary Health Care project(PHASE II),Jan,2007.Written in Japanese.			Paper	Rport	52	Original	1	N/A	N/A	Public	
146	Planning Your Sexual and Reproductive Health Life,Sept,2000			Paper	Book	29	Original	1	Planned Parenthood Asso of Ghana	N/A	Public	
147	CHO Register			Paper	Register	50	Original	1	GHS/USAID/CHPS-TA	N/A	Public	
148	Ministry of Local Government,Birth & Death register.Community Population Register Field Note Book			Paper	Register	50	Original	1	Ministry Of Local government	N/A	Public	
149	IMCI Materials			Cards	Pictures	28	Original	1	N/A	N/A	Public	

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Country	Ghana					Period of Project	April 2006 to March 2010	Last updated			
Ref. No.	Title		Type	Edition	Page No.	Original /Copy	QTY.	Publisher	Donation /Purchase (Price)	classification	Remark
150	Map of Ghana		Paper	Map	1	Original	1	N/A	GHc 30.00	Restricted	
151	Hope for Women and Children,A Letter of Introduction.19-Feb,2008.		Paper	Report	75	Original	1	Hope for Women and Children,Dapari-UWR.	N/A	Public	
152	Jirapa Annual Report,2007		Paper	Report	136	Original	1	Jirapa/Lambussie Health Directorate	N/A	Public	
153	Ghana Health Service Upper West Region, The Tenets of the GHS		Paper	Brochure	2	Copy	1	Ghana Health Service, Upper West Region	N/A	Public	
154	In-depth Review of the Community-Based Health Planning Services(CHPS) Programme,A Report of the Annual Sector Review,Aprial 2009-Final Report.		Paper	Report	1	photocopy	1	Health Sector Review.	N/A	Public	

添付資料 11 : NGO 報告書 (1)

Annex 11: NGO report (1)



NETWORK FOR SUSTAINABLE DEVELOPMENT
Championing community development through human empowerment



COMMUNITY BASED HEALTH PLANNING AND SERVICES (CHPS)

SUBCONTRACT IMPLEMENTATION

PHASE I ACTIVITY REPORT

(May 2009 - September 2009)

**Submitted by Network for Sustainable Development (NSD)
to JICA/IC Net**

September 2009

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2.0 ACRONYMS

CETS	Community Emergency Transport System
CBAs	Community Based Agents
CHAPS	Community Health Action Plans
CHC	Community Health Compound
CHPS	Community-based Health Planning and Services Initiative
CHO	Community Health Officer
CHV	Community Health Volunteer
CWSA	Community Water and Sanitation Agency
DA	District Assembly
DBO	District Budget Officer
DCE	District Chief Executive
CDO	Community Development Officer
DDCD	District Deputy Coordinating Director
DHMT	District Health Management Teams
GHS	Ghana Health Service
HEW	Health Extension Worker
PLA	Participatory Learning and Action
NACHANTA	Nakore, Chansa and Tampieni CHPS
NGO	Non-Governmental Organization
NSD	Network for Sustainable Development
TOR	Terms of Reference
JICA	Japan International Cooperation Agency
SDHT	Sub-district Health Team

3.0 EXECUTIVE SUMMARY

IC Net signed a subcontract agreement with Network for Sustainable Development (NSD) on 15th May 2009 with the overall goal of ensuring effective community participation in CHPS in selected CHPS zones in the stage I & II districts of the Upper West Region. By the end of the subcontract (on 14 September 2009), NSD is expected to assist the project in modelling ways for sustainable community participation in CHPS through the following milestones:

- 1) Organize workshop on PLA for stage II districts health and DA staff
- 2) Conduct follow-up of CHAPS in stage I districts
- 3) Replicate CHAPs at selected CHPS zones in stage II districts

To achieve the above-mentioned milestones, NSD undertook field monitoring visits to the targeted CHPS zones and communities to provide technical backstopping for CHOs and CHC members in their CHAPs review and update processes. NSD field officers in some cases facilitated the review of CHAPs as part of skill transfer to local CHPS actors. The CHC members were also trained on leadership skills and how to organize meetings effectively as part of their empowerment processes to ensure sustainability of their community health initiatives. Capacity building workshop was organized to train District Assembly and Ghana Health Service staff on community mobilization and participatory methodologies in the stage II districts. Finally a community health needs assessment was conducted at a selected CHPS zone in each stage II district to offer DA and GHS staff the opportunity to practice the development of CHAP.

The activities implemented above produced the following outputs. Ninety-nine (99) District Assembly and GHS staff in stage II districts (Wa East, Nadowli, Lawra, Sissala East and Sissala West) trained on Participatory Learning and Action (PLA) with participants breakdown as follows; DA-9, DHMT-29, SDHT-4 and CHOs-57. Monitoring of CHAPs conducted in 19 CHPS zones of the stage I districts. Six (6) CHPS zones were model ones including Dabo and Kuunchileyiri in the Wa West district, Ping and Tampaala in the Jirapa district and Sentu and Heneteng in the Lambussie district. The monitoring of CHAPs resulted in an over all accomplishment of 38 targets out of 62 across the zones in the stage I districts with total attendance of 3,904 of 1,735 were

women. CHC members, CHVs and CHOs in the six (6) model CHPS zones received training on leadership skills, minutes writing and how to organize meetings effectively and stationery included manila cards and note books provided to them for their updated CHAPs and minutes taking respectively. Finally, the six (6) new CHAPs developed in selected CHPS zones of the stage II district namely, Buffiama in the Wa East , Sakai in the Sissala East, Duwie in the Sissala West, Nanyagri in the Lawra, Tabiasi in Nadowli and NACHATA in the Wa Municipality.

4.0 INTRODUCTION

The inequality in access to primary healthcare services has been an important issue, which the Ministry of Health of the Republic of Ghana has been tackling. Community Based Health Planning and Services (CHPS) have been considered an effective approach to improve access to primary healthcare services. It is against this backdrop, the government of Ghana requested the Japan International Cooperation Agency (JICA) for technical cooperation in order to expand CHPS in Ghana. Under a contract with JICA to expand CHPS in the Upper West Region, IC Net launched the project in 2006. Consequently, Network for Sustainable Development (NSD) has been subcontracted by IC Net to facilitate the community mobilization component of the program in the Wa West and Jirapa Districts of the Upper West Region. This standing agreement has resulted in the signing of a subcontract between JICA/IC Net and Network for Sustainable Development (NSD) on the 25th of October 2008 where NSD was tasked to undertake the following activities

- Organize 3 - day workshop on Participatory Learning and Action for GHS staff and DA staff in the following stage II districts; Nadowli, Lawra, Sissala East, Sissala West, and Wa East with DHMT member, SDHT member and CHOs and community development officers in the DAs as main targets of the workshop
- Provide technical supports for CHC/CHV and CHOs in implementing, monitoring and updating CHAPs in the following six CHPS zones; Dabo and Kuncheleyiri in Wa West district, Ping and Tampaala in the Jirapa district and Sentu & Heneteng Lambussie district.
- Provide minimum material such as stationary for CHC/CHV and CHO for CHAPs
- Monitor and collect data on the progress of CHAPs in each CHPS zone
- Develop CHAP in one CHPS zone each in the stage II districts, Nadowli, Lawra, Sissala East, Sissala West and Wa East as part of the PLA training

The report begins with an executive summary highlighting the terms of the contract, duration and expected results. It continues with an introduction to the report, which provides brief background of IC NET and NSD's contractual engagement and the Terms of Reference (TOR) for the subcontract. This takes us into discussion of the project activities implemented and results achieved and end with challenges and recommendations.

5.0 FAMILIARIZATION VISIT TO TARGET DISTRICTS

The project started with familiarization visits to the DHMTs of both stage I and II districts. The visit was for the NSD team to familiarize with the Directors and their respect teams particularly in the stage II districts namely Sissala West and East, Wa East, Nadowli and Lawra to discuss the NSD's work schedule for the period of the project with them.

On May 27th 2009, a four member team from the NSD visited Gwollu and Tumu. At Gwollu, the team did not meet the Director but met Mr. James and Mr. Longi who warmly received the team and said the District Director of Health Services was on an official visit to Leo for a cross border meeting. The NSD Director discussed the up coming PLA training and CHAP development with emphasis on when it will take place and the expected participants. A copy of the TOR and a work plan was given them to submit the Director and brief her on the visit.

At Tumu, the Director was absent but the team met five officers including Mr. Gilbert, Bakuli Aaron, Andrew Bayuo, Nuosu Saani and Faki Mohammed. The interaction there was not different from what happened at Gwollu. They were also served with copies of the TOR and the work plan of NSD.

On May 28th 2009, another team from the NSD visited Nadowli, Lawra and Jirapa. The team met the respective Directors who cordially received them. The discussion with the Directors at Nadowli and Lawra were not different from what happened at Gwollu and Tumu. Responding to the delivery from the NSD Director, the Lawra District Director of Health Services said the visit was very useful as it offered an opportunity for him and the CHPS Co-ordinator and the out-gone Director to have their first formal interaction with NSD which will facilitate good working relations

At Nadowli, the Director expressed enthusiasm to have the PLA training and CHAP developed in her district and promised to constitute the list of participants from her district. At Jirapa, the discussion with the Director was on the Monitoring of CHAPS at Tampaala, Ping, Sentu and Heneteng and strengthening of the CHCs in these targeted

zones. The Director was very receptive but indicated the need for us to Meet the Director of the newly created Lambussie districts since we will be working closely with the CHOs of Sentu and Heneteng who are no longer under her administration. The Director emphasized the need for NSD to facilitate for community members to update CHAPs with targets that are geared towards reducing diseases and issues that will make them stay healthy.

On 28th of May 2009, some NSD team members also visited the Wa Municipal Director of health services to discuss the work plan with her facilitate the selection of the zone that CHAPs will be developed. The Director expressed dissatisfaction that only one zone in the municipality was selected for the development of CHAP and indicated that none of the CHCs in the municipality are trained.

On 29th May, 2009, NSD was at Lambussie to interact with the Director and discussed the planned activities regarding the district. The Director wanted to know whether NSD was for scaling up CHPS in the region or not. The NSD director indicated the role of the current NGO and explained why Heneteng and Sentu are singled out to be worked on.

On 1st June, NSD met the Wa West Director at Wechiau and the Wa East director and his team at Wa. Aspects of the work plan that applies to the respective districts were explained to them. Responding to the presentation from NSD, the Wa East team cautioned the period earmarked for the training. They indicated that the training needed to come off early as most of the roads are cut off with heavy down pour and this may prevent some CHOS from taking part.

6.0 PLA TRAINING REPORT AT STAGE II DISTRICTS

The training on participatory methodologies for District Assembly and GHS staff was conducted in five (5) stage II districts starting from the Wa East District on July 15-17, 2009 through Sissila East on August 5-7, 2009 and West on August 10-12, 2009 to Lawra on August 19-21, 2009 and ended at Nadowli district on August 26-28, 2009. The 3-day training in each district aimed at equipping participants with skills of participatory approaches with particular reference to Participatory Learning and Action (PLA), identifying PLA tools and how to apply them in solving community health issues, building network and stronger working relations with the district level partners and ultimately making CHPS more functional to enhance the health conditions of the people in the district. The participants included CHOs, DHMT staff, some SDHT In-charges and DA staff. A total ninety-nine (99) participants were trained of which fifty-one (51) were women. Annex 1 provides information on training data.

The methodology for the training was mostly learner-centered involving activities such as mini lectures, group work, plenary discussions, and simulations. In addition to the PLA concept, participants were taken through the tools of PLA which include Transect walk, Community mapping, Timelines & trend analysis, Responsibility audit, H-Form, Venn diagram, Pair wise ranking, Matrix, Daily activity profile, Seasonal activity profile, Pie chart, Focus Group Discussion and Triangulation.

The training offered the DA and GHS an opportunity to share their peculiar constraints and challenges. The training enlightened GHS participants who raised concerns of poor coordination between the DA, DHS and NGOs in the mobilization of communities and provision of infrastructural facilities for CHPS. Again, issues bothering on improper community entry and dialogue with CHPS beneficiaries prior to the demarcation of CHPS in zones were raised and discussed by participants as issues militating against smooth operation of CHPS.

The training session promoted interaction between the District Assembly staff and health workers. At the end of the session participants recommended that the DDHS and core DA staff should be active participants of such trainings as decision makers of the district.

Participants also recommended regular monitoring of CHPS zones by development workers for effective community participation. Refresher training on PLA and the PLA field practice was also requested by CHOs.

7.0 FOLLOW-UP CHAPs IN WA WEST DISTRICT (STAGE I DISTRICT)

7.1.1 Dornye CHAP Monitoring Report

NSD visited Dornye CHPS zone on the 23rd of June 2009 to monitor the CHAP. Twenty-five (25) community members participated in the CHAP review meeting of which 13 were female. The CHO, CHC members including the chiefs, the CHVs and opinion leaders were present. The CHAP review meeting aimed at finding out the level of community achievement of the targets set in the previous CHAP, certain activities that could not be carried out and the reasons thereof, challenges and way forward for future improvements.

Issues Raised and Discussed

The targets of the previous CHAP were discussed which included;

- Organizing a community durbar to provide feedback and share experiences gained from a study tour attended with community members
- Establishing a farm/ dry season garden for CHO
- Lobbying for obtaining a poly tank for CHPs compound.
- Constructing a hen coop for CHO
- Organizing a monthly cleanup exercise

Actions Taken on the CHAP

- A community feedback durbar was organized on the February 2nd, 2009 where community members who participated in the study tour shared lessons and best practices learnt from the exercise.
- Another meeting was held on the 25th of March 2009 at which the community resolved to construct a garden instead of a farm for the CHO. Fencing a garden for the CHO would keep off animals from destroying the crops. The garden was near completion at the time the monitoring was conducted
- The community has completed the building of the hen coop for CHO. Aside, three fowls have been donated by the community to the CHO to start with.
- Clean up exercises have organized in three CHPS communities including Mevogli, Dalanyiri, and Dornye.

Observation and Recommendation

It is pertinent to state that the study tour has yielded tremendous outcome in the Dornye CHPS zone. The Dornye CHPS hitherto was one of dormant and backward zones in the Wa West district. The exposure from the study tour has frog leaped the zone into a high performing one with community members actively participating and achieving more than 90% of their targets on the CHAP. There is also a renewed commitment from the CHO who is enjoying the cooperation of the community level CHPs actors. Many more study tours should be organized to provide opportunity for community members to learn best practices from performing CHPS zones. Another study tour should be organized targeting only chiefs and Assembly members who are the community leaders to visit the model CHPS zones with their CHOs to learn how their counterparts are playing their roles in promoting CHPS and health activities within their areas of jurisdiction.

7.1.2 Jenbob CHAP Monitoring Report

The monitoring meeting has held on 21st of June 2009. Participants included CHC, CHVs, TBAs, chiefs and opinion leaders. Total attendance was 53 of which 30 were women.

Targets of Previous CHAP Discussed

- Advocating for construction of an access road to link CHPs compound and constituents CHPs communities
- Contributing food stuff and fetching water for CHO
- Establishing Community Emergency Transport Fund

Actions Taken on the CHAP

- A zone-wide meeting was organized on the 23 of March 2009 to discuss the advocacy issue. A letter has been written to DA and a follow up was made to find out how District Assembly is responding to the request.
- Contribution of food stuff to support the CHO is on-going. Jenebob community has contributed ten (10) bowls of grains; Markoteng and Oloteng have also made some contributions towards meeting the target. The contributions were still coming in bits and pieces.
- Fetching of water for CHO was suspended because the CHO was not at post during the period of the CHAP implementation.

- With regard to activating CETS in the zone the following actions were taken. Jenebob community held two meetings and resolved that all those who owed the 2nd and 3rd quarter's contributions to CETS fund should pay without further delay. Oloteng community was also continuing with their contributions and decided to increase the amount to GH 30 pesewas and GH 50 pesewas per woman and man respectively. Markoteng community on the other hand had realized an amount of ninety Ghana cedis (GH¢ 90.00) at the time of the monitoring meeting and registered two beneficiaries of the fund.

Observation and Recommendation

Community members complained that the CHO had been absent from the CHPS zone since December 2008 and would soon be proceeding on maternity leave. The long absence of the CHO from the zone might lower the morale of community members and affect their level of participation. It is thus, recommendable for the DHMT to send a relieving CHO to the Jenebob CHPS zone. The completion of the CHPs compound was moving at a pace that is not good enough. The community members were yearning to see the compound commissioned and CHPS operating fully. It is difficult to sustain community interest in a joint project where public officials renege on their promise of accomplishing their part of the agreement on schedule. The District Assembly is therefore advised to complete and handover the compound without much delay for CHPS to be launched.

7.1.3 Vieri CHAP monitoring report

NSD team visited the Vieri CHPS zone for monitoring on the 25th of June 2009. Key participants of the CHAP monitoring meeting included the CHO, CHVs, CHC members and the Health Extension Worker. Representatives from all the CHPS communities were presents giving total participants of 35 of which 17 were women.

Targets of Previous CHAP Discussed

Targets on the CHAP included the following ideas.

- Contributing money to pay the watchman
- Advocating for the completion of toilet facility for the CHPs compound
- Cleaning round the CHPs compound regularly.

Actions Taken on the CHAP

Actions taken towards achieving the first target included a meeting organized on 24th April 2009 where the issue was discussed a resolution taken for each adult to pay an amount of GH20 pesewas. People were also selected from all the CHPs communities to responsible for collecting the contributions. The contributions have since been trickling in from all the CHPS communities and the table below provides details of the contribution at the time of the monitoring visit.

Community	Persons in-Charge	Amounts Collected
Vieri central	Kparu Tang	GH¢9.60
Kakalazu	Moses W	GH¢16.00
Tagdo	Joseph N	GH¢9.20
Goziiri	Bortaa M	GH¢11.00
Lomwama	Boobe Y	GH¢4.00
Gongoromo	Paul Deri	GH¢4.00
Total Amount		GH¢53.8

Advocating for the completion of the toilet facility at the CHPs compound was target two on the CHAP. Community members discussed the issue on 24th April, 2009 and an advocacy committee was set up to present a letter to District Assembly (DA) for support. The letter has been sent to the Assembly but no follow up has been made.

With regard to target three a decision was taken among the CHPS communities weed/clean round the compound on rotational basis. The Kakalazu and Gongolomo communities have been reported to have done their part of the work while the rest are showing little interest. A general meeting was to be held to discuss the issue and establish bye-laws to punish defaulters.

7.1.4 Meteu CHAP Monitoring Report

The Meteu CHPS zone was visited on the 22nd of June 2009. Participants present for the monitoring meeting were CHC members, CHVs and the CHO. 11 people took part in meeting of which 3 were women.

Targets of Previous CHAP Discussed

- Contributing foodstuff for the CHO and watchman

- Advocating for the drilling of a borehole for the CHPs compound.
- Weeding / cleaning round the CHPs compound monthly
- Organizing monthly health forums

Actions Taken on the CHAP

Contributing foodstuff for the CHO and the watchman was target one on the CHAP. To achieve this, a general meeting was held on the 21st of January 2009 attended by over 200 people. At the meeting a decision was taken for each adult to contribute one bowl of millet/maize and the following persons were selected to collect the food stuff from the community members. Meteu east – Kopare Dudu, Meteu West – Yuorle Kobintey, Nurver – Kpariyin, Dokpaare – Soriyen, Daplayori – Nectama and Teteriyiri – Laakurotey. The contributions yielded two and half bags of grains. One bag of food stuff was given to the CHO and the remaining half bag given to the compound watchman.

Target two was to advocate for the construction of a borehole for the CHPS compound. The issue was discussed at the meeting held on 21st January, 2009 and it was agreed that an amount of GH¢1.00 and 50pesewas be levied per man and woman respectively to support the activity. The contributions were ongoing in all the CHPs communities.

Monthly weeding round the CHPS compound was the last target on the CHAP. This target was also discussed at the meeting organized on the 21st of January 2009 and it was decided that the weeding should be done by the communities in turns. Some of the community members are however reluctant to carry out the activity. The CHV/CHC has therefore decided to take it upon them to do the weeding. The last weeding/cleaning of the compound at the time of the monitoring meeting was done on the 21st June 2009.

7.1.5 Piisie CHAP Monitoring Report

The activity was organized on the 24th of June 2009 at the CHPS compound and was participated by all the CHPS communities including the CHO, Health Extension Worker, CHC members and CHVs giving a total participants of 69 of which 52 female were women

Targets of Previous CHAP Discussed

- Drawing of water to the CHPs compound
- Organizing clean up campaign in all the CHPs communities and weeding round the CHPs compound
- Supporting CHO and watchman
- Organizing quarterly performance feedback durbars

Actions Taken on the CHAP

The women from the communities draw water for the CHPs compound. The compound is kept clean. The last weeding and cleaning of the CHPS compound environment prior to monitoring visit was done the 29th March, 2009.

With regard to the CHO's support package, the communities decided to establish a farm for her. 28th of June was fixed for the communities go and start the farm. The community further agreed to pay monthly allowances of GH¢10.00 to the compound security. Consequently all the CHPS communities were tasked to contribute GH¢20.00 per year towards the payment of the compound security

The CHC and CHVs hold monthly meetings to discuss issues pertinent to CHPS. The last meeting was held on 22nd of June 2009 with total attendance of 25. Out of them, 5 were female participants. Also, organizing quarterly performance durbars have been effective. April 3rd was the latest organized prior to the monitoring visit. Attendance was 150 and 101 were women.

Observation and Recommendation

The people of the Piisie CHPS zone are serious and hard-working. They however, seem not to understand about CHAP development, review and update processes including the CHO. Community members also do not demonstrate proper understanding of their roles in the CHPS processes. CHVs and CHC capacity enhancement training is thus, recommend for the zone. It was also observed that the CHVs and CHC members hold regular monthly meetings to discuss the progress of activities in the CHAP. The effective

collaboration between these two community groups is very crucial for ensuring sustained performance of the CHPS activities.

7.1.6 Ga CHAP Monitoring Report

The Meteu CHPS zone was visited on the 11th of June 2009. Participants present for the monitoring meeting were CHC members, CHVs and the CHO. 11 people took part in the meeting of which 4 were women

Targets of Previous CHAP Discussed

- Establish farm for CHO
- Advocate for extension of electricity to the CHPS compound
- Organize a clean up exercise

Actions Taken on the CHAP

Little has been done in the Ga CHPS zone towards achieving the targets on their CHAP. On the issue of establishing a farm for the CHO the land has been identified but community members are not willing to work for it. No action has been taken on the remaining two targets.

Observations and Recommendation

The CHVs and CHC members were not trained on their roles and responsibilities which pose a serious handicap on their work. Some of the CHVs who had been in the system and were provided with bicycles thought they would be given new ones after they have been re-elected. When this expectation was not met they felt disgruntled and refused to put up their best. Training of the CHVs and CHC on their roles should be conducted. The SDHT should be providing frequent supervision and backstopping for the CHO. The DHTMT/SDHT should organize a meeting with the CHVs and CHC members and listen to their grievances so that they will together find solutions to them.

7.1.7 Dabo CHAP Monitoring and Skill Training Report

NSD made its first monitoring visit to Dabo CHPS zone on the 9th of June 2009. Participants of the monitoring meeting were CHC members and CHVs. Total attendance was 10 and 4 of them were women. The activity was intended to find out the progress of the zone in the implementation of their CHAP and provide technical support to these community level actors to deal with obstacles that might hinder the smooth implementation of their CHAP. The ultimate aim of the activity was to transform the zone into model CHPS zone.

Targets of previous CHAP discussed

The targets of the last CHAP included:

1. Advocating for the constructions of road to link CHPS compound to the main road
2. Motivating the CHO by fetching her water and cleaning around CHPS compound
3. Organizing monthly clean up exercises
4. Re-activating CETS

Actions Taken on the CHAP

To achieve the first target above a durbar was organized on the 24th of April, 2009 where the issue was discussed participatory. An application letter has been sent by CHC members about feeder roads to ask District Assembly for support. The community has planned to follow-up on the letter with the feeder roads and the DA on their request.

The second target which was the drawing of water for CHPS compound had started on successfully during the dry season. However, as the rains set in community members felt rain water could be harvested by the CHO and thus decline their effort in this activity.

Organizing monthly clean-up exercises was the third target. A meeting was held on the 8th of April 2009 to plan the clean-up campaigns. A clean up exercise was successfully carried out coupled with series of health talks organized by CHO to complement the communities' actions on environmental cleanliness. To ensure that the CHPS compound is always clean as well taken off the burden of continuous taxing of poor community

members to support the compound security, the Dabo CHPS communities advocated for the compound security to be fully engaged by Zoom Lion Ghana as a permanent paid worker to provide sanitation and security services for the CHPS compound.

The last target on the CHAP was activation of CETS in the communities. The CHO and CHC members organized CETS monitoring visits to communities and information available indicates the communities including Ngmaangtanga and Deku are not doing well with their CET contributions.

Observations and Recommendation

The CHC members have improved significantly on their roles and responsibilities but much need to be done to sustain these achievements. The youth who used to show little interest in CHPS activities are gradually becoming involved. The community is highly commended for advocating for Zoom Lion Ghana to engage the compound security. This is a replicable and a good demonstration that if the capacities of the community actors in CHPS are built they will claim ownership and look for resources to manage the CHPS facilities. Other training programs such as advocacy, resource mobilization, and records keeping are recommended for the CHC members.

7.1.8 Kuunchileyiri CHAP Monitoring and Skill Training Report

The first visit on CHAP monitoring was done on the 20th of June 2009 and attendance was made up of 6 male and 5 female making a total of 11. The meeting was attended at the CHPS compound and the key participants were CHC members, CHVs and opinion leaders.

Issues Raised and Discussed

The issues of the latest CHAP were discussed. Among them were:

1. Advocate for the construction of a borehole at CHPS compound and a culvert to bridge part of Kunchileyiri, Taamapuo and Wuokurah to link CHPS compound
2. Motivate cleaners at CHPS compound
3. Organize a community feedback session

A committee was set up to apply to DA for support on the 22nd January, 2009 in their effort to advocate for the borehole. However, no follow up was made the target is thus on-going.

It is interesting to note that some group of people in the Kuuchileyiri community has volunteered to be cleaning around the CHPS compound. The community therefore decided to reward for their effort. They declined the community offer and declared that it was their contribution to success of CHPS. They indicated to set aside for to take over when their too weak to work.

The last target on the CHAP was the organization of community feed back session. Preparation of this activity began on the 15th January, 2009 and took place on the 18th January 2009

7.1.9 Maanyayiri CHAP Monitoring Report

The visit to Maanyayiri was made on 12th of June 2009. Participants of the monitoring meeting included CHC members, CHVs and some mother to mother support group members. Total attendance was 70 male with 13 women.

Targets of Previous CHAP Discussed

- Contribute food stuff for CHO and establish a farm for him
- Select watchman and initiate a support system for him
- Fetch water for CHO
- Advocate for a culvert construction to link CHPS communities

Actions Taken on the CHAP

A general meeting was organized on March 1, 2009 to discuss all the set targets. Food stuff has been contributed and handed over to the CHO. A two acre farm has also been established for CHO. The watchman is paid amount of GH¢10.00 for six months now. Fetching of water to the CHPS compound is regular and is done by all CHPS communities. The watchmen usually inform whichever community that is due for fetching when the level of water drops down. It observed that the CHO is very motivated

and the mother support groups are active and supportive in CHPS activities. Community self-help spirit is higher in CHPS activities and highly commended.

7.2 FOLLOW-UP OF CHAPs IN JIRAPA DISTRICT (STAGE I DISTRICT)

7.2.1 Tampaala CHPS Zone

Community members will work hard to achieve targets if they know that other partners are interested in what they do. CHAPs offer community members the opportunity to measure their contributions to the functioning of CHPS in their zone. In this regard, activities to make the Tampaala CHPS zone a model began with the monitoring and update of the CHAP for the period February to April. On 10th June 2009, CHAP review meeting was held at the CHPS compound to assess the status of the targets set in the CHAP and to help the participants to update the CHAP. The Participants were the CHC, CHVs, TBAs and the CHO. In all, 31 people took part in the review and update session made up of 19 females and 12 males. The following were the targets in the CHAP reviewed:

- Advocate for a lighting system(solar) for the CHPS compound
- Build a room for the watchman
- Establish community emergency transport system (CETS)

The NSD officer facilitated a discussion among participants to determine activities carried out and targets that have been accomplished. The discussion revealed that the following activities were carried out.

- General zone-wide meeting/durbar were organized on 28th March 2009 to discuss needs to implement the targets mentioned above.
- A four member committee with the assemblyman of the area as the chairman was set-up to advocate for a lighting system for the CHPS compound. Thereafter, three letters were written by the committee on 1st April 2009 and distributed to NGOs (Action Aid, PRONET North and RAAP) operating in the district to solicit support for the provision of solar for the CHPS compound. The committee is yet to make follow-ups on the letters sent out for support.

- Communal labor was organized on 4th April 2009 to construct a room for the watchman. The construction was successfully done and the room is being used by the watchman.
- Contributions towards Community Emergency Transport system (CETS) are ongoing in all the CHPS communities. Each man/woman pays GH¢1.00 monthly toward CETS. The total amount realized by all the CHPS communities as at 26th of May 2009 was seventy-seven (GH¢77.00).
- A bank account has been opened and the collected money was deposited.
- Also, the total amount contributed by all the CHPS communities from 26th May 2009 to June 2009 stood at twenty-eight Ghana cedis (GH¢28.00). This amount is yet to be sent to the bank.

After the review, it was clear that almost all the targets on the CHAP were achieved. Through brainstorming the NSD officer facilitated for a discussion among the participants to generate targets for the update of the CHAP. The discussion generated the following ideas:

- Weed/clean round the CHPS compound
- Establish a farm for the CHO
- Establish a Community Emergency Transport System
- Advocate for a lighting system for the CHPS compound
- Organize community feedback session
- Organize health durbars

At the end of the brainstorm, participants agreed to organize a general meeting to agree on how contributors to the CETS fund should benefit and to fix a date to farm for the CHO through communal labor. The CHAP was then updated with the three targets which are advocate for a lighting system for the CHPS compound, weed around the CHPS compound and organize health durbars.

It was observed during the meeting that both the CHC and CHVs are actively involved in CHPS activities in the zone. The CHPS compound was very clean and records on all CHPS activities carried out were documented.

7.2.2 Ping CHAP Monitoring Report

On 9th June 2009, NSD a review meeting was held at the Ping CHPS zone to monitor the CHAP which was updated on 15 January 2009. The monitoring was to ascertain the level of implementation of the CHAP, identify challenges the CHC/CHVs are facing if any in the implementation of CHAP and to facilitate for the identification of new targets to update the CHAP. Participants at the review meeting were the CHC/CHVs made of 3 women and 10 men. The NSD facilitator facilitated for a discussion among participants to determine if the targets set in the CHAP being monitored has been accomplished. The targets included the following actions:

- Organize quarterly community level health sensitization durbars
- Contribute money (GH¢1.00) monthly to support the watchman
- Fetch water for the CHO and clean around the CHPS compound weekly
- Organize monthly community meetings to discuss health issues.

At the end of the review it was revealed that all the targets above have been accomplished. The activities carried out for the accomplishment of the targets are as follows: Two meetings were held on the 16th and 29th of January 2009 involving all the CHPS communities to determine date(s) for the community level durbars. At the end of the meetings it was agreed that all communities hold their durbars by the last week of March 2009.

On 12th, 16th and 21st in March 2009, Ping, Deriyiri and Zaguo communities held their health sensitization durbars while Nintoro and Kaasire held theirs on 10th April 2009. The durbars which they reported were well attended were facilitated by the Ping CHPS CHO. Issues discussed at all the durbars were on how to prevent malaria, CSM and the need for all community members to ensure personal hygiene.

At the meeting held on the 16th of January 2009, it was agreed that only the women of the various sections of the Ping community draw water to the CHPS compound weekly on rotational basis since the other CHPS communities are far away from the CHPS compound. The women of Ping have since been fetching water to the compound and the

CHC and CHVs monitor their work. Cleaning around the CHPS compound is undertaken by the watchman. It was observed that the CHPS compound was very clean.

Contributions to support the watchman are ongoing. They agreed at one of their meetings that each woman and man contributes 20 pesewas and 50 pesewas respectively. The watchman is being supported monthly with Gh¢5.00 and has received support from February to April 2009.

After the review and discussion on activities carried out on the CHAP, it was again clear that like the Tampaala zone, the people of the Ping zone have also accomplished all their targets. The NSD facilitator therefore facilitated for new targets for the CHAP to be updated. Using brainstorming the participants arrived at the following issues which they used to update the CHAP.

- Plant trees around CHPS compound
- Farm for CHO and watchman
- Hold community feedback session meeting
- Organize health durbar

Participants agreed that they should continue to weed and clean round the CHPS compound regularly and fetch water for the CHO even though it is not on the CHAP.

They also identified and agreed to dig a urinal pit for the CHPS compound. The CHAP review meeting was participatory as all the participants contributed very well to the discussion. It was also observed that the CHPS compound was very clean and the poly tank was full with water. This was an indicative of successful implementation of targets in the CHAP.

It was however observed that records were not kept on activities which have been successfully implemented. They were therefore encouraged and given note book to serve as minute's book for the recording of minutes of meetings. At the end of the review and update, the participants expressed happiness that they have been able to successfully implement their CHAP again and that their zone is being targeted as a model CHPS. The CHC was encouraged to keep proper records of all CHPS activities carried out.

7.2.3 Somboro CHAP Monitoring Report

On 19th June 2009, NSD officer visited the zone Somboro and held a meeting with the CHC/CHVs to get feedback on the CHAP that was updated in February 2009 and determine whether the zone has been able to monitor, reviewed and updated the CHAP by itself. The meeting which took place at the CHPS compound involved 16 male and 11 female and two CHOs.

The CHAP was monitored had three targets as follows:

- Build hencoop for the CHO
- Contribute foodstuff for CHO
- Establish CETS

The feedback session and discussions among the participants indicate that almost all the targets have been accomplished and the CHAP was updated. The feedback on activities carried out regarding the targets above is indicated below.

On building a hencoop for the CHO, a meeting was held and the issue discussed but none of the participants could recollect the date as no minutes were recorded. A number of communal labor were subsequently organized for the molding of bricks and it has been build. At the same general meeting, the community members discuss the issue of contributing foodstuff for the CHO. The foodstuff was subsequently contributed and handed over to the CHO.

On CETS, two out of the three communities that is, Somboro and Maaluu have contributed some money towards it. In sum about GH¢ 150.00 has been realized and banked. A negotiation with transport owners on fares was yet to be done. It was observed during the monitoring that the people of the Somboro zone have a strong passion to support the CHO to make him comfortable and live in the zone.

7.2.4 Kogri CHAP Monitoring Report

The monitoring of the Kogri CHAP took the form of CHC/CHVS meeting on 19th June, 2009. A total of 29 took part in the monitoring meeting of 11 were female. The CHAP monitored was reviewed and updated on 18th February 2009.

The targets in the CHAP monitored were as follows.

- Advocate for the launching of the CHPS compound
- Establish farm for CHO
- Support CHVs twice on their farms

A feedback from persons in-charge of the implementation of the targets revealed the following opinions.

On advocate for the launching of the CHPS compound, a zone-wide meeting was held on 27th May 2009 to discuss the issue. At the meeting, each CHPS community was tasked to contribute thirty Ghana cedis and eight bowls of rice for the launching celebration. The contributions have been made by all the communities. It must be noted that due to the enthusiasm surrounding the launching of the CHPS compound, some communities have even exceeded their contributions. The table below shows details of the contributions made by the CHPS communities.

Cash and Food Contributions at Kogri CHPS Zone

Community	Amount Contributed	Number of Kookoo bowls of rice contributed
Kogri No. 1	GH ¢30.00	8 bowls of rice
Kogri No. 2	GH ¢30.00	11 bowls of rice of
Tampoe	GH¢30.00	8 bowls of rice
Mwafor paala	GH¢50.00	8 bowls of rice

It was reported that even though the community members were prepared for the launching of the CHPS compound, it could not come on because the CHO was on leave.

On establishing a farm for the CHO and supporting the CHVs twice on their farms as the second and third targets respectively, a meeting was held on 27th May 2009 and the issues were discussed. According to the participants, the community members expressed their preparedness to farm for the CHO any time she is ready. The participants as at the meeting also decided to rather support the two watchmen on their farms and not the volunteers. They complained that the CHVs are many and it is not possible to support each of them twice on their farms. The new decision has also not been implemented. It is

clear that none of these two targets have been accomplished. It must be noted that even though fetching water for the CHO and weeding around the CHPS compound were not on the CHAP these CHPS communities have been doing it. At the end of the feedback, the participants through a brainstorm identified three issues including the following which were used to update the CHAP.

- Clean around the CHPs compound regularly
- Establish a farm for the CHO
- Farm for the two watchmen at the compound
- Organize community durbars feedback session

The monitoring meeting was very participatory as all the participants took active part in the discussion. It was also observed that there appears to be good collaboration between the CHC and the CHVs. The CHPS compound was also very clean.

7.2.5 Nambeg CHAP Monitoring Report

A visit was made to Nambeg on the 18th June 2009 by NSD officers and a meeting was held with the CHC/CHVs to determine implementation status of the CHAP which was updated on 20th November 2008. The monitoring exercise was also to offer the CHC/CHVs and the CHO an opportunity to refresh their minds on the CHAP process. The meeting which took place at the premises of the CHPS compound involved 19 participants (8 men and 11 women). Three targets were set to be achieved in the CHAP that was monitored. They included:

- Contribute foodstuff for the CHO
- Build a room for the watchman at the CHPS compound
- Contribute money towards CETS fund

The CHAP was reviewed through facilitative process and it was realized that an attempt was made to implement one of the targets, which is an establishment of CETS.

The participants reported that a general meeting was held in March this year to discuss the issue. It was decided at the meeting that the contributions toward CETS be done on community basis. Community level meetings were therefore held by all the CHPS communities to decide on the amount to be contributed by each man/woman. Contributions toward CETS are ongoing in all the CHPS communities and the table below shows details of CETS contributions in each community.

Contributions Towards CETS in the Nambeg CHPS Zone

Community	Amount contributed monthly per man/woman (GH¢)	Total amount realized (GH¢)
Tambepeel	0.50	40.00
Poduor	0.50	25.00
Tansiri	1.00	12.00
Tanpuor	1.00	45.00
Naale	0.50	100.00
Dobaziri	0.50	30.00

Apart from the Naale community which has opened a bank account, the other communities are yet to open their bank accounts for CETS contributions. The following persons were also selected to collect CETS contributions from the community members. Naale – Bakpano, Tambepeil – Bonekuu B, Tabziiri – Ankaara, Dobaziiri – Kaaba, Tampuo – Bogana and Bokpeiryiri – Folotan.

On constructing a room for the watchman in the CHPS compound, participants said that the issue was discussed at a general meeting organized in February this year and it was decided that each man/woman should contribute GH¢0.50 to purchase materials for the building. The contributions were made and the materials bought. The structure has however, not been constructed due do some difficulties including migration of most of the youth out of the zone, non availability of water coupled with the non- residence of the CHO. The communities therefore decided that building of the watchman room be postponed to early next year.

None of the activities were carried out towards contributing foodstuff for the CHO. The non-residence of the CHO was cited as the reason for the seemingly no effort made towards achieving this objective. They however expressed their preparedness to work on this target when the CHO moves to the CHPs compound.

At the end of the feedback, the NSD officer for the participants to agree on new targets for the CHAP which included:

- Weed and clean around the CHPs compound
- Establish community Emergency Transport System
- Organize health durbars to discuss health issues
- Make a small farm for the CHO to grow vegetables like okra

With regards to weeding around the CHPS compound and making a vegetable farm for the CHO participants said, a general meeting will be organized to discuss the issue and fix dates for the exercises. Communal labor will then be organized on the fixed dates to do the work.

On the Community Emergency Transport System, participants agreed to organize community level meetings for feedback to contributors on contributions made and to open bank accounts to deposit the money realized. It was observed during the monitoring that the people do not organize regular meetings. Even though there was a funeral, attendance was good.

7.2.6 Gbare CHAP Monitoring Report

Monitoring of the Gbare CHAP took place on June 24th 2009. A meeting was held with 21 CHC/CHVs (12 men and 9 women) at the Gbare market square to get feedback on CHAP activities carried out. The targets on the CHAP were:

- Establish a CETS
- Support the construction of the CHPS compound
- Fetch water for the CHO

Only the second target was proceeded. They reported that a meeting was held and the issue was discussed and roles were shared among the communities. Subsequently series of communal labor was organized to support the CHPS compound's construction. The

compound has been completed. No effort was made to work on the other targets. They were therefore encouraged to hold regular meetings to discuss how to implement their CHAP and issues affecting their health.

7.3 FOLLOW-UP OF CHAPs IN LAMBUSSIE DISTRICT (STAGE I DISTRICT)

NSD monitored the CHAPs of the above CHPS zones in the Lambussie district to determine the status of the targets set in the various CHAPs and to encourage the CHC of the zones to work hard for the success of CHPS in their zones.

7.3.1 Heneteng CHAP Monitoring Report

The first visit to Heneteng was made on Tuesday June 9th 2009 to monitor CHAP. NSD officer held a meeting with the CHC/CHVs and facilitated a feedback session on all the targets purposed to be achieved in the CHAP that was updated on January 2009. Apart from the targeted participants, some community members were also present. The activity which took place at the CHPS compound involved 37 participants (26 women and 11 men). The targets to be achieved were as follows.

- Advocate for borehole for CHPS compound.
- Review of CETS.
- Provide shelves for proper filing at CHPS compound.

Information gathered regarding the implementation of the activities towards the realization of the targets follow.

On advocating for drilling a borehole for CHPS compound, a meeting was held on 11th February 2009 and the issue was discussed. It was resolved at the meeting that each adult of the zone contribute an amount of 50 GHP to support the project. The feedback indicates that the contributions have been made at the community but have not been gathered.

Follow-ups on letters written to PRONET North¹ and District Assembly have been made. DA said that a letter has been delivered to the community water and sanitation agency and the issue would be discussed in their next meeting. PRONET North however says it is only Wa office which can give feedback to their request but the zone has not been able to go to Wa to meet the officials of the Wa PRONET office.

On CETS review, the CETS committee met car owners but could not settle on an agreed amount because the car owners are charging amounts far above the reach of the zone. It must be noted that the zone at a point considered the initial amounts agreed with transport owners were exorbitant and therefore, decided to review that part of the CETS.

The last target was to provide shelves for proper filing at the CHPS compound. The participants reported that a meeting was held and the issue was discussed. The total cost for the project was shared among the CHPS communities. They reported that the contributions have been made but not gathered in order to arrange for making of shelves.

Clearly, at the time of the monitoring, Heneteng had declined in its performance as a model and in comparison to the previous CHAPS. The monitoring meeting which was also poorly attended attests to this. The NSD officers had to personally move around to mobilize the people for the meeting. Sampled community members lost their interest in CHPS activities before the start of a meeting. It indicated that the community was not happy with the way the CHO left them on transfer and complained about the nature of the new CHO. They found out that the out-gone CHO was a directly opposite of the new one in terms of her approach to build a relationship with them to take action.

During the meeting, the NSD staff facilitated a discussion to find out the reasons for the new development. The following reasons were given for the new attitude towards meetings.

- They did not had any information about the meeting
- No punishment for late or non attendance of meeting

¹ A NGO based in Upper West Region and has been implementing various types of projects.

The NSD officers, then facilitated for participants to come out with antidotes to these problems. The following suggestions were made.

- People who refuse to attend meetings should be fined.
- A person should be nominated to be in-charge of dissemination of information in the zone.

The NSD facilitators put the two sets of information together and then sensitized the participants on the effects of their new attitude towards CHPS activities in the zone and encouraged them to work hard to maintain their status as model. They were also sensitized on the fact that no one particular zone owns a particular CHO and they need to adjust to new officers on transfer to their zone since the CHOs can be transferred across the district.

NSD visited the Heneteng zone again on 15th June as follow-up to the sensitization made during the last visit and to help the CHC update CHAP if need be. Even though CHC/CHVs targeted for this meeting, a total of 105 (47 men and 58 women) people turned out for the meeting. The zone thus appears to be back on its feet to redeem their image as a model zone. The notice for this meeting was for the meeting was short but they turned in their numbers. This was indicative that the sensitization was well taken. It was realized that the three targets on the CHAP were still unaccomplished. But the target below was added to the CHAP as some activities were carried out on the three targets that are not yet accomplished.

- Organize feedback session

7.3.2 Sentu CHAP Monitoring Report

NSD officers held a CHAP review meeting on 9th June, 2009 at the CHPS compound to determine the status of implementation of CHAP. The participants were the CHC/CHVs and were 12 men and 10 women. The following targets were set for the CHAP.

- Advocate for a borehole to be drilled at the CHPS compound
- Weed around trees planted at the CHPS compound
- Clean around the CHPS compound every week
- Organize monthly health forum

The NSD staff facilitated a discussion to get feedback on the above targets. It was reported that three out of the above targets have been accomplished.

On advocating for borehole to be drilled at the CHPS compound, a meeting was held on 21st May, 2009 to check the quantity of grains contributed. It must be noted that the people of Sentu CHPS zone agreed on contributing grains to sell to raise funds towards the drilling the borehole. The meeting was well attended with over 160 people and women constituted the dominant participants. An estimated 8 bags of grains were reported to have been contributed. The committee to sell foodstuff and open bank account has been constituted and inaugurated. An appeal has been made to PRONET North, but no follow up has been made.

Weeding around trees planted at CHPS compound was also discussed on the meeting held on 21st May 2009. Communal labor was subsequently organized and the weeding has been done.

Cleaning around the CHPS compound weekly was also conducted and it still is continued successfully. The community members have also contributed money to motivate the watchman. Each couple was levied GH¢1.20 and one of the watchmen testifies he is being paid GH¢10.00 a month. The meeting held in May 21st was a health forum. The participants indicated that this will continue and the CHO and CHVs will be in-charge of giving health talks. The CHC also reported that the zone has been able to procure a delivery bed for the CHPS compound at the cost of GH¢120.00. It was observed that the communities maintain the CHPS compound very well. They have high communal spirit. They have a dynamic and hard working chief who takes CHPS activities and other development issues of the community very serious.

A second visit to the Sentu zone was made on June 15th, 2009, to support the CHC/CHVs and the CHO to update the CHAP. A total of 22 people (9 male and 13 female) participated in the update session. The NSD facilitated for the participants to identify other challenges affecting their CHPS. Some of the issues identified were used as targets

and the CHAP was updated. On June 27th, NSD visited the Sentu zone again take CHC/CHVs through leadership skills and how to organize effective meetings.

The activity took place at the CHPS compound and attendance was 45 males and 33 female. The object of the activity was the same as that indicated earlier under Heneteng. On July 2nd, 2009, NSD went to Sentu which was the fourth time to help the CHC/CHVs learn how to do advocacy. The content of the presentations in both cases were the same as those outlined based on the Heneteng's reports.

At the end of the June 27th, 2009 training session, the participants emphasized the need for people to take meetings seriously. The participants also expressed worry that the CHO and the other supporting staff at the compound cannot charge their phones for communication even though there is solar at the compound. At the end of each of the two training sessions, expressed gratitude to the facilitators for the knowledge impacted on them and said it will enhance their work. They also expressed the hope that NSD will continue to guide them to enable them help themselves.

7.3.3 Suke CHAP Monitoring Report

Monitoring of the Suke CHAPs took place at the CHPS compound on June 12th, 2009 in the form of a meeting with the CHO and one of the CHVs. Even though all the CHC/CHVs were to participate in the monitoring meeting this was not possible as a result of the death of someone dear to them in the community. The targets on the CHAP under monitoring were as follows.

- Establish CETS
- Contribute foodstuff for CHO and watchman
- Draw water for CHPS compound
- Organize health sensitization durbars in each community

The feedbacks from the two people indicate that, two of the three targets have been accomplished. A community wide meeting was organized on February 11th, 2009 and the issue of CETS was discussed and committees formed.

Three out of the five communities have made their contributions. They are Suke, Dindee and Kongo. The remaining communities which are Sina and Chum have so far not contributed anything. The reason for their default is that, they seemed to have made a lot of contribution in recent times towards other projects and are therefore feeling reluctant to do any further contributions.

In the case of Suke, they targeted to contribute GH¢400.00 the amount was therefore shared among the entire known population at the time. In the case of Dindee, the contribution was 30GHP and 10GHP per male and female respectively. Kongo community was to contribute 20GHP per male and that of the female was yet to be determined when shea nuts are harvested. It must be noted that contribution of the three communities have not been gathered.

No bank account has been opened for contribution to for the contributions which these monies were to be lodged has not been opened. The Suke community has negotiated with a car owner and the fare stands at GH¢25 from Suke to Nandom. They have also arranged with the ambulance service at a fare of GH¢20.00. The participants sought advice on how the ambulance could be of help to the zone in time of emergency. They were made to understand that it could be in use elsewhere at the time that Suke needs it critically. There is, therefore, the need for back up with Private commercial transport service provider.

Contributing food stuff for the CHO and watchmen and Drawing water for CHPS compound were discussed at a community-wide meeting on 11th of February, 2009. The CHO confirmed that she had received four bowls of millet and 76 bowls of maize that is 2 bags of grains. The watchmen also received approximately 2 ½ bags of grains and more yet to come. It was also unanimously agreed that all the communities except Dindee which far from the CHPS compound fetch water to the CHPS compound and this is being done.

The CHC/CHVs met on 27th May 2009, and discussed the issue of organizing health sensitization durbars in each community. A community wide meeting was subsequently held on 30th May 2009 and it was resolved that such a durbar be held every month.

Facts observed during the monitoring follow.

- The surroundings of the CHPS compound was clean.
- There appears to be good collaboration amongst CHO, CHC and CHVs.
- The people have a high sense of motivation as the CHO appears to be very happy with their contribution of food stuff.

7.3.4 Dahile CHAP Monitoring Report

The monitoring was done on 3rd July 2009. Three targets were set in the CHAP, that is, fetching water for CHO, strengthening the support system for the watchman and increasing IPT and ANC registration coverage within the first three months of pregnancy.

Feedback on fetching water for the CHO indicated that the various CHPS communities held community level meetings and discussed how the activity will be carried out. The Kpanagaan and Dahile held their meetings on 10th February 2009 while the Lambu, Dandanprugu and Dooragaan communities held their meetings on 20th 15th and 21st of February respectively and they have been fetching water rotationally since then.

On strengthening the support system for the watchman, it was reported that series of meetings have been held to discuss the support system. A letter was also written to the headman of Dooragaan and his community to pay the watchman for February which they did. The feedback on the support system for the watchman is therefore cash contributions monthly by the CHPS communities on rotational basis. CBAs / TBAs have been registering pregnant women in the communities and report to the CHO monthly. As of March 17th, 2009, the status of registration across the communities was as follows. Lambussie registered 10 but 2 delivered, Dahile 6 and Kpanagaan 3 but 1 delivered.

7.4 CHC CAPACITY BUILDING IN MODEL CHPS ZONES IN STAGE I DISTRICTS

On-the-job skill training was organized for CHC and CHVs as part of the monitoring visits to the model CHPS zones. This activity was deemed necessary because community

empowerment is a critical factor to sustainable community participation initiative. Community participation is believed to be not only a means to an end but also an end in itself. Convinced by this philosophy, NSD envisioned that providing skills in leadership, communication, advocacy, conflict management and resolution, how to organize meetings are effective ways of building the capacities of community level actors in CHPS to take ownership and management of the facility effectively.

Thus, NSD provided training on leadership skills and how to organize effective meetings for the model CHPS zones as follows, Dabo(July10 2009), Kuunchileyiri (July 12 2009), Tampaala (June 30 2009), Ping (July 3, 2009), Heneteng (June 21, 2009) and Sentu (June 27, 2009). The activity took place at the CHPS compounds with total attendance of 192 of which 91 were women. Focused questions were used in the facilitation to first elicit responses from participants and wrapped up with a mini lecture.

Discussing the topic “leadership skills”, participants were asked who a leader is, the qualities of a good leader and a bad leader and why the CHC members who occupy leadership position in the CHPS project should exhibit good leadership qualities. In taken participants through how to organize effecting meetings the meaning and importance of meetings were first discussed in interactive manner. Participants also discussed the things that have to be done before, during and after a meeting. Basic meeting procedures such as agenda development, the role of the chairman, secretary, treasurer/financial secretary and how to make meetings participatory were also discussed

8.0 OBSERVED COMMON ELEMENTS OF PERFORMING CHPS ZONES

Through its working with the communities, NSD has observed certain features/elements are inherently common with CHPS zones. Those are performing creditably. They are summarized as follows:

1. Proactive and dynamic community leadership (chiefs). The chiefs wield the traditional political authority as well as the embodiment of the culture and pride of the people. They are also increasingly becoming development agents for their communities. Thus a community development initiative which receives the support of the chief stands a good chance of success. One can find examples of such good community leadership at Sentu and Heneteng CHPS zones in the Lambussie district, Nambeg CHPS zone in the Jirapa district and Kuunchileyiri and Chogsia CHPS zones in the Wa West district. The chiefs in the above CHPS zones are very instrumental in the functioning of CHPS.

It is pertinent to note that the Chief of Heneteng recently showed warm attitude toward CHPS following the transfer of a CHO from the zone who people loved dearly. This action within a short time translated into sharp reduction of performance in the zone. NSD monitoring meeting with the community members revealed that lack of community leadership was the most important factor affecting the CHPS zone which they resolved immediately.

Poor and uncommitted leadership community leadership was also displayed at Sakai CHPS zone in the Sissala East district when NSD and GHS staff went to facilitate the development of CHAP. The uncompromising behavior of the community leadership manifest clearly the problems confronted with CHPS in the zone which can go along way to affect the achievement of targets of the CHAP developed. The good news is that all the CHPS zones where the chiefs command respect of their subjects and are committed to the course of CHPS, there has been a reflection of high achievements of targets in their CHAPS.

2. Distant and small communities appreciate and support the CHPS concept. The CHPS zones that are very far from the nearest health centres really appreciate and support the CHPS initiatives. Maanyayiri and Kuunchileyiri in the Wa West district are examples.

These communities are relatively small in size and very homogenous in ethnic composition social and cultural orientation. The people in these communities know each other very well and this promotes social mobilization for accomplishment of CHAPs targets.

This is contrasted with Vieri which is a large and very heterogeneous community consisting of people from different ethnic and cultural backgrounds asserting their individual identity and independence. This situation hinders community organization and participation. It is not surprising that Vieri, which is one of the oldest CHPS zone still remain very dormant and backward in terms of community effort at achieving targets set on their CHAPs with the aim to improving health in the area. A CHPS zone like Vieri requires an active CHO with good skills in community diplomacy to achieve results.

3. Vibrant and effective Community Health Committee (CHC) is another feature identified most of the functioning CHPS zones. A case in point is Dornye CHC which has transformed after participating in the study tour leading to the achievement about 90% of their targets set on the CHAP. Other performing CHCs include Dabo, Kuunchileyiri and Maanyayiri in the Wa West district, Sentu, Suke and recently Daheli in the Lambussie district and Ping, Nambeg, and Tampaala in the Jirapa district. The rest of the CHPS zones are not performing bad, but they need a little push in capacity enhancement to bring them up.

4. Success of CHPS implementation depends largely on the CHOs' Performances. If the CHO does not make extra efforts in monitoring the implementation of the CHAPs, nothing will happen. If a CHO does not show interest and commitment in monitoring the Community Emergency Transport System (CETS) for contributors' tangible benefits, the communities will abandon the idea. In fact, all the best practices introduced by the GHS-JICA project on CHPS would not be sustained without the commitment of the CHO. The CHO factor is therefore a significant element in most of the CHPS zones that are achieving good results. Following CHOs can be mentioned as models whose efforts are quite commendable. They include Ms. Rose Mary Banzie former CHO of Dabo, Ms. Portia Bamuah former CHO of Heneteng, Mr. Cosmas Ningdoonaa of Ping, Ms. Flavia

Tangtie of Koro, Mr. Moses Dari of Maanyayiri and Mr. Isaac Sienberyir of Kuunchiliyiri CHPS. The rest of the CHOs are equally doing well and require more practical training and motivation for them to give off their best.

5. Good understanding of the concept of CHPS by beneficiary communities. It is observed that most of the CHPS zones that are engaging effectively with the Health authorities and achieving high performance are those where due process were followed in the demarcation, sensitization and finally launching of CHPS. In such CHPS zones, PLA was conducted as a diagnostic mechanism of the community health needs, community sensitization on the CHPS concept was carried out through the joint effort NSD (Local NGO) and GHS staff to help community members understand the CHPS concept and their roles in the CHPS processes as well as build good working relations among the participating CHPS communities. This aside, the community level health groups (CHVs, CHC and TBAs) were trained on their roles which empowered them and made them poised for the launching and subsequent sustenance of CHPS. This explains the difference in performance between the GHS-JICA stage I and II CHPS districts.

9.0 CHALLENGES AND RECOMMENDATIONS

1. It was requested by GHS staff across all the districts during the PLA training for DA and GHS staff that newly trained Community Health Nurses (CHN) be provided with such skills before assumption of duty. This request in the view of NSD is genuine as the benefits are enormous and is therefore recommended to GHS for consideration.

2. Recognizing the pivotal role of community leadership (Chiefs) in the smooth running of CHPS, it is recommended that a special study tour be organized for chiefs or their representatives and the CHOs working in their areas for them to learn the good practices from other model CHPS zones. It is believed that this study tour will result in the building of networks and coalitions among chiefs of the various CHPS zone which could be used as an advocacy group in the course of CHPS.

3. Community support for CHVs, and the compound security is increasingly becoming a serious challenge for functioning CHPS in many zones. Many communities consider it as big financial burden to constantly contribute and pay the CHVs and compound security. The people of Tampie told the NSD/GHS team at their community meetings that they do not farm for our chief let alone for a CHV. Many CHPS communities consider the work of the CHVs as service to their own community and have the right to step down for another person if they are no longer have interests. This situation makes the CHVs and the compound security unstable to perform thus, putting so many burdens on the CHO.

The Dabo community has advocated to Zoom Lion Ghana Ltd to engage the compound security as a one of their employees providing sanitation and security services for the CHPS compound. This has removed the burden of contributions by community members to pay the compound security. Advocacy, resource mobilization and other relevant skills is therefore recommended to be provided for all CHC members to enable them identify other innovative ways of motivating their CHVs to perform their duties effectively.

4. One of the serious issues militating against the smooth functioning of CHPS observed within the period of reporting has been ineffective consultation with beneficiary CHPS

communities prior to the building of the CHPS compound and the location of the compound itself. The provision of a common health facility for communities within the same vicinity could serve as a unifying factor among the people of the area.

However, if such situations are not managed with due diligence the location of the CHPS compounds would rather sow a seed of discontent, disunity and long lasting community rancor and violence. GHS staffs need to properly understand the historical backgrounds, traditional institutions and structures to inform the location of the compounds. Instances of conflict situations resulting from the location of the CHPS compound abound in the districts.

In the Sissala West district it was observed that location of the Duwie CHPS zone presents a problem of accessibility, community support and participation. The Chief of Dasima who is said to be the traditional overlord over the Duwie Chief claimed he was not consulted but only invited to be part of CHPS with his subjects. The Dasima community which is the largest and centrally located community would have been suitable for the building of the compound to make it more accessible to the other CHPS communities including Gbele and Kpando. The same situation of location was seen at Sakai in the Sissala East and Nachanta in the Wa Municipality. These problems prevent the other communities from supporting the facility as they perceive that the CHPS compound belongs to the host community only.

Effective dialogue and consultation with all beneficiary CHPS communities in the zoning and location of the CHPS compound is therefore recommended for consideration by GHS in the creation of new CHPS zones and re-activation of existing ones.

Annexes

Annex 1. List of GHS and DA Staff Trained on PLA

	Name of Participant	Title	Male/Female
1.Wa East district			
GHS staff	1. Antaga A. Jonathan	DHMT	M
	2.Grace P. Baari	DHMT	F
	3.Fati Abukari	SDHT	F
	4.Ansaah Vincent	DHMT	M
	5.Eren-muah Blandina	SDHT	F
	6.Sr. Roseline Henry Udoh	DHMT	F
	7.Mohammed Tahiru	DHMT	M
	8.Hellen Apengyeb	DHMT	F
	9.Bayong Priscella	CHO	F
	10.Yabang Rita	CHO	F
	11.Ali Mercy	CHO	F
	12.Abdulai Sherika	CHO	M
	13.Bolibie Adeshetu	CHO	F
	14.Iddrisu Alijatu	CHO	F
	15.Abdulai M. Coolio	CHO	M
	16.Ben B. Madia	CHO	M
DA staff	17. William A. Nyaaba	DBO	M
	18.Abubakari Alhassan	Auditor	M
2.Sissala East district			
GHS staff	1.Nwadie Keneth	DHMT	M
	2.Baku H. Ruth	DHMT	F
	3.Tahiru Lange Enoch	DHMT	M
	4.Nyusan Saani	DHMT	M
	5.Fakielu Mahamood	DHMT	M
	6.Andrew Bayor	DHMT	M
	7.Musah Mohammed	DHMT	M
	8.Sorngmene Tuma	DHMT	M
	9. Sophia Nyireh	DHMT	F
	10.Janet Dagero	SDHT	F
	11.Amatu Kasanga	CHO	F
	12.Helen Mumuni	CHO	F
	13.Kuboro K. Samira	CHO	F
	14.Zaagbeh Felicia	CHO	F
	15.Kanton Issa Luriwie	CHO	M
	16.Abu Deika	CHO	M
	17.Salamatu Luriwie	CHO	F
	18.Baah Beatrice	CHO	F
DA staff	19.Kunton L. Samad	DBO	M
	20.Sharif-deen Ibrahim	DSWO	M
3. Sissala West district			
	Name of Participant	Title	Male/Female
GHS staff	1.Issahaku Osman	DHMT	M
	2.Thomas Quaysom	DHMT	M
	3.Thomas Sarfo	DHMT	M
	4.Sarkodie Charles	DHMT	M
	5.Yengkangyi Cynthia Emelia	DHMT	F
	6.Kuupol Y. Felicia	DHMT	F
	7.Ormuah Emmanuel	DHMT	M
	9.James Naaso	DHMT	M

	Name of Participant	Title	Male/Female
	10.Braimah Rahinatu	CHO	F
	11.Joana Poorebalangtaa	CHO	F
	12.Lankpe Raph	CHO	M
	13.Gbene Amina	CHO	F
	14. Yakubu Benin	CHO	M
	15. Mogtaari Shamira	CHO	F
	16.Charles Kogh	CHO	M
	17.Beteryel Hillary	CHO	M
	18.Harana Sulemani	CHO	F
	19.Asiataba Stanley	CHO	F
	20.Assani Dinkpe	CHO	M
DA staff	21.Dabuo Julius	DBO	M
4.Lawra district			
GHS staff	1.Dabuo Deborah	DHMT	M
	2.Doris B. Nigre	DHMT	F
	3.Sr. Marcella Sieballa	DHMT	F
	4.Kyenleb Mathew	CHO	M
	5.Chrisantus Sinye	CHO	M
	6.Gbang Lambert	CHO	M
	7.Nanglassuoung Beatrice	CHO	F
	8.Aanye Festa	CHO	F
	9.Kpanyaano Patience	CHO	F
	10.Anvuur Noella	CHO	F
	11.Prudence Bennebere	CHO	F
	12.Evelyn Tang	CHO	F
	13.Debpuur Strato	CHO	M
	14.Ali Maurice B.	CHO	M
	15.Bagunooe Rosemary	CHO	F
	16.Taddoh Reginald	CHO	M
DA staff	17.S. B. Mathias	CDO	M
	18.Cherme Cletus	DDCD	M
5. Nadowli district			
GHS staff	1.Alijata Issaka	DHMT	F
	2.Isaac Akayega	DHMT	M
	3.Kubara A. Yeboah	DHMT	M
	4.Tioh Edward	CHO	M
	5.Regina Bomansaan	SDHT	F
	6.Soyen Christabel	CHO	F
	7.Kuuwala Justine	CHO	M
	8.Alhassa Fati	CHO	F
	9.Bayaa Patience	CHO	F
	10.Yendor Grace	CHO	F
	11.Konyuuru	CHO	F
	12.Mahama Barbara	CHO	F
	13.Daluyo Henrieta	CHO	F
	14.Charity Kugbee	CHO	F
	15.Dagban Alice	CHO	F
	16.Vog-enga Postinus	CHO	M
	17.Abdul-wahid D.	CHO	M
	18.Dordaah Freda	CHO	F
	19.Beatrice Bawuokuu	CHO	F
	20.Tobopaale Nancy	CHO	F
	21.Donkor S. Gordon	CHO	M
DA staff	22.Kudola Emmanuel	DBO	M

Annex 2 Activity Data

Activity Summary Sheet

Date	Day of the week	Activity & Place	No. of Participants from Community			Name/Position of GHS staff Participated
			Total	Male	Female	
May 27	Wed	Familiarization visit to Gwollu to discuss planned activities with the DDHS	Nil	Nil	Nil	Longi (Accounts Officer) James (Store keeper)
May 27 th	Wed	Familiarization visit to Tumu to discuss planned activities with the DDHS	Nil	Nil	Nil	Gilbert Andrew Bayuo Nuosu Saani Faki Mohammed Bakuli Aaron
May 28 th	Thu	Familiarization visit to Nadowli DHMT to discuss planned activities with the DDHS	Nil	Nil	Nil	Mad. Florence Angsowmine (DDHS)
May 28 th	Thu	Familiarization visit to Lawra DHMT to interact with the Director and discuss planned activities	Nil	Nil	Nil	Dr. Sebastian Saandari (DDHS) Mad. Peptual Seidu (CHPS Co-ordinator) Mad. Virginia Kuuder (Out-gone Director)
May 28	Thu	Visit to Jirapa DHMT to discuss planned activities with the DDHS	Nil	Nil	Nil	Pheobe Bala (District Director of Health services)
May 29 th	Fri	Familiarization visit to Lambussie to discuss planned activities with the Director				Alfred Farbie Osman Yunus(Finance) Francisca Ayenbie(DDHS) Sarafin Daara(CHPS Co-ord.)
June 1 st	Mon	Visit to the district office at Wa to interact and discuss planned activities with the DDHS	Nil	Nil	Nil	Mr. Thompson Dumba (DDHS) MR. James Laari (disease control officer) Mr. Simon Nidoolaa (CHPS co-ordiantor)
June 1 st	Mon	Familiarization visit to Wichau DHMT to interact with the Director and discuss planned activities	Nil	Nil	Nil	Basiliala Salia – DDHS Basiliala Dakurah – CHPS Co-ordinator
June 2 nd	Tue	Visit to Tampaala to schedule meeting to monitor CHAP	Nil	Nil	Nil	Alhassan Salamatu – CHO
June 2 nd	Tue	Visit to Kuuchileyiri to monitor CHAP	11	6	5	Isaac Sienberyir
June 3 rd	Wed	Visit to Heneteng to schedule meeting to monitor CHAPs	Nil	Nil	Nil	Odette Tobdare – (CHO)
June 3 rd	Wed	Visit to Sentu to schedule meeting to monitor CHAPs	Nil	Nil	Nil	Raina Dizoagl – (CHO) Faustina D. – (CHN) Charles T – (HEW)
June 3 rd	Wed	Visit to Ping to schedule meeting to monitor CHAP	Nil	Nil		Cosmas – CHO Yaw N. – HEW
June 3 rd	Wed	Visit to Dabo to schedule meeting with CHO & CHC members	5	3	2	Rose-Mary
June 9 th	Tue	Monitoring of CHAP to determine status of implementation of targets at Ping.	13	10	3	Cosmas – CHO Yaw N. – HEW
June 9 th	Tue	Monitoring of CHAPs to determine status of implementation of targets at Heneteng.	37	11	26	Odette Tobdare – (CHO)
June 9 th	Tue	Monitoring of CHAPs to determine status of implementation of targets at Sentu.	22	12	10	Raina Dizoagl – (CHO) Faustina D. – (CHN) Charles T – (HEW)

Date	Day of the week	Activity & Place	No. of Participants from Community			Name/Position of GHS staff Participated
			Total	Male	Female	
June 9 th	Tue	Monitoring of CHAP to determine the status of implementation of targets at Dabo	10	6	4	Nil
June 10 th	Wed	Monitoring of CHAP to determine status of implementation of targets at Tampaala.	31	12	19	Alhassan Salamatu – CHO Bayuo Francis – HEW Yeldebong G. – HEW
June 11 th	Thu	Monitoring of CHAP to determine status of implementation of targets at Ga	11	7	4	Josephine Berefor
June 12 th	Fri	Monitoring of CHAP at Nambeg	10	7	3	Nil
June 12 th	Fri	Monitoring of CHAPs at Suke.	2	1	1	Charity Naab – (CHO)
June 12 th	Fri	Monitoring of CHAP to determine status of implementation of targets at Maanyayiri	70	13	57	Moses Dari
June 15 th	Mon	Visit to Heneteng to up date CHAP.	105	47	58	Regina – CHO
June 15 th	Mon	Visit to Sentu to up date CHAP which was monitored	22	9	13	Raina – CHO Faustina – CHN Charles – HEW
June 16 th	Tue	Visit to Dornye to schedule meeting for CHAP monitoring	Nil	Nil	Nil	Mustapha
June 16 th	Tue	Visit to Piisie to schedule meeting for CHAP monitoring	Nil	Nil	Nil	Ajara
June 17 th	Wed	A visit to Vieri to schedule meeting for CHAP monitoring	Nil	Nil	Nil	Lucy Nere Puala
June 17 th	Wed	A visit to Jenbob to schedule meeting for CHAP monitoring	Nil			
June 17 th	Wed	Visit to Gbare to schedule meeting for CHAP monitoring and update.	1	1	0	Nil
June 17 th	Wed	Visit to Piise to schedule meeting for CHAP monitoring	7	5	2	Nil
June 18 th	Thu	Visit to Nambeg to update CHAP which was monitored.	19	8	11	Daniel – CHO
June 19 th	Fri	Visit to Kogri to monitor and update CHAP	29	18	11	Adams Alima – CHO Dakura Jerome – HEW
June 19 th	Fri	Visit to Somboro to monitor and update CHAP	27	16	11	Felix Dabuo – CHO Betinus Dery – CHO
June 20 th	Sat	A visit to Kuuchileyiri to monitor and update of CHAP	11	6	5	
June 21 st	Sun	Training of CHC and CHVs on organizing effective meetings and leadership skills at Heneteng	18	8	10	Odette Tobdaare – CHO
June 21 st	Sun	Monitoring of CHAP to determine status of implementation of targets at Jenbob	53	23	30	Elizabeth Dery
June 22 nd	Mon	Monitoring of CHAP to determine status of implementation of targets at Meteu	11	8	3	Charlot Bondong – CHO
June 23 rd	Tue	Monitoring of CHAP to determine status of implementation of targets at Dornye	25	12	13	Mustapha
June 24 th	Wed	Monitoring of CHAP to determine status of implementation of targets at Piisie	69	17	52	Ajara
June 24 th	Wed	Monitoring of CHAP to determine status of implementation of targets at Gbare	21	12	9	Nil
June 25 th	Thu	Monitoring of CHAP to determine status of implementation of targets	35	16	19	Paula – CHO Lucy – CHO

		at Vieri				Desmond - HEW
Date	Day of the week	Activity & Place	No. of Participants from Community			Name/Position of GHS staff Participated
			Total	Male	Female	
June 27 th	Sat	Training of CHC and CHVs on organizing effective meetings and leadership skills at Sentu	78	45	33	Faustina – CHN Regina - HEW
June 30 th	Tue	Training of CHC and CHVs on organizing effective meetings and leadership skills at Tampaala	22	10	12	Alhassan Salamatu – CHO Bayuo Francis – HEW
July 3 rd	Fri	Training of CHC and CHVs on leadership skills at Ping	32	14	18	Cosmas – CHO Yaw N. – HEW
July 10 th	Fri	Training of CHC and CHVs on leadership skills at Dabo	19	12	7	Rose – CHO
July 12 th	Tue	Training of CHC and CHVs on leadership skills at Kuunchileyiri	20	12	8	Jeneyan Joseph – HEW Angyuum Felicia – HEW
July 15 th	Wed	PLA training in Wa East District	Nil	Nil	Nil	GHS staff
July 16 th	Thu	PLA training in Wa East District continuous	Nil	Nil	Nil	GHS staff (See training List of participants)
July 17 th	Fri	PLA practice at Sawuobe to gather issues for CHAP Dev't	110	73	37	Yabang Rita Mohammed Tahiru Hellen Anpegyep Atinga Jonathan
July 17 th	Fri	PLA practice at Tiniebe to gather issues for CHAP Dev't	70	45	25	Priscilla Bayong Cynthia E. Yenkangyi Grace P. Baari Alijatu
July 17 th	Fri	PLA practice at Jumo to gather issues for CHAP Dev't	85	35	50	Ansaah Vincent Blandina Ere-mauh Ali Mercy Fati Abukari
July 17 th	Fri	PLA practice at Buffiama to gather issues for CHAP Dev't	106	61	45	Bolibie adeshetu Abudulai Coolio Ben B. madia Abudulai Sherika
July 17 th	Fri	CHAP Dev't at Buffiama CHPS	63	46	17	GHS staff See training list
July 27 th	Mon	Monitoring of CHAP to determine status of implementation of targets at Ping	21	14	7	Cosmas – CHO
July 27 th	Mon	Monitoring of CHAPs at Heneteng and training continues	163	84	79	Odett Tobdaare – CHO Regina – HEW
July 27 th	Mon	Monitoring of CHAPs at Sentu and training continues	90	60	30	Faustina – CHN Charles – HEW
July 29 th	Wed	Monitoring of CHAP to determine status of implementation of targets at Tampaala.	27	11	16	Bayuo Francis – HEW
Aug 5 th	Wed	PLA training in Sissala East District	Nil	Nil	Nil	GHS staff See training list
Aug 6 th	Thu	PLA training in Sissala East continuous	Nil	Nil	Nil	GHS staff – See training list
Aug 7 th	Fri	PLA practice at Timbaga to gather issues for CHAP Dev't	100	58	42	Basugu Rauf – CHN Abu Deika – CHO Baah Beatrice - CHN Kanton Issah – CHO Janet Dagro – I/C
Aug 7 th	Fri	PLA practice at Bandei to gather issues for CHAP Dev't	130	61	69	FAKEIH MAHAMOOD – Account Nyuasun Saani – T.O (CH) Samira Kuboro – CHO

						Ruth Baku. K.(SSM)
Date	Day of the week	Activity & Place	No. of Participants from Community			Name/Position of GHS staff Participated
			Total	Male	Female	
Aug 7 th	Fri	PLA practice at Sakalo to gather issues for CHAP Dev't	135	72	63	Nock L. Tahiru (F.T) Andrew Bayor Kanton Issah(CHO) Mohammed Musah (T.O)
Aug 7 th	Fri	PLA practice at Sakai to gather issues for CHAP Dev't	206	109	97	Sophia (PH) Amatu (CHO) Flecia(CHO) Abu Deiko (CHO)
Aug 10 th	Mon	PLA training in Sissala West District	Nil	Nil	Nil	GHS staff – See training list
Aug 11 th	Tue	PLA training in Sissala West continuous	Nil	Nil	Nil	GHS staff – See training list
Aug 12 th	Wed	PLA practice at Gbele to gather issues for CHAP Dev't	48	26	22	Braima Rahinatu (CHO) Kogh Charles (CHN) Issahaku Osman (FT)
Aug 12 th	Wed	PLA practice at Dasima to gather issues for CHAP Dev't	188	104	84	Joana P.(CHO) Berteryel Stanley (CHN) Asaani Dinkpe (CHN) Lankpe Ralph (CHO)
Aug 12 th	Wed	PLA practice at Duwie to gather issues for CHAP Dev't	198	97	101	Gbene Amina (CHO) Yakubu Benin (CHO) Mogtaari Samira (CHN) Harana Sulemani (CHN)
Aug 12 th	Wed	CHAP development at Duwie CHPS	194	82	112	GHS staff – See training list
Aug 19 th	Wed	PLA training in Lawra District	Nil	Nil	Nil	GHS staff – See training list
Aug 20 th	Thu	PLA training Lawra District continuous	Nil	Nil	Nil	GHS staff – See training list
Aug 21 st	Fri	PLA practice at Gbengbee to gather issues for CHAP	41	23	18	Strato D. (CHO) Doris N. (PH) Reginald T. (CHN) Noella A. (CHO) Beatrice N CHO)
Aug 21 st	Fri	PLA practice at Tampie to gather issues for CHAP Dev't	59	31	28	Marcella S. (PN) Evelyn T. (CHO) Lambert G (CHO) Patience K. (CHO) Maurice A. (CHN) Festa A (CHO)
Aug 21 st	Fri	PLA practice Nyanyagri to gather issues for CHAP Dev't	70	42	28	Chrisantus S. (CHO) Prudence B.(CHN) Rosemary B.(CHN) Deborah D. (T.O)
Aug 21 st	Fri	CHAP Dev't at Nanyaari CHPS	67	45	22	GHS staff – See training list
Aug 26 th	Wed	PLA training in Nadowli District				GHS – See training list
Aug 27 th	Thu	PLA training in Nadowli District continuous				GHS – See training list
Aug 28 th	Fri	PLA practice at Tabiesi No. 1 to gather issues for CHAP Dev't	110	78	32	Jonathan K. (CHO) Nancy T. (CHO) Alice D. (In-charge) Grace Y. (In-charge) Christabel S. (CHO) Regina B. (In-charge)

Date	Day of the week	Activity & Place	No. of Participants from Community			Name/Position of GHS staff Participated
			Total	Male	Female	
Aug 28 th	Fri	PLA practice at Tabiesi No. 1 to gather issues for CHAP Dev't	110	78	32	Jonathan K. (CHO) Nancy T. (CHO) Alice D. (In-charge) Grace Y. (In-charge) Christabel S. (CHO) Regina B. (In-charge)
Aug 28 th	Fri	PLA practice at Tabiesi No. 2 to gather issues for CHAP Dev't	140	67	53	Freda D. (CHO) Wahid D. (CHO) Gorden D. (CHO) Fati A. (Incharge) Patience B. (CHO) Edward T. (CHO)
Aug 28 th	Fri	PLA practice at Sazie to gather issues for CHAP Dev't	82	51	31	Beatrice B. (CHO) Postinus V. (CHO) Henneraita D. (CHO)
Aug 28 th	Fri	CHAP Dev't at Tabiesi CHPS	65	44	21	GHS – See training list
Sept 4 th	Fri	PLA practice at Tampieni to gather issues for CHAP Dev't	79	59	20	Tamaa Theodora (HEW)
Sept 4 th	Fri	PLA practice at Chansa to gather issues for CHAP Dev't	93	63	30	Cedonia M Yuoni (In-charge) Zunuo Sylvia (CHN)
Sep 4 th	Fri	PLA practice at Nakore to gather issues for CHAP Dev't	95	62	33	Umuhaira Umoru (CHO)
Sept 4 th	Fri	CHAP Dev't at NACHANTA CHPS	118	87	31	Tamaa Theodora (HEW) Cedonia M Yuoni (In-charge) Zunuo Sylvia (CHN) Umuhaira Umoru (CHO)
Total Numbers			3,904	2,169	1,735	

Annex 3 Staff Working Record

NSD Staff Working Record

Date	Day of the Week	Activity & Place	Name of Staff
May 25 th	Mon	Preparation of staff contract and planning of work at the office	1. Romanus Gayng 2. Grace Alenoma
May 25 th	Mon	Preparation of work plan from May to Sept.	Romanus Gayng
May 27	Wed	Familiarization visit to Gwollu to discuss planned activities with the DDHS	1. Romanus Gyang 2. Nangzie Nicholas 3. Dokuwie Abu Alhassan 4. Alice Kandi
May 27 th	Wed	Familiarization visit to Tumu to discuss planned activities with the DDHS	1. Romanus Gyang 2. Nangzie Nicholas 3. Dokuwie Abu Alhassan 4. Alice Kandi
May 28 th	Thu	Familiarization visit to Nadowli DHMT to discuss planned activities with the DDHS	1. Romanus Gyang 2. Grace Alenoma 3. Maga Abraham 4. Suglo B. Peter
May 28 th	Thu	Familiarization visit to Lawra DHMT to interact with the Director and discuss planned activities	1. Romanus Gyang 2. Grace Alenoma 3. Maga Abraham 4. Suglo B. Peter
May 28	Thu	Visit to Jirapa DHMT to discuss planned activities with the DDHS	1. Romanus Gyang 2. Grace Alenoma 3. Maga Abraham 4. Suglo B. Peter
May 29 th	Fri	Familiarization visit to Lambussie to discuss planned activities with the Director	1. Romanus Gyang 2. Nangzie Nicholas 3. Dokuwie Abu Alhassan
June 1 st	Mon	Visit to the district office at Wa to interact and discuss planned activities with the DDHS	1. Grace Alenoma 2. Maga Abraham 3. Alice Kandi
June 1 st	Mon	Familiarization visit to Wichau DHMT to interact with the Director and discuss planned activities	1. Grace Alenoma 2. Maga Abraham 3. Alice Kandi
June 2 nd	Tue	Work planning for the week at office	Grace Alenoma
June 2 nd	Tue	Assignment of staff and supervision	Romanus Gyang
June 2 nd	Tue	Visit to Tampaala to schedule meeting to monitor CHAP	Suglo B. Peter
June 2 nd	Tue	Visit to Kuuchileyiri to monitor CHAP	Maga Abraham
June 3 rd	Wed	Visit to Heneteng to schedule meeting to monitor CHAPs	1. Nangzie Nicholas 2. Dokuwie Abu Alhassan
June 3 rd	Wed	Visit to Sentu to schedule meeting to monitor CHAPs	1. Nangzie Nicholas 2. Dokuwie Abu Alhassan
June 3 rd	Wed	Visit to Ping to schedule meeting to monitor CHAP	Suglo B. Peter
June 3 rd	Wed	Visit to Dabo to schedule meeting with CHO & CHC members	Maga Abraham
June 3 rd	Wed	Administrative work at the office & SSNIT	Grace Alenoma
June 3 rd	Wed	Purchase of logistics for activities and making enquiries at SSNIT office	Alice Kandi
June 5 th	Fri	Working Planning and supervision of Accounts and field officers work	Grace Alenoma
June 5 th	Fri	Collation of field reports	Grace Alenoma
June 9 th	Tue	Monitoring of CHAP to determine status of implementation of targets at Ping.	Suglo B. Peter
June 9 th	Tue	Monitoring of CHAPs to determine status of implementation of targets at	1. Nangzie Nicholas 2. Dokuwie Abu Alhassan

		Heneteng.	
Date	Day of the Week	Activity & Place	Name of Staff
June 9 th	Tue	Monitoring of CHAPs to determine status of implementation of targets at Sentu.	1. Nangzie Nicholas 2. Dokuwie Abu Alhassan
June 9th	Tue	Monitoring of CHAP to determine the status of implementation of targets at Dabo	Maga Abraham
June 9th	Tue	Updating activity records for various districts	Alice Kandi
June 10th	Wed	Monitoring of CHAP to determine status of implementation of targets at Tappaala.	Suglo B. Peter
June 11th	Thu	Monitoring of CHAP to determine status of implementation of targets at Ga	Maga Abraham
June 12th	Fri	Monitoring of CHAP at Nambeg	Suglo b. Peter
June 12th	Fri	Monitoring of CHAPs at Suke.	Dokuwie Abu Alhassan
June 12th	Fri	Monitoring of CHAP to determine status of implementation of targets at Maanyayiri	Maga Abraham
June 12th	Fri	Designing activity record for next week	Alice Kandi
June 15th	Mon	Working on reports	Grace Alenoma
June 15th	Mon	Visit to Heneteng to up date CHAP.	1. Nangzie Nicholas 2. Dokuwie Abu Alhassan
June 15th	Mon	Visit to Sentu to up date CHAP which was monitored	1. Nangzie Nicholas 2. Dokuwie Abu Alhassan
June 15th	Mon	Submission of final and financial reports for the just ended project	Alice Kandi Grace Alenoma
June 16th	Tue	Visit to Dornye to schedule meeting for CHAP monitoring	Maga Abraham
June 16th	Tue	Visit to Piisie to schedule meeting for CHAP monitoring	Maga Abraham
June 16th	Tue	Filing of receipts for the just ended project	Alice Kandi
June 17th	Wed	A visit to Vieri to schedule meeting for CHAP monitoring	Abu Dokuwie Alhassan
June 17th	Wed	A visit to Jenebob to schedule meeting for CHAP monitoring	Nangzie Nicholas
June 17th	Wed	Visit to Gbare to schedule meeting for CHAP monitoring and update.	Suglo B. Peter
June 17th	Wed	Visit to Piise to schedule meeting for CHAP monitoring	Maga Abraham
June 17th	Wed	General office duties	Alice Kandi
June 18th	Thu	Visit to Nambeg to update CHAP which was monitored.	1.Suglo B. Peter 2. Grace Alenoma
June 19th	Fri	Visit to Kogri to monitor and update CHAP	Suglo B. Peter
June 19th	Fri	Visit to Somboro to monitor and update CHAP	Abu Dokuwie Alhassan
June 19th	Fri	Assignment of staff and supervision	Romanus Gyang
June 19th	Fri	Work plan for the week & field reports	Grace Alenuma

Date	Day of the Week	Activity & Place	Name of Staff
June 19th -20th	Fri	Preparation of materials for trainings in model zones	1. Grace Alenoma 2. Nicholas Nanzie 3. Maga Abraham 4. Romanus Gyang
June 20th	Fri	Weekly work plan, field reports and general administrative work	Grace Alenoma
June 20th	Fri	Assignment of staff & supervision	Romanus Gyang
June 20th	Sat	A visit to Kuuchileyiri to monitor and update of CHAP	Maga Abraham
June 21st	Sun	Training of CHC and CHVs on organizing effective meetings and leadership skills at Heneteng	1. Nangzie Nicholas 2. Dokuwie Abu Alhassan
June 21st	Sun	Monitoring of CHAP to determine status of implementation of targets at Jenbob	Maga Abraham
June 22nd	Mon	Monitoring of CHAP to determine status of implementation of targets at Meteu	Suglo B. Peter
June 23rd	Tue	Monitoring of CHAP to determine status of implementation of targets at Dornye	Maga Abraham
June 24th	Wed	Monitoring of CHAP to determine status of implementation of targets at Piisie	Nangzie Nicholas
June 24th	Wed	Monitoring of CHAP to determine status of implementation of targets at Gbare	Abu Dokuwie Alhassan
June 25th	Thu	Monitoring of CHAP to determine status of implementation of targets at Vieri	Maga Abraham
June 22nd – 26th	Mon - Fri	Typing of reports, preparing pay vouchers and payment of salaries	Alice Kandi
June 27th	Sat	Training of CHC and CHVs on organizing effective meetings and leadership skills at Sentu	1. Nangzie Nicholas 2. Dokuwie Abu Alhassan
June 27th - 1st July	Sat to Thu	Working on reports for the month of June	Romanus Gyang
June 30th	Tue	Monitoring and update of CHAP at Tappaala	Suglo B. Peter
June 29th – July 3rd	Mon - Fri	Typing reports and other office duties	Alice Kandi
July 3rd	Fri	Training of CHC and CHVs on leadership skills at Ping	Suglo B. Peter
July 6th – 11th	Mon - Sat	Preparing towards PLA training at Funsu and report wring	Alice Kandi Grace Alenoma
July 6th – 11th	Mon - Sat	Preparation of PLA Training materials	Romanus Gyanag
July 10th	Fri	Training of CHC and CHVs on leadership skills at Dabo	1. Maga Abraham 2. Abu Dokuwie Alhassan
July 12th	Tue	Training of CHC and CHVs on leadership skills at Kuunchileyiri	1. Maga Abraham 2. Abu Dokuwie Alhassan
July 13th	Mon	Photocopy of PLA training materials	Alice Kandi
July 15th-16th	Wed & Thurs	PLA training in Wa East District	1. Romanus Gyang 2. Grace Alenoma 3. Nangzie Nicholas 4. Dokuwie Abu Alhassan 5. Suglo B. Peter 6. Alice Kandi
July 17th	Fri	PLA practice at Sawuobe to gather issues for CHAP Dev't	Abu Dokuwie Alhassan
July 17th	Fri	PLA practice at Tiniebe to gather issues for CHAP Dev't	Romanus Gyang
July 17th	Fri	PLA practice at Jumo to gather issues for CHAP Dev't	Suglo B. Peter

Date	Day of the Week	Activity & Place	Name of Staff
July 17th	Fri	PLA practice at Buffiama to gather issues for CHAP Dev't	Nangzie Nicholas
July 17th	Fri	CHAP Dev't at Buffiama CHPS	1. Romanus Gyang 2. Nangzie Nicholas 3. Abu Dokuwie Alhassan 4. Suglo B. Peter
July 17th	Fri	Arranging meals and preparing for debriefing for participants when they return from field	1. Grace Alenoma 2. Alice Kandi
July 20th – 24th	Mon - Fri	Working staff SSF and typing field reports	Alice Kandi
July 20th – 24th	Mon - Fri	Working on field reports & work plan for the work at the office	Grace Alenoma
July 20th	Mon	Assignment of staff and supervision	Romanus Gyang
July 27th	Mon	Monitoring of CHAP to determine status of implementation of targets at Ping	Suglo B. Peter
July 27th	Mon	Monitoring of CHAPs at Heneteng and training continues	1. Romanus Gyang 2. Abu Dokuwie Alhassan
July 27th	Mon	Monitoring of CHAPs at Sentu and training continues	1. Romanus Gyang 2. Abu Dokuwie Alhassan
July 29th	Wed	Monitoring of CHAP to determine status of implementation of targets at Tampaala.	Suglo B. Peter
July 27th – 31st	Mon - Fri	General administrative duties	Alice Kandi
July 27th – 31st	Mon - Fri	Administrative work & working on field reports	Grace Alenoma
August 5th- 6th	Wed & Thurs	PLA training in Sissala East District	1. Romanus Gyang 2. Abu Dokuwie Alhassan 3. Grace Alenoma
August 7th	Fri	PLA practice at Timbaga to gather issues for CHAP Dev't	Grace Alenoma
August 3rd – 7th	Mon - Fri	Prepared and dispatch staff for PLA in Tumu , and other administrative duties	Alice Kandi
August 7th	Fri	PLA practice at Bandei to gather issues for CHAP Dev't	Abu Dokuwie Alhassan
August 7th	Fri	PLA practice at Sakalo to gather issues for CHAP Dev't	Grace Alenoma
August 7th	Fri	PLA practice at Sakai to gather issues for CHAP Dev't	Romanus Gyang
August 7th	Fri	CHAP Dev't at Sakai CHPS	1. Romanus Gyang 2. Abu Dokuwie Alhassan 3. Grace Alenoma
August 10th - 11th	Mon & Tues	PLA training in Sissala West District	1. Romanus Gyang 2. Abu Dokuwie Alhassan 3. Grace Alenoma
August 12th	Wed	PLA practice at Gbele to gather issues for CHAP Dev't	Romanus Gyang
August 12th	Wed	PLA practice at Dasima to gather issues for CHAP Dev't	Abu Dokuwie Alhassan
August 12th	Wed	PLA practice at Duwie to gather issues for CHAP Dev't	Grace Alenoma
August 12th	Wed	CHAP development at Duwie CHPS	1. Romanus Gyang 2. Abu Dokuwie Alhassan 3. Grace Alenoma
August 10th – 14th	Mon - Fri	Preparing for Lawra PLA training and general office duties	Alice Kandi
August 19th	Wed	PLA training in Lawra District	1. Romanus Gyang 2. Suglo B. Peter

Date	Day of the Week	Activity & Place	Name of Staff
August 20th	Thu	PLA training Lawra District continuous	1. Romanus Gyang 2. Suglo B. Peter 3. Grace Alenoma
August 21st	Fri	PLA practice at Gbengbee to gather issues for CHAP	Romanus Gyang
August 21st	Fri	PLA practice Tampie to gather issues for CHAP Dev't	Grace Alenoma
August 21st	Fri	Nanyaari	Suglo B. Peter
August 21st	Fri	CHAP Dev't at Nanyaari CHPS	1. Romanus Gyang 2. Suglo B. Peter 3. Grace Alenoma
August 17th – 21st	Mon - Fri	Working on expenditure from Tumu and Gwollu, dispatched team for Lawra and general office duties as well as writing PLA reports for Sissala East and West	1. Alice Kandi 2. Abu Dokuwie Alhassan
August 26th -27th	Wed-Thurs	PLA training in Nadowli District	1. Romanus Gyang 2. Suglo B. Peter 3. Grace Alenoma
August 28th	Fri	PLA practice at Tabiesi No. 1 to gather issues for CHAP Dev't	Grace Alenoma
August 28th	Fri	PLA practice at Tabiesi No. 2 to gather issues for CHAP Dev't	Suglo B. Peter
August 28th	Fri	PLA practice at Sazie to gather issues for CHAP Dev't	Romanus Gyang
August 28th	Fri	CHAP Dev't at Tabiesi CHPS	1. Romanus Gyang 2. Suglo B. Peter 3. Grace Alenoma
August 24th – 28th	Mon - Fri	Arranging meals for Nadowli PLA training and office duties	Abu Dokuwie Alhassan
August 31st – September 3rd	Mon - Thu	Writing PLA reports for Lawra and Nadowli and also preparing for CHAP development at Nachanta CHPS	1. Romanus Gyang 2. Grace Alenoma 3. Alice Kandi 4. Abu Dokuwie Alhassan 5. Suglo B. Peter 6. Elyasu Hussein
September 4th	Fri	PLA practice at Tampieni to gather issues for CHAP Dev't	1. Romanus Gyang 2. Elyasu Hussein
September 4th	Fri	PLA practice at Chansa to gather issues for CHAP Dev't	1. Grace Alenoma 2. Abu Dokuwie Alhassan
September 4th	Fri	PLA practice at Nakore to gather issues for CHAP Dev't	1. Suglo B. Peter 2. Alice Kandi
September, 4th	Fri	CHAP Dev't at NACHANTA CHPS	1. Romanus Gyang 2. Elyasu Hussein 3. Grace Alenoma 4. Abu Dokuwie Alhassan 5. Suglo B. Peter 6. Alice Kandi
September 7th - 11th	Mon - Fri	Writing final report	1. Romanus Gyang 2. Grace Alenoma 3. Alice Kandi 4. Abu Dokuwie Alhassan 5. Suglo B. Peter 6. Elyasu Hussein
September 14th	Mon	Compiling other data and pieces of information for final report	1. Romanus Gyang 2. Grace Alenoma 3. Alice Kandi 4. Abu Dokuwie Alhassan 5. Suglo B. Peter 6. Elyasu Hussein

September 15th - 16	Tue & Wed	Finalization of financial report	Grace Alenuma & Lucy
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Annex 4 Summary of CHAP Monitoring Results

Wa West district			
CHPS Zone	Target	Implementation Status	Remark
Dabo	1. Advocate for the constructions of road to link CHPs compound to the main road.	Meeting organized on April 24, 2009. Application sent to feeder roads and DA. Plans made to follow up on the application	On-going
	2.Motivate the CHO by fetching her water and cleaning around CHPs compound	Water is fetched to the compound. Compound security employed by Zoom Lion Ghana through community advocacy as a permanent cleaner at the compound	Accomplished
	3.Organize monthly clean up exercises	Clean up exercise carried out and series health talks organized by CHO.	Accomplished
	4.Re-activate CETS	Community meeting held on the issue. CHO and CHC embarked on visits Deku and Ngmaangtanga are reported not performing	Partially accomplished
Kuunchi leyiri	1.Advocate for the construction of a borehole at CHPs compound and a culvert to bridge part of Kuuchiliteng, Taamapuo and Wuokurah to link CHPS compound	Meeting organized and a committee selected to apply to DA for support. A follow up on the letter to made.	On-going
	2. Motivate cleaners at CHPS compound.	Some community members volunteered to clean the compound as their quota to CHPS	Accomplished
	3.Organize a community feedback session	Activity organized on the January 18, 2009	Accomplished
Vieri	1.Contribute money to pay the watchman	Issue discussed at a community meeting on April 24, 2009. Each adult levied an amount of GH53.8 so realized.	Accomplished
	2.Advocate for the completion of toilet facility for the CHPS compound	A letter written to DA and no follow up yet	Not accomplished
	3.Clean round the CHPS compound regularly	Some communities still show little interest the exercise	Partially accomplished
Piisie	1.Fetch water for the CHPs compound	The women from the communities draw water for the CHPs compound	Accomplished
	2.Organize clean up campaign in all the CHPs communities and weeding round the CHPs compound	The compound is kept clean. Last weeding and cleaning of the CHPS compound was done the 29 th March, 2009.	Accomplished
	3.Provide support system for CHO and watchman	June 28 was scheduled by the community to work on CHO farm. An amount GH¢10.00 decided as security allowance. Contributions on-going towards for payment	Partially accomplished
	4.Organize quarterly performance feedback durbar	CHC and CHVs hold monthly meetings. The last meeting was held on June 22, 2009. And the last performance durbar was held on April 3, 2009.	Accomplished
Dornye	1.Organize a community durbar to provide feedback and share experiences gained from a study tour attended with community members	A community feedback durbar organized on the 16/02/09 participants of the study tour shared lessons and best practices learnt from the exercise	Accomplished
	2.Establish a farm/ dry season garden for CHO	A established for the CHO	Accomplished
	3. Lobby for a poly tank for CHPs compound.	Issue discussed at a community meeting but achieved	Not accomplished
	4.Construct a hen coop for CHO	The hen coop constructed and the community donated 3 fowls in addition to CHO	Accomplished
	5.Organize a monthly cleanup exercise	Clean up exercise organized in three CHPS communities including Mevogli, Dalanyiri, and	Accomplished

CHPS Zone	Target	Implementation Status	Remark
Jenebob	1. Advocate for the construction of access road to link CHPs compound and constituents CHPs communities	Issue discussed at a community durbar on march 23, 2009. Letters written to DA and follow up made but results not achieved yet	Not accomplished
	2. Contribute food stuff and fetching water for CHO	Contribution of food stuff is on-going and fetching of water suspended because CHO was not at post	Not accomplished
	3. Activate Community Emergency Transport Fund	Some community members are contributing to the CET fund. Markoteng realized GH¢90.00 and 2 people have benefited from the fund	Accomplished
Ga	1. Establish farm for CHO	Land identified but no action taken as yet	Not accomplished
	2. Advocate for extension of electricity to the CHPS compound	No action taken	Not accomplished
	3. Organize a clean up exercise.	No action taken	Not accomplished
Maanyayiri	1. Contribute food stuff for CHO and establish a farm for him.	Issue discussed on March 1, 2009 and food items contributed and handed over to the CHO and a 2-acre farm has been constructed for the CHO	Accomplished
	2. Select watchman and initiate a support system for him.	The CHPS compound security has been paid GH¢10.00 a month for six months now	Accomplished
	3. Fetch water for CHO.	There is regular supply of water at compound by community members. The security monitors the roster for fetching the water.	Accomplished
Meteu	1. Contribute foodstuff for the CHO and watchman	A durbar on the issue was held on January 21, 2009. Resolution at the resulted in contributions which two and half bags of grains. A bag is given to the CHO and half bag for the security	Accomplished
	2. Advocate for the drilling of a borehole for the CHPs compound.	GH¢1.00 and 50p be levied per man and woman respectively was agreed at a meeting held on June 21, 2009 in respect of the bore-hole. Contributions are on-going	Partially accomplished
	3. Weed / clean round the CHPs compound monthly	CHPS communities agreed to weed the compound in turns. Even though some community members are reluctant do the work others are enthusiastic. The compound was last weeded on June 21, 2009	Accomplished
Jirapa district			
Tampaala	1. Weed around the CHPS compound	A meeting was held on 22 nd June, 2009 in which the issue was discussed and eventually organized communal labour on 18 th July, 2009 to weed round the CHPS compound	Accomplished
	2. Organize monthly durbars to discuss health issues	The issue was discussed at the meeting held on the 22 nd of June 2009 and the last week of every month was fixed for durbars. The first durbar was held on 28 th July 2009	Accomplished
	3. Establish Community Emergency Transport System	Bye-laws were established to govern the use of the fund in the durbar of July, 2009 and also reached an agreed fair of GH¢10.00 with one car owner for one trip from Tampaala to Jirapa	Accomplished
	4. Advocate for lightening system for the CHPS compound	The 1 st week of August was fixed for follow-up to DA and NGOs in the meeting held on 22 nd June, 2009.	Not accomplished
CHPS Zone	Target	Implementation Status	Remark
Ping	1. Farm for the CHO and the two watchmen at the CHPS	The issue was discussed on 15 th June, 2009 in a general, organized communal labour and farmed	Accomplished

	compound	for the two watchmen and also farmed for the CHO on 25 th July 2009	
	2.Plant cashew around the CHPS compound	The issue was discussed at the June 15 th meeting; the transplanting of seedlings has also been done.	Accomplished
	3.Weed around the CHPS compound	This issue was also discussed on 15 th June and the weeding done on 25 th July, 2009	Accomplished
	4.Hold quarterly durbars to discuss health issues	The issue was discussed on June, 15 th the 3 rd week of August was fixed for the durbar	Accomplished
Kogri	1.Establish farm for CHO	A meeting was organized on 27 th May 2009 and the issue discussed. They are yet to organize and work on farm and fine defaulters	On-going
	2.Support CHVs twice on their farms	The issue was discussed at the meeting organized on 27 th May. But yet to farm on CHVs ` farms and fine defaulter	On-going
	3.Advocate for the launching of CHPS compound	The issue was discussed on 27 th may, 2009 and each community contributed 3GH¢ and 8 bowls of rice	Accomplished
Somboro	1.Build hencoop for CHO	A general meeting was held at the end of February to discuss the issue and Series of communal labour organized to build the hencoop. But they could not recall the date of the meeting.	Accomplished
	2.Contribute foodstuff for CHO	The issue was also discussed at the end of February meeting and eventually made contributions for CHO	Accomplished
	3.Establish CETS	The end of February meeting was used to discuss the issue. Few people from Somboro and Maaluu contributed the sum of GH¢150. No negotiations with car owner(s) yet	Partially accomplished
Nambing	1Construct room for watchman at the CHPS compound	A meeting was organized in March, 2009 to discuss the issue. The actual date could not be given by participants. They also made contributions of 50GHp (per adult) and purchased construction materials. Communal labour was not yet organized to put up building	On-going
	2. contribute foodstuff for CHO	The issue was also discussed at the meeting held in March but have contributions have not yet been made	
	3.Establish community emergency transport system	The issue was discussed at the meeting organized in March and people were selected from each of the CHPS community to collect CETS contributions. Naale community has opened a bank account for CETS. The other CHPs communities are yet to open theirs.	Partially accomplished
CHPS Zone	Target	Implementation Status	Remark
Gbare	1.Establish CETS	No meeting was organized to discuss the issue and make contributions, open bank account and negotiate with car owners	Not accomplished
	2.Support the completion of CHPS compound	Meeting organized to discuss issue and roles shared amongst communities. Series of communal labour were organized to complete compound	Accomplished
	3.Fetch water for CHO	Not done because CHPS is not yet operational and CHO does not reside in community	Not accomplished
Lambussie district			
Sentu	1.Advocate for borehole construction at CHPS compound	Community held meeting and determined to contribute 308bowls grains for to support the initiative. A committee selected to submit letter of application to PRONET. But no follow up has yet been made	Not accomplished
	2.Weed round trees planted at CHPS compound	A meeting was organized and day fixed. This was followed with a communal labor for the weeding	Accomplished

		round trees transplanted at the compound	
	3.Clean round CHPS compound weekly	Weekly clean up exercises organized and compound always kept neat.	Accomplished
	4.Organize monthly health forum	Issue discussed in an organized community meeting. The lastest of such talks was organized by CHO/CHVs on 21 st May, 2009	Accomplished
Heneteng	1. Advocate for borehole for CHPS compound	Meeting organized on the January 11, 2009 in respect of the issue. Levy of GH50 pesewas per adult contributed. A follow up on their application to DA made they had informed that the letter has forwarded to CWSA for subsequent discussion	Partially accomplished
	2. Renegotiate CETS charges with transport owners	CETS committee met car owners but could not reach an agreement because car owners are charging fares above their reach.	Not accomplished
	3. Provide shelves for proper filing at CHPS compound	Community met held on 11 th February 2009 discussed the issue and levied each adult GH50 pesewas. Contributions are accumulated for materials to be purchased.	Not accomplished
Suke	1. Establish CETS	A meeting held on 11 th Feb. 2009, issue discussed and CETS committee formed. Suke community and transport owner agreed on GH¢25.00 as fare to Nandom	Accomplished
	2.Contribute foodstuff for CHO and watchman	Two bags of grains contributed and given to the CHO and two and half bags of foodstuff given to watchmen. The contributions are still on-going for next donation	Accomplished
	3. Organize durbars in each community	CHC/CHV meeting organized on 27/5/09 and issue discussed. A health promotion durbar organized on the 30/5/09 and subsequent durbars scheduled at one month intervals	Accomplished
CHPS Zone	Target	Implementation Status	Remark
Dahile	1. Fetch of water for CHPS compound	Kpanagaan community held their meeting on 10/02/2009 and fetched water the next day. Dahile held its meeting on 11/2/09. Lambu held its own on 20/2/09, Dandanprugu 15/2/09 and Dooragan on 21/2/09. The communities fetch water to compound in turns	Accomplished
	2. Strengthen the support system for night watchman	The community held series of meetings, discussed the issue and made a schedule for payment by each community. Community levies are collected and the night watchman for the compound has since been paid.	Accomplished
	3. Increase IPT and ANC registration coverage	19 pregnant women registered by 17/3/09. and educated on ANC and IPT	Accomplished

Annex 5. Status of CHAP Implementation for Wa West district

CHPS Zone: Meteu

Date of Monitoring: 22nd June, 2009

Time Frame: Nov. 2008 to Jan. 2009

Target	Main Activity	Brief Description of Target Implementation	Status
1. Advocate for the construction of a bore hole for CHPs compound	Organize meeting to discuss the issue	The meeting was organized on 21 st January 2009 to discuss the issue	Accomplished
	Write a letter to DA for support	It is yet to be done	Not accomplished
	Follow-up to DA	Yet to be done	Not accomplished
	Make contributions to support activity	The contributions are ongoing in all the CHPs communities.	On going
2. Contribute foodstuff for CHO and watchman	Organize a meeting to discuss the issue	The meeting was organized on 21 st of January 2009	Accomplished
	Set up committee to collect food stuff	Committee was set to collect money	Accomplished
	Contribute food stuff	The foodstuff has been contributed and given to the CHO	Accomplished
3. Weed / clean round CHPs compound	Organize a meeting to fix day for exercise monthly	The meeting was organized on 21 st January 2009	Accomplished
	Organize communal labour to weed round the CHPs compound	The compound was weeded by the CHC/CHVs a day before the monitoring (21 st January 2009	Accomplished
4. Organize monthly health forums	Organize a meeting to discuss the issue and fix days for exercise	The meeting was organized on 21 st January 2009	Accomplished
	CHC/CHVs and CHO supervised meeting	Not yet done	Not accomplished

CHPS Zone: Vieri**Date of Monitoring: 25th June, 2009****Time Frame: February to April, 2009**

Target	Main Activity	Brief Description of Target Implementation	Status
1. Contribute to pay watchman	Organize a meeting to discuss the issue and decide on the amount to contribute	The meeting was organized on 24 th April 2009 and the issue was discussed.	Accomplished
	Set up committee to collect money.	Two people were selected from each of the CHPs community to collect the contribution	Accomplished
2. Advocate for the completion of toilet facility for the CHPs compound	Organize a meeting to discuss the issue	The issue was discussed at a meeting organized on 24 th April	Accomplished
	Write to DA for support	The letter was written and sent to Jirapa District Assembly.	Accomplished
	Make follow-up to DA	The follow-up is yet to be done	Not accomplished
3. Weed/clean round the CHPs compound	Organize a meeting to discuss the issue		Accomplished
	Organize communal labour to do exercise	A series of communal labour have been organize to weed /clean the compound	Accomplished

CHPS Zone: Kuncheyiri Date of Monitoring: 15th August, 2009 Time Frame: June to August, 2009

Target	Main Activity	Brief Description of Target Implementation	Status
1. Increase enrollment in the NHIS	1. Hold CHC, CHV, TBA and CBA's meeting to discuss the issue	A meeting was supposedly held but of all the people present no one could give an account of the meeting	Accomplished
	2. Weekly contributions to cover all community-based actors in CHPS	Some amount of money is said to have been contributed but no one available had any record or could give account of contributions made	Partially accomplished
	3. Organized community-wide meetings to sensitize them on the importance of NHIS	No done because executives for CHPS management are undemocratically elected	Accomplished
2. Organize health sensitization durbars	1. Hold community-wide meetings to discuss the issue and fix days for the exercise	Not done because executives for CHPS management are undemocratically elected	Accomplished
	2. Organize durbars and deliver health talks	Not done because executives for CHPS management are undemocratically elected	Accomplished
3. Organize clean-up exercises	1. organize community level meetings to discuss the issue and fix days for clean-up exercises	Not done because executives for CHPS management are undemocratically elected	Accomplished
	2. Supervise the exercises	Not done because executives for CHPS management are undemocratically elected	Accomplished

CHPS Zone: Dabo**Date of Monitoring: 9th June, 2009****Time Frame: February to April, 2009**

Target	Main Activity	Brief Description of Target Implementation	Status
1. Advocate for the construction of road to link CHPS compound and the main road	1. organize a community-wide meeting to discuss the issue	The issue was discussed in a meeting held on 24 th April, 2009	Accomplished
	2. Apply to the Department of Feeder Roads(DFR)and DA for support	This has been done. Copies of letters have been seen	Accomplished
	3. Follow-up to DFR and DA	Follow-up has not been done	Not accomplished
2. Fetching water for CHO and clearing/cleaning around the CHPS compound	1. Organize community-wide meeting to discuss the issue	This has been done but date known remembered	Accomplished
	2. To clear and clean around CHPS compound	The CHPS compound has been cleared around. The zone had also advocated for the Security man to be engaged by Zoom Lion Gh. Ltd as a paid worker in charge of cleaning and clearing around the CHPS compound	Accomplished
3. Organize clean-up exercises monthly	1. Organize a community-wide meeting to discuss and fix days for the cleaning exercise.	Meeting was held on 8 th April, 2009 and the issue discussed and days fixed	Accomplished
	2. Carry out clean-up exercises	First clean-up exercise was successfully carried out. DA officials especially the sub-committee on Environment and Sanitation were invited to take part in the supervision	Accomplished
4. Re-activate CETS	1. Organize community-wide meeting to discuss the issue and fix date for CETS meeting	This was successfully carried out	Accomplished
	2. CHO/CHC to monitor CETS activities	CHO/CHC is monitoring CETS activities. They report that CETS has not gained grounds well in Ngmaangtang and Deku	Accomplished

CHPS Zone: Maanyayiri**Date of Monitoring: 12th June 2009****Time Frame: February to April, 2009**

Target	Main Activity	Brief Description of Target Implementation	Status
1. Contribute food stuff for CHO and establish farm for him	1.organise meeting to discuss issue	Meeting was organized on the 1 st of March 2009 and issue was discussed	Accomplished
	2. contribute food stuff and hand them over to CHO	Foodstuff was contributed and handed over to CHO	Accomplished
	3. establish farm for CHO	One acre of land was tilled to be used for farm cultivation for CHO	Accomplished
2. select watchman and initiate a support system for him	1. organize a meeting to discuss the issue	Meeting was organized on the 1 st of March 2009 and issue was discussed	Accomplished
	2. select watchman and initiate support system for him	Watchman was selected and an amount of ten Ghana cedis (GH¢10.00) is given to each month for the past six months	Accomplished
3. fetch water for CHO	1. organize a meeting to discuss the issue	Meeting was organized on the 1 st of March 2009 and issue was discussed	Accomplished
	2. watch man to inform next community to fetch water	There has been regular fetching of water to the CHPs compound	On going
4. advocate for a culvert construction	1. organize a meeting to discuss the issue	Meeting was organized on the 1/3/2009 and issue discussed	Accomplished
	2. Write letter to DA for support	Letter yet to be written	Not done yet

CHPS Zone: Dornye**Date of Monitoring: 23rd June 2009****Time Frame: February to April, 2009**

Target	Main Activity	Brief Description of Target Implementation	Status
1. organize community wide feed back session to brief them on the study tour	1. Organize a meeting to fix date for feedback session	Meeting was organized and date fixed for a durbar	Accomplished
	2. organize durbar for feedback session on study tour	Durbar was organized on the 16 th of Feb. 2009 an community debriefed on study tour	Accomplished
2. establish farm/dry season garden for CHO	1. organize a meeting to fix date for farming	Meeting was organized on the 25 th March 2009 and date was fixed for communal labour	Accomplished
	2. organize communal laour to work on CHO's farm/garden	Communal labour was organized and two acre land made a garden for CHO	Accomplished
3. lobby for a poly tank for CHPS compound	1. organize meeting to discuss issue	Meeting was organized on the 25 th March 2009 and issue to discussed	Accomplished
	2. write letter to DA for support	Letter yet to be written	Not accomplished
4. construct a hen coop for CHO	1. CHV/CHC members to meet and fix date for exercise	CHV/CHC met and date fixed	Accomplished
	2. construct hen coop at compound	Hen coop constructed and two fowls given to CHO to start with	Accomplished
5. organize monthly clean-up exercise	1. Organize meeting to fix date for exercise	Meeting was organized and date fixed for clean up exercise.	Accomplished
	2. clean-up exercise organized.	Mevogli, Dalanyiri and Dornye No.1 did theirs but the rest have not organized theirs yet.	Not accomplished

CHPS Zone: Jenbob**Date of Monitoring: 23rd June 2009.****Time Frame: February to April, 2009**

Target	Main Activity	Brief Description of Target Implementation	Status
1. Advocate for the construction of access road to link CHPS compound and communities	1. organize a meeting to discuss the issue	Meeting was organized on the 23/03/09 and the issue discussed	Accomplished
	2. write letter to DA	Letter was written to DA and copy released	Accomplished
	3. Make follow up to DA	One follow up was made to DA.	Accomplished
2. Contribute foodstuff and fetch water for CHO	1. organize meeting to discuss issue	The meeting was held on the 23/03/09 and issue discussed	Accomplished
	2. contribute foodstuff and present to CHO	Contributions are done by all the communities but yet to be presented to CHO because CHO has not been at post for some time now.	Accomplished
	3. Fetch water for CHO	Community members did not fetch water for CHO because the CHO is not at the compound.	Not accomplished
3. Activate CETS	1. organize meeting to discuss issue	Meetings were held at communities' level for the purpose. And contributions is on-going to activate CETS	On-going

CHPS Zone: Piisie**Date of Monitoring: 26th June 2009****Time Frame: February to April, 2009**

Target	Main Activity	Brief Description of Target Implementation	Status
1. Fetch water for CHO	1. organize a meeting to fix dates for women to fetch water	Meeting was organized and dates fixed	Accomplished
	2. fetch water for CHO	Water is fetch to the compound by women community after community	Accomplished
2. Weed round CHPS compound	1. organize meeting to fix dates for communal labor	Meeting was organized and dates fixed for communal labor	Accomplished
	Organize communal labor to weed round CHPs compound	Communal labor organized and weeding done severally the last weeding was done on the 29 th March 2009	Accomplished
3. Farm for CHO	Fix date for community members to farm for CHO	Date was fixed but farming is not done yet	Not Accomplished
4. Initiate support system for watchman	1. organize meeting to discuss supportive system	Meeting was held and community members decided to contribute cash	Accomplished
	2. contribute money for watchman	Money was contributed community by community and GH¢10.00 given to watchman	Accomplished
5. Organize a clean-up campaign		No Information	No Information
6. Organize CHC/CHVs monthly meeting	1. monthly meetings organised	CHC/CHVs monthly meetings organized. their last monthly meeting was held on the 22 nd June 2009	Accomplished
7. Organize feedback sessions	Fix date for durbar to access performance	Quarterly durbars were organized and the last one was on the 3 rd April 2009	No Information

Annex 6. Status of CHAP Implementation for Jirapa district

CHPS Zone: Tampaala

Date of Monitoring: 29th July 2009

Time Frame: June-August 2009

Target	Main Activity	Brief Description of Target Implementation	Status
1. Weed around the CHPS compound	Organize a meeting to discuss the issue and fix day for the exercise	The meeting was held on the 22 nd of July 2009 and issue was discussed	Accomplished
	Organize communal labour to weed the compound on the fixed day	A communal labour was organized on the 18 th of July 2009 and the compound was weeded.	Accomplished
2. Organize monthly durbars to discuss health issues	Organize a meeting to discuss the issue and fix day for monthly durbars	The issue was discussed at the meeting held on the 22 nd of June 2009 and the last week of every month was fixed for the durbars.	Accomplished
	CHO/CHV to lead discussion on durbar day	The durbar was held on the 28 th of July 2009 and bye-laws were established governing the use of the CETS money.	Accomplished
3. Establish Community Emergency Transport System	Organize a general meeting to make bye-laws to govern the fund	A zonal durbar was held on the 28 th of July 2009 and bye laws were established to govern the use of the fund	Accomplished
	Negotiate with car owners on fairs	One car owner was met and the agreed fair from Tampaala-Jirapa is GH¢10.00	Accomplished
4. Advocate for the provision of lighting system for the CHPS compound	Organize a committee meeting to fix day for follow-up to DA and NGOs	The meeting was held on the 22 nd of June 2009 and the 1 st week of August was fixed for the follow-up	Accomplished
	Make follow-up to DA and NGOs	Not yet done	Not accomplished

CHPS Zone: Ping

Date of Monitoring: 9th June, 2009

Time Frame: June – August 2009

Target	Main Activity	Brief Description of Target Implementation	Remarks
1.Farm for the CHO and the two watchmen at the CHPS compound	Organize community meeting to discuss the issue	The meeting was organized on the 15 th of June 2009 and the issue was discussed	Accomplished
	Organize communal labor to carry out the farming	Series communal labor was organized to farm for the two watchmen at the compound and the CHO. Farming for the CHO was done on the 25 th of July 2009.	Accomplished
2.Plant cashew around the CHPS compound	Organize a meeting to discuss the issue	The issue was discussed at the meeting organized on the 15 th of June 2009.	Accomplished
	Organize communal labour to do the planting	Planting of the cashew around the CHPS compound has been done. Fencing of the plant is however yet to be done	Accomplished
3.Weed around the CHPS compound	Organize a meeting to discussed the issue and fix day for the exercise	The meeting was organized on 15 th of June 2009 and the issue was discussed.	Accomplished
	Organized communal labour to weed around the CHPS compound on the fixed day	Communal labour was organized on the 25 th of July 2009 and weeding around the CHPS compound was done. People from all the CHPS communities took part in the exercise.	Accomplished
4.Hold quarterly durbars to discuss health issues	Organize a meeting to discuss the issue and fix day for the durbar	The meeting was organized on the 15 th of June 2009 and the 3 rd week of August was fixed for the durbar.	Accomplished
	CHO/CHVs to lead discussion on health issues	It is yet to be done.	Not accomplished

CHPS Zone: Ping**Date Monitoring: 27th July, 2009****Time Frame: June –August 2009**

Target	Main Activity	Brief Description of Target Implementation	Status
1.Establishment of CETS	1. organize a meeting to discuss the issue monthly	Meeting not organized	Not accomplished
	2. contribution of cash and kind by each person in the community	Contributions not done	Not accomplished
	3. Opening of bank account.	Bank account not opened	Not accomplished
	4. negotiate with car owners on fares	No negotiation with car owners	Not accomplished
2.Support the completion of CHPs compound	1. Organize a meeting to discuss the issue and share roles among CHPs communities.	Meeting organized issue discussed and roles shared among communities	Accomplished
	2. series of communal labour and compound constructed	Series of communal labour and compound constructed	Accomplished
3. Fetch water for CHO	1. organize meeting to discuss the issue and share roles among women in the various sections	Meeting not organized because CHO not residing at Gbare	Not accomplished
	2. CHC supervise and monitors exercise	No supervision taking place	Not accomplished

CHPS Zone: Nambeg**Date of Monitoring: 18th June 2009****Time Frame: February-April 2009**

Target	Main Activity	Brief Description of Target Implementation	Status
1. Construct room for watchman at the compound	Organize a meeting to discuss the issue	The meeting was organized in March this year. The actual date could not be given by participants	Accomplished
	Organize communal labor to gather stones	Not yet done	Accomplished
	Contribute money to purchase materials	The contributions were done (50p per adult). The materials have also been bought	Not accomplished
	Organize communal labor to put up building	Not yet done	Not accomplished
2. Contribute foodstuff for CHO	Organize a meeting to discuss the issue	The issue was discussed at the meeting organized in March.	Accomplished
	Contribute foodstuff (a bowl of grains by adult)	Not yet done	Not accomplished
3. Establish community emergency system	Organize a meeting to discuss the issue, set up bye-laws and form management committee	The issue was discussed at the meeting organized in March this year and people were selected from each of the CHPs community to collect CETS contributions	Accomplished
	Open bank account	Naale community has opened a bank account for CETS. The other CHPs community are yet to open their.	Not completely accomplished

CHPS Zone: Somboro Date of Monitoring: 19th June 2009 Time Frame: February –April 2009

Target	Main Activity	Brief Description of Target Implementation	Status
1.Build hencoop for CHO	Organize general meeting to discuss the issue	Meeting held at the end of February but date not known	Accomplished
	Organize communal labor	Series of communal labor organized	Accomplished
2.Contribute foodstuff for CHO	Organize a meeting to discuss the issue	Issue discussed in a general meeting held at the end February	Accomplished
	Contribute food stuff a bowl of grain by adult	Foodstuff successfully contributed	Accomplished
3.Establish CETS	Organize a meeting to discuss the issue	Issue discussed in the general meeting held at the end of February	Accomplished
	Contribute money for the project	Few people from Somboro and Maaluu have contributed to the tune of GH¢150.00	Partially accomplished
	Open bank account		Not accomplished
	CETS committee to negotiate with car owners on fares.	Negotiations not done	Not accomplished

Annex 7.0 Status of CHAP Implementation for Lambussie district

District: Lambussie CHPS Zone: Heneteng Date of Monitoring: 09/06/09 Time Frame: June-August 2009

Target	Main Activity	Brief Description of Target Implementation	Status
1. advocate for borehole for CHPS compound	Hold meeting to discuss issues	Meeting held on 11 TH February, 2009 and issues discussed	Accomplished
	Contribute money to support	Levy of 50GHP per adult has been contributed in every CHPs community but not yet gathered	Partially accomplished
	Make follow-up visits to DA	Follow-up visit to DA done but DA says letter was given to CWSA and would discuss issue subsequently	Accomplished
2. review CETS	CETS committee organize meeting with car owner to re-negotiate fares.	CETS committee met car owners but could not reach an agreement because car owners are charging fares above their reach.	Not accomplished
3. provide shelves for proper filing at CHPS compound	Hold community meeting to discuss the issue and share cost	Community meeting held on 11 th Feb 2009 issue discussed and cost shared at 50GHP per adult	Accomplished
	Contribute money to buy materials	Money contributed but material not bought because contributions are not gathered	Partially accomplished
	Make shelves	Not done	Not accomplished

District: Lambussie**CHPS Zone: Sentu****Date of Monitoring: 15th June, 2009****Time Frame: Jun-Aug 2009**

Target	Main Activity	Brief Description of Target Implementation	Remarks
1. advocate for borehole construction at CHPS compound	Hold meeting to check the total number of bowls of grains contributed	Meeting held and number of bowls determined to be 308bowls	Accomplished
	Select committee to sell foodstuff and open bank account	Committee selected	Accomplished
	Committee to do follow up	Committee selected	Done
	Appeal and make follow up to pronet north	Appeal made but no follow-up done	partially done
2. weed round trees planted at CHPS compound	Organize a meeting to discuss the issue and fix a day for the exercise	Meeting organized and day fixed	Accomplished
	Organize communal labour to weed round trees.	Communal labour organized and weeding done	Accomplished
3. Clean round CHPS compound weekly	Organize community level meetings to discuss the issue and fix days for exercise	Meeting organized and issue discussed, days fixed.	Accomplished
4. organize monthly health forums	Hold community meetings to discuss the issue and fix days for monthly meetings	Issue discussed in an organized community meeting	Accomplished
	CHO/CHVs to give health talks at meetings	CHO/CHVs gave health talk on 21 st May, 2009	Accomplished

District: Lambussie CHPS Zone: Dahile Date of Monitoring: 3rd July Time Frame: February-April

Target	Main Activity	Brief Description of Target Implementation	Remarks
1. Fetching of water for CHO	To hold individual community meetings to discuss the issue and fix dates	Kpanagaan community held their meeting on 10/02/2009 and fetched water the next day. Dahile held its meeting on 11/2/09. Lambu held its on 20/2/09, Dandanprugu 15/2/09 and Dooragan – 21/2/09	Accomplished
2. Strengthen the support system for night watchman	1. organize meeting and durbars to discuss issue and to enforce laws to rule out defaulters	Series of meetings held, issue discussed and scheduled made for payment by each community	Accomplished
	2. write letters to Dooragaan communities to prompt them to pay for February	Letter written and night guard paid for the month of February	Accomplished
3. Increase IPT and ANC registration coverage	1. CBA/TBAs to register all pregnant women	19 pregnant women registered by 17/3/09	Accomplished
	2. to educate and report all defaulters to CHO	pregnant women registered and educated on ANC and IPT	Accomplished

District: Lambussie CHPS Zone: Suke Date of Monitoring: 12th June, 2009 Time Frame: Feb. to, Aug. 2009

Target	Main Activity	Brief Description of Target Implementation	Status
1. Establish CETS	1. Organize community level meetings to discuss the issue and form CETS committees.	Meeting held on 11 th Feb. 2009, issue discussed and CETS committee formed.	Accomplished
	2. Contribute cash	3 out of 5 communities have contributed	Partially done
	3. Open bank account	None has opened a bank account yet	Not done
	4. CETS committee negotiates with transport owners	The Suke community and a car owner agree on GH¢25.00 as fare to Nandom	Accomplished only for Suke
2. Contribute foodstuff for CHO and watchman	1. Organize a meeting to discuss the issue and reach consensus	Issue discussed in a meeting organized on 11/2/09	Accomplished
	Contribute foodstuff	Two bags of grains received by CHO and two and half bags given to watchmen While contributions are on-going	Accomplished
3. Draw water for the CHPS compound		No Information	No Information
4. Organize durbars in each community	1. Organize CHC/CHV meeting to discuss the issue	CHC/CHV meeting organized and discussed issue on 27/5/09	Accomplished
	2. Organize community-wide meeting to discuss and fix dates of durbars	Community-wide meeting organized on the 30/5/09 and durbars fixed at one month intervals	Accomplished

Annex 8.0 Copies of CHAPS developed from stage II districts

Community Health Action Plan (CHAP)

District: Lawra

CHPS zone Nanyagre

CHPS communities: all communities

Date: 21st August, 2009

Targets	Main activities	Schedule												Resources required	Persons in charge	Indicators
		Aug				Sept.				Oct.						
		1	2	3	4	1	2	3	4	1	2	3	4			
1. Organize durbar to discuss support system for compound security	1. Organize a meeting among three chiefs and elders to schedule a day for meeting													Benches Water Minute book time	Tampie chief (Naa kaa-ingmen) Daniel Issifu B	No of meetings organized
	2. Organize durbar to discuss support system for compound security													Benches Water time	Tampie chief (Naa kaa-ingmen) Daniel Issifu B	Durbars Organized
2. Organize question and answer meeting with NHIS staff	1. Organize question and answer meeting with NHIS staff													Benches Water Minute book time	Nanyaare chief (naa John N.) Richard	Questions and answers sessions organized
3. Fetch water for CHO	Fetching water for CHO at the CHPS compound													Basins Time water	Madam Werikuu Naanhmwn B.	Availability of water at the CHPS compound

Community Health Action Plan (CHAP)

District: Nadowli

CHPS zone: Tabiasi

CHPS communities: all communities

Date: 28th Aug, 2009

Target	Main activities	Schedule												Resources required	Persons in charge	Monitoring indicators
		Sept.			Oct.			Nov.								
1.Plant trees around the CHPS compound	Organize a meeting to discuss about the issue													Benches Drinking water Minutes book	-Yahayaa Imoro -Osman Ajara	Number of meetings organized
	Organize communal labour to plant the trees around the CHPS compound													Hoes Cutlasses Seedlings	Mumuni D.	Number of communal labour organized Trees planted round the CHPS compound
2. Organize questions and answers forum on NHIS	Organize a meeting to plan on how to write a letter to NHIS													Benches Drinking water Minute book	Hakim S.	Number of meetings organized
	Send a community delegate to the NHIS													Moving bike Time T and T	Hakim S.	Delegate identified and consent received
	Organize questions and answers forums with NHIS													Time Benches Drinking water	Hamidu Hawa Imoro	NHIS officials agreement to attend the forum

Community Health Action Plan (CHAP)

District: Sissala West

CHPS zone: Duwie

CHPS communities: All communities

Date: 12th August, 2009

Targets/ Implementing communities/ Overall timeframe	Main activities	Schedule												Resources Required	Persons In-charge	Indicator				
		Aug.				Sept.				Oct.										
		1	2	3	4	1	2	3	4	1	2	3	4							
1. Contribute and buy solar panel for CHPS compound	1. Organize a general meeting to deliberate on the issue																	Pen, book, benches and refreshment	Duwie Chief(Salifu Bawule) Hon. Gbanhaa	No of meetings organized
	2.Set-up a committee to be in charge of collecting contributions																		Duwie Chief(Salifu Bawule) Hon. Gbanhaa	Planning committee inaugurated
	3. Establish bye-laws to punish defaulters																		Duwie Chief(Salifu Bawule) Hon. Gbanhaa	Bye-laws in place
2.Contribute foodstuff for compound watchman	1.Bring foodstuff to watchman																	Bicycles, motor bikes	Duwie chief (Salifu Bawule) Hon. Gbanhaa	Foodstuff brought to watchman

Community Health Action Plan (CHAP)

District: Sissala East

CHPS zone: Sakai

CHPS communities: All communities

Date: 7th August, 2009

Targets	Main activities	Schedule												Resources required	Persons In-charge	Indicators
		August				Sept.				Oct.						
		1	2	3	4	1	2	3	4	1	2	3	4			
1. Hold regular CHPS sensitization forums	CHO and CHC to meet and fix dates													Books, pens, secretary & benches	Sidiki and O.B	No of meeting held
	Organize CHPS sensitization forums													Books, pen & benches	Issahaku, David, Salifu & Adamu	No of CHPS forums organized
2. Weed around CHPS compound	Weed around CHPS compound													Cutlasses, hoes & brooms	Issahaku & Siddiki	No of time the compound is weeded
3. Establish CETS	Organize community level meetings on CETS													Books, pen & benches	Mohammed-Sakai Salifu – Bandei Suara – Timbaga Phidos - Sakalo	No of CETS meeting held
	Start contributions towards CETS													Money, paper and pen	Kuri Osman-Bandie Sule Dimie-Sakai Salifu Timbaga Wasila - Sakalo	Accounts opened for contributions

Community Health Action Plan (CHAP)

District: Wa Municipal

CHPS zone: NACHANTA

CHPS communities: All communities

Date: 4th August, 2009

Targets/Implementing communities /Overall Time frame	Main Activities	Schedule												Resources Required	Persons In-charge	Monitoring Indicators
		Sept.				Oct.				Nov.						
		1	2	3	4	1	2	3	4	1	2	3	4			
1.Support system watchman for the CHPS compound	1.CHC to organize a meeting to discuss the support system and inform CHPS communities													Announcement, benches book, pen	1.Siddique Umar 2. Dabuo Alhassan	Support system discussed and decision taken
2. Fetching water for CHPS compound	1. CHC to meet and discuss and draw roster for the fetching of water for the compound													Benches book, pen	1. Hikima Issahaku 2. Merri Hamidu 3. Buokuu P.	Decision taken on issue
3. Organize durbar and clarify ownership of CHPS	1. CHC to organize a meeting and discuss the issue among themselves and present it to elders of the three communities													Benches book, pen	1.Siddique Umar 2. Dabuo Alhassan	Issue discussed and presented to elders

Community Health Action Plan (CHAP)

District: Wa East

CHPS zone: Buffiama

CHPS communities: All communities

Date: 17th July, 2009

Targets	Main activities	Schedule												Resources required	Persons in charge	Indicators
		Aug				Sept.				Oct.						
		1	2	3	4	1	2	3	4	1	2	3	4			
1. Weed around CHPS compound in Buffiama community	1. Organize a general meeting to discuss the issue and fix a date													Benches, Chairs, Book, Pens	Buffiama Kuoro (Bakuli Motar)	1. Number of meetings organized
	2. Weeding around the CHPS compound													Hoe, Brooms	1. David 2. Tiri 3. Mahama	4. Number of meetings organized 5. Minutes taken 6. Bye-laws in place
3. Fetching water to the CHPS compound	1. Draw duty roster for the various sections													Pen, Paper, Ruler	David	Duty roster developed
3. Digging of pit for dumping used equipment	1. Digging of pit													Pick axes, Shovels, Hoes	Mahama	The pit dug

添付資料 11 : NGO 報告書 (2)
Annex 11: NGO report (2)



NETWORK FOR SUSTAINABLE DEVELOPMENT
Championing community development through human empowerment



COMMUNITY BASED HEALTH PLANNING AND SERVICES (CHPS)
SUBCONTRACT IMPLEMENTATION

PHASE II ACTIVITY REPORT
(October 2009 - December 2009)

Submitted by Network for Sustainable Development (NSD)
to JICA/IC Net

December 2009

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2.0 ACRONYMS

CETS	Community Emergency Transportation System
CBAs	Community Based Agents
CHAPs	Community Health Action Plans
CHC	Community Health Compound
CHPS	Community-based Health Planning and Services Initiative
CHO	Community Health Officer
CHV	Community Health Volunteer
DA	District Assembly
DHMT	District Health Management Teams
GHS	Ghana Health Service
NGO	Non-Governmental Organization
NSD	Network for Sustainable Development
TOR	Terms of Reference
JICA	Japan International Cooperation Agency
SDHT	Sub-district Health Team

3.0 EXECUTIVE SUMMARY

IC Net signed a subcontract agreement with Network for Sustainable Development (NSD) on 1st October 2009 with the overall goal of ensuring effective community participation in CHPS through dissemination of best practices in CHAPs implementation in the stage II districts of the Upper West Region. By the end of the subcontract, NSD was expected to assist the GHS/JICA CHPS project;

- 1) Conduct data collection survey for the evaluation of the project.
- 2) Conduct study tour to disseminate best practices in CHAPs implementation in the stage II districts.
- 3) Provide necessary information to the GHS/JICA CHPS project on request

The above-mentioned milestones were carried out through preliminary planning with the DHMTs, field interviews of CHOs, zone-wide meetings with CHOs, CHVs and CHC members for orientation towards study tour, organization of workshop for study tour participants and finally undertaking the study tour to model CHPS zones in the stage I districts including Wa West, Jirapa and Lambussie. These interactions brought about building of networks, exchange of ideas, confidence building of the host model CHPS zones and inspiration for the visiting CHPS zones.

These activities produced the following results. 6 districts, 12 CHPS zones, 12 CHOs, 24 CHVs and 23 CHC members of stage II districts exposed to various innovative ways of implementing CHAPs activities, they also gained new ideas and went back to their respective CHPS zones with renewed commitment and confidence toward improving CHPS. Data collection survey was conducted in 69 CHPS zones across the districts of the Upper West Region. Necessary information was used for project final evaluation documents and other reports.

4. 0 INTRODUCTION

The inequality in access to primary healthcare services has been an important issue, which the Ministry of Health of the Republic of Ghana has been tackling. Community Based Health Planning and Services (CHPS) have been considered an effective approach to improve access to primary healthcare services. It is against this backdrop, the government of Ghana requested the Japan International Cooperation Agency (JICA) for technical cooperation in order to expand CHPS in Ghana. Under a contract with JICA to expand CHPS in the Upper West Region, IC Net launched the project in 2006.

Consequently, Network for Sustainable Development (NSD) has been subcontracted by IC Net to facilitate the community mobilization component of the program in the Wa West and Jirapa-Lambussie Districts of the Upper West Region. Since then, NSD has subcontracted a part of the CHPS project from IC Net mainly for strengthening community participation component.

This is a report mainly shows activities of NSD's under the phase 2 contract between October to December, 2009, but at the same time, it also analyzes effects of main activities for community participation based on the phase 1 contract.

This report begins with an executive summary highlighting the terms of the contract, duration and expected results. It continues with an introduction to the report, which provides brief background of IC Net and NSD's contractual engagement and the Terms of Reference (TOR) for the subcontract.

A brief overview of the previous subcontract activities are presented followed by discussions of the current project activities implemented and results achieved. From the section 9.0 to the section 12.00 cover details in activities and analysis of the study tour. After that, general challenges confronting community participation in CHPS are outlined. The report ends with suggestions for enhancing community participation in CHPS.

5.0 BRIEF OVERVIEW OF PHASE I ACTIVITIES

The activities conducted in the phase II of the subcontract [Oct-Nov, 2009] were logical continuation of activities implemented in the phase I contract [May – September, 2009] which sought to build on or consolidate the gains made in the previous activities. The main Terms of References (TOR) of the phase I included the following activities.

No.	Activities	Target Areas
1	Providing skill training on PLA for Districts Health Management Team (DHMT) and District Assemble (DA) staff	Stage II districts
2	Monitoring implementation status of CHAPs	Stage I districts
3	Replication of CHAPs at selected CHPS zones	Stage II districts

As far as skill trainings are concerned, NSD facilitated the review of CHAPs as part of skill transfer to local CHPS actors, trained CHC members on leadership skills and how to organize effective meetings as part of their empowerment processes to ensure sustainability of their community health initiatives.

Capacity building workshops were organized to train DA and Ghana Health Service staff on community mobilization and participatory methodologies in all the stage II districts. Besides, community health needs assessment were conducted at selected CHPS zones in each of the stage II districts to offer DA and GHS staff and the community-level actors of CHPS the opportunity to practice the development of CHAPs.

These resulted in new CHAPs developed in some CHPS zones of the stage II district namely, Buffiama in the Wa East, Sakai in the Sissala East, Duwie in the Sissala West, Nanyagri in the Lawra, Tabiasi in Nadowli and NACHATA in the Wa Municipality. CHOs, CHVs, CHC members of the above CHPS zones were exposed to the best practices in CHAP development and implementation at some model CHPS zones in the stage I districts.

6.0 Data Collection Survey

In the phase 2, data collection survey was conducted in sixty-nine (69) CHPS zones in all the districts of the Upper West Region from 5th to 19th of October, 2009. The purpose of the survey was to evaluate the performance of CHPS in the Region for the necessary remedial actions to be taken.

The focused areas of the survey included facilitative supervision (FSV) which assessed activities such as status of meetings & durbars organized by Community members, status of Community Activities (organized/arranged by CHC), Community Health Action Plans (CHAPs) implemented by Community Member, Performance of CHVs/CBAs/CBSVs and CHOs; supervision of CHVs, CBAs, CBSVs and TBAs.

Besides, the survey also assessed the state and utilization of medical equipment distributed to CHPS zones by the GHS-JICA CHPS Project. The survey was conducted smoothly with cooperation of the District Health Directors and CHOs in all the districts. Annex 5 presents the list of CHPS zones which participated in the survey. Results of the survey were reported to IC Net and the collected information was integrated into the submitted documents for the CHPS project final evaluation.

7.0 Impact of CHAP on Community Participation in CHPS Processes

CHAP is the community road map which guides them in the implementation of activities envisioned to improving the performance of CHPS within the zone. We can conclude that CHAP has made strong impacts on CHPS implementation positively based on the phase 1 and 2 contracts. Through monitoring activities of CHAPs, observation through survey data collected and testimonies of beneficiaries of CHPS in stage I districts revealed that CHAPs have made positive contribution to community participation in the CHPS implementation processes.

Common issues at CHPS zones include basic getting-started activities such as providing support for the CHO and compound security, establishing community by-laws and regulations to promote community participation, embarking on community advocacy to demand for some amenities like solar panels and bore-holes for the CHPS compound, establishing Community Emergency Transport System (CETS) to support the referral system, organizing sensitization durbars for better understanding about the CHPS concept etc. These activities contribute in no small ways towards improvement of health conditions of the areas.

The people of Piisie CHPS zone lauded the CHAPs concept and indicated that it helps them in carrying out activities which ensured good relations between the CHO and the community members. The community members mentioned issues bothering on family planning, stunted growth which were prevalent in the area have stopped as a result collaborative activities of the CHO and the community members. The CHO of the zone indicated that due to the kind of support given her by the community she works 24-hours without feeling of tiredness and joys of spending her weekends with the people.

Similarly, the Sentu CHPS zone has acquired a delivery bed, poly tank and has motivated the CHVs and CHOs within the zone. They have also ensured a neat and client-friendly environment of their CHPS zone through the CHAP initiative. Similar cases could be told

of many of the stage I districts which point to the significant impact of the CHAP initiative on CHPS implementation.

8.0 Skill Training for GHS Staff and Study Tour on Community Participation

One of the biggest challenges militating against CHPS is the capacity of the CHOs who are the front liners in the implementation of the program. They need to be well equipped with community diplomacy, facilitation skills, communication, advocacy as well as strategies of effective engagement with community members. The training on participatory approaches opened up the minds of CHOs who are in a position to undertake more innovative actions to solve problems peculiar to their CHPS zones. (About the details of the skills training for GHS staff, please refer to the PHASE I Activity Report written by NSD.)

GHS staff through the training appreciated the need to involve all beneficiary CHPS communities in initial discussions leading to the demarcation and location of the CHPS compounds. The training and the study tour provided inspiration for the stage II CHOs, CHVs and CHC members in their efforts at engaging community members in the CHPS implementation processes.

Through the study tour, CHVs and CHC members learnt that the challenges facing CHPS zones in the districts are common, but others under more difficult conditions have been able to overcome them through unity of purpose, good community leadership, commitment and appreciating the value for good health. These are the values that will drive participation in CHPS activities in the stage II districts.

9.0 Study Tour to Disseminate CHAPs in the Stage II Districts

From this section to the section 12.00, reports about the study tour cover. A study tour was organized for participants drawn from stage II districts with the view to sharing best practices in CHAPs implementation in selected model CHPS zones in the stage I districts. A breakdown of participants included 2 CHVs, 2 CHC members and 1 CHO from two CHPS zones selected by the DHMT of each stage II district. (Refer to the Annex 2.)

The objectives of study tour were to:

- Share lessons on best practices on CHAPs development and implementation
- Learn lessons and experiences on CHPS implementation for replication
- Identify the way forward for the improvement of CHPS
- Make friends and establish networks and linkages among the community level actors of CHPS for sustainability of the program

9.1 Preparation Before the Study Tour.

- Letters were written to DHMTs of the stage II districts about the study tour with an attached program of activities for their prior study and inputs.
- DHMTs selected two CHPS zones from their districts to participate in the tour.
- CHOs from the selected CHPS zones in turn selected 2 committed and hardworking CHC members and CHVs each to participate in the activity.
- NSD staff visited all selected CHPS zones and provided orientation for the participants on the kinds of things to learn so as to study tour meaningful.
- NSD communicated in writing to the DDHS of the host districts, SDHT In-charges supervising the host zone and the CHOs of the host CHPS zones about the activity for their advance preparation to receive the study team.
- NSD staff visited the host CHPS zones and organized meetings with the CHOs, CHCs and CHVs to give them orientation on the kind of lessons, experiences, success stories, challenges and remedies on CHAP implementation to share with the visiting study team.
- NSD provided food stuff in advance for lunch to be prepared by the host CHPS zone for the visiting study Team.

- Conference hall, accommodation and transportation for participants were arranged.

9.2 Workshop for Study Tour Participants.

The study tour was a three-day activity from 18th to 20th in November, 2009. Day one was a workshop to facilitate interaction among participants through sharing of experiences and discussion of common challenges in the CHPS zones. The workshop also provided a general overview of the CHAP concept and prepared participants on the questions to ask using a study tour protocol. A copy of the protocol is attached in annex 4. As a start-up activity participants were given three scenarios on the performance of CHPS zones which depicted chaotic, limping and smooth running CHPS zones.

(1)The Chaotic Scenario:

This idea was presented that a situation where community members seem to lack a sense of direction in the implementation of CHPS in their zone. In such a CHPS zone the mere location of the CHPS compound in one of the communities is a case for non-participation by the rest in CHPS activities. Community supremacy rather than Community Health seems to be the focus of the people. Community members lack understanding of the CHPS concept, CHVs and CHCs are not trained on their roles and CHOs are not conversant with participatory methodologies. This paints a picture of confusion in the implementation of CHPS.

(2)The Limping Scenario:

It showed a case where there are some improvements over the chaotic situation. But there are some attitudes and behaviours that do not ensure the smooth functioning of CHPS.

(3)The Smooth Running CHPS Zones:

This situation presented a scenario where CHOs and CHVs are working together to deliver health services to the people, CHCs perform their roles and community members participate in health promotion programs and support the community-level actors in

CHPS to deliver quality service to the people. This depicts a perfect state in the implementation of CHPS.

Participants were asked to identify with the picture which portrayed the prevailing situation in their CHPS zones, discussed and come out with the issues that cause the situation. About 75% of the participants moved to the chaotic group, 20% to the limping group and 5% to the smooth running CHPS groups. The following were issues identified by participants from the three groups.

Chaotic CHPS zones group:

- There is poor community participation in CHPS activities.
- Poor understanding of the CHPS concept by community members.
- CHVs are not trained on their roles and responsibilities.
- Poor community support for CHVs, CHOs and compound security.
- Lack of unity among CHPS communities.
- Poor accommodation for CHOs.

Limping CHPS zones group:

- There is poor community entry: That is non-involvement of all stake holders in the initial CHPS planning processes. Assessing community health needs through PLA or other participatory approaches is absent. Lack of firm foundation for CHPS through building of social capital and community rapport by CHO.
- Inadequate sensitization of community members on CHPS. Community-level durbars were not organized to explain the concept of CHPS to community members and expected roles prior to launching of the CHPS program.
- Unavailability of logistics. Some of the CHPS zones still have their compounds under construction, communication gargets, and means of transport for CHOs and CHVs, solar lamps and panels, fridges for storing vaccines etc are some of the logistics lacking in some CHPS zones.
- Poor support for CHVs by community members.

Smooth Running CHPS Zones Group:

- There is clean environment in the CHPS communities.
- There is regular weeding and cleaning around the CHPS compound.
- Community members fetch water for the CHO.
- Some CHPS zones have acquired solar panels for the CHPS compound.
- Community members have been contributing money to pay the compound security.
- Community members have established CETS which are functioning.
- They have advocated for the repairs of broken borehole and the construction of culverts to facilitate access of vehicles to the CHPS compound.

9.3 Methodology

A mixed adult learning methods were employed during the preparation and the study tour itself which included:

- Facilitation
- Mini lectures
- Focus group discussion
- Interviews
- Plenary discussions
- Guided walk
- Participant observation
- Group presentations

9.4 Materials

The materials in the below box were used for the study tour.

Study tour protocol, Program schedule of the study tour, Refill pad, Note pads, Markers, A4 sheets, Pens, Flipchart pads, Cameras, Masking tapes, Flip stands

10.0 Study Groups at Host CHPS Zones:

On the 19th of October, 2009 the study groups visited three model CHPS zones. They are Piisie in the Wa West District, Ping in the Jirapa District and Sentu in the Lambussie/Karni District. Participants from the various CHPS zones were put in different study groups to ensure broader knowledge sharing when they return to their respective CHPS zones. Two (2) NSD staff and four (4) CHOs were assigned to each study group to facilitate the discussions.

At the host CHPS zones, participants were warmly received by their counterparts. They were conducted round the Compounds, held question and answer sessions using the study tour protocol and exchanged of ideas and experiences. Participants took lunch with their counterparts at the CHPS zone and returned to the training centre by 3:00 pm where each study group discussed what they learnt and put together a report for plenary presentation the next morning.

10.1 Report of Sentu Study Group

The group took off from Wanye Renewal Centre at 7:17am and arrived at the CHPS compound at 9:00am. They were welcome by the Chief, CHO, CHC members, CHVs and some community members around. At 10:30am, the host CHO, CHC members, CHVs and the Sentu Chief took participants around the CHPS compound. During the guided walk, participants were shown the boundaries of the CHPS compound which was demarcated by cassia trees.

The Sentu CHPS zone also transplanted a lot cassia plants at the Eastern side of the compound to serve as wind breaks and shade to the CHPS compound. The Chief who conducted participants showed them where they hold their monthly CHC meetings. There are also separate toilet and urinary pit for clients who visited the CHPS compound. They also dug a pit for the disposal of used equipment such as syringes and other waste. The community also constructed a hencoop and a pent for the CHO to rear animals.

The participants entered the treatment room and all vital information was displayed on the walls. Examples are monthly, weekly calendars of activities, Community Health Action Plan, Community Map, list of volunteers etc.

After this orientation or guided walk, the chief introduced himself and other important community members including the “Tendaana” representative, the youth leader, heads men representative, CHC secretary, “magazie” CBAs, CHC, mother to mother support group, security guard who are supporting the CHOs at the compound in all CHPS activities. The participants also introduced themselves to the community members and discussion started at 11:30 am.

Brief Profile of Sentu CHPS Zone

The Sentu CHPS is located in the western part of the Piina Sub-District. It has a total population of 2,089. The CHPS zone covers five (5) communities namely; Sentu, Tabier, Gyirgan, Nyubullo and Gbingballaa. The people of Sentu according to the chief, migrated from Nabii (White Volta) to Wiro and finally to the Sentu. Three main religions are practiced by the people which include the African traditional religion, Christianity and Islam with Christianity being the dominant religion. Their totem is the crocodile. Languages spoken are Sissali and Dagaare. The Sentu CHPS catchment area has the following social amenities; four (4) schools, ten (10) boreholes, and a small Sunday market. The CHPS Zone has 2 CHOs, 10 CHVs, 12 CBAs, 4 TBAs, 1 security guard, 4 traditional leaders and 18 CHC members. It is under the supervision of the Piina SDHT and the Lambussie/Karni DHMT.

Background of CHAP Development and Implementation in the Zone

The Sentu CHPS zone developed their first CHAP in 2008. The idea was introduced at a workshop organized by the GHS-JICA where NSD staff took participants through the CHAP development process. This was followed by a study tour to Dabo CHPS zone in the Wa West District. On her return from the workshop the CHO organized a meeting involving the CHC members, CHVs and the Chief and informed them about the new ideas learned from Dabo CHPS zone. A community durbar was organized where the

CHAP strategy was discussed and accepted by community members as an effective means of up-scaling their CHPS activities and the community members have since been supporting CHAPs activities.

Community Participation in CHAP Activities

Community participation in CHPS activities was reported that they have been practiced well. The chief of Sentu serves as the focal point of mobilizing the people for CHAP activities. He usually informs all the heads men of the various communities about an upcoming activity or meeting and the heads men in turn announced the meeting date to their community members. This is done with the support of the CHC and CHVs.

The CHVs, CHC members, CHO and the chief usually meet to draw the CHAP after which a community-wide durbar is organized and the CHAP is presented to the people. The targets are then discussed and community members make inputs and sometimes reject some proposed targets and replace them with more acceptable ones. After the ratification of the CHAP by the community members, participation in the implementation becomes less challenging. Defaulters on CHAP activities are fined GH¢5.00 by the youth leader and such monies are put in the community account for the payment of the compound security allowances and other community development initiatives. The defaulters may also be denied health care services at the compound and letters written to all closer health facilities so as to keep such culprits in check.

Achievements Through CHAP

The following activities had been achieved successfully at Sentu CHPS zone;

1. There is regular cleaning around the CHPS compound which keeps the environment neat.
2. They Maintained the road linking the CHPS compound and the Sub district health centre. The CHPS communities through communal labor carried stones to fill a big gully created on the road by rain water to access of vehicles to the CHPS compound.

3. The community members have purchased Poly tank for the CHPS compound. They saw that the source of water to the CHPS compound was too far, so they contributed money and bought the poly tank to store water for the CHO.
4. They have also purchased a delivery bed for the CHPS compound. Pregnant women were initially delivered whilst lying on polythanes spread on the floor. The community members added it as one of their CHAP targets. An amount of GH¢120.00 was contributed by community members and wooden delivery bed was constructed for the CHPS compound.
5. They have put in place an effective Community Emergency Transport System (CETS).
6. They Farm for CHO through communal labour.
7. They fetch water for CHO. The ‘magazie’ (women’s leader) mobilizes her colleagues to fetch the water.
8. The compound security guard is motivated to perform his work.
9. They have gathered gravel to construct an additional store room for medical equipment at the compound.
10. CBAs in the zone have sewn themselves uniform dresses for easy identification in the performance of their work.

Challenges of CHAP Implementation

1. The CHC is confronted with the problem of organizing meetings during rainy season. To overcome this problem, CHC members and CHVs from the outlying CHPS communities are called to represent their communities at meetings and send the issues discussed to their community members.
2. Potable source water is far from the CHPS compound. To overcome this challenge, the communities’ women leader organizes women to fetch water for the CHO. The community leaders also wrote proposals to NGOs and DA to provide them with a borehole.

3. Community members have the wrong notion that CHVs and CHC members are paid workers. Despite this, CHVs, CHC members feel self-motivated because the people in the zone are happy with their performance.

Advice to Participants for Improving CHPS:

- CHC members and CHVs need to be patient, humble and tolerant.
- Foster cordial relations among CHVs, CHCs, and CHO and community members.
- Organize regular meetings to share ideas and information with community members.

General Observation by Participants:

1. The chief of Sentu is hardworking and humble.
2. There is cordial relationship between the community members and the CHO.
3. Women do not fear to speak amongst men.
4. The CHPS compound is widely cleared and swept.
5. Pieces of information are well displayed on the wall of the treatment room e.g. daily, weekly and monthly calendar of activities, CHAP, community map, list of CHVs, CHC, CBAs and TBAs etc.
6. The CHPS compound is however, too small and needs to be expanded.

10.2 Report of Ping Study Group

Brief Profile of Ping CHPS Zone:

Ping CHPS zone is under Han Sub-District in the Jirapa District of the Upper West Region. The Ping CHPS was launched in December, 2007. The zone has a total population of two thousand four hundred and sixty-eight (2,468) people. The CHPS zone has five communities namely Ping, Deriyiri, Zagu, Kaasiri and Nintoro. Approximately, Deriyiri, Zagu, Kaasiri and Nintoro are seven (7), three (3), twenty-nine (29) and twenty-five (25) Kilometers respectively from the CHPS compound. The CHPS zone has eleven CHC members (3 women and 8 men), six (6) CHVs, 8 CBAs and 3 trained TBAs.

Background of CHAP Development and Implementation in the Ping CHPS Zone

CHAP development and implementation in Ping CHPS zone started in March, 2008. The idea was gotten from the Network for Sustainable Development (NSD). NSD had a one-week training workshop for CHC members and CHVs and the CHAP concept was factored into the training program. After the training, the CHVs and CHC members with support of the CHO organized community durbars and meetings to sensitize the community members on the importance of CHAP. The community members accepted the idea and the CHAP was developed for the CHPS zone. The CHAP usually covers a period of three months. It is reviewed every month and updated after the three months period.

Community Participation in CHAP Activities:

CHC members in the CHPS zone mobilize the people for CHAP development, review and update. This is done through the support of the CHVs, gong-gong beaters and personal communication. To develop and update CHAP for the zone, the CHC members, CHVs and the CHO meet to identify the issues to be put on the CHAP. A community durbar is then organized to present the issues identified to the community members for approval. The issues agreed upon by the community members are then used to draw the CHAP. The attitude of the community members towards CHAP activities is encouraging as they co-operate in almost all the activities they agree to do.

By-laws and regulations are however put in place to curb negative attitudes and this works very well. For instance, GH¢5.00 is fined on those who fail to take part in CHAP activities.

Achievements Through CHAPs:

The following targets have been achieved since the CHPS zone adopted the CHAP strategy:

- They have established a farm for the CHO.
- There is reduction of maternal and infant mortality in the area.
- They have established Community Emergency Transport system (CETS)
- They have transplanted trees round the CHPS compound.

- A register is opened for all pregnant women in the CHPS zone within their first trimesters for effective monitoring to ensure institutional delivery.
- Money has been contributed to support the compound security Guard.
- The community women fetch water for the CHO.
- They weed and clean round the CHPS compound.

Challenges in CHAP Implementation:

The following were identified as challenges for effective implementation of CHAP in Ping CHPS zone:

- Inadequate commitment, co-operation and participation of some community members in CHAP activities.
- The source of water is far from the CHPS compound.
- There is misconception by some community members that the CHVs are paid workers and thus, reluctant to support them.

Overcoming Challenges in CHAP Implementation:

The following strategies are being used to overcome the challenges in CHAP implementation in the Ping CHPS zone:

- They enforce bye-laws instituted to regulate their activities.
- Defaulters in CHPS activities are reported to the chief for warning.
- CHCs, CHVs and CHO are patient and committed to their work.

Suggestions for Improving CHAP Implementation in Other CHPS Zones

- CHOs, CHVs and CHC members should be patient and committed in carrying out CHAP activities.
- Network for Sustainable Development should provide training for CHC members and CHVs on CHAP development and implementation in the other CHPS zones.
- CHC members and CHVs should be selected by community members based on hard work and commitment.

General Observations by Participants:

- The CHPS compound and its surroundings was clean.
- Community members turned out early for the activity and participation was encouraging.
- There is good interpersonal relation between the CHO, CHC members, CHVs and the community.
- There is twenty-four (24) hour security at the CHPS compound displayed on the walls of the CHPS compound.
- An accommodation has been provided for the compound watchman.
- A hencoop constructed for the CHO.
- There is however, no borehole near the CHPS compound which is far away from the community.

10.3 Report of Piissie Study Group:

Brief Profile of Piissie:

Piissie CHPS zone is under Dorimon Sub-district in the Wa-West district of the Upper West Region. Piissie literally means “found by chance”. They migrated from Dagbon in the Northern Region. The total population of the CHPS zone is 2,426. There are six communities that constitute the zone namely; Piissie, Yizie, Lorwe/Biriku, Guse, Domawa and Bienye. The distance from the CHPS compound to the sub-district and District Health Management Team (DHMT) are 8km and 16km respectively. The distance from the CHPS compound to the other CHPS communities are Bienye – 2km, Yizie – 2km, Guse – 5km, Lorwe – 2km, and Domawa – 4km. The number of community health committee members are 12 (2 from each communities), Community Health Volunteers are 6 (1 from each community), Community-Based Agents are 16 and traditional Birth Attendants are 6. The CHPS compound was launched on 17th December, 2008.

Background of CHAP Development and Implementation in Piissie CHPS Zone:

The development of CHAP in Piissie CHPS started in August, 2008. The idea was introduced by Network for Sustainable Development (NSD) a local Non-Governmental Organization (NGO). After the idea was sold to the people, a meeting was later organized

for the CHPS communities to hold further discussions leading to the development of CHAP in Piisie CHPS zone.

Community Participation in CHAP Activities:

Mobilizing the people for CHAP development, review and update were conducted by CHC members, CHVs members CHO, chief and elders in the CHPS zone. Door to door announcements and gong-gong beating are used to mobilize the community for CHAP development. The development, review and update of CHAP usually involve the entire community. The CHO gives information to CHVs and CHCs who in turn inform the rest of the community members.

There was good community participation in CHAP activities. A fine of GH¢2.00 has been instituted by the community on defaulters in communal activities. Various ways are used in making sure that defaulters pay their fines. Defaulters are first called to a meeting by the CHC members. If the defaulter fails to respond to the invitation by the CHC, they move to their homes to collect the fines. Another strategy is, to deny defaulters or their relatives services at the compound when they are sick. Money collected from defaulters is used to support community self-help projects.

Achievements of CHAP Targets

The following targets have been achieved since the development and implementation of CHAP in the CHPs zone.

- The community members farm and fetch water for the CHO.
- They weed and clean around the CHPs compound.
- CHCs, CHVs and CHO hold regular meetings.
- They establish CETS in the communities.
- They pay allowances for the night guard.

Challenges Faced in CHAP Implementation:

The challenges include refusal of some community members to participate in communal work, lack of potable water for the CHPS compound and poor attitude of some community members toward health issues. To overcome the challenges the community

has instituted a fine of GH¢ 2.00 on defaulters. A letter has also been written to the district Assembly for support to drill a borehole for the CHPS compound.

Suggestions for Improving CHAP Implementation in Other CHPS Zones

- Form father to father support groups (FTFSGs) to facilitate patronage of health promotion activities by men.
- CHCs and CHVs should be patient with community members.
- Institute an annual incentive package to reward hardworking CHVs.

General Observations by Participants

- Participants were given an impressive and warm reception by the Host.
- The CHPS zone has improvised a sign post for the CHPS compound.
- The environment surrounding the CHPS compound was clean.
- There exist cordial relations among CHO, CHCs, CHVs, and community members.
- There is cooperation among the CHPS communities.
- Community turn out for the activity was good and encouraging.
- There is no borehole near the CHPS compound.
- There is neither toilet nor urinal in the community.

10.4 General Recommendations by Participants for Improving CHPS

Based on the exposure of participants to the benefits of the study tour, the following general recommendations were made for further improvement of CHPS;

- Community level training should be organized for CHVs and CHCs on CHAP.
- A Study tour should be organized for traditional leaders (chiefs) for them to learn from one another.
- An award system should be established to reward hardworking CHVs, CHCs and CHOs.
- More study tours should be organized so that many more CHPS actors will learn from them.

- JICA should replicate the best practices from stage I districts in the stage II districts.
- JICA and NSD should provide monitoring support for CHOs in the stage II districts in the implementation of CHAPs.
- Radio talk shows should be organized to educate the public on the relevance of community support for CHPS.
- SDHTs and CHOs should facilitate the reconstitution of ineffective CHCs and re-selection of non-performing CHVs.

11.0 WAY FORWARD FOR PARTICIPATING CHPS ZONES FOR STUDY TOUR

Participants for study tour were asked to break into their zonal groups and discussed the news learnt from the three model CHPS and come out with the forward for their CHPS zones. These are what participants from the various CHPS intend to do when they return home.

11.1 The Way Forward for Nanyagri CHPS:

- They will organize meeting to brief other CHVs, CHC, Chiefs and community members on lessons learnt.
- Reconstitute CHCs where it is necessary.
- Organize durbar to tell community members on the importance of CHAP.
- Continue to sensitize the community members on the CHPS concept.
- Plant trees around the CHPS compound during the rainy season.
- Construct wall around the pit for waste disposal.
- Construct urinal pit for clients at the CHPS compound.
- Form Father-to-Father support groups to enhance male participation in health promotion activities.
- Establish CETS in all the CHPS communities.
- Facilitate the selection of youth leaders in all the CHPS communities.
- Put in place security guard for the CHPS compound.

11.2 The Way Forward for Ducie CHPS:

- They will organize a community durbar and sensitize the people on CHAP development and implementation.
- Get a security man for the CHPS compound.
- Build a room at the CHPS compound for the security man.
- Weed around the CHPS compound and keep it clean.
- Establish a farm for the CHO.
- Organize community meetings every two months on community participation in CHPS activities.
- Institute by-laws to sanction defaulters of community activities.
- Establish Community Emergency Transport System.

11.3 The Way Forward for Tabiesi CHPS:

- Organize a meeting to brief the other CHVs, CHC and the entire community on lessons learnt at the study tour.
- Intensify CHC monthly meetings.
- Continue to hold regular health durbars.
- Establish CETS by the end of January 2010.
- Register all pregnant women in the CHPS zone for effective monitoring.
- CHCs, CHV and CHO will form a strong working team.
- Form father-to-father support groups.
- Institute fine defaulters in communal work.
- Review and update CHAP regularly.
- CHCs, CHVs and CHO will remained united, patient and committed to CHAP activities.

11.4 The Way Forward for Biro CHPS

- They will hold community-wide durbar to discuss issues on the cleaning of the CHPS compound.
- CHCs, CHV and Chiefs will hold a meeting and discuss the possibility of getting a security guard for the CHPS compound.
- Establish a farm for the CHO.
- Fetch water for the CHO.
- Provide charcoal for the CHO.
- Hold regular meetings to discuss issues concerning community participation in CHPS activities.
- Institute fine for defaulters in communal work.
- Demarcate the land for the CHPS compound.
- Involve the chiefs in the CHPS decision making processes.

11.5 The Way Forward for Boli CHPS:

- They will organize a durbar to share lessons learnt on the study tour.
- Under take regular cleaning round the CHPS compound.
- Foster good relations among CHVs, CHC, chiefs and community members.
- Institute fine for defaulters in communal work.
- Dig and construct a pit for waste disposal at the CHPS compound.
- Build a hen coop for the CHO.
- Fetch water for the CHO.
- Contribute foodstuff for the CHO.
- Open bank account for community contributions.
- Hold regular CHC meetings.
- Establish CETS.

11.6 The Way Forward for Duwie CHPS:

- They will contribute money monthly to pay the security man at the CHPS compound.
- Establish CETS.
- Arrange for an additional security man for the CHPS compound.
- CHCs, CHVs and CHO will organize regular meetings on CHPS.
- Provide support for the CHO.
- Ensure daily cleaning round the CHPS compound.
- Communities will weed round the CHPS compound when it is weedy.
- Enforce by-laws for defaulters in communal work.
- Review and update CHAP regularly.
- Provide support for CHVs.
- Plant trees round the CHPS compound.

11.7 The Way Forward for Buo CHPS:

- They will organize regular durbars and meetings on CHPS.
- Adopt the CHAP strategy to promote CHPS activities in the zone.
- Ensure clean environment at the CHPS compound.
- Dig a pit for waste disposal at the CHPS compound.
- Establish a Farm for the CHO.
- Arrange for a security man for the CHPS compound.
- Establish CETS.

11.8 The Way Forward for Nator CHPS:

- Organize a meeting with the other CHVs and CHCs to discuss issues learnt from the study tour.
- Organize community level meetings with chiefs, elders and “magazies” to discuss problems hindering the smooth running of CHPS.
- Reconstitute of CHCs where it is necessary and change ineffective CHVs.

- Establish cordial relations among CHO, CHVs, CHC, chiefs and community members.
- Farm for the CHO and the CHPS compound security man.
- Establish CETS.
- Promote unity among the CHVs and encourage them to be patient and hard working.
- Sensitize community members on the CHPS concept.
- Fetch water for the CHO.

11.9 The Way Forward for Buffiama CHPS:

- They will brief chiefs, elders, the other CHVs and CHC on what was learnt from the study tour.
- Review and update the CHAP regularly.
- Encourage community participation and commitment in CHAP activities.
- Clean round the CHPS compound.
- Build hen coop for the CHO.
- Farm for the CHO.
- Contribute money and establish CETS.
- Establish good relations among CHC, CHVs and CHO.
- Hold regular CHC meetings.
- Encourage chiefs and elders to be committed and dedicated to CHPS activities.
- Establish by-laws to correct negatives behaviours.

11.10 The Way Forward for Mwanduonu CHPS:

- They will brief other CHCs and CHVs on the study tour activities.
- Organize meetings and durbars for community members on CHAP activities.
- Facilitate the establishment of CETS.
- CHCs, CHVs, CBAs, TBAs and CHO will hold regular meetings on CHPS activities.
- Fetch water for CHO.
- Clean CHPS compound daily.
- Contribute money and pay watchmen.

- Buy water tank for CHPS compound.
- Dig a pit for refuse disposal at the CHPS compound.
- Buy a cupboard for storing of drugs at the CHPS compound.
- Advocate for communication system for the CHPS zone.
- Discuss on how to get solar for the CHPS compound.
- Build toilet and urinal for the clients at the CHPS compound.

11.11 The Way Forward for Gbegru CHPS:

- They will brief other CHC members and CHVs on lessons of the study tour.
- Organize meeting and durbars for community members on CHAP activities.
- Facilitate the establishment of CETS.
- CHCs, CHVs, CBAs, TBAs and CHO will hold regular meetings on CHPS.
- Fetch water for CHO.
- Clean compound daily.
- Contribute money and pay watchmen.
- Buy water tank for CHPS compound.
- Dig a pit for refuse disposal.
- Make a cupboard for storing of drugs.
- Advocate for communication system for the zone.
- Organize a zonal durbar to share the good practices learned from the study tour.
- Put in place by-laws for defaulters in the community work.
- Build a hen coop and farm for the CHO.
- Weed round the CHPS compound when it is bushy and keep it clean.
- Establish a community farm and sell the farm produce to pay the watchman.
- Build a urinal pit for CHPS compound.
- Form father-to-father support group to enhance health promotion.

11.12 The Way Forward for Sakai CHPS:

- They will brief the other CHCs, CHVs on the study tour activities.

- Meet community opinion leaders and the chiefs and share lessons learnt from the study tour.
- Organize meeting and durbars for community members on CHAP activities.
- Facilitate the establishment of CETS.
- Hold regular CHCs, CHVs, CBAs, TBAs and CHO meetings.
- Fetch water for CHOs and farm for them.
- Clean the CHPS compound daily.
- Contribute money and pay compound watchmen.
- Buy water tank for CHPS compound.
- Dig a pit for refuse disposal.
- Make a cupboard for storing of drugs at the CHPS compound.
- Advocate for communication system for the CHPS zone.
- Reactivate the Community Health Committee.
- Implement community emergency transport system in the CHPS communities.
- Ensure the early submission CHVs monthly reports.
- Clean round the CHPS compound regularly.
- Support the CHVs on their farms.
- Promote cooperation among CHC, CHVs, community members and the CHOs.
- Ensure community support for the watchman.

12.0 Evaluation of Study Tour Activities:

Table 12.1 Summary of Study Tour Evaluation

No.	Areas of Evaluation	Bad	Good	Very good
1.	Orientation of participants before study tour	0	10(17%)	49(83%)
2.	Duration of programmed activities	0	16(27%)	43(73%)
3.	Study tour objectives	0	1(2%)	58(98%)
4.	Meals	38(65%)	9(15%)	12(20%)
5.	Methodology	0	10(17%)	49(83%)
6.	Content of the study tour	0	12(20%)	47(80%)
7.	Timing of the study tour	2 (3%)	18(31%)	39(66%)
8.	Reception by host CHPS zones	0	0	59 (100%)
9.	Accommodation	0	30(50%)	29(49%)

Fifty-nine participants including CHOs, CHVs and CHC members took part in the study tour. Imagery was used to evaluate participants in view of the fact that some of them were illiterates and the results are summarized in table 12.1 above. 10(17%) indicated that the orientation provided by NSD to participants at their CHPS zones prior to the study tour to prepare them to be able to derive the full benefits of the exercise was good whilst 49(83%) said it was very good. 16(27%) of the participants think that the 3-day duration for the exercise was good and 43(73%) said it was very good. This may be due to the fact that the majority of the participants were farmers and the month of November which is harvesting period was considered in order to get their full attention.

With regard to the objectives of the study tour, majority 58(98%) of the participants indicated that they were appropriate and fully achieved. The majority 38(65%) of the participants however, indicated that the meals served at training centre did not meet their expectation in terms of quality whilst accommodation was said to satisfying. Steps would be taken to fix the problem of feeding in subsequent programs.

The methodology, content of the study tour and the timing of the exercise were evaluated as good or very good. Finally 59(100%) of the participants indicated their satisfaction with the reception given them at the three Host CHPS zones. In conclusion one may say that the study tour offered life-changing experiences and lessons for participants which may be translated into actions for the improvement of CHPS activities in the targeted CHPS zones.

13.0 General Challenges of Community Participation in CHPS Implementation

This section illustrates agenda identified that CHPS has been facing in terms of community participation through activities of Phase I and II in the year 2009.

1. Weak community leadership constitutes a challenge to community participation in CHPS. In the CHPS zones where the traditional authorities including Chiefs, Land Lords (Tendaabas) and community opinion leaders such as Assembly persons do not show commitments and supports for better CHPS implementation.

2. Inadequate skills in community participation of the community-level actors (CHVs, CHCs, CBAs, TBAs) hold keys for success of CHPS implementation. These people are supposed to support the CHOs in the delivery of health service to the people. But many of them still don't seem to understand their roles and responsibilities clearly. Besides, they lack skills in mobilizing people and are poorly motivated to carry out their duties.

3. Some CHOs run into problems in selecting CHVs and constituting CHCs within their zones which marks the beginning of poor participation in CHPS activities. Some CHO also seem to be ignorant of the CHVs performance standard. If this is the case, it will be difficult for them to monitor the performance of the CHVs effectively or assess their needs in capacity development.

4. The attitude and ability of a CHO in a community either enhances or hinders community participation in CHPS. This is evident in the model CHPS zones of the stage I districts where the CHOs are held in high esteem by the community members because of their good behaviours. CHOs are thus advised to conduct themselves professionally in their communities.

5. Siting of the CHPS compound seems to pose a serious challenge to participation in some CHPS zones. There appears to be insufficient background studies of the communities constituting the CHPS zones. Also consultations and consensus building among communities of proposed CHPS zones with regard to the location of the CHPS

compounds are seemed not to be encouraging. These actions or inactions on the part of DHMTs and DA exclude some communities from participating in the CHPS implementation processes.

6. Community members seem to be comfortable with the status quo where Government agencies take decisions for them and provide them with what they think are the community's development needs. This tendency seems to be more apparent in the health sector which is very technical and requires experts' knowledge. Community members do not see themselves genuinely participating in health provision and thus depend on the CHOs and CHVs to do everything for them.

7. Facilitating community participation through durbars, PLA and methodologies require some basic logistics such as portable flip chart stands or easels, A3 papers, markers, masking tapes etc. CHOs lack these resources which constitute a serious hindrance to their activities as community health workers.

8. Illiteracy and ignorance are common in the CHPS communities and constitute a major challenge to community participation. This makes it very difficult for community members to easily understand the CHPS concept and avail themselves to the benefits of participation in health decision-making processes. All the project related people need to understand the fact that interventions and efforts at enhancing community participation take long gestation period to produce the desired results.

9. Lack of collaboration in the implementation of health programs by development partners (DAs, NGOs, DHMTs and Civil Society Organizations) within the communities has limited a potential of effectiveness of project activities of each service provider.

14.0 Suggested Actions for GHS, Donors and NGOs for Enhancing Community Participation in CHPS:

Based on the general challenges listed in the previous section, suggested actions were considered for main project stakeholders.

(A) Suggested Actions for Ghana Health Service and Donor Organizations

1. DHMT and DA should develop their work plans with regard to the district CHPS coverage and work together as one team in their engagement with the communities earmarked for CHPS zones in the demarcation process. They should also build consensus on the siting of the CHPS compounds within the district.
2. Beneficiary of CHPS should be effectively sensitized to understand the CHPS concept before it is launched. This should be done bearing in mind that their level of understanding is handicapped by illiteracy and that participation takes time.
3. The selection of CHC members and CHVs should follow a transparent and participatory process to ensure that all beneficiary CHPS communities are proportionally included and also ensure gender equity. CHOs should present the selection criteria to the community members which guide them to choose their representatives.
4. Periodic in-service training for CHOs to upgrade their knowledge on the CHPS concept should be organized. This could be backed by regular monitoring visits by SDHT staff to the CHPS zones to provide the needed backstopping to the CHOs.
5. Periodic capacity assessment of the CHVs and CHC members should be conducted and gaps of their capacity and community needs to be filled to improve their performances.
6. The PLA tools should be employed as community entry strategy into new CHPS zones or in diagnosing the problems of existing ones in order to re-activate them.

7. The FSV booklet is a facts sheet of all CHPS activities in the zone. Its adoption and mainstreaming in the entire GHS documentation is highly recommended. Besides, all CHOs should also be well oriented on its usage.
8. CHOs should continue to organize quarterly community feedback sessions to render accountability on their performance to their CHPS zone communities.
9. Processes of best practices for CHPS implementation such as CETS, CHAPS, study tours should be documented to facilitate knowledge sharing and easy replication.
10. Implementation of CHAPs in the stage I districts needs to be monitored.
11. Provide some basic but vital logistical support such as easels or portable flip chart stands, and markers to facilitate the work of CHOs

(B) Suggested Actions for NGOs

1. Monitor and assist the development and implementation of CHAPs in stage II districts
2. Provide mentorship to CHOs in stage II districts in the usage of PLA tool for community mobilization and participation
3. Continue to support/organize study tours as a strategy of disseminating best practices and sharing lessons learnt between stage I & II districts.
4. Facilitate the re-activation through re-constitution and training of dormant CHVs and CHCs in the stage II districts.
5. Help facilitate processes for traditional authorities and identified community opinion leaders to embrace and promote CHPS.

6. Provide refresher training on participatory methodologies for CHOs.
7. Help monitor the implementation of CHAPs in stage I districts.

Annexes

Annex 1.

List of Participating CHPS Zones in the Study Tour

NO	DISTRICT	CHPS ZONE
1.	Lawra	1. Biro
		2. Nanyaare
2.	Nadowli	1. Nator
		2. Tabiesi
3.	Wa Municipal	1. Boli
		2. Gbegru
4.	Wa East	1. Buffiama
		2. Ducie
5.	Sissala East	1. Sakai
		2. Mwanduonu
6.	Sissala West	1. Buo
		2. Duwie

Annex 2

List of Study Tour Participants

NO.	NAME OF PARTICIPANT	STATUS	COMMUNITY	SEX
1.	Postinus Vog-enga	CHO	Tabiesi -	Male
2.	Mumuni Doniyen	CHC	Tabiesi -2	Male
3.	Imoro Yahaya	CHC	Tabiesi -1	Male
4.	Abu Garlbanye	CHV	Tabiesi -1	Male
5.	Warisu Yendor	CHV	Tabiesi -2	Male
6.	Beatrice Bawuokuu	CHO	Nator	Female
7.	Christopher Nagayeng	CHC	Nayiri	Male
8.	Jacob Songbobo	CHV	Banuori	Male
9.	Gabriel Yagasuma	CHV	Longborozu	Male
10	Vincent Goh	CHC	Baazuu	Male
11	Kyenleb Mathew	CHO	Biro	Male
12	Daade Kara	CHC	Biro	Male
13	Albert Basor-eong	CHC	Biro	Male
14	Mathew Kuuluoro	CHV	Guri	Male
15	Dib Kuukpire	CHV	Soryeong	Female
16	Lambert Gbang	CHO	Nanyaari	Male
17	Issifu Banlekuu	CHV	Tampie	Male
18	Guo Lazurus	CHC	Gbengbee	Male
19	Deniel Bayuo	CHV	Nanyaari	Male
20	Appiah Kanzunie	CHC	Tampie	Male
21	Gbene Amina	CHO	Duwie	Female

22	Mann Yakubu	CHV	Duwie	Male
23	Abdulai Ndo	CHV	Gbele	Male
24	Dauda Benin	CHC	Dasima	Male
25	Joana Poorebalangtaa	CHO	Buo	Female
26	Delle Ruphina	CHV	Mbo	Female
27	Jacob Lermwaa	CHC	Mbo	Male
28	Sakang Paul	CHC	Bukpal	Male
29	Pauline Mwintome	CHV	Kankanduali	Female
30	Suglo Amanda	CHO	Sakai	Female
31	Issaaka Kaafu	CHC	Sakai	Male
32	Braimah Alhassan	CHV	Sakai	Male
33	Salifu Kande	CHV	Bande	Male
34	Daniel Wunili	CHV	Sakalo	Male
35	Amatu Kasanga	CHO	Mwanduonu	Female
36	Abu N-Yie	CHC	Mwanduonu	Male
37	Sintuo Mahama	CHV	Kroboi	Male
38	Mumuni Saaka Babugu	CHV	Kroboi	Male
39	Iddrisu Banyia	CHC	kroboi	Male
40	Rita Yabang	CHO	Ducie	Female
41	Adwoa Yakubu	CHC	Ducie	Female
42	Selenaa Nambara	CHC	Ducie	Male
43	Zulfata Ibrahim	CHV	Ducie	Female
44	George Dougah	CHV	Motigu	Male
45	Abdulai Coolio	CHO	Buffiama	Male
46	Alitu Adama	CHV	Jumo	Male
47	Haruna Mmaana	CHC	Buffiama	Male
48	Suleman Bawa	CHC	Tiniebe	Male
49	Boamah Zakariyah	CHV	Tiniebe	Male
50	Balabo Janet	CHO	Gbegru	Female
51	Yaa Shaibu	CHV	Torayiri	Female
52	Sulemani Braimah	CHC	Torayiri	Male
53	Ibrahim Boula	CHV	Ahiyor	Male
54	Sumani Mohammed	CHC	Ahiyor	Male
55	Firina Felicia	CHO	Boli	Female
56	Saaka Sagiri	CHV	Boli Baguliyiri	Male
57	Abu Jeyirinaa	CHV	Konkomuni	Male
58	Saadunee Seidu	CHC	Selee	Male
59	Marah Seidu	CHC	Bantan	Male

Annex 3

Activity Data

DATE	DAY	ACTIVITY & PLACE	NAME of STAFF
September 17 th	Thu	Preparation of staff contract and planning of work at the office	1.Romanus Gayng 2.Grace Alenoma
September 18 th	Fri	Preparation of work plan from May to Sept.	Romanus Gayng
October 5 th	Mon	Data collection/ Pretest at Kperisi	1. Romanus Gyang 2. Elyasu Hussein 3. Dokuwie Abu Alhassan 4. Eliyasu Haruna 5. Peter B.Suglo 6. Sinto Mustapha 7. Joshua Naasaa
October 6 th	Tue	Data collection at Goli/Chari sombo	1. Dokuwie Abu Alhassan
October 6 th	Tue	Data collection at Kamahegu /Busia/Duong	Elyasu Hussein
October 6 th	Tue	Data collection at Tabiesi/Challa	Peter B. Suglo
October 6 th	Tue	Data collection at Sampina	Sinto Mustapha
October 6 th	Tue	Data collection at Kanyini	Eliyasu Haruna
October 6 th	Tue	Data collection at Kpazie	Joshua Naasaa
October 7 th	Wed	Data collection at Doung/Naro	Elyasu Hussein
October 7 th	Wed	Data collection at Boli/Kpongu	Peter B. Suglo
October 7 th	Wed	Data collection at Piisi/Jonga /Dobile	Eliyasu Haruna
October 7 th	Wed	Data collection at Samanbo	Joshua Naasaa
October 7 th	Wed	Data collection at Sampina	Sinto Mustapha
October 7 th	Wed	Data collection at Nanyaari	Dokuwie Abu Alhassan
October 8 th	Thu	Data collection at Kpazie	Joshua Naasaa
October 8 th	Thu	Data collection at Nator	Elyasu Hussein
October 8 th	Thu	Data collection at Ullo (UI-kpong)	Dokuwie AbuAlhassan
October 8 th	Thu	Data collection at Yagha (Guoripuo)	Sinto Mustapha
October 8 th	Thu	Data collection at Hamile (Tapuma)/ Kokoligu	Suglo B. Peter
October 8 th	Thu	Data collection at Piisi/Dobile	Eliyasu Haruna

		/Bamahu/Boli	
October 9 th	Fri	Data collection at Tanchara	Joshua Naasaa
October 9 th	Fri	Data collection at Gbier	Elyasu Hussein
October 9 th	Fri	Data collection at Biro	Dokuwie Abu Alhassan
October 9 th	Fri	Data collection at Jonga/Boli//Bamahu	Sinto Mustapha
October 9 th	Fri	Data collection at Tuopare/Guo	Peter B. Suglo
October 9 th	Fri	Data collection at Dikpe	Eliyasu Haruna
October 12 th	Mon	Data collection at Sorbelle/Sakai	Dokuwie Abu Alhassan
October 12 th	Mon	Data collection at Mwanduonu	Sinto Mustapha
October 12 th	Mon	Data collection at Buffiama	Peter B. Suglo
October 12 th	Mon	Data collection at Goh	Joshua Naasaa
October 12 th	Mon	Data collection at Katuah	Elyasu Hussein
October 12 th	Mon	Data collection at Ducie	Eliyasu Haruna
October 12 th	Mon	General office duties	Bontii Lucy
October 13 th	Tue	Data collection at Kulkpong	Elyasu Hussein
October 13 th	Tue	Data collection at Boli/Jonga	Joshua Naasaa
October 13 th	Tue	Data collection at Dowie	Dokuwie Abu Alhassan
October 13 th	Tue	Data collection at Buo	Sinto Mustapha
October 13 th	Tue	Data collection at Ga/Chogsia/Jenebobo	Peter B. Suglo
October 13 th	Tue	Data collection at Bintenge	Eliyasu Haruna
October 13 th	Tue	Updating financial record and going to Vodafone office	Bontii Lucy
October 14 th	Wed	Data collection at Nambeg/Gbare	Joshua Naasaa
October 14 th	Wed	Data collection at Meteu/Vieri	Elyasu Hussein
October 14 th	Wed	Data collection at Chepuri (Han)	Dokuwie Abu Alhassan

October 14 th	Wed	Data collection at Ping/Somboro	Sinto Mustapha
October 14 th	Wed	Data collection at Kuuchiellyiri/Manyayiri	Peter B. Suglo
October 14 th	Wed	Data collection at Donye/Dabo(Dorimon)/Piisie	Eliyasu Haruna
October 15 th	Thu	Updating financial record and going to SSNIT office	Bontii Lucy
October 15 th	Thu	Data collection at Sentu/Heneteng/Dahile/Cheboggo (Billaw)	Peter B. Suglo
October 15 th	Thu	Data collection at Sigri/(Jriapa sub)Kogri/Kpare	Dokuwie Abu Alhassan
October 15 th	Thu	Data collection at Tamapuo (Duori)	Eliyasu Haruna
October 15 th	Thu	Data collection at Doggu (Tuggo)	Elyasu Hussein
October 15 th	Thu	Data collection at Somboro/Ping (Subuli)	Joshua Naasaa
October 15 th	Thu	Data collection at Koro/Suke	Sinto Mustapha
October 16 th	Fri	Data collection at Sigri	Dokuwie Abu Alhassan
October 19 th	Mon	Data collection at Piisie	Elyasu Hussein
October 19 th	Mon	Data collection at Kogri	Dokuwie Abu Alhassan
October 19 th	Mon	Data collection at Ping	Suglo B. Peter
November 5 th	Thu	Orientation of CHCs CHVs and CHO for study tour at Tabiesi	Suglo B. Peter
November 5 th	Thu	Visit to Piisie to Schedule study tour orientation with CHO	Elyasu Hussein
November 6 th	Fri	Orientation of CHVs, CHCs and CHO for study tour at Buo	Dokuwie Abu Alhassan
November 6 th	Fri	Orientation of CHVs, CHCs and CHO for study tour at Nanyaare	Suglo B. Peter
November 6 th	Fri	Orientation of CHVs, CHCs and CHO for study tour at Biro	Elyasu Hussein
November 6 th	Fri	Administrative work at the office	Grace Alenoma
November 6 th	Fri	General office duties	Lucy Bontii
November 8 th	Sun	Orientation of CHVs, CHCs and CHO for study tour at Buffiama	Dokuwie Abu Alhassan
November 10 th	Tue	Payment of SSNIT contribution, buying of Vodafone credit for easyfone and paying of electricity bill	Lucy Bontii

November 10 th	Tue	Orientation of CHVs, CHCs and CHO for study tour at Boli	Suglo B. Peter
November 10 th	Tue	Orientation of CHVs, CHCs and CHO for study tour at Duwie	Dokuwie Abu Alhassan
November 10 th	Tue	Orientation of CHVs, CHCs and CHO for study tour at Sakai	Dokuwie Abu Alhassan
November 11 th	Wed	Orientation of CHVs, CHCs and CHO for study tour at Mwanduonu	Dokuwie Abu Alhassan
November 11 th	Wed	Preparation of CHVs, CHCs and CHO for study tour at Ping	Romanus Gyang
November 11 th	Wed	Preparation of CHVs, CHCs and CHO for study tour at Piisie	Grace Alenoma
November 12 th	Thu	Preparation of CHVs, CHCs and CHO for study tour at Sentu	Romanus Gyang
November 16 th	Mon	Orientation of CHVs, CHCs and CHO for study tour at Ducie	Hussein Elyasu
November 16 th	Mon	Orientation of CHVs, CHCs and CHO for study tour at Gbegru	Suglo B. Peter
November 16 th	Mon	Orientation of CHVs, CHCs and CHO for study tour at Nator	Dokuwie Abu Alhassan
November 17 th	Tue	Buying of logistics for study tour at Wanye Renewal Centre	1. Bontii Lucy 2. Suglo B. Peter
November 18 th	Wed	Registration of participants	1. Bontii Lucy
November 18 th	Wed	Discussions with participants on the content of the study tour	1. Abu Alhassan 2. Dokuwie Hussein 3. Elyasu
November 18 th	Wed	Visit to Sentu /Ping to prepare place for the study tour	1. Romanus Gyang 2. Sulo B. Peter
November 19 th	Thu	Visit to Sentu CHPS for study tour with participants	1. Romanus Gyang 2. Dokuwie Abu Alhassan
November 19 th	Thu	Visit to Ping CHPS for study tour with participants	1. Suglo B. Peter 2. Bontii Lucy
November 19 th	Thu	Visit to Piisie CHPS with participants for study tour	1. Hussein Elyasu 2. Grace Alanoma
November 20 th	Fri	Presentation of reports and debriefing at Wanye	1. Romanus Gyang 2. Grace Alanoma 3. Suglo B. Peter 4. Abu Alhassan Dokuwie 5. Hussein Elyasu 6. Bontii Lucy
November 26 th	Wed	Typing/organizing study tour report	1. Bontii Lucy 2. Suglo B. Peter 3. Abu Alhassan Dokuwie 4. Hussein Elyasu

Annex 4

Study Tour Protocol

1. Brief Profile of the Host CHPS Zone

- Which year was CHPS launched?
- What is Population the population of the zone catchment area?
- The DHMT and SDHT that exercises supervisory role over the zone
- Names of CHPS communities
- Approximate distances of the communities from the CHPS compound
- Number of CHC members, CHVs, CBAs, and TBAs in the zone

2. CHAP Development and Implementation Processes

a. Background of CHAP Development and Implementation.

- When did the CHPS zone adopt the CHAP strategy?
- Where did they learn idea from?
- How was it started in this zone?

b. Community Participation in CHAP Activities

- Who mobilizes the people for CHAP development, review and update?
- How is the mobilization done?
- How do you draw, review or update the CHAP? What is the attitude of community members towards CHAP activities?
- How do you deal with possible negative attitudes in the implementation of CHAPs activities?

c. Achievements of CHAPs Targets

- What key targets have you achieved so far when you started implementing CHAPs?
- What are the challenges in CHAP implementation?
- How do you overcome the challenges in your CHAP implementation?
- What advice or recommendations would you give for the improvement of CHAP implementation in other CHPS zones?

3. General Observations by Participants

Issues of interest

Annex 5

Study Tour Program

Date	Time	Activity
Day 1 Wednesday 18/11/09	12:00 pm	Arrival of participants
	12:30 pm – 1:00 pm	Registration of participants
	1:00 pm – 1:30 pm	Lunch
	2:00 pm – 2:30 pm	Interaction of participants
	2:00 pm – 3:00 pm	1. Orientation on the study tour <ul style="list-style-type: none"> • Participants expectations • Objectives of study tour • Success stories from CHPS zones on CHAP implementation • Challenges on CHAPs implementation 2. Developing the CHAP <ul style="list-style-type: none"> • Issues identification • Developing practical & innovative actions • Completing the CHAP format
	3:00 pm – 3:15 pm	Break
	3:15 pm – 4:00 pm	Thematic Areas (continues) <ul style="list-style-type: none"> • CHAP implementation and monitoring • CHAP review and update • Challenges of CHAP development and implementation • Overcoming challenges of CHAP implementation
	4:00 pm – 4:15 pm	Break
	4:15 pm – 5:00 pm	Typical Issues on CHAPs <ul style="list-style-type: none"> • CHC, CHVs and effective advocacy • CHC/CHVs record keeping • Roles and responsibilities of CHC/CHVs • Support system for CHO, CHVs, Night Guard etc • Community Emergency Transport System(CETS)
	5:00 pm – 5: 05 pm	Break
	5:05 pm – 5: 45 pm	Preparation for field
	6: 30 pm – 7:00 pm	Dinner
Day 2	6:30 am – 7:00 am	Breakfast
	7:15 am	Transportation of groups to Sentu, Ping and Piisie

Thursday 19/11/09	10:00 am– 10:30 am	Exchange greetings Guided walk Around the CHPS compound
	10:30 am – 11:30 pm	Meeting with host CHO/CHC/CHVs
	12:00 pm – 1:00 pm	Lunch With Host CHC & CHVs
	1:30 pm – 2:30 pm	Transportation of participants to Wanye
	4:00 pm – 6:00 pm	Group discussion of field activity
	6:30 pm – 7:30 pm	Dinner
Day 3	6:30 am – 7:30 am	Breakfast
Friday 20/11/09	8:00 pm – 9:30 am	Presentation of group work at plenary
	9:30 am – 9:15 am	Break
	9:15 am – 10:00 am	Participants break into their zonal groups and discuss the way forward for their CHPS zone
	10:00 am – 11:00 am	Zonal groups presentation on the way forward
	11:00 am – 11:30 am	Workshop evaluation and closing remarks
	12:00 pm	Lunch and Departure

Annex 6

List of CHPS Zones for the Survey

District		CHPS Zone
Nadowli	1	Goli
	2	Chari-Sombo
	3	Kamahegu
	4	Doung
	5	Tabiesi
	6	Challa
	7	Sampina
	8	Kanyini
	9	Kpazie
	10	Naro
	11	Saamabo
	12	Nator
	13	Sankana
Jirapa	1	Somboro
	2	Ullo (Ulkong)
	3	Guoripuo (Yagha)
	4	Ping
	5	Sigri
	6	Nambeg
	7	Gbare
	8	Chepuri
	9	Tamapuo (Duori)
	10	Kogri
Wa West	1	Piisie
	2	Ga
	3	Chogsia
	4	Kuuchiellyiri
	5	Manyayiri
	6	Dornye
	7	Dabo
	8	Meteu
	9	Vieri
Wa East	1	Jenebob
	2	Buffiama
	3	Goh
	4	Katua
	5	Ducie
	6	Kulkpong
	7	Bintenge
	8	Buffiama
	9	Buffiama

Lambussie	1	Suke
	2	Dahile
	3	Heneteng
	4	Sentu
	5	Chebogo (Billaw)
	6	Kpare
	7	Tapuma (Hamile)
	8	Koro
	9	Suke
Sissala West	1	Buo
	2	Duwie
	3	Sorbelle
Sissala East	1	Sakai
	2	Mwanduonu
Wa Municipal	1	Kperisi
	2	Boli
	3	Kpongu
	4	Kpengen (Piisi)
	5	Jonga
	6	Dobile
	7	Nachanta
	8	Bamahu
Lawra	1	Nanyaari
	2	Tanchara
	3	Gbier
	4	Biro
	5	Tuopare
	6	Dikpe
	7	Doggu (Tuggo)
	8	Kokoligu
	9	Guo