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

E. 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	on-going	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	20,172,000	on-going	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	3,803,000	on-going	37,563,000
	Shipping for Equipment (for grant)	0	0	0	0	0	0	0	0	0	0	0
	Equipment	0	0	0	24,000	0	0	0	274,000	0	on-going	298,000
	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
	Other Equipment (taxable)	91,000	58,000	50,000	23,000	49,000	46,000	49,000	23,000	24,000	on-going	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	on-going	343,000
	Printing Cost for Official report (Other: translation and electrofile)	0	0	107,000	87,000	112,000	91,000	132,000	30,000	48,000	on-going	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	6,384,000	on-going	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	96,000	on-going	2,644,000

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

General Expense of Local Cost from the 1st to the 4th Fiscal Year

Oct. 11. 2009

Items	1st Fiscal year (March '06)	2nd Fiscal year (Apr'06 – Mar '07)	3rd Fiscal year (Apr '07 - Mar '08)	4th Fiscal year (Apr '08 – Mar '09)	Total
Trainings (Yen)	0	3,735,000	8,995,000	8,250,000	20,980,000
Trainings (GHC)	0	28,731	82,647	116,071	227,449
Equipment (Yen)	0	14,654,000	8,380,000	14,529,000	37,563,000
Equipment (GHC)	0	112,723	76,996	204,412	394,131
Subcontract NGO (Yen)	0	5,191,000	9,021,000	6,454,000	20,666,000
Subcontract NGO (GHC)	0	39,931	82,885	90,803	213,619
Meetings (Yen)	0	933,000	1,609,000	102,000	2,644,000
Meetings (GHC)	0	7,177	14,784	1,435	23,396
Total in GHC	0	188,562	257,311	412,721	858,594
		130	108.837	71.077	
	Conversion Rate	1 GHC=130 Yen	1 GHC= 108.837 Yen	1 GHC=71.077 Yen	

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

F. List of products

1. Products which are listed in the Terms of Reference

Products	Person in charge	Quantity of distribution (incl. CD)	Period of elaboration (If there any any revision, 1st and the	Ditributed place(Institution)
Output 1. Knowledge and skills of RHMT,DHMTs and SDHTs in UWE to mange CHPS implementation are improved				
1.1.RHMT/DHMT training module				
1.1.1 DHMT training module on FSV (10 Modules)	Ikeda	160 sets	Feb& June 07 , Sep. 08 & Jun-09	DHMT,RHMT
1.2. SDHT training module				
1.2.1. SDHT training module 1 (5 modules)	Ishiga	74 sets+20 CDs	May-07	RHMT,DHMT,JICA,CHPS TA,National Health Material Center ,JOCV, SDHT
1.2.2. SDHT training module 2 (3 modules)	Ishiga	90 sets+ 20 CDs	Jun-08	RHMT,DHMT,JICA,JOCV,CHPS TA,National Health Material Center,JOCV,SDHT
1.2.3. SDHT training module 3 (3 modules)	Ishiga	142 sets+20 CDs	Jun-09	RHMT,DHMT,JICA,SDHT
Output 2. Knowledge and skills of CHOs in UWE to implement CHPS is improved.				
2.1.CHN training module (CHO fresher training)				
2.1.1.CHN training module /CHO fresher training,Ver.4 (14 modules)	Ishiga	160 sets+160CDs	Jan-07 & Sep-08	RHMT,DHMT,GHS, CHPS TA,National Health Material Center,JICA,Intl.
2.2.CHO training modules(CHO refereshser training,)				
2.2.1.CHO training module 1 /CHO refresher training 1 (12 modules)	Ishiga	33 sets+30 CDs	Sep-07	RHMT,DHMT,GHS, CHPS TA,National Health Material Center,JICA,Intl.
2.2.2.CHO training module 2 /CHO refresher training 2 (2 modules)	Ishiga	92 sets +20 CDs	Jul-09	RHMT,DHMT,GHS,JICA,JOCV
Output 3. Facilitative supervision system is developed and implemented in UWR				
3.1. Performance Standard				
3.1.1.Performance Standard(RHMT,DHMT,SDHT,CHO,CHV)	Ikeda,Ishiga	240 sets	Jan-07 & Jun-09	JICA,RHMT,DHMT,SDHT,CHO
3.2.Monitoring tool				
3.2.1.RHMT self monitoring tool	Ikeda	10 sets	Sep-09	RHMT
3.2.2 Monitoring tool for RHMT on FSV to DHMT	Sato,Ikeda	10 sets	Sep-09	RHMT
3.2.3.Monitoring tool for DHMTon FSV to SDHT	Ikeda	130 sets	Jul-08 & Sep-09	RHMT,DHMT,JICA,GHS,MOH,Intl.org.
3.2.4. Monitoring tool for SDHT on FSV to CHO, Ver2	Ishiga	550 sets+30 CDs	Jun-08 & Jun-09	RHMT,DHMT,SDHT,JICA,GHS,MOH,Intl.org.
3.2.5.Monitoring tool for CHO on FSV to CHC, CHVs, TBAs etc	ishiga	100 sets+30 CDs	Dec-08	RHMT,DHMT,CHO,JICA,GHS,MOH、Intl.org.
3.2.Facilitative Supervision Guideline				
3.2.1. FSV general guideline	Ishiga	160 sets+30 CDs	Jun-09	RHMT,DHMT,SDHT,JICA,GHS,Intl.org.,MOH
3.2.2. FSV manual for RHMT	Sato,Ikeda	60 sets (Plan)	Nov-09 (Plan)	RHMT
3.2.3. FSV manual for DHMT	Ikeda	20 sets+30 CDs	Jul-09	RHMT, DHMT,JICA,GHS,,Intl.org,MOH
3.2.4. FSV manual for SDHT, Ver2	Ishiga	140 sets+30 CDs	Aug-08 & June-09	RHMT,DHMT,SDHT,JICA,GHS,,Intl.org,MOH
3.2.5. FSV manual for CHO,Ver 2	Ishiga	140 sets+30 CDs	Dec-08 & May-09	RHMT,DHMT,SDHT,JICA,GHS、,Intl.org, MOH
Output 4. Referral procedure by regional/district/hospitals, health centers and CHOs are strengthened in UWR				
4.1. Referral Guideline				
4.1.1. Referal guideline,ver2	Kamiya	150 sets	Jan-08 & Sep -09	CHO, SDHT,DHMT,Regional Hospital
4.2.Guideline for report management				
4.2.1.health information guideline (Guideline for report management) Ver2	Kamiya	342 sets	Jan-08 & Oct-09	CHO, SDHT,DHMT,RHMT
Output 5. Procedure of promotion of community partcipation for CHPS implementation is improved in UWR				
5.1.Guideline for implementation of CHC/CHV				
5.1.1. Manul for Community Health Action Plans(CHAPs) preparation in CHPS.Ver 2	Ogawa	170 sets	Mar-09 & Aug-09	RHMT,DHMT,SDHT,CHO, JICA,
5.2.Manual for promotion of community				
5.2.1.Manual for Community partcipation in CHPS (Manual for promotion of community partcipation),Ver 2	Ogawa	170 sets	Mar-09 & Aug-09	RHMT,DHMT,SDHT,CHO,JICA,
Output 6. Models for best practices/innovations are disseminated for potential replication				
5.1.Collection of good practices				
5.1.1.Collection of good practices from CHPS implementation in Upper West Region	Ono,Ikeda	300 sets +30 DVDs (Plan)	Nov-09 (Plan)	RHMT, DHMT, SDHT, Hospitals, JICA, GHS (Headquater and Other Regions),

2. Other products

Products	Person in charge	Quantity of distribution (incl. CD)	Period of elaboration (If there any any	Ditributed place(Institution)
Output 1. Knowledge and skills of RHMT,DHMTs and SDHTs in UWE to mange CHPS implementation are improved				
Training materials on the fieldwork of SDHT training	Ishiga	160 sets	May-07	RHMT,DHMT,CHO,SDHT,JICA, CHPS TA,National Health Material Center
Output 2. Knowledge and skills of CHOs in UWE to implement CHPS is improved.				
Training materials on Infection Prevention	Ishiga	100 sets	Jun-07	RHMT,DHMT,CHO,SDHT,JICA, CHPS TA,National Health Material Center
Instruction to CHPS zone on the fieldwork for CHO fresher trainig	Ishiga	30 sets	Jan-08	RHMT, DHMT,SDHT,CHO,JICA,
Training materials on the fieldwork of CHO fresher training	Ishiga	160sets	Jun-07	RHMT,DHMT,CHO,SDHT,JICA, CHPS TA,National Health Material Center
Training materials on the fieldwork of CHO refresher training	Ishiga	80 sets	Sep-07	RHMT,DHMT,CHO,SDHT,JICA, CHPS TA,National Health Material Center
Illustration for CHO fresher training	Ishiga	10 CDs	Nov-07	National Health Material Center, RHMT,DHMT
Training materials on First aid & emergencies	Ishiga	140 sets	Dec-08	RHMT,DHMT,CHO
Instrucction manual on Ambu Bag	Ishiga	250 sets	Dec-08	RHMT,DHMT,CHO
Output 4. Referral procedure by regional/district/hospitals, health centers and CHOs are strengthened in UWR				
Referal training materials	Kamiya	250 sets	Dec-08	RHMT,DHMT,SDHT, CHO

G-1: Summary of the level of achievement by indicators in PDM

Indicators	Result
Overall goal	
Number of functional CHPS zones in UW increases (Target number by GHS is 197)	● The number of functional CHPS zones under the definition of GHS (CHO assigned + community entry done = CHV assigned) was 24 in 2006 (please see the attached copy of the annual report of UW Region 2006). By 2009, the number of functional CHPS zone has increased 81, which is 41.1% of target number (197) by 2015.
Project Purpose	
Indicator 1: Job performance of health personnel is improved according to performance standard for RHMT, DHMTs, SDHTs, and CHOs	**[RHMT]** ● FSV to DHMTs by RHMT and RHMT self-monitoring planned to start from January 2009. However, these have just started in September 2009 due to the delay of the monitoring tool development both for DHMTs and RHMT-self. This is because the Project gave more focus on activities at SDHT and CHO levels during the early half of 2009 and was not able to secure enough time to develop monitoring tools. As a result, only one FSV to DHMTs and RHMT self-monitoring was conducted as of October 2009. **[DHMTs]** ● FSV to SDHTs by DHMTs started July 2008. Average implementation rate increased from 10.9% in 2008 to 56.7% in 2009. ● FSV to DHMTs by RHMTs was conducted once as stated above. Performance of districts lead by former Stage 1 directors (Wa Municipal and Jirapa) is relatively high possibly because the directors of these districts have alrady improved knowledge and skills to manage CHPS implementation. **[SDHTs]** ● FSV to CHOs at SDHT level started in June 2008. Average implementation rate is increasing from 7.5% in 2008 to 23.7% in 2009. ● Performance level of SDHTs could be improved synchronizing with the implementation rate of FSV to SDHTs. However, the performance level of SDHTs does not seem to change, while implementation rate of FSV to SDHTs is increasing. **[CHOs]** ● FSV to CHVs, TBAs etc. is different from other levels as it is not supervision to the team (e.g. SDHTs, DHMTs) but more individual consultation with each of them. Average implementation rate of FSV to CHVs is 52.5% and that of TBAs is 85.2%. As data is collected from log books of CHO and period of the collected records is varied; therefore, trend of change is not presented. ● Average performance level of CHO is improving from 56.1% in 2008 to 62.7 % in 2009m which synchronizes the increase of FSV implementation by SDHTs.

Indicator 2: Number of households covered by CHO home visit increases.	● From 2006 to June 2009, the number of home visits per CHPS zone per month has increased from 82.1 in 2006 to 90.1 in 2009 (2006: 57.8, 2007: 96, 2008: 94.5, 2009: 90.1)
Indicator 3: All of the motorbikes/medical equipment/radio set procured by the Project are fully utilized until the end of the project period.	● There are some gaps between what CHOs recognize the necessary equipment in CHPS compound and actual frequency of equipment use. ● Some equipment were also rated not be used frequently but very important when there is a need to use them such as delivery equipment. ● Regarding frequency of use of JICA provided equipment, more than 50 % of CHOs often use 55.3% of items of JICA equipment. ● More than 50 % of CHOs recognized that 86.8% of items of JICA provided equipment was highly necessary. ● 84.3% of CHOs use motorbike almost on dairy bases. ● 94.8% of CHOs send their motorbikes to DHMTs for monthly maintenance.
Indicator 4: Proportion of cases appropriately referred by CHO increases (in Stage I districts).	● According to the data from FSV to CHPS, there is no improvement from 98% March-May to 93% June-August 2009. However, the appropriateness of diagnosis writing has been good in general.
Indicator 5: Proportion of CHPS zones implementing Community Health Action Plan (CHAP) increase.	● According to the data of FSV to CHOs, 40 CHPS zones are implementing CHAP related activities at least once. ● 12 CHPS zones have started CHAP related activities without having direct interventions of NGO, since CHAP procedure was introduced during the CHO refresher training.
Output	
1.1 Training on performance standard is provided by the Project for RHMT and DHMTs of all (8) districts in UWR.	● RHMT and all 8 DHMTs received training on performance standard.
1.2 Training on proposal writing is provided for DHMTs of all (8) districts in UWR.	● All 8 DHMTs received training on proposal writing.
1.3 Training on facilitative supervision is provided for SDHTs of all (64) sub-districts in UWR.	● 59 members of SDHTs (one from each sub-district) were trained in 2007. ● 66 members of SDHTs (one from each sub-district) were trained in 2008. ● 132 members of SDHTs (two from each sub-district) were trained in 2009.
1.4 Understandings of trainees are improved in training courses.	● Understandings of trainees are generally improved in each training course for RHMT, DHMTs and SDHTs (please see the results of pre-post test).
2.1 Trainings on CHPS are provided for at least 140 CHNs. (CHO freshman training)	● The CHO fresher training courses were conducted 8 times throughout the Project period. In total, 160 CHNs have been trained.

2.2 Trainings are provided for at least 70 CHOs. (CHO refresher training)	● 33 CHOs were trained in 2007 and 92 CHOs have been trained in 2009
2.3 Understandings of trainees are improved in training courses.	● The score of pre-post test of CHO fresher training was increased 12.4 points on average. ● The score of pre-post test of CHO refresher training was increased 34 points on average.
3.1 Guideline and tools for facilitative supervision are developed and introduced to RHMT and DHMTs in all(8) districts by the Project (by the end of 2008).	● The FSV general guideline was developed in June 2009. ● The manual on FSV to CHOs was developed in August 2008 and introduced to SDHTs during the SDHT training courses. It was revised in June 2009, ● The manual on FSV to CHVs was developed in December 2008 and introduced to CHOs during the CHO training courses. It was revised in May 2009
3.2 According to project-developed guideline, facilitative supervision is regularly implemented throughout the project period by RHMTs and by at least 75% of DHMTs, SDHTs and CHOs in UWR.	● FSV implementation rates are: 33.3% at RHMT in 2009, 56.7% at DHMT in 2009, 23.7% at SDHT in 2009 and 52.5% on average at CHO level from 2008 to 2009. * The detailed data on this indicator is shown in the section of "Project purpose indicator 1."
4.1. Guideline and forms for referral procedure are developed and introduced to RHMT and all (8) districts by the Project.	● Final version of guideline and forms for referral procedure were developed and introduced in August 2009 to RHMT and all (8) districts by the Project.
4.2. Trainings on project developed-guideline and forms for referral procedure are provided for CHOs by GHS district staff in all (8) districts.	● Training on project developed-guideline and forms for referral procedure were provided for CHOs by GHS district staff in all (8) districts in January to February 2008.
4.3. At least 75% of hospitals, health centres and CHOs in UWR follow referral procedure according to project-developed guideline and forms throughout the project period.	● Facilities (e.g. hospitals, health centres) with full-mark of referral procedures are; 56% at CHPS zone, 38% at health centre, and 0% at hospital level.
4.4 Quarterly analysis and review of referral data for action are implemented by all (8) DHMTs .	● District CHPS review meetings have started in some districts since January 2009. During the meetings, referral data obtained from FSV has been analyzed.

5.1 Guideline, manual for community participation for GHS are developed by the Project based on field exercise in Stage I districts (by the end of 2008).	● Guideline was developed in March 2009 and revised in August 2009.
5.2 Trainings on promotion of community participation according to project-developed guideline and manual are provided for GHS staff and DA staff in all (8) districts.	● From December 2006 to December 2008, CHV training courses were conducted and 680 of CHVs and CHCs participated in those training courses. ● From September 2006 to August 2009, training courses on enhancement of community participation were held for GHS and DA staff. In total, 243 of them participated in those training courses. ● The manuals on community participation were provided for GHS and DA staff.
6.1 Best practices/ innovations including those in the following categories, are identified and shared among UWR by the Project. - A) Best practices/ innovations by a) CHO, b) SDHT, c) DHMT/RHMT, and d) CHC/CHVs. - B) Best practices/ innovations on a) facilitative supervision, b) referral procedure, c) promotion of community participation.	● Good practices by CHO, SDHT, DHMT, RHMT and CHC/CHVs about FSV, referral procedure and community participation were identified and the draft of report is being finalized to be distributed at the Regional CHPS Forum.
6.2 Best practices/ innovations identified are introduced to GHS/MOH policy makers by the Project.	● Good practices/innovations were introduced to GHS/MOH policy makers during 6 dissemination workshops which were held from July 2008 to September 2009, including 1 field observation of project sites in UWR.

G-2: Level of achievement based on PDM indicators

I. Overall goal

1. Indicator of overall goal: Number of functional CHPS zones in UW increases (Target number by GHS is 197)

- The number of functional CHPS zones under the definition of GHS (CHO assigned + community entry done = CHV assigned) was 24 in 2006 (please see the attached copy of the annual report of UW Region 2006). By 2009, the number of functional CHPS zone has increased to 81, which is 41.1% of target number (197) by 2015.

Table 1: Number of Functional CHPS Zones

District	Number of functional CHPS zones	
	CHO assigned	Community entry done (CHV assigned)
Jirapa	13	8
Lambussie	8	9
Wa West	12	10
Lawra	18	9
Nadowli	14	14
Sissala West	7	8
Sissala East	4	4
Wa East	9	7
Wa Municipal	15	12
Total	100	81
Achievement rate (As 100% for 197 CHPS zones)	50.8%	41.1%

Data: Questionnaire filled by all district CHPS coordinators in September 2009

- Fairly achieved component is "CHO assigned," which might be the impact of implementation of the CHO fresher training courses conducted by the Project.
- 71 CHPS compound were constructed by September 2009. 16 CHPS compounds have been constructed per year on average since the Project started. It is

necessary to accelerate construction of CHPS compounds (21 compound per year on average) to achieve the target number by 2015.

Table 2: Number of CHPS Zones Supplied with Essential Equipment by JICA

District	14 essential equipment* supplied by JICA
Jirapa	7
Lambussie	10
Wa West	13
Lawra	2
Nadowli	3
Sissala West	2
Sissala East	2
Wa East	2
Wa Municipal	3
Total	42
Achievement rate (As 100% for 197 CHPS zones)	21.3

- "14 essential equipment available," which contributes to delivering quality health services, is an additional criterion of functional CHPS zone under the PDM. The Project supplied 42 sets of medical equipment, including 14 essential equipment, for the districts. This covers 21.3 % of targets by2015.

I Project Purpose

1. Indicator 1: Job performance[1] of health personnel is improved according to performance standard for RHMT, DHMTs, SDHTs, and CHOs

1) Data for evaluation of performance

The performance of target health teams or persons was evaluated through two factors: one is implementation rate of FSV to lower level, and the other is performance level monitored by supervisor at higher level (or self-monitoring for RHMT). The table below shows the data utilized for performance evaluation and its source.

Table 3: Data for Performance Evaluation and its Source

Level	Data for performance evaluation	Data source	Remarks
RHMT	[Capacity of RHMT as supervisors to DHMTs] → Implementation rate of FSV to DHMTs	Monitoring Tool(MT) of FSV to DHMT	1 data set (09/2009)
	[Capacity related to performance standard] → Scoring through self-evaluation	Self monitoring	1 data set (09/2009)
DHMTs	[Capacity of DHMT as supervisors to SDHTs] → Implementation rate of FSV to SDHTs	MT of FSV to SDHT	126 data sets (07/2008-09/2009)
	[Capacity related to performance standard] →Scoring through monitoring by RHMT	MT of FSV to DHMT	1 data set (09/2009)
SDHTs	[Capacity of SDHTs as supervisors to CHOs] → Implementation rate of FSV to CHOs	MT of FSV to CHO	193 data sets (06/2008-08/2009)
	[Capacity related to performance standard] →Scoring through monitoring by DHMTs	MT of FSV to SDHT	126 data sets (07/2008-09/2009)
CHOs	[Capacity of CHOs as supervisors to CHVs, TBAs etc.] → Implementation rate of FSV to CHVs, TBAs etc.	MT of FSV to CHO (Log book)	61 data sets* (Various)
	[Capacity related to performance standard] →Scoring through monitoring by SDHTs	MT of FSV to CHO	193 data sets (06/2008-08/2009)

* Number of data sets is relatively small because FSV to CHVs and TBAs by CHOs started lately.

[1] Job performance of each level is measured by duties and responsibilities described in the Performance Standard developed by the Project. The Performance Standard stipulates duties and responsibilities taken from "CHPS - The Operation Policy" published by GHS in 2005 and some additional duties and responsibilities related to CHPS operation in UWR.

2) Performance of RHMT

As stated, the performance of RHMT is evaluated by implementation rate of FSV to DHMTs and performance level scored through self-monitoring. The following tables and figures show implementation rate of FSV to DHMTs and self-monitoring score by RHMT it self.

Table 4: Implementation of Facilitative Supervision (FSV) to DHMT

RHMT	DHMT	Q1 2009			Q2 2009			Q3 2009			Total	Imp.rate [%] (Mon)	Imp.rate [%] (Qrt)
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
RHMT team 1	Lawra	0	0	0	0	0	0	0	0	1	1	11.1	33.3
	Jirapa	0	0	0	0	0	0	0	0	1	1	11.1	33.3
	Lambussie	0	0	0	0	0	0	0	0	1	1	11.1	33.3
RHMT team 2	Sissala East	0	0	0	0	0	0	0	0	1	1	11.1	33.3
	Sissala West	0	0	0	0	0	0	0	0	1	1	11.1	33.3
	Wa East	0	0	0	0	0	0	0	0	1	1	11.1	33.3
RHMT team 3	Wa Municipal	0	0	0	0	0	0	0	0	1	1	11.1	33.3
	Nadowli	0	0	0	0	0	0	0	0	1	1	11.1	33.3
	Wa West	0	0	0	0	0	0	0	0	1	1	11.1	33.3
Total	Monthly*	0	0	0	0	0	0	0	0	9	9	11.1	
	Quarterly	0			0			9			9		33.3

Table 5: Implementation of RHMT Self-Monitoring

Supervisor in RHMT	Supervisee in RHMT	Q1 2009			Q2 2009			Q3 2009			Total	Imp.rate (Mon)	Imp.rate (Qrt)
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
DDNS/ DDPS	RCC/HIO	0	0	0	0	0	0	0	0	1	1	11.1	33.3
RCC	FSV team leaders	0	0	0	0	0	0	0	0	1	1	11.1	33.3
DDA	Manager of Medical store	0	0	0	0	0	0	0	0	1	1	11.1	33.3
DDA	Equipment officer	0	0	0	0	0	0	0	0	1	1	11.1	33.3
DDNS/ RCC	I/C of ward, R hospital	0	0	0	0	0	0	0	0	1	1	11.1	33.3
Total	Monthly *	0	0	0	0	0	0	0	0	1	1	11.1	
	Quarterly	0			0			1			1		33.3

Table 6: Performance of RHMT by Categories

Date	Performance (%)	Performance (%) [Categories highly related to CHPS operation]				Performance (%) [Categories which can be extended to general management]			
09/10/ 2009	Average of all categories	Q1 Report to RDHS on CHPS	Q2 Info. Mgmt on CHPS	Q3 Mgm't of Meeting on CHPS	Q4 FSV on CHPS	Q5 Mgm't of Supply	Q6 Equip. Mgmt	Q7 Trans. Mgmt	Q8 Referral
	39.6	0.0	25.0	0.0	79.2	33.3	66.7	62.5	50.0

Notes: The results showed performance of 3rd quarter, July to Sep. 2009.
"Management of meeting on CHPS" is about the meeting organised by Regional CHPS Coordinator or RDHS on CHPS implementation"

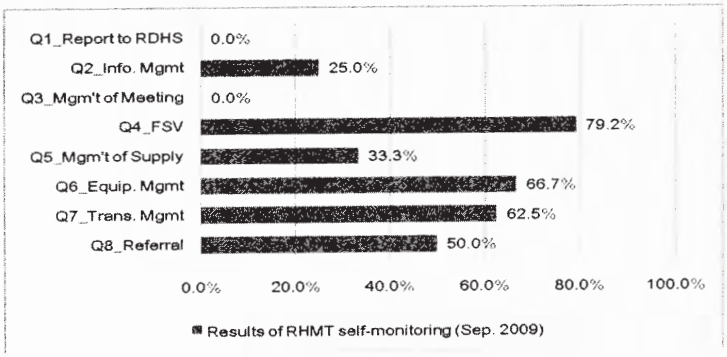


Figure 1: Performance of RHMT by Categories

(1) Implementation rate of FSV to DHMTs

- FSV to DHMTs by RHMT was planned to start from January 2009. However, it has just started in September 2009 due to the delay of the monitoring tool development both for DHMTs and RHMT. This is because the Project gave more focuses on activities at SDHT and CHO levels during the early half of 2009 and was not able to secure enough time to develop monitoring tools. As a result, only one FSV to DHMTs was conducted so far.
- At RHMT level, most of the staff who participated in FSV training courses were not engaged in the Project activities intensively because of above as well as other many national assignments.

(2) Results of first self-monitoring

- According to the result of the 1st RHMT self monitoring in September 2009, performance on "Report to RDHS," "Information management" and "Management meeting" was low, which reveals information sharing among RHMT was ineffective. Feedbacks were given later to supervisees by peer supervisors at RHMT level.
- The status of counter-referral in the Regional Hospital is low. The reason could be the inability of supervisors to follow up with their supervisees to ensure proper procedures on counter referrals.

3) Performance of DHMTs

The performance of DHMTs is also evaluated by two factors, such as implementation rate of FSV to SDHTs and performance levels monitored by RHMT. The following tables and figures show the trend of implementation rate of FSV to SDHTs and performance levels of SDHTs.

Table 7: Quarterly Implementation Rate of FSV to SDHTs

Stage	Districts	Q3 2008	Q4 2008	Q1 2009	Q2 2009	Q3 2009	Average (%)
1	Jirapa	28.6	0.0	42.9	100.0*	100.0	54.3
	Lambussie	16.7	0.0	100.0	50.0	16.7	36.7
	Wa West	16.7	16.7	0.0	100.0	100.0	46.7
2	Lawra	40.0	20.0	50.0	40.0	40.0	38.0
	Nadowli	7.7	0.0	0.0	61.5	53.8	24.6
	Sissala East	0.0	0.0	0.0	100.0*	33.3	26.7
	Sissala West	0.0	0.0	0.0	100.0	75.0	35.0
	Wa East	0.0	0.0	0.0	100.0	0.0	20.0
	Wa Municipal	50.0	0.0	66.7	100.0*	100.0	63.3
	Average	17.7	4.1	28.8	83.5	57.6	
		10.9		56.7			38.4

* FSV was conducted 2 times in the particular quarter, but implementation rate is calculated as 100%.

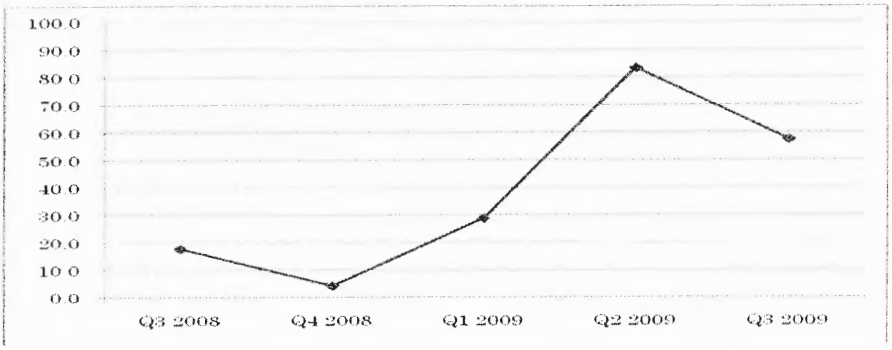


Figure 2: Trend of Implementation Rate of FSV to SDHTs (Quarterly)

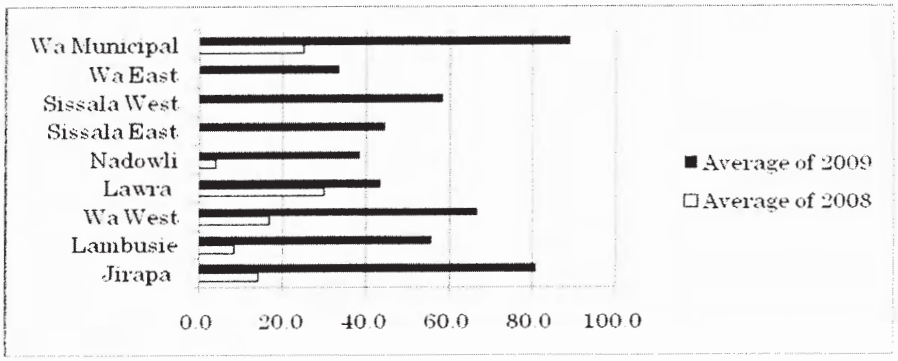


Figure 3: Implementation Rate by Districts

(1) Implementation rate of FSV at DHMT level

- FSV started in July 2008. Average implementation rate increased from 10.9% in 2008 to 56.7% in 2009.
- Implementation rate of the 3rd quarter in 2009 decreased compared to the previous quarter. Reasons could be that the staff was pre-occupied with activities, fuel shortage for transportation, and poor road access during the rainy season.
- Wa Municipal has conducted FSV effectively, which could be attributed to the strong leadership of management team and effective delegation.

Table 8: Performance of DHMTs by Districts

District	Ave. of cate-gories from Q1-Q6	Q1 Report to RHMT	Q2 Mgm't of Supplies	Q3 Mgm't of Trans.& Equip-ment	Q4 Info. Mgm't	Q5 Mgm't Meeting	Q6 Tech Support to SDHT	Q7 Referral
JIRAPA	72.4%	25%	100%	80%	92%	78%	60%	56%
LAMBUSSIE	49.6%	100%	63%	70%	25%	0%	40%	N.A.*
LAWRA	61.2%	50%	88%	80%	42%	78%	30%	44%
NADOWLI	28.5%	0%	13%	90%	58%	0%	10%	38%
SISSALA-EAST	66.7%	100%	75%	90%	8%	67%	60%	25%
SISSALA-WEST	49.0%	100%	0%	40%	58%	56%	40%	N.A.
WA-EAST	51.2%	50%	63%	40%	50%	44%	60%	N.A.
WA-MUNICIPAL	83.7%	100%	88%	80%	100%	44%	90%	N.A.
WA-WEST	60.4%	75%	50%	60%	92%	56%	30%	N.A.

* "N.A." means there is no hospital at a respective district

Notes: The results showed performance of DHMTs in the 3rd Quarter, Jul.– Sep. 2009.

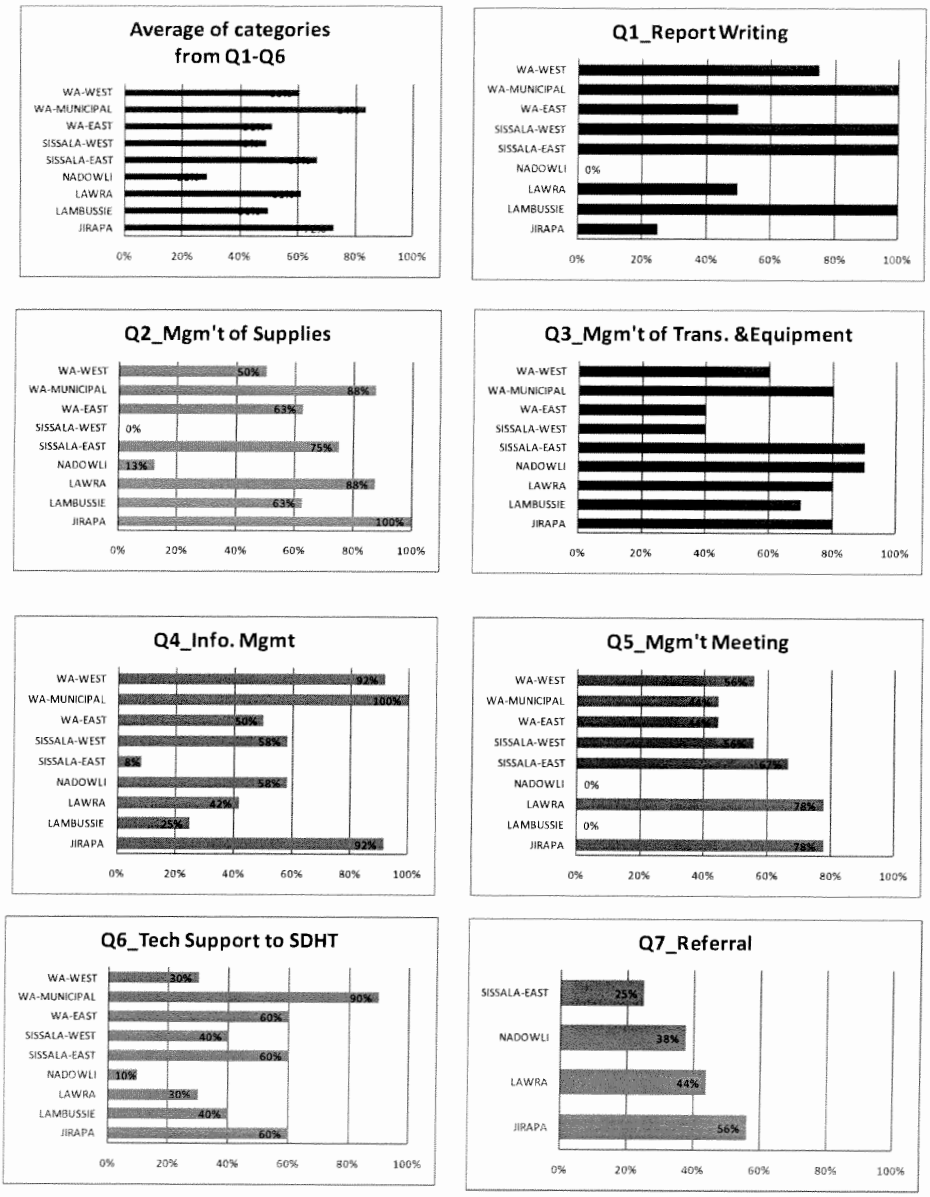


Figure 4: Comparison of Performance by Districts

(2) Performance level of DHMT

- Performance of districts lead by former Stage 1 directors (Wa Municipal and Jirapa) is relatively high possibly because the directors of these districts have already improved knowledge and skills to manage CHPS implementation.
- Performance on "Management meeting"[2]in general is realtively low. This implies the shortage of feedbacks to SDHT and CHOs, and consequently low implementation rate of FSV at lower levels.
- Performance on "Referral" is low because counter referral implemnetation by district hospitals is low in general. To address this issue, the region nominated referral coordinators to be responsible to increase counter referral implementation after the referral workshop in August 2009.

4) Performance of SDHTs

The performance of SDHTs is similarly evaluated by two factors, such as implementation rate of FSV to SDHTs and performance monitored by DHMTs. The following tables and figures show implementation rate of FSV at SDHT level and their performance.

[2] Management meeting includes quarterly / monthly CHPS review meeting, meeting with development partners on CHPS activities. These meeting are organised by DHMT.

Table 9: Implementation Rate of FSV to CHOs

	No of CHPS zone	2008							2009								Average
		Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Jirapa	7	0.0	14.3	0.0	14.3	0.0	14.3	14.0	14.3	0.0	0.0	14.3	0.0	14.3	85.7	28.6	15.2
Lambussie	5	0.0	20.0	80.0	20.0	0.0	20.0	0.0	0.0	0.0	40.0	0.0	0.0	20.0	60.0	0.0	17.3
Lawra	11	0.0	45.5	27.3	18.2	9.1	9.1	5.5	27.3	9.1	27.3	18.2	18.2	27.3	9.1	0.0	17.0
Nadowli	12	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.3	16.7	50.0	50.0	41.7	58.3	91.7	16.7	22.2
Sissala East	4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	3.3
Sissala West	7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.3	0.0	0.0	28.6	28.6	14.3	5.7
Wa East	9	0.0	11.1	0.0	0.0	11.1	0.0	0.0	0.0	0.0	0.0	22.2	44.4	11.1	44.4	44.4	12.6
Wa Municipal	12	8.3	0.0	8.3	0.0	0.0	0.0	0.0	8.3	0.0	25.0	66.7	100.0	66.7	58.3	8.3	23.3
Wa West	11	0.0	18.2	18.2	27.3	36.4	9.1	0.0	0.0	0.0	0.0	27.3	0.0	18.2	63.6	9.1	15.2
Average	78	1.3	12.8	12.8	9.0	7.7	5.1	3.8	7.7	3.8	19.2	30.8	29.5	32.1	52.6	14.1	16.2
		7.5							23.7								

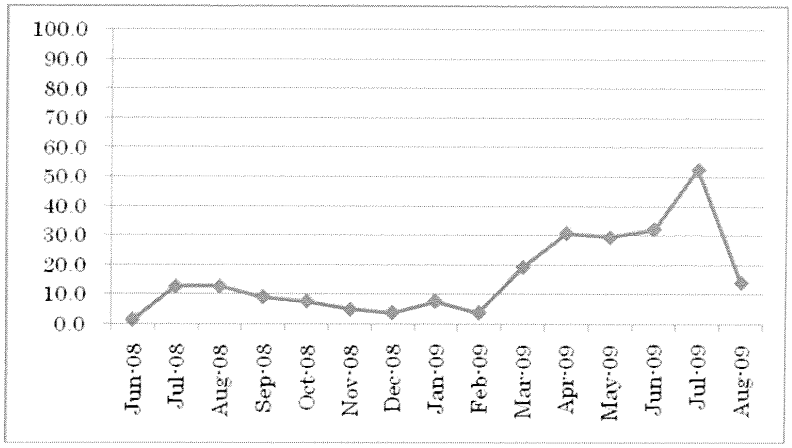


Figure 5: Trend of Implementation Rate of FSV to CHOs (Monthly)

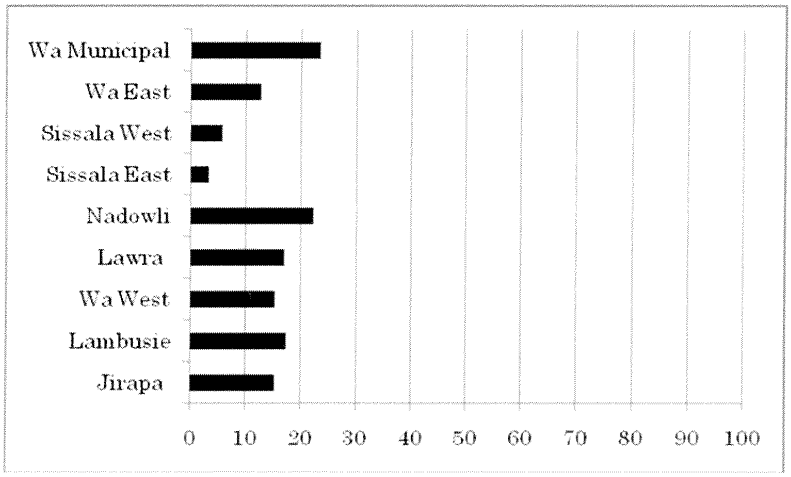


Figure 6: Implementation rate of FSV to CHOs by Districts

(1) Implementation rate of FSV at SDHT level

- FSV to CHOs at SDHT level started in June 2008. Average implementation rate from June 2008 to August 2009 is 16.2%. Average implementation rate increase from 7.5% in 2008 to 23.7% in 2009.
- After the 1st training on FSV in June 2008, the implementation rate rapidly increased from 1.3 % to 12.8%. However, from September 2008 to February 2009,

implementation rate decreased gradually. A possible reason for this is four times of implementation of NID since the detection of polio case in Northern Region.

- After March 2009, implementation rate increased again because holding review meeting was emphasized by the Project in order to show FSV results, which motivated them to improve FSV. In addition, the SDHT training was conducted in June 2009 targeting two staff from each SDHT since FSV were suspended sometimes due to the shortage of trained personnel on FSV at SDHT level. The rate of implementation increased in July 2009 to 52.6%. In August 2009 it decreased as a result of the insufficient data collection from all districts.
- In comparison, Sissala East and West districts performed lower partly because they have very limited number of staff. Access to the CHPS zones is also very difficult during the rainy season. In addition, these districts are far from the regional capital with poor road access. This situation makes the regional office difficult to supervise and help two districts frequently, which may affect the performance of SDHTs under those two districts.

Table 10: Performance of SDHT by Districts

Stage	District	Q3 2008	Q4 2008	Q1 2009	Q2 2009	Q3 2009	Average(%)
I	Jirapa	69.9		67.3	62.3	61.2	65.2
	Lambussie			73.4	68.5	74.8	72.2
	Wa West	80.8	55.8		64.1	62.6	65.8
	Stage I average	75.4	55.8	70.4	65	66.2	67.7
II	Lawra	35.6	43.3	50.4	41.5	48.7	43.9
	Nadowli	50.0			50.0	75.6	58.5
	Sissala East				41.0	31.4	36.2
	Sissala West				43.7	48.6	46.2
	Wa East				37.1		37.1
	Wa Municipal	46.8		61.6	63.7	77.9	62.5
	Stage II average	47.3	46.4	58.4	47.1	57.1	48.7
Total average		56.6	49.6	63.2	52.4	60.1	56.4

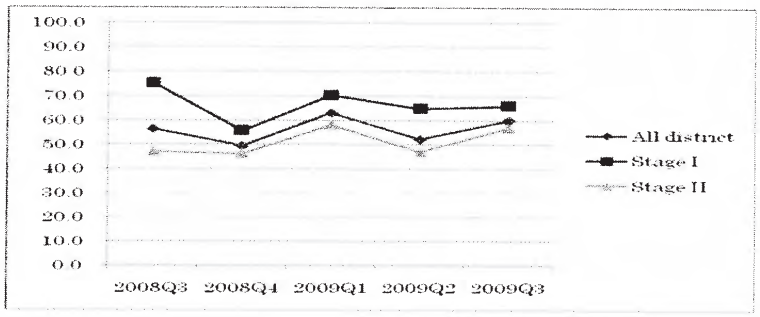


Figure 7: Trend of SDHTs' Performance by Stage I & II Districts

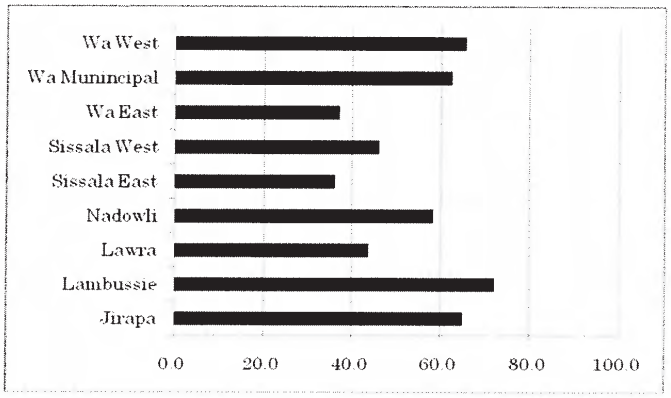


Figure 8: Average Performance of SDHTs by Districts

Table 11: Performance of SDHTs by Categories

Category	Q1 2009	Q2 2009	Q3 2009	Average(%)
Report	84.8	78.9	79.4	81.0
Meeting	35.0	36.6	42.8	38.1
Supply	77.9	64.2	70.8	71.0
Information	72.7	57.0	75.0	68.2
Referral	52.1	48.7	57.1	52.6
Technical	47.6	25.4	53.0	42.0

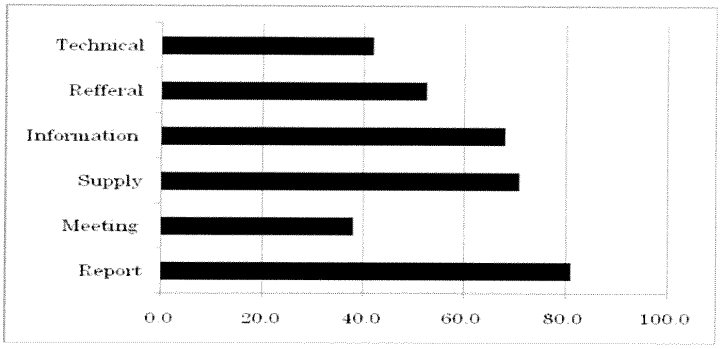


Figure 9: Average Performance of SDHTs by Categories

(2) Performance level of SDHTs

- Performance level of SDHTs could be improved synchronizing with the implementation rate of FSV to SDHT. However, the performance level of SDHT does not seem to change, while implementation rate of FSV to SDHT is increasing. The capacity of SDHTs is also varied and needs more capacity building.
- The procedure on FSV is not yet standardized because some of supervisors do not fully understand procedures shown in the guidelines and manuals. The quality of data collected seems to vary due to differences of supervisors' experiences. Thus, some data could be biased.
- The contents of monitoring sheet could also be a factor to the stable performance (no improvement) of SDHTs. This is because some items are not well detailed to have clear variation in the scoring. Thus, the revision of the monitoring tool might be necessary to address those issues.
- Analysis report (written feedback) which compares all SDHTs is not frequently given for SDHTs to identify their positions for improvement.
- There is a difference between the stage I and stage II on the result of performance level of SDHT possibly because stage I districts were the main focus of the Project. Stage I districts had advantage of having more Project support to improve their capacity.
- As SDHT training focused on strengthening the capacity of SDHTs as supervisors for FSV to CHOs, the training is not directly related to the result of overall performance.

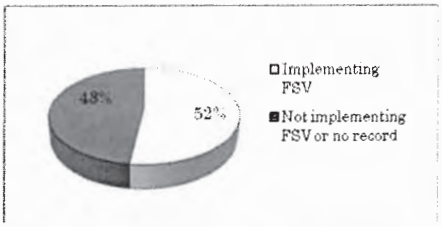
5) Performance of CHOs

The performance of CHOs is also evaluated by two factors: implementation rate of FSV to CHC, CHVs and TBAs and performance monitored by SDHTs. The following tables and figures show implementation rate of FSV to SDHTs and performance level of CHOs examined by SDHTs.

Table 12 and Figure 10: Proportion of CHOs who Conduct FSV to CHVs

N=61

FSV implementation	Number (%)
Implementing FSV	32 (52.5)
Not implementing FSV or no records	29 (47.5)

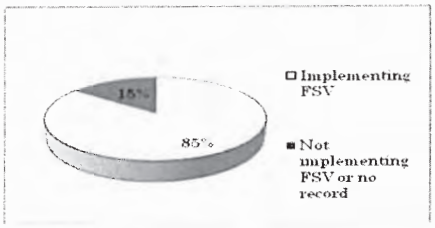


100 %=FSV to all CHVs monthly

Table 13 and Figure 11: Proportion of CHOs who Conduct FSV to TBAs

N =61

FSV implementation	Number (%)
Implementing FSV	52 (85.2)
Not implementing FSV or no record	9 (14.8)

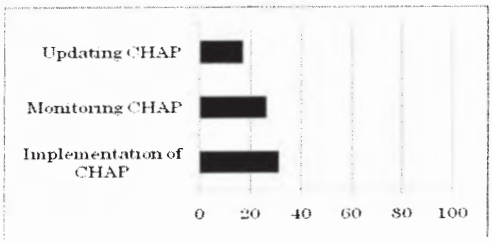


100 %=FSV to all TBAs monthly

Table 14 and Figure 12: Status of Implementation of CHAP Related Activities

N=61

	Average (%)
Implementation of CHAP	31.4
Monitoring CHAP	26.3
Updating CHAP	17.2



100%= Some activities are done every month

(1) Implementation rate of FSV at CHO level

- FSV to CHVs, TBAs etc. is different from other levels as it is not a supervision to specific team (e.g. SDHTs, DHMTs) but it is rather an individual consultation with each of them. Average implementation rate of FSV to CHVs is 52.5% and that of TBAs is 85.2%. Informal communication and consultation without evidence is done more frequently but not included in the above percentages.
- As data is collected from log books of CHOs and the period of the collected records is varied; therefore, the trend of change is not presented.

Table 15: Performance of CHOs by Districts

stage		2008							2009								Average
		Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
I	Jirapa		52.8		35.7		42.5	54.2	49.4			60.3		55.4	66.1	70.5	59.1
	Lambussie		67.6	64.7	67.8		60.2				75.0			75.1	74.1		69.4
	Wa West		49.9	51.8	48.6	57.0						71.7		72.3	73.2	83.5	63.9
II	Lawra		51.4	51.6	56.8	63.8	64.6	63.3	52.7	35.3	80.5	71.2	69.7	61.3	67.1		59.9
	Nadowli								55.7	42.1	70.1	68.5	67.2	72.6	72.3	74.2	68.8
	Sissala East											74.0					68.7
	Sissala West										52.1			69.9	71.6	73.6	68.1
	Wa East		19.2			55.1						67.3	62.5	69.7	69.4	69.6	63.8
	Wa Municipal	60.5		62.1			62.9		69.4		44.0	50.8	62.6	65.8	71.2	72.6	63.7
Average		60.5	49.6	57.9	51.8	57.8	57.6	57.2	55.1	40.4	66.6	63.2	64.1	68.1	71.0	72.6	59.6
		56.1							62.7								

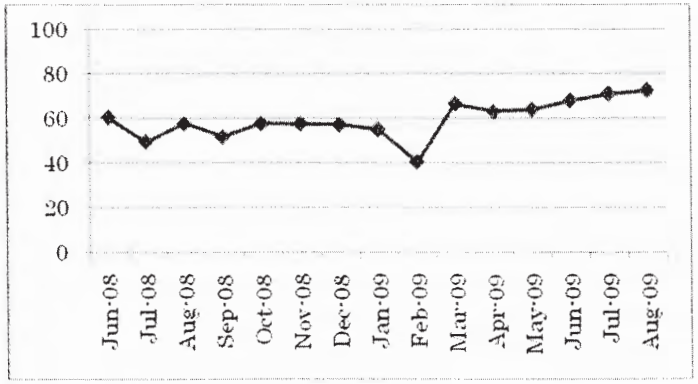


Figure 13: Trend of CHO's Performance

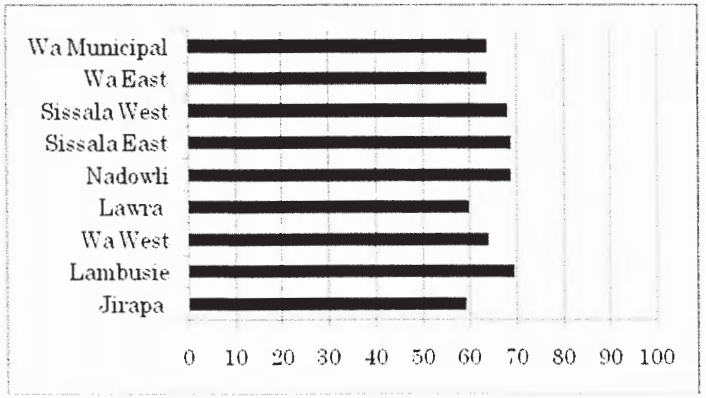


Figure 14: Performance of CHOs, by districts

Table 16: Performance of CHOs by Category

Category (%)	2008							2009								Average
	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
CHPS Condition	73.3	70	77.3	74.3	77.8	75	66.7	83.8	75	68.8	66.4	66.7	72.8	79.1	77.1	73.6
Reporting	91.7	73.2	93.3	87.5	81.9	94.4	91.7	90	60.4	88.1	79.8	84.3	92.1	88.2	91.7	85.9
Records & CHPS booklet	65.1	48.4	58.4	58.3	55.4	64.1	71.9	64.6	56.3	86.5	83.4	80.5	83.6	80	84.5	69.4
Other activities	33.3	29.3	31	24.4	37.2	32.2	36.7	34.7	13.3	65.5	60	55.5	61.3	63.6	62.9	42.7
Equipment	42.9	41.3	39.3	38.1	52.4	51.2	75	42.1	23.2	30.9	39.8	36.1	38.7	43.8	41.1	42.4
Medical supplies	56.5	34.8	48.3	42	42	58	54.4	33	14.1	67.4	64.7	69.5	67.8	69.1	77	53.2
Average	60.5	49.5	57.9	54.1	57.8	62.5	66.1	58.0	40.4	67.9	65.7	65.4	69.4	70.6	72.4	367.3

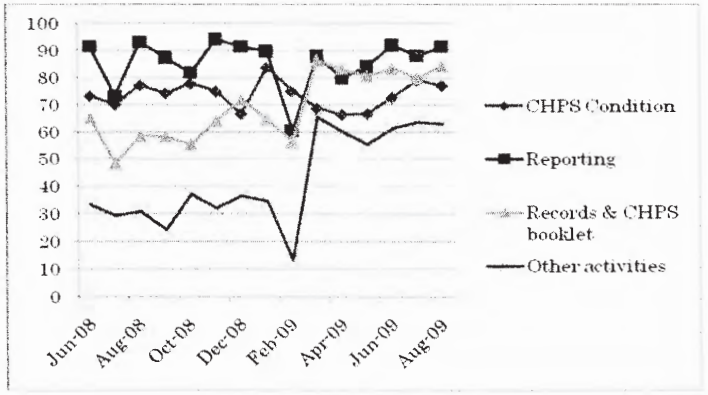


Figure 15: Performance of CHOs (By category 1)

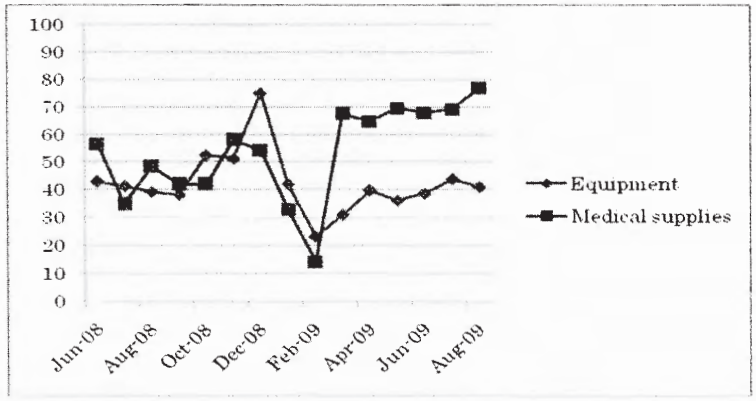


Figure 16: Performance of CHOs (By category 2)

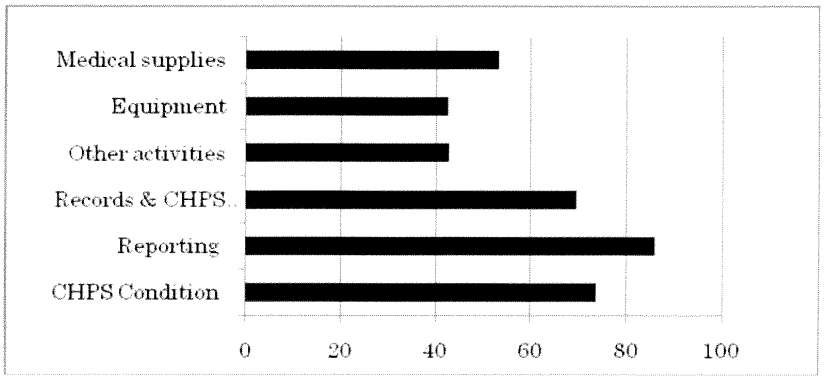


Figure 17: Average performance Rate of CHOs by Category

(2) Evaluation of duties and responsibilities of CHO

- Average performance level of CHO was improved from 56.1% in 2008 to 62.7 % in 2009 which synchronizes the increase of FSV implementation by SDHT.
- Since the month of February 2009 was the time when National Immunization Day was held and some directors of districts were transferred, there were only two available FSV data sets.
- There is not much difference on the results among districts since most of the CHOs have had the same standardized training which has positibly influenced their CHPS implementation.
- "Records in the CHPS booklets and other records", "Medical supplies" and "Other activities" such as community related activities and referral were improved. "Medical supplies" has gone up from 56.5% in June 2008 to 77% in August 2009, and "CHPS booklets" also moved up from 65.1 % in 2008 to 84.5 % in August 2009. "Other activities" also increased from 33.3% in June 2008 to 62.9% in August 2009. Good performance of these components could be attributed to CHOs involvement in the CHO refresher training.
- There is no significant improvement with "Organization and submission of reports" as well as "Equipment." Low performance of "Organization and submission of reports" may be due to heavy workloads. "Equipment" matter is actually out of their control.

2. Indicator 2: Number of households covered by CHO home visit increases.

1) Number of households covered by CHO home visits

Data: Collected by district CHPS coordinators in September 2009

Table 17: Number of CHPS Zone with Available Data on home visits

	2006	2007	2008	2009	Total no. of CHPS zones
Jirapa	0	0	3	6	9
Lambussie	1	2	5	7	15
Lawra	3	5	2	8	18
Nadowli	8	11	13	13	45
Sissala East	1	2	2	2	7
Sissala West	1	1	2	2	6
Wa East	3	4	5	7	19
Wa Municipal	1	6	11	12	30
Wa West	1	3	6	8	18
Total	19	34	49	65	167

Table 18: Average Number of Home Visits (per CHPS zone per month)

	2006	2007	2008	2009**	Average (visits)
Jirapa	NA*	NA*	31.5	31.3	31.4
Lambussie	13.0	29.2	25.0	17.5	21.2
Lawra	43.8	38.4	29.5	23.9	33.9
Nadowli	96.8	84.1	110.0	146.8	109.4
Sissala East	26.5	24.8	62.4	195.8	77.4
Sissala West	18.0	189.0	177.4	91.5	119.0
Wa East	152.6	178.8	134.8	128.8	148.8
Wa Municipal	100.0	194.1	198.5	114.3	151.7
Wa West	12.0	29.9	81.8	60.8	46.1
Average	57.8	96.0	94.5	90.1	82.1

*Jirapa/Lambussie was one district as of 2008 but now divided into 2 (Jirapa and Lambussie). All the same CHPS zones still remain as they have their respective figures.

** Data was collected in September 2009.

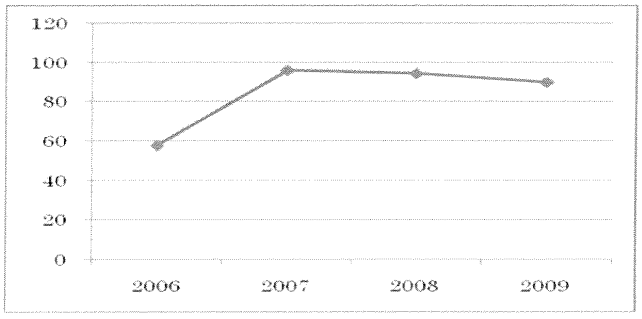


Figure 18: Number of Visits per CHPS zone

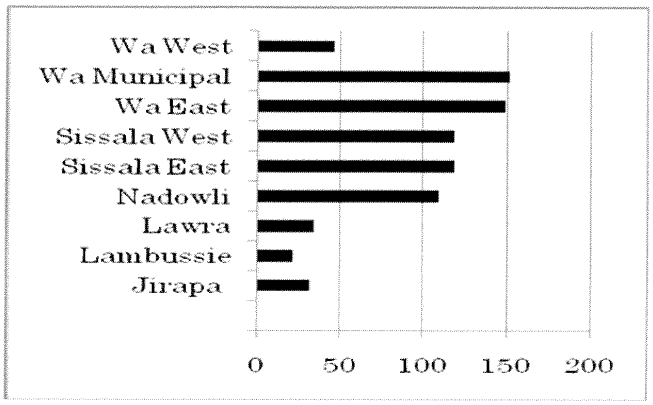


Figure 19: Average Number of Visits per CHPS Zone by Districts

- From 2006 to June 2009, the number of home visits per CHPS zone per month has increased from 57.8 to 90.1 visits, with an overall average of 82.1 visits. Average visits per day is 3.7 visits.(calculated as 22 working days per month)
- Average number of visit increased sharply from 57.8 in 2006 to 96.0 in 2007. Then, the number stays between 90 and 100 possibly because it is the maximum number of home visits which CHO can conduct.
- Some CHPS zones have 2 CHOs or/and health extension worker who conduct home visits.

3. Indicator 3: All of the motorbikes/medical equipment/radio set procured by the Project are fully utilized until the end of the project period.

(1) Medical equipment

The Project conducted a survey on medical equipment to obtain necessary data for the final evaluation. 57 cases of data were collected from July 2009 to Oct 2009 through interviews by the project staff and NGO on the use of medical equipment. A set of medical equipment includes 38 medical equipment. Each equipment was directly counted and its condition was observed as well. In case CHO was absent, Health extension worker was interviewed.

Scoring and calculation methods of each cell in the following tables are as follows:

1) Availability: availability of equipment.
   Total number of CHPS zones which have equipment/ 57 = 100%
2) Supplied by JICA: availability of equipment which was supplied by JICA.
   Total number of CHPS zones which have JICA supplied equipment/ 57 =100 %
3) Frequency of use of JICA supplied equipment: This question was given to respondent who has JICA supplied equipment only. Frequency of usage was graded into 4 categories, Often, Sometimes, Rare, and Never.

4) Necessity of use: Necessity of equipment was graded into 4 categories Strong, Fair, Not really, and Not at all. This question was given to all respondents.

Through the analysis of data, the followings are identified.

- There are some gaps between what CHOs consider to be the necessary equipment in CHPS compound and the actual frequency of use.
- Regarding frequency of use of JICA provided equipment, 55.3% (21 of 38 equipment) are often used by more than 50 % of CHO who received equipment from JICA.
- There are some JICA supplied equipment which are never used possibly because CHOs have extra equipment and keep JICA's as a spare.
- There are some equipment such as virginal speculum couscus which CHOs rarely use.
- 86.8% (33 of 38 equipment) of JICA provided equipment were recognized highly necessary by more than 50 % of CHOs.

Table 19: Availability and Frequency of Equipment Usage by Items N=57

Ref.No	Equipment	Availa-bility (%)	Equipment Supplied by JICA (%)	Frequency of usage of equipment supplied by JICA * (%)				
				Often	Sometimes	Rare	Never**	N.A***
38	Medical cupboard	87.7	57.9	93.9	0.0	0.0	6.1	0.0
37	Home visiting bag	82.5	57.9	87.9	0.0	3.0	9.1	0.0
36	Veronica bucket large	84.2	56.1	87.5	0.0	0.0	9.4	3.1
4	Sphygmomanometer	98.2	63.2	86.1	2.8	0.0	11.1	0.0
5	Stethoscope	100.0	63.2	83.3	2.8	0.0	11.1	2.8
3	Feotal stethoscope	86.0	59.6	79.4	5.9	0.0	14.7	0.0
2	Weighing scale child	98.2	63.2	77.8	5.6	0.0	11.1	5.6
14	Thermometer digital	86.0	61.4	77.1	5.7	0.0	11.4	5.7
34	Measuring tape	93.0	56.1	75.0	12.5	0.0	9.4	3.1
35	Veronica bucket small	70.2	50.9	72.4	0.0	3.4	10.3	13.8
1	Weighing scale adult	96.5	63.2	72.2	0.0	0.0	13.9	13.9
23	Galli pot small	78.9	57.9	69.7	15.2	0.0	15.2	0.0
33	Tray with cover medium	73.7	56.1	59.4	12.5	0.0	28.1	0.0
21	Galli pot Large	61.4	50.9	58.6	13.8	6.9	20.7	0.0
22	Galli pot medium	71.9	50.9	58.6	10.3	10.3	20.7	0.0
32	Tray with cover small	59.6	50.9	58.6	10.3	0.0	27.6	3.4
6	Nurses scissors	89.5	63.2	58.3	19.4	2.8	16.7	2.8
15	Kidney dish large	80.7	64.9	56.8	18.9	2.7	21.6	0.0
27	Sterilizing Drum	66.7	57.9	54.5	18.2	6.1	21.2	0.0
17	Kidney dish small	77.2	64.9	54.1	21.6	2.7	21.6	0.0
16	Kidney dish medium	80.7	63.2	50.0	19.4	5.6	25.0	0.0
7	Scissors ordinary	80.7	64.9	45.9	32.4	0.0	18.9	2.7
29	Dissecting forceps 6	77.2	57.9	33.3	39.4	6.1	21.2	0.0
8	Artery Forceps 8 str	78.9	61.4	31.4	34.3	5.7	25.7	2.9
9	Artery Forceps 8 cvd	77.2	61.4	31.4	37.1	5.7	22.9	2.9
10	Artery Forceps 6 str	80.7	64.9	29.7	43.2	5.4	18.9	2.7
28	Surgical blade 24	64.9	56.1	28.1	40.6	0.0	28.1	3.1
30	Dissecting forceps 6 non tooth	73.7	56.1	28.1	40.6	6.3	25.0	0.0
11	Artery Forceps 6 cvd	73.7	61.4	25.7	42.9	8.6	17.1	5.7
24	Episiotomy scissors big	52.6	47.4	22.2	33.3	3.7	40.7	0.0
12	Umbilical code clamp	68.4	61.4	17.1	45.7	5.7	25.7	5.7
25	Episiotomy scissors small	57.9	56.1	15.6	37.5	9.4	37.5	0.0
26	Cord scissors	75.4	61.4	14.3	37.1	8.6	34.3	5.7
18	Needle holder big 8	59.6	54.4	12.9	48.4	3.2	35.5	0.0
31	Mucous extractor	57.9	54.4	12.9	38.7	9.7	38.7	0.0
19	Needle holder medium 6	73.7	59.6	11.8	50.0	2.9	35.3	0.0
20	Surgical blade holder	54.4	50.9	10.3	34.5	3.4	51.7	0.0
13	Vaginal Speculum Coscus	68.4	56.1	6.3	9.4	6.3	75.0	3.1

* The question "Frequency of usage of JICA supplied equipment" was given to respondents who has JICA supplied equipment only.
**For most cases who replied "Never", CHO has the equipment available and keep JICA supplied equipment as a spare.
***NA includes the following cases: Equipment is broken, CHO who uses equipment was absent.

Table 20: Availability and Necessity of Equipment by Items N=57

Ref.No	Equipment	Availa-bility (%)	Supplied by JICA (%)	Necessity of usage of equipment (%)*				
				Strong	Fair	Not really	Not at all	N.A*
1	Weighing scale adult	96.5	63.2	98.2	0.0	0.0	0.0	1.8
38	Medical cupboard	87.7	57.9	94.7	0.0	1.8	0.0	3.5
2	Weighing scale child	98.2	63.2	93.0	1.8	0.0	1.8	3.5
5	Stethoscope	100.0	63.2	93.0	3.5	0.0	0.0	3.5
4	Sphygmomanometer	98.2	63.2	91.2	5.3	0.0	0.0	3.5
14	Thermometer digital	86.0	61.4	89.5	3.5	0.0	0.0	7.0
36	Veronica bucket large	84.2	56.1	89.5	3.5	0.0	0.0	7.0
34	Measuring tape	93.0	56.1	87.7	7.0	0.0	0.0	5.3
3	Feotal stethoscope	86.0	59.6	86.0	3.5	1.8	1.8	7.0
37	Home visiting bag	82.5	57.9	86.0	5.3	0.0	0.0	8.8
35	Veronica bucket small	70.2	50.9	82.5	1.8	0.0	0.0	15.8
7	Scissors ordinary	80.7	64.9	75.4	14.0	1.8	1.8	7.0
33	Tray with cover medium	73.7	56.1	75.4	14.0	1.8	3.5	5.3
32	Tray with cover small	59.6	50.9	71.9	5.3	3.5	3.5	15.8
23	Galli pot small	78.9	57.9	70.2	15.8	1.8	1.8	10.5
6	Nurses scissors	89.5	63.2	68.4	21.1	1.8	1.8	7.0
22	Galli pot medium	71.9	50.9	68.4	15.8	3.5	3.5	8.8
27	Sterilizing Drum	66.7	57.9	68.4	8.8	3.5	3.5	15.8
15	Kidney dish large	80.7	64.9	63.2	24.6	1.8	1.8	8.8
16	Kidney dish medium	80.7	63.2	63.2	26.3	5.3	0.0	5.3
17	Kidney dish small	77.2	64.9	63.2	24.6	0.0	3.5	8.8
10	Artery Forceps 6 str	80.7	64.9	61.4	21.1	1.8	1.8	10.5
12	Umbilical code clamp	68.4	61.4	61.4	21.1	1.8	1.8	12.3
21	Galli pot Large	61.4	50.9	61.4	17.5	3.5	3.5	14.0
8	Artery Forceps 8 str	61.4	61.4	59.6	19.3	5.3	3.5	12.3
29	Dissecting forceps 6	77.2	57.9	59.6	24.6	7.0	1.8	7.0
9	Artery Forceps 8 cvd	61.4	61.4	57.9	22.8	3.5	3.5	10.5
11	Artery Forceps 6 cvd	73.7	61.4	57.9	22.8	3.5	3.5	12.3
19	Needle holder medium 6	73.7	59.6	57.9	21.1	5.3	3.5	12.3
28	Surgical blade 24	64.9	56.1	56.1	21.1	7.0	5.3	10.5
30	Dissecting forceps 6 non tooth	73.7	56.1	56.1	26.3	5.3	3.5	8.8
26	Cord scissors	75.4	61.4	54.4	17.5	5.3	5.3	17.5
31	Mucous extractor	57.9	54.4	54.4	14.0	1.8	10.5	19.3
18	Needle holder big 8	59.6	54.4	47.4	21.1	5.3	3.5	22.8
20	Surgical blade holder	54.4	50.9	47.4	21.1	5.3	7.0	21.1
25	Episiotomy scissors small	57.9	56.1	38.6	15.8	10.5	14.0	19.3
24	Episiotomy scissors big	52.6	47.4	35.1	15.8	10.5	17.5	21.1
13	Vaginal Speculum Coscus	68.4	56.1	33.3	24.6	8.8	15.8	17.5

*NA means no response or respondent had difficulty to choose the grade.

(2) Other equipment

This data was collected from July 2009 to October 2009 by the Project staff and NGOs through interviews and observations.

a) Communication radio

Table 21: Condition of Communication Radio during Visits (N=19)

Conditions	Yes (%)	No (%)
Radio is switched on	89.5	10.5
Buttery is functioning	89.5	10.5
CHO can receive messages	89.5	10.5
CHO can send messages	84.2	15.8

Table 22: Frequency of Usage (Receiving call)

N=19

Frequency	%
Everyday	21.1
Almost everyday	21.1
Once in 2-3 days	15.8
Once a month	31.6
Once in 2-3 months	0.0
NA	10.5

Table 23: Purpose of Call (Received call)*

Purpose of call	%
Counter referral	10.5
Technical advice from hosp.	0.0
Work issues (Meeting etc.)	78.9
Personal	10.5
Others	5.3

*Multiple choices

Table 24: Frequency of Usage (sending messages)

N=19

Frequency of usage	%
Everyday	21.1
Almost everyday	10.5
Once in 2-3 days	26.3
Once a month	26.3
Once in 2-3 months	5.3
NA	10.5

Table 25: Purpose of Call (sent messages)*

Purpose of call	%
Referral	42.1
Consultation to hosp.	5.3
Work issues (Meeting etc.)	63.2
Personal	10.5
Others	15.8

*Multiple choices

- 89.5% of communication radios are functioning with batteries. CHOs can send and receive messages by using them.
- 42.2% of CHOs receive messages almost on dairy bases. However, 31.6% of CHOs use communication radio only once a month. 78.9% of received calls are related to work issues. However, it is rarely used for counter referral or technical advice from the hospital.
- 31.6% of CHOs send messages almost on dairy bases. However, 26.3% of CHOs send

messages only once a month. 63.2% of sent messages are related to work issues and 42.1% of them are for referral purposes.

b) Motorbike and Bicycle

Table 25: Frequency of Usage

N=38

Frequency of usage	%
Everyday	71.1
Almost everyday	13.2
2-3 times a week	10.5
Less than once a week	2.6
NA	1.6

Table 26: Frequency of Maintenance by CHOs

N=38

Frequency of maintenance	%
Every month	94.8
Once in 2 months	0.0
Once in more than 2 months	0.0
Never	2.6
NA	2.6

Table 27: Use of Bicycle

Interview to CHOs, N=31

Use of bicycle	Yes(%)
CHVs use bicycle	65.8
CHVs do not use bicycle	2.6
No answer	31.6

Table 28: Necessity of Bicycle for CHVs

Interview to CHOs, N=31

Necessity of bicycle	Yes (%)
Bicycle is useful for CHVs	68.4
Bicycle is not useful for CHVs	0
NA	31.6

- 84.3% of CHOs use motorbike almost on dairy bases.
- 94.7% of CHOs send their motorbikes to DHMTs for monthly maintenance.
- This interview was not conducted directly with CHVs but though CHOs who work closely with them. Therefore, 31.6% of the respondent could not tell the level of usage of the bicycle by CHVs. 65.8% of CHO thought CHV uses bicycle frequently.
- 68.5% of CHOs think bicycle is useful for CHVs.

c) Ambu bag

Table 29: Status of Ambu Bag Use N=42

Use of ambu bag	Yes (%)	No (%)
Ambu bag (Adult) is available.	81.0	19.0
Ambu bag (Child) is available.	95.2	4.8
Ever trained to use ambu bag	71.4	28.6
Ever used ambu bag	7.1	92.9

- Most of CHOs have ambu bag at CHPS compounds.
- CHOs who are trained to use ambu bag is 71.4%.
- Since ambu bag is used only for emergency purposes, only 7.1 % of CHOs have ever used them.

4. Indicator 4: Proportion of cases appropriately referred by CHO increases (in Stage I districts).

(1) From March to May in 2009 by FSV results

- There are 84 referral cases from CHPS zones in all districts from March to May 2009 according to the results of FSV to CHOs
- 82 cases out of 84 (98%) were appropriate in writing of diagnosis for referral cases

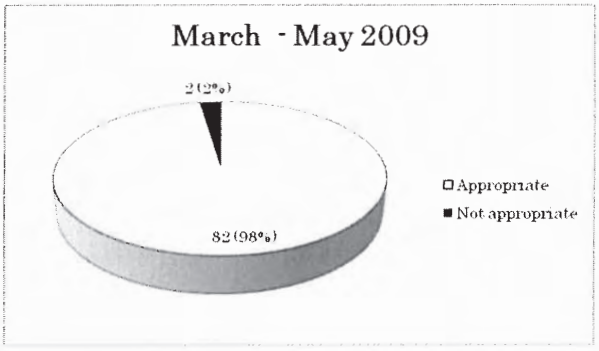


Figure 20: Appropriate Referral Cases (March to May 2009)

(2) From June to August in 2009 by FSV results

- There were 126 referral cases from CHPS zones in all districts from June to August in 2009 according to the results of FSV to CHOs
- 117 cases out of 126 (93%) were appropriate in writing of diagnosis for referral cases

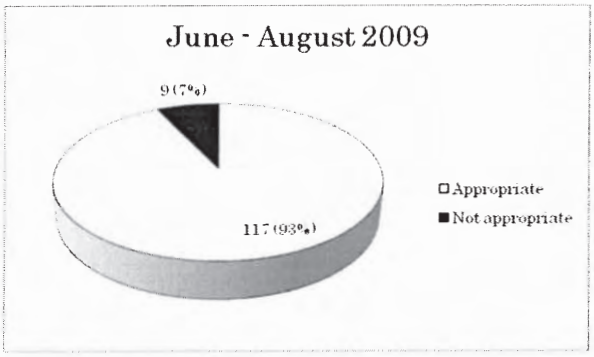


Figure 21: Appropriate Referral Cases (June to August 2009)

- According to the data from FSV to CHPS, there is no improvement from March - May to June - August 2009. However, the appropriateness of diagnosis writing has been good in general.

5. Indicator 5: Proportion of CHPS zones implementing Community Health Action Plan (CHAP) increase.

Table 30: Number of CHPS Zone Implementing CHAP

Stage	District	No of CHPS zone	No of CHPS zone, CHAP activities were recorded in MT to FSV to CHO at least once (%)	No of CHPS zone , CHAP related activities are monitored and recorded by NGO (%)
I	Jirapa	7	5 (71.4)	6 (85.7)
	Lambussie	5	5 (100.0)	5(100.0)
	Wa West	11	8 (72.7)	9 (81.8)
II	Lawra	11	4 (36.4)	1 (9.1)
	Nadowli	12	5 (41.7)	1 (8.3)
	Sissala East	4	1 (25.0)	0 (0.0)
	Sissala West	7	2 (28.6)	1 (14.3)
	Wa East	9	2 (22.2)	1 (11.1)
	Wa Municipal	10	8 (80.0)	1 (10.0)
	Total	76*	40 (52.6)	25 (32.9)

Data: Monitoring tool of FSV to CHO & NGO's report

*76 CHPS zone={71 CHPS zone (CHO assigned +CHV assigned +CHPS compound) }+5 CHPS zones(No compound but CHAP has started already)

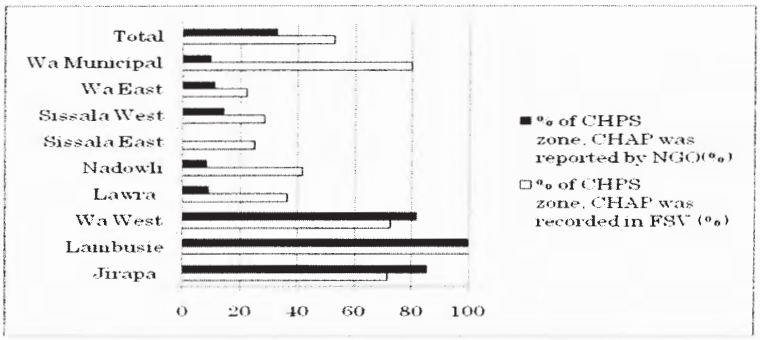


Figure 22: Number of CHPS Zone Implementing CHAP by Districts

Table 31: CHAP Implmentation at CHPS zone

Stage	District	CHPS zone	Date , the latest record on CHAP (MT of FSV to CHO)	Latest CHAP record, reported by NGO
Stage I	Jirapa	Kogri		Feb-09
		Gbare		Sep-09
		Nambeg	07/30/2009	Nov-08
		Tampaala	07/29/2009	Feb-09
		Ping	07/27/2009	Jan-09
		Somboro	08/24/2009	Feb-09
		Tampuo*	09/08/2009	
		Sub Total	**5**	**6**
	Lambuisse	Dahile	06/27/2009	Feb-09
		Heneteng	07/21/2009	Jan-09
		Koro	07/27/2009	Feb-09
		Suke	07/30/2009	Feb-09
		Sentu	09/23/2008	Feb-09
		Sub Total	**5**	**5**
	Wa West	Chogsia	07/21/2009	Feb-09
		Dabo	07/23/2009	Feb-09
		Dornye	07/29/2009	
		Ga	08/21/2009	Feb-09
		Manyayiri	04/23/2009	Nov-08
		Metteu	10/28/2008	Feb-09
		Piisie	07/24/2009	Nov-08
		Jenbob		Jan-09
		Talawaona		
		Kuncheliyiri		Feb-09
		Vieri	07/30/2009	Feb-09
		Sub total	**8**	**9**
	Total		**18**	**20**
Stage II	Lawra	Brifo Biro	03/31/2009	
		Dikpe		
		Gbier		
		Naapaal		
		Bu		
		Kokoligu		
		Nanyaare	06/09/2009	Aug-09
		Tankyara	03/28/2009	
		Guo		
		Lyssah		
		Tuopare	12/27/2008	
		Sub Total	**4**	**1**
	Nadowli	Challa	07/02/2009	
		Duong	07/01/2009	
		Chari-sombo		
		Goli		
		Kanyine		
		Kpazie	06/23/2009	
		Naro	04/20/2009	
		Nator		
		Saamanbo		
		Tabiesi	05/28/2009	Aug-09
		Sampina		
		Sankana		
		Sub Total	**5**	**1**
	Sissala West	Fatchu		
		Kuplima		
		Buo	07/30/2009	

		Du wie	08/26/2009	Apr-08
		Sorbelle		
		Pulima		
		Du West		
		Sub Total	**2**	**1**
	Sissala East	Pieng		
		Muwanduenu		
		Bawisebelle		
		Sakai	09/02/2009	
		Sub Total	**1**	**0**
	Wa East	Ducie	05/26/2009	
		Buffiama		Jul-09
		Katuah		
		Bintenge	08/20/2009	
		Jeyiri		
		Kulkpong		
		Goh		
		Kataah		
		Naaha		
		Sub Total	**2**	**1**
	Wa Municipal	Bamahu*	08/20/2009	
		Boli*	08/30/2009	
		Dobile	05/29/2009	
		Jonga	07/24/2009	
		Kperisi	09/03/2009	
		Kumbiehe*	06/20/2009	
		Piisi*	08/30/2009	
		Tampalipani	05/20/2009	
		Nakori		Aug-09
		Gbegru		
		Sub Total	**8**	**1**
		Total	**22**	**5**
Grand Total		**76**	**40**	**25**

- According to the data of FSV to CHOs, 40 CHPS zones have implemented CHAP related activities at least once.
- 12 CHPS zones have started CHAP related activities without having direct support of NGO, since CHAP procedure was introduced during the CHO refresher training.
- A NGO's report indicates that 25 CHPS zones are implementing CHAP. This has been confirmed with the record at the site.

III. Output 1 (Bolded text is the target which is described in PDM)

1-1: Training on performance standard is provided by the Project for RHMT and DHMTs of all (8) districts in UWR

- RHMT and all 8 DHMTs received training on performance standard.

1-2: Training on proposal writing is provided by the Project for DHMTs of all (8) districts in UWR

- All 8 DHMTs received training on proposal writing.

1-3: Training on facilitative supervision is provided for SDHTs of all (64) sub-districts in UWR

- 59 members of SDHTs (one from each sub-district) were trained in 2007.
- 66 members of SDHTs (one from each sub-district) were trained in 2008.
- 132 members of SDHTs (two from each sub-district) were trained in 2009.

1.4 Understandings of trainees are improved in training courses.

- Understandings of trainees are generally improved in each training course for RHMT, DHMTs and SDHTs (please see the attachment 1).

IV. Output 2 (Bolded text is the target which is described in PDM)

2-1 Trainings on CHPS are provided for at least 140 CHNs. (CHO freshmen training)

- The CHO fresher training courses were conducted 8 times throughout the Project period. In total, 160 CHNs have been trained.

2-2 Trainings are provided for at least 70 CHOs. (CHO refresher training)

- 33 CHOs were trained in 2007 and 92 CHOs have been train trained in 2009.

2-3 Understandings of trainees are improved in training courses.

- The score of pre-post test of CHO fresher training was increased by 12.4 points on average.
- The score of pre-post test of CHO refresher training was increased by 34 points on average. (please see the attachment 1).

V. Output 3 (Bolded text is the target which is described in PDM)

3.1 Guideline and tools for facilitative supervision are developed and introduced to RHMT and DHMTs in all (8) districts by the Project (by the end of 2008).

- The FSV general guideline was developed in June 2009.
- The manual on FSV to CHOs was developed in August 2008 and introduced to SDHTs during the SDHT training courses. It was revised in June 2009,
- The manual on FSV to CHVs was developed in December 2008 and introduced to CHOs during the CHO training courses. It was revised in May 2009

3-2 According to project-development guideline, facilitative supervision is regularly implemented throughout the project period by RHMT and by at least 75% of DHMTs, SDHTs and CHOs in UWR.

- FSV implementation rates are: 33.3% at RHMT in 2009, 56.7% at DHMT in 2009, 23.7% at SDHT in 2009 and 52.5% on average at CHO level from 2008 to 2009.

* The detailed data on this indicator is shown in the section of "Project purpose indicator 1."

VI. Output 4 (Bolded text is the target which is described in PDM)

4-1 Guideline and forms for referral procedure are developed and introduced to RHMT and all (8) districts by the Project.

- Final version of guideline and forms for referral procedure were developed and introduced in August 2009 to RHMT and all (8) districts by the Project.

4-2 Training on project developed-guideline and forms for referral procedure are provided for CHOs by GHS district staff in all (8) districts.

- Training on project developed-guideline and forms for referral procedure were provided for CHOs by GHS district staff in all (8) districts in January to February 2008.

4-3 At least 75% of hospitals, health centres and CHOs in UWR follow referral procedure according to project-developed guideline and forms throughout the project period.

- Facilities (e.g. hospitals, health centres) with full-mark of referral procedures are; 56% at CHPS zone, 38% at health centre, and 0% at hospital level. Counter

referral procedures and route are not well understood.

4-4 Quarterly analysis and review of referral data for action are implemented by all (8) DHMTs

- District CHPS review meetings have started in some districts since January 2009. During the meetings, referral data obtained from FSV has been analyzed.

VII. Output 5 (Bolded text is the target which is described in PDM)

5.1 Guideline, manual for community participation for GHS are developed by the Project based on field exercise in Stage I districts (by the end of 2008).

- Guideline was developed in March 2009 and revised in August 2009.

5.2 Trainings on promotion of community participation according to project-developed guideline and manual are provided for GHS staff and DA staff in all (8) districts.

- From December 2006 to December 2008, CHV training courses were conducted and 680 of CHVs and CHCs participated in those training courses.
- From September 2006 to August 2009, training courses on enhancement of community participation were held for GHS and DA staff. In total, 243 of them participated in those training courses.
- The manuals on community participation were provided for GHS and DA staff.

VIII. Output 6 (Bolded text is the target which is described in PDM)

6-1 Best practices / innovations including those in the following categories, are identified and shared among UWR by the Project

A) Best practices / innovations by
  a) CHO, b) SDHT, c) DHMT/RHMT, and d) CHC/CHVs
B) Best practices / innovations on
  a) facilitative supervision, b) referral procedure, c) promotion of community participation

- Good practices by CHO, SDHT, DHMT, RHMT and CHC/CHVs about FSV, referral

procedure and community participation were identified and the draft of report is being finalized to be distributed at the Regional CHPS Forum.

6-2 Best practices / innovation identified are introduced to GHS / MOH policy makers by the Project

- Good practices/innovations were introduced to GHS/MOH policy makers during 6 dissemination workshops which were held from July 2008 to September 2009, including 1 field observation of project sites in UWR.

Attachment 1. List of implemented trainings

1) Summary of partcipants' number of the trainings

Organization	Contents	No. of partcipants					Total
		1st year	2nd year	3rd year	4th year	5th year	
RHMT	RHMTtraining	0	21	18	20	5	64
	Facilitator's training	0	Summarized at D level as all are joint training.				0
DHMT	DHMTtraining	0	31	109	98	31	269
	Facilitator's training	0	0	5	16	14	35
SDHT	SDHTTraining	0	0	59	66	126	251
	Facilitator's training	0	0	4	11	10	25
CHO	CHO fresher training	0	39	60	40	21	160
	CHO refresher training	0	0	33	46	46	125
	Facilitator's training +CHO follow up tour	0	15	19	28	13	75
CHC/CHV	Community partcipation	0	7	96	41	99	243
	CHV training	0	80	516	84	0	680
	Facilitator's training (workshop for training materials)	0	7	3	0	0	10
Mixed level	Referral workshop/meeting	0	0	246	66	57	369
	Facilitator's training	0	0	32	0	0	32
Total		0	200	1200	516	422	2338

Level	Contents		No of partcipants					Total
			1st year	2nd year	3rd year	4th year	5th year	
RHMT	RHMTcapacity building	No of partcipants	0	21	18	20	5	64
		Targeted No.		50	50	50	50	200
		Achievement rate (%)	0	42.0	36.0	40.0	10.0	**32.0**
DHMT	DHMTcapacity building	No of partcipants	0	31	109	98	31	269
		Targeted No.	0	107	166	166	83	522
		Achievement rate (%)	0	29.0	65.7	59.0	37.3	**51.5**
SDHT	SDHTcapacity building	No of partcipants	0	0	59	66	126	251
		Targeted No.	0	0	65	65	130	260
		Achievement rate (%)	0	0	90.8	101.5	96.9	**96.5**
CHO	CHO fresher training	No of partcipants	0	39	60	40	21	160
		Targeted No.	0	40	60	40	20	160
		Achievement rate (%)		97.5	100	100	105	**100**
	CHO capacity building	No of partcipants	0	0	33	46	46	125
		Targeted No.	0	0	38	46	46	130
		Achievement rate (%)	0	0	86.8	100.0	100.0	**96.2**

Attachment 1. List of implemented training

2) Implemented trainings

Name of the training	No. in PDM	Objective	Fiscal year	Date	No. of participants (person)					Remarks
					Duration (days)	Stage I	Stage II	Region	Total	
RHMTTraining	1	Workshop for the needs assesment Training on FSV	2	2006/6/30	1	0	0	13	13	Needs assessment
				2007/2/25	3	0	0	8	8	Joint training with DHMT, Facilitators are not GHS staff.
			3	2007/7/4	3	0	0	18	18	Joint training with DHMT
			4	2008/7/2	3	0	0	20	20	Joint training with DHMT
			5	2009/6/3	3	0	0	5	5	Joint training with DHMT
DHMTTraining	1	Workshop for the needs assesment Training on FSV	2	2006/7/2	1	9	0	0	9	Needs assessment Jirapa
				2009/7/7	1	6	0	0	6	Needs assessment Wa west
				2007/2/26	3	4	12	0	16	Joint training with DHMT, Facilitators are not GHS staff.
			3	2007/6/21	2	0	1	4	5	TOT (Facilitators from RHMT & DHMT)
				2007/7/4	3	6	18	0	24	Joint training with RHMT
				2007/10/25	2	13	0	0	13	Jirapa (SDHT 6)
				2007/10/30	2	6	0	0	6	Wa-West (SDHT 6)
				2007/10/30	2	0	11	0	11	Nadowli (SDHT 3)
				2007/11/8	2	0	12	0	12	Wa-Municipal (SDHT9)
				2007/11/6	2	0	9	0	9	Wa-East (SDHT 8)
				2007/11/13	2	0	9	0	9	Sissala West (SDHT 8)
				2007/11/15	2	0	11	0	11	Sissala East (SDHT 9)
				2007/11/22	2	0	14	0	14	Lawra (SDHT 5)
			4	2008/5/22	2	1	1	2	4	TOT (Facilitators from RHMT & DHMT)
				2008/6/27	1	1	0	2	3	TOT (Facilitators from RHMT & DHMT)
				2008/7/2	3	8	18	0	26	Joint training with RHMT
				2008/12/16	2	1	2	6	9	TOT (Facilitators from RHMT & DHMT)
				2008/12/18	2	8	0	0	8	Jirapa (SDHT 12)
				2009/1/20	2	0	11	0	11	Lawra (SDHT 10)
				2009/2/17	2	0	7	0	7	Nadowli (SDHT 13)
				2009/2/17	2	4	0	0	4	Lambussie (SDHT 12)
				2009/2/19	2	0	6	0	6	Wa-East (SDHT 13)
				2009/2/24	2	0	5	0	5	Sissala West (SDHT12)
				2009/2/26	2	0	10	0	10	Sissala East (SDHT 10)
				2009/3/4	2	11	0	0	11	Wa West(SDHT 11)
				2009/3/10	2	0	10	0	10	Wa Municipal (SDHT 16)
			5	2009/5/22	1	1	4	9	14	Joint training with DHMT
				2009/6/3	3	11	20	0	31	Joint training with DHMT
CHPS Study tour	6	Dissemination of best practice in CHPS implementation	2	2006/10/10	3	6	0	2	8	Study tour to UE by RHMT & Stage I districts
			3	2007/9/25	2	26	0	0	26	Study tour to Wa West, Jirapa by 2 groups
			4	2008/7/24	2	2	26	1	28	Study tour to Wa West, Jirapa by 2 groups
				2008/8/28	1	4	21	1	26	Study tour to Wa West, Jirapa by 2 groups
				2008/11/7	2	1	20	1	22	Study tour to Wa West, Jirapa by 2 groups
				2009/8/5	2	12	22	0	36	Study visit to 3 CHPS zones in Jirapa
				2009/10/1	2	21	11	0	32	Study visit to 3 CHPS zones in Wa West
CHO fresher training	2	Trainees will be awarded to become CHO	2	2006/11/26	1	2	3	1	6	TOT (Facilitators from RHMT & DHMT)
				2006/11/27	12	6	13	0	19	
				2007/1/9	3	3	5	1	9	TOT (Facilitators from RHMT & DHMT)
				2007/1/22	12	6	14	0	20	
			3	2007/6/7	2	0	3	1	4	TOT (Facilitators from RHMT & DHMT)
				2007/6/11	12	6	14	0	20	
				2007/8/20	5	1	4	1	6	TOT (Facilitators from RHMT & DHMT)
				2007/8/27	12	7	13	0	20	
				2008/1/10	3	2	6	1	9	TOT (Facilitators from RHMT & DHMT)
				2008/1/14	12	7	13	0	20	
			4	2008/9/9	2	2	5	1	8	TOT (Facilitators from RHMT & DHMT)
				2008/9/15	12	5	15	0	20	
				2008/11/16	1	1	5	1	7	TOT (Facilitators from RHMT & DHMT)
				2008/11/17	12	6	14	0	20	
			5	2009/8/4	1	2	5	6	13	TOT (Facilitators from RHMT & DHMT)
				2009/8/10	12	6	15	0	21	
CHO refresher training	2	Strengthening capacities of CHO	3	2007/9/17	3	11	22	0	33	
			4	2009/1/12	2	2	4	2	8	TOT (Facilitators from RHMT & DHMT)
				2009/1/20	3	11	35	0	46	
			5	2009/7/16	4	16	30	0	46	
SDHT training	1	Strengthening capacity of SDHT in supervision	3	2007/5/17	2	1	2	1	4	TOT (Facilitators from RHMT & DHMT)
				2007/5/21	3	9	22	0	31	
				2007/9/20	3	9	19	0	28	
			4	2008/6/4	2	3	5	3	11	TOT (Facilitators from RHMT & DHMT)
				2008/6/16	4	10	24	0	34	
				2008/6/23	4	9	23	0	32	
			5	2009/5/15	3	1	5	4	10	TOT (Facilitators from RHMT & DHMT) for 2 trainings
				2009/5/22	2	12	32	0	44	
				2009/6/25	2	11	29	0	40	
				2009/6/29	2	11	31	0	42	
CHO follow up tour	2	Strengthening training capacity of trainers	4	2008/5/21	2	1	2	2	5	Study visit to 15 CHPS zones by facilitators
CHV training	5	Capacity building of CHV	2	2006/12/1	1	1	0	0	1	CHV training material Workshop,, Director of Jirapa, Lambussies participated
				2007/2/1	1	6	0	0	6	CHV training material Workshop,, Wa West
				2006/12-2007/3	10	80	0	0	80	Jirapa, Taampala CHPS(45) & Wa West, Kunchilyiri CHPS(35)
				2007/8-2008/3	20	381	0	0	381	Lambussie- Suke CHPS(15), Senfu CHPS(31), Wa West-Jambob CHPS(130), Vieri CHPS(206)
			3	2007/11/15	1	3	0	0	3	CHV training material Workshop,, Director of Stage I participated
				2008/3/10	5	30	0	0	30	Jirapa, Ping CHPS
					5	37	0	0	37	Jirapa, Kolgri CHPS
				2009/3/1	5	68	0	0	68	Wa West Dobo CHPS, Donnye CHPS
			4	2008/7/9	20	84	0	0	84	Jirapa Bomboro CHPS, Nambeg CHPS, Wa West , Mateu CHPS, Manyelin CHPS
OJT on Community participation	5	Improvement of Community participation in CHPS implementation	2	2006/9/11	6	7	0	0	7	Wa West(PLA training and field training)
			3	2007/6/28	2	10	0	0	10	Wa West
				2007/7/5	2	20	0	0	20	Jirapa, Lambussie
				2007/7/10	25	12	0	0	12	Wa West
					16	8	0	0	8	Jirapa, Lambussie
				2007/8-2009/3	71	8	0	0	8	Jirapa, Lambussie (incl. DHMT, SDHT, CHO)
					90	12	0	0	12	Wa West(incl.DHMT, SDHT, CHO)
				2008/3/7	1	26	0	0	26	Jirapa, Lambussie (incl. DHMT, SDHT, CHO, CHPS coordinator)
			4	2008/4-2008/6	2	14	0	0	14	Jirapa Lambussie(incl. DHMT, SDHT, CHO)
				2008/9-2009/3	2	4	23	0	27	Jirapa, Lambussie, Wa West, Wa Municipal(incl. DHMT, SDHT, CHO, CHPSCoordinator)
			5	2009/5-2009/8	3	0	18	0	18	Wa East(Incl. DHMT, SDHT, CHO)
					3	0	20	0	20	Sissala East(Incl. DHMT, SDHT, CHO)
					3	0	21	0	21	Sissala West (DHMT, SDHT, CHO)
					3	0	18	0	18	Lawra(incl. DHMT, SDHT, CHO)
					3	0	22	0	22	Nadowli(incl. DHMT, SDHT, CHO)
Referral training	4	Strengthening capacity in reporting health information Strengthening referral procedure and system	3	2007/11/20	2	5	27	0	32	TOT on health information
				2007/12/5	2	18	0	0	18	Wa-West
				2007/12/11	2	34	0	0	34	Jirapa
				2007/12/13	2	0	30	0	30	Wa-Municipal
				2008/1/22	2	0	22	0	22	Sissala West
				2008/1/24	2	0	26	0	26	Sissala East
				2008/1/31	2	0	51	0	51	Lawra
				2008/2/7	2	0	42	0	42	Nadowli
				2008/2/5	2	0	23	0	23	Wa-East
			4	2008/6/22	1	9	39	0	48	referral training
				2009/3/17	2	0	16	2	18	R is from Regional Hospital
			5	2009/6/26	1	9	30	18	57	All districts,UWR, Hospitals(09), referral criteria
CHPS dissemination workshop	6	Dissemination of the model and best practices	4	2008/7/13	1	0	0	0	24	
				2008/9/4	1	0	0	0	22	
				2008/11/10	1	0	0	0	14	
				2009/1/16	1	0	0	0	28	
			5	2009/7/22	1	0	0	0	29	
				2009/9/29	2	0	0	0	55	

Attachment 1. List of implemented training
3) Training contents & Evaluation

Name of the training	No of PDM output	Objective	Fiscal year	Date	Person in charge	No.of participants	Evaluation		Remarks
							Level of Satisfaction	Result of pre-post test	
RHMTtraining	1	Workshop for the needs assesment Training on FSV	2	2007/2/26	Ikeda	8	No test	No test	No test as emphasis was put on mainly discussion.
			3	2007/7/4	Ikeda	18	88%	69%－90%	The results are same as DHMT Training because this was a combined training
			4	2008/7/2	Ikeda	20	84%	69%－90%	The results are same as DHMT Training because this was a combined training
			5	2009/6/3	Ikeda	5	100%	No test	The results are same as DHMT Training because this was a combined training. No pre & post understanding test was conducted as emphasis was put on mainly practices, procedures and reporting for FSV
DHMT training	1	Workshop for the needs assesment Training on FSV	2	2007/2/26	Ikeda	16	No test	No test	No test as emphasis was put on mainly discussion.
			3	2007/7/4	Ikeda	24	88%	69%－90%	The results are same as RHMT Training because this was a combined training
				2007/10/25	Ikeda	13	80%	75%－91%	Jirapa, Evaluation was done including SDHT.
				2007/10/30	Ikeda	6	77%	58%－92%	Wa West.Evaluation was done including SDHT.
				2007/10/30	Ikeda	11	92%	54%－75%	Nadowli.Evaluation was done including SDHT.
				2007/11/8	Ikeda	12	91%	54%－76%	Wa Municipal.Evaluation was done including SDHT.
				2007/11/6	Ikeda	9	100%	84%－93%	Wa East.Evaluation was done including SDHT.
				2007/11/13	Ikeda	9	83%	52%－80%	Sissala West.Evaluation was done including SDHT.
				2007/11/15	Ikeda	11	94%	67%－85%	Sissala East.Evaluation was done including SDHT.
				2007/11/22	Ikeda	14	100%	27%－88%	Lawra.Evaluation was done including SDHT.
			4	2008/7/2	Ikeda	26	84%	69%－90%	The results are same as RHMT Training because this was a combined training
				2008/12/18	Ikeda	8	84%	No test	Jirapa, No pre & post test since it was not possible to prepare before the training
				2009/1/20	Ikeda	11	94%	67%－86%	Lawra.Evaluation was done including SDHT.
				2009/2/17	Ikeda	7	100%	62%－80%	Nadowli.Evaluation was done including SDHT.
				2009/2/17	Ikeda	4	100%	63%－81%	Lambussie.Evaluation was done including SDHT.
				2009/2/19	Ikeda	6	100%	67%－86%	Wa East.Evaluation was done including SDHT.
				2009/2/24	Ikeda	5	94%	50%－73%	Sissala West.Evaluation was done including SDHT.
				2009/2/26	Ikeda	10	100%	69%－78%	Sissala East.Evaluation was done including SDHT.
				2009/3/4	Ikeda	11	95%	60%－86%	Wa West.Evaluation was done including SDHT.
				2009/3/10	Ikeda	10	100%	55%－82%	Wa Municipal.Evaluation was done including SDHT.
			5	2009/6/3	Ikeda	31	95%	No test	The results are same as RHMT Training because this was a combined training. No pre & post understanding test was conducted as emphasis was put on mainly practices, procedures and reporting for FSV
CHO fresher training	2	Trainees will be awarded to become CHO	2	2006/11/27	Ishiga	19	78%	No test	CP leaded the training.Expert partcipated in the training as observer to assess training needs.
				2007/1/22	Ishiga	20	95%	69.0-81.0	The 1st training which was conducted by using newly developted materials by expert.
			3	2007/6/11	Ishiga	20	100%	56.0-73.0	
				2007/8/27	Ishiga	20	95%	69.7-84.5	Revision of materials in collaboration with National Health Material Center. Drawings for the training materials are made.
				2008/1/14	Ishiga	20	100%	76.5-84.5	Revision of materials in collaboration with National Health Material Center. Drawings for the training materials are made.
			4	2008/9/15	Ishiga	20	100%	70.0-83.5	CP leaded the training and repeated high quality training.
				2008/11/17	Ishiga	20	100%	77.3-89.0	CP leaded the training and repeated high quality training.
			5	2009/8/10	Ishiga	21	100%	75.3-85.2	CP leaded the training and repeated high quality training.
CHO refresher training	2	Strengthening capacities of CHO	3	2007/9/17	Ishiga	33	97%	No test	As the training was the review of the CHO fresher training, the test was not done.
			4	2009/1/20	Ishiga	46	90%	38.0-76.0	Training on First aid & emergencies, Community Health Action Plan, FSV. Training for the 1st group.
			5	2009/7/16	Ishiga	46	93%	39.0-69.0	The same as above, Training for the 2nd group.
SDHT training	1	Strengthening capacity of SDHT in supervision	3	2007/5/21	Ishiga	31	100%	56.0-73.0	Training on role of SDHT in CHPS implementation,Referral, Reporting, orgaanization of documents and FSV
				2007/9/20	Ishiga	28	93%	81.3-91.5	Training to deepen the contents of the 1st training, mainly on FSV.
			4	2008/6/18	Ishiga	34	94%	No test	No test as enphasis was put on mainly practices, documentation and procedures of FSV.
				2008/6/23	Ishiga	32	94%	No test	The same as above. No test as enphasis was put on mainly practices, documentation and procedures of FSV.
			5	2008/6/22	Ishiga	44	97.6%	No test	No test as training put emphasis on practice of filling MT&report writing
				2008/6/25	Ishiga	40	97.6%	No test	The same as above. The result of evaluation was done together with other 2 trainings.
				2008/6/29	Ishiga	42	97.6%	No test	The same as above. The result of evaluation was done together with other 2 trainings.
Referral training	4	Strengtheining capacity in reporting health information Strengthening referral procedure and system	3	2007/11/20	Kamiya	32	90.9%	No test	No test as emphasis was put mainly on discussion and procedure/skills
				2007/12/5	Kamiya	18	100.0%	No test	No test as emphasis was put mainly on discussion and procedure/skills
				2007/12/11	Kamiya	34	81.5%	No test	No test as emphasis was put mainly on discussion and procedure/skills
				2007/12/13	Kamiya	30	No evaluation	No test	No test as emphasis was put mainly on discussion and procedure/skills
				2008/1/22	Kamiya	22	No evaluation	No test	No test as emphasis was put mainly on discussion and procedure/skills
				2008/1/24	Kamiya	26	No evaluation	No test	No test as emphasis was put mainly on discussion and procedure/skills
				2008/1/31	Kamiya	51	No evaluation	No test	No test as emphasis was put mainly on discussion and procedure/skills
				2008/2/7	Kamiya	42	No evaluation	No test	No test as emphasis was put mainly on discussion and procedure/skills
				2008/2/5	Kamiya	23	No evaluation	No test	No test as emphasis was put mainly on discussion and procedure/skills
			4	2008/8/22	Kamiya	48	No evaluation	No test	No test as emphasis was put mainly on discussion and procedure/skills
				2009/3/17	Ikeda	18	No test	No test	No test as emphasis was put on mainly discussion.
			5	2009/6/26	Kamiya	57	No test	No test	No test as emphasis was put on mainly discussion.

Attachment 2. List of implemented activities

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

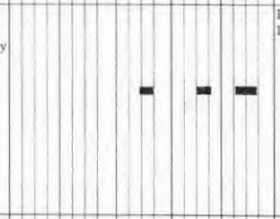
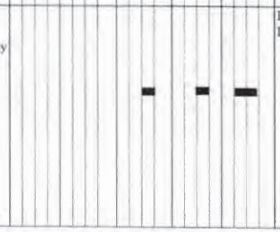
Action plan by PO(by outputs)											Status		Remarks
Category		Perido of activities											
		1st year		2nd year		3rd year		4th year		5th year			
Project outputs	Project activities	2006.3		2006.4-2007.3		2007.4-2008.3		2008.4-2009.3		2009.4-2010.3	Person in charge	Implemented activity	Output	
1.Knowledge and skills of RHMT, DHMTs and SDHTs in UWR to manage CHPS implementation are improved	1.1.Conduct a situation analysis of management capacities of RHMT, DHMT and SDHT			■							Ikeda	・An organisation strengthening and institutional development workshop with 13 RHMT members was conducted to analyse SWOT (stregthness, weakness, opportunity and threat) of RHMT and identify priority issues to be tackled. GHS and Japanese project members made a report with results of the the workshop.(2006)	・The results of the workshop shows some strengthness of RHMT, e.g., open management style and staff's high commitment for their work. It also shows some challenges, e.g., promotion of productive relation with development partners, capacity of proposal making and capacity of supervision. These issues were utilised to select topics of training for RHMT.	Product (not listed in TOR) Needs assessment report on CHO,SDHT training (2006)
				■							Ikeda	・An organisation strengthening and institutional development workshop with DHMT members of each Stage 1 district was conducted to analyse SWOT (stregthness, weakness, opportunity and threat) of each DHMT and identify priority issues to be tackled. GHS and Japanese project members made a report with results of the the workshop.(2006)	・The results of the workshop shows some urgent issues of capacity building of DHMT, e.g., supervisory capacity, promotion of community participation, coordination with development partners and proposal making. Particularly stregthening of managerial capacity of WA West was urgetn since the district was newly started. These issues were utilised to select topics of training for RHMT.	
					■						Ishiga	・ CHO was interviewed to identify the status of supervision by SDHT to CHO. (2006)	・The neccesity of guidelines(manuals) and monitoring tools to conduct supervision has been identified as a high priority.	
	1.2. Conduct training needs assessment for the above personnel (including TOT needs)			■							Ikeda	・RHMT members and Project members agreed what training needs should have been prioritised to takcle the issues ideintified above. (2006)	・According to the the agreement of topics of training for RHMT and DHMT, supervision, performance standard, proposal making and community participation were selected	Product Monitoring tool for RHMT on FSV to DHMT Monitoring tool for DHMT on FSV to SDHT Monitoring tool for SDHT on FSV to CHO
				■							Ikeda	・DHMT members of Stage 1 distiricts and Project members agreed what training needs should have been prioritised to takcle the issues ideintified above. (2006)	ditto.	
						■					Ishiga	・The level and capacity of SDHT was identified through the 1st SDHT training. Also, the modules and contents which SDHT needs as supervisors of CHOs were identified. Participants were interviewed to identify their needs during the training session. (2007)	・Differences in the level of capacity as well as some experience of supervisors were considered in conducting training. Effective training was conducted under certain conditions, such as limited time and also locally accepted materials were adopted.	
	1.3. Develop performance standards for purpose of evaluation					■					Ishiga,Ikeda	・National adapted Terms of Reference of RHMT, DHMT and SDHT were reviewed to evaluate performance on CHPS implementation at each level. (2007)	・Performance standard and monitoring tool were developed.	Product RHMT/DHMT training module
									■		Ishiga,Ikeda	・Monitoring tool was developed as practical and detailed version of performance standard and used for FSV. Monitoring tool was reviewed over time based on its usage in supervision. (2008,2009)	・Check points for indicators of facilitative supervision(FSV) was standardized by modifying the monitoring tool.(2008,2009)	
	1.4. Review in-service training module and refine based on the findings of 1.1 and 1.2 above					■		■		■	Ikeda	・RHMT and DHMT training materials were partially developed in each training through the results 1.1, 1.2, FSV implementation and visits to the sites.(2007, 2008, 2009)	・Practical training materials made it easy to give a training to mass group. And it improved understanding of participants.	Product SDHT training module 1 SDHT training module 2 SDHT training module 3
						■		■		■	Ishiga	・SDHT training materials were developed and revised during every training session through the restult in 1.1.,1.2. This revision was done based on the study of FSV implementation and observations made during visits to CHPS zones. (2007,2008,2009)	・Practical training materials made it easy to give training to a mass group of participants which also helped in improving their understanding of the issues.	
	1.5.Conduct trainings for the RHMT, DHMTs and SDHTs					■		■		■	Ikeda	・RHMT training was conducted total 4 times for 64 RHMT members on performance standar, facilitative supervision and proposal making (2007,2008,2009)	・64 out of 200 targeted number, 32%, was trained. The results of satisfaction rate of the training was from 84% to 100%. The results of pre-post test increased around 9 -27 %.	
						■	■	■	■		Ikead	・DHMT training was conducted total 6 times for 269 DHMT members on performance standard, facilitative supervision, proposal making and coaching. For this training, 137 SDHT staff participated. (2007,2008,2009)	・269 out of 522 targeted number, 51.5%, was trained. The results of satisfaction rate of the training was from 77% to 100%. The results of pre-post test increased around 9 -27 %.	
						■			■	■	Ishiga	・SDHT training was conducted in 3 sessions. A total of 251 SDHTs were trained to strengthen their capacity of supervision to CHOs(2007,2008,2009)	・251 out of the targeted number of 260(95.6%) participants, were trained. The result of pre post test increased between 10 to 17 point.	

Action plan by PO(by outputs)

Category		Perido of activities					Person in charge	Status		Remarks
Project outputs	Project activities	1st year 2006.3	2nd year 2006.4-2007.3	3rd year 2007.4-2008.3	4th year 2008.4-2009.3	5th year 2009.4-2010.3		Implemented activity	Output	
2. Knowledge and skills of CHOs in UWR to implement CHPS is improved.	2.1. Conduct training needs assessment for CHO						Ishiga	・Needs of CHOs and facilitators with respect to the content of the training are analyzed through the 1st CHO fresher training. The material developed helped in conducting effective training with minimal workload on facilitators.(2007) ・The subjects which was not included in the national modules on CHN training was added as special lecture. (2007,2008) ・Facilitators training was conducted before every CHO fresher training to strengthen facilitators' capacity and to increase the number of facilitators.(2006,2007,2008,2009)	・A set of practical and user friendly materials for CHO fresher training was developed in collaboration with National Health Material Center and presented to GHS/CHPS TA. The materials were improved and revised during every CHO fresher training. ・The other materials for CHO fresher training such as special lectures and field work manuals were developed and introduced to GHS/CHPS TA. ・CHO fresher training was conducted by sufficient number of highly qualified facilitators	Product CHN training module ,Ver5
								・The need for the number training and the needed number of CHOs were examined to suit to the current situation of CHPS establishment. (2006,2007,2008,2009)	・The project planned to train CHO twice as much of the number of CHOs needed for established CHPS zones	
	2.2. Develop performance standards for purposes of evaluation						Ishiga	・Duties & responsibilities of CHO in CHPS operation policy was examined and developed into Performance Standard to help evaluate CHO performance. (2007)	・The Performance Standard was developed and made it easy to monitor the activities of CHOs objectively. (2007)	Products CHO Performance standard Monitoring tool for CHO on FSV to CHVs,TBAs etc.
								・Above mentioned Performance Standard was modified into a Monitoring Tool as a detailed and practical version of Performance Standard and used for supervision. (2008,2009)	・Monitoring Tool standardized the contents and procedures of supervision. (2008,2009)	
	2.3. Review in-service training/refresher training modules and refine based on the findings of 2.1 above						Ishiga	・Necessary modules for CHO refersher training was examined through interview to CHO and facilitators since there was no national defined training modules. (2007) ・Modules of the 1st CHO refresher training is a review of the content of CHO fresher training.After the 2nd CHO fresher training, emphasis were put on the subjects which were not included in the fresher training. (2008) ・All materials were developed in collaboration with National Health Material Center.(2007)	・Modules and series of training materials for CHO referesher training were elaborated.	Products CHO training module1 CHO training module 2
	2.4. Conduct regular trainings for CHOs						Ishiga	・CHO fresher training was conduted 2-3 times a year. Small groups of about 20 CHNs are usually taken through intensive training. Both theory and practical field training was adopted. Training report and materials were shared with facilitators and GHS. ・Facilitators training was conducted before each CHO fresher training to strengthen the capacity of facilitators.(2006,2007,2008,2009)	・160 CHOs which is twice as much as the number of operational CHPS zones were trained through 8 CHO fresher trainings sessions. This helps to get a replacement and support for abscentee CHOs ・A targeted number of 160 CHN were all trained, meaning a 100% target was achieved. ・Sufficiency rate of the partcipants is average 98.6% except the 1st training which expert of JICA did not intervene. The result of pre-post test increased between 8 and 17 points. ・The capacity of the facilitators was strengthened. The number of qualified facilitators increased from 6 to 15. Facilitators were capacitized enough to conduct high quality CHO fresher training.	Products CHO training module1 CHO training module 2 CHN training module ,Ver5
								・CHO refresher training was conducted once a year to target CHO who works in CHPS zones. ・CHO refersher training is positioned as a complementary training for CHO fresher training.Modules includes First aid & emergency, CHAP and supervision to CHVs & TBAs which are important and highly priotized in CHPS implementation. ・Training report and materials were shared with facilitators, GHS, CHPS TA and Health Training Material Center. ・Facilitators training was conducted before each CHO fresher training to strengthen the capacity of facilitators.(2007,2009)	・A total 125 CHOs were trained through 3 training sessions. ・125 out of the130 targeted CHOs were trained with an achievement rate of 96.2% . ・Sufficiency rate of the partcipants is average 93.3% . The result of pre-post test increased between 30 to 38 points.	
	2.5.Prepare annual training schedule						Ishiga	・The plan of CHO fresher training, CHO refresher training and facilitators training was made at the end of the year in consultation with facilitators who are the staff of RHMT or DHMT) ・Training plan was shared with all facilitators and also, RHMT CHPS coordinator arranged to integrate the training plan into RHMT action plan.(2007,2008,2009)	・160 CHNs were trained as it was planned without any problem despite the tight schedule of facilitators, ・Sufficient number of facilitators was secured through early planning of training so that facilitators could adjust their programme.	

Action plan by PO(by outputs)

Category		Perido of activities					Person in charge	Status		Remarks
Project outputs	Project activities	1st year 2006.3	2nd year 2006.4-2007.3	3rd year 2007.4-2008.3	4th year 2008.4-2009.3	5th y 2009.4-2010.3		Implemented activity	Output	
3. Facilitative supervision system is developed and implemented in UWR. (Condinued)	3.1. Review the system of supervision within CHPS implementation						Ikeda	・Workshops, observation at sites were conducted to review conventional supervision (2007) ・	・Identified issues in supervision system, e.g., only a few staff of GHS had understanding of supervision in sustainability of CHPS implementation, no systematic operation of supervision was conducted	Products FSV general guideline FSV manual for RHMT FSV manual for DHMT FSV manual for SDHT FSV manual for CHO Monitoring tool for RHMT on FSV to DHMT & Self monitoring Monitoring tool for DHMT on FSV to SDHT Monitoring tool for SDHT on FSV to CHO Monitoring tool for CHO on FSV to CHVs,TBAs etc
							Ishiga	・Interveiw to SDHT and CHO was done to identify training needs and the status of supervision. (2007)	・It was identified that systematic supervision to SDHT was not implemented. ・It was also indentified that SDHT rarely implemented supervision to CHO and were less experienced in supervision. ・ Necessity of tools and manuals to conduct supervision was confirmed.	
	3.2.Develop guideline and tools for facilitative supervision						Ikeda	・Monitoring tool which is a practical version of Performance Standard was elaborated so that RHMT can monitor the activities of RHMT by themselves. Additionally, the manual (Guideline) was developed which introduce how to use monitoring tools.(2008, 2009)	・Task sharing of self-monitoring was determined. First self-monitoring using monitoring tools was conducted in September 2009, and the second self-monitoirng is planned to be conducted in November.	
							Ikeda	・Monitoring tool which is a practical version of Performance Standard was elaborated so that RHMT can monitor the activities of DHMT. Additionally, the manual (Guideline) was developed which introduce how to use monitoring tools.(2008, 2009)	・Task sharing of FSV to DHMTs was determined. First FSV using monitoring tools was conducted in September 2009, and the second FSV to DHMTs is planned to be conducted in November.	
							Ishiga	・Monitoring tool which is a practical version of Performance Standard was modified so that SDHT can monitor the activities of CHOs.Additionally, the manual (Guideline)was developed which introduced the useg Monitoring tools. (2008) ・Manual and monitoring tool for SDHT was revised to harmonize the change of supervision system. In particular,the form of monitoring tool was improved to one with non carbonate triplicate paper. (2009)	・ Facilitative Supervision to CHO by using monitoring tool started and implementation rate improved from an average of 7.5% (2008) % to 23.7 % (2009).	
							Ishiga	・ Monitoring tool and manual for CHO was developed to conduct supervision to CHVs. Training on FSV was given and monitoring tool and manual(guideline) were distributed. Monitoring tool for CHO is a log book so that CHO can use the data by themselves. (2008) ・Minor changes were made to the manual(guideline)(2009)	・Status of supervision to CHVs & TBAs by CHO, as well as collaboration with community were clarified.	
							Ishiga	・FSV general guideline was elaborated through summarizing and integrating the flow and procedures of FSV and distributed to all levels. (2009)	・FSV general guideline promoted comprehensive undersanding on FSV and on the specific role at each level.	
	3.3.Train RHMT, DHMT, SDHT and CHO for facilitative supervision (Continued)						Ikeda	・4 RHMT/DHMT training on supervision was conducted . ・The 1st. training targeted theory of performance standard and FSV (2007) ・The 2nd. training targeted practice session of facilitative skills including coachind. (2007) ・The 3rd. training targetd FSV using monitoring tools (2008)	・The training contributed dissemination of system, methods, attitudes and skils of FSV among RHMT and implementation of FSV.	
							Ikeda	・4 RHMT/DHMT training on supervision was conducted ・The 1st. training targeted theory of performance standard and FSV (2007) ・The 2nd. training targeted practice session of facilitative skills including coachind. (2007) ・The 3rd. training targetd FSV using monitoring tools (2008) ・The 4th. training targeted tabulation and analysis of results of FSV (2009)	・The training contributed dissemination of system, methods, attitudes and skils of FSV among DHMT and implementation of FSV.	

3. Facilitative supervision system is developed and implemented in UWR.	3.3.Train RHMT, DHMT, SDHT and CHO for facilitative supervision		[redacted]niga	•3 supervision training was conducted. •The 1st training targeted the concept of FSV •The 2nd one focused on FSV system and introduction of the monitoring tool. •The 3rd one focused on the presentation of the result of FSV durting last 1 year and introduction of revised monitoring tool. Mostly SDHT trainings are Conducted as part of the training which is mentioned 1.5 above(2007,2008)	•251 out of the 260 targeted SDHT were trained given 96.5% [redacted]ment. •The re[redacted]pre-post test increased between 10 to 17 points. •Implementation rate of FSV improved from an average of 7.5% (2008) to 23.7%(2009).
			ishiga	• CHO was trained on FSV to CHVs and TBAs during CHO fresher training. •Monitoring tool and the concept of FSV was introduced during the CHO refresher training in 2009. (2007,2008,2009)	•A total of 124 CHOs were trained through 3 trainings sessions. •124 out of 130 targeted CHOs were trained with a 96.2% of achievement. Sufficiency rate of the partcipants is averaged at 93.3% The result of pre-post test increased between 30 to 38 points.
	3.4.Promote implementation of facilitative supervision by GHS in stage I districts		Ikeda, Ishiga	•1st. OJT of FSV was conducted and 19 DHMT staff and 12 SDHT staff received in Stage 1 districts (Oct. - Nov. 2007) •2nd. OJT of FSV was conducted and 23 DHMT staff and 35 SDHT staff received in Stage 1 districts (Dec. 2008 - Mar. 2009) •Support of FSV at site for OJT was conducted to support tabulation and analysis of data of FSV, feedback meeting in Stage 1 districts. (2008, 2009) •Participation to FSV (3 times to DHMT, 7 times to SDHT, 13 times to CHO) was conducted. •Participation to feedback meeting (all 3 districts) was conducted.	•FSV to stage 1 district by RHMT was implemented only once in 2009 (on quarterly basis) •Average implementation rate of FSV to stage 1 district by DHMT is 45.1%.(on quarterly basis) •Implementation rate of FSV to CHO by SDHT of stage 1 district inproved from 0.3% (2006) to average 15.9%.
	3.5. Monitor implementation of facilitative supervision by GHS in stage II districts		Ikeda, Ishiga	•1st. OJT of FSV was conducted and 66 DHMT staff and 42 SDHT staff received in Stage 2 districts(Oct. - Nov. 2007) •2nd. OJT of FSV was conducted and 49 DHMT staff and 74 SDHT staff received in Stage 2 districts (Dec. 2008 - Mar. 2009) •Support of FSV at site for OJT of tabulation and analysis of data of FSV and feedback meeting in Stage 2 districts. (2008, 2009) was conducted. •Participation to FSV (6 times to DHMT, 11 times to SDHT, 10 times to CHO) was conducted •Participation to feedback meeting (all 6 districts) was conducted.	•FSV to stage 2 district by RHMT was implemented only once in 2009 (on quarterly basis) •Average implementation rate of FSV to stage 2 district by DHMT is 37.4% (on quarterly basis) •Implementation rate of FSV to CHO by SDHT of stage 2 district inproved from1.2% (2006) to average 16.6%.

Action plan by PO(by outputs)

Category		Perido of activities					Person in charge	Status		Remarks
Project outputs	Project activities	1st year 2006.3	2nd year 2006.4-2007.3	3rd year 2007.4-2008.3	4th year 2008.4-2009.3	5th year 2009.4-2010.3		Implemented activity	Output	
4. Referral procedure by regional/ district hospitals, health centers and CHOs are strengthened in UWR.	4.1. Review current referral procedure			▬	▬		kamiya	・The current referral situation was surveyed at 13 facilities and seven communities in three districts (Jirapa/Lambussie, Wa West and Nadowli) (2007) ・The current referral situation was surveyed at 15 facilities in three districts (Jirapa/Lambussie, Wa West and Nadowli) as well as the current condition of the radio and ambulance used for referral. (2008) ・Appropriateness and procedures of referral was surveyed at 22 facilities in 2 districts (Jirapa and Wa West) (2008)	・It was 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 referral procedure improvement, development of guideline and formats for referral procedure standardization, and enhancement of the referral feedback. ・Check points of referral in monitoring tools were determined.	
	4.2.Develop guideline and necessary formats for referral with health personnel			▬		▬	kamiya	・Practical Referral Guideline was drafted based on the GHS referral policy along with standard referral and feedback forms and register(2007). ・Referral Procedure Guideline was completed following the training. ・Referral Procedure Guideline was updated upon response to the GHS revision of standard referral form(2009).	・Referral Procedure Guideline was developed following the ToT and District-level Trainings on referral(2008). ・Referral Procedure Guideline was revised and distributed through the participants in the referral workshop to Regional and District Hospitals, and DHAs(2009). Utilization of the Guideline is monitored through FSV.	Products Referral Procedure Guideline,Ver2
	4.3.Conduct TOT training for GHS staff and promote trainings for CHO by GHS trainers			▬		▬	kamiya	・Training of trainers (TOT) was conducted using the draft guideline, referral and feedback form, and register developed (2007). ・Subsequent eight district level trainings were conducted by district staff trained with the TOT from December 2007 and to February 2008. ・The referral review workshop was organized for adoption of GHS new standard referral form and revision of feedback procedure(2009).	Twenty nine GHS staff from DHMTs, Regional and District Hospitals participated in the TOT, where they discussed referral form and register, and feedback procedure for their revision into development of the guideline. ・Eight district-level trainings were conducted with a total of 233 participants standardizing the referral procedure, where the referral guideline, forms and register were reviewed through practices. These were to be used without further revision. 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 (2008). ・The referral review workshop was attended by 58 staff involved in referral including district hospital directors and National Ambulance Service personnel. Those participants from districts and hospitals will become facilitators for district-level trainings and supervision for CHOs following the action plans.	
	4.4. Monitor referral status in stage I and stage II districts					▬	kamiya	・Follow-up study on referral situation was conducted (2008). ・Monitoring on referral procedure was incorporated into facilitative supervision(2009).	・87% of referring facilities were found to use the standard referral form and register with improvement from use by 38% and 54% of facilities in the previous year while referral feedback rate in 2008 was still 30%. ・It became possible to check appropriateness of description in the referral form.	
	4.5.Promote regular meetings for referral cases analysis by GHS in stage I districts			▬	▬	▬	kamiya,Ikeda	・Referral Review Workshop was conducted(2008). ・Referral taskforce team and hospital staff discussed referral case criteria (2009).	・Referral case criteria for CHOs was developed, and distributed to health facilities through the RHA and DHAs (2009). ・Regular meetings for referral case analysis by GHS have not yet been fully implemented. Nevertheless annual referral review workshop, district-level half-year reviews and hospital-based maternal death review were exercised.	

Action plan by PO(by outputs)

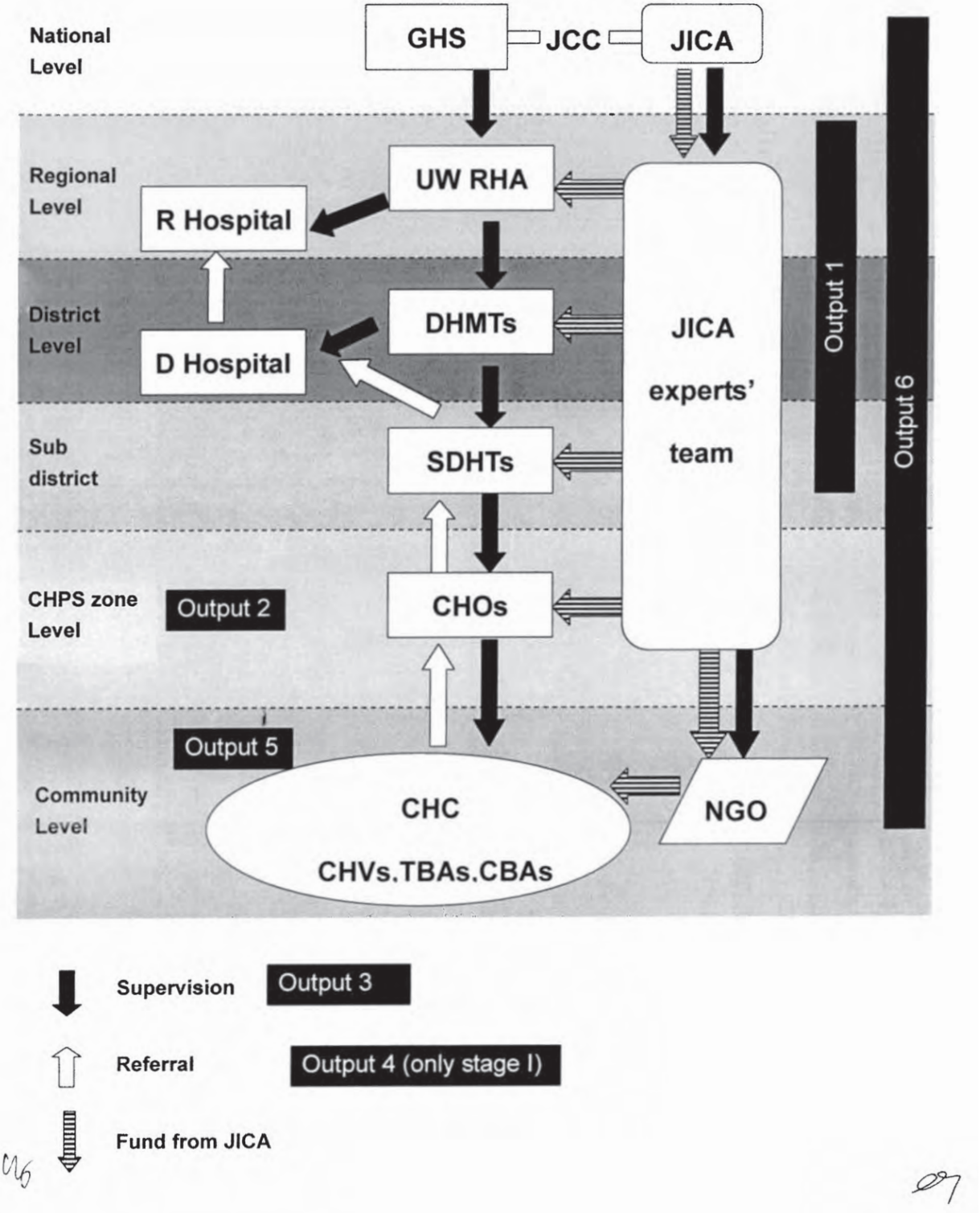
Category		Perido of activities					Person in charge	Status		Remarks
Project outputs	Project activities	1st year 2006.3	2nd year 2006.4-2007.3	3rd year 2007.4-2008.3	4th year 2008.4-2009.3	5th 2009.4-2010.3		Implemented activity	Output	
5. Procedure to promote community participation for CHPS implementation is improved in UWR.	5.1Review current approaches used to mobilize communities						Nakanishi	・When the project started, 6 CHPS zones were functioning in the stage I districts. However, these 6 CHPS compounds had their CHVs, CHCs, and TBAs less effective towards supporting the CHO in CHPS implementation. To improve the situation, there were discussions between the JICA project team and the directors of stage I districts. As a result of these discussions, Tampala CHPS zone in Jirapa district and Kuchileyiri CHPS zone in Wa West district were selected to train CHVs, CHCs, and TBAs for more active involvement in CHPS activities. ・From December 2006 to February 2007, the JICA project team subcontracted NGOs to implement activites towards enhancing community participation.	・Core issues in the community participation were clarified between the project team and the directors in the stage I districts. One of the prioritzed area was promotion of CHVs' involvement to the CHPS project. ・In the stage I districts, although the target areas were limited, roles of CHVs and CHCs became clear. ・45 CHVs in Tampala CHPS zone in Jirapa and 35 CHVs from Kunchileyiri CHPS zone in Wa West participated in the CHV trainings. ・Through CHV trainings, ownership and comittment of CHV's, CHCs, and TBAs to the project were strengthened.	Products: Performance Standard of the CHV/CHC
	5.2.Develop performance standards on CHC/CHV						Ishiga	・Duties and responsibilities of CHC/CHV in CHPS implementation was reviwed to develop Performance Standard of CHC/CHV in collaboration with C/P.(2007) ・Above mentioed Performance Standard was revised Monitoring Tool as practical tool for supervision. (2009)	・Monitoring tool for CHO on FSV to CHC/CHV level was elaborated based on the Performance Standard of CHC/CHV.	
	5.3.Review and modify training modules for CHC/CHV						Nakanishi	・From December 2006 to February 2007, a task force for the CHV training was established by stakeholders of the Stage I districts. ・ On November 2007, a workshop on CHV training material and module was held.	・At the CHV training taskforce meeting, training materials and modules were made. In November 2007, a workshop on training materials was held in which the existing training materials and modules were revised. ・More appropriate workshops can be conducted because of the revision of the training material and the module.	Products: CHV training manual, CHV trianing module
	5.4. Promote community participation by local NGOs, including community sensitization, CHC/CHV training, on-the-job training on GHS staff and exchange visit among CHPS communities						Nakanishi	・Trainings for community participation targetted for CHVs and CHCs was conducted in the 2nd year of the project. However, in order to enhance sustainability of the project, trainings for community participation targetting GHS staff were held in the stage I districts. ・In the 5th year of the project, workshops about participatory approach were conducted at each stage II district for GHS staff. ・Study tour was organized by a local NGO in February 2009 to share information about good practices of different CHPS zones among CHVs and CHCs. The groups visited Dabo CHPS zone and Heneteng CHPS zone which are in the stage I districts.	・CHV trainings were conducted from December 2006 to December 2008. In total, 680 CHVs and CHCs participated in the trainings. At CHV trainings, roles of CHVs and CHCs were understood by concerning parties. ・Through the trainings, capacity of CHVs, CHCs, CBAs and TBAs were strengthened. ・CHVs have become more active in supporting CHPS activities. ・CHVs and other volunteers learned methods of disseminating health knowledge to community members. ・Between September 2006 and August 2009, 366 GHS staff attended the trainings on community participation, including field practicals. They learned community participatory approaches as well as facilitation skills. ・At the stage I district, all the functioning CHPS zones develped CHAPs and at stage II districts, at least one CHAP was created per district. ・36 CHOs, CHVs and CHCs participated in the study tour. Through the study tour, participants deepened their understandings on how to organize regular and effective community meeting, community durbars, and community	
	5.5. Develop guidelines and manuals including how to establish sustainable CHC/CHV systems						Nakanishi	・Based on the experience of community participation in the first 3 years of the project, Manual for Community Health Action Plans (CHAPS) preparation in CHPS and Community Participation Manual for Community-Based Health Planning and Services (CHPS) were made in the 4th year. These training manuals were distributed to GHS staff.	・CHPS establishment is a main componet in the Manual for Community Health Action Plans (CHAPS) prepation. ・Community Particiation Manual for Community-Based Health Planning and Services (CHPS) is focused on explaining the concept of CHAP and methods used to establish and implement it. ・A basic approach, method and tools for community participation have been understood better by GHS staff and DA.	Products: Manual for Community Health Action Plans (CHAPS) preparation in CHPS. ・Community Participation Manual for CHPS

Action plan by PO(by outputs)

Category		Perido of activities					Person in charge	Status		Remarks
Project outputs	Project activities	1st year 2006.3	2nd year 2006.4-2007.3	3rd year 2007.4-2008.3	4th year 2008.4-2009.3	5th 2009.4-2010.3		Implemented activity	Output	
6.Models of best practices/ innovations are disseminated for potential replication.	6.1. Organize regional CHPS forums			▬	▬	▬	Ikeda	・3 regional CHPS forum were held (28 RHMT, 44 DHMT 44 SDHT, 72 CHO, 4 RCC, 11 chiefs, 16 DA members, 16 development partners and 4 journalists participated.) (2006, 2007, 2008)	・The forum disseminated issues on CHPS and enhanced peoples understanding of the concept in the region. ・The forum disseminated and enhanced understanding on the Project.	
	6.2. Disseminate manuals and guidelines developed by the Project at the beginning of the third year to Stage 2 Districts			▬	▬	▬	Ikeda	・Following guidelines and manuals were distributed both to Stage 1 and Stage 2 distiricts. (See List of products) ・Performance Standard : prepared in Jun. 2007, distributed between Oct. to Dec. 2007 ・FSV general guideline: prepared in Jul. 2009 and distributed in Aug. 2009 to all districts ・FSV manual for RHMT: prepared in Oct. 2009, distribution was done in Nov. 2009 t. ・FSV manual for DHMT: preparation was done in Jul. 2009 and was distributed in Jul. 2009 ・FSV manual for SDHT: preparation & distribution was done in Aug. 2008. Modification & redistribution was done Jun. 2009 ・FSV manual for CHO: preparation & distribution was in Dec. 2008, modification & distribution was done in May 2009 ・Manual for community health action plan (CHAP) preparation in CHPS: preparation & distribution in Mar. 2009 ・Manual for promotion of community participation in CHPS: preparation in CHPS: preparation & distribution in Mar. 2009	・Standardised system of FSV was introduced to Stage 1 and Stage 2 districts. ・Standardised referral system was introduced to Stage 1 and Stage 2 districts. ・Standardised manual for promotion of community participation was introduced to Stage 1 districts and Stage 2 districts.	
	6.3. Document and disseminate best practices/innovations from Stage 1 to Stage 2 Districts					▬	Ikeda, Ono	・Document on"Good Practices" is still being finalised and will be complete in November 2009. The document will be distributed in the regional CHPS forum and other meetings. (2009)(Good practices illustrates experiences of Stage 2 as well as expeiences of Stage 1 because good practices has been disseminated to Stage 2 districts through study tours and CHO refresher training.	・Some good practices have been presented during the referral workshop and CHPS coordinators meeting in August and September, 2009 respectivelly.	
	6.4. From 2008, facilitative exchange visits of GHS staff and CHC/CHVs was carried out between Stage 1 and Stage 2 Districts				▬	▬	Ikeda	・Exchange visits of CHO, CHV and CHC between Stage 1 districts and Stage 2 districts was conduted in 2008 and 2009. ・3 exchange visits involving 66 participants were conducted in 2008 and again 3 visits in 2009 involving 99 participants was conducted.	・The exchange visits are good opportunities to learn experiences of other CHPS zones. Satisfaction of the participants was high, ranging between 90 % to 100 %.	
	6.5. Present guidelines, manuals, documented best practices produced by the Project to policy makers and other stakeholders at national level				▬	▬	Ikeda	・GHS and Japanese project team members participated in a dissermination workshop in Accra organised by the JICA Accra Office three times in 2008 and twice in 2009. Outputs of the Project and goodpractices identified were disseminated.	・The Project team presented outputs of the Project to Acting Chief Director of MOH, Director General of GHS, Director of PPME, and Director of Human Resource. Director General of GHS showed his strong interest to ensure that experiences and good practices identified in the UWR are disseminated to other regions.	

GHS/JICA project for scaling up of CHPS implementation in Upper West Region

H. Organization Chart of the project



I. Cooperation with other development partners

Cooperation between the CHPS Project and other development partners during the project period is summarised as follows.

The number of development partners in cooperative relation with the Project is not so many since only a few development partners are resident in UWR. Major cooperation was information exchanges with CHPS-TA and QHP in relation with CHPS implementation because the activities of these partners are closely related to the CHPS Project

Besides the activities tabulated in the table below, several meetings among development partners were held in the UWR. The CHPS Project team and some other NGOs such as Plan Ghana, CRS, NSD and Pronet shared information during these meetings.

Name of dev. Partner	Period	Cooperative activities
CHPS-TA (A technical cooperation project supported by USAID targeting strengthening CHPS implementation, from 2004 to September 2009)	2007 – 2008	➢ Invitation of staff from CHPS-TA in the revision of training materials, preparation and implementation of training on fresher and refresher for CHOs as well as training for SDHTs.
	2006 – 2008	➢ Regular meeting in CHPS-TA office to exchange information (3 times) ➢ Constant communication via the E-mail ➢ Sharing information on equipment donated by Japanese Grant Aid for Nursing School in Jirapa. (As CHPS-TA also planned to donate equipment for nursing schools.)
	2007 – 2009	➢ Exchange of information through dissemination workshops in Accra (Project leader of CHPS-TA project was invited to present their activities and outputs)
QHP (A technical project	2006	➢ Project leader of QHP provided to the

supported by USAID targeting strengthening managerial capacity of regional and district health personnel, from July 2004 to September 2009)		CHPS Project with a handbook on facilitative supervision, which was edited for health staff in the United States of America. He also interacted with members of the CHPS Project on facilitative supervision. (Because In-gender Health, which is a sub-contracted NGO implementing QHP project, is a leading organisation that promotes facilitative supervision in the US.)
	2007	➢ QHP provided information regarding to arrangement of referral at the central level since QHP was supporting to edit referral guidelines for the country.
	2008	➢ QHP supported editing the National Standard Referral Guidelines and provided the edited guideline to the CHPS Project
UNICEF (Residential staff in Tamale)	2008	➢ The CHPS Project provided a list of standard medical equipment for one CHPS zone to UNICEF because it was making plans to donate medical equipment to CHPS.
	2008	➢ Medical equipment provided by the Project was allocated to some CHPS compounds constructed by UNICEF.
UNFPA (No residential staff in UWR)	2008	➢ The CHPS project provided a list of standard medical equipment for one CHPS zone to UNFPA because it was making plans to donate some medical equipment to CHPS.
Plan Ghana (Residential staff in UWR)	2008	➢ The CHPS project provided a list of standard medical equipment for one CHPS zone to Plan Ghana because it was making plans to donate some medical equipment to

		CHPS.

２．主要面談者

Regional Health Directorate of UW

Dr. Alexis Nang-Beifubah	Regional Director of Health Services	Regional Health Directorate of UW
Dr. Koffi Issah	Deputy Director of Public Health	Regional Health Directorate of UW

CHPS review meeting in Nadowli

Ms. Alijata Issaka	DPHN	Nadowli DHA
Mr. Ibrahim Mumuni	Disease Control Officer	Nadowli DHA
梅本直子	JOCV	
鈴木聡子	JOCV	

Lawra DHMT

Mr. Edward Kaaih	STO DC	GHS Lawra DHA
Mr. Elias Khoury	District Accountant	GHS Lawra DHA
Mr. Baye Yakubu	TO (Biostatistics)	GHS Lawra DHA
Mr. Kakraba John M.	SNO (Psychology)	GHS Lawra DHA
Ms.Doris B Migre	N/O (Public health)	GHS Lawra DHA
Mr. Aaron Bakuli	SSK	GHS Lawra DHA
Perpetua M. Seida	DDNS (Public health)	GHS Lawra DHA
Ms. Yukiko Inui	PHN/JOCV	GHS Lawra DHA
Ms. Rebecca Alabila	Regional CHPS Coordinator	
Ms. Cecilia Binni	R Deputy Director of Nursing(Referral)	

Community Participation at Sampina CHPS

Ms. Alice Dakurah	CHO
Ms. Freda Dordaah	CHO
Ms. Edith Kassurah	HEW
Mr. Gemanus Dandeebo	CHC
Mr. John Sumbuo	CHC
Ms. Beatrice Eramamga	CBA
Ms. Mary Doney	CBA
Ms. Rose Anatile	CBA
Mr. Y. Poul	CHC
Mr. Kwaku Antile	CHC

Nov 25
Tampaala CHPS

Ms. Salamatu Alhssan	CHO	
Ms. Lucy Venkumwini	Senior Nursing Officer	Jirapa Urban Health Center
Ms.Theodora Muaamael	Distant Director Nursing Service (Ph)	Jirapa Urban Health Center
Mr. Francis Bayno	Health Extension Worker	Jirapa Urban Health Center

Jirapa District Health Center

Ms. Portia Bamuah	CHO	
Ms. Rita Samami	CHN	
Ms. Felicia Nyinepiih	CHN	
Ms. Hilda-Mary Mwinyella	CHN	
Mr. Alexandra Noored	S/M/Sup	
Ms. Victoria Bongsing	Health Extension Worker	
Mr. Richard B. Ziedor	CHN	
Mr. Lawrence Angnakumr	Health Extension Worker	
Ms. Celestina B. Koyiri	Sr. H. O.	
Mr. Daniel Badikue	CHO	

Wa Regional Hospital

Ms. Mary Sinkari	Nurse in charge of Referral Coordinator OPD	Kid's Inward Dept.
Ms. Sophia Mumuni	Nurse	Kid's Inward Dept.
Ms. Rose Danyagre	Midwife	Obstetric Dept.
Ms.Susana T. Koyrri	Midwife	Obstetric Dept.

Nov 26

Wa West DHMT

Mr. Ahmed Farouk	Accountant	
Ms. Basilim Salia	District Director	
Mr. Iddrisu Mahama	Administrator	
Ms. Dakura Basilia	District Public Health	
Mr. Musah Ali	Cold Chain Manager	
Mr. Iddrisu Mahamedu	Admin. Officer	
Mr. Daniel A. Abuut	Procurement Officer	

Dornye CHPS

Mr. Mustafa Abu	CHO	
Ms. Basilia Dakura	CHPS coordinator(Wa West)	
Ms. Comfort Anagbey	PMO	
Mr. Seidu Mahama	S.N.	Wechiau Health Center
Mr. David Bibila	Health Extension Worker	Dornye CHPS

DANIDA

Dr. Ian Borg	Chief Health Advisor	Health Sector Advisory Office

USAID

Ms. Juliana Pwamang	MCH Program Specialist	

Korle-bu Hospital

Mr. Daniel Darko	Bio-statistic Officer	Center for Health Information Management

MOFEP

Mr. Yaw Okyere Nyako	Director	ERM-Bilateral
Mr. Samuel Abu-Bonsrah	Head of Japan's Desk	

在ガーナ日本大使館

望月寿信	参事官	
穴澤葉子	一等書記官	
天川明香	経済協力調整員	

Ministry of Health

Mr. George Dakpallah	Director	PPME
Mr. Sulemana Bening	Planner	PPME
Mr. E. Owusu Ansah	PHP	PPME
Ms. Janet Kwansah	Head	M&E Unit
Ms. Joana S. Boafo	Service Personnel	
Ms. Eunice Owusu	Service Personnel	

３．UW 州住民の健康改善プログラム隊員リスト

UW州住民の健康改善プログラム隊員リスト(2005年度～2009年度)

隊次	氏名	性別	英名	職種	任地	配属省庁	配属先	開始日	終了日
18-3	小野　麻里	Ms.	Mari Ono	視聴覚教育 Audio-visual Education	ワ Wa	保健省 MOH/GHS	アッパーウェスト州事務所 U/W Regional Health Derectorate	28/3/2007	22/3/2009
18-3	山口　由香	Ms.	Yuka YAMAGUCHI	公衆衛生 Public Health	ナドゥリ Nadawli	人材青年雇用省 MMYE	ワールドビジョン World Vision (Nadawli)	24/5/2007	18/5/2009
19-1	岩岡　未佳	Ms.	Mika IWAOKA	栄養士 Nutritionist	ジラパ Jirapa	保健省 MOH	ジラパ郡保健局 Ghana Health Service Jirapa Distrct Office	20/6/2007	14/6/2009
19-1	梅本　直子	Ms.	Naoko UMEMOTO	看護師 Nursing	ナドゥリ Nadowli	保健省 MOH	ナドゥリ郡保健局 Ghana Health Service Nadowli Distrct Office	20/6/2007	14/12/2009
19-1	野上　ゆき恵	Ms.	Yukie NOGAMI	保健師 Public Health Nursing	ロウラ Lawra	保健省 MOH	ロウラ郡保健局 Ghana Health Service Lawra Distrct Office	20/6/2007	2009/9/7
21-1	鈴木　聡子	Ms.	Satoko SUZUKI	助産師 Midwifery	ナドゥリ Nadowli	保健省 MOH	ナドゥリ郡保健局 Ghana Health Service Nadowli Distrct Office	24/6/2009	18/6/2011
21-2	今井　由紀子	Ms.	Yukiko IMAI	保健師 Public Health Nursing	ロウラ Lawra	保健省 MOH	ロウラ郡保健局 Ghana Health Service Lawra Distrct Office	30/9/2009	20/9/2011