JUABESO-BIA COMMUNITY-ORIENTED PRIMARY HEALTH CARE (JB-COPHC)

PRESENTED BY

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DDHS/Med Supt

NHRC

20th January, 2005
TALKING MENU

- BACKGROUND
- PREVIOUS STATUS
- INITIAL CHALLENGES
- CHPS CONCEPT-HOW IT ALL STARTED
- FORESEEN PROBLEMS
- SOLUTION
- ACHIEVEMENTS SO FAR
- CHPS 2004
- FUTURE PLANS
BACKGROUND

- One of 11 Districts in the Western Region
- Borders, Dorma, Asunafo, Sefwi Wiawso, La cote d’Ivoire, Aowin Suaman,
- Stretch ----- 150km
- From Sekondi ---- 365km
  - Kumasi ---- 210km
  - Accra ---- 470km
- POPULATION
  - 244,524(>2000 CENSUS)
- Six(6) Health Sub-Districts
MAP OF WESTERN REGION SHOWING THE ELEVEN DISTRICTS

La Cote d’Ivore
– Electricity +
– Water+
– Main occupation= farming
– Cocoa 1st district in Ghana
– Food+
– Tarred roads=0
– Communication=Motorola
– Doctor/Patient ratio=1:244,524
– Nurse/Patient ratio=1:9,404(6986)
– Medical Assistant/Patient ratio=1:40,754
– 7 hours from Sekondi
MISSION STATEMENT

To achieve long quality life and good health for the people in the district by providing universal access to the following quality basic primary health services:

- Primary clinical and emergency services
- Reproductive Health Services
- Diseases Surveillance and control, and
- Health promotion by well motivated, high skilled community-oriented staff in an efficient, effective and humane manner with active community participation and within their means.
GOAL AND OBJECTIVES

- To increase geographical, financial, and social access
- To provide quality care
- To collaborate with stakeholders/partners
- To mobilize resources
- To prevent the people in the Juabeso-Bia district from preventable diseases and death
- To make the JUABESO-BIA DISTRICT A MODEL DISTRICT IN THE WESTERN REGION/GHANA
PREVIOUS STATUS

- As at 1994-95 only 6-MOH health delivery points in only 3 out of the 6 Sub-Districts.
- Scanty number of technical health workers
- Many scattered private clinics and maternity homes
- Main referral points were Sefwi Asafo, Dorma, Berekum, Sunyani and Komfo Anokye, 5hr.
INITIAL CHALLENGES

- Numerous health problems with several inaccessible communities due to poor road network and terrain
- The district was reporting the highest number of communicable and childhood diseases e.g. measles, malaria
- Services were not reaching the majority of the people
- Grossly inadequate number of health services
Cont.

- Mal-distribution of staff and facilities
- Poor data capturing and management
- Lack of adequate health infrastructure
- High morbidity & mortality especially infant and maternal.
- Urgent need to upgrade the Juabeso Health Post into a district referral health centre that will become the District Hospital
STAFF STRENGTH 1999/2004

- 2 SRN,
- 1 SRNM,
- 2 ENM,
- 1 SNO(Gen),
- 1 PHN
- 5 MA
- 1 NO(PH)
- 6 CHN
- 2 EN
- TOTAL=21

- SRN 9 (SL=2)
- ENM 3
- CHNM 4
- Mid. Supt. 2
- CHN 16 (SL=4)
- SNO (Gen) 1
- NO(PH) 1
- PNO(PH) 1
- MA 4
- EN 1
- Total=42
The CHPS Concept - How it started

- The Navrongo Story
- Visited Dr. Hodgson
- Participation in Dishop training at Navrongo in July, 1999
- Decision with DHMT to start project in the district
- Consultations with Chiefs and Elders and assemblymen
CHPS’ VALUE TO ME

- Management tool in limited resources environment to achieve our goals and objectives
- Staff redistribution
- Staff maintenance
- Staff motivation
- Harnessing resources from all ends and using them well.
- Reaching and serving our clients with QSHS
FORESEEN PROBLEMS

- Staff understanding of the concept not been very good.
- Fear to change
- Reorienting the staff and providing training.
- Logistics and funds as major constraint but our determination to move forward was paramount
## IMMUNIZATION COVERAGE

**JUABESO-BIA DISTRICT 1997-SURVEY 2001**

<table>
<thead>
<tr>
<th>ANTIGENS</th>
<th>COVERAGE BY YEARS [%]</th>
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<td>BCG</td>
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<td>MEASLES</td>
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<td>OPV3</td>
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SOLUTIONS.

- Provide training and reorientation of DHMT and staff including private practitioners on the concept.
- 2 1-week visit to NHRC by 23 staff including members of DHMT plus the private practitioners late 2000. This was to sensitize the staff on the concept. The district had a computer to set up the data system looking at the data capture system at NHRC.
- Clear geographical service delivery zones were demarcated in consultation with the CHNs
- Some logistics were identified within the DHMT.
ACTIONS.

- TBA Breastfeeding, data and logistics management training for CHNs and others
- Services- curative, maternal including deliveries, immunization, home visits, and family planning.
- DHMT hired rooms for staff where no MOH accommodation
- Community Registers were introduced in 250 communities to enhance our data captures system with specific indicators. Donor pool funds
ACHIEVEMENTS SO FAR

- Because of the sensitization visit, staff became enthusiastic and moved to their own chosen stations
- Services are reaching a lot more people
- Now all the 6 sub-districts are served
- Communities are appreciating the efforts of the DHMT
- Health services coverage has gone up
Achievements Contd.

- Maternal Mortality has reduced by 37% in 2002
- The district is (a model) advancing the concept in the W/R
- Staff are willingly accepting posting to JB.
- Building human capacity
Contd

- Health Insurance: kilo-kilo
- Credit service
- Exclusive breastfeeding-Baby Friendly Centres-4 in JBD
- Monthly meeting of Midwives
- Quarterly meeting of private practitioners
DISTRICT REFERRAL HOSPITAL

- Health Centre being upgraded to District Referral Hospital (Dr. willing to come over)
- The CHN in the pilot are happy especially with their work, as their roles have now changed—multipurpose health worker
- All logistics including Family Planning materials are supplied to the CHN from the sub-district
- Creation of District Central Store
- Private Practitioners deeply involved in CHPS
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<tr>
<th>SUB-DISTRICT</th>
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INCENTIVES

- TV
- Cooking utensils
- End-of year get-together & awards
- District T-shirt
- Appreciation/ in touch
- Monthly meeting
- Workshops
- ADHA
- Motorola
- Training of NTC students
- Further studies
OUR STEPS

- Situational analysis & selection of communities
- Compilation of community profile
- Study & sensitization tour to Navrongo
- Staff selected station
- Zoning & Catchment area map
- Identification of logistics
- In-service training
- Posting of staff
STEPS CONTD

- Dialogue with community leaders
- Hiring of accommodation/repairs
- Movement of staff to community
- Launching of programme, introduction of CHO to community. (Community durbar)
CHPS 2004

- Training of CHO(s) and Supervisors=36 (1-13Nov)
- Study tour to Navrongo= (P10/6-sup3, (19)+D2)
- Baseline survey is ongoing (3-1-2005)
- Sensitization of communities on CHPS
- Additional communities identified by the CHN/DHMT for scaling up
- Private practitioners starting EPI activities on possessing cold-chain equipment
NETWORKING

- Bawku West
- Jasikan,
- Birim North
- Nkwanta
- Students from NMTS Sekondi and Esiama
- Medical students from SMS-KNUST
- Engender Health team
**Outstanding activities**

- Purchase of equipment
- Study tour of RHMT/DHMT
- Community meetings (ongoing)
- Community training (groundwork started)
- Scaling up (ongoing)
- REVIEWING THE BUDGET
CHOS

- Paulina Eshun - Oseikojokrom
- Juanita Azadikor - Yawmatwa
- Sertina Alipo - Debiso
- Janet Assie - Adabokrom
- Mary Acquah - Asempaneye
- Osei Michael Bonsu Nkwanta
Cont.

- Grace Baidoo
- Doris Nunyanu
- Faustina Adda
- Lucy Baidoo
- Kate Asante
- Gladys Azalekor
- James Ahwomeah
- Anna Awortwi
- Laurtta Awortwi

Amoaya
Bodi
Pampramase
Kaase
Kantakrobo
Ahibenso
Mempeasem
Camp 15
Essam
PRIVATE

- R. O. Kwarteng Brebre
- Patrick. Ameyaw Kojoaba
- Elizabeth Adabo Akaatiso
- Alice Tizaar Adabokrom
- Anna Karikari Ahwiafutu
- Nallice Afrakuma Aboboya
- Beatrice Biney Elluokrom
- * Florence Koduah Debiso
INNOVATIONS

- Involvement of private practitioners
- Other cadres eg. FTs, Midwives
- Renting places for CHOos
- Pairing P&P
- Using two CHOos instead of one
- Using volunteers for CBS and others not Y-Z
- CHIS through CHPS using CHOos
- Private Practitioner as DHMT member
- Using HC for CHC.
ADVANTAGES OF PPP

- Location
- Cost/investment
- Quality
- No attrition
- Common fund/FE or not
- Sustainability assured.
- Composite district health service del. data
USE OF VOLUNTEERS

- Not used in treating minor ailments as in Navrongo b/c of past experience
- Used in NIDS
- Avermentin distribution
- NMT
- CBS
- Social mobilization
- Used in defaulter tracing in DOTS and EPI
CHALLENGES

- How to keep CHN at Juabesos, DHq.
- When my female CHO will accept riding motorbike?
- Inability to prescribe an incentive package for supervisors and co-ordinators
- Improve supervision
JOURNEY TO GOAL AND OBJECTIVES

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FUTURE PLANS & NEXT STEPS

- Brainstorm on how to address the previous challenges plus the ff.
- Data capturing system to be strengthened
- Transport
- Radio telephone to reach posts (district one done)
- Accommodation for staff, trainees and visitors
- Expand network
- CHOS in HIV/AIDS (PLWHIV/AIDS)
FORECAST

- Strong DHMT & SDHMT promote CHPS
- CHPS is the next component of the Sub-district concept
- CHPS Compounds are future HC & Hospitals sites
- CHPS paves the way for Family Practice
- One CHO at CC is not the best
- Creativity can promote CHPS
- Following the ‘book’ implementation will slow the process (it should be adapted and not adopted)
To make the District an International CHPS Demonstration Centre

The centre to become the Ghana Health System’s “HOSPITAL”
Acknowledgement

- Dr. A.V.O Hodgson & NHRC
- Dr. K.A. Bainson/DANIDA
- Dr. G.Y Afenyadu
- Dr. F.K. Nyonator/GHS/PPME
- Dr. S.D. Anemana
- Pop. Council New York
- My team and community members
TEAM MEMBERS

Elizabeth Corney  PNO (DPHN)
Bismark Obeng-Kusi Epid  TO(DDCO)
Rudolph Ayitey  STO
Emmanuel Badiena  TO NUT.
HOW PPP CAN BE DONE

- Next text for discussion
THE END
THANK YOU