

MOTIVATED INCENTIVIZED COMMUNITY BASED AGENTS (CBAs) TRAINED AS COMMUNITY HEALTH WORKERS (CHW) WITHIN THE CHPS SYSTEM IN AMANSIE WEST DISTRICT – A HISTORIC VISIT BY THE LEADERSHIP OF GHS.

INTRODUCTION

The leadership of the Ghana Health Service, Youth Employment Agency and members of the technical working group of the Community Health Workers (CHW) initiative in Ghana paid a historic working visit to the Millennium Villages Project Community-based Health Planning and Services (CHPS) Sites in the Amansie West of Ashanti Region under the sponsorship of the 1mCHW Ghana office in collaboration with MVP -Bonsaaso.

The Community-based Health Planning and Services (CHPS) initiative is the government's strategy to bringing health care closer to community members. The government recognizes that the main producers of health are individuals and households. CHPS aims at establishing a sustainable system for improving the health of the community by involving individual and households in planning and health care delivery. The Community Health Worker (CHW) concept has been adopted for the class of community-based human capital that are specifically oriented to support the CHPS programme. CHWs are trained to carry out community and home-based health care activities and participate in health promotion and disease prevention. They also act as first line surveillance personnel in the respective communities.

As countries around the globe are making efforts to achieve sustainable development based on lessons learned in the implementation

of the Millennium Development Goals (MDGs) to achieve universal health coverage, Ghana's MoH and the Ghana Health Service is focusing on strengthening its home-grown CHPS strategy. One of the critical components of community-based health interventions is the Community Health Workers (CHWs) concept – a lower level cadre of health workers who are trained in an integrated manner to deliver preventive and curative services at the household level.

The vision of the GHS is a healthy population where all children survive beyond 5 years of age; all pregnant women deliver healthy babies safely; all people live healthy lifestyles free of diseases; and average life expectancy is 75 years and above.

The Ghana CHW Programme will create a platform to harmonize the best practices from the various interventions currently in place and help develop a powerful community health system that ensures easy access to basic healthcare at all levels and empowers community members to take control of their health. It will also accelerate progress in the effort towards achieving health equity and Universal Health Coverage in Ghana.

This is particularly true for rural communities, for whom the provision of preventive, diagnostic, and curative services in the community and at households is a first step to more extensive engagement with primary health care systems.

In recent years, evidence has come to light which shows that community based interventions by CHWs can make major contributions to the reduction of maternal and child mortality, especially for the hardest to reach communities with lowest access to health

care. Studies have shown that critical success factors for the CHW programme include the establishment of a well designed, and managed system for CHW support and supervision and formal linkage with the national health system. Investments in a national CHW programme as a component of the functioning primary health care system, incorporated into health development plans will be important well beyond the 2015 deadline for the MDGs. They will not only support Ghana in achieving universal health coverage, but also support the strengthening of the health sector as it continually evolves to meet the changing epidemiological and demographic needs of rapidly transforming communities. Ghana Health Service is therefore undertaking to establish and formalize a system of Community Health Workers (CHWs) who are able to provide basic health services to Ghanaian communities without access to primary healthcare, to strengthen Ghana's overall health system and help Ghana to achieve Universal Health Coverage.

The design of the National CHW system in Ghana builds on lessons learned from a decade of implementing Ghana's current Community based Health Planning and Services (CHPS) programme. Functioning as part of the CHPS strategy, but based in the community, GHS plans to create a CHW workforce using a ratio of one CHW to approximately 500 individuals, with the intention to reach 100% of the rural population through a phased scale-up strategy. The Ghana's CHW Roadmap has been developed with input from multiple departments of the Ministry of Health, Ghana Health Service, NGOs, academia, global funding agencies, and the private sector. It was developed with support from the University of Columbia- Earth Institute's One Million CHWs

Campaign (<http://1millionhealthworkers.org/>) as part of a wider pan-African initiative to scale up the CHW workforce for the poorest and most under-served populations with basic health care.

For the rural poor; provision of preventive, diagnostic, and curative services in the community and at the household level is a first step to a more extensive engagement with primary health care systems. The Ghana CHW Programme is a collaborative effort between the Ministry of Local Government and Rural Development, World Vision Ghana, 1mCHW, the Youth Employment Agency (YEA) of the Ministry of Employment and Labour Relations (MELR)

Ministry of Health and the Ghana Health Service seeks to hire, train and equip particularly long serving trainable volunteers and or young deserving high school graduates at the community level as CHWs to deliver preventive and

ILO definition of CHW
"Community health workers provide health education and referrals for a wide range of services and provide support and assistance to communities families and individuals with preventive health measures and gaining access to appropriate curative health and social services. They create a bridge between providers of health, social and community services and communities that may have difficulty in accessing these services."

curative health services in their respective communities.

To pursue this noble dream some senior officers from MELR, YEA and GHS on September 16, 2015 paid a working visit to the Amansie West District, where the MVP has successfully integrated CHWs into the CHPS system since 2007.

Background:

In the Amansie West District of Ashanti Region, the Millennium Villages Project (MVP) has been operating in cluster area of thirty (30) communities with population of 32,000. This covers two sub-districts out of seven in the Amansie West district. Prior to inception of the Millennium Villages Project in 2006, maternal mortality was as high as 345 deaths per 100,000 live births, child mortality was 110 deaths per 1000 live births, and the institutional delivery rate was as low as 32%. The challenge of accessing healthcare was identified as the main cause of poor health indicators in the area at that time. There were only two weak and very old structures as CHPS Compounds within geographical area of about 389 sq km, (which constitutes 29% of the total land area of the district).



Road network in Amansie West before MVP

This was compounded with very poor road network in the area; only about 20% of road network was accessible throughout the year.

To improve this condition, the MVP and its partners, with support from the District Assembly and the District Health Directorate of the Amansie West, rehabilitated the two existing CHPS Compounds and built five new others.



A CHPS Compound in Amansie West (by MVP)

With joint efforts by the Ghana Feeder roads, the District Assembly and the MVP, most of the roads were fixed, replacing the deadly wooden bridges with concrete ones and paving all the roads. Electricity and water systems were installed in all seven CHPS compounds and basic Emergency Obstetric Care (EMOC) equipment was provided. Ghana Health Service posted nurses and midwives to provide quality healthcare to people. The area has been well zoned into seven CHPS zones with each having at least one CHO. An innovation to these was an introduction of well-motivated (monthly compensated) community based agents for health which the MVP termed Community Health Workers (CHWs). The MVP CHWs were essentially long-serving CBAs (CBSVs) who could read and write Basic English and also interested young community members. They were given

basic community health training. Every community in the MVP Cluster was assigned at least one CHW, with each CHW responsible for not more than 500 people or 100 households.



CHO supporting a CHW during household visit

Within the MVP Cluster CHOs provide strong supervision to CHWs who support them in rigorous home visits and community outreach

services. CHWs visit each household at least once in a month. All CHOs and CHWs have been provided with smart phones with mobile health applications, which help them to collect a wide-range of data from the households. These sets of comprehensive community-based data is received in real-time by all categories of health managers within the district for quick, informed decision making and provision of prompt support to the periphery health workers.

The Results:

As displayed in the charts below, the health outcomes in the Bonsaaso MVP cluster have shown remarkable improvements over the years.

Improvement in quality of healthcare

	(2006) Baseline	After MVP (2014)
Infrastructure/Equipment/Logistics		
No. of Health Facilities (CHPS Compounds)	2	7
Medical Laboratory	0	1
Medical Store	0	1
No of Health Facilities electricity (grid/solar)	0	7
No. of Health facilities with water systems	0	7
No. of Health facilities with computers	0	7
No of Health Facilities with Basic (EMOC)equipment	0	7

No. of Ambulance	0	2
No. of Motorbikes (For CHOs)	0	10
Health Staff (Human Resource for Health)		
No of Midwives	0	7
No of Staff Nurses	0	1
No of Enrolled Nurses	0	12
No of Community Health Nurses(CHNs/CHOs)	1	11
No of Community Health Workers (CHWs) OR CBSVs	12	60
No of Auxiliary Staff (Cleaners & Security at CHPS Compounds)	2	14

The Visit

The Ashanti Regional Director of Health Services, Dr. Alexis Nang-Beifubah hosted the visiting team with support from the MVP. In his welcome address, he recounted several interventions that have been successfully piloted in the Amansie West District including Telemedicine, Tropical Laboratory Initiative, the use of Misoprostol as prophylaxis against post-partum hemorrhage (PPH) at the community level, which are being given attention for national scale-up. Dr. Alexis emphasized that the Ashanti Region intends to scale-up the CHW programme in some deprived districts, including Amansie West. He was of the hope that after the visit, the team would be more than convinced to advocate for national scale up of using well motivated CHWs to strengthen CHPS in Ghana.

MDG 4 & 5		2006 (Baseline)	2014 MVP
MDG4	Proportion of one year old children immunized against Penta3	83.3%	97.1%
	Proportion of children receiving vitamin A supplementation in the past six months	63.3%	96.8%
	Under-5 mortality rate per 1000	48	<10
MDG5	Proportion of women receiving at least four (4) antenatal visits	49.8%	98.6%
	Proportion of births attended by skilled health personnel	30.3%	85.8%
	Modern Contraceptive rate	13.5%	54.2%



Dr. Alexis welcoming the visiting team

Highlights of the visit

In Amansie West District, the visiting team, which was led by the Dr. Gloria Quansah-Asare - Deputy Director General of GHS, Mrs. Alice Attipoe-Director HR of the Ministry of Employment and Labor Relations and Mr. Samuel Jabanyite the Board Chairman of the YEA , visited some CHPS compounds, interacted with CHOs, CHWs, Community Health Management Committees (CHMCs), and attended a community durbar by Chiefs and Elders of Bonsaaso.

Community engagement and involvement/ownership

Community leaders at Bonsaaso and CHMC at Datano narrated to the visiting team the amount of support they render to the community in strengthening CHPS/CHWs, these include; nomination of deserving community members to be trained as CHWs, helping to mobilize transport for referrals in case ambulance fails or delays, and counseling of difficult mothers and families. They also indicated that they support the health staff to investigate maternal and child deaths and help find possible solutions to avoiding subsequent ones. At Bonsaaso, some of the leaders who spoke at the durbar ground recounted how the community used to experience so many child and maternal deaths in the past. They expressed their joy about construction of CHPS compounds in the area, deployment of Midwives, CHOs and most importantly CHWs who are also their community members. The community leaders were appreciative that they receive maximum visits of CHWs and CHOs to

their homes; medicines are mostly available to them both in the community by CHWs and at the CHPS compounds by nurses and midwives. They are so much happy that most their women could deliver at the health facility. They testified that deaths have drastically reduced in their communities.

Harmonization of community based interventions

Ms. Grace Obeng, a midwife in-charge of Datano CHPS Compound was full of joy as she narrated her story to the visiting team. She revealed that she has worked in the Amansie West district for almost 20 years, beginning as a CHN. Grace told the visiting team that she was one of the trained CHOs during the pilot of CHPS in Ashanti; she recounted how difficult and how uneasy it was combining work at the CHPS compound and doing home visits within the CHPS zone. *“Those days, it was not easy for me at all because in the morning you have to see some patients at the compound before you set off to visit other communities, you return in the evening to the compound and so many people have come from other communities to meet your absence. Community member mostly became furious and complained about this. I had the opportunity of going for further training to become a midwife, and after that District Director posted me to work with the MVP at this CHPS compound. Now I work with CHOs and CHWs who are in the communities. I spend most of the time attending to pregnant women and sick people; mostly children who the CHWs and CHOs refer to me. I also step into the community sometimes to support them; we work as strong team, we communicate a lot on phone, I draw the attention of my CHOs and CHWs to focus on certain clients in the communities for me. I am able to support them very well because I have*

done it before and I am still doing. My joy is that the work has become easier.” Grace narrated.

Incentivization and carrier progression

In Amansie West there is the evidence of several CHWs who have moved on to become professional health staff and CHVs who have been promoted to become CHWs. One CHV turned CHW had this to say *“initially, MVP did not use us but employed their Community Health Workers, they paid them every month, to work in the communities; we realize that the MVP CHWs were doing a lot of work than we did. They were doing so many home visits and we supported them in most cases. Later the MVP informed our community leaders that they wanted to engage some of us. We were called for interview to become CHWs. I am very happy to be recognized as a community health worker and I know MVP and Ghana Service are equally happy because we deliver on our set targets . We are also very happy because we receive some monthly allowance for the time we spend”* (Elvis Boakye, from Keniago).

Emelia Badu a CHW and now serving as CHO, narrated how her background as a previous CHW is impacting on her present duty as CHO. Emelia said *“I perfectly understand the challenges associated with home visit so I am able to support the CHWs better; and I am aiming to become a midwife and even move higher than that”*



The Midwife, CHO, some CHWs and CHMC members of Datano CHPS Zone explaining mode of their operations.

Theresa Yao, a CHW from Datano explained how the CHWs use a mobile phone to collect data and send reports to their supervisors. She also explained how the CHOs supervise them and how they work with them. Again some members of CHMC at Datano explained how they are involved in emergency transportation and their involvement in verbal autopsy to prevent maternal and child deaths.

Impressions of the visiting team

Three key speakers at the Bonsaaso durbar expressed their joy and satisfaction of what they had heard and witnessed. The Deputy Director General, Dr. Gloria Quansah Asare, was full of praise to the District Health Directorate, the MVP and the beneficiary communities for successful pilot of several health interventions in the district. She revealed that she has been involved in the Misoprostol intervention for the prevention of PPH at the community level, which was also piloted in Amansie West district by the MVP and therefore familiar with operations of the MVP. *“I have always enjoyed working with rural communities as a medical professional and will always want to do that”* Dr. Quansah Asare indicated. She encouraged all health professionals to accept postings to rural communities while praising those who are

already working with rural folks. She gave her support and expressed hope that the CHWs programme would indeed strengthen CHPS beyond all shadows of doubts.

The former Chief Director of Ministry of Employment and Labour Relations emphasized the Ministry's support and commitment to the CHWs programme based on what he witnessed. The Board Chairman of YEA, Mr. Samuel Jabanyite added his voice by endorsing the CHWs programme. *"I am very happy to have been part of this visit and to have heard and seen things for myself"* he said.



Group photograph of some CHOs, CHWs, chiefs and the visiting team

Mr. Japhet Ayiku, who represented Prof. Jeffery Sachs, assured the GHS and Ghana government of Jeffery Sachs and 1mCHWs Global Campaign's support.

In his closing remarks, Nana Acheampong, spokesperson of the Chief of Bonsaaso thanked the visiting team and expressed the hope that the CHWs intervention would be scaled to improve health of other deprived and rural communities in Ghana.



Dr. Gloria Quansah Asare delivering her speech at the durbar hosted by chiefs and people at Bonsaaso in Amansie West District