



COMMUNITY HEALTH OFFICERS (CHO) TRAINING

SEPTEMBER 15-17, 2021

HILL VIEW GUEST CENTRE, ABOKOBI

BACKGROUND:

COVID-19 was declared a global pandemic by the World Health Organization (WHO) in March 2020. Since then, it has affected practically all countries with very few exceptions. As of August 2021, there were over 200 million cases and over 4 million deaths globally¹. The first confirmed COVID-19 case in Ghana was reported in March 2020 and as of 16 August 2021, over 100,000 cases had been reported². In Ghana, COVID-19 has disrupted all aspects of life including the delivery of routine health service. Disruption of health services affects all persons but especially the most vulnerable including women and children. COVID-19 has exposed, and in some instances magnified already existing vulnerabilities.

UNDP with funding from the Government of Japan is currently implementing a project aimed at addressing the demand and supply for health services, by strengthening the capacities of communities and vulnerable groups such as women, children, persons living with HIV, persons living with NCDs and slum dwellers for the uptake of health services during and post COVID-19 era whilst strengthening capacities of health facilities to provide these services and in country capacities for managing COVID-19 and future pandemics.

One key aspect of the project is strengthening the capacities of Community-based Health Planning and Services (CHPS) to provide continued care during the pandemic. CHPS is a key strategy developed to bring health services closer to clients especially in underserved, deprived or vulnerable communities. The CHPS concept is premised on involving individuals and households in planning and delivering health care with communities as partners, to improve their own health outcomes. Community Health Officers (CHOs) who manage the CHPS zones serve as the critical link between the sub-district and the community and work with the community health management committee and community volunteers to deliver on their mandate.

To effectively fulfill their mandate and support the continuity of essential health services during the pandemic, it is critical that CHOs are equipped with the requisite tools, skills and knowledge. It is against this backdrop that UNDP in collaboration with the GHS health service organized a 3-day training workshop for community health officers from Ga central and Accra Metro from **15-17 September 2021**

OVERVIEW OF THE OPENING SESSION

In her opening remarks, Angela Lusigi (PhD), **UNDP Resident Representative**, highlighted the critical role played by community health officers in providing essential health services to the most vulnerable and the importance of ensuring that they are regularly equipped with the necessary skills, tools and knowledge to effectively perform their functions.



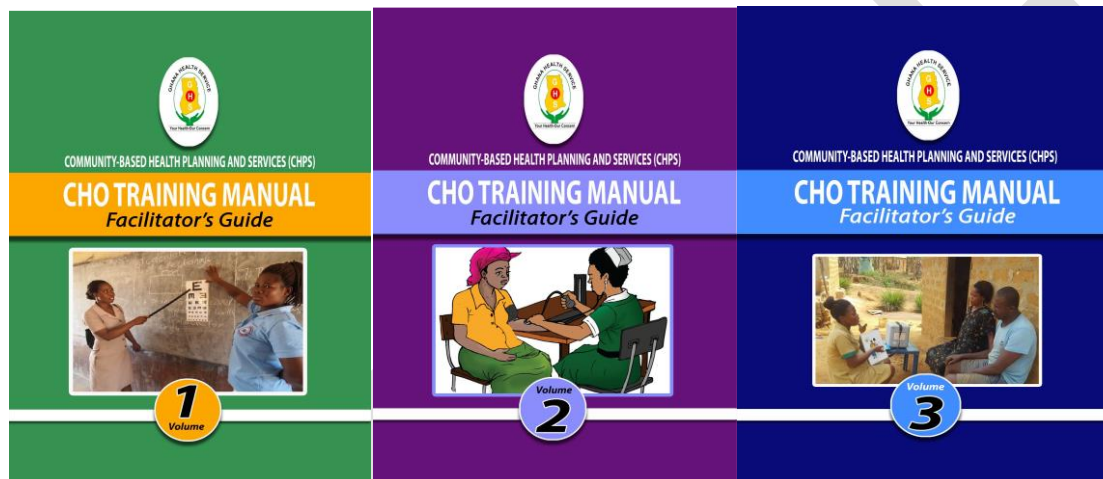
The **Deputy Chief of Mission of the Embassy of Japan H.E Oyama Hiromoto**, in his remarks reiterated the importance of Community-based health care in enhancing access to primary healthcare services and further expressed how the Government of Japan was happy to work and support this initiative to build back better healthcare services and enhance capacities for future health crises.

In his remarks, **Dr Anthony Oforu**, Deputy Director General of Ghana health stressed the importance of community health officers in ensuring continuity of essential services. He further thanked UNDP's continued support for the continuity of essential health services

KEY HIGHLIGHTS FROM THE SESSIONS

DAY 1:

The entire training workshop was based on the harmonized CHO training manual developed by GHS and other partners. The CHO Training Manual is in three volumes which covers the whole spectrum of the Community Health Officer's (CHO) work. **Volume One** of the training manual discusses home visiting, behavior change communication, managing CHO activities etc., **Volume 2** discusses HIV and AIDS as well as maternal health whilst **Volume 3** discusses immunization, nutrition, disease control and management of common ailments and emergencies among others.



The training sessions were interactive and provided ample opportunities for CHOs to ask questions and provide feedback. Furthermore, exercises were also given during presentations to help ascertain whether the CHOs had understood the key concepts discussed

The first day's session started with an electronically administered pretest aimed at gauging the knowledge of the community health officers with regards to their work. The pretest results are summarized in the annex.

Day one's session focused on Volume 1 of the manual and specifically four critical areas of primary importance for the community health officers work, namely- *the CHPS concept, management of the community health officers activities, home and school visits and how community health officers can support community health volunteers*

- **Dr Andrews Ayim, Director for Policy (GHS)** in his presentation on the overview of the CHPS concept, highlighted the historical background for primary health care and community-based health planning (CHPS). He further reiterated that the CHPS concept was developed to address poor access in health services within the sub districts and also to shift the prevalent bio medical approach to illness and disease where health workers congregate in health facilities and wait for community members to an approach which places a greater emphasis on community participation in health service planning. He further encouraged the CHOs to be more observant and attentive to the specific needs of the communities they serve. He further highlighted the importance of understanding community norms and practices in order to provide services to the communities in which they serve
- **Dr Esi Therson-Cofie, Accra Metropolitan Director of health services**, in her presentation on management of CHO activities, highlighted the importance of developing annual, monthly, weekly and daily calendar of activities to guide the CHOs in their work. She further taught participants how to develop the calendar of activities and how to identify priorities for CHOs. Participants were then given exercises to develop calendar of activities.
- **Dr Andrews Ayim, Director for Policy (GHS) in his presentation on home visits and school visits** further reiterated the importance of the home visits as a critical component of the CHPS concept and also a core duty of the community health officer. The discussion also focused on the need to prepare adequately for home visits including the need to establish rapport, use simple non-medical jargons, choose suitable times for home visits in line with the local context and the need for community health officers to change their attitudes towards service provision in order to reach those left furthest behind. The discussion further reminded CHOs the requirement of visiting 8-10 households in a day and conducting home visits 3 times a week. Regarding school visits, CHOs were reminded of the critical utility this serves in facilitating early detection of any communicable disease in order to quickly develop measures to address these.
- **The final presentation for Day 1 was by Charity Sikanku, the Greater Accra Regional CHPS coordinator.** Her presentation focused on **how community health officers could support community health volunteers (CHVs)**. This presentation also further stated the critical role the CHOs play in providing on the job training to CHVs and supervising the work they do. Her presentation also helped CHOs identify what the supervisory plan was and how and why it is important to give feedback to CHVs after supervision. It also further explained why it was important to have regular supervisory meetings to share findings of supervisory visits, share experiences and best practices and discuss challenges and lessons learnt

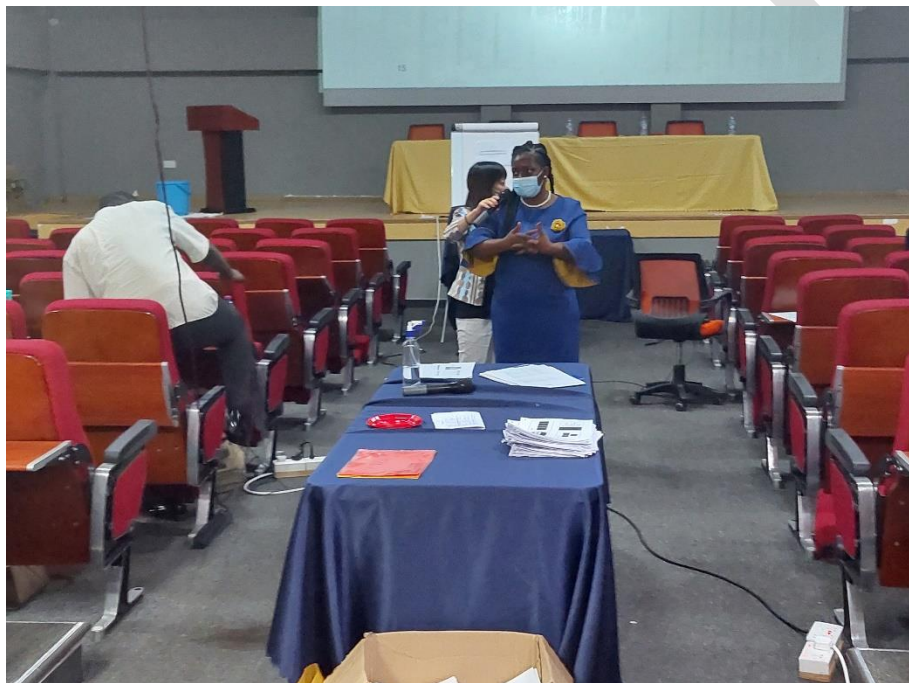
Day 2:

Day 2 started with a recap of the previous day and feedback on the previous day's training. Participants briefly shared their key takeaways on the CHPS concept, prioritization of health issues, planning for health visits, developing the calendar for home visits, management of the CHMC and CHV relationship, the need for proper documentation etc.

Presentation for day 2 focused on Volume 1 and 2 of the CHO training manual and discussed ***working with communities, infection prevention and control during pandemics, disease surveillance and control and HIV/AIDS***

- **Phoebe Balabumyetime DDHS (Upper West)**, focused her presentation on how CHOs could work well within their communities. In her presentation she emphasized the need to develop community profiles and maps as a means of getting basic information with respects to the community's boundaries, populations, tribes, languages, religion, resources and taboos. She also reiterated the importance of conducting effective community entries by talking to knowledgeable people and identifying both informal leaders and influential people who would ultimately be able to support the CHO in her role. On conducting the needs assessment, CHOs were also taught 4 key questions they could ask to help communities prioritize the health needs- aimed at finding out the disease prevalence, the ease of change, the seriousness of the issue and the level of concern. CHOs were also introduced to participatory learning and action tools/ methods which helps community members analyze, share and enhance their knowledge. **Pair wise ranking** which is a tool used to compare, rank or prioritize several items or needs of a community and the **Matrix** which is often used in establishing relationships between needs and solutions or diseases and their causes were some of the PLA analytical tools that the CHOs were taught. The CHOs were then encouraged to involve community members in all activities as they knew the most about the community and thus were the best people to provide appropriate solutions to the health problems.
- **Dr Ashinyo, Deputy Program Manager National AIDS Control Program (NACPo discussed HIV/AIDS)**. His presentation started with the historical background regarding the discovery of HIV. He further explained the modes of transmission of HIV, factors that increase the risk of HIV transmission and how HIV affects the body and the opportunistic infections related to HIV infections. He further showed graphical presentations of some HIV related opportunistic infections to help the CHOs stay alert to these kinds of infection and also quickly identify and support persons within the communities who might be suffering from HIV. He also provided the current statistics on the HIV prevalence and some socio-cultural factors driving the epidemic and stressed the key role CHOs play in supporting the reduction of new HIV infections and also providing testing and treatment to community members as part of the test and treat and task sharing policies.

- **Dr Esther Odame- Asiedu** the municipal health director for Ga central **focused her presentation on**, on how health facilities can maintain safety and ensure adherence to protocols whilst providing essential services, how infection can be prevented in the health facilities and how the chain of transmission can be broken. Her presentation also highlighted the key interventions undertaken by health facilities to support the continuity of essential health services including the use of triaging protocols and the allowance made for persons living with NCDs to book appointments in order to reduce crowding at the OPD. Her session also introduced participants to case studies on infection prevention and provided the participants with the opportunity to think through real life situations they encounter and how they can reduce the spread of infections and remain safe whilst providing essential health services. She further had a practical session to demonstrate correct hand washing techniques.



Handwashing demonstration by Dr Odame

- **Isaac Bafuo-Nyarko's** presentation on Disease Surveillance focused on how CHOs could support data collection for community level Integrated Disease Surveillance Report (IDSR), how they could document unusual disease occurrence and how CHOs can conduct health education for disease control. Participants were also taught the methods of surveillance and the formats, techniques, tools used in collecting disease surveillance information.

Day 3:

The final day's session focused on the promotion of good nutrition, introduction to the Koko plus foundation, Life Course Approach, management of common ailments, immunization, how to work well within communities and health information and data management. The final day also ended with a post-test assessment which served as a way of gauging whether participants had gained some knowledge over the past 3 days

- **Faustina Vimariba- the Regional Nutrition officer in her session on promoting good nutrition** highlighted the key ingredients for good nutrition, guidelines for maternal and young child nutrition and how some nutritional deficiencies can be managed. She also mentioned the importance of the four-star diet which is a diet rich in animal source foods, legumes, staples and vitamin A rich fruits and vegetables. She further stressed on the need for CHOs to advice pregnant women to have a diversified iron rich diet, use iodized salt and the use of ITN and IPT. For breast feeding mothers she stressed on the need for CHOs to observe breastfeeding mothers and provide support to initiate and continue breastfeeding. She also further stressed the need for CHOs to understand locally available nutrient rich fruits and vegetables, visit the markets to see what was available and encourage mothers in their communities to make use of these locally available fruits and vegetables instead of asking them to eat things that were not common to them. As part of her session, she also asked the CHOs to identify locally available green leafy vegetable they could ask mothers to consume
- The Koko plus foundation which is funded by the Ajinomoto foundation were present on Day 3 to share highlights of their ongoing project. Ophelia in her presentation highlighted the Ghana nutrition improvement project which is aimed at improving nutrition education to mothers and Koko plus as one of the possible solutions to support infant growth. Dr Bonfeh in his presentation chronicled the history of the Koko plus and also shared the efficacy studies conducted to evaluate the effect of Koko plus on growth morbidity and development outcomes in children aged 6 to 18 months which highlighted Koko Plus efficacy in reducing stunting and anemia in this target group.
- **Dr Charlotte Cato, Ablekuma South Sub metro director took the participants through the management of common ailments within the communities.** The purpose of her session was to help participants identify common communicable and non-communicable diseases and common emergencies and how to effectively provide first aid. In her presentation participants learnt the types of viral infections,

bacterial infections, internal and external parasites and vaccine preventable diseases. She further discussed in detail some of the common ailments namely malaria, diarrhoea and middle ear infections. On malaria she stressed the need for CHOs to be on the lookout for complicated and uncomplicated malaria, stressing the key signs that characterized complicated malaria especially in children and how they should be swift to provide support in this regard. She further stressed the need for CHOs to be observant in order to pick up ear infections that commonly affect children

- **On the life course approach (LCA), Dr Ollenu from the NCD control program helped participants** understand what the life course approach was and how the community health action plan (CHAP) can serve as a useful tool that allows communities prioritise and to take the lead in planning, implementing, and evaluating community-initiated activities. Dr Ollenu also took participants through the steps in developing the CHAP and how they could prioritize the critical health issues within the community using the pairwise ranking.
- **Phoebe Balabumyetime DDHS from Upper West** took the participants through **Immunization** as one of the critical components of the CHO work and also **resource management**. The presentation focused on the schedules of vaccination in Ghana and how they can support the management of side effects at home. The presentation also highlighted the critical role CHO pay in ensuring that children are protected from vaccine preventable diseases. She further stressed the need to improve immunization coverages in their localities as a way of ensuring that herd immunity is attained in the communities. On Resource management, she further explained that the purpose of the presentation was to help CHOs understand their roles within a team, understand the code of ethics and also the disciplinary procedures. The presentation brought to the fore the relationship between the CHVs and CHOs and the different complementary roles they played within the communities to support service provision. The GHS code of conduct and disciplinary procedures was also explained to CHOs to help them understand what was expected from them in terms of conduct and behaviour and the various penalties that came from flouting the rules. The critical role orientation plays in providing new staff with the methods and procedures, duties and responsibilities etc associated with their roles was also discussed.
- The final presentation for the day and the training was on data management by **Divine Amanieh, from the GHS PPME**. His presentation highlighted some basic definitions, the types of data collected at the CHPS level and also why it was important to collect and report accurate data.

Conclusion and next steps:

At the end of the 3-day meeting, DDNS (deputy director for nursing services) representing the CHOs expressed sincere appreciation for the training and their collective resolve to apply all the knowledge and skills gained.

The Director of policy from Ghana Health Service, Dr Ayim in his closing remarks also thanked UNDP, directors of the selected districts and the CHOs for all their contribution that ensured that the training was successful. He further expressed the desire that the skills and knowledge gained will be put to good use. Participants were also informed of the planned follow up and monitoring activities.

Annex

PRE and Post TEST Questions

Responses:

35 (pretest) 32(post test)

Average Score

13.4 (pretest) 14.272

Annex:

Survey Questions:

1.The following are examples of health issues and activities that should be prioritized by CHOs EXCEPT:(1 point)
43% of respondents (15 of 35) answered this question correctly.

A. Low immunization coverage	4
B. Health education programmes	1
C. Inadequate safe water supply	11
D. Injuries/ domestic violence	15

E. Community health
durbars 4

2.

How can one ensure community participation in the implementation of planned activities (1 point)
60% of respondents (21 of 35) answered this question correctly.

- A. Involving community members in planning health activities for the month 10
- B. Involving community members in reporting to the sub-district level 1
- C. Involving supervisors in data collation 0
- D. Providing periodic feedback on performance through durbars and meetings among others to sustain their interest 3
- E. A&D only 21

3.

What are the ways that one monitors performance of Community health volunteers? (1 point)
40% of respondents (14 of 35) answered this question correctly.

- A. Review records of activities carried out daily 2

B. Make a timetable of one's activities to be carried out for the month	3
C. Check for gaps in performance (self-assessment)	0
D. A & B only	16
E. A & C	14

4. Name a follow up action after monitoring and evaluation has taken place? (1 point)
80% of respondents (28 of 35) answered this question correctly.

A. Draw a map of the community you are working in.	2
B. Carry out surveillance of diseases	1
C. Take a walk through the community	0
D. Identify appropriate people in the community and involve them in solving the problem	28
E. Collate the monthly data	4

5.

The following are the reasons for home visits EXCEPT:(1 point)
54% of respondents (19 of 35) answered this question correctly.

A. It takes services to the door steps of individuals and households 3

B. Allows the CHO to observe and understand the home/ family situation 4

C. It allows the CHO to appropriately collate data 19

D. Enables the CHO to provide care tailored to the needs of the households 4

E. Allows the CHO to assess the living conditions of households and their health practices in order to provide appropriate health education 5

6.

Name one reason for special home visits(1 point)

71% of respondents (25 of 35) answered this question correctly.

A. The follow-up visits for patients such as TB and diabetic patients 25

B. Enables the CHO to provide care tailored to the needs of the households 6

C. Provide health education 2

D. Allows CHP to observe and understand the family situation 2

E. Allows one to collate data for the month 0

7.

The following logistics are needed before carrying out Home visits EXCEPT:(1 point)

54% of respondents (19 of 35) answered this question correctly.

A. Sanitizers 0

B. Data collation forms 19

C. Rain coat, Torch light 13

D. Contraceptives 1

E. Maternal and child health record card 2

8.

The following are activities carried out in school health EXCEPT(1 point)
97% of respondents (34 of 35) answered this question correctly.

A. Giving health education on disease prevention 0

B. Conducting general physical examination of pupils 0

C. Conduct home visits 34

D. Monitoring and evaluating growth of children 0

E. Monitoring and preventing the occurrence of disease in schools 1

9.

Supervision of CHVs means(1 point)

86% of respondents (30 of 35) answered this question correctly.

- | | |
|---|----|
| A. Conducting home visits | 3 |
| B. Providing guidance, advice and help to CHVs, but also to learn | 30 |
| C. Trans walking in the community. | 0 |
| D. Providing guidance, advice and help to CHVs only | 1 |
| E. Carrying out community profile | 1 |

10.

One method that can be used for supervision of CHVs is(1 point)

63% of respondents (22 of 35) answered this question correctly.

- | | |
|---|---|
| A. Looking for faults and pointing them out to the CHVs | 4 |
| B. Not ensuring confidentiality | 0 |
| C. Feedback is not provided | 0 |

D. Face to face discussion with CHVs 22

E. Report the progress to opinion leaders 9

11.

Roles and Responsibilities of CHMCs includes(1 point)

69% of respondents (24 of 35) answered this question correctly.

A. Supervise the work of CHVs 0

B. Liaison between traditional leaders and health authorities 9

C. Develop Community Health Action Plans (CHAPs) 1

D. A only 1

E. A, B & C 24

12.

Which of the following combination of diseases are vaccine preventable diseases

i. Yaws

ii. Poliomyelitis

iii. Hepatitis B

iv. Yellow fever

v. Schistosomiasis

(1 point)

100% of respondents (35 of 35) answered this question correctly.

- | | |
|---------------|----|
| A. i only | 0 |
| B. ii, only | 0 |
| C. vi | 0 |
| D. ii, iii,iv | 35 |

13.

Which groups of persons should the CHO take extra care of with respect to nutrition? (1 point)

91% of respondents (32 of 35) answered this question correctly.

- | | |
|-------------------------|----|
| A. The young footballer | 0 |
| B. Pregnant woman | 3 |
| C. The office executive | 0 |
| D. The aged | 0 |
| E. B&D | 32 |

14.

Signs of good attachment of baby to the breast(1 point)

77% of respondents (27 of 35) answered this question correctly.

- | | |
|--|---|
| A. The baby's chin is touching the breast. | 5 |
|--|---|

B. The baby' is searching for the breast 0

C. The baby's weight is acceptable 1

D. There is more areola showing above upper lip and less below the lower lip. 2

E. A &D 27

15.

Which of the following are Priority Events(1 point)

86% of respondents (30 of 35) answered this question correctly.

A. Maternal deaths 2

B. Neonatal deaths 1

C. Adverse Effects Following Immunization(AEFI) 2

D. Injuries/ Road Traffic Accidents 0

E. All the above 30

16.

The following are Disease Control Reports EXCEPT:(1 point)

89% of respondents (31 of 35) answered this question correctly.

A. Monthly IDSR Form	0
B. Monthly Vaccination/EPI Report	2
C. Fridge Temperature Monitoring Chart	2
D. Monthly Midwife's Returns	31
E. Monthly Malaria Data Returns on Anti-Malarials	0

17.

Which of the following are steps in the collation of Reports from the CHPs Level.

- i. Transfer the data on tally sheets onto respective registers
- ii. Validate data transferred onto summary reporting forms before submission to the next level
- iii. Collate data from the first to the last day of the month onto summary reporting forms
- iv. Data collated for a particular month should not overlap into the next month(1 point)

63% of respondents (22 of 35) answered this question correctly.

a. i, iii, ii, & iv	22
b. i, ii, iii, & iv	4

- c. ii, i, iv, & iii 4
- d. iv, i, iii, & ii 2
- e. None of the above 3

18.

What is DHIMS 2 used for?(1 point)

57% of respondents (20 of 35) answered this question correctly.

- A. Used for data capturing (aggregate and individual data) and collation, 11
- B. reports generation 1
- C. analysis of routine health service data and events 2
- D. None of the above 1
- E. All the above 20

19.

What are the features of a notifiable disease?(1 point)

37% of respondents (13 of 35) answered this question correctly.

- A. Spread fast and some can kill easily. 16

- B. Need immediate control measures to be instituted. 4
- C. Need international control measures 1
- D. Seven days to inform the next level 1
- E. All the above except D 13

20.

What are some of the protocols that should be followed in giving post exposure prophylaxis (PEP) to health workers who have been exposed to HIV? (1 point)

20% of respondents (7 of 35) answered this question correctly.

- A. If therapy is necessary for health worker, initiate PEP up to five days after exposure 16
- B. Recommended PEP: short-course triple ARV therapy. 7
- C. If health worker's results are negative on initial test, the health worker is safe 4
- D. If patient's HIV test results are negative, 4

discontinue the health
worker's PEP.

E. C only

4

AVERAGE SCORES

Pretest	Post test
Grades	Grades
11	7
12	15
11	16
15	10
13	19
11	17
16	8
8	16
17	14
15	12
13	12
15	12

14	13
14	14
10	10
17	18
16	15
9	17
17	17
18	19
13	17
11	13
13	17
16	17
15	10
12	19
11	19
13	15
11	13
17	16
10	12
14	17
12	5
15	
13	
17	
Average: 13.4722	Average: 14.272

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