



Health Team Manual

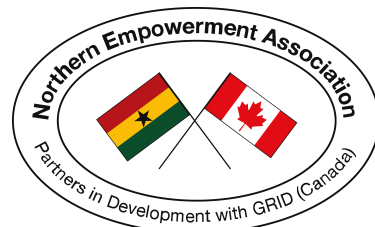


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North American Volunteer Information Sheet

GRID Ghana Health Team 2019

November 8 - 24, 2019

(in Ghana November 9 - 23, 2019)

Team Leader: **Dr. Jennifer Wilson**

Location: **Carpenter, Ghana, West Africa**

The Ghana Health Team is a project of the Canadian charity *Ghana Rural Integrated Development (GRID)*, implemented in partnership with Ghanaian organization *Northern Empowerment Association (NEA)*.

Ghana Health Team Goals

- To be exposed to the needs of the developing world.
- To follow the command of Jesus to visit the sick.
- To work alongside Ghanaian health professionals using skills and medicines available to address the medical needs of patients.
- To plan how to support NEA's goal of improving health on a consistent basis in the future.
- To have fun along the way!

Application Process

Applications Due: **Friday, March 29**

Acceptances Sent: **Friday, April 26**

Confirmation & Mandatory Documents Due: **Friday, May 3**

Financial Commitment

Each team member from North America:

- pledges to donate or fundraise **\$3500** towards team travel expenses:
 - \$1500 instalment by Friday, July 26; and
 - \$2000 instalment by Friday, September 20.
- directly pays for **visa (\$100)** and **immunization (\$100 - \$700)**;
- does their best to raise an additional \$1000 each for supplies, equipment, and drugs for this mission.

Contributions are eligible for charitable tax receipts. Some restrictions apply.

GRID will pay for the cost of members' return airfare from Toronto to Accra; food, accommodation and travel in Ghana; travel insurance; and uniforms.

Travel Arrangements

Uxbridge Travel will organize all travel to and from North America. Team members may not make separate travel arrangements without prior agreement from team leadership.

2019 Key Dates

Confirmation and Mandatory Documents Due

Friday, May 3

Physician and Dental Registration Documents Due

Friday, June 14

Team Meeting

Friday, June 14

6:30 - 9:30 pm

Shobrook Gardens

Pledge Instalment #1 Due

Friday, July 26

Pledge Instalment #2 Due

Friday, September 20

Group Visa Applications

Friday, September 20

Team Meeting

Friday, September 20

6:30 - 9:30 pm

Shobrook Gardens

Personal Packing Day

Saturday, October 19

9 am - 12 pm

Uxbridge Baptist Church

Team Commissioning

Sunday, October 20

10 am

Uxbridge Baptist Church

followed by

potluck lunch at the Wilsons'

About the Ghana Health Team



Ghana Health Team Manual

Welcome to the Ghana Health Team! This handbook has been created to help you prepare for an intense but rewarding two weeks of service in Northern Ghana.

About GRID

Ghana Rural Integrated Development is a registered charity in Canada and a registered nonprofit in the United States. Motivated by the love of Christ, our mission is to assist poor communities to meet their basic needs in a sustainable manner.

GRID Canada
PO Box 398, Milton, ON L9T 4Y9
tel: 289-429-1099
web: grid-nea.org

GRID USA
3204 Kristen Cr., Bloomington IN 47401
tel: 812-339-7499
web: grid-nea.org

Our Partnership

GRID works exclusively with Northern Empowerment Association (NEA), a Christian Ghanaian NGO. We have had a strong partnership for over 25 years and have seen thousands released from poverty as a result.

Our Program

GRID's work with NEA is integrated, holistic, and sustainable. (Read more about [GRID and NEA's Focus on Sustainability](#).) Health care is an important sector of work for us, along with areas like food security, water and sanitation, education, environmental care, and church growth. When you participate as a member of the Ghana Health Team, you are contributing to a network of activities that will amplify the impact of your service.

Our Staff

GRID operates with a very lean staff in Canada, all of whom work remotely. As you prepare for your trip, you may interact with some of us:

Lynnita Weber, GRID Program Manager (lweber@grid-nea.org)

Lynnita, based in Canada, manages GRID's government-funded projects. She helps with team preparation and communication and is the emergency contact person for team family members.

Paul Lapointe, GRID Operations Manager (plapointe@grid-nea.org)

Paul, based in Canada, manages GRID's financial and information systems, working with team members to complete pledges. He manages all of GRID's charitable donation receipts.

David Mensah, NEA Executive Director, and Brenda Mensah, GRID Program Coordinator

Based in Ghana, the Mensahs oversee the many sectors of development work in Ghana. You may not interact with them often before you depart, but they will be in Carpenter to support and guide the Team.

Ghana Health Team Leadership

Dr. Jennifer Wilson, Ghana Team Leader (jwilson@grid-nea.org)

Jennifer is an emergency and family physician based in Canada. She is a GRID board member and provides overall leadership to the Ghana Health Team.

Each program area of the team has a leader and, in many cases, an assistant leader.

Program	Leaders	Email
Medical	Dr. Carlye Jensen, Lead Dr. Charlie Peniston, Assistant	carlyej@gmail.com cmpeniston@gmail.com
Surgical	Dr. Rob Hicks, Lead Ashley Gayton, Surgical Nurse Lead	rcj.hicks@gmail.com ashley.gayton@ngh.nhs.uk
Dental	Dr. Kyle Chin, Lead Dr. Francois Bessay, Assistant	kylechin5@gmail.com quakerdental@powergate.ca
Eye	Dr. Martin McDowell, Lead Marion Hurlburt, Assistant Jane Smith, Assistant	jmmcd@ca.inter.net paul.hurlburt@powergate.ca trev.jane@outlook.com
Nursing	Joan Maguire, Lead Sandra Skerratt, Assistant Val Bruinse-Cheeseman	joanmaguire@rogers.com sskerratt@yahoo.ca vbruinsecheeseman@gmail.com
Pharmacy	Dr. Linda Dresser, Lead Sherry Doodchenko, Assistant	ldresser@sympatico.ca cdoodchenko@xplornet.com
Operations & Logistics	Kim Lawson, Lead	jklawson88@gmail.com

About the Ghana Health Team

The Ghana Health Team is one component of GRID and NEA's work in Ghana, and it is an exciting one! Almost every year since 2007, nearly 60 health professionals from around the world have travelled to Carpenter in Northern Ghana to provide health care to thousands of the very poor.

Team Objectives

- To be exposed to the needs of the developing world.
- To follow the command of Jesus to visit the sick.
- To work alongside Ghanaian health professionals using skills and medicines available to address the medical needs of patients.
- To plan how to support NEA's goal of improving health on a consistent basis in the future.
- To have fun along the way!

Team Values



SERVICE is the action of helping or doing work for someone.

As a team, we serve Northern Empowerment Agency (NEA) in Ghana in their ongoing community transformation work. We submit to their leadership and direction, gratefully aware that our service for them contributes to long-term, sustainable changes in people's health. We each wholeheartedly serve our patients, giving them our very best care, and our fellow team members, taking the initiative to help one another.



SENSITIVITY is being aware of the feelings, needs, and values of others and responding with respect, humility and compassion.

We commit to respectfully responding to the attitudes, customs, beliefs, and values that are unique to our Ghanaian hosts and patients. We will extend the same grace to one another as team members, aware that we will have different feelings and needs in stressful situations.



RESILIENCE is the ability to recover quickly from difficulties.

Along with our talents, we will bring our optimism and enthusiasm. We will laugh easily and often to create a lightness of spirit and buoyancy. Our sense of adventure will unleash adaptability and resourcefulness. We will remind ourselves that This Is Africa.



TEAMWORK is the effective and efficient collaboration of a group of people to achieve a common goal.

We agree to work as part of a team. We will look for opportunities to serve, encourage, and cheer each other on. We will engage tension constructively, not allowing conflict to jeopardize our success as a team.



PROFESSIONALISM is the skill, ethical conduct, good judgment, and behaviour that are consistent with the trust given to our team by patients, NEA, Ghanaian people, and our colleagues.

We will provide excellent care, not compromising on quality. We will remember that in Ghana we represent our professions, our countries and our team, and we will conduct ourselves in a way that upholds those reputations.

Expectations of Team Members

In accepting a position on the Ghana Health team, you will be committing to be part of a large international team. Due to the number of applicants, many excellent candidates are turned away. Please read the following and give serious consideration to your commitment before applying to this mission.

1. Agree to **wholeheartedly commit** to this multidisciplinary healthcare team serving in rural Ghana. This mission is not a holiday, but very hard work!
2. Agree to **fulfil your financial commitment** by the posted due dates.
3. Agree to **provide mandatory documents** (including registration documents for physicians and dentists) by the posted due dates.
4. Agree to **travel with the team** at all times. Anyone wishing to deviate on the way home may do so but must return with the team to Accra prior to deviating.
5. Agree to **participate in pre-trip preparations**, including:
 - attending team orientation **meetings**;
 - helping **raise funds** for team clinic expenses;
 - assisting with **packing** days.
6. Agree to **uphold our team values** of service, sensitivity, resilience, teamwork, and professionalism.
7. Agree to **uphold the reputation of our host organization**, Northern Empowerment Association (NEA), at all times, including abiding by the policies of NEA on the compound and in the villages.
 - Volunteers are expected to maintain a **non-smoking, alcohol-free lifestyle while staying in the Carpenter region**. This includes refraining from drinking alcohol on the project site, from asking Ghanaians to procure alcohol on their behalf, and from drinking alcohol in any establishments in Carpenter, Bamboi, Nyamboi, Yaara, Asantekwaa, or any other village in which NEA conducts development work.
 - Volunteers may not have dreadlocks or display multiple piercings.
 - Women are required to have their knees covered at all times and tank tops must have wide straps.

The full [NEA site policy](#) provides details.

Preparing for Your Trip



Mandatory Documents Due

Please ensure that all of your documents are submitted in full on time; see this year's information sheet for due dates.

Application Documents

As part of your application, you submitted:

- a copy of your **current medical license**;
- a copy of your C.V.

If your medical license changes for any reason, please contact Kim Lawson (ghtadmin@grid-nea.org).

Confirmation Documents

As part of your confirmation of participation in the team, you will submit:

- your signed and witnessed **waiver**;
- a **short biography** to introduce yourself to team members (see next page for details);
- a **photo** to use in introducing you to team members;
- your **passport number** and **expiry date later than May 31, 2020**;
- scanned copy of the **front page of your passport**;
- **health form** (for the team physician).

Application for Temporary Registration (submit at first team meeting)

Physicians and dentists must complete an application for temporary registration. To do so, you will need to submit to Dr. Wilson:

- **references on letterhead**;
- **passport pictures** in which you are dressed professionally (no t-shirts or tank tops);
- completed temporary registration **application** form.

Remember that you will need passport photos for your travel visa.

Preparing your Biography

Your biography and photo are used to introduce you to your teammates. It's nice to include things that help us get to know you, such as:

- where you live;
- your family;
- your work;
- hobbies and interests;
- why you volunteered for this mission.

Example Biography: Dr. Jennifer Wilson

I am joyful and sad in equal measure as I write my final bio for the Ghana Health Team.

I am joyful because the work of the Ghana Health Team over this past 12 years has been so memorable, so impactful and so meaningful. The friendships that have developed amongst those of us in Canada, the UK and Ghana are vibrant and beautiful. It has been such a privilege to lead this team alongside our large and dedicated group of leaders. It indeed has been a joy to see what can be accomplished when individuals with unique strengths and abilities come together as a team and work towards a shared vision. It is also a joy to know that together we are doing our part to participate in global goals that will lead to a more sustainable future for all.



I am sad because the work of our annual team as we know it is coming to an end and this is entirely appropriate. We knew from day one that our role in providing health care to Ghana would last only until our colleagues in Ghana could stand on their own. That day is coming sooner than any of us expected. The doors of NEA's Layaata Hospital will open in late 2020 or early 2021, and so our efforts and our resources will soon shift to doing whatever we can to help support our colleagues in running their hospital. It will be a new and exciting chapter, and we eagerly anticipate all that it will involve.

Most of you know me ever so well, but for our new team members, I will give you a quick blurb about who I am. I've been married to Graham for 25th blissful years we have a blast parenting our 5 kids Olivia (21), Claudia (19), Amelia (17), Joshua (15) and Jessica (15). Graham will be making his first trip to Ghana with us this year and will be taking orders from Kim on the logistics team. All my kids have been on a mission with us except Josh, who will make his debut this year as well. We live on my husband's family farm and have some horses and cows and a cool donkey. I have been working as a family and emerg doc in our rural community in Uxbridge for 19 years. We are very involved with our local church.

In my spare time, I like to exercise and try very hard to keep up with Dr Carlye at our local early morning boot camp. I enjoy reading, playing cribbage (with Josh) and euchre with the family. I love to do puzzles even though my entire family makes fun of me for that.

I can't wait to get started on what will be our most memorable mission yet.

Visa Application (6 weeks before travel)

You will need a travel visa to enter Ghana. If you live in the Uxbridge area, this is managed as a team with the help of Uxbridge Travel. If you do not live in the area, or wish to submit separately, you should let Kim Lawson (ghtadmin@grid-nea.org) know as soon as possible. Visa applications may go in as early as two months prior to travel; ideally they are sent 6 weeks prior.

Applying for a visa with the team

Uxbridge Travel Centre coordinates a group submission of visa applications. If you are participating in this, you will need to bring the following to the specified team meeting:

- A valid passport with an expiry date of at least six months from the date of application.
- Four** official passport pictures. Write your full name on the back.
- International Certificate of Vaccination for Yellow Fever.
- One completed and signed visa application form.
 - Use the form available from Kim, which has some information pre-filled for you.
 - Use the same name that is on your passport.
 - Mark the purpose of your trip as “volunteer.”
- Full names of references in Ghana. See the pre-filled form for these.
- A cheque for \$100 payable to Uxbridge Travel Centre.

Bernadette, our travel coordinator, will review your application with you at the team meeting, make four copies of it, and send applications with the necessary accompanying documents to the Ghanaian consulate by secure courier.

Everyone’s passport will be returned to Uxbridge Travel Centre within one or two weeks, and will be available for pick up or will be distributed at the next team meeting or packing day.

Applying for a visa individually

If you need to apply for your visa separately from the group, please let Kim Lawson know early on so that we can make sure you receive some important documents. To submit to your nearest Ghanaian consulate, you will need:

- A valid passport with an expiry date of at least six months from the date of application.
- Four** official passport pictures. Write your full name on the back.
- International Certificate of Vaccination for Yellow Fever.
- Four** copies of a completed and signed visa application form.
 - Use the fillable form that Kim circulates; it has some information pre-filled for you.
 - Use the same name that is on your passport.
 - Mark the purpose of your trip as “volunteer.”
- Full names of references in Ghana. See the pre-filled form for these.
- A money order of \$100 payable to the High Commission or Consul.
- A letter of invitation from NEA. (Available from Lynnita.)
- A copy of Dr. Mensah’s ID. (Available from Lynnita.)
- A copy of your travel itinerary. (Available from Kim.)
- A prepaid, self-addressed registered mail envelope.

Where to submit your visa application:

Ghana High Commission in Ottawa (all areas except GTA and BC)
1 Clemow Ave., Ottawa, ON K1S 2A9

Toronto Consulate (Jurisdiction: GTA)
4665 Yonge St., Suite 205/206 North York, ON M2N 0B4

Vancouver Consulate (Jurisdiction: British Columbia)
6741 Cariboo Rd., Suite 108 Burnaby, BC V3N 4A3

Immunizations

(updated Mar 2018)

One of the first things you should do upon joining the team is develop a travel health plan that includes immunizations. You are responsible to pay the costs of any immunizations.

1 Yellow Fever: Required for visa. If it has been ten years since your last immunization, review with a travel clinic whether a booster or an update to your Yellow Fever card is indicated. **Please note that due to ongoing shortages of this vaccine, it is recommended to make arrangements with a travel clinic early.**

2 Hepatitis A/B: Recommended. The schedule involves a series of boosters, whereby a minimum of two is required prior to travel. If you have had either Hepatitis A or B prior then either can be administered separately or in combination with other immunizations (eg. Typhoid and Hepatitis A). Hepatitis B follows the three dose schedule. Hepatitis A is a two-dose series.

3 Typhoid fever: Recommended. One shot or four capsules orally. Injection booster is every two years and oral vaccine is five to seven years.

4 Meningitis: Recommend quadravalent meningococcal vaccine. Booster may be suggested based on your risk every two to five years.

5 Malaria: Suggest Malarone orally. Start two days prior to arriving in Africa, take one pill daily while there and for three days after leaving Africa. A prescription is given.

6 Traveller's Diarrhea: Dukoral (oral vaccine) may be suggested. It is taken two weeks prior to departure. Typically protects for three to six months. Initially taken as two doses; booster of two doses is every five years. In between is one-dose booster. A prescription for antibiotics against bacterial diarrhea can be given. Consider probiotics and/or Travelan from the pharmacy for further traveller's diarrhea protection.

7 Tetanus: Ensure you have had a booster within ten years.

8 Routine Measles, Mumps, Rubella, Polio: Ensure you have had primary series. One adult dose booster of Polio may be indicated.

9 Influenza: Recommend protection against the influenza virus each year. Typically immunization availability October-May.

10 Pneumonia : Consider protection from invasive strains with prevnar 13. One shot only.

11 Tuberculosis: Recommend knowing your status prior to the Health Mission. May be one-step TB skin test prior and one-step TB skin test three months after trip. Alternatively, Quantiferon TB IT Gold bloodwork after Mission may be suggested.

Dr. Aisha Husain in Uxbridge provides a travel health clinic. You can book a consultation with her by calling +1 (905) 852-1009 x1013.

Withdrawing from the Ghana Health Team

Our hope is that each person who is accepted to the team wholeheartedly commits to preparing for and serving on the mission. Nevertheless there are times when withdrawal from the team becomes necessary for a member.

Withdrawing due to a personal emergency

In the case of a personal emergency that may affect your participation in the mission, please contact your subgroup leader and Dr. Jennifer Wilson (North American volunteers) or Dr. Rob Hicks (UK/Europe volunteers) as soon as possible to inform them of your potential withdrawal. They will work with you to determine the best timeline for making a final decision about your participation.

Withdrawing at the request of team leadership

The Ghana Health Team leadership carefully reviews applications and references in an effort to ensure that members who are accepted will have a positive experience in Ghana. In exceptional circumstances, an accepted volunteer may, during the orientation process, demonstrate attitudes or behaviours that conflict with team values. Based on experience, volunteers who cannot reliably demonstrate team values will find the mission in Ghana to be difficult, stressful, and unenjoyable.

If, in the assessment of the team leadership, a volunteer's attitudes or behaviours put them at risk of experiencing a less-than-successful mission in Ghana, two or three leaders will meet with the member by phone or in person to discuss withdrawal from the current team. They will identify the areas that the member would need to demonstrate change in should he or she wish to participate in a future team, and/or recommend that the member seek a different service opportunity.

Withdrawing by failing to complete documents or payments

The Ghana Health Team is a large and complex team that relies on volunteer leaders with many demands on their time. Team members are expected to submit completed documents and fulfil financial commitments by the due dates *without relying on personal reminders and requests from team leaders*. If a member cannot fulfil this key expectation of membership, she or he may be replaced by an applicant on the waitlist.

Should you find yourself in extenuating circumstances that make it impossible to meet a deadline, please immediately contact Kim (documents), Lynnita (pledges) and/or Jennifer (physician and dental registration).

Waitlist applicants

The Health Team leadership will maintain a short waitlist of applicants who may replace withdrawing members. Waitlist applicants must join the team by the date the second financial instalment is due.

Withdrawal Process for North American Volunteers

Once your withdrawal is confirmed, team leaders will connect you with Lynnita and explain the conditions causing you to withdraw. Lynnita will initiate flight cancellations and insurance applications. Typically insurance claims are directed to GRID; however, in special circumstances, those claims may be refunded to you. Lynnita will determine and explain the insurance claim process relevant to your situation.

When you withdraw, funds already donated to GRID cannot be returned to you or your supporters, regardless of the reason for withdrawal.

Fundraising and Finances (North American Volunteers)

Overview

Team members are expected to raise or donate \$3500 CAD toward team member expenses. Pledge funds are due in two instalments of \$1500 (July) and \$2000 (September). See the team fact sheet for specific dates.

Financial donations to the team (including member pledges) are **eligible for tax receipts** if they:

- (a) are **donated through CanadaHelps**; or
- (b) are **\$50 or more and donated to GRID**.

Gift-in-kind donations are not eligible for donation receipts.

What GRID Pays For

As part of the Ghana Health Team Project, GRID will pay for:

- the cost of **return airfare from Toronto** to Accra;
- the cost of **travel insurance**;
- the cost of all **in-country travel, food and accommodations**;
- **team uniforms** of 4 t-shirts and 1 hat per member.

What Team Members Pay For

In addition to donating or fundraising their pledged \$3500, team members are responsible for directly paying for:

- all **immunization** costs
- travel **visa** costs
- any **incidental travel costs** (i.e. a hotel en route to Accra)

Team members may not make their own travel arrangements without prior agreement from the Health Team Leadership. Flights booked personally by team members are not eligible for donation receipts.

About Donations

Donations are only spent on programs and projects approved by the GRID Board. The Ghana Health Team is a Board-approved project. If donations designated for the Ghana Health Team exceed what is needed to complete the team's mission, then GRID will redirect the funds to where they are most needed, beginning with activities most closely related to those of the Ghana Health Team.

Donations are non-refundable by law. If for any reason a team member is unable to participate in the mission, GRID cannot return any donations in his/her name.

Donations can be made:

- By credit card or PayPal on the **online [Ghana Health Team campaign](#)**. Donors will immediately receive an electronic donation receipt.
- By credit card or PayPal through team members' **Campaign Fundraising Pages**. Donors will immediately receive a donation receipt.
- By cheque, made payable to GRID, and mailed to GRID. Donations of \$50 or greater will be eligible for a charitable tax receipt and will be reflected in the team's fundraising total. GRID sends donation receipts in February of the year following the donation.

The best way to make a donation is online.

Ghana Health Team Online Fundraising Campaign

GRID has set up a centralized [online fundraising campaign](#) for the 2019 Health Team. Each team member will be invited to join the campaign as an individual fundraiser. **Please ONLY use the [GHT 2019 Campaign](#) to set up your fundraising page.** (Former members: please note that this is different from the fundraising for pre-2018 teams, and you must use the campaign link or invitation to join.)

The central campaign reflects all donations made to individuals, teams, and to the central campaign itself. GRID will also be able to reflect cheque donations in this total. Fundraising pages that are not linked to this campaign cannot be edited

Joining the Campaign as an Individual Fundraiser

Soon after your confirmation of participation on the team, you will receive an invitation from the Health Team campaign. (The email will be sent from noreply@canadahelps.org.) Follow the link in the email to join the campaign. Alternatively, you can request to join the [fundraising campaign](#).

If you are a first-time CanadaHelps user, you will be asked to create an account with a password. Please record your password in a safe place so that you can access information about donations to your campaign later on.

If you have used CanadaHelps in the past, when you enter your email address, the form will prompt you to enter your CanadaHelps password. If you don't remember it, just select "forgot my password" and you'll receive instructions to reset it.

We recommend the following settings to start with. You can feel free to adjust these to fit your audience.

- **Account Type:** Personal
- **Personal Fundraising Page Name:** Your Name
- **Goal Amount:** \$5000 (this does not imply commitment on your part; it's just a target)
- **Featured Image:** a good photo of you
- **Fundraising Story:** please see the following page for some starter texts to copy and paste. Feel free to adjust them to make them more appropriate for your audience. If you make significant changes, please check with Lynnita, as there are some legal technicalities that we have to be aware of in communicating about the team.

Once you're done, select "continue." GRID will be notified that you've completed it, and it will be approved shortly thereafter. We recommend that you log into your page and edit the email setting; see "Editing Your Fundraising Page" below.

Ghana Health Team Manual

If you have any difficulty in setting up your page, please contact Lynnita for assistance (lweber@grid-nea.org or 705-344-1235.)

Sample Fundraising Page Messages

We recommend that you use, with minor adaptations, one of the following messages on your Fundraising Page. These messages are the length people tend to read online, and they comply with charitable law. **If you plan to significantly change your message, please confirm with Lynnita** before posting.

If you hope to fundraise your full pledge

I'm excited to be traveling to Ghana, Africa this November as part of a 60-member medical, surgical, dental and eye team. We will be providing clinics to thousands of rural Ghanaians who cannot afford medical care. Our team is raising funds for our travel expenses, clinic supplies and equipment. If we raise more than our target, extra funds will be used to help patients needing extra care. For more information, go to <http://grid-nea.org/teams>. Thanks for your support.

If you plan to personally contribute part of your pledge

I'm excited to be traveling to Ghana, Africa this November as part of a 60-member medical, surgical, dental and eye team. We will be providing clinics to thousands of rural Ghanaians who cannot afford medical care. Our team is raising funds for our travel expenses, clinic supplies and equipment. I'm contributing \$_____ towards our travel expenses and would be grateful for your support to reach my fundraising goal. If we raise more than our target, extra funds will be used to help patients needing extra care. For more information, go to <http://grid-nea.org/teams>. Thanks for your support.

If you plan to personally contribute all of your pledge

I'm excited to be traveling to Ghana, Africa this November as part of a 60-member medical, surgical, dental and eye team. We will be providing clinics to thousands of rural Ghanaians who cannot afford medical care. I'm raising funds to help us purchase the drugs, supplies and equipment needed to provide health care. If we raise more than we need to supply year's clinics, extra funds will be used to help patients needing extra care. For more information, go to <http://grid-nea.org/teams>. Thanks for your support.

Note that copying and pasting from this document directly into the CanadaHelps personal message box may lead to some odd formatting on your final page. If you want to copy and paste, please first paste into a text editor (like Notepad or TextEdit), delete any unusual line breaks, and then paste into the box. Alternatively, you may simply type directly into the space provided.

Editing Your Fundraising Page

To edit your fundraising page, please log into your CanadaHelps account. Select “Fundraising Pages” and then select the “Edit” button next to the campaign page. We recommend the following edits:

- Under *Details*: Make sure that the page name is either *Your Name*, or *Your Name - Ghana Health Team 2019*. Including your name in the page name enables us to track your pledge.
- Under *Details*: Check the box next to “Send me an email each time someone makes a donation to my fundraiser.”
- Under *Details*: Consider displaying a list of supporters to your campaign on your page. Note that supporters still get to decide what information is publicly visible. Regardless of their selection, you will always be able to see donation details under *Donations*.
- Under *Images & Videos*: Feel free to add one or more additional images related to you and the health team.

Sharing Your Fundraising Page

Log into your CanadaHelps account, select “fundraising”, and select “edit.” (Even if you don’t plan to make changes to your fundraising page, the information and tools you need to share your campaign are located here.)

Under “Welcome” there is a short url to use in sharing your campaign. We recommend you copy that in a spot where you can access it easily; it’s much easier to use than the long url.

Also under “Welcome” are various buttons that allow you to share your campaign using email, Facebook, Twitter, G+, or Pinterest.

Thanking Your Donors

Please take the time to thank each of your supporters personally with an email (or card if you prefer). To do this, you’ll need to check the details of those who have supported your campaign.

To see information about who donated so that you can thank your supporters, you will need to log into your CanadaHelps account, select “fundraising”, and select “edit.” Then under “Donations” you will find a list of donors, their contact information, and any messages they may have shared with you. If they’ve chosen to make their messages public, those will be visible on the public side of your fundraising page and on the main campaign page.

If GRID receives cheque donations of \$50 or greater in your honour, you will see those donations added to your campaign page as well. Donations of less than \$50 will be added together and reflected on your campaign page as a lump sum donation.

Donating by Cheque

Cheques should be made payable to GRID. On the memo line or on an attached note, donors should include one of the following designations:

- Ghana Health Team
- Ghana Health Team + the name of the team member

The image shows two examples of cheque forms. Both have 'GRID' written on the 'Pay to the Order of' line and a blank space for the amount in dollars. The left cheque has the memo line filled with 'Ghana Health Team - J Doe' and a green checkmark next to it. The right cheque has the memo line filled with 'J Doe' and a red X next to it.

Please note that it is not acceptable for the name of the team member alone to be in the memo line; it must be preceded by the Ghana Health Team designation to be a valid charitable donation. Donors should include their mailing address to receive a tax receipt the following February.

GRID will provide charitable tax receipts for donations of \$50 or more. If a supporter wishes to donate less than \$50 and receive a charitable tax receipt, please direct them to donate online.

Donors may mail a cheque to GRID at the following address:

PO Box 398,
Milton, ON
L9T 4Y9

Alternatively, cheques can be given to a GRID representative at a team meeting.



Ghana Rural Integrated Development
Ghana Health Team Manual
Cash Donation Information

Please use this form to record details for donors who would like donation receipt for tax purposes on cash donations or cheques made out to you personally. **(DO NOT INCLUDE CHEQUES PAYABLE TO GRID.)** This will allow GRID to provide accurate receipts to all donors. Please deposit cash donations and personal cheques to your bank account and write GRID a cheque for the equivalent, including this form with your cheque.

Date: _____ **Your Name:** _____

Donor 1 Name: _____

Address: _____

City: _____ **Prov.:** _____ **Postal Code:** _____

(Telephone): _____ (Email): _____

Donation (Donor 1 will get a receipt for this amount): \$ _____ Subscribe donor to newsletter

Designation: Ghana Health Team Hospital Where Needed Most

Donor 2 Name: _____

Address: _____

City: _____ **Prov.:** _____ **Postal Code:** _____

(Telephone): _____ (Email): _____

Donation (Donor 2 will get a receipt for this amount): \$ _____ Subscribe donor to newsletter

Designation: Ghana Health Team Hospital Where Needed Most

Donor 3 Name: _____

Address: _____

City: _____ **Prov.:** _____ **Postal Code:** _____

(Telephone): _____ (Email): _____

Donation (Donor 3 will get a receipt for this amount): \$ _____ Subscribe donor to newsletter

Designation: Ghana Health Team Hospital Where Needed Most

Donor 4 Name: _____

Address: _____

City: _____ **Prov.:** _____ **Postal Code:** _____

(Telephone): _____ (Email): _____

Donation (Donor 4 will get a receipt for this amount): \$ _____ Subscribe donor to newsletter

Designation: Ghana Health Team Hospital Where Needed Most

Total Donation(s) \$ _____

Please keep and deposit cash and personal cheques. The amount at left must equal the value of the cheque you write to GRID.

Team Member / Honoree (if applicable): _____

Cash Donations & Cheques Payable to a Team Member

GRID will accommodate situations where you have had a donation given to you personally and the donor would still like a charitable receipt. While we understand that this can easily happen, it should be seen as an exceptional case; whenever possible, please encourage people to donate to GRID directly. It is simpler for you and for them as donors.

If you receive a cash or a cheque payable to you, and you would like it to be considered part of your fundraising and/or the person giving it intended it to be a charitable donation:

- deposit the cash or cheque to your personal bank account;
- write GRID a cheque for the equivalent value.

If the value of the cash or cheque made payable to you is \$50 or more, please complete the Donation Details sheet and include it with the donation. You can use this sheet for several donations at once. GRID cannot provide a charitable receipt without the information provided on that sheet.

The Donation Details sheet only applies to cash or cheque donations made to you originally; **please do not use the Donation Details sheet for cheques made out to GRID.**

Donating through GRID's Website

Donors who go to <http://grid-nea.org/teams> can click on the "Donate to the Health Team" button on the right hand side. Donations to this page will be directed to the team's general campaign and donors will get a charitable tax receipt immediately.

Packing Checklist

Travel Documents

- Airline tickets / itinerary
- Passport with a travel visa
- Yellow fever immunization record (essential for entry into Ghana)

Equipment and Necessities

- Camera / extra batteries
- Flashlight / headlight / extra batteries
- Cell phone if desired (reception is available in some areas)
- Insect repellent with DEET 20%
- Fanny pack / document holder
- Small backpack or bag for offsite days
- Journal / notebook / pens / pencils
- Spending money (\$100 - \$200 US)
- Credit card for airport purchases
- Stethoscope, blood pressure cuff (physicians and nurses); otoscope (physicians)

Clothing

All clothing should be 100% cotton for comfort if possible. Ladies' knees must be covered at all times. Consider packing clothing in a ziplock or waterproof bag, as luggage can get wet en route to Carpenter.

- Pants
- Long sleeved t-shirt
- Team t-shirts / polo shirts
- Modest tank tops (no spaghetti straps) / blouses
- Skirts / capris / long shorts for men
- Sweatshirt
- Cotton socks / underwear
- Pyjamas
- Flip-flops / running shoes / sandals
- Bathing suit for hotel if desired
- Light jacket for plane / airport

Personal Items

- Sunscreen / lip balm with sunscreen
- Soap / deodorant / shampoo / shaving supplies
- Toothbrush / toothpaste
- Contact lens solution / glasses / cases
- Toilet paper / Kleenex / moist wipes
- Hand sanitizer
- Hair clips / elastics
- Personal medication

Nice to Have

- Spare towel / washcloth
- Hat / bandanas
- Snack food / flavoured crystals in individual packets
- Travel pillow / earplugs
- Garbage bag / large ziplock bag for storage
- Sunglasses
- Water bottle with filter
- Foot scrub brush
- Booklight or headlamp (for reading or writing after your roommate is asleep)
- Herbal tea and/or drink crystals
- Sharpie pen (for labeling items like your water bottle)
- Sharp scissors or knife (can come in handy at clinics)

Carry On

- Everything you need for the overnight stay in Accra and a change of clothing for the trip to Carpenter.
- Neck pillow
- Music
- Toiletries in <100mL containers that will fit in **one** small clear ziplock bag
- Snacks
- Toilet paper / moist wipes
- Small hand sanitizer <100mL
- All travel documents
- Spending money

Supplied Items

- Sheets / pillows
- Towel
- Mosquito net
- Bottled water
- Toilet paper

Wash is done for team members every 3-4 days, so pack accordingly. Laundry may get mixed up between team members. Consider labeling your clothing!

What to Expect in Ghana



What to Expect During Travel and Upon Arrival

In Toronto

Upon check-in for the flight, the agent will check passports as well as any other required documents for travel to the country of destination. Keep your passport and tickets with you at all times (not in your carry-on luggage until you are seated on the plane).

In Europe

For several years the health team has traveled with KLM, routing through [Schiphol Airport](#). Often layovers are 5-6 hours, which is enough time to book a room at one of the in-airport hotels: [YotelAir](#) or [Mercure Hotel](#). Former team members highly recommend taking advantage of these services to get a few hours of good sleep en route. Please book a room as soon as flights are confirmed, as they tend to fill up quickly.

[Showers are also available](#) for rent (approx. 15 EUR/hour).

Landing in Accra

Aboard the flight prior to arrival, you will be given entry cards or immigration forms to fill out. You should apply as a Visitor. Your team leaders will provide you with the addresses you need to complete this form.

Upon arrival you will line up to see an Immigration officer for clearance. S/he will want to look at your passport with the travel visa and your yellow fever card. You may be fingerprinted and/or photographed. Do not offer information; just politely answer questions.

After clearing Immigration, you will go to the baggage area, claim your personal luggage and assigned bags, and proceed to the Customs area. Sometimes Customs will allow the team to go through without checking anything; at other times they will check the luggage of a few members. Don't offer information unless it is asked for, or it can take a great of time. Just try to move through, being polite and respectful throughout the process.

After Customs you will exit the airport (down a long ramp) to the lounge. You will be met by a NEA representative who will escort you to a bus or van.

There may be military or police at the airport. This is normal. Do not take photos.

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Do not drink water from faucets in the arrival airport or the hotel. Do not eat food from local vendors. The hotel will have bottled water for you.

You may be approached by children and adults begging outside of the airport. It is better not to give anything at this point. You can talk about this with your Team Leader and/or the Mensahs upon arrival in Carpenter.

The bus will proceed to the hotel in Accra where the team will stay for one night. You will not have access to your checked luggage which will be stored overnight in a secure location. Therefore you must pack in your carryon anything you need for the hotel.

The bus will depart early the following morning for the trip to Carpenter. It is a good idea to wear comfy clothes with layers. While the bus is cool, the pit stops are not.

Communications

- While you are in Ghana, updates on your trip may be posted on the GRID website and social media accounts. The Team Leader or a GRID/NEA representative will prepare these. We encourage you to invite your family members and friends to subscribe to these updates so that they can follow along with your trip. They will be able to comment on these updates, and send public messages to you.
- Family members who urgently need to reach you may contact Lynnita (lweber@grid-nea.org or 705-344-1235).
- For safety reasons, please do not post updates regarding your trip on any social media accounts. Please do not share the team itinerary publicly or online; only share it with close friends and family.
- When you communicate with friends and family while you are away, please bear in mind that they are often very concerned about your health and safety. As much as possible, take time to reassure them that you are okay. Save any exciting stories for when you are able to see them face-to-face!
- When you return home, we encourage you to share about your trip through social media and presentations. Just remember that most of the Ghanaians you are serving will have at least one tech-savvy relative who may see what is being shared. Please carefully consider anything that you share.
- Please be professional in your use of photos of patients. Clinic patients should not be identifiable in photos unless you have written permission from them to use their photo.
- We are always in need of good photos! When you return, please consider sharing your photos with GRID for use in publications.

Safety and Security

GRID and NEA's approach to security combines the strategy of acceptance (ensuring that communities respect and appreciate our work, thus reducing threats) and protection (implementing security measures to make staff and assets less vulnerable).

Every volunteer traveling with GRID must have appropriate travel and medical insurance prior to traveling.

Volunteers should not travel with large amounts of cash. Use the suggested amount of \$100 to \$200.

Under no circumstances should a volunteer attempt to travel separately from the team. Stay with the team at all times.

NEA routinely monitors road conditions and plans travel accordingly. Volunteers should be ready to travel at the designated time. Occasionally the NEA Executive Director or designate may implement an earlier departure time. Please quickly comply with any changes in travel plans regardless of the status of the clinic or other activities.

Every volunteer should be aware that inappropriate or offensive behaviour can put the organization in a difficult position and may even increase risks. Please abide by NEA site policies.

The NEA Executive Director, Dr. David Mensah, is responsible for overseeing safety and security in Ghana. Should a crisis situation arise, he will make final decisions. He is the only person authorized to speak to media on behalf of the organization in crisis situations.

Universal Precautions

1. Barrier protection should be used at all times to prevent skin and mucous membrane contamination with blood, body fluids containing visible blood, or other body fluids. Barrier protection should be used with ALL tissues.
2. The type of barrier protection used should be appropriate for the type of procedure being performed and the type of exposure anticipated. Examples of barrier protection include disposable gowns, gloves, eye and face protection.
3. Gloves are to be worn when there is potential for hand or skin contact with blood, other potentially infectious material, or items and surfaces contaminated with these materials. Gloves must be changed between each patient.
4. Wash hands or other skin surfaces thoroughly and immediately if contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.
5. Avoid accidental injuries that can be caused by needles, scalpel blades, lab instruments when performing procedures, cleaning instruments, handling sharp instruments, and disposing of needles, pipettes, etc.
6. Used needles, disposable syringes, scalpel blades, pipettes, and other sharps are to be placed in sharps containers marked with biohazard symbol for disposal.

Team Emergency Medications

In addition to our comprehensive pharmacy, a team health kit will be carried with the team at all times. Medications will be given at the discretion of the team physician after an assessment has been completed.

- Ciprofloxacin
- Throat lozenges
- ASA
- Nitrospray
- Lovenox
- Prednisone
- Ventolin
- Post-exposure HIV prophylaxis
- Ibuprofen
- Antihistamines
- IM Gravol, Benadryl
- Epi-pen
- Lorazepam
- Scopolamine patches
- Mefenamic acid
- ondansetron (Zofran)

HIV Post-Exposure Prophylaxis

The Ghana Health Team has an HIV Post-Exposure Prophylaxis (PEP) protocol and medication supplies to reflect current guidelines.

About Ghana

Ghana is a peaceful and stable democracy, making good progress toward its goal of becoming a middle-income country by 2020. With economic growth rates consistently topping 6 percent over recent years, Ghana is being hailed as an emerging African economic success story.

Since 1990, the Ghanaian government has been working closely with the donor community and has nearly halved the number of citizens living in extreme poverty. However, about 30 percent of Ghanaians still live on less than US\$1.25/day. Some two million individuals have limited access to food, and food shortages are recurring in the three northern regions. Children are especially vulnerable, with approximately 12 percent of Ghana's children under the age of five currently underweight. Ghana ranks 135 out of 187 countries on the United Nations Development Programme's 2011 human development index.

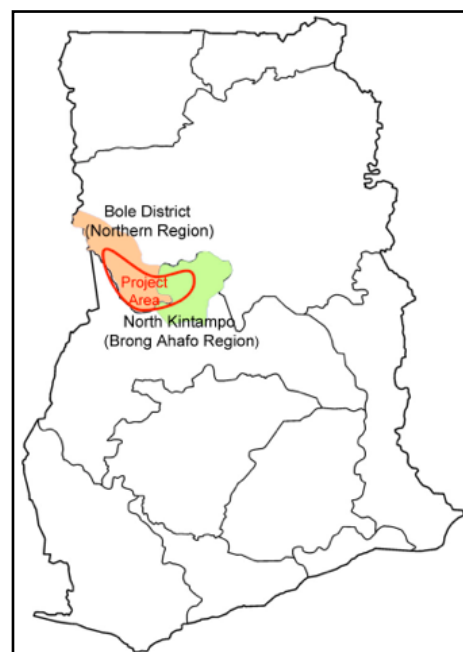
Ghana is still vulnerable to the ongoing effects of the global economic crisis, and poverty has recently deepened among some groups, especially women, farmers, and people living in the northern regions. (emphasis added).

Ghana's main challenges include:

- Weak public sector institutions, resulting in poor delivery of basic services in areas such as agriculture, health, and education
- Persistent food insecurity in the three northern regions
- Limited access to safe drinking water and basic sanitation
- Inequality between women and men

Carpenter and Surrounding Area

GRID and NEA work in the Deg tribal area, a very poor area that straddles two districts: Bole District, located in the Northern Region, and Kintampo District, located in the Brong Ahafo Region. The Northern Region in particular lags behind other regions in Ghana in its development. Because this tribal area is located in two districts on the extremes of their regions, the area is usually neglected in any development activities that may be happening in the districts or regions.



The Ghanaian Healthcare System

“Cash and Carry” Healthcare

The Ghanaian healthcare system can be classified as a “cash and carry” system. It closely resembles the American healthcare system in which services are paid for directly by patients. The obvious problem with this is that a large percentage of the Ghanaian population (especially in Northern Ghana) lacks basic necessities, and they simply cannot afford healthcare.

Even more problematic than individuals’ (in)ability to pay for health services, however, is the inadequacy of the healthcare that exists. Clinics and hospitals are often understaffed, lacking skilled attendants, and pharmacies are inadequately stocked or empty.

There is a great disparity between the “rich” areas of the country and the “poor” areas in terms of national health fund allocation. Little money trickles down to the peripheral areas from the two major cities of Accra and Kumasi. Rural areas face a slew of additional logistical issues, including the government’s inability to ensure adequate – or any – electricity to some areas, making things like refrigeration an issue. (This becomes a problem in the predominately agrarian North, where there are still a substantial number of people bitten by poisonous snakes every year. Anti-snake venom requires refrigeration and rapid administration.)

Patronage of Clinics and Hospitals

Medical staff at hospitals and rural clinics tend to be underpaid, overworked, and largely ignored by the Ministry of Health and, as such, they are often extremely frustrated. They often have to watch their patients die in front of them because they are unable to pay for life-saving medication. In addition, they are frequently unable to pay for medical care for themselves and their families.

Ghana does not have a customer-service orientation, and this is apparent when medical staff interact with patients, who are in most cases illiterate. Often staff do not adequately explain conditions and procedures to patients, asking them to pay for items that are not actually required for their procedure or illness in an effort to stock their supplies.

This results in a feeling of ambivalence towards the healthcare system by patients. They are afraid they might be given bill that they can't pay without understanding why they or their family member was sick in the first place. They are often afraid to ask questions for fear of being ridiculed for their illiteracy and lack of biomedical knowledge, and hence often wait to go to the clinic until the very last minute, when traditional healers have been unsuccessful and there is no other option. Things are improving as public health nurses are educating people about preventative measures, when to go to the hospital, and that staff are there to help.

National Healthcare Insurance

The National Health Insurance Scheme (NHIS) was implemented in 2004. The government covers:

- Healthcare costs of elderly and children under five;
- All TB testing and treatment;
- All HIV testing.

Informally employed adults are the only population group required to pay premiums individually and in cash to benefit from the NHIS. (Others are either exempt or pay the premiums as part of their tax, with the wealthy paying greater premiums.) Premiums for informally employed adults commonly fall between 15 and 25 GHS (8 and 13 USD) per person.

The NHIS has drawn criticism from civil groups, who suggest that it is marginalizing the poor. (See Oxfam's 2011 publication "Achieving A Shared Goal: Free universal healthcare in Ghana".) Again, health insurance is only helpful if there are services and drugs available.

Cultural Competence

by Deborah Awere

Beliefs About Health

Although biomedical education is on the upswing in Carpenter area, many people still have different models of causality and cure of illness and disease. There is a pervasive knowledge of the evil powers of the devil or witchcraft or juju as it is called in Ghana. Some people associate certain illnesses with curses or with something evil that they may have done in their past. Through NEA and the growing church in the area, many are being released from this spiritual bondage; however, as a provider of medical care you should be aware that there will be those who will have spiritual ideas about the cause of their illness and how they should be treated.

Many of the people who will be at the clinic will be illiterate and will have had minimal health education. They can misunderstand or have unusual ideas about treatment. For example, there are those who believe that an injection is more effective than pills because it puts the medication right into the body and can't just pass through. It's important to try to understand and sensitively dispel ideas like this that may prevent people from following through on their treatment.

Beliefs About North America and Europe

The average Ghanaian considers North America and Europe to be the land of milk and honey, where money grows on trees. Many Ghanaians who go overseas weave fantastic tales about living abroad, possibly to make them appear important. When you are interacting with friends that you make in Ghana and especially with young friends, you should paint a realistic picture of life at home. You should not give any indication or false hope that you can somehow enable people to come to Canada.

Do not give out your email address, phone number, or postal address to anyone. If you wish to stay in contact with an individual, it should always be done through NEA. This for your protection as well as for for NEA's program in Ghana. If you are being pressured to provide this information, direct the individual to go through NEA and/or David Mensah.

Greetings

When the team arrives in a village it is most important that the team immediately greets the leaders and elders before beginning any work or set-up. Formal greeting is a major part of the culture. Always use your right hand to shake people's hands, for hygienic and cultural reasons.

Beginner's Guide to Deg

Deg	English	My Notes
jam'-oh (greeting)	Welcome	
n-jam'-ee-ya (response)	Thank you for welcoming	
ee-cho' (greeting)	Good morning	
cho-ye'-ee-cho-wah (response)	Good morning to you also	
ee-wee' (greeting)	Good afternoon	
wee'-tay-ya (response)	Good afternoon to you also	
ee-jum'-boh-ga (greeting)	Good evening	
jum'-boh-ga-tay'-ya (response)	Good evening to you also	
jan'-jam	Thank you	
am-as-ar'-a	Thank you for food	

a = **cat**
 ah = **father**
 e = **let**
 ee = **see**
 o = **pot**
 oh = **no**

NORTHERN EMPOWERMENT ASSOCIATION NEA PROJECT SITE POLICY

In an effort to protect the rich culture of the project areas and to promote a code of good conduct, the following principles have been established for employees, their relatives and all visitors of the NEA project sites and work areas.

- Smoking and drinking of alcoholic beverages are prohibited.
- Earrings and other pierced rings are not to be worn by men; only one pair of earrings may be worn by women (other pierced rings are also not to be worn by women).
- Neither men nor women will wear Rasta or dreadlock hair styles.
- Men will keep hair cut and not wear ponytails.
- Men and women will not share the same room unless married.
- Men and women are expected to dress in a modest, clean and culturally acceptable manner. Women will not wear skirts or shorts that do not cover the knee on the project sites and will not wear shorts while engaged in any NEA activities outside the project sites.
- The site will be kept clean and rubbish will be disposed of at the specified areas.
- Project managers are responsible to bring to the attention of employees and visitors the site regulations and other issues that may from time to time arise and which may be culturally offensive or inappropriate.
- Noncompliance with the regulations or direction of the project managers will result in those offending being requested to leave the project site forthwith.

RATIFIED: MAY 26, 2001

Board of Directors

Northern Empowerment Association

Ghana Health Team Clinics



Team Clinics

Generally a team's day begins at 0600 for breakfast, after which the team departs to the clinic site. Medical team members are expected to wear a team t-shirt and name tag when working. Women may wear skirts, scrubs or long capris. Men may wear scrubs or shorts. Depending on the length of the drive, start time may vary by 30 minutes. Team assignments are given out during breakfast. Each sector of the clinic is responsible for packing their supplies and equipment and ensuring their equipment makes it onto a vehicle.



0700 breakfast and daily assignments

On the first day at a new site, the priority is to get off the bus and immediately go to greet the chiefs, elders, and leaders who will be waiting for us. No photos should be taken until the chiefs are greeted. While there will be many children gathering around to greet you, it is important to stay focussed on moving towards the chiefs to greet them before turning our attention anywhere else. Gifts may be given here, but are usually reserved for the closing ceremony. Please try to restrict picture-taking during this initial stage of our visit. All of the villages are watching and getting their first impressions, so it is most important not to be taking too many photos at this time. Remember to shake with your right hand. When someone says, "Jam-o" (welcome) you could respond, "N-Jam-y-a" (thank you for welcoming me.) The other early morning greeting might be, "i-Cho" (good morning), to which you could say "y-chowa."

The priority after the ceremony is to rapidly set up all stations while the first 30-50 people are quickly placed in the physicians' waiting areas. These 30-50 people will front-load the clinic so that physicians can begin while the larger crowds are being organized and registered. They will be placed in the chairs immediately outside the physicians' workstations with a chart in hand and wristband on but it will be up to the physician and their translator to complete demographics and temps if necessary. These preloaded patients will not include children.

The clinic requires a triage area, registration waiting area, registration, weights and temps waiting area, weights and temps, physician waiting area, physician assessment areas, diagnostics waiting area, diagnostics, nursing station waiting area, nursing station, pharmacy waiting area, and pharmacy. A separate area for dental and optometry will be set up if rooms allow or will be under tents out in the open. Depending on our location any of the stations (i.e. nursing diagnostics, nursing station) may be under a tent.

Ghana Health Team Manual

Patients are registered on medical charts and triaged according to their need: medical, dental, optical. (See the medical card at the end of this section.) All cards are numbered and patients receive the same number on their wristband. All patients receive deworming medication at this station unless they are pregnant. They then move on to the physician waiting areas.

Teams work from 8:00 until noon, break for lunch which is served at the site, then work until 5:00-6:00 pm. We do our best to provide some refreshments at 3:30. We usually stagger the lunch hour in two stages so half of the nurses, physicians, and pharmacy break at once. This way there is still some movement of patients over the lunch hour. Water bottles will be supplied but it is wise to carry high protein snacks with you at all times.

As the clinic wraps up, it is important for all nurses and physicians to pack up their area and report to the Clinic Manager to be assigned to additional roles. None of us leave until all stations are closed, so all efforts need to be poured into helping them out. Others can be loading the bus, etc. The goal is to depart the village and be back on the compound by dark.

On the last day of our clinic in any villages there will be a ceremony of thanksgiving for all of the hard work you just completed. These ceremonies are often the highlights of our trip and gifts are exchanged.

The team will travel back to the compound and quickly shower and change before we enjoy a wonderful dinner with our surgical colleagues. The medical and surgical teams usually give each other a brief update and we informally evaluate the day and make necessary adjustments.

The evening varies. The priority is to prepare for the next day. Many evenings require minimal preparation and you are free to go to bed, have private time, or socialize. Social events are planned throughout the two weeks.



Team dorm at the NEA Project Site in Carpenter

Mid-trip we try to do a more formal evaluation / discussion time to address any concerns of the team members. However, any concerns can be brought to the section leaders at the end of any day.

Mid-trip we will take a well needed break on Saturday and Sunday. We are all invited to attend the local church on Sunday morning. There is an expectation that we will all attend and it is an experience that you will not want to miss. There is usually a sporting event in the afternoon, along with a mandatory nap!

Logistics of Clinic Setup and Circulation

This aspect of our work will be under the direction of the Operations and Logistics Leader. Clinics are generally set up in the local school or medical clinic building. One of the most important factors in setting up is facilitating the flow of traffic through the clinic to avoid patients doubling back.

At the beginning of each clinic, volunteers need to ensure that all areas are stocked with water, extra registration forms and bands. Physicians are responsible to ensure that they have enough medication / vitamins on hand.



Arrival at a village and preparing to set up the clinic

Pre-Triage



Well patients who do not need to see a physician receive deworming

One or two of our nurses with a translator move through the crowd selecting prospective patients based on appearance and responses to simple questions. Identifying sick children is a priority at this stage. Unwell patients are registered and proceed directly into the clinic.

Pre-triage takes place every morning of the clinic and often takes place mid-way through the clinic day in order to assess for unwell patients waiting in line.

Triage

Three nurses work with a nurse-translator in the triage part of the clinic. A triage nurse is responsible for the initial assessment and exam of the patient, and includes taking a brief history to establish the patient's chief complaint. Past medical history may be appropriate to why the patient is being seen.

The triage station contains basic medications (vitamins, analgesic, wormie, medicated/non medicated creams etc.) that can be administered to individuals who do not need to proceed into the clinic.

The triage nurse then directs the patient in one of two ways:

- a. If the patient is well and requires only basic medication, the triage nurse will administer these medications and the patient will not be admitted into the clinic.
- b. If the patient has a complaint that requires attention by the physician, the triage nurse will the triage nurse will give the patient a triage note and direct the patient to registration after which they will proceed into the clinic. The triage nurse may order certain diagnostic testing for this patient to be done prior to seeing the physician. This will be indicated on the triage note.

On occasion the triage nurse may require a diagnostic test to aid in his/her triage assessment (for example, the triage nurse may be comfortable discharging a patient for a certain complaint as long as a pregnancy test is negative)

Registration

Registration should be set up outside the building under a tent. This is helpful to keep the massive crowds and noise away from the clinic. Numbered registration cards and numbered wrist bands will be given to each patient. Extra registration cards and bands need to be available at all stations. Often a family member who did not register ends up needing to be seen. It is essential that demographics are completed accurately as NEA will often do follow up and need to know accurate names and villages.

Layout and Flow

The complement of medical services available will determine the layout of the clinic. Sometimes medical, eye, dental, and chiropractic might all be available on one trip. The person in charge of each department will determine the number to be registered that day.

In general, patients flow through weights and temps (for children), physicians, nursing diagnostics for testing, nursing station if need IV fluid/med or monitoring and end with pharmacy. Separate areas for dental and optical are set up as well. The majority of dental patients do not need a registration card. If the dentist feels they need to go to pharmacy, they will make up a card for them and give them a wrist band.



Excited patients with wristbands on and charts in hand.

The person in charge of traffic flow needs to be monitoring all stations for bottlenecks. Flow is very important and volunteers must keep an eye out for bottlenecks which change throughout the day. The most important thing is to keep the pre-loaded areas full. If a pre-loaded area is empty (i.e. no patients in physicians' waiting areas), patients should bypass the previous station (i.e. registration) and go directly to physician waiting until that area is full.

The physician stations usually involve two physicians and a shared examining area. Each physician will have a pre-packed supply bag with everything you need except a stethoscope and head lamp. We have a limited supply of otoscopes and ophthalmoscopes, so please bring them if you can. Your bag will also contain extra registration forms and armbands. Pre-printed referral forms will be given to all physicians with the appropriate referral facility for certain problems. Physicians are responsible for restocking their own clinic bags each day.

Physicians will also be given supplies of a commonly dispensed medications such as: Tylenol, Advil, vitamins, eye drops, de-worming medication. Each year a decision will be made as to what other drugs physicians may hand out (i.e. diarrhea kids, STI kids, Amoxil, adult Malaria, etc.). For patients who only need those meds and don't need to go through pharmacy, physicians can just hand these out. This helps ease the heavy load that our pharmacy has. Water bottles will be provided daily. When you are finished your last patient and have packed up, please head to pharmacy to see if they need help to dispense / counsel the last of the scripts. Inevitably there are always last-minute patients and emergencies, so please be flexible if you are asked to see "just one more."

The flow of patients from physicians to the nursing station for tests and back to physicians is usually the most complicated and confusing for everyone. Each physician will have a large colour-coded clip that they will place on a chart that needs to go to nursing. The clip will be attached to a colour-coded card that says "to nursing diagnostics or to nursing station." When the patient is finished in the nursing area, the nurses will turn the colour-coded card over and it will say, "Return to Dr. _____." This will aid our volunteers in directing them back to the correct physician.

Families must be kept together at all times through the entire clinic. For example, if one child in a family of 6 needs a malaria test, all 7 charts must be clipped together while the one child has malaria testing.

All charts return to MD, then all charts stay clipped as they move to pharmacy. Charts remain together through pharmacy so that the mother receives meds and counseling for all children at once.

Clinic Wrap-Up

About mid-afternoon, the clinic manager needs to be cognizant of the number of registered patients left to be seen in each area. By 3:00 pm, registration cards need to start slowing down and given out in smaller increments. Ideally we are aiming for the last prescriptions to be filled by about 5:00 pm, as NEA has a policy to avoid all road travel after dark.

When your duties are complete, report to the clinic manager who will assign you a task (in pharmacy if required). It is absolutely important that the pharmacy is kept quiet and that the pharmacists are not distracted by questions as they try to accurately wrap up the last scripts. As the clinic wraps up, the remaining crowd tends to converge on the pharmacy. It is important that the crowd and counselling areas be kept out from the pharmacy to aid in control of noise and disruptions.

Do not give out candy, stickers, or other goodies to village children at the end of the day.

Follow-Up Patients

Inevitably there will be patients who are asked to return to the clinic on a particular day. Physicians must complete two tasks for follow up patients:

1. Give them a pre-printed follow up card that tells them the day and location to return and indicates if they are to return to you or to nursing station. This card has a picture of the team clinic manager and clinic administrator. When they arrive, they report to either of these two people. We recommend jotting a few notes on that card as to your diagnosis and plan, in the event that the chart cannot be located.
2. Put a strong tab/sticky note on front of chart that sticks up over the chart that indicates follow up and the day they are returning. **DO NOT KEEP THE CHARTS IN YOUR BAG.** At the end of each clinic follow-up charts are placed in a follow-up file that will be at each clinic so charts can be pulled when patient arrives.

Charts: The Big Picture

The patient charts created by the health team serve a much larger purpose than caring for each patient, as important as that is. When the health team returns to Canada, the information from each chart is entered into a database, allowing us to identify primary diseases and plan future teams accordingly. Because we now have several years of this database, GRID and NEA are also able to use it to track health and disease trends in the area. Furthermore, much of this high-level data is then shared with representatives of the Ghanaian and Canadian governments, and even is part of the worldwide system for monitoring maternal and child health.

Please consider this as you prepare charts — they will be read and interpreted not only by the health professionals who are part of your team, but by volunteers entering the data into a database. These volunteers typically do not have a health background. The clarity of the chart impacts both immediate patient care as well as regional, national, and international data collection.