

BRIEF WORK PROFILE AND PROJECTS OF IDDRISU NAPOROW MUSAH.

Introduction

This project navigates how I used innovative and collaborative ideas to support in rendering healthcare services in various places that I worked since 2016.

Major achievements include but not limited to:

1. Mobilize community members to construct 3 rooms for consulting, stores and labour in 2017 at Sabonjida CHPS.
2. Initiation of emergency delivery at Sabonjida CHPS after training as Midwifery-Tasksharer in 2018.
3. Won best performing facility in MNCH activities by PLAN International Ghana leading to construction of borehole for the facility in 2019.
4. Formation of QI team in Sabonjida to improve performance in 2019.
5. Started conducting delivery at Juanayili CHPS, now with average monthly delivery of 25 women per month as a Midwifery-Tasksharer without a certified midwife since 2020.
6. Mobilise community to construct 4-bedroom nurses quarters with kitchen and bath with their own resources in 2022.
7. Sensitise the community to accept healthcare delivery reducing home delivery, accepts referrals, reduce neonatal deaths and zero maternal mortality recorded in Juanayili CHPS since 2020.
8. Creation of Rural Community Radio through the Rural Health Access Program (RuHAP) a self-sponsored program to deliver key health messages at Juanayili CHPS.
9. Reaching out to all hard-to-reach communities
10. Serve as role model for nurses and other staff, also serve as preceptor for student nurses.

My work experience and achievements at Bimbilla Health Center.

I was first posted to work at the Bimbilla Health Center. Though an Enrolled Nurse, I equally learned public health-related activities, including how to conduct home visiting, outreach services, postnatal services, Antenatal services, Immunization, family planning services, National Immunization Days such as Point Mass Distribution, Polio, among others. I worked there for one year and was later transferred to Sabonjida CHPS as a facility in-charge due to my diligent work I did while I was in Bimbilla Health Center.

My work experience and achievements at Sabonjida CHPS.

Due to my dedication, passion, and hard work, I was reassigned to Sabonjida CHPS as the facility in charge in November, 2016. Per my assessment of the facility upon my arrival, I noticed some challenges, notably no telecommunication network, a bad road network in some communities, I have to use a canoe to cross the river Dakar, and the health facility is the farthest from the District capital, language barrier among others. I again observed that there had been some reported cases of maternal and infant deaths as a result of home deliveries due to staff refusal of postings to the area due to the deprived nature of the area.

I wholeheartedly accepted it as a challenge and started conducting Antenatal Care, Postnatal, outreaches, Home Visiting, Disease Surveillance, Outpatient Department Services, Family Planning, Community Management of Acute Malnutrition, writing monthly reports, including administrative activities as an in-charge, etc., all alone until a community health nurse was added to me. I was trained as a Community Health Officer in April 2017. This boosted my knowledge and skills in public health-related activities, and I could now train student nurses. And healthcare delivery became more accessible and acceptable in the communities.

The facility also had only one room for the delivery of all health services, thereby compromising privacy, confidentiality and causing of undue delays. Hence, I engaged the community through the community health committee to put up additional rooms (store room, labor room, and consultation room). Upon series engagement with the opinion leaders and the youth groups, it was constructed successfully March, 2022, and that gave an opportunity for Plan International Ghana to furnish the labor room with medical equipment and consumables for a successful start of delivery of pregnant women.

I was then trained as a “Midwifery Task-Sharer” in 2018, the training lasted six weeks, it was done by the Northern Regional Health Directorate in September, 2018. After successful training, I started conducting emergency delivery and prompt referrals which resulted in zero maternal death and reduce infant death in the area. The facility was adjudged the best CHPS in 2019 by Plan International Ghana in Maternal, Child, adolescent and Reproductive Health, this was because of all the intervention put in place and success chalked in the maternal and newborn care, and were awarded a borehole for portable water. Before I left Sabonjida, I had delivered over 112 women and referred several others by December, 2019. My hard work was acknowledged by Dr. Sheriff (former Medical superintended, Salaga District Hospital, now MP for Nanton Constituency), DHMT, NGOS and the community members.

I also formed Quality Improvement (QI) team for the facility to always monitor our performance with regards to non-performing indicators and ways of addressing them. My numerous initiatives and hard work made the community members refused my reshuffle in 2020, but the timely intervention of the Municipal Health Directorate and Municipal Chief Executive addressed the issue amicably.

I believe in team work; hence I normally ensure that all staff opinions are sought in most decision-making process through our monthly staff meeting or any other forum. I was finally reshuffle to Juanayili CHPS in December, 2019.

My work experience and achievement at Juanayili CHPS.

My reassignment to Juanayili CHPS as a facility In-charge was yet another milestone in my leadership journey, because the area was not having network, no good source of water, no electricity and poor health seeking behaviors from the community members among others.

I reported in February, 2020, instead of January due to Sabonjida people refusing my reshuffle. In Juanayili, I realized that, I was to manage three electoral areas with total of 28 communities with over 15 000 population. Within the first month upon my assessment of the area, I observed that, the people had poor health seeking behaviors, high Traditional Birth Attendance (TBA) deliveries with some reported maternal deaths, refusal of referrals and inadequate staff accommodation for staff.

This propelled me to again start conducting emergency deliveries with the few equipment available. Management later came to my aid with all that was required and set-up the place. By December 2022, with support of my colleagues we delivered 360 pregnant without a registered midwife and referred several others. Since I took over the facility in 2020, we have not recorded any maternal death and reduced infant death. And this won me an award in 2021 as First-Runner up Best Nurse/Midwife in Northern Region (GRNMA). Our current average delivery per month is 25 women as at mid-year 2025.

Other challenges I needed to address confronting the facility included, home deliveries, poor health seeking behaviors, refusal of referrals among others. As a trained Customer Care (CC) and

Social Behavior Change communicator (SBCC) (GHS E-Learning), I led my colleague staff to implement a drawn facility-based strategic action plan to sensitize our clients. These included, but were not limited to, forming Daddy's Clubs, Mothers' Clubs, durbars, monthly meetings with TBAs, home visiting, reducing waiting time, involving stakeholders in referrals, and weekly health talks at the facility, among others. And other strategies have contributed to reducing the challenges drastically.

I, again, realize that accommodation was a factor for us not getting more staff despite high demand for health services. I quickly liaised with the community chief and other opinion leaders to put up four single-bedroom self-contained with kitchen and bath to remedy the accommodation issue in January, 2022. The building construction started in March, 2025 and completed May, 2022, and has since being occupied by staff, as three more staff were posted.

In my quest to serve my clients and the country as a whole, I am currently a facilitator on the GHS E-Learning platform since April, 2023 and also a district Facilitator on workshops.

Due to my hard work, dedication, innovative, people centered health services, ability to learn local language quickly, trustworthy, team builder and critical thinker. I am the only long serving facility in-charge uninterrupted in the Municipality since 2017 to date. I also served as the municipal welfare secretary, a preceptor for student nurses among other positions. I hope my rich expertise and skills with the aforementioned huge success chalked. I am positive that that, my effort would be acknowledge nationwide. This will also serve as a motivation for me to achieve more.

MY CURRENT PROJECT ON PILOT.

The project is called RURAL HEALTH ACCESS PROJECT (RuHAP); the main driver of this project is the Rural Health Radio (RHR).

The Rural Health Radio is a facility-based healthcare information sharing system, where the healthcare provider uses conferenced-telephone-call to deliver key health messages to many communities simultaneously through the community health information centre megaphones and also receive call-in questions and answer same.

With this project specialist from various disciplines such as midwives, nutritionist, nurses, psychiatric nurses and many others deliver messages to communities with or without radio frequency, with or without phones and with or without radio set, key health messages delivered through their community mounted megaphones for easy health care information sharing and receive call back for questions, within 30mins to 1 hour twice in a week.

This is to ensure that those without phones or FM radio sets or frequencies but with little telephone network can still have access to key health information through the Megaphones.

Major topics on issues affecting healthcare deliveries are covered in this series, such as referrals, maternal and infant health-related activities, and cases of public health concern.

Objectives of the project

1. Reach out to at least 1500 people in a week digitally
2. Deliver key health messages using specialist
3. Quarterly video shows on health topics
4. Answer 60 questions per week

5. Carry out digital surveillance and consultations
6. Referral to specialist at various health facilities

How deprived communities received services



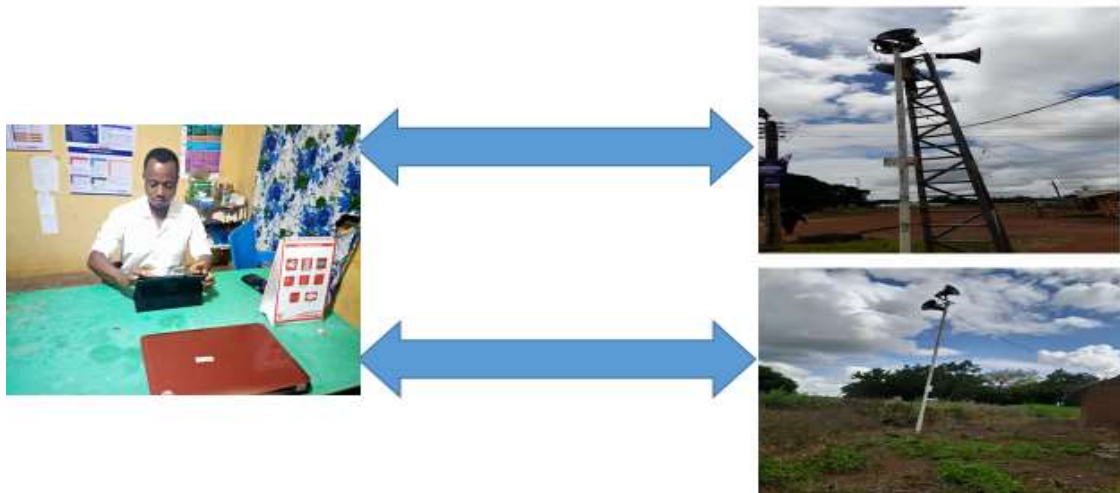
Poor network can lead to poor health digitally



Mode of transport to most underserved communities



How Rural Health Radio works



Impact of the project.

Health-seeking behavior change leads to high performance

Increased referrals

Reduced maternal and infant mortality

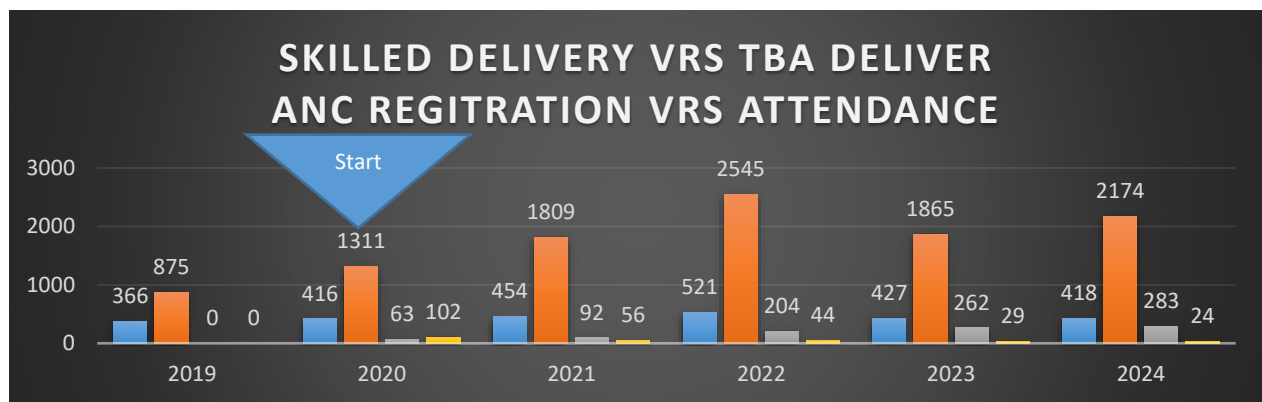
Reduced in SAM cases

Priority diseases such as TB, Measles, Yellow Fever, among others

Increased ANC, PNC, CWC FP among others

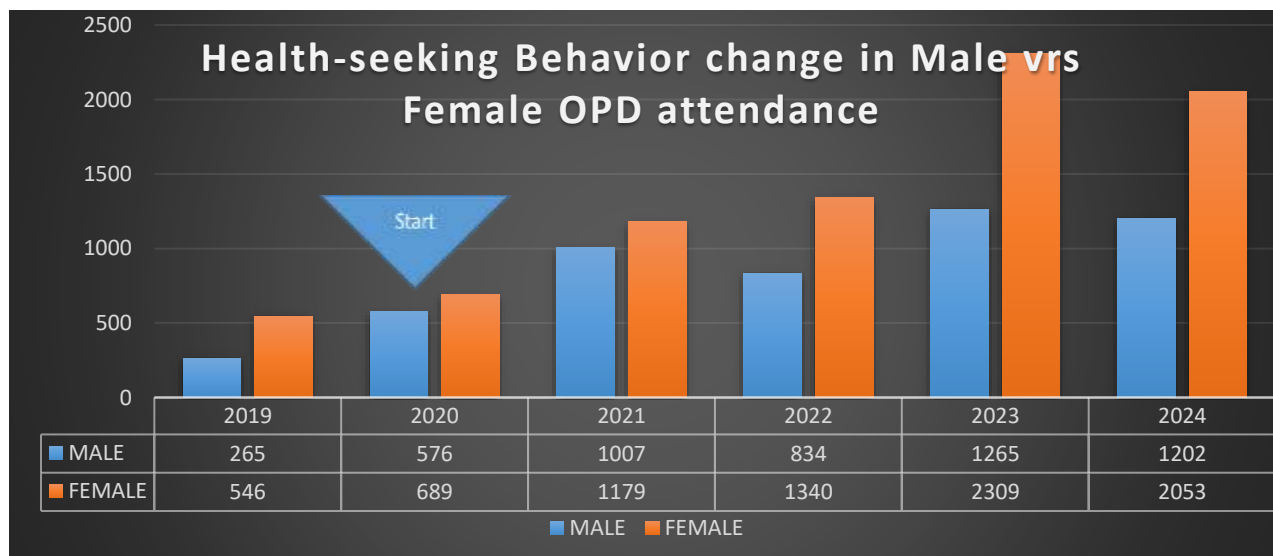
Reduced teenage pregnancy

FIVE-YEAR TREND OF SOME KEY PERFORMANCE INDICATORS AT RCH AND OPD SERVICES THAT WAS BAD BEFORE I WAS SENT TO JUANAYLI IN 2020 (DHIMS 2).



The facility used to record at least one maternal death in a year. This has stopped since 2020, when I began conducting emergency deliveries and providing prompt referrals. Data quality entry also improved.

OPD ATTENDANCE IS KEY DUE TO THEIR INITIAL POOR HEALTH-SEEKING BEHAVIORS



MY PHOTO GALLERY

Serving hard-to-reach communities during the rainy season to immunize children



Trying to serve the underserved Serving clients at farm, just for the love of the work.



In the deep remote areas where people are not willing to return home due to distance and bad road network to receive health services

During deliveries sessions as a midwifery-task sharer, both at Sabonjida and Juanayili



Assessed newborn babies after delivery and delivered 204 women in 2022 alone.

Moving to interior communities to save lives on account of labor complications



She delivered on our way to the clinic and was still sent to the clinic for further management



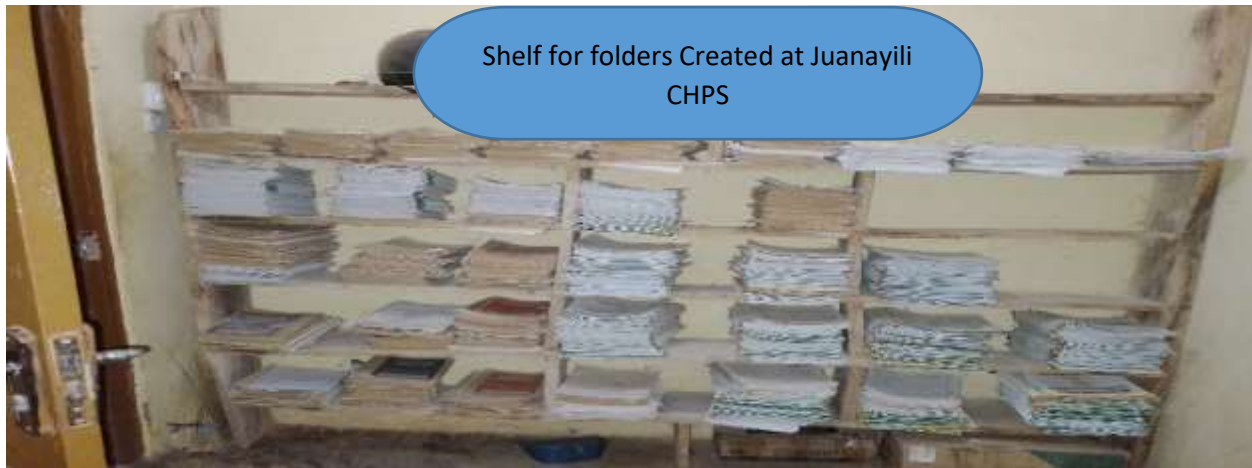
Meeting clients overseas to give immunizations despite being a clinical staff member.

Management of SAM children and their family on the need for birth spacing using family planning.



The first picture depicts a woman who was three months pregnant with a malnourished 9-month-old baby.

ADVOCACY PROJECTS AND INOVATIVE ACTIVITIES



Shelf for folders Created at Juanayili
CHPS



JUANAYILI NURSES QUARTERS 2022



Sabonjida building 2018

SOME INCLUDED TREE PLANTING AROUND THE CLINIC LAND, BI-MONTHLY CLINICAL MEETING, MONTHLY STAFF MEETING AMONG OTHERS.

How supported in MNCH activities both at facility and hard-to-reach communities through outreaches



Outreach ANC services are available at Saboba and Jeji, respectively, and are combined with CWC services.

HEALTH PROMOTION EXERCISES



Meeting Adolescent club



Covid-19 sensitization



Defaulter tracing
to pregnant



Community sensitization on
MNCH/COVID-19



