

Ghana Medical Help  
7414 County Rd 56  
Utopia ON L0M1T0  
Canada

Email: [info@ghanamedicalhelp.com](mailto:info@ghanamedicalhelp.com)



**GMH Members Meeting (Virtual)**

**Sun Nov 1, 2020**

**4:00 – 5:00 pm EST**

**Join us by Zoom – <https://us02web.zoom.us/j/86471772264>**

**AGENDA**

<b>1.</b>	<b>Call to order 16:00</b>
<b>2.</b>	<b>Welcome</b>
<b>3.</b>	<b>Approval of Agenda</b>
<b>4.</b>	<b>Happy 10<sup>th</sup> Anniversary of GMH!!!</b>
<b>5.</b>	<b>Year in Review</b>
<b>5.1</b>	<b>Financial Report:</b> <ul style="list-style-type: none"><li>- 100% volunteer run organization</li><li>- Audited statements: Fiscal 2019 – 2020</li><li>- Audited statements: Fiscal 2018 – 2019</li></ul>
<b>5.2</b>	<b>Project Report:</b> <ul style="list-style-type: none"><li>- Biomedical Engineering Capacity Development</li><li>- PPE Campaign for Covid Treatment Centers</li><li>- Sheep, Health and Economic Empowerment Project (S.H.E.E.P.)</li><li>- Ambassador Project &amp; Other Clinical Training Programs for Rural Health Workers</li><li>- Medical Equipment Donation Project (completed)</li><li>- Partnerships</li></ul>
<b>5.3</b>	<b>Fundraising Report</b>
<b>6.</b>	<b>Questions from the Floor</b>
<b>7.</b>	<b>Election of Board (by acclamation)</b> Returning: <ul style="list-style-type: none"><li>- Kylie Martin</li><li>- Dr Jacqueline Murray</li><li>- Helene Hadfield</li><li>- Andrew Mushore</li><li>- Dr Victor Awafo</li></ul> Interested candidate opportunities
<b>8.</b>	<b>Business Adjournment 17:30</b>

Attending: Olivia Knight, Marko Andan, Dominic Akaateba, Des Leddin, Kylie Martin, Sion Jones, Jennie Candow, Michael Martyna, Kelly Hadfield

Agenda approved: 16:10

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### FINANCIAL REPORT

- After 5 years of staff, we have been back to being an 100% volunteer run charity since Fall 2017
  - o This was possible due the generosity of previous staff contributing incredibly amounts of time and effort towards critical tasks, such as our financial and banking oversight, audit management, and projects management. The success of this year lies in the hands of Dominic, Olivia and Shiraz and I cannot thank them enough! Also in the hands of Marko and Njavwa, who were such excellent project directors and created strong enough infrastructure for our projects to be maintained w/ very little oversight required.
  - o Where are we weak because of this? Administrative tasks managed by Kelly tended to be slower than normal, less fundraising and marketing capacity, less volunteer engagement

#### e. Financial summary 2019

i. Revenue: \$95,611

ii. Expenditures: \$87,330

1. Projects: \$79,930 (92%)

2. Admin & office: \$4,801 (5%)

i. \$3,050 of this was Exchange Loss and the remainder was nearly all in-Ghana administrative expenses

3. Audit: \$2,599 (3%)

#### f. Financial summary 2020 – being organized for audit currently (Dec 2020)

i. Revenue: \$60,719

ii. Expenditures: \$56,947

1. Projects: \$52,183 (96%)

2. Admin & office: \$2,174

a. Exchange Loss: \$222

3. Prof fees (Audit): \$2,590

### Fundraising

- Reduced fundraising efforts in 2020 due to Covid19 pandemic
  - o No active fundraising campaigns since Fall 2019
- Strategy for 2020/2021
  - o Targeted donation requests are currently our main method of fundraising
  - o Grant applications
  - o Donor report letters
  - o Holiday fundraising campaign – online donor letters, Canadian Navy
  - o Biannual newsletters

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- Conference presentations – Kelly RCCbc Nov 2020, Kristin Society for Research in Child Development (SRCD) conf April 2021, Dominic engineering conf in Accra Oct 2020
- Plan for active fundraising + marketing campaign in Winter 2021 to mark the celebration of 10<sup>th</sup> anniversary of GMH
  - Will want to feature a video campaign of GMH accomplishments (highlight reel)

### PROJECT REPORT

#### Medical Equipment Donation Project (9 years)

##### Retrospection:

- Last donation cycle received in February 2019
- All 15 district hospitals in UWR and UER now meet locally determined minimum equipment standards for health service and delivery -> supports nearly 2 million people, particularly those in a vulnerable condition

##### Moving Forward:

- Research: Annual hospital research surveys to be completed in Winter 2021 if safe to do so
- Equipment monitoring, staff training, and regular maintenance and repair will be continued by the GMH Ambassador and GMH Engineering programs to help ensure the items are responsibly donated and maximize their impact
- Any future donations must be from local sources
  - The international component to this project is finalized, even if there's future circumstances where specific items are needed
  - We have found a very reliable, trustworthy local supplier
- Shelf life: we spent years trialing items, enabling us to identify robust from non robust items that are appropriate and adapted to the Ghanaian climate. There's now regular equipment maintenance and protocols in place to ensure if consumable parts of a device break down (i.e. batteries) that the issue is promptly identified and the hospital is able to get the consumable part; and if they can't, we have supplied the item.
- Wet and dry lab studies to assess batteries of vital signs devices Dec-Jan 2020/21 will be led by biomedical engineering project
  - Biggest issue with donated equipment is battery damage to monitoring devices
  - Need local source of batteries; can be found in moto shops and via local medical supplier

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### GMH Biomedical Engineering Program (~5 years)

#### Retrospection:

- An extremely important project as engineers are the key to supporting the long-term maintenance and repair of donated items.
- In 2018, we ran our 3<sup>rd</sup> annual national clinical engineering training conference over two days for all UER and UWR hospital engineers, led by Deputy Director of Clinical Engineers in Ministry of Health and Director of Canadian Society of Biological and Medical Engineers
  - o Evaluation showed that there's very significant personal benefit felt by being a part of this program (100%) that affects work morale (92%) and northern retention (67%). 83% find the communication platform useful. 100% of the participants use the toolkit daily.
  - o Very positive feedback regarding facilitation and the rating of the overall training.
  - o Required more time for practical hands on trouble shooting of devices -> thus we planned for a 3 day conference in April 2020

#### In 2020/2021:

- The GMH Engineering Project has evolved and expanded during the pandemic
  - o A collaboration between GHS, GMH and RCCBC -> \$10K grant; project planning committee involves two heads of CMBES and clin engineers from across district, regional and national levels.
  - o Had to cancel our 2020 training conference for Upper Regional hospital engineers
  - o Transitioned to online training webinars via Zoom and opened these educational sessions up to all clinical engineers across the country (a new first!)
    - First webinar focused on covid-19 related hospital changes and how to reduce the impact of the virus on the healthcare system
      - It's the responsibility of clinical engineers to set up the covid wards and control the spread of the virus within hospital
      - Attendance: >50
    - We currently are on Webinar 6; webinars cover the topics we would have covered in the training conference
    - Post online for free access on GMH YouTube and website
    - Webinars are reinforcing the networks we have created for biomedical engineers at a district, regional, national and international level
- Interest for future support of this project by the Canadian and Ghanaian Navy
  - o Donated tools in March 2020, an interest to continue
  - o Advocate for GMH support from the Canadian High Commission
- Toolkits: the lack of tools is a major barrier to the surviving basic medical equipment and lifesaving care at non GMH partner hospitals. Now that we've expanded our training programs

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to engineers across Ghana, we are setting up a system to process toolkit applications online and determine their prioritization in terms of need. Any clinical engineer in Ghana will be able to apply for a toolkit. This will help strengthen the medical infrastructure nationally during the time of the pandemic and afterwards.

- They're \$150 US each, and being acquired locally (exception: toolkits donated by Canadian Navy)
- Website has been updated with a clinical engineering project page, which has webinars embedded as well as a toolkit application form.
- Create a standardized inventory database w/ complete asset tagging system for all clinical engineers in Ghana to use
  - Pilot project in 2021 using sample of district and regional hospitals in UER and UWR

### **PPE Fundraising Campaign (1 year)**

- The government and few NGOs were supporting PPE well at start of pandemic, but supplies dwindled as pandemic continued, which resulted in thousands of health workers getting sick with Covid, spreading the illness to vulnerable people in addition to each other.
- Supported the purchase of facemasks, N95 respirators, gloves, face shields, eye protectors, thermometer guns, pulse oximeters, protective gowns, hand sanitizers and antiseptic soap, packs of hand tissues, coveralls, and veronica bucket sets.
- Approx \$25,000 of PPE purchased for all UER & UWR Covid wards and treatment centres
  - Thanks to a few incredible donors
- Donation ceremony for the Upper East Regional Covid Treatment Center; in attendance were the UER deputy directors of public health and clinic care, the regional internal auditor and the medical director, administrator & head of nursing from the regional hospital

*"This demonstration of love and care for mankind will support in no small way to prevent the spread of this disease that is crippling the economy and the livelihoods of especially the poor and vulnerable in society." - Dr. Samuel Aborah, Medical Director Bolgatanga Regional Hospital, Ghana; in a personal thank you letter to GMH*

### **GMH Ambassador Project (8yrs)**

Retrospection:

- Annually ran ~3 clinical training workshops w/ training the trainers model
  - We expanded 1 training on basic life support and emergency medicine to include >100 nurses from across UER and UWR, in addition to our GMH Ambassadors
- Evaluation Report by Dr Millicent Akaateba completed in March 2020

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- Using a mixed-methods research approach that combined in-depth interviews, focus group discussions and surveys with GMH Ambassadors and other equivalent health staff, the evaluation research revealed that the Ambassador Project is a major success that should be continued and possibly upscaled to other similar resource-constraint contexts within and outside Ghana.
- In general, the Project together with medical equipment donations from GMH have significantly improved the quality of patient assessment and monitoring in partner hospitals thus contributing to delivering quality health care to deprived rural populations in northern Ghana who otherwise would not have received such care
- This evaluation research has revealed that the GMH Ambassador project has significantly boosted the morale of GMH ambassadors and increased their job satisfaction compared to other health workers who are not ambassadors. It has also equipped ambassadors with rare essential skills, increased their desire to work longer in partner hospitals and awakened their interest for career advancement. A whole new culture of inter-facility equipment sharing and collaboration which hitherto was non-existent, has emerged from the Ambassador Project.
- For the project to continue to meet its objectives and to be self-sustaining, it is recommended that GMH should continue with regular equipment donations and engage more with the Management of the partner facilities to develop self-sustaining mechanisms for maintaining malfunctioning equipment. In addition, GMH should consider enhancing the motivational and training package for its Ambassadors and adopt a more collaborative approach for conducting facility equipment needs assessment
- Initiated group discussions to brainstorm the sustainability of this project -> agreed to stop GMH  
A stipends of \$30/mo in order to reduce project costs

### Goals for 2020/21:

- Workshops paused due to pandemic.
  - We will trial running the workshops virtually in 2021 q3-4mo
- GMH Ambassadors work with biomedical engineers to help support the maintenance of the donated equipment

### **CHPS Rural Emergency Medicine Project (Irish collaboration)**

#### Retrospection:

- All CHPS nurses in UWR have received this training, a very strong cohort of local trainers from CHPS nurses has been established and is being used by Ghana Health Service to repeat training for health center health workers and in other regions. GMH Ambassadors in UER received this

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training, as well as >100 nurses who attended our large Upper Regional emergency medicine training days in July 2019 (combined this emergency medicine training with BLS for adults and children).

- For the first time in the history of GHS, we used nurses at the lower level to train at the higher level. The concept was well grasped for trainees because it was colleagues training each other; the language was well understood; the friendliness and support was there. Pre and post training data showed significant improvement in knowledge. Continued professional development is often bitterly complained about by northern health workers because very few opportunities. This was an opportunity for them to learn something new that normally they don't get, even in the south. The regional director joined the training and made a presentation about it at a national meeting of all directors of regional health services.
- Supertrainers are being used to train all health workers stationed in the newly opened Regional Hospital in Wa.
- In 2019 there was about 20 trainers and supertrainers, each will train about 30 subdistrict health trainers at home.
- Add-on projects accomplished include sepsis, hand hygiene, physiotherapy, newborn care
- Research project being completed in Ireland

### Moving Forward:

- So long as it's locally funded, we will support the expansion of the training program in Ghana.
- Support the presentation of this project at health conferences in Ghana and Canada and be involved in any research publications deriving from this project.
- The Irish are interested in returning to Ghana for other projects, particularly in the south. If there is local interest by Ministers to expand this training and invest local ministry funds into facilitating it, we may work together with UHL/UL to help make this happen. The Minister for the UWR recently met with Dominic to express his thanks for this project as well as the PPE donation, and he expressed interest in wanting the CHPS training program to expand.

### **S.H.E.E.P.**

#### Retrospection:

- The most self sustaining of GMH projects in regards to financial oversight and administrative management; also, the most direct to impact Ghanaians in need -> farmers are now beginning to see economic benefits of the sheep.
  - Average income doubled - from 300GHC (2018) to 600GHC (2019)
  - Average 4 offspring (2019)

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- Seeing this manifest in increase ability to pay for educational materials to allow children to go to school and ability to eat three meals daily (still not throughout whole dry season)
- Educational workshops completed every other month for beneficiaries and greater community
  - Alcoholism, family planning, hepatitis B, meningitis, antenatal and perinatal care, sickle cell anemia, hypertension

### Moving Forward:

- Socioeconomic surveys to be completed by project beneficiaries in Fall 2020
  - Detailed 1<sup>st</sup> survey available from Fall 2019
  - Will get us an updated number of sheep - >100 in 2019
- Funds allocated to seasonal vaccinations and breeding
- Developing a standardized process for locally perpetuated sheep donation
- Workshops on hold since pandemic; final one in April to give covid public health advice
- Research assessment evaluating project in 2021/2022 – will compare socioeconomic changes to other families not participating in project in order to be able to conclude that the changes in public health metrics of health are due to this project

### VISION PLANNING

- Strategic planning meeting scheduled Nov 2020
  - Last one was 2016 at volunteer retreat
  - This is the 10th year of GMH operations, and we want to ensure the organizational vision, mission statement and areas of strategic focus are aligned and up to date. Also this will be an opportunity to do a SWOT analysis (strengths, weaknesses, opportunities, threats).
  - Vision: to prevent unnecessary deaths in rural northern Ghana
  - Mission: improve health equity
  - Project objectives:
    - improve rural health infrastructure through clinical training of health workers, medical equipment donation, and clinical engineering development.
    - Poverty alleviation and public health education
- Financially, if we could create a trust that had the funds self generating, that would be ideal
- Operationally, transitioning our projects to virtual medium is only a positive change, as it enables our projects to expand across Ghana as needed and make it less tied to individuals being present in Ghana (aka Dominic getting further training abroad). Our focus is going to continue on developing rural health infrastructure in Ghana through biomedical engineering capacity development and clinical training of health workers.



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Olivia – cautioned about virtual workshops downside being lack of connection between people, reducing ability to train when hands on required, and poor internet connection.

Dominic – Minister for UWR met w/ Dom this week to express thanks and learn more about GMH, both in relation to our PPE donation and the CHPS ER Training Project w/ UHL/UL. Des was present to learn about this, and he will talk with Dominic this week to discuss this meeting and a possible reconnection with Irish partners. Dominic to f/u w/ Katie as well.

Des discussed how Ghana projects will be difficult now due to not being able to travel to Ghana. Kelly commented that we developed the project such that we don't need to be in Ghana to run it, as we established a cohort of super-trainers who can create local trainers and deliver training to participants.

Des cautioned how established a trust isn't feasible w/u mass amounts of money (aka \$1 mill).