HI FOUNDATION GH

STRATEGIC PLAN | 2020–2030

A practical direction for community prevention, stronger primary care, and cardiovascular-kidney-metabolic health in Ghana

Working document | October 2026

A message from the leadership

HI Foundation Ghana began with a straightforward concern: too many people live with hypertension and diabetes without the information or support they need to stay well. Our volunteers have seen how a simple blood pressure check, conversations about food and medicines, or a timely referral can make a difference. We have also learned that screening alone is not enough. People need a way to understand their results, reach care, and manage their conditions over time.

This plan covers 2020–2030, reflecting our work to date and setting priorities through 2030. We will continue to bring services closer to communities while strengthening the people and health facilities that provide ongoing care. We will grow at a pace our volunteers, partners, and finances can sustain. We will measure our work honestly and listen when communities tell us something needs to change.

1. Who we are

HI Foundation Ghana is a network of volunteer health professionals working across Ghana. Established in October 2017, and according to organizational leadership formally incorporated and registered with the Ghana Revenue Authority in 2020, the Foundation focuses on hypertension and diabetes awareness, community screening, healthier lifestyles, advocacy, and support for individuals and families affected by these conditions. The registered legal name, registration category, and certificate details should be checked against official records before adoption of this plan.

Our website documents public education, door-to-door outreach, radio discussions, and health screening. It also describes a funded partnership with Apotheker ohne Grenzen Deutschland and the Ghana Health Service in four district hospitals in the Bono Region, including training in team-based hypertension and diabetes care. HyCare-IS examines readiness and capacity for hypertension care in health facilities. These experiences provide a basis for a broader approach to cardiovascular-kidney-metabolic (CKM) health, without abandoning our original focus.

2. Purpose and direction

Vision

Communities in Ghana where people can recognize cardiovascular and metabolic health risks early, obtain appropriate care, and live healthier lives.

Mission

To improve prevention, early detection, and management of hypertension, diabetes, and related cardiovascular and kidney conditions through community outreach, health education, workforce development, research, and partnerships.

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How we work

- Start with the concerns and priorities of the people we serve.
- Make health information understandable and respectful.
- Work alongside existing health services rather than creating parallel systems.
- Value volunteer time while being realistic about the support needed for good work.
- Protect participant information and report results honestly.
- Learn from each project before expanding it.

3. Where we are starting

Our strongest assets are a multidisciplinary volunteer network, experience with community screening, and relationships with healthcare professionals and institutions. The Apotheker ohne Grenzen partnership demonstrated an approach to training and supporting health teams across four district hospitals. HyCare-IS provides a research platform for understanding gaps in facility readiness, team roles, and clinical workflows. Many smaller community activities have been supported through leadership resources and voluntary donations. These contributions reflect commitment, but they cannot be the sole basis for long-term growth.

The main challenges are equally clear: regular funding is limited, volunteer availability varies, screening equipment and supplies are costly, and referral follow-up can be difficult for families. We need more consistent program records, documented governance and finance procedures, and a manageable set of annual priorities. This plan addresses those needs.

4. Strategic priorities, 2020–2030

Priority 1. Bring prevention closer to communities

We will continue household and community-based education and screening for hypertension, diabetes, and related CKM risks. Outreach will be planned with local leaders and health workers, using accessible locations and clear messages in languages residents understand. Each activity should offer practical next steps, not only test results.

- Agree an annual outreach calendar with community and district health partners.
- Use standard screening, consent, referral, and follow-up procedures.
- Track households reached, people screened, abnormal findings, referrals, and completed referrals.
- Review who is being missed and adapt visit times and outreach methods.

Priority 2. Help people manage risk after screening

Our next step is to move from occasional screening toward better continuity of care. For people with hypertension, diabetes, or kidney-related risk, we will test practical ways to support self-care, including home blood pressure monitoring, medication education, healthy eating, physical activity, and regular follow-up. The Healthy Hearts, Healthy Communities proposal offers one potential starting point; implementation depends on funding and approvals.

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- Develop simple education materials and referral pathways with nearby facilities.
- Pilot home monitoring for selected high-risk adults and assess its feasibility and acceptability.
- Monitor self-care practices, follow-up completion, and changes in clinical measures without overstating causality.
- Use participant feedback to decide which elements are realistic to continue or expand.

Priority 3. Strengthen frontline healthcare teams

We will build on experience from the Bono Region training project to support nurses, pharmacists, community health workers, and other professionals who manage chronic conditions in primary care. Training will be practical, linked to facility needs, and followed by opportunities to apply new skills.

- Co-design short courses on CKM risk assessment, patient communication, referral, and team-based care.
- Support facility action plans and peer learning rather than relying on one-off workshops.
- Document staff trained, facilities supported, and whether practice changes are maintained.

Priority 4. Generate evidence that improves services

Research should help us answer questions raised in daily practice: Who is not being reached? What makes follow-up difficult? Can home monitoring fit into local routines? Which team-based approaches are affordable and acceptable? HyCare-IS and future collaborations can inform these questions.

- Use appropriate ethics and institutional approvals for research activities.
- Maintain secure data systems and use de-identified information for reporting.
- Combine routine program monitoring with interviews and feedback from residents and health workers.
- Share findings with communities and partners before planning scale-up.

Priority 5. Build an organization that can sustain the work

We will protect the volunteer spirit of HI Foundation while improving planning, accountability, and continuity. The Executive Director will provide strategic direction and overall supervision; the Programs Director will manage day-to-day program administration and implementation. Project leads will coordinate assigned activities, and the finance function will maintain budgets, receipts, reconciliation, and donor reporting. The Board will provide oversight and review the annual plan.

- Approve clear governance, safeguarding, finance, procurement, and data protection procedures.
- Maintain an equipment inventory and annual operating budget.
- Diversify support through grants, institutional partnerships, and documented voluntary contributions.
- Prepare annual program and financial summaries for Board review.
- Develop succession and volunteer development arrangements so programs do not depend on one individual.

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5. A phased approach

Period	Main emphasis	Evidence of progress
2020–2026	Review organizational development, community screening, healthcare training, and research activities undertaken during this period.	Verified program records, partnerships, financial records, and lessons learned.
2027	Consolidate policies, partner relationships, screening tools, and baseline reporting. Deliver funded pilots if awarded.	Approved operating procedures, program register, partner agreements, annual summary.
2028	Refine community screening and referral pathways; assess pilot lessons; strengthen training packages.	Documented referral follow-up, revised training materials, implementation learning.
2029	Expand selectively to additional facilities or communities where partners and funding are ready.	New sites with confirmed partners, costs, and monitoring arrangements.
2030	Strengthen community-led follow-up and local ownership; review outcomes and agree the next strategic direction.	Five-year implementation review, documented partner activities, and a new Board-approved plan.

6. How we will know we are making progress

Area	Core indicators	Review
Community reach	Communities engaged; adults screened; proportion receiving results and education.	Quarterly program review
Connection to care	Referrals made, completed, and unresolved; reasons for non-completion.	Quarterly program review
Self-management	Participants trained; monitoring participation; changes in BP and other planned measures.	At intervention milestones
Workforce	Healthcare workers trained; facilities supported; action plans followed up.	Every six months
Learning	Projects evaluated; community feedback sessions; findings shared with partners.	Annual
Stewardship	Budget versus expenditure; reconciliation completed; reports submitted; equipment accounted for.	Monthly finance and annual Board review

Numerical targets will be set in each annual workplan after checking baseline figures, funding, and partner capacity. This avoids promising outputs that are not yet financed.

7. Partnerships and community accountability

The Ghana Health Service, district and metropolitan health authorities, health facilities, universities, professional groups, and community leaders are natural partners for this work. We will define

responsibilities for each collaboration in writing. Community representatives will help shape outreach, explain local barriers, and review results. The Foundation will not describe proposed partnerships or services as formally committed until the relevant organizations have agreed.

8. Financial approach

We will prepare a costed annual workplan and maintain separate budgets for each grant. Spending will be supported by appropriate documentation and reviewed against approved budget lines. Major purchases should use competitive quotations where feasible. Financial summaries and equipment inventories will be reviewed regularly. We will record in-kind contributions accurately and avoid counting volunteer time or donated equipment as secured support until confirmed.

9. Review and ownership

The Programs Director will coordinate the annual workplan with project leads. The Executive Director will review progress and bring strategic issues to the Board. The Board will review implementation at least annually and approve material changes to priorities or resources. By the end of 2030, the Foundation will assess what improved, what could not be sustained, and where to focus next.

Decisions required before adoption

- Confirm the official legal name, registration details, and Board membership.
- Approve the vision, mission, strategic priorities, and 2020–2030 period.
- Confirm governance and reporting arrangements and designate owners for each priority.
- Approve a realistic 2027 workplan and budget, distinguishing secured from proposed funding.
- Validate baseline program counts and prior achievements against organizational records.

Source notes

HI Foundation Ghana official website: https://www.hifoundationgh.org/; Activities & News: https://www.hifoundationgh.org/activities-and-news; funded hypertension and diabetes project: https://www.hifoundationgh.org/blog/funded-hypertension-and-diabetes-projects; HyCare-IS: https://www.hifoundationgh.org/hycare-is. Organizational details and proposed plans also draw on information provided by leadership and existing HI Foundation grant drafts. This is a proposed strategy, not a formally adopted Board document.

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