Ghana

PROJECT OVERVIEW

The project, firmly embedded in existing government structures, was intended to complement UNFPA's ongoing Country Programmes, and was closely aligned with the Government of Ghana's key policy and legislative frameworks on poverty reduction and reproductive health.

The Central Region was chosen because it is one of four targeted in the 2003 Poverty Reduction Strategy Paper (PRSP) with among the highest levels of poverty and worst health indicators.

Serving an impoverished, under-served population

Despite achieving significant gains in the health sector, there remain considerable inequalities in access to RH services in Ghana. Improved reproductive health was explicitly recognized as critical to achieving poverty reduction and meeting Ghana's MDGs.

The Central Region was chosen for implementation because it is one of four targeted in the 2003 PRSP with among the highest levels of poverty and worst health indicators. Many of the project interventions directly addressed access to SRH services: community-based health planning and services (CHPS), advocacy centres and the national private transport workers' union (GPRTU).

Designed to benefit poor people in deprived areas of the region, with an emphasis on women and young people, the project adopted strategies to meet the needs of pre-adolescents, older adolescents and young adults. Key intervention strategies included maternal mortality, adolescent reproductive health, family planning, STIs/HIV/AIDS, and advocacy for support by stakeholders at all levels, including community leaders.

Advocacy, coordination and service delivery mechanisms employed by the project reflected its emphasis on ensuring sustainability and ownership, including community empowerment, by building on existing programmes and resources.

Boosting community-based services

The increase in service delivery points at community level (CHPS) has demonstrably helped increase the number of supervised deliveries and improved access to SRH services.

CHPS was designed to mobilize community volunteerism, in combination with retraining and redeploying nurses to village-based locations. It has now become national policy.

The model is built around the existing village hierarchy – the chief of the village allocates land, and with community support, provides space and accommodation for a community nurse, who can then provide minimal essential health services and referrals to health facilities and hospitals.

The project built on this model by developing advocacy centres where the community volunteers were trained in SRH and family planning, and conducted peer education advocating for improved reproductive health-seeking behaviour and served as a community level referral mechanism. Volunteers shouldered responsibility for the reproductive health of their communities, and were proactive in ensuring that women were accompanied to the health centre for check-ups or transported for deliveries.

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FACTFILE

Title **Strengthening Community-based RH in Central Region**

Implementer **Ghana Health Service (GHS), through the Regional Health Services and the Reproductive and Child Health Unit of the Public Health Division**

Aim **To contribute to increased adoption of health-seeking behaviour and utilization of reproductive health services in Central Region.**

Duration **66 months: 2003–2008**

Budget **US$2.494 million**

KEY ACHIEVEMENTS

- **Boosting community-based advocacy services, CHPS has now become national policy.**
- **Innovative approaches to referrals – working with the GPRTU.**
- **The Time with Grandma initiative.**
- **Effective collaboration across multiple levels of government.**

SUSTAINABILITY

Remaining activities have been integrated into the Country Programme and are being implemented with health ministry budget, core UNFPA resources and Irish Aid funds by the Ghana Health Service and complemented by NGOs.

The training of service providers in life-saving skills and the provision of equipment aimed at improving emergency obstetric care are ongoing in the six target districts.

Engagement with the GPRTU is ongoing and is currently being replicated in other regions of the country.

The Time with Grandma initiative has been expanded to cover more communities in the six target districts and the GHS continues to strengthen partnerships with the Regional Coordinating Councils, District Assemblies and community members.

Building capacity

The programme's focus on capacity building through training and increasing availability of equipment and supplies helped reduce maternal mortality across the Central Region. Training was a central pillar of the programme and was rolled out to strengthen the skill base of RH service providers in all districts of the region. Building skills in emergency obstetrics among doctors, midwives and medical assistants played an important role since this was identified as a key obstacle in government service provision. Capacity building was undertaken at every level, from senior management level to volunteers with a particular emphasis on community health workers. Equipping maternity units with incubators, caesarean section kits, suction units and other key equipment also played a central role in contributing to safer deliveries and in helping government services to deliver quality care. Information activities and campaigns effectively increased the capacity and awareness of government health workers and the general public.

Reducing barriers to access

An especially innovative strategy was piloted to address barriers to access and improve referral of obstetric cases by meeting the transport needs of pregnant women to access emergency obstetric care during labour and other emergencies. This collaboration between the project, the Ghana Private Road Transport Union (GPRTU) and the Ghana Health Service is an excellent example of innovation in the collaboration and inclusion of different partners. Developed within a context of inadequate communication networks and ambulance services in the communities, the drivers provide transport services, either for a fee paid by the family or gratis in exchange for benefits provided by their local chapter. The GPRTU pays for the transportation where the families cannot pay. The involvement and commitment of the private sector in this way has raised the profile of maternal mortality as well as reducing the risk of maternal deaths in the region. The programme received wide media coverage and this greatly contributed to visibility of the European Commission, UNFPA and the Ghana Health Service.

The Time with Grandma initiative

The Time with Grandma community level initiative revolves around traditional Ghanaian society structures where 'Queen Mothers' occupy a natural position of authority and respect. This model uses queen mothers as rallying points and mentors for young people in the community. The queen mothers organize meetings where health workers can educate the children and youth on appropriate health behaviour and, specifically, to address the rising numbers of teenage pregnancies and consequent school drop-outs among young girls. They teach and advocate for delaying sexual activity and encourage less risky behaviour, as well as studying and sports activities. In this way it reinforces community ties and has potential as a mechanism for dissemination of other messages by other sectors while a generation of older men and women are learning about reproductive health.

Effective collaboration across multiple levels of government

A particular success for the programme and of paramount importance in ensuring sustainability was the level of collaboration across different levels of government, including the District Assemblies, with UNFPA and communities in reproductive health issues which has helped enhance and support RH activities. This increases the likelihood that SRH will remain a priority, that they will allocate resources and that they will lobby for a greater proportion of spending on RH in the region.

LESSONS LEARNED

Building on existing traditional cultural structures, such as the Time with Grandma initiative, increases community acceptance and ensures that ownership is strong.

The advocacy centre model demonstrated effectiveness in mobilizing community level volunteerism and improving access to RH services and should be replicated.

The Regional and District Health Management Teams should provide closer supervision of maternity units and ensure regular analysis of maternity unit data – particularly numbers of terminations and caesareans.

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