



Health Care Expanded in Deprived Communities

Challenge

Prior to the introduction of Ghana’s Community-based Health Planning and Services (CHPS) initiative in 1999, one of the most deprived districts in Ghana’s Eastern Region - Birim North - had fourteen health care facilities for over 128,000 people. The facilities were far apart and therefore most sick people had to travel over 15 km to the nearest facility. The roads are very poor, making most communities inaccessible during the rainy season. Telecommunication facilities were also inadequate. At times, complications during child delivery ended in death because the mother could not reach the nearest facility in time. People without medical expertise also took advantage of the situation by peddling drugs and treating the sick.



Photo: USAID/Ghana

Community health officer using radio system to communicate with colleague during door-to-door visit.

“The communication system is helping us to save lives. When there are problems with delivery, the CHOs call us and we dispatch a vehicle to convey the mother to the district health center.”

- Tei Djangmah, District Director of Health Services

Results

Health problems decreased dramatically in Birim North due to USAID’s efforts. Once known for the second highest number of Guinea worm cases among the region’s fifteen districts, Birim North registered zero cases in 2003. From 2001 - 2003, women seeking assistance of CHOs and TBAs in child delivery rose from 2,792 to 3,094, and no maternal deaths have occurred in the district since 2001. In complicated deliveries, the CHOs used the USAID-funded communication system to contact the health center at the district capital of New Abirem for assistance. The increased access to health care in Birim North has encouraged CHOs’ training institutions in the southern part of the country to send their students to the district for practical training in the CHPS program.

Initiative

To increase access to health care services, USAID supported the training of ten community health officers (CHOs) and their deployment in the remote parts of the Birim North district. Communities selected their own volunteers to be trained to assist the CHOs and to help mobilize community members to participate in health activities.

Traditional birth attendants (TBAs) were also trained to work closely with the CHOs to ensure safe delivery of babies. At the district level, the health management team comprised of the director and the sub-district heads of health centers, disease control, and nutrition acquired skills to effectively supervise and help improve the performance of the CHOs and the volunteers. USAID also installed a radio communication system to facilitate prompt referral of the sick.

