REPUBLIC OF GHANA

What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

NAVRONGO HEALTH RESEARCH CENTRE

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ONCE UPON A TIME…

Under the Community Health and Family Planning Project health volunteers and village health committees have been assigned specific responsibilities in the new strategy for making health services widely accessible and affordable. But who do health volunteers and village health committee members say they are and what do they do? Following are their personal tales...

...Ms. Augustina Apuri, YZ for Paga Sakaa...

Once upon a time, there was a village in the northern part of the Kassena Nankana district known as Sakaa. This village never had access to orthodox medical treatment; they depended on herbal medicine for their health and personal hygiene needs. Only a few kept their surroundings clean. This went on for a long time and the consequences were just unbearable—many children died from preventable diseases such as cholera, malaria, and diarrhoea while others were paralyzed from poliomyelitis. We did not know the cause of these diseases and we did not also know they were preventable. The local herbalists always did their best but their best was never good enough. God smiled on the people of Sakaa when a health [research] institution in the Kassena Nankana District known as the Navrongo Health Research Centre (NHRC) came into being in the 1990s.

Ms. Augustina Apuri, YZ for Paga Sakaa

The health research centre was concerned about health problems that attacked the people of the district, and tried to find ways of solving them. One day luck fell on my village when the health research centre came there and held a durbar with the chief, his elders, assembly members, opinion leaders, and the entire community to discuss health problems and how to solve them. They recommended to the chief and his elders to select one person so that the NHRC would train him or her in basic health care provision and come back to the community to treat minor health needs, as well as educate the people about personal hygiene and environmental sanitation. I was beside myself with astonishment when, at a meeting organized to select one person for the said training, my community settled on me. Some of the reasons that were cited for choosing me were that I was honest, obedient, hard working, and prepared to work to promote the welfare of children. The community was also told I had the capacity to organize the community for communal labour and any voluntary work that was held in the village. They also said I could promote health programmes like disease outbreaks such as CSM and Cholera, which were very regular at that time. I was determined to succeed. I was presented to the NHRC for training. Villages around Sakaa both far and near also selected volunteers for training by the NHRC.

In all about eighteen volunteers were presented from the North Zone Communities and the training took place at the Paga Health Centre. We were taken through topics such as personal hygiene, the treatment of minor ailments, family planning, sexually transmitted diseases, and several killer diseases. After I graduated from the health centre programme with my certificates, the NHRC organized another durbar in my community where they presented me to the community and spelt out what duties I was to perform and asked for cooperation among the people to enable me do my work effectively.

By the time I started work another group of people know as the Yezura Nakwa (YN or Health Committee) had been trained to monitor my work and help find solutions to the health problems of Sakaa. I was given a bicycle, a bag, notebooks to serve as my ledger and record books, a box of medicine [drugs] that was to be kept by my YN. I go for drugs anytime I need them. I now visit homes and give health talks on personal hygiene, and treat minor ailments—I refer major cases to the clinic for further management. And today I am very happy that my people no longer depend just on herbal treatment. They now see the need to keep their environment clean, practice

personal hygiene, participate in communal labour, and attend child welfare clinics. Disease outbreaks are rare and the people are prepared to fight any outbreaks in the community if they should occur. I work closely with the YN.

The group consists of five persons: a chairperson, secretary, treasurer, trustee, and one ordinary member. Meetings are organised regularly to solve health problems and I enjoy good working relations with the health committee. I can also say the YN is satisfied with my work. I am proud that, healthwise, I have been able to change my community for the better as a YZ.

...Kaba Aviretiga, YZ for Wuru/Nawognia...

A Yezura Zennu is a person with much patience who is selected by the community in collaboration with the Navrongo Health Research Centre. We are trained to move from house to house every morning with a bag behind us with the drugs inside to treat diseases like malaria, headaches, and stomach pains. I treat by giving my drugs to the person and showing him or her how to take them. The next day I go back and visit to know whether there is a change or not. If there is no improvement, I then refer the person to the community resident nurse for treatment. I also visit houses telling them about how to plan their family and how to prevent people from getting sick. Another thing I do is to advise pregnant women and nursing mothers to attend the prenatal and child welfare clinic, respectively, and on what day and time to go to the clinic. I always give the message to the elder in charge of the area to announce to the community about the day and time of the clinic. I help the nurse to run the child welfare clinics. I also visit the members of the health committee once a month for discussions and problem solving regarding the community's behaviour towards health. If the problem is caused by me, the committee and the people of the community come together and try to solve it. That is how I have helped to bring health to the doorstep of the people in the Wuru\Nawognia community.

The bicycle, a health volunteer's symbol of office

...Sylvester Ajongyire, YZ for Giah...

I was chosen by the chief and elders of the community of Gia to help deliver health service to my people.This work started in August 1996. Before then I went for a two-week training workshop organised by the NHRC. In that workshop I learnt many things. I was taught how to treat malaria and diarrhoea. I was also taught to recognize the signs, symptoms, and causes of malaria and diarrhoea. After the workshop, the NHRC organized a durbar and gave me a bicycle, a knapsack, and drugs at the durbar grounds. The health committee keeps the drugs in a box and issues them to the volunteers. When the drugs get finished, the YZ has to account for them and pays the money to the YN. In the morning I go out for compound visits, during which I give health talks, for example, on the prevention of malaria, diarrhoea, HIV/AIDS, and female genital mutilation.

The YZ helps the Community Health Officer—when there is an outreach, I usually inform the chief to cause an announcement to be made for the mothers to attend. In fact, I like the YZ job because it is very helpful for the community—the drugs are very essential and affordable. I feel confident about myself because I am able to assist my community members to improve their health.

Send questions or comments to: What works? What fails?
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