



# What works? What fails?



FINDINGS FROM THE NAVRONGO COMMUNITY  
HEALTH AND FAMILY PLANNING PROJECT

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Navrongo Health Research Centre

## ZURUGELU: TOGETHERNESS FOR HEALTH

Ghana is widely acclaimed as a country with rich and complex sociocultural institutions. Utilizing these institutions in a programme of health care delivery can greatly improve the effectiveness, sustainability, and relevance of health care operations. This principle has been demonstrated by the Navrongo Community Health and Family Planning Project (CHFP) which has established a collaboration between the key social institutions and the community health care delivery system: This system of care has involved connecting the traditional social organizational system, with the Ministry of Health (MOH) structure, and the political system. In the local language, this is called the “Zurugelu Approach.” *Zurugelu* is the Kasem word meaning “unity is strength” or “community togetherness.” Thus, a *Zurugelu* Approach represents an attempt to marshal resources from various societal stakeholders. More specifically, however, the *Zurugelu* Dimension of the CHFP refers to all efforts that incorporate traditional and community institutions into the design of the project.

The *Zurugelu Dimension* was born from a practical need to incorporate cultural sensitivity into the project design, and was fuelled by the recognition of numerous cultural resources in Kassena-Nankana society that had not been tapped by the MOH programme. In many communities throughout the Kassena-Nankana District, traditional systems of village leadership and social organisation play fundamental roles in fostering volunteerism as well as in influencing individual behaviour. The *Zurugelu Dimension* of the CHFP has mobilised these effective and well-established traditional institutions for the planning, organisation, and management of family planning and primary health care. The CHFP operational plan for the *Zurugelu* scheme involves mobilisation of the following village components: chieftaincy and lineage system, social networks, *Yezura Nakwa* (health committees), *Yezura Zenna* (health volunteers), traditional communication, and non-traditional communication. By integrating the organisation of service delivery into the existing social system, the CHFP has attained legitimacy, respect, and cooperation from local communities.



Traditional leaders attend a community durbar

The primary aspect of community entry and mobilisation involves an understanding of the traditional structure of authority. In Kassena-Nankana societies, Chiefs and elders command a great deal of respect, and serve as primary decision makers for all important village affairs. Knowledge of and cooperation with this authority has allowed the CHFP to conduct affairs appropriately and to facilitate the generation of understanding, organizational preparation, and active communication from community leaders. Traditional leaders are key players in legitimising, launching, and sustaining various initiatives, thus their support is essential for project success.

**Yezura Nakwa.** Unit Committees (UC) are well-established, community-level political structures, and are responsible for the actual implementation of activities that have been sanctioned by the Chiefs and elders. In order to carry out its duties, the UC constitute Implementation Committees (IC) among interested community members and also coordinate peer networks, which are traditional associations that join youth, men, and women together for various social and communal activities. The CHFP has mobilized this traditional system of task leadership through the Paramount Chief and his Council of Elders who established an IC for health, termed *Yezura Nakwa (YN)* (health welfare committee).

YN are now responsible for health administration in their respective communities and serve as internal supervisors for village volunteers known locally as *Yezura Zenna (YZ)*. YN stock and supply drugs to the YZ, oversee the maintenance of bicycles, settle community disputes regarding YZ, and develop the scheme for pricing, cost recovery, and compensation. As elders and respected members of the community, the YN serve as valuable sources for information dissemination, community motivation, and assessment of community actions and reactions.

**Yezura Zenna.** The most fundamental aspect of the *Zurugelu Dimension* is the use of community volunteers as primary service providers. The CHFP developed the *Yezura Zenna (YZ)* programme in response to the shortcomings of the now defunct MOH Village Health Worker scheme. This new approach involves the use of local community members to serve as *Yezura Zenna* or volunteer health aides. Selection of the YZ is the responsibility of the community. Initially, Chiefs, elders, and other community members nominate permanent members of the community who they feel are reliable and trustworthy, and who have also demonstrated a keen spirit of volunteerism. The final adoption of YZ requires the consensus of the community; this is extremely

important, as community support is critical for the successful execution of YZ responsibilities. Additionally, if any problems arise during the YZ's course of service, which the YN cannot settle, Chiefs and other community members are consulted to mediate the dispute.

YZ are trained in various aspects of primary health care provision and are utilised to improve accessibility to low-cost essential drugs. Their roles involve treatment of minor ailments and ambulatory care for certain illnesses such as simple malaria and diarrhoea. YZ are equipped to dispense the following drugs: Paracetamol, Chloroquine, Piriton, Multivitamins, Aludrox, and nonprescription contraceptives such as condoms, and foaming tablets. In addition, YZ are responsible for the dissemination of information regarding, nutrition, immunization, and family planning. They are relied upon to gather accurate and complete data and to write descriptive reports. In order to effectively carry out their duties, YZ are provided with bicycles, which also serve as incentives for participation. Possession of a mode of transportation assures community recognition and prestige; both represent a form of compensation. Both YN and CHFP staff regularly supervise YZ.

**Traditional communication.** Another critical factor of the *Zurugelu Dimension* is utilisation of the community's traditional system of communication and mobilisation. In Kassena-Nankana communities, Chiefs hold traditional meetings called *durbars* in order to discuss issues of common concern or to rally participation for various community activities such as farm labour or development projects. Recognizing the effectiveness of this approach, the CHFP has adopted the use of *durbars* as a means to establish credibility and community support, as well as to serve as a forum for discussing project activities. *Durbars* are usually well attended by various community members, including Chiefs, sub-Chiefs, elders, youth, Assemblymen and women. The occasion involves speeches by community leaders and CHFP staff, and is made lively by drumming, dancing, and songs about health.



YZ on his daily rounds



Students act out a drama for a film

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**Nontraditional communication.** The CHFP has also introduced a nontraditional form of communication, which the communities have wholeheartedly embraced. The drama troupe is a very important part of the CHFP design. The troupe acts in films that are screened in communities during the evenings. Films of particular interest are on issues such as "Male Involvement in Family Planning" or "Female Genital Mutilation". The scripts are written by a CHFP staff member and acted in either of the two main languages of the District by students of Saint John Bosco's Training College in Navrongo. Every effort is made to ensure that the scenarios, dialogue, and characterization are a slice of Kassena-Nankana way of life. Though the subject matter is rather serious, it is subtly woven into a humorous and entertaining drama. Communities have indicated substantial interest in and appreciation for the films, as large crowds often gather and watch the films intently. At the end of every film show, a discussion session is held so that community members can ask questions or raise issues of concern. CHFP staff and a resource person such as a medical doctor, nurse or midwife are available to respond and offer clarifications. Though the logistics involved in film showings are often difficult, the overall impact of this initiative appears to be positive.

**Conclusion.** Implementation of a viable health service delivery scheme in rural, traditional Ghanaian societies requires support from traditional community leaders and networks. Additionally, modes of communication and task implementation must be adapted to suit the existing community structure. The CHFP has made a significant effort to incorporate each of these factors into its project design. Collectively termed the *Zurugelu Dimension*, these efforts offer the project a unique system of implicit accountability and sustainability. The CHFP experience has demonstrated that indeed, "cooperating together is strength".

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

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