



What works? What fails?



FINDINGS FROM THE NAVRONGO COMMUNITY
HEALTH AND FAMILY PLANNING PROJECT

Vol. 2, No. 6, February 2002

Navrongo Health Research Centre

MOVING UP THE HEALTH LADDER



Doorstep services at level A—CHO and CHC

Introduction

The Community Health and Family Planning Project (CHFP) is referred to as the Navrongo Project, though at the Navrongo Health Research Centre (NHRC) there are presently more than five ongoing major projects. The Government of Ghana has adopted findings from the project for implementing a National Health Service delivery initiative known as the Community-based Health Planning and Services (CHPS) Initiative.

Secret of Success

The success of the CHFP as opposed to similar programmes in the West Africa sub-Region stems from a unique combination of factors: deployment of the Community Health Officer (CHO) in the village; a system of village volunteerism that supports the nurse; mobilization of traditional authority through village health committees, and support of the political leadership of the district.

Complicated Cases

This combination of forces comes into play in all aspects of CHO work. One area of interest that has been discussed by project investigators and the District Health Management Team is the issue of referral. What happens when the CHO is confronted with a situation involving a client that she cannot handle? Such situations may involve seriously ill children, women with complications of labour or family planning clients who require specialized attention and need to be sent on to the sub-district health centre or the district hospital. In short, how do patients move up the health system from the community level where CHO and YZ are outfitted to handle a variety of the most basic ailments, to a hospital which is equipped to deal with complicated cases?

'Village Director of Health Services'

The CHO occupies a unique position in the village—she is seen as the village director of health services—an extension of the government health authority in the village. She is expected to lead the decisionmaking process as to when and how a patient should be sent upward in the health care hierarchy.

When to Say Go?

When should a patient be sent upwards in the system, from the village to a health center or hospital? Only CHO, who are trained to recognize cases requiring referral, can answer this question. How promptly CHO refer patients depends on their understanding of what constitutes an emergency and their ability to assess and classify a case as a complicated one. For example, if a CHO has been trained to know that Coca Cola-coloured urine in a patient is a sign of renal complications of malaria then she will effectively advise the parent that the child must go to the hospital.



A sub-district clinic (level B) is the first point of call for referral cases from the CHC

Special Instincts

CHO should be trained to quickly recognize conditions such as severe anaemia, convulsions, dehydration, and the need to refer such cases to the hospital. Training should help them acquire those special instincts that allow a health care provider to tell what is beyond his or her own capabilities or resources, without feeling guilty or incompetent. Awareness of what a prolapsed limb means in a woman in labour or what a fit in a pregnant woman implies, and the urgency with which CHO should facilitate transfer to hospital in each case is crucial to instill through regular training and retraining.

To Where Should the Patient be Referred?

The problem of whether a patient should be referred to a health center or a district hospital should be simplified for the CHO. All patients referred by her should go to the next level above her, that is, the health centre to see the Medical Assistant. Admittedly, in some cases, valuable time may be lost if patients are sent to a health centre instead of directly to the hospital. However, it is assumed that health centres will be manned by competent and experienced Medical Assistants and be logistically prepared to deal with many issues such as giving an IV infusion to a severely dehydrated child and cut short the long distance travel that would otherwise be made. A health centre must therefore have the prescribed cadre and resources to be able to handle at least 75% of the cases that are referred by the CHO.



A district hospital (level C is equipped to receive patients from levels A and B

How Do We Go to the Hospital?

This is perhaps the most discussed as well as the most difficult decision to be made in many parts of the world. People who live in communities that have accessible roads and telephones may take these for granted. In most parts of Ghana, there are no telephones and motorable roads are not commonplace. Dusty roads become muddy in the rainy season and floods wash bridges away. CHO must consult with community leaders ahead of any emergencies about what must be done. In many villages, the people can be so innovative and resourceful that situations that may appear hopeless from a distance may not be completely so. Throughout the developing world major innovations like converting a bicycle into a cart on which a child or a mother can ride and be driven to hospital has been seen in parts of Asia and South America.

Always Prepared

Before an emergency happens the CHO should first consult teachers, pastors, Chiefs, and other community leaders and devise a plan for the physical transfer of patients. Sometimes the main issue is lack of money to hire the only village truck to send a bleeding woman to the health centre. The community should be sensitized ahead of time to create a sort of common fund to deal with such situations. An established CHO should alert pregnant women about the possibility of transfer and have them prepare ahead for such possible situations through organizations like mother's clubs. It is possible to get all nursing mothers with children under one year to contribute a chicken each and sell them to create a children's transfer fund. The CHO should effectively make the community responsible for how a patient gets to the next referral level. There is always the danger of taking on this responsibility alone. This is not strictly a medical issue, but an issue that must be taken up by Assemblymen and Women in the village, the Village Health Committee, and other identifiable groups and opinion leaders.

The District Health Management Team should provide all referral cases with cards that indicate that a client or a patient has been referred to the hospital. This entitles the patient to priority attention at the referral point. Under no circumstance should a referred patient be treated as a new case and made to start at the beginning of the health system. They must be seen as having already been taken into the custody of the health system from the village level and treated as such. There should be feedback to the CHO at the periphery to help them recognize shortfalls in patient management.

Conclusion

The use of walkie-talkies to solicit assistance in case of emergency would clearly boost efficiency in the health service delivery chain on account of referrals. Roger, Roger, can you hear me? Help needed, over!

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

Navrongo Health Research Centre, Ministry of Health, Box 114, Navrongo, Upper East Region, Ghana
What_works?@navrongo.mimcom.net

This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, is hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programs, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation.