



What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY
HEALTH AND FAMILY PLANNING PROJECT



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Navrongo Health Research Centre

WHEN WHAT WORKS FAILS

The Navrongo experiment, first launched as a pilot in 1994, tests the mortality and fertility impact on primary health care of mobilizing untapped resources and shifting the locus of care delivery. Under the experiment's *zurugelu* (togetherness) dimension—which seeks ways of involving communities in the planning, delivery, and supervision of primary health care—essential drug revolving funds are established to sustain the replenishment of drugs and local operation costs. The first supply of drugs procured by the Community Health and Family Planning Project (CHFP) serves as the basis of the revolving fund. Funds generated by prescriptions are passed on to supervisors who are responsible for replenishing supplies. Health volunteers called Yezura Zenna (YZ) dispense drugs that are maintained in a community pharmaceutical kit managed by a health committee called Yezura Nakwa (YN). The YN manage accounts and replenish YZ supplies. Supervisors, in turn, check accounts and replenish YN pharmaceutical kits. The YZ and Community Health Officer (CHO) service operations generate resources for the District Health Management Team (DHMT) to use at the Central Medical Stores for restocking supplies.

This system for managing the revolving fund has generally worked well—but there have been exceptions. Box 1 recalls when something went amiss with the drug management system in Nabio-Batiu, a small community in the *zurugelu* cell where volunteers provide preventive and curative health care.

While health committees typically work, they sometimes fail. The Nabio-Batiu incident is an example where procedural safeguards of checks and balances failed. When a health committee manages a box of pharmaceuticals, extraordinary attention must be directed to supervisory support and community diplomacy. Too often, volunteer schemes are viewed as a substitute for investment in management, professional community liaison, and training. But the Nabio-Batiu example demonstrates the need to combine professional leadership with volunteer action. The fact that volunteers are unpaid does not make their work less complex. The health volunteer collects drugs from the DHMT and gives them to the health committee Chairman who maintains records and secures storage. On demand, the health volunteer and health committee Secretary seek supplies from the stock, and replenish funds as drugs are sold. This requires planning and anticipation of the need for new stocks. Either the DHMT must supply the Chairman, or there must be provision for the committee to obtain drugs from district stores. This is a process where relationships, integrity, and leadership are crucial. Breakdowns can occur that are difficult for communities to resolve.

Box 1

The communities of Nabio-Batiu choose their health committee, which in turn chooses its Chairman. The health committee dismisses its Chairman over missing drugs. The Chairman refuses to quit and there is a stand off! Seemingly small problems became major. The YN Chairman kept the drug box and the key, and yet 120,000 tablets of Paracetamol were soon missing. He and the YN Secretary were asked by the community leaders to refund the cost of the missing drugs. When this couldn't be readily resolved, the Secretary was dismissed and the YN Chairman was cautioned. Later, when condoms disappeared, and 200 additional Paracetamol tablets couldn't be accounted for, the YN dismisses the Chairman and tells community elders to drop him as a health committee member altogether. At an elders meeting, the YN Chairman was instructed to give up the drug box—but he refused to comply. A new YN Chairman was appointed and his name submitted to the CHFP but he could not begin his functions because the drugs were still unaccounted for. Besieged by his community, the former YN Chairman claimed that he did not object to losing his YN Chairmanship and giving up control of the drug box, but he would not accept being dismissed as a health committee member altogether. The elders and the health committee disagreed, claiming that committee members who had engaged in misconduct could not continue on the health committee. Ultimately, the community resolved the issue and the YN Chairman was replaced without further incident.



Project staff assist Nabio-Batiu health committee resolve disagreements under the tree

In the Nabio-Batiu case, the health committee and elders had a point in dismissing the health committee Chairman, but they possibly went about it badly. There is probably more to this story than meets the eye. Perhaps political and clan issues made the health committee toughen their stand against the Chairman, or such problems led to his indiscretions in the first place. When drugs are provided to communities, it is necessary to anticipate such problems, and to develop strategies for resolving clan conflicts, social discord, and political polarization.

Isolating volunteers from CHO does not work. The Community Health Compound (CHC), where nurses are relocated in the

rural areas, has become the symbol of efficient health care delivery at the village level. As a one-stop health service delivery post at the community level, a trained paramedic equipped with a motorbike, basic drugs, and equipment for primary health services is relocated from a sub-district clinic to the community. Throughout the Kassena-Nankana district communities have become partners in health care delivery. Once a community embraces the concept of a CHO relocating to their midst, it becomes its responsibility to provide a dwelling place for the nurse. Also, the nurse becomes a technical supervisor of the health committee and volunteers. When YN shift their focus from the drug kit to health mobilization, their support becomes crucial to the programme and prospects for conflict diminish. For example, if a CHC is not readily available, which often happens, a new one has to be built. Resources are mobilised locally, and health committees can coordinate this process. Health committees can support the work of nurses and drugs can be maintained at the CHC. Community discord is reduced if volunteers are health mobilisers, and health committees support care rather than maintain stocks of drugs. Once the nurse is in residence she becomes part of the community. In turn, the YN can assume responsibility for taking care of her; ensuring her safety, security and comfort. By using the YN and YZ as mobilisers, what usually works always works. But when communities are involved in managing drugs, what usually works sometimes fails. This notwithstanding health committees have a crucial role in supporting the CHO where CHO are posted to the community.



What works is for the nurse to reside in the community and reach all immunisable children

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