

Ghana — BASICS II Country Program

National development plans for this country with a population of about 20 million include a focus on basic education and health services, particularly for those most vulnerable. The World Bank estimates per capita income in 1999 provided the approximate equivalent of \$1,850 in purchasing power in the United States; 59% of the population is considered extremely poor.¹

Child Survival Program Overview

At the request of the Ministry of Health (MOH), BASICS II began work in Ghana in 1999 by assisting the implementation of an integrated management of childhood illness (IMCI) strategy. The Project supports government initiatives to implement improved health service delivery at the community level by focusing on integrated child health and nutrition activities. BASICS II, in collaboration with the World Health Organization and UNICEF, provided technical assistance to the MOH for the adaptation of the national IMCI approach for Ghana. BASICS II expects to work in Ghana through the end of the project in June 2004.

Technical Approach

BASICS II assists the MOH's goal to improve child health at the community level through support of the national Community Health Planning and Services (CHPS), the national Roll Back Malaria (RBM) program, community-based growth promotion (CBGP), and through improved communication to reduce immunization drop-out rates. Wherever

possible, CBGP activities are linked to the immunization, curative, and supervisory services provided by the CHPS and other health providers and to the services of chemical sellers who are trained in the RBM program to help manage fevers in children.

BASICS II began work in four districts selected by the MOH for early implementation of the IMCI approach. However, through collaboration with the MOH and donors at the national level, as well as international and local non-governmental organizations and community institutions, IMCI implementation is to be expanded to 14 additional districts, with plans to add 12 more in 2003.

Interventions

BASICS II support to the MOH assists the operationalizing of the national IMCI approach. Activities include assisting with the adaptation of materials, improving the case management skills of health workers through training, strengthening on-the-job supervision of trained health workers, and helping to develop the community component of the IMCI approach. At the national level, the Project supported the development of a

1. Population, Health, and Nutrition Information Project. 2002. *Country Health Statistical Report: Ghana*.



strategy for IMCI at the community level that seeks to strengthen links between health facilities and communities. The Project has been instrumental in the formation of a coalition of non-governmental organizations and private voluntary organizations for IMCI at the community level. The coalition serves to update members on issues related to child health and nutrition and to share strategies that involve the community.

IMCI at the Community Level

Providing a framework. BASICS II worked with the MOH and other partners to launch community-based interventions to reduce child morbidity and mortality using the IMCI at the community level framework in four early implementation districts. An integrated child health survey (ICHS) established baseline information for the interventions. The results of the ICHS attracted the interest of participants at a meeting to present the framework. With Project support, consensus was reached among the government and non-governmental organizations on a national IMCI at the community level approach, with expansion to a total of 30 districts. The ICHS results, which indicated that 77% of children with fever are cared for outside the home, with 51% seeking care from a pharmacy/chemical seller and 38% from the

formal health sector, support the Project's plans to work with the MOH, Roll Back Malaria, and other partners to develop a national strategy for incorporating chemical sellers in the treatment of fever. The results also support the Project's IMCI training to improve facility-based care.

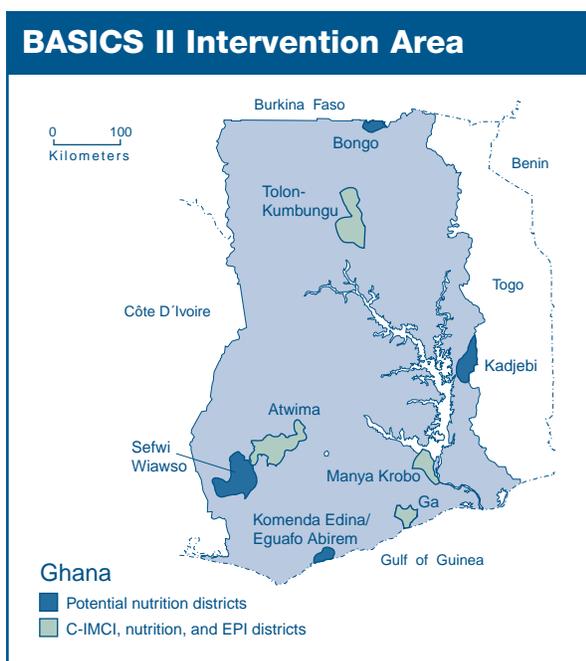
Nutrition

Support for Community-Based Growth

Promotion. BASICS II worked closely with the Nutrition Unit of the Ministry of Health to define national and technical guidelines for community-based growth promotion and to develop CBGP activities. The Project helped develop growth promotion manuals and counseling cards and train community health workers in the CBGP approach. These materials are being used nationally by the MOH and non-governmental organization partners. The Project expanded its technical support of the four early IMCI implementation districts to include the four districts of the newly approved World Bank-supported Learning and Innovation Project, which has CBGP as one of its main components.

Immunization

BASICS II initiated the formation of a Communication Standing Committee for the Expanded Programme on Immunization (EPI), which developed regional EPI communication plans and budgets and began implementation with districts. BASICS II continues to work with district health teams to review plans for routine EPI and polio eradication and coordinates communication and social mobilization activities with other sectors, particularly nutrition. The Project worked with the MOH and national partners such as UNICEF, the World Health Organization, and MOST to develop an integrated communications plan for EPI/Surveillance and vitamin A supplementation to achieve high coverage in both areas.



Health Status Overview

Total population of Ghana	19.9 million ^a
Under 5 mortality (CMR)	101.8/1000 live births ^a
Infant mortality (<1 year) (IMR)	56/1000 ^a
Neonatal mortality (<1 month)	29.7/1000 ^b
Low height for age < 3 years (<2 SD)	19.2% ^a
DPT3 coverage (among children 12–23 months)	72% ^c

a. PHNIP Country Health Statistical Report: Ghana, March 2002 Reference Document.

b. Ghana Demographic and Health Survey, Ghana Statistical Service and Macro International Inc., 1998.

c. WHO Vaccine Preventable Disease: Monitoring System, 2001 Global Summary, WHO/Geneva, 2001.

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Key Partners

Ministry of Health:

- Maternal and Child Health/Family Planning Unit: *center for planning and implementation of IMCI activities*
- Nutrition Unit: *counterpart for nutrition activities; member of IMCI committee*
- EPI Unit: *counterpart for national-level immunization activities*
- Health Education Unit: *national-level communication and behavior change (CBC) strategy formulation and development*
- District health offices: *planning activities at the district level*

WHO:

- IMCI and immunization development and implementation at the national level

UNICEF:

- IMCI development, C-IMCI implementation, immunization

World Bank Learning and Innovation loan facility (LIL)

(loan agreement to support community-based food and nutrition security in selected districts):

- community-based growth promotion activities

MOST Project (USAID):

- testing sustainable approaches to vitamin A distribution

LINKAGES Project (USAID):

- consultative research on child feeding, communication for behavior change

PLAN International:

- community-based health activities

Others:

Ghana Red Cross (GRC), Adventist Relief Agency (ADRA), Africare, and Project Concern International (PCI)



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Partners: Academy for Educational Development (AED), John Snow, Inc. (JSI), and Management Sciences for Health (MSH).
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