



What works? What fails?



FINDINGS FROM THE NAVRONGO COMMUNITY
HEALTH AND FAMILY PLANNING PROJECT

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Navrongo Health Research Centre

BRINGING CAIRO TO KAYORO

This issue of *What works? What fails?* is one in a series of interviews conducted with Paramount Chiefs to hear their impressions of the Community Health and Family Planning Project

You have been Paramount Chief here since 1988, just at about the same time that the Navrongo Health Research Centre (NHRC) started. Has the NHRC had any impact on health in your paramountcy? (If yes): Could you explain by giving examples?

Before the intervention of the NHRC, there were many diseases for which we could not find the appropriate medicine to cure. The NHRC has helped to eradicate most of these diseases—especially those that bother our children like convulsion. It has also addressed fever and malaria cases in my community. The Centre has provided us with insecticide-treated mosquito nets over the years and this has helped in no small way to quell malaria. Whooping cough is now also under control.

Did anyone from the NHRC come to talk to you about the Community Health and Family Planning Project (CHFP)? Can you describe the first such occasion when someone from the NHRC came to talk to you about the CHFP?

It seems so long ago to me to recollect things word for word.

In general, what was discussed at that time, and what were your immediate impressions?

They said that they were coming to help us improve our health—by providing us with health services from house to house, checking and investigating diseases, ensuring safe delivery, and monitoring children’s health. We initially thought the NHRC came to work only on children but as time went on, its services widened to include adolescents, pregnant women, and finally the entire community.



Some workers report that there is community apathy about the CHFP. Does this happen in your community? (If yes): What have you done to address such issues?

There exists cordial relations between the community and the nurse and they come out in numbers to work for the nurse—especially when it comes to maintaining her compound and giving her other related support. However, when people are busy with their own work such as farming, it is not always easy to organize them to do any other work. This is often an unfortunate situation but that is what happens when people are reduced to a choice between

survival and health. You need to understand that the farming season here is just once in a year, unlike in southern Ghana where people farm all year round. In spite of this, when things are critical, I always send for the elders and talk to them to select people to come and get some work done for the nurse and it is usually done.

You remarked that there has been control over several diseases especially those affecting children. Are there any aspects of health that you think have not been addressed under the CHFP? (If yes): What do you think should be added to the programme?

The work of the nurse has been really good but what is missing is to give her an adequate supply of drugs. There have been times that people go to her for medicine and she does not have it because she has run short. If drugs are made

available at her post, it will help us a lot. She also needs to store vaccines and drugs for treating snakebites—a common occurrence here during certain times of the year.

You know the sub-District Health Centre in Chiana caters to all of you and has been operating for over 30 years now. Why should you need nurses?

The Health Centre is very far from Kayoro. If someone is sick here, we have to carry the person on a bicycle or a donkey cart and this worsens the plight of the patient. The help given us by the nurse is therefore very enormous. We report all health matters to her at first for immediate attention so that by the time it gets worse, we might have been able to reach Chiana or the district hospital. This is the more reason why our nurse must not fall short of drugs.

A study has indicated that the ancestors are not averse to family planning. As a traditional ruler, do you agree with this conclusion? Why do you agree or disagree with this conclusion?

Family planning is very good for us today because of the economic hardships and scarcity of food. In those days, our ancestors had very fertile farmlands and they really harvested the benefits of their sweat but what happens today? We farm on the same piece of land and we get little or no harvest at all. The soil is exhausted. Planning our families will therefore enable us to take good care of our children since family planning guides us as to when to give birth and how many children to have.

The results of the CHFP have been used to develop a national health policy to be implemented across the entire country. The CHFP has equally caught the attention of the international community. Generally, how do you feel about your contribution towards this development?

The credit goes to the originators of the CHFP, that is, the NHRC and the Kassena-Nankana District as a whole. We do not emulate bad examples but rather examples that are beneficial and this bestows a good name on the originator of the particular work. But we can also share the glory of what has been achieved—it is well deserved.



With a corps of diligent volunteers in place to assist the nurse, health care delivery can be sustained at the community level

What can you and your people do to enhance the work of the NHRC?

What we can do is readily embrace and support any new project or idea that the Research Centre brings to us. Another thing we can do is ensure that the facility being put up to assist in health work will be watched over and maintained by our own people.

What's that structure all about?

What you are seeing is a new community health compound for the nurse. It is a joint project by the people of Kayoro, the District Health Management Team (which includes the NHRC), the Kassena-Nankana District Assembly and the Vanderbilt Family in the US. It is a *zurugelu* project.

What else can you do for the nurse to make her happy to stay here and do her work effectively?

We are ready to help her if she chooses to farm. We can give her a piece of land and also assist with labour. We are willing to support her ideas which she thinks can help her do her work much better.

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