Ghana

Engaging Community Health Advocates, Traditional Leaders, and Youth

_In Ghana, the ENABLE project focused on assisting non-governmental organizations to implement family planning, reproductive health, and HIV/AIDS services and promote an enabling environment that strengthens women’s decision-making abilities._

**Major areas of work during 1998-2003 were:**

- Providing youth-friendly reproductive health services through peer health educators and community-based distributors (CBDs).

- Fostering religious communities’ involvement in provision of family planning and reproductive health (FP/RH) information and services.

- Utilizing traditional social structures to promote awareness of people living with HIV/AIDS and encourage the adoption of safer sex practices among community members.

- Expanding communities’ ability to mobilize financial and material resources for safe motherhood initiatives.

- Sensitizing local government authorities, teachers, nurses, community members, and religious leaders to the harmful effects of female genital cutting (FGC) and enlisting them as advocates for its abandonment.

**Reproductive Health Services for Youth and Teachers**

To close the gap in knowledge for youth with regard to sexual and reproductive health, and to promote behavior change for safer sex practices, CEDPA worked with four non-governmental organizations — Muslim Family Counselling Services (MFCS), Young Women’s Christian Association (YWCA), Young Men’s Christian Association (YMCA), and the Ghana National Association of Teachers (GNAT) — to deliver HIV/AIDS prevention education and RH services to youth and vulnerable populations.

- MFCS trained 170 peer educators who formed a peer educator network that generated 2,199 couple years of protection (CYP) through condom and vaginal foaming tablet use. MFCS also set up a youth center.

- YWCA provided reproductive health services to 65,735 vocational school girls, female trade apprentices, and reproductive-age women through CBDs, mobile health clinics, and peer educators. It was one of the first organizations in Ghana to introduce the female condom into its program. The YWCA services generated a CYP of 6,545, including male condoms, pills, vaginal foaming tablets, and female condoms.
YMCA provided RH information, education, and services to young men and women in border communities in the Volta Region and established three centers to provide youth with counseling services, recreational facilities, and libraries. Peer educators, adult educators, and CBDs provided more than 435,000 condoms plus nearly 100,000 vaginal foaming tablets, achieving a CYP of 6,545.

Through a partnership with GNAT, 200 teachers in the town of Dodowa had increased access to condoms, resulting in the distribution of more than 30,000 condoms in 10 months.

**Enlisting Community and Religious Leaders in the Fight Against HIV/AIDS**

Through its partnership with YWCA, CEDPA has collaborated with Queen Mothers and *magajias*, traditional female leaders, to address the impact of HIV/AIDS in the community. While the Queen Mothers inherit their titles, *magajias* — traditionally of the Muslim faith — are socially active women who are chosen by members of their community. Traditionally, both groups of women have power and influence in their communities. Although their roles have changed over time, they have proven to be influential in increasing awareness about and sensitivity to issues surrounding HIV/AIDS.

To date, 31 Queen Mothers and *magajias* from the Ashanti, Brong Ahafo, Central, Eastern, Greater Accra, and Volta regions have been trained in sexually-transmitted infections (STIs) and HIV/AIDS education, prevention, and support. They are now working in their communities to reduce stigma for people living with HIV/AIDS and to provide HIV/AIDS prevention messages.

MFCS enlisted 1,425 women leaders to organize educational campaigns on HIV/AIDS in their communities.

GNAT has educated 15,000 community members and teachers about the importance of dual protection against HIV/AIDS and unwanted pregnancy.

**Abandonment of FGC**

Through its partnership with CEDPA, the Ghana Association of Women’s Welfare (GAWW) initiated a sensitization program for the abandonment of FGC in three communities within West Mamprusi District. The program focused on raising awareness among local government officials about the harm of FGC and working with them to abolish FGC in their communities. In addition, local leaders held community gatherings on FGC attended by 2,000 community members.

As a result of the GAWW’s efforts in West Mamprusi District:

- Nurses at maternal health centers have begun collecting information on FGC from their clients to determine future directions for FGC programming.
- Five watchdog groups were formed to speak to parents of infant girls and avert further practice of FGC in the district.

MFCS has also been active in educating community leaders about FGC. It has mobilized 50 opinion leaders, 60 Imams, 50 women leaders, 20 nurses, 40 teachers, and 400 Muslim community members to advocate for the abandonment of FGC.

**Promoting Safe Motherhood**

In collaboration with the Amasachina Self Help Association, CEDPA has expanded the role of CBDs to include safe motherhood advocacy and education. In this role, they serve as safe motherhood volunteers to provide regular safe motherhood education and work with safe motherhood advocates to foster an enabling environment for sustainable behavior change. As a result of this program in the Tolon-Kumbungu District:

- Communities have abandoned the use of kalugotin, a local herbal oxytocin identified as contributing to ruptured uterus in pregnant women.
- All communities in the project area have developed plans for safe delivery at home as well as emergency plans.
- Communities in the project areas have started emergency safe motherhood funds and have established networks to ensure rapid dispatch of vehicles during obstetric emergencies.
- Emergency fuel depots have been established in two communities to ensure availability of fuel for transporting women to hospitals.

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