



MMS Bulletin #162

Travailleurs de la santé communautaire : des pionniers pour la santé pour tous

Promoting maternal and child health knowledge and practices through a network of female volunteers in Ghana

High impact of the mother clubs

De Kevi Evans

A health workforce of adequate size and skills is critical to the attainment of any population health goal. However, countries at all levels of socioeconomic development face, to varying degrees, difficulties in the education and training, deployment, retention and performance of their health workforce (WHO, 2016). Shortage of skilled health staff and the lack of the right mix of health care providers in the right place with the right resources is seen as serious bottleneck to providing quality health services. According to WHO, Africa, which is one of the world's poorest regions and which also have the greatest burdens of preventable disease, unfortunately have the lowest density of health workers (2.2 health workers per 1000 population), (WHO, 2016). The involvement of community health workers to bridge the gap between the communities, caregivers and the formal health system is now an established approach, particularly where there is inadequacy of skilled health staff and also to increase access to health services in 'last mile' communities.



Clean up exercise by Mothers' Club at Datuko Health Centre. Photo: © GRCS

MNCH - a major public health concern in Ghana

In Ghana, maternal and child morbidity and mortality are major public health concerns and remains the top health priorities of Ghana's Ministry of Health. The three northern regions of Ghana have the worst maternal, neonatal and child health (MNCH) statistics (GSS et al, 2015). The nationwide institutional maternal mortality ratio stood at 144,7 per 100'000 live births in 2017 (GHS, 2017). Additionally, the maternal mortality ratio from the general population was 308 per 100'000 livebirths and a lifetime risk of maternal death of 1 in 82 (GHS, 2020). In 2017, Institutional maternal mortality rate in Northern Region and Upper East Region where the project operates stood at 162.3/100'000 and 137.7/100'00 respectively (GHS 2017). These poor MCH indicators have been blamed on weak health systems as well as limited community participation and other socio-cultural factors that negatively affect the uptake of available healthcare services.

Many communities in Ghana live far away from health care facilities with limited access to health services. Many pregnant mothers refuse uptake of antenatal care services and facility delivery due to long distance travel from the community to the nearest health care facilities. Reaching these 'last mile' communities can be a daunting task for the formal health systems due to limited number of skilled health staff. For instance, WHO estimates the need of 4.45 doctors, nurses and midwives per 1'000 population as minimum density to achieve universal health coverage and the sustainable development goals. However, the human resource capacity of the operational regions; the Upper East and Northern Regions of the MNCH project is low:

Region / Ratio	Doctor: Population	Nurse: Population	Midwife: Population
Northern Region	1 : 11'130	1 : 479	1 : 854
Upper East Region	1 : 26'489	1 : 340	1 : 611
Overall Ghana	1.06: 10'000	0.93: 1'000	0.93: 1'000

Table 1: Human resource distribution in Ghana Northern Regions (GHS, 2017)

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To address the increasing realization of shortages of highly skilled health workers to meet the growing demand of health services by the rural population, the Ghana Red Cross Society (GRCS), a volunteer involving organisation, placed greater emphasis on the services of systematically and professionally trained female volunteers in mothers clubs. These volunteers are vibrant, respected and trusted women in their communities and are able to easily reach out to their fellow women and adolescent girls. The Mother Clubs are the agents through which the GRCS deliver most of their community-based health interventions.



Clean up exercise by Mothers' Club at Datuko Health Centre. Photo: © GRCS

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Strengthening and supporting the Ghana Health Services

The Mother Clubs are implemented by GRCS with strong collaboration at all levels with the respective structures of the Ghana Health Services (GHS) to complement government's efforts to improve reproductive health, behaviour change and reduce maternal and new-born deaths in the project communities. The GHS staff at the district and community level provide technical support in the training and supervision of the Mother Club activities. Below is the roles and responsibilities of GRCS and GHS.



- Downstream Ghana Health Service strategy and policy changes and updates to the project (GRCS HQ)
- Consolidate national level health indicators and statistics and share with the project (GRCS HQ)
- Exercise oversight responsibility over implementation & management of all components of the project including monitoring (Branch Level Project Staff)
- Community mobilisation and sensitisation on health matters. These are done through community durbars, house to house visits, composition of health-themed songs and community and health facilities clean up exercises (Mother Club Members).
- Detection of MNCH related danger signs (Mother Clubs)
- Referral and escort of pregnant women to the nearest health facilities for ANC and skilled delivery (Mother Clubs)



- Provide strategic direction on MNCH related issues in the region and determination of health indicators (Regional Level)
- Provide technical support in the design and production of IEC materials for use in the community (Health Promotion Officers).
- Provide technical support in the development and use of project monitoring tools (Health Promotion Officer and Midwives)
- Provide technical support during capacity building training of the MC members (Health Promotion Officers and Midwives)
- Provide technical support in the development of standard health messages for sensitisation activities (Health Promotion Officers)
- Provide technical support during major project activities - radio discussions, sketches on MNCH related issues and community durbars (Health Promotion Officers & Midwives)
- Ensure quality programming by providing supportive monitoring to Mother Club activities at the community level (Health Promotion Officers & Midwives)
- Provide technical support on the use of Social and Behaviour change communication materials during weekly meetings of Mother Clubs (Community Health Officers & Midwives)

The mandate of the Mother Clubs

The MNCH project works with over 3000 self-motivated Mother Club members in over 120 communities in Northern Ghana where maternal and child health records are poor. The activities of the Mother Clubs consist largely of community sensitization and mobilization processes to increase knowledge on MNCH, induce a behaviour change regarding disease prevention and improved access to health service. Specifically, the GRCS Mother Clubs serve as the link between the community and the health care facilities and provide the following responsibilities and tasks with no expectation of any reward or direct charge:

- The Mother Club members undertake regular house-to-house visits to provide MNCH related behaviour change messages and supervision services. They undertake health education and sensitisation exercises among community members, especially pregnant women in the various stages of their pregnancy – pre-natal, antenatal and post-natal, and refer them and accompany them to the nearest health provider.
- They also organise community meetings (so called “durbars”), interactive theatres and composed health-themed songs (edutainment) for play on local radio stations, community meetings/durbars and other social events. There were instances where the GHS provided them with health messages to compose songs and invited them to perform at launch of new health initiatives.
- The Mother Clubs offer also support to the Ghana Health Services health personnel during outreach programme especially child welfare clinics, immunization exercises and all disease

control activities. They assist by mobilizing and sensitizing community members and keeping order during outreach services of the community health officers. They also support the local health service, for example they do periodic clean up exercises at the health facilities, they raised funds locally to connect electricity to a health facility, requested for midwives to fill vacant positions in facilities, provided accommodation for midwives; purchased two delivery beds and fixed broken louvre blades at another health care facility.



Mothers' Club visiting postnatal mother and breast positioning. Photo: © GRCS

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Contribution of Mother Clubs to MNCH services delivery

The contributions of MCs have recorded demonstrable achievements. They are nationally recognized for their immense contribution in health service delivery; reduced and averted morbidity and mortality in mothers, newborns and children. Their sterling performances in community level health service delivery led to stronger linkages between the community and the skilled health workforce, particularly for maternal and child health care. Through their voluntary services, the MCs have contributed extensively to the health and well-being of their communities, in particular to the women and children in the project beneficiary communities. The flexibility and wide network of the MCs allowed a quick mainstreaming of COVID messages into their sensitisation activities to encourage pregnant mothers to continue to attend antenatal care and skilled delivery.

The end-line survey conducted on the MNCH project (End-line survey, Ghana 2020), showed increased adoption of skilled delivery from 69.5% in 2018 (baseline) to 73.8% in 2020 (endline). The percentage of women who had four or more ANC visits, increased from (50.9%) in baseline to (84.4%) in end-line survey. An indication that the work of the MCs complemented the efforts of GHS and contributed to increased deliveries at health care facilities. The project assessment report mentioned Mother Clubs as a driving factor for increased MNCH knowledge, antenatal care visits and skilled delivery (Project Assessment Report, 2020). The report indicated that the MCs support “groups to provide education, resolution and modification of community-based practice, rituals, attitude and behaviour of community members” (Project Assessment Report, 2020).

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Furthermore, the Mother Clubs contributed to reduce averse maternal health outcomes. Between 2018 and 2020, they reached out to a total of 8% (1'156 of 14'982) pregnant women, 4% (408 of 12'170) postnatal mothers and 4% (410 of 12'251) newborns with suspected danger signs and referred them to the nearest health facilities for medical care. 92% of the referred cases (suspected danger signs detected) reported to the referral medical facilities for further medical attention, indicating a significant change in health seeking behaviour in the communities through Mothers Clubs efforts.

The performance of the Mother Clubs has been highly commended by Ministry of Health and Ghana Health Services and a host of other development/health partners in Ghana. They are seen as the strong force for promoting positive health knowledge, influence positive attitudes and practices through active community-based health promotion interventions. The positive impact of the project facilitated the acceptance of the project in the community especially by

the chiefs and opinion leaders, who welcome their continuity. The approach through the MCs has gained high recognition by Ghana Health Services by the Regional and District Directors who on countless occasions requested for expansion into more districts and communities respectively. The GRCS lobbies at various levels that the Ghana Health Services integrate the Mother Clubs in the general health system, in order to achieve sustainability.



Mothers' Club member engaging pregnant woman and husband on birth preparedness and complication readiness. Photo: © GRCS

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Challenges encountered by Mothers' Club members in delivering their roles and responsibilities

Despite the high impact on MNCH indicators, influence on issues related to behaviour change and uptake of family planning remains low. Sometimes, the MC members report of verbal abuse by some community members, mostly men during their house-to-house sensitisation

activities for encouraging their wives to secretly accept family planning without their consent.

There are discrepancies in the management of volunteers by the various volunteer involving organisations in Ghana. As the GRCS go strictly by the volunteering concept, other organisations pay or give stipends to their community health workers on monthly basis. This results into high attrition rate especially among the young female members in the Mothers' Clubs. Overall, there is high cost of managing the Mother Clubs due to the sheer number. There is high cost of logistics, working tools and supervision costs for the volunteers.

Lessons learned

Project assessment report shows that integration of Mothers Clubs can lead to significant benefits for maternal and child health, increase in immunisation and effective response in health in emergencies interventions through social mobilisation and sensitisation activities.

With targeted investments and planning in coordination with health systems strengthening efforts, a network of female volunteer system by the Mothers Clubs is a great enabler to produce strong impacts on maternal and child health. The promotion of health dialogues, the cultural adequate edutainment approach of the Mothers Club members and composition of MNCH related and other health songs facilitated the delivery of positive MNCH messages and empowered community members with the knowledge of adequate health information.

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