

THE COMMUNITY DEVELOPMENT INITIATIVE IN ATSIKPOE-BATTOR



Health Situational Analysis, North-Tongu District.

A preliminary investigation for Health Project Design in Atsiekpoe.

(Process Report 3)

Written by Cindy Noordermeer-Panou – March 2015)

**Stepping Stones
for Africa**



CONTENTS

1. Introduction	3
2. Annual Fundraising Festival.....	4
3. Stakeholders Survey	5
Battor Catholic Hospital	5
Volo Health Centre	7
North-Tongu Health Directorate	8
North-Tongu District Assembly	9
4. Community Health Survey.....	10
5. Atsiekpoe Action Group for Development	13
6. Conclusion	14
7. Recommendations	16

1. INTRODUCTION

This is the third process report about the 'Atsiekpoe Community Development Initiative', a participatory approach to community development in Atsiekpoe. This initiative is spearheaded by Stepping Stones for Africa Foundation (SSFA) who works in partnership with Jolinaiko Eco Tours (JET) on bringing development to eco-tourism destinations. We recommend to read the first two process reports which provide more background information about the stakeholders of this initiative and the steps that has been taken so far. The first process report describes the community participatory appraisal that was conducted in October 2014 to identify development problems and opportunities in Atsiekpoe. The second process report describes the needs prioritization process conducted in December 2014, where the community ranked 'improving health care' as their main development priority in 2015.

The second report also clarifies what the community understands by 'Improving Health Care', which is a very broad topic. Three preliminary solutions for improving health care derived from the discussions, namely:

- Better access to the existing health care facilities
- Availability of a small two-bedded clinic to address minor health issues and first aid.
- Awareness on what makes people sick and knowledge and ability to prevent or treat this sickness.

Short-term actions were formulated as a follow-up, namely:

- ✓ Dedicate the **annual fundraising and home-coming festival** that is celebrated every last Saturday of the year to 'Improving Health Care'. This was decided to ensure that natives, including those who migrated to other towns and regions, as well as invited stakeholders are informed about the direction the community has taken in terms of development. Secondly, it will provide funds for the project we are yet to design which is a great starting point. Furthermore, it's a platform that could immediately be used for health education.
- ✓ Conduct a **stakeholder analysis**, which means interviews at district administration level and health facilities, to understand the health situation in the district, including available health services and programs. It will also provide direction for establishing a health post, and possible partnerships.
- ✓ Conduct a **community health survey** to better understand the health concerns of the people in Atsiekpoe.

This report describes the outcome of these short-terms actions. The results are given in Chapter 2 and a conclusion in Chapter 3, and recommendations in Chapter 4.

Development needs ranked as highest priority in Oct. 2014

- ✓ Improved Health Care
- ✓ Safe drinking water
- ✓ Sufficient streetlights
- ✓ Maintenance Culture
- ✓ Work/Jobs
- ✓ Sufficient household latrines
- ✓ Appropriate Technology
- ✓ Improved Sanitation

2. ANNUAL FUNDRAISING FESTIVAL

Every last Saturday of the year, the people of Atsiekpoe celebrate the Atsiekpoe Neny Festival. This fundraising and home-coming festival was initiated 2001 with the intention to generate funds for electricity poles. Communities needed to provide these poles before the government could connect them to the national grid for electricity supply. The funds that were generated during the first festivals were used for the electricity project, and later followed by other projects such as construction of a canoe and provision of an out-side board motor, building materials for community house-hold latrine project and the museum/tourist office. It's a one-day festival where natives including those who migrated, friends, tourists and other stakeholders are invited.



The community had decided to dedicate the 2014 edition of the festival to 'Improving Health Care', precisely for the construction of a health post. There was a very good atmosphere, and the Masters of Ceremony Mr. James Tuna Agbodah and Mr. Jerry Gadeka Gborglah, the latter being a chief driver at Battor Hospital, made everybody willing to participate in the festivities. The festival was chaired by Mr. Enoch Afudego and Mr. Emmanuel Ametefe. An amount of 2300 GHC plus 20 bags of cement was generated, an encouraging start of the project.

Two health educational activities were organized the evening prior to the festival. Benjamin Akatti, a native working as a nurse at Battor Hospital, educated the community on ebola prevention. Jana Sachwitz, a trainee medical doctor working as an intern at WAAF/IHCC, spoke about sexual transmitted diseases and visualised the spread of these infections by using candles. Both talks were well received by the community.



3. STAKEHOLDERS SURVEY

Information about the health situation and medical services in North-Tongu district was obtained from the following stakeholders:

- Battor Catholic Hospital
- Volo Governmental Health Clinic
- North-Tongu Health Directorate
- North-Tongu District Assembly

BATTOR CATHOLIC HOSPITAL

An interview with the administrator of Battor Hospital, Mr. Donal Adalatey, was organized at Wednesday 21 January. The interview was conducted by Cindy Noordermeer-Panou. Other representatives present were Mr. Ameko, Mr. Chuku and Benjamin Akatti. Benjamin is also a native from Atsiekpoe but works as nurse at the surgical department in Battor Hospital.

The first set of questions were focused on Battor Hospital followed by questions on Atsiekpoe on whether a health post is a liable idea. A summary is given below (full interview available on request).

GENERAL INFORMATION ABOUT BATTOR HOSPITAL

The positive image of Battor Hospital derived from the history. For a very long time, there was no single doctor in the area from Tema to Sogakope. There was only one doctor in Adidome who undertook outreach visits to Battor by bicycle. It was a great joy when a German doctor decided to settle in Battor. She was specialized in gynecology and other women health issues and her outreach work through the entire country made her and the hospital known. According to the administrator, this doctor set the standard for quality from the beginning and this is still being maintained and contributes to the positive image of the hospital. For example, the surgery department has become stronger overtime as doctors who worked in the hospital but had to leave, always decide to come back to serve the hospital. Mr. Adalatey continued by explaining that patient care is important and every patient who comes to the hospital sees a doctor before he/she leaves. "In a nutshell, it's the up-standard medical services including the number doctors we have, and the patients who are our ambassadors sharing this positive information".

In terms of organization and administration, the hospital is part of the National Catholic Health Services (NCHS) and technically owned by archbishop of the arch deaconesses of Greater Accra. The archbishop appoints senior and executive members of the board. National policies are implemented through the NCHS. The NCHS together with other faith based hospitals fall under CHAC which is part of the ministry of health. Other groups, apart from CHAC, are the governmental hospitals and the private hospitals and maternity homes.

SERVICES OFFERED BY BATTOR HOSPITAL

The hospital offers general medical services, however their specialization is still surgery and gynecology. Advanced technology is available such as colposcopy to detect and treat cervical cancer. Furthermore, they have a maternal and child health department, and offer mental and reproductive health (including HIV/AIDS) services. Skilled staff is a challenge as they don't have a physician and pediatrician, and only four anesthetists.

There is no emergency department yet and critical sick or injured patients are seen at the OPD or wards, however an emergency department is being built at the moment. Patients have to find their own means of transport to the hospital as there is no boat serving the riverbank communities in case of an emergency. According to Mr. Adalatey, this is also not a service the hospital is likely going to offer but should rather be a private initiative.

Most of the public health activities are under the district (GHS), but the hospital is engaged in outreach activities on maternal and child health in the riverbank communities, and occasionally eye screening.

COMMON DISEASES SEEN AT BATTOR HOSPITAL

According to Mr. Adalatey, it's hard to tell if there's correlation between the top ten diseases seen in the hospital and the environmental factors of the riverbank communities as many of the clients seen at Battor are coming from other places outside the district, like Greater Accra and other regions in Ghana. Looking at the top 10 disease, some diseases could have that relation however this hard to proof as there are no official statistics. For example, skin problems could be caused by the river, but this could also be caused by the fact that there are many rice farmers in the area who are using chemicals. However, bilharzia has a high prevalence. In response, the district is supposed to distribute medication and weed alongside the riverbank, however he is not sure if this is being done.

Top 10 diseases Battor Hospital

1. Malaria
2. Gynaecological problems
3. Anaemia
4. Hypertension
5. Rheumatic and Joint problems
6. Urinary Tract Infections
7. Intestinal worms
8. Skin problem/ulcers
9. Cardiac disease
10. Eye disease

IMPROVING HEALTH CARE IN ATSIKPOE

Cindy explained that the people of Atsiekpoe have chosen 'improving health care' as their focus for 2015 and their ultimate aim to establish a first aid/health post in the community. She also explained that they have already been able to raise some funds for this project which explains their proactivity on this topic. Mr. Adalatey responded that he was very pleased by the participatory approach instead of an outside organization forcing this project on them. However, he emphasized the challenge of running a clinic in terms of personnel, technology etc. He would rather recommend a CHPS-zone which is a basic health center under the GHS where minor ailments are being treated and where basic health personnel could decide if somebody needs a referral. He also added that it prevents people from going to the herbalist. "Even though I doesn't have a problem with herbalism in general, it lacks proper administration. If a herbalist advises you to take a cup of this medicine, how big is your cup and how old is the tree you are advised to use the bark from?"

RECOMMENDATIONS AND COLLABORATION

Mr. Adalatey advised that, assuming Atsiekpoe succeeds in establishing a CHPS-zone, provision should be made for an extra room and a midwife should be involved knowing the number of pregnant women. He also mentioned the high prevalence of teenage pregnancies. Another organizations he recommended to contact are the District Health Directorate and the Korean International Development Agency (KIDA) who are based in South-Tongu. The role he sees for Battor Hospital is using the CHPS-zone for outreach activities. The final remark is that he's a positive supporter of the idea.

VOLO HEALTH CENTRE

The Health Clinic in Volo has frequently been mentioned by people in Atsiekpoe as well as by the stakeholders above and therefore Cindy decided a spontaneous visit at Friday 23 January. The clinic is located at a 30 minutes motorcycle journey from Atsiekpoe. She met the community health nurse Mr. Goerge Wellington with who she conducted an interview. A summary is given below.



GENERAL INFORMATION ABOUT VOLO CLINIC



The Health Centre is a Class M clinic, which means that the clinic is headed by a midwife. Other staff members are four community health nurses and a health assistant. Class M classification means that maternal health services are the main services offered, however they also run a general clinic and offer reproductive and child health services. Critical cases are referred to Battor Hospital and these are often severe malaria patients who waited too long before seeking medical help. Officially, 14 communities fall under the catchment area of the clinic, however inhabitants from other communities do also patronize their services. Outreach activities are conducted in the same 14 communities, mainly on maternal and child health, and reproductive health.

COMMON DISEASES SEEN AT VOLO HEALTH CENTRE

According to Mr. Wellington, the diseases seen in the clinic have a very strong correlation with the geographic factors of the riverbank communities. The number one disease is diarrhea followed by malaria, skin infections and urinal tract infections. River borne diseases such as Onchocerciasis are common underlying causes.

He mentioned the positive effect on the health situation in Volo after treated drinking water has been provided to the people through the support of the World Water Organization. However, most of the patients come from riverbank communities where polluted river water is still the main source of drinking water. He explained that the disease burden in this clinic is very different from Battor Hospital, which is obvious as they serve a much wider geographical area.

Main diseases seen at Volo Clinic

1. Diarrhea
2. Malaria
3. Skin Infections
4. Urinal Tract infections.

Waterborne diseases form polluted drinking and bathing water or often the underlying cause of the problems seen.

HEALTH POST IN ATSIEKPOE

Mr. Wellington welcomed the idea of a CHPS-zone in Atsiekpoe as this brings health care to the doorsteps of the people. It's still an effort to find transport and come all the way to Volo or Battor, and a CHPS-zone makes it much easier for people to consult medical services. A CHPS-zone is under the Health Centre, and could liaise with the clinic in Volo in terms of referral.

RECOMMENDATIONS AND COLLABORATION

We asked about the most important topics for health education programs, and Mr. Wellington suggested environmental health which means hygiene and sanitation. He also recommended to educate people on how to care for older people and children. Finally, he advised us to contact Water Health Organization to find out if they could assist Atsiekpoe in obtaining clean drinking water. The possible collaboration he sees between a CHPS-zone and Volo is referral of medical cases, especially because they are about to open the by Samsung sponsored extension project offering additional services.

THE SAMSUNG SOLAR POWERED HEALTH CENTRE

We were positively surprised by seeing light blue sea containers brightening the dry savannah landscape. We were even more excited when we entered the compound and discovered that these containers are transformed into innovative solar-powered offices and health facilities, such as rooms for eye, ear, in-vitro and ultra-sounds diagnostics and counseling. It also includes a solar-powered internet school. According to Mr. Wellington, the containers are fully equipped and opened soon and staff will be provided by the District Health Directorate. Strong lobbying through different channels brought the project this innovative project to the small rural town of Volo, and this will certainly benefit the people in Astiekpoe as well.



NORTH-TONGU HEALTH DIRECTORATE

The first meeting with the North Tongu Health Director, Mr. Evans Atifo, took place at 3 February. This was a short encounter where we introduced ourselves and explained the initiative and aim of establishing a health post. Mr. Atifo immediately explained the CHPS-zone formula and his ultimate aim to provide a CHPS-zone in every electoral area. He welcomed our initiative and the proactive approach of the people of Atsiekpoe.

GENERAL INFORMATION ABOUT NORTH-TONGU HEALTH DIRECTORATE

The main mandate of the District Health Directorate is planning and supervision of health care delivery in the district and translating national policies in the catchment areas. The main current objectives are related to health care accessibility, service delivery, promoting healthy lifestyle, good governance and data management.

The challenges related to health care in the district are the poor accessibility of health care facilities as people have to travel long distances to reach a clinic or hospital, the financial accessibility of health care, and the lack of transport means for the community health workers to do outreach work to remote and deprived areas. Establishing a CHPS-zones is therefore high on the priority list of the Health Directorate, and he welcomes the partnership.

When we spoke about the main disease burdens in the district, the director spoke about malaria, upper tract respiratory infections, high blood pressure and other life style related disorders. Also the increase of teenage pregnancies is alarming. The district does not have specific objectives linked to the fact that most of the communities in the district are situated on the riverbank, but he recommended to contact the Water and Sanitation Department.

ESTABLISHING A CHPS-ZONE IN ATSIKPOE

Mr. Atifo kept his promise and visited Atsiokpoe at 4 February. In the meantime, the community allocated land for this project. Mr. Atifo confirmed that Atsiokpoe meets the criteria of having a CHPS-zone, a clinic run and staffed by the government. There is not yet a CHPS-zone in the electoral area, the population will be high enough reached the required number, and the community and its stakeholders is committed to provide land and support to construct the building. He further explained that even though CHPS-zones are a priority of the government, there is no budget for establishing these facilities and therefore this is the responsibility of the communities itself. The only CHPS-zone that is being constructed for that purpose is the clinic in Nyatikpo. The stakeholders of this project are the Member of Parliament, the health insurance and the district assembly and the community offering community labor. Staff and equipment is mainly the responsibility of the district assembly.

Another area of collaboration Mr. Atifo mentioned is the training of health personnel. If the CHPS-zone is being constructed, a community health team should be trained to assist the health professional who is stationed n Atsiokpoe. Another idea is providing sponsorship to bright students to study nursing or midwifery who after they have finished their education, will be stationed in the district.

An obstacles Mr. Atifo recognized was the relationship with the neighboring community and the discontent of the assemblyman about the project in Atsiokpoe. This issue should be ironed out before a final go-ahead could be given by the district.



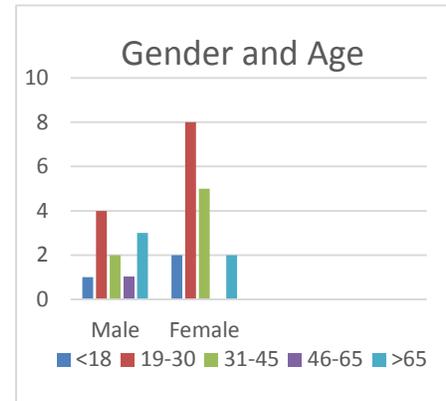
NORTH-TONGU DISTRICT ASSEMBLY

We visited the District Assembly at 3 February where we officially introduces ourselves and the partnership with the Atsiokpoe to the assistant of the District Chief Executive (DCE), Mr. Augustin. A constructive meetings was held at 26 March after we finally received the permission to start the establishment of a CHPS-zone in Atsiokpoe. It has taken the people of Atsiokpoe almost two months to iron out the minor misunderstanding with the neighboring community. We appreciate the action taken by the District Coordinator who finally clarified the issue and gave us the approval at 26 March under the condition that we closely collaborate with the District Assembly. The Planning Officer, Mr. Sylvanus and the engineers of the District Assembly need to endorse the building plan an involved in the construction process.

4. COMMUNITY HEALTH SURVEY

This chapter describes the outcome of the health survey among members of the Atsiekpoe community that was carried out to understand their perception of health. Health questionnaires were designed by SSFA and given to members of the Action Group for Development (See Chapter 5) who were asked to interview 50 community members from different age groups. This chapter describes the outcome of this survey.

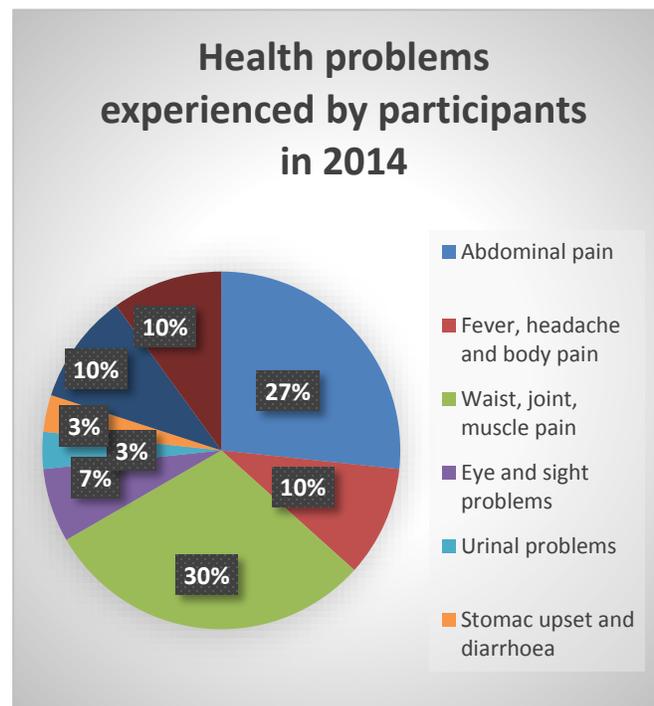
The Gender and Age graph explains that in total 29 community members participated in the survey. The majority of the participants belong to the age group of 19-30 years.



The first set of questions was about the perception community members have about their personal health.

In total 23 people experienced health problems in 2014 and the main problems were abdominal pains (8 people) including menstrual pain, and muscle, waist and joint pain (9 people).

Twenty people visited a health facility (Bator Hospital and Volo Clinic). Five people stated that financial problems withhold them from visiting the hospital. They either visited the traditional healer, prepared their own traditional medicine or visited the chemical store. Three people consulted both the hospital and the traditional healer.



Seven people who visited the hospital had their medical expenses covered by the National Health Insurance Scheme (NHIS), 10 people paid between 10-25 GHC for their medical services. Moreover, one person paid 500 GHC after being referred to Korle Bu Teaching Hospital. Nobody could explain the cause of their sickness/disorder, except from one person who explained that the muscle and joint problems were caused by an accident.

Only 2 persons who sought medical help had the feeling that they were fully recovered. The rest (19 persons) still experience current health problems.

When we asked the participants about the main health problems experienced by the people in the community, the answers were different from the health problems they experience themselves. Malaria and symptoms like fever, headache and body pains were mentioned by 24 people, as the main sickness followed by abdominal problems including diarrhea by 7 people. Three people mentioned complications in pregnancy and delivery as a main problem.

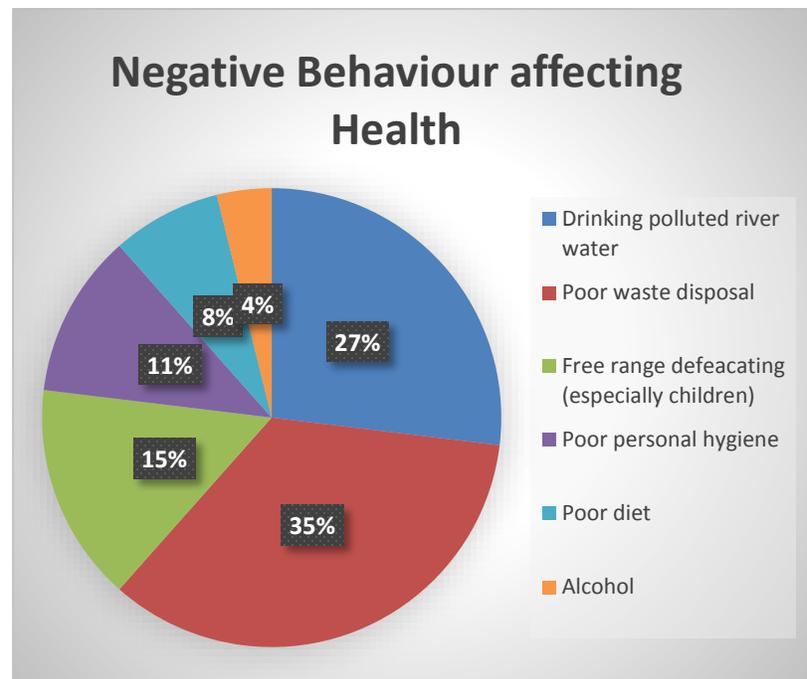
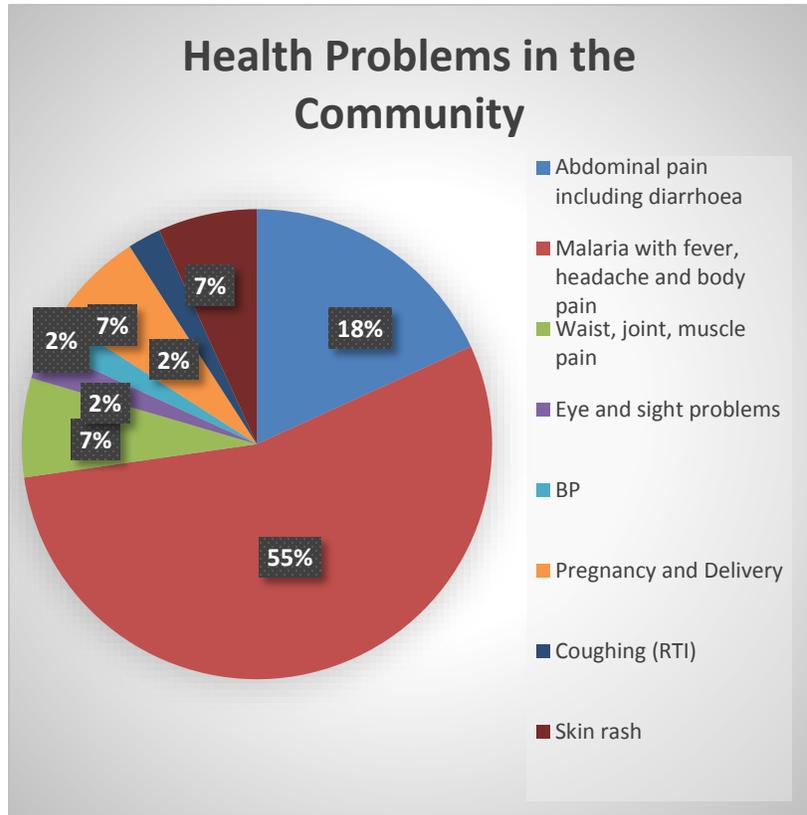
Twelve persons were ignorant about the contributing factor to these health problems. Others mentioned drinking river water, mosquito bites, poor hygiene and hard physical work were mentioned as factors causing the diseases in the community.

We also asked a more general question on positive and negative behavior affecting health. Physical exercise, healthy eating and rest was mentioned by 14 people as positive behavior. Community cleaning (10), sleeping under mosquito nets (1), using of KVIP (2), personal hygiene (3) were other examples.

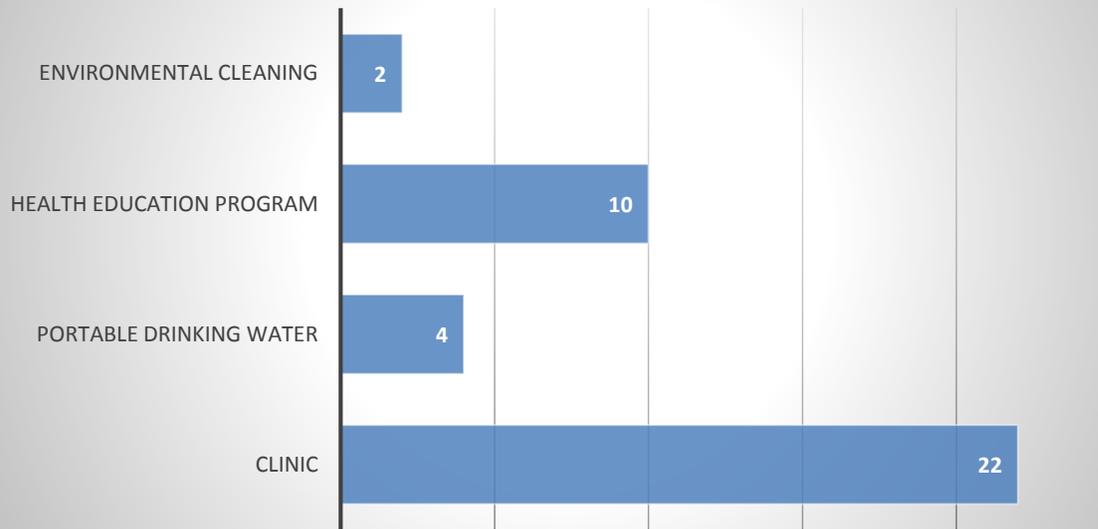
Drinking water from the river, poor waste disposal in the community and free range defecating were the main negative behaviours affecting health.

The majority of the participants recommend a clinic as the solution to better health, but also health education was mentioned as important.

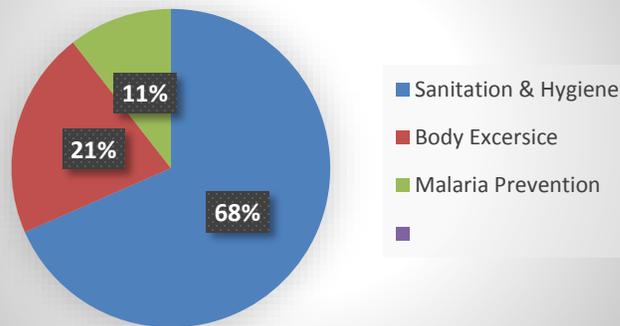
Only 4 people emphasized the need for portable drinking water. Sanitation and hygiene is the topic participants would like to be educated on, as well as body exercise possibly in relation to the frequent mentioned waist and muscle problems.



Solutions for Improving Health



Topics for Health Education



5. ATSIKPOE ACTION GROUP FOR DEVELOPMENT

A community meeting was organized to update the community on the outcome of the interviews and side-visits. Even though representatives joined every meeting, it was appropriate to meet as group to share the information on the proposed visit of the district health director at 4 February. Cindy also addressed the issue that there should be more gender balance among the representatives, and in response, the community appointed the following people to be part of the Action Group for Development.

- Mr. Eziekel (overall contact person in Atsiekpoe)
- Mr. Ameko (contact person for stakeholders, joins to meetings)
- Mr. Benjamin Akati (mainly involved in Health Project as he is based in Battor Hospital)
- Fausina (women representative) assisted by Naomi, Rose and Sophia who just finished SSS and are living in Atsiekpoe (join to side-visits, assist in distributing messages and doing interviews in the community)
- Solomon assisted by Gabriel and Delali, young men representatives, playing a similar role as the young women. Solomon was an assistant facilitator during the first appraisal in October.

6. CONCLUSION

The overall conclusion is that we have made remarkable progress. The community was mobilized during rural appraisals organized in 2014 to reflect on the development issues in the community, and they defined the absence of a health care facility as their main development concern. The accessibility to the available health care facilities in the area is poor and this imposes risk especially in case of an emergency and on pregnant women in labor. Establishing a health post is a laudable idea however ensuring quality health care delivery by running the clinic with equipment and competent staff is a huge responsibility that requires sustainable funding. We therefore undertook a stakeholders and community health survey, to gain a better understanding of the concept of health in the district. However, the community was very determined and started raising funds for their clinic during their annual festival.

During the stakeholder survey among nearby health facilities and government institutions we got acquainted with the concept of CHPS-compound (Community Health Promotion Services). The CHPS-compound was frequently mentioned by stakeholders in response to Atsiekpoe's desire to establish a clinic. Apparently, establishing a CHPS-compound in each electoral area is the priority of the District Assembly and the District Health Directorate. Atsiekpoe is part of the Vome Electoral Area where a CHPS-compound has not yet been established and this creates a window of opportunity for a government run CHPS-compound in Atsiekpoe. The usual procedure is the CHPS-compound is built by the community and the government takes the responsibility of managing the facility including provision of staff and equipment.

The final go-ahead was given after the Health Director visited the community and accessed the land made available for this project by the chief and after the District Coordinator negotiated with the neighboring community to gain their support as well. Atsiekpoe's commitment and proactivity certainly encouraged this final decision. Therefore, the main project will be the establishment of the CHPS-compound building in Atsiekpoe.

However, much more useful information on disease burdens derived from the stakeholders' survey. The root cause of many health problems are poor drinking water and sanitation in the community. The establishment of a clinic should be combined with a comprehensive WASH (water, sanitation and hygiene) approach that includes an educational program as well as innovative infrastructure and solutions to the problem.

Another outcome is the negative effect of poor health care accessibility on women especially during pregnancy and delivery. However, it is encouraging that Bator hospital is specialized in gynecology and surgery and that the Vome Clinic is run by a midwife and offers services as ultra-sound. There should be a strong collaboration between the CHPS-zone and the surrounding facilities to best assist women during this critical period. The concern of the increasing number of teenage pregnancies also emphasizes the need to incorporate gender, maternal health and family planning in the mandate of the clinic.

The community health survey indicated that there is a strong interest and need for health education programs. Apart from incorporating a WASH-program, we should also consider including a health promotion campaign. The health topics mentioned in the survey are poor sanitation and hygiene, malaria and pregnancy related problems. As stated earlier, various stakeholders expressed their concern about the rising numbers of teen age pregnancies which should also be addressed. The community health survey also brought another fact to light, namely muscle, joint and waist problems probably caused by physical labor.

Belief in herbal medicine at community level is strong, and there is evidence that herbal treatment is could be effective but hampers health risks in certain situations. Patients often seek both herbal medicine as conventional treatment for their problems. There should be a collaboration between the herbalist and the CHPS-zone to create openness, including capacity building of herbalists to ensure that patients are referred when needed. As people do use their own herbal medicines, there could be some education on the benefits of products like moringa, neem, ginger and garlic. Ideally, there should be a program where people are encouraged to fortify their diet with natural products that are easily available, and educated on problems which problems they could visit an herbalist and when they should seek conventional medical care.

Finally, we could also conclude that apart from government institutions and health care facilities, almost no other development organizations are active in the area especially not in health.

7. RECOMMENDATIONS

- A building plan and estimated itemized budget need to be drawn based on a prototype CHPS-compound. The building plan and budget should be discussed with the community and endorsed by the district.
- A planning meeting in the community should be organized to discuss the building plan, fundraising activities and responsibilities, as well as other initiatives on WASH and health promotion. Ideally, the health director should be invited to attend this meeting.
- The construction team of SSFA and the community should collaborate with the planning department and building engineers of the assembly to guarantee that building standards are met.
- A roundtable discussion with various stakeholders on possible WASH-solutions in Atsiekpoe including government institution like the Water and Sanitation Department, community members, and organization active in WASH could bring solutions to the surface. There are so many innovations on self-composting toilet producing biogas and water purification systems, and Atsiekpoe could be a perfect pilot-place.
- A sample of river water should be taken and tested to find out the degree of pollution and health risk imposed by the river.
- The report provides useful information on the medical services that should be provided by the clinic such as gender, maternal and child health as well as family planning, muscle and joint pains, eye problems etc. An advisory report should be written to the assembly as they are in charge of management of the CHPS-compound.
- There is a strong interest in a health education program in the community and various topics have been identified, such as hygiene, family planning, teenage pregnancies and healthy eating and exercise. Ideally, there should be a health program in the community with frequent talks and programs by organizations or speakers who have expertise on certain topics. The first step is to list all the topics with the community, and to inquire various organizations, including IHCC/WAAF.
- The District Health Office and the District Coordinating Director should be actively engaged in the project to ensure that the project is locally embedded.
- North-Tongu district is a deprived area, but hardly any NGO's is active in this area, and therefore it's valuable to establish new partnerships and introduce this area to NGO's active on health promotion and disease control.