

Flipping the Pyramid

Strengthening Community Health Worker Preventative Care Capacities to Address Maternal Mortality in Rural Tamale, Ghana

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Background

- Pregnant women in rural northern Ghana with lower socio-economic status underutilize maternal health services and are more at risk of maternal mortality (1)
- 31% of health professionals left between 1993 and 2002 (2)
- Limited access to specialized medical personnel to manage pregnancy complications (3)
- 45% of women deliver at home (delivery complications)
- Hypertensive disorders cause 19.4% of maternal deaths
- Bridging the gap between primary and tertiary Ghanaian health systems will have a large impact on the maternal health outcomes in rural Ghana

Objectives

Overall objective: Development of 5 year preventative care knowledge exchange program for CHWs to reduce incidences of preeclampsia and infection in rural communities near Tamale, Ghana.

Short term objective: Improving referral processes between CHWs and clinical health workers

Long term objective: Reduce maternal mortality in Ghana



Our network

Fig. 1 Network of partnering NGOs, institutions, teaching hospitals and healthcare workers involved in the project

Needs & Feasability

A needs and feasibility assessment will be conducted to determine:

- Regional perceptions of maternal health
- Do traditional birth attendants have a desire to improve their maternal health knowledge
- Potential barriers to maternal health

The needs and feasibility assessment will conducted using in-depth interviews and focus groups of:

- Traditional Birth Attendants
- Community health workers
- Community leaders
- Families

Fig. 2 Pyramid of engaging rural healthcare workers

Preventative clinical solutions that compliments traditional care

Engaging the bottom of the pyramic

exchange

Program Evaluation

After the pilot program has been implemented, the program will undergo evaluation and improvement before replicating the program 5 times in other rural regions around Tamale, Ghana.

Process:

- How sustainable are the partnerships and knowledge exchange with stakeholders?
- Comparison of maternal mortality rates in other rural Ghanain regions throughout.
- What is the community's willingness to participate in the intervention program?

Outcome:

- How has the program improved referral utilization by women in the community?
- Has the rate of preeclampsia and infection among women in this community changed?
- How much of the results are attributed to the intervention program?

Logic Model

Activities Inputs

Create curriculum

Train medical perso

on curriculum

traditional birth

attendants, etc.

Hold course sessions

Disseminate Maama ki

Replicate program in

different areas

- Ampath staff Tamale Teaching Hospital Staff
- Community Leaders Community Health
- Educational materi Medical equipment
- and resources Access to commun
- churches, schools, common areas Grant money Evaluators

Output

- Recruit 10 curriculum Train 5 medical teaching personnel Recruit 15 community birth attendants. Conduct 10 class
- Graduate 12 from the

expansion purposes Replicate program

Outcomes Impact

- Decrease maternal mortality in rural areas around Tamale, Chana Build on open and network between rural health workers and
- tertiary hospital workers Empower community health leaders
- Develop and strengthe human capacity through training and education Sustain program for future coharts in this
- Expand program into different areas

Project Timeline



Fig. 4 Five-year timeline of project

Budget

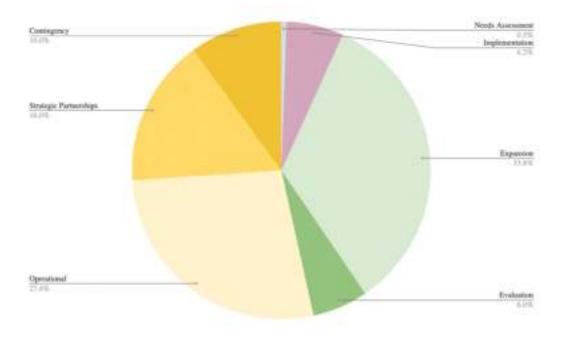


Fig. 5 Project budget including continency, strategic partnerships, operational costs, needs assessment, implementation, expansion and evaluation

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Fig. 3 Program logic mode of necessary inputs, work plan and desired outcomes