



# 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) (4)
- Hypertensive disorders cause 19.4% of maternal deaths (4)
- 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

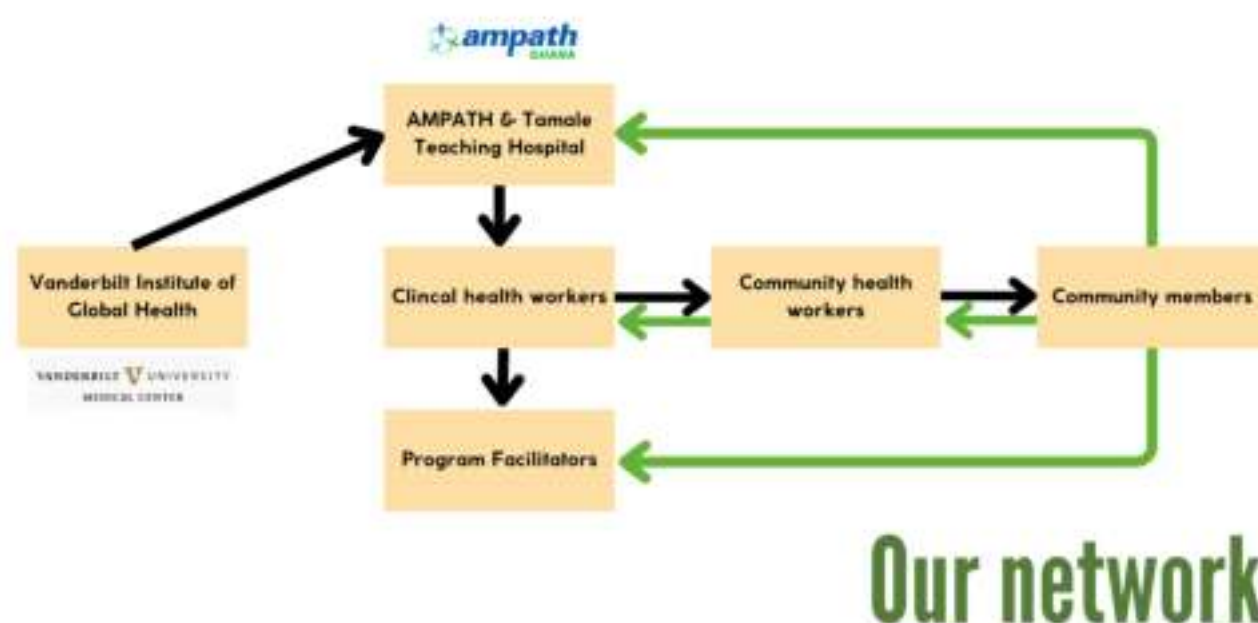


Fig. 1 Network of partnering NGOs, institutions, teaching hospitals and healthcare workers involved in the project

### Needs & Feasibility

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 be 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



### 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 Ghanaian 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



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

### Project Timeline

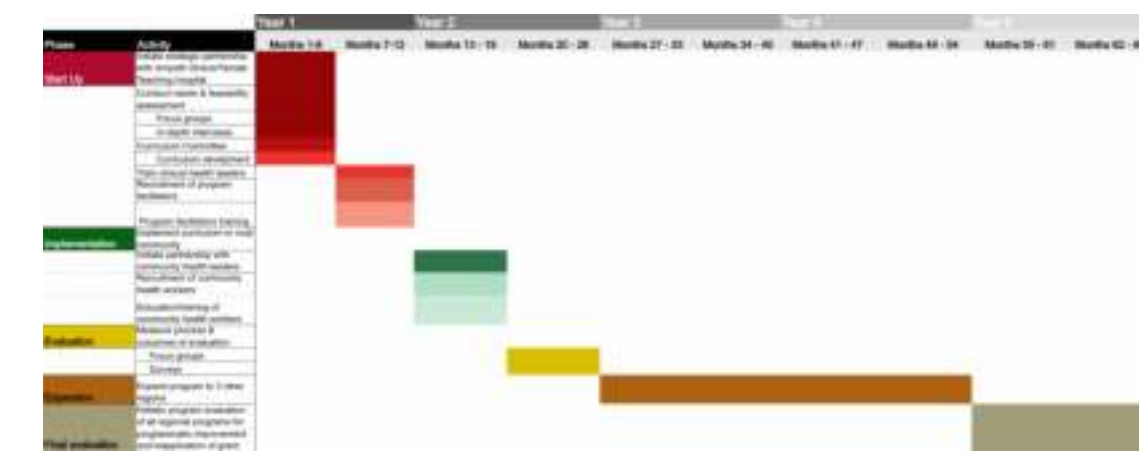


Fig. 4 Five-year timeline of project

### Budget

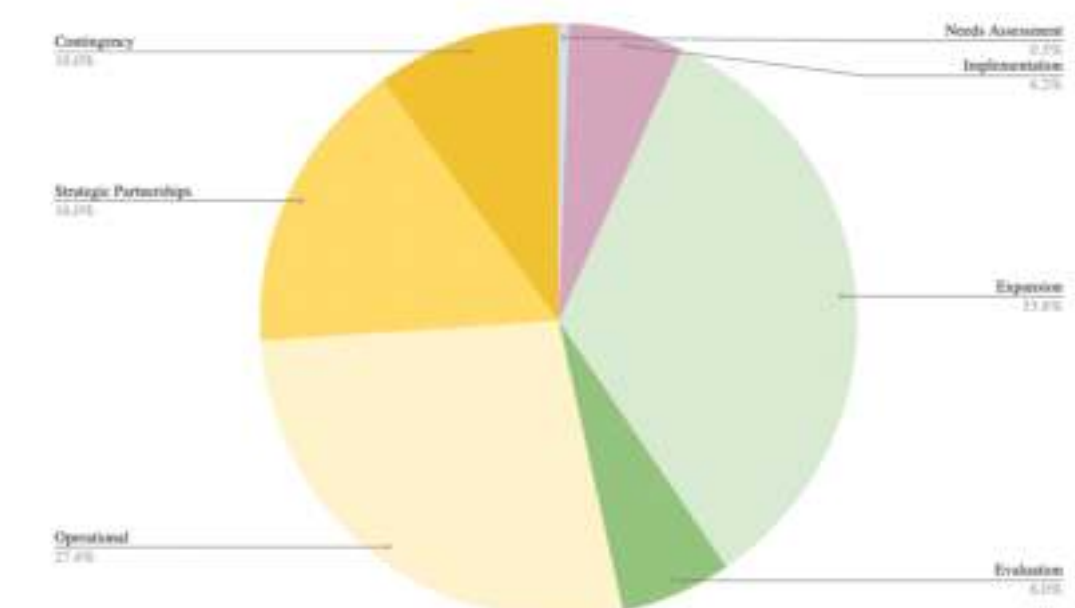


Fig. 5 Project budget including contingency, strategic partnerships, operational costs, needs assessment, implementation, expansion and evaluation

### References

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