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A GLOBAL OPPORTUNITY IN THE NORTH OF GHANA

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INTRODUCTION

At a certain stage of its meandering path, negotiating through the crevices of a sun-baked land, the Black Volta River demarcates Ghana into almost two different worlds. The fortunate south with fairly good roads, hospitals, housing and education and the not too fortunate dry warm north with difficult terrains, poor housing, difficult healthcare apparatus. The transition from the South to the North is pitifully real. For those who may have had the opportunity to visit Southern Ghana thinking of Ghana as a poor country, you may be astounded at the comparative difficulties and hardships in North Ghana. But it is still a part of Ghana where a warm welcome awaits you in spite of the harsh conditions.

Northern Ghana is usually dry especially during the harmattan season from around October to June. It is affectionately dubbed 'Savanna Ghana' by Motec Presidency with a short limited single rainy season unlike the original 'gold coast south' that enjoys not only the minerals and riches of the land but also two wet seasons in a year for the cash and perennial crops, global warming permitting.

A village house with a big yard

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Motec Life –UK is a charitable organisation collaborating for healthcare improvements with health institutions south of Kumasi the second city of Ghana - well south of the Black Volta. As a charity, we render health care direct and indirect services, provide supplementary equipment and medical materials to five hospitals, and are engaged in lectures, transfer of skills, improvements in the quality and standard of care.

Concerned about the potential difficulties in the North and in response to appeals for help, and rightly so from various quarters and individuals- the International Organisation for Migration (IOM) in particular, Motec in response has paid a visit to Jirapa in the Upper West of Ghana and assessed the local hospital. Volunteers were sponsored by the IOM. As representatives of Motec (two out of the three volunteers having had the opportunity to live in both north and south of the Black Volta at some part of our lives0, we report our observations and the thoughts of our organisation. To be truthful to humanity and ourselves, only a pragmatic approach by authentic volunteers and philanthropists working closely with the local hospital and community can make a positive impact on the health of poverty stricken 'savanna land of Ghana'. Indeed, the dramatic links between poverty and disease on one hand, wealth and health on the other are all too apparent in most parts of Ghana.

Upon arrival in the North, you almost immediately sense a people ready to embrace change for the better. Jirapa Hospital seems torn between improvements and basic survival instincts. Recycling of poverty and disease always leaves humans at the wrong end of the chain. Preventable diseases and conditions which require the minimum of care to survive hound real people into submission. The Government and the Church are both involved in the running of the hospital and both appear to be overstretched in many ways and in many directions but clearly both seem to be waiting for the captain of the ship.

Our background is 27months of experience in collaborations with health institutions in Ghana, eight times working visits to target hospitals since the inception of 'Moving Ghana's Health Forward' by our leadership that is prepared to learn and share. We have observed the measures that have been effective and also noted our shortfalls. Enriched with these, we propose a workable strategy to salvage the sorry state of healthcare in Jirapa. We believe that for any approach to impact on the health of a people in the region that we have visited, health and wealth cannot be separated. A preventable outlook is as important as the moments of life saving. A family and community approach will be essential in order to break the recycling of diseases and the tipping off of human lives. The measures we propose should be affordable and sustainable. The story of our visit we believe may mark the beginning of hope for many in Jirapa and beyond.

Location and Navigation.

Jirapa district is in the Upper West Region of Ghana sitting at the eastern and southern borders of Ghana's neighbouring countries Ivory Coast and Burkina Fasso respectively. With a population of about 110,000 (2000 census) and an area of 1,668sq km, it is almost as if the district is overseeing Ghana from the socket of an eye. We say so as most probably one eye may not see the other half of the face properly without looking into the mirror that the Black Volta so visibly unearths.
There are two main ethnic groups – the Sissalas and Dagaabas. Jirapa is the capital of the District with Wa hosting the Regional offices. It will require two days for a single driver to reach Jirapa from the national capital Accra (south) and about 80-kilometres runway from the nearest airport Tamale to reach Jirapa by air. Either way, a two-day journey without work should be planned for volunteers arriving first in Accra. The state transport offers another travel opportunity but will involve ordinary transport from Jirapa to Wa or Tamale, and two state coaches. The waiting in between the main stops could be anything else but frustration. You could be arriving at either end at the odd hour of 2am and arrangements for pick up must include a safety package of a sleeping bag or a hostel within walking distance from the last stop.

Jirapa Hospital

Thee Hospital was established in 1953 by a Catholic Mission that named her St Joseph's Hospital. It is currently under the faithful care and management of the Wa Catholic Diocese. There is however a symbiotic contribution by the Government who pays the entire hospital employees their salaries and wages and supplements basic care of patients through a new health insurance scheme. It is a District Hospital and has a fare share of referrals from within the district that is predominantly rural and marginalized surviving on petty farming.

i. **Bed Capacity:** 174 with occupancy between 42 and 48%.
ii. **Departments**
- Out-Patients
- Surgical and Medical Units
- Public Health Services
- Maternity
- Paediatrics
- Physiotherapy / Rehabilitation
- Nutritional Rehabilitation
- Eye Care Services
- Fevers Unit
- Diagnostic Services (Laboratory, Radiology – Plain and Ultrasound)
- Dental Unit

- The Nutrition and Rehabilitation Unit is an extension of the Children's Ward to cater for severely malnourished children on admission with food from the Catholic Relief Services.

iii Aim

The main objective of the hospital among others is to deliver accessible and quality Health service in a congenial environment to the optimum satisfaction of clients through a well-motivated staff.

iv Trust

The main trust of the hospital is focused on the strategic objectives of the Ghana Health Services to increase geographical and financial access to basic health services, improve care, efficiency and collaborations with partners and stakeholders

THE JOURNEY BEYOND THE BLACK VOLTA BRIDGE

The Topical Bridge Over the Black Volta River

- **Trip.**

Two Motec representatives, Simon Derbie and Isaac Dadzie were delegated to Jirapa Hospital for fact finding in response to local demand for help in health care and also to the call by IOM / MIDA to support health care improvements in the Northern part of Ghana. So from Accra, the two joined up with the Nkawkaw Holy Family Motec volunteers to work, deliver lectures for two days. They set off at dawn on the 15th of October driven by Simon Derbie, made two stops arriving at Jirapa at about 11pm.

- **Meeting Management**

On 16th of October 2008, the team met the hospital management and revisited discussions we had several times over the phone from UK. The management was represented by the hospital administrator, matron, pharmacist, medical director and the accountant. Both sides reiterated the objectives of the collaboration concentrating on health care improvements through positive bottom up projects.

- **Infrastructure**

The tour of the hospital was well co-ordinated. Generally, the infrastructure was deplorable. Incomplete building constructions for the OPD and the new operating Theatre appeared abandoned. The maternity Unit rehabilitation seemed long overdue and a kitchen from which to cook food for patients was not part of the hospital's immediate plans. It was gratifying however to note that that the Swiss Red Cross Society supports the eye clinic and a Dental Clinic was up and running. In our opinion it appeared that the staff needed just a little bit more to motivate them. Some educational programmes, training attachments, collaboration with others appear to be areas, which could trigger the call to harmonious service to the patients.

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Maternity Ward

Overcrowded Children's Ward

New Dental Clinic – Donated.

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- **Hospital Statistics as at Dec 2007**

1. As at December 2007, the following **staff** were at post-
   Medical Doctors – 6, 5 of whom were expatriates
   Dentists – Visiting doctor
   Clinical Nurses/ Medical Assistants- 3
   Other Nurses including Public Health / midwifes 83
2. Total Outpatient Attendances **2006** – 30,797 **2007**- 40,437 (+ revisits)

Admissions	5,169	6,910
Deaths	176	189
Death Rate	3.4%	2.7%
Top Cause of Outpatient Morbidity	Malaria	Malaria
Top Causes of Admissions 1.	Malaria	Malaria
10	Anaemia	4 Anaemia
HIV/AIDS Screening among blood donors	965	1,133
Positive test	42	39
Top Cause of Death	Anaemia/Malaria 24	Anaemia/Malaria 57
Antenatal Registrants		700
Total Deliveries		827
Total Normal Deliveries		673
Assisted Deliveries –Vacuum 5	Surgery C/S 149	
Total Live Births		800
Total Still Births		30
C/S Maternal Deaths		0
Recorded Maternal Deaths		4

Breakdown – DVT/PE 1, Cerebral Malaria 1
Meningitis 1 Septicaemia 1

Anaemia Case Fatality, among children under 5

Admission	170	167
Deaths	17 (10%)	9 (~5.4%)

Summary: Findings tally with increasing outpatient attendances seen across Ghana with the introduction of the National Health Insurance Scheme. This underlines the importance of affordable health care. Anaemia in Ghana in closely linked with malnutrition and the case fatality data suggests that children under 5 are at risk. Some measures seem to have improved deaths among children admitted for treatment of anaemia. A probable factor may be nutritional supplement by the Catholic Relief Services but not necessarily nutrition at home as virtually the same number of admissions were recoded over the two year period. Reported maternal deaths in hospital seem to have no correlation with pregnancy and delivery. Will be interesting to learn about incidence in deliveries in TBA's (Traditional Birth Attendance).

- **Key Areas of Need**

i. Capacity, Education and Transfer of Skills
Doctors
General Nurse
Midwives
Basic Courses in technical areas
Textbooks (Nursing / midwifery)
Dollies for practical training
IT Equipment for education

ii. Medical Equipment:
X-ray machine / processor, Delivery beds, **Hospital beds**, suction and ECG Machines, patient recovery monitors, wheel chairs, patient trolleys, dressing trolleys, stretchers, bedside lockers, obstetric and general surgical theatre instruments, operating lamps, theatre tables, and examination couch.

Motec Educational Programme at Jirapa

While in Jirapa, Motec representatives gave lectures at the Hospital and also at the Nurses College on Trauma Perspective, Intubation, Tracheostomy, Team building and Professional Development.
Presentations were by power point with MIDA sponsored equipment. Presentation was punctuated by a spell of electricity power failure. We were reminded of the easily available source of energy outside the lecture hall by the warm sunshine which is almost always available throughout the year.



LECTURE TIME BY MOTEC AT NURSES COLLEGE

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Recommendations –

EMPHASIS ON HEALTH AND SAFETY SECURITY SCHEME FOR THE DISADVANTAGED (HSSS4D).

1. Jirapa hospital seems to be torn between the ancient mirage boundary that keeps resurfacing between the Church and Government. In depth, the church in Black Africa is one of the oldest establishments of a charitable organisation giving to the people the presumed gifts of life in its material and spiritual forms. On the other hand, the new governments in Black Africa cherish sponsorship of institutions as if the act is by itself a souvenir that cannot be left to go like the acquisition of independence a new world that is increasingly interdependent. Certainly governments have a responsibility to her people and vice – versa and so it should be.

2. The feeling one gets when one tours the hospital is that of a marooned hospital caught up in the confusion of allegiance. An effective ownership with full responsibilities is needed. As an institution, the District Hospital deserves better attention than she seems to be getting. It is obvious that some friendly intervention will be required to support the hospital to move forward. We strongly recommend support from the Diaspora, Non Governmental Organisations and International Organisations like the I.O.M.,

3. To maximise local improvements and resources, taken the interest of the patients at heart, we advocate for the Catholic Church to re-focus on the church's mission to help the poor people in need and the government to re-strategise its support for the people in the North particulary addressing the sorry state of Jirapa hospital. which we have witnessed. One way is for the government to create A **Health Improvement Task Force for the North** to operate from one of the Regional capitals of the North. Such a strategic force should collaborate with the Diaspora, the Church and pursue pro-active programmes and projects relying mostly on local resources and support from benevolent organisations like the International Organisation for Migration, European Commission United Nations Development Programme, and other donors.

4. Non Governmental Organisations and benevolent bodies may channel concerns, services and generosity through projects that would build safer and higher standards of health care in the Upper West and elsewhere in the North of Ghana. These areas need practical support in education, training, capacity building, filling of service gaps, provision of basic and essential materials and equipment. Measures need to be instituted measures to motivate the local staff even if that involve training attachments within Ghana and other emerging economies in the African continent and Asia. These targets should be carefully selected in order to maximise return of migrants after training.

5. Motec will need to make well planned working visits to Jirapa in collaboration with authentic voluntary groups committed to improvements in preventive and direct health care services. With the commitments made by Motec elsewhere in Ghana, the combined efforts of migrant experts to support Jirapa programme will be necessary in view of the ad hoc annual / study leave arrangements made by most volunteers of Motec in the United Kingdom.

6. The local management may have to look at the various options available to motivate, recruit and retain staff. The working environment could be made safer for staff to practice. Volunteer teams can help in this direction but must avoid a vertical approach.

7. Motec has been lucky to enjoy the support of International Organisation for Migration IOM /Migration for Development in Africa (MIDA) for nearly two years. This has made a big difference to people in the target areas in Ghana. Not surprisingly, IOM / MIDA is re-strategising support for Ghana by focusing on the North. Unlike the support for projects in Southern Ghana, IOM / MIDA must brace itself with measurable and substantial package to support health improvements. Volunteer related issues to address may be daunting, the logistics involved in moving help north is tortuous, the demand for help in the north clearly a humanitarian issue.

8. To address the problem of the people, **Health** cannot be separated from wealth. Malnourished children fed from donations from the Catholic Relief Services return to the same home environment, merely postponing the return of the nutritional crisis. Measures / projects to support families whose children are at risk initially through hospital admissions and public health community visitations should be part of the package of RESTORATION of good health. An agricultural project attached to the Nutritional Rehabilitation ward in which mothers participate in farming and supervised cooking of nutritional products from the farms and observe their children improve will help mothers maintain the vigilance from the comfort and **Safety** of their own homes and land. Mothers trained while baby-sitting in the hospitals could have vocational handicraft training. Family based soap manufacturing training while in hospital from local materials available in the north like shea butter is likely to offer the child and family a means of generating income and financial **Security.** We observed in one of our target hospitals a scheme (sponsored by Mr John Mitchell Hospitalier Brothers in Ireland) where a small capital in material donated at the time of discharge reflected on the training the mother received while baby-sitting in hospital. It is still very true today as the old adage puts it – 'you teach a man to fish and you feed him forever'.

9. Such ideas to help the people will have to go through a second phase of planning strategising with local administrators and governors. Motec recommends a further elaboration of the recommendations after another look at practicalities and specificities in February 2009. A meeting of Motec representatives and health improvement related bodies in the North of Ghana has been planned for early February 2009 in Ghana. Only then can Motec estimate the real value in cost and catchment of the **Health and Safety Security Scheme For the Disadvantaged (HSSS4D)** in Northern Ghana starting as a **PILOT PROJECT** at Jirapa.

10. We have wondered where to place the role of sunlight energy in the storage of vital hospital medications and other areas that suffer most during power failure. Equipment may not be cheap but the value of the services that **Solar Energy** for a hospital will reap is invaluable even at times when the Volta River and lake levels are too low to generate electricity to the entire country.

11. Our responsibility to humanity is becoming greater by the second as the mothers and their children sob in the cycle of poverty, disease and death. It is time to act and Motec promises to assist in bringing hope to many with innovation, mobilisation of human resources, leadership and direction in spite of our financial shortfalls.