

**BASIC HEALTH CARE IN REMOTE GHANA.**  
**REPORT ON THE PUBLIC HEALTH SERVICE EXPERIENCE IN GHANA**  
**(NKAWKAW & AKOSOMBO)**  
*By Felicity Adu-Mills. April 2008*

Preventive medicine is one of Ghana Ministry of Health's most important dynamic services. It is among the few public services where both makers and implementers of policies work hard to attain targets set with equal understanding and commitment.

The visiting team had the privilege to work with the Reproductive and Child Health (RCH) Department formally known as Maternal and Child Health (MCH). The department is run practically a Nurse led initiative through clinics. The clinics offer Immunizations, child growth monitoring, treatment of minor ailment and postnatal services. The same health personnel provide all these at one place, same visit. This is known as Intergraded Health Service. There are two forms of clinics: the static clinic (based in the hospital and health centres) and the mobile clinic (door to door) of which staff move from one community to another, targeting all communities especially villages which are far from health facilities.

**15/04/08:** Dave and Felicity joined the public health team for an outreach clinic at Kwamang, a village near Nkawkaw. The public health team (of which Motec contributed membership) provided maternal and child health integrated services that comprise of child growth monitoring, immunization, counselling, minor ailment treatment, antenatal and pre-HIV counselling for pregnant mothers. 90 children, of 0-5years old, attended the clinic and 6 pregnant women were seen today. Average attendance for children is 80. Felicity assisted with the child weighing and antenatal section.



The clinic sees a steady flow of patients



Felicity assists at the baby weighing station...



...and taking mum's blood pressure



Medical records are updated at each station

At 3pm we had a lecture by Felicity on Primary Wound Dressings based on our experience in the U.K. There was a general concern that even though the information given was very enlightening and educative, none of the products demonstrated is available in the supply system. The team explained that the aim of the lecture was to sensitize them about development in wound care management. The nurses were encouraged to research more on wound dressings and make a request to the hospital administration with the aim of improving patient care. Starting with a small group of students in the long term 67 students and nurses participate I the educational session.



Felicity demonstrates the different kinds of dressings to an attentive classroom

Early morning on **Wednesday, April 16, 2008**, David and Felicity went to Awenade. We had a tour around the village to see the school, water supply, cocoa farms, toilet facilities, high street and the Chief of the town. Felicity had the opportunity to assist in Antenatal Care, Immunisation and counselling. It was a busy clinic. 10 pregnant women and 81 children attended the clinic.



The clinic at Kwahu Awenade



Motec assist the clinic at Kwahu Awenade

A girl of 16 years, pregnant, attended her first antenatal clinic. She is a JSS form one student. This girl was advised to go back to school to pursue her carrier after delivery. She was grateful for the encouragement given to her. There was a lecture at 3pm on Team Building by Simon.



Simon delivers a lecture on Team Building

**Thursday, 17 May 2008**, we attended the launching of the **World TB Day** at Amanfrom, a village 3 miles from Nkawkaw. This was organised by the Kwahu West Sub Municipal Assembly with the Public Health unit of the Holy Family Hospital. The Chiefs of the surrounding villages, leaders of some churches, Sub Municipal leaders, Assembly Woman, Municipal TB coordinator, CHO and Public health nurses and staff attended it. TB coordinator gave an overview of TB. Blood pressure and weight check was carried out at the end, by the Public Health staff. Some people were advised to go for further investigations at the hospital. Others were counselled according to their needs. Felicity assisted in the health checking and counselling. At 3pm a lecture was given by Felicity on Expect Patient. The audience participated well in contributing and asking questions. 37 people attended the lecture, with only one qualified nurse and the deputy Director of Nursing. The Sister expressed her appreciation of our educational lectures and said she will discuss with the Director, who is the best person to disseminate the knowledge to the nursing staff and involve patient groups to improve patient care. I promised to visit in a year's time to assess the impact of our educational lecturers.

**Friday, 18 May 2008**, we left Nkawkaw for Koforidua at dawn, and arrived before 8am. Felicity gave a lecture on Expect Patient, 40 people attended, which was well participated. Some samples of Primary Wound dressings were given to the Chief Nursing Officer (CNO). The CNO and some of the nursing staff expressed their

appreciation for the educational talks. The lectures are one area of creating awareness, affirmation of some good practices and identifying needs for change.

At Akosombo, **on April 21, 2008**, Felicity joined the RCH for the postnatal clinic at the hospital. 20 mothers attended, with babies 0 – 6 weeks. Felicity assisted in checking Blood Pressure, weight monitoring and new registration. BCG, Polio, and HIBHEB, 5-in-one vaccination, were given depending on age of the baby.



**April 22, 2008**, RCH held antenatal clinic, 63 mothers attended. New clients were counselled on HIV test. Some mothers were given IPT for malaria. A woman with high Blood Pressure with protein traces was referred to the laboratory and to see the doctor. Other mothers were also asked sent to the laboratory for FBC, Blood Grouping, Sickling test and BF for Malaria parasites were checked for first attendants, 28<sup>th</sup> week, and 36 weeks.

At 5pm, Felicity lectured at the conference hall on Expect Patient. In attendance were a doctor, CNO, nurses and other hospital staff. The concept of Expect Patient was welcome. The Director of Health Services (DHS) promised to workout some measures to introduce the concept.



Felicity delivers a lecture on The Expert Patient

Planned Home visits were carried out on the **23rd April** at Combined community and the self developed communities, all in Akosombo. Most of the people there were self-employed leaving in uncompleted buildings and temporal housing, with very poor environment. Most of the children were fully immunised to date. Just a few have not received Measles, and Yellow fever. 2 children were found to be anaemic, one of them was not well yet the mother had gone hawking to sell her wares. A man with

TB was visited and encouraged to continue treatment regularly. He had previously defaulted, and referred to PHN and given a support worker. Rose, the support worker visits every morning to accompany him to the clinic to receive his 2 months daily injections. Lack of money for transport to the VRA hospital for daily injection was the reason given for the default to his treatment. Now, a private clinic in his community has agreed and administers the daily injection for no fee.



### **Improvements observed**

RCH integrate management service is now a nation wide routine service provided everywhere. Children as part of their immunization, receive 5-in-one Vaccine, called HIBHEB. Hepatitis B and Haemophilus Influenzae B has been added to the original DPT. Vitamin A, Retinol, which was introduce as a mass immunization programme is now given to every child at 6months and 2<sup>nd</sup> dose at 12months.



Pregnant mothers are given pre- HIV test counselling for early identification and management to prevent mother-child transmission of the HIV virus. Mother is given Nevirapin at onset of labour and baby at birth. Malaria preventive management, called Intermediate Preventive Treatment (IPT), is in provided. 3 doses of Sulfadoxin Pyrimethamin, (SP), is given to pregnant women between 16-36 weeks.

More children between the ages of 2-5 are sent for monitory. Even though the target set for child monitoring has always been 0-5 yrs public health staff have concentrated on only 0-2yrs. New registration mothers' Haemoglobin (HB) was checked with a special chart for early identification of anaemia and at risk.

## Needs

Nkawkaw mobile clinic need a portable examination table if possible to provide safe and a comfortable examination table for the pregnant women. Presently the staffs use a single bench as an examination table. The community provides the benches. Secondly, it will be good to introduce the hospital administration to the use of Auto Lancets for HB test. The nurse uses a pen lancet without the accompanying pen to prick the fingers. It appears very painful. We discussed the use of other safe lancet and need to appeal to the community to provide more benches. Any individuals or groups who wishes to support this community based health care are most welcome.



## RECOMMENDATION

- § Will be beneficial to have a practicing Health Visitor join the team to shear current information with the Public Health Nurses.
- § Need for Growth chart (0-5yrs) at the counselling section as a visual aid for teaching mothers.