

22 July 2010

Attachment Report (24 June – 23 July 2010)

Health Promotion Unit, Central Regional Health Directorate

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Firstly, I would like to thank those mentioned above for their kindness in taking myself and Amanda MacDonald in for attachments at such late notice. Our Public Health experience in Ghana has been greatly enriched due to the patience and education from those at the Central Regional Health Directorate during the past four weeks. It is impossible to describe everything that I have learned this summer in just one short report. However, this report discusses much of what I have learned through my attachment at the RHD in the Health Promotion Unit, as well as some of my observations of health services in Ghana prior to my arrival at the RHD. The following is the outline for the report:

- 1) Public Health experience at the Central Regional Health Directorate
- 2) Public Health experience prior to arrival at RHD
 - a. Placement at the Cape Coast District Hospital
 - b. Placement at Ewim Urban Health Centre
- 3) General Public Health experience in Ghana

Once again, thank you for taking the time to introduce me to what public health means at a regional level, in particular in terms of health promotion. I have learned a lot about the field of Public Health, as well as myself and my strengths, that I will be sure to bring home to the USA as I finish my Public Health training in Health Behaviour and Health Education, and begin my career as a Public Health official.

Sincerely,

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Experience at the Central Regional Health Directorate Health Promotion Unit

In just four short weeks, under the guidance of Matthew Ahwireng I have furthered my understanding the importance of health promotion. I had the opportunity to participate in and attend many of the activities, events, conferences, and responsibilities held by the health promotions unit. Through reading of annual reports I was able to get an insight into the major health issues affecting residents of the Central Region of Ghana. This portion of the report details my experience within this office during the past month.

What is health promotion?

“Health Promotion is a systematic means of making it possible for people to have control over their own health and take positive action to increasingly improve upon their health” Goal of HPU 2009

The past month has provided me with in-depth knowledge about health promotion in Ghana. More generally, I have been able to learn more fully what health promotion is, its importance, and methods for providing quality health education to the public. Health promotion itself is more than just education; its providing the public with the necessary information and skills so that they can maintain their health and prevent potential future problems.

Basic responsibilities of a health educator including being able to communicate, develop materials, and train others. Most importantly, you must always have a message! You can be called on at any time to speak to an audience, and you must be prepared to have little to no notice to do so.

One of the most pressing health concerns in Ghana is maternal mortality. Health promotion plays a part in preventing maternal mortality by educating the public about the importance of antenatal care, recognizing signs and symptoms of pregnancy-related complications such as eclampsia, and the necessity of post-natal visits to the health clinic for both mother and newborn.

Another pressing health concern in Ghana is Malaria. This parasite is the cause behind the majority of all OPD visits in the hospital; most often people suffering from Malaria wait too long to seek care and develop complicated, severe forms of the illness. Health promotion officials work to teach the public the importance of and how to use different preventative methods, as well as how to quickly identify symptoms and seek care immediately.

The most important guideline for health promotion is to ensure that the messages the public are receiving are not conflicting. Conflicting messages concerning health (and anything, for that matter) are confusing and can lead people to lose trust in officials. Health officers must strive to disseminate information that is clear, consistent, understandable, and most importantly, correct, to the general public.

Along with consistency and correctness, in order for the intended message to get across to people, health officers must attempt to reach people at the level they are at. Different populations respond to outreach methods in very different ways. When designing a health promotion campaign, officials must take into account their target population. What is the age

range? Is the target population male or female? What religious and cultural background do those in the target population come from? What language do the target audience speak? What is their educational level? What is the social and economic status of the target population? What is important to those in the target population? Specifically, what are the pressing health concerns for this particular group of people? The answers to these questions will help dictate how to reach these people in the most effective manner. Health promotion entails many different methods, some of which are more effective for one population than another. For example, a health campaign employing media (i.e. television commercials) might reach more teenagers living in a big city than an elderly population in a rural village. English-language pamphlets and educational materials might work for one group of individuals, but may exclude another who are less proficient in this language.

When designing a health promotion campaign, the health officials must also look at where individuals are in terms of behaviour change. One theory of behaviour change states that individuals are in 1 of 5 stages: pre-contemplation, contemplation, preparation, action, and maintenance, when it comes to a particular behaviour. When it comes to a particular health behaviour, an individual is considered pre-contemplative if they aren't yet thinking about the health issue at all. In contemplation, an individual may have learned the consequences of a negative behaviour, but has yet to address their own behaviour change. In the preparation stage, the individual might be beginning to undergo behaviour change, in terms of learning how they can apply the health promotion behaviour in their lives. The action stage is when the individual is actively doing the new health promoting behaviour. The maintenance stage comes after the behaviour change occurs- whether or not the individual maintains the new behaviours in their everyday life after the health intervention/programme/counselling is long done.

In addition to the methods used, the tone of the message is important. Negative, consequence-driven messages might turn people away from you altogether. Providing positive reinforcement encourages individuals to listen to your message and take to heart and change their lives for the better. It is vital to really look at the target population and strive to find the most effective ways to encourage the development and maintenance of health-promoting behaviours.

Finally, for health promotion to be most effective, you must strive to include and involve the community. Training volunteers to go out and work with their community is a great way to do this. Community members trust their own people first, and having these trusted individuals trained in health matters can only do good, as their friends and families trust them and will be more willing to listen to their messages.

What are the responsibilities of the HPU at a regional level?

The Health Promotion Unit (HPU) at the Regional level has many responsibilities. It is responsible for coordinating health promotion in all districts in the Central Region, working with IEC (Information, education, and communication), conducting monitoring and supervision of programs and projects throughout the districts, training health personnel in communicating and disseminating information to the public, making sure the health-related messages directed at the public are not conflicting, organizing radio discussion programs on key health issues, and helping in the development of IEC materials. The Regional Health Promotion Unit is also responsible for compiling district data and information in a meaningful way to send to the National level. I was very fortunate to be able to participate in and observe many of the previously mentioned activities, some of which are detailed below.

Training Health Personnel

25 June 2010 Training for ISD on TB Communication

Training health personnel is a big part of the responsibilities of the HPU at the Regional level. One of the first events I attended in my RHD attachment was the Information Services Department training on TB communication. This was particularly interesting because ISD officials are not necessarily health workers themselves- but this shows how important collaboration with other departments is. ISD workers are vital in information dissemination and thus it makes sense to train them so they can help teach the public about TB. This particular training educated participants about TB and the key messages they want the public to learn (TB is treatable!). Participants were given time to break off into smaller groups and develop action plans for how their departments would participate in the TB campaign, discussing events they pledged to put on each month and the methods they would employ for message dissemination in their districts during the next 6 months.

28-29 June 2010 BCS training “The good life, live it well” Community Dialogue and Action

I was also fortunate to attend volunteer trainings during my time in Cape Coast. In particular, I was able to learn about the BCS project and watch as community volunteers were trained in Community Dialogue and Action during “The Good Life, Live it Well” themed event. These week-long training sessions exposed community volunteers to 5 main health areas of importance to the region (Family Planning, Malaria, Maternal/Child health, TB & HIV identification, and Water & Sanitation). Topics and skills the volunteers were trained on include community mobilization, changing personal behaviour, community mapping, and using fun activities to involve people and children among others. While observing the training for a few days, I was able to watch how departments such as the HPU are able to collaborate with NGOs and organizations to train individuals to be ambassadors to their communities. Social mobilization is vital in any health movement, and community volunteers are key tools for programs to be a success.

Monitoring and Supervision

12 July 2010 Monitoring Know Your Status Campaign in 3 districts

June, July, and August 2010 mark the months set aside by the Region for a Know Your Status campaign in Central Region. Districts were allotted money to run a programme to encourage HIV testing among community members. Along with funds, districts were given a certain number of rapid HIV tests, depending on their Target number of people. Districts were given the freedom to create their own programmes, based on their specific communities and any organizations they wanted to collaborate with, as long as they followed the guidelines given to them in a training session. On 12th July 2010, we went on a Monitoring and Supervision trip to check up on the districts and to see the status of their campaigns. We asked each of them a series of questions concerning when they received their funds and tests, challenges they ran into, the success of their programmes, etc. This information would be compiled and analyzed in order to improve current and future campaigns. We visited three districts, and each of them had a different story to tell. We found that the districts with the most success were the ones that exemplified great teamwork and collaboration among the DHD, HIV Program Coordinator, and community volunteers. My only recommendation from this day is that in addition to asking the coordinators how the public viewed the campaign, in the future it might be useful to go out in the community and ask them! This way, you are more sure to come out with the public’s true

opinion, and maybe concerns community members have that they were unable to voice during the particular campaign.

Media Dissemination

19 July 2010 Press Briefing Pre-Launch Family Planning Campaign, Cape Coast

Media is a key tool for health promotion in Ghana (and around the world, for that matter). Thus, it is important for health officials to build strong and collaborative relationships with media outlets. In August, Ghana will be launching their new 'Life Choices' Family Planning Campaign. On 19th July, 2010, there was a Pre-Launch Press Briefing in Cape Coast. This served to teach radio, television, and journalism outlets about the campaign and ideally to ultimately build advocacy within the media. A big campaign such as this needs the cooperation of these media outlets to be ultimately successful, and reach everyday Ghanaians.

Summary of District Reports

Mid-year summary of district summaries of health education reporting forms

One of the key responsibilities of the Regional HPU is to compile reports on the health education activities in the region. This is done by collecting the health education activity monthly reports from the districts (which are compiled using data from the sub-districts). One of my recommendations to Matthew was to standardize the forms the districts are sending in, which he agreed was important. It is difficult to make meaning of information coming from many locations when they're compiled on different forms, and not all containing the same information. Some districts reported on the number of men versus women who were reached which is an important piece of information, while others only listed numbers of people. What does it mean when a district says "discussion" was the method used? Does "discussion" mean the same in District A than in District B?

In addition to discussing the creation of a standard form for all of the districts to use for their monthly reports, Matthew and I discussed an informative way to compile all the monthly district data into a meaningful half-year report. We decided that a form that compiled all the data by Health Topic might be the most effective way to compare and analyze the activities in the region. This way you can see which health topics are most used in education activities across the region, as well as seeing which districts might not be covering key topics as much as others.

In my experience, I have learned that evaluation and assessment tools are vital for the success of any program. I have seen some of this throughout my attachment, and I urge the Regional Health Directorate to continue stressing the necessity of evaluating the success of any and every programme they undertake.

Experience Prior to the Central Regional Health Directorate

Prior to walking in to the RHD and being granted a meeting with Dr. Kwashie, I had been in Ghana for about six weeks. Through my NGO, I had been placed with the community health nurses at the Cape Coast District Hospital. 3 days a week, I accompanied the nurses on their morning rounds of the maternity and paediatric wards and spent the rest of the day in the antenatal clinic, assisting the nurses in their duties. In order to fill my time and learn the most possible, I also spent time in the Family Planning Clinic and I shadowed a doctor a few times, as

well. Interested in outreach, I was brought to Ewim Urban Health Centre to join the nurses there. This portion of the report details my observations in each of those placements.

Cape Coast District Hospital

As my first introduction into health services in Ghana, I was impressed with the work ethic of the nurses at the hospital. The clinic was always crowded, and due to renovations in half of the hospital, the space was very limited. Yet the health workers there went through the long lines of clients in an orderly fashion, with seemingly little difficulty. The nurses there explained the process of antenatal care and the process of growth monitoring for newborns and young children. I was taught the necessary vaccines and the importance of Vitamin A supplementation. I observed PMTCT counselling and testing. In the Family Planning Centre, I learned about the different methods of contraception available to Ghanaians, the pre-method counselling, and even observed some procedures. Through shadowing the doctors in the wards, I learned about health issues that most affect Ghanaians. In school we are taught that Malaria is a disease that affects millions in some countries such as Ghana- this I was able to witness firsthand in the hospital rounds, which is how such a fact really makes an impression on someone.

While my placement there was informative, as a public health student with no clinical training, I felt as though I could not contribute to anything while I was there. The following are concerns and recommendations I have after my time at the hospital that may serve a purpose in assuring the best care to Ghanaians in Cape Coast.

One thing I noticed at first was the lack of soap in the washrooms. The hospital and staff spend time recommending that people wash their hands well with soap and water (there are even posters describing this) yet there isn't anywhere/any soap for people to do just this! Providing soap will encourage people to develop this as a habit, as well as to aid in keeping the hospital a clean place.

A second thing I noticed was that in the antenatal clinic, there was a table in the room being used for holding vaccines, syringes, records, food, bags, and more. Understandably, this may be due to cramped conditions from the hospital renovations, but once space is available it is recommended that nurses' belongings and meals be kept in a completely separate room from all of the medical supplies.

Finally, I noticed that while the hospital did provide education information in the waiting rooms, often what was available for the public was outdated. In particular, in the Family Planning Centre, I noticed pamphlets and guides outlining Family Planning methods that were no longer in use. This can lead to conflicting and confusing information for clients, which is the last thing health promotion officials want to be doing! I recommend that all the health facilities make sure their educational posters and pamphlets include up to date information that is pertinent to clients today.

Ewim Urban Health Centre

Thanks to a doctor at CCDH, I had the opportunity to work with nurses at Ewim Urban Health Centre for a few weeks. I accompanied nurses on a school health visit and a day of home visits, and participated in the commissioning of the Adolescent Friendly Health Centre. I rather enjoyed being able to observe the outreach aspect of health services through their targeting of particular populations (schoolchildren, youth, and other at risk populations). I was especially

excited to accompany the nurses on the school health visit, as I am interested in youth health education. I aided in weighing the students during the examinations of the children.

While providing all students with a physical examination is incredibly important, one suggestion I have is to add on health education lessons to these school visits, if at all possible. The nurses are there, and teachers are breaking from their lessons for the students to be examined. This could be a great opportunity for the nurses to teach children about important health lessons such as general and oral hygiene! I understand that occasionally, nurses are responsible for health education lessons- but I believe that grasping any opportunity to teach children health lessons is vitally important. The habits children develop growing up will stay with them long into adulthood.

The home visits were particularly interesting as I had never participated in something like this. The day I accompanied the nurses on home visits, we left Ewim in the morning in teams and visited a handful of clients' homes to check on elderly clients, pregnant women, and newborn children. This is vital as it provides these people who may not be able to make it to a health centre with a check up from the nurses. My recommendation with this is to expand the program and include an educational portion to their visit. I believe nurses doing home visits could visit more homes more often and reach more people in need, along with addressing key health issues.

I thoroughly enjoyed the commissioning of the Adolescent Friendly Centre. It was great to see the movement of providing a confidential area for youth to come and be counselled on issues that are pertinent to them. In her closing speech, the chairwoman stressed a few things that exactly echoed my thoughts throughout the event. She stressed that, in addition to the counselling provided in the Adolescent Friendly Centre, necessary services be provided to the youth right in the centre. If an adolescent comes for confidential help and are referred out for testing/services, they may not want to follow up for fear of being recognized in the general clinic. Necessary services, such as tests, medications, and contraceptives should be provided from within the Adolescent Centre, in order to ensure confidentiality and encourage youth to come in for health advice.

General Public Health experience in Ghana

Since I have been in Ghana for the past 10 weeks, I have spent a lot of time observing the health messages around me. I have been excited to see billboards, television programs, and hearing radio talks and advertisements striving to promote healthy behaviours for the residents of Cape Coast. It is clear to me that there are people here who are committed to health promotion. However, I have been concerned to hear of some mixed messages. On the radio, I have heard a commercial against drinking and driving a few times. The commercial says **“If you’re going drinking (insert noise of a car crashing) drink plenty so you can’t find your car!”** While the intended message is against drunk driving, it comes across in a joking manner that tells you to drink way too much. While this is very unfortunate, in my experience this summer, I find that it is in the minority. Most of what I have heard since being here is well-intended and well-executed. I believe that if health officials continue to collaborate with media outlets and communities, more and more Ghanaians will have access to health education and promotion in their everyday lives.