

# **Training on Maternal and Neonatal Health Issues**

## **Institute of Local Government Studies**

### **May 25<sup>th</sup> to 27<sup>th</sup>, 2009**

#### **1.0 Introduction**

The Ghana Coalition of NGOs in Health, as part of activities for the three-year funded Netherlands Embassy Project, held a three-day workshop for its members, who are involved in maternal and neonatal health issues.

#### **2.0 Purpose of Workshop**

The purpose of the training was to build the capacity of NGOs for effective and immediate response to maternal and neonatal deaths. The training intended to equip participants with pertinent information to be included in their outreach activities; which would inform and educate community members to help to reduce the rate of maternal and neonatal deaths in their communities. Since a country's under 5 mortality rate is a measure of its development, the training would ultimately help fulfill MDGs 4 and 5 and facilitate ushering Ghana into middle income status.

#### **2.1 Specific Objectives**

- Identify issues which contribute to and cause maternal and child mortality.
- Brainstorm on the roles NGOs can play to reduce maternal and child mortality.
- Document best practices and replicate where appropriate

#### **3.0 Resource Persons**

The resource persons were from the Family Health Unit of the Ghana Health Service. They were the Safe Motherhood Programme Officer and the School Co-ordinator in the persons of Mrs Margaret Brew and Ms Eunice Sackey respectively.



Mrs Margaret Brew during her presentation

#### **3.1 Participants**

There were 52 participants who took part in the 3-day workshop, with a minimum of 5 participants from each of the 10 regions. The rationale was that two of the participating members would subsequently step down the training in their regions. The step down would be modelled after the same manner as this training, except that it would be over a two-day period, since participants would

be coming from within the region. Given the amount of funding available for this activity, and the number of Coalition membership from each region, the breakdown for the step-down for the various regions were as follows:

- Brong Ahafo, Western, Central, Upper East and Upper West Regions - Train 7 NGOs each
- Greater Accra - Train 15 NGOs each
- Northern, Volta, Ashanti, Eastern Region -Train 10 NGOs each

The prior consideration would be for NGOs already involved in maternal and child health issues, however, those who would want to include this aspect in their usual activities would be encouraged to do so. Members who attended were also encouraged to share the knowledge obtained with other members during their monthly or quarterly meetings.

### **3.2 Methodology**

The workshop was very interactive with abundant sharing of personal experiences on the encounters participants had on the field, which was juxtaposed with the policies of the Ministry of Health. Among the topics treated included health care delivery systems, components of safe motherhood, essentials of new born care, growth monitoring and immunization, and management of childhood illnesses. There were several sessions for group work, which highlighted negative and positive traditional practices with respect to pregnancy and delivery and postnatal care. These elicited very interesting information.

### **3.3 Observation**

Several traditional practices impinge on the health of women and neonates in communities. They include poor nutritional choices for pregnant women and not accessing antenatal and post natal care; douching for babies; applying herbs to their heads and umbilical cord; usage of lime and alcohol to clear babies' throat, using hot water to remould babies' heads and assigning spirituality as causes for illnesses and therefore not accessing the appropriate health care.

Some participants were at a loss as to how to handle instances where a practice within the community was crude but seemed to work when practiced. For instance, one participant spoke of how some babies' heads were growing out of proportion until herbal concoctions were applied, which returned the heads to normalcy. Many traditional practices are still very endemic in the communities, and it was evident that much more education and sensitisation is needed. However, there were also certain good practices identified such as exclusive breastfeeding and community support when babies are born to families.

### **3.4 Role of NGOs**

The participants outlined the areas in which NGOs interventions were necessary as follows:

- Sound nutritional counseling for pregnant women
- Foster community ownership and a commitment for better health conditions in the community.
- Emphasis on the effects of malaria on pregnant women when disseminating information.
- Devise means of involving and engaging males in family planning and affairs concerning women
- Seek means of curtailing and eliminating outmoded cultural practices such as performing special rites on pregnant women before they can go out; the need to seek permission before

they visit health facilities; eating of clay; usage of herbal concoctions; prohibition from eating potentially nutritious foods such as snails and eggs and consulting spiritualists in lieu of visiting health facilities. Additionally, certain misconceptions need to be cleared. They include the belief that family planning means irreversible infertility; that vasectomy makes men impotent and that condoms can get into the abdomen.

There was also a brainstorming session to identify how NGOs can organize themselves to partner better with public sector health organizations. The possible areas for collaboration with the public health sector are in community health promotion, receiving refresher trainings, monitoring and evaluation and through community mobilisation.

Others were:

- Joint identification of gaps within the health delivery sector and plan of work together
- Collaboration to undertake activities
- Information sharing and effective communication
- Review meetings
- Sharing of reports
- Involving NGOs in health policy formulation

Participants agreed that additional training needs for NGOs included capacity building for effective service delivery, planning, advocacy and proposal writing.

### **3.6 Challenges Identified by NGOS**

- Relationship with health authorities in some regions is not altogether cordial as they sometimes feel as if NGOs are a threat to their jobs.
- Cultural practices which hinder health of mothers and their children.
- Spiritual beliefs which don't allow pregnant women to take necessary precautions.

### **3.7 Success Stories**

- Excellent collaboration between public and private sector demonstrated in Upper East and to some extent Northern Region. Coalition members under the headship of ISODEC lobbied for inclusion in planning with health authorities, and also continue to seek their input in planning their own activities at their monthly meetings. The GHS, apart from involving NGOs in their review meetings, also have attached midwives to the NGOs in the Upper East Region. The collaboration as they describe it is very beneficial.
- In Western Region, an NGO desk has been specifically set up at the district assembly, and this facilitates collaboration, service delivery and recognition.

### **4.0 Conclusion and Recommendations**

The training revealed that much education on maternal and neonatal health issues is necessary within the communities. Participants were satisfied with the information they had obtained from the workshop and expressed their ability to train others in the regions.

The following were the recommendations they collectively came up with.

- More collaboration is necessary between NGOs and GHS. NGOs to look at areas where collaboration is strong, learn important lessons and replicate them in other regions.

- A yearly forum where all district directors in health meet with representatives of NGOs to discuss health matters in the region and brainstorm on the way forward.
- An NGO desk to be set up at the district assembly in all the regions