

In Ghana, a community-based approach is paying off with improved health for 51,000 women and children. Photo by Lane Hartill for CRS

### PROJECT SNAPSHOT: Ghana

## Adopting healthy birthing practices in Ghana improving rural health care through iCCM

When a Ghanaian mother chooses to deliver her baby outside of formal health facilities, she puts her own life and that of her newborn in jeopardy if complications arise. Catholic Relief Services aims to reduce such preventable deaths through a high-impact child survival project that is helping to change the behavior of pregnant women in the northern part of the country.

Started in October 2011 and funded by USAID, the four-year Encouraging Positive Practices for Improving Child Survival (EPPICS) project fosters high levels of community involvement to contribute to improved maternal and neonatal health outcomes in Ghana's East Mamprusi District. Thanks to a range of innovative community-based interventions, the project made promising gains in the first year.

### Making a difference

Maternal and infant mortality and morbidity remain high in East Mamprusi District, largely due to traditional practices that can put mothers and newborns at risk. To effect positive change, CRS designed the EPPICS project with a strong community-based focus in collaboration with the Ghana Health Service and the University for Development Studies. The project benefits more than 51,000 people directly—including almost 27,000 women of reproductive

age and more than 24,000 children under five—in 240 communities.

One of the project's greatest hurdles is persuading decision makers at the household and community levels to encourage women to give birth in health centers for safer deliveries. Traditionally, Ghanaian women have little say regarding their pregnancies and child rearing. Husbands and their mothers make all family-related decisions, including if and when to use health services.

As a result, 57 percent of women living in East Mamprusi still opt to give birth outside of formal institutions. To help change this, community health volunteers receive training to encourage community members—particularly husbands and mother-in-laws—to include wives in household decisions and choose healthier birthing practices. These volunteers also reach out to key leaders with the power to sway public opinion, including village chiefs, religious leaders, elders, and *magazias*, “queen mothers” who are respected female leaders.



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In addition, the project encourages traditional birth attendants to link pregnant women to health facilities so mothers can benefit from prenatal and other referral services. The project also forms mothers' groups to promote antenatal services, institutional deliveries and exclusive breast-feeding.

The EPPICS project reaches additional community members through use of Community Giant Scoreboards. These large signs serve as visual tools that rally residents by publicly tracking community performance against key maternal and child health indicators. Community health volunteers update the scores monthly, using green or red sticks to indicate positive or negative progress. The scoreboards are a highly effective way to get community members to engage in healthy practices to improve performance results. The scoreboards also serve as an educational tool by presenting images of desirable and undesirable health practices.

### Positive results

The community-based initiatives supported by the EPPICS project are paying off. As a result of these efforts, a comparison of survey results from October 2011 to December 2014 showed that the number of mothers who registered for antenatal care increased from a baseline of 80 percent to 99 percent. Those who attended at least four antenatal visits increased from 48 to 63 percent. Skilled assisted deliveries increased from 43 to 97 percent and exclusive breastfeeding increased from 43 to 94 percent. In addition, early postnatal care improved from 32 to 69 percent.

### For more information:

Please visit these links to learn more about CRS' child survival programming:

- [http://www.crsprogramquality.org/storage/pubs/health/health\\_hiv\\_strategy.pdf](http://www.crsprogramquality.org/storage/pubs/health/health_hiv_strategy.pdf)
- <http://www.crsprogramquality.org/child-survival/>



**Karim, left, a traditional birth attendant, and the chief of Nungu village pose next to a Community Giant Scoreboard. The green sticks indicate the percentage of area women who have chosen to deliver their babies at a health facility. Photo by Lane Hartill/CRS**

The maternal mortality rate decreased from 275/100,000 live births to 57/100,000 live births. The still birth rate declines from 2.8/1,000 live births to 1.7/1,000 live births. The infant mortality rate declined from 62/1,000 live births to 14/1,000 live births.

The project also helped to establish a formal link between communities and district health information systems.