

How to
reach the
poorest in
the
community



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Where are they? (How to find them?)



- In 2009, 22 of 24 nations identified having "Low Human Development" on the UN [Human Development Index](#) were located in [Sub-Saharan Africa](#)
- 60% of African household live below the poverty line
- 65% of people in Africa live in rural / peri-urban areas
- 83% of people in Ethiopia live in rural areas

What is happening now?

Health care delivery in Ethiopia for 83 million

Primary Care:

Health posts (5000-10,000 people)

Health centres (40,000 - >100,000)

(20% people live at 10km or more distance from a health centre)

Secondary care:

Total 183 hospitals

Zonal / District Hospitals (500,000- 1 million)

University hospitals (5)

What is happening now?

UK Health Links

Only 15 links (10 in Africa) are linked with projects in the primary care level

England: The Kintampo project- Hampshire mental health (Ghana); Kambia - Cheltenham (Sierra Leone); Banjul- Sussex ambulance (Gambia); Leicester- Gondar (Ethiopia); Kings- Somali land

Wales: Dolen Cymru (Lesotho); PONT (Uganda); Hay on Wye (Timbaktu); Brecon Molo (Kenya); Southern Ethiopia Gwent

Why mothers and babies die? An audit of 36 patients' journey from home to operating table in rural Africa

13 primigravida, 23 multipara

Distance from any health facility-18 between 1-3 hrs and 2– 5km

Any Antenatal care: 20/36 (55%)

10 at health centre by nurse/ midwife (MW) and 10 by community health workers (HW)

Diagnosis of the current problem by-13 HW,16 MW,1 TBA,6 self

Final Diagnosis: Obstructed labour 29 (80.5%), 2 APH, 2 PPH, 2 Eclampsia, 1 retained placenta

Time taken for transfer – 5.5 hrs (1- 24hrs)

Transport- own cost (average \$32). Two on home made stretchers (6hrs and 24 hrs)

Why mothers and babies die?

Outcome

9 (all multipara) (25 %) – ruptured uterus

5 (all but one primi) – craniotomy for dead baby

3 developed vesico-vaginal fistula

2 mothers died (6%)

24 babies died (67%)

(only Primi – 3/13 & Multipara – 9/23 babies survived)

Cost of treatment at hospital \$31

(total cost to the family \$63 -average family income/ year in Ethiopia is \$180 but 38% live in absolute poverty)

How to reach?

Good intention alone may not be good enough

Listen to our partners

Addis Ababa Declaration on Community Health in the African region 2006- Call upon all partners to:

- work within the context of national health policies and local community efforts at meeting their priority health needs
- commit for the long term sustainability of community health
- harmonize incentive schemes for community health workers
- increase investments for strengthening the capacity

Southern Ethiopia Gwent Health care Link

Primary Care and the community:

Support develop 4 exemplar health centres – MOU with the staff, community including women's group for training of staff, donation of essential items, introducing motorbike ambulance, to establish minimum standards of care (support 22 others)



Southern Ethiopia Gwent Health care Link **Primary Care and community:**

Training of Community health workers

– 600 trained
(180 bicycles donated)

**Training of over
350 midwives and their
trainers**





Southern Ethiopia Gwent Health care Link

Secondary care:

Support Dilla and 16 other zonal / district hospitals with equipment and training (eg. over 60 oxygen concentrators)

Tertiary care:

Support develop Hawassa University Hospital (Skills lab, neonatal unit, setting up histopathology service etc)

Introduced CME programme for the health officers and laboratory technicians

Initiate and support MSC programme for the health officers in emergency surgery and obstetrics

Training the trainers programmes (and specialist courses)

Conclusion

- Go out from the capitals and big cities to rural towns and villages
- Align your link work to national priorities, particularly with the rural communities where majority live
- Supporting primary care is more like to benefit the poorest in the community