How Precious Life is
Audio-Visual Education on Reproductive Health

‘I sometimes get frustrated to see someone pass away. There are many unwanted and teenage pregnancies because of the lack of knowledge about pregnancy. Pregnancy becomes a burden and stress when it is not planned or properly taken care of,’ Ms. Yukari Onoe a Japanese volunteer working in the Upper West Region said. She mentioned that there are still many women who do not know the risks associated with pregnancy.

Ms. Onoe communicates with other Japanese volunteers who are working in the health sector as public health nurses in the Upper West region. They reached an understanding, the necessity to provide adequate reproductive health education, in order to expand people’s knowledge.

There are few attractive materials for reproductive health education in Ghana today. Ms. Onoe and her colleagues in the Ghana Health Service (GHS) Upper West Region Health Directorate are trying to develop a video on reproductive health education in both English and Dagaree language, which is one of the local languages in Upper West region. ‘I got the idea of using the video from discussions with other Japanese volunteers working at the grassroots level.’

We want to provide an opportunity for people in the region to reflect on how the life begins. We want to share the message that pregnancy is a wonderful experience which should be well planned for, and let the people feel that life is precious and delicate.’ Ms. Onoe said.

She has completed writing the script with her colleagues and is preparing for the video shoot. She is getting along very well with her Ghanaian colleagues. According to Ms. Onoe, GHS will stream the video at waiting rooms of hospitals and when they visit communities for health education. She expects that Ghanaian colleagues continue this activity after she completes her 2-year duration in March, 2012.
Improvement in health sector is necessary for a country’s development. Upgrading maternal and child health (MCH) is one of the common international development goals today. JICA Ghana has been supporting and achieved significant results in the Upper West Region in particular. Our assistance covers a wide range of activities; donating equipments, capacity development through technical cooperation projects and volunteers.

New Health Policy of Japanese Government and Assistance in Ghana

In 2010, the Japanese government announced the launch of a new health assistance policy, “Japan Global Policy 2011-2015”.

Mobilizing US$ 5 billion over five years, Japan will support respective governments through out the globe to achieve MDG 4 (Reduce child mortality), MDG 5 (Improve maternal health) and MDG 6 (Combat HIV/AIDS, Malaria and other diseases) in cooperation with other development partners.

Under this new policy, Japan will strengthen preventive and clinical care at community and facility level. In addition, linkage between community and health facility will be strengthened.

These sets of efforts are named EMBRACE (Ensure Mothers and Babies Regular Access to Care) model.

So far, Ghana, Senegal and Bangladesh are nominated as pilot countries whose progress would be monitored.

As aligned with the Ghanaian policy and Japan’s new health policy, JICA’s assistance to Ghana’s health sector is mainly focusing on improving maternal and child health care, through building health service provider’s capacity and strengthening health systems.

From 2011, two new technical cooperation projects are expected to start.

EMBRACE (Ensure Mothers and Babies Regular Access to Care)

Create linkages between communities and facilities

- support community based preventive and clinical care, including family planning
- Mobilize resources and adopt innovative strategies in collaboration with other partners
- Support healthy childhood, including immunization

- support facility-based preventive and clinical care eg, strengthen health systems including the development of human resources facilities and equipment
- Make effective use of Japan’s expertis – ie “Quality Continuum of Care”
- Create linkages between pre-pregnancy and childhood care

The first one is “Improvement of Maternal and Neonatal Health Services utilising Community-based Health Planning and Services (CHPS) system in the Upper West Region”, which will provide training to health service providers especially those working in community, sub-district and district levels, in order to improve the number of births attended by skilled birth attendants. The project will also sensitize the community on safe motherhood.

The second one is “The Project for Strengthening Operational Capacity of Prevention of Mother-to-Child Transmission of HIV (PMTCT)”, which focuses on standardization of operational procedures of PMTCT services and capacity building of PMTCT providers.

The project site will be in Greater Accra region. In addition, the construction of the CHPS compounds by grant aid scheme is also planned in the UW region.

As CHPS service is regarded as a vehicle to convey the health services to the remote area, these construction will contribute to improve maternal and child health, too.

The progress and findings of these projects will be shared with the Ghanaian government and development partners periodically for the purpose of pursuing synergy effect and future scaling up. Through these cooperation, we will support Ghana to achieve the health related MDGs.

Table Discussion with Upper West Volunteers who work in the Health Sector

JICA dispatches volunteers to the world. In Ghana, around 80 Volunteers work in various sectors and support Ghanaian development at the grass-root level. More than 1000 volunteers have been dispatched to Ghana since 1977. Currently, four volunteers work in the health sector in Upper West region. How do Japanese volunteers contribute to health development in Upper West? JICA had a table discussion with four volunteers.

- Why did you apply as a Japanese volunteer to Ghana?

Ms. Miyashita: I have been interested in the field of international development for a long time. Most Japanese imagine Africa is ‘poor’, but I wanted to see the real situation in Africa by myself and was looking for something I could do for African people with my working experience as a public health nurse in Japan.

Ms. Miyashita visited a community with a Community Health Officer (Right) for weight check and health education

Ms. Tashiro: I was originally interested in foreign cultures and traveling abroad. One day, I saw a TV documentary about child labor in a cocoa farm in Ghana. In Japan, everyone assumes kids go to school, but situations in Ghana seemed different. I wanted to do something for them and somehow I wanted to use my skills in Ghana as a public health nurse.

- What are your activities in Ghana?

Ms. Onoe: I am making PR materials for health education with Ghanaian counterparts such as videos, sound sources for radio, and posters. I worked at a TV station in Japan and I’m transferring my skills to my Ghanaian counterparts. They are learning quickly and have improved their skills a lot.

Ms. Onoe was shooting a workshop in Jirapa
Ms. Miyashita: I am trying to educate pregnant women on pregnancy registry at CHPS in Nambeeg, so that they can receive health services at the early stage of their pregnancy. Also, I am asking their husbands and landlords to come to our workshops and help community people, especially men, to understand more about pregnancy and family planning.

Ms. Imai: I am supporting health education as well. School children have learnt basic knowledge of hygiene and come to be able to answer quizzes about health care easily.

Ms. Tashiro: Education is very important in healthcare as it is easier to prevent sickness than to cure it. That is why I became a public health nurse to educate community people through school education and visiting communities.

Ms. Imai: I am also teaching how to use the equipment which were donated by international donors for the resuscitation of newborn babies at CHPS in case of emergency delivery.

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Do you have any comments for Ghanaians?

Ms. Onoe: I thank Ghanaians around me for their supports as everyone offered their kind condolence to Japanese quake victims.

Ms. Miyashita: Ghanaians are very heartwarming. I live with Ghanaians, and they help me a lot in my daily life. I hope I can contribute more to improve the health status of Ghanaian people through my activities.

According to Ms. Phoebe Balangumuyetme, District Director of Health Services, Jirapa District in the Upper West Region, ‘Ms. Miyashita has been very helpful to us in the district. She is assisting with the compilation of data and report writing, apart from providing supervision and educating community women on health issues. Ms. Tashiro is helping re-organise our information department. I want to make sure that they serve in capacities which will enable them contribute efficiently to the development of healthcare in this district.’

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PROFILE

Ms. Yukiko IMAI /Public Health Nurse
Working at the GHS Lawra District Office from September 2009 to 2011

Ms. Yukari ONOE /Audio-visual Education
Working at the GHS Upper West Region Health Directorate from March 2010 to 2012

Ms. Kanako MIYASHITA /Public Health Nurse
Working at the GHS Jirapa District Office from September 2010 to 2012

Ms. Yoko TASHIRO /Public Health Nurse
Working at the GHS Jirapa District Office from March 2011 to 2013

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Japan’s ‘CAN-DO SPIRIT’ Helping Reduce Maternal Death in Upper West ...as ex-participant health workers inculcates culture of boldness, hard work and team-spirit

'I used to panic seeing a patient in a terrible state, especially when there is heavy blood loss. During my training in Japan, I learnt to face every health case with ‘can-do spirit.’ Since then, I have never been agitated at the complexity of any case brought to my department,’ Safia Mumuni Kappiah, Senior Nursing Officer at the Pediatric Ward of the Regional Hospital in Wa, Upper West Region, explained.

She attended the New Born and Child Healthcare for Africa training in Japan in 2009.

The Upper West Region is one of the three Northern Regions of Ghana. The region has many challenging factors that prevent its inhabitants from having access to quality and timely healthcare. Settlements in the region are sparsely located,- access routes