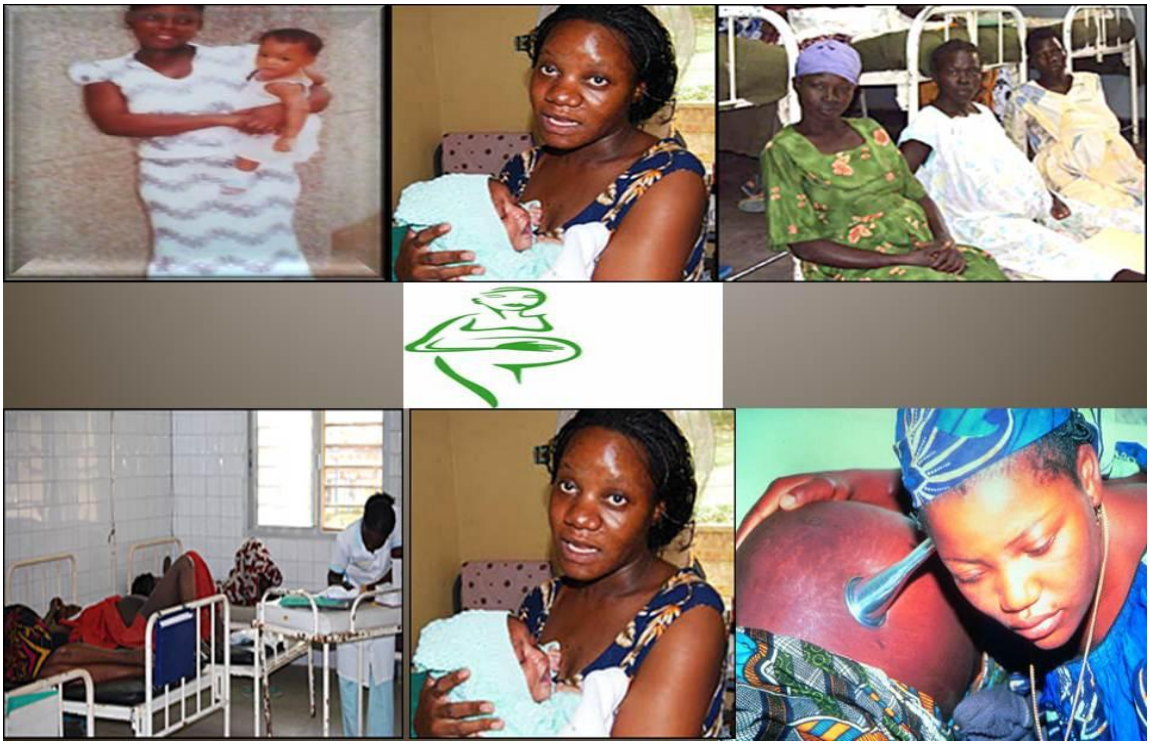
Centre for Development Partnerships

Towards An Effective Collaboration for Quality Maternal and Neonatal Health Delivery: The Role of Traditional Birth Attendants & the Ghana Health Service



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PREFACE

Ghanaian women have been delivering their own babies with the help of Traditional Birth Attendants (TBAs) for almost two thousand years now, using knowledge passed down from their elders and medicines prepared from herbs. It has only been in the past one hundred years that scientific medicines and institutions have been introduced to this country, and now more and more individuals are turning to doctors and health centers for care before, during and after pregnancies. The role of TBAs has begun to be questioned as well as attacked resulting in a growing schism between the TBAs and the formally trained skilled health officers. This aptly describes the quandary that TBAs find themselves within the modern day health care system in Ghana.

However, these transitions that are occurring may never lead to the demise of the TBAs due to economic, cultural, social and psychological factors. TBAs, midwives and doctors are the three main sources of the provision of maternal health care in Ghana. Previously, women would select only one of the three, but today, they are using a combination of these health care providers. This has led to their inevitable dependence on one another, and the reality that with the failure of one, means the failure of all".

Noting that TBAs are an important source of delivery care, policy makers need to make the best use of TBAs while simultaneously planning for replacement with skilled health attendants. Currently, the main benefits of TBAs in Ghana appear to be that they can positively contribute to referral and links with the formal health care system in helping to reducing maternal and neonatal mortality. Much as we acknowledge the existence of TBAs and the fact that pregnant women are patronising their services, it is necessary to adopt a strategy to draw them closer to the health administration to serve as key partners for increasing the number of births at which a skilled health attendant is present.

This document, **"Towards an Effective Collaboration for Quality Maternal and Neonatal Health Delivery: The Role of Traditional Birth Attendants & the Ghana Health Service"** is expected to contribute to ensuring that the TBAs and Health Administrations make appropriate decisions and take timely actions especially when there are complications in pregnancy and childbirth and be proactive. It applies only to the Lower Manya Krobo District Area; however, it can be adopted for use by any of the Health Administrations in Ghana

Socioserve-Ghana formerly Drama Network (an NGO) and the Lower Manya Krobo District Health Administration are grateful to the "World Bank-Civil Society Fund" for funding the development of the "Guidelines".

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LIST OF ACRONYMS

CSOs	Civil Society Organizations
D.H.A	District Health Administration
D.H.M.T	District Health Management Team
HIRD	High Impact Rapid Delivery
LMKDA	Lower Manya Krobo District Assembly
MDGs	Millennium Development Goals
NGO	Non-Governmental Organization
TBAs	Traditional Birth Attendants
UNFPA	United Nations Population Fund

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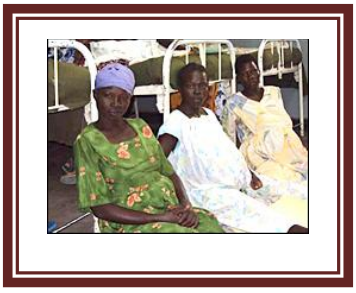
1.0 INTRODUCTION

Ghana's maternal mortality rate continues at an unacceptably high level. While maternal mortality figures vary widely by source and are highly controversial, the best estimates for Ghana suggest that roughly between 1,400 and 3,900 women and girls die each year due to pregnancy-related complications. Additionally, another 28,000 to 117,000 women and girls will suffer from disabilities caused by complications during pregnancy and childbirth each year.



The Government of Ghana over the years has introduced and implemented several programs towards the reduction on maternal and neonatal mortality. In 1998, the Government launched and introduced the "Safe Motherhood Program" in Ghana. The intervention areas included free ante-natal care for all pregnant women, emergency transportation services and emergency obstetric care for pregnant women among others. In September 2000, a Millennium Declaration was adopted by 189 nations and signed by 147 heads of state and governments including Ghana during the United Nations Millennium Summit. There are 8 Millennium Development Goals (MDGs) targeted to be achieved by 2015 and Goals 4 and 5 specifically target reductions in child and maternal mortality by two-thirds and three-quarters, respectively. In July 2008, the Government also announced free maternal care for pregnant women during pregnancy and at birth.

In Ghana, the problem of maternal mortality is overwhelmingly concentrated in poor rural areas which are often beyond the reach of the formal health system. There are many reasons why women in poor rural areas in Ghana do not receive the care they need before, during and after childbirth. Many pregnant women do not get it because there are no services where they live, they cannot afford the services because they are too expensive or reaching them is too costly. Some pregnant women do not use formal health services because they do not like how care is provided or because the health services are not delivering high-quality care. Further, cultural beliefs or a woman's low status in society can prevent a pregnant woman from getting the care she needs. To improve maternal health in Ghana, gaps in the capacity and quality of health systems and barriers to accessing health services must be identified and tackled at all levels, down to the community.

As a result, Socioserve- Ghana, an NGO, is working in rural communities, including hard-to-reach ones, in the area of maternal and neo natal health to help improve community members' knowledge on emergency preparedness and complication readiness during pregnancy, danger signs and symptoms during pregnancy, delivery and post-delivery and advantages of delivering at health centers. Among the target areas are rural communities in the Lower Manya Krobo District in the Eastern Region of Ghana.

2.0 STATUS OF REPRODUCTIVE HEALTH CARE IN THE LOWER MANYA KROBO DISTRICT

The Lower Manya Krobo District Assembly (LMKDA) is one of the 21 districts in the Eastern Region**.** It covers twenty-nine (29) electoral areas and ninety-one unit committees as described by the District Assembly and one hundred and fifty communities. The Lower Manya Krobo District has an estimated population of 85,092 as projected from the 2000 Population census with a growth rate of 1.4.

Under its "Safe Motherhood Program", LMKD Health Service aims at improving women's health in general and especially, to reduce maternal morbidity and mortality and to contribute to reducing infant morbidity and mortality. Subsequently, LMKD Health Service has set the following objectives:

- To make childbearing safe for all women
- To contribute to the improvement of infant health
- To detect and treat all complications arising in pregnancy
- To insure delivery of full term healthy baby with minimal stress or injury to the mother or baby
- To help the mother to breastfeed successfully

The components of the ***"Safe Motherhood Program"*** which are under implementation include Antenatal care, Labour and supervised delivery, Post-natal care and Family planning. The main objective of the antenatal care a service is to establish contact with the pregnant women to identify and manage risks and problems that may arise during pregnancy. A total number of 3,035 (89.4%) pregnant women were registered for antenatal care in 2010. There was an increase by 2.7% compared to 2007 figure of 2,492 (74.5%). Data available indicates that 3,064 deliveries were conducted in 2010 out of which 2,985 were attended by skilled health personnel representing. TBA's conducted a total of 115 deliveries (3.4%) constituting of the expected deliveries in 2010 as compared to 9.0% in 2009.

Maternal and neonatal mortality continues to be on the rise in LMKD. Fifty-eight (58) maternal deaths were recorded from January 2007 – September 2011 in the District. Audited report of these deaths indicates that the deaths occurred as a result of the following complications, Pre-eclampsia with Sickle cell crisis, Toxeamia with Renal Failure, Postpartum sickle cell crisis with anaemia, Cardio respiratory failure due to severe anaemia, HIV& AIDS with Sepsis, Respiratory failure, severe anaemia and G6PD defect, Cardio resp. arrest due to secondary hypovplaemic shock and Septicaemia secondary to uterine rupture.

LMKDA further recorded 51 Still births (3.0%) in 2010. Macerated still births (MSB's) accounted for 24 babies (1.4%) representing whilst fresh still births accounted for 27 babies (1.6%). Factors given for this unfortunate situation were prolonged labour, malaria or poor management of labour at home. Also some lost their babies because of the difficulties they encounter in getting to the nearest health care center available to them.

3.0 SKILLED ATTENDANT STRATEGY

A Traditional Birth Attendant (TBA), also known as a traditional midwife, community midwife or lay midwife, is a pregnancy and childbirth care provider. TBAs initially acquire their skills by delivering babies herself or through an apprenticeship to other TBAs. TBAs provide the majority of primary maternity care in many developing countries, and may function within specific communities in developed countries. TBAs are found widely in low and middle-income countries.

TBAs have no modern training on how to attend pregnant women, including how to recognize and respond appropriately to complications of pregnancy. Most deliveries take place at home, often in conditions of very poor hygiene – placing the lives of both mother and child at risk. For this reason, the way many attended the delivery have been risky for women and their babies, leading to poor health outcomes and even death. It is being increasingly recognized that TBAs may have a role to play in improving health outcomes in developing countries because of their access to communities and the relationships they share with women in local communities, especially if women are unable to access skilled care.

Some countries, training institutes and non-governmental agencies are initiating efforts to train TBAs in basic and emergency obstetric care, family planning, and other maternal health topics, in order to enhance the links between modern health care services and the community, and to improve the chances for better health outcomes among mothers and babies. There are some findings that targeted interventions for training TBAs can lead to reduced perinatal mortality. However, there is little evidence of large-scale effectiveness of such programs, as they are rarely integrated within a general strategy for improving maternal and child care.

Some traditional or lay midwives are becoming increasingly vocal in support of their right to practice without formal regulation, advocating for a woman's right to choose her place of birth and birth attendants. They see their role to include promoting change in societal attitudes towards birth, and favouring the "art" of midwifery founded on maternal or compassionate instincts, rather than over-medicalization of this natural event.

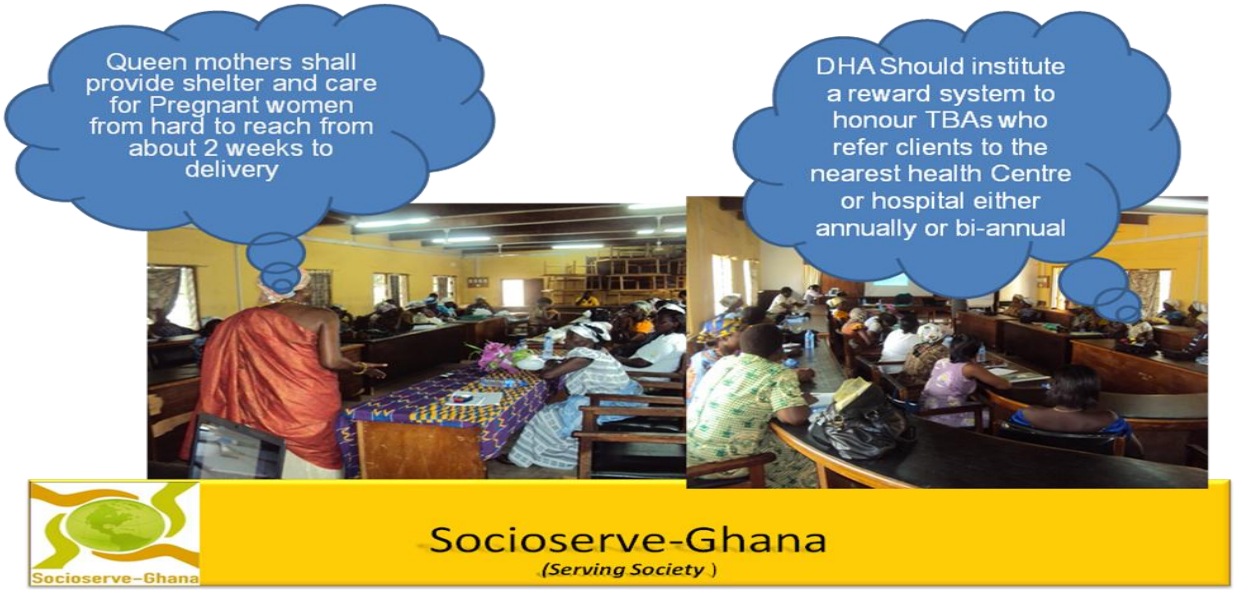
In Ghana, TBAs have been in existence for a very long time, helping in delivery system especially in areas where there are no health centers or midwives. Currently, there are various divergent views on the significance of TBAs to the reduction of maternal deaths but the fact still remains that they are in existence and some pregnant women are patronizing their services especially in hard-to-reach areas either because of bad nature of roads or island communities. The question therefore is how society can make their activities safe. Experience from some countries such as Malaysia has shown that TBAs can become an important element in a country's safe motherhood strategy and can serve as key partners for increasing the number of births at which a skilled attendant is present. The "***Skilled Attendant Strategy"*** can be adopted in Ghana where TBAs are linked up with the various health centers located within the communities in which they operate for them to serve as a source for referrals of pregnant women.

Experts believe that within the "***Skilled Attendant Strategy",*** the best role for the TBA is to serve as an **advocate** and a **referral source** at the community level for skilled health care, in which TBAs encourage women to seek care from skilled health attendants regarding maternal and neonatal health related matters. TBAs will be able to perform this role effectively only when there are good working relations between TBAs, skilled health attendants, and staff in referral facilities. The TBA must be welcomed by the health care system and seen as an extension of it.

From August to September 2011 Socioserve-Ghana in collaboration with the Lower Manya Krobo District Health Administration organized various activities with the goal of contributing to the reduction of maternal and neonatal deaths in the Lower Manya Krobo District Assembly (LMKDA). These activities were funded under the Year 2011 Work Bank Social Development Civil Society Fund.

An advocacy workshop was organized for some trained TBAs, traditional female leaders (queen mothers) and the District Health Administration to develop guidelines for effective collaboration between TBAs and the District Health Administration in order to reduce maternal and neonatal mortality[3]. The following key issues were agreed upon at the workshop:

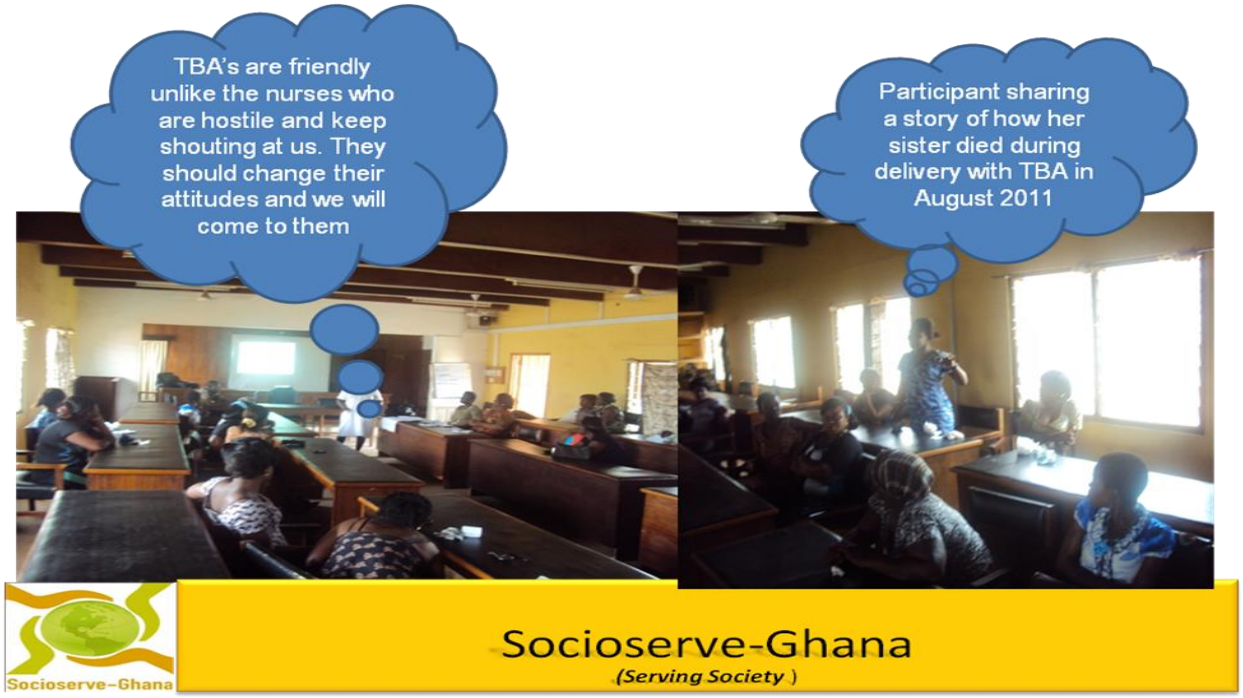
- ✓ In general, TBA's are **NOT** to undertake deliveries but to refer cases to the health centres
- ✓ TBAs are **NOT** to undertake deliveries for the 1st child and from the 5th child onwards
- ✓ TBAs are **NOT** to undertake deliveries for teenagers and women aged 35 years upwards
- ✓ TBA's **MAY** consider deliveries only for 2nd and 3rd child
- ✓ TBA's **MAY** accompany their clients to health centers for delivery
- ✓ Lower Manya Krobo Health Administration should institute an award scheme for TBAs to serve as motivation for referral of cases



[3] List of participants at the Advocacy Workshop is provided in Appendix 1

Socioserve-Ghana further organised a 1-Day Consultative Meeting With Representatives of Women Groups in LMKDA in order to[4]:

- ✓ Provide a platform for vulnerable groups to exercise their voice for change
- ✓ Discuss problems they encounter with maternal and neonatal health issues either at health centers or with TBAs
- ✓ Provide workable solutions to help reduce maternal and neonatal deaths



In addition, Socioserve-Ghana also enacted a social drama in the local language on maternal and neonatal health issues in Agatom community, a hard to reach community coupled with high maternal mortality in order to:

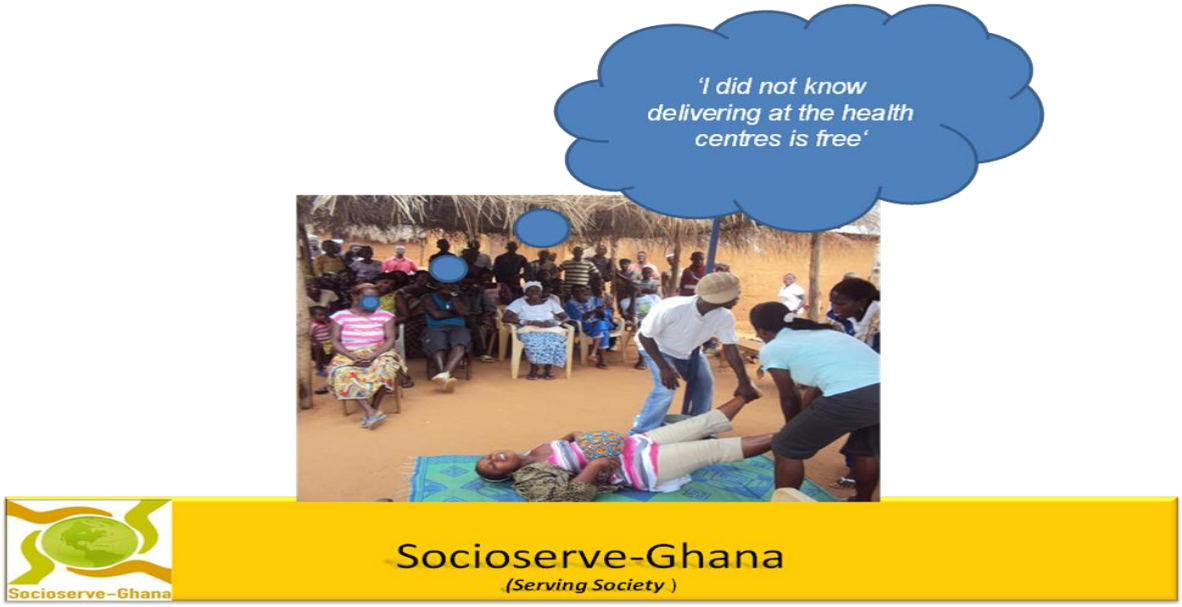
- ✓ Clarify certain beliefs and assertions held by the community
- ✓ Create a platform for interaction between the community members and DHA on maternal and neonatal issues
- ✓ Educate the community members on the importance of pregnant women attending health centres

Based on the key issues agreed upon during these interactions, Socioserve-Ghana was charged to develop a document to provide a pathway in other to achieve the following outcomes as required under "***Skilled Attendant Strategy"***:

- ✓ Community participation
- ✓ Increased awareness of health care delivery services
- ✓ Timely referral from community/TBA to health facility
- ✓ Increased demand for skilled attendants at birth

[4] List of participants at the Consultative Meeting is provided in Appendix 2

- ✓ Increased access and utilization of Reproductive Health services (Family Planning; Sexually Transmitted Infections; Antenatal Clinics; Prevention of Mother-To-Child Transmission and Postnatal care)
- ✓ Increased number of pregnant women delivering at health facility
- ✓ Improved health outcomes at community level
- ✓ Reduced maternal and neonatal morbidity and mortality



A round table discussion was organised by the World Bank Group at the Coconut Groove Regency Hotel in November 2011 on the topic ***"Reducing Maternal & Neonatal Mortality through Dialogue & Action within the Framework of Social Accountability".*** Present were civil society organizations as well as Resource persons from the Health Sector and development partners. A presentation on project status was made to allow for inputs from experts on reproductive health care.

This document, ***"Towards an Effective Collaboration for Quality Maternal and Neonatal Health Delivery: The Role of Traditional Birth Attendants & the Ghana Health Service"*** has been prepared based on the above mentioned activities. It is expected to contribute to ensuring that the TBAs and Health Administrations make appropriate decisions and take timely actions especially when there are complications in pregnancy and childbirth and be proactive. Traditional female leaders, represented by queen mothers, have been included to represent the community because of their level of influence at that level. The document is intended to be used and adhered to by the District Health Management Team (DHMT), Traditional Birth Attendants and Traditional female leaders (Queen mothers) towards the reduction of maternal and neonatal mortality in the Lower Manya Krobo District. It applies only to the Lower Manya Krobo District Area; however, it can be adopted for use by any of the Health Administrations in Ghana.

4.0 ROLES OF STAKEHOLDERS

Noting that TBAs are an important source of delivery care, policy makers need to make the best use of TBAs while simultaneously planning for replacement with skilled attendants. Currently, the main benefits of TBAs in Ghana appear to be that they can positively contribute to referral and links with the formal health care system in helping to reducing maternal and neo natal mortality. Much as we acknowledge the existence of TBAs and the fact that pregnant women are patronizing their services, it is necessary to adopt a strategy to draw them closer to the health administration to serve as key partners for increasing the number of births at which a skilled attendant is present.

The Lower Manya Krobo District Health Administration intends to adopt the "***Skilled Attendant Strategy",*** to provide for a greater collaboration between the District Health Administration and the TBA's towards the reduction of maternal and neonatal mortality in the Lower Krobo Manya District area, as outlined under the **"Safe Motherhood Program".**

Roles have therefore been assigned to guide the District Health Management Teams (DHMT)[5], Traditional Birth Attendants and Traditional Female leaders (Queen mothers)[6] to help achieve the objectives of the **"Safe Motherhood Program"** in the Lower Manya Krobo District.

4.1 Roles of Traditional Birth Attendants

ISSUE	ROLE OF TBA
✓ Clients with 1st Pregnancy ✓ ≤ Clients with 5th Pregnancy	Pregnant woman must **NOT** be taken care off by the TBA
	TBA **MUST** refer the Pregnant Woman to nearest health center for antenatal care
	TBA **MUST** accompany the Pregnant Woman to the health center for delivery
✓ Clients with 2nd Pregnancy ✓ Clients with 3rd Pregnancy ✓ Clients with 4th Pregnancy	TBA **MUST** refer the Pregnant Woman to nearest health center for antenatal care
	TBA **MUST** refer Pregnant Woman to nearest health center for delivery
	TBA **May** consider undertaking delivery only in unavoidable circumstances
	TBA **MUST** accompany the Pregnant Woman to the health center in the event of delivery
✓ Clients aged 13 – 19 years ✓ Clients aged 35 years ≤	Pregnant woman must **NOT** be taken care off by the TBA
	TBA **MUST** refer the Pregnant Woman to nearest health center
	TBA **MUST** accompany the Pregnant Woman to the health center for

[5] Health centers (public/private) in the Lower Manya Krobo District are provided in Appendix 3.
[6] Traditional areas in the Lower Manya Krobo District are provided in Appendix 4.

ISSUE	ROLE OF TBA
	delivery
Pregnant Woman with complications ✓ During pregnancy ✓ During childbirth ✓ After delivery	TBA **MUST** refer Pregnant Woman to nearest health center
Pregnant Woman from Hard-To Reach Community	TBA **MUST** link Pregnant Woman from Hard-To- Reach Community to Traditional female leaders living close to health centers for the provision of shelter when nearing delivery
New Born babies with complications ✓ During delivery ✓ During Postnatal period	TBA **MUST** refer Mother / New born baby to nearest health center
	TBA **MUST** accompany Mother / New born baby to nearest health center
Deliveries	TBA **MUST** record all deliveries
	TBA **MUST** provide records of all deliveries to nearest health centre TBA **MUST** Practice Infection Prevention (TB should not use herbs, ashes etc in dressing the cord)
All mothers	TBA **MUST** encourage all mothers to go to the health facility for antenatal, delivery and postnatal care
Women in Fertile Age	TBA **MUST** provide Family Planning motivation
	TBA **MUST** provide information on danger signs of pregnancy, childbirth and the postpartum period
Married couples	TBA **MUST** provide Family Planning motivation
	TBA **MUST** provide information on danger signs of pregnancy, childbirth and the postpartum period
	TBA **MUST** encourage the involvement of the male partner in the care of the woman and their newborn
Skilled Health Attendant	TBA **MUST** inform skilled health attendants about newly pregnant individuals in the community
Traditional Female Leaders	TBA **MUST** link Pregnant Woman from Hard-To- Reach Community to Traditional Female Leaders living close to health centers for the provision of shelter ***(Community Maternity Waiting Homes)*** when nearing delivery
Transport Owners And GPRTU	TBA **MUST** establish linkages with transport owners and GPRTU to offer ambulance services in Hard-to-Reach communities
	TBA **MUST** provide contact numbers of transport owners/drivers to pregnant women in Hard-to-Reach communities

4.2 Roles of Traditional Female Leaders (Queen mothers)

ISSUE	ROLE OF TRADITIONAL FEMALE LEADERS
✓ Pregnant Woman	Traditional Female Leaders **MUST** refer the Pregnant Woman to nearest health center for antenatal care, delivery and post natal care.
✓ Pregnant Woman from Hard-To Reach Community	Traditional Female Leaders **MUST** provide shelter***(Community Maternity Waiting Homes)*** for Pregnant Woman from Hard-to- Reach Community when nearing delivery
	Traditional Female Leaders **MAY** provide food for Pregnant Woman from Hard-to- Reach Community when nearing delivery
✓ Married couples	Traditional Female Leaders **MUST** provide family planning motivation
	Traditional Female Leaders **MUST** provide general information on danger signs of pregnancy, childbirth and the postpartum period
	Traditional Female Leaders **MUST** encourage the involvement of the male partner in the care of the mother and their newborn
✓ Transport Owners And GPRTU	Traditional Female Leaders **MUST** establish linkages with transport owners and GPRTU to offer ambulance services in Hard-to-Reach communities
	Traditional Female Leaders **MUST** provide contact numbers of transport owners/drivers to TBAs in Hard-to-Reach communities

4.3 Roles of District Health Management Team

ISSUE	ROLE OF DISTRICT HEALTH MANAGEMENT TEAM
✓ Traditional Birth Attendants	DHMT **MUST** have a register to record cases referred by TBAs
	DHMT **MUST** allow TBA's into the delivery room and assisting in delivery when the need arises
	DHMT **MUST** institutionalize an award system to motivate TBAs to refer cases to health centers. This can be done on quarterly, half yearly or yearly bases. Terms and conditions to be decided and agreed on by DHMT.
	DHMT **MUST** pay periodic visits to TBAs to ensure they comply to the rules and offer assistance where it is needed
✓ Transport Owners And GPRTU	DHMT **MUST** establish linkages with transport owners and GPRTU to offer ambulance services in hard to read areas.
	DHMT **MUST** provide contact numbers of transport owners/drivers to TBAs
✓ Married couples	DHMT **MUST** provide Family Planning motivation
	DHMT **MUST** provide information on danger signs of pregnancy, childbirth and the postpartum period
	DHMT **MUST** encourage the involvement of the male partner in the care of the woman and their newborn
✓ Communities	DHMT**MUST** organize health talks in the communities to educate community members on birth and emergency preparedness. Topics for educational purposes must include but not limited to: ✓ Early referrals ✓ Pregnancy induced hypertension ✓ Malaria and anemia in pregnancy ✓ Infection Prevention ✓ Infant Resuscitation ✓ Antenatal care ✓ Normal delivery care assisted by a skilled birth attendant ✓ Treatment for complications of pregnancy ✓ Neonatal care ✓ Family planning advice ✓ Management of sexually transmitted infections.

5.0 CONCLUSION

In many countries including Ghana, TBAs are an important source of social and cultural support to women during childbirth and because of economic constraints, and the difficulty in posting trained professionals to rural areas, many women will continue to deliver with TBAs. However, there is no conclusive evidence that trained TBAs can prevent maternal deaths unless they are closely linked with the health services, and are supported to refer women to functioning hospitals providing essential obstetric care. The role of TBAs should not be ignored but TBA training should be given low priority and precedence given to other programme options that are based on stronger evidence of effectiveness including the provision of essential obstetric care and of a skilled attendant at delivery.

This document, ***"Towards an Effective Collaboration for Quality Maternal and Neonatal Health Delivery: The Role of Traditional Birth Attendants & the Ghana Health Service"***, have been jointly developed in a consultative manner by all the parties responsible for its implementation. Adherence to them will promote healthy pregnant women, safe deliveries and healthy babies even as it propels Ghana closer to achieving the MDGs.

All stakeholders are urged to take responsibility for their roles in this document, whiles at the same time working together to ensure its successful implementation for "***Together we stand, Divided we fall".***

As stated aptly by Ms. Rita Y. Ntoso: Programs Manager of Socioserve-Ghana in November 2011, ***"Just as TBAs needs to work with skilled health service providers in order to have an impact on maternal and neonatal mortality, skilled health service providers also need TBAs to help build a good working relationship with the community members".***

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APPENDIX

Appendix 1: List of participants at Advocacy Workshop
Appendix 2: List of participants at the Consultative Meeting
Appendix 3: List of the health centers in the Lower Manya Krobo District

APPENDIX 1: LIST OF PARTICIPANTS AT ADVOCACY WORKSHOP

Item	Name	Profession	Community
1	Madam Angmor Maku	Traditional Birth Attendant	Asitey Kpose
2	Mary Nuerkor	Traditional Birth Attendant	Odumase Salose
3	Yaw Sotokpe	Traditional Birth Attendant	Agatom
4	Comfort Awo Yaa	Traditional Birth Attendant	Korletsan
5	Doemeyo Akutey M.	Traditional Birth Attendant	Konokpeim Kpogunor
6	Maria Atta Atteh	Traditional Birth Attendant	Konokpeim Kpogunor
7	Grace Kpever	Traditional Birth Attendant	Kong Ahodjo
8	Margaret Tutueah	Traditional Birth Attendant	Kpongunor
9	Esther Hokwe	Traditional Birth Attendant	Kpong
10	Gladys Tetteh Teye	Traditional Birth Attendant	Odumase Hwekpe
11	Manye Moteyo	Traditional Birth Attendant	Kodunya
12	Joyce Adjei	Traditional Birth Attendant	Asitey
13	Tetteh Dinah Maumunyu	Traditional Birth Attendant	Yonguase
14	Rebecca Awusi	Traditional Birth Attendant	Oborpa Djakiti
15	Eunice Tetteh	Traditional Birth Attendant	Ayemesu Kweti
16	Comfort Bwenor	Traditional Birth Attendant	Kpong Quarters
17	Felicia Narh	Traditional Birth Attendant	Pupumya Atrotrose
18	Kani Padi	Traditional Birth Attendant	Paterkunya
19	Eunice Korkor Malupe	Traditional Birth Attendant	Gotsonya
20	Odjaw Dora	Traditional Birth Attendant	Trawa
21	Mabel Boateng	Traditional Birth Attendant	Oborpa
22	Maulepe Korkor	Traditional Birth Attendant	Nuaso
23	Manye Nanteki I	Queen mother	Manya Krobo
24	Manye Dewi	Queen mother	Agomanya
25	Manye Oseiku	Queen mother	Sorkwenya
26	Manye Maku Tsu II	Queen mother	Korlestomsisi
27	Evelyn Doku	Skilled Health Attendant	LMKDA Health Administration
28	Arko Nasoto	Skilled Health Attendant	LMKDA Health Administration
29	Irene Anuwa Armah	Skilled Health Attendant	LMKDA Health Administration
30	Eunice Kpabitey	Skilled Health Attendant	LMKDA Health Administration
31	Lillian Aquaye	Skilled Health Attendant	LMKDA Health Administration
32	Rita Y. Ntoso	Programs Manager, Socioserve-Ghana	Akosombo
33	John Obuoba	Program Officer, Socioserve-Ghana	Akosombo
34	Alidu Tetteh	Driver /Expeditor, Socioserve-Ghana	Akosombo

Appendix 2: List of participants at the Consultative Meeting

Item	Name	Profession	Community
1	Gladys Nartey	Women's Group Representative	Odumase
2	Rita Nash	Women's Group Representative	Kpongunor
3	Kate Martey	Women's Group Representative	Oborpa
4	Mary Lamptey	Women's Group Representative	Akuse
5	Abigail Tetteh	Women's Group Representative	Oborpa
6	Janet Dedo Tetteh	Women's Group Representative	Odumase
7	Angelina Okine	Women's Group Representative	Kpong
8	Matilda Dosoo	Women's Group Representative	Akuse
9	Patricia Kodjoe	Women's Group Representative	Somanya
10	Mary Avorseh	Women's Group Representative	Somanya
11	Margaret Teye	Women's Group Representative	Asitey Kpose
12	Agnes Tetteh	Women's Group Representative	Asitey Kpose
13	Bertha Agbemafle	Women's Group Representative	Kpong
14	Stella Tetteh	Women's Group Representative	Asitey Kpose
15	Cynthia Doe Tetteh	Women's Group Representative	Odumase
16	Agatha Tetteh	Women's Group Representative	Odumase
17	Evelyn Doku	Women's Group Representative	Kpong
18	Samuel A. Mireku	Skilled Health Attendant	LMKDA Health Administration
19	Rita Y. Ntoso	Programs Manager, Socioserve-Ghana	Akosombo
20	John Obuoba	Programs Officer, Socioserve-Ghana	Akosombo
21	Alidu Tetteh	Driver /Expeditor, Socioserve-Ghana	Akosombo

Appendix 3: Health centers in Lower Manya Krobo District

Item	Name of Health Center	Community
1	Asitey Health Centre	Asitey
2	Oborpah Health Centre	Oborpah
3	Kpong Health Centre	Kpong
4	Odumase Health Centre	Odumase
5	Akuse Government Hospital	Akuse
6	Atua Government Hospital	Atua
7	St Martin's Hospital	Agormanya