

# **ANNUAL REPORT**

## **2017 - 2018**



**MAMACARE – GHANA ORGANIZATION**

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## Vision and Mission

### Vision

MamaCare-Ghana Organization (MMCGO) envisions a society in which all women and girls can exercise their fundamental human rights to:

Access by all pregnant women to prenatal care, trained attendants during child birth and referral facilities for high risk pregnancies and obstetric emergencies,

Access by all couples to information and services to prevent pregnancies which are too early, too closely spaced, too late or too many,

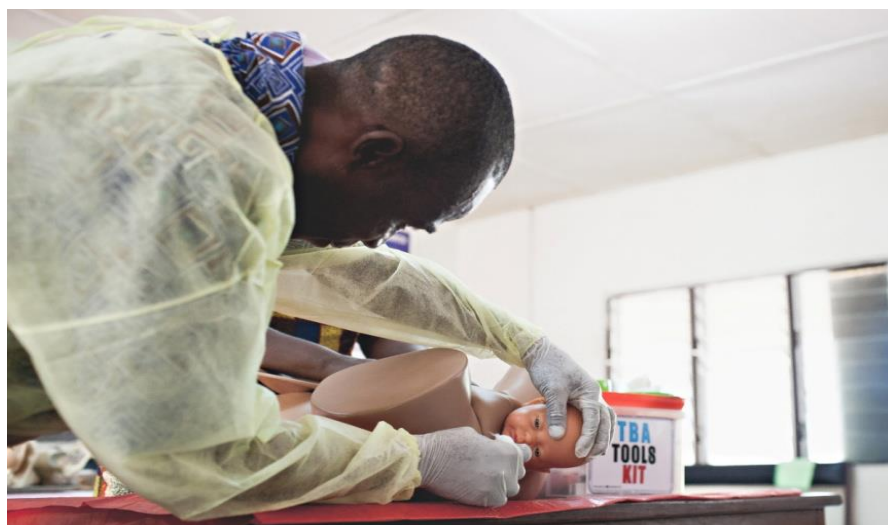
Access the information, resources, and services they need to enhance and protect their health and achieve their full potential;

- Make informed decisions about their sexuality, relationships, pregnancy, child-bearing, and marriage and all other matters related to their sexual and reproductive health and rights, free of discrimination, coercion, and violence; and
- Participate in and assume leadership to advance sexual and reproductive health and rights.

### Mission

- Training of traditional birth attendants, community health workers, community health nurses on basic midwifery practices.
- Provide health infrastructure thus construction of CHPs compounds, maternity homes.
- Provision of water and sanitation through the provision of mechanized boreholes and improved pit latrines (KVIP).

## Our Achievement



Since its creation, MamaCare-Ghana Organization has undertaken a number of training workshops for practicing but untrained community midwives.

So far, the organization has trained 200 practicing but untrained community midwives from about 100 villages in Hohoe





municipality, Afadzato South District and South Dayi District.

MamaCare-Ghana provided a training program for 80 women in income generation, basic financial management.

Through MamaCare-Ghana programs, over 50,000 people have become more knowledgeable on family Planning, HIV/AIDS and other Sexual Transmitted Infections (STIs).

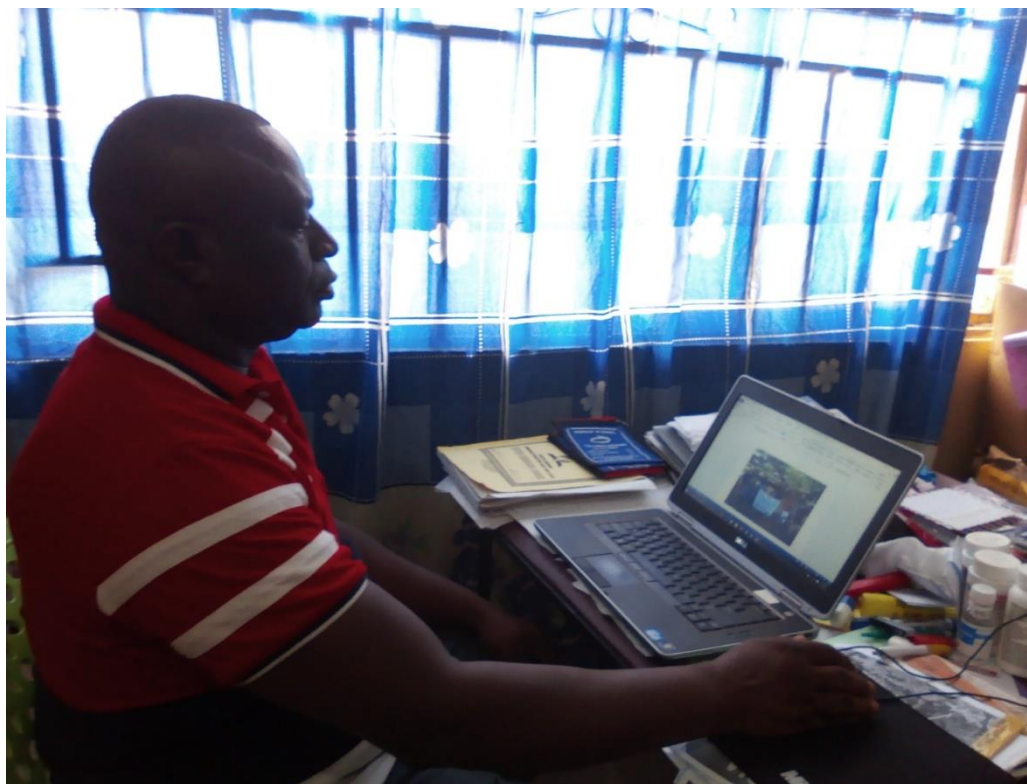
MamaCare-Ghana organization had organized five workshops for people living with HIV/AIDS in the Hohoe Municipality.

MamaCare-Ghana has trained about 70 community health nurses in emergency delivery.

We have provided mother and child delivery kits, medical supplies and equipments and medicines to the health centers both public and private clinics in the Volta Region and Greater Accra

## Message from Chief Executive Director

It is always a pleasure to write a report when there is good news to convey. MamaCare-Ghana and her team are doing such a great job for the poor and needy that reporting their achievements



becomes a real joy. MamaCare-Ghana Organization will be 23 years old in September, 2019 and already we have crossed many milestones and achieved a great deal.

During our first 10 years, we have been concentrating mainly on education and

the social well-being of the people we work with. Our achievements have been far from modest!! Let me tell you about them:



Training of Practicing but untrained Traditional Birth Attendants; during the year 2017, MamaCare-Ghana was able to trained about 90 traditional birth attendants in the South Dayi-District. The participants were drawn from 35 villages and communities to participate in the training workshops. The training was focus on sexual and reproductive health care with special attention to reproductive health rights for women and children in the villages. Besides the training workshops, MamaCare-Ghana held three different workshops for trainees on Malaria/Diarrhea prevention, HIV/AIDS, environmental hygiene and cleanliness, and sexually transmitted infection/diseases. After, a successful completion of the workshops; the participants were awarded health delivery Kits for their work. Items in the Kit boxes were obstetrician fetal stethoscope, gloves, blade for cutting of Umbilical cord, metalized spirit, soap and dish, a pair of hand washing bowls, towels, disposable maternity aprons and many more. They were also provided with Training Manuals they can easily refer too. The trainees were emphasized to work with the government professional health nurses and midwives within their jurisdictions. The category of the people who attended the workshops, are; Community Health Workers and practicing but untrained traditional birth attendants.

In 2018, MamaCare-Ghana organization shifted her focus slightly to scale up its programs from traditional birth attendants to training of Community Health Nurses in emergency delivery. This was agreed with our major collaborator, Ghana Health Service-Hohoe office. The need to train the CHNs in Emergency delivery practices stems from the Government and World Health Organization (WHO) policy to recognizing skill and supervise delivery from Professional nurses, midwives. Although, the policy has its own limitation, MamaCare-Ghana has to comply with directives since we are working to compliment government effort on improving mother and child health care in the remote rural areas. About 50 Community Health Nurses were trained in emergency delivery practices at the Hohoe Municipal Hospital. Medical supplies and Obstetrician equipment including medication for pregnant women and children were donated to the health centers, hospital and private health facilities both in Hohoe Municipality and Greater Accra Region. The 2018 year also saw a series of outreaches conducted by MamaCare-Ghana Organization. Follow-ups and supervisory visits were undertaken by our great organization to making sure that, the trainees are applying the knowledge acquired during the workshops.

MamaCare-Ghana also donated some family planning materials to Health office at Hohoe. These, were to use to be use to provide free of charge services for patients and clients who might need their services delivery at the primary community level. Lastly, there were two workshops also held for TBAs on how to collaborate with professional health care providers and another one for CHNs on how to register pregnant women using the New Maternal Record Book provided by the Ministry of Health Ghana (MOH). There is more to be done as the population of Hohoe municipality and project regions keeps increasing and there are also new resettlements.

We did not make much impact on Water and Sanitation as all the proposals to sink mechanized boreholes did not receive donor approval and funding.

We are, of course, still a long way from achieving the outcomes we seek. Success will require more hard work and a redoubling of our commitment to service and collaboration and the values of our larger projects at community level. But I heartily commend the staff and volunteers who have helped bring this year's success, and humbly thank all the members, contributors, donors and patrons for their support in helping MamaCare-Ghana organization reach this "tipping point".



In terms of way forward, we are looking at evolving this program to create a more holistic intervention where participants or beneficiaries are not only tracked during and post their education, but also helped in job placements, life skill training. This way, we can provide skill training for our traditional birth attendants and other local girls that were not able to make it into senior high schools as a result of lack of funding from their parents.

And so we look ahead to the next decade of work and progress with renewed hope and enthusiasm. MamaCare-Ghana team are a great group who are full of enthusiasm and so far they have achieved close to the miraculous!! In the months and years ahead, MamaCare-Ghana Organization as an entity will change because of the scope of the work we need to tackle and also because with Community Health Nurses program the nature of our relationship will change. Working in other regions and communities in rural remote Ghana. We face the future with faith, hope and charity!!

Mr. Pewudie Emmanuel  
Chief Executive Officer  
MamaCare-Ghana Organization

## Training of Practicing but Untrained Traditional Birth Attendants (TBAs)

As a consequence of this poverty and the ‘cash and carry’ system practiced within the health sector for Non National Insurance Card holders in this country, the rural people are unable to pay for the services delivered by the few health service delivery institutions (i.e. Clinics and the Regional Hospital in the Municipality. Road networks (and their quality) are not very good in the Municipality, hence vehicular transport is difficult to come by particularly in the rural areas, and therefore access to the health institution is difficult. In view of these, expectant mothers use the services of Traditional Birth Attendants (TBAs) whose services are easily accessible, cheaper, and who could also defer payment for their services.



In 2017, a number total of 90 practicing but untrained traditional birth attendants were recruited from about 45 villages and communities received formal basic training on Mother and Child Health Care. (MCH)

The beneficiaries were recruited by the community members themselves. This concept is based on sustaining the project and the community participation and ownership. Two practicing but untrained traditional were recruited from the two districts, namely, Hohoe Municipal and South Dayi District all based in the Volta Region, of Ghana.





The training workshops were held at MamaCare-Ghana Organization's premises. Five days were used to train the participants ranging from hygiene, hand washing, taking the patient history and many more topics that were deemed necessary for their literacy level. The training workshops were supported by training manuals which each participant had one copy for reference and continuous study even after training workshop elapses. After a successful completion of the training workshops, the birth attendants were certified and recognized by the Ghana Health Service workers. Trainees were also awarded Delivery Health Kit whose items can help them provide safe delivery and also to enhance aseptic techniques in their work. Equipment like fetal Stethoscope, soap and dish, rubbing alcohol, packets of blades for cutting of umbilical cord, a set of hand washing bowls, towels and many more basic maternity materials that could help them prevent infection to clients and from client to service provider.

Training Traditional Birth Attendants (TBAs) is expected to increase access to maternal and child health service for communities, particularly the poor and deprived ones.



The training workshops was handled by the Trainer of Traditional Birth Attendants in the person of Mrs Kuglenu Charity a trained Community Health Nurse Midwife from the Hohoe Municipal Health Directorate of Ghana Health Service (Retired) and supported by the immediate past Director, Mrs. Asare Regina (Former Principal of Hohoe Midwifery College, Hohoe).

Topics developed by World Health Organization were used during training workshops and are; prenatal, delivery and post-natal health care. These were the topics that will make them more knowledgeable on issues of;



Prevention of infection and other sexual transmitted diseases,

- HIV and AIDS
- Safe Midwifery practices
- Diarrhoea and Malaria prevention

**1. Prevention of Infection:** In view of emergence of HIV and other infections, it is necessary that those who care for other people- health and health workers understand the risks involved and be willing to take preventive measures that will give them protection and avoid cross infection. Some of the things that learnt here: - Effective hand washing, use of protective clothing, example aprons, gloves, condoms, use parazone in decontamination.

**2. Knowledge of HIV Infection:** The fact that there is no cure for it presently. How it can be prevented. Even though there is no cure yet, that people with the disease have hope if they make use of medication regimes available. That it is necessary for people to know their HIV status by making use of free testing and Counselling facilities available at the clinics and health posts. They learn about Prevention of mother to child transmission of HIV/AIDS. They also learn to refer first antenatal cases to the hospital for screening. Safe Midwifery Practice (Safe Motherhood)

### Success Story:



There is this young girl aged 25 years who said that before she attended educational discussion held by her trained traditional birth attendant in her village called VE-HOEME, she thought that a girl or woman has to have several sexual activities before she could become pregnant or catch the HIV infection as well as other sexually transmitted diseases she had heard of. But after listening to the trained birth attendant at the education ground, she now understands that a girl can become pregnant or

catch the HIV infection even at her first ever attempt at sleeping with a man. She has therefore decided to disseminate this information with her peers who did not attend the session.

Under this topic; we look at

- Good Prenatal care
- Effective examination of the pregnant woman including abdominal examination
- Skilful safe delivery of the baby





- Proper post Natal care
  - The ability of the birth attendant to recognize what is beyond her ability and to make timely referral promptly.
  - Working hand in hand with the Midwife and or the Community health Nurse
- Traditional birth attendants are made aware that they are to handle normal cases taught only.

## Skills Acquired

- Effective hand washing
- Proper palpation of the uterus (womb) and general examination
- Skilful delivery of baby and cutting of cord
- Communication skills
- Good interpersonal relations
- Establishing rapport. Practical areas were supported by demonstrations,



**List of items containing in the boxes are included are;**



- Soap in a soap dish
- Hand towel
- Nail brush/sponge
- Mackintosh
- Cord ligature
- Packet of new blades
- Roll of cotton wool
- 2 small plastic bowls
- Bottle of robin alcohol
- Chorine / Prazone
- Antiseptic lotion
- Gentian violet
- Condoms
- ORS sachets
- Gloves,
- Dettol (antiseptic liquid)
- TBA record book
- T' shirts
- Tape measure
- Robin Alcohol container
- Feotal Stethoscope

**Summative Evaluation:** This measures the extent to which change occurs, consistent with the objectives of the programs. For health communication programs, the primary objective is usually a health-related behavior.

Illustrative outcome context include the following:

Type of program	Outcome (Health Behavior)
Family planning	Contraceptive use (Distribution of condoms by trained birth attendants, Insertion of Implanon NXT and other devices' according to client demand and clinical test by Community Health Nurses)
HIV/AIDS prevention	Abstinence, monogamy, condom use, gloves use by all health skill attendants
Malaria	Use of bed nets/environmental cleanliness, testing for malaria using Malaria Pf (HRP2) Ag RDT by only trained professional health care. NOT by TBAs.
Safe motherhood	Delivery with trained birth attendant or professional midwife (Both coming together to making sure Mother and Child is safe and healthy during Antenatal, delivery and post –natal care.
Child survival	Exclusive breastfeeding to 6 months, use of Oral Rydration (ORS) Salts for diarrhea, and Immunizations

### Training of Traditional Birth Attendants on Malaria & Diarrhoea



**Malaria:** This topic was also chosen because it is a serious national problem for the nation, Ghana and has serious implication for pregnant women and children particularly in the remote rural areas. Malaria diseases are causes of about 40% maternal and infant mortality in the project region. It is felt that the traditional birth attendants can help in curbing the incidence of the infection by doing health education and campaigning at the grassroots level.

They were taken through the following aspects of Malaria.

- What it is Malaria, what causes Malaria, breeding places of the mosquito, signs and symptoms of Malaria Disease,
- Care of the patient while waiting to get to a referral point, example reducing high temperature by using tepid water on the body. Care of the patient at home if not admitted into a health facility.

**Prevention and Education:** Clean environment, weeding of bushes around, burying used can, covering stored water, living in mosquito proof houses, the use of Mosquito Nets and hanging techniques.

**Diarrhoea Diseases:** Diarrhoea diseases also have serious implications for pregnant women and children. Trainees were made aware of what constitutes diarrhoea, how it spreads, and factors that may be responsible for causing the condition. The havoc it can cause. Pregnant women and children are very vulnerable. The role of Oral rehydration Treatment in the management of diarrhoea, that timely referral is necessary for survival. Prevention of the condition: ways of prevention were discussed. Example proper hand washing especially with soap before eating, washing of fresh fruits in salty water before eating them, covering of food and water, proper disposal of refuse, developing the habits of making our environment clean. Some general education was given on the Cholera diseases.

#### Success Story:



The older trained birth attendants who attended the training workshop also shared their experiences by saying that they have heard of female genital mutilation vaguely; they do not understand what it implied. After attending our training which taught them on the topic using pictures, they now understands what it is all about with its devastating effects on the woman and the fact it is an infringement on the women right and that the act is now punishable by law.

#### Success Story:





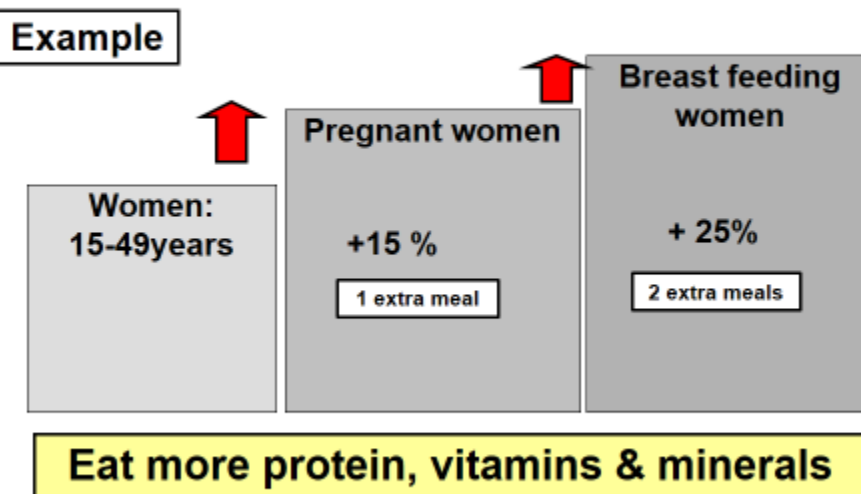
Another trained birth attendant said, before she receives training, she has been doing deliveries with her bare hands, that when she had to eat, after a delivery, she was not enjoying her food, especially when she thought of the fluids, blood and even feces she handled during the delivery. The project provided her with Gloves and other disinfectants to use during and after delivery. She promised not to delay referral cases anymore at her outfit which could lead to a loss of life.

## Training of Traditional Birth Attendants in Nutrition

In a two days' workshop, the 90 newly trained Traditional Birth Attendants learn about good nutrition during pregnancy, for new-born, and children under 5 years.

The participants were advised to use Platform such as under-five clinics (Child Welfare Clinics) and child immunization meetings to educate mothers as well as during home visits.

## Nutrient requirement of breast feeding & pregnant women



PP 5-7

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## Nutrition during Pregnancy

## THE FOUR STAR DIET. EXAMPLES OF LOCALLY AVAILABLE FOODS

**Animal-source foods** including flesh foods such as meat, chicken, fish, liver and eggs and milk and milk products

*Note: animal foods should be started at 6 months*

**Legumes** such as beans, lentils, peas, groundnuts, agushie, wrewere, neri and **seeds** such as sesame



A pregnant woman needs to eat many different types of foods such as meat, chicken, snails, fish, kontomire and other dark green leafy vegetables, vegetable oil, palm oil, rice, plantains, yams, corn, eggs, peanuts, oranges, and vegetables, etc.

A pregnant woman needs to eat fruits

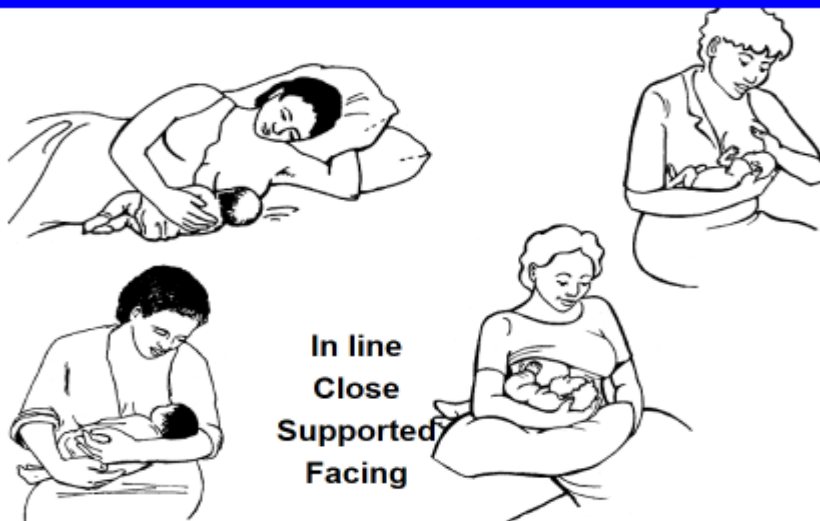
and vegetables with her meals daily

Pregnant women, ensure good hygiene to make you strong and not fall ill.

A pregnant woman needs more blood. Not enough iron will lead to low blood (anemia), which will make you and the baby weak, sick and tired.. Iron/folic acid medicine is important to keep you and the new baby healthy and strong. But Traditional Birth Attendants were not allowed provide any medication for the pregnant woman. They can only educate.

A pregnant woman needs to use iodized salt to make sure her new baby is healthy and will grow to be intelligent.

## Breastfeeding Positions



Breastfeeding Counseling: a training course, WHO/CHD/93.4, UNICEF/93.2

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## Advantages of breastfeeding

### Breast milk

- Perfect nutrients
- Easily digested; efficiently used
- Protects against infection



### Breastfeeding

- Helps bonding and development
- Helps delay a new pregnancy
  - Protects mothers' health

## Disadvantages of artificial feeding

- Interferes with bonding
- More diarrhoea and persistent diarrhoea
- More frequent respiratory infections
- Malnutrition; Vitamin A deficiency
- More allergy and milk intolerance
- Increased risk of some chronic diseases
- Obesity
- Lower scores on intelligence tests
- Mother may become pregnant sooner
- Increased risk of ovarian cancer, breast cancer in mother



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## Complementary feeding

**What is complementary feeding**

Complementary feeding

**Factors to consider during complementary feeding**

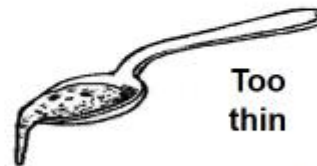
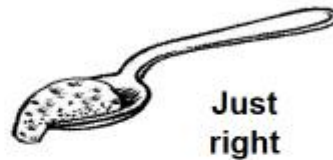
- Age of Child

### Texture/Consistency

**Stomach size**



**Thickness of food**



**Foods that are thick enough to stay in the spoon give more energy to the child**

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## Hygiene

Prepare food in hygienic ways:

- Wash vegetables before use
- Wash your hands before preparing food
- Use clean utensils, plates, cups and spoons
- Give fruits after meals

## Responsive feeding technique

- Smiles, eye contact and encouraging words
- Slowly and patiently with good humour
- Try different combinations, tastes and textures
- Give finger foods that the child can feed him/herself
- Minimize distractions
- Stay with the child through the meal and be attentive

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After a successful completion of the training workshop, each participant had a copy of selected Nutrition cards for reference and to help them education community members.



In 2018, programs completed was Training of Community Health Nurses in emergency delivery. MamaCare-Ghana Organization scale-up its programme focus by shifting its concerns into Community Health Nurses (CHNs) and their involvement on Mother and Child Health care (MCH).

Until, now MamaCare-Ghana Organization believes that every pregnant woman has a right to trained and or skillful birth attendants. This is also the concern of the Government and all



stakeholders in the Republic of Ghana. However, the majority of the people who live in hard-to-reach areas are denied this opportunity and sometimes ended up in the hands of untrained birth attendants resulting in more maternal and child mortality and birth injuries.

## Training of Community Health Nurses in Emergency Delivery



MamaCare-Ghana Organization in collaboration with Hohoe Health Directorate organized training workshops for about 55 Community Health Nurses to be able to assist in any emergency delivery that may come of their way especially during their routine community home visits.

Also, the concept is to build their capacities so

that they work in the absence of the midwife and also partner with a trained traditional birth attendant in the community.

They were therefore, trained in various ways that would help them handle any emergency delivery case at home and or at the health facility.

Some key topics handled by the trainers are amongst others;





## Normal labour (1)

### What is normal labour?

A process whereby the foetus, placenta & membranes are expelled through the birth canal

- Foetus is born **at term**
- Presents **with the head**
- Delivered **spontaneously**
- Duration of labour should not be more than **12 hours**

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## Normal labour (2)

### 3 positive signs of labour

- 1) Painful rhythmic uterine contractions
- 2) Dilatation of the cervical os
- 3) Presence of Show (Blood stained Mucoïd-like vaginal discharge)

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## Management of Labour

- Take history (Time of on-set of labour )
- Perform examinations
- Look for abnormalities
- Record findings & observations
- Monitor labour
- Emotional support & re-assurance

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## Examination (1)

### 4 main components of examination

- A) General Examination
- B) Abdominal Examination
- C) Vulva Examination
- D) Vaginal Examination



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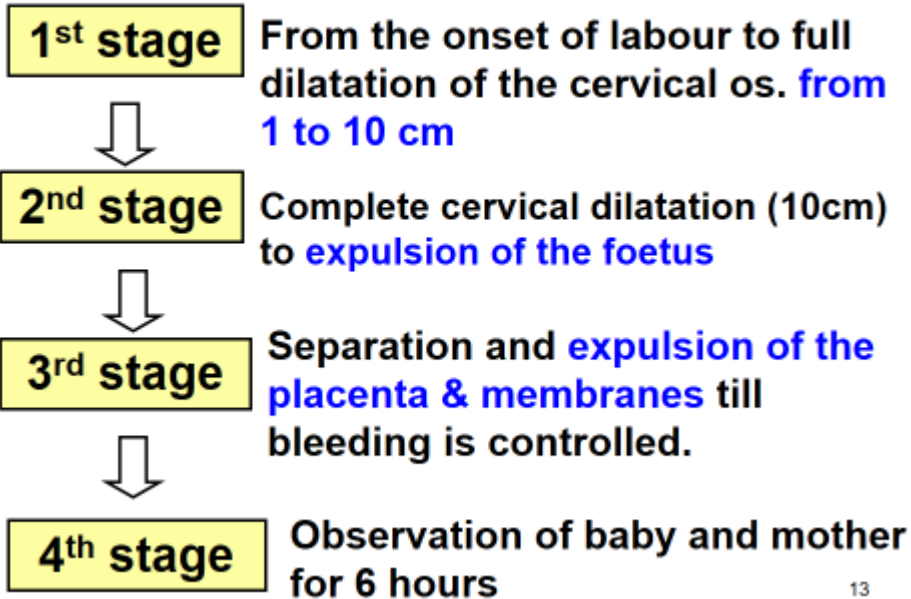


## Difference between true labour and false labour

Signs	True labour	False labour
<b>Pains</b>	<b>Regular</b>	<b>Irregular</b>
<b>Intervals of pain</b>	<b>Shortens gradually</b>	<b>No change</b>
<b>Contractions</b>	<b>Duration Severity increase</b>	<b>No change</b>
<b>Show</b>	<b>Present</b>	<b>Absent</b>
<b>Cervical OS(opening)</b>	<b>Dilating</b>	<b>No dilation</b>

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## Stages of labour



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After a successfully completion of the training workshop. MamaCare-Ghana donated medical items and medication to the Hohoe Health Directorate.



## Training of Community Health Nurses and Professional Midwives in Helping Babies Breathe

In collaboration with a partner organization in Germany, The founder of Meeting Bismarck, eV Germany organized training workshops for some selected midwives and community health nurses from Afadzato South District of the Volta Region to give them training on neonatal resuscitation. The participants learnt about how to resuscitate a new-born baby who does not cry soon after delivery.

Neonatal deaths contribute much to Ghana infant mortality rates. The participants after their training were provided some basic equipment and materials that would help them deliver on what they have learnt and apply the knowledge at their health centers and facilities.







## Supervisory Visits



MamaCare-Ghana Organization undertook a number of supervisory visits to ensure that the programme is making impact on the beneficiaries at the community grassroots level. The visits team were, from the Health Office, Public Health Nurse. MamaCare-Ghana team was the programs director.

At the visit, we interacted with the community people to find out about the impact community health nurses and traditional birth attendants making. The visit also gives us the opportunity to check and collect data on the ante-natal, delivery and post-natal services provided by the

trainees. We also look at the data on family planning services provided and the number of health education conducted. Ideally, our supervisory visit is on quarterly basis.

The table below summarizes the work being done by the trained Community Health Workers and Traditional Birth Attendants for 2017.

## Healthcare Program

With rising costs of health care, the disadvantaged and poor families often put off medical care until an emergency arises. Healthcare expenditure usually puts a strain on the financial resources of these families. MamaCare-Ghana Organization health care programs have been developed to provide beneficiaries with quality health care at affordable costs. Over the years, MamaCare-Ghana Organization has strengthened its programs by building networks with specialized hospitals, clinics and health facilities. We have also created a health care manual and a database of health care providers in the project region. An important aspect of our program is to provide awareness about the various government schemes and to link our beneficiaries to these schemes, because very often they get left out due to lack of information about them.

### For Trained Traditional Birth Attendants 2017

Antenatal	Deliveries	Postnatal care	Referrals to Health facilities
3,600	1,600	3,600	2,000

Trained Traditional Birth Attendants made a lot of impact in sexual and reproductive health care. Until the government and the World Health Organization (WHO) policy, TBAs does about 55% of all deliveries and are still holding to about 46%. Skill or supervise deliveries were not making an intended impact. About 70% of the pregnant women in the remote rural areas want to have their babies delivered by either trained or untrained traditional birth attendants. The high demand of pregnant women wanting to have their babies delivered by TBAs has many reasons.

Curiosity made MamaCare-Ghana team interviewed few pregnant women who had their babies with TBAs and this revealed that, TBAs are more patient with them during before and after the delivery. They took good care for them. Some also say that, though we have the health insurance card to deliver free at the hospital, but we don't have money for transportation. Some also say, we don't understand the language being spoken by the nurses and midwives at the hospital because, we can only understand our local dialect. Some also say, TBAs provide infertility help before I got pregnant and therefore, they prefer to attend their antenatal, delivery and post-natal care with them. These call for concerted debate to see if Ghana can do without TBAs on matters of maternal and childbearing especially at hard –to – reach areas. Averagely, 1 TBA can deliver between 25-37 babies per annum. Some deliver up to 56 babies per annum. *Source of Data-TBA Record Book provided by MamaCare-Ghana Organization.*



For the Community Health Workers (CHWs)			
Antenatal	Deliveries	Post-natal Care	Referrals to Hospital
800	200	800	600
Please, Note that, most of the pregnant women prefer attending antenatal care (ANC) with the TBAs after they have been to the hospital for professional vital check-ups. The majority of the births which was conducted by the traditional birth attendants were mostly done with and in the collaboration with Community Health Workers (CHWs) and the midwives at the maternity units of the Ghana Health Services. Unfortunately, the Community Health Workers (CHWs) programme came to a close on the 2 <sup>nd</sup> of August, 2018. Referrals was mostly about the early detection of the pregnancy complications which were referred on time for expert help.			

## Health Camps & Outreaches

MamaCare-Ghana Organization conducts periodic health camps for its beneficiaries to meet their immediate health care needs. Multi-specialty health camps including pediatrics, gynecology, Ophthalmology and dental treatment are organized extensively across the project regions. Our health camps offer curative, preventive and promotive services to the beneficiaries and upon completion of the health camp, we ensure that they complete follow up treatment.







In 2017-2018, a total of 20 health camps were organized across 11 communities covering 12,150 beneficiaries. At outreaches, we provide health screening on HIV/AIDS, Hepatitis B, Malaria infection, and breast cancer for women and other diseases. Hepatitis B seems to be dominating in our society but majority are ignorant about it. People who were tested got to know their status. Unfortunately, MamaCare-Ghana Organization did not have financial support for medicines that can prevent hepatitis B. Cases that were positive were referred to Hospital for treatment. There were some positive cases of HIV/AIDS that were immediately referred to Hospital for further investigation and treatment of (ARVs). Malaria infection cases topped the health screening about 80% of all people screened had Malaria virus. They were also referred to the hospital for treatment since treatment for Malaria is made free by Health Insurance Card holders.

Women and girls were educated on breast cancer and the need to periodically visit the health centers for follow-up screening and treatment. During the outreach, we had the opportunity to educate the community on their general health care and the need to check-up on their health periodically. MamaCare-Ghana Organization donated Prenatal Multivitamins for pregnant women including ferrous Sulfate tablets that will help them prevent anemia during pregnancy. Mothers were also educated on the need for six month exclusive breast feeding and its benefits. About 90% of the mothers who benefited got some Baby Diaper Spray, infant Tylenol, Tempra, Pediatric Oral rehydration Salts and Children Chewable Multivitamin. Other donations were, delivery Mats, Folic Acid etc.

## Medical Assistance

Many beneficiaries, who suffer from different ailments and require medical support for themselves or for their family members, are referred to Hohoe Municipal Government Hospital. During the project period, 113 patients were identified for medical intervention, of which 22 patients





successfully completed the treatment, including two patients who received support. Treatment is in ongoing for another 10 patients.

## Way Forward

### Health Care Programs

MamaCare-Ghana Organization has planned to train 100 community health nurses this year on emergency delivery. We have also planned to equipped all the trainees with Mother and Child health tool kit (MCH-Kit)

### Monitoring and Supervision

We have planned to embark on quarterly monitoring and supervisory visit to ensure the project is making impact.

### Evaluation

MamaCare-Ghana organization has planned to evaluate the project especially the scale-up project which is training community health nurses in emergency deliveries.

### Construction and Equipping of Maternity Clinic

MamaCare-Ghana will construct the Maternity clinic to enhance easily accessibility for pregnant women and the people of the beneficiary communities.

### Outreaches,

We have planned to embark on monthly outreaches to educate the poorest and underprivileged bringing health and hope to their door steps. We have planned 12 outreaches for 2019 calendar year.

### Renovation of Mempeasem Health Centre

Decades have past when this health center was constructed by the government of Ghana through the Ministry of Health (MOH). Since its construction, the Health center has not seen any renovation and or renewal of basic equipment. MamaCare-Ghana has planned to source funding to renovate the clinic and equipped it to be fully operationalized. The Clinic serve the population of 38,700 people with the daily attendance of about 100 people per-day averagely.

### Refresher Training for Community Health Nurses (CHNs)

Supervisory visits informs us that, there is a need to organize a two day back-up training workshops for CHNs who were trained in 2018. It will be a follow-up training that will deepen their knowledge and be able to effectively deliver their services to the community members in general thereby improving maternal and child health care.

### workshop for Traditional Birth Attendants (TBAs)



It is planned to hold a two days' workshop for TBAs to enhance their working collaboration with community health nurses and other professional health care providers. The workshop will also reinforce their practice for better improvement of mother and child health care.

## Our Support

Since 1997, MamaCare-Ghana organization has been supportive in promoting sexual and reproductive health rights for women and girls in the project regions. The organization has also taught women on how to do small savings and basic bookkeeping. MamaCare-Ghana programmes has also been in consistent with policy of Ghanaian Ministry of Health (MOH) and Ghana Health Services (GHS). We have bridging the gap that existing between the urban and rural remote areas in terms of Maternal and Child Health Care (MCH). MamaCare-Ghana Organization has great team members who commit their time voluntarily in making sure that health care is available for people who lives in the hinder lands of the project regions.

Because of the immerse contribution we have made, the organization has been awarded a National recognition certificate for Charity work in Ghana by the Department of Social Welfare.

We are happy to see mothers and their babies being delivered safely without much complications and with trained skill birth attendants. Referrals have also been improved and working in partnerships for Traditional Birth Attendants (TBAs) and Midwives has also improved.

## Funders and Donors

MamaCare-Ghana Organization has a track record with funders of financial integrity and high standards of delivery. The organizations strength lies in its skilled and committed team to provide quality services to the economically vulnerable sections of society. MamaCare-Ghana past and current funders include Global fund for Women (USA) Feed the Minds (UK), Action-Medeor (Germany), Associated Country Women of the World (ACWW-UK), World Mercy fund, (Germany & Austria), African Women Development Fund (AWDF-Accra), Photographers Without Borders (Canada), Soest Foundation (The Netherlands), Meeting Bismarck, e.V (Germany), Health Partners International of (Canada), Paul-Hodges Trust (United Kingdom), Virginia Guilder sleeve International fund for Women (USA), Ghana AIDS Commission, National AIDS Control Programme (Ghana) 1% Percent fund for development (Switzerland), Combine Services for third world (Ireland), United Methodist Women Ministries for International Development (USA), and Presbyterian Women (USA)

We also have many generous individual donors who support our various programmes and ensure that our work continue uninterrupted.





## Volunteers

MamaCare-Ghana Organization has placed foreign volunteers in the health centers and Hospital for knowledge exchange and volunteer purposes. Most of the overseas volunteers have come from Germany, Canada, USA and Mexico. About 100% of our Volunteers have been from foreign





countries and health care staffs. We still have work for volunteers who will like to come to Ghana and share their knowledge in either Health Care or Social issues.

## Challenges

Renovation of MamaCare-Ghana Training Centre is a challenge. The Centre is in the deplorable state that calls for renovation to enhance teaching and learning. Accommodation or overnight rooms are not many, means we need an expansion.

Funding; External Funding is needed to organize our training programmes. We also need a vehicle or a simple used small bus we can use to conduct supervision and monitoring.

Equipment such as laptops, printers, photocopier machines, digital camera, projector and screen are needed to enhance quality delivery of our work.

## Acknowledgement

We want to acknowledge our current sponsors for their financial contribution, amongst is, Meeting Bismarck, Germany, Health Partners International of Canada and Paul-Hodges Trust, UK. Others are, Hohoe Municipal Health Directorate of Ghana Health Services (GHS)

Volta Regional Hospital-Hohoe, Midwifery Training College-Hohoe, Afadzato South District health Directorate, South-Dayi District Health Directorate, all staffs and workers of Hospitals, health directorate offices.

## Financial Report

MamaCare-Ghana Organization Two-Year Financial Statement					
		Current Year (2018)		Previous Year (2017)	
Income	Notes	USD	GH¢	USD	GH¢
Donations & Grants					
Manos Unidas (Spain)	1	-	-	23,943.14	112,532.75
ATBAWA Organization	1	-	-	3,155.32	14,830.00
Communities Contribution	1	-	-	1,723.40	8,100.00
Ghana Health Services - Hohoe	1	-	-	627.66	2,950.00
Meeting Bismarck e.V., Germany	9	9,787.23	46,000.00	-	-
Meeting Bismarck e.V., Germany	13	14,423.15	67,788.82	-	-





Health Partners International of Canada	9	7,021.28	33,000.00	-	-
Paul-Hodges Trust UK	9	14,468.09	68,000.00	-	-
Overseas Volunteer Donations	9	1,702.13	8,000.00	1,276.60	6,000.00
<b>Total Income</b>		<b>47,401.88</b>	<b>222,788.82</b>	<b>30,726.12</b>	<b>144,412.75</b>

<b>Expenses</b>	<b>Notes</b>	<b>USD</b>	<b>GH¢</b>	<b>USD</b>	<b>GH¢</b>
<b>Programmatic Activities</b>					
Project cost	2	-	-	7,902.13	37,140.00
Training of traditional birth attendants	3	-	-	8,127.66	38,200.00
Training for malaria and diarrhea	4	-	-	2,255.32	10,600.00
Training of TBAs in nutrition for pregnant women and children	5	-	-	1,872.34	8,800.00
Refresher training for TBAs	6	-	-	2,553.19	12,000.00

Overhead cost	7	-	-	4,192.13	19,703.00
Personnel allowances	8	-	-	2,670.21	12,550.00
Purchases	10	3,978.72	18,700.00	-	-
Training Cost	10	5,653.19	26,570.00	-	-
General & Administration Expenses	11	140.43	660.00	-	-
Financial Cost	12	10.64	50.00	-	-
Purchases	13	7,717.02	36,270.00	-	-
Training Cost	14	5,240.43	24,630.00	-	-
General & Administration Expenses	15	1,299.15	6,106.00	-	-
Financial Cost	16	10.64	50.00	-	-
Training of CHN's in Emergency Delivery		5,319.15	25,000.00	-	-



Purchasing Mother and Child Health Kits		7,808.51	36,700.00	-	-
Clearing of Cargo at Airport		1,702.13	8,000.00	-	-
Photocopy of Training Manuals		1,808.51	8,500.00	-	-
Food and Beverages		2,127.66	10,000.00	-	-
Transport Refund for Participants		1,808.51	8,500.00	-	-
Stationery for Trainees		2,127.66	10,000.00	-	-
Pick Up and Drop off of Volunteers		-	-	1,276.60	6,000.00
<b>Total Expenses</b>		<b>46,752.34</b>	<b>219,736.00</b>	<b>30,849.57</b>	<b>144,993.00</b>

## NOTES

	<b>2017</b>
	<b>GH¢</b>
<b><u>1. Income</u></b>	
Manos Unidas(Spain)	112,532.75
ATBAWA Organization	14,830.00
Communities contribution	8,100.00
Ghana health services - Hohoe	<u>2,950.00</u>
	<u>138,412.75</u>
<b><u>2. Project Cost</u></b>	
Medical kit boxers	26,400.00
Condoms	4,500.00
Fetal Stethoscope	1,800.00
Gauze	3,000.00
Oral hydration salts	<u>1,440.00</u>
	<u>37,140.00</u>
<b><u>3. Training of traditional birth attendants</u></b>	
Feeding	25,200.00



Photocopy training manual	2,400.00
Photocopy record books	3,000.00
Stationeries	1,800.00
Transport for TBAs	3,600.00
Training banner	100.00
Caterer fees	<u>2,100.00</u>
	<u>38,200.00</u>

#### **4.Training for malaria and diarrhea**

Feeding cost	3,600.00
Photocopy training manual	1,800.00
Stationeries	1,200.00
Transport for TBAs	3,600.00
Caterer fees	<u>400.00</u>
	<u>10,600.00</u>

#### **5.Training of TBAs in nutrition for pregnant women and Children**

Feeding for TBAs	3,600.00
Stationeries	1,200.00
Transport for TBAs	3,600.00
Caterer fees	<u>400.00</u>
	<u>8,800.00</u>

#### **6.Refresher training for TBAs**

Feeding of TBAs	7,200.00
Transport for TBAs	3,600.00
Caterer fees	<u>1,200.00</u>
	<u>12,000.00</u>

#### **7.Overhead cost**

Training allowances for TBAs	2,700.00
Communication	960.00
Office materials	480.00
Electricity	1,200.00
Water supply	360.00



Selection of TBAs	373.00
Referral cards	2,400.00
M and E	600.00
Transport for ATBAWA	370.00
Practical for nutrition education	600.00
Transport for practical-Hohoe	600.00
Monthly supervision	3,600.00
Radio spots	960.00
Venue for training workshop	3,000.00
Accommodation	1,200.00
Contingency	<u>300.00</u>
	<u><u>19,703.00</u></u>

### **8. Personnel allowances**

Executive Director	2,640.00
Programs Manager	2,580.00
Administrative/Accounts	2,520.00
Security	1,860.00
Ghana health services	<u>2,950.00</u>
	<u><u>12,550.00</u></u>

### **9. Income**

**2018**

#### **Grants and Donations**

**GH¢**

Meeting Bismarck e.V., Germany	46,000.00
Health Partners International of Canada	33,000.00
Paul-Hodges Trust UK	68,000.00
Overseas Volunteer Donations	<u>8,000.00</u>
	<u><u>155,000.00</u></u>

### **A. Purchases**

**GH¢**

Medical kit boxes / Medical supplies	13,500.00
Boxes of Condoms	1,200.00
Motor Bike	<u>4,000.00</u>
	<u><u>18,700.00</u></u>

### **B. Training Cost**

**GH¢**





Feeding of Participants	17,500.00
Photocopies of TBAs Training Manual	1,500.00
Photocopies of TBAs Records Books	1,750.00
Stationary for TBAs ( pens files, writing pad )	750.00
Transport refunds to midwives	2,000.00
Training Banners	120.00
Printing of T. Shirts	1,375.00
Catering services	700.00
Accommodation	875.00
	<b>26,570.00</b>

<b>Project Cost (A+B)</b>	<b>45,270.00</b>
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### **11. General & Administration Expenses**

	<b>GH¢</b>
Electricity Bills	200.00
Water Bills	60.00
Communication	100.00
Printing & Stationary	300.00
	<b>660.00</b>

### **12. Financial Cost**

	<b>GH¢</b>
Bank Charges	50.00
	<b>50.00</b>

### **13. Income**

<b>Donations</b>	<b>GH¢</b>
Meeting Bismarck E.V., Germany	67,788.82
	<b>67,788.82</b>

### **14. Project Cost**

#### **A. Purchases**

	<b>GH¢</b>
Medical kit boxes / Medical supplies	21,270.00
Boxes of Condoms	3,800.00
Printer	800.00
scanner	400.00



Mattresses 50 pieces	10,000.00
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	<b>36,270.00</b>
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**B. Training Cost****GH¢**

Feeding of Participants	15,000.00
Photocopies of TBAs Training Manual	2,250.00
Photocopies of TBAs Records Books	1,750.00
Stationary for TBAs ( pens files writing pad )	750.00
Transport refunds to midwives	1,130.00
Transport refunds to TBAs	1,200.00
Catering services	600.00
Facilitators Allowances	600.00
Accommodation	1,350.00

	<b>24,630.00</b>
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**Project Cost (A+B)**

	<b>60,900.00</b>
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**15. General & Administration Expenses****GH¢**

Electricity Bills	100.00
Water Bills	40.00
Communication	100.00
Staff Allowance	3,500.00
Postage	116.00
Transport for staff	1,950.00
Printing & Stationary	300.00

	<b>6,106.00</b>
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**16. Financial Cost****GH¢**

Bank Charges	50.00
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	<b>50.00</b>
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**Prepared by:**

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(Accountant)

**Endorsed by:**

Emmanuel Pewudie  
(Programs Director)

**Signature**



**Date**

05/08/2019

