



Dissertation By
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DEVELOPMENT OF
ECONOMIC AND SOCIAL
RESEARCH
IN AFRICA

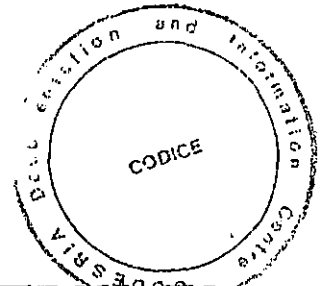
INTER-SECTORAL COOPERATION TO
RAISE HEALTH STATUS

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**INTER-SECTORAL COOPERATION TO
RAISE HEALTH STATUS**

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IN AFRICA**

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ABSTRACT

The idea of organizations pooling resources together in a district or region towards improving or raising the health status of their people is gradually being appreciated to be yielding synergistic results than a single organisation alone could have achieved.

To obtain optimum health status for a whole district, community or family, several factors come into focus and all of these need to be harnessed. Such factors like Education, Environmental Cleanliness, Good Housing and Health Care, can hardly be delivered fully by just one organisation.

The coming together of several sectors, both governmental and non-governmental to achieve some stated objective, through the pooling of their resources together, is what is referred to as Inter-Sectoral Cooperation. It yields synergies that one sector alone may not be able to achieve by reason of lack of expertise, capital, and the multi-faceted approach to solving today's complex health problems particularly, trying to improve the total health status of a community.

In this research, Inter-Sectoral Cooperation in the Dangme West District of Ghana, looks at the ability to improve environmental sanitation, reduce health hazards, improve education, good nutrition and other social factors that influence the ability of a community to live a healthful life.

It was however discovered from the research that very little cooperation goes on among government agencies in the Dangme West District. Apart from the District Education Office and the

District Health Administration that are attempting some frail cooperation, all the other units do not seem to care about what the others are doing. Though, they all accept that, the ultimate is to improve human welfare through improved living conditions.

It came to light from the research that to promote closer inter-sectoral linkage, the idea must be supported from the national and regional levels. When this is done, the districts are then obliged or compelled to work together for closer cooperation at the peripheries because they see their parent organizations engaged in cooperation.

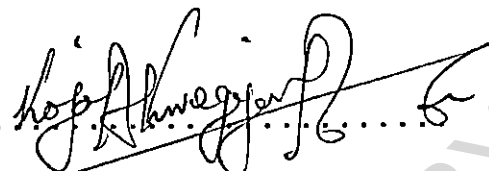
It was also realized from the research that, if cooperation is encouraged, and actively supported at the district levels, better results will be achieved and a lot more improvements in social development will lead to improved health status and living conditions at cheaper costs.

Another significant finding of the research indicates that the personnel at the district levels are not very well trained to carry out their duties efficiently. This calls for a lot of training and orientation to upgrade their skills, improve their working confidence to carry out delegated duties without any hindrance.

Though the District Administration concept is a laudable step towards decentralizing the highly bureaucratic government machinery, it seems to lack the independence that it needs to carry out policies without reference to the central government. Most of the work being done at the Dangme West District seems to be at the instance of the parent ministries in Accra.

DECLARATION

I hereby declare that this work is entirely mine, with the exception of specified sections which have been acknowledged, and constitutes the genuine task I set myself with funding from the Council for the Development of Economic and Social Research in Africa (CODESRIA).

...  ...

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CHAPTER ONE

INTRODUCTION

A greater majority of Ghanaians live outside the few cities and towns which are quite adequately served with high standard health services and social amenities. The health status of these urban dwellers is generally higher than their counterparts who live in the rural areas which are deprived of social amenities and adequate health services. The areas outlying the major cities are the districts and villages which in Ghana, are estimated to be inhabited by over 65 per cent of the 15 million people in the country. Quenum once remarked that, more than 50 per cent of the population in Africa have no ready access to health units, and where a few of these exist the quality of the services delivered are not always satisfactory.¹

This problem of unsatisfactory delivery of health services coupled with the lack of other social developments and amenities have led to the generally poor health status among rural communities in Ghana, below that of other urban dwellers. It is even well known that the human and material resources which are distributed to the rural communities are mostly inadequate, ill-adapted to their needs and uncoordinated resulting in low benefit to these communities.

Considering the fact that the health status of people in our

¹ Conium, C.A.A. Methods of Increasing Health Services Coverage in Rural Areas. WHO Brazzaville. (July, 1974)

rural and district communities is influenced by several factors other than health services alone, there is the urgent need to mobilize all available resources-human, financial and material resources to work towards improving the healthy living of the people.

The natural environment, social development, lifestyles and the biological make-up of the people and the availability of health services have long been identified as being collectively responsible for the state of health that an individual or community will enjoy. Thus, to raise the health status towards achieving "Health for all by the year 2000", there is the definite need to forge closer working relationship between all the organizations of the government, communities, and non-governmental organizations to foster healthy living.

Inter-sectoral Cooperation is a relatively new and evolving concept particularly in health delivery which recognizes the fact that the direct provision of health services through the conventional hospital based care is not enough for the complex health and social problems prevailing over our rural communities today.

Furthermore, the heightened rural-urban migration which has plagued most developing countries is causing serious health and disease problems as a result of the noticeable lack of inter-sectoral approach to solving the endemic health and socio-economic problems of rural communities.

Inter-sectoral cooperation or multi-sectoral collaboration

towards revamping the health status of communities and individuals is simply the pooling of ideas, personnel, expertise, resources, team spirit and many more together for the effective socio-economic development of the people to improve their healthful living.

In this respect, inter-sectoral cooperation to raise health status levels in Ghana, looks at how different ministries, agencies, non-governmental organizations and communities can work together to consider the health and socio-economic implications of their development programmes and projects on the environment and communities for which they are intended to benefit.

For instance, when an irrigation dam is being proposed for construction to facilitate all year round farming for an area, inter-sectoral cooperation seeks to look at the economic and social benefits that would accrue from the project, as well as critically valuing the health implications of the ecological changes which will result. This is necessary because, dams in the tropics are very well known for increasing problems associated with schistosomiasis or bilharziasis. Thus, inter-sectoral collaboration emphasizes a built in health programme to manage the health consequences of proposed programmes and projects from their inception.

In this research the impact of inter-sectoral collaboration is being viewed from the perspective of agriculture, environmental sanitation, education and the collective effect on the health status of communities in the Dangme District.

THE PROBLEM

The major problem that the research seeks to investigate and help to solve is the noticeable lack of cooperation between the different units and committees towards achieving similar goals or objectives "Human Development and Welfare."

For instance, the value to be gained from education, agriculture, health and other development is the provision of better life for individuals and the community at large. To acquire better knowledge from education and health through good dietary habit, is to enable individuals and the community to be in a good position to take control of their environment and be able to shape it in a better way for the social advancement and increased health status.

This idea of the linkage of one sector's output or objectives on the impact of others through the embodiment of the people in the community is what happens to be unknown or little known in Ghana. Thus, every sector, unit or committee within a ministry, community or even village, works on exclusive programmes or projects with virtually no consultation from other sectors or experts. At times advise is not sought at all from the people or experts who are not members of that committee, unit or sector.

It is this chain of events which has restrained or stifled the free movement of ideas, expertise and cooperation that needs to be broken to facilitate harnessing cooperation among different sectors.

OBJECTIVES

In this research, attention is focused on the Dangme West District of Accra, Ghana and peripheral areas which are mostly deprived of socio-economic developments that leads to their generally low health status.

The aim of this research is to seek the identification and development of health status as an integral part of other sectoral policies, programmes and projects which are closely related to health, and which do greatly affect the physical, mental and social well-being of individuals and communities.

- i. To assess the present state of inter-sectoral cooperation within the district.
- ii. Examine the extent to which non-governmental organizations, communities and government ministries collaborate to discharge their duties and programmes at the district level.
- iii. Determine the effect on communities and individuals health status as a result of inter-sectoral cooperation.
- iv. To assess the effects of agriculture, education, sanitation, water supply and housing on the health status of the community.
- v. Finally, the research will investigate the problems that militate against closer cooperation and integration of health related organizations and programmes and provide possible solutions.

SIGNIFICANCE OF THE RESEARCH

It is intended that this research will bring to light the importance of health related activities such as education, nutrition, housing, good drinking water, environmental cleanliness and their effects on the health status of communities and individuals in Ghana.

The research will also find out the effect of direct provision of health services alone on individuals and when it is combined with other socio-economic factors as mentioned above.

This is because most development projects which are intended to benefit communities bring in their trail several unintended adverse health problems which come as a result of micro-economic and drastic ecological changes. As a result of the improper assessment of their impact through multi-sectoral expertise, the problems remain and become a permanent or endermic feature. It then becomes the exclusive responsibility of the health sector which without much resources and at times with inadequate expertise is left to manage the concomitant health problem.

Such "health crises" associated with the changing developmental face of the third world² call for the pooling of ideas from several sectors from their inception; the incorporation of health services in their overall assessment and feasibility studies if the negative health side is to be overcome on a wide dimension.

² Cooper, W.D.E. et al. The Impact of Development Politics on Health. (1990) WHO- Geneva. p.viii.

The significance of this study is to heighten the awareness of health authorities that it is their responsibility to seek the inclusion of health assessments in the feasibility studies of any such project from its inception.

PNDC L. 207

With the coming into force of the PNDC L 207 which establishes District Assemblies and their further empowerment to organize the health and socio-economic development of their respective districts; the study will enquire into their work particularly in the health sector to assess their strengths and weaknesses for possible solutions to be built into these new institutions.

Through contacts with project officers in the peripheral areas, it is hoped that those who pride in executing their programmes under "watertight" sectors will see the positive synergies to be reaped when they operate their programmes under multi-sectoral support. This will be one of the quick ways to team up with communities and individuals to achieve better results for improved health.

It cannot be gain said that disparities and inequities exist within and between districts regarding their health status and available health resources. Such differences need to be addressed to ensure equity in health development. Thus, health policies and interventions need to be appreciated as being an integral part of the national development policies. The causes of such disparities

within and between districts can only be removed through inter-sectoral action involving governmental and non-governmental cooperation.

Finally, the research will emphasize that cooperation in any field of endeavour is not necessarily a waste of time and diversion of resources from one area to another, but a fruitful transfer of ideas, limited resources and managerial ability for better and quicker achievement of results.

METHODOLOGY

The research will be carried out mainly through conducting interviews and investigations into the work of the Dangme West District. The activities of the research that encompasses health, education, agriculture and other health related areas will be assessed to find out the extent of inter-sectoral cooperation. Lapses in their effort to cooperate or collaborate in undertaking programmes and projects will also be determined through personal interviews, questionnaires, observation and review of past activities.

In the process of conducting the research, all the sectors that have been mentioned namely, Agriculture, Education, Health and Social Welfare would be investigated, to determine the impact they have on the health of the people.

Some personnel of the different units within the District Administration and other sectoral units would be personally interviewed, while some of the projects they are working on

studied.

Research assistants would be engaged to help collect primary data from the district. Other secondary data and information that would be useful would be studied and possibly included in the research.

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CHAPTER TWO

LITERATURE REVIEW

The adoption of the philosophy and various workable strategies for the attainment of "Health For All By The Year 2000" implies that the world community is committed to all people every where attaining some acceptable level of health status that enables them to live and participate actively in the social and economic life of their community.

Despite this beautifully carved principle and philosophy, many people, particularly in the third world, and the poor in some affluent societies are unable to achieve this target of "Health For All". The reasons are varied and wide. Though, we cannot dispute the fact that heavy amounts of investment have been infused into health research to benefit mankind, such major contributions have mainly provided "expensive knowledge" on the causes of diseases and ill health which can only be utilized by the rich few in the world community to the detriment of the poor.

The world is increasingly drifting towards the employment of high technology to cure and manage diseases. Such outcomes have not been beneficial or useful to developing countries as most of them are grappling with heavy debts which prevents them from investing in the new scientific order of promoting health, and preventing diseases.

As a step towards overcoming the problems outlined above and to raise health status levels of people, there is the need for

countries in the developing world to broaden their health care through cooperation in their communities.

Efforts to boost community and national health status sometimes need collaboration with international agencies and organizations which have interest in supporting health programmes, such governmental and non-governmental organizations could be local or foreign, whose joint effort greatly enhances the upliftment of health status.

The local integration brings in all the organizations and ministries whose work individually and jointly can influence health positively. The foreign cooperation broadens the base of cooperation with other friendly advanced countries to release expertise for projects which can improve living standards. In the light of this simple integration, health ceases to become the exclusive prerogative of only one ministry, but a multi-organisational concern including individuals, communities and the nation at large.

In this respect, the agencies charged with the responsibility of producing food should not only think of providing nutritious food items in adequate quantities for the improvement of human well-being. The objective should be producing enough nutritious food for the whole community, in such a way that everyone would be adequately fed and kept healthy to produce his best in the society. This underscores the desire to keep a population that is adequately fed at least cost to ensure optimum health and performance of socio-economic duties at the highest level.

In the same vein, the ministry responsible for roads, and transportation should aim at providing adequate travelling network to enable health personnel reach the people in need of health services. The sector must also go beyond merely transporting people to link a supportive and varied communication that will permit the economic movement and distribution of food items from production zones to the markets. Furthermore, road transport links must be safe and efficient enough to allow the minimisation of accidents and unnecessary injuries to users. Such a wider linkage acts synergistically to improve health status through a multi-faceted approach.

Considering education in the light of the total socio-economic development, it must first of all be geared towards educating the public, especially children and illiterate adults to live a healthy life in a healthful environment. Education in this regard must be accentuated in the rural areas where morbidity and mortality rates are high due to a high level of ignorance and illiteracy. Education must further go beyond merely training individuals to read and write to levels which will involve the training of health professionals who, together with the community can work to raise living standards,

Education is one area which can be used effectively to improve every human endeavour. Training through education will improve the delivery of health services as well as improve agricultural production techniques, population control activities, the provision and proper utilization and maintenance of social amenities for the

improvement of human life.

Environmental sanitation can be inculcated into school children who can then train their parents and families, as well as grow up to become responsible adults, who care for their environment.

AGRICULTURE AND HEALTH

Most agricultural policies and programmes are linked with health status, as this sector provides the main human sources of energy-food. Besides agricultural policies in developing countries have a profound result on the ecological environment, which in turn affects the socio-economic development and health status. Furthermore, agriculture is the single largest sector that employs the highest number of labour. It is estimated at about 65 per cent in Ghana, and is no significantly different in other developing countries particularly in Africa.

Most of the people engaged in agriculture in Ghana are illiterates and small scale farm holders, who usually employ local or traditional techniques in their production. The method of farming that is most prevalent is the shifting cultivation or the bush-fallow system, which demand that small land holders clear the land for mixed cropping for about 2-3 years and abandon that plot of land for some time when fertility and crop yield is found to have declined. This system was suitable in those days when population activities were low, with very little pressure on the land for food. However, with the recent upsurge in population and

an almost doubling of the population of Ghana in every 20 years, this system has been found to be most unsuitable and unprofitable. Besides, the rate of population growth on the system of bush fallow farming, the recent awareness of the destruction of the forest and the degradation of the soil through erosion, new farming techniques are being encouraged which have some positive health consequences as well as being environmentally friendly.

Modern techniques of farming that the Ministry of Agriculture and other non governmental agencies engaged in producing food have introduced through extension services emphasize heavy dependence on the use of chemical fertilizers, pesticides and intensive cropping. There is very little doubt that these chemicals have a serious after effect on the environment like drinking water and the composition of chemicals in food items. In the long-run, these have proved both beneficial as well as injurious to human health.

FISHING

If we consider the fishing industry, particularly inland fishing from where drinking water sources are collected, certain practices like the use of chemical poisoning and dynamites to "bomb" the marine life have all brought in their trail health problems to the unsuspecting consuming public.

Apart from the ill-health that poisoned or "bombed" fish catches may pose to consumers, the water itself becomes contaminated with poisons or deleterious substances which makes it unwholesome for human and animal consumption.

In Accra, Ghana, particularly the areas that take their sources of drinking water from the Weija Water Works, households have had incessant problems with the murky nature and the distastefulness of the water. The Water and Sewerage Corporation has also blamed the poor treatment of the water on the activities of human beings up-stream such as the deposition of rubbish into the river Densu at Nsawam. Also, the numerous chemical fertilizers which are washed from the outlying farms into the river have been said to provide nutrients for weeds which further discolour the water thereby making it distasteful no matter the amount of filtration.

IRRIGATION SYSTEMS

Irrigation systems are the most widely recognised links between agriculture and health. This is due to the modern trend of agricultural production in Ghana, which favours all-year-round production in view of the unpredictable rainfall pattern. Irrigation systems have thus become an important economic component of agricultural development.

Successful and well planned irrigation system have helped farmers to raise their income through increased yield per acre, provided food security, and increased the potential for better nutrition and health.

Tiffen³ and Yodder⁴ have explained that with proper planning, the benefits of irrigation schemes can include better access to

safe domestic water supplies and sanitation. While on the negative side, irrigation systems have often been associated with increased incidence of diseases like schistosomiasis, guinea worm and malaria.

In Ghana, the benefits of irrigation schemes to agricultural outputs have been phenomenal considering the outputs of rice production at Afife, and tomato from the Tono irrigation projects. Notwithstanding these achievements, it is universally accepted that irrigation schemes, particularly in the tropics bring in their trail, a high risk of vector-borne and water related diseases. About 30 diseases which are linked to irrigation development have been identified by Hunter et al.,⁵ Music⁶ and Tiffen⁷

Vector-borne disease transmission is worsened by manmade ecological upset of the environment which normally favour the feeding of the vector. The human changes that occur around irrigation dams involve the occupation, choice of dwelling, and increased contact with the vector through economic expansion and immigration of persons.

Surtees names six general environmental changes which bring about the possibility of vector-breeding.⁸ He terms them as follows:

- i. Simplification of the habitat
- ii. Increase in the area of surface water
- iii. A rise in the water table
- iv. Changes in the rate of water flow
- v. A modification of the micro-climate and

vi. Urban development.

Considering these disease related factors, it is important for irrigation and other large scale water related projects to provide for a health assessment in the planning and implementation process. This assertion is very relevant to hydro-electric development in developing tropical countries.

The increased problems with irrigation dams are the improper construction and maintenance of drainage systems, which contribute to the spread of vector-borne diseases.

For example the implementation of a large irrigation scheme on the Cukurova dam of Turkey in the 1970s resulted in a resurgence of endemic malaria in the region. This problem was attributed to the proliferation of mosquito vector species in poorly drained ditches which received the run-off of surplus irrigation water.

One very unfortunate happening which occurs when governments and multi-lateral lending institutions are calculating the internal rate of return (IRR) of such projects is the omission of costs to the environment which are injurious to human health. Thus, looking at the viability of projects in terms of the IRR without considering the adverse human and ecological aspects in the long run have to be taken up by health planners. The worse problems are when civil engineers and other designers are under intense pressure to contain the overall costs of projects, without taking into consideration the ill-effects to mankind, of the environmental consequences of the projects.

PLANNING RISK ASSESSMENT

Tiffen also identifies four key stages in the planning of irrigation schemes at which cooperation between agencies in different sectors of government is of crucial importance⁹. These stages are:

1. The drawing up of terms of reference prior to the feasibility studies.
2. The preparatory stage of the feasibility study, when many of the design features important to health can be settled.
3. The financial negotiation stage which establishes the resources available in different stages for the inter-sectoral role in the scheme.
4. During the maintenance and monitoring of projects in the operational phase.

From the above, the writer advocates a situation whereby at the various stages cooperation involving different units and experts can assemble ideas to improve health status to human habitation.

PESTICIDES

Modern agricultural practices in irrigation areas are normally undertaken with heavy amounts of agricultural pesticides to boost crop yield through the control of pests. Such chemicals present a direct health hazard if they are not appropriately used and monitored in adequate quantities. Poisoning from pesticides are quite common and often result in acute consequences. Improper

advice to farmers in the use of pesticides has resulted in pest resistance, to agro-chemicals, environmental damage, pesticide residues in food chains and lastly in man and livestock which sometimes result in fatalities.

Four health risks associated with pesticides have been identified, all of them having health implications on man. The risks are:-

- (a) Direct poisoning
- (b) pesticide build-up in the food chain
- (c) protein loss due to depletion of fish resources and
- (d) Development of resistance in non-target species that may be important for health.¹⁰

Pesticides can therefore, be seen as one of the numerous health hazards of agricultural modernization.

To reduce the health hazards posed by such pesticides, it would be right to enforce training in the safe use of pesticides for specific purposes. This suggestion enjoins the Agricultural Ministry to use its extension officers to apply pesticides for farmers, the majority of whom are illiterates. Also, the health hazards of such pesticides have to be made known to caution its users about their application.

LAND POLICY AND HOUSEHOLD INCOME

Land policies significantly affect the household income which depends on the output of rural populations. Higher income generated from increased output have a correlation with better

health through greater access to health care, adequate housing, education, sanitation and improved nutrition, especially during the lean seasons.

It can be concluded that land tilling is important as a means for improved access to credit and working capital which helps to generate higher incomes. Evidence in Ghana, shows that farmers who have large holdings of cash or food crops have higher incomes and generally have better living conditions which increases their health status than small scale peasant farmers with very little cash.

A study in 1984 by the FAO in Kenya shows the relationship between "land holding per person" and stunting and wasting. The study concluded a strong correlation between wasting or severe malnutrition and "land poverty".¹¹

Attention has been focused on the importance of agricultural research policies and health in recent times. The closest link between agriculture and health is through the provision of adequate nutrition to raise the health status of people and further improve disease resistance of target populations.

The end result of most agricultural research strategies are geared towards increasing output, the nutritional value of products and incomes of farmers through, environmentally friendly, sound and sustainable ventures. Research results, when made public significantly affect what people grow or raise on their farms, and consume through their priority settings. This underscores the importance of pig farming as a result of an agricultural "pork

show" in Ghana. Research work also influences the prices for agricultural products, which in turn affect the income and consumption of both producers and consumers.

As stated earlier, about two thirds (2/3) of people living in developing countries derive their livelihood from agriculture, thus policies of agriculture and the types of produce become major determinants of health status and living conditions. The interconnection between agriculture, nutrition and health shows a positive correlation. What is produced and how much is eaten determines the health status. Inadequate diet, infection and parasites lead to high mortality and widespread ill health in poor countries.

Where the effect of agriculture on health are not well documented, decisions throughout the entire chain from farmers to policy makers, are taken without due regard to their impact on the citizenry.¹²

Agriculturists in the first place may not be trained to determine health risks in the project designs and health personnel may not have the power to influence their project decisions. The problems may even be more aggravated by the lack of any coordination and forum for meeting to discuss such anomalies. Also, health officials may not have the necessary information to advise the agricultural sector of the likely impact on health as a result of their actions.

PRODUCT MIX

Linking agricultural production with health raises a lot of questions concerning whether in communities, cash crops should be emphasized above food crops. This dichotomy becomes important as cash crops would increase the economic status of the individuals and communities as well as ensuring better survival. Furthermore, individuals with more disposable income are much more ready to pay for their health care bills, and seek health care more quickly than their counterparts without much income.

When such difficult questions have been resolved, it leads to whether production effort should be emphasized in regions with high productive potentials or in regions which are known to be vulnerable. While it is important to increase food production in some potential farming crop regions, and market the produce in other low crop areas, it is very important to encourage lower food producing areas to be self-sufficient to forestall any shortages and hunger when adverse climatic conditions fail crops in major production areas. This is very true of Ghana during the terrible famine year of 1983, when major crop areas failed under erratic climatic conditions and unpredictable bush fires.

For better health, high quality food products, rich in protein are preferable, but it is known that these food items are also expensive. Instead, what needs to be resolved is whether low-priced high-calorie foods should be encouraged? These issues become burning ones in inter-sectoral cooperation, but a blend of both high-calorie and high quality rich products will ensure

maximum benefit from agriculture and health. Again, since conditions for agriculture is vulnerable in Ghana and other developing countries, more robustic food crops which are acclimatized and hybridized to suit local conditions have to be encouraged.¹³ Furthermore, high-yielding varieties which can be adapted to technological changes could be tried.

Where the side effects of agricultural pesticides and chemicals are a major health problem, such as the one being encountered at the Densu reservoir which serves the water needs of Western Accra, health policy planners, and water resource managers and officers together with environmentalists have to review the choices necessary to reduce the adverse effects of chemicals on man.

To avoid nutritional vulnerability which comes about through shifts in crops and their effects on health it is suggested that any shift from one crop to another must be gradual. Food security must be ensured through proper storage and that emphasis must not be heavily placed on imported foods.

POPULATION AND HEALTH

The future of a country and mankind in general, depends on people. Life begins with the child who needs to grow in a healthy environment into adulthood. Thus, good food, clean water, education, housing and medical care are important bed rocks which guarantee life particularly during the first few perilous years when children are especially vulnerable to death in developing

countries. During these early perilous years of life, children need healthy mothers and families that can give them care and adequate attention. This is very important because each stage of a child's development builds on the one before, and that also influences the next, in the child's developmental life.

Usually the under 15 year old and women in their childbearing age make up two-thirds (2/3) of the population in the developing world. This statistic gives prominence to the health of women and children as an important part of the national health development.¹⁴

It is further estimated that about 15 million children under 5 years die each year, the bulk of them from developing countries. A lot of these unnecessary deaths can be prevented through better nutrition, housing, sanitation and education. Medical services need to be extended to rural areas and urban slums.

The importance of family planning is that it improves the health of women by enabling them to have children when they are best prepared to have them. Family planning linked to health ensures that mothers are kept healthy and that their babies are born healthy and stronger to resist illnesses.

The spacing of birth and time interval between pregnancies allow the women's body to recover from the strain of pregnancy and breast feeding.

Where family planning services are not linked to health services, most women who seek to terminate their pregnancies end up in dangerous illegal abortions resulting in infection, hemorrhage, and deaths. It is estimated that more than 68,000 women in

developing countries died from illegal abortions in 1977.¹⁵ This, of course is only the tip of the iceberg or the hippopotamus effect.

It is widely believed that if family planning is integrated into the health delivery strategy of any country, it can enormously help to improve the quality of life for both individuals, families and women in the communities.

Evans, writing on the rapid population growth especially in developing countries, asserts that rapid population growth results in over-crowding of towns and cities, educational opportunities, jobs and social services¹⁶

Poorly planned development without regard to the health of the population and its growth leads to the further increase in health and social inequities.

Okita also mentioned six factors which when combined can help reduce birth rates significantly, these are:-¹⁷

- i. increased broad-based primary education
- ii. an increase in the income level
- iii. improved nutrition
- iv. a decline in infant mortality
- v. a rise in the social position of women
- vi. and a decisive governmental action in population policies.

Other areas that can be supportive in this direction is the acceptance of family planning practices, and the continued education of the people to practice safe and sound family planning.

Through multi-sectoral collaboration, population growth can be slowed down if the overall mortality is reduced through effective health service delivery, improved food and nutrition, environmental health and sanitation, clean water and better maternal and child health. The improvement in these sectors will ensure better child survival, better spacing of birth, and healthier children. This will positively affect the level of school enrollment which will help more people to understand their health problems and thus, take better preventive and curative measures. Educational improvement through better development is likely to lead to reduced mortality as children born to educated parents have better chances of survival and are generally healthier than children of uneducated parents. In the long-run, healthy people in the country can produce more and generate higher incomes. The ability of developing countries to increase their economic development and increase food output should be planned together with the reduction of fertility rates for more services to be generated which will satisfy the people.

Water supply, sanitation and improved services have generally been sustained by non-governmental organizations. This is because public funds are insufficient to provide these services. This is what makes it imperative for the linking of population activities with health and social amenities.

HEALTH AND EDUCATION

Health has a direct and indirect linkage with all forms of teaching and learning in the society. There is therefore the need to select and emphasize meaningful and purposeful education which will improve health status. Educational linkages that can influence health needs to be organised through adult literacy programmes, religious institutions, mass media, and other non-formal educational lines such as the Functional Literacy Programme of the Ministry of Education, Ghana.

Generally speaking, the educational levels of women in Ghana and other developing countries are low, this low educational status tends to affect the child survival rate and other major health problems. Health and education must therefore go hand in hand to influence the lifestyles of adult illiterates and children. The existence of both formal and informal education promotes healthy knowledge which are relevant to peoples lives. Formal education is a more decisive factor which improves health.

As an important step to improve education or literacy in Ghana for better child survival, the U.S.A.I.D. (United States Agency for International Development) is offering scholarships schemes to children, particularly girls in the Northern and Upper Regions to enable them have more basic education.¹⁸ The U.S.A.I.D. is extending this scheme through the Ministry of Education, under a five-year pilot scheme to encourage girls to attain formal education without dropping out of school for lack of money. This scheme involves the payment of c12,000 per year to the parents of

the girls involved in the scholarship. The same programme revealed that about 30 per cent of children of school going age are out of school throughout the country for various reasons especially lack of money.

One essence of enhancing education is the possibility of communicating information and knowledge about health to people, particularly through the Primary Health Care.

It is widely known that formal education is decisive in improving health and reducing mortality in developing countries. Few years of schooling provides basic life skills, which enhance far-reaching implications for health lifestyles.

Poor countries with higher priority in educational investments have lower mortality below richer countries which do not emphasize education. With education to enhance child survival, the mother's background is most important than the father. Thus female education yields more positive impact on infant and child survival than male education. Education improves life skills for women, and good health during pregnancy. The confidence of women become heightened when they are educated. Improved literacy rate enables women to practice the healthy advice given them by trained nurses and health personnel.

Educational levels of people particularly women correlates positively with their general levels of acceptance of family planning practices, thus positive changes in reproductive behaviour results in better child survival, increased birth weight and that complements a chain effect.¹⁹ The chain effect involves birth

spacing, better child care, and good maternal care.

It is also very likely that parents who are educated will travel long distances to seek medical care for themselves and their children while illiterates may be unwilling to do so, or may be completely ignorant of the services around them to improve their health.

RELATIONSHIP BETWEEN HEALTH AND FORMAL EDUCATION

Formal educational policies that are known to affect health most are those policies that give priority attention to female education. It usually happens that girls who are serious about education generally avoid early marriage and unwanted pregnancies. This helps them to be much more prepared for maternal life later than their counterparts who walk ignorantly into early teenage pregnancies. In this regard, it is true that Health-for-all and universal primary education are vitally interlinked. The above makes it important for policy makers in the two sectors to interact closely and identify issues which would need their cooperation to sustain both areas. To facilitate better healthy environment, School curricula must include health studies, and special knowledge which would be a prerequisite for better future maternal care.

Impediments emanating from cultural and social backgrounds about female education need to be addressed to free girls from cultural imprisonment. While school education mainly seeks to educate students and pupils who formally enroll, it should also be extended through literacy campaigns to the community. This is a

sure way to improve community health standards.

NON-FORMAL EDUCATION AND HEALTH

The important role that female education plays in accelerating declining mortality reveals that communities with high female illiterates are in a very vulnerable state. Since most women in their prime of life in developing countries are not formally educated, the situation has to be addressed through functional literacy and non-formal education. Such programmes need to address concrete life situations of illiterate women.

For instance adult literacy programmes can be very good platforms for launching the preparation and use of anti-diarrhoeal drugs such as oral rehydration solutions, preparation of nutritious weaning foods and safer child health care.

Schools can be used as important places for health education in the following ways:-

- i. As a centre for organising and providing health care for the youth.
- ii. A place for educating them in healthy living
- iii. A focal point for community health

These three areas make schools potential areas for health programmes, such as immunization campaigns and monitoring. Most often visits to schools by Public Health Nurses have proved useful in screening children for oral health problems and other disease problems, as well as giving counselling on health to students, pupils and communities.

CHAPTER THREE

RESULTS AND FINDINGS

The Dangme West District of Greater Accra was created in 1989 as part of the governments decentralization programme under the Provisional National Defence Council Law (PNDC L 207).

Appendix 1 shows the outline of the Dangme West District.

Estimated Population

Dodowa -	22,104
Prampram -	15,791
Gr. Ningo -	29,943
Osudoku -	16,473
Total	84,491

Source - District Admin. Office.

The area of the district covers 145,886 hectares or 1,450 sq.km. The district has its capital at Dodowa. The population of Dangme West District as at 1990 stood at 79,708, with a growth rate of 2.6%.

The sex distribution is presented below:

Males - 48.2%

Females - 51.8%

Sex Ratio - 93 males to 100 females

THE ESSENCE OF DECENTRALIZATION

Decentralization is the partial or absolute transfer of some or all the legal and political authority to plan and make decisions, or manage public functions from the national level to any organization or agency. Such a transfer is believed to kindle local initiative for quicker and better development efforts through the judicious utilization of local needs and expertise.

In Ghana, the need to decentralize governmental activities has become necessary to fulfil some of the preconditions of international donor agencies. Again, the PNDC government which promised wide grassroots participation in the decision making process of the government had to embark on some form of decentralization to win public political support and sympathy.

Other far fetched reasons may be the potential strategy to harness rapid development of depressed areas.

To go further, Rondinelli²⁰ writes that some of the proponents of decentralization think that there is a need and relevance of decentralization for third world countries. He further alludes that the process is necessary to quicken the pace and spread of the benefits of growth, to bring different regions in heterogeneous countries together, and to make judicious use of scarce resources.

DECENTRALIZATION VIS-A-VIS PRIMARY HEALTH CARE

The major thrust of Ghana's health policy has been to use the Primary Health Care (PHC) strategy to achieve a faster approach to

providing and distributing health services to all communities. Indeed, even before the Alma Mata declaration, the Ministry of Health was practicing some form of PHC.

The strategy of Ghana's PHC policy has been the desire to provide every community with some accessibility to essential health care through the integration of village-level health services which are provided by some Community Health Providers through Herbalists to the District Hospital and then to the Regional Hospital.

The essence of this whole exercise is to let the individual, family and community assume more control over their own health needs independent of close central government control.

Thus, the key focus of the health strategy is the prevention of diseases, the management of simple ailments and the occasional referral of complicated diseases or cases which cannot easily be prevented or treated at the village or peripheral levels.

Health in the broad sense being, the total or absolute ability of the individual to go about his or her normal business to achieve meaningful economic gain, its total realization therefore, requires the active collaboration of other institutions for its full realization.

It is in this direction that the District Assemblies, which are the organs of the central government at the local front have to come in to assist the individual, family and communities achieve their health goal.

DISTRICT HEALTH MANAGEMENT TEAMS

The District Health Management Team (DHMT) of the Dangme West District trains its health facilitators on the basis of the Bamako Initiative, which is considered as one of the bed-rocks upon which the Primary Health Care concept rests.

Through the Bamako Initiative, essential drugs are provided to the communities and these act as entry points for the provision of health service. The village health care overseers sell drugs which are provided by the District Health Team and then some of the proceeds are used for the development of such facilities as environmental sanitation, health education and social welfare.

It is through the monies realized by the level A and B stations of the Primary Health Care which are used to sponsor open fora for educating village communities on Environmental Health and Sanitation. Through this, a gateway is said to be opened for the talk about agricultural production, particularly in teaching the hygienic breeding of livestock particularly pigs which roam around unhygienic places and later on are consumed by human beings when they are slaughtered. Other areas where the health work of the District and Sub-District collaborate is the storage and sale of food items, either raw or cooked.

Also the handling of meat for sale on the markets are a subject of concern for health personnel and agriculture officers who collaborate to educate the inhabitants on livestock and meat hygiene.

A lot of commendation here is given to the activities of

Village Health Workers, Community Health Nurses and other personnel of the Health Team, such as District Sanitation Officers whose activities really embrace the collaboration efforts of other sectoral units.

At the District Headquarters, it was gathered that there is so much collaboration in the District among health workers and the District Education, particularly in educating the public about the awareness of bilharzia as a public health problem.

In this respect, the District Health Management Team through the activities of the Public and Community Health Nurses visit schools to teach pupils about the life cycle of "bilharziasis", and the activities of children, who are most prone to catching the disease.

The District Health Team made mention of efforts of the Public and Community Health Nurses in teaching people to avoid swimming and washing in ponds and streams as this practice exposes them to the cercariae that cause bilharzia.

The prevalence of bilharzia, has been found to be mentioned as the major water-borne disease second to malaria. It is said to be very rife and predominant because fishing forms the major occupation of most villages within the District, and also not all the villages are supplied with pipe borne water.

Some of the activities of the District Health Team, particularly, the Sanitation and Public Health Committee has been to work closely with the Water and Sewerage Corporation to repair broken down pipe-lines which are likely to get contaminated, and

also extending pipe-borne water to communities to reduce their exposure to contaminated water-bodies. Cooperation in this respect was said to be very high.

The District Health Superintendent intimated that there is closer cooperation between Health and Education than Health and Agriculture in the District. The cause of this lower cooperation was attributed to the absence of a District Nutrition Officer in the Dangme West to plan the activities of the Health Department that bordered around agriculture.

Furthermore, collaboration between health workers and education in the District is extended to schools by community and Public Health Nurses who routinely examine school children for bilharzia and other diseases. This forms part of the community health programme for schools.

Regarding sanitation and health, the Environmental Health and Sanitation-Sub Committee of the District maintains that much of its work is executed through community participation in building and maintaining facilities which enhance environmental hygiene such as public toilets and cleaning other public areas.

EDUCATION

The causes of ill health are not limited to factors that relate directly to health, and the paths to be taken to deal with ill-health must not be solely health interventions. Hence, education for literacy, income supplementation, potable water and sanitation, improved housing, ecological sustainability, more

effective marketing of products, building of roads should be some of the ingredients to improve total wellbeing. This makes health so inextricably tied to other aspects of developments that there will be limited opportunity for advancing either health or development unless progress is made along both lines.

At the District Education Office of the Dangme West District, Dodowa, it was realized that the Education office collaborates quite well with the Health sector in its effort to teach health and healthy living. Unfortunately, the effort by the District Office is mainly targeted at school pupils and in few cases at the community and households. The major responsibility of the District Education is the supervision of educational institutions, the provision of adequate teachers, teaching materials and the general organization of education from the primary level through the Junior Secondary School to the Senior Secondary School level.

The main link or liaison between the District Education Office and the District Health Department is the District Health Management Team, of which the Education Department is represented. The Health Management Team member who liaises between Health and Education has the responsibility of informing the Education Office of whatever has to be done in partnership. Such programmes are usually school based programmes which the Health and Education Departments target at the school pupils such as AIDS talk, Drug Abuse and Teenage Pregnancy.

SCHOOL HEALTH

At the Dangme West, the District Education Office has appointed a Health Coordinator who is a teacher and therefore liaises between the Education Office, schools, and the Parent and Teacher Associations (PTA).

The major thrust of the School Health Education Programme which is now an officially sanctioned Ghana Education Service (GES) activity in every district is to ensure that health is adequately taught, practiced and made an integral part of the regular academic work in schools.

The Health programme involves new reforms in the academic curricula like the teaching of life-skills, vocational skills and others that ensure that pupils live in their communities and household in healthy environments.

As part of the programme package of the school health project, some trained teachers are picked from various schools in the towns of the district and given special training to let them work as community and Public Health teachers.

These teachers who are referred to as Health Coordinators go from one school to another instead of staying in the classrooms alone to teach students and pupils about personal, household and community hygiene. On personal hygiene, it was reported that the Health Coordinators inspect the finger and toe nails of students to ensure that they are properly manicured. Also the hair and body are inspected periodically to check for skin problems and any improper care and early detection of health or disease problems.

One area of special mention is oral examinations to ensure that children know how important it is to clean their mouth and teeth regularly to prevent the occurrence of diseases like toothache, gum and oral cancer.

As a further step towards closer cooperation in Health and Education, the Ghana Education service and Ministry of Health (MOH) have a joint project in schools on Eye Health. This project selected teachers in all districts including Dangme West to attend a Workshop on Vision Control and Health. The project provided training for teachers to observe children's eyes and to detect any anomalies for referral treatment. This project complements the programme to eradicate untimely blindness as a result of ignorance.

Secondly, the GES/MOH project enjoins schools to have canteens where food can be prepared under hygienic conditions for pupils. Teachers are trained and asked to inspect the food that vendors bring along to sell on the campuses and premises. They were also enjoined to inspect the health of the vendors themselves to ensure food safety to the children. In reality, it was discovered that this practice is seldomly enforced. Canteens have not been built because the school buildings themselves need drastic renovation and repairs.

It was also reported that on several occasions the District Education Office would arrange and direct drama with the active participation of advise from the Health Department on AIDS., Teenage Pregnancy and Drug Abuse. Throughout such campaigns, the Committees patronised such drama.

Unfortunately, when it comes to campaigns to broadcast or advertise such health educative drama, no assistance is obtained from Private transport owners who could have released vehicles to do the mobile campaign.

Though such campaigns, are normally targeted at the whole community, due to the active involvement of teachers from the District, children of school going age participated very much. It is in this respect that if chiefs, elders and opinion leaders of the communities are involved, that more communities would be achieved, through the effort of the community leaders.

Due to the effective health education Campaigns that the District Health and Education Officers have been mounting, the awareness of AIDS. The menace of drug abuse and some of the tragic consequences of teenage pregnancy, have been created in the Communities.

Among students and children of school going age, the Ministry of Education's School Health programme which the District Health Office has been praised for effective support, most school pupils and students have been screened and early detections have raised the awareness of school children to report for medical treatment for people and teeth problems.

Though more needs to be done to improve sanitation in the District, the Health Departments education campaigns with the Education and Social Welfare Units have gone a long way to create community awareness of the importance of environmental cleanliness. Still on sanitation, the school health education programme, has

significantly reduced the extent of children defecating indiscriminately. Now most people have been made aware that schistosomiasis of bilharzia is caused through long exposures in contaminated water bodies. Besides, both the Health and Education Units have educated, the communities particularly children that, their unhygienic lifestyles of urinating and defecating in and around water bodies where they swim and fetch water cause bilharzia.

If cooperation among Social Welfare, Education, Health and Community leaders were to be very high, the ravaging effects of teenage pregnancy and drug abuse in particular would have been greatly stemmed or reduced drastically.

While Health and Education target school children in particularly with the awareness and menace of the two teenage destroying practice-drug abuse and pregnancy, Social Welfare and Community leader are expected to join the battle by turning the focus on the Community as well. This is a noticeable lack of cooperation, that could have created a synergy in raising the health status of the community through total community involvement. It must be admitted that it was difficult and almost impossible for the study to find out how individuals health status other than the community health status had benefitted from inter-sectoral collaboration.

When health care alone is focused on the community and individual with cooperation or collaboration from other units, it just looks like the proverbial saying of standing in a colony of

ants and trying to prevent them from attacking. Health care provision without a wider support from other related sectors like education, nutrition, good social amenities, for example water supply, adequate sanitation and housing to mention only a few while health in the twenty first (21st) Century has moved from only simple curative care and prevention to promotion with individual, family and community support and participation, the activities of health delivery at the peripheral level like the Dangme West should be in collaboration with other units. When this effectively done, the individual, household and the community are educated about the hazards of lifestyles, prevention of diseases and the promotion of health living. This could go further to imbue individuals to take up the responsibility of their own health, and that of their families. As soon as this mentality is created among individuals, they would seize the opportunity to improve basic sanitation around their surroundings, improve their personal hygiene, adopt healthier lifestyles like eating more nutritiously balanced diet, seeking to imbibe potable water, and raising children or their families in more healthy environments.

HEALTH STEERING COMMITTEE

At the Dangme West District, there is a steering committee on Health which involves the Council of Churches, District Health Administrator, Representatives of Heads of Basic Schools, Ministry of Agriculture, Ghanata Secondary School, Asutuare Secondary Technical School and the District Organizing Assistant and (CDR's)

Committee for the Defence of the Revolution.

The work schedule of the steering committee on Health are mainly visiting schools within the District. In one of their reports the committee stated that most of the schools in the District have the following problems which are health related or adversely affect the healthy living of the pupils in school.

1. Lack of proper places of convenience
2. No medical Report on Food Vendors
3. Children with bushy hair infested with lice
4. Children with overgrown dirty finger-nails
5. Absence of First Aid Boxes in schools.

As a next step towards closer cooperations of health in schools, the district has been enjoined by the Ghana Education Service to form Health Committees in all Schools.

The Health Committees are to ensure that the school environs are clean and hygienic. They are also to remove all health hazards and provide clean toilets and incinerators.

It was further realized that the Health Committees in the Schools were to be assisted by the District Health Team and other non-governmental organizations to create the awareness of Sexually Transmitted Diseases, Buruli Ulcer, Yaws, Drug Abuse, Teenage Pregnancy and Waterborne Diseases, among school pupils and the communities. They are thus charged to teach school children to live in healthy environments and households and cultivate a healthy mind to keep their surroundings clean.

This in some way brings health to bear on the work of

education. It was also realized that the Ministry of Health provides personnel for the training of educators in this direction. The teachers in the schools are thus trained to become early warning systems in health to prevent serious disease occurrences in pupils and also prevent the worsening of ailments. These teachers acting as "early health warning systems" to pupils are trained jointly by the Ghana Education Service and the Ministry of Health.

The Dangme West District Education Office is considering the initiation of a very bold academic financing exercise with the local Shai Rural Bank. The exercise, if it should succeed and take off would involve the sponsoring of deserving but deprived students financially to stay in school instead of dropping out for want of money. It is being proposed that the Shai Rural Bank which serves Dangme West District would provide assistance to students and pupils to pay for their fees, books, uniforms and other necessary educational materials. Asked if this would be in the form of a loan, it was suggested that funding agencies would be contacted to support the scheme at no cost to families and students to encourage more enrolment from junior classes to higher levels.

Should such a move succeed, it would be similar to the USAID project in the Upper Regions that sponsor girls by giving them financial assistance to stay and continue their schooling, thereby encouraging parents to enroll more girls in schools instead of letting them drop out solely for financial reasons.

PROBLEMS OF COOPERATION

Some of the problems that the education sector is encountering with the health sector in their quest for closer cooperation is principally funding. Other problems of cooperation are:

1. The two sectors do not have a commonly agreed upon procedure to sponsor joint programmes or projects. At times both sectors find it difficult to sponsor personnel when it comes to paying for their transportation, to undertake courses or attend seminars for joint cooperation. Each unit apparently wants to protect its budget from dwindling.
2. There is the problem of coordination as the two units sometimes have different programmes running instead of coordinating them into one joint programme.
3. The timing of the programmes is also different because the two units do not plan together.
4. The District Health Management Team of which a representative from the Education Office is a member is said to meet infrequently, thus hampering closer cooperation.

On the whole the personnel at the Education Office appreciate working closely with other sectors particularly with the Health Office, because they see the two units as working towards the same goal, that is, improving the quality of life of the people. Unfortunately, they see working together with health as generating more challenging work which involves more movement to the field and

therefore calls for assistance like the provision of vehicles and also some incentives which are not forthcoming.

To the teachers in the schools, the introduction of some basic health care into the conventional classroom teaching is good and furthermore widens their horizon of knowledge. The problem they are encountering is that of increased heavy work load as they are already burdened by the new educational reforms-the introduction of Junior and Senior Secondary School systems.

Among the teachers, those who were invited or selected to attend workshops and seminars and later on became teachers to their colleagues do laud the idea. This is because it breaks the monotony of sitting daily in the school or classrooms without any exposure to new ideas outside. However, such teachers who are trained are few and carry the additional responsibility of training their colleagues.

It is the desire of most teachers that such training is widened to expose everyone of them to study new ideas at the workshops. The idea is for them to increase their knowledge and also improve their curriculum vitae which can increase their chances of earning a promotion, but this is hindered by inadequate funding.

Other teachers expressed the reservation of taking on additional responsibilities which are not teaching per se. Their fear is that, the effort they put in might not be considered for their promotion, and since they are not rewarded for the additional responsibilities they have taken on, some of them think that they

are just undertaking a useless venture.

Among the school pupils interviewed, some are of the opinion that the new health skills that they are being taught will help to protect them much more from diseases and some of the social risks and problems they are encountering in life. Others also think that too much is being demanded of them as most of their lifestyles have come under scrutiny from their teachers. For instance, the school health programme now demands that they wear short hairs, maintain clean manicure and even undergo some oral inspection. Some of the Health Coordinators ask teachers to even inspect the underwear of pupils, and regulate what they can eat at school.

But all said and done, the pupils and teachers think that the introduction of health programme studies in the schools will go a long way to improve the health of pupils, their families and in the long run the community.

Some of the pupils complain of unnecessary harassment by the health coordinators and their teachers. Students and pupils want to wear their own hair cuts, finger and tow nails and even not be influenced as to what to eat at school.

Such a school health programme is gradually approaching what was in practice in the early sixties when teachers had so much control over pupils and students that they could dictate what kinds of hair cuts pupils could wear. Even teachers were empowered by the school by-laws to influence what the children could eat at home and how they were to comport themselves as to where they could go even after school hours.

To heighten the awareness of healthy living in the District, the teachers through the orientation they received from the District Health Team, are influencing the movement of school pupils particularly in swimming for pleasure during weekends in bilharzia infested streams and ponds.

It is such emphasis of what to do, where to go, and what not to do at what time that some pupils think that their teachers are restricting and interfering in their social lives.

As bilharziasis is rife in the Dangme West District, the Health Team has impressed upon the teachers to make their pupils aware of the cycle and prevention of urinary bilharzia.

WATER SUPPLY

The Ghana Water and Sewerage Corporation (GWSC) which has a District Office at Dodowa is responsible for the provision of potable water to the people of the Dangme West. The GWSC thus provides about 6.5 million gallons of water for both domestic and commercial consumption to the district in a month of uninterrupted supply.

In its bid to provide potable water, it was gathered at the District Office of the GWSC that, very little help or cooperation is received from other units, namely the District Chief Executive who occasionally release vehicles to help the unit. Also, the Electricity Corporation provides power to the pumping machines installed at Kpong; - the main water treatment plant and smaller booster stations.

Quite apart from these two units, the GWSC has to fall on local volunteers to help the unit when they have to dig trenches to repair broken pipe lines or extend services to areas without water supply.

Though there is a town or District Development Committee, there is a noticeable lack of close cooperation with the GWSC and the District Health Management Team.

The officers who responded to the questionnaire admitted that though they are aware of health problems associated with the consumption of impure water, the GWSC has never been involved in any health delivery discussion or planning in the District. This is because every unit in the District plans and executes its programmes in isolation.

Other problems which the GWSC encounters in its work at the District are lack of adequate personnel, transportation and deliberate breaking of its pipe lines to divert water to unauthorised sources.

Lack of personnel in the District prevents the GWSC to undertake public relations to educate the people on the usage of water. This is an area that the GWSC could have used the staff of some units like the District Administration and the Health Department, but there is nothing like that. Unfortunately, the personnel of the GWSC think that it is not their responsibility to initiate any close collaboration with other units as the Regional Head Office in Accra has a public relations office to do that job.

As a result of this noticeable lack of public education in the

use of treated water, some farmers deliberately break pipelines carrying treated water and divert them to irrigate their farms.

Other people also break pipelines in order to siphon free water. These negative practices need education to combat them.

It was thought that the GWSC would mobilise resources and team up with the Ministry of Education, Health and Social Welfare, chiefs and opinion leaders to educate communities about the benefits of potable water and get them imbued with the sense of prompt payment of their water bills, while the communities would again be made responsible to protect their pipelines, but this has not been done. The GWSC seems to be doing the bulk of water supply single-handedly without any District support team.

Throughout the Dangme District, the GWSC has connected only 487 houses with direct water supply. The others who are not directly connected depend on houses that have through retail servicing or free supply.

It is estimated that during periods when water is running through the taps, a bucket of water costs about (C10.00) ten cedis. This can sometimes rise to (C50.00) fifty cedis or more per bucket, when there is an interruption.

It came to light that certain districts outside the Dangme West face even more acute water shortage because of pumping machine problems. An average pump that can serve a district like the Dangme West was estimated at about forty five million cedis(¢45 million cedis). This was clearly a difficult amount for the GWSC alone to support in all the districts. The irony of the problem

was that, various District Administrations would also not budget in support of their District GWSC. This was because they all work in isolation and each had different development plans and budgets.

The Dangme West GWSC collects an estimated ₵1.3 million as its water revenue per annum. Other problems like persistent lack of payment resulted in the inability of the Corporation to service the District adequately.

It was gathered that anyone who wanted his premises connected with pipe water had to apply to the Regional Headquarters in Accra for approval. This was found to be very time consuming and cumbersome, which at times led to illegal connections. Those who are caught in illegal pipe connections are prosecuted. To prevent such occurrences most homes choose to dig wells or store rain water in concrete tanks. It is through such creation of water storage facilities that health problems associated with impure water consumption like typhoid and cholera result.

AGRICULTURE, HEALTH AND EDUCATION

Agriculture, which generally helps in the production of food for distribution and ultimate nourishment of people is an important complimentary aspect of health delivery.

Though cultural practices which have been imbued in the people of Dangme West cannot be easily changed overnight by the modern extension practices of agriculture, some improvements are being recorded.

As a result of the high cost of purchasing and using

fertilizer to boost agricultural produce, farmers have been trained and enlightened to understand the helpfulness of planting leguminous crops particularly beans and groundnuts. Such crops while they provide important sources of protein, fats and other vitamins to build a strong human body, also help to fix natural nitrogen into the soil and thereby, improve fertility and crop yield.

Throughout the research, one important fact which has come to light is the targeting of organised groups for help and training. For instance, the Agricultural Department can more easily target schools and institutions to train them with modern agricultural practices while it is difficult to teach the unorganised community and peasant farmers.

Agricultural extension services in the Dangme West District has not really been mentioned as closely working with the health sector. Perhaps, at the grassroots, there has not been that understanding, that health and agriculture move hand-in-hand to provide a sustained food chain as energy for good human health.

FARMING

Farmers in the Dangme West District have low productive capacities as a result of the generally small acreages they cultivate and the continued use of unscientific methods and the lack of improved seeds. The district also encounters erratic rainfall patterns which is characteristic of the country. As a

result, all year round farming is not very viable without irrigation.

Being low crop producers, most of the farmers are poor and therefore, lack the collateral to seek agricultural credits to expand their farms for higher yields.

It appears that, an institution that is friendly to peasant farmers has to enter the agricultural scene in the district to champion the cause of poor farmers for increased production.

The Dangme West District possesses abundant potential in mango fruit production if the District Administration could liaise with the Agriculture Department to heighten the interest of farmers in its production. Natural mango trees abound and this gives a strong indication for good exortic breeding for exports, and local mango juice production. It should be borne in mind that mangoes can also be distilled into gin.

FISHING

The fishing industry in the Dangme West District is also very much underdeveloped. Most fishermen still use canoes and manual strength for propulsion. With the high demand for fish in the country, it is suggested that the fishermen should be identified and given credits to acquire outboard motors and better fishing gear for improved catch or outputs.

To facilitate this, the District Administration has to collaborate with the Ministry of Agriculture to organise the fishermen into local cooperatives for loans and credit facilities.

It is this cooperation that can ultimately improve the lot of the individuals, the community and thus raise their health status.

Besides helping the fishermen to increase their output, the women will also need help to improve their technique of fish handling. Such modern and efficient techniques of smoking and preservation must be made available to them to help improve the value of bumper catches. Through such inter-linkages, a lot of income will be generated among the women who are idling. Increased output and income will definitely heighten the awareness of individuals and families about their health and living conditions.

While technical cooperation to revamp the local fishing industry will increase the income and standards of living of the fisherfolk in the Dangme West District, the development of the fish industry can also increase the protein content of the diets consumed. A synergy of increasing economic gain and improving nutritional health status will lead to the reduction of protein deficient malnutrition particularly among children under five years.

A lot can be said about the gains of increased agricultural output such as fishing and food production. It is very well known that in the villages and localities in Ghana, when household incomes increase over long periods, improved reflections can be seen in the quality of family houses through renovations. Individual parents and families also increase the enrolment of their children in schools and there is the added tendency of increased continuity of wards in institutions of higher learning,

and the acquisition of vocational skills through training.

Such improved economic standards serves as a spring board for the gradual breaking of the perpetual cycle of poverty in villages and towns which over the years has been driving able bodied youth to drift to the cities in search of non existing jobs.

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CHAPTER FOUR

SUMMARY AND CONCLUSION

At present, personnel working in Health sector admit some cordiality and close working relationship with some officials from the Education office. This is done through the D.H.M.T. At times due to lack of commitment and incentives, regular consultation is reduced. Absenteeism is also high among officials in attending meetings which demand multi-sectoral attendance.

The present state of cooperation among the sectors leaves a wide gap to be filled. Heads of the various units of the central government at the District do not have any scheduled meetings together to consider issues of multi-sectoral cooperation. That is, there is no regular consultation of any form for the District Director of Health Services to meet with say the District Director of Education, District Agricultural officer, District Water and Sewerage Officer, the Chairman of the local Transport Union Chief District Welfare Officer to mention a few. This shows a noticeable lack of close cooperation between the various units with the District Chief Executive.

Throughout the study, there was no mention of any active service being done by any non governmental organisation in the District which was worth mentioning. It was only the Noguchi Memorial Institute for Medical Research in Legon, which was mentioned as having been given the mandate to investigate into malaria. It was discovered that the institute did its work purely

on its own initiative.

The District Sanitary Officer however commended the communities in the District for their active participation in clean up campaigns. It was mentioned that the Community involvement in building places of convenience was commendable. At the District Water and Sewerage Office, the officer also highly commended the community spirit in identifying and restoring broken down pipe lines. The District Officer of the Water and Sewerage Corporation did not however hide his ill-feeling about those few individuals in the community who would deliberately tamper with pipe lines in order to divert treated water to irrigate their farms.

During health campaigns which the Ministry of Health has been organising in the District, it was alluded that effective cooperation was obtained from the District Education Office and the communities.

The creation of District Assemblies and furthermore District Health offices must further be strengthened with more financial resources to enable the delivery of more health care outside institutions. Efforts on Health delivery must be heightened in the peripheral areas through a package of services like adequate provision of good drinking water, nutrition, health campaigns and community involvement in sanitation.

The Public Health aspect of the District Health must be increased or widened with the active support of the District Assemblies. Most of the times, Public Health Personnel lack transport to visit villages under the district, thereby cutting

them off completely from the health delivery in the District.

Where there is not much cooperation among units in the districts, feeble efforts by individual units to raise the standards of living of the people only achieve little success as the commitment and will to pursue cooperation was done half heartedly. This is due to the fact that the financial base of most districts in Ghana is weak and thus mere duplication of functions by units will not be helpful but rather weaken the desired achievements.

At times due to lack of commitment and incentives, regular consultation was reduced. Absenteeism was high among official attendance at meetings which demand multi-sectoral cooperation. Some reason given by some members indicated that the meetings were not interesting and beneficial. What could be done to raise enthusiasm among officers to cooperate is the provision of some incentives to encourage their participation in meetings.

The present state of cooperation among the sectors leaves a wide gap to be filled. Heads of the various units of the central government at the District do not have any scheduled meetings that seek to join them in cooperation. There is no regular consultation of any form for the District Director of Health Service to meet with the District Director of Education, District Agricultural officer, District Water and Sewerage Officer, or the Chairman of the local Transport Union, and the Chief District Welfare Officer to mention a few. The District Chief Executive did not have any scheduled meeting with the various heads of the departments to

foster any cooperation, or even review their activities to find out how they were doing, and what help they needed. This was a clear evidence of lack of close cooperation, between the various units with the District Chief Executive.

The District Sanitary Officer however commended the communities in the District for their active participation in clean up campaigns. It was mentioned that the community involvement and initiative in helping to build places of convenience was commendable. At the District Water and Sewerage Office, the officer also highly commended the community spirit in identifying and repairing broken pipe lines.

During health campaigns which the Ministry of Health had been holding in the District, it was alluded that effective cooperation was obtained from the District Education Office and the communities.

Much credit was given to the District Education Office for arranging and directing drama with the active participation and advise from the Health Department on AIDS, Teenage Pregnancy and Drug Abuse. Throughout such campaigns, the communities patronised the shows and it was believed that the message went down well. Unfortunately, when it comes to campaigns to broadcast or advertise such health educative drama, no assistance was obtained from private transport owners who could have released vehicles to do the mobile campaign. Though such campaigns, are normally targeted at the whole community, due to the active involvement of teachers from the District, children of school going age participated very much.

It is in this respect that if chiefs, elders and opinion leaders of the communities were involved fully, that more communities would be drawn in, through the effort of the community leaders.

Due to the effective health education campaigns that the District Health and Education Officers have been mounting on the awareness of AIDS., the menace of drug abuse and some of the tragic consequences of teenage pregnancy, their awareness have been created in the communities and their prevalence was said to be dropping.

Among students and children of school going age, the Ministry of Education's School Health programme which the District Health Office has been praised for effectively supporting, resulted in most school pupils and students having been screened and early detection of diseases have raised the awareness and the need for school children to report for medical treatment promptly.

Though more needs to be done to improve sanitation in the District, the Health Department's education campaigns with the Education and Social Welfare Units have gone a long way to create community awareness of the importance of environmental cleanliness. Still on sanitation, the school health education programme, has significantly reduced the extent of children defecating indiscriminately in their surroundings. Now most people have been made aware that schistosomiasis or bilharzia is caused through long exposures in contaminated water bodies. Besides, both the Health and Education Units have educated, the communities particularly children that, their unhygienic lifestyles of urinating and

defecating in and around water bodies where they swim and fetch water cause bilharzia and other diseases like typhoid.

If cooperation among Social Welfare, Education, Health and Community leaders were to be very high, the ravaging effects of teenage pregnancy and drug abuse in particular would have been greatly stemmed or reduced drastically.

While Health and Education target school children in particular with the awareness and menace of the two teenage destroying practices, drug abuse and unexpected pregnancy, the Department of Social Welfare and community leaders are expected to join the battle by turning the focus on the community .

It must be admitted that it was difficult and almost impossible for the study to find out how individuals health status other than the community health status had benefitted from inter-sectoral collaboration.

When health care alone is focused on the community and individuals without the cooperation or collaboration from other units, it just looks like the proverbial saying of standing in a colony of ants and trying to prevent them from attacking. Health care provision without a wider support from other related sectors like education, nutrition, good social amenities, for example water supply, adequate sanitation and housing to mention only a few yields just a little fruit. Health in the twenty first (21st) century has moved from only simple curative care and prevention preventive health to promotive health with the individual, family community support and participation. The activities of health

delivery at the peripheral level like the Dangme West should be in collaboration with other units. When this is effectively done, the individual, household and the community are educated about the hazards of lifestyles which are not healthful, prevention of diseases and the promotion of healthy living. This could go further to imbue individuals to take up the responsibility of their own health, that of their families into their own hands to secure better living and health. As soon as this mentality is created among individuals, they would seize the opportunity to improve basic sanitation around their surroundings, improve their personal hygiene, adopt healthier lifestyles like eating more nutritiously balanced diet, seek to imbibe potable water, and raise children or their families in more healthy environments.

It would also be very helpful if at the District levels, the District Chief Executives could endeavour to encourage inter-sectoral linkage by calling seminars of all heads of institutions to brief them on the benefits of working together.

Projects which obviously cuts across multi-institutional lines like drug abuse, teenage pregnancy and diseases relating to drinking impure water must necessarily be addressed from a multi-dimensional point. Such projects would give birth to inter-sectoral cooperation from a small scale to a wider perspective, then as the fruits of cooperation begin to show, others would emulate it.

Due to the lack of a nutrition officer in the Dodowa District nothing at all is being done in nutrition to improve health status.

This is rather painful as nutrition very much complements health, agriculture and community welfare.

The Dangme West District possesses immense resources which is capable of translating it from economic obscurity into a potentially economic viable District. This can however only be achieved through efficient planning, careful development and a sustained effort to collaborate on all fronts with other sectors and institutions.

The identification of resources could lead to efficient mobilization and utilization. In this regard, it is incumbent on the District Assembly to really get involved in forging cooperation with organisations for practical intelligent development. Such development must emphasize increasing economic development to open more job avenues for the unemployed youth.

It is also believed that any joint cooperation to exploit the natural resources of the District could attract financial assistance from the banks or even some international assistance which would further open up the District for development.

CHAPTER FIVE

RECOMMENDATIONS

It is very essential that a Nutrition Officer is engaged in the Dodowa-District to ensure that adequate attention is taken care of by the Agriculture Department and Health to advice on food intake, development and preparation, either at institutional levels like schools, hospitals, and cooked foods on the open market for sale to the public. A nutritionist if acquired, can advise the Dodowa-District on better dietary habits, the hygienic preparation of food and inculcate into people that the quality of food consumed has a relationship on human health.

A lot of benefit could be gained if the District Chief Executive could arrange a scheduled meeting at stated intervals whereby, the various heads of unit would meet to share ideas about how they could help improve each others work and then raise health status through pooling of ideas and resources together.

It is recommended that the Chief Executive who is the political as well as the administrative head of the district encourage regular consultation among units and the pooling together of resources to execute projects with multi-sectoral dimensions.

For the effective realisation of the fruits of inter-sectoral cooperation a lot of cooperation is needed from the central government and its umbrella ministries. Such encouragement coming from the top would greatly enhance the peripheral units to do the same or better. It is firmly believed that for a starter,

seminars, workshops and meetings have to be held at very regular intervals to address issues of multi-sectoral cooperation.

It must be emphasized that development to raise health and living status depends to a large extent on the mobilization of all available resources - human, material and institutional units.

The District Assembly should also be able to grasp their role as agents of development for the people. Thus, all units, town development committees and elders or opinion leaders have to be involved in the planning for development. By so doing, they are very likely to increase the interest and participation of individuals and organisations.

The Dangme District possesses quite abundant natural resources which can be potentially tapped to transform the communities, and living standards of the people. For instance Owusu-Frimpong and Boachie-Danquah²¹ assert that there is an irrigation project in place at Asutuare, one of the towns in the district. This can be effectively utilized for the production of rice, sugar cane and other cash crops like citronella. The potential is even highlighted because, there is already a sugar factory at Asutuare that needs rehabilitation. There is also a big local demand for rice and Lever Brothers is a ready source of market for citronella, which is used for perfumes in soap production.

Other natural resources which are mentioned are oyster shells for the production of quicklime and terrazzo chippings, pulp and paper mills and distilleries to produce alcohol. Mobole is reported to have in existence a stone quarry while Dawhenya also

has a very good irrigation system that can produce virtually every tropical cash and food crop all-year-round.

Considering the potentially rich natural environment, the District Administration has to seek joint cooperation and business ventures to activate these projects into viable ventures which can generate income and employment in the District.

It can also be stated that what has stalled all these developments are the lack of the will to cooperate to undertake joint ventures to foster economic partnership. Thus, resources lie waste and untapped while the people languish in poverty without any work. The poverty further leads to low living standards and generally poor health status.

Infact so much can be done by way of collaboration and joint ventures by the District Assembly or Administration in almost all the towns in the Dangme West District to raise the living standards and health status of the people.

The District would be better off should it liaise with the Ghana Export Promotion Council (GEPC) to unearth all the potential resources for the mutual benefit in the export market.

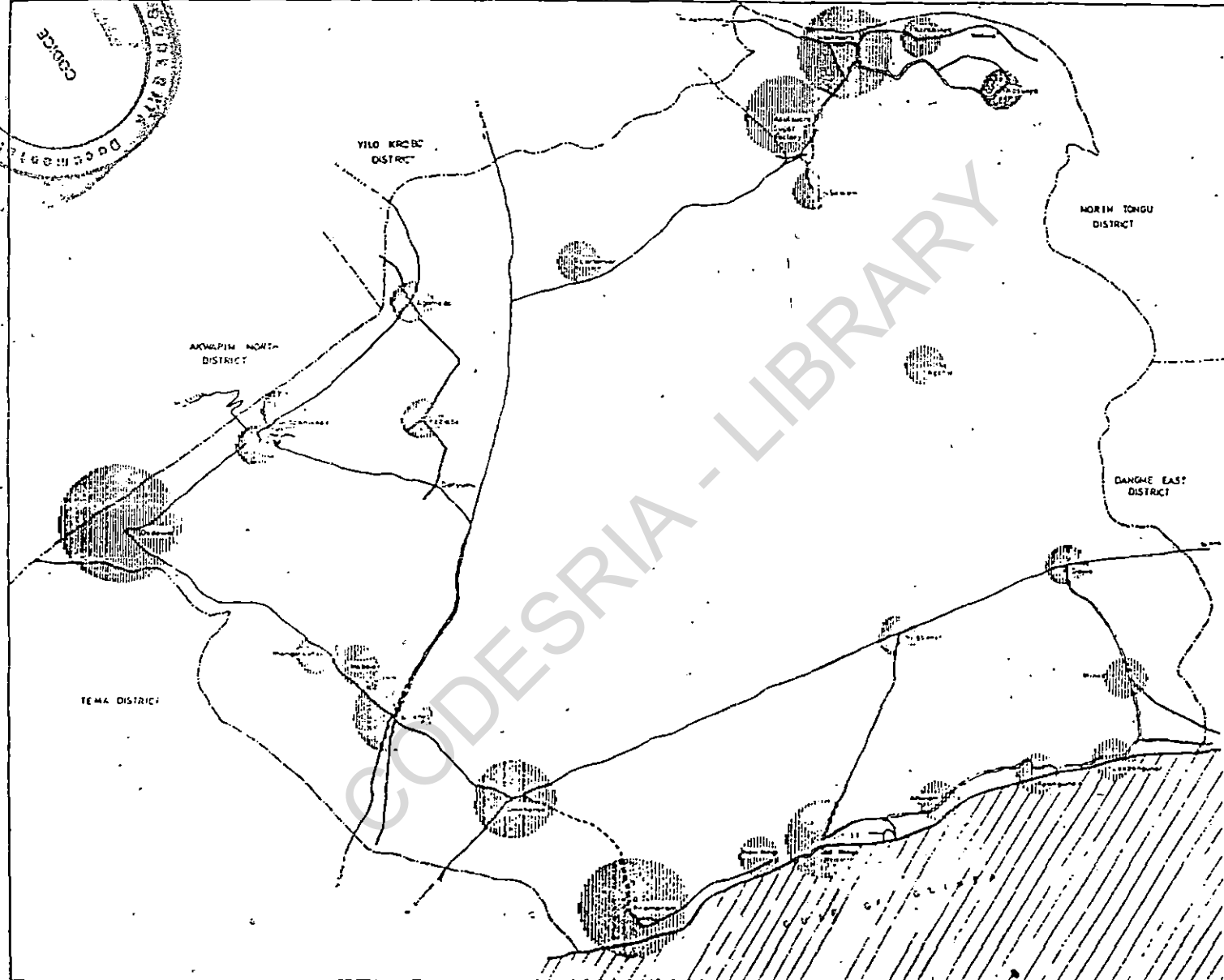
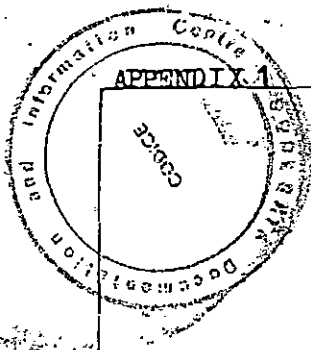
A lot of benefit would also be gained if the District Chief Executive could arrange a scheduled meeting at stated intervals whereby, the various heads of Unit would meet to share ideas about how they could help improve each others work and then raise health status through their joint effort.

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DANGME WEST DISTRICT



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LEGEND

- LEVEL 2
- LEVEL 3
- LEVEL 4
- LEVEL 5
- 1ST CLASS ROAD
- 2ND CLASS ROAD
- 3RD CLASS ROAD
- DISTRICT BOUNDARY
- RAILWAY LINE

SCALE 1:50000

SPRING 1990/91
DANGME WEST DISTRICT STUDY

HIERARCHY OF SETTLEMENT

MAP NUMBER 2-18

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