Community Leaders push for rights-based education on Malaria prevention and care in rural Ghana

CHALLENGE

Malaria is endemic and perennial in all parts of Ghana. The entire Ghanaian population is at risk of malaria infection, and in 2017 there were 219 million people with malaria. In an effort to reach the National Malaria Control Program goal of 75% reduction in mortality and morbidity and wider Universal Health Coverage goals, there is a need to strengthen the capacity of the health system to respond to patient needs and improve health servicing in malaria prevention, treatment, and control.

APPROACH

The Alliance for Reproductive Health Rights' project Bridging Gaps Innovate for Malaria (B4M) aims to build the capacities of Ghana's health system and the communities they serve, to demand quality care, and guarantee better health outcomes for all. By working with communities and health providers, the project is educating communities and supporting them to use evidence to find solutions to issues impeding quality malaria prevention, treatment, management and care.

ARHR has partnered community leaders like Justice Peh who educate hundreds of community members about malaria care and prevention as well as patient rights to care. His work, and the work of others like him, ensures that communities can demand the care they need at the point of service.

AT A GLANCE

Rights-based health education is the foundation of improved health outcomes. To achieve Universal health coverage people must be well-informed about their right to physical and mental wellness, in addition to the information and resources to help manage, prevent and treat illness.

Justice Peh, Project coordinator for Deveopment Focus - a community organisation in the Bodi and Juaboso Districts of Western Ghana - has educated hundreds of community members in over thirty communities. He skilfully teaches from a rights-based perspective to generate community enthusiasm and ownership of their health to reduce malaria prevalence.

"A lot of times we see that the people do not know why they should go to the health facility because they do not know that it is also for them. We let them know that they have the right to attend to the health facilities in the town, if they need assistance or help or they are sick, to see their medical facility"
- Justice Peh, Project Coordinator, Development Foucs

RESULTS

The rights based education has helped community members to understand that health is a human right that they are entitled to. This form of teaching has further expanded community access to quality malaria care by encouraging them to speak up during the health care process.

Mr. Peh tells the story of one community member, also a beneficiary of the rights-based education, felt emboldened to speak out about the poor infrastructure at their local health centre. He exclaimed that the damaged mosquito nets were allowing mosquitoes to enter the patients' rooms at night. Within days, the health facility staff had fixed all the mosquito nets at the facility. The rights based education helped people to take ownership of their health and the services, as it impacts them the most. This is just one of many examples of how community members are emboldened to exercise their right to quality care.

WHATS NEXT

The partnerships between health care providers, community based organisations and community members is crucial for the success of any primary health care-centred project. Where individuals and families are empowered within this network, malaria cases can be resolved at primary health care facilities before they become fatal.

The B4M project has supported the education of 36,898 community members in Ghana since the start of the project, contributing to efforts to empower communities through rights based education. The project uses community-centred research to provide health providers and decision makers with the evidence to supply quality health care.