

Long abandoned CBSVs mobilized

For close to a decade, budgetary and cash support to community-based surveillance volunteers has seized among health management directorates. This has reduced community-level activities normally undertaken by volunteers. Consequently, community support for preventive care and patronage in clinical services at the facility level have generally reduced owing to the dormancy of community volunteers and the availability of local herbal and spiritual/religious alternatives. With some cash support given as monthly allowances to GAVI volunteers for community level activities, dormant volunteers have been awakened and community health systems strengthened. According to the Municipal Health Director, “the target communities should be expended to activate more volunteers and communities” for universal health.

Moslem Groups Mobilized

Moslem communities are among the most populous in the Asante Akim Central Municipality. Most caregivers in these communities do not patronize in Child Welfare Clinic days organized by Ghana Health Services largely because of misinformation and poor knowledge on the importance of immunization in disease prevention. The GAVI HSS III project enabled the Municipal Director of Health and some supportive health personnel to join the AHEFS’s project team to sensitize these communities and caregivers and enabled the leaders of Moslem communities to schedule days to meet regularly for education on immunization and other health services during religious gathering.

From Apathetic Non-Immunized Caregivers to Active Immunization Care Seekers

Care givers in Santeneso communities are largely apathetic to participation in and patronizing immunization services. They justify their apathy with the notion that they never received any immunization in their infancy and have grown to become parents and so they do not see any need to get their children immunized. After a series of education and sensitization by trained community-based volunteers, most caregivers are now patronizing in services and regularly checking up with AHEFS’s community volunteers to confirm schedules and register new vaccines taken in the immunization register given to volunteers.

Religious groups give opportunities for camp meetings

Individual caregivers have often been the contributors to the demand for immunization services. With the implementation of GAVI HSS III that got churches in target communities adequately educated and sensitized, church leaders are now supporting and scheduling immunization clinic days with health directorates to attend to children during major camp meetings where members from different communities congregate for longer periods other than their normal weekend services. The demand from religious leaders for caregivers to patronize in immunization services in the target communities have been remarkable.