The Wellembelle Innovation Site Committee included representatives of each of the regions seven sections, as well as a ‘Mangazia’ (a prominent woman from the village in a leadership role), and a health clinic representative. They met three times to determine an intervention, and ten times during implementation of the project: a major upgrade to the local health clinic.

Clinic improvements instituted as part of the PREMAND project included the construction of an operating theater, water system rehabilitation, and other enhancements necessary to designate the center a polyclinic, with more services and more medical staff than the clinic had previously. The center was outfitted with new amenities (e.g., bed sheets and ward curtains) as well as new equipment (e.g., a vacuum extractor for labor and delivery) in order to be accredited as a polyclinic.

While the Innovation Site Grant alone did not pay for all of these improvements, the PREMAND data showing incidence of poor maternal and neonatal outcomes was the catalyst for the improvements. The community supplemented the PREMAND award with its own substantial investment of $5,700 GH¢ (about $1,300 US). They plan to implement other projects including a walkway between the clinic and the theater and a renovation of the nurses’ quarters.

“The PREMAND way is the best option because it allows the community to pick their most pressing problem and solve it.”

- Wellembelle PREMAND Innovation Site Committee member

PREMAND Community Intervention Report
An upgraded clinic in Wellembelle

The 17-member Wellembelle PREMAND Innovation Site Committee.

Funded by USAID, the Preventing Maternal And Neonatal Death (PREMAND) project combined high-tech GPS mapping software with high-touch qualitative interviews to help communities in northern Ghana address maternal and neonatal mortality.

The team identified Innovation Site communities with a disproportionate burden of deaths and near-misses. Interactive maps showing the location of the incidents, combined with detailed narratives describing the circumstances of each event, helped health workers and leaders better understand the trends and the underlying causes of maternal and neonatal mortality in their region. Finally, small pilot grants of $8,000 GH¢ (about $2,000 US) were awarded to help each community tailor solutions to meet local needs.

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