Review Article

BIOMEDICAL Journal of Scientific & Technical Research

ISSN: 2574 -1241

DOI: 10.26717/BJSTR.2026.66.010385

Strengthening Community-Based Maternal, Newborn and Child Health in Less Priviledge Urban Community in Ghana: Insights from a Zambia Study Tour and the Pilot Mother and Baby Project in Jamestown, Accra

Anthony Kwame Apedzi* and Gloria Ganah

St John Ambulance, Ghana

***Corresponding author:** Anthony Kwame Apedzi, St John Ambulance, Ghana

ARTICLE INFO

Received: June 04, 2026

Published: September 15, 2026

Citation: Anthony Kwame Apedzi and Gloria Ganah. Strengthening Community-Based Maternal, Newborn and Child Health in Less Priviledge Urban Community in Ghana: Insights from a Zambia Study Tour and the Pilot Mother and Baby Project in Jamestown, Accra. Biomed J Sci & Tech Res 66(4)-2026. BJSTR. MS.ID.010385.

ABSTRACT

Introduction: Maternal, neonatal, and child mortality remain persistent public health challenges in Ghana, particularly within urban poor communities. This project presents a comprehensive analysis of a pending community-based intervention that is, the mother and Baby (M&B) Project by St. John Ambulance Ghana, to be piloted in Jamestown within the Ashiedu Keteke Municipal Assembly.

Methodology: Drawing an insights from educational study tour to Zambia, where the M&B model that was developed by St John International, London, as part of its humanitarian activities, has been successfully implemented since 2014. This study examined the contextual realities of maternal and child health in Jamestown, outlines the project design, and highlights key implementation strategies. The study integrates situational analysis, community engagement frameworks, and health systems strengthening approaches to demonstrate how structured volunteer-led interventions can improve maternal and neonatal outcomes and support primary health care.

Findings: The findings emphasizes the importance of community volunteers, male involvement community ownership and effective referral systems in helping early antenatal and postnatal care, contributing to the Government of Ghana's primary healthcare programme.

Conclusion: The Mother and Baby programme contributes to ongoing discourse on achieving Sustainable Development Goal 3 targets in urban low-resource settings.

Abbreviations: CHPS: Community-Based Health Planning and Services; PHC: Primary Health Care; SJAG: St John Ambulance Ghana; NHIS: National Health Insurance Scheme; UHC: Universal Health Coverage; ANC: Antenatal Care; M&B: Mother and Baby

Introduction

Maternal, neonatal, and child mortality remain significant public health challenges in Ghana, particularly among vulnerable populations living in densely populated urban poor communities. Despite substantial progress in expanding antenatal care, skilled delivery services, immunisation coverage, and child health interventions over the past two decades, preventable maternal and newborn deaths continue to occur at unacceptable levels [1]. These persistent disparities underscore the need for strengthened primary healthcare systems capable of delivering equitable and accessible services to underserved populations. Jamestown, located within the Ashiedu Keteke Municipality of Accra, exemplifies many of the social and health challenges affecting urban poor communities in Ghana. Characterised by overcrowded housing, poverty, inadequate sanitation, and unstable livelihoods, the community remains vulnerable to poor maternal and child health outcomes [2]. Although situated within Ghana's capital city, Ashiedu Keteke continues to experience considerable socioeconomic deprivation and pressure on health and social infrastructure [3,4]. The municipality has experienced steady population growth driven by rural-urban migration and natural population increase, resulting in high population density and a large proportion of women of reproductive age and children under five years [4].

These conditions contribute to increased vulnerability to infectious diseases, malnutrition, delayed healthcare-seeking behaviour, and adverse maternal and child health outcomes [5]. Economic vulnerability remains a major determinant of health within Jamestown. Livelihoods are predominantly informal, including fishing, fish processing, petty trading, and casual labour, leaving many households with irregular incomes and limited capacity to meet healthcare-related costs despite the National Health Insurance Scheme [6]. Women often balance income-generating activities with childcare responsibilities, contributing to delays in antenatal and postnatal healthcare utilisation [7]. Maternal mortality in Ghana continues to be driven largely by preventable causes, including severe haemorrhage, hypertensive disorders, infections, obstructed labour, and unsafe abortion [1]. Neonatal mortality remains a major contributor to under-five deaths, with premature birth, asphyxia, low birth weight, and neonatal infections identified as leading causes [1]. Additionally, preventable childhood illnesses such as malaria, diarrhoea diseases, pneumonia, and malnutrition continue to affect child survival, particularly within disadvantaged urban settlements (World Bank, 2022).

Evidence from Ashiedu Keteke further indicates relatively high rates of teenage pregnancy, closely spaced pregnancies, delayed antenatal booking, and missed follow-up visits due to economic pressures, cultural beliefs, male partner influence, and competing livelihood demands [7,8]. Behavioural risk factors, including alcohol consumption during pregnancy and reliance on informal healthcare providers, have also been associated with poor maternal and neonatal outcomes [9]. These challenges reflect the "Three Delays" model, particularly delays in seeking and receiving appropriate healthcare despite physical proximity to health facilities [10]. Health facilities such as Ussher Fort Hospital and the James Town Maternity facility provide essential maternal, neonatal, and child health services to the municipality. However, high patient volumes, infrastructure constraints, shortages in human resources, equipment, medicines, and referral capacity continue to affect service quality and responsiveness [3]. Recognising the need for stronger preventive healthcare systems, the Government of Ghana recently launched the Free Primary Healthcare Programme under President John Dramani Mahama. The initiative seeks to strengthen primary healthcare delivery, expand preventive services, improve community engagement, and remove financial barriers to essential healthcare (Government of Ghana, 2025).

The programme emphasises early intervention, health promotion, disease prevention, and equitable access to care. The proposed Mother and Baby Project is designed within this policy framework to address maternal, neonatal, and child health challenges in Jamestown through integrated community-based and facility-based interventions. The project will support early antenatal attendance, skilled delivery, postnatal follow-up, newborn care, health education, behaviour change communication, and strengthened referral systems while enhancing service delivery capacity at Ussher Fort Hospital and the James Town Maternity facility. By aligning with Ghana's Free Primary Healthcare Programme, the Community-based Health Planning and Services (CHPS) strategy, the National Health Insurance Scheme, Universal Health Coverage objectives, and Sustainable Development Goal 3, the project seeks to reduce preventable maternal, neonatal, and child deaths while improving equitable access to quality healthcare services. Ultimately, the intervention responds to the realities of poverty, overcrowding, and health system limitations in Jamestown and aims to contribute meaningfully to improved health outcomes for mothers, newborns, and children within one of Accra's most under-served urban communities.

Mother and Baby Project

The Mother and Baby Project is a community-based maternal and child health initiative designed to improve the health and well-being of pregnant women, mothers, newborns, and children. The intervention of this project in Ghana aligns with Ghana's Primary Health Care (PHC) strategy, which emphasizes accessible, equitable, and people-centered healthcare services at the community level. Through collaboration with Community volunteers working together with local health facilities, healthcare workers, and community stakeholders, the project promotes early antenatal care attendance, skilled delivery, postnatal care, immunization, nutrition education, growth monitoring, and essential newborn care. It also seeks to strengthen health education and community awareness on maternal and child health issues, empowering families to make informed health decisions. By supporting the objectives of Ghana's primary health care system, the mother and Baby Project contributes to reducing maternal and infant morbidity and mortality, improving access to quality healthcare services, and advancing healthier outcomes for mothers and children in under-served communities.

The Order of St John

St John Ambulance is an international humanitarian and healthcare organization founded in England in 1877 by the Order of St John. It was established to train ordinary citizens in first aid and emergency response, particularly in industrial communities where accidents were common. Over the years, the organization expanded globally and now operates in more than 40 countries, providing first aid training, ambulance services, community healthcare, disaster response, youth development, and volunteer-based health interventions. The core mission of St John is to save lives, reduce suffering, and strengthen community health through accessible healthcare services and trained volunteers. Its activities include emergency medical services, first aid education, community outreach, health promotion, home-based care, and support for vulnerable populations. In Ghana, St John Ambulance Ghana (SJAG) was established in 1937 to pioneer emergency medical services in the country. It was later incorporated through an Act of Parliament (Act 57 of 1959) and currently operates under the Ministry of Health. For nearly nine decades, SJAG has played a vital role in first aid training, ambulance services, disaster response, community health programmes, and youth volunteer development. The organi-

zation has trained millions of Ghanaians in first aid and continues to support national healthcare delivery through its extensive volunteer network and community-based interventions.

Building on this strong legacy, St John International launched the mother and Baby Programme in 2014 to improve maternal and newborn health outcomes across Sub-Saharan Africa. The programme focuses on antenatal care, safe delivery, postnatal care, family planning education, community health awareness, male involvement, and strengthening referrals between communities and healthcare facilities. The initiative has already recorded significant improvements in maternal and child health indicators in several African countries. To help Ghana to improve in maternal and child health, St John International prepares to support the mother and Baby Programme into Ghana. St John Ambulance Ghana is well-positioned to implement the initiative through its nationwide presence, trained volunteers, and long-standing partnership with the Ministry of Health. The project aligns closely with Ghana's Primary Health Care (PHC) strategy and Community-based Health Planning and Services (CHPS) system by promoting community participation, preventive healthcare, maternal health education, early antenatal care attendance, newborn care, and improved access to essential health services. Through this programme, St John Ambulance Ghana seeks to contribute to reducing maternal and infant mortality while strengthening community health systems and improving the well-being of mothers and babies across the country.

Background and Rationale

Ghana has made significant progress in improving maternal, neonatal, and child health outcomes through investments in antenatal care, skilled birth attendance, immunisation programmes, family planning services, and community health interventions. Nevertheless, maternal, neonatal, and under-five mortality remain major public health concerns, particularly among populations experiencing poverty, social exclusion, and limited access to quality healthcare services [1]. While national indicators have improved over the years, substantial disparities persist between socioeconomic groups and geographic locations, including underserved urban communities where health inequalities often remain hidden within broader urban development statistics. Jamestown, located within the Ashiedu Keteke Municipality of Accra, represents one such vulnerable urban settlement. Despite its location within Ghana's capital city, the community continues to face significant challenges associated with overcrowding, poverty, unemployment, poor sanitation, inadequate housing conditions, and limited social support systems [2,3].

These factors contribute directly and indirectly to poor maternal, neonatal, and child health outcomes by influencing health-seeking behaviour, nutritional status, access to healthcare services, and exposure to environmental health risks. Women and children in Jamestown experience multiple barriers to accessing timely and quality healthcare.

Although health facilities such as Ussher Fort Hospital and the James Town Maternity facility provide essential maternal and child health services, economic hardship, competing livelihood demands, low health literacy, behavioural risk factors, and weaknesses within referral systems often delay access to care [7,8]. Consequently, many women initiate antenatal care late, miss scheduled follow-up visits, or seek professional care only after complications have developed. Such delays increase the risk of adverse pregnancy outcomes, maternal complications, neonatal morbidity, and preventable deaths. Research has shown that maternal mortality in Ghana continues to be driven by preventable causes including postpartum haemorrhage, hypertensive disorders of pregnancy, infections, obstructed labour, and complications from unsafe abortion [4]. Similarly, neonatal mortality remains largely attributable to prematurity, birth asphyxia, low birth weight, and neonatal infections, while malaria, pneumonia, diarrhoeal diseases, and malnutrition continue to contribute significantly to under-five mortality [1]. Many of these conditions can be prevented or effectively managed through early detection, skilled care, timely referral, health education, and strengthened community engagement. The rationale for the mother and Baby Project is therefore grounded in the need to address both demand-side and supply-side barriers affecting maternal and child health outcomes in Jamestown.

On the demand side, there is a need to improve health awareness, encourage early antenatal booking, promote healthy pregnancy practices, strengthen newborn care knowledge, increase male involvement in maternal health, and support timely healthcare-seeking behaviours. On the supply side, there is a need to strengthen service delivery capacity, referral pathways, community-facility linkages, and the availability of essential maternal and newborn healthcare services. The project is further justified by Ghana's recent policy direction toward preventive and community-centred healthcare through the Free Primary Healthcare Programme launched in 2025. The programme emphasises prevention, early intervention, health promotion, and equitable access to healthcare services without financial barriers. The proposed Mother and Baby Project align closely with these national priorities by combining community outreach, maternal and child health education, early identification of pregnancy risks, improved referral systems, and strengthened facility-based care. The intervention also supports the objectives of the Community-based Health Planning and Services (CHPS) strategy, the National Health Insurance Scheme (NHIS), Universal Health Coverage (UHC), and Sustainable Development Goal 3, which seeks to reduce maternal mortality and end preventable deaths among newborns and children under five years.

Furthermore, the project leverages the extensive community engagement experience of St John Ambulance Ghana and the proven maternal and child health model developed under the St John International Mother and Baby Programme. By integrating community mobilisation, health education, volunteer engagement, and healthcare service strengthening, the project provides a practical and sus-

tainable approach to addressing persistent maternal and child health challenges within Jamestown. Ultimately, the Mother and Baby Project is necessary because preventable maternal, neonatal, and child deaths continue to occur despite the availability of effective interventions. The project seeks to bridge existing gaps between communities and healthcare services, improve access to quality maternal and child healthcare, strengthen preventive health practices, and contribute to healthier outcomes for mothers, newborns, and children in Jamestown and the wider Ashiedu Keteke Municipality.

Maternal and Child Health Challenges in Jamestown, Accra

Jamestown, located within the Ashiedu Keteke Municipality of Accra, presents a paradox of urban proximity alongside persistent health vulnerabilities. Despite its location within Ghana's capital city and relative proximity to major health facilities, the community continues to face significant structural, socioeconomic, and behavioural challenges that negatively affect maternal, neonatal, and child health outcomes. High population density, overcrowded housing conditions, poverty, unstable livelihoods, and poor environmental sanitation create conditions that increase vulnerability to disease and poor health outcomes among women and children [2,4].

Health Statistics and Maternal-Child Health Burden: Although Ghana has made progress in reducing maternal and child mortality, national health indicators remain a concern. According to the World Health Organization (2023), Ghana's maternal mortality ratio remains above the Sustainable Development Goal target, while neonatal mortality continues to account for a significant proportion of under-five deaths. Major causes of maternal mortality include haemorrhage, hypertensive disorders, infections, and obstructed labour, while neonatal deaths are commonly linked to prematurity, birth asphyxia, low birth weight, and infections. In low-income urban communities such as Jamestown, these risks are often compounded by poverty, delayed healthcare seeking, overcrowding, and inadequate nutrition. Children under five remain vulnerable to malaria, diarrhoeal diseases, pneumonia, and malnutrition, all of which continue to contribute significantly to child morbidity and mortality (World Bank, 2022, [1]).

Cultural and Behavioural Challenges: Several cultural and behavioural factors continue to influence maternal and child health outcomes within the community. Despite widespread awareness of modern healthcare services, some women still rely on informal care providers, traditional beliefs, and self-medication during pregnancy. Studies conducted in coastal and low-income urban communities in Ghana have identified alcohol consumption during pregnancy, delayed disclosure of pregnancy, poor birth preparedness, and misconceptions about antenatal care as factors that contribute to adverse maternal and neonatal outcomes [9]. Decision-making regarding healthcare often involves family members and partners, which can further delay timely access to skilled care, particularly during emergencies.

Teenage Pregnancy as a Growing Social Norm: Teenage pregnancy has become a significant social and public health concern within many low-income communities in Accra, including Jamestown. Municipal health reports and national demographic surveys indicate that adolescent pregnancies remain relatively high among vulnerable urban populations [8,11]. Factors contributing to teenage pregnancy include poverty, school dropout, limited sexual and reproductive health education, peer influence, unstable family structures, and economic dependence. Many adolescent mothers enter pregnancy without adequate knowledge of maternal health services, resulting in delayed antenatal attendance, increased obstetric risks, low birth weight infants, and poor long-term socioeconomic outcomes for both mother and child.

Existing Health Interventions and Service Availability: The challenge in Jamestown is not solely the absence of healthcare facilities but rather the underutilisation of available services. The community is served by several important health institutions, including Ussher Fort Hospital, the James Town Maternity Home, and the nearby Princess Marie Louise Children's Hospital, in addition to community health nurses and public health outreach programmes. These facilities provide antenatal care, skilled delivery services, immunisation, child welfare clinics, family planning services, and postnatal care. Despite the availability of these services, many pregnant women continue to initiate antenatal care late, miss scheduled appointments, or fail to attend postnatal clinics altogether. Economic pressures, competing livelihood demands, low health literacy, misconceptions about pregnancy care, and weak community follow-up mechanisms often contribute to poor service utilisation [7]. This demonstrates that physical proximity to healthcare facilities alone does not guarantee access to quality healthcare or improved health outcomes [12-14].

Social Consequences of Persistent Maternal and Child Health Challenges: The consequences of these challenges extend beyond health outcomes and have broader social and economic implications for the community. Poor maternal and child health contributes to intergenerational cycles of poverty, reduced educational attainment, and social vulnerability. Children who experience malnutrition, inadequate healthcare, and poor early childhood development are more likely to face learning difficulties and reduced economic opportunities later in life. In addition, high rates of teenage pregnancy, school dropout, unemployment, and household poverty contribute to the growing phenomenon of street-connected children and youth, commonly referred to as "street boyism." Many vulnerable children migrate to urban centres or become involved in informal survival activities that expose them to exploitation, substance abuse, and criminal behaviour. Overcrowding, unemployment, and inadequate social support systems further contribute to rising social tensions and crime within vulnerable urban communities. Without targeted interventions that address maternal and child health, family welfare, and community resilience, these challenges are likely to persist and intensify.

Motivation for the mother and Baby Project: The motivation for the mother and Baby Project is to address these interconnected health and social challenges through a comprehensive primary healthcare approach. While healthcare facilities exist within and around Jamestown, significant gaps remain in health education, early antenatal attendance, postnatal follow-up, referral systems, community outreach, and behaviour change interventions. The project seeks to bridge these gaps by strengthening links between communities and health facilities, promoting preventive healthcare, improving maternal and newborn health knowledge, encouraging skilled delivery and postnatal care utilisation, and supporting vulnerable mothers and children. By addressing both the medical and social determinants of health, the project aligns with Ghana's Free Primary Healthcare Programme, Universal Health Coverage agenda, and Sustainable Development Goal 3. Ultimately, the intervention seeks to reduce preventable maternal, neonatal, and child deaths while contributing to healthier families, improved childhood development, and stronger community resilience within Jamestown and the wider Ashiedu Keteke Municipality.

Mother and Baby Project as an intervention

In response to these challenges, the mother and Baby (known in Ga language as: Mami ke Bi) project has been conceptualised as a community volunteers driven intervention aimed at improving maternal and neonatal health outcomes in Jamestown. The project is designed to address critical gaps in awareness, access, and continuity of care by strengthening community-level support systems. The intervention focuses on community volunteers helping in the following;

a. Promoting early antenatal care attendance and skilled delivery services

b. Encouraging male involvement in maternal and child health

c. Providing targeted health education on pregnancy, nutrition, and newborn care

d. Establishing community-based follow-up mechanisms to track mothers and infants

e. Addressing harmful cultural practices through behaviour change communication.

By leveraging community structures and aligning with primary healthcare principles, the project seeks to create a sustainable model for improving maternal and child health outcomes in urban poor settings. Ultimately, the mother and Baby project reflects the growing recognition that both rural and underserved urban communities require context-specific, community-centered healthcare solutions to achieve national and global health targets.

Ussher Fort Hospital

The pilot phase of the mother and Baby Project will focus exclusively on Ussher Fort Hospital, which serves as one of the principal public healthcare facilities providing maternal, neonatal, and child health services within the Ashiedu Keteke Municipality. Strategically located in the historic Ussher Town area and within close proximity to Jamestown, the hospital serves a large catchment population that includes James Town, Ussher Town, Korle Wokon, and surrounding low-income urban communities. Its central location within the municipality makes it highly accessible to pregnant women, mothers, and children residing within the project intervention area. The hospital is staffed by a multidisciplinary team of healthcare professionals, including medical officers, obstetric and gynaecological practitioners, midwives, public health nurses, community health nurses, disease control officers, nutrition officers, and other allied health personnel. These professionals provide comprehensive maternal, neonatal, child health, and general outpatient services to thousands of residents annually.

Ussher Fort Hospital offers a broad range of essential healthcare services, including antenatal care, obstetric and gynaecological services, skilled delivery, postnatal care, newborn care, family planning services, child welfare clinics, growth monitoring and promotion, immunisation services, nutrition counselling, outpatient care, health screening, and referral services for complicated maternal and neonatal cases. The facility therefore plays a critical role in supporting the continuum of care from pregnancy through childbirth and early childhood development. Despite its strategic importance, the hospital continues to face considerable challenges, including high patient attendance, limited infrastructure, shortages in human resources, equipment constraints, and increasing demand for maternal and child health services. These pressures can affect service delivery efficiency, patient follow-up, and the timely identification of high-risk pregnancies and vulnerable children.

For this reason, strengthening community-facility linkages forms a central component of the Mother and Baby Project. Through the deployment of trained St John Ambulance Ghana volunteers and community health volunteers, the project will establish a structured referral and follow-up system linking households directly to Ussher Fort Hospital. Volunteers will conduct community outreach, identify pregnant women early, provide maternal and child health education, encourage timely antenatal attendance, monitor appointment compliance, and facilitate referrals for women and children requiring healthcare services. Given the hospital's proximity to the target communities and its existing capacity to provide comprehensive maternal and child health services, referrals made by project volunteers can be acted upon promptly and efficiently. This approach is expected to improve antenatal care attendance, increase skilled delivery rates, strengthen postnatal follow-up, promote child welfare clinic attendance, and enhance the early detection and management of pregnancy and newborn complications. Ultimately, the partnership between community volunteers and Ussher Fort Hospital will strengthen the continuum of care and contribute significantly to improving maternal, neonatal, and child health outcomes within Jamestown and the wider Ashiedu Keteke Municipality.

Rationale for Selecting Ussher Fort Hospital for the Pilot Phase: The selection of Ussher Fort Hospital as the pilot facility is informed by both strategic and operational considerations. First, its geographical proximity to Jamestown and surrounding communities makes it the most accessible major public health facility for the target population. This close location supports timely referrals and reduces delays in accessing emergency obstetric and neonatal care. Second, the hospital serves as a key maternal, neonatal, and child health service delivery point within the Ashiedu Keteke Municipality, handling a high volume of antenatal, delivery, postnatal, and child welfare clinic cases. Its established role within the district health system makes it an appropriate focal point for strengthening community–facility linkages.

Third, Ussher Fort Hospital is staffed by a qualified multidisciplinary team, including medical doctors, obstetric and gynecologists, midwives, paediatric and child health nurses, public health nurses, and allied health professionals. This human resource capacity enables the facility to deliver comprehensive obstetric and gynaecological services, antenatal care, skilled delivery services, postnatal care, family planning, immunisation, child welfare clinics, and referral services for complicated cases. Fourth, despite this capacity, the hospital continues to experience high patient load and resource constraints, which affect service efficiency and continuity of care. This creates a clear need for community-based interventions that can improve early case detection, reduce late presentation, and enhance appropriate use of facility services.

Finally, the hospital provides a strong foundation for scaling and sustainability of the pilot intervention. Its integration within the Ghana Health Service system, combined with existing maternal and child health structures, makes it an ideal learning site for refining the mother and Baby Project model before potential expansion to other facilities within the municipality and beyond. Overall, selecting Ussher Fort Hospital ensures that the pilot project is implemented in a high-need, high-impact setting where strengthened community referrals, improved health education, and enhanced service utilisation can be effectively demonstrated and evaluated.

Study Tour to Zambia: Learning Framework

Objectives of the Study Tour

The educational visit was aimed to:

- Gain first-hand exposure to the operationalisation of the mother and Baby (M&B) Project by St John, Zambia
- Study volunteer recruitment, training, and supervision systems
- Understand data collection, entry procedures, and monitoring systems
- Observe household visit protocols and community engagement practices
- Acquire practical insights and best practices for reducing maternal and infant mortality to inform implementation in Ghana

Field Visits and Practical Exposure

As part of the programme, the Ghanaian team was taken through the health centres responsible for taking care of the beneficiaries and practical field activities at three beneficiary communities;

- Mungule
- Chunga
- Kayosha

These visits provided hands-on experience in community-level implementation of the project. The team observed how volunteers interact with beneficiaries, particularly mothers and caregivers, and the structure of discussions during household visits and hospital visitations. The exposure highlighted the importance of trust-building, consistency in engagement, and culturally sensitive communication in achieving meaningful outcomes.

Key Learning Areas

The Ghana delegation gained practical insights into key areas essential for effective community-based programmes. They learned strategies for recruiting and retaining volunteers by keeping them motivated, trained, and engaged. The delegation also observed structured household visitation protocols that ensure consistent and purposeful interactions with families. In addition, they explored the use of digital data management systems, particularly the Nurture platform, which enhances accurate data collection and informed decision-making. Finally, they understood the importance of building community trust through transparency, cultural sensitivity, and continuous engagement, recognizing it as a foundation for successful programme implementation.

Key Observations

Strong collaboration between health facilities or stakeholders play a crucial role in driving the success of the programme, by providing the structure, coordination, and accountability needed for effective implementation. When these systems are well-established, they ensure that processes run smoothly and goals are consistently achieved. At the same time, volunteer engagement remains central to the sustainability of any programme. Actively involving and supporting volunteers helps maintain momentum, as their commitment and connection to the community contribute significantly to long-term impact. Furthermore, fostering community ownership greatly improves outcomes. When community members feel a sense of responsibility and involvement, they are more likely to support, sustain,

and benefit from programme initiatives. Finally, the use of robust data systems enhances accountability and decision-making. Accurate and timely data enables programme managers to monitor progress, identify gaps, and make informed choices that strengthen overall effectiveness.

Project Description: Mother and Baby Pilot in Jamestown

Goal

To reduce preventable maternal, neonatal, and infant morbidity and mortality in Jamestown by improving equitable access to and utilisation of quality MNCH services across the continuum of care from pregnancy through delivery to the postnatal period.

Objectives

Increase first-trimester ANC attendance from 25% to 40%

Improve completion of at least four ANC visits to 75%

Increase male partner involvement to 35%

Improve postnatal care within 48 hours to 70%

Target Population

1,100 pregnant women

700 nursing mothers

600 male partners

18,000 community members (secondary beneficiaries)

Implementation Strategy

Community-Based Approach

The project adopts a community-led model, involving:

- Door-to-door household visitation by volunteers allocated to the zones
- Referral linkages to Ussher Fort Hospital

Community Health Education and Sensitisation

A structured Community Health Education and Sensitisation programme will be implemented through:

- Small group discussions with stakeholders
- Community forums in collaboration with the Health workers
- Engagement with faith-based organisations and traditional leaders

Key messages include:

- Early ANC attendance
- Skilled delivery
- Nutrition and breastfeeding
- Danger signs in pregnancy and newborns

The Project Committee is led by the CEO of St. John Ambulance Ghana and includes stakeholders such as Public Health Officers. Governance and Administrative Experts. Project Management Specialists. Health Educators and Youth & Development Officers

Monitoring, Evaluation and Learning (MEL)

The project adopts a results-based MEL framework:

Data Sources

Multiple data sources will be utilised to support effective monitoring and evaluation of the project. These will include household registers to capture baseline and follow-up information on beneficiaries, outreach clinic records to document services provided at the community level, and health facility data from Ussher Fort Hospital to track referrals, service uptake, and clinical outcomes. In addition, volunteer logs will be maintained to record community engagement activities, home visits, and other support services, ensuring comprehensive documentation of programme implementation.

Digital Systems

A digital platform, such as the Nurture system, will be integrated into the programme to enhance efficiency, data management, and continuity of care. The platform will be used to systematically track beneficiaries from pregnancy through the postnatal period, ensuring that mothers and infants receive consistent follow-up and support. It will also enable real-time monitoring of referrals between community-based services and health facilities, improving coordination and timely access to appropriate care. In addition, the system will facilitate the analysis of service utilisation patterns, providing valuable insights into programme performance, gaps in service delivery, and areas for improvement. Overall, the use of this digital platform will strengthen evidence-based decision-making, accountability, and the effectiveness of the Mother and Baby project.

Learning Mechanisms

The project will incorporate structured learning mechanisms to support continuous improvement and accountability. Monthly review meetings will be conducted to assess routine activities, track progress against targets, and address emerging challenges in a timely manner. In addition, quarterly stakeholder sessions will bring together key partners, community leaders, and health officials to review performance, share insights, and strengthen collaboration. At the end of the project, a comprehensive evaluation will be undertaken to assess overall outcomes, document lessons learned, and inform the design and scaling of future interventions.

Expected Outcomes and Impact

Outcomes

The project is expected to yield significant improvements in maternal and child health outcomes, including increased antenatal care (ANC) attendance and completion among pregnant women, ensuring timely access to essential health services. It will also promote greater male involvement in maternal and child health, fostering shared responsibility and support within households. Additionally, the intervention will contribute to strengthened referral systems, enhancing coordination between community-level services and health facilities and ensuring that mothers and infants receive appropriate and timely care.

Impact

The project is expected to contribute to reduced maternal and neonatal mortality by improving access to timely and quality healthcare services for mothers and infants. It will also promote improved health-seeking behaviour among community members, encouraging early antenatal care attendance, skilled delivery, and appropriate postnatal practices. Furthermore, the intervention will strengthen community health systems by enhancing outreach, follow-up mechanisms, and coordination between community structures and health facilities, ultimately leading to more resilient and responsive healthcare delivery.

Discussion

The integration of Zambia's Mother and Baby (M&B) model into the Ghanaian context demonstrates the value of South–South knowledge transfer in addressing shared public health challenges. The Jamestown pilot highlights the importance of contextual adaptation to local realities, the critical role of community ownership in ensuring acceptance and sustainability, and the need for strong institutional support to drive effective implementation. Furthermore, the project's exclusive focus on Ussher Fort Hospital as the primary referral facility ensures a streamlined referral system, thereby enhancing efficiency, coordination, and continuity of care for mothers and their infants.

Recommendations

To enhance the impact and sustainability of the intervention, there is a need to scale up the project to other urban poor communities facing similar maternal and child health challenges. This should be complemented by efforts to strengthen health facility capacity, ensuring that facilities are adequately equipped and staffed to manage increased demand and provide quality care. Additionally, increased funding for community health systems is essential to support outreach activities, follow-up services, and community engagement initiatives. Expanding digital health solutions will further improve data management, service delivery, and real-time monitoring, ultimately contributing to more efficient and responsive healthcare systems.

Conclusion

The Mother and Baby Project represents a transformative approach to addressing maternal and child health challenges in urban Ghana. By combining community engagement, volunteer systems, and facility-based care through Ussher Fort Hospital, the project offers a sustainable and scalable model. The lessons from Zambia provide a strong foundation for implementation, reinforcing the importance of structured systems, community participation, and continuous learning.

Acknowledgement

- St John International, UK
- St John Ambulance, Ghana
- St John, Zambia
- Sylvia Chopamba (Coordinator, Mother and Baby Programme, St John International Office, London, UK)

Ghana

Emmanuel Arko Larbi (Data Administrator)

Richard Nii Adjei Adjei (Data Administrator)

Gifty Asante Wiafe (Community Mobilizer)

Dorenda Tagoe (Community Mobilizer)

Emmanuel Amposah Danflo (Community Mobilizer)

Zambia

Morrice Muteba (CEO, St John, Zambia)

Davis Katongo (Mother and Baby (Mama na Mwana) Project coordinator)

Danny Kabukabu (Mother and Baby (Mama na Mwana) Community Mobilizer/Supervisor)

Tendai Chanda (Mother and Baby (Mama na Mwana) Data Clerk)

Joel Ngwira (Social Enterprise Coordinator)

References

1. (2023) UNICEF, WHO & World Bank. Trends in maternal and neonatal mortality.
2. (2017) UN-Habitat. Urbanization and development.
3. (2020) Accra Metropolitan Assembly (AMA). Health infrastructure and service delivery report. Accra, Ghana.
4. (2014) Ghana Statistical Service (GSS). Population and Housing Census Report.
5. (2021) UNICEF Ghana. Maternal and child health situation analysis

6. (2020) World Bank. Urban poverty and service access in Ghana.
7. (2021) MDPI. Maternal health-seeking behaviour in urban poor communities in Accra. Social Sciences 10(4).
8. (2020) Ghana Health Service (GHS). Reproductive and child health annual report
9. Addo J, et al. (2017) Alcohol consumption during pregnancy in urban poor communities in Accra, Ghana. Reproductive Health 14(120).
10. Thaddeus S, Maine D (1994) Too far to walk. Social Science & Medicine 38(8).
11. (2018) Ghana Statistical Service (GSS). Demographic and Health Survey.
12. (2012) Afenah A Reclaiming urban space in Accra. University of Ghana.
13. (2019) Ghana Health Service (GHS). Annual health sector performance report.
14. (2015) United Nations. Sustainable Development Goals.

ISSN: 2574-1241

DOI: 10.26717/BJSTR.2026.66.010385

Anthony Kwame Apedzi . Biomed J Sci & Tech Res

Submission Link: https://biomedres.us/submit-manuscript.php