



13 – 14 February, 2018 : Rome, Italy



GEF Funded WHO-UNEP Workshop on the project 'Developing a Global Monitoring Plan for Exposure to and Environmental Concentration of Mercury'

GHANA PRESENTATION



Dr. Edith E. Clarke; Ghana Health Service

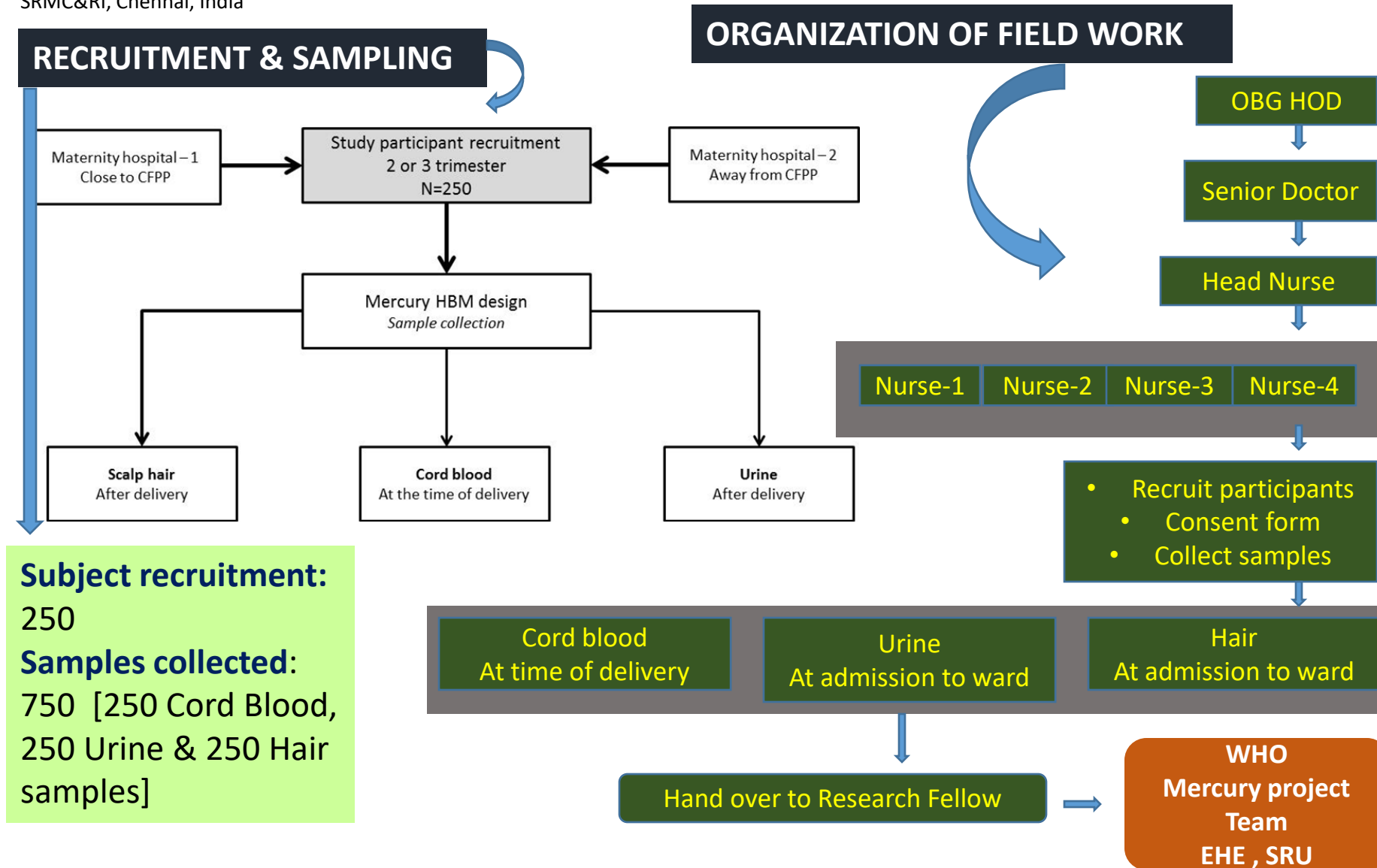


Dr. Kwadwo Ansong Asante; CSIR Water Research Institute



**World Health
Organization**

HBM survey implementation - 1



Subject recruitment:
250

Samples collected:
750 [250 Cord Blood,
250 Urine & 250 Hair
samples]

HBM Survey Implementation

- Achievements / Good practices :
 - Big maternities with large numbers of births had potential to easily find women for recruitment
 - Training in Slovenia
 - Two training workshops in hospitals prior to start of survey facilitated understanding by the hospital team of the process.
 - : Frequent (at least once weekly) visits and close link with midwifery supervisors kept interest up and improved supervision.
 - Refreshment (nutrition drink) for the women was highly welcome as they waited, or were taken through interviews which was time consuming and they were often exhausted from the long wait.

HBM survey implementation : Challenges

- Recruitment depends on local staff motivation, compensation / financial stimulation and administrative pressure from chief physicians and responsible person from the Regional Ministry of Health
- Hence delays in payment of honoraria negatively affected the interest of some staff.
- Inadequate numbers of midwives: Getting busy midwives involved in recruitment while other patients were waiting to be treated was a challenge hence limiting their (midwives) involvement.
- Inadequate sitting areas for research assistant and subjects during interviews.

Severe constraint to recruitment from hair related issues



- This is Big study: Funds extremely limited- affected interest & commitment of research assistants
- Questionnaire administration was time consuming hence some women got tired and restless