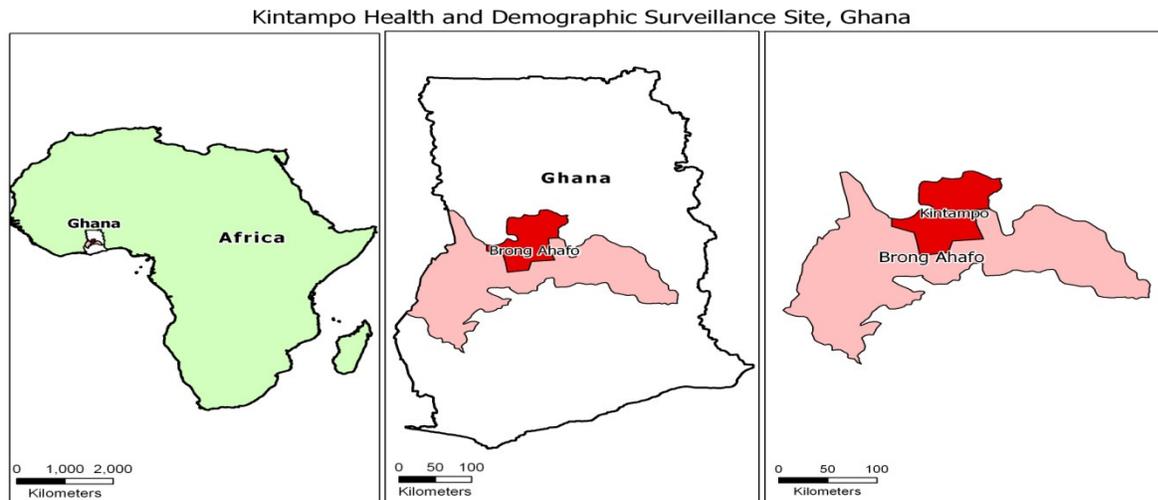


Site Map



Brief Introduction to Kintampo HDSS

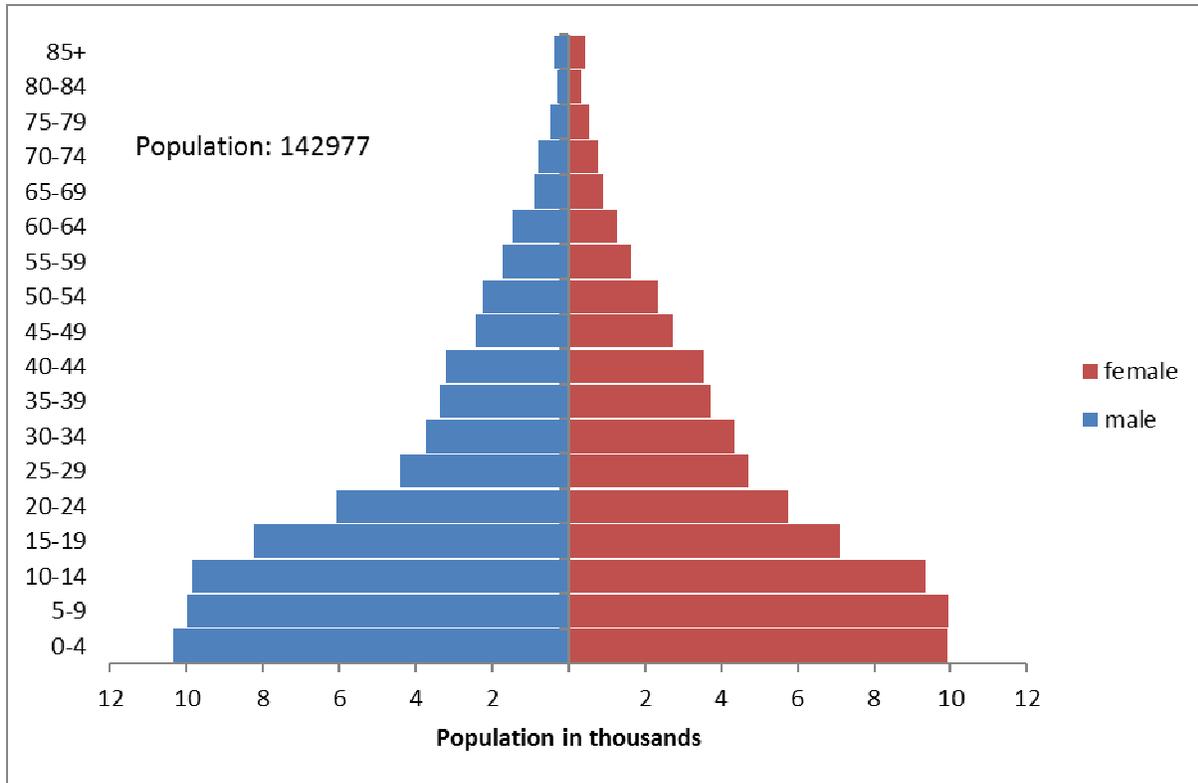
The Kintampo north and south districts (previously simply referred to as the Kintampo district) are two of the 19 districts currently in the Brong Ahafo Region of Ghana. The Kintampo HDSS area (constituting of Kintampo North Municipality and Kintampo south district), has a surface area of 7,162 square kilometers. It is bounded to the north by the Black Volta, west by the Wenchi and Tain districts, in the East by the Atebubu District and to the south by Techiman and south-east by the Nkoranza north and south districts respectively.

The main indigenous ethnic groups are of the Bono, and the Mo origin. There is however a large permanent immigrant population from the northern Regions of Ghana (Dagabaras, Dagombas and Konkombas) who are mostly farmers. A few Dangbes and Ewes who are mainly fishermen are settled along the banks of the Black Volta. Settlements are mainly concentrated along the main trunk road linking the district capitals (Kintampo/Jema) to northern Region.

There are 24 public health facilities made up of 15 Community-based Health Planning and Services (CHPS) compounds, 7 health centre and 2 hospitals. The hospitals are located at the district capitals. In the private sector, there are 3 private clinics and 3 private maternity homes

In April 2010, The Kintampo HDSS established a satellite HDSS (Ahafo Mining Area Health and Demographic Surveillance System, AMAHDSS) in Tano North and Asutifi Districts of the Newmont Ghana Gold mining concession area. It is to monitor population and health dynamics in a mining area. It is the first HDSS in a mining area. The population pyramid and the demographic characteristics of the area is shown in figure1 and table 1

Figure 1: Population pyramid of observed population for Kintampo HDSS, 2011



Demographic Characteristics

Crude Birth Rate (CBR)	26.7 per 1000 person-years
Total Fertility Rate (TFR)	4.0
Crude Death Rate (CDR)	7.4 per 1000 person-years
Neonatal Mortality	22.3 per 1000 births
Post-neonatal Mortality	18.2 per 1000 births
Infant Mortality	40.5 per 1000 births
Child Mortality (3q1)	22.1 per 1000 person-years
Under Five Mortality (4q0)	62.6 per 1000 person-years
Rate of Natural Increase	19.2 per 1000 person-years
In-Migration	101.4 per 1000 person-days
Out-Migration	111.5 per 1000 person-days
Growth	0.96%

Key Theme:

To research into diseases that are of public health importance nationally and internationally, come up with appropriate interventions that are aimed at significantly reducing the public health importance of these diseases, sharing results of our findings with appropriate sectors of the health ministry of Ghana and internationally with other collaborating institutions/health organizations among others.

Vision

Our vision is to provide practical needs based research of the highest quality which has a pro-poor and gender equity focus and is used to shape health policy and practice. Furthermore we will build health research capacity of health and health-related professionals so that they can effectively address the challenges of health in Africa.

To provide and integrate quality health care, health education and biomedical research to improve the health status of less privileged people in the region

Mission

Our mission is to conduct public health research and develop health research capacity which will contribute to a significant reduction in ill-health and the achievement of the Millennium Development Goals for Africa's most disadvantaged communities.

Priority Research Areas

- Malaria epidemiological studies; malaria drug intervention studies and malaria vaccines trials
- Maternal, child and neonatal studies; incorporating new maternal, child and neonatal intervention studies to help control mortality among these vulnerable group.
- Micronutrient initiatives: use of "Sprinkles" to control anaemia; use of vitamin A and other micronutrients to control infant/child morbidity/mortality.
- HIV/AIDS: Evaluating novel approaches that will help improve the use of VCT services as a way of assessing potential HIV cases for early treatment
- Mental Health research: role of cannabis in the proliferation of schizophrenia; the prevalence of mental health depression among post-partum mothers and the causes; Dementia among the aged and the extent of denial of health support.
- Tuberculosis research
- Non communicable disease
- Using the HDSS to track progress towards MDGs indicators such as mortality levels, patterns and trends, school enrolment for boys and girls, sanitation etc.

Funders

- GHS (National Malaria Control Programme)
- Department for International Development (DFID),

- Canadian International Health Research,
- PATH-MVI
- PATH-MMV
- World Health Organisation,,
- Gates Malaria Partnership, LondonSchool of Hygiene and Tropical Medicine,
- The Wellcome Trust (WT)
- Ghanaian-Dutch Collaborations through Health Research Unit (HRU)
- United States Agency for International Development (USAID)
- European and Developing Countries Clinical Trial Partnership (EDCTP)

Collaborators:

- London School of Hygiene and Tropical Medicine: Nutrition & Public Health Intervention Research Unit (LSHTM/ NPHIRU)
- London School of Hygiene and Tropical Medicine: Gates Malaria Partnership (LSHTM/GMP),
- PATH-MVI, PATH-MMV
- GlaxoSmithKline (Pharma), GlaxoSmithKline (Biologicals)
- Kumasi Centre for Collaborative Research (KCCR), SMS-KATH
- Hospital for Sick Children, Ontario and Department of Paediatrics, Centre for International Health, University of Toronto, Division of Gastroenterology and Nutrition, Canada,
- Health Research Unit, Ghana Health Service
- Navrongo Health Research centre, GHS,
- Dodowa Health Research centre
- National Malaria Control Programme, GHS
- WHO
- Institute of Psychiatry, King's College London, UK
- University of Ghana
- School of Public Health, University of Ghana
- Nogouchi Memorial Institute for Medical Research
- Newmont Ghana Gold Limited

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Field Staff Conducting Interviews



Sample Biometric HDSS ID Card

End of Update Round Training Session

