



PARTICIPATORY ACTION FOR RURAL DEVELOPMENT ALTERNATIVES (PARDA)

2016 -2017 ANNUAL REPORT





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INTRODUCTION

PARDA is a non-profit making, non-partisan, independent organisation working in rural areas of northern Ghana to promote alternative livelihoods and sustainable development agenda for the poor, vulnerable and marginalized in society through local community initiatives. PARDA is more inclined to offering participatory learning and educational environment to and with the rural partners. This is to increase their level of awareness of contemporary development and economic issues and methods of poverty alleviation, improve health and wealth creation. This is done through individual and communal actions in the promotion of the well-being of rural households through; innovations adoptions, implementation, evaluation, re-planning as self-learning cycle towards project ownership and sustainability.

This report covers the Background of PARDA and the various projects that were undertaken within the 2016 -2017 financial year and include , Improving maternal and child health in the upper east region,(MCH) Sweet Potato Production and Preservation Using Organic Technologies (SPOTS), in the Upper East Region, Mother baby friendly health initiatives in the upper east region(MBFHI) , Awareness Creation on Sexual Reproductive Health (family planning, CAC services , etc.) in the upper east region of Ghana(SRH) and the impact of all projects carried-out for the growth and development of the beneficiary communities.

BACKGROUND OF PARDA

Participatory Action for Rural Development Alternatives is a registered NGO working since 2005 in Northern Ghana. PARDA provides opportunities for rural peoples' access to; quality health, education and other social services.

VISION

- Improved integral human wellbeing and reduction in vulnerabilities in the human society in Ghana.

MISSION

- PARDA facilitates and promotes pragmatic actions towards active peoples' participation in transformational wellbeing in the area of; health, education, livelihoods and food security, research, environment and climate change for integral human development.

THEMATIC FOCUS

The thematic focus of PARDA can be classified in to three, namely;

➤ **COMMUNITY WELLBEING AND SOCIAL SERVICES (COWS).**

1. Sustainable Maternal and Child Health (S-MCH).
2. Policy advocacy and Lobbying- (Influencing policy on health)
3. Sexual and Reproductive Health Rights
4. Nutrition, health and wellbeing
5. Gender based education

➤ **COMMUNITY AGRICULTURE INTENSIFICATION AND FOOD SECURITY (CAIFS)**

- PARDA facilitates smallholder farmers' access to food and nutrition security, and sustainable livelihoods:
- Innovations and action research
- Production, processing and marketing of selected tubers and crops.
- Food sovereignty (Innovative food production, Storage and Utilization)
- Resiliency and climate-smart agriculture

➤ **COMMUNITY MANAGEMENT OF EXTRACTIVES AND ENERGY SAVING INITIATIVES (COME-I).**

- This aspect is for extractive natural resource management and sustainable energy saving:
- Natural resource management
- House hold energy conservation
- Sustainable land management- Small scale mining and land reclamation

PROJECTS UNDERTAKEN BY PARDA WITHIN THE 2016 -2017 PERIOD UNDER REVIEW

Below is the list of the various projects , the objectives of those projects , the impact, the challenges and lesson learn in those projects undertaken by PARDA during the period under review.

1. IMPROVING MATERNAL AND CHILD HEALTH IN THE UPPER EAST REGION

This project started in 2009 in six (6) communities namely Sumbrungu and Zuarungu in the Bolgatanga Municipal, Sapeliga and Tanga in the Bawku west District, Gia and Naaga in the Kassena-Nankana Municipal. The Project was up-scaled to; Namoaligo, Gorogo and Duusi in Talensi District, Pelungu, Sakote and Kotintabig in the Nabdam District 2014 due to the impact of the project in the first Six (6) communities. The project was funded by OXFAM in GHANA. The objectives of the project were to

- Reduce Maternal deaths in all target communities by increasing ANC attendance, Skilled Delivery and increase the knowledge of health workers on maternal and child health issues
- Improve logistical and infrastructure support to rural health facilities
- Ensure equitable distribution of midwives and nurses to the rural areas

The impact of the maternal and child health project in the upper East Region

- Zero maternal deaths in all the 12 targeted communities since 2009
- Increased in **ANC attendance** from 6,650 in 2014/15 to 11,185 in 2016/17 and **skilled deliveries** from 650 in 2014/15 to 1767 in 2016/17 due to the community engagement and the various interventions during the year under review.
- Improved information management systems due to the use of the computers donated under the project
- Contact hours of the midwives and women in the community increased from 4 to 8 hours due to the use of the motor bikes donated by PARDA for home visits and supervised deliveries at home.
- Increased level of community participation on the issues of maternal and child health due to the community awareness creation carried-out under the project.
- Increased males accompanying their pregnant wives to health facilities due to the “pregnant man’s” initiative campaign that PARDA embarks on
- Over 6 deprived health centres had midwives posted to them due to the strategic engagement and lobbying with GHS by PARDA
- Access and space available for more women to go through skilled deliveries at the facilities due to the expansion of the various facilities as part of the infrastructure and logistical support of the project.



Fig 1. Madam

Joyce the midwife at Gorogo going for home visits

Challenges faced during the implementation of the (MCH)

- Declining Donor funding for NGO work affected aspect of the project implementation.

- More communities heaping demands on PARDA to reach out to them in the maternal and child health delivery.
- Means of transportation for monitoring the gains made under the project.

Lessons learn from the implementation of the (MCH)

- The sustainability of the gains made in the MCH project involves proper collaboration between PARDA and GHS.
- Male involvement is key to successful MCH delivery at the community level.
- The community is key to the success of maternal and child health delivery.



Fig 2 Madam Cynthia and baby Dok resting on a hospital bed provided by PARDA after attending post-natal care clinic to immunise her child against the six childhood



Fig 2 MR. Atibila accompanied he wife to for health care

2. SWEET POTATO PRODUCTION AND PRESERVATION USING ORGANIC TECHNOLOGIES (SPOTS), IN THE UPPER EAST REGION

The project is dubbed the SPOTS project which stands for **sweet potato production and preservation using organic technologies (SPOTS)**. The project was implemented in (10) ten communities in the Nabdram district in the **Upper East Region**. The objectives of the project were to increase the production of orange flesh sweet potato by 250 households from a non-storage to storage and to increase 300 women income levels through processing, packaging and marketing of sweet potatoes. This project involved the organic production, storages, processing and marketing of orange- flesh sweet potato in the ten target communities. The core of the project was the introduction of a storage technology called the **sand pit storage technology**. This storage technology was able to store sweet potato for six months without deterioration in the ten targeted communities. The project is funded by DFATD-Canada through the Ministry of Local Government and Rural Development (MLGRD), Ghana.

IMPACT OF THE SPOTS PROJECT

The impact of the SPOTS project were been classified in to three area of the lives of the beneficiaries namely income level of the beneficiaries, food security situation of the beneficiaries and the Jobs created.

➤ **Income earn from the sale of produce**

The level of income of the beneficiaries in the targeted communities were improved through the production, marketing and processing of the product. Farmers were able to earn between GHS 1000 to 1500 from the sale of the produce. This was due to the fact that they were linked to ready market as part of the project plan. Also over 620 women were able to

earn income ranging between GHS 500 to 1200, through the processing and packaging of the product after receiving skills training under the project.



**Fig 3 25 KG OF TUBERS BEING SOLD FOR GHC110.00
AFTER SIX MONTHS OF STORAGE**

➤ **Impact on Food Security**

The impact of the project especially on the food security of the households was very great.

- ✓ The food security situation of 1,692 households were improved through the availability of the orange- fleshed sweet potato in households.
- ✓ The hunger gap of 1,692 households were reduce from 6 months to 2 months in the ten (10) targeted communities.
- ✓ The nutrition levels of over 1,692 households were also improved due to the inclusion of the product in their daily diet.
- ✓ It has also help the beneficiaries to access other food from their income



Fig 4 Marcus from kongo exhibiting tubers

➤ **Jobs creation on the project**

A number of jobs have been created under the project through the value chain ranging from production, processing and marketing to consumption.

- ✓ A total of 620 women were employed directly through the processing of the OFSP into various products after they were train under the project. These women now make income from this product which is now their source of livelihood.
- ✓ A total of 1,692 individuals were also directly employed at the production aspect of the project. Due to the high demand for the produce individuals engaged in the production of the crop now earn income from the product, this they say is now their source of income.
- ✓ The provision of Donkeys, carts and their accessories enable some beneficiary women farmers to team up to plough their neighbors' farm lands at a fee that is used to augment their incomes



Fig 5 various dishes prepared from the OFSP tubers and leaves

LESSONS LEARNT WITHIN THE PROJECT:

- Increased production and consumption of OFSP in the targeted areas
- Reduced hunger gap in the targeted households from 6 to 2 months.
- High enthusiasm of community members to participate in project interventions
- Increased ownership and sustainability of the project
- Farmers control borers using neem extracts.
- Farmers adopting organic production of the OFSP
- Some farmers paid wards school fees from sale of OFSP
- Farmers have a ready market for their produce due to linkages.

3. MOTHER BABY FRIENDLY HEALTH INITIATIVES IN THE UPPER EAST REGION (MBFHI)

The Mother Baby Friendly Health initiatives (MBFHI) was a pilot project being implemented in two districts in the upper east region of Ghana. The project was implemented in 59 and 45 communities in the Bolgatanga and Bawku municipalities respectively. The objective of the project was to promote maternal and newborn care and breastfeeding practices using effective and culturally appropriate community engagement and mobilization approaches. This project was been funded by UNICEF

➤ Impact of the MBFHI

- ✓ A total of 151 groups with a membership of 1480 individuals were identified and train on the issues of maternal and newborn care as well as exclusive breastfeeding in the Bolgatanga and Bawku municipalities.
- ✓ A total of 416 focus group discussion were conducted with the various groups at the communities resulting in the increase in awareness of the communities on the issues of importance of skilled delivery, exclusive breastfeeding and other issues relating to MCH.
- ✓ Increase in the demand by the community on maternal and newborn care resulting in the increase in ANC Attendance, Skilled delivery, and exclusive breastfeeding uptake at the various facilities in the Bolgatanga and Bawku Municipals.
- ✓ Hidden issues which were affecting the demand MCH care were expose and address through the project.

- ✓ A total of 28879 were reached and sensitized on the issues of MCH as well as exclusive breastfeeding through community durbars.



6 Madam Gifty, a Community Health Nurse educating a cross-section of women during a FGD at Papaga



Fig 8. The Chief of Daborin Naaba Buyadana, pledging to support exclusive breastfeeding during a durbar in his community

➤ **Challenges encountered during the MBFHI Project**

- High expectation on the part of stakeholders.
- More communities needed to be covered in these two districts.

➤ **Lessons learnt under the MBFHI**

- ✓ The FGD is a key tool for change at the community level.
- ✓ The use of peer educators during FGD is another good way to improving the issues of MNCH as well as exclusive breastfeeding.
- ✓ Collaboration of CSO's and GHS produces results for the in the area of demand creation.

6. AWARENESS CREATION ON SEXUAL REPRODUCTIVE HEALTH (FAMILY PLANNING, CAC SERVICES ETC.) IN THE UPPER EAST REGION OF GHANA.

As part of our reproductive health service activities being implemented in the upper east r region, IPAS in collaboration with PARDA and GHS seeks to sensitize community members' particularly on family planning (FP) and comprehensive Abortion Care (CAC) in 6 districts namely: Kassena Nankana East, Bongo, Talensi, Bawku West, Bolgatanga and Bulsa North respectively. Object of the project was to increase awareness of community

members on the issues of Family planning, and comprehensive Abortion Care through community engagement. The project was funded by IPAS -Ghana.

➤ **Impact Made by the project**

- ✓ Reported increase in the up- take of Family planning by women in the project areas by GHS due to the community durbars and market storms conducted.
- ✓ Community members especially the youth understood the dangers of illegal Abortion due to the education and various engagement.
- ✓ The confidence level of young ladies at the community were built to demand for CAC service at the various health centres due to the education and community sanitization through durbars.
- ✓ Men support for Family planning were increased due to the education and engagement.
- ✓ Wrong perceptions about Family Planning and CAC were cleared.

➤ **Challenges during the implementation of this project**

- ✓ Participants were demanding free services of FP at durbars and market storms which are not available.
- ✓ Individuals given referral cards finds it challenging travelling at a distance to receive FP services at district hospitals.
- ✓ Inadequate funding for some activities.



Fig 7 community at Shrigu on Sexual Reproductive health

5. THE IMPACT OF ALL PROJECTS CARRIED-OUT ON THE GROWTH AND DEVELOPMENT OF TARGET COMMUNITIES

PARDA as an institution implementing the all these projects has benefited from institutional development and capacity building of staff directly implementing the various projects. Below are some of the sectors of the organization that the various project has impacted positively.

- These projects has help increase the visibility of PARDA as an organization. For example, PARDA was invited to participate in the first Upper West food day celebration at Jirapa after the success of the SPOT project. This Afforded PARDA the opportunity to interact and share with other stakeholders the success stories of the innovations under the project for adoption.
- These project has helped built the Capacity of PARDA staff in the management of projects.
- The projects has also help build the capacity of PARDA interims of funds management.
- These projects has also help boost the financial management systems of PARDA.
- The level of understanding of the organization on gender issues have been improved through the project the various projects.

6 .Conclusion

Inclusion the implementation of all this project has helped PARDA to contribute to the development of the individual particularly women and children who are the most vulnerable at the community by improving their food security, income levels , and Jobs under the SPOT project, and making health care Accessible and available to them through the MCH, MBFHI and the SRH projects . With these success PARDA is in the position of achieving its vision to improve integral human wellbeing and reduction in vulnerabilities in the human society in Ghana.

Appendix



Empowering communities to advocate for their health rights: Community Health Volunteers receiving training on advocacy and lobbying skills

Empowering Committees to exist and function as a team: Community Health Volunteers in leadership and management training workshop



Reaching out to communities on a door-to-door basis: Community Health Volunteers being trained on first aid and nutrition to embark on community door-to-door education, using first aid and nutrition training packs

Creating awareness through drama: Community volunteers performing drama in a community durbar communicating maternal health rights and the need for skilled delivery to audience.



Promoting maternal health through bylaws: A cross-section of chiefs, opinion leaders, assembly members, project partners and other stakeholders in a maternal and child health conference dubbed “The Relevance of bylaws in promoting Maternal and Child Health”



Strengthening working relationships: A TBA making a presentation in an experiential learning workshop organized for Ghana Health Service midwives and community TBAs



Promoting maternal and child health through better healthcare practices and good nutrition: A section of some clustered community household members receiving training on first aid and nutrition



Strengthening the capacities of TBAs in promoting maternal and child health: TBA receiving trainings in the areas of Safe Motherhood Practices, Identification of complications and referrals, and PMTCT of HIV/AIDS



Enhancing labor referrals through the use of mobile phone technology: TBAs receiving mobile phones with call credits to enhance communication during labor referrals from the communities to the health centers



Team work and dedication: A cross-section of community health volunteers in uniform



Community ownership and commitment: Traditional authorities, assembly members and community volunteers in a town hall meeting with other community members on the need to promote maternal healthcare.



The role of the chief in development: The chief of Naaga shows a sense of commitment and involvement by addressing his people on the maternal health project and encouraging them to embrace regular ANC attendance, skilled and supervised deliveries



Dedication of a Community Health Volunteer: A Community Health Volunteer educating household members on nutrition and first aid using educational materials.

The smiles of healthy mothers with healthy babies: The results of commitment to regular patronage of maternal and child healthcare services is what these smiling faces are enjoying.



A worthy experience: The joy of working with people becomes greater when time is made to personally interact, learn, and share with them. Visitors from OXFAM, Oxford interacting with with CHCs and CHOs at Gia Health centre

Human Interest stories



Case: Hamidu Zenabu, a 19 year old beneficiary and her baby girl being saved from a labor complication as a result of severe anemia after she was advised and referred by a TBA to deliver at the health center. Baby and Mother are in healthy conditions now

Name: Alaliyele Anyega **Community:** Sumbrungu

I am happy to be a volunteer because it helps develop my commitment to our children ~~thank God for the work PARDA is doing. Had it not been for this intervention I would have possibly lost my life and my baby~~

Hamidu Zenabu , Sapeliga



Name: Atogra Benjamin **Community:** Sumbrungu

I have been a



volunteer for my community for 5 years. I have my people at heart and will do the little I can to help them as a volunteer. After all, it's always been exciting to me being part of making impact in the community

Name: Ibrahim Abukari **Community:** Zuarungu

Every reasonable person in a community will do the little he/she can to help in development when called upon. I was chosen by my people to volunteer and promote maternal health and am proud of it



Name: Rahimatu Karim

Community: Sapeliga

“As a volunteer, I am working for the common good of my family and the community as a whole. At least it is an opportunity to be part of shaping the community”



Name: Agatinab Akuka, **Community:** Tanga

“I'm happy being a volunteer and will continue to be one because I feel the results of my work around me and that makes me proud. As a volunteer on the maternal health project, I've realized less maternal and infant deaths and a positive change in attitude of women towards antenatal care

Name: Mary Kumonse, Community: Gia

Our Women and children used to die whiles we did less to help. As a volunteer, am proud to be part of now reducing that menace. I find joy and satisfaction in that



Name: Apasiba Anadene Community: Naaga

Good health for my community is good development. If am given the opportunity to help in that direction, why not? For me, being a volunteer is a joyful contribution to my community's development.

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4. The Community Health Officers (CHOs)



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