



FINAL PROJECT LEARNING REPORT

**PROJECT: CITIZENS IN HEALTH ACCOUNTABILITY PROJECT
PROJECT NUMBER: G03574**



WITH FUNDING SUPPORT FROM:



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**SUBMITTED BY:
DR. MICHAEL WOMBEOGO
EXECUTIVE DIRECTOR OF PARDA**

INTRODUCTION

Participatory Action for Rural Development Alternatives (PARDA) entered into contractual agreement with Open Society Initiatives of West Africa (OSIWA) on the 1st September 2019 to implement a Two-year project dubbed; Citizens in Health Accountability project (CHAP). This initiative is aimed at increasing citizens' access to quality Community-based Health Planning Services (CHPS) using social Accountability mechanisms in three (3) Districts and three (3) Municipals in the Upper East Region of Ghana. PARDA also entered an additional contractual agreement with OSIWA to support in the fight against COVID19 in the Upper East Region of Ghana. This was a add-on to the existing contractual agreement.

The project will lead to; increase citizens access to quality community-based health services using social accountability Mechanisms and increase Community Oversight Committees (COCs) and Civil Society Organisations' (CSOs) capacity to use social accountability mechanisms to enhance community access to quality health care services.

The project had two (2) key objectives as follows:

1. Specific Objective 1: To increase citizens' access to quality community-based health services through the use of social accountability mechanisms in six (6) Districts in Upper East Region of Ghana.
2. Specific Objective 2: To increase COCs and CSOs capacity to use social accountability mechanisms to enhance community access to quality health care services.

PARDA also entered an additional contractual agreement with OSIWA to support in the fight against COVID19 in the Upper East Region of Ghana. This was add-on to the existing contractual agreement. The add-on help increased sensitization on COVID 19 in 20 communities and logistics support for 20 health facilities and 20 communities in the Upper East Region of Ghana.

Project learning report: This report covers the overall impact for the project based on OSIWA guide as presented below.

1. ACHIEVEMENT OF OVERALL OBJECTIVES.

The project achieved the overall objective of **“to improve access to quality Maternal and Child health care for poor rural women and children in Upper East Region of Ghana”**. PARDA through the CHAP project funded by OSIWA has led to; reduction in Maternal and Child morbidity and mortality, increased Community participation in Health Delivery for mothers and children and improved CHPS management and accountability.

The following state how the project objectives were achieved:

1.1 Improved community mobilization and participation in the management of the CHPS.

The communities, through the instrumentality of the Community Oversight Committees are now leading in the mobilization process and ensuring that community members patronized health services at the health facilities. The communities make use of the social accountability mechanisms within the project area to demand for quality health services. The roles play by the communities has helped in reducing the pressure on the health workers whose role within the CHPS concept is to provide quality health services to the people. For example, some communities are mobilizing their own resources to conduct community durbars and focus group discussion, a measure of sustainability mechanism. This role by the communities fit into the CHPS concept of community ownership. This role by the communities was confirmed by

the Ghana health service in their report (sources) during the district stakeholders' engagement meeting organised by PARDA during the implementation of the project.



Fig 1: COC Chairman for Gbani sensitizing women during Child welfare classes

1.2 Improved in the maternal and the child health delivery at the targeted facilities:

The project has brought maternal and child health to the door steps of communities through the availability of 24-hour midwifery services in targeted CHPS compounds. Before the start of the Project, some CHPS Compounds such as Gane-Songe CHPS Compound in the Nabdam District, Kunkua CHPS Compound in the Bolgatanga Municipality, Gbani CHPS Compound in the Talensi District and the Tarikom CHPS Compound in the Bawku West did not have 24-hour availability of midwives due to non-availability of safe accommodation or transportation. Through the CHAP projects advocacy initiatives, the facilities now have the presence of midwives providing 24-hour services to the communities.



Fig 2. Care for pregnant women

1.3 Improved health infrastructure at the CHPS compound:

Through the CHAP projects advocacy initiatives, there is improvement in the Infrastructure of the CHPS. For example, the health workers at the Gbani CHPS now stay at the community to provide 24hour health service due to the provision of accommodation by a mining company operating in the area, the project was provided through the lobbying of COC. Also, the COCs under the CHAP Project have held series of meetings with the MMDA's across the six (6) districts which has resulted in the provision of Infrastructure for example the Tarikom CHPS Compound is receiving a major infrastructure improvement support by the Bawku West District Assembly. The allocation of resources by the Assembly was attributed to the demands made by the Community Oversight Committees and other local level stakeholders in the district.



Fig 3 Before

NOW the situation at Baribari

1.4 Improved relationship between communities and health care providers

Through the work of the Community Oversight Communities there is peaceful coexistence between community members and health services staff in all the communities. The COCs have been key in providing accurate information on the challenges faced by health staff in securing medical supplies from the medical stores as a result of delay in NHIS payments. The bridging role of the COCs has provided safe spaces for health care professions to operate without fear of community pressure and attacks. This has resulted in the retention of health workers at the community.

1.5 Improvement in the capacity of the communities to engage in advocacy for improved health delivery.

The communities through the COCS capacity have been build, these has resulted in the COCs demonstrated strong capacity in action planning, group dynamics, advocacy, community mobilization. For example, the COC in Gbani has become the role model where communities within the five regions of the north come to learn from them. These have helped in the improvement in the accountability process within the CHPS Concept in the target communities in particular. The COC now have the capacity to lead in the assessment of the CHPS using the community Scorecard.

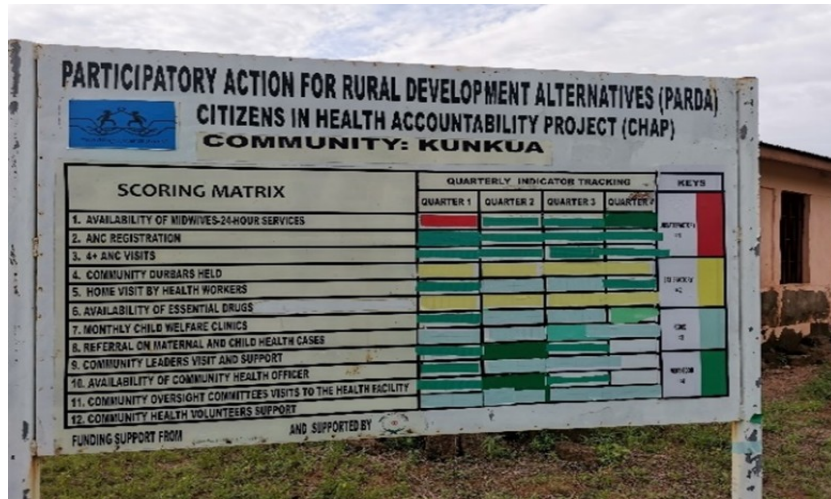


Fig 4. The Community scorecard

1.6 Blue print on advocacy within the CHPS concept has been established

The project has compelling information for advocacy for the community members. An advocacy strategy has been developed to serve as a blue print for engagement. Attached to this report are copies of the advocacy documents

2. WHAT WORKED WELL

All the strategies set out in the project implementation plan worked well. Notable amongst them is the use of the Community Oversight Committees (COC) as the focal point for the implementation of the social accountability Mechanisms within the project. This is because they have been the first call of contact in the community and have led in advocating the community and health issues as planned in the project with community members and key stakeholders within and outside the community. Admittedly, the strategic intervention of the COCs has yielded the needed results leading to the achievement of the overall objectives of the project.

3. MAIN CHALLENGES FACED DURING THE IMPLEMENTATION OF THE PROJECT AND HOW WERE THESE ADDRESSED

The main challenges within the project.

- Pressure from different communities demanding a reach out to them. We managed to convince them that, we were implementing a pilot phase and hope to scale out to them in the future.
- COVID 19 affected the mobilization process by COCs at the community level due to social distancing protocols. The COCs conducted focus group discussions instead of community durbars that required larger numbers.
- Limited funds to deal with demands from other communities and key stakeholders on scale up processes

4. LESSONS LEARNT IN THE OVERALL PROJECT IMPLEMENTATION

<i>Lessons Learnt</i>	<i>Details and Impact</i>
1. The role played by the District Assembly	The District Assembly is key in the provision of the infrastructure needs of the CHPS Compounds
2. The need to scale up the established advocacy issues within the project into national space.	<i>Issues such as the availability of medicines and inclusion of ambulance services for emergency transfer of pregnant women in labour, needs the involvement of the National Health Insurance Scheme which are national issues.</i>
3. The transfer of staff of Ghana health service frequently without regard to the gains of the project in some of the communities affected the project implementation continuity.	<i>Some communities lost their midwives to other districts due to frequent transfer of fast learning and willing midwives in target communities by the Ghana Health Service (GHS) directorates. Mostly the midwives and other health officers usually served as secretaries to the COCs during community engagements.</i>

5. APPLICATIONS OF LESSONS LEARNT:

a) Application of the lessons learnt in 4 above in your project

The project involved the District Assembly in most of the Key engagements to ensure they get the information generated by the project. Also, the project involved the media in the implementation to ensure that the national issues were highlighted.

As a matter of concern, PARDA entreated the GHS to allow time lapse for midwives and other health workers trained with the target communities to transfer enough knowledge and skills gained in the project to their successors before leaving the station on transfer.

b) Plans to use the lessons learnt in the future work of PARDA

PARDA will sign an MOU with the GHS not to transfer staff involved in any future project for at least three years. PARDA will create a special budget to engage the decentralized bodies within the target districts. This will enhance knowledge dissemination. PARDA is requesting OSIWA for an extension of the pilot project so as to address the emerging issues and also consolidate the achievements made

6. PROJECT ASSUMPTIONS AND POSSIBLE CHANGES

The project assumptions did not change. This was because our theory of Change guided the project implementation which was realized at without deviation.

7. BENEFICIARIES' PERCEPTION ABOUT THE PROJECT

The project targeted beneficiaries are reporting the fact that, they taught on how to catch fish and not to receive fish, which will make the project interventions sustainable. That was empowering them to take initiatives and working on their own to achieve demanding for quality health care delivery at their localities. This was manifested in the high level of the community own initiated projects such as the Gbani CHPS Compound, without financial support from the project.

8. MISSED OPPORTUNITIES DURING PROJECT IMPLEMENTATION

During the project implementation, there were some missed opportunities we could not take advantage. For instance, the steaming communities that wanted the project to extend the gains to them. PARDA could not do that as the coverage of the project had some financial and logistic limitations. Secondly, engaging in action research on some critical advocacy issues on public health particularly child health promotion at the community and schools' levels to improve their learning abilities. This is a critical need in most rural areas.

9. ASSESSMENT OF YOUR COLLABORATION WITH OSIWA

The collaboration between PARDA and OSIWA impacted the lives of the target communities through improved health delivery services using the Social Accountability Mechanisms.

It has also helped position PARDA for national level advocacy through capacity building. At least with further collaboration with OSIWA, PARDA can push critical policies issues for national attention and action.

The Collaboration has boosted the confidence of PARDA and the GHS in dealing with community health needs gaps on attitudes and approaches of health officers.

The project through PARDA has brought OSIWA closer to the people in rural Ghana particularly the deprived areas in north-east Ghana.

10. RECOMMENDATIONS FOR OSIWA TO FUNDING A SIMILAR PROJECT IN THE FUTURE

- a. We recommend that OSIWA continue with funding support to stabilise the gains made and possibly increase in funding to cover a good number of the rural communities given the impact the project is making.
- b. We recommend that the COC should be supported to become community base organizations. By this they become drivers of change in their respective communities.
- c. Build the capacity of COCs to an appreciable level that can make them self-employable to continue to offer support and their services to their respective communities.
- d. Support the COCs to generate an income through small scale businesses to support their families
- e. To upscale the project to cover more communities in the Upper East Region

11. FOLLOW UP PLANS AFTER THIS PROJECT

1. PARDA will continue to engage OSIWA and like-minded organisations to support scale up the project gains to other communities in at least the Upper East Region
2. PARDA will continue to share the successes of the project with GHS and other partners.
3. PARDA will carry out follow up monitoring visits periodically

12. ANY ADDITIONAL COMMENTS

PARDA is grateful to OSIWA for the partnership and collaboration. It has been very fruitful and beneficial to the target communities, complementary to the work of the Ghana Health Service and image booster for PARDA as an organisation.

It is PARDA's hope that this collaboration will continue into the future funding for the upscaling and other programmes that will lead to transformational wellbeing of the poor and vulnerable.

Appendix 1: Outputs and Outcomes Tracker

PARDA OUTPUTS AND OUTCOMES FOR September 2020 to September 2021

	Implemented Activities	Outputs	Outcomes
	Improved access to quality Maternal and Child health care for poor rural women and children in Upper East Region of Ghana		
	Specific Objective 1: To increase citizens' access to quality community-based health services through the use of social accountability mechanisms in six (6) Districts in Upper East Region of Ghana.		
1.1.2	Design scorecard boards for mounting in 12 communities (New design for year 2)	12	New design was done for the second year.
1.2.1	Organizing floats	12	7600 audiences were reached and sensitized on CHPS and CHAP
1.2.2	Media engagements	2	The media publicity created for the project and the achievement of the CHAP project. An Online publication of CHAP project.
1.1.3	Monitoring of COC activities (4 visits x 2 years).	2	The feedback on the project taken and action taken on issues.
1.3.1	Performance review sessions (Quarterly x 2 years)	4	The quarterly performance has been done and the finding put on the scorecard
1.3.2	Validation meetings (Annually)	Validation meeting on the performance review was held with stakeholders	stakeholders' inputs taken and a report finalised
1.5.0	Organize need based training for COC members in social accountability and the application of CHPS stakeholder performance assessment tools.	120 COC capacity was built on the social accountability and the application of CHPS stakeholder performance assessment tools	COC using the social accountability mechanism to lead in the demand for improved health care at the facility
1.6.0	Conduct stakeholder performance assessment in 12 CHPS in 6 Districts (twice)		
1.6.1	Consultancy for performance assessment in 6 Districts	Performance assessment done in 12 targeted CHPS for the second year.	Report on assessment produced
1.6.2	Organise performance assessment validation workshop	Validation workshop on the need assessment conducted	stakeholders' inputs taken and a report finalized
1.6.3	Printing and distribution of report	Copies printed and distributed.	Awareness created on the performance of CHAP
	Specific Objective 2: To increase COCs and CSOs capacity to use social accountability		

mechanisms to enhance community access to quality health care services			
2.4.0	Organise 12 community level multi-stakeholders' dialogue events per year (1 event per community per year)	Second community multi-stakeholders held,	Feedback from stakeholders added in to the implementation process.
3.1.1	Collate and develop key information into flyers, factsheets, newsletters, bulletins	800 copies of package information produced.	Package information distributed among stakeholders as follows, GHS, the media, Local CSOs etc.
5	Organise 6 District level multi-stakeholders' dialogue events per year (1 events per district per year)	Second Multi-stakeholder meeting held: 90 participants	Stakeholders produced a communique
6	Publish 2 editions of advocacy newsletters containing the communiqué issued at the end of multi-stakeholder dialogues detailing out stakeholder commitments. (1 edition of advocacy newsletters will be published each year).	Media house engaged for publication	Communique published
8	Discuss half-yearly performance of CHPS stakeholders on radio	Radio discussion conducted	Mass awareness created with 700, Listeners