



PARTICIPATORY ACTION FOR RURAL DEVELOPMENT ALTERNATIVES

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ANNUAL PROGRESS REPORT-2018

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GENERAL INTRODUCTION

Participatory Action for Rural Development Alternatives (PARDA) is a registered NGO working in the Upper East Region of Ghana to promote maternal and child health among other thematic programmes using community-based strategies. Since its inception in 2005, PARDA has successfully mobilised, trained and encouraged citizens to take active part in local development. Among the several achievements, PARDA established female-led Community Health Committees (CHCs) to empower and promote safe motherhood and child survival through community awareness creation as well as advocacy for assistance from development partners. Through its interventions, PARDA has contributed to providing communities with access to potable water and significantly reduced the travel distance pregnant women and nursing mothers hitherto had to unfortunately cover for water. Moreover, PARDA has provided labour rooms for some community health centres that lacked such facilities in selected targeted communities. In collaboration with Ghana Health Service (GHS) and OXFAM, PARDA succeeded in building the capacities of 360 Traditional Birth Attendants (TBAs) and Community Health Committees to provide care and support for pregnant women and nursing mothers. The trained TBAs and CHCs have thus become instrumental in maternal healthcare delivery in communities in the Upper East Region including facilitating early attendance at ANC, early detection of complications and arranging referrals of labour cases using mobile telephones.

This report covers the period January-December 2018 depicting various projects' activities implemented, the results and human interest stories. The report also show case some impacts and lessons learnt.

OUTLOOK OF THE ACHIEVEMENTS FOR 2018

1.0 MOTHER BABY FRIENDLY HEALTH INITIATIVES (MBFHI)

1.1 Introduction

Mother Baby Friendly Health Initiatives (MBFHI) is a pilot project being implemented in four (4) districts in the upper East Region of Ghana. PARDA is implementing the community component of the project in 121 communities, 68 and 53 communities each in the Bolgatanga and Bawku Municipalities respectively. The community component of the MBFHI seeks to promote maternal and new-born care and breastfeeding practices using effective and culturally appropriate community engagement and mobilization approaches. The Planned activities carried-out at the communities' include; focus groups discussion (FGD) with women groups, identified groups and community champions and communities' durbars.

1.2 Identification and training of Groups

This activity was to identify groups to be used for FGD. The category of groups identified were the Mother-to-Mother Support Groups (MMSG) made up of; lactating mothers, the red cross mothers, the Infant Young Child Feeding (IYCF) groups, youth groups, and women association. The following outputs were achieved:

- 121 groups identified in 121 new communities and
- 121 drama groups formed in each community with average of 10 persons.
- A total of 2,116 women trained in 121 identified groups on issues of maternal newborn care and exclusive breastfeeding.

The outcomes from the above outputs were;

- The 121 groups exposed hidden cultural issues affecting MCH as well as exclusive delivery

at the community level.

- The 121 identified groups now serve as focal points for dissemination of information on MNCH as well as exclusive breastfeeding at the community level. Some of the information are disseminated through songs composed by same women
- The groups contribute to the health needs of members by contributing GHS 0. 50p each on their meeting days to support needy mothers among them.

1.3 Change agents' engagement of pregnant women at pregnancy schools

Through a selection process with involvement of community members as well as the willingness of the individuals, a total of 121 individuals were identified as Change Agents (CAs) in the 121 communities in Bolgatanga and Bawku Municipals. The CAs help in reorienting the community attitudes towards maternal, new-born and child health as well as exclusive breastfeeding.

121 Change Agents trained on issues of maternal, newborn as well as exclusive breastfeeding, and importance of ANC and skilled delivery. Their work resulted in some outcomes as stated below:

- The CAs serve as key advocates on MCH and exclusive breastfeeding during important community gatherings and durbars.
- The CAs now undertakes door-to-door education at the community level to help create more awareness and to encourage mother in-laws to support in the exclusive breastfeeding.
- The CAs also campaign as well as referring some women to the health facilities to access healthcare



Figure 1:Mr. Ngumah Samuel (standing) meeting with change agents at Gabisi (03/01/2018)

1.4 Focus Group Discussions

A total of 484 focus group discussions were held in the 121 communities. A total of 2,815 individuals made up of 607 females and 13 males participated in the discussions. The discussions centered on the attitudes and factors that affect maternal, new-born, child health as well as exclusive breastfeeding. The discussions also helped exposed other hidden cultural issues affecting maternal, new-born and child health as well as exclusive breastfeeding. Some outcomes of the activity include:

- The perception that exclusive breastfeeding causes heart burns for infants under six months was dismissed as not been true.
- The use of gripe water for infants under six months was discouraged during these meetings.

- Fathers’/Mothers’-in-law who were initially not supporting the exclusive breastfeeding became key advocates after they understood the concept very well during FGD meetings.
- Issues of poor transportation and absence of midwives at some of the CHPS compounds to conduct delivery and other services as well as women who had experienced at the facilities were raised and isolated cases addressed.
- The “Pregnant Man” and the “Breastfeeding fathers” platforms were created. These platforms are made up of men whose wives are pregnant and whose children are under six months. They support their pregnant wives by accompanying them for ANC and during breastfeeding.



FIG1 2 Madam Jene a community health Nurse conducting FGD with a group of Women at Aguribisi on 19/01/2018.
(PHOTO by Sammy PARDA)

1.5 Community Durbars

The durbars were aimed at facilitating behavioral change from harmful cultural practices affecting maternal, new-born and child health and encouraging increased adoption and practice of exclusive breastfeeding in the targeted communities. A total of 32,698 people made up of 25,000 females and 7,698 males participated in the 121 durbars. The community members were taken through the importance of early initiation and to demand for their babies to be placed on their chest for early initiation at the facility immediately after delivery. The outcomes under this were.

- 121 Chiefs made commitment to support MNCH and exclusive breastfeeding, all the chiefs from the 121 community used the community durbars in their communities as a platform to pledge their support for the promotion of MNCH and exclusive breastfeeding.
- Increased confidence level of community members demanding quality of service at the various health centers.

1.6 Advocacy meeting

The advocacy meetings were meant to bring the community leaders who are the gate keepers within the communities to discuss issues emanating from the FGD and the community durbars which needed special attention. These meetings were held at the various sub-districts with the sub-districts heads in the Bolgatanga and Bawku Municipals. A total of 48 advocacy meeting were held in the 16 sub- districts in Bawku and Bolgatanga Municipalities with a total of 678 people made up of 382 males and 296 females participated. The outcomes of this activity include;

- 121 Chiefs pledged their support in the dissemination of information on exclusive breastfeeding by serving as lead advocates in the communities.
- Emergency transport committees emerged to help handle transportation challenges in the communities so as to reduce home delivery.



Fig 4: Ngumah Samuel addressing an advocacy meeting at Zuarungu. Seated second from left is the Tindana of the community. (Photo by Jennifer PARDA)

1.7 Market storms

The purpose of the market storms was to ensure that education on MNCH and exclusive breast feeding was extended into the markets squares. This was to ensure that mothers and women who are always left out on demand creation activities at the communities' levels to benefit. An estimated 5,135 women were reached using this tool in 9 markets across the region. Key outputs and outcomes include:

- Four 4 market queens were identified as change agents helping to encourage mothers to exclusively breastfeed their children under six months old.
- Mothers in the markets were educated on how to breastfeed properly and at the right time while going on with their trading.
- Market women were educated on personal hygiene now wash hands before drinking and feeding of their children with clean water and food.



Fig 5: Madam Marry Aziga educating women during a market storm at Bolga sub district

Monitoring

To ensure proper implementation of the project, a number of monitoring visits were conducted during the project implementation involving management of PARDA and that of Ghana Health Service (GHS) Staff. The effect of the monitoring visits was;

- Data and information of field officers were validated.
- Stakeholders conscious of project sustainability.

HUMAN INTEREST STORIES

a. Pregnant Minorities at Zuarungu Health access MBFHI

PARDA introduced a number of innovations as part of the implementation of the demand creation component of the MBFHI in the Bolgatanga and Bawku Municipalities. These innovations were introduced to address issues that emerged from the interactions and meetings with women groups in the communities during FGD and community durbars. One of such major challenges affecting ANC attendance was the stigmatization of some pregnant women in the communities due to the circumstance under which they became pregnant. The category includes those who become pregnant at old age, widow and who are pregnant shortly after the demise of their spouse, and pregnant teenagers. They are identified with the help of the Mother-to-Mother Support Groups, the Change Agents, and the Community Health Workers. To help ensure that the system does not discriminate and exclude these category of people, PARDA Staff identified and placed them under an innovation called “ANC for pregnant Minorities”.

These pregnant Minorities attended ANC on a separate dates and times of the day. This innovation has helped saved a lot of women who were not attending ANC due to the stigmatization. The Zuarungu health Centre now have a separate day for over 15 of such women. For instance, Madam Lariba, a 34-year-old widow in Zuarungu-Gone community, did not attend ANC for the entire duration of her pregnancy and also delivered at home. This is because she became pregnant before the performance of her husband’s final funeral rites. She suffered a retained placenta and was brought to the Zuarungu health center to be rescued. It takes time to sensitize communities to accept and support women with such challenges hence the introduction of the **ANC for Pregnant Minorities**.

b. Gripe water and Exclusive breastfeeding (EBF) confusion.

Location: Bolgatanga Municipal



Fig 6 Women Say No to Gripe Water in Bolgatanga Municipal

One of the barriers affecting the successful practice of Exclusive Breast-Feeding (EBF) is the use of gripe water by lactating mothers. This is due to lack of understanding of the concept of EBF.

Most women in the communities who participated in the FGD showed lack of understanding of the concept of EBF. They indicated that they were giving their babies gripe water as part of the practice of exclusive breastfeeding, since the product was seen as medicine for their babies under six months. Following some education, a number of women who were giving their children this product indicated their readiness to stop. One of such mothers was Madam Mary who indicated she will now practice EBF based on her new knowledge. Other women, who were ambassadors of gripe water therapy, publicly committed themselves to preaching against the practice during community durbars in the Warribisi. This showed the impact of FGD at the community.

c. A child born with Hydrocephalus Saved from death.

Most children born with various kind of abnormalities still face stigmatization and a threat of losing their lives due to the cultural believes associated with such children. These are often called '*spirit children*', and therefore must be killed to avert any calamity that may befall the family. This is the story one Divine Atanga, four months old child born with hydrocephalus. The trouble of little Divine was delivered and after discharge from the hospital, members of the woman household screamed and created panic saying "you have delivered a *spirit child* because the child's head is too big". Accordingly, stigmatization from members of the family started with no one willing to support the woman and the husband.

According to Divines Mother, when the child was diagnosed with the conditions she was advised by the midwife at the Zuarungu health canter to seek for further medical assistance at the Bolgatanga regional hospital, which she did. There were however several attempts by relatives of her husband to kill the child using concoctions and consulting spiritualists.

During a FGD meeting, this was mentioned and staff of PARDA and GHS paid a visited the woman at her family house to ascertain the truth. Staff of GHS educated the family on the condition of the child and made them to understand that hydrocephalus was a condition which could be corrected through a surgery. PARDA and GHS then started to create awareness on the condition of the child and the need for the general public to support. This resulted in the raising of an amount of GHc 10,000.00 (USD 2,000.00) within the community out of which GHc 5,700 was used for little Divine to successfully go through the surgery on 1st October, 2018 by Dr. Abass of the Neonatal unit of Tamale Teaching Hospital. The effect is that Devine is responding to treatment growing normally now.

d. Father-in-laws leads campaign for exclusive breastfeeding.

Several factors were identified during the FGD as barriers for the practices of EBF in the communities within the Bolgatanga municipal. Key among them is the lack of support of the father in-laws who are the heads of the various families within in the communities. The father in-laws were the source of all the concoction which were been given to the children under six months within the community. For example, it was revealed during FGD by the women in the Atoobisi community that the father in-laws give a concoction called "Sira kum" which is water from herbs to the babies as a mark of their membership of the family. They indicated that the "Sira kum" is a product of soothsaying by the father in-laws. This practice by the father in-laws has resulted in a

number of children not being placed under exclusive breastfeeding. To help break this barrier the fathers-in-laws were educated during community durbars on the importance of the EBF to the baby and the family as a whole and the need for them to support the initiative.

The major outcome of this initiative was the institutionalization of a campaign led by one father-in-law, to ensure that all father in-laws supported and encouraged the practice of EBF. This action triggered other father in-laws join and pledged their support to the campaign. Furthermore, a number of daughters-in-laws corroborated the stories told by these 'reformed men'.

e. Assembly-Member Creating Demand for Skilled Delivery and EBF

Asorigbisi in Bolgatanga Municipal was selected as part of the targeted communities for education due to the high level of home delivery and low practice of EBF. One of the reason for the home delivery was the perceived low quality of service at the facilities, the purchasing of items such as soap, Dettol, rubber, and the poor nature of the facility. These issues were brought to light during FGD and community durbars. To help make the facility attractive by motivating the community the Assemblyman for Asorgbisi Hon Bawa Atule, himself a change agent, came up with an incentive package for women who deliver at the facility. The package include soap, tea, milo, and rubber lining. This has yielded positive results as the Midwife testifies that there is increase ANC attendance. He also provided a flat Television Set to the facility for the viewing of the women who come for ANC.

f. Market Queens Supporting the Practice of Exclusive Breast-Feeding.

There were also market storms within the period under review as part of the demand creation activities at the community level with the aim of capturing many of the women traders. These are often absent at the community durbars or FGD due to their trading activities. There was evidence to suggest that some of these traders do not practice EBF hence the need for the market storms. As key stakeholders the market queens play a significant role and command tons of respect from her peers. There was therefore the need to tap into this social capital for the dissemination of the message of MCH. Women traders in the Bawku main market testified to the effectiveness in using the queens Their Leader, Hajia Salamatu Abass has been instrumental in the success story where majority of the traders under her jurisdiction have embraced the practice of EBF.

2.0 SEXUAL REPRODUCTIVE HEALTH

2.1 Introduction

As part of the reproductive health service activities being implemented in the Upper East region, IPAS in collaboration with PARDA and GHS seek to sensitize community members on family planning (FP), Comprehensive Abortion Care (CAC), as well as creating an enabling environment for every woman and girl to have social support, knowledge and the right to determine their own self-efficacy in areas of sexuality and reproductive health. Through the community entry and base line data collected it came to light that FP and CAC services were available in all health posts within the project coverage area. The data revealed that most women prefer using FP injectable, technically known as Depo (Depo Provera) and the least being Intra-Uterine Devices (IUD). This is so because the IUD services are usually provided by experts such as Gynecologists who are very few in the system. The project covered Six Municipal/Districts in Upper East region. There were Bawku, Bolga and Navrongo municipals, Telensi, Bawku West and Builsa North districts. The main strategic tools used under this collaboration were market storms and community durbars

2.2 Community durbars

The durbars served as platforms for more participatory engagement to enable stakeholder appreciate the community members' views on FP and CAC. Durbars were organised in all six municipals/districts. The durbars were meant to create awareness on the importance of family planning, dangers associated with unsafe abortions, disorders relating to menstrual cycle, women's rights to determine their own sexuality and reproductive health needs as well as some obstacles to accessing the services. A total of 96 durbars were organized in selected communities within municipals/districts.

In attendance were chiefs, sub-chiefs and elders, groups such as mother-to-mother support groups, basket weavers' associations, drama groups, community welfare associations, Assemblymen, unit committee and health volunteers, IPAS trained midwives, PARDA staff, and health workers at the facilities and the general public. An estimated 24, 209 comprising 12,173 males and 12,036 females participated in the durbars. Of the 96 durbars organized, 548 clients were referred to the health facilities for Family Planning counseling and application of various methods as well as counseling on menstrual problems and other reproductive health issues. Major topics discussed at durbars included Definition of FP and CAC (What they are and what they are not), Various methods of FP and their benefits to the mother, child, family and community as a whole, Negative effects of unsafe Abortions and Laws on CAC among others.



A woman sharing her idea on FP during a durbar at Pwalugu (Photo Courtesy Jennifer, PARDA)



Mad. Azika Mary (Trained resource person) on using the calendar-based FP method during a durbar at Googo in Bawku-West district.



Women group of Sherigu singing FP songs during a community durbar.



IPAS trained midwife giving education with the aid of FP flipchart at Sherigu durbar.

Some misconceptions associated with family planning during the implementation included the following:

- Family Planning (FP) gives severe labour pains during deliveries.
- Family Planning gives fibroid if you are on it for long especially between the ranges of 5-10 years.
- Family Planning gives sickness e.g. body pains, fever, hypertension and headache.
- Anybody who does FP stands the risk of not conceiving again.
- The female condom can easily slip inside the womb and make one become infertile.
- Persons who do FP cannot use it to work under the sun for hours.
- There is no sexual satisfaction in using both the male and female condoms.
- Family Planning is for women who have passed child bearing.
- Family Planning leads to accumulation of blood in women who do not get their menses
- The male condom gives sexual weakness and easy fatigability in men.

Importance/Benefits of Family and Comprehensive Abortion Care

- Family Planning helps in controlling the number of children wish to have and effective spacing between one deliveries.
- Family Planning does not only help in spacing the number of children but helps to prevent Sexually Transmitted Diseases especially with condom usage.
- Healthy children are delivered with very little of no complications.
- Effective planning of families and their resource utilization.
- It gives enough time and opportunity for the woman to love and provide attention to her husband and children.
- Prevention/reduction of teenage pregnancies.

2.3 Market storms

A total of forty-eight (48) market storms were carried out during the project implementation period. A total of 30,180 audience comprising of 8,035 males and 22,145 females were reached. A total of 227 (43 males and 184 females) referrals were made during the market storms. The market audience were mostly the youth and a larger number of women than men including religious leaders who were there to spread the word of God. Public address systems were used to widely spread the education. Issues discussed during the market storms were on comprehensive abortion care.



Resource person throwing more light on the importance of FP during bolga market storm.



A teenager Adukbono Nyaaba seeking more clarifications on irregular menstrual flow during a market storm at Bolga main market.



Mad Dora Akanbong (IPAS Trained personnel) advising market women to be brave in taking their reproductive health needs decisions as an expectant mother listens attentively during Waiga market storm at Balsa-North District.



Mad. Janet (IPAS trained) focusing on identified teenagers and educating them on the avoidance unsafe abortion during a market storm at Zuarungu in Bolga Municipal



Mad. Saratu Trained midwife educating public on the need to be under family planning as a group of women drew closer during a storm at Rice market in Kassena-Nankana Municipal.



Mad. Joyce Ayetu (IPAS trained) giving a talk on dangers associated with unsafe Abortions at Kologo market in Kassena-Nankana Municipal

The feedback from participants included the following;

- Difficulties in becoming pregnant after taking the 3 months injections.
- Unwillingness of husbands to support wives practice family planning because the men claim they have the right to produce any number of children they wanted without limitation. It sometimes threatens their marriage. Other men also complained that they are often sidelined by their wives when taking decision on FP and CAC
- Continuous bleeding after using the Jadelle method.



Resource person making disclaims of all perceptions associated with FP during a market storm at Zebilla.



PARDA official seen giving referral card on FP during Zuarungu market storm.



ARDA staff seen giving referral card as the receiver happily gives out her information to be filled during a storm at Tongo main market in the Talensi District

2.4 Orientation given to hired staff by PARDA on IPAS project

As part of running IPAS project, PARDA brought on board two (2) additional individuals as field officers to assist in the project implementation. They were oriented on how to prepare for durbars and storms and the need to observe protocol at the communities so as to be accepted by all.

They were also taken through how and when to fill the referral forms including the community access terra forms.

Significant Community level changes

Some laggards who used to threaten of divorcing their wives if found practicing any of the FP methods were identified. Special efforts were made to meet them with the Midwives. During the education by the midwives they tried to justify by citing other scenarios instances.

Teenagers who mistakenly become pregnant and used to seek advice from wrong peers have now come to the understanding that they were often deceived to take harmful concoctions in order to terminate pregnancies. Now most young women are now aware of their right to safe abortion. Through the education given by trained Midwives, many women are now asking for referral forms to seek for counseling services.

A total of 96 Chiefs and elders from the various communities who attended the durbars pledged to use their influence to fully support the initiative and encouraged men to support their wives in areas of FP, CAC and other reproductive health related issues. They admitted that in the past topics on sex were prohibited for open discusses. Most women used to shy away from it and those with chronic ill-health on their reproductive system never voiced them out or alerted health personnel. Some eventually die of such complications. Now due to the durbars and market storms conducted many women are now enlightened and willing to accept changes especially regarding FP and CAC.

Significant community change story

My name is Dong Yinbil, 42 years of age and a native of Yaazore in the Talensi District. I have one (1) wife and 6 children with her. Both of us are farmers. Finding myself within the premises of any health center was the last thing I will ever think of irrespective of my health condition. The mention of health center was something which I hated and did not want any of my family members to visit and seek for medical care. All this attitude of mine was because I did not believe in what have to be tested and proven scientifically.

On the day of the durbar held in my community, my wife informed me about the importance of the health talk and needed permission to attend. I refused but she escaped and went. I followed up to the durbar ground to cause distractions and to drive her back home. Upon hearing the topic on Family Planning made issues worse. Whilst the midwife was giving her education I publicly

disagreed and informed participants especially women not to listen to her. With the help of sub-chiefs and other opinion leaders I was asked to sit down calmly and be part of the meeting, which I obeyed with hesitation. As the education was going on my attention was drawn to the area of importance of FP to the mother, child and family in general. I began to show interest in the discussions by asking the midwife questions relating to the subject matter.

Due to the numerous questions I asked, I began to understand some aspects of FP. After the durbar I took my wife by surprise by holding her hands and moved her to the center showing all participants that ‘as from today, I and my entire household will utilize the health center. I also pledged to support my wife to fully participate in FP services for I have been cleared of my ignorance.



A community laggard Dong Yinbil after accepting FP message happily display himself and wife for others to see and support wives in their sexual and reproductive health needs during a durbar at Yaazore in Talensi District.

Immediately after the durbar, Mr. and Mrs. Dong Yinbil personally matched straight into the health facility for the midwife (Mad. Janet Akumbange) to take them through with the aid of IPAS flipchart various methods associated with FP. They were also taken through factors that causes STDs and many aspects of sexual and reproductive health. Mr. Dong now serve as a champion of change.

2.5 Innovation for Change

As part of innovations for change, most girls and women in the targeted communities were encouraged to form health welfare groups to assist each other financially through mutual contributions. The outcome was that three (3) welfare groups emerged. This will help do away with financial challenges and enable them receive FP services and more importantly take proper care of their entire sexual and reproductive health needs. Members of the groups include the mangazias, queen mother, and health volunteers among others. Laggards are also targeted to role play during dramas during durbars as a way of involving them fully in the campaign.



Trained midwife Mad. Millicent Agana taking Mr& Mrs. Yinbil through FP counselling at Namoligo health center.

Effective referrals for FP/CAC, Maternal mortality, Teenage pregnancy etc.

Records from various facilities in all 6 districts indicates that there has been massive increase in their FP records. The FP and CAC education taken place at community durbars and market storms have been able to push more women through referrals to come for counseling and application on family planning. Teenage pregnancy cases have also been reduced since girls are now able to protect themselves from unwanted pregnancies through the use of family planning contraceptives.



TESTIMONY

My name is Sarah Awuni. I am 32 years old and comes from Sapelliga in the Bawku-West District. I am married with one (1) child. My source of income is through trading.

Immediately I delivered my first child, I was introduced to Family Planning by a midwife but I rejected it. The midwife tried her best to counsel me about the benefits of family planning and the options available but I was adamant as I was not ready to try anything strange. I also had heard of some of my colleague women who have had it or are into complaining bitterly. Some say FP is an end for reproducing again, it gives BP and hypertension and makes you restless the whole period if you are using it. I therefore left the health center without even listening to the Midwife who was counselling me.

On the day of the durbar, I made sure I was present. It was a different midwife who was giving the education. I listen attentively and could see that the education and demonstrations done was clear that there is no harm caused in doing the application. I was also amazed about the perception most women in the community have about FP. During the meeting all were identified and they were cleared of their ignorance about FP.

Immediately after the durbar, I showed interest and quickly rushed for IPAS referral form and went to the health facility for counselling after which I chose a method and it was done for me. I agreed because through the counselling, I got to realize that a mother will be able to regain her full health after child birth and will be able to pay attention to that child's needs before planning for the next child.

I went in for the long term jadelle since I did not intend giving birth now. As a beneficiary I will play a key role in getting other women on board since women suffer the consequences more when many children are produced without good parental care given to them.

TESTIMONY



Shamima Adongo is my name. I am 29 years old and resides at Yarigabisi. Am married with a child. The first FP method I used was 3 months Depo Provera injection. I started feeling discomfort and dizziness and consulted my fellow women to see if they felt the same as I was feeling, but I was surprised to hear that they do not practice any of the FP methods. They made mockery of me and asked me to totally abandon FP due to the side effects it has. I later went to the health facility to meet the FP expert for counseling and was given oral pills known as Micro-Gynon. This worked very well for me without any complaint of

any symptoms. Later when I wanted to become pregnant again I was advised by my health expert to stop taking the pills. During a durbar on FP I testified that it is good and has no harm and does not prevent anybody becoming pregnant whenever pregnancy is desired. *‘As I stand in front of you all, I am 7 months pregnant. I am therefore encouraging my fellow women to join me.*

3.0 CONSTRUCTION OF MATERNITY BLOCKS

As part of the maternal and child health project funded by OXFAM, PARDA constructed two maternity wards for two health facilities in the Talensi district in the Upper East Region. The wards were completed in 2018. The handing over of the completed maternity blocks by PARDA took place 19th March, 2018 at Namolgo and Gogoro communities. The ceremony was witnessed by Country Director for OXFAM, Upper East Regional Health Director and his team, Representative of District Health Director, workers from the Presbyterian Hospital, Chiefs, sub-chiefs, elders and opinion leaders, Media as well as the entire community.

4.0 INSTITUTIONAL GOVERNANCE

a. Board meetings

Two Board meetings were held in 2018. The first was on 27th January, 2018 while the second was on 24th November, 2018. During the first meeting some policy decisions were taken on the need to relocate office since the current office would be required by the newly created Bolga East District Assembly. PARDA had been served a letter that sort to release the Bolga Municipal MoFA, which happened to house our offices, to the new assembly. Issues related to project proposal writing and training of staff on project management were discussed. At the November meeting, a final decision was taken to relocate the office at the Regional MoFA block at ministries. This followed successful negotiations with the authorities. There other major policy decisions regarding auditing and visibility of the organization.

b. STAFF MEETINGS

The normal quarterly Staff meeting of PARDA apart from the day to day meeting were held. A total of four major meetings were held in 2018. The first quarter meeting was held on the 30th march 2018. The purpose of the meeting was to review the progress of various projects been implemented. The meeting was to also review the various reports presented by the Project officers of PARDA and issues of fund raising. The second staff meeting took place on the 4th of July 2018 and the purpose of the meeting was to plan on the implementation strategy of the last phase of the

MBFHI project. Also discussed at the meeting was writing of a proposal on reproductive health. The third quarter staff meeting was held on the 26th October and the purpose of the meeting was to prepare for an evaluation visit by UNICEF and to plan for the exit activities on the MBFHI project. The last quarter meeting was held on the 4th December 2018 and the purpose of the meeting was to prepare for a visit of one of the potential donors of PARDA. This meeting was to also review the various project proposals that were being drafted. All the meetings were attended by the full complement of PARDA staff and a representative of the Board of PARDA.

5.0 COLLABORATION AND NETWORKING

a. Ghana Health Regional Half-Year Review

PARDA participated in the 2018 half year performance review of Ghana Health Service in the Upper East Region. The invitation of PARDA was due to the major roles PARDA is playing in contributing to the maternal and child health sector in the Region. The meeting took place from 4th to 5th September 2018. The theme for the meeting was ‘**Achieving Sustainable Development Goals for Maternal and Child Health- The Role of Technology**’. The meeting was opened with an address by the Upper East Regional Director of Health Services, Dr. Winfred Ofori. Presentations were made by the various Municipals and Districts. The main objective of the Review was to assess the performance of key sector areas to enable it to re-strategize to improve on the service delivery.

a. Inter-Regional Health Review on New-born care

As part of the MBFHI project, PARDA participated in the inter-regional stakeholders’ review meeting on new born care, held from 18th to 19th July 2018. The meeting brought together stakeholders from Northern, Upper West and Upper East regions and the GHS headquarters. The theme for the meeting was “**Reaching Every Newborn, Countdown to 2030: Don’t Leave me out**”. The main objective of this stakeholders meeting was to take stock of the implementation of the National Newborn Strategy and Action Plan 2014-2018, and plan the way forward in preparation for the national stakeholders meeting.

b. Coalition of NGOs in Health-Upper East Region

PARDA as a member of the coalition of NGOs in health in the Upper East Region participated in the meeting of the Coalition. Two separate meetings were held in 2018. The first meeting was held on the 25th August 2018, the objective of the meeting was to plan with the national officers of the Coalition on how the impact of the Coalition will be experienced in the Upper East Region and also building a strong relationship between the Coalition and the GHS. The second meeting was held on the 7th of December 2018. The objective of this meeting was to plan for the impending national meeting of the Coalition.

c. Sensitization Workshop on Climate Smart Agriculture

PARDA was invited by the Department for Food and Agriculture to participate in a sensitization workshop on; climate smart Agriculture and food security action planning. The meeting took place on 28th November 2018 in Bolgatanga. The objectives of the workshop were in two-folds. Firstly to inform Agricultural stakeholders in the regions and districts on the content of the two documents and their reporting requirements. Secondly to discuss the incorporation of the strategic action outlined in both documents in Agricultural development planning at the regional and district levels.

d. Oxfam Country Learning Review meeting.

PARDA as a major partner of OXFAM Participated in 2018 Country Learning Review meeting held from the 26th to 28th march 2018 in Accra. The objective of the meeting was to share and learn from experiences of the various organizations and partners.

e. Visit by Oxfam Country Director

The Country Director for OXFAM, Ghana Mr. Tijani Hassan paid a working visit to PARDA on the 19th of March, 2018. The purpose was to interact with PARDA management and staff on activities carried out and their achievements, challenge and way forward with regards to the maternal and child health project funded by OXFAM. New funding arrangement were also discussed and OXFAM was to take it with some donor partners.

f. Training on Child Sexual Exploitation and Trafficking

A training was organized by AFRIKIDS, Ghana on the 9th of March, 2018 at the Talensi District Assembly. The objective of the training was to improve knowledge and understanding of stakeholders on child's sexual exploitation and trafficking. It was to also identify vulnerably children and various signs of child sexual exploitation and trafficking as well as how to work with other agencies to protect children.

g. Regional Development Partners Forum

A forum took place on 22nd February, 2018 at the Upper East Regional Coordinating Council. Participants were drawn from Regional Coordinating Council (RCC), Directors from various departments and some developing partners such as; West Africa Network for Peace, Care-Ghana, Trade-Aid, UNICEF, Pride-Ghana. The objective the forum was to strengthen the already existing relationship between the RCC and Development Partners as well as discuss Action Plans.

h. IPAS close-out stakeholders meeting

The close-out stakeholders meeting took place on 9th May, 2018 in Bolga. The purpose of the meeting was to give out an overall overview of Prevention of Maternal Deaths (PMD) in the region. The program was to share the successes and challenges by IPAS since the implementation of the PMD program.

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4. The Community Health Officers (CHOs)

All sponsors, notably

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6. KLUB (Austria)

7. OXFAM International, Ghana
8. Ipas, Ghana
9. UNICEF, Ghana

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