

PEOPLE FOR HEALTH



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COMPENDIUM OF PEOPLE FOR HEALTH SUCCESS STORIES (2016 TO 2021)





Photo above: Otwetiri resident Sylvia Adjei is pictured in August 2021 with National Health Insurance Scheme medicines in hand outside the local Community-based Health and Planning Services clinic, where People for Health training on creating and implementing action plans led to the installation of shelving to stock life-saving drugs.

Cover photo: Fuseina Mohammed, a nursing mother in Kpanashei in the Northern Region of Ghana, is pictured in September 2021 with her fifth child, two-month-old Abdul Mujahid, who she was able to deliver in her hometown for the first time following the construction of a child welfare clinic through the People for Health project.

Photos: SEND GHANA



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Left: The Otwetiri Community-based Health and Planning Services clinic, pictured during a visit by People for Health project leader Siapha Kamara and U.S. Agency for International Development representative Kwame Ankobea in August 2021.

Right: James Aidoo, a nurse at the Otwetiri Community-based Health and Planning Services clinic, is pictured in August 2021 in front of new shelving and readily available National Health Insurance Scheme medicines.

Photos: SEND GHANA



PROLOGUE: *Partnering with Civil Society to Promote Health Equity in Communities*

In the implementing partnership agreement set out for People for Health in 2017, the Ghana Health Service pledged to provide information and technical support throughout the project’s duration. These success stories you are about to read demonstrate how the Ghana Health Service delivered on its pledge to the People for Health project.

District Health Management Teams involved in the project took lead roles in facilitating workshops on priority health issues, including reducing the spread of HIV/AIDS among the most-at-risk populations, as did Community Health Officers working hand-in-hand with Community Health Management Committees to make it possible for the People for Health project to efficiently manage existing resources and mobilize new resources altogether.

The Ghana Health Service considers civil society-led projects, such as the People for Health project, to be strategic interventions uniquely designed to promote mutual accountability between health service providers and catchment communities in overcoming inequities in the health sector.

We are appreciative of the People for Health team for preparing this compendium to showcase the multiple benefits of our effective partnership. We are also thankful to the U.S. Government, which funded the implementation of this project through USAID-Ghana.

— *Dr. Patrick Kuma-Aboagye, Director-General,
Ghana Health Service*

Photos above

Left: People for Health project leader Siapha Kamara (center, back row) is pictured during a visit to the Birim South District in November 2018 to discuss the importance of the Ghana Health Service Patient’s Charter and Code of Ethics.

Right: A nurse at the Hasu Community Polyclinic is pictured during a visit by the Ghana Health Service and SEND GHANA in March 2018 to pretest materials related to the Patient’s Charter and Code of Ethics.

Photos: SEND GHANA



FOREWORD: *Demand and Supply-side Interventions to Influence Health Equity*

From 2016 to 2021, the USAID-funded People for Health project was the main civil society-led advocacy project at work in Ghana’s health sector.

Through the implementation of social accountability strategies, the project empowered Ghanaian government agencies, civil society organizations, and vulnerable groups to work together to improve equity in the planning and delivery of health services.

Principal among these strategies was the activation of SEND GHANA’s District Citizens Monitoring Committees, including representatives of key population groups, people with disabilities, youth, women, traditional authorities, assemblies, and faith-based organizations.

The District Citizens Monitoring Committee approach enabled People for Health to build the capacities of both supply and demand-side institutions, in turn mobilizing local time, labor, and in-kind and financial resources for Community-based Health and Planning Services.

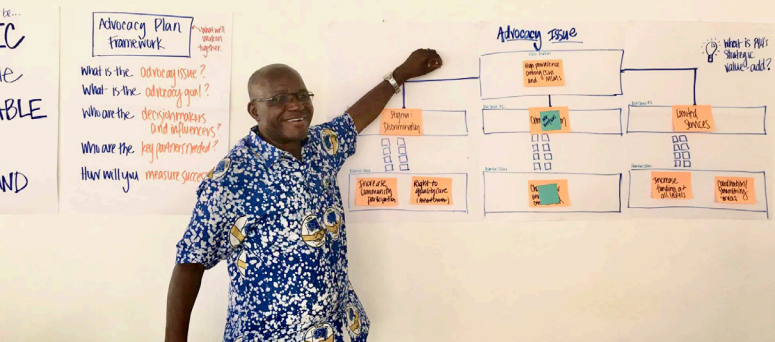
The transformative impact of this strategy is evident in the success story compendium that follows. These stories not only demonstrate significant improvements in the access to and quality of health care for the project’s target groups in Ghana, but they also emphasize the importance of ongoing engagement between civil society and government in improving the responsiveness of the Ghana Health Service to the needs of vulnerable populations.

— Janet Mohammed, Board Chair, SEND GHANA

Photos above

Left: Sharon Cromer, the acting deputy chief of mission and director of the USAID/Ghana Mission, is pictured giving a speech at SEND West Africa’s 20th Anniversary Celebration event in 2018, where she declared SEND GHANA to be a “strategic partner” of USAID. | *Photo:* SEND GHANA

Right: People for Health project leader Siapha Kamara and U.S. Agency for International Development representative Kwame Ankobea are pictured in September 2021 as they perform the ribbon cutting at the P4H Exhibition event held at the Kofi Annan Center of Excellence in ICT. | *Photo:* Penplusbytes



PREFACE: *Delivering High-Quality Health Outcomes for Vulnerable Groups*

On every page you turn in this compendium, you will be greeted with the infectious smiles of mothers, fathers, children, and local leaders who are relieved an urgent health need in their community has been addressed. These broad smiles are true testimonies to the success of the USAID-funded People for Health project in accomplishing its original purpose: strengthening the capacities of civil society and government for mutual accountability in ensuring equitable health service delivery, especially for vulnerable populations.

The following eight key lessons illuminate the social accountability strategies employed by People for Health throughout these success stories to empower disadvantaged groups to collectively champion the strengthening of community health systems.

First, the ability of Community-based Health and Planning Services to provide quality primary health care was increased by enhancing the capacity of Community Health Management Committees to advocate and mobilize resources for health infrastructure. **Second**, strategic linkages were built between Community-based Health and Planning Services and other service providers, such as community information centers and radio stations, to mobilize target groups in hard-to-reach areas. **Third**, the project popularized the Patient’s Charter to mobilize vulnerable groups to demand their health rights and exercise their patient responsibilities at healthcare facilities.

Photos above

Left: People for Health project leader Siapha Kamara is pictured during a JSI Research & Training Institute workshop on advocacy that was held for project staff in early 2017. | Photo: SEND GHANA

Right: Project leader Siapha Kamara (center left) is pictured with representatives of local partner organizations in 2018 while promoting the People for Health appraisal of the 0.5 percent of the District Assemblies Common Fund earmarked for HIV programming. Available: <https://tinyurl.com/5percentDACF>. | Photo: SEND GHANA

Fourth, people living with HIV, female sex workers, men sleeping with men, and other members of stigmatized groups were included on District Citizens Monitoring Committees to foster solidarity for their health rights among fellow members. **Fifth**, budget advocacy inspired and incentivized assemblies to invest in improving local health care delivery. **Sixth**, through partnerships developed with District Health Management Teams, access to health experts for technical training and education on topics ranging from nutrition to sanitation was guaranteed. **Seventh**, capacity building for community health structures and local leadership—from district focal people to father-to-father support group members to Models of Hope—was prioritized throughout project implementation to promote the sustainability of People for Health outcomes. **Eighth**, action plans proved to be effective tools for implementing partners to monitor and promote social accountability, determine whether capacity-building issues were understood, and identify when skills were acquired.

It is my expectation that the experiences shared within this compendium will enrich the development journey of readers. On behalf of SEND GHANA and our partners, a BIG thank you to USAID for the opportunity to execute the People for Health project.

— Siapha Kamara, Chief of Party, People for Health



ABOUT THIS PUBLICATION

This compendium captures success stories of the People for Health project, which was implemented between 2016 and 2021 in 100 communities in Ghana by a consortium comprising SEND GHANA, Penplusbytes, and the Ghana News Agency. With funding support from the U.S. Agency for International Development, the project blended SEND GHANA's Participatory Monitoring and Evaluation framework with consortium members' innovative technological approaches to strengthen the capacities of government and civil society for mutual accountability in family planning and maternal, newborn and child health; nutrition; water, sanitation and hygiene; HIV/AIDS services for key populations; malaria prevention and treatment; and related interventions.

This compendium highlights specific examples of successes that People for Health programs have achieved in Ghana, from father-to-father support groups drumming up support for family planning, to new infrastructure that is reducing the incidence of parasitic diseases, to community HIV/AIDS interventions that have helped improve the uptake of antiretroviral therapies. These success stories have been generated by field officers working in 20 districts across P4H's seven regions: Greater Accra, Eastern, Northern, North East, Savannah, Volta, and Oti.

Photos above

Left: People for Health project staff are pictured at SEND GHANA's Tamale office in October 2018, when radio sets were distributed to focal people and District Citizens Monitoring Committee members to support community education on the rights and responsibilities included in the Ghana Health Service Patient's Charter.

Right: People for Health project leader Siapha Kamara (right), is pictured along with Samuel Atter, the focal person for Lower Manya Krobo, USAID representative Kwame Ankobea, Community Health Officer Salomey Okpoti (center), and community members in August 2021 at the Djekiti Community-based Health and Planning Services compound that was constructed following training on creating action plans and championing advocacy.

Photos: SEND GHANA



ABBREVIATIONS

| | |
|-------|--|
| CETS | Community Emergency Transport System |
| CHMC | Community Health Management Committee |
| CHPS | Community-based Health and Planning Services |
| DACF | District Assembly Common Fund |
| DCMC | District Citizens Monitoring Committee |
| DHMT | District Health Management Team |
| NHIS | National Health Insurance Scheme |
| P4H | People for Health |
| WASH | Water, Sanitation and Hygiene |
| WSMT | Water and Sanitation Management Team |
| USAID | U.S. Agency for International Development |

Photos above

Left: Members of the Konko WSMT are pictured in front of the borehole that was mechanized in August 2020 following P4H training on advocacy, actions plans, and resource mobilization.

Right: Dina Woode, P4H focal person for Akuapem North, is pictured during a visit to Otwetiri in August 2021.

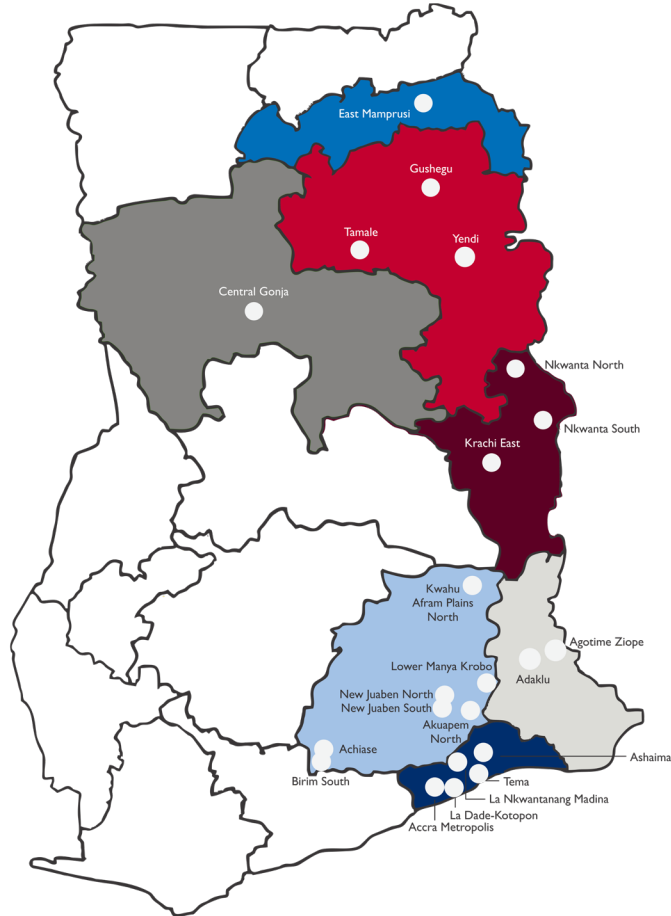
Photos: SEND GHANA

PROJECT TIMELINE



Project Map

P4H DISTRICTS



Map above: A map of the seven regions and 20 target districts where the P4H project was implemented between 2016 and 2021. | *Map:* SEND GHANA

FOCAL PERSON REPLICATES P4H APPROACH IN NEIGHBORING NSUANSA

New committee mobilizes resources to reopen health facility damaged by fire

The reopening of the Nsuansa CHPS clinic in the Eastern Region of Ghana after two years of closure has improved the availability and uptake of local health services.

The Nsuansa clinic was functioning until July 2019, when an electrical fault caused a fire that engulfed the bedroom of the nurse in-charge.

While the nurse escaped unscathed, community misconceptions about health service delivery prevented the clinic in the suburb of Akim Achiase –Yarewa from being reopened, forcing local residents to travel more than four miles to access health care.

According to District Director of Health Services Madam Stella Owusu Konadu, some major renovations were completed by the late district assembly member, but minor concrete, carpentry, and electrical work remained.

“We were trying to find ways to finish that so that we send nurses,” Konadu said. “But convincing [community members] that they should also assist us? They weren’t ready to understand.”



P4H focal person Andrews Acheampong (right) is pictured in September 2021 with Nsuansa CHMC members who were mobilized to contribute to the reopening of a CHPS facility that was damaged by fire. | Photo: SEND GHANA

P4H BENEFICIARIES MODEL POSITIVE BEHAVIORS

Nsuansa is not one of P4H’s 100 target communities, but Konadu was aware of other successes of the project in the district, including the repurposing of an abandoned structure as a CHPS clinic in Atomo (see page 8) and expansion of the CHPS facility in Yarewa.

With evidence of how CHMCs in P4H communities have been embracing the communal spirit to support CHPS, Konadu requested assistance from the project to secure the cooperation of Nsuansa residents in doing the same.

“We are aware that [P4H] has been engaging communities,” Konadu said, adding that P4H focal person Andrews Acheampong has been working with communities in the district to take responsibility for their health. “I thought it wise to engage him [in Nsuansa] so they really see that health service is not about Ghana Health Service alone, but they also have a part to play.”

Acheampong invited Yarewa CHMC members to meet with Nsuansa opinion leaders and share P4H best practices, such as creating action plans

and mobilizing resources. A nine-member CHMC was then formed.

Within weeks of the committee’s inauguration, members mobilized the community to complete minor works at the clinic, leading to its reopening in August 2021 with two health staff.

“Mr. Acheampong came to enlighten us on People for Health,” said Nsuansa opinion leader Daniel Biney. “We thought he wasn’t being real, but we realized the change afterward.”

Community member Appiah Emmanuel said the reopening has led to residents of Nsuansa accessing treatment earlier.

“We report upon the onset of any illness rather than wait for it to get severe due to distance,” Emmanuel said.

Konadu added that working with P4H enhanced efforts of the Ghana Health Service to scale up CHPS in the district.

“The involvement of P4H in CHPS activities at Nsuansa has improved community ownership,” Konadu said.



Domeabra father-to-father support group member Akati Eliasu is pictured with his son in September 2021 outside the local CHPS facility. Photo: SEND GHANA

FATHERS DRUM UP SUPPORT FOR FAMILY PLANNING IN DOMEABRA

Acceptance of family planning in the Central Gonja District is increasing following the awareness-raising efforts of a father-to-father support group reconstituted through the P4H project.

Men’s involvement is crucial to the success of family planning programs, which are associated with reduced risks related to birth spacing, family size, and maternal age.

For this reason, P4H collaborated with DHMTs in 2019 to reconstitute father-to-father support groups in project communities, including the Savannah Region farming community of Domeabra.

The Ghana Health Service subsequently led the reconstituted Domeabra father-to-father support group in a two-day training session focused on becoming maternal health champions.

District assembly and support group member Akati Eliasu said the training helped change local perceptions about using contraception to prevent pregnancy-related health risks.

“Family planning is something that was unknown to us before the People for Health project came in to empower us,” Eliasu said. “We learned that you can still give birth, but your children will be stronger.”

Realizing that neighboring communities did not take part in the training, Eliasu said the Domeabra father-to-father support group developed an action plan to do education outreach.

During their outreach activities, they answered questions about family planning and addressed misconceptions, such as mistaken beliefs that contraceptives encourage women to be promiscuous or are only meant for people who are highly educated.

“We talked about what we know about family planning and they realized that it is not what they perceived it to be, so it’s helping change those perceptions,” Eliasu said. “Immediately after the education, two people came to me and asked me personally how they can do family planning, and I brought them to the Domeabra CHPS facility.”



Community Health Officer Feruza Ibrahim is pictured in September 2021 at the Domeabra CHPS facility. Photo: SEND GHANA

Feruza Ibrahim, the community health officer based in Domeabra, confirmed that acceptance and utilization of family planning services at the local CHPS facility has been improving since the support group began its outreach.

“The acceptance rate was low, but there’s been an improvement,” Ibrahim said, adding that the number of clients accepting family planning methods between January and June 2021 was about 45. “Initially, we would see just five or 10.”



Akim Babianeha mother Bernice Frema is pictured in September 2021 while attending a cooking demonstration focused on how to use locally available farm produce to make healthy, cost-effective baby food. | Photo: SEND GHANA



A nurse based at the Akim Adiembra CHPS compound leads a mother in roasting groundnuts during a September 2021 cooking demonstration in Babianeha. | Photo: SEND GHANA

BABIANEHA MOTHERS MOBILIZE RESOURCES TO MAKE HEALTHY BABY FOOD

Mothers in the Birim South District of the Eastern Region are saving money on healthy baby food following community cooking demonstrations led by a nurse at the local CHPS compound.

After arriving to her new post at the Akim Adiembra CHPS facility in 2021, Community Health Nurse Golda Larbi attended a P4H training session focused on maternal and child health and nutrition that inspired her to get resourceful while educating local mothers.

While Larbi was already educating local mothers on nutritional well-being through her work with the

Ghana Health Service, she said she was inspired by the emphasis that P4H training put on mobilizing resources, such as local farm produce.

“I learned that within our community, we can train mothers to improve their nutritional status by eating from the varieties of food that we have,” Larbi said. “I thought we could also teach them how to manage their own resources to make their babies healthy food, rather than going out to buy it at the market.”

STRENGTHENING RURAL KNOWLEDGE INSTITUTIONS

Larbi began organizing cooking demonstrations in local farming communities, including Babianeha, where some mothers were known to have been buying baby porridge and formula from the market despite having healthy ingredients readily available in their own backyards.

She invited mothers to bring beans, maize, and groundnuts to nutrition sessions where she demonstrated how to make homemade weanimix or tom brown—a popular Ghanaian breakfast porridge—that is both nutritious and cost-effective.

“Mothers can just gather those things to make tom brown and they will save some money,” Larbi said.

Bernice Frema, a mother in Babianeha who attended a cooking demonstration held in September 2021, said she intends to make use of Larbi’s recipe when her infant daughter reaches the right age.

“Having learned this, I intend to prepare this meal for my child when she turns 6 months old,” Frema said.



Atomo farmer Helena Otabil is pictured in September 2021 amid fruiting plantain trees outside the new CHPS facility that she contributed resources to and now uses to access primary health care. | Photo: SEND GHANA

Inspired to become advocates for health justice by taking responsibility for their health rights, the CHMC, through traditional authorities, mobilized 11 local communities and encouraged them to contribute toward the renovation.

“Before P4H, this idea hadn’t been conceived,” said CHMC member Eric Baah. “The sensitizations and capacity building under P4H really contributed to this.”

Through the sale of farm produce from community members, such as cassava, plantain and yam, and fundraising events in December 2019 and January 2021, a total of GHC 8,000 was raised to repurpose and furnish the structure.

Helena Otabil, an Atomo farmer who contributed two bunches of plantains toward the initiative, said the nurse who was posted to the new facility provided her with medicine when she started experiencing a headache and body pains in June 2021, within months of its commissioning.

“Had it not been for the facility here I would have had to walk about three miles to access care, which could have made my symptoms worse,” Otabil said.

Adaptive reuse—the practice of identifying, acquiring, renovating, and placing back into service a structure for a purpose different than the one for which it was originally designed—offers great potential for addressing the spatial expansion needs of healthcare establishments in a unique and mutually beneficial manner (Elrod & Fortenberry, BMC Health Serv Res. 2017).

FARMERS HELP FUND ADAPTIVE REUSE IN ATOMO

Abandoned info center repurposed for health service delivery

An abandoned structure in Atomo in the Eastern Region’s Achiase District has been repurposed as a CHPS facility to promote equitable health services for local residents, who used to have to walk about an hour to Akenkansu to access health care.

The structure, which was previously used as a community information center, was renovated after the Atomo CHMC received training on how to create action plans and mobilize community resources through P4H.

100 PEOPLE WITH HIV ENROLLED ONTO HEALTH INSURANCE SCHEME FOR FREE

Advocacy efforts raise profile of health needs on Municipal AIDS Committee

Madam Yaa Manu's* renewed NHIS card has been improving her access to health care above and beyond her antiretroviral therapy needs.

A resident of La Nkwantanang Madina who is HIV positive, Manu has been using her NHIS card to get monthly blood pressure medication from the Pantang Hospital in Greater Accra at no cost to herself.

"These medications cost about GHC 50 without an insurance card," Manu said.

As of 2020, the National Daily Minimum Wage in Ghana was only GHC 12.53.

ALLOWING PEOPLE WITH HIV TO HAVE THEIR OPINIONS HEARD

Madam Manu is one of 100 people living with HIV who benefited from a free NHIS exercise in June 2021 that processed new registrants and renewals in La Nkwantanang Madina.

The event was a key recommendation made by Pantang Hospital Model of Hope Juliana Kwapong after being nominated to the La Nkwantanang Madina Municipal AIDS Committee.



Pantang Hospital Model of Hope Juliana Kwapong is pictured in October 2021 before a DCMC meeting in La Nkwantanang Madina. | Photo: SEND GHANA

Following a P4H dialogue on the 0.5 percent DACF allocation to HIV/AIDS with the La Nkwantanang Madina Municipal Assembly in November 2017, it emerged that there was no representative for people living with HIV on the Municipal AIDS Committee.

A key recommendation from the meeting was the addition of a person living with HIV to the committee, and as a result, Kwapong participated in her maiden meeting in April 2018.

Utilizing the skills she acquired from P4H training on advocacy, networking, and leadership, Kwapong went on to recommend that local people with HIV be registered onto the NHIS for free.

Madam Kwapong said she made her recommendation to help remove financial barriers to health care for people living with HIV.

"A number of people living with HIV are unable to pay the required amount of money for NHIS registrations and

renewals, and as a result, they are reluctant to seek care from health facilities when taken ill," Kwapong said.

"This initiative is to ensure that people living with HIV have access to active NHIS cards, and in effect, have their health needs met with minimal financial barriers."

Mehiawo Mama Setriakor Wovenu, the HIV focal person for the La Nkwantanang Madina Municipal Assembly, added that Kwapong's inputs on the Municipal AIDS Committee have improved representation of the personal stories of people with HIV.

"The perspectives of people living with HIV are now brought to bear during meetings," Wovenu said.

**Name has been changed.*

HIV-POSITIVE CLIENTS IN ASHAIMAN ASK QUESTIONS FOR IMPROVED HEALTH OUTCOMES

Learning experiences facilitate individual adoption of behavior change

HIV-positive clients at the Ashaiman Polyclinic in the Greater Accra Region of Ghana are asking more questions after benefiting from education on their patient rights and responsibilities, which is leading to improved outcomes.

Yaa Akoto* says she was first introduced to the Ghana Health Service Patient's Charter by Ashaiman Polyclinic Model of Hope and SEND GHANA DCMC member Faustina Ocansey, who participated in training on the charter herself in 2017 through the P4H project.

Afterward, Akoto put her patient responsibility to provide a full and accurate medical history for diagnosis and treatment into practice when circumstances called for her to see a new doctor in September 2021.

"After the doctor's prescription, I disclosed my HIV status as highlighted in the charter and had my medications changed as a result of that, implying that some of the initially prescribed medications were not suitable due to my condition," Akoto said.



Ashaiman Polyclinic Model of Hope and P4H focal person Faustina Ocansey is pictured at the ART Center in October 2021 while testing the blood pressure of a client who is HIV positive. | Photo: SEND GHANA

Sedinam Mensah, who was included in Ocansey's efforts to promote the adoption of positive, healthy, protective behaviors through education outreach on the Ghana Patient's Charter, was also empowered to request clarification regarding her treatment.

"I got to know through her education that I have the right to make inquiries about my health condition, and my responsibility to disclose everything about my health condition for appropriate treatment," Mensah said.

After reporting to a health facility in August 2021 and being asked to take a hemoglobin test and a scan, Mensah returned to find a new doctor with her results.

"This new doctor only looked at my scan result," Mensah said. "In applying the right to make inquiries about my health, I asked about my hemoglobin test result, which happened to be at a very low level. I got medications to boost my Hb accordingly.

"Without education on the Patient's Charter, I wouldn't have made this inquiry. Who knows what would have happened afterward."

Juliana Hormeku, a nurse at the Ashaiman Polyclinic ART Center, confirmed that more clients have been asking questions since Ocansey started doing Patient's Charter education at her Networking Positive Women for Development support group meetings and during morning health talks on clinic days.

"When I first came [in 2016] ... they were not as interactive as now. You would talk and they would listen, but now they are asking a lot and they want to know more. They will ask you: 'Is it normal? Is it high? What should I do?'" Hormeku said. "They've improved a lot."

**Names have been changed.*



Krachi East resident Theresa Apllety is pictured in October 2021 outside her shop in Ayeremu. | Photo: SEND GHANA

ASSEMBLY RELEASES MONEY EARMARKED FOR MALARIA AFTER 12-YEAR LAPSE

Implementation of work plan linked to lower levels of malaria transmission

Health funds released in Krachi East for the first time in 12 years are being linked to reduced levels of malaria transmission in local communities.

The disbursement of funds followed a P4H policy dialogue held in December 2020, where it was revealed that Krachi East Municipal Disease Control Officer Luke Asua Ofori had not received the 0.5 percent of the DACF earmarked for malaria in the 12 years he had been in office, even though malaria is the number one cause of outpatient morbidity in the municipality.

The Krachi East Municipal Assembly had been using the 0.5 percent of the DACF earmarked for malaria for other healthcare activities, notwithstanding DACF expenditure guidelines.

CREATING A CULTURE OF ACCOUNTABILITY IN HEALTHCARE

During the P4H dialogue, the municipal assembly committed to improving accountability for Krachi East health resources. Subsequently, GHC 30,000 was disbursed so the local health directorate could implement its malaria work plan per the District Response Initiative for malaria prevention.

Ofori said the malaria prevention and treatment interventions implemented through the work plan have included training staff on case management, purchasing medical supplies, distributing more insecticide-treated malaria nets to school and health facilities, doing residual spraying, and holding mosquito net distribution events on remote islands where communities had not been reached the year before.

According to Municipal Health Director Dr. Amin Abdul Muttalib, 441 fewer cases of malaria were reported in 2020—when the interventions were being implemented—than in the previous year.

“After the policy dialogue, the response from the assembly has improved. Not only for malaria, but COVID-19,” Muttalib said. “I attribute this to the advocacy role that P4H played.”

Doris Yeaorey Suche, a teacher in the Krachi East community of Ayeremu who received an insecticide-treated mosquito net through her local CHPS clinic, said it used to be common to come down with malaria symptoms every four or five months.

“But when you sleep under the nets, maybe the whole of the year you’ll only get malaria once, and that’s because you’ve been sitting outside,” Suche said.

Local shop owner Theresa Apllety added that she has been happy to go home to her new treated bed net after work.

“If it’s late and it’s getting dark, I know that when I get inside my room, I won’t get any mosquito bites,” Apllety said.

In 2019, P4H conducted a survey in 20 project districts to find out whether local government was disbursing the 0.5 percent of the DACF earmarked for malaria interventions. The survey found that 60 percent of DHMTs had not received the funding, which is meant to fight malaria at the district level. The research was an essential stage of the Participatory Monitoring and Evaluation framework used to implement the project in target communities, including Ayeremu.

EX-FOOTBALLER BASHIRU GAMBO ENDORSES USE OF HOUSEHOLD TOILETS

Bashiru Gambo, a resident of Sabon-Zongo and an ex-footballer of the Accra Hearts of Oak, says the household toilet he constructed after a visit from the P4H project has improved the health of his home.

Gambo, age 72, had been living in the Greater Accra Region for many years without a household toilet when the P4H focal person for Accra Metropolis, Jane Amerley Oku, got to know.

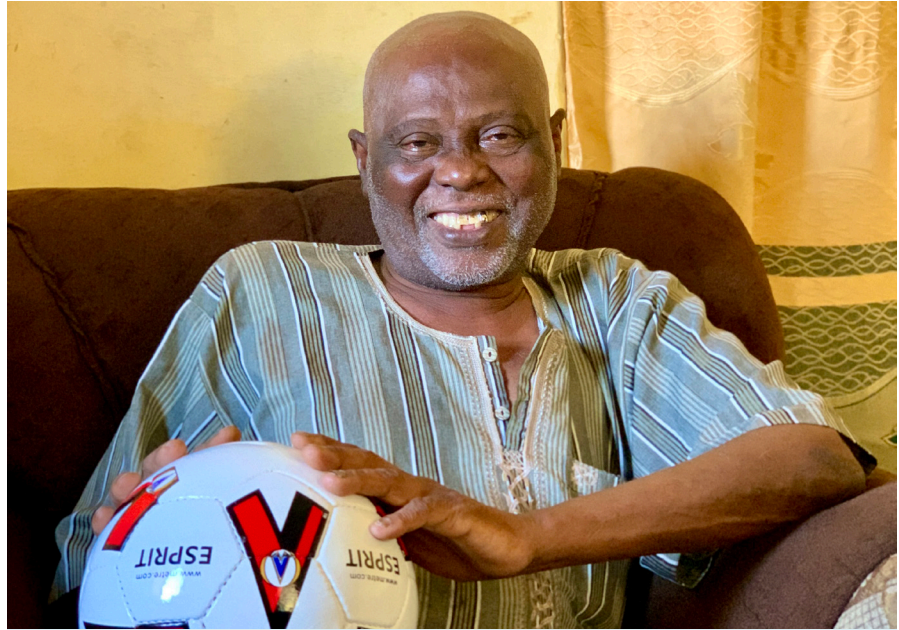
“Even though I am used to that, having the toilet has improved the sanitary condition of my home and reduced the burden of walking to access a toilet outside my household,” Gambo said.

IMPROVED SANITATION FACILITIES

Throughout 2020, to encourage the construction of household toilets and the mobilization of available resources among vulnerable people, Ms. Oku made house calls in Accra to share knowledge and information about the Greater Accra Metropolitan Area (GAMA) Sanitation and Water Project.

Proper sanitation facilities, such as household toilets, promote improved WASH health and are essential for the prevention of indiscriminate open defecation.

Gambo, an alumnus of the oldest surviving football club in Ghana, initially wanted to pass on Ms. Oku’s advice. He was used to walking from his home to the public toilet and felt the distance was not too far.



Retired Accra Hearts of Oak footballer Bashiru Gambo is pictured in October 2021 in his home in Sabon-Zongo, where he constructed a household toilet on the advice of P4H focal person Jane Amerley Oku. | Photo: SEND GHANA

However, Ms. Oku explained that considering his age, a household toilet would be necessary to ensure good WASH practices.

Gambo was convinced and paid GHC 700 for the toilet to be constructed in October of the same year, with the remaining 70 percent of the cost covered by the GAMA project.

EFFECTIVE HEALTH ADVOCACY

In support of Ms. Oku’s work to encourage household toilet construction, P4H also partnered her with the local Amanie FM radio station to make appearances on thematic areas of the project, including WASH.

Through her house calls, community radio appearances, and other project events, Ms. Oku facilitated the construction of over 2,000 household toilets for vulnerable citizens overall.

“Helping the less privileged to acquire a household toilet brings joy and happiness, and this also helps in preventing open defecation,” she said.

Gambo now says that he has joined Ms. Oku in promoting household toilet uptake in the community.

“I usually share ways I have benefited from the toilet construction in my household during naming ceremonies and at the mosque,” Gambo said, adding that his brother recently constructed one for his family. “I also request that all interested persons get in touch with [Ms. Oku] for the necessary assistance.”

OSORASE TOILET FACILITY REDUCES RISK OF SNAKE BITE

Clinic washroom completion allows for live-in nurse to manage emergency births

Elizabeth Teye, a midwife at the Osorase CHPS clinic in the Eastern Region, remembers the night she was almost bitten by a snake while trying to use the teachers' bathroom at the local school.

The toilet at the CHPS clinic had been incomplete since 2017, wasting away while staff used the school facilities across an outdoor field instead.

It was just getting dark when she stepped outside to use the lavatory and laid eyes on a large snake in her midst. She was terrified, nearly fainting from the shock.

According to the World Health Organization, snake bite envenoming is a neglected tropical disease that is responsible for suffering, disability, and premature death on every continent, particularly in sub-Saharan Africa.

IMPROVING HEALTH INFRASTRUCTURE

In March 2020, at an antenatal care event in the neighboring Birim South community of Teshieman, Teye was introduced to the P4H project and became inspired to take action.

SEND GHANA's DCMC was doing ongoing community interventions at the time on the NHIS and Ghana



In lieu of a working toilet, staff of the Osorase CHPS clinic used to have to cross an outdoor field to access the facilities at the local school, which risked snake bite, especially at night. Photo: SEND GHANA

Health Service Patient's Charter. During a conversation about the health status of the community, Teye asked P4H for support to finish the toilet at the Osorase CHPS facility.

Although the Osorase CHPS lies outside the project's selected communities, P4H focal person Andrews Acheampong presented the issue to the Achiase District Assembly, which got in touch with the constituency's Member of Parliament.

The toilet was completed after constant follow-ups by Acheampong, an improvement that Community Health Nurse Janet Krofaa says allowed her to move into the clinic in September 2020.

In turn, Krofaa's arrival as a live-in nurse has allowed community members to access health care during the night in case of emergencies.



Community Health Nurse Janet Krofaa is pictured in September 2021 at the Osorase CHPS clinic. Photo: SEND GHANA

"We do delivery service here, so at times, around 12 a.m., they've been coming," Krofaa said of community members. "I think me being here has been benefiting the community in many ways, especially the pregnant women."

Community member Elizabeth Adomaa confirmed that Osorase has benefited as a result of the improved facility.

"When I fall sick at night or when someone is in labor, [the nurse] wakes up upon being called upon to attend to us," Adomaa said. "Formerly, we had to travel to Achiase when someone fell sick at night."

BILHARZIA LEVELS WANE IN WAKE OF BOREHOLE REHABILITATION

As of July 2021, the village of Konko in the Akuapem North District in the Eastern Region of Ghana had not recorded a single case of bilharzia for eight months. That's according to Felicia Mensah, a community health nurse at the local CHPS facility.

Mensah said that based on previous health records, the village was plagued with parasitic diseases, such as cholera and bilharzia.

However, following training on leadership, networking, and advocacy led by the P4H project in December 2017, the Konko WSMT was inspired to update the village's old manual borehole for the health and well-being of local residents.

According to WSMT member Paul Amenyo, Konko residents had been relying heavily on the existing borehole to access water, but it was old and broke down monthly.

Each time the old borehole broke down, people were forced to fetch water from a nearby stream, which was unhygienic and not fit for drinking.

"People, especially children, often got sick from drinking the water from the stream," Amenyo said.



A young Konko resident is pictured in July 2021 carrying a basin of treated water away from the community's newly-mechanized borehole. | Photo: SEND GHANA

Through the P4H project, the WSMT was educated on the importance of access to clean drinking water as well as methods to mobilize local resources and implement action plans.

As a result of the the training, the team developed an action plan to mechanize the existing borehole for the village, saving over GHC 12,000 through the sale of water.

Completed in August 2020, Amenyo said the newly-mechanized borehole now features three taps and is treated often to remove harmful bacteria.

"P4H was the driving force for constructing the mechanized borehole," Amenyo said. "We no longer get sick from water-borne disease ... the community has benefited a lot."

Konko resident Asibi Alhassan, whose brother got an infection from the stream, said the mechanization of the borehole has benefited her family and fellow community members.

"Our children often got sick from drinking water from the stream," Alhassan said. "We now have access to water without any stress, so our children no longer suffer from water-borne diseases."

Nurse Mensah confirmed that within a few months of the mechanization of the borehole, the CHPS facility stopped seeing any cases of bilharzia.

"The mechanized borehole has helped reduce the outbreak of these diseases," Mensah said.

ACCESS TO WATER EASES SCHOOL MORNING ROUTINE IN KOTINGLI

Dam improves household water security, eases sleepless nights

School mornings are no longer a “nightmare” for community members in the Northern Region town of Kotingli, where a new dam constructed through the P4H project is improving household water security and ultimately, school attendance.

Before the completion of the dam in May 2020, residents of the rural town in the Tamale Metropolitan District had to travel to distant villages to access water.

In the words of Kotingli WSMT member Abdul Wahab Abdulai, “it was always a nightmare waking up in the morning and realizing that you didn’t have water.”

“When you went to sleep at night, what preoccupied your mind was how you were going to get water the next day for children to drink, for women to wash clothes and even cook, and this was very distressing.”

Children often missed school due to the difficult search for water, Abdulai added, thus affecting their overall performance.



Kotingli community member Elizabeth Naporoo is pictured at the new dam that has been improving household water security and school attendance since it was completed in May 2020. | Photo: SEND GHANA

“Our businesses were affected too and life, in general, was tough,” he said. “But now the dam is just here and easily accessible.”

INSPIRING COLLECTIVE ACTION

After being reoriented on their roles and responsibilities through P4H, Kotingli WSMT members met with the chief and elders, who mobilized the community through public announcements. A community levy eventually collected more than GHC 25,000 to hire a bulldozer.

“P4H contributed enormously to this success. It was the project that breathed the idea of self-help into us,” Abdulai said. “P4H came to empower us with advocacy skills, and that was what enabled us to levy community members to get a new dam.

“We were encouraged to stand firm and that we should not throw our hands in despair and only wait for the government’s support. We were determined and persevered through the WSMT, and truly, we benefited.”

Kotingli community member Elizabeth Naporoo confirmed the positive impact of the improved water service delivery on children’s education in the area.

“We were using motor kings (tricycles) to go as far as Yong or Gukpegutua to access water before we could prepare our kids for school,” Naporoo said. “We can now prepare our kids early for school. We thank the WSMT and P4H for driving this process.”

THREE YENDI COMMUNITIES DECLARED OPEN DEFECATION FREE

Three communities in Yendi have been declared Open Defecation Free following P4H interventions to promote good WASH practices.

In 2019, P4H worked with the Yendi Municipal Assembly to hold community interventions that educated citizens on good WASH practices and actions plans, including taking action to construct household toilets.

Before the interventions, only three of the 73 households in Kuni had household toilets, and none of the 67 or 75 households in Kpalsanando or Sunsang had household latrines, respectively. But following the interventions, every household in the three Northern Region communities has constructed a household toilet, for a total of more than 200 overall.

COMMUNITY-LED DEVELOPMENT

According to Alhassan Bukari, an environmental health assistant at the Yendi Municipal Assembly, the three communities identified open defecation as a major challenge affecting sanitation and health during the P4H interventions.

“They themselves testified that open defecation was very rampant,” Bukari said, adding that diseases such as cholera and diarrhoea were also common.

After being educated on the connection between open defecation and cholera, Kuni CHMC member



Kuni community members are pictured in August 2019 during a sensitization held by P4H and the Yendi Municipal Assembly on WASH. | Photo: Alhassan Bukari

Mahamang Sibdoo said they mobilized “to end the menace,” encouraging every household to put up a latrine.

CHMC members also worked to cover up any feces in the community with sand, which in turn encouraged onlookers to stop defecating outside.

“We realized that cholera cases were reducing, so we continued,” Sibdoo said.

It was not easy for CHMC members to change everyone’s behavior at first, but Sibdoo said the relationship that P4H facilitated between the CHMC and the assembly helped in doing so.

“There were a few community members who were resistant to change, but we didn’t give up,” Sibdoo said. “We issued a threat that if anyone was found practicing open defecation at night, we would search for them with flashlights and report them to the chief and environmental officers.”

The Yendi Municipal Assembly has since certified Kuni, Kpalsanando, and Sunsang all Open Defecation Free, something Sunsang CHPS midwife Michelle Osman Salamatu said has coincided with improved health status.



A Sunsang resident is pictured in December 2019 while constructing a household latrine. Photo: Alhassan Bukari

According to records provided by the Sunsang CHPS clinic, the community has not recorded a single case of cholera since it was declared Open Defecation Free in January 2020.

“We hardly hear about cases in this community,” Sibdoo affirmed. “When my daughter got cholera in 2017, I spent about GHC 1,000 treating her. Now if I have money, I’ll use it for something else.”

YONG HEALTHCARE CLIENTS DEMAND ACCOUNTABILITY FOR ILLEGAL CHARGES

Midwife transferred after Patient's Charter education inspires clients to claim rights

Pregnant women and new mothers in Yong are no longer paying illegal fees for local medical care thanks to complaints lodged by community members claiming their right to equitable health service delivery.

The financial relief follows the January 2020 transfer of a local midwife who was proven to be charging illegal fees for health services provided at the Yong CHPS compound in the Tamale Metropolitan District of the Northern Region by clients who started requesting official receipts.

ADDRESSING DEMAND AND SUPPLY-SIDE HEALTH SERVICE DELIVERY FACTORS

According to Salima Inusah, a mother in Yong who fell victim to the illegal charges, it was P4H training on the Ghana Health Service Patient's Charter that inspired her and other clients of the CHPS compound to exercise their right to have hospital charges and all forms of expenditure explained.



Salima Inusah is pictured with her two-year-old son Hafiz Abdulai in October 2021 in Yong. | Photo: SEND GHANA

“I didn't know that I had rights as a client to question some of the charges I was being made to pay,” Inusah said. “But receipts are now being requested as a result of increased knowledge and awareness of the Patient's Charter.”

After Inusah and other clients began requesting receipts from the midwife in question, they provided them to the Yong CHMC to take action on the fraudulent charges.

Yakubu Sulemana, the chairman of the CHMC, said the committee had also benefited from P4H training on the Patient's Charter and was “left with no other option but to report

the conduct of the health staff,” who was reprimanded and permanently transferred as a result.

Now free from paying the illegal fees, Inusah said she is happy that P4H built the capacity of her community to advocate for improved health service delivery.

“If P4H had not come to educate us on the Patient's Charter, we might still be ignorant about the rights we have as the clients of health facilities,” Inusah said. “We could still be suffering due to poor services from health staff at the facility.”



Odumase farmer Samuel Ntelichi is pictured in October 2021 outside the household latrine he constructed for his family after hearing announcements by WSMT secretary and P4H beneficiary Prosper Avedzi. | Photo: SEND GHANA

ODUMASE INFO CENTER INSPIRES OPEN DEFECATION FREE ACHIEVEMENT

The community of Odumase in Nkwanta South has attained Open Defecation Free status following a voluntary information campaign led by the secretary of the local WSMT, who was reoriented on his roles and responsibilities through the P4H project in 2018.

The community of about 680 households in the Oti Region attained Open Defecation Free status in late 2019 based on indicators set by local government and the international non-profit organization Global Communities, including the standard that at least 80 percent of households have latrines and handwashing facilities.

Samuel Ntelichi, an Odumase farmer who constructed a household latrine for his family of 10 in February 2021, is one of many local residents who decided to improve the WASH health of his home after hearing ongoing announcements made by information center owner Prosper Avedzi, who is also the secretary of the WSMT.

“The message from the P4H project on the need to construct household latrines came to us through the information center,” Ntelichi said. “I decided then to build a latrine at home because I came to know of its importance—that if we neglected the message and continued defecating in the open, we could contract diseases.”

Oyomle Lipibe, a resident of Odumase who constructed a household toilet in 2020 after hearing Avedzi’s announcements, said it has improved the health and safety of his children.

“Now my children don’t go into the bushes to defecate,” Lipibe said. “It is hygienic not only for us, but the entire community, and safe for my children as well.”

MOBILIZING INVOLVED INSTITUTIONS AND MEDIA OUTLETS TO ADDRESS ISSUES

In 2018, P4H worked with the Nkwanta South Municipal Assembly to reorient members of the Odumase WSMT on their roles and responsibilities.

Odumase WSMT members also benefited from participatory training on creating action plans through the P4H project, and putting an end to the high incidence of open defecation in the community was identified as a top priority.

Avedzi said he subsequently volunteered to make free announcements about health problems caused by open defecation and the need for every household to construct a latrine as part of his roles and responsibilities on the WSMT.

“Once I am part of the team and the information is meant to improve hygiene in the community, I have to bear that cost,” he said.

Avedzi added that he plans to continue using his center to promote good WASH practices in the future.

“We’re targeting those who haven’t completed household latrines,” Avedzi said. “So I’m determined to continue giving information.”

OTWETIRI GETS BACK-TO-BACK BOREHOLES

DIY Shelving Supports Healthcare Delivery

Inhabitants of Otwetiri, a town in Akuapem North in Ghana's Eastern Region, have secured two new boreholes for safe drinking water.

Community members used to rely on spring water that evaporated during the dry season or was contaminated by rainfall during the wet season.

But after the P4H project educated members of the local CHMC on their roles and responsibilities, including serving as a link between the community and the CHPS clinic and mobilizing resources, they were inspired to engage higher authorities to apply preventative mechanisms.

P4H trained the Otwetiri CHMC on how to create an action plan to catalyze health justice, which the project focal person for Akuapem North, Dina Woode, then presented to the municipal assembly.

Prominent among the action plan of the Otwetiri CHMC was undertaking infrastructure improvements, such as fencing the existing stream to prevent contamination during rainfall.

Upon receipt of the plan, Municipal Chief Executive Dennis Aboagye remarked that the consumption of water from a stream in the 21st-century is "inappropriate," and pledged to construct a borehole.



Solomon Kissiedu (right) is pictured with fellow Otwetiri CHMC members in 2019 in front of one of two boreholes made available to the community through capacity building provided by the P4H project. | Photo: SEND GHANA

The National Petroleum Authority subsequently agreed to facilitate construction of a mechanized borehole in the center of town, and in April 2019, work began in earnest on the ground.

Four months later, in August 2019, the project was commissioned by officials of the National Petroleum Authority and the municipal assembly.

The CHMC also secured a second borehole through an international organization, and used money raised through the sale of water from the two new boreholes to construct shelving at the local CHPS clinic so the NHIS could supply drugs to the community.

James Aidoo, a nurse at the Otwetiri CHPS clinic, said the P4H activities increased the capacity of the facility to deliver on its mandate as a key driver of primary health care.

"Now the shelves are there," Aidoo said. "Now everybody in the community can access the clinic to take their drugs."

Otwetiri resident Sylvia Adjei said the availability of NHIS medicines at the local CHPS has given the community hope in terms of accessing primary medicine.

"Before, we had to purchase drugs outside of the facility," Adjei said. "We no longer have to do that because the drugs are available."

Otwetiri CHMC member Solomon Kissiedu said P4H played a lead role in empowering the community to secure the boreholes and NHIS medicines.

"It all started during the CHMC sensitization on our roles and responsibilities. After the sensitization, we presented our concerns to the municipal assembly," Kissiedu said.



A young Torda resident is pictured fetching water in October 2021 from a community borehole that was mechanized using funds raised through implementation of a pay-as-you-fetch policy after P4H training on action plans, advocacy, and resource mobilization. | Photo: SEND GHANA

“They are now taking money, they are now keeping records, and if anything spoils, they access the funds and go in and repair it,” said WSMT chairperson Seth Afanye.

The team has raised more than GHC 11,000 as a result of implementing the policy, which Afanye said has been used to maintain the two boreholes in town.

Mobilized funds have also been used to construct a new water piping system from the central borehole to taps at two other points in the community, in addition to mechanizing the borehole on the outskirts.

PAY-AS-YOU-FETCH POLICY FUNDS PIPED WATER SYSTEM

In 2019, more than 800 residents of Torda in the Adaklu District gained access to a new piped water system.

The development was funded through implementation of a pay-as-you-fetch policy at two existing boreholes after Torda WSMT members attended training through the P4H project.

“When P4H came with their education, it encouraged us to come to where we are today,” said team member Francis Dzata.

Prior to the intervention of P4H, the Torda WSMT was not charging local residents for fetching water at the

mechanized borehole in the center of the Volta Region town, or from a manual borehole on the outskirts.

“The team was trying its best, but the members couldn’t keep proper account and didn’t charge,” Dzata explained.

When either borehole broke down due to heavy use, Dzata said “people would suffer a lot before it was repaired,” often resorting to a local stream for water that was not safe to drink.

STRENGTHENING THE CAPACITY OF RURAL ACTORS TO UNDERTAKE DEVELOPMENT INITIATIVES

Through P4H training on their roles and responsibilities, the Torda WSMT was able to begin implementing its pay-as-you-fetch policy to raise funds for repairs and upgrades.

“It was the interaction with People for Health that inspired us to come up with that plan,” Dzata said.

Local banku seller Gifty Nkansah said she supports the implementation of the policy because it has led to improved upkeep of the local boreholes and reduced wait times for water, allowing her to cook and clean for her business more efficiently.

“It helps me to sell my food on time,” Nkansah said. “I use that extra time to cook food for my kids and they too go to school on time.”



Friends of All support group leader Samuel Akabenla is pictured in October 2021 outside the Manhean Polyclinic in Tema. | Photo: SEND GHANA

TEMA HIV SUPPORT GROUP ENCOURAGES REGULAR TESTING

An HIV support group established by P4H focal person Samuel Akabenla in Greater Accra is inspiring members to do regular baseline testing for improved monitoring of antiretroviral therapy.

Akabenla, a member of SEND GHANA's DCMC in Tema, was introduced to the P4H project in 2017 and received training on the Patient's Charter launched by the Ghana Health Service.

Later, in 2018, Akabenla remembers attending a meeting where P4H project leader Siapha Kamara advised him to establish an HIV support group.

"In that moment, Friends of All came to my mind," Akabenla says.

The support group was realized the next year in 2019, with about 15 active members holding monthly meetings at one of two local pubs where Akabenla knows the owners.

At the meetings, Akabenla provides members with condoms, information, and even in-kind and monetary contributions that are collected for those who are experiencing unemployment to help "put a day on the table."

"Sometimes, if you didn't get something to eat and you're taking these drugs, it's very, very difficult," Akabenla explained, referring to antiretroviral therapy for HIV.

THE POSITIVE SUPPORT OF INTERPERSONAL COMMUNICATION

Akabenla now champions interpersonal communication during Friends of All meetings to increase awareness of patient rights and responsibilities.

Because acquiring knowledge on preventive and promotive practices to seek early professional help is part of the Patient's Charter, group member Bright Mc-Bravo Brown said he and fellow support group members also call to check in on each other and provide advice for improved health status.

After Brown joined the group in the first year it was established, the 26-year-old event decorator said he received a call from a fellow member encouraging him to do regular baseline testing.

Brown has since made the assessment part of his routine health care, something Nurse Annalina Heighty at the Manhean Polyclinic in Tema said is "very important" to give healthcare providers treatment guidance and monitor patient response to antiretroviral therapy.

Seeing the many benefits that Friends of All is having for its members, Akabenla said he has no plans to fold the group when the P4H project ends.

"We are helping ourselves and we get a lot of benefits for ourselves," Akabenla said. "If tomorrow P4H is not there, we'll still contribute and do what we do."

KPNASHEI CLINIC NEARLY QUADRUPLES BABY WEIGHING

Attendance for baby weighing sessions in Kpanashei has nearly quadrupled following training on advocacy and resource mobilization provided by P4H.

Baby weighing is an important part of monitoring a child's development and recognizing clinical signs of serious problems, such as undernutrition. However, attendance for baby weighing sessions in Kpanashei used to be low.

Without a child welfare clinic in the community, which is located in the Gushegu Municipality of the Northern Region in Ghana, baby weighing sessions were being held outdoors under some trees.

The Galwie Health Center is located several miles away, so nursing mothers often had to endure the discomfort of rain, sun, or the Harmattan in order to get their babies measured.

During the rainy season especially, attendance for weighing sessions was rare.

UNLOCKING COMMUNITY SPIRIT

Following P4H training on advocacy and resource mobilization—part of project efforts to reconstitute and strengthen 100 CHMCs in 20 districts—the Kpanashei CHMC produced an action plan that prioritized constructing a child welfare clinic with local resources.

The CHMC levied every household an amount of GHC 5, which was paid into



Baby weighing sessions in 2019 are pictured at the child welfare clinic constructed at the Kpanashei CHPS facility through P4H. | Photo: SEND GHANA

a dedicated account. By the end of April 2019, the committee had realized over GHC 10,000.

The chairman of the Kpanashei CHMC, Iddrisu Sulemana, said P4H played a key role in empowering the local healthcare system.

“Until we received the education from P4H, we were not well organized, and our effectiveness in supporting the CHPS was not that of the best. We had been following the district assembly to help us, but it had not yielded many results,” Sulemana said. “We now know the government can’t do it alone, so we took it upon ourselves to get it done.”

Azoya Brutus Akumbabe, the registered community nurse in charge of the Kpanashei CHPS facility, confirmed that attendance for postnatal care and other child health services has risen significantly as a result.

“Previously, the facility recorded an average of 15 clients coming for antenatal and postnatal services,” Akumbabe said. “The facility has recorded 50 clients or more per each weighing session since July 2019.”

Fuseina Mohammed, a nursing mother in Kpanashei whose fifth child was the first one she was able to deliver in her hometown due to the arrival of the clinic, said she had an improved birthing experience as a result.

“I felt more comfortable when I delivered here,” Mohammed said. “The previous births, I was carried on a motor bike while in labor pain, but this is more accessible.”



Memunatu Abdulai is pictured with her newborn baby in 2019.
Photo: SEND GHANA

SKILLED BIRTH ATTENDANT ARRIVES IN YONG

Memunatu Abdulai has not forgotten the ordeal of her first and second childbirths, when she relied on a traditional birth attendant to facilitate delivery.

The 30-year-old resident of Yong, a P4H community in the Northern Region of Ghana, says the experience made her vow not to repeat it when giving birth to her third child.

“I experienced some of the most difficult moments in my life during my first and second childbirths,” Abdulai said. “When I was in labor pain, I was given an herbal concoction to drink to reduce the pain and shorten the duration of labor, which didn’t help much.”

Since the Yong CHPS clinic had not hosted a midwife since it was established in 2015, Abdulai went out of her way to visit another health facility in the neighboring village of Bilpela when she delivered for the third time. But considering the cost and inconvenience of travel, many other expectant mothers continued to rely on ‘unskilled’ traditional birth attendants in the area instead of seeking supervised deliveries.

INFLUENCING POSITIVE HEALTH-SEEKING BEHAVIORS

In February 2018, the P4H project provided advocacy training to Yong CHMC members to empower them to develop an actions plan and demand accountability and equity in the local healthcare system.

Because the posting of a midwife is contingent on the availability of clean water, the Yong CHMC prioritized the provision of a safe water supply to the local CHPS clinic, which had been without water since its commissioning.

Applying the advocacy skills they acquired through the P4H training, CHMC members addressed a letter to the Chief Executive of the Tamale Metropolitan Assembly, highlighting the

water problem and how it was affecting healthcare delivery.

The CHMC made several follow-ups until its request was granted in April 2018. Three months later, in July, the Ghana Water Company extended service to the facility, and a midwife was posted there by May 2019.

According to Imoro Siisu Jabaah, the nurse in charge at the facility, more women have been utilizing the CHPS since the midwife took office, with 125 supervised deliveries performed over her first two years at work in the farming community of about 3,400. As a result, the number of home deliveries in the community has declined significantly.

Memunatu, who delivered her fourth child at the Yong CHPS clinic, affirmed that giving birth under the assistance of a skilled health professional is more reliable and safer than the alternative.

“I had a very safe delivery by a friendly and respectful midwife, and thankfully, my baby and I are fine,” she said. “The availability of a midwife at the CHPS compound made it easy for me to access skilled delivery, and never again will I consider delivering at home.”



Community Health Officer Salomey Okpoti sorts through insecticide-treated mosquito nets in July 2021 at the Djekiti CHPS facility. | Photo: SEND GHANA

HEALTH FACILITY HELPS REDUCE MALARIA INCIDENCE IN DJEKITI

A decline in the incidence of malaria among children under five is just one health benefit that residents of Djekiti in the Eastern Region are experiencing since a CHPS clinic was constructed in the community.

The nearest health facility to Djekiti used to be six miles away and only accessible by vehicle on market days. Residents of the small farming village would have to carry pregnant women and sick people to access health care.

“At times we would leave here and the person passes on, because the journey is very far,” said Isaac Sackie, a former assembly member for the area.

EMPOWERING GOVERNMENT-CITIZEN ENGAGEMENT

In February 2018, P4H reoriented the Djekiti CHMC members on their roles and responsibilities, including mobilizing resources for health activities.

The CHMC created an action plan, and with the support of Samuel Atter, the P4H focal person for Lower Manya Krobo, members wrote to the district assembly to request a CHPS facility.

“We started to dialogue, going to the assembly, the [Ghana Health Service], and then one fateful day at an annual review meeting for health, the Municipal Chief Executive said, ‘Sort out Djekiti,’” Atter said.

Sackie added that P4H training on advocacy and resource mobilization taught the CHMC how to help themselves.

“People for Health came and they had a talk with us, and through them we have succeeded in securing a CHPS center, through the assembly,” he said.

After the CHPS facility was secured in June 2018, Atter realized they would need furniture. Inspired by the P4H training, he decided to apply for a grant.

“I conceived of the idea to look for support,” he said, adding that he soon found the Ambassador’s Special Self-Help Program, which allows U.S. embassies to respond to local requests for community-based projects. “Quickly, we applied and were selected.”

Through the program, Atter said they were able to purchase benches, a delivery bed, chairs, tables, a solar panel to power a refrigerator for medicines, and more.

Community Health Officer Salomey Okpoti said the uptake and quality of health services has improved as a result.

“Now that the CHPS compound is here, we are here working throughout, so every service is being done,” Okpoti said, citing deliveries and child welfare as examples.

“Before, we were getting higher cases of malaria being reported among children under five, but with the education we’re able to do now, it’s reducing.”



With the help of P4H, Djekiti resident Rebecca Tawiah was able to renew her NHIS card in April 2018 after four previous attempts. | Photo: SEND GHANA

RENEWED HEALTH INSURANCE SAVES MONEY FOR NUTRITION INTAKE

Djekiti resident Rebecca Tawiah says the money she is saving with her renewed NHIS card is going toward more nutritious food for her children.

In 2018, the expectant mother was able to renew her NHIS card after four failed attempts when P4H helped provide a mobile NHIS registration and renewal event in her community.

Djekiti is a small farming community in the Lower Manya Krobo District of the Eastern Region, and the only NHIS registration and renewal center in the district is over 18 miles away.

Transport from Djekiti to the NHIS center is only available on market days, which limits access and causes congestion.

Despite making four attempts to renew her expired NHIS card since 2015, Tawiah was unable to do so due to long queues and internet connectivity issues. As a result, she could not access free health care and had been incurring the full cost of treatment.

MOBILIZING REGISTRATIONS AND RENEWALS

In April 2018, in collaboration with the NHIS and SEND GHANA's DCMCs, the P4H project organized NHIS registration and renewal events in Lower Manya Krobo and dozens of other districts. Expired cards were collected along with payments and sent to the NHIS center for next-day registration or renewal.

When the registration and renewal event arrived in Djekiti, Tawiah took advantage. She submitted her card for renewal and even avoided paying associated fees after P4H team members and NHIS staff educated her on the Free Maternal Health Policy.

“Thanks to the P4H project, now all that I need to access health care is my transportation,” Tawiah said. “I don’t need to be worried about the cost of treatment.”

The NHIS was established under Act 650 of 2003 by the Government of Ghana to provide a broad range of healthcare services to Ghanaians through district mutual and private health insurance schemes, including medicines that are provided to insured patients for free. However, because the system was not able to achieve its objective of registering every resident of Ghana within five years of operation, P4H project activities included NHIS education, registration, and renewal events targeted at vulnerable groups in dozens of project communities.



Kwesi Plange residents celebrate receiving free NHIS cards in March 2018 courtesy of their local assembly member, Alhassan Issah. | Photo: SEND GHANA



83-year-old Tei Kwadjo is pictured in July 2018 outside his Kwesi Plange residence. | Photo: SEND GHANA

ASSEMBLY MEMBER COVERS HEALTH CARD COSTS FOR COMMUNITY MEMBERS

It was the rhythm of a gong gong that first alerted Tei Kwadjo to the free NHIS renewal event coming to his hometown in the Greater Accra Region.

The 83-year-old Kwesi Plange resident was at home when he heard the gong-gong beater announce that his assembly member, Alhassan Issah, would cover the NHIS renewal costs of citizens under the age of 18 and above the age of 60 at an event in March 2018.

P4H Builds Support Among Local Leadership

In collaboration with the NHIS and Municipal Health Directorate, the event was convened by SEND GHANA's DCMC in Tema through the P4H project to help overcome NHIS registration and renewal challenges, such as transportation issues and unreliable internet connectivity.

Issah said P4H's role in organizing the education, registration, and renewal event inspired him to cover the cost of minors and the elderly.

"Sometimes they fall sick and they cannot go to the hospital. If you ask them, they say they don't have money.

"Where is your card?" "It has expired," said Issah, who renewed a total of 65 NHIS cards at the event. "We'll take care of it—target those who are minor and the old-aged to register for free."

Kwadjo said the event ensured the validity of his NHIS card and access to affordable health care.

"With this I am able to access health care at a lower cost," Kwadjo said.

In addition to the 65 renewals covered by Issah, the event allowed 108 other community members to renew NHIS cards at their own cost.

MEET THE AMBULANCE TAXI DRIVER WHO HAILS FROM AKIM ADIEMBRA

Without an emergency transport vehicle, residents of Akim Adiembra in the Eastern Region used to carry people in need of health care on their backs to the district capital of Swedru, a distance of almost three miles.

But following capacity building by the P4H project, the Akim Adiembra CHMC was inspired to negotiate with a local taxi driver to double as an ambulance.

“We saw that when someone is sick and it’s serious, we have to rush them to the government hospital or Swedru clinic, but we didn’t have any transport,” said CHMC member Andrews Kwaning. “P4H is what emboldened us to push to get a taxi ambulance service. It brought our minds to it, so we organized it.”

ACTIVE PARTICIPANTS IN COMMUNITY HEALTH PROGRAMS

In 2018, P4H trained the Akim Adiembra CHMC on how to develop action plans and address community health needs.

Kwaning and his fellow CHMC members then decided to talk to taxi drivers in the area and get their contact information, and as a result, they were able to come to an affordable, life-saving agreement.

“If something happens and they pick up the person and transport them to



Akim Adiembra ambulance taxi driver Paul Dwamena is pictured in November 2018. | Photo: SEND GHANA

the hospital, we have a cost that we’ve agreed upon,” said Kwaning.

“We now know that if something happens to someone, we can help the person in time.”

Within months of the agreement being struck, Akim Adiembra’s ambulance taxi driver, Paul Dwamena, said he had transported countless community members in need of care.

“Some of the cases are serious,” said Dwamena. “I agreed to help them so that they achieve what they want to achieve.”

Akim Adiembra resident Theresa Agyeiwaa said she remembers when her grandson was one of Dwamena’s patient-passengers. He came down with a fever one night and fainted, so Agyeiwaa and a few others carried him to the local clinic.



Akim Adiembra resident Theresa Agyeiwaa is pictured in November 2018 with her grandchildren. Photo: SEND GHANA

“They looked at him and said he was breathing fast, so we should call the taxi to bring him to the bigger hospital,” she said. “When we called, the taxi came early. They took him to the hospital and they gave him medicine there.”

P4H TRAINEE RAISES FUNDS TO FIX BROKEN AMBULANCE IN AFRAM PLAINS

When Rev. Joseph Baidoo heard about the broken-down ambulance in his home district of Afram Plains in 2018, he considered it an emergency situation.

Baidoo, who is one of SEND GHANA's DCMC members, learned that the district ambulance in Donkorkrom had not functioned for about five months, obstructing emergency referrals to appropriate healthcare facilities in the Eastern Region.

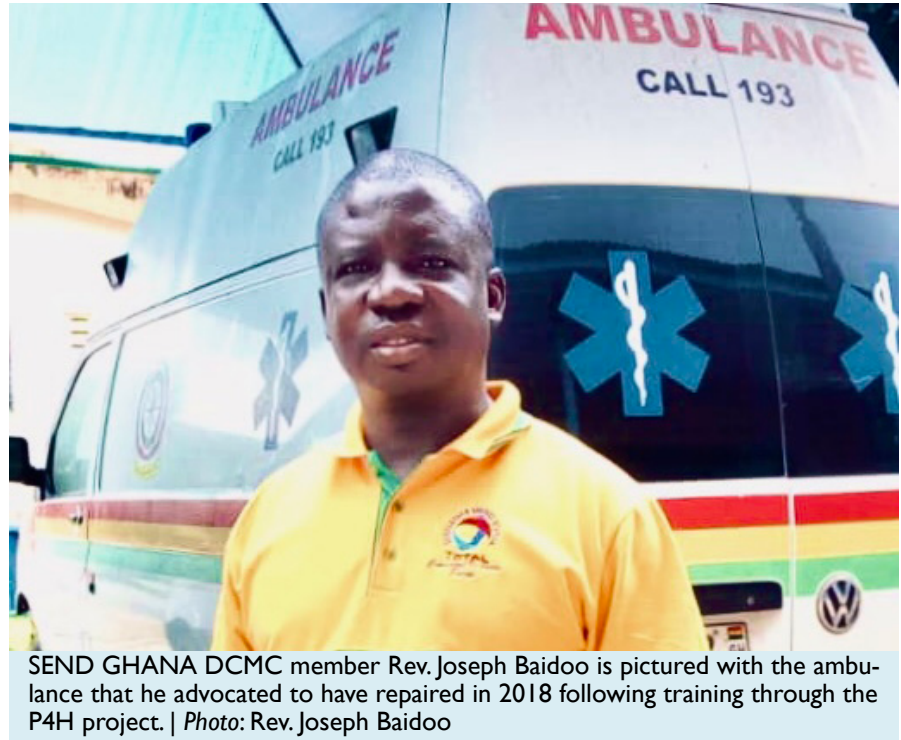
In critical moments when the service of an ambulance was indispensable, it would have to come from Kwahu Atibie, which is over 90 miles away.

Many people in the area live on remote island communities where snake bite envenoming is endemic, putting them at increased risk of complications without emergency vehicle service.

"Snake bites are widespread in this area and often, when they occur, the victim has to be conveyed to the hospital by ambulance after they have crossed the lake. However, this became very difficult," Baidoo said.

STRENGTHENING THE ROLE OF LOCAL LEADERS IN ADVOCACY AND INTERVENTIONS

Baidoo and his fellow DCMC members in Donkorkrom had benefited from P4H training on leadership, networking, and advocacy in 2017.



SEND GHANA DCMC member Rev. Joseph Baidoo is pictured with the ambulance that he advocated to have repaired in 2018 following training through the P4H project. | Photo: Rev. Joseph Baidoo

Applying the skills that he acquired, Baidoo first went to the ambulance service to inquire about the inoperative vehicle, including how much money was required to get it back on the road.

He then met with the local council of church elders and requested their assistance. After some deliberation, elders representing the Assemblies of God, Pentecost, Presbyterian, and Roman Catholic churches agreed to fundraise GHC 3,000 to rehabilitate the ambulance.

In 2018, the ambulance was put back in service as a result, conveying snake bite victims, pregnant women, and others who require emergency medical service to appropriate facilities in a timely manner.

In the words of Baidoo, he learned that "advocacy is a sure way to find solutions for the many development problems in the area."

"Drawing lessons from this success, I've started making contacts with some individuals and corporate institutions to mobilize funds to repair the fire tender," Baidoo said.

Alex Gamason, the former district manager of the ambulance service in Afram Plains, said the working emergency vehicle has been especially important for maternal cases when women on the island communities face post-delivery complications.

"The repair of the ambulance has saved lives," Gamason said.

ZAARE FAMILIES EMBRACE BIRTH SPACING TO IMPROVE CHILD HEALTH

More families in the North East Region of Ghana have been embracing birth spacing to improve child health following the reconstitution of the Zaare CHMC through the P4H project.

In January 2018, P4H worked with local partners and the East Mamprusi DHMT to re-establish the Zaare CHMC with three female and three male members. The CHMC members were also reoriented on their roles and responsibilities through the project, including mobilizing resources for health-related activities.

As a result of participatory training on how to create and implement action plans, the Zaare CHMC began working with local chiefs to encourage households to contribute at least GHC 1 toward the purchase of waiting room furniture for the local CHPS compound, where clients had been forced to either stand or sit on the floor since the facility opened in 2016.

Some pregnant women and mothers had even been refusing to visit the CHPS compound due to the discomfort caused by the lack of furniture. To address this, CHMC members embarked on a series of local meetings to encourage uptake of antenatal services at the compound and attendance at baby weighing sessions held by the on-site child welfare clinic.

ATTENDANCE INCREASES AT CHILD WELFARE CLINIC

According to Mabel Brobby, the nurse in charge, attendance at the Zaare Child Welfare Clinic jumped 30 percent one month after the reconstitution of the CHMC.

“Before the reconstitution and sensitization of the CHMC, the facility attendance was low for pregnant women and children,” Brobby said. “The effort of CHMC members has enabled the CHPS compound to record higher numbers at the child welfare clinic and general attendance at the facility.”

Zaare CHMC member Tia Maigida added that increased attendance at the child welfare clinic has continued to have a butterfly effect on local acceptance of family planning and birth spacing for improved maternal and child health.

“We do it at the baby weighing sessions,” Maigida said. “When the nurses come, they bring along the contraceptives and those who are interested go for it.”

Maigida has even started doing home visits to promote the availability of different family planning methods and address misconceptions about contraceptives, including those



Zaare CHMC member Tia Maigida, who has been conducting home visits in her community to promote the uptake of family planning services, is pictured outside the local CHPS clinic in September 2021 with her daughter, Usaamatu. | Photo: SEND GHANA

associated with weight gain and promiscuity.

“With family planning, you continue to live happily with your husband until such a time that your child is fully developed, and then you can decide to have another baby,” she said. “Seeing the importance, I feel obliged to educate my fellow women on it.”

HOW HIV/AIDS EDUCATION SAVED AN ASHAIMAN WOMAN'S LIFE

Mr. and Mrs. Oduro* are a married couple living in Ashaiman, a town in the Greater Accra Region of Ghana. Mrs. Oduro used to fall sick often. To treat her unknown illness, she resorted to over-the-counter drugs to suppress her symptoms.

This kind of self-medication is common in Ghana. A 2018 malaria study** revealed that only 31 percent of respondents sought treatment from health facilities for malaria symptoms, while 61 percent chose to self-medicate and 8 percent opted for traditional/herbal treatment.

Self-medication and traditional treatments can sometimes delay people from seeking professional medical diagnoses and securing modern treatment for serious health conditions, such as Hepatitis B and HIV/AIDS.

COMMUNITY EDUCATION ENCOURAGES HIV TESTING FOR EARLY DIAGNOSIS

As part of the P4H project, SEND GHANA's DCMC in Ashaiman was educated in August 2017 on HIV/AIDS as well as the effects of stigmatization and discrimination against people living with HIV.

The next month, the Ashaiman DCMC held its own education session for community members, including



DCMC member and the Ashaiman Polyclinic Model of Hope (center) educating community members on HIV/AIDS. | Photo: JonCaring Foundation

Mr. Oduro. Residents were also encouraged to get tested for HIV for early diagnosis and treatment.

After the education session, Mr. Oduro realized the symptoms of HIV/AIDS were the same as his wife's symptoms.

He approached a DCMC member serving as a Model of Hope for the Ashaiman Polyclinic and described the nature of his wife's illness.

The Model of Hope, who is an HIV-positive person who complies with antiretroviral therapy and serves as a role model for other people living with HIV, visited Mrs. Oduro to see if she would agree to be tested for the virus.

After several attempts at convincing Mrs. Oduro that HIV/AIDS should not be attributed to immorality, she agreed to take a test in December 2017.

Mrs. Oduro tested positive. A trained health worker at the Ashaiman Polyclinic performed necessary follow-up tests and she started taking antiretroviral therapy.

“But for my encounter with the DCMC, I would have eventually died of AIDS,” Mrs. Oduro said. “The community education has really been a life-saver. I adhere to my medications and appear healthier than before.”

P4H team members and SEND GHANA DCMCs operating in project districts have educated more than 3,000 citizens on the importance of HIV testing and antiretroviral therapy in an effort to reduce stigma and self-medication.

**Names have been changed.*

***Source: Awuah RB, et al. Malar J. 2018.*



Attendees of the P4H Exhibition event held at the Kofi Annan Center of Excellence in ICT in September 2021 are pictured during the screening of a testimonial video on the P4H Dashboard that features Patience Dogli, a P4H focal person serving on the Accra Metropolitan Assembly. | Photo: Penplusbytes

P4H DASHBOARD HELPS COMBAT HIV STIGMA IN HEALTHCARE SETTINGS

People living with HIV in Greater Accra are accessing more equitable health services following reports filed on the P4H Dashboard, a digital platform that was launched to help vulnerable groups submit complaints related to the quality of health care they receive.

Patience Dogli, a P4H focal person serving on the Accra Metropolitan Assembly, said that before the P4H Dashboard was developed, she and other HIV-positive patients often received poor treatment when visiting health facilities.

The stigma, Dogli explained, led to many people living with HIV defaulting on their antiretroviral drugs.

HELPING VULNERABLE GROUPS HAVE THEIR OPINIONS HEARD THROUGH ICT

To allow healthcare clients to share their experiences, suggestions, and complaints about poor service delivery without fear of victimization, civic tech non-profit and P4H consortium member Penplusbytes launched the P4H Dashboard platform in December 2017 (www.people4health.org).

Since the launch of the online platform, more than 8,000 healthcare clients from P4H target communities and across the country have submitted their feedback to be investigated and resolved through district, regional, and national stakeholder consultations.

According to Dogli, the platform has been especially helpful for vulnerable groups who are more likely to face challenges in accessing equitable health care, such as people living with HIV.

“At first, we could not report health workers because we feared being victimized at the health centers, but the P4H Dashboard allows us to report any challenges that we face without revealing our identities, and this has really improved the services we receive,” Dogli said. “Thanks to technology, the P4H Dashboard has given us a voice. We now go online to report health workers and even facilities whenever we feel our rights are being abused.”

Dogli narrated how in October 2020, upon visiting a health facility for a malaria test, a nurse refused to take her blood sample just because she is HIV positive. But after informing the nurse that she could easily report the incident using the P4H Dashboard, Dogli received the care she required.

Having experienced the benefits of the P4H Dashboard herself, Dogli has been showing other people living with HIV how to send their own feedback and receive better health services.

“Now the nurses know that we can report them if they don’t treat us right, so they behave well and the discrimination has really gone down. Now we people living with HIV feel free to go for our antiretroviral drugs,” Dogli said.

“The P4H Dashboard is a powerful ICT tool and it has become our mouthpiece.”



Photo above: Yarewa CHMC chairperson Sampson Nyarko is pictured in September 2021 outside the local CHPS facility, which was expanded following participatory training on the creation and implementation of action plans, advocacy, and resource mobilization through the P4H project. | *Photo:* SEND GHANA

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