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Le Centre parlementaire  
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INSTITUTE FOR POLICY ALTERNATIVES  
Tamale, Ghana

## Canada-Africa Parliamentary Strengthening Programme

### Detailed Report of:

**Training Programme for Parliamentary Staff and  
Civil Society Leaders from Botswana, Zambia and Zimbabwe  
November 7 to December 17, 2005**

**Theme:  
Community Monitoring of Poverty Reduction & the MDGs**

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## 1 Introduction

This report summarizes the process and results of the training conducted for staff of the Parliaments of Botswana, Zambia and Zimbabwe and associated leaders of civil society groups, as part of the Canada-Africa Parliamentary Training Programme coordinated by the Parliamentary Center, Canada, and funded by the Canada Fund for Africa. The training took place in Tamale from November 7<sup>th</sup> to December 16, 2005. A total of 9 participants were expected for the course, however 6 participants eventually registered, due to late cancellation by staff of Botswana Parliament and 1 staff member from Zimbabwe Parliament. All participants from civil society attended the course as planned. (*Attached in appendix 2 is the list of participants*)

The theme for this course followed closely on the earlier course for MPs from the same country: “*Parliament and Civic Engagement in Community Monitoring of Poverty and MDGs*”. The MDGs increasingly is becoming a focal point for training, in particular since two of the three countries – Botswana and Zimbabwe – are not PRSP countries.

This report also contains:

- ❑ A description of the course objectives
- ❑ The methodology used to conduct the course.
- ❑ Course delivery and outputs
- ❑ Results of the course
- ❑ Participants’ Evaluation
- ❑ Conclusions and Recommendations

### 1.1 Training Objectives

The general objective of this course was to increase the competency and skills of staff of Parliament and leaders of civil society in the use of participatory tools to enhance the capacity of Parliament to monitor government performance in implementing poverty reduction strategies and programs. Specific objectives defined for this six-week course were:

1. To improve participants’ understanding of the policy context of MDGs and how they translate into national policy priorities, programs and budgets;
2. To enhance the effectiveness of staff of Parliament in supporting their committees to undertake MDG and poverty reduction policy oversight;
3. To increase participants’ awareness and familiarity with tools for engaging citizens in the monitoring of performance of selected MDG results (with a focus on poverty, HIV and AIDS and Gender equality)
4. To improve practical skills of staff and civil society leaders in conducting field-based data collection, analysis and report preparation;
5. To introduce Parliamentary staff and leaders of civil society to the use of computers and information technology skills in research, data collection, data entry, data analysis and the use of presentation tools, such as Power-point, for conveying results and reports.

### 1.2 Approach to Training

As was the case with the training of MPs, the course had two components namely, (a) the theoretical, and (b) the practical. The theoretical component was anchored within contextual framework of the MDGs and the tools used to monitor poverty dimensions of the MDGs. Creating an awareness among staff of the contextual underpinnings of the MDGs and pro-poor policies was a new feature for most staff. The practical training took a substantial part of their training effort. Each week in the six weeks was devoted to a particular theme namely:

- Week 1: Context and Concepts in understanding, analyzing and monitoring Poverty and the MDGs.
- Week 2: Tools of Engagement for Citizen Monitoring of Poverty, using quantitative approaches.
- Week 3: Community Monitoring of Poverty using qualitative approaches.
- Weeks 4&5: Practical attachment in the field, through internships
- Week 6: Synthesis and the design of pilot project proposals.

Appendix 1 is a presentation of the detailed training program.

## 2 Training Components

### 2.1 Component 1 – Theoretical Context

Staff of Parliament represent the most critical institution that will ensure sustainability in any functions that Parliaments are expected to play. Yet, efforts to build their capacity tend to focus primarily on administrative, rather than analytical skills. As was the case with the MP’s training, the theoretical component of the course focused broadening the debate about global and national dimensions of poverty reduction policies to underscore what governments have committed to and why. The component emphasized the significance of the global context of public policy by outlining the Millennium Declaration, which fostered an international consensus around 8 global development goals, commonly referred to as the MDGs. Prominent among these is the reduction of poverty by half by the year 2015. Subsumed in MDG 1 are critical factors, which exacerbate poverty under different socio-political, economic and ecological circumstances. For many in the developing world, the lack of access to basic rights and resources (such as education, health, water supply and sanitation) are the most visible manifestations of poverty. Over the past 2 decades, susceptibility to HIV and AIDS, malaria, tuberculosis and other preventable diseases have become the mantra of the poor, who lack information and ability to influence their life and livelihood choices. The most affected and excluded among Africa’s poor are women and children, consequently, MDG 3 focuses on the promotion of gender equality and empowerment of women. The MDGs, in effect, are a global policy commitment to which all governments have to adhere.

*This course sharpens the skills of Parliamentary staff, by engaging in debates about:*

- ✓ *The conceptual basis of the MDGs and how different approaches to their implementation have emerged in national policy frameworks*
- ✓ *How domestic development policies, budgets and public expenditures are aligned with the MDG goals*
- ✓ *Who holds governments accountable for MDG results?*
- ✓ *How can citizens be involved in the assessment of MDG results?*
- ✓ *What rights do citizens have to hold government accountable for MDG goals?*

*Where do tools of measurement come from? How can you select the appropriate tools for assessing poverty? And what considerations must you make in selecting tools of engagement in M&E?*

*As part of the theory section of the staff course, we explored:*

- ✓ *The knowledge basis of evaluation*
- ✓ *Evaluation and its value basis*
- ✓ *Use components of evaluation*
- ✓ *Practice component of evaluation theory*

*An concluded that evaluation needs to have a systematic theory of change, on the basis of which specific values can be established to measure these changes, both for accountability and learning.*

The second part of the theoretical component therefore examined the conceptual basis of Monitoring and Evaluation (M&E), as a development discipline which sets out specific methodological instruments for assessing development policies, programs and projects. This section of the course

afforded the opportunity to explore the experiences that the staff have in using theory-based tools and in understanding how those tools can aid analysis of the results of an assessment.

## **2.2 Learning & Practicing Tools of Citizen Engagement in Poverty Monitoring**

The second component of the course presented a number of tested tools for citizen engagement in poverty monitoring, by exposing participants to a number of modules. The specific sessions under the Module Participatory Poverty monitoring were:

- ✓ Citizen Report Card Survey (CRC)
- ✓ Gender considerations in community monitoring of poverty
- ✓ Community Scorecard and
- ✓ Community Animation and Mobilization skills.

## **3 Citizen Report Card Surveys – Assessing Public Sentiments on Policies**

Citizen Report Card survey is a tested methodology that is capable of being deployed quickly and, with minimum training, used effectively by Parliament and CSOs to gather information about performance of public services through the perspectives of their constituents, citizens and community groups. The main objectives of this session was to enhance the knowledge and skills of participants to:

- Understand how the Citizen Report Card is developed
- Adapt these tools for their own use in communities and with relevant target groups.
- Be familiar with the type of information that can be gathered;
- Understand how this information is analyzed and reported on; and
- Be aware of the uses, to which the information can be put.

To achieve the aims of the session, participants were taken through a step by approach to understand that, the CRC another form questionnaire used for a rapid information gathering process to establish trends, which becomes the basis for deepening the assessment using the Community scorecard. They were however made to understand the difference between CRC and formal questionnaire.

At the end of this session the participants were given a case study on: *The health exemption policy focussing on pregnant women and children less than five years of age.*

The case study served as the bases for the design, and construction of the draft questionnaires (*The case study is attached as appendix 1*) To further deepen participants understanding, they were put in working groups of two Comprising three persons each in a group with IPA staff giving them backstopping support to construct a CRC survey questionnaires, pre-tested the draft questionnaires, and refined them (*The refined questionnaires of the two groups are attached as appendix2a and b*)

### **3.1 Field Practice on CRC**

The filed practice on the CRC survey was conducted in the Savelugu Township. The participants first met with the DHMT at the Savelugu Poly-clinic to gather the supply information, (*referred to as The service provider*) after which the two groups engaged individual pregnant women and mothers with children less than five years of age (*referred to as individual community members*) to administer the CRC survey questionnaires. *Table 1 below, outlines the two groups and their focal individuals they engaged with.*

Table 1: Working groups and their individual targets for Surveys

| Name of Participant       | Focal individual engagements                    | Support person from. IPA   |
|---------------------------|---|--|
| <b>Group One</b>          |   | <b>Coleman Agyeyomah</b><br><br><b>And</b><br><br><b>Baramini Mohammed</b> |
| 1. Monica K Sampa         | Women with Children less than five years of age |  |
| 2. Margaret Chinowaiter   | Women with Children less than five years of age |  |
| 3. Kebby Kalima           | Women with Children less than five years of age |  |
| <b>Group Two</b>          |   |  |
| 4. Roy Ngulube            | Pregnant women                                  |  |
| 5. Boitumelo Hahn         | Pregnant women                                  |  |
| 6 Lovemmore Machengedzera | Pregnant women                                  |  |

On completing the CRC with the stakeholders in Savelugu Township, participants returned to IPA to analyse the questionnaires and establish the trends.

### 3.2 Results

The results of the survey established the following trends with regards to the health exemption programmes for pregnant women and children less than five years of age.

#### *Trends that emerged from the engagements with pregnant women*

1. Pregnant women were generally aware of the exemption policy through radio but did know their entitlements.
2. They paid for their drugs as oppose to be given free as in the policy. Further more most of the essential drugs were unavailable at the hospital and with the prescription given to them they could afford the prices of the private pharmacy shops. So in most cases they resorted to the herbalists
3. The attitudes of the health staff was highly unsatisfactory, they treated patience with contempt.

#### *Trends that emerged from the engagements with women with Children less than five years*

1. Pregnant women were generally aware of the exemption policy through radio but did know their entitlements.
2. They paid for their drugs as oppose to be given free as in the policy. Further more most of the essential drugs were unavailable at the hospital and with the prescription given to them they could afford the prices of the private pharmacy shops. So in most cases they resorted to the herbalists
3. The attitudes of the health staff was highly unsatisfactory, they treated patience with contempt.
4. Nurses shouted at even children who cold not talk.

## 4 Gender Considerations for Community Monitoring

As part of the commitment towards achieving the MDGs, empowering women and seeking gender equality are critical paths for achieving improved and sustained poverty reduction. At both the level of public policy and resource (budget) commitments, gender considerations feature

prominently and ignoring them could greatly affect the extent to which stakeholders of the poor benefit from poverty reduction efforts. Consequently gender dimensions are critical components in any poverty monitoring efforts. The objectives of the session on gender considerations were to:

- Make participants understand the interface between poverty, HIV and AIDS and Gender issues;
- Discuss the specific dimensions of policies and programs in these areas that require monitoring through citizen engagement – these include special initiatives;
- Outline how these priorities are being pursued currently.

The session outlined and emphasized for Parliamentary oversight of public policies and programs, as the most fundamental principle is to identify priorities for this monitoring. The session also made participants to understand that amongst the 8 MDGs, the most critical are the three goals relating to Poverty, HIV/ AIDS and Gender Equality.

At the end of this session, participants were able to acquire an understanding and basic analytic skills concerning: (a) the relationship between Poverty, HIV and AIDS; and (b) gender dimensions of Poverty, HIV and AIDS. By exploring the disproportionate number of women and children affected by poverty and HIV and AIDS, the main challenges were situated in the context of gender disparities in the rights and opportunities available to poor people.

## **5 Community Animation and its influence on Community Monitoring**

As part of this session, it was emphasized that the Community Score Card is also a process of systematic engagement with rural communities that allows one to facilitate dialogue among poor people, for the purpose of assessing their conditions, and engaging them to assess the performance of government programmes and expenditures that are designed to alleviate poverty. Participants' knowledge and skills of participatory approaches (like community entry approaches focus group discussion facilitation skills) for community animation was also discussed in the session.

The main objectives of this session was to enhance the knowledge and skills of participants to:

- Be able to facilitate discussions with communities for the purpose of constructing a Community Score Card focusing on a particular issue of poverty;
- Assess how the perspectives of the poor themselves can be used to propose policy reforms;
- Develop strategies for feeding-back community perspectives to the decision-makers.
- Adapt these tools for their own use in communities and with relevant target groups.
- Be able to apply the community animation skills

At the end of this session the participants were put into three working groups and tasked with a case study (attached as an appendix) to prepare for two days of community engagements in the West Mamprusi District of Northern Ghana, starting from the service provider to the community and the interface meeting.

After their group work, they role-played a mock session on a community scorecard exercise applying their animation skills after which there was a feedback to them.

## 6 Engaging Communities in Monitoring using the Community Score Card

Beyond the Citizen Report Card Survey, the Community Score Card is another technique for undertaking qualitative assessment of community perspectives on the performance of public policies and programmes. As a tool for community engagement, the CSC was originally developed as a “stand-alone” tool to be used in rural communities by persons with “non-technical” capacity for monitoring and evaluation. As the cause for MPs and their staff evolved, IPA has now adapted this tool to enable MPs, Parliamentary Staff and Civil Society leaders to apply the CSC as a follow-up to the CRC. In presenting this tool, participants were assisted to understand how the trends registered in the analysis of the CRC results could be deepened using the community score card technique as a means of interrogating community perspectives. Following the classroom presentation, staff undertook a field practice of the tool.

### 6.1 Field Practice on CSC in Nayorku and Katar Communities

The field practice on the CSC survey was first conducted with DHMT at Walewale Hospital (*referred to as The service provider*) to gather the supply side information, (the supply side data is attached as appendix 3) after which participants went to Nayorku and Katar to conduct the CSC. In Nayorku the two working groups facilitated three communities to develop common indicators on exemption programmes for pregnant women. They also agreed on a scoring system, thereafter they went into focus groups of men and pregnant women with children less than five years of age and scored the indicators, gave reasons for the scores. After the field practice the participants came back to Walewale, analysed the score and prepared their group reports, which were to be presented at the interface meeting. Similarly the participants who went to Katar carried out the same exercise, except that their exploration of the exemption was focused on women with children less than five years

Table 2 Working groups and their focus group for engagement.

| Name of Participant      | Focal group for engagement/Community                     | Theme for Engagement                        | Support person from IPA |
|--------------------------|--|---|-------------------------|
| <b>Group One(1)</b>      |  |   |                         |
| 1. Monica Sampa          | Pregnant women in Nayorku                                | Exemption for Pregnant women                | Coleman Agyeyomah       |
| 2. Kebby Kadima          | Pregnant women in Nayorku                                |   |                         |
| <b>Group Two (2)</b>     |  |   |                         |
| 3. Boitumelo Hahn        | Men group in Nayorku                                     | Exemption for Pregnant women                | Mohammed Hashim         |
| 4 Lovemore Machingidzera | Men group in Nayorku                                     | Exemption for Pregnant women                |                         |
| <b>Group Three(3)</b>    |  |   |                         |
| 5. Roy Ngulube           | Men group in Katar                                       | Exemption for children less than five years | Lukmanu Aminu           |
| 6. Margaret Chinowaiter  | Women with Children less than five years of age in Katar | Exemption for children less than five years |                         |

#### 6.1.1 Outputs of CSC Field Practice

The output of CSC field exercise undertaken by the participants enabled them to demonstrate their understanding of the tools, which resulted in the following field findings from Nayorku and Katar communities.

#### *Nayorku Scores, voices, and graphical Illustrations of the Scores*

Table 3: Indicators and Scores generated by Men Group in Nayorku

| Indicators                              | Scores        |             |             |              |                | Total/Average       | Status      |
|---|---------------|-------------|-------------|--------------|----------------|---------------------|-------------|
|   | Very Bad<br>1 | Bad<br>2    | Fair<br>3   | Good<br>4    | Very Good<br>5 |                     |             |
| Awareness of entitlements on exemptions | 2<br>2*1 =2   | 1<br>1*2=2  | 3<br>3*3=9  | 5<br>5*4=20  | 3<br>3*5=15    | 48/14<br><b>3.4</b> | <b>Fair</b> |
| Information Dissemination               | 0<br>0*1 =0   | 0<br>0*2 =0 | 1<br>1*3 =3 | 9<br>8*4 =32 | 5<br>5*1 =5    | 40/14<br><b>2.9</b> | <b>Fair</b> |
| Availability of Drugs                   | 2<br>2*1 =    | 1<br>1*2 =2 | 3<br>3*3 =9 | 3<br>3*4 =12 | 5<br>5*5 =25   | 40/14<br><b>3.4</b> | <b>Fair</b> |

**Table 4: Indicators and Scores generated by Men Group in Nayorku**

| Indicators   | Scores        |                |             |                 |                | Total/Average      | Status           |
|--|---------------|----------------|-------------|-----------------|----------------|--------------------|------------------|
|  | Very Bad<br>1 | Bad<br>2       | Fair<br>3   | Good<br>4       | Very Good<br>5 |                    |                  |
| Awareness of the exemptions policy                       | 0<br>0*1 =0   | 0<br>0*2=0     | 0<br>0*3=0  | 0<br>0*4=0      | 25<br>25*5=5   | 125/25<br><b>5</b> | <b>Very Good</b> |
| Availability of Drug                                     | 0<br>0*1 =0   | 25<br>25*2 =50 | 0<br>0*3 =0 | 0<br>0*4 =0     | 0<br>0*5 =0    | 50/25<br><b>2</b>  | <b>Bad</b>       |
| Affordability of Mosquitoes Net                          | 0<br>0*1 =0   | 25<br>25*2 =50 | 0<br>0*3 =0 | 0<br>0*4 =0     | 0<br>0*5 =0    | 50/25<br><b>2</b>  | <b>Bad</b>       |
| Quality of health service - -- provision of food         | 0<br>0*1 =0   | 25<br>25*2 =50 | 0<br>0*3 =0 | 0<br>0*4 =0     | 0<br>0*5 =0    | 50/25<br><b>2</b>  | <b>Bad</b>       |
| Provision of beddings for those admitted at the hospital | 0<br>0*1 =0   | 0<br>0*2 =0    | 0<br>0*3 =0 | 0<br>25*4 =100  | 0<br>0*5 =0    | 100/25<br><b>4</b> | <b>Good</b>      |
| Availability of water at the hospital                    | 0<br>0*1 =0   | 0<br>0*2 =0    | 0<br>0*3 =0 | 25<br>25*4 =100 | 0<br>0*5 =0    | 100/25<br><b>4</b> | <b>Good</b>      |

Fig: 1

*Graphical Illustrations of findings on policy exemption of for Pregnant generated by pregnant Women in Nayorku*

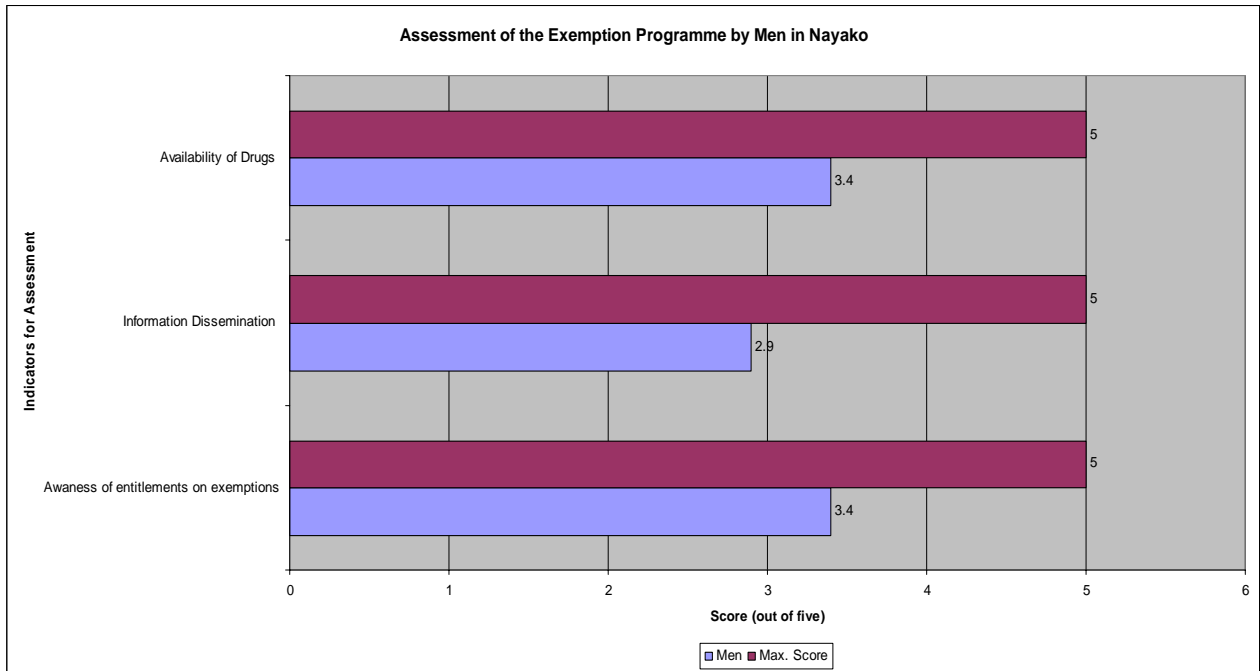
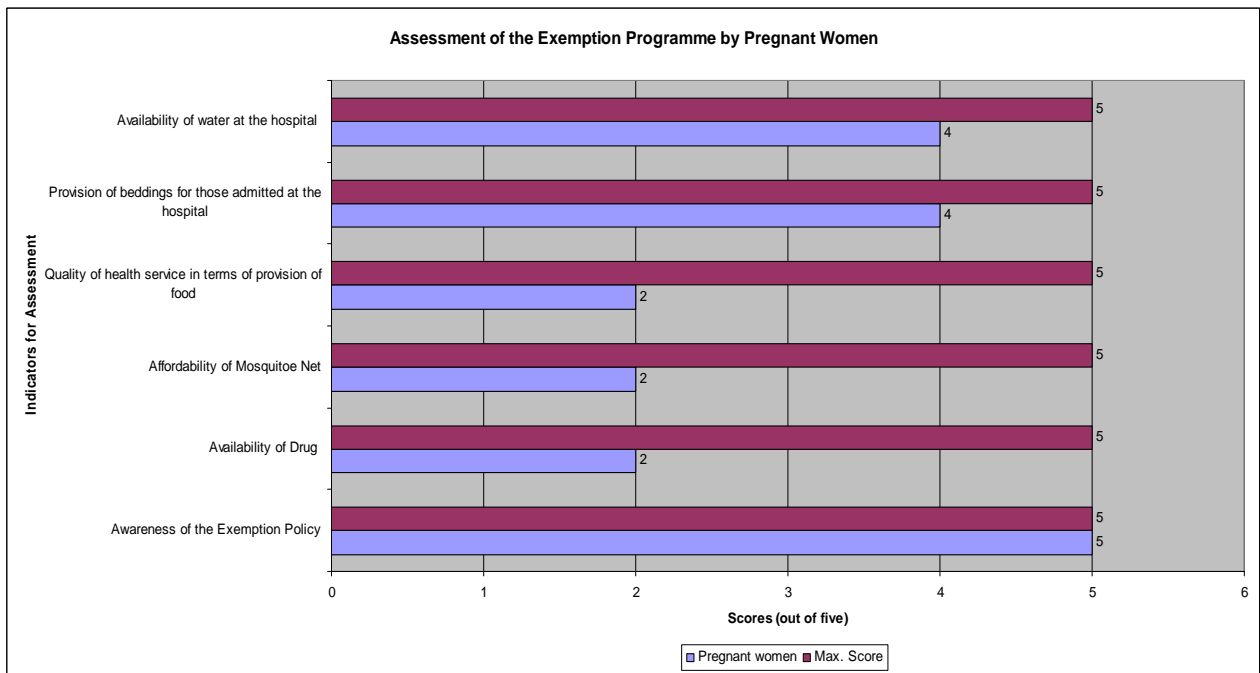


Fig 2:

*Graphical Illustrations of findings on policy exemption of for Pregnant generated by men in Nayorku*



**Reasons assigned to the Scores by the community members of Nayorku**

- We heard about the Health Exemptions Programme on the radio and from some health workers and our assemblymen, but it does not work the way we expected it to work.
- The policy is good but in reality it does not work since we asked to pay for almost every drug. We actually don't know what is happening about it.
- When you are admitted at the hospital the only drugs administered is drips and you are asked to buy the rest.
- Some pregnant women and children received free treatment.
- We heard about the health exemption policy, through some health workers, radio and our Assemblypersons, we know it is a good policy, but the way it is being implemented we are not happy with
- We know that there are more drugs at the hospital, but when we go they only give us only paracetamol and malaria drugs for free, the rest of the drugs we have to buy from pharmacies
- We are aware of the mosquito nets, which is supposed to be sold to us at subsidized price of five thousand cedis (₦5,000.00) but when we go to buy them they sell it to us at thirty thousand cedis (₦30,000.00)

**Katar Scores, voices, and graphical Illustrations of the Scores**

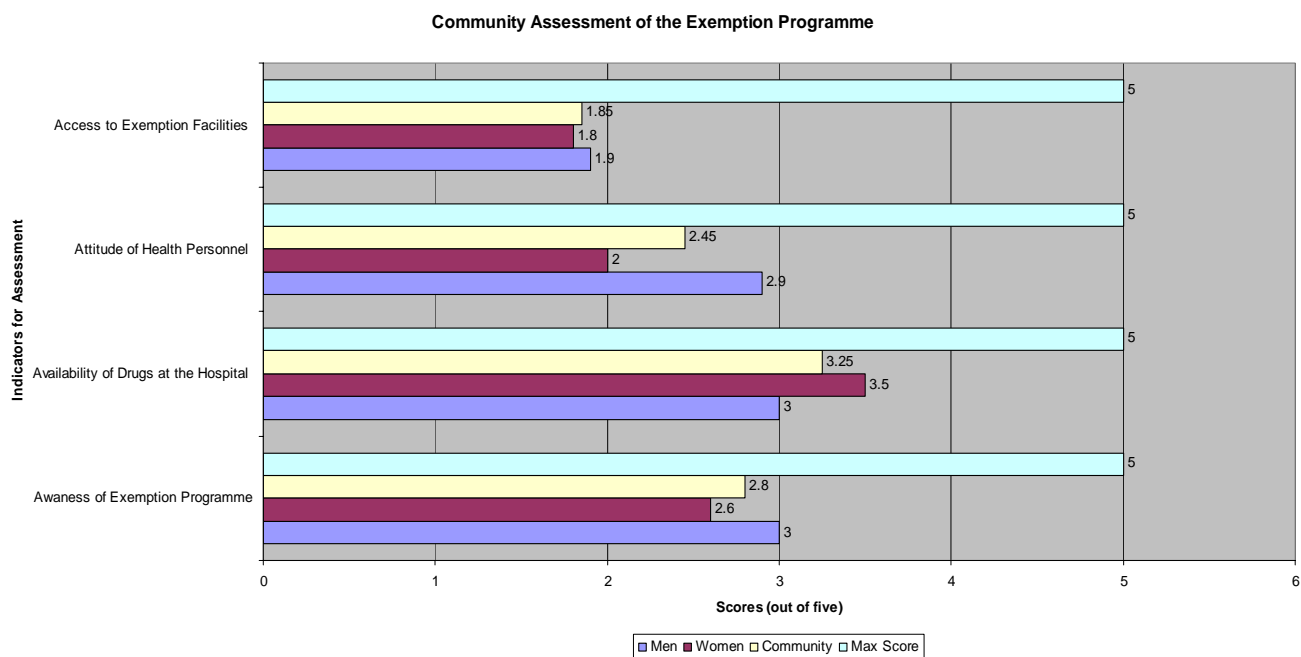
**Indicators and Scores generated by women with children under five year of age**

| Indicators                            | Scores        |             |              |              |                | Total/Average       | Status      |
|---------------------------------------|---------------|-------------|--------------|--------------|----------------|---------------------|-------------|
|                                       | Very Bad<br>1 | Bad<br>2    | Fair<br>3    | Good<br>4    | Very Good<br>5 |                     |             |
| Awareness of Exemptions Programme     | 1<br>1*1 =1   | 6<br>6*2=12 | 0<br>0*3=0   | 2<br>2*4=8   | 1<br>1*5=5     | 26/10<br><b>2.6</b> | <b>Fair</b> |
| Availability of Drugs at the Hospital | 0<br>0*1 =0   | 1<br>1*2 =2 | 4<br>4*3 =12 | 4<br>4*4 =16 | 1<br>1*5 =5    | 35/10<br><b>3.5</b> | <b>Good</b> |
| Attitude of Health Personnel          | 3<br>3*1 =3   | 4<br>4*2 =8 | 3<br>3*3 =9  | 0<br>0*4 =0  | 0<br>0*5 =0    | 20/10<br><b>2</b>   | <b>Bad</b>  |
| Access to Exemption Facilities        | 2             | 8           | 0            | 0            | 0              | 18/10               | <b>Bad</b>  |

### Indicators and Scores generated by men

| Indicators                            | Scores        |              |                |             |                | Total/Average | Status |
|---------------------------------------|---------------|--------------|----------------|-------------|----------------|---------------|--------|
|                                       | Very Bad<br>1 | Bad<br>2     | Fair<br>3      | Good<br>4   | Very Good<br>5 |               |        |
| Awareness of Exemptions Programme     | 0<br>0*1 =0   | 1<br>0*2=2   | 8<br>8*3=24    | 1<br>1*4=4  | 0<br>0*5=0     | 30/10<br>3    | Fair   |
| Availability of Drugs at the Hospital | 0<br>0*1 =0   | 0<br>0*2 =0  | 10<br>10*3 =30 | 0<br>0*4 =0 | 0<br>0*5 =0    | 30/10<br>3    | Fair   |
| Attitude of Health Personnel          | 0<br>0*1 =0   | 1<br>1*2 =2  | 9<br>9*3 =27   | 0<br>0*4 =0 | 0<br>0*5 =0    | 29/10<br>2.9  | Fair   |
| Access to Exemption Facilities        | 1<br>1*1 =1   | 1<br>9*2 =18 | 0<br>0*3 =0    | 0<br>0*4 =0 | 0<br>0*5 =0    | 19/10<br>1.9  | Bad    |

Fig 3: Aggregated Graphical Illustrations of findings on policy exemption of for Children under five years of age by women men in Katar community



### ***Reasons assigned to the Scores by the community members of Katar***

- We have been hearing about that some kind of services are supposed to be delivered to us for free, but we don't know how it is being done, so we are not getting full benefit from it”
- “I took my child who is under five, to the hospital, I was given prescription but the drugs were not given to me at the hospital, so I had to buy the drugs from the drug store”
- “I went to the hospital and delivered my baby, I was not charged anything, it was only at the laboratory I was made to pay 1,000.00”
- “When we take our children to the hospital, we are given basic drugs like paracetamol for free, and then we are asked to buy the rest of the drugs on the prescription from drug stores”
- We are aware of the mosquito nets, which is supposed to be sold to us at subsidized price of five thousand cedis (₦5,000.00) but when we go to buy them they sell it to us at thirty to fifty thousand ceids(₦30,000.00-50,000.00)

## **7 Community Interface**

A crucial part of the application of community-based methods for assessing poverty is the Community Interface, which provides an opportunity for staff to present results of their field survey to the services providers. After the data collection effort in the field, the interface meeting brought together representatives from Nayorku and Kata communities and the District Health Management Team (DHMT) members to the Walewale hospital where the meeting took place. At this meeting the participants (*parliamentary staff and CSO leaders*) presented their report to community members who validated the report. Community members present associated themselves to the findings the report presented. The DHMT staffs were then given the opportunity to react to the report and a discussion ensued.

### **Outputs**

The interface meeting resulted in some reactions discussions points, and suggestion on the way forward some of the issues that emerged from the reactions and discussions were:

*Issues that emerged from the discussion between DHMT members and community members:*

1. High illiteracy rate in the district affects peoples' appreciation of health policies
2. The hospital and other health facilities in the district are seriously under staffed, putting pressure on the few available staff at post
3. The Serum for treatment of snake bites is free entitlement of patients, but other drugs required have to be procured by the patient
4. Most patients come from far distance, have no knowledge of procedures at the hospital, this poses challenges to them when they visit they hospital
5. The exemption programme is not comprehensive, some aspects of the treatments are not covered by the exemption so patients may be asked to pay for these aspects along side what they are entitled to

### ***Way Forward to Improving Service Delivery under the Health Exemption Programme***

After the DHMT's reactions, there was an exhaustive discussion; eventually the DHMT and some community members proposed the following, as the way forward:

1. Patients should be free to enquire and pursue their entitlements to higher authorities at the hospitals when they feel that they are being denied these;
2. The DHMT & the health facilities should improve upon their awareness and sensitization programme in the communities;
3. Service providers should improve supervision of service delivery (staff) to contain unethical behaviours among hospital staff; staff found cheating should be sanctioned.

4. The people must also appreciate and maintain good relations and attitudes towards the health personnel, and vice versa.

## **8 Internship Placement**

The most significant component of the six-week course was the 2-week internship period, where course participants get the opportunity to work directly with civil society organizations who are engaged in the field of community development, monitoring and evaluation. For this batch, the internship field placement was from 28<sup>th</sup> November to 9<sup>th</sup> December 2005. The internship experience was meant to enhance and consolidate the skills of participants. The exercise was carried out in the early part of the course.

As part of the planning for the internship, IPA invited over a dozen of CSO organizations across Ghana to meet with the Parliamentary staff and CSO leaders during the second week of the course at IPA. During their interaction, there was an open house session where they interacted and learnt about what each CSO was doing and their location in the country. This was meant to serve as a basis of information for future decisions of the parliamentary staff and the CSO leaders to begin to look at options for their internships.

Eventually the six participants went to the following organization for a period of two weeks:

### **8.1 *Monica K Sampa***

Monica, staff of the National Assembly of Zambia, undertook her Internship with Simli Aid, a local NGO working with rural communities in Northern Region of Ghana. Their programmes focus mainly on service delivery and advocacy. Some of the service delivery programmes they run are agro-forestry, literacy project skills and enterprise development for young girls. Whereas in the advocacy programmes they run a para-legal, rights and voice initiatives for social Accountability

### **8.2 *Lovemore Machengdera***

Lovemore from the Parliament of Zimbabwe did his Internship with the Rural Media Network (RUMNET) a local NGO who works with rural communities in the Savelugu District in the Northern Region of Ghana. The main thrust of RUMNET is alternative media giving voice to the voiceless. They also work in the area of advocacy using the media window. Some of their specific projects are a publication called the Northern Advocate. They also support the advocacy initiatives by their sister NGOs in publishing their work. Some concrete examples are the Publication HIPC WATCH by the SEND foundation of West Africa and the Community voices by IPA.

### **8.3 *Roy Ngulube and Margaret Chinowaiter***

***Roy, staff of the National Assembly of Zambia and Magaret Chinowaiter from women and AIDs Support network, Zimbabwe*** did their internship with Afram plains Development Organization (APDO)

APDO is also a local NGO in the Afram Plains, who work with rural communities both in the Eastern and Volta Regions of Ghana. Their programme components focus on service delivery and advocacy. Some of the service delivery programmes they run are Water and sanitation, educational and literacy projects.

APDO is also involved with advocacy programme for the poor and the marginalized persons in their community. They are one of the pioneer organizations on the social accountability initiative. To this end they are committed to an annual monitoring of pro- poor policies of government not only for the purpose of accountability, but more important to advocate and fight for the poor.

#### **8.4 *Kebby Kalima***

***Kebby works with Young Women's Christian Association (YWCA), Zambia***, did his internship with Civic Response a local NGO based in Accra but who works with the forest and mineral communities of central and western regions. Civic Response is purely a rights based and advocacy organization, which solidarize with communities to advocate against the wanton exploitation of their resources without and commensurate reward to the communities or restoration of those resources. Civic Response is also involved in major local and global collations and campaigns.

#### **8.5 *Boitumelo Hahn***

Boitumelo (or B2 as she was known) undertook her internship with IPA and the Parliament of Ghana. Based on request made to the Parliamentary Center for support to implement the long-standing Ghana Pilot, IPA was requested to undertake an abbreviated orientation session for Parliament, and then after, to support the Parliamentary Committee on Gender and Children to undertake the implementation of the Pilot Project. Boitumelo was assigned to assist another senior IPA staff to support the Parliamentary Committee in undertaking this pilot. She spent two and half weeks preparing this pilot and supporting part of the field work in Nkwanta District of the Volta Region of Ghana.

#### **8.6 *Internship Reports***

By the close of the internship all participants presented an internship report, which was discussed at a review session with the aim of sharing those experiences, to consolidate on the rewarding ones and mapping out strategies to improving the challenging experiences in the future. The un-edited reports as presented by the participants (is attached as appendix 5)

### **9 Participant Evaluation**

At the end of the course participants were given evaluation forms and asked to rate in both quantitative and qualitative terms the course and the presenters for each module. They were also asked to evaluate the services provided during the programme under the auspices of IPA. The results of these evaluations are summarized below.

#### **9.1 *Positive things I experienced in the training***

- The attachment was great because I was able to have a hands on experience
- The linkage between theory and practice community engagement interface
- Improved skills on monitoring and evaluation
- IPA Staff attitude was outstanding especially the house cleaner and Mr. Coleman
- Adequately allocated time made everything look easier
- All the lecturers were very good. Mr. Coleman is a very lively lecturer who keeps the class awake.
- Learnt a lot of issues that I did not know about
- The course content was very good and educative

#### **9.2 *Negative things I experienced in the training***

- Inadequate time in field work
- All was well other than the internship, I think it did not serve its purpose well
- The field practice was not given enough time
- The use of the computers was inadequate; we need to have access to our individual computers
- The computer lessons were not given enough time as well as the field practice

### **9.3 Suggestion for strengthening the training program for Parliamentary staff and Civil Society**

- Keep up the good work and strengthen on the administrative issues
- Shorten period for concepts and improve internship
- More civil society staff required
- More communication between parliament, CSOs and parliamentary center required
- More participatory tools should be introduced and taught in details
- One critical suggestion is to make sure that the NGOs participants go for internship are indeed prepared to host them
- More time to be allocated to field practice as well as computer lessons. More computer Should be availed to participants during computer lessons
- Participants should be availed notes of the lectures

### **9.4 Were your expectations that met**

| Yes | No  | Abstention |
|-----|-----|------------|
| (5) | (0) | (1)        |

## Appendix 1: Detailed Training Program

### INSTITUTE FOR POLICY ALTERNATIVES

Tamale, Ghana

#### Training Programme for Parliamentary Staff & Civil Society Leaders in Community Monitoring of Poverty Reduction & the MDGs

Course #3 (Ghana)

November 07 to December 17, 2005

Placement: November 28 – December 09, 2005

| Module   | Contents   | Approach   |
|--|--|--|
| <b>Arrival and internal Travel: Most Participants arrive in Accra on Friday<br/>November 4<sup>th</sup> and Saturday November 5<sup>th</sup></b> |  |  |
| <b>Travel to Tamale by Coach: Sunday November 6<sup>th</sup></b>   |  |  |
| <b>Week 1: November 7 – 11</b>   |  |  |
| Mon. Nov. 07   | <b>Orientation to Parliament in Accra</b>  |  |
| Tues. Nov. 8   | <b>Travel Accra – Tamale</b>   |  |
| Wed. Nov. 09   | <b>Orientation</b>   |  |
|  | <ul style="list-style-type: none"> <li>✓ Orientation and settling in to Tamale</li> <li>✓ Health Briefings</li> <li>✓ Tour of town</li> </ul> Course materials supplied  |  |
| Thurs. Nov. 10<br>Morning  | <ul style="list-style-type: none"> <li>✓ Course Orientation -- Rationale, objectives and content of the training:</li> <li>✓ Expected outcomes of the course</li> <li>✓ Needs assessment for other skills – computer, internet, local language.</li> </ul>   |  |
|  | <b>Module 1: Parliament &amp; the Policy Framework for Pro-poor Development: MDGs, PRSPs and NEPAD</b>   |  |
|  | Introduction to the context of the course, in order to make participants aware of the theoretical debates underpinning the relations between Development and Poverty Reduction; How development policies are shaped at the global level (MDGs); at the continental level (NEPAD) and at the national level (PRSPs). The session will examine what roles and responsibilities Parliaments, Parliamentary Staff and Civil Society have in fulfilling the policy objectives of these development policies. This module covers the following: <ul style="list-style-type: none"> <li>✓ Broad development concepts and how these shape the public policy choices that governments have made – MDGs, NEPAD, PRSP – examining their theory and practice</li> <li>✓ Introduction to tools for research, including Poverty and Social Impact Assessment Web-based research</li> </ul> | Lectures & Presentations in the morning;<br>Group Internet training exercises and tutorials in the afternoon |
| Afternoon  | <b>Module 2: Poverty Monitoring and Evaluation – Concepts and Methods</b>  |  |
|  | Parliament's role in the oversight of public policy can be best exercised through the monitoring of policies made and implemented by the Executive. In this module, participants will: <ul style="list-style-type: none"> <li>✓ Learn about the meaning of M&amp;E in development</li> <li>✓ Understand different types of M&amp;E in the policy process</li> <li>✓ Examine the variety of tools used in Poverty and Social Impact Analysis</li> </ul>   |  |
| Friday Nov. 11   | <b>Module 3: Priorities for Community Monitoring of MDGs</b><br><i>3a – Access to Health and HIV and AIDS</i>  |  |

|                            |  |
|----------------------------|--|
|                            | <p><b>Three out of the 8 MDGs focus primarily on Health and HIV/AIDS. These include the improvement in under-five mortality, reductions in maternal mortality and the mitigation of HIV/AIDS, malaria and tuberculosis. The monitoring of these crucial goals has been done at a very technical level, with little or no involvement of Parliaments. At the end of this session, participants will:</b></p> <ul style="list-style-type: none"> <li>✓ Understand the key indicators for monitoring the achievement of Health and HIV and AIDS goals</li> <li>✓ Review the experiences of other Parliaments in this effort</li> <li>✓ Examine the data and case studies from Botswana, Zambia and Zimbabwe</li> <li>✓ Develop a strategy for testing their ability to monitor health and related targets of public policy</li> </ul> |
| Sat. Nov 12 to Sun. Nov 13 | <ul style="list-style-type: none"> <li>✓ Open House – Meeting NGOs in Ghana and negotiating where internships might occur. No Lecture</li> </ul>   |

### Week 2: Nov. 14 – 18

|                         |   |   |
|-------------------------|---|---|
|                         | Module 4: Poverty Monitoring Surveys using the Citizen Report Card (CRC)  |   |
| <b>Mon. Nov 14</b>      | <b>4a: Citizen Report Card Survey (CRC)</b>   |   |
| <b>9:00 – 11:00 am</b>  | <p>A fundamental step in engaging citizens is to understand the process of participatory monitoring and evaluation, and to be able to use the right tools for this engagement. At the end of this module, participants will be:</p> <ul style="list-style-type: none"> <li>✓ Able to engage stakeholders in identifying issues that need to be assessed and the indicators for assessing these</li> <li>✓ Understand how to design a simple questionnaire for collecting data from communities</li> <li>✓ How to conduct a survey</li> <li>✓ How to analyze the results of survey</li> </ul> <p>Additionally, in the afternoons, participants who do not have the skills will be given tutorials on basic computer skills, and how to analyze data using simple software.</p> | <p>In the morning, main lecture</p> <p>In the afternoon hands-on tools – computer and data literacy</p> |
| <b>11:00 – 1:00</b>     | <b>4b: Questionnaire for Community Surveys</b>  |   |
|                         | <ul style="list-style-type: none"> <li>✓ Understanding the design of questionnaire and how they are coded; Preparation for Field Practice</li> <li>✓ Participants will learn how to design questionnaire and prepare for the field practice of the tools</li> </ul>   |   |
| <b>Tues. Nov 15</b>     | <ul style="list-style-type: none"> <li>✓ Field Practice of the CRC Surveys in the Tamale Metropolitan Area and selected rural sites close by</li> </ul>   |   |
| <b>Wed. Nov 16</b>      | Data entry using simple computer software and hands-on practice   |   |
| <b>Thursday Nov. 17</b> | Analysis of data and preparation of CRC quantitative report   |   |
| <b>Friday Nov. 18</b>   | Finalize CRC Reports and learn hands-on how to produce presentation graphs  |   |

### Week 3: November 21 – 25

|  |   |  |
|--|---|--|
|  | <b>Module 4: Participatory tools for Community Monitoring of Poverty Using the Participatory Public Expenditure Tracking (PET) and the Community Score Card (CSC)</b> |  |
|--|---|--|

|   |  |  |
|---|--|--|
| <b>Monday Nov. 21</b>                       | <b>4a: Participatory Public Expenditure Tracking (PET)</b>   |  |
|   | <p>One of the main functions of Parliaments across Africa is the approval of budgets, through appropriations processes. While the normal, statutory process of accountability for these budgets are through the Auditor-General’s reports, the tracking of public expenditures has become important functions of Parliaments. The Community Monitoring tools that allow Parliaments to engage in budget oversight include Public Expenditure Tracking (PET). At the end of this session participants will:</p> <ul style="list-style-type: none"> <li>✓ Understand PET as a concept of accountability</li> <li>✓ Be able to design a PET as a process of triangulating budgets with expenditures</li> <li>✓ Be able to analyze information drawn from PET</li> </ul> |  |
| <b>Tues Nov. 22 (9:00 am to 12:00 noon)</b> | <b>4b: Understanding the Community Score Card as a Tool for community assessment of poverty</b>  |  |
|   | <p>Often, poverty assessment surveys only stop at the level of quantitative data. The Community Score Card provides a tool for more qualitative in-depth engagements with communities, to assess in detail, factors affecting their livelihoods in relation to the policies, programs and services that Parliament and Civil Society are interested in. This module introduces participants to:</p> <ul style="list-style-type: none"> <li>✓ The Community Score Card method (also known as community rating)</li> <li>✓ How to develop a CSC</li> <li>✓ What issues to “dig deeper” derived from the analysis of the Citizen Report Card survey</li> </ul>  |  |
| <b>2:00 – 3:30 PM</b>                       | <b>4c: Community Animation Skills</b>  |  |
|   | <p>In order to effectively engage with communities on questions of poverty reduction some basic community animations skills are necessary. During this week, participants will become conversant in:</p> <ul style="list-style-type: none"> <li>✓ Basic Community Animations skills</li> <li>✓ The fundamentals of Participatory Action Research</li> <li>✓ Team approach to field-based research</li> <li>✓ Working with interpreters</li> </ul> <p>Tutorials will be undertaken during the afternoons to familiarize participants with the skills and tools of community engagement in order to prepare for the field exercise in the use of community score card.</p>   |  |
| <b>Afternoon</b>                            | <b>4d: Gender Issues in Community Monitoring of Poverty</b>  |  |



**Week 4 – 5: November 28 – December 9<sup>th</sup>, 2005**

Placement with CSOs working on Issues of Poverty Monitoring in Ghana

Parliamentary staff are sent to spend 2 weeks with practitioner NGOs who will be conducting a nation-wide monitoring of poverty.

At the end of this internship, you will:

- ✓ Be able to plan a major poverty monitoring exercise for your Committee in Parliament or Civil Society
- ✓ Engage communities in this process
- ✓ Prepare reports for your committee and NGO

**Week 6: December 12 -- 17, 2005**

**Module 5: Review of Experiences; Development of Pilot Initiatives**

The final week of the Tamale-based course will center on the development of the pilot initiatives by using experience both from the course and the field placement.

This segment of the course includes:

- ✓ Understanding of how to develop a research agenda and community monitoring exercise for your committee and NGO
- ✓ How to prepare a project proposal to look for funding for the proposal
- ✓ Identification of priorities for Pilot Projects
- ✓ Preparation of the methodology and work plan for the pilot initiative
- ✓ Estimating the budget for the pilot initiative
- ✓ A test comprising individual reports and group presentations of the final reports
- ✓ Course evaluation
- ✓ Graduation

**December 16 --Travel to Accra**

**December 17 – Departure from Accra to home countries**

## **10 Appendix 2: Instruments used for Assessing Community Monitoring Efforts in the Field**

### ***10.1 Case #1 -- Enhancing Access to Health for the Poorest of the Poor***

A major source of public anxiety about Ghana's past Structural Adjustment regime was the introduction of cost-recovery measures in health, popularly known in Ghana as "cash and carry". As part of the Ghana Poverty Reduction Strategy, two policy instruments have been introduced to accelerate and enhance access to health services for the poorest of the poor: (a) a system of Exemption has been introduced, that allows categories of the poor -- pregnant women, the aged, and the "destitute" to receive free medical services; and (b) a National Health Insurance Policy to provide funds for paying health bills on a sustained basis.

The exemption-fee is presented as a "pro-poor programme introduced to increase access of the poor and vulnerable to modern health care". The target set in the Poverty Reduction Strategy was to increase amount of budget earmarked to fund the exemption fee by 10%. In furtherance of this policy, the second Annual Monitoring Report reported that "recurrent budget spent on health exemption for the poor increased from 12.8 billion cedis in 2002 to 24 billion" in 2003, representing an increase of over 50%. Further, an additional amount of 17.2 billion cedis was disbursed to cover health exemptions in the deprived Northern regions and the Central region, demonstrating government's commitment to target resources to the poorest sections of the country.

This policy on health exemption is an "input-driven" policy. The APR suggests that in deed, the required financial inputs have been provided to the health service institutions who are then required to "grant exemptions" to those qualified under the law – pregnant women, children under five, old people and people with disabilities. The Savelugu-Nanton District of the Northern Region is one of these deprived districts that the policy is targeting.

Have these targeted populations received the services for which government now claims huge expenditures? As staff of Parliament and civil society leaders from Zambia, Zimbabwe and Botswana, your Parliament and the Civil Society groups you represent to assess the performance of the health exemption policies under the Poverty Reduction Strategy and Program, and make recommendations on their operation or reform in the coming year have requested you.

Using the approach of the Citizen Report Card (CRC), you are tasked with:

- Assisting/facilitating the development of indicators for assessing the policy of health exemption
- Use the indicators generated to develop a rapid community survey
- Analyze the trends depicted by the survey results
- Produce a simple report of the findings – outlining the trends and analyzing the observations

### ***10.2 Case study # 2: Assessing the Performance of Health Exemption Policy for the Poorest of the Poor***

A major source of public anxiety about Ghana's past Structural Adjustment regime was the introduction of cost-recovery measures in health, popularly known in Ghana as "cash and carry". As part of the Ghana Poverty Reduction Strategy, two policy instruments have been introduced to accelerate and enhance access to health services for the poorest of the poor: (a) a system of Exemption has been introduced, that allows categories of the poor -- pregnant women, children under 5 years old, the aged, and the "destitute" to receive free medical services; and (b) a National Health Insurance Policy will to provide funds for paying health bills on a sustained basis.

This policy on health exemption is an "input-driven" ie. Budget-driven policy. In 2004, the Government of Ghana allocated nearly 1 billion cedis (about \$120,000) to cover the health exemption costs of the poorest citizens who qualify in the West Mamprusi District. The funds were then allocated to various health clinics in the district to be accessed by the poor when they attend the clinics for their health needs.

Parliamentary staff and civil society leaders want to track the expenditures under the Health Exemption fund, and proceed to find out from the community of Nayorku and Kata, how satisfied they are with the performance of this programme.

The whole group will visit the District Health Administration to track the supply side information; then proceed to the community in three groups to assess the performance of the programme using the community scorecard approach.

At the end of the field visit, the group will produce a short report, which will be presented to a stakeholder at an interface meeting on the next day, indicating the findings of the Parliamentary staff and CSO leaders Monitoring Team.

### 10.3 CRC survey Questionnaires Developed for assessing health exemption for Children under 5

The Group Members: Monica Sampa, Kebby Kalima, Margaret chinowaita

#### INTRODUCTION

- Name of interviewer
- Objectives of the research

#### AWARENESS

1. Are you aware of the health exemption policy for children under five years? Yes/No
2. If yes, how did you get to know about it? (a) Radio (b) adverts (c) community health nurses
3. Are you aware of the free registration of birth before your child attains one year? Yes/No
4. If yes how? (a) Radio (b) adverts (c) community health nurses
5. Are you aware of the subsidized mosquito net programme run by the hospital? Yes/No
6. If yes how? (a) Radio (b) adverts (c) community health nurses

#### ACCESSIBILITY

1. Are you able to afford to buy the mosquito nets at 5,000 cedis? Yes/No
2. Are you able to obtain the required drugs from the hospital? Yes/No
3. Are you able to pay the admission fees? Yes/No

#### QUALITY

1. How is the reception of the nurses when you bring your children to the hospital? Poor/Satisfactory/Good/Very Good. State the reasons for your answer?

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2. Do you get the required drugs when your child is admitted to the hospital? Yes/No
3. Are the wards clean? Yes/No
4. Are beddings provided? Yes/No
5. Are meals provided to the patients? Yes/No
6. Does the health staff attend to you timely? Yes/No

#### DEMOGRAPHIC INFORMATION:

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Age/D.O.B: \_\_\_\_\_

Marital Status:       Married               Single               Divorced               Widowed

Religious Denomination: \_\_\_\_\_

Educational Status:       Never been to school               PSLE               Junior certificate  
                                  Senior Certificate               Tertiary

Employment Status:  Unemployed  Employed  Volunteer

Place of residence: \_\_\_\_\_

#### 10.4 CRC survey Questionnaires on health exemption for pregnant women

(Group Members: Boitumelo Hahn, Roy Ngulube and Lovemore Machengedzera)

##### INTRODUCTION

- Name of interviewer
- Objectives of the research

##### QUESTIONS:

1. Are you aware of the Health Exemption Policy?  Yes  No
2. If yes, how did you get to know about it?  Radio adverts  Community health nurses  
Others
3. Cite the entitlements you are aware of, that you get during pregnancy.
4. Cite the entitlements you are aware of, that you get after delivery.
5. Have you ever paid for any services during your pregnancy, delivery or after delivery?  
 Yes  No
6. If yes, what did you pay for?
7. During your ante-natal visits, have you been educated about:
  - a) The Health Exemption Policy?  Yes  No
  - b) HIV and AIDS?  Yes  No
  - c) Family Planning?  Yes  No
8. Have you ever experienced any difficulties in accessing your entitlements?  Yes  No
9. If yes, relate your experience \_\_\_\_\_
10. What is your opinion on the following?
  - a) The availability of drugs
    - Are they readily available?
  - b) The attitude of the service providers
    - Are they friendly
    - Do they respect peoples' cultural and religious beliefs?
  - c) The operational times
    - Do the nurses/doctors start work immediately after opening hours?
    - Are the nurses/doctors easily accessible during all working hours?
11. Are you associated to any support groups in your community, in relation to the ante-natal services?  
 Yes  No
12. Have you ever delivered at home?  Yes  No
13. If yes, what are your reasons?  
 Cultural beliefs  religious beliefs  Lack of accessibility  
 Lack of knowledge that one is near delivery  Others \_\_\_\_\_
14. What is your opinion of the Health Exemption Policy? \_\_\_\_\_
15. Are there any recommendations you would like to make? \_\_\_\_\_

## **10.5 Supply-side Data (Obtained from the DHMT)**

### **General Exemption Categories of the exemptions**

- Children less than five years of age
- The Aged (70 years and above)
- Pregnant Women
- Ante-Natal Care (ANC)
- Deliveries
- Paupers
- Snake & Dog bites
- Communicable diseases (TB, etc)
- Emergency cases

### **Budgetary Allocations to support the exemption programme for (2003)**

- The District Health Management Team (DHMT) initially received over 400,000,000.00 from the HIPC funds through the District Assembly for the Exemptions Programme.
- The DHMT still has about 300,000,000.00 in its accounts for exemption programme under the HIPC fund support
- The DHMT receives some budgetary allocation from the Ghana health services and submits its claims to the Regional Health Directorate for refund, to cover the health needs of children less than five less than five however this has not worked well due to budgetary constraints resulting in the inconsistencies of the refund. To this end the DHMT has limited the services to only out patients care.

### **Coverage of exemptions under HIPC funds (2003)**

The HIPC funds only covers pregnant women it precludes all the above categories stated above.

#### *Pregnant Women*

- Deliveries
- Ante-Natal Care (ANC)
- Entitlements Under this Exemption Program
- Covers up to OPD/Out-patient level
- ANC routine drugs
- Basic laboratory services
- Free delivery services (normal & Cesarean)
- Subsidized mosquito net with (UNICEF's support)

#### *3. Some Outcomes of the Exemption Programme*

- Attendance at the Health Facilities has increased significantly
- Maternal maternity has improved significantly
- No maternal death recorded in 2004 in Walewale hosp.
- Until last week (second week of Nov., 2005) no maternal death was recorded at the Walewale hospital
- Infant mortality has also improved in the district

## 11 Appendix 3: Internship placement Reports

### *Final internship report with Simli-Aid, Tamale by - Monica K Sampa*

#### Introduction

Simli - Aid is a social justice organisation seeking to empower the most marginalized people in Ghana. It was established in 2003. The core vision is to facilitate the empowerment of citizen groups for the eradication of poverty, promote social justice and guarantee equitable access to and allocation of resources for the marginalised and vulnerable citizens of the Northern Region of Ghana.

#### Activist carried out and Experiences

I was privileged to visit two communities to observe how the Para Legal and Literacy Reflect work.

As pointed out earlier, communities are sensitised about their rights and any violation of human rights and victimisation is reported to the Para Legal officer who in turn reports to Simli Aid. Simli Aid takes up such cases and where the matter has gone to the courts of law, Simli Aid provides a lawyer for the plaintiff.

#### **First hand experiences with Para- legal cases**

##### Case # 1

A sixteen (16) years old girl who is the daughter of the chief of Kantanbugu was raped. The case was reported to Simli Aid who has provided a lawyer for the girl. We went to Yendi Magistrate's court on 30<sup>th</sup> November 2003, but the case was postponed to 9<sup>th</sup> December 2005. This was the third time the case was being adjourned. The first time, the defendant failed to turn up and the second time the plaintiff arrived late.

##### Case # 2

In Gbanga community, her brothers of bewitching her brother's son who is still ill accused the mother of the Para Legal officer, Mrs Bibata Bawa who is in her late sixties. The community decided to consult the oracles to prove her innocence. The Para legal officer refused and said that he was going to report the matter to the police, but while he was away for a meeting, the community dragged the woman to the shrine. Fortunately, after the rituals, the Gods proved her innocent. Five years ago, the same woman was accused of bewitching her brother's daughter, but when the girl was taken to the hospital, it was found that she had aborted and the abortion was incomplete. DNC was performed on her to remove the remains of the baby and she survived.

Simli Aid is worried that although the brothers have apologised for the second time to the woman, she might fall victim to them again. They suggested that the Para Legal Committee should hold a meeting with the community to warn them to desist from such accusations and to inform them of the consequences involved in such matters. Unfortunately, the Para Extension officer was in the forefront of accusing the woman and Simli Aid has requested that a detailed report be written about the matter and put on file for the Para Legal Committee to take action.

#### **LITERACY: REFLECT**

We visited Yenni Yoggu community where the literacy programme is carried out. This community is fourteen (14) kilometres from the nearest school and health centre. Therefore, nobody in the community goes or has

gone to school. They fetch water from a dam, six (6) miles away. A bore hole was sunk by well wishers, but was not operational. It requires attention.

When class was called, nine (9) men, sixteen (16) women and twenty (20) children came to class under a tree. The class sang three songs and performed a play. Those recorded were aired on Radio Savannah the same evening of 6<sup>th</sup> December 2005. The play was about bush burning. After the play, the class was engaged in a question to answer session on the disadvantages of burning the bush.

### OBSERVATIONS AND RECOMMENDATIONS

The Para Legal programme is a noble one and should be strengthened. If it is strengthened, the voiceless people will have a voice and will not easily fall prey to victimisation.

The literacy programme is an excellent one, but I would like to recommend that Simli-Aid in collaboration with other concerned stakeholders should spearhead a school project in Yenni -Yoggu. There are a lot of children there and their future is bleak. The future president of Ghana might be in that community.

### CONCLUSION

My gratitude goes to the Management of the Institute for Policy Alternatives (IPA) and Simli Aid for the exposure.

***Final internship report with Afram Plains Development organization by Margaret Chinowaita and Roy Ngulube*** –(28 November to 9 December 2005)

### Introduction

Afram Plains is one of the areas in Ghana, which was classified by UNDP and the National Development Planning Commission as the poorest and most deprived in terms of development. This therefore makes the work of APDO most necessary. Our attachment there was useful because I learnt quite a number of poverty monitoring strategies that I can use back home in Zimbabwe.

Our two weeks attachment at APDO was fruitful, full of fieldwork that met my objectives of being attached at that place. One of the major objectives of my attachment at APDO was to learn practical skills of poverty monitoring. This was achieved because we visited two communities where APDO is implementing its water projects and I had a feel of monitoring at a community level. In the communities the field workers from APDO monitored the assessed safe water services using a spider web, which was quite revealing in its outcomes. I will definitely use this kind of monitoring in a poverty stricken area in Zimbabwe to ascertain the effectiveness of service delivery by the authorities.

We also assessed the performance of the Parent Teachers Association using the Community Score Card at Abotanso School in Afram Plains. I was animated to see this exercise in motion after learning about it at IPA. This brought out the community members feelings towards the PTA in a nonchalant manner. The only obstacle on this exercise was that the teachers that were mainly under scrutiny were present during the community scoring bringing some amount of doubtful scoring to please the teachers.

In Afram Plains we were introduced to the District Chief Executive and we also paid courtesy calls to various heads of divisions of different service provision in the district. This was enlightening

because we were able to hear from the horse's mouth the poverty levels in Afram Plains and how APDO is helping in the endeavour to curtail poverty.

Friday the 2<sup>nd</sup> of December was Farmers Day in Ghana so we joined in the district celebration of the day at Maame-Krobo. Although this was out of our agenda it enabled us the opportunity to get a first hand feel of how the community celebrates national commemorations.

The second week of our visit was graced with the presence of the country representative of Water Aid Ghana, one of APDO's donors that are in the fight for clean water. During this week we visited safe water service sites of APDO in various communities.

We had a community forum where some community members were talking of their concerns and how APDO can chip in. This was interesting because the community was impressed with the way that APDO was providing them know-how to construct pit latrines.

We were also introduced to a concept of Mapping. This is a useful concept which enables the community to know the resources that it has in its environ.

### Conclusion

The attachment was insightful as we learnt a number of useful poverty monitoring strategies that can be put to practice in resource poor nations like our countries Zambia and Zimbabwe. We will plough back what I learnt into my organization and country.

### ***Final internship report with RUMNET by Lovemore Machengedzra***

#### Introduction

Having been undergoing a training programme for Parliamentary Staff and Civil Society Leaders in Community Monitoring of Poverty Reduction and the MDGs in my above mentioned capacity from the Parliament of Zimbabwe, House of Assembly, which started on the 9<sup>th</sup> of November 2005, as part and parcel of the training programme, I was placed on an internship with a local NGO practitioner in Ghana called RUMNET on the 28<sup>th</sup> of November 2005 and it was a two week-long placement to get a real feel of the whole process involved in poverty monitoring!

Though I couldn't get an opportunity to undergo an intensive and community outreach programme and visitation, I must say the placement, besides being an eye-opener, all but indeed served its purpose as I was able to undergo through the major planning involved in poverty monitoring.

RUMNET is an NGO which is basically media centered made up of media practitioners committed to the promotion of social justice through alternative media and advocacy communicating for the development and amplifying the voice of the voiceless.

On my first week there, I was shown around their audio and video studios and also get to know how they produce their monthly newsletter called The Advocate and some of the literature they do including The Community Voices they did for IPA-Institute for Policy Alternatives.

Unfortunately, we couldn't do much on the first week mainly because we were waiting for the questionnaire, which was to be used for the administering of the whole programme.

Fortunately though, on my first week there we attended a workshop at Gariba Lodge on THE PRESENTATION OF THE WHITE PAPER, which was between the Government, and all media practitioners based in and around Tamale.

On the second week, unfortunately again, the questionnaire did not come and we settled for planning the whole process.

I was taken through all the steps involved in planning for a poverty monitoring exercise using Community Score Card (CSC). The chosen District were Nanton, Tampion, Savelugu and Daire.

We underwent through the whole process as outlined below:-

- (i) -Identification of Community (ies)
- (ii) -Identification of Sampling Unit(s)
- (iii) -Animation of Communities
- (iv) -Identification and Training of Enumerators
- (v) -Administration of the Questionnaire
- (vi) -Monitoring of the whole exercise
- (vii) -Preparation and dissemination of The Report

### Conclusion

The internship was really helpful and of more great importance as it gave me a real feel of the whole process as and when it will be happening.

Even though I couldn't get an opportunity of having to go to the communities, the whole ideas and principals were all well covered and I guess that, the community visitation and report preparation were well covered when we did a community-based programme at IPA.

I'd like to conclude by saying that, not only the internship but the whole programme has not only been very useful and an eye opener into the poverty monitoring and understanding of the MDGs but, it has also all but enlightened me much more and made me appreciate the need and necessity of having to monitor poverty not only just for the sake of so doing but for the good of the governed (people) and the governors (Government) for it is only through such processes that the governors came to know and appreciate what the governed really do need and expect from them!

### ***Final internship report with civic Response by Kebby Kalima***

#### INTRODUCTION

My two weeks internship was with an organization called Civic Response based in Accra in the greater Accra region. During the period I was with the Civic response, I had an opportunity of attending a workshop, which brought together government and non-governmental organizations working in the field of Natural resource management. I also travelled to Wasa Akropong in the Lower Denkirya district to have a practical experience of what Civic response was doing on the ground. Below are details of what I experienced during my attachment to Civic Response.

Civic Response is an organization that is more into advocacy. The organization promotes awareness and increase understanding of target group on issues of forestry and water while at the same time influencing policy changes aimed at improving the living standard of the communities. In implementing activities, Civic Response also work with various Community Based Organisations (CBOs) in the western region whom they support in terms funding and technical assistance

#### Week One

As stated in my introduction, the first week of my attachment to Civic Response started with a workshop on Natural Resource Management, which I had a privilege to attend. The workshop was about sharing experiences of Community Based Natural Resource Management and reflecting on results and emerging lessons. They were also discussions on frameworks and steps in use in communities and best tools for facilitating CBNRM. Participants also identified gaps, challenges and emerging issues in CBNRM and came up with suggestions on how to address the identified gaps and challenges. This workshop gave me an opportunity to know how the civil society in Ghana is implementing various programmes that are aimed at reducing poverty and to me it was a good start

point to my internship. The workshop was for a period of three days and was facilitated by CARE International

### Week two

The second week of my internship was field work. We went to Wasa Acranpong in the Twifo Hemang Lower Denkyira district to conduct a needs assessment. Civic response in collaboration with the CBOs in the district is trying to implement a project known as Forest Voices and therefore, it was imperative that before the project is implemented, baseline data should be collected hence the reason for the needs assessment. Our community entry started with the identification of stakeholder both formal and informal followed by meeting with the Community. We used various participatory approaches to get information from the community among them focus group discussion using semi-structured interviews, Community Institutional Mapping (CIM) and Household interviews. A lot of burning forest and wildlife issues came out which included crop damage by elephants and illegal chainsaw activities. There is heavy exploitation of timber in the area by 'big traders' without really ploughing back to the community. Civic response is advocating that at least 5% of profits should be ploughed back to the community as part of community contribution. But what is on the ground is the opposite as the community are not benefiting at all and therefore it is hoped that once forest voices starts its operations, communities will be sensitized in forest issues and maybe this will force the timber traders to plough back to the communities. For me field work was my best experience as it gave me a practical experience of how poverty is affecting the communities in Ghana and therefore, I now feel I have met the objectives of my internship.

### Conclusion

In conclusion I want to state that my internship was very fruitful as it give me the practical feel of this training and therefore I want to commend IPA for coming up with this idea.

## 12 Appendix 4: List of Participants

| Name  | Country  | Organization                      | Gender | Arrival Date     | Departure Date    |
|---|----------|-----------------------------------|--------|------------------|-------------------|
| 1. Boitumelo Hahn   | Botswana | Emang-Basadi Women's organization | Female | November 07      | December 19, 2005 |
| 2. Roy Ngulube  | Zambia   | National Assembly                 | Male   | November 04      | December 17, 2005 |
| 3. Monica K Sampa   | Zambia   | National Assembly                 | Female | November 04      | December 17, 2005 |
| 4. Kebby Kalima   | Zambia   | Young women Christian Association | Male   | November 04      | December 17, 2005 |
| 5. Lovemore Machengedzera   | Zimbabwe | Parliament of Zimbabwe            | Male   | November 04      | December 17, 2005 |
| 6. Magaret Chinowaita   | Zimbabwe | Women and AIDs Support Network    | Female | November 04      | December 17, 2005 |
| <b>The following were nominated, confirmed, but were unable to attend</b> |          |                                   |        |                  |                   |
| 7. Kanane Sethlodi  | Botswana | National Assembly                 | Female | Unable to attend |                   |
| 8. Nkomena Mmaseporo  | Botswana | National Assembly                 | Male   | Unable to attend |                   |
| 9. Princ Daniel   | Zimbabwe | National Assembly                 | Male   | Unable to attend |                   |