

CASE STUDY 82

Ghana Coalition of NGOs in Health - *Diagnosing competencies of Ghana's key to accountability and health promotion*

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Country & Sector: Ghana, Primary health Care

Context

For any country to be effective in reaching its health goals, it needs an active civil society that is organised and capable of complementing government's efforts at addressing local priorities and also influencing policy design. In Ghana, SNV identified the Coalition of NGOs in Health as an important mechanism to achieve this objective.

However, whereas the Civil Society Organisations in health are acknowledged for their roles in preventive and promotional health, until 2000 they lacked a framework to engage with government, particularly on policies. The Ghana Coalition of NGOs in health was formed to perform the roles of organising itself and member organisations to influence health policies of foremost priority. Notwithstanding its achievements of rolling in membership, development of its strategic program of work, and engagement in series of capacity building activities for members, the Coalition has been confronted with some challenges. One of such is the absence of existence of a complete database on members including their competencies, capabilities and expectations. This information gap limits the Coalition's ability to assign roles to members appropriately to perform its mandate.

In 2009, SNV started strengthening capacities of the Coalition. Based on the background that the Coalition lacked a database on its members, after a pilot phase in 2009, we undertook an inventory (covering 9 of 10 regions) and scanning of members organisations to produce this national database. This intervention was also complemented with trainings and other accompaniment on advocacy for the Coalition's committee on advocacy.

Clients and partners

The Coalition of NGOs in Health is an umbrella Civil Society Organisation with membership of NGOs operating in the health sector across the nation. The Coalition was formed in 2000 and duly registered in 2006. It was established in response to the Accra Declaration of October 1999 that indicated the need for NGOs to organise themselves under an umbrella body with the mandate of collaborating and influencing policy through advocacy and the watch-dog role. The Coalition has a functional Board that draws authority from the General Assembly. In addition, it has a management team that coordinates from the national secretariat. Currently, the Coalition's membership stands at 405 local non-governmental organisations, who are primarily involved in sector program implementation.

The Coalition's 5-year program of work is financed by the Embassy of the Kingdom of the Netherlands.

Intervention logic and methods

In order for the Coalition to be more effective, it needs to be able to identify, manage and delegate to members with required capabilities, for specific tasks. These activities are however limited, in the absence of comprehensive information on the Coalition's members. For this reason, SNV and the Coalition developed the inventory and scanning project. The inventory targeted three main outputs:

1. Profiles of organisations; with information on the scale and scope of programs, interventions and other organisational characteristics.
2. Organisational capacity diagnosis on selected competencies.
3. Overview of members' expectations of and satisfaction with performance of the Coalition on expectations.

Specifically, we undertook the following:

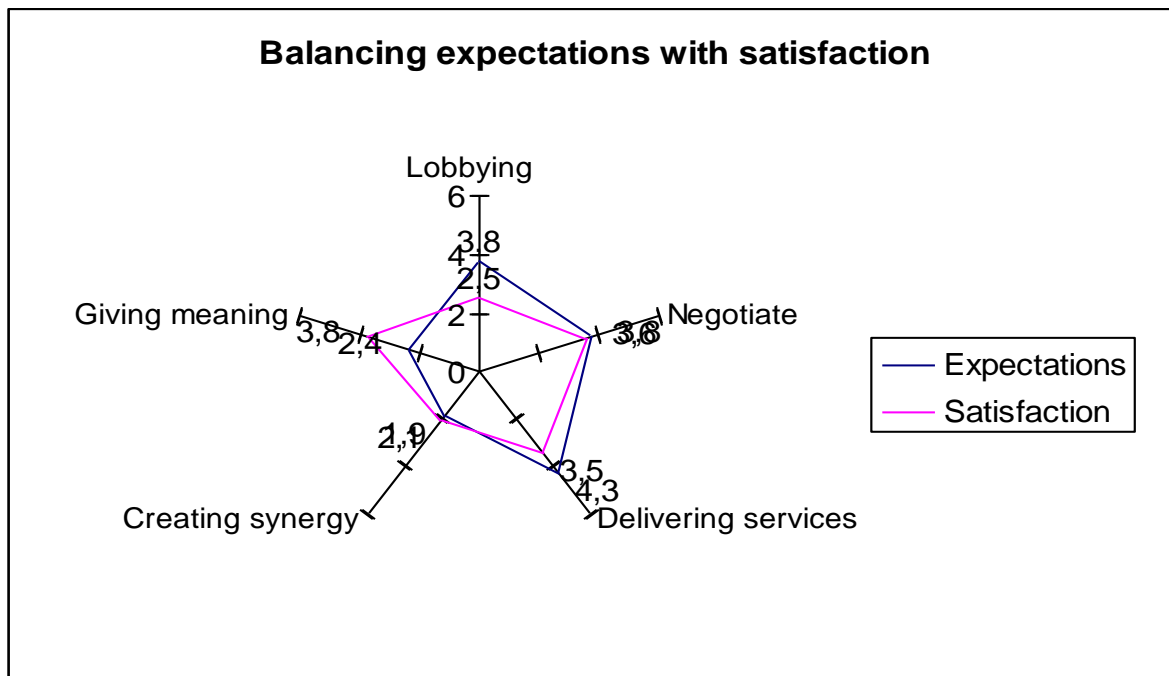
- Preparation of an **Organisational Capacity Diagnostic tool**: this tool measures organisations' capacities along six competencies: (1) strategy, planning & finances, (2) technical capacity, (3) networking and collaboration, (4) advocacy, (5) leadership and governance, and (6) result focus. These areas have been selected given their inter-relatedness in building strong and sustained organisations. Additionally, the capacity diagnostic tool is an adapted version of the grantee assessment tool for funding by the Ghana Research & Advocacy Program (G-Rap), of which SNV was a partner.
- Preparation of the **Satisfaction Measurement tool** for Coalitions or Network organisations. This tool measures members' expectations and satisfaction with performance of any coalition on the roles of lobbying, negotiating, delivering services, creating synergy and giving meaning.
- **Collection of data** (desk reviews, interviews, group discussions and questionnaires). There was application of multi-method approaches. SNV led the inventories in Volta (used as pilot) and Greater Accra regions. For the remaining regions, SNV provided financial, technical and coordinating supports to eight LCBs (select member organisations) to undertake inventory for their respective regions. Largely, interactions for data gathering were done at the group and individual organisational levels. In total, three hundred and eighty five (385) organisations were covered
- **Analysis, reporting and feedback**. Two forms of analysis were done and this included quantitative, content and descriptive analysis. Both reporting and feedback was done per region. A national report was compiled, as well as a feedback validation with management and Board.

Outcome

The intervention provides the Coalition with insight in (i) the expectations of its members towards the Coalition, and members' own capacities (ii) to plan, (iii) to realise and (iv) to advocate results. This insight enables the Coalition to improve its services to meet the needs of its members and to position itself based on a robust analysis.

For example, the inventory made the Coalition aware that members' **expectations on roles do not match actual satisfaction**. In the first

place, whilst 'delivery services' is perceived as most relevant role, satisfaction varies widely across regions, with only two regions scoring satisfaction as *excellent*. Secondly, satisfaction with the role of 'giving meaning' is far beyond expectations put on it. Thirdly, expectations and satisfaction on the role of 'lobbying' is the most un-balanced. This information permits to rebalance performance against expectations as represented in the figure below.



Furthermore, the Coalition is now informed that 74% of its member NGOs is focused on HIV/AIDS, Tuberculosis & Malaria. Our analysis is that, with member organisations largely skewed towards vertical projects, the Coalition risks losing perspective on other (more generic) health systems strengthening (e.g. HRH, Performance Based Financing, and primary health care planning/CHPS).

The inventory also shows that members are predominantly active on knowledge brokering activities (education, sensitisation, behavioral change communication). Although this might not be of interest to some partners, this is of interest to partners such as UNICEF, looking for local partners to work on behavioral change. This linkage could now be made, based on evidence.

The organisational capacity diagnosis shows that about 69% of organisations scored 'well-fairly developed' on the **competency** 'planning'. However, reality shows that planning within most organisations is done often times around funded projects, with strategic and operational planning less practiced. This threatens sustenance of NGOs and should therefore be a concern to the Coalition.

About 80% of member organisations scored strongly on the competency of *networking and collaboration*. This is not surprising as NGOs have long been noted for building relationships and maintaining credibility for promoting and defending the interests of their constituents (often times the poor). These favorable conditions could be leveraged for joint program development among and across organisations (building synergy towards impact) and partnership brokering with other key stakeholders (donors and government agencies).

On *technical capacity*, results show that activities implemented by organisations are generally aligned with the national agenda on health. However, most members are focused on outputs (*result focused*) and due to poor documentation practice and weak linkages with outcomes, most NGOs lack evidence for their contribution to regional and national outcomes on health targets. This undermines the ability of the national Coalition to learn from experience at local level and use this information to *advocate* effectively at policy level.

This insight (baseline) is permitting the Coalition to **review its organisational structure**. Based on our recommendation, the Coalition is currently clustering of NGOs working towards similar outcomes and or creating synergy. For example, linking strong NGO in service delivery to a research NGO or an advocacy NGO. Together, they can create evidence based input into policy discussions.

Impact

With the outcomes of the intervention, the Coalition has created an environment for itself in which it is able to organise civil society (its members) in a way that enables them to better address local priorities and policy design at national level.

With continuous support from SNV and other organisations, the Coalition is now able to cluster its members effectively on relevant themes. Also, it is clearer where members need support. There is a growing interest of the donor community to invest in civil society strengthening related to 'health systems strengthening'. This is currently not the stronghold of the Coalition, as most (74%) of its members work on vertical programs.

However, the Coalition has the objective to strengthen the capacities of its members and the mandate to do upstream advocacy. In this context, SNV and other partners foresee an important role for the Coalition in contributing to the ongoing policy debate on **Human Resources for Health** (HRH). The Coalition has the potential to cluster and train its members on such an issue, which would enable them to have a seat and say at the policy table, fed with data from its members. This had formed the basis for the development and submission of a recent proposal to the European Commission for Civil Society Strengthening on HRH.

Lessons learnt

- Advocacy initiatives are predominantly supply driven, with themes and capacity building efforts not necessarily based on needs, but on what donors want to pay for. A typical example is donors' goodwill towards funding advocacy for human resources for health and performance based financing. CSOs then have to be proactive in balancing local needs with donors' interests.
- Regardless of our high expectation of change, the pace of work is largely determined by the Coalition, and also their readiness to embrace doing things differently.

SNV recognises the Coalition as a relevant actor within the health sector. SNV will partner and continue to support the Coalition, given its commitment to further develop its institution as well as carry out recommendations from this baseline report. Specifically, our support will focus on (i) facilitating the formation of working groups around selected thematic issues and (ii) mobilisation of resources for knowledge and skills development of such working groups.

The inventory tools which have been developed by SNV could be used by other Coalitions (for example, in education) and in other countries.

Photos and quote:

'It took some time for us to understand the concept of the inventory when it was first developed. By the third discussion on it, it became very clear to us especially its importance and added value to the performance of the Coalition. The outcome has proven that it was a worthy course' Comrade Solomon Onubuogu, National Vice President, Coalition



Research team in an interaction with executives of the Volta regional chapter of the Coalition