

## CASE STUDY 80

### **Health Systems Strengthening through Social Accountability - *Proposal writing with civil society organisations (Giving civil society a voice in the Human Resources for Health policy debate), Ghana.***

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#### **Context**

Although Ghana has almost reached the Abuja goal (15% of national budget allocated to health), outcomes on basic health indicators related to especially maternal and child care remain off target.

Key factors hampering progress are related to 'infrastructure', 'human resources for health' (HRH), 'financial access' and insufficient 'performance of the health system'. The SNV Ghana Health team produces a series of cases analysing specific challenges, potential solutions and necessary partnerships.

This case is a follow up from the case '*Ghana Coalition of NGOs in Health; diagnosing competencies of Ghana's key to accountability and health promotion*' by Eunice Agbenyadzi (2010). It is a story which describes the development of a funding **proposal** for the European Commission (EC) based on challenges related to a weak civil society to hold local and national governments accountable for a human resources for health crisis in Ghana.

#### The challenge of civil society in holding local and national government accountable on Human Resources for Health

Ghana is facing a HRH crisis, as there are only 1.07 health professional against the needed 2.5 health professionals per 1000<sup>35</sup>. There are huge differences between districts and facilities within a district in terms of HRH: the availability in right size and skills-mix, retention of HRH and quality of care – often it is not always clear to what results they are accountable. This shortage and significant distribution imbalance of health workers is affecting the provision of health care<sup>36</sup>, especially for women and children living in the poorest areas of Ghana<sup>37</sup>.

In Ghana, the existing mechanisms to hold health authorities accountable on the results of their HRH policies<sup>38</sup> – both upstream (policy-making level) as downstream (operational level) – are inadequate<sup>39</sup>. Although Ghana has a vibrant civil society and active media, civil society organisations' (CSO) and non-state actors' (NSA)<sup>40</sup> ability to sit at the table with policy makers as equals in terms of knowledge on HRH issues<sup>41</sup>

<sup>35</sup> 1.07 doctors and nurses per 1000 – no information available on midwives; World Health Report 2007.

<sup>36</sup> National consultative meeting on the reduction of maternal mortality in Ghana partnerships for action; a synthesis report: MoH, October 2008

<sup>37</sup> Whereas the national doctor-patient ratio was one to 13,000 (0.077/1000), the Upper East Region has a ratio of 0.034/1000, the Upper West Region 0.023/1000 and the Northern Region (0.011/1000) according to Dr J.K. Awoonor-Williams, Upper East Director of Health Services

<sup>38</sup> As outlined in Policies, Strategies and Plan 2007 – 2011, Ministry of Health

<sup>39</sup> The political economy of HR policy-making in Ghana, 2010, KIT in collaboration with Cordaid and the World Bank

<sup>40</sup> In the proposal NSA include mostly 'media', but also research institutes, trade unions, nurse associations, private & faith based providers

<sup>41</sup> Scan report SNV 405 member of Coalition of NGOs, 74% focus on vertical programs (malaria, TB, HIV/Aids)

is currently lacking<sup>42</sup> (*1<sup>st</sup> challenge*). Also, CSO/NSA working on health rarely have effective skills and approaches to bring about a solution to promote collaboration between allies (*2<sup>nd</sup> challenge*). Many case studies on social accountability point to the overriding problem of access to information and the low readability of information when it is available<sup>43</sup> (*3<sup>rd</sup> challenge*). This is no different in Ghana.

End of 2009 the Coalition of NGOs in Health and SNV became partners. In 2010 we finalised an inventory and scanning of all 405 members to produce a national database. This intervention was complemented with trainings of the Coalition's committee on advocacy. SNV recommended that the Coalition's structure should fit its strategic objectives. Thus, we decided that further support would 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.

### **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 EKN.

The concept note builds on pre-existing partnerships between SNV and the Coalition as well as with its various local partners, including Enterprising Women In Development (EWID), Integrated Social Development Centre (ISODEC) representing the Coalition in the Northern Region, ProNet North and Centre for Community Participation and Development (CCPAD) in Upper West Region and Integrated Health Solutions as a strong national NGO with the ability to facilitate and coordinate the HRH WG. This team of Ghanaian organisations will maintain close collaboration with Royal Tropical Institute (KIT), and use their technical expertise in productivity – including performance based financing and their general understanding of the political economy of HRH. It will also benefit from the national steering committee KIT is facilitating. The issues being pursued are shared and owned by participating partners and stakeholders.

### **Intervention logic and methods**

After our initial work with the Coalition we identified an opportunity for resource mobilisation with the European Commission (EC). In developing the concept note, the following actions have been undertaken: (i) scan of current capacities of all 405 members of the Coalition by SNV. (ii) consultations with stakeholders to define the 'issues' in respect to HRH: Meeting with selected national and international NGO's working on health

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<sup>42</sup> Agreed point from HRH meeting coordinated by CORDAID and BBO, 1 December 2009

<sup>43</sup> Demanding Good Governance: lessons from social accountability initiatives in Africa, 2010, M. McNeil and C. Malena, World Bank

in Ghana, meeting with Deputy Director for HR within the MoH, meeting with WHO and development partners such as DFID and the Embassy of the Kingdom of Netherlands (EKN) as well as discussions with international allies. (iii) review of recent reports of HRH and decisions on what actions to undertake. (iv) two days workshop organised by SNV and KIT, with 13 CSO/NSA and Ghana Health Service (GHS) on 27-28 October 2010, discussing HRH and potential roles and responsibilities of civil society. (v) review of this concept note by CSO partners and key people within WHO, the MoH and the EKN to review the appropriateness of the actions decided upon.

The proposal emphasises development of skills, monitoring tools and knowledge among CSO and NSA to engage with their communities on HRH and become social watch-dogs – in the Northern and Upper West region. It strengthens their abilities to engage with targeted policymakers and public sector actors, responsible for the design and management of HRH. It promotes knowledge exchange and development by creating a network of CSO and NSA under the umbrella of the Coalition, with networks to communities. It also strengthens the capacity to collect and share information from public and private sector best practices on the planning and management of health care, including the role of CSO and NSA.

The proposal also benefits from ongoing initiatives to develop a platform which will allow easy access to readable policy information and equally providing a channel for CSO/NSA to share its best practices<sup>44</sup>. As part of SNV's global 'localisation strategy', this action benefits from a funding mechanism for capacity building.

## **Outcome**

The activities identified in the proposal aim to achieve the following outcomes:

1. CSO and NSA HRH working group that is well coordinated, knowledgeable and solution-oriented and functions under the umbrella of the Coalition of NGOs in Health;
2. CSO and NSA have developed monitoring tools to empower local communities to commit in local planning and decision making processes with local authorities regarding appropriateness of HRH;
3. CSO, NSA and local authorities have access to analysed health information and to capacity building services to improve service delivery and have a platform to broker their evidence based solutions;
4. Comprehensive and shared analysis of robust number of recent social accountability best practices – not limited to best practices from this action.

To sustain these outcomes the proposal uses SNV's localisation strategy, particularly our efforts in increasing access to capacity building services through the Local Capacity Development Facility.

## **Impact**

The aforementioned outcomes contribute to the mitigation of the human resources crisis, particularly in achieving an appropriate and equitable distribution and quality of health staff in Ghana.

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<sup>44</sup> KIT is developing an information platform, Information 4 Health Action (I4HA) to promote access to readable and analysed health information

Long term impact will be a contribution towards a universal access to quality health care, by ensuring that the availability and equal distribution of quality human resources within the health sector is meeting the needs of all Ghanaians, particularly the most vulnerable women and children.

### **Lessons learnt**

SNV has an advantage in putting these proposals together as we are an international organisation, with local presence and extensive local networks. We also have credible track records related to activities at decentralised level, particularly on social accountability.

SNV has been writing case studies for years and it is time to organise these cases, select those that indicate our added value in social accountability, which can be used to profile our organisation and attract funding.

Increased productivity and responsiveness of health workers and facilities will save many households money. If government adopts and scales up best practices (as espoused by the action outcomes) it will be able to optimise its investments in HRH through increased efficiency and effectiveness.

### **Quote:**

*'If you are making the road, you don't know if it is straight or not. Whoever gets the loudest say gets his way'* Minister of Local Government and Rural Development during a presentation organised by the European Commission on the importance of social accountability in Ghana's Decentralisation Policy.