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CF-RAI-USAA-DB01-2003-963587

Full Item Register Number [Auto] **CF-RAI-USAA-DB01-2003-963587**

Ext Ref: Doc Series / Year / Number **EVL/03.11.13/ GHA 98/03**

Record Title

**Participatory Evaluation - Ghana Rural Community-based Development Programme - 1 of 2**

Date Created - on item  
1/1/1998

Date Registered in RAMP-TRIM  
12/15/2002

Date Closed

Primary Contact  
Owner Location **Evaluation Office, UNICEF NY-HQ = 5128**  
Home Location **Evaluation Office, UNICEF NY-HQ = 5128**  
Current Location **CF-RAF-USAA-DB01-2003-63587 > Evaluation Office, U**

1: In, Out, Internal, Rec or Conv Copy  
Fd2: Sender or Cross Reference  
Fd3: Doc Type of Format

Container Record [Folder] **CF-RAF-USAA-DB01-2003-63587**  
Container Box Record (Title) **Participatory Evaluation - Ghana Rural Community-based Development**

Nu1: Number of pages  
0

Nu2: Doc Year  
0

Nu3: Doc Number  
0

Full GCG File Plan Code

Da1: Date Published

Da2: Date Received

Da3: Date Distributed

Priority

If Doc Series?:

Record Type **A01ev Item Eval Office - CF-RAI-USAA-DB01-EV**

Electronic Details

No Document

Electric [wasDOS] File Name

Alt Bar code = RAMP-TRIM Record Numb : **CF-RAI-USAA-DB01-2003-963587**

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**PARTICIPATORY EVALUATION**

**GHANA RURAL COMMUNITY BASED DEVELOPMENT PROGRAMME**

GHANA, July 20<sup>th</sup> to August 7<sup>th</sup> 1998

Report compiled by

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and

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August 1998

This report is the joint property of:

**The Ministry of Local Government and Rural**

**Development (MLGRD) of the Government of Ghana**

and

**UNICEF**

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## **2.0. EXECUTIVE SUMMARY**

### **Background**

The Rural Community Based Development Programme (RCBDP) seeks to reduce high levels of malnutrition and mortality among children and women and, likewise, to enhance overall development in the district. The goal is for communities to be empowered to identify and take local action against problems causing malnutrition. This is reinforced by building the capacity of the District Assembly and its sectoral departments to sustain the process by better planning and co-ordination of the delivery of basic services emphasising health care, education, food security, water and sanitation.

The failure of a number of programmes of co-operation in the past, in terms of their long-term impact on societies and their sustainability, can be attributed, in part, to the lack of involvement of the “beneficiaries” at various stages of the process.

The Mid-Term Review and Strategy Meeting held in June 1993 in Accra concluded that the area-based activities in the UNICEF supported programme were too dispersed, with limited intersectoral collaboration, poor co-ordination between the various social services and very limited involvement of rural communities in the development process.

The RCBDP therefore is an attempt to introduce a human centered development strategy

focusing on empowerment and capacity building. The RCBDP began in Ghana in 1994 as a collaboration between MLGRD and UNICEF to harness the existing potential in rural communities and to strengthen their capacity to respond to problems which lead to morbidity and mortality.

Earlier 'trickle down' attempts to reach communities by focusing UNICEF assistance on national, regional and district administrations has met with limited success. Therefore the RCBD programme attempts to work more directly with individual communities by entering into dialogue and joint planning with the communities. The RCBD programme seeks to compliment this by capacity-building for extension workers, local NGO's and volunteers to assist them to better help the communities.

The RCBD programme attempts to focus on promoting service delivery, capacity building and empowerment through a series of activities at national, district and community level to reduce malnutrition.

### **Evaluation Methodology**

A participatory approach was adopted to the evaluation exercise. As a result the various players in the innovation need to be involved in all phases of the evaluation process from the decision to carry out the evaluation, to developing the evaluation tools and collecting information, and making conclusions and offering recommendations.

This meant obtaining a variety of perspectives on the innovation from members of the community, Extension Workers, VAP teams, and UNICEF, National and District personnel. By being involved in all stages of the evaluation process, participants were encouraged to reflect on ways in which the programme could be improved. Participation also gave the grassroots workers confidence in being able to solve problems within the community.

The evaluation was carried out in two of the three Districts in which the programme operates. The District of Tolon Kumbungo was not included in this evaluation as the major intervention in this district only began a few months ago.

In each of the two districts a team of 12-13 persons was trained to undertake various elements of the evaluation in that district. This group was called the 'Local Evaluation Team' (LET).

The LET team comprised persons representing a wide range of backgrounds from within the programme and from other areas not connected with the CBR project.

A one day workshop was conducted in each of the two districts to train the evaluation team members in how to gather the necessary data. A Local Evaluation Team (LET) comprised the 25 persons who were trained to carry out the research functions. Their task was to each interview 13 persons representing various persons of groups involved in the programme. In addition a National Evaluation Team (NET) had the task of supporting

members of the LET and carrying out random checks on the reliability of the findings of the LET. The NET members also accompanied members of the LET to ensure that the ideas presented at the training workshops were in fact being applied in the field.

The members of the NET carried out a total of 78 individual interviews in 18 villages. This provided an important overview of the workings of the programme nationally.

A feedback meeting was held in each of the districts at the end of the evaluation exercise to share the research findings with the key persons involved in the programme and seek their reaction to the findings. In addition a feedback meeting was also held in the capital to discuss the findings.

In addition to gathering considerable data the participatory approach outlined here helped to create a sense of ownership of the evaluation process and thereby greatly increased the likelihood that action will be taken on the basis of the evaluation findings to develop and strengthen the programme.

A further outcome of this process has been the creation of a cadre of persons in the project with some experience and training in evaluation techniques which can be further developed in the future.

This report is intended for senior government officers, Ministry officials, members of District Administration, and UNICEF. The target audience is not the community. It is however recommended that an adapted and edited version of this report is commissioned so that those intimately concerned with the programme can have access to the findings of this evaluation exercise.

### **Main Findings**

Service delivery is regarded as a pre-requisite for sustainable growth. The RCBD programme examines three ways in which this approach can be facilitated:

- policy developments
- technical and financial inputs to support essential services
- training to enhance the delivery of services in the basic sectors.

Within the RCBD project the Districts were given specific budgetary support for the provision of services in the basic sectors. Proposals were then submitted to UNICEF by District Assemblies for approval.

However in reviewing the impact of this aspect of the RBCD programme it should be appreciated that the budgetary support to the various sectors through this project were very limited. For example the UNICEF budget for Builsa District for 1998 is only US\$60,000.

In terms of nutrition there was no difference between the level of malnutrition of VAP

and non-VAP communities. However in Yendi District there was an improvement in terms of stunting and chronic malnutrition in the VAP communities compared with the non-VAP communities. Whilst nutritional status is an outcome of a number of factors, the results indicate that the RCBD programme can lead to improvements in the nutritional status of young children.

The achievements in the Education sector were modest. To be effective a far more focused and concerted effort is required.

The interventions in the Food Security sector need to be appreciated against a background of persons pursuing subsistence farming. In Yendi District communal farms are largely a new concept with women playing a far more prominent role in public life than before. Whilst there have been a number of problems in attempting to revive the Weanimx project, where the intervention is effective it has resulted in very significant savings in time and energy for the women.

The 1998 review in the water and sanitation sector in Builsa District lamented that a number of projects were left undone. They concluded, 'public participation has left much to be desired.'

Past UNICEF efforts in Ghana have tended to focus on Service Delivery, less effort has been invested in capacity building and usually only in the context of extending a particular service, e.g. EPI. Efforts at empowerment have been largely overlooked. In this programme UNICEF therefore wanted to develop a strategy to foster capacity building for sustainable development and empowering communities to become actors in their own development.

The goal of RCBD is to support decentralisation and local capacity building. The DA members felt that the RCBD had made a very positive impact in their areas. They felt more equipped to facilitate the development process having benefitted from training both in the management of projects and the human skills necessary for effective management.

The District Plan of Action helps to facilitate better planning and coordination of the delivery of basic services with decentralised departments and NGO's. Moreover, the Trimester Review meetings provide a forum in which the Heads of various sectors can discuss and plan areas of collaboration in forging a common goal for their district.

However despite all the training conducted still the key ingredient in effective management, as with many innovations, rests on key individuals. It is both a strength and weakness of this intervention.

To ensure the programme success does not rest on the shoulders of a few 'leaders' more training needs to be given to the sector heads on reporting, planning, making budgets, consultation, leadership styles, monitoring and budgeting.



The majority of VAP team members saw themselves as having an active and proactive role in the community in; creating awareness, identifying problems, and mobilising resources within the community to respond to those challenges.

A number of frustrations experienced in the communities with the development of their CAP proposals. These frustrations are especially apparent in Builsa District where the approach appeared to have been badly introduced by UNICEF with very little guidance concerning what *could* be presented in a proposal. Many villages are experiencing long delays in getting any kind of response to their proposals. Once proposals are approved a more effective system needs to be put in place in terms of receiving the funds and reporting.

The communities need more work on the process and not just the product. Already there are warning signs that communities are losing interest in the process. More training is needed on proposal writing and introducing the communities and DAs to other possible sources of funding. There is also a need for refresher training for VAP teams to understand the process.

Despite all the challenges, in its best examples, the VAP process is facilitating community based action. In a pilot project of this nature it is therefore necessary to study why the intervention has been more effective in certain villages, e.g., Pion, Sunson, and Kandema, than in others.

The community leaders interviewed rated the RCBD programme very highly. They saw a range of important ways in which they had assisted the programme. They were therefore active participants in the process as opposed to 'spectators.'

The great majority of VAP members interviewed stated they needed more training. The VAP team members are at the heart of the intervention. They therefore need to be as well equipped as possible to meet the challenges they face. The managers of the RCBD programme need to examine the training needs of the VAP team members and need to develop a coherent, long term, syllabus of training.

A constant challenge for community based programmes is how much training is fair and realistic to offer village based workers who, in the case of the community members and DA members on the VAP team, are operating as volunteers. This is however a crucial question which needs to be addressed. If not the intervention will remain high on; awareness and participation, but precious little may happen in terms of resolving specific problems in the village.

The VAP process has been effective in a number of ways in the community, by; creating awareness of development issues, identifying problems, mobilising the community in self help activities, looking inwards in the community in terms of resources to effect change, more keenly identifying external resources to draw upon, and by making the DA increasingly more accountable to the grassroots.

In considering the training needs for the programme attention needs to be paid to developing a new and wider role for the Extension Workers. They need to be trained in 'how to give their skills away'.

A major challenge of this intervention is whether it will endure after UNICEF support ends and whether the process can be effectively incorporated into the government decentralisation system.

A number of key factors exist which promote the sustainability of the intervention; the match between programme objectives and perceived needs, the utilisation of the existing social sectors rather than creating new ones, the programme's focus on empowering communities. With this base on which to build the RCBD programme has a strong foundation to develop longer term sustainability.

It is now widely accepted that real development must engender change on an individual basis if it is to be sustainable. There is a need to delegate more responsibility to the local counterpart. With a greater sense of ownership of the process it would be hoped that the MLGRD would then examine ways in which the philosophy of the intervention could be internalised by the Ministry and a coherent plan of training adopted for the Unit Committees and DA members and thereby influence policy based on experience gained in the field.

A meeting needs to be organised to clarify the role the NSC can make in this project. The programme needs to listen to what the NSC members feel they can contribute. If they feel a greater sense of ownership of the project they could undoubtedly play a key role.

The DA and the District Administration has clearly been empowered by the RCBD programme. UNICEF have been more effective at promoting empowerment at a district level than they have been at a national level.

The appreciation of the impact of the RCBD at the district level would be keener if there was more baseline data to illustrate the level at which the DAs were operating before RCBD.

At present the programme budget is largely administered by UNICEF. This creates an irony in a decentralisation/empowerment programme where UNICEF is trying to strengthen the system.

A similar pattern of growth is evident at the community level where the VAP teams have been able to mobilise the resources of the community to examine their challenges. The Community Action Plans reveal an increasing ability to plan and create an new approach to development with the community playing a key role rather than being passive spectators to the process.

A major goal in the project was to develop a monitoring and evaluation system at district and community level. Relatively little has been done in this respect. The following suggestions are therefore offered; need to develop Baseline Data, need short term goals, and need to develop more creative forms of 'monitoring' and 'documentation'.

There may be a danger of the international donor community in Ghana seriously compromising the natural rhythm of life in the villages. Donors are willing to pay premium prices for services that have been given freely for hundreds of years. In the marketplace of development some donors are prepared to outbid their sister agencies in 'order to get the job done.'

The RCBD programme is attempting to impact on very fundamental issues in development. It may therefore be necessary to have key staff assigned to such a programme for longer periods than the UNICEF career path presents.

The locus for decision making for the project needs to be within the districts. We need to reconsider what is realistic to expect the community to do on their own. UNICEF needs to adopt an integrated approach. The UNICEF Accra office is rich in experience, but it would appear that each section works in 'isolation'. A far more unified use of the UNICEF resources is required.

The programme needs greater focus. The project is on the reduction of malnutrition, however how many of the causes of malnutrition can one project address? It may be better to make a more limited project focus, and support some clearly defined areas in each sector and then establish some clear indicators which will monitor if an impact is being made and then simply liaise with certain organisations e.g. in the area of agriculture.

In reflecting on the goals one comes away from this intervention with a renewed respect for the length of time it takes to effect a process of meaningful change in the lives of largely impoverished people. However, the RCBD programme has established a very valuable foundation on which to build.

#### **4.0. INTRODUCTION : CONTEXT FOR THE PROGRAMME**

##### **3.1 Background Information on Ghana**

Ghana is a country on the coast of West Africa sharing boundaries on the west with Cote d'Ivoire, on the north with Burkina Faso, and on the east with Togo. Ghana's population is now approximately 15.6 million and is growing at an estimated 3.1 % per annum. Data from the 1984 census show that some 70 % of the population is rural, while 30 % lives in communities of 5,000 or more (defined as urban). The population is concentrated in the southern half of the country which includes the coastal, savannah and forest zones. The northern half of the country is drier tropical savannah. Ghana has two rainy seasons, May-July and September-October. The end of the dry season is characterized by food shortages, particularly in rural areas in the north, as food stocks are depleted prior to new planting.

Ghana's economy is now one the fastest growing in Africa, averaging real growth of five % per annum during the early 1990s. Ghana was the first British colony in Africa to gain its independence (in 1957), and following reasonable economic growth from independence until the late 1970s, the country suffered a devastating decline in the early 1980s. Drought, the quadrupling of oil prices, the decline in export commodity prices and the return of two million Ghanaians from Nigeria all contributed to the economic collapse of 1982-1984. Stringent structural adjustment policies instituted in the mid

1980s have succeeded in bring down inflation to around 20% and, combined with increasing liberalization of controls on the private sector, have succeeded in revitalizing both domestic and foreign investment in the country. Donors have responded very positively to Ghana's economic and social policies by pledging substantial resources, some \$2.3 billion for 1994-1995.

In spite of the economic 'success' of Ghana, some 36 % of Ghanaians are believed to live in poverty, with more than 80 % of these living in rural areas. Disparities within urban areas are, however, acute, with some 56 % of urban dwellers living in poverty, in conditions at least as serious as those experienced by the rural poor. The benefits of economic adjustment and growth in the late 1980s and early 1990s have not yet had a marked impact on the poor, many of whom benefit only marginally or not at all from improvements in infrastructure. In response to the negative impacts of adjustment, PAMSCAD (the Programme of Actions to Mitigate the Social Costs of Adjustment) was launched in 1988.

While PAMSCAD did succeed in mobilizing \$80 million in donor resources to help deal with the costs of redeploying Government workers, the programme was over-ambitious in its targets and did not fully take into account institutional rigidities and weaknesses. This has meant that some PAMSCAD elements, such as the small-scale Community Initiated Projects, which should have a direct impact on the rural poor, were substantially delayed. After 11 years of military rule under the Provisional National Defence Council (PNDC), presidential and parliamentary elections were held in late 1992 and resulted in the establishment of the Fourth Republic in January 1993. The former head of state, Flight Lt. Jerry Rawlings, was elected President. Many of the figures from the military regime have continued in office, now as members of the ruling National Democratic Congress (NDC) party. At the district level, elections for District Assemblies were held in 1989 and again in 1994, however real devolution of budgetary authority and other responsibilities has been extremely slow in developing and capacity at the district level remains limited.

Many of the problems affecting children and women in Ghana remain relatively unchanged, leading to continued high infant, child and maternal illness and death. Child malnutrition is taken as the most comprehensive indicator of overall levels of development.

It is clear that economic growth is only one of many factors which contribute to the health and welfare of children. In Ghana, economic growth (and substantial aid inflows) has permitted the health and education sectors to increase their investments in service provision, although not to the extent necessary at the most peripheral levels. Little progress has been made, however, in changing attitudes, practices or behaviours related to health, nutrition or education. This means that while a few necessary elements for child survival, protection and development now exist, other factors continue to hinder progress for children. More direct involvement of parents, community leaders and children themselves in analysis and assessment of their problems, and in planning, implementing

and monitoring locally-based solutions, is therefore essential.

### **3.2. Evolution of Rural Community Based Development Programme (RCBDP)**

The UNICEF Mid-Term Review and Strategy Meeting held in June 1993 thoroughly analyzed the constraints and opportunities encountered to date in implementing the 1991-1995 Country Programme.

The 1991-1995 Country Programme continued, to a large extent, the sectoral structure of the previous 1986-1990 Master Plan of Operations. A number of shortcomings were apparent in the areas of: nutrition, food security, community-based development, urban problems and the challenges of Children in Especially Difficult Circumstances, which had been inadequately addressed. It was therefore agreed at the Mid-Term Review and Strategy Meeting that new programmes and projects should be created to address these. Within existing projects, a number of specific recommendations were made to phase out unsuccessful or inappropriate approaches and to put in place new approaches and activities. It was also agreed that two new programmes (Household Food Security and Community Based Development) should be created.

The Rural Community Based Development Programme (RCBDP) seeks to reduce high levels of malnutrition and mortality among children and women and, likewise, to enhance overall development in the district. The goal is for communities to be empowered to identify and take local action against problems causing malnutrition. This is reinforced by building the capacity of the District Assembly and its sectoral departments to sustain the process by better planning and co-ordination of the delivery of basic services emphasising health care, education, food security and water and sanitation.

In 1994, the National Development Planning Commission (NDPC) prepared a draft National Development Policy Framework (NDPF) which stressed the need for a human-centred development strategy, which promotes empowerment and capacity building. The NDPF recognizes integrated community-based development as the key to poverty reduction, particularly in the rural areas.

The failure of a number of programmes of co-operation in the past, in terms of their long-term impact on societies and their sustainability, can be attributed, in part, to the lack of involvement of the "beneficiaries" at various stages of the process. Empowerment entails the direct involvement of the community in the assessment, analysis, implementation, as well as monitoring and evaluation phases.

As a critical part of the community-based approach, the acquisition of skills and knowledge through capacity building and empowerment, needs to go hand-in-hand with the delivery of accessible and affordable services, in order to yield positive results.

There is a need to harness the existing potential in communities, while at the same time

strengthening their capacity to respond to various problems which would otherwise contribute to increased morbidity and mortality. The integration of programme components under the community-based approach would strengthen linkages between health, nutrition, education and other interventions, for effective and sustainable impact. A major challenge will be sectoral co-ordination at the policy level.

The Mid-Term Review and Strategy Meeting held in June 1993 in Accra concluded that the area-based activities in the UNICEF supported programme were too dispersed, with limited intersectoral collaboration, poor co-ordination between the various social services and very limited involvement of rural communities in the development process. Moreover, the programmes were not focused on those areas of the country with the highest rates of mortality and malnutrition; not integrated; and were not necessarily targeted at the priority problems of families most at risk of mortality and malnutrition. To start in ten districts simultaneously was considered extremely ambitious and, in 1994, the Ministry of Local Government and Rural Development (MLG&RD) and UNICEF agreed to concentrate their community-based efforts on only one deprived rural district in the Upper East Region, with the aim of replicating the experience in other locations under the 1996-2000 Country Programme.

The UNICEF Mid Term Review therefore recommended:

- more dialogue with counterparts
- greater support to existing structures
- increasing empowerment of rural communities
- improved programme targeting
- improved monitoring and use of data at all levels
- expanded government-UNICEF dialogue
- strengthening of District Assemblies and District Administrations
- increased co-operation with NGOs and the private sector

The Mid Term Review recognised that adopting a Primary Health Care approach alone to combating malnutrition was too limited. Instead an integrated community development strategy was advocated implemented through District Assemblies. The RCBDP sought to address child malnutrition as a societal process requiring action and reflection on many levels.

The National Plan of Action identified the attainment of household food security and the elimination of malnutrition as critical elements in ensuring child survival and development in Ghana. It represented an attempt to see nutritional problems in a holistic manner.

The under fives mortality rate in the Northern Region of Ghana was 237 deaths per 1000 live births (GDHS,1993). This high rate of mortality is the product of a number of forces, including; poor diet, high disease, poor health services, poor sanitation, impoverished agricultural practices, inadequate supply of food at the household level, poor education, and cultural and traditional practices which exclude women from many activities.

The new approach would be a complement of the national decentralisation movement and would assist communities in their decision making role and management of community based resources. Attempts would be made to strengthen linkages between health, education, nutrition, and other interventions. The District Assembly would become the focus of the intervention.

The RCBDP therefore is an attempt to introduce a human centered development strategy focussing on empowerment and capacity building. The RCBDP began in Ghana in 1994 as a collaboration between MLGRD and UNICEF to harness the existing potential in rural communities and to strengthen their capacity to respond to problems which lead to morbidity and mortality.

### 3.3. Location of the programme

The following table illustrates the location of the project.

**Table #1: Location of the RCBDP in Ghana**

District	Region	Number of communities	Year of introduction
Builsa	Upper East	1994: 13 1996: 2 added	1994-95
Yendi	Northern	1996: 10 1998: 12 added	1996
Tolon Kumbungu	Northern	1995: 4 1998: 12 added	1995

### 3.4. Background information on Districts

The following table provides background information on the two major districts in which the programme operates.



**Table #2: Background information on Builsa and Yendi Districts**

	<b>Builsa District</b>	<b>Yendi District</b>
Population	104,340	145,000
Area	2,200 km <sup>2</sup>	5,350 km <sup>2</sup>
Population density	47 per km <sup>2</sup>	27 per km <sup>2</sup>
Literacy rate	18% (nat ave:40%)	21%
Health facilities	1 Hospital, 1 Health Centre, 3 Health Clinics	1 Hospital, 5 Health Centres, 3 Mobile Clinics
Most common diseases	Malaria, respiratory infections, worms, anaemia, diseases connected with pregnancy	Malaria, respiratory infections, diarrhoea pneumonia, anaemia,
Infant and child mortality rate	222/1000 national ave: 148	170/1000
Schools	63 Primary, 23 JSS, 23 Day Care Centres, 1 Voc Train Centre	22 Pre Schools, 90 Primary (18 closed), 15 JSS, 2 Senior Sec 342 Teachers: Trained:223 Untrained:146
School attendance	17% (nat ave:44%)	20%
Soil	Poorly drained soils, wide erosion decreases soil depth	Poor organic content, extensive brush burning, inappropriate agricultural activities
Services	Only 2 villages with electricity	Inadequate transportation, only 6 direct phone lines
Water supply	170 homes with hand pumps, rest use wells and river	174 homes with hand pumps, 38 septic tanks, 54 VIP
Malnutrition		Severe/mod: 59% Severe stunt: 10% Severe unwt: 12%

(Ref: 'A proposal to establish a food and nutrition security monitoring evaluation system for Yendi'. And '1998 District Plan of Action, Builsa District Assembly', produced by District Planning Officer.)

The above information describes areas with a low revenue base, few social services, inhospitable climatic and geographical conditions, scattered settlements which are difficult to service on a cost effective basis, and impoverished rates of literacy and malnutrition. Most families simply do not have adequate food supplies. In the case of Yendi these problems have been further exacerbated by severe ethnic conflicts in 1994 in which much of the infrastructure was destroyed. They are therefore clearly areas in need of intervention.

In 1995 Tolon Kumbungu District was added because of their good cooperation in

another UNICEF programme. This district however was added as a 'learning experience' and only focussed on 4 villages. In 1998 twelve more villages were added.

### **3.5. Programme objectives**

#### **3.5.1. Overall goal:**

implemntloca 

To improve the nutritional status of children and women by empowering communities to implement local action which address causes of malnutrition and death.
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Malnutrition is therefore regarded as a societal process which requires intervention on a number of levels. The RCBD project therefore sees the community as the key agent of change, with district and national governments playing a supporting, but secondary, role.

#### **3.5.2. Specific objectives:**

- Empower communities to assess the level of malnutrition of their children, analyse the problems causing malnutrition and plan and implement local solutions on a continuous basis.
- Build the capacity of District Assemblies, and their sector departments, to support community action by improving the co-ordination and delivery of basic services with Departments and NGO partners in the Districts.
- Support the MLGRD to identify local government needs to strengthen planning and management capacities, principally at the district level, with the ultimate objective of implementing a strategy for the decentralisation process.
- Training will be provided to district officials in the areas of; assessment of child, women and poverty related problems; programme planning and management, improving inter-agency communications, budgeting, monitoring and other key implementation tasks. Training will also be provided at the sub-district level, and will focus on Extension Workers (in the areas of; health, education, community development, water and sanitation and agriculture) and selected community members.
- To develop a management information system that focuses on human development. Indicators and basic data needs will be identified at all levels (Central, Regional, District, Sub-district) with greater emphasis on the operational planning and monitoring needs in the selected districts.
- To facilitate a reflective process and learn from the intervention concerning the

strengths and weaknesses of the intervention to guide future replications.

### **3.5.3. Strategies used:**

Earlier 'trickle down' attempts to reach communities by focusing UNICEF assistance on national, regional and district administrations has met with limited success. Therefore the RCBD programme attempts to work more directly with individual communities by entering into dialogue and joint planning with the communities. This will be complimented by reorientation and capacity-building for extension workers, local NGOs and volunteers to assist them to better help the communities.

Whereas past mobilization and health education efforts have been largely implemented through Government ministries, which clearly do not reach these populations, the proposed RCBD strategy will focus attention on extension and non-governmental structures which interact with these populations directly.

The main aim of this project is to strengthen the ability of the District Assembly to function as an effective co-ordinating centre for community development and thereby operationalize the Government decentralization policy.

Support for social sector activities is a key aspect of the project. The RCBD programme will therefore focus on the areas of health, education, food security, water and sanitation, income generating activities and agriculture. However the particular entry point will be decided by each community. RCBD will also attempt to strengthen linkages between the major sectors and will work to enhance co-ordination and planning between the sectors to maximise future sustainability of the intervention.

In the communities Extension Workers will collaborate with local leaders to assist and guide community members to assess the situation of children in their communities, analyze the problems and undertake the appropriate action. This approach confirms the role of communities as 'partners' in the development process.

Community participation in needs assessment, analysis of priorities and their role in the planning stages, generates a sense of ownership of programmes and projects by communities, rather than these being viewed as 'Government' or 'UNICEF' initiatives. The goal is therefore to strengthen the capacity of the community to respond to development challenges through the 'Triple A' approach, i.e. 'assessment, analysis and action'.

The Triple A cycle is repeated as reassessments are made after action has been taken to see what the effects of the action has been and what additional interventions need to be taken. Information is the key to the process. The cycle is comprised of the following elements:

- assessment: what is the problem, data to support that there is in fact a problem and what is the size of the problem
- analysis: develop Problem Tree, problem prioritisation and develop a community action plan
- action: implementation of community action plan with activities, indicators and verification, time frame etc.

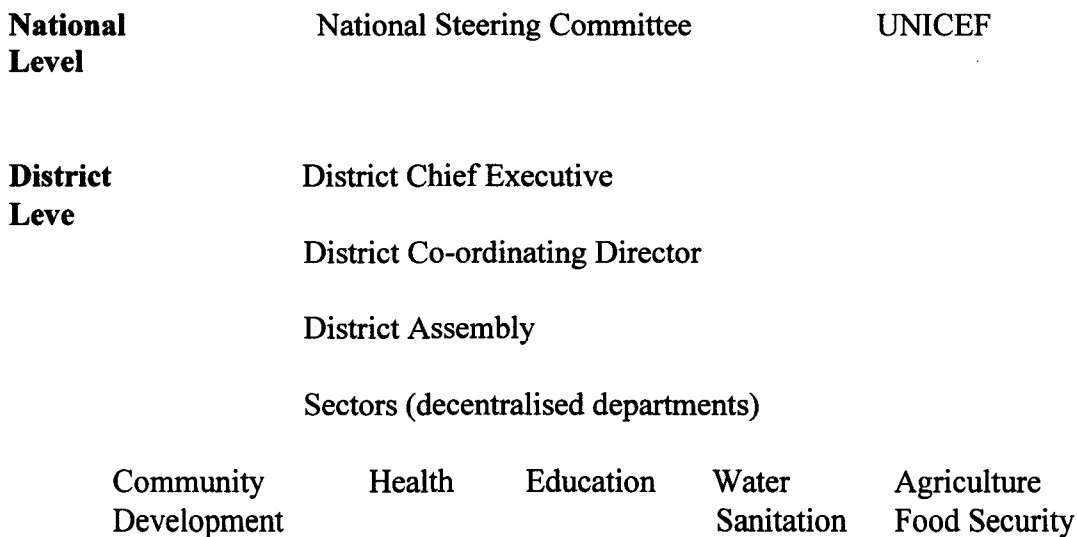
**Conceptual Framework:**

The goal is to use a conceptual framework to increase the analytical capability of persons in the RCBD programme. A multisectoral approach is adopted because all sectors need to work on causes of malnutrition to get sustainable change. Immediate causes are diet and disease, this can be dealt with by providing food and immunizations. However the underlying causes are insufficient food security, inadequate mother and child care and unhealthy environment. Service delivery alone will do little for malnutrition and services need to be accompanied by capacity building and raising the awareness as co-operation is the tool for self reliance and self confidence (empowerment).

In summary therefore the Rural Community Based Development programme attempts to focus on promoting service delivery, capacity building and empowerment through a series of activities at national, district and community level to reduce malnutrition.

**3.6. Structure of the RCBD Project**

The following chart provides an overview of the structure of the RCBD project.



	Extension Workers
	VAP Co-ordinators
<b>Community Level</b>	VAP Teams (Unit Committees)  Community members

**Functions of each level:**

- **National Steering Committee:** comprised of senior persons from; MLG&RD, Ministry of Health (MOH), Women in Agricultural Development (WIAD), National Development Planning Committee (NDPC), Department of Community Development and UNICEF. The NSC is chaired by the MLGRD and holds quarterly meetings to ensure that the project evolves in a way consistent with national policies and programmes, offers technical support, policy guidance, provides a link between the project and national institutions and a channel through which to communicate to government. Practical lessons from the project are fed into policy formulations.
- **District Assembly:** develops an Annual District Action Plan and guides and supervises the process with the help of the District Chief Executive Officer and District Coordinating Director.
- **Service Sectors:** RCBD provides assistance in capacity building and co-ordination to strengthen interventions in the areas of health, education, food security, income generation, water and sanitation and community mobilization.
- **VAP Teams:** comprised of; three community members (a man, a woman and a youth), a District Assembly member, 2-4 Extension staff and a Community

Development Worker. The VAP teams visit the community twice per month. The VAP approach attempts to adopt an integrated approach towards reducing malnutrition. The VAP teams, in consultation with the community, develop Community Action Plans.

- **VAP Co-ordinators:** supervise the work of the VAP teams.
- **Unit Committees:** these have been created by the government very recently, as yet they are not part of the 'RCBD structure'.

#### **4.0. EVALUATION EXERCISE**

##### **4.1. Introduction:**

After extensive experience with development innovations internationally, we may know more about the difficulties of conducting good evaluations rather than having models to emulate. The overriding conclusion in reviewing a number of development initiatives is the realisation of the difficulty of introducing effective innovations which will endure beyond the life of external inputs. This evaluation therefore is both timely and much needed.

This evaluation will attempt to examine the effectiveness of the intervention in terms of; the fulfillment of objectives, the efficacy of the approach adopted and the impact of the programme.

The evaluation will attempt to; identify strengths and 'good practices' which could be replicated elsewhere, identify challenges and offer suggestions to meet those situations and, offer practical recommendations at community, district and national level.

This evaluation is conducted after 3 ½ years of project operation and is scheduled to coincide with the UNICEF Mid Term Review for the 1996-2000 plan.

## **4.2. Participatory evaluation:**

A participatory approach was adopted to the evaluation exercise. As a result the various players in the innovation need to be involved in all phases of the evaluation process from the decision to carry out the evaluation, to developing the evaluation tools and collecting information, and making conclusions and offering recommendations.

This meant obtaining a variety of perspectives on the innovation from members of the community, Extension Workers, VAP teams, and UNICEF, National and District personnel. By being involved in all stages of the evaluation process, participants were encouraged to reflect on ways in which the programme could be improved. Participation also gave the grassroots workers confidence in being able to solve problems within the community.

## **4.3. Evaluation questions:**

The aim of the evaluation can be summarised:

- to analyse the impact of the programme to date
- to see how to strengthen the innovation
- to review the programme strategies

The evaluation questions focused on the following issues:

### **A. Individuals:**

- who are the beneficiaries of the programme?
- what impact has RCBD had on individuals in terms of health, education, nutrition etc?
- what role do persons in the community, e.g. rural women, play in the project?

### **E. Communities:**

- in what ways has the community been involved in the RCBD programme?
- how effective is the VAP process?
- who owns the VAP teams – the Districts or the funders?

### **I. District Level:**

- what support and monitoring is provided to the communities?
- what form of involvement and co-operation has there been between the ministries at district/regional levels?
- what collaboration has there been with the communities?
- in what ways have the DAs and the District Administration been strengthened by the RCBD programme?
- what role do the DAs play – actors or spectators?
- what degree of sectoral integration has taken place through the project?

**P. National Level:**

- what degree of financial sustainability exists for the programme?
- what policy commitment exists to the programme?
- how effective has multisectoral collaboration been?
- what level of involvement and co-ordination exists between the various ministries involved?
- what support has been given to the Decentralisation process in the two Districts?
- what monitoring and evaluation is implemented?
- what evidence is there of increased empowerment on the national, district and community level?
- what lessons can be learnt in terms of introducing the innovation to other areas?

**4.4. Research area and coverage of the evaluation sample**

Map #1 on page 24 shows the target districts in which the RCBD programme operates. The evaluation was carried out in two of the three Districts in which the programme operates. The District of Tolon Kumbungo was not included in this evaluation as the major intervention in this district only began a few months ago.

**4.5. Methodology:**

A series of meetings were held between the External Evaluators (EEs) and the RCBD team to formulate a Plan of Action for the evaluation.

In each of the two districts a team of 12-13 persons was trained to undertake various elements of the evaluation in that district. This group was called the 'Local Evaluation Team' (LET).

The 25 member Local Evaluation Team (LET) was comprised of representatives from; Extension Workers, NGOs, VAP team members, and District Administration staff. In addition, one third of the LET was comprised of persons who were not connected with



the RCBD programme. Twenty members of the team were male and five were female.

The LET team therefore comprised persons representing a wide range of backgrounds from within the programme and from other areas not connected with the CBR project. The teams were evenly distributed between the two districts.

A one day workshop was conducted in each of the two districts to train the evaluation team members in how to gather the necessary data. Twenty six persons were invited to partake in the evaluation exercise as members of the LET team. Of the 26 persons invited 25 (96%) attended the one day training.

The External Evaluators, in consultation with the RCBD team, devised both the content of the evaluation workshop and the methodology to be used in the evaluation. Each member of the LET was given very specific objectives in terms of gathering data and targets to be met. They were each given a modest stipend for their work in the evaluation exercise.

There were therefore two evaluation teams:

**a) Local Evaluation Team:**

This comprised the 25 persons who were trained to carry out the research functions. Their task was to each interview 13 persons representing various persons or groups involved in the programme. The following table illustrates what each member of the LET was requested to do on the evaluation exercise.

**Table #2 Interviews conducted by each LET member**

Persons to be interviewed	Number of interviews
District Assembly members	3
Extension Workers	2
Community Members	4
VAP Team Members	4

In total the LET conducted 278 interviews.

**b) National Evaluation Team:**

The members of the National Evaluation Team (NET) were:

- Dr Brian O'Toole, External Evaluator
- Mr. Andrew Aforo, External Evaluator
- Mr. George Laryea Adjei, Member of NSC
- Mr. Herbert Antoh, MLGRD

The NET had the task of supporting members of the LET and to carry out random checks on the reliability of the findings of the LET. This was done by members of the NET also interviewing certain persons that the LET had interviewed and then comparing the results. The LET members were however unaware of which persons were to be interviewed twice in this way. This acted as a form of independent evaluation and as a control for the 'grateful testimonials' effect whereby participants are reluctant to say negative things about the programme to those who have offered the service. Persons were therefore given the opportunity to say what they felt about the programme to people who had nothing to do with providing the innovation in their region. The NET members also accompanied members of the LET to ensure that the ideas presented at the training workshop were in fact being applied in the field.

The following table indicates the persons that were interviewed as part of the evaluation exercise. The final row in the table indicates the number of the questionnaire that was used to obtain the target data. The questionnaires are presented in the Appendix of the report.

**Table #3 Interviews conducted by the Evaluation Teams**

Target	# in prog.	Local Evaluation Team	National Evaluation Team	Question #	% of total in target area
NSC	6	-	3	1	50%
Dist Coord Dir	2	-	2	1	100%
Dist Ex Off	2	-	2	1	100%
DA members	145	71	16	2	49%
Extension Worker	100	59	18	3	59%
VAP members	160	58	23	4	51%
VAP co-ord	2	-	2	1	100%
Comm members		89	21	5	-

The members of the NET carried out a total of 78 individual interviews in 18 villages. This provided an important overview of the workings of the programme nationally.

The individual persons interviewed were selected by a random process to ensure that they were truly representative of all persons on the programme and to avoid the natural

tendency for those involved in the programme to want to visit those regarded as the most 'successful' examples of the intervention.

A feedback meeting was held in each of the districts at the end of the evaluation exercise to share the research findings with the key persons involved in the programme and seek their reaction to the findings. In addition a feedback meeting was also held in the capital to discuss the findings.

In addition to gathering considerable data the participatory approach outlined here helped to create a sense of ownership of the evaluation process and thereby greatly increased the likelihood that action will be taken on the basis of the evaluation findings to develop and strengthen the programme.

A further outcome of this process has been the creation of a cadre of persons in the project with some experience and training in evaluation techniques which can be further developed in the future.

#### **4.6. Intended audience for the evaluation:**

This report is intended for senior government officers, Ministry officials, members of District Administration, and UNICEF. The target audience is not the community.

*It is however recommended that an adapted and edited version of this report is commissioned so that those intimately concerned with the programme can have access to the findings of this evaluation exercise.*

#### **4.7. Evaluation dates:**

This evaluation was carried out from July 20<sup>th</sup> to August 7<sup>th</sup> in Ghana. In addition one week was allocated for the reading of background documents and a further week was given for writing the final report.

## **5.0. MAJOR FINDINGS**

### **5.1. Introduction**

The proposed strategies adopted by UNICEF for the 1990s were based on three major approaches:

- service delivery
- capacity building
- empowerment

In this section the effectiveness of these three strategies will be examined by drawing on information from the 356 interviews carried out in the evaluation exercise.

### **9.2. Service Delivery**

Ghana has committed itself to reaching the Mid-Decade and Decade Goals through its National Plan of Action (NPA) and to expanding essential services for children and women.

The NPA, the Human Development Strategy and the Accelerated Growth Strategy have all focused attention on social services as a necessary prerequisite for sustainable economic growth.

If the NPA goals for the 1990s are to be reached in Ghana, it is clear that UNICEF must continue to support the strengthening and expansion of services, particularly for populations which currently have inadequate access and/or quality.

Service delivery is therefore regarded as a pre-requisite for sustainable growth. The RCBD programme examines three ways in which this approach can be facilitated;

- policy developments
- technical and financial inputs to support essential services
- training to enhance the delivery of services in the basic sectors.

Within the RCBD project the Districts were given specific budgetary support for the provision of services in the basic sectors. Proposals were then submitted to UNICEF by District Assemblies for approval.

However in reviewing the impact of this aspect of the RBCD programme it should be appreciated that the budgetary support to the various sectors through this project were very limited. For example the following table presents the UNICEF budget for Builsa District for 1998. The total budget is only US\$60,000.

**Table #4 Estimated UNICEF budget for Builsa District for 1998**

<b>Budget item</b>	<b>US\$</b>
Capacity building	9,000
Education	5,000
Income Generation	5,000
Food Security	5,000
Health	5,000
Water and Sanitation	5,000
Support for Community Action Plans	16,000
Programme Monitoring & Evaluation	10,000
<b>Total</b>	<b>60,000</b>

### **12.2.1. Health Sector**

#### **a) Nutrition**

The 'Growth Monitoring and Nutrition Surveillance Project (GMNSP) was introduced in four communities in Tolon Kumbungo in November 1996 and in Yendi in May 1997. It has not yet been introduced in Builsa District as part of the RCBD innovation.

The GMNSP project involves; training community weighing teams on how to weigh under five year olds, calculating the nutritional status of children and recording data on the causes of malnutrition. The general goals of the programme are to; improve the monitoring process, motivate persons from the community concerning malnutrition, and help them to take actions and to provide information which guides decision making at community and district level.

The community weighing teams are comprised of two males and two females from the village. Along with the Community Health Nurse (CHN) they weigh the children and monitor the nutritional status of each child every month. The members of the teams are selected according to the following criteria and need to be; literate, permanent residents of the community, and respected within the village. The impact of these teams in terms of empowering members of the community will be examined in a later section of this report.

UNICEF has engaged the services of two full time consultants who are based in Tamale, Dr Inge Brouwer and Mr. Kees van Veluw. Dr Brouwer is a Nutritionist and has carried out a number of evaluations of the effectiveness of this element of the RCBD project. The studies have been carried out in both Builsa and Yendi Districts comparing results from 'VAP' communities with control – non VAP communities. The following is a summary of her findings.

**a) Builsa District:**

- no difference in the prevalence of stunting in the VAP communities (30.0%) and non VAP communities (29.9%)
- slight difference in the prevalence of severe stunting in VAP communities (11.8%) compared with non VAP communities (9.6%)
- almost no difference in the prevalence of wasting in VAP communities (8.9%) compared with non VAP communities (9.2%)
- almost no difference in the percentage of underweight children in the VAP communities (29.5%) and the non VAP communities (29.8%).
- Conclusion: no difference between the level of malnutrition of VAP and non VAP communities.  
(Ref: Brouwer, Rijlarsdam and Terink (1998) re Builsa District)

**b) Yendi District:**

- the communities involved in the RCBD programme had lower stunting than non VAP control communities
- the RCBD programme may have a positive impact on stunting for children 6-23

months of age

- the trend of severe malnutrition seen in non VAP communities is stopped
- nutritional status of children aged 6-23 months in Yendi District did not improve from 1997 to 1998
- however, there was an improvement in terms of stunting and chronic malnutrition in the VAP communities compared with the non VAP communities
- although nutritional status is an outcome of a number of factors, results indicate that the RCBD programme leads to improvements in the nutritional status of young children.

(Ref: Brouwer, Rijlarsdam and Terink (1998) re Yendi District)

The conclusion to the 1998 report on Builsa and Yendi Districts noted; the level of stunting decreased from 36.2% to 28.7% in Builsa District and from 31.6% to 22.2% in Yendi District. In Builsa District this level did not change much from the second to third year of programme implementation.

Brouwer (1998) observed that district and community level persons involved in the RCBD programme were of the opinion that the 'nutritional status of children under five within the project areas had improved' as a result of the intervention. In addition they felt that 'the prevalence of a number of major childhood diseases had decreased and the level of immunization coverage increased' as a product of the RCBD project. To the contrary, Brouwer et al (1998) concluded that the data they collected did not support these claims.

A later section of the report will examine some of the wider awareness creation and capacity building aspects which this part of the programme facilitated. However in terms of decreasing malnutrition levels the results quoted above are modest. These results however need to be seen against the background of severe drought experienced in the districts.

#### **b) Increased access to health**

The following interventions contributed to increased access to health services within the programme districts:

- EPI coverage in Builsa District (BD)
- acquisition and transportation of vaccines to health centres (BD)
- provision of three fridges to outreach clinics (BD)
- completion of health centres in Kanjarga, Chuchuliga, Wiga and Fumbisi and the opening on 16 new outreach clinics (BD)
- financing of monthly visits to 52 outreach clinics visits (BD)
- provision of three new motorbikes (BD)
- provision of; 25 bicycles, one motorbike, and car parts to renovate 2 MOH vehicles in Yendi District (YD).

#### **s) Training:**

The following training was provided to strengthen service delivery in the health sector;

- on breast feeding practices for 40 mothers – two days, (BD)
- orientation for Community Weighing Teams – two days (BD)
- training on Growth Monitoring for Community Weighing Teams (1-2 months) (BD)
- three day training for CHN and interviewers on weighing and anthropometry
- drama troupes developed in 13 communities to present role plays on the theme of malnutrition - (2 days per community)
- orientation of subdistrict staff on EPI – three days (BD)
- refresher course for 15 midwives – one day (BD)
- monthly visits to each sub district to support Traditional Birth Attendants and the use of Oral Rehydration Therapy
- 30 Sub District Health Team staff trained in participatory health education techniques. (BD)
- monthly meetings held between sub district health teams and traditional healers.
- Traditional Healers associations formed in all sub districts (BD)
- Health education campaign held in each sub district (BD) on the use of iodised salt and on hygiene for chop bar keepers and food vendors
- monthly video shows held on malaria, cholera and family planning in three sub districts (BD).

In 1997 the Ministry of Health in BD presented a budget to UNICEF of 66 million cedis, the sum available to health from UNICEF however was 12 million. The MOH presented a great range of proposals for funding including; mental health programme, screening children for scabies, immunization programme, formation of mother support groups, radio programmes on reproductive health, breastfeeding, and a survey on the use of iodised salt.

It was no surprise therefore that the Builsa District First Trimester Review for 1998 concluded that a number of these activities in health were *not* carried out because of a lack of funds. The Review also concludes that more effective monitoring of the Community Weighing Teams was also compromised for lack of funds. From the range of activities presented for UNICEF funding it became unclear what was funded by the MOH and what *supplementary* funding was sought from UNICEF.

### **33.2.1. Education**

#### **a) Challenge**

One of the District Reviews summarized the challenges to be faced in the education sector; ‘few qualified teachers, poor classroom accommodation, ineffective Parent Teachers Associations, few materials, high teacher drunkenness and supervision which is characterised by fault finding.’ Making an impact on such a system is not therefore likely to be easy. The following is a summary of actions taken in the RCBD project in the



education sector.

**b) School rehabilitation and provision of materials**

In 1998 in Builsa eight schools were rehabilitated and a 6 seater KVIP block was built at one school as a demonstration . In addition, desks, sports gear and teaching supplies were donated to some schools (BD).

**c) Training**

The following training was carried out as part of the intervention;

- 80 newly trained teachers attended a one day workshop (BD)
- 80 circuit supervisors and school councillors/teachers attended a workshop on guidance and counseling (3 days) (BD)
- workshop for opinion leaders on awareness creation and on community ownership for increasing school enrollment (BD).
- refresher courses were held for a total of 344 teachers (BD)

This training contributed towards an increase in school enrollment figures in the project areas. The following table illustrates this;

**Table #5 School enrollment figures for Primary Schools in Builsa and Yendi Districts**

	<b>Builsa District</b>		<b>Yendi District</b>	
Class level	1997	1998	1997	1998
Primary	8,000	10,550		
Primary One			2,903	3,974
Pre School	1,121	2,330		
JSS	1,900	2,009	967	1,001

The Builsa District Trimester Review (April 1997) balances any celebration of these figures by noting that increasing enrollment figures were not matched by increases in staffing levels. (The number of teachers in JSS was 86 in 1995/96 and 74 in 1996/97).

**d) Partnership with Childscope project**

Since 1994 the Education Section of UNICEF has run a community based education programme in Afram Plains District in the Eastern Region. The RCBD programme has formed an effective working partnership with this initiative. Childscope aims to improve basic education, build partnerships with the community, establish 'child friendly' schools, offer concrete examples of better managed schools, assist teachers to be more innovative, improve school management and improve the quality of instruction at school.

In June 1997 a 2 ½ week workshop on Childscope was held in Afram District for a team of persons from Yendi and Builsa Districts to examine ways in which the Childscope approach could be incorporated into the RCBD programme.

The participants then organised a one day sensitisation meeting for DA members and District Administrators to introduce the Childscope project in their districts. In addition a one day orientation was held for Sector Heads, Extension Workers and Circuit Supervisors. Moreover 20 'circuit' meetings were held to introduce the programme. Three Childscope Review meetings have also been held in the districts.

The above represents an attempt to integrate Childscope into the RCBD programme to strengthen the educational aspect of the intervention.

Whilst this is a very promising development, the Builsa District Report of 1998 states that very little progress has been made in this area as there was a conflict between the DA and the Ghana Education Service as to who should co-ordinate the Childscope activities. The Childscope literature from Afram Plains District also notes that intensive 10 day PLA meetings are held in the 'Childscope villages' to collect baseline data and create awareness in the community. To date similar investments have not been made in the VAP communities. Therefore to fully benefit from the proposed partnership far more significant inputs need to be made by the Childscope project. Without such investment it would be unrealistic to expect that any dent could be made in the magnitude of problems presented in the introduction to this section. Moreover, in the majority of cases the Childscope and VAP communities are not the same in the new districts. The field notes record, 'voices in the district want Childscope in the non-VAP communities.'

**e) Payment of pupil teacher's salaries**

As a result of the ethnic troubles in Yendi a number of teachers fled the district. In a bid to re-establish schools the RCBD programme agreed to pay the salaries of 110 pupil teachers for one year, 1997/98. The GES have now agreed to take on the responsibility of paying the salaries from September 1998. The figures quoted earlier record higher enrollment figures for the YD. The DCD in YD would now like to see how many of these pupil teachers have the potential to be trained and then examine ways in which they could be bonded to serve the district.

**f) Support to PTAs**

By 1998 a total of 40 PTAs were formed in BD with good results in 20. As a result of an enrollment drive in all sub districts through focussed workshops the attendance levels in

13 schools increased by 30-50% . However in quoting higher enrollment figures no mention is made of the fact that there is no increase in number of teachers to meet the larger numbers.

**g) Promotion of agriculture in schools**

In BD in 1998 a number of activities were carried out to promote agriculture in the schools, including; provision of farm implements, creation of four school gardens, tree planting, interschool competitions and the provision of bullocks to 4 schools.

**h) Promotion of health in schools**

In BD the following activities were carried out to promote health in the schools; school demonstrations on iodised salt, immunisation of all children against yellow fever and a one day workshop for all school health coordinators.

**i) Promotion of school management**

In Builsa 5 motorbikes were given to the DA in 1997 to help facilitate school supervision, in addition UNICEF provided funds for supervision visits to schools by GES staff.

The conclusion presented in the Builsa Trimester Review Report of 1998 concerning what was achieved in Education is however modest. As a lack of funding a number of activities were not carried out, including; interzonal sports and cultural competitions, and training of new and experienced teachers. To be effective a far more focussed and concerted effort is required.

### **5.2.3. Food Security**

**a) Promotion of experimentation**

The following innovations were implemented in BD;

- 200 farmers trained on community fora and post harvest losses (3 days)
- 196 farmers trained on the use of high yielding crops (3 days)
- farmers in 13 communities sensitised on the integration of crops, livestock and fish production
- 128 experimental plots were established at 32 sites to test different varieties of rice, soybean, groundnuts and cowpeas for their ecological adaptability and high yield performance.
- 198 plots on 28 farms were set up to evaluate soil fertility
- experiments on 8 farms were conducted with improved seed maize, high yielding and shortened maturity
- experiments with millet sorghum production with two types of fertilizer on 6 farms.
- ten dry season gardening projects were established with 242 farmers (14 female and 228 male) using seeds for dry season farming.
- demonstrations were conducted in ten communities on seed bed preparation and seedling management

### **k) Training**

The following training was carried out ;

- 30 farmers trained in sustainable animal husbandry (3 days: BD)
- awareness created in 13 communities for 90 farmers on possible crop pests (3 days:BD)
- 90 farmers trained in 13 communities on introduction and adaptation on improved legumes (3 days: BD)
- 43 farmers adopted soybean cultivation with the result of 30% increase in production over previous years (BD)
- schools in eleven of the thirteen communities were trained in controlling bush fires
- 350 farmers (203 males and 147 females) participated in training on effective food management (BD)
- farmers trained in construction of local food storage facilities (YD)
- farmers trained in on-farm composting (2 days)

### **t) Weanimx project**

A large investment was made in 'donating' mills to communities in the 1980s and early 1990s by the World Bank and UNICEF. However in the haste of responding to a real need of the communities little preparation was invested in training and management of the operation of the mills. As a result many were not operating at the outset of the RCBD programme.

One element of the RCBD intervention therefore focussed on reviving the Weanimix project. Where feasible, mills were repaired. In addition training or retraining was conducted for two days for 10 mill operators (BD). Thirteen village based Weanimix-management committees were established (BD) and given three days training in management and book keeping. Attempts were also made to have 'accounts books' inspected monthly by co-ordinators and surplus funds deposited in the bank by the local treasurers of the projects.

The hope therefore was to move away from the earlier 'donation mentality' and establish local ownership for the project by strengthening their management capacity and then investing in replacing/repairing machinery. In doing so the RCBD attempted to revive a programme that was floundering. As a result of the VAP process a number of the women's groups are now asking to run such projects themselves (e.g. in Pion in YD). As the women's groups develop their skills and solidarity on their farm projects they could prove to be worthy and effective inheritors of managing the Weanimix project in the villages.

A recent evaluation of the programme (Bulsa District,1998) however revealed that the project was still presenting a number of problems; the majority of the mills were not working, very little training had been given for mill operators or in managing the project

locally. There was also very little evidence of record keeping of finances or accountability. The RCBD sought to revive elements of the Weanimix intervention by repairing mills, and focussing on maintenance and accountability in the training. Clearly there is still much work that needs to be done. The conclusion to the 1998 BD report was however cautionary; 'the hope of the intervention was to rehabilitate mills and stimulate women to start farming activities out of the incomes which would be generated. To date, no organised farming activities have been organised as a result of incomes generated from the mills.'

However, with the maturation of the VAP process one hope is that VAP teams could begin to manage such services. The tendency was for the community to consider the mill as the property of some individual, often the DA member. The VAP process is therefore now helping the community to appreciate that the mill is the property and responsibility of the village members. This change in thinking is easier for those villages that acquired the mills in 1996, i.e. during the life of the project intervention. For those who received the mills in 1989 or 1992 it is considerably more difficult to educate and motivate these communities.

**u) Income Generation: Communal Farms**

A major focus of the RCBD intervention is the promotion of income generation activities, particularly for women, in the area of farming. Training has been provided in crop and livestock production, e.g. 33 women were given three days training on soyabean production. Forty female household heads were given training related to credit management as they were provided with credit for small ruminant production (BD). In Yendi District 95 farmers were given credit and trained in leadership skills and 40 were trained, in collaboration with EP church, in credit management. In 1998, eighty women, in three communities (YD), were given training in soap making. An indication of the effectiveness of this aspect of the RCBD project is that women from non VAP communities are now asking for comparable interventions. The VAP communities in YD were each given 20 acres for the community farm initially, however many persons felt that they were neglecting their own farms as a result. Some communities have however persevered with 20 acres and receive help from the DA in terms of land preparation, tractor services, and provision of seeds.

**v) Aforestation**

Eighty nine farmers were trained on planting and management of trees (3 days: BD). A total of 12,500 seedlings were distributed to schools for planting, 11,200 survived (BD). RCBD collaborated with the NGO, VWM, to conduct an educational campaign in five areas on tree planting. A total of 89 farmers were trained on agroforestry.

**w) Fish production**

Fifty four fisherman and fish mongers were trained on Chorkor oven construction and fish processing (4 days:BD). Also 62 fish mongers were trained in fish handling and processing (BD).

In summary therefore, what has been achieved through the RCBD sponsored activities in the area of Food Security? Whilst the programme reviews note a number of limitations in the above activities, such as; limited finances resulting in few field visits by fisheries officers to consolidate training, lack of adequate rainfall resulting in unsuccessful experiments in using new crop varieties, late delivery of seed and fertilizer, and forestry projects hampered by forest fires and a lack of water, nevertheless the interventions in this sector need to be appreciated against a background of persons pursuing subsistence farming. In Yendi District communal farms are largely a new concept with women playing a far more prominent role in public life than before. Whilst there have been a number of problems in attempting to revive the Weanimx project, where the intervention is effective it has resulted in very significant savings in time and energy for the women.

#### **24.2.4. Water and Sanitation**

##### **a) Wells and pipes**

In response to the real needs for portable water the following activities have been implemented; standpipes have been constructed (BD) in collaboration with Rural Aid and the Bible Church of Africa. Seventeen wells were dug (BD), and three condemned wells were replaced with hand dug wells.

##### **b) Training**

In BD and YD training was given for personnel from 36 locations, in each district, on pump management. Training was also conducted for 13 Water and Sanitation Committees in BD and nine in YD focussing on; how to avoid domination by individuals on the pump committee, the importance of replacing inactive persons on the committee, the need to open a spare parts store in the area and good accounting and book keeping procedures and establishing bank accounts. The management of the pumps was handed over to groups within the community. Exchange visits were also arranged between pump management committees from the various villages.

In YD three mechanics were given one week training on pump maintenance and 22 artisans were given a four day training course in construction of VIP toilets. 10 slab artisans were given training on the construction of slabs for VIP toilets (2 days)

##### **c) Environmental awareness**

Training was conducted on environmental awareness in 15 communities in BD. Video shows on the environment were shown in three communities. Builsa was also provided with six donkeys and seven bicycles and Yendi was given five mobile trailers to assist in the clean up effort. In Yendi an awareness campaign was conducted on environmental management. Communal clean up campaigns were introduced in the districts.

Summary; what has been achieved in the area of water and sanitation as a result of the RCBD intervention? The 1998 review in Builsa District lamented, funds had not been released by the District Assembly, as a result a number of project were left undone

including; public urinals, meat shop renovation, acquisition of sanitary tools in five zones. They concluded, 'public participation has left much to be desired.'

### **5.3. Capacity Building**

Past UNICEF efforts in Ghana have tended to focus on Service Delivery, less effort has been invested in capacity building and usually only in the context of extending a particular service, e.g. EPI. Efforts at empowerment have been largely overlooked. In this programme UNICEF therefore wanted to develop a strategy to foster capacity building for sustainable development and empowering communities to become actors in their own development.

The goal of RCBD is to support decentralisation and local capacity building. This involves training of national, district and community institutions to be able to assess, monitor and plan and thereby improve service delivery and strengthen community structures.

The goal is to identify key actors of development at each level and help them to become better planners. The focus is on; the MLGRD, District Assemblies and their District Administration and VAP teams in the areas of participatory assessment and planning.

In this section an examination will be made of the training provided in the RCBD programme and see how effectively this training has been utilised at district and community level. Suggestions will also be offered to further maximise the effectiveness

of this key aspect of the intervention.

### 5.3.1. National Level

#### a) MLGRD:

Goal: to strengthen the capacity of MLGRD to accelerate decentralisation by developing a national strategy for directing resources to the community and their District Assemblies.

The MLGRD received the following assistance from the project to enhance the decentralisation process;

- one MLGRD officer attended a 3 month poverty course at Manchester University, UK
- MLGRD staff attended two workshops on Conceptual Framework and Triple A approach to help in developing policy planning capacity (10 days).
- seven MLGRD officers given computer training course (5 days)
- NSC member undertook a one week tour to Uganda to understudy decentralisation and local government reform programmes.

The role played by the MLGRD will be examined further in the section of this report which looks at the programme structure. However relatively little has been done in terms of offering assistance to the MLGRD as a body to become more effective in facilitating the decentralisation process.

The National Steering Committee (NSC) however has provided a valuable forum for leaders from the various departments to share ideas and strengthen linkages between the major sectors involved in the project.

*The MLGRD should advocate for a coordinating body along the lines adopted by the Ministry of Health whereby a regular monthly meeting is held with all the 'players' in the area of rural development in the hope of creating a more unified plan of action*

### 5.3.2. District Level

Goal: strengthen the capacity in planning and management of the District Assembly and the District Administration with the aim of implementing a strategy for the decentralisation approach to support community based initiatives.

The following training has been provided to the District level staff and DA members to



develop their capacity to improve their planning and co-ordination, especially in terms of developing a long term vision for the district and an Annual District Plan.

**a) Training in the philosophy of RCBD:**

- training of District Planning and Coordinating Unit (DPCU) and District Assembly (DA) members of Yendi District (YD) and Builsa District (BD) in Conceptual Framework and Triple A (4 days)
- training of 35 DA and District Admin staff in BD and 60 in YD on community based processes e.g.; Conceptual Framework, and Triple A (10 days)

**d) Training in roles and functions:**

- workshop on roles and functions of DA, NGOs and UNICEF (2 days) for DPCU, NGOs and decentralised sector heads (2 days)
- management training for District planners and DPCU to upgrade skills in the areas of report writing, budget proposals, financial management and Community Action Plan assessment
- training of DPCU, DFO and DA members from YD and BD on improved revenue generation and expenditure management study for the district (2 days)
- 84 district participants on the National Plan of Action on Food and Nutrition (4 days)
- technical support provided by UNICEF consultants, Dr Brouwer, in the area of nutrition, and Mr. Van Veluw, in agriculture, from Wageningen Agriculture University, Holland

**j) Training key individuals:**

- DCD of BD and YD attended 26 day UNCRD course on development planning
- Deputy District Coordinating Director attended a planning course in Zimbabwe
- District Planning Officers from BD and YD participated in a tour to Uganda to understudy decentralisation and local government reform programmes.

**d) Work with sub-committees:**

- District Assembly Sub Committees of YD and BD training on Community Action Plans (2 days)

**e) Logistical support:**

- computer training for 10 district staff for beginners (BD:3 days) and advanced training for 4 district staff (YD:3 days) and beginner training for 7 district staff (4 days)
- transportation
- money to finance Extension Workers field work
- computers, printers, photocopiers, stationary, office equipment.

The RCBD has therefore invested considerable time and resources on strengthening the capacity of DAs and members of the District Administration. In the evaluation a total of 87 DA members were interviewed. The following table presents their assessment of the value of these training inputs. (The data presented in all the tables is based on the findings by the LET)

**Table #6 Response of DA members to the question, 'In what ways, if at all, has the RCBD programme strengthened the DA?'**

Response	Yendi	Builsa	Total
Logistical,financial support	15	17	32
Training workshops	4	7	11
Build capacity/establish creditability of DA	9	1	10
Brought about development in the district	8	-	8
Planning	-	3	3
No idea	-	2	2

The DA members were also asked how they had benefited from the programme:

**Table #7 Response of DA members to the question, 'what , if anything, have you gained personally from the RCBD programme?'**

Response	Yendi District		Builsa District		Total	
	n	%	n	%	N	%
Learnt specific skills e.g.; proposal/report writing, project management	17	46%	15	44%	32	45%
Learnt skills to facilitate development e.g.; how to share ideas, supervision approaches, animation techniques	8	22%	9	26%	17	24%
Self respect	4	11%	1	3%	5	7%
Learnt skills in areas of health, education, agri etc	-	-	2	6%	2	3%
Respect in the community	1	3%	1	3%	2	3%
Financial reward	1	3%	-	-	1	1%

Gained nothing	1	3%	4	12%	5	7%
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The above tables therefore document a number of ways in which the DA members felt that the RCBD had made a very positive impact in their areas. They felt more equipped to facilitate the development process having benefitted from training both in the management of projects and the human skills necessary for effective management.

One tangible evidence of the impact of the programme is in the maturation of the District Plan of Action and the Quarterly/Trimester Reviews. In reviewing the Quarterly and Trimester reports over time one can see clear growth. In the early days these reviews appeared to be 'presentations for UNICEF', over time however they have developed into a district owned analysis by the key stakeholders reviewing progress to date and formulating new plans. The numbers attending these reviews has increased over time and now includes; members of NSC, NGOs, Sector Heads, key stakeholders and Regional representatives. Whilst the reviews reflect growth it is still fair to say that the reporting skills are more effective than the planning skills.

*More training is needed to further refine the planning abilities of the key players at the district level.*

The District Plans are increasingly based on the plans submitted by the communities. In the 1998 District Plan of Action for BD the VAP plans are featured prominently at the beginning of the report. Village based plans are therefore increasingly being incorporated into the district planning process. The DCD YD can therefore justifiably state that, 'the District Plan of Action is a very serious achievement in our eyes.'

The following box highlights a second goal the RCBD programme attempted to address.

Goal: develop the capacity of DAs to support community action by improving co-ordination between basic services

The District Plan of Action helps to facilitate better planning and coordination of the delivery of basic services with decentralised departments and NGOs. Moreover, the Trimester Review meetings provide a forum in which the Heads of various sectors can collaborate together in forging a common goal for their district. In the interviews with sector heads a number commented on a greater exchange of ideas that had been created between the various sectors as a result of the RCBD process, they felt they were no longer working within the isolation of a specific sector. However whilst the Trimester Review meetings offered a forum for this exchange this needs to be complimented by on-going meetings of sector heads – such meetings were irregular in BD. Much work still needs to be done to help the Sector Heads, who are accustomed to a certain style of operation, to develop a more transparent planning process where goals and budgets are seen as the challenges for the whole district rather than demarcated sectors alone.

*In reviewing training needs for the expansion of the project more common training should be conducted for the Sector Heads at the District level to help them foster a unified plan of action.*

*A District Situational Analysis needs to be developed and constantly updated and revised in terms of targets, inputs and budget sources. This Situational Analysis could then provide the basis for regular review meetings to enhance the collaboration between the various stakeholders.*

However despite all the training conducted still the key ingredient in effective management, as with many innovations, rests on key individuals. It is both a strength and weakness of this intervention. The DCD in YD clearly plays a very key role in the successful implementation of the RCBD programme in his district.

To ensure the programme success does not rest on the shoulders of a few 'leaders' more training needs to be given to the sector heads on reporting, planning, making budgets, consultation, leadership styles, monitoring and budgeting.

### 5.3.3. Community Level

Goal: strengthen the capacity of communities in the area of planning and management to find solutions to problems of development through the use of the Conceptual Framework and the Triple A approach in implementing a strategy for the decentralisation process

At the heart of the RCBD intervention is the goal of developing a participatory bottom-up planning process, this section of the report will examine how effective the VAP process has been in the innovation by analysing the responses of 58 interviews with VAP team members.

The following table provides background information on the VAP team members interviewed.

**Table #8 Background information on VAP team members interviewed**

	Yendi	Builsa	Total
1. Background:			
a) community member: man	14	1	15
Woman	8	1	9

Youth	7	1	8
b) DA member	-	3	3
c) Extension Worker	16	2	18
d) other	6	-	6
2. Age:			
a) under 20 ys	-	-	-
b) 21-30	5	-	5
c) 31-40	21	4	25
d) 41-55	19	5	24
e) 56 ys +	5	2	7
3. Sex:			
a) male	36	6	42
b) female	12	4	16
4. Educ. Bdg			8
a) Primary	5	3	8
b) secondary	5	3	20
c) Tertiary	18	2	14
d) non formal	13	1	16
e) none	15	1	

When asked the question, 'give a brief description of your role on the RCBD programme,' the majority of the VAP members were able to give clear and precise answers as the following table shows.

**Table #9 VAP team members description of role they adopted on RCBD programme**

Response	Yendi		Builsa		Total	
	n	%	n	%	n	%
Help community identify problems	14	29%	3	30%	17	29%
Help community solve problems	14	29%	-	-	14	24%
Organise community (youth, women, communal labour)	10	21%	2	20%	12	21%
Create awareness	9	19%	1	10%	10	17%
Link between community and district	9	19%	-	-	9	16%
Attend VAP meetings	8	17%	4	40%	12	21%

As can be seen from the above table the majority of VAP team members saw themselves as having an active and proactive role in the community in ; creating awareness, identifying problems, and mobilising resources within the community to respond to those challenges. Only a minority (n=12, 21%) gave a passive response such as simply

attending VAP team meetings. The majority of VAP members therefore had a clear understanding of the role they were playing in the project.

The VAP team members were asked their motivation for participating in the RCBD project, the following table outlines their responses.

**Table #10 VAP team members motivation for participating in the RCBD project**

Response	Yendi		Builsa		Total	
	n	%	n	%	n	%
Acquire knowledge	12	25%	1	10%	13	22%
Serve the community	11	23%	5	50%	16	28%
Elected no choice	4	8%	-	-	4	7%
Financial reward	8	16%	23	30%	11	19%
Fuel to visit communities	8	16%	-	-	8	14%
No response	5	10%	1	10%	6	10%
Something to wash my clothes	2	4%	-	-	2	3%

The motivation for participating was therefore a mixture of wanting to be of service to the community and seeking material reward. One is however sobered by the comment about being motivated by receiving the means to 'wash one's clothes'. Such comments help to put the RCBD programme into the context of the very real poverty of the region and make one value any achievements of the innovation all the more.

Their preparation for the role of VAP team members was based on a four day training course on village level planning and on the Conceptual Framework and Triple A approach. Selected VAP team members were also trained over 4 days in proposal writing. A Refresher course, for 6 days, was also given for 90 VAP members on village level analysis and planing .

However when asked about the training they had received 11 persons from YD (23%) sated they had received no training. The VAP members are however full of praise for the training they have received. Those who received training from YD rated the training as either 'very helpful' or 'helpful'.

The VAP Teams are comprised of three community members, the DA member and 2-3 Extension Workers. These teams are then expected to visit the community twice per month. The members who are not from that community are given a stipend of 5,000 cedis per visit.

The VAP teams are given clear instructions on how to proceed in the villages. They begin with two days of rapid appraisal in each community to develop a village profile and collect information to confirm problems and the size of the problems in the community.

They are then encouraged to facilitate three participatory village dialogues over 3 days to identify, rank and develop feasible community based projects. The team along with the villagers develop a 'Problem Tree' which helps the community to; prioritise problems by using a simple ranking procedure and to see the link between the various causes of malnutrition, and produce a Community Action Plan.

In developing this system the VAP co-ordinator plays a key role. The initial training, for example, was to be reinforced by bi-monthly VAP team meetings with the VAP co-ordinator. In Builsa however with the abrupt departure of the VAP coordinator, Mr. Sak, from the region these meetings have not been held for some months. By contrast, in YD the VAP team 'leaders' meet monthly at the expense of the DA.

The members of the VAP teams were asked to rate the effectiveness of this supervision, their responses are presented in the following table.

**Table #11 How would you rate the support/supervision you received from the VAP coordinator?**

Rating	Yendi		Builsa		Total	
	n	%	n	%	n	%
Excellent	7	15%	-	-	7	12%
Good	30	62%	6	60%	36	62%
Satisfactory	10	21%	4	40%	14	24%
Poor	1	2%	-	-	1	2%

Once again the crucial role of key individuals in this project is apparent. The VAP co-ordinators were given eleven days of training on management of community projects. Many people commented on how effective Mr. Sak was as the VAP co-ordinator in Builsa and how disappointed they were by his sudden departure. The new VAP coordinator in BD has not yet established a comparable rapport. Similar positive comments were made about the VAP coordinator in YD – he has however been 'poached' away by the Catholic Relief Services.