

EVALUATION REPORT

KOGNI COMMUNITY-BASED HEALTH PLANNING AND SERVICES (CHPS) COMPOUND IN THE SAGNARIGU MUNICIPALITY



COMPILED BY: SIMBA GHANA AND SUPPORTED BY CENTER FOR
DEMOCRATIC DEVELOPMENT (CDD)-GHANA AND SAGNARIGU MUNICIPAL
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EXECUTIVE SUMMARY

This study was conducted by Toyibu Abdul Hamid, Municipal Planning Officer, Iddrisu Abubakari, Municipal Statistics Officer, Awudu Rufai, Municipal Education EMIS Officer, Adam Wusuwe, Municipal Health MHI Officer, all at the Saganrigu Municipal Assembly, and Heskaya Suhuyini Salma and Sulemana Abdul Basit; Programmes Coordinator, and Advocacy and Communications Officer respectively; who formed part of a technical team of evaluators from the Community of Practice (CoP) at the Sagnarigu Municipal Assembly.

This study sort to understand if the construction of the CHPS Compound at Kogni, and two other initiatives in road construction and livelihood empowerment have led to increased service delivery outcomes and economic opportunities and measure the size of these effects on the various groups in different communities in the Sagnarigu Municipality of the Northern region.

A descriptive cross-sectional survey design was used to sample 60 respondents using a simple random sampling method and purposive sampling to gather secondary data. Data collected were analyzed with the help of Statistical Package for Social Science (SPSS version 20) and Microsoft Excel. The results indicated that the CHPS Compound has increased access to quality health care; increased maternal health and infant and child health. Additionally it has contributed to improving health care delivery in the community.

1.0 INTRODUCTION

1.1 Background

The Evidence for Development (E4D)-Project Community of Practice (CoP) at the Sagnarigu Municipal Assembly (SagMA), with the technical support of Simba Ghana and CDD-Ghana, proposed to conduct an evaluation study of selected priority programs implemented by the assembly. The overall goal of the evaluation study is to generate evidence to support reporting and decision-making. To this end, the CoP set-up a Team of Technical Evaluators consisting of Head of Departments and technocrats from the Statistics, Health, Education, Development Planning, and Agric Departments, as well as Head of Programs at Simba Ghana, to co-create evaluation designs and evaluate selected projects. The exercise also contributed to the capacity development of the Assembly's Data Management and Information Officers in key Departments by strengthening their capacity to conduct and use evaluation for results-based management and promoting local ownership of the information generated through this process.

1.2 PURPOSE OF EVALUATION

The study seeks to understand if the implementation of the projects and initiatives has led to increased service delivery outcomes and economic opportunities and measures the size of these effects on the various groups in the communities. This report focuses on the constructed CHPS Compound in Kogni. The evaluation assessed the service delivery and impact of the Kogni CHPS compound on the community and community members. It also assessed the project's performance (in terms of effectiveness and efficiency) and determined

the degree of patronage and impacts the project has had on the Kogni community and community members.

1.3 PROJECT OBJECTIVES

1. To reduce traveling distance to access basic health care services from 2018 from 13km to 2km by December 2022.
2. To reduce Maternal Mortality rate from 3/100,000lbs in 2018 to 0/100,000lbs by December 2022.
3. To reduce infant mortality rate from 5/1000lbs in 2017 to 1/1000lbs in 2022.

1.4 EVALUATION OBJECTIVES

1. Measure and document the impacts of the CHPS compound;
2. Help to improve the design and efficiency of similar projects in future implementations; and,
3. Add to the empirical evidence on evaluation data at the SagMA.

1.5 EVALUATION METHOD USED

A cross-sectional descriptive survey was used to obtain data from respondents through questionnaires. Descriptive cross- sectional survey is a research method used to obtain information concerning the current status of the phenomenon and to describe what exists with respect to variables or conditions in a situation. This was necessary to gather data to assess how the CHPS compound has helped improve access to quality health delivery in the community. And the conclusion was drawn at the end. A descriptive cross- sectional study was the appropriate

design to consider because it enabled us to gather data concerning the current phenomenon and make good use of the answers provided by respondents. The questionnaires were administered in the Kogni community and at the CHPS compound where staff responded to questions that helped us to generate secondary data.

1.6 STUDY POPULATION

This study required data and information from community members who access health care at the Kogni CHPS Compound. The study population consisted of staff of the CHPS Compound and members of the community who were willing to participate.

1.7 SAMPLE SIZE

Sixty people (60) from the study population were selected.

1.8 SAMPLING TECHNIQUES

Simple random sampling and purposive method was used to get the targeted number of respondents. .Random sampling was used because it enabled us to get information when dealing with a large population.

1.9 SAMPLING PROCEDURES

In this study both primary and secondary data was gathered. The secondary data was taken from the Staff In-charge of the CHPS facility and the nurses present at the time. Since a simple random sampling method was used, only 60 members of the community were interviewed.

1.1.0 DATA COLLECTION METHODS

The evaluation focused on both primary data and secondary data. The primary data involved the use of a semi-structured questionnaire developed using the kobo collect toolbox.

2.0 DATA COLLECTION INSTRUMENT

The tools that were used for the data collection included a checklist, self-administered questionnaire, which was completed by all sampled participants in the Kogni community. It consists of open-ended and closed ended questions. The questionnaire was in three sections: A, B, and C.

2.1 DATA COLLECTION PROCEDURE

Collection of data was done by the data collection officers from different departments at the Sagnarigu Municipal Assembly (SagMA) who received training on Monitoring and Evaluation, Data Collection Using KOBO tool box, and Data Analysis using SPSS. The training activity was organized by Simba Ghana, with the support of CDD-Ghana. Five data collectors were engaged, and led by the technical team of Community of Practice (CoP) members and Staff of Simba Ghana, to ensure that questionnaires were filled correctly and responses had reflected on the kobo collect toolbox. Prior to the data collection, a one-day orientation and refresher training was held for the five data collection officers of three females and two males. This was anchored by the Programmes Coordinator at Simba Ghana and Statistics Officer at the SagMA. The feature of the orientation

was basically on the objectives of the evaluation, content clarity, and targeted population.

2.2 DATA ANALYSIS AND PRESENTATION

Data collected from the field survey was analyzed and presented in charts using descriptive statistics (percentages, frequency) with the help of Statistical Package for Social Science (SPSS) version 20 and Microsoft Excel.

2.3 RESULTS AND FINDINGS

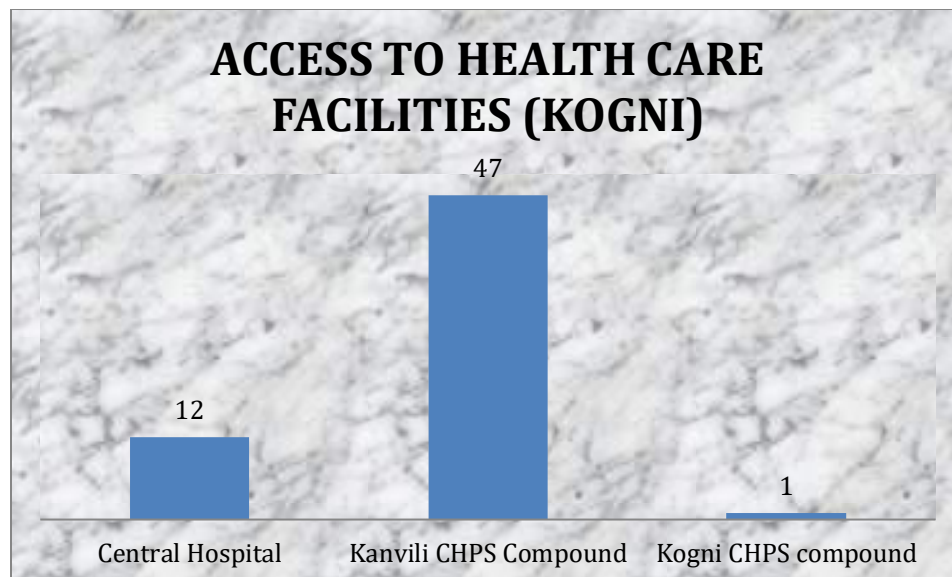
The findings of the data analysis as far as the study objectives are concerned are categorized into three sections. Section A assesses access to quality health Care Services and section B examines Maternal Health care delivery. And section C assesses Infant and Child Health improvements since the completion of the health center. These findings are represented in tables, line and pie charts as frequencies and percentages.

2.4 SECTION A: ACCESS TO QUALITY HEALTH CARE SERVICES

As part of evaluation objectives, traveling distance to access basic health care services is to be reduced from 2018 from 13km to 2km by December 2022.

This enabled us ascertain whether the construction of the facility has reduced the traveling time the community members spent in accessing health care services. The study respondents affirmed that the construction of the CHPS compound had reduced the traveling time they used in getting to the health centers.

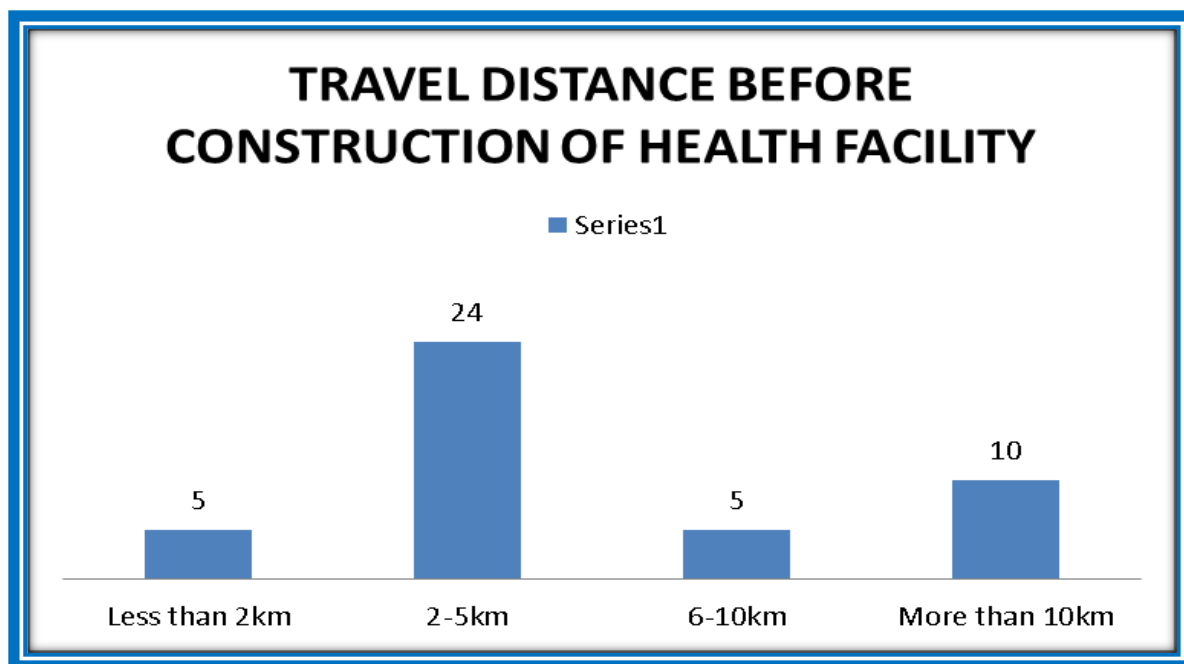
Section A Fig.1



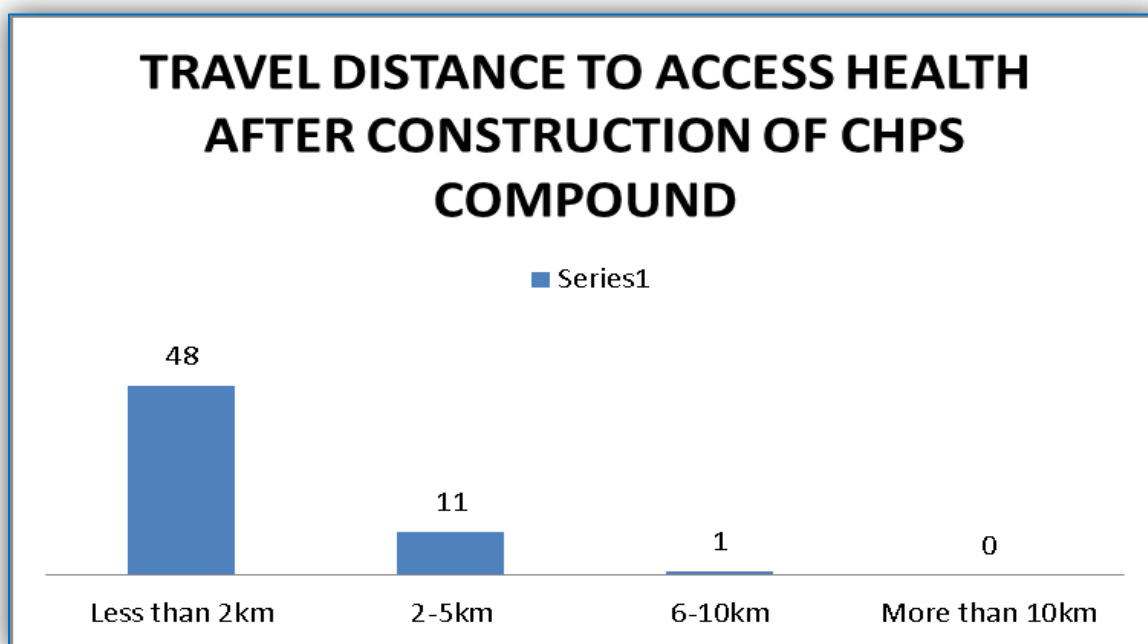
When asked before the construction of the CHPS Compound to describe the average time it took to travel from their homes to other health facilities, 24/60 of the respondents indicated that it took them 2-5km to get to their various facilities whereas another 10/60 respondents indicated that it took them more than 10km to get to the various facilities, another 5/60 respondents indicated that it took them 6-10km to get to the various facilities and the remaining 5/60 however indicated that it took them less than 2km to get to the various facilities.

This indicates that the respondents (40%) spent more travel time to access healthcare at various health facilities. After the construction of the CHPS compound, the results (80%) indicate that travel time had been reduced to less than 2km. In conclusion the facility has reduced the travelling distance from more than 10km to 2km in accessing basic health care.

Section A Fig.2



Section A. Fig. 3



All respondents affirmed that they are aware of health durbar organized in the community. 53% however indicated that they participate in these health durbars.

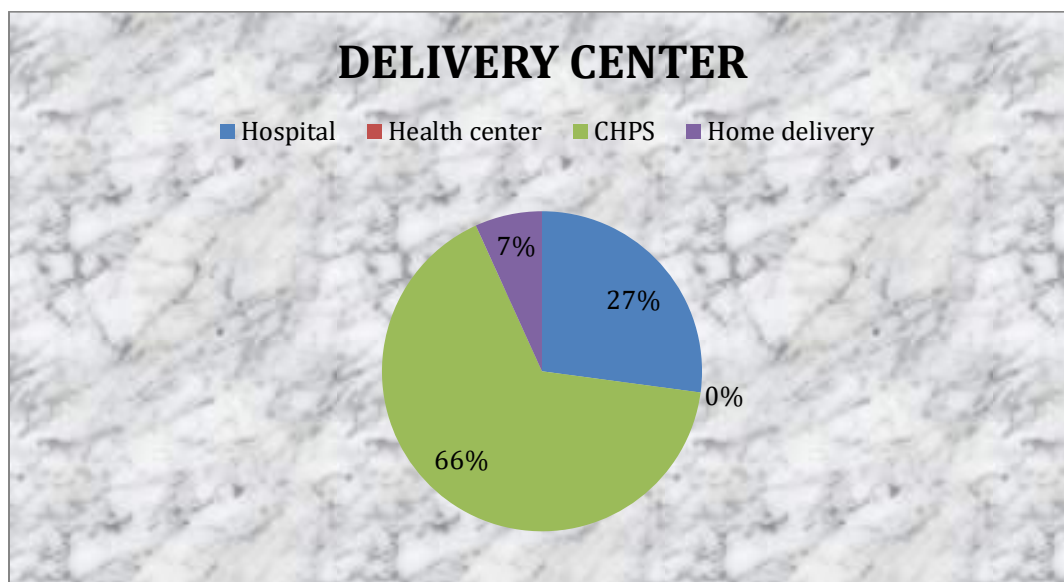
Results from the secondary data source indicated that committee meetings are being held once every month, however, logistics like motorcycles that could aid in transporting community health nurses were lacking. The facility also had other basic health equipment.

2.5 SECTION B: MATERNAL HEALTH

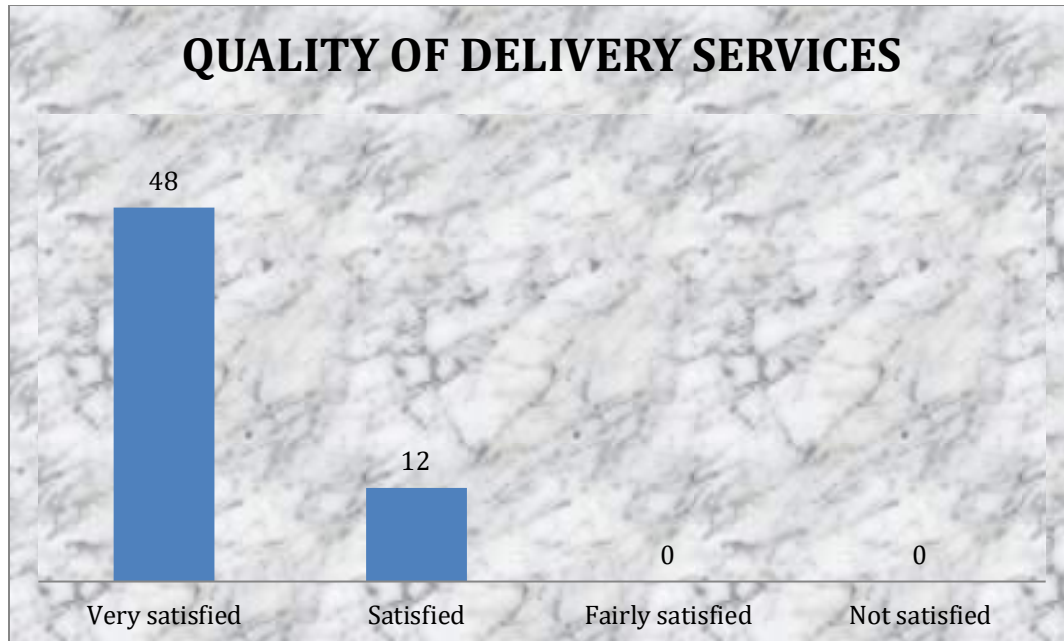
The second objective of the CHPS compound project was to reduce the maternal mortality rate from 3/100,000lbs in 2018 to 0/100,000lbs by December, 2022.

The study established that the quality of antenatal and postnatal services was satisfactory, 54 (90%) of the respondents indicated that they were “very satisfied” with the services. Another 40 (67%) of the respondents indicated they were “very satisfied” with the OPD service. 32(53.3%) of the respondents delivered at the CHPS compound: Out of this number 80% were “very satisfied” with the quality of delivery service whilst 20% indicated they were “satisfied”.

Section B. Fig. 1



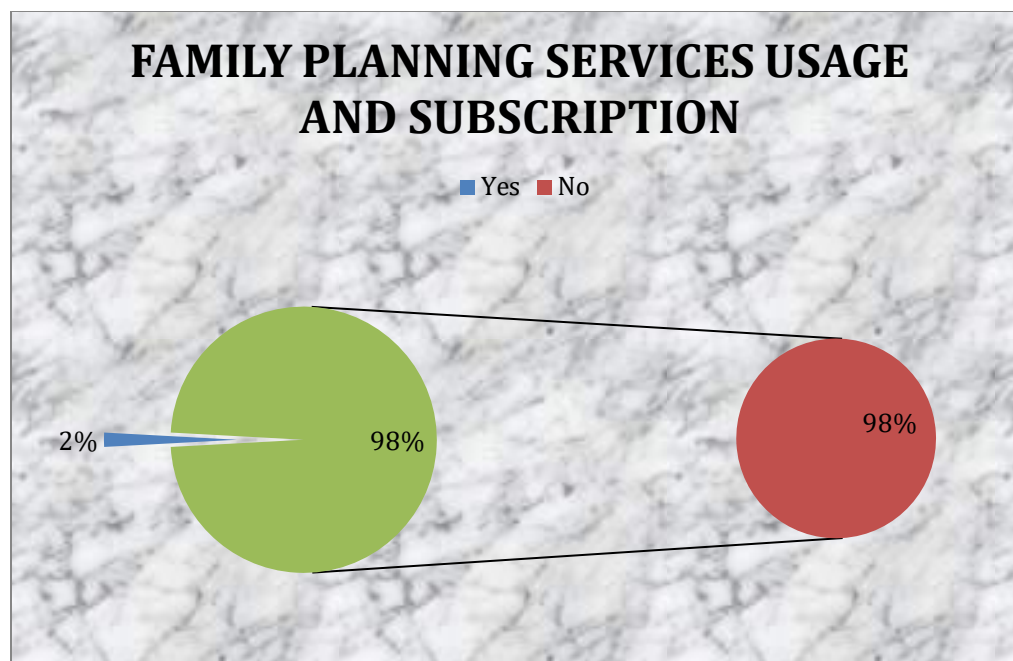
Section B. Fig 2.



59 (98.3%) respondents indicated that they have visited the CHPS compound for their first PNC.

All respondents (100%) were aware of family planning services availability at the CHPS compound. However, 98% of the respondents indicated they have never used family planning services. The findings indicate that the family planning acceptance rate is very low.

Section B. Fig 3



2.6 SECTION C: INFANT AND CHILD HEALTH

The third and final objective of the project sort to reduce the infant mortality rate from 5/1000lbs in 2018 to 1/1000lbs in 2022; in cases where infants or babies are prone to diseases, especially the six childhood killer diseases.

Data for this section was generated at the CHPS facility as secondary data. The results from the analysis indicated that infant mortality rate currently stands at 0/1000lbs as at December, 2023. In same vein, under-5 mortality rates stood at 0. Stunting in children however stood at 10 between 2022 and 2023. There was no Wasting and Child Welfare Durbar. EPI coverage was 60 during the year 2023. The data also revealed that the facility recorded 0 anemic pregnant women, 0 teenage pregnant mothers, and 0 maternal mortality. However, on staff and logistics, the respondent indicated that the facility has 5 midwives, 3 community nurses and does not have a motorcycle in the facility.

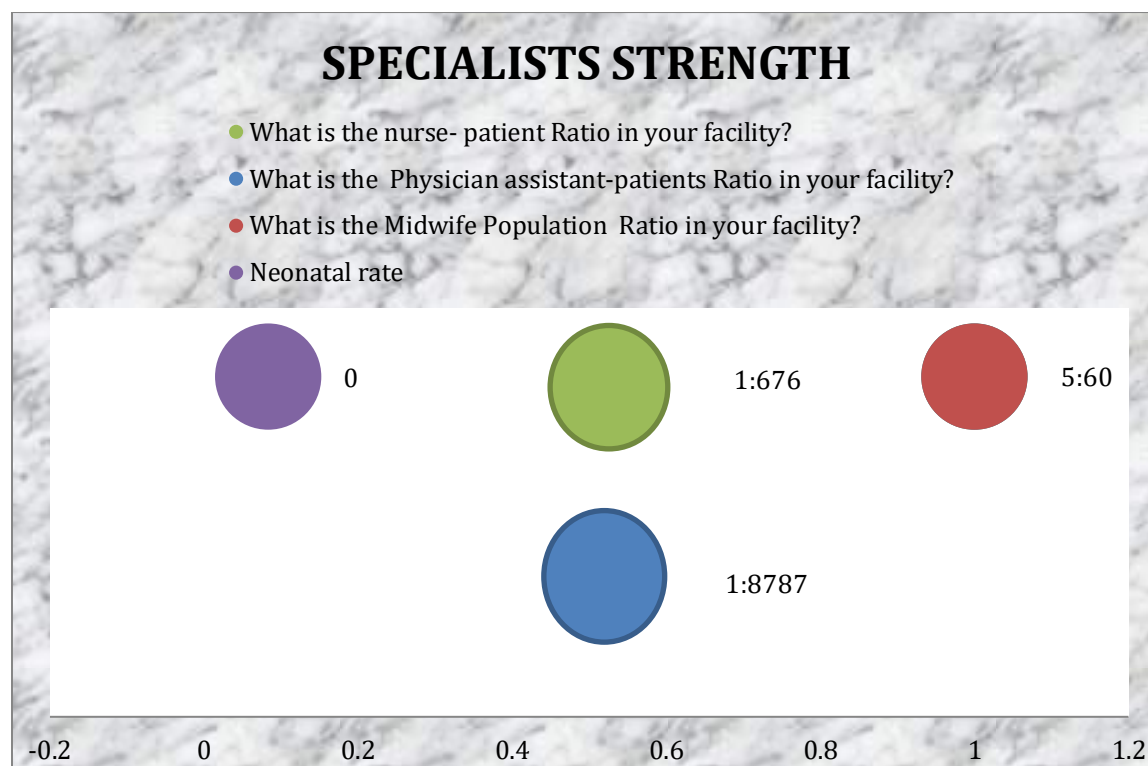
The facility also has an adolescent corner and a labor ward.

Section C. Fig. 1

LOGISTICS AVAILABLE	NUMBER
Motorcycles	0
Basic health equipment	4
Midwives	5
Number of Community Health Nurses	3
Number of physician Assistant	1

The nurse patient ratio as at December, 2023 stood at 1:676 at the facility. And in same vein, Physician assistant patient ratio stood at 1:8787.

Section C. Fig. 2



2.7 OBSERVATIONS AND RECOMMENDATIONS

The Technical Evaluation Team observed that:

- I. The study has met all the set objectives.
- II. That the facility has significantly reduced traveling distance for community members to access basic healthcare.
- III. The nurse to patient ratio stands at **1:676** as compared to the GHS recommended nurse to patient ratio at **1:18**.
- IV. The CPHS facility lacks such other auxiliaries like a Nurses Quarters to accommodate Community Health Nurses.
- V. Means of transport (motorcycles) and other logistics such as basic health equipment are lacking in the facility.

However, the Technical evaluation team recommends that:

- I. The Municipal Health Directorate should collaborate with other bodies (Municipal Chief Executive, Member of Parliament, Development Partners, etc) to secure additional medical equipment for the facility.
- II. The Municipal Health Directorate should post additional nurses (general and community health nurses) to the facility.
- III. SagMA should provide nurses quarters to support nurses accommodation and effectiveness. For other such future projects, auxiliaries such as the Nurses' quarters should be incorporated.

- IV. The Municipal Health Directorate should collaborate with other bodies, including development partners to secure motorcycles for community nurses to aid administration and coverage of EPI services.
- V. The Municipal Health Directorate should collaborate with Municipal Information Services Department, and the **CoP** to sensitize community members on community health durbars to encourage and expand communities' participation.

2.8 CONCLUSION

This study has provided insights into effectiveness, efficiency and impacts the CHPS compound has had on the Kogni community and the community members. Key findings from the evaluation indicate that the facility has eased access to basic health care, and positively impacted maternal health. Even though there are only 3 community nurses at the facility, attendance at the OPD and other such services as ANP and PNC has been high and very satisfactory. EPI services have been low in the 2022/23 year, and this was because, “there was shortage of vaccines,” MIS Officer at the Municipal Health Directorate. However, the low EPI coverage was also attributed to the lack of motorcycles available for community nurses to reach out to distant places in community. The findings and recommendations seek to help improve future project designs and implementation at SagMA, and all of its Departments.

3.0 GLOSSARY

ANC-Anti natal care

CHPS-Community-based **Health** Planning and Services

CoP-Community of Practice

CDD-Center for Democratic Development

EPI- Expanded Programme on Immunization

E4D-Evidence for Development

GHS-Ghana Health Service

lbs-live births

OPD-Outpatient Department

PNC-Postnatal care

SagMA-Sagnarigu Municipal Assembly

SPSS- Statistical Package for Social Sciences