



COMPREHENSIVE PROJECT EVALUATION REPORT

Kogni Community-based Health Planning and Services (CHPS) Compound

Assessment of Healthcare Access, Maternal,
Infant and Child Health Outcomes

2024

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EXECUTIVE SUMMARY

The evaluation of the Kogni Community-based Health Planning and Services (CHPS) Compound was undertaken to assess the extent to which the intervention has improved access to basic healthcare and contributed to better maternal, infant, and child health outcomes in the Kogni community. The evaluation was led by Simba Ghana, with support from the Evidence for Development (E4D) Community of Practice at the Sagnarigu Municipal Assembly and technical support from CDD-Ghana. The evaluation used a mixed-method, cross-sectional approach, combining a community survey of 60 respondents with available facility and project information. It examined healthcare access, service utilization, maternal and child health, service quality, community participation, implementation capacity, and sustainability.

Overall, the evaluation finds that the Kogni CHPS Compound has substantially achieved its core service-delivery purpose. The strongest evidence relates to improved geographical access to healthcare. Following establishment of the facility, 80% of surveyed respondents reported travelling less than 2 km to access healthcare, compared with only 11.4% of recorded pre-intervention responses. No respondent reported travelling more than 10 km after the intervention. This represents a substantial improvement in physical access to basic healthcare. The intervention has also generated encouraging results in maternal health service delivery. Ninety percent of respondents reported being very satisfied with antenatal and postnatal services, 53.3% reported delivering at the CHPS Compound, and 98.3% reported attending the facility for their first postnatal care. However, family-planning utilization remains a significant gap: although awareness of family-planning services was universal, 98% of respondents reported that they had never used the services.

Infant and child health findings are similarly positive but mixed. Facility records reported zero infant and under-five mortality during the period assessed, indicating strong reported survival outcomes. At

the same time, preventive child-health performance requires attention. Reported EPI coverage was low, vaccine shortages and limited outreach capacity were identified as constraints, and the reported stunting figure requires further clarification and validation. The evaluation also identified several operational and sustainability challenges. These include inadequate staffing, the absence of nurses' accommodation, lack of motorcycles for community outreach, equipment constraints, limited outreach capacity and weaknesses in routine health-data management. These constraints could affect the facility's ability to sustain and expand the gains already achieved.

The evaluation therefore concludes that the Kogni CHPS Compound represents a relevant and substantially effective intervention, with particularly strong performance in geographical access and maternal-health service utilization. However, the evidence does not permit definitive causal attribution of population-level mortality outcomes to the CHPS intervention. In addition, the available financial information is insufficient to make a robust value-for-money assessment. The central recommendation is that Kogni should now move from an infrastructure-establishment phase to a service-strengthening and sustainability phase.

Priority actions include strengthening staffing, providing nurses' accommodation and outreach transport, improving immunization and preventive child health services, increasing family-planning uptake, strengthening nutrition monitoring, deepening community participation, improving data quality and establishing routine CHPS performance monitoring. A medium-term sustainability and resource-mobilization plan should also be developed by the Sagnarigu Municipal Assembly, Ghana Health Service, and relevant development partners. In summary, the Kogni CHPS Compound has made a substantial positive contribution to local healthcare access and service delivery. The next priority is to consolidate these gains by strengthening the human, logistical, preventive, community and information systems required to deliver sustained, quality and comprehensive primary healthcare.

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1. INTRODUCTION

1.1 BACKGROUND

The **Evidence for Development (E4D) Project Community of Practice (CoP)** at the **Sagnarigu Municipal Assembly** was established as an institutional learning and evidence-generation platform to strengthen the capacity of the Assembly to systematically generate, analyze and use evidence for improved planning, implementation, monitoring and decision-making. The CoP brings together technical officers from key municipal departments, including Statistics, Health, Education, Development Planning and Agriculture, alongside Information Officers, Statutory Sub-Committee Chairpersons, and Civil Society Partners. Its work is grounded in the recognition that effective local governance and development programming require credible evidence on what interventions are achieving, for whom, and under what conditions. Against this background, the CoP identified the evaluation of selected priority programmes implemented within the Municipality as an important mechanism for strengthening results-based management, institutional learning and accountability for development outcomes.

It was within this broader institutional learning and evidence-generation framework that **Simba Ghana** led the evaluation of the Kogni Community-based Health Planning and Services (CHPS) Compound, with support from the E4D Community of Practice and technical support from the **Center for Democratic Development (CDD)-Ghana** under the **Flora Williams and Hewlett Foundation-funded Evidence for Development (E4D) Project**. The evaluation was undertaken to generate systematic evidence on the extent to which the Kogni CHPS intervention has contributed to improving access to basic healthcare services and addressing key maternal, infant, and child health needs within the Kogni community. In addition to examining the intervention's intended results, the evaluation sought to understand the extent to which the facility is being utilized, how community members perceive the quality of services provided, and the operational factors that enable or constrain effective service delivery. The exercise therefore represents not only an assessment of a specific health intervention but also an important contribution to strengthening locally generated evidence for development decision-making.

The Kogni CHPS Compound was established within the context of the need to bring essential primary healthcare services closer to communities and reduce the barriers associated with distance and access to healthcare. The evaluation consequently places particular emphasis on three core dimensions of the intervention: access to quality healthcare services, maternal health, and infant and child health. It assesses progress against the project's stated objectives, including reducing the distance travelled to access basic healthcare, reducing maternal mortality, and reducing infant mortality. Beyond measuring reported results, the evaluation examines the broader effectiveness, sustainability, and operational context of the intervention, including community participation, staffing, equipment, outreach logistics, and utilization of services. The findings are intended to provide the Sagnarigu Municipal Assembly, the health sector and implementing partners with actionable evidence to consolidate the gains made at Kogni CHPS, address remaining service-delivery constraints, strengthen accountability for results, and inform the design and implementation of similar community-based health interventions in the future.

1.2 RATIONALE

The establishment of the Kogni CHPS Compound represented an important investment in strengthening access to essential primary healthcare services for residents of the Kogni community and surrounding areas. The intervention was premised on the recognition that geographical distance and limited access to basic health facilities can constitute significant barriers to timely utilization of healthcare services, particularly for women, children and other community members requiring routine, preventive and emergency care. By bringing healthcare infrastructure and services closer to the population, the intervention was expected to contribute to improved access, increased utilization of essential health services and better maternal, infant and child health outcomes. The evaluation was therefore considered necessary to establish the extent to which these intended benefits have been realized.

The rationale for the evaluation was further strengthened by the need to assess the intervention against its specific and measurable project objectives. The project sought to reduce the distance travelled by community members to access basic healthcare, reduce maternal mortality, and reduce infant mortality. These objectives provide a clear basis for assessing changes in access and selected health outcomes. The evaluation therefore seeks to examine not only whether the CHPS Compound has improved the physical accessibility of healthcare services, but also whether community members are utilizing the services and experiencing improvements in key areas of maternal, infant and child healthcare. Particular attention is given to community perceptions of service quality, utilization of maternal health services, postnatal care, family planning, immunization and reported mortality outcomes.

Beyond measuring the achievement of the project objectives, the evaluation is important for accountability, learning and future programming. It provides an opportunity to examine the factors that have facilitated or constrained the effectiveness of the Kogni CHPS Compound, including staffing, equipment, outreach logistics, community participation and institutional support. The findings are expected to provide evidence to guide the *Sagnarigu Municipal Assembly, health-sector stakeholders, Simba Ghana, CDD-Ghana and other development partners* in strengthening the performance and sustainability of the facility. More broadly, the evaluation is intended to generate practical lessons that can inform the design, implementation, monitoring and evaluation of similar community-based healthcare interventions, while contributing to the wider evidence base for results-based development planning within the Municipality.

1.3 INTENDED USERS

The findings and recommendations of this evaluation are intended to serve a range of stakeholders involved in the planning, implementation, oversight and support of primary healthcare services within the Sagnarigu Municipality. The evaluation is designed not only as a reporting instrument, but also as a management and learning resource that can support evidence-informed decision-making, institutional accountability and continuous improvement. Different users are expected to draw on the findings according to their respective mandates, responsibilities and interests in strengthening healthcare delivery and community wellbeing.

The principal intended users include the Sagnarigu Municipal Assembly, particularly the relevant technical departments and the E4D Community of Practice, which can use the evidence to inform municipal planning, resource allocation, monitoring and results-based management. The Sagnarigu Municipal Health Directorate and Ghana Health Service are expected to use the findings to strengthen

service delivery, staffing, outreach, maternal and child health programming, immunization and other primary healthcare interventions.

Simba Ghana and CDD-Ghana will also use the findings to assess the contribution of the *E4D-Project's* intervention, strengthen programme learning and inform future development and evaluation initiatives. The findings are also relevant to community leaders, health facility management structures and community members, particularly in relation to participation, accountability and responsiveness of health services.

The evaluation is further intended to provide useful evidence to development partners, funders and other organizations supporting community-based health interventions, particularly those interested in understanding the conditions under which investments in local health infrastructure translate into improved access and service outcomes. Finally, the report is intended to contribute to the broader institutional evidence base of the Sagnarigu Municipal Assembly by documenting lessons, implementation challenges, and good practices that can inform the design, implementation, monitoring, and evaluation of similar interventions in other communities.

2. PROJECT AND INTERVENTION DESCRIPTION

2.1 PROJECT OBJECTIVES

The Kogni CHPS Compound intervention was designed to improve access to essential primary healthcare services and contribute to improved maternal, infant, and child health outcomes within the Kogni community. The project was anchored around three core objectives that provide the basis for assessing its performance and contribution to improved health outcomes. These objectives focus on *geographical access to healthcare, maternal mortality, and infant mortality*.

To facilitate systematic assessment of progress, each objective was associated with a baseline position and a measurable target. The objectives and targets are presented below.

Table 2.1: Project Objectives, Baselines and Targets

NO.	PROJECT OBJECTIVE	BASELINE	TARGET	TARGET PERIOD
1	Reduce the distance travelled by community members to access basic healthcare services.	13 km	2 km	December 2024
2	Reduce the maternal mortality rate among the population served by the intervention.	3 per 100,000 live births	0 per 100,000 live births	December 2024
3	Reduce the infant mortality rate among the population served by the intervention.	5 per 1,000 live births	1 per 1,000 live births	2024

2.1.1 Objective 1: Improving Geographical Access to Healthcare

The first objective was to reduce the distance travelled by community members to access basic healthcare services, from a reported baseline of **13 kilometres to 2 kilometres**. This objective reflects the fundamental rationale for establishing the CHPS Compound: bringing essential healthcare services closer to the population and reducing geographical barriers to healthcare utilization.

The evaluation therefore examines changes in reported distance to healthcare before and after the establishment of the CHPS Compound, alongside evidence of service utilization and community perceptions. The assessment also considers whether the facility has effectively translated improved physical proximity into increased access to and utilization of essential healthcare services.

2.1.2 Objective 2: Reducing Maternal Mortality

The second objective was to reduce the maternal mortality rate from a reported baseline of **3 per 100,000 live births to zero** by December 2024. The objective reflects the project's intended contribution to improving maternal health through increased access to antenatal care, skilled delivery, postnatal care, referral, and other essential maternal health services.

The evaluation consequently examines maternal health service utilization, including ANC, delivery services, PNC and family-planning services, as well as available facility-level evidence relating to maternal mortality. These intermediate service indicators are important because they provide insight into the pathways through which improved access to the CHPS facility may contribute to better maternal health outcomes.

2.1.3 Objective 3: Reducing Infant Mortality

The third objective was to reduce the infant mortality rate from a reported baseline of **5 per 1,000 live births to 1 per 1,000 live births** by 2024. The objective reflects the intended contribution of the CHPS Compound to improved survival and health among infants through accessible preventive, promotive and curative healthcare services.

The evaluation therefore considers available evidence on infant and under-five mortality, immunization, child health, nutrition and other relevant services provided through the facility. Particular attention is given to the reported EPI coverage, child nutrition findings and facility-level mortality data in assessing progress towards this objective.

2.1.4 Interpretation of the Objectives

Taken together, the three objectives establish a logical progression from *improved physical access to healthcare, through increased utilization of essential health services, to improved maternal and infant health outcomes*. This provides an appropriate basis for evaluating both the immediate service-delivery results of the CHPS Compound and its intended contribution to broader health outcomes.

Importantly, however, the objectives are interpreted in light of the evaluation design and available evidence. The evaluation assessed reported changes in access, service utilization and facility-level outcomes. But a cross-sectional design does not by itself establish that observed changes in mortality were caused exclusively by the Kogni CHPS intervention. The assessment of impact therefore focused on the contribution of the intervention and the plausibility of its results, while identifying areas where

stronger longitudinal or routine health-system data would be required to establish population-level impact.

2.2 INTENDED INTERVENTION PATHWAY

The Kogni CHPS Compound intervention was conceived as a community-level primary healthcare intervention intended to address geographical and service-access barriers while contributing to improved maternal, infant and child health outcomes. The underlying logic of the intervention is that bringing basic healthcare infrastructure and services closer to the population, supported by appropriate health personnel, equipment, outreach, and community engagement, would improve access to and utilization of essential health services. Increased utilization and improved service delivery would, in turn, contribute to better health outcomes among the population served by the facility.

Table 2.2: Intended Intervention Pathway

RESULTS LEVEL	INTENDED INTERVENTION LOGIC	KEY EVIDENCE/INDICATORS IN THE EVALUATION
Inputs	Health infrastructure, health personnel, basic equipment, community-level health structures and logistical support required to operate the CHPS Compound.	Facility staffing, equipment, transport/logistics and health facility infrastructure
Activities	Provision of basic primary healthcare services, including antenatal care, postnatal care, outpatient services, delivery services, family planning, immunization and community health promotion/outreach.	ANC/PNC, OPD, delivery, family planning, EPI, health durbars and community engagement
Outputs	A functioning community-based health facility providing essential health services closer to residents and supported by health personnel and community-level structures.	Availability and utilization of Kogni CHPS services; staffing; monthly committee meetings; community health activities
Immediate Outcomes	Reduced geographical barriers to accessing healthcare; improved awareness and availability of services; increased utilization of essential maternal, infant and child health services; improved user experience.	Reported distance to facility, service utilization, satisfaction, PNC attendance and community participation
Intermediate Outcomes	Improved access to and utilization of preventive and curative health services, including maternal care, immunization, postnatal care and child health services.	Maternal service utilization, first PNC attendance, EPI coverage, family-planning utilization and child-health indicators

Intended Longer-Term Outcomes/Impact	Improved maternal, infant and child health and reductions in preventable maternal and infant mortality.	Maternal mortality, infant mortality, under-five mortality, nutrition and other facility-level health indicators
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2.2.1 Logic of the Intervention

The intervention pathway assumes that *physical proximity to healthcare is an important enabling condition for service utilization*. By establishing a CHPS Compound within or closer to the community, the project sought to reduce the distance that residents needed to travel to obtain basic healthcare. The expectation was that reduced geographical barriers would make services more accessible, particularly for pregnant women, mothers, children and other community members requiring regular or timely healthcare. Improved physical access alone, however, was not expected to produce health outcomes automatically. The intervention pathway also depends on the availability of appropriate personnel, equipment, supplies, outreach capacity and functional community engagement mechanisms. The evaluation therefore considers these factors as important conditions influencing the extent to which the facility can translate infrastructure investment into effective service delivery.

The next stage of the pathway concerns service utilization and quality. Increased access is expected to encourage greater utilization of services such as antenatal care, skilled delivery, postnatal care, immunization, family planning and outpatient care. Positive experiences with service delivery may further encourage continued utilization and strengthen community confidence in the facility. The evaluation consequently examines both utilization patterns and respondents' perceptions of service quality. Ultimately, sustained access to appropriate and timely primary healthcare services is expected to contribute to improved maternal, infant and child health outcomes, including reductions in preventable mortality and improvements in child health and nutrition. The evaluation therefore assesses the available evidence across this results chain rather than considering mortality outcomes in isolation.

2.2.2 Critical Assumptions

The intervention pathway depends on several conditions that are not necessarily within the direct control of the CHPS Compound or the project. These include:

1. Adequate and appropriately skilled health personnel remain available at the facility.
2. Essential medicines, vaccines, and other health commodities are consistently available.
3. Basic equipment remains functional and adequate for the services required.
4. Health workers can undertake community outreach and follow-up activities.
5. Adequate transportation and logistics are available for outreach and referrals.
6. Community members are aware of available services and willing and able to utilize them.
7. Referral facilities remain accessible when cases exceed the capacity of the CHPS Compound.
8. Community structures continue to support health promotion and accountability.
9. Routine health information is accurately recorded, reported, and used for decision-making.

The intervention pathway therefore demonstrates that *the construction of the CHPS Compound was necessary but not, by itself, sufficient to guarantee the achievement of all intended health outcomes*.

2.2.3 Evaluation Implication

The intervention pathway provides the analytical basis for this evaluation. It enables the assessment to move beyond the question of whether the CHPS Compound exists and instead examine whether the investment has translated into improved access, service utilization, service experience and health outcomes, and what factors have enabled or constrained that progression. It also provides an important basis for interpreting attribution. Improvements in access and service utilization may be more directly associated with the establishment and operation of the CHPS Compound. At the same time, outcomes such as maternal and infant mortality are influenced by multiple factors within and beyond the facility. The evaluation therefore assesses the evidence of the CHPS Compound's contribution to improved health outcomes, rather than automatically attributing all observed changes to the intervention.

3. EVALUATION PURPOSE, OBJECTIVES AND QUESTIONS

3.1 Purpose

The purpose of the evaluation was to systematically assess the performance, results and contribution of the Kogni CHPS Compound to improved access to and utilization of basic healthcare services, as well as maternal, infant and child health outcomes in the Kogni community. The evaluation was undertaken as part of the broader evidence-generation and institutional learning agenda of the E4D Project CoP at the Sagnarigu Municipal Assembly, to generate credible evidence to support programme accountability, learning and decision-making. More specifically, the evaluation sought to determine the extent to which the establishment and operation of the Kogni CHPS Compound had addressed the key challenges that informed the intervention, particularly the geographical barriers to accessing basic healthcare. It examined changes in reported access to healthcare, utilization of essential services, and community perceptions of service quality, with particular attention to maternal health services such as antenatal care, delivery and postnatal care, as well as family planning and other primary healthcare services. The evaluation also reviewed available facility-level evidence on infant and child health, including infant and under-five mortality, immunization, and nutrition-related indicators.

Beyond assessing whether the intended results had been achieved, the evaluation was designed to provide a deeper understanding of how and under what conditions the intervention has produced its observed results. It therefore considered key operational and contextual factors affecting performance, including staffing, equipment, outreach logistics, community participation, health-facility utilization and institutional support. In doing so, the evaluation sought to generate practical evidence that can be used by the Sagnarigu Municipal Assembly, the Municipal Health Directorate, Simba Ghana, CDD-Ghana and other relevant stakeholders to strengthen the performance and sustainability of the Kogni CHPS Compound and inform the design, implementation and evaluation of similar community-based healthcare interventions.

3.2 Evaluation objectives

The evaluation was guided by a set of objectives designed to assess the performance, results and contribution of the Kogni CHPS Compound while generating evidence for institutional learning and future programming. Specifically, the evaluation sought to:

1. Assess the extent to which the Kogni CHPS Compound has improved access to basic healthcare services for community members, particularly in relation to the geographical distance required to obtain essential healthcare.
2. Assess the utilization and perceived quality of healthcare services provided by the CHPS Compound, with particular attention to antenatal care, delivery services, postnatal care, outpatient services, family planning, immunization and other relevant primary healthcare services.
3. Assess progress towards the project's intended maternal health outcomes, including the utilization of maternal health services and available evidence relating to maternal mortality.
4. Assess progress towards the project's intended infant and child health outcomes, including infant and under-five mortality, immunization, nutrition and other relevant child-health indicators.
5. Examine the factors that have enabled or constrained the performance of the CHPS Compound, including staffing, equipment, logistics, outreach capacity, community participation and institutional support.
6. Assess the contribution of the CHPS Compound to observed changes in healthcare access, utilization and health outcomes, while distinguishing between evidence of contribution and claims of direct causal impact.
7. Assess the sustainability of the intervention and its benefits, including the adequacy of human resources, infrastructure, equipment, logistics, community structures and institutional arrangements required to maintain effective service delivery.
8. Identify implementation lessons, good practices and areas requiring improvement that can inform the strengthening of the Kogni CHPS Compound and the design and implementation of similar community-based healthcare interventions.
9. Generate actionable evidence for planning, decision-making, accountability and results-based management within the Sagnarigu Municipal Assembly and among relevant health-sector and development partners.

3.2.1 Relationship between the Project and Evaluation Objectives

It is useful to distinguish the evaluation objectives from the three original project objectives. The project objectives established the results the Kogni CHPS intervention was expected to achieve: improved access, reduced maternal mortality and reduced infant mortality. The evaluation objectives, by contrast, establish the scope of the assessment undertaken to determine whether and to what extent those results were achieved, what contributed to them, what constraints remain, and what lessons can be drawn for future programming. This distinction strengthens the report considerably because it prevents the evaluation from becoming merely a measurement of three project targets. It allows the assessment to examine the broader results chain; from infrastructure and service availability, through access and utilization, to maternal, infant and child health outcomes; while also considering sustainability, implementation conditions and institutional learning.

3.3 Core evaluation questions

The evaluation was guided by a set of core questions designed to assess the relevance, performance, results and sustainability of the Kogni CHPS Compound intervention. The questions were developed to reflect the project's stated objectives while also examining the factors influencing implementation and the extent to which the intervention has contributed to improved healthcare access and health outcomes.

A. Access to Healthcare

1. To what extent has the establishment of the Kogni CHPS Compound improved geographical access to basic healthcare services for community members?
2. Has the distance travelled by community members to access basic healthcare reduced compared with the situation before the establishment of the CHPS Compound?
3. To what extent has improved physical access translated into increased utilization of healthcare services?

B. Maternal Health

1. To what extent are women in the Kogni community utilizing essential maternal health services provided through the CHPS Compound, including antenatal care, skilled delivery, and postnatal care?
2. How do community members perceive the quality and responsiveness of maternal health services provided by the facility?
3. What evidence is available regarding progress towards the project's maternal mortality objective?
4. What factors facilitate or constrain the utilization of maternal health services, including family-planning services?

C. Infant and Child Health

1. To what extent has the CHPS Compound contributed to improved access to and utilization of infant and child health services?
2. What evidence is available regarding progress towards the project's infant mortality objective?
3. What does the available evidence indicate about immunization, child nutrition, and other key infant and child health outcomes?

D. Effectiveness and Implementation

1. To what extent has the intervention achieved its intended outputs and outcomes?
2. What factors have facilitated or constrained the effective delivery of services at the Kogni CHPS Compound?
3. Are the facility's staffing, equipment, supplies, infrastructure, and logistical arrangements adequate to support effective service delivery?
4. To what extent are community participation and local governance mechanisms supporting the delivery and accountability of health services?

E. Sustainability and Future Programming

1. To what extent are the benefits of the Kogni CHPS intervention likely to be sustained?
2. What institutional, financial, human-resource, logistical, and community-level factors may affect the sustainability of the intervention?
3. What lessons and good practices from the Kogni experience can inform the design and implementation of similar community-based healthcare interventions?

3.3.1 Analytical Approach to the Evaluation Questions

The questions above are not intended to be answered solely through the headline project indicators. Rather, they provide the analytical structure for examining the intervention across the results pathway established in Section 2.2: from inputs and implementation, through service availability and access, to utilization and health outcomes. Importantly, the evaluation distinguishes between *achievement*, *contribution*, and *attribution*. Evidence that the CHPS Compound is associated with improved access or increased utilization can be assessed directly from the available survey and facility information. However, broader outcomes such as maternal and infant mortality are influenced by multiple factors beyond the facility itself. The evaluation therefore considers whether the evidence supports a plausible contribution by the intervention without overstating causal claims that cannot be established by the evaluation design.

4. EVALUATION FRAMEWORK

The evaluation framework provides the analytical structure for assessing the performance and results of the Kogni CHPS Compound against its intended objectives. It translates the evaluation purpose and core evaluation questions into a systematic assessment of relevance, effectiveness, efficiency, outcomes and impact, sustainability, service quality, equity and inclusion, and community participation and accountability. This framework recognizes that the performance of a community-based health intervention cannot be assessed solely by examining whether the facility has been constructed or whether individual targets have been reached. The comprehensive assessment considers the relationship between the resources and systems supporting the facility, the services delivered, community access and utilization, immediate service-delivery outcomes, and the longer-term health outcomes to which the intervention is expected to contribute.

The framework also provides an important basis for interpreting the findings within the limitations of the available evidence. In particular, the evaluation distinguishes between reported achievement of project indicators and demonstrated causal impact. This distinction is important because the evaluation primarily relies on a cross-sectional community survey and facility-level secondary information and does not include a counterfactual or experimental comparison.

4.1 Evaluation Dimensions

The evaluation applies the following dimensions to assess the Kogni CHPS intervention:

EVALUATION DIMENSION	KEY ASSESSMENT FOCUS
Relevance	The extent to which the intervention responded to the healthcare access and maternal, infant, and child health needs that motivated its establishment.
Effectiveness	The extent to which the intervention has achieved its intended objectives, outputs and service-delivery outcomes.
Efficiency	The extent to which available resources have been used appropriately to deliver the intended results.

Outcomes and Impact	The extent to which the intervention has contributed to improved access, utilization and maternal, infant and child health outcomes.
Sustainability	The likelihood that the facility, services and benefits generated by the intervention will be maintained over time.
Service Quality	The extent to which services are perceived as satisfactory and whether the facility has the human, physical and logistical capacity required to provide essential services.
Equity and Inclusion	The extent to which access and benefits are available to different groups within the community, particularly potentially underserved populations.
Community Participation and Accountability	The extent to which community members participate in health promotion, facility oversight, and mechanisms for local accountability.

4.2 Results-Based Evaluation Logic

The evaluation applies a results-based perspective that follows the intervention pathway presented in Section 2.2. The analytical sequence is: *Inputs* → *Activities* → *Outputs* → *Access and Service Utilization* → *Outcomes* → *Longer-Term Health Results*. This logic enables the evaluation to examine not only what was achieved, but also the factors and processes through which the intervention is expected to generate results. For example, the construction and operationalization of the CHPS Compound constitute an important intervention input/output. However, the evaluation goes further by examining whether the facility has actually reduced the geographical barriers to healthcare, whether community members are using the services, whether users are satisfied with the services, and whether available health data indicate progress in maternal and infant/child health outcomes.

4.3 Evaluation Matrix

The evaluation matrix provides the principal link between the evaluation questions, indicators, evidence sources, and analytical approach.

EVALUATION AREA	KEY EVALUATION QUESTIONS	KEY INDICATORS/MEASURES	PRIMARY EVIDENCE SOURCE	ASSESSMENT APPROACH
Access	Has access to basic healthcare improved?	Distance to facility; reported access categories	Community survey	Descriptive comparison
Service utilization	Are community members using the facility and its services?	ANC, delivery, PNC, OPD and other service utilization	Community survey; facility information	Frequencies and percentages
Maternal health	Is there evidence of	ANC/PNC satisfaction, facility delivery, first PNC,	Community survey; facility	Descriptive analysis and interpretation

	improved maternal health service utilization and outcomes?	family planning, maternal mortality	data	
Infant and child health	Is there evidence of improved infant and child health outcomes?	Infant mortality, under-five mortality, EPI, stunting and wasting	Facility data	Descriptive assessment
Effectiveness	To what extent have project objectives been achieved?	Achievement against project targets	Survey and secondary data	Target-versus-result assessment
Service quality	How do users perceive the quality of services?	Satisfaction with ANC/PNC, OPD and delivery	Community survey	Frequency/percentage analysis
Implementation capacity	What factors enable or constrain service delivery?	Staffing, equipment, transport, outreach capacity	Facility information; evaluation observations	Qualitative/descriptive assessment
Community participation	Are communities engaged in health promotion and accountability?	Health-durbar awareness and participation; committee meetings	Community survey; facility information	Descriptive assessment
Sustainability	Are conditions in place to sustain benefits?	Staffing, equipment, logistics, accommodation, community structures	Facility information; observations	Sustainability assessment
Efficiency	Has the intervention achieved results efficiently?	Cost, expenditure, implementation period and resource utilization	Financial/project records, if available	Assessment subject to data availability
Equity	Are benefits equitably distributed?	Disaggregated access and utilization indicators	Community survey, where available	Subgroup analysis subject to available data

4.4 Assessment of Project Performance

Performance against the three original project objectives was assessed separately from the broader evaluation criteria. This is important because an intervention may demonstrate strong progress against one objective while facing constraints in another aspect of implementation. The three core performance areas are therefore:

1. **Access to basic healthcare** – assessed primarily through changes in reported distance to healthcare services.
2. **Maternal health** – assessed through maternal-health service utilization and available maternal mortality evidence.
3. **Infant and child health** – assessed through infant mortality, under-five mortality, immunization, nutrition, and related indicators.

The assessment classified the findings according to the strength of the available evidence rather than simply assigning a success/failure label. Where the evidence is sufficiently clear, the assessment identified demonstrated or strongly supported achievement.

4.5 Contribution and Attribution

A central principle of this framework is the distinction between *contribution and attribution*. The Kogni CHPS Compound operates within a wider health system and community environment. Maternal and infant health outcomes may be influenced by multiple factors, including household behaviour, nutrition, immunization, referral services, other health facilities, availability of medicines, and wider Ghana Health Service interventions. Consequently, a change in an outcome indicator cannot automatically be attributed exclusively to the CHPS Compound. The evaluation therefore asked: *What evidence indicates that the Kogni CHPS Compound has contributed to observed improvements, and how strong is that evidence?* This approach allowed the evaluation to recognize the intervention's achievements without overstating what can be established from the available evaluation design.

4.6 Evidence Strength and Data Quality

The framework also incorporates an explicit assessment of the quality and consistency of the evidence. Numerical findings are considered alongside their denominators, reference periods, data sources, and consistency across tables, charts, and narrative.

4.7 Limitations of the Evaluation Framework

The framework is necessarily shaped by the information available. The evaluation does not report a counterfactual, experimental design, comprehensive longitudinal dataset or full financial records. Accordingly:

1. Causal attribution was not established conclusively;
2. Efficiency and value for money could only be assessed where financial information is available;
3. Population-level mortality conclusions require verification of denominators and routine health records;
4. Equity analysis is constrained by the level of respondent disaggregation available; and
5. Some reported indicators require reconciliation with the underlying survey and facility datasets.

However, these limitations do not prevent the evaluation from reaching useful conclusions. Rather, they define the *appropriate level of confidence and interpretation* to attach to the findings.

5. METHODOLOGY

5.1 Evaluation Design

The evaluation adopted a mixed-method, cross-sectional evaluation design, combining primary data collected from community members with available secondary information from the Kogni CHPS Compound and relevant project records. The design was intended to provide a multidimensional assessment of the intervention, covering healthcare access, utilization of health services, maternal and child health, service quality, community participation, and operational conditions affecting service delivery. The evaluation combined quantitative and qualitative/descriptive evidence. Quantitative data provided measurable evidence on respondents' experiences, healthcare utilization, and selected project indicators, while qualitative and contextual information helped explain the conditions underlying the observed results. This combination enabled the evaluation to move beyond reporting numerical results to examining the factors that may have facilitated or constrained achievement of the intervention's objectives.

The evaluation was primarily **ex-post and cross-sectional**, assessing the situation after implementation and drawing on respondents' reported experiences and available facility information. Where the evaluation considered conditions before the establishment of the CHPS Compound, these were based on respondents' recall and available baseline information rather than a contemporaneous baseline survey. Consequently, findings relating to change over time are interpreted with appropriate caution.

5.2 Evaluation Population

The primary evaluation population comprised community members within the Kogni CHPS Compound's catchment area, particularly individuals with experience of or knowledge about the healthcare services provided by the facility. The evaluation also considered information from the CHPS facility and relevant health-sector stakeholders to provide institutional and service-delivery perspectives. These sources were important for understanding staffing, infrastructure, equipment, service availability, outreach activities, and selected maternal, infant, and child health indicators. The combination of community-level and facility-level evidence allowed the evaluation to consider both the **demand side of healthcare access** and the **supply-side capacity of the CHPS Compound**.

5.3 Sample Size

A total of **60 community respondents** were included in the primary survey. The respondent sample provided the principal quantitative evidence for assessing community perceptions, access to healthcare, service utilization, and satisfaction with selected services. Facility-level information was subsequently used to complement the survey evidence, particularly for indicators that could not reliably be assessed through community responses alone.

5.4 Sampling Approach

The evaluation used a community-based sampling approach to identify respondents within the area served by the Kogni CHPS Compound. The approach was intended to obtain information from

community members who could provide relevant perspectives on access to and utilization of healthcare services. Given the evaluation's primary purpose of assessing programme performance and generating evidence for learning and decision-making, the sample was designed to provide descriptive evidence on the experiences and perceptions of the participating respondents. The findings are not therefore interpreted as statistically representative of the entire population of the wider Municipality unless supported by an appropriate probability sampling frame.

5.5 Data Sources

The evaluation drew on two principal categories of evidence.

5.5.1 Primary Data

Primary quantitative data were collected from community respondents using a structured questionnaire. The questionnaire captured information relating to:

1. Access to healthcare;
2. Distance travelled to obtain healthcare;
3. Utilization of health services;
4. Antenatal care;
5. Delivery services;
6. Postnatal care;
7. Family planning;
8. Immunization;
9. Child health;
10. Satisfaction with selected services;
11. Community participation; and
12. Perceptions of the CHPS compound.

5.5.2 Secondary Data

Secondary information was obtained from the Kogni CHPS Compound and relevant project documentation. This included available information on:

1. Staffing;
2. Infrastructure and equipment;
3. Service delivery;
4. Maternal health;
5. Infant and child health;
6. Immunization;
7. Mortality;
8. Community outreach; and
9. Community-level health structures.

The secondary information was particularly important for indicators such as mortality and service performance that are more appropriately assessed using routine facility or health-system records rather than community recall alone.

5.6 Data Collection Instrument

A structured questionnaire was used as the principal primary-data collection instrument. The instrument was designed around the major areas of the evaluation, including healthcare access, utilization, maternal health, infant and child health, service satisfaction, and community participation. The questionnaire generated predominantly quantitative responses that could be coded and analyzed statistically. Where appropriate, the evaluation also captured contextual information necessary to interpret quantitative findings.

5.7 Digital Data Collection and Data Management

The evaluation employed **KoboCollect** for digital data collection and management. The use of an electronic data-collection platform supported standardization of the questionnaire, reduced manual data-entry requirements, and facilitated the consolidation of responses for analysis. Following data collection, the dataset was reviewed for completeness and consistency before analysis. The evaluation also compared relevant survey results with available facility information.

5.8 Data Analysis

Quantitative survey data were analyzed using descriptive statistical techniques, principally frequencies, percentages, and comparisons across relevant indicators. Findings were presented using tables and graphical representations where this improved interpretation. The analysis was organized around the evaluation framework established in Section 4. Results were therefore examined in relation to:

1. Healthcare access;
2. Service utilization;
3. Maternal health;
4. Infant and child health;
5. Service quality;
6. Effectiveness;
7. Community participation;
8. Implementation capacity; and
9. Sustainability.

Available facility-level indicators were examined alongside community survey findings to identify areas of convergence, complementarity or inconsistency. Importantly, the analysis did not treat every observed outcome as evidence of causal impact. Instead, findings were interpreted according to the strength, consistency and source of the available evidence.

5.9 Assessment Against Project Objectives

Performance was assessed against the three principal project objectives:

1. Reducing the distance travelled to access basic healthcare;
2. Reducing maternal mortality; and
3. Reducing infant mortality.

For each objective, the evaluation considered the available baseline, target, and observed result. Where sufficient evidence was available, performance was assessed against the stated target. Where the

evidence was incomplete or internally inconsistent, the finding was classified accordingly and the limitation documented. This approach ensured that the evaluation distinguished between target achievement, reported achievement and verified achievement.

5.10 Data Quality Assurance

Several measures were applied to strengthen the quality and credibility of the evaluation evidence. These included:

1. Use of a structured data-collection instrument;
2. Digital data collection through KoboCollect;
3. Review of completed responses for completeness;
4. Checking of numerical results and percentages;
5. Comparison of narrative findings with corresponding tables and figures; and
6. Triangulation of community-level findings with available facility information.

The evaluation recognizes that data quality is itself an important consideration in interpreting results. Consequently, numerical findings are not presented without regard to their denominators, reference periods, or sources.

5.11 Ethical Considerations

The evaluation sought to uphold appropriate ethical principles throughout the data-collection and reporting process. Respondents' participation was treated as voluntary, and information collected through the evaluation was intended for programme learning, accountability and decision-making. The reporting of findings also seeks to avoid unnecessary disclosure of personally identifiable information. Results are presented principally in aggregate form so that individual respondents cannot ordinarily be identified from the evaluation findings.

5.12 Methodological Limitations

The evaluation has several methodological limitations that should be considered when interpreting its findings.

1. First, the evaluation is cross-sectional and ex-post, limiting the ability to establish changes over time with the same level of confidence that would be possible through a longitudinal design.
2. Second, some pre-intervention information relies on respondent recall and existing documentation, which may introduce recall or reporting bias.
3. Third, the evaluation does not include a counterfactual or comparison community. It is therefore not possible to determine conclusively what would have happened in Kogni in the absence of the CHPS intervention.
4. Finally, some outcome indicators, particularly mortality indicators, are derived from available facility-level information. Such indicators require careful interpretation because they may be affected by the completeness of reporting, population denominators, and referral patterns.

5.13 Overall Methodological Assessment

Despite these limitations, the methodology provides a useful basis for assessing the implementation, performance, and contribution of the Kogni CHPS Compound. The combination of community-level

survey evidence and facility-level information enables the evaluation to examine both changes experienced by users and the operational conditions under which services are delivered. The methodological approach is therefore considered appropriate for the evaluation's principal purposes of accountability, institutional learning and evidence-informed decision-making.

6. FINDINGS: ACCESS TO QUALITY HEALTHCARE SERVICES

6.1 Overview

Improving geographical access to basic healthcare was the first and most immediate objective of the Kogni CHPS Compound intervention. The project sought to reduce the distance community members travelled to obtain basic healthcare services, with a stated objective of reducing the distance from 13 kilometres in 2018 to 2 kilometres by December 2022. The evaluation therefore assessed access primarily through reported travel distance from respondents' homes to the health facility used for basic healthcare. The analysis considered the distribution of respondents across four distance bands: **less than 2 km, 2–5 km, 6–10 km and more than 10 km.**

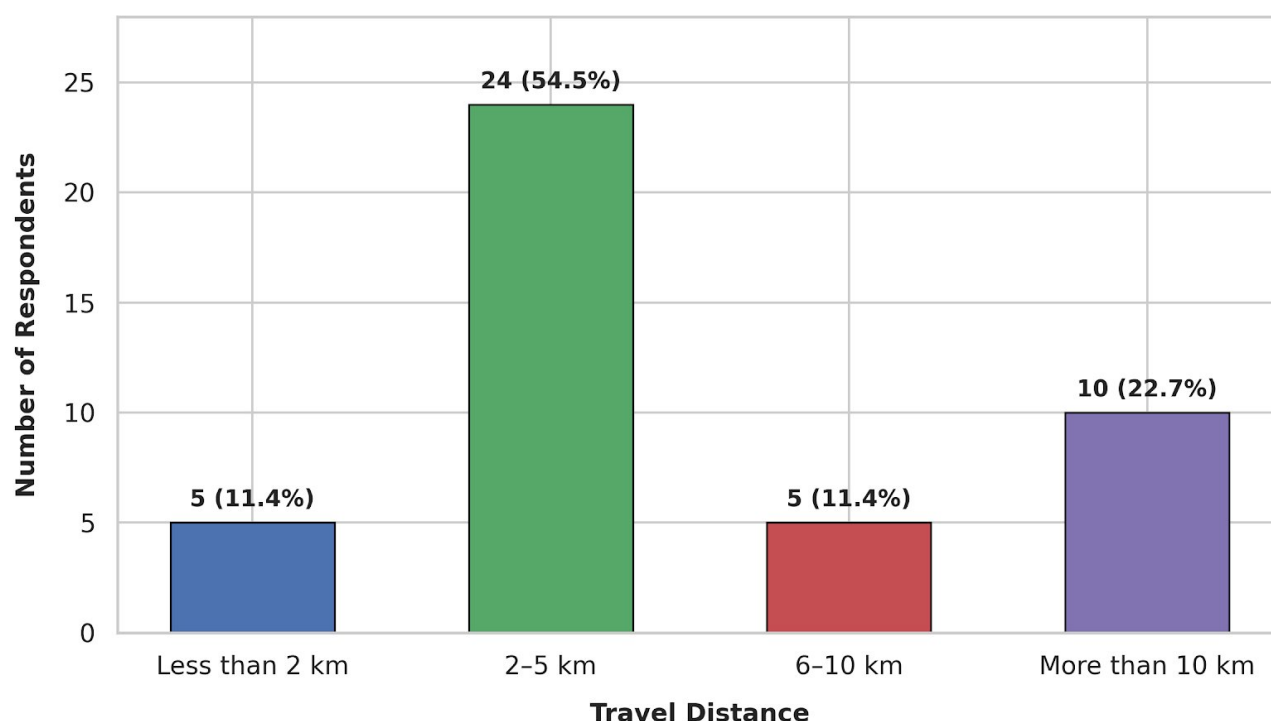
6.2 Travel Distance Before the Establishment of the CHPS Compound

The evaluation asked respondents to report the distance they travelled to access healthcare before the establishment of the Kogni CHPS Compound. The source data categorized reported distances into four bands.

Table 6.1: Reported Travel Distance Before Establishment of the CHPS Compound

Travel distance	Number of respondents	Percentage of recorded responses (n=44)
Less than 2 km	5	11.4%
2–5 km	24	54.5%
6–10 km	5	11.4%
More than 10 km	10	22.7%
Total recorded	44	100.0%

Reported Travel Distance Before Establishment of the CHPS Compound



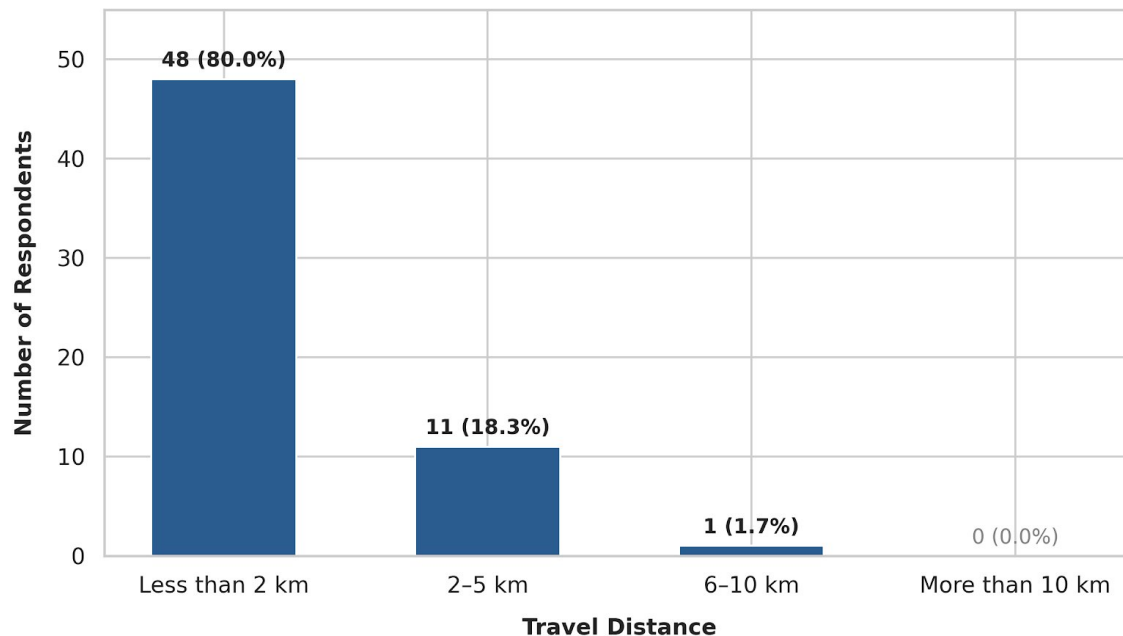
The distribution indicates that, among the 44 responses represented in the pre-construction distance data, only 5 respondents (11.4%) reported travelling less than 2 km to access healthcare. The largest group, 24 respondents (54.5%), travelled between 2 and 5 km, while 15 respondents (34.1%) reported travelling at least 6 km, including 10 respondents (22.7%) who travelled more than 10 km. This suggests that a considerable proportion of community members faced a meaningful geographical barrier to basic healthcare before the CHPS Compound became available. In particular, more than one-third of the recorded responses fell within the 6–10 km or greater-than-10-km categories.

6.3 Travel Distance After Establishment of the CHPS Compound

Of the 60 respondents, **48 (80%) reported travelling less than 2 km** to access healthcare. A further 11 respondents (18.3%) reported travelling between 2 and 5 km, while only one respondent (1.7%) reported travelling between 6 and 10 km. No respondent reported travelling more than 10 km.

Table 6.2: Reported Travel Distance After Establishment of the CHPS Compound

Travel distance	Number of respondents	Percentage (n=60)
Less than 2 km	48	80.0%
2–5 km	11	18.3%
6–10 km	1	1.7%
More than 10 km	0	0.0%
Total	60	100.0%

Distribution of Respondents by Travel Distance (N = 60)

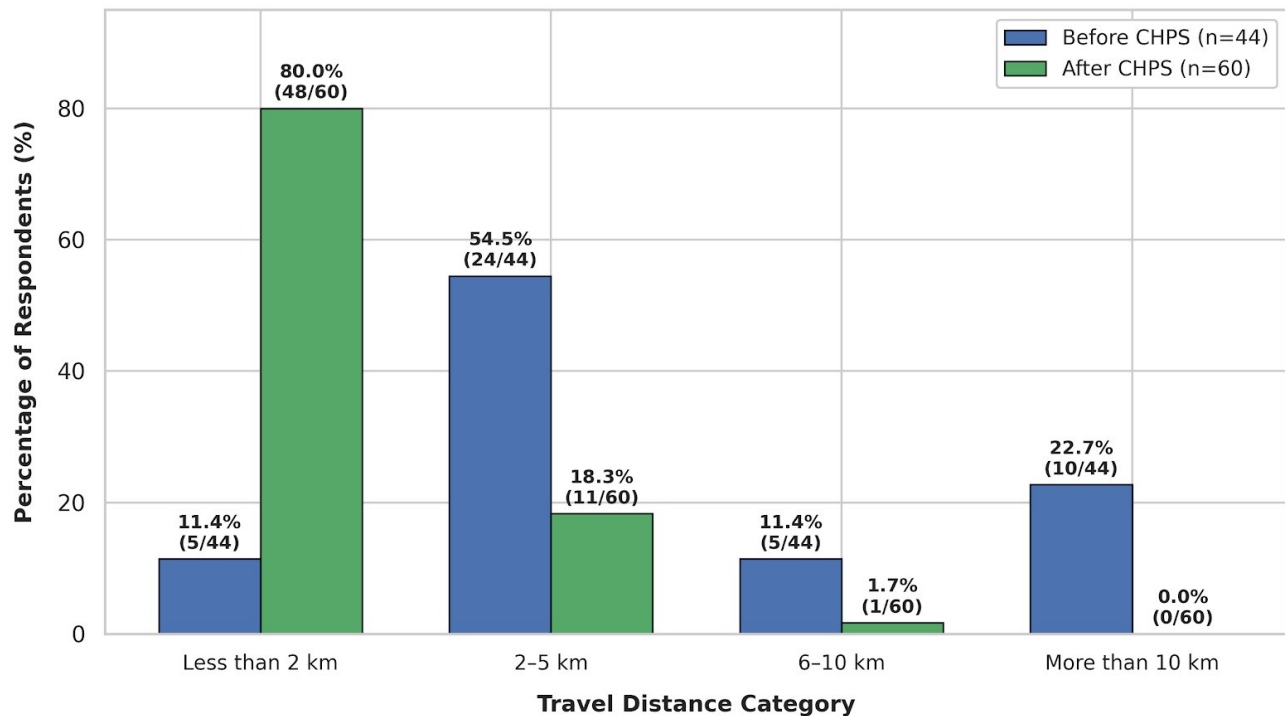
This provides strong evidence that the CHPS Compound has brought basic healthcare services considerably closer to most respondents. Four out of every five respondents reported a travel distance of less than 2 km, while **98.3% reported travelling less than 6 km**. Most importantly, the category of more than 10 km, which accounted for 22.7% of the recorded pre-construction responses, fell to zero.

6.4 Change in Geographical Access

The comparison between the two distributions indicates a substantial shift towards shorter travel distances.

Table 6.3: Change in Reported Travel Distance

TRAVEL DISTANCE	BEFORE CHPS	AFTER CHPS	DIRECTION OF CHANGE
Less than 2 km	5/44 (11.4%)	48/60 (80.0%)	Substantial improvement
2–5 km	24/44 (54.5%)	11/60 (18.3%)	Reduction
6–10 km	5/44 (11.4%)	1/60 (1.7%)	Reduction
More than 10 km	10/44 (22.7%)	0/60 (0.0%)	Eliminated in reported responses

Change in Reported Travel Distance Before and After CHPS

Conversely, the proportion reporting distances of **more than 5 km** fell from 34.1% of recorded pre-construction responses to 1.7% after the intervention. No post-construction respondent reported travelling more than 10 km. The evidence therefore supports the conclusion that the Kogni CHPS Compound has substantially improved the geographical proximity of basic healthcare services for the surveyed population. However, because the pre-construction distribution contains 44 rather than 60 recorded responses, the evaluation cannot claim a precise percentage-point change for the entire sample.

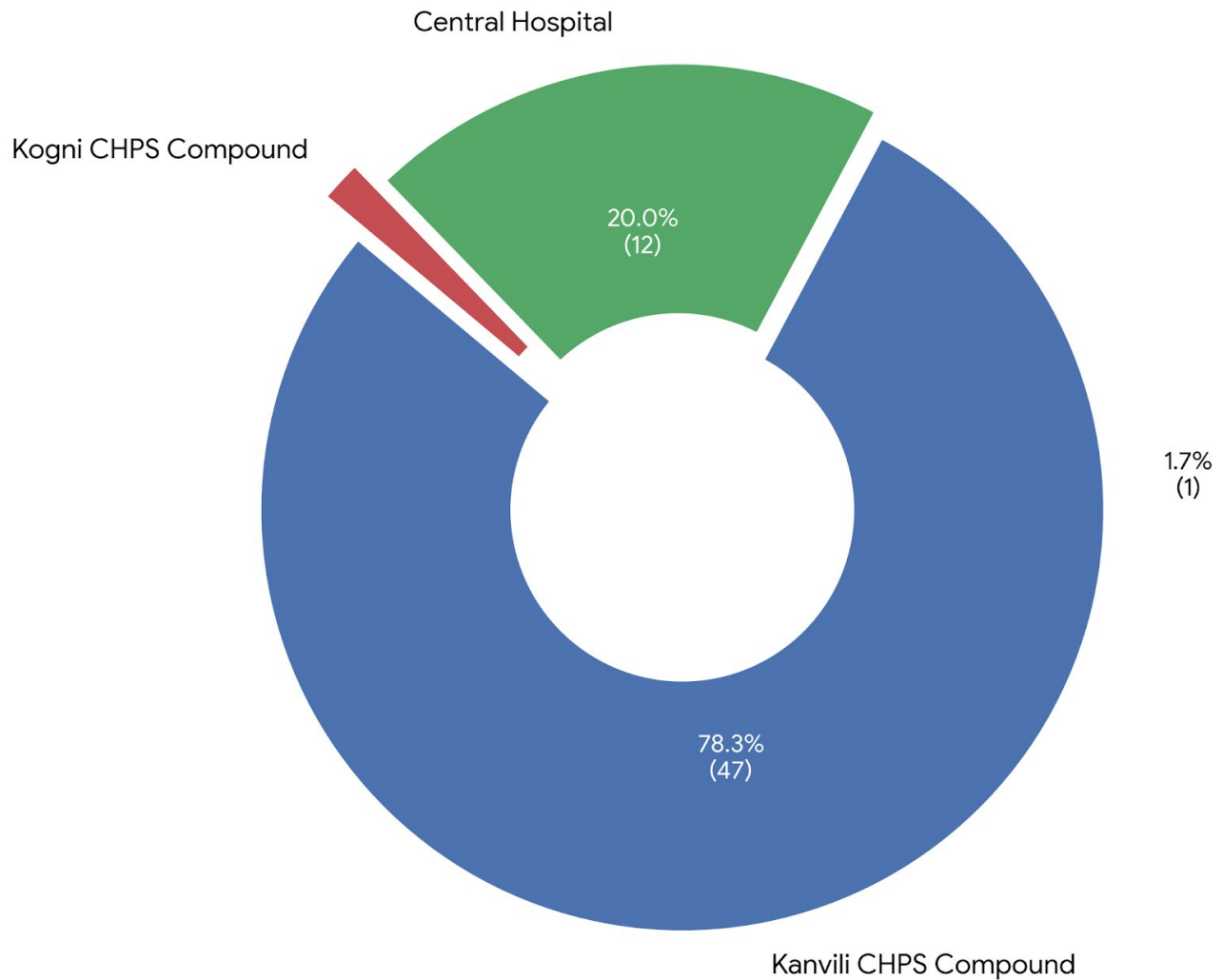
6.5 Current Utilization of Health Facilities

The survey also examined whether respondents currently accessed healthcare. The original figure recorded 47 respondents at Kanvili CHPS Compound, 12 at Central Hospital and 1 at Kogni CHPS Compound.

Table 6.4: Reported Current Healthcare Facility Used

FACILITY	RESPONDENTS	PERCENTAGE
Kanvili CHPS Compound	47	78.3%
Central Hospital	12	20.0%
Kogni CHPS Compound	1	1.7%
Total	60	100.0%

Reported Current Healthcare Facility Used (N = 60)



This finding introduces an important qualification to the access assessment. While the distance data indicate that healthcare has become geographically closer for most respondents, the facility-utilization data suggest that most respondents were still accessing healthcare at Kanvili CHPS rather than the Kogni CHPS Compound itself. The reason for this pattern is not established by the available data. It may reflect differences in service availability, perceived quality, referral arrangements, historical utilization patterns, or the location of respondents within the catchment area. However, these explanations should not be assumed without supporting evidence. The finding warrants further investigation because physical proximity and actual utilization are related but distinct dimensions of healthcare access.

6.6 Community Engagement and Access

Access to healthcare is also influenced by awareness and community engagement. The evaluation found that all respondents were aware of health durbars organized in the community, while 53% reported participating in them. This suggests a high level of awareness of community health-promotion activities but a more moderate level of active participation. The distinction is important: awareness provides an enabling condition for utilization, but participation determines whether community members are actually engaging with health-promotion activities. The facility-level information further indicates that community committee meetings were held monthly, suggesting the existence of a mechanism for community participation and local oversight. At the same time, the absence of motorcycles was identified as a logistical constraint, particularly for transporting community health nurses and supporting outreach activities.

6.7 Assessment Against the Access Objective

The project objective was to reduce the distance travelled to access basic healthcare from **13 km to 2 km**. The evaluation evidence provides strong support for achievement of the intended direction of change. After establishment of the CHPS Compound, 80% of surveyed respondents reported travelling less than 2 km to access healthcare, compared with only 11.4% of the recorded pre-construction responses. Furthermore, no respondent in the post-construction distribution reported travelling more than 10 km. However, the available evidence does not allow the evaluation to establish with complete statistical confidence that the average travel distance declined from exactly 13 km to exactly 2 km.

The evaluation conclusion is therefore: *The Kogni CHPS Compound has substantially improved geographical access to basic healthcare among the surveyed respondents, with 80% reporting a travel distance of less than 2 km after establishment of the facility. The evidence strongly supports achievement of the access objective in terms of direction and magnitude of improvement.*

6.8 Key Finding

The establishment of the Kogni CHPS Compound appears to have substantially reduced the geographical barrier to accessing basic healthcare. 80% of surveyed respondents reported travelling less than 2 km to access healthcare after the facility was established, while no respondent reported travelling more than 10 km. This represents a major shift towards shorter travel distances. Nevertheless, the continued use of other health facilities by most respondents means that improved physical access should not automatically be equated with utilization of the Kogni CHPS Compound itself.

Evaluation Interpretation

The access evidence suggests that the intervention has been highly successful in addressing the geographical-access problem that motivated the establishment of the facility.

7. FINDINGS: MATERNAL HEALTH

7.1 Overview

Improving maternal health was the second major objective of the Kogni CHPS Compound intervention. The project sought to reduce the maternal mortality rate from a reported baseline of 3 per 100,000 live births in 2018 to zero by December 2022. The evaluation therefore examined maternal health from several complementary perspectives: utilization of maternal health services, perceived quality of care, place of delivery, postnatal care, family-planning awareness and utilization, and available facility-level maternal health data. This broader approach is important because maternal mortality is a relatively distal outcome. Evidence that women are accessing antenatal, delivery and postnatal services provides important information about the pathways through which a CHPS facility can contribute to improved maternal health, even where the evaluation cannot establish direct causal attribution for mortality outcomes. Overall, the evidence indicates strong utilization and positive user experience for several maternal health services, particularly antenatal/postnatal services and first postnatal care. However, the findings also reveal important gaps, particularly in family-planning utilization and the capacity of the facility to provide adequately supported maternal health services, including perinatal mental health services.

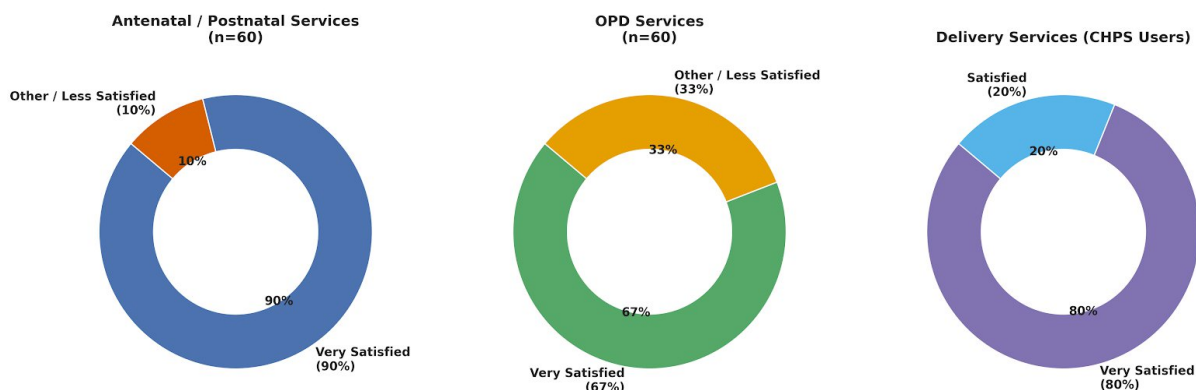
7.2 Utilization and Perceived Quality of Maternal Health Services

The community survey indicates generally positive perceptions of maternal health services provided through the CHPS system. The evaluation reports that 54 of the 60 respondents (90%) were very satisfied with antenatal and postnatal services.

Table 7.1: Reported Satisfaction with Maternal and Related Health Services

SERVICE	REPORTED RESULT	INTERPRETATION
Antenatal/Postnatal services	54 respondents (90%) very satisfied	Very positive reported user experience
OPD services	40 respondents (67%) were very satisfied	Positive overall perception
Delivery services among CHPS users	80% very satisfied; 20% satisfied	No dissatisfaction reported among the stated CHPS delivery group

Reported Satisfaction with Maternal and Related Health Services



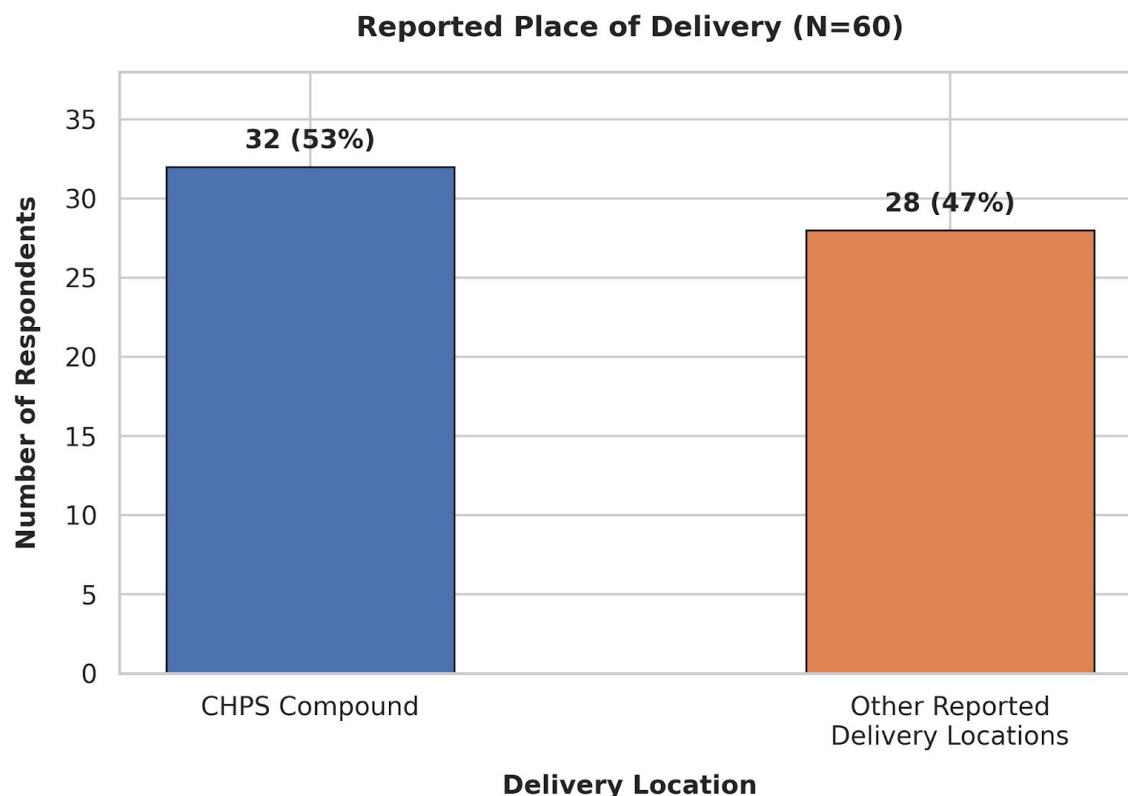
The high level of reported satisfaction is an important positive finding. It suggests that the CHPS intervention has not merely brought health infrastructure closer to the community but has also generated generally positive experiences among users of maternal health services. However, the satisfaction here is interpreted as a user-perception indicator rather than a direct measure of clinical quality. The evaluation does not provide sufficient clinical information to assess such dimensions as adherence to clinical protocols, emergency obstetric readiness, maternal morbidity, or quality-of-care standards. The finding is therefore best understood as evidence of positive perceived service experience.

7.3 Place of Delivery

Place of delivery provides an important indication of whether pregnant women are accessing facility-based maternal health services. The evaluation reports that 32 respondents (53.3%) delivered at the CHPS Compound. Among this group, 80% reported being very satisfied with the quality of delivery services and 20% reported being satisfied.

Table 7.2: Reported Place of Delivery

DELIVERY LOCATION	RESPONDENTS/REPORTED SHARE
CHPS Compound	32 respondents (53%)
Other reported delivery locations	28 respondents (47%)
Total%	100%



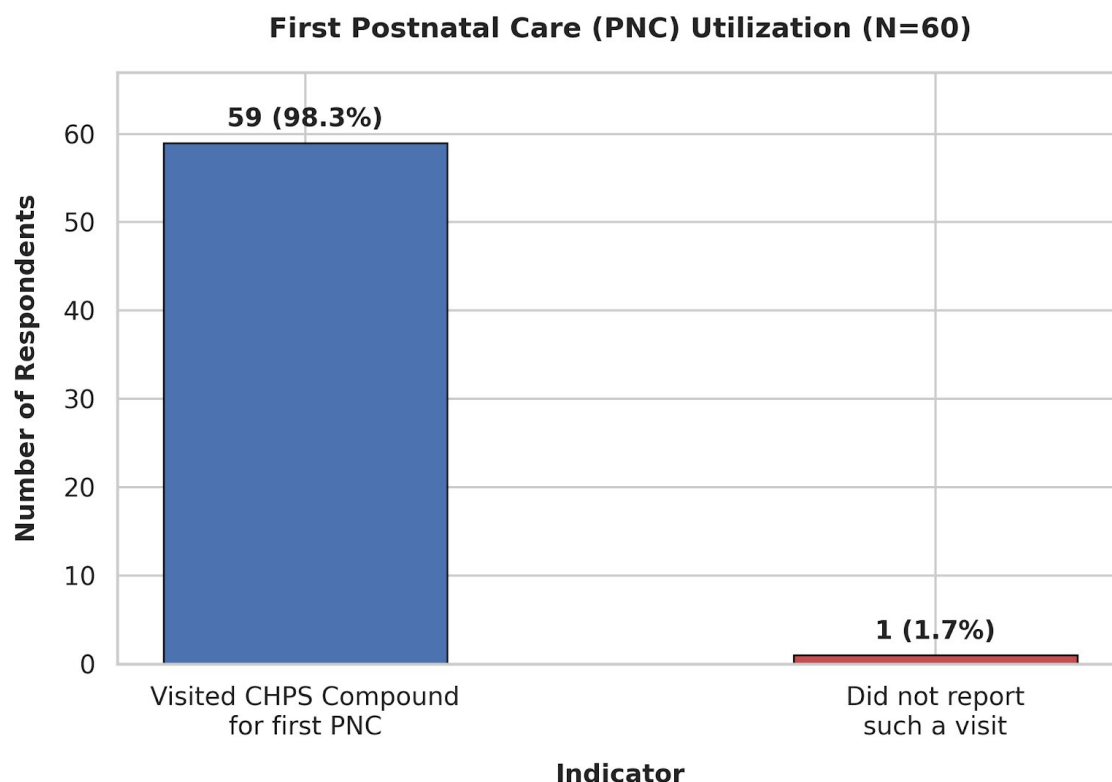
The available evidence suggests that the Kogni CHPS Compound has become an important point of access for facility-based delivery. The fact that more than half of the surveyed respondents reported delivering at the CHPS Compound indicates meaningful utilization of the facility for maternal care. At the same time, the finding also indicates that a substantial proportion of respondents delivered elsewhere. This is important for programme learning. Establishing the CHPS Compound has improved geographical access, but geographical proximity does not necessarily result in exclusive utilization of the local facility. The reasons for delivery elsewhere are not adequately established by the available data. Future assessments should therefore examine factors such as referral requirements, perceived quality, availability of skilled personnel, emergency preparedness, service availability and individual preferences.

7.4 Postnatal Care

Postnatal care represents an important continuation of maternal healthcare after delivery. The evaluation found particularly strong reported utilization of first postnatal care. 59 of the 60 respondents (98.3%) reported visiting the CHPS Compound for their first postnatal care (PNC).

Table 7.3: First Postnatal Care Utilization

INDICATOR	NUMBER	PERCENTAGE
Visited CHPS Compound for first PNC	59	98.3%
Did not report such a visit	1	1.7%
Total	60	100%



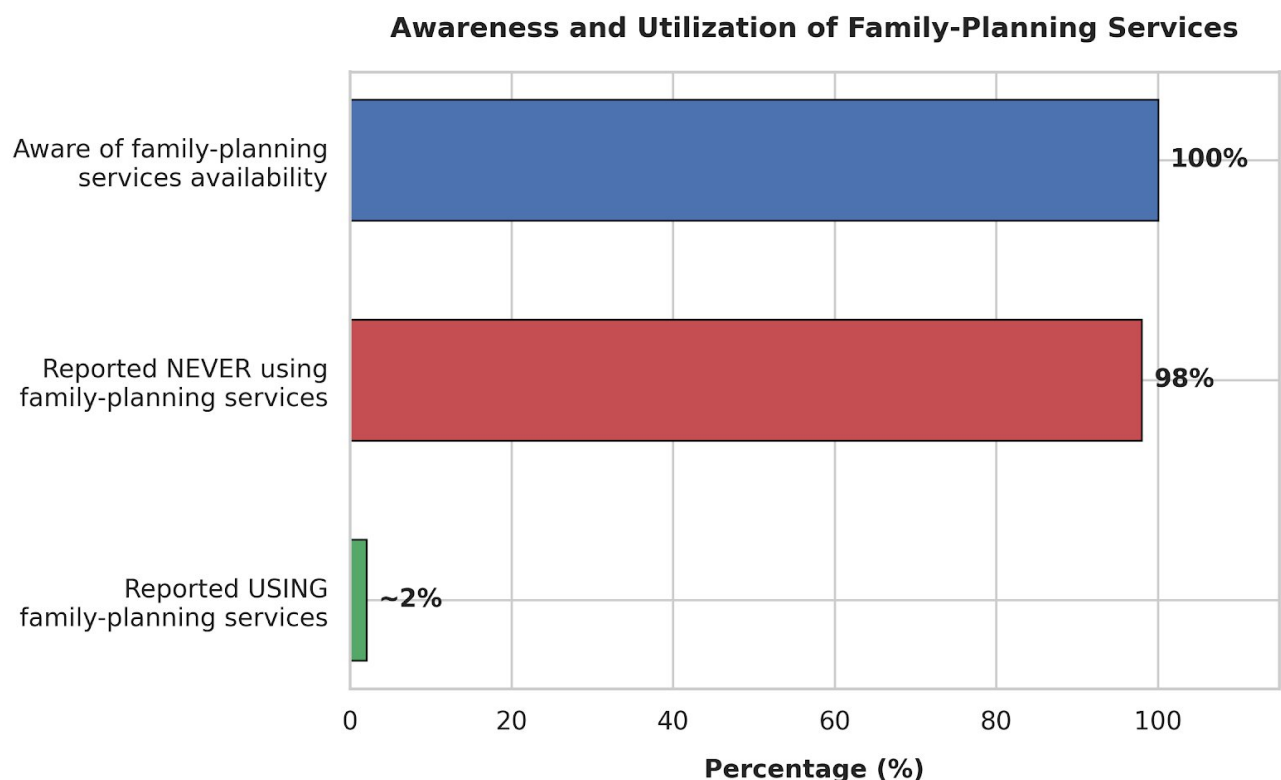
This is one of the strongest maternal-health findings in the evaluation. It indicates that the Kogni CHPS Compound is serving as an important point of contact for women following childbirth. The finding also provides evidence of a potentially important pathway between improved geographical access and maternal-health service utilization. While the evaluation cannot establish causality, the very high reported utilization of first PNC is consistent with the intervention's intended logic of bringing maternal health services closer to community members.

7.5 Family-Planning Awareness and Utilization

Family planning presents a contrasting result. The evaluation found that all respondents (100%) were aware that family-planning services were available at the CHPS Compound. However, approximately 98% reported that they had never used family-planning services.

Table 7.4: Awareness and Utilization of Family-Planning Services

INDICATOR	RESULT
Aware that family-planning services are available	100%
Reported never using family-planning services	98%
Reported using family-planning services	Approximately 2%



This represents an important service-utilization gap. Awareness of service availability is exceptionally high, but awareness has not translated into corresponding utilization. The finding suggests that improving physical access to healthcare is necessary but not sufficient to increase utilization of all reproductive and maternal health services. Other factors may influence family-planning uptake, but the

available evaluation does not establish which factors are most important in Kogni. Future programming should therefore investigate the reasons for the substantial gap between awareness and utilization rather than assuming that additional infrastructure alone will address it.

7.6 Facility-Level Maternal Health Evidence

The evaluation also reviewed secondary information from the Kogni CHPS Compound. The facility data reported:

1. Zero maternal mortality;
2. Zero recorded anaemic pregnant women;
3. Zero recorded teenage pregnant mothers;
4. Five midwives;
5. Three community health nurses; and
6. One physician assistant.

The facility also reportedly had an adolescent corner and a labour ward, providing additional infrastructure for maternal and adolescent health services. These findings suggest that the facility had established a functional service platform for maternal healthcare. However, the reported zero maternal mortality is interpreted cautiously. A facility recording zero maternal deaths is not equivalent to demonstrating a maternal mortality rate of zero for the entire population served by the intervention. Such a conclusion requires a clearly defined population denominator, complete information on maternal deaths among women in the catchment area, appropriate time-period data, and confirmation that deaths occurring outside the facility or following referral were captured. Accordingly, the evaluation interpretation is that *the facility reported no maternal deaths within the available facility data for the period assessed, rather than that the intervention conclusively eliminated maternal mortality in the Kogni population.*

7.7 Maternal Health Service Capacity

The positive utilization and satisfaction findings need to be considered alongside the facility's human-resource and logistical capacity. The evaluation reports 5 midwives, 3 community health nurses, and 1 physician assistant. It also reports a nurse-to-patient ratio of **1:676** and a physician-assistant-to-patient ratio of **1:8,787** as of December 2024. The evaluation identified staffing, accommodation, and logistics as significant constraints. In particular, the facility lacked nurses' quarters and did not have a motorcycle to support community health nurses. These findings create an important qualification to the positive maternal-health results. The CHPS Compound appears to be generating substantial utilization and positive user experiences, but the sustainability and quality of these results may be vulnerable if staffing and operational constraints are not addressed. This is particularly relevant to maternal health because effective maternal healthcare requires not only physical infrastructure but also appropriately skilled personnel, functioning equipment, referral capacity, and reliable access to the community.

7.8 Assessment Against the Maternal Health Objective

The project's maternal-health objective was to reduce maternal mortality from a reported baseline of 3 per 100,000 live births in 2018 to zero by December 2024. The available evidence provides strong positive indications of improved maternal health service delivery, including:

1. *90% reported being very satisfied with antenatal/postnatal services;*

2. 53.3% reported delivering at the CHPS Compound;
3. 80% of the stated CHPS delivery group reported being very satisfied with delivery services;
4. 98.3% reported attending the CHPS Compound for first PNC; and
5. The facility reported zero maternal mortality during the period covered by its available data.

However, the evidence does not permit the evaluation to make an unequivocal causal claim that the CHPS Compound reduced population-level maternal mortality from **3 to zero**. The facility-level mortality figure requires verification against the appropriate population and routine health records.

Overall Assessment:

Strong Progress in Maternal Health Service Delivery; however, the population-Level Impact Requires Verification. The evaluation therefore concludes that:

The Kogni CHPS Compound has demonstrated strong performance in maternal health service access, utilization, and reported user satisfaction, particularly in antenatal/postnatal care and first postnatal attendance. Available facility records also report zero maternal deaths during the period assessed. However, the evidence is insufficient to conclusively attribute a population-level reduction in maternal mortality to the intervention without validation of mortality data, denominators, and the completeness of reporting.

7.9 Key Maternal Health Findings

Five principal findings emerge from the assessment:

1. Maternal health services are highly valued by users. Reported satisfaction with antenatal and postnatal services was very high, with 90% of respondents indicating that they were very satisfied.
2. The CHPS Compound is an important provider of facility-based delivery. The evaluation reports that 32 respondents (53.3%) delivered at the CHPS Compound.
3. First postnatal care utilization is exceptionally high. Nearly all respondents- 59 of 60-reported visiting the CHPS Compound for their first PNC.
4. Family-planning utilization remains a major gap. Despite universal awareness of family-planning services, 98% of respondents reported never having used them.
5. Positive maternal-health performance exists alongside significant capacity constraints. Staffing, accommodation, and transport/logistical limitations could affect the facility's ability to sustain and expand maternal and community health services.

7.10 Overall Interpretation

The maternal-health findings present a mixed but broadly positive picture. The strongest evidence relates not to mortality itself, but to the availability, utilization, and perceived quality of maternal health services. This is important because these are the more immediate results through which the intervention is expected to contribute to improved maternal outcomes. The evidence suggests that the Kogni CHPS Compound has become a meaningful platform for maternal healthcare, particularly for antenatal/postnatal services and first PNC. However, the very low uptake of family-planning services and the facility's staffing and logistical constraints demonstrate that improved access has not eliminated all barriers to effective maternal healthcare. The maternal-health findings therefore support a conclusion of strong service-delivery performance and promising outcome contribution, while the

claim of achieving the maternal mortality target should remain provisional pending verification of the underlying mortality data.

8. FINDINGS: INFANT AND CHILD HEALTH

8.1 Overview

Improving infant and child health constituted the third principal objective of the Kogni CHPS Compound intervention. The project objective was to reduce the infant mortality rate from a reported baseline of 5 per 1,000 live births to 1 per 1,000 live births by 2024.

The evaluation assessed progress towards this objective using secondary data obtained from the Kogni CHPS Compound. The assessment considers not only infant mortality, but also under-five mortality, childhood stunting, wasting, immunization coverage, and child-welfare activities, because these indicators provide a broader picture of infant and child health conditions and the preventive services available through the facility. The available evidence presents a generally positive picture in relation to mortality outcomes: the facility reported zero infant mortality and zero under-five mortality as of December 2024. However, important weaknesses remain in preventive child-health services, particularly immunization coverage and community outreach. The reported level of stunting also warrants closer examination. These findings suggest that while the intervention appears to have achieved strong results in some child-health outcomes, the pathway to sustained population-level improvement remains constrained by service-coverage and logistical challenges.

8.2 Infant Mortality

The project established a target of reducing infant mortality from 5 per 1,000 live births to 1 per 1,000 live births by 2024. The facility's available secondary data indicate that the infant mortality rate stood at 0 per 1,000 live births as of December 2024.

Table 8.1: Infant Mortality Performance

INDICATOR	BASELINE	TARGET	REPORTED RESULT	ASSESSMENT
Infant mortality rate	5/1,000 live births	1/1,000 live births	0/1,000 live births	Target exceeded.

The reported result is better than the project's stated target. If the facility data are complete, the reported rate of zero would represent full achievement and performance beyond the target. However, this finding requires appropriate qualification. The evaluation does not have sufficient evidence to determine whether the reported facility-level rate represents the entire Kogni population or only births and deaths captured through the CHPS facility. Nor does the available data establish whether infant deaths occurring outside the facility or following referral were comprehensively captured. Consequently, the evaluation considers zero recorded infant mortality within the available facility data to be a strong positive result, but does not interpret it automatically as proof that the CHPS intervention caused the population-wide infant mortality rate to fall from 5 to zero.

8.3 Under-Five Mortality

The facility also reported an under-five mortality rate of zero during the period assessed.

Table 8.2: Reported Under-Five Mortality

INDICATOR	REPORTED RESULT
Under-five mortality	0
Data source	Kogni CHPS facility secondary data

The absence of reported under-five deaths is encouraging and is consistent with the positive infant-mortality finding. Nevertheless, the same data-quality consideration applies. The evaluation did not consider the denominator, number of children covered, reference population, or detailed period-specific mortality records required to independently validate the rate. Accordingly, the evaluation conclusion is that: *The Kogni CHPS facility reported zero under-five mortality during the period assessed; however, the population-level significance of this finding requires verification against routine health records and an appropriate population denominator.*

8.4 Childhood Stunting

The evaluation reports that childhood stunting stood at 10 between 2022 and 2024. This is an important finding because it demonstrates that favourable mortality outcomes do not necessarily mean that all dimensions of child health are equally strong.

Table 8.3: Reported Child Nutrition Indicators

INDICATOR	REPORTED RESULT	EVALUATION INTERPRETATION
Stunting	10	Indicates a reported burden of chronic growth impairment; unit, however, the denominator requires clarification
Wasting	None reported	Positive finding; however, this is subject to completeness of screening data.

The presence of reported stunting indicates that child survival alone should not be used as the sole measure of child-health performance. Nutritional status remains an important dimension of child wellbeing and should be incorporated into ongoing CHPS monitoring.

8.5 Wasting

The facility reported **no wasting** among children during the period covered by the evaluation. This is a positive finding because wasting is an indicator of acute undernutrition. However, the absence of recorded cases should be interpreted alongside the quality and coverage of child-growth monitoring.

The evaluation could not establish evidence on:

1. The number of children screened;
2. The age range covered;
3. Screening frequency;
4. The nutritional assessment method used; or

5. Whether children who did not attend the facility were captured.

Consequently, the finding should be treated as no wasting recorded in the available facility data, rather than definitive evidence that wasting was absent from the wider community.

8.6 Immunization Coverage

Immunization represents one of the most important preventive child-health functions of a CHPS facility. The evaluation reports EPI coverage of 60 during 2024.

Table 8.4: EPI Coverage

INDICATOR	REPORTED RESULT	ASSESSMENT
EPI coverage, 2023	60	Requires verification of unit and denominator

The evaluation notes that EPI services were low during the 2022-2024 period, and this is attributable partly to a shortage of vaccines and partly to the absence of motorcycles to enable community health nurses to reach more distant locations. This is an important programme finding because it demonstrates that physical establishment of a health facility does not automatically ensure adequate preventive-service coverage. Immunization depends on the availability of vaccines, outreach capacity, transportation, staffing, and community mobilization.

8.7 Community Outreach and Child Health Promotion

The evaluation found evidence of community-level health engagement, although participation was not universal. All surveyed respondents were aware of health durbars organized in the community, while 53% reported participating. The facility also reportedly held community committee meetings monthly. However, the evaluation identified the lack of motorcycles as a constraint on transporting community health nurses and supporting outreach activities. This is particularly relevant to infant and child health because preventive services such as immunization and child-health education often require active outreach beyond the facility premises. The evidence therefore points to a clear relationship between logistics and service coverage: Limited transport → reduced outreach capacity → difficulty reaching distant households → potential constraint on immunization and preventive child-health coverage.

8.8 Facility Capacity for Infant and Child Health

The facility reported having:

1. *5 midwives;*
2. *3 community health nurses;*
3. *1 physician assistant;*
4. *4 units of basic health equipment; and*
5. *no motorcycle.*

The reported nurse-to-patient ratio was **1:676**, while the physician-assistant-to-patient ratio was **1:8,787**. The facility also has an adolescent corner and labour ward. These resources provide a basic platform for delivering child and maternal health services. However, the very limited outreach logistics and the staffing pressures identified in the evaluation represent potential constraints to the facility's

ability to provide comprehensive preventive services. It is therefore specifically recommended that additional nurses, nurses' accommodation, medical equipment, and motorcycles for community nurses be provided.

8.9 Assessment Against the Infant and Child Health Objective

The project objective was to reduce infant mortality from 5 per 1,000 live births to 1 per 1,000 live births by 2024. The facility subsequently reported an infant mortality rate of **0** per 1,000 live births as of December 2024, together with zero reported under-five mortality.

Table 8.5: Assessment of Infant and Child Health Results

RESULT AREA	PROJECT TARGET	REPORTED RESULT	EVALUATION ASSESSMENT
Infant mortality	1/1,000 live births	0/1,000 live births	Target reportedly exceeded
U n d e r - f i v e mortality	Not explicitly specified	0	Positive reported result
Stunting	No explicit target reported	10	Requires clarification and monitoring
Wasting	No explicit target reported	None reported	Positive, subject to data completeness
EPI coverage	No explicit target reported	60	Potential performance concern; unit requires verification
Child Welfare Durbar	No explicit target reported	None reported	Gap in reported child-health outreach activity

Overall Assessment:

Strong Reported Mortality Performance; Preventive Child-Health Coverage Requires Strengthening. The evaluation finds strong reported performance in relation to infant and under-five mortality. However, the evidence is more mixed when the analysis is extended to preventive and nutritional dimensions of child health. The combination of zero reported mortality, reported stunting, no recorded wasting, and relatively low reported EPI coverage suggests that the intervention's performance should not be characterized simply as “successful” or “unsuccessful.” Rather, the evidence indicates strong reported survival outcomes alongside important weaknesses in preventive-service coverage and community outreach.

8.10 Key Findings

1. The facility reported 0 infant deaths per 1,000 live births as of December 2024, compared with the project's target of 1 per 1,000 live births.
2. The facility also reported zero under-five mortality during the assessed period.
3. Although no wasting was reported, the facility recorded 10 cases/units of stunting, but the underlying unit is unclear.

4. The reported EPI coverage of 60 in 2024 is identified as low, with vaccine shortages and lack of motorcycles for community outreach cited as contributing factors.
5. The absence of a motorcycle limits the ability of community health nurses to reach households in more distant parts of the community and is specifically identified as a constraint on EPI coverage.

8.11 Evaluation Interpretation

The infant and child health findings demonstrate an important distinction between health outcomes and health-system performance. The reported mortality outcomes are highly positive and suggest that the Kogni CHPS Compound may be contributing to improved child survival. However, the available evidence does not allow the evaluation to conclude that the facility alone caused the reported mortality outcomes. Furthermore, mortality is only one dimension of child health. The reported stunting and EPI findings demonstrate that child survival does not necessarily equate to optimal child health. A comprehensive CHPS service model must also ensure adequate immunization, nutrition screening, child-health education, and community outreach.

The most important implication is therefore that the next phase of strengthening the Kogni CHPS Compound should focus not only on maintaining the reported positive mortality outcomes but also on improving preventive child-health coverage, particularly immunization and community outreach.

8.12 Overall Conclusion on Infant and Child Health

The Kogni CHPS Compound demonstrates strong reported performance in infant and under-five survival, with facility records indicating zero infant and under-five mortality during the period assessed. However, the broader child-health picture is mixed. Reported EPI coverage remains a concern, while the reported stunting figure requires clarification and stronger nutritional monitoring. Vaccine shortages and the absence of motorcycles for community outreach have constrained preventive service delivery. The intervention has therefore made promising progress towards its infant mortality objective, but sustaining and deepening child-health gains will require stronger preventive services, outreach logistics, and nutrition monitoring.

9. INTEGRATED PERFORMANCE ASSESSMENT

9.1 Overview

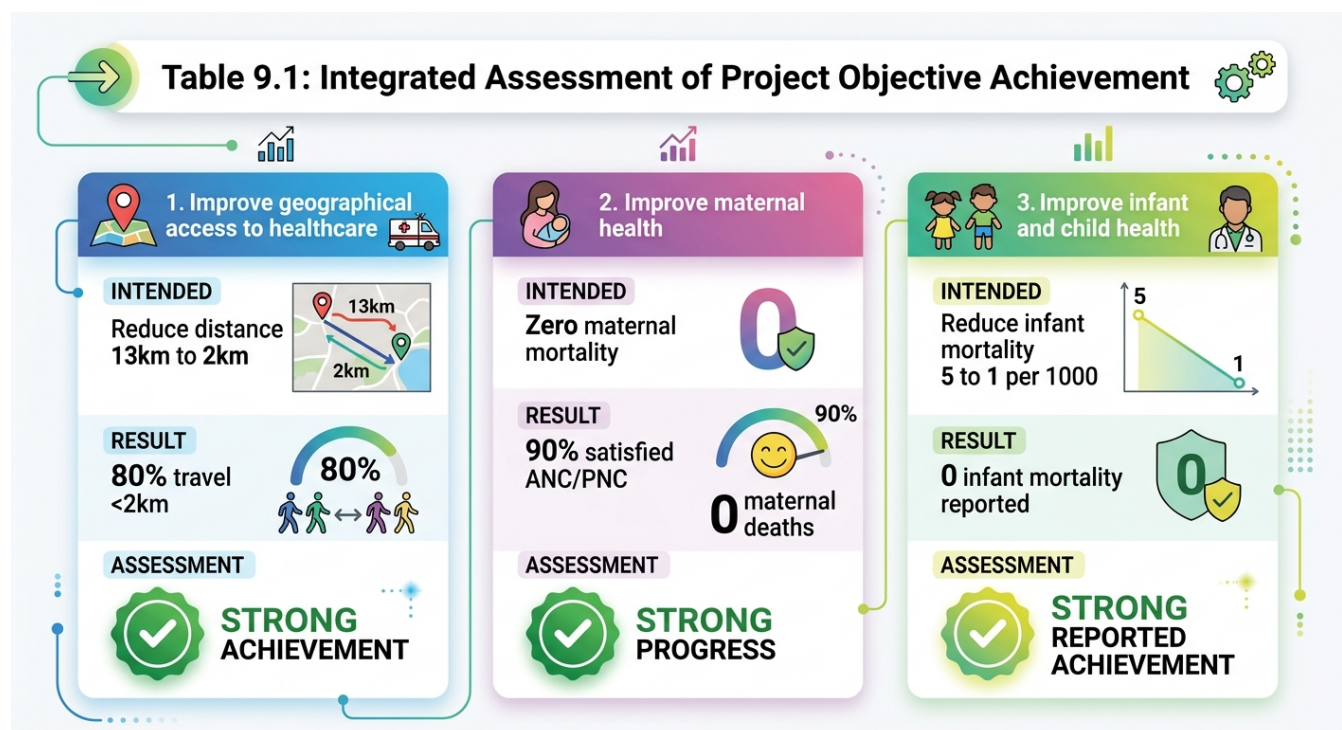
The integrated performance assessment brings together the findings presented in Sections 6–8 and assesses the overall performance of the Kogni CHPS Compound against the intervention's objectives and the broader evaluation dimensions established in the evaluation framework. The assessment considers not only whether the project achieved its stated results, but also the strength of the evidence supporting those results, the factors that enabled or constrained performance, and the prospects for sustaining the benefits generated by the intervention. The project established three principal objectives: reducing the distance travelled to access basic healthcare from 13 km to 2 km; reducing maternal mortality from 3 per 100,000 live births to zero; and reducing infant mortality from 5 per 1,000 live births to 1 per 1,000 live births.

The integrated assessment indicates that the intervention has generated substantial positive results in healthcare access and maternal and infant health service delivery. However, performance is less conclusive in relation to population-level mortality outcomes, efficiency, and sustainability. The facility also faces significant human-resource and logistical constraints that could limit its ability to sustain and deepen the gains already achieved.

9.2 Performance Against the Project Objectives

Table 9.1: Integrated Assessment of Project Objective Achievement

PROJECT OBJECTIVE	INTENDED RESULT	AVAILABLE EVIDENCE	ASSESSMENT	OVERALL JUDGEMENT
1. Improve geographical access to healthcare	Reduce travel distance from 13 km to 2 km	80% of respondents reported travelling less than 2 km after establishment of the facility	Strong evidence of substantial improvement, although pre-intervention dataset requires reconciliation	Strong achievement
2. Improve maternal health	Reduce maternal mortality to zero	90% very satisfied with ANC/PNC; 53.3% delivered at CHPS; 98.3% attended first PNC; facility reported zero maternal mortality	Strong service-utilization evidence; population-level mortality requires verification	Strong progress / reported achievement
3. Improve infant and child health	Reduce infant mortality from 5 to 1 per 1,000 live births	Facility reported infant mortality of 0 and under-five mortality of 0; EPI coverage reported at 60; stunting reported at 10	Strong reported mortality result but broader child-health performance is mixed	Strong reported achievement, with qualification



The evidence supports strong performance, but **the level of confidence differs across objectives**.

9.3 Integrated Assessment by Evaluation Dimension

Table 9.2: Evaluation Performance Scorecard

EVALUATION DIMENSION	EVIDENCE-BASED ASSESSMENT	JUDGEMENT
Relevance	The intervention directly addressed a major geographical barrier to basic healthcare and targeted maternal and infant health priorities.	High
Effectiveness	Strong reported improvements in access, maternal-health utilization and infant/child health outcomes.	High
Efficiency	The evaluation provides insufficient financial and resource-use evidence to make a robust value-for-money judgement.	Insufficient evidence
Healthcare access	80% of respondents reported travelling less than 2 km after establishment of the CHPS Compound.	High achievement
Maternal health	High ANC/PNC satisfaction, substantial facility delivery, and very high first-PNC attendance.	High achievement in service delivery
Infant and child health	Zero reported infant and under-five mortality, but concerns regarding EPI coverage and nutrition data.	Moderately high/mixed
Service quality	User satisfaction is generally high, particularly for maternal services.	Positive
Community participation	Awareness of health durbars is universal, but participation is 53%; monthly committee meetings are reported.	Moderate
Sustainability	Human-resource, accommodation, transport, and equipment constraints pose risks to continued performance.	Moderate risk
Equity and inclusion	Some evidence exists through community-level access, but the available data are insufficient for a comprehensive equity assessment.	Insufficient evidence

9.4 Relevance

1. The Kogni CHPS intervention demonstrates a high degree of relevance to the healthcare needs identified in the project design.
2. The first project objective directly addressed geographical access to basic healthcare, while the remaining objectives focused on maternal and infant mortality.

3. The findings indicate that these were appropriate priorities. Before the intervention, a significant proportion of the recorded responses indicated travel distances of more than 5 km, including respondents travelling more than 10 km. Following establishment of the CHPS Compound, 80% of respondents reported travelling less than 2 km.
4. The intervention was therefore appropriately aligned with the underlying access problem it sought to address.

JUDGEMENT: HIGH RELEVANCE

9.5 Effectiveness

1. The evidence indicates that the intervention has been substantially effective in improving healthcare access and maternal health service delivery.
2. The strongest evidence relates to geographical access and maternal health. The evaluation found a major shift towards shorter travel distances, while 90% of respondents reported being very satisfied with antenatal and postnatal services and 98.3% reported attending the CHPS Compound for their first postnatal care.
3. Infant and child health findings are also encouraging, with facility records reporting zero infant and under-five mortality. However, the evidence is more mixed when preventive services are considered, particularly EPI coverage and child nutrition.
4. Effectiveness should therefore be understood as strong but uneven across result areas.

JUDGEMENT: HIGH EFFECTIVENESS

9.6 Efficiency

Efficiency concerns whether the intervention's outputs and results were achieved using resources appropriately and economically. The evaluation identifies efficiency as one of the areas it intended to assess. However, the available evidence does not provide sufficient information on:

1. Total project expenditure;
2. Construction cost;
3. Operating costs;
4. Cost per beneficiary;
5. Cost per service delivered;
6. Staffing costs;
7. Recurrent costs;
8. Infrastructure and equipment expenditure; or
9. Alternative delivery costs.

It would therefore be inappropriate to assign a positive or negative efficiency rating based solely on the observed health outcomes. The facility's ability to deliver substantial results despite staffing and logistical constraints may indicate operational resilience, but this should not be confused with evidence of financial efficiency.

JUDGEMENT: INSUFFICIENT EVIDENCE FOR A ROBUST EFFICIENCY ASSESSMENT

9.7 Outcome and Impact

1. The evaluation provides encouraging evidence of positive outcomes.
2. The most immediate outcome is improved geographical access to healthcare. This appears to have been accompanied by increased use of maternal-health services and positive perceptions of service quality.
3. The infant and child health data also report zero infant and under-five mortality. However, because the evaluation is cross-sectional and does not have a counterfactual, the evidence cannot establish that these outcomes were caused exclusively by the CHPS intervention.
4. The appropriate interpretation is therefore one of contribution rather than definitive attribution.
5. The intervention appears to have contributed to improved access and healthcare utilization and may have contributed to improved maternal and child health outcomes. However, population health outcomes are influenced by multiple factors beyond the facility.

JUDGEMENT: POSITIVE CONTRIBUTION; CAUSAL IMPACT NOT DEFINITELY ESTABLISHED

9.8 Service Quality

1. The evidence on perceived service quality is broadly positive.
2. 90% of respondents reported being very satisfied with antenatal and postnatal services. Among those reporting delivery at the CHPS Compound, 80% were very satisfied, and 20% were satisfied. This suggests that the facility has generated a generally positive user experience.
3. However, perceived satisfaction is not equivalent to a comprehensive clinical quality assessment. The evaluation did not independently assess clinical protocols, infection prevention, emergency obstetric readiness, patient safety, or clinical outcomes at the level required for a full health-facility quality audit.

JUDGEMENT: POSITIVE USER EXPERIENCE; CLINICAL QUALITY REQUIRES FURTHER ASSESSMENT

9.9 Community Participation and Accountability

1. The intervention has established some mechanisms for community engagement. All respondents reported awareness of health durbars, although only 53% reported participating. Facility information also indicates that community committee meetings are held monthly.
2. This represents a useful foundation for community participation, but the difference between universal awareness and 53% participation suggests that awareness has not yet translated into broad active engagement.
3. The finding is particularly relevant because community outreach is important for preventive services such as immunization and health education.

JUDGEMENT: MODERATE PERFORMANCE

9.10 Sustainability

Sustainability represents one of the most important areas requiring attention. The facility has a functioning service platform and has generated encouraging results. However, the evaluation identifies significant operational constraints, including:

1. Inadequate staffing;
2. Absence of nurses' accommodation;
3. Lack of motorcycles for community health nurses;
4. Shortages of basic health equipment; and
5. Constraints affecting community outreach and epi coverage.

The reported nurse-to-patient ratio of 1:676, compared with the stated Ghana Health Service (GHS) recommended ratio of 1:18, further highlights the pressure on the facility's human-resource capacity.

These constraints do not negate the positive results already achieved. Rather, they raise a critical question about whether those results can be maintained and expanded without additional institutional and logistical support.

JUDGEMENT: MODERATE SUSTAINABILITY WITH SIGNIFICANT RISKS

9.11 Strengths of the Intervention

The assessment identifies several notable strengths:

1. The strongest evidence concerns the intervention's ability to bring healthcare closer to community members.
2. The high reported levels of ANC/PNC satisfaction and first-PNC attendance indicate that the facility is being used for important maternal-health services.
3. The facility reports zero infant and under-five mortality for the period assessed.
4. The high satisfaction levels indicate that users generally perceive the services positively.
5. Monthly community committee meetings and community health activities provide a basis for continued community engagement.

9.12 Key Performance Gaps

The assessment also identifies several areas requiring further attention as follows:

1. The reported staffing ratios indicate significant pressure on the facility's available health workforce.
2. The absence of motorcycles limits the capacity of community health nurses to reach households and may undermine preventive services, including EPI.
3. Although awareness of family-planning services is universal, reported utilization remains extremely low.
4. EPI coverage is reported as low, with vaccine shortages and limited outreach capacity identified as contributing factors.

5. Several indicators require validation before they can support definitive population-level conclusions.
6. The evaluation does not contain sufficient financial information to establish value for money.

9.13 Overall Performance Judgement

Taking the evidence together:

1. The Kogni CHPS Compound can reasonably be assessed as having performed strongly against its principal service-delivery objectives, particularly in improving geographical access to healthcare and strengthening maternal-health service utilization.
2. The intervention also demonstrates promising reported results in infant and child survival, although these results require appropriate interpretation because of limitations in the available mortality data and the absence of a counterfactual.
3. At the same time, the intervention's longer-term performance is constrained by staffing, accommodation, transport, equipment, and preventive-service challenges. These issues are particularly important because they could undermine the sustainability of the gains already achieved.

Overall Evaluation Judgement

The Kogni CHPS Compound represents a relevant and substantially effective intervention that has improved geographical access to basic healthcare and generated strong reported gains in maternal-health service utilization and infant and child survival. The strongest evidence concerns improved access and service utilization, while evidence of population-level mortality impact is encouraging but not sufficient to establish definitive causal attribution. The intervention's sustainability is threatened by human-resource, accommodation, equipment, and outreach-logistics constraints, while efficiency and value for money cannot be conclusively assessed from the available financial evidence. Overall, the intervention demonstrates substantial achievement, with priority attention required to strengthen service capacity, preventive healthcare, community outreach and data systems.

OVERALL RATING: SUBSTANTIAL ACHIEVEMENT

9.14 Strategic Implications

The findings point to an important transition in the intervention's development. The primary challenge is no longer simply establishing access to healthcare; it is now ensuring that the Kogni CHPS Compound has the capacity to deliver sustained, comprehensive, and equitable primary healthcare. The strategic priorities emerging from the evaluation are therefore: Access → Utilization → Quality → Coverage → Sustainability. The intervention appears to have made the greatest progress at the access and utilization stages. The next phase should concentrate on strengthening quality, preventive coverage, outreach, and institutional sustainability.

10. CONCLUSIONS

10.1 Overall Conclusion

The evaluation concludes that the establishment of the Kogni Community-based Health Planning and Services (CHPS) Compound has made a substantial positive contribution to improving access to basic healthcare and strengthening the delivery and utilization of maternal and child health services within the community. The intervention was highly relevant to the problem it sought to address. Its principal objectives focused on reducing geographical barriers to healthcare, improving maternal health outcomes and reducing infant mortality. The evaluation evidence indicates that the intervention has achieved particularly strong results in relation to geographical access and utilization of maternal health services, while also reporting encouraging infant and child survival outcomes. The original project objectives were to reduce travel distance for basic healthcare from 13 km to 2 km, maternal mortality from 3 to zero per 100,000 live births, and infant mortality from 5 to 1 per 1,000 live births.

The strongest evidence of achievement relates to access to healthcare. Following establishment of the CHPS Compound, 80% of surveyed respondents reported travelling less than 2 km to access healthcare, compared with a much more dispersed pattern of travel distances before the intervention. The evaluation therefore provides strong evidence that the intervention has addressed the geographical-access constraint that was central to its original rationale.

10.2 Conclusion on Maternal Health

The evaluation finds that the Kogni CHPS Compound has made a meaningful contribution to maternal healthcare access and utilization. The evidence shows high reported satisfaction with antenatal and postnatal services, with 54 of the 60 respondents (90%) indicating that they were very satisfied. Thirty-two respondents (53.3%) reported delivering at the CHPS Compound, and among this group, all respondents reported either being satisfied or very satisfied with the quality of delivery services. Most notably, 59 respondents (98.3%) reported visiting the CHPS Compound for their first postnatal care.

These findings indicate that the CHPS Compound has become an important platform for maternal healthcare and that the facility is generating generally positive user experiences. However, the evaluation also identifies a significant family-planning utilization gap. Although all respondents were aware that family-planning services were available at the CHPS Compound, 98% reported that they had never used them. The evaluation therefore concludes that maternal-health performance is strong in relation to access, postnatal attendance and perceived service quality, but less satisfactory in relation to reproductive-health service uptake.

The facility reported zero maternal mortality in its available records. This is an encouraging result, but the evaluation cannot establish from the available evidence alone that population-level maternal mortality was reduced from the project baseline to zero as a direct consequence of the intervention. The mortality finding should therefore be understood as reported facility-level performance rather than definitive evidence of causal population-level impact.

10.3 Conclusion on Infant and Child Health

The evaluation finds encouraging reported results in infant and child survival, while identifying important weaknesses in preventive child-health coverage. The facility reported an infant mortality rate

of 0 per 1,000 live births as of December 2024, against the project target of 1 per 1,000 live births. It also reported zero under-five mortality. If validated against complete routine health records and the appropriate population denominator, these results would represent achievement beyond the project's stated infant-mortality target. However, the broader child-health picture is more mixed. The facility reported stunting of “10” between 2022 and 2024, no wasting, and EPI coverage of 60 during 2024. The unit and denominator associated with the stunting and EPI figures are not sufficiently clear to support stronger quantitative conclusions without verification.

The evaluation also identifies vaccine shortages and the absence of motorcycles for community health nurses as factors affecting EPI coverage and outreach. The conclusion is therefore that the intervention has generated strong reported survival outcomes but has not yet fully addressed the wider preventive and nutritional dimensions of child health.

10.4 Conclusion on Quality and Utilization of Healthcare

The evaluation provides evidence that the intervention has improved not only physical access to healthcare but also actual engagement with selected health services. High satisfaction with antenatal and postnatal care and the very high reported first-PNC attendance indicate that the facility is being used for important maternal-health services. The original evaluation similarly concluded that OPD, antenatal and postnatal attendance had been high and satisfactory. Nevertheless, utilization varies by service. Family-planning uptake is extremely low despite universal awareness, while EPI coverage is reported as low. This demonstrates that proximity to a health facility does not automatically translate into utilization of every available service. Future improvement should therefore focus not only on maintaining the physical availability of services but also on addressing behavioural, logistical, supply-side and community-level barriers that affect utilization.

10.5 Conclusion on Community Participation

The evaluation indicates that the intervention has established a basis for community participation and local health engagement. All respondents reported awareness of health durbars, although only 53% reported participating in them. Facility information also indicates that community committee meetings are held monthly. The evidence therefore suggests that awareness is high but active participation remains moderate. This is significant because community participation is not merely an accountability mechanism; it can directly support health promotion, preventive services, outreach, immunization, and early health-seeking behaviour. The evaluation consequently concludes that existing community structures provide a useful foundation but require further strengthening to achieve broader and more sustained participation.

10.6 Conclusion on Institutional Capacity and Sustainability

Although the intervention has generated positive results, its sustainability is subject to important institutional and operational constraints: The facility has five midwives, three community health nurses, and one physician assistant, but no motorcycle. The reported nurse-to-patient ratio was 1:676, while the physician-assistant-to-patient ratio was 1:8,787. The evaluation team further identified the absence of nurses' quarters, inadequate transport, and shortages of basic health equipment as important constraints. These constraints are particularly important because the intervention's future success depends not simply on the existence of the CHPS Compound but on its ability to maintain adequate staffing, functional equipment, outreach capacity, and community-based service delivery. The

conclusion is therefore that the intervention has established a viable service-delivery platform, but sustaining and expanding its gains will require continued institutional support and investment.

10.7 Conclusion on Effectiveness and Impact

Taken together, the evidence indicates that the Kogni CHPS intervention has been effective in addressing its immediate service-delivery objectives. The clearest demonstrated result is the improvement in geographical access to healthcare. This has been accompanied by strong maternal-health service utilization and positive user perceptions. The reported infant and under-five mortality results are also highly encouraging. However, the evaluation cannot conclusively establish the causal impact of the intervention on population-level mortality. The study used a descriptive cross-sectional design involving 60 community respondents and purposively obtained secondary information from the facility. The absence of a counterfactual or longitudinal design limits the ability to isolate the effects of the CHPS Compound from other factors influencing maternal and child health. The conclusion is therefore that the Kogni CHPS Compound has contributed to improved healthcare access and service utilization and is plausibly contributing to improved maternal and child health outcomes, and the evaluation does not claim that all observed improvements are attributable exclusively to the intervention.

10.8 Overall Evaluation Conclusion

The evaluation concludes that the Kogni CHPS Compound represents a relevant and substantially effective community-health investment. Its most significant achievement has been the reduction of geographical barriers to basic healthcare. The intervention has also established a functioning platform for maternal healthcare, with high reported satisfaction and very high first-PNC attendance. The reported infant and under-five mortality results are encouraging and, subject to verification, indicate performance beyond the project's stated infant-mortality target. At the same time, the evaluation identifies several issues that prevent the intervention from being characterized as fully successful across all dimensions. These include low family-planning utilization, weak EPI coverage, inadequate outreach logistics, staffing pressures, lack of nurses' accommodation, equipment constraints and limitations in the available evaluation data.

The evaluation therefore arrives at the following overall judgement:

The Kogni CHPS Compound has substantially achieved its core service-delivery purpose by bringing basic healthcare closer to community members and facilitating increased access to and utilization of key maternal and child health services. The intervention demonstrates strong reported performance in healthcare access, maternal health service utilization, and infant and child survival. However, important gaps remain in preventive service coverage, family-planning utilization, community outreach, and institutional capacity. Furthermore, the available evidence supports a conclusion of contribution rather than definitive causal attribution for population-level mortality outcomes. Sustaining and deepening the gains achieved will require strengthened staffing, logistics, equipment, outreach systems, community participation, and routine health-data management.

OVERALL EVALUATION JUDGEMENT: SUBSTANTIAL ACHIEVEMENT

10.9 Lessons for Future Programming

Several broader lessons emerge from the Kogni experience.

1. First, infrastructure can remove a major barrier to service access, but infrastructure alone is insufficient. The substantial reduction in reported travel distance demonstrates the value of locating primary healthcare closer to communities.
2. Second, access must be followed by service quality and utilization. The high maternal-health satisfaction and PNC attendance demonstrate that bringing services closer can generate meaningful utilization, but the low uptake of family planning shows that different services may require different demand-generation strategies.
3. Third, preventive health services require outreach capacity. The EPI findings demonstrate the importance of transport, vaccine availability, and community outreach in translating facility-based health infrastructure into comprehensive community health coverage.
4. Fourth, sustainability must be designed into the intervention from the outset. Nurses' accommodation, transport, equipment, and human resources should not be treated as secondary additions; they are essential components of a functioning CHPS service-delivery model. The original evaluation team's recommendations already point strongly in this direction.
5. Finally, evaluation quality matters. Future assessments would benefit from stronger baseline data, clearly defined indicators and denominators, routine data verification, and, where feasible, longitudinal or comparison-group approaches. This would allow the Assembly and its partners to move from demonstrating reported improvements to establishing stronger evidence of measured change and causal contribution.

11. RECOMMENDATIONS

11.1 Introduction

The recommendations arising from this evaluation are intended to consolidate the gains achieved through the establishment of the Kogni CHPS Compound while addressing the operational, service-delivery, data and sustainability constraints identified during the assessment. The evaluation demonstrates that the intervention has substantially improved geographical access to healthcare and generated encouraging results in maternal and infant/child health service utilization. At the same time, the findings point to a second-generation set of challenges: adequate staffing, outreach capacity, preventive-service coverage, equipment, community participation, data quality and long-term sustainability. The recommendations therefore move beyond the provision of infrastructure and focus on strengthening the CHPS Compound as a functional, adequately resourced and community-responsive primary healthcare facility.

11.2 Priority Recommendations

Recommendation 1: Strengthen Human-Resource Capacity

Priority: Very High

The Sagnarigu Municipal Assembly, Ghana Health Service and relevant health authorities should strengthen staffing at the Kogni CHPS Compound, particularly the availability of community health nurses and other personnel required to sustain maternal, child and community-based services. The

reported nurse-to-patient ratio of **1:676** indicates considerable workload pressure, while the evaluation identified staffing shortages as a major constraint to service delivery.

Key actions:

- Assess the facility's current staffing requirement against workload and catchment population.
- Advocate for additional community health nurses and other priority personnel.
- Develop an annual staffing-strengthening plan.
- Monitor staffing levels and workload as part of routine facility performance reviews.

Expected result: Improved continuity, quality, and coverage of healthcare services.

Recommendation 2: Provide Nurses' Accommodation

Priority: Very High

The relevant authorities and development partners should prioritise the provision of appropriate accommodation for nurses serving the Kogni CHPS Compound.

The absence of nurses' quarters was identified as a significant operational constraint. Adequate accommodation would improve staff retention, availability and responsiveness, particularly for a facility expected to provide community-based and potentially time-sensitive services.

Expected result: Improved staff retention and availability, with reduced disruption to service delivery.

Recommendation 3: Provide Dedicated Transport for Community Outreach

Priority: Very High

The Sagnarigu Municipal Assembly and Ghana Health Service should provide the Kogni CHPS Compound with at least one suitable motorcycle or equivalent transport arrangement for community health nurses. The evaluation specifically identifies lack of transport as a constraint on outreach and EPI coverage.

Key actions:

- Provide a dedicated motorcycle for community health outreach.
- Establish a preventive-maintenance arrangement.
- Develop a monthly outreach schedule.
- Prioritise hard-to-reach households and settlements.
- Use outreach data to identify underserved areas.

Expected result: Increased household outreach, improved immunization coverage and stronger community-based preventive healthcare.

Recommendation 4: Strengthen Immunization and Preventive Child-Health Services

Priority: Very High

The Ghana Health Service and Municipal Health Directorate should strengthen routine immunization and other preventive child-health services at Kogni. The reported EPI coverage and identified vaccine shortages indicate a need for closer monitoring of vaccine availability and outreach performance.

Key actions:

- Ensure adequate and timely vaccine supplies.
- Strengthen outreach immunization sessions.
- Maintain an updated register of eligible children.
- Track missed and defaulter children.
- Integrate immunization with community health education and outreach.
- Review EPI performance monthly.

Expected result: Improved immunization coverage and reduced risk of preventable childhood illness.

Recommendation 5: Develop a Targeted Family-Planning Demand-Generation Strategy

Priority: High

The Municipal Health Directorate and Kogni CHPS Compound should develop a targeted strategy to address the substantial gap between awareness and utilization of family-planning services. The evaluation found universal awareness of the availability of family-planning services but approximately 98% reported never having used them. This represents one of the clearest gaps identified in the maternal-health findings.

Key actions:

- Conduct community-level consultations to understand barriers to uptake.
- Strengthen counselling and confidential client education.
- Integrate family planning into ANC, PNC and other routine contacts.
- Engage community leaders and relevant community structures.
- Monitor uptake by method and client category.
- Develop messages that address misconceptions and concerns identified through community engagement.

Expected result: Increased informed and voluntary utilization of family-planning services.

Recommendation 6: Strengthen Child Nutrition Screening and Monitoring

Priority: High

The Kogni CHPS Compound should strengthen routine child-growth monitoring and nutrition screening. The evaluation reports a stunting figure of “10” for 2022–2023, but the underlying unit and denominator are not sufficiently clear. This should be resolved through routine data verification.

Key actions:

- Clarify and validate the existing stunting data.
- Ensure routine growth monitoring for eligible children.

- Strengthen identification and referral of malnutrition cases.
- Link nutrition screening with immunization and child-welfare services.
- Maintain disaggregated records for monitoring trends.

Expected result: Earlier identification and management of child undernutrition.

Recommendation 7: Strengthen Community Participation and Health Accountability

Priority: High

The Municipal Health Directorate and community leadership should strengthen community participation in health promotion, monitoring, and accountability. Although awareness of health durbars was reported to be universal, only 53% of respondents reported participating. The gap between awareness and participation suggests that existing community structures could be made more inclusive and responsive.

Key actions:

- Strengthen regular community health durbars.
- Ensure participation of women, youth, caregivers and vulnerable groups.
- Use community meetings to communicate facility performance.
- Create mechanisms for community members to provide feedback.
- Strengthen the role of community health committees in monitoring service delivery.

Expected result: Greater community ownership, participation and accountability for local health services.

Recommendation 8: Strengthen Health-Facility Data Quality and Use

Priority: Very High

The Municipal Health Directorate, Kogni CHPS Compound and relevant technical partners should strengthen routine data management, validation and use. The evaluation identified several indicators for which the underlying denominator, unit, or population coverage requires clarification. This is particularly important for mortality, EPI, and nutrition indicators.

Key actions:

- Establish routine data-quality checks.
- Clearly define indicator numerators and denominators.
- Reconcile facility records with routine reporting systems.
- Maintain consistent reporting periods.
- Train responsible personnel in data management and interpretation.
- Use routine data during monthly and quarterly performance reviews.

Expected result: More reliable evidence for planning, monitoring and future evaluations.

Recommendation 9: Establish a Routine CHPS Performance Monitoring System

Priority: High

The Municipal Health Directorate should establish a simple performance-monitoring framework for the Kogni CHPS Compound.

The framework should track the intervention's principal results and the operational conditions required to sustain them.

Suggested Core Indicators

PERFORMANCE AREA	SUGGESTED INDICATOR
Access	Average/median travel distance to facility
OPD	Number of OPD consultations
Maternal health	ANC attendance
Maternal health	Facility-based deliveries
Maternal health	First PNC attendance
Reproductive health	Family-planning uptake
Child health	EPI coverage
Nutrition	Stunting and wasting
Mortality	Maternal, neonatal, infant and under-five deaths
Outreach	Number of outreach sessions
Community engagement	Participation in health durbars
Staffing	Staff complement against approved requirement
Logistics	Availability/functionality of transport and essential equipment

Expected result: Earlier identification of performance deterioration and more evidence-based management decisions.

Recommendation 10: Develop a Sustainability and Resource-Mobilisation Plan

Priority: High

The Sagnarigu Municipal Assembly, Ghana Health Service and development partners should develop a medium-term sustainability plan for the Kogni CHPS Compound. The plan should identify recurrent needs that cannot be addressed through the initial infrastructure investment alone, including staffing, equipment, transport, maintenance and outreach.

Key actions:

- Cost the facility's priority recurrent needs.
- Integrate priority needs into relevant Assembly and health-sector plans.
- Identify appropriate government and development-partner financing opportunities.

- Establish an annual review of facility resource requirements.
- Develop a maintenance plan for infrastructure, equipment and transport.

Expected result: Reduced dependence on ad hoc support and improved continuity of services.

11.3 Recommendation Prioritization Matrix

NO.	RECOMMENDATION	PRIORITY	LEAD RESPONSIBILITY	INDICATIVE TIMEFRAME
1	Strengthen human-resource capacity	Very High	GHS / Municipal Health Directorate	Short–Medium term
2	Provide nurses' accommodation	Very High	Sagnarigu Municipal Assembly / GHS / Partners	Medium term
3	Provide outreach transport	Very High	Assembly / GHS / Partners	Immediate–Short term
4	Strengthen immunization and preventive child health	Very High	Municipal Health Directorate / CHPS	Immediate–Ongoing
5	Strengthen family-planning demand generation	High	Municipal Health Directorate / CHPS	Immediate–Ongoing
6	Strengthen nutrition screening	High	CHPS / Municipal Health Directorate	Immediate–Ongoing
7	Strengthen community participation	High	CHPS / Community Structures / Assembly	Immediate–Ongoing
8	Strengthen data quality and management	Very High	GHS / Municipal Health Directorate / CHPS	Immediate–Ongoing
9	Establish routine CHPS performance monitoring	High	Municipal Health Directorate	Immediate–Ongoing
10	Develop sustainability/resource-mobilisation plan	High	Assembly / GHS / Partners	Short–Medium term

11.4 Recommended Management Action Framework

To ensure that the recommendations are translated into implementation rather than remaining as a list of intentions, the evaluation recommends that the responsible institutions develop a formal **Management Action Plan**.

RECOMMENDATION	MANAGEMENT RESPONSE	ACTION/ACTIVITY	RESPONSIBLE INSTITUTION	TIMELINE	INDICATOR	STATUS
Human resources						
Nurses' accommodation						

Outreach transport						
EPI strengthening						
Family planning						
Nutrition monitoring						
Community participation						
Data quality						
Performance monitoring						
Sustainability						

This table should become a **live management tool**, rather than merely an annex to the evaluation.

11.5 Final Recommendation

The evaluation's overarching recommendation is that:

The Kogni CHPS Compound should move from an infrastructure-establishment phase into a service-strengthening and sustainability phase. The evidence demonstrates that the core access problem has been substantially addressed. The priority now should be to ensure that the facility can consistently deliver accessible, quality, preventive, maternal and child healthcare to the population it serves. This requires a coordinated response rather than isolated interventions. Staffing, accommodation, transport, equipment, immunization, family planning, nutrition, community participation and data systems are mutually reinforcing components of a functional CHPS model. The central policy implication is therefore not simply to maintain the Kogni CHPS Compound, but to consolidate and institutionalize the gains already achieved by strengthening the human, logistical, information and community systems that enable the facility to deliver sustained results.

12. EVALUATION LIMITATIONS AND DATA QUALITY CONSIDERATIONS

12.1 Overview

The evaluation provides useful evidence on the performance of the Kogni CHPS Compound; however, several methodological and data limitations should be considered when interpreting the findings. These limitations do not invalidate the evaluation, but they affect the strength of conclusions that can be drawn, particularly regarding population-level outcomes and causal attribution.

12.2 Key Limitations

1. Limited community sample

The primary community survey covered 60 respondents. While the sample provides useful insights into users' experiences and perceptions, it should not necessarily be interpreted as statistically representative of the entire population served by the CHPS Compound.

2. Absence of a counterfactual

The evaluation did not employ an experimental or quasi-experimental comparison group. Consequently, observed changes cannot be attributed exclusively to the CHPS intervention, since other health, social, economic or environmental factors may also have influenced outcomes.

3. Reliance on available facility records

Several maternal and child-health indicators were derived from facility-level secondary data. The evaluation did not independently verify all reported figures against source registers or broader population-level health records. This is particularly relevant to reported mortality outcomes.

4. Inconsistencies in some indicators

Some figures in the underlying report require clarification of their units, denominators, or reporting periods. Examples include the reported stunting and EPI figures, as well as an inconsistency between the narrative and graphical presentation of delivery-location data. These should be reconciled against the underlying datasets before future reporting.

5. Limited evidence on efficiency

Although efficiency was included among the evaluation dimensions, the available evidence did not provide sufficient financial information to undertake a robust cost-effectiveness or value-for-money assessment.

12.3 Implications for Interpretation

The findings should therefore be interpreted according to the strength of evidence available for each result area. The evidence is strongest for changes in reported access, service utilization and user satisfaction. Evidence relating to population-level mortality and longer-term impact is more limited and should be treated as reported results and evidence of contribution rather than definitive causal attribution. These limitations also highlight the importance of strengthening routine data collection, indicator definitions, denominator tracking, data validation, and documentation at facility and municipal levels. Overall, the limitations identified do not diminish the substantial positive findings of the evaluation, but they reinforce the need for stronger routine data systems and more rigorous outcome measurement in future assessments.

ANNEX 1. DETAILED SOURCE FINDINGS

The following table consolidates the substantive numerical findings reported in the original evaluation.

Indicator	Reported value	Source note
Sample	60 respondents	Community survey
Pre-construction <2 km	5 reported in source narrative	Narrative also leaves an unexplained 16 respondents across categories
Pre-construction 2–5 km	24	Source narrative
Pre-construction 6–10 km	5	Source narrative
Pre-construction >10 km	10	Source narrative
Post-construction <2 km	48 (80%)	Chart/narrative
Post-construction 2–5 km	11	Chart
Post-construction 6–10 km	1	Chart
Post-construction >10 km	0	Chart
Health-durbar awareness	100%	Survey
Health-durbar participation	53%	Survey
ANC/PNC very satisfied	54 (90%)	Survey
OPD very satisfied	40 (67%)	Survey
CHPS delivery	32 (53.3%) in narrative	Conflicts with source figure showing 66%
First PNC at Kogni CHPS	59 (98.3%)	Survey
Family-planning awareness	100%	Survey
Family-planning never used	98%	Survey/figure
Infant mortality	0/1,000 live births	Facility secondary data, Dec. 2023
Under-five mortality	0	Facility secondary data
Stunting	10 cases	Between 2022 and 2023
Wasting	None reported	Facility secondary data
EPI coverage	60%	2023
Anaemic pregnant women	0	Facility secondary data
Teenage pregnant mothers	0	Facility secondary data
Maternal mortality	0	Facility secondary data
Midwives	5	Facility
Community health nurses	3	Facility
Physician assistant	1	Facility
Motorcycles	0	Facility
Basic health equipment	4	Facility; items not specified
Nurse-patient ratio	1:676	Dec. 2023
Physician assistant-patient ratio	1:8787	Dec. 2023

ANNEX 2. DATA QUALITY AND INTERNAL CONSISTENCY REVIEW

A professional evaluation should distinguish substantive findings from data-presentation issues. The following issues are identified directly from the original report and should be resolved using the KoboCollect export, SPSS dataset, facility registers and original project documentation.

Issue	Evidence in source	Required resolution
Pre-construction distance totals	$5 + 24 + 5 + 10 = 44$, although sample is 60	Reconcile missing 16 observations in raw dataset.
Distance versus time	Narrative alternates between 'travel distance' and 'travel time' while values are in km	Use one clearly defined indicator or report both separately.
CHPS delivery	Narrative: 32/60 (53.3%); source figure: 66% CHPS	Verify raw response counts and correct chart/narrative.
Delivery satisfaction denominator	Narrative refers to facility-delivery users; source chart shows $48 + 12 = 60$	Confirm denominator and regenerate figure.
Infant mortality baseline year	Project objective says 2017 in one section and 2018 in another	Check project proposal/baseline documentation.
Mortality denominators	Zero mortality is reported without number of live births	Obtain births and death registers and calculate rate using standard denominator.
EPI coverage	60% reported without target or denominator	Verify eligible population, doses, numerator and target.
Staffing ratios	1:676 and 1:8787 reported without calculation basis	Validate staff FTE, catchment population and ratio definition.
Basic equipment	'4' reported without listing equipment	List items, condition and functionality.
Efficiency	Evaluation claims efficiency assessment but no financial data are presented	Add budget/expenditure/timeline analysis if available.
Equity	No meaningful demographic disaggregation presented	Reanalyse raw survey by relevant subgroups if available.

ANNEX 4. GLOSSARY AND ABBREVIATIONS

Abbreviation	Meaning
ANC	Antenatal Care
CHPS	Community-based Health Planning and Services
CoP	Community of Practice
CDD-Ghana	Center for Democratic Development – Ghana
E4D	Evidence for Development
EPI	Expanded Programme on Immunization
GHS	Ghana Health Service
OPD	Outpatient Department
PNC	Postnatal Care
SagMA	Sagnarigu Municipal Assembly
SPSS	Statistical Package for the Social Sciences
lbs	Live births