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Hɛn Mpoano



Integrating Health and Family Planning into Greater Amanzule Wetland Landscape Conservation and Small Scale Fisheries Management in the Western Region of Ghana



Final Report

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Advancing Partners & Communities

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APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs. Learn more about APC at advancingpartners.org.

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Cover photos, clockwise from upper left

PHE drama in a coastal community (Photo credit: Adiza Ama Owusu)

Participants in a group discussion during project close-out workshop (Photo credit: Justice Mensah)

Selection of story cards by community members (Photo credit: Sylvanus Ennor)

Vaccination of children during PHE outreach in remote riverine communities (Photo credit: Sylvanus Ennor)

Acronyms

APC	Advancing Partners and Communities
ECHNMT	Esiama Community Nursing and Midwifery Training College
LLINs	Long Lasting Insecticide Nets
NGO	Non-Governmental Organization
PHE	Population Health and Environment
TBAs	Traditional Birth Attendance
USAID	United State Agency for International Development
JSI	John Snow Institute
FP	Family Planning

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Introduction

The population increase in the Western region's coastal areas is due in part, to in-migration and high fertility grounded in traditions. Traditionally, coastal residents have preference for many children and early marriage. Moreover, the dominant perception among coastal adult population is that many children and large family sizes are assets (notably, provision of cheap labor) for a successful fishing business. In addition, misconceptions and concerns about potential health risks, such as infertility and other side effects of contraceptives deter many women from practicing family planning (FP), despite the recent increasing desire for fewer children. These traditional belief systems have hindered widespread utilization of family planning services in addition to physical barriers to access. Despite the above challenges, there exist the potential and opportunities for improving family planning, reproductive health and coastal resources management outcomes in the coastal districts of Ghana's western region.

The project, "*Integrating Health and Family Planning into Greater Amanzule Wetland (GAW) Landscape Conservation and Small Scale Fisheries Management in the Western Region of Ghana*" was a 11 month pilot initiative (October 2018 – August 2019) aimed at creating awareness and interest for Population, Health and Environment (PHE) approaches to show benefits of improved health and environment outcomes, establish and strengthen community-based distribution systems for contraceptives, strengthen institutional collaboration across sectors to build support for future PHE interventions in the coastal areas of the Western region of Ghana and design and implement a learning agenda for PHE integration.

Direct beneficiaries of this project were an estimated 150,000 inhabitants (both men and women) living in the Greater Amanzule Wetland communities and relying directly on its natural resources as source of livelihood and food and nutrition security. Other beneficiaries were NGOs, private sector entities operating on the landscape, district assemblies and government health institutions.

Summary of activities

Subsequent to the signing of the sub-award agreement in September 2018, the project performance monitoring plan (PMP), work plan and branding and marking plan were drafted. In November 2018, JSI and USAID Washington officials visited project implementation sites in the Greater Amanzule Wetland landscape and provided instructive feedback which helped to revise and finalize the PMP, work plan and branding and marking plan. Implementation of field activities commenced in January 2019. The following is a summary of accomplishments, challenges encountered and lessons learned during the project's implementation phase.

Objective 1: Create Awareness and Interest for PHE Approaches to Show Benefits of Improved Health and Environment Outcomes

During the project inception, there was the need to create awareness and build the interest of stakeholders to embrace the integrated PHE approach. Series of activities were initiated to stimulate the interest of stakeholders to build understanding and acceptance of integrated approaches.

Interactive Drama Sessions

Although inhabitants in the 10 project beneficiary communities are fully aware of the importance of coastal ecosystems to their survival, there is apparent lack of knowledge about the linkages between family planning, reproductive health and long-term sustainability of coastal ecosystems in these communities. An early action of the PHE project was to improve knowledge and understanding of the connections between family planning, reproductive health and coastal ecosystem sustainability. To this end, series of interactive drama sessions were held in each beneficiary community. Through the drama, explicit messages on the environmental, health and economic benefits of child spacing were disseminated to more than 1,000 audience. The drama also provided the platform for the project team to inform beneficiaries about the objectives of the PHE project and activities planned for the implementation phase. A video recording of the interactive drama was filmed for future outreach and education on PHE in other coastal communities in the Western region of Ghana.



Figure 1: Drama and cultural performance in one of the project communities

Validation workshop

A workshop was held to validate the conceptual framework of the PHE project and build stakeholder support for implementation by communicating the project objectives and expected results. Participants were drawn from district and regional environmental departments, district assemblies, district health departments, University of Cape Coast, oil and gas companies, nursing and midwifery training school, media and NGO partners. The workshop provided the opportunity to work collaboratively with a PhD student of the University of Cape Coast, whose research is focused on understanding the linkages between ecological and human health in the Ankobra riparian area. During the workshop, initial findings of the PhD research which highlighted heavy metal concentrations and microbial loads in the river and fish was presented. This generated discussions among participants regarding the implications of heavy metal pollution for human health in the riparian communities.



Figure 2: participants engaged in breakout session and report out

Training workshops conducted for target groups

During the project implementation phase, series of training workshops were conducted for different target groups on population, health and environment linkages. Among those trained were Hen Mpoano staff, officials of district assembly departments, traditional birth attendants, PHE champions, school teachers and health officers. Modules for the above trainings were prepared and adapted from existing training materials obtained from global PHE projects such as the Health of People and the Environment in the Lake Victoria Basin (HoPE-LVB) project. In the case of health workers, training materials from the Ghana Health Service were adapted and utilized. The training materials were tailored to the knowledge needs of each beneficiary trainee group.

Facilitated by the project's health expert, program staff of the PHE project as well as the entire Hen Mpoano staff were trained on family planning, reproductive health and sexually transmitted infections and HIV issues. Among others, the training improved the knowledge of Hen Mpoano staff on their leadership roles as PHE advocates.

Selected representatives of Nzema East, Ellembelle and Jomoro district departments were also trained during a one-day training workshop on topics including family planning and the use of contraceptives; sexually transmitted infections (STIs), water hygiene, standard precautions (proper hand washing techniques) and population, health and environment concepts and linkages. In all, 34 people (24 males and 9 females) were trained. Specific departments represented in the training were Social Welfare, District Health Directorate, Environmental Health, Town and Country Planning and Environmental Protection Agency. Others were Esiama Nursing Training School, Marine Police, Ghana Health Service and the Church of Pentecost. This training provided the platform where the various methods of family planning, including contraceptives were discussed and misconceptions about family planning methods ruled out. It also improved the knowledge and understanding of participants about how integration of family planning and other health components could address food insecurity, deforestation, wildlife depletion, water pollution and waste generation issues. During training sessions, story cards were utilized to foster communication on the nexus between population, health and environment in the daily lives of community folks. This improved participants' appreciation of their roles as stakeholders in the PHE project.



Figure 3: Training participants using story cards

Training was conducted for PHE champions selected from the project beneficiary communities. The champions are already members of village savings and loans associations and community conservation committees. The training involved demonstrations and discussions that deeply engaged participants.

Traditional birth attendants (TBAs), teachers and health workers – also referred to within the context of the PHE project as peer educators were identified and trained on population, health and environment linkages. These target groups were selected for training because of their key roles in ensuring continuous awareness creation about PHE within the project’s focal communities and in selected schools.

In Ghana, traditional midwifery is a part-time work for unskilled persons who mediate pregnancy and birth with some spiritual practices. In remote and rural areas, such as the PHE project’s focal communities, many women rely on TBAs for assistance before, during and after labor. Despite performing these important roles, TBAs have had very little training and education necessary to integrate them into the wider public health care system. In view of this, 23 TBAs from the 10 project beneficiary communities were selected and trained on PHE linkages and integration. As a result of the training, TBAs from the project sites have improved knowledge about roles in the following; referral/escort protocols promoted by the Ghana Health Service, birth preparedness, health and family planning education, community mobilization and client follow-ups.



Figure 4: Facilitators explaining the different family planning methods and the use of LLINs to the TBAs

Teachers were selected and trained on PHE linkages because in the project sites, they are role models and engage adolescents in environmental school club activities promoted by Hen Mpoano. In all, 25 teachers comprising 17 males and 5 females selected from Hen Mpoano’s environmental school clubs in Newtown,

Agyeza, Azuleloanu and Ampain were trained. Among others, the training focused on topics such as Ghana Education Service policy guideline that promotes abstinence but prohibits family planning education in junior high schools and strategies for integrating reproductive health education into school environmental club activities. As a result of the training, teachers are better at communicating with students about general reproductive health issues while providing information to students regarding where to obtain further assistance to address their reproductive health needs.



Figure 5: Teachers demonstrating what they were being taught

One of the PHE project's target districts – Nzema East Municipal Assembly – recorded the highest teenage pregnancies in the Western Region of Ghana during the 2018 annual health sector performance review. At the request of the Nzema District Health Director, the PHE project team supported training of health workers selected from health facilities located in the district in preparation for family planning outreach events targeted at remote riverine communities (Adelekezo, Eziome, Ajomoro Eshiem and Kukuavile) which are also the PHE project's focal sites. During the training, PHE concepts were introduced in addition to Ghana Health Service standard indicators and data gathering protocols on family planning. An action plan was developed at the end of the training workshop for joint (between PHE project team and district health team) PHE outreach events in the above-named remote communities (see objective 3: PHE activities planned and implemented).



Figure 6: Cross section of health workers at the training workshop

PHE Champions Mobilized for Radio Sensitization and Awareness Creation

PHE champions are members of existing environment and livelihood platforms facilitated by Hen Mpoano in the project's target communities. Generally, they are members of fisheries management associations, wetland conservation committees and village savings and loans associations (VSLAs).

Trained PHE champions utilized community radio platforms to communicate information on the linkages between family planning, reproductive health, and long-term sustainability of coastal ecosystems. They also embarked on house-to-house visitation to deepen interaction with families about the benefits of family planning. This was possible after the project team supported PHE champions with the development of action plans and coaching on communication and on how to ensure confidentiality. In all, 21 radio programs were held in the local language by PHE champions in 7 beneficiary communities. Through this, more than 5,000 people were reached with PHE messages. Through the household level interactions, the PHE champions provided family planning referral guidance to interested couples and adolescents. See objective 4 (Family planning clients referral monitoring) for the number of referred clients that visited health facilities for family planning services.

The PHE champions who excelled in their articulation of PHE messages on community radios were mobilized to support district level radio sensitization and awareness creation activities on family planning and reproductive health and its connection to the environment. In all, 8 radio programs were facilitated by PHE champions in their local language within the three project districts. Access to this communication platform bolstered the confidence of PHE champions and sharpened their skills for communicating population, health and environment linkages. In addition, audiences of more than 10,000 people were reached with PHE messages through the district level radio broadcast. The feedbacks from listeners during phone-in sessions, indicated that some of the misconceptions about family planning have been addressed through radio sensitization and that people are able to connect the environment with population and health. A PHE theme song that was composed for awareness creation among the youth is also gaining a lot of airplay on these radio stations.



Figure 7: PHE champions creating awareness on family planning and reproductive health at the district radio stations

Development and dissemination of IEC materials

During the period, posters with linked population, health and environment messages were designed and disseminated in beneficiary communities; polo shirts with PHE messages were also printed and distributed among PHE champions and peer educators. Polo shirts do not only serve as incentives but also enhance confidence as PHE champions wear them during outreach activities.

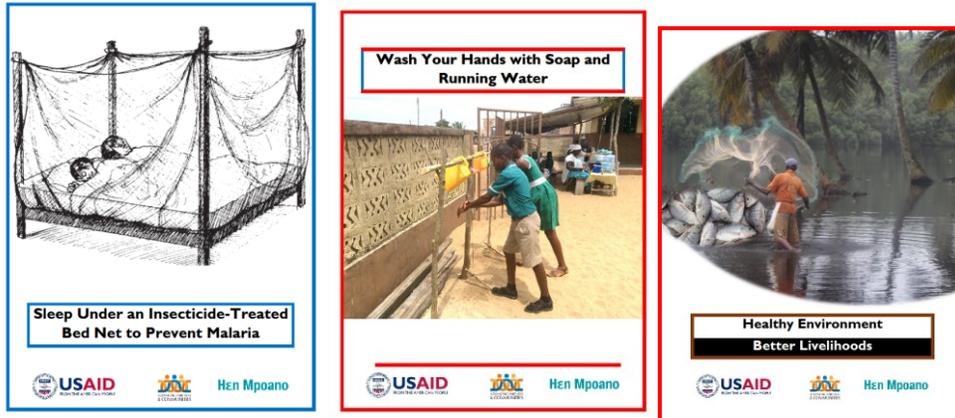


Figure 8: Examples of PHE posters disseminated in beneficiary communities

PHE Project Launch

As part of the objective of the project to strengthen institutional collaboration across sectors, the PHE project was launched on May 28, 2019 at the Nzema East Municipal Assembly Hall in Axim. Attended by 158 participants, the project launch provided the platform to communicate project progress and accomplishments to key stakeholders and the media. Participants of the project launch were drawn from the District Health Directorates, District Assemblies, educational institutions, traditional authorities, religious bodies and PHE champions.

The event was climaxed by donation of health items which included a lithotomy bed and an artificial uterus to the Essiama Community Health Nursing and Midwifery Training College (ECHNMT). These items will foster practical demonstrations to better equip trainee nurses with relevant skills for the prevention of maternal and neonatal mortalities.



Figure 9: Selected pictures from project launch

Objective 2: Promote Access to Health, Environment and Livelihood Using PHE Platforms

Selection of PHE Champions and Peer educators

PHE champions are individual members of existing livelihood and conservation structures who are willing to volunteer time to foster adoption and integration of PHE practices in coastal communities. To catalyze the selection of PHE champions, the project team fostered deeper knowledge and understanding of the benefits of integrated population, health and environment approaches among community conservation committees, village savings and loans associations and fisheries co-management association. This was possible through adaptation and utilization of existing PHE story cards from Madagascar for community educational sessions with the above-mentioned community-based structures. During implementation of the story cards, participants were grouped between 5 to 8 members, depending on the total population gathered and gender balance. The facilitator created a story that served as example for participants to follow and create their own stories. The sessions ended with participants sharing ideas, advice, personal experiences and lessons learned from the stories generated.

Using the story cards, members of these groups created their own stories which articulated the linkages between their health, natural resources, ecosystem health and livelihoods. The story cards also fostered critical thinking and exchange of ideas among community folks about how the present health and environment conditions in the communities could be addressed in an integrated manner. The health expert on the project team took the platform to rule out misconceptions about family planning methods. As noted by some participants of story card educational sessions;

“My friends told me family planning promotes fibroid and infertility, but today, I have heard that, this is not true. Although, I have three children, I still believe it is not too late to make a choice”.

“I will go round and take off all ITNs used for gardens because they were not meant for those activities.”

In addition, the story cards approach provided the opportunity for members of these groups to articulate from their perspectives, how family planning and reproductive health could be included in their action plans and practices. The story cards were effective communication tools that provided pictorial and powerful illustrations of the connections between nutrition, education, use of insecticide treated bednets, adoption of family planning methods among others. Through the story card approach, members of village savings and loans associations, fisheries co-management committees and community conservation committees volunteered to become PHE champions in their respective communities. In all a total of 34 (18 males; 16 females) people volunteered from the 10 beneficiary communities.



Figure 10: Participants engaged in story card activities

The roles of peer educators are complementary to PHE champions. However, unlike the champions, peer educators will target their activities at identified and specific peer groups. During the period, 23 traditional birth attendants were identified and selected from the 10 beneficiary communities and 22 teachers from 4 selected schools.

Effectiveness (strengths and weaknesses) of existing community distribution systems for contraceptives assessed

As first step towards strengthening community distribution systems for contraceptives, a rapid assessment was carried out to understand access points for contraceptives, structures for distribution and supply of contraceptives at the community level, effectiveness of existing community-based systems for distribution, availability of contraceptives and their affordability by adolescents and marriage couples among other relevant issues regarding contraceptive distribution at the community level in the project's target communities. Focus group discussions were held with selected target groups, among which were district health professionals, trained community-based agents, community health volunteers, community health officers and PHE champions. Questions explored during the focus group discussions include; what are government's policies on contraceptive handling and distribution; how are policies on contraceptive distribution being implemented at the community level by district health directorate; what were the roles of community-based agents in family planning commodity distribution; have the roles of community-based agents on family planning commodity distribution changed, and if so, how; what challenges are encountered by both health professionals and community-based agents in promoting access to family planning commodities and what models for community-based distribution of commodities are currently working and requires strengthening. Results of the assessment were summarized and documented in a separate report.

Networking meetings organized for PHE champions and peer educators

In order to foster working relations between the PHE champions and the peer educators (TBAs and teachers), two networking meetings were organized for these groups. The meetings also served as platforms for peer educators and champions to share experiences, lessons learned and challenges encountered during performance of their health education and referral roles. Participants in the networking meetings also shared strategies for sustaining their activities beyond the project's lifetime. The PHE champions expressed willingness to seize the opportunity during fisheries/wetland management meetings and other community gatherings to spread the PHE message.



Figure 11: PHE Champions and peer educators in a brainstorming session



Figure 12: TBA sharing her experience as a peer educator

Objective 3: Strengthen institutional collaboration across sectors to build support for future PHE initiatives.

PHE outreach activities planned and implemented

Access to health care services is critical to quality healthcare delivery. For instance, services such as primary health care, dental care, behavioral health, emergency care, and public health should be accessible by all. Yet rural and remote communities face barriers that limit their access to a wide range of basic healthcare services. Working in partnership with the Nzema East District Health Directorate, the PHE project demonstrated good practices for providing access to healthcare in remote communities where dependence on natural resources is exceptionally high. Hen Mpoano recognized that absence of communication channels between health professionals and community leaders was one of the most significant barriers to healthcare delivery in the remote riverine communities. To address this defect, Hen Mpoano facilitated collaboration between health professionals and PHE champions, where the latter mobilized community folks and diffused information about family planning and reproductive health in preparation for community visits by the health professionals. These relationships between health professionals and PHE champions were nurtured and strengthened (see objective 4: monitoring of referrals) to instigate future cooperation among these actors for healthcare delivery.

The Nzema East outreach events were conducted during the months of May and July. During the outreach exercises, community residents received family planning education, child welfare services, antenatal care services and treatment of minor ailments identified.

During the last month of the outreach events the Jomorro district requested for support to also reach some of the undeserved remote communities they're unable to reach. The district share boundary with Cote d'Ivoire. The Abbey lagoon which has a number of communities at its banks remains neglected in terms of basic health services (immunization services, ANC, family planning and treatment of minor ailments). Secondly, Mempasem catchment area remain another zone difficult to access. It is also riverine and could only be accessed by boat. Though these communities didn't form part of the PHE pilot communities there was the need to support on the basis of the request for support by the district health leadership. Health staff rendered services according to specialized areas. Child welfare clinics were carried out at the community centers of targeted communities, while ANC services were given at the chief palace or the individual's home depending on the community visited. However, privacy and confidentiality were assured.

The table below provides a summary of data gathered during the outreach.

Table 1: Summary of data from PHE outreach activities for the month of May to July

1.1 Family planning services

Communities	Total FP education given	FP new acceptors	FP continues acceptors	Total FP commodity issued	Total visits (issued+ those that expressed interest)
Eziom	3	1	0	1	11
Adelekezo	3	7	8	15	26
Kukuavile	3	2	3	5	17
Eshiem	3	0	1	1	21
Total	12	10	12	22	75

1.2 Child welfare clinic (CWC)

Communities	New registrants	Total attendants	Total no immunized	Male	Female
Eziom	1	70	25	32	38
Adelekezo	3	113	35	46	67
Kukuavile	19	164	44	76	88
Eshiem	2	75	28	36	39
Total	25	422	132	190	232

1.3 Antenatal clinic (ANC)/ total emergency deliveries recorded.

Communities	registrant	attendants	1 st trimester	2 nd trimester	3 rd trimester	Total emergency deliveries
Eziom	1	3	1	2	0	0
Adelekezo	3	12	2	5	5	1
Kukuavile	0	2	0	2	0	0
Eshiem	2	6	2	2	3	0
Total	6	23	5	11	8	1

3.0 Minor ailments identified.

Diseases	Total reported	Total treated	Total referred
Simple malaria	14	14	0
Complicated malaria	6	0	4
Pneumonia	1	0	1
Diarrhea	4	2	2
Worm infestation	2	2	0
Total	27	18	7

Table 2: Summary of data from PHE outreach activities from the Jomorro outreach for the month of July

2.1 Family planning services

Communities	Total FP education given	FP new acceptors	FP continues acceptors	Total FP commodity issued	Total visits (commodity issued+ those that expressed interest/counselled)
Nyegyima	1	1	2	3	13
Apolonu	1	0	0	0	10
Kpanda Nokobenu	1	2	0	2	10

Nyekyima Nokobenu	1	0	1	1	5
Mempasem	1	3	3	6	15
Total	5	6	6	12	53

2.2 Child welfare clinic (CWC)

Communities	New registrants	Total attendants	Total no immunized	Male	Female
Nyekyima	5	25	15	7	18
Apolonu	2	33	4	14	19
Kpanda Nokobenu	0	29	10	17	12
Nyekyima Nokobenu	2	15	5	5	10
Mempasem	22	132	37	63	69
Total	31	224	71	106	118

2.3 Antenatal clinic (ANC)

Communities	Registrant	Attendants	1 st trimester	2 nd trimester	3 rd trimester
Nyekyima	1	5	0	4	1
Apolonu	0	2	0	1	1
Kpanda Nokobenu	0	3	2	1	0
Nyekyima Nokobenu	0	0	0	0	0
Mempasem	4	7	3	2	2
Total	1	17	5	8	4

3.0 Minor ailments identified and treated.

Cases	Frequency
Simple malaria	13
Diarrhea	15
Joint pains/Arthritis	28
Helminthiasis	27
ARTI	19
Abdominal pains	3
Iron deficiency	2
Skin infections	4
UTI	2
Boils	1
Total	114



Figure 13: PHE outreach activities within selected communities at the Jomorro district



Figure 14: Community members receiving health care from the outreach activities



Figure 15: Health workers providing family planning education during outreach activity at Adelekazo

At the end of the three months outreach events, a review meeting was organized where all the three districts; Nzema East, Jomorro and Ellembelle came together to share experiences on the successes, challenges and way forward in terms of collaboration, communication, services that were provided and the logistical needs for a successful outreach activity.

In sustaining the gains from the outreach activities, one pressing issue that came up strongly from this meeting was the completion of immunization schedules initiated in riverine communities in Nzema East and Jomoro districts. There was the need to engage the chiefs of the various communities in this discussion and hence it was agreed to conclude the discussions during the close-out meeting. See lessons learned for conclusions of this discussions.

Outcomes/comments from community members during outreach activities

- Some community members were happy they received both preventive and creative services without travelling to neighboring country. Some said *“it is costive receiving health services in another country, we pay in CFA. We thank those that initiated this program”*.
- A pregnant woman with 32 weeks gestation age received ANC services for the first time since pregnancy.
- A 2-year-old malnourished baby was identified and referred to the nutrition officer at the district capital for immediate assistance.
- LLINs were given to those who received measles2 and Men Africa immunization
- Male involvement in immunization sections were encouraging.
- A comment from one opinion leader was *“the last time we heard health team visiting us was September 2018”*

- Even though it took us an hour and thirty minutes to reach those riverine communities, community members were always ready to meet us and receive health care.
- According to community members at Mempasem, most children have lost their lives as a result of convulsion while two pregnant mothers also lost their lives during labor. *“We only have access to boat during market days. After market days, only God knows.”*
- For community members, travelling with the boat has its own disadvantage especially when it gets to the raining season. They said *“A government official lost his life three years ago when they came here for national health insurance registration”*.
- According to the chief of Mempasem, there are a number of communities ahead which we should do well to visit the next time.
- A greater outcome was an emergency delivery that occurred when health staff were busy conducting immunization, FP and ANC services at Adelekezo. (One of the riverine communities under the project). The delivery was performed by a TBA who was trained by Hen Mpoano as one of the peer educators for PHE project.
- Some community members were asking for the establishment of CHPS compound which will help to address most of their health concerns particularly emergency cases.
- A day old new born received BCG immunization 30 minutes after delivery to protect him against tuberculosis.
- LLIN was given to the new born to prevent malaria infection.
- A community member wanted to know the opportunities ahead since the project was getting to a closure.
- A group also spoke to health staff to continue the good work and stated that *“we can only reward you with food stuffs from our farms because we do not have money to give for fuel or other logistics so please do not stop coming to our aid.”*

Objective 4: Design and implement a learning agenda for PHE Integration

A baseline survey was completed during the period to document the baseline status of knowledge, perceptions and behaviors of households related to family planning, environment, health, livelihoods and gender. The baseline also provided insights into the context for PHE in the selected communities and the basis for future monitoring of behaviors and evaluation of the PHE project's performance.

The survey was administered to a sampling frame of individuals and households representing a target population of households dependent on estuarine and marine fisheries, mangrove forests, wetlands and other natural resources associated with the Greater Amanzule wetland (GAW) landscape as primary sources of livelihoods. The survey was jointly implemented with a Ph.D student from the Department of Fisheries and Aquatic Sciences (DFAS) of the University of Cape Coast who was interested in understanding the linkages between ecosystem health and human health in 5 out of the 10 focal PHE communities. Generally, all individuals interviewed fall within the reproductive age group of between 18 – 49 years. The baseline report is annexed to this summary report.

USAID Washington Official visit

Between April 8 to 10, 2019, Hen Mpoano hosted Alanna White from USAID Washington and Mohammed Nasiruzzaman from JSI during their mission to learn more about the implementation of the PHE project. The visitors interacted with project beneficiaries and stakeholders including officials of health directorates from the three project districts, PHE champions, peer educators as well as Hen Mpoano staff. During discussions, the visitors obtained firsthand information about the successes and challenges faced by the project in its implementation.



Figure 16: Community and district level engagements with the USAID officials

Implementation of PHE scorecards

Progress made (especially, on the process of sequencing activities to achieve results) by the PHE project during the first quarter (January to March) of implementation, was assessed using scorecards.

Participating in this assessment were stakeholders from the district health directorate and the PHE project management team. The results from the scorecard exercise are summarized in a separate report.

Family planning client's referral monitoring

Key among the activities of PHE champions is the conduct of home visits where family planning and reproductive health information are provided to married couples and adolescents. In the process, interested adolescents and married couples were provided referral coupons to health centers for more information on available family planning methods and from where clients are able to make an informed choice about suitability of a method. Prior to referring clients, health professionals from various health facilities within the PHE project catchment sites were sensitized about the referral coupons. To gauge whether referred clients accessed services at the health facilities, the number of referred clients that visited health facilities for support was monitored in coordination with health workers of the nearest health facilities. During the months of May and June, a total number of **182** referral coupons were issued in nine communities (no referral was made in Old Kablesuazo) by PHE champions. Out of this number, **68 (37%)** had received some kind of FP services either from the identified facilities or through the outreach activities. One major challenge encountered by champions was the inability of couples and adolescents to pay for FP services. Most of the interested people either wanted to access the service for free or at a discounted fee. Hen Mpoano, therefore, collaborated with Marie Stopes Ghana, a non-governmental organization that provide contraception and long-term family planning services across the country to offer free family planning

services to referred community members who were unable to access the services at the health facilities due to financial constraints.



Figure 17: Monitoring of PHE champions activities

Table 3: Summary of PHE referrals for the month of May and June

Name of community	MAY		JUNE	
	No. of Clients referred by PHE Champions	No. of Client received in health facilities	No. of Clients referred by PHE Champions	No. of Client received in health facilities
Adelekazo	15	4	8	2
Ajomoro Eshiem	-	-	3	3
Kukuavile	23	3	16	8
Eziom	1	1	3	-
Sanwoma	23	10	18	12
Alloakpoke	2	-	8	8
Ebonlowa	-	-	21	-
Old Kablesuazo	-	-	-	-
Metika	18	5	12	1
Efaso	5	5	6	6
TOTAL	87	28	95	40

Integrating family planning into VSLA activities

In 9 out of 10 focal sites of the PHE project (excluding Ebonloa), members of village savings and loans associations, consisting of 25-30 people meet once every week to contribute money into a revolving fund. During the period, the project team engaged all the VSLA groups in discussions regarding incorporation of family planning and reproductive health into their activities. PHE champions facilitated such discussions which led to consensus among VSLA members on the need to review their constitution to include PHE messages. Meanwhile, some of the VSLA members have begun reciting PHE messages during their meetings.



Figure 18: Interaction with the VSLA groups

Organize project close out workshop to disseminate key lessons



Challenges

During the period, successful joint outreach events initiated with the Nzema East District health directorate in remote riparian communities triggered similar demands for support from the Jomoro District health directorate. At a meeting held between the project team and the Jomoro health directorate to streamline needs and support, it emerged that the district health directorate have prioritized some remote riparian and farming communities that were not included in the sites selected for the PHE project. Neither have these communities been reached through Hen Mpoano's environment initiatives. This buttresses the notion that many more remote coastal communities are in dire need of healthcare services because of the physical barriers constraining health care delivery in these areas. Nonetheless, with barely one month to the PHE

project close out, it was impossible to provide substantial help to address the unmet PHE needs in these communities. Hopefully, future health or PHE projects could target support to these communities.

In addition, the Ghana Education Service policy guideline prohibits discussions about family planning in primary and junior high schools. Instead, it promotes abstinence. Yet, there are increasing cases of teenage pregnancy among adolescents in schools. This policy makes it difficult for teachers to address explicit topics about family planning for fear of being sanctioned. While addressing this policy requires targeting advocacy at the national level, this issue was mitigated by the project through encouraging discussions around general reproductive health in schools.

Integrating Health and Family Planning into Greater Amanzule Wetland Landscape Conservation and Small Scale Fisheries Management Project



Report on Project Lessons Learned

Introduction

A learning agenda was implemented for the PHE project. Lessons learned along the way were fed back to enhance implementation of project activities. In addition to monthly team meetings and follow up field visits, review meetings were organized with key project stakeholders to reflect on lessons learned and improvements required to achieve desired results. Finally, a lessons learned workshop was organized at the end of the project to synthesize overall lessons and suggest the way forward for future PHE interventions in Ghana.

This report summarizes the lessons learned on the project overall, including perspectives of stakeholders involved at all stages of implementation. The presentation of lessons in this report revolves around key strategies/themes which underpinned implementation of the project.

1. Collaboration

Stakeholder collaboration was one of the key strategies deployed by the project. At the lessons learned workshop, stakeholders shared perspectives on leading questions regarding successes, challenges and future improvements for collaboration on similar projects in Ghana. Among the learning questions addressed were the following;

- *How well were relevant sectors in the districts such as agriculture, health, education, environment etc. involved in the implementation of the project?*
- *How well did the project engage local chiefs from the pilot communities?*
- *What could be done differently in future PHE projects to strengthen institutional collaboration*

Lessons

- The project did not only collaborate with district level departments but expanded the collaboration to include primary and junior high schools after seeking approval from the Ghana Education Service to engage school children in drama performance and teachers in PHE training. Collaboration with local media outlets provided additional communication channels for PHE awareness creation using local media platforms.
- Communication with local chiefs about the project and their engagement to propagate FP and RH messages was weak from the onset.
- In the future, formal collaborative relationships should be established with stakeholders, particularly oil and gas and other private sector actors to leverage resources for implementation.

2. PHE champions' referral activities

Client referral to health facilities was a core task of PHE champions. After providing information about FP/RH to potential clients, PHE champions handed out coupons which were designed by the project to those ready to make informed FP choice. The project had already given orientation to health personnel from identified health facilities within the project's area of influence about the coupons and the objectives of the referral program. During the lessons learned workshop, stakeholders addressed the following learning questions regarding the referral;

- *How easy or difficult was it for members of conservation committees, fisheries management associations and VSLAs to become family planning and PHE champions?*
- *How were issues of trust and confidentiality managed by PHE champions during referrals? What were the differences between marriage couples and adolescents in obtaining referral information?*

- *What were the differences between men and women PHE champions in managing confidentiality and client's referrals?*
- *How did PHE champions develop relationship with health professionals in CHP compounds and other health facilities? How can this relationship be strengthened in the future?*
- *How did proximity to health facilities affect willingness of referred clients to access family planning commodities?*
- *What were the differences between referral activities in remote riverine communities and those within easy reach to health facilities?*
- *What other challenges were faced by PHE champions?*

Lessons

- Communication and education on FP/RH as part of client referral was successfully conducted by women and men PHE champions. The involvement of both women and men in championing PHE referral provided a conducive environment for honest male to male and female to female conversations about FP needs and perceptions.
- The use of coupons made it easier for follow-up monitoring of effectiveness of house to house FP/RH counselling/visits conducted by PHE champions. Clients who accessed health facilities with coupons were given attention as health workers in those facilities were aware of the referral program. Health staff also conducted follow-up visits to households where clients have accepted coupons and are interested in making informed choices.
- The coupons did not make much difference where health facilities were located far away from the community. Potential FP adopters were discouraged by the costs involved in travelling to health facilities and in accessing particularly, the long-term FP commodities.
- For marriage couples, non-involvement of male counterparts in FP education restricted the female counterparts from adopting FP. In most instances, married females declined to visit the health facility for family planning after unfavorable concerns were expressed by their husbands. Some of these concerns were anxiety about potential promiscuity when women are allowed to adopt family planning among others.
- In the future, PHE initiatives should target specific interventions at men to improve their understanding about FP and the benefits thereof to the household; PHE initiatives should strongly integrate or leverage livelihood development opportunities in order to increase household incomes and budget for healthcare; clients should be allowed to freely choose health facilities from where to access FP commodities; advocate construction of CHPs compounds to address basic health needs of remote riverine communities.

3. PHE outreach events

In partnership with district health authorities, the project catalyzed PHE outreach activities. Initially, the outreach focused on remote riverine communities in the Nzema East district and in response to demands from the Jomoro district health directorate the outreach was scaled up to cover remote communities in the latter district. The outreach services provided included FP services, ante-natal care, child welfare clinics and clinical health care services. During the lessoned learned workshop, stakeholders addressed the following learning questions regarding PHE outreach events;

- *How could the outreach activities be sustained (financially, operationally) into the future?*
- *What key relationships have to be maintained for successful outreach activities?*
- *Are there communities to be prioritized for outreach events? If so, what are these communities and where are they located?*

- *What should be the focus of future outreach events?*

Lessons

- Outreach activities initiated by the PHE project, especially in remote riverine communities should be sustained after the project's lifetime to allow completion of immunization schedules which were commenced for children under the project and for ongoing supply of FP commodities to couples and adolescents. However, this requires commitment from community leaders, PHE champions, Hen Mpoano and district health authorities to support ongoing coordination of outreach activities. Initial financial commitment by chiefs of riverine communities to support cost of boat fuel in the Nzema East district demonstrates project ownership and local leadership support for PHE initiatives into the future. District health personnel has a dedicated team for the outreach while PHE champions and Hen Mpoano has committed time to ensure ongoing coordination of the outreach activities within 3 months after project completion. Beyond three months, Hen Mpoano will explore ways of securing funds to support the outreach through proceeds from the use of the boat on the Ankobra River.
- Although cost of long-term methods and physical accessibility barriers to health facilities hindered access to a large majority of potential FP adopters, the outreach mitigated this challenge. The project collaborated with Marie Stopes and supported them by providing boat transport and communication via the PHE champions. This resulted in successful delivery of free long-term family planning services to clients.
- Many more remote communities that are also natural resources dependent were discovered but not reached by the project. This highlights the unmet health, family planning and conservation planning needs of communities in the western and other coastal regions of Ghana which are yet to be addressed by integrated health, environment, food security and livelihood programs. Such communities present unique contexts for future PHE investments.
- In the future, PHE outreach activities should include other sectors such as environment and livelihoods (organic farming, agroforestry); strongly engage traditional authorities and district assemblies in advocacy for favorable policies in support of integrated approaches to community development.

4. PHE education and sensitization

Education and sensitization activities were spearheaded by PHE champions with mentoring and coaching support provided by the Hen Mpoano team. Different education and sensitization approaches were tested during implementation at the community level including use of story cards, community drama, community radio and posters. During the lessons learned workshop, stakeholders addressed the following learning questions regarding education and sensitization;

- *Were any of the communication approaches (story cards, radio sensitization, drama events) more effective at delivering PHE messages? If so, Why?*
- *Which messages resonated well with communities? Are there any stories of people motivated to take action after receiving PHE messages?*
- *What other communication approach could have worked well?*
- *What should be done differently in the future when embarking on PHE education and sensitization?*

Lessons

- To be effective, education and sensitization programs should be tailored to the knowledge and information needs of specific target groups.
- The use of story cards worked exceptionally well for educating local community inhabitants and school children about the benefits of integrated approaches while drama and radio programs enhanced awareness among the general public about PHE.
- It is the policy of Ghana Education Service to promote abstinence among school children. This strict policy direction constrained the nature of education/sensitization activities deployed in schools. Consequently, messages were packaged along the lines of reproductive health education for school children.
- In the future, education and sensitization in schools should emphasize STI education; advocacy actions should be targeted at the GES to address barriers against education on family planning because this policy is counterproductive as schools are still recording high incidence of teenage pregnancy; education should better target male couples, pastors and other opinion leaders who are multipliers for disseminating PHE information.

5. PHE integration

During the lessons learned workshop, stakeholders addressed the following learning questions regarding integration of population, health and environment sectors;

- *How well or difficult was it to integrate birth spacing, reproductive health, malaria, WASH etc. into ongoing environment activities?*
- *Were the linkages among these issues very clear for stakeholders and project beneficiaries?*
- *How could implementation of integrated approaches be strengthened in the future?*
- *Given that all issues cannot be addressed, which issues should be prioritized in future projects?*

Lessons

- Training events for PHE champions on FP/RH and WASH facilitated cross-sectoral integration at the community level. At the district level, training for district environmental, fisheries, planning and social welfare officials raised awareness about the benefits of integrated approaches.
- Integration of FP/RH interventions at the community level was rapid and seamless because of long-standing interventions in environment spearheaded by Hen Mpoano at the selected sites.
- Integration of FP/RH and environment was inhibited in newly identified communities in the Jomoro district which benefited from outreach activities. In these communities, Hen Mpoano did not have prior presence as regards initiatives on environment and livelihoods.
- In the future, integration of population, health and environment should draw on the strengths of community structures for providing communication support and sharing of good practices across sectors.

Overall, the following highlights some strengths, challenges and areas that require adaptations in the future to improve implementation of integrated PHE approaches in Ghana.

- Despite the relative success achieved with implementation of referral coupons, PHE champions indicated that potential clients begun to feel stigmatized as acceptance of the coupons was misconstrued by some community residents that one has made a decision to adopt family planning. This discouraged some people from accepting referral coupons. In some cases, potential clients visited health facilities but did not disclose their interest in adopting family planning to the PHE champions upon receiving the message about family planning.
- In most communities, women were more comfortable to discuss family planning uptake with female as opposed to male PHE champions. This suggests that the role of women as PHE champions should be more prominent in future initiatives.
- Affordability of family planning methods remained a critical issue. The market is somehow distorted because health-related organizations like Marie Stopes provides long-term methods for free while Ghana Health Service charges fees for providing service. Potential adopters of family planning are reluctant to pay for the service, knowing that there is an option to obtain the commodity for free hence delaying the timing for making a choice. In other cases, potential adopters find the transportation and opportunity cost of walking 7 kilometers to access family planning commodities in a health facility to be very high.
- Creating partnerships between health professionals and community leaders such as PHE champions are crucial to bridging health care access gaps in remote and rural localities. PHE champions serve as channels for information flow to the community and back to health professionals. In future, PHE champions and similar volunteer structures should be capacitated and their skills improved to play advocacy roles in community health care delivery system.
- Despite successful community education and awareness raising campaigns, a number of concerns emanated from community inhabitants about limited access to family planning commodities, late education on contraceptives, misconceptions on family planning and labor/delivery issues.
- The village savings and loans associations and community conservation committees are active in most of the communities and have been very useful in driving PHE education and awareness raising campaigns.
- There are still skepticism on the part of some people, including adolescents and couples about family planning methods; education should therefore continue and even intensify to rule out misconceptions and encourage peer to peer exchange and discussions about family planning.
- Involvement of district health personnel as co-facilitators of training events have strengthened collaboration with the district health directorate and their understanding of the complementary role of NGOs and other stakeholders in addressing public health concerns.
- Initial collaboration with University of Cape Coast researchers provides future opportunities to harness scientific evidence for advocating integrated PHE approaches at the national, regional and district levels.