



Parliamentary Centre
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Ghana Parliamentary Committee Support Project II

**Government Assurances Committee Community Outreach Visit
July 8-11, 2005
Findings and Recommendations**

Introduction and Purpose of Field Visit

Under the auspices of the Ghana Parliamentary Committee Support Project Phase II (GPCSP II) the Government Assurances Committee embarked on a 4-day field visit to the three Northern Regions towards monitoring the implementation of Government Policy in three key thematic areas. The themes were National Health Exemption Policy in the Upper West Region, the Policy of Free Compulsory Universal Basic Education (FCUBE) in the Upper East Region and then Water & Sanitation and Guinea Worm Eradication Programme in the Northern Region. The field visit aimed at among others, fostering an enhanced Parliamentary-Civic engagement towards achieving improved participatory democratic governance, transparency and poverty reduction in Ghana. The Institute for Policy Alternatives (IPA) based in Tamale coordinated the visits to Jantong-Danshie community just outside Tamale, the Lungu community in the rural district of Bongo in the Upper East Region and Boli in the Wa municipality in the Upper West Region.

The Parliamentary Select Committee on Government Assurances had an interface with three CSO respectively focused on the various themes, met with district service agencies and finally direct engagement with community. The three local NGOs namely JIDA, PRIDE and ProNet-North briefed the committee on their respective work experiences on Water and Guinea Worm Eradication in Jantong Danshie, the FCUBE in the Bongo District and then Community Health Education and Advocacy in Wa Municipality.

Findings and Recommendations in the Water and Sanitation Sector

The **Community Water and Sanitation Agency (CWSA)** was launched in 1994 with principal objectives of facilitating the provision of portable water supply and sanitation facilities to rural communities and small towns. Since its inception, an officer the agency said it has integrated hygiene education to their activities to maximize the health benefits of providing portable water. And, to ensure the sustainability of the facilities provided Demand Responsive Approach and Community Ownership and Management are the principal concepts underpinning the programme.

The key donors are CIDA, France and EU who provide the cost of equipment for the different components of the programme while the Government of Ghana (GOG) meets the administrative and other recurrent costs of the programme. The GOG joint, CIDA funded Northern Water and Sanitation Project (NORWASP), EU funded Rural Water and Sanitation Project (RWSP) and the French funded AFD-RWSP have substantial results in terms of physical infrastructure but in a number of areas including siting, drilling and installation of pumps and the actual provision of sanitation facilities the

various projects are largely behind scheduled. The committee decried the incongruence of the office's expressed satisfaction of progress in the face of such failures. The success rate in terms of actual provision water and sanitation facilities to communities was not more than 45% for the various projects when most of the projects were about 80% their duration.

The committee therefore wanted to know source of the challenges to their work. The officer said these included delays in the release of funds, delivery of pumps and installation equipment from India and in particular requirements that project activities even though already agreed upon with donors required an okay from them before implementation.

Some findings on the Water & Sanitation and Guinea Worm Eradication Policy

Jantong, a community of about 1500 people and 12kms outside Tamale was the target of this Parliament-CSO outreach visit. While there were a number of region-wide successes chalked, the community lacked portable water and lagged behind in the Guinea Worm Eradication Programme. In the community, some filters have been provided by the policy implemented agency, Community Water and Sanitation Agency (CWSA) to sieve water for drinking. However the CWSA were found not be performing up to expectations due to the following reasons:

- Bureaucratic procedures involved in accessing funds allocated for programme activities from central authorities, namely the sector Ministry of Works and Housing and Finance;
- Uncoordinated activities of the key players involved in service delivery;
- Inadequate staff, coupled with the problem dilapidated equipment hence a high rate of unsuccessful sitting and borehole drilling for water;

As a result, the community of 1500 people has no KVIP facility, since the only KVIP in the community is reserved for only the teachers in the community.

The following inadequacies at Jantong were agreed by the committee at the plenary session:

- Water is acutely in short supply hence the community and its farm animals compete for water in the Dugout water source situated about a km to the east Jantong;
- Guinea worm is currently on the increase due the pollution of the only water source by guinea worm victims and also when the community is compelled to drink untreated water when they are away on the farm;
- Inadequate education on proper sanitation, insufficient pipe filters (2-3 people use one filter), and an ill-equipped community guinea worm rehabilitation centre together compound the prevalence of guinea worm cases;

Recommendations for improvement in CWSA project results included:

- The agency should intensify the use of the 2 new technologies the agency said it started using and which promises greater success rate at sitting for water;
- The agency should develop what the committee termed "project progress chart" to enable it track its;
- The CWSA needed to timely respond to its challenges and should not wait for them to be considered at its Project Steering Committee which occurs twice in year;
- The two Project Steering Committee (PSC) meeting should be closer the project sites instead of the present of venue at Kumasi;
- The demanded in subsequent visit staff from the management should avail themselves since the technical officer available failed to answer financial probes from the MPs. For example

some of the members requested to know to what extent the agency could attribute the failures to HIPC funds that were part of government commitment to the financial arrangement. To this question the officer present could not answer;

- Importantly, the MPs recommended that the question of procurement coming from India should be revisited for alternative sources that could timely deliver equipment.

Findings and Recommendations in the Education Sector

On the FCUBE policy, the service agency official was the Regional Director of Education of the Upper East. He enumerated a number of issues including, some achievement of the policy in and around the Bolgatanga and its peri-urban communities. However, the constraints to policy success were not dissimilar to those mentioned for the other themes. In particular, a problem of staff and the need for having school facilities within reach of communities was raised. Another concern was why furniture for basic schools is still being transported in knock-down form from the South to the region, instead of having them made in the region. The Regional Minister also later reiterated the same point, pointing out that the region does have the local expertise to make the furniture which would help ease costs and delays in furnishing schools. Both officials speaking to the theme of the FCUBE, bemoaned delays in budgetary allocations to implement the policy in the region.

Lungu is about 10km from Bolgatanga with a population of over 10,000 in the Bongo District. The community has two of six (6) classroom blocks for Primary and Junior Secondary schools. Eight (8) other neighbouring communities of similar populations around Lungu are served by these schools.

The following key issues were agreed by the committee as findings from the field on the FCUBE Policy for all children of school-going age:

- Adequate awareness of the FCUBE policy has been created and communities have embraced the policy. However, inadequate facilities (Class 1-3 have no furniture at all), staff, distant and accessible routes to school and the lack of kindergarten classes and facilities are major constraints that threaten the objective of getting all children in school by September 2005;
- There is unacceptable high teacher-pupil ratio notwithstanding the support of untrained volunteer teachers. Primary One for example has 180 pupils to a teacher and housed in one classroom. The Bongo District Assembly has started sponsoring qualified local youth for teacher training to help solve the human resource;
- In line with the FCUBE policy children do not pay school fees again but the general dire poverty in the community means parents are unable to pay the only levy of 6,000 Cedis for Cultural and Sports activities. As a result some children are denied of participating in extra-curricular activities.

Recommendations

The Committee agreed to the following recommendations and to follow-up with the appropriate MDAs for answers and remedies to assure the success of the policy:

- Training and assigning more teachers to the Northern regions should be intensified as a matter of priority. Also, special packages should be set aside to motivate teachers and

children, including scholarships for wards of teachers who accept postings and stay in deprived communities;

- The communities must be opened up with roads and linked to the national electricity grid, provided with portable source of water;
- District Education Offices should send stationery supplies to schools instead of making teachers travel for them from the District Education Offices.

Findings and Recommendations in the Health Sector

The 12 members of the Government Assurances Committee visited Boli, a community 16kms outside Wa municipality, the commercial and administrative capital of the Upper West Region. The **National Health Exemption Policy for pregnant women and children under five years** was the theme of the visit here. The MPs sought to know the experience of the community as far its implementation was concern.

As prelude to the field visit, the MPs met with the Upper West Director of Health Services for his observations of the policy as implemented in the Region. Patients exempted under the policy, he explained are children under five years, pregnant women, the aged (over 60), paupers, ante-natal visits and now delivery services.

- The issues that challenge the success of the policy in the region are budgetary constraints, inadequacy of personnel and inaccessibility of clinics to remote communities.
- Inadequate and irregular funding for the exemption was a key issue. In some cases only about 10% of expected exemption funds and that the region is in arrears of allocations of the last quarter of the year. Due to these challenges maternal and under five mortality rates are very high.
- Besides the remoteness of clinics from many communities, the number of staff in the few available clinics was highly inadequate resulting in “unacceptable poor service delivery” In emergency situations nurses will have to travel on motor bikes to far-off communities to attend to patients who cannot be brought to clinics. He lamented that during one of such visit a nurse died in an accident on the way.

The MPs agreed also on the following recommendations as crucial to achieving objectives of the Health Exemption Policy:

- Exemption funds should be raised for the Northern regions and that releases of funds should be more regularized;
- First aid clinics should be opened as first step to bringing health facilities closer to rural communities and those nurses posted to rural areas should be provided by additional incentives to stay longer;
- Also post-natal mothers should be catered for after delivery and that ante-natal visits should continue as long as recommended by health professionals and not be limited to only four visits per pregnancy;
- The policy should expand to cover communicable diseases such as CMS and TB, which are prevalent in the region;
- The cut-off age for the policy should be reduced to 55 years for the three Northern regions, partly to take care of paupers who don't visit clinic due their inability and also to

help solve the problem age-manipulation where patients exaggerate their ages to come under the policy;

- A “pauper” should be defined in the policy since it stands now is at the discretion of nurses and hospital staff who have often rejected patients based on arbitrary decisions;
- Immunization program should be encouraged to do more vaccinations in the Northern regions. Also education on TB should be intensified given that TB cases are on the increase due to stigmatization that discourages people from reporting the symptoms.

Conclusion

Besides improving the MPs knowledge of the policy implementation issues, the visit will contribute to their ability to work in a bi-partisan issue focused fashion. The various interactions will further sensitize the MPs the crucial role such oversight activities play towards achieving the objectives of the GPRS. Also, the visit contributed to the project objective of bringing MPs closer to communities in way that promote transparency, accountability and good governance. This field visit certainly provided such a platform for informed policy implementation monitoring by Parliament. The visit was covered by the media and subsequently published in July 13th issue of The Ghanaian Times and aired by Ghana Television.