# Strengthening Community-Based Health Planning and Services in Ghana

## Fixed Amount Awards Implementation and Outcomes

March 2019

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## Background and Goal

The U.S. Agency for International Development's (USAID's) flagship Maternal and Child Survival Program (MCSP) awarded grants to several partner organizations over the course of its implementation in Ghana, including: five partner regional health management teams (Ashanti, Brong Ahafo, Eastern, Upper West, and Upper East regions), six midwifery schools, the Nursing and Midwifery Council, the Ghana College of Nursing and Midwifery, and the Ghana Health Services Policy Planning, Monitoring, and Evaluation Division (PPMED). The grants were awarded to these organizations through USAID's fixed amount award (FAA) mechanism, a flexible and contractual funding award that allows the sub-awardee to identify priority activities, implement them, and receive funding based on the achievement of milestones, all while building the awardee's capacity to implement, monitor, and manage costed activities. The FAA is focused on achieving outputs and results, limiting risk for both parties, and requiring less effort in financial monitoring and reporting than other USAID mechanisms because all costing work is done prior to the award. Once the activities were costed, MCSP and the awardee identified the total funding amount required to complete the scope of work (SOW), broke the work down into key milestones, and assigned the completion of each milestone with a funding amount that the awardee received upon achievement of each milestone. The FAA is a practical, measurable means to promote accountability and build self-reliance.

The goal of using the FAA under MCSP was to improve the service delivery in Community-Based Health Planning and Services (CHPS) zones, increase the quality of pre-service education, and strengthen the capacity of PPMED to implement and manage activities. The scope of each FAA differed depending on the recipient:

- MCSP's five partner regional health management teams awarded FAAs focused on strengthening CHPS implementation. SOWs under these awards included conducting trainings for community health officers (CHOs) and community health management committees (CHMC) to ensure effective and quality health service delivery in the CHPS zones, strengthening supportive supervision for health care workers, and equipping CHPS compounds with logistics and supplies.
- PPMED was awarded an FAA focusing on strengthening the sub-district level to better support CHPS implementation.

- To strengthen pre-service education, the FAAs awarded to the Nursing and Midwifery Council and the Ghana College of Nursing and Midwifery focused on developing materials to strengthen clinical practice preceptorship and reviewing recent updates to the nursing and midwifery curricula, developed by the Ministry of Health, to ensure they are reflected by and consistent with the assessment tools and logbooks. FAAs awarded to six nursing and midwifery schools focused on strengthening the quality of preceptorship for midwifery students.

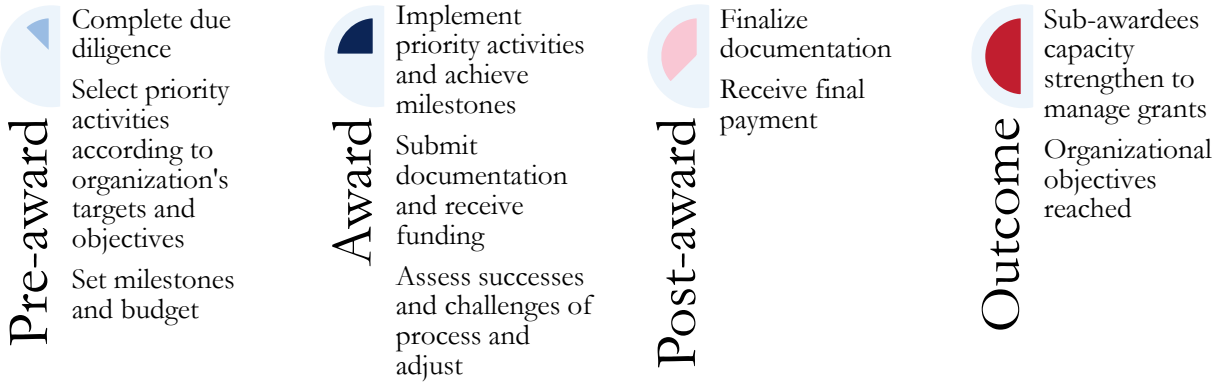
- MCSP's five partner regional health management teams were also awarded separate FAAs focused on strengthening infection prevention and control (IPC) competencies and practices at targeted health facilities. SOWs under these awards included supporting roll-out of the regional trainings for clinical and non-clinical staff using the revised national IPC training curriculum, restocking necessary supplies and commodities for the regional training kits, and supporting the regional and district hospitals through supportive supervision and monitoring visits.

After two years of implementation, MCSP conducted a mixed-methods assessment of the regional CHPS FAAs and the PPMED FAA, which both focused on CHPS implementation. The goal of the assessment was to better understand the sub-awardees' experiences of the funding mechanism and perception of its effect on CHPS implementation. Findings are presented below and are applicable to all FAAs awarded by MCSP.

## FAA Implementation Approach

The FAAs had a very specific SOW, with clearly defined deliverables and timelines. The corresponding costs were clearly identifiable as required by USAID's Automated Directives System (ADS) 303.3.24.1. Each award was less than the threshold amount of $120,000. Figure 1 provides an overview of the process of awarding and executing an FAA.

**Figure 1: FAA Implementation Pathway**




### *Pre-award phase*

Prior to issuing the FAAs, MCSP conducted a pre-award assessment of all targeted institutions. The Johns Hopkins University (JHU) standard sub-recipient financial questionnaire was adopted and used to guide the assessment. The questionnaire gathered information on the institutional profile, legality, accounting system, and internal controls. Each target institution was required to provide specific documentation, including audit reports and registration information. DUNS (Dun & Bradstreet's Data Universal Numbering System) number registration was completed at this step. Additionally, other required JHU due diligence documents, such as the past performance report and anti-trafficking certification, were collected. Donor-specific due diligence was gathered as well. For MCSP, this consisted of the USAID certifications and assurances and the Protecting Life in Global Health Assistance Certification.

After all required documents were collected, MCSP conducted an orientation on FAA management for relevant MCSP staff in country and focal persons from each of the target institutions. The orientation included sessions on: finalization of the SOW and accompanying budget; milestone schedule and deliverable due dates (used to determine the milestone payment schedule in the sub-agreement); compliance with USAID rules and regulations, such as standard provisions, cost principles (U.S. Office of Management and Budget A-122), and restricted and ineligible commodities and services (ADS Chapter 312); and financial management and recommended practices.

In cases where the organization was not in the original MCSP workplan, MCSP obtained USAID approval to issue the awards, as stipulated in the MCSP Sub-Award Requirements for USAID Approval. USAID approval consisted of Mission concurrence and written approval from USAID Washington.

A request for proposals was circulated to the awardee organization, which had a month to submit a response. MCSP created a grants management team consisting of the program manager, technical advisors, a grants and contracts officer, and a head quarter-based grants analyst. The team traveled to each selected organization to hear a presentation on the proposed work plan, refine and finalize the SOW and budget, and collect any outstanding documentation.

### *Award implementation*

Following approval of the sub-agreement by USAID, MCSP convened a one-day meeting to kick off FAA implementation. The meeting refreshed sub-awardees on authorization, specific terms and conditions of the grants, guidelines for monitoring and evaluation, milestone payment and requests, and payment procedures. Milestone implementation started immediately after this meeting with the submission of the awardee countersigned sub-agreement and the implementation plan. Payments were made via electronic transfer to the awardees' bank accounts after the work was verified from the technical side and then approved by the finance department. Awardees then notified MCSP of the date and venue of their subsequent milestones and shared detailed schedules and agenda for meetings, workshops, or trainings.

During award implementation, MCSP assisted partners to develop training agendas and revise implementation plans. The grants and compliance officer was accountable for oversight and management of the FAAs, including confirming accomplishment of milestones. In addition, MCSP monitored technical implementation through monthly coaching and supportive supervision, reviewed vouchers, processed payments, and ensured compliance with USAID regulations. MCSP provided FAA recipients with guidance throughout the implementation phase, including hands-on technical, financial, and management coaching and mentoring based on regular progress reports. MCSP developed an MCSP Milestone Completion Invoice form to facilitate the process of verifying deliverables by the technical and financial reviewer. Once signed, the forms, together with the milestone report and all necessary means of verification, were submitted for processing and payment.

## Assessment Methodology

In order to assess the outcomes of the FAAs and capture program learning, a mixed method assessment was conducted on FAAs administered to support regional CHPS implementation. A total of 16 key informant interviews were conducted in Ashanti, Brong Ahafo, and Upper West regions. The interviewees included CHOs, CHMCs, regional accountants for the Ghana Health Services, and regional CHPS focal persons. Key informants were asked about their experiences and perceptions on the effect of FAA funding on CHPS implementation, overall impressions of the FAA mechanism, the role of regional-level implementers in the FAA process, challenges, and the relevance of the CHO and CHMC trainings. Quantitative data were also collected from selected CHPS compounds and analyzed to detect any increases in service delivery for key indicators.

# Findings and Results

## Perspectives on CHPS FAAs

Regional-level implementers had positive impressions of the FAA mechanism. The Ashanti, Brong Ahafo, and Upper West regions even recognized MCSP as the first CHPS partners to directly support and build their capacity. Respondents expressed appreciation for the budgetary support to community-based health services, which filled a funding gap for activities that previously lacked sufficient resources, including for trainings on IPC and for CHMCs and CHOs. The flexibility of FAA funding allowed regional teams to design their own program activities that were responsive to country commitments and regional priorities. This allowed each region to address their own specific needs, rather than externally imposed priorities. This sub-national prioritization aligns with the Government of Ghana's decentralization goals and engendered great ownership and commitment toward the work.

> *"The process has been good—it has been very useful and it has helped the system. Take IPC, for example, it gave the opportunity for facilities to come out with IPC [training], which has been on the drawing board for a long time but nothing had been done."* - regional accountant of health services

> *"I think the FAA is an excellent approach to support the Ghana Health Service to strengthen the health system. It looks rigid but it [actually] gives you flexibility to identify the points of intervention that you want to expend the funding on and that is unique. My managers are so excited that we were [one of] the lucky regions to be part of this FAA program…. Within the last 2 years, what the funding has done in this region is marvelous."* - regional CHPS focal person

The FAAs helped strengthen regional financial management systems by ensuring a functional financial system was in place, building the capacity of the financial head to manage the FAA funds through hands-on coaching and mentoring, and ensuring strict adherence to donor rules and regulations. Following the established reporting processes, regional teams improved accountability for both FAA- and non-FAA-funded activities. The FAA's requirements helped regional accountants improve accountability to other donors supporting CHPS in their regions (e.g., meeting deadlines for reporting, planning, documentation, and financial due diligence).

> *"Sometimes you are fatigued with pressure from partners…because you attempt to compare what each of the [donors] are requesting and some seem to be so difficult, but when you think it through you see it's the best way out. And that has even helped some partners that we are dealing with. They have learnt this approach [and] sometimes they are surprised at the accountability we give to them. We [submit] details on every participant in the training and they are beginning to love it. So somehow we are even spreading [MCSP's FAA] system for other partners to learn from. And I know very soon partners are attempting to harmonize things. It will become a norm. People will not see it as anything difficult."* - regional CHPS focal person

## Implementer roles in the FAA process

Many regional and district-level stakeholders were involved in all implementation phases of the FAA-funded activities. Regional CHPS coordinators, with support from district CHPS coordinators, led the technical proposal development, outlined the program of work, and identified key milestones and deliverables. Regional accountants led the budgeting process, including estimating costs and attending budget review meetings with MCSP staff. They also ensured activities were implemented within budget. In addition, the expertise of midwives, pediatricians, the deputy director of public health, and regional nutrition officers were called upon throughout the design and implementation process.

## Fostering self-reliance at the regional level

Regions received funding through the FAAs to reach a target number of beneficiaries with trainings and capacity building. However, some regions were able to exceed the target number of beneficiaries reached by leveraging the funds received through the FAA. For example, the Ashanti region almost doubled its target number of trained volunteers, training a total of 639 CHMCs and community health volunteers instead of the planned 330 people. Regions sited several factors and strategies that resulted in exceeding planned targets at lower costs, including fostering local ownership of FAA implementation and results among leadership on the regional health management teams; the ability to negotiate lower training costs directly with districts, resulting

in removal of facilitation fees and fewer days of more targeted trainings; and devolving trainings to the district level by building a pool of district facilitators to conduct local-level trainings. For example, one regional CHPS coordinator noted that districts were willing to waive unnecessary expenses such as facilitation fees because the funds were being managed and disbursed by the region instead of an external donor. Such cooperation demonstrates the effect a small investment can have on building local ownership and self-reliance at the regional level.

## Improvements to service delivery

### *Improved CHPS infrastructure*

Respondents felt that the FAA-funded trainings for CHOs had a profound impact on the capacity and functioning of the health system as a whole. Regions used FAA funding to train CHOs to mobilize communities to construct CHPS compounds, identify existing structures for CHPS service delivery, and revitalize idle compounds. CHOs were also trained to set up community emergency transport systems, conduct health promotion, and encourage community members to seek services at CHPS compounds. One respondent noted that over 70% of CHOs trained in their region were trained with support of MCSP's FAA funding. In addition to human capacity development, FAA funding supported furnishing CHPS compounds with basic equipment and logistics.

*"The funding actually gave an opportunity to make those [idling, equipment-less] compounds useful."*
- regional CHPS focal person

### *Improved community outreach and engagement*

Regional CHPS coordinators observed that the FAAs enabled the regional health management team to train CHOs, which empowered the CHOs to perform critical tasks for successful CHPS implementation. These included, community engagements, entry, profiling, and mapping. The regional CHPS coordinators also noted that these trainings were important in sensitizing CHOs to the differences between working in CHPS compounds and working at a health center or hospital. They also commented that the CHOs trainings have enabled them to undertake new activities such as conducting a proper zonal profile of the community and even innovating to develop a household register for the community. CHOs pointed out several examples of communities without CHPS compounds where they have been able to "kick-start something for themselves" using the community mobilization skills acquired during the trainings.

*"It has built my capacity…because of the training that I had. I know a whole lot of things.... I treat minor ailments, I do emergency delivery, all because of the training. And I've made my community members to understand the CHPS concept in my community. So you know, they are helping with my work here."* - CHO

### *Strengthened capacity of CHMCs and CHOs and improved quality of care in CHPS zones*

Respondents recognized the positive effect of FAA funds in training CHMC members. CHMC members admitted they had not previously embraced their role supporting the success of the CHPS compounds in their communities. After completing FAA-funded trainings, CHMC members now understand and appreciate their roles as relationship brokers between the communities and the CHPS compounds. They ensure that services are provided to community members, encourage timely health seeking among community members, and take responsibility for the successful operation of their CHPS compounds. One CHMC chairperson described how he visits the compound every Friday to make sure that everything is working smoothly and communicates any challenges to the other members for action to ensure uninterrupted service at the compound.

*"Before the training, when we were asked to support the work at the CHPS compound, we [CHMC members] were of the view that the health care workers are doing the work by providing service for which they are paid at the end of the month. So why should I spend my time and come to check on what they are doing? It [felt like] a waste of my time. But all this changed after the training."* - CHMC member

The trainings resulted in a stronger sense of ownership of the compounds by CHMC and community members. CHMC members reported playing a greater role in mobilizing communities to demand improved health care services and outreach, working to keep the compound grounds clean, and ensuring adequate accommodation for staff at the compounds. CHOs also mentioned similar improvements as a result of the FAA-funded trainings. CHOs were trained to mobilize community members for health action and increased CHO confidence and ability to provide additional services, thus improving their relationship with communities. Trainings for CHOs helped to translate theory to practice and strengthen the abilities of CHOs to provide health services in their communities.

*"…community mobilization, immunizations, records keeping, and so many other things. About CHPS, even organizing CHMC members, organizing meetings, durbars and all those things. It's through the training that I had that knowledge from."* - CHO

Respondents felt that quality of service delivery has improved because of FAA-funded trainings. CHMC members and CHOs felt more empowered to do their jobs with increased knowledge and skills. CHOs learned to conduct proper home visits, create community profiles, and work with CHMC members.

*"The training I attended is very relevant to the work that I do [and] has helped a lot. Before the training, we had CHMC members but their work was not impacting on the health needs of the community. They were not organized. They just existed in name. The training made us aware that the CHMC has a role to play when it comes to health outcomes within the community."* - CHO

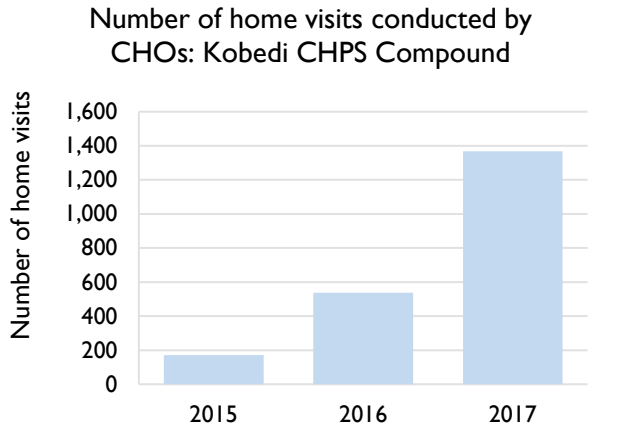
As a result of the FAA-funded CHPS activities, understanding and teamwork between CHOs, CHMC members, and communities has greatly improved. Community members have developed a sense of ownership and work to ensure uninterrupted service provision at CHPS compounds.

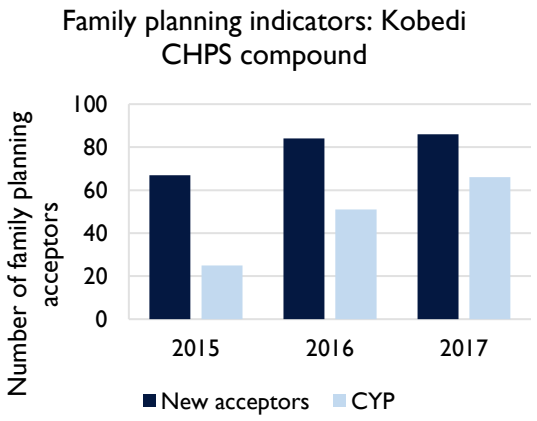
"*The training has taught us to own the facility. The staff also attended a training and upon their return, mobilized us and explained the CHPS concept to us. That information has also improved the relationship between staff of the CHPS compound and the community. It also helped us to understand our role as community members and CHMC members."* - CHMC member

## Increased services in CHPS zones

Improvements in service delivery was accompanied by increased service provision. Data collected from facilities on routine service provision revealed that home visits in Kobedi CHPS compound, in Brong Ahafo region, for example, increased by more than 154%, from 538 in 2016 to 1,367 in 2017 as shown in Figure 1. From 2015 to 2017, the number of new acceptors of a family planning method increased by 19 and, in the same timeframe, couple-years of protection (CYP) increased from 25 to 66.

**Figure 2: Improved service delivery indicators**



## Challenges and Recommendations

Based on assessment findings and direct programmatic experience, below is a summary of MCSP lessons learned, challenges, and recommendations regarding FAA implementation.

### Challenges

The following challenges were identified by MCSP staff and FAA sub-recipients:

- The pre-award due diligence forms were confusing for the candidates as the forms did not consider local context. This resulted in delayed submission of the forms to MCSP as there was a lot of back and forth with the sub-recipients. MCSP adapted the form to suit the local context, which made it easier to complete.
- Some sub-recipients faced challenges meeting the established activity timelines, which resulted in the need for no-cost extensions. Such challenges included balancing competing priorities from other implementing partners and national health champions and turnover of district management and staff.
- All proposals were from government entities and therefore required approval from the USAID agreement officer in Washington. Obtaining the required USAID approval delayed the start-up of activities, particularly for the training institutions.
- Sub-recipient staff attrition resulted in limited capacity to implement planned activities.
- Delays in receiving invoices with proper accompanying back up documentation and completion of milestones out of order caused cash flow issues for the organizations.

### Recommendations for future FAA implementation

- FAA recipients, implementers, and beneficiaries benefited from FAA-funded activities. In addition, engaging with regional health management teams allowed for geographically-responsive interventions based on local needs, which aligns with the government's decentralization goals. Future projects should consider a similar mechanism to support implementation and build the technical, financial, and management capacity of local organizations to ensure activities respond directly to local needs and help countries progress in their journey to self-reliance.
- The FAA-funded CHPS activities yielded impressive gains in the capacity of health system participants. Regional health management teams should re-orient all stakeholders and key players in CHPS implementation to advocate for use of this approach and share lessons learned with other regional health management teams.
- To manage and minimize risk, future projects should conduct a pre-award assessment on the ability of sub-recipients to fulfill standard requirements and should conduct pre-award orientations on compliance with USAID's rules and regulations.
- To fully prepare sub-recipients to meet all requirements and effectively utilize funds, future projects should provide an orientation before signing the agreements.
- Funding should be allocated for quarterly management review meetings. This will promote ownership of FAA-funded activities beyond the regional CHPS coordinator and allow managers as well as implementers to share lessons learned and best practices with each other.
- FAAs have the potential to improve the overall function of vital health institutions by improving their financial and technical capacity to conduct activities. Early in the process, projects should budget and plan for more intensive technical assistance including coaching and mentoring for technical, financial, and management processes.

- To verify milestone completion, the FAA grantor/prime should evaluate activities and conduct site visits to ensure compliance with standards set forth in the agreement.
- To ensure timeliness, projects should provide sufficient oversight early in the process to reduce the need for no-cost extensions.
- Future projects should consider issuing multiple rounds of FAAs to foster greater buy-in and build the capacity of organizations to better respond to requests for proposals to implement activities and manage their awards.
- Projects should allow sub-recipients to identify their own priorities and design activities to address locally-identified gaps in a systematic manner.

This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the Maternal and Child Survival Program and do not necessarily reflect the views of USAID or the United States Government.