

**THE IMPACT OF INTERVENTIONS OF INTERNATIONAL DEVELOPMENT
AGENCIES IN GHANA – A CASE STUDY OF UNITED STATES AGENCY FOR
INTERNATIONAL DEVELOPMENT (USAID) AND SELECTED HOSPITALS IN
THE HEALTH SECTOR OF GHANA**



BY

AFUA MANSA BREW – SAM

(10636274)

**THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON,
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF
THE MASTER OF ARTS DEGREE IN INTERNATIONAL AFFAIRS**

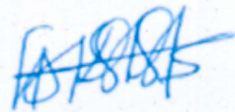
JUNE 2020

DECLARATION

I hereby state that this dissertation is the outcome of an original research conducted by me under the supervision of Dr. Daniel Kipo Sunyehzi, and that no part of it has been cited from other sources without proper academic acknowledgement. Additionally, this dissertation has not been submitted either in part or whole for the award of any other degree.



.....
AFUA MANSА BREW-SAM
(STUDENT)



.....
DR. DANIEL D. KIPO SUNYEHZI
(SUPERVISOR)

DATE:.....13/07/2020

DATE:.....13/07/2020

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I dedicated the successful completion of this dissertation to the Almighty God and my family

I am deeply indebted to the Almighty God for His grace and mercy throughout my life. His love and support have been my constant source of strength and inspiration. I am also grateful to my family, especially my husband, for their unwavering love, encouragement, and support throughout my journey. Their prayers and sacrifices have been a great source of motivation for me. I am also grateful to my friends and colleagues for their support and encouragement. Finally, I am grateful to my supervisor, Dr. [Name], for his guidance, advice, and support throughout my research. His expertise and knowledge have been a great source of inspiration for me. I am also grateful to the [Institution] for providing me with the necessary resources and facilities for my research. I am also grateful to the [Institution] for providing me with the necessary resources and facilities for my research.

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Finally, I would like to thank my friends and colleagues for their support and encouragement throughout my research. Their prayers and sacrifices have been a great source of motivation for me. I am also grateful to my friends and colleagues for their support and encouragement throughout my research. Their prayers and sacrifices have been a great source of motivation for me.

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LIST OF ABBREVIATIONS AND ACRONYMS

ACCA	Association of Chartered Certified Accountants
ADP	Area Development Programmes
AFD	Agence Francaise De Development
AMIC	Annual Monitoring of Indicators for Child Well-Being
ANC	African National Congress
APA	American Psychological Association
ART	Anti-Retroviral Therapy
BINGO	Business-Oriented International NGO
CCC	Community Care Coalitions for Orphans and Vulnerable Children
CDC	Centre for Disease Control and Prevention
CGD	Centre for Global Development
CHAG	Christian Health Association of Ghana
CHPS	Community-Based Health Planning and Services
CIA	Central Intelligence Agency
COH	Channel of Hope
CSO	Civil Society Organization
DANIDA	Danish Development Agency
DC	District Council
DCE	District Chief Executive
DHMT	District Health Management Team
DHS	Ghana Demographic and Health Survey
ENGO	Environmental NGO
EVD	Ebola virus Disease
FY	Fiscal Year
GDHS	Ghana Demographic and Health Survey
GDP	Gross Domestic Product
GHI	Global Health Initiative
GHS	Ghana Health Services
GNP	Gross National Product
GoG	Government of Ghana
GTZ	German Technical Cooperation
GWSC	Ghana Water and Sewerage Corporation
HIPC	Highly Indebted Poor Countries
HIV/AIDS	Human Immuno Deficiency Virus/Acquired Immune Deficiency Syndrome
IDAs	International Development Agencies
IGF	Internally Generated Fund
IPD	Inpatient Department
KMO	Kaiser Meyer Olkin
KNUST	Kwame Nkrumah University of Science and Technology
LEAP	Livelihood Empowerment Against Poverty
LLITN	Long Lasting Insecticide Treated Net
MDGs	Millennium Development Goals

MOFA	Ministry of Food and Agriculture
MoH	Ministry of Health
MTCT	Mother-To-Child Transmission
NGOs	Non-Governmental Organization
NHIA	National Health Insurance Act
NHIS	National Health Insurance Scheme
OECD	Organization for Economic Cooperation and Development
OPD	Outpatient Department
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother-To-Child Transmission
QEH	Department of International Development
RII	Relative Importance Index
SAP	Structural Adjustment Programmes
SCASO	Strengthening Community Care and Support for Vulnerable Treated Net
SNV	Netherlands Development Organization
SSA	Sub Saharan Africa
TBA's	Traditional Birth Attendants
TGH	Tema General Hospital
ULT	USAID, Lekma and Tema General Hospitals
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children Emergency Fund
USAID	United States Agency for International Development
USG	Ultrasonography/United States Government
WASH	Water Sanitation and Hygiene
WBG	World Bank Group
WHO	World Health Organization
WIAD	Women in Agriculture Division
WTO	World Trade Organization
WVI	World Vision International

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ABSTRACT

Irrespective of the huge funds (aids) made available to African economies to foster developmental projects relating to health, good governance, agriculture among others, most of the economies really do not channel the funds towards that course which invariably lives them in a sorry state and appear to be in a stifled growth. The study proceeded to assess the impact of international development agency's (IDA's) intervention in the Ghanaian health sector with focus on the United States Agency for International Development (USAID), in addition to Lekma and Tema General Hospitals (ULT). Pertaining to the research objectives, the study identified the reasons that account for the rapid development of IDAs, examined the distinctive roles of IDAs, and investigated the challenges associated with IDAs to healthcare delivery in Ghana. As far as the study's execution is concerned, the researcher adopted quantitative research approach, and using sampling technique to select ULT respondents for their preferences in relation to the study. A questionnaire was adopted as the main survey instrument whiles Relative Importance Index (RII), Microsoft Excel, Descriptive Statistics, etc. were employed for the data analysis. Key findings of the study as postulated by ULT respondents in relation to the six reasons that account for the rapid development of IDAs from the Ghanaian perspective were as follows: capability of reaching the poor more than the government and private sector agencies, capacity to innovate and adapt to unforeseen emergencies, and broadening channels through which resources and benefits can reach groups which otherwise be bypassed, displaying of ability to mobilize appreciable amount of funds/grants for developmental projects, and less prone to elitism just to mention a few. Additionally, in consonance with the distinctive roles of IDAs at ULT, six attributes were evident, namely: other (constructing, establishing and equipping health facilities), assisting in reducing disease burden, assisting Ghana Health Service (GHS) to immunize children, facilitating the training of health workers, malaria prevention and management, including efforts towards Guinea worm eradication. Likewise, in tandem with the challenges associated with IDAs to healthcare delivery in Ghana, six attributes were unearthed, specifically: inadequate source of funding, inadequate skilled personnel, unnecessary delay from state agencies, high illiteracy levels, in addition to abysmal community participation. Having noted the challenges associated with IDAs to healthcare delivery in Ghana, it is recommended that the Government of Ghana, including health-affiliated top agencies should endeavor to inculcate quality, management and motivational considerations into their scheme of things so as to manage the critical IDA challenges relating to healthcare delivery identified during the study.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Research Problem

International aid agencies across the world provide support for developing countries including Africa and Ghana. Over the past few decades, budget structures have been somewhat dependent on donor support and the ability of social services such as health has also been at the mercy of aid from both local and international aid agencies. The term foreign aid is synonymous with foreign assistance, development aid, international aid, or overseas development assistance.¹ According to the Organization for Economic Cooperation and Development (OECD)², this refers to financial flows, technical assistance, and commodities that are designed to promote economic development and welfare of the citizenry of a particular country. These financial flows come in the form of grants or subsidized loans excluding military aid or other non-development functions.

Of particular concern has been its underlying rationale and its actual effectiveness in assisting development in recipient countries. The essence of aid to any sector of a country is to provide relief when it comes to the manner in which such services are carried out. In other words, aid from agencies serves as insulators for both the facilities providing social support and for the beneficiaries as well including Ghana.³ Ghana is one of the African countries most dependent on foreign aid. Between 1984 and 2003, for instance, Ghana received an average of US\$580.8 million (that is, US\$34.2 aid per capita) annually as public (official) aid.⁴ By 2005, aid per capita of the country rose to US\$51billion.⁵ According to Osei⁶, over the last 50 years, aid to Ghana has far outstripped that which many other developing countries have received.

The impact of international development agencies (IDAs) on the health sectors of Sub Sahara African economies cannot be overemphasized. Strictly speaking, the limitless roles played by

IDAs from the African perspective has become pivotal in injecting crucial investments in critical sector{"? trillion in development-related aid for the past 5 decades. Interestingly, instead of taking Africa out of poverty, Moyo¹¹ laments the resultant dependency and stifled growth that has characterised development in Africa. Furthermore, Abuzeid¹² contends that the influx of huge quantum of foreign aid have aggravating consequences on the governments of the receiving economies, and can culminate into doing more harm than good in myriads of instances. It is so glaring that Abuzeid¹³ does not have confidence in donor aid in view of the fact more often than not, donor aid can bring more harm than good. In view of this, arguments that tout donor aid as a panacea for African development, specifically in the health sector therefore warrant scrutiny and tentative diagnosis.

The intriguing question therefore is whether these international supports are properly channeled towards developmental purposes specifically within the Ghanaian health sector. This is the problem this study seeks to thoroughly investigate.

1.2 Statement of the Research Problem

Development assistance, specifically to developing economies by the developed economies drastically dwindled during the period spanning 2007 and 2008.

Strictly speaking, the United States of America, in addition to western economies compromised on their stance in relation to aids/grants to developing economies like Ghana. Additionally, the so-called "super power" countries turned a blind eye to the increment of aid to developing economies during the Gleneagles Conference.¹⁴ To buttress this point, OECD also bought into the idea of cutting down aid relief to about 3% in 2011, in addition to the tightening of aids and grants to the disadvantage of most of these developing economies across the rank and file of the globe.¹⁵

Undisputedly, the worst hit economies of this was Sub-Sahara Africa who were privy to US\$28.0 billion, a minus nine-tenth depreciation in real terms as compared to the 2010 fiscal year.¹⁶ The reduction of funds geared towards the enhancement of developmental projects that relates to health, good governance, and agriculture among others really affected many developing economies to a varying degree.

Not many researchers examine the distinctive roles of IDAs to the Ghanaian health sector and the critical challenges associated with IDAs in contributing to healthcare delivery in Ghana. Consequently, the study seeks to identify the key reasons for the rapid development of IDAs, examine the distinctive roles of IDAs to the Ghanaian health sector, in addition to investigating the critical challenges associated with IDAs in contributing to healthcare delivery in Ghana, with a specific focus on the USAID, LEKMA and Tema General Hospitals (ULT) in the Greater Region of Ghana.

1.3 Research Questions

The following are the research questions

1. What reasons account for the rapid development of IDAs in Ghana?
2. What are the distinctive roles of IDAs in the Ghanaian health sector?
3. What are the challenges associated with IDAs to healthcare delivery in Ghana?
4. What strategic interventions are employed to manage the challenges associated with IDAs to healthcare delivery in Ghana?

1.4 Objectives of the Study

The study seeks to achieve the following research objectives:

1. To identify the reasons for the rapid development of IDAs in Ghana
2. To examine the distinctive roles of IDAs in the Ghanaian health sector.
3. To investigate the challenges associated with IDAs to healthcare delivery in Ghana.
4. To determine strategic interventions employed to manage the challenges associated with IDAs to healthcare delivery in Ghana

1.5 Scope of the Study

The scope of the study is limited to examining the role of international development agency's intervention within the Ghanaian health sector, with a focus on USAID. Specifically, it looks at the roles and the contributions of USAID to the two selected hospitals: LEKMA Hospital and Tema General Hospital (ULT). The limited scope of the study is for the purpose of in-depth analysis of the cases, with triangulation of data sources and persons towards the reliability and validity of research findings.

1.6 Rationale for the Study

The International Aid agencies and non-governmental organizations are virtually the second engine of the economy and do have a tremendous role to play as their autonomy grows whereas that of the state keeps dwindling. As intimated by Niyonkuru¹⁷, during periods in which the state's incapacitation to meet the economic commitment in order to render its primary services to the society, donors (both local and international) lenders of all origins intervene through loans, grants, aid just to mention a few to assist the state in carrying out some of its responsibilities.

The rationale for this study is to determine how USAID is assisting the Ghanaian health sector needs (financial, medical supplies, training programs, exchange programs, infrastructural facilities, and supervisory assistance).

Lastly, the study is justified on the grounds that the information garnered may assist the government and other stakeholders in health policy formulation, and execution for future growth of the country.

1.7 Hypothesis

Despite the cultural diversity and religious disparities prevailing in Ghana, international development agencies have contributed immensely to the health sector of Ghana.

1.8 Theoretical Framework

The theoretical framework for this study is dependency theory:

Quite a sizable number of development-oriented scholars have tried to answer the question as to whether IDA interventions really enhances the development of health-related projects across the globe..

1.8.1 Dependency Theory

Singer and Prebisch¹⁸ are touted as dependency theory predecessors. In view of this, Feraro¹⁹ argue that it would be extremely dicey to presuppose that there is only one undivided theory of dependency. Dependency theory emerged up during the 1950s as a forthright rebuttal to the excesses associated with the modernisation theory. Philosophers were thwarted by the fact that relentless advancement in wealthy and developed economies failed to live up to their billing of bringing attendant development in developing economies who were branded as poor. In consonance with the argument credited to Frank²⁰, he was of the strongest conviction that the surfacing of dependency as a string of theorising by observing that orthodox development

theories epitomised by modernity do not give precedence to the kind of nexus that exists between wealthy economies and their poorer counterparts across the nooks and crannies of the globe. Per this conspicuous incompleteness, it is therefore imperative to dig deeper into the mode of nexus that exists between the wealthy and poorer economies of the world.

Additionally, Frank contends that contemporary or modernity theories are oratory as they do not come out with the rationale behind the giving of donor aid to developing economies. In tandem with the definition credited to Skunkel²¹, the terminology “dependency” encompasses the economic development of a state whose national development policies are hugely reliant on external clouts. Dos Santos²² appreciates the historical perspective associated with dependency and perceives it as a circumstance that moulds a specific structure of the global economy in such a way that it favours some economies to the detriment of others, in addition to constraining the development alternatives of the second-fiddle countries.

Dependency theory is based on the fact that resources move and flow from developing economies, popularly touted to as the periphery or outskirts, to developed economies, normally termed as the core. This flow of resources enrich the core, while impoverishing the periphery. There exists diverse definitions encompassing dependency. That notwithstanding, all the definitions share three common attributes. Firstly, dependency entails an international system that is made up of two types of states, specifically: (a) core states; in addition to (b) periphery states. The core states represent the wealthy and developed economies belonging to the Organization of Economic Cooperation and Development (OECD). The periphery states connote economies that can be located in Latin America, Africa and Asia. Strictly speaking, periphery states are associated with low per capita Gross National Products (GNPs) and are hugely dependent on a solitary commodity to earn foreign exchange. Feraro²³ observes that the

definitions of dependency accentuates that extrinsic forces are indispensable to the monetary activities that are carried out within dependent economies. These extrinsic forces comprise of transnational corporate entities, donor aid, global markets, communications and any other modes by which the developed economies can represent their economic interests abroad. Moreover, all the definitions of dependency indicate that the relations between dominant and dependent states are dynamic because the interactions between the two sets of states tend to not only reinforce but intensify the uneven patterns. Again, dependency is a very meticulous historical process, entrenched in the internationalisation of capitalism. In agreeableness with the postulate of Feraro²⁴, dependency epitomizes an ongoing or a dynamic process that cannot be overemphasized as far as developmental projects like effective healthcare delivery embarked upon by IDAs such as USAID in Sub Sahara African economies and beyond is concerned.

As intimated above, dependency surfaced as a rebuttal to modernisation theory that holds the view that all economies operate along the same route of development, and that the underdevelopment in developing economies reflects the same stages that developed economies once found themselves. In view of this, the concept of modernisation theory was to assist developing economies come out of their poverty and quagmire and subsequently attain the pedestal of economic growth and development; following a similar path taken by wealthy economies through the provision of investment, technology, skilled human capital base, and deliberate technology transfer in order to bring them in synchrony with global markets. Dependency theorists reject relentlessly this tilted and misinformed perception by contending that developing economies are not in a scenario that wealthy economies countries once found themselves. Put simply, developing economies do possess specialized characteristics, in addition to morphological features of their own that makes applicability of the linear trajectory development not only impossible, but also extremely debatable.

Extant literature that pertains to dependency theory presupposes that wealthy and developed economies are able to control the periphery of developing economies and make them hugely reliant on them forever. This they achieve by using myriads of mechanisms and paraphernalia's such as political and economic interventions. During the 1950s era, that coincided with the emergence of the dependency theory colonisation was still in place and served as means of politically controlling developing economies. With developing economies from the African perspective and the world over under the control of wealthy economies, dependency has been heavily entrenched, and the flow of resources to wealthy economies has continued unperturbed. Economic strategies that have been used to control poorer nations include the modelling of poorer nations as extractive centres by colonists.

One of the main concepts associated with the dependency theory is that wealthy economies benefit hugely from resources of developing economies. This enables the wealthy economies to sustain higher standards of living. Rodney²⁵ asserts that colonisation was not only about exploitation, but also about repatriating profits to the home land. The war of liberations that were fought in Africa patronise the concept that wealthy economies wanted to continue having a hold on developing economies. Any attempt to compromise the uneven nexus that perceives developing economies as resources' providers to wealthy economies is met by attempts to counter the resistance. The wealthy economies always rely on their superlative military power to maintain the status quo; that is the unequal integration of the poorer countries in the world system. In modern times, wealthy economies tend to rely on the media, donor aid and educational systems to maintain control and hegemony over developing economies.

In fishing out the tangible reason why aid has failed to live up to its billing across the nooks and crannies of the globe, Moyo²⁶, points to dependency as the pivotal originator. Most

governments from the African perspective create dependency by perceiving aid as continuous, permanent and reliable, and in the process, do relegate effective planning to the background in the event that aid is cut. European governments are also supposed to take part of the blame game, in that while pretending to assist African economies by debt forgiveness, like the highly indebted poor countries (HIPC) initiative, they reinforce the concept that aid can be permanent. In such an instance, myriads of African economies will undoubtedly be caught in a web of absolute dependency cyclical pattern.

It is worth mentioning that the expansion of Europe into Africa facilitated a congenial platform for siphoning resources from Africa to Europe as opined by Matunhu²⁷. To hit the nail rightly on the head, Europeans effectively employed military force through colonisation to entrench their control over Africa. In addition, Matunhu²⁸ trumpets that Africa will continue to be subjugated economically and politically by external centres of clout. Most glaring strategies relates to the economic, political and cultural dependence of the continent on America and Europe.

Openly, donor aid continues to be employed as paraphernalia for enforcing control over Africa by wealthy economies. Economies that resist the western control are coerced into submission by threats that they will not receive donor aid from the westernized and wealthy economies. A hypothetical case in point relates to Malawi who have been implicitly and surreptitiously forced into buying into the concept of homosexuality by being threatened that support in the form of huge budgets from the United States of America, in addition to other aid givers will be withdrawn if homosexuality is not accorded the requisite attention. Therefore, donor aid has been used as a surreptitious and tantalizing tool of control over developing economies by westernized and wealthy economies.

There exist glaring credibility that pertains to the argument credited to Matunhu²⁹ that Africa is still politically, economically and socially hugely reliant on Europe and America, considering the astronomical amount of money that is being transferred to Africa as donor aid. From the strict perspective, as intimated by Kabonga³⁰, the flow of aid to Africa experienced an upsurge from US\$6 billion in the 1960s to about US\$46 billion in 2011. OECD³¹ submits that Africa received the largest share of the official development assistance grant totalling US\$28 billion. It is so glaring from this empirical revelations that most African countries are heavily dependent on donor aid. That is to say, economies like Malawi, Rwanda and Tanzania have 50% of their budgets been supported by donor aid. Although, it appears to be a glaring enigma, it is clear that donor aid in diverse instances happen to be the quintessence of dependency. Evidence in superfluity; both in theory and practice, tend to agree on how aid has benefitted the economies that give aid than those that receive aid, given the stringent conditionalities.³²

Considering the above tenets underpinning the dependency theory, IDAs like USAID conveniently fall within the category of non-state actors and are subjects of international relations. According to OECD³³, foreign aid refers to financial flows, technical assistance, and commodities that are designed to promote economic development and welfare of the citizenry of a particular country, including the health sector of most economies worldwide. In view of this, the study is hugely reliant on IDAs like USAID which have the capacity to influence economic development and welfare of the citizenry, through development-oriented projects geared towards the enhancement of effective healthcare delivery in most economies in Sub Saharan Africa including Ghana.

1.9 Literature Review

Bonyaah³⁴ argues that development aspirations have been followed by myriads of economies across the nooks and crannies of the globe with the ultimate rationale of experiencing a paradigm shift from an unbefitting state to a befitting one. He was of the strongest conviction that the development odyssey of quite a sizable plethora of economies has been meandering and the hankering for development paradigms had long been laid to realise the fruits of development with diversified consequential effects and results within an ever globalising world. Unquestionably, the development domain has been saddled with conflicting opinions from diverse schools of thought, offering dissimilar definitions originating from their penchants.

Bonyaah³⁵ submits that development is contested, complex and ambiguous, which reinforces the argument of Thomas.³⁶ Thus, different people from different backgrounds define the phenomenon in different ways: development is a process of historical change, as opined by Thomas³⁷ as well. Again, development is performance assessment, in tandem with the postulate of Gore³⁸. Albeit, Bonyaah³⁹ was of the candid opinion that development must therefore be conceived as a multidimensional process involving major changes in social structures, popular attitudes, and national institutions, in addition to the acceleration of economic growth, the reduction of inequality, and eradication of poverty as intimated by Todaro and Smith⁴⁰. The imminent theme through the various definitions is “change”, that is, transformation from one state to the other with the intent to improve a particular phenomenon in a society with the overall objective of improving the livelihood of the people that the change is intended for. As a process therefore, nations must embrace a common development agenda to be implemented with the zeal of committing financial and logistical resources by world leaders, international organisations, multinational corporations and civil society organisations (CSOs).

Again, he stated that the role of international development agencies (IDAs), has become pivotal in injecting crucial investments in critical sectors of developing and the under-developed economies to overcome obstacles in socio-economic, political, and cultural progress. These IDAs, according to Bonyaah⁴¹ are usually the official aid agencies of developed countries through which they channel development assistance or aid to developing countries, with varying but substantial investments in the provisions of health, educational, nutrition, good governance, culture, information technology and environmental endeavours. These international agencies have not only provided financial support but also a wide range of technical and administrative facilities with regards to the afore-mentioned limitations of the developing countries.

Todaro and Smith⁴², including Bonyaah⁴³ asserts that development must therefore be conceived as a multidimensional process involving major changes in social structures, popular attitudes, and national institutional settings, in addition to the acceleration of economic growth, the reduction of inequality, and eradication of poverty. He emphasized that development must ensure that people live “better” and “humane” lives, which inadvertently brings to mind three core values of development; sustenance, self-esteem, and freedom which represent common goals sought by all individuals and societies. In view of this Bonyaah⁴⁴ reiterates that if individuals are assured of sustenance (livelihood), poverty and unemployment could be reduced if not eradicated completely. Additionally, the self-esteem of individuals is further boosted if their livelihoods are able to provide their needs not used by other unscrupulous individuals to achieve their parochial interests. He proceeded to assert that the dignity of individuals within the society should be respected, be it rich or poor, and equal treatment accorded each respectively.

That notwithstanding, Bonyaah failed to spell out the specific type of SPSS version employed, in addition to quantifying the population and how the sample size was determined. Again, the specific sampling techniques employed was also non-existent in the methodological processes among others. Likewise, Bonyaah⁴⁵ should have spelt out whether Inferential, and Descriptive Statistics among others were considered for the data analysis.

Agyapong⁴⁶ asserted that during the early years of the 20th century, issues of health were traditionally perceived as domestic due to the fact the subject of health did not fit into the state-centred approach to international relations discourses. However, since the outbreak of infectious diseases such as Smallpox plague in 1967, discovery of Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome (HIV/AIDS) in the 1980s, Severe Acute Respiratory Syndrome (SARS) in 2003 and Ebola Virus Disease (EVD) in 2014, there have been major advancement of international health awareness by all states. Agyapong⁴⁷ was of the view that issues relating to health have become a global public good due to its interconnectedness to the environment, trade, economic growth, social development, security, human rights and dignity. The ultimate rationale of Agyapong's scholarly work was to analyse the contribution of international NGOs in the health sector of developing countries using Ghana as a case study, as well as probe whether cultural biases affect their work.

Agyapong⁴⁸ adopted the pluralist theory for his study and postulated that the theory emerged after the post 2nd World War when there was an increasing rise of multinational and transnational corporation. Instrumental proponents underpinning this theory as opined by the author was Keohane and Nye.⁴⁸ Contemporary essayists like Viotti and Kauppi⁴⁹ have elaborated more about the theory in their work. Pluralists argue further that the yearly financial status of most multinational corporations is in excess of that of the Gross National Product

(GNP) of some states especially developing countries, which confers power to these organizations. For instance, the turnover of Apple Incorporation in 2015 was US \$ 53.4 billion while in that same year; the Gross Domestic Product (GDP) of Burkina Faso was US \$ 11.15. In view of this, international organizations and multinational corporations have the power to influence global issues since they are able to organize individual and group memberships from both national and international on political, economic and social related issues as intimated by Agyapong.⁵⁰

As stated by Agyapong⁵¹, Ghana's health sector has witnessed a pivotal policy reforms since independence all aimed at achieving universal accessibility of health care across the country. Key among these reforms included the "Medium Term Health Strategy," which was introduced in the 1990s to improve access, efficiency and the strengthening of health care by linking it to other viable sectors such as agriculture and education.

Additionally Agyapong⁵² observed that in most developing economies, the achievements of INGOs are visible in areas of emergency and relief service, post-conflict reconstruction and restoration, restructuring of the health system, health advocacy, health service provision and infrastructures, among others. These activities per the postulate of Agyapong are hugely dependent on the needs of the society, where emerging health issues cannot be absorbed by the government only due to the lack of resources. He stated that since the introduction of primary health care by WHO, most INGOs in health have expanded health care support to the reach of the poor and vulnerable in rural communities in Africa as a means of complementing developing economies' efforts in ensuring accessible health care.

Zakari⁵³ contends that as far as the development domain is concerned, sustainability is increasingly becoming a central issue. He theorizes that a developing intervention is considered sustainable when the beneficial impacts of an intervention endures beyond the original time

frame of the project, and that may be diffused beyond the original spatial limits of the project as interventions will independently be adopted or adapted by local people. Also, Zakari was of the view that NGOs have increasingly been recognized contemporarily as indispensable development partners in aid delivery. This recognition is grounded on the fact that they have been able to position themselves before the donor community as credible institutional settings that seek the interest of vulnerable people in their quest to gain a voice in the social, political, and economic discourse of a nation. NGOs are pronounced in local, national and international scenes where they are engaged in activities as diverse as grass root mobilization, community empowerment, micro-finance, humanitarian relief and emergency assistance.

As observed by Zakari⁵⁴, the USAID⁵⁵ took cognizance of 4,463 registered NGOs in Ghana and an increasing number is registered every year. He opined that the Savelugu Nanton District in the Northern region alone is home to 21 NGOs both local and international serving various purposes to promote the good wellbeing of the human kind. Zakari⁵⁶ proceeded to assert that the considerable growth and influence of NGOs in the district has prompted renewed interest in their developmental role to ensure sustainable development in the Savelugu Nanton District. Moreover, he argues that development has been viewed as a slippery concept which has no single agreed meaning but has rather been used variously to denote positive changes in a social, economic or political system.

1.10 Research Methodology

Contemporarily, 2 notable approaches underpins research studies across the globe, namely: (a) quantitative; and (b) qualitative. According to Creswell⁵⁷, quantitative research emphasizes quantification of the data collection and analysis. Usually, quantitative research conducts a deductive approach to the relationship between theory and research which focus on testing of

theory.⁵⁸ It combines practices and norm of the natural scientific model in positivism position and embodies a view of social reality as an external and objective reality.⁵⁹ Contrariwise, qualitative research emphasizes the words rather than quantification with data. It prefers conducting an inductive approach to the relationship between theory and research which aims on the generation of theories.⁶⁰ Qualitative research rejects the combination of practice and norms of natural science model.⁶¹ It emphasizes the interpretivism option which refers to the way that individuals interpret the social world and embodies the view of social reality as a constantly changing property of individual's creation.⁶² Both quantitative and qualitative approaches were adopted for the study. The adoption of each of the approaches in any research process come along with their limitations; therefore biases inherent in any of the methods could nullify or neutralize the biases of other methods. That notwithstanding, quantitative approach was chosen because it helped eliminating or minimizing subjectivity of judgment and also allowed for longitudinal measures of subsequent performance of research subjects. Furthermore, qualitative method of research was opted for since it provided a more realistic feel of the world that cannot be experienced in the numerical data as well as a holistic view of the phenomena under investigation, in tandem with the submissions of Matveev⁶³, and Choy⁶⁴. A research design focuses on the end-product and all the steps in the process to achieve that outcome.⁶⁵ Furthermore, according to Babbie et al.,⁶⁶ the main function of a research design is to enable the researcher to anticipate what the appropriate research decisions are likely to be, and to maximize the validity of the eventual results. A descriptive research design was employed in this study because of its high degree of representativeness and the ease with which the researcher could obtain the participants/participants opinion as intimated by Polit and Beck.⁶⁷

A research population can be defined as the totality of a well-defined collection of individuals or objects that have a common, binding characteristics or traits.⁶⁸ The targeted population for the study was 125 employees belonging to USAID, LEKMA and Tema General Hospitals (ULT) in the Greater Accra Region of Ghana, with some peculiar characteristics in unison.

A sample is the part of the population from which we actually collect information used to draw conclusions about the whole study.⁶⁹ The sample size of a survey most typically refers to the number of units that were chosen from which data were gathered.⁷⁰ The entire sample size was 95 consisting of employees from ULT mentioned earlier. The determination of the sample size was based on Miller and Brewer's⁷¹ mathematical equation represented as below:

$$n = \frac{N}{1 + N(\alpha)(\alpha)}$$

Where N = Sample frame (population), α = Margin of error, which in this perspective, happens to 5%. However, 95% Confidence Interval (CI) was opted for in this study because it dealt with human beings whose accuracy of information was subjected to biases as compared to the physical sciences that possess high degree of certainty in most scenarios. With particular reference to the above-mentioned formula, N = 125 and $\alpha = (0.05)^2$

$$n = \frac{125}{1 + 125(0.05)(0.05)} \quad n = 95$$

Sampling encompasses the sorting out of a subset of individuals from within a statistical population in order to assess its absolute characteristics.⁷² Convenience sampling, also referred to as “haphazard sampling or accidental sampling” is a type of nonprobability or non-random sampling where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study.⁷³ Convenience sampling technique was

adopted for the study because of easy accessibility and proximity on the part of the researcher to most of the participants belonging to ULT used for the study. The main objective of convenience sampling is to collect information from participants who are easily accessible to the researcher like recruiting providers attending a staff meeting for study participation as asserted by Etikan, Musa and Alkassim.⁷⁴

Both secondary and primary data was collected for the purpose of this research. For clarity, Saunders et al.,⁷⁵ define data as facts, opinions and statistic that have been collected together and recorded for reference or analysis. Per the postulate of Saunders et al.,⁷⁶ primary data is used for a specific purpose for which it was gathered. For this study, it was obtained by administering questionnaire to respondents by the researcher due to time constraints and the geographical area of coverage. Additionally, secondary data is a type of data used for purposes other than for which it was originally obtained and may be descriptive or explanatory, raw (unprocessed) or summarized and can be categorized into documentary, multi-source or survey-based.⁷⁷ Secondary data for the research was collected by reviewing textbooks, journals, articles, periodicals, magazines, publications just to mention a few to gather historical perspectives of the research data from renowned authors and researchers.

Questionnaires and interviews were the data collection instrument used. Two sets of survey questionnaires were employed. The first set was divided into two main sections: the participants' profile and the main survey. The profile contains demographic profile of the participants such as gender, age, marital status, educational background, service duration among others. The main survey contained questionnaire section that focused on question accentuates on the reasons accounting for the rapid development of IDAs, distinctive roles of

IDAs to the Ghanaian health sector, including the challenges associated with IDAs to the healthcare delivery in Ghana, specifically structured using the 5-Likert Scale model.

This part gave the participants an opportunity to identify variables that they perceived to have contributed to the reasons accounting for the rapid development of IDAs, distinctive roles of IDAs to the Ghanaian health sector, including the challenges associated with IDAs to the healthcare delivery in Ghana. Numerical values were assigned to the participants rating 1 = very irrelevant, 2 = irrelevant, 3 = just relevant, 4 = relevant in addition to, 5=completely relevant. This survey instrument was selected to enable the participants to answer the survey easily and coherently.

To elicit as much information as possible from the participants, the questionnaire consisted of both open-ended and close-ended questions. An open-ended question is one which expects the respondent to supply an answer whilst a close-ended question offers alternatives from which the respondent can make a choice. Close-ended questions were included because they are easier and quicker to answer, and also saves the time of the participants. However, responses provided for close-ended questions may not always reflect what the respondent wishes to communicate. Open-ended questions, though more difficult to analyze, were used to elicit responses which reflect the true feelings, opinions and experiences of participants.⁷⁸

This study relied on the Relative Importance Index (RII) (quantitative) to determine the relative relevance of the reasons accounting for the rapid development of IDAs, distinctive roles of IDAs to the Ghanaian health sector, including the challenges associated with IDAs to the healthcare delivery in Ghana.

The 5-Point Likert scale (qualitative) ranging from 1(very irrelevant) to 5 (completely irrelevant) was effectively utilized and upgraded into the Relative Importance Indices (RII) for each of the factors as:

$$RII = \sum \frac{P_i \times U_i}{N \times n}$$

Where RII = Relative importance index;

P_i = Respondent rating of severity of the reasons accounting for the rapid development of IDAs, distinctive roles of IDAs to the Ghanaian health sector, including the challenges associated with IDAs to the healthcare delivery in Ghana.

U_i = Respondent's placing identical weighting or rating;

N = Sample size; n = the highest attainable score (The greater the RII score, the highly relevant the reasons accounting for the rapid development of IDAs, distinctive roles of IDAs to the Ghanaian health sector, including the challenges associated with IDAs to the healthcare delivery in Ghana. It is worth noting that RII values ranges between 0 and 1).

The estimated RII values was used to rate the reasons accounting for the rapid development of IDAs, distinctive roles of IDAs to the Ghanaian health sector, including the challenges associated with IDAs to the healthcare delivery in Ghana. The classification/rating was used for comparison purposes as regards the relative relevance of the parameters as intimated by the participants. The respective predictor of RII perceived by all participants was employed to evaluate the absolute ratings in order to give an overall picture of the reasons accounting for the rapid development of IDAs, distinctive roles of IDAs to the Ghanaian health sector, including the challenges associated with IDAs to the healthcare delivery in Ghana. Additionally, Microsoft Excel, Descriptive Statistics, etc. were effectively utilized in the data analysis.

Reliability refers to the extent to which a test or any measuring procedure yields the same results on repeated trials.⁷⁹ It is therefore, about consistency. It is when research procedures or tools used by different researchers yield consistent measurements that researchers are able to satisfactorily draw conclusions, formulate theories, or make claims about the generalizability of their research findings.⁸⁰ Thus, the importance of reliability in academic research cannot be over-emphasized as it determines the validity of research findings. Validity is about the study's success at measuring or investigating what the researcher sets out to measure or investigate and the extent to which the research findings can be applied to new settings.⁸¹ Albeit, other types of validity exist, it suffices that only internal and external validity is mentioned because the object is to briefly define the concept.

Strategic initiatives were factored into the study in order to ensure that the data collecting instruments used were reliable and valid. The key strategy was to employ multiple data collection instruments to collect data for the study. Three data collection instruments used for the study included: the questionnaire; focus group discussion; and observations. The findings from these different data collection tools were triangulated or compared to see whether they provided similar findings. To ensure reliability, the data was gathered by the same researcher as this can naturally lead to consistency. Before the main field study, the questionnaire was trial-tested by 15 staff of ULT. Trial-testing was undertaken for the purpose of ensuring the validity of the questions and reliability of the questionnaire to collect relevant data. In addition, expert judgment about the validity of the results and analysis from the trial-testing was obtained from a statistician/data analyst.

The researcher has a responsibility to ensure that research participants are protected.⁸² Apart from not doing harm, there is also the need to be truthful to the process.⁸³ Curtis et al.,⁸⁴ observe that the most important aspect of an ethically appropriate research is voluntary informed consent. More so, pertaining to the recruitment of participants for the study, Curtis et al.,⁸⁵ explain the following: voluntary as the notion of free will; informed as referring to the provision of enough information about what will be asked of them; and consent as the formal process, which they affirm that they have been provided with all the information they require and are agreeing to take part out of their own free will.

Strategies were put in place to ensure that information provided by participants were kept confidential. Potential participants' were also given total assurance that the data collected would be strictly used for its intended purpose and were subsequently consented to be precise with their answers to questions on the questionnaire.

1.11 ARRANGEMENTS OF CHAPTERS

The study is compartmentalized into four chapters. Chapter one comprised of the Introduction, Chapter two presented an overview of the concept of International development agency's interventions and the Ghana health sector. Chapter three discussed USAID's Intervention in the Health Sector. Chapter four provides a summary of the findings, conclusions and recommendations.

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CHAPTER TWO

OVERVIEW OF INTERNATIONAL DEVELOPMENT AGENCIES (USAID) AND THEIR INTERVENTIONS IN THE HEALTH SECTOR

2.0 Introduction

This chapter presents an overview of the concept, and meaning of IDAs and the Ghanaian health sector. Additionally, it encompasses the roles and challenges associated with IDAs. Furthermore, it highlights critical health policies, IDA and the health sector in Ghana, in addition to the corporate profiles of USAID, LEKMA and Tema General Hospitals.

2.1 International Development Agencies

2.1.1 The Concept of International Development

International development is related to the concept of international aid, but is distinct from disaster relief and humanitarian aid.¹ While these two forms of international support seek to alleviate some of the problems associated with a lack of development, they are most often short term fixes and are not necessarily long-term solutions. International development, on the other hand, seeks to implement long-term solutions to problems by helping developing economies create the necessary capacity needed to provide such sustainable solutions to their problems. A truly sustainable development project is one which will be able to carry on indefinitely with no further international involvement or support, whether it be financial or otherwise.^{2, 3}

It is worth mentioning that international development projects may comprise of a solitary, progressive project to address a specific problem or myriads of projects targeted at diverse aspects of society. Advanced projects are types which entail problem solving that reflects the

unique culture, politics, geography, and economy of a region. Contemporarily, the attention in this domain has been projects that aim towards empowering women, enhancing effective healthcare delivery, building local economies, and caring for the environment.⁴ From the human development perspective, it usually encompasses foreign aid, governance, healthcare, education, poverty reduction, gender equality, disaster preparedness, infrastructure, economics, human rights, environment and issues associated with the elements mentioned earlier.⁵

Over the past few decades, development thinking experienced a paradigm shift from modernization and structural adjustment programs to poverty reduction.⁶ Pertaining to the former system, poor economies were encouraged to undergo social and economic structural transformations as part of their development, creating industrialization and intentional industrial policy. Poverty reduction rejects this notion, consisting instead of direct budget support for social welfare programs that create macroeconomic stability leading to an increase in economic growth.⁷

2.2 Reasons that Account for the Rapid Development of IDAs

Dauids, Theron and Maphunye⁸, in addition to Reddy⁹ as cited in Bonseu¹⁰, identify various reasons for the rapid development of IDAs across the globe. The notable reasons are categorically spelt out as below:

- ✓ Growing interest among international donors and national governments in increasing the development capacities of institutions functioning outside the formal public sector;
- ✓ IDAs being more capable than government and private sector agencies of reaching the poor;
- ✓ Governments being forced to seek more cost-effective alternatives to generally accepted state development programmes because of a rapid decrease in government resources;

- ✓ IDAs displaying an ability to mobilize appreciable amount of funds/grants for developmental projects;
- ✓ Recognition that some IDAs have shown an ability to advocate and start projects on a national level and influence central government policies and institutions; including
- ✓ Expectations that the non-profit sector will continue to grow as government acknowledges the important role of IDAs in development and the democratic process.

It is worth noting that there was a spate of new IDAs around the time of independence in most Sub-Saharan African economies. These corporate outfits continued to grow in the post-colonial era. Since the 1980s, IDAs have grown in leaps and bounds in many economies across the globe. Another reason for the growth in IDA numbers can also be found in the advantages they have over the bureaucracy. Notable reasons for the swift development of IDAs across the globe as opined by De Beer and Swanepoel¹¹, Stanford¹², Njorge¹³, Soliku¹⁴, Carothers and Brechenmacher¹⁵ are spelt out as below:

- Extremely cost-effective in their work among the poor. That means that they spend less money on administration and more on actual assistance to the under-privilege within the localities where they operate;
- Less prone to elitism;
- Ability to promote popular participation through facilitating resource mobilization;
- Capacity to innovate and adapt to unforeseen emergencies like force majeure (Acts of God);
- Assist in augmenting diversity of opportunities in society; and
- Broaden channels through which resources and benefits can reach groups which otherwise be bypassed.

Per the argument of Nzimakwe¹⁶, the quantum of IDAs and their involvement in national and international policy-making has experienced an astronomical rise over the past decades and can under no circumstance be relegated to the background. This presupposes an instrumental proliferation of IDAs and is also indicative of the important role they play as far as development-oriented projects like effective health care delivery from the Ghanaian perspective is concerned.

2.3 The Role/Contributions of IDA to the Ghanaian Health Sector

The contribution of IDAs to the advancement of health-oriented projects from the Ghanaian perspective are quite vast. Some of them are:

2.3.1 Assisting in Reducing Disease Burden (HIV/AIDS)

Cooperative for Assistance and Relief Everywhere (CARE), being one of the reputable IDAs in Ghana's assessment of HIV/AIDS prevalence using the 2003 Ghana Health and Demographic Survey (GHDS) report identified 2% prevalence rate among people within the ages of 15-49, although the report indicated a high knowledge of the disease among people. It was revealed that Western region was one of region with high prevalence among the youth. In 2004, CARE initiated an awareness programme in the Western region which focused on the youth. As part of the programme, CARE distributed condoms to the sexually active as a preventive method of reducing the prevalence rate. In 2005, CARE expanded the programme to include haulage workers, sea and port workers who had the highest prevalence of contracting the disease due to their work. CARE recognized that not only was the disease high but the social stigma in some communities was high. With funding from CARE Denmark, CARE Ghana organized, facilitated and supported people living with HIV/AIDS (PLWHA) in 36 communities in the Ashanti, Brong Ahafo and Western regions by establishing the National Association of People Living with HIV/AIDS. This association is currently being sustained by

Ghana AIDS Commission. CARE assessment of these initiatives revealed a reduction in HIV/AIDS prevalence in those regions where the programmes was implemented as it reflected in the 2008 GDHS report.¹⁷

In 2013, World Vision Ghana (WVG) observed that the number of people living with HIV/AIDS was 224,488 of which 34,557 were children, according to the national HIV prevalence.¹⁸ WVG identified that inadequate awareness of the disease is a contributing factor, especially among pregnant women. As part of their initiatives in creating awareness of the diseases, it adopted the following key models: Channel of Hope (COH), Community Care Coalitions for orphans and vulnerable children (CCC); Prevention of Mother-to-Child Transmission (PMTCT) and elimination of Mother-to-Child Transmission (MTCT) to increase household knowledge of the disease in 24 Area Development Programmes (ADPs) (WVG, 2010). These models were in response to the global fight against HIV/AIDS, which focus on empowering communities on the knowledge of the mode of transmission and preventive methods about HIV. In 2014, WVG set a national target of 80% of increasing HIV/AIDS knowledge among households. As such, WVG trained 844 people (744 males and 100 females) from 10 Area ADPs which adopted COH model to interact and sensitise their communities on HIV prevention. Again, WVG through it Strengthening Community Care and Support for Vulnerable Children (SCASO) project, reached out 47,597 (26,169 females and 21,410 males) youth and caregivers with comprehensive knowledge of HIV in 10 districts in Ghana.

2.3.2 Malaria Prevention and Management

From the Ghanaian perspective, malaria cases continue to top the outpatient cases recorded among pregnant women and children at various government health facilities. According to the 2008 Ghana Demographic and Health Survey (GDHS), the prevalence was due to the lack of insecticide treated nets (ITNs) for pregnant women and children. CARE identified the Eastern

region of recording 37.3% of people owning insecticide treated nets which was one of the least percentages (Care Ghana, 2014). As such, in 2010, CARE partnered John Hopkins University to educate and sensitized people in West Akim, Asuogyaman and Kwaebibirem districts on malaria. As part of the programme, CARE distributed long lasting insecticide treated net to nursing mothers, pregnant women and children. The impact assessment of this initiative increased household ownership of treated nets by 3% in these districts.¹⁹

Synonymously, WVG through its assessment programme identified that, in 2013, most of its ADPs recorded low coverage of 77% of the usage of insecticide treated nets. As such, WVG set a national target to achieve higher coverage than the WHO threshold of 80%. WVG sustained its malaria prevention and management programme through its “Mother to Mother Support Group” project among pregnant women and nursing mothers. WVG collaborated with the Ghana Health Service to distribute 80, 000 free Long Lasting Insecticide Treated Net (LLITN) to nursing mothers, children and pregnant women.²⁰

Impact assessment indicated that at ADPs such as Zabzugu, Gushiegu, Kintampo South, Diaso, Garu Tempane, Kadjebi, Nkwanta and Savelugu that, benefitted from this project recorded 83% of LLITN usage among children and pregnant women which was higher than the WHO threshold.²¹ At Atebubu ADP, WVG identified that, malaria education among the people was low, WVG adopted interfaith cooperation with Christian and Muslim leaders to sensitize 800 members on malaria prevention which increased awareness among people. In 2014, WVG supported the government initiative of reducing malaria cases through its “Home Based Care Programme” with anti-malaria drugs donation worth US\$ 13, 365.00 to the health ministry. This was intended to increase the government stock of malaria drugs.²²

2.3.3 Assisting GHS to Immunize Children

Immunization of children against preventable childhood diseases in Ghana continue to receive much attention from some IDAs. WVG as part of its childhood policies play a key role in the immunization of children within 52 weeks of age through training, logistics and financial support to the state agencies. WVG in collaboration with the GHS operate immunization programme in 23 ADPs. In 2014, WVG immunization programme in 13 ADPs recorded a crude coverage of more than the WHO threshold of 80% while the 10 ADPs performed fairly well. WVG assessment of the programme indicated an increase in nursing mother's interest in vaccinating their children.

Pertaining to myriads of ADPs, WVG realised that GHS lacked storage equipment to increase immunization programmes especially in the hinterlands. As such, WVG supported the GHS with cold equipment to assist in vaccine storage and provided fuel to reach most hinterlands in its ADPs. This exercise increased its crude coverage of immunization in some ADPs. For instance, in 2014, Bawku West ADP recorded 97.9% of its immunization coverage (WVG, 2017). In 2013, WVI identified that most nursing mothers are ill informed about the immunization of children against childhood diseases. In improving this situation, WVG in 2014 partnered GHS to educate 30,407 mothers and caregivers on the importance of immunization as well as built the capacity of 214 Community-Based Surveillance volunteers in 12 ADPs to support its immunization programmes in remote communities. These had a positive impact on the national immunization statistics coverage across the country.²³

2.3.4 Efforts towards Guinea Worm Eradication

Ghana which was second to Sudan of increasing rates of guinea worm cases was declared guinea worm free in 2015. The disease was prevalent in the Savelugu-Nanton Municipality, as the Assembly recorded as high as 2049 cases in 2007. This was due to lack of safe drinking

water in the district. The collaborative efforts of Carter Centre, World Vision, Hilton Foundation, Global 2000, UNICEF, Ministry of Health and the Savelugu Municipal Assembly led to the municipality recording zero cases in 2012. IDAs like WVG played an active role by drilling low and high-yield wells which were connected to the Ghana Water and Sewerage Corporation (GWSC) tanks for onward distribution to the Savelugu Township. The improvement in the provision of water by World Vision, Carter Centre among others led to a drastic reduction of guinea worm in the district. As of 2015, Savelugu and other districts in the Northern region were declared guinea worm free.²⁴

2.3.5 Facilitating the Training of Health Workers

In myriads of rural communities where the Community-Based Health Planning and Services (CHPS) of the government are being implemented, WVG identified that the skills capacity of community health workers is inadequate in running such health facilities due to the state's inability to equip these community health workers with the needed skills. As such WVG facilitate the training of community health workers through various workshops on reducing maternal and child mortality, and the treatment of various diseases.²⁵

In 23 ADPs, WVG in collaboration with GHS, the District Health Management Team (DHMT) train nurses and other community health workers on various health care practices to promote health care delivery. WVG also facilitate the training of Traditional Birth Attendants (TBAs), although they acknowledged that there is a gradual reduction in their training and equipping due to WHO regulations in TBAs. However, in some remote communities where there are no CHPS compound to provide access to health care, WVG provides hand gloves, sanitising sprays, detergent and drugs to TBAs to promote their work. The outcome of these trainings according to WVG indicated an improvement of health delivering in most CHPS compounds

and encouraged antenatal and post-natal care attendance by pregnant women and nursing mothers.²⁶

2.3.6 Construction, Establishing and Equipping Health Facilities

Improving the state of some clinics and hospital to increase access to health is one prime area most IDAs consider especially in the rural areas. This is done mostly through provision of clinical logistics and support for existing health facilities. As part of complementing government efforts in promoting healthcare, WVG continue to support the government by providing clinical logistics and support for existing health facilities. In 2014, as part of promoting health care in the Jirapa ADP, WVG identified the need to equip the Jirapa and Nadowli hospitals with health equipment worth US\$ 75, 000. The health equipment included two examination machines, theatre equipment and other non-consumables drugs. This donation was to enhance the examination of patients and equip the theatre wards.²⁷ At Twifo Praso ADP, WVG recognised the drop in posting of health workers due to the non-availability of accommodation. In addressing the situation, WVG built 2 nurse quarters to encourage health workers posting. This has solved the accommodation challenge at Twifo Praso and have increase nurses positing in that locality.²⁸

In 2003, WVG through its “Gift-In-Kind” programme supported three regional hospitals in the northern part of Ghana with medical consumables worth GHC 130, 000.00. The items included pharmaceuticals and medical supplies, recreational supplies, books, clothing and footwear. In 2016, WVG again presented medical equipment worth over GHC 2.7 million to the Afram Plains and Fanteakwa districts in the Eastern region and Ga West Municipal Assembly in the Greater Accra region. The items included pharmaceutical products such as anti-malaria drugs and antibiotics, surgical kits, anaesthesia instruments, sterile surgical catgut, safety lancet and

oxygen, and aerosol therapy apparatus. This was part of the “Gift-In-Kind” programme with a sole aim of equipping hospitals and clinics to improve health care.²⁹

2.4 Challenges Confronting IDAs Roles/Contributions to Contributing to Health Care Delivery in Ghana

IDAs from the Ghanaian perspective are engrossed in myriads of health activities with the aim of promoting and improving health care in most communities in Ghana. That notwithstanding, most IDAs including USAID are saddled with myriads of barriers which counteract their efforts in enhancing health care advocacy and project implementation in Ghana. These critical barriers spans from insufficient funding, minimal or non-existence of skilled personnel and volunteers, undue delays from state agencies, projects’ sustainability lapses, unenthusiastic nature of community folks, cultural diversity disparities and illiteracy among the rural folks.^{31; 32; 33; 34; 35; 36; 37} Some of the challenges are:

2.4.1 Inadequate Source of Funding

One critical challenge associated with IDAs boil down to the issue of funding. Strictly speaking, most programmes they run in the health sector are mainly funded through grants and normal projects. Pertaining to grants’ funded projects, donors fully fund the project till its completion. That notwithstanding, it becomes a challenge to run in the final analysis. Normal projects which are undertaken by organizations sometimes struggle when seeking for funding in order to ensure the project lives up to its billing of successful completion.³⁸ Although, grant projects are fully funded by donors, delays in the release of funds from donors sometimes affect desired project outcomes in Ghana.³⁹

In certain scenarios, due to inadequate funding, they experience incessant delays which goes a long way to affect the triple constraints associated with projects (cost, time, and scope), thereby

fostering cost and time overruns among others. This explains why IDAs are touted as mostly operating in a limited geographic space. Most IDA employees are of the strongest conviction that when provided with the needed resources, they could expand their health programmes to as many communities as possible. Lack of funding also has a serious implications on the sustainability of most projects.^{40, 41} Additionally, pertaining to grant funded project, after the execution of such project, sustainability of these projects becomes a challenge due to the non-availability of funds.⁴²

2.4.2 Unnecessary Delays from State Agencies

Another challenge IDAs face in their attempt to promote health care in Africa, including Ghana according to WTO⁴³, and Boboya⁴⁴, and Agyapong⁴⁵ pertains to undue delays from the state agencies especially at the District level do affect health-related activities to a varying degree. Agyapong recounted scenarios where he found it extremely difficult to engage the District Chief Executives (DCEs) as well as the officers of the District Health Directorate in a brief discussion due to their numerous assignments. Issues relating to strict bureaucratic processes within the public sector was also a force to be reckoned. He recounted situations where clearance for projects and programmes to be executed at the district level will have to be moved from the District Health Directorate to the Regional Health counterpart before approval was given for its commencement. To all intents and purposes, such retrogressive tendencies do culminate into project delays which invariably affect the project's desired outcomes and its completion time to an appreciable extent as intimated by Agyapong⁴⁶.

2.4.3 Inadequate Skilled Personnel

Additionally, inadequate skilled personnel and volunteers, specifically at the local level to be considered as part of the IDAs workforce in implementing their health projects and programmes appears to be an indispensable enigma that cannot be overemphasized.⁴⁷ Despite

the challenges of inadequate skilled personnel, IDAs do employ the best skilled personnel into their fold, these individuals sometimes serve as project coordinators in addition to other functional activities through multitasking^{48, 49}. In effect, health-related projects do experience glaring encumbrances as a result of shortage of skilled personnel to take care of other indispensable duties associated with projects of such magnitude.

Inadequacies associated with voluntary services are a major challenge to IDAs' health-oriented projects, specifically within the outlandish communities in Ghana. Agyapong⁵⁰ contends that volunteers are unskilled and as such, had to be trained. The non-availability of volunteers in some rural localities to facilitate health care delivery activities adds to the challenges.

2.4.4 Abysmal Community Participation

Furthermore, community folk's unwillingness to participate in health-related programmes is a challenge to these IDAs^{51; 52}. To hit the nail rightly on the head, IDA Agyapong⁵³ unearthed glaring issues that pertains to scenarios where other members belonging to the community feel discriminated because they were not selected to be part of the focus group relating to the projects. Agyapong⁵⁴ observed that during raining seasons, most community members hardly involve themselves in health awareness programmes owing to the tight schedule associated with their farming activities.

2.4.5 High illiteracy Levels

One notable enigma IDAs face pertains to the prevalence of high level of illiteracy within the rural community settings^{55; 56}. Agyapong⁵⁷ argued that lack of education, especially in relation to the spread of some common diseases are major causes of disease burden upsurge in rural communities. He observed that culture disparities coupled with low level of education is a stumbling block in most communities IDAs' do embark on their health care delivery-oriented

projects. The cultural barriers include superstition, social myth, religion and lack of education. For instance, most pregnant and nursing mothers lack the needed education on maternal health care issues, family planning and balanced nutrition for new born. Most rural folks are used to their traditional way of doing things and find it difficult to adjust to the modernized ways of health care delivery which inadvertently pose an enigma as far as the successful completion of health-related projects from the Ghanaian perspective is concerned (Boboya, 2014).

2.5 United States Agency for International Development (USAID)

The United States Agency for International Development (USAID) is an independent agency of the United States federal government that is primarily responsible for administering civilian foreign aid and development assistance. With a budget of over \$27 billion, USAID is one of the largest official aid agencies in the world, and accounts for more than half of all U.S. foreign assistance, the highest in the world in absolute dollar terms. USAID leads international development and humanitarian efforts to save lives, reduce poverty, strengthen democratic governance and help people progress beyond assistance. U.S. foreign assistance has always had the twofold purpose of furthering America's interests while improving lives in the developing world. USAID carries out U.S. foreign policy by promoting broad-scale human progress at the same time it expands stable, free societies, creates markets and trade partners for the United States, and fosters goodwill abroad. USAID works in over 100 countries to: (a) Promote global health; (b) Support global stability; (c) Provide humanitarian assistance; (d) Catalyze innovation and partnership; in addition to (e) Empower women and girls.⁵⁹

USAID supports the Government of Ghana (GoG) to expand coverage and quality of health services through scaling up interventions to improve the nutritional status of the population while also reducing: unintended pregnancy, maternal, newborn and under-five mortality, and the spread of HIV among the most-at-risk populations. USAID's health activities, concentrated

community-led total sanitation market approach to facilitate the construction of sanitation facilities.⁶²

2.5.3 HIV/AIDS

USAID is a leading donor in Ghana for HIV activities. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) program in Ghana provides leadership and advisory support to the national HIV/AIDS response. USAID's activities under PEPFAR focus on policies and services for prevention, care and support of people living with HIV/AIDS and two key populations that are 10-20 times more vulnerable to HIV: specifically men who have sex with men and female sex workers. USAID supports innovative and evidence-based interventions to reduce new HIV infections, which is a key strategy towards long-term sustainability of programs.⁶³

2.5.4 Health Systems Strengthening

USAID's support to the health sector in Ghana is deeply rooted in a systems approach, strengthening the underlying systems that affect health care operations and outcomes including leadership and governance, health workforce, information systems, supply chain and financing. A major focus for health financing is to ensure that existing funds are used efficiently to reach poor and underserved populations. USAID works with the National Health Insurance Authority (NHIA) to strengthen its management, improve quality assurance through clinical audit and scale-up a new provider payment mechanism. USAID is also prioritizing efforts to strengthen management of medical products and technologies, with emphasis being placed on the implementation of Ghana's Supply Chain Master Plan to ensure commodities are accessible and affordable, meet defined standards for quality, efficacy and safety and are stored and distributed appropriately. USAID is partnering with the Global Fund to Fight AIDS, Tuberculosis and Malaria to strengthen private sector engagement in the supply chain.⁶⁴

2.5.5 Social Protection

In 2015, USAID added social protection programming into the health portfolio for the impact that it has on nutrition and overall improvements in health status. The Livelihood Empowerment Against Poverty 1000 (LEAP 1000) is a GoG social cash transfer program implemented by the Ministry of Gender, Children and Social Protection, aimed at reducing poverty and stunting in poor households across selected districts in Ghana. Targeting 6,000 households with pregnant and lactating women and women with children under 12 months of age, the program expects to improve the nutritional outcomes of infants, for the crucial first 1,000 days of life, when the consequences of malnutrition are particularly severe. With \$8 million funding from the Displaced Children and Orphans Fund, USAID is supporting Ghana's national child care reform, with the aim of preventing child separation and reintegrating and placing children in residential care into family-based care. Activities will be implemented through UNICEF and a direct government-to-government agreement with the Ministry of Gender, Children and Social Protection.⁶⁵

2.6 Brief Profile of the Selected Hospitals

Two hospitals have been selected for this study. The reason is to thoroughly investigate the roles/contributions of IDAs specifically USAID to the healthcare delivery in the hospitals.

2.6.1 Ledzokuku-Krowor Municipal (LEKMA) Hospital

LEKMA Hospital, situated at Teshie in Accra, it is Government of Ghana (public) facility built by the Chinese Government as a China – Ghana Friendship Hospital at an estimated cost of Seven Million, Two Hundred and Eighty Thousand US Dollars (US\$7,280,000.00). It is a 100-bed capacity hospital that has all the units of a general hospital including specialist services, laboratory and radiological facilities. Additionally, it has a malaria research centre and herbal medicine unit. It serves as the municipal hospital for the Ledzokuku-Krowor (Teshie/Nungua)

area. The hospital's clinical staff is made up of a team of 22 Doctors of which 9 are specialist; over 200 nurses; pharmacist and paramedical staff.⁶⁶

LEKMA Hospital work in collaboration with other stakeholders in the health sector in providing quality healthcare to its cherished client in Ledzokuku-Krowor municipality and beyond irrespective of colour, race, socio-cultural or regional affiliation. Its mission statement:

- To provide comprehensive healthcare comprising warm reception and sound clinical care that ensures total patient rehabilitation;
- To build excellent client-focused inter-professional relationships in a friendly environment where every client is treated special; and each team member's contribution is appreciated.

Its vision is a modern centre of excellence providing comprehensive health care in a clean and healthy environment, by a well-trained, motivated and a highly professional staff. These are the core values of LEKMA Hospital:

- ✓ *Integrity*: LEKMA perform its duties in a transparent and truthful manner with honest and open communication;
- ✓ *Collaboration*: LEKMA embrace sincere and honest collaboration and teamwork from all stakeholders to maximize its achievements;
- ✓ *Caring*: LEKMA accord its clients kindness, respect, dignity and confidentiality with compassion and family-focused care;
- ✓ *Commitment*: LEKMA strives to provide excellent services to its clients through continuous improvement, innovation and evidence-based practice;
- ✓ *Innovation*: LEKMA dreams and implements new idea to improve our delivery of health care;

- ✓ *Community*: LEKMA respects the importance of the community and acknowledge their health needs;
- ✓ *Appreciation*: LEKMA value the contribution of all care and service providers, in addition to
- ✓ *Accountability*: Accountability for the effective management of resources.⁶⁷

LEKMA services include the following: (a) Mortuary Services; (b) Ambulance Services Medical Records and Health Information; (c) Health Administration and Support Services; (d) Dietherapy; (e) Laboratory Services; (f) Radiology; (g) CSSD; (h) Pathology; (i) Ear, Nose and Throat (ENT); (j) Community Psychiatry; (k) Dental; (l) Ophthalmology; (m) Pharmacy; (n) Paediatrics; (o) Emergency Services; (p) Physiotherapy; (q) Adolescent Services; and (r) Tuberculosis (TB) Clinic. The rest include: (i) Disease Control and Surveillance; (ii) ART/HIV Services; (iii) Health Promotion; (iv) Family Planning; (v) Obstetrics and Gynaecology; (vi) General Surgery; (vii) IPD Services; (viii) OPD and Emergency Services; in addition to (ix) Internal Medicine.

2.6.2 Tema General Hospital

Tema General Hospital (TGH) is the biggest health facility in the Tema Metropolis with its outstanding 24-hour specialist and general services on both out-patients and in-patients. It happens to be a Government of Ghana (public) health facility that is committed to providing the highest quality patient care in a friendly, compassionate setting.⁶⁸

TGH Mission Statement is 'to provide comprehensive, affordable and quality 24 hour general and specialist healthcare services to its clients; uphold dignity of life, support research and regular education for staff to update their knowledge attitude and skills, and create an enabling workplace environment for staff'.

Its vision is 'to be the leading health care provider in Tema metropolis and its environs and to compete favourably with leading healthcare institutes in the country'.

TGH's services encompasses the following: (a) Mortuary Services; (b) Ambulance Services Medical Records and Health Information; (c) Health Administration and Support Services; (d) Dietherapy; (e) Laboratory Services; (f) Radiology; (g) CSSD; (h) Pathology; (i) Ear, Nose and Throat (ENT); (j) Community Psychiatry; (k) Dental; (l) Ophthalmology; (m) Pharmacy; (n) Paediatrics; (o) Emergency Services; (p) Physiotherapy; (q) Adolescent Services; and (r) Tuberculosis (TB) Clinic. The rest include: (i) Disease Control and Surveillance; (ii) ART/HIV Services; (iii) Health Promotion; (iv) Family Planning; (v) Obstetrics and Gynaecology; (vi) General Surgery; (vii) IPD Services; (viii) OPD and Emergency Services; in addition to (ix) Internal Medicine.

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CHAPTER THREE

ANALYSIS OF USAID’S INTERVENTION IN THE HEALTH SECTOR OF GHANA

3.1 Introduction

As intimated earlier, the aim of this study is to assess the impact of IDAs’ interventions within the health sector of Ghana, with emphasis on USAID, in addition to Lekma and Tema Genera Hospitals (ULT). Conjointly, this segment chronicles the analysis pertaining to data gathered and discussed in tandem with review of related literature, description of statistical analysis in relation to the research questions posed in the study with appropriate tables, figures and the like. This includes bio-data of respondents, reasons accounting the rapid development of IDAs, distinctive roles of IDAs to the Ghanaian health sector, in addition to the challenges associated with IDAs to healthcare delivery in Ghana specifically using ULT as case study entities.

Table 3.1 Questionnaire Data Management

Table 3.1 below presents the management of data constituting the sample size, responsive rate garnered from the questionnaires made available to “ULT” respondents that pertains to the study:

Selected IDA & Health Entities	Total No. of Questionnaire	Completed and Filled Questionnaire	Responsive Rate (%)
USAID	31	27	87.1
Lekma Hospital	27	24	88.9
Tema General Hospital	37	32	86.5
Total	95	83	87.4

Source: Author’s Field Data ¹

With reference to table 3.1 cited above, it can be deduced that out of the 31 questionnaires allocated to USAID respondents, only 27 representing 87.1% were completely filled and retrieved by the researcher. Also, 24 (fully-filled) out of the 27 questionnaires doled out to

Lekma Hospital respondents, which represented 88.9% were retrieved by the researcher. More so, in tandem with the respondents belonging to Tema General Hospital, 32 questionnaires out of the total 37, represented 86.5% were accounted for by the researcher. Synchronously, out of the 95 questionnaires made available to the respondents at “ULT”, only 83 were accounted for (fully filled and retrieved) by the researcher, which represented 87.4% compliance or responsive rate, and subsequently factored into the data analysis.

4.2 Bio-Data of Respondents

This section depicts the bio-data of respondents belonging to ULT. It proceeds with the age category, marital status, service duration, and educational background.

Table 3.2 Bio-Data of Respondents

Table 3.2 accentuates the bio-data of respondents at ULT.

	Frequency (n)	Percentage Scoring (%)
Gender Status	53.0	63.9
Male	30.0	36.1
Female	87.0	100.0
Total		
Age Category	26.0	31.3
18-27	15.0	18.1
28-37	34.0	40.9
38-47	5.0	6.1
48-57	3.0	3.6
57 +	83.0	100.0
Total		
Marital Status	34.0	40.9
Single	49.0	59.1
Married	83.0	100.0
Total		
Service Duration	26.0	31.3
1-6	39.0	46.9
7-12	13.0	15.7
13-18	5.0	6.1
18 +	83.0	100.0
Total		

Educational Background		
SSCE/WASSCE	-	-
Diploma/HND	22.0	26.5
Bachelor's (1 st) Degree	31.0	37.3
Master's (2 nd) Degree	12.0	14.5
Doctorate (3 rd) Degree	11.0	13.3
Other Professional Qualification	7.0	8.4
Total	83.0	100.0

Source: Author's Field Data ²

In relation to table 3.2 cited above, it can be intimated that out of the 83 respondents, belonging to ULT, 63.9% (n=53) belonged to the male category, whilst 36.1 (n=30) were females. Also, 31.3% (n=26) of ULT respondents were between the age category of “18-27 years” whereas 18.1% (n=15) were associated with the “28-37 years” age bracket. Moreover, ULT respondents’ captured within the age category of “38-47 years” recorded a percentage scoring of 40.9% (n=34). Again, ULT respondent within the age category of “48-57 years”, including those belonging to the “57 + years” categories recorded percentage scorings of 6.1% (n=5), and 3.6% (n=3) respectively. Moreover, 40.9% (n=34) belonged to the single category whilst the remaining 59.1% (n=49) pertained to the married class.

Additionally, per the service duration, it can be opined that ULT respondents that were captured within the 1st to the 6th year category recorded 31.3% (n=26) accordingly. This was keenly followed by respondents affiliated to ULT belonging to the category ranging between “7 to 12 years” categories, and consequently recorded a percentage scoring of 46.9% (n=39). Likewise, both “13 to 18 years”, in addition to ULT respondents captioned as “18 + years” categories recorded percentage scorings of 15.7% (n=13), and 61% (n=5). Lastly, in agreeableness with the optimum educational credentials of ULT employees who took part in the survey, 26.5% (n=22) of the respondents had “Diploma/HND Certification”, 37.3% (n=31) had “Bachelor’s Degree. Likewise, 14.5% (n=12) was representative of “Master’s (2nd) Degree” holders, whilst 3.3% (n=11) represented ULT respondents with “Doctorate (3rd) Degree. In addition, ULT

respondents in possession of “Other Professional Qualification” had a percentage scoring of 8.4% (n=7) after the data amassing and collation. Lastly, ULT respondents with a “SSCE/WASSCE Certification” recorded a null percentage scoring of “0.0% (n=0)” accordingly.

4.3 Analysis of Research Questions

The next subsection underscores the analysis of results that relates to the study:

Research Question 1: What reasons account for the rapid development of IDAs from the Ghanaian perspective?

Table 3.3 Respondents’ View on Reasons that Account for the Rapid Development of IDAs, Mean Value, RII Scoring & Ranking

Table 3.3 presents the views of respondents’ on reasons that account for the rapid development of IDAs at ULT, mean values (MVs), RII scorings and its subsequent rankings.

Reasons that Account for the Rapid Development of IDAs	Mean Value	RII Scoring	Ranking
Capability of reaching the poor more than the government and private sector agencies (CRPMG)	4.11	0.822	1 st
Other (capacity to innovate and adapt to unforeseen emergencies, and broadening channels through which resources and benefits can reach groups which otherwise be bypassed (OCIAB)	3.63	0.725	2 nd
Displaying of ability to mobilize appreciable amount of funds/grants for developmental projects (DISMZ)	3.47	0.694	3 rd
Ability to promote popular participation through facilitating resource mobilization (APPPR)	2.94	0.588	4 th
Assist in augmenting diversity of opportunities in society (AUGMD)	2.04	0.406	5 th

Less prone to elitism (LTISM)	1.60	0.321	6 th
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Source: Author's Field Data ³

Table 3.3 and figure 3.1 presupposes that respondents at ULT opted for “Capability of reaching the poor more than the government and private sector agencies (CRPMG)” as the 1st most instrumental as far as the reasons that account for the rapid development of IDAs from the Ghanaian perspective is concerned. “CRPMG” factor recorded an RII scoring of 0.822, based on the 5-Point Likert scale’s order of significance (5-PLSOS), and a mean value (MV) of 4.11 as compared to the other 5 factors. “CRPMG” was edgily followed by “Other (capacity to innovate and adapt to unforeseen emergencies, and broadening channels through which resources and benefits can reach groups which otherwise be bypassed (OCIAB)”, “Displaying of ability to mobilize appreciable amount of funds/grants for developmental projects (DISMZ)”, and “Ability to promote popular participation through facilitating resource mobilization (APPPR)” parameters. “OCIAB”, “DISMZ”, as well as “APPPR” attributes recorded RII scorings, and mean values of “(0.726) (3.63) (2nd)”, “(0.694) (3.47) (3rd)”, in addition to “(0.588) (2.94) (4th)” respectively. Additionally, both “Assist in augmenting diversity of opportunities in society (AUGMD)”, in addition to “Less prone to elitism (LTISM)” factors were ranked 5th and 6th, and subsequently recorded mean values, and RII scorings of “2.04”, including “1.60”, and “0.406”, and “0.321” respectively.

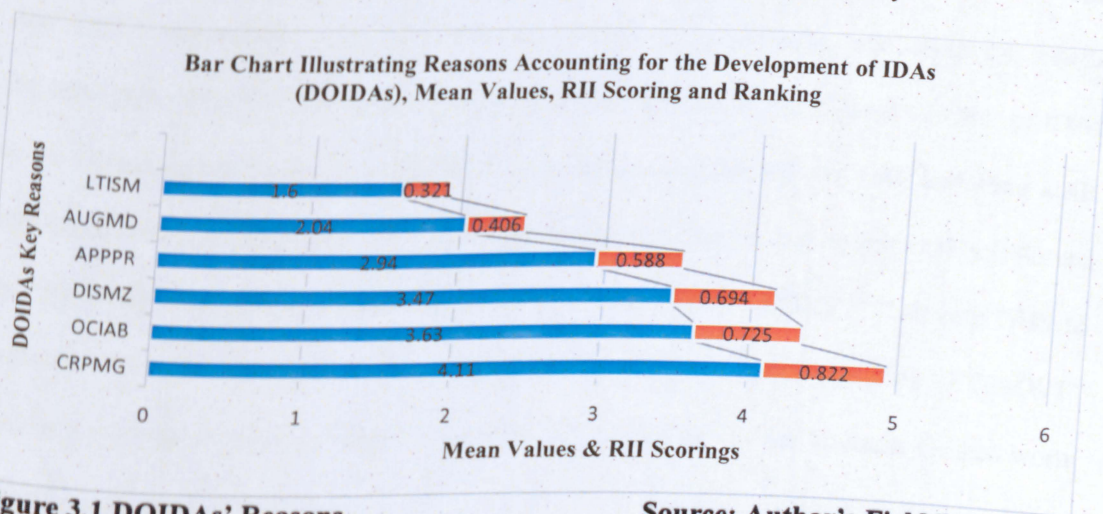


Figure 3.1 DOIDAs' Reasons

Source: Author's Field Data ⁴

Research Question 2: What are the distinctive roles of IDAs to the Ghanaian health sector?

Table 3.4 Respondents' View on Distinctive Roles of IDAs, Mean Values, RII Scoring & Ranking

Table 3.4 presents the views of respondents' on distinctive roles of IDAs at ULT, mean values (MVs), RII scorings (RIISs) and its subsequent rankings.

Distinctive Roles of IDAs	Mean Value	RII Scoring	Ranking
Other (constructing, establishing and equipping health facilities (OMHEH)	4.63	0.926	1 st
Assisting in reducing disease burden (HIV/AIDS, etc.)	4.04	0.807	2 nd
Assisting GHS to immunize children (GHSIC)	3.12	0.602	3 rd
Facilitating the training of health workers (FTOHW)	3.00	0.600	4 th
Malaria prevention and management (MLPHM)	1.93	0.385	5 th
Efforts towards Guinea worm infestation eradication. (CWGWI)	1.57	0.314	6 th

Source: Author's Field Data ⁵

With reference to table 3.4 cited, in addition to figure 3.2 illustrated below, it can be contended that ULT' respondents selected "Other (constructing, establishing and equipping health facilities (OMHEH))" as the most significant, in association with the distinctive roles of IDAs to the Ghanaian health sector. "OMHEH" recorded an optimum MV of 4.63, including a RII scoring of 0.926, as per the 5-Point Likert scale's order of significance. It was keenly followed by "Assisting in reducing disease burden (HIV/AIDS, etc.) (REDBV)", "Assisting GHS to immunize children (GHSIC)", "Facilitating the training of health workers (FTOHW)", "Malaria prevention and management (MLPAM)", as well as "Efforts towards Guinea worm

infestation eradication (CWGWI)” attributes. The afore-cited 5 factors had MVs of “4.04”, “3.12”, “3.00”, “1.93”, and “1.57”, in addition to RII scorings of 0.807; 0.602; 0.600; 0.385; including 0.314, and were inadvertently ranked 2nd; 3rd; 4th; 5th; and 6th respectively.

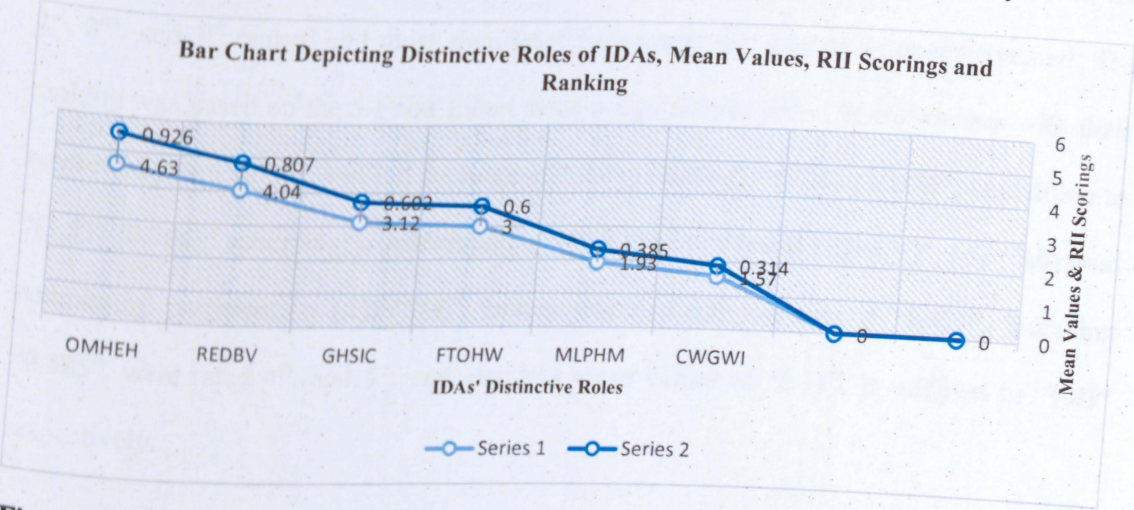


Figure 3.2 IDAs’ Distinctive Roles

Source: Author’s Field Data ⁶

Research Question 3: What are the challenges associated with IDAs to healthcare delivery in Ghana?

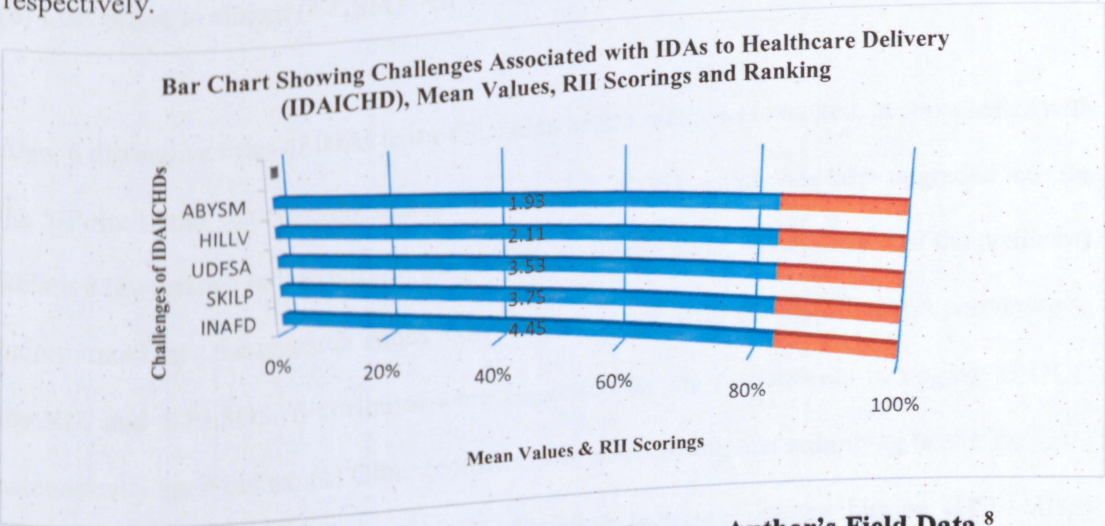
Table 3.5 Respondents’ View on Challenges Associated with IDAs to Healthcare Delivery, Mean Values, RII Scoring & Ranking

Table 3.5 presents the views of respondents’ on challenges associated with IDAs to healthcare delivery at ULT, mean values, RII scoring and its subsequent rankings.

Challenges Confronting Associated with IDAs to Healthcare Delivery	Mean Values	RII Scoring	Ranking
Inadequate source of funding (INAFD)	4.45	0.889	1 st
Inadequate skilled personnel (SKILP)	3.75	0.750	2 nd
Unnecessary delay from state agencies (UDFSA)	3.53	0.706	3 rd
High illiteracy levels (HILLV)	2.11	0.421	4 th
Abysmal community participation (ABYSM)	1.93	0.385	5 th

Source: Author’s Field Data ⁷

In tandem with the challenges associated with IDAs to healthcare delivery in Ghana, respondents at ULT chose “Inadequate source of funding (INAFD)”, “Inadequate skilled personnel (SKILP)”, in addition to “Unnecessary delay from state agencies (UDFSA)” as the 1st, 2nd, and 3rd ranked and most significant parameters that cannot be underestimated. The ranking was based on the 5-Point Likert scale’s significance order, in consonance with their respective mean values, and RII scorings of “(4.41) (0.889)”, “(3.75) (0.750)”, in addition to “(3.53) (0.706)” accordingly. Additionally, “High illiteracy levels (HILLV)”, and “Abysmal community participation (ABYSM)” factors recorded RII scorings of “0.421”, including “0.385”, were rated 4th, and 5th, and also had mean values of “2.11”, in addition to “1.93” respectively.



Source: Author’s Field Data ⁸

Figure 3.3 IDAICHD Challenges

3.4 Exhaustive Discussion of Results

It is worth mentioning that the 83 respondents’ suggestions as depicted on the questionnaires concertized the researcher to assign weighted values to each of the parameters identified as the reasons that account for the rapid development of IDAs, as well as the distinctive roles of IDAs to the Ghanaian health sector. Additionally, the challenges associated with IDAs to healthcare delivery in Ghana, which, to all intents and purposes, when accorded the requisite precedence, will invariably curtail IDAs shortcomings identified during the study.

From the strict perspective, in association with the reasons that accounts for the rapid development of IDAs from the Ghanaian perspective, 6 glaring factors were opined by the respondents at ULT. These are (1) Capacity of reaching the poor more than the government and private sector agencies (CRPMG) (RII=0.822) (MV=4.11); (2) Other (capacity to innovate and adapt to unforeseen emergencies, and broadening channels through which resources and benefits can reach groups which otherwise be bypassed (OCIAB) (RII=0.725) (MV=3.63); (3) Displaying of ability to mobilize appreciable amount of funds/grants for developmental projects (DISMZ) (RII=0.694) (MV=3.47); (4) Ability to promote popular participation through facilitating resource mobilization (APPPR) (RII=0.588) (MV=2.94); (5) Assist in augmenting diversity of opportunities in society (AUGMD) (RII=0.406) (MV=2.04); including (6) Less prone to elitism (LTISM) (RII=0.321) (MV=1.60).

Also, 6 distinctive roles of IDAs to the Ghanaian health sector were ranked, in consonance with the 5-Point Likert scale's order of significance (5-PLSOS), which was later upgraded into the Relative Importance Index (RII), in concordance with the mean values (MVs) of the predictors incorporated into the research endeavour. In consonance with the classification pertaining to the RII, and 5-PLSOS, 6 attributes were suggested by the respondents belonging to ULT, categorically spelt out as: (1) Other (construction, establishing and equipping health facilities (OMHEH) (RII=0.926) (MV=4.63); (2) Assisting reducing disease burden (HIV/AIDS) (REDBV) (RII=0.807) (MV=4.04); (3) Assisting GHS to immunize children (GHSIC) (RII=0.602) (MV=3.12); (4) Facilitating the training of health workers (FTOHW) (RII=0.600) (MV=3.00); (5) Malaria prevention and management (MLPAM) (RII=0.385) (MV=1.93); in addition to (6) Efforts towards Guinea worm eradication (CWGWI) (RII=0.314) (MV=1.57).

Finally, in association with the challenges associated with IDAs to healthcare delivery in Ghana, ULT respondents intimated 5 critical determinants as (1) Inadequate source of funding (INAFD) (RII=0.889) (MV=4.45); (2) Inadequate skilled personnel (SKILP) (RII=0.750) (MV=3.75); (3) Unnecessary delay from state agencies (UDFSA) (RII=0.706) (MV=3.53); (4) High illiteracy levels (HILLV) (RII=0.421) (MV=2.11); as well as (5) Abysmal community participation (ABYSM) (RII=0.385) (MV=1.93).

3.5 Exhaustive Discussion of Results Pertaining to Research Question 1

This subsection presents an exhaustive discussion of results relating to research question 1:

3.5.1 Capability of Reaching the Poor more than the Government and Private Agencies

With respect to the reasons that accounts for the rapid development of IDAs from the Ghanaian perspective, respondents at ULT selected “Capability of reaching the poor more than the government and private sector agencies (CRPMG)” as the most significant that cannot be overemphasized. “CRPMG” attribute recorded an RII scoring of 0.822, and was rated 1st, as per the 5-Point Likert Scale’s order of significance, in addition to its MV of 4.11 (see table 3.3, and figure 3.1). The respondents’ discovery tallies with the assertions of Davids et al.,⁹ Reddy¹⁰, in addition to the affirmations of Bonseu¹¹ during the study. The afore-mentioned authors argue that the capability of IDAs reaching the poor and the under-privileged in our society at the expense of the government and other private organizational settings is certainly one of the reasons for the swift development of IDAs across the globe.

3.5.2 Other (Capacity to Innovate and Adapt to Unforeseen Emergences, Etc.)

“Other (capacity to innovate and adapt to unforeseen emergences, and broadening channels through which resources and benefits can reach groups which otherwise be bypassed (OCIAB)” was ranked 2nd by the respondents at ULT, in agreement with the reasons that

accounts for the rapid development of IDAs from the Ghanaian perspective. "OCIAB" recorded an RII scoring of 0.725, based on the 5-Point Likert Scale's order of significance, including its "MV" of 3.63 (refer to table 3.3, and figure 3.1). It is worth mentioning that the postulates credited to De Beer et al.,¹² Njoroge¹³, in addition to the submission of Stanford¹⁴ reinforces ULT respondents' fact findings during the study. In their respective publications captioned, "Community development and beyond: Issues, structures and procedures", "The role of foreign aid in Sub-Saharan Africa: A case study of Kenya", and "Aid dependency: The damage of donation. This Week in Global Health", De Beer et al.,¹⁵ Njoroge¹⁶, and Stanford¹⁷ contends that the capacity to innovate and adapt unforeseen emergences appears indispensable as far as the crucial reasons for the swift development of IDAs' activities worldwide.

3.5.3 Displaying of Ability to Mobilize Appreciable Amount of Funds/Grants

With particular regard to the reasons that accounts for the rapid development of IDAs from the Ghanaian perspective, respondents at ULT contended "Displaying of ability to mobilize appreciable amount of funds/grants for developmental projects (DISMZ)" as the 3rd most significant. "DISMZ" factor recorded a RII scoring of 0.694, in conformity with the 5-PLSOS, and consequently had a "MV" of 3.47 (see table 3.3, and figure 3.1). It is worth remembering that ULT's respondents' finding is consistent with the assertions of Davids et al.,¹⁸ Reddy¹⁹, in addition to the argument credited to Bonseu²⁰ during the study. Emphatically, the 3 aforementioned authors are of the strongest conviction that the displaying of prowess on the part of IDAs is undoubtedly one of the pivotal reasons for their swift progression and advancement over the past years in myriads of economies worldwide.

3.5.4 Ability to Promote Popular Participation

Pertaining to the reasons that accounts for the rapid development of IDAs from the Ghanaian perspective, respondents at ULT picked for “Ability to promote popular participation through facilitating resource mobilization (APPPR)” as the 4th most significant. “APPPR” recorded an RII scoring of 0.588, in agreeableness with the 5-Point Likert Scale’s order of relevance, including its “MV” of 2.94 (refer to table 3.3, and figure 3.1). The respondents’ discovery is synonymous with the postulates of Soliku ²¹, Bonseu ²², in addition to De Beer et al., ²³ during the study. Strictly speaking, Soliku, Bonseu, in addition to De Beer et al. assert that the ability to promote popular participation through facilitating resource mobilization cannot be underestimated as far as the key reasons for the swift development of IDAs’ activities worldwide is concerned.

3.5.5 Assist in Augmenting Diversity of Opportunities in Society

“Assist in augmenting diversity of opportunities in society (AUGMD)” was ranked 5th by ULT respondents, in conformity with the reasons that accounts for the rapid development of IDAs from the Ghanaian perspective. “AUGMD” recorded a RII scoring of 0.406, in consonance with the 5-PLSOS, which was upgraded into the Relative Importance (RII), in addition to a “MV” of 2.04 (refer to table 3.3 via figure 3.1). The respondents’ option agrees with postulates credited to Carothers et al., ²⁴, in addition to the observation of De Beer et al., ²⁵, and Bonseu ²⁶ during the study. The above-mentioned 3 authors argue that as far as the key reasons for the swift development of IDAs in Sub Saharan African economies is concerned, the assistance that the outfit provides in augmenting diversity of opportunities within our society cannot be overemphasized.

3.5.6 Less Prone to Elitism

Furthermore, in consonance with the reasons that accounts for the rapid development of IDAs from the Ghanaian perspective, respondents at ULT selected “Less prone to elitism” abbreviated as “LTISM” as the 6th most significant that ought to be accorded the requisite precedence. “LTISM” attribute recorded a RII scoring of 0.321, in tandem with the 5-Point Likert Scale’s order of significance, and eventually had a “MV” of 1.60, as compared to the remaining 5 factors in this perspective (see table 3.3, and figure 3.1). It is worthy of note that that the publications credited to Stanford ²⁷, Soliku ²⁸, in addition to the postulate of Bonseu ²⁹ coheres with ULT respondents’ finding during the study. The submissions of Bonseu, Stanford, in addition to the argument of Soliku attest to the fact that most IDAs are currently experiencing an upsurge across the nooks and crannies of the globe as a result of the minimal precedence they accord to elitism.

3.6 Exhaustive Discussion of Results Relating to Research Question 2

The following underpins the exhaustive discussion of results that pertains to research question 2:

3.6.1 Other (Constructing, Establishing and Equipping health Facilities)

As per the distinctive roles of IDAs to the Ghanaian health sector, respondents’ at ULT picked “Other (constructing, establishing and equipping health facilities (OMHEH))” as the most significant, and was ranked 1st as compared to the 5 other attributes. “OMHEH” recorded a RII scoring of 0.926, in allusion to the 5-Point Likert Scale’s order of relevance, and subsequently had a “MV” of 4.63 (refer to table 3.4, and figure 3.2). The respondents’ fact-finding conforms to the assertions of Nyamikeh ³⁰, WVG ³¹, Care Ghana ³² as well as the submission credited to WVG ³³. As part of their effort in complementing government efforts in achieving MDGs by reducing two-thirds and three-quarters of child and maternal mortality ratio, Care collaborated

with six District Health Management Team (DHMT) in 2013, to educate pregnant women and nursing mothers on the importance of attending antenatal and post-natal to reduce high risk of maternal rate among women. According to Nyamikeh, Care Ghana extended its programme to cover family planning programme among women on spacing of childbirth to ensure proper child care in these districts. Nyamikeh reiterated that these initiatives had a massive impact after the programme ended with increase antenatal and post-natal attendance in the selected districts. Furthermore, per the submission of Care Ghana, in addressing the iron deficiencies among women, with funding from the Sall Family Foundation of USA, it succeeded in implementing a two and a half year “Nutrition Outcomes for Women” in 2011. The project focused on increasing consumption of iron-rich green leafy vegetables, cowpea leaves, kenaf, and animal protein among women. Likewise, WVG continue to support the government by providing clinical logistics and support for existing health facilities. In 2014, as part of promoting health care in the Jirapa ADP, WVG identified the need to equip the Jirapa and Nadowli hospitals with health equipment worth US\$ 75, 000.

3.6.2 Assist in Reducing Disease Burden (HIV/AIDS, Etc.)

“Assist in reducing disease burden (HIV/AIDS, etc.) (REDBV)” was chosen as the 2nd most significant parameter by the respondents at ULT, with respect to the distinctive roles of IDAs to the Ghanaian health sector. “REDBV” recorded an RII scoring of 0.807, as depicted by the 5-Point Likert Scale’s order of significance and invariably had a “MV” of 4.04 (see table 3.4, and figure 3.2). The respondents’ discovery agrees with the submissions of Care Ghana (2014), in addition to the observation of WVG³⁴, Nyamikeh³⁵ in addition to Care Ghana³⁶ during the study. In 2004, CARE initiated an awareness programme in the Western region which focused on the youth. As part of the programme, CARE distributed condoms to the sexually active as a preventive method of reducing the prevalence rate. In 2005, CARE expanded the programme to include haulage workers, sea and port workers who had the highest prevalence of contracting

the disease due to their work. Care recognized that not only was the disease high but the social stigma in some communities was high. In tandem with the publication of Care Ghana (2014), in addition to the submission of Nyamikeh, with funding from CARE Denmark, CARE Ghana organized, facilitated and supported people living with HIV/AIDS (PLWHA) in 36 communities in the Ashanti, Brong Ahafo and Western regions by establishing the National Association of People Living with HIV/AIDS. Again, WVG (2014) opined that through its Strengthening Community Care and Support for Vulnerable Children (SCASO) project, they were able to reach out to 47, 597 (26,169 females and 21, 410 males) youth and caregivers with comprehensive knowledge of HIV in 10 districts in Ghana.

3.6.3 Assisting GHS to Immunize Children

With reference to the distinctive roles of IDAs to the Ghanaian health sector, ULT respondent's selected "Assisting Ghana Health Service to immunize children (GHSIC)" as the 3rd most significant, based on its evaluated RII scoring of 0.602, coupled with its "MV" of 3.12. This was in consonance with the 5-Point Likert Scale's order of significance, in association with the results captured in table 3.4 and what figure 3.2 illustrates. The postulates of WVG ³⁷, not losing sight of the submission of WVG ³⁸, agrees with the respondents' findings at ULT during the study. WVG as part of its childhood policies play a key role in the immunization of children within 52 weeks of age through training, logistics and financial support to the state agencies. WVG in collaboration with the GHS operate immunization programme in 23 ADPs. In 2014, WVG immunization programme in 13 ADPs recorded a crude coverage of more than the WHO threshold of 80% while the 10 ADPs performed fairly well. WVG assessment of the programme indicated an increase in nursing mother's interest in vaccinating their children.

3.6.4 Facilitating the Training of Health Workers

“Facilitating the training of health workers (FTOHW)” was ranked 4th by the respondents at ULT, in conformity with the distinctive roles of IDAs to the Ghanaian health sector. “FTOHW” as the acronym depicts, recorded a RII scoring of 0.600, in tandem with the 5-Point Likert Scale’s order of significance, and its “MV” of 3.00 (see table 3.4, via figure 3.2). It is worthy of note that the respondent’s discovery tallies with the publications of notable sustainability and development-oriented outfits like WVG ³⁹ during the study. According to WVG, pertaining to myriads of rural communities where the CHPS of the government are being implemented, WVG identified that the skills capacity of community health workers is inadequate in running such health facilities due to the state’s inability to equip these community health workers with the needed skills. As such WVG facilitate the training of community health workers through various workshops on reducing maternal and child mortality, and the treatment of various diseases.

3.6.5 Malaria Prevention and Management

In allusion to the distinctive roles of IDAs to the Ghanaian health sector, respondents at ULT chose “Malaria prevention and management (MLPAM)” as the 5th most relevant comparatively. “MLPAM” had a RII scoring of 0.385, as per the 5-Point Likert Scale’s order of relevance, in synonymity with its “MV” of “1.93” (refer to table 3.4, via figure 3.2). The extensive works done by development outfits such as Care Ghana ⁴⁰, in addition to postulates of WVG ⁴¹, tallies with the respondents’ discovery during the study. According to Care Ghana, it partnered John Hopkins University to educate and sensitized people in West Akim, Asuogyaman and Kwaebibirem districts on malaria. As part of the programme, CARE distributed long lasting insecticide treated net to nursing mothers, pregnant women and children. The impact assessment of this initiative increased household ownership of treated nets by 3% in these districts. To add to this, WVG sustained its malaria prevention and

management programme through its “Mother to Mother Support Group” project among pregnant women and nursing mothers. WVG collaborated with the Ghana Health Service to distribute 80, 000 free Long Lasting Insecticide Treated Net (LLITN) to nursing mothers, children and pregnant women which invariable decimated the population dynamics of malaria to a significant extent.

3.6.6 Efforts towards Guinea Worm Eradication

In congruity with the distinctive roles of IDAs to the Ghanaian health sector, respondents at ULT selected “Efforts towards Guinea worm eradication (CWGWI)” as the 6th most significant that needs to be given the requisite attention. “CWGWI” attribute recorded an abysmal RII scoring in addition to “MV” of 0.314, and 1.57 respectively, based on the 5-Point Likert Scale’s order of significance, as well as the results depicted by table 3.4, via what figure 3.2 depicts. The extensive projects executed by development-inclined organizational settings like WVG ⁴², in addition to the publication credited to Carter Centre ⁴³, agrees with the respondents’ findings during the study. It is worth mentioning that the collaborative efforts of Carter Centre, WVG, Hilton Foundation, Global 2000, UNICEF, Ministry of Health and the Savelugu Municipal Assembly led to the municipality recording zero cases in 2012. IDAs like WVG played an active role by drilling low and high-yield wells which were connected to the Ghana Water and Sewerage Corporation (GWSC) tanks for onward distribution to the Savelugu Township. The improvement in the provision of water by World Vision, Carter Centre among others led to a drastic reduction of guinea worm in the district. As of 2015, Savelugu and other districts in the Northern region were declared guinea worm free.

3.7 Exhaustive Discussion of Results in Allusion to Research Question 3

The under-listed parameters accentuates on the exhaustive discussion of results as ascribe to research question 3:

3.7.1 Inadequate Source of Funding

Per the challenges associated with IDAs to healthcare delivery in Ghana, respondents' at ULT picked "Inadequate source of funding (INAFD)" as the most crippling attribute that cannot be underestimated. "INAFD" attribute recorded a RII scoring of 0.889, based on the 5-Point Likert Scale's order of significance, in addition to its "MV" of 4.45 (see table 3.5, and figure 3.3 afore-cited). The respondents' discovery coheres with the postulates of Kaseje ⁴⁴, WHO ⁴⁵, Kirigia et al., ⁴⁶, as well as the submissions of Agyapong ⁴⁷. According to WHO, one critical challenge associated with IDAs boil down to the issue of funding. Strictly speaking, most programmes they run in the health sector are mainly funded through grants and normal projects. Pertaining to grants' funded projects, donors fully fund the project till its completion. That notwithstanding, it becomes a challenge to run in the final analysis. As intimated by Kaseje, although, grant projects are fully funded by donors, delays in the release of funds from donors sometimes affect desired project outcomes. He reiterates that in certain scenarios, due to inadequate funding, they experience incessant delays which goes a long way to affect the triple constraints associated with projects (cost, time, and scope), thereby fostering cost and time overruns among others. Additionally, Kirigia et al., contend that lack of funding also has a serious implications on the sustainability of most projects. Additionally, pertaining to grant funded project, Agyapong observes that after the execution of health-oriented project, sustainability of these projects becomes a challenge due to the non-availability of funds.

3.7.2 Inadequate Skilled Personnel

With regards to the challenges associated with IDAs to healthcare delivery in Ghana, respondents' at ULT preferred choice for the 2nd most debilitating attribute was "Inadequate skilled personnel (SKILP)" as per its RII scoring of 0.750. This was in agreeableness with the 5-Point Likert Scale's order of significance, in addition to its "MV" of 3.75 (see table 3.5, and figure 3.3). The respondents' discovery agrees with the assertions of Agyapong ⁴⁸, WHO ⁴⁹, as well as the arguments credited to O' Donnell ⁵⁰ during the study. In consonance with the observation of Agyapong, inadequate skilled personnel and volunteers, specifically at the local level to be considered as part of the IDAs workforce in implementing their health projects and programmes appears to be an indispensable enigma that cannot be overemphasized. To buttress this point, O' Donnell and WHO trumpet that although, it is an established fact that myriads of IDAs do employ the best skilled personnel into their fold, these individuals sometimes serve as project coordinators in addition to other functional activities through multitasking, which invariably culminates into the inability of such projects to live up to its billing of meeting the project desired outcomes, in addition to time and cost overruns.

3.7.3 Unnecessary Delay from State Agencies

"Unnecessary delay from state agencies" designated as "UDFSA" was ranked 3rd by the respondents at ULT, in connection with the challenges associated with IDAs to healthcare delivery in Ghana. "UDFSA" recorded a RII scoring of 0.706, based on the 5-Point Likert Scale's order of relevance, which was somewhere along the line upgraded into the Relative Importance (RII), and also recorded a "MV" of 3.53 (refer to table 3.5, and figure 3.3). The respondents' fact-findings is synonymous with what was theorized by the development-inclined personalities like Boboya ⁵¹, WTO ⁵², in addition to the postulates of Agyapong ⁵³ during the study. In agreeableness with the submissions of Boboya, Agyapong, in tandem with

the publication credited to WTO cited earlier, another indispensable enigma IDAs face in their attempt to promote health care in Africa. They were of the candid opinion that undue delays from the state agencies especially at the District level do affect health-related activities to a varying degree. Agyapong recounted scenarios where he found it extremely difficult to engage the District Chief Executives (DCEs) as well as the officers of the District Health Directorate in a brief discussion due to their numerous assignments. Issues relating to strict bureaucratic processes within the public sector was also a force to be reckoned.

3.7.4 High Illiteracy Levels

As per the challenges associated with IDAs to healthcare delivery in Ghana, respondents' at ULT opted for "High illiteracy levels (HILLV)" attribute as the 4th most aggravating comparatively. "HILLV" determinant recorded a RII scoring of 0.421, as ascribe to the 5-Point Likert Scale's order of significance, in addition to a "MV" of 2.11, in agreeableness with the results captured by table 3.5, in addition to what figure 3.3 explicates. The extensive research works effectuated by ACCA Global ⁵⁴, Agyapong ⁵⁵, including Boboya ⁵⁶ publication reinforces the respondents' revelation during the study. According to WTO, in addition to the submission of ACCA Global, one glaring shortcoming IDAs face pertains to the prevalence of high level of illiteracy within the rural community settings. Additionally, Agyapong argue that lack of education, especially in relation to the spread of some common diseases are major causes of disease burden upsurge in rural communities. He observed that culture disparities coupled with low level of education is a stumbling block in most communities IDAs' do embark on their health care delivery-oriented projects.

3.7.5 Abysmal Community Participation

“Abysmal community participation (ABYSM)” was rated 5th by the respondents at ULT, in tandem with the challenges associated with IDAs to healthcare delivery in Ghana. “ABYSM” factor recorded a RII scoring of 0.385, based on the 5-Point Likert Scale’s order of relevance, and consequently had a “MV” of 1.93 (see table 3.5, vis-a-vis figure 3.3 afore-cited). It is worth mentioning that ULT respondents’ revelation tallies with the submissions of Niyonkuru ⁵⁷, in addition to the arguments of Kaseje ⁵⁸, and Agyapong ⁵⁹ during the study. As ascribed to the arguments of Kaseje and Niyonkuru, community folk’s unwillingness to participate in health-related programmes is a challenge to contemporary IDAs’ activities across the rank and file of the globe. To hit the nail rightly on the head, IDA Agyapong unearthed glaring issues that pertains to scenarios where other members belonging to the community feel discriminated because they were not selected to be part of the focus group relating to the projects. Furthermore, Agyapong observed that during raining seasons, most community members hardly involve themselves in health awareness programmes owing to the tight schedule associated with their farming activities.

Endnotes

- ¹ Author's Field Data (2019).
- ² Author's Field Data (2019).
- ³ Author's Field Data (2019).
- ⁴ Author's Field Data (2019).
- ⁵ Author's Field Data (2019).
- ⁶ Author's Field Data (2019).
- ⁷ Author's Field Data (2019).
- ⁸ Author's Field Data (2019).
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- ¹⁴ Stanford, V. (2015). *Aid dependency: The damage of donation*. *This Week in Global Health* - <https://www.twigh.org/twigh-blog-archives/2015/7/31/aid-dependency-the-damage-of-donation>.
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- ²³ De Beer, F., & Swanepoel, H. (2005). *Community development and beyond: Issues, structures and procedures*. Pretoria: van Schaik.
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CHAPTER FOUR

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction

The chapter provides a summary of the findings of the study, draws conclusion and offer recommendations proposed for policy implementation amongst others

4.2 Summary of Key Findings

4.2.1 Reasons Accounting for the Rapid Development of IDAs

Strictly speaking, in association with the reasons that account for the rapid development of IDAs from the Ghanaian perspective, six factors were contended by the respondents in concordance with the 5-Point Likert scale's order of significance, which was subsequently reconstructed into the Relative Importance Index, and mean values (MVs) explicated in table 4.3 and figure 4.1 cited earlier, specifically: (1) Capacity of reaching the poor more than the government and private sector agencies (CRPMG) (RII=0.822) (MV=4.11); (2) Other (capacity to innovate and adapt to unforeseen emergencies, and broadening channels through which resources and benefits can reach groups which otherwise be bypassed (OCIAB) (RII=0.725) (MV=3.63); (3) Displaying of ability to mobilize appreciable amount of funds/grants for developmental projects (DISMZ) (RII=0.694) (MV=3.47); (4) Ability to promote popular participation through facilitating resource mobilization (APPPR) (RII=0.588) (MV=2.94); (5) Assist in augmenting diversity of opportunities in society (AUGMD) (RII=0.406) (MV=2.04); including (6) Less prone to elitism (LTISM) (RII=0.321) (MV=1.60).

4.2.2 Distinct Roles of IDAs

In addition, as per the distinctive roles of IDAs to the Ghanaian health sector, 6 essential

attributes were unearthed by the respondents at ULT, namely: (1) Other (construction, establishing and equipping health facilities (OMHEH) (RII=0.926) (MV=4.63); (2) Assisting reducing disease burden (HIV/AIDS) (REDBV) (RII=0.807) (MV=4.04); (3) Assisting GHS to immunize children (GHSIC) (RII=0.602) (MV=3.12); (4) Facilitating the training of health workers (FTOHW) (RII=0.600) (MV=3.00); (5) Malaria prevention and management (MLPAM) (RII=0.385) (MV=1.93); in addition to (6) Efforts towards Guinea worm eradication (CWGWI) (RII=0.314) (MV=1.57).

4.2.3 Challenges Associated with IDAs to Healthcare Delivery

Lastly, as ascribe to the challenges associated with IDAs to healthcare delivery in Ghana, 5 debilitating predictors as suggested by the respondents at ULT were unfolded. These are as follows: (1) Inadequate source of funding (INAFD) (RII=0.889) (MV=4.45); (2) Inadequate skilled personnel (SKILP) (RII=0.750) (MV=3.75); (3) Unnecessary delay from state agencies (UDFSA) (RII=0.706) (MV=3.53); (4) High illiteracy levels (HILLV) (RII=0.421) (MV=2.11); as well as (5) Abysmal community participation (ABYSM) (RII=0.385) (MV=1.93).

4.3 Conclusions

With respect to the concluding part of the study, the researcher could candidly assert that all the 83 respondents associated with ULT outfits postulated the under-listed predictors as the most significant that cannot be over-emphasized, as ascribe to the reasons that account for the rapid development of IDAs from the Ghanaian perspective. These are as follows: (1) Capacity of reaching the poor more than the government and private sector agencies (CRPMG) (RII=0.822) (MV=4.11); (2) Other (capacity to innovate and adapt to unforeseen emergencies, and broadening channels through which resources and benefits can reach groups which

otherwise be bypassed (OCIAB) (RII=0.725) (MV=3.63); (3) Displaying of ability to mobilize appreciable amount of funds/grants for developmental projects (DISMZ) (RII=0.694) (MV=3.47); (4) Ability to promote popular participation through facilitating resource mobilization (APPPR) (RII=0.588) (MV=2.94); (5) Assist in augmenting diversity of opportunities in society (AUGMD) (RII=0.406) (MV=2.04); including (6) Less prone to elitism (LTISM) (RII=0.321) (MV=1.60).

Moreover, as per the distinctive roles of IDAs to the Ghanaian health sector, 6 glaring attributes were suggested by ULT respondents, namely: (1) Other (construction, establishing and equipping health facilities (OMHEH) (RII=0.926) (MV=4.63); (2) Assisting reducing disease burden (HIV/AIDS) (REDBV) (RII=0.807) (MV=4.04); (3) Assisting GHS to immunize children (GHSIC) (RII=0.602) (MV=3.12); (4) Facilitating the training of health workers (FTOHW) (RII=0.600) (MV=3.00); (5) Malaria prevention and management (MLPAM) (RII=0.385) (MV=1.93); in addition to (6) Efforts towards Guinea worm eradication (CWGWI) (RII=0.314) (MV=1.57).

Finally, in tandem with the challenges associated with IDAs to healthcare delivery in Ghana, respondents' at ULT preferred option for the 1st, and 2nd most significant attributes were "inadequate source of funding", and "inadequate skilled personnel" in view of the fact that both parameters recorded optimal RII scorings of "0.889", and "0.750", in addition to accompanying mean values of "4.45", as well as "3.75" respectively. Likewise, the 3rd, 4th, and 5th ranked factors, namely: "unnecessary delay from state agencies", "high illiteracy levels", and "abysmal community participation", had accompanying "RII scoring", and "mean values" of "(0.706) (3.53)"; "(0.421) (2.11)"; as well as "(0.385) (1.93) respectively.

To all intents and purposes, having critically analyzed and evaluated the results garnered from previous literatures executed on “IDA Interventions” in addition to “Health Sector” globally, in association with the researcher’s key findings, the researcher can assert that the factoring of strategic interventions into ULT and other medical outfits from the Ghanaian health sector perspective and beyond, will invariably curb the inadequacies associated with it to a varying degree.

4.4 Recommendations

The following recommendations are offered:

- Ghana as a country, should strive towards over reliance minimization to developmental grants/funds geared the enhancement of effective healthcare delivery and strategically re-orientate its efforts at generating localized resources for the economies’ advancement. Revenue-collecting outfits should endeavour to broaden the tax pool, prevent revenue leakages and subsequently make defaulters face the full rigours of the law.
- IDAs and top management of health-oriented outfits should strive towards the intensification of superior quality training, in addition to building the capacities of their teeming employees and volunteers from the local level perspective on specific healthcare delivery projects. They must endeavour to inculcate effective integration of volunteers into such projects, and also build the capacity of community leaders so as to facilitate effective healthcare delivery within the localities to a significant extent;
- IDAs should incorporate optimal collaboration and networking as far as their health-related operations from the Ghanaian outlook and beyond is concerned. Additionally, in order to augment the scope of their focus groups in tandem with particular health-

inclined projects, IDAs should endeavour to collaborate with other corporate entities through networking in order to promote effective synergy, cultural diversity, transparency, equity, ethicality, goal congruence, optimum project performance, which will inadvertently culminate into the attainment of desired project outcomes within a specified time period;

- The Government of Ghana, with the assistance from medical and development outfits should endeavour to re-orientate its developmental frame of reference, during which government institutional settings and outfits could also obtain their specific moderate to lengthy sub-divisional schemas in order not to fall victim to parallelism. The National Development Planning Commission should as a matter of urgency, proceed through this channel, by synchronizing all governmental policies and schedules geared to the enhancement of effective healthcare delivery from the Ghanaian perspective and beyond. Put simply, it should be sufficiently resourced to judiciously and meticulously execute its day-to-day activities in a superior quality and timely fashion;
- As seen in the achievements of USAID in Strengthen vital health systems building blocks and including an expansion of community-based health planning and services ,encouraging the integration of services to create a more robust, flexible, and sustainable health care system;
- It has also strengthened the Ministry of Health and Ghana Health Service to improve quality of care, increase readiness to access and manage U.S. government funds, strengthen referrals, and increase access to health care services; and also Institutionalize improvement to ensure that quality services are provided to every client at every encounter, in conjunction with robust management support systems, enhanced technical competence, a culture of data use, and continuous monitoring.

- Precedence should be given to open and congenial culture (Geertz Hofstede's Cultural Dimension Theory), Moral Philosophy Framework (cultural relativism, situational ethics, cultural theories), employee morale and motivation (empowerment), synergy, team spirit, transparency, goal congruence, fairness, superior quality, equity, ethicality just to mention a few by ULT's top echelons in order to curtail the excesses identified

4.5 Limitations of the Study

It is worth mentioning that there exist myriads of setbacks that may directly or indirectly influence the desired outcome of a research study. A critical drawback of a descriptive survey is the tendency for the research to attempt to delineate and touch on every subject matter. It is in lieu of this reason that Yin ¹ strongly advised against this and put the responsibility on the researcher to ensure that only selected focused items are given the necessary precedence. Strictly speaking, indispensable limitations that emanated from the study included few ULT respondents' failure to do justice to all the questions captured by the questionnaires, unanticipated shortcomings like quite a handful of employees going on leave before completing the questionnaire. This retrogressive tendencies were curbed through incessant reminders to the respondents during the period the questionnaires were administered to them. The corporate entity's classified policy was extremely restrictive and invariably prevented quite a handful of the respondents from answering some pertinent questions captured in the questionnaires. This was considered to diametrically oppose the corporate entity's policy as far as display its confidential matters is concerned. Constraints associated with time and finance were hugely felt by the investigator during the study.

4.6 Suggested Areas for Further Research

The study was limited to USAID, in addition to Lekma and Tema General Hospitals from the Ghanaian outlook. Although the sample was not colossal, it represented diverse (private and public) aspects of the Ghanaian economy. Strictly speaking, the pint-sized sample barred a meticulous examination of the nexuses existing between the variables chosen by the investigator. In lieu of this, supplementary statistical analyses such as Canonical Correlations, Probit Regression, and Pearson Correlations among others could be considered by future researchers to establish such nexuses. The key findings may have been skewed towards a particular direction if an optimal sample was accorded the requisite precedence, in addition to an elongation of the duration slated for the study. Additionally, assuming the study had also included an interview element as far as designing of the study is concerned, it would have provided an elaborative insight into the critical challenges associated with IDAs in contributing to effective healthcare delivery from the Ghanaian outlook. Hence, the investigator is of the candid opinion that the scope of the research be broadened on an optimal sample so as to assess more accurately the exhaustive perspective of the impact of IDA interventions on effective healthcare delivery from the Ghanaian view point and the world in its entirety.

Endnotes

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APPENDICES

APPENDIX 1 – TABLES

Table 1: Key Reasons for the Rapid Development of IDAs that Pertains to Respondents'

Scoring, Mean Values, ΣW , Calculated RII Scoring and Ranking

No	Key Reasons for the Rapid Development of IDAs	Number of Participants' Scoring					Mean Values	ΣW	RII Scoring	Ranks
		1	2	3	4	5				
1	Capability of reaching the poor more than the government and private sector agencies	1	1	4	59	18	4.11	341	0.822	1 st
2	Displaying of ability to mobilize appreciable amount of funds/grants for developmental projects	9	11	19	20	24		288	0.694	3 rd
3	Less prone to elitism	46	29	5	1	2	1.60	133	0.321	6 th
4	Ability to promote popular participation through facilitating resource mobilization	31	-	15	17	20	2.94	244	0.588	4 th
5	Assist in augmenting diversity of opportunities in society	30	33	10	7	3	2.04	169	0.406	5 th
6	Other (capacity to innovate and adapt to unforeseen emergencies, and broadening channels through which resources and benefits can reach groups which otherwise be bypassed)	10	3	10	45	15	3.63	301	0.725	2 nd

Table 2: Distinctive Roles of IDAs that Pertains to Respondents' Scoring, Mean Values,

ΣW , Calculated RII Scoring and Ranking

No	Distinctive Roles of IDAs	Number of Participants' Scoring					Mean Values	ΣW	RII Scoring	Ranks
		1	2	3	4	5				

1	Assisting in reducing disease burden (HIV/AIDS, etc.)	10	5	4	17	47	4.04	335	0.807	2 nd
2	Malaria prevention and management	29	33	19	2	-	1.93	160	0.385	5 th
3	Assisting GHS to immunize children	13	17	15	23	15	3.12	259	0.602	3 rd
4	Efforts towards Guinea worm eradication	43	35	4	-	1	1.57	130	0.314	6 th
5	Facilitating the training of health workers	20	11	20	13	19	3.00	249	0.600	4 th
6	Other (constructing, establishing and equipping health facilities)	-	1	3	22	57	4.63	384	0.926	1 st

Table 3: Challenges Associated with IDAs to Healthcare Delivery, Pertaining to Respondents’ Scoring, Mean Values, ΣW, Calculated RII Scoring and Ranking

No	Challenges Associated with IDAs to Healthcare Delivery	Number of Participants’ Scoring					Mean Values	ΣW	RII Scoring	Ranks
		1	2	3	4	5				
1	Inadequate source of funding	1	2	7	22	51	4.45	369	0.889	1 st
2	Unnecessary delay from state agencies	9	10	18	20	26	3.53	293	0.706	3 rd
3	Inadequate skilled personnel	7	3	11	45	17	3.75	311	0.750	2 nd
4	Abysmal community participation	37	20	21	5	-	1.93	160	0.385	5 th
5	High illiteracy levels	33	27	10	7	6	2.11	175	0.421	4 th

Sample Size Determination

The mathematical formula propounded by Miller and Brewer (2003) Mathematical Equation spelt out below was to determine the sample size for the study:

$$n = \frac{N}{1+N (\alpha)(\alpha)}$$

Where N = Sample frame (population), α = Margin of error, which in this perspective, happens to 5%. However, 95% Confidence Interval (CI) was opted for in this study because it dealt with human beings whose accuracy of information was subjected to biases as compared to the physical sciences that possess high degree of certainty in most scenarios. With particular reference to the above-mentioned formula, N = 125 and $\alpha = (0.05)^2$

Hence,
$$n = \frac{125}{1+125 (0.05)(0.05)}$$

n = 95.24, which is approximately equal to **95.0**



APPENDIX 2 – QUESTIONNAIRE

Topic: The Impact of Interventions of Development Agencies in Ghana – A Case Study of United States Agency for International Development (USAID) and Selected Hospitals in the Health Sector of Ghana

Dear Respondent:

This questionnaire is employed to solicit relevant data for the conduct of a survey on the topic: “The Impact of International Development Agency Interventions in Ghana – A Case Study of United States Agency for International Development (USAID) and Selected Hospitals in the Health Sector” as part of my requirement for the award of a Master of Arts Degree in International Relations at LECIAD, University of Ghana (Legon). Your support and cooperation is anticipated with the assurance that data collected will strictly be treated with absolute secrecy.

Section A: BACKGROUND OF THE RESPONDENT – STAFF

Instruction (Please tick (✓) where appropriate)

Instructions: Please kindly tick (✓) in the boxes provided where applicable; and fill in the blank spaces (lines) where appropriate:

1. Gender	Tick
Male	
Female	
2. Age	Tick
18 – 27 years	
28 – 37 years	
38 – 47 years	
48 – 57 years	
57 +	
3. Number of Years Spent with the Organization	Tick
1 – 6 years	
7 – 12 years	

13 – 18 years	
18 + years	
4. Level of Education	Tick
SSCE/WASSCE	
Diploma/HND	
Bachelor's Degree	
Master's Degree	
Doctorate Degree	
Other Professional Qualification	
5. Marital Status	
Single	
Married	

SECTION B: INTERNATIONAL DEVELOPMENT INTERVENTIONS

6. Please kindly indicate your level of agreement on each of the items below that pertains to international development intervention practices by ticking (√) the most precise answer. There is no right or wrong response, the question asks for your opinion. 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree

No	International Development Intervention Practices	Respondent's Feedback				
		1	2	3	4	5
I	Do you agree that international development is related to the concept of international aid?					
II	Do you agree that Ghana Health Service normally supervise the activities of IDAs in healthcare delivery?					
III	Do you agree that Ghana Health Service assesses the contribution of IDAs in the health sector?					
IV	My organization's strategies towards healthcare delivery programmes are often short term fixes and not necessarily long-term solutions					
V	My organization seeks to implement long-term solutions to problems by helping developing economies create the necessary capacity needed to provide such sustainable solutions to their problems					
VI	A truly sustainable development project is one which will be able to carry on indefinitely					
VII	International development projects may comprise of a solitary, progressive project to address a specific problem					
VIII	Advanced projects are types which entail problem solving that reflects the unique culture, politics, geography, and economy of a region					

IX	Is it true that development thinking has experienced a paradigm shift from modernization and structural adjustment programs to poverty reduction?					
X	Do you think IDAs' operation in the health sector fall in line with government policies and programmes?					
XI	Do you agree that IDAs offer concessional loans and grants to the world's poorest developing countries?					
XII	IDA is the single largest provider of funds to economic and human development projects in the world's poorest nations?					

7. What reasons account for the rapid development of international development agencies from the Ghanaian perspective? Please kindly specify by your degree of compliance with each statement by ticking the most accurate answer: (1) Completely irrelevant (2) Rarely relevant (3) Averagely relevant (4) Relevant (5) Highly relevant

No	Reasons Accounting for the Rapid Development of IDAs	1=Completely irrelevant	2=Rarely relevant	3=Averagely relevant	4=Relevant	5=Highly relevant
1	Capability of reaching the poor more than the government and private sector agencies					
2	Displaying of ability to mobilize appreciable amount of funds/grants for developmental projects					
3	Less prone to elitism					
4	Ability to promote popular participation through facilitating resource mobilization					
5	Assist in augmenting diversity of opportunities in society					
6	Other (capacity to innovate and adapt					

	to unforeseen emergencies, and broadening channels through which resources and benefits can reach groups which otherwise be bypassed)					
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8. What are the distinctive roles of international development agencies to the Ghanaian health sector? Please kindly specify by your degree of compliance with each statement by ticking the most accurate answer: (1) Completely irrelevant (2) Rarely relevant (3) Averagely relevant (4) Relevant (5) Highly relevant

No	Distinctive Roles of IDAs	1=Completely irrelevant	2=Rarely relevant	3=Averagely relevant	4=Relevant	5=Highly relevant
1	Assisting in reducing disease burden (HIV/AIDS, etc.)					
2	Malaria prevention and management					
3	Assisting GHS to immunize children					
4	Efforts towards Guinea worm eradication					
5	Facilitating the training of health workers					
6	Other (constructing, establishing and equipping health facilities)					

9. What are the challenges associated with international development agencies to the healthcare delivery in Ghana? Please kindly specify by your degree of compliance with each statement by ticking the precise and accurate answer: (1) Completely irrelevant (2) Rarely relevant (3) Averagely relevant (4) Relevant (5) Highly relevant

No	Challenges Associated with IDAs to Ghana's Healthcare Delivery	1=Completely irrelevant	2=Rarely relevant	3=Averagely relevant	4=Relevant	5=Highly relevant
1	Inadequate source of funding					
2	Unnecessary delay from state agencies					
3	Inadequate skilled personnel					
4	Abysmal community participation					
5	High illiteracy levels					

10. What strategic interventions should be employed to manage the challenges associated with international development agencies to the healthcare delivery in Ghana?

11. Any further comments

Thank You!!!!!!