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***INSTITUTE OF STATISTICAL, SOCIAL AND ECONOMIC
RESEARCH (ISSER), UNIVERSITY OF GHANA, LEGON***

**CONTRIBUTION OF INTERNATIONAL
NONGOVERNMENTAL ORGANISATIONS TOWARDS
SUSTAINABLE HEALTH PROMOTION IN THE NORTHERN REGION OF GHANA.**



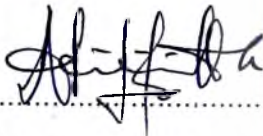
***THIS DISSERTATION IS SUBMITTED TO THE
UNIVERSITY OF GHANA, LEGON, IN PARTIAL FULFILMENT OF THE
REQUIREMENT FOR THE AWARD OF MASTER OF ARTS DEGREE IN
DEVELOPMENT STUDIES.***

AUGUST, 2003.



DECLARATION.

I hereby declare that, except for reference to other people's work , which have been duly acknowledged, this work is my own research work which was accomplished under the able supervision of Dr. Anthony Tsekpo, my principal supervisor and Dr. Ellen Bortei-Dorku Aryeetey, and that this work has neither in part or whole been presented elsewhere.



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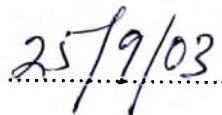


DATE



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DATE

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I wish to express my profound gratitude and thanks to various personalities who have in diverse ways supported me to make this study a reality. My first appreciation especially goes to my principal supervisor, Dr .Anthony Tsekpo, and my supporting supervisor, Dr Ellen Bortei-Dorku Aryeetey, and all my dynamic lecturers of the Institute of Statistical Social and Economic Research (ISSER) for their co-operation, support and professional guidance.

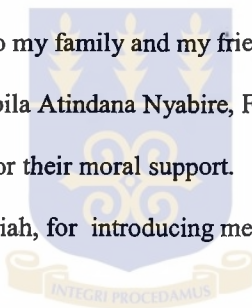
I also wish to thank the officials of the Ghana Health Services , Northern Region, the Northern Regional Coordinating Council, and the various NGOs studied for their cooperation during the field survey and for making available useful data for the study.

I wish to express my appreciation to my family and my friends, Richard Intiri Oppong, Joyce Maweh, Samuel A. Attintono, Nsobila Atindana Nyabire, Felix longi, Sulemana Martin, Rev.W. Atua-Darko and all others for their moral support.

My special thanks to Mr Ernest Appiah, for introducing me to the course and his fatherly support.

Finally, to GOD be the Glory and Honour for great things He has done.

S. G. Anarwat



DEDICATION

This work is dedicated to my sweet mother, ~~Walgida~~ Madam Comfort Abiba l'anjon Yindabir.

ABSTRACT

The study assessed the contribution of international NGOs towards sustainable health promotion in the Northern Region. It has also investigated the level of collaboration and networking among the international NGOs working in the health sector in the Northern Region as well as the key intervention areas of the International NGOs health programmes and the problems affecting their health programmes implementation among others.

The Northern Region is plagued with a myriad of health hazards such as Guinea Worm, upper respiratory tract diseases, diarrhoeal diseases and malaria among others. Malaria has been the number one killer disease and the most prevalent in the region. Another major problem of health in the region is malnutrition, which contributes greatly to infant mortality. Consequently, there have been several attempts, initiatives and collaborative efforts of NGOs in the past decade toward health promotion in the Northern Region.

The literature on health promotion in the Northern Region showed that the private sector especially the Mission and NGOs are more innovative in providing health services with community involvement.

Both primary data comprising field survey (Questionnaire and key informants interviews) and secondary data principally obtained from reviews of the annual reports of the studied NGOs were employed to investigate the set objectives of the study. Six randomly selected international NGOs operating in the health sector of the Northern Region namely, Action Aid Ghana, World Vision, Action for Disability and Development, Planned Parenthood Association of Ghana, Christian Children's Fund of Canada and Adventist Development and Relief Agency were studied.

Data collected were analysed with the aid of computer based spreadsheet programme (EXCEL)

The study revealed that the selected NGOs are contributing greatly to health promotion in the region especially in the areas of HIV/AIDS prevention, Malaria Prevention, Nutrition, Provision of Potable Water and Sanitation education and logistical support to rural clinics. However, ethnic conflict, was found to be the most significant among the problems that affect effective implementation of their programmes in the Northern Region.

The study discovered that there is a struggle for power and competition among the NGOs, unclear roles of NGOs, no networking of the health programmes among the international NGOs and no co-ordination of NGO activities in the region. However, all the NGO embraced the idea of Networking as a tool for sustainable health promotion.

Based on the findings, the following policy recommendations were made among others:

The Northern Regional Coordinating Council should coordinate the activities of NGOs in the Northern Region to avoid duplication of efforts. NGOs, should network their health programmes and activities and strengthen the collaboration among themselves and the Ministry of Health.

Besides beneficiary communities of health programmes should be involved in the problem identification, planning, implementation and monitoring and evaluation of health programmes.

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CHAPTER ONE

1.0 INTRODUCTION AND BACKGROUND OF THE STUDY:

Health plays a major role in the socio-economic development of every nation and therefore the quality of life of the populace. Perhaps this is why many NGOs, bilateral and multilateral organisations are increasingly committing financial, material and human resources into health promotion. In Ghana the attention of most NGOs in the health sector is concentrated in Northern Ghana where poverty and its associated health problems dominate.

The three Northern Regions of Ghana (Upper East, Upper West and Northern) have been classified as having wide spread and endemic poverty. The incidence of poverty is 83%, 84% and 70% respectively in these regions. (Republic of Ghana, GPRS 2002)

The Northern Region in particular (the focus of this study) is characterized by rapid population growth rate, inadequate access to health care services, tribal conflicts and inadequate access to contraceptive information. The Northern Region has the highest fertility rate (7.0) in Ghana as compared to the national fertility rate of 4.6 and the lowest fertility rate of 2.7 of the Greater Accra Region (GSS and MI, 1999).

Infant mortality in the three Northern Regions of Ghana is the highest in the country. Over 30% of children in Northern Ghana are not usually immunized fully before their first birthday. The Northern region reported over 31% prevalence of diarrhoea as compared to the national figure of 18%, a feature due in part to poor sanitation. (GPRS 2002)

From the period 1993-1998, malnutrition measured by under weight and stunting in children under five similarly shows adverse conditions prevailing in the northern Ghana with 34%-38% and 35% -40% respectively as compared to 25% 27% and 26% nationally.

Poor health is a major barrier to development progress. High Malaria prevalence reduces growth in Africa by 1%; HIV/AIDS prevalence of 20% can cut growth by two and one half percent (2.5%). Conversely, healthier societies earn more. Recent studies found that 10% increase in life expectancy is associated with a 0.3% increase in annual growth. Aid [through NGOs] helps to promote knowledge of good policies and aid finance [through NGOs] is vital for countries with under-resourced health systems (DFID &HM Treasury, 2002).

The Northern Region comprising 13 administrative districts is plagued with a host of health problems and hazards. The region over the past decade has been declared as a Guinea Worm endemic area. Greater portions of the region are infested with onchocerciasis rendering vast arable land uncultivable thus, reducing the incomes of the rural population who rely mainly on agriculture for their livelihood.

Though reports from the Ghana AIDS Commission show that HIV/AIDS infection is not very much pronounced as it is in the Southern part of Ghana, the rate of new infections is assuming an alarming dimension.

There is also acute shortage of potable water in the region especially in the dry season, only 40% of the total population has access to potable water. In effect, the populace are subjected and rendered vulnerable to diverse water-borne disease.

The extreme harmattan winds facilitate the outbreak of upper respiratory tract diseases. Malaria is endemic through out the year. Perhaps due to poor sanitary conditions in the region coupled with mass illiteracy, making it difficult for the people to comprehend and apply simple hygiene practices. Malaria is the number one killer disease and the most prevalent in the region. Another major problem of health in the region is malnutrition, which contributes greatly to infant mortality. Infant mortality in the Northern Region is the highest in the country (Northern Regional Directorate of Health Services, 2001)

Demographic characteristics, socio-economic infrastructure, spatial distribution of the population and settlement patterns all have implication for inhabitant's health status as well as health services delivery.

According to the 2002 population and housing census report, the rural population of Northern Region constitutes the largest (73.4%) while the urban population accounts for only 23.6% of the total population of 1,820,806 inhabitants with a growth rate of 2.8%. The population is spatially distributed into small settlements with populations of 200 - 500 people. There are about 4,500 settlements in the region, out of which 54.4% have population less than 200 people. The distances between settlements are far apart.

This peculiar pattern of distribution of population in the region has adverse implication for health service delivery.

Over 90% of the roads in the Northern Region are untarred feeder roads, which are usually unmotorable in the rainy season, thus, limiting geographical access to health care in the region.

The number of health facilities in the Northern Region as of 2001 was 133 composed of one regional hospital (in the process of being upgraded to a Teaching hospital), five district hospitals and the rest made up of health centres and health posts, (Northern Regional Directorate of health Services, 2001).

Health promotion in Ghana embodies a broad spectrum of stakeholders. As outlined in the medium term health strategy document, these stakeholders include, the donor community, the Ministry of Health, the Ghana Health Services, Traditional health providers (all forms of traditional medicine/herbal medicine, psychic and spiritual, Traditional birth attendants and bone setters), Private allopathic providers which include predominantly medical practitioners, operating mainly small individual private- for-profit-clinics or hospitals, and the private-not-profit which are mainly hospitals and clinics based in the rural areas and run by various religious organisations and NGOs. The services of these not -for- profit providers especially, that of the church-based ones are coordinated under the umbrella of the Christian Health Association of Ghana (CHAG).

The Ministry of health has the prime role of formulating policy objectives and regulations for health delivery in the country in consultation with the various

stakeholders in health services delivery while the Ghana health services translates these policies through the direct provision of health services to the population. The donor community plays a vital role in financial, logistics and technical support as well as scholarships for the training of health personnel. The Traditional health practitioners (Herbal Medicine) also play a vital role in supplementing health services delivery in the country through Herbal Medicine.

Apart from the Ghana health services, the NGO sector serves as the major health services provider, both curative and preventive services. The NGOs especially are commended for their innovation and the provision of peripheral services with community involvement. The NGO sector plays a vital role in community mobilisation, health assessment, research and advocacy. NGOs supplement government's efforts in health promotion by filling in resource gaps especially in the Northern Region.

1.1. PROBLEM STATEMENT.

In the quest for filling resource gaps in the Northern Region for socio-economic development, there has been an influx of NGOs both local and international in the region. There are more than 70 NGOs in the region. Out of this number more than 10 are International in nature. These NGOs are operating in the areas of Health, Agriculture Education, Good Governance and Micro-credit among others. The activities of these NGOs are concentrated in different geographical locations of the region, with each NGO doing virtually what the other is doing thus leading to duplication of efforts and resource waste. There seem to be no serious collaboration and networking among

the NGOs including the international ones. Equally there seem not to be any serious coordination of their activities.

Though NGOs are playing a vital role in filling resource gaps for development, the lack of coordination of their activities appears to render the impact of their efforts on their target beneficiaries insignificant. As a result of lack of coordination, they all tend to concentrate on similar and few aspects of the health promotion activities instead of holistic approach to addressing the health problems through “division of labour”. In effect, though much efforts and resources of both Government and NGOs are being committed to enhance health promotion in the Northern Region less is been achieved as a result of uncoordinated health promotion activities and lack of networking among the various actors in the health sector in the Northern Region. This study therefore intends to examine the contribution of NGOs to health Promotion and the level of collaboration and Networking among them in health Service delivery in the region.

1.2. PRINCIPAL OBJECTIVE OF THE STUDY.

The broad objective of the study is to examine the contribution of international non-governmental organizations operating in the Health Sector of the Northern Region of Ghana and the level of collaboration and networking among them to health services delivery in the region.

1.3. SPECIFIC OBJECTIVES

The specific objectives of the study are basically:

- To identify the international NGOs operating in the health sector of the Northern Region of Ghana and determine the policies underpinning their operations.
- To assess the contribution of sampled International NGOs to health promotion in the Northern Region.
- To determine the level of collaboration and networking among the International NGOs working in the Northern Region and the level of duplication of their Health promotion activities.
- To make recommendations for informed policy analysis.

1.4. RESEARCH QUESTIONS.

The study seeks to address the following research questions:

- Which are the international NGOs currently working in the health sector in the Northern Region and what are the policies underpinning their operations ?
- What is the contribution of International NGOs to Health promotion in the Northern Region?
- To what extent is there collaboration and networking among the International NGOs in the Region working in the area of health?
- What is the level of duplication of their efforts?

1.5 SIGNIFICANCE OF THE STUDY

Health plays a very significant role in the socio-economic development of a nation.

The study will therefore be very useful in making an informed policy decision in health planning of the region especially in the NGO sector. Besides, it will serve as a reference material for researchers who wish to research into similar areas. It will also serve as a guide for international NGOs intending to embark on programmes in the Northern Region in the future.

1.6 LIMITATIONS OF THE STUDY

The main limitation of the study has been financial constraints. Limited student financial resources were used to conduct the study and this in a way affected the sample size of the International NGOs studied. I also intended to compare the annual average development budgets of the International NGOs health programmes with their expenditure on administration and personal emoluments but this was not possible because the NGOs were not cooperative to provide financial data.

1.7. CHAPTER ORGANISATION OF THE STUDY

Chapter one looked at the background to the study, the objectives of the study, the various research questions to be answered, the significance of the study and the limitations of the study. The remainder of the study is organised as follows:

Chapter two is devoted to the literature on health promotion. Chapter three explains the methodology of the study. Chapter four discusses the health interventions of the selected NGOs while chapter five deals with the conclusions and policy recommendations.

CHAPTER TWO

HEALTH PROMOTION IN NORTHERN REGION AND THE NGO SECTOR

2.0. INTRODUCTION.

In this chapter, various attempts at health promotion including policy interventions both local and international, research and advocacy issues are reviewed. These include, health promotion, health insurance, Government policies on health, and various attempts at health care delivery and promotion in Northern Region.

Though there is a wide scope of literature on health promotion and NGOs, very little has been documented on the issues of NGOs collaboration and networking as a tool for sustainable health promotion in the Northern Region of Ghana. This current study therefore tries to explore into these areas in order to add knowledge to the domain of NGOs and health promotion.

2.1 CONCEPT OF HEALTH PROMOTION

The holistic concept of health -not merely the absence of disease or infirmity, but a state of general well being implies using health promotion as a vehicle to achieve an awareness of health that goes beyond concern for a cure and includes prevention, information, and know-how. Health promotion is a process, not a quick fix, according to the report of the Division of Health Promotion and Prevention of the Pan American Health Organization (PAHO) to the 43rd Directing Council of the Organization. It is directed at achieving an outcome sometimes over a long term with specific results in the

medium and short term. Specific outcomes differ, but they involve citizen and community participation and contribute to improvement in quality of life.

Health promotion also means public policies adopted to influence the determining health factors to reducing social and economic inequalities such as assuring equitable access to goods and services, including health care. (The pan American Health Organization PAHO, 2002);

Health promotion is "the process of enabling people to increase control over , and to improve their health". Health promotion represents a comprehensive social and political process. It not only embraces actions directed at strengthening the skills and capabilities of individuals but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health , The World Health Organisation (WHO, 1998).

Health promotion is the process of enhancing health and reducing risk of ill health through the overlapping spheres of health education, health protection and disease prevention (Tannahill 1985)

Health promotion involves efforts to enhance positive health and prevent ill-health through the overlapping spheres of health education which aims to reduce ill-health and increase positive health through the influence of people's beliefs, attitudes and behaviour (Tannahill and Downie, 1990)

The Scientific group of WHO sees the objective of Health Education as the development in people of a sense of responsibility for their own Health and for that of the community and the ability to participate in community life in a constructive and purposeful way. The possibility of such responsible participation being carried over into other spheres of life is great. Health Education thus helps to promote on the one hand, a sense of individual identity, dignity, and responsibility, and on the other hand, community solidarity and responsibility. (WHO and SCIPHE, 1984)

In their commentary, Ross and Mico (1980) note that, health care has historically been undertaken with a single purpose: to cure disease thereby to delay death as long as possible, an approach that accounts for the character of the breakthroughs that have characterized the field's evolution over many years. They add that there had been a steady decline in morbidity and mortality rates among those affected with communicable diseases. Medical technical advances have been both rapid and remarkable. The discovery of new antibiotics and drugs have helped to prevent disease and prolong life. Chemotherapy has given hope to the mentally ill and diabetic, as well as to those with certain types of heart disease and cancer. Transplants of organs and tissues have also prolonged lives.

The contribution of official and voluntary Health agency to the advances in public-health laboratory services, statistical services, environmental sanitation services, immunizations, antibiotics, public-health nursing services and health education, according to Ross and Mico, has been very tremendous, during the first half of the twentieth century. Major part of their (Ross & Mico) work is devoted to illuminating the

health education process. They however did not highlight on the role NGOs could in the health promotion process by networking and collaborating with one another in their health promotion activities such as capacity building of health personnel, immunisation, environmental sanitation and health research in general to improve quality of life.

2.2. PRINCIPLES OF HEALTH PROMOTION:

Health promotion involves the whole population in the context of everyday life.

It is directed towards action on determinants or causes of health/disease.

It combines diverse methods (population/targeted/media etc) and approaches (medical/behavioural/educational/empowerment/social change)

It aims to gain effective public participation;

- create a supportive environment
- build healthy public policy
- strengthen community action
- develop personal skills
- empower local people
- improve equity and equality
- re-orientate health service
- advocate for health. (Tannahill A. Downie RS, Fyfe C, 1990).

2.3. MUTUAL HEALTH ORGANISATIONS OR COMMUNITY HEALTH INSURANCE

Mutual Health Organizations (MHOs) popularly known as community-based Health Care financing schemes have grown progressively in West and Central Africa in recent years. This growth has generated interest from governments, Non-governmental organization particularly those interested in new innovative approaches to the difficult issues of health care financing and access in the Sub region (Atim, 1998). Atim (1998) presented a synthesis of research from nine West and Central Africa countries on the contribution of Mutual Health Organizations (MHOs) (a voluntary community based Health care financing schemes) to financing delivery, and access to Health Care.

The study critically and systematically examined the contributions, actual and potential of West and central African MHOs to resource mobilization, efficiency, equity, quality improvement, health care access, sustainability and democratic governance of the health sector. The study revealed that MHOs have great potential to embrace more people as well as to contribute to the health care sectors of their countries. Besides the study showed that MHOs make a significant contribution to health care access and extending social protection to the disadvantaged sections of the population by mainly targeting people in the informal and rural sectors. The study also revealed that MHOs are able to make a meaningful contribution to democratic governance in the health sector and have a great potential of contributing enormously to resource mobilization for health care financing, an essential tenet of health promotion.

A USAID sponsored survey carried out in nine MHOs in Ghana in 2001 by Partners for Health Reform- plus project through consultants of Abt, Associates (Anie, Anarwat and Kyeremeh, 2001) revealed that community -based health care financing schemes have become a popular alternative for health care financing mechanism in Ghana. The study further revealed that most of the community based health care financing schemes are in their embryonic stage and thus had no historical data, no formal contracts with health care providers (thus compromising quality of care), no proper record keeping and monitoring requirement among the schemes .In some cases groups felt quality monitoring and improvement is the responsibility of the central Ministry of Health. The study also found that the issue of quality of Health care is a big challenge in the health promotion system in Ghana. The study, however, did not investigate the issue of networking and collaboration among the MHOs in particular and NGOs in general. NGOs could play a very vital role in this endeavour by providing funds as seed capital to communities to establish community health insurance schemes. The NGOs could also intervene in this health promotion ideal by building the capacity of communities in terms of social mobilization and social marketing. The mutual health organisations could also network their activities and collaborate with one another to share experience.

2.4. COMMUNITY HEALTH CARE

Lankester (1992) distinguishes the approaches to orthodox health and community based health care. Lankester (1992) argues that community- based health care is involved more in health care than in medical care. Community - based health care opposes “PPNN”, a pill for every problem, a Needle for every Need, and emphasizes that well being is largely brought about through healthy living patterns and enlightened attitudes.

Community-based health care as Lankester notes, follows a comprehensive model of health care, which aims among other things at health education, mother and child health services, diagnostic and curative care, control of infectious disease, adequate nutrition, immunization, improvements in water and sanitation, referral systems, and monitoring and evaluation. Lankester (1992) summarized community-based health care as a radical approach to health, which aims to put care into the hands of those who need it most. Thus, participation becomes the basis of all activities self-reliance the aim, and the community takes increasing responsibility, the doctor and health worker acting as facilitator and guide. In short as he puts it, health of the people by the people for the people. Lankester (1992) also identifies the three states of health care as the Traditional Health System, the Scientific Health System and the Community-based health care system. According to the Alma Ata declaration of 1978, people have rights and duties to participate individually and collectively in the planning and implementation of their health care.

2.5. HEALTHY LIFE EXPECTANCY

“Poor people and Poor communities have the greatest share of illness and malnutrition. As poverty is reduced health improves” Lankester (1992).

In a news report, the world health Organization (WHO) estimates that 40% of the World's 56 million deaths in 2001 were caused by such preventable risks as unsafe sex, high blood pressure and cholesterol levels, obesity, tobacco and alcohol consumption, indoor smoke from solid fuels, poor sanitation iron deficiency and child malnutrition. Hardest hit were countries of sub Saharan Africa. According to the WHO, reducing

these risks could add, on average five years of good health to people in rich countries and more than a decade to people in the developing world. (WHO, 2002) Since poverty and preventable risks as reported by the WHO as the main cause of death, NGOs could play a vital role by committing their resources to save sex education and control of preventable diseases through intensive health education, especially in developing countries.

2.6. EXPANDED PROGRAMME ON IMMUNISATION

A UNICEF sponsored survey on knowledge attitudes and practices on the expanded programmes of immunization in Yendi and Tolon - Kumbungu Districts of the Northern Region, carried out by QBR research and communications LTD Accra, in December 1999 found that lack of patronage of immunization services by parents was one of the major reasons for the low number of children immunized in the Northern Region. The study also revealed that social mobilization and the media play important role in the success of the expanded Programme on immunization. This study however did not consider inter-sectoral collaboration and networking in the programme. Intersectoral collaboration among NGOs and other actors in the health sector could improve child immunisation in the Northern region.

2.7. THE HEALTH OF THE NATION.

The Ministry of health in an attempt to develop a new 5 year Programme of Work (5 YPOW) 2002-2007 in line with the New Patriotic Party government's development agenda, conducted a thorough and comprehensive review of the Health Sector Performance. The document (*The health of the Nation*) discussed the state of health of the nation. It also gave an in-depth analysis of the overall health status of Ghanaians. The evaluation survey revealed among other things that diseases such as malaria, diarrhoea, Respiratory Tract Infections, Tuberculosis and the Guinea worm epidemics still persist; with HIV/AIDS posing a major threat; maternal mortality remains astronomically high and non-communicable diseases such as hypertension is on the increase.

The study also unveiled that the use of government facilities has remained constant for some time even though public health services has seen increases in uptake. Pertinent issues or problems identified as contributing to the poor health status of the nation included the under-listed:

- Financial barriers to access to health care.
- The Health Care delivery system has not been that responsive to be beneficiaries.
- The potential for NGO and intersectorial action to influence key determinants of health (other than health services) remains untapped.
- The building blocks of the organisational reforms are put in place but progress to achieve the expected efficiencies has not been realized.
- Human resource strategies have resulted in only marginal staff increase, addressing the low salaries of health workers remains a dilemma.

- Whilst overall budgetary targets may have been achieved, per capita expenditure on health remains low and the allocation inequitable (MOH 2001).

The study recommended *inter alia* that the public health service provision arrangement needs to be positioned strategically in pluralistic health sector, exploiting its comparative advantage in promotive, preventive and life-extending services and its operations must be fully financed and affordable. Considering the findings of the above study, NGOs can play a leading role in Intersectoral collaboration and Networking with other actors in the health sector. This will ensure coordinated efforts and policies in the health promotion process. The NGOs can also improve community's access to health care indirectly by providing micro-credit facilities to the rural poor to strengthen their income base.

2.8. SECTOR WIDE APPROACH FOR HEALTH DEVELOPMENT

Achievement of a sustainable improvement in people's health and well being requires long-term partnerships in which development assistance is used to support nationally defined policies and strategies. Sector wide approaches, organized around a negotiated programme of work, offer a better prospect for success than the piecemeal pursuit of separately financed projects (Cassels, 1997). According to Casels, the success of sector wide approaches depends largely on sufficient commitment to shared goals on the part of government and key players in the donor community. Sectoral programmes, he argued, also depend on sound macro-economic policies and therefore need to form part of an overall public expenditure frame-work.

In practice , sub- sectoral programmes usually at the district level according to Cassels, offer one way of dealing with problems of financial accountability and performance monitoring in the early stage of programme development . He however explains that in

an integrated sector such as health, a focus on primary care alone may fail to deal with intra-sectoral resource allocation, and therefore perpetuate chronic imbalances between major spending categories. Cassels recommends that Health Sector Wide Approaches (SWAP) should ultimately be focused on the sector as a whole, and the entire network of the public, private and voluntary institutions, financed, managed or regulated by the ministry of health. In other words there should be a networking and collaboration among all the key players in health promotion, with the Ministry of health assuming a monitoring and coordinating role to ensure efficient allocation of resources in the health promotion of the nation in question.

Cassel (1997) further argues that, focusing on multiple sectors may be an effective way of increasing government spending on a range of priority social services, but may be less successful in influencing service quality in the individual sectors concerned. He explains further that while there could be a strong case for widening the scope of health policies in recognition of the multiple determinants of ill-health that will be a matter of renegotiation with national governments

Sector-wide approaches are concerned with improving health status and bringing together work on health systems and health outcomes. Difficulties arise when there is a disagreement about priorities. Indicators of sectoral performance according to Cassels, include targets in relation to health outcomes, the achievement of which will depend on the effective performance of a range of individual health programmes.

Reducing poverty he explains, is the concern of most government and the fundamental principle underlying the development assistance provided by donors. The choice facing donors, Cassel notes, is whether they should channel development assistance as directly as possible to those perceived to be most vulnerable or, through their involvement in the negotiation of sector policies and strategies. Attempt to influence the way resources are allocated, in ways that favour the poor relying on the proportion of funding allocated to primary care and /or rural districts as an indicator of a concern for the poor is too simplistic. Effective negotiation requires a better understanding of the relationship between health care provision and poverty reduction, and the potential impact of different policy interventions

(Cassels, 1997).

The Danish government and the World Bank, in 1997, hosted an informal meeting of bilateral and multilateral agencies where members agreed unanimously, that to achieve a sustained improvements in people's health, sector-wide approach offers as better prospect than the peace-meal pursuit of separate financial projects. The SWAP is quite associated with my objective of looking at collaboration and networking among international NGOs themselves and the Ministry of Health as a means of achieving a sustainable health promotion and quality health of the people of Northern region of Ghana.

2.9. PARTNERS IN HEALTH CARE

Under the medium Term Health strategy towards vision 2020, partnerships between public and private providers of health care are strongly advocated to be promoted. The policy further proposed collaboration between the health sector and key health related agencies. These propositions (policies) are based on the guiding principles:

- that the current publicly funded health service alone cannot provide the required services especially with regard to the provision of quality care of adequate coverage for the district and sub-district levels.
- that activities of the health services alone cannot lead to the achievement of the health status objectives; activities of other health related sectors are crucial for the attainment of these objectives.
- that the socio-economic environment in the country is becoming more and more favourable for private sector participation in development in line with Ghana vision 2020.
- that the private sector especially the Mission and NGO providers are innovative in providing peripheral services with community involvement.
- that the basis for partnership will be mutual trust, openness, sharing of information and resources, joint planning, policy formulation and evaluation.

The outlined partners in the health care delivery system, as stated in the medium term health strategy document, include: Traditional health providers, private allopathic providers and public sector health providers. (MOH, 1999)

Given the fact that government alone cannot provide the required health services with regard to quality care for the populace, the NGOs have a major role to play in health services delivery especially to the rural people to supplement government's effort.

2.10. INTER-SECTORAL ACTION AND CIVIL SOCIETY INVOLVEMENT IN HEALTH PLANNING AND PROMOTION

Under the Common Management, Arrangements (CMA II) for the implementation of the second Health sector five year programme of work 2002-2006, the Ministry of health, MOH recognizes that, health is influence by many factors outside the direct control of MOH. Hence progress in health sector objectives depends on how effectively the Ministry engages other sectors and Civil Society. The Ministry of Health proposed to work in collaboration with the National Development Planning Commission to ensure that action on health issues is adequately built into the strategic and annual plans of the various Ministries Departments and Agencies (MDAs).

Consequently, an array of mechanisms were proposed in the Common Management Agreement Document (CMAD) to ensure effective intersectoral collaboration. These include:

- ❖ The involvement of Civil Society Organisations (CSOs) in on-going policy dialogue and planning with MOH and its agencies at the national and local level.
- ❖ Engagement of CSOs in the implementation framework of the MOH and different agencies.
- ❖ Efforts made to ensure that health sector funds are available to support NGO / CSO projects and participation at all levels.
- ❖ Independent funding for some aspects of CSO / NGO activity to enable independent advocacy and policy-related activities.

- ❖ Success of MOH implementing agencies measured based on the effective involvement of CSO in the strategy process, implementation and monitoring.
- ❖ The establishment of multi-partner CSO proposals Review Committee to review and monitor CSO proposals and implementation. (MOH, 2002).

2.11. BACKGROUND AND GROWTH OF NGOs IN THE NORTHERN REGION.

The recent phenomenal growth of NGOs, could be traced through the development paradigm right from the colonial era. During the colonial period the State stood aloof from rural development and concentrated on the regulatory functions of law and order. NGOs in the form of churches and missionary societies were the principal providers of health and education services especially in the hinterland (Braton,1989)

The history and the growth of NGOs in the Northern Region dates back to the 1960s when Dr Kwame Nkrumah and his CPP Government instituted an affirmative action of free education to the people of Northern Ghana. The socio- economic development of Ghana in the colonial era was such that major infrastructural development were concentrated in the 3 Metropolitan areas : Sekondi -Takoradi, Accra – Tema and Kumasi popularly known as the Golden triangle. Northern Ghana was entirely neglected except for the importation of strong and able men to work in the cocoa plantation mines and the railways . The endemic poverty and deprivation of the region in terms of socio-economic development attracted NGOs, Donors, Bilateral and Multilateral organizations into the region to supplement government's development efforts.

The religious missions especially the Basel Missions played a major role in health promotion by establishing some rudimentary medical services in remote areas and some of them crowded to urban areas. The establishment of the Red Cross Society in Accra in 1929 actually galvanized or propelled the establishment of other humanitarian societies.

Interestingly the development of NGOs in the Northern Region was started by a self-initiative of the local people themselves with the main aim of improving the lives of rural urban poor through self-help programmes

Amasachina self Help Association was the first registered NGO in the Northern Region in 1967. Though the Christian missionaries focused some of their activities on social development they were considered and recognised as churches rather than NGOs.

The 1981 and 1994 Konkomba Nanumba tribal wars deteriorated the plight of the people of Northern Ghana. Many people lost their lives and many were displaced. The deplorable socio – economic situation in the northern region further drew the attention of local and international philanthropist and NGOs into the region.

Since then, NGOs have continuously grown in the region both local and international . However, one thing that marvels anyone who stays in the region or who has visited the region before and now will testify that there has been very little impact of these NGOs activities in the region. The problem of poverty still ranges among the highest in Ghana.

According to GAPVOD and ISODEC (1999), there were 22 registered NGOs in the Northern Region of Ghana in 1997. This has grown to over 70 registered NGOs both local and international over the five year period 1997-2001. These NGOs are working in the domain of health, Good Governance, Agriculture Education and literacy, Micro-finance and Institutional Capacity building among others. The multi-sectoral approach of fighting HIV/AIDS adopted by the Ghana AIDS Commission in the year 2001 has led to the formation of even more NGOs and Community Based Organisations (CBOs) in the region.

The growth of these NGOs will be very beneficial to the region if their activities are linked to the total eradication of poverty and improved quality of life. There is therefore the need for a co-ordinating body to co-ordinate and network activities of these NGOs to prevent duplication of efforts and waste of resources to ensure that all sectors of the region are served adequately.

One of the main strengths of NGOs has been their work in group formation. In Ghana NGOs have help mobilize communities to build clinics nutrition centres and have also mobilize communities to form mutual health funds for health care financing. A notable example is Tiyumtaba community health schemes in Tamale. In other cases they have supported communities to maintain and manage their rural water systems. A clear example being the water and sanitation Committees (WATSANS) in Ghana.

NGOs have played a vital role in filling up development gaps especially in the Northern Region. They vary in size and nature in their work but their main motive is to alleviate human suffering. NGOs are autonomous and free from political interference.

They have both strengths and weakness in their operations. The divergence in NGO development philosophies renders them ineffective in the creation of forums. NGOs are very powerful in terms of advocacy to bring about a change of course in the health sector. The continues success of NGOs in the domain of health promotion in the Northern region will depend much on how effectively they collaborate and network with one another.

We conclude on the note that all seem well in the area of policy formulation for health promotion in the country. The main problem however, is how these policies could be implemented to ensure sustainable health promotion. Most often than not these policies become mirror images after they have been formulated they never get implemented. It has also been established that government alone cannot effectively shoulder the responsibility of health promotion and care in the country. This therefore calls for concerted and coordinated effort of all development partners including NGOs and Civil Society Organization. Partnerships, collaboration and networking among NGOs the Ghana Health Service and Civil Society Organizations will pave the way for sustainable health promotion in the Northern Region in particular and Ghana in general.

CHAPTER THREE

METHODOLOGY OF THE STUDY.

3.0 THE STUDY AREA AND TARGET POPULATION

The study was confined to the Northern Region of Ghana. It focused mainly on international NGOs' development initiatives in the domain of health promotion in the Northern Region of Ghana. In order to achieve the set objectives of the study both field survey and desk review of existing write-ups mainly the annual reports of the international NGOs studied as well as SWOT analysis were employed in this study.

3.1 RESEARCH DESIGN AND SAMPLING TECHNIQUES

A descriptive survey design was employed in this study. Basically, qualitative data were used in the study. Both primary and secondary data were gathered. The primary data were gathered through a field survey in the study area using a structured questionnaire and one- on -one interview of key informants. The secondary data was collected through a desk review of existing literature, mainly annual reports and Newsletters of the selected NGOs.

3.1.1. Data source and type.

Mainly qualitative data was used in this study. Data was drawn from field survey and secondary documents which included the Annual Reports and Newsletters of the sampled international NGOs, the Ghana Poverty Reduction Strategy document (GPRS), Ghana Demographic and Health Survey 1998, Annual Reports of the Northern Regional Directorate of Health Services, Ghana Vision 2020 and the health Policy framework of

the Ministry of health as well as expressed perceptions of respondents and personal critical observations.

3.1.2 Sample frame.

The sample frame of the study was mainly the directory of NGOs in Ghana obtained from the department of social welfare and informants from the Northern Regional Coordinating Council and the Ghana Health Service.

3.1.3 Sampling Technique

Two-stage approach was employed in the selection of the International NGOs studied.

The first stage was merely a convenience selection. Only international NGOs that had health as a component of their development programmes were purposefully selected from the list of NGOs in the Northern Region obtained from the directory of NGOs in Ghana.

The second stage involved a simple random sampling of six international NGOs out of the 11 international NGOs that had a component of health in their development programmes. In order to give all the NGOs equal chance of being selected, the names of the eleven NGOs were written on pieces of paper, folded and placed in a bowl after which six international NGOs were selected randomly with replacement. Six out of 11 NGOs were selected simply on convenience given the limited time frame of the study.

3.2 DATA COLLECTION INSTRUMENTS AND PROCEDURES.

Basically two data collection techniques were employed in the research: Thus, secondary data comprising annual reports of selected international NGOs, Health policy framework of the Ministry of Health, Northern Regional Annual health Reports, Ghana vision 2020, poverty Reduction strategy, Ghana Demographic and Health Survey 1998, and other relevant literature on the topic.

With the primary data, questionnaires were designed purposely for the sampled international NGOs. These questionnaires, which contained both pre-coded, closed ended questions and open-ended questions addressed issues relating to the age profile, programme interventions, Collaboration and Networking among NGOs etc. These questionnaires were administered personally on one-on-one basis with the programme managers of the international NGOs. Where the programme managers were absent, the health programme officers of the organisations were interviewed.

The regional head of the Health Education unit of the Northern Regional Directorate of Health Services was also interviewed to obtain information on the level of collaboration and networking between the international NGOs and the regional directorate of health services in health service delivery.

In addition, the Regional Economic Planning officer of the Northern Regional Coordinating Council (RCC) was also interviewed to get information about the coordination of NGOs activities in the region.

Participant observation of NGOs Health activities in the region was also incorporated into the research. All questionnaires were checked on the field to avoid inconsistencies so as to ensure quality of data gathered. The information from different sources was triangulated to ensure consistency and validity.

3.3 DATA MANAGEMENT AND ANALYSIS

All data were carefully entered into a computer. A spreadsheet programme (EXCEL) was used to analyse the data. The results of the analysed data were presented in the form of tables and Bar Graphs. Conclusions were drawn and policy recommendations made based on the analysed data.

The SWOT analysis was also used to assess the strengths, weaknesses, opportunities and Threats open to the selected NGOs in their health promotion endeavors in the Northern Region.

In sum the study was conducted in the Northern region using mainly qualitative data gathered through field survey, informant interviews and review of annual reports of the selected NGOs. Six (6) out of eleven (11) NGOs operating in the health sector were studied. Data gathered was analysed with the aid of computer based programme, spreadsheet and results presented in tables and bar charts.

CHAPTER FOUR
HEALTH INTERVENTION OF INTERNATIONAL NGOs
IN THE NORTHERN REGION.

4.0 INTRODUCTION.

This chapter analyses the various health intervention of selected International NGOs under study. Information in this chapter is based on the field survey (questionnaire administered to sampled international NGOs , interview of key informants as well as desk review of annual reports of the various International NGOs under study and the annual reports of the Ghana Health Service, Northern Region).The sampled International NGOs studied are, World Vision International (WVI), Christian Children Fund of Canada (CCFC), Planned Parenthood Association of Ghana (PPAG), Adventist Relief and Development Agency (ADRA), Action for Disability and Development (ADD) and Action Aid Ghana (AAG). The health programmes of these International NGOs were reviewed and the policies underpinning their health programmes were also looked at and compared with the Health Policies of the Ministry of health.

Chapter four also assesses the level of collaboration and networking among these International NGOs in the Northern Region operating in the domain of health. It also analyses the level of duplication of their efforts. Development is multidisciplinary, cutting across the length and breadth of the various sectors of the economy, so is health promotion as a component of development. If health promotion is to be sustained and have a significant impact on the beneficiary population, then the level of collaboration

and networking among the key actors is paramount to achieving this sustainable Health promotion in the region.

4.1 PROFILE OF SELECTED NGOs.

In order to be able to assess the health interventions of the selected NGOs data were gathered on variables such as the start date of operation of health programmes, district(s) of operation, mode of operation and policies underpinning their operations and health programmes and activities.

Table 4.1 below shows the profile of the selected NGOs.(See overleaf)

From the table, it can be seen that most of the health programmes of the selected NGOs were instituted within the period 1993 to 1997 with the exception of PPAG which started its health programmes as far back as 1979. This implies that the health programmes of these NGOs have been in operation for at least 8 years in the Northern Region.

The table revealed a lapse in the locational equity of the NGOs health programmes. Most of the health programmes tend to be concentrated within the radius of 50 miles on the average from the regional capital, Tamale. The implication is that 8 districts namely East Mamprusi, Sabzugu -Tatale, Bole, East Gonja, West Gonja, Nanumba, Saboba-Chereponi and Gushiegu- Karaga out of the 13 districts the Northern region are underserved while the rest are over-served.

Table 4.1 Profile of selected NGOs

International NGO	Year of operation in the Northern Region	Year health programme begun in the Northern Region	District of Operation in Northern Region	Mode of operation/ Policies	Health Programmes
World Vision	1979	1977	Gushiegu/Karaga Savelugu/Nanton	Direct implementation of programmes in the community. Reach out to the poor and marginalised. Supports Government development initiatives. Helps communities to initiate ideas to solve their own problems.	Capacity building of health personnel Health infrastructure. HIV/AIDS education. Health Assessment Malaria Prevention Vitamin A supplement to children. Nutrition, Water and hygiene education
PPAG	1979	1979	Tamale, Savelugu/Nanton, West Mamprusi, Tonlon/Kumbungu	Direct implementation of programmes. Works to provide adequate reproductive health services and knowledge especially to the youth and reproductive age group.	Reproductive Health. HIV/AIDS education. Clinical Services. Maternal and Child Health.
ACITION AID	1992	1993	Tamale, West Gonja, Saboba Chereponi	Works in partnership with other NGOs and Community-Based Organisations. Capacity building of Partner organisations.	Technical support to MOH Nutrition education Water and Sanitation

ADRA	1996	1996	Tolon/Kumbungu, Savelugu/Nanton, West Gonja, East Gonja, Nanumba, Saboba/Cherponi, Tamale	Direct implementation of programmes in the community. Combines development and humanitarians activities in line with their Christian principles.	HIV/AIDS Water and sanitation. Malaria prevention School health programme
ADD	1994	1994	Tamale, Saboba/Cherponi, Bole, Savelugu/Nanton, West Mamprusi	Direct implementation of programmes. Works with organised disabled groups. Direct financial support to disabled people for income generating activities. Promoting right based advocacy and capacity building of disabled people. Breaking legal and institutional barriers to enhance equal opportunity for disabled people.	Health and development Support for disabled people. HIV/AIDS education.
CCFC	1996	1996	Nanumba, Savelugu/Nanton, Tolon/Kumbungu, Nanumba, East Gonja, Tamale, Yendi	Direct implementation of programmes and also working through partners. Child focused development to transform the lives of children, their families and communities.	Nutrition Immunization Guinea worm eradication HIV/AIDS education Malaria prevention Provision of water and sanitation Health Insurance Health assessment Capacity building of health personnel.

Source: Field Survey, January 2003 and Annual Reports of Selected NGO

4.2 MAJOR COLLABORATORS AND FINANCIAL SPONSORS OF SELECTED NGOs.

The study looked at variables such as collaborators and major financial sponsors of the selected NGOs as these have influence on the level of the NGOs intervention in health promotion.

Table 4.2 below shows the collaborators and financial sponsors of the selected NGOs.

Table 4.2 Major sponsors and collaborators of selected NGOs

INTERNATIONAL NGO	COLLABORATORS	MAJOR FINANCIAL SPONSOR
Planned Parenthood Association of Ghana (PPAG)	Ghana Health Service, Northern Region.	International Planned Parenthood Federation (IPPF). Japanese organization for international cooperation in Family planning (JOICFP). United States Agency for International Development (USAID).
World Vision Ghana	Ghana Health Service District Assemblies of their operational District. Ghana Health Services, Northern Region	World Vision US, World Vision Canada and World Vision Australia
Adventist Development and Relief Agency (ADRA)	Ghana education service Ghana Health Services	United States agency for international Development (USAID), ADRA-Sweden, ADRA-Denmark, United Nations Fund for Population Activities (UNFPA), Canadian International Development Agency (CIDA), ADRA-Canada, and the Seventh Day Adventist Church
Christian Children's Fund of Canada (CCFC)	Ghana Health Service Markaz, Al Bishara Assemblies of God Relief and Development Agency Tuma Kavi and First Baptist Church.	CCFC Canada, Canadian International Development Agency (CIDA)
Action Aid Ghana (AAG)	Ghana Health Service	Action Aid UK, AND Italy
Action for Disability and Development (ADD)	Ghana Health service, Northern Region.	(ADD-UK)

Source: Field Survey, January 2003.

From Table 4.2 above it can be deduced that most of the International NGOs are funded by bilateral organisations and their mother NGOs abroad. This may imply when these bodies withdraw their support, the operation of the local branches of this international NGOs will come to a stand still. Table 4.2 also shows that all the selected NGOs collaborate with the Ghana Health Services.

4.3 QUALITY OF STAFF

The study revealed that the management staff of all the studied international NGOs had an educational level of first degree and above, while the field staff for the health programmes had a lowest educational level of post secondary and the highest level of first degree. This implies that, all things being equal, the NGOs have quality staff to implement their health programmes. Giving that, they have the requisite knowledge of their job roles, the success of their programmes will be enhanced and translated positively to the beneficiaries.

4.4 TARGET POPULATION OF INTERNATIONAL NGOs' HEALTH PROGRAMMES

The study revealed that all the selected NGOs target children and women in their health programmes.

Table 4.3 below shows the respective target populations of the selected NGOs.

Table 4.3 Respective Target Population of the sampled International NGOs.

Name of International NGO	Target population of Health Programmes				
	CHILDREN	WOMEN	YOUTH	AGED	DISABLED
CCFC	✓	✓	✓	✓	
ACTION AID	✓	✓	✓	✓	
PPAG	✓	✓	✓	✓	
WVI	✓	✓			
ADD	✓	✓	✓		✓
ADRA	✓	✓	✓		

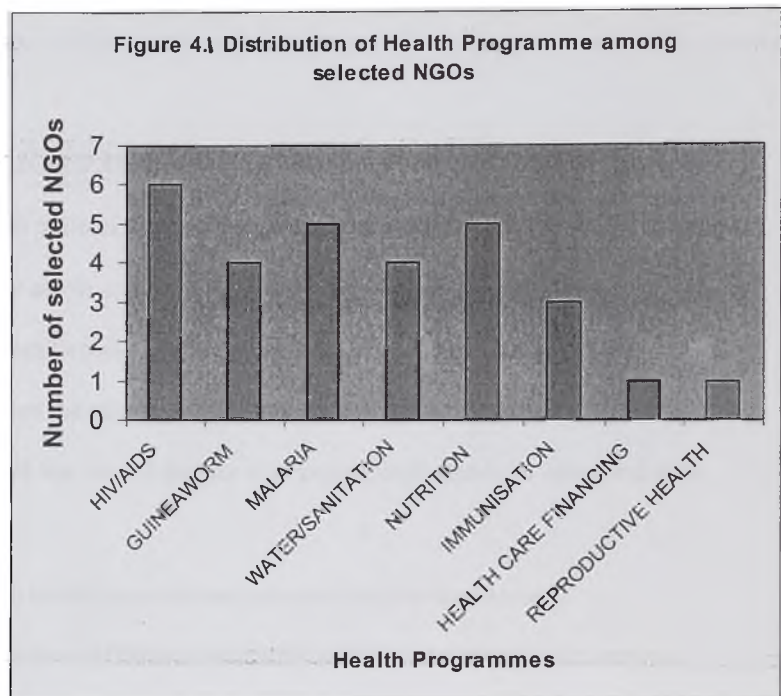
Source: Field Survey, January 2003

From Table 4.3 above it can be seen that CCFC concentrates on children, women, youth and the aged. World Vision concentrates on children, but also supports the mothers of the children. PPAG targets all categories of people except the disabled. ADD concentrates on all categories of disabled people except the aged. It can be concluded from the table 4.3 above that the most vulnerable groups (women and children) are covered by all the internal NGOs in their health programmes.

4.5 COMPONENTS OF HEALTH PROGRAMMES OF SELECTED NGOs.

The study revealed that the international NGOs studied concentrate their health promotion efforts in the area of HIV/AIDS prevention, nutrition, provision of potable water and sanitation education, immunisation malaria prevention, reproductive health services provision, guinea worm eradication, and health care financing among others

Figure 4.5 below shows the distribution of the components of health programmes of the selected international NGOs.



Source: Field survey, January 2003.

From figure 4.1 above that all the selected NGOs are engaged in HIV/AIDS prevention and 5 out of 6 are into Malaria prevention and Nutrition education (prevention of malnutrition). Of the six selected NGOs 4 intervene in both the provision of water and sanitation and Guinea worm eradication, 3 out of the 6 are involved in the immunisation of children while only 1 each are involved in health care financing and reproductive health services. It can therefore be deduced that the international NGOs give prominence to HIV/AIDS and Malaria prevention in the Northern Region.

4.6 HEALTH POLICIES AND PROGRAMMES OF SELECTED NGOs

A review of the health policies and programmes of the six International NGOs under study shows that they are in consonance with the overall health policy of the nation as was set out in the health policy objectives under vision 2020 namely to:

- Significantly reduce the rates of infant, child and maternal mortality.
- Effectively control the risk of factors that expose individuals to communicable diseases.
- Increase access to health care services especially in the rural areas.
- Establish health systems effectively oriented towards delivery of health services.
- Strengthen and ensure effective and efficient health management system.

Action Aid for instance concentrates on strengthening the capacities of its partners and the Ghana Health Services through logistical support and training.

World Vision, also works in collaboration with the Ghana Health Services to improve nutritional status of children and also maternal health services aimed at reducing infant, child and maternal mortality rate. Investigation, however, revealed that very little of the NGOs support goes to curative services. Majority of their

intervention is in the area of preventive services. Which in its sense is good because as the adage goes, “Prevention is better than Cure”

World vision for instance provides periodic drug donations to needy hospitals and healthy centres in the Northern Region.

The Planned Parenthood Association of Ghana (PPAG), however, provides clinical services to its target populations though these services are basically in the area of maternal and child health services, and reproductive health services.

The objective of the government of Ghana as outlined under the Ghana Poverty reduction strategy (GPRS) 2002-2004 is to enhance the delivery of social services to ensure locational equity and quality, particularly with regard to health and education. The sub-objective for health delivery is to ensure the development of model health centres of for every district in the country and to phase out the “Cash and Carry system” and to replace it with more humane and effective system of financing health care in the country.

A close examination of the health policies and programmes of the NGOs under study in relation to the broad government health objectives above shows a slight variance.

With the exception of CCFC which has a policy and a programme of free medical care (a form of health insurance) for its beneficiaries none of the NGOs studied has a programme of health insurance. Besides more of the NGOs are currently embarking on a programme to support the government’s objective of establishing model health centres for every district in the country. A review of the health policies and programmes of the international NGOs also showed that there is no coordinated programme of action among the NGOs in the implementation health programmes

in the Northern region. The implication being that, some of the districts especially those in the radius of 50 miles average from Tamale are being over served while those districts at the hinterland are least served. A look at the health programmes of the International NGOs studied revealed that apart from PPAG which has a programme of clinical services, (Curative health services) the rest are mainly engaged in preventive health services.

4.7 COORDINATION OF INTERNATIONAL NGOs' ACTIVITIES IN THE NORTHERN REGION.

The study also investigated whether there was coordination of NGOs activities in the Northern Region.

An interview with the officials of the Northern Regional Coordinating Council (Regional Economic Planning Officer and his Assistant) revealed that, the Northern Regional Coordinating Council is responsible for the coordination of the activities of the NGOs in the region to ensure that priority programmes are embarked upon in priority areas. However, this has not been done. As a result the NGOs embark on programmes in the region based on their own discretion, which lead to duplication of efforts and inefficient use of resources due to the uncoordinated nature of their activities.

The interview also revealed that there was struggle for popularity and competition among the NGOs in their bid for programme implementation, unclear role of these NGOs (Most of the NGOs do not have specific focus in terms of programme)and lack of sustainability of their programmes including health programmes (most programmes of NGOs have very short project life-span and not usually continued by the beneficiary community at the end of the project life). However, the

Northern Regional Coordinating Council stated that they are adopting a strategy to coordinate and streamline the activities of NGOs in the Region to ensure a coordinated and sustainable development.

4.8 COLLABORATION AND NETWORKING AMONG INTERNATIONAL NGOs IN THE AREA OF HEALTH PROMOTION IN THE NORTHERN REGION.

4.8.1 Collaboration

For the purpose of this study, "collaboration" is defined as a common mission and goal between agencies to accomplish a project or a programme requiring joint planning, joint evaluation of impact, shared accountability and resources whereas "cooperation" means interaction between agencies on need basis usually informal, with each agency acting independently, retaining its accountability, control and resources for their programmes. Collaboration among actors plays an important role in development work in the sense that experiences, both bad and good, are shared. It also prevents duplication of efforts and avoids conflicts and unhealthy competition in programme implementation. In that regard collaboration among actors in the health sector will enhance health promotion efforts in the Northern region.

Data from the field survey revealed that 5 out of the 6 selected NGO studied rather cooperate with one NGO or the other in their health programme implementation.

In terms of collaboration with the Ministry of Health, all the NGOs studied stated that they collaborate with the Ministry of Health (District and Regional Health Administrations).

However, cross-reference qualitative information from the Health education unit of the Northern Regional Health Directorate revealed that, there is no effective collaboration between the NGOs and the Regional and District Health Directorates. It was revealed that the NGOs only contact the Regional and District Health Directorates for information, education and communication (IE &C) materials, and also for facilitators in times of workshops. The real collaboration in terms of programme planning, areas of operation and determination of priority intervention areas was found to be absent (Qualitative information from Northern Regional Health education unit).

4.8.2 Networking of Health Activities

In this study , "networking" is used to mean a process for partnership and participation that is based on mutual understanding, dialogue and interactive interchange of information, ideas techniques and knowledge among NGOs in their programme implementation leading to greater consensus and identification of possible effective joint action. Networking plays a significant role in terms of sustainability of development programmes.

Key element of successful networking include shared vision, agreement on common norms, committed members, flexible structures, shared leadership, trust and equitable distribution of work among others.

The study investigated whether there was networking among NGOs in their health programme implementation. The results showed that, of the 6 selected NGOs, 5 stated there was no networking of their health activities with others. Since the NGOs may not know what one is doing at a particular place and time, this possibly creates a window for duplication of efforts.

On the question of proposed networking of all their activities on health, all selected NGOs embraced the idea.

4.9 INTERVENTIONS OF INTERNATIONAL NGOs IN

HEALTH PROMOTION IN THE NORTHERN REGION.

Health promotion, as a component of socio-economic development, is multidisciplinary and therefore demands concerted and coordinated efforts of all stakeholders in the development arena, such as the Government, the private-for-profit organisation, the community, individuals as well as the private not for profit organisation. This section of the study is therefore devoted to assessing the contributions that selected international NGOs have made to health promotion and therefore the improvement of the quality of life in the Northern region over the past five years, 1997-2001.

Table 4.4 below gives a summary of the assessment of the selected NGOs health intervention in the Northern Region. As already stated in Chapter Two of this document, under the sub-heading *principles of health promotion*, health promotion aims to gain effective public participation; create a supportive environment build healthy public policy; strengthen community action; develop personal skills; empower local people; improve equity and equality; re-orientate health service and advocate for health. The interventions of the NGOs health promotion activities assessed below are quite in line with the principles of health promotion.

Table 4.4 An assessment of selected NGOs intervention in health promotion in the Northern Region.

NGO	INTERVENTION	DATE	IMPUTS/LOGISTICS SUPPORT	ASSESSMENT/ REVIEWS	REMARKS
CCFC	<p>Health Assessment.</p> <p>Nutrition , water and Sanitation</p> <p>Logistics support.</p> <p>HIV/AIDS prevention.</p> <p>Capacity building</p> <p>Medical care.</p>	<p>1997-2001</p>	<p>Supported clinics in all the operational areas with drugs, refrigerators for preserving vaccines and motor bikes nutrition centres in the operational areas</p> <p>Constructed 20 hand dug wells and 320 soak-aways.</p> <p>Trained Traditional Birth Attendants (TBAs) in hygienic measures before and after delivery. Equipped TBAs with tool-kits in</p> <p>Disbursed a total of 303,620 Canadian Dollars into water and sanitation project in the Northern Region. constructed 10 seater KIP.</p>	<p>CCFC 5year programme of action 1997-2001.</p> <p>Self-evaluation.</p> <p>Field Survey, January 2003</p>	<p>CCFC has contributed to:</p> <p>Health promotion through capacity building of TBAs to facilitate child delivery to prevent maternal and infant mortality,</p> <p>logistical support of rural clinics and potable drinking water.</p> <p>Their Programme are in line with principles of health promotion.</p>

Table 4.4 Continues.

NGO	INTERVENTION	DATE	IMPUTS/LOGISTICS SUPPORT	ASSESSMENT/ REVIEWS	REMARKS
ACTION AID GHANA	HIV/AIDS Prevention Capacity building of health personnel Logistics support Water and Sanitation. Support to mass immunization of children.	1993-2001	Disbursed \$60,151,000 on health programmes Supported Northern Regional Directorate of Health Services with fuel for outreach Services .Constructed a 3 – seater Latrine at Tamale School of Hygiene. Disbursed \$12,150, 000 for capacity building of health personnel. Provided 52 potable water stand-pipes in Sub- urban Tamale. Constructed 20 seater KVIP latrines in three Communities in Tamale. Youth – Youth Peer education on HIV/AIDS in collaboration with the Ghana Red Cross. Provided them with tool kits to peer educators. Trained Community Peer Adult Educators (CAPES) on HIV/AIDS prevention in the Saboba Chereponi district.	Action Aid Ghana. Annual Reports 1997- 2001. Self-evaluation. Field survey, January 2003	Increased Awareness of HIV/AIDS among Youth. Behaviour Change among the youth could not be assessed. Persistent outbreak of bacterial diseases curbed in programme Communities. Action aid specializes in capacity building of health personnel and empowers community action.

Table 4.4 continues.

NGO	INTERVENTION	DATE	IMPUTS/LOGISTICS SUPPORT	ASSESSMENT/ REVIEWS	REMARKS
PPAG	<ul style="list-style-type: none"> - Adolescent sexual reproductive health services - Maternal and Child Care - Capacity building of Traditional Birth Attendants(TBAs) - HIV/AIDS and General Health Education - Clinical Services 	1997-2001	<p>Reproductive and Maternal and Child Health Clinic</p> <p>Contraceptives Bank</p> <p>Women's Science resource centre and Rural Reproductive Health Clinic at Kpalugu.</p> <p>Trained over 100 TBAs and provided them with Tool -kits.</p> <p>Continuous provision of maternal , reproductive health and child care services to over 290 communities in the Northern region.</p> <p>Employed over 20 staff and over 100 volunteers all contributing directly or indirectly to health promotion</p> <p>Established adolescent and youth sexual reproductive health advisory center in Tamale in partnership with Community Development and Youth Advisory Center.</p> <p>Trained Youth Peer educators on HIV/AIDS.</p>	<p>PPAG annual reports 1997-2001.</p> <p>PPAG evaluation Survey 2000.</p> <p>Self -evaluation</p> <p>Field survey, January 2003.</p>	<p>Strong capacity building skills in reproductive health services.</p> <p>Advocates for health and strengthens community action.</p> <p>Programme in line with principles of health promotion.</p>

Table 4.4 continues.

NGO	INTERVENTION	DATE	INPUTS/LOGISTICS SUPPORT	ASSESSMENT/ REVIEWS	REMARKS
ADRA	-School health - programme, Nutrition, Water and sanitation HIV/AIDS prevention Malaria prevention. Health assessment. Vitamin A Supplementation for children. Immunisation.	1997- 2001	Trained about 50 TBAs and equipped them with tool-kits . provided basic and Senior Secondary School and clinics in their target communities with First Aid drugs and consumables. Covered 101 communities in the Northern with various health education programmes. Constructed 60 hand-dug wells in the target communities in the Northern Region. Constructed 50 KVIPs in the target communities. Collaborated with the Ghana Health Services in the Northern Region to carry out mass immunisation. Carried out health assessment of children and provided them with nutrition supplements in more than 50 communities	Field Survey, January 2003. An evaluation survey of ADRA's programme of activities 1997- 2001 Self-evaluation. ADRA's Annual Reports 1997- 2001.	An evaluation Survey of ADRA's Health Programme from 1997- 2001 showed an improvement in Community Knowledge of Nutrition, and health practices, reduction in water- borne diseases.

Table 4.4 continues

NGO	INTERVENTION	DATE	IMPUTS/LOGISTICS SUPPORT	ASSESSMENT/ REVIEWS	REMARKS
WORLD VISION	Water and sanitation. HIV/AIDS prevention, Nutrition education and Vitamin A supplement for children. Anthropometrics assessment of children. Malaria Prevention.	1997-2001	Committed US \$ 70 million into construction of well and boreholes in the Northern Region. Continuous provision of drugs and other Medical equipment to clinics in the Northern Region. Assist District Health Management Teams (DHMTs) in the Northern Region to carry out mass Immunisation programmes. Provides Vitamin A supplement to children in target communities. Trained 125 mothers in Nutrition education in five communities (2001) Dewormed 300 children in 15 communities in 2001. Facilitated the formation of mother to mother support groups on exclusive breast feeding Constructed 313 KVIPs, 21 boreholes and 77 wells in the target communities. Trained 200 beneficiaries on borehole maintenance.	World Vision Ghana, Annual Reports 1997-2001. Field survey, January 2001.	Wide scope of health programmes but concentrated in only 4 districts out of 13 in the Northern region. Advocacy for health and empowerment of community action.

Source: Field survey, January 2003

Table 4.4 end.

NGO	INTERVENTION	DATE	IMPUTS/LOGISTICS SUPPORT	ASSESSMENT/ REVIEWS	REMARKS
ADD	Health services support for disabled people. Prevention of disabilities. Health Education for Disabled people. HIV/AIDS education for disabled people. Research on the causes of disability.	1997-2001.	Distributed 23 wheel chairs to disabled people in the Northern region. Paid 1.2 million cedis for the making of tricycles for disabled people. Established resources centres for Disabled people in the Northern region. With the Support of the British High Commission, established hearing assessment centre with basic audio metric equipment at the Tamale regional hospital. Carried out a survey on the causes of disability in the Northern Region, which revealed strong lack of community knowledge on the causes of disability. Respondents had strong perception that disability is caused by witchcraft.	Field Survey, January 2001. Annual reports of ADD 1997-2001.	Advocates for equal health services for Disabled people . Builds skills of disabled people and strengthens community action for disabled people.

Source: Field Survey, January 2003 and the Annual Reports of World Vision Ghana, PPAG, ADRA, ADD, CCFC, ACTION AID GHANA ,(1997-2001)

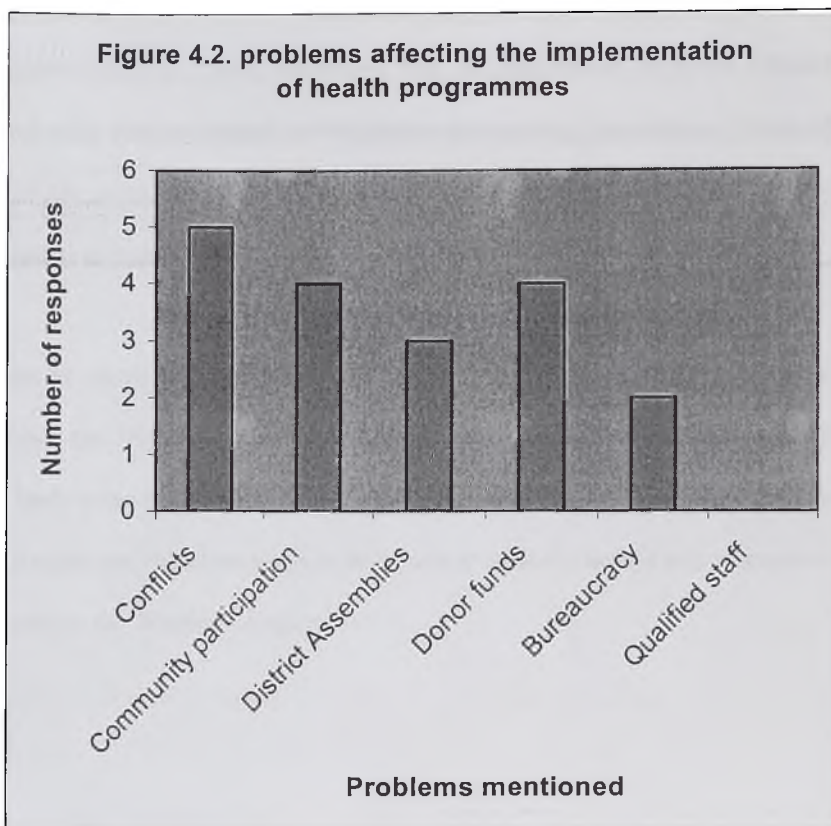
From Table 4.4 above it can be concluded that the selected NGOs have contributed enormously in diverse forms to health promotion in the Northern Region. They have contributed to the provision of potable water to the people of Northern Region, which has helped reduced the incidence of Guinea worm and other water-borne diseases (Data from the regional Directorate of health Services showed a reduction of Guinea worm infection from 1999-2001). They have also been instrumental in supplementing the efforts of the Ghana Health Services in mass immunisation to reduce infant mortality. Another key intervention of the selected NGOs in health promotion has been in the area of HIV/AIDS and Malaria prevention, which are among the priority health concerns of the Northern Region. The NGOs have also contributed to health promotion in the Northern Region through Drug and logistical support to rural clinics.

The table also revealed that the NGOs health interventions are in line with the principles of health promotion outline in Chapter Two of this document.

4.10. PROBLEMS AFFECTING THE IMPLEMENTATION OF INTERNATIONAL NGOs' HEALTH PROGRAMMES IN THE NORTHERN REGION.

The study investigated the factors militating against the implementation of international NGOs' health programmes in the Northern region. Among the problems discovered were conflicts, inadequate donor funds, inadequate cooperation from the district assemblies, lack of community participation and administrative bureaucracies.

Figure 4.2 shows the various problems that were reported to affect the implementation of the selected NGOs Health programmes.



Source: Field survey , January 2003

From figure 4.2 above, it is clear that conflict constitutes the major problem that hinder the implementation of health Programmes by international NGOs in the Northern Region.

Five out of the six selected NGOs mentioned ethnic conflicts as a problem affecting the effective implementation of their programmes. Of the six selected NGOs, four mentioned lack of community participation and inadequate Donor funds as problems affecting programme implementation. Three mentioned lack of cooperation from the District Assemblies and only two mentioned administrative bureaucracy as problems. None of the selected NGOs mentioned lack of qualified staff as a problem that militates against the implementation of health programmes.

It can therefore be concluded that ethnic conflicts inadequate Donor funds, inadequate cooperation from the District Assemblies and inadequate community participation all serve as a set back in the implementation of health programmes by international NGOs in the Northern Region and therefore needs to be looked at critically before any programme is embarked upon in the Northern Region.

4.11. SUSTAINABILITY OF HEALTH PROGRAMMES

The study also sought to assess what measures could be put in place to ensure that the health programmes and therefore health is sustained in Northern Region.

The NGOs studied suggested that:

- Community Health Volunteers should be trained and integrated into their programmes so that at the phase out of the programmes, these volunteers could at least handle some basic health issues like first aid, reporting of outbreaks of diseases and in the case of traditional birth attendants, handle simple deliveries.
- Provision of health facilities and incentive programmes to maintain health staff in the communities.
- NGOs should collaborate with one another and network their activities to ensure effective and efficient delivery of health programmes.
- There should be technical and financial commitment on the part of NGOs to communities.
- The communities should be involved from the scratch; from programme identification, planning implementation and monitoring and evaluation.
- Government should embark on rural infrastructural development.
- There should be proper accountability and transparency on the use of donor funds to ensure that the funds are really used for what it is meant for.
- Communities should be encouraged to establish community mutual health funds.
- Potable water and sanitation facilities should be provided to communities in need of them to prevent water borne and other related diseases.

4.12 SWOT ANALYSIS OF SELECTED NGOs INTERVENTIONS IN HEALTH PROMOTION.

In order to give a clear picture of the selected NGOs' intervention in the domain of health promotion, the SWOT analysis was used to assess the Strengths, Weaknesses, Opportunities and Threats.

Strengths are successes and the internal factors within the NGOs that facilitated their health promotion activities. They are related to past achievements. Opportunities are external factors that will enhance the NGOs health promotion activities in the future.

Weaknesses are internal factors that militate against the successful implementation of their programmes while Threats are the external factors that will affect the successful implementation of the selected programmes negatively.

Table 4.5 below shows the summary of the SWOT analysis of selected NGOs' contribution to Health Promotion in the Northern Region.

Table 4.5. SWOT analysis of the NGOs health promotion interventions.

STRENGTHS	OPPORTUNITIES
<ul style="list-style-type: none"> - Malaria prevention - HIV/AIDS prevention - Supported mass immunisation of children. - Provided potable drinking water to target communities. - Provided free medical care to target populations. - Provision of youth and adolescent reproductive health services. - Supported rural clinics and the Tamale Regional Hospital with logistics and drugs. - Strong community mobilization skills. - Qualified staff. - Trained Traditional Birth Attendants and equipped them with Tool-Kits. - Constructed a number of KVIPs. Etc. - Wide dimensions of health Programmes - Targets various categories of people. - Strong capacity building skills. 	<ul style="list-style-type: none"> - Good Governance and Democracy. - Pool of qualified and cheap labour. - Cooperation of the Ghana Health Services. - Continuous Donor Support. - Community Support in terms of labour mobilisation. - Hospitality in project communities. Strong community relations built.
WEAKNESSES	THREATS
<ul style="list-style-type: none"> - Competition and struggle for popularity among the NGOs. - Duplication of health programmes - Lack of networking and collaboration among the NGOs. - Inadequate internally generated funds. 	<ul style="list-style-type: none"> - Ethnic conflicts. - State of emergency. - Inadequate Donor funds. - Lack of coordination of activities. - Inadequate community participation (Funds)

Source: Field survey, January 2003.

As seen from Table 4.5 above, the strengths and opportunities together, of the selected NGOs outweighs their weaknesses and the threats in the implementation of their health programmes.

It can therefore be concluded that NGOs are contributing greatly to health promotion in the Northern Region and there is the potential to expand their health programmes.

Measures, however, need to be adopted to overcome the challenges they face in order for them to chalk more successes in the domain of health promotion in the Region.

In sum, chapter four reviewed the health policies and programmes of the sampled international NGOs in the Northern Region and in line with the health policies of Ghana as outlined in the Ghana Poverty reduction strategy and the Ghana Vision 2020 document. It was found that, the health policies and programmes are in line with the overall national health objectives with a slight variation in some of the programmes. The study revealed that there is no networking among the sampled international NGOs in the implementation of their health programmes in the Northern Region. It was also discovered that, much attention is given to HIV/AIDS and malaria prevention than the rest of the health programmes.

This situation is explained by the fact that malaria is reported to be number one killer disease in the Northern Region. Many NGOs are apparently engaging in the HIV/AIDS programmes as a result of the Multi-sectoral approach to combating HIV/AIDS instituted by the Ghana AIDS Commission that provides funds to NGOs and other civil society organisations for the HIV/AIDS prevention programmes in Ghana. The study further discovered that there is no coordination of the health promotion activities of NGOs in the northern region. With the constraints to health promotion in the Northern Region it was discovered that ethnic conflict was ranked first.

CHAPTER FIVE.

CONCLUSIONS AND POLICY RECOMMENDATIONS

This section of the work presents some general observations and conclusions relating to the value added to sustainable health promotion in the Northern Region. It also presents some specific conclusions pertaining to the set objectives of the study and presents policy recommendation for informed decision.

5.1.CONCLUSIONS:

The study revealed that there are more than 10 international NGOs working in the health sector of the Northern Region. These NGOs have been in operation in the health sector in the region for at least 5 years. All the NGOs have managerial staff with educational qualifications of first degree and above while their project staff have educational level of post senior secondary school level and above. This, combined with other factors could have a positive impact on the health programme implementation.

It was discovered that the health policies of the international NGOs studied are in line with the Government health objectives. None of the NGOs however, was found to be implementing the Government objective of health Insurance. Only CCFC had a programme of free medical care for its target population but not an established health insurance.

The study revealed that all the international NGOs target children and women in their health programmes. On their health interventions in the Northern Region, it was found that all the international NGOs had wide scope of health programmes including HIV/AIDS prevention, Malaria prevention, Nutrition education provision of potable water and sanitation education. However, it was revealed that the internal NGOs give prominence to HIV/AIDS and malaria prevention in the Northern Region. All

had HIV/AIDS education as a component of their health programmes and five out of six embark on Malaria prevention

An interview with the officials of the Northern Regional Coordinating Council (Regional Economic Planning Officer and his Assistant) revealed that, though it is the mandate of the Northern Regional Coordinating Council to coordinate the activities of the NGOs in the region to ensure that priority programmes are embarked upon in priority areas, this has not been done. As a result the NGOs embark on programmes in the region based on their own discretion, which lead to duplication of efforts and inefficient use of resources.

The study also revealed that there is a struggle for popularity and competition among the NGOs , unclear roles of NGOs and lack of sustainability of programmes including health programmes.

Ethnic conflict, inadequate Donor funds, inadequate cooperation from the District Assemblies and inadequate community participation all serve as a set back in the implementation of health programmes by international NGOs in the Northern Region. Of these problems, ethnic conflict, was found to be the most significant problem that affects effective implementation of programmes in the Northern Region.

The study however revealed that there is virtually no networking of the health programmes among the international NGOs. As much as 5 out of the six NGOs studied, do not have any network of their health activities with Agencies. Since the NGOs may not know what one is doing at a particular place and time, this possibly creates a window for duplication of efforts. However all the NGO embraced the idea of Networking as a tool for sustainable development.

On the NGOs intervention in health promotion, the study revealed that, much efforts are being put in by the NGOs especially in the areas of preventive health care.

5.2. POLICY RECOMMENDATIONS

Based on the findings and conclusions of the study above, I make the following policy recommendations for informed decision:

- Though the International NGOs are contributing greatly towards health promotion in the Northern region, their programmes will be sustained and have a great impact on their target population if there is coordination of their health programmes. I therefore recommend that, the Regional Coordination Council draws a strategic plan to coordinate all NGO activities in the Region.
- To avoid duplication of programmes and waste of useful resources, I recommend that, all the international NGOs working in the health sector in the Northern region should form a network of their health programmes.
- The Northern Regional Directorate of the Ghana Health Services should play a leading role to ensure that, all NGOs, working in the health sector should strengthen their collaboration with the Directorate by consulting the Directorate on the health priority areas of health delivery in the Northern Region.
- The international NGOs should also strengthen the collaboration between themselves by constituting quarterly meetings among themselves to discuss issues concerning their programme implementation in the health sector. They could also institute annual peer review workshops to discuss problems, share successes and ideas pertaining to their health programme implementation.

- For sustainable health promotion in the Northern Region, I recommend that there should be a "division of labour" in the health programmes implementation. Each international NGOs should tackle one or two health problems at a time.
- In order to ensure that the target populations benefit much from the international NGOs health programmes, there is the need to get the target communities and beneficiaries involved in the problem identification implementation, monitoring and evaluation.
- For sustainability of health promotion in the Northern Region, there is the need for the training of village health volunteers and integrating them into the health programmes of the NGOs, incentive policies should be adopted to retain health workers in rural communities and the communities should be involved in problem identification, planning, implementation, monitoring and evaluation of health programmes.
- All NGOs operating in the Northern Region should integrate peace building and conflict resolution into their programmes.
- Finally for sustainable health promotion in the Northern Region, the International NGOs should provide seed capital to communities in their programme areas to enable them established their own community-based health insurance schemes in line with the proposed National health Insurance.

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APPENDIX.**QUESTIONNAIRE FOR INTERNATIONAL NGOs.****INTRODUCTION.**

My name is I am a Masters Student of the Institute of Statistical Social and Economic Research (ISSER)-University of Ghana, reading Development Studies. The purpose of this Survey is to gather data for my dissertation as part of the programme requirement. I would therefore seek your permission to ask you some few questions relating to the topic above. Your co-operation would be very much-appreciated. All the responses collected would be kept confidential and would only be used purely for academic research purpose.

BACKGROUND

1. Name of International NGO.....
2. Person contacted.....Position.....
3. Year Operation began in the Northern Region.....
4. Major Donors.....
5. Areas of Operation in the Northern region (please fill in)
 - a. Districts.....
 - b. Communities.....
 - c. Target Population
 - 1.Children
 - 2.Women
 - 3.Youth
 - 4.Aged
 - 5.Others(specify).....

6.Categories of employees**I. Managerial staff qualification**

1.
2.
3.
4.

II Field staff Qualification

- 1.....
- 2.....
- 3.....
- 4.....

7.what is the Minimum level of remuneration/Salary in cedis?

1. 800,000 cedis and above but less than 1million.
2. 1million
3. 1.5million
4. Others(specify).....

8. What is your maximum level of Salary in cedis?

1. 2million and above
2. 3million
3. 4million
4. 5million

B. HEALTH POLICIES AND PROGRAMMES

9. What are the policies underpinning your Health programme?

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

10.What are your Health programmes/Activities?

- 1 Provision of potable water and sanitation education
- 2 Guinea Worm eradication
- 3 HIV/AIDS prevention
- 4 Malaria prevention
- 5 Nutrition
- 6 Immunisation
- 7 Health Care financing (Health Insurance)
- 8 Others (specify).....

11. Who are your target population?

- 1.Children
- 2.Women
- 3.Youth
- 4.Aged
- 5.Others(specify).....

12. What is your level of coverage in terms of numbers since the inception of the Health programme(s)?.....
13. What are your achievements so far, since the inception of the Health Programmes?
- 1.....
 - 2.....
 - 3.....
 - 4.....
 - 5.....
14. What are the main obstacles in the implementation of your health programmes?
1. Ethnic conflicts
 2. Lack of cooperation from the district assemblies.
 3. Inadequate donor funds
 4. Lack of community participation.
 5. Inadequate qualified staff
 6. Others (specify).....

COLLABORATION AND NETWORKING

15. Do you have any collaboration with other International NGOs in the Region working in the area of Health?
1. Yes
 2. No
16. If yes Name them.....
17. If No , Why.....
18. Is there any networking of your health promotion activities among other International NGOs?
1. Yes
 2. No
19. If yes to question 19 above, which is the co-coordinating/networking body?
20. How often does the Networking body meet ?
1. Monthly
 2. Quarterly
 3. Annually.
 4. Others(specify)

21. What are the Major issues usually discussed at the Health Network meeting ?

- 1.....
- 2.....
- 3.....
- 4.....

22. What are the main Duties of the networking body

1. Organise forums for NGOs to share ideas
2. Coordinates activities of NGOs to avoid duplication
3. Collects membership dues.
4. Capacity building of member Ngos in the region
5. Others(specify)

23. How important is the networking to health promotion in the region?

.....

.....

.....

24. If there is no networking, would you propose that a networking be formed ?

1. Yes
2. No

25. If No, give reasons.....

.....

SUSTAINABILITY

26. How best do you think Health Promotion activities in the Northern Region can be sustained ?

- 1
- 2.....
- 3.....
- 4.....
- 5.....