

# The Change Challenge Fund

## *Learning by Leading “on the ground”*

*Learning by Leading* was the underlying principle of Communicate for Health’s capacity building strategy. Among the four components of this strategy, the project’s Change Challenge Fund translated this principle into practice in the boldest and most sustained way.

The Change Challenge Fund, or CCF, was specifically designed for those who had already successfully completed at least one other skills-building component: the Change Agent Development Program (CADP) or the Set for Change Action Learning Set (SfC). (See also the brief on Capacity Building.) Like these other programs, the CCF was competitive. But unlike them, the CCF asked applicants to write a formal proposal for funding—just as they would submit to a client or donor—outlining a specific health problem, a target area, an implementation strategy including partners, and a budget. Those awarded grants would then have the opportunity to put all their newly developed skills into practice, carrying out a small-scale SBCC project over a seven to ten-month period in the area where they worked on a topic that concerned them personally, and supporting the *GoodLife* objectives.

**The CCF placed applicants in “the real world” from the first moment—requiring strategy conception and cost estimates.**

### **NOT YOUR USUAL THEORETICAL TRAINING**

The CCF program placed applicants in “the real world” from the first moment—requiring strategy conception and cost estimates. They could apply for up to GHS 6,000 to fund planned activities.<sup>1</sup> All graduates of the CADP and SfC programs had been trained to write proposals as part of their technical skills building. But it was unlikely any of them had ever had to write a proposal or planned a budget for a “real” intervention—and follow it through.

Thirty-three of the 97 eligible CADP and SfC graduates applied for grants. Proposals were first reviewed by a three-member evaluation panel (two officers from the Health Promotion Department (HPD) and one from Communicate for Health) and then approved by a seven-member CCF management board (four officers from different departments of the Ghana Health Service and three from Communicate for Health).

---

<sup>1</sup> The fund was managed through a Fixed Amount Award with GHS/HPD.



*Mr. Abdul Wahid Dawono, TOHP in Wa West District, demonstrating handwashing with soap using a Tippy Tap among primary school children in the Upper West Region.*

Fifteen grants were awarded. Nine of the interventions were based in the five USAID regions. (See table.) Activities focused on maternal and newborn health (seven proposals), adolescent health and teenage pregnancy (three), water, sanitation, and hygiene (three), and on malnutrition and hypertension. Awardees received the first of three disbursements in October of 2018, with subsequent releases based on progress reports endorsed by the respective District Directors of Health Services and verified by the Regional Health Promotion Officers (RHPOs). RHPOs monitored implementation of the projects through supportive visits and telephone check-ins, as well as random checks as part of the regular monitoring and supportive visits by the national level. Field-level activities were carefully monitored by HPD to ensure the success of the program.

### **INNOVATIONS, DEDICATION, AND RESULTS**

Given the size of the grants—as well as the target areas—all of the interventions emphasized “below the line” media rather than national or regional broadcast media. They were all designed as partnerships with District Health Management Teams (DHMTs) and local

communities and focused heavily on interpersonal channels and innovations of various kinds.

Four of the interventions were selected for a panel presentation at the Second Maternal, Child Health and Nutrition conference organized by Family Health Division of the Ghana Health Service in June 2019. The HPD chose the four based on progress of activities and reported successes and lessons learned.

The highlighted interventions included the use of “pregnancy jackets” to promote male awareness about the importance of antenatal care and facility-based deliveries and the need to support wives/partners during pregnancy; reducing malnutrition and anemia among children under five through community engagement and practical cooking demonstrations; improving the skills of local information officers to disseminate information about maternal deaths, danger signs during pregnancy, and the role of the community in promoting maternal health; and reducing teenage pregnancy and anemia through “girls’ squads” and adolescent health education.



*Dr. Yao Yeboah, GHS Council Chair, wearing a pregnancy jacket during the CCF panel presentation.*

This fourth grant, formation of “girls’ squads, was carried out in the Twifo Hemang Lower Denkyira (THLD) district in the Central region, which has a high rate of teenage pregnancy. Members of the squad were selected from among school girls aged 13–15 in the district. Respected role models provided the girls with information on menstrual hygiene, reproductive health, and nutrition. Members were encouraged to act as ambassadors to their peers by sharing the new information. Their personal outreach also led two young girls who had dropped out of school due to pregnancy to return to their studies.

### **PARTNERING AND EMPOWERING**

Monitoring of the grants revealed that their impact was felt beyond individual beneficiaries. The grants also strengthened relationships among the DHMTs, local institutions, and the larger communities.

The CCF process required inputs at the start from various members of the DHMTs, and the awarding of grants renewed the team spirit within DHMTs and also the bonds with the focal HPO or TOHP—which in turn improved motivation “on the ground.” The involvement of several district health officers (such as District Nutrition Officers, District Public Health Nurses, District Disease Control Officers, SHEP Coordinators, and Community Health Nurses) also created avenues for resource pooling.

Several of the grants demonstrated that small-scale activities have the potential to build viable collaborations between community leaders and institutions. Many grantees received support from their District Assemblies, schools, community radio stations, local information centers, and health facilities. For example, a grantee undertaking hypertensive reduction activities was provided with a room at each of two health facilities (Abokobi Health center and Taifa Polyclinic) to set up a hypertensive clinic for her weekly reviews. Another beneficiary who designed a campaign to reduce maternal deaths through advocacy and sensitization was able to work with three local radio stations (Pure FM, Space FM and Owass FM in Tarkwa).

A significant lesson learned from the CCF program was that even a grant of GHC 6,000 can have a substantial impact. Mrs. Ayobi, a grantee based at Kintampo South district, remarked, “You don’t need huge sums of money and resources to effect behavior change in communities, but rather it requires a little effort, a strong will, and collaboration.”

As hoped, a strong mentor-mentee relationship was also established between CCF recipients and senior HPOs at HPD headquarters. Advice from the national level appeared to directly improve implementation on the ground.



*Mrs Caroline Agbodza demonstrating the logistics of feminine hygiene pads at a girls school.*



Perhaps most important, grantees received not only wished-for financial resources, but positive responses from their own communities. The opportunity to work “on the ground” renewed their understanding of local needs and barriers and allowed them to

demonstrate to those they serve that they are not only “bureaucrats” but are motivated by the desire to bring about positive change.

NAME	DISTRICT	TOPIC
Janet Wepiah Batako	Kintampo South, Brong Ahafo	Handwashing: To enhance proper handwashing (hand washing with soap under running water) using the correct technique among 2000 households within the Kintampo South District by the end of December 2019
Mary Ayobi	Sunyani West, Brong Ahafo	Malnutrition: To reduce malnutrition among children under five in the Sunyani West District from 10.3% to 4%
Gerald Kwakye	Gomoa Afransi, Central	Teenage pregnancy: To improve adolescent health by reducing teenage pregnancy rates from 9.5% in 2017 to 7.5% and STIs from 1.44% in 2017 to 1.0% by the end of first quarter of 2019
Augustine Fobi	Twifo Hemang, Central	Teenage pregnancy: To reduce teenage pregnancy and anemia while improving the nutritional status of adolescent girls in the district
Gladys Gbadagbali	Ashaiman, Greater Accra	Campaign against filth: To promote health and good sanitation for GoodLife among the people of Ashiaman through SBCC in the municipality
Vida Ntiwaa Gyasi	Ga South, Greater Accra	Still births: To reduce still births from 0.5% to 0% in the Ga South municipality
Rosemond Appau	Ga East, Greater Accra	Reduction in hypertension: To reduce hypertension among females in the reproductive age group from 17% to 13% by end of 2019
Mohammed Fatima	Tamale, Northern	Adolescent health corner: To establish an adolescent health corner that will provide counselling services and reproductive health services to adolescents in an enabling environment devoid of fear and intimidation
Hon. Yakubu Rahinatu	Tamale, Northern	Maternal deaths: To reduce maternal deaths through the use of SBCC and advocacy (interpersonal communication) in building the capacity of 100 midwives in the Sagnarigu Municipality
Alhassan Sulemana	Nanumba North, Northern	Maternal deaths: To reduce maternal mortality from six to two per 1,000 live births in a year's time through SBCC sensitization of the inhabitants of some selected communities in Nanumba North municipality on the possible causes and preventive measures of maternal mortality
Maakpe John Vianney	Wa, Upper West	Maternal deaths: To empower men and other stakeholders with knowledge and skills about health services—especially antenatal care, skilled delivery, and post-natal care services
Prosper Songyele	Lawra, Upper West	Anemia in pregnancy: To reduce anemia in pregnancy in the Lawra municipality from 55% to 20% by the end of 2019
Bawakyillenuo Julius Ngmentiere	Wa East, Upper West	Maternal deaths: To determine and address socio-cultural, clinical, and socio-demographic factors that contribute to maternal mortality
Abdul - Wahid A. Dawono	Dafiama Bussie Issa, Upper West	Handwashing (diarrhea in children under 5): To mitigate the determinants that contribute to the occurrence and spread of diarrhea among children under five years of age as a result of poor handwashing practices in the Daffiama Bussie Issa District
Evans Whajah	Tarkwa Nsuaem, Western	Maternal deaths: To reduce maternal death cases among women in the Tarkwa Nsuaem municipality through advocacy for improved antenatal attendance