Ghana Integrity Initiative (GII)

Local Chapter of Transparency International

STAR-GHANA/UNDP HEALTH PROJECT

REPORT ON THE IMPLEMENTATION OF COMMUNITY SCORECARD (CSC)

STAR-Ghana
Strengthening Transparency, Accountability and Responsiveness in Ghana

STAR-GHANA /UNDP
HEALTH PROJECT

REPORT ON THE IMPLEMENTATION OF COMMUNITY SCORECARD (CSC)

Established in 1999, Ghana Integrity Initiative (GII) is a non-partisan, non-profit civil society organisation focused on addressing corruption. GII is the local chapter of Transparency International (TI), the global, non-governmental, non-profit civil society organisation leading the fight against corruption through more than 90 chapters with its International Secretariat in Berlin, Germany.

The vision of GII is ***"a corruption-free society where all people and institutions act accountably, transparently and with integrity".***

The mission of GII is ***"to fight corruption and promote good governance in the daily lives of people and institutions by forging strong, trusting and effective partnerships with government, business and civil society and engagement with the people".***

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Table of Contents

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Preface

Access to timely, acceptable, and affordable health care of appropriate quality is a basic human right. The provision of healthcare to citizens is therefore one of the most important responsibilities a government holds. Decentralised Ministries, Departments and Agencies (MDAs) have been mandated to ensure that the health care needs of the people are catered for. Further, policies have been initiated and are currently being implemented to ensure that every Ghanaian can access healthcare no matter where they live. There is however, still the issue of lack of monitoring to ensure that citizens can provide feedback on whether the services provided meet their needs. It is worth noting that these policies, even though well intentioned, if poorly designed, can cause failings that prevent well-intentioned health service providers from doing their jobs.

While weak governance and corruption in any sector is a serious hindrance to the development and prosperity of a nation, in healthcare we can see alarming direct impacts; a poor policy decision can result in unnecessary pain and trauma, and higher mortality rates for patients seeking care.

Broadly, lack of transparency and accountability and weak governance more generally can damage the ability of the healthcare system to deliver quality, effective care to the people who need it most. There is growing evidence that high levels of corruption increase poverty and inequality, and cause health status to deteriorate, particularly among the most vulnerable population groups.

From the forgoing, it is evident that participation, transparency and accountability are crucial ingredients for a functioning healthcare system. Where poor policy, weak governance and scarce resources conspire to deny people basic healthcare, it is absolutely critical that those affected by the policies are empowered with the knowledge and skills they need to stand up to their duty bearers and advocate for better healthcare services to which they are entitled. In realizing this outcome, GII with funding support from Strengthening Transparency, Accountability and Responsiveness in Ghana (STAR-Ghana) and the United Nations Development Programme (UNDP), as part of the project titled “Increasing Participation, Accountability, Responsiveness and Transparency (PART): Focus on the NHIS and other MDG-related interventions in the health sector in Ghana”, GII took on this important challenge. GII was successful in bringing together all stakeholders under the NHIS in selected communities using the Community Score Card methodology (CSC) to openly identify issues of access and quality and solutions to the challenges and gaps identified. Through community engagement, capacity-building, research and provision of platforms for dialogue, the project aims to examine the various stages of health service delivery under the NHIS with a view to making the processes more participatory and transparent by empowering citizens with relevant skills and knowledge to demand responsiveness and accountability

from service providers. It is hoped that this important work will make healthcare not only available but accessible and affordable to all Ghanaians.

It is our hope that the findings of this report will provide guidance for civil society groups and donor partners aiming to have a positive impact on health service delivery. It is also hoped that policy makers and those tasked with health service administration can learn from the issues and concerns raised by the selected communities and the actions taken by health service providers to address them. Through ongoing education and empowerment of citizens, and by facilitating participation and dialogue to ensure that the actual impacts of policy decisions are being seen and heard by those making them, we will be able to dramatically improve health service delivery in this country.

There is much that can be done to strengthen the governance of the health system and reduce corruption, but it cannot be done single-handedly. It is becoming ever more apparent that all health system stakeholders – public authorities, health insurance providers, healthcare workers, professional associations, civil society organisations and citizens – need to be involved. The support of international development partners and our political leaders is also absolutely fundamental to the fight to ensure all Ghanaians have access to the healthcare they so need and deserve.

Vitus Adaboo Azeem

Executive Director - GII

Executive Summary

Executive Summary

In 2012, Ghana Integrity Initiative (GII) undertook a two-year health project titled 'Increasing Participation, Accountability, Responsiveness and Transparency (PART): focus on the National Health Insurance Scheme (NHIS) and other MDG-related interventions in the health sector in Ghana'. Financially supported by STAR-Ghana and the UNDP, the project covered twelve (12) districts in six (6) regions. The project aimed to examine the various stages of health service delivery under the NHIS with a view to making the processes more participatory and transparent by empowering citizens with relevant skills and knowledge to demand responsiveness and accountability from service providers.

The first stage of the project allowed members of the selected communities to identify issues they were experiencing with the NHIS and healthcare more broadly. Through a scoring process called Community Scorecard (CSC), community members were assisted in ranking the most important issues to the community as a whole and giving each a quantitative score. Using this data and a platform for open discussion, community members were able to voice their concerns with health service providers, including representatives from District Health Directorates, the NHIS and health workers from their local facilities.

This report contains the data gathered and validated through the CSC process, as well as data collected on community perceptions on the same issues two years later. Community members originally raised issues such as:

- Inadequate education on the NHIS benefits package
- Inadequate coverage of diseases and drugs under the NHIS
- Delays in issuance and renewals of NHIS cards
- Long waiting periods in health facilities
- Poor attitude of health personnel
- Inadequate supply of trained health personnel
- Preferential treatment against card holders
- Extra fees for drugs
- Extra payments for treatment, or preferential treatment

Following the interface meetings and subsequent actions taken by NHIS offices and health service providers, as the data contained in this report clearly indicates, over the two year duration of the project there was a marked improvement in the perception of health service delivery in the selected districts. Following the original CSC process, all communities experienced positive changes in health service provision in their communities, including an increase in education initiatives and improved service from health care workers. At the end of the validation process, community members participated in capacity building workshops to ensure their continued active engagement in improving healthcare in their communities.

There is still a great deal of work to be done by health service providers at the district level, including ongoing and intensified community education on the rights and responsibilities of patients, as well as the coverage, benefits and processes associated with the NHIS. A full set of recommendations is included at the end of this report.

Background

Prior to 1990, the Ghanaian government provided free or highly subsidised health services for its citizens. This practice was, however, replaced by user fees or out-of-pocket payment systems, popularly known as the cash-and-carry system which resulted in worsening of access to health services among some population subgroups, particularly the poor and vulnerable (Badasu, 2004; Agyepong, 1999; Gilson, 1995). Inadequate supply of drugs and generally expensive, substandard services at health facilities characterised the health delivery system under the cash-and-carry system (Waddington and Enyimayew, 1990).

The introduction of the National Health Insurance Scheme (NHIS) in Ghana was necessitated by these failings of the cash-and-carry system. The NHIS was introduced in 2003 under the National Health Insurance Act (Act 650), piloted on a small scale until 2004 when it was adopted countrywide in all public health facilities, privately owned hospitals and clinics accredited by the National Health Insurance Authority (NHIA) (Institute for Statistical, Social and Economic Research and UNICEF 2012). Challenges associated with the implementation of the NHIS necessitated a review of the delivery of services under the scheme which in 2012 resulted in the enactment of the NHIS Act 850. The policy reorientation of the NHIS aimed to achieve improvements in efficiency and quality of health service delivery. Specifically, the revised policy is aimed to achieve "improved access to quality health care delivery under NHIS and improved transparency and accountability in the financial management of NHIS".

To help achieve the objective of this pro-poor social policy, GII, the local chapter of Transparency International, undertook a two-year health project titled 'Increasing Participation, Accountability, Responsiveness and Transparency (PART): focus on the National Health Insurance Scheme (NHIS) and other MDG-related interventions in the health sector in Ghana'. The overall expected outcome of the project was to achieve improved transparency and accountability in the flow and utilisation of NHIS financial resources leading to improved health service delivery in selected deprived districts by December 2014. The original project was focused on three regions and was financially supported by STAR-Ghana, a multi-donor agency. In 2013, GII received further support from UNDP under a one year social accountability project with similar objectives. This resulted in the increase of the project coverage to six regions.

Project Locations

Regions	Districts	Communities/Catchment areas
CENTRAL	Gomoa West	Ngyirese and periphery communities
	Ajumako Enyan Essiam	Ajumako Kumasi, Ajumako Bisease and their environs
VOLTA	Jasikan	Kwamekrom, Teteman
	Kadjebi	Poase Cement, Doodi Papase
EASTERN	Upper West Akim	Abamkrom, Odumkyere Darmang
	Suhum Municipality	Sra and (surrounding communities Praprabebida, Kwabena Kumi, Okanta, Ateibu and Abisim), Akorabo
BRONG AHAFO	Kintampo South	Krabonso, Mansie
	Tano South	Techimantia, Derma
UPPER EAST	Bongo	Balungu, Gowrie
	Bawku West	Sapeliga, Binaba
WESTERN	Jomoro	Ahobre, Samenye
	Wassa East	Sekyere Krobo, Ekutuase

Methodology and Approach

Selection of Participating Communities

As indicated above, in each region, two districts were selected and then four catchment areas or communities were selected in each of the districts. The selection of regions, districts and catchment areas or communities was carried out through stakeholder consultations, taking into consideration factors such as poverty, remoteness and accessibility. The selected communities presented a sample representative of the various combinations of these factors in the more vulnerable communities across the country.

The Community Scorecard Methodology

This project used the Community Scorecard (CSC) methodology. The CSC is a two-way, ongoing participatory tool for the assessment, planning, monitoring and evaluation of services. Specifically, CSC is a community-based monitoring tool that is a hybrid of the techniques of social audit, community monitoring and citizen report cards. Like the citizen report card, the CSC process is an instrument to exact social and public accountability and responsiveness from service providers. The CSC process uses the "community" as its unit of analysis, and is focused on monitoring at the local/facility level.

Why Choose the CSC?

The CSC process brings together the demand side ('service users' or 'clients') and the supply side ('service providers'). In the case of this project, the NHIS and its clients were able to jointly analyse issues associated with service delivery and find a common and shared way of addressing those issues. An interface meeting between service providers and service users allows for immediate feedback on challenges and solutions identified by both groups. This methodology aims at increasing participation, accountability and transparency between service users, providers and decision-makers. The main goal is to positively influence the quality, efficiency and accountability with which services are provided. Based on the successes GII experienced with the use of the CSC methodology for this project, GII would recommend the use of CSC to other civil society organisations seeking to collect accurate data and positively influence the quality of service delivery.

The Process

Stakeholder identification, selection, analysis and consultation

The CSC process started with stakeholder identification, selection, analysis and consultative meetings in selected regions, districts and communities. Following this, community-level engagement was conducted involving an awareness creation and sensitization session on the goal of the project and the CSC methodology, as well as the manifestations and impact of corruption on development. This session was delivered by GII. An additional presentation on the NHIS was then given by a representative of the scheme in each district.

Some weeks following the engagement and sensitisation session, GII returned to the communities to carry out the CSC process.

Conducting scorecard with the community

Input tracking
Community members at the meeting were divided into the following groups to ensure maximum participation: elderly men, elderly women, men, women, female youth, male youth, nursing mothers and people living with a disability. Wherever a group was too large, it was further divided to ensure people expressed their views without hindrance. Each of the groups had a facilitator who guided them through the input tracking process. This part of the process sought to assess participants' knowledge of their rights and the benefits that they should be able to access through the NHIS. It also sought to assess community experiences of service delivery at the health facility.

Issue identification
After the input identification and tracking, the groups shared ideas about service-related issues to be improved. The groups were then assisted to cluster similar issues and also prioritise them in terms of relevance and importance.

Indicator setting and scoring
Once issues had been identified, the facilitators assisted in identifying the key indicators for the groups to score and determine the importance of each of the issues they had identified. Facilitators took time to peruse the various group issues and came to a consensus on the indicators. These indicators were then scored by the community members using stones as the instrument of measure on a scale as follows:

- 1 stone = very bad
- 2 stones = bad
- 3 stones = just okay
- 4 stones = good
- 5 stones = very good

Each group at this point selected two group leaders who assisted with the consolidated scoring phase of CSC.

Consolidated scoring process
After the scoring of specific indicators, the facilitators and group leaders met to complete the consolidated scoring matrix. In order to ensure all participants at the meeting agreed to the scores as true reflections of their experiences of the issue, the consolidated scoring was done by all the group members rather than just the selected group representatives. This also ensured participants' continuous participation in the programme. It is important to note that the consolidated score is not an average of the scores, but rather an agreed score by the group representatives which the whole group accepted.

Conducting the Health Provider CSC
Conducting the health provider scorecard followed the same processes as the community scorecard, only from the health providers' perspectives. This included having an initial

meeting with health providers, tracking inputs, generating and prioritising issues as well as identifying indicators. The indicators were then scored and a consolidated score was determined with the health providers. In all districts, the sessions were facilitated with the support of health providers.

Interface Meeting and Development of Action Plan

The interface meeting is a crucial step in the CSC process as it brings all the stakeholders involved in the process together to discuss the issues identified and find a way forward for resolving them. These meetings brought together key stakeholders and decision makers such as chiefs, group village headmen, district officials, ministry officials and local politicians as well as the health centre staff and NHIS staff. Here, all the indicators scored by community members were put to the health and NHIS personnel to address. Issues raised by the health facilities were also mentioned and addressed at all the community meetings in the six districts. Community members developed a tentative action plan that all stakeholders agreed to work together to achieve in order to improve service delivery in their communities. In the discussions, facilitators ensured that participants were realistic about any suggestions for improvement and included the most important and realistic goals.

Results – CSC Implementation

CENTRAL REGION

Ajumako Enyan Essiam District

CSC process details		
Region	Central	
District	Ajumako Enyan Essiam	
Dates	6 - 9 May 2013 Exploratory Visit/Consultative Meetings	
	20 – 23 May, 2013 - Implementation of CSC	
Catchment areas	Ajumako Kumasi	Ajumako Bisease
Number of participants engaged	Male = 91 Females = 173 PWDs = 5 Total = 269	
Type of Health Facility	Health Centre	
Local Implementing Partner	CLED (Campaign for Learned Disability)	
Key stakeholders	• District Health Management Team (DHMT) in Ajumako Enyan Essiam and Gomoa West • District Assembly in Ajumako Enyan Essiam and Gomoa West • Chiefs and opinion leaders participated in all the activities at the community level • NHIS /The Mutual Health Insurance Manager	

Indicators developed and consolidated scores

Presented below are the cluster of indicators and specific indicators developed out of the issues raised by NHIS clients in Ajumako Kumasi and Ajumako Bisease, as well as their corresponding consolidated scores, interpretation and analysis.

Cluster of indicators	Specific indicators	Ajumako Kumasi scores	Ajumako Bisease scores
Knowledge	Awareness on the of NHIS scheme	1	-
Coverage	NHIS coverage of diseases and medication	1	1
Fees	Payment of additional fees without receipts (e.g. for deliveries)	1	3
Time	Timely issuance of NHIS Cards	2	1
	Renewal of NHIS cards	5	5
	Waiting time at health facility	1	1
	Referrals	-	1
Service	Attitude of health workers towards NHIS clients	4	3

Participating NHIS clients in Ajumako Kumasi identified inadequate knowledge of the NHIS benefit package, the issue of NHIS not covering some diseases and medicines; payment of fees without receipts and long waiting times at the health centre for NHIS clients as 'very bad'. These challenges, which fall under the clusters of 'knowledge', 'coverage' and 'time' were experienced frequently by NHIS clients and may have a negative impact on their health. Clients expressed the desire to see improvement in these areas. The participants at Ajumako Kumasi also scored the long delays they experienced with the issuance of NHIS cards after registration as 'bad'. They explained that in emergency situations where poor people cannot raise monies to seek health care, this situation can lead to loss of lives.

The attitude of health workers towards NHIS clients, and the speed of renewal of NHIS cards were indicators the people scored 'good' and 'very good' respectively. This indicates that the NHIS clients' negative experiences with these indicators do not occur often and may not impact negatively on their health.

In the case of Ajumako Bisease, participating NHIS clients were concerned about the limited NHIS coverage of diseases and medicines. They also raised concerns with long waiting times at health centres, frequent referrals and delays in issuance of NHIS cards, scoring each of these indicators as 'bad'. Similar to the findings in Ajumako Kumasi, the attitude of health workers towards NHIS clients, and delays in the renewal of NHIS cards were scored 'okay' and 'very good', signifying less significant problems associated with these indicators.

In a sharp contrast however, inadequate knowledge of the NHIS benefit package which was raised as a key problem by the NHIS clients in Ajumako Kumasi, was not identified as such by the people of Ajumako Bisease.

Gomoa West District

CSC process details	
Region	Central
District	Gomoa West
Dates	6 - 9 May Exploratory visit
	24 – 27 May, 2013 - Implementation of CSC
Catchment areas	Ngyirese, and three periphery communities (Osu, Ohue, and Gomoa)
Number of participants	Males = 93 Females = 174 Total = 267 PWD= 0
Type of Health Facility	Community Health Planning Service (CHPS) compound
Implementing Partner	I Care

Presented below are the cluster of indicators and specific indicators developed out of the issues raised by NHIS clients in Ngyirese and three periphery communities (Osu, Ohue, and Gomoa), as well as their corresponding consolidated scores, interpretation and analysis.

Indicators developed and consolidated scores		
Cluster of indicators	**Specific indicators**	**Ngyiresi**
Knowledge	Inadequate knowledge of NHIS benefit package	2
Coverage	95% of NHIS coverage of diseases and medicines	3
Time	Long waiting time at health centre for NHIS clients	2[1]
	Delays in issuance of NHIS cards	2
Access	Distance to NHIS office	2
Service	Attitude of health workers towards NHIS clients	5

Participating NHIS clients in the Ngyiresi community and catchment area identified inadequate knowledge of NHIS benefit package, long waiting time at the health centre, distance to the NHIS office and delays in issuance of NHIS cards as areas of concern, rating each of these indicators as 'bad'. Of slightly less concern, clients identified the limited NHIS coverage of diseases and medicines as 'just okay', and appeared to have little issue with the attitude of health workers towards NHIS clients, scoring this indicator as 'very good'.

[1]During the validation process, NHIS clients indicated that this score was given in relation to the Apan hospital, rather than the community CHPS - a score of 5 was given for waiting times at the CHPS at the time of the original CSC process

VOLTA REGION

Jasikan District

CSC process details		
Region	Volta	
District	Jasikan	
Dates	July 28-31, 2013 Exploratory Visit/Consultative Meetings	
	August 12, 13-14. 2013 - Implementation of CSC	
Catchment areas	Kwamikrom	Teteman
Number of participants	Male = 87 Females = 168 Total = 255 PWDs = 3	Male = 106 Females = 187 Total = 293 PWDs = 1
Type of Health Facility	Kwamikrom is served by a Health Centre and Tetemann by a CHPS compound	
Implementing Partner	Royal Health Organization	

Presented below are the cluster of indicators and specific indicators developed out of the issues raised by NHIS clients in Kwamikrom and Teteman, as well as their corresponding consolidated scores, interpretation and analysis.

Indicators developed and consolidated scores			
Cluster of indicators	**Specific indicators**	**Kwamikrom scores**	**Teteman scores**
Knowledge	Lack of education on NHIS benefits package	2	1
Coverage	NHIS does not cover all diseases and medications	2	
	Unavailability of drugs	-	2
	Preferential treatment in relation to drugs against card holders	-	3
Time	Delays in issuance of NHIS cards	1	1
Service	Frequent referrals (Absence of a Medical Assistant)	1	
	Mistakes in issuance of NHIS card	2	2
	Attitude of health workers towards NHIS clients	2	2
	Health personnel report late, close early and don't work during weekends	2	1
Fees	Payments of additional fees (injections and deliveries)	2	2

The experience of delays in the issuance of NHIS cards for longer than the prescribed waiting period was a key issue affecting both communities in the Jasikan district. Upon further clarifications, community members added that some of them had never received their cards even though they had registered; many others either had to register again or were no longer interested in the scheme.

Another issue common to both communities was the fact that much of the information on NHIS cards was wrongly entered therefore creating problems for them accessing

the scheme. Some of the common mistakes they mentioned include spelling mistakes, gender changes on cards, (placing female pictures on male cards and vice versa), poor picture quality and vast changes in the ages on some cards.

Further, both communities reported that extra fees were being charged at the facilities even though clients were NHIS card holders. Many community members had paid extra fees at some point while attempting to access health care with their NHIS card. They mentioned charges for laboratory, deliveries, injections and sometimes consultation fees. Linked to this issue; a lack of knowledge on the part of beneficiaries of NHIS benefits was identified as a key issue in both districts, scored as 'bad' and 'very bad' in Kwamikrom and Teteman respectively. This lack of knowledge makes it very difficult for clients to verify which fees are valid. The implications of these issues directly affect access and quality of care for the individual and need to be addressed immediately.

The two communities also raised the poor attitude of health workers at the Health centre and CHPS compound not opening during weekends and closing early as other issues affecting health delivery in their communities. With a score of 'bad' and 'very bad', participating clients in both communities saw the attitude of health workers as a serious challenge and mentioned among others, insults from nurses, lack of attention, and being made to wait long periods before receiving any attention.

Also worth mentioning are issues of the facility at Teteman not being able to meet the community's health care needs, thereby forcing community members to have to travel long distances for health care in the district capital. Community members were unanimous in agreement that a better facility is needed in Teteman. Preferential treatment against card holders was also cited as an issue in Teteman. It was stated that card holders have to wait for a long period to access health care, whereas out of pocket payments are treated expeditiously. If something is not done about this impression, it could result in members not renewing their membership and a reduction in the effectiveness of the scheme.

Kadjebi

Process details		
Region	Volta	
District	Kadjebi	
Dates	July 28-31, 2013 Exploratory Visit/Consultative Meetings	
	August 12, 13-14. 2013 - Implementation of CSC	
Catchment areas	Poase Cement	Dodi Papase.
Number of participants	Male = 114 Females = 147 Total = 261 PWDs = 0	Male = 112 Females = 193 Total = 305 PWDs = 0
Type of Health Facility	Health Centre with a Midwife in charge	Hospital (St Mary Theresa Hospital)
Implementing Partner	Pillar of Change	

Presented below are the cluster of indicators and specific indicators developed out of the issues raised by NHIS clients in the two catchment areas of the Kadjebi District; Poase Cement and Doodi Papase, and their corresponding consolidated scores, interpretation and analysis.

Indicators developed and consolidated scores			
Cluster of indicators	**Specific indicators**	**Poase Cement scores**	**Dodi Papase scores**
Knowledge	Inadequate knowledge on NHIS benefits package	2	2
Time	Long waiting periods at health facility for NHIS Clients	1	1
	Unavailability of drugs for NHIS clients and expensive at the facility's pharmacy	2	-
Fees	Payment of additional fees (lab. Services, drugs and injections, NHIS pictures)	-	2
	Bribing for preferential treatment	-	3
Service	Attitude of health personnel	2	-
	Poor processing of NHIS data	2	3
	Absence of a qualified health personnel for the facility (Medical Assistant)	3	-
	Health Centre does not open on weekends	3	-

NHIS clients in these two catchment areas had a number of issues of common concern with the scheme. Clients in both communities complained about the long waiting periods they spend at the facilities. They opined that the large number of patients seeking medical attention under the scheme may have contributed to the problem. The attitude of the health personnel at the facilities and the bureaucratic nature of the process were also identified as possible contributing factors.

Another issue common to both catchment areas was the lack of knowledge of the NHIS benefits package. Community members were unanimous in expressing that they did not know what they were entitled to when they sought healthcare or advice.

At Poase Cement, unavailability of drugs and the lack of qualified health personnel for the facility (particularly the lack of a qualified medical assistant) were identified as key challenges. In Dodi Papase however, additional payments for laboratory services, drugs and injections, a lack of effective education on the use of prescribed drugs and cutting down or reducing prescribed drugs for patients by dispensary assistants were all identified as issues. In relation to all of these issues, it is clear that community members have the perception that health personnel are taking advantage of their lack of awareness of the NHIS scheme to charge them extra for services that are catered for under the NHIS.

EASTERN REGION

Upper West Akim (Adeiso)

CSC process Details		
Region	Eastern	
District	Upper West Akim (Adeiso)	
Dates	21-23 August 2013 - Exploratory Visit/Consultative Meetings	
	26-28 August 2013 - Implementation of CSC	
Catchment areas	Odumkyere Darmang	Abamkrom
Number of participants	Males = 93 Females = 118 Total = 211 PWDs/Special needs = 0	Males = 76 Females = 195 Total = 271 PWDs/Special needs = 0
Type of Health Facility	Health Centres and in-charge is a retired midwife	Health Centres and Community Health Nurse (CHN)
Implementing Partner	Obra Foundation	

Presented below are the cluster of indicators and specific indicators developed out of the issues raised by NHIS clients in the two catchment areas of the Upper West Akim District, Odumkyere Darmang and Abamkrom, and their corresponding consolidated scores, interpretation and analysis.

Indicators developed and consolidated scores			
Cluster of indicators	**Specific indicators**	**Odumkyere Darmang scores**	**Abamkrom scores**
Knowledge	Lack of knowledge on the NHIS benefits package	2	2
Coverage	95% of NHIS coverage of diseases and medicines	2	2
Time	Delays in issuance of NHIS cards	1	1
	Delays in renewal of NHIS cards	4	-
Service	Frequent referrals (no midwife at post)	-	1
	Mistakes in processing of NHIS cards	3	2
	Attitude of health personnel towards NHIS card holders	3	2
	Health personnel report late, close early and don't work during weekends	4	2
	Inadequate quality of health personnel at the Centre	2	-
Fees	Payments of additional fees (injections and deliveries)	1	2

Common issues raised by the two communities of the Upper West Akim District included delays in the issuance of the NHIS card, mistakes in data processing of the cards, extra payments for medical services including injections and deliveries, and the attitude of health personnel towards NHIS card holders. Further, in both communities, clients were concerned that NHIS does not cover all diseases and medications. On the issue of delays, most of the community members present indicated they have had to register a second

time before receiving their cards. Many others indicated that they had still not been issued with their cards and therefore were being denied free health care even though they had enrolled on the scheme.

Members of both communities reported having paid for services that they had been told were not covered under the scheme. Some of the services they mentioned included injections and childbirth. Most of the community members stressed that they did not know if these charges by the health workers were valid. They felt health workers were taking advantage of clients' ignorance of the benefits packages under the NHIS scheme to extort monies from them.

Another issue raised by both communities, particularly Odumkyere Darmang, was the issue of the health centres closing early and not opening to community members during the weekend. This, they stressed, was not a good practice since people could fall sick anytime and need the services of the facility. They have had cases where they have had to seek attention elsewhere during weekends which resulted in extra cost for transportation. They therefore requested that this issue be resolved to ensure health service delivery was available every time for community members.

Participating NHIS clients in Odumkyere Darmang scored delays in issuance of NHIS cards and payments of additional fees (for injections and deliveries) as 'very bad'. The issue of adequate and quality health staff was scored as 'bad.' Clients opined that poor service acts as a disincentive to community members to use the facility as the delivery of medical care is considered substandard. For a facility such as theirs they believed they should be served by a medical assistant and therefore preferred travelling to Adeiso to assess health care.

In Abamkrom, NHIS clients' major challenge with the scheme had to do with delays in issuance of NHIS cards and frequent referrals. They attributed this to the absence of a midwife and a medical assistant post.

The people of Abamkrom also mentioned that the facility did not have a midwife since the last one posted there was now on study leave. They believed this affected the services provided at the facility and also preferred to travel to other communities to assess health care. It is worth noting that in Abamkrom, relations between the community and the health personnel are poor, due to perceived poor attitudes on the part of the health workers. This was clearly evident during the interface meeting of the CSC process.

Suhum Municipal

CSC process details		
Region	Eastern	
District	Suhum Municipal	
Dates	21-23 August 2013 - Exploratory Visit/Consultative Meetings	
	3-6 September, 2013 - Implementation of CSC	
Catchment areas	Sra and other five surrounding villages	Akorabo
Number of participants	Males = 104 Females = 137 Total = 241 PWDs/Special needs = 0	Males = 109 Females = 134 Total = 243 PWDs/Special needs = 6
Type of Health Facility	Health Centre	Health Centre
Implementing Partner	AMPA Resources Foundation	

Presented below are the cluster of indicators and specific indicators developed out of the issues raised by NHIS clients in the two catchment areas of the Suhum Municipal District, Sra and its surrounding villages, and Akorabo, and their corresponding consolidated scores, interpretation and analysis.

Indicators developed and consolidated scores			
Cluster of indicators	**Specific indicators**	**Sra scores**	**Akorabo scores**
Knowledge	Inadequate knowledge of NHIS benefit package	1	2
Coverage	95% of NHIS coverage of diseases and medicines	3	1
Time	Delays in issuance and renewal of cards	1	2
	Long waiting time at health centre for NHIS clients	4	-
Service	Frequent referrals	-	1
	Alleged poor services at public health facilities as compared to private ones	-	1
	Health Centre does not open on weekends and closes early	-	1
	Absence of medical assistance	2	-
Fees	Payment of additional fees without receipts (folders, quick service)	3	1

There were relatively few areas of common concern between the communities of Sra and Akorabo. Inadequate knowledge of the NHIS benefit package and delays in issuance and renewal of NHIS cards were identified as 'very bad' in Sra and 'bad' in Akorabo.

Some participants in Sra and Akorabo argued that delays in issuance and renewal of cards can be detrimental in circumstances where the subscriber urgently needs to access medical care. Some participants also mentioned that financial constraints (especially in the rural areas) sometimes inhibit their ability to renew whereas others blamed it on their

inability to carefully track the expiry dates; an issue that clearly needs attention. In the case of inadequate knowledge of NHIS benefit package, participants argued that this issue creates misunderstanding between patients and health workers. Again, they emphasized that one could easily be susceptible to cheating if he/she is not armed with adequate information. An appeal was made for more and regular dissemination of information on NHIS package especially regarding sicknesses and medication the scheme covers.

Participating NHIS clients in the Sra community are served by a health center. However, due to absence of a medical assistant at the centre, a number of residents access health care at Suhum and other big towns.

In Akorabo, NHIS Clients scored four indicators 'very bad'. These were frequent referrals, alleged poor services at public health facilities as compared to private ones, limited NHIS coverage of diseases and medicines, and payment of additional fees without receipts.

BRONG AHAFO

Tano South District

CSC process details		
Region	Brong Ahafo	
District	Tano South	
Dates	November 4, 2013- Exploratory Visit/Consultative Meetings	
	November 20-21, 2013- Implementation of CSC	
Catchment areas	Derma	Techimantia
Number of participants	Males = 207 Females = 229 Total = 436 PWDs/Special needs = 0	Males = 175 Females = 180 Total = 355 PWDs/Special needs = 0
Type of Health Facility	Health Centre	Health Centre
Implementing Partner	Human Care Organisation (HUCAM)	

Presented below are the cluster of indicators and specific indicators developed out of the issues raised by NHIS clients in the two catchment areas of the Tano South District, Derma and Techimantia, and their corresponding consolidated scores, interpretation and analysis.

Indicators and scores			
Cluster of indicators	**Specific indicators**	**Demar scores**	**Techimatia scores**
Knowledge	Inability of clients to check expiry dates	1	1
Coverage	Reduction of NHIS from 70 to 60	3	2
	No treatment for hypertension	2	2
Time	Delays in processing cards	1	1

Service	Inadequate health personnel and logistics	3	1[2]
	Staff at health centre do not work during weekends	1	1
	Poor attitude of health personnel	3	3
	Protocol among clients	4	4

Participants in both Demar and Techimatia identified the inability of clients to check expiry dates of cards, delays in processing cards, and staff at the health centre not working on weekends as issues of serious concern ('very bad'). The lack of coverage for treatment of hypertension was identified as 'bad' by both communities.

Participants at Techimata also identified inadequate health personnel as 'very bad', while this was considered less of an issue at Demar.

At Demar, alongside the key indicators, concerns were also raised with the inability of clients to afford services, temporal cards, frequent visits, and insufficient available drugs. Concern was also raised that insurance does not cover certain drugs and reimbursement takes too long. Other concerns were that the length taken for reimbursements disturbs the system; the Pharmacist in town charges double and the uninsured abscond.

Kintampo South District

CSC process details		
Region	Brong Ahafo	
District	Kintampo South District	
Dates	November 5, 2013- Exploratory Visit/Consultative Meetings	
	November 16-18,2013- Implementation of CSC	
Catchment areas	Kranbonso	Mansie
Number of participants	Males = 195 Females = 307 Total = 502 PWDs/Special needs = 0	Males = 173 Females = 194 Total = 367 PWDs/Special needs = 0
Type of Health Facility	Community Health Planning Service (CHPS).	Community Health Planning Service (CHPS).
Implementing Partner	MIHOSO International Foundation (MISSION OF HOPE)	

[2]When asked to validate these results, the NHIS clients at the validation meeting indicated that they felt the health personnel and logistics were 'good' (4) at the time of the original CSC process.

Presented below are the cluster of indicators and specific indicators developed out of the issues raised by NHIS clients in the two catchment areas of the Kintampo South District, Kranbonso and Mansie, and their corresponding consolidated scores, interpretation and analysis.

Indicators and scores			
Cluster of indicators	**Specific indicators**	**Kranbonso scores**	**Mansie scores**
Time	Delays in the issuance of NHIS cards	1	-
	Long waiting periods for new registrants	2	2
	Delays in accessing care	-	2
Service	Inadequate health personnel	2	-
	Poor attitude of health personnel	2	1
	Prescription of single drug for card users	2	2
	Harsh defaulting policy	1	1
	Difficulty in resolving clients complaints	1	2
Fees	Extra fees for drugs	-	1

In both participating communities of the Kintampo South District, nine indicators were identified as either 'bad' or 'very bad' with no indicators receiving a higher score. The harsh defaulting policy was the only indicator scored 'very bad' by both communities, however, both communities scored long waiting periods for new registrants and the practice of only prescribing single drugs to card holders as 'bad'. In Mansie the asking of extra fees for drugs was identified as a serious concern ('very bad'), however this was not raised as an issue in Kranboso. Similarly, delays in issuance of NHIS cards was a serious concern in Kranboso but not raised as an issue in Mansie. The poor attitude of health personnel was considered 'very bad' in Mansie and 'bad' in Kranboso.

Relatedly, concerns were raised about the Kranboso community's relationship with health providers. There were issues with delays in reimbursement and obtaining medicines for dressing wounds. Concerns were also raised with data errors on cards, such as name and date of birth variations. It was raised that errors were also made in the filling of claim forms. Finally, in Kranboso the most common drugs covered by NHIS are not available at the health centre. For example, there were no malaria drugs at the health centre at the time of GII's visit.

UPPER EAST

Bawku West District

CSC process details		
Region	Upper East	
District	Bawku West	
Dates	November 7, 2013 - Exploratory Visit/Consultative Meetings	
	November 11 and 12, 2013 - Implementation of CSC	
Catchment areas	Binaba	Sapeliga
Number of participants	Males = 170 Females = 165 Total = 335 PWDs/Special needs = 0	Males = 166 Females = 406 Total = 572 PWDs/Special needs = 0
Type of Health Facility	Health Centre	Health Centre
Implementing Partner	Integrated Youth Needs Welfare	

Presented below are the cluster of indicators and specific indicators developed out of the issues raised by NHIS clients in the two catchment areas of the Bawku West District, Binaba and Sapeliga, and their corresponding consolidated scores, interpretation and analysis.

Indicators and scores			
Cluster of indicators	**Specific indicators**	**Binaba scores**	**Sapeliga scores**
Knowledge	Inadequate education on NHIS benefits package	-	2
Coverage	Snake bites, ambulance services not covered	1	-
Time	Long waiting period for defaulters to access care	-	2
	Long waiting periods for new registrants	2	-
	Data capturing delays	-	2
	Delays in accessing care	2[1]	2
Service	Poor attitude of health personnel	1	-
	Prescription of single drug for card users	2	-
	Harsh defaulting policy	1	-
	Difficulty in resolving clients complaints	2	-
	Inadequate health personnel	1	-
	Preferential treatment against card holders	-	2
	Frequent referrals	-	3
	Data capturing errors and distribution challenges	-	3
Fees	Extra fees for drugs	1	-
	Extra payments	-	2
	Registration expensive	-	3
	Use of expired cards with additional fees charged	3	-

[3] When asked to validate these results, the NHIS clients at the validation meeting indicated that they felt the delays in accessing care were 'very bad' (1) at the time of the original CSC process.

The only common issue raised by both communities in the Bawku West District was delays in accessing care. Outside of the indicators, both communities were unanimous in their assessment that health shopping was a frequent practice.

Reimbursement was an issue in Binaba, with payments from the NHIS coming late. The last payment at the time of survey (November 2013) was made in May 2013. Binaba also reported challenges with drug distributors, certificates of non-availability and doubling the prices of drugs due to long settlement times. Other concerns raised were a lack of awareness on reimbursement cost to the facility, NHIS not giving feedback on vetted claims and the large number of deductions from the NHIS on claims. Concerns were also raised that NHIS clients in Binaba sometimes don't bring along cards - they are often misplaced, which makes it difficult to make claims. There was a general perception in Binaba that clients of the NHIS abused the system.

In Sapeliga, abuse of the system by clients was also mentioned as a key issue. The fact that payments are not made directly to the facility makes it difficult for clients to assess how much the facility is due. The payment regime was believed to be unfair at a rate of GHS 100.

The general queries service not being facility specific caused difficulties in correcting mistakes made on previous claim forms. The issue was raised that community members bring expired cards and expect 98% coverage. Concerns were also raised over the extreme nature of the audits, and challenges regarding prescription limitations. It was agreed that more staff were needed to adequately run the facility. In contrast to the situation in Binaba, in Sapeliga, reimbursement was not seen as a problem, with the last payment at the time of survey having been made in June 2013.

Bongo District

CSC process details		
Region	Upper East	
District	Bongo	
Dates	November 8, 2013- Exploratory Visit/Consultative Meetings	
	November 13 -14, 2013- Implementation of CSC	
Catchment areas	Gowrie	Balungu
Number of participants	Males = 162 Females = 289 Total = 451 PWDs/Special needs = 0	Males = 283 Females = 611 Total = 894 PWDs/Special needs = 0
Type of Health Facility	Health Centre	Community Health Planning Service (CHPS)
Implementing Partner	KURADEC	

Presented below are the cluster of indicators and specific indicators developed out of the issues raised by NHIS clients in the two catchment areas of the Bongo District, Gowrie and Balungu, and their corresponding consolidated scores, interpretation and analysis.

Indicators and scores			
Cluster of Indicators	**Specific indicators**	**Balungu scores**	**Gowrie scores**
Coverage	Some drugs are not included in the NHIS	1	-
	Most community members are covered and therefore most clients have cards	-	1[1]
	Most essential drugs are covered by NHIS, Anti-Tetanus Serum *(*ATS) and hypertension	-	1
Time	Payment of claims delays	-	2
Service	Vetted queries are very high	2	-
	Clients produce expired cards	1	-
	Frequent visits to the facility	2	-
	Improvement of consultations at the facility	2	-
	Audits and validations are not participatory and very unfair	2	-
	Health insurance reviews the drug list	-	2
	Attendance is high	-	1
	Issues about free maternal care for women who come to the facility without cards	-	1
Fees	Tarifs keep changing (at least 5 times)	2	-
	Registration for community members is low due to poverty	2	-
	Tariff regime is low - no payment for Rapid Diagnostic Tests (RDTS)	-	2

There were no common indicators chosen by the two communities of the Bongo District.

At Balungu CHPS, registration for community members under the NHIS is low and the community believes this is due to poverty. It was noted that clients often produce expired cards and make frequent visits to the facility. There was a desire among community members for improvement of consultations at the facility, and audits and validations were considered not participatory and very unfair. There were some concerns that some drugs are not included in the NHIS, including Vitamin C and ATS. Vetted queries are very high at Balungu and there was a concern raised about the fact that tariffs keep changing and had changed at least 5 times at the time of survey.

The community at Gowrie painted a slightly different picture. Most community members are covered and therefore most clients have cards. Attendance is high at the Health Centre, and they have experienced delays in the payment of claims. Concerns were raised about the fact that the health insurance reviews the drug list. It was considered that most essential drugs are covered by NHIS. The tariff regime is considered to be low and no payment is received for RDTS. The inability to access free maternal care for women without cards that come to the facility to deliver was considered to be serious (‘very bad’).

[4] When asked to validate these results, the NHIS clients at the validation meeting indicated that they felt that the situation with community members being covered by the NHIS was ‘good’ (4) at the time of the original CSC process.

WESTERN REGION

Jomoro District

CSC process details		
Region	Western	
District	Jomoro	
Dates	June 15 – 20, 2014. Exploratory Visit/Consultative Meetings	
	June 17-18, 2014 - Implementation of CSC	
Catchment areas	Ahobre	Samenye
Number of participants	Males = 89 Females = 193 Total = 282 PWDs/Special needs = 0	Males = 161 Females = 263 Total = 424 PWDs/Special needs = 0
Type of Health Facility	CHPS Health Facility run by a Midwife and 3 community health nurses	Health Centre with 4 nurses and 2 midwifes under the management of a physician's assistant.
Implementing Partner	United Civil Society Organizations for National Development (UCSOND)	

Presented below are the cluster of indicators and specific indicators developed out of the issues raised by NHIS clients in the two catchment areas of the Jomoro District, Ahobre and Samenye, and their corresponding consolidated scores, interpretation and analysis.

Indicators and Community Scores			
Cluster of indicators	**Indicators**	**Ahobre scores**	**Samenye scores**
Coverage	Limited coverage and inadequate supply of drugs	2	1
	Exclusion of treatment for certain illnesses	-	2
Time	Delay in the renewal and issuance of NHIS cards	1	1
	Wrong pictures and spelling of names on NHIS cards	-	2
Service	Preferential treatment against NHIS subscribers	1	1
	Closure of health facilities after 2pm and on weekends	-	2
	Poor attitude of workers towards NHIS holders	2	-
Fees	Bribery in the processing of NHIS cards	2	-
	Expensive NHIS registration/renewal fees	3	-

Of the nine key issues that were raised by the two participating communities of the Jomoro District, two of them stood out as being 'very bad' in both communities. These were the preferential treatment against NHIS subscribers and the delay in the renewal and issuance if NHIS cards. In Ahobre and Samenye, the community members expressed their deep concern about the delay in receiving their NHIS cards after registration and

renewal. The community members indicated that there were instances where people received their cards a year after registration and consequently were unable to access health services during that time. Concerns were also raised about the fact that some clients' cards were received just a few weeks before their expiry dates or even in certain instances, after the cards had expired, leaving community members unable to derive any tangible benefits from their NHIS registrations. The other issue that was of significant concern was the preferential treatment afforded to patients paying cash compared to the NHIS subscriber patients at the health facilities. This was a common concern shared by members of both communities as they indicated that health personnel often attended to non NHIS subscribers swiftly and with better services due to the assumption that they would pay for services rendered.

Another issue of concern for both communities was the limited coverage and inadequate supply of drugs under the NHIS. The Samenye community scored this indicator as 'very bad' while the Ahobre community scored it as 'bad'. Through the CSC process, the communities indicated that their health insurance did not cover all drugs and that they were often directed by nurses to purchase their own drugs and health supplies due to frequent shortages at health facilities.

Other issues that were of high concern to the community were the closure of health facilities after 2:00pm and on weekends, exclusion of the treatment for certain ailments under the scheme, and the wrong pictures and spelling of names on NHIS cards. These issues were all of high importance to the Samenye community where they were scored as 'bad'. On the issue of exclusion of treatment for certain illnesses under the scheme, the community members indicated that there were instances where people seeking medical assistance were sent away from the health facility with an explanation that treatment for their particular ailment was not covered under the NHIS. An example of medical conditions that were not attended to at the Samenye health facility, as indicated by the community members were snake bite cases.

Conversely, these were not priority issues to members of the Ahobre community, instead, issues about bribery and the poor attitude of health workers towards NHIS subscriber patients were very important to the Ahobre community. These issues were both scored as 'bad'. The Ahobre community also used the CSC process to register their displeasure with certain actions of the NHIA agents who are tasked by the NHIA to facilitate local NHIS registrations and renewals. These agents were alleged to be acting in a corrupt manner because they often request extra payments in the form of bribes from community members in order to hasten their NHIS registration processes.

Wassa East District

CSC process details		
Region	Western	
District	Wassa East	
Dates	June 15 – 20, 2014 Exploratory Visit/Consultative Meetings	
	June 19-20. 2014- Implementation of CSC	
Catchment areas	Sekyere Krobo	Ekutuase
Number of participants	Males = 82 Females = 164 Total = 246 PWDs/Special needs = 0	Males = 69 Females = 90 Total = 159 PWDs/Special needs = 0
Type of Health Facility	Community Clinic with a midwife and 8 nurses	Community Clinic with a midwife and 4 nurses
Implementing Partner	United Civil Society Organizations for National Development (UCSOND)	

Presented below are the cluster of indicators and specific indicators developed out of the issues raised by NHIS clients in the two catchment areas of the Wassa East District, Sekyere Krobo and Ekutuase, and their corresponding consolidated scores, interpretation and analysis.

Indicators and Community Scores			
Cluster of indicators	**Specific indicators**	**Sekyere Krobo Scores**	**Ekutuase Scores**
Time	Delay in the issue of cards	2	1
Coverage	Limited drug coverage under NHIS	-	2
	Limited coverage of services under NHIS	1	-
Service	Discrimination against NHIS holders as against cash and carry patients	2	2
	Non issuance of temporary cards after registration	-	1
	No recognition of NHIS cards beyond the district	-	3
	Absence of health insurance collectors/agents in the community	2	-
	Exclusion of treatment for certain illnesses	1	-
Fees	Double payment of registration for NHIS cards	-	1
	Expensive NHIS registration/renewal fees	2	2

In Sekyere Krobo and Ekutuase, one key issue of common concern to community members, scored as 'very bad' was the double payment of registration fees. This was a very important issue to the residents of Ekutuase who indicated that there were instances

where people had to pay twice to register because their previous registration was either lost or not traced by the NHIA registration system.

Discrimination against NHIS subscriber patients, compared to cash and carry patients at health facilities also came up as a key issue in the two communities with both communities scoring the issue as 'bad'. The Ekutuase and Sekyere Krobo communities also indicated that the registration and renewal fees were too high for community members to pay annually and scored it as 'bad'. Another issue that was of high concern to the two communities in the Wassa East District was the delay in the issuance of NHIS cards. Both communities indicated that this was an important issue as it scored 'very bad' in Ekutuase and 'bad' in Sekyere Krobo.

The non-issuance of temporary NHIS cards was scored as 'very bad' in Ekutuase as community members are unable to access health care during the long waiting periods before they receive their NHIS registrations cards.

The limited coverage of services under the NHIS was also a key issue, particularly to residents of Sekyere Krobo who registered their displeasure with the current level of services covered under the NHIS. With regard to this issue, many community members' recounted instances where they had to seek certain health services and drugs from private health service providers using cash, because they were directed to do so by health personnel who indicated such services and/or drugs were not covered under the NHIS. In Sekyere Krobo, the absence of local NHIA agents, was raised as a key issue and scored as 'bad'. On this issue, local residents indicated that they always had to travel to the district capital to register, renew or collect their NHIS cards or even follow up on their registration. This discourages community members from the registration of the NHIS as the cost of registration tends to be even more expensive in the long run because of the long travels associated.

Finally, the limited coverage of the NHIS was raised as a key issue in the Ekutuase community. The community members indicated that their NHIS cards were often not accepted in other communities and suggested that the coverage of the NHIS be expanded to enable them access health services in any part of the country.

Measuring the Impact of the CSC Process

In August and September of 2014, GII implementation teams followed-up the CSC process and conducted validation visits to all districts where the original CSC process was conducted.

The one-day workshops once again brought together health service users and providers in order to validate the results of the original process and to gauge the perceived changes, if any, experienced by participating members of the communities in the period following the CSC process. The workshops also provided community members with training in order to build their capacity to effectively engage with duty bearers and hold service providers accountable beyond the conclusion of the project.

MOST SIGNIFICANT CHANGES

Based on the information collected at the validation workshops, it is clear that there had been significant improvements in community members' experience of health care and health service delivery across all communities involved. Although there were many more, outlined below are three examples of significant changes experienced by community members and relayed to GII staff during the validation workshops.

NHIS clients in the community of Akorabo in the Suhum Minicipal District of the Eastern Region indicated that following the original CSC meeting, nurses' quarters were built for their Health Centre so medical staff are now almost always available to offer treatment or advice. They also noted that this has led to the availability of healthcare and advice after office hours and has considerably diminished the need for referrals to other facilities at certain times. While the original scores for all indicators relating to service were "very bad", the validation workshops revealed that following the CSC process, service had become "good" to "very good".

The NHIS representative for Suhum confirmed the observations of Akorabo community members. He said that he was deeply impressed by how comfortable all participants were made to feel at the CSC meeting. He also said that there was a spike in registration for NHIS after the program and the relationship between NHIS workers and the community had dramatically improved. He appealed to GII to expand the platform created for the program to other communities as he felt there was a great need for it in many of the communities he has visited.

In Ajumako-Bisease, in the Ajumako Enyan Essiam District of the Central Region, frequent referrals and long waiting times at health facilities were indicators that were both identified as serious issues for the community. Following the original CSC meeting, community members noted that service at their Health Centre improved greatly and waiting times diminished markedly.

They said that nurses now often arrange transport for patients who need to be referred to other facilities, and accompany patients to ensure they understand what is happening, and that they are adequately cared for. One health worker added that after the original CSC, health workers started to meet on a monthly basis to discuss issues and how they can improve their service.

In the Bawku West District and Bongo Districts, community members pointed out that there has been an improvement in public education on the NHIS. They noted that after the CSC implementation, the local NHIS representatives intensified their public education activities by visiting the market centers periodically to educate people on the benefits of subscribing to the NHIS as well as encouraging them to register and renew their expired cards. Now community members say they are aware of the benefits of being a NHIS card holder.

VALIDATION AND PROGRESS

The following section sets out the scores given by each community during the validation meetings in August and September 2014 to indicate the perceived improvement in health service delivery in the six (6) regions and twelve (12) districts in which the CSC project was implemented.

Qualification of Results

This report does not examine indicators associated with changes in attitude or knowledge, as insufficient time has passed between the original process and the validation to accurately measure changes in these indicators. Further, scores for those indicators associated mainly with national policy have also been left out of this report, in the interests of a clear assessment of progress at the district level.

Despite some challenges with the literacy of participants and continuity between the original participants and those doing the validation, the available data paints a clear picture of improvement for most indicators. Where community members indicated that issues remained, or that the quality of care had diminished, these issues were incorporated into detailed work plans for community members to monitor, evaluate and take issues up with duty bearers. The health service providers that were present at the workshops became informed of the areas in which service provision was still falling short and made specific commitments which were recorded by the implementation team and noted by community members.

CENTRAL REGION

Ajumako Enyan Essiam District

The tables below show both the original and the August-September 2014 scores for the relevant indicators for each community in the Ajumako Enyan Essiam District:

Ajumako Kumasi				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original scores**	**Current scores**	**Comments**
Time	Timely issuance of NHIS cards	2	3	There is a perception that people are paying for priority of service and some groups are served before others, so many experience delays.
	Renewal of NHIS cards	5	5	Renewal is seen as a quicker process than issuance.
	Waiting time at health facility	1	5	Health workers greet patients and treat immediately.
Service	Attitude of health workers towards NHIS clients	4	5	Health workers greet patients and treat immediately.
Fees	Payment of additional fees without receipts (e.g. for deliveries)	1	2	Payment without receipt is still a problem.

Ajumako Bisease				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original scores**	**Current scores**	**Comments**
Time	Timely issuance of NHIS cards	1	1	There is a perception that people are paying for priority of service and some groups are served before others, so many experience delays.
	Renewal of NHIS cards	5	1	As above
	Waiting time at health facility	1	5	After the original CSC meeting, service improved greatly and waiting times diminished
	Referrals	1	5	Nurses often arrange transport for patients being referred and accompany those in need so they understand what is going on.
Service	Attitude of health workers towards NHIS clients	3	5	After the original CSC process, attitudes improved greatly. There is also a new person in charge, who clients say is doing an excellent job.
Fees	Payment of additional fees without receipts (e.g. for deliveries)	3	3	Clients are charged and not given a receipt. This is still a serious perceived problem with deliveries.

Gomoa West District

The tables below show both the original and the August-September 2014 scores for the relevant indicators for Ngyresi and surrounding communities in the Gomoa West District:

Ngyiresi				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original scores**	**Current scores**	**Comments**
Time	Long waiting time at health centre for NHIS clients	2	5	As soon as clients come to the CHPS, they are taken care of.
	Delays in issuance of NHIS cards	2	1	Clients reported having to return on several occasions before they are able to be served.

Access	Distance to NHIS office	2	1	NHIS services remain far from the community and difficult to access for some
Service	Attitude of health workers towards NHIS clients	5	5	Attitude remains very good.

VOLTA REGION

Jasikan District

The tables below show both the original and the August-September 2014 scores for the relevant indicators for each community in the Jasikan District:

Kwamikrom				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original scores**	**Current scores**	**Comments on progress**
Time	Delays in issuance of NHIS cards	1	1	Personal experiences of delays are still a real concern.
Service	Frequent referrals (Absence of a Medical Assistant)	1	4	Although there is still no medical assistant in the Health Centre, there are a number of new staff. This has reduced the number of referrals.
	Mistakes in issuance of NHIS card	2	4	Clients reported that they weren't noticing mistakes as often.
	Attitude of health workers towards NHIS clients	2	5	Clients asserted that increased knowledge of NHIS benefits among clients has led to a drastic improvement in the relationship.
	Health personnel report late, close early and don't work during weekends	2	4	Due to the increase in staff numbers, staff are now available most of the time, including weekends.
Fees	Payments of additional fees (injections and deliveries)	2	4	Clients reported that requests for extra payments had diminished.

Teeman				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current scores**	**Comments on progress**
Coverage	Unavailability of drugs	2	2	Clients reported that the situation had not changed and that the CHPS compound was regularly out of drugs.
	Preferential treatment in relation to drugs against card holders	3	5	Clients reported a dramatic improvement, saying that preferential treatment was not an issue.
Time	Delays in issuance of NHIS cards	1	3	Clients said delays were still a problem but acknowledged that it was sometimes the client's fault.
Service	Mistakes in issuance of NHIS card	2	3	Mistakes were reported to still happen – clients relayed stories of brothers having the same name on their cards and other incidents.
	Attitude of health workers towards NHIS clients	2	4	Due to entirely new staff in the facility, there has been a dramatic improvement. Health workers now greet clients and treat them with respect.
	Health personnel report late, close early and don't work during weekends	1	2	Opinion leaders are still receiving complaints about the hours health workers are present.
Fees	Payments of additional fees (injections and deliveries)	2	4	The practice of buying drugs not covered by the NHIS and keeping them to take to more remote areas has stopped. There is less confusion about what the CHPS compound can supply.

Kadjebi District

The tables below show both the original and the August-September 2014 scores for the relevant indicators for each community in the Kadjebi District:

Poase Cement				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments on progress**
Time	Long waiting periods at health facility for NHIS Clients	1	4	Increased staff numbers and improved staff knowledge has reportedly led to reduced waiting times.
	Unavailability of drugs for NHIS clients and expensive at the facility's pharmacy	2	3	Clients reported being able to access more drugs at the Health Centre than previously.
Service	Attitude of health personnel	2	4	Clients reported some improvement.
	Poor processing of NHIS data	2	4	Clients said initially, the process took 3 months but this has reduced.
	Absence of a qualified health personnel for the facility (Medical Assistant)	3	3	This issue has not been resolved.
	Health Centre does not open on weekends	3	5	Staff are now available on weekends.

Dodi Papase				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments on progress**
Time	Long waiting periods at health facility for NHIS Clients	1	3	The number of nurses in the Hospital has increased, however they are now using computers for prescriptions and the network is often out, so waiting times can still be a problem.
Fees	Payment of additional fees (lab. Services, drugs and injections, NHIS pictures)	2	4	Clients reported that increased knowledge of the NHIS benefits had decreased this practice.
	Bribing for preferential treatment	3	5	Clients explained that the NHIS card used to be a small booklet, which made it easy to conceal bribes. Now that the system uses cards, this practice has reduced.
	Poor processing of NHIS data	3	2	Clients say they are not receiving their cards within a reasonable time.

EASTERN REGION

Upper West Akim District (Adeiso)

The tables below show both the original and the August-September 2014 scores for the relevant indicators for each community in the Upper West Akim District:

Abankrom				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments on progress**
Time	Delays in issuance of NHIS cards	1	3	Though some clients disagreed, majority believe that delays are a problem. This is mainly because of the new biometric system and the time it takes to process each renewal.
Service	Frequent referrals (no midwife at post)	1	1	There is still no midwife at the Health Centre and referrals are common.
	Mistakes in processing of NHIS cards	2	5	Now officers pay careful attention to clients' names and details.
	Attitude of health personnel towards NHIS card holders	2	5	There has been a change in personnel and with the new nurses are pleasant and welcoming.
	Health personnel report late, close early and don't work during weekends	2	4	Personnel are now available out of normal office hours.
Fees	Payments of additional fees (injections and deliveries)	2	4	This has improved, also as a result of increased knowledge of coverage of the package.

Odumkyere Darmang				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments on progress**
Time	Delays in issuance of NHIS cards	1	3	Some delays are still being experienced.
	Delays in renewal of NHIS cards	4	2	Renewal posed a problem for some clients, particularly as a result of the biometric process.
Service	Mistakes in processing of NHIS cards	3	5	Clients reported that this problem seemed to have been rectified.
	Attitude of health personnel towards NHIS card holders	3	5	Nurses now greet patients when they enter the health centre and treat them with courtesy
	Health personnel report late, close early and don't work during weekends	4	5	Nurses are at the clinic when needed and often arrive before official opening hours.
	Inadequate quality of health personnel at the Centre	2	2	The number of staff at the Health Centre has dropped and there is no longer a midwife so there are no staff qualified to handle more complicated or risky deliveries.
Fees	Payments of additional fees (injections and deliveries)	1	5	Clients report that they are no longer asked for money when they go to the health centre.

Suhum District

The tables below show both the original and the August-September 2014 scores for the relevant indicators for each community in the Suhum District:

Akorabo				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments on progress**
Time	Delays in issuance of cards	2	3	The new biometric system is causing delays for renewals but delays in issuance have been improved.
	Delays in renewal of cards		1	
Service	Frequent referrals	1	4	Nurses now have quarters at the Health Centre so there is less need for referrals as a result of absence of health workers.
	Alleged poor services at public health facilities as compared to private ones	1	4	Now health workers in the public facilities also welcome clients and treat them with courtesy.
	Health Centre does not open on weekends and closes early	1	5	Nurses now have quarters at the Health Centre so there is almost always someone there to offer treatment or advice.
Fees	Payment of additional fees without receipts (folders, quick service)	1	4	Clients generally now only pay when drugs aren't available and they are given prescriptions to buy them in private pharmacies. The practice has not completely stopped however.

Sra and surrounding villages				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments on progress**
Time	Delays in issuance and renewal of cards	1	1	The biometric system is causing long queue times for renewal of cards and there are issues with renewed cards displaying coverage commencement dates weeks and months after the actual date of renewal.
	Long waiting time at health centre for NHIS clients	4	5	The improved attitude of health workers has made waiting times less noticeable. Nurses have also been doing home visits where necessary.
Service	Absence of medical assistance	2	5	The Health Centre now has a Physician's Assistant, but does not have a midwife.
Fees	Payment of additional fees without receipts (folders, quick service)	3	5	Clients reported that this was no longer an issue.

Sra and surrounding villages				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments on progress**
Time	Delays in issuance and renewal of cards	1	1	The biometric system is causing long queue times for renewal of cards and there are issues with renewed cards displaying coverage commencement dates weeks and months after the actual date of renewal.
	Long waiting time at health centre for NHIS clients	4	5	The improved attitude of health workers has made waiting times less noticeable. Nurses have also been doing home visits where necessary.
Service	Absence of medical assistance	2	5	The Health Centre now has a Physician's Assistant, but does not have a midwife.
Fees	Payment of additional fees without receipts (folders, quick service)	3	5	Clients reported that this was no longer an issue.

BRONG AHAFO

Tano South District

The tables below show both the original and the August-September 2014 scores for the relevant indicators for each community in the Tano South District:

Demar				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments**
Time	Delays in processing cards	1	3	The situation has improved though it could be better.
Service	Inadequate health personnel and logistics	3	4	The health centre has seen an increase in the number of health personnel though problems with accommodation and lack of logistics still persist.
	Staff at health centre do not work during weekends	1	5	The situation no longer exists as health personnel are always at post any time of the day.
	Poor attitude of health personnel	3	3	The situation has improved though some health personnel still have a bad attitude.
	Protocol among clients[1]	4		

[5] Protocol among clients in Demar meant that patients that visit the health facility with emergency cases are immediately attended to; hence they do not have to join the queues at the health centre. Community members did not comment on this indicator.

Techimantia				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments**
Time	Delays in processing cards	1	4	The situation has seen an improvement.
Service	Inadequate health personnel	1	4	Staff number has seen an increase; though the number of personnel depends on the level of the health centre. Also logistics has never been a problem for the Techimantia Health centre.
	Staff at health centre do not work during weekends	1	4	The situation has improved .
	Poor attitude of health personnel	3	4	There has been an improvement since the facilities have been upgraded thus boosting the morale of the workers.
	Protocol among clients[2]	4		

[6] Protocol among clients in Techimantia meant that traditional leaders and some other key personalities (i.e. assembly members) in the society do not have to join queues when they visit the health facility. Community members did not comment on this indicator.

Kintampo South District

The tables below show both the original and the August-September 2014 scores for the relevant indicators for each community in the Kintampo South District:

Krabonso				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments**
Time	Delays in the issuance of NHIS cards	1	4	There has been an improvement.
	Long waiting periods for new registrants	2	4	The system is working well so the waiting period has reduced.
Service	Inadequate health personnel	2	2	The situation is still the same. Out of the three (3), one of them has left the health centre while the other two are relatively new.
	Poor attitude of health personnel	2	4	The situation has seen an improvement since the CSC implementation.
	Prescription of single drug for card users	2	2	Situation still persists as the main drug given to patients is Paracetamol.
	Harsh defaulting policy	1	4	Health officials were not available to answer.
	Difficulty in resolving clients complaints	1	4	Health officials were not available to answer.

Mansie				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current ScoresS**	**Comments**
Time	Long waiting periods for new registrants	2	4	The situation has improved, the community now has a complaints centre.
	Delays in accessing care	2	4	The situation has improved.
Service	Poor attitude of health personnel	1	4	The situation has improved following the CSC implementation.
	Prescription of single drug for card users	2	2	Sometimes the shortage of drugs causes the problem, as drugs cannot be purchased elsewhere except the medical store.
	Harsh defaulting policy	1	4	It was an issue but due to some education by the NHIS, the situation is better now.
	Difficulty in resolving clients complaints	2	4	There has been an improvement after the CSC implementation.
Fees	Extra fees for prescribed drugs which are covered under the NHIS	1	1	This only happens when there are no drugs at the medical store and the clients are requested to buy.

UPPER EAST

Bawku West District

The tables below show both the original and the August-September 2014 scores for the relevant indicators for each community in the Bawku West District:

Binaba				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current score**	**Comments**
Time	Long waiting periods for new registrants	2	4	There has been an improvement since the waiting period is now three (3) months.
	Delays in accessing care	2	4	There has been an improvement
Service	Poor attitude of health personnel	1	4	There has been an improvement due to better engagement with the health officials.
	Prescription of single drug for card users	2	2	The problem still persists.
	Harsh defaulting policy	1	4	The situation is better now.
	Difficulty in resolving clients complaints	2	4	There has been an improvement since the NHIS officials conducted a survey and through this a new office has been opened at Binaba to address clients' issues.
	Inadequate health personnel	1	1	The issue still persists as staff are woefully inadequate to attend to the number of patients that visit the health care centre.
Fees	Extra fees for drugs	1	5	This is no more an issue as patients do not need to pay an extra charge.
	Use of expired cards with additional fees charged	3	5	This no longer exists following the CSC implementation.

Sapeliga				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments**
Time	Long waiting period for defaulters to access care	2	4	After the CSC implementation, the problem has been solved and the NHIS officials have increased their engagements with the communities.
	Data capturing delays	2	4	Problem has been solved since GII's intervention.
	Delays in accessing care	2	4	Situation is minimal now due to the increase in staff strength at the health centre.
Service	Preferential treatment against card holders	2	4	There has been an improvement following GII's intervention.
	Frequent referrals	3	4	The improvement has been good.
	Data capturing errors and distribution challenges	3	4	Through the sensitization, the problem has been solved.
Fees	Extra payments	2	4	The situation no longer exists.

Bongo District

The tables below show both the original and the August-September 2014 scores for the relevant indicators for each community in the the Bongo District:

Balungu				
Indicators and Scores				
Cluster of Indicators	**Specific indicators**	**Original Scores**	**Current score**	**Comments**
Service	Vetted queries are very high	2	2	The situation is still the same as the queries keep coming. This usually results in a delay of payments.
	Clients produce expired cards	1	4	The sensitization programmes have helped to improve the situation.
	Frequent visits to the facility	2	4	The sensitization programmes have helped to improve the situation.
	Improvement of consultations at the facility	2	4	
	Audits and validations are not participatory and very unfair	2	3	Following GII's intervention, the situation is better now as the documents are given to the staff to make corrections where necessary. Also, both the NHIS officials and the health officials go round to make any corrections where necessary.

Fees	Tariffs keep changing (at least 5 times)	2	3	The situation could be better.
	Registration for community members is low due to poverty	2	3	The situation could be better.

Gowrie				
Indicators and Scores				
Cluster of Indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments**
Time	Payment of claims delays	2	1	Presently the situation has worsened.
Service	Frequent visits to the facility	1	3	Due to some sensitization, there has been an improvement.
	Health insurance reviews the drug list	2	3	Following GII's intervention and a meeting between the health officials and NHIS officials situation has improved.
	Issues about free maternal care for women who come to the facility without cards	1	3	The situation has improved due to sensitization and outreach programmes.
Fees	Tariff regime is low - no payment for Rapid Diagnostic Tests (RDTS)	2	2	Situation is still the same.

WESTERN REGION

Jomoro District

The tables below show both the original and the August-September 2014 scores for the relevant indicators for each community in the Jomoro District:

Ahobre				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments**
Time	Delay in the renewal and issuance of NHIS cards	1	4	Following the CSC implementation, the situation is better now compared to the past. The NHIS agent now goes around to distribute the cards when they are ready.
Service	Preferential treatment against NHIS subscribers	1	5	
	Poor attitude of workers towards NHIS holders	2	5	The attitude of some of the health personnel was bad but now it is better.
Fees	Bribery in the processing of NHIS cards	2	2	Though the situation still persists the community sees it as normal and would rather appreciate if the term 'bribery' is changed to 'motivation'.
	Expensive NHIS registration/renewal fees	3	4	Community members however agreed that the situation has improved.

Samenye				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments**
Time	Delay in the renewal and issuance of NHIS cards	1	5	The situation is better now as it takes only a day compared to a month in previous times.
	Wrong pictures and spelling of names on NHIS cards	2	2	This is still the same as the cards have already been issued.
Service	Preferential treatment against NHIS subscribers	1	1	This problem still persists.
	Closure of health facilities after 2pm and on weekends	2	4	Due to the CSC implementation, the health workers visited the community to explain that the situation was due to lack of staff. Though staff are at post all the time, the lack of staff still persists.

Wassa East District

The tables below show both the original and the August-September 2014 scores for the relevant indicators for each community in the Wassa East District:

Sekyere Krobo				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments**
Time	Delay in the issue of cards	2	2	Situation is still the same.
Service	Discrimination against NHIS holders as against cash and carry patients	2		Community members claimed that the indicator was untrue though they scored it.
	Absence of health insurance collectors/ agents in the community	2	2	
	Exclusion of treatment for certain illnesses	1		
Fees	Expensive NHIS registration/renewal fees	2	1	The situation has worsened.

Ekutuase				
Indicators and Scores				
Cluster of indicators	**Specific indicators**	**Original Scores**	**Current Scores**	**Comments**
Time	Delay in the issue of cards	1	1	
Service	Discrimination against NHIS holders as against cash and carry patients	2	4	Things have changed now as the health personnel that caused the problem is no longer at post.
	Non issuance of temporary cards after registration	1	1	
	No recognition of NHIS cards beyond the district	3	4	Since the introduction of the national card, the situation is better now.
Fees	Double payment of registration for NHIS cards	1	1	The situation is still the same since the cards expire before they get to the community and the community members have to pay again to renew them.
	Expensive NHIS registration/renewal fees	2	1	The situation has worsened as the fees charged are higher than before.

Conclusions and Recommendations

The data contained in this report clearly indicates that over the two year duration of the project, there has been a marked improvement in the perception of health service delivery in the selected districts. Following the original CSC process, all communities experienced positive changes in health service provision in their communities, including an increase in education initiatives and improved service from health care workers.

There is still a great deal of work to be done by health service providers at the district level, including ongoing and intensified community education on the rights and responsibilities of patients, as well as the coverage, benefits and processes associated with the NHIS. There are also several national policy and resourcing issues that need to be addressed, such as the extent of NHIS coverage, but this is not the focus of this report.

Based on the data collected through both the original CSC process and the validation meetings, GII makes the following recommendations:

1. Where possible, funding should be provided for similar projects using the CSC process to bring together health service users and providers in other disadvantaged communities.

2. Ongoing open dialogue between health service users and providers should be encouraged.

3. Education on the coverage, benefits and processes associated with the NHIS should be continued on district, national and regional levels to ensure the sustainability and efficacy of the NHIS.

4. District NHIS offices should do their utmost to limit delays in issuance of NHIS cards, and train staff to communicate with clients the reasons for delay.

5. Health workers should receive the support and training they need to ensure clients are getting the best care possible, as well as adequate explanations for delays and lack of supplies.

6. District Assemblies should work to ensure that they advocate for and, where possible, sponsor the training of health workers with the expertise needed for their districts.

Service providers and users in a face to face interaction during the CSC validation meeting in the Western region.

GII officials in a discussion with community health personnel in the Western region

A trained research assistant explaining the methodology and the scoring matrix to a group of elderly women

A trained research assistant explaining the methodology and the scoring matrix to a group of elderly men

A research assistant assisting participants to register

Health officials addressing concerns raised by the community during the CSC implementation

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