



PRESBYTERIAN CHURCH OF GHANA

**2023 - 2027
STRATEGIC PLAN**

FOR

**PRESBYTERIAN COMMUNITY BASED
REHABILITATION (PCBR GARU AND
SANDEMA) PROGRAMME**

UPPER PRESBYTERY,

**BOLGATANGA, UPPER EAST REGION,
GHANA**

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Abbreviations

ACSDP	-	-	Accelerated Child Survival Development Programme
CBM	-	-	Christian Blind Mission
CBR	-	-	Community Based Rehabilitation
CWDs	-	-	Children with Disabilities
DMHIS	-	-	District Mutual Health Insurance Schemes
DPOs	-	-	Disabled People's Organizations
FCUBE	-	-	Free Compulsory Universal Basic Education
GDP	-	-	Gross Domestic Product
GPRS	-	-	Ghana Poverty Reduction Strategy
ICF	-	-	International Classification of Functioning
LEAP	-	-	Livelihoods Empowerment Against Poverty
MoU	-	-	Memoranda of Understanding
PCG	-	-	Presbyterian Church of Ghana
PSGs	-	-	Parent's Support Groups
PWDs	-	-	Persons with disabilities
SDGs	-	-	Sustainable Development Goals
SIT	-	-	Survival Yards Implementing Team
SWOT	-	-	Strengths, Weaknesses, Opportunities and Threats
SYI	-	-	Survival Yards Initiative
WHO	-	-	World Health Organization

Executive Summary

The Presbyterian Church of Ghana was established in 1828 by the Basel Mission Society (BMS). This became possible upon a request by the then Danish Governor at Christiansburg Castle (Osu), Christian Von Richelieu, who approached the BMS to bring the gospel to the Gold Coast. The Church is built on the teachings of John Calvin with emphasis on Humility, Simplicity, Honesty, Inward Purity and Hard Work. To properly describe the Church, an anagram has been derived from the twelve letter name PRESBYTERIAN which is “BEST IN PRAYER.

The Vision of the Church is “to be a Christ-Centred, Evangelistic, Disciplined, Democratic, United, Self-sustaining and Growing Church.

The Mission is to uphold the centrality of the Word of God and through the enablement of the Holy Spirit adopt a holistic development of her human and material resources to:

1. Improve church growth through evangelism and nurture
2. Attain self-sufficiency through effective resource mobilization
3. Address all factors that inhibit development through advocacy and effective delivery of social services
4. Uphold the Reformed Tradition and cherish partnership with the worldwide body of Christ.

The Presbyterian Church of Ghana Community based Rehabilitation Programme (PCG-CBR Programme) consist of two programmes in the Upper East Region of Ghana. The programmes Both Garu and Sandema CBR Programme Areas together cover ten districts (five districts per Area).

In 2009, the PCG Rehabilitation Programme, with the support of CBM, developed the 2011 – 2015 Strategic Plans with the aim of facilitating access to specialised health care and community based services for persons with disabilities. That Strategic Plan succeeded a previous 2006 – 2010 Implementation Plan. The 2017 – 2021 Strategic Plan being addressed in this document is therefore aimed at consolidating and sustaining the gains of the 2011 – 2015 Strategic Plan of the PCG-CBR Programme. The 2023-2027 strategic plan seeks to also sustain the success chalked in the 2017-2022.

This five-year Strategic Plan focuses on the under-listed five critical issues that the PCG-CBR Programme aims to address to ensure that the two Programme continue to achieve the vision and mission of PCG.

1. Good governance and operational effectiveness
2. Programme efficiency
3. Evidence based programming
4. Well trained and motivated human resource
5. Access to alternative sources of funding

The Strategic Plan highlights an integrated programmatic approach of working with our partners to enhance and improve access to mainstream services by children, youth and adults with disabilities within the context of rights and inclusive development. This Plan also addresses fundamental infrastructure enhancement, human capital strategies, resource mobilization and capacity-building to ensure a robust, coordinated internal operation that enables PCG-CBR's programme to meet its objectives and achieve real impact in the communities it serves.

SECTION 1: Basic Information

Name of the partner Organization	PRESBYTERIAN CHURCH OF GHANA, COMMUNITY BASED REHABILITATION (CBR) PROGRAMME
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Country:	Region/ State:	Town:	P-No:
GHANA	UPPER EAST	BOLGATANGA	2542

Title of the Project:	FIVE-YEAR STRATEGIC PLAN FOR PCG-CBR PROGRAMME
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Original start date of the project planning	10 th May 2022	Date of last revision of the project plan:	30 th May, 2027
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Plan valid for the years	2023	2024	2025	2026	2027
Project Budget per Annum: (in GHS)	837,592	791,526	729,571	805,230	750,848

1.1 Name, office address, phone, fax, e-mail of the partner organisation legally responsible for the project as well as contact person

Presbyterian Church of Ghana,
PO Box 1800,
Accra, Ghana
Phone: (233) 21 66 25 11
Fax (233) 21 77 60 52
E-mail: pcg@africaonline.com.gh, pcg@yahoo.com

1.2 Name, designation, role of the person(s) in charge of the projects

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 Tel: +233 249743792/233200322609

1.3 Name, designation, role of the person(s) responsible for the narrative and financial reporting

Mr. Isaac Tiiga
 Director, PCG-CBR Programme
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 Tel: +233 246728711

2.2 Achievements of PCG

PCG has made tremendous contributions towards the spiritual and socio-economic development of Ghana as a nation over the years. The Church adopted the holistic strategy in bringing salvation to mankind by engaging in provision of various essential services to the people of Ghana. Services provided by the Church includes: Education, Health Care, Governance and Social Infrastructural Development Services, Agricultural and Rehabilitation services.

Presently, the Presbyterian Church has established 1,966 Basic Schools, 32 Secondary, Vocational and Technical Schools, 5 Teacher Training colleges, 2 Nurses Training Colleges and 1 University. In the area of Health Care, the Church has established 4 Hospitals, which provides preventive, curative and rehabilitative services to a huge population of Ghanaians in the areas of ophthalmology, orthopaedics and reproductive health. Other health facilities also owned by the Church include, 4 Clinics, 8 Health Centres, 11 Primary Health Care programmes and Mobile Clinics located in places like Bolga, Bawku, Langbensi, Salaga, Sandema, Agogo and other strategic places across the country.

In the area of Agriculture, the Church has set up Agricultural stations at Garu, Tamale (Mile 7), Katamanso, Langbensi, Sandema and Abokobi. These centres support members of the community with training in improved farming techniques with the aim of boosting the general production of essential food products in the country.

The church also engages in Advocacy and campaign against corruption and other important activities aimed at promoting good governance.

2.3 Professional and administrative capacity of PCG

Administratively, PCG is headed by a Moderator who has the overall spiritual, pastoral and administrative oversight responsibility over the Church. There is a General Assembly, which is the general decision making body of the whole church. Below the General Assembly is the Council, which is the policy making body of the church; however, the Council is responsible to the General Assembly. The Moderator presides over both the General Assembly and the Council during their official meetings. The day-to-day Administrative head of the church is the Clerk of General Assembly who is the Executive Secretary of the Church. To ensure effective execution of her set goals, the PCG has 7 departments and 4 units namely:

Departments:

- a. The Department of Church Life and Nurture (CLAN)
- b. The Department of Ecumenical and Social Relations (ESR)
- c. The Department of Development and Social Services (DSS)
- d. The Department of Admin and Human resources Management (AHRM)
- e. The Department of Mission and Evangelism (ME)
- f. The Department of Education
- g. The Department of Finance

Units:

- a. The Properties Unit (PU)
- b. The Internal Audit Unit (IAU)
- c. The Public Relations Unit (PRU)
- d. The Health Services Unit (HSU)

The PCG-CBR Programme fits in the Department of Development and Social Services of the Church. This Department oversees all health and social services projects of the Church. It is headed by a Director who has a Masters Degree in Development Studies and law. The Director is also supported by a Health Coordinator who also has a Masters Degree in Health Management Studies and is an experience Health Administrator who rose through the ranks.

The two CBR Programme is coordinated by Maxwell Akandem and Isaac Tiiga and they both have a Master's Degree in Community Health and Development. The two Coordinators both have enormous experience in rehabilitation of persons with disabilities of not less than 10 years. There is no doubt that the Church has a wide range of professional personnel driving the implementation of the whole Programme.

Section 3: Project Context¹

3.1 The conditions in the project area

Upper East Region is located in the north-eastern corner of Ghana between longitude 00 and 10 West and latitudes 100 30"N and 110N. It is bordered to the north by Burkina Faso, the east by the Republic of Togo, the West by Sissala in Upper West and the south by West Mamprusi in Northern Region. It covers total land area of about 8,842 sq. km, which translates into 2.7% of the total land area of the whole country. Its "upland soil" mainly developed from granite rocks is very low in fertility, low organic matter content and not very good for extensive farming. Rather, its valleys, which are very difficult to cultivate due to seasonal floods and water logging tends to be naturally fertile.

Agriculture, hunting and forestry are the main economic activities in the region. About 80% of the population engages in agriculture. Livestock and poultry production are also widely practiced in the region. Main crops produced in the region include millet, guinea-corn, maize, groundnuts, beans as well as tomatoes and onions. Due to prolonged dry season, agricultural activities are sustained through irrigation. There are two main irrigation projects in the region: the Veia Project in Bolgatanga covering 850 hectares and the Tono Project in Navrongo covering 2,490 hectares. There is great potential for improving the economy of the region through intensive production of rice (Fumbisi-Gbedembilsa popularly known as the "rice bowl" of the region) and fish farming. Only 51% of the population in the region have access to portable drinking water mainly supplied by the Ghana Water Company Limited mainly to urban centres.

A total of 69,094 children of school going age (7-14 years) are reported to be working fulltime. The majority (54%) of them are boys. The number of children working represent a little over one in three (34.0) of the total population aged 7-14 years. The proportion of males of school going age who are working is 35.3% and that of females is 32.7%, an indication of extensive child labour in the region.

Basic Education facilities are available in almost all communities. There are 499 primary schools, 177 Junior Secondary Schools and 23 Senior Secondary Schools. Private basic schools are found in Bolgatanga, Navrongo and Bawku. Distribution of health facilities is quite good with 4 out of 5 communities having a clinic or maternity home within 15 kilometres of the locality. The limiting factor regarding health is inadequate equipment and personnel. Traditional medicine is widely practiced.

¹ Reference CBM Project Cycle Management Handbook, Chapter 1 "Pre-Project Analysis"

Generally poor road network in northern Ghana limit economic activities and lead to increase in road accidents resulting in disabilities and deaths. Electricity supply is good in towns. The main religious groupings found in the region are: Traditional (46.4%), Christianity (28.3%) and Islam (22.6%).

3.2 Relevant Social Demography

According to the Ghana Poverty Reduction Strategy document (GPRS II), an estimated population of 2 million persons are suffering from various forms of disability. Estimates for the various forms of disability are as follows: hearing impairment (10%), intellectual disability (15-20%), visual impairment (40-60%) and physical impairment (10%). This distribution could reflect the situation from the Upper East Region of Ghana as well. It is evident that *“rehabilitative services have been less developed in spite of the relatively high prevalence of disability in the country,”* currently standing at 6%. (5YPOW, 2007, BAD, 2009)

A survey conducted within the operational area of the Programme (Bawku), in 2007 reveal that out of 299,340 people living in the area, a total of 17,793 have various forms of disability. The survey also indicates the prevalence of disability in the area at 6% (PCG CBR Annual Report 2008). This prevalence is closely linked to that of 5.5% (in urban areas) and 5.8% (in rural areas) revealed by findings from a Research conducted by Navrongo Health Research Centre in the Upper East Region with a population of 920,089, out of which 50,605 are disabled (BAD 2009).

Proportion of males aged 0-19 years (56.3%) is higher than that for females (49%). Between 20 and 64 years, there is a higher proportion of females (45.1% than males (36.8%), while those 65 years and older are 6.8% males compared to 5.9% females. Life expectancy is 60 years among females and 56 years among males. The number of people living below poverty line has fallen from 52% in 2000 to 28% in 2008. GDP has increased from 3.7% in 2000 to 7.3% in 2008. (DFID 2009, www.dfid.gov.uk)

The main occupation in the region in order of magnitude are, agriculture and related work (65%), production and transport equipment work (14.5%), sales work (9.5%) service work (3.9%), and professional, technical and related work (3.8%). The formal sector is substantially low; only 1.7% of the total population in the region is engaged in administrative, managerial, clerical and related work. These areas provide 90% of the total income of the people in the region. However, it is worthy of note that persons with disabilities are not given equal opportunities to participate in these areas of the economy of the region, hence they remain poor living at the mercy of family members and other members of the community.

The distribution of school facilities in the region is encouraging in view of dispersed nature of settlements and the low population density of 25 persons per square kilometre. School programmes for persons with special needs are limited in number. Much more investment is needed in this area if provisions of UN Convention, which gives the right for equal education opportunities for persons with disabilities, must be achieved.

3.3 Main governmental policies and strategies and impact

The Ghana government has developed national and regional policies to address the set of Sustainable Development Goals (SDGs) that succeeds the MDGs. The Government response aims at addressing the three main dimensions of sustainable development, which are; environment, economic and social. Disability is referenced in various parts of the SDGs; more specifically in the goals that relate to education, growth and employment, inequality, accessibility of human settlements, as well as in data collection and the monitoring of the SDGs.

The Ghana Poverty Reduction Strategy *“provides skills and entrepreneurial training”*, as well as create employment opportunities by encouraging *“social protection, social dialogue, and social inclusion, especially of the disabled women and aged”* (GPRS II, 2006, P43). Upper East region of Ghana has initiated regional programmes including Livelihood Empowerment Against Poverty (LEAP) in partnership with Ministry of Gender, Children and Social Welfare as well as UNICEF, in order to fight poverty among the poor and vulnerable population.

In the area of health care, the GPRS provides among other things, for *“bridging equity gap in access to quality health care services”*. GPRS II, 2006-2009; 5YPOW, 2002-2006). In line with the Global Health Initiatives, the government is also implementing Vision 2020 (Right to Sight for All). Part of the strategies for achieving affordable and accessible quality health care is the establishment of a National Health Insurance Scheme (NHIS) in 2001, and Social Protection Policy, which essentially makes health care affordable and accessible for all Ghanaians.

In order to achieve the goal of this policy at the regional levels, the regional government in collaboration with central government has put in place pro-poor insurance schemes known as District Mutual Health Insurance Schemes (DMHIS) to cover the health cost of the poor and vulnerable. Ghana has also signed to the UN Convention on Rights of persons with disabilities, which clearly states the rights of children to quality health care and education and survival. In order to achieve these, the Ghana’s Ministry of Health has adopted the UNICEF-supported Accelerated Child Survival Development Programme (ACSDP) as a major strategy for scaling up child survival intervention nation-wide. This will also go a long way in achieving the SDG’s relating to promotion of well-being and secure environment for Ghanaian children.

Currently, the National Health Insurance pays Bawku Eye and Orthopaedic Departments for the services provided to patients covered under the Scheme. This has improved the status of income of these two components of the PCG-CBR Programme. Additionally, the CBR components of the Programme takes advantage of the National Free Compulsory Universal Basic Education (FCUBE) Policy to advance the course for education of numerous children who would have otherwise, not been able to afford education due to high cost.

3.4 Map showing the location of the catchment area

(Refer to appendix 1 page 41)

SECTION 4: Target Groups

4.1 Direct beneficiaries

PCG-CBR Programme activities over the 2023 – 2027 planning phase aim to target 20,000 children, youth, adults and older people of any type of disability cross all age brackets and religious faiths and their families. The Programme will not discriminate on gender lines, however, children and women, especially single mothers will be given priority. Poverty levels will be given attention, while the migrant communities will be equally attended.

Four out of the five components of the CBR matrix, i.e. health, education, livelihoods and social, will be directly emphasized by personnel of the PCG-CBR Programme and the statutory duty bearers. Empowerment will be considered a cross-cutting component for PCG-CBR staff, volunteers, parents/caregivers and DPOs.

In quantitative terms an estimate of 3000 children with disabilities, 2000 youth with disabilities (18 – 24 years), 6,000 adults (25 – 59 years), and 1000 older people (60 years and above) will be reached during the 5-year strategic period. It is also estimated that a total of 8,000 caregivers will benefit directly from various activities.

4.2 Indirect beneficiaries

Indirect beneficiaries include the wider family circles and communities in which the direct beneficiaries live. They will benefit from the sustained awareness creation and environmental accessibility that will emerge from the CBR activities. They will in turn contribute to the programme by the resultant positive attitude and acceptance that will be shown towards persons with disability generally. Communities will also assist with case identification and referrals through volunteering.

Other indirect beneficiaries are the secondary service delivery stakeholders as the capacity of their personnel will be developed. Such beneficiary institutions will have the ability to make

their services inclusive and accessible to persons with disabilities. In all about **100,000** indirect beneficiaries will be reached over the 5-year strategic plan phase.

Objectives

1. To facilitate access to quality healthcare for 10,000 persons with disabilities by the end of December, 2027
2. To facilitate access to formal education through support for 500 children with disabilities and persons with disabilities by the end of December, 2027
3. To provide agricultural production through adoption of climate resilient farming methods and technologies for 2,500 persons with disabilities by the end of December, 2027
4. To facilitate vocational skills training, self-employment and income generating opportunities for 1000 persons with disabilities by the end of December, 2027
5. To facilitate access to credit, financial services, and markets for 1,200 men, women and youth with disabilities by the end of December, 2027
6. To organize 100 community durbars on disability rights, gender-based violence and practices that limit the participation of persons with disabilities by the end of December, 2027
7. To fund raise 5,000, Ghana Cedis to Improve efficiency in resource mobilization and utilization by the end of December, 2027
8. To integrate evangelism to win 500 souls through the spread of the gospel through CBR service delivery by the end of December, 2027
9. To fabricate 2,500 locally assistive devices for children with Cerebral Palsy by the end of December, 2027
10. To build the capacities of 200 Leaders of Disabled People's Organizations (DPO's) and Mental Health Self-Help Organizations on Rights Based Advocacy skills by the end of December, 2027

SECTION 5: Current Activities the PCG-CBR Programme

PCG-CBR Programme operates in three broad areas, notably specialized health services and community development services, and socio-economic rehabilitation activities.

5.1 The Specialized Health Services:

The specialized Unit includes; Eye care, Audiology, Orthopedic, Mental health and Prevention of Childhood Disabilities. These constitute a Department in the Bawku hospital, which has had to be relocated to Bolgatanga due to protracted ethnic conflict raging Bawku. All have clinical as well as outreach services. These Units, initiated with support from CBM, are virtually self-financing and capable of running independently.

a. Eye care services

The Eye care conducts general consultations, school and community screening and eye surgeries. Over the 2011 to 2022 period, a total number of 446,746 had consulted the facility, 342,712 persons were screened and 10,940 people operated upon.

b. Audiological services

Over the 2011 to 2022 period a total number of 36,275 persons with ear problems consulted the facility. 25,320 were screened with 9,486 persons receiving treatment.

c. Mental Health services

Over the 2011 to 2022 period a total of 33,803 persons consulted the facility. Among them 6,673 persons suffering from mental health illness were identified and referred by the CBR Programme. 15,389 benefited from forms of medical and psychosocial counseling services. Advocacy self-help groups have been established.

d. Orthopedic services

Over the 2011 to 2022 period a total of 50,469 consulted centers and outreach campaigns. 48,320 were screened. 1601 were surgically treated with 28,436 benefiting from various therapies. 2,802 obtained assistive devices, including wheel chairs, tricycles, crutches etc. were issued.

e. Prevention of Childhood disabilities

The prevention childhood disability programme was established following an observation from the various screening and treatment of children with disabilities. The Programme specifically focuses on reducing the incidence of disabilities in children.

5.2 Community development Services

The Community based Rehabilitation (CBR) handles the community development services. Two CBR coordinating area offices at Garu and Sandema facilitate the implementation of the community service in ten districts. The services involve capacity building of personnel, empowerment of disabled people's organization, and collaboration with local and international organizations:

a. Capacity building of Personnel

Capacity building includes sensitizing communities to access existing Public Health Insurance Services; building the capacities of Health and CBR personnel in effective system of screening successful; building the capacities of caregivers and mothers of children with Cerebral Palsy in proper care of their wards. Capacities of CBR workers, DPOs and volunteers are developed in

outreach childhood screening and consultation campaigns. The resultant effects of the various capacity building initiatives are a marked increase in cases being reported to the health delivery facilities, and a reduction in the incidence of childhood disabilities

b. Empowerment of DPOs

Available records show that between 2011 and 2022, 1,760 PWDs and patients of mental health Self-Help Groups their families benefitted from various empowerment programmes. The results are their ability to sensitize communities and to self-advocate for their rights and to demand access to health care, education, livelihoods enhancement activities and community development actions. These are achieved through direct engagement with the communities and radio programmes by the DPOs and Self-Help Groups. The result is increased inclusion of PWDs in communities.

c. Collaboration with national and international organizations

The PCG-CBR Programme collaborates with a number of national and international partners in the areas of capacity building and in financial and material resource mobilization. Notable national collaborators include; the District Assemblies, the Ministry of Gender, Children and Social Welfare, Ghana Education Service, Ghana Health Services and University of Ghana. International collaborators include UK-aid, CP Africa, and University of Calgary in Canada

5.3 Socio-economic rehabilitation activities

The socio-economic rehabilitation component of the PCG-CBR Programme includes; Education, Vocational training, Employment, and the Survival Yards programme.

a. Education,

Over the period of 2011 to 2022, about 2,600 children with disabilities were enrolled into integrated schools, while 1,416 were referred to special schools through the activities of the CBR workers and community volunteers. PCG-CBR facilitated training of teachers in inclusive education and construction of ramps in schools.

b. Vocational training and Employment

PCG-CBR records show that about 8,293 PWDs benefited from vocational training in trades such as weaving, tailoring, hair dressing and radio repair work. Trainees are assisted to set up and manage their own workshops. District Assemblies offer support to livelihood programme of the PWDs. About 6,061 PWDs are on record to be in formal employment, micro-enterprises, and self-employment and in the agricultural activities.

SECTION 6: Situation Analysis

Organizational Analysis – SWOT Analysis

Strength	Opportunities
<ol style="list-style-type: none"> 1. Defined CBR as core programme goal 2. Resourced Coordinating and Area offices 3. Operational presence in ten districts 4. Committed staff 5. Internal operating procedures and systems 6. PCG as a credible parent Organization 7. CBM as a reliable funding INGO 8. Means of transport and logistic support 9. Specialized complementary services 10. Availability of basic infrastructure 	<ol style="list-style-type: none"> 1. Government social intervention policies and programmes: Disability common fund; LEAP; NHIS; SADA; etc. 2. Government assisted personnel 3. Collaboration with community volunteers and other stakeholders including media 4. Passage of Ghana Disability Act 5. Existence of other disability focused organizations in the country 6. Local Government decentralized systems 7. External donor environment
Weakness	Threats
<ol style="list-style-type: none"> 1. Limited and unskilled staff with large coverage areas 2. Limited means of transport to support expansion into operational districts 3. Absence of communication and fundraising strategy 4. Absence of reliable data to back evidence based programming 5. One source of funding 6. CBR component organizationally located in a health structure in PCG Upper Presbytery 7. Aging staff and high attrition rate 	<ol style="list-style-type: none"> 1. Rampant chieftaincy disputes 2. Obnoxious traditional beliefs and practices 3. Wide-spread influence of superstition as causes of disability 4. Poor rainfall pattern 5. Extreme poverty of PWDs 6. Low motivation of volunteers 7. Reduction and delays of donor funding 8. Highly competitive donor market 9. Unfavourable micro and macro-economic factors 10. Migration

All four components of the PCG-CBR Programme, which are the Garu and Sandema CBR Programme, the Eye and Orthopaedic Departments, will aspire to pursue the six core cross-cutting areas of community participation, Advocacy for disability rights, Accessible environment, social and child protection, gender considerations, and the use of appropriate technology to enhance the inclusion and wellbeing of PWDs as illustrated in Figure IV below.

7.1 Community participation

Community participation is essential in PCG-CBR Programming. This is achieved by facilitating engagement among community-based stakeholders to find out the fundamental causes of disability related issues and to obtain communities' preferred strategies for interventions.

Through such participatory approaches, PCG-CBR works to achieve greater community ownership for all interventions and to service as determining factors for accessibility and quality of service. PCG-CBR thus promotes direct engagement with community groups including DPOs and parents' support groups, decentralized agencies of the District Assemblies and local leaders to address individual and community-based factors that limit access to and use of quality holistic services and social amenities.

7.2 Advocacy for disability rights:

Inclusion is another hall mark of PCG-CBR's pursuit of its programmes within the context of comprehensive care of the holistic needs of the given individual. Inclusive practices involve advocacy and lobbying government and all other stakeholders for adoption of inclusive policies and programmes to foster ownership. It also involves the process of conducting stakeholders' analysis and strengthening the service delivery systems so that inclusion enhances the quality of services while it expands access to other services. Inclusive practice also involves developing the capacities of persons with disabilities in leadership and advocacy skills to enable them mobilize themselves, organize and implement advocacy activities regarding actualization of their rights and equalization of opportunities.

PCG-CBR will achieve these by raising the awareness of the community and PWDs regarding the rights of PWDs and the need for their inclusive practices within communities through sensitization workshops, seminars, radio programmes as well as distribution of information materials.

7.3 Accessible Environment

Accessible environment encompasses the removal of physical and human-induced barriers that inhibits effective participation. PCG-CBR Programme will adopt a policy of making its built environment accessible to all manner of person with disabilities. It will engage with allied organizations, notably the DPOs and its Networks to embark upon community sensitization to create awareness about the need for communities to work towards making the environment accessible on a sustainable manner. All PCG-CBR engineered training programmes with its stakeholders will place emphasis on inclusive and accessible programme development and service delivery by including DPOs in the decision making processes at the various stages. The same will be advocated for among collaborators.

7.4 Social and Child Protection:

Social protection includes the responses by the state and society to protect citizens from risks, vulnerabilities and deprivations, and strategies and programmes aimed at ensuring a minimum standard of livelihood for all people in a given country (AU SPF). Social protection is the

backbone of a social policy and looks at increasing opportunities, development and inclusion of vulnerable people.

Child protection is a broad term to describe philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm. In the current context, it applies particularly to the duty of organizations – and individuals associated with those organizations - towards children in their care.

In addition to subscribing to CBM's Child Protection Policy, PCG-CBR will adapt the CBM policy with that of the national policy on Child Protection into a unique PCG-CBR Child Protection Policy. The same will be achieved for a PCG-CBR Social Protection Policy. By implication, PCG-CBR will work towards integrating its child protection and social protection programme with on-going programmes by the Ministry of Gender, Children and Social Protection.

7.5 Gender considerations:

Gender roles and norms have tremendous impact on livelihoods, child protection, social protection, and communication, risk taking, and health-seeking behaviours, decision making and access to social services and activities. All these factors play a critical role in the areas of confidence building well-being and social inclusion. PCG-CBR Programme works to examine how social constructions of being male and female impact on well-being of persons with disabilities and works to change harmful practices, thereby improving empowerment and livelihoods outcomes. PCG-CBR works to enhance gender equity in the target beneficiaries, recruitment of volunteers and staff and to reflect same in training of staff and reporting.

7.6 Appropriate Technology:

In as much as possible, PCG-CBR will encourage the use of quality local materials to implement its programmes with the target beneficiaries. Within this context, innovation in design and production of devices in the areas of mobility, agriculture (e.g. the Survival Yards Initiative project) and communication will be encouraged and pursued. PCG-CBR will continue to explore possibilities of producing mobility devices including white canes and Braille papers locally. Experiences of sister Programmes elsewhere in Africa will be harnessed to achieve that feat. The implication will be to train technicians locally to maintain existing devices and undertake innovative projects from the perspective of cost recovery.

SECTION 9: Vision 2027

9.1 Overall Objective

To improve the general independence and well-being, in health, education, livelihood, social and empowerment, of 20,000 children, youth and adults with disabilities and their families using CBR strategies within the operational structures of the Upper Presbytery of the Presbyterian Church of Ghana by the close 2027. These achievements would be in relation to the national and global programmes of the principal sponsors, CBR and PCG.

9.2 Project Purpose

The ultimate purpose is to enable children, youth and adults with disabilities become well motivated and productive citizen in the Ghanaian community, contributing towards the sustainable and inclusive development of the country, thus contributing to Ghana's realization of Sustainable Development Goals (SDGs).

9.3 Critical Issue 1: Improved Operational Efficiency

Problem statement 1:

How will PCG-CBR Programme improve its operational efficiency required to ensure optimum functional efficiency of the target beneficiaries?

Strategic Goal 1:

By 2027, PCG-CBR Programme would have invested significant resources and raised its strategic profile with its key partners with improved efficiency and consistency in its programme coordination and financial and administrative management backed by a PCG approved operational manual

Strategy 1:

- 1.1 Strengthen the governance and management of the PCG-CBR as follows:
 - 1.1.1 De-link the management of the Health Units from the CBR Programme
 - 1.1.2 Appoint a 7-member Upper Presbytery Management Board for the PCG-CBR
- 1.2 Strengthen the Garu and Sandema Area Coordinating offices as follows:
 - 1.2.1 Area Coordinators with responsibilities for networking and resource mobilization
 - 1.2.2 One Programme officer to support the districts with responsibility for M&E
 - 1.2.3 A financial secretary for bookkeeping and secretarial duties
 - 1.2.4 One 4x4 vehicle and one motor-bike for Coordinators and officers respectively
- 1.3 Establish and strengthen CBR district offices as follows:
 - 1.3.1 A district CBR management committee
 - 1.3.2 The position of a District CBR program officers

- 1.3.3 One CBR technical officers
- 1.3.4 A financial secretary for bookkeeping and secretarial duties
- 1.3.5 Two motor-bikes for the Manager and CBR officer
- 1.3.6 A team of community level volunteer with defined duties and workload

1.4 Refer to Annex III for personnel and equipment need for the Specialized Health Units

4.1 Critical Issue 5: Access to Sustainable Funding Sources

Problem statement 5:

How will PCG-CBR Programme generate funding from **diversified sources** to effectively support its programmes and other critical operations that ensure a long-term viability and vitality of the Programme for the optimum functional efficiency of the target beneficiaries?

Strategic Goal 5:

By 2027, PCG-CBR Programme would have developed and implementing a fundraising and marketing strategy that would have raised a modest 30% of the total budget over the five-year period to support its programmes and meet its unrestricted expenditures.

Strategy:

- 5.1 Develop and implement a fund raising strategy that takes account of:
 - 5.1.1 Establishment an 3-member entrepreneurial development task group of experts
 - 5.1.2 Assessing the potential of the current asserts of farm lands, tractor, guest house to generate income for PCG-CBR programme
 - 5.1.3 Develop a business transformation plan based on assessment results
- 5.2 Develop the capacity of CBR Coordinators to write simple funding proposal by:
 - 5.2.1 Creating an inventory of existing development programme in their districts
 - 5.2.2 Undergoing training in simple proposal writing
 - 5.2.3 Embarking upon joint proposal writing
- 5.3 Develop and implement a communication strategy that takes account of:
 - 5.3.1 Creating and managing a PCG-CBR website
 - 5.3.2 Social marketing of the visibility of the PCG-CBR Programme in various media channels
 - 5.3.3 Developing and disseminating promotional materials

SECTION 10: Risk Assessment and Assumptions

Potential risks that could hinder the success of the programme and how they will be managed if they occur are:

1. Uncertainty and fluctuation in the flow of resources from government programmes such as the National Health Insurance Scheme (NHIS) for payment to the hospitals for the services of the Specialized Services of the Eye Care and Orthopaedic Departments can bring about significant reduction in their income thus threatening their future survival.

Mitigation Plan: Programme to plan for intensive lobbying with the government for prompt release of fund from the NHIS. The Departments would explore other means of raising revenue to meet a percentage of its cost.

2. Attrition of the Professional staff due to inadequate remuneration and poor condition of service can pose a risk to the provision of good quality service.

Mitigation plan: The PCG will take advantage of its partnership with the Ghana Health Services to lobby for mechanization of salaries for all staff to improve the condition of payment for staff in line with the government's sector.

3. Over-dependence on foreign equipment and materials for implementation of essential services can pose a risk. Consumable materials like IOLs, Sutures, POP, Slit Lamp, Assistive Devices etc. may not be delivered or delayed.

Mitigation plan: Explore local sources of supplies as some items can be obtained locally.

4. Continued ethnic conflicts can pose a security risk to staff, who might be forced to migrate.

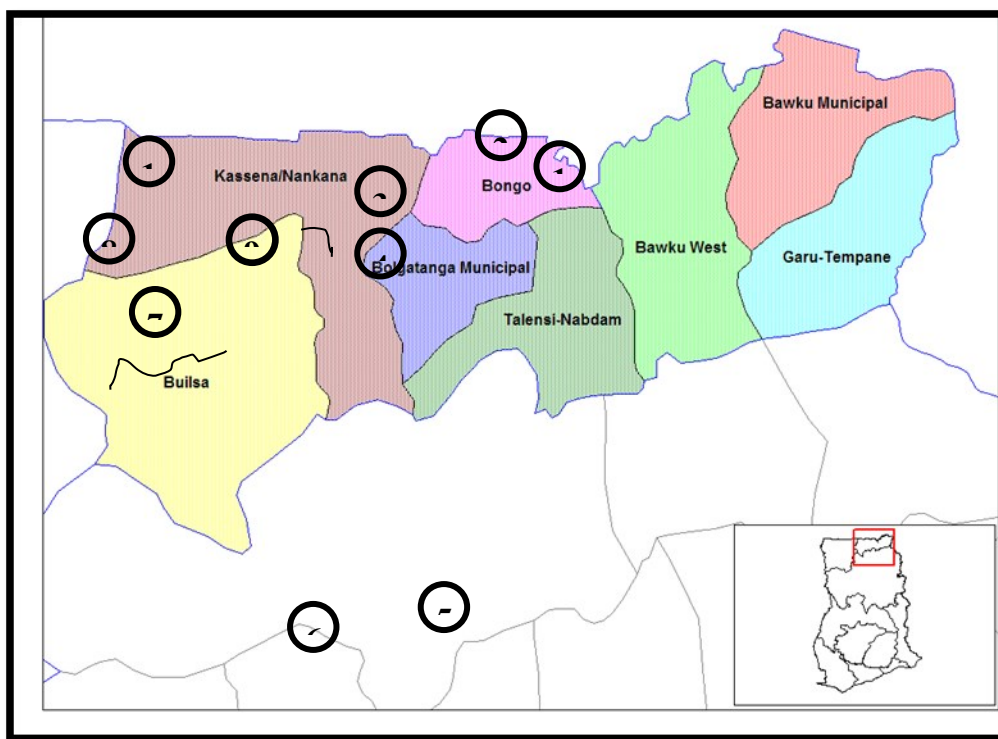
Mitigation plan: The programme will continue to promote peaceful co-existence as part of its community based programme and regular interaction with the citizenry.

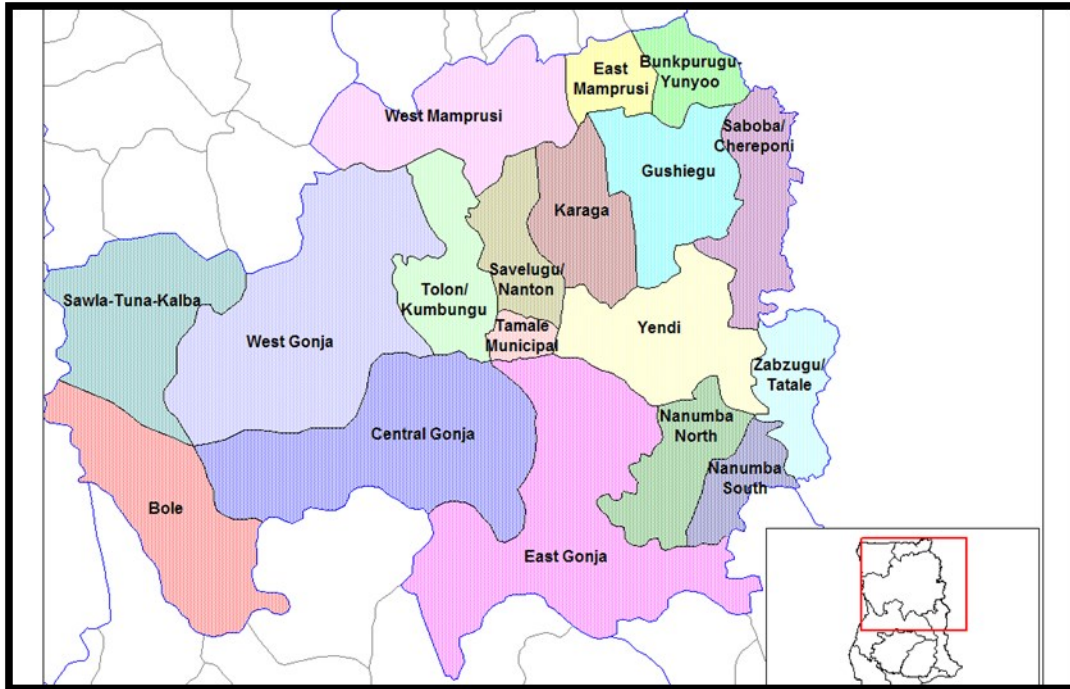
SECTION 12: Project Management

Monitoring and Reporting

Monitoring of the programme will involve:

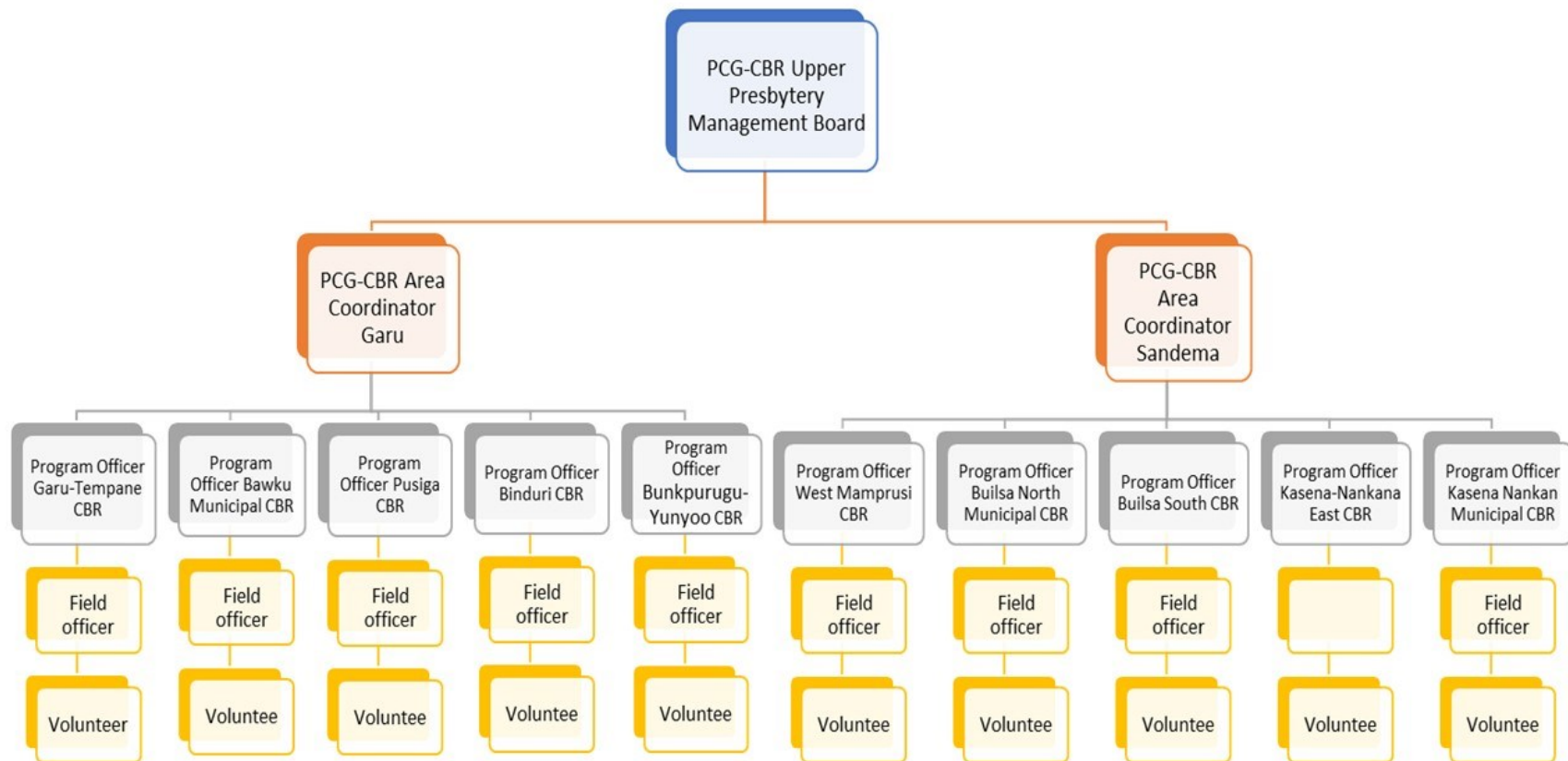
1. Routine programme scheduled meetings of the board and programme staff
2. Regular narrative and financial quarterly and annual reports as well as activity reports
3. Field visits by the board members, senior staff and personnel of the sponsors, notably regional and head office officers of PWS&D and EMS

Appendix 1**Map of Upper East Region showing District locations****Map of Northern Region showing District locations**



Note: Districts numbering correspond to districts position in the Organogram

ORGANOGRAM OF THE PCG-CBR PROGRAMME



PCG-CBR Programme's Concept of Disability

Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. *Impairment* is a problem in body function or structure; an *activity limitation* is a difficulty encountered by an individual in executing a task or action; while a *participation restriction* is a problem experienced by an individual in involvement in life situations.

As a result of the above, PCG-CBR Programme subscribe to the ICF framework of 'bio-psycho-social' model of disability, including contextual factors: environmental and personal factors.

In this vain, PCG-CBR Programme subscribes to the use of the term 'disabled people' within the context of disability being a social construct. Within the framework of terminologies in disability, PCG-CBR Programme also acknowledges that some impairment may be chronic and therefore can be disabling. For such conditions the term 'persons with disability' may be used.

In a summary, PCG-CBR Programme considers:

- a. Disability as a social construct
- b. That most impairments are needless occurrences and largely preventable
- c. That people, disabled or non-disabled, children and adults, men and women, have rights to equal dignity and opportunities
- d. That disabled people have the right to contribute to the development of the communities in which they live
- e. That parents of disabled children and mental health patients, have the right and responsibility for the development (health, moral, social and educational) and general upbringing of their children

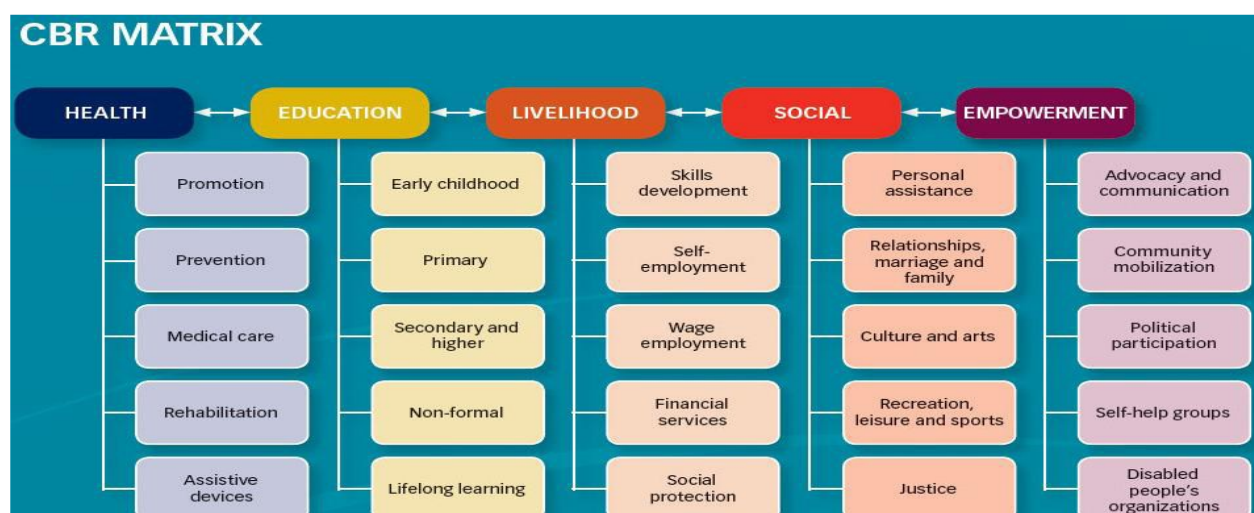
PCG-CBR Programme's Position on the CBR Strategy and Matrix

PCG-CBR Programme subscribes to the WHO/ILO/UNESCO/IDDC definition and philosophical concept of Community Based Rehabilitation (CBR), as a strategy within general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of all persons (children and adults) living with disabilities.

CBR is implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services. PCG-CBR Programme through its CBR programme and the Survival Yard Project focuses on all five components of the CBR matrix, being Health, Education, Livelihoods, Social and Empowerment and applies the twine-track approach to their implementation.

The CBR matrix gives an overall visual representation of CBR. The matrix illustrates five key components, each divided into five key elements, as illustrated in the diagram below. It is a 'pick and mix' series of options, a set of components and elements from which practitioners can select. Any one programme may choose to address only some of the components and elements. ... The implementer however needs to be in touch with other key organizations that usually take care of other components/elements.²

PCG-CBR Programme places the primary stakeholders, being the disabled person, the family/caregivers and communities central in its activities. Empowerment and capacity building of the primary and secondary stakeholders at the community level is therefore considered as mutually complementary to the core principles underpinning CBR strategy of fostering community-based inclusive development of its target beneficiaries.



² WHO/ILO/UNESCO CBR Guidelines

PRESBYTERIAN COMMUNITY BASED REHABILITATION PROGRAMME (GARU AND SANDEMA)

Objectives

1. To facilitate access to quality healthcare for 10,000 persons with disabilities by the end of December, 2027
2. To facilitate access to formal education through support for 500 children with disabilities and persons with disabilities by the end of December, 2027
3. To provide agricultural production through adoption of climate resilient farming methods and technologies for 2,500 persons with disabilities by the end of December, 2027
4. To facilitate vocational skills training, self-employment and income generating opportunities for 1000 persons with disabilities by the end of December, 2027
5. To facilitate access to credit, financial services, and markets for 1,200 men, women and youth with disabilities by the end of December, 2027
6. To organize 100 community durbars on disability rights, gender-based violence and practices that limit the participation of persons with disabilities by the end of December, 2027
7. To fund raise 5,000, Ghana Cedis to Improve efficiency in resource mobilization and utilization by the end of December, 2027
8. To integrate evangelism to win 500 souls through the spread of the gospel through CBR service delivery by the end of December, 2027
9. To fabricate 2,500 locally assistive devices for children with Cerebral Palsy by the end of December, 2027
10. To build the capacities of 200 Leaders of Disabled People's Organizations (DPO's) and Mental Health Self-Help Organizations on Rights Based Advocacy skills by the end of December, 2027

LOGICAL FRAMEWORK FOR PRESBYTERIAN COMMUNITY BASED REHABILITATION PROGRAMME 2023-2027

Strategy	Activities	Time frame	Persons Responsible	Resources	Expected Output	Expected Outcomes
Health Sensitization	i. Conduct home based sensitization on health promotion, mental	July,2021 to June,2026	CBR Health Officer & Mental Health Nurse	Motorbikes Fuel Health promotion materials (mosquito nets, soap and detergents, sanitizers, nose	40,000 community members sensitized on health promotion, mental health care and disability prevention	-Reduction in disabling conditions - Increased number of people with disabilities and their families/community members utilizing health promotion & disability

	healthcare and disability prevention ii. Organize 60 Community Sensitization sessions on health promotion, mental healthcare and disability prevention			masks, sensitization manuals, drugs & vaccines, etc.)		prevention techniques
Health review Sessions and effective collaboration	i. Equip mental health nurses for community based monthly review sessions for clients with psychosocial disabilities ii. Facilitate access to	July, 2021 to June, 2026	CBR Health Officer Field workers & specialized health personnel	<ul style="list-style-type: none"> - Motorbikes - Fuel - Psychotropic drugs - Food(Lunch) 	<ul style="list-style-type: none"> - Monthly mental health review sessions held for 8000 persons with psychosocial disabilities - Access to orthopaedic & physiotherapy review 	<ul style="list-style-type: none"> - Improved access to specialized health services by people with disabilities - Improved therapy compliance by people with disabilities

	orthopaedic and physiotherapy review sessions for clients with physical disabilities				sessions facilitated for 4000 clients with physical disabilities	
Health Screenings & Referrals	i. Carry out home based health screening and make referrals for specialized healthcare ii. Organize eye screening sessions in 90 communities	July,2021 to June,2026	CBR Health Officer , Field workers & Eye Nurse	<ul style="list-style-type: none"> - Motorbikes - Fuel - Food(Lunch) 	<ul style="list-style-type: none"> - Health screenings conducted for 10,000 children & adults in communities - 8500 children and adults referred for specialized healthcare services 	Increased access to specialized health care services by persons with disabilities
Health training sessions	i. Nutrition training for caregivers and mothers of children with psychosocial	July,2021 to June,2026	CBR Health Officer & Field Workers	<ul style="list-style-type: none"> - Motorbikes - Fuel 	200 caregivers & mothers of children with psychosocial disabilities received training in nutritional health	Malnutrition in children with psychosocial disabilities reduced

	disabilities/c hildren with Cerebral Palsy					
Facilitating access to assistive devices &functional aids	Facilitate access to assistive devices & functional aids for persons with disabilities	July,2021 to June,202 6	CBR Health Officer & Field Workers	<ul style="list-style-type: none"> - Motorbikes - Fuel - Wheel Chairs, Tricycles, Crutches, c.p chairs etc. 	1500 persons with disabilities have access to assistive devices & functional aids	Improved mobility, functioning and integration of people with disabilities
School Visits	I. Conduct monitoring of schools in 10 Districts on delivery of inclusive education	July,2021 to June,202 6	CBR Inclusive Education Officer	<ul style="list-style-type: none"> - Motorbike - Fuel 	800 mainstream schools monitored on inclusive education delivery	Children with disabilities are well integrated in mainstream schools settings
Collaborate with Ghana Education Service and key stakeholder s	i.Facilitate the enrolment of children with disabilities in formal schools in 6 Districts	July,2021 to June,202 6	CBR Inclusive Education Officer & CBR Field workers	<ul style="list-style-type: none"> - Motorbike - Fuel 	1200 children with disabilities enrolled in schools for formal education	Children with disabilities are well integrated in mainstream and special schools for literacy skills
Stakeholder Forums	Organize stakeholder forums in 6	July,2021 to June,202	CBR Inclusive Education Officer	<ul style="list-style-type: none"> - Motorbikes - Fuel - Food(Lunch) 	6 stakeholder forums organized on inclusive	Increased advocacy for inclusive education in communities

	Districts on inclusive education	6		- Transport for participants/ Funds	education;1 per district for 300 persons	
Collaborate with Department of Food and Agriculture	Equip 6800 farmers with disabilities with climate resilient techniques and new methods of farming for sustainable agricultural production	July,2021 to June,2026	CBR Livelihood Officers & Field Workers	<ul style="list-style-type: none"> - Motorbikes - Fuel - Food(Lunch) -Transport for participants/Funds - Improved cereal and leguminous seeds varieties (Sorghum, Soya bean, Bambaran bean, etc.) - Vegetable Seeds/Seedlings (Onion, tomatoes, Green pepper, cabbage, garden eggs, etc) - Tree Seedlings (Mango, guava, cashew, orange, pawpaw, moringa, etc.) - Organic fertilizer - Garden tools and equipment (knapsack sprayers, wheel barrows, watering cans, etc.) 	6800 farmers with disabilities equipped for sustainable agricultural production	<ul style="list-style-type: none"> - Improved food security and nutritional health for people with disabilities - Increased agricultural yields (crops &livestock) of target clients practicing agricultural production

Collaboration with Department of Social Welfare and Existing Community Based training centers	<p>i. Enrol 250 youth with disabilities in vocational/technical skills training</p> <p>ii. Train 1300 clientele agro-processing, value addition and petty trades</p>	July,2021 to June,2026	CBR Vocational skills officer & Field workers	<ul style="list-style-type: none"> - Vocational /technical skills training inputs (sewing machines, weaving looms, Hairdryers) - Soap and pomade making materials etc.) - Funds/apprenticeship fees etc. 	<ul style="list-style-type: none"> - 250 youth with disabilities enrolled in vocational/technical skills training - 1,300 clientele trained in agro-processing, value addition and petty trading 	<p>-Enhanced health care access for persons with disabilities through skills training, self-employment and income generation</p> <p>-Improved access to employment and income generating opportunities by people with disabilities</p>
Collaborate with Rural Banks and Relevant Micro-Credit institutions	i. Facilitate 15,000 persons with disabilities with access to financial services through Community Savings and Loans Associations (CSLAs), self-help groups	July,2021 to June,2026	CBR Social/Business Development Officer	<ul style="list-style-type: none"> - Motorbike - Fuel - Savings box & passbooks 	<p>-15,000 persons with disabilities with improved access to financial services through Community Savings and Loans Associations (CSLAs), self-help groups and credit institutions for the enhancement of livelihood strategies</p> <p>- 1,500 crop farmers</p>	Increased access to financial services and market opportunities for people with disabilities

	and credit institutions for the enhancement of livelihood strategies ii. Facilitate market access for 1500 farmers with disabilities practicing crop production				with disabilities facilitated with market access	
Capacity building & Advocacy	i. Train 30 DPOs and 15 SHGs on disability rights and advocacy skills for user-led advocacy campaign in communities ii. Organize sensitization sessions in	July, 2021 to June, 2026	CBR Empowerment Officer & CBR Field workers/Volunteers	-Motorbike -Fuel - Stationery - Food (Lunch)	- Capacities of 50 DPOs , 15 SHGs & 50 volunteers built on advocacy and disability rights -30,000 community members sensitized on disability rights, negative attitudes, issues of gender-based violence and discriminatory practices against	-Reduction in negative attitudes, discriminatory practices, norms and gender-based violence against people with disabilities -Increased community awareness of disability rights, gender-based violence and practices that limit the participation of persons with disabilities

	<p>30 communities on disability rights, negative attitudes, discriminatory practices and gender-based violence</p> <p>iii. Conduct home based advocacy campaign on negative attitudes, discriminatory practices and gender-based violence</p> <p>iv. Capacity building workshop for 50 community volunteers on disability</p>				persons with disabilities	
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	rights, negative attitudes and discriminatory practices and gender- based violence					
Fundraising & Proposal Writing	i. Develop 10 new proposals for funding ii. Strengthen internal income generation initiatives iii. Train staff in customer care and hospitality skills	May,2022 to June,2026	Program CoordinatorS	-Stationery -Computer -Printer -Valid registration documents	-10 new proposals developed for funding -Income generation initiatives registered , strengthened & sustained	-Improved resource mobilization for programme activities -Increase in internally generated funds -Diversified funding sources
Evangelism & Lay preaching by CBR staff	i. Institutional ized morning devotions ii. Integrate evangelism in CBR activities	May,2022 to June,2026	CBR Field Workers	Motorbikes Fuel Devotion Guide	-100 new converts won - Daily Morning Devotions observed	Commitment and dedication of spirituality of members enhanced

	sensitization & training sessions					
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