



# Business models for health service delivery in Ghana Red Cross

Case study

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***Business models for health service delivery in Ghana Red Cross***

***1233300 12/2012 E***

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## Executive summary

This case study describes and analyses six health activities carried out by Ghana Red Cross. It does so from an organisational point of view, seeking to understand the business model that underpins each of these activities from the points of view of their sustainability and replicability (i.e. the characteristics that allow them to be carried out in more than one location and sustained over time). These two concepts are fundamental to the definition of a strong National Society endorsed by 2011 General Assembly:

*A strong National Society is one that is able to deliver country-wide, through a network of volunteer-based units, a relevant service to vulnerable people sustained for as long as needed*

This definition implicitly recognises the relationship between the scale and sustainability of National Society activities, and the long-term viability of the National Society itself. It also implies that National Societies wanting to become stronger should focus on carrying out a small number of important activities at scale, rather than spreading their resources thinly in trying to meet multiple needs present in a country.

The six examples used in the case study suggest a number of organisational factors relevant to National Societies seeking to develop sustainable country-wide services as per the strong National Society definition.

**Environmental factors** include the need for activities to **address ongoing and important needs**. For some of these, there may need to be a **supportive political environment** in order for the activity to be sustained. The sustainability of activities may also be undermined by the **activities of competitor organisations**: for example in paying volunteers.

**Organisational factors** include how the National Society **reflects and rewards contributors** to the activity, whether these are volunteers or donors. For activities to be sustained, a support structure needs to be developed and maintained over time. The support requirements of activities and the capacities of any management structure must be in step with one another.

It is important that activities and the way that they are carried out **create a realistic image of the National Society, its ownership and its resources** in the minds of the local population, especially if the local population will be asked to contribute to future activities.

In particular, local organisation should **build on local traditions and understandings of volunteer action and community solidarity** where appropriate.

**Programmatic factors** include the need for activities to **meet important and visible needs** in communities. Crucially, **sustainability in all its facets should be built into activities** right from the start. **Simple activities are more likely to be sustained and taken to scale** than more complex interventions.

The case study further suggests:

- That there is a relationship between the sustainability of an activity and its capacity to be taken to scale. Sustainability can come about in various ways – whether because an activity generates financial resources to cover its costs, or because it is simple enough to be fully resourced from within communities, but without this sustainable business model, no activity can go to scale.

This suggests that the first step in developing an activity at scale is for a National Society to focus on developing a sustainable business model at small scale prior to replication.

- That regularity of activity is an important aspect of a sustainable activity. The implication for National Societies wishing to develop disaster response (or other sporadic) capacity is that this should be developed in parallel to an ongoing activity which will take place on an ongoing basis.
- All activities require an initial investment in order to get them going. This one-off investment should be separated from the maintenance costs of running an activity over time. The case study suggests that, in cases where project funding was used to pay for maintenance costs, the activities delivered were often well beyond those which a local community would be likely to resource once the project was completed.

The implication for National Societies wishing to develop sustainable activities to scale is that funding should be targeted at set-up costs rather than maintenance costs, which should be delivered through a sustainable business model.

- The case study highlighted management capacity as a major limiting factor in sustaining and replicating activities.

One implication is that National Societies should consider management capacity at all levels as an integral part of service sustainability.

A second is that activities which are simple and can be led and managed through local volunteers without external resource and support are more likely to be sustainable and replicable than those which require significant management input.

A third is that scaling up service delivery capacity is likely to need to go hand in hand with scaling up management capacity at all levels if it is to be successful.

# Introduction

In order to progress the implementation of the “Framework and principles to build strong National Societies 2011”, as approved by the 18th session of the General Assembly in 2011, the Learning and Organizational Development department is developing a series of case studies to collect and share learning on:

- How National Societies function in various political, economical and cultural contexts
- How National Societies become strong according to the Framework’s definition of a strong National Society
- How external support can help National Societies to become strong.

Such analysis and knowledge of real-life situations complements the development of generic tools and training for National Societies. The studies are expected to contribute to Federation wide knowledge development and sharing, and form the basis of the curriculum for future training and learning opportunities.

## 1.1 What is this case study about?

This case study describes and analyses six health activities carried out by Ghana Red Cross. It does this from an organisational point of view, seeking to understand the business model that underpins each of these activities.

The purpose is to develop understanding of the extent to which these activities, which all address needs of vulnerable people in Ghana, can grow and be sustained by the National Society into the future in order to “do more, do better and reach further<sup>1</sup>”.

## 1.2 Why is this case study important?

***A strong National Society is one that is able to deliver country-wide, through a network of volunteer-based units, a relevant service to vulnerable people sustained for as long as needed<sup>2</sup>.***

This case study takes the General Assembly definition of a strong National Society, and applies the concepts of scale (“country-wide”) and sustainability (“for as long as needed”) to a series of health-related activities. It therefore contributes to understanding the organisational factors to be considered by National Societies wishing to become strong.

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1 Strategy 2020

2 Building strong National Societies: Our common endeavour. A comprehensive framework. Approved by 2011 General Assembly

In doing so, the case study draws an explicit link between organisational and programme issues. It reiterates the point that how an activity or service is organized and managed will determine whether that activity can be continued into the future, and whether it can contribute to making the National Society strong. This issue of how services to vulnerable people are delivered (i.e. their business models) is not one that has received a great deal of attention in IFRC support to National Societies, but is very relevant to understanding how National Societies can become strong.

The examples given in the text show a number of different business models, with differing levels of sustainability and replicability. These types of activity are typical to many National Societies around the world. It is hoped that the case study will promote further discussion and research in this area within the Movement as to how self-sustaining services can be developed at scale at the core of strong National Societies.

### 1.3 What does the case study not address?

While the case study explores a series of different health interventions through the lenses of sustainability and replicability, these are for purposes of illustration rather than to imply that any or all of the interventions should be sustainable or replicable. Obviously National Societies will need to carry out activities that are not sustainable from time to time to meet the needs of vulnerable people: disaster relief is one example. However, for a National Society to become strong in line with the definition above, it should have one activity that it carries out broadly across the country on an ongoing basis. Indeed, experience suggests that a focus on short-term activities is likely to lead to a National Society that is understandable in the long run.

Linked to this point, the case study does not attempt to assess whether the activities described in this case study add up to a balanced organisational whole. An extension of this case study would be to analyse the interactions between the different activities described and look for positive and negative synergies and correlations between them, including possible cross-subsidy of profit-making activities for unsustainable ones and disproportionate call on management time by one activity, etc. This is outside of the scope of the case study, but is a major strategic issue for the leadership of any National Society seeking to develop and grow their organisation.

It is furthermore outside the scope of the case study to assess whether the limited resources of Ghana Red Cross are better applied to addressing, for example, the health needs of a commercial sex worker in Accra, or the need for better hygiene promotion in a rural village in Central Region. These are again however strategic choices for the leadership of a National Society which must balance the urgency of the needs of vulnerable people with the long-term requirements of maintaining a dynamic National Society.

In describing each intervention, the case study inevitably uses a level of simplification in order to capture the broad outline of each activity. For more detail on each of the interventions, please refer to the evaluation report of the global OD pilot project in Ghana Red Cross, which provides a much more detailed analysis of the functioning of Ghana Red Cross, and can be accessed at <https://ifrc.org/en/publications-and-reports/evaluations/>

Finally, there is an assumption that each of the health interventions is carried out in a technically competent manner. The case study accepts both the need for the intervention, as well as its effectiveness at face value.

## 1.4 Terms used in the case study

### **Business model**

The term business model is used in the case study to refer to the logic that combines a series of resources (for example volunteer time, training, funding, equipment, management support, organisation) into an activity that benefits vulnerable people.

### **Sustainability**

In the case study, sustainability refers to the extent to which an activity's business model attracts or generates the resources needed for it to continue for as long as needed. Sustainability implies both that an activity can attract or generate the resources that it needs to continue. This includes the ongoing management support that it requires in order to function effectively.

### **Replicability**

In the case study, replicability is understood as the combination of two aspects of an activity; firstly that the activity has a sustainable business model, and secondly that this is relevant to and can be applied in other geographical locations.

### **Service**

The case study uses the word service to refer to an ongoing activity that can be delivered to vulnerable people for as long as is needed. The implication is that a service can attract or generate the support it needs to continue.

### **Project**

Project in the case study refers to time bound activities to help vulnerable people. Here the implication is that the business model is not self-sustaining, but rather dependent on a source of time bound funding that will finish before the needs of vulnerable people have been fully met.

## 1.5 How was the case study developed?

The case study is a by-product of the evaluation of the pilot project: "mobilising sustainable local capacities in the branches of the Ghana Red Cross". This evaluation was carried out in February 2012 by a team of five people from Ghana Red Cross, IFRC and the Swedish Red Cross. The evaluation report is available at: <http://www.ifrc.org/docs/Evaluations/Evaluations%202012/Africa/GHODCasestudy12.pdf>

# 2 Background to the case study

## 2.1 Vulnerability in Ghana

Ghana is located in West Africa, bordering on Togo, Burkina Faso and Côte d'Ivoire. It was the first sub-Saharan African country to attain national independence in 1957, and has strong political dynamics with a high level of democracy.

Ghana had a Human Development Index (HDI) ranking of 135th out of 187 countries in 2011<sup>3</sup>, slightly higher than the average of sub-Saharan African countries but still below the world average. With relative stability in politics compared to neighbouring countries, Ghana is enjoying a steady growth in its economy. Annual GDP growth of 7.7% is based on developing natural resources such as gas, gold and timber and cocoa production.

30.0% of Ghana's population (24.2 millions in total) still lives on under USD 1.25 per day, with GDP per capita at USD 1,190 in 2011.

Child health care and adult life expectancy have improved in recent years and currently the under-five mortality rate is 69 per 1,000 live births and adult life expectancy is 64.2 years. But the country has chronic problems in basic health care, and water and sanitation, while a majority of its citizens continue to suffer from the impact of inequitable distribution and access to basic services such as health care, education and electricity. High levels of unemployment are one of the main factors aggravating vulnerability in both rural and urban areas in the country.

Current environmental challenges include recurrent drought and flooding in the northern sector, which severely affect agricultural activities. Unregulated mining practices contribute to serious water pollution.

Ghana has been struggling to accommodate returning nationals who escaped violence in Cote d'Ivoire, as well as refugees and internally displaced persons from Liberia and Togo. Others migrants include those from Chad, nomadic tribes from the Sahel, and refugees from violence in Mali.

Road safety is an important issue in Ghana. The sharp increase in the volume of traffic, disregard for safety precautions and increasing number of faulty vehicles are the main contributory factors to car accidents. In recent years, motor traffic accidents have been ranked as one of the leading killers in the country.

<sup>3</sup> Information compiled from: Ghana government statistics (<http://www.ghana.gov.gh/index.php/about-ghana/ghana-at-a-glance>), International Human Development Indicators (<http://hdrstats.undp.org/en/countries/profiles/GHA.html>), World Bank country profile (<http://data.worldbank.org/country/ghana>)

## 2.2 The Ghana Red Cross, 1970s - 2012

The Ghana Red Cross (GRC) started as the League of Maternal and Child Welfare in 1929. In 1932, the League became the Gold Coast branch of the British Red Cross. After national independence in 1957, the Ghana Red Cross was founded and the Ghana Red Cross Act was passed in parliament in 1958. It was then recognized by the ICRC and became a member of the International Federation in 1959.

In 1975, Mark Sabara, a teacher and Red Cross member brought together a group of women to combat guinea worm infections in the community of Nsuopun in the Wasa Amenfi traditional area in the Western region. The teacher and the founding secretary travelled across Ghana raising other, similar units which became known as Mothers Clubs. These groups carried out simple health education activities at community level, led community activities and were trained in simple first aid. In 2000 there were about 400 of these groups in Ghana, and the idea had also spread to Togo. Over time, however, some units had become dormant without leadership and support from the National Society.

In 1985 a consortium of PNSs led by Swiss Red Cross came into being and started providing significant financial support to Ghana Red Cross activities. From 1985 to 2000, the consortium supported almost every activity of the Society, which became a very visible national organization. The support from the consortium focused on project and programme activities: while there were efforts to build National Society fundraising capacity, for example through development of income generation through sale of first aid kits, these were not prioritised either by the National Society or by its donors.

In 2000, a combination of changing donor priorities and issues around the management of funds led to the collapse of the consortium and the National Society's funded activities. Although the Swiss Red Cross remained in-country and continued to support the National Society as well as carry out its eye-care programmes in two regions, national Ghana Red Cross activities more or less collapsed, although some Mothers' Clubs and other local units continued to carry out activities irrespective of the state of the wider National Society.

In 2007, Ghana Red Cross became one of two National Societies to take part in the Global OD pilot project, in a project known nationally as the 3-in-1 process. The goal of the project was to develop a sustainable, community-based service in 10% of Ghana's 78000 communities. Based on a survey of 80 communities nationwide, the National Society began to systematically develop community volunteer units delivering a hand washing service at social events such as funerals. Figures suggest that about 3000 additional units were created or revived during this period.

## 2.3 Current Ghana Red Cross organisational structure

As at February 2012, the Ghana Red Cross structure had the following structure compared to the national administration:

Level of government	Number of government units	Number of Red Cross units prior to 3-in-1 process	Number of Red Cross units at end of 3-in-1 process
National	1	1	1
Regional	10	10	10
District	131	86	86
Community	78000	1311 (covering an estimated 2600 communities)	3938 (covering an estimated 7576 communities)

### Staff and volunteers

The National Society has an estimated 56 000 volunteers, and employs forty staff, twenty at the national office, and the remainder in the ten regional offices. The different organisational levels function as follows:

#### Community chapter level

Local chapters of Ghana Red Cross can include Mothers Clubs, Youth groups and general units, but can also include just one or two of these types of unit. Each unit is likely to comprise 10 – 30 people in practice. Mothers clubs are not necessarily gender-exclusive if no other type of unit is available in a locality. Many of these units will have been created during the 3-in-1 process; some will have existed for years, and some will have been re-animated during the 3-in-1 process after a period of dormancy.

Active units should carry out the hand washing service at funerals and other public events, and are almost certain to be involved in social mobilisation on behalf of government health agencies and possibly NGOs, as well as simple health and first aid education for members and occasional community work such as clear-ups. Most groups are likely to have some form of income generation project which predominantly supports members (and is likely to be an important part of the “glue” holding units together), but which also contributes some income to community level Red Cross funds.

#### District level

At the district level, a committee of ten people is elected by and from members of the National Society who have paid their yearly membership fee of about three dollars: an estimated 5,000 people nationally. The committee works alongside a volunteer District Organizer appointed by the national office.

Their work includes supporting and motivating local units, and often providing first aid training in schools and other institutions. Fundraising can be very difficult: in theory the district receives a percentage of membership fees; however few people pay the fee to become a formal member of the National Society.

Each district has an average 30 – 60 chapters. The size of a district can be very large – well over a hundred kilometres from end to end, and access to many communities may be along poor roads. While some District Organizers have

been equipped with motorbikes, the district itself may not have funds to pay for fuel and maintenance. With limited financial resources, and the limitations on the volunteer time of the District Organizer, this can make it very difficult to provide effective support to local units.

Some districts have offices donated by local government or by the local traditional leader.

### **Regional level**

Each of the ten regional branches has an office with internet connection, and is staffed by a Regional Secretary with a paid assistant. Regional Secretaries are appointed by the secretary general, and responsible for Ghana Red Cross activities in their region.

A regional committee of ten people is elected by paying members in the region. It includes youth and mothers clubs representatives.

Activities at the regional level include supporting the districts in delivering national programmes. In addition, regions often have their own programme activities.

### **National level**

The national office comprises ten technical and ten support staff (including drivers, cleaners and guards). Departments include Finance and Administration, Organisational development and Resource Mobilisation, Health and Care, and Disaster Management. Other than finance and administration, which has a full complement of staff, each department comprises one person. There are also a National Youth Coordinator and a Communications Manager.

# 3 Health interventions in Ghana Red Cross

## 3.1 Hand washing service

A report by Ghana Health Services identifies large social gatherings such as funerals as a primary source of disease transmission. To hinder this, and to raise awareness of hygiene generally, Red Cross volunteers attend community events to offer participants soap with which to wash their hands before and after the prolonged handshaking that takes place at such events.

### 3.1.1 Business model

The main resources that the hand washing service needs are volunteer time, and liquid soap. Anecdotally, volunteers often enjoy representing the Red Cross at these high profile local events, which give volunteers visibility and status in communities. Soap for events is often provided by the bereaved family.

The hand washing service is a very visible activity within communities. One function of this is that it attracts attention to the role of the Red Cross at community level: the opportunity for the National Society to generate income through delivering first aid training to new drivers in Ghana came precisely because a senior civil servant was impressed by the role of volunteers at a funeral. Government subsidy to the National Society also increased from USD 10 000 per year to USD 150 000 as a direct result of the development of the hand washing service across Ghana.

### 3.1.2 Factors affecting sustainability

The hand washing service itself is sustainable at the local level. Communities can supply all of the resources required for the service to function, and the service itself does not require particular training or other external inputs to be delivered. In particular it does not demand much volunteer time each week.

The biggest factor affecting service sustainability is likely to be the dynamics of local volunteer groups. If local chapters are well-led and motivated, then there is no external reason for them not to continue delivering the service.

One question mark about the sustainability of this service in Ghana relates to the supporting structure developed in Ghana Red Cross. There is an issue of whether the district level of the organisation has the resources to provide consistent support and encouragement to volunteer leaders. A volunteer District Organizer may be expected to support 30 – 60 local chapters across large, sometimes inaccessible areas. The district may not have funds to pay for transport. Following up with local chapters can therefore be challenging, and the risk is that issues requiring external support are not identified and dealt with early.

### 3.1.3 Factors affecting replicability

The 3-in-1 process saw the development / extension of the hand washing service in around 2600 local volunteer units across Ghana with a three-year period, suggesting that the service is easily replicable.

There is a cultural difference between north and south of Ghana, in that northern funerals usually take place immediately after decease, in accordance with Muslim tradition. This means that volunteers in the north must be more flexible, while in the south almost all burials take place on Saturdays. The hand washing service has however proven flexible enough to function across these cultural differences.

In organisational terms, a limit to replicability of the service may well be the National Society's capacity to support local chapters.



*A Ghana Red Cross Society volunteer distributes hand-sanitizer to mourners at the funeral.*

## 3.2 Social mobilisation for health

At the request of Ghana Health Services and National Disaster Management Organisation, Ghana Red Cross local chapters pass on simple health messages to their communities.

### 3.2.1 Business model

Government agencies provide the local chapters with information, and chapters spread this through communities. Payment for direct expenses relating to the mobilisation is often available, however the agencies do not contribute to the indirect costs to the National Society, for example management time and travel at District and Regional levels. As with the hand washing service, these are high profile events within communities which respond to an immediate need and raise awareness of the Red Cross and its role in communities.

### 3.2.2 Factors affecting sustainability

Obviously maintaining good relationships with government agencies is important if the Red Cross is to continue to carry out this activity. The National Society sits on relevant committees of both agencies and is integrated into national and regional disaster and health management plans.

As with the hand washing service, much of the sustainability of this activity is based in the sustainability of local units: at the community level there are no particular resources required beyond volunteer time and a good image.

In this respect, an external factor which was described as undermining local chapters was the practice of some NGOs and indeed government agencies of paying incentives to volunteers. This often meant that volunteers followed the incentives, and did not remain with the local Red Cross chapter.

An important observation relating to social mobilisation is that it is a sporadic activity that takes place on an irregular basis. As such it is not suited to be the main activity at the centre of a group of volunteers: volunteers might not carry out any activity for months or years on end. It does however complement and extend the existing, ongoing service (hand washing).

### 3.2.3 Factors affecting replicability

As with the hand washing service, the limiting factor for replicability is the National Society's management capacity to develop and support local chapters.

*First Aid training for volunteers of Ghana Red Cross Society*



## 3.3 First aid training for new drivers

All new drivers in Ghana are required to attend Ghana Red Cross first aid training.

### 3.3.1 Business model

Ghana Red Cross currently has an effective monopoly on first aid training for new drivers. The cost of 6 cedis (USD 3.5) covers the cost of the Red Cross first aid handbook, delivering the training, and a surplus which is split between the Ghana Red Cross and other Ghanaian road safety agencies. Since the start of the scheme, around 35000 certificates have been completed nationally.

Outside the Red Cross Red Crescent, this business model could be described as a social enterprise, i.e. an activity in line with an organisation's mission, which generates the revenue required for it to be sustained over time through the service that it delivers.

### 3.3.2 Factors affecting sustainability and replicability

In terms of covering organisational costs, and indeed making a solid contribution to the National Society's resource base, this activity is clearly sustainable, and has also been replicated across Ghana's ten regions. There are however questions as to whether Regional branches of the National Society currently have the management capacity to oversee the training in their regions alongside their other commitments.

Also, in this case there is a need for ongoing governmental support to ensure that Ghana Red Cross retains the monopoly on delivering this training. If other organisations are allowed to deliver this service, then market share and revenues from the service will fall. An important task for the national office of Ghana Red Cross is to lobby government to ensure that this monopoly remains, and is ideally protected in legislation.

## 3.4 Motorway first aid post, Accra – Tema motorway

Ghana Red Cross operates a first aid and hospital transfer service on the busy (and dangerous) Accra section of the Accra – Tema motorway.

### 3.4.1 Business model

Through donations of local businesses, Ghana Red Cross has constructed a visible first aid post alongside the toll booth on this busy motorway. 22 trained volunteers (who each receive a stipend of about USD 90 / month – a reasonable amount for a single person) work 12-hour shifts to patrol with Red Cross and police vehicles, and respond to an average of 8 – 10 incidents per day with first aid and / or hospital transfer.

At present, the post is entirely funded through donations.

### 3.4.2 Factors affecting sustainability

Obviously there are significant running costs related to the first aid post: volunteer stipends and coordinator salary, not to mention replacement of first aid materials. In addition, there is still work to be done to provide the post with running water and toilet facilities. At this stage there seem to be two likely sources of finance to support the facility: one is that companies will continue to make donations, possibly linked to greater visibility. The second is that the government of Ghana extend the transfer fee that it currently pays to Ghana Ambulance Service for hospital transports to the Red Cross. As this activity is in comparatively early stages, there is likely to be a period of uncertainty while a stable funding model evolves, and there is the risk that if this does not happen, the activity will have to close or be significantly modified. Obviously

this period of transition to a sustainable business model is a drain on Ghana Red Cross management resources.

### **3.4.3 Factors affecting replicability**

The incidence of road accidents in Ghana means that there is the opportunity for this service to be extended across the country's motorway network. Although Ghana Ambulance Service is reportedly against the development of a competing ambulance network, at the same time it does not have the capacity to meet the needs across the country.

At present however it is not clear that the initial first aid post has a sustainable business model, so while there are opportunities for the capital costs of setting up new first aid posts to be covered (for example through a World Bank road safety grant), there would be a high element of risk in replicating to other areas without a proven model for sustaining further posts.

In addition, setting up each new post requires a high level of management input in order to find the requisite funding and coordinate the construction, equipment and launch of the new post.

A further issue with replicability relates to the capacity of regional branches to manage one or more first aid posts with existing resources.

## **3.5 Sex workers' centre, Agbogboloshie, Accra**

In Agbogboloshie, one of Accra's poorest neighbourhoods, Ghana Red Cross operates an STD clinic for commercial sex workers. The clinic consists of a small building with space for counselling as well as examinations by a nurse who attends three mornings a week. Stipended volunteers also carry out outreach work in the surrounding streets.

### **3.5.1 Business model**

The clinic is currently financed by the USAID-backed Family Health International (FHI). This pays the majority of the costs of volunteer stipends (comparable to a daily wage), building costs and the cost of educational and medical materials. Ghana Red Cross makes some financial contribution to the remaining costs of the project, including its own management overheads.

### **3.5.2 Factors affecting sustainability**

The project itself does not have a realistic prospect of covering its costs for staff and materials through its own activities, so is dependent on ongoing financial input from one or more sources. There is an expectation on the part of FHI that, once USAID funding finishes, the project will be fully taken over by Ghana Red Cross. This however exposes Ghana Red Cross to further financial commitments, which it may or may not be able to afford in the medium or long term. A more likely alternative is that another NGO or similar would continue to donate funding to allow Ghana Red Cross to continue to deliver the service. Finding such a donor could however have high management costs for Ghana Red Cross.

### **3.5.3 Factors affecting replicability**

A major factor affecting the replicability of this project is that there is currently no potentially sustainable business model in sight. To replicate the project there would need to be money for start-up costs (building, training

staff, stocking with materials), as well as ongoing operational costs (salaries, materials, rent etc). The issue of replication in these circumstances is that a large financial risk is borne by the National Society. While these could come from a domestic or international donor, without some injection of cash, the National Society risks taking on a burden that it cannot afford in the long term.

Another factor affecting the ability to replicate is that the project is currently managed from the national office. In order for further replication to take place, management capacity would need to be developed either at national or regional branch levels to handle the implications of set-up and ongoing management.

## 3.6 Community Based Health and First Aid (CBHFA) project, Central region

Ghana Red Cross is implementing a three-year CBHFA project in Central Region as part of an IFRC pilot project. It targets three hard to reach communities in Abura Asebu Kwamankese district, with a combined population of about 5000. Following a baseline health survey and Vulnerability and Capacity Assessment (VCA), about 70 community volunteers have been trained to meet the needs identified.

### 3.6.1 Business model

The CBHFA project is financed by the Finnish Red Cross at CHF 100 000 per year for three years. This funding covers the costs of surveys, equipment and management costs for the project, as well as some exchange with a parallel project being carried out in Cote d'Ivoire. At the local level, volunteers are not paid for their time working

### 3.6.2 Factors affecting sustainability

At the community level, the basic model of volunteers passing on health information at household level in communities is broadly sustainable. One aspect of the project has been developing a community health committee to provide a stable link between health facilities and community volunteers. This is an important step to maintaining community interest and focus beyond the project end-point.

Project management however currently involve weekly visits by the District Organizer, monthly visits by the Regional Branch manager, and quarterly visits by the national health coordinator. These visits are to follow up with volunteers, who record their activities each week in various tools. This level of visiting has a high financial cost to the National Society, but also places strain on scarce human resources that also have to support other chapters not involved in the project.

A final challenge to the sustainability of the project may be the transition process between the high levels of project funding currently available, and levels of funding that can be generated locally. Volunteers and communities have experienced a high level of external support and exposure, including equipment purchases and regular visits. While the basic elements of the activities are potentially sustainable, a lot will depend on the level of ownership that has developed in the community of the project as to whether the communities continue to resource it once external attention reduces.

### **3.6.3 Factors affecting replicability**

While the grassroots level activities are potentially relevant across Ghana, two issues would limit the potential for taking the project to scale based on the process used in Central Region. First is the high management overheads described above that would quickly exhaust the Ghana Red Cross support system.

Secondly, the process of community entry was extremely cost-intensive, including baseline surveys in each community, use of the Vulnerability and Capacity Analysis tool, heavy volunteer training and project tools, as well as provision of new equipment such as wheelbarrows and spades to the new units to carry out clean-up activities. To replicate the project to scale, even to the population of 90000 within the district would require an enormous initial investment.

## Conclusions

The six examples give a number of insights into the organisational factors behind sustainability and replicability relevant to National Societies seeking to develop sustainable services country-wide as per the definition of a strong National Society.

### Summary of factors affecting sustainability

Through the examples, we can start to develop a framework of factors which can be used to understand the sustainability of National Society activities:

#### Environmental factors

For all of these services and projects to continue to attract resources, they need to meet an **ongoing and important need** in the population in a way that motivates local volunteers and other donors to support the activity. The resources required must be in line with what can be realistically supplied by communities, government or the private sector, whether in terms of time, finance, equipment knowledge or other resources.

For some activities, there may need to be a **supportive political environment** in order for the activity to be sustainable (for example the first aid training monopoly for the Ghana Red Cross, or the creation of a district health committee as part of the CBHFA project).

The actions of other organisations may also be a factor that undermines the sustainability of National Society activities. An example is the practice of paying volunteers in areas in which National Society volunteers are working without pay.

#### Organisational factors

The National Society needs to find ways to **reflect and reward contributors to the organisation**. This will vary depending on individuals' needs and interests. For example, the hand washing service is carried out at prominent community events. Volunteer units often carry out income generating activities alongside their services, which benefit all members. Volunteers also have a democratic voice within the National Society. For corporate partners, they receive public recognition for their contributions.

The National Society needs to develop a **support structure** with the capacity to provide management support to activities as required. This can be as simple as regular visits, encouragement and occasional training. The support requirements of activities and the capacities of any management structure must be in step with one another. **In practice, this is likely to mean a high level of simplicity in terms of ongoing oversight and reporting.**

Some activities may require **ongoing maintenance of relationships with external partners**: for example the health mobilisation activities described.

It is important that activities and the way that they are carried out **create a realistic image of the National Society, its ownership and its resources** in the minds of the local population, especially if the local population will be asked to contribute to future activities.

Local organisation should **build on local traditions and understandings** of volunteer action and community solidarity.

### **Programmatic factors**

Activities must meet an ongoing need that it is **important and visible** enough to attract the resources which it will need to continue.

They must be **designed for sustainability** in all its facets, including the volunteer time, knowledge, skills and equipment that will be needed to carry it out. **This implies a high level of simplicity at community level.**

They must not make unrealistic requirements on management support, for example assuming high levels of supervision. This suggests that sustainable systems are likely to be based on a high level of local ownership and leadership.

### **Learning and implications for National Society development practitioners**

In addition, the case study highlights a number of aspects of designing and carrying out sustainable and replicable activities within National Societies:

#### **The relationship between sustainability and replicability**

These examples illustrate the relationship between an activity's sustainability, and its replicability. They suggest that activities can be self-sustaining through various business models – either because they only require resources and inputs that can be easily mobilised from within communities, or because they generate sufficient funding to support themselves through the activities themselves through a social enterprise model.

Once an activity is self-sustaining, it has the potential to be replicated in other places where there is a need for this particular service and the business model can function. If it is not self-sustaining, then replication puts further pressure on the National Society to generate income from other sources in order to maintain the new activity.

The implication for National Societies wishing to take activities to scale is that they should first focus on developing a sustainable business model, and only then to try to replicate this.

#### **Ongoing and sporadic activities**

The examples describe two community health activities that co-exist quite naturally at the community level; however there is an important organisational difference between the hand washing service and the social mobilisation for health. While the hand washing service is a regular weekly or monthly activity, the social mobilisation for health takes place when there is a specific health emergency.

The implication for National Societies wishing to develop capacity to respond to sporadic events such as disasters is that this capacity should be developed alongside an ongoing activity which will sustain the local organisation so that it can respond to one-off activities as required.

### **Start up costs and maintenance costs**

All of the activities described require some form of investment to get going. These range from the very simple (motivation and some training in the Red Cross Principles and basic organisational procedures in the case of the hand washing service) to high levels of infrastructure and training (for example the motorway first aid service). This is a one-off investment that is separate from the ongoing running costs of the activity, which range from activities that can be entirely resourced from within communities (such as the hand washing service), to those requiring significant ongoing finance, for example for stipends and new equipment (as the sex worker centre).

The examples suggest that start-up costs are often covered by one-off grants or other sources of funding. In those activities where grants covered maintenance costs, the activities being carried out were often well beyond what a local community would be able to sustain through its own resources and are hence extremely challenging for a National Society to maintain in the long term.

The implication for National Societies setting up new activities is to make a clear distinction between start-up and maintenance costs. If the long-term goal is for activities to be sustainable, then any external investment should be focused on activity start-up rather than maintenance.

### **Management capacity as a limiting factor**

The examples illustrate the importance of management capacity in setting up and providing ongoing support to all types of activity. While the resources needed to carry out an activity are reasonably easy to quantify, indirect management capacity is more difficult to describe, in particular as limited management capacity must be shared across a whole range of activities and functions within the National Society.

The examples suggest that activities requiring management support that is out of step with actual management capacity are unlikely to be easily sustained or replicated.

One implication for National Societies is that developing a clear appreciation of management support required for any activity is an important aspect of making it sustainable or taking it to scale.

A second is that activities which are simple, and can be largely led and managed through local volunteers are more likely to be sustainable and replicable.

A third implication is that scaling up service delivery capacity is likely to need to go hand in hand with scaling up management capacity at all levels if it is to be successful.



# The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

This case study has been produced by the Learning and Organizational Development department, International Federation of Red Cross and Red Crescent Societies.

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