

1978/446

SAR-21U-1494

August 1978

Second Semi-Annual Report

POPULATION PROGRAM SUPPORT

(Contract AID/pha-G-1166)

Prepared by

A. S. David

Office for International Programs
Research Triangle Institute

Submitted To

U. S. AID to Ghana
Accra, Ghana
Attention: Dr. F. Zerzavey

U. S. AID/Washington
Attention: Mr. Cliff Belcher

Ghana National Family
Planning Programme
Accra, Ghana
Attention: Dr. A. Armar

Secoud Semi-Annual Report

POPULATION SUPPORT PROGRAM
(Contract AID/pha-G-1166)
(RTI 21U-1494)

I. Introduction

This is the second semi-annual report for the Population Program Support, a project to assist the Ghana National Family Planning Program "establish processes and guide the program" in three areas of concentration:

1. Information and management systems,
2. Research and evaluation activities, and
3. Planning of family planning service delivery. (Contract AID/pha-G-1166 Article I).

This report covers the period of December 27 through June 27, 1978. It is submitted by the Research Triangle Institute (RTI) in compliance with Article II of the contract for U.S. Agency for International Development (AID) for its Project No. 641-0064, Contract No. AID/pha-G-1166.

During the first consultancy period (November 1977), three major activities were identified consistent with the overall project. These were detailed in the RTI First Semi-Annual Report which included:

A. Activity Title: GNFP Interrelated Systems' Components

Objective: To ascertain and highlight the two-way interrelatedness of developmental sectoral activities to population change phenomena in order to increase and solidify the understanding of GNFP strategy; i.e., to emphasize the need for increased and intensified activities at GNFP.

B. Activity Title: Management and Planning Information System

Objective: To develop the components of an information system for program management and planning.

C. Activity Title: Service Modalities Program Development

Objective: To develop a complete strategy/plan of action for effecting a concerted service delivery effort in two selected regions in Ghana (most likely the Eastern and Volta regions for reasons of program thrust and personnel leadership) as a guideline for expanding the effective extension of service to other regions; i.e., entire country.

II. Project Activities: Status of Work

As of June 27, 1978, two major activities that were agreed upon during the first period of this project, consistent with Article I, Section C, paragraph (a) (iii), were completed. The third activity has progressed significantly along the agreed upon time table (see RTI Semi-Annual Report, 21U-1494, dated January 1978, Attachment A: Project Activity Summary Sheet 2). A draft of the script to be used in developing the slide presentations of interrelatedness of developmental sectoral activities to population change phenomena was completed and discussed with GNFPP and USAID/G. Because of the delays in the startup date of the whole effort, an extension of time was requested to complete the total objectives of Project Activity Summary Sheet 2. This has been approved and as such the terminal date of the project is November 30, 1978.

The following summarizes the tasks completed to date and highlights the major issues and concerns that face the total population efforts in Ghana. Such concerns affect the effectiveness of this project and shape the future course of such assistance.

A. Management and Planning Information System (Project Activity No. 3

The main objective of this effort was to assess and suggest improvements in the information system capabilities, in light of the needs of the participating agencies and of research and evaluation activities of the total Ghana National Family Planning (GNFPP) effort. The organizational focus of this effort was, however, the coordination secretariat of the GNFPP, (GNEPS).

Expanding upon the main objective, the intent of this activity was to energize the statistical capabilities for management decision purposes, including the collection, tabulation, and analysis of data regarding:

1. Service statistics - acceptor rates, continuation rates, contraception,
2. Manpower statistics - training, utilization, and
3. Contraceptive supplies statistics.

In addition to these statistics relating to the provision of family planning services, emphasis was also placed on those areas which point to the achievement of desired demographic changes which may be attributable to the total GNFPP effort.

To achieve the overall objective, a series of operational steps, or subobjectives, was formulated and carried out as follows:

1. Review GNFPs program planning and evaluation needs.
2. Review the existing inventory of data processing capabilities in both public and private sector agencies (the inventory having been prepared by the Evaluation and Research Unit personnel of the GNFPs).
3. Review the availability of these data processing capabilities to other groups, specifically to GNFPs, in terms of capabilities, present utilization, services provided, and possible time lags in production of data output.
4. Identify existing software capabilities, including "canned" statistical packages and program libraries.
5. Identify existing manpower and institutional data management and processing capabilities within government agencies (such as the Central Bureau of Statistics and the Bank of Ghana), within the three universities in Ghana, and within the private sector (such as banks, institutes, and consulting groups).
6. Design a workable and feasible information system based upon the results of the preceding five steps, and outline the steps needed for implementation.

Implementation of this activity's objectives involved the participation of two RTI staff members, Ms. Sally Plotecia and Ms. Nileen Hunt. Both members spent two-and-a-half weeks in Accra interviewing personnel from the participating agencies, reviewing the information sources and data processing capabilities, and designing an information system based on GNFPs program evaluation and planning needs. The field work was supplemented by North Carolina-based research into the GNFPs's strategy and structure, plus discussions with the RTI project leader who has been intimately involved with population programs in Ghana since 1972.

The major conclusion of the activity was that the majority of basic information for management of family planning services delivery seems to be available, but that there are fundamental problems or bottlenecks in making the best of the information for management purposes. These were:

1. The inadequacy of communications within and across agencies. For example, it is unfortunate that census data, appropriate data generated by the participating agencies, and related research results are provided only "upon request." It is suggested that the Evaluation and Research Advisory Committee play a much stronger role with

respect to communicating the knowledge and activities of its members to the Secretariat.

Concurrent with the problem of communications, there is a lack of understanding at all levels, even by the field worker in the clinic responsible for data collection, of the necessity for the present GNEPS data collection activities. This lack of understanding apparently emanates from several sources, including the fact that most clinic personnel fill out a number of forms for different purposes and hence perceive a duplication of effort, or the fact that some clinics feel they receive no useful feedback from their data collection efforts. Field personnel require training, both in the proper completion of forms and in the psychologies desirable for obtaining accurate information. Lack of understanding and commitment by field personnel is apparently also exacerbated by the same lack of understanding and commitment within the higher levels of the participating agencies. This failure to effectively communicate leads to the second major problem area concerning data quality.

2. Data quality is suspect from several perspectives. First, with respect to the Client Record Form, there may have been over-reporting of individuals as new acceptors who may have been individuals continuing, or there may have been under-reporting of new acceptors through failure of clinic personnel to attach importance to completing the forms. Second, it is recognized that vital statistics data such as birth and death registrations are seriously under-reported, thus minimizing the utility of such data in estimating target populations.
3. Shortages of qualified personnel to fill the forms, coupled with shortages in qualified computer programmers and analysts, affect the quality of the data and the timeliness of such data.
4. The final problem inherent in present management information practices is that of time lags (1) in the production of reports on clinic activities, (2) in processing information, and (3) in the availability of census and related demographic information. With respect to processing information and producing reports on clinic activities, time lags stem from delays in receiving the forms from the field and from subsequent delays in batching, forwarding, editing, and resubmitting, if necessary, for processing by the University of

Ghana's Institute for Social, Statistical and Economic Research (ISSER). When the cross-tabulated data are received by the Evaluation and Research Unit from ISSER, there is a further delay in producing summary reports because of the amount of synthesis required by the staff of that unit. Considering the needs and the existing obstacles, the RTI team submitted specifications for a management and planning information system.

These recommendations, along with the detailed review and analysis of the existing state of affairs in the management and information system currently utilized by GNFPS, were officially transmitted to GNFPS and USAID/G and USAID/W as a project report (RTI Report 21U-1494 Activity No. 3: Management and Planning Information System). As of this date, no official analysis of the conclusions or recommendations were received from either Ghana or Washington. It is hoped, however, that the GNFPS Research and Evaluation Unit and its Advisory Committee have deliberated and acted on the recommendations.

B. Service Modalities Program Development (Project Activity No.4)

The objective of this activity was:

"To develop a complete strategy/plan of action for effecting concerted delivery in two selected regions of Ghana (most likely the Eastern and Volta regions for reasons of program thrust and personnel leadership.)" (USAID/RTI Contract AID/pha-G-1166, Project Schedule of Activities)

Two products were viewed essential to attaining this objective:

1. A final selection of regions, accomplished before the team arrived, and
2. A time-phased and costed strategy of action with a service modality as a main thrust in a region (e.g., mobile delivery-based services in Volta Region while concentrating on integrated MCH/FP services in the Eastern Region). This plan was to serve as a guideline for expanding the effective extension of services to other regions by the appropriate service delivery arms of the participating agencies.

What was envisioned was that the most active service modality in each region would be taken as the main thrust of expansion for that region, that expanded services should build on that modality, incorporating the contributions of all the participating agencies. A serious attempt was made to follow

this approach, but as the field work unfolded, it became obvious that this intended approach was possible to only a limited degree.

To implement the stated objectives, two staff members from the Research Triangle Institute spent eighteen days in Ghana (January 1978) in an initial effort to analyze the state of family planning service delivery in two regions, Volta and Eastern, and how that delivery of services might be expanded. Again, the RTI Project Leader participated in this activity at its earlier stages of development and implementation.

The approach the team took was to select problems posing immediate road-blocks to the extension of family planning services. It was felt unwise to focus on problems which loom important only later on or on problems for which solutions are only long-term. In the belief that any problem, no matter how great, can be attacked if it can be broken out into reasonably small component parts for which objectives may be defined, the team chose three program areas to focus on:

- a. Trained and available personnel,
- b. Means of transport, and
- c. Communication and teamwork.

These three problem areas were analyzed and discussed in detail for each of the two regions. A phased plan of action was then presented for each region and costed out over a five-year period. This was officially transmitted to GNFPS/G, USAID/G and USAID/W as RTI Report 21U-1494 Activity No. 4: Service Modalities Programme Development.

The problems uncovered by the site team varied in priority between the two regions, but remained essentially the following: (1) acute shortage of field staff qualified to deliver family planning services; (2) locally acute, as well as generally, a shortage of means of transportation (either public or private); and (3) a strong need for greater coordination and cooperation between all organizations and agencies involved in any aspect of family planning. (Improved communication and expanded management education are essential, so likewise efforts to minimize interpersonal, interprofessional, and interorganizational differences and points of conflict.)

Transportation for education, service delivery, supplies, and administration was found to be definitely a problem affecting the current provision, let alone expansion of family planning services. Reliance upon taxis and other forms of public transport as a substitute for program-related vehicles cannot

be advanced as a solution. Shortages in taxis, buses, and other forms of public transport were noted to be acute, and more so in rural areas than in the cities.

High-level education of staff, particularly outside Ghana, was not deemed advisable. What was needed were local education programs, preferably in the two regions, to train staff capable of delivering efficiently good services. Training of such staff should proceed as rapidly as possible. The only possible foreign training abroad might be to provide an observation team to visit nations where family planning programs have been successfully established, both in developed and developing countries.

Other problems observed, but not confronted directly in the report, but which nevertheless be given serious consideration, include:

1. A reorientation of the basic approach of medical education as regards importance attached to family planning, and the integration in practice of family planning and maternal and child health programs. Similarly, greater emphasis should be placed on preventive and promotive medicine, with increased focus on the rural areas.
2. Many cultural patterns in Ghana found to be barriers to effective family planning. for example, the young girl whose status and acceptance in society, village or urban, is threatened if she is not married. There is pressure from the parents of both bride and groom that the fruit of marriage (children) be revealed in the first year of marriage. A village woman receives great status upon having her tenth child, status conveyed through the slaughter of a village goat and ceremonies to commemorate the event. Heavy emphasis is placed on male virility, combined with the male apprehension that his wife may feel free to be promiscuous if she has access to contraceptives. And, the traditional concern to have many surviving children, particularly in the face of previously and continuously high infant mortality rates, have all contributed to erecting barriers to family planning in Ghana. These barriers must be lowered. The process for accomplishing the same, however, must be carefully handled, with respect and sensitivity to the institutions and lives affected.
3. The need not only to expand the acceptance of family planning concepts, but expand sex education, particularly to young people and unmarried adults who are sexually active.

The final report presented a strategy for attaching the most critical problems that constrain the effective expansion of FP service delivery as pursued by appropriate participating agencies within the GNFPs system. The strategy involved heavy and immediate recruitment and training of staff, within the organizational structure of participating agencies both in the public and private sectors, to deliver services in the two regions. The flow of new personnel should start at the hospitals and health centers and then move rapidly out to the health posts and individual villages. A coordinated approach involving a permanent site and mobile teams was advanced, as well as the phased development and interrelationship of each. Ultimately, the goal advanced was to have village level aides capable of simple but integrated MCH and family planning service delivery. The aides, in turn, were to be supported by the infrastructure previously built up within the health posts, centers, and hospitals operated by the participating agencies within the GNFPs system.

Finally, the report suggested recommendations for data collection and evaluation. In order to most effectively carry out evaluation, it was strongly recommended that GNFPs Secretariat personnel work closely with the Population Dynamics Program of the University of Ghana.

C. A Multi-Media Presentation of GNFPs Interrelated Systems' Components (Project Activity No. 2)

The objective of this activity was to develop an appropriate multi-media presentation of the interrelatedness of population and development. The multi-media presentation would be used to stimulate and enhance the level of commitment necessary for the effective implementation of a complex population policy as pursued by the coordinative role of the GNFPs Secretariat.

The presentation would be organized in four modules. Module I would be the core which would discuss:

1. an overview of Ghana's economic goals as articulated in its current Five Year Plan (1975-80),
2. a population perspective including demographic indicators, and some consideration of the source of present trends,
3. the goals of the population policy,
4. description of the strategy, structure, and objectives of the GNFPs, and
5. consideration of the dynamic relationship between various development efforts and population growth.

Modules II, III, and IV would elaborate on relationships which would be covered in Module I. These would include the relationship between population and agriculture (Module II), industry (Module III), and social services (Module IV).

The modules could be used in three ways:

1. as a sat - i.e., one continuous presentation wherein Module I flows uninterrupted into Module II, etc. This might be used in a presentation to a group of planners and/or administrators from varied disciplines.
2. independently - i.e., each module can stand alone. Module I is the most likely to be used separately as an overview of the population/development issues. It would also be used to inform an audience about Ghana's population policy and the approach and actions of the GNFPS. Modules II, III, and IV might be used in a seminar situation of individuals with some background on the issues presented in Module I, but with more specific interest in agricultural, industrial, or social service development.
3. jointly - i.e., Module I plus one other module, depending upon the disciplinary orientation of the group. Module I followed by Module II, for instance, would be very appropriate for a group of policymakers most directly concerned with the agriculture sector.

During the month of August 1978, Professor Ralph Wilman will accompany the Project Leader (A. S. David) to Ghana to complete the visual presentation by working closely with GNFPS, USAID, and the appropriate ministries.

III. Issues and Concerns Relative to the Implementation of Population Programs in Ghana

A significant amount of writing has dealt with the problems and issues that impede the effective implementation of the GNFPS's programs. The following is a brief presentation of the major concerns that have been developed through activities of this project:

1. The complexity of the interrelationships between development and population dynamics.

Seemingly little understanding of the nature of such complexities and the time dynamics of such relationships continues to hamper the implementation of

an integrated population policy such as the one adopted in 1969. This lack of understanding has produced confusing organizational mandates and seemingly minimal interorganizational communication and coordination. Both Project Activities 3 and 4 noted such difficulties and advanced strategies and program initiatives which the National Family Planning Program Secretariat might consider. Of course, seemingly the level of understanding of the relationships and the organizational issues that have surrounded the total population planning efforts in Ghana by representatives of well-meaning donor agencies may at times create further impediments to program implementations. The time dynamics of the interrelationships themselves can be further compounded by the time dynamics of program objectives of all parties concerned--both participating agencies in Ghana as well as multi- and bilateral donor agencies assisting Ghana. Clear and open communications must be fostered and maintained among all agencies concerned if this program is ever to begin to influence the demographic pattern of the Ghanaian population (especially slowing down of its very high rate of growth).

2. The level of commitment for the implementation of the population policy all the way from the top decisionmakers on to program delivery service personnel.

This lack of commitment continues to be reflected in a rather lukewarm attitude toward the integration of population concerns with sectoral development and program plans. For this very reason, and because of (1) above, Project Activity No. 2 was developed and is being implemented. Although financial commitment to the GNFPS as reflected in the budgetary appropriations to GNFPS does not seem to be lacking, suggestive involvement of operating ministries is not yet strong--though some positive signs of improvement in this area are surfacing. Further evidence of the relatively low commitment to the total population efforts of Ghana is the inability of the GNFPS to attract and retain highly qualified personnel to man and administer the needed catalytic, stimulatory and analytical roles of the Secretariat. This is especially acute in the evaluation and research arms of the Secretariat as well as its Information and Education Division and its Administration unit. Short- and long-term technical advisory assistance have been provided to partially fill these gaps and build appropriate linkages to operating ministries, though follow up by GNFPS staff has been lacking. A serious look into the total staffing needs of the Secretariat is crucially needed and corrective measures taken if the stated strategy of the Secretariat are to be vigorously pursued.

3. The organizational nature of the program.

Interorganizational differences had surfaced which had not been resolved. Such differences continue to impede the development of a collaborative association between appropriate ministries and the coordinating Secretariat of the National Family Planning Program. Much of the differences stem from organizational styles of operations as well as a seeming misinterpretation and misunderstanding of the basic differences between coordination and control. It is very true that the lines of demarcation may at times be difficult to draw, but genuine collaborative efforts must be pursued by GNFPS. To effect such collaborative efforts, the need of improving the quality and quantity of the GNFPS Secretariat's staff as noted in (2) above must be addressed. But this matter is further exacerbated by the issues raised in the preceding two points. Thus in the final analysis, all three points are intertwined and must be addressed simultaneously. USAID/G can and should be a constructive role in this total effort. Besides its most direct visible and tangible assistance to the GNFPS through training and commodity support, USAID/G supports population research, demonstration and training programs directly with University units and action ministries. Furthermore, through its sector specific assistance, USAID/G provides direct support to the Ministry of Health, Ministry of Agriculture, and councils such as the recently established National Council on Women and Development. Surely concern for integration of population related matters into such sector plans and programs of assistance are consistent with both USAID population assistance programs as well as GOG population policy. A supportive integrative stance is highly indicated and recommended.

As the results of this project's activities demonstrate, the elements for a potentially successful program are indeed in Ghana. The need for catalyzing and coordinating the pieces into a holistic frame are still lacking. Short-term concentrated and focused technical assistance is deemed appropriate as long as adequate and persistent follow up is ensured. This, to date, seems to have unfortunately lagged behind.

SECTION III. FINANCIAL STATEMENT
Contract AID/pha-G-1166. RTI 21U-1494

Item	Project Budget	Project Expenditures As of 6/30/78
Salaries and Wages	\$19,442	\$17,533
Overhead	16,526	14,903
Travel and Transportation	22,822	14,266
Direct Costs		
Word Processing	\$ 177	
Services	732	
Shipping & Communication	248	
Consultants	260	
Report Printing	84	
OMASE Labor	616	
	<u>\$2,117</u>	2,117
General Administrative	5,800	4,760
Fixed Fee	<u>3,878</u>	<u>3,183</u>
Totals (6/30/78)	\$69,168	\$56,763