

6410064/68

PD-ANNM003

150-14940

PROJECT COMPLETION REPORT

USAID/GHANA

Project Title : Population Program Support

Project Number: 641-0064 Functional Account: PN

Date Authorized: Sept. 29, 1972 Authorized By: Mr. John Kean, A/Director

Amount Authorized \$4,300,000 (Grant)
For Life of Project:

Amount Obligated
During LOP: \$1,640,000 (Grant)

Obligating Documents: (PROAG) 641-0064

Original PACD: June 30, 1975 Revised PACD March 31, 1982

Project Pipeline At PACD: NIL (Grant)

Project Purpose: To develop the primary systems of a family planning program capable of achieving the goals of the national population policy, i.e., to improve family welfare through family planning and to slow significantly the rate of population growth in Ghana.

I. Summary of Project Inputs:

- A. Technical Assistance: \$155,000 for Research Triangle Institute consultative services.
- B. Commodities: \$1,305,000 reserved for orals, condoms, foam, and various family planning promotional items.
- C. Participant Training: \$180,000 for short and long term training
- D. Other : N/A
- E. Host Country Inputs: \$3,708,810 for salaries; travel/transport; maintenance & repair; research and evaluation; I&EC efforts; construction (\$210,000); local training and supplies, (Based on the official exchange rate of 2.75 cedis equal 1 US dollar).

II. Status of Project at PACD:

- A. Construction: USAID is not aware of any construction done by GNFPP during the life of project.
- B. Delivery of Commodities: Final shipment of 700,000 oral contraceptives, funded from this project, were delivered to Tema port March 2, 1982.
- C. Delivery of Technical Assistance: A subcontract was awarded to Research Triangle Institute in North Carolina to determine the most feasible methodology to extend intensive outreach services to the Eastern and Volta Regions. RTI completed its research but GNFPP and the MOH took no further action due to transportation and petrol shortages.

III. To What Extent Has the Project Purpose Been Achieved:

The program was to establish (1) an integrated health/family planning community based program in two regions; (2) implement an experimental retail commercial sales program in the Upper and Northern regions; (3) conduct operational research; and (4) train supervisory and paramedical health personnel in family planning techniques. In addition, the program was to (5) reduce the population growth rate from 3.3% (1970) to 2.0% by the year 2,000; (6) have 200 family planning clinics; (7) 600 retail commercial sales outlets; develop mobile health/family planning teams, and (9) training of traditional birth attendants, 50 doctors, 45 family planning nurses and 120 auxiliaries each year. Finally (10) the program was to reach 25% of women in fertile age as acceptors by 1985.

The integrated community based program was established in the Volta and Eastern regions due primarily to efforts by the FPIA funded Christian Council and YMCA, as well as the Planned Parenthood of Ghana, supported by IPPF. The experimental retail program in the Upper and Northern regions was not undertaken due to GNFPP management, transportation and petrol problems. A certain amount of operational research support was given to the University of Ghana, Legon but such demographic studies have rarely, if ever, been used by the GOG. The population growth rate is still estimated to be between 3.0 - 3.3%; however, 300 family planning public health clinics now exist in country instead of the original projected number of 200; but no retail sales outlets exist since the demise of the Retail Commercial Sales project on March 31, 1981. Instead of reaching 25 percent of the women in fertile age, it is estimated that the figure is probably closer to 6-8%. No acceptor report data has been produced since 1978 due to a breakdown in computer services at the University of Ghana, Legon. Those mobile teams which do exist in country are a result of the separately funded PPAG and Christian Council.

Primarily one objective of Phase II, (1976 - 1982), i.e., multi-disciplinary training, was achieved, although some unspent funds even for this aspect were deobligated. Personnel in various ministries were trained, in both Ghana and the United States. In fact, almost half of all projects undertaken included a wide array of training components. For example, nearly 1,000 Ghanaians received specific training in demography, laparoscopy, family planning management, communication, and similar disciplines. Thus, a large corps of trained Ghanaians was created to provide family planning services. In addition, "training of trainers" was undertaken and all nine Regions provided in-service training in family planning to MCH and other nursing staff. More than 4,000 graduates of nursing schools received family planning training. A high-level seminar for practical nursing officers and heads of nursing schools was held to discuss ways to integrate MCH/FP and nutrition into the primary health care strategy for Ghana. A comprehensive IE&C program was also initiated. As a result, the 1979 Ghana Fertility Survey indicates that 60% of WIFA know at least one efficient method of family planning. While this percentage may be low for other parts of the world, it is high for Africa and much of the credit is due to a national population policy by the government and efforts by GNFPP to educate the general public in modern contraception.

Of considerable importance is the fact that through past efforts by the GNFPP family planning in Ghana is now relatively non-controversial to all segments of society and to government. Family planning, as a result, is now considered a basic element of maternal/child health care at the clinic level by the general populace and a benefit all should freely have access.

IV. What Additional Inputs Are Required By A.I.D., The Host Country Or Other Donors To Assure Achievement of Project Purpose:

The Mission has revised its strategy and instead of supporting a vertical system centered on the GNFPP, we have agreed with the GOG to return to the original intent enunciated in the Ghana population policy, viz. to have GNFPP be a policy and coordinating body only and to permit service agency ministries to run their own actual day-to-day programs. GNFPP assumption of more day-to-day programming functions over the past ten years created numerous bureaucratic disputes and evolved into an isolated, vertical program which, due to poor management, petrol, and transportation problems, failed to get family planning services out to public health clinics. The GOG has concurred in redirecting the public clinic program emphasis through the MOH. Logistics should improve with the donation of ten vans from UNICEF to help distribute family planning and health supplies

to the regions from the Central Medical Stores in Tema. Work by a CDC Logistics and Management consultant, Mr. Richard Monteith, with the Ministry of Health has already been undertaken and implemented, based on 3 earlier and successful TDY visits by the consultant to Ghana.

V. Recommendations:

A. What Further Monitoring Is Required By A.I.D.? What Staffing Implications Does This Raise:

As it relates to the specific project in question Population Program Support (641-0064), no additional monitoring of inputs/ outputs are required. Over the past 3 years, no new funds have been added to the project. All remaining training and supplies were completed and funds remaining as of the PACD of March 31, 1982 were deobligated.

B. Is a Follow-On Project Anticipated? Why?

The Mission plans follow-on projects called Contraceptive Supplies (641-0109) and Primary Health Care (641-0082) to continue the supply of family planning commodities to the public clinic program in Ghana. Such a program will be directly to the Ministry of Health without the problems of the GNFPF intermediary as was the case in the past. The Mission strategy in Ghana is to promote food self-sufficiency. Given the poor economic environment at present, assistance to the family planning sector is a way to reduce demand for food over the long term at relatively low cost.

C. Has This Project Produced Any Developmental Lessons Or Experience Which Would Warrant It Being Presented To AID/W As a Replicable Project:

On the contrary, Population Program Support shows that too much money cannot be absorbed rapidly by a family planning system that is created artificially by AID and placed vertically in a government system. The temptation to control, not coordinate is too strong and in the end the vertical entity becomes isolated and estranged from its component parts of government, having little or no effect on fertility. For the GNFPF policy and coordination is one thing, but what has been lacking is the managerial skill and logistic capability to successfully get supplies out to family planning clinics. In attempting to do the latter "programmatic" role, the GNFPF overextended itself, thus creating animosities with other ministries. As a result, it became an isolated entity, losing also its policy and coordination effectiveness as well.

D. Is An End-Of-Project Evaluation Recommended? Why:

Other than a possible financial review of the books by AID, no program evaluation is recommended by USAID simply because Population Program Support has been examined previously by a UNFPA team (1978), AID Evaluation Panel (August, 1980), plus twice by a CDC Management/Logistic Expert (Monteith) in July, 1981; March, 1982, and a Commercial Marketing Expert (Susman) in May, 1981 and March, 1982. Each review has demonstrated the need for improved management in GNFP and the underlying weakness of having an isolated vertical system promoting family planning in Ghana.

Report Prepared By: ^{LR} Lawrence R. Eicher, Project Manager

Date Prepared: November 15, 1982

Clearances: ^{LR} DIR PRM CON