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**MANAGEMENT OF RURAL HEALTH SERVICES
GHANA**

Contract No. AID/afr-C-1116

Submitted to

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Washington and Ghana

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SUMMARY

Assisted by Kaiser Foundation International (KFI) the Ministry of Health in Ghana has established a Health Planning Unit and has started to use a problem oriented and action oriented approach to the planning for more cost-effective health services primarily targeted for the rural populations.

The Health Planning Unit has not been completely staffed; however, considerable progress has been made in delineating the Unit's structure and role, and functional areas of responsibility.

During 1975 a series of management training sessions were held under various sponsorships (e.g., USAID, KFI) with participation of the Planning Unit staff. In addition, the Unit's staff have visited the Regional Medical Office of each region to discuss planning and problem solving and have been well received.

Early on it had been anticipated that the contractor with the Planning Unit would help formulate a Five-Year Health Plan by June 30, 1975. Before the Plan was due, however, the date for submission was postponed to 1976.

The Management of Rural Health Services project, after an uncertain beginning has had a somewhat stormy existence. Initial KFI involvement in the project was for less than seven months. There then followed a series of one and two months contract extensions. Ultimately, on December 16, 1975 a contract between KFI and USAID was signed extending the project through

November 1977 and expanding the scope of work to include systematic management training.

This report chronicles project events during 1975 and details the methodological approach to health planning which has been initiated in the Ministry of Health, Ghana.

SECTION I
INTRODUCTION

The Management of Rural Health Services project in Ghana formally commenced in late January, 1975 although discussions and preparation for its implementation had begun several years earlier. The general objectives of the project are to provide the most effective form of health care delivery which limited manpower and financial resources will permit and to distribute health services as widely as possible among people and regions. To help achieve these objectives a Health Planning Unit (HPU) was established within the Ministry of Health (MOH) and will develop an integrated planning, budgeting/management system.

The School of Public Health at UCLA was initially under an eighteen months contract with USAID to assist the MOH with the Management of Rural Health project. However, UCLA was unable to commence work in a timely fashion and its contract with USAID was terminated (December 1974). In early 1975, USAID contracted with Kaiser Foundation International (KFI) for a period of approximately seven months to carry on with the project and specifically to assist the MOH in preparing the health sectoral portion of the national five year development plan which was due on June 30, 1975. This submission date was postponed and the project has now been expanded and extended through November 30, 1977.

The activities carried out in this project constitute the first Phase of a possible longer term effort in which

Phase II will be subject to discussion and future mutual agreement between the involved parties.

SECTION II

HISTORICAL REVIEW

The Management of Rural Health Project has undergone a number of changes since its inception. While the overall goal has not changed, specific objectives to be achieved and the scope of work have been altered over time in response to "environmental" changes and changing needs and opportunities. This historical review will detail the changes which have occurred during 1975, by quarter, and will note significant events which relate to those changes. A final portion of the review reports other events and comments concerning the project itself or the Health Planning Unit.

First Quarter 1975

On January 28, 1975, Dr. Paul Zukin, the KFI Project Director, and Dr. Ward B. Studt, on leave from the University of Utah School of Medicine, arrived in Ghana to commence the project. After a round of protocol meetings and briefing sessions, Drs. Zukin and Studt with Dr. E.G. Beausoleil (Deputy Director of Medical Services, who had been designated by the MOH to serve as the temporary director of the HPU and the individual responsible for the elaboration of the health sector plan) prepared a project scope of work and work plan. This scope of work encompassed the initial design concept of the HPU, designation of its staffing pattern and staff functions, the disciplines of consultants to be used and when and for how long they would be posted and the mechanics of

the health sector plan preparation. Dr. Zukin left Ghana on February 14, 1975 while Dr. Studt remained at post as KFI resident program manager and Senior Health Planning Advisor (SHPA). On February 24, 1975, a memorandum of understanding was signed by USAID, KFI and the MOH specifying the scope of work and the work plan.¹

In early March 1975, the government of Ghana postponed the target date of June 30, 1975 to April 1976 for the submission of the five year development plan and this permitted increased attention to the development of the planning unit. Coincidentally, discussions began among the MOH, USAID and KFI concerning an extension of the project to a total of eighteen months as had been originally envisioned in the UCLA contract.

On March 13 Dr. Nana Newman replaced Dr. Beausoleil and was posted as acting director of the HPU, presumably pending the return of Dr. Kwasi P. Nimo who was in the United States pursuing graduate training in public health and management. At the time the Unit had no housing and Drs. Newman and Studt had to work wherever they could. None-the-less, supported by the Directorate of Medical Services of the MOH and by USAID, development of the HPU progressed. Documents were prepared specifying "Design and Objectives"² for the Unit and job descriptions for most of its staff positions.³ These were presented to and approved by both the MOH and USAID.

¹See Annex 1

²See Annex 2

³See Annex 3

Second Quarter 1975

Drs. Studt and Newman made a formal presentation to the meeting of the Regional Medical Officers of Health detailing the HPU's concept and functional role on April 3. Immediately following the presentation the Commissioner for Health formally requested to USAID that the project be extended to a full eighteen months.

During the remainder of April the tempo of project activities picked up considerably. Mr. F. Adoo, an architect, was assigned part time to the HPU to work on health facilities design and Mr. M. Cofie, a hospital secretary, was posted as the deputy director and administrative officer.

The first of a series of KFI consultants arrived in May. This was a health economist, Dr. A. Peter Ruderman, Dean of the School of Health Administration at Dalhousie University in Nova Scotia, who spent approximately three weeks establishing cost data needs for planning purposes. He was followed shortly by Mr. Frederick Hastings who spent four weeks consulting as a health facilities architect and planner.

In mid June, Mr. Henry M. Kaiser, President of KFI, and Drs. Paul Zukin and Ichak Adizes, a KFI consultant drawn from the School of Management at UCLA, arrived in Ghana to organize and conduct a series of organization development and problem solving seminars at both the national and regional levels. The philosophy and methodology of these seminars are discussed in detail in Section III. In essence, they involve the

the carrying out of a group diagnostic process which identifies controllable problems which interfere with the provision of satisfactory health services. The outcome of this approach is the development of an action oriented organization with a wide support base and with a clearly defined strategy for implementing planned programs. Between June 15 and July 4, 1975, seminars were held with the HPU staff, the USAID staff, the top echelon of the MOH, and with the Regional Medical Officers of Health and their key staff in the Eastern, Central, Northern and Upper Regions. On completion of Dr. Adizes' visit the HPU was enthusiastic and had a sense of mission. A series of achievable tasks was outlined including the establishment of committees or task forces to deal with specific aspects of management and planning. These were to be reviewed in three months when Dr. Adizes was to return.

During their June visit, Mr. Kaiser and Dr. Zukin had a series of discussions with USAID and Ghanaian officials concerning the extension of the project. In April extension to a total of eighteen months had been considered but this was now deemed inadequate to accomplish project objectives and consequently an extension through November 1977 was informally agreed upon (i.e., 28 months beyond July 31, 1975, the termination of the original KFI contract with USAID). A revision in the scope of technical services to be provided to the MOH by KFI was also thoroughly discussed.

It will be recalled that UCLA was initially under contract to USAID to assist with this project. Under its

contract, UCLA was to undertake the following activities:

1. Prepare an organizational development plan to facilitate the development and implementation of an effective planning/management system.
2. Prepare a management systems plan to delineate mechanisms, processes and procedures to facilitate the achievement of Ministry objectives.
3. Prepare a long-term program for the implementation and operational installation of a management systems plan which is consistent with the conclusions and decisions of the Ministry after appropriate review.
4. Present for consideration by the Ministry, a long-term program for the development of health services in Ghana with emphasis on the rural sector.
5. Prepare a management training program for presentation to selected Ministry of Health managers.
6. Identify and select suitable qualified persons with the Ministry of Health for training in the United States in areas of specialization related to achievement of the project objective such as, health planning, budget administration, manpower organization, biostatistics, health economics or other similar fields.

As compared to the above, the work scope in the initial KFi contract was considerably abbreviated (see Annex I). However, the project purpose had not been changed; consequently, in the proposed project extension, the activities which were

to have been carried out by UCLA were re-incorporated in the work scope but to be implemented in a somewhat different fashion.

In late 1974, Mr. William Berg of the USAID Office of Development Administration gave a series of "Executive Development Seminars" for the Ministry of Agriculture. These proved to be highly successful and highly acceptable to the Ghanaians. It was therefore decided by USAID with concurrence of the MOH that similar seminars would be given for the key staff of the Regional Medical Offices. In 1975 several of these seminars were held with the participation of the HPU, the USAID Health, Population and Nutrition staff in addition to Mr. Berg. These seminars are described in Annex IV.

Based on the success of the seminars conducted by Berg in 1974-75 and the KFI seminars on management and planning in June-July 1975, USAID decided to expand the Management of Rural Health Services project in its extension to include a series of systematic training sessions. To carry these out, KFI was asked to post in Ghana a Management Training Associate in addition to the Senior Health Planning Associate (note, "Advisor" was changed to "Associate"). The training sessions, to be developed in collaboration with the USAID Office of Development Administration and local management institutions, would give emphasis to all of the activities which had been included in management systems plan called for in the UCLA contract. These activities are detailed in Annex V.

Third Quarter 1975

Following completion of his six months tour of duty as Senior Health Planning Associate in late July, Dr. Studt left Ghana and returned to his university. The KFI/USAID contract was about to end and, although there ^{was} full agreement on project extension, the necessary steps to extend the contract had not been completed by USAID. There next occurred a series of one or two month contract extensions during which time there was a temporary lull in project activity.

When Dr. Adizes left Ghana in July it was agreed that he and Dr. Zukin would return in late September to participate in the scheduled early October meeting of the Regional Medical Officers of Health (RMOH) at Ho and to continue working with the HPU. In July and August candidates were being screened by KFI for the vacant SHPA and MTA posts, in anticipation of project extension. By early September, Dr. Richard H. Morrow Jr., Professor of Public Health at the Harvard Public Health School was chosen as the SHPA and Mr. Albert R. Neill, a management development specialist, was chosen as the MTA. Dr. Morrow, who would take leave of absence from Harvard, previously had worked in Africa for seven years including two years in Ghana and Mr. Neill had seven years overseas experience in his field, much of that with the Organization for Economic Cooperation and Development.

Since it was the desire of both the USAID Mission in Ghana and the MOH to interview these candidates before their final selection, it was agreed by USAID that they would accompany

Drs. Zukin and Adizes in September as consultants and would participate in the RMOH and other meetings.

On balance, the meetings went very well although the time allocated for HPU presentations turned out to be less than that which had been anticipated. The HPU had held together in the preceding several months; however, it had sensed considerable stress and insecurity and had many obstacles to overcome. During this difficult period the USAID staff assisted where possible.

During the late September-early October visit the KFI team spent many hours with the HPU dealing with a variety of problems. A detailed work plan for the next two months was prepared with the unit assisted by Dr. J.S. Prince of USAID, which concentrated on achieving specific work assignments which had been identified as priority items at the RMOH meeting.⁴

Fourth Quarter 1975

In late fall significant changes occurred among high level personnel in the Government of Ghana. Both the Commissioner for Health and the Permanent Secretary in the MOH were replaced. These changes delayed Ghanaian government action on the confirmation of Dr. Morrow and Mr. Neill and also probably contributed to the period of time it took for USAID to authorize its contracting office to arrange with KFI for the project's extension. At the end of November Morrow and Neill were finally confirmed and on December 16, 1975, USAID and KFI signed a contract to extend the project through

⁴See Annex VI for this work plan and Annex VII in which the HPU reports its activities from inception to November 28, 1975.

November 1977. In early 1976 both Neill and Morrow should be posted in Ghana and hopefully the HPU will move forward with renewed vigor.

Other Events and Comments

Several other events and comments pertaining to the project per se or the HPU are worthy of note here.

In addition to consultants provided the planning unit through the KFI contract, USAID made it possible for Dr. Richard Brooks, a British health economist, to spend several months with the HPU collecting cost data on health services. Dr. Roger Selley, a Ford Foundation economist with the Institute of Statistical, Social and Economic Research (ISSER) arranged to have two national service students who were assigned to ISSER seconded to the HPU to assist with the elaboration of health facility costs and to determine what cost data is available and what cost data is required for planning purposes.

Although in April the government had postponed the date for submission of the five year health plan from June 30, 1975 to April of 1976, in early fall this date was again changed and the plan was requested by mid December so as to be able to be processed for inclusion in the overall national development plan in January 1976. To accomplish this task a three man team was designated by the MOH consisting of Dr. E.G. Beausoleil, Deputy Director of Medical Services, Dr. Sam Ofosu-Amaah, Head of the Community Health Department of the Medical School and Mr. M. Cofie, Deputy Director of the HPU.

Lastly, an indication of the increasing importance and status of the HPU is evidenced by the fact that in the fall of 1975 the Commissioner for Health established an office for himself in the Unit. KFI feels that involvement of the key decision maker in planning for his organization's programs is of paramount importance and we were particularly pleased when the Commissioner "moved in."

In summary, after a rather rocky beginning the Health Planning Unit now seems well established although it still faces many problems and challenges.

The cost for KFI participation in the Management of Rural Health Services project during 1975 totaled \$146,564.29. This sum is well within the estimated budget in the KFI/USAID contract. A detailed breakdown of expenditures may be found in Section IV of this report.

SECTION III

APPROACH TO THE PROJECT

In the spring of 1974, Dr. Paul Zukin, a short-term consultant to the USAID Mission in Ghana, working with Dr. Kwasi P. Nimo of the Ministry of Health, completed drafts outlining the proposed structure, functions and activities of a health planning unit and made some recommendations concerning health policy and the preparation of a five year national health plan. "Guidelines for the Five Year Development Plan, 1975-80" were published by the Government of Ghana in January 1975 and these were largely consistent with the Zukin-Nimo recommendations. These Guidelines and the drafts and recommendations referred to served as the point of departure for the initiation of the Management of Rural Health Services project (See Annex VIII).

Historically, health planning units in less developed countries have not been particularly effective. Typically, they serve as advisory bodies which have little impact on decision makers and more often than not the plans produced are relegated to a shelf in somebody's office and are never implemented. To a considerable extent, this is what has occurred in previous efforts at health planning in Ghana.

The KFI approach to health planning seeks to avoid this outcome. Building on a technique developed by Dr. I. Adizes, a KFI consultant, we carry out at both the central and regional levels, a group diagnostic process which is problem oriented and action oriented and which identifies problems which are

controllable. Controllability is a critical factor in successful health planning. Therefore, groups are carefully selected to include individuals who have some control over the identifiable problems that relate to the delivery of health services. These would be individuals who have some authority to make major decisions with respect to health services, those who have power over health services (e.g., in control of funding, allocation of resources) and those who have influence concerning health services (e.g., individuals who, because of their special knowledge and their status, have influence over those who have power and authority).

Of the possible people to be included in a group, we try to involve those with the highest status and to the extent possible, power and authority. From the list of potential participants, we advise that there be not more than fifteen with whom to start diagnosing problems and suggesting strategy and actions leading to the next step of this process which is to segregate the problems into four subject areas. These four areas are those which typically concern any organization producing a product or service to be used by or provided to people, i.e., the "market." The four subject areas are marketing, production, finance and human resources.

The term marketing is not well understood in health circles, hence, we have substituted the term needs assessment in place of marketing. Needs assessment includes:

1. Identification of the population to be served and their health care needs (needs assessment).

2. Delineation of the kinds of services which are required to meet these needs.
3. The channels through which services are or could be distributed and provided, i.e., the health care delivery system.
4. The means of promoting health, such as health education, community involvement in solving local health problems, means of generating support for health care activities from outside the health care sector.
5. "Price" or the effect of financial costs or inconvenience to the user on demand and utilization of services.

All those activities and considerations, except for manpower per se, which are related to the production of health services are encompassed in the second subject area; specifically:

1. Standardization.
2. Maintenance, e.g., how to, programs for, spare parts inventory.
3. Facilities, e.g., design, use, interrelationship, location and criteria for site selection, means to prevent "wrong" facility construction.
4. Services provision, e.g., how to, means, methods, trade-offs involved.
5. Transportation and communications, e.g., vehicle allocation criteria.
6. Stores, e.g., inventory, item selection, storage.

7. Operational planning and management including management control systems.

In the third subject area we deal with finance and are concerned with:

1. The source of funds, both capital and operating.
2. The use of funds including cost expenditure controls.
3. The costing of services.
4. Budgetary procedures, e.g., how to, preparation and presentation of budgets, justification.

Lastly, human resources considers:

1. Personnel needs assessment and staffing.
2. Training and human resource development, e.g., who to train, where to train, how to train, when to train, etc.
3. Assessment of manpower performance.
4. Rewards, incentives, conditions of service, brain drain considerations, etc.

These four subject areas in which problems are allocated provide a framework within which to design solutions and action programs. The next step is to establish four working committees composed of individuals with adequate knowledge and skills to handle the problems and with sufficient power, authority or influence to assure that needed actions are carried out.

Description of one of these committees and how it functions will be helpful here. Take, for example, the needs assessment

committee. This committee is concerned with determining health status, health needs, possible ways to deliver and distribute services so as to meet needs, etc. Several basic disciplines are required to carry out this committee's functions--epidemiology, biostatistics, public health administration, etc.

Preliminary design of committees occurs during the group diagnostic sessions with the designation of committee chairmen and the identification of potential committee members. It is then up to the chairmen to recruit members selected and to organize their committees.

The role of the HPU in this process is critical. In addition to a director and an administrative officer the Unit should have an appropriate staff individual responsible for each of the four basic functions about which the Unit is organized--needs assessment, production, finance and human resources. These individuals serve as secretaries of the four committees at the central (ministerial) level and assist the committee chairmen in organizing and scheduling work. This arrangement makes it possible for the HPU to coordinate planning activities within the Unit. However, to assure coordination and integration of the four committees themselves a coordinating committee is set up and this should be headed by a key member of the Ministry with the director of the HPU serving as secretary.

This is the basic approach that has been initiated in Ghana.

SECTION IV

PROGRESS TO DATE, ISSUES AND PROBLEMS

I. Progress to Date and Achievements

Outcome of Activities as Related to Objectives and Targets

The objectives of the Management of Rural Health Services project and the scope of work which was to be accomplished by KFI under its contract with USAID have been discussed in previous sections and are contained in the original contract as modified in the Memorandum of Understanding, dated February 24, 1975 (see Annex I). Specifically, the contractor was to assist the Ministry of Health to accomplish the following activities:

- o Prepare a Five-Year Plan for delivering cost effective health services to the people of Ghana with emphasis on decentralized generalized services for the entire country.
- o Establish a Planning Unit in the MOH.
- o Ultimately, develop an integrated planning budgeting/management system to facilitate achievement of Plan objectives.
- o Identify appropriate personnel to be provided training for staffing the Planning Unit and also to provide in-service training.

The outcome of KFI efforts relative to these activities follows. Parenthetically, it should be noted that the KFI Project Director and SHPA arrived in Ghana on schedule (January 28,

1975) and on February 7, 1975 had provided an acceptable work plan for the accomplishment of the tasks outlined.

A. Prepare a Five-Year Plan

A planning framework was established early on by KFI in collaboration with Dr. E.G. Beausoleil, Deputy Director of Medical Services, MOH, and was approved by the MOH and USAID. A process and time table of events leading to Plan development by June 30, 1975 was underway when, in April 1975, the due date for the Plan presentation was postponed to April 1976. At that point, Plan development was set aside and establishment of the Planning Unit, which had already commenced, was emphasized.

In late fall when the time table for submission of the Plan was again changed and advanced to early January 1976, Mr. Cofie, Deputy Director of the Planning Unit played an active role in Plan development.

B. Establish a Planning Unit in the Ministry of Health

The design concept for the HPU was delineated and thoroughly discussed in the MOH headquarters, USAID and in the health establishment of six of the country's nine regions. This concept was approved by both the MOH and USAID.

A Planning Unit was established in the MOH during 1975, and largely through the contractor's efforts. However, because of many constraints,

which are discussed later in this section, by the end of 1975 the Unit was only partially staffed and was not functioning entirely as hoped. Nonetheless, considerable gains had been made, as reported by the Unit's Director to the Commissioner for Health (see Annex VII). The Unit's staff had toured all nine of the country's regions to discuss problems facing each region, to review the health planning methodology and to involve the Regional Staff in activities of the Unit. A list of problems was collected on which action was required.

The HPU was organized following the methodology presented in the KFI seminars. Of the four committees which were to be set up to handle specific aspects of planning and problem resolution, only two, Needs Assessment and Human Resources, have been established and these are not yet working smoothly. However, the concept has been put across and accepted. During 1976 it is anticipated the HPU will be fully staffed (it certainly was not so in 1975), and KFI is confident the Unit will get its committees functioning and undertake its full responsibilities.

Following the RMOH meeting in October 1975, together with Dr. J.S. Prince of USAID and Dr. Zukin and Mr. Neill of KFI, the HPU undertook to concentrate on a series of specific tasks which were of chief concern to the RMOHs. These revolved about transportation

problems, costs for health posts and health centers, health needs assessment and human resources requirements and availability. By year's end a report on the result of these activities had not been submitted by the Unit although a memorandum dated November 28, 1975 indicated work was going forward.

C. Ultimately Develop an Integrated Planning Budgeting/Management System

The KFI and Berg Seminars (in which the HPU participated) and other management training going on in Ghana--e.g., the "Course in Health Administration and Management for Senior Doctors," put on at the Ghana Institute for Management and Public Administration in October, 1975--have largely prepared the way for the orderly development of the type of management system desired. As time goes on, it is anticipated that these efforts will continue and that the HPU will play an extremely active role in development of an improved management system in the Ministry.

D. Training

Both graduate training in disciplines related to planning and management and in-service training in these same areas are to be carried out under this project. Under USAID sponsorship, Dr. Kwasi P. Nimo is currently completing studies in management at UCLA, first having obtained an M.P.H. from Harvard, and Dr. Kwasi Poku is finishing an M.P.H. in biostatistics at

John Hopkins. Hopefully, each of these individuals will function in the HPU on his return to Ghana. All of the present professional staff of the HPU have been identified for graduate training outside of Ghana--Dr. Newman, the Units Director, and Mrs. Samarisinghe, Secretary of the Human Resources Committee, Mr. Cofie in Health Services Administration and Mr. Adoo in Health Facilities Design. Arrangements for their training or for their alternates, should they be unable to leave, should be made early in 1976. Other suitable candidates will also be selected.

Considerable attention has already been directed to in-service training in the HPU. It is the contractor's belief that the Unit's staff, although at times insecure and working under adverse conditions, have made tremendous strides in a short period of time.

II. Issues and Problems and Corrective Action

The Management of Rural Health Services project in Ghana has suffered from an uncertain beginning and a rather hectic operating first year. This discussion will attempt to highlight significant issues and problems and constraints to achievement of project purpose.

1. Doubts and Fears within the Ministry of Health

Early on there were (and probably still are) doubts that the HPU could be established and fears as to how it might impact the Ministry. From the beginning the contractor sensed that operating personnel who were used to

making decisions regarding their programs had no desire or intent to turn this power over to somebody else--and particularly not to a new unit whose staff was relatively untrained for their job and in large measure their junior. This is entirely understandable. Therefore, at the outset we were extremely careful to keep the emphasis away from planning and management and to concentrate on identifying problems which prevent or interfere with the provision of adequate health services in Ghana. We have stressed that the HPU should perform a staff function, i.e., be a service organization. As the MOH gains more confidence in the HPU and sees it as an asset and not a threat, the Unit will be able to perform a valuable and necessary role in meeting Ghana's health sector goals.

2. Inability to Recruit Staff for the HPU

This difficulty largely relates to the first problem, but not entirely so. Shortages of personnel and lack of those with required skills also play a role. Suffice to say, insufficient staff proved a serious constraint on the Unit's performance. By year's end, only three full time and one part time professional had been recruited.

Here again, in 1976 the contractor anticipates the HPU staff to be completed and that the level of individual confidence and performance will considerably improve.

3. Officing for the HPU

The expanded concept of the HPU precluded the use of the one small office available in the MOH as the

accommodations for the Unit. The Ministry was most cooperative, but was totally unable to provide adequate office space and ultimately USAID made quarters available for the Unit. However, these are only a temporary expedient until the Unit can be officed in the Ministry or close there to.

4. Posting of Consultants

Under the project work plan originally established by KFI, the MOH and USAID, KFI was obligated to post consultants in specific disciplines at specified times. This proved to be unworkable primarily because the HPU was not able to profitably use the consultant skills when anticipated. Dr. Ruderman (formerly chief health economist for the WHO), found it impossible to obtain sufficient data to make his hoped for contribution. Mr. Hastings' visit, however, went very well and he will probably return in 1976.

KFI had hoped to use Dr. Adizes early on to help structure the Planning Unit and its work but his visit was delayed for several months. However, his services proved very helpful to the project's purpose and he returned for a second visit in late September and was to return for a third visit in early December. This last visit was cancelled as a result of Ministerial changes.

Hopefully in 1976, with project continuity now assured through November 1977, the use of consultants will proceed smoothly.

5. Linkages

To successfully carry out its mission the Health Planning Unit will have to develop and maintain smooth and comfortable working relations with many entities, both within and outside of the Ministry of Health. Of particular importance outside the MOH will be the Ministry of Economic Planning, the Ministry of Finance and the Danfa project. Relations to the Danfa project warrant further discussion.

The Danfa project, initiated in 1970 and to continue through February 1979, is carrying out research into the delivery of health and family planning services so as to enable the government of Ghana to extend and improve rural health and family planning services in a rational manner. Therefore, to a considerable extent the missions of the Danfa project and of the Management of Rural Health Services project are similar and where appropriate these projects must be coordinated and functionally interrelated. Pertinent information generated from the Danfa project must be provided the HPU in a timely fashion. The HPU has been carefully designed and organized to facilitate the participation of those outside the Unit in its activities and it is anticipated that Danfa project staff will play an important role in the HPU working committees.

III. Project Costs

Estimated project costs the the period of the initial KFI contract (January 15 through July 31, 1975) were \$150,000 to which was added a fixed fee of \$4,575, making the total for the period \$154,575. A contract ammendment dated September 10, 1975

extended the contract period to October 31, 1975 and provided additional funds in the amount of \$40,000 thus, changing the contract amount to \$194,575. A subsequent ammendment on December 18, 1975 expanded the project and extended it through November 1977 and added additional funds to a total contract amount of \$894,875.

Expenditure of funds by KFI on the project during 1975 amounted to \$146,564.29 and these are detailed below. The level of expenditure was somewhat less than anticipated as a result of project delays for reasons which have been commented on. Under the contract extension of December 16, 1975 project continuity is assured through November 1977 and expenditures are expected to be in line with project funding.

Project Expenditures Through December 31, 1975

Salaries and Fringe Benefits	\$ 51,124.65
Overhead	31,809.12
Consultants	18,207.00
Allowances	3,160.12
Equipment and Supplies	7,386.66
Travel and Per Diem	27,869.69
Other Direct Costs	3,160.12
Fee	<u>4,337.89</u>
	\$146,564.29

SECTION V

FUTURE DIRECTIONS

With the posting of Dr. Morrow, the Senior Health Planning Associate, and Mr. Neill, the Management Training Associate, in early 1976 the KFI contribution to the Management of Rural Health Services project should continue smoothly. The KFI team has prepared a draft of proposed future project activities and these are presented in this section. We also felt that it would be advisable to pull together the essence of various documents and other material relating to the Planning Unit so that all involved will have a common frame of reference with respect to the definition of the Unit, its structure, role, responsibilities, method of operation, etc. What follows is presented as a draft for early discussion and is not to be considered the final version.

D R A F T F O R D I S C U S S I O N

REPUBLIC OF GHANA

MINISTRY OF HEALTH - HEALTH PLANNING UNIT

MANAGEMENT OF RURAL HEALTH SERVICES

I. DEFINITION OF THE HEALTH PLANNING UNIT

1. Structure and Role in the Ministry of Health
2. Responsibilities and Functions of the Health Planning Unit

II. HEALTH PLANNING COMMITTEES

1. National Health Planning Coordinating Committee
2. Sub-Committee A - Needs Assessment
3. Sub-Committee B - Delivery
4. Sub-Committee C - Human Resources
5. Sub-Committee D - Finance

III. THE PLANNING/BUDGETING/MANAGEMENT PROCESS

Diagram - Integrated Planning/Budgeting/Management System for Health Care Services Delivery

IV. TRAINING FOR PLANNING AND MANAGEMENT

V. KAISER FOUNDATION INTERNATIONAL - MISSION OBJECTIVES, PROGRAM AND MILESTONES LEADING TO PHASE II

(Preparatory to detailed work schedule required by contract)

VI. GUIDELINES FOR MEASURING, REPORTING AND EVALUATING THE PROJECT

1. Changes in health status of the people of Ghana
2. Changes in the efficiency and effectiveness of

Ministry of Health operations

3. Changes in planning/budgeting/management procedures developed by the Health Planning Unit
4. Efficacy of the KFI component in realizing program objectives in terms of improved delivery of health services, with emphasis on low-cost preventive rural health.

VII. REPORTING/COMMUNICATIONS SYSTEM ON CONTRACT STATUS

(Among MOH, HPU, KFI/OAK, KFI/MOH, KFI/USAID-GHANA and KFI/USAID-WASH)

1. Reports required by contract
2. Other reporting and communications procedures
3. Communications and coordination with related agencies and programs such as Danfa Project, WHO.

VIII. SYNOPSIS OF KFI PLAN OF WORK AND GANTT CHART

I. DEFINITION OF THE HEALTH PLANNING UNIT

1. Structure and Role in the Ministry of Health

In the context of national socio-economic development planning, the Health Planning Unit will be actively engaged in the development and implementation of comprehensive health planning for short, intermediate and long terms at national, regional and local levels.

The HPU will serve in a staff capacity to management. It will institutionalize mechanisms for data gathering and analysis, and the organization, coordination, scheduling and processing of Ministry of Health programs. It will coordinate research and surveys necessary to assist management in establishing priorities and in allocating resources.

The HPU will operate on the theory that health planning is the process by which government makes choices among alternatives. The HPU will investigate and evaluate these alternatives and their foreseeable results. The choices and final decisions are to be made by the line organization within the Ministry of Health and/or through the political process, depending on the nature of the decision to be made.

The HPU will work with and through a Planning Coordinating Committee, four standing Sub-Committees, and Ad Hoc Committees as needed.

Committee members will be chosen from both the technical divisions and regional administrations of the Ministry of Health along with others from other units of government and the private sector. This will serve to strengthen communications and coordination among all concerned agencies both within and without the Ministry, as well as draw upon a variety of disciplines and depth of expertise on health and health-related matters.

The Director of the HPU will report directly to the Director of Medical Services of the Ministry of Health.

The HPU will serve in a "secretariat" capacity to the various committees. Committee members will be appointed by the Commissioner for Health.

The committees will be advisory in nature. They will submit reports and findings to the Commissioner for Health through the HPU and the Director of Medical Services. A Chairman and Vice Chairman will be appointed for each committee, and a HPU staff member will serve as Secretary for each.

The standing sub-committee Chairmen will be members of the Coordinating Committee.

Essentially, the HPU will serve in a staff capacity to all technical divisions and regional administrations of the Ministry of Health, and as Secretariat to the planning committees.

2. Responsibilities and Functions of the HPU

a. Health Policy

To assist in the establishment of an overall National Health Policy, including decisions with respect to the level of support of health and the production of health manpower. In the context of that policy to assist in the delineation of the Ministry of Health's mission, goals, objectives and targets including participation in the establishment of criteria for setting priorities.

b. Development of Plans

To develop a framework and process for preparing long-range, intermediate and short-range health sector plans on a national, regional and local level. To be responsible for the preparation of these plans, and their submittal to the appropriate authorities for approval.

c. Evaluation

To develop practical and feasible measures of the outputs of health programmes and projects and their effect on health problems and health status and to prepare and integrate these evaluation components into the planning process.

d. Special Surveys and Studies

To participate in the design and implementation of surveys and health services studies to generate specific information for decision making.

To conduct special studies and analyses as needed. These will be conducted by the HPU and associated agencies, such as the Medical School and ISSER to provide reliable professional input to the planning and budgeting process. Such studies may include:

- (1)
- (2)
- (3)
- (4) Financing the health care system in Ghana.
- (5) Suitable applications for introducing program budgeting.
- (6) Health facility and health services costing.
- (7) Standard designs for health posts and health centre modules.
- (8) Standardization, maintenance and inventory control for vehicles and medical equipment.

These studies will be closely linked where applicable to other agencies involved in health-related activities, such as the Bureau of Population Planning of the Ministry of Economic Planning, the Ministry of Works and Housing, Corporation for Water and Sewer, Bureau of Community Development, the Department of Community Health of the University of Ghana Medical School, and the World Health Organization.

e. Preparation of Budgets

To participate actively in the preparation and presentation of the Ministry of Health capital budget program, integrated with the annual recurrent (operating) budget, in coordination with the Regional Medical Officers of Health.

Toward this end, the HPU will develop processes and assist line management to standardize procedures, develop information, and coordinate budget requests, as well as to develop a protocol to prepare, rank, justify and present project proposals for which capital expenditures are requested. A priority-ranking system will be developed by the HPU for this purpose. The HPU will assist in preparing budget presentations before the Ministry of Economic Planning and Ministry of Finance.

f. Data - Selection, Generation, Processing, Analyzing, Storage and Use

Independently and in conjunction with other units, both in and out of the Ministry of Health, to secure and/or develop data necessary for planning and budgeting including an adequate management information system to monitor, control and evaluate planned programs and projects.

g. Training

In conjunction with various institutions in and out of Ghana to develop and help provide courses and in-service training in health systems management and health planning.

To arrange for the graduate education of selected individuals in disciplines pertinent to the management and planning of health services.

h. Communications

Through the budgeting and planning process to develop effective linkages for the Ministry of Health, both internally and externally, to facilitate the processes

of communication and decentralization.

i. Clearing House and Information Source

To serve as a clearing house and source of information and ideas on health planning and management. To provide means for communicating this information freely to decision makers in government, the private sector, and international agencies.

j. Management

To develop and help introduce throughout the Ministry of Health applicable management systems and techniques through the planning and budgeting process. Such applications may include:

- (1) Budgeting forms and procedures.
- (2) Limited program budgeting.
- (3) Protocol for ranking and rating capital investment projects.
- (4) Cost/benefit analyses.
- (5) Project planning and implementation.
- (6) Development of a "shelf" or backlog of projects.
- (7) Measurement and evaluation procedures.
- (8) Feedback and control mechanisms.
- (9) Manpower planning and staffing.
- (10) Management by Objectives and Results.

II. HEALTH PLANNING COMMITTEES

1. NATIONAL HEALTH PLANNING COORDINATING COMMITTEE

Chairman: _____

Vice Chairman: _____

Secretary: _____

Members: _____

Purpose

To serve in an advisory capacity to the Commissioner for Health on all matters pertaining to the planning, budgeting and management of health services in Ghana. The Committee will be concerned with the broader aspects of introducing change for the improvement of the health care system of Ghana. Through the participation of the four standing sub-committees the Coordinating Committee will provide essential horizontal integration of the four basic functions represented by the sub-committees.

In carrying out its responsibilities the Coordinating Committee will serve as a bridge between the technocratic and political levels of government. This interface between the political process and planning is essential to successful implementation of plans.

The Coordinating Committee will work closely with the National Health Advisory Council.

Areas of Activity

- a. Coordinate the work of the four standing sub-committees and other ad hoc committees that may be established.

- b. Assign work to the sub-committees, screen and review their proposals, refer tasks to the sub-committees or other private or public groups or agencies, submit reports and recommendations to the Commissioner for Health and other central and regional Ministry officials in collaboration with the Director of the HPU.
- c. Coordinate the development and installation of basic systems for health planning, budgeting and management through the sub-committees and HPU. Specifically coordinate:
 - (1) Development of an organizational structure designed to facilitate the achievement of plan objectives.
 - (2) Development of an integrated planning/budgeting/management system compatible with Ministry of Health capabilities needed to increase the efficiency and effectiveness of Ministry operations, and
 - (3) Production of long-term, intermediate, and short-term Health Sector Development Plans detailing goals, objectives, and general strategy for implementation.

2. SUB-COMMITTEE A - NEEDS ASSESSMENT (MARKETING)

Chairman: _____

Vice Chairman: _____

Secretary: _____

Members: _____

Purpose

To assess the health status of the population. To measure and analyze the preventive and curative health needs of the population, and to propose alternative levels of health prevention and care which the nation can realistically expect to achieve.

To inventory existing health resources and health status by region.

To measure the efficacy of existing and proposed health care system components including curative services, preventive services, disease control, environmental management and control, research, and education.

To develop suitable health care delivery systems which will concentrate on the health needs of the rural population.

Areas of Activity

- a. Measurement, analysis and forecasts for:
 - (1) Needs and demands of the population.
 - (2) Means of health services delivery.
 - (3) Methods of promotion and education.
 - (4) Payment for services.
- b. Establishment of desired and attainable levels of health and health services.

- c. Development of minimum basic data with systems for selection, generation and collection, processing, analyzing, storage and use. Establishment of appropriate standards for evaluation and units of measure.
- d. Development of health program scenarios, with alternatives, to achieve desired levels of health status by population groupings, geographic location, and time periods. Specification of resource requirements as inputs for the other three sub-committees.

MATRIX

HEALTH PROBLEMS AND HEALTH CARE SYSTEM COMPONENTS

SUB-COMMITTEE B - PRODUCTION

Chairman: _____
Vice Chairman: _____
Secretary: _____
Members: _____

Purpose

To plan for the provision of health care services through optimization of available resources to meet priority health needs of the population.

Areas of Activity

- a. Inventory and evaluate existing health prevention and care facilities and programs. These will include hospitals, health centres, health posts, disease prevention programs, promotive and educational activities, private and mission facilities and programs, drug distribution and control, transportation, environmental sanitation, nutrition, and family planning.
- b. Develop alternative development strategies for the provision of facilities and programs to meet identifiable needs as determined by the planning process (with inputs from the other three sub-committees). Emphasis will be placed on promotive and preventive programs.

Health care delivery system components subject to analysis and recommendation, include the following:

(1) Curative Services

- _____
- _____
- _____

(2) Preventive and Special Services

- _____
- _____
- _____
- _____

(3) Special Disease Control

- _____
- _____
- _____
- _____

(4) Environmental Management and Control

- _____
- _____
- _____
- _____

- c. Develop applications for standardization and cost effectiveness in the design of delivery facilities and programs in order to optimize human, material and financial resources and to create a low-cost, high-effectiveness delivery system with emphasis on meeting the needs of the rural population.
- d. Develop standard designs and costs for facilities such as health posts and health centres.

- e. Introduce a system for improving communications and transportation within the Ministry of Health, including the standardization of vehicles and spare parts, inventory control, and maintenance.

SUB-COMMITTEE C - HUMAN RESOURCES

Chairman: _____
Vice Chairman: _____
Secretary: _____
Members: _____

Purpose

To measure and plan manpower requirements for future health care delivery systems.

To plan training programs to adequately staff future health care delivery systems.

To develop policies and practices for sound manpower development for the health sector.

Areas of Activity

- a. Inventory existing manpower situation by measuring "jobs and people."
- b. Inventory existing training programs and facilities.
- c. Forecast manpower needs for the health sector based on health program scenarios developed in collaboration with the other three sub-committees.
- d. Recommend training programs to meet projected health care needs, including:
 - (1) Revision of the health centre superintendent curriculum to provide increased emphasis on public health and preventive medicine.
 - (2) Development of a core curriculum for nurses education.

- (3) Training of indigenous medical practitioners and integration into the health care delivery system.
 - (4) Training of additional health tutors, development of health teachers training programs at the universities, and expansion of health training facilities.
 - (5) Intensification of doctors' training at both the undergraduate level and for post-graduate training in all major specialties and particularly community health.
 - (6) Training in planning and management for senior levels of the Health Service.
 - (7) Development and coordination of training programs for improved rural health care, including health post and health centre administrators and workers, training of traditional birth attendants, and environmental sanitation.
- e. Develop and recommend specific policies and practices to provide adequate numbers of trained personnel at needed levels in the regions to correct the existing imbalance of health services between urban and rural areas.
- f. Evaluate and recommend personnel policies and practices to improve recruiting, retention, training and staffing for the health sector, including:
- (1) Organization structure.
 - (2) Planning and allocation of manpower.
 - (3) Job descriptions.
 - (4) Recruitment.

- (5) Rewarding/salary structure.
- (6) Personnel evaluation.
- (7) Promotion and succession.
- (8) Personnel administration.

SUB-COMMITTEE D - FINANCE

Chairman: _____
Vice Chairman: _____
Secretary: _____
Members: _____

Purpose

To develop and introduce into the Ministry of Health systematic budgeting procedures that include firm linkages with plans.

To develop and introduce into the Ministry of Health techniques and procedures for evaluation, ranking of priorities, and allocation of resources to obtain optimum cost-effectiveness in achieving health sector goals.

To attain the highest level of health, for the greatest number of people, at the lowest possible cost through the development and financing of low-cost primary health care and prevention programs, along with the adequate maintenance and efficient operation of health care facilities.

Areas of Activity

- a. Develop a process for the systematic preparation of capital and recurrent budgets.
- b. Standardize procedures, develop forms and coordinate the budgeting process.
- c. Establish procedures for the analysis of budget proposals, examination of alternatives, achieving regional and urban/rural balance, establishing criteria and ranking projects, allocating resources, and coordinating proposals

with national, regional, local and sectoral goals and policies.

- d. Conduct analyses of financial resources (including private financing and mission financing), their allocation, and forecasts for alternative health program scenarios developed in collaboration with the other three sub-committees.
- e. Develop means for directly linking plans with budgets.
- f. Develop and introduce limited program budgeting as applicable.
- g. Prepare budget presentations and assist in delivering them to the Ministry of Economic Planning and the Ministry of Finance.
- h. Develop control techniques for the follow-up of plans and budgets, feed-back, measurement, evaluation and corrective action.
- i. Develop techniques for project planning, management and control.
- j. Investigate sources of funding (internal and external) for health sector projects.
- k. Coordinate budgets and resource allocation with other ministries and agencies concerned with health-related functions such as water supply and sanitation, transport and communications, education and family planning.
- l. Assist in developing financial controls and cost-cutting programs to reduce waste and improve efficiency in the health sector.

AD HOC COMMITTEES

Personnel

Purpose

Areas of Activity

III. THE INTEGRATED PLANNING/BUDGETING/MANAGEMENT
SYSTEM FOR HEALTH SERVICES DELIVERY

To be delineated

IV. TRAINING FOR PLANNING AND MANAGEMENT

To be delineated

V. KAISER FOUNDATION INTERNATIONAL - MISSION
OBJECTIVES, PROGRAM AND MILESTONES
LEADING TO PHASE II

To be delineated

VI. GUIDELINES FOR MEASURING, REPORTING AND
EVALUATING THE PROJECT

To be delineated

VII. REPORTING/COMMUNICATIONS SYSTEM ON CONTRACT STATUS

To be delineated

VIII. SYNOPSIS OF KFI PLAN OF WORK AND GANTT CHART

Assist the HPU to:

1. Develop programs for the HPU, National Health Planning Coordinating Committee and four standing Sub-Committees.

(Use participatory approach engaging the involvement of MOH officials, HPU staff and other public and private persons).

Time: 1 Mar - 30 May 76

2. Complete appointments to HPU and Committees.

Time: 1 Mar - 30 May 76

3. Complete KFI detailed work schedule per USAID contract.

Time: 1 Mar - 15 Apr 76

4. Design, initiate management training program.

Time: 1 Mar 76 - Nov 77

5. Select, initiate, individual projects requiring special consultants.

Time: 15 Apr - 30 Jun 76

6. Develop basic systems and procedures for planning/budgeting/management. Specifically:

- a. Indicative planning systems for short-, intermediate- and long-term plans for the health sector.
- b. Organizational structure designed to facilitate the achievement of plan objectives.
- c. Integrated planning/budgeting/management systems compatible with Ministry of Health capabilities needed to increase the efficiency and effectiveness of Ministry operations.
- d. Health care delivery systems and components.
- e. Manpower development system.

Time: 1 Jun 76 - 30 May 77

7. Install systems and procedures as outlined above.
 - a. Develop training programs around the installation of the new systems.

Time: 1 Dec 76 - 30 Nov 77

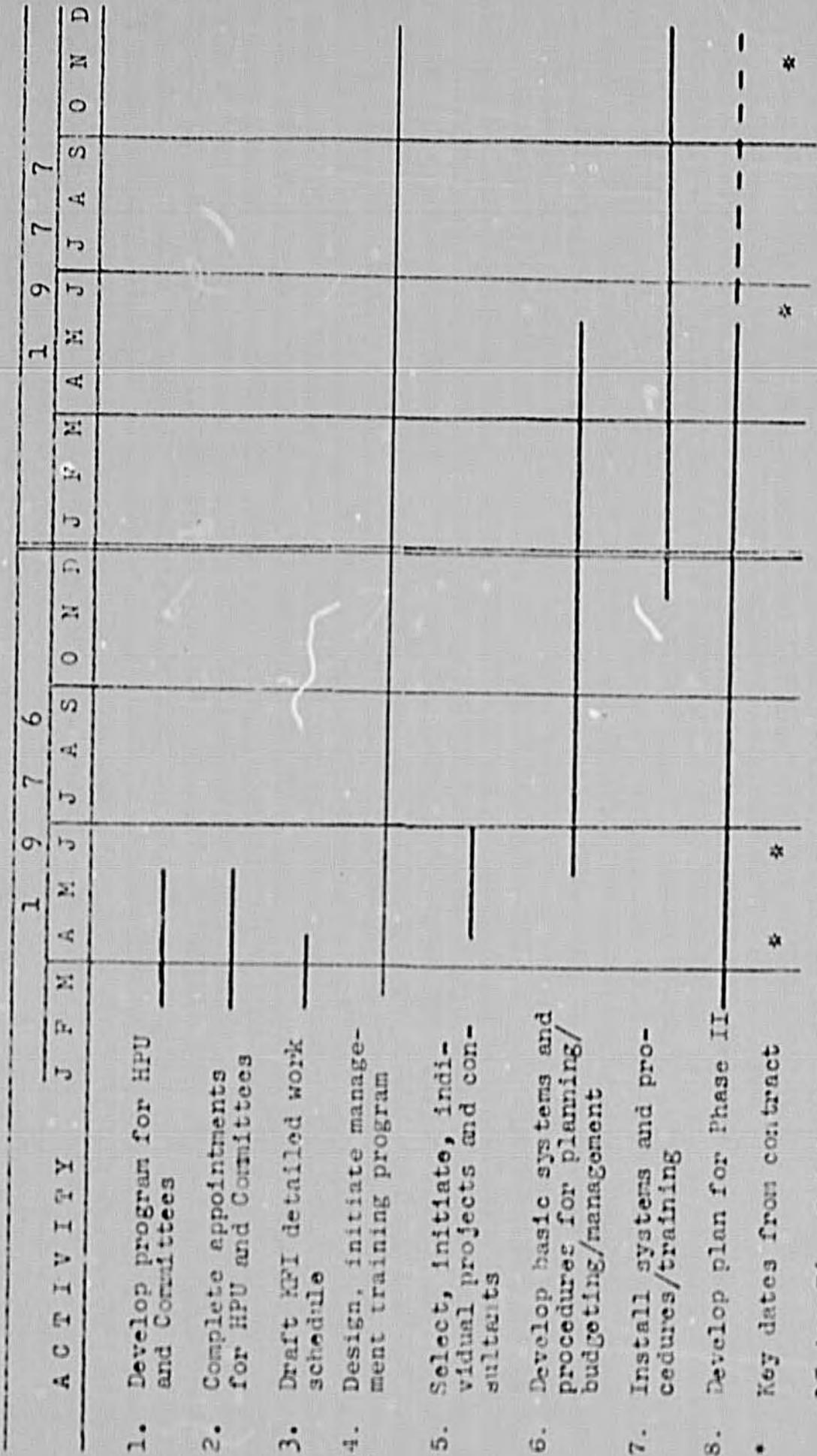
8. Develop plan for Phase II as outgrowth of Phase I.

Time: 1 Mar 76 - 30 May 77

and continuing

SYNOPSIS OF KFI PLAN OF WORK

GANTT CHART



15 Apr 76 Submission of detailed work schedule
 Jun 76 Joint review of project progress
 Jun 77 Joint review with examination of Phase II desirability
 30 Nov 77 Completion of contract

ANNEX I

MEMORANDUM OF UNDERSTANDING

Joint Project: Management of Rural Health Services

I. Objectives

Kaiser Foundation International, under contract with AID, has agreed to provide technical services to assist the Ministry of Health in the preparation of a Five-Year Plan for delivering cost/effective health services to the people of Ghana with emphasis on decentralized generalized (preventive and curative) services for the entire country. Included would be (1) establishment of a Planning Unit in the Ministry of Health and (2) ultimately the development of an integrated planning budgeting/management system designed to facilitate achievement of the Plan objectives of providing the most effective form of health care delivery system which limited manpower and financial resources will permit and to distribute the health services as widely as possible among people and regions. The principle will be to employ scarce resources to give adequate health services to the greatest number rather than to provide sophisticated services for few people.

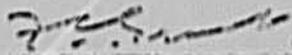
The initial contract period (Phase I) beginning o/a January 31 and to end o/a July 31 is intended to be a period of planning and development which may be followed by a longer range program (Phase II) to install and implement the planning and management system, assist in establishment of the necessary organizational framework and related training programs if agreement to that effect is reached between USAID/Ghana and the Ministry of Health.

II. Major Tasks

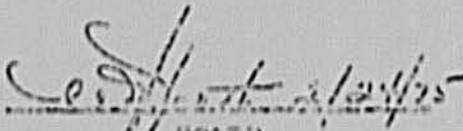
The contractor will use his best efforts to assist the Ministry of Health in the completion of its Five Year Plan by June 30, 1975. 3810

deadlines may be adjusted by agreement in writing between the Ministry of Health and USAID/Ghana in consultation with the Senior Health Planning Advisor (Contractor).

The scope of work and the attached Work Plan will be followed and if necessary subsequently revised by mutual agreement to permit the accomplishment of the major task, i.e. assistance in development of the Ministry of Health Five-Year Plan.



Ministry of Health
Dr. Frank C. Grant
Deputy Director of Medical
Services



USAID
J. Haven North
Director



Kaiser Foundation International
Dr. Ward B. Stedt
Senior Health Planning Advisor

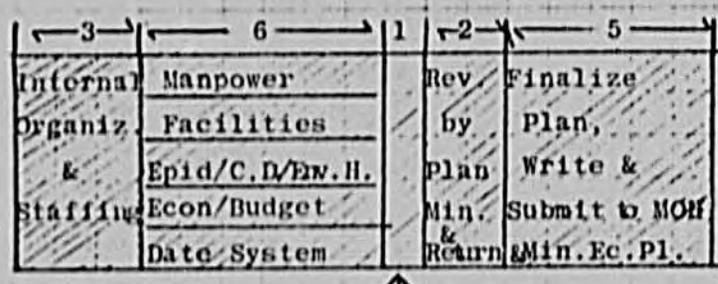
WORK PLAN-GHANA RURAL HEALTH MANAGEMENT PROJECT

7 Feb. 75

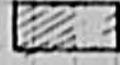
Zukin

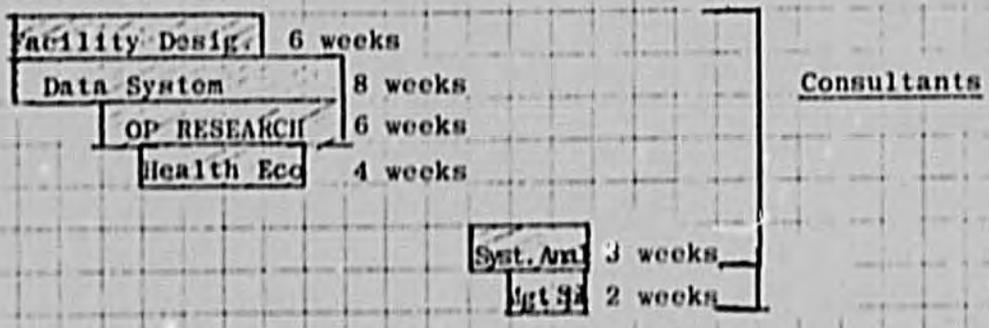
WEEK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
	Feb.	March.				April				May				June				July								
	3	10	17	24	31	7	14	21	28	5	12	19	26	3	10	17	24	31	7	14	21	28	4	11	18	25

-  Zukin-Studt, Meetings with AID, MOH, GOVT, etc.¹
-  Design Concept of Planning Unit, Present to MOH and get clearance
-  Select Staff, Initiate Recruiting; Post Executive Officer
-  Prepare and Submit Macro Health Plan to Min. of Econ.Planning
-  Visits to Regions-Studt, Beausoleil, V.Ofosu-Amaah & Karikari



↑
First draft of Plan to Econ.Plan Min.

-  ←Regional Medical Officers of Health 3 day meeting
-  ←Leadership-support 2 day meeting²
-  Zukin return



Ward Studt will remain in Ghana through July 1975

Leadership support meeting will involve members of the Advisory Committee and others with knowledge, influence, and authority to positively affect the health care system.

ANNEX II

HEALTH PLANNING UNIT: Design and objectives

OBJECTIVES: THE PURPOSE OF THE GMOH HPU IS THE PREPARATION SUBSEQUENT REVISION AND IMPLEMENTATION OF A COMPREHENSIVE, COST EFFECTIVE HEALTH PLAN FOR GHANA. The health plan should be a written statement of the national, long range goals and policies, their translation into objective action recommendations and the definition of activities required to achieve the implementation of these recommendations. The plan should consist of a description and analysis of the following:

1. The current health resources.
2. The current health status.
3. Projected health needs.
4. Projected resources needed to achieve health sector goals.
5. Delineation of needed health delivery system changes.
6. Identification of specific actions necessary to implement programs designed to achieve health goals.

The preparation of Regional Plans is of core importance and will provide the framework upon which the national plan is based.

Discussion: The objectives of any plan are to array data, alternatives, programs, projections and action items in a culturally acceptable, scientifically logical and politically realistic fashion such that expenditures of resources realize the greatest possible return on investment to the people of Ghana over both the short run and the long term.

Responsibilities of the HPU:

The HPU will be responsible for the development of the process of planning, the framework upon which the plan is matured, the writing of the document, and the dissemination of the completed plan. It will also be responsible to insure that all interested groups are represented in the planning process and that completed document represents the widest possible concensus.

Functional Activities:

1. The HPU should establish a planning framework for its own use and for use by the RMOH in developing the regional plans. This frame work will be designed in consultation with the several RMOH.
2. A process and a timetable for the health plan development should be determined.
3. Responsibilities of the staff and advisory group members and other volunteers should be assigned.

4. An inventory of health resources should be initiated to include:
 - a. GOG including the Medical School
 - b. Expatriate resources including missions.
 - c. The private Sector
 - d. The traditional provider
 - e. The foreign aid programs
5. An inventory of the health status by region should be initiated to include major causes of mortality, morbidity and disability.
6. The future health needs should be projected.
7. Broad health goals should be established based on regional health needs and available and projected resources.
8. Priorities should be established.
9. Priorities should be translated into action recommendations, including alternatives.
10. Alternatives should be analyzed.
11. Sources of financing should be investigated.
12. The progress of the plan should be marketed to the advisory group and to the RMOH.
13. Preferred alternatives as related to regional and national goals should be identified and consensus obtained with the approval for the RMOH and the advisory group.
14. An implementation strategy should be developed.
15. The plan should be printed and disseminated.
16. The progress and performance should be evaluated and the revision of the initial effort should be initiated.

TASKS:

1. Form the planning unit.
 - a. develop job descriptions
 - b. recruit the director
 - c. recruit the deputy director
 - d. obtain adequate office space
 - e. recruit other members of the unit:
 1. Manpower
 2. sociology
 3. architecture (facilities)
 4. epidemiology, G.D., Evmt. health
 5. data
 6. Econ - budget
 7. Secretarial support
 - f. set up office procedures
 - g. obtain office equipment and supplies
 - h. obtain transport
 - i. establish unit personnel policy
2. Develop inservice training program.
 - a. organize regular staff meetings
 - b. develop inhouse lecture series
 - c. develop consultant lecture series
 - d. organize field trips for staff to acquaint them with health planning and health status problems.
 - e. establish secretarial training program.

3. Involve the RMOH in the development of components of the planning framework by:

- a. visits to the regions by staff members
- b. RMOH meetings in central location
- c. Correspondence using a modified delphi technique.

4. Recruit standing and ad hoc committees to develop components of planning framework and subsequently the actual plan.

5. Develop advisory group and methods to utilize their skills.

- a. new letter and correspondence
- b. membership on all standing and ad hoc committees
- c. membership on technical review teams
- d. regular meetings of the advisory group

6. Develop the ability to perform or to contract for studies in specific areas, including indepth reviews of existing programs.

7. Report findings of special studies, obtain approval from advisory group and disseminate.

8. Establish project review mechanism to advise the GMOH, GMOED regional commissioners and RMOH as to the relevance of proposed projects to the regional and national health plans.

9. Develop a capacity for data maintenance to include:

- a. acquisition and storage in utilizable form relevant health and demographic data to be used by the unit
- b. definition of types of data needed by the unit

10. Develop a capacity for facilities design to include:

- a. site location, a master plan for Ghana
- b. functional design to insure maximum efficiency in facilities utilization as well as construction costs and maintenance.

ANNEX III
JOB DESCRIPTIONS, HEALTH PLANNING UNIT

Job Description: Director

1. (a) Job Title - Director, Health Planning Unit
- (b) Rank - Senior Officer
2. (a) Division - Health Planning Unit
- (b) Department - Ministry of Health
3. Reports to: - DMS/PA
4. Department/Division Function

4-1 General -

Provide maximum direction necessary to establish and ensure fullest attainment of HPU objectives and policy directives as they currently exist or as they may, from time to time, be amended. Exercise full general control over all activities and resources of the national center, Accra.

4-2 Specific -

- Overall management of unit office.
- Responsibility for the establishing and direction in maintaining an efficient planning unit and for the general quality of its work as this may fit within the general unit policies.
- Responsible for direction in establishing and maintaining an efficient public training program and for the general quality and the professional preparation and presentation of course, etc. offerings as this may fit within the annually established program and the units general policy.
- Responsible for the direction in timely preparation of annual budgetary estimates both capital and operating to be submitted to DMS for approval and inclusion in the overall budget of the Ministry.

- Responsible for the efficient attainment of the approved budget for all capital and operating expenditures as it pertains to the Unit.
- Responsible to ensure the maintenance and safe-keeping of all assets of the Unit.
- Responsible for signing all official correspondence or assigning to appropriate designee.
- Responsible for creating and maintaining a general professional climate and environment within which Unit staff may efficiently function.
- Responsible for direction on the initiation and preparation of all research studies which from time to time may be necessary or appropriate to the activities of the Unit.
- Responsible for the general activities and conduct of all Unit personnel or others who are attached either temporarily or permanently to the staff rolls of the Unit.
- Responsible for direction for all internal report preparation required by the Unit.
- Responsible for the establishment of an in-service training program, within the general specifications and an overall Unit plan to ensure ongoing upgrading of skills of administrative and professional staff members of the Unit.
- Responsible for overall logistics and administrative support to efficiently administer a health planning unit organization in such a manner that this will enhance the image of the Ministry and the Unit as superior entities in society.

- Responsible for, and liaise with all external entities involved in the work of the HPU.
- Responsible for recruitment of senior staff and delegating authority, responsibility and accountability.
- Responsible for the organization and recruitment of appropriate members of Advisory Group by criteria established in or amended from time to time to Unit policies.
- Cooperate with DMS in planning, developing and implementing policies and other relevant matters concerning the efficient running of HPU in order to attain Unit objectives and integrate it into Ministry of Health short, medium and long range goals.

5. Purpose of Position -

To assure a constant and efficient flow of quality services in order to reach a viable plan directed towards improving the health needs of Mother Ghana in whatever manner is deemed necessary and/or appropriate.

6. Scope of Responsibilities -

6-1 For Personnel - Directly in charge of:

6-1.1 - Advisory Group - Chairman of voluntary group drawn from all meaningful and appropriate sectors of the economy.

6-1.2 - Administrative - Personal entourage, viz. Secretary, driver, messenger, etc.

6-1.3 - Senior Professional Officers - Deputy Director

6-2 For Materials -

- Arrange approval of all purchases, experiences and capital expenditures as authorized in his operating budget or by authorized supplementary allocation. Arranges as is deemed necessary accountability and responsibility, by formal directives, to designee of

the Unit for allocation of such authorized funds.

- Delegation of appropriate responsibility and support to designees in order to insure efficient servicing of the needs of the Unit.

6-3 For physical, financial and human resources -

6-3.1 Expenditure

- Arrange for the preparation of Unit estimates.
- Arrange for the preparation of required financial statements and reconciliation thereof, periodically as prescribed.
- Submit to IMS, as required, statement of accounts including analyses of variances.

6-3.2 Utilization

- Arrange for control of the use of unit assets, and manpower.
- Arrange for proper maintenance of assets.

6-3.3 Safeguarding Assets

- Arrange for the proper safekeeping of unit assets.
- Arrange for constant check on the whereabouts of Unit assets.
- Arrange reconciliation of assets to financial statements.

6-3.4 Expense Control

- Review budget with actual expenditures and obtain explanations for budget excesses.
- Control all Unit expenditures.

6-3.5 Records

- Review budget with actual expenditures and obtain explanations for budget excesses.
- Control all Unit expenditures.

6-3.5 Records

- Arrange establishment of Unit central filing facilities.
- Ensures the maintenance of records on all unit transactions.
- Ensures maintenance of proper documentation system.

7. Authority and Limitation

7-1 Personnel

- Assign duties to staff mentioned in 6-1.
- Define delegation of authority and limitations thereto to staff mentioned in 6-1.
- Supervise work of staff mentioned in 6-1.
- Set performance standards for staff (6-1)
- Evaluate performance of staff (6-1)
- Discipline staff according to laid-down policy.
- Make staff recommendations to DMS regarding additions, terminations, transfers, salary increases, promotions, fellowships, etc.
- Arrange for preparation of leave rosters.

7-2 Materials

- Control all expenditures so that during on fiscal quarter they do not exceed one-fourth of the annual value budgeted. Seek the approval of the DMS or appropriate authority to over shoot if expenditures appear to be exceeding budget.

7-3 Physical, Financial and Human Resources

7-3.1 Expenditure

- Expenditure for a fiscal quarter shall not exceed quarterly allocation without approval of DMS or appropriate authority.

7-3.2 Utilization

- Shall call for evaluation of staff utilization.
- Shall call for inspections of any assets belonging to the Unit in the possession of any member of staff when in doubt as to its proper use and maintenance.

7-3.3 Safeguarding

- Take whatever action is necessary to preserve the property of the Unit and assure the safety of its employees.

7-3.4 Expenses Control

- Take whatever action is necessary to establish, maintain and control unit expenditures.

7-3.5 Records

- Take whatever action is necessary to establish, maintain and preserve the records of the Unit.

8. Working Relationships

Direct and cooperate with all senior officers of the Unit and cooperate with all senior officers of the Ministry in the discharge of the above duties.

C. Deputy Director

1. (a) Job Title - Deputy Director
- (b) Rank - Senior Officer
2. (a) Division - Health Planning Unit
- (b) Department - Ministry of Health
3. Reports to: - Director HPU

4. Department/Division Function

4-1 General

Provide such general support as will be necessary to ensure the fullest attainment of HPU objectives and policy determinations as they may currently exist or as they may, from time to time, be amended. Exercise full, general control over all activities as assigned within the HPU's organizational structure.

4-2 Specifics

Job Description: Deputy Director

- | | |
|------------------|--|
| 1. (a) Job Title | Deputy Director, Health Planning Unit |
| (b) Rank | Senior Officer |
| 2. (a) Division | Health Planning Unit |
| (b) Department | Ministry of Health |
| 3. Reports to: | Director, Health Planning Unit
(DMS/PA) |

4. Department/Division Function

4.1 General

Assist the director to, or in the absence of director act for the director to provide maximum direction necessary to establish and ensure fullest attainment of HPU objectives and policy directives as they currently exist or as they may, from time to time, be amended. Exercise full general control over all activities and resources of the national center, Accra.

4.2 Specific

- Overall management of unit office.
- Responsibility for assisting the director in the establishing and direction in maintaining an efficient planning unit and for the general quality of its work as this may fit within the general unit policies.
- Responsible for assisting the director in directing in establishing and maintaining an efficient public training program and for the general quality and the professional preparation and presentation of course, etc. offerings as this may fit within the annually established program and the units general policy.

- Responsible for assisting the director in the direction in timely preparation of annual budgetary estimates both capital and operating to be submitted to DMS for approval and inclusion in the overall budget of the Ministry.
- Responsible to the director for the efficient attainment of the approved budget for all capital and operating expenditures as it pertains to the Unit.
- Responsible to the director to ensure the maintenance and safekeeping of all assets of the Unit.
- Responsible for signing all official correspondence or assigning to appropriate designee in the absence of the director.
- Responsible for assisting the director in creating and maintaining a general professional climate and environment within which Unit staff may efficiently function.
- Responsible for assisting the director to provide direction on the initiation and preparation of all research studies which from time to time may be necessary or appropriate to the activities of the Unit.
- Responsible with the director for the general activities and conduct of all Unit personnel or others who are attached either temporarily or permanently to the staff rolls of the Unit.
- Responsible to the director for direction for all internal report preparation required by the Unit.

- Responsible in consultation with the director for the establishment of an in-service training program, within the general specifications and an overall Unit plan to ensure ongoing upgrading of skills of administrative and professional staff members of the Unit.
- Responsible to the director for overall logistics and administrative support to efficiently administer a health planning unit organization in such a manner that will enhance the image of the Ministry and the Unit as superior entities in society.
- Responsible for, and liaise with all external entities involved in the work of the HPU in the absence of the director.
- Responsible upon delegation by the director for recruitment of senior staff and delegating authority, responsibility and accountability.
- Responsible upon delegation by the director for the organization and recruitment of appropriate members of Advisory Group by criteria established in or amended from time to time to Unit policies.
- Cooperate with DMS in planning, developing and implementing policies and other relevant matters concerning the efficient running of HPU in order to attain Unit objectives and integrate it into Ministry of Health short, medium and long range goals.

5. Purpose of Position

To assure a constant and efficient flow of quality services in order to reach a viable plan directed towards improving the health needs of Mother Ghana in whatever manner is deemed necessary and/or appropriate. And to assure the performance of such activities in the absence of the director.

6. Scope of Responsibilities

6.1 For Personnel: Directly in charge of (in the absence of the director at his delegation):

- Advisory Group - Chairman of voluntary group drawn from all meaningful and appropriate sectors of the economy.
- Administrative - Personal entourage, viz. Secretary, driver, messenger, etc.
- Senior Professional Officers

6.2 For Materials

- Arrange approval of all purchases, expenses and capital expenditures as authorized in his operating budget or by authorized supplementary allocation. Arranges as is deemed necessary accountability and responsibility, by formal directives, to designee of the Unit for allocation of such authorized funds.
- Delegation of appropriate responsibility and support to designees in order to insure efficient servicing of the needs of the Unit.

6.3 For physical, financial and human resources**Expenditure**

- Arrange for the preparation of Unit estimates.
- Arrange for the preparation of required financial statements and reconciliation thereof, periodically as prescribed.
- Submit to DHS, as required, statement of accounts including analyses of variances.

Utilization

- Arrange for control of the use of unit assets, and manpower.
- Arrange for proper maintenance of assets.

Safeguarding Assets

- Arrange for the proper safekeeping of unit assets.
- Arrange for constant check on the whereabouts of Unit assets.
- Arrange reconciliation of assets to financial statements.

Expense Control

- Review budget with actual expenditures and obtain explanations for budget excesses.
- Control all Unit expenditures.

Records

- Review budget with actual expenditures and obtain explanations for budget excesses.
- Control all Unit expenditures.

Records

- Arrange establishment of Unit central filing facilities.
- Ensures the maintenance of records on all unit transactions.
- Ensures maintenance of proper documentation system.

7. Authority and Limitation7.1 Personnel

- Assign duties to staff mentioned in 6.1.
- Define delegation of authority and limitations thereto to staff mentioned in 6.1.
- Supervise work of staff mentioned in 6.1.
- Set performance standards for staff (6.1)
- Evaluate performance of staff (6.1).
- Discipline staff according to laid-down policy.
- Make staff recommendations to DMS regarding additions, terminations, transfers, salary increases, promotions, fellowships, etc.
- Arrange for preparation of leave rosters.

7.2 Materials

- Control all expenditures so that during one fiscal quarter they do not exceed one-fourth of the annual value budgeted. Seek the approval of the IIS or appropriate authority to over shoot if expenditures appear to be exceeding budget.

7.3 Physical, Financial and Human ResourcesExpenditures

- Expenditure for a fiscal quarter shall not exceed quarterly allocation without approval of IIS or appropriate authority.

Utilization

- Shall call for evaluation of staff utilization.
- Shall call for inspections of any assets belonging to the Unit in the possession of any member of staff when in doubt as to its proper use and maintenance.

Safeguarding

- Take whatever action is necessary to preserve the property of the Unit and assure the safety of its employees.

Expenses Control

- Take whatever action is necessary to establish, maintain and control unit expenditures.

Records

- Take whatever action is necessary to establish, maintain and preserve the records of the Unit.

8. Working Relationships

Direct and cooperate with all senior officers of the Unit and cooperate with all senior officers of the Ministry in the discharge of the above duties.

9. Assumption of the responsibilities of the director

9.1 The absence of the director will constitute authority for the deputy to act in his stead with authority as defined under items relating to "duties and responsibilities of director".

Job Description: Data

1. (a) Job Title Director Data Analysis
- (b) Rank Senior Officer
2. (a) Section Data Analysis
- (b) Division Health Planning Unit
- (c) Department Ministry of Health
3. Reports to: Director, Health Planning Unit

4. Section Functions

4.1 General

- Provide guidance to the Health Planning Unit in matters relating to data, statistics their collection and analysis.
- Analysis of such statistics and data as may be required by the Health Planning Unit.

4.2 Specific

- Overall management of health data and statistics their collection and supervision of personnel assigned to the Unit for that purpose.
- Maintenance of records and charts containing the relevant statistics and data.
- Design specific data projects to implement the needs of the several sections
- Responsible of in-service training in data matters.
- Cooperate with other sections in maintaining a reference catalogue (on relevant data and statistical topics).
- Be conversant with the literature relating to health data and statistical analysis.
- Maintain close liaison with the Statistical Unit of the Ministry of Health
- Maintain close liaison with the Department of the Census.
- Maintain close liaison with ISSER.

5. Purpose of the Position

To assure competence within the Health Planning Unit on matters relating to the collection analysis and evaluation of health related data and statistics.

6. Scope of Responsibilities

6.1 For Personnel: Directly in charge of any personnel that may be temporarily or permanently assigned to the data section.

6.2. Records:

- Maintain records of meetings and correspondence relating to health data, its collection and analysis.
- Maintain records including health data and its statistical analysis.
- Keep data records in a utilizable format as may be required by other sections of the Unit.
- Collect special data as individual projects may require.
- Develop such charts and analysis as may be indicated for the planning documents.

7. Authority and Limitations

7.1 Personnel:

- Assign duties to personnel assigned to the section.
- Define tasks and delegation within the section.
- Set up standards of performance within the scope of the Section.
- Evaluate members of the section.

7.2 Materials:

- Such control as may be delegated by the director or his deputy.

7.3 Expenditures:

- Only as authorized by the director or his deputy.

Job Description: Economist

1. (a) Job Title Director, Health Economic Planning
- (b) Rank Senior Officer
2. (a) Section Health Economic Planning
- (b) Division Health Planning Unit
- (c) Department Ministry of Health
3. Reports to: Director, Health Planning Unit

4. Section Functions

4.1 General

- Provide guidance to the health planning unit in matters relating to the financing, costing, budgeting and monetary projects relating to health plans for the Government of Ghana - Ministry of Health.

4.2 Specific

- Overall management of those projects relating to costing, projection and costs projections of funds available to the health sector.
- Monitoring the economic trends both in Ghana and as trends elsewhere influence the Government of Ghana.
- Maintenance of statistics relative to fiscal matters of interest to the Health Planning Unit.
- Design of studies relating to economic factors in the health sector.
- Maintain liaison with the Ministry of Economic Planning and the Ministry of Finance.
- Maintain liaison with other institutions interested in economic matters, such as the University of Ghana, the World Bank, the Bank of Ghana.

- Advise the planning unit as to the economic impact of developing plans.
- Prepare an economic analysis for the various segments of the health plan as it is developed.
- Maintain intimate working relationship with that section of the Ministry of Health responsible for preparation of the annual budget.

5. Purpose of Position

To assure fiscal responsibility and economic reality in the planning process relating to the national health plan.

6. Scope of Responsibilities

- 6.1 For Personnel: Directly in charge of any personnel that may be temporarily or permanently assigned to the economic section.
- 6.2 Records:
- Maintain records of meetings and correspondence relating to economics.
 - Keep up to date all statistical information relating to economics.
 - Develop the economic component of any document produced by the unit.

7. Authority and Limitations

7.1 Personnel

- Assign duties to personnel assigned to the section.
- Define tasks and delegation within the section.
- Set up standards of performance within the scope of the section.
- Evaluate members of the section.

7.2 Materials:

- Such control as may be delegated by the director or his deputy.

7.3 Expenditures;

- Only as authorized by the director or his deputy.

Job Description: Facilities

1. (a) Job Title Director Facilities Planning
- (b) Rank Senior Officer
2. (a) Section Facilities Planning
- (b) Division Health Planning Unit
- (c) Department Ministry of Health
3. Reports to: Director, Health Planning Unit

4. Section Functions

4.1 General:

- Provides guidance to the Health Planning Unit in matters relating to all aspects of planning, design, construction, alterations and maintenance of health care facilities, particularly for functional matters directly affecting care and treatment of patients.

4.2 Specific:

- Overall management of health facilities planning projects and personnel assigned to facilities planning activities within the Health Planning Unit.
- Maintenance of statistics relating to facilities completed, including their maintenance status and utilization patterns, under construction, and proposed.
- Maintains projections of facilities needed to fill Ghana's Health goals.
- Develops a facilities master plan for Ghana.
- Responsible for in-service training in facilities design.
- Cooperate with other sections in maintaining a reference catalogue (on relevant facilities design topics).
- Develop a budget for the facilities planning section.
- Conducts on site visits to proposed projects and assures that the proposers of the project are conversant with the relationship of the project to the master plan.
- Provides guidance to project proposers to insure functional rationality to the proposed project.

- Provides a primary point of contact and coordination for all activities relating to facilities planning, design, maintenance and construction.
- Maintains close working relationships with the Public Works Department on matters relating to Health Facilities.
- Maintains liaison with the Ministry of Economic Planning to insure competence in matters relating to capital project programming and the facilities maintenance budget.

5. Purpose of Position

To assure competence within the Health Planning Unit on matters relating to the design, location and need for health facilities. To assure awareness of costs and relevance of proposed health facilities. To assure that adequate provision for maintenance is included in the recurring budget.

6. Scope of Responsibilities

- 6.1 For Personnel: Directly in charge of any personnel that may be temporarily or permanently assigned to the Facilities Section.
- 6.2 Records:
- Maintain records of meetings and correspondence relating to health facilities planning.
 - Keep up to date all statistical information relating to health facilities planning.
 - Maintain a file of line drawings or sketches of health facilities proposed and under construction, including additions and major alterations affecting function of the facility.

7. Authority and Limitations

7.1 Personnel:

- Assign duties to personnel assigned to the section.
- Define tasks and delegation within the section
- Set up standards of performance within the scope of the Section.
- Evaluate members of the section.

7.2 Materials:

- Such control as may be delegated by the director or his deputy.

7.3 Expenditure: Only as authorized by the director or his deputy.

Job Description: Manpower

- | | |
|------------------|--------------------------------|
| 1. (a) Job Title | Director Manpower Planning |
| (b) Rank | Senior Officer |
| 2. (a) Section | Manpower |
| (b) Division | Health Planning Unit |
| (c) Department | Ministry of Health |
| 3. Reports to: | Director, Health Planning Unit |

4. Section Functions

4.1 General

Provide guidance to the Health Planning Unit in matters relating to the health manpower status of Ghana.

4.2 Specific

- Overall management of health manpower projects and personnel assigned to manpower planning projects within the Health Planning Unit.
- Maintenance of statistics relating to manpower in cooperation with the data section.
- Design manpower studies as may be from time to time be indicated.
- Maintain projections of manpower needs as relates to publish or anticipated national health policy.
- Maintain projections of manpower production in the health sector.
- Responsible for in-service training in manpower matters.
- Cooperate with other sections in maintaining a reference catalogue (on relevant manpower topics).

- Be conversant with the literature relating to health manpower.
- Develop a budget for the manpower section.

5. Purpose of Position

To assure competence within the Health Planning Unit on matters relating to the identification, production and utilization of health manpower and the planning for manpower requirements for Ghanaian health programs.

6. Scope of Responsibilities

6.1 For Personnel: Directly in charge of any personnel that may be temporarily or permanently assigned to the manpower section.

6.2 Records:

- Maintain records of meetings and correspondence relating to manpower.
- Keep up to date all statistical information relating to manpower.
- Develop the manpower component of any document produced by the unit.

7. Authority and Limitations

7.1 Personnel

- Assign duties to personnel assigned to the section.
- Define tasks and delegation with the section.
- Set up standards of performance within the scope of the section.
- Evaluate members of the section.

7.2 Materials:

- Such control as may be delegated by the director or his deputy.

7.3 Expenditures:

- Only as authorized by the director or his deputy.

ANNEX IV

EXECUTIVE DEVELOPMENT SEMINAR

for

MINISTRY OF HEALTH - GHANA

GOAL:

- To acquaint the executives of the Ministry of Health with the managerial techniques to be taught their subordinates in the Regional Management Seminars.
- To update, improve and further develop the managerial and planning skills of key Ministry of Health executives (Regional Medical Officers and top Ministry Officials).
- To develop a framework for identifying the need in the field of Health which will serve as the basis for the 76.77 Budget.

SPECIFIC OBJECTIVES:

To assist each executive:

1. to become aware of his own style of management, of operation and method of leadership;
2. to develop a greater awareness and skill in handling of inter and intra group dynamics at work;
3. to improve coordination;
4. to develop understanding and practice of motivational factors;
5. to improve planning and implementation of the plan;
6. to develop skills in identifying needs in the Health field and integrating this knowledge into the planning process.

PROPOSED SEMINAR

The seminar experience will produce in the executives greater insight into their own potential to influence the course and quality of input with which they are associated. It will stimulate their desire to experiment with various styles and techniques of management and to appropriately adapt their behaviour pattern and management approaches to existing conditions and circumstances. It will provide greater team-effort toward the attainment of objectives determined during the seminar. It will, in short, produce measurable results. It will also acquaint the RMOs with the managerial techniques to be taught to their subordinates in the Regional Management Seminars.

The Seminar structure and content have been developed from a broad background of experience in developing countries. It has been widely tested, and proven effective. The methodology used in all segments of the program is highly participative; It includes case studies, gaming simulation, individual and group exercises, and practice in the use of managerial skills.

SEMINAR CONTENT

Tri-Dimensional Grid:

This involves a diagnosis and self-analysis of the individual managerial style of each trainee, and study of effective and in-effective styles. On this basis, the executives interpret their on-the-job behaviour and evaluate their effectiveness as related to task and relationship oriented behaviour. Specific areas for improvement are identified individually by using the insights thus gained.

Motivation and Productivity:

This segment addresses itself to some of the factors involved in motivation which effect the extent to which a manager is able to maintain an optimal productive output by working through people. Included are tools of motivation (Job Enrichment), discussions, exercises, and a case study, -- all focussing on cultural variations.

Group Dynamics:

This highly participative segment is designed to give executives an awareness of how behavioural processes may be used to get desired cooperation from other people in spite of existing difficulties. It will include verbal and non-verbal communications, dynamics of group action, the individual in a group, organizational and individual needs, and a life planning exercise. The end result is a greater team-effort.

Management by Objectives:

Identification of needs and objectives, programmin; these objectives and implementation of objectives will be outlined and practiced. Based upon this, a technique and process of decision-making, and planning will be presented. These objectives will be real-life and usable on-the-job. A framework to serve as the basis for the 76.77 Budget will also be developed by the manager.

Management Gaming Exercise:

10 to 11 hour Management Game designed to give participants simulated experience in budgeting, planning, programming, problem-solving and decision-making. The game also provides opportunity for participants to experiment with new behaviour and test working effectiveness as a team.

**PROPOSED SCHEDULE
EXECUTIVE DEVELOPMENT SEMINAR**

		Monday	Tuesday	Wednesday	Thursday	Friday
1st. week	8-12	Tri-Dimensional Grid		Group Dynamics	Motivation and Productivity	
	2-4:30					
2nd week	8-12	Management by Objective (Planning)		Organizational Characteristics	Management Game	Game Analysis -----
	2-4:30			Mgt. Game Preparation		Future
	4:30- 8:00	- Open -			Exercise	- Open -

ANNEX V

Activities included in the Management Systems Plan under the UCLA Contract.

- a. Identification of priority health problems to be addressed;
- b. Development of a system for insuring effective concentration of the Ministry's human, financial and material resources on the identified priority problems;
- c. Assurance of effective communications between organizational units and among various echelons of the Ministry as well as between headquarters and field units of the Ministry;
- d. The efficient delivery of health services to the widest possible segment of the population at minimum cost consistent with effectiveness;
- e. The creation of an adequate management information and evaluation system;
- f. Budgetary formulation procedures which take account of the necessity to initiate the process in the field so that priority program problems can be addressed in line with suitable central guidelines;
- g. Linkage of the program planning system to both the budgetary process and the Ministry's administrative/management structure.

ANNEX VI

MINISTRY OF HEALTH PLANNING UNIT

October 6, 1975

WORK PLAN FOR PERIOD
6 OCTOBER - 8 DECEMBER, 1975

Prepared by:

Dr. Newman
Mr. Cofie
Ms. Samarasinghe
Dr. Prince
Dr. Zukin
Mr. Neill

A series of preliminary reports will be prepared by the Planning Unit for presentation at the Management meeting on 8 December. This is a logical follow-on to the work already started, the visits to the regions, and the meeting in Ho. The following tasks were outlined following the 8 December agenda:

a. and b. Transport Projects

(Responsible: Mr. Cofie)

- (1) Review all previous reports and data including those drawn up by Caplan and Goo.
- (2) Check literature sources to obtain information on standard systems used elsewhere.
- (3) Check with other Ministries, including the Ministry of Transport and Communications.
- (4) Check private sector.
- (5) Prepare questionnaire to submit to Regions.
 - (i) Review questionnaire in person with one Region to make certain it is ok.
 - (ii) Send to regions, collect data, compile, analyze and prepare report.
- (6) Preliminary list of questions for survey.

Standardization of Vehicles

- (i) Number, type, make of vehicles.
- (ii) Age, condition (by degrees)
- (iii) Use to which vehicles are put.
- (iv) Operating and maintenance cost.
- (v) Type of roads (class) and mileage.

Spare Parts Inventory, Supply and Control

- (i) Types of parts and frequency of need (i.e., demand)
- (ii) Inventory of existing parts
- (iii) Repairs - type of repair and location of shop (District, Region, Tema)
- (iv) Length of time vehicle stays at workshop (i.e., "downtime")
- (v) Where are spare parts obtained, time to acquire them
- (vi) Cost data

c. Health Posts, Health Centres Module Costs (Responsible: Mr. Addov)

- (1) Prepare preliminary report using data from joint work with Mr. Hastings.
- (2) Examine alternatives -- stress need for a new low-cost Health Post within the resources available.

(Mr. Coffie noted that existing costs are approximately ₵250,000 for a Health Post and 3 or 4 times that for a Health Centre)

d. Health Needs Assessment (Responsible: Dr. Newman)

- (1) Prepare preliminary report based on visits to the Regions.
- (2) Check consistency of morbidity and mortality statistics already collected, revise, interpret and draft in report form to submit at 8 December meeting.
- (3) Prepare draft of proposal for conducting a special study of the incidence, cost of prevention and cost of treatment of measles.

e. Human Resources (Responsible: Ms. Samarasinghe)

- (1) Collect, analyze data from survey sent to regions 25 September.
- (2) Prepare preliminary, 5 year forecasts.
 - (i) Send thank-you letter to Regions and request 5-year forecast data.
 - (ii) Relate to manpower development. Consider change in emphasis of health care delivery

(Dr. Prince will be available as resource)

f. Facilities Report (Responsible: Mr. Addo)

- (1) Planning Unit discuss this item with Mr. Addo when joins the unit later in the month.

g. Finance Report (Responsible: Mr. Cofie)

(1) Draft a financial policy statement (by Committee Chairman, Mr. Arthur);

(2) Obtain regional budget data from regional officers.

(1) Prepare preliminary summary and analysis.

(3) Obtain data from ISSER (Dr. Selley) for input to analysis. Summarize for presentation to 8 December meeting.

h. Establishment of Planning Coordinating Committee

(1) Not high priority; withhold action for the present.

ANNEX VII

HEALTH PLANNING UNIT
P.O. BOX M-44
A C C R A

November 28, 1975

MEMORANDUM

TO THE COMMISSIONER FOR HEALTH.

FROM: DR. N.O. NEWMAN, ACTING HEAD, PLANNING UNIT.

SUBJECT

ACTIVITIES OF THE PLANNING UNIT SINCE
ITS ESTABLISHMENT

COPIES:

DIRECTOR OF MEDICAL SERVICES

DEPUTY DIRECTOR OF MEDICAL SERVICES (MANPOWER AND PLANNING)

SENIOR PRINCIPAL SECRETARY, MINISTRY OF HEALTH

DR. SAAKWA MANTE

DR. NORBERG, UNICEF

MR. WILLIAM BERG, USAID

DR. J.S. PRINCE, USAID

non/t/men.

HEALTH PLANNING UNIT
MINISTRY OF HEALTH

During the early part of 1975, a PLANNING UNIT was formed within the Ministry of Health. An agreement between the Ministry, the United States Agency for International Development (USAID) and Kaiser Foundation International (KFI) was reached for a collaborative effort to implement the programme. (Copy of Project Agreement attached).

OBJECTIVES OF THE UNIT

1. To assist in developing programmes for the delivery of decentralized generalized (combined preventive and curative) health services in a cost-effective manner.
2. To assist the Ministry to complete the Health Sector portion of the Government's FIVE YEAR DEVELOPMENT PLAN.
3. To help bring efficient and effective health services to people throughout Ghana by providing training for Ministry of Health staff in modern management principles and techniques and to provide this training especially at Regional levels.

STAFF OF THE UNIT

The Unit at the moment consist of:

- a) 1 Medical Officer
- b) 1 Senior Nursing Officer
- c) 1 Senior Hospital Secretary
- d) 1 Architect (on part time basis from A.E.S.C)

Although there are no establishment posts in the Unit for a statistician, social scientist or economist at present, it is intended that such posts be created in the near future. It is proposed that ISSER contract with the Ministry of Health to provide the PLANNING UNIT with such personnel. ISSER with the assistance of USAID has provided the services of an economist (now on leave in the United Kingdom). Until his departure for the United Kingdom in September, 1975, the economist, Mr. Richard G. Brooks, was assisting the Unit in identifying work that economists and sociologists could perform in the Unit, and also in obtaining the first reliable data on allocation of financial resources in the Ministry of Health Regional Offices. It is hoped that when he returns to the country early next year (1976) he will help review the budgeting process of the Ministry of Health and establish costing procedures and carry out additional costing studies with respect to the delivery of health services at all levels.

VISIT TO THE REGIONS

Soon after the establishment of the Unit, its members toured all the nine Regions to discuss problems facing each Region and to involve the Regional Staff in the activities of the Unit. The problems collected from the Regions were grouped under the following headings:

- a) Human Resources.
- b) Health needs identification, forecasting and services Selection.
- c) Financial Control.
- d) Production.

Since the Unit cannot tackle all the problems at once, it intends taking one or two and see how they could be solved with the help of those who are in a position to provide necessary information required. (Attached is a copy of the problems collected from the Regions).

EXECUTIVE DEVELOPMENT SEMINAR

Since the formation of the Planning Unit, two Executive Development Seminars each lasting two weeks have been organised in the Eastern and Central Regions and two shorter seminars have been held for top Ministry of Health Executives, one in Accra last June and one in September in Ho as part of the Semi-Annual Regional Medical Officers of Health convocation.

AIMS OF THE SEMINARS

- a) To acquaint the Executives of the Ministry of Health with modern managerial principles and techniques.
- b) To up-date, improve and further develop the managerial and planning skills of key Ministry of Health Executives at the Regional level - e.g. Regional Medical Officer of Health and his staff including representatives from the Districts and related Health Institutions.
- c) To develop a framework for identifying the needs in the field of Health which will serve as the basis of the 1976/77 budget.

Both Regional seminars were conducted by Mr. William Berg, Office of Development Administration, USAID and funded by UNICEF. We are really grateful to both Mr. Berg and UNICEF and we hope they will continue to render us their services throughout the rest of the seven other Regions. The same hope is extended towards Dr. Ichak Adizes who conducted the two shorter Headquarters seminars as a consultant furnished by the Project Contractor, Kaiser Foundation International. (An outline of the substantive material covered in the seminars is attached).

PRESENT ASSIGNMENTS OF THE UNIT

1. Transport Projects

- a) Review of all previous reports and data including those drawn by Caplan and Geo, (Consultants on Transport Facilities and Services provided by USAID).
- b) Check literature sources to obtain information on standard systems used elsewhere.
- c) Check with other Ministries including the Ministry of Transport and Communications.
- d) Check private sector.
- e) Prepare questionnaire to submit to Regions e.g.
 - i) Number, type and make of vehicles.
 - ii) Age and condition.
 - iii) Use to which vehicles are put and average mileage run in a year.

- iv) Spare parts inventory, supply and control.
- 2. Cost of operating Health Posts, Health Centres and appropriate portions or "Modules" thereof.
- 3. Health needs assessment.
- 4. Human resources (present and future) requirements and availability.

As soon as work on the present assignment is completed, a full Report with Recommendations will be issued to the Ministry.

RECOMMENDATIONS

- 1. Completion of postings of necessary Ghanaian Staff to man the Unit and provision of additional training for existing staff as appropriate.
- 2. Study of health problems in other African countries e.g. Tanzania and find out how those problems are solved.
- 3. Offices of the Unit should be sited in Ministry of Health, Headquarters if possible or at least closer to Headquarters than they are now. In any case, present location in a USAID rented building must be considered as only temporary expedient.
- 4. The Unit is to work hand in hand with the Centre for Health Statistics (now headed by Dr. Saakwa-Mante) for effective data collection and analysis.

ANNEX VIII

24 June 1974

NIMO/LUKIN

2ND DRAFT - ROLE AND FUNCTIONS OF MANAGEMENT/PLANNING
UNIT, MINISTRY OF HEALTH

In the context of national socio-economic development planning the Management/Planning Unit of the Ministry of Health will be actively engaged in the development and implementation of comprehensive health planning for the short, intermediate and long term at the national level and will provide guidance and assistance for planning at the regional and local levels. The following will constitute the principal responsibilities, functions, services and activities of the Management/Planning Unit in carrying out the scope of work detailed in the program agreement between the Ministry of Health and U.S.A.I.D.

1. Health Policy

To assist in the establishment of an overall National Health Policy, including decisions with respect to the level of support of health and the production of health manpower. In the context of that policy to assist in the delineation of the Ministry of Health's mission, goals, objectives and targets including participation in the establishment of criteria for setting priorities.

2. Data - Selection, Generation, Processing, Storage and Use

Independently and in conjunction with other Units, both in and out of the Ministry of Health to secure and/or develop data necessary for planning including an adequate management information system to monitor, control and evaluate planned programs and projects. Appendix I - details data requirements.

3. Development of Alternative Action Plans

To generate alternative solutions to health problems specifying what will be done, how, when, by and to whom, using what resources, ~~attainments~~ how goal achievement is to be verified and quantified and the costs and benefits and/or effects of each alternative.

/..... Evaluation

4. Evaluation

To develop practical and feasible measures of the outputs of health programmes and projects and their effect on health problems and health status and to prepare and integrate these evaluation components into the planning process.

5. Budget

To participate actively in the preparation and presentation of the Ministry's annual Capital Budget Estimates, properly integrated and co-ordinated with the annual recurrent (operating) budget, in liaison with Regional Medical Officers of Health. Towards this end, the Unit will develop a protocol to prepare, rank, justify and present project proposals for which capital expenditures are requested.

6. Training

- (a) In conjunction with various institutions in and out of Ghana to develop and help provide courses and in-service training in health systems management and health planning.
- (b) To arrange for the graduate education of selected individuals in disciplines pertinent to the management and planning of health services.

7. Other services/functions/activities

To provide other services, functions and activities to further the purposes of the Ministry of Health. These are outlined in Appendix II.

DATA CONSIDERATIONS

Two types of data are needed for management and planning:

- (1) routine data which are collected and processed continuously,
- (2) special data as required for specific decision making.

The following are some of the significant data required:

- (a) Data to quantify health problems and on which to forecast future trends.
- (b) Demographic characteristics and trends.
- (c) Technology available and/or anticipated to prevent, alleviate or cure health problems.
- (d) Resources needed to prevent, alleviate or cure health problems, their source, their anticipated level and availability and their development.
- (e) Costs of various health services and activities including supporting infrastructure.
- (f) Data concerning administrative, legal, institutional, social and cultural factors which bear on health status and on the health care system.
- (g) Demand for and utilization of health services and facilities.
- (h) Environmental factors, relating to health problems per se and their effect on the delivery of health services.
- (i) Performance data pertaining to health facilities and services and health manpower.
- (j) Outputs of services and activities and their effect on health problems and health status (outcome).

SPECIALIZED SERVICES/FUNCTIONS/ACTIVITIES

- (1) To participate in the design and implementation of surveys and health services studies to generate specific information required for decision making.
- (2) To serve as a clearing house for information coming out of various pilot projects, studies (such as Danfa) etc.
- (3) To study selected issues and problems, on request e.g.
 - Financing the health care system in Ghana
 - Functional designs of various categories or types of health care facilities.
 - Relation of the Family Planning Program to other health services.
- (4) To provide consultations both in and out of the Ministry, where appropriate.
- (5) To assume any additional responsibilities assigned by the management of the Ministry to the Management/Planning Unit.

PROPOSED STRUCTURE OF THE MINISTRY OF HEALTH MANAGEMENT/
PLANNING UNIT

People Involved

For the Management/Planning Unit to carry out its tasks and perform its functions, the following staff is recommended

1. Director of the Unit

A senior level Medical Officer with formal training in public health at the D.P.H. or M.P.H. level, with experience as an R.N.O.H. This individual should have a keen appreciation of the issues and problems involved in providing health care in Ghana and should have had experience and preferably special training in health planning.

2. A Health Economist

This should be a practical (as differentiated from a theoretical) economist, preferably at the Ph.D. level, to be concerned with

- (a) Costing of various health services, supplies and facilities.
- (b) Productivity of health facilities and personnel.
- (c) Financing the health care system.
- (d) Effect of charges for health services and supplies on their demand and utilization.
- (e) Cost-benefit and cost-effectiveness analysis.

3. A Health Data Specialist

This person should either be a physician with a masters in biostatistics or a biostatistician at the Ph.D. level. The health data specialist will be responsible for the assembly and presentation of routine and special data required by the Unit.

4. An Epidemiologist

A physician with formal training (D.P.H. or M.P.H.) in Epidemiology.

5. Health Facility Designer

A hospital architect who would be responsible for both the architectural and functional design of various classes of health care facilities including health posts and centres as well as hospitals. There are at present serious delays in securing architectural services from the P.W.D. Furthermore, these P.W.D. services which had heretofore been provided without cost to the Ministry of Health will soon be charged for by P.W.D.

6. Medical Sociologist

This individual, preferably at the Ph.D. level, with experience in survey research would have the responsibility of designing and assisting in carryout surveys and other studies required to get needed information related to important social and cultural factors influencing demand for and use of health services. (Evidence indicates that as few as 20% of the population in some areas who have reasonable access to health care actually make use of these services - the reason for this need to be delineated so that suitable adjustments can be made).

7. Operations Researcher

This individual, preferably at the Ph.D. level, would be concerned with studying the actual operation of the health care system and to design and establish specific measures to improve efficiency and effectiveness.

8. Administrative and clerical support.

9. The UCLA group

A Senior Health Planning Adviser and up to 20 man months of consultants, during the initial 18 months time frame of the project.

While it would highly be desirable to have the various personnel identified assigned to the Management/Planning Unit, it is recognized that this may not be possible, first because the required personnel may not be available, and second, because physically there may not be space available for them in the Management/Planning Unit. Therefore, a number of these

positions will probably have to be filled by seconding people for part time service, from another organisation - e.g. from the biostatistics and epidemiology divisions of the Ministry, the medical sociologist from the Medical School or Legon, the operations researcher from Legon or one of the management institutions such as Greenhill.

Organizational Arrangements

We believe the Management/Planning Unit should be physically located in the Ministry of Health Headquarters to provide close accessibility to the Commissioner and other top officials. Fortnightly, regular meetings should be held with the Commissioner and other top officials to provide appropriate guidance and clarify issues. These regular meetings will also assure that the Unit will make a maximum contribution to the Ministry meeting its objectives.

ANNEX IX
PROBLEM LIST
MARKETING (NEEDS ASSESSMENT)

LACK OF COMMUNITY INVOLVEMENT IN HEALTH.
PUBLIC NOT HEALTH EDUCATED - NOT INVOLVED IN HEALTH MAINTENANCE.
SOME DISEASES CONSIDERED CULTURALLY AS CURSE.
PUBLIC ACCEPTS DISEASE AS A NORMAL WAY OF LIFE.
IMPROPER DIETARY HABITS.
INSUFFICIENT SANITATION.
ABSENCE OF PUBLIC HEALTH ACT.
LACK OF PROPER SUPERVISION OF PRIVATE CLINICS AND HOSPITALS.
INCOMPLETE IMMUNIZATIONS.
CURATIVE RATHER THAN PREVENTIVE OUTLOOK?
NO AVAILABLE DATA ON BIRTHS AND DEATHS.
DISEASE MORBIDITY (READILY AVAILABLE).
RURAL AREAS AT SPECIAL DISADVANTAGE MEDICALLY.
SAFETY AT WORK NEEDS? (E.G. FACTORIES, MINES, ETC.).
NOT ENOUGH SPECIALISED MEDICAL SERVICES.
CAN WE USE TRADITIONAL MEDICAL SERVICES BETTER?
LACK OF REGIONAL HEALTH POSTURE PLANNING.
LACK OF MODEL HOSPITAL IN EACH REGION.
HEALTH INSTITUTIONS BUILT WITHOUT CONSULTING USERS.
LACK OF URBAN PLANNING - SLUMS - WITH HEALTH PROBLEMS.
PRESTIGIOUS PROJECTS (WRONG PLACE, SIZE, FOR WRONG PEOPLE, ETC.).
POOR ROADS - (HEALTH FACILITIES INACCESSIBLE).
LACK OF ACCOMMODATION FOR DISABLED IN COMMUNITY.
INADEQUATE REHABILITATION FOR TUBERCULOSIS, LEPROCY, ETC.
INADEQUATE OCCUPATIONAL HEALTH PROTECTION IN MINES, FACTORIES, ETC.

PRODUCTION
(FACILITIES AND SUPPLIES)

HEALTH INSTITUTIONS BUILT WITHOUT CONSULTING THE USERS.
LACK OF STANDARDIZATION IN BUILDING DESIGNS.
NOT ENOUGH SPECIALIZED MEDICAL SERVICES.
PRESTIGIOUS PROJECTS - WRONG PLACES, SIZES, PATIENTS.
POOR ROADS - HEALTH FACILITIES INACCESSIBLE.
LACK OF ACQUISITION OF ENOUGH LAND FOR FUTURE HEALTH FACILITIES EXPANSION.
LACK OF INFRASTRUCTURE - ROADS, WATER, ETC.
POOR TECHNOLOGY IN HOSPITALS.
LACK OF URBAN PLANNING - SLUMS- WITH HEALTH PROBLEMS.
MULTI-STORY HOSPITALS WITH NO SPARE PARTS - LIFTS.
NO SPARE PARTS OF MAINTENANCE OF HOSPITAL EQUIPMENT.
MAINTENANCE FUNDS SHOULD BE IN M.O.H. NOT P.W.D.
CENTRALIZATION OF CONTRACTING FOR MAINTENANCE SERVICE FOR THE WHOLE COUNTRY.
EQUIPMENT SENT FOR REPAIR NOT RETURNED - FREQUENT BREAKDOWNS.
LACK OF MAINTENANCE WORKSHOPS IN HOSPITALS.
BUYING AVAILABLE EQUIPMENT ALTHOUGH UNSUITABLE.
LACK OF STANDARDIZATION IN EQUIPMENT, DRUGS, MACHINES.
CENTRALIZATION OF DRUG PURCHASING WITHOUT CONSULTING REGIONS.
WASTE AND ABUSE IN DRUGS, TRANSPORTATION, EQUIPMENT, ETC.
SHORTAGE OF PARTS, EQUIPMENT, DRUGS, ETC. (ESPECIALLY SANITARY).
INSUFFICIENT MEDICAL SUPPLIES AND OTHER STORES (VACCINES).
LACK OF TRANSPORT ALLOCATION FROM CENTRAL POOL (HEADQUARTERS) TO THE REGIONS.
LACK OF TRANSPORT FOR PERSONNEL TO GET TO THE PEOPLE.
BAD INVENTORY CONTROL OF DRUGS AND OTHER ITEMS.
NO READILY AVAILABLE INFORMATION ABOUT EQUIPMENT.
LACK OF ACCOMMODATION FOR PERSONNEL IN HOSPITALS AND OTHER FACILITIES.
LACK OF RESEARCH AND LIBRARY FACILITIES.
LACK OF TELECOMMUNICATIONS.
LACK OF WATER, ELECTRICITY AND KITCHEN IN SOME FACILITIES.
LACK OF SECURITY, SHELVING, DISTRIBUTION OF STORES.
LACK OF BEDS IN HOSPITALS.
LACK OF MODEL HOSPITAL IN EACH REGION.

FINANCE

EXCESSIVE PILFERING OF EQUIPMENT AND DRUGS.
MISAPPROPRIATION OF FUNDS.
OFFICERS CHARGED FOR LOSS - EQUIPMENT NOT USED.
WASTE AND ABUSE OF DRUGS - EQUIPMENT, TRANSPORT.
LACK OF COST ACCOUNTING AND EXPENSE CONTROL.
LACK OF CONTROL OF FEES COLLECTED FOR SERVICES.
COST OF MEDICAL SERVICES UNKNOWN.
IMPROPER CONTROL OF ALLOCATED FUNDS.
THE PUBLIC SHOULD CONTRIBUTE MORE TO THE COST OF MEDICAL SERVICES?
INSUFFICIENT MONETARY RESOURCES FOR HEALTH.
WHERE ELSE CAN WE GET MONEY FOR HEALTH?
CENTRALIZED BUYING OF DRUGS AND EQUIPMENT WITHOUT REQUIRED INPUT.
OVER-CENTRALIZATION OF DECISION MAKING.
LACK OF PROPER BUDGET FOR UNIFORMS FOR STAFF.
CAPITAL AND CURRENT BUDGETS NOT NECESSARILY RELATED.
HEALTH PLANS MADE TO FIT WITH RESOURCES RATHER THAN VICE VERSA.
WHAT IS REQUESTED IS NOT APPROVED IN BUDGET.
BUDGETS CUT BY MINISTRY OF FINANCE INSTEAD OF MINISTRY OF HEALTH.
INADEQUATE BUDGET FOR SPARE PARTS AND MAINTENANCE.
AVAILABILITY OF MONEY FOR MINISTRY OF HEALTH UNKNOWN BEFORE PREPARATION OF BUDGET.
IMPROPER ALLOCATION OF FUNDS FOR DRUGS, EQUIPMENT, ETC. BETWEEN HEADQUARTERS AND THE VARIOUS REGIONS.
COMPETITION BETWEEN REGIONS FOR FUNDS - CAPITAL BUDGET NOT COORDINATED IN MINISTRY OF HEALTH.
WHAT IS BUDGETED DOES NOT ALWAYS ARRIVE.
PRIORITIES BETWEEN MENTAL, DENTAL AND MEDICAL HEALTH TO BE CLARIFIED.
MAINTENANCE FUNDS IN THE HANDS OF P.W.D. NOT IN THE HANDS OF M.O.H.
CENTRALIZED CONTRACTING FOR MAINTENANCE OF SERVICES IN THE WHOLE COUNTRY.
MAINTENANCE BUDGET SHOULD APPEAR IN THE REGIONAL BUDGETS AND CONTROLLED BY THE REGIONS.

HUMAN RESOURCES

LACK OF DISCIPLINE.

UNNECESSARY ANAESTHETIC AND MATERNAL DEATHS.

UNCLEAR DISTRIBUTION OF AUTHORITY BETWEEN MINISTRY OF HEALTH AND PROFESSIONALS.

FREQUENT RESIGNATIONS.

POOR INFORMATION MANAGEMENT (HEADQUARTERS) IN THE MINISTRY OF HEALTH.

LACK OF REINFORCEMENT IN MIDWIVES ACT.

APATHY BY SOME MINISTRY OF HEALTH WORKERS.

PREVALENCE OF "QUACK DOCTORS."

WASTE AND ABUSE IN DRUGS, EQUIPMENT, ETC.

LACK OF COORDINATION BETWEEN M.O.H. AND OTHER PUBLIC CORPORATIONS.

EXCESSIVE ALCOHOLISM AND SMOKING.

HIGH INFANT MORTALITY.

POOR IMPLEMENTATION.

RURAL AREAS AT SPECIAL DISADVANTAGE MEDICALLY.

PROCRASTINATING IN DECISION MAKING.

LACK OF JOB DESCRIPTIONS.

WORK SUPPLICATION.

PERSONNEL EVALUATION NOT ALWAYS GENUINE.

ABUSE OF AUTHORITY AND MISUSE OF PERSONNEL.

ADHERING TOO MUCH TO QUALIFICATION INSTEAD OF EXPERIENCE.

HOW TO AVOID "STRING PULLING."

POOR INFORMATION MANAGEMENT.

LETTERS, REQUESTS DO NOT GET ANSWERED.

MAIL GETS LOST.

CONFIDENTIALITY NOT KEPT.

NOT ENOUGH VISITS FROM HEADQUARTERS TO REGIONS; REGIONS TO DISTRICTS;

HEADQUARTERS TO DISTRICTS.

INTERFERENCE FROM HEADQUARTERS IN REGIONAL MATTERS.

POOR FILING SYSTEM.

COST BENEFIT ANALYSIS: - COMMUNITY/PUBLIC HEALTH NURSE.
GRADUATE PROFESSIONAL NURSE/AUXILIARY
NURSE.
SPECIALIST/G.P.
G.P./HEALTH CENTRE SUPERINTENDENT.
NUTRITION TECHNICAL OFFICER/PUBLIC
HEALTH NURSE/COMM., HEALTH NURSE.

CAN TRADITIONAL MEDICAL RESOURCES BE USED?

OVER-RELIANCE ON QUALIFYING FINAL EXAMINATIONS. (LACK OF CONT.
EVALUATION).

SALARY, INCENTIVES, DESIGNATION, PROMOTIONS, RECOGNITION, ETC.

LACK OF COMPREHENSIVE M.O.H. SALARY ADMINISTRATION.

(SOME GET MORE THROUGH LOBBYING).

INEQUITABLE DISTRIBUTION OF ALLOWANCES.

LACK OF PROPER RECOGNITION FOR PUBLIC HEALTH INSPECTORS BY MINISTRY
OF HEALTH.

FREQUENT RESIGNATIONS.

INCONSISTENCIES IN FRINGE BENEFITS IN GOVERNMENT DEPARTMENTS.

LIMITED AVENUES FOR PROMOTION OF ALL STAFF.

UNSATISFACTORY APPOINTMENT PROCEDURES.

LACK OF CAREER PLANNING (ESPECIALLY COMMUNITY HEALTH NURSES).

SENIOR OFFICERS GET MORE PRIVILEGES THAN JUNIORS.

LACK OF INCENTIVES TO GO TO RURAL AREAS AND UNPOPULAR POSTS.

LACK OF HAZARD PAY.

ROYAL SCHOOL OF HEALTH QUALIFICATION NOT GIVEN PROPER RECOGNITION.

FRINGE BENEFITS NOT DISCLOSED AT TIME OF EMPLOYMENT.

PERSONNEL RULES, RIGHTS AND REGULATIONS UNKNOWN OUTSIDE HEADQUARTERS.

LACK OF PROPER DESIGNATION FOR RURAL HEALTH INSPECTORS.

MEDICAL AND PARAMEDICAL PERSONNEL DO NOT WANT RURAL ASSIGNMENTS.

LACK OF INCENTIVES TO BE A GOOD WORKER.

BRAIN DRAIN - OUT OF GOVERNMENT - OUT OF GHANA

LACK OF PERSONNEL - ALL CATEGORIES.

LACK OF TRAINED STAFF - PROFESSIONAL AND MANAGEMENT.

POOR FEEDBACK.

OFFICERS IN CHARGE PAYING FOR LOSSES - THUS EQUIPMENT IS NOT USED.

RIGID CIVIL SERVICE REGULATIONS.

TOO MANY TYPES OF BASIC NURSING TRAINING PROGRAMS.

LACK OF CONTINUING EDUCATION AFTER QUALIFICATION.

LACK OF TEACHING FACILITIES.

POOR RECRUITMENT - UNQUALIFIED STAFF.

(TOP PEOPLE AT MINISTRY OF HEALTH CONSTANTLY

INTERRUPTED - NO SECRETARIAL SERVICES).

FAILURE TO DETERMINE PRIORITIES (a) MANPOWER.

INVENTORY OF PERSONNEL.