

A.I.D. EVALUATION SUMMARY - PART I

PD-ABC-616
70918

1. BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS.
2. USE LETTER QUALITY TYPE, NOT "DOT MATRIX" TYPE.

IDENTIFICATION DATA

<p>A. Reporting A.I.D. Unit:</p> <p>Mission or AID/W Office <u>GHANA</u> (ES# _____)</p>	<p>B. Was Evaluation Scheduled In Current FY Annual Evaluation Plan?</p> <p>Yes <input type="checkbox"/> Slipped <input checked="" type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY <u>90</u> Q <u>4</u></p>	<p>C. Evaluation Timing</p> <p>Interim <input type="checkbox"/> Final <input checked="" type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/></p>
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D. Activity or Activities Evaluated (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report.)					
Project No.	Project /Program Title	First PROAG or Equivalent (FY)	Most Recent PACD (Mo/Yr)	Planned LOP Cost (000)	Amount Obligated to Date (000)
698-0462.41	Family Health Initiatives II Private Sector Midwives and Family Planning Project	87	6/91	\$2,054 (\$1,056 Mission, \$998 Central Funds)	\$998

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director	Name of Officer Responsible for Action	Date Action to be Completed
<p style="text-align: center;">Action(s) Required</p> <p>American College of Nurse-Midwives (ACNM) technical assistance will be limited to technical training. Managerial and organization TA for Ghana Registered Midwives Association (GRMA) will be handled through local agencies. (Action - HPN).</p> <p>More attention should be paid to management issues at other PVOs assisting in the follow-on project. (Action - HPN).</p> <p>Assistance to GRMA will be continued. (Action - OAR)</p>	<p>Dan Blumhagen</p> <p>Dan Blumhagen</p> <p>Joseph Goodwin</p>	<p>9/91</p> <p>9/91</p> <p>9/91</p>
(Attach extra sheet if necessary)		

APPROVALS

F. Date of Mission Or AID/W Office Review Of Evaluation:				(Month)	(Day)	(Year)
G. Approvals of Evaluation Summary And Action Decisions:						
	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director		
Name (Typed)	Dan Blumhagen		Robert E. Wuertz	Joseph B. Goodwin		
Signature						
Date	7/23/91		7/22/91	4/2/91		

ABSTRACT

H. Evaluation Abstract (Do not exceed the space provided)

SUMMARY - The project has succeeded in achieving its major objective of increasing family planning service delivery by private sector midwives. As a result of the project, not only has the delivery of service improved, but Ghana Registered Midwives Association (GRMA) has changed from a sorority of midwives to an internationally respected professional organization. Monitoring of family planning, antenatal, and delivery services has been institutionalized; public relations activities have expanded; the GRMA has changed its organizational structure to support its expanded role. The improvement has taken place because of ACNM's technical assistance for training and development of the support system has had excellent results. Assistance to develop the office management system was also necessary. However, it might have been provided more efficiently by a local management firm. And there are still organizational concerns, including the low level of pay for the staff and the lack of adequate planning and management capabilities. Though not a perfect organization, the GRMA project has come close to achieving its original intent, and that is a strong signal of success.

COSTS

I. Evaluation Costs

1. Evaluation Team		Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. \$)	Source of Funds
Name	Affiliation			
Karen Berrey	POPTech	24	\$23,000	641-0109
Nancy Nolan	REDSO/WCA	24	-	-
Joanna Laryea	USAID/GHANA	24	-	-
Mary Osae-Addae	MINISTRY OF HEALTH	24	-	-
2. Mission/Office Professional Staff Person-Days (Estimate) _____ 48		3. Borrower/Grantee Professional Staff Person-Days (Estimate) _____ 24		

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A.I.D. EVALUATION SUMMARY - PART II

SUMMARY

J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided)

Address the following items:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Purpose of evaluation and methodology used • Purpose of activity(ies) evaluated • Findings and conclusions (relate to questions) | <ul style="list-style-type: none"> • Principal recommendations • Lessons learned |
|--|--|

Mission or Office:

Date This Summary Prepared:

Title And Date Of Full Evaluation Report:

REPORT OF THE FINAL EVALUATION PRIVATE SECTOR MIDWIVES AND FAMILY PLANNING PROJECT, GHANA

Introduction

The Private Sector Midwives and Family Project grant agreement was signed on July 22, 1987, by REDSO/WCA and the American College of Nurses Midwives (ACNM). The purpose of the project was to assist the Ghana Registered Midwives Association (GRMA) to increase access to quality family planning services and information through the private sector midwives who constitute its membership. Major activities included 1) strengthening the institutional capability of GRMA, 2) developing family planning training courses and continuing education for GRMA members, 3) providing information, education and communication (IEC) together with family planning commodities and other support services and 4) developing an evaluation and research system.

The objectives of the final evaluation were to assess the progress to date under the project grant agreement, the validity of the original project design and assumptions, the impact of project activities, and the contribution made by the project to family planning service delivery in the private sector. Evaluation methods included review of relevant documents; interviews with officials of the Ministry of Health (MOH), USAID and GRMA, site visits to maternity homes and interviews with member midwives; and discussions with representatives of other organizations which cooperated in the project.

The project has achieved most of its goals. While there is room for improvement in some areas, accomplishments to date are impressive. If one were to compare the GRMA trained midwives to their trained counterparts in other West African countries, the positive attitude and confidence of the GRMA midwives would be unequalled in the region. The clinical training provided by ACNM did more than enable midwives to provide quality family planning services: it has motivated them to upgrade or augment their knowledge and skills in other health interventions at their own expense.

Project Scope and Activities

The planned life of project expenditures are \$2.054 million but only \$998 million has been obligated as of the date of the evaluation. Of the obligated amount, about 5% each went to 1) operations research, 2) activities to spread information, and 3) participant training to strengthen the institutional structure. Over 10% went to direct training of midwives. About 15% went to directly support the GRMA operation in Ghana. The remainder of the funds went to the ACNM for technical assistance and administrative costs.

Project Targets and Accomplishments

Target: Have 25,808 new acceptors of family planning. To date, reports from midwives indicate that 19,000 women have accepted family planning methods. Twenty-five percent of midwives have not yet filed reports. If the non-reporting midwives were as successful as the reporting midwives, 25,300 people would have accepted family planning, quite close to the objective of 25,808.

Target: Train 100-150 private sector midwives in basic family planning services. The target was revised to 200 midwives. By June 1990, 218 midwives had been trained.

Target: Train 100-150 Midwives in basic business and management skills. As of mid-1990, 238 were trained.

Target: Have 100 Family planning service support visits. As of the end of 1990, there were 241 visits.

Target: Have 100 Maternity Centers providing family planning services. As of end of 1990, there were 168.

Target: Have 172,050 patients receive family planning health education. It did not prove possible to collect data on the number of patients receiving health education.

Lessons Learned

1. During a project's planning phase, careful consideration must be given to the issue of sustainability and means to achieve it must be outlined. Adequate attention should be given to income generation in order to make sustainability possible before project funding ends. Plans should also identify all technical skills required for the staff to maintain the program.
2. Even though a project may be implemented by a private sector organization, the continued assistance and support provided by the public sector is important. This project, for example, might not have been as successful if the MOH had been less supportive.

3. The necessity of investing in support systems for project activities should not be underestimated. Support systems include vehicles, typewriters, personal computers, office supplies, telex and other communication devices, support staff, etc.
4. Salaries for the staff of an NGO must be competitive at the national level to ensure that staff can be recruited, will remain committed, and will stay with the project.
5. When a project is undertaken with an organization that has no previous experience in project implementation, delays and waste of energy through frustration can be avoided if technical assistance is provided constantly until policies, procedures, and routines have been established.
6. Given the unique nature of GRMA, it is doubtful whether this project could be replicated in Ghana. However, some facets of this project may be replicable with NGOs in Ghana and elsewhere, particularly where midwives are encouraged to operate private services and have the support of their government.

Major Recommendations

Management

1. GRMA should make the recruitment of a new project director its first priority. Elected officers should be ineligible for this post.

Sustainability

2. Prior to the start-up of a follow-on project, GRMA should elaborate a five-year plan which includes goals and objectives, an illustrative timetable of specific activities, and technical assistance requirements to meet those objectives. GRMA should clarify the responsibilities of members and employees: officers could appropriately concentrate their efforts on policy matters, public relations, while salaried staff should concentrate on program planning and implementation issues.
3. The follow-on project should contact local Ghanaian firms and institutions (e.g MDPI, GIMPA) to ascertain to what extent they could assist GRMA to achieve financial self-sufficiency.

Technical Assistance

4. Under the follow-on project, ACNM technical assistance should be limited to the areas in which ACNM staff excel -- technical training and professional relations. If further management and office administration assistance is necessary, ACNM should sub-contract with a local firm to provide such services.

Personnel

5. ACNM and GRMA should negotiate salary increases for all project staff, augment the allowances authorized for support visits at the regional level, and revise the current project budget accordingly. As part of the budget exercise under the follow-on project, all personnel-related local costs, including per diems and honoraria, should be reviewed and compared to those in both the public and private sectors. New levels need to be established to ensure employee satisfaction and therefore management continuity and institution building. ACNM should subcontract with a qualified local firm, with expertise in human resource management, for this undertaking.

Training

6. In-country clinical training in IUD insertion should be provided in the follow-on project for selected midwives who are currently providing other family planning services. Basic training in family planning should be offered to GRMA members who have not yet received it. Training in Life-Saving Skills and other PHC skills should also be offered, if in keeping with the USAID mission's strategy for health. Further training in IEC and family planning motivation skills of midwives and their assistants should be considered.

ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

- (1) Final Evaluation Report.
- (2) January 10, 1991 cable from USAID/Accra to POPTECH.

COMMENTS

L. Comments By Mission, AID/W Office and Borrower/Grantee On Full Report

The Mission had comments on a draft evaluation which were not included in the final version. Hence, a copy of the Mission's cable is attached to this PES along with the final report.

Accra 0267

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AID 10 JANUARY 91
AIDREP:JBGGOODWIN
HPN:BLUMHAGEN:BA
PRM:EBIRGELLS, 2.ECON:BWUERTZ, 3.PDO:LKEEYS
AID3 AMB DCM

AIDREP
HPN
PRM
ECON
PDO

AMEMBASSY ACCRA
SECSTATE WASHDC, PRIORITY
INFO AMEMBASSY ABIDJAN

AIDAC DIRECT RELAY

AID/W FOR ST/POP/FPSD: ROCHELLE THOMPSON
ABIDJAN FOR REDSO/WCA: NANCY NOLAN

E.O. 12356: N/A

SUBJECT: MISSION RESPONSE TO GRMA EVALUATION

TO: BOB GILLETTE
DIRECTOR, POPTech
DUAL AND ASSOCIATES
1601 N. KENT STREET
SUITE 1014
ARLINGTON, VA 22209
FAX: (703) 358-9271
TEL: (703) 243-8666

REF: DRAFT REPORT OF THE FINAL EVALUATION: PRIVATE
SECTOR MIDWIVES AND FAMILY PLANNING PROJECT GHANA,
REPORT 90-091-118

1. USAID/ACCRA APPRECIATES WORK DONE BY GRMA EVALUATION
TEAM, AND BY THE POPTech EDITORIAL STAFF. IN REVIEW OF
SOW, WE FIND THAT ALL ISSUES HAVE BEEN ADDRESSED.
MISSION PARTICULARLY NOTES THE EFFORT MADE BY POPTech IN
THE REVISIONS BETWEEN DRAFTS OF 12/4 AND 12/19. THE
MISSION REVIEWED THE EARLIER DRAFT ON 12/21, AND WISHES
TO RAISE SOME ISSUES THAT SHOULD BE CONSIDERED IN THE
FINAL DOCUMENT.

2. THE FORMAT OF THE REPORT MAKES IT DIFFICULT TO GRASP THE MAIN POINTS AND USE LESSONS LEARNED IN PROJECT MANAGEMENT. MOST OF THIS WILL BE EASY FOR POPTECH TO RECTIFY. SPECIFICALLY, MISSION REQUESTS THAT THE RECOMMENDATIONS BE MADE MORE SPECIFIC, AND PUT INTO A FORM THAT LEND THEMSELVES TO MANAGERIAL AND PLANNING ACTIONS. THESE SHOULD BE PUT INTO BULLETED FORMAT, AND BE INCLUDED IN THE EXECUTIVE SUMMARY. (IN PART, THIS HAS BEEN DONE ALREADY.) PARTICULAR ATTENTION SHOULD BE PAID TO A BUSY MANAGER'S NEED TO GRASP THE MAJOR FINDINGS OF THE STUDY WITHOUT HAVING TO CAREFULLY READ EACH PAGE. RECOMMENDATIONS SHOULD BE REVIEWED AND PUT (IF POSSIBLE) INTO ORDER OF IMPORTANCE. ALL RECOMMENDATIONS THAT ARE IMPLICIT IN THE TEXT SHOULD BE MADE EXPLICIT. FOR EXAMPLE, THE RECOMMENDATION THAT ACNM ASSISTANCE BE LIMITED TO TECHNICAL TRAINING AND PROFESSIONAL RELATIONS IS A MAJOR RECOMMENDATION THAT IS CURRENTLY OMITTED FROM THE EXECUTIVE SUMMARY.

3. THE MISSION FEELS THAT THE TEAM SHOULD HAVE ASKED ITSELF THE FOLLOWING QUESTIONS: WAS THIS A SUCCESSFUL PROJECT? WHAT MADE IT SUCCESSFUL? WHAT SHOULD BE CHANGED IN THE PROJECT DESIGN IN A FOLLOW-ON PROJECT TO MAKE IT MORE SUCCESSFUL? THE INITIAL FOCUS SHOULD BE ON WHAT WAS DONE PARTICULARLY WELL, AND HOW IT COULD BE DONE BETTER. FULL CREDIT SHOULD BE GIVEN FOR ACCOMPLISHMENTS. IF THERE WERE MISSTEPS, FULLER DISCUSSION ON HOW TO IDENTIFY AND AVOID THEM IN THE FUTURE SHOULD BE GIVEN AS WELL. UNFORTUNATELY, THERE IS VERY LITTLE GUIDANCE IN THE EVALUATION REPORT THAT CAN BE EASILY USED IN THE DESIGN OF THE FOLLOW-ON PROJECT. INDEED, THE FACT THAT THE TEAM WAS AWARE THAT THE MISSION HAD ALREADY DECIDED TO CONTINUE THE PROJECT (PENDING RESULTS OF THE EVALUATION) SHOULD HAVE MADE THEM EVEN MORE CRITICAL OF EXISTING ACTIVITIES. THE EVALUATION SHOULD SPECIFICALLY ADDRESS WHAT THE REDESIGNED PROJECT SHOULD LOOK LIKE, HOW MUCH MONEY ALLOCATED (AT LEAST RELATIVE TO THE EXISTING PROJECT) AND WHAT KINDS OF SERVICES GRMA SHOULD PROVIDE. MOST OF THESE ARE ALREADY IMPLICIT IN THE TEXT, BUT THEY NEED TO BE BETTER SPELLED OUT.

ONE WAY OF DOING THIS WOULD BE TO MOVE CHAPTER THREE TO TWO, WHERE THE PROJECT DESIGN AND IMPLEMENTATION IS LAID OUT. NEW SECTIONS, CULLED FROM EXISTING TEXT SHOULD BE ADDED HERE OR IN AN ADDITIONAL CHAPTER THAT DELINEATE PROJECT RESULTS.

THE DOCUMENT DOES NOT HIGHLIGHT MANY OF THE SIGNIFICANT ACCOMPLISHMENTS OF THE PROJECT, LEAVING SUCCESS STORIES TO LANGUISH IN THE TEXT. THESE SHOULD BE MADE EXPLICIT. SOME OF THESE HIDDEN SUCCESSES ARE:

- FP ACCEPTORS SERVED BY THE GRMA HAVE A LOWER EDUCATIONAL LEVEL THAN IS TRUE FOR THE REST OF GHANA (NO EDUCATION: 8.5 PERCENT DHS, 42 PERCENT GRMA).
- FP ACCEPTORS SERVED BY GRMA USE MORE EFFECTIVE METHODS. (DHS: 13 PERCENT USE ORALS, 1 PERCENT USE IUDS, 1 PERCENT USE INJECTABLES; GRMA: 59 PERCENT USE ORALS, 6 PERCENT IUDS AND 18 PERCENT INJECTABLES).
- FP ACCEPTORS SERVED BY GRMA ARE LESS LIKELY TO HAVE OTHER PRIVATE OR PUBLIC SERVICES AVAILABLE TO THEM.
- ONE YEAR FAMILY PLANNING CONTINUATION RATES ARE 70 PERCENT.
- THE PROJECT HAS ENCOURAGED AND ENABLED SOME PUBLIC SECTOR MIDWIVES TO MOVE TO THE PRIVATE SECTOR.
- MANY GRMA MEMBERS CURRENTLY BEAR PART OF THE COST OF CONTINUING EDUCATION, AND MANY MORE ARE WILLING TO.
- THE NEED FOR EFFECTIVE SUPPORT AND SUPERVISION HAS BEEN RECOGNIZED AND THE CAPACITY TO PROVIDE THIS HAS BEEN ESTABLISHED.

THE CURRENT CHAPTER ON PROJECT ADMINISTRATION SHOULD FOLLOW THE ABOVE, AS SHOULD THE REMAINDER OF THE TEXT. LESSONS LEARNED SHOULD BE HIGHLIGHTED BUT INCORPORATED IN THE BODY OF THE TEXT WHERE THEY CAN BE SEEN TO DERIVE FROM THE EXPERIENCE OF THE PROJECT AND THE OBSERVATIONS OF THE EVALUATION TEAM.

4. THE MISSION DISAGREES WITH THE EVALUATION TEAM ABOUT THE SIGNIFICANCE OF THE NUMBERS OF KNOWN NEW ACCEPTORS. IF THE MIDWIVES WHO DID NOT REPORT ACTIVITIES PROVIDE SERVICES AT THE SAME RATE AS THOSE WHO SUBMIT REPORTS, THE NEW ACCEPTORS RECRUITED BY THE PROJECT COULD BE AROUND 25,300, WHICH IS CLOSE TO THE NUMBER PROJECTED. AS A RESULT, THE RESULTS DESCRIBED AS "SOMEWHAT DISAPPOINTING" (P. IV, P. 16) MAY ACTUALLY HAVE EQUALLED THE DESIRED TARGET! THE FINDINGS IN THE REPORT SHOULD INCLUDE THIS CAVEAT.

5. WHILE THE SOW DID NOT SPECIFICALLY REQUEST THE TEAM TO ADDRESS THE QUESTION OF COST-BENEFIT ANALYSIS, SOME SIMPLE COMPARISONS SHOULD BE INCLUDED TO HELP EVALUATE THE PROJECT IN LIGHT OF OTHER COMPETING DEMANDS FOR FUNDS. FOR EXAMPLE, IT IS EASY TO CALCULATE THAT THE 19,000 KNOWN NEW ACCEPTORS COST USD 42.64 APIECE. WHERE DOES THIS FALL IN THE RANGE OF PROJECTS? HOW DOES IT COMPARE TO OTHER PROJECTS IN WEST AFRICA? AT ONE POINT, THE INTERNATIONAL RANGE WAS USD 20 TO USD 70, SO THE GRMA/ACNM EXPERIENCE WOULD FALL ON THE HIGH SIDE OF THE MEDIAN, BUT COMPARISONS WITH OTHER WEST AFRICAN COUNTRIES WOULD BE VALUABLE (ARE THERE POPTech REPORTS THAT ADDRESS THIS?) WHAT ADDITIONAL BENEFITS DERIVE FROM THE PROJECT--AND THERE ARE MANY, SOME OF WHICH ARE LISTED ABOVE--WHICH WOULD JUSTIFY ITS RATHER HIGH COSTS? WHAT IS THE LIKELY FLOW OF CLIENTS IN THE FUTURE, AND WHAT IMPACT IS THIS LIKELY TO HAVE ON COST PER NEW ACCEPTOR? INDEED, GIVEN THE INCOMPLETENESS OF THE DATA AND THE RAPIDLY GROWING NUMBERS OF NEW ACCEPTORS, IT IS MORE LIKELY THAT THERE WILL BE ABOUT 30,000 NEW ACCEPTORS OF FAMILY PLANNING BEFORE THE CURRENT PROJECT ENDS. IF THIS IS REACHED, THE COST PER NEW ACCEPTOR WOULD DROP TO USD 27 APIECE, WHICH IS PROBABLY WELL WITHIN THE INTERNATIONAL COST RANGE!

6. MISSION SUGGESTS THAT THE TEAM MIGHT WANT TO RE-THINK SOME OF ITS RECOMMENDATIONS. IN BOTH THE MAJOR RECOMMENDATION AND THE LESSONS LEARNED SECTIONS, THE TEAMS SUPPORTS GRMA DEVELOPING A VARIETY OF SMALL ENTERPRISES TO SUBSIDIZE GRMA PROFESSIONAL ACTIVITIES.

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UNFORTUNATELY, 90 PERCENT OF SMALL BUSINESS START-UPS FAIL, AND EVEN THE SUCCESSFUL USUALLY CONSUME MORE RESOURCES--BOTH HUMAN AND FINANCIAL--THAN THEY PROVIDE DURING THE FIRST FEW YEARS. THE EVALUATION DOES NOT ADDRESS WHAT THESE SMALL ENTERPRISES WOULD COST, AND HOW MUCH THEY ARE LIKELY TO NET TO GRMA.

WHILE USAID IS CONCERNED WITH SUSTAINABILITY ISSUES--AND WE AGREE THAT THESE ISSUES SHOULD BE ADDRESSED FROM THE VERY BEGINNING--WE FEEL THAT THE SERVICES PROVIDED BY GRMA SHOULD BE (A) EITHER SO VALUABLE TO THE MEMBERSHIP THAT INDIVIDUALS WILL ULTIMATELY BE ABLE TO TAKE OVER ITS SUPPORT, OR (B) THAT IT SHOULD PROVIDE SERVICES THAT WILL PERSUADE USAID, THE MOH OR OTHER DONORS TO CONTINUE TO PROVIDE FUNDING. BECOMING ENTANGLED IN SMALL BUSINESSES IS LIKELY TO DETRACT FROM GRMA'S MISSION, AND THEREFORE FROM ITS LONG TERM SUSTAINABILITY!

7. ANOTHER RECOMMENDATION THE TEAM MAY WANT TO RECONSIDER IS WHETHER, IN LIGHT OF THE NEED TO ATTAIN INSTITUTIONAL SUSTAINABILITY, GRMA SHOULD BECOME INVOLVED IN OPERATIONS RESEARCH. EFFECTIVE OR REPRESENTS A MAJOR INVESTMENT THAT MAY DETRACT FROM OVERALL ORGANIZATIONAL GOALS. IF IT IS TO BE CONTINUED AS AN INDEPENDENT GRMA FUNCTION, WHAT DOES IT CONTRIBUTE TO GRMA GOALS?

8. GRMA RELATIONSHIP WITH DANAFCO: WHILE THE TEAM CORRECTLY NOTES THAT THE GRMA WAS UNABLE TO SIGNIFICANTLY EXPAND GSMP SALES, THE REPORT DOES NOT DISCUSS THE REASONS BEHIND THIS. THE MOST OBVIOUS REASON IS THAT THE GSMP PROJECT GREW SO RAPIDLY THAT GRMA COULD ONLY PROVIDE A MINUSCULE PART OF THE TOTAL CONTRACEPTIVE SUPPLIES DELIVERED. IN ADDITION, JOANNA LARYEA RECALLS THAT THE TEAM WAS TOLD THAT ONE REASON FOR LOWER WHOLESALE PURCHASES FROM DANAFCO IS THAT THE INDIVIDUAL MIDWIVES WERE UNABLE TO AFFORD THE OUTLAY NEEDED TO MAKE A BULK WHOLESALE PURCHASE AND THEREFORE WERE CONSTRAINED TO BUY FROM LOCAL RETAILERS FOR RESALE TO THEIR CLIENTS. IF THIS IS TRUE, IT IS AN IMPORTANT LESSON LEARNED AND RECOMMENDATION FOR ANY FOLLOW-ON PROJECT INVOLVING SMALL RETAILERS. AS SUCH IT SHOULD BE INCORPORATED INTO THE TEXT.

THE TEAM CONFUSED ANOTHER ASPECT OF THE GRMA-GSMP RELATIONSHIP. USING FIGURES PRODUCED BY THE COLUMBIA UNIVERSITY OPERATIONS RESEARCH PROJECT THEY REPORTED THAT GSMP ONLY SUPPLIED 20 PERCENT OF GRMA PRODUCTS. WHILE THIS WAS THE AMOUNT SUPPLIED DIRECTLY FROM DANAFCO TO GRMA, IT DOES NOT TAKE INTO ACCOUNT THE 77 PERCENT OF GRMA COMMODITIES THAT WERE PURCHASED FROM PHARMACIES AND CHEMICAL SELLERS, WHICH ARE ALMOST EXCLUSIVELY GSMP RETAILERS (SAME REPORT). THE GSMP MARKETING STRATEGY IS TO USE THE FULL NETWORK OF WHOLESALE, DISTRIBUTOR AND RETAIL OUTLETS TO PROVIDE COMMODITIES. SINCE GSMP PRODUCTS ARE THE SOURCE OF 80-90 PERCENT OF MIDWIVES' COMMODITIES, IT HAS BEEN RELATIVELY SUCCESSFUL IN MEETING THE COMMODITY NEEDS OF THE MIDWIVES.

WHAT WAS NOT ADDRESSED WAS WHY AND WHERE THIS DISTRIBUTION NETWORK HAS FAILED, AND WHAT CAN BE DONE TO IMPROVE ITS FUNCTIONING. THE EXAMPLE ABOUT THE WHOLESALE PRICES WAS GIVEN ABOVE. WHAT OTHER EXAMPLES ARE THERE?

9. THE REPORT COMMENTS THAT ABOUT HALF THE GRMA MEMBERSHIP HAS BEEN TRAINED IN FAMILY PLANNING. IT WOULD BE USEFUL TO REVIEW WHAT RESOURCES WILL IT TAKE TO TRAIN THE REMAINING MEMBERS AND WHAT THE OUTCOME OF SUCH TRAINING IS LIKELY TO BE.

10. WHILE REFERENCE WAS MADE TO THE DEVELOPMENT OF NEW CRITERIA FOR THE SELECTION OF MIDWIVES TO RECEIVE IUD INSERTION TRAINING, NO DESCRIPTION OF THESE CRITERIA WAS GIVEN. IT WOULD BE USEFUL TO USAID/ACCRA AS WELL AS OTHER READERS OF THIS REPORT TO HAVE THESE CRITERIA LAID OUT, AT LEAST IN AN ANNEX.

11. MISSION FEELS THAT SEVERAL ISSUES CONCERNED WITH USAID MANAGEMENT OF THE PROJECT (PP. 9-11) SHOULD BE CAST IN A DIFFERENT LIGHT:

(A) MISSION HAS LONG FELT THAT THE GRMA PROJECT WAS ONE OF THE MORE IMPORTANT COMPONENTS OF THE CONTRACEPTIVE SUPPLIES PROJECT. BECAUSE OF THE SUCCESS, MISSION DID NOT DESIRE, NOR DID IT HAVE THE PERSONNEL TO CONTINUOUSLY INTERVENE. STATEMENTS SUCH AS "MISSION'S

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ad hoc approach to and minimal interest in..." or "USAID was not a major player in the project" are not accurate. When ACNM teams are in country, they usually meet with USAID staff twice weekly or more to discuss management issues, and there are usually monthly meetings with GRMA staff. Mission did not choose to become involved in every issue that GRMA and ACNM faced, but this was intentional, and not ad hoc or the result of minimal interest. Throughout the life of the project USAID has been keenly interested in assisting GRMA to develop as a professional organization, and to upgrade skills of midwives in providing their perinatal services. Indeed, one of the major reasons for the support visits--and the automobile supported by USAID--is to evaluate the quality of midwifery care given by individuals, and to assist them in improving their level of care.

(b) While the statement that "USAID did not keep track of the amount of financial inputs invested in GRMA" is true on one level, it ignores the difficulties faced by missions in tracking these inputs. Because most of the project was funded regionally through Family Health Initiatives or through a variety of centrally funded projects, accounting for monies spent was done either in Washington or in Abidjan, and copies of vouchers were rarely transmitted to the mission. A major project difficulty was that part way through (May, 1989) the primary accounting center shifted from Abidjan to Accra. The fact that the team was able to assemble a complete set of documents is testimony to the effort that USAID had put into gathering them, although the mission had not yet had time to develop an effective tracking system. Perhaps the lesson learned is that it is very difficult to perform financial management when there are a multitude of project financial sources and accounting centers.

(c) The evaluation team misunderstood one important aspect of the relationship between USAID and GRMA. Funding for the GRMA project came from a family planning project, and Africa Bureau health priorities for Ghana

ARE SOLELY TERMS OF THE IMPACT ON FAMILY PLANNING. AS A RESULT, OUTCOME MEASURES ARE IN TERMS OF FAMILY PLANNING ACCEPTORS AND GSMP COMMODITY DISTRIBUTION. THIS SHOULD BE VIEWED AS AN ARTIFACT OF THE AID/W REPORTING SYSTEM, AND LESS AN INDICATOR OF THE USAID-GRMA RELATIONSHIP.

12. A RELATED ISSUE IS THE QUESTION OF THE NATURE OF USAID OVERSIGHT. THIS IS AN ISSUE OF MANAGEMENT PHILOSOPHY OF THE DEGREE TO WHICH USAID SHOULD BE INVOLVED IN THE DAY TO DAY RUNNING OF ANY PROJECT. THE TEAM IS AWARE THAT THE ACNM-GRMA PROJECT IS FUNDED BY A GRANT, WHICH DOES NOT REQUIRE SUBSTANTIAL USAID MANAGEMENT INVOLVEMENT, UNLIKE A CONTRACT OR COOPERATIVE AGREEMENT. THIS SHOULD HAVE TEMPERED THEIR COMMENTS.

THE FINDINGS OF THIS TEAM SHOULD BE COMPARED TO THE FINDINGS OF THE 1988 MID-TERM EVALUATION OF THE GHANA CONTRACEPTIVE SUPPLIES PROJECT, WHICH WAS AVAILABLE TO THE GRMA EVALUATION TEAM. IN THAT (PP 12-13) THE USAID POPULATION OFFICER IS DESCRIBED AS BEING RESPONSIBLE FOR COORDINATING ALL A.I.D. INPUTS, FOR MONITORING PROGRESS, AND ASSISTING IN RESOLVING IMPLEMENTATION PROBLEMS. THIS IS WHAT WAS DONE WITH THE GRMA PROJECT, AND IS CRITICIZED IN THE CURRENT DOCUMENT AS AD HOC MANAGEMENT. IN THE EARLIER EVALUATION, THE PROJECT OFFICER WAS CRITICIZED FOR HAVING COOPTED ACTIVITIES THAT SHOULD HAVE BEEN LEFT TO THE COOPERATING AGENCIES. GIVEN THE CONFLICTING RESULTS OF THE TWO EVALUATIONS, THE MISSION IS NOT SURE HOW TO RECONCILE THE ADVICE IN DESIGNING AN EFFECTIVE MANAGEMENT STYLE IN A FOLLOW-ON PROJECT. INDEED, THE MISSION FEELS THAT THE MANAGEMENT APPROACH WAS PROBABLY CORRECT IN ALLOWING THE TWO ORGANIZATIONS TO WORK THROUGH THEIR DIFFICULTIES, AND THEN REDESIGNING AND REDEFINING THE RELATIONSHIP AS THE RESULT OF AN EXTERNAL EVALUATION.

13. MISSION WOULD APPRECIATE EVALUATION TEAM'S REVIEW OF AVAILABLE DATA AND OR TO MAKE RECOMMENDATIONS FOR DATA COLLECTION AND RESEARCH THAT SHOULD BE CARRIED OUT IN THE FOLLOW-ON PROJECT TO ADDRESS ISSUES THAT ARE IMPORTANT FOR UNDERSTANDING AND IMPLEMENTING THIS OR SIMILAR PROJECTS.

14. AS STATED IN PARA 1, THE MISSION DOES APPRECIATE THE INSIGHT OF THE EVALUATION TEAM, AND WILL USE THE FINDINGS IN DESIGNING THE NEXT PROJECT. THE POINTS MADE ABOVE DO NOT DETRACT FROM THE VALUE OF THE PRODUCT ALREADY PROVIDED. VALUABLE DISCUSSIONS HAVE ALREADY BEGUN IN THE MISSION AS A RESULT OF THE QUESTIONS RAISED IN THIS DOCUMENT, AND WILL CONTINUE WHEN THE FINAL VERSION IS DISTRIBUTED. FOR THE MOST PART, THE ABOVE OBSERVATIONS SHOULD BE VIEWED AS PART OF THE ITERATIVE PROCESS IN UNDERSTANDING DEVELOPMENT, AND NOT AS CRITICISM OF THE PROJECT TEAM.

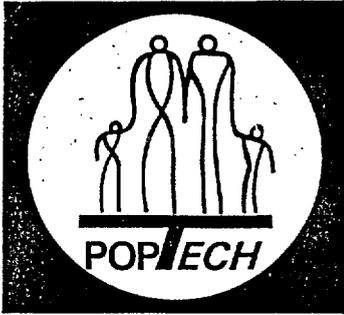
15. POPTECH IS REQUESTED TO ADDRESS THE CONCERNS RAISED BY THE MISSION, AND ADVISE USAID/ACCRA OF THE TEAM RESPONSE. RELEVANT REVISED SECTIONS SHOULD BE SUBMITTED TO MISSION FOR FINAL REVIEW.

16. THE MINISTRY OF HEALTH HAS REQUESTED THAT BERNEY SUBMIT AN EVALUATION OF MAY OSEA-ADDAE'S PARTICIPATION IN THE TEAM. THIS SHOULD BE AS ACCURATE AS POSSIBLE, AND SHOULD USE THE OPPORTUNITY TO POINT OUT STRENGTHS AND WEAKNESSES OF MOH PARTICIPATION IN THESE EXERCISES. ALSO, ANY WAYS THAT SHE AND OTHERS CAN PREPARE THEMSELVES BETTER FOR SIMILAR EXERCISES WILL BE VERY USEFUL TO THE MOH IN PARTICIPATING IN THESE EVALUATIONS IN THE FUTURE. THIS DOCUMENT WILL BECOME PART OF MS. OSAE-ADDAE'S PERSONNEL FILE. RELEVANT PORTIONS WILL BE EXTRACTED BY USAID TO USE IN ADVISING FUTURE PARTICIPANTS.

USAID/GHANA POPULATION OFFICE
C/O AMERICAN EMBASSY, ACCRA, GHANA. EWING##

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Population Technical Assistance Project

REPORT OF THE FINAL EVALUATION

**PRIVATE SECTOR MIDWIVES
AND FAMILY PLANNING PROJECT
GHANA**

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REPORT OF THE FINAL EVALUATION
PRIVATE SECTOR MIDWIVES
AND FAMILY PLANNING PROJECT
GHANA

by

Karen Tompkins Berney
Nancy Nolan
Joanna Laryea
May Osae-Addae

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Population Technical Assistance Project
DUAL & Associates, Inc. and International Science
and Technology Institute, Inc.
1601 North Kent Street, Suite 1014
Arlington, Virginia 22209
Phone: (703) 243-8666
Telex: 271837 ISTI UR
FAX: (703) 358-9271

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GLOSSARY

ACNM	American College of Nurse Midwives
CA	Cooperating Agency
CSM	Contraceptive social marketing
CSP	Contraceptive Supply Project
CPFH	Center for Population and Family Health (Columbia University)
DHS	Demographic and Health Survey
EOP	End of Project
EPI	Expanded Program of Immunization
FP	Family planning
FPIA	Family Planning International Assistance
GRMA	Ghana Registered Midwives Association
GRNA	Ghana Registered Nurses Association
GSMP	Ghana Social Marketing Programme
HED	Health Education Division
HPN	Health, Population and Nutrition
ICM	International Confederation of Midwives
IEC	Information, education and communication
IUD	Intrauterine device
JHU/PCS	Johns Hopkins University Population Communication Services (project)
MCH	Maternal and child health
MDPI	Management Development Productivity Institute
MOH	Ministry of Health
NCWD	National Council on Women in Development

NCIH	National Council for International Health
OR	Operations research
ORS	Oral rehydration solution
PEO	Private enterprise officer
PHC	Primary health care
PPAG	Planned Parenthood Association of Ghana
PR	Public relations
SOMARC	Social Marketing for Change (project)
TOT	Training of trainers
UCC	University Consultancy Center
USAID	U.S. Agency for International Development (mission)
WHO	World Health Organization

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PROJECT IDENTIFICATION DATA

1. **Project Title:** Private Sector Midwives and Family Planning Project
2. **Project number:** 641-0462-G-SS-7024-00
3. **Grant Number:** 641-0462-G-SS-7024-00
4. **Critical Project Dates:**

Grant Agreement Signed	July 22, 1987
Amendment Number 3 Effective	September 11, 1989
Project Assistance Completion Date	June 18, 1990
No Cost Extension provided to	June 18, 1991
5. **Project Funding:**

Grant Agreement	\$522,500
FHI-II 698-0462.41	\$133,902
Total Obligated Amount	\$656,402

Funding for additional components:

Enterprise - AID/DPE-3034-C-5072-00	\$68,785
Columbia University - DPE-A-00-4049-AFRICA	\$ 43,137
JHU/PCS	\$ 31,930
JHPIEGO/REDSO Buy-in for OR Conference	\$ 10,000
6. **Scope:** Ghana
7. **Mode of Implementation:** Grant Agreement between REDSO/WCA and ACNM.
8. **Grantee:** American College of Nurse Midwives Special Projects Section, Washington, D.C.
9. **Major Activities:**
 - Establishment of a national Secretariat to manage the project and resulting program within the organization.
 - Development of a training program in the provision of family planning services for private sector midwives.
 - Development of a regional support system for GRMA members.
 - Establishment of a monitoring system for use in planning and management.
 - Production of a quarterly newsletter for information and education.
 - Coordination of other contributing donor activities.

EXECUTIVE SUMMARY

Introduction

The Private Sector Midwives and Family Planning Project grant agreement was signed on July 22, 1987, by REDSO/WCA and the American College of Nurses Midwives (ACNM). The purpose of the project was to assist the Ghana Registered Midwives Association (GRMA) to increase access to quality family planning services and information through the private sector midwives who constitute its membership. Major activities to accomplish this included 1) strengthening the institutional capability of GRMA, 2) developing family planning training courses and continuing education for GRMA members, 3) providing information, education and communication (IEC), together with family planning commodities and other support services, and 4) developing an evaluation and research system.

The objectives of the final evaluation were to assess the progress to date under the project grant agreement, the validity of the original project design and assumptions, the impact of project activities, and the contribution made by the project to family planning service delivery in the private sector. Evaluation methods included review of relevant documents; interviews with officials of the Ministry of Health (MOH), USAID and GRMA; site visits to maternity homes and interviews with member midwives; and discussions with representatives of other organizations which cooperated in the project.

The project has achieved most of its goals. While there is room for improvement in some areas, accomplishments to date are impressive. If one were to compare the GRMA trained midwives to their trained counterparts in other West African countries, the positive attitude and confidence of the GRMA midwives would be unequalled in the region. The clinical training provided by ACNM did more than enable midwives to provide quality family planning services: it has motivated them to upgrade or augment their knowledge and skills in other health interventions at their own expense.

Project Accomplishments

- The project has succeeded in increasing family planning service delivery by private sector midwives. Midwives trained under the project are providing quality family planning services to women not reached by other providers, and the project has enhanced the midwives' competence, confidence and their image in the community. Their achievement of a 70 percent continuation rate is encouraging. The project target of 25,808 new acceptors has not been reached; the number of acceptors stands at 19,000. The number could be increased, however, by strengthening outreach efforts, further developing IEC skills of the midwives and their assistants, and by training younger, more active midwives.

- ACNM's technical assistance for training and development of the support system has had excellent results. Training courses provided by the project were effectively planned, organized, implemented, and evaluated and have had an impressive impact upon the participants, the services they provide, and their ability to manage the business aspects of their maternity homes. Assistance to develop an office management system, however, was labor intensive and might have been provided more efficiently by a local management firm. The activities of all other agencies participating in the project were very effectively coordinated by ACNM.
- The project has brought about a change in GRMA itself. What was essentially a sorority or fellowship of private sector midwives has been transformed into an internationally respected professional organization which actively promotes and provides support for the professional advancement of its members, who are dispensing quality family planning and other primary health care (PHC) services to the communities in which they live. Further training in PHC, Life-Saving Skills, IEC, and motivation for family planning, as well as in-country training in IUD insertion would enhance the status of GRMA members even further.
- GRMA and ACNM effectively solved the problem of the GRMA Secretariat's expanding responsibility to provide support for members by shifting the focus of the system to the regional level. Members are now supported by regional representatives who are their colleagues.
- Monitoring of family planning, antenatal, and delivery services has been institutionalized, although a lack of equipment means that the data cannot be processed at the GRMA Secretariat. Also, in cooperation with Columbia University, operations research (OR) has been conducted and the results presented in an international conference hosted by GRMA. Information gained for this component of the project has been used for immediate and future planning purposes.
- Public relations activities have included the production of a quarterly newsletter, the production of signboards for maternity homes indicating availability of family planning services, and the placement of advertisements in the local media giving the names of GRMA members qualified to provide family planning services. Visual aids, posters, and brochures have been provided for use in client and community education.

Project Concerns

- GRMA has yet to institutionalize its planning and management capabilities, largely as a result of its failure to recruit a permanent project director whose authority and responsibilities are distinct from those of the association's elected officers. The position has been ably and dynamically filled by the organization's president, who is

about to retire. Recruitment attempts have been frustrated by salary and benefit provisions that are not commensurate with job responsibilities.

- The low level of remuneration for all staff is a source of concern for the continuity of the project. For example, a high turnover in training staff has been largely due to financial reasons; this has prevented institutionalization of the training capability thus far.
- Inadequate attention to income generation and self-reliance in the project design and subsequently in project implementation have contributed to the project's high level of dependency upon donor funding. The GRMA's rapid and, for the most part ad hoc, expansion and development have made sustaining its current activities a major challenge which will require a new organizational structure and serious consideration of financial and management issues.
- USAID provided appropriate assistance and maintained a supportive and cordial relationship with ACNM and GRMA, but otherwise played a minor role in project management. During the design phase, it underestimated the inputs required to develop GRMA's management capability and overestimated GRMA's potential to become a significant outlet for Ghana Social Marketing Project (GSMP) commodities.
- GRMA is not yet able to conduct operations research, either independently or in cooperation with the MOH.

Lessons Learned

1. During a project's planning phase, careful consideration must be given to the issue of sustainability and means to achieve it must be outlined. Adequate attention should be given to income generation in order to make sustainability possible before project funding ends. Plans should also identify all technical skills required for the staff to maintain the program.
2. Even though a project may be implemented by a private sector organization, the continued assistance and support provided by the public sector should not be minimized. This project, for example, might not have been as successful if the MOH had not been so supportive of the project.
3. The necessity of investing in support systems for project activities should not be underestimated. Support systems include vehicles, typewriters, personal computers, office supplies, telex and other communication devices, support staff, etc.

4. Salaries for the staff of an NGO must be competitive at the national level to ensure that staff can be recruited, will remain committed, and will stay with the project.
5. When a project is undertaken with an organization that has no previous experience in project implementation, delays and waste of energy through frustration can be avoided if technical assistance is provided constantly until policies, procedures, and routines have been established. The team concurs with the opinions of both GRMA and ACNM that had full-time technical assistance support been provided in the first year of this project, numerous delays and frustrations would have been avoided.
6. Given the unique nature of GRMA, it is doubtful whether this project could be replicated in Ghana. However, some facets of this project may be replicable with NGOs in Ghana and elsewhere, particularly where midwives are encouraged to operate private services and have the support of their government.

Major Recommendations

Management

1. GRMA should make the recruitment of a new project director its first priority. Qualifications should be established and should include proven management and business administration skills as well as a good understanding of the health sector. Elected officers should be ineligible for this post.

Sustainability

2. Prior to the start-up of a follow-on project, GRMA should elaborate a five-year plan which includes goals and objectives, an illustrative timetable of specific activities, and technical assistance requirements to meet those objectives. Staff needs should subsequently be determined. As a part of this effort, GRMA should re-examine its organizational structure and clarify the responsibilities and functions of elected officers, standing committees, and staff. Officers could appropriately concentrate their efforts on policy matters, income generation and public relations, while salaried staff should concentrate on program planning and implementation issues.
3. The USAID Mission should invite the REDSO private enterprise officer (PEO) to visit GRMA and to meet with GRMA officials at national and regional levels, to discuss and advise on income-generating schemes. The REDSO PEO should contact local Ghanaian firms and institutions (e.g., MDPI, GIMPA) to ascertain to what extent they could assist GRMA to achieve financial self-sufficiency.

Technical Assistance

4. Under the follow-on project, ACNM technical assistance should be limited to the areas in which ACNM staff excel -- technical training and professional relations. If further management and office administration assistance is necessary, ACNM should sub-contract with a local firm to provide such services.

Personnel

5. ACNM and GRMA should negotiate salary increases for all project staff, augment the allowances authorized for support visits at the regional level, and revise the current project budget accordingly, to be effective beginning December 1, 1990. As part of the budget exercise under the follow-on project, all personnel-related local costs, including per diems and honoraria, should be reviewed and compared to those in both the public and private sectors. New levels need to be established to ensure employee satisfaction and therefore management continuity and institution building. ACNM should subcontract with a qualified local firm, with expertise in human resource management, for this undertaking.

Training

6. In-country clinical training in IUD insertion should be provided in the follow-on project for selected midwives who are currently providing other family planning services. Basic training in family planning should be offered to GRMA members who have not yet received it. Training in Life-Saving Skills and other PHC skills should also be offered, if in keeping with the USAID mission's strategy for health. Further training in IEC and family planning motivation skills of midwives and their assistants should be considered.

Operations Research

7. The follow-on project should include a strategy to institutionalize an operations research capability at GRMA, in collaboration with the Ministry of Health.

1. INTRODUCTION

1.1 Overview of the Project

REDSO/WCA signed a grant agreement with the American College of Nurse Midwives (ACNM) for the Private Sector Midwives and Family Planning Project on July 22, 1987, for an initial sum of \$522,500 over three years. On September 11, 1989, the agreement was amended to provide \$133,902 for additional activities, bringing the total amount to \$656,402. Finally, a no-cost extension was provided, revising the end-of-project date to June 18, 1991.

The agreement and subsequent amendment mandated ACNM to "assist the Ghana Registered Midwives Association (GRMA) to increase access to quality family planning services and information through private midwives" (statement of purpose from the Project Grant Agreement).

The major components of the project were 1) strengthening the institutional capability of the GRMA, 2) development of family planning training courses and continuing education, 3) provision of family planning commodities, information, education and communication (IEC) support and equipment, and 4) development of a research and evaluation system.

In addition, ACNM has been responsible for coordinating contributions by A.I.D.'s centrally funded Enterprise Project, Columbia University Operations Research Project, Johns Hopkins University's Population Communication Services (JHU/PCS), and SOMARC II/DANAFCO through a planning group process. Their inputs contributed an additional \$153,852 to the project.

1.2 Project History

Since 1969, Ghana has had a population policy which articulates the positive impact of birth spacing on the health of mothers and small children, as well as the harmful effects of rapid population growth on economic development. Despite this policy, the total fertility rate was 6.3 in 1984, and by 1988 modern methods of contraception were being used by just 5.1 percent of married women (data from the Demographic Health Survey, 1988).

This project arose in response to a request made in 1986 by the GRMA for USAID to assist the organization in its efforts to enable private sector midwives to offer family planning and eventually other maternal and child health (MCH) services to their clients within the context of national primary health care goals. At that time, the Ministry of Health (MOH) was able to reach an estimated 10-30 percent of the population with MCH/family planning services. Recognizing that many GRMA members lived and worked in rural areas where the ratio of health workers to population was least favorable, the MOH encouraged and supported the project: "Self-sustaining private sector groups like the midwives are seen as essential for

expanding primary health care (PHC) services and reaching PHC goals," the Project Grant Agreement stated.

1.3 Evaluation Objectives and Methodology

The objectives of the final evaluation of the Private Sector Midwives and Family Planning Project as stated in the Scope of Work (see Appendix A) were to assess 1) the progress to date under the project grant agreement; 2) the validity of the original project design and assumptions, and the impact of project activities; and 3) the contribution made by this project to family planning service delivery in the private sector. Particular attention was to be paid to the impact of ACNM technical assistance on skills of the GRMA staff and lessons learned which might affect this or other projects in the future.

The evaluation was carried out by a team of four: Karen Tompkins Berney, POPTECH consultant and team leader; Nancy Nolan, REDSO/WCA Population Advisor; Joanna Laryea, USAID/Ghana Assistant Population Officer; and May Osaе-Addae, Manpower Development Division, MOH.

The team reviewed project-related documents (see Appendix C); conducted site visits to 32 maternity homes in Greater Accra, Ashanti, Brong Ahafo, and Central Regions; and interviewed staff of the GRMA Secretariat, the ACNM project coordinator, the program coordinator of the Ghana Social Marketing Programme/DANAFCO, relevant staff of the Management Development and Productivity Institute (MDPI) and officials of the Ministry of Health (see Appendix B for list of persons contacted). Discussions were also held with representatives from JHU/PCS and SOMARC II, whose technical assistance visits to Ghana by chance coincided with the present evaluation. A questionnaire was used to interview GRMA midwives and is attached in Appendix E.

1.4 Project Accomplishments

The project has succeeded in increasing family planning service delivery by private sector midwives. Midwives trained under the project are providing quality family planning services to women not reached by other providers, and the project has enhanced the midwives' competence, confidence and their image in the community. Their achievement of a 70 percent continuation rate is encouraging. The project target of 25,808 new acceptors has not been reached; the number of acceptors stands at 19,000. The number could be increased, however, by strengthening outreach efforts, further developing IEC skills of the midwives and their assistants, and by training younger, more active midwives.

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participants, the services they provide, and their ability to manage the business aspects of their maternity homes. Assistance to develop an office management system, however, was labor intensive and might have been provided more efficiently by a local management firm. The activities of all other agencies participating in the project were most effectively coordinated by ACNM.

The project has brought about a change in GRMA itself. What was essentially a sorority or fellowship of private sector midwives has been transformed into an internationally respected professional organization which actively promotes and provides support for the professional advancement of its members, who are dispensing quality family planning and other primary health care (PHC) services to the communities in which they live. Further training in PHC, Life-Saving Skills, IEC, and motivation for family planning, as well as in-country training in IUD insertion would enhance the status of GRMA members even further.

GRMA and ACNM effectively solved the problem of the GRMA Secretariat's expanding responsibility to provide support for members by shifting the focus of the system to the regional level. Members are now supported by regional representatives who are their colleagues.

Monitoring of family planning, antenatal, and delivery services has been institutionalized, although a lack of equipment means that the data cannot be processed at the GRMA Secretariat. Also, in cooperation with Columbia University, operations research (OR) has been conducted and the results presented in an international conference hosted by GRMA. Information gained for this component of the project has been used for immediate and future planning purposes.

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2. PROJECT ADMINISTRATION

2.1 GRMA Management

Until it undertook the project with ACNM in 1987, GRMA activities focused primarily on the common social concerns of the group's members. The association was managed by an executive body composed of duly elected officers -- president, vice president, treasurer, secretary -- each holding her honorary non-paid position for a three-year term, with officers' mandates limited to two terms. Prior to 1987, given the low level of GRMA activities, there was little demand on officers' time.

With the advent of the project, however, a national Secretariat with new salaried positions was created to meet the challenge of new management requirements. In the beginning, the project was jointly managed by the three GRMA members who participated in the project design, including the current project director who was, and still is, the GRMA president. The other two members held the titles of director of operations research and director of training. This tripartite management arrangement proved unsatisfactory. It soon became apparent that when in-house disagreements arose, the opinion of the association's president would inevitably prevail even though ostensibly the three members were to share authority and responsibility equally. By the third year of the project, the directors of OR and training had both resigned for various reasons, leaving all project management responsibilities to the association's president.

Given the management experience to date, the president has come to the conclusion that elected officers should be ineligible to hold paid staff positions. (The evaluation team agrees with this conclusion.) As evidenced in trip reports and discussions held during the evaluation, ACNM and GRMA are very much aware that the absence of a purely professional "non-political" project director has been detrimental to the institutionalization of the program planning and organizational skills which the project was designed to develop. Even with this drawback, many of the project's objectives were realized due to the foresight and determination displayed by the association's president. One can only speculate as to what would have been accomplished had the president's role been limited to advising and assisting a non-political project director, who would have remained with the project long after the president retires. All speculation aside, however, today, with less than a year to go to the end of the project extension, a new project director has not yet been recruited, while the current director is ready to begin enjoying a well-earned second retirement.

Conclusions

Although many of the project's objectives have been achieved, development of managerial capabilities has not proceeded as envisioned in the original project design. The absence of a project director whose authority and responsibilities are distinct from those of the

association's elected officers has precluded the institutionalization of program planning and project implementation expertise at GRMA.

Recommendation

GRMA should give top priority to the recruitment of a new project director. Elected GRMA officers should be ineligible for the post. Elected officers' roles in project management should be of an advisory nature. Day-to-day management of project activities should be left to the project director. GRMA should establish the desirable qualifications for the position which, at a minimum, should include proven management and business administration skills as well as a good understanding of the health sector, both public and private, in Ghana.

2.2 Technical Assistance and Project Coordination

The high level of self-confidence, personal satisfaction, and professional competency displayed by the midwives who participated in training under the project attests to the superior results obtained through ACNM's training interventions. If one were to compare the GRMA trained midwives to their trained counterparts in other West African countries, the positive attitude and confidence of the GRMA midwives would be unequalled in the region. The clinical training provided by ACNM did more than enable midwives to provide quality family planning services: it has motivated them to upgrade or augment their knowledge and skills in other health interventions at their own expense. This by-product of family planning training is also unparalleled in the region.

The technical assistance provided by ACNM in office organization and management skills for the GRMA Secretariat staff has had less spectacular results. This is understandable for a variety of reasons, not the least of which was the staff's lack of previous administrative experience. Nonetheless, once the extent of the administrative needs was noted by ACNM - there is ample evidence in ACNM trip reports that the staff lacked office management skills -- the ACNM should have sought the assistance of a firm specializing in such matters. Instead, ACNM itself attempted to convey the necessary skills and assistance, often to the frustration of ACNM staff who, although well-intentioned, were not trained to teach those skills.

Further frustration for ACNM ensued from its involvement in GRMA personnel matters. An irate GRMA employee even tried to take an ACNM project coordinator (as well as the GRMA president) to court for defamation of character. The charge was unfounded but the incident was unpleasant and distracted everyone's attention and efforts from project activities until it was resolved. In the future, ACNM would be best advised to maintain a low profile vis-a-vis personnel matters.

All things considered, ACNM management of the project was quite effective. The dedication and rigor displayed by ACNM staff are exemplary. Technical assistance in the area of medical training, for example, utilizing a "sister-to-sister approach" to transfer of technology, has had excellent results. Technical assistance being provided by all A.I.D. cooperating agencies (CA) has been successfully coordinated by ACNM. While there is evidence that ACNM was sometimes uncompromising in scheduling matters (e.g., regarding timing of training or visits by other CAs), it is very likely that the number of persons trained under the project would be less than it is today if ACNM had acceded to requests by GRMA staff to delay training sessions for one reason or another. If ACNM insisted that all technical assistance interventions be coordinated, it was in the interest of maintaining a realistic work plan for GRMA.

Conclusions

Over the life of the project, ACNM has astutely identified GRMA's technical assistance needs and in good faith has attempted to satisfy those needs. Technical assistance in other areas, such as in the setting up and implementation of office management systems, was labor intensive and could probably have been more efficiently (and less expensively) provided by a local management firm. ACNM effectively coordinated the activities of all CAs working with GRMA, although at times may have (understandably) been uncompromising in regard to schedules.

Recommendation

Under the follow-on project, ACNM technical assistance should be limited to the areas in which ACNM staff excel. If further management and office administration assistance is necessary, ACNM should sub-contract with a local firm to provide such services.

2.3 Personnel Issues

From all indications, the problem of recruiting a competent individual to replace the current project director is primarily economic: the salary package being offered is simply too low even by local standards. The heavy turnover in training staff is also largely due to financial reasons; the amounts being paid to trainers are barely sufficient to cover trainers' transportation costs. GRMA asserts that whenever the subject of salary or other remunerations has been raised with ACNM or USAID staff, the response has been that salaries are not negotiable. Had ACNM and USAID been willing to enter into a dialogue with GRMA on the issue of the project director's salary, however, they would have learned that the so-called "non-negotiable" increase in question would not have surpassed \$25 per month -- a small price to ensure the recruitment and continuity of a competent individual in a key post.

It is true that GRMA project staff initially viewed the project as an exciting professional challenge and performed far above and beyond the call of duty in working to realize project objectives. In the initial stages of the project, monetary remuneration was secondary to proving that GRMA could perform effectively for its members. While staff and volunteers are nearly unanimous in their belief that the work they are doing is worthwhile and intellectually satisfying, they are also unanimous in expressing their dissatisfaction with current salary levels, the lack of benefits, and insufficient incidental expenses (e.g., per diem when up-country on mission). ACNM and USAID expected project staff to perform by international standards and to produce quality work products, yet the salaries, per diems and other remunerations established for the project staff were far too low. (During the site visits up-country, the evaluation team was discomforted by the fact that the GRMA project director could not afford to stay in the same hotels as the team since her authorized per diem was less than the cost of the hotel rooms.)

Given the preceding situation, ACNM's recent decision to negotiate budget revisions to reflect salaries commensurate with the duties and responsibilities of all project staff is commendable. From conversations with GRMA staff, the estimated total additional cost of ensuring that all incumbents can deal to their satisfaction with the prevailing difficult economic situation in the country will probably not exceed \$300 per month. A survey by a local firm competent in human resource matters could determine adequate employee salaries and benefits for necessary project staff. An estimate obtained from one local management firm indicates that such a survey would not exceed \$3,000. As a member of GRMA staff asserted, even well-intentioned expatriate technical advisors generally do not have a clue as to the real economic burdens carried by the local population. In matters as sensitive as those touching upon salary issues, it would be far better to rely upon local competence to determine that which constitutes "reasonable" and "attractive" remuneration for services in the eyes of the local work force.

GRMA management of activities at the regional level has only recently been instituted (see Section 3.5), but based on observations and discussions with one regional representative and several GRMA members in the Brong Ahafo region, management at this level can be very effective in organizing members to identify issues, set priorities, and see appropriate solutions to local problems. For example, Brong Ahafo members recently organized themselves and requested and obtained permission from the regional medical officer to participate, at their own expense, in an MOH training session on EPI. Nevertheless, as in the case of project staff at the Secretariat, if the regional representatives (who are typically noted for their high degree of voluntarism and are elected by their peers every two years) are not reimbursed for expenses and reasonably compensated for lost professional opportunities due to their GRMA managerial duties, it is highly unlikely that GRMA activities can be managed, monitored, and sustained at the regional level.

GRMA staff and regional representatives are keenly aware of the financial implications of the association's desire to institutionalize support visits to members' maternity homes, and to provide continuing in-service education for and to otherwise promote the professional

advancement of its members. GRMA has already begun "brainstorming" to identify and study possible income-generation schemes.

Conclusions

Remunerations for project staff and regional supervisors are not commensurate with job requirements. This has made it difficult to ensure continuity of personnel in key posts and institutionalization of skills. In order for the project, or its follow-on, to benefit from the same level of dedication and competence from "second generation" project staff, project salaries must be competitive enough to attract and maintain competent persons while remunerations for regional representatives should be sufficient to cover costs occasioned by their managerial duties, i.e., supervision visits and lost professional opportunities due to such visits.

ACNM's recent decision to negotiate budget revisions to reflect salaries commensurate with duties and responsibilities of all project staff is commendable. A survey by a local firm competent in human resource matters could determine adequate employee salaries and benefits for necessary project staff. Because of the sensitive nature of salary issues, the use of a local firm to determine what constitutes "reasonable" and "attractive" remuneration for services in the eyes of the local work force would be preferable to the use of expatriate technical assistance.

Recommendations

ACNM and GRMA should negotiate salary increases for all project staff, augment the allowances authorized for support visits at the regional level, and revise the current project budget accordingly to be effective beginning December 1, 1990. As part of the budget exercise under the follow-on project, all personnel-related local costs, including per diems and honoraria, should be reviewed and compared to those in both the public and private sectors. New levels need to be established to ensure employee satisfaction and therefore management continuity and institution building. ACNM should subcontract with a qualified local firm with expertise in human resource management for this undertaking.

2.4 USAID Management

For USAID, the GRMA represented an appropriate outlet for the mission's larger bilateral Contraceptive Supply Project (CSP No. 641-0109). USAID was kept informed of progress but left the day-to-day management of the project to ACNM and GRMA. USAID, at the request of ACNM and GRMA, intervened in an ad hoc manner in a few situations to bring two parties together or to keep project activities on track. For example, USAID was instrumental in bringing GRMA and DANAFCO together to work out a mutually acceptable contraceptive supply and distribution plan for the GRMA; USAID also got DANAFCO to agree to distribute, free of charge, oral rehydration solution (ORS) training booklets and

posters to GRMA members. USAID made a special order to Family Planning International Assistance (FPIA) to ensure that each GRMA midwife would receive a start-up supply of contraceptives upon completion of training. USAID facilitated the inclusion of GRMA in IEC activities being implemented by the MOH's Health Education Division (HED) in collaboration with JHU/PCS.

When necessary, USAID used its influence to effect decisions which had an impact on project activities. In the beginning of the project, for example, ACNM was opposed to the procurement of a new vehicle and recommended instead that a used car be purchased and rehabilitated for the project. Based on experience with vehicles and their life span on Ghanaian roads, USAID argued for the procurement of a new vehicle. USAID realized that normal business in the country's capital, not to mention support visits up-country, required dependable means of transportation. USAID was willing, therefore, to support a project budget revision to provide funds for a new vehicle. Indeed, the implementation of the support and monitoring system under the project would have been very problematic if project staff had to rely on public transportation.

At the same time, while all participating parties appreciate that USAID did not "micro manage" this project, it might have been more vigilant especially in regard to the extent and nature of technical assistance being given GRMA by ACNM. As noted in Section 2.2., in the areas of office organization, design and implementation of personnel and fiscal systems, other sources of technical assistance should have been explored when it became obvious (as evidenced in many ACNM trip reports) that ACNM medical staff were spending an inordinate amount of time on such matters. Given that USAID was hopeful that GRMA would prove to be a viable outlet for the Ghana Social Marketing Project (GSMP), it is surprising that the mission did not at least seek an explanation when figures (e.g., those obtained from OR activities or DANAFCO's records) showed that GRMA received an insignificant proportion of DANAFCO profits (see Section 3.2).

Funds were obtained from a variety of sources (e.g., S&T/POP central projects), to finance services and participant training or other activities for which funds were not provided under the ACNM contract. This hodgepodge of funding gives the impression that sufficient bilateral funds were not available to satisfy GRMA project needs; however, according to current USAID staff, this was not the case. The situation may actually be more indicative of the mission's ad hoc approach to and minimal interest in any aspect of the project other than its role as a recipient outlet for the mission's bilateral contraceptive social marketing (CSM) project with the local pharmaceutical firm DANAFCO. It is, therefore, ironic that one of the few things that the GRMA project did not do was to provide a significant outlet for the GSMP project (see Section 3.2).

Further, although USAID was interested in determining whether the GRMA/ACNM experience could be used as a model by other NGOs for expanding family planning in the

private sector, the mission did not keep track of all these various financial inputs into the project.¹

Conclusions

USAID was principally interested in developing the GRMA connection insofar as GRMA might prove to be another viable outlet for the mission's bilateral CSM project; USAID was mistaken in this assumption. Nonetheless, USAID's relationship with GRMA and ACNM was supportive even though USAID was not a major player in the project. Although USAID provided appropriate assistance to the project as necessary, it underestimated the extent and nature of technical assistance required to develop a project management unit at GRMA capable of instituting and expanding family planning services through the GRMA members. USAID did not keep track of the amount of financial inputs invested in GRMA.

Recommendation

A study should be conducted to ascertain why the GRMA/DANAFCO relationship did not result in a greater distribution of CSM supplies to GRMA midwives. Given that the mission's new bilateral population project (scheduled to begin in late 1991) has a large CSM component, the study should advise on how such outlets as GRMA could be best served by the CSM project (and not the other way around) or, alternatively, if it would be more efficient for USAID to assist GRMA in developing other sources for procurement of contraceptive supplies.

2.5 Sustainability

As previously noted, when the project began, GRMA was a professional body which dealt primarily with the social concerns of its members. Project inputs have resulted in a dramatic and intensive expansion of the organization's function and role. GRMA now operates a program that includes a Secretariat staff of 11 salaried persons to plan and coordinate activities and to manage commodities. It provides training courses and a support system for its members. At the present time, GRMA has a wealth of human resources from which to draw; competence, vision and foresight are evident everywhere. However, in light of its rapid and practically ad hoc development and expansion and the failure of the project design to address sustainability, maintaining activities at their current level remains a major challenge involving financial planning and personnel issues.

¹During the evaluation all relevant project documents, assessments, and other relevant reports and correspondence were eventually located and a list compiled of all financial inputs (approximately \$900,000) into the project (see Appendix D).

Secretariat costs, including salaries, vehicle maintenance, utilities, stationery supplies, transportation for regional support visits, etc., have been met by project funds. Training costs, including food, lodging, course materials, honoraria for part-time trainers, transportation, etc., have also been funded by the project. Project documents, however, contain no plan to assist GRMA in developing the financial capability to meet these expenses in the future.

GRMA has very limited sources of income so far. Member fees have covered the office rent, which is a GRMA responsibility. Income from the sale of GRMA News covers its printing costs. GRMA staff hope this income will cover the salary for one public relations person in the near future. Family planning commodity sales provide some additional income which has been designated to cover transportation costs for support visits at the regional level.

Income generation is a serious concern of GRMA. Its success in obtaining a gift of land and an unfinished building for its headquarters from the Government of Ghana as well as a grant of \$60,000 to finish the building from a private U.S. donor demonstrates that GRMA can attract needed resources from a variety of sources. Once fully renovated, the building will house a conference/training room which can be rented to generate income. Several other reasonable income-generating schemes are currently under discussion, including projects at the regional level (e.g., setting up GRMA pharmacies). Given the obvious forethought, strong will, and love of challenge displayed by the GRMA members when questions of self-reliance and sustainability were raised, there is no doubt that they will work to achieve these goals.

GRMA members interviewed by the evaluation team recognized the need for self-reliance and the temporary nature of donor funding, and indicated their willingness to contribute financially to future training. Indeed, some members have recently supported themselves in training courses presented by other agencies. It is doubtful, however, that midwives have personal resources adequate to cover all the costs for the training courses.

In order to attain sustainability, GRMA must examine its hastily revised and expanded structure. Some needed structural changes have already been effected, such as the Secretariat's delegation of monitoring responsibilities to the regional level. Other changes, such as the creation of Standing Committees to fulfill specific functions within the Secretariat, are currently under discussion and should be decided on soon. If the Standing Committees are effective and take responsibility for certain activities (e.g., training or fund-raising), the number of salaried staff might conceivably be reduced. Even the role, limits of authority, and responsibilities of elected officers versus salaried staff are currently being scrutinized in the interest of ensuring that the maximum benefit is reaped from both groups.

Conclusions

If funding were to be terminated at this time, the GRMA program developed under this project would be very difficult if not impossible to maintain. Given the lack of attention to sustainability in the project design, this should come as no surprise. Project design and funding have created a financial dependency upon donor funds which one cannot realistically expect to be overcome in the three-year start-up process.

Given the changes and developments in GRMA since it first undertook the project, it is imperative for members to re-examine the entire GRMA structure and make major decisions about the future of the organization. In this regard, GRMA elected officers could appropriately concentrate their efforts on policy matters, fund-raising, and public relations work; this would leave salaried staff free to concentrate on program planning and implementation issues.

Recommendations

Recognizing that much has already been done and that more is currently being done in regard to reassessing the goals and objectives of the GRMA, prior to the start-up of a follow-on project with ACNM, GRMA should elaborate a five-year plan which would include goals and objectives as well as an illustrative timetable of specific activities (including possible technical assistance interventions) designed to achieve those objectives. GRMA's structure should be re-examined. The role, authority and responsibilities of elected officers should be clearly delineated. Salaried staff positions should be studied in light of the five-year plan. If necessary, a study could be conducted by a local management firm, with competency in management issues as they relate to NGOs, to determine what organizational structure would best satisfy GRMA's programmatic needs over the next five years.

The USAID mission should invite the REDSO private enterprise officer (PEO) to visit GRMA and to meet with GRMA officials at national and regional levels in order to discuss and advise on income-generating schemes for GRMA. The PEO should also contact local Ghanaian firms and institutions (e.g., MDPI, GIMPA) to ascertain to what extent they could assist GRMA to achieve financial self-sufficiency.

2.6 Relationships with National and International Organizations

From the time GRMA determined to procure assistance for its plan to train members for participation in PHC provision in Ghana, its officers' networking and liaison activities have been both effective and impressive.

Initially, GRMA sought support and assistance from the MOH, which aided in procuring funding assistance from USAID. Since then, the MOH's director of medical services has consistently supported and encouraged the midwives, as have leaders of divisions within the

MOH, particularly the Health Education Division, the Operations Research Unit, the Maternal and Child Health/Family Planning Division, and the regional medical officers for health, together with their public health staff. The present relationship between GRMA and the MOH is highly encouraging.

GRMA officers have forged links with other government agencies, most notably the Ministry of Works, which donated a partially completed building to serve as GRMA headquarters (see Section 2.5).

Within Ghana, GRMA has relationships with the Planned Parenthood Federation of Ghana (PPAG), UNICEF, the World Health Organization (WHO), USAID, the National Council on Women and Development (NCWD), and the Nurses and Midwives Council.

At the international level, its long-time involvement in the International Confederation of Midwives (ICM) was enhanced when GRMA hosted an ICM-WHO conference in Accra in 1989 and again when the president/project director made a presentation on the project during the ICM congress in Japan in 1990. A similar presentation was made at the annual conference of the National Conference on International Health (NCIH) in Washington, D.C., in 1990.

As a result of project activities, GRMA now relates to several technical assistance providers, including ACNM; GSMP (Ghana's social marketing program) through the local pharmaceutical company DANAFCO; FPIA; The Pathfinder Fund; Columbia University's Center for Population and Family Health; JHU/PCS; and MDPI.

The evaluation team is somewhat concerned about the time and energy required by GRMA officers who also serve as paid staff to pursue liaison and networking activities. Once the roles of officers and paid staff have been separated (see Section 2.1), it will be possible for networking to be pursued effectively by the officers, while the project receives the full attention of the project director.

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3. PROGRAMMATIC ASPECTS OF THE PROJECT

3.1 Service Delivery

The primary objective of the project was to promote awareness and knowledge of family planning and to increase access to safe and effective methods of family planning. The project's new acceptor target was 25,808 by the end of project. At the end of September 1990, new family planning acceptors numbered approximately 19,000 while revisits, through May 1990, were made by approximately 19,000 clients [GRMA statistics].

Considering that the first family planning training was not completed until late March 1988 (8 months after the project officially began) and that the 19,000 new client figure represents approximately 75 percent of midwives' family planning statistics (about 25 percent of the midwives have still not submitted all their reporting forms to be tallied by the Secretariat); the actual rate may be higher than currently noted. GRMA new acceptor statistics from December 1988 through September 1990 show that the percent of new acceptors per month has, on the average, levelled off and remains steady at approximately 16 percent. Furthermore, as pointed out in the May 1990 GRMA/Columbia University Operations Research Report, the number of new family planning acceptors appears to be keeping pace with the number of deliveries. In the case of the midwives visited during the evaluation, the new acceptor:delivery ratio was 3:4.

The GRMA/Columbia OR provides evidence that the GRMA midwives are indeed a special group of service providers. One of the assumptions on which the project was based was that the midwives reach a clientele that is not being served by the public sector or by other types of medical personnel in the private sector. According to the 1988 Ghana Demographic and Health Survey (DHS), 8.5 percent of the married women currently using a contraceptive method had no education, 12.1 percent had a primary education (1-10 years), 17 percent had middle, and 29 percent had higher education. By contrast, 42 percent of the family planning acceptors seen by the midwives have no education, 51.5 percent only primary education, and 6.5 percent 11 years or more. According to the DHS, 13 percent of women surveyed ever used the pill, 1 percent IUD, and less than 1 percent injectables. In comparison, the midwives' clients show 59 percent accepting the pill, 6 percent the IUD, and 18 percent injectables. It is clear that the midwives are promoting the more effective methods to their clients.

As the OR report indicates, the midwives do indeed reach clients, especially those with little or no education, who typically do not receive or seek services from public sector or other private sector sources. It would be interesting to know just exactly what are the factors that contribute to the midwives' success with this group of women. Continuation rates are relatively high: nearly 90 percent after 3 months of use, over 77 percent after 6 months, and close to 70 percent at 12 months (figures from the May 1990 OR report).

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The OR report found age to be an important influence on family planning provider activity, with the number of new acceptors for the youngest group of midwives being almost double that for the oldest group, and the number of revisits more than twice as high among the younger group. Changes observed by GRMA and ACNM in the declining average age of midwives attending family planning workshops are therefore encouraging. The average age of participants in the 6th Family Planning Workshop in May 1989, was 47.9 years, with a range from 33 to 70 years. In contrast, the average age of the participants at the 8th Family Planning Workshop in May 1990, was 43 years, with a range from 33 to 57 years. An increase in public sector midwives moving into the private sector was also noted; 10 of the 1990 participants had opened maternity homes in the past year.²

Conclusion

The team believes the new acceptor target of 25,808 was realistic and concurs with the GRMA/Columbia May 1990 OR report that service statistics to date are somewhat of a disappointment. Additional data and information indicate the midwives are providing family planning services to women not reached by other providers, and the continuation rate is close to 70 percent at one year. Awareness, knowledge, and access to safe and effective methods of family planning are now available through private sector midwives.

The number of new acceptors can be increased if further attention is given to outreach activities at the community level. If the trend of younger, more active public sector midwives moving into the private sector continues, there is cause for optimism.

3.2 GRMA as an Outlet for GSMP

Twenty percent of GRMA's total commodities are obtained from DANAFCO, the Ghanaian pharmaceutical firm which markets contraceptive commodities under the GSMP. Other supplies are obtained from pharmacies, chemical sellers, mission hospitals, and the MOH. Data provided by DANAFCO showed that in fiscal 1989-90, GRMA accounted directly for only 0.4 percent of total condom sales, 1 percent of foaming tablet sales, 3.9 percent of Norminest sales, and approximately 2 percent of ORS sales. Information on the brands of supplies purchased by midwives from pharmacies and other sources was not available; some of those commodities may be DANAFCO products. Further investigation would be required to attain an accurate understanding in this area.

Conclusion

GRMA has not become a major new distribution channel for GSMP.

²Source: ACNM Trip Reports.

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Recommendation

The reasons for GRMA's very limited utilization of GSMP products should be investigated during the next evaluation of the GSMP project.

3.3 Training

Training has been a primary activity undertaken to accomplish the major objective of the project. Courses have been provided in family planning service delivery, IUD insertion, business skills, and management.

3.3.1 **Basic Training in Family Planning Service Delivery**

The original project plan provided for 150 midwives to be trained in a course presented in two training sessions of one-week duration, separated by three months. This schedule was proposed to avoid extended absence by the midwives from their maternity homes. Before the first course was offered, the timing was reconsidered. Training has been provided in eight workshops, each lasting two weeks. In 1989, the target was revised to 200 trained midwives. By June 1990, 218 midwives had been trained. Thus, approximately 50 percent of the total GRMA membership had benefitted from the training. Thirteen of the trainees later attended the Ibadan (Nigeria) course to become competent in IUD insertion.

The training was competency-based and covered knowledge and skills required for quality family planning service delivery. Knowledge aspects were addressed through a variety of teaching methods based upon the adult education "teaching and learning" approach which emphasizes participation. Lectures, group discussions, role plays, demonstrations, and simulations were all incorporated. Skills development, including physical examination of the client, was accomplished primarily through demonstration and practice. Progress was monitored with the help of a skill performance checklist which allowed trainers to assess participants' ability to perform tasks correctly. Each participant was assessed daily, allowing trainers to identify any need to readjust their presentations and schedule.

The workshops were well organized with adequate handouts and a wide variety of visual aids. Standard evaluation procedures were carried out. A training manual is currently being created, incorporating the course materials developed during the training.

Answers to technical questions put to the midwives by evaluation team members reflected a good grasp of the principles and practice of family planning. The midwives reported feeling confident about their skills and knowledge. The majority demonstrated a high level of motivation to provide the service.

Midwives interviewed by the evaluation team were united in their views about the positive impact of the training upon their competence, confidence, and their image with clients and

community. Their positive experiences have stimulated interest in further training in family planning/MCH-related and PHC skills. Several midwives felt that IUD insertion should have been taught in the course and therefore felt the allotted time was too short.

The team of trainers included GRMA's deputy director for training, two part-time trainers seconded by the MOH on a short-term basis, and the ACNM project coordinator. Guest lecturers were also used for the courses.

In the planning process, it was envisioned that ACNM would take the lead to provide the initial family planning workshops but that training responsibilities would be gradually transferred to the GRMA trainers during the first year. Only modest technical assistance was to be required from ACNM thereafter. During implementation, however, the GRMA trainers have been changed frequently, for a variety of reasons (see Section 2.3). Three sets of trainers have been recruited and trained thus far. Each set has received intensive individual assistance in preparing for the teaching role, amounting to a training of trainers (TOT). This weakness in the training component has resulted in a continuing need for technical assistance.

The MOH, which has encouraged and supported the training of private sector midwives, indicated to the evaluation team its awareness of this high turnover and also its willingness to consider additional secondment of trainers to GRMA for family planning training. It is possible that a full-time qualified health training specialist could be seconded for an initial period of two years, if appropriate remuneration can be arranged.

Conclusions

The training received by approximately half of GRMA's membership was well planned, organized, implemented, and evaluated. Participants are confident about their knowledge and skills and believe their image has been enhanced, both with their clients and in the community.

The high turnover of training staff is a cause for concern since it is evident that the training capability of GRMA has not been stabilized. ACNM has had to provide a continued high level of technical input for the training. Assuming that training will continue in the future, it is necessary to ensure a stable core of trainers who are able to perform at the excellent standard already set by the project. To accomplish this, adequate remuneration of trainers, demands on their time, and other factors should be realistically addressed (see Section 2.3).

Recommendation

Plans for future training under the project should include training for the remaining GRMA member midwives, as well as a timetable and staff requirements for GRMA to be fully self-sufficient in its training component. Further manpower assistance should be requested from

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the MOH. Issues of adequate remuneration and other benefits for trainers should be addressed.

3.3.2 Clinical Training for the Insertion of IUDs

The training strategy called for a group of midwives to receive clinical IUD training in Ibadan, Nigeria. After their return, they were to serve as resources for in-country training for a sub-group of 30 additional midwives. The plan was revised in the first year of the project because the initial group of 15 midwives trained in Ibadan to function as preceptors for the local program was unable to fulfill the required standard for training others. Some participants failed to send reports on their activities and those sending reports did not have sufficient clients to provide the requisite 10 supervised insertions in a reasonable time-frame. It was also realized that some of the maternity homes were otherwise not suited to clinical training in IUD insertion. Because of these problems, two additional groups of 15 midwives were sent to Ibadan during the course of the project. Thus, the target of 45 midwives prepared to insert IUDs was accomplished by an alternative means.

The first group of midwives was selected and sent to Ibadan before the project officially began. The informal process used for the selection of midwives to attend the course was later identified as one reason among several for the disappointing results. When it was decided to send a second group of midwives to Ibadan, criteria for selection were developed. Following their return, this second group of midwives also failed to perform at the expected level. Selection criteria were more carefully defined and used in the selection of the third and final group to be sent. Monitoring data indicate that midwives trained in the third group have been performing satisfactorily. These criteria are now included in GRMA policies. (The criteria are presented in Appendix F.)

The OR data show that midwives trained in IUD insertion have, on the average, more new clients and family planning revisits than those who did not receive the IUD training. This is in harmony with other studies which have found that midwives who are able to offer the entire range of family planning services have more clients than those who do not. The majority of GRMA member midwives interviewed by the evaluation team who were not trained in IUD insertion wanted to be able to provide this service for their clients.

In discussions with regional MOH officials, it became evident that facilities for clinical training in IUD insertion are available in-country, taking advantage of large family planning clinics, particularly those of the MOH. Theoretical aspects of the training could be provided in workshops, followed by a practicum at MOH polyclinics or other high volume family planning clinics. Clinical instructors will need special training for the provision of high-quality teaching and supervision of IUD insertions at those clinics.

Conclusions

Training in IUD insertion is still an important training need of private sector midwives, in their own view and in reference to OR data (see Section 3.1). The potential exists to provide this training in Ghana to a greater number of GRMA members, in close cooperation with the MOH.

Recommendation

In-country clinical training in IUD insertion should be provided in the follow-on project for selected midwives who are currently providing other family planning services.

3.3.3 Training for Regional Representatives

As a result of institutional development within GRMA, 25 midwives, comprising 21 participants from the private sector and 4 midwives from the public sector, were trained in February 1990 in supervisory and support skills. The workshop was designed to enable them to supervise and support other GRMA midwives in their maternity homes and communities. Since their training the regional representatives have been making support visits to GRMA members. (See Section 3.4.)

3.3.4 Business Skills and Management Training

If the private sector midwives are to provide family planning and other health services on a continuing basis, their maternity homes must be economically viable. The original project design identified the need for an assessment of business skills and management practices and subsequently for training workshops. The Enterprise project agreed to participate in this aspect of the project, providing technical assistance and funding for an assessment plus seven sets of workshops over the length of the project, to train approximately 100 midwives. Business and management were also to be included among continuing education topics presented at the regional level.

Enterprise contracted with a local organization, MDPI, which designed and carried out an assessment of GRMA members' management practices and found that while clinical records were well kept, the midwives lacked skills in the management of their businesses. MDPI then designed and presented workshops for the midwives. Nine three-day workshops have been completed for 238 private sector midwives, as well as seven two-day follow-up workshops, for 148 participants. An additional workshop is scheduled for November 11-14, 1990.

In discussions with the evaluation team, the MDPI trainers indicated significant learning on the part of the midwives during the training process. Their initial idea of appropriate accounting involved ledger books and other procedures which they were soon forced to replace with very simple income and expenditure records designed to meet the requirements

of the internal revenue office, yet be easily maintained by the midwives. Budgeting procedures were simplified as were other aspects. The trainers found the midwives unskilled in forward planning, pricing their services in a competitive market, recording and collecting debts, and in general financial management.

During visits to GRMA members, the evaluation team interviewed 20 midwives who had participated in the business skills training. Many of these felt the three-day course was too short, considering the difficulty of the topic. Family planning was, in comparison, easier to understand because it built on previous knowledge and experience; the areas of business, management, and accounting were totally new. Those who had attended the two-day follow-up workshop felt more confident about their new skills, since weaknesses and mistakes identified in the previous workshops had been taken into account by MDPI.

All midwives interviewed by the evaluation team reported making changes and improvements in their record keeping, financial management, and filing procedures since the training. Most had not previously separated expenditures from income nor had they considered formally paying themselves a salary. As a result of the training, they now feel able to keep accurate records for their tax obligations, which has actually helped to reduce their taxes, thus making an impact on their annual income.

The midwives found themselves more realistic about the profits or losses in their maternity homes. Eleven midwives believed that their income had increased as a result of their new skills while several others said they could not be sure because their previous records were so poor, but felt they will be able to determine changes in the future. The team noted a tendency for the midwives to look at total income from all services, rather than considering income from each type of service provided. This inhibited their ability to isolate increased income from the family planning services they rendered, even if total income had declined for other reasons.

The project did not address the broader issue of profit in maternity homes. Some midwives interviewed by the evaluation team who were experiencing a decline in the number of clients coming for delivery, attributed the problem to a reduction in pregnancies as a result of their new family planning activities. This indicated a need for Secretariat staff and members to better understand factors influencing maternity home profits. This might usefully be addressed through operations research (see Section 4).

The report of the independent evaluation of the business skills training component, conducted by University Consultancy Center (UCC), indicated that while deliveries remain the chief income-generating activity, family planning services are a financial advantage to the maternity homes. Midwives in the survey realized an increase in monthly income, ranging from C2,000 to C25,000. Since being trained, a significant percentage plan their business, including setting sales targets, and consider cost factors before fixing prices. Budgets were being prepared and business growth was being projected. Financial books were being kept

by most but many midwives experienced problems in maintaining them properly. Further knowledge of this aspect was required. General record keeping had improved.

In summary, the UCC study found the MDPI training program beneficial since most midwives who participated were found to be better informed and equipped to put business management practices to effective use in their maternity homes.

Conclusions

The training provided in business skills has improved the midwives' confidence and understanding of business and financial management. Issues of income and profit in maternity homes need further attention to ensure that they are viable businesses and therefore stable family planning service providers.

Recommendation

In the follow-on project, issues of income and profit in maternity homes should be further studied.

3.3.5 Continuing Education

The project plan identified existing national and regional meetings of GRMA as the appropriate forum for continuing education. In 1986, GRMA regional chapters were meeting monthly, their regional representatives met with the national officers quarterly, and there was an annual meeting for the general membership. In some regions, continuing education was already a part of regular meetings. Typically, physicians and others with relevant expertise were requested to address the members on topics identified locally. Under the project, ACNM was to assist GRMA to develop a series of continuing education presentations for regional and national meetings. Specific topics were identified.

Continuing education was first provided by the project in GRMA News. From the first issue, the newsletter has contained new and review information on family planning in the "Auntie Midwife" column and in some of its articles.

The more formal continuing education component of the project has only recently been developed, due in part to the time demanded of the Secretariat staff for other project activities. At the time the supervision and support functions were delegated to the regional level, regional representatives were assigned responsibility for continuing education (see Section 3.4). Topic content and the production of materials remain the responsibility of the Secretariat and ACNM.

The team was pleased to find that topics are identified by the member midwives and reflect their current needs and interests, rather than being chosen from the original list. Three modules have been addressed to date. The first, infection control, has been presented in

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the regions. Midwives interviewed by the evaluation team said the information was practical and useful in the operation of their maternity homes. Two more modules, one on Pap smears and one on recent developments in family planning, including Norplant, female condoms, and new information on contraceptive pills and IUDs are now available. The modules are interesting, and well written and illustrated. They were written primarily by the ACNM project coordinator. The Secretariat staff have yet to independently develop continuing education modules.

The current GRMA plan is to develop four to six continuing education modules per year. Once they have been developed at the national level, the modules will be introduced to regional representatives during their semi-annual planning and business meetings. The representatives will be trained to present the topic in their own regions. They will be provided with handouts and, where possible, transparencies for use with an overhead projector.

Conclusions

Despite the delay in developing the continuing education component of the project, a system is in place to provide regular, appropriate continuing education for GRMA members. Further technical assistance is required to ensure the capability of Secretariat staff to develop topic content, handout materials, and audio-visual aids.

Recommendation

In plans for the future, GRMA and ACNM should carefully outline a strategy to accomplish self-reliance in the production of continuing education modules.

3.3.6 Training for Midwifery Assistants and Others

Recognizing that almost all midwives operating private maternity homes have assistants, only some of whom are trained midwives, the project document mandated that "midwives who receive family planning training will be expected to provide on-the-job training to at least one assistant." ACNM and GRMA were to explore the need for and feasibility of supplemental, short-term training for these assistants.

Most midwives interviewed by the evaluation team said they have taught their assistants basic family planning information and have trained them to dispense foaming tablets and condoms, but not other commodities. Some assistants have gained counselling skills as well. This indicates that informal training has taken place in at least some maternity homes. Specific data on the actual number of midwives trained in the program who have, in turn, provided training to their assistants were not available.

Early in the project implementation, it was suggested that assistants be formally trained as family planning motivators. The idea was considered by the Secretariat but in light of higher

training priorities and uncertainty regarding the specific benefit and role of motivators, the plan was shelved. Subsequent OR data regarding the low number of new family planning acceptors (see Section 3.1) suggests that this strategy was needed.

Conclusion

Given the need to increase the number of family planning acceptors, the feasibility of training maternity home assistants as motivators for family planning requires further consideration.

Recommendation

Training maternity home assistants as family planning motivators should be given renewed serious consideration in planning the follow-on project.

3.3.7 Future Training

Approximately half of GRMA members who operate maternity homes have been trained as family planning service providers to date. Midwives interviewed by the team who have not yet had training wished to participate. Those who were trained showed great interest in continuing to learn or improve their skills. Several were aware of the Life-Saving Skills course currently being offered as a pilot by ACNM in cooperation with GRMA and most expressed determination to be included in that training. Midwives who have not learned to insert IUDs wish to gain this skill. PHC and child survival were areas identified by the midwives as priorities for additional training.

As noted above, private midwives in Ashanti and Brong Ahafo Regions had already participated in workshops at their own expense. This is evidence of the value they assign to further training.

Conclusions

The number of GRMA family planning service providers can be nearly doubled by training member midwives who are not yet providing these services. Further training for other PHC skills is a high priority for GRMA members who recognize the positive results of the training they have received.

Recommendation

In the follow-on project, basic training in family planning should be offered to GRMA members who have not yet received it. In addition, training in Life-Saving Skills and other PHC skills should also be offered, if deemed to be in keeping with the USAID mission's strategy for health.

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3.4 Information, Education and Communication

The initial plan for the IEC component of this project was concise and limited to provision of materials rather than development of skills. From the beginning, it was planned that JHU/PCS and its counterpart, the Health Education Division (HED) of the MOH, would cooperate in the project, sharing materials then being designed and produced at the HED with GRMA midwives. Logo signs were to be produced and provided for course graduates to post outside their maternity homes as an indication that family planning services were now available. The newly trained midwives were also to receive publicity programmed jointly by HED and JHU/PCS using television, radio, and print media.

During the course of the project, GRMA recognized the need for a full-time public relations staff person. The pressing needs were for someone with skills to write and publish GRMA News, to work with the media for coverage of GRMA activities, and to write announcements to advertise workshop graduates as new family planning service providers. Publicity items for family planning and for GRMA, including T-shirts, badges, pens, etc., required management as well. A journalist was seconded from the MOH for the public relations post, which was later broadened to include responsibility for procurement of posters, brochures, and other IEC items for distribution at training courses.

Early in 1988, GRMA and ACNM met with JHU/PCS and HED to further discuss the IEC needs of the project. An agreement was reached which included a component on counselling and interpersonal communication in the family planning training curriculum. HED began to participate in the workshops. Concurrently, the trainers were challenged to write materials on these topics to ensure their continuing inclusion in future training, when HED presenters might not be available.

Midwives interviewed by the evaluation team felt the IEC aspect of the family planning training had changed their relationship with clients and the community in positive ways. In part, they attributed the changes to communication and teaching skills received during their training, and to the encouragement they were given to reach out to groups within their communities and in other communities as well. Follow-up of clients at home, presentations on family planning and other health topics in churches and other gatherings, being approached for advice on a variety of topics, and increased interaction with community leaders who showed added respect were among the new activities they identified. In addition, almost all midwives interviewed by the team have conducted at least one outreach clinic and many now feel bold enough to move out of their clinics to talk with people about family planning and related topics.

The only IEC skills targeted for development in the project to date are basic skills for midwives providing family planning. Disappointing OR data relating to the new acceptor rate (see Section 3.1), indicate that additional IEC skills training to improve motivation efforts would be advisable. It was previously suggested that assistants to the midwives might usefully be trained as family planning motivators (see Section 3.3.7). This might be

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accomplished through additional training for midwives and/or by training the assistants directly.

Conclusions

The IEC component of the project, which has been implemented as planned, focused primarily on provision of IEC materials. Little attention has been paid to the need for IEC skills, except for training provided to family planning workshop participants. Given their potential for motivating new acceptors, IEC skills deserve additional consideration.

Recommendation

Training to further develop the IEC skills of midwives and their assistants should be included in the follow-on project.

3.5 Support Visits

The project agreement identified the need for support visits to provide on-site technical assistance as well as commodities and equipment to the GRMA members. ACNM and the Enterprise project were to assist the GRMA Secretariat staff to develop expertise in providing such assistance. It was envisioned that the staff would make regular support visits to 150 midwives trained as family planning providers. The staff were expected to participate in all regional meetings, as well.

During the process of GRMA's organizational development, it became evident that the Secretariat staff could not possibly provide all necessary support to the membership. The primary support system was subsequently developed at the regional level, relying on the members' representative volunteers to provide the services. The strategy called for existing regional representatives to be trained, it outlined their functions and responsibilities, and addressed their transportation needs. Under the plan, each representative is to make eight visits per year, ideally visiting two maternity homes during each three-month period. A total of 200 support visits to GRMA members trained to provide family planning services can then be accomplished annually.

Support visits are currently being conducted. All but one of the midwives interviewed had received at least one visit and most had received two or more since the beginning of 1990. All expressed positive views regarding technical corrections and advice and the opportunity for collegial discussions. They appreciated help in problem-solving and procurement of supplies. Midwives believe their image has been enhanced by the visits and that a spirit of cooperation has been forged among GRMA members. They consistently said support visits were technically helpful and psychologically encouraging.

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During the interviews, GRMA members suggested ways to strengthen support visits. Being visited more often, having commodities brought to their units on a regular basis, planning visits in adequate time to arrange for consultation on specific patients, and having the representative accompany them on outreach visits (believing this would increase their credibility), were most frequently mentioned. Bringing vaccine supplies in EPI carriers and providing more training on additional topics, especially malaria, were mentioned as well.

The defined responsibilities of regional representatives limits them to one support visit per maternity home per year. Because GRMA members have found the visits valuable, they would like a greater number of visits and additional collaboration with the representatives. Indeed, the representatives themselves were found to be enthusiastic and had spent significant time doing this work. Since service is provided on a volunteer basis, the financial implications of any additional time the representatives spend away from their own maternity homes, as well as transportation and other costs for the visits, is a cause for concern.

Conclusions

The original project design was unrealistic in its expectation that the Secretariat staff would make regular technical assistance field visits to the 150 midwives to be trained as family planning providers. GRMA and ACNM recognized that support for members throughout the country could not be provided by the Secretariat staff alone and they developed an effective alternate strategy which requires minimum financial input. While the system provides an excellent opportunity for the midwives to participate actively in solving problems of their program, the demand which has been created for additional support services could weaken the system if volunteer time is not carefully considered by all parties.

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4. OPERATIONS RESEARCH

The project, as proposed in 1986, represented an innovative approach to family planning service delivery. All parties concerned were interested in the project's development and outcome, in the hope it would serve as a model for replication elsewhere. It was therefore important to have solid evaluation and monitoring data to provide insight into the feasibility of the model and to test the effectiveness of the delivery system. Although this operations research component was not included in the evaluation Scope of Work, the evaluation team considered it an important aspect of the project.

Columbia University's Center for Population and Family Health (CPFH) was invited to provide financial and technical assistance to GRMA for development of this aspect of the project under its cooperative agreement with USAID. GRMA's need was for a monitoring system that would allow the regular assessment of progress, achievements, and problems. The staff needed reliable information on the views of the midwives they served and on the views and attitudes of the clients served by those midwives.

Working closely with the OR Unit at the MOH, CPFH commenced activities in the earliest stage of project implementation. The GRMA Secretariat appointed the new deputy director as its research officer and a research assistant (who had previously worked with the MOH's OR Unit) was hired. GRMA members participated in the OR via interviews about their work and views and by administering questionnaires to clients.

Research and monitoring activities proceeded as planned. Data gathered in the process were used by the project staff to improve their supervision, to identify areas of concern or problems, and to readjust their plans. For instance, the staff were first alerted to the disappointing performance of the initial group of midwives trained in Ibadan (see Section 3.2.2) by the monitoring data. Improvements in the performance of those and additional midwives subsequently trained at Ibadan have been similarly tracked. Information on the number of clients seen by the midwives, the popularity of the various family planning methods, and the number of adolescent and older women being served are all currently under scrutiny. The need to strengthen IEC activities for family planning motivation has been identified from the data as well (see Section 3.1).

In May 1990, the GRMA hosted an international Operations Research Conference, funded by Columbia University. GRMA and CPFH published a final report of the event.

Monitoring is now a routine project activity. Member midwives keep and send family planning and MCH service statistics to the Secretariat. Once processed, the combined data are used by the staff for management purposes. The MOH continues to provide equipment, technical support, and supervision to the research assistant.

CPFH has completed its direct assistance. As yet, GRMA does not have the capability to carry out OR. Given the usefulness of the OR data thus far, this is unfortunate. Gaining insight into other aspects of the midwives' work and identifying additional training and support which can enhance their ability to provide health care would be valuable. For example, issues of income and profit raised in the evaluation of the business skills training workshops (see Section 3.2.4) could be investigated to understand how the financial viability of maternity homes might be insured. The current plan to establish a National Operations Research Committee, in which GRMA has been invited to participate, may provide opportunities for training to further strengthen and develop the OR capability.

Conclusions

While the monitoring of family planning services has been institutionalized, GRMA is not yet able to conduct operations research, in part because OR was included primarily to allow USAID to test the effectiveness of the model. This is unfortunate because OR can provide additional valuable information for effective planning. Through continuing collaboration with the MOH, the potential exists to gain this capability.

Recommendation

The follow-on project should include a strategy to institutionalize an operations research capability at GRMA, in collaboration with the MOH.

5. LESSONS LEARNED FROM THE PROJECT

As noted above, the Private Sector Midwives and Family Planning Project was experimental for USAID. Implementation has provided learning opportunities for all concerned.

5.1 Sustainability

As discussed in Section 2.5, ways and means by which GRMA might sustain activities begun under the project were not addressed in the project's design phase. This indicates either that GRMA was not expected to sustain the activities or that, in their enthusiasm to promote family planning services, the designers paid little attention to the future of the organization.

As a result of project activities, GRMA now operates a program which its members fully expect will benefit them on a permanent basis. The organization is not financially able to meet this expectation without continuing donor assistance. Although three years is too short a period to realistically expect attainment of sustainability in a project which "started from scratch," careful attention to the development of the necessary financial capability in the planning process could have improved GRMA's position.

Lesson Learned: During a project's planning phase, careful consideration must be given to the issue of sustainability and means to achieve it must be outlined. Adequate attention should be given to income generation in order to make sustainability possible before project funding ends. Plans should also identify all technical skills required for the staff to maintain the program.

5.2 Public Sector Support

The MOH should be commended for tapping "forgotten resources" (as one MOH official termed the GRMA) to assist the MOH to reach its target, set in 1980, of providing PHC services to 80 percent of Ghana's population. For example, prior to project start-up, top MOH officials supported and urged that USAID support GRMA's idea of providing training in PHC interventions to its members. The director of the MOH OR Unit participated actively in the OR conducted under the project. At the regional level, as was evidenced in the two regions visited during the evaluation, GRMA and MOH officials collaborate closely on community health activities. The MOH provides injectable contraceptives to midwives and is beginning to include the midwives in training activities hitherto restricted to public sector health employees. MOH officials are responsible for ensuring that private maternity homes conform to certain standards. The medical director of health services in the Greater Accra Region has authorized the secondment, on a part-time basis, of public sector employees to GRMA to assist with training activities as necessary. The director also stated her willingness to second public sector employees to GRMA on a full-time basis if GRMA presented a reasonable case for doing so. And finally, GRMA's good reputation with the

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public health sector no doubt was a major factor in the Ministry of Works and Housing's recent decision to donate land and a building for the new GRMA headquarters.

Lesson Learned: Even though a project may be implemented by a private sector organization, the continued assistance and support provided by the public sector should not be minimized. This project, for example, might not have been as successful if the MOH had not been so supportive of the project.

5.3 Support for Project Activities

Although the purchase of a vehicle for GRMA was problematic for ACNM in the early stages of the project, the number of supervision visits which have been conducted up-country to date would have been impossible without a private vehicle. Preparations for and implementation of training programs would have been frustrating, to say the least, had a reliable vehicle not been available to ensure the timely transport of staff and materials.

Likewise, the provision of a minimum of office and communication equipment was a sine qua non for the successful implementation of the project. For example, USAID, Columbia University, and MOH officials wanted to institutionalize OR capabilities at GRMA. One GRMA staff person was trained in OR techniques. The assistant, who participated in OR activities, was trained in data processing on a personal computer. However, prior to final departure from the country, Columbia donated the personal computer procured under the OR project to the MOH OR Unit. When GRMA wants to enter or run data, staff must go across town to the MOH OR Unit to do so. This situation is not propitious for the institutionalization of OR at GRMA, but it could easily and inexpensively be rectified if one of the USAID cooperating agencies were to provide a personal computer and the necessary software to GRMA under a future contract.

Lesson Learned: The necessity of investing in support systems for project activities should not be underestimated. Support systems include vehicles, typewriters, personal computers, office supplies, telex and other communication devices, support staff, etc. The follow-on project must address requirements for effective support of project activities.

5.4 Competitive Salaries

As noted in Section 2, GRMA's management of project activities has yet to be institutionalized. The problems GRMA has experienced in recruiting a permanent director for the project have largely been due to the level of remuneration available for the position (see Section 2.3). The high turnover of training staff is also partially an economic problem. These positions are demanding and require great investments of time and energy. Salaries and benefits are inadequate to attract well-qualified, committed persons to the positions.

GRMA is considered by all parties to be a private sector organization. Expectations relating to employment in the private sector in most countries include better salaries and benefits than can be gained in the public sector. (One reason midwives choose to leave the public sector and open private maternity homes is that they believe they can increase their income while they continue to provide services.) To successfully recruit and keep staff, GRMA must meet expectations as a private sector employer.

Lesson Learned: Salaries for the staff of an NGO must be competitive at the national level to ensure that staff can be recruited, will remain committed, and will stay with the project.

5.5 Distribution of Technical Assistance Time

Under the project agreement, ACNM was assigned overall responsibility for the project and was to delegate the management, implementation, and other activities to a project coordinator who was to make periodic visits over the length of the project.

As previously noted (see Section 2.1), the project was a new undertaking for GRMA which, until 1987, employed no staff and therefore had little need for written policies, defined procedures, or mechanisms to solve problems and make major decisions. Once the project began, GRMA's new staff were faced with the challenge of developing numerous policies, procedures, and plans and inevitably were required to solve problems which arose during the implementation process. Since many of the decisions and actions required input and approval from ACNM, as the agency with overall responsibility, delays and frustrations might have been foreseen. The poor state of international communications facilities between Ghana and the U.S. compounded the difficulties. As a result, early project activities were accomplished unevenly. There were high levels of activity and long hours of work when the project coordinator was present and frustrations when she was absent.

Lesson Learned: When a project is undertaken with an organization that has no previous experience in project implementation, delays and waste of energy through frustration can be avoided if technical assistance is provided constantly until policies, procedures, and routines have been established. The team concurs with the opinions of both GRMA and ACNM that had full-time technical assistance support been provided in the first year of this project, numerous delays and frustrations would have been avoided.

5.6 Assisting Other NGOs in Ghana

There are several other NGO's in Ghana, some of which are similar in structure and function to GRMA as it existed before the project began. Each NGO has developed according to the needs, opportunities and inspiration of its members and/or staff. The evaluation team was able to interview an executive officer of one such organization, identified by USAID staff.

Ghana Registered Nurses Association (GRNA). The GRNA was established in the same decade as GRMA. Its structure is similar to GRMA's, with a national secretariat, regional, and district organizations. It has been a member of the International Confederation of Nurses since 1960.

The Secretariat of GRNA is within the nursing college at Korlebu Hospital in Accra. It has two part-time staff and is in need of independent office space. Its president works full time for the MOH. The organization is in the process of requesting her secondment from the MOH, together with the nurse who holds the position of secretary, to allow them to concentrate full time on the business of the organization.

The purposes of GRNA are to bring together all trained nurses in the nation; assure quality nursing care; look after the socio-economic welfare of nurses (the majority of whom are also midwives), including salary negotiations with the Government of Ghana; protect the interest of the public by ensuring competent practice of nurses through a formal code of ethics and a Nursing Practice Act; and regulate nursing in the West African Region (in pursuit of which the president participates in a WHO-funded process involving working group meetings). Continuing education and further training for nurses are not provided directly by GRNA; MOH programs serve these needs of the members.

GRNA members, as nurses, do not independently provide health services; they are prevented from doing so by Ghanaian law. They do, however, work in private sector clinics, under the supervision of physicians or medical assistants. There are approximately 3,000 state registered nurses and 7,000 enrolled nurses in membership.

Lesson Learned: Given the unique nature of GRMA, it is doubtful whether this project could be replicated in Ghana. However, some facets of this project may be replicable with NGOs in Ghana and elsewhere, particularly where midwives are encouraged to operate private services and have the support of their government.

Appendices

Appendix A
Scope of Work

Appendix A

Scope of Work

FINAL EVALUATION

AMERICAN COLLEGE OF NURSE-MIDWIVES/GHANA REGISTERED MIDWIVES ASSOCIATION PROJECT

I OBJECTIVE

The objectives of this final evaluation of the American College of Nurse-Midwives (ACNM) project are to assess (1) the progress-to-date under the project grant agreement; (2) the validity of the original design and assumptions; the impact of project activities; and (3) the contribution made by this project to family planning service delivery in the private sector.

In carrying out the analysis, focus will be on: (1) the extent of impact of the Technical Assistance of ACNM on the management skills transfer to the Ghana Registered Midwives Association (GRMA) during the life of project; and (2) the lessons learned from this project which can affect the role of GRMA or other NGOs in the follow-on USAID funded Family Planning and Health Project.

II BACKGROUND

On July 22, 1987 the ACNM and the GRMA embarked on a three year project entitled "Private Sector Midwives and Family Planning Services". This originally received support from the Family Health Initiative (FHI II) Project. The purpose of the grant was to assist the Ghana Registered Midwives Association (GRMA) to increase access to quality family planning services and information through private midwives. This was to be achieved by the ACNM working with the GRMA to assist private sector midwives to provide family planning and eventually other child survival services to their clients. Self-sustaining private sector groups like the midwives were seen as essential for expanding Primary Health Care services.

In addition to ACNM support for family planning training, research activities have been undertaken by Columbia University to evaluate the approach used and the results achieved in this particular service delivery program; the Enterprise Project has provided training and technical assistance in the area of business skills for managing family planning services; and the Johns Hopkins University/Population Communication Services (JHU/PCS), has provided health education materials, air and print time for advertising, and family planning signboards to each trained midwife. Contraceptive commodities are obtained through the USAID-funded Ghana Social Marketing Program (GSMP), from FPIA and from the Ministry of Health. Accomplishments of the project to date include:

- Establishing a national secretariat for the GRMA.
- Providing eight basic family planning training workshops in-country for 207 midwives.
- Training forty-five midwives in a six week family planning clinical program including

IUD insertion and removal techniques in Ibadan, Nigeria.

- Completing of planned research activities by Columbia University including publication of the report, "Profile of Private Sector Midwives and their Maternities", as well as the training of the GRMA Deputy Director/Research Officer and Research Assistant on research activities.
- Conducting eight 3-day workshops in basic business skills and management (Enterprise Program).
- Completing seven 2-day workshops in refresher business skills and management (Enterprise Program).
- Completing of 189 support/evaluation visits to maternity homes of private sector midwives
- Recruiting over 13,200 new family planning acceptors by trained midwives through the end of December, 1989.
- Advertising family planning services provided by GRMA midwives who have completed the family planning workshops, producing of individual midwife signboards, and a GRMA organizational pamphlet.
- Training and providing support for 25 GRMA regional representatives to prepare them for an expanded role within the association.

The Evaluation Team should focus on three major issues (Project Impact, Project Management and Lessons Learned for future projects) and address the following questions:

A. PROJECT IMPACT

1. Were the assumptions made about the impact of the approach of using members of a PVO as a substantial means of expanding the availability of family planning services and information valid? How far has the project achieved its end of project status (EOPS) goals?
2. Reports on the numbers of family planning acceptors as a result of this project have been lower than expected. What conclusions can be drawn about project implementation from this? Were initial expectations too high, or was the implementation more protracted than expected? What are the prospects for achieving higher acceptor rates in the future?
3. To what extent has the knowledge gained through the different training programs made a difference in the midwives' attitudes towards the community they live in, clients they serve, and how has it enhanced their social roles?
4. What has been the impact of GRMA project on expanding the private sector distribution channel of the Ghana Social Marketing Program?

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5. To what extent is this project sustainable? What will happen to the GRMA if ACNM assistance ends?
6. How have the business skills training changed the way midwives operate their midwifery businesses? Have these changes affected the incomes of the trained midwives?
7. To what extent have the clinical teaching and supervision improved the quality of care that the midwives provide their clients.

Project Management

1. How effective is the Ghanaian management of this project, both in terms of the national as well as the regional staff?
2. How adequate are GRMA staff supervision and support visits in managing the project?
3. To what extent has the high turn over of training staff affected the management of the project? What can GRMA do to overcome this problem?
4. All PVOs in Ghana request vehicle donations. Questions have been raised about the effectiveness of this form of assistance. From the point of view of this project, to what extent has the provision of a project vehicle affected the achievement of project objectives? What objectives would have been unobtainable without a vehicle? How would the project be implemented without a vehicle?
5. A building shell has been donated to GRMA for completion and use as an office. Non-USAID donations have been raised for construction work. What will be the impact of acquisition of this new office building on the association as well as on the project?
6. What has been the impact of the very intensive level of technical assistance provided by ACNM? Has this helped or hindered GRMA in becoming sustainable? How long will this level of TA be required before GRMA can carry out these functions without outside technical support?
7. Earlier evaluations indicated that there was a significant difference between Ibadan trained and in country trained midwives. Does this discrepancy still exist? What reasons can be given for it? What can be done to avoid similar problems in the future?

Lessons Learned and Follow-on Project

1. What lessons have been learned which will alter the implementation of a follow-on project providing continuing support to GRMA?
 2. To what extent is support required by GRMA typical of other NGOs? What lessons can be learned from this project that will assist USAID in developing assistance to other NGOs?
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Appendix B

List of Persons Contacted

Appendix B

List of Persons Contacted

Ministry of Health

Dr. Moses Adibo	Director of Medical Services, MOH, Republic of Ghana
Dr. Emmanuel N. Mensah	Regional Medical Director of Health Services, Brong-Ahafo
	Dr. George Kwadwo Amofah Regional Medical Director of Health Services, Ashanti Region
Dr. Benedicta M. Ababio	Regional Medical Director of Health Services, Greater Accra
Dr. Kofi Asare	Senior Medical Officer in charge of Communicable Diseases, Brong Ahafo Region
Dr. Sam Adjei	Director, Operations Research Unit, MOH
Mrs. Theodora Okyere	Public Health Nurse, Sunyani Center, Brong Ahafo Region
Mrs. Judith Addoquaye	Senior Nursing Officer, Public Health, Techiman District, Brong Ahafo Region

Ghana Registered Midwives Association

National Secretariat:

Mrs. Henrietta Owusu	Project Director
Mrs. Comfort Otu	Deputy Director for Training
Ms. Shika Agbenyeke	Public Relations Officer/Journalist
Ms. Maude Ofori	Assistant Public Relations Officer
Mr. Bishop Aryee	Accountant

Members, Greater Accra Region:

Mrs. Emily Amanor-Boadu	Emily's Maternity Home, Asylum Down
Mrs. Frederica Addo	Mrs. Frederica Addo's Maternity and Family Planning, Kokomlemle
Mrs. Hannah Larbie	Hannah's Maternity Home, Chorkor
Mrs. Felicia Danso	Felidan Maternity Home, Chokor Chemuna

Members, Ashanti Region

Mrs. Mary Adu-Achampong	Mary's Maternity Home, Asokwa New Amakom Extension
Mrs. Agnes Turkson	Suame Maternity Home, House 19D, Sumane
Mrs. Rose Asante	Central Maternity Home, Old Tafo
Mrs. Jessie Adu-Nyako	Baby Pearl Maternity Home, Buokrom Estate
Mrs. Philomena Danso	Philipo Maternity Home, Tanoso
Mrs. Agatha Amoateng-Boahen	Maranatha Maternity Home, Asuoeyehoa
Mrs. Elizabeth Ben-Smith	Mama's Own St. Anthony's Maternity Home, Bantama
Mrs. Helena Anquandah	St. Helena's Maternity Home, Awiam/Amokom
Mrs. Florence Agyei-Dankwa	Florence's Maternity Home, Oforikrom Anloga
Madam Yaa Achiaa	Patience Maternity Home, Afor Nkwanta/Amakom
Mrs. Alice Liberty-Akuffo	Abuakwa Maternity Home, Abuakwa

Members, Brong Ahafo Region

Mrs. Elizabeth Appiah-Kusi	St. Elizabeth Maternity Home, Kensere/Asutifi District
Mrs. Hannah Appewy	Hannah's Maternity Home, Odomase via Songoni
Mrs. Margaret Arko	Boafo Ye Na Maternity Home, Biaso/Asutifi District
Mrs. Margaret Manu	Patience Maternity Home, Gambia #2
Mrs. Agnes Akosua-Adwetewa	Mim Council Maternity, Mim
Ms. Esther Akaadom	Eye Awurade Maternity, Dominase
Mrs. Alice Liberty Akuffo	Abuakwa Maternity Home, Abuakwa
Mme. Grace Amani-Kwartema	Kwabeng Maternity Home, Yaw Owusu-Krom
Mrs. Cecilia Badu Nkanki	Cecilia's Maternity Home, Nkrankwanta
Mrs. Comfort Agyeman	Obuor Memorial Maternity Home, Nkrankwanta
Mrs. Agnes Mmuah	Maggie's Maternity Home, Nyame Bekyere New Town, Berekum
Mrs. Elizabeth Amankona	Palm Avenue Maternity Home, Senase Kwanso Quarters, Berekum
Mrs. Rosebud Gaisie	Mercy's Maternity Home, Chiraa
Mrs. Alice Opoku-Ware	Adom Maternity Home, Takyi Dwomoh, Techiman
Mrs. Dorcas Boateng	Arms Maternity Home, Techiman/Zongo

Member, Eastern Region

Mrs. Mercy Bansah	Pankese Maternity Home, Pankese
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Other Persons Contacted

Ms. Comfort A. Asiamah	President, Ghana Registered Nurses Association (PO Box 2994, Accra)
Mr. Kwaku Amponsah	Project Coordinator, GSMP/DANAFCO

Appendix C

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Appendix C

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2. Scope of Work for Proposed Budget Increase for Private Sector Midwives and Family Planning Project, Grant No. 641-0462-G-SS-7024-00, March, 1989
3. Subagreement Between American College of Nurse Midwives and the Ghana Registered Midwives Association, Project No. 641-0462-G-SS-7024-00
4. Modification to Subagreement between ACNM and GRMA: Expanded Activities/Scope of Work for the "Private Sector Midwives and Family Planning Services Project"
5. Beck, Diana, Trip Report, April 21 - June 2, 1989
6. Beck, Diana, Trip Report, August 31 - October 14, 1989
7. Beck, Diana, Trip Report, January 27 - March 9, 1990
8. Beck, Diana, Trip Report, April 20 - June 10, 1990
9. Pederson, Bonnie and Deborah Armbruster, Trip Report, Ghana, January 16 - February 8, 1988
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11. Marshall, Margaret, Trip Report Ghana: Addendum, October 18 - November 26, 1988
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13. Armbruster, Deborah, Trip Report, Ghana, September 15 - 23, 1987
14. Semi-Annual Report, Private Sector Midwives and Family Planning Project, Grant No. 641-0462-G-SS-7024-00, January 20 - July 20, 1989, American College of Nurse-Midwives

GRMA Documents:

1. Overview, GRMA Trainings
2. Final Report, Operations Research Project, Ghana Registered Midwives Association Family Planning Programme, Ghana Registered Midwives Association and Center for Population and Family Health, Columbia Univeristy, May 1990
3. GRMA News, No. 4, January - March, 1989
4. GRMA News, No. 8, January - March, 1990

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Appendix D

Project Activities

**Ghana - GRMA/ACNM Private Sector Midwives Project
November 1990**

Appendix D

Project Activities

Ghana - GRMA/ACNM Private Sector Midwives Project
November 1990

<u>ACTIVITY/AGENT</u>	<u>DATE</u>	<u>TYPE OF FUNDING</u>	<u>AMOUNT (\$)</u>	<u>COMMENTS</u>
Baseline Survey carried out by Sam Adjei, MOH financed by FPIA.	September 1986	Central	3,500	In addition, it appears that FPIA provided a small amount of equipment and supplies at one time. This was not costed out.
Participant Training:				
- H. Owusu, Project Director to Columbia University PHC course, N.Y.	June 1986	Bilateral under CSP	9,250 ^p	Amount estimated.
- H. Owusu, & V. Tamakloe, Training Coordinator to Fertility Management Course, Mauritius.	May 1987	Regional (AMDP)	12,729 ^p	Amount taken from PIO/P.
- R. Dugan, Dep. Director, OR, to UC Santa Cruz for FP Management.	September 1987	Regional (AMDP)	11,390 ^p	Amount taken from PIO/P.
- 15 GRMA Midwives to Ibadan for FP/IUD.	1987	Regional (AMDP)	19,100 ^p	Amount taken from PIO/P.
- 15 GRMA Midwives to Ibadan for FP/IUD.	February 1988	Bilateral (CSP)	15,000 ^p	Amount taken from PIO/P.
- S. Agbenyeke, GRMA PR Officer, to CAFs Pop Communic, Gambia.	May 1989	Regional (AMDP)	4,498 ^p	Amount taken from PIO/P.

Appendix E
Questionnaire for Midwives

Appendix E

Questionnaire for Midwives

1. Last Name _____ First names _____
City/Neighborhood _____
Qualifications _____
of lying-in beds _____
#/type of staff _____
Services provided _____
Schedule of services _____
Type of FP training rec'd _____
Provide FP before training? _____
What languages do you speak? _____
What is the majority local language in area? _____
Have you done any of the GRMA courses?
If yes, continue
If no, go to 6.
2. When did you begin providing FP services? What was the client load in the beginning? What is the client load now?
3. Do you feel the time for FP training was sufficient? What should have been included in the content? Has the training made any change in your relationship with clients and community? If yes, what change? Has training made you change your feeling about yourself as a service provider?
4. Where do you get your contraceptive supplies? Why?
5. Did you have the business skills training? If yes, did you have the refresher course? If no, why not? Was training time adequate? What activities are you doing now that you weren't doing before? If no change, why not? Has income changed since the training?
6. Have you received support visits? If yes, from whom? When? Are these visits helpful? If yes, in what ways? Do you have suggestions for strengthening the support?
7. How do you feel about the project? Should it be continued? If yes, what do you think it should be designed to accomplish? What would you like to see in a follow-on project which was not in this project?
8. If you did not attend any of the courses, would you like to? Why or why not? Would you be willing to support yourself (financially) to the training?

Conduct a visit of the maternity home to assess the following:

layout (convenience for patient flow), IUCD's inserted?
cleanliness/hygiene? privacy in counselling?
source of water, records for no. of clients. new and
continuing FP, and no. of deliveries (at least last
6 months.

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Appendix F

**Selection Criteria for Midwives to be Trained
in Family Planning and IUD Insertion
in Ibadan, Nigeria**

Appendix F

Selection Criteria for Midwives to be Trained in Family Planning and IUD Insertion in Ibadan, Nigeria

1. Location of practice is in area of need
2. Actively working in health care
3. Able and willing to do outreach education
4. Able and willing to travel to other maternity homes for consultation
5. Is healthy
6. Clinic set-up adequate to do IUD insertions
7. Able to work well with others
8. Responsible in carrying out one's job
9. Committed to family planning

Appendix G
Recommendations

6. The USAID Mission should invite the REDSO private enterprise officer (PEO) to visit GRMA and to meet with GRMA officials at national and regional levels in order to discuss and advise on income-generating schemes for GRMA. The PEO should also contact local Ghanaian firms and institutions (e.g., MDPI, GIMPA) to ascertain to what extent they could assist GRMA to achieve financial self-sufficiency.

7. In the follow-on project, issues of income and profit in maternity homes should be further studied.

GRMA as an Outlet for GSMP

8. The reasons for GRMA's very limited utilization of GSMP products should be investigated during the next evaluation of the GSMP project.

Training

9. Plans for future training under the project should include a timetable and staff requirements for GRMA to be fully self-sufficient in its training component. Further manpower assistance should be requested from the MOH. Issues of adequate remuneration and other benefits for trainers should be addressed.

10. In-country clinical training in IUD insertion should be provided in the follow-on project for selected midwives who are currently providing other family planning services.

11. In plans for the future, GRMA and ACNM should carefully outline a strategy to accomplish self-reliance in production of continuing education modules.

12. Training maternity home assistants as family planning motivators should be given renewed serious consideration in planning the follow-on project.

13. In the follow-on project, basic training in family planning should be offered to GRMA members who have not yet received it. Training in Life-Saving Skills and other PHC skills should also be offered.

IEC

14. Training to further develop the IEC skills of midwives and their assistants should be included in the follow-on project.

OR

15. The follow-on project should include a strategy to institutionalize an operations research capability at GRMA, in collaboration with the MOH.

Appendix G

Recommendations

Project Management

1. GRMA should give top priority to the recruitment of a new project director. Elected GRMA officers should be ineligible for the post. Elected officers' roles in project management should be of an advisory nature. Day-to-day management of project activities should be left to the project director. GRMA should establish the desirable qualifications for the position which, at a minimum, should include proven management and business administration skills as well as a good understanding of the health sector, both public and private, in Ghana.

Technical Assistance

2. Under the follow-on project, ACNM technical assistance should be limited to the areas in which ACNM staff excel. If further management and office administration assistance is necessary, ACNM should sub-contract with a local firm to provide such services.

Personnel

3. ACNM and GRMA should negotiate salary increases for all project staff, augment the allowances authorized for support visits at the regional level, and revise the current project budget accordingly to be effective beginning December 1, 1990. As part of the budget exercise under the follow-on project, all personnel-related local costs, including per diems and honorariums, should be reviewed and compared to those in both the public and private sectors. New levels need to be established to ensure employee satisfaction and therefore management continuity and institution building. ACNM should subcontract with a qualified local firm, with expertise in human resource management, for this undertaking.

USAID Management

4. A study should be conducted to ascertain why the GRMA/DANAFCO relationship did not result in a greater distribution of CSM supplies to GRMA midwives. Given that the mission's new bilateral population project (scheduled to begin in late 1991) has a large CSM component, the study should advise on how such outlets as GRMA could be best served by the CSM project (and not the other way around) or, alternatively, if it would be more efficient for USAID to assist GRMA in developing other sources for procurement of contraceptive supplies.

Sustainability

5. Recognizing that much has already been done and that more is currently being done in regard to reassessing the goals and objectives of the GRMA, prior to the start-up of a follow-on project with ACNM, GRMA should elaborate a five-year plan which would include goals and objectives as well as an illustrative timetable of specific activities (including possible technical assistance interventions) designed to achieve those objectives. GRMA's structure should be re-examined. The role, authority and responsibilities of elected officers should be clearly delineated. Salaried staff positions should be studied in light of the five-year plan. If necessary, a study could be conducted by a local management firm, with competency in management issues as they relate to NGOs, to determine what organizational structure would best satisfy GRMA's programmatic needs over the next five years.



Population Technical Assistance Project

1601 N. Kent St. Suite 1014
Arlington, Va. 22209

Tel.: (703) 243-8666 Telex: 271837 ISTI UR Fax: (703) 358-9271

Warrin

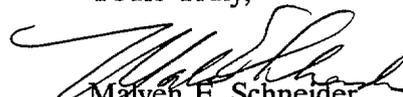
September 9, 1992

REFERENCE: POPTECH report 90-091-118, Report of the Final Evaluation: Private Sector Midwives and Family Planning Project, Ghana

The referenced report, published March 1, 1991, does not include the results of the evaluation team's review of comments furnished by the American College of Nurses and Midwives. Accordingly, the report should not be considered as a final report.

You are requested to attach this letter and the enclosed ACNM comments to all copies of the basic report in your possession. Your cooperation is appreciated.

Yours Truly,


Malven E. Schneider
Director, POPTECH

MES/jmk

Distribution:

D. Gillespie, R&D/POP/DIR
T. Tiffany, R&D/POP/DIR
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R. Thompson, R&D/POP/RCD
W. Johnson, R&D/POP/RCD
I. Koek, R&D/POP/OCS
J. Sewell, R&D/POP/FPSD
J. Shelton, R&D/POP/R

C. Hemmer, R&D/POP/CPSD
R. Jacobstein, R&D/POP/IT
S. Radloff, R&D/POP/P&E
M. Brown, POL/CDIE/DI
E. Purcell, PIP
R. Bonner, AFR/ARTS/HHR
~~C. Collins, AFR/ONI/TPPI~~

COMMENTS BY THE ACNM SPECIAL PROJECT SECTION

**"REPORT OF THE FINAL EVALUATION - PRIVATE SECTOR MIDWIVES
AND FAMILY PLANNING PROJECT - GHANA"**

INTRODUCTION

The American College of Nurse-Midwives (ACNM) supports the evaluation of the "Private Sector Midwives and Family Planning" project and appreciates all feedback which will assist the ACNM and GRMA to improve project outcomes. However, ACNM is concerned that sections of the current document do not accurately reflect historical facts, discussions and rationale which were used to design, implement and monitor/evaluate this project. The sections in question are listed below:

- 2.1 GRMA Management
- 2.2 Technical Assistance and Project Coordination
- 2.3 Personnel Issues
- 2.5 Sustainability
- 3.3.3 Training for Regional Representatives
- 3.3.5 Continuing Education
- 3.3.6 Training for Midwifery Assistants and Others
- 5.3 Support for Project Activities

The information from these sections was used to develop the Project Accomplishments, Project Concerns, Lessons Learned and Major Recommendations under the Executive Summary. ACNM asks that the following points be re-evaluated using the new information provided in this document:

- Project Concerns # 2 and 3, pg. viii
- Major Recommendations # 1,2,4,5, pg. ix, x

ACNM also suggests that it would be helpful to set up the document in such a way that organizations participating in this project and USAID can clearly read the evaluation of the project, as based on the projects objectives and expected outcomes. The current document combines information from the additional questions about "validity of the original project design and assumptions, the impact of project activities, and the contribution made by the project to family planning service delivery in the private sector" (Executive Summary, pg. vi) with the actual evaluation. This type of write-up makes it difficult for the reader, especially those without intimate contact with the project, to separate the actual evaluation of the project from the answers to the other questions.

The remainder of this document will provide additional information about the "Private Sector Midwives and Family Planning Services"

project under each noted section of the evaluation.

2.1

GRMA MANAGEMENT

ACNM will address two issues discussed in this section of the evaluation and provide additional information under C.

- A. GRMA Management of Project
- B. Hiring New Project Director
- C. ACNM Conclusions and Lessons Learned

A. GRMA MANAGEMENT OF PROJECT

On page 5, paragraph 2, a "tripartite management arrangement" is described in which the "three members were to share authority and responsibility equally". This arrangement may have been the mechanism under which GRMA personnel operated during their initial interactions with USAID/Accra and in the very early project development stages. However, the subagreement between the ACNM and GRMA, effective July 22, 1987, clearly outlines who is responsible for the project. The project director has ultimate authority and responsibility for management of the GRMA project.

At project start-up time there was only a deputy director (not director) for operations research, and no deputy director for training. Two people held part-time training positions and the title of "trainer". Historically it is also important to note that the position of deputy director for training became official in June of 1989 and the person hired for that full-time position has been with the project since that time.

B. HIRING NEW PROJECT DIRECTOR

In the last sentence of the narrative under this section it states "All speculation aside, however, today, with less than a year to go to the end of the project extension, a new project director has not yet been recruited....". This leaves the impression that this is a need that is not being addressed, while on the contrary, the need had been recognized for a long time and numerous avenues of approach have been tried to recruit a new project director.

Since October of 1989 the following actions have been taken in the search for a new project director:

- Announcements at national professional meetings
- Notices in the GRMA Newsletter

- Discussions with nursing and medical leaders in the public and private health sectors
- Advertisements in the national newspaper indicating GRMA's desire to hire an "administrator" at a salary that was negotiable with the qualifications noted under the recommendations section of the evaluation report.

The newspaper advertisements resulted in the GRMA receiving 5 curriculum vitae and conducting 3 detailed interviews with individuals in April 1990. The interviewees, although somewhat qualified, had limited knowledge of the health sector, limited problem solving skills and no administrative vision. It should be recognized that Ghana is a country with a chronic (at least since the early 1980's) brain drain and that large numbers of educated Ghanaians leave Ghana for opportunities elsewhere. This decreases the pool of qualified applicants.

What concerns us is that the tone of what is said implies that ACNM and the GRMA, although recognizing the problems discussed here, have not been pro-active in carefully and thoughtfully setting goals and carrying out activities to meet those goals in order to solve the described problems. ACNM contends that the ACNM and GRMA have been doing just that.

On page 5, under "Conclusions", a statement is made that, "The absence of a project director whose authority and responsibilities are distinct from those of the association's elected officers has precluded the institutionalization of program planning and project implementation expertise at GRMA". This sentence implies that a separate project director would have ensured the institutionalization of program planning and project implementation expertise at GRMA. ACNM suggests that the separation would have provided a more manageable workload for both the president and the project director. It would also increase the likelihood that office management issues would have been less of a concern of the GRMA. Given the newness of this project model, however, ACNM contends that it is not at all clear that "institutionalization of program planning and project implementation expertise" would necessarily have occurred with a separate project director since there are too many unknown factors. This includes the ability of the GRMA to maintain salaried project employees after the completion of the project.

C. ACNM CONCLUSIONS AND LESSONS LEARNED

In general, ACNM agrees with the evaluators conclusions and recommendations under this section. However, ACNM would take it a bit further and state that, not only should the project and association separate the positions of president and project director, but the "association building" process, with the development of goals and objectives for the organization, should be planned prior to the initiation of the project. This would assist the leadership and members of the GRMA to separate the goals/objectives of the project from their association's goals. This separation would also help their long-standing organization. They could then look critically at the project with its influx of funds for salaries, supplies, equipment, and the capabilities of the persons who are hired for the project. The association could more realistically prioritize what aspects of the project they would want to institutionalize within their organization, develop cost estimates for maintaining these aspects of the project and plan fund-raising and cost recovery mechanisms for doing so.

2.2 TECHNICAL ASSISTANCE AND PROJECT COORDINATION

ACNM would like to address three issues discussed in this section of the evaluation and provide additional information in D:

- A. Definition of Management Problem
- B. Establishment of GRMA Office Management Systems
- C. Extenuating Circumstances Which Pulled ACNM Staff into GRMA Personnel Matters
- D. ACNM Conclusions and Lessons Learned

A. DEFINITION OF MANAGEMENT PROBLEM

The evaluation document indicates that there is serious concern about the ability of ACNM to provide TA to the GRMA in the area of office management. In reading and re-reading the report, however, ACNM is able to determine only one stated problem with the office systems: an inefficient and labor intensive (more expensive) process. There are statements that there has been "less than spectacular results" in this area and that ACNM "attempted to convey the necessary skills and assistance...although well-intentioned...(is) not trained to teach those skills". No statement is made about the final outcome: whether the GRMA has ultimately acquired these skills and if there are continued deficits, a description of these problems.

ACNM is interested in whether the major management concern is related to any of the following points or to some other area:

- The length of time it took to put office systems in place
- The ineffectiveness or cultural inappropriateness of the office systems put in place
- Concerns/complaints by GRMA as to the adequacy of the system
- Concerns/complaints by GRMA as to ACNM's role in supporting the development of these systems (or lack of same)
- Concern, not with office systems, but with GRMA's ability to fulfill project obligations (timely reports - narrative and financial)
- Concern, by GRMA or other parties about the heavy and unrelenting GRMA workload which manifested itself in concern about office management

In order to more effectively use the information in the evaluation document to learn and make changes in the GRMA and future projects (one is currently pending in Uganda), ACNM also poses the following questions about whether management concerns are related to:

- ACNM's very detailed and explicit trip reports which have presented the office management issue in a worse light than, in fact, exists
- The inefficiency of the office system development can be clearly identified as inadequate TA by ACNM or whether the inefficiency was related to a project design which demanded an unrealistic workload from the GRMA staff with office management low on the priority list
- The GRMA reported that ACNM was ineffective or culturally inappropriate in its assistance and that the GRMA suggested a local firm
- The evaluators gathered information, interpreted it as best they could and determined that a local firm would be the best solution
- The USAID project monitor was concerned about the amount of TA time ACNM spent in-country

B. ESTABLISHMENT OF GRMA OFFICE MANAGEMENT SYSTEMS

As pointed out by the evaluation team, the GRMA secretariat had limited previous experience in running a fully functioning office. The "secretariat" had rotated to whatever member's home was most convenient at the time. The second paragraph of this section gives the impression that very limited progress has been made

by the GRMA in developing and using effective office systems. In reality, whereas no office systems existed prior to the project, the following systems are in place and functioning:

- * Filing system
- * System for preparation, publication, distribution and financial tracking of the GRMA Newsletter
- * Personnel system which includes:
 - Specific job descriptions for each job classification (written by each employee and then finalized in collaboration with ACNM)
 - Specific employee evaluation forms consistent with job descriptions
 - Annual employee evaluation reviews
- * Accounting system with preparation of quarterly reports
- * System for sale and distribution of commodities
- * System for tracking of support visits

ACNM suggests that a distinction should be made between "office management" skills and "project management" skills. Given the above information, ACNM suggests that the staff of the GRMA have developed their office management skills and systems to the point that they can manage their association functions.

The "Conclusions" on page 7, describe the lack of efficiency in setting up office management systems, but do not speak to the adequacy (or inadequacy) of the current system. However, the strength of the statement leads one to believe that there continues to be a non-functioning system. In addition, "Conclusions" do not speak to the fact that at the same time as work was being carried out to develop office systems, the GRMA was also:

- Training administrative staff
- Developing training curricula and teaching material for both the family planning and supervision/management workshops
- Learning how to train and run trainings
- Developing and implementing inventory and distribution systems for supplies and equipment arriving at their doorstep
- Identifying and selecting midwives to train in Ibadan, Nigeria
- Developing and implementing communication and reporting systems with ACNM, other collaborating agencies and members upcountry

- Developing and implementing a management information system on health service statistics
- Liaising with USAID, MOH, etc.
- Preparing, publishing and distributing a quarterly association newsletter
- Developing and implementing a country-wide evaluation/support visit system
- Developing and implementing a country-wide decentralized association system including training of regional representatives, establishing central and regional communication and accounting systems, and conducting of bi-annual three-day national regional representatives meetings

The lengthy process in establishing effective office systems and fulfilling project obligations (fiscal accounting and reports) could have been related to this heavy workload and the management burden described above. Project management (for USAID projects) requires not only a functioning office but an understanding of USAID regulations and requirements. Meeting USAID's needs and demands created an additional management burden for the GRMA and the Columbia University operations research component of the project.

It is difficult to determine whether the GRMA staff was overwhelmed by the combined tasks of developing office systems to support the association, as well as project implementation, or whether it was "management" problems related to GRMA's lack of skills and ACNM's ability to impart them that overwhelmed the staff. Given the above information, ACNM questions whether the concerns of the office management systems (or the speed of development of these systems) are related to poor TA by ACNM or whether the real problem is the unrealistic expectations about the number of tasks which the GRMA could carry out within a given period of time. The types of demands placed on project staff may have forced them to prioritize their time in such a way that "office management" was low on the list.

The use of a local firm to address identified needs is not new to ACNM or ACNM under the GRMA project. To add further historical perspective to the incorporation of "local support" in assisting GRMA in its management, a local financial firm (Price Waterhouse) was used to establish the accounting system, train the first two accountants, orient the project director to the books and her responsibilities and find/interview the present accountant. Prior to using Price Waterhouse, USAID had recommended another Ghanaian to assist in finding a competent accountant. He had also assisted in

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interviewing candidates. None of these routes have proved satisfactory in finding persons capable of producing high quality work.

C. EXTENUATING CIRCUMSTANCES WHICH PULLED ACNM STAFF INTO GRMA PERSONNEL MATTERS

On page 6, the third paragraph of this section addresses the issue of ACNM maintaining a low profile in regards to GRMA personnel matters. Under normal situations, personnel matters are handled by the GRMA secretariat. No mention is made, however, to the fact that the matter referred to in this paragraph involved not only dishonesty but serious questions of missing funds (both GRMA and project funds). Due to the personal and professional relationship between the GRMA project director and the employee, it was culturally impossible for the project director to be the only representative in this situation. Furthermore, as the organization ultimately responsible for the project and its funds and the seriousness of this issue, it would have been negligent for ACNM not to participate in dealing with this matter.

D. ACNM CONCLUSIONS AND LESSONS LEARNED

ACNM recognizes that the institutionalization of GRMA office policies and systems has been a long process for many different reasons as outlined above. However, it is not clear that hiring a local management firm is either the only or best alternative in assisting an association in its process of establishing management systems. It is one alternative. It is important to realize that hiring of a local firm can provide opportunities for additional layers of potential problems and the need for a whole new layer of communication. This is not to say that this type of plan would not be helpful, but that it would have to be evaluated carefully. ACNM suggests that in looking at carrying out other projects using a similar model it would be important to consider as well the following avenues of approach:

- Using the initial project period for development and implementation of all office systems before beginning other project activities.
- Hiring an individual as project director who is specifically an expert in administration. Hiring of such a person to fill the up-coming vacancy is suggested by the evaluation team under Section 2.1. But perhaps this should be a priority at project start-up. It would provide the advantage of having

- "in-house" expertise to continuously support association staff in their development.
- Setting of a specific time frame by ACNM and GRMA to assess progress and redesign approaches as needed in achievement of management goals.

Another issue not addressed specifically, but which ACNM would recommend as a change, would be the establishment of clear "terms of reference" regarding details of the employees benefits and relationship with the association at project start-up. Consultation with someone expert in this matter to conduct a thorough analysis of existing legislation and labor laws would assist with this process.

2.3 PERSONNEL ISSUES

ACNM will address two issues discussed in this section of the evaluation and provide additional information in C:

- A. Salaries and support of GRMA Staff and Regional Representatives
- B. Reasons for Training Staff Turnover
- C. ACNM Conclusions and Lessons Learned

A. SALARIES AND SUPPORT OF GRMA STAFF AND REGIONAL REPRESENTATIVES

At the time the project was first implemented, the local budget, including salaries and per diem, was developed by the GRMA staff, not USAID or ACNM. Guidelines as how to establish the range of budget levels were set by USAID, with the understanding that salaries and per diem were to be somewhat consistent with what was offered by the Ministry of Health. It is our understanding that the rationale to this guideline was that higher salaries might have created conflict and demands within other USAID/Ghana funded projects. Since that time, with each increase in salary and per diem carried out by the Ministry of Health, the GRMA also received a similar increase. Those increases are as follows:

January 1988	-	10%
November 1989	-	40%
July 1990	-	25%
November 1990	-	50%

It would seem that the issue here is not unwillingness of ACNM to negotiate or discuss salaries, which has been

done on many occasions, but whether GRMA salaries should be set at a level offered in the private sector or the public sector and the implications of one approach or the other. There were also the USAID constraints as well as budget constraints. Additionally, one feels caught in a "catch-22" bind in that an organization definitely attracts more and better qualified individuals when offering higher salaries and yet in looking at long-term sustainability, can an organization like GRMA maintain higher salaries after funding support has stopped?

It is important to note that the GRMA is a guild organization. Historically, guild organizations throughout the world use membership dues as their financial base and rely heavily on the volunteer services of its members. Such services are supported to the extent that expenses incurred are covered. Development of expectations and a structure very different from that has the potential to detrimentally influence sustainability.

The financial relationship between regional representatives and the project also requires clarification from a historical perspective. When reimbursement for support visits was first discussed at a national meeting of regional representatives, the issue was discussed and the decision was made by the regional representatives. During each bi-annual national meeting of the representatives the issue has again been raised, with comments to the effect that prices had increased and the level of reimbursement needed to be increased. One hundred percent increases were instituted in June 1990 and in November 1990. Here again a balance between appropriate reimbursement and institution of system policies that are sustainable is critical.

B. REASONS FOR TRAINING STAFF TURNOVER

On the issue of high turnover of training staff (in total 4 trainers have been with the project that are no longer participating), it is stated that the "heavy turnover in training staff is also largely due to financial reasons". Reference is also made to this on page viii of the "Executive Summary". The following is a summary of all project training staff and an explanation of their status. As can be seen, the reasons for trainers leaving are multiple and it would be inaccurate to state that the main cause of their departure is financial.

KEY: A - Limited time to carry out responsibilities

- B - Differences concerning finances
- C - Project dissatisfaction with quality of work
- D - Personal differences with staff
- E - Temporarily out of Ghana

Trainer #1 (part-time) - A,B,C,D

Trainer #2 (part-time) - B,C,D

Trainer #3 (full-time) - C

Trainer #4 (part-time) - E

Trainer #5 (part-time) - With project since November 1988

Trainer #6 (full-time) - With project since June 1989

Trainer #7 (part-time) - With project since February 1990

C. ACNM CONCLUSIONS AND LESSONS LEARNED

Under the section covering "Salaries and Support of GRMA Staff and Regional Representatives" the concern of ACNM is that an accurate historical presentation is done leading to where the project finds itself today. ACNM is in full agreement with evaluation recommendations that information obtained through a locally contracted firm for the purpose of determining "reasonable" and "attractive" remuneration, in light of the GRMA being a private voluntary organization, and long-term project implications would be beneficial. In addition, ACNM contends that greater focus needs to be placed on initial, strong discussions with USAID regarding salary/budget issues resulting in clear agreements.

Lessons learned by ACNM in relation to working with and keeping training staff include the following:

- Maintaining a staff of only part-time trainers, as was done at the beginning of the project, is very difficult due to other responsibilities of the trainers. It is important to have at least one person full-time in the project to assist with routine, periodic tasks, as well as with the coordination of communication and training

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- activities.
- It is very difficult to find trainers who are qualified in both areas of education and clinical expertise. At a minimum it is important to find individuals who have the clinical expertise and then provide additional training in education.
 - A formal Training of Trainers workshop should be part of the project's design. Consideration should also be given to the number of trainers trained. It would be important to train a few more individuals than would actually be hired immediately to expedite the orientation process with trainer turnover. Conducting a Training of Trainers workshop provides many benefits to both the program and the trainers:
 - Helps trainers to feel more integrated into the project sooner.
 - Provides opportunities to give intensive support and training to trainers with little previous teaching experience. This helps trainers to feel more effective and therefore more satisfied in the work they do.
 - Provides more concentrated and effective opportunities for developing and revising workshop content.
 - Provides project staff more opportunities to evaluate the potential abilities of a trainer.

2.5 SUSTAINABILITY

ACNM will address four issues discussed in this section of the evaluation document and will provide additional information in E:

- A. Sustainability as Project Objective
- B. Sustainability and Project Design
- C. Sustainability of Qualitative Outcomes
- D. "Ad Hoc" Expansion and Development of GRMA
- E. ACNM Conclusions and Lessons Learned

A. SUSTAINABILITY AS PROJECT OBJECTIVE

It is important to note that the issue of incorporating an objective on long-term sustainability was discussed by both USAID/Ghana and the ACNM during the project design phase. Sustainability was rejected as an objective, rather cost recovery was seen as an area to work towards (and is occurring, as noted in the evaluation narrative). Members of the project design team recognized that it was important for the GRMA to use the

three project years to focus on developing its systems, as a base from which other activities could then be added, and fulfilling the project's objectives and outcomes. It was also suggested that too strong a focus on sustainability would reduce the quality and time needed for infrastructure building and project implementation.

B. SUSTAINABILITY AND PROJECT DESIGN

As pointed out in the Introduction to these "Comments by ACNM Special Projects Section", ACNM recognizes that the discussions of sustainability in the evaluation document may be included because the evaluators are asked to do so in their Scope of Work. The current layout of the evaluation document, however, does not clearly delineate the "evaluation of the project" from the remaining parts of the scope of work.

C. SUSTAINABILITY OF QUALITATIVE OUTCOMES

The evaluation team should be commended for their focus on qualitative, as well as quantitative measures of project outcome found in other sections of the report. However, no mention of these types of qualitative long term changes is noted in this section. Many changes in attitude, empowerment, reputation, self-image and knowledge that will be sustained past the termination of the project's financial support have occurred. These changes have not only impacted directly in the areas mentioned below, but actually have a synergistic or multiplier effect on total project impact. ACNM contends that an appreciation of this synergistic effect of one positive outcome on other areas is very important. The qualitative changes include:

- The association has now become an important participant in the formation of health policies nationally and regionally.
- The association is viewed, from within and outside the organization, as an important change agent in the health system.
- Midwives, through the training and support they have received from the association, are more empowered to become pro-active in the association and in their communities, as well as for their own self-improvement.
- The midwives trained in family planning have gained an area of knowledge and skill that will continue to be used throughout their professional lives.
- The improved reputation and awareness of nurse-midwives has helped to increase the confidence of

the population in the midwives services.

D. "AD HOC" EXPANSION AND DEVELOPMENT OF GRMA

The expansion and development of GRMA's structure is described as "practically ad hoc" both in Concern No. 3, page viii, and in Section 2.5, page 11. ACNM suggests that the use of this term provides an inaccurate impression of the carefully thought out changes in organizational structure suggested by GRMA/ACNM, as well as the planned introduction of those changes in stages. The following is a description of the process used by GRMA/ACNM for the introduction of the proposed structural changes:

- A formal presentation was first done during the workshop to train regional representatives in February 1990. Details were presented and discussed on the formation of a National Council and three committees (Education, Standardization and the Finance and General Purpose Committees). Who would be members, when meetings would occur and responsibilities of each body were outlined. Copies of this information were given to the regional representatives to take back to their regions for discussion.
- Regional representatives presented information to members during regional meetings for the purpose of initial dissemination of information and to provide opportunities for input.
- A formal presentation of proposed structural changes was presented to the general membership by the secretariat at the national annual membership meeting in June 1990 (again to provide further opportunities for discussion and changes).
- Feedback by regions was provided during the national meeting of regional representatives in November 1990. Plans were developed for future implementation of the system in stages.
- Implementation of the National Council and the Finance and General Purpose Committee is planned during the national annual meetings to occur in June 1991. In the interim, work is being done by individuals to facilitate the beginning of the Council/Committee work.
- Progress in the work of the Council and Committee will be followed closely to assist in planning the appropriate timing for start-up of the Standardization and Education Committees.

E. ACNM CONCLUSIONS AND LESSONS LEARNED

ACNM contends it is totally inappropriate for sustainability to be introduced/used as a measure of project outcome as it is not reflected in project documents. It is our understanding that the evaluation of a project is and should be based upon agreed outcomes as reflected in the project contract.

It is entirely appropriate, however, that mention is made about planning for long term GRMA sustainability in any follow-on project, as there is now a structure from which to plan and implement such activities. The points noted under recommendations are very helpful and appreciated.

Having made the above statements, ACNM believes that the expectation of long term financial sustainability in a project of this length and scope is unrealistic. What one is left with, if long term sustainability is expected in a project such as this, is the realization that certain trade-offs or compromises in outcome would have to be made (unless the project were longer, expanded or better funded).

3.3.3

TRAINING FOR REGIONAL REPRESENTATIVES

ACNM suggests that the inclusion of the following information regarding training of regional representatives would assist in the presentation of a more accurate historical perspective:

- The training of regional representatives was not included in the initial project design. However, recognition by the GRMA and ACNM of the necessity to decentralize and expand the association's structure in order to respond more effectively and efficiently to the needs of members provided the impetus for this expanded activity. The result was a request by ACNM to USAID for an expanded scope of work in order to accomplish this change in project design. This demonstrates an example of the project's ability to look at changing needs and respond positively to those needs.
- The expanded role of the regional representative goes beyond the conducting of support visits as noted under this section. A more accurate description of the role would include:
 - Conducting support/evaluation visits to the maternity homes of trained private sector midwives

- Selling and distributing commodities
- Writing or soliciting articles for, as well as sale and distribution of, the association newsletter
- Acting as a liaison between members and the secretariat
- Acting as a liaison between members and the regional government
- Assisting with continuing education presented at the regional level
- Attending annual meetings to participate in the development of national organizational workplans
- Overseeing submission of service practice statistics by members to appropriate authorities

3.3.5

CONTINUING EDUCATION

The ACNM largely concurs with comments under this section and thanks the evaluators for their recommendations. The rationale presented however, regarding the delay in the development of a more formal continuing education component is not accurate. The delay in the introduction of the system was based upon a very purposeful decision to wait for the completion of training of regional representatives at their workshop conducted February - March 1990. The regional representatives are important participants in this system and it was felt that the "system" should be in place before beginning the activities. Reference is made to the delay in beginning continuing education activities until after the training of regional representatives in the document for the "Expanded Scope of Work".

3.3.6

TRAINING FOR MIDWIFERY ASSISTANTS AND OTHERS

Information is presented about formal training of midwifery assistants in family planning motivation. Again for the purpose of historical accurateness, it is important to note that, in addition to the reasons given for not conducting such training, the unavailability of USAID funds for such an activity, as well as concern about GRMA's capacity to handle an even heavier work load, also contributed. It is clear that such an activity would enhance the entire project and as such, ACNM agrees and supports the recommendations of the evaluation team.

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5.3

SUPPORT FOR PROJECT ACTIVITIES

The historical information related to the GRMA project vehicle is inaccurate. The course of events that led up to the purchase of a new project vehicle is as follows:

- A. At the request of the then Population Officer at USAID/Ghana, ACNM was asked to find a rehabilitated car. Apparently USAID had had a previous positive experience in another project with such a vehicle.
- B. GRMA/ACNM agreed to look for such a vehicle.
- C. Project funds were allocated by USAID to ACNM for a vehicle sufficient to cover the cost of a rehabilitated car, but not a new car.
- D. A search ensued for the rehabilitated car, but with no success.
- E. ACNM purchased a new car out of its grant which required adjustments in the U.S. project budget.