

PD-ABM-684
98864

APPENDIX D
A.I.D. EVALUATION SUMMARY - PART I

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

IDENTIFICATION DATA

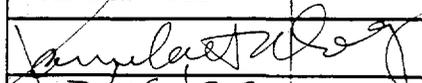
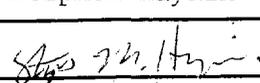
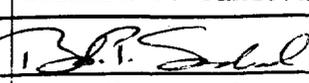
A. Reporting A.I.D. Unit:		B. Was Evaluation Scheduled In Current FY Annual Evaluation Plan?		C. Evaluation Timing	
Mission or AID/W Office <u>USAID/GHANA</u> (ES# _____)		Yes <input checked="" type="checkbox"/> Skipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY ____ Q ____		Interim <input type="checkbox"/> Final <input checked="" type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/>	
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)
641-0118	FAMILY PLANNING & HEALTH PROJECT	4/25/91	9/31/96	TOTAL \$35.0 (Million)	TOTAL \$35.0 (Million)
641-0121	FAMILY PLANNING & HEALTH PROGRAM				

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director	Name of Officer Responsible for Action	Date Action to be Completed
Action(s) Required		
1. <u>Policy</u> Work with MOH and NPC to resolve major issues for staffing, work planning and policy-monitoring.	Pamela Wolf	12/95
2. <u>Demand Creation</u> Work with MOH to ensure there are adequate NPA funds to carry out public sector IEC campaigns.	Pamela Wolf	5/96
Work with MOH, GSMF, NPC and Ghana Broadcasting Corporation (GBC) to enable greater freedom of television and radio advertising.	Pamela Wolf	12/95
3. <u>Service delivery</u> Work with MOH to ensure that NPA funds support outreach activities and improvement of facilities.	Pamela Wolf	12/95
Review and take steps to strengthen current institutional arrangement for CBD program. Work with MOH to coordinate MOH outreach activities and the CBD program.	Pamela Wolf	12/95
Work with MOH and CAs to institute a quality assurance strategy for FP providers.	Pamela Wolf	12/95
Work with MOH and CAs to adopt and disseminate National Family Planning Guidelines.	Pamela Wolf	4/96

(Attach extra sheets if necessary)

APPROVALS

F. Date Of Mission Or AID/W Office Review Of Evaluation:			
	(Month) May	(Day) 11-26	(Year) 1995
G. Approvals of Evaluation Summary And Action Decisions:			
Name (Typed)	Project/Program Officer	Representative of Borrower/Grantee	Mission or AID/W Office Director
	Pamela Wolf		Barbara P. Sandoval
Signature			
Date	3/19/96	3/26/96	3-28-96

APPENDIX D
A.I.D. EVALUATION SUMMARY - PART I

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

IDENTIFICATION DATA

A. Reporting A.I.D. Unit: Mission or AID/W Office: <u>USAID/GHANA</u> (ES# _____)	B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan? Yes <input type="checkbox"/> Skipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY ____ Q ____	C. Evaluation Timing Interim <input type="checkbox"/> Final <input type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/>
--	--	---

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)
641-0118	FAMILY PLANNING & HEALTH PROJECT				

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director	Name of Officer Responsible for Action	Date Action to be Completed
Action(s) Required		
4. <u>HIV/AIDS prevention and control</u> Work with CAs to carry out project-funded activities to strengthen general management and technical skills at the district and community level. Work with the Public Health Reference Laboratory to prepare a briefing document on the work accomplished and include detail the additional support needed to increase the sustainability of the rehabilitated laboratory network.	Pamela Wolf	12/95
5. <u>Program management</u> Assist the MOH through TAC to resolve issues related to budgeting.	Pamela Wolf	12/95
Organize annual meetings between the MOH and CAs to determine technical assistance needs.	Pamela Wolf	12/95
Work with MOH to resolve issues related to use of return-to-project funds. Addressed with tranche conditionality under GHANAPA	Pamela Wolf	11/95
Assist MCH/FP unit in collaboration with PPME to improve use of service statistics for evaluation and management.	Pamela Wolf	11/95

(Attach extra sheets 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)				
Signature				
Date				

2

ABSTRACT

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

The Ghana Family Planning and Health Program (FPHP) is a five-year bilateral agreement consisting of three components: a \$13 million non-project assistance (NPA) component; a \$15.5 million Family Planning and Health Project component; and a \$6.5 million contraceptive procurement through the Contraceptive Procurement Project. The purpose of the total program is to lower fertility through maternal child health (MCH) interventions and to reduce the spread of HIV/AIDS.

The goal of achieving a drop in the total fertility rate from 6.4 in 1988 to 6.1 by 1996 has been met and exceeded (TFR IS 5.5 - 1993 DHS). Available data indicates that the increased level of contraceptive prevalence sought (that is 15 percent modern methods) should be nearly achieved by the end of the project, if the current pattern of contraceptive uptake continues.

There are five key areas of intervention under FPHP: policy; demand creation; service delivery; HIV/AIDS Prevention and Control; and program management. In each one of them, noteworthy successes have been made. Under policy the accomplishments were the establishment of the National Population Council (NPC); preparation of a comprehensive set of action plans for policy implementation; and the reclassification of contraceptive products to be legally offered by a wider array of distributors. There is growing ownership of the MCH/FP program. NPA promoted policy changes in Ghana and fostered intra-ministerial dialogue within the MOH. Demand for family planning is growing considerably. Services are expanding. With NPA funding the MOH has been able to substantially increase family planning coverage. Altogether, more than 7,000 individuals in both the public and private sectors received training. HIV/AIDS activities are being integrated into the core programs of the MOH at both central and regional levels. There are indications of significant improvement in knowledge about HIV/AIDS and condom use. Program management under FPHP has focused particular attention on skills transfer and sustainability. The managerial shift to multiple distributors under the Ghana Social Marketing Foundation (GSMF) has increased market penetration.

The evaluation documented several issues requiring attention. The NPC Secretariat's capacity to manage the population and family planning agenda is not yet assured: permanent staff is yet to be assigned; the NPC role vis a vis national and local government is yet to be determined. The slow release of NPA funds seriously hindered the regional campaigns and prevented the public sector from participating in the coordinated mass media campaigns for family planning and AIDS. Radio and television advertising drew heavy criticism from a vocal minority who successfully pressured the government broadcasting company to withdraw advertising. Under service delivery, monitoring the impact of the community based distributor (CBD) program is not being adequately addressed. CBD agents report difficulties in selling products. There is evidence of substantial leakage of MOH condoms into the private sector. Quality control in provision of clinical contraceptive methods has emerged as a concern. Under HIV/AIDS concerns were raised about maintenance of the laboratory network. Lack of qualified staff and funding for recurrent costs are a problem. Under program management, the quantity of contraceptives at central level warehouses has been inflated, and nearly expired condoms are in circulation and found at these warehouses.

COSTS

1. Evaluation Costs

1. Evaluation Team		Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. \$)	Source of Funds
Name	Affiliation			
a. Susan Adamchak	FOPIECH		17508.22	FHP
b. William Bair	POPTech		16860.60	FPHP
c. Souleymane Barry	REDSO		-	USAID
d. Clifford Olson	POPTech		16271.13	FPHP
2. Mission/Office Professional Staff		(Estimate)		
3. Borrower/Grantee Professional Staff		(Estimate)		
2. Mission/Office Professional Staff Person-Days (Estimate) _____		3. Borrower/Grantee Professional Staff Person-Days (Estimate) _____		

A.I.D. EVALUATION SUMMARY - PART II

S U M M A R Y

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

Address the following items:

- | | |
|--|-----------------------------|
| • Purpose of evaluation and methodology used | • Principal recommendations |
| • Purpose of activity(ies) evaluated | • Lessons learned |
| • Findings and conclusions (relate to questions) | |

Mission or Office: USAID/GHANA	Date This Summary Prepared: 15 MARCH 1986	Title And Date Of Full Evaluation Report: Final Evaluation of the Ghana Family Planning and Health Project (September 1995)
--	---	---

1) Purpose of activity or activities evaluated:

The Ghana Family Planning and Health Program is a five year bilateral agreement consisting of three components: non-project assistance (\$13 million); the Family Planning and Health Project (\$15.5 million); and contraceptive procurement (US\$ 6.5 million) through the central Contraceptive Procurement Project.

The objective of the program is the delivery of health, family planning, population, and AIDS support and services throughout Ghana with the view to lowering fertility through maternal and child health (MCH) interventions and to reducing the spread of HIV/AIDS.

The non-project assistance (NPA) component consists of economic assistance to support the government of Ghana's efforts to increase the demand for and use of modern methods of family planning by expanding the capacity of the public and private sectors to provide services, supplies, and information. Project components include demand generation through education, training and advertising; delivery of contraceptives and other health services and products with emphasis on social marketing of contraceptives; improved logistics systems; support to the clinical laboratory system; and monitoring through management information systems and HIV serosurveillance.

2) Purpose of Evaluation and Methodology Used:

The scope of work identified the purpose of the evaluation as being:

- to describe the current status of the program;
- to identify and analyze accomplishments and problems;
- to assess institutional and management arrangements; and
- to provide specific, prioritized and justified recommendations for improvements through the end of the program.

The evaluation team consisted of four members: a policy specialist, a family planning program specialist, a management specialist, and an AIDS program specialist. The team used document review; interviews with respondents from the public, private and non-governmental sectors; site visits to five regions of Ghana; data-base searches and analyses of service statistics and budgetary data; two open meetings with implementing organizations; and debriefings with USAID staff. This was a final evaluation of the Ghana Family Planning and Health Project.

3) Findings and Conclusions:

a) Population Policy and Family Planning Environment

Non-project assistance spurred reforms and culminated in the establishment of the National Population Council (NPC), preparation of a comprehensive set of action plans for policy implementation, and the reclassification of contraceptive products to be legally offered by a wider array of distributors.

The Secretariat successfully harnessed the energies of five multi-sectoral teams in the preparation of the "Action Plans for the Revised National Population Policy", completed in 1994. The process contributed to a

better understanding of population as an integral component of development planning that spans sectoral interests. It also helped to formalize among the participants relationships that had previously been informal and ad hoc. However, the NPC Secretariat's capacity to manage the population and family planning agenda is not yet assured. Senior staff is not yet in place and the Secretariat is not yet installed in its office facilities. Roles and responsibilities vis a vis national and local government have yet to be defined.

b) *Demand Creation for Family Planning Services*

An outstanding effort to develop a coordinated public-private sector family planning and HIV/AIDS information campaign was orchestrated by the Health Education Unit (HEU) of the MOH. The strategy included mass media and interpersonal components at both the national and regional levels. The private sector (Ghana Social Marketing Foundation, GSMF) was to produce brand advertising and promotional materials primarily for commercial marketing. However, lack of NPA funds seriously hindered the regional campaigns and did not allow full participation of the public sector in the coordinated mass campaigns as planned. Nonetheless, a substantial improvement was made in the institutional capability of HEU. Advertising materials prepared by GSMF were technically sound but GSMF encountered problems in airing some television commercials. A negative reaction came from a vocal minority who interpreted the advertisements as encouraging promiscuity. Part of the problem stemmed from the lack of legitimizing mass media support from the public sector.

c) *Service delivery*

Accessibility - Delivery points and staff: Service delivery is offered through two channels-MOH MCH/FP activities and commercial distribution activities of the GSMF. Smaller activities with traditional birth attendants, private midwives, nongovernmental organizations (NGOs), and business enterprises are also included in the service network.

NPA funding has assisted the MOH to substantially increase family planning coverage. Training has been supported; regular supervisory and evaluative meetings have been held with regional officers; management information gives attention to family planning and supervision; and outreach has been facilitated. The MOH is placing priority emphasis on family planning through its policy statements, service delivery guidelines, and personal practices. Indications are that family planning is becoming a part of all the relevant activities of the health center. Additionally, the mutually supportive approach with which FP and HIV/AIDS are addressed is a positive influence on the development of both program areas. The provision of an adequate supply of contraceptives and technical assistance in improving their ordering, storage, and distribution has substantially improved consistent availability.

NGO and CBD Participation: In rural areas condoms are being distributed mainly through MOH and supplemented by limited outreach activities of community health nurses, and FPHP- and PPAG-supported CBD programs. Monitoring and evaluation does not currently address the impact of the CBD program. No objectives have been established for CBD programs by NGOs supported under the program. CBDs do not receive significant technical or material support after completing training.

Expansion of Clinical Services: The outlook for expanding clinical services (IUCD placement and voluntary surgical contraception) is improved. Excellent facilities have been completed or rehabilitated and client response is slowly growing. There is a growing need, however, for expansion of quality assurance to monitor conditions in facilities as well as provider care.

d) *HIV/AIDS Prevention and Control*

Information, Education, Communication: HIV/AIDS activities are being integrated into the core programs of the Ministry of Health at the central and regional levels. Important steps were made to involve other sectors in the fight against AIDS and create a broad-based support for HIV/AIDS prevention and control. It is likely that FPHP will meet the project objectives to improve knowledge of HIV/AIDS and safe sex behaviors.

5

Laboratory Services: FPHP has established the foundations for the rehabilitation of the Ghana laboratory network and made significant progress in improving the technical skills and quality of laboratory staff. There are, however, concerns about the ability to maintain gains in improving laboratory services. Many positions within the MOH laboratory system are vacant and finding qualified staff is difficult. Funding for recurrent laboratory costs is a concern.

e) *Program Management*

FPHP Management Agents: The GOG manages FPHP through a Technical Advisory Committee (TAC) chaired by the Ministry of Finance and Economic Planning and including representatives from implementing agencies and USAID. Additional management tasks are administered by the institutional contractor for the project component of FPHP, the MOH for the NPA funds released to it, and the USAID/health, Population, and Nutrition Office (HPN) for buy-ins, grants to cooperating Agencies (CAs), and purchase orders. TAC has been used as a forum for negotiating budget issues rather than for reviewing activities against objectives set under the program.

USAID/HPN has managed FPHP with increasing emphasis on the involvement of contractors, Cooperating Agencies (CAs), the GOG, and the MOH. The GOG and MOH, including regional officers, report a sense of involvement in USAID population activities.

FPHP Non-Project Assistance: Delayed release of NPA tranche funds impeded timely implementation of FPHP. Recent release of the third tranche provides the TAC with an opportunity to review FPHP objectives and fund remaining activities, particularly IEC and PHRL activities. In addition to delays in release of tranche funds disbursements were slowed within the MOH due to lack of capacity by unit heads to prepare and defend budgets.

MIS and Contraceptive Logistics: The MOH data collection system has become increasingly reliable over the last ten years. However, the computerized version has deteriorated to a pencil and paper operation. Minimal assistance from FPHP could return the system to a sustainable computerized operation.

The shift under GSMF from a single distributor to multiple distributor has increased market penetration. The same shift has also inflated the quantity of contraceptives at central warehouses. Expired or near-expired condoms are found frequently within the system. GSMF is intervening to correct this problem.

4. Principal Recommendations:

a) *Population and Family Planning Policy*

Major action is needed to staff the NPC Secretariat. Its legislative instrument should be reviewed and a determination made whether core staff must be appointed by the President. USAID should consider preparation and submission of a joint request for resolution to the president's office from donors and multilateral organizations involved in population, MCH/FP, and HIV/AIDS activities.

The NPC Secretariat should identify a set of key indicators of the policy environment and program implementation and adopt them as measures of program status. The NPC should routinely monitor progress achieved and include updates on indicator status in the annual report and the proposed newsletter. The NPC Secretariat should coordinate preparation of a technical agenda of issues of key importance to population, MCH/FP, and HIV/AIDS in Ghana and technical issues to be included in the PACC meetings. The findings of this evaluation should be included on the agenda of an upcoming PACC meeting.

b) Demand Creation

The MOH and USAID should ensure that adequate funds generated by NPA disbursements are used to carry out substantial portions of the public sector IEC campaigns before project completion. Emphasis should be placed on mass media (radio and television).

USAID, MOH, and the NPC should work together with the GSMF and Ghana Broadcasting Corporation (GBC) to enable greater freedom of advertising over GBC or competing networks. Marginal changes should be made in advertising messages but without comprising effectiveness. Pre-testing with leadership audience should be more thorough. The participation of dissenting groups should be actively solicited to secure their understanding and support.

c) Service Delivery

The MOH should assure that funds available from the last NPA disbursement are used to (a) support MCH/FP outreach and (b) improve physical facilities, supplies, and the equipment situation, especially in the facilities where IUD insertion and/or Voluntary Surgical Contraception (VSC) are contemplated.

An in-depth study should be conducted to review the feasibility of and options for the integration of the FPHP-funded Community-Based Distribution/Distributor (CBD) program into PPAG. Any further agreement to support community-based interventions should take into account the comparative advantage of NGOs, be based on performance, and include a minimum package of in-kind or financial incentives and facilitating supervision. Also, a retreat should be organized to develop a strategy to improve the coordination of the MOH outreach activities and the CBD program.

AVSC, GRMA, and the MOH, in consultation with JHPIEGO, should develop a more institutionalized approach to quality assurance for long-term methods. The objectives should include monitoring training; advocating facility improvement; conducting continuing education; improving IEC and medical surveillance to assure proper counseling, informed and voluntary choice, availability of other methods; availability of equipment and supplies; and proper medical technique and assessment of reported medical problems. Consideration should be given to using the return to project fund of the MOH for financing such actions including institutional reimbursement for surgical cases.

The MOH and CAs should move as soon as possible toward approval of the National Family Planning Service Guidelines, their dissemination, and their inclusion in refresher training for services delivery personnel. This should be accompanied by further dissemination of the GDHS and the Situation Analysis. Trainers also require refresher training.

d) HIV/AIDS Activities

USAID, in collaboration with CAs, should identify project-funded activities that support MOH efforts to strengthen general management and technical skills at the district and community level. USAID should include the monitoring responsibilities for this in the scope of work of one of its staff members.

Before the departure of the long-term advisor, the Public Health Reference Laboratory should prepare a briefing document on the work accomplished under FPHP and the challenges faced by the Health Laboratory Services. This document should detail the additional support needed to increase the sustainability of the rehabilitated laboratory network, including document should be presented to other donors with the endorsement of the MOH and USAID.

e) Program Management

TAC meetings should facilitate GOG ownership of FPHP. The TAC meetings need to be focussed less on budget issues and more on issues related to design, monitoring, and review of FPHP implementation, with budgeting as a component of the larger activity.

Within the MOH, officers with responsibility for approving expenditures and unit heads with implementation responsibilities should work together to eliminate expenditure approval delays.

The MOH should have greater participation in the selection and timing of short-term technical assistance visits. Provision of resumes and better consultation regarding timing of visits would help accomplish this.

MOH return-to-project funds should be used to procure consumables for voluntary surgical contraceptive procedures.

TA should be provided to the MCH/FP unit in collaboration with PPME to demonstrate how service statistics can be used at decentralized levels to improve self-assessment, supervision, and management. These data report essential GHANAPA conditionalities.

8

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.)

COMMENTS

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

The evaluation met the requirements of the scope of work and adequately addressed status, accomplishments, problems, findings and recommendation for the five key areas: policy, demand generation, service delivery, HIV/AIDS prevention and control and program management. Not many unforeseen issues surfaced, as this program has undergone substantial review and analysis in the last two years with the development of the follow-on project. Essentially, AID officials and host country counterparts have been aware of the findings and lessons learned cited in the evaluation. Every effort has been made to incorporate these findings and recommendations in the implementation of the follow-on project which has already commenced.

9