

UNCLASSIFIED

PD-ACC-845

**AGENCY FOR  
INTERNATIONAL  
DEVELOPMENT**



# **ANNUAL BUDGET SUBMISSION**

## **FY 1977**

### **GHANA**

BEST AVAILABLE

**DEPARTMENT  
OF  
STATE**

JULY 1976



UNCLASSIFIED

## GHANA

## FY 77 ANNUAL BUDGET SUBMISSION

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- A. Economic and Rural Development Management  
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- B. Community Based Vocational Training  
    641-0073

CERTIFICATION OF CONTINUED VALIDITY OF THE DAP

The Ghana DAP was completed and submitted for review on schedule at the end of December 1974. Subsequently when the Guidelines for the Five-Year Plan were issued by the Government of Ghana in early January 1975, a supplement summarizing its salient features and analyzing its significance for the DAP was submitted. In April the DAP was reviewed and approved as a suitable strategy and basis for the development of future USAID/Ghana programs. Few major developments have occurred since that time and none basically affect the validity of the DAP as a foundation for U.S. development assistance programming in Ghana. Formulation of a Five-Year Plan has been delayed and is now not expected until later in 1975.

The Government has continued to develop its strategic restructuring of local government to decentralize authority and strengthen Regional, District and Local councils and to create village development committees. This process is still evolving but its outlines are now fairly clear and implementation of the changes projected has now begun. The machinery for planning and coordination at Regional and District levels should be materially improved and opportunities for formulation of strategically functional rural development efforts substantially enhanced. In this sense the developments since the DAP are altogether favorable to the kinds of rural development which we have projected to be supported by AID in pursuit of the objective of a better quality of life for rural people.

In the area of health the Guidelines sketched an excellent strategy in the key areas of MCH, nutrition and family planning. Subsequently a well qualified and vigorous senior coordinator who was recently trained in the U.S. under the Danfa project has been appointed to coordinate and direct programs in these areas. The Planning Unit has been officially established and while its staffing has not been without difficulty its prospects now look brighter as the Commissioner has recently given substantial authority to the Deputy Director of Medical Services to act in his name to make decisions in support of the Unit. He is approachable, friendly and cooperative and very sympathetic with and supportive of our programmatic aims. These two developments should do much to strengthen action programs of the Ministry of Health including the important function of clinical service delivery for the National Family Planning Program (NFPP).

Moreover, with respect to the latter, recent developments are quite reassuring in regard to the purposes of and support for the NFPP. The Plan Guidelines of January 1975 had been quite silent on the role of family planning as a factor in national development strategy (stressing mainly its role as a factor in family health). The publicly televised address of the Commissioner of Economic Planning in opening Family Planning Week in May restated unequivocally the commitment of the Government of Ghana to a vigorous and comprehensive population program aimed at voluntary limitation of population growth as a strategically important element of national development policy as well as family welfare.

In the area of agricultural development the period since preparation of the DAP has seen considerable confusion in the Ministry of Agriculture. This was occasioned by a reorganization with some fairly significant unresolved contradictions and a change of Commissioners. Nevertheless, some significant new understandings between the USAID and the Ministry have been achieved, notably in the areas of home extension services, management training, fertilizer demonstration trials and the rationalization of the fertilizer program for Ghana. Moreover, good progress was made toward reaching an overall understanding on reorganization and streamlining of the system of the Agricultural Development Bank to make credit accessible to the majority of small farmers. Discussions at the highest levels of the Bank of Ghana resulted in major agreement on the means to coordinate and finance improved national systems for the delivery of inputs and services to small farmers and for testing and developing more effective marketing arrangements to serve this same large target group of rural poor. On balance the developments and prospects for effective collaboration in the agricultural sector seem significantly improved in the past six months.

Regarding nutrition, developments have been altogether favorable but somewhat disappointing in moving toward concrete action. A so-called Nutrition Planning Sector (group) was created in the Ministry of Planning as recommended by the 1974 National Nutrition Conference. One staff member was appointed early in this fiscal year. No proposals have so far been presented to the Mission to plan or initiate new action programs or to assist in the formulation of national strategies. These may emerge in coming months as staff return from training and the Five-Year Plan takes shape.

Women's role in development has received considerable attention and favorable action. A National Council on Women in Development was inaugurated in April. The Mission completed a fairly extensive survey of constraints and opportunities for women in various major development fields and an annotated bibliography

of the literature in the field. These volumes were distributed to all the Ghanaian delegates to the IWY Conference in Mexico City and are believed to have made a significant contribution to the preparedness of those delegates for their Conference roles. They should also continue for a considerable time to be a major source of background information for programming action in support of an enhanced role for women. Initial steps have been taken in this area with two limited programs funded by Washington -- one in the public sector and one through a private voluntary group.

In the area of science and technology significant steps have occurred to more sharply focus the resources of the nation on critical development problems. Of major importance was the approval by both the CSIR Council and the Government for the creation of a Planning and Analysis Group (PAG) within the CSIR and the appointment of an experienced staff member as full-time Secretary of the PAG. These developments are also of considerable value as an adjunct to the recently-executed USAID agreement to strengthen the capacity of the CSIR to plan, define, finance and implement multidisciplinary and inter-institutional research programs directed toward practical solutions to key development problems. It is clear that the Government of Ghana is committed to moving forward vigorously to bring to bear more effectively for development the considerable scientific resources of the various institutions in the country.

On the national economic scene Ghana faces acute difficulties for the medium-term future at least. As already reported, petroleum price increases and general world inflation had sharply increased Ghana's import bill for 1974. In addition, there was a serious loss of discipline and control of the import system which resulted in an excessive inflow of goods including substantial amounts of luxury and low priority items. Efforts to restore order to the system were initiated in September 1974. This movement nevertheless continued into the first two months of 1975 at an unabated if not increased rate. Despite the favorable prices at which main crop cocoa was apparently sold resulting in an actual trade surplus in the same two months of 1975 larger than for the comparable period of 1974 (notwithstanding the heavy import flow), foreign exchange reserves have been exhausted and Ghana has recently drawn 100 percent of its gold tranche from the IMF. Since February 1975 cocoa prices have fallen by about 35 percent while inflation in Western nations has continued to drive up prices of Ghana's imports still further. The worldwide declines in the level of industrial activity have slackened demand also for other traditional exports from

Ghana such as timber, manganese and bauxite. In coming months the reduced margin of revenue from cocoa (due both to the decline in the world price and the 6.6 percent increase in the price paid to farmers announced in June), and the inevitable decline in import duties as imports fall will squeeze the resources available for development and tend to exacerbate an already severely troublesome budget deficit with accompanying renewed inflationary pressure. This is apt to delay still further the launching of a full-scale development plan as those responsible for its formulation wrestle with this new set of problems. They have already been confronted with great difficulties in defining a suitable set of strategies and programs. This has already delayed the completion of a Plan far beyond the original target. Prospects for early resolution of this dilemma are not bright. It is likely that development in Ghana will function for some time still on an essentially ad hoc basis in the midst of irresolute and sometimes misdirected efforts to deal with a rather severe set of problems. This will undoubtedly complicate and slow the planning and implementation of sectoral and rural development efforts. The DAP nevertheless provides a sound basis for continuing efforts to favorably affect the lives of the rural poor according to the strategies and priorities outlined six months ago.

The projected AID program includes loans over the next several years at a level of \$10 to \$15 million annually whose purpose and justification is primarily sectorally based and people-oriented. Our program relates these dollar transfers to the agricultural sector generally through MIDAS, to the health sector through the Rural Health Services Project and to integrated rural development through the District Planning and Rural Development Project. We see these resources as flowing through channels which are being so structured as to have a clear impact on the quality of life of the rural poor.

At the same time, however, consistent with the approved strategy as outlined in Option 3 of the DAP, we see these external resource inputs as also highly significant to relieving the balance of payments constraint which can be expected to impinge upon Ghana's development efforts over the remainder of the decade. As noted in Volume I of the DAP, substantial external assistance inflows and certain critical internal policy actions will be required if Ghana is to have access to the foreign exchange resources required to sustain moderate economic growth. Thus, in addition to impacting upon the lives of the rural poor, these resources will contribute to the relief of Ghana's critical balance of payments constraint and, in the eyes of the Government of Ghana, serve the important purpose of providing additional "elbow room" within which the

overall strategy for development of the country can be carried out. The prospects for achieving the selected sector goals will, in turn, be improved. Our program continues, therefore, consistent with the DAP to recognize the importance of addressing the foreign exchange constraint which Option 3 included as a major factor in achieving equitable growth.

One modification in the DAP strategy and concepts of assistance in support of the rural poor is the increased need for grant financing included in the proposals in this ABS. It has become clear as our plans for development in the rural areas have moved forward that grant funding is essential for local works programs of small-scale infrastructure and social overhead capital. It is neither operationally feasible nor socially sound to attempt to finance such activities with loan funds. Loan administration makes the transfer of resources for remotely located and locally planned small-scale works extremely unwieldy. Grant funds, on the other hand, can be moved through the Ghana Government's fiscal system with relative ease and be accepted without difficulty since repayment is not an issue. The nature of these small local undertakings, moreover, which have little or no direct income generating capability, makes them a far less justifiable basis for the assumption of the repayment burden associated with loans. This is especially true of social overhead such as health facilities or sanitation works. For this reason we have programmed modest but still significant inputs of grant funding in the Rural Health Delivery and District Planning and Rural Development projects beyond demonstration supplies and equipment which are traditional for grant funding in connection with technical assistance. Over the next five years a total of \$9.2 million is projected for such funding on a grant basis of which \$1.6 million in FY 77 is programmed under various projects. We believe there is a strong case for approval of this proposed funding if we genuinely wish to effect improvement in the quality of life among the rural poor.

SUMMARY - FUNDING REQUIREMENTS  
FY 1976  
(\$000)

	Food & Nutr	Pop Plg & Health	Educ & Hum Res	Selected Develop Problems	Select Ctries & Orgs	Sptg Assist	Development Assistance Total
<b>ONGOING GRANTS</b>							
1. Agricultural Management Development	249	700					249
2. Danfa Rural Health/Family Planning		498					700
3. Population Program Support		1,030	350				498
4. Management of Rural Health Services							1,030
5. Economic Development Management							350
SUB-TOTAL	249	2,228	350				2,827
<b>NEW GRANTS (By Funding/Priority)</b>							
1. Managed Input Delivery and Agricultural Services (MIDAS)	750						750
2. Farmer Association and Agribusiness Development (FAAD)	500						500
3. Nutrition Improvement	130						130
4. Women in Development				200			200
5. Program Development-Food Prod/Nutr	40	30					40
6. Program Development-Pop Plng/Health							30
7. Program Development-Educ/Hum Resources			25				25
8. Program Development-Selec Dev Prob				15			15
SUB-TOTAL	1,420	30	25	215			1,690
<b>LOANS</b>							
1. Managed Input Delivery and Agricultural Services (MIDAS)	10,000						10,000
SUB-TOTAL	10,000						10,000
<b>TOTAL</b>	11,669	2,258	375	215			14,517
<b>TOTAL</b>	2,000						2,000

PL 480 TITLE II (Non-Add)

SUMMARY -- FUNDING REQUIREMENTS  
INTERIM QUARTER  
(\$000)

	Food & Nutr	Pop Plg & Health	Educ & Hum Res	Selected Develop Problems	Select Ctries & Orgs	Sptg Assist	Development Assistance Total
<b>ONGOING GRANTS</b>							
1. Managed Input Delivery and Agricultural Services (MIDAS) 0067	350						350
2. Agricultural Management Development 0070	86						86
3. Nutrition Improvement 0071	22						22
4. Farmer Association and Agribusiness Development (FAAD) 0072	75						75
5. Danfa Rural Health/Family Planning 0055		175					175
6. Population Program Support 0064		102					102
7. Management of Rural Health Services 0068		24		74			24
8. Women in Development 0083							74
SUB-TOTAL	533	301		74			908
<b>NEW GRANTS (By Funding Priority)</b>							
1. Delivery of Rural Health Services 0082	1,700	1,185	1,085				1,185
2. District Planning & Rural Development 0073							1,700
3. Community Based Vocational Education 0076							1,085
SUB-TOTAL	1,700	1,185	1,085				3,970
<b>LOANS (By Funding Priority)</b>							
1. Delivery of Rural Health Services 611-H-020	2,500	4,000					4,000
2. District Planning and Rural Development 611-H-019							2,500
SUB-TOTAL	2,500	4,000					6,500
TOTAL	4,733	5,486	1,085	74			11,378
PL 480	500						500

SUMMARY - FUNDING REQUIREMENTS  
FY 1977  
(\$000)

	Food & Nutr	Pop Plg & Health	Educ & Hum Res	Selected Develop Problems	Select Ctries & Orgs	Sptg Assist	Development Assistance Total
<b>ONGOING GRANTS</b>							
1. Managed Input Delivery and Agricultural Services (MIDAS) 0067	1,200						1,200
2. Agricultural Management Development 0070	419						419
3. Nutrition Improvement 0071	141						141
4. Farmer Association and Agribusiness Development (FAAD) 0072	700						700
5. District Planning and Rural Development 0073							
6. Danfa Rural Health/Family Planning 0055	2,300	871					2,300
7. Population Program Support 0064		577					871
8. Management of Rural Health Services 0068		61					577
9. Delivery of Rural Health Services 0082		1,055		138			61
10. Women in Development 0083							1,055
11. Community Based Vocational Education 0076			345				138
12. Program Development-Food Prod/Nutr 0078	40	30					138
13. Program Development-Pop Plng/Health 0079			25				345
14. Program Development-Educ/Human Res 0080				15			40
15. Program Development-Select Dev Prob 0081							25
SUB-TOTAL	4,800	2,594	370	153			7,917
<b>NEW GRANTS</b>							
1. Economic and Rural Development Management 0077			250				250
SUB-TOTAL			250				250

SUMMARY - FUNDING REQUIREMENTS  
FY 1977 - Page Two  
(\$000)

	Food & Nutr	Pop Plg & Health	Educ & Hum Res	Selected Develop Problems	Select Ctries & Orgs	Sptg Assist	Development Assistance Total
<u>LOANS (By Funding Priority)</u>							
1. Managed Input Delivery and Agricultural Services	6,000						6,000
2. District Planning and Rural Development		2,500					2,500
SUB-TOTAL	6,000	2,500					8,500
TOTAL	10,800	5,094	620	153			16,667
PL 480 TITLE II (Non-Add)	2,332						2,332

SUMMARY BY PROJECT  
\$000

		<u>FY 76</u>	<u>Int Qtr</u>	<u>FY 77</u>
		July 75/ June 76	July, Aug Sep 76	Oct 76/ Sep 77
<u>GRANTS</u>				
<u>FOOD PRODUCTION/NUTRITION</u>				
1. Managed Input Delivery and Agricultural Services (MIDAS)	0067	750	350	1,200
2. Agricultural Management Development	0070	249	86	419
3. Nutrition Improvement	0071	130	22	141
4. Farmer Association and Agribusiness Development (FAAD)	0072	500	75	700
5. District Planning and Rural Development	0073	-	1,700	2,300
6. Program Development-Food Production/ Nutrition	0078	40	-	40
SUB-TOTAL	FP/N	1,669	2,233	4,800
<u>POPULATION PLANNING/HEALTH</u>				
1. Danfa Rural Health/Family Planning	0055	700	175	871
2. Population Program Support	0064	498	102	577
3. Management of Rural Health Services	0068	1,030	24	61
4. Delivery of Rural Health Services	0082	-	1,185	1,055
5. Program Development-Population Planning/Health	0079	30	-	30
SUB-TOTAL	PP/H	2,258	1,486	2,594

SUMMARY BY PROJECT  
\$000

		FY 76 July 75/ June 76	Int Qtr July, Aug Sep 76	FY 77 Oct 76/ Sep 77
<u>GRANTS (CONTINUED)</u>				
<u>EDUCATION/HUMAN RESOURCES</u>				
1. Economic Development Management	0062	350	-	-
2. Community Based Vocational Education	0076	-	1,085	345
3. Economic and Rural Development Management	0077	-	-	250
4. Program Development-Education/Human Resources	0080	25	-	25
SUB-TOTAL ED/HR		375	1,085	620
<u>SELECTED DEVELOPMENT PROBLEMS</u>				
1. Women in Development	0083	200	74	138
2. Program Development-Selected Development Problems	0081	15	-	15
SUB-TOTAL SDP		215	74	153
TOTAL GRANTS		4,517	4,878	8,167
<u>LOANS</u>				
1. Managed Input Delivery and Agricultural Services	641-H-018	10,000		6,000
2. District Planning and Rural Development	641-H-019	-	2,500	2,500
3. Delivery of Rural Health Services	641-H-020	-	4,000	-
TOTAL LOANS		10,000	6,500	8,500
TOTAL PROGRAM		14,517	11,378	16,667

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MANAGED INPUT DELIVERY AND AGRICULTURAL SERVICES

641-0067

A PPP was transmitted to Washington on April 19, 1974 under the title "Grains/Legumes Inputs and Services System" outlining USAID technical assistance to a nationally coordinated effort providing inputs and services to Ghana's grains farmers. On January 31, 1975, a PRP was transmitted to Washington outlining requisite USAID loan funds to support the technical assistance program above (as well as a technical assistance program in rural development).

As a result of recent developments and bearing in mind the recommendations of the Agricultural Sector Assessment, the grant and loan programs are now being combined under a single project. This project, Managed Input Delivery and Agricultural Services (MIDAS), has basically similar objectives to earlier proposals but contains the following modifications. First, the definition of the target group has been broadened to include farmers cultivating not only grains but also roots, tubers and industrial crops. This would, perforce, include a larger number of small farmers as they typically cultivate a wide range of crops under complex multi-crop situations. Second, much greater emphasis has been accorded to the role of the private sector. The project will therefore encourage greater private sector participation in production and distribution of inputs and in product marketing. Third, several components have been added in line with recommendations of the Agricultural Sector Assessment. These components are: a) support to small farm systems and action research emphasizing improvements in cultural practices and adoption of intermediate technologies having lower foreign exchange costs; b) support in the form of credit and training to private traders in agricultural marketing, and c) intensified efforts in extension and demonstrations (home and farm) to assist women in their roles as small farmers and farm workers. Fourth, the Bank of Ghana has agreed to coordinate and monitor the flow of loan funds, generated by the sale of imported small farm equipment and fertilizer, to the primary implementing agents. These are the Ministry of Agriculture, the Agricultural Development Bank and private traders.

During FY 75, the following developments occurred which have contributed significantly to the preparation of a PP for MIDAS. First, the Ghana Fertilizer Company has been established and registered. The company plans to import granulated fertilizer

mixtures in bulk when handling and bagging facilities have been established at Tema Port. Blending equipment will be added to these facilities at a later time. Also, a demonstration program has been started to acquaint farmers with the range of mixtures that will be produced at the plant. Second, a team of consultants has prepared a proposal to the Agricultural Development Bank specifying USAID inputs to a small farmer credit expansion program and an in-house staff training capability. The proposal is now being reviewed and modified by the Agricultural Development Bank. Third, a team from the Seed Technology Laboratory of Mississippi State University is assisting the Seed Multiplication Unit of the Ministry of Agriculture with the preparation of construction drawings and with ordering recommended equipment from specifications. Fourth, the Mission has prepared a proposal to support the Home Extension Unit of the Ministry of Agriculture in its program of reaching women farmers and farm workers. The proposal is now under review with the Ministry of Economic Planning and the Ministry of Agriculture. Fifth, sessions between Mission staff and the Bank of Ghana are ongoing to determine and design a pilot assistance program to small traders in several areas of Ghana. Finally, working sessions with the Ministry of Agriculture are expected to define a farms systems, action research program which will complement intensified efforts in agricultural extension and demonstration.

The Mission has benefited greatly from AID/W assistance in project design and expects further assistance so that a PP can be submitted by September 30, 1975 for review and approval. Services of an AID/W direct-hire specialist are requested for two weeks, beginning not later than August 1.

AGRICULTURAL MANAGEMENT DEVELOPMENT

641-11-110-070

This five-year project provides an agricultural management training program for managers at all levels in the Ministry of Agriculture. The PROP was approved in 1974, and funding began in FY 75.

As of June 10, 1975 the following targets set forth in the PROP have been met:

1. Two-week executive development seminar conducted for all MOA Assistant Directors and Principal Agricultural Officers;
2. Four MOA counterparts for ARMS advisors have been identified and two are on board;
3. Initial construction plans for Annual Regional Management Seminars (ARMS) facility completed, but returned to Ghanaian architect/engineer for revision because the cost was too high;
4. Commodities (vehicles, training materials) ordered by USAID;
5. Three technicians recruited and at post; recruitment of fourth in process;
6. One counterpart sent to U.S. for short Train the Trainers course;
7. Short-term consultant assisted University of Ghana in outlining MAA program.

The major obstacle is the completion of the ARMS facility, because costs increased considerably over original estimates. However, temporary quarters have been located and the program will go forward on schedule.

Because original estimates of funding were based on assumptions that U.S. technicians would be either AID contract, or contracts executed under PASAs, funding was provided in FY75 for the first 12 months, and funding for the following 12 months was included in FY 76 estimates. However, the three technicians recruited to date are either Direct Hire or PASA and, on the assumption that

the fourth technician will also be PASA, funding requirements have been adjusted to reflect obligation of PASA funds in the FY in which expended.

The project is to be evaluated at the end of the second year. Funds have been budgeted in FY 77 for consultants who will assist in carrying out independent evaluations.

NUTRITION IMPROVEMENT

641-0071

The National Conference on Food and Nutrition held in April 1974 adopted a set of recommendations which the Commissioners of Planning, Health and Agriculture agreed to support. This high level support, in addition to the interest of the National Economic Planning Council, offers an interdisciplinary governmental framework within which the proposed program will function.

The PRP will be submitted to AID/W in July 1975. That document describes the relevance of proposed nutrition activities to the strengthening of human resources and national development. The document notes that the nutritional deficiencies are vast, e.g., an average rural family in Ghana receives only 75 percent of its caloric requirement and 50 percent of its protein needs. This situation is even more severe in some rural areas of the Northern and Upper Regions which experience a perennial "hungry season."

The Nutrition Improvement project will assist the nutrition planning group of the Ministry of Economic Planning to develop a process for planning and implementation of cost-effective nutrition interventions in a selected area of the country. These activities will be undertaken over a three-year period during which time a comprehensive national data base will have been developed.

The GOG has initiated a national sample survey of nutritional status which will be utilized to assist in the determination of the most appropriate interventions and priorities and the number of interventions considered practicable and most useful. The Nutrition/MCH/Family Planning Division in the Ministry of Health is coordinating this activity and has received the full support of the other concerned ministries. The Director of the Division has requested USAID to sponsor two participants in FY 76 for long-term training in Nutrition Planning, and has also proposed that first year activities of the project be centered on nutrition education (attitudes and practices); village activities (backyard gardens, food processing); child welfare programs (weaning foods, food-health rehabilitation centers, extension services as developed in Danfa satellite systems); and a yet to be defined Vitamin A deficiency intervention.

It is planned that a PP will be submitted by December 1975. An experienced nutrition planner will be requested in early FY 76 to assist in the development of the PP and in the planning of the implementation program.

Central funds are being requested in the interim to sponsor training beginning September 1975 for the first of eight planning/management/systems personnel.

FARMER ASSOCIATION AND AGRIBUSINESS DEVELOPMENT

641-0072

The Farmer Association and Agribusiness Development Project (FAAD) is designed to accelerate rural development through private and voluntary action. The primary lines of activity under the project are to be: 1) formation and strengthening of viable primary and regional groups of small farmers working together to improve their lives and serve their interests as producers and consumers; and 2) the formation and expansion of small- to medium-scale business and agro-industrial firms in the rural areas and market towns. This quickening of the pace of economic activity among farmers and rural business is seen as mutually beneficial and essential to the improvement of the quality of life in rural areas. It is also regarded as complementary to the efforts of government working from the local, regional and national levels to support rural development. The principal instruments of change are to be U.S. and Ghanaian private voluntary organizations (PVO's) dedicated to rural development who, in addition to using resources mobilized from other sources, will receive grants from USAID/Ghana. These will be made solely to assist PVO's to pursue action programs which are clearly directed toward the project's primary purposes. The target beneficiary groups are small farmers and the rural and semi-rural non-farm poor. As a result the leading criteria in the selection and funding of programs proposed to USAID by PVO's will be their potential for increasing the incomes and employment opportunities of the target groups.

Provided the programs are so oriented, it is intended to give a wide degree of latitude for the PVO's themselves to define the mode of their activities. It is assumed, pending further discussion with the GOG, that the government will give benevolent approval to the project and the activities of the PVO's while being kept fully informed and participating in deliberations of a body of experts advisory to USAID through a designated liaison officer.

AID has recently given approval in principle to the broad concept of the project as submitted in a Preliminary Project Proposal in July 1974. The project was included in the FY 76 Congressional Presentation. Further refinement of the project's concepts is expected to flow from the work of consultants whose efforts are to begin on or about July 1, 1975. The final design of the project is expected to be developed by a small team to be assembled in September. A Project Paper will be submitted to AID/Washington for approval prior to the end of November. Approval is anticipated in early January 1976. By February 1976 it is expected that a memorandum of understanding between USAID and the GOG will have been initialled and qualified Ghanaian and U.S. private voluntary organizations will be invited to prepare and submit proposals. The project will also fund technical consultancy services and evaluation to ensure continuing appraisal of the impact of the project.

One adjunct activity under the project which is being actively explored for possible inclusion is assistance to a Ghanaian entity capable of being an active advocate of appropriate functional, organizational and policy changes of various entities in Ghana where more could be done to assist private action in support of rural development. Possible bases for such advocacy would be the Ghana Manufacturers Association or possibly the Development Finance Department of the Bank of Ghana. The project would fund for a limited period a full-time advisor and/or short-term consultants and support on an interim basis for the operating expenses of a special group to pursue better action and policies by agencies such as banks and/or advisory institutions (e.g., Ghanaian Business Bureau) in support of the private sector of rural development. Outside of FAAD other USAID projects such as MIDAS (helping ADB) and District Planning and Rural Development (assisting consultancy centers at UST/Kumasi) would provide significant collateral support for the vitalization of private activity in the rural areas of Ghana.

In order to have a design team at the appropriate time, funds for this purpose should be budgeted and made available very early in FY 76. Firm arrangements should be made by the end of July for the arrival of a two-man team by September 10, 1976. They will work closely with Mission staff, the consultant (Adams) who is expected to be nearing completion of a survey of the PVO environment, opportunities and constraints, and with

a firm of Ghanaian consultants who are examining the same with respect to agribusiness in Ghana. The specialists from the U.S. should consist of: 1) a direct hire AID person (presumably from PHA/PVC) familiar with the full range of AID project design requirements and appropriate criteria for PVO grants, performance standards, etc.; a contract-funded (or otherwise funded) from the PVO community itself and familiar with the PVO's needs, capacities, lead time requirements, etc. Of these two, the DH consultant from AID/W should plan to remain up to five weeks to participate in the final drafting of the PP. The outside consultant should be present for three weeks (through September 30) to coincide with the final portion of the Adams consultancy to make major contributions to the final shaping of the PP. For these two consultants the following budget is proposed:

DH consultant:

Travel (international)	\$ 1,200	
Per diem	1,700	
Internal travel (Ghana)	<u>200</u>	\$ 3,100

Outside consultant:

Salary and overhead	3,000	
Travel (international)	1,200	
Per Diem	1,400	
U.S. travel (consultation in AID/W)	200	
Internal travel (Ghana)	<u>200</u>	\$ 6,000

Grand Total		\$ 9,100
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These funds should be budgeted under the AFR project development activities funds allotted to USAID by August 1.

DANFA RURAL HEALTH AND FAMILY PLANNING

641-11-580-055

The project aims at assisting Ghana to identify replicable cost effective means for rural family health care delivery with emphasis on maternal child health, nutrition, health education and family planning. It is being implemented under an AID/UCLA contract. The research project, reaching a mid-point in FY 75, provided for a comprehensive evaluation in May 1975 which concluded with recommendations for a revised project strategy which will focus greater attention on (1) operational research, (2) training, and (3) institutional development. The recommendations also suggest the relaxing of the tight constraints imposed on project activity by the rigorous testing of hypotheses. Basically they were: 1) that family planning is more effective when delivered in the context of a comprehensive health program than in other settings; and 2) that family planning is more effective in combination with health education only than without it. The relaxing of the constraints of a rigorous research approach will allow for an increase in the scope of Danfa operational research studies. The studies planned and experience gained will, it is now believed, provide a wider choice of alternative methods and more significant information required for the choice of implementation methods to achieve the GOG's national health and family planning program objectives.

The new research approach to be evolved will allow for flexibility with respect to inputs without sacrificing the discipline needed to achieve statistically valid and operationally meaningful results. Research results will be evaluated as to adaptability in varying circumstances throughout Ghana and perhaps in other African settings. This operational research will also help determine health characteristics and behavior of rural populations, as well as cost effective methods of providing health and family planning services.

It will be necessary to give increased attention to the development of the institutional capability at the Medical School of the University of Ghana (MS) to provide the training for appropriate categories of health personnel and the development of greater capability to conduct research.

The training of doctors and other health personnel in the delivery of generalized rural health and family planning services has always been an important component of the program at the University of Ghana Medical School's Department of Community Health. An important part of the revised strategy is to increase the extent of Ghanaian training under the Danfa project in Ghana and in the U.S. and in degree programs and short-term specialized courses. Also, it is now felt that field training for larger numbers of medical and para-medical personnel in the Danfa area should be emphasized to a greater extent. As a part of the Ghana Medical School Teaching program, in-service training will be provided to the health service community in the delivery and management of decentralized, generalized rural health and family planning services.



POPULATION PROGRAM SUPPORT

641-0064

The Population Sector Assessment included in the approved DAP (FY 76-80) records the apparently accelerating population growth rate and the deteriorating or significantly limiting effect it may have on the Government of Ghana's ability to respond to the many social and economic needs of the country. An important factor in the high growth rate, estimated 3.0 - 3.3, is a declining death rate combined with an apparent cultural demand for children.

USAID has provided support to the Ghana National Family Planning Program (GNFPP) since 1970. This support has included: (1) 104 (h) local currency support (terminated 1973); (2) overseas training; and (3) commodity support (primarily contraceptives). The Project's aim has been to expand and intensify the program and to assist in the institutional development of the GNFPP. Funds are requested to extend the program support through FY 78 which should allow the GNFPP to become firmly established. Support is projected in the following four major areas: (1) planning and management, (2) in-service training, (3) contraceptive supply and distribution and (4) research and evaluation.

In FY 75 the GNFPP conducted two seminars in planning and management for the GNFPP officials and officials of participating agencies. Semi-annual seminars in these same substantive areas are now planned, with USAID assistance through a local contract supported by the USAID Office of Development Administration. The seminars will involve principal decision makers concerned with family planning and will be directed at setting of long term objectives and planning and mobilizing the needed resources and support.

In-service training of GNFPP personnel and personnel of participating agencies is an ongoing activity which will be expanded to increase coverage and will involve a new element of training i.e., village volunteer training on an experimental basis. USAID proposes to assist in this expansion by provision of support for local currency costs on a cost sharing basis, training, equipment, etc. Other specialized training opportunities will be made available in the US and third countries.

The rather inadequate commercial distribution effort has been a serious constraint to expansion of the program. The problem is recognized and the GNFPP has asked for USAID assistance on a cost sharing basis in providing resources for a local management consultant group to organize and monitor the commercial program.

Related reorganization of the clinical distribution system within the MOH will be part of the training program to be conducted under the Management of Rural Health Services Project (0068) which is assisting the Ministry of Health in all phases of planning and management.

There is a lack of understanding of what factors motivate acceptance of family planning and the reason for the high demand for children. Knowledge, Attitudes and Practices (KAP) studies have shown a definite desire by some women for fewer children despite the pronatal attitudes of others. Research must be conducted on the social and psychological motivating factors that restrain contraception. A local research organization will be contracted and supported by the project to conduct research and prepare motivational material. An intensive Information, Education and Communications (IE&C) program is planned based on the research; it is to be supported by the British Overseas Development Agency (BODA) and the Canadian International Development Agency (CIDA).

The Danfa Rural Health and Family Planning project (0055) has developed various low cost and effective systems for delivery of health and family planning services using mobile units, satellite clinics, village volunteers and traditional birth attendants. Under Project 0064 these operational systems and others, as appropriate, will be applied in two regions of the country (Volta and Eastern). In an effort to improve the commercial contraceptive distribution system, special marketing programs will be designed through a USAID supported local institutional management consultant to expand the system in two regions (Northern and Upper). Both intensive schemes will be studied and evaluated and implemented on a national scale by the GNFPF when the systems are perfected.

The GNFPF has reached a stage of maturity at which the proposed inputs can be properly absorbed and utilized, i.e. basic operating budget, personnel and infrastructure are in place. The GNFPF is optimistic that with an extension of the USAID support program through FY 78 it will be in a position by FY 79 to continue the program with only limited external assistance (contraceptives, specialized training). USAID agrees that the extension, at this time, is a logical extension of prior year activities. The improved relations the GNFPF has with the participating agencies, especially the MOH, plus the added support that is being given by the Ghana Medical School and the Medical Advisory and Program Advisory Committees gives added reason for optimism. The internal reform/training in planning and management will insure that the added USAID program support during FY 76-78 will be effectively utilized and should provide the GNFPF with improved delivery capability.

An amendment to the Population Program Support Proposal, requesting extension and added funding, will be submitted by October 1975. The development of the PP has progressed at a slow but satisfactory pace considering the serious discussions that are taking place on each element that is being proposed and the need to resolve other issues raised in the 1975 PAR.

MANAGEMENT OF RURAL HEALTH SERVICES

641-0068

The Government of Ghana (GOG) has placed high priority on the improvement of the delivery of health services to the rural population and of the basic infrastructure required for this expansion. It has recognized that in order to bring health services to the most remote communities the service delivery system must be decentralized, generalized (preventive measures must be emphasized), and that improved planning and management will be necessary to achieve the effectiveness and coverage desired. USAID is providing technical assistance for this purpose. The strategy has been described in the Health Sector Assessment of the approved DAP (FY 76-80) and the Rural Health Sector Loan PRP (submitted January 31, 1975).

The program in FY 75-77 (Phase I) has three basic inter-related elements (outputs) aimed at developing and staffing suitable organizational structures and the planning for implementation of low cost health service coverage. These elements are: (1) Establishment of a Planning Unit in the Ministry of Health (MOH) (2) Provision of local and overseas functional planning and management training (including in-country regional seminars) and (3) Assistance to the MOH in completion of the Health Sector portion of the Five-Year Development Plan.

The project experienced delays in the initial period, in part caused by problems in recruitment of suitable advisory personnel. The present contractor, Kaiser Foundation International (KFI) has fielded a Senior Health Planning Associate and consultants who are helping establish the Planning Unit and participating in training personnel. An additional Resident Management Training Associate will be assigned to coordinate training activities, conduct a series of Regional management training seminars, and develop long

term capability among the Ministry decision-makers to utilize effective modern methods of planning and management. The Regional seminars will serve as a vehicle to assist officials in the Regions and Districts to identify priority health issues, to develop achievable objectives that will be incorporated in the plans for delivery of decentralized health services in the country and to implement these plans in an efficient and effective manner. To support this effort a \$100,000 grant as a contribution to the expansion of the Ministry's training facilities at Kintampo is planned on a fixed cost reimbursement basis.

An informal appraisal is scheduled for October 1975. A formal evaluation with a PAR to be submitted is scheduled for February 1976. Each will examine progress and initiate changes or modifications, if any, required to achieve the project's purposes. These appraisals will be an input to the planning of the subsequent project which will be integrally related to the Five Year Plan scheduled for completion by April 1976. A project proposal (PP) will be prepared in the third quarter of FY 76 for a new project concerned with assistance in the delivery of health services in FY 77-80. The new project, taking advantage of information gathered for the Five Year Plan, will be designed and project documentation completed by March/April 1976 with assistance from AID/W.

In FY 76, funds are requested for the completion of Phase I under contract with Kaiser Foundation International (KFI). On the basis of ongoing planning with GOG officials, for a longer term effort, it is felt that this Phase I program will need to continue through FY 77 to support the Health Planning Unit and for the Regional executive training seminar program. This will allow for full institutionalization of the Planning Unit, including extension of the planning process to each of the nine Regions, and of the Regional health service management training seminars.

DELIVERY OF RURAL HEALTH SERVICES

641-0082

The Government's priority for improved health management and planning is being addressed under the ongoing Phase I, Management of Rural Health Services Project 0068. The Phase I project will also assist the MOH in the developing a multi-year Health Plan. Guidance for developing the Plan is given in the January 1975 Guidelines for the Five-Year Development Plan (FY 1975-80). These Guidelines outline an approach in the health sector very similar to AID policy and the USAID general development strategy given in the approved DAP.

Phase II of the effort deals with the implementation of an effective low cost delivery service to the poorer population of Ghana, living in rural areas. The Mission proposes that this phase be presented as a new project: Delivery of Rural Health Services 0082. The priority needs assessment is now being developed by the USAID-assisted Ministry of Health Planning Unit. Preliminary discussions with contract advisors from Kaiser Foundation International (KFI) and the MOH indicate that the minimum support for the Phase II program should include (1) capital assistance (for facilities, supplies and equipment): \$15 million during the Plan period; (2) technical assistance in the implementation of a comprehensive health services program in a selected demonstration region/area; and (3) expanded support of training in community/public health. USAID proposes to assist with loan and grant resources over the five year plan period. These resources are expected to have a catalytic effect on GOG efforts systematically to expand health coverage for the majority of the rural population over the next decade.

The Program

USAID's proposal for a combined grant and loan effort to support the expansion of low cost effective health delivery in

Ghana was outlined in a PRP submitted to AID/W in January 1975. As described in that document, the achievement of this objective confronts many social, managerial and resource difficulties. Among them are: the reluctance of health staff at all levels to serve in the rural areas; the shortage and misallocation of resources; the lack of clear objectives, plans, priorities and task descriptions for health teams and individual workers. This project will seek to overcome these constraints by supporting the strategy adopted by the Government of organizing decentralized efforts to widely and equitably deliver health care, emphasizing preventive services and integrating improved nutrition and population planning.

In order to achieve maximum impact, initial efforts will be concentrated in a specific prototype Region. It now seems quite possible that this would be the Upper Region where the World Bank is planning an integrated development effort in which it has invited other donors to participate by supporting particular segments of the coordinated effort. In addition, the resources of this combined grant/loan effort will seek to expand and strengthen rural health in other Regions though with less intensive U.S. support.

The overall level of funding support for the costs of equipment, supplies, maintenance facilities, training materials, water supply and sanitation programs, and other promotive activities involving outlays for hard goods is projected at \$15 million over the period to 1980. Of this amount \$5 million should be programmed on a grant basis. The first such funding under this project is proposed for FY 77 at a level of \$1 million. Over the life of the project \$10 million to fund commodities is projected on a loan basis.

It is clear that it will be difficult for the Government of Ghana to borrow for non-revenue producing social services. It is also extremely difficult to administer loan funds for substantial numbers of small local facilities. These will need to derive from local planning efforts at or below the District level where machinery for local action is being developed under the new Government of Ghana mechanism for decentralized local governmental functions. It will require flexible response capability and a type of resources which will not overburden the machinery of government still being evolved at that level. The USAID is convinced that the effectiveness of the program will be greatly enlarged by financing these local action costs on a grant basis.

The loan funds can be used for the financing of common use items required from abroad to support the nation-wide rural health program. These items can be handled through the existing central institutional

mechanism and made available to support rural health delivery. They will be used in substantial part in the prototype Region but also in other areas of the country where expanded programs will also be undertaken in accordance with the plan.

In addition to the financing of equipment, commodities and facilities on a mixed grant/loan basis as described above, a technical assistance program to support the intensified health delivery system is planned. This program, to be initiated in FY 77, will draw heavily on the experience gained in the Danfa Rural Health and Family Planning project as it continues in its new and more experimental and operational research mode. It will (1) sustain the efforts to develop effective management systems being evolved under the Management project (0068) presently under way; (2) undertake a broader program for the training of health personnel emphasizing outreach through community and public health approaches at a Health Training Center; and (3) support intensified action for rural health delivery in a prototype Region through the provision of personnel and advisory services for the planning and execution of a three-year program in

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that Region. This would be followed by a shift to a second Region during the third to fifth year of the project for similar intensive development of the services delivery capabilities.

#### Project Planning

This project for Delivery of Rural Health Services will be evolved from and constitute a natural follow-on to the present project (0068). The Plan that is to be developed by the Planning Unit of the Ministry of Health during FY 76 with the support and assistance of the contractor (KFI) will provide the framework and basis of operations of this project. That planning process is expected to be essentially complete by April 1976. As the Plan evolves the specific outlines and details of this project can also be formulated. It is therefore proposed that a two-person team be arranged for a visit to Ghana in February/March 1976 to (1) participate in the formal evaluation of the Management of Rural Health Services Project (0068) in mid-February; and (2) work with the contractor and the Mission in the formulation and writing of the PP for the new project. One consultant (a health economist/planner) will be funded for four weeks under Project 0068 for the evaluation. The other (an AID/W project design specialist) should stay for up to six weeks to complete the final preparation of the PP for submission to AID/W in early April.

ECONOMIC DEVELOPMENT MANAGEMENT

641-11-790-062

The purpose of the Economic Development Management project is to significantly improve overall economic management and the development of resources in Ghana. To accomplish this the project has sought to upgrade the management, decision making, and research capacity of various institutions engaged in the formulation or execution of economic policy by provision of participant training, support for local research, and consultancy services.

With the focus of AID assistance strategy directed more toward micro-economic and sectoral concerns and toward increased equity and opportunity for the lower income portion of Ghana's population, the relevance of the Economic Development Management project to the core strategy of Mission programs has diminished considerably though perhaps not disappeared. While the sound and appropriate framework of macro-economic policy which the Economic Development Management Project has sought to encourage is requisite to the success of any sectoral and equity-oriented strategy, the connection is indirect and its impact likely to be effective only over a longer period of time. For this reason it has been decided to terminate the project at the end of FY 76.

Over the last few months the development strategy to be followed by the GOG has become more sharply defined. With the recent publication of the "Guidelines for the Five Year Development Plan" it has become evident that Ghana's development strategy over the next few years will give substantial emphasis to rural/regional development. It thus seems appropriate that during FY 76 the resources available under the Project should be focused substantially upon the development of local management training capabilities and rural/regional development. Such an emphasis will provide an important assistance input as Ghana moves into the implementation of its rural and regional development oriented five year plan. It will also allow the Economic Development Management project to serve as a vehicle towards developing a new project more appropriate to the new emphasis of GOG and AID development strategy.

PAR for Economic Development Management project submitted June 5, 1975.

In FY 76, \$36,000 is requested for short-term consultants; \$245,000 for participants; and \$69,000 for in-country training and research conducted by Ghanaians. Total - \$350,000.

FY 77 ABS  
Ghana

PROGRAM DEVELOPMENT/FOOD PRODUCTION AND NUTRITION  
#641-0078

PROGRAM DEVELOPMENT/POPULATION AND HEALTH  
#641-0079

PROGRAM DEVELOPMENT/EDUCATION AND HUMAN RESOURCES  
#641-0080

PROGRAM DEVELOPMENT/SELECTED DEVELOPMENT PROBLEMS  
#641-0081

To permit the Mission to expedite project planning, it is proposed to establish a Program Development project in each major category, under which a variety of small activities would be funded. This readily available source of a modest amount of funds would permit timely initial reaction to GOG proposals, and more expeditious preparation of PIDs than has been possible.

Activities would be those whose value lies in immediate implementation to produce facts on which project proposals to AID/W would be based. Funds would be used for contracts with Ghanaian or American individuals or institutions to carry out short-run surveys and feasibility studies; small grants to PVOs or Ghanaian institutions to test equipment that could be manufactured locally; procurement of local materials and services for the manufacture of prototype equipment; grants for conducting pilot activities, the results of which would guide the development of more extended projects; contributions to costs of Ghanaian-conducted seminars concerned with matters directly related to AID concerns; etc.

No one sub-activity would exceed \$10,000. Each would be implemented by normal methods (PIOs, Purchase Orders, OPGs) at the discretion of the Mission Director. The total amount needed in each category would be as shown below in each year--FY 76 and FY 77:

Food Production and Nutrition . . . . . \$40,000

Population and Health . . . . . 30,000

Education and Human Resources . . . . . 25,000

Selected Development Problems . . . . . 15,000

The Mission requests that authority be granted to establish these activities and that funds be allotted to permit operations under these headings early in each fiscal year.

PL 480 TITLE II

In February 1975, the Mission transmitted with comments the FY 76-78 PL 480 Title II Catholic Relief Services (CRS) program plan (TOAID A-18). The program plan describes the directions of the Title II program for the following years and discusses GOG priorities and the framework within which the Title II program operates.

The Health Sector Assessment (including nutrition), which is a part of the Mission's approved DAP (FY 76-80), documents and discusses the problems and options of the GOG in its efforts to improve nutrition and Title II assisted MCH, FFW, and school feeding services in Ghana. The "Guidelines for the Five Year Development Plan" and the recommendations of the National Conference on Food and Nutrition both state the priority nature of nutrition programs, especially those directed toward pregnant and lactating women and young children. The GOG is now formulating its nutrition policy which will guide the Title II program and the proposed Nutrition Improvement Project in future years.

Title II activities emphasize services to rural areas in general and in particular to the Northern and Upper Regions which are the two areas most affected by droughts and the perennial pre-harvest "hungry season". Title II commodities for these areas are a crucial nutritional supplement on which survival (especially for young children) often depends.

Maternal and Child Health (MCH)

Nearly 62% of all Title II resources are targeted to help meet the nutritional needs of mothers and children. The MCH program is plagued with problems of organization and lack of a national MCH plan which, according to the Government's Guidelines for the Five Year Development Plan, will be given priority attention. USAID is optimistic that (1) as the GOG nutrition strategy develops; (2) as the organization, management and planning of the MCH/FP/Nutrition Division of MOH improves; and

(3) as extension service, as it relates to nutritions, foods, home management, etc. is upgraded, additional inputs/resources can be marshalled and the entire program can be made more efficient and effective.

During FY 75, 28 new MCH centers were opened for a total of 116 centers. These centers are currently providing MCH services to 75,000 MCH Title II recipients. During FY's 76 and 77 it is planned to increase the number of Title II MCH recipients to 100,000 and 115,000 respectively. These increases are primarily directed at the rural areas. Included in this expansion will be an expanded joint MOH/Ministry of Education Health and nutrition education program.

The impact of the USAID/CRS Title II MCH program on the GOG has been considerable. The program has demonstrated various low cost effective systems and training methods. The use of AID provided weight charts has particularly aroused the interest of the GOG which is now in the process of producing these charts locally for use in all MCH programs. The idea and methods of the backyard garden and poultry raising as sources of supplemental protein and vitamin foods is being promoted by CRS in pilot programs. The MOH also encourages all MCH centers, hospitals, clinics, health centers and posts to develop backyard gardens and expand poultry production to supplement traditional foods. Similar pilot projects are being undertaken in schools through the joint efforts of the MOH and Ministry of Education.

#### Food for Work (FFW)

Title II FFW resources support community development through self-help projects to improve basic socio-economic infrastructure. In the Northern and Upper Regions where prolonged dry seasons affect water and food availabilities, the project assists in small scale water resources development, food production, and storage and preservation of food. Commodity resources are channelled to local village development committees, church or mission groups, GOG Department of Community Development and to voluntary organizations such as the Voluntary Workcamps Association of Ghana to assist them in developing basic facilities such as farm-to-market roads, markets, irrigation canals, dams, and wells, school blocks, health posts and community centers.

The following FFW projects are examples of accomplishments during the latest period.

<u>Projects</u>	<u>Completed in FY 74</u>	<u>To be completed<sup>1/</sup> in FY 75</u>	<u>Projected in FY 76</u>
Wells	312	133	200
Buildings for Public Benefit <sup>2/</sup>	94	42	50
Roads (Miles)	33	43	65
Pit Latrines	14	7	20
Agric. Projects <sup>3/</sup>	8	14	20
Village Sanitation	-	3	5

This pattern of work will be continued and expanded in FY 77. The expansion will consist of a 50% increase in FFW recipients to a total of 12,000 workers. The work is to be programmed through the newly established District Councils, local Department of Social Welfare offices, Voluntary Workcamps Association, National Youth Council and Church/Mission dioceses.

#### School Feeding

Recent developments in the GOG regarding the school lunch program require a serious review of AID's phase-down program.

<sup>1/</sup> These projects were approved as of November 30, 1974. Total number of projects approved and projects completed in FY 75 will not be firm until the end of the FY.

<sup>2/</sup> These include rural clinics, classroom blocks, postal agencies and rural recreational facilities.

<sup>3/</sup> Mainly demonstration farms which provide useful sources of seeds and seedlings and demonstrate better farm practices in the Northern and Upper Regions so as to increase food production. In FY 76, 20 low cost silos will be built.

The acting director for medical services of the MOH and the recently appointed MCH/Nutrition/Family Planning coordinator in the MOH have shown active interest in the school lunch program and indicated their intent to develop more effective programs and improve GOG support. There are other positive indications of GOG concern for the school feeding program e.g., the MOH seconded a trained home science teacher to CRS to assist in supervising the program; the initiation of experiments in cooperation with volunteer groups in setting up school lunch programs; school child nutrition surveys have been undertaken in five regions; pilot school feeding programs have recently been initiated in the Volta Region utilizing local foods, etc. It would be unfortunate to discourage these activities by cutting the school feeding program just at the time visible and tangible GOG support is being developed.

The program has an added importance in the Upper and Northern Regions where the supplementary food can mean having one meal or none at all during the "hungry" season. These foods in the schools are a vital source of needed nutritional supplements which their normal diets lack, both in quantity and quality. In the Upper Region, the GOG and IPRD - supported programs are projected to deal with the problem through longer term nutrition and agriculture programs. However, in the interim, a recipient level of 62,000 in the school feeding program is required as a minimum for FY 76 - 78 to avoid serious hardship until these longer term efforts can have full effect.

#### Voluntary Agency (CRS) FY 76 - 77 Program Plan

As stated above, the Catholic Relief Service's FY 76-77 Program Plan was submitted in February, 1975. The report is complete and detailed and the Mission concurs in the recommended programs contained therein. The CRS Title II program complements AID interests and activities in the areas of health and nutrition and demonstrates the potential positive impact of improved nutrition and health care on the poorer segments of the population, particularly in the rural areas. Through the Title II program, CRS has stimulated GOG interest in nutrition as an important component of its health programs. CRS has also been an important factor in the increased level of government support and participation both in Title II and in other nutrition-related activities.

PL 480 TITLE II FY 77

Sponsor's Name: (Catholic Relief Services)

A. Maternal and Child Health - Total Recipients 115,000

<u>No. of Recipients by Commodity</u>	<u>Name of Commodity</u>	<u>Pounds (000)</u>	<u>Dollars (000)</u>
115,000	Soy-fortified Sorghum Grits	<u>4,140.0</u>	<u>375.9</u>
115,000	Wheat-Soy-Blend	<u>6,900.0</u>	<u>774.1</u>
115,000	Vegetable Oil	<u>1,380.0</u>	<u>483.0</u>
<u>Total MCH</u>		12,420.0	1,633.0

B. School Feeding - Total Recipients 62,000

<u>No. of Recipients by Commodity</u>	<u>Name of Commodity</u>	<u>Pounds (000)</u>	<u>Dollars (000)</u>
62,000	Soy-fortified Sorghum Grits	<u>2,790.0</u>	<u>259.2</u>
62,000	Vegetable Oil	<u>279.0</u>	<u>96.1</u>
<u>Total School Feeding</u>		3,069.0	355.3

## TITLE II

C. Other Child Feeding - Total Recipients 15,000

<u>No. of Recipients by Commodity</u>	<u>Name of Commodity</u>	<u>Pounds (000)</u>	<u>Dollars (000)</u>
15,000	Soy-fortified Sorghum Grits	<u>900.0</u>	<u>82.0</u>
	<u>Total Other Child Feeding</u>	900.0	82.0

D. Food for Work - Total Recipients 12,000

<u>No. of Recipients by Commodity</u>	<u>Name of Commodity</u>	<u>Pounds (000)</u>	<u>Dollars (000)</u>
12,000	Soy-fortified Sorghum	<u>2,880.0</u>	<u>262.0</u>
	<u>Total Food for Work</u>	2,880.0	262.0

E. Grand Total 19,269.0 2,352.0

A.I.D. FINANCIAL SUPPORT FOR PRIVATE VOLUNTARY ORGANIZATIONS

The Mission to Ghana finds it very difficult to make a meaningful response in terms of a tabular presentation as called for in the instructions for the FY 77 ABS under Attachment 7. It is somewhat unclear from the limited instructions exactly what is called for in the way of entries for this table. More substantively, however, we find that we do not have at our disposal specific information which would permit us to make entries in terms of dollar amounts as called for by tabular format, either in the case of voluntary organizations which are now or may in the future be receiving central operational program grants (OPG's) or non OPG's.

Three private voluntary organizations (PVO's) now have permanent American representatives in Ghana and are concerned primarily with development in Ghana. These are 1) Technoserve, which has three full-time American personnel and several Ghanaians operating in country with headquarters in Accra; 2) Catholic Relief Services (CRS) which has a single American representative and a number of Ghanaian employees concerned with both the administration of the P.L. 480 Title II program and with a variety of other privately-funded development activities especially in the Northern and Upper Regions; and 3) More recently, the YMCA has stationed in Accra a representative whose responsibilities are the formulation and subsequent implementation of development activities. It is our impression that the YMCA representative is present in Ghana largely as a result of a development program grant extended to the YMCA in the United States for support of such personnel overseas. A fourth voluntary organization, namely, Family Planning International Association (FPIA), also maintains a representative who is resident in Ghana but whose responsibility extends to all of Africa. His presence is the direct result of the contract between PHA/POP and FPIA for the support of family planning programs carried out by host country PVO's other than affiliates of the International Planned Parenthood Federation. In Ghana activities are currently under way funded by FPIA with monies made available by AID through the Ghana Christian Council's Committee for Christian Marriage and Family Life.

As AID/W is aware, the USAID Mission to Ghana has been authorized to proceed with the design of the Farmer Association and Agribusiness Development (FAAD - 0073) project which contemplates the making of grants to U.S. and Ghanaian PVO's to carry out rural development activities in Ghana. (See project write-up

elsewhere in this submission.) It is expected that soon after the middle of FY 76, the project paper will have been approved in Washington and the Mission will be in a position to invite the submission of proposals from PVO's in Ghana to which grants will be made by USAID from funds approved under the project by AID/W. At this stage it is not possible to say either which private voluntary organizations will be recipients of such grants or the amounts which will be made available in total or to individual PVO's. This derives from the fact that it will not be the Mission but the PVO's themselves which will design and submit their programs for the support of which the Mission will make grants, and therefore it is impossible to determine at this stage what the amounts may be. Under this project the three U.S. private voluntary organizations mentioned above (Technoserve, CRS, and the YMCA -- either Ghanaian or U.S. YMCA or both operating together) would presumably all be eligible for grants.

In addition, Agricultural Cooperative Development International (ACDI) which has participated in conferences in Ghana in past years and has already completed a very preliminary report on the development of marketing cooperatives in the Ashanti and Brong-Ahafo Regions in Ghana may be eligible. ACDI has indicated that it will field a two-man team in July 1975 to complete the design of the marketing project which in all probability is likely to be presented to the Mission as a candidate activity under FAAD. Early this year, the Near East Foundation coordinator for Africa paid a visit to Ghana to review the situation here. He was already widely acquainted with the country, having spent a total of four years in Ghana between 1969 and 1974. It also seems possible therefore that NEF may be interested and should be counted as an eligible U.S. PVO with knowledgeability and prior experience in this country. (NEF has in fact had a variety of contacts and connections in Ghana going back many years.)

Other U.S. private voluntary organizations which have indicated interest in participating in activities in Ghana and which might qualify under FAAD include Partners for Productivity (PPF) and the Community Development Foundation/Save the Children Fund. However, both of the latter potential candidates have less clear credentials or qualifications than those mentioned earlier.

A number of Ghanaian private voluntary organizations seem likely to emerge as eligible candidates for grants under FAAD. These would include at least the following:

1. The Ghana Rural Reconstruction Movement (may also receive a grant under the AFR Bureau's Accelerated Rural Learning project early in FY 76);

2. The Christian Service Committee of the Ghana Christian Council;
3. The Ghana YMCA and Ghana YWCA;
4. The Diocese Development Committees in several areas of Ghana of the Roman Catholic Church.

A number of other voluntary organizations exist in Ghana and may be interested in submitting proposals though the potential which they hold for formulating and managing such programs is not entirely clear at the present time. We may expect, however, that some of those other organizations will formulate proposals for submission to USAID/Ghana. Obviously it will be incumbent upon the Mission to screen all of these organizations to determine that they have the technical and administrative capability and integrity to justify support and that they would carry out programs consistent with the purposes of the FAAD project.

In the past a number of short-term arrangements have been entered into by various U.S. private voluntary organizations which have enjoyed AID support to assist counterpart PVO's in Ghana. Among these may be noted the following:

1. International Cooperative Housing Development Association (ICHDA) assisted the Housing and Building Institute of the University of Science and Technology in Kumasi to carry out a cooperative housing development project in Tema, Ghana, and also the Institute's efforts to support the creation and nurturing of a cooperative building society organized by a group of artisans to carry out housing construction on a cooperative basis. These activities were substantially concluded in late 1973 to the best of the Mission's knowledge.
2. The Volunteer Development Corps provided assistance to the Ghana Cooperative Distillers Association in designing a program for the design and construction of a number of small but modern distillery facilities which it was believed would improve the incomes of a significant number of small farmers producing grain and sugar for the production of potable alcohol.
3. The Volunteer Development Corps also sent two consultants to Ghana in 1974 to assist the Ghana Farmers Federation in the study of the feasibility of the creation of a poultry industry program, and the establishment of a feed mill. The Farmers Federation proved to be a comparatively weak organization with few members, and to the best of our knowledge nothing further has come of the considerable efforts expended by the two VDC consultants who spent a combined total of more than 20 weeks in Ghana.

4. The International Executive Service Corps, operating with substantial AID support, has for a number of years supplied a continuing flow of senior executive volunteers assisting a wide variety of Ghanaian institutions for up to three months each in such fields as financial management in the West African Examinations Council, taxation and assessment of property for the Accra/Tema City Council, hotel management for the State Hotels Corporation, accounting at the University of Ghana, etc.

5. World Education Inc. (WEI) is using funds provided under a central AID project to support the introduction of family life education materials into an adult education and functional literacy training program under the Department of Community Development and Social Welfare.

6. The International Planned Parenthood Federation (IPPF) provides funds partially contributed by AID to its local affiliate, the Planned Parenthood Association of Ghana (PPAG), for family planning activities. The PPAG operates 34 family planning clinics and conducts training and information/education programs.

7. The American Home Economics Association has invited a number of Ghanaian Home Science Association members to participate in conferences and seminars. It has also provided its Ghanaian counterpart with assistance in conducting a field survey of the role of Ghanaian home economists in family planning.

8. The International Confederation of Midwives (ICM) provided assistance to the Ghana Midwives Association (GMA) and the Ministry of Health to organize a regional workshop focused on family planning as a professional midwife responsibility. ICM is working with the GMA to develop a midwifery/family planning project, and also provides assistance to a few GMA members to attend seminars, workshops and conferences.