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9. ABSTRACT This report of the Management of Rural Health Services in Ghana reviews the project status, accomplishments for the past year, issues and problems to be resolved and future directions. The sections discuss achievements as against plan of work, special events, management training, participant training, constraints to achievement, project costs, and future directions. During 1977 the National Health Planning Unit of the Ministry of Health in Ghana made considerable strides in institutionalizing a planning and budgeting process in the Ministry and in developing a plan to provide broad coverage, primary health care to the country. Most of the targets of the Unit's Plan of Work were met and additional tasks were undertaken. Eight Ghanaians were sent to the U.S. for graduate training in disciplines related to health planning and management of health services. The Unit's plan of work is divided into five functional areas; these include policy formulation and the four subsystems are: health assessment, program evaluation and health care system design; human resources; finance, budget and control; and delivery of health care services. Specific functions, supported by tasks to be accomplished, are specified for each area.

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ANNUAL REPORT - 1977

MANAGEMENT OF RURAL HEALTH SERVICES

GHANA

Contract No. AID/afr-C-1116

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SECTION I - INTRODUCTION

SECTION I

INTRODUCTION

This Third Annual Report of the Management of Rural Health Services, Ghana, reviews the project status, accomplishments for the past year, issues and problems to be resolved (constraints) and future directions.

The report is in nine sections:

- I. Introduction
- II. Summary
- III. Achievements As Against Plan Of Work
- IV. Special Events, Activities and Reports
- V. Management Training
- VI. Participant Training
- VII. Constraints To Achievement
- VIII. Project Costs
- IX. Future Directions

The report really pertains to the National Health Planning Unit (NHPU) of the Ministry of Health (MOH) and its activities. Kaiser Foundation International (KFI) has played an ongoing role in the establishment of the NHPU and in its continued operations, functioning as part of the NHPU team. The report, therefore, will focus on the NHPU per se, and will not necessarily single out specific KFI contributions or activities.

It is presumed that the reader will have seen previous reports on this project, both annual and for the first three quarters of 1977. Additionally, many reports, working papers and other documents have been prepared and disseminated by the NHPU. In the interest of brevity, the present report will summarize previous information and will reference material which is readily available.

This project was due to terminate on November 30, 1977. However, all parties concerned have expressed the desire for project continuation and arrangements are in process to extend project activities through November, 1978.

Under this project, but separate from the KFI activities, USAID has assisted the development of improved transportation maintenance for the Ministry of Health. Since KFI is not involved in this aspect of the project, the transportation component will not be reported on herein.

SECTION II - SUMMARY

SECTION II

SUMMARY

During 1977, despite personnel shortages, the National Health Planning Unit of the Ministry of Health in Ghana made considerable strides in institutionalizing a planning and budgeting process in the Ministry and in developing a plan to provide broad coverage, primary health care to the country.

Almost all targets of the Unit's Plan of Work were met. In addition the Unit undertook many additional tasks at the request of the Ministry of Health and played a significant role in a number of conferences and other activities related to health planning and the improvement of health services.

During 1977, eight Ghanaians, either full time or part-time Planning Unit staff members, were sent to the United States for graduate training in disciplines related to health planning and management of health services. KFI played a significant role in choosing appropriate training institutions for these trainees, in facilitating their admission to institutions and in providing continued contact and support during their stay in the United States.

During the first quarter of 1977, the Ministry of Health requested that the regional management training seminars be postponed until an evaluation could be conducted, and more

importantly, until adequate arrangements could be worked out to fully institutionalize these seminars in an overall management training program the Ministry is developing. At year's end, the Ministry was progressing with its management training program; however, the regional management training seminars had not been resumed. KFI and the Planning Unit were involved on a continuing basis with Ministry personnel and those from the Ghana Institute for Management and Public Administration in planning for management training including discussions of a graduate program in public health.

Although the contract for KFI participation in the Management of Rural Health Services project was to end on November 30, 1977, there was desire on the part of all parties that KFI's participation be extended an additional year. The year's extension of the KFI contract is now being processed. During the next year, the Planning Unit will continue its activities as outlined in the revised Plan of Work, dated April 1, 1977. This calls for a completed health sector design and manpower plan by mid-1978. A Phase II follow-on project, the delivery of rural health services, will be under consideration in early 1978.

Finally, project costs to date have been well within the budgeted amount overall.

SECTION III - ACHIEVEMENTS AGAINST PLAN OF WORK

SECTION III

ACHIEVEMENTS AGAINST PLAN OF WORK

The goal of the National Health Planning Unit (NHPU) is to institutionalize a functioning policy - planning - budgeting - control process in the Ministry of Health by the end of 1978. To accomplish this, a Plan of Work was prepared early in 1976 and revised several times subsequently to reflect changing priorities and realities and to accommodate a number of special tasks requested by the Director of Medical Services. The last revision was dated April 1, 1977 and is shown graphically in Figure 1.

The Plan of Work is divided into five functional areas. These include policy formulation and the four subsystems that make up a health-related organization. These subsystems, which have been discussed in detail in previous project reports, are:

- 1) Health assessment, program evaluation and health care system design;
- 2) Human resources;
- 3) Finance, budget and control; and
- 4) Delivery (production) of health care services.

Specific functions, supported by tasks to be accomplished, are specified for each area. Performance against targets of the Plan of Work follows by functional area:

HEALTH SECTOR PLANNING NETWORK

NOTES

LETTERS & NUMBERS ARE REFERRED TO THE PLAN OF WORK, REVISION APRIL 1977 OF THE NATIONAL HEALTH PLANNING UNIT ALL COMPONENTS ARE DERIVING FROM THE PREVIOUS NETWORK BASED ON THE REVISION PLAN OF WORK, 1ST APRIL 1976.

B. HEALTH ASSESSMENT

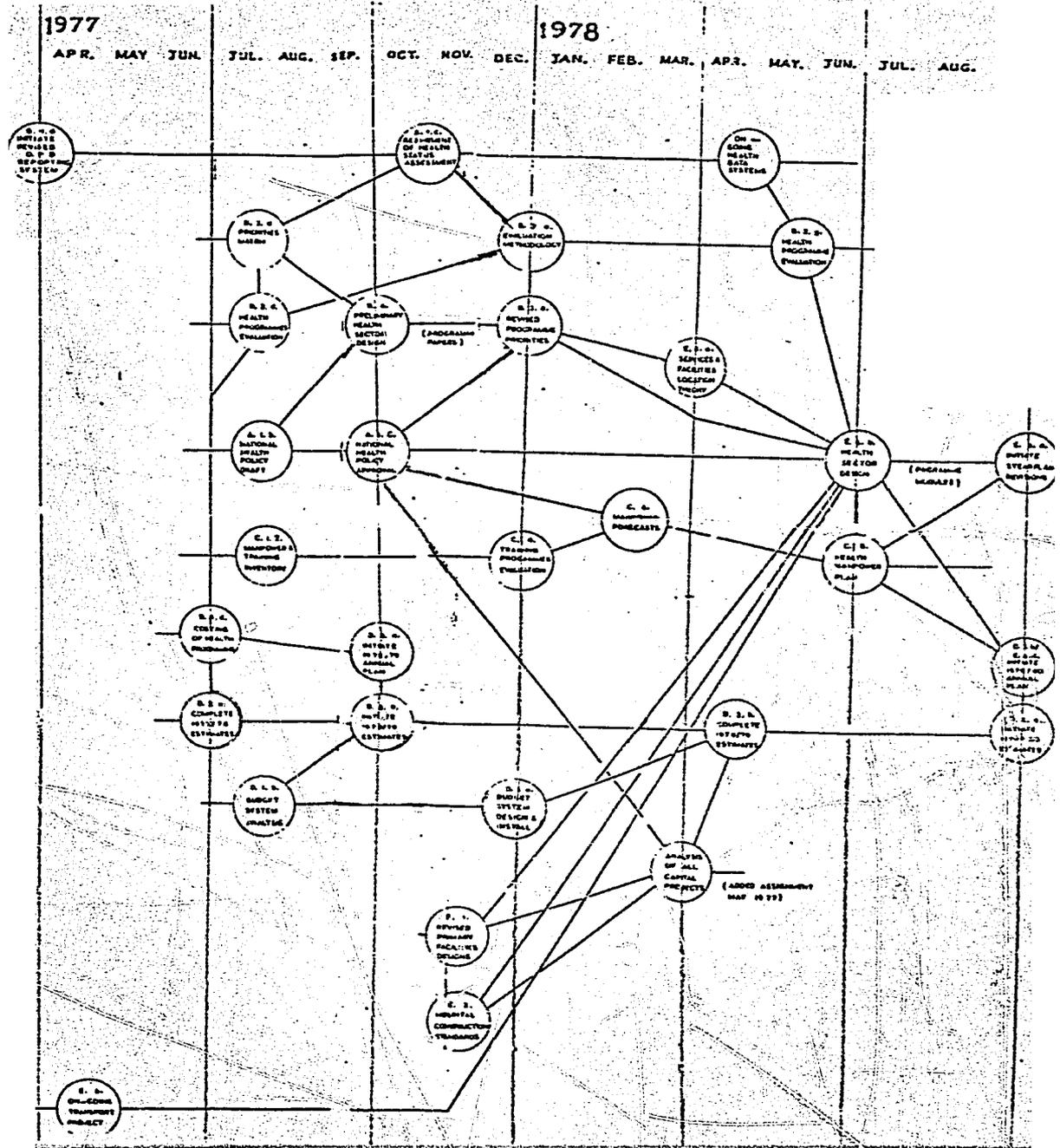
A. HEALTH POLICIES

C. HUMAN RESOURCES

D. FINANCE

E. DELIVERY

ON — GOING PLAN OF WORK



A. Policy Formulation

During 1977, at the request of the Commissioner for Health and the Director of Medical Services (DMS), the NHPU took the responsibility for formulating a National Health Policy document to be presented for approval by the Supreme Military Council in early 1978. Based on a draft policy statement written by the DMS, a series of discussion meetings were held with many groups, in and out of the Ministry of Health. This included heads of Divisions, the Regional Medical Officers of Health, Medical School faculty, Ministry of Economic Planning officials and others.

Commencing in August, policy drafts were revised several times, circulated and re-circulated, until consensus was reached. The policy statement calls for maximizing the total amount of healthy life of the Ghanaian people and emphasizes ready access for all Ghanaians to basic and primary health care with adequate sources for referral of those requiring more complex or specialized care. Specific sections in the Policy deal with the strengthening of the management and administration of health services, health manpower development, and the development and organization of comprehensive health services. To a considerable extent, these policy principles are incorporated in the Primary Health Care Concept for Ghana which was prepared by the NHPU in September, 1977.

The targeted date for completion of National Health Policy formulation was December, 1977 and this task was completed on schedule.

B. Health Assessment, Program Evaluation and Health Care System Design

1) Health Assessment

This major section is concerned with the establishment of health status assessment procedures and instituting an appropriate ongoing health information process to continuously monitor health status. This has been accomplished. Data collection is being refined, expanded where required, and to the extent possible, data is being processed by computer. To date, there are print-outs of inpatient records through 1974 and 1975 will soon be done. With the assistance of a WHO epidemiologist working with NHPU, a single-page summary sheet for inpatient discharges both for maternity and non-maternity patients has been developed and this should provide a major advance and simplify both the coding and analysis of inpatient information. The coding of death certificates onto computer sheets has also been initiated and is progressing well. For the latter task, assistance has been obtained from the Population Dynamics Program at the University of Ghana, Legon

An ongoing activity in the NHPU has been the development of a method for ranking disease problems and comparing the cost effectiveness of various health improvement procedures in preventing or ameliorating these problems.

The relative importance of various disease problems was finalized in the third quarter of 1977 with the assistance of Peter Smith, a consultant from the University of Oxford.

2) Program Evaluation

Evaluation of health programs has proved quite challenging and has taken considerably longer than anticipated. However, in the last quarter of 1977, we have come to grips with this difficult task and have made considerable progress. At year's end, the impact of various Health Improvement Procedures (HIP) was carefully assessed on the basis of their cost and their ability to reduce the number of days of healthy life lost due to disease problems. Since some diseases, although important, can only be slightly affected by therapeutic or preventive procedures (for example, cerebrovascular disease and adult cancers are likely to be unaffected by any HIP's); therefore, these diseases are relatively unimportant in terms of allocation of health care resources. Of course, this in no way relieves the health care system from providing what assistance it can to individuals suffering from these devastating problems. Nonetheless, the more rational use of resources is to apply them as cost effectively as possible to reduce priority health problems.

To date, the following have been worked out:

- a) An estimate of the benefits being derived from the present health care system.
- b) An estimate of the benefits that would be derived from the Village Health Worker program as described in the Primary Health Care Concept Paper, by 1984.
- c) An estimate of the benefits that would be derived with the present five-year plan when implemented by 1984.
- d) An estimate of the benefits of further construction of efficient hospitals to take care of all patients that would benefit from hospitalization.
- e) An estimate of the benefits that would be derived from the expanded program of immunization either in combination with the primary health care system or as would be necessary if incorporated in the five-year plan.

The NHPU believes the development of this methodology provides a useful tool for determining what procedures should be undertaken by the Ministry of Health. Still to be determined is what precise mix of procedures should be aggregated into specific health programs (such as maternal and child health (MCH) or the medical field units), since this requires careful consideration of historical precedents, most effective organization of resources, staff availability, consumer acceptability, etc.

3) Health Sector Design

Work on the Health Chapter for the Five-Year National Development Plan, 1975-76/1979-80, was initiated by the present Director of Medical Services with assistance of a small working committee prior to the full establishment of the NHPU. Subsequently, this Health Chapter was critiqued by the NHPU and thoroughly reviewed with MOH officials including the Commissioner for Health. In late 1976, the NHPU mimeographed the Health Chapter and disseminated this document widely within the MOH, at regional and national levels, to serve as the basis for the preparation of the 1977-78 capital budget, and for the subsequent budget preparation, 1978-79. Thus, while the NHPU did not specifically prepare the Health Chapter for the Five-Year Development Plan, it had major input into its present form as published in mid-1977 in the Five-Year Development Plan

From the ongoing work of the NHPU, it has become very clear that the existing health care system in Ghana, based on service delivery points (health posts, health centers and hospitals), is not meeting the needs of the people. A supplement to the existing system is needed to reach the people in rural areas and urban slums.

Based on knowledge gained in other countries and in Ghana where the Danfa, Kintampo and Bawku projects, to name three, have provided experience which can be put to immediate use, a detailed Primary Health Care Concept for Ghana document has been prepared for discussion purposes by the NHPU.

This concept rests on the premise that healthy living can not be separated from total social and community development and that effective health measures call for the complete involvement of the people at the community level. It recognizes that the fundamental resources for all health work is the community itself.

The Primary Health Care Concept (PHCC) envisions the development of community health aides or village health workers to handle pregnancy management, first level medical care, simple environmental sanitation health education and mobilization of the health-related community projects. These aides would be selected and supervised by the village with the MOH supporting the effort with training, drugs, supplies and technical monitoring of the work.

The district would be key level of administration with the District Medical Officer of Health working in conjunction with the district chief executive.

The PHCC hopes to achieve the following objectives by 1990:

- o 80% coverage of the population by introducing the system in all villages of 200 persons or more
- o Delivery of services to effectively attack 80% of disease problems afflicting Ghanaians.

The PHCC working document, dated September 15, 1977 has been the subject of intense discussions in Ghana. Following a workshop with Regional Medical Officers and Division Heads in the first week of November, a much clearer delineation of the relationship of the PHC system to other components of the overall health care system was achieved. The Concept was further revised in December with the visit of Dr. Fred Sai, who served as a consultant to NHPU, and it will continue to be reviewed in the first quarter of 1978.

C. Human Resources

The Human Resource section of the NHPU is responsible for inventorying existing health manpower and training programs, defining criteria for personnel needs and staffing patterns and for preparing health manpower forecasts. During 1977, while good progress was made in completing many of the tasks specified in the Plan of Work with respect to Human Resources, slippage occurred in several important areas, primarily because of lack of adequate NHPU staff.

At year's end, the following was the status with respect to human resources planning:

- .) The methodology for inventorying health manpower was worked out and data collection suitable for computer processing commenced. A computer program for tabulating manpower data and for continuous update is largely designed. Considerable difficulty was encountered in obtaining comparable manpower data from various regions and levels within the Ministry. There are approximately 150 job categories in 20 major designations, such as physicians, nurses, etc., and it was necessary to obtain concensus on how to categorize and code various skills and jobs. This has been done and manpower data is now essentially complete for at least two regions. Data from the other regions will be collected early in 1978 in conjunction with the preparation of the annual Budget Estimates.

- 2) Existing training programs and training facilities have been inventoried. There has been delay in evaluating the training programs of the various Divisions in the MOH and in making recommendations for alterations and/or integration of training programs.
- 3) Specific tasks to be performed by each category of health worker has been worked out in detail for the proposed primary health care program. This was accomplished in workshops in the first week of November which concentrated on health manpower needs for the primary care sector. The results and recommendations would require a radical realignment of several categories of health personnel within the Ministry and the creation of some new ones. The feasibility of this proposal which is still under discussion, will be the focus of a one week workshop on manpower planning scheduled for early March, 1978.
- 4) Health manpower requirements for the proposed primary health care system have been specified in detail in the Primary Health Care Concept document. Final manpower needs for the Ghanaian health sector should emerge in mid-1978 as the overall health system design becomes finalized.

- 5) There has been no action taken on developing recommendations for personnel policies and practices to help ensure adequate personnel at various levels of the health care system. Complex issues and problems are involved here, many of which are outside the purview of the NHPU. It is now felt that these matters can be best handled elsewhere in the MOH.
- 6) Work on the 10-year Health Manpower Plan is proceeding slowly pending delineation of the health care system design. This is targeted for completion in the fall of 1978, by which time the staff of the NHPU will have been strengthened by the return of at least one individual presently receiving graduate training in the U.S. in manpower development. We also hope to have the benefit of a health manpower development consultant in the interim. The use of such a consultant was anticipated early on but has been postponed because of NHPU staff shortages and because there was inadequate definition of the health system design.

D. Finance, Budget and Control

With the help of E.N. Omaboe Associates, Accra, the existing budgeting/finance system of the Ministry of Health was analyzed and assessed. During the first quarter of 1977 most of the NHPU's time and energy were spent in assisting the Regions and Divisions of the Ministry in preparing, collating and analyzing the 1977-78 Budget Estimates. Guidelines developed by the NHPU and

approved by Ministry Headquarters stressed primary health care with maximum coverage of the population, support of the Five-Year Development Plan, completion of ongoing capital projects before starting new projects, and the ranking of all projects by priority.

In mid-year, the NHPU conducted a full review of the 1977-78 budgeting process, evaluating:

- 1) Budget cycle, procedures and timetable;
- 2) Methods of analysis and allocation (that can be utilized by operating personnel with NHPU assistance;
- 3) Feedback and control mechanisms;
- 4) Financial indicators;
- 5) Annual plans; and
- 6) Definition of responsibilities for budgeting and control.

Issues and problems concerning these topics were discussed late in August at the RMOH Conference and a four-page document, "Principles for Budgeting" was disseminated to Conference participants.

A major accomplishment in 1977 was the preparation of the Ministry of Health Budget Manual. The Manual is divided into two parts, the first covering general principles of planning and budgeting and the second containing a complete set of forms to be used in preparing the 1978-79 Budget Estimates. There are 18 forms in all, organized into three groups: (1) general and analysis; (2) current; and (3) capital. Each form is accompanied by a written set of

instructions. In early 1978, a series of two-day workshops will be organized, country-wide, to prepare for the 1978-79 Budget Estimate exercise.

A number of special financial studies were completed in 1977. These studies were carried out by various individuals and institutions, many under contract with KFI or the NHPU for the services performed, as follows:

- 1) Analysis and assessment of the existing budgeting/finance system of the MOH by E.N. Omaboe Associates.
- 2) Detailed economic, sociological and medical care evaluation studies of primary health care services in Jasikan and Birim Districts, carried out by the Institute of Development Studies (IDS); Institute of Statistical, Social and Economic Research (ISSER).
- 3) Costing studies of various services and divisions of the Ministry of Health by Mr. Richard Brooks of the University of Ghana
- 4) Preparation of a list of standardized costs for use in the 1978-79 Budget Estimate preparations by Mrs. Shirley Ababio.
- 5) Onsite survey and evaluation of ongoing capital projects through the country is being conducted by Mr. Lindsay Ferguson, KFI health facilities expert.

Almost all of the tasks scheduled for completion in this highly important area were completed on or ahead of schedule. However, because of shortage of staff, involvement of NHPU personnel in the preparation of annual plans by the RMOH in one or two test regions has been delayed. We have also had to postpone investigating and coordinating sources of external funding for health sector projects and coordinating budgets and resource allocations of the Ministry of Health with other ministries and departments with health related functions. However, it is anticipated that these activities will be carried out in 1978.

E. Delivery of Health Care Programs

This section of the NHPU is concerned with producing health care services and involves the design and use of health facilities and operational planning of services. During 1976 and 1977, the NHPU has concentrated on developing and refining standard design elements for health posts and health centers and for primary and basic health services delivery.

In one respect, the design of health facilities was premature in that logically facility use should be predicated on the health system design and that design is still in the process of delineation. However, funds not spent when available will be lost -- hence, it was important to make some best assumptions concerning the health system design which will evolve and to design facilities which have maximum flexibility. This is what has been done and the designs agreed to will be used for future construction, until revise

The development of criteria and standards for modernization and expansion of hospitals is sorely needed in Ghana. Another high priority need is for the preparation a manual for the designs of primary care facilities. Dr. A.S. Charway of the Architectural and Engineering Services in Ghana is currently enrolled as a special student at the Department of Architecture of Texas A & M University and as part of his training program, he will focus on the two areas noted above.

It is the intent of the NHPU to develop a series of program modules for the primary health care system. No target date has been set but these should evolve in 1978 as the health system design becomes finalized in mid-year.

SECTION IV - SPECIAL EVENTS, ACTIVITIES AND REPORTS

SECTION IV

SPECIAL EVENTS, ACTIVITIES AND REPORTS

During 1977, a number of special events and activities occurred with respect to the Management of Rural Health Services and these along with various significant reports are noted below.

A. Kaiser Foundation International - Management Review and Critique

During the week of January 3, 1977, a mid-project review and critique of the Management of Rural Health Services, Ghana was held by Kaiser Foundation International's (KFI) management at KFI headquarters in Oakland, California. Dr. Richard H. Morrow, Jr. and Mr. Albert R. Neill of KFI's Ghana staff returned to the United States for this meeting, as did Mr. Richard McLaughlin of the USAID Mission in Ghana. Mr. Mohamed Cofie of the National Health Planning Unit of the Ministry of Health of Ghana, presently attending graduate school at the University of Michigan, also participated. In addition to these individuals, others involved included the top management of KFI, appropriate representatives of the Kaiser Foundation Medical Care Program and health-related personnel from other Kaiser organizations, and faculty members concerned with health planning and international health programs at the School of Public Health at the University of California at Berkeley and the Charles R. Drew Post Graduate Medical School in Los Angeles

Dr. Arthur W. Chung, previously Assistant Director General of the World Health Organization and representative from the Peoples Republic of China, provided a perspective on primary health care which was invaluable.

All together there were nineteen participants at the formal sessions on January 5 and 6. In-house consideration of the project took place all week. On January 6 and 7, discussions were held between KFI management and Mr. McLaughlin of USAID concerning extension of the project to November 30, 1978.

There were three main purposes for the project review and critique:

- 1) To critically examine the concepts, strategies and applications of planning and management for health services as currently being developed by the Natural Planning Unit in the Ministry of Health, Ghana, with the support of KFI.
- 2) To provide feedback from the discussion and from answers to a specific list of questions for use by the Planning Unit and KFI in the strengthening of planning and management of health services in Ghana.

3) To identify concepts, strategies and applications from the ongoing work in Ghana and from group discussions that can be applied to other KFI projects and which hold promise of making original contributions to the field of health planning and management in other less developed countries.

Participants were provided a 78-page, spiral-bound "briefing book" which contained general background information and which detailed health problems and health status in Ghana, an overview of Ghana's health care system and a discussion of the strategy for health planning in Ghana, including consideration of basic and primary health care needs. This "briefing book" has subsequently proved to be extremely useful to many individuals in and out of the MOH, and has been in heavy demand.

At the end of the meeting, Dr. Chung reviewed some aspects of the project, its methodology and approach and lessons to be learned. All in all, the Management Review and Critique achieved its purpose and in mid-year, the format developed for that meeting was used successfully in structuring a workshop for Health Planning Units of West African Nations.

B. Revision of the NHPU Plan of Work - April 1, 1977

During March, the Plan of Work was reviewed and extensively revised. This revision, the second, extends the planned functions of the Unit to the end of 1978. In this revision there is a noticeable shift in professional manpower input toward the health care delivery functions. The revised Plan calls for a preliminary "Health Sector Design" by September, 1977 and this was accomplished. Following this, inputs from Policy Formulation, Health Assessment, Human Resources and Finance have been focused on the development of health program modules for the planning and implementation of improved and strengthened delivery components.

C. Joint Project Review

The second Joint Project Review was held at the Planning Unit offices on July 13, with Dr. E.G. Beasoleil, Director of Medical Services presiding. There was general agreement that the NHPU was making good progress and that it was accepted and serving a highly useful purpose.

On August 3, the Planning Unit met with the Director of Medical Services and reviewed at length follow-up actions stemming from the Joint Project Review.

Some 24 action items were identified. These action items have been followed up and most have been implemented. The reader is referred to Exhibit "F" of the KFI Third Quarterly Report, July 1 - September 30, 1977 for the Joint Project Review Follow-up.

D. Workshop for Health Planning Units of West African Nations

July 10-12 the Planning Unit hosted a workshop for health planners and planning unit staff members from the five English speaking West African Nations -- The Gambia, Ghana, Liberia, Nigeria and Sierra Leone. The content was based on the subjects covered in the Management Review and Critique held at Oakland in January: strategy for health planning, health assessment, human resources, finance, delivery, and approach for continued cooperation among planning units of the five countries. The meeting concluded with a resolution to form a permanent federation of planning units to exchange information and conduct periodic meetings under the umbrella of the West African Health Secretariat. The workshop was sponsored by the Secretariat with funding by USAID. The NHPU developed the program and made all local arrangements

E. Health Problem/Health Program Matrix

Since the posting of Dr. Richard H. Morrow, Jr. in Ghana in March, 1977, there has been considerable work done on developing a method to rank disease problems in terms of their significance for planning purposes and comparing the cost effectiveness of various health improvement procedures. Progress on this work has been reported in each Quarterly Report. A preliminary ranking of disease problems was finished early in 1977 and this has now been refined and is published in "A Method of Comparing the Cost Effectiveness of Various Health Improvement Procedures", December, 1977, by Peter Smith, KFI consultant and Richard H. Morrow, Jr.

As noted earlier, the program evaluation side of the matrix is still being refined. However, good progress is being made and the problem/program matrix is contributing to the planning process of the NHPU.

F. Radio Communication Network for the Ministry of Health

On July 15, 1977, the NHPU presented a draft proposal to the MOH and USAID for an assessment of the degree to which inadequate communications constrain the MOH in its effort to provide health services and ways and means to overcome this problem. The WHO, UNICEF and other organizations have singled out inadequate communications as

a key constraint impeding health services delivery in less developed countries and have called for ways and means of overcoming this constraint simply and inexpensively. The popular interest in "appropriate technology" has also focused on the communication gap. Suffice to say, there is now activity in many quarters to come to grips with this problem.

The NHPU draft proposal on communications discusses some of the issues and problems involved. It was hoped a preliminary assessment of this situation could have taken place in November, 1977. This proved impossible. Hopefully, the assessment will be carried out in early 1978.

G. Health Policies for Ghana

A draft national health policy document, based on a preliminary paper of the Director of Medical Services, was prepared by the NHPU on August 29, 1977. This five page draft, discussed earlier, is a comprehensive document which in both general and specific terms, calls for increasing the coverage of primary and basic health services, the curtailment of hospital construction, and the strengthening of the planning and management of health services at all levels.

H. Principles for Budgeting -- Budget Manual

"Principles for Budgeting", dated August 29, 1977 and the "MOH Budget Manual, 1977 Edition" dated November 1977 are discussed in Section III of this Report.

I. A Primary Health Care Concept for Ghana

Published September 15, 1977, this 36-page working document describes the problem and the setting, details a proposed primary health care system and spells out an implementation program. The document is to serve as a "talking paper" for discussion purposes and will be revised over many months, aiming at an agreed upon health system design in mid-1978.

J. Study of Rural Health Services

During 1977, the study of rural health services at district level was completed and presented to the Ministry of Health. The study, which was initiated in 1976, was conducted by the Institute for Development Studies of Sussex University, England in collaboration with the Institute of Statistical, Sociological and Economic Research (ISSER) of the University of Ghana, the Medical School and the National Health Planning Commission. This was essentially an operational study which analyzed in-depth the adequacy and quality of outpatient health services in every health facility in each of two districts -- the Jasikan District in the Volta Region and the

Birim District in the Eastern Region. Detailed rating scales were developed and used to measure the quality of services. In addition to the analysis of curative, preventive and promotive services, the studies included economic and sociological components.

The studies were completed in October, 1977 and in November the NHPU organized a seminar for the presentation and discussion of the IDS study team findings. Some 35 health officials participated including the Regional Medical Officers of Health, the Divisional Heads of the Ministry, members of the Medical School faculty, and representatives of USAID, WHO and UNICEF.

The presentation was combined with workshops covering the following four areas: (1) health manpower training for primary care; (2) financing of the primary health care system; (3) logistical support for the system, and (4) organization and management of the system.

Following the seminar, IDS completed its recommendations and submitted a comprehensive report to the Ministry of Health in mid-December. This work proved extremely timely as it had direct application in assisting the Planning Unit in revising and strengthening its Primary Health Care Concept proposal. The proposal had been

widely discussed in the Ministry in the weeks immediately preceding the Seminar and the Seminar was structured to discuss the IDS findings in light of the Primary Health Care Concept.

The IDS report contains detailed information on primary health care in the rural areas specifically at the point of contact between the formal system and the consumer. It is an excellent reference and guide for primary health care planning, and is currently being used by the Planning Unit for this purpose.

The NHPU served as the main point of contact with the IDS study team and initially served to lay down guidelines for the study. The IDS study was largely funded by the Swedish International Development Agency.

Supporting consulting services for overall guidance in general and for the economic and sociological components in particular, were provided by ISSER. The NHPU through KFI/USAID contract provided \$5,962.28 in contract funds to ISSER for its role in the project.

K. Postgraduate Training in Public Health and Primary Health Care

In collaboration with the Ghana Medical School, the Planning Unit has identified a distinct need for the development of training programs in public health and

primary health care for senior health officials. There is an estimated need for training 200 persons in these skills during the next five years. The training is considered essential to the successful implementation of the proposed primary health care concept. Additionally, it is envisioned as one of four major components of the proposed follow-up project (Phase II) to the Management of Rural Health Services project.

The Planning Unit and Ghana Medical School have held preliminary discussions with representatives of the London School of Hygiene, Harvard University School of Public Health, Drew University, the Ghana Institute for Management and Public Administration, and the West African Health Secretariat, as well as officials of the USAID Mission in Ghana.

The program as initially discussed would be based in Ghana and could conceivably serve all or some of the four other West African Anglophone nations (Nigeria, Sierra Leone, The Gambia, and Liberia). Two or more institutions with faculty experienced in international health in less developed countries would participate. There would be an exchange of faculty and students between Ghana and the campuses of the participating institutions.

It is anticipated that planning for this project will be continued in 1978 and the USAID design team for the proposed Delivery of Rural Health Services Project (Phase II) will be asked to evaluate its support of USAID objectives and the role of USAID as a potential donor.

SECTION V - MANAGEMENT TRAINING

SECTION V

MANAGEMENT TRAINING

During the first quarter of 1977, the Ministry of Health decided to postpone the regional Management Training Seminars until an evaluation had been conducted, and more importantly, until adequate arrangements could be worked out to fully institutionalize the program within the Ministry. KFI and the Planning Unit were subsequently released from the responsibility for actually conducting the seminars in order to devote their full time energies to the planning and budgeting effort. However, with the full realization of the value of a management training program, it was agreed they would continue efforts to find suitable counterpart personnel and to establish the program on a permanent ongoing basis. Further, the Ministry expressed the desirability of involving the Ghana Institute for Management and Public Administration (GIMPA) in the program and to integrate the seminars with other health management programs already being sponsored by GIMPA.

Contacts were maintained with GIMPA during the succeeding months and at the conclusion of the annual international seminar for West African Health officials, members of the Planning Unit met with representatives of GIMPA, the West African Health Secretariat and the Commonwealth Secretariat. At this meeting (November 29, 1977) considerable progress was made toward developing an approach for a collaborative

management training effort between GIMPA and the Ministry of Health.

This effort was defined to cover the following four major areas:

- 1) Continuation of the eight-week international seminar for senior health officials of West African nations. In 1978, more officials from the administrative side of the Ghana Ministry of Health will be involved.
- 2) An ongoing management training program for regional and district personnel which should evolve to include the participation of persons from other than the health sector.
- 3) A two-week "crash course" in management for the first group of District Health Management Teams which may be recruited and assigned during 1978 to initiate the proposed Primary Health Care program.
- 4) The management training component of the proposed post-graduate course in public health and primary care planned in conjunction with the West African Health Secretariat. (Initially, the post-graduate students could join in the eight-week international seminar for senior health officials.)

It was agreed that the Planning Unit would arrange a follow-up meeting with the Senior Principal Secretary and the Director of Medical Services of the Ministry of Health with GIMPA in January, 1978.

SECTION VI - PARTICIPANT TRAINING

SECTION VI

PARTICIPANT TRAINING

Through the combined efforts of USAID, the KFI home office and the Planning Unit arrangements were completed for the following trainees who departed Ghana from July to November 1977:

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|-----------------------------|---|
| (1) Dr. R.A. Asante | University of North Carolina and U. of Illinois for Medical Education and Manpower Training |
| (2) Mrs. Joana Samarasinghe | University of Michigan for Health Planning and Manpower Development |
| (3) Dr. Nana O. Newma | John Hopkins University for Epidemiology |
| (4) Mr. A.A.D. Obuobi | University of Michigan for Health Planning and Financial Management |
| (5) Dr. M. Adibo | University of Michigan for Health Planning |
| (6) Dr. R. Biritwi | Harvard University for Biostatistics and Systems Analysis |
| (7) Dr. J.D. Otoo | Harvard University for Community Organization for Primary Health Care |
| (8) Dr. A.S. Charway | Texas A & M University for Health Facility Planning and Design |

In addition to this group, Mr. Mohamed N. Cofie is now completing his second year in health planning at the University of Michigan.

The Planning Unit is maintaining regular contact with the trainees and sending them copies of documents produced by the Unit, such as the Primary Health Care Concept paper. Starting with this quarter, the trainees will be sent copies of the Quarterly Reports of the Management of Rural Health Services Project

SECTION VII - CONSTRAINTS TO ACHIEVEMENTS

SECTION VII

CONSTRAINTS TO ACHIEVEMENT

During 1977, in the view of Kaiser Foundation International, the Management of Rural Health Services project made considerable progress in achieving its targeted goals, in completing work as scheduled and in preparing for future work of the National Health Planning Unit. Only in planning for human resources were targets unmet. On the other hand, there were other important accomplishments, such as the framing of the Primary Health Care Concept, which had not been expected until 1978.

The chief constraint to achievement - actually the only significant constraint - was shortage of personnel in the National Health Planning Unit. In the fall, five Planning Unit staff members went to the United States for graduate training. In addition, several others who had been assisting the Unit on a part-time basis also left for graduate training. The Unit was fortunate in having Mr. C.T. Kpene, Regional Hospital Secretary of the Volta Region join the Unit on a full time basis in September. Dr. Kenneth Jones, WHO Epidemiologist, was provided office space in the Planning Unit and it is anticipated that he can provide assistance in the statistical and health assessment areas.

At least two senior staff are urgently needed to continue the work of the National Health Planning Unit and efforts to

recruit these and other staff are being pressed. In the meantime, the Unit is attempting to secure outside personnel for service where required.

It is important to recognize that while the temporary loss of staff for training purposes is contributing to major difficulties in the short run, over the long term these individuals will greatly strengthen the Unit and this should lead to independence from expatriate assistance in the future.

SECTION VIII - PROJECT COSTS

SECTION VIII

PROJECT COSTS

The total budgeted amount and expenditures through November, 1977, the original contract period, are shown, as well as total expenditures through 1977.

	<u>Total Budget Amount</u>	<u>Expenditures Billed Thru November, 1977</u>	<u>Expenditures Billed Thru December, 1977</u>
Salaries	\$ 261,538	\$ 214,502	\$ 224,669
Fringe Benefits	--	63,471	66,430
Overhead	198,587	225,416	234,902
Consultants	77,200	52,813	58,942
Allowances	81,900	74,110	80,399
Equipment & Supplies	46,100	31,799	31,790
Travel, Transportation and Per Diem	108,607	80,246	83,283
Local Costs (Seminars)	116,000	26,289	26,499
Other Direct Costs	368	9,057	9,806
Total Costs	\$ 890,300	77,703	816,770
Fixed Fee	4,575	4,575	4,575
Total & Fixed Fee	<u>\$ 894,875</u>	<u>\$ 782,278</u>	<u>\$ 821,344</u>

In the original project estimate the amount budgeted for salaries included fringe benefits. Subsequently, USAID requested these items be listed separately

Through November 1977, the anticipated end of the project at the time of its initiation, expenditures billed totalled \$782,278. Had the project ended November 30, 1977, there would have been some outstanding bills to be paid and termination costs such as relocating personnel from Ghana back to the United States. These costs are not estimated to exceed \$50,000. If this sum is added to that billed through November, 1977, the total amounts to \$832,278, considerably below the total budgeted amount of \$894,875.

The budget for the year's project extension, through November, 1978, has not yet been decided. However, monthly project expenses are not expected to vary significantly from those in the past, although inflationary pressures will increase costs somewhat.

SECTION IX - FUTURE DIRECTIONS

SECTION IX

FUTURE DIRECTIONS

The work of the National Health Planning Unit during 1978 is expected to closely follow the revised Plan of Work dated April 1, 1977 (see Page of this report). In the first half of the year, priority activities for the Planning Unit are to further define and detail the rural primary health care system including costing and staffing requirements. An implementation plan for the system will be worked out which will specify programs and the necessary logistical support.

Other activities scheduled for early 1978 are the completion of the survey of capital projects and the preparation of the 1978-79 Budget Estimates including Regional and Divisional training workshops. Hopefully, the project team addressed to strengthening the communications network of the Ministry of Health will be able to start its work in March.

By mid-year, the health sector design for Ghana should have been worked out definitively and agreed to by various authorities and ministries, in and out of the government. Related to this is the health manpower plan which is also target for completion by mid-year.

During the remainder of the year, the ongoing health assessment functions of the Planning Unit will continue, and preparations will be underway for the Phase II follow-on of this project, if this has been approved. The Unit will also be delineating those areas of health programming where external aid would be desirable and to the extent appropriate, efforts will be made to review the sources of funding for health services both in and out of Ghana.

The proposed Phase II follow-on project deserves special mention. The general purpose of the Management of Rural Health Services project was to initiate and institutionalize a planning, budgeting process in the Ministry of Health and to design an acceptable health sector plan to provide broad coverage of adequate health care services to all Ghanaians. The next step envisioned by USAID and the Ministry of Health is Phase II of this project in which the delivery of rural health services will be implemented in at least one geographic location, commencing as soon as feasible.

To work out the design of Phase II of the project, it is anticipated that USAID will send a team to Ghana in early 1978 to draft the details of the Phase II program with Ministry of Health officials and to start preparing the necessary documentation which USAID requires for project acceptance and funding. The Planning Unit staff will assist the USAID design team to the fullest.