

PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol: U-447

PROJECT TITLE Management of Rural Health Services	2. PROJECT NUMBER 641-0068	3. MISSION/AID/W OFFICE Ghana
	4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) <u>641-80-1</u>	
<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION		

KEY PROJECT IMPLEMENTATION DATES	6. ESTIMATED PROJECT FUNDING	7. PERIOD COVERED BY EVALUATION
First PRO-AG or Equivalent FY <u>74</u>	A. Total \$ <u>3,294,000</u> B. U.S. \$ <u>2,153,000</u>	From (month/yr.) <u>Aug. 1978</u> To (month/yr.) <u>Nov. 1979</u> Date of Evaluation Review <u>30 Nov. 1979</u>
B. Final Obligation Expected FY <u>78</u>		
C. Final Input Delivery FY <u>82</u>		

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
<ul style="list-style-type: none"> AID/W distribute KFI Contractor Final Report to all AID Missions. We feel this is an excellent case study in the establishment of an effective health planning unit in a developing country. 	AFR/CWA DS/DIU	Jan 80
<ul style="list-style-type: none"> Prepare a PIO/T for intensive evaluation of the Planning Unit activity using PDS funds. Target date for this evaluation is July 1980. 	J. Wiles HPN	March 80
<ul style="list-style-type: none"> AID/W to contract for the services of a team to conduct the evaluation. 	AFR/DR AFR/CWA SER/CM	July 80

HPN (draft) PRM (draft) CCN (draft)

INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS <input type="checkbox"/> Project Paper <input type="checkbox"/> Implementation Plan e.g., CPI Network <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Financial Plan <input type="checkbox"/> PIO/T _____ <input type="checkbox"/> Logical Framework <input type="checkbox"/> PIO/C <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Project Agreement <input type="checkbox"/> PIO/P _____	10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT A. <input checked="" type="checkbox"/> Continue Project Without Change B. <input type="checkbox"/> Change Project Design and/or <input type="checkbox"/> Change Implementation Plan C. <input type="checkbox"/> Discontinue Project
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11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles) John W. Wiles - Project officer, USAID	12. Mission/AID/W Office Director Approval Signature _____ Typed Name <u>Irvin D. Goker</u> Date <u>December 18, 1979</u>
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PART II

Project Evaluation Summary (PES)
Management of Rural Health Services Project
641-0068

13. SUMMARY: Direct USAID involvement in providing technical assistance to the National Health Planning Unit (NHPU), Ministry of Health, came to an end with the termination of the Kaiser Foundation International Contract (AID/afr-c-1116) on 31 October, 1979. The Mission is satisfied with the services provided by the KFI contractors and their Home Office and feels confident in stating that because of their involvement, the MOH now has a most effective and efficient Planning Unit. What remains to be seen, however, is if the Ministry will be able to hold the Unit together without the direct involvement of outside advisors. The coming months will be critical in that participants who have recently returned to Ghana will be solely responsible for keeping the Planning Unit operational. Thus, we feel it appropriate to schedule an intensive evaluation in the Summer of 1980 in order to determine the long-term prospects for this newly established organizational Unit.

The Management Training sub-activity of the Project will begin again on December 1, 1979 with the assignment, for a two year period, of a full-time PASA employee to the program. We feel, that by the time of the intensive evaluation, enough will have been done to judge the effectiveness and future prospects of this subactivity. It should be mentioned that the PASA employee will be working closely with the NHPU to a greater extent than originally anticipated. Before the NHPU expressed a renewed and stronger interest in management training for MOH employees, we had planned for the PASA employee to be assigned to the Ghana Institute for Management and Public Administration (GIMPA) which is outside of the direct jurisdiction of the MOH. We are therefore pleased that the program will now be back in the MOH.

14. EVALUATION METHODOLOGY - This regular evaluation was prepared by the Project Officer using three main inputs: 1) personal observation over the past 12 months; 2) the report of the "Final Project Review" for the National Health Planning Unit component of the project held on April 26 1979, in which substantive inputs were received from KFI, senior MOH officials, other donor organizations (UNICEF, WHO, CIDA) and the USAID; and 3) the "Final Project Report of the Contractor", prepared on October 31, 1979. The actual writing of the PES was done by the Project Officer with inputs from Mission staff.
15. EXTERNAL FACTORS - no change from last PES (Oct. 1978)
16. INPUTS - There have been no problems with inputs as to quality, quantity or timeliness. No changes are contemplated.

17. OUTPUTS - The following outputs achieved relate to the NHPU subactivity.

a. Prepare a National Health Policy - The policy and strategy statements issued by the NHPU in 1978 is being used. The new civilian government has endorsed a national primary health care policy and can be expected to translate the broad guidelines for health improvement in Ghana into operational programs. Thus, the NHPU has received continued support for their previously developed health policy for Ghana.

b. Conduct Health Assessments, Program Evaluation and Health Sector Design - The major effort of the NHPU during the past 12 months in this category of activities has been to initiate a primary health care program in Ghana. Using a strategy statement developed during the past two years, the NHPU organized and conducted a preliminary training session in January and February 1979 for nine District Health Management Teams (DHMT) which are responsible for implementing PHC. (Note: the MOH decided in 1978 to initiate PHC in 1 District of each Region of Ghana. There are a total of 63 Districts in the country). A follow-up training session was conducted in the Summer of 1979, but due to political and economic problems, staff from only one of the nine previously trained DHMT's participated. The NHPU cannot be faulted for this development because they could not control the circumstances that developed e.g. (a military coup, gasoline crisis limiting travel, and a further deteriorating economy). From personal observation, it was noted that the NHPU has not given-up on getting a PHC program moving for the country. We also hope that the MOH will realize that planners should not be involved in the actual implementation (versus planning and design) of the program and that they will take steps to strengthen the already existing implementation agency (ie. the Directorate for Public Health). We expect the NHPU to remain in the forefront for sometime, since they were instrumental in developing Ghana's Primary Health Care Strategy. The situation will be reviewed during the proposed intensive evaluation in 1980.

As part of their work in planning for Primary Health Care, the NHPU began work on an information system proposal that will assist the MOH in evaluating the effectiveness of health programs. The system is still being developed.

c. Develop Human Resources - Of the 13 persons selected for participant training, 10 have completed their training and have returned to Ghana. The quality of training has been outstanding. Two of the remaining three will complete their course work in August 1980. The third participant remained in the United States to pursue an independently financed residency program. We are uncertain if and when he will return to Ghana. It is too early to judge the effectiveness of training for participants who returned during 1979. This will be reviewed during the mid-1980 evaluation. One situation is of concern to us at this time.

Three participants who returned this summer have received assignments outside of the NHPU. Even though the three are working at tasks which will assist the NHPU, they are not working full-time in the Health Planning Unit as anticipated. This could have a negative impact on the future effectiveness of the NHPU. This will be a topic for review during the intensive evaluation next year.

d. Develop Improved System of Finance, Budget and Control

During the past year, the NHPU conducted regional workshops on program budgeting in anticipation of the MOH budget submission to the Ministry of Finance. This was the third annual workshop, but it was the first time that the NHPU staff conducted them independently of the KFI contract advisors. The training went well. There should be no difficulty for the NHPU to continue these workshops in future years.

The NHPU has remained actively involved in the actual preparation of the MOH annual budget submission, receiving inputs from the field. Hopefully, their influence will result in budget shifts sorely needed if Ghana's Primary Health Care program is to succeed (ie. more emphasis on prevention).

e. Plan for the Delivery of Health Care Services

The NHPU has been intimately involved with the nine District Health Management Teams (see 16. b) during the past year in developing their micro-planning in preparation for initiating Primary Health Care. The NHPU staff has made numerous field trips to the nine districts and has encouraged the DHMT's to continue their planning efforts. This will be a continuing process for the NHPU especially while PHC planning is in its infancy. There should be some definitive District plans by the time of the intensive evaluation.

f. Prepare Manuals and Guidelines for Health Planning

During 1979, the NHPU with help from the KFI advisors prepared and published three practical "How to" manuals. The manuals were designed as training and reference guides for practicing health workers at all levels in Ghana. The titles are: 1) "An Approach to Planning the Delivery of Health Services"; 2) "Planning and Management of Health Services at the District Level"; and 3) "Financial Planning and Budgeting for the Delivery of Health Services". Initial distribution of the first two manuals has been made to National, Regional and District health staff (500 copies of each). The third manual will be distributed by the end of 1979.

The following guideline papers are being prepared:

- 1) "Guidelines for a Basic Data System for Primary Health Care";
 - 2) "Health Assessment, Program Formulation and Evaluation"; and
 - 3) "Staffing and Manpower Development for Primary Health Care".
- Publication is scheduled during 1980.

18. PURPOSE

The purposes of this project are to: a) establish an effective Health Planning Unit with full responsibility for health planning and budgeting; b) develop and maintain a system of management improvement; and c) provide assistance aimed at improving the transportation maintenance system within the Ministry of Health.

With reference to purpose a), we can confidently state that the MOH now has an effective Health Planning Unit with full responsibility for health planning and budgeting. We believe, however, that it is too early after the departure of the contract advisors to indicate whether or not the Unit will be sustained. This will be the major question that will need to be answered during the mid-1980 evaluation. We are optimistic, however, because of the high caliber of people now assigned to the NHPU and of the continuing interest of senior MOH officials in the work of the Unit.

Due to various difficulties mentioned in previous evaluation reports, the management improvement component of the project was suspended in December 1976. A full-time PASA advisor will be assigned for a two year period to this subactivity on 1 December 1979 to reactivate the program. All direct activity under purpose c) ended in June 1978. (See October 1978 PES).

19. GOAL/SUBGOAL

The goal of this project is to provide the most effective system of health care delivery which the limited manpower and financial resources of Ghana will permit, and to distribute health services country wide as broadly as possible. Towards this goal, the NHPU has developed a Primary Health Care Strategy for Ghana, and has been effective in convincing the MOH to initiate such a program. The GOG is therefore one step closer to meeting this goal. The Mission is considering a major (\$15.6 million) project to directly assist the GOG with their PHC program. Without the planning that has already been done by the NHPU, this new health system would not be as close to reality as it now is.

20. BENEFICIARIES

The direct beneficiaries of this project have been the staff of the NHPU who have been trained to effectively plan health in Ghana. Indirect beneficiaries have been health officials at all levels who, because of an increased awareness of the planning function, are beginning to question the existing health priorities of the country, which are reaching only an estimated 30% of the population, and they are exploring for changes. The Primary Health Care Strategy prepared by the NHPU proposes such a change and this is gradually gathering acceptance at all levels of government.

Its implementation (outside the scope of this project) will bring benefits of a healthier life to the majority of Ghanaians, 70% of whom are the urban and rural poor presently without access to basic health services.

21. UNPLANNED EFFECTS

See October 1978 PES. There has been no change.

22. LESSONS LEARNED

See October 1978 PES. Also, see Section VII of the "Final Project Report of the Contractor" (Oct. 1979).

23. SPECIAL COMMENTS OR REMARKS

The following are attached to and part of the original copy of this report:

- a. "Final Project Report of the Contractor" (Oct. 1979)
- 55 pages
- b. "Final Project Review" (April 1979) - 33 pages
- c. Manual No. 1 - "An Approach to Planning the Delivery of Health Services" - 90 pages
- d. Manual No. 2 - "Planning and Management of Health Services at the District Level" - 97 pages
- e. Manual No. 3 - "Financial Planning and Budgeting for the Delivery of Health Services" - 97 pages.