

PD- AAQ- 205
ISN: 37345



INTRAH

TRIP REPORT # 1

TRAVELERS: Dr. James Lea, INTRAH Director

COUNTRY VISITED: GHANA

DATE OF TRIP: November 2-5, 1984

PURPOSE: To meet with the AID design team responsible for the development of a project paper for a 3-year bilateral health project.

TABLE OF CONTENTS

EXECUTIVE SUMMARY1

SCHEDULE DURING VISIT1

I. PURPOSE OF TRIP.....2

II. ACCOMPLISHMENTS.....2

III. BACKGROUND.....2

IV. DESCRIPTION OF ACTIVITIES.....3

V. FINDINGS.....3

VI. CONCLUSIONS4

VII. RECOMMENDATIONS4

APPENDICES

Appendix A Persons Contacted

1-

Trip Report

Ghana: 2-5 November, 1984

Executive Summary

James W. Lea, INTRAH director, visited Accra, Ghana, 2-5 November, 1984 to meet with the AID design team which was developing a project paper for a three-year bilateral family health project in Ghana. (Design team members were William Bair and Ralph Sussman, independent consultants, and Michael Dalmat of CDC; they were joined by Eugene B. of REDSO/WCA.) The project includes both strengthening of the MOH's ability to deliver family planning services through its primary care system and a substantial contraceptive social marketing scheme. Lea's role was to review the training component of the MOH part of the project because it is anticipated that INTRAH will provide technical support of that component. Much of the discussion focused upon reducing the initial complexity of the training design and developing a schedule of inputs from such agencies as PCS, Futures, JHPIEGO, CDC, INTRAH and others. When Lea departed Ghana, discussions were to continue between the design team and the USAID mission on overall budget, scheduling and mission management of the project.

Schedule During Visit

2 November	Arrival Accra 18:55, SwissAir 264 Hotel: American Club
3 November	USAID American Club
4 November	American Club
5 November	USAID Departure Accra 12:00, Ghana Airways 540

I. Purpose of the Trip

To meet with an AID design team concerning the development of a Project Paper for a bilateral family health project.

II. Accomplishments

1. Lea assisted Bair and Dalmat in reviewing the plan for in-service training of MOH personnel at central and for in-service training of MOH personnel at central and district levels.
2. Lea outlined the potentials for INTRAH technical support of the project specifically of pre-implementation activities, TOT and training for improved management/supervision - and the parameters of such support.

III. Background

In 1980, INTRAH deputy director Enaam Abou-Youssef made an introductory visit to Ghana and met with officials of the MOH, the Ghana National Family Planning Program and the USAID mission. However, no project development efforts ensued due to the economic and political instability which reached crisis proportions in Ghana soon thereafter. INTRAH sponsored one Ghanaian nurse-midwife for a specially-designed clinical family planning course at Emory University in late 1981.

In 1982, an AID team developed a family health PID for Ghana, but actual project design was delayed. A team was sent to Ghana in October, 1984, to develop the project paper for a three-year bilateral project. S&T/POP and AFR/TR/POP saw possibilities for INTRAH technical participation in the bilateral, so Lea added a three-day stopover in Ghana to a previously planned West Africa itinerary in order to review the project design and to discuss INTRAH's possible role.

IV. Description of Activities

Lea arrived in Accra on the night of 2 November and proceeded to the American Club, where the USAID had reserved accommodations. (The cable announcing Lea's ETA reached USAID the following day.) That night, Bair briefed Lea on MOH background and on the design team's work to-date. Lea described to Bair the possibilities and problems surrounding the MOH request for a specific organization to provide in-country training in association with the Ghana Institute of Management and Public Administration (GIMPA). Lea reviewed a number of relevant documents on the project design.

The following morning, Lea joined the design team and Eugene Rauche in a 9:00 AM meeting with Tom Luche, Development Officer, at USAID/Ghana. (Roy Wagner, mission director, was on TDY at AID/W.) The meeting reviewed the project design, especially the volume of commodities proposed for both the CSM and the MOH components of the project, and the budget. There was also discussion of the prospects of a population officer being appointed to fill the approved slot in the mission; timing of such an appointment was viewed as important to the project's implementation but still undetermined.

During the afternoon and early evening of 3 November, Lea worked with Bair on the levels of effort and the schedule of technical inputs to the project.

On 4 November, Lea joined Dalmat and, later, Bair in a final review of the proposed project component of training for MOH personnel. Further revisions in the initial plan were made, and a narrative description was written for inclusion in the project paper. Final discussions with the design team were held on the morning of 5 November at the USAID mission before Lea's departure for the airport.

V. Findings

The initial plan for in-service and pre-service training of MOH personnel to strengthen the delivery of family planning services at health centers and health posts was well conceived but possibly too complex for the MOH infrastructure in

its current condition. In fact, the overall concept of the project, calling for an extensive redefinition of the health care delivery system in Ghana, seems to be a very complex initiative. Lea's visit focused upon the in-service training plan (a pre-service training plan was drafted earlier by JHPIEGO's Connie Husman), but effective in-service training can only proceed from acceptance by the MOH of new definitions of the roles and responsibilities of several categories of health personnel. This may be a frustratingly time-consuming prerequisite process.

As revised, the in-service training plan is more feasible. If it remains a component of an approved and funded bilateral project, however, it will create considerable technical and logistical demands upon existing in-country structures. It is expected that GIMPA will be strong in-country resource in implementing in-service training, but GIMPA's needs for technical assistance to strengthen its own training capabilities are not yet clear.

VI. Conclusions

If the bilateral project is approved and implemented, INTRAH will be called upon for technical support of the in-service training component. While assistance to Ghana should be viewed as the re-building of what was formerly a sound health/family planning service system, this project calls for a restructuring of the system's parameters and premises as well - e.g., developing a district-based health team orientation to replace the current centralized and stratified system. INTRAH's inputs will have to be very closely coordinated with those of other organizations if the project is to succeed. On-site management by the USAID mission will be the key to success.

VII. Recommendations

1. INTRAH should stay informed of the project's status and should receive a copy of the final project document as soon as possible.

5
-6

2. A formal or informal coordinating group representing all Cooperating Agencies to be involved in the project should be formed as soon as the project is approved.
3. INTRAH should go on record as supporting the appointment of a population officer to USAID/Ghana as soon as possible.

It should be noted with appreciation the courtesy which the mission extended to Lea during his visit and the extraordinary hospitality offered by Mr. and Mrs. Tom Luche and by Mrs. Roy Wagner.

6

Appendix A
Persons Contacted

USAID

Thomas Luche, Development Officer

REDSO/WCA

Eugene Rauche

Project Design Team

William Bair

Ralph Sussman

Michael Dalmat