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INITIATIVES

PRIVATE INITIATIVES FOR PRIMARY HEALTHCARE

USAID

Trip Report

Ghana
Second Evaluation Assessment

November 10 – 23, 1993

Joyce Mann

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Acronyms

AED	Academy for Educational Development (Initiatives subcontractor)
AIDS	Acquired immunodeficiency syndrome
DHS	Demographic and Health Survey
FPHP	USAID/Accra's Family Planning and Health Project
GLSS	Ghana Living Standards Survey
GRMA	Ghana Registered Midwives Association
REDSO/WCA	USAID's Regional Economic Development Services Office of West and Central Africa
SGMDP	Society of General Medical and Dental Practitioners
STD	Sexually transmitted disease
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities
USAID	U.S. Agency for International Development

Executive Summary

This report summarizes a second evaluation assessment trip for the Initiatives project in Ghana, conducted by Dr. Joyce Mann of the Rand Corporation, from November 10 - 23, 1993. The purpose of the trip was to assess local data and sources that could be used in the evaluation of the Initiative project's activities in Ghana. This activity was fully funded by the U.S. Agency for International Development through a cooperative agreement between John Snow, Inc. and Office of Health of the Bureau for Research and Development.

During this trip, a potential organizational model for carrying out the evaluation was identified, involving a collaborative effort between university researchers, a private market research firm, and consulting services of an analyst with the Ghana Statistical Service.

Much of the baseline data needs of the project can be met with existing data because of the availability of excellent household data through two national surveys (the Living Standards Survey and the Demographic and Health Survey) and smaller regional surveys. However, data on private health providers data will need to be supplemented. We propose to conduct a provider survey in collaboration with an effort sponsored by USAID/Accra and REDSO/WCA as part of an assessment of the presentation and treatment of sexually transmitted diseases. We plan to supplement the survey questionnaires about sexually transmitted diseases with additional questions about the organization of provider practices, utilization, cost, and pricing.

Background / Scope of Work

The **Private Initiatives for Primary Healthcare** project is based on the underlying premise that the private sector can be encouraged to provide sustainable, good quality, basic healthcare to marginalized urban populations. This proposition, while presumed true, needs validation in a variety of country and business settings. The Initiatives project thus includes an important evaluation component to track the growth of the private health sector and to identify factors that help its development.

Despite extensive public subsidy of health care services, access to basic healthcare and the quality of care in public facilities remains a serious problem in developing countries. To stimulate additional investment in health service delivery, developing countries are encouraging the growth of the private sector.[1] There is considerable evidence that the private sector is providing a significant amount of health services in developing countries. However, the emphasis has been on curative, rather than basic, services. Moreover, barriers to private practice have hampered its growth. The underlying assumption of Initiatives is that by strengthening the organizational and managerial development of private practitioners and by supporting or creating new community or employer-based financing plans, the private sector can rapidly expand the provision of basic health services.

In Ghana, the Initiatives project, with assistance from USAID/Accra, has selected three "local initiative groups" (private practitioners currently engaged in the provision of basic healthcare and family planning services): the Ghana Registered Midwives Association (GRMA), the Society of General Medical and Dental Practitioners, and Superior Medical Foundation. The local initiative groups have proposed business development plans that either identify new ventures or assess training needs to enhance the clinical and business skills of their members. The Initiatives team is working with these groups to design and implement these plans.

As part of this effort, Initiatives has integrated an evaluation component into its set of activities. Because new approaches to expanding the delivery of basic healthcare are being developed, it is important to evaluate the structure, function, performance, and impact of each approach. By building evaluation into the project design, a portfolio of interventions can be assembled to test a variety of approaches. This evaluation offers a unique opportunity to obtain information about the dynamics of private sector operations and how best to overcome barriers to private practice.

[1] Underdevelopment of the private health sector is largely a reflection of the nascent state of private enterprise in countries where the public sector has long dominated all segments of the economy.

Rand staff[2] conducted a trip to Ghana in November: Dr. John Peabody traveled November 7 - 18 and included a trip to the headquarters of the World Health Organization in Geneva; Dr. Joyce Mann traveled November 10 - 23. The purpose of this trip is to develop a strategy for conducting the evaluation in Ghana. This trip builds upon an earlier trip in May 1993 that sought to identify potential data sources and organizational resources for carrying out an evaluation. The intent of this second visit is to obtain available data that can provide baseline information and to identify an organization(s) to collect supplementary baseline data and that can be involved in the collection of follow-up data for both evaluation and monitoring purposes. Specifically, this trip was designed to:

1. Review the progress of the local initiative groups in designing their interventions, with particular regard to the evaluation of the activities and the overall project.

2. Identify a local market research or survey research firm to assist with the collection of baseline data.

3. Identify additional expertise (demographers, economists, or health services researchers) to assist with the evaluation efforts.

4. Identify data sources that can be used to provide data to the local initiative groups on market characteristics (income and other demographics of the population, health status, current healthcare utilization and sources of care, and payment for health services).

5. Develop the evaluation strategy and the data collection plan.

Dr. Peabody's trip had a second purpose related to an effort to examine the diagnosis and treatment patterns for sexually transmitted diseases (STDs) in the private sector. This effort, funded by a REDSO/WCA buy-in, is described in a companion trip report. The STD work will be incorporated into the overall Initiatives scope of work. In addition to STDs, prenatal care, contraceptive use, malaria, diarrheal diseases, and immunization represent conditions or processes where improvements in service delivery can lead to better health outcomes. As such, all of these conditions and others that represent the most important health problems in Ghana will be the target of the evaluation activities. This report describes the set of activities related to the evaluation objectives.

Overview of the Initiatives Evaluation

The evaluation design will be tailored to the scope and nature of the interventions undertaken by the local initiative groups. The implementation of all interventions requires certain basic resources: 1) historical data to predict future use and costs or to monitor performance against standards as well as some type of a management information system (manual or

[2] The Rand Corporation is a subcontractor on the project responsible for the evaluation component.

computer) that provides accurate operational data on an ongoing basis; 2) actuarial methods to set prices that will cover the cost of treating a defined population; 3) marketing to build consumer acceptance of new delivery and financing systems; 4) administrators and techniques to put new systems into place. Initiatives staff are providing technical assistance to ensure that these basic resources are in place.

The evaluation of the interventions requires certain resources as well: 1) data on the medical practices of participating initiative groups, including information on the current level and training of staff, availability of equipment and supplies, types and volume of services provided, capital and operating costs, revenues collected and overall financial status; 2) data on the particular patients served by the practices, including information on health status, income, occupation, use of services, and payment for services; and 3) data on the population residing in the communities served by the providers; 4) local expertise to assist in collecting and interpreting the data. Rand staff are assessing the usefulness of existing data and where necessary will supplement it with primary data collection that can be used both for baseline measurement and for providing the local initiative groups with critical information about their markets. The emphasis will be on making full use of data that has already been collected, particularly since donor agencies, including USAID, and the Government of Ghana have invested considerable resources in support of database development, fielding a number of large-scale surveys.

The local initiatives will be evaluated against three key criteria:

- sustainability
- effectiveness
- replicability.

First, in assessing sustainability, performance relative to the business plan and the financial viability of the new venture will be examined. Is it capable of covering recurrent expenditures over the long term? To what extent do revenues cover costs? If the venture is being subsidized, are there plans for achieving full cost recovery once the subsidy is decreased or eliminated. Has the intervention created a demand for the services offered and is there the potential for long-term demand beyond the life of the Initiatives project?

Second, in assessing effectiveness, the impact on providers and the target population will be assessed in terms of the availability, cost, and quality of basic health services. Effectiveness will be assessed in terms of health outcomes where possible and in terms of health processes, particularly for behaviors and practices that are strongly linked to outcomes.

Third, to serve as a model for the improvement of health service delivery, the potential for being replicated elsewhere will be assessed. If sustainability and effectiveness are achieved as the product of unique circumstances unlikely to be found in other developing countries, then the intervention will have limited usefulness from a policy perspective.

Evaluation Strategy

A framework for the evaluation has been developed and will serve to guide the overall effort. Three fundamental principles underlie the evaluation strategy. First, pre-intervention and post-intervention data that follow behavior patterns before and after implementation is important when studying complex behavioral phenomena, such as that which drives healthcare. Second, database development is important for multiple purposes — for the evaluation effort as well as for the internal management of the local initiative groups as they develop their business proposals and monitor their efforts to achieve their objectives. As such, it is important to coordinate the development of information systems at the local initiative sites (manual or computer) and to ensure that a common database can serve multiple purposes. Third, to the extent possible, maximum use should be made of existing data before massive efforts to perform new primary data collection are planned. These principles were kept in mind when setting out the tasks for this trip, which are described below.

Trip Activities

Much of the activities of this trip were designed to follow up on initial contacts made in the first evaluation trip to Ghana in May 1993. Efforts were pursued on four fronts: 1) meetings with the local initiative groups to get an update on activities and to elicit more detailed information on their current practice settings; 2) acquisition of previously identified data sources; 3) identification of local firms and individuals with whom collaborative relationships can be established for carrying out evaluation activities and for collecting any new data; 4) meetings with government policymakers and health providers to collect information on prevalence and treatment of STDs (this last set of activities is discussed Dr. Peabody's trip report). Because the Initiatives team was also carrying out a search process to identify firms with management consulting and marketing expertise, there was some overlap in the firms interviewed for the implementation component and the evaluation component of the study. Before enlisting firms to help with either effort, John Snow, Inc., Rand, and AED should ensure that our efforts are coordinated so as to mitigate potential conflicts of interest.

Assessing the Local Initiatives

Meetings were held with each of the three local initiative groups: Superior Medical Foundation, the Ghana Registered Midwives Association (GRMA), and the Society of General Medical and Dental Practitioners. The first purpose of these meetings was to get an update on project activities, particularly since it became clear that the initial ideas for program implementation have evolved and changed somewhat since the submission of the first business proposals in June 1993. Efforts were made to elicit specific information about the scope, geographic targeting, and program focus of each initiative. The second purpose was to obtain some information about representative physician and midwife practices in Ghana, so as to establish the context within which basic health services are delivered and financed. A better understanding of current practice settings and utilization patterns is important for the design of the evaluation plans specific to each local initiative, which is the next step in developing the overall evaluation. As part of this effort, a short questionnaire was completed for each of the groups (see appendix C). This section will describe those aspects that are important from an evaluation perspective.

Superior Medical Foundation

Meetings were held with Dr. Edward Mahama and Dr. A. N. Quacoe, the owners of the current Superior Medical Clinic and the principle promoters of the initiative. Superior draws most of its patients from surrounding or nearby villages — Dome, Oko, Kisseman, Christian Village, and Achimota — as well as from two nearby, recently constructed housing estates — Paradise (mid- and higher income) and Parakuo. Dr. Mahama estimates that the immediate catchment area contains a population of roughly 23,000 persons and that the larger area

contains some 300,000 persons. A few patients come from far away (such as Kumasi) largely because of the reputation of the clinic, and a number of expatriates are served as well. In addition, the clinic has contracts with several employers (the In-Style aluminum manufacturing plant, ABC Brewery with about 200 employees, Kamara. and the Volta River Authority).

Three new developments were reported. The initial business development proposal described an effort to build a 25-bed medical center, but the feasibility study was designed for a two phase project involving the construction of a 50-bed facility in the first phase and expansion to 150 beds in the second phase. If sufficient funding is available, Dr. Mahama has indicated a preference for proceeding with the larger 50-bed facility. Second, Drs. Mahama and Quacoe have begun efforts to start an outreach clinic in Nima (a slum area of Accra) to provide family planning services and STD treatment and control. A building has been identified and negotiations are proceeding over rental terms, and some modest renovations would need to be done to set up the clinic. It would be staffed by nurses and midwives employed by Superior and the doctors would be available for consultation and managerial oversight. All laboratory work would be sent to the facilities at Superior. Third, a cross-referral network has been setup with three private midwives in the villages, whereby the midwives would send high-risk pregnancies to the clinic, and the clinic would send some low-risk pregnancies to the midwives for prenatal and postnatal care. In addition, plans are underway to rotate Ghana Medical School residents through the Superior Medical Clinic to enrich the training of the students and to provide greater physician coverage at the clinic.

The doctors have shown a lot of enterprise in their efforts thus far and have established strong ties within the medical community (Dr. Mahama teaches and performs surgery at Korle-Bu Medical Centre and Dr. Quacoe provides laboratory services for a number of physicians and clinics and he serves on the technical health insurance committee for the Society of General Medical and Dental Practitioners). They have been working on the proposal for at least two years now and have a clear idea of the types of services they would like to provide. The feasibility study performed by DataBank presents financial projections that shows the amount of debt capacity that can reasonably be taken on by the clinic. However, the study involves no empirical assessment of market conditions and does not incorporate sensitivity analyses that vary projections based on different assumptions of utilization levels (instead, it assumes that a fairly high utilization rate will be achieved relatively quickly). Depending on the requirements of the funding sources and based on information obtained from a market study, it is likely that the scope and mix of services may be altered somewhat. However, from an evaluation standpoint, baseline data collection can proceed as a number of factors are fixed (such as the site of the proposed clinic and its proximity to the current site, the catchment area, and the provision of laboratory services).

The Ghana Registered Midwives Association

A meeting was held with Florence Quarcopome and Priscilla Lovia Owusu Asiegu and a second follow-up meeting was held with both Mrs. Quarcopome and Mrs. Asiegu as well as

with the association's public relations and marketing coordinator, a practicing midwife, and with Deborah Armbruster, of the American College of Nurse Midwives (who will be providing technical assistance to the GRMA as part of the Family Planning and Health project, or FPHP). The midwives have a strong national association with fairly strong regional representation (four to six regional representatives are in place in each of the regions with support from the FPHP) and mechanisms in place both to provide continuing education to their membership at the regional level and to solicit input from the regional representatives in the identification of training needs. It is unclear how much decisionmaking authority rests with the regions as opposed to the national office, but the existence of the regional structure is an important foundation for the activities to be undertaken by Initiatives as it means there is a structure in place for dissemination of project activities from Accra to other areas. It is also likely to be useful in carrying out data collection for the evaluation effort.

Much of the membership of the GRMA is concentrated in four regions in the southern and central sections of the country: the Accra, Ashanti, Brong-Ahafo, and Eastern regions. The association leadership has not yet decided whether it will target Initiative activities to particular regions or whether it will have a nationwide focus. The GRMA would like to mount a two-pronged effort, the first of which is geared toward the larger midwife community and the second of which is geared toward the general population of potential users. It is seeking to promote membership in the association among the large numbers of midwives who have yet to join and to promote the use of midwifery services among the general population. As part of this effort, it will develop programs to improve both the business and clinical skills of midwives.

The GRMA has not yet identified and designed programs to achieve these objectives. Part of the difficulties it faces stems from the many different sources of technical assistance and financial support that is coming from a number of different donors, having different objectives, requirements, and timelines. One of the activities mentioned that will have a bearing on the evaluation is the conduct of a mass marketing campaign beginning in March, sponsored by FPHP, which is designed to elevate public awareness of the benefits of using midwifery services. (This is also important for the Initiative evaluation as we would want to have collected baseline data prior to the start of the marketing campaign.) GRMA has requested that Initiatives coordinate its activities with other FPHP-sponsored programs and other activities (specified in an annual workplan recently completed by GRMA). Association members are already scheduled to attend workshops covering some of the same topics to be presented in Initiative workshops and in some cases there may be time conflicts as well. Benedicta Ababio at USAID/Accra may be able to help with this coordination effort as she has been working with GRMA in developing its annual plan. (We should also obtain a description of the various training programs that have been offered to GRMA members over the past few years and a list of the participants).

The design of the evaluation will depend on the specific programs developed by GRMA and its strategy for implementing and disseminating these programs. Further work will need to

be done in terms of program development so that an appropriate evaluation plan can be designed.

Society of General Medical and Dental Practitioners

The SGMDP and Vanguard Insurance have agreed on the general outlines of an insurance plan called Nationwide Insurance, have published brochures describing the policy, and are in the process of marketing the plan to employers. However, it appears that a number of insurance design features remain to be worked out: 1) it is not clear that much empirical data on demand for care was used in constructing the premium rates; 2) physicians have expressed concern about geographic disparities that are likely to occur in enrollment and are still discussing whether to develop rules about apportionment of patients or whether to give patients free choice of providers; 3) the relationship between current retainer contracts held by physicians and the new insurance plan has not been worked out; 4) adoption of a gatekeeper approach is being discussed; and 5) although benefit coverage and patient cost-sharing have been discussed and established, it is not clear that the decisions made reflect either the preferences of the physicians or larger social objectives (and are sometimes even contrary to sound insurance practices). Given that a number of critical issues remain unresolved, it appears that the SGMDP and Vanguard may be launching this effort prematurely.

The collection of baseline data from providers may help to inform some of the decisions to be made in terms of marketing of the plan and likely utilization rates under the plan. The experience of providers with respect to the retainer contracts is one important source of information. Some assessment of employer preferences may also be desirable as it is not clear that employers will be willing to replace their retainer contracts with insurance benefits. Under the retainer relationship, employers contribute payments only for sick employees (and these payments are often capped per year). Under an insurance plan, employers would be paying a premium for all employees (the healthy as well as the ill). To sell these plans, the insurer will need to convince employers that they will be better off spreading the risk through an insurance mechanism. Given the number of exclusions from the insurance policy, employers who have a tradition of picking up the medical expenses of employees may end up paying more under an insurance plan (if they elect to cover a portion of the unincluded benefits).

Identification of Data Sources

The *Ghana Living Standards Survey*, fielded by the Ghana Statistical Service with support from the World Bank and the Organization for Development Assistance, can provide much of the information needed by the baseline study and can be a useful source of market data for the local initiative groups. Three rounds of the survey have been fielded (GLSS-1 fielded 9/87-8/88; GLSS-2 fielded 10/88-9/89; and GLSS-3 fielded 10/91-9/92). Although the first round has been released, a few problems were identified and have since been cleaned up. All three rounds are being prepared for release simultaneously and should be ready soon.

Now that the Ghana Statistical Service has released some preliminary findings on the GLSS, it is amenable to releasing the data to other users.

Urban areas were oversampled and so it is likely that the GLSS can support disaggregated analyses for at least Accra and Kumasi. For example, some 645 households (out of a nationwide sample of 4,500) were interviewed in Accra. The GLSS contains data on:

- population demographics (income, measured directly or imputed through detailed estimates of household expenditures; household size and composition; ethnicity; education; occupation)
- health status and illness incidence
- health utilization rates and sources of care (by type of provider and by public and private sector), with special emphasis on prenatal care and deliveries
- payments for health services and sources of payment (self, family or extended family, employer)
- fertility and contraceptive use.

The data can be used to estimate willingness to pay and to estimate the price elasticity of demand (for example, to what extent do high-income families use more services and to what extent does use rise if expenses are covered by one's employer rather than oneself). Information on the income and occupation distribution of the population can be used in developing marketing plans for either the insurance effort or in deciding upon the mix of services and provider settings.

The Ghana *Demographic and Health Survey* (DHS), also being fielded by the Ghana Statistical Service, is in the field now. Results of the survey are expected to be ready by spring 1994. It has been reported that some GLSS questions have been incorporated into the DHS, but as of yet Dr. Mann has not been able to ascertain whether healthcare payment data (important for estimates of price elasticity and willingness to pay but generally not collected by the DHS) is included in the DHS. This data source can provide important information about fertility behavior, use of contraceptives, and use of health services. Because it is being collected now, just as the projects are getting underway, and before implementation of the interventions has proceeded very far, it can provide baseline measures.

The Family Planning Situation Analysis (a facility-based survey of family planning practices), fielded in April and May 1993 by the FPHP, with support from USAID and the Population Council, has been cleaned and first-round analyses have been completed. Some 485 family planning facilities (both public and private) were included in the sample. The household surveys described above give us a picture of the demand side, while the Situation Analysis gives us a picture of the supply side. This survey can provide important information about the differences in staffing, availability of equipment and supplies, and services provided in different types of practice settings. It can provide a picture of what goes on not only in nurse-midwife practices (GRMA and non-GRMA members), but in alternative settings as well. It will also be possible to make comparisons between public sector and private practice settings. Because the survey also included exit interviews of family planning clients and of

clients presenting for maternal and child health, it will also be possible to get information about the characteristics of contraceptive users and the practices of similar patients who may or may not be users. The first-round analyses demonstrate that there has been a tremendous change in the fertility behavior over the past five years — use of modern methods of contraceptives grew from 5 percent in 1988 (as measured by the 1988 DHS) to 15 percent in 1993. It is important to take this behavior change into account as we design the evaluation of Initiatives project as all of the local initiative groups are involved in the provision of family planning services.

Highlights of the 1988 Ghana Demographic and Health Survey

Fielded February - June 1988 to 4,488 women, 15-49 years old, and 945 co-resident husbands. Questions on fertility, reproductive intentions, contraception use, and maternal and child health.

Findings:

Infant mortality (under age one):
77 per 1,000 nationwide
58 Accra
138 Central Region

Childhood mortality (under age five):
155 per 1,000 nationwide

Births: 33% delivered by nurse or midwife
28% delivered by traditional attendants

Child health:
47% of children ages 12-23 months are fully immunized
26% of children under age five had diarrhea in past two weeks
35% of children under age five had fever in past four weeks
33% of children ages 3-36 months are chronically malnourished; 8% are acutely malnourished

Consumer and Provider Surveys

A consumer baseline survey was fielded April 12 - May 24, 1993, by the FPHP. One member from 2,116 households was interviewed (1,069 women and 1,047 men), using a questionnaire that took about one-and-a-half hours to complete. The questionnaire asked about knowledge, attitudes, and practices related to the use of contraceptives (methods used and where obtained), fertility behavior, and the prevention and treatment of malaria, diarrhea, and AIDS. It was a nationwide survey and was translated into seven of the main languages.

A provider baseline survey included 86 private physicians, 118 pharmacies, and 263 chemists (physicians were selected from a membership list provided by the SGMDP; pharmacists and chemists were selected from membership lists provided by the pharmacy association). The survey asked about the provision of family planning services and prices, knowledge and attitudes about various contraceptive methods, and training needs. In addition, the survey also included modules covering health services (such as oral rehydration and malaria treatment) and AIDS.

Identification of Potential Data Collection Firms and Collaborators

To ensure that the evaluation is appropriate and relevant to the Ghanaian health services delivery system, we will work with local firms and researchers. One possible model could

be to assemble an interdisciplinary team that would involve a private survey research or market research firm, university-based demographers or health services researchers, and government analysts with the Ghana Statistical Service. The university researchers would participate in all phases of the evaluation (from the design through implementation and analysis) and would help to coordinate in-country activities. The private firm would be responsible for data collection and would carry out all survey field operations. Analysts with the GLSS would participate in the analyses of the Ghana Living Standards Survey, the DHS, the Family Planning Situation Analysis, and other data sets fielded by the Ghana Statistical Service. This section of the report describes potential collaborators.

A number of different management consultant, marketing, financial services, and market research firms were contacted (see appendix A). The two firms that appear to best meet the requirements of the evaluation effort are G.A.S. Development Associates, Ltd., and the Marketing and Social Research Institute.

G.A.S. Development Associates Ltd.

G.A.S. Development Associates, led by Dr. Sulley Gariba, a political economist trained in Canada. was established in 1989. It performs market research, management consulting, and monitoring and evaluation. It has been involved in a five-year monitoring and evaluation project in northern Ghana focusing on water, health, and sanitation issues. As part of this effort, it has conducted four major surveys over the last three years. One was a baseline survey of 940 households, surveying knowledge, practices, and attitudes with respect to water and sanitation. Another was a survey of 6,000 respondents in 41 towns assessing the willingness and ability to pay for water systems as part of a social design project that enlisted community involvement in designing and financing water systems. Community members designed a water system that was costed out by engineers. Through an iterative process the community was able to come up with a system that its members were willing to finance. A second set of activities involves training to manage microenterprises in the refugee camps of Ghana. One such enterprise was the setting up of a cellular phone in the refugee camps for use by residents. A third activity was the evaluation of a soapstone carving cooperative in Kenya as part of a Partnership Africa/Canada project. More recently, the firm has been working with Women's World Banking to do gender analyses of loan-making policies and has been working with the Ghana Credit Union on developing an agenda to promote West African Enterprises.

Fee schedules:

- senior personnel	$150-175/day
- mid-level professionals	$100-125/day
- researchers, enumerators, interviewers	$50/day max

Expertise and experience:
- policy and market research
- evaluation
- project management
- community management interventions
- studies of knowledge, attitudes, and practices related to care-seeking behavior for primary health services.

Marketing and Social Research Institute

This company, led by Seth Bonnie (managing director) and Joseph Boateng (deputy managing director), was established in 1988 and is a subsidiary of the large advertising firm, Ad Vantage House, which includes Lintas Ghana Ltd. and Afromedia Ghana Ltd. The firm performs market studies, product tests, package and name testing, image studies, feasibility studies, and other types of market research. It has worked with the Futures Group as part of the FPHP. It conducted a consumer baseline survey of 2,000 individuals this past year. It has also fielded a variety of other surveys (generally non-health related for clients such as Kumasi Brewery, Ghana Cotton, Barclays Bank, Lever Brothers, Shell Ghana, and the National Energy Board). It has a staff of six full-time professional employees and about 30 field staff (depending on project requirements).

Interviewers are hired locally (due to language familiarity) and are recruited from A-level high schools. They work in teams of five with a full-time supervisor. Interviewer training sessions are held in Accra and sometimes Kumasi. All data entry takes place in Accra (double-keypunched, 100 percent verification).

Fee schedules:
- senior personnel $100-150/day
- researchers, enumerators, interviewers $50-80/day

Dr. Mann received a detailed fee schedule.

University of Ghana

Discussions were held with university researchers to learn about their prior work and to assess interest in collaborating on the evaluation effort in Initiatives.

Institute for Statistical, Social, and Economic Research. Information about the institute was obtained from Dr. Kwadwo Asenso-Okyere. The institute is the research wing of the Faculty of Social Studies, University of Ghana. It undertakes research, sponsored by the government or by national and international foundations/donors, to address the development needs of the country. It has collaborated with a number of organizations both inside and outside Ghana. Consultancy bids are submitted under the auspices of the University Consultancy Centre. The institute has 15 researchers and a number of research fellows. Among the researchers and their research interests are:

Okyere, W. Asenso (PhD, Missouri-Columbia): health, international trade policies, price analysis, general economic development, and food and agriculture.

Batse, ZMK (PhD, Chapel Hill): demography, family planning, contraceptive social marketing.

Bortei-Doku, Ellen (PhD, Michigan): rural development policy, gender issues.

Anarfi, JK (PhD, Legon): population, gender issues.

Dr. Okyere described his research focused on healthcare financing issues and utilization of basic health services. He is particularly interested in the design of user fees and has written a paper that is soon to be published in *World Health Forum*, "Health Financing of Ghana in Transition," (submitted February 1993). He is currently fielding a survey of 1,200 households in the Ashanti and Eastern regions, examining malaria care on a World Health Organization-funded project. He also has an article on this topic, "Socioeconomic Aspects of Malaria," appearing in *World Health Forum*. He has also conducted a study of the cash-and-carry method of drug financing. He has used the first round of the GLSS to examine health, nutrition, and education issues. Dr. Nabillah of the Regional Institute for Population Studies noted that Dr. Okyere was involved in an evaluation of the Ashanti Goldfield Hospital.

Another institute researcher who was highly recommended by several sources is Dr. Bortei-Doku. She has been out of the country for the past year (in the US at Ohio State University for six months and in Nairobi for six months), but is expected to return to Ghana in early December.

Regional Institute for Population Studies

Dr. Tawiah, a faculty member, provided information about the Regional Institute for Population Studies. This regional institute is a UNFPA-funded, graduate-level training institute for demographers come from Anglophone African countries (Zambia, Zimbabwe, Nigeria, Kenya, Egypt, and Ethiopia). Researchers there have completed a number of studies on infant and child mortality, maternity care, and family planning. They have used the DHS data and have fielded their own surveys as well.

Population Impact Project

Dr. John Nabilla, director, and Dr. Elizabeth Ardayfio-Schandorf provided information about the Population Impact Project. It is a public policy institute established to review and study population policy and to build awareness amongst policymakers about critical population issues. In addition to the director, the project is staffed by two associate project directors, a liaison officer for print media, and a liaison officer for electronic media. The project issues a number of position papers that discuss public policy issues. It has also conducted a study

of midwife business skills (Dr. Nabillah participated in the study). A copy of the study was requested.

Dr. Elizabeth Ardayfio-Schandorf is the national coordinator of the Family and Development Programme in Ghana, a government-sponsored research project (directed by Professor George Benneh, Vice-Chancellor of the University of Ghana and former director of the Population Impact Project). It is housed in the Department of Geography and Resource Development at the University of Ghana and is funded by UNFPA. The Population Council provides technical assistance to the project. The Family and Development Programme conducts research and policy analysis, focusing on gender roles and family dynamics particularly with respect to women's productive and reproductive roles as they impact on the mobilization and distribution of family resources. It also has a training component in which researchers from universities and other places (such as the Ghana Statistical Service, the Ministry of Health's Research Unit, the National Council on Women and Development, and the Ghana National Committee on Children) receive methodological training in data collection and management and research methods for analyzing family issues. The proceedings of a national conference will be released at the end of this year (Dr. Ardayfio-Schandorf agreed to mail the proceedings to Rand). Professor Brown, a sociologist at Cape Coast University recently completed a paper on gender roles in household allocation decisions.

Recommendations and Next Steps

Existing household data should be sufficient for most, if not all, of the project's baseline data collection needs. The main gap appears to be with provider survey data (although the Family Planning Situation Analysis does provide useful data on family planning providers). The first target of data collection should therefore be a provider survey, and it should be coordinated with the USAID/Accra and REDSO/WCA provider survey and needs assessment of STDs to be conducted in January 1994.

1. Finalize the design of the evaluation plan for each local initiative group. In the case of GRMA, it will take some further discussions with GRMA about the scope and targeting of their project.

2. Make use of existing data to serve as the baseline and develop new data collection activities only where necessary to fill in the gaps. Donors and the Government of Ghana have invested substantial resources in the collection of primary data. In fact, concerns have also been expressed that a number of projects are planning data collection efforts and that respondents (particularly providers) may become overtaxed by data requirements. In the interests of minimizing respondent burden, we will use already collected data to the extent possible. Although resources have been available to fund the collection of data, not as many resources have been available to support analyses of the data. By devoting some of our resources to the analysis of existing data, we may be able to demonstrate the usefulness of these data to providers (for strategic planning and business development purposes).

3. *Household data:* Use GLSS data to provide baseline data on current utilization patterns, and willingness and ability to pay. Use DHS data when it becomes available next spring to obtain additional epidemiological data on illness and utilization patterns. Seek permission to use the consumer baseline survey data from the Marketing and Social Research Institute (collected as part of the FPHP).

4. *Provider data:* Work with USAID/Accra and REDSO/WCA to finalize the STD needs assessment instrument and finalize the additional provider variables that will be collected for Initiatives. Seek permission to use Family Planning Situation Analysis data and provider baseline survey data from the Marketing and Social Research Institute (collected as part of the FPHP).

5. *Coordinate with FPHP activities:* In particular, ensure that any baseline data collection efforts are underway before the start of the marketing campaign for GRMA.

6. Develop the scope of work for the market research firm and solicit proposals.

7. Submit data requests to the Ghana Statistical Service. It appears that we may need to exert pressure from multiple points, so work with USAID and the World B.. :k to enlist their help.

8. Obtain membership lists from GRMA and SGMDP to develop the sampling frame for the Initiatives part of the STD needs assessment.

Appendix A: List of Contacts

November 11

Superior Medical Centre, Christian Village, Ga District, Airport Residential Area, PO Box 16071 Kotoka International Airport, Accra, phone 226328.

Dr. Edward Mahama, President and an obstetrician/gynecologist
Dr. A.N. Quacoe, Pathologist
Dr. Danquah, Pediatrician (not present at the meeting)

Ghana Statistical Service

Peter K.W. Digby, Statistical Advisor and Long-Term Consultant to GSS on the Living Standards Survey, Overseas Development Agency (ODA), 665441, ext 6473, fax c/o BHC 664652, Room 215/216, PO Box 1098, Accra, [redacted].

November 12

Ghana National AIDS/STD Programme, Korle-Bu

Dr. Phyllis Antwi, Programme Manager, 667980
B. Senegal, WHO Global Programme on AIDS Technical Advisor, 667980

World Health Organization

Dr. Brian Dando, WHO Representative, Ghana, 225276

USAID/Accra

Pam Wolfe, TAACS, 228440 or 225326

GAS Development Associates Ltd.

Sulley Gariba, Ph.D., President, PO Box 16208, (KIA) Accra, Ghana, 777582 (phone/fax)

November 14

Attended monthly meeting of Society of General Medical Practitioners (approximately 60 members of the SGMEP were present and Dr. Badohu summarized and led a discussion of SGMDP's health insurance plan effort.)

November 15

DataBank Financial Services, Ltd.

Eric Chatman, Vice President
Keli Gadzekpo, CPA, Executive Director
Ben Ahiaglo, Financial Analyst
SSNIT Tower Block, 5th Floor, Private Mail Bag, Ministries Post Office, Accra, 669110, 669417, 669421, fax 669100.

Ghana National AIDS/STD Programme, Korle-bu
Dr. Asamoah-Odei, Head of STD Section, Epidemiology Unit, MOH, 667980

USAID/REDSO/WCA
Dr. Souleymane Barry, HIV/AIDS Technical Advisor, USAID, REDSO/WCA BP 1712, Abidjan 01 Côte d'Ivoire, 225-414529/30/31, fax 413544, telex 27166, other office 414528, home 410699.

Dr. Aminata Fapp M'Backe, HPN Advisor, 225-414529/30/31.

GAS Development Associates Ltd.
Sulley Gariba, Ph.D., President

November 16

David Stanton, potential director of STD survey effort, [redacted] or fax to USAID, with Souleymane Barry, Dr. Aminata Fapp M'Backe, Lisa Hare, John Peabody: discussed STD provider survey to be undertaken in January 1994. Survey instrument will be jointly agreed upon between USAID/Accra, REDSO, and Initiatives and will include some provider questions submitted by Initiatives. Initiatives will contribute $5,000 to cover the additional cost of an interviewer. Tentative sample size: 150 private physicians, 150 midwives, pharmacies, chemical sellers.

GAS Development Associates Ltd. - Sulley Gariba and Rerne (administrative assistant)

November 17

Initiatives Workshop opening

David Stanton, Souleymane Barry, Aminata Fapp M'Backe

B.E. Medical Services (a Nigerian initiative group)

Lawanson Health Plan (a Nigerian initiative group)

November 18

Ghana Statistical Service, Africa Statistics Day Ceremony, British Council
Dr. Kwaku Twum-Baah, Deputy Director, 665441, ext 6471 or 6467
Peter Digby, ODA Consultant

Jane Ansah, MD (and Masters Tropical Health, University of West Australia, Queensland), Director of Maternal and Child Services, Hygeine Wing, Military Hospital, Accra (near Circle 37); provides family planning and maternal and child health services (family planning services are free with a token fee for the cost of the contraceptive product).

David Stanton

GAS Development Associates Ltd. - Sulley Gariba

Attended Ghana Social Marketing Conference for the SGMDP

November 19

Population Impact Project, University of Ghana, Legon
Dr. John Nabilla, Director

Family and Development Programme, Department of Geography and Resource Development, University of Ghana, Legon
Dr. Elizabeth Ardayfio-Schandorf, PO Box 59, Legon, 775796, 775306

Regional Institute for Population Studies, University of Ghana, Legon
Dr. Immanual Tawiah

Dr. P. Twumasi, consultant to the World Health Organization and former Dean of Social Science, University of Ghana, Legon (health services researcher and AIDS expert), 225276

Attended Ghana Social Marketing Conference for the SGMDP

Deloitte & Touche Consulting, West Africa
Dr. P. Kwesi Nduom, Managing Partner, 350 NIMA Avenue, North Ridge, PO Box 453, Accra

November 20

Private Nurses and Midwives Association, Osogbo (a Nigerian initiative group)

November 22

Ghana Registered Midwives Association
Florence Quarcoopome, Priscilla Lovia Owusu-Asiegu, Beatrice, Maude, Deborah Armbruster (technical advisor)

Superior Medical Clinic
Dr. Mahama and Dr. Quacoe

Ghana National AIDS/STD Programme, Korle-Bu
Dr. Asamoah-Odei

Ghana Statistical Service
Philamena Nyarko

Society of General Medical and Dental Practitioners
Dr. J.A. Masoperh

November 23

Association for Reproductive and Family Health (a Nigerian initiative group)

USAID/Accra - debriefing with Joe Goodwin, Mission Director; Charles Llewellyn, HPN Officer; Lawrence Darko

November 29

USAID/Accra - Lawrence Darko

Institute for Statistical, Social, and Economic Research, University of Ghana, Legon
Dr. Kwado Asenso-Okeyere (referred by Peter Digby; worked with the first round of the GLSS)

Market and Social Research Institute
Seth Bonnie, Managing Director
Joseph Boateng, Deputy Managing Director
Ad Vantage House, Klanaa St. Osu (Ako Adjei Park), PO Box 1262, Accra, 772321, 772324, 772481, fax 772498, 776711

November 30

USAID/Accra - Pam Wolfe

Ghana Statistical Service - Philamena Nyarko

Initiatives Liaison - Yvonne Nduom

Appendix B: Reports

Copies of the following documents, reports, papers, and books were obtained.

Asenso-Okyere, W. Kwadwo, S.Y. Atsu, and Irene S. Obeng. 1993. "Communal Property Resources in Ghana: Policies and Prospects." ISSER Discussion Paper 27. Institute of Statistical, Social, and Economic Research, University of Ghana, Legon.

Asenso-Okyere, W. Kwadwo, Felix Ankomah Asante, and L. Oware Gyekye. 1993. "Policies and Strategies for Rural Poverty Alleviation in Ghana." ISSER Technical Publication 57. Institute of Statistical, Social, and Economic Research, University of Ghana, Legon.

Bortei-Doku, Ellen. 1992. "A framework for integrating gender interests in development programmes in Ghana." In Ernest Aryeetey (ed.), *Planning African Growth and Development: Some Current Issues*. Proceedings of the ISSER/UNDP International Conference on Planning for Growth and Development in Africa, University of Ghana, Legon, March 13-17, 1989, pp. 348-371.

Databank Financial Services Ltd. 1993. "Feasibility Study for Superior Medical Centre." Accra, July.

G.A.S. Development Associates Ltd. "GWSC Assistance Project WTP Survey Instrument and Tabulated Results."

G.A.S. Development Associates Ltd. Letter of interest and company prospectus.

Ghana Ministry of Health. 1993. "Expert Committee Meeting on Decentralization for Health Development." Health Research Unit, Accra, April 5-6.

Ghana Statistical Service. 1993. DHS survey instruments: 1) household schedule; 2) women's questionnaire for women between ages 15-49 (all were sampled); 3) male questionnaire (sampled in only selected enumeration areas).

_____. 1993. "Ghana Living Standards Survey: Health Indicators, 1991-92." Accra, November.

_____. 1993. "The Estimation of Components of Household Incomes and Expenditures from the First Two Rounds of the Ghana Living Standards Surveys, 1987/88 and 1988/89." Accra.

_____. 1993. "Rural Communities in Ghana: Report of a National Rural Community Survey Carried Out as Part of the Third Round of the Ghana Living Standards Survey 1991/92." Accra, October.

_____. 1993. Ghana Situation Analysis instruments: 1) Inventory for facilities available and services provided at the service delivery point; 2) Interview schedule for staff providing family planning at the service delivery point; 3) Observation guide and exit interview for interaction between consenting family planning clients and service providers; 4) questionnaire for female MCH clients attending the service delivery point.

_____. 1992. Infant, Child, and Maternal Mortality Study survey instrument.

_____. 1992. *Quarterly Digest of Statistics* 10(2), 117 pages.

_____. 1989. "Ghana Living Standards Survey: First Year Report, September 1987-1988." Accra.

_____. 1987. *1984 Population Census of Ghana, Demographic and Economic Characteristics: Total Country*. Accra.

_____. 1987. *1984 Population Census of Ghana, Demographic and Economic Characteristics: Greater Accra Region*. Accra.

Gyekye, L.O., and K.K. Etsibah. 1985. "Socio-Economic Classification and Coding Manual for Ghana." ISSER Technical Publication 53. Institute of Statistical, Social and Economic Research, University of Ghana, Legon.

Institute for Statistical, Social and Economic Research. 1993. "Medium-Term Research Programme, 1993-1997: Sustained Growth and Development." University of Ghana, Legon.

_____. 1993. *The State of the Ghanaian Economy in 1992*. Accra: Wilco Publicity Services Ltd.

_____. 1993. *Policies and Options for Ghanaian Economic Development*, VK Nyanteng (ed). Proceedings of a workshop organized by ISSER, University of Ghana, Legon, held at GIMPA, March 10-11.

____. 1992. *Planning African Growth and Development: Some Current Issues*, Ernest Aryeetey (ed). Proceedings of the ISSER/UNDP International Conference on Planning for Growth and Development in Africa, University of Ghana, Legon, March 13-17, 1989.

Marketing and Social Research Institute, Ltd. Company Profile, a brochure of qualifications, and a letter of interest.

Nabila, John. 1992. "Population growth, distribution, and health service in the northern region of Ghana." In Ernest Aryeetey (ed)m *Planning African Growth and Development: Some Current Issues*. Proceedings of the ISSER/UNDP International Conference on Planning for Growth and Development in Africa, University of Ghana, Legon, March 13-17, 1989, pp. 421-50.

Ohadike, Patrick. 1993. "Socio-economic determinants of infant and child mortality and policy interventions in Africa." In Union for African Population Studies, *Conference on Reproductive and Family Health in Africa*, 8-13 November 1993, Abidjan, Côte d'Ivoire, pp. 257-83.

Population Information Program. 1993. "Controlling Sexually Transmitted Diseases." *Population Reports* Series L, Number 9. Baltimore: Center for Communication Programs, The Johns Hopkins School of Hygiene and Public Health.

Tawiah, E.O. 1993. "Patterns of maternity care among women in Ghana." In Union for African Population Studies, *Conference on Reproductive and Family Health in Africa*, 8-13 November, Abidjan, Côte d'Ivoire, pp. 147-67.

Tawiah, E.O. "Some demographic and social differentials in infant and early childhood mortality in Ghana." Regional Institute for Population Studies, University of Ghana, Legon.

Union for African Population Studies 1993. *Conference on Reproductive and Family Health in Africa*. Commissioned Papers, 8-13 November, Abidjan, Côte d'Ivoire.

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This is a list of papers that were referred to by others or found in libraries (ISSER, RIPS, and University of Ghana libraries), but were not copied.

Adamsi-Pipim, G. "Survival in Childhood: The Dimension of the Problem in Ghana." RIPS Discussion Paper, Regional Institute for Population Studies, University of Ghana, Legon.

Anarfi, J.K. 1993. "Sexuality, migration, and AIDS in Ghana: A socio-behavioral study." *Health Transition Review* 3(supplement).

Ayryeetey, Ernest. "Interregional development disparities in Ghana: A Reconsideration." RIPS Discussion Paper, Regional Institute for Population Studies, University of Ghana, Legon.

Ascadi, J., G. Johnson-Ascadi, R.A. Bulatao. 1990. "Population growth and reproduction in sub-saharan Africa: Technical analysis of fertility and its consequences." World Bank Symposium, Washington, D.C.

Awusabo-Asare, K., J.K. Anarfi, and D.K. Agyeman. 1993. "Women's control over their sexuality and the spread of STDs and HIV/AIDS in Ghana." *Health Transition Review* 3(supplement).

Bauni, Evasius Kaburu. 1993. "The quality of care in family planning: a case study of Chogoria, Eastern Kenya." In Union for African Population Studies, *Conference on Reproductive and Family Health in Africa*, 8-13 November, Abidjan, Côte d'Ivoire, pp. 103-14.

Bennett, F.J. 1990. "Child Survival." In H. Wallace and K. Giri, *Health Care of Women and Children in Developing Countries*. Oakland, CA: Third Party Publishing Company.

Behm, H. 1991. *Child Mortality in Developing Countries: Socio-economic Differentials, Trends, and Implications*. New York: United Nations.

Bicego, G.T., and T.J. Boerma. 1990. "Maternal education, use of health services, and child survivial: An analysis of data from the Bolivia DHS survey." DHS Working Paper 1. Macro International, Columbia, MD.

Blum, A., and P. Fargues. 1990. "Rapid estimations of maternal mortality in countries with defective data: An application in Bamako (1974-85) and other developing countries." *Population Studies* 44(1):157-71.

Caldwell, J. 1990. "Cultural and social factors influencing mortaility in developing countries." *The Annals of the American Academy of Political and Social Science* 510:44-59.

Cleland, J.G., and J.K. Van Ginneken. 1989. "Maternal education and survival in developing countries: The search for pathways of influence." In J.C. Caldwell and N. Santow (eds), *Selected Readings in the Cultural, Social, and Behavioral Determinants of Health*, Health Transition Series 1, The Australian University, Canberra.

De Graft-Johnson, K.T., E. De Graft-Johnson, Kwodzo Ewusi, and Rebecca Appiah. "The determinants of labor force participation rates in Ghana." ISSER Technical Publication, Institute for Statistical, Social and Economic Research, University of Ghana, Legon.

Elo, I.T. 1992. "Utilization of maternal health care services in Peru: the role of women's education." *Health Transition Review* 2(1):49-69.

Ewusi, S.K. 1984. "Social Science Research in Ghana." ISSER Discussion Paper, Institute for Statistical, Social, and Economic Research, University of Ghana, Legon.

Ewusi, S.K. 1984. "The Dimensions and Characteristics of Rural Poverty in Ghana." ISSER Technical Publication, Institute for Statistical, Social, and Economic Research, University of Ghana, Legon.

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Leslie, J. and R.G. Gupta. 1989. "Utilization of formal services for maternal nutrition and health care in the third world." International Center for Research on Women, Washington, D.C.

Lesthaeghe, R. (ed). 1989. *Reproduction and Social Organization in Sub-Saharan Africa.* University of California Press.

Mosley, W.H. 1985. "Will primary health care reduce infant and child mortality?" In J. Vallin and A. Lopez (eds), *Health Policy, Social Policy, and Mortality Prospects*, Ordina Liege.

Mosley, W.H., and L.C. Chen. 1984. "An analytical framework for the study of child survival in developing countries." *Population and Development Review* 10(supplement):25-45.

RIPS Newsletter, various issues, Regional Institute for Population Studies, University of Ghana, Legon.

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Schultz, T.P. 1984. "Studying the impact of household economic and community variables on child mortality." *Population and Development Review* 10(supplement):215-35.

Schultz, T.P. 1979. "Interpretation of relations among mortality, economics of the household, and the health environment." Economic Growth Center Discussion Paper 318, Yale University, New Haven.

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Twum-Baah, K.A. 1983. "Some indicators of labor underutilization in Ghana." RIPS Discussion Paper, Regional Institute for Population Studies, University of Ghana, Legon.

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Appendix C: Local Initiative Information Request

To help us understand the objectives and scope of your project, we ask that you provide us with some additional information about your project in 7 topic areas:

- population catchment area
- health services
- social & demographic characteristics of population
- health supply
- business objectives
- demand for primary health care services
- medical recordkeeping

The questionnaire was designed for all of the projects involved in Initiatives and so some questions may not be appropriate to your particular project. If so, you can ignore the question. There are other questions that may be difficult to answer because you do not have precise data. We ask that you make a good guess. At this point in time, we are not looking for precise figures, but are simply interested in getting a sense of the types of patients you serve.

If you have any questions as you are filling out this form, please contact Joyce Mann, who is staying at the Novotel Hotel.

****

DATE: _____

ORGANIZATION: _____

Please provide information on the person completing the form:

NAME: _____

TITLE: _____

TELEPHONE NO: _____ FAX NO: _____

ADDRESS: _____

_____

_____

A. POPULATION

What is the population you will target with your Initiative?

- **what is the geographic area or areas (please provide a map)?**
- **how many square kilometers is it?**
- **what is the size of the population in the area?**

Do you have information on the age breakdown of this population? If so,

what are the number of infants	0-1 year?	_____
	1-5 year?	_____
women between	15-20 year?	_____
	20-30 years?	_____
	30-40 years?	_____
men	15-65 years?	_____

B. HEALTH SERVICES

Do you offer any services to this population now? _____yes
_____no (this is a new target population)

Is there a facility available/built for the project? Is it ready for use?

_____Yes
_____No
_____When?

List 5-10 types of primary care services you will provide?
(eg. prenatal care or immunization)

currently provide and will continue to provide	do not currently provide but will add it as a new service
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•

List hours and days services will be offered.

Hours	4 or less	8 or less	12 or less	24 or less
M-F	Y/N			
Sat	Y/N			
Sun	Y/N			

List number of initial staff:

	Current Level	Future Level (once project is implemented)
MD's		
Nurses		
Midwives		
Administrative		
Laboratory		
X-Ray		
Other		

Will the facility offer

	Currently Offered	Plan to Offer
- Pharmacy		
- Laboratory		
- X-Ray Services		
- Inpatient beds		
- Other		

List 5 health outcomes this project might improve?
(eg. increased birthweight of newborns,
decreased postpartum infections)

1.

2.

3.

4.

5.

List 5 health processes (things that the clinic does/will do that this project might improve
(eg. number of patients having lacerations
sutured, cases of tuberculosis diagnosed,
number of laboratory tests for hemoglobin)

1.

2.

3.

4.

5.

How will patients be referred for complications or advanced level care?

- sent to associated/affiliated hospital_____
- referred to public hospital_____
- referred to private hospital or provide physician/specialist

_____

C. SOCIAL & DEMOGRAPHIC

What is estimated range of annual income of potential patients?_____

What is estimated average annual income of potential patients?_____

What is estimated average education of potential patients? _____

What is estimated range (in years) of education of potential patients?_____

D. HEALTH SUPPLY CHARACTERISTICS

Will you charge the same price to all patients or will you charge low-income patients less?

How many public facilities offer similar services to this population in the same area:

_____clinics public _____hospitals public _____pharmacies public

How many private facilities offer similar services to this population in the same area?

_____clinics private _____hospital private _____pharmacies private

E. BUSINESS OBJECTIVES

How much do you plan to charge for each visit?_____

How much do you plan to charge for a lab test?_____

How much do you plan to charge for an x-ray?_____

What percent of the costs of providing services will be recovered from these charges to patients (and any insurers) after: 6 mos._____
1 year?_____
3 years?_____

Is any medical equipment already available?

Is there an available/known source of capital?_____
- What is it?_____
- Do you have a plan?_____

What are estimated start-up cost for _____equipment?
_____supplies?
_____facilities?

What are your estimated costs for the first year of operations?_____

Who is the person in your organization responsible for evaluation?
for monitoring?
for keeping track of costs/and revenue (income)?

F. DEMAND FOR PHC SERVICES

What % of the population in the targetted area(s) do you expect to use your services?

infants	0-1	_____%
children	1-5	_____%
women	15-40	_____%
men	15-65	_____%

How many visits per month do you currently provide?_____

How many visits do you expect to provide per month once the new Initiative is in place?_____

List 5 major health problems/diseases affecting target population.

1. _____
2. _____
3. _____
4. _____
5. _____

G. MEDICAL RECORDKEEPING

Do you keep a daily log of patients? Y / N

Is it organized by date (e.g., if asked which patients visited your practice on November 10, you could go to the log for that day and get the list of patients)? Y / N

Do you keep the daily logs for at least one year? Y / N
If no, how long do you keep the logs? _____

Do you keep a record for each patient? Y / N

If yes:
Please note whether the following types of information would be recorded on the patient record. You have a choice of 5 responses to roughly indicate how often each type of information is recorded.

	Never	Rarely	Sometimes	Usually	Always
Age	N	R	S	U	A
Medical history (eg, past illnesses).....	N	R	S	U	A
Entry for a visit	N	R	S	U	A
Date of visit	N	R	S	U	A
Presenting symptom or reason for visit	N	R	S	U	A
If patient was physically examined would it be noted?	N	R	S	U	A
If patient was counseled, would it be noted?	N	R	S	U	A
If a blood test was performed or ordered, would it be noted?	N	R	S	U	A
If a culture was performed or ordered, would it be noted?	N	R	S	U	A
If other lab tests were performed or ordered, would it be noted?	N	R	S	U	A
If patient was referred to another provider, would it be noted?.....	N	R	S	U	A
If a drug were prescribed or given, would it be noted?	N	R	S	U	A
Treatment recommendations	N	R	S	U	A