

Terminal Evaluation

Africa

1. Outline of the Project

Country:

Ghana

Project title:

The Project for the improvement of the Maternal and Child Health In-Service Training System and Program in Ghana

Issue/Sector:

Health/Medicare

Cooperation scheme:

Project-type Technical Cooperation

Division in charge:

Second Medical Cooperation Division, Medical Cooperation Department

Total cost:

731 Million Yen

Period of Cooperation

1 June 1997 - 31 May 2002

Partner Country's Implementing Organization:

Human Resources Department Division (HRDD), Reproductive and Child Health Unit

Supporting Organization in Japan:

Tokyo University, Saku Central Hospital of Nagano Prefectural Foundation of Agricultural Cooperatives for Health and Welfare, International Medical Center of Japan

Related Cooperation:

Grant Aid; "The Project For Improving Primary Health Care"

1-1 Background of the Project

Although the average life expectancy at birth in Ghana has been improved from 45 to 55 years of age since its independence, on other medical fronts, serious problems have remained, such as an unimproved infant mortality rate. Against this background, the Ministry of Health (MOH) developed a medium-term health plan which addressed a wide range of issues, from human resources development of the health personnel to the utilization of MOH vehicles. "Upgrading of health services" especially was singled out as an important strategy among the other strategies and emphasis was placed on "improving access to health services", "ensuring the fairness of service allocation", "upgrading of care quality" and "fair utilization of resources including human resources". As part of "upgrading of health services", the MOH has put emphasis on organizing and enhancing In-Service Training (IST) for health workers, especially those who worked in maternal and child health. However, training has been organized without structured policy or program guidelines. Insufficient achievement can also be attributed to insufficiencies of facility and equipment.

Taking corrective action, the Government of Ghana requested Project-type Technical Cooperation from Japan with the aim of making sure the necessary facility and equipment would be appropriately allocated so that the government would be able to offer appropriate health services to the people. In the course of the Project, the ability, knowledge, skill of the staff of the MOH would also be improved, enabling the MOH to prepare a structured training program.

1-2 Project Overview

The Project supports development of the core system of IST, such as the development of an IST information system, introduction of logbooks for IST records, official classification of IST courses and improvement of regional training centers in the three target regions (Western, Volta and Brong Ahafo). The main components of the Project were:

(1) Overall Goal

Establishment and implementation of Structured IST system in three focusing regions (Western, Volta and Brong Ahafo) which is applicable nationwide.

(2) Project Purpose

Establishment and implementation of core/essential systems for the Structured In-Service Training (IST) system, which is applicable nationwide.

(3) Outputs

- 1) Needs of IST are identified in the three regions.
- 2) "IST Information System" is established in the three regions, which is applicable nationwide.
- 3) "IST Logbook", is introduced in the three focusing regions which is applicable nationwide, and used in the three regions.
- 4) "IST Official Course Classification" is established.
- 5) IST environment settings of Regional Training Center (RTC) in the three regions are fulfilled to the set level of functions.
- 6) Financial guidelines are available and utilized in the three regions at regional level.
- 7) Monitoring and evaluation (M&E) framework is established and implemented in the three regions.
- 8) Reproductive and Child Health (RCH) components are involved in the IST system.

(4) Inputs

Japanese side:

Long-term Experts	7	Equipment	1,415,024 dollar (188 Million Yen)
Short-term Experts	4	Local Cost	323,675 dollar (43 Million Yen)
Trainees received	16	Others	195,473 dollar (26 Million Yen)

Ghanaian Side:

Counterparts	16
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Local Cost

2. Evaluation Team

Members of Evaluation Team

Team Leader: Takusei UMENAI, President, Kibi International University
Maternal and Child Health: Yoichi SAKAKIHARA, Assistant Professor, Department of Pediatrics, Tokyo University
Cooperation Planning: Seiji KATO, Deputy Director, Planning Division, Medical Cooperation Department, JICA
Project Analysis: Kazuyo WADA, Global Link Management, Inc.

Period of Evaluation	11 November 2001 - 25 November 2001	Type of Evaluation:	Terminal Evaluation
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3. Results of Evaluation

3-1 Summary of Evaluation Results

(1) Relevance

Improvement of the IST system was a high priority of the five-year Program of Work (POW 1997-2001) in Ghana. Similarly, Japan's aid policies encourage organizational development and human resources development to solve the poverty problems of developing countries. Therefore, the relevance of the Project is considered to be high.

(2) Effectiveness

The core system of IST, information system, course guideline, and monitoring and evaluation system were established in the three target regions (Western, Volta and Brong Ahafo). The structured IST system has been integrated into the daily work at DOH in the three regions and functioned well. Therefore, data on training at the regional level has been compiled, and made

available for scientific analysis and, it is expected, for utilization to improve the quality of health-care services. On the other hand, though the logbooks for IST records were delivered to DOH, distribution to the health workers was not completed yet. The report analyzing the ongoing IST achievements was still in progress. Therefore, the structured IST system has not been completely implemented at this Terminal Evaluation. Thus, the degree of achievement of the Project Purpose is at the mid-level.

(3) Efficiency

Generally, the efficiency of implementation of the Project is satisfactory. However, the IST computer system expert was not dispatched by the Japanese side due to difficulty of recruitment in Japan. Moreover, the Human Resources Department Division (HRDD), the counterpart on the Ghanaian side could not fully cooperate in the Project because of the shortage of staff and a heavy workload. These lessened the efficiency of the Project slightly.

(4) Impact

At HRDD, Reproductive and Child Health Unit, and in the three target regions, the IST system has been operated as a part of the daily work, and the system has gained a good reputation among the related personnel in Ghana. As a result of the increasing recognition for the importance of the IST system, self-reliant activities in the use of the IST system have been reported outside the seven target areas. Also, other donors and the MOH of other African countries have shown interest in the IST system, and have either requested information on the IST system from HRDD or have visited Ghana.

(5) Sustainability

The implementation of the IST system does not require highly trained personnel or a complicated support system. Therefore, there is not a serious problem in terms of system or technique on Ghana side for sustainable development of the system and it would not be difficult for Ghana to expand the system beyond the three target regions. However, the programming of the IST information system had not been completed at the time of Terminal Evaluation and it will be difficult for only the Ghana side to continue the task. As for financial sustainability, in the case of expanding the system to other regions, it would be difficult for Ghana to budget implementation costs. However, operational expenses after establishment of the system could be budgeted at the regional level.

3-2 Factors that promoted realization of effects

(1) Factors concerning Planning

N/A

(2) Factors concerning to the Implementation Process

Project's approach focusing on "organizational development and human resources development" has been highlighted among the recent aid policies of the Government of Japan because these are considered a method of cooperation having high sustainability. The dispatched Japanese Expert team which was well aware of this impact, asked their counterparts to conduct a survey to assess training needs and classifications of the basic course to develop a human resources development system not found in Africa. As a result, the counterparts were able to plan the structured training program by themselves.

3-3 Factors that impeded realization of effects

(1) Factors concerning Planning

The Project Plan and PDM were not designed with a mutual understanding between the Japan and Ghanaian sides, and the Japanese side could not dispatch the IST computer system expert. As a result, Project activities were delayed.

(2) Factors concerning the Implementation Process

HRDD could not fully cooperate in the Project because of the shortage of staff and a heavy workload, which resulted in the delay of Project activities.

Moreover, the Project was started at the same time when the sector-wide program was addressed and other donors were negative about project formulation, which made communication with the MOH difficult. Furthermore, decentralization has not progressed, and negotiations at the regional level, where the Project was located, were difficult. Therefore, in the first half of the project period, it was difficult to achieve a significant level of outputs.

3-4 Conclusion

Regarding the eight Outputs of the Project, although some outputs are still in progress, most of the targeted outputs have been attained. Generally, the Project Purpose will be accomplished. The IST system has just been established. In order to achieve

the overall goal of "nationwide application of the system", the IST system should be operated continuously by HRDD in the three target regions.

3-5 Recommendations

(1) The MOH needs to make an effort to improve and sustain the system further, and expand the system nationwide.

(2) It is recommended that follow-up support from Japan be provided for about one year focusing on specific areas.

3-6 Lessons Learned

In the first half of the Project, there was no visible outcome, because of the lack of a mutual understanding between Ghana and Japan in setting up clear and concrete goals for action. Behind this, there was the situation that the Project was aimed at developing soft components, such as the In-Service Training system and that it was difficult to use existing methods such as PCM for formation of the project. Therefore, the PCM method should be utilized appropriately at the beginning of a project as it is necessary for both sides to have a common understanding of the content of the project. PDM should also be timely revised according to the level of achievement of a project.

3-7 Follow-up Situation

For one year from 2002 to 2003, two long-term experts have been dispatched to the MOH to expand use of the IST system.