

## Evaluation Summary

<b>I. Outline of the Project</b>	
Country: The Republic of Ghana	Project title: The Project for the Scaling Up of Community Based Health Planning and Services (CHPS) Implementation in the Upper West Region
Issue/Sector: Health	Cooperation scheme: Technical Cooperation Project
Division in charge: JICA Ghana Office	Total cost (as of November, 2009) : 500 million yen
Period of Cooperation	March 2006 – February 2010
<p><b>1. Background of the Project</b></p> <p>In Ghana, at the start of the project in 2006 health indicator figures such as mortality rate of children under age five and maternal mortality rate were high, to a great extent because of limited access to primary health care (PHC) services, especially in rural areas. The government of Ghana has adopted Community Based Health Planning and Service (CHPS) as a strategy to redress the inequality in access to health services by strengthening community health services. However, expansion of CHPS has been slow because of insufficient administrative capacity in district health bureaus, inadequate numbers of CHPS Community Health Officers (CHO), weak capacities of existing CHOs, and weak participation by local people.</p> <p>Against this background, the government of Ghana requested that the government of Japan provide technical cooperation to contribute to the expansion of CHPS. After the request was made, and after discussing preliminary studies and project details with the government of Ghana, Japan International Cooperation Agency (JICA) decided to implement the project to support the expansion of CHPS for the purpose of strengthening community health services. The project, which began to be implemented in March 2006, is called “The Project for the Scaling Up of CHPS Implementation in the Upper West Region” (hereinafter referred to as “the Project”). The target area of the Project is the Upper West Region (UWR), a region of extreme poverty where access to PHC services is inadequate and health indicators, especially the infant mortality rate, are worse than in other parts of Ghana. The Project’s implementation has been coordinated with other JICA’s scheme such as Japan Overseas Cooperation Volunteers (JOCV) and the Japanese Grant Aid project.</p>	
<p><b>2. Project Overview</b></p> <p>(1) Overall Goal To increase coverage of functional CHPS.</p> <p>(2) Project Purpose</p>	

Institutional capacity of GHS on CHPS implementation in UWR is strengthened.

(3) Outputs

- 1) Knowledge and skills of RHMT, DHMTs and SDHTs in UWR to manage CHPS implementation are improved.
- 2) Knowledge and skills of CHOs in UWR to implement CHPS are improved.
- 3) Facilitative supervision system is developed and implemented in UWR.
- 4) Referral procedure by regional/district hospitals, health centres and CHOs are strengthened in UWR.
- 5) Procedure to promote community participation for CHPS implementation is improved in UWR.
- 6) Models of best practices / innovations are disseminated for potential replication.

(4) Inputs (as of November, 2009)

Japanese side:

Long-term and Short- term Experts	12 persons (Chief Advisor, Deputy Chief Advisor, Community Health Administration, Community Participation, Referral Planning, Maternal and Child Health, Training Coordinator, Program Liaison and Coordination, Project Coordinator etc)
Trainees Received	9 persons
Provision of equipment:	Equivalent to JPY 32,732,000
Local Operational Expenses support:	Equivalent to JPY 114,135,000

Ghanaian side:

Counterpart personnel:	19 persons (RHMT of Upper West Region and DHMT)
Land and Facilities:	
Project office and land (repairing cost was provided by Japanese side )	
Local costs:	
Allowances, Fuels for vehicles, Lighting expenses and so forth	

II. Evaluation Team

Members of Evaluation Team	Team leader	Kunihiro Yamauchi	Resident Representative, JICA Ghana Office
	Community Health	Sumiko Ogawa	Professor, Faculty of Human Health Sciences Meio University
	Health System Analysis	Ikuo Takizawa	Regional Project Formulation Advisor JICA Kenya office

	Research Analysis	Katsumasa Takemura	Human Development Department, JICA HQ
	Program Analysis	Kayo Yokomori	Project Formulation Advisor, JICA Ghana office
	Evaluation Analysis	Satoshi Otani	Social Development Specialist AMDA-MINDS
Period of Evaluation	14 November – 6 December, 2009		Type of Evaluation Terminal Evaluation
<b>III. Results of Evaluation</b>			
3-1. Project Performance			
<b>(1) Activities</b>			
<p>The final evaluation team reviewed the progress of the Activities in the PDM version 5, and confirmed that most of activities were conducted as planned although there were delayed (but already finished) activities under the Output 3 and Output 4.</p> <p>At the beginning of the Project, the activities to improve CHO's knowledge and skills to provide CHPS service and the capacity building of RHMT, DHMT and SDHT staffs who supervise CHOs are implemented. The Project conducted a situation analysis and training needs assessment of RHMT, DHMT and SDHT to strengthen their capacity to manage CHPS implementation. Also, the Project conducted a training needs assessment of CHOs to strengthen their capacity to implement CHPS. The Project also reviewed the current monitoring system, and developed the Facilitative Supervision (FSV) which aims not only to detect the problem but to improve the daily practice. The monitoring tools for FSV and Performance Standard (PS) has also been developed. Based on the results from the activities above, training materials were developed and trainings on FSV and CHPS services were conducted for RHMT, DHMT, SDHT, and CHO. The participants applied the contents of the training to their daily practice, and the Project revised the training module and tools based on their feedbacks. The Project conducted on-the-job training to ensure the implementation of FSV.</p> <p>Moreover, the Project revised the referral procedure and developed a practical referral procedure guideline that supplements national guideline. The training on referral procedure has been conducted to the core GHS staffs and the implementation of the referral or related meetings are monitored.</p> <p>Trainings and activities to promote community participation for CHPS implementation were mainly conducted by the sub-contracted local NGO. The Project identified the major challenges of community participation through the discussion with the person concerned. Based on the results, training materials were developed and trainings were conducted for Community Health Committee (CHC) members/Community Health Volunteer (CHV) and GHS staff. At first the training was conducted in the 14 CHPS zone in Jirapa, Lambussie and Wa West districts, and other districts learned from their practice through site visit. Through attending the training on Community Health Action Plans (CHAP) and community participation, the capacity of the management on those issues within GHS was also strengthened. As a result, CHVs and</p>			

CHCs became more active in supporting CHPS activities.

The Project presented and distributed the Project's products, such as manuals, guidelines and good practice, among UWR and to policy makers/other stakeholders at national level through regional CHPS forum, referral workshops, CHPS coordinators' meetings, exchange visits, dissemination workshops in Accra, and a study tour including the media from Accra to UWR.

## **(2) Outputs**

Overall, it can be concluded that the Outputs have been largely achieved with following aspects;

- 1) The Project has produced 160 CHOs (which is twice the number of CHPS zones in UWR).
- 2) The FSV system is introduced at all levels from the RHMT to CHPS zone.
- 3) As a result of promoting community participation, CHAP, which was non-existent prior to commencement of the Project, was created in many communities. Through FSV, it is observed that in 40 CHPS zones (which is half the number of functional CHPS zones) the activity in CHAP has been implemented at least once.
- 4) The requisite equipment is provided to functional CHPS compounds for the quality PHC service.
- 5) The final version of Good Practice will be distributed introduced at the Regional CHPS Forum in December 2009 and the workshop at Accra in January, 2010.

However there is still room for further improvement in Outputs 3 and 4 due to the following reason;

- 1) There were some gaps in achievement of FSV implementation among levels of GHS such as the delay in starting FSV by RHMT.
- 2) Some facilities didn't follow the referral procedures and the feedback of the referral result was insufficient.

## **(3) Project Purpose**

It can be concluded that the Project Purpose has been highly achieved. The Project contributed to the strengthening of institutional capacity of GHS for CHPS implementation in UWR, especially in the following aspects:

- standardization of CHO training,
- strengthening of management structure focusing on FSV at all levels, and
- promotion of community participation and community-based planning through CHAPs.

## **(4) Overall goal**

The coverage of functional CHPS zones has increased smoothly. The number of functional CHPS zones in UWR was 24 in 2006, using the standard GHS definition. By the end of 2009, that number had increased to 71, which is 36% of the target number of functional CHPS zones by 2015. However, if the less

stringent definition of “functional CHPS zone” agreed to in consultation with the Ghanaian side/GHS for use within the Project is used (i.e., “CHO assigned + community entry done + CHV assigned”), then there were 81 in 2009, which is 41% of the 2015 target number<sup>2</sup> .

### 3-2.Summary of Evaluation Results

#### (1) Relevance

The Project is highly relevant to the needs of the target groups and target area, and it is in line with the health policies of Ghana, the regional priority, and Japan’s Country Assistance Programme for the Republic of Ghana (2006). The health status of the people and access to health care services in the UWR need more improvement since it is one of the regions with extreme poverty where the access to primary health care services is inadequate and health indicators. GHS launched the CHPS, which is a cost-effective approach, to develop a health care service system based in the community in order to improve access and quality of health care services and reduce geographical disparities.

#### (2) Effectiveness

Effectiveness of the Project is high in that it has contributed to strengthening various elements of the health system through CHPS implementation in UWR. The achievement of the Outputs of the Project has contributed to the achievement of the Project Purpose, which is to strengthen institutional capacity of GHS for CHPS implementation in UWR.

- 1) In Outputs 1 and 2, sufficient numbers of staff at RHMT, DHMT, SDHT and enough new & in-service CHOs were trained so that GHS staff have a common understanding of FSV and can support each other in spite of busy schedules. Furthermore, training materials were continuously revised based on feedback from training and real-life practice and were then standardized.
- 2) In Output 3, guidelines and tools for FSV were developed and revised to make them meaningful and practical. Furthermore, OJT for FSV was implemented, which ensured that skills and knowledge were further strengthened. However, implementation of FSV is yet to be regularised at all levels.
- 3) In Output 4, guidelines for referral procedure were developed and revised to make them meaningful and practical. However the standard referral procedures were not usually followed by some facilities. Counter-referrals from upper levels are still a challenge.
- 4) In Output 5, community participation, which is a key element of CHPS implementation, was successfully conducted by the Project.
- 5) In Output 6, good practices were identified and shared nationwide among health sector stakeholders to enhance the implementation of CHPS.

The project’s Important Assumption that trained staff would continue to work in UWR has generally held true so far.

### (3) Efficiency

There are mixed observations regarding the efficiency of the Project in terms of the quantity and quality of the resources in comparison with the achievement of the Outputs. Although that efficiency needs improvement in some areas, in general the Project has utilized the existing resources very well to implement the activities and achieve the Outputs.

### (4) Impact

With respect to other positive and negative impacts by the Project, it is a little early to draw conclusions. However, the Project seems to be contributing to some immediate impacts and ongoing improvements in health and health services.

With regards to the impact in relation to the Overall Goal, coverage of functional CHPS zones has increased smoothly. The fact that the Project produced 160 CHOs in UWR, which is as twice as much as the current functional CHPS zone, has contributed to both current and future expansion of the coverage of functional CHPS zones by supplying enough of the key human resources required for such expansion.

As positive impacts, there has been improvement in accessibility to health care services, service indicators, and health indicators (including a 7.6 % reduction in infant mortality rate from 105 in 2003 to 97 in 2008)(GDHS 2008), and this Project is contributing to such improvements. Knowledge of health issues among community members in some CHPS zones has also improved. Other impacts were also observed, such as more male involvement in community health activities and the improvement of solidarity and mutual assistance between CHOs and community members. Through the process of FSV, mutual understanding among health team members at all levels was enhanced. Experiences in UWR have been introduced in the Eastern region by GHS staff, and key information may also be disseminated to other African countries.

As a negative impact, Improper management of the medical wastes by CHOs are seen. Potentially biohazardous materials could result in environmental pollution and potentially in the spread of diseases for example by children playing with the improperly disposed materials. The measures for proper management of the medical waste should be considered.

### (5)Sustainability:

As the Project has contributed to strengthening the institutional capacity of GHS on CHPS implementation in UWR, motivation for scaling up CHPS by Ghanaian counterpart seems to be high and there is a prospect of sustainability. The evaluation team considers the sustainability of the outcomes of the Project to be high, although there are areas of concern regarding financial, institutional and technical sustainability.

Political sustainability seems to be high, as the scaling up of CHPS has been prioritized in MOH and

GHS's policies. As for financial sustainability, through an interview with the regional Director of health services, it was confirmed that the costs of CHO fresher training, which is essential for expanding CHPS implementation, are included in the next year's budget, and that costs related to FSV, which is essential for capacity building for GHS, will be secured from other resources by combining it with other activities. However, funding release can be delayed and the budget picture is not clear after year 2010.

Regarding institutional and technical sustainability, capacity of RHMTs, DHMTs, SDHTs and CHOs has been improved through the Project so that the UWR and GHS could continue the activities. However, there are areas to be further strengthened such as regular FSV implementation, analysis of the results of FSV, post-referral feedback and counter referral from upper level to lower level, and more effective use of the monitoring tools and the information obtained with them.

### 3. Factors promoting better sustainability and impact

#### (1) Factors concerning to Project Design

- 1) As the Project has contributed to strengthening the institutional capacity of GHS on CHPS implementation in UWR and they have realized the various merits as a consequence, motivation for scaling up CHPS by Ghanaian counterpart became high.
- 2) The involvement of GHS head quarter strengthened the commitment of the GHS as a whole.

#### (2) Factors concerning to the Implementation Process

- 1) In some cases Japanese experts' stay were short which resulted in communication problem, their good team work ensured smooth implementation of the Project. Moving the Project office close to the RHMT in June 2008 also contributed to the improvement of communication, coordination and collaboration with the Ghanaian counterparts.
- 2) Although full time counterparts were not allocated, many GHS staffs were involved in the project activities so that it contributed to the sustainability.
- 3) The Project has produced 160 CHOs (which is twice the number of current functional CHPS zones in UWR) and it has contributed to the increase of the functional CHPS zones.

### 4. Factors inhibiting better sustainability and impact

#### (1) Factors concerning to Project Design

- 1) At the beginning of the project, there was insufficient understanding of CHPS concept from region to CHPS level so that the project activities have delayed.
- 2) There were insufficient lengths of the stay of the Japanese experts considering the scale of the Project.
- 3) There was a shortage of equipment for allocation to the districts namely Lawra, Nadowli, Sissala East, Sissara West, Wa East and Wa Municipal as the Project was originally designed to distribute equipment only within Jirapa, Lambussie and Wa West.

## 5. Conclusion

The period of the implementation of the Project is 4 years. At the terminal evaluation which was implemented 4 months before the project ends, it was observed that the project purpose has been achieved and the expected outcomes are seen in general. As the Project met the various needs of Ghanaian side and it has contributed to strengthening the institutional capacity of GHS on CHPS implementation in UWR, motivation for scaling up CHPS by Ghanaian counterpart seemed to be high. The collaboration with GHS (head quarter, regional level and district level) has built the sense of mutual trust. These factors may have contributed to strengthen the effectiveness of the activities.

Relevance, Effectiveness and Impact are high. However, Sustainability has some areas of concern regarding financial, institutional and technical aspects. There are mixed observations as to the efficiency of the Project in terms of the balance between the resources it has used (in terms of both quantity and quality) and its contribution to the achievement of the Outputs.

## 6. Recommendations

The recommendations regarding the Project are as follows:

### Recommendations for the Project

- 1) To compile recommendations regarding improvements in specific areas such as regular FSV implementation, analysis of the results of FSV, post-referral feedback and counter referral from upper level to lower level, and more effective use of the monitoring tools and the information obtained with them.
- 2) To promote regular implementation of FSV at all levels especially at RHMT.
- 3) To improve on referral practices and usage of referral case criteria through RHMT meetings.
- 4) To continue with community participation training.

### Recommendations for the GHS (National/MOH)

- 1) To approve the CHO training module which the Project adapted, for use (with any necessary adaptations and modifications) at the national level.
- 2) To work with MOH to develop a career path for CHOs.
- 3) To reorganize the district health information management system so as to simplify the documentation required of CHOs.
- 4) To conduct FSV from the national to the regional level at least twice a year.
- 5) To establish national performance standards for all levels.
- 6) To harmonize the CHPS tools and training manuals which have been developed in collaboration with



various donors.

7) To disburse the approved budget on timely basis and ensure financial transparency.

Recommendations for the GHS (RHMT)

9) To strengthen the CHPS unit at the RHMT.

10) To keep reminding RHMT that CHPS is mainly intended for preventive and promotive services and should not become a place for curative services or a maternity home.

11) To promote intra and inter-sectoral collaboration between local government and the MOH/GHS.

12) To conduct more trainings on community participation to all levels and especially for CHOs.

Recommendations for the GHS (DHMT)

13) To strengthen SDHT through managerial skills training.

14) To utilize locally available financing sources more effectively.

Recommendations for JICA

1) To conduct a post-Project implementation survey to measure the impacts of the Project.

2) To conduct follow-up activities on referral, FSV and community participation by developing an exit strategy.

3) To consider what constitute appropriate periods of stay by Japanese experts in Ghana, in accordance with their roles and responsibilities and the scales and complexities of the projects in which they are involved, and the corresponding amounts (person-months) and types of technical assistance included in projects.

4) To review the donor regulations on allowances, accommodation and transport fees.

5) To consider the possibility of supporting CHPS roll out in partnership with other stakeholders.

7. Lessons Learnt

1) Community entry and community mobilization are important for the establishment of CHPS in the community.

2) Communities can be empowered through CHAPs.

3) FSV monitoring encourages and supports the CHOs in their work.

4) Feedback and referrals enable CHOs to gain experience in the management of various types of cases.

5) Community Emergency Transport Systems (CETS) have improved access where they have been working.

6) Although training of hospital staff in referral requires time and money, involvement of hospitals is essential for an effective referral and counter-referral system.

7) Leadership and commitment of GHS Central, RHMT and DHMTs are crucial for CHPS roll out.