

## 終了時評価調査結果要約表 (英文)

<b>I. Outline of the Project</b>	
Country : Ghana	Project title : The Project for Improvement of Maternal and Neonatal Health Services utilising CHPS system in the Upper West Region
Issue/Sector : Health	Cooperation scheme : Technical Cooperation
Division in charge : JICA Ghana Office	Total cost : 1,104 Million Yen
Period of Cooperation	(R/D): September 2011-September 2016
	Partner Country's Implementing Organization : Ghana Health Services (GHS) Supporting Organization in Japan : None
Related Cooperation : The Project for the Development of CHPS Infrastructure in the UWR	
<b>1. Background of the Project</b>	
<p>The Ghana Health Service (GHS) and the Japan International Cooperation Agency (JICA) are implementing the Project for Improvement of Maternal and Neonatal Health Services utilising CHPS System in the Upper West Region (hereinafter the "Project") from September 2011 to September 2016. The aim of the Project is to improve maternal and neonatal health (MNH) services through the Community-based Health Planning &amp; Services (CHPS) system in the Upper West region (UWR) of Ghana. Before the Project began, the GHS and JICA implemented a project to accelerate the implementation of the CHPS system in the UWR (hereinafter the "Phase 1 Project"). The Phase 1 Project was implemented from 2006 to 2010. It successfully increased the number of CHPS zones from 24 to 127 by 2012. In addition, the Phase 1 Project was responsible for the capacity development of community health officers (CHOs) through improved and standardized training programmes, the establishment and implementation of facilitative supervision (FSV) at all levels, and the development of community mobilization using Community Health Action Plans (CHAPs) in CHPS zones. However, the implementation of established FSV and referral system between health facilities was found to be inadequate and there was an urgent need to improve the maternal health services as one of the prioritized objectives in Ghana.</p> <p>Under these circumstances, the Ghanaian Government requested the Japanese Government to provide assistance with the implementation of a CHPS system that focused on MNH. Both JICA and the GHS agreed to implement a second phase of technical cooperation aiming to strengthen MNH health services utilising the CHPS system in the UWR.</p>	
<b>2. Project Overview</b>	
(1) Super Goal MNH status in UWR is improved	
(2) Overall Goal MNH services in UWR is continuously improved	
(3) Project Purpose Improve MNH services utilising CHPS system	
(4) Outputs	
1. Capacity building on MNH services improved	
2. Systems for MNH service strengthened	
3. Community mobilization and support systems on MNH strengthened	
(5) Inputs	
Japanese side :	
Expert	25
Trainees received	21
Equipment	Approx. 22 Million Yen
Local cost	Approx. 310 Million Yen
Total Cost 1,104 Million Yen ____	

Ghanaian Side :		
Counterpart (CP) 72		
Office space and utility expenses, and activity costs.		
<b>II. Evaluation Team</b>		
Members of Evaluation Team	Mr. Toshihisa Hasegawa Mission Leader Dr. Akiko Hagiwara Maternal/Child Health 1 Ms. Aya Ishizuka Maternal/Child Health 2 Mr. Tsunenori Aoki Community Health Policy Mr. Masanori Yamazaki Coordinator Ms. Akiko Hirano Evaluation Consultant Mr. Brian SAMPRAM Project Evaluation Dr. Anthony OFOSU Project Evaluation	Senior Representative/JICA Ghana Office Senior Advisor, Human Development Department/JICA HQ Associate Expert, Human Development Department/JICA HQ Expert/Ghana Health Service (GHS) Representative (Health)/JICA Ghana Office Global Link Management Ltd. Planner, Planning and Budget Unit, Ministry of Health (MoH) Deputy Director, Information, Monitoring and Evaluation, Policy Planning and Evaluation Division, Ghana Health Service (GHS)
Period of Evaluation	28 March 2016~ 25 April 2016	Type of Evaluation : Terminal Evaluation
<b>III. Results of Evaluation</b>		
<b>1. Summary of Evaluation Results</b>		
(1) Relevance		
<p>Overall, relevance of the Project is considered to be high. The Project Purpose, Overall Goal and Supper Goal remain relevant to the national policies and priorities in Ghana. “Ghana Shared Growth and Development Agenda II 2014-2017” and “Health Sector Medium Term Development Plan 2014-2017” focus bridging the equity gaps in geographical access to health services, improving management, efficiency, and governance in the health service delivery, and improving maternal, child and adolescent health as health sector priority strategies. CHPS is considered to be a key policy to accelerate the implementation of those strategies. As for the Japan’s policy, improvement of the MNH is prioritized in the Japan’s Global Health Policy 2011-2015 as well as TICAD V Yokohama Action Plan (2013-2017) and Country Assistance Policy for the Republic of Ghana. Thus, the Project is also in line with the Japan’s official development assistance polity.</p>		
(2) Effectiveness		
<p>While not all of the indicators set to measure the Project Purpose are expected to be achieved by the end of the Project, the achievement level of the Project Purpose on “improvement of MNH through CHPS system” is relatively high. “<u>Capacity Building</u>” of the frontline workers who are CHO<sup>1</sup>s and midwives was one of the most significant benefits of the Project to improve the quality of MNH services. The transfer of the CHO fresher training and midwife refresher training programme into the CHN/enrolled nurse training schools and district hospitals respectively was appropriate to ensure the sustainability. “<u>Community Mobilization</u>” through strengthening CHOs capacity made the community members more active to produce plans and implement activities for themselves. As for the “<u>Health System Strengthening</u>”, FSV has been developed as systematic and standardized system for the supportive supervision. Through the implementation of FS at all levels, the skills of the monitoring and supervision for the regional and district management teams was improved and the effects were observed on enhancing problem solving on site, improvement of data management/stock management/documentation, uplifting the motivation etc. These three components of Capacity Building, Community Mobilization and Health System Strengthening functioned organically to establish the continuum of key elements for the primary health care system.</p>		

<sup>1</sup> CHO in this report is defined as the health worker completed the fresher training for CHO and posted in the CHPS compound.

### (3) Efficiency

The efficiency of the implementation can be assessed fair. It was reported that the inputs were provided almost as planned and utilized appropriately to produce planned Outputs. The type and quality of the Japanese experts were reported to be appropriate to conduct the planned activities and achieve the Outputs. The approach of technical transfer to the Ghanaian CPs was found to be suitable. At the same time, the frequent changes and travels with the short stay of Japanese experts were observed to have posed the uneven pressure to the CPs and increased the operational cost. The CPs and facilities provided by the Ghanaian side was reported to be appropriate, while the number of the CPs and budget were in short in some occasions for the effective implementation of the activities within the timeline.

### (4) Impact

Results at the point of the terminal evaluation indicate that the prospect of achieving the Overall Goal is high.

Also a number of unexpected positive impacts were observed. The Project is one of the constituent projects in the JICA Programme for “Promoting Mother and Child Health Services focusing on the UWR”. Collaboration with other constituent projects under the Programme such as Grant Aid on the construction of CHPS compounds, Policy Advisor to the GHS HQ, and JOCV was one of the biggest factors to enhance the realization of positive impacts. Incorporation of CHPS contents into the national curriculum for CHN/enrolled nurse/midwife was a significant effect to promote cost effective and sustainable way of CHO production, and demonstrate the materialization of CHPS policy into practice. Introduction of the PNC stamp accelerated the discussion of the revising existing maternal health record book into the Maternal and Child Health handbook. Engagement of District Assembly (DA) contributed to keeping the health as a priority sector and increasing the resources at the district level. While the decentralization process was not fully understood, the current efforts to engage and sensitize the DA, particularly local leaders, on the health issues was seen crucial to have successful implementation of the decentralization. As part of the efforts to scale up the good practices, the Project has been compiling the best practices on system as well as field experiences. UWR is renowned for CHPS good practice and learning center. The study visit from other regions, such as Ashanti, as well as Kenya was made to learn from the UWR. UWR has shared their practices/tools and also sent some officers as facilitators to outside the region. No negative impacts were observed.

### (5) Sustainability

The Project developed and implemented the exit strategies for major activities. Policy and institutional environment is by and large supportive for the sustainability. Though the human resources for the Regional Health Management Team (RHMT) and specialists at the hospitals need to be increased. CHPS is a national key strategy and expected to remain the same in the coming years and promoted DA engagement to the health sector would surely be helpful to enhance the preparedness for decentralization. RHMT are committed to the expansion of CHPS implementation and improvement of MNH. At the district level and below, the current institutional capacity seems to be appropriate to continue their work. Financial constraints are prevailing in all levels. Particularly the RHMT seems to face constraints for the activity implementation such as FSV and Maternal and Neonatal Death Audit (MNDA) follow up. Efforts have been made to mobilize resources through integrating activities into existing national programmes as well as from the development partners. District Health Management Teams are likely to continue necessary activities with their limited resources. The availability of record forms/tools at the health facilities should be ensured. For the technical aspect, there are no big challenges foreseen expect that the maintenance system for FSV database needs to be improved.

## **2. Factors that promoted realization of effects**

### (1) Factors concerning to Planning

Continuous assistance from the Phase 1 Project for the promotion of CHPS policy, which was a national prioritized strategy, was considered to be appropriate approach to enhance the realization of the effects. This approach brought the strong policy back up and led to the establishment of the effective implementation mechanism and strong partnership with the counterparts. The comprehensive assistance through the abovementioned Programme was also seen as one of the promoting factors to expand the effects.

(2) Factors concerning to the Implementation

The strong leadership and commitment of GHS with the participatory approach for Project planning and implementation was one of the promoting factors. Also proactive involvement of central government (GHS HQ) and local authority (DA) was a key to create enabling environment for the smooth implementation of the Project as well as the expansion of the effects. Efforts to develop and implement exit strategies from the fourth year of the project (two years before the completion of the project) functioned effectively to enhance the sustainability.

**3. Factors that impeded realization of effects**

(1) Factors concerning to Planning

None

(2) Factors concerning to the Implementation Process

The frequent changes and travels with short stay of the Japanese experts were pointed out to create challenges for the CPs to conduct activities intensively within a short time. Also the competing task of CPs at the RHMT as well as the district level and the budget constraints at Ghanaian side sometimes posed the difficulties for smooth implementation as well as for the scaling up of the activities and effects.

**4. Conclusion**

The Project made significant contribution to the improvement of MNH status and CHPS implementation in the UWR. The achievement level of the Project Purpose was considered to be relatively high through building capacities of CHOs and midwives, strengthening of health system such as FSV, and mobilizing community to become active for the planning and implementation of community health actions. The Project also brought a number of positive impacts and expanded its effects to the national level and other regions. In other words, the Project demonstrated the effective and feasible strategies to materialize CHPS philosophy into practice. Strong CHPS system which was established through the Project can be further expanded to meet emerging public health services such as nutrition and non-communicable diseases. Based on the findings, it is concluded that the Project can be successfully completed as planned, by focusing on the following recommendations for the remaining Project period.

**5. Recommendations**

5.1 Measures to be taken by the end of the Project

(1) Training

<Training schools and Japanese Experts>

- To estimate additional cost accompanying the introduction of new contents of CHO fresher training into the school curriculum such as field program.
- To discuss revision of the school tuition fees with MoH.
- To submit training materials for Nursing and Midwifery Council of Ghana as reference for national training standard

(2) Referral

<GHS HQ and RHMT>

- To continue requesting to MoH regarding budget allocation and seek the other budget sources in order to reprint the Maternal Health Record Booklet as soon as possible and to make sure PNC Stamp to be incorporated.

(3) FSV

< RHMT and Japanese experts >

- To estimate standard unit cost of FSV and utilize it in the planning, advocacy, and fund raising.
- To implement the next FSV on July in 2016 with the budget of RHMT for the regional level FSV.
- To modify software of FSV database to solve defects.
- To train officers of CHPS unit for regular maintenance of FSV database.

< RHMT >

- To assign and train additional technicians for drastic modification of FSV database.

(4) PNC indicator

<RHMT>

- To study the importance of 2<sup>nd</sup> PNC indicator by collecting data from the facility and make a recommendation to GHS on its integration into the DHIMS2.
- (5) Horizontal learning on CHPS and policy implications for future primary health care services  
< GHS HQ, RHMT and Japanese experts >
- To disseminate the number of good field practices in the project to other regions and central level by documentation and seminars such as the regional and national dissemination seminars planned in August 2016 with representation of frontline health workers such as CHOs and midwives.
  - To document the features, good practices, lessons and learnt on urban CHPS compound for the dissemination.
- (6) Contribution to national human resources for health (HRH) development  
< RHMT >
- To support MoH and GHS HQ to standardize the CHO production system in pre-service training of NAC and NAP by providing the CHPS experience in the UWR.
  - To share with MoH on the following information related with education, deployment and supervision of frontline health workers (CHO, CHN, midwives) in order to accelerate the completion of national HRH plan:
    - health professional education: pre-service and in-service training for nursing and midwifery cadre, including CHO fresher training: training curriculum and training materials
    - allocation of CHO, CHN, midwives: CHPS database
    - performance standard and monitoring tool: FSV

## 5.2 Measures to be taken after the completion of the Project

### (1) Training

< SDHT, DHMT, and RHMT >

- To continue FSV to assure the quality of the services provided by trainees.  
< District Hospitals >
- To strengthen neonatal resuscitation and critical life-saving skills in the safe motherhood training for midwives and CHOs.  
< Midwifery Schools >
- To collaborate with NAC and NAP to introduce CHPS training component according to needs and curricula of midwifery school.

### (2) Equipment and tools

< RHMT and DHMT >

- To strengthen reporting system such as updating of inventories on existing equipment and stock of registers at CHPS compounds, health centres, district hospitals, and regional hospital  
< DHMT >
- To provide orientation to newly assigned health staff on the usage of equipment at health centres and CHPS compounds

### (3) FSV

< SDHT, DHMT and RHMT >

- To recognize FSV as a routine essential work in managing health services
- To provide orientation to newly assigned health staff on FSV
- To plan and implement FSV by integrated schedule and budget of other programs, which contribute to the reduction of workload and cost  
< RHMT >
- To conduct FSV to DHMT at least twice a year
- To reprint tools for FSV  
< SDHT >
- To conduct monitoring of CHPS compound through FSV and/or technical visit at least once every two months

### (4) MNDA

< RHMT and Zonal MNDA team >

- To integrate MNDA QI monitoring elements into FSV by modification of FSV tool
  - To integrate follow-up of MNDA to the FSV review meeting
  - To introduce peer review among hospitals and polyclinics
- (5) Engagement of DAs  
< SDHMT, DHMT and RHMT >
- To accelerate engagement of DAs to promote health activities by frontline workers – CHOs and midwives – and people in the communities
- < DAs >
- To take initiatives for the governance of CHPS such as to mobilize communities, promote health events and gatherings, construct CHPS compounds and maternity blocks, procure vehicles, furnish the facilities with electricity, and advocate implementation of CHAP
  - To encourage and motivate CHVs and CHMCs to be active in health in the community. Giving awards is an example
- (6) Financing  
< DA, RHMT and DHMT >
- To develop annual financial plan for primary health care based on costing of the services (construction & maintenance of facilities, equipment, transportation, monitoring & supervision, training, etc.) with potential sources of finance such as capitation by NHIS, performance-based financing, the governmental budget, and support from partners in order to secure its necessary budget for the services
- (7) For better quality MNH services in the UWR  
< MOH, GHS HQ and RHMT >
- To assign specialists such as paediatricians and obstetricians in the regional and district hospitals
  - To procure necessary medical equipment to the regional and district hospitals
  - To consider transportation for obstetric emergencies
- (8) Horizontal learning on CHPS and policy implications for future primary health care services  
< GHS HQ and RHMT >
- To disseminate training package of CHOs and midwives and FSV as national standard and a number of good field practices in the project to other regions and central level by documentation, internal and external study tours, and seminars together with information on materials and unit cost estimation for self and/or external financing
  - To respond to emerging PHC challenges such as NCDs, Ageing, and Nutrition in the service package of CHPS

## **6. Lessons Learnt**

- (1) Capacity building of frontline health workers at community health facilities contributes to the provision of quality MNH services.
- (2) Conducting the in-service training at on-site or nearby facilities for the sake of reducing operational cost and avoiding interruption of on-going service delivery.
- (3) Strengthening of the supporting system, particularly monitoring and supervision for health workers is crucial to promote the provision of quality health services.
- (4) Ensuring of the regular supply of tools and recording forms which are introduced by the Project at the initial stage.
- (5) Involvement of central government is essential for establishment, sustainability and scaling up of newly introduced tools and systems
- (6) Incentive mechanism for CHV should be established for the sustainability of community activities as the demotivation and fatigue of the CHV has negative impact on the community participation.