Ex-Post Evaluation Report
for
the Project for the Improvement
of
the Maternal and Child Health In-Service
Training System and Program

母子保健医療サービス向上プロジェクト
事後評価調査結果

December **2005**

Japan International Cooperation Agency

TABLE OF CONTENT

CONTENT	PAGE

LIST OF TABLES AND FIGURES

LIST OF ACRONYMS

BMC	Budget Management Centre
DDHS	District Director of Health Service
DPF	Donor Pull Fund
GHS	Ghana Health Service
GRMA	Ghana Registered Midwives Association
GRNA	Ghana Registered Nurses Association
HIST	Health In-Service Training
HRDD	Human Resource Development Division
IGF	Internally Generated Fund
IST	In-Service Training
JICA	Japan International Co-operation Agency
MTC	Mobile Training Centre
QHP	Quality Health Partners
RCH	Reproductive and Child Health
RHA	Regional Health Administration
RTC	Regional Training Centre
RT Co-ordinator	Regional Training Co-ordinator
SIST	Structured In-Service Training
TA	Technical Assistance
TOT	Training of Trainers
TIS	Training Information System
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children Education Fund
VR	Volta Region

<u>AKNOWLEDGEMENTS</u>

事後評価調査結果要約表

１．案件の概要

国名：ガーナ共和国	案件名：母子保健医療サービス向上プロジェクト
分野：保健/医療	協力形態：プロジェクト方式技術協力
所轄部署：人間開発部	協力金額：217,768,538 円

| 協力期間 | 1997 年 6 月 1 日から 2002 年 5 月 31 日
2002 年 5 月 31 日から 2003 年 6 月 1 日（延長） | 先方関係機関：人材養成開発局(ガーナ保健サービス)／リプロダクティブヘルス・子供の健康ユニット(保健省)／ボルタ州、ウエスタン州、ブロングアフォ州の州保健管理局 |
| | | 日本側協力機関：東京大学大学院国際保健学教室、長野県共済連合会佐久総合病院 |

他の関連協力：

１－１　協力の背景と概要

現職研修を通した保健医療従事者の能力向上はガーナの保健状況改善にとって重要事項の一つである。しかし、既存の現職研修は適切に構成されておらず、不定期な実施で、研修プログラムは互いにコーディネートされておらず、受講者も限定されていた。このような状況を改善するため、ガーナ国政府は JICA の支援を受けて 1997 年から 5 年間、既存の現職研修の見直しと新体制構築を目的とした保健現職研修プロジェクトを実施した。

１－２　協力内容

当該プロジェクトは、ボルタ州、ウエスタン州、ブロングアフォ州の３つの州をパイロット地域として 5 年間実施された。ガーナ保健サービスの人材養成開発局が JICA の技術協力を得てプロジェクトを実施した。その結果大きな成果が得られたことから、プロジェクトは 2002 年 5 月に 1 年間延長されることとなり、プロジェクト地域をその他の 7 州を含むガーナ国全体に拡大した。延長期間の主な目的は、ガーナ国内全州において、全ての分野の保健医療従事者のための現職研修体制を構築し、研修実施能力を向上させることであった。

（1）上位目標
3 つのパイロット州において、他の地域で展開可能な体系的な現職研修システムが確立されて実施される。
（2）プロジェクト目標
3 つのパイロット州において、他の地域で展開可能な体系的な現職研修システムのコアシステムが確立されて実施される。
（3）アウトプット（成果）
　a）　3 つのパイロット州において、現職研修にかかるニーズ分析が行われる。

　b）　3 つのパイロット州において、他地域に展開可能な現職研修の情報システムが確立される。

　c）　3 つのパイロット州において、現職研修の記録簿が導入される。

　d）　3 つのパイロット州において、現職研修の教科科目分類が確立される。

e) ３つのパイロット州において、州研修センターの施設環境が定められた機能水準を達成する。

f) ３つのパイロット州の州レベルにおいて、財務ガイドラインが配置され利用される。

g) ３つのパイロット州において、モニタリング＆評価の枠組みが確立し、実施される。

h) 現職研修システムにリプロダクティブヘルス分野が含まれる。

＊2002 年 5 月 31 日にプロジェクトは終了し、2003 年 6 月 1 日まで 1 年間延長された。上記、上位目標・プロジェクト目標・成果は３つのパイロット州に限っており、延長前までの計画である。

（４）投入（プロジェクト終了時、延長を含まず）
日本側：

長期専門家派遣	5 名	機材供与	1.6 億円
短期専門家派遣	6 名	ローカルコスト負担	0.2 億円
研修員受入	11 名	その他	0.36 億円

総額　　　2.16 億円

相手国側：

カウンターパート配置	8 名	機材購入	現地通貨	億円
土地・施設提供	執務室	ローカルコスト負担	現地通貨	億円
その他				

２．評価調査団の概要

調査者	コンサルタント：Planned Parenthood Association of Ghana (PPAG)

調査期間	2005 年 8 月 8 日〜2005 年 9 月 30 日	評価種類：事後評価

３．評価結果の概要
３-１　評価結果の要約

（１）インパクト

　３つのパイロット州からその他７州へと対象を拡大したことによって、体系化された現職研修システムがガーナ保健サービス内で制度化された。この制度化は、現職研修政策に現職研修の運用基準と新手続きが含まれる修正が行われたことにも反映されている。

　プロジェクトによって現職研修の重要性に対する認識が高められたこと、また研修記録簿の導入及び研修受講と昇進面接が関連付けられたことにより、保健医療従事者の現職研修に対する実施への要望が高められた。現在では保健医療従事者は現職研修をより意識しており、研修に出席することを高く望んでいる。しかしながら、これら研修実施への要望に対応する資金が不十分であったことから、いくつかの研修施設では保健医療従事者のグループを週に 1 度、施設内に集め、いくつかの項目について有識者に短期間指導をしてもらうという、study day(勉強日)と呼ばれるものが開始された。現職研修はコースによって 1 週間や 2 週間かかり、その間研修生は研修センターに宿泊することになり日当・宿泊費など費用がかかる。このため、宿泊することなく短期間の指導を行う Study day が開始されたものである。

　研修ニーズの査定は、国家レベル、州レベル、郡レベル、準郡レベル、そして各医療施設レベルなどガーナ保健サービスの全てのレベルで行われている。これらの査定は職員の勤務評価、観察、会議などでの職員との話し合いによって行われる。調査のために訪問したほとんど全ての医療施設、郡、州が訓練計画を策定していたことは特記するに値する。

州や郡における優先事項は、その州/郡の計画にも影響を及ぼしていた。

様々な医療施設のリプロダクティブヘルスと子どもの健康部門で面接を行った患者の大部分が、現職研修の効果として保健医療従事者が行うサービス（特に介護、フレンドリーさ、カウンセリング）が改善されたと述べた。加えて、大部分の患者が提供されている保健医療サービスに満足していると述べた。プログラム長によると、最近実施された保健サービスに対する患者の満足度調査によると、保健医療従事者が供給したサービスの質に改善が見られたと報告した。

（2）自立発展性
プロジェクトの成果：プロジェクト成果の大部分は継続されている。プロジェクトの成果である州研修センター、研修記録簿、研修情報システム、モニタリング手法、報告書書式、研修カリキュラムは、ガーナ保健サービスにおいて依然として広く利用されている。

組織的能力：ガーナ保健サービスはプロジェクトの期間中に得た成果を維持する組織力がある。特に現職研修を調整し促進する分野で人材がある。しかしながら、研修情報システム管理と財務分析のソフトウェアについては訓練を受けた職員の数が不足している。3つのパイロット州における研修機材の供与については、一部の機材は故障して修理されたり新しい機材に買い換えられたりしたものの、現職研修実施能力の改善に寄与した。不十分ではあるものの、その他の州も液晶ディスプレイやプロジェクターのような必要最低限の研修機材を購入したり、研修プログラムを強化するために会議室を改装したりした。

財務的能力：郡、州、国家レベルの現職研修計画策定者にとって、予算不足は最も重要な問題である。中でも現職研修プログラムは大幅にドナーの資金に依存している。本評価によって、JICAの技術協力終了以後、JICAが支援を行っていた分野に他のドナーからの支援は行われていないことが明らかになった。ドナーからの援助資金はいつも職員に対する研修プログラムを実施することに当てられ、JICAの援助のようにシステム構築に当てられることはなかった。保健セクター全体の予算不足も現職研修に対する予算不足へとつながっている。

3-2　プロジェクトの促進要因
（1）インパクト発現を促進した要因
・　プロジェクトによって現職研修の重要性に対する職員の認識が高められた。
・　十分とはいえないが、ドナーからのヘルスファンドやユーザーフィーなどの機関独自の収入が研修予算に当てられたり、看護師協会などその他の専門機関が独自で行う会員の研修が相乗効果を与えた。
（2）自立発展性強化を促進した要因
・　組織や医療施設の長による現職研修に対する高いコミットメントが現職研修に対する予算配分によい影響を与えた。
・　現政府の重要な政策の一つが人材開発であり、ガーナ保健サービスを含めた公的機関は職員研修を重視することが求められた。このために、ガーナ保健サービスの全てのレベルにおいて現職研修の重要性が認識され、支援が与えられた。

3-3　プロジェクトの阻害要因

（1）インパクト発現を阻害した要因
- ほとんどの機関や施設において業務上必要な人員が不足している上に、現職研修参加者は参加に当たって日常業務から離れることになるため、その間残された職員がその分の業務の重圧を負担することとなる。このような状況下においては、供給されるサービスの質の低下を招くこともあった。

（2）自立発展性強化を阻害した要因
- 予算不足が、現職研修実施を阻む主要な要因であった。

3-4　結論
プロジェクト上位目標の大部分は達成された。体系化された現職研修がガーナ保健サービス内で制度化された。プロジェクトは実施機関の能力向上に貢献した。人々の現職研修に積極的な態度や援助機関からの資金及びプロジェクトによって高められた現職研修に対する人々の認識などがプロジェクト上位目標の達成に影響した。プロジェクトの成果は継続されており、保健省がプロジェクトによって導入された研修情報システム、研修記録簿、報告書書式、研修カリキュラムを現在も採用していることに現れている。カウンターパート機関がプロジェクトによって達成された成果を継続することは現職研修に対する予算不足から困難かもしれない。しかしながら、研修のためにドナーからの資金の利用可能性があるという点は心強い。

3-5　提言
- 研修情報システム管理と財務分析ソフトウェアに関する職員研修への増員が、ガーナ保健サービスにおける研修システムの維持にとって重要である。
- 中央政府や州研修コーディネーターが知らない研修プログラムが他の部署によって実施されれば、ガーナ保健サービスの包括的で完全な研修情報システムを維持しようとする努力をくつがえすことになる。従って、将来の技術協力ではガーナ保健サービスにおける、研修コーディネーターと各部署の長や保健プログラム長との研修プログラムにかかる調整強化を目的とするべきである。
- 研修プログラムの実施が地方分権化されることは賞賛に値する。しかし、研修プログラムの調整が適切に行われ、研修の質が低下しないような研修の実施体制を構築するべきである。
- プロジェクトのスーパーゴールは、保健医療サービスの質と人々の健康状態が改善されることであった。しかし事後評価の結果、ロジスティック、道具、機材の不足によって保健医療従事者が研修プログラムによって得た知識と技能を十分に活用することが妨げられていることが明らかになった。将来的な支援においては、プロジェクトの最終目標を達成するために、ロジスティクスや道具や機材の供与を含めた支援を考えるべきである。
- すべてのレベルにおける現職研修を統合していこうという保健サービス管理者側の強い願望は強力な励みである。しかし、保健医療従事者の現職研修に対する高まる要望に応えるべく統合を実施するためには、更なる予算配分を必要とする。

- 現職研修が昇進とリンクするという認識は、すべてのレベルの保健医療従事者が現職研修に真剣に取り組むための動機付けとなった。しかし、いくつかの分野の保健医療従事者（特にパラメディカル）の現職研修参加記録フォーム未提出が見られた。これを防ぐために、昇進と現職研修がリンクするという認識が、多くの保健専門家団体で受け入れられるべきである。
- 州研修センターが他の組織の利用のために貸し出されている現在のシステムは推奨される。この貸し出しシステムは、センターが現職研修を持続するための収入を創出する可能性を提示している。
- 州研修センターにおける現職研修コーディネーターや郡研修センターの研修責任者の存在が、現職研修システムの適切な管理に役立っている。しかし、何人かの各部署の長やプログラム長が、予算を支配したいという願望から、現職研修コーディネーターや研修責任者の役割と権限を妨げている。

３－６．教訓
- 本プロジェクトでは、"現職研修が継続的に行われるべきであるという考えは一般的に共有されている。しかし、現職研修を持続するためには、全てのレベルにおける組織的能力（人材、財政的資源、機材）の向上を必要とする。"という結果が得られた。従って、プロジェクト成果の持続を考える場合、人材の能力向上のみでなく、組織が財源の確保及び機材の維持整備ができるような能力の向上を行うようプロジェクトの実施計画に含めることが有効である。
- 本プロジェクトでは、"ドナーからの資金援助への継続的な依存は、全てのレベルにおける現職研修の持続性を阻害しており、更に、全ての保健医療従事者に現職研修に対する公平で平等な参加の機会をあたえるという賞賛に値する考えを損なっている。そのため現職研修にあたっての援助機関への依存を縮小する戦略を立てることが重要である。"という結果が得られた。従って、プロジェクトを実施する場合、現状の有効なシステムを阻害しないような技術協力及び機材供与などを行うことが重要である。

Evaluation conducted by: JICA Overseas Office

1. Outline of the Project	
Country: Ghana	**Project title:** Project for the Improvement of the Maternal and Child Health In-Service Training System and Program
Issue/Sector: Health/Medical care	**Cooperation Scheme:** Project-type Technical Cooperation (Technical Cooperation)
Division in charge: JICA Human Development Department	Total cost：217,768,538**Yen**
Period of Cooperation: June 1, 1997 to May 31, 2002 May 31, 2002 to June 1,2003 (Extension)	**Partner Country's Related Organisation(s):** Human Resource Development Division (Ghana Health Service)/Reproductive and Child Health Unit (Ministry of Health)/Regional Health Administration of Volta, Western and Brong Ahafo Regions
	Supporting Organisation in Japan: University of Tokyo, Saku General Hospital in Nagano Prefecture
	Related cooperation: none

1-1. Background of the Project

Enhancing the competence of health workers through In-service training (IST) is one of the key and priority areas for improving the of health status of the people in Ghana. However, IST was not properly structured and were organised on ad hoc basis. The training programmes were not harmonised and properly co-coordinated and were restricted to certain cadres of health workers. To correct these anomalies the Government of Ghana entered into a five-year agreement with the Japan International Co-operation Agency (JICA) in 1997 to implement the Health In-Service Training (HIST) Project with the aim of evolving a new IST system to streamline IST programs.

1-2. Project overview

The five-year project was implemented on pilot basis in three regions; namely Volta, Western and Brong Ahafo. The Human Resource Development Division (HRDD) of the Ministry of Health (MOH) with Technical Assistance from JICA implemented the project. In May,2002 the project was extended for another year to cover the seven remaining regions in the country. The extension of the project was based on the successes and achievement from the initial pilot phase. The main purpose of the extension was to build the capacity of all the ten regions to develop and provide in-service training for all categories of health workers in the country.

(1) Overall goal

The overall goal of the project was to establish and implement Structured In-Service Training (SIST) system in the three focusing regions which is applicable nationwide

(2) Project Purpose

The establishment and implementation of a core/essential system for SIST system in the three focusing regions which is applicable nationwide.

(3) Outputs
  a)   Needs of IST identified in the three focusing regions.
  b)   IST information system established in the three focusing regions which is applicable nation wide
  c)   IST Logbook introduced in the three focusing regions.
  d)   IST course classification established in the three focusing regions
  e)   IST environment settings of Regional Training Centres (RTC) in the three focusing regions fulfilled to the set level of function
  f)   Financial guidelines made available and utilised in the three focusing regions at regional level
  g)   Monitoring and evaluation framework established and implemented in the three focusing regions
  h)   Involvement of Reproductive Health component in the IST system

＊The Project ended on 31st May, 2002 and was extended for a year. Overall goal, Project Purpose and Outputs mentioned above were only for 3 pilot regions and were the plan before the extension.

Inputs (at the time of Project Termination):
Japanese side

Input	Project Period	Extension Period
Long-Term Expert	5 (3 Technical Fields)	2
Short-Term Expert	6	0
Trainees received	11	0
Equipment	159,317,665 **Yen**	-
Local Cost	22,008,305 **Yen**	-
Others	36,442,568 **Yen**	-

(Ghana side):

Counterpart	5(HRDD), 1(RCH), 2(RHA)
Equipment	NA
Land and facilities	Provided by Ghana Government
Local cost	-
Others	NA

2. Evaluation team

Member of Evaluation Team	JICA Ghana Office Commissioned to: PPAG - Consultant	
Period of Evaluation	8th August,2005 – 30th September,2005	**Type of Evaluation:** Ex-post evaluation

3. Results of Evaluation

3-1. Summary of Evaluation Results
(1) Impact
With the expansion of SIST from the three focusing regions to the other seven regions, SIST has been institutionalised within the Ghana Health Service. This is also reflected in the revision of the IST Policy to include guidelines and new procedures for IST.

Sensitisation and awareness of the importance of IST created by the project coupled with the introduction of the logbook and its linkage to promotional interviews has led to increased demand for IST by health workers. Health workers are now more conscious and willing to attend training programs. Inadequate funding to meet this demand for carrying out trainings has led some facilities to institute what is referred to as study day where a group of health workers are brought together weekly within the facility and taken through some topics by resource persons for a short period of time. A particular topic could be treated for about a month. In-Service training takes one to two weeks depending on the course and participants would require accommodation and per diem, which becomes costly. Study day was developed to reduce the expense.

Training needs assessment has been institutionalised at all levels of GHS i.e. national, regional, district, sub-district and facility levels. This is done through staff appraisal, observation, interactions with staff i.e. at meetings, etc. It is heart warming to note that almost all facilities, districts and regions visited had a training plan. The priority areas of the region/district also influence Regional/district plans.

Majority of clients interviewed at the RCH units of the various facilities reported that they had noticed some improvements in services particularly in the area of care, friendliness and education/counselling. Majority also indicated that they were satisfied with the services they received. Program heads reported that a recent client satisfaction survey organised indicated that there had been some improvements in the quality of service provided by health workers.

(2) Sustainability
Project Outcomes :To a large extent the outcomes of the project are being sustained. This is reflected in the fact that almost all the project outcome such as the RTC, logbooks, TIS, monitoring tools, reporting formats,

training curricula are still widely used in the GHS

Institutional Capacity: The GHS has the capacity to maintain gains accrued during the project period particularly in the area of personnel to co-ordinate and facilitate IST; however there are inadequate trained staff in the management of the TIS and the financial analysis software. Although some equipments supplied by JICA were broken and repaired or replaced by new ones, provision of training equipments in the three focusing regions has improved the capacity of the service in organising IST. Though not adequate, other non-pilot regions have purchased basic training equipments such as LCDs and projectors and refurbished their conference hall to enhance training programs.

Financial Capacity: Inadequate financial support has been the major challenge/constraint for program planners at the district, regional and national level. IST programmes within the service are heavily dependent on donor funding. The evaluation revealed that since the end of JICA TA, the service has not received support from any donor in the areas where JICA provided support. Donor funds have always been geared towards organizing training programs for staff but not in developing/establishing systems like JICA did. Inadequate government budget allocation to the health sector in general translates into inadequate allocation to IST.

3-2. Factors that have promoted project

Sensitisation and awareness about the importance of IST created by the project.

The level of commitment of institution/facility heads to IST influences the budget allocation to IST at the Institution or facility

The availability of the Donor Pull Fund, Internally Generated Fund and other professional bodies has empowered the GHS though not adequately to train health workers

One of the key political agenda of the current government is Human Resource Development. Public Institutions including GHS are expected to take staff development seriously. In this regard IST within GHS is given the necessary recognition and support at all levels.

3-3. Factor that have inhibited project

Financial constraints have been the major factor inhibiting IST.

Most of the institutions and facilities lack the requisite number of staff to work with. The participation of staff in structured IST which is expected to span over three days robs facilities off the services of the participating staff as a result pressure is brought to bare on the few who are left to work. In a situation like this quality of services provided could be compromised.

3-4. Conclusions

To a large extent the project overall goal has been achieved. SIST has been institutionalised within the Ghana Health Service. The project has contributed to the improved institutional capacity of the implementing agency. Existing IST culture, donor funding as well as awareness of IST created by the project have influenced the achievement of the project goal. Projects outcomes have been maintained and this is reflected in the fact that the Ministry of Health has adopted the TIS, logbooks, reporting forms and the training curricula provided by the project. Plans are in place to review these outcomes. The capacity of the counterpart organisation to maintain gains accrued by the project is suspect due to inadequate budget allocation to IST. Availability of donor funding for training is however re-assuring.

3-5. Recommendations

Training of more personnel in the management of the TIS and the financial analysis software is critical for the sustenance of the system in GHS.

Given that other units undertake training programs without the knowledge of the National and Regional Training Co-ordinators defeats efforts at keeping a comprehensive and complete training information system on the GHS. Future intervention should therefore aim at strengthening co-ordination of training programs within the Service.

Decentralisation of the implementation of training programs is laudable, however structures should be put in place to ensure proper co-ordination of programs and also to ensure that the quality of training is not compromised. This could be done through strengthened monitoring and supervision, which is currently

lacking.

The super goal of the HIST project is to improve quality of health care services and health status. Findings of the study however revealed that lack of logistics/tools/equipments prevents health workers from fully utilising the knowledge and skills they acquire from training programs to improve health care services. Future support should aim at making such provision to ensure that the ultimate goal of the project is fully achieved

The desire for managers of health services to ensure sustainable integration of IST at all levels is very encouraging. However it requires more resources to undertake the integration in order to meet the increasing demand for IST among Health workers.

Recognition of IST for rewarding health workers in the form of promotions provides the necessary motivation for health workers at all levels to take IST seriously. To further minimize the non-submission of IST forms by certain categories of health workers especially the paramedics, the recognition of IST for promotion should be accepted by other health professional bodies.

The current system whereby Regional Training Centers are being rented out to other organisations for use is commendable and it presents an opportunity for the Centres to build on that potential to generate local income to sustain IST

The presence of IST coordinators and Focal Persons facilitates the proper management of the IST system. However, the desire to control resources by some Unit/Programme Heads undermine the role and authority of IST coordinators/Focal Persons

3-6. Lesson learned

It is generally accepted that IST should be sustained at all levels. But to give meaning to sustaining IST it requires institutional capacity in the form of personnel, financial resources and equipments at all levels. Therefore for the sustainability of project achievements, the project implementation strategy should include capacity development of human resources, resource mobilization and maintenance of equipment as an institutional capacity development.

Continuous reliance on donor funding hampers sustainability of IST at all levels and also compromises the laudable idea of fairness and equal opportunities for all health workers to attend IST. It is therefore important to develop strategies to minimise over reliance on donors for IST. Hence, the project implementation strategy should take good notice of not hindering the existing good practices.

1.0 BACKGROUND INFORMATION

1.1 Project Overview

1.1.1 Introduction
The fact that quality health delivery depends among other factors on the competence of health workers cannot be over-emphasised. For this reason, the Government of Ghana through the Ministry of Health has over the years identified capacity building as a key priority area in the health sector. In-service training has been identified as a channel through which the competence and performance of health workers can be enhanced.

However, in-service training programmes within the Ministry of Health/Ghana Health Service for a long period had not been properly structured and were organised on ad hoc basis. The training programmes were not harmonised and properly co-ordinated to address the training needs of health workers in the country. The content of the training programmes was not standardised and participants were selected without any well-defined criteria. In effect the training programmes were found not to be cost effective and could not yield the needed result of improving the quality of health delivery in the country.

As part of efforts to correct these anomalies and to rationalise training programmes within the Ministry of Health/Ghana Health Service, the Government of Ghana entered into a five-year agreement with the Japan International Co-operation Agency (JICA) in 1997 to implement the Health In-Service Training (HIST) Project.

1.1.2 Overall Project Goal
To establish and implement structured in-services training (IST) system in the three focal regions which is applicable nationwide.

1.1.3 Project Purpose
To establish and implement core/essential systems for structured in-service training system in the three focal regions which is applicable nationwide.

1.1.4 Main Activities
The five-year project was implemented on pilot basis in three regions; namely Volta, Western and Brong Ahafo. The Human Resource Development Division (HRDD) of the Ministry of Health (MOH) with Technical Assistance from the Japan International Co-operation Agency (JICA) implemented the project. The main activities undertaken during the pilot phase included:
a) Needs of IST identified in the three focusing regions.
b) IST information system established in the three focusing regions.
c) IST Logbook introduced in the three focusing regions.
d) IST course classification established in the three focusing regions
e) IST environment settings of Regional Training Centres (RTC) in the three focusing regions fulfilled to the set level of function
f) Financial guidelines made available and utilised in the three focusing regions at regional level
g) Monitoring and evaluation framework established and being implemented in the three focusing regions
h) Involvement of Reproductive Health component in the IST system

The final evaluation of the pilot phase was conducted in October, 2001. Based on the recommendations of the evaluation, the project was extended for another year to cover the seven remaining regions in the country. The extension of the project was based on the successes, achievements and lessons learnt from the initial project phase. The main purpose of the extension was to introduce the in-service training systems in the remaining regions and to develop the capacity of all the ten regions to develop and provide in-service training for all categories of health workers.

A technical report on in-service training activities covering all the regions in the country in 2004 indicated that under the expansion period, systems were established to provide continuous support for in-service training activities.

1.2   The Current Study

1.2.1   Rationale for the Study
This study is designed to document the lessons, achievements as well as challenges three years after the completion of the project in order to make informed recommendations for sustainable in-service training systems for health workers in the country.

1.2.2   Purpose of the Study
The purpose of the ex-post evaluation study is to assess the project impact and sustainability observed three years after the end of JICA Technical Assistance.

1.2.3   Scope of the Study
The study sought opinions and views from a wide range of health providers taking into account their varying locations, levels of operations and peculiarities. As a result, several health facilities and offices were visited. These included regional, municipal/district hospitals/health centres, urban health centres, rural clinics, Regional and District Health Directorates, HRDD and the RCH Unit.

The study covered six regions including the three pilot regions where the HRDD piloted the HIST project. Three districts were selected from each of the six study regions. The three districts were selected taking into account rural/urban settings as well as ensuring fair representation in terms of geographical spread of the region. In each district, three health facilities including the municipal/district health facility were covered (See appendix A for the details of regions, municipalities/districts and facilities covered).

A representative sample of health workers at the regional, municipality/district and facility levels participated in the study. In addition, the following were also covered:
▪ IST Team members at the HRDD
▪ Staff at RCH Head office
▪ Directors of Health Service in the six regions
▪ Regional IST Co-ordinators in the six regions
▪ Heads of Health Facilities
▪ District Directors of Health Service in the eighteen sampled districts
▪ District/Facility IST Focal Persons
▪ District Health Management Teams
▪ Some service beneficiaries/clients at the reproductive and child health units

1.3   Evaluation Approach

1.3.1   Methods of Data Collection
For this study, both quantitative and qualitative methods of data collection were employed. In this regard, a combination of data collection methods were used. These included observations, document/record reviews, inventory, focus group discussions, in-depth interviews, structured questionnaires, individual interviews and client satisfaction interviews. To minimise ethical issues, anonymity and confidentiality were emphasised in all the methods of data collection.

1.3.2   The Sampling Process
Multi-stage sampling approach involving the use of different sampling techniques at different stages of the sampling process was used to select the participants for the study. At the first stage, the country was divided into three zones comprising Northern (Northern, Upper West and Upper East regions), Middle (Ashanti, Brong Ahafo and Eastern regions) and Southern (Greater Accra, Western, Central and Volta regions) and in order to ascertain the level of impact and sustainability with respect to all the IST systems including training center facilities, the three pilot regions (Brong Ahafo, Western and Volta) were purposively selected for the study. At the second stage, three other regions were sampled randomly from the seven remaining regions. For purposes of equal distribution, one region each from the three zones was selected. At the third stage, eighteen districts (three districts from each of the six regions) were also randomly selected for the study. Twenty four Regional/district health facilities and 36 community health facilities (two per district from the eighteen districts) were purposively and randomly selected respectively at the fourth stage.

1.3.3   Sample Size/Response Rate

The sample size proposed for the study and the actual realized in the field are presented in table 1. As indicated in the table response rate for study was generally high because respondents were very cooperative. Reasons for low response rate (as in the case of clients) have been given in the remarks column of the table.

Table 1: Proposed Sample, Actual Sample Size and Response Rate

Category/Group	Sample Size	Actual	Response Rate (%)	Remarks
Regional Directors for Health Services	6	5	83.3	The Regional Director in Brong Ahafo was on leave and had travelled outside the region
District Directors for Health Services	18	15	83.3	The three (3) District Directors from Jaman, Cape Coast and Assin were on leave and had traveled outside the districts
District Health Management Teams (FGDs)	18	18	100	
Regional Training Coordinators	6	6	100	
Heads of Community Health	36	28	77.8	The eight (8) heads of

Facilities				community facilities not covered were attending training workshops
Community Health Facilities (FGDs)	36	36	100	
District Training Coordinators	18	16	88.9	The two training coordinators were attending workshops outside their districts
In-Service Training Focal Persons	24	24	100	
HIST Team Members (HRDD)	1	1	100	
RCH Unit	1	1	100	
Former HIST Team Members (JICA)	1	1	100	
Health Workers	300	296	98.7	
Clients	300	172	57.3	The study targeted clients for RCH services. However RHC services are organised on specific days in a week in all the facilities visited. Unfortunately the days that the research team visited were not RCH clinic days for some facilities. For facilities whose clinic days fell on a day when the team was still in the region/district, a follow up visit was made.

1.3.4   Data Processing and Analysis

Data collected were edited and open ended questions coded. The data were entered and analysed using Epi Info and SPSS software packages respectively. Audiotapes used to record focus group discussions (FGDs) and indepth interviews were transcribed. The transcripts were collated and harmonized to identify important substantive themes for interpretation.

1.4   Limitations

The research team encountered initial cold reception from some of the Regional Director and District Directors because they did not have any knowledge about the evaluation. The HRDD did not communicate the information to the regions as requested by JICA.

Though Accounts/Finance Officers provided some information on sources of funding for IST activities, they were not willing to make available budget documents to the research team to review.

Some of the respondents could not be contacted because they were absent at the time of the study for various reasons. Some of the health personnel were absent because they were on leave whilst others were attending workshops outside their locations. The weekly RCH clinic days made it impossible for the research team to meet clients attending RCH clinics at all the facilities visited.

2.0   STUDY RESULTS

2.1   PROJECT IMPACT

The project impact examines among other things the extent to which the overall project goal has been achieved, the role of the project in ensuring improved institutional capacity of the implementing agency, the role of external factors in the overall project outcome, observed unintended effects – both positive and negative, and the factors responsible for these unintended effects.

2.1.1   Achievements of Overall Project Goal

The project started with a pilot phase in three regions of Volta, Brong Ahafo and Western and sought to facilitate the establishment and implementation of Structured In-Service Training (SIST) system with the view to rolling out the project to the other seven regions. Based on the successful outcome of the pilot phase, the project was extended to the remaining seven regions. Thus SIST has been institutionalised within the Ghana Health Service – both at institutional and facility levels. The institutionalisation process was made possible by successful implementation of activities earmarked under the project. These activities include the following:

IST Information System

A computer-based information system has been developed and is being used to capture information on in-service training activities at HRDD and the regional levels throughout the country. Apart from the three pilot regions all the other regions have also received the software and personnel trained in its use. Indications are that the Training Information System (TIS) is very useful and makes it easy to access IST information. Rather unfortunately, the computer system is not available at the district and facility levels.

Financial Analysis Software

Financial analysis software was developed and is available in all the regions. However only two regions Central and Northern regions reported that they were using the facility. Reasons given for non-use were inadequate time due to heavy workload, inadequate trained personnel and the fact that the software is complicated and not user friendly. Even in the Northern region where the system was being used, there were complains that the software was not user friendly. In the Brong Ahafo region for instance, only the RT Co-ordinator had been trained in its use and she is unable to use it due to her busy schedule.

IST Logbook

The logbook has been introduced to all the ten regions. A significant number of staffs have received their logbooks, though in some regions notably the Volta region, quite a number of the logbooks are yet to be delivered to staff. For instance, out of a total of 3,908 health workers in the region, records at the RT Coordinator's office revealed that only 1252 were supplied with the logbook. Interviews with health workers indicated that about 77% of health technical staff had logbooks. A breakdown by regions is presented in figure 1. Indications from the field were that staff have full understanding of the logbook and its usefulness. According to them, apart from serving as a reference point for promotional interviews, the logbook also helps to keep track of the individual's IST records. In the view of the RT Coordinators, the logbook enables them to know those who benefited from any IST programme and help them in selecting staff for subsequent training programmes.

There was evidence that the logbooks are being used to record the participation of the individual health worker in structured IST.

Fig 1: Percentage of Health workers (Technical) who reported that they had logbooks by region
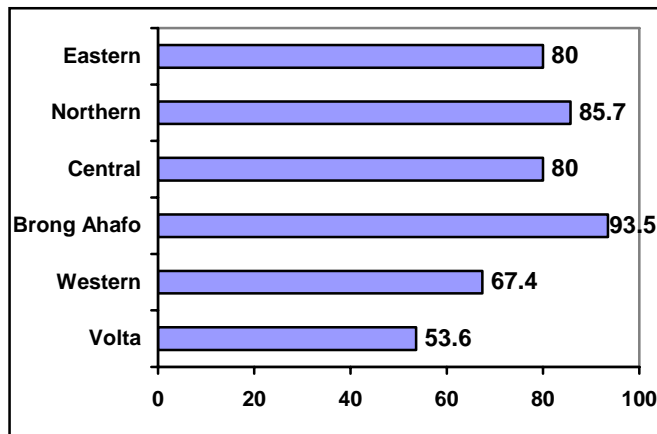
Complaints from the field are that some training programs attended are not recorded in the logbook. This situation, it was discovered stems from the fact that some Unit or Programme Heads organise training programmes without the knowledge of the Regional Training Coordinators. In that case, the Coordinators also do not endorse the logbooks for participants. Their contention is that they are not sure whether teaching and learning really did take place. In some regions the co-ordinators indicated that the logbooks are endorsed only when they receive training reports from the organisers

IST Regional Training Centres (RTCs)
The three pilot regions benefited from a full-fledged training centre with conference and lodging facilities. The centres were also provided with modern training materials and equipment. In addition, a mobile training centre (MTC) has been put in place to ensure that training programmes can be delivered at the grassroots with appropriate materials and equipment. Even though, the other regions were not provided with this facility, increased awareness of IST has motivated the non-pilot regions to make provision for RTCs. Training programs have been decentralised indeed some sub-districts are being encouraged to set up training centers and organise programs at that level which is more cost effective. Some of the facilities particularly the regional hospitals have purchased their own training equipments. For instance the central and Eastern regional hospitals, have refurbished their conference centers, purchased LCDs, Computers, overhead projectors among others. Records from the three focal regions showed that the centres continue to play a vital role in IST programmes of the respective regions notwithstanding the fact that some Unit Heads prefer organising their programmes outside the centres.

Integration of Reproductive and Child Health into IST system
Reproductive and child health (RCH) has fully been integrated into the IST system. At the national level, the RCH Unit continues to organise training for health workers in relevant courses. For instance in 2005 alone ten TOT and updates/refresher training programmes have been organized in the areas of safe motherhood, family planning, lactation management and adolescent health development with funding from UNFPA, UNICEF, QHP and GoG.

Even though the TIS is available at the RCH Unit, it has not been used since the end of JICA's TA because there is no trained personnel at the unit to use it.

2.2.2 Improved Institutional Capacity

Institutional capacity building at all levels – national, regional, district and facility levels of GHS was key in this project. The capacity building came in various forms including:

Training for Key Staff

Key staff at all levels have received various degrees of training to enable them function effectively. Most of the Regional Directors took part in the counterpart training in Japan and so were the Regional Training Coordinators. Besides, there have been periodic updates for the Coordinators since 2002. All the IST focal persons both at institutional and facility levels have also benefited from some training programmes and regular updates are organised for them. Training was also organised for some staff to enable them manage the IST software and financial analysis software. The participation of these staff in these training programmes has enhanced their ability to deliver in their respective positions.

Structures in place for Effective IST

Various structures have been put in place to ensure that GHS is in a better position to carry out IST for its workers. In each institution and facility, the position of the IST Focal Person has been created and recognised as such. The mere existence of the Focal Persons has created an opportunity for health workers as to where to go with their IST concerns. Both at facility and institutional levels, there is an annual IST plan with a corresponding budgetary allocation/provision. The logbooks provide an opportunity for the IST Focal Persons and Training Coordinators to keep track of staff who have or have not benefited from training programmes. This enables the Focal Persons and the Coordinators to distribute IST opportunities fairly among staff.

Besides, a database of facilitators or resource has been established in each region. These are made up of people with the requisite expertise and knowledge in the classified courses. The Training Resource Centres with the state-of-the-art equipment in the three pilot regions for instance have also added another dimension to the capabilities of GHS in general to carry out IST. Though not widely utilised, the concept of the MTC is laudable and provides a unique opportunity for all institutions and facilities irrespective of their geographical locations to have access to training resources available in the regions.

2.2.3 The Role of External Factors in the Project

The observed achievements of the project are not only attributable to the project per se, but there were other intervening factors, which were outside the scope of the project, which together with the project has resulted in the observed outcomes.

The Donor Pool Fund (DPF)

The DPF concept has empowered GHS financially to meet, though not adequately, IST budget request of the regions, the districts and facilities. The implication is that the regions, the districts or the facilities are expected and encouraged to organise some form of IST for health workers on the strength of funds from the DPF.

Professional Bodies

Professional organisations such as Ghana Registered Midwives Association (GRMA), Ghana Registered Nurses Association (GRNA) and the Pharmacy Council. have been organizing and continue to organise periodic training for their members who are largely health workers. Their activities tend to complement the efforts of GHS.

Other Donors
Donor agencies including UNICEF, UNFPA, the Global Fund and WHO periodically organise training for health workers in specific topical issues. For instance, staff from Keta District benefited from such an assistance when the Global Fund organised training in Malaria Prevention and Control.

Internally Generated Fund (IGF)
The use of IGF both at facility and institutional levels enables IST to be organised without recourse to outside funding. Some of these funds are also used to purchase basic training facilities e.g. flipchart stand, overhead projectors, computers, etc. or repair broken down facilities.

Existing IST Culture
IST for health workers is a long-standing practice within the GHS and the concept was not entirely new to the service. This culture coupled with the favorable setting created under the HIST project ensured the continuous implementation following the end of JICA's Technical Assistance (TA).

Political Environment
One of the key political agenda of the current government is Human Resource Development. Public Institutions including GHS are expected to take staff development seriously. In this regard IST within GHS is given the necessary recognition and support at all levels. This might explain why some District Assemblies are supporting IST. In the Brong Ahafo region for instance the Jaman District Assembly had given some funds for IST for health workers in the district.

2.2.4   Observed Externalities and their Causes
Some of the outcomes after JICA's TA have not been planned for or anticipated. These unintended outcomes were either positive or negative in nature.

Positive Unintended Outcomes
The positive unexpected outcomes observed, is the increase in demand for IST by health workers. This is an offshoot of the sensitisation and awareness of the importance of IST created by the project. The linking of promotional interviews to participation in IST has raised the consciousness of most health workers to demand their share of IST. Inadequate funding to meet this demand has led some facilities to institute what is referred to as study day where a group of health workers are brought together weekly within the facility and taken through some topics by resource persons for a short period of time. A particular topic could be treated for about a month.

Negative Unintended Outcomes
Most of the institutions and facilities lack the requisite number of staff to work with. The participation of staff in structured IST which is expected to span over three days robs facilities of the services of the participating staff. In one-staff operated facilities, the participation of the staff in such programmes implies interruption of service for the number of days the staff stays away. In another scenario, pressure is brought to bear on a few staff who are left behind. Under such pressure and stress the efficiency of staff and quality of care cannot be guaranteed.

The restriction of the logbooks to some categories of staff has resulted in grumblings and complaints. Those who are not given logbooks feel that their roles in the service are not important. Some training co-ordinators are thus forced to provide some form of certificates to such staff when they attend any training programmes.

It has also been noted that the creation of the RT Coordinator's desk within the RHS structure has become a symbol of envy and suspicion for other staff particularly Unit Heads. Most of them are therefore not prepared to work with the Coordinators. There appears to be a sustained rivalry between the Coordinators and the other members of the RHMT.

3.0   SUSTAINABILITY
In assessing the extent and potential for sustainability after the end of JICA's TA, the study examined the capacity and ability of the counterpart organization to maintain gains accrued as a result of achieving the project purpose and overall goal, assessed whether project outcomes have been maintained, what factors have contributed to the sustainability as well as support from other donors and the government of Ghana.

3.1   Capacity/Ability of Counterpart Organisation to Maintain Gains

3.1.1   Budget allocation to IST
Discussions with some heads of facilities, training co-ordinators and IST focal persons revealed that generally, only about 30-40% of planned annual IST budget is approved for training because of resource constraints and competing demands for limited financial resources. To a large extent budget allocation to IST depends on the level of commitment of the head of the facility to IST.

3.1.2   Personnel
It was observed that all the regions had a database of facilitators. These however needed to be updated since most of those who participated in the TOT workshops during the project period had either retired, transferred, gone to for further studies or are no longer with the service. At both the regional and national levels the lists of facilitators are being updated. This notwithstanding, staff with expertise in subject areas are identified to facilitate courses. All the regions seem to have personnel who handle various topics during IST sessions.

3.2   Plans for sustainability
To a large extent project outcomes have been maintained since the termination of JICA assistance. This is reflected in the fact that awareness of in service training is currently very high among health workers, most of the project outcomes such as the establishment of 3 training centres in the pilot regions, the logbooks, reporting forms, are widely used in the Service. The revision of the IST Policy to include guidelines and new procedures for IST is a first step towards plans to sustain the project.

3.2.1   The Regional Training Centres (RTCs)

The RTCs continue to play a vital role in in-service training activities. The RTCs in the pilot regions particularly Brong Ahafo and Volta regions are functioning fairly well. The conference hall and the lodging facilities are hired out to other organisations/institutions for use. Thus generating some income. Plans are underway to expand the lodging facilities in the Brong Ahafo region. In the western region however indications are that the centre is grossly under-utilised, due to its location and structure. lt appears that adequate records are not being kept on the utilisation of these facilities. It also appears the centres do not have a maintenance plan.

Reports from the field showed that the Mobile Training Centre facility which is only available in the three pilot regions has completely broken down in Volta. Even before its breakdown, its use for the assigned purpose was fraught with a lot of problems. In Brong Ahafo and Western however, the MTC continues to be instrumental in organising training at the district, sub-district and facility levels both for normal IST and RCH programmes though they also suffer occasional breakdown. It appears the vehicles are now weak and may need replacement given the critical role they play in bringing training facilities to the grassroots.

3.2.2   Equipment

A lot of training equipment and materials were made available under the project. Some are being used whilst others have never been used. For instance in the Western region, a Panasonic KX-B530 Board/Projector, Auto clave, Anatomic Charts as well as some microphones had never been used.

"No one knows how to use some of these things besides the instructions are in Japanese we can't read. The scanner has never worked since it was brought." – Secretary RTC WR

Quite a number of the equipments supplied by JICA have broken down e.g. computers and LCD. in the Volta region for instance. Elsewhere, some broke down and were repaired. In the Western region there was report of frequent breakdown of computers and the photocopier. Some flip charts were in bad shape. The Computer and LCD in the Brong Ahafo region has also suffered frequent breakdowns. In Volta, a new computer was bought for the RT Coordinator following the crashing of what was supplied under JICA TA. Some of the regions and districts are making efforts to purchase equipments from their own resources. For instance the Northern Regional Administration has purchased computers and LCD to support IST. However, it appears there is no scheduled officer both at national or regional levels for the maintenance of these equipments let alone a maintenance plan. It is also not too clear if there is a maintenance fund both at national or regional levels. It also appears there is no immediate use for some of the equipments as they are still as delivered.

3.2.3   Training Information System and Financial Analysis Software

The Training Information System is still in use in the regions. However frequent breakdown of the computers affect its smooth use. In the Western region for instance, the system had broken down and the computer sent to Accra for repairs when the evaluation team visited the center. Delay in the submission of training reports from the districts and the regions as well as the fact that some Units in the service organise training programs without the involvement or knowledge of the Regional and National Training co-ordinators to some extent defeats the purpose of the IST system to keep information on all training programs for health workers in the regions and in the country as a whole.

The financial analysis software is not being widely used. Apart from the Northern and Central regions, which reported its use, the other regions appear not to be using it though they found it useful. Lack of time due to heavy workload was cited as the major reason for non-use in some regions. Others did not find it to be user-friendly. It appears that enough capacity building has not been done in the use of the two softwares. At the RCH Unit for instance it was found out that since the end of JICA TA, the staff have not been able to use the TIS at the Unit. The evaluation forms are sent to HRDD for inputting. The regions also do not have trained personnel to maintain the systems when they breakdown. Usually the computers are sent to HRDD or personnel are called from the head office to fix them.

3.2.4   The Logbook
The Logbook remains an important instrument in the SIST scheme. Health workers have understood its relevance particularly in the area of promotion. They willingly submit it for endorsement upon attendance at IST.   It also remains a monitoring tool by which participation in IST of the individual health worker can be tracked.   The use of the Logbook provides a platform for ensuring equity and fairness in the selection of participants to IST. The threat to its use is the conflict (mentioned earlier 2.1.1) between the RT Coordinators on one hand, and Programme Heads on the other.

3.2.5   The Reporting Formats
The Reporting Formats developed under the IST system are still widely in use in all the regions. It must however be acknowledged that the use of the Form III to capture training activities is also under threat as Programme Heads continue to sidestep the RT Coordinators in organising training programmes. The implication is that some training activities are not recorded. This certainly is not good for effective management of the system. The RT Coordinators cited lack of commitment on the part of some BMC heads.

3.2.6   Curricula and Teaching Materials
The curricula and teaching materials developed under the system are still effective and applicable at GHS. The curricula are being used for training programmes. However not all facilitators have been trained in the use of the curricula. Plans are far advanced to review the curricula and all facilitators would be given orientation to use them after the review. Discussions with the National IST Co-ordinator revealed that a consultant is already in the country and review is in progress.

3.3   Factors Affecting Sustainability
Reports from the field indicate that the awareness created by the project about IST particularly with the introduction of the logbook and the subsequent positive attitude and commitment of some heads of institutions to a large extent have contributed to the sustainability of project outcomes. This notwithstanding other factors such as inadequate funding, lack of other resources such hospital equipment and transportation have hindered full sustenance of project achievements. For instance the overall goal of IST is to improve health care delivery. However health workers complain that they are unable to fully utilize the skills and knowledge they acquire from training because they do not have equipment to work with.

"I have received training in delivery and management of premature babies but there is no incubator here so I am handicapped" (sentiments expressed by a health worker in the VR)

Indeed almost half (46.8%) of health workers interviewed stated that insufficient tools/logistics/equipments was what prevented them from fully utilizing the skills they acquire from IST.

Similarly lack of adequate transportation system particularly in the non-pilot regions was noted as a problem hampering effective monitoring of IST.

With regards to funding, it was observed that donors have specific areas of interest in health. It was realized that most donors are more prepared to support IST for public health staff than clinical and other staff. Thus in almost all facilities visited it was reported that health workers in public health benefit more from IST compared to those in the clinical section defeating the idea of providing IST for all categories of staff. Discussions with the National IST Co-orinator revealed that efforts are been made to change this situation.

One other factor that has the potential to mitigate against the sustainability of the project is a structural defect which resulted from the initial project design. IST appears to be a unit on its own and not part of the GHS structure. Some regional and district directors feel they do not have control over IST as they do over other areas. The HRDD communicates directly with the RT Co-ordinators on IST issues while RT Co-ordinators communicate directly with focal persons at the district level. Thus the system was not integrated into the existing administrative structure of the GHS. Some programme heads who are mostly doctors, feel reluctant to report to RT Co-ordinators who are mostly Public Health Nurses regarding IST. It appears to be a parallel structure.

3.4   Sources of Support

Funding for IST is one of the major areas the project has been largely sustainable. Reports from the field suggested that long before the TA from JICA, there was budget line for IST and trainings were being organised. The JICA supported project sought to systematise the organisation of such programmes and also create an enabling environment to integrate them into the annual plans of the GHS at all levels. It is gratifying to note that the HRDD, the regions, the districts and facilities continue to source for funding from their traditional sources for IST (ie. DPF, IGF). IST is therefore being organised though not on a scale that would adequately meet the ever increasing demand generated by the project. Indications are that funds are made available mainly through the DPF.

In spite of this, some donors such as WHO, UNICEF, UNFPA, the Global Fund, USAID, etc. make funds available for programmes of interest to them. Again, professional associations such as GRMA, GRNA, etc. also organise training exclusively for their members. The institutions and facilities also depend on their IGF to organise training. Discussions however revealed that since the end of JICA TA, the service has not received support from any donor in the areas where JICA provided support. Donor funds have always been geared towards organizing training programs for staff but not in developing/establishing systems like JICA did. Some regions though have received support in the area of equipments. For instance, the Western Region Training Centre had received equipment including a photocopier, computer, printer, furniture among others from PRIME II an NGO for use at the center.

It is however difficult for the co-ordinator at the National level to indicate how much the service had received for IST from donors because most of the donor funds are transferred directly to the BMCs due to the decentralization process.

Though not adequate, the Service continues to receive funding from the Government of Ghana (GoG) specifically for in-service training. According to HRDD annual report, funds for IST from Ghana Government increased significantly from 12% in 2003 to 35% in 2004.

4.0   OTHER FINDINGS

4.1   Training Needs Assessment and Training Plans
Training needs assessment has been institutionalised at all levels of GHS i.e. national, regional, district, sub-district and facility levels. This is done through staff appraisal, observation, interactions with staff i.e. at meetings, etc. This assessment enables IST Focal Persons to develop annual training plans. The plans developed at facility, sub-district and district levels are harmonised into a composite regional plan, which is submitted to the HRDD. The regional plans are also harmonised into a national training plan based on which budget allocations are made for IST training at the national level. It is heartwarming to note that almost all facilities, districts and regions visited had a training plan. However the format varied. It would be useful to have a standardised format applicable to all. The only de-motivation factor to the preparation of the plan is consistent inadequate funds to implement the plans to the letter. This does not encourage the Focal Persons and Coordinators to continue developing plans that would not be fully implemented. Regional/district plans are also influenced by the priority area of the region/district. For instance it was revealed in the central region that they had the highest maternal deaths in the country in 2004. Their priority was therefore to reduce maternal mortality. As a result all training programmes organised at the time was geared towards improving skills of health workers to provided quality maternal care.

4.2   Monitoring and Evaluation
Monitoring at all levels has been identified as one of the soft-spots of the project. Between HRDD and the regions, HRDD and the RCH Directorate, the regions and the districts, the districts and sub-districts and facilities, monitoring has not been effective though all the tools for monitoring and evaluation are in place. Lack of adequate transport facilities were cited as major constraints for monitoring at the regional and district levels. Even where monitoring activities are undertaken, it appears the mandatory feedback is not provided to the host institution or facility.

4.3   Client Satisfaction
More than eight out of ten clients interviewed (84.3%) indicated that they had noticed some improvements in services. Fig 2 represents the type of improvements noticed.

Fig 2: Percentage of clients reporting type of improvement at the facility
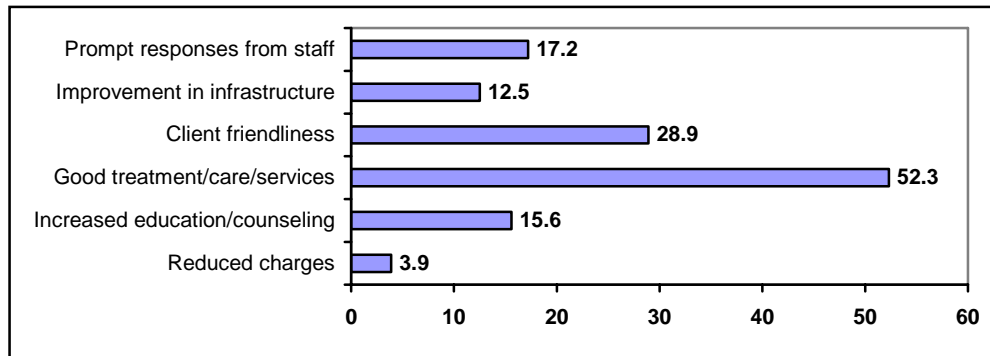
Asked whether they were satisfied with the services they received, the overwhelming majority (94.8%) stated that they were satisfied. Training co-ordinators and some Institutional heads reported that a recent client satisfaction survey organised indicated that there had been some improvements in the quality of service provided by health workers.

5.0   CHALLENGES/CONSTRAINTS

The study observed certain challenges and constraints that need to be addressed in order to ensure the full sustenance of SIST achievements. Notable among these challenges and constraints are:

- Inadequate personnel at the Training Unit to coordinate training activities
- Non-compliance with laid down procedures and processes for IST particularly by some programme/unit heads. As a result Training Co-ordinators both at the National and Regional level do not have full control over IST programs and information.
-
- Inadequate budgetary allocation or funding for IST resulting in the inability to fully implement training plans.
- Ensuring equity and fairness in participation in IST especially in the face of vertical programmes. IST to a large extent continues to be skewed towards certain categories of staff particularly those in the Public Health Unit.
- Poor record keeping on conference and accommodation facilities at the RTC's
- Inadequate training materials and equipment particularly in the non-pilot regions
- Some of the equipment brought under JICA Technical Assistance are too sophisticated and may require some orientation before use.
- Inadequate number of trained personnel in the management of the TIS
- Lack of proper maintenance schedules for the RTCs
- Some Programme Heads think the facility should be used free of charge
- Lack of catering services and other basic lodging facilities e.g. no TVs in the rooms, etc. attached to the RTCs
- Poor management in some centres particularly on the use of the conference hall and accommodation facilities. For instance in the Volta region the Coordinators do not feel in-charge of managing the centres. Guests are admitted and programmes are organised in the facility without any prior information.
- Revenue generated from the centre are sent to the regional administration but not re-invested into the centre. Meanwhile the procurement process is quite cumbersome. Thus the centres are not able to respond promptly to emergencies

6.0   CONCLUSION

Findings from the study indicate that to a large extent the project overall goal has been achieved. The project has contributed to the improved institutional capacity of the implementing agency. Existing IST culture, donor funding as well as awareness of IST created by the project have influenced the achievement of the project goal. Project outcomes have been maintained and this is reflected in the fact that the Ministry of Health has adopted the TIS, logbooks, reporting forms and the teaching materials provided by the project. Plans are ongoing to review these outcomes by the HRDD in the coming year. The capacity of the counterpart organisation to maintain gains accrued by the project is being constrained by inadequate budget allocation to IST and growing demand for IST by health workers. Availability of donor and GoG funding for training is however re-assuring. The following conclusions can also be drawn from the study:

In most cases the established system of involving IST coordinators/focal persons at regional, district and facility levels in the planning and implementation of IST activities was not followed. Training co-ordinators both at the national and regional level do not have full control over IST programs in the country/region

The expressed intention of health managers to sustain IST with or without donor support is encouraging.

Monitoring has been identified as one of the major weaknesses of the project. And because monitoring is a cross-cutting issue in IST, any attempt to relegate it to the background will compromise the long-run sustainability of the IST system.

There are inadequate personnel to manage the software developed for IST and financial analysis and therefore the system is being underutilized.

It was realised that some of the equipment provided under the JICA Technical Assistance are not being used.

Some health workers also complained that during training, they used equipment which they do not have in their facilities. Putting the knowledge and skills they have acquired into practice therefore becomes a challenge. Resourcing the training centres with the state-of-the-art equipment and facilities without doing same in the health facilities does not make the journey complete.

In terms of local resource mobilization, the Regional Training Centre (RTCs) have a lot of revenue generation potentials to sustain IST.

The MTC plays an effective role in bridging the gap between the training and resource needs of the districts, facilities and the regions. That aside, the strategy was very cost-effective. However the vehicles at the three pilot regions are showing signs of weakness and need replacement. The other non-pilot regions also need this facility.

Though IST training plans developed, the format for the plans varied from district to district as well as from facility to facility.

Record keeping on IST particularly at the regional and national levels leaves much to be desired. This partly emanates from the non-involvement of RT Coordinators by some Programme Heads in their training programmes. Equally, the districts and facilities have not been submitting their forms regularly as required. It was realised that a lot of training goes on but are not captured by the system.

7.0   RECOMMENDATIONS

Based on the findings and conclusions, the following recommendation were made:

- The roles of IST coordinators/focal persons should be redefined and respected to enable them participate fully in the planning and implementation of IST activities. There is the need to strengthen co-ordination of training activities.

- Efforts should be made by health mangers at all levels to give IST a priority attention in budgetary allocations either through government and/or internally generated funds

- Future assistance from JICA should come in the form of equipment and establishment of IST training centres for the seven remaining regions. As well as providing Hospital equipments

- There is the need to step-up monitoring activities at all levels and the feedback mechanism made to work.

- Periodic monitoring and technical support visits will be useful. Again, there will be the need to organise updates for the users of the software. It will also be important to build the capacity of the core staff of the centres to ensure the continuity of the system even in the absence of anyone person.

- Reviewing of the computer software's, particularly the financial analysis software to make them user friendly will be beneficial.

- With the commercialisation of the centres, it would be useful to provide some basic facilities/services i.e. catering, provision of television in the rooms, etc. to put them at the same pegging with their competitors.

- Equipment utilisation inventory be carried out to determine the usability of the equipment supplied so that a decision can be taken on those which are not immediately needed.

- Service delivery points should also be resourced adequately so that teaching and learning would eventually find expression in practice.

- Programme Heads should patronise the regional training facilities available. Again, the centres will also need to be upgraded and expanded. The lodging facilities can be expanded to accommodate far more guests than they are currently doing. Besides, putting in a few amenities like TV set, etc. will help raise the value of the facilities. Providing in-house catering services will also add to the revenue generation capabilities

of the centres. Setting a percentage of revenue from the centre for this can be a starting point.

- There is the need to replace MTC's in the three pilot regions and to provide the remaining seven regions with the facility.

- It will be beneficial to have a standardised format for preparing training plans. HRDD should design a standard format for use at all levels

- Efforts should be made to commit Programme Heads in particular to working hand-in-hand with the coordinators. The districts and the facilities should also be encouraged to fill and submit their Form III to the region on time.

- IST should be integrated into the GHS administrative structure. Lines of reporting of IST should fit in the existing structure where all staff report directly to the Regional/ district director. IST reports should be part of the regional/district director's report. This could to a large extent help to remedy the situation with Programme Heads

8.0 LESSONS LEARNT

The desire for managers of health services to ensure sustainable integration of IST at all levels is very encouraging. However it requires more resources to undertake the integration in order to meet the increasing demand for IST among Health workers.

Recognition of IST for rewarding health workers in the form of promotions provides the necessary motivation for health workers at all levels to take IST serious. To further minimise the non-submission of IST forms by certain categories of health workers especially the paramedics, the recognition of IST for promotion should be accepted by other health professional bodies.

It is generally accepted that IST should be sustained at all levels. But to give meaning to sustaining IST it requires institutional capacity in the form of personnel, financial resources and equipment at all levels

The current system whereby Regional Training Centers are being rented out to other organisations for use is commendable and it presents an opportunity for the Centres to build on that potential to generate local income to sustain IST

The presence of IST co-ordinators and Focal Persons facilitates the proper management of the IST system. However, the desire to control resources by some Unit/Programme Heads undermine the role and authority of IST Co-ordinators/Focal Persons

Continuous reliance on donor funding hampers sustainability of IST at all levels and also compromises the laudable idea of fairness and equal opportunities for all health workers to attend IST. It is therefore important to develop strategies to minimise over reliance on donors for IST

Appendix A

LIST OF FACILITIES VISITED

REGION	DISTRICT	FACILITIES
Western	Shama Ahanta East	Effia Nkwanta Hospital Takoradi Hospital Essikado Hospital Kwesimintsim Poly Clinic
	Juabeso Bia	Juabeso Health Center Sui Ano Health Post
	Jomoro	Half Assin District Hospital Elubo Health Center Tikobo No. 1 Health Center
Central	Cape Coast	Cape Coast Regional Hospital Cape-coast district Hospital Adisadel Health Center Ewim Health Center
	Assin Fosu	St Francis Xavier Hospital Manso Health Center Aniwabrem Health post
	Awutu-Effutu Senya	Winneba Gov't Hospital Kasoa Health Center Bawjiase Health Center
Eastern	New Juaben	Regional Hospital RCH Center Zongo Clinic
	Birim North	New Abirem Health Center Okaikrom CHPS Zone
	Asuogyaman	Boso Health Center Senchi Ferry Community clinic Akwamufie Health Center
Volta	Ho	Ho Regional Hospital Ho Municipal Hospital Ho RCH Center
	Nkwanta	Nkwanta District Hospital Kpasa Health Center Chode CHPS Zone
	Keta	Keta District Hospital Anloga Health Center
Brong Ahafo	Sunyani	Regional Hospital Nsuatre Health Center Chiaa Health Center
	Sene	Sene District Hospital Bantama CHPS Zone
	Jaman	Jaman District Hospital Drobo MCH Clinic Adamasu Rural Clinic
Northern	Tamale	Tamale Teaching Hospital Tamale Municipal Hospital Kalpohine Health Center Bilpela Health Center
	Yendi	Yendi District Hospital Sang Health Center Adibo Health Center
	West Mamprusi	Walewale District Hospital Kpasenkpe Health Center Janga Health Center

LIST OF EQUIPMENTS

	Item	Specification	Number Provided						Fiscal Year	Functional Status 1=Yes 2=No					Remarks
			HRDD	BAR	VR	WR	RCH	TOTAL		HRDD	BAR	VR	WR	RCH	
1	4WD Vehicle	Nissan Patrol	2					2	1997						
2	4WD Vehicle	Toyota Landcruiser (Mobile Training Center)		1	1	1		3	1997		1	2	2		
3	Photocopy machine	CANON NP6035 Feeder, 20bin sorter	1					1	1997						
4	Color TV	SONY 25inch Multi-System		1	1	1			1997						
5	Video Tape Recorder	SONY 4Hads Multi-System		1	1	1			1997						
6	Potable Generator	Yahama 650VA		1	1	1			1997						
7	Human Body Model			1	1	1			1997				1		
8	Wall Chart			9	9	9			1997						
9	Health Education (Video tapes)		20	20	20	20		80	1997				1		
10	Server Computer		2					2	1997			1	2		
11	UPS	APC Smart UPS 1.4KVA	2					2	1997				1		
12	Client computer	Compaq Deskpro 2000GT	4					4	1997				2		
13	UPS	APC Smart UPS 650VA	4					4	1997				1		
14	Color Printer	Hewlett Packard DESKJET 890CCI	2					2	1997				1		
15	Laser Printer	Hewlett Packard LASERJET 5N	2					2	1997			1	1		
16	Scanner	Hewlett Packard SCANJET 5	1					1	1997				2		
17	Soft Ware	Novell Intra Netware 4.11, MS Off. 97	12					12	1997				2		
18	Personal Computer	Compaq Deskpro 2000GT		1	1	1		3	1998			2			
19	Software	(Windows NT, MS Office 97, SPSS	1	1	1	1		4	1998				2		
20	Copy machine	B/W high speed with sorter & feeder		1	1	1		3	1998				2		
21	Backup generator	5.5KVA		1	1	1		3	1998				1		
22	Air Condition	2.0 HP 240V 3000W		2	2	2		6	1998			1	1		
23	Type Writer	Electric	1	1	1	1		4	1998			1	1		
24	OHP		1	1	1	1		4	1998		2	2	1		
25	Screen Set	Wall type, Portable	1	1	1	1		4	1998			1	1		
26	Slide Projector	50 pictures cassette	1	1	1	1		4	1998				1		
27	Tape Recorder	Hand type	2	2	2	2		8	1998			2	-		

	Item	Specification	Number Provided						Fiscal Year	Functional Status 1=Yes 2=No					Remarks
			HRDD	BAR	VR	WR	RCH	TOTAL		HRDD	BAR	VR	WR	RCH	
28	Video set	VHS Video camera	1	1	1	1		4	1998			1	1		
		VHS Video taperecorder	1	1	1	1		4	1998			1	1		
29	Multi Projector		1	1	1	1		4	1998				1		
30	Visual Projector		1	1	1	1		4	1998			2	-		WR- never been used
31	Lecture Desk			1	1	1		3	1998						
32	Address Audio set			1	1	1		3	1998						
33	White Board		1	1	1	1		4	1998			2	1		
34	Flip Chart stand			2	2	2		6	1998			2		2	
35	Binding machine		1	1	1	1		4	1998	1	2	1	1		
36	Reference book set		1	1	1	1		4	1998			1	1		
37	Video tapes set	Health Education	1	1	1	1		4	1998				1		
38	Human Model	Resuscitation		1	1	1		3	1998						
39	Surgical Operation Tool	Training tool for Medical Assistants		1	1	1		3	1998						
40	Model (Mamma)	Medical Examination Training		1	1	1		3	1998						
41	Model (Internal organs)			1	1	1		3	1998						
42	Wall chart set	14piece/set		1	1	1		3	1998						
43	Stimulator	Neonate		1	1	1		3	1998						
44	Stimulator	Adult		1	1	1		3	1998						
45	Stimulator	Childbirth (pelvis model with baby head)		1	1	1		3	1998						
46	Chair	Trainee chair with table		30	60	30		120	1998				1		
47	Computer	Laptop	1	1	1	1		4	1999				-		WR-stolen
48	Fax Machine			1	1	1		3	1999						
49	Photo Camera	Auto focus	1	1	1	1		4	1999			1	1		
50	Health Check Unit	Height measure for adults		1	1	1		3	1999						
		Height measure for baby		1	1	1		3	1999						
		Scale for adults		1	1	1		3	1999						
		Scale for baby		1	1	1		3	1999						
		Measure		1	1	1		3	1999						
		Eyesight Test Kit		1	1	1		3	1999						
		Audiometer		1	1	1		3	1999						
51	Diagnosis Kit	Otoscope		15	15	15		45	1999						
		Nasoscope		15	15	15		45	1999						
		Depresser (tongue)		15	15	15		45	1999						
		Dental Mirror		15	15	15		45	1999						
		Percussion Hammer		15	15	15		45	1999						
		Torch light with depresser		15	15	15		45	1999						

	Item	Specification	Number Provided						Fiscal Year	Functional Status 1=Yes 2=No					Remarks
			HRDD	BAR	VR	WR	RCH	TOTAL		HRDD	BAR	VR	WR	RCH	
52	Boiling sterilizer	Using LP Gas		2	2	2		6	1999				1		
53	Diagnostic torch light	For Ear, Eye, Nose		2	2	2		6	1999						
54	Sonic Aid	Head phone, LED indicator		2	2	2		6	1999						
55	Sethoscope	W Type		50	50	50		150	1999						
56	B/P Apparatus			15	15	15		45	1999						
57	Gynecological Bed			1	1	1		3	1999				1		
58	TV and Video Deck	20inch TV, 4 head VCR		1	1	1		3	1999				1		
59	Refrigerator	200 L		1	1	1		3	1999				1		
60	Deep Freezer	400 L		1	1	1		3	1999				1		
61	Air conditioner	Slit type		2	2	2		6	1999				1		
62	Backup Generator	100KVA	1					1	1999	1					
63	Backup Generator	25 KVA		1	1	1		3	1999			1	1		
64	4WD Vehicle	Toyota Landcruiser	1					1	1999	1					
65	Logbook		40000					40000	2001						
66	Computer Server	Compaq Proliant 1600	2					2	2001						
67	HUB	16 PORT HUB	2					2	2001						
68	Computer for client	Compaq Despro 2000GT	2	1	1	1	1	6	2001	1				1	
69	Printer	HP Laserjet, 1100	2	1	1	1	1	6	2001				1		
70	Scanner	Scanjet 6300C	1				1	2	2001	1				1	
71	UPS	UPS 1400	2					2	2001						
72	UPS	MGE – UPS 650s BS	2	1	1	1	1	6	2001	1				1	
73	Surge Arrest, APC		4	1	1	1	1	8	2001	1				1	
74	Wireless microphone	Public Address System		2	2	2		6	2001				1		
75	Laser Pointer		2	2	2	2	2	10	2001				1		
76	Audio Amplifier			1	1	1		3	2001				1		
77	Slide projector	NOBO SD8					1	1	2001				1		
78	Mobile White board	Size 180 X 120 CM					1	1	2001				1		
79	Photocopy machine	CANON PC 781					1	1	2001				1		
80	Printing machine	RESOGRAPH CR 1610 EP					1	1	2001				1		
81	Laminator	REXEL 41628EU LM 35, 220-240V					1	1	2001				1		
82	Speaker set			1	1	1		3	2001				1		WR-never used
83	2P Guitar cables	Public Address System		1	1	1		3	2001						
84	Dynamic microphones			2	2	2		6	2001						
85	Steel cabinet	Back office server 2000ENGL CE/DVD 6		1	1	1		3	2001						
86	Softwares								2001						
87	Teaching materials		14					14	2001						

88	Health education (books)		39	39	39	39			2001					1	
89	Audio cassette		13	13	13	13			2001						
90	CD's		10					10	2001						
91	Chairs			20	45	45		110	2001					1	
92	Exposure lamp			1	1	1		3	2001						
93	Drum unit assemble	NPG-13 Canon Np 6035		1	1	1		3	2001						

EVALUATION GRID FOR THE EX-POST EVALUATION OF THE HIST PROJECT

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	**Sub Questions**				
Impact	To what extent has the project overall goal been achieved since the time of terminal evaluation?	What achievements has the project made?	Compare results of terminal evaluation with current situation	Terminal evaluation and current data	JICA (for terminal evaluation) and Taining beneficiaries, clients and field team observation reports	Interviews, exit interviews, document review and observation
		To what extent has the project goal been achieved?	Compare goal with achievement	Project goal and data on current achievements	"	"
	Has the project contributed to the improved institutional capacity of HRDD?	How has institutional capacity changed since project implementation?	Compare pre-project capacity (baseline) with current capacity	Baseline and current capacity	JICA (for the terminal evaluation), health centre/ hospital records, HRDD, DHMTs, and training beneficiaries and facilities	One-on-one interviews, document reviews, facility assessments

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	Sub Questions				
		What types of changes have occurred with regard to institutional capacity, eg. Changes in health delivery, changes in numbers of staff?	"	"	"	"
		If positive changes in institutional capacity have occurred, has the project caused those changes?	Identify and relate potential factors to changes	Changes and potential factors	"	"
	Are there any external factors that influenced the achievement of the project goal?	What challenges existed for the project (eg. Attrition, government policies)?	Identify existing or previous challenges	Information on previous and current challenges and external factors, government policies relating to HIST	All those trained through program and all managers involved with project implementation	One-on-one Interviews
		What external factors are involved?	Compare positve external factors with negative ones to determine the main influences	"	"	"

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	Sub Questions				
		Have external factors exerted positive and/ or negative influences on the project?	"	"	All those trained through program and all managers involved with project implementation, budget allocations	One on one interviews, document review
		How have health care providers dealt with negative external factors?	Compare previous negative external factors with current circumstances	"	All those trained through program and all managers involved with project	One-on-one Interviews
	Are the unintended positive and negative effects observed?	What unintended positive and negative effects are observed?	Compare expected effects with actual effects	Expected outcomes and unintended outcomes	Health facilities and all involved in implementing project	One-on-one Interviews
		Are observations common among those trained?	"	"	All those trained through program and all managers involved with project implementation	One-on-one Interviews
		Are clients affected by unintended effects?	"	"	Clients	Client exit interviews
		How has HRDD been affected by unintended effects?	"	"	HRDD personnel	Interviews

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	Sub Questions				
	What factors contributed to positive and negative impacts?	What positive factors can be identified?	From descriptive discussions, identify and relate potential factors to impacts	Extent of ongoing implementation of project (impacts) and potential factors, eg. Government policy, administration changes, etc.	Regional and District HMTs, ex-participants	Interviews, FGDs where possible
		What negative factors can be identified?	"	"	"	"
		How did various factors contribute to impacts?	"	"	"	"
	How are the trained people of the Ghana Health Service and the Ministry of Health making use of the skills and knowledge they acquired?	Do trained personel have skills and knowledge?	Compare terminal evaluation with current information	Skills and knowledge at time of terminal evaluation and current skills and knowledge	Training beneficiaries, HRDD/ DHS, and field team observation reports	One-on-one Interviews, observations/ simulations
		Are those trained using skills and knowledge?	Compare performance with MCH training content and MCH standards and protocols	MCH training content, MCH standards and protocols and performance data	Taining beneficiaries, clients and field team observation reports	One-on-one Interviews, Client exit interviews, observations/ simulations

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	Sub Questions				
		If trained personal are not using knowledge and skills, what is preventing them from doing so?	Extent of use of skills and knowledge	Performance data and potential factors	Regional and District HMTs, ex-participants, training coordinators	"
Sustainablity	Is the Counterpart organization capable of maintaining the gains accrued as a result of achieving the project purpose and overall goal?	Does the counterpart organization have necessary resources for maintaining gains?	Compare planned allocations to actual allocations for continued HIST	HRDD and MOH budgets	Management of counterpart organizations	Budget review
		Does the counterpart organization have necessary personnel for maintaining gains?	Compare number of trained personnel and required number of trained personnel for continuation of HIST (Compare numbers from three years ago to current numbers)	Counterpart organization total personnel and trained personnel	HRDD, RCH of MOH, service delivery points	Review of personnel records for counterpart organizations

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	**Sub Questions**				
		Does the counterpart organization have necessary facilities for maintaining gains?	Compare facility assessments from terminal evaluation to current facilities	Counterpart organization IST facilities	Facilities	Facility assessments and observations
	Does the HRDD allocate adequate budgets for updating the course equipment and their teachers' technical skill? Have they made financial and operational arrangements including placement of maintenance personnel that allow the advancement of the teaching equipment and teachers'	Does a budget exist for updating course equipment and technical skills?	Review HRDD budget	HRDD budget	HRDD management, budget	Interviews, budget review
		Have plans been made to continue HIST, including personnel, operational and training plans?	Identify existing, or lack of, HIST plans	HRDD programs and activities	HRDD management, health centre staff, programs	Interviews, document review

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	Sub Questions				
	training on a sustainable basis?	Are HRDD allocations and arangements similar across project locations?	Compare budgets and plans across project locations, as existed three years ago and now	HRDD plans and budgets, by location	HRDD management, health staff at different levels, budget and documents	Interviews, budget and document review
	Are equipment and training centres properly maintained?	Is equipment provided by JICA project still with organizations and used?	Compare equipment review at end-of-project evaluation to current equipment review	End-of-project evaluation, equipment review	Organizational documents, management, field team observations	One-on-one interviews, document review, observations
		Do centres have plans for maintenance of facilities and equipment?	Access maintenance plans	Maintenance plan	Organizational documents, management	Document review

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	Sub Questions				
		Has equipment been properly maintained?	Compare existing equipment conditions with expected conditions	Condition of equipment	Field team observations	Observation
	Is there new equipment and training centres?	How does current equipment compare with that available at the end of the project?	Compare current equipment with end-of-project evaluation	Condition and avialability of equipment	Field team observations	Observation
		If available, how does new equipment contribute toward trainings?	Determine use of new equipment in trainings through discussions	Use of equipment report	Management, trained beneficiaries, training documents	One-on-one interviews, document review

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	Sub Questions				
		Why was new equipment brought to the centres in the first place?	Determine purpose of new equipment through discussions	Purpose of new equipment	Centre management, acquisition records	Interviews, document review
	Have the project outcomes been maintained since the termination of assistance?	To what extent have project achievements been maintained?	Compare terminal evaluation results with current situatin, re. skills/ knowledge, technology, updated programs, etc.	Final evaluation, current information	Management and training beneficiaries, clients	One-on-one Interviews, Client exit interviews
		If and where project outcomes have not been maintained, what factors have prevented maintenance?	Descriptive discussion to consider factors that might contribute toward maintenance	Outcome maintenance and potential factors	"	"

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	Sub Questions				
	Are the participating health institutions capable of maintaining the gains achieved under the project?	Do the health institutions have necessary resources for maintaining gains?	Compare resources available with resources necessary for continued IST	Health Institutions budget and IST budgets	Management of counterpart organizations	Budget review
		Do the health institutions have necessary personnel for maintaining gains?	Compare personnel available with personnel necessary for continued IST	Health institutions' total personnel and trained personnel	"	Review of personnel records
		Do the health institutions have necessary facilities for maintaining gains?	Compare facilities available with facilities necessary for continued IST	Health institutions' IST facilities	Facilities	Facility assessments and observations
	What factors have inhibited or contributed to the sustainability of the project outcomes: such as appropriateness of project planning and the technology transferred, and external factors?	What factors have inhibited the sustainabiltity of different project outcomes?	Identify and relate potential inhibiting factors to sustainability and determine their cause	Outcomes and potential factors, eg. Policy, administrative changes, new responsibilities of RCH/ HRDD, etc.	Management and training beneficiaries, field team observation reports	One-on-one Interviews, document review, observations
		What factors have contributed to the sustainabiltity of the project?	Identfy and relate potential contributing factors to sustainability and determine their cause	Outcomes and potential factors, eg. Personnel recruitment, etc.	"	"

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	Sub Questions				
	Have other donors been involved in this project since the project termination?	Which donors are involved?	Identify involved donor organizations and compare donor involvment from terminal evaluation to current donor involvment	Current donors involved in project, terminal evaluation	MOH, HRDD, health centres	Interviews with health centre staff, HRDD and MOH, document review
		What types of involvement have other donors had?	Identify objectives and activities of donor organizations	Donor objectives and support, annual MOH budget	MOH, HRDD, health centres	Interviews with health centre staff, HRDD and MOH, document review
		How have donors contributed to-- or inhibited-- project sustainability?	Relate donor activities to maintained project outcomes	Donor activities undertaken and project outcomes	Management and training beneficiaries, field team observation reports, donor organizations	Managmet interviews with project organizations/ institutions and donor organizations, one-on-one interviews with trained beneficiaries, observations
	Is there adequate budget from the Ghana government to maintain the HIST of the project?	What is the necessary budget for HIST?	Compare budget and plans from 3 years ago to current budget and plans for HIST	HIST budgets	Management of project organizations/ institutions, MOH, HRDD, JICA	Budget review of HIST activities

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	Sub Questions				
		What budget has the Ghana government allocated since the end of the project?	Review project organization/ institution budgets	Organization budgets, including government contributions	Management of project organizations/ institutions,	Budget review
Others	Are in-service trainings relevant to the needs of health workers?	What are the training needs of health workers?	Needs assessment	Results of needs assessment	Organizational documents, management, health workers	Document review, one-on-one interviews, observation
		What information/ skills are covered in ISTs?	Content of ISTs and needs assessment	"	"	"
	Were the training programmes attended by appropriate staff?	What was the selection process for chosing staff to attend training programs?	Determine how training attendees were selected	Information on trainings	Management and health workers	Interviews with management and health workers
		What were the job functions of those who attended trainings?	Compare professional duties with content of trainng	Information on trainings	Management and health workers	Interviews with management and health workers
	Are the MCH curricula and teaching materials devleoped by the project still effective or applicable at the Ghana Health	Are curricula and materials still applicable and effective?	Compare relevance and effectiveness of materials at time of terminal report to current relevance and effectiveness	Terminal evaluation, assessment of staff needs through verbal interactions, content of MCH trainings	GHS personnel	One-on-one interviews

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	Sub Questions				
	Service? How have the teaching materials and curricula been improved since the terminal evaluation was made?	Have curricula and materials been reviewed?	Compare materials and curricula from terminal evaluation to current materials and curricula	Terminal evaluation, number and type of current training materials and modules	HRDD	Interviews
	Are beneficiaries of the MCH in-service training effective in their discharge of duties?	Do beneficiaries comply with MCH standards and protocols and with the content of training received?	Compare beneficiary performance to training content and standards and protocols	MCH training content, MCH standards and protocols, performance	Trained beneficiaries, field team observations	One-on-one Interviews, observations/ simulations
		Are clients satisfied with services from beneficiaries?	Assess client satisfaction	Reported client satissfaction	Clients	Client exit interviews
		How do beneficiaries compare to service providers who have not received training?	Compare services of beneficiaries to non-beneficiaries	Training content and MCH standards nd protocols, performance	Trained beneficiaries, non-trained service providers, field team observations	One-on-one Interviews, observations

Criteria	Evaluation Questions		Achievement Criteria/ Measurement	Data Needed	Data Source	Data Collection Methods
	Main Questions	Sub Questions				
	If the project overall goal has not been achieved, how should Japan's technical assistance be extended differently for achieving the goal?	What different activities could be added to help the project achieve and maintain its objectives?	Determine activities that could improve impact and sustainability	All data collected	Remedial lessons, recommendations	All methods
		What changes could be made to make similar, future interventions more effective?	Consider impact and sustainability of project and factors of shortcomings and/ or challenges	All data collected	Remedial lessons, recommendations	All methods

Third Party Review by External Experts

Ex-Post Evaluation on The Project for the Improvement of the Maternal and Child Health In-Service Training System and Program

* This Third Party Review by External Experts is to examine the end-product (an evaluation report and a summary sheet) of ex-post evaluation of the above-mentioned project in light of its structure, verification procedure and overall consistency. It is to be noted that the review is not to question the validity of the evaluation results per se.

* On the leftmost column of each item, choose the rating from A as 'excellent', B as 'good', C as 'acceptable' and D as 'unacceptable'.

* When you choose D for an item, specify the reason in comment fields.

1 Evaluation Framework

	(1) Time Frame of Evaluation Study	
Viewpoint A	Necessary field survey activities such as data collection and discussion with counterparts are appropriately set within the time frame of the evaluation study. Time frame also contains preparations such as distribution of questionnaires, and are appropriate in terms of timing, length and schedule of the evaluation study.	
	(2) Study Team	
Viewpoint B	Team members are assigned on a impartial basis, and are with balanced specialty.	
Comment		

2 Date Collection and Analysis

	(1) Evaluation Questions	
Viewpoint B	Evaluation questions are in line with evaluation purposes and set properly in the evaluation grid. General questions as to the five evaluation criteria are narrowed down to more specific sub questions to identify necessary information/data to be collected.	
	(2) Data Collection	
Viewpoint B	Data collection is conducted based on the evaluation grid, and is sufficient for obtaining answers for evaluation questions. Additional information are collected for unexpected and newly confronted questions during the process.	

	(3) Measurement of Results		
Viewpoint B	Achievement level of overall goal is examined on the basis of appropriate indicators, being compared with targets.		
	(4) Examination of Causal Relationship		
Viewpoint C	The causal relationships whether the effects for the beneficiaries resulted from the project is examined either in a qualitative or quantitative manner (i.e. Are the effects at the overall goal level caused by the project intervention?)		
Comment	The instruments for measurement were not attached.		

3　Evaluation Results

	(1) Impact		
Viewpoint B	Perspectives for evaluation of 'Impact' (e.g. achievement level of the overall goal, causal relationships between the outcome of the project and overall goal, ripple effects) are substantially covered.　Grounds for judgment are clearly stated in a convincing manner.		
	(2) Sustainability		
Viewpoint A	Perspective for evaluation of 'Sustainability' (e.g. probability of activities to be continued and outcomes to be produced in terms of 1)policies and systems, 2) organizational and financial aspects, 3) technical aspects, 4) Society, Culture and environment and) are substantially covered. Grounds for judgment are clearly stated in a convincing manner.		
	(3) Factors Promoting Sustainability and Impact		
Viewpoint A	Promoting factors on 'Impact' and 'Sustainability' are analyzed properly based on the information obtained through evaluation process.		
	(4) Factors Inhibiting Sustainability and Impact		
Viewpoint A	Inhibiting factors on 'Impact' and 'Sustainability' are analyzed properly based on the information obtained through evaluation process.		
	(5) Recommendations		
Viewpoint B	Recommendations are made thoroughly based on the information obtained through the process of data analysis and interpretation. Recommendations are specific and useful for feedbacks and follow-ups, preferably being prioritized with a time frame.		

	(6) Lessons Learned	
Viewpoint A	Lessons learned are derived thoroughly based on the information obtained through the process of data analysis and interpretation. Lessons learned are convincing and useful for feedbacks, being generalized for wider applicability.	
Comment		

4 Structure of Report

	(1) Writing Manner	
Viewpoint B	Logical structure and major points are clearly described in an easily understandable manner.	
	(2) Presentation of Primary Data and Utilization of Figures	
Viewpoint B	Sufficient primary data such as on the target, contents and results of interviews and questionnaires are presented properly in the report. Figures and tables are utilized effectively to present statistics and analysis results.	
Comment		

5   Overall Review based on 'Criteria for Good Evaluation'

	(1) Usefulness	
Viewpoint B	In light of the effective feedback to the decision-making of the organization, clear and useful evaluation results are obtained.	
	(2) Impartiality and Independence	
Viewpoint A	Evaluation is impartially conducted in a neutral setting	
	(3) Credibility	
Viewpoint B	In light of the specialties of evaluators, transparency of the evaluation process and appropriateness of the criterion of judgment, evaluation information are credible.	
	(4) Participation of Partner Countries	
Viewpoint B	Partner countries' stakeholders participate actively in the process of evaluation, not just provide information.	

Comment

5 Overall Comment

The evaluation was carried out in scientific manner with adequate attention paid to the selection of the Regions and Districts.

The findings and recommendations covered the five key areas of the evaluation.

The Lessons learnt were clearly outlined in the report

The report would be more useful to other readers (outside the programme and evaluation team) if the following were included in the report
1. The questionnaire used in the evaluation as an annex.
2. A quantitative assessments of the Regions and Districts on key outcome variables focusing on the overall assessment of the programme and also by pilot or extension Districts or Regions.

The summary sheets is excellent, captures the salient outcomes, recommendations and lessons learnt.

Date   3/12/2005

Name of the Third Party   Fred Binka

Designation	Professor
Name of the Institution	School of Public Health, College of Health Sciences, University of Ghana